HEALTH AND WELLBEING BOARD

20 FEBRUARY 2020

PRESENT

Dr S. Johnston (in the Chair)

Councillor J. Brophy, Councillor Miss L. Blackburn, Councillor J. Harding, Councillor

C. Hynes, J. Slater (Vice Chair), M. Bailey, D. Eaton, H. Fairfield, E. Roaf,

S. Radcliffe and J. McGregor

In attendance

Louise Wright Sport Relationship Manager

Alexander Murray Governance Officer

APOLOGIES

Apologies for absence were received from Councillor S. Anstee, M. Hill, M. Pritchard, C. Hemmingway, D. Evans, and M. Noble.

17. MINUTES

RESOLVED: That the minutes of the meeting held 18 October 2020 be agreed as an accurate record and signed by the Chair.

18. DECLARATIONS OF INTEREST

No declarations were made at the meeting.

19. QUESTIONS FROM THE PUBLIC

A question had been received from a resident regarding the number of trees in the North of the borough and how the Council decided where and when to plant new trees. The resident had already received a response which had been circulated as part of the agenda. The question and response were read out at the meeting by the Chair. The Executive Member for Children's services requested that a more complete response to the questions be sent to the resident explaining the Councils approach to planting trees in greater detail. The Executive Member for Adult Services noted that the residents question identified a number of issues relating to the wider determinants of health within Trafford. The Executive Member added that as the wider determinants of health linked into the priorities of the Board this should be captured within the response.

The Chair agreed to be involved in putting together a more in depth response to the resident.

RESOLVED:

- 1) That the question and response be noted.
- 2) That the Chair write a more detailed response to the resident.

20. CDOP ANNUAL REPORT

The Director of Public Health gave a brief overview of the make-up of the Child Death Overview Panel (CDOP), how it functioned, and the purpose of the panel. Trafford's Panel was held in partnership with other Councils to have a large enough population to be able to identify trends from the data gathered. ER explained that there was a very low number and out of those around 50% were due to uncontrollable factors. The Director of Public Health informed the Board that the report would also to go to the Trafford Safeguarding Board.

A Member of the Board noted that Stockport had a lower level of child deaths despite having more children in care and they asked whether the differences had been looked into. The Director for Public Health responded that the child death rate was higher mainly in premature children within Trafford and it appeared as though the reasons were linked general poor health outcomes such as the mothers BMI.

The Executive Member for Adult's Services noted that there were some recommendations addressed to the Health and Wellbeing Board and they wanted to know what the Board were doing to address these recommendations. The Executive Member for Children's services added that she would like to have a better understanding of the connection between Trafford services and indicators, such as healthy weight, to provide assurance as to whether Trafford was investing their resources in the right areas, especially in relation to preventative services.

In response to the Councillors questions the Board went through the areas where Health and Wellbeing Boards were recommended to take action and provided an update on the Trafford position. The Director of Public Health informed the Board that Trafford did very well in the reduction of smoking while pregnant. The Chief Executive of Wythenshawe, Trafford, Withington, and Altrincham added that MFT were very committed to tackling smoking with the Board of MFT looking at removing the remaining smoking shelters from their sites, MFT treated vaping the same as smoking across their sites. The cure programme had been proven to work very well and MFT were in the process of rolling the programme out wider. All MFT inpatients were screened as to whether they smoked and those that did were supported to quit. The Executive Member for Adult's Services told the Board that she could arrange for someone from the Cure Programme to attend a future meeting to describe the work that they do.

The Managing Director Health of Trafford LCO informed the Board noted that health visitors were mentioned within the recommendations and offered to provide an update to the Board for the next meeting.

The Chair requested that a report come to the Board on the work that was being done to reduce smoking and encourage healthy weight within Trafford.

Councillor Brophy spoke about child deaths often being an indicator that something may be wrong within the system. However there was a question around how many near misses had happened prior to each death. The Director of Public

Health added that an area that could be looked into is still births that went to term as another possible indicator of issues.

The Executive Member for Children's Services stated that the Council needed to look at the poverty strategy and poverty board for ways that these issues can be addressed. The Director of Public Health assured the Board that this was part of the poverty strategy as those on lower incomes were more likely to have the poor health outcomes which contributed to child deaths.

The Chair of HealthWatch Trafford spoke about the importance of bereavement services in dealing with the death of a child and asked what Trafford did to support families. The Director of Public Health responded that there were a number of charities in the area which supported families and this was also something which could be addressed through a social prescribing offer and was something that the Council were looking at.

The Corporate Director for Adult's Services informed the Board about the team in Trafford who worked with families when there was a death of a child and some of the developments that had been made to support families in the immediate time afterwards. The Corporate Director agreed that there was a need to look at how they linked with bereavement services. The Corporate Director for Children's services added again that these deaths were not just about medical issues but were caused by wider problems such as domestic abuse which was why a holistic approach was needed

RESOLVED:

- 1) That the report be noted.
- 2) That the Board agree all the recommendations within the report.
- 3) That reports on the work being done to reduce smoking and encourage healthy weight be provided to the Board.
- 4) An update on the work of Trafford Health Visitirs to come to a future Board meeting.
- 5) The Cure Programme to be on the agenda for a future Board meeting.

21. HEALTHY WEIGHT DECLARATION

The Director of Public Health introduced the report. The Board were told that the Health and Wellbeing Strategy had seven priorities and healthy weight was one of them. In addition Health and Wellbeing was one of the Council's Corporate Priorities especially in terms of reducing health inequalities. Obesity represented one of the main health inequalities in the area with the level of deprivation closely linked to the levels of obesity within both adults and children. While exercising was linked to healthy weight it was not able to make up for a poor diet.

The Healthy Weight Declaration had been designed to help local authorities demonstrate their commitment to promote healthy weight and improve the health and wellbeing of their communities. The declaration included fourteen standard commitments and each local authority was then able to add on any additional commitments relevant to their area. The version presented to the Board contained

the standard fourteen commitments which included; to ensure food and drink provided at public events include healthy provisions, supporting food retailers to deliver this offer, and to advocate plans with partners to address the causes and impacts of obesity. The Board was asked to agree to progress the singing of the declaration and to identify a champion to support the declaration being signed by the Council.

The Vice Chair was in favour of the declaration and believed that the Board should support the declaration. It was noted that the declaration was designed for local authorities but the Vice Chair felt that the Board should ask all partners to sign up. The Director of Integrated Health and Social Care Strategy agreed that all partners should sign up to the declaration and asked whether it was for the Board to hold partners accountable to ensure that they delivered against the declaration.

The Director of Public Health pointed out that the report did mention taking a partnership approach and outlined how assurance could be provided. The Executive Member for Children's Services stated that the Board needed to make sure that the declaration led to improvement. The Director of Public Health informed the Board that the Public Health Programme Manager was working on the Council's healthy weight strategy which would link to the declaration.

The Director of Integrated Health and Social Care Strategy added that for an effective partnership approach the Board needed to provide leadership. This could be done by presenting the declaration and supporting documents to partners stating that this has been signed up to by the Health and Wellbeing Board and the Board would be overseeing its delivery.

The Chief Executive of Wythenshawe, Trafford, Withington, and Altrincham stated that a discussion was required around how this would be done in partnership. The declaration could be provided to partners in its current form but they may not be able to sign up to it as many of the commitments were only relevant to local authorities.

The Corporate Director for Children's Services noted that a lot of partners who were important in delivering the commitments were not represented on the Board. The Board needed to look at engaging with partners, for example schools and nurseries, to coproduce a version to be adopted.

The Executive Member for Adult Services raised a point about how the Board could support the declaration and ensure that the Council delivered against it. They questioned whether the Board should change the way meetings were conducted or if the Board should set up task and finish groups to deliver the commitments.

Director of Independent Living, Care, and Support, Trafford Housing Trust spoke about the lack of choice people who used food banks had. There was a problem as a lot of the food given to those food banks was unhealthy and did not support a balanced diet.

The Corporate Director for Adult Services concluded that it was clear that the Board agree with the idea behind the healthy weight declaration but it was felt that the report should be adjusted so the Health and wellbeing Board signed up to the declaration so a partnership approach could be taken to deliver the commitments. A piece of strategic work needed done to support the declaration with a plan in place which included actions and deliverable measures rather than just a declaration.

RESOLVED: That a revised declaration, with a delivery plan, be developed in collaboration with partners for the Board to sign up to.

22. LOCALITY PLAN

The Director of Integrated Health and Social Care Strategy introduced the locality plan presentation to the Board. The purpose of the update was to ask how the Board wanted to be involved with and receive updates about the plan. The Board were asked to draw their attention to Appendix one within the report which detailed the system accountability and connectivity and showed the different elements of the programme, the Boards and groups that were responsible for the different elements, and how it was proposed for the Health and Wellbeing Board to sit at the top of that structure.

The Director of Integrated Health and Social Care Strategy then moved back to the slides and what the Local Care Alliance had agreed to in relation to the Locality Plan, which included a delivery schedule, ways of working, and Board expectations. Trafford were looking to use a similar approach to the one Wigan had taken by utilising a joined up approach so that all people within the system knew what the Wigan vision was and the role they were to play in the delivery of the Locality Plan.

The work around prevention and social value had progressed well with it being discovered that there was a lot of work ongoing within the borough that provided social value. This meant that the work was now focused upon capturing and recognising work that was already ongoing which delivered social value. Both MFT and GMMH had excellent models for capturing work that delivered social value and Trafford would look to imitate their success.

Neighbourhood plans had been developed and would be circulated soon. The neighbourhood plans covered how each area would move forward and linked into the overarching plan. Work was ongoing on the creation of a more digestible version of the plan which reduced the plan down to four pages.

Around £500m was spent annually on health and social care within Trafford. A Strategic Finance Board, which would be independently chaired, was being created to look at using that money in the best way in order to bring about the best outcomes. The digital offer also played a key role in the locality plan and partners needed to work together to deliver the digital offer to ensure that it was interlinked.

Board Members discussed the role that the Board should play and how it would link to the Joint Commissioning Board (JCB) and the locality plan. The Director of

Integrated Health and Social Care Strategy stated that the JCB was working with partners to develop delivery plans which would then be fed that into the Joint leadership Team of the Council and Trafford CCG. The Corporate Director of Adults Services felt that the Health and Wellbeing Board should set the strategy and the JCB look to delivery. The Director of Integrated Health and Social Care Strategy added that for the Board have that role then changes to the Membership of the Board would be needed.

RESSOLVED:

- 1) That the report be noted and recommendations agreed.
- 2) That the Director of Integrated Health and Social Care Strategy is to provide an update in three months.

23. PREVENTION WORKSHOP

The Director of Public Health put the slides that had been circulated to Board Members in advance on the Board and gave a brief overview of the slides. The slides covered the ambition for public health in Trafford, how prevention fitted into the plans of Trafford and Greater Manchester, social prescribing, and the key asks for partners.

The Board Members were then split into groups to discuss what the Health and Wellbeing Board needed to do to support prevention within Trafford. After the groups had discussed and written down their thoughts the Director of Public Health collected their feedback, which was to be used to create a plan for the Board. The Executive Member for Adults Services informed the Board that the Local Government Association offered support for Council's on prevention which was detailed in their Public health, prevention and health improvement prospectus 2019/20.

RESOLVED: That feedback from the workshop is to feed into a prevention support plan for the Board.

The meeting commenced at 9.30 am and finished at 11.30 am