

HEALTH AND WELLBEING BOARD

2 FEBRUARY 2018

PRESENT

Councillor J. Lamb (in the Chair).

Councillor S.K. Anstee, J. Colbert, H. Fairfield, Dr. M. Jarvis, Councillor J. Lloyd, E. Roaf, Councillor M. Whetton, Councillor J. Harding, P. Nkwenti, R. Spearing, M. Bailey, T. Butt, and C. Davidson.

In attendance

Kerry Purnell	Head of Partnerships and Communities
Sue Downey	Superintendent, GMP (substitute for Ben Levy)
Paula Lee	Strategic Lead for the West Area Family Support Team
Tom Haworth	Physical Activity and Sports Relationship Manager
Sarah Grant	Senior Partnerships and Communities Officer
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from B. Levy, M. Colledge, C. Daly, A. Worthington, K. Ahmed, D. Eaton, W. Miller, C. Ward and M. Roe.

29. MINUTES

RESOLVED: That the minutes of the meeting held 5 October 2017 be agreed as an accurate record and signed by the Chairman.

30. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- Councillor Mrs Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

31. PROGRAMME MANAGEMENT OF BOARD PRIORITIES

The Interim Director of Public Health updated the Board on progress that had been made towards the Board's priorities. Smoking rates had reduced from 19% to 12.5% across the Trafford population. There was still concern about the rates among routine and manual workers where the smoking rates were 28%. This was to be tackled both by tackling the acceptability of smoking within this group, and also by ensuring that this population had good access to support to stop smoking. People who suffer from mental health issues also had much higher rate of smoking and would also be a focus for improvement.

The rate of adults drinking above the recommended daily allowance was 28% which had seen little improvement. The Board were told that the main issue when

**Health and Wellbeing Board
2 February 2018**

battling against alcohol abuse was availability which made it difficult to challenge at a local level. It was hoped that a national increase in the price of alcohol by the unit could be achieved through lobbying, and that this would reduce the consumption of alcohol, especially by heavy drinkers. On physical activity, the Interim Director of Public Health informed the Board that teenagers in Trafford were highly inactive and that ways to encourage them to be more active needed to be found. The Head of Partnerships and Communities added that the latest figures from the schools daily mile initiative showed Trafford to be way ahead of the national average, although few schools did undertake this on a daily basis.

Following the update a number of questions were asked about the robustness of data used and the level of smoking amongst those suffering from Mental Health Issues. The Interim Director of Public Health responded that the data used was the most up-to-date data available. The smoking sub group were conducting a piece of work to drill down further into the data held to provide a deeper analysis for the Board using GP records to cross check information.

With regards to the issues faced by people suffering from mental health problems both the Public Health Team and Trafford CCG were aware of the poor health outcomes of this group. A Trafford Consultant in Public Health and the Lead Commissioner Mental Health and Learning Disability for Trafford CCG were working with Greater Manchester Mental Health NHS Foundation Trust on improving these outcomes, and on ensuring that people with mental health issues were supported to improve their physical health.

The Chairman of the Trafford CCG Public Reference and Advisory Panel (PRAP) asked how the proposed changes were to be made and specifically how the mind-sets' of the highest risk groups were to be challenged. The Interim Director of Public Health informed the Board that Trafford were going to hire staff trained in behaviour change. These new positions would be targeted at the populations where the largest impact could be made. In addition to this there was to be a digital support offer for those who prefer to access services online with the overall aim to create a holistic approach to stop smoking services across Trafford.

RESOLVED:

- 1) That the update be noted.
- 2) That the Tobacco Steering Group are to drill down in to available data using GP records

32. UPDATE FROM THEMATIC GROUPS; START WELL, LIVE WELL, AGE WELL, AND THE MENTAL HEALTH PARTNERSHIP

The Interim Director for Public Health reminded the Board that at the last meeting the five priorities of the Board had been described and since that meeting Trafford had been performing well in those areas. However, it had been found that by focusing solely upon the 5 priorities the Board had lost sight of the whole life course approach. In order to redress the balance three sub groups had been created. Each of the sub groups were chaired by an Executive Member and focused upon a different area of the life course. It was hoped that the mental

Health and Wellbeing Board 2 February 2018

health sub group set up by the Lead Commissioner Mental Health and Learning Disability for Trafford CCG would be the fourth strand interacting with the other groups.

The CEO for Wythenshawe Hospital asked for clarity on the sub groups' roles and asked that a maternity representative from MFT be on the starting well sub group. The Interim Director of Public Health responded that representatives from MFT would be welcomed and that the Terms of Reference had been circulated with the agenda. The Trafford Integrated Network Director informed the Board that he had not received an invitation to join the subgroups but would be interested in doing so. The Senior Partnerships Officer said that an invite should have been sent out and that she would look into it after the meeting.

The Chairman of the Trafford Joint Safeguarding Board enquired as to what the linkages between the sub groups and other boards, partnerships, and organisations were. The interim Director of Public Health responded that this was something that needed to be focused upon and which she would need to meet with the Chairman of the Joint Safeguarding Board to discuss. The Interim Director of Public Health noted that some members of the subgroups sat on a number of other Boards and Partnerships and she wanted to look at maximising the effectiveness of those links.

The Chairman of Trafford's Health Scrutiny Committee informed the Board that a piece of Task and finish group work on social isolation was being conducted by Trafford's Scrutiny Committees. The work had shown that social isolation was an issue for people across the whole life course. As such the Chairman of Trafford's Health Scrutiny Committee proposed that social isolation be a theme across all three subgroups.

The Chairman of PRAP asked whether providers and the 4th Sector were represented on the sub groups. The Interim Director of Public Health responded that the 4th Sector already had representation and, for example, Age UK and Trafford Carers Centre had been invited to join the Age Well Board. The Corporate Director of CFW informed the Board that Trafford were setting up a Trafford Care Managers forum and that an invitation should be extended to that forum's members.

The Executive Member for Children's services noted that there was only one Councillor on each group and he thought that greater councillor representation was needed. The Interim Director of Public Health stated that it had already been put forward that Shadow Executive Members were to be invited to sit on the subgroups in addition to the Executive Members and the Board supported the proposal.

RESOLVED:

- 1) That the update be noted.
- 2) That a Maternity representative from MFT be added to the Start Well Board Membership.
- 3) That the Trafford Integrated Network Director to confirm Pennine Care representation at the relevant sub groups.

Health and Wellbeing Board
2 February 2018

- 4) That Social Isolation to be included across all three sub boards as a theme.
- 5) That the Head of Partnerships and Communities, the Interim Director of Public Health, and the Chairman of Trafford's Joint Safeguarding Board look at common membership between sub Boards, Safeguarding and Prevention to ensure effective communication
- 6) That additional VCSE and provider representation to be considered for all three Sub Groups.

33. CQC REPORT

The Corporate Director for CFW gave a brief overview of the Local System Review of Trafford which had been conducted by the Care Quality Commission (CQC), the subsequent report, and Trafford Action Plan. The Action Plan had been submitted to the CQC for feedback and as of the meeting none had been received, which Trafford were taking as a positive sign. The Action Plan which had been circulated with the agenda had to be updated with feedback which had been received from the Trafford Integrated Network Director and the Chairman of the Healthy Trafford Partnership. Once the Action Plan has been agreed and signed off Trafford was to obtain pledges from all partners as to their participation in the completion of the plan.

The Trafford Integrated Network Director informed the Board that since the review there had already been a rapid improvement in services across the Borough. This improvement had been achieved because Trafford was already aware of problems with urgent care prior to the CQC review and had a number of plans underway at the time of the review. Since the review took place Trafford had made a number of key appointments which had enabled these plans and the subsequent improvement. One aspect of these improvements was the improvement of the urgent care pathway and the Trafford Integrated Network Director invited Board Members to visit the urgent care control room at Medway.

Since the review there had been a significant reduction of Delayed Transfers of Care (DToCs) by 12%. Despite that improvement Trafford was still far above the national 3% target set for DToC. The Trafford Integrated Network Director explained that there had been an increase in spend which had led to these improvements but that the return had exceeded the investment made.

The Clinical Director, Trafford CCG informed the Board that there had been a positive shift in the approach of the DToC Board since the review. The DToC Board were no longer focusing solely upon delayed patients but instead were discussing medically optimised patients; how to identify them, and planning their discharges. The next stage for that board would be to introduce procedures to plan for patients discharge from the point of admission.

The Chief Executive of Wythenshawe Hospital agreed with the Trafford Integrated Network Director that there had been an improvement in performance following the appointment of the Integrated Discharge Team Manager. However, there was

still a large amount of work that needed to be done as there were still a large number of beds being taken up by patients who should no longer be in hospital.

Clinical Director, Trafford CCG informed the Board that Trafford CCG were in the process of establishing a new team of GPs who would be entirely focused upon working with care homes to reduce the number of admissions from that area of the population. The Transformation Bid funds that Trafford had been awarded as part of the Greater Manchester Devolution had a large level of investment focused upon primary and community care which would further help to prevent the need for admissions across the population of Trafford and reduce the pressure upon the secondary care services.

The Chairman of PRAP raised that the report noted the underperformance of the Trafford Co-ordination Centre and asked how key it was to the plans for prevention within Trafford. The Clinical Director, Trafford CCG responded that Trafford CCG were in the process of recommissioning the TCC so there was a lot that could not be covered at the meeting. Discussions were ongoing as to how the TCC could be developed in order to deliver what services needed but nothing had been agreed. The Chairman informed Board members that Trafford CCG had extended an invitation for them to visit the TCC control room so that they can see it in practice.

The Chairman told the Board that he was to meet with the Leader of the Council and the Chairman of Trafford's Health Scrutiny Committee in order to review the plan and look at how they can all aid in its delivery.

RESOLVED:

- 1) That the update be noted.
- 2) That Board Members are invited to visit the urgent care control room at Medway.
- 3) That the Chairman of the Board meet with the Leader of the Council and the Chairman of Trafford's Health Scrutiny Committee to consider how to support the delivery of the action plan.

34. DELAYED NON URGENT HOSPITAL PROCEDURES

The Clinical Director, Trafford CCG informed the Board of the financial position of Trafford CCG and the need to find significant savings within the 2017/18 financial year. In order to achieve these savings various options have been considered with one of these being to delay non urgent procedures to the National Target of 17 weeks. By delaying these procedures it would move the financial burden for a large number of procedures into the following year.

The Executive Member for Children's Services asked whether moving the financial burden to the following year through such a strategy was a valid financial strategy. The Clinical Director, Trafford CCG responded that by doing this Trafford CCG had avoided going into special measures during the 2017/18 financial year. The

**Health and Wellbeing Board
2 February 2018**

Clinical Director, Trafford CCG informed the Board that similar strategies had been implemented in other areas around the Country.

The Shadow Executive Member for Wellbeing asked whether there were any medical disadvantages to the increased delay. The Clinical Director, Trafford CCG answered that it was unknown as there had been no research done into the effects of that length of increased delay. As the increase was still within NHS guidelines 17 weeks was still a medically safe length of delay.

RESOLVED:

- 1) That the update be noted.

35. INTEGRATION UPDATE

The Corporate Director of CFW went through the presentation that had been provided by the Change Director for Trafford Council and Trafford CCG. The Presentation covered the feedback received from the staff consultation, the timelines for the integration, the proposed structure of the integrated organisation, and the next steps of the integration. The Corporate Director of CFW explained that the single leadership structure had been agreed by the Chief Executive of NHS England and that the Chief Executive Officer of Trafford Council was undergoing training for the new joint role.

When shown the structure for the integrated organisation the Board's attention was drawn to three posts in particular which had been circled in red. These positions were; Joint Chief Finance Officer, Interim Corporate Commissioning Director, and Medical Director. Those positions had been highlighted as they all needed to be recruited to whereas the other positions all had someone in post. The Corporate Director informed the Board that her own position was to change so that there would no longer be any commissioning as part of her role.

At the end of the presentation the Board discussed how they would work with the new organisation. The Interim Director for Public Health stated that the integration of Trafford Council and Trafford CCG gave the Health and Wellbeing Board an opportunity to focus solely upon the wider determinates of health. As Health and Social Care would be more the focus of the Trafford Health Scrutiny Committee and the Health and Social Care Partnership.

A number of questions were asked by Board Members which included whether due diligence had been conducted and the roles of specific committees, partnerships, and boards. The Corporate Director responded to the Board's questions stating that the vacant positions would be filled then due diligences would be carried out and that a lot of work was still to be conducted as to the roles of all the boards, committees, and partnerships with the new organisation, including the role of the Health and Wellbeing Board.

RESOLVED:

- 1) That the update be noted.

36. WIDER REFORM ACTION/INVESTMENT PLAN DEVELOPMENT

The Head of Partnerships & Communities delivered a presentation to the Board on the Trafford Public Service Reform. The presentation covered the transformation strands, the reform challenges, the reform action plan, the reform investment plan, and the next steps in Trafford's Public Service Reform. The Head of Partnerships & Communities offered to bring case studies to a future Board meeting to help Members to relate the strategic programme to the support offered to families.

The Head of Partnerships & Communities explained that £1.4M in funding had been put aside by the DCLG to help deliver the troubled families agenda. In order to access this funding Trafford had to demonstrate to Greater Manchester how they would use the money to implement the Troubled Families agenda within Trafford. The investment plan for Trafford had been submitted to Greater Manchester and good feedback had been received.

The Chairman asked what would happen if Greater Manchester were not satisfied by the investment plan and denied Trafford the access to the funds. The Head of Partnerships & Communities responded that the funding could not be used for anything else as it was money designated for Trafford by the DCLG. The submission of Trafford's investment plan for the funding to GM was an additional level of assurance to guarantee that the funding would be used correctly by Trafford.

The Trafford Integrated Network Director agreed that the reform was the right thing to do but highlighted that the plans were designed with predicted levels of demand and need. In order that the services were to be fit for purpose Trafford would need to review the levels of actual demand and need to ensure that any changes would be captured and accounted for.

RESOLVED:

- 1) That the update be noted.
- 2) That Public Service Reform case studies be brought to a future HWB meeting.

37. NEW PHYSICAL ACTIVITY STRATEGY AND LAUNCH OF THE VISION

The Physical Activity and Sports Relationship Manager delivered a presentation which updated the Board on the Sports and Physical Activity Strategy. The presentation covered the strategic landscape and how the sports and physical activity partnership had changed their approach to a whole system approach focused upon engaging people throughout the life course. The presentation listed three priorities; to have active people, active places, and to be enablers who removed barriers.

The presentation then covered how the priorities were to be achieved. The Active People priority was to be covered by engaging people with support tailored to four stages of life (Start Well, Develop Well, Live Well, Age Well). The Active Places priority was to be achieved by offering places where people could go to take part

Health and Wellbeing Board
2 February 2018

in physical activities e.g. leisure centres and gyms and also by ensuring Trafford had active spaces e.g. parks and sports pitches where people could partake in casual activities such as walking. The final priority of Enabling Change was to be achieved through a combination of leadership and collaboration, digital interventions, social media and marketing, and investment.

Following the presentation the Board Members asked a number of questions including; why the strategy focused on four stages of life rather than three, what support was being provided to enable behaviour change, and why the strategy did not cover improvements to leisure facilities and the development of UA92. The Physical Activity and Sports Relationship Manager gave detailed responses to the Board's questions and Members were satisfied with the answers received.

RESOLVED:

- 1) That the update be noted.

38. KEY MESSAGES

The Interim Director of Public Health stated that the key message for Board Members to take from the meeting was the positive impact that increasing physical activity would have on the health of people within the borough.

The meeting commenced at 9.30 am and finished at 11.55 am