

## **HEALTH AND WELLBEING BOARD**

**20 APRIL 2018**

### **PRESENT**

Councillor J. Lamb (in the Chair), M. Colledge (Vice-Chairman), J. Colbert, C. Daly, Dr. M. Jarvis, Councillor J. Lloyd, Councillor M. Whetton, W. Miller, M. Bailey and M. Noble.

#### In attendance

Jean Rose	HealthWatch Trafford
Diane Eaton	Director of Integrated Services for Trafford Council and Pennine Care
Paul Duggan	GMFRS
Kerry Purnell	Head of Partnerships and Communities
Jenny Hunt	Public Sector Reform Change Manager
Helen Gollins	Consultant in Public Health
Richard Spearing	Trafford Integrated Network Director for Pennine Care NHS Foundation Trust and Trafford Council
Ian Tomlinson	Change Director, Trafford Council and Trafford CCG
Sarah Grant	Partnership and Communities Officer
Alexander Murray	Democratic and Scrutiny Officer

### **APOLOGIES**

Apologies for absence were received from B. Levy, Councillor S.K. Anstee, H. Fairfield, E. Roaf, A. Worthington, K. Ahmed and C. Davidson.

### **39. MINUTES**

RESOLVED: That the minutes of the meeting held 2 February 2018 be agreed as an accurate record and signed by the Chairman.

### **40. DECLARATIONS OF INTEREST**

The following declarations of personal interest were made;

- Councillor Mrs Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

### **41. UPDATES FROM SUB BOARDS**

#### Start Well

The Executive Member for Children and Young Peoples Services informed the Board that the Starting Well sub group had met in March. The meeting had a strong partnership attendance and there was a focus upon the consolidation of all work relating to 0 – 25 year olds with SEND. It was decided that the SEND Board

would report to the group. The Group identified a gap in provision between 6 – 19 year olds which the Group was to work on going forward.

It was recognised by the Group that Trafford had a good level of development across the Borough. However, there were four hotspots which were well below the standard of the rest of the Borough. The Group decided that they would look into these areas and why they were underperforming. Another area of concern for the Group was the licensing of alcohol and fast food premises. There was not much that could be done about the licensing of these establishments but the group were going to look at how this could be changed.

### **Live Well**

The living well sub group had met and discussed their Terms of Reference and governance. It had been decided by the group to focus upon mental health. The next meeting of the group was scheduled for the 23<sup>rd</sup> April.

### **Age Well**

The Ageing well sub group had also had their initial meeting the minutes of which had been distributed with the agenda. The Consultant in Public Health informed the Board that the group would be focusing upon creating an age friendly Trafford, dementia, end of life, falls, and frailty.

The Chief Executive of Wythenshawe Hospital requested that the Head of Nursing from MFT be added to the Ageing Well sub group. The Head of Partnerships & Communities also requested that a partnerships and communities officer should be on each of the sub groups.

The Senior Partnerships and Communities Officer added that the Mental Health Partnership were concerned that the development of UA92 would introduce an additional demographic who could suffer from mental health issues. The Corporate Director for CFW stated that the potential mental health issues of students attending the university would have to be addressed by the university itself as Trafford would want to avoid adding increased pressure on the primary health offer.

RESOLVED:

- 1) That the updates of the three sub groups be noted.
- 2) That the Head of Nursing be added to the Ageing Well sub group.
- 3) That a member of the Partnerships team be on each of the three boards.

## **42. POSITION STATEMENT ON E-CIGARETTES**

The Consultant in Public Health gave a brief overview of the proposed position statement. The statement described Trafford's position in relation to the use of e-cigarettes. It was noted that e-cigarettes were an affective and preferable alternative to cigarettes and should be promoted to smokers as a way to help

them quit. However, the statement also noted that the culture towards smoking had greatly improved due to the smoking ban which had made smoking more socially undesirable. It was recognised that if e-cigarettes were allowed to be used in public spaces where smoking is not the gains made through the smoking ban could be undermined or reduced. The final part of the statement covered the level of smoking amongst children which was at record low levels. Trafford's position was to be to stop vaping becoming socially acceptable to avoid increasing its appeal to children.

Following the overview Board Members discussed the different aspects of e-cigarettes and how they should be treated within the borough. The Chairman of the Trafford Joint Safeguarding Board asked about the licensing of shops that sold e-cigarettes and e-liquid and whether there was any way to control it. The Executive Member for Children's Services also raised concerns about the licensing of these shops as the design of the packaging of e-cigarettes and e-liquid seemed to be aimed towards children. The Consultant for Public Health responded that she would take these concerns away and look at the levels of usage and trends of e-cigarettes amongst children and feedback to the Board.

**RESOLVED:**

- 1) That the Position Statement be endorsed by the Board.
- 2) That Trafford's position towards e-cigarettes be passed onto the Start Well and Live Well sub groups.
- 3) That information and trends of e-cigarette usage amongst children and young people be brought to the Board when available.

**43. TRANSFORMATION BID UPDATE**

The Change Director for Trafford Council and Trafford CCG went through the presentation which had been tabled at the meeting. The presentation covered the transformation timeline, the Trafford transformation map, recruitment update, integrated organisation update, structure and governance, and the next steps. Following the presentation the Chairman of Trafford CCG stated that the transformation would not be completed within 12 months but would be ongoing. As such, it was important for Board members over the next six to eight months to ensure that the Board would play a key role within the new joint organisation.

The Chairman asked how assurance could be given that services were being delivered if the Council and CCG were in a constant state of change. The Change Director responded that there was a large amount of work ongoing and that measurement and assurance was a big part of the work. The Corporate Director for CFW informed the Board of a piece of work which had been completed which had created a joint emergency plan for the Council and Trafford CCG. A further piece of work had been conducted alongside Deloitte which created a change plan and would ensure that functions and processes would be continued throughout the change programme.

The Chief Executive of Wythenshawe hospital drew the Boards attention to the importance of understanding the differences between the language used in the

two organisations and communication with staff. Those leading the change needed to remember that what is a short period of time for an organisation can be a long time for staff, especially if they are uncertain about their future. The Director of Integrated Services for Trafford Council & Pennine Care added that service teams had reported that the messages from managers had been more coherent and consistent since the organisations had joined together.

RESOLVED:

- 1) That the update be noted.

#### **44. INTEGRATION AND LCO DEVELOPMENT UPDATE**

The Trafford Integrated Network Director for Pennine Care NHS Foundation Trust and Trafford Council first informed the Board that he had been appointed as the Chairman of the Local Care Alliance (LCA). He then went through the presentation which had been circulated with the agenda. The presentation covered; The Trafford map, Key GM Building blocks, GM Framework, Key GM Checkpoints, the current position, and the future state.

The Trafford Integrated Network Director told the Board that Central Government had laid out guidance for how LCAs were to be structured. The majority of the guidance was around the general structure of Local Care Alliances (LCAs) which all areas would have to follow. The remaining part of the guidance was the aspects which each area could shape to meet their own needs. The LCA would originally be formed through a partnership approach. If the partnership was successful there would be the possibility of making it a more formal arrangement through contracts. In Trafford a key aspect of the LCA would be how it was to work with the new Primary Health organisation and the Mental Health Primary Care Team.

The Trafford Integrated Network Director informed the Board that whilst there had been a lot of work in Trafford involving joint working there was still a large amount of work to be done around the LCA. In Trafford the LCA would have to be structured in order to work alongside the neighbourhood model. The Trafford Integrated Director stated that the best way of achieving this would be aligning the work with the ongoing public sector reform. The Corporate Director for CFW agreed that the challenge of working with GM was having two change programmes (LCA and Public Sector Reform) running simultaneously. Trafford wanted to be able to join the two programmes together but there was reluctance to do so at a GM level.

The Chairman of Trafford CCG asked how long it would be before the LCA was aligned and integrated with the ability to share gains and risks. The Integrated Network Director responded that the aim was to get to that point in the development of the LCA within 12 to 24 months' time. The plan was to take time with the creation of the LCA and not rush into it as the arrangements were very complex. The Integrated Network Director recommended that Trafford wait and learn from how other areas dealt with the difficulties.

The Chief Executive of Wythenshawe Hospital supported the Trafford Integrated Network's position. During the merger between CMFT and UHSM they had learnt that increasing the amount of shared working, building working relationships, and allowing the integration to happen organically was more important than focusing on larger organisational benefits of integration.

The Corporate Director of CFW informed the Board that there had been a large amount of work conducted with the voluntary and community service sector around shaping the LCA. Trafford Council needed to focus upon working with their own staff in order to further shape the work and to bring them on Board with the changes. The Trafford Integrated Network Director added that needed to start communicating to staff why the changes were being made rather than giving details of what the changes were going to be.

RESOLVED:

- 1) That the update be noted.

#### **45. CQC ACTION PLAN UPDATE**

The Corporate Director informed the Board that there would be an update of the full action plan at the next meeting. The Director of Integrated Services for Trafford Council and Pennine Care Informed the Board of the scale of the problem of delayed transfers of care in Trafford. She then delivered a presentation to the Board on the progress which had been made within Trafford with a focus upon the implementation of the Urgent Care Control Room (UCCR).

The Director of Integrated Services told the Board that the UCCR was allowing Trafford residents to leave hospital to go home or into the community before having to make long term decisions about their future. The Board were informed of how services have been redesigned in order to reduce the amount of time it took for an individual to step down from hospital into community services. The impact of these services had been an increase in the number of people returning to their own homes and a decrease in people going into residential care.

The UCCR was based at the Meadway Care Centre which also housed all of the teams related to urgent care. The Director of Integrated Services described how the UCCR had a screen which displayed in real time the services within Trafford that were being used. The team used this screen to monitor and control the flow of patients through community services and were in constant communication with care home and home care providers to manage demand. In addition to services the UCCR also tracked all of the resources related to urgent care within Trafford so that they were aware when equipment would become available to be used by other service users. The UCCR was already reducing the amount of homecare commissioned and had changed many of the historic issues within the system such as making it easier to sign up to a GP on a short term basis and enabling discharges during public holidays.

The Director of integrated services informed the Board that changes had also been made to the funding pathways streamlining the awarding of funding which ensured there were no delays due to a lack of funding. In addition, the way in

which teams responded to people's issues had been changed to ensure that people were on the correct pathway. The Director of integrated services then described both the Stabilise and Make Safe (SAMS) service and the Discharge to Assess Beds service.

The presentation finished by showing the Board the impact that all of the changes that had been made had on the level of delayed discharges. The improvement in performance had enabled the emphasis of discussions to move away from just coping with delays towards pre-planning discharges. The next stage was to move towards the prevention of delays through the reduction of admissions. The Director of Integrated Services then read out a letter of thanks from a patient who had been successfully reabled and who had been able to return home.

The Chairman of the Trafford Safeguarding Board asked whether issues that were affecting other areas would impact on Trafford. The Director of Integrated services responded that the work which had been done with Wythenshawe Hospital was a collective approach involving the other areas that used the hospital. The Director of Integrated services further stated that this did not include the development of the UCCR and that many other areas had visited to look at it and how they could implement something similar.

The Chairman asked about arranging a visit for Board Members. The Director of Integrated Services said that a schedule of possible visits would be put together and sent to Board Members.

RESOLVED:

- 1) That the update be noted.
- 2) That a schedule of possible meeting dates be drawn up and shared with Board Members.

#### **46. WORK AND HEALTH EARLY HELP PROGRAMME**

The Head of Partnerships and Communities gave a very brief overview of the report that had been submitted with the agenda due to the limited amount of time available. The Board were informed that the GM Working Well Early Help Programme was a service working with residents who are off sick from work and at risk of falling out of the labour market and those recently unemployed with health conditions that might be a barrier to them returning to work. The service had £6.5M in funding for the whole of GM which had been combined from a number of sources.

All Local Authorities had been asked to produce an Ask and Offer document setting out what the services were in their area, how they could support the provider and what the LA's key asks were of the provider. An Ask and Offer document had been produced for Trafford, and a final draft had been attached to the report as Appendix One. The Trafford Ask and Offer document was to go for

formal approval and sign off from the Chief Executive of Trafford Council and the Clinical Director of Trafford CCG.

The Head of Partnerships and Communities informed the Board that they were to be kept up to date on progress of the development of the programme and the procurement process. The Chief Executive of Trafford Council was the Chairman of the GM Programme Board and expected Trafford to adopt and champion the new service once it went live.

RESOLVED:

- 1) That the update be noted by the Board.
- 2) That the Board acknowledge the Ask and Offer document for Trafford.

#### **47. ONE TRAFFORD RESPONSE UPDATE AND WORKFORCE DEVELOPMENT**

The Head of Partnerships and Communities went through the presentation which had been tabled at the meeting. The Board were reminded that the public sector reform was happening alongside the other changes within Trafford. The main focus of the programmes of work was upon increasing early intervention and the prevention of escalation within the system.

The Head of Partnerships and Communities then went through the new service design with the Board. The main concern when creating the design was building a fluid model which could support people in the way that suited them and their circumstances. It was understood that an individual's "place" and the other wider determinates of health played a large role in an individual's case. The team were working with GPs to continuing to develop social prescribing and increasing social connectors to reflect the importance of those factors. The programme team had attempted to perform a cost benefit analysis of the new model but they had found that it was difficult to measure the benefits monetarily. There was a GM workshop being held on the following Monday which was focused upon addressing this challenge.

The Public Sector Reform Change Manager then described the changes that had been made to services at the point of contact. The programme was looking at new ways of measuring progress made up of leading measures, which were conditions that enabled an individual to achieve something, and lagging measures, which were externally measured outcomes. The Board were shown a series of graphs and charts which displayed the work that the One Trafford Response (OTR) had done. Through analysis of this work it had become apparent that the main reason that people were being referred to the OTR was mental health problems.

The presentation then shifted focus to the customer journey within the new service model. This was a key component of how the service differed from historical models of service. The approach involved having conversations with individuals and listening to their needs then shaping the support to those needs. The difference in approach was demonstrated to the Board through case studies. The Board were shown each individual's situation (looking at the full picture rather than

just problems), what the OTR did, and what would have happened under the standard model.

The OTR were looking at blockages within the system such as; not obtaining consent before a case was referred to the team, the lack of available suitable accommodation, and the prevalence of mental health problems. The Head of Partnerships and Communities reminded the Board that the OTR was not to be a new team which received referrals from other services but was to be the new way of working that would be adopted by all services.

The presentation concluded with a list of next steps within the programme. One key aspect was that staff sessions were to commence from the 27 – 30 April and all Board Members were asked to encourage staff to attend. The Chairman thanked the Head of Partnerships and Communities for the in depth update and stated that he looked forward to hearing how the staff engagement sessions went.

RESOLVED:

- 1) That the update be noted by the Board.
- 2) That Board Members are to encourage staff to attend staff engagement sessions 27<sup>th</sup> – 30<sup>th</sup> April.

#### **48. FEEDBACK ON THE PHYSICAL ACTIVITY LAUNCH**

The Head of Partnerships and Communities informed the Board that the Physical Activity launch event had gone ahead since the last meeting and had been a success.

RESOLVED: That the update be noted by the Board.

#### **49. KEY MESSAGES**

RESOLVED: The Chairman noted the following items as the key messages which had arisen over the course of the meeting;

- 1) That communication with staff and the different language between organisations was key in integration work.
- 2) That E-cigarettes are to be encouraged to smokers but that this has to be done without encouraging uptake amongst non-smokers, especially children and young people.
- 3) That there had been great progress made in reducing the level of delayed transfers of care which had been delivered through partnership working.
- 4) That Board Members are to encourage staff to attend the One Trafford Response Sessions 27 – 30 April.

The meeting commenced at 9.30 am and finished at 12.05 pm