



## **AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD MEETING**

**Date: Friday, 22 January 2016**

**Time: 10.00 a.m.**

**Place: Thomas De Trafford Conference Rooms A & B, Trafford Town Hall,  
Talbot Road, Stretford, M32 0TH.**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1.	<b>ATTENDANCES</b>  To note attendances, including officers, and any apologies for absence.	
2.	<b>MINUTES</b>  To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 1 December, 2015.	1 - 6
3.	<b>DECLARATIONS OF INTEREST</b>  Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
4.	<b>NEW ROLE OF THE HEALTH &amp; WELLBEING BOARD AND TERMS OF REFERENCE</b>  To receive a report of the Head of Partnerships & Communities and the Director of Public Health.	7 - 10
5.	<b>REFORM AGENDA (GREATER MANCHESTER STRATEGY)</b>  To receive a presentation of NHS Trafford Clinical Commissioning Group.	Verbal Report
6.	<b>JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE</b>  To receive a presentation of the Data Innovation and Policy Specialist and the Consultant in Public Health.	Verbal Report

## Health and Wellbeing Board - Friday, 22 January 2016

### 7. PROPOSED PRIORITIES FOR THE HEALTH & WELLBEING BOARD AND DISCUSSION

To receive a presentation of the Consultant in Public Health. A discussion led by the Director of Public Health will follow the presentation. 11 - 20

### 8. HEALTH AND SOCIAL CARE DEVOLUTION - TRAFFORD LOCALITY PLAN

To receive a presentation of the Acting Corporate Director, Children, Families and Wellbeing. Verbal Report

### 9. BETTER CARE FUND JOINT FINANCIAL PLAN

To receive a report of NHS Trafford Clinical Commissioning Group. To Follow

### 10. URGENT BUSINESS (IF ANY)

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

## THERESA GRANT

Chief Executive

### Membership of the Committee

Chief Inspector V. Bellamy, R. Bellingham, S. Colgan, A. Day, Dr N. Guest (Chairman), Councillor J. Harding, G. Heaton, Councillor M. Hyman, G. Lawrence, M. McCourt, S. Nicholls, J. Pearce, B. Postlethwaite, A. Razzaq, S. Webster and Councillor A. Williams (Vice-Chairman) and A. Worthington.

### Further Information

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

Chris Gaffey, Democratic and Scrutiny Officer

Tel: 0161 912 2019

Email: [chris.gaffey@trafford.gov.uk](mailto:chris.gaffey@trafford.gov.uk)

This agenda was issued on **Thursday 14 January, 2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, 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

1 DECEMBER 2015

### PRESENT

Cllr A. Williams (in the Chair)	Exec Member for Adult Social Services & CW
Chief Inspector V. Bellamy	Greater Manchester Police
R. Bellingham	Director of Commissioning Grtr Manchester NHS England
S. Colgan	Medical Director, GMW Mental Health NHS FT
A. Day	Chairman of HealthWatch, Trafford
Cllr J. Harding	Trafford Council
Cllr M. Hyman	Executive Member for Children's Services
G. Lawrence	Chief Operating Officer, NHS Trafford CCG
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
D. Eaton	Joint Director for Adults (Social Care)
S. Gardner	Director of Strategic Projects, CMFT
Cllr Mrs J. Lloyd	Shadow Lead Member for Integration of H&SC
Bob Postlethwaite	Clinical Head of Division (Children), CMFT
K. Purnell	Head of Partnerships & Communities
Cllr B. Shaw	Lead Member for Integration of Health and Social Care

### Also in attendance

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

### APOLOGIES

Apologies for absence were received from Dr N. Guest, G. Heaton, Supt Liggett and S. Nicholls

### 27. MINUTES

RESOLVED: That the Minutes of the meeting held on 22 September 2015, be approved as a correct record and signed by the Chairman.

### 28. 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.

### 29. ACTION LOG

The Board received a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group Board providing an update on the actions from the meeting on 22nd September 2015.

**Health and Wellbeing Board  
1 December 2015**

Action 1	- No established CAF relating to alcohol	- Closed
Action 2	- Discussed as part of this agenda (item 5)	- Complete
Action 3	- Discussed as part of this agenda (item 6)	- Complete
Action 4	- Discussed as part of this agenda (item 6)	- Complete
Action 5	- Director of Public Health provided a verbal update	- Complete
Action 6	- Report to be brought to the Board in future	- Ongoing
Action 7	- Awaiting further information	- Ongoing
Action 8	- Financial report to be brought to the next meeting	- Ongoing

RESOLVED: That the status of the actions be noted.

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

(a) Trafford Safeguarding Children Board – Safeguarding the Children of Trafford Presentation - Annual Report 2014/15 & Business Plan 2015/16.

[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 Clinical Head of Division (Children's), Central Manchester University Hospital NHS Foundation Trust detailing the Trafford Safeguarding Children's Board's (TSCB) Annual Report for 2014/15, and Business Plan for 2015/16.

The presentation highlighted the number of children subject to a care protection plan, parental factors in a safeguarding context, challenges and questions, and specific safeguarding issues to be considered in 2015/16.

The Board were in agreement about the importance of tackling domestic abuse. It was noted that work on domestic abuse would go through the Safer Trafford Partnership, with a new strategy to be developed. Members also discussed the Youth Parliament and how this was utilised in relation to tackling domestic abuse.

The Director of Public Health confirmed that Trafford was currently running a scheme called iRisk; a General Practice care based scheme regarding domestic violence. An update on the scheme would be brought to the Safer Trafford Partnership in the near future.

It was confirmed that the presentation would be circulated to Board Members.

RESOLVED: That the presentation be noted.

**31. TRAFFORD PARTNERSHIP REVIEW AND NEW PROPOSED GOVERNANCE AGREEMENTS FOR THE HEALTH & WELLBEING BOARD**

The Board received a report of the Head of Communities and Partnerships outlining recommendations made by the Governance Task group which met to consider the new Trafford Partnership structures adopted by the Trafford Partnership Executive. The report also presented a revised Terms of Reference and Membership for the HWBB for consideration / amendment, and

**Health and Wellbeing Board**  
**1 December 2015**

recommendation that they be taken to the Trafford Council meeting for adoption in January 2016.

The report confirmed the creation of the Third Sector Strategic Forum, and that the Trafford Partnership had agreed to the new structure. Members discussed the new meeting arrangements, and it was confirmed that the Central Manchester Foundation Trust NHS would be represented on the Board.

The Director of Public Health provided an overview of the draft Terms of Reference which would be finalised in due course, with the final version set to be taken to full Council on 20 January 2016. It was confirmed that the annual rotation of the Chairman of the Board would continue.

**RESOLVED:** That the Health & Wellbeing Board note the contents of the report and, subject to Trafford Council approval (where applicable):

- (1) Agree the recommendations made by the Governance Task Group
- (2) Agree the revised Terms of Reference and Membership for the HWBB (subject to approval by Trafford Council in January 2016)
- (3) Agree to move HWBB meetings in line with the new quarterly arrangements adopted by the Trafford Partnership beginning on 22/1/16

**32. LOCALITY PLAN**

The Board received a presentation of the Corporate Director, Children, Families and Wellbeing providing details of Trafford's Locality Plan. The presentation detailed the Plan's Principles for Change, the Trafford Care Coordination Centre (TCCC), suggested changes to service areas, and the next steps to be taken.

The Board thanked the Corporate Director, Children, Families and Wellbeing for the presentation. It was confirmed that the execution of the Locality Plan was not dependant on being granted the additional funding as part of the Greater Manchester Devolution Agreement. If these funds were made available, the work could be accelerated.

The Director of Commissioning for Greater Manchester, NHS England confirmed that the ten Greater Manchester Locality Plans would come together to help create the Clinical and Financial Strategy Plan. Each Locality Plan would be given equal consideration and would be unique to each Locality and its needs. The aim would be to have ten Plans that come together to benefit Greater Manchester as a whole.

It was confirmed that the presentation would be circulated to Board Members.

**RESOLVED:** That the presentation be noted.

**Health and Wellbeing Board  
1 December 2015**

**33. BETTER CARE FUND (BCF) - SUMMARY OF THE JOINT COMMISSIONING BOARD**

The Board received a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group providing an update of the progress of the Better Care Fund for Trafford and the progress of the schemes.

The report highlighted the work of the Better Care Steering Group. It was confirmed that the Joint Finance Review was near completion and would be presented at the next meeting of the Health & Wellbeing Board.

Members discussed the Community Nursing scheme and how work was ongoing with Pennine Care to refocus this. Members also discussed the Intermediate Care scheme and the plans in place to increase rehabilitation bed capacity.

RESOLVED: That the report be noted.

**34. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE**

The Board received a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group providing an update on the work of the NHS Trafford Clinical Commissioning Group. The report also provided information and progress on key commissioning activities, as well as considering locally specific issues and referenced links to Greater Manchester and national issues where relevant.

The Chief Operating Officer, NHS Trafford Clinical Commissioning Group provided an update on the progress of the Trafford Care Coordination Centre (TCCC). The University Hospital of South Manchester NHS Foundation Trust had been successfully connected to the IT systems, and all patients could be seen from GP through to acute care. With this being a success, it was hoped that connecting other organisations to the system would become easier. Once all parties had been connected the whole system could go live, with the target for completion set for March 2016.

The second phase of the TCCC was currently in development and an update would be brought to the Board in due course. Members were reminded of the invitation to visit the TCCC in January 2016.

RESOLVED: That the report be noted.

**35. TRAFFORD COUNCIL UPDATE**

The Board received a report of the Corporate Director, Children, Families and Wellbeing updating the Board on key Trafford Council developments. The report included updates on Trafford's Health & Wellbeing Strategy and Trafford's Joint Strategic Needs and Asset Assessment.

The Director of Public Health confirmed that a more detailed report regarding Healthy Life Expectancy would be brought to a future meeting of the Board.

RESOLVED: That the report be noted.

**Health and Wellbeing Board  
1 December 2015**

**36. 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 in September 2015. The report focused on specific areas of work and involvement, including Healthier Together, Devolution Manchester, Young People involvement in Primary Care, and 'Enter and View'. The Board was reminded that all HealthWatch reports could be accessed via the HealthWatch website.

RESOLVED: That the report be noted.

The meeting commenced at 6.00 pm and finished at 7.55 pm

This page is intentionally left blank



## TRAFFORD COUNCIL

**Report to:** Health & Well-Being Board  
**Date:** 22<sup>nd</sup> January 2016  
**Report for:** Information/Action  
**Report of:** Kerry Purnell, Head of Communities & Partnerships,  
Trafford Council

### Report Title

**New processes for the running of HWBB meetings**

### Purpose and Summary

This report recommends for consideration how the Health and Wellbeing Board might be run henceforth, reporting mechanisms and how it will connect with other Boards and Partnerships within the Trafford Partnership structure.

### Recommendation(s)

The HWBB notes the contents of this report and agrees

- The recommended representation of the HWBB on the Trafford Partnership Board
- To adopt a performance dashboard in relation to the agreed Health and Wellbeing priorities
- To receive a quarterly report outlining performance against the Health and Wellbeing priorities, against the Trafford Locality Plan and the Better Care Fund programme
- To receive a quarterly combined information report from the Safer Trafford Partnership, the Sports and Physical Activity Partnership and Health Watch.
- To discuss any exceptions or barriers to progress highlighted by the above reports
- To receive issues as agenda items from any partners for presentation and discussion which impact or have the potential to impact on performance or progress in relation to the reduction of health inequalities and the health and wellbeing agendas in Trafford in their broadest sense
- To agree as part of the agenda any key messages to be shared with the Growth and Strong Communities Boards at the start of the lunchtime networking event and any future issues to be raised to the Trafford Partnership Board

### Contact person for further information:

Name: Kerry Purnell Extension: 0161 912 2115

## **1 New Terms of Reference**

- 1.1 At the HWBB on 1<sup>st</sup> December revised Terms of Reference were agreed for recommending to Trafford Council for adoption. The new TOR were presented to the Full Council meeting held on 20<sup>th</sup> January 2016. Given the close proximity to this meeting any feedback will be given verbally.

## **2 HWBB representation on the Trafford Partnership Board**

- 2.1 The chairs team for the Trafford Partnership Board have agreed that the revised Board should be smaller in order to focus on the key strategic issues facing Trafford and to provide leadership to a small number of key work programmes such as the expansion of complex dependency. It will recommend to the next Partnership Board on the afternoon of the 22<sup>nd</sup> January that there should be 2 representatives from each of the 3 strategic boards on the Partnership Board.
- 2.2 For the Health and Wellbeing Board the proposed representatives are Dr Nigel Guest and Chief Superintendent Mary Doyle from GMP. Consideration should be given to nominating a substitute. Superintendent Jim Liggett already attends the Partnership Board in Mary's absence. Another substitute would be appropriate.
- 2.3 For information Matthew Colledge represents the CCG on the Partnership Board and John Pearce, Corporate Director from Trafford Council is normally in attendance.
- 2.4 The Trafford Partnership Board asks that at the start of the lunchtime networking session on each of the quarterly Trafford Partnership days the HWBB agrees key messages to share with the other 2 strategic boards.

## **3 Process for future Health and Wellbeing Board meetings**

- 3.1 At the Governance task group meeting held on Friday 13<sup>th</sup> November 2015, as well as the recommendations which shaped the revised Terms of Reference, the group also emphasized the need for the HWBB to be more strategic. It does not have a commissioning function but, through a positive relationship with the Joint Commissioning Board, should help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care, as well as providing oversight and reassurance to delivery against its own key priorities. It recommended that a performance dashboard should be put in place with a single performance and exception report brought to each quarterly meeting.
- 3.2 It is therefore proposed that a performance report be brought to each meeting and should address progress against the agreed health and wellbeing priorities and the Trafford Locality Plan. Information will be provided from all relevant sources including the Joint Commissioning Board (or its composite sub-groups) and any other of the partnerships within the overall structure to which the HWBB may have delegated programmes of work.
- 3.3 It is also proposed that a single combined report at each meeting will be received from the thematic partnerships aligned to the HWBB and Health Watch, with annual reports submitted by the two Safeguarding Boards.
- 3.4 The focus for discussion is proposed to be on exceptions or barriers to progress reported in the performance report and on issues raised by any partners for presentation which impact or have the potential to impact on performance or progress in relation to the

reduction of health inequalities and the health and wellbeing agendas in Trafford in their broadest sense.

- 3.5 Such influence and focus on performance, and the barriers and opportunities which impact upon it, rather than a body which merely ratifies reports will make the HWBB it a more attractive forum for Chief Executive officers from health care providers to attend alongside other key strategic partners.

#### **4 Trafford Partnership dates for the rest of 2016**

10 am to 2 pm Friday 15th April 2016

10 am to 2 pm Friday 15th July 2016

10 am to 2 pm Friday 21st October 2016

#### **6 Recommendations**

- 6.1 The HWBB notes the contents of this report and agrees
- The recommended representation of the HWBB on the Trafford Partnership Board
  - To adopt a performance dashboard in relation to the agreed Health and Wellbeing priorities
  - To receive a quarterly report outlining performance against the Health and Wellbeing priorities, against the Trafford Locality Plan and the Better Care Fund programme
  - To receive a quarterly combined information report from the Safer Trafford Partnership, the Sports and Physical Activity Partnership and Health Watch.
  - To discuss any exceptions or barriers to progress highlighted by the above reports
  - To receive issues as agenda items from any partners for presentation and discussion which impact or have the potential to impact on performance or progress in relation to the reduction of health inequalities and the health and wellbeing agendas in Trafford in their broadest sense
  - To agree as part of the agenda any key messages to be shared with the Growth and Strong Communities Boards at the start of the lunchtime networking event and any future issues to be raised to the Trafford Partnership Board

#### **Appendices: TOR and Membership of Health and Well Being Board**

This page is intentionally left blank

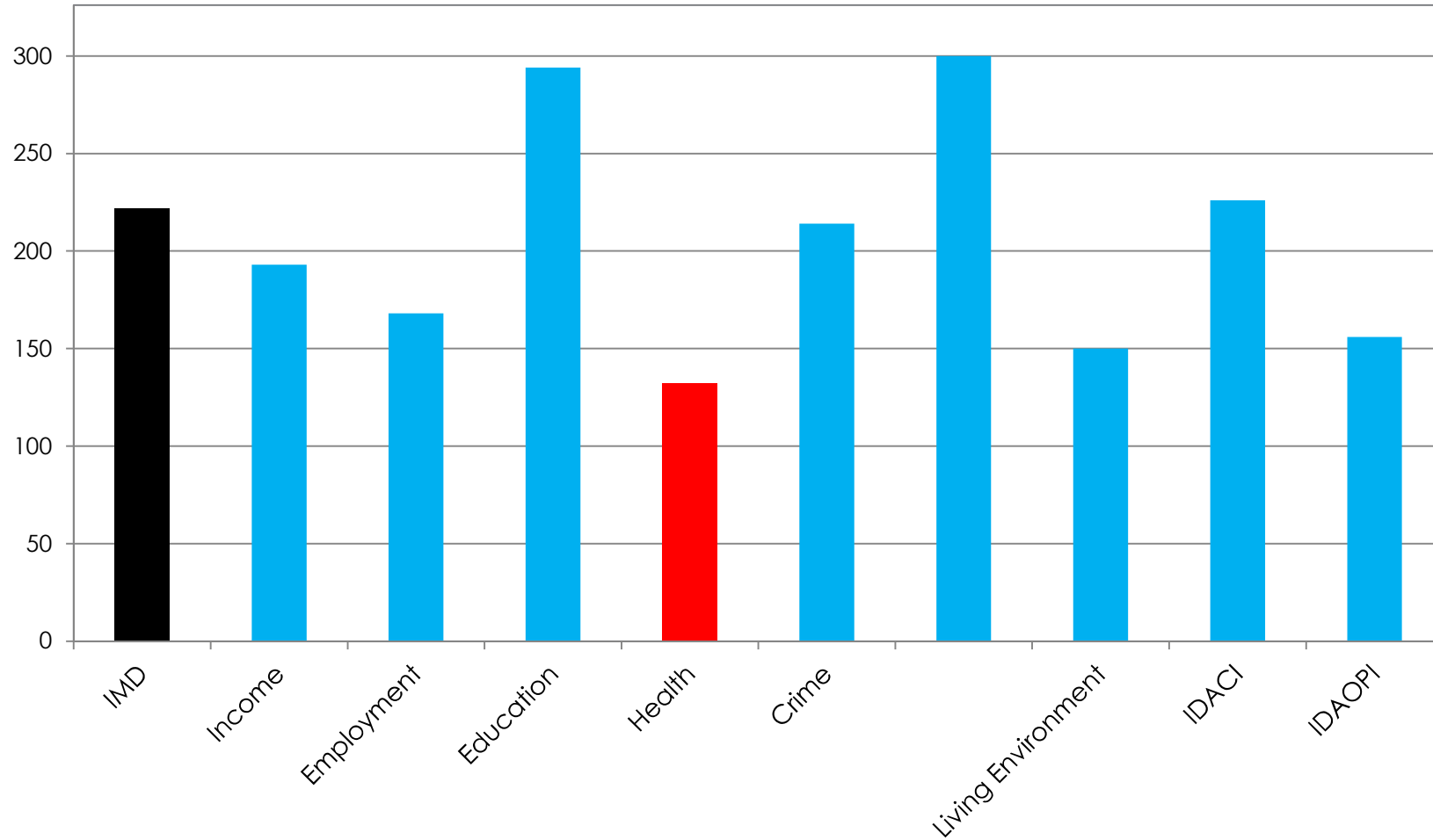


## Proposed Health & Wellbeing Priorities for 2016-2019



22<sup>nd</sup> January 2016

## IMD 2015 component measures for Trafford



# Healthy Life Expectancy

- Healthy life expectancy is the number of years a person is likely to live in a healthy state.
- In Trafford it is considerably worse than would be expected for the levels of deprivation.
- Healthy life expectancy at birth for men is 65.7 years and women 63.2 years in Trafford.
- Increasing healthy life expectancy would improve quality of life and help deliver economic prosperity and sustainable communities.

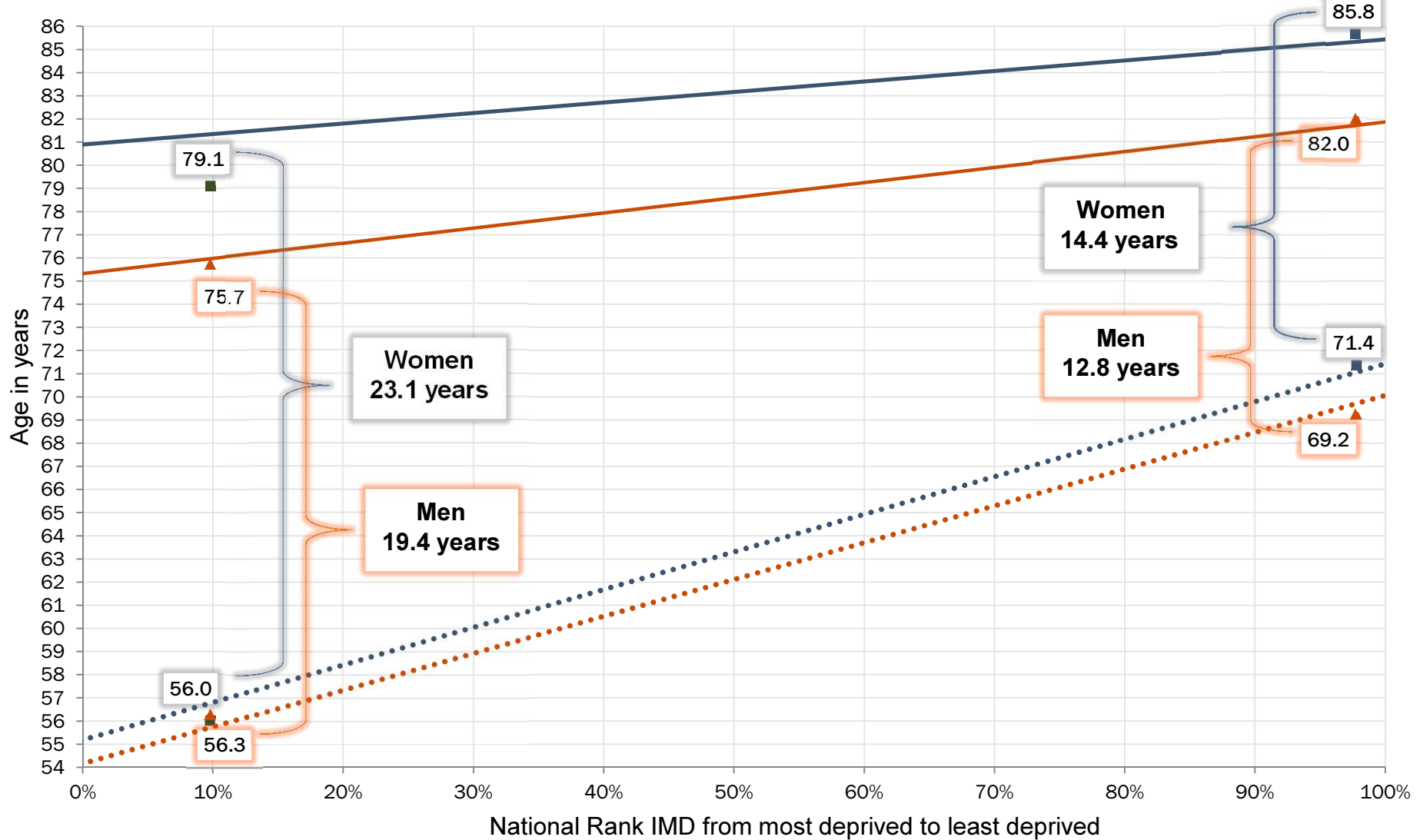


# Trends in Life Expectancy and Healthy Life Expectancy by National Rank of IMD for areas in Trafford (2009 to 2013)



TRAFFORD COUNCIL

— Female LE    ..... Female HLE    — Male LE    ..... Male HLE



Page 14





# What should our focus be?

Priorities should

- Impact on outcomes that are important across different organisations – involve all stakeholders
- Link to the Locality Plan and the GM Strategic Plan
- Support a sustainable Trafford and provide return on investment
- Be based on need and supported by a robust evidence base
- Strengthen and utilise our local and Greater Manchester assets
- Improve health, wellbeing and healthy life expectancy for all

## Proposed Priorities for 2016-2019

- Improving mental health and reducing the impact of mental illness
- Reducing physical inactivity
- Reducing the number of people who smoke or use tobacco
- Reducing harms from alcohol

## Why these priorities?

On average **32%** of people in Trafford die before their 75<sup>th</sup> birthday

- 66% of these deaths are preventable

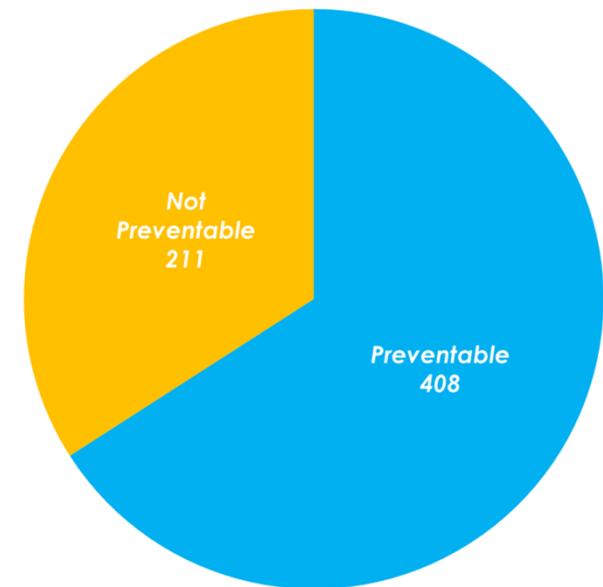
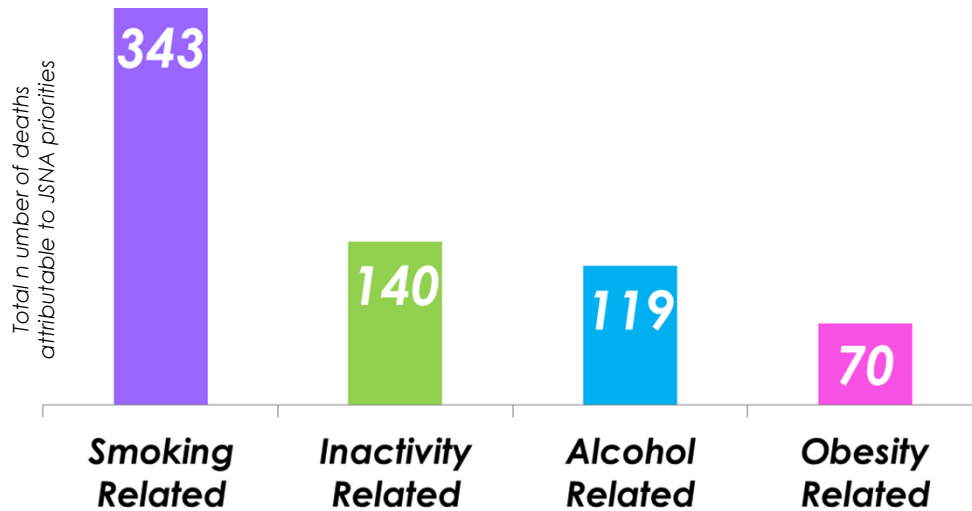
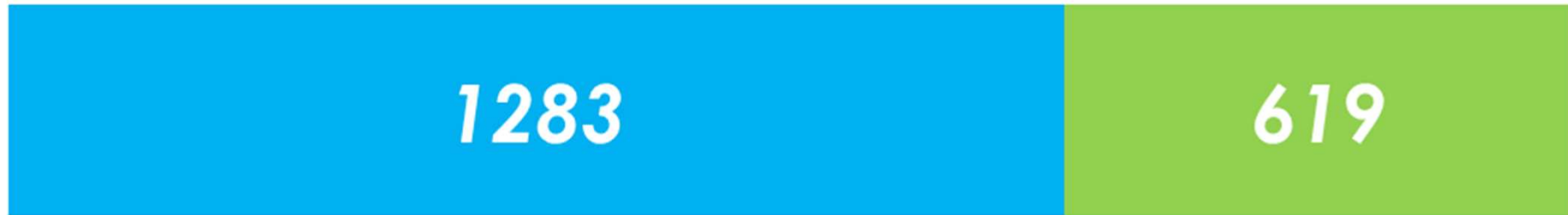
People with serious mental health die **3 years earlier** than the rest of the population in Trafford- this is significantly higher than the rate for England

# 1,902

DEATHS PER YEAR

**OVER 75s**

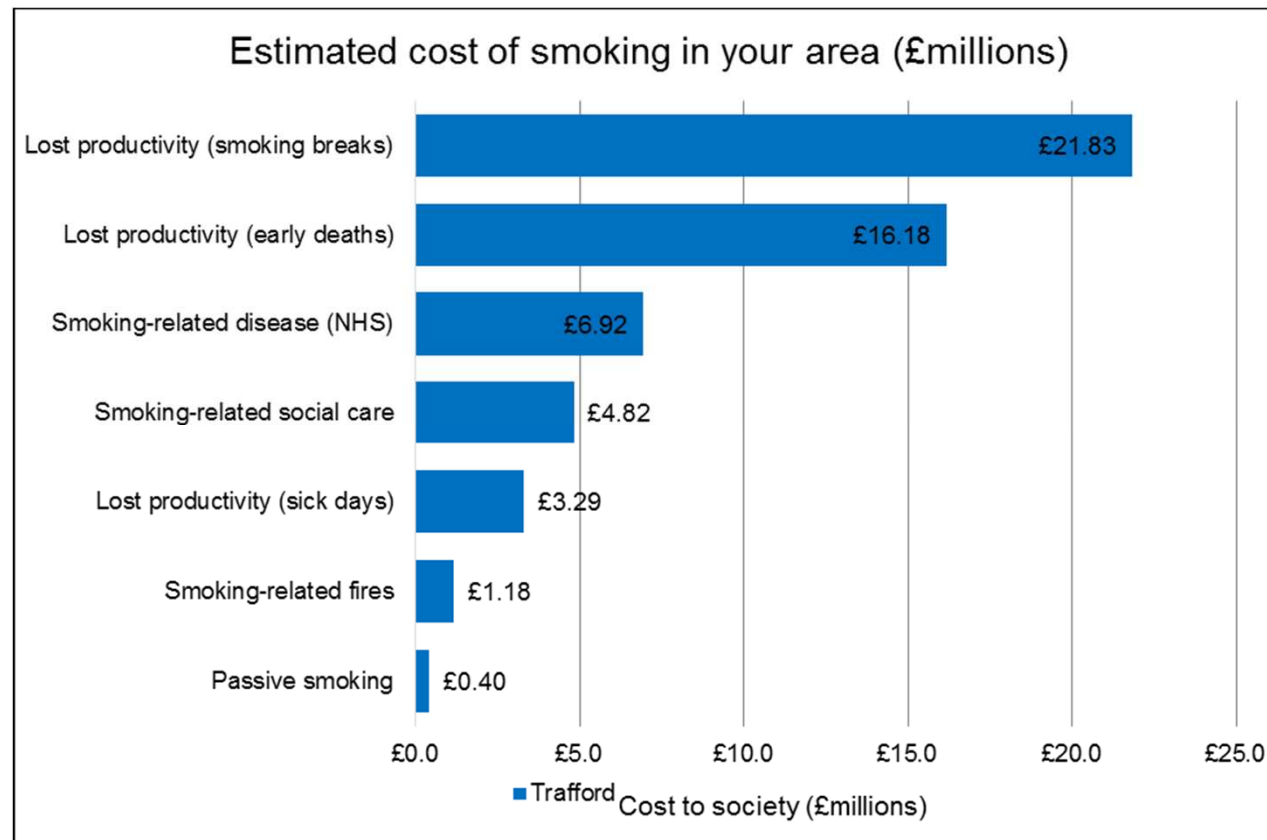
**UNDER 75s**



Deaths of Under 75s considered preventable

# Example: Reducing the number of people who smoke or use tobacco

- In Trafford 27.8% routine and manual groups smoke compared to 15.5% of the total population
- Smoking costs us £54.6 million a year in Trafford



## Our way forward

- Agree priorities
- Formalise governance & reporting arrangements to HWB of established partnerships
  - Alcohol Harm
  - Tobacco Harm
  - Sports and Physical Activity
- Establish Mental Health Harm Reduction Partnership
- Agree outcome measures
- Develop communication and engagement plan