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TRAFFORD
COUNCIL

AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD MEETING

Date: Thursday, 11 April 2013

Time: 1.00 p.m.

Place: Trafford Town Hall, Talbot Road, Stretford, M32 0TH

	A G E N D A	**PART I**	**Pages**
1.	**ATTENDANCES** To note attendances, including officers, and any apologies for absence.		
2.	**MINUTES** To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 15th January, 2013.		1 - 6
3.	**HEALTH AND SOCIAL CARE IN GREATER MANCHESTER - AGMA EXECUTIVE BOARD PAPER** To receive a report from the AGMA Executive.		7 - 12
4.	**TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE** To receive an oral update from Dr. Nigel Guest.		
5.	**PUBLIC HEALTH TRANSITION UPDATE** To receive an update from the Director of Public Health.		13 - 18
6.	**JOINT HEALTH AND WELLBEING STRATEGY** To consider a report from the Director of Public Health.		19 - 22
7.	**HEALTH WATCH UPDATE** To receive an update report.		23 - 26

8. **TRAFFORD PARTNERSHIP UPDATE AND LOCALITY WORKING**

To receive an oral update from the Partnerships Officer.

9. **GREATER MANCHESTER HEALTH AND WELLBEING BOARD** 27 - 32

To note the attached report.

10. **KEY MESSAGES**

To consider the key messages from the meeting.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors Dr. K. Barclay, J. Baugh, Miss L. Blackburn and M. Young.
Terry Atherton (Non-Executive Director and Vice-Chair for NHS Greater Manchester),
Deborah Brownlee (Corporate Director, Children and Young People's Service),
Ann Day (Chairman, Local Involvement Network),
Dr. Nigel Guest (Chief Clinical Officer – Designate, NHS Trafford CCG),
Gina Lawrence (Director of Commissioning, NHS Trafford CCG)
Abdul Razzaq (Joint Director of Public Health – NHS Trafford),
Dr. George Kissen (Medical Director, NHS Trafford Clinical Commissioning Group).

Further Information
For help, advice and information about this meeting please contact:
Marina Luongo 0161 912 4250

This agenda was issued by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, Manchester, M32 0TH.

SHADOW HEALTH AND WELLBEING BOARD

15th JANUARY 2013

PRESENT:

Councillor Dr Karen Barclay (Executive Member for Community Health and Wellbeing) (In the Chair),
Terry Atherton (Non-Executive Director and Vice-Chair for NHS Greater Manchester),
Councillor Mrs. Jane Baugh (Shadow Executive Member, Community Health and Wellbeing),
Councillor Miss Linda Blackburn (Executive Member for Supporting Children and Families),
Deborah Brownlee (Corporate Director, Children and Young People's Service),
Ann Day (Chairman, Local Involvement Network),
Dr. Nigel Guest (Chief Clinical Officer – Designate, NHS Trafford CCG),
Gina Lawrence (Director of Commissioning, NHS Trafford CCG)
Abdul Razzaq (Joint Director of Public Health – NHS Trafford),
Councillor M. Young (Executive Member, Adult Social Services).

Also present:
Sandy Bering – Mental Health Lead, Trafford PCT.

In attendance:
Imran Khan (Partnerships Officer),
Marina Luongo (Senior Democratic Services Officer).

APOLOGIES

Apologies for absence were received from Dr. George Kissen (Medical Director, NHS Trafford Clinical Commissioning Group (CCG)).

53. **MINUTES**

RESOLVED: That the minutes of the Shadow Heath and Wellbeing Board held on 4th October, 2012, be approved as a correct record.

54. **PRIORITY AREA – MENTAL HEALTH**

The Shadow Board received a presentation from Sandy Bering, Mental Health Lead, Trafford PCT, which sought to set out the key mental health challenges, both nationally and in Trafford, in the changing 'More for Less' context. The update outlined issues relating to dementia, acute hospital presentations for working age and older adults, alcohol, learning disabilities, autism, complex mental health needs and carers. Shadow board members were also informed of the challenges currently faced and the national and local action priorities.

In response to a query raised in respect of children with parents who have mental health problems, it was stated that the Safeguarding Board was working to support the whole family rather than just the person with a mental health problem.

RESOLVED:

(1) That the presentation and its contents be noted.

(2) That the Mental Health Lead, Trafford PCT, (Sandy Bering) provide to Shadow Board Members the cost of antidepressants prescribed to people in Trafford.

55. **TRAFFORD CLINICAL COMMISSIONING GROUP (CCG) AUTHORISATION UPDATE**

Dr. Nigel Guest, Chief Clinical Officer (Designate), NHS Trafford CCG, provided an update to the Shadow Board on the on-going authorisation process. He stated that he was confident that authorisation would be completed through the national process in readiness for 1st April 2013.

A question was raised regarding the monitoring of the tax affairs of, and the adherence to Freedom of Information requirements by, private sector companies who might tender through the open market process. In response, the Shadow Board was assured that due diligence to check a company's finances was practiced as part of the procurement process and companies would be monitored, as with any NHS contract, and would be bound by the NHS performance framework.

RESOLVED:

(1) That the report be noted.

(2) That Dr. Guest be requested to provide a copy of the constitution to Shadow Board Members.

56. **PUBLIC HEALTH TRANSITION UPDATE**

The Shadow Board received an oral update from the Director of Public Health on the Public Health Transition which would take place in 2013. He stated that staffing matters were progressing well and a diligence exercise on staffing was currently being undertaken although the transfer scheme had not yet been ratified nationally. It was reported that a Public Health Allocation Grant for Trafford of £101.m over two years had been received, which was slightly better than anticipated. With regard to Improvement and Scrutiny, this function would pass to Public Health England and would be undertaken by a Greater Manchester team on behalf of the local department for public health. It was also reported that there had been a Greater Manchester-wide Emergency Planning and Business Continuity exercise which had proved very helpful in strengthening links across the region.

RESOLVED: That the update be noted.

57. **JOINT HEALTH AND WELLBEING STRATEGY AND NEXT STEPS FOR THE HEALTH AND WELLBEING BOARD**

The Director of Public Health presented 2 papers in respect of the Joint Health and Wellbeing Strategy: the first being a summary progress report; and the second, an example of the Action Plan relating to Childhood Obesity.

RESOLVED:

(1) That the report be noted.

(2) That the Shadow Health and Wellbeing Board ask the Joint Commissioning Group to take the lead in developing an Action Plan under the Joint Health and Wellbeing Strategy and that a short note be produced about how this will be achieved, ensuring a focus on innovation.

58. DEVELOPING THE HEALTH AND WELLBEING BOARD

The Chairman outlined forthcoming events which would help in the development of the Health and Wellbeing Board and facilitate the understanding of the different roles and ways of working between partners.

- Development Day with the Transition Alliance – End February 2013
- Joint Workshop Event between Scrutiny, the Shadow Health and Wellbeing Board and Healthwatch Trafford – March 2013

RESOLVED:

(1) That dates for these events be conveyed to Shadow Board Members as quickly as possible.

(2) That, in order to contribute to the success of the events, Shadow Board Members ensure representatives from each organisation are able to attend.

59. OLD TRAFFORD EXTRA CARE SCHEME

Councillor Michael Young, Shadow Board Member and Trafford Executive Member for Adult Social Services presented a draft report which set out proposals for the development of an integrated extra care scheme, health facility and community hub (including library) at Shrewsbury Street, Old Trafford and an associated bid for funding to the Homes and Communities Agency.

A number of questions were raised as a result of feedback from the public regarding early community engagement, culturally appropriate care and clarity around responsibility of various organisations.

RESOLVED:

(1) That the draft report and proposed scheme be noted and welcomed.

(2) That Councillor Baugh forward the feedback she has received on the scheme to Councillor M. Young and that Councillor M. Young respond direct to Councillor Baugh.

60. **A NEW HEALTH DEAL FOR TRAFFORD**

The Chief Clinical Officer (Designate) of Trafford Clinical Commissioning Group, Dr. Nigel Guest, updated the Shadow Board with regard to the process following the end of the consultation “A New Health Deal for Trafford”. It was reported that the responses to the consultation, and a number of reports, had been considered at joint meetings of the Trafford and Manchester Overview and Scrutiny Committees on 29th October 2012 and 14th January, 2013 and the joint committee had been minded to refer the proposals to the Secretary of State if they were not materially changed in the light of the joint committee’s concerns. He also indicated that if there were significant delays in the process this could have an impact on the implementation of proposals and service delivery.

RESOLVED: That the update be noted.

61. **TRAFFORD PARTNERSHIP COMMUNICATIONS STRATEGY**

The Partnerships Officer submitted the draft Trafford Partnership Communications Strategy and Action Plan and explained that the main messages from the Partnership would be conveyed via this document. Shadow Board Members discussed how they and residents could gain a greater understanding of the Partnership and ways in which it could communicate with the general public.

RESOLVED:

(1) That the draft Trafford Partnership Communications Strategy and Action Plan be noted.

(2) That a report be submitted to the Shadow Board setting out:

- Trafford Partnership Constitution;
- Membership;
- Named Leads in the Trafford Partnership and the Thematic Partnerships;
- Vision & objectives;
- Modes of communication.

(3) That the report also be circulated to all Trafford councillors for information.

62. **HEALTHWATCH UPDATE**

The Shadow Board considered a report which outlined progress made since the last meeting in relation to the transition from Trafford LINk to Healthwatch Trafford; a body which would build on the good work of Trafford LINk to champion the views of local people relating to health and social care services, and hold to account local authorities, NHS Trusts and private providers. It was reported at the meeting that Ann Day (Chairman, Local Involvement Network) had been appointed as Chair of Healthwatch Trafford and that the next stage would be to proceed with the recruitment process for Board Members and staff.

Also attached to the report were the following documents which provided more detail on the development of Healthwatch Trafford:

- NHS Complaints Advocacy ICAS
- Establishment of Healthwatch Trafford Action Plan 2012-13
- Information pack for recruitment of the Healthwatch Trafford Chair and Board Members

RESOLVED: That the report, and associated documents, be noted.

63. **TRAFFORD PARTNERSHIP UPDATE**

The Partnerships Officer provided a brief update to the Shadow Board on the work of the Trafford Partnership since its last meeting. Amongst the updates, it was reported that there would be a Partnership Event on 25th April 2013 at the Life Centre, Washway Road, Sale, which would include the launch of the Joint Health and Wellbeing Strategy and Locality Boards, and involve a number of other organisations from the Third Sector.

RESOLVED: That Trafford Partnership update be noted.

64. **GREATER MANCHESTER HEALTH AND WELLBEING BOARD**

The Corporate Director, Children and Young People's Service presented a report which set out the key points from the Greater Manchester Health and Wellbeing Board held on 30.11.12. Also received was an AGMA report on the GM Health Commission transition to the Greater Manchester Health and Wellbeing Board.

A number of governance issues were raised by Shadow Board Members regarding the powers of a Greater Manchester Health and Wellbeing Board and the lack of representation from LiNK/Healthwatch.

RESOLVED:

(1) That the reports be noted.

(2) That the concerns of the Shadow Board be noted and that representations be made on its behalf to the Greater Manchester Health and Wellbeing Board.

65. **SUMMARY OF PROPOSED REGULATIONS FOR HEALTH AND WELLBEING BOARDS**

The Shadow Board received a report from the Partnerships Officer which set out draft proposals regarding the legal and policy framework for Health and Wellbeing Boards. The report gave the results of an informal engagement exercise conducted in summer 2012 and summarised the views gathered from stakeholders as to which elements of the current legislation for committees (under the Local Government Act 1972, Section 102) should be dis-applied, modified or retained in relation to Health and Wellbeing Boards. It was emphasised that the document was intended to communicate the Department of Health's plans to date, as a result of the consultation, and it was being made available to support

local preparation for Health and Wellbeing Boards. However, Shadow Board Members were advised that the intentions outlined were still subject to drafting by lawyers, and, as such, did not represent a final position on the detail that would be included in the regulations.

RESOLVED: That the report and the current position in relation to the proposed regulations be noted.

66. **KEY MESSAGES**

The Shadow Board summarised the key messages from the meeting which it wanted to convey to the general public.

RESOLVED: That the following key messages be agreed:

- Awareness of the existence of the Health and Wellbeing Board.
- The establishment of the Health and Wellbeing Board is a new way of working and as such, it will take time to bring expertise.
- A strategy and action plan is being developed for the Health and Wellbeing Board which will describe what it will do.

67. **DATE OF NEXT MEETING**

RESOLVED: That the next meeting of the Shadow Health and Wellbeing Board would take in March 2013 at Quay West, Trafford Wharf Road, Trafford Park, and that the date be conveyed to Members as soon as possible.

The meeting commenced at 5.00 p.m. and finished at 7.05 p.m.

AGMA EXECUTIVE BOARD

22nd February 2013

Health and Social Care Reform in Greater Manchester

Report Of	**Will Blandamer – Health and Social Care PSR Lead**
Wider Leadership Team Lead Officer:	**Steven Pleasant – Chief Executive Tameside MBC, and Lead Local Authority Chief Executive for Health** **Sean Harriss – Chief Executive Bolton MBC, and Lead Local Authority Chief Executive for Public Service Reform**

PURPOSE OF REPORT

1. The AGMA leaders met with senior representatives of all parts of the NHS in Greater Manchester on 25th January and considered a paper on Health and Social Care Reform.

2. The meeting recognised that there are broadly two key objectives facing the health and social care system in Greater Manchester – delivering a substantial reduction in unplanned and avoidable admissions to hospital and other institutions such as residential care, and securing improved quality and outcomes from hospital services.

3. The meeting agreed a paper that clearly and simply describes the priorities for health and social care reform across Greater Manchester should be presented to all Executives and Cabinets, as well as local Health and Well Being Boards in GM in March and April 2013.

RECOMMENDATIONS

The meeting is requested to recommend that:

(i) This report is recommended to all GM District Executives, Cabinets, and Health and Well Being Boards in March and April 2013 for endorsement, to enable them to commit to working locally with partners to provide a local perspective and context to the proposals.

(ii) Each local authority area be asked to work with partners, particularly the CCGs and the local acute trust, to develop a brief report on current progress in developing models of integrated health and social care.

(iii) The AGMA Executive Board receive a report back on the picture of integrated care development across Greater Manchester at the June 2013 meeting

(iv) It is noted that the development of the models of integrated care provide a framework for the public consultation on the reconfiguration of some hospital services due in the summer 2013.

PRIORITY

GMS priority – Public Service Reform

TRACKING/PROCESS		
Does this report relate to a Key Decision, as set out in the GMCA Constitution or in the process agreed by the AGMA Executive Board		No
EXEMPTION FROM CALL IN		
Are there any aspects in this report which means it should be considered to be exempt from call in by the AGMA Scrutiny Pool on the grounds of urgency?	No	
AGMA Commission	TfGMC	Scrutiny Pool
GM Health and Well Being Board 15th February 2013	N/A	AGMA Scrutiny Meeting 11th January 2013

Health and Social Care Reform in Greater Manchester

1. Context

1.1 There are many examples of excellent services in health care, social care and primary care across Greater Manchester, and a number of promising models of integrated care services backed by best in class specialist expertise.

1.2 However citizens are still often receiving relatively poor outcomes from fragmented community based services. Patients are frequently confronted by different professionals from different agencies not apparently talking to each other to share care plans or even basic patient information and history. Furthermore there is evidence to suggest that some patients could receive better outcomes from hospital services in Greater Manchester.

1.3 The health and social care system across Greater Manchester is responsible for nearly a third of all public service spend. With increasing number of older people and relatively poor population health, the system faces unrelenting increases in demand and is financial unsustainable. For example Local Authorities will, within a few years, see nearly all of their budget consumed by social care if demand increases at the current rate, and it is estimated the growth in demand for NHS services will result in a national £44bn deficit by 2021 (1)

1.4 In these circumstances there is overwhelming evidence that "do nothing" is not an option. The alternative to a partnership based planned and managed reform of health and social care in Greater Manchester, as part of a wider programme of public service reform, is a chaotic and unmanaged retraction of services generating unacceptable risk to patients and clients. "The potential consequences for the individual of a continuing failure to integrate both commissioning and provision are clear – disjointed care, more hospital admissions, later discharge, and poorer outcomes". (2)

1.5 For example for older people we need "to keep them out of hospital, empower them to care for themselves where possible, and give them the comfort that we would all wish upon our own loved ones**.** Warehousing them on medical wards in busy hospitals is not an option" (3)

1.6 Local leadership is required to move at pace to a more financially sustainable system delivering better outcomes for citizens. Leadership across traditional organisational boundaries can generate greater levels of control and authority on how services are shaped and delivered locally.

2. A New Health and Social Care System

2.1 Such leadership requires a recognition that the future health and social care system will look substantially different and that improved **quality** of health care for Greater Manchester residents will underpin the following key principles of a new system:

- People can expect services to support them to retain their independence and be in control of their lives, recognising the importance of family and community in supporting health and well being
- People should expect improved access to GP and other primary care services
- Where people need services provided in their home by a number of different agencies they should expect them to planned and delivered in a more joined up way.

- When people need hospital services they should expect to receive outcomes delivered in accordance with best practice standards with quality and safety paramount – the right staff, doing the right things, at the right time.
- Where possible we will bring more services closer to home (for example there are models of Christie led Cancer services delivered from local hospitals)
- For a relatively small number of patients (for example those requiring specialist surgery) better outcomes depend on having a smaller number of bigger services.
- Planning such services will take account of the sustainable transport needs of patients and carers.
- This may change what services are provided in some local hospitals, but no hospital sites will close

2.2 This is a complex ambition. It requires the positive confluence of a number of potentially separate programmes of work;

- Local Authorities working with CCGs, Hospitals and the NHS Commissioning Board to develop models of integrated health and social care
- The work of CCGS and the NHS Commissioning Board in improving the consistency, reliability and accessibility of primary care services
- The work of local acute trusts to develop new models of out of hospital care – consultant geriatricians working as part of local teams for example
- The outcome of a clinically led redesign of some hospital services best planned on a GM footprint for reasons of clinical critical mass, in order to drive further improvement in outcomes from acute care.

2.3 Currently there are good models of integrated care in place in many parts of GM, but rarely are they at the scale required to effect a significant transfer of resource into prevention of avoidable admissions to hospital and other care institutions. New models of contracting and reimbursement are required, to deliver models targeting not 1% or 5% but at least 20% of the cohort of the risk stratified population.

2.4 New models of integrated care seeking to reduce avoidable admissions to hospitals and other care institutions will contribute to a changing role for local hospitals. Hospitals are crucially important partners in seeking to develop these new models and most recognise their quality and financial interest in seeing these new models of ‘out of hospital care’ develop.

3. Greater Manchester Context

3.1 There is a Greater Manchester context to the future arrangements of local services. A number of services span borough boundaries (e.g. the Ambulance Service). In addition patients should not be penalised in terms of the speed and effectiveness of their discharge from hospital if they happen to live in a neighbouring authority. So while local integrated care arrangements may well differ, the ‘access points’ and discharge protocols of them will need to be reasonably consistent

3.2 An important component of the reform is the reconfiguration of some hospital services that need to be planned and delivered on a footprint larger than a local authority area. A public consultation – “Healthier Together” is currently planned for summer 2013. The formal consultation on proposals to reconfigure health services is the responsibility of the 12 Clinical Commissioning Groups in Greater Manchester, but the consultation will recognise the important context of new models of local services, including integrated care and primary care.

3.3 The outcome of the consultation may potentially change the role of some local hospitals, and hospitals across GM are already changing to recognise their important role in delivering models of integrated care referred to above.

3.4 To help support this work at a local level and GM level, GM is working with Whitehall to secure enhanced national leadership commitment and the provision of technical and analytical capacity to support the development of integrated care.

4. Characteristics of Local Health and Social Care Reform plans.

4.1 On the basis of principles of reform listed in 2.1 above it is suggested local implementation plans have the following elements;

- Mechanisms to promote self care and community support
- Plans delivering Improved primary care access through, for example through GM practices working more closely together.
- Locally derived models of integrated services,
- Such plans reflecting a degree of consistency across GM in relation to cross boundary working (for example engaging with NWAS and cross boundary hospital discharge)
- An understanding of the potential impact on local hospital services of an anticipated reduction of avoidable admissions.
- An appreciation of the changes to the range of service provided by the local hospital as a consequence of proposals to reconfigure some acute services across a planning footprint of GM.

4.2 It would be proposed that each local authority would work with partners to develop their Local Implementation Plan by summer 2013. This implementation plan will therefore be in development by the time of the commencement of the formal consultation on the configuration of some hospital services. It would be expected that the construction of local implementation plans will demonstrate participation from the local hospital trust.

4.3 All local authority and CCG areas in Greater Manchester should be in a position to be operating new models of integrated care at least in shadow form by April 2014, and be able to demonstrate a planned acceleration of development to a scale that can genuinely move resource around the system in support of new models of care.

5 Testing Local Plans

5.1 Learning to date from integrated care services in Greater Manchester and elsewhere suggests local plans need to demonstrate certainty of planning of integration and better primary and community facilities at scale. Such testing will need to include workforce changes planned, investment plans in place, segmentation methodology deployed, and data sharing agreements required.

6. Next Steps

6.1 Local Authorities in Greater Manchester are invited to:

- Work with partners, particularly CCGs and the local acute trust, to develop a brief report on current progress in developing models of integrated health and social care locally for consideration by the local health and well being boards.

- The AGMA Executive Board receive a report back on the picture of integrated care development across Greater Manchester at the June 2013 meeting

- Note that the development of the models of integrated care provide a context for the public consultation on the reconfiguration of some hospital services due in the summer 2013.

7. RECOMMENDATIONS

7.1 A detailed set of recommendations appear at the front of this report.

References

1) *Peter Carter* **–** *RCN General Secretary for www.nhsmanagers.co.uk, 24th Sept 2012)*
2) *Nuffield Trust* **–** *NHS and Social Care Funding* **–***the outlook to 2021/22* **–** *January 2013*
3) *(The Health Select Committee Report February 2012)*

TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 7th April 2013
Report for: Information
Report of: Director of Public Health

Report Title

Public Health Transition Update

Summary

This paper summarises the update on the Public Health transition from NHS Trafford to Trafford Council on 1st April 2013.

Recommendations

It is recommended that the Health and Well Being Board note:

- The progress update on the successful transfer of Public Health staff and Public Health services to Trafford Council on 1st April 2013.

Contact person for access to background papers and further information:

Name: Imran Khan, (Partnerships Officer).

Background Papers:

Health and Social Care Act 2012

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations; March 2013
http://www.legislation.gov.uk/uksi/2012/3094/contents/made
http://www.legislation.gov.uk/ukdsi/2012/9780111531679/contents

Ring fenced public health grants to local authorities 2013-14 and 2014-15. Department of Health. 9 January 2103. http://www.dh.gov.uk/health/2013/01/ph-grants-las/

The Public Health Outcomes Framework 2013-2016, January 2012
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Public Health Transition Update

1. Introduction

The new Public Health role for local authorities is part of wider reforms under the Health and Social Care Act 2012. Public Health functions, assets, liabilities and staff have formally transferred from NHS Trafford to Trafford Council on 1st April 2013.

In March 2013 the Council approved the necessary amendments to the Trafford Council Constitution, including appropriate delegated authority to the Director of Public Health, in preparation for the transfer of Public Health on 1st April 2013.

This report describes the new Public Health functions of Trafford Council, gives a brief update on the progress of the Public Health transition since the last Health and Well Being Board update on the formal Transfer Scheme and Staff Transfer Order in support of the legal process taking place on 31st March 2013.

2. The new Public Health responsibilities of Local Authorities

From 1 April 2013 Trafford Council will be responsible for the health of Trafford people. The government's public health vision is to '*improve and protect the nation's health and wellbeing and to improve the health of the poorest fastest*.' This requires a whole population perspective, beyond a focus on eligible clients or service users, spanning determinants of health, healthy behaviours, health protection and health and care services.

The Public Health Outcomes framework summarises the breadth of population health outcomes for which local authorities will be responsible. The indicators are aligned to the NHS Outcomes Framework and Social Care Outcomes Framework to promote greater joint working between NHS and Local Authority.

The main duties of the Director of Public Health and Public Health team are listed below:

- **Advising** on all matters health;
- **Commissioning** a specified list of Public Health services. Mandatory services are sexual health, NHS Health Checks and the National Child Measurement Programme (NCMP), health protection and the Local Authority CCG core offer on population healthcare advice.
- **Providing commissioning support back** to the NHS Trafford Clinical Commissioning Group (CCG). This is a mandatory function and includes: need assessment, clinical effectiveness review, priority setting, clinical pathway redesign, monitoring and evaluation. This is an important lever for influencing the CCG commissioning budget.
- **Assuring local** health protection arrangements are robust. This covers emergency planning, infection control, screening and

immunisations. They are commissioned by Public Health England (PHE) within NHS England and delivered mainly by NHS providers, including primary care. For emergency planning NHS England has taken over the coordination of the health service response with an accountable Emergency Officer role at the CCG.

- **Producing a statutory annual report** on the health of the local population, to be published by the Local Authority.
- **Being a statutory member** of the local Health and Wellbeing Board.

3. Transfer of Public Health staff

The Public Health team have been transferred on a 'lift and shift' basis and are part of the new Children, Families and Well Being directorate of the Council with the Director of Public Health role to promote and influence health across the Council and wider partner organisations.

Public Health staff members will be transferring with their current NHS terms and conditions, including access to the NHS Pension Scheme.

Recent guidance from Public Health England and the Local Government Association confirmed that from April 2013 all transferring staff will retain access to the NHS Pension Scheme if they are subsequently compulsorily moved to another post within the same local authority, or if they make a voluntary move within the same local authority and are within 10 years of normal pension age. All other transferring staff will join the local government pension scheme if they move posts voluntarily after transfer.

The council has undertaken Human Resources due diligence on the transfer of staff and has submitted approval of transferring staff data from NHS Trafford.

4. Transfer of Public Health Services Contracts

There are seven main topic areas that account for almost all of the Public Health contracts. A summary is provided below for each of these topic areas.

- **Sexual health**
  - The commissioning of comprehensive, open-access sexual health services will become a mandatory function for local authorities in April.
- **Substance misuse**
  - Drug and alcohol misuse commissioning function.
- **School nursing**
  - The School Nursing service has been subject to a full review and the recommendations will inform future service direction.
- **Health Improvement**
  - This health promotion team is based within the new Children, Families and Well Being directorate.
- **NHS Health Checks**
  - NHS Health Checks are offered to all adults aged 40-74 to help lower their risk of heart disease, stroke, diabetes and kidney disease.
- **Smoking cessation**

- Services for supporting people to stop smoking. A large amount of stop smoking support is provided through GP practices and community pharmacies.

- **Weight Management services**
  - Specialist weight management and community dietetics services.

5. Transfer of Public Health clinical negligence claims

The Department of Health (DH) will take on any existing clinical negligence claims. However, a recent DH Bulletin (20130221 Stop Press Bulletin (3)) has stated that any 'incurred but not reported' (IBNR) Public Health liabilities will transfer from PCTs to Local Authorities. In discussion between NHS Trafford and Trafford Council the Public Health due diligence exercise has assessed that no claims of this sort have been made in the recent past and that the likelihood of any arising in the future is small as such claims normally are made against the provider, rather than the commissioner of services.

6. PCT Closedown - Department of Health

Decisions have been made by the Department of Health to resolve outstanding policy issues affecting transition and closedown of PCTs. The latest guidance (20130221 Stop Press Bulletin (3)) clarifies issues in relation to Transferring Claims and Liabilities from PCTs, and other issues relating to assets and liabilities.

7. Finance and Efficiency Implications

The Council received funding of £81k from NHS Trafford in 2012/13 to contribute towards the costs of the Public Health transition.

The Trafford Council Public Health budget allocation for 2013/14 is £10.171m (for 2014/15 it is £10.455m). This is provided through a ring-fenced grant. A range of conditions are attached to this grant, including:

- Funds are spent on activities whose main or primary purpose is to improve the health and wellbeing of the local population and reducing health inequalities.

- Local authorities cannot charge for most public health services. There are limited circumstances in which councils can charge for public health services, as set out in Department of Health guidance. These relate to services provided to private companies or academic institutions, rather than individuals or services provided to an individual, which are not given to them for the purpose of improving their own health e.g. training provided to another organisation's staff. Other council services which have a primary purpose other than health improvement will still be subject to charges e.g. adult social care, housing and leisure services.

The breakdown of this budget will be across four main areas: Workforce;

Commissioning (Contracts); Projects; and Support Services/Overheads.

It is anticipated that all staff and contract liabilities that transfer over to the Trafford Council will be met within Trafford's Public Health grant allocation.

8. Public Health Contracts and Procurement Implications

The Public Health team is now beginning to work on business planning for the 2013-14 Public Health Services Improvement Plan including consideration of how the Public Health services are commissioned. Local enhanced services (LES) have been extended for 12 months at AGMA to ensure a smooth transition. All extended contracts will be reviewed within the year and where necessary the procurement process will be followed for renewal and to ensure value for money.

9. Legal Implications

The transfer of functions and responsibilities to the Council follows the introduction of the Health and Social Care Act 2012.

Department of Health guidance has been followed in the transfer process with close involvement from the Council's Legal Services team during the transition process to undertake due diligence on the transfer of contracts and staff on behalf of the council.

10. Background Information

- Health and Social Care Act 2012

- Cabinet Office Staff Transfers in the Public Sector Statement of Practice (COSOP), January 2000.

- The Transfer of Undertakings (Protection of Employment) Regulations 2006.

- The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations March 2013
http://www.legislation.gov.uk/uksi/2012/3094/contents/made
http://www.legislation.gov.uk/ukdsi/2012/9780111531679/contents

- Stop Press: Update on recent policy decisions for Transition. Department of Health, Issue no.1 February 2013:

- Ring fenced public health grants to local authorities 2013-14 and 2014-15. Department of Health. 9 January 2103.
http://www.dh.gov.uk/health/2013/01/ph-grants-las/

- The Public Health Outcomes Framework 2013-2016, January 2012 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Agenda Item 6

TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 11th April 2013
Report for: Information
Report of: Director of Public Health

Report Title

Trafford Joint Health and Wellbeing Strategy (JHWS) 2013-16:Progress Update

Summary

This paper summarises the update on the progress and completion of the Trafford Joint Health and Well Being Strategy (JHWS) 2013-16.

Recommendations

It is recommended that the Health and Well Being Board note:

- The progress, completion of the Trafford JHWS 2013-16 and its launch at the Annual Partnership event in April 2013.
- The development of the JHWS action plans for the identified priority areas.

Contact person for access to background papers and further information:

Name: Imran Khan, (Partnerships Officer).

Background Papers:

Health and Social Care Act 2012

Statutory guidance published on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (March 2013)

Trafford Joint Health and Wellbeing Strategy (JHWS) 2013-16: Progress Update

1. Introduction and background

An engagement and consultation process was commenced during the period 12th July – 3rd August 2012 on identifying the priorities for the Trafford JHWS using evidence from the Trafford JSNA (joint strategic needs assessment). The questionnaire link was been sent to key stakeholders and Trafford residents (Appendix 1). The questionnaire was utilised to develop the vision for the strategy as well as priorities and actions, (this follows Department of Health guidance). We had 83 responses that included 55.4% residents, 17.6% voluntary or community groups and 27.0% on behalf of a public sector organisation.

2. JHWS Priorities Identified During Initial Consultation Phases 1 and 2

Outcome One: Every child has the best start in life (% respondent response)

- Reduce childhood obesity (40.7%)
- Improve the emotional health and wellbeing of children and young people. (33.3%)

Outcome Two: A reduced gap in life expectancy (% respondent response)

- Reduce alcohol and substance misuse and alcohol related harm (46.9%)
- Support people with long term health and disability needs to live healthier lives. (43.2%)
- Increase physical activity. (37.0%)
- Reduce the number of early deaths from cardiovascular disease and cancer (35.8%)

Outcome Three: Improved mental health wellbeing (% respondent response)

- Support people with enduring mental health needs, including dementia, to live healthier lives. (39.5%)
- Reduce the occurrence of common mental health problems among adults. (33.3%)

3. Phase 3: Further Engagement and Presentation of Summary JHWS Priorities

A Phase 3 consultation period and co-production ran from the beginning of January 2013 to 15th March 2013. The strategy was presented at a variety of partnership forums and boards to seek further engagement and feedback on the draft JHWS and summary document. The launch of the finalised published version of the JHWS will be at the annual Partnership Conference on 25th April 2013.

The Info Trafford portal will the central repository of the JHWS with all accompanying documents (Equality Impact Assessment (EIA), consultation

reports x 3, full document, summary document). The development of the JHWS has welcomed all views at each development phase and appreciated contribution of ideas therefore a contact email has been set up at: healthandwellbeing@trafford.gov.uk allowing for continued feedback. The final version has been completed and will be live on the Info Trafford website by 17th April 2013 which is available at http://www.infotrafford.org.uk/hwbstrategy. Electronic pdf versions of the JHWS document will be made available as well as links located on a variety of partner and community organisations websites.

4. Phase 3 JHWS Engagement and Presentation of Key Priorities

Power point presentations were made at the following partnership meetings. Most presentations were tailored to the audience and their agenda.

Partnership/Forum	**Date**	**Lead responsible**
Diabetes Group	14th November 2012	Lisa Davies
NW Transition Alliance	5th December 2012	Helen Darlington
Sale West & Ashton Partnership	10th Dec 2012	Marie Price
Trafford interfaith group Hazel Kimmitt	16th January 2013 Electronic feedback via on line Consultation	Abdul Razzaq
Old Trafford Health and wellbeing partnership	17th Jan 2013	Graeme Snell
Environment Partnership	17th Jan 2013	Lisa Davies
Housing Partnership	18th Jan 2013	Lisa Davies
Safer Trafford Partnership	22nd Jan 2013	Helen Darlington
Diverse Communities Board including LGB&T	29th Jan 2013	Abdul Razzaq
Strong Communities	29th Jan 2013	Helen Darlington
Children and Young Peoples Trust Board	30th Jan 2013	Helen Darlington
Mental Health and Wellbeing 3rd Sector Delivery Group.	14th March 2013	Helen Darlington
David Boulger/ Jim Liggett (Greater Manchester Police)	19th March 2013 Detailed verbal and written feedback.	Helen Darlington
LGB&T	Online	Helen Darlington

Trafford Community Leisure Trust	Online	Helen Darlington
Adele Coyne (equality and diversity officer)	Electronic feedback on line Consultation	Helen Darlington
Aman Akram (hate crime officer)	Electronic feedback via on line Consultation	Helen Darlington

5. JHWS Action Plan Development

A JHWS Action plan group has been set up with members from Trafford Council and Trafford CCG. The group has developed the action plans based on the identified JHWS priorities and this work has been led by Linda Harper, Director of Commissioning (Communities and Well Being). The action plans have been finalised and will be presented to the Health & Well Being Board.

6. Recommendation

It is recommended that the Health and Well Being Board note:

- The progress, completion of the Trafford JHWS and its launch at the Annual Partnership event.
- The development of the JHWS action plans for the identified priority areas.

Report to Health and Wellbeing Board

Healthwatch Trafford Update – April 2014

Healthwatch Trafford Board

Following the recruitment process, a new Chair, Ann Day, and 6 directors have been appointed to the Board of Healthwatch Trafford (HWT) by the recruitment panel. This panel included representatives from Trafford Council, Trafford CCG, Diverse Communities Forum, and Trafford Partnership.

The Board came together for an initial meeting in March 2013.

Proposals agreed by Council Executive in September 2012, recommended that the Board of Healthwatch Trafford will be made up of 11 Executive Directors, and 5 additional directors who will attend in an advisory capacity, as representatives of other bodies.

This therefore leaves 4 executive places to be filled on the Board. This will be done following a skills audit with the present members, to determine if further recruitment could be done to target areas, or skills that are missing.

A number of 'Advisory' places have been identified, and these members will be invited to join the Board within the next month.

These include;

Carers, linked to the Carers Centre
Older people – Age UK Trafford.
Diverse Communities – Diverse Communities Forum
Young People – Youth Parliament
Voluntary and Community Sector – yet to be agreed

The Directors will develop the strategic plan for Healthwatch Trafford, and set up the company's governance.

Company Registration

Healthwatch Trafford, with support from Legal Services at Trafford Council, have agreed their Articles of Association and registered the organisation as a Company Limited by Guarantee.

At present this has been done in the name of the Chair, but the other directors will be added to the Company Register following the next meeting. These Executive Directors will also be named as Members of the Company.

Commissioning of Healthwatch Trafford

Now the new company has been registered Trafford Council will commission them as HWT, to provide the services/ functions of local Healthwatch, set out in the Health and Social Care Act 2012, for the borough.

A budget has been agreed - £158k per year, for an initial 2 years (the LINk budget 2012-13, £106k, + the additional funding from the DoH for HW, Information and Signposting, £52k)

A service specification, contract and tender waiver have been written, to be agreed by the Board.

Healthwatch Trafford Workforce

The staff of Trafford LINk, employed by VCAT, are being transferred over to HWT.

The present team includes;

A Team Manager
A Development worker
A Communication worker
An Admin worker.

An interim arrangement is presently in place with VCAT, who will continue to provide HR and payroll support, whilst the staff will be seconded to Healthwatch Trafford, to work for and be managed by them.

This arrangement will continue for 3 months until the end of June, when the staff will be employed by HWT.

The Board of HWT will review the present staffing structure, and whether they will need to revise this in any way, to ensure the functions are carried out effectively.

Accommodation

After considering a number of options, Healthwatch Trafford will be moving to new accommodation at Sale Point, Washway Road, Sale.

This will give them a presence in the centre of the borough, on a main road with good public transport links. The organisation will have its own clear signage to raise its profile and promote itself as an independent organisation.

HWT is presently at Park House, Northenden Road, Sale, as this building, which was the home of Trafford LINk and VCAT, has stayed open longer than originally

anticipated. The move to Sale Point can now be planned and will take place over the next 3 months to fit in with the transfer of the staff.

HWT will have a wider presence around the borough, looking to have use of other community buildings where they can be accessed.

They are presently negotiating, or agreeing space at the new Trafford Town Hall, and in Partington.

Contacting HWT

The phone number for Trafford LINk has become the number for HWT, to maintain consistency.

The LINk website is still in place though is now branded as HWT, with a new domain name coming into operation. This will be in line with other HW organisations across the country – healthwatchtrafford.co.uk

All contacts previously held by Trafford LINk have been informed about HWT, and permission sought to share details with the new organisation, to establish a new public membership.

Developing the profile.

The Board and staff of HWT will develop a marketing strategy and publicity materials to raise awareness of the new organisation.

HWT has been chosen, as a good example of local Healthwatch, to host a regional event with Healthwatch England, at the Bridgewater Hall in Manchester, in April.

NHS Independent Complaints Advocacy – ICA Trafford

Trafford Council, in partnership with other Greater Manchester Councils, have commissioned a new localised Independent Complaints Advocacy Service, this is being delivered by the previous provider, 'The Carers Federation', which will mean we can continue to benefit from their experience and maintain consistency. The newly renegotiated contract will be in place for 12 months, with an option to continue for an additional year.

Trafford CCG continue to be updated on developments.

In our area the service will be known as ICA Trafford.

New promotional materials are being produced, with a new contact number; these will be circulated as soon as possible.

The existing referral procedure is still in place.

Residents of the borough wishing to make comments or complaints about the services they receive can also contact Healthwatch Trafford.

GREATER MANCHESTER
HEALTH AND WELLBEING INTERIM BOARD

MINUTES OF A MEETING OF THE GREATER MANCHESTER HEALTH AND WELLBEING INTERIM BOARD HELD ON 15 FEBRUARY 2013 AT THE ETIHAD STADIUM, EAST MANCHESTER

PRESENT:

Councillor Cliff Morris (in the Chair)	Bolton MBC
Steven Pleasant	Tameside MBC
Mike Burrows	NHS GM
Councillor Rishi Shori	Bury MBC
Dr Chris Duffy	HMR CCG
Alan Moran	Pennine Care NHS Trust
Alex Whinnam	GMCVO
Mary Whyham	NW Ambulance Service
Dr Tim Dalton	Wigan Borough CCG
Councillor John Pantall	Stockport MBC
Dr Kiran Patel	Bury CCG

ALSO PRESENT:

Deborah Brownlee	Trafford MBC
Wendy Meredith	Bolton MBC
Finnuala Stringer	Manchester CC
Mel Sirotkin	Salford CC
Will Blandamer	NHS GM/AGMA
Rob Bellingham	NHS GM
Sue Lightup	Salford CC
Stuart Cowley	Wigan MBC
Andrew Burridge	GM Integrated Support Team
Allan Sparrow	GM Integrated Support Team

APOLOGIES:

Councillor Keith Cunliffe	Wigan MBC
Councillor Dr Karen Barclay	Trafford MBC
Councillor Glynn Evans	Manchester CC
Eileen Fairhurst	NHS GM
Mike Greenwood	NHS GM
David Radcliffe	NW Ambulance Service
Pat Jones-Greenhalgh	Bury MBC

GMHWB/13/01 DECLARATIONS OF INTEREST

None were declared.

GMHWB/13/02 MINUTES

RESOLVED/-

That the Minutes of the meeting of the GM Health and Wellbeing Interim Board held on 30 November 2012 be approved as a correct record.

GMHWB/13/03 MATTERS ARISING

PCT Members

The Chair informed the Interim Board that this would be the last meeting attended by PCT members.

RESOLVED/-

That all the PCT members of the Interim Board be thanked for their hard work and commitment to both the Interim Board and the former Health Commission.

GMHWB/13/04 WORK PROGRAMME OVERVIEW

The Board received a short introduction from Steven Pleasant that set out the framework of the GM Health and Wellbeing Interim Board's work programme.

RESOLVED/-

That the proposed framework for a GMH&WB Interim Board work programme be adopted.

GMHWB/13/05 PUBLIC SERVICE REFORM UPDATE

The Board received an update report of the Community Budgets Programme. The report set out significant work required on developing models of integrated care to reduce avoidable admissions which were inherently linked to discussions about the reconfiguration of some hospital services across GM. The report proposed a simple public/patient based perspective on the key elements of reform of the health and social care system in GM, and that council leadership was needed to support on both aspects. Local authority representatives made clear their desire to support and co-operate with the NHS on these reforms.

It was reported that a paper on PSR was to go to a meeting of AGMA Leaders the following week for discussion. Councillor Pantall felt that it would be helpful if

the pilot developed was shared widely to enable the development of a common approach to issues.

Steven Pleasant added that there was recognition on the need to move forward on integrated plans which was a challenge. There was a need to think about how information could be shared re local integrated care plans then challenge and tease out issues.

RESOLVED/-

1. That the work undertaken with AGMA Leaders be noted.
2. That the work to understand, challenge and support models of integrated care currently operating in districts continue, and an overview of the progress in each district be shared with AGMA Leaders.
3. That the overview of progress in each district be shared with the GM Health and Wellbeing Interim Board in the spirit of “practice exchange”.

GMHWB/13/06 PRIMARY CARE IN GREATER MANCHESTER

The Interim Board received a presentation on commissioning of primary care in GM which would now become the responsibility of the NHS Commissioning Board. The Board then split into three working groups to discuss key themes of the new commissioning arrangements and key issues identified:

- The need for a clarification of the definition of primary care and where did community services fit in
- How can capacity be developed in primary care and what were the opportunities for self-care
- The need to create additional capacity in primary care means different models of working with partners, and yet anecdotal evidence suggests that primary care must improve how it engages with local workers from other agencies
- The opportunity for GPs of social subscribing, the work required to make this a more viable option. GPs could do with more certainty about the range, quality and accessibility and reliability of services available for social rather than medical prescribing. However, within an 8 minute consultation how do you get to a understanding of the social problem behind the apparent immediate medical issue with sufficient certainty that a GP knows what to tackle. Furthermore, patients may not want to receive such interventions - they expect some medicine or other clinical intervention
- The need to create capacity for self help, build on roles currently operated by GPs, schools etc
- The possibility of developing primary care services around a place. What is the relationship to place based priorities that would make a significant impact on local health - e.g. worklessness. A sense that primary care rarely assume a role in place, and yet they (and schools) are one of the few services that nearly everyone touches in terms of universal services. If its not primary care

holding a whole place perspective in communities, and neighbourhoods, who is it?

- Acknowledgement that the levels of variation in practice in primary care are wide. A view that peer review and challenge was increasingly the norm through CCGs creating improvement
- The development of links to wider social care and support
- The need to develop collective leadership, set out a clear picture
- Opportunities for CCGs to define clinical pathways
- Build ways to engage with patients – patients voice (GMCVO)
- Noted further work would take place on commissioning arrangements. Future work would also be need to take account of patient expectations and public confidence in the primary care service.

RESOLVED/-

That the report be noted and account be taken of the sub group work in developing commissioning arrangements.

GMHWB/13/07 HEALTHIER TOGETHER UPDATE

The Interim Board received an update on Healthier Together. Members were informed that work had progressed well on a model for hospital care and would be reported to the next meeting. Councillor Pantall commented on wider public engagement aspects in order to cover healthcare as a whole and not just focus on hospital models

RESOLVED/-

1. That the verbal update on Healthier Together be noted.
2. That it be noted that work had progressed on a model for hospital care and this would be reported to the next meeting of the Interim Board.

GMHWB/13/08 GM HEALTH AND WELLBEING INTERIM BOARD PERFORMANCE DASHBOARD

A paper was submitted that summarised the Interim Board's strategic priorities in order to give shape to the developing dashboard of performance indicators. The aim of the paper was to support the Interim Board in designing the dashboard. The papers sought views on which outcomes and indicators the Interim Board wished to receive information upon.

In considering the range of indicators Deborah Brownlee felt that two adult health issues were missing – adult mental health and drug misuse. Dr Duffy Added that the indicators chiefly focussed on health but not wellbeing. Sue Lightup added that the 'admission to residential care indicator' was a step too late in the process

for intervention and felt that an indicator on intermediate care stage would be better.

RESOLVED/-

1. That the strategic priorities contained in the report be approved.
2. That the following indicators also be considered: Adult mental health and drug misuse.
3. That the 'admission to residential care' indicator was too late a step in the process to intervene, effectively a lost opportunity. An indicator at the intermediate care stage would be more beneficial.
4. That it be noted that the local spider diagrams had been widely discussed with CCG colleagues and the ten Health and Wellbeing Boards.

GMHWB/13/09 ANY OTHER BUSINESS

Public Sector Reform Event

The Interim Board was informed that the Public Sector Reform event had seen a lot of discussion regarding the early years strand.

GMHWB/13/10 DATES OF FUTURE MEETINGS

Friday 17 May 2013
Friday 16 August 2013
Friday 22 November 2013

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