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HEALTH AND WELLBEING BOARD

13 JULY 2018

PRESENT

Councillor J. Lloyd (in the Chair).

S. Johnston (Vice-Chair), Councillor J. Baugh, Councillor J. Brophy, C. Daly, Councillor J. Harding, H. Fairfield, Councillor J. Lamb, M. Roe, R. Spearing and E. Roaf

In attendance

Chris Daly	Gtr M/cr West Mental Health Foundation NHS Trust
Paul Duggan	Greater M/cr Fire and Rescue Service
Sara Radcliffe	Trafford CCG and Trafford Council
Kerry Purnell	Head of Partnerships and Communities
Kelly Stephenson	Trafford CCG
Ric Taylor	Trafford CCG
Tracie Lee	Trafford CCG
Jo Bryan	Children's Clinical and Public Health
Darryl Quantz	Consultant in Public Health
Megan Skelhorn	Public Health Apprentice
Sarah Grant	Partnerships Officer
Natalie Owen	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from K. Ahmed, M. Bailey, D. Eaton, J. Colbert and M. Noble

1. MEMBERSHIP OF THE BOARD 2018/19

RESOLVED: That the membership of the Board be agreed for the 2018/19 municipal year.

2. TERMS OF REFERENCE 2018/19

RESOLVED: That the Terms of Reference of the Board be agreed for the 2018/19 municipal year.

3. MINUTES

RESOLVED: That the minutes of the meeting held on 20th April 2018 be agreed as an accurate record and signed by the Chair.

4. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

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- Councillor Lloyd in relation to her position as trustee of Trafford Domestic Abuse Service.
- Councillor Harding in relation to her managing health services commissioned by Trafford.

5. INTRODUCTION OF QUESTION AND ANSWER SESSION FOR OBSERVERS

The Board agreed in principle to the introduction of a question and answer session on future agendas.

It was noted that the questions should be relevant to Health and Wellbeing and if an answer could not be given verbally at the meeting then it would be given as a written response.

RESOLVED: That a Question and Answer Session for Observers be added as a standing item on Board agendas.

6. UPDATES FROM SUB GROUPS

Start Well

The Executive Member for Children and Young Peoples Services informed the Board that the Starting Well sub group schedule their meetings to fit with the Board. A draft plan had been produced and a review of the school nurse service had been completed.

Live Well

The living well sub group had a concern about loneliness across all age groups. Two public health sessions had been planned for August. The sub group would like to identify members to act as alcohol and tobacco champions.

Age Well

The Ageing well sub group had met last municipal year and wanted clear objectives and to be action focussed. A consultation on venture strategy had started. The sub group felt that end of life needs a big focus. The sub group had met the Partnerships team to discuss third sector involvement and there was a possible plan to look at conferences. The sub group were keen to open the sub group up to other organisations and members of the public.

Mental Health

The mental health service was working to a Health and Wellbeing service. It was noted that services were historically develop din response to a crisis. There is a large gap between primary and secondary services as secondary services get the majority of funding for a smaller percentage of work. It was noted that there was a larger number of admissions in the last twelve months. The sub group felt there

was a need to bridge this gap and improve patient experience. There was lots of collaborative taking place in developing a programme. The sub group had four broad objectives to work with key measures.

Councillor Brophy expressed a concern regarding costs and how more could be done to protect high level treatments.

The Board were informed that work on interaction with current services was taking place and that data on each Borough was trying to be sought as well as KPI's parity of esteem.

RESOLVED: That the updates of the four sub groups be noted.

7. TRAFFORD JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received a presentation which gave a brief overview on the Joint Strategic Needs assessment. It was noted that a new chair of the steering group was required and that there would be a meeting in September to review the content of the website.

The Board looked at the homepage of the website and were informed that there were five icons which people could press regarding issues such as mental health, alcohol/tobacco, fitness/activity etc. Each page detailed the key aims of each board and provided a summary of major points.

The aim was to keep the webpage as succinct as possible and feedback was welcomed.

The Board were informed that the pages would be updated as new information came out.

The Board were informed that once the website was live it would be promoted on the Council's Intranet on the six boxes and advertised externally.

Councillor Mrs Baugh asked if the age well logo could be changed to a more suitable logo.

Regarding the need for a new Chair for the steering group, the Board Chair queried whether it could be two people – one from the Council and one from the CCG.

The Chair commented that she had navigated the website and found it to be user friendly.

RESOLVED: That the update be noted.

8. GM POPULATION HEALTH OUTCOMES FRAMEWORK AND DASHBOARD

The Board received a presentation on the GM Population Health Outcomes Framework and Dashboard.

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The Board were informed that a review of public health in Greater Manchester had taken place and evidence based practice was encouraged. They were also informed that in Greater Manchester there was a lot of work on an outcomes framework being done. It was noted that some measures were reflected badly due to recording. The Board were informed that the framework was in Phase 1 and other ways to monitor an individual's wellbeing were needed.

The Board were informed that the dashboard was online and publicly accessible and was user friendly. It was used in quarterly locality assurance meetings.

Phase 2 in October 2018 was to work with other partners to look at possible outcomes and common standards working with localities/other community groups.

It was noted that more work was needed on what should be done at a Greater Manchester level and how to put it in practice at a local level.

Councillor Brophy commented that the public's view would be different on the health outcomes they wanted to look at and that Greater Manchester were further ahead on their work.

It was noted that a separate strand of work was required on the wider determinants.

Councillor Harding commented that they were significant asks and wondered where Trafford was at present.

The Board were informed that no outcome data had been produced yet and there was a need to look at what Trafford could do by 2021, 2025 etc. Need to be clear as a locality on how we move forward.

RESOLVED: That the presentation be noted.

9. SUPPLEMENTARY PLANNING DOCUMENT FOR HOT FOOD TAKE AWAYS

The Board were informed that Public Health England had completed some work on the impact of fast food. Work in a number of areas to limit take aways opening shortly after schools closed was needed. It was noted that there was a strong correlation between deprivation, obesity and takeaways.

Councillor Mrs Baugh commented that it is not just schools, colleges should be included too as Trafford has colleges within the Borough.

Councillor Brophy commented that schools/colleges should be involved/encouraged to promote health eating.

It was noted that it could be used in line with public houses as some public houses publish the calorie content on their menus and not all takeaways are in town centres.

The Fire Service expressed a concern regarding the night time economy and informed the Board that there were problems with fires when people cook at home after drinking alcohol.

Councillor Mrs Baugh informed the Board that weight management services for children and adults was being reviewed with the aim that fewer children start school obese.

RESOLVED:

- 1) That scoping be undertaken on the options.
- 2) That a further report be brought back to the Board at a future meeting.

10. DEMENTIA STRATEGY

The Board were informed that a draft dementia strategy had been produced based on work and the approach of Dementia United across Trafford.

There were recommendations for each topic and the aim was to seek views from various groups over Summer and an action plan would then be produced.

The Board were informed that the CCG had started some work regarding complex needs.

Councillor Harding commented that three clear objectives needed to be set – driving equality in care homes, communication and prevention. They were looking at loneliness and dementia itself and a strategy had been agreed. Consultation had been agreed which would finish in September.

RESOLVED: That the strategy be noted.

11. TRAFFORD DOMESTIC ABUSE STRATEGY

The Board were informed that the strategy 2018-2022 presented the local vision and objectives for tackling domestic abuse. The objectives had been aligned to national objectives and the vision is to be committed to reduce harm caused by Domestic Abuse.

The Board were also informed that a healthy relationship programme had been procured for schools for pupils in Year 9 and upwards to show how teachers responded followed by drama intervention.

Staff were being trained across all services to ask/respond and record.

The Board were informed that recording for Key Performance Indicators was an issue, it was hard to get information from Greater Manchester Police regarding data and not all incidents were reported to Greater Manchester Police. Some incidents were not categorised as Domestic Abuse.

Greater Manchester were looking at strategies regarding violence against young boys and violence against young girls. It was hoped that it would be one strategy.

Councillor Harding commented that she thought the word “commit” had stopped being used and asked for this to be changed.

Councillor Mrs Baugh expressed the view that operation encompass was really important and wanted to ensure that head teacher’s get support. Encompass is fed through a multi-agency referral team. Schools get support from the Council and MARAT and education is an important part of the new model.

The Chair commented that the drama for school children was excellent and school governors needed it incorporated into their training. It would also be useful for Councillors.

Councillor Mrs Baugh requested that the Chair’s feedback was passed to Governor Services.

RESOLVED: That the Board approve the strategy.

12. SOCIAL PRESCRIBING IN TRAFFORD

The Board were informed that four activities were in progress. We are looking at social prescribing as a professional referring a person, care navigators are paid staff in practices providing face to face interventions and referrals as they have more time than GP’s to help people fully.

The Board were informed that a gap had been recognised by the care navigators and a voluntary community befriender services was now being looked at which was being developed by VCSE organisations.

The first step was to look at volunteers in third sector organisations. Councillor Mrs Baugh commented that there were lots of Friends of Parks groups and a parks forum that could be approached.

Councillor Lamb welcomed the work and proposals and endorsed the need to support volunteers properly. He asked if work could be done on where navigators are in practices at present.

The work with active living managers had been successful and life style services would also tie in with this.

It was noted that transport was an issue when referred and this needed to be incorporated into referrals as it was often difficult enough when referred.

The Board were informed that a workshop was being held on 13th and 14th September and an invitation was extended for them to attend.

RESOLVED: That the presentation be noted.

13. INTEGRATION AND LCA DEVELOPMENT UPDATE

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The Board were informed that a programme of work was being carried out across Greater Manchester and key providers were working to change the way people's needs are met.

It was noted that clear direction would make a difference and we need to look at how we develop the wider community.

There are three strands to the alliance – prevention, scheduled care and emergency care. There was a need to look at how we work with the care alliance particularly around older people.

A winter plan was required to keep the elderly out of hospitals. Work was required to test the waters regarding a winter plan for elderly people.

The Board were informed that work would continue on delayed stays in hospitals, stranded patients, improving standards at care homes and people attending A&E who could have been seen elsewhere.

RESOLVED:

- 1) That the presentation be noted.
- 2) That the winter plan be brought to the next meeting of the Board.

14. CQC ACTION PLAN: SYSTEM REVIEW OF DELAYED TRANSFERS OF CARE

The Board received a verbal update on the system review of delayed transfers of care.

The Board were informed that the position had been maintained until two weeks ago but there had been an increase in the last two weeks. Additional beds had been purchased and additional staff had been brought in. It was noted that the reaction had been implemented quickly and through a joint effort.

RESOLVED: That a written report and further update be brought to the next meeting.

15. INFECTION CONTROL ANNUAL REPORT

The work of the Infection Control team was commended and it was noted that there was good engagement with the team from health professionals.

RESOLVED: That the report be noted.

16. CAMHS LOCAL TRANSFORMATION PLAN

It was noted that there was a lot of scrutiny nationally to publish the CAMHS Local Transformation Plan on the website. The views of the Board were also needed.

RESOLVED: That the Board send any comments/questions to Sarah Grant and she will collate and ensure that questions are answered within one week.

17. GAMBLING REVIEW

The Board were informed that the Council is currently reviewing its Gambling Policy.

RESOLVED: That the Board use the link in the report to view the policy and submit their comments

18. KEY MESSAGES

The Chair asked if a timeline/forward plan could be produced with key dates of when things have to be completed.

It was requested that only critical items are brought to each meeting and that the Board meets more regularly or agendas have less items so items can be given thorough consideration.

The meeting commenced at 9.30 am and finished at 12.10 pm