



TRAFFORD
COUNCIL

**AGENDA PAPERS MARKED “TO FOLLOW” FOR
HEALTH AND WELLBEING BOARD MEETING
SECOND ISSUE**

Date: Tuesday, 4 February 2014

Time: 6.30 pm

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

A G E N D A	PART I	Pages
4.	GREATER MANCHESTER POLICE REPRESENTATION ON TRAFFORD HEALTH AND WELLBEING BOARD	
	To receive a report of the Partnerships Officer.	1 - 6
6.	TRAFFORD HEALTH ECONOMY PLANNING	
	To receive a presentation from the Chief Operating Officer of Trafford Clinical Commissioning Group	
7.	BETTER CARE FUND (PREVIOUSLY INTEGRATION TRANSFORMATION FUND)	
	To receive a joint presentation from the Corporate Director Children, Families and Wellbeing and Chief Operation Officer, Trafford Clinical Commissioning Group.	
8.	TRAFFORD HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE	
	To receive a report from the Deputy Director, Children, Families and Wellbeing.	7 - 24
12.	HEALTHWATCH TRAFFORD UPDATE	
	To receive a report from the Chairman of HealthWatch.	25 - 28
13.	TRAFFORD PARTNERSHIP UPDATE	

To receive an oral update from the Partnerships Officer.

THERESA GRANT

Chief Executive

Membership of the Committee

Councillors Dr. K. Barclay (Chairman), Dr. N. Guest (Vice-Chairman), Banks, J. Baugh, Miss L. Blackburn, D. Brownlee, A. Day, Humphrey, G. Lawrence, A. Razzaq, Roe, Vegh, Webster, Yarwood and M. Young

Further Information

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

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This agenda was issued on Monday, 3rd February 2014 by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

TRAFFORD COUNCIL

Report to: Health and Well Being Board
Date: 4th February 2014
Report for: Decision
Report of: Partnerships Officer

Report Title

Greater Manchester Police Representation on Trafford Health and Wellbeing Board

Summary

Recommendation

1. Agree to the proposed change in Health and Well Being Board membership to include a representative of the Trafford Division of Greater Manchester Police

Contact person for access to background papers and further information:

Name: Imran Khan, (Partnerships Officer). Ext. 1361.

Health and Well Being Board – Membership Update

1. Functions of Health and Well Being Board

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.

2. Regulations relating to Health & Well Being Boards: Statutory Instrument 2013 No. 218

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 [http://www.legislation.gov.uk/ukSI/2013/218/ contents/made](http://www.legislation.gov.uk/ukSI/2013/218/contents/made)

The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is sometimes called within local government. However, the regulations modify and disapply

certain provisions of section 102 and other sections of the Local Government Act 1972 and also provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards.

This means that it is best not to think of health and wellbeing boards according to the strict model of other section 102 committees, but to think of them as a basic section 102 committee with some differences. The sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge under the new regulations.

The modifications and disapplications which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint subcommittees of boards.

3. Membership of Health & Well Being Boards

The Health and Social Care Act 2012 indicates that health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Act:

- sets a core membership that health and wellbeing boards must include:
 - at least one councillor from the relevant council
 - the director of adult social services
 - the director of children's services
 - the director of public health
 - a representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
 - a representative of each relevant clinical commissioning group (CCG)
 - any other members considered appropriate by the council
- requires that the councillor membership is nominated by the executive leader or elected mayor (in councils operating executive arrangements) or by the council (where executive arrangements are not in operation) with powers for the mayor/leader to be a member of the board in addition to or instead of nominating another councillor.
- under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.
- requires that the CCG and local Healthwatch organisation appoint persons to represent them on the board.
- enables the council to include other members as it thinks appropriate but requires the authority to consult the health and wellbeing board if doing so any time after a board is established.

- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

4. Priorities of the Health & Well Being Board

The Health and Well Being Strategy highlights that the following areas of work will be priorities

- Ensure the effective delivery of the integrated care plans;
- System reform and integrated care redesign of health and social care services.

5. Proposed New Health and Well Being Board Membership

Following recent Health and Well Being Board discussions it is now proposed that the membership of the board be amended to;

- Executive Member for Community Health and Wellbeing
- Executive Member for Adult Social Services
- Executive Member for Supporting Children and Families
- Shadow Executive Member for Community Health and Wellbeing
- NHS England representative
- Corporate Director of Children, Families and Well Being
- Director of Public Health
- Chief Clinical Officer Trafford Clinical Commissioning Group
- Nominated Director Trafford Clinical Commissioning Group
- Chair of Health Watch
- Central Manchester University Hospital NHS Foundation Trust
- University Hospital South Manchester NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Greater Manchester West Mental Health NHS Foundation Trust
- A representative from the Trafford voluntary/third sector
- A representative of Greater Manchester Police (Trafford Division)

Research has shown that significant health inequalities are experienced by offenders, ex-offenders and those at risk of offending in comparison with the general populations. Evidence suggests that these people are more likely to smoke, misuse drugs and/or alcohol, suffer from mental and physical health problems, report having a disability, self harm and die prematurely.

Since there is an identifiable link between health inequalities and offending behaviour, improving their health outcomes can markedly reduce re-offending rates. For example drug users are responsible for between a third and a half of all acquisitive crime, yet effective treatment and support can cut the level of crime

they commit by a half. In turn, a reduction in re-offending is likely to bring health and wellbeing benefits to a wider local population as a result of improved community safety.

6. Recommendation

The Health and Well Being Board is asked to:

- Agree to the proposed change in Health and Well Being Board membership to include a representative of Greater Manchester Police (Trafford Division

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 4th February 2014
Report for: Information and Decision
Report of: Deputy Corporate Director Children, Families and Wellbeing, Director Service Development, Adults and Communities

Report Title

Trafford Health and Wellbeing Strategy Action Plan Update

Summary

- This report is to update the Health and Wellbeing Board on progress made in relation to the Health and Wellbeing Strategy Action Plan.

Recommendations

- That the Board note the progress
- That the Board agree the membership and Terms of Reference of the Health and Wellbeing Delivery Programme Board
- That the Board agree the proposed approach to monitoring and reporting of outcomes

Contact person for access to background papers and further information:

Name: Linda Harper, Deputy Corporate Director, Children, Families and Wellbeing, Director Service Development

Extension: 0161 912 1890

1. **Context**

1.1 Further to the development and endorsement of the Health and Wellbeing Strategy the Health and Wellbeing Board initiated the development of an underpinning Action Plan which sought to reflect and capture the eight key priorities embedded in the Strategy.

1.2 The draft Action Plan was received by the Health and Wellbeing Board in October 2013 with a request for a further update on progress in early February 2014. The Board was particularly keen to see:-

- Development of the Action Plan group to incorporate key providers of services to ensure a collaborative 'action based' approach to delivery.
- Further population of the draft Action Plan.
- Development of a Performance Framework for monitoring progress and demonstrating improved outcome.

2. **Progress Update**

Development of Action Group

2.1 The initial Action Plan Group was made up of commissioners from Trafford CCG and Trafford Council. This has been further developed to include a wide range of partners and organisations. The revised membership is outlined in Appendix 1 of the report.

2.2 The Action Plan Group has been re-named the Health and Wellbeing Delivery Programme Board. The Terms of Reference for the Programme Board have been developed (Appendix 2).

2.3 The Health and Wellbeing Delivery Programme Board held a workshop in January 2014, facilitated by David Burnham, North West Employers, who has supported Health and Wellbeing Boards across the region in their development. The facilitation was free of charge in return for support and advice by Trafford to the North West region in relation to the development of the Health and Wellbeing Strategy.

2.4 **Further Population of the Action Plan**

2.5 The updated draft Action Plan is attached (Appendix 3).

2.6 **Development of a Performance Framework**

2.7 The measures within the overarching draft Action Plan are primarily public health outcomes framework indicators, and whilst these relate either directly or indirectly to the

overall priority area there is a risk that this would not give the Board the assurance it requires in relation to progress against each action. The majority are only updated on an annual basis and the impact of what we are doing will only be evidenced through these indicators in the longer term. Subsequently, it is proposed that:-

- A simplified Health and Wellbeing Action Plan (Appendix 4) is developed identifying strategic priorities, clarifying actions and providing RAG ratings, progress reports and broad evidence. This will allow regular exception reporting to the Board and will support the Board in examining those areas it has awareness about or indeed where good practice and progress can be highlighted.
- A development window of now through to the 1st of April 2014 for a new Action Plan monitoring template (clearly based on the existing draft plan) to be populated by the named leads for each priority area. This will include the provision of a baseline position in relation to the actions from which to measure progress.
- This template will allow the existing broad actions to be broken down and for completion dates, milestones, baseline and specific evidence suites to be developed (many of these of course already exist and a focus for this work would be to bring together existing evidence bases such as health data, to avoid duplication).
- The existing set of public health outcome measures will continue to be collated and reported upon but it recognised that these are longer term measures and perhaps less useful in quarter on quarter monitoring of work streams.

2.8 In essence this means that the Board would be provided with:-

- A generic progress (exception) report.
- A specific Action Plan report for each area and each action within those areas.
- A report on the progress made against the global set of outcome measures (the public health measures already identified).

2.9 It is proposed that the Board determine the frequency they wish to receive the monitoring reports. The recommendation in relation to the frequency is:-

- A generic progress (exceptions report) – standard item
- A specific Action Plan report for each area and each action within the specific areas – Quarterly
- Global set of outcomes report – annual

3. Recommendations

- 3.1 That the Board note the progress.
- 3.2 That the Board agree the membership and Terms of Reference of the Health and Wellbeing Delivery Programme Board.
- 3.3 That the Board agree the proposed approach to monitoring and reporting of outcomes and frequency.

Appendix 1

Membership

Name/Position	Organisation
Linda Harper – Deputy Corporate Director Children, Families and Wellbeing Directorate. Director of Service Development, Adult and Community Services.	Trafford Council (Chair)
Rodger Cairns – Managing Director. Independent Living Service.	Trafford Housing Trust
Sara McGregor –Trafford Locality Manager	Phoenix Futures
Ann Marie Jones – Chief Executive	Age UK
Helen Darlington – Health and Wellbeing Manager	Trafford Council
Ric Taylor – Mental Health Commissioner.	Trafford CCG
Krista Williams	Trafford CCG
Beverley Humphrey – Chief Executive	GMW
Lisa Davies – Public Health Consultant.	Trafford Council
Stuart Webster – Director	blueSCI

Kevin Bulman – Probation Operations Manager	Greater Manchester Probation Trust
Kay Statham	Trafford Community Leisure Trust
Attila Vegh	University Hospital South Manchester
Carol Baker-Longshaw	Pennine Care
Andrew Sutcliffe – Chief Inspector Partnership, Criminal Justice & Neighbourhood Policing	Greater Manchester Police
Beth Weston	Central Manchester University Hospitals NHS Foundation Trust
Rachel Herstell – Project Support Officer.	Trafford Council

Trafford Health and Wellbeing Programme Delivery Board

Purpose:

The Joint Health and Programme Delivery Board is responsible for developing the JHWS and the Action Plan/Monitoring Framework for assuring the Health and Wellbeing Board that the strategy is being implemented and delivering improvements in the health and wellbeing of the population.

The delivery board is accountable for the management of the JHWS/Action Plan and monitoring process, ensuring that JHWS products meet the needs of the Health and Wellbeing Board including Clinical Commissioning Groups and that its use is embedded in strategic commissioning for health and social care.

Key responsibilities:

Ensure that the JHWS and Action Plan/Monitoring Framework is driven by the Health and Wellbeing Board and encompasses the full breadth of research and evidence that is required to underpin commissioning

Ensure that the Joint Health and Wellbeing Strategy/Action Plan/Monitoring Framework is developed using a partnership/integrated approach.

Ensure that the overarching priorities identified in the JHWS are challenged through a multi-agency stakeholder event on an annual basis, first one to commence in Jan 2014.

To provide a monitoring framework and develop the Communications and Engagement Plan for the development and implementation of the strategy on behalf of the Health and Wellbeing Board

To develop a performance assurance process to monitor delivery of the JHWS and report the progress of the strategy to the Health and Wellbeing Board

Ensure that the JHWS is fully embedded in commissioning across all partners responsible for the health and wellbeing of the population

Ensure feedback reports to the Board are in a timely manner.

Contribute to support priorities and the action plan and contribute to the mechanisms of reporting.

Communicate the vision and priorities of the board to engage wider partners.

Programme update reports are submitted every 12 months.

Governance:

The JHWS Programme Delivery Board will be publically accountable for the delivery of the JHWS through the Health and Wellbeing Board. The Health and Wellbeing Board will receive reports on progress as appropriate.

Trafford Health and Wellbeing Programme Delivery Board membership

Name/Position	Organisation
Linda Harper – Deputy Corporate Director Children, Families and Wellbeing Directorate. Director of Service Development, Adult and Community Services.	Trafford Council (Chair)
Rodger Cairns – Managing Director. Independent Living Service.	Trafford Housing Trust
Sara McGregor –Trafford Locality Manager	Phoenix Futures
Ann Marie Jones – Chief Executive	Age UK
Helen Darlington – Health and Wellbeing Manager	Trafford Council
Ric Taylor – Mental Health Commissioner.	Trafford CCG
Krista Williams	Trafford CCG

Health and Wellbeing Programme Delivery 2013 Board. Terms of Reference

Beverley Humphrey – Chief Executive	GMW
Lisa Davies – Public Health Consultant.	Trafford Council
Stuart Webster – Director	blueSCI
Kevin Bulman – Probation Operations Manager	Greater Manchester Probation Trust
Kay Statham	Trafford Community Leisure Trust
Attila Vegh	University Hospital South Manchester
Carol Baker-Longshaw	Pennine Care
Andrew Sutcliffe – Chief Inspector Partnership, Criminal Justice & Neighbourhood Policing	Greater Manchester Police
Beth Weston	Central Manchester University Hospitals NHS Foundation Trust
Rachel Herstell – Project Support Officer.	Trafford Council

NB: Membership will be reviewed regularly and may be extended by agreement of the Programme Delivery Board members

Frequency of meetings: At least every quarter

Support arrangements:

- Linked to chair for facilitating meetings and minute taking
- The Project team will continue to meet and update the JHWBS and Action Plan Framework/Monitoring framework for the Health and Wellbeing Board.

Terms of reference for the Health and Wellbeing Programme Delivery Board will be reviewed annually.

DRAFT

Priority	Lead Officer	Big Idea	Actions	Short term Action	Completion date	Milestone	Outcomes	Organisation	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.	Bid for cycle-scheme/healthy eating/ Healthy Worker Youth Offending Service → Obesity			Apr-14	Reduce levels of year 6 childhood obesity in Trafford and in areas where currently childhood obesity levels are high.	CYPS Health collaborator: Jan Trainor/Carol Baker Longshaw	Mar-16	Maternity and Child Health Advisory Forum Joint commissioning Managements Board (Children and Young People) Children's Trust Board	Deborah Brownlee
			Linking school and Community Sport					Sport and Physical Activity Partnership Louise Wright Clinical Commissioning Group with Jill Colbert/Jan Trainor			
			Care Pathway (Healthy Weight) ensure engagement with stakeholders. Perinatal Pathway Into Contract. Childhood Obesity ↔ health issues eg					Age UK Trafford			
			Grandparent involvement in prevention					Probation Services			
			Signposting, identification → Health Trainers for Offender Health					Trafford Community Leisure Trust			
			Activity/change for life clubs/Active Trafford Scheme development. Raise awareness of Junior Active Trafford					blueSCI			
			Football: Lads and Dad's initiative local focus- sports coaching/café – healthy eating (Broomwood Wellbeing Centre) Look into other ways of funding/P.P for young people – link in with Trafford Leisure, adult – family worker visiting service users with under 5s								
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		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								
			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		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								
			Ensure those with alcohol/drug misuse issues who are committing crime are subject to ATR or DRR to encourage them to address their addiction								
			Refresh alcohol strategy for Trafford and action plan	Nov-13							
			Deliver a programme of events in Trafford for alcohol Awareness week in November 2013 "Hair of the Dog"	Nov-13							
			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	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					
			Increase the number of people in receipt of a personal budget to further promote choice and control by 10% by March 2014								
			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	Mar-14						
Deliver the Trafford Autism Strategy Delivery Plan											

5. Increase Physical Activity	Helen Darlington/ Daniel Newall	More People, More Active, More Often.	<p>Ensure that strategic planning processes contribute to creating a local environment, including facilities for outdoor recreation, physical activity and play that supports an active lifestyle.</p> <p>Work in partnership to increase participation levels and offer GP Referral pathways to progression.</p> <p>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</p> <p>Develop and extend/promote the Active Trafford and Junior Active Trafford Scheme to communities in most need.</p> <p>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.</p>		Apr-14	Increase numbers of people in Trafford physically active.	Mar-16	The Trafford Strategic Sport and Physical Activity Partnership	Wendy Marsden
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)	<p>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</p> <p>Deliver NHS Health Checks programme and consider extending the programme (e.g. out of hours, non clinical venues) targeting disadvantaged communities</p> <p>Design and implement a patient education programme for CVD and cancer awareness targeted at disadvantaged communities</p> <p>Design and implement a clinical education programme in Primary Care</p> <p>Develop and deliver primary care cancer & CVD strategies across whole population</p>	Jan-14	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	Mar-16	Commissioning and Operations Steering Group	Gina Lawrence/D eborah Brownlee
<p>Support people with enduring mental health needs, including dementia to live healthier lives.</p> <p>Page 18</p>	Ric Taylor	We will commission streamlined services which are joined up and have the person at the heart of what we do.	<p>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.</p> <p>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.</p> <p>To review in partnership, all existing all-age mental health services</p> <p>Deliver the Improving Access to Psychological Therapies Service Improvement Programme</p> <p>Deliver the Trafford Dementia Kite mark for residential care and homecare services across the Borough.</p> <p>Develop Intergenerational/collaborative work regarding Dementia. To link to the Trafford Dementia Kitemark and Dementia Friendly Communities (Urmston pilot). Develop an Age UK Trafford Dementia awareness training programme tailored for Trafford Police and deliver to Officers and Probation Services.</p>	Jan-14 Dec-13 <i>Develop principles during Delivery board Jan 2014 workshop.</i>	Apr-14	<ul style="list-style-type: none"> 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. 	Mar-16	Trafford CCG Quality Finance & Performance/Dementia Strategy Group.	Gina Lawrence / Deborah Brownlee
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.	<p>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.</p> <p>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.</p> <p>We will work across boundaries to develop and deliver a new 2014 Salford Bolton and Trafford Suicide Prevention Strategy Targeted approach to men</p> <p>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.</p> <p>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.</p> <p>Manage provider performance against contract / KPIs</p>	Jan-14	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	Mar-16	Joint Strategic Commissioning Group. Proposed: Wellbeing Partnership.	Gina Lawrence / Deborah Brownlee
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

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HEALTH AND WELLBEING ACTION PLAN MONITORING

Priority	Priority Lead Officer	Big Idea	Governance / Partnership (Partners Involved) Monitoring Board.	Actions	Lead for Actions	Key Success Measures relating to actions	Planned Completion date	Baseline position for actions (as at March 14)	RAG Rating
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.	Maternity and Child Health Advisory Forum Joint commissioning Management Board (Children and Young People) Children's Trust Board	Increase the number of primary schools participating in FFL in the four localities with particular focus on schools with high levels of obesity					
				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					
				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.	Emotional Health and Wellbeing Advisory Forum Joint Commissioning Management Board (Children and Young People) Children's trust board Children's Trust Board	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					
				Ensure voluntary and community sector providers are engaged with the SPA					
				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					
				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.	Safer Trafford Partnership: Joint work with police, linking with the police crime commissioner and joint working on alcohol related harm	Work collaboratively with partners to ensure messages relating to drugs/alcohol are promoted across the borough at events such as the Warehouse project					
				Implement the RAID model within Trafford to reduce the demand on A & E caused by frequent flyers					
				Ensure those with alcohol/drug misuse issues who are committing crime are subject to ATR or DRR to encourage them to address their addiction					
				Refresh alcohol strategy for Trafford and action plan					
				Deliver a programme of events in Trafford for alcohol Awareness week in November 2013 "Hair of the Dog"					
				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					

Priority	Priority Lead Officer	Big Idea	Governance / Partnership (Partners Involved) Monitoring Board.	Actions	Lead for Actions	Key Success Measures relating to actions	Planned Completion date	Baseline position for actions (as at March 14)	RAG Rating
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.	Commissioning and Operations Steering Group	Commission a patient coordinated care hub in Trafford					
				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.					
				Increase the number of people in receipt of a personal budget to further promote choice and control by 10% by March 2014					
				Increase the number of people in receipt of Telecare, to promote independence and resilience linked to the Trafford Telecare Pledge.					
				Implement the Winterbourne View Response Actions Plans and deliver on the identified areas for improvement in the Winterbourne submission stocktake					
				Deliver the Learning Disabilities Service Improvement Programme, including the Winterbourne View Response Action Plans					
				Deliver the Trafford Autism Strategy Delivery Plan					
Page 22 5. Increase Physical Activity	Helen Darlington/ Daniel Newall	More People, More Active, More Often.	The Trafford Strategic Sport and Physical Activity Partnership	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.					
				Work in partnership to increase participation levels and offer GP Referral pathways to progression.					
				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					
				Develop and extend/promote the Active Trafford and Junior Active Trafford Scheme to communities in most need.					
				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.					
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)	Commissioning and Operations Steering Group	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 Guidance					
				Deliver NHS Health Checks programme and consider extending the programme (e.g. out of hours, non clinical venues) targeting disadvantaged communities					
				Design and implement a patient education programme for CVD and cancer awareness targeted at disadvantaged communities					
				Design and implement a clinical education programme in Primary Care					
				Develop and deliver primary care cancer & CVD strategies across whole population					

Priority	Priority Lead Officer	Big Idea	Governance / Partnership (Partners Involved) Monitoring Board.	Actions	Lead for Actions	Key Success Measures relating to actions	Planned Completion date	Baseline position for actions (as at March 14)	RAG Rating
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.	Trafford CCG Quality Finance & Performance / Dementia Strategy Group.	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.					
				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.					
				To review in partnership, all existing all-age mental health services					
				Deliver the Improving Access to Psychological Therapies Service Improvement Programme					
				Deliver the Trafford Dementia Kite mark for residential care and homecare services across the Borough.					
				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 Kite mark.					
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.	Joint Strategic Commissioning Group. Proposed: Wellbeing Partnership.	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.					
				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.					
				We will work across boundaries to develop and deliver a new 2014 Salford Bolton and Trafford Suicide Prevention Strategy Targeted approach to men					
				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.					
				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					
				Housing, Employment, Leisure, Environment, Education, Living and Working Conditions					
				Targeted Vulnerable & Disadvantaged Groups					

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Healthwatch Trafford Update February 2014

Staff and Board Recruitment.

Healthwatch Trafford will be advertising for an Engagement worker post over the next few weeks. We hope to have this post in place by March 2014.

An induction program for new Board members is in place and will commence in early February.

The Board are working on the business plan for Healthwatch Trafford.

Activities.

We continue to meet with local groups and residents of Trafford as well as our scheduled meetings with stakeholders, local commissioners and providers of services.

The Chair has met with a small number of residents in Stretford Mall and Urmston Square to seek their views on the changes at Trafford General and other health and social care issues.

Healthier Together

We continue our involvement with the Healthier Together Program, attending the External Reference Group and the Communications workshops.

Greater Manchester West Mental Health Foundation Trust

Chair met with Greater Manchester West in December to discuss the consultation on changes to home services and dementia in patient care which commenced on January 6th 2014

A further meeting was held with Healthwatch Trafford Board members and volunteers took place in January.

A visit to see the refurbishment that has taken place at the Moorside Unit took place in December.

The Top Ten Tips project leaflet has been completed and the leaflets have been printed. Distribution to GP practices and other venues is ongoing.

Respiratory Work Program

1444 questionnaires are being distributed via their GP Practice to residents of Trafford with a diagnosis of Chronic Obstructive Disease.

The results of this survey should be completed by middle of March 2014.

The Young People's health and wellbeing project.

We are continuing our work with the Trafford Youth Cabinet who have raised a variety of concerns that they feel impact on Trafford's young people's health and wellbeing. These include poor access to Child and Adolescent Mental Health Services (CAMHS), no access to dieticians for those with weight problems and lack of easily accessible health information for young people on GP websites.

GM Healthwatch Network

We continue to attend the monthly meetings of the GM Network.

The network is currently conducting a GM wide survey of patient's experience of the Arriva Patient Transport Service.

Additional activity

- Attended Trafford Information Network
- Board members and CO met with Paul Hulme of the CCG (Assistant Director for Corporate Services)
- Several members of HWT met with representatives of HW England and the Local Authority to discuss how best to use the HW Outcomes Toolkit
- Representatives from NICE (National Institute for Clinical Excellence) met with HWT team
- Met with Independent Complaints Advocacy Service for Trafford to discuss how we can work together.
- Attended Equality Delivery System2 Workshop
- Met the manager of the Broomwood Community Health & Well Being Centre (Timperley) to discuss the possibility of conducting outreach sessions at their centres
- Healthwatch had an information stall at the opening of the Broomwood Community Health & Well Being Centre on 15th January
- A meeting took place in December with CMFT Patient Experience Team. These will now take place bimonthly.
- HWT team met with Chief Executive Dr Attila Vegh and Chief Nurse Mandy Bailey at Wythenshawe Hospital.
- All HWT staff met with Jonathan Cross to discuss HWTs involvement in the ongoing Patient Care & Coordination Centre tender process
- Trafford's Personalisation Co-production group meeting
- Meeting with Health Overview and Scrutiny Chair.

- Meeting with local PR Agency promoting HW Trafford
- CCG customer care team bi monthly meetings
- Diverse Community Board
- The Voice of BME
- Ageing Well Partnership
- Centre for Independence (CIL)
- Local Government Association
- NICE
- Greater Manchester West Mental Health

Enter and View

DBS registration of the Enter and View team is now complete. We have one new recruit who is undertaking training and DBS registration.

A dementia awareness training event took place in January. Members of the Enter and View team as well as Board members and volunteers attended this event. DOLs and MCA training

will take place in February. This will be offered to the Enter and View team as well as other Board members and volunteers.

An arranged Enter and View visit to the Mastercall Walk in Centre at Trafford General is being organised to take place in February.

Healthwatch Website

We have had some problems with the website over the Christmas /New Year period. These have now been resolved.

Information and Signposting Function

Since the last update there have been 7 instances of signposting or information requests from the public.

There have been 8 concerns / complaints in this time 4 of these are ongoing.

Ann Day

Chair Healthwatch Trafford.

Feb 2014

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