

## HEALTH AND WELLBEING BOARD

15 JULY 2016

### PRESENT

Cllr A. Williams (in the Chair)	Exec Member for Adult Social Services & CW
Cllr K Carter	Deputy Shadow Exec Member Adult Social Services & CW
J. Colbert	Interim Corporate Director, Children, Families & Wellbeing
M. Colledge	Chair, NHS Trafford CCG
A. Day	Chairman of HealthWatch, Trafford
Dr N. Guest	Chief Clinical Officer, NHS Trafford CCG
Supt J. Liggett	Greater Manchester Police
A. Razzaq	Director of Public Health

### In attendance

S. Gardner	Director of Strategic Projects, CMFT
Cllr J. Harding	Shadow Exec Member for Adult Social Services & CW
T. Holt	Group Manager Salford and Trafford, GM Fire & Rescue
K. Purnell	Head of Partnerships & Communities
E. Roaf	Consultant in Public Health, Trafford Council
R. Spearing	Integrated Network Director, Pennine Care FT

### Also in attendance

L. Dabbs	Partnerships Officer
C. Gaffey	Democratic & Scrutiny Officer

### APOLOGIES

Apologies for absence were received from Chief Inspector V. Bellamy, Bellingham, Colgan, Heaton, M. Hyman, G. Lawrence, M. McCourt, Nicholls, S. Webster and Worthington.

## 1. MEMBERSHIP OF THE BOARD 2016/17, INCLUDING CHAIRMAN AND VICE-CHAIRMAN

RESOLVED:

- (1) That the membership of the Health and Wellbeing Board for the Municipal Year 2016/17, as determined by Council at the Annual Meeting held on 25 May, 2016, be noted.
- (2) That Councillor Alex Williams, Trafford Council, and Matt Colledge, Chair of Trafford CCG, be confirmed as Chairman and Vice-Chairman of the Health and Wellbeing Board respectively, subject to Council approval of the new governance arrangements.

## 2. TERMS OF REFERENCE FOR THE BOARD 2016/17

RESOLVED: That the Board's Terms of Reference, as agreed at the Annual Meeting of the Council held on 25 May 2016, be noted.

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**3. REVISED HEALTH AND WELLBEING BOARD GOVERNANCE ARRANGEMENTS**

The Board received a report of the Interim Corporate Director, Children, Families and Wellbeing providing an update on the Health and Wellbeing Board's updated governance arrangements, which would require Council approval at their next meeting.

It was announced that Stuart Webster of Blusci had resigned from his position as the Third Sector Representative on the Health and Wellbeing Board, and the process of appointing a new member was underway.

It was proposed that the Trafford Clinical Commissioning Group (CCG) would have three representatives on the Board going forward, with the Chair of Trafford CCG replacing the Chief Clinical Officer and assuming the Vice-Chairmanship. An additional designation of a CCG Clinical Director / Representative would be added to the membership, with the exact designation to be agreed.

The Interim Corporate Director, Children, Families and Wellbeing noted that Primary Care provider representatives would be needed on the Board in future, which would require further amendments to the Board's Terms of Reference.

The revised governance arrangements required Council approval, and would be considered at their next meeting on 27 July 2016.

RESOLVED: That the Board endorse the updated governance arrangements for their referral to full Council.

**4. MINUTES**

RESOLVED: That the Minutes of the meeting held on 15 April 2016, be approved as a correct record and signed by the Chairman.

**5. DECLARATIONS OF INTEREST**

No declarations of interest were made by members.

**6. GREATER MANCHESTER DEVOLUTION UPDATE**

This item was considered in conjunction with 'Item 8 – Local Strategy' (see minute 8).

**7. SINGLE HOSPITAL SERVICE REVIEW**

The Board received a report on the Single Hospital Service review, presented by the Director of Strategic Projects, CMFT. The report provided an update on the proposals to establish a Single Hospital Service for the City of Manchester and the possible impact this may have on Trafford.

Members were advised of the current financial and clinical care issues experienced by Manchester's Hospital Services, and it had become apparent that

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the current structures would be unable to combat these problems. For these reasons, it had been proposed that a Single Hospital Service be established. The proposals were accepted by all organisations present at the meeting of the Manchester Health and Wellbeing Board in June 2016, and work was now ongoing on implementation. Members were advised that the aim would be to form one new organisation to cover all hospital services in Manchester, aligning all hospitals' governance and organisational structures. A report detailing the proposed delivery approach would be taken to the Manchester Health and Wellbeing Board meeting next week.

With such a substantive programme, it had been agreed that these changes would occur in two phases. The first phase would see the bringing together of UHSM and CMFT, with a target of completion for this phase set for April 2017. The second phase would focus on incorporating the North Manchester services. The Director of Strategic Projects, CMFT recognised that this was a rapid process of implementation, and confirmed that work was ongoing to ensure communication with partner organisations was effective.

Members asked what financial benefits could be realised from the proposed service changes, and were advised that the financial benefit assessment and business plan should be available in October 2016. The Locality Plan would need to demonstrate financial viability as part of the Five Year Plan, and it was hoped that these service changes would assist in doing so.

Members were advised that the Healthier Together programme would fit well with the new Single Hospital Service as both had similar concepts, and their governance arrangements would eventually come together once they had become aligned. Members also discussed the possible implications the service changes might have for the Trafford Care Coordination Centre.

Discussions were ongoing surrounding the formation of strategies and what services would be provided at each site. It was hoped that a clinical strategy could be formed by the end of 2016, and discussions between commissioners were already underway. It was noted that Trafford would be considered a high level associate commissioner in the process, and the Chief Clinical Officer, Trafford CCG would be a key representative on forming the new governance structures of the new model. Members were advised of the positive effect these changes could have for Wythenshawe Hospital, a service which was used by many Trafford residents.

RESOLVED: That the report be noted.

### **8. LOCAL STRATEGY**

The Board received a presentation of the Interim Corporate Director, Children Families and Wellbeing and the Chief Operating Officer, Trafford CCG, providing an update on the Trafford Locality Plan and how this would be implemented as part of the wider GM Devolution Strategy. The presentation highlighted Trafford's vision and overarching principles, before detailing the four main planks to the Trafford strategy. It was agreed that the Chief Clinical Officer, Trafford CCG would provide a more detailed presentation on plank 4 in relation to the redesign of

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Primary Care at the Health and Wellbeing Board meeting scheduled for October 2016.

Work was ongoing on the business plan with Deloitte. This would be finalised before the next meeting of the Health and Wellbeing Board, however it would not require the Board's official sign off and would be circulated to members once available. Work was also ongoing on the implementation plan. Arrangements would be made to hold an urgent meeting of the Health and Wellbeing Board, as the implementation plan would need to be endorsed by the Board before its next scheduled meeting in October.

It was agreed that the Integrated Network Director, Pennine Care Foundation Trust would provide an update on the intermediate care model at the meeting scheduled for October 2016.

RESOLVED:

- (1) That the update be noted.
- (2) That the Chief Clinical Officer, Trafford CCG provide an update on the redesign of Primary Care as part of the Locality Plan at the Health & Wellbeing Board meeting scheduled for October 2016.
- (3) That the Business Plan be circulated to Health & Wellbeing Board members once complete.
- (4) That an urgent meeting of the Health & Wellbeing Board be arranged for the sign off of the Implementation Plan.
- (5) That the Integrated Network Director, Pennine Care Foundation Trust provide an update on the intermediate care model at the Health & Wellbeing Board meeting scheduled for October 2016.

**9. PUBLIC HEALTH WORKING GROUP TERMS OF REFERENCE**

The Board received a report of the Chairman providing a draft version of the Terms of Reference for the Public Health Priorities Working Group. The Group would be working to shape how collective budgets are used around the 5 key Health & Wellbeing Priorities, using evidence based intervention programmes to achieve the greatest impact on healthy life expectancy.

A further update would be brought to the next meeting of the Health & Wellbeing Board.

RESOLVED:

- (1) That the report be noted.
- (2) That a further update on the Public Health Priorities Working Group be provided at the Health & Wellbeing Board meeting scheduled for October 2016.

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**10. HEALTH AND WELL BEING PERFORMANCE DASHBOARD 2016-17**

The Board received a report of the Head of Partnerships and Communities outlining the performance dashboard to be used in 2016/17. Members were reminded that at the meeting in January 2016, it was agreed that the Board would receive a single performance report each quarter. This report would include a single dashboard capturing the outcome measures for the Health and Wellbeing Board priorities, as well as those relevant to the partnerships and plans which report into the Board.

Board Members agreed that the finalised Implementation Plan would form the performance tool for the Health and Wellbeing Board dashboard, which should provide members with the appropriate level of detail to make informed performance assessments. There should be clear and explicit targets set with the aim of reducing health inequalities and improving health life expectancy.

Members discussed reaching hard to reach cohorts, physical activity and sport, and the importance of engaging with the public. All aspects of the health and wellbeing strategy should be combined to create a vision for Trafford. Members were advised that work was ongoing on a Health and Wellbeing Programme for Trafford Council staff.

Members also received a short presentation of the Greater Manchester Combined Authority on Taking Charge of our Health and Social Care. Members were advised of the six core types of people with varying characteristics and outlooks on their health, and Trafford specific data would be circulated to members.

RESOLVED:

(1) That the report be noted.

(2) That the approach to the performance dashboard and performance reports be approved, taking the above discussions into consideration.

**11. KEY SUCCESSES, CHALLENGES AND RISKS FOR THE LUNCHTIME SESSIONS AND TRAFFORD PARTNERSHIP BOARD**

The Chairman summarised the key successes, challenges and risks for the Health and Wellbeing Board. The key success was seen as the willingness of all Board members to come together and contribute, showing a clear understanding of what needed to be done to tackle health inequalities within the borough.

The Board recognised one of the main challenges would be to address Trafford's relatively low levels of healthy life expectancy (especially among women and in our more deprived neighbourhoods) considering its favourable demography statistics. Members highlighted the importance of ensuring the Health and Wellbeing Board's vision was understood at all levels of their respective organisations, and that effective communication was key.

RESOLVED: That the discussion be noted.

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**12. ACKNOWLEDGEMENTS**

The Chairman confirmed that this would be the Director for Public Health's last meeting with the Health and Wellbeing Board. The Board thanked the Director of Public Health for his years of hard work and support, and wished him well for the future.

The meeting commenced at 9.35 am and finished at 11.50 am