

Priority	Lead Officer	Big Idea	Actions	Short term Action	Completion date	Milestone	Outcomes	Key Measures	Timescale	Governance / Partnership (Partners Involved) Monitoring Board.	Proposed Outcome Champions
1. Reduce Childhood Obesity	Lisa Davies	We will maintain or increase the number of children who are a healthy weight, through the provision of a range of healthy weight interventions and the promotion of physical activity and healthy eating.	Increase the number of primary schools participating in FFL in the four localities with particular focus on schools with high levels of obesity	Apr-14		Apr-14	Reduce levels of year 6 childhood obesity in Trafford and in areas where currently childhood obesity levels are high.	PHOF 2.2 Breastfeeding	Mar-16	Maternity and Child Health Advisory Forum Joint commissioning Management Board (Children and Young People) Children's Trust Board	Deborah Brownlee
			Agree a collaborative programme of activity for childhood obesity including healthy eating and physical activity across all agencies in Trafford using the life course approach					PHOF 2.6 Excess weight in 4 - 5 and 10 - 11 year olds			
			Support new mothers to breastfeed by using universal services, peer support groups and targeted follow up								
			Work with planners, local food outlets and other agencies to ensure healthy food is available and promoted, and that allotments and green spaces are utilised and developed								
			The LARCO (Locality Approach to Reducing Childhood Obesity) project will fund local groups in three areas of Trafford to provide innovative activities for primary age pupils around physical activity and healthy eating								
2. Improve the emotional Health and wellbeing of children and young people	Jill Colbert	Trafford will support children and families with emotional health issues to access the most appropriate services quickly and easily.	Work as a partnership to develop a single point of access (SPA) for emotional health services to provide a clear and easy to access system			Sep-14	Improved emotional Health and wellbeing of children and young people	PHOF 2.8 Emotional well-being of looked after children	Mar-16	Emotional Health and Wellbeing Advisory Forum Joint Commissioning Management Board (Children and Young People) Children's trust board Children's Trust Board	Deborah Brownlee
			Ensure voluntary and community sector providers are engaged with the SPA					PHOF 2.10 Self-harm			
			Engage schools in developing the SPA as key supporters of children with emotional health issues								
			Develop clear communications and publicity to ensure that all relevant services, as well as the young people and families, understand how to access the SPA								
			Deliver targeted (National Institute Health and Care Excellence) behaviour change evidence based interventions for parents of 0-5 year olds								
			Work with schools to coordinate mental health services and promote emotional health for children and young people	Jan-14							
			A partnership task and finish group will work together to ensure that all services locally are evidence based (NICE) and of a high quality								
3. Reduce alcohol and substance misuse and alcohol related harm	Mark Grimes	We will reduce the harm alcohol and substance misuse inflicts.	Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough at events such as the Warehouse project	1st Phase Oct 12th 2013		Apr-14	Reduced alcohol and substance misuse and alcohol related harm	PHOF 2.18 Alcohol-related admissions to hospital	Mar-16	Safer Trafford Partnership: Joint work with police, linking with the police crime commissioner and joint working on alcohol related harm	Gina Lawrence / Deborah Brownlee/ Mark Roberts
			Implement the RAID model within Trafford to reduce the demand on A & E caused by frequent flyers					PHOF 2.15 Successful completion of drug treatment.			
			Ensure those with alcohol/drug misuse issues who are committing crime are subject to ATR or DRR to encourage them to address their addiction					PHOF 2.16 People entering prison with substance dependence issues who are previously not known to community treatment			
			Refresh alcohol strategy for Trafford and action plan	Nov-13				PHOF 1.11 Domestic abuse			
			Deliver a programme of events in Trafford for alcohol Awareness week in November 2013 "Hair of the Dog"	Nov-13				PHOF 4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)			
			Review and revise as necessary the care pathway for GPs to ensure early identification support people with alcohol problems - in line with national best practice Map of Medicine guidelines								
4. Support People with Long term health & Disability Needs to live healthier lives	Julie Crossley	We will deliver a transformational universal model of integrated care and support with people who have a range of long term conditions and disabilities, based on coproduction.	Commission a patient coordinated care hub in Trafford			Mar-16	We will build on this evidence based approach to commissioning. 1. Proactive and coordinated care seamlessly around the patient 2. Delivery of the right care and the right time in the right place 3. Can equate an appropriate level of care to care site. Best possible patient experience Greater focus on local issues i.e. health appointments and transport in Partington 4. Proactive Care Planning to maximise Self-Management Approaches 5. Multi-agency Training and Service Development Programmes	PHOF 4.3 Mortality rate from causes considered preventable** (NHSOF 1a)	Mar-16	Commissioning and Operations Steering Group	Gina Lawrence
			For all provider organizations to develop single access point for all patients								
			Develop a hub and spoke model of information and advice services with partners, linked to locality working by March 2015.			March 2015		PHOF 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(i-NHSOF 2.2) ††(ii-ASCOF 1E) †††(iii-NHSOF 2.5) †† (iii-ASCOF 1F)			
			Increase the number of people in receipt of a personal budget to further promote choice and control by 10% by March 2014					Learning Disability Joint Health and Social Assessment Framework Outcomes			
			Increase the number of people in receipt of Telecare, to promote independence and resilience linked to the Trafford Telecare Pledge.	Mar-14							
			Implement the Winterbourne View Response Actions Plans and deliver on the identified areas for improvement in the Winterbourne submission stocktake	Mar-14		March 2014					
			Deliver the Learning Disabilities Service Improvement Programme, including the Winterbourne View Response Action Plans	Mar-14							
			Deliver the Trafford Autism Strategy Delivery Plan								

5. Increase Physical Activity	Helen Darlington/ Daniel Newall	More People, More Active, More Often.	Ensure that strategic planning processes contribute to creating a local environment, including facilities for outdoor recreation, physical activity and play that supports an active lifestyle.		Apr-14	Increase numbers of people in Trafford physically active.	PHOF 2.13 Proportion of physically active and inactive adults	Mar-16	The Trafford Strategic Sport and Physical Activity Partnership	Wendy Marsden
			Work in partnership to increase participation levels and offer GP Referral pathways to progression.				PHOF 1.16 Utilisation of outdoor space for exercise/health reasons			
			We will identify gaps in provision and target interventions where they are most needed, e.g. women and girls', ethnic minority communities and young people between the ages of 14 - 24				PHOF 2.12 Excess weight in adults			
			Develop and extend/promote the Active Trafford and Junior Active Trafford Scheme to communities in most need.				Sport England Active People Survey			
			Evaluate, then develop and expand/innovate the Healthy Hips and Hearts older peoples exercise programme throughout Trafford working with physiotherapists and Occupational Therapies and Housing.	Completed evaluation Sept 2013						
6. Reduce the number of early deaths from cardiovascular disease and cancer	Abdul Razzaq/Julie Crossley	Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)	Commission work to understand what lifestyle interventions will have the biggest impact on CVD/cancer in disadvantaged communities based on National Institute of Health and Care Excellence Public Health Draft		Apr-14	1) Patients with CVD will be better equipped to manage outcomes. 2) Patients at risk of CVD/Cancer will have information to reduce their chance of developing these conditions. 3) Clinicians in Primary care will have increased skills and knowledge to enable better management of patients. 4) Move towards reduced mortality rates from CVD/Cancer in disadvantaged communities reducing the between least deprived/most deprived areas	PHOF 4.5 Under 75 mortality rate from cancer* (NHSOF 1.4, 1.4i - 1.4iv)	Mar-16	Commissioning and Operations Steering Group	Gina Lawrence/D eborah Brownlee
			Deliver NHS Health Checks programme and consider extending the programme (e.g. out of hours, non clinical venues) targeting disadvantaged communities	Jan-14			PHOF 4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)			
			Design and implement a patient education programme for CVD and cancer awareness targeted at disadvantaged communities				2.14Smoking prevalence – adults (over 18s)			
			Design and implement a clinical education programme in Primary Care				PHOF 2.22 Take up of the NHS Health Check programme – by those eligible			
			Develop and deliver primary care cancer & CVD strategies across whole population				PHOF 2.21 Access to non-cancer screening programmes 2.19 Cancer diagnosed at stage 1 and 2 2.20 Cancer screening coverage			
7. Support people with enduring mental health needs, including dementia to live healthier lives.	Ric Taylor	We will commission streamlined services which are joined up and have the person at the heart of what we do.	Review and refresh the council section 75 Partnership agreement with Greater Manchester West to further Transform the model of support based on personalisation, choice and control.	Jan-14	Apr-14	• Equitability of access for individuals referred • Clarity for referrers • Improved response times for assessment and treatment • Consistency of response • Reduction of multiple assessments • Promoting understanding of resources • Standardised information for service users • Increased service quality and efficiency.	PHOF 4.9 Excess under 75 mortality rate in adults with serious mental illness*(NHSOF 1.5)	Mar-16	Trafford CCG Quality Finance & Performance/Dementia Strategy Group.	Gina Lawrence / Deborah Brownlee
			To facilitate the development of an integrated service model with shared performance indicators across the health and social care economy, following a partnership review of current spend and activity.				PHOF 4.10 Suicide rate			
			To review in partnership, all existing all-age mental health services				PHOF 4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6i)			
			Deliver the Improving Access to Psychological Therapies Service Improvement Programme				Standard mental Health Measures contained with in Everyone Counts			
			Deliver the Trafford Dementia Kite mark for residential care and homecare services across the Borough.	Dec-13						
			<i>Proposed: Develop Intergenerational work regarding Dementia to Principles: 5 Ways of Wellbeing. Connect, Be Active, Take Notice, Learn a new skill, Give . To link to the Trafford Dementia Kitemark.</i>	<i>Develop principles Jan 2014</i>						
8. Reduce the occurrence of common mental health problems amongst adults	Ric Taylor / Helen Darlington	Developing workplace health by supporting Trafford employers to prevent/intervene early and support those experiencing common mental health problems.	We will work to deliver improved mental health in working aged adults through new and innovative Workplace Health programmes specifically through 'Healthy Workplaces' and 'Fit For Work' services. Therefore, we will develop the mental health in the workplace training for businesses and organisations including GMP and other support agencies.		Apr-14	Mental health is more than the absence of mental illness. It encompasses a state of wellbeing in which the individual realises his or her abilities and can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual wellbeing and the effective functioning of a community. The burden of poor mental health and mental illness in Trafford is substantial. Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. In addition there is a clear link between mental health	PHOF 2.23 Self-reported well-being	Mar-16	Joint Strategic Commissioning Group. Proposed: Wellbeing Partnership.	Gina Lawrence / Deborah Brownlee
			We will implement targeted, mental health and wellbeing programmes across Trafford that will then develop to inform evidence led commissioning. We will work with partner such as Trafford Housing Trust to address the wider determinants of health and wellbeing.				PHOF 1.7 People in prison who have a mental illness or a significant mental illness			
			We will work across boundaries to develop and deliver a new 2014 Salford Bolton and Trafford Suicide Prevention Strategy Targeted approach to men	Jan-14			PHOF 1.18 Social isolation (ASCOF 11)			
			We will promote mental resilience and reduce the burden of mental illness through awareness raising programmes including interventions such as 'books on prescription' and through campaigns to reduce stigma relating to mental illness.				Relevant CAMHS data - particularly wellbeing / IAPT measures			
			We will work with key stakeholders to address wider health inequalities and social determinants of health e.g. housing, social exclusion and income inequality and we will develop plans to mitigate the potentially negative impact of benefit changes and other economic changes linked to the economic downturn.							
			Manage provider performance against contract / KPIs							
Public Health Outcomes Framework 2013-2016	Wider Determinants of Health	Health Inequalities								
Alignment across the Health and Care System	Housing, Employment, Leisure, Environment, Education, Living and Working Conditions	Targeted Vulnerable & Disadvantaged Groups								

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework
†† Complementary to indicators in the Adult Social Care Outcomes Framework
Indicators in italics are placeholders, pending development or identification