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TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD MEETING

Date: Friday, 19 October 2018

Time: 9.30 a.m.

Place: The Waterside, Sale, M33 7ZF

A G E N D A	PART I	Pages
1.	ATTENDANCES	
	To note attendances, including officers, and any apologies for absence.	
2.	MINUTES	1 - 10
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 13 July 2018.	
3.	DECLARATIONS OF INTEREST	
	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.	STRATEGY AND PERFORMANCE	
	(a) HEALTH AND WELLBEING BOARD GOVERNANCE (Pages 11 - 12)	11 - 12
	To receive an update from the Senior Partnerships and Communities Officer.	
	(b) PUBLIC HEALTH ANNUAL REPORT (To Follow)	To Follow
	To receive a report from the Interim Director of Public Health.	
5.	BOARD DEVELOPMENT	
	(a) OUR FUTURE FOR TRAFFORD EVENT (Verbal Report)	Verbal Report
	To receive a verbal update from the Chair of the Board.	

(b) **HEALTH AND WELLBEING BOARD STRATEGY EVENT - 9TH NOVEMBER 2018** (Verbal Report) Verbal Report
To receive a verbal update from the Interim Director of Public Health.

(c) **RESPONSIBILITY OF BOARD MEMBERS** (Verbal Report) Verbal Report
To receive a verbal update from the Chair of the Committee.

6. UPDATES FROM SUB BOARDS

(a) **START WELL BOARD** (To Follow) To Follow
To receive a report from the Executive Member for Children's Services.

(b) **LIVE WELL BOARD** (Pages 13 - 14) 13 - 14
To receive a report from the Chair of the Board.

(c) **AGE WELL BOARD** (To Follow) To Follow
To receive a report from the Executive Member for Adult Services.

(d) **MENTAL HEALTH PARTNERSHIP** (Pages 15 - 16) 15 - 16
To receive a report from the Lead Commissioner for Mental Health and Learning Disabilities for Trafford CCG.

7. TRANSFORMATION AND SUSTAINABILITY

(a) **2019/20 COMMISSIONING INTENTIONS AND LCA UPDATE** (To Follow) To Follow
Follow)
To receive a presentation from the Corporate Director of Commissioning.

(b) **DELAYED TRANSFERS OF CARE FROM HOSPITAL AND CQC ACTION PLAN UPDATE** (To Follow) To Follow
To receive a presentation from the Corporate Director of Adults Services.

8. KEY MESSAGES

To consider the key messages from the meeting.

9. QUESTION AND ANSWER SESSION FOR OBSERVERS

To receive questions from members of the public.

10. CLEAN AIR STRATEGY

Item for discussion.

11. 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.

JIM TAYLOR

Interim Chief Executive

Membership of the Committee

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,

Tel: 0161 912 4250

Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Thursday 11 October** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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Age UK Focus Group Summary

Facilitator: Darryl Quantz, Acting Consultant in Public Health

Introduction

Community engagement is a key part of effective public health practice. Currently, public health are redesigning a number of prevention services and were interested in seeking the views of community members on a number of health topics to help inform this redesign. A focus group was held on the 23 August 2018 at Age UK and included 10 Age UK volunteers and service users. A short presentation about public health and a selection of public health data from Trafford communities was given before the focus group.

Consent was sought from all participants (See Appendix 1) and the focus group was audio recorded with the agreement of all participants. The purpose of this document is to provide a summary of the issues discussed during the focus group.

Results

A. What makes a community healthy?

- Social interaction/being in contact with other people.
- Intergenerational contact is so important.
 - Several participants commented on groups that mixed older persons and a toddler group and how it was fantastic for the mums/carers and older persons to interact.
- Creating volunteer opportunities for vulnerable young people to help others is important to help build a sense of community. More broadly, the questions is how to get all those people interested in making their communities healthier volunteering.
- Welcoming health services were noted as important for making a community healthy.
 - One participant noted that their family practice is very welcoming and have links to walking groups and opportunities to participate in research groups. The practice really monitors their health and always seems to suggest things (e.g., activities, services).
 - Others noted that many older persons don't want to go to the doctor as they perceive they are being a burden and don't want to bother them. Part of

this is from media messages about the NHS being pushed to the limit. This creates a barrier for people accessing services when they are really needed.

- Social cohesion is key and getting people into work is so important. We need to think about examples from countries that provide a basic income and how that might work in the UK.

B. Key Health Issues in Trafford

- Poverty: participants felt that poverty was a consistent impact on the health and wellbeing of Trafford residents and health care demands.
- The difference in life expectancy was noted as a very deep concern by participants and that they are aware of different parts of Trafford having social and health issues.
- Alcohol was noted as a big issue.
 - Many have witnessed alcohol related violence and note that people come in from different areas to cause trouble.
 - Some noted concerns about the policies around the number of bars and that this impacts on their perceptions of safety such as feeling unsafe to go for a walk.
 - Others noted that some types of drinking establishments can bring gentrification, particularly in areas where businesses are struggling.
 - Hopelessness from worklessness/intergenerational worklessness could contribute to more drinking and increasing the likelihood of problem drinking so those underlying issues need to be tackled.
- Child development was noted as a concern because of the impacts of poverty/parenting capacity. Kids have a lack of basic skills and that affects their health later on. Unhealthy eating starts at a young age and continues on through life.
- Unhealthy eating might come from parents struggling to get by and not having time due to working multiple jobs.

C. Views on Prevention Priorities

- Physical activity is such a priority. It is important for classes for older persons to help with balance, retaining muscle mass and building flexibility.
 - One participants noted how wonderful their posture and stability class was and how it provided confidence for them getting out further.



- Screening was noted as important but barriers to access these services need to be addressed (e.g., mobility, accessing services, awareness)
- Social programs should be part of (and can be a way into) prevention programmes.
 - One participant noted the impact that a walking football programme had on getting people out and building their confidence (as well as providing social opportunities).
 - One participant noted that with their anxiety they could have easily stayed home but a coffee morning helped them meet social needs and then through that they were able to access postural stability courses.
 - Falls prevention classes don't just build strength but help with mobility and then people can move on to 'regular' exercises classes.
- Being connected to prevention and wellbeing activities is important as it means someone will check on you if you don't come.

D. Barriers to Prevention Services

- Awareness was noted as a key issue as many people in the community (especially those who are more isolated or don't get out) won't know about programmes.
 - While leaflets are important, word of mouth through organisations such as Age UK, as well as through community assets such as churches (e.g., coffee mornings) are important to link people into services.
 - Participants noted that many things aren't on the internet and that it isn't always the best way to learn about things.
 - The GP surgery was noted as a key hub that most people are connected with so that needs to be an opportunity for connecting people to prevention services.
- Carers may struggle to access services if they are too busy with their caring responsibilities.
- Having the courage to access services can be difficult (e.g. going to a new place on your own). There needs to be someone to help with that if needed (at least initially).
- It is important to understand the issues in people's lives such as poverty and mental health concerns if you want to help people change their behaviours.

Appendix 1: Consent Form

Information for participants

Thank you for considering participating in this focus group which will take place on 23rd August, 2018. This information sheet outlines the purpose of the focus group and provides a description of your involvement and rights as a participant, if you agree to take part.

1. What is the project about?

The purpose of this project is to help inform the development of prevention services in Trafford Council. Prevention services are important as they stop disease from happening by reducing or stopping exposure to risk factors. For example, careful weight control prevents obesity which in itself is a risk factor for many conditions including heart disease and diabetes. We are also interested in your perspectives about the key health issues in your community.

2. Do I have to take part?

It is up to you to decide whether or not to take part. You do not have to take part if you do not want to. If you do decide to take part I will ask you to sign a consent form which you can sign return to me before the start of the focus group.

3. What will my involvement be?

Your involvement will be taking part in the focus group and providing your perspectives and experiences on the issues in the focus group.

4. How do I withdraw from the study?

You can withdraw from the focus group at any time, without having to give a reason. If any questions during the focus group make you feel uncomfortable, you do not have to answer them and you can withdraw from the focus group at any time for any reason. If you withdraw from the focus group we will not retain the information you have given thus far, unless you are happy for us to do so.

5. What will my information be used for?

I will use the collected information to help develop prevention services within Trafford Council.

6. Will my taking part and my data be kept confidential? Will it be anonymised?

The records from this study will be kept as confidential as possible. Only myself and my supervisor (Director of Public Health - Eleanor Roaf) will have access to the files and any audio tapes. Your data will be anonymised – your name will not be used in any reports or publications resulting from the study. All digital files, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants.

7. What if I have a question or complaint?

If you have any questions regarding this study please contact darryl.quantz@trafford.gov.uk or by phone on 07460 828462.

If you have any concerns or complaints regarding the conduct of this research, please contact the Director of Public Health: Eleanor.Roaf@trafford.gov.uk or by phone on **0161 912 2000**.

If you are happy to take part in this study, please sign the consent sheet attached.



CONSENT FORM

Trafford Council Prevention Services

PARTICIPATION IN THIS FOCUS GROUP IS VOLUNTARY.

I agree to taking part in the focus group	YES / NO
I understand that I am free to decline to participate in this focus group, or I may withdraw my participation at any point.	YES / NO
I confirm that I have read and understood the information sheet provided for the focus group. I have had the opportunity to consider the information and ask any questions I have.	YES / NO
I understand that my data will be anonymised (no names will ever be used) and data (recordings, transcripts) will be destroyed at the end of the project.	YES / NO
I agree to the focus group being audio recorded.	YES / NO

Please retain a copy of this consent form.

Participant name:

Signature: _____

Date _____

Interviewer name:

Signature: _____

Date _____

For information please contact: Darryl.Quantz@trafford.gov.uk; Tel: 07460 828462

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 19th October 2018 2
Report for: Information
Report of: Darryl Quantz, Public Health Consultant

Report Title

Tobacco and e-cigarette usage in Trafford.

Purpose

Response to questions asked by the Health and Wellbeing Board regarding tobacco and e-cigarette usage in Trafford.

Recommendations

To note the information.

Contact person for access to background papers and further information:

Name: Darryl Quantz, Public Health Consultant

07891780198

1. Evidence on the link between use of e-cigarettes and tobacco

Smoking is a major cause of preventable ill health, premature mortality, and a driver of the inequality in Healthy Life Expectancy across Trafford.

While smoking cessation services have been successful in helping many people to stop smoking, their effectiveness has declined over time as the people who have found smoking cessation more appealing or easier have progressively stopped smoking.

The best available evidence now tells us that vaping is 95% less harmful than smoking tobacco and more and more people are using e-cigarettes to quit smoking^[i]. It is included in NICE guidance.

A carefully designed e-cigarette pilot offers the potential offer e-cigarettes as a smoking cessation aid to key target groups in Trafford, as well as demonstrating our confidence in the evidence that e-cigarettes are much less harmful than tobacco.

2. Data for use of e-cigarettes and tobacco by under 18s

19 per cent of 11-15 year old pupils had ever smoked, which is similar to 2014 (1).

Regular use of electronic cigarettes (e-cigarettes) by 11–16 year olds is low (1–3%), and most experimental use does not lead to regular use or increase smoking prevalence, according to an analysis of findings from five surveys done in the UK between 2015 and 2017 (2).

3. Focus groups for prevention

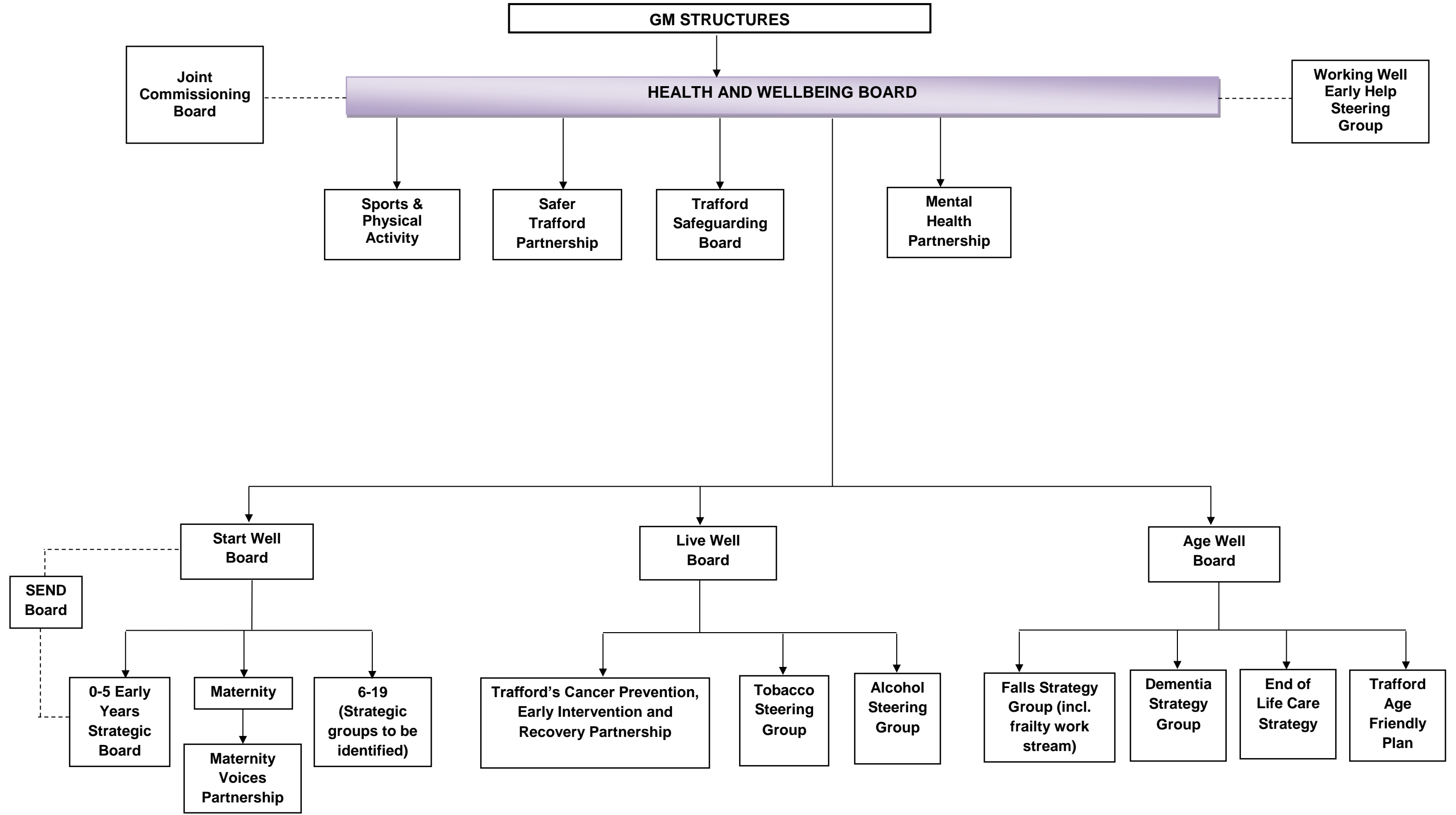
A focus group with Age UK was held in August 2018 (See summary below).

4. References

1. E-cigarettes: an emerging public health consensus. Available: <https://www.gov.uk/government/news/e-cigarettes-an-emerging-public-health-consensus>
2. NHS. Smoking, Drinking and Drug Use among Young People in England – 2016. Available: <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>
3. Venkatesan, P. E-Cigarette use in young people in the UK

^[i] <https://www.gov.uk/government/news/e-cigarettes-an-emerging-public-health-consensus>

Trafford Partnership - Health & Wellbeing Structure



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Health & Wellbeing Board Sub Group Pro-forma

19th October 2018

Name of Sub Group:	Live Well Board	Chair of Sub Group:	Cllr Judith Lloyd Executive Member for Health and Wellbeing	Responsible Officer:	Darryl Quantz Public Health Consultant Trafford Council
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	Strategic Priority	Actions for delivery	Expected Outcome	Timeline for delivery
1	Tobacco Control	<ul style="list-style-type: none"> We will engage 5 schools to implement Smoke Free School Gates We will identify smoke free playground programmes that could be replicated in Trafford and map out how this could be done in Trafford 	<ul style="list-style-type: none"> Children are protected from tobacco related harm from conception onwards Children and young people will be protected from Environmental Tobacco Smoke 	End of 18/19
2	Reduce harms from alcohol	<ul style="list-style-type: none"> We will identify opportunities for advocating for minimum unit pricing. 	Reduce harm from alcohol	End of 18/19
3	Poverty Reduction and Inequalities	<ul style="list-style-type: none"> Develop a poverty reduction strategy for Trafford. Support/engage with opportunities for healthy economic growth (e.g., social enterprises) Calculate cost of moving to a living wage for the Council 	Reduce the levels of poverty in Trafford	Poverty Reduction Strategy draft by end of 18/19
4	Spatial Planning	<ul style="list-style-type: none"> We will meet with planners to outline opportunities for embedding health in the local plan 	Spatial development is undertaken that specifically includes health and wellbeing goals	End of 18/19

Health & Wellbeing Board Sub Group Pro-forma

19th October 2018

Name of Sub Group:	Trafford Mental Health Partnership	Chair of Sub Group:	Ric Taylor – Lead Commissioner Mental Health & Learning Disability NHS Trafford CCG	Responsible Officer:	Sarah Grant - Senior Partnerships and Communities Officer Trafford Council
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	Strategic Priority	Actions for delivery	Expected Outcome	Timeline for delivery
1	Mental Health Strategy Development	<ul style="list-style-type: none"> Half Day Planning Workshop bringing together the widest range of Trafford partnerships to create broad mental health and cross cutting priorities Learning from other strategies to be incorporated into this work particularly from 'Nearest Neighbours' and 'Right Care' comparators as well as Greater Manchester Sub Group of the Trafford Mental Health Partnership to be constituted to develop detailed proposals. 	<p>Trafford Mental Health & Wellbeing Strategy in place to cover period 2019 – 2021 as a minimum.</p> <p>It is understood that a longer term plan reflective of the government's intentions to develop a 10 year plan with 5 year funding cycle prioritisation will be necessary and this will be in place by 31.03.2021 at the latest but in reality much sooner.</p>	31.03.2019
2	Five Year Forward View Local Priorities: <ul style="list-style-type: none"> Children & Young People's Mental Health Perinatal Mental Health Adult Mental Health – Common Mental health Problems 	<ul style="list-style-type: none"> Subject area specific task and finish groups to continue to report performance, progress and exceptions to Trafford Mental Health Partnership 	<p>Incremental and 2021 targets to be achieved</p>	<p>FYFVMH Targets are incremental (yearly) with final targets for delivery 31.03.2021.</p>

	<ul style="list-style-type: none"> • Adult Mental Health – Community, acute and crisis care • Suicide Prevention • (Acute) Out of Area Placements 			
3	Primary Care Mental Health and Wellbeing Service	<ul style="list-style-type: none"> • One year resource agreed for Trafford wide implementation of full model • Project Brief prepared to develop model utilising lead provider / LCA principles 	Full service model implemented for minimum of 12 months	01.04.2019 – 31.03.2020
4	Patient and Citizen Forum	<ul style="list-style-type: none"> • As part of the process to develop a Mental Health & Wellbeing Strategy this important area will be prioritised • Clarity will be sought regarding the reach and scope of such a forum and whether in fact it should be broader than mental health so as to enable influence across a range of integrated commissioning intentions and the broadest support for parity of esteem. 	Model and development process to be agreed in line with timescales identified against priority area '1'	31.03.2019