

# Public Document Pack



**TRAFFORD**  
**COUNCIL**

## **AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH AND WELLBEING BOARD**

**Date: Friday, 19 October 2018**

**Time: 9.30 a.m.**

**Place: The Waterside, Sale, M33 7ZF**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
(a) <b>HEALTH AND WELLBEING BOARD GOVERNANCE</b> (Pages 1 - 8) To receive an update from the Senior Partnerships and Communities Officer.		1 - 8
(c) <b>AGE WELL BOARD</b> (Pages 9 - 12) To receive a report from the Executive Member for Adult Services.		9 - 12
(b) <b>DELAYED TRANSFERS OF CARE FROM HOSPITAL AND CQC ACTION PLAN UPDATE</b> (Pages 13 - 20) To receive a presentation from the Corporate Director of Adults Services.		13 - 20

### **JIM TAYLOR**

Interim Chief Executive

### Membership of the Committee

Councillors S. Johnston (Vice-Chair), K. Ahmed, M. Bailey, J. Baugh, Mrs. J.E. Brophy, D. Eaton, C. Daly, C. Davidson, J. Harding, H. Fairfield, Dr. M. Jarvis, J. Lamb, J. Lloyd (Chair), M. Noble, M. Roe, R. Spearing, W. Miller, E. Roaf, A. Worthington, P. Duggan, S. Radcliffe and Rooney.

### Further Information

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

Alexander Murray, Democratic and Scrutiny Officer,

## Health and Wellbeing Board - Friday, 19 October 2018

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Tel: 0161 912 4250

Email: [alexander.murray@trafford.gov.uk](mailto:alexander.murray@trafford.gov.uk)

This agenda was issued on **Thursday 11<sup>th</sup> October 2018** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

Any person wishing to photograph, film or audio-record a public meeting is requested to inform Democratic Services in order that necessary arrangements can be made for the meeting.

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

## Health and Wellbeing Board

### Terms of Reference

#### **1. Functions of Health and Wellbeing 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 & Wellbeing 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 sub-committees of boards.

### **3. Membership of Health & Wellbeing Boards**

See Appendix 1 for membership of the Trafford Health and Wellbeing Board.

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
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- 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. Trafford Health and Wellbeing Board additional locally agreed functions**

In addition to the statutory functions outlined in section 1 above the governance task group, convened in November 2015, agreed the Board would:

- Provide oversight to the delivery of the Trafford (Locality) Plan (although accountability for the delivery of the Plan will remain with the Trafford Joint Commissioning Board, reporting into the GM Joint Commissioning Board).
- Maintain a positive relationship with the Joint Commissioning Board in order to help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care sectors.
- Agree annually, a number of key priorities (5-10) based on those in the Trafford (Locality) Plan, the CAMHs strategy and relevant data sets such as the JSNAA, the indices of Multiple Deprivation and Public Health profiles, as well as reflecting GM agendas emerging from the GM Joint Commissioning and GM Early Intervention and Prevention Boards.
- Ensure delivery against these priorities either through Task and Finish (service reform) project groups or by delegating the priority to a relevant thematic partnership (e.g. Safer Trafford)
- Put in place a Performance dashboard to monitor progress against the agreed priorities and receive exception reports relating to progress as necessary.
- Receive written reports at regular agreed intervals from the Safer Trafford, Sport and Physical Activity Partnerships, from the two Safeguarding Boards and from the project groups.

#### **5. Meeting Arrangements**

##### **Notice of Meetings**

Meetings of the Board will be convened by Trafford Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

##### **Chairmanship**

The chairmanship for the Health and Well Being Board will rotate on an annual basis between Trafford Council and NHS Trafford Clinical Commissioning Group.

##### **Quorum**

The quorum for all meetings of the Board will be a minimum of 5 members with at least two Local Authority and two Clinical Commissioning Group members present.

##### **Substitutes**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings. Members are asked to nominate a single named substitute who replace them in the event they cannot attend a meeting. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

##### **Decision Making**

It is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chairman will have a second or casting vote. There will be no restriction on how the Chairman chooses to exercise a casting vote

### **Meeting Frequency**

The Health and Well Being Board will meet quarterly in line with the new schedule of dates agreed within the Trafford Partnership review.

### **Status of Reports**

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Trafford Council's offices and on Trafford Council's website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended. The same principals will apply to information from NHS Trafford as a partner organisation on the board. Other participating organisations may make links from their website to the Board's papers on Trafford Council's website.

### **6. Members' Conduct**

Where appropriate rules and regulations governing the Code of Conduct of Board members will apply. The Code in use will be the Trafford Council Code of Conduct. Board members will be expected to declare appropriate interests where necessary.

### **7. Amendment of the Constitution**

The Health and Well Being Board may vary its constitution by a simple majority vote by the members provided that prior notice of the nature of the proposed variation is made and included on the agenda for the meeting.

### **8. Governance and Accountability**

- The Health and Well Being Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.

## Appendix 1 – Membership of the Health and Wellbeing Board

### Notes on Membership:

- (1) The Council Membership is nominated by the Leader of the Council.
- (2) The chairmanship for the Health and Wellbeing Board will rotate on an annual basis between Trafford Council and NHS Trafford Clinical Commissioning Group.
- (3) \* Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note: at least one Councillor, one member of each relevant CCG, a representative of the local HealthWatch organisation plus any other members considered appropriate by the Council, must be appointed.)

COMMITTEE		NO. OF MEMBERS
HEALTH AND WELLBEING BOARD		5 (Plus 16 External Partners)
LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRAT GROUP
Councillors:-	Councillors:-	Councillors:-
Executive Member for Health and Wellbeing (Councillor Judith Lloyd)	Shadow Executive Member for Health and Wellbeing (Councillor John Lamb)	Councillor Jane Brophy
Executive Member for Adult Social Care (Councillor Joanne Harding)		
Executive Member for Children and Families (Councillor Jane Baugh)		
<b>TOTAL</b>	<b>3</b>	<b>1</b>

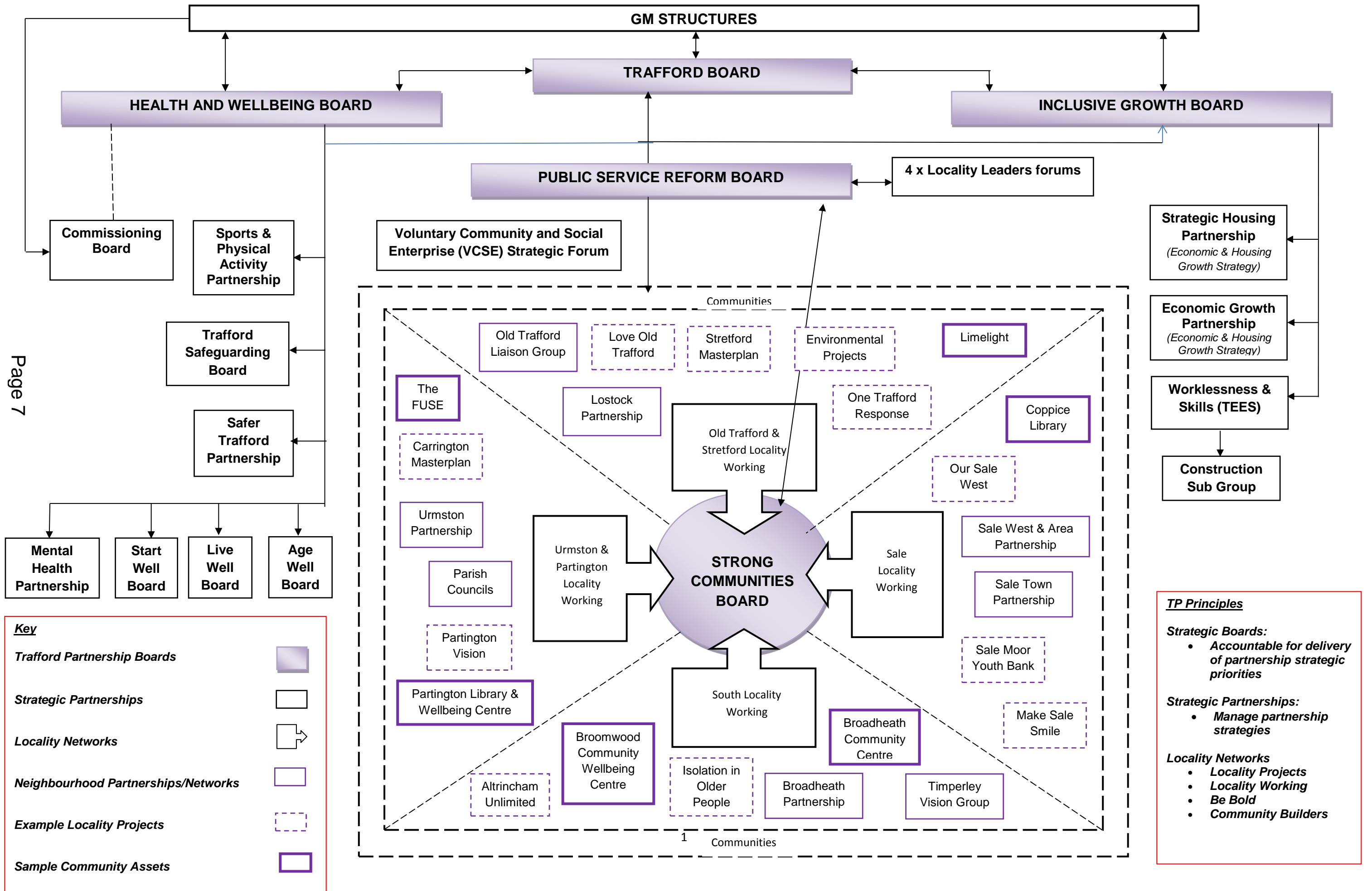
Membership of the Health and Wellbeing Board shall also comprise of:

- Director of Public Health
- Director of Integrated Services
- Director of Safeguarding and Professional Development
- Corporate Director of Commissioning (for Trafford Council and NHS Trafford CCG)
- Chair of NHS Trafford Clinical Commissioning Group
- Clinical Director for NHS Trafford Clinical Commissioning Group
- Chair of HealthWatch
- Third Sector representative
- Chair of the Children and Adults Safeguarding Board
- Chair of the Safer Trafford Partnership - GMP
- Chair of the Trafford Sports and Physical Activity Partnership
- Chief Executive Officers of health care providers (3): (Central Manchester University Hospital NHS Foundation Trust; Pennine Care NHS Foundation Trust; Greater Manchester West Mental Health NHS Foundation Trust)
- Greater Manchester Fire and Rescue Service Representative
- Greater Manchester Health and Social Care Partner Representative

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# Trafford Partnership Structure



**Key**

- Trafford Partnership Boards**
- Strategic Partnerships**
- Locality Networks**
- Neighbourhood Partnerships/Networks**
- Example Locality Projects**
- Sample Community Assets**

**TP Principles**

**Strategic Boards:**

- Accountable for delivery of partnership strategic priorities

**Strategic Partnerships:**

- Manage partnership strategies

**Locality Networks**

- Locality Projects
- Locality Working
- Be Bold
- Community Builders

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**Health & Wellbeing Board Sub Group Pro-forma October 2018**

<b>Name of Sub Group:</b>	Age Well Board	<b>Chair of Sub Group:</b>	Cllr Joanne Harding	<b>Responsible Officer:</b>	Eleanor Roaf
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<b>Strategic Priority</b>	<b>Actions for delivery</b>	<b>Expected Outcome</b>	<b>Timeline for delivery</b>
<p><b>Develop Trafford’s Age Well Plan</b>, in line with GM process and priority and using the 8 domains identified by the World Health Organisation</p>	<ul style="list-style-type: none"> <li>• Undertake survey of public opinion (online and hard copy)</li> <li>• Follow up with more detailed neighbourhood work and focus groups</li> <li>• Undertake a survey of businesses opinions and activities in relation to ageing well</li> <li>• Join UK Network of Age Friendly Communities</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of public views on aspects of ageing well</li> <li>• Develop neighbourhood based action plan based on the survey and neighbourhood work</li> <li>• Provide information to inform the integrated delivery teams and other Council Departments, as well as GM organisations such as TfGM</li> <li>• Production of a report for each neighbourhood</li> </ul>	<ul style="list-style-type: none"> <li>• General survey - August – October 2018</li> <li>• Business Survey October – November 2018</li> <li>• Analysis and establishment of follow up work October 2018 - February 2019</li> <li>• March 2019</li> </ul>
<p><b>Implementation of Trafford’s Dementia Strategy</b></p>	<ul style="list-style-type: none"> <li>• Undertake public engagement on the strategy agreed in July 2018</li> <li>• Implement the actions and recommendations of the strategy, informed by the public feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback on aspects of the Strategy that Trafford people feel will make the most difference to their lives</li> <li>• Link the dementia and Ageing well consultations, especially in relation to neighbourhood and sub-populations</li> <li>• Inform the development of integrated teams</li> <li>• Better public understanding of dementia, and better organisational responses, to reduce the negative impact on people with dementia and their families</li> </ul>	<ul style="list-style-type: none"> <li>• October 2018 – February 2019</li> <li>• Action plan agreed by March 2019. Implementation in 2019/20</li> </ul>

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Agenda Item 6c

Strategic Priority	Actions for delivery	Expected Outcome	Timeline for delivery
<p>Reducing the risk and impact of falls and frailty</p>	<ul style="list-style-type: none"> <li>• Implement the existing Bone health and fall strategy for Trafford</li> <li>• Develop and pilot a revised falls pathway for higher risk fallers</li> <li>• Ensure that the GP frailty identification is linked into evidence based interventions, and that the falls risk for people with frailty is appropriately assessed and acted upon</li> <li>• Review evidence for Fracture Liaison Service</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced risk of falls</li> <li>• Reduced hospital admissions for falls</li> <li>• Increased numbers of people undertaking postural stability classes</li> <li>• Increased number of people able to maintain their independence at home</li> <li>• Business case for Fracture Liaison to be developed</li> </ul>	<p>Impact of pilot analysed by March 19, with recommendations for future developments</p>
<p>End of Life Care</p>	<ul style="list-style-type: none"> <li>• Improve the completeness of GP palliative care registers</li> <li>• Increase the proportion of people with Advanced Care Plans</li> <li>• Support care homes and carers to provide high quality end of life care and to maintain people in their usual place of residence until death</li> <li>• Continue to engage in Dying Matters events</li> <li>• Introduction of Personal Health Budgets project</li> </ul>	<ul style="list-style-type: none"> <li>• More people dying in their chosen place</li> <li>• Reduced number of people dying in hospital</li> <li>• Improved support to family members</li> <li>• Better engagement with the public on the importance of making plans for end of life</li> </ul>	<p>End of Life Strategy and action plan in place by March 2019</p>

Strategic Priority	Actions for delivery	Expected Outcome	Timeline for delivery
	with St Ann's Hospice. <ul style="list-style-type: none"><li data-bbox="891 252 1236 347">• Improving PCEIL education and support to care homes</li></ul>		

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## Delayed Transfers of Care from Hospital and CQC Action update Health and Wellbeing Board October 2018



# CQC Action Plan

CQC action plan updated August 2018 closed actions completed and carried any remaining forward into the new plan below .



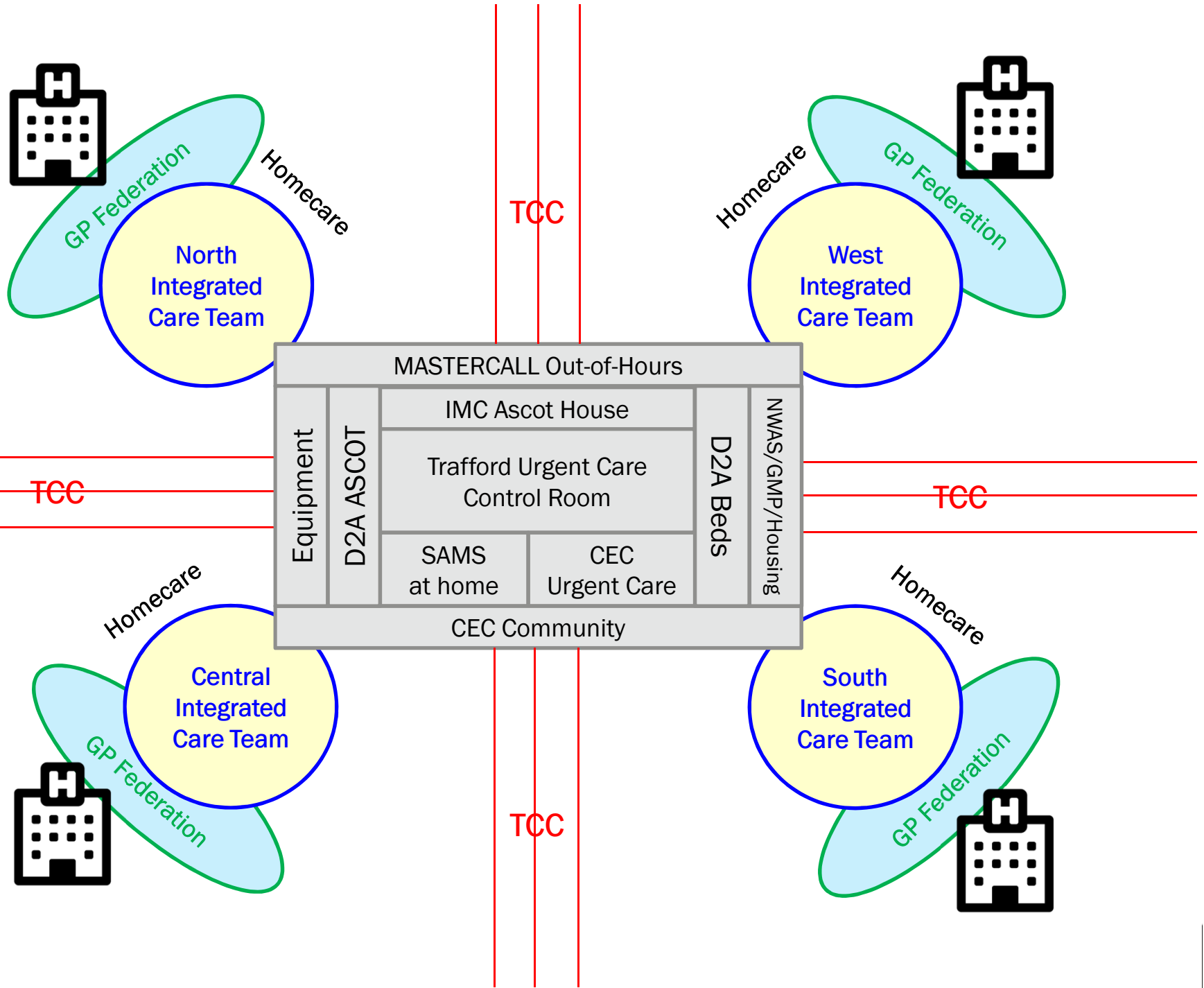
Microsoft Word  
Document

Urgent Care Board new action plan



Microsoft Excel  
Worksheet

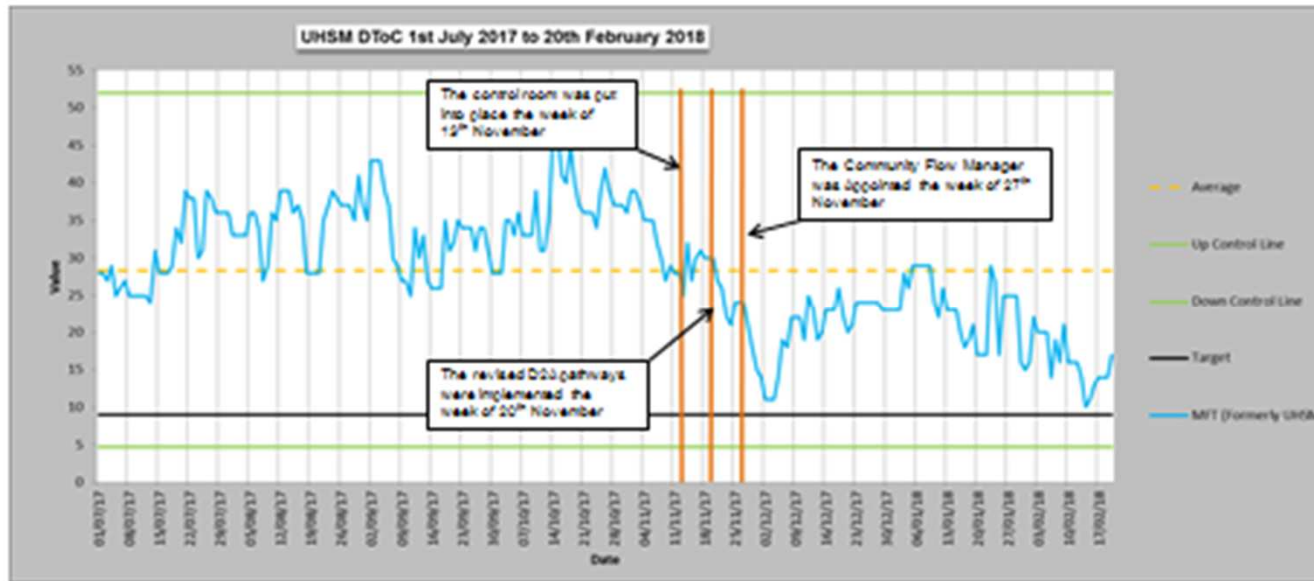




# CQC Action Plan



## What the data is telling us



## Additional changes for winter 2018/19

The newly formed Local Care Alliance have been working together to develop approaches for winter including :-

- Care navigators in ED at Wythenshawe have been tested and a commitment to roll out through winter at Wythenshawe
- GP streaming is being explored
- Additional Discharge to assess beds /Stabilise and make safe services

## Additional changes for winter 2018/19

Risk Scarification to identify and support people with COPD more effectively to manage their long term condition at home through winter

Trafford Enhanced Care Homes Team launched and roll out agreed by March 31<sup>st</sup> 2019

# Questions



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