

## HEALTH AND WELLBEING BOARD

22 SEPTEMBER 2015

### PRESENT

Dr N. Guest (Chairman)	Chief Clinical Officer, NHS Trafford CCG
Cllr B. Shaw (Vice-Chair)	Lead Member for Integration of Health and Social Care
A. Day	Chairman of HealthWatch, Trafford
Cllr J. Harding	Trafford Council
G. Heaton	Deputy Chief Executive, CMFT
Cllr M. Hyman	Executive Member for Children's Services
G. Lawrence	Chief Operating Officer, NHS Trafford CCG
Supt J. Liggett	Greater Manchester Police
J. Pearce	Acting Corporate Director, CFW
A. Razzaq	Director of Public Health
S. Webster	Director, Blusci

### In attendance

J. Colbert	Acting Director Service Development, CFE
J. Crossley	Associate Director of Commissioning, Trafford CCG
A. Hackney	Associate Director of Transformation, Trafford CCG
K. Purnell	Head of Partnerships & Communities

### Also in attendance

C. Gaffey	Democratic & Scrutiny Officer
S. Grant	Senior Partnerships & Communities Officer

### APOLOGIES

Apologies for absence were received from R. Bellingham, M. McCourt and Councillor A. Williams.

### 15. MINUTES

RESOLVED: That the Minutes of the meeting held on 9 June 2015, be approved as a correct record and signed by the Chairman.

### 16. DECLARATIONS OF INTEREST

Interest was declared by Councillor Joanne Harding, who is a Senior Manager at Self Help Services, a mental health crisis service which is commissioned in Trafford.

### 17. ACTION LOG AND HWB STRATEGY PRIORITIES UPDATE

RESOLVED: That the progress against the actions on the Action Log and the delivery of Health and Wellbeing Board Priorities be noted.

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**18. TRAFFORD PARTNERSHIP REVIEW AND NEW PROPOSED GOVERNANCE AGREEMENTS FOR HWB**

The Board received a report of the Head of Communities and Partnerships, Trafford Council. The report, based on an earlier report which was brought to the Partnership Executive on 17 September, provided an update on the review of the Trafford Partnership and the latest proposals which were being considered by the Partnership Executive. It asked the Health and Well Being Board to consider how these proposals connected with the wider review of the Board.

Some Board Members questioned the perceived omission of the Third Sector from the plans presented in the report, and questions were raised about the plans' complexity as well as accessibility for residents. It was advised that the plans in the report were already dramatically simplified from previous drafts, but it was agreed that there was still work to be done and that these plans were not final. It was mentioned that the Stronger Communities Board would be in place to discuss community engagement.

Members commented that each Board's structure and remit would need to be clearly defined, as well as the relationships between the different Boards. This would be particularly important to ensure duplication of work by different Boards would be kept to a minimum.

The general feeling amongst the Board was that if Members received enough notice of the dates, then altering the meetings of the Health and Wellbeing Board to be quarterly morning meetings would be possible.

**RESOLVED:**

- (1) That the report be noted.
- (2) That the above comments on the proposals be noted.
- (3) That the Board supports the proposal for the November 19 Trafford Partnership event to have a health related theme.

**19. LOCALITY PLAN**

The Board received a presentation of the Acting Corporate Director, Children, Families and Wellbeing, the Acting Director Service Development Children, Family & Education, and the Head of Governance, Planning & Risk at Trafford Clinical Commissioning Group. It was confirmed that an electronic copy of the presentation would be circulated to Members after the meeting.

The presentation gave the Board a progress update on Health & Social Care Devolution and how this related to the Locality Plan. The background and vision of the Greater Manchester Devolution plans were outlined, before moving on to discuss the strategic plans. There was an emphasis on making significant progress on closing the financial gap, with a view of achieving fiscal neutrality.

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The Board were informed of the governance structures in place including the Greater Manchester Strategic Partnership Board and the Greater Manchester Joint Commissioning Board. Governance developed at Greater Manchester level would be supplemented by increasingly integrated arrangements at a locality / district level.

Board Members were advised that a working group had been established to draft the Locality Plan, chaired by the Acting Corporate Director for Children, Families & Wellbeing. The plan would articulate the health and social care vision for 2020 and how the financial gap in funding would be delivered. The Trafford Care Coordination Centre would be positioned as the 'big idea', and from this all other transformational developments would be positioned.

Finally, the Board were made aware that further engagement events had been planned; one for 6 October 2015, and another would be arranged for the third week in October, 2015.

Questions were asked about Trafford's responsibilities regarding the £2billion budget deficit and how this would fit in with the Locality Plan. It was advised that the corporate social responsibilities would be revealed on 25 November, giving a clearer picture of the situation. Questions were also answered regarding the Trafford Care Coordination Centre's design and function, and it was agreed that the Trafford Clinical Commissioning Group and the Central Manchester University NHS Foundation Trust would get together to discuss this further. It was confirmed that the Locality Plan would be made available to the public once complete.

RESOLVED: That the presentation be noted.

**20. HALVE IT HIV PLEDGE**

The Board received a report of the Consultant in Public Health, detailing Trafford's pledge to halve the proportion of people diagnosed late with HIV (CD4 count <350mm<sup>3</sup>) by 2020.

It was confirmed that the report had already been taken to a meeting of the full Council and the pledge was adopted by Trafford. Discussions were had on how awareness of the campaign could be raised within the Borough.

RESOLVED:

- (1) That the Board note the actions already in place in Trafford to identify and test people at risk of HIV.
- (2) That the Board recommend that all primary care health professionals should routinely offer and recommend an HIV test to patients at high risk in line with British HIV Association (BHIVA) guidelines.
- (3) That the Board gave support for public health to work with local community organisations to promote HIV testing among high risk groups.

**21. CAMHS TRANSFORMATION PLAN UPDATE**

The Board received a report of the Acting Director Service Development, Children, Family & Education and the Associate Director of Transformation NHS Trafford Clinical Commissioning Group. The report provided an overview of the progress of the Child and Adolescent Mental Health Services (CAMHS) review to date, and key actions going forward associated with the development of the Local Transformation Plan.

The report highlighted the importance of communication and engagement, and detailed the range of task and finish groups reporting to the steering group. It also noted that Clinical Commissioning Groups had been asked to develop 'Local Transformation Plans' that set out their intentions to reshape services for children and young people with mental health needs. Confirmation was received that the Eating Disorders funding would be recurrent and the release of future funds would be conditional on meeting the requirements of the assurance process.

Members were impressed with the level of engagement achieved with young people and thanked CAMHS for their efforts. Members requested data for Trafford hotspots for eating disorders and self-harm.

RESOLVED: That the Board noted the report and agreed to support the future sign off of the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing.

**22. BETTER CARE FUND (BCF) UPDATE**

The Board received a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group providing an update on the progress of the Better Care Fund for Trafford and the progress of the schemes. The report included a performance update on the Better Care Fund Key Performance Indicators, and confirmed that the steering group continues to meet on a monthly basis.

RESOLVED: That the report be noted.

**23. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE**

The Board received a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group. The report provided an update on the work of the NHS Trafford Clinical Commissioning Group and provided information and progress on key commissioning activities including the Trafford Care Co-ordination Centre, Primary Care Access, Resilience Monies and Healthier Together. It considered locality specific issues and referenced links to Greater Manchester and national issues where relevant.

RESOLVED: That the report be noted.

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**24. TRAFFORD COUNCIL UPDATE**

The Board received a report of the Acting Director Service Development Children, Family & Education. The report highlighted relevant areas of commissioning activity that interfaced with the Public Health Outcomes Framework and the Health and Wellbeing Board strategy.

RESOLVED: That the report be noted.

**25. URGENT BUSINESS (IF ANY)**

(a) Transfer of services from Stretford Memorial Hospital

[The Chairman agreed to accept this item as a matter of urgent business to allow a timely update on the situation to Members]

The Board received a presentation of the Deputy Chief Executive, Central Manchester University NHS Foundation Trust, explaining the decision to close Stretford Memorial Hospital once all services and clinics had been transferred to alternative sites, hoped to be completed by the end of October, 2015.

After giving a brief background on the site, the presentation outlined the site's problems which ultimately lead to the decision. Limited clinical activity meant fewer people on site (staff and patients) in general, with particularly low numbers of people on site at some times of the week. Problems with ensuring that the site and the buildings were secure were identified, as well as evidence that the site was being used for drug-taking. The view was taken that there was only a limited capacity for staff to respond to any sort of medical or security emergency at the site.

Following a risk assessment by the senior management team, it was concluded that Stretford Memorial was not currently a safe or appropriate place for the provision of clinical services to patients, or for staff to work. Remaining services provided at Stretford Memorial would need to be transferred elsewhere to ensure the safety and welfare of patients and staff.

All clinics would be re-provided by the end October 2015, with patients being offered appointments at Trafford General, Altrincham or the main CMFT (Oxford Road) site, depending on their preference. Arrangements for re-providing mental health clinics were being discussed with Greater Manchester West Mental Health Trust. In the longer term, the hope would be to provide some services from the Shrewsbury Street development.

The presentation concluded by advising Board Members that the current action would be temporary to protect the safety and welfare of patients and staff. Discussions were taking place with partner organisations on options for the longer term use of the site, as well as having discussions with Trafford's Health Scrutiny Committee Chair and Vice Chair around the consultation requirements.

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Members of the Board agreed with the decision to close the site, but wanted to ensure that services were transferred efficiently, and that a long term solution was found for the area.

Questions were asked as to why the decision had been made so abruptly, as it had been clear for some time that facilities at the site were lacking. The Deputy Chief Executive, Central Manchester University NHS Foundation Trust agreed that there had been some previous concerns, but advised that the recent risk assessment completed by the senior management team ultimately confirmed that the site was not fit for purpose in its current state. The risk assessment findings accelerated the process, and the decision was made accordingly.

During discussions about the future of the site, it was suggested that an integrated care facility might be placed at the location. Trafford Clinical Commissioning Group stated they were keen to have something in the area, and confirmed they were in discussions about the possibility of joint working as the area bordered Manchester.

RESOLVED: That the presentation be noted by the Board.

**26. PATIENT AND PUBLIC INVOLVEMENT UPDATE**

The Board received a report of the Chairman of HealthWatch Trafford, providing an update on the work of HealthWatch Trafford since the last report June 2015. The report gave an update on specific areas of work and involvement, including Healthier Together, Devolution Manchester and a Chronic Fatigue Syndrome / ME Survey. The responses to the survey would be passed on to Members, and the Board was reminded that all HealthWatch reports could be accessed via their website.

RESOLVED: That the report be noted.

The meeting commenced at 6.05 pm and finished at 8.05 pm