



HWBB Sub-Board Minutes

Age Well Board

21st March 2019 – 15:00-16:30

Thomas de Trafford Room B – Trafford Town Hall

Attendees	<p>Cllr Joanne Harding – Elected Member</p> <p>Eleanor Roaf – Interim Director of Public Health, Trafford Council</p> <p>Joanne Gibson – Head of Commissioning, Trafford Council</p> <p>Brooks Kenny - Head of Procurement / Scheduled Care, NHS Trafford CCG</p> <p>Richard Spearing - Trafford Integrated Network Director Pennine Care NHS Foundation Trust and Trafford Council</p> <p>Brian Allen – Manager. Housing with Support; Trafford Housing Trust</p> <p>Deb Gent – Specialist Commissioner, Trafford Council</p> <p>Debbie Walsh – Pennine Care</p> <p>Chris Jennings – Senior Business Change Manager, Trafford Council</p> <p>Kate Hardman – Public Health Intelligence Analyst, Trafford Council</p> <p>Paul Burton - Public Health Officer (Age Well and Wider Determinants), Trafford Council</p> <p>Ann-Marie Jones – CEO, Age UK Trafford</p> <p>Sarah Grant – Partnerships and Communities, Trafford Council</p> <p>Vicky McCall – Alzheimer’s Society</p> <p>Judie Collins – Greater Manchester Older People’s Network</p> <p>Louise Wright – Sport Relationship Manager, Trafford Council</p> <p>Jane Wagstaff – Project Support Officer, Trafford Public Health</p>
Apologies	<p>Karen Ahmed – Director of All Age Commissioning; Trafford Council</p> <p>Gavin Williams – CEO, Trafford Carers Centre</p> <p>George Devlin</p> <p>Caroline Abbot - Housing Strategy & Growth Manager; Trafford Council</p> <p>Jade Czuba - Scheduled Care, NHS Trafford CCG</p> <p>Diane Eaton – Director of Integrated Services. Pennine Care/Trafford Council</p> <p>Ric Taylor - Senior Commissioner Mental Health & Learning Disability, NHS Trafford CCG</p> <p>Heather Fairfield – Trafford Health Watch</p>

Agenda Item	
1.	<u>Introductions and apologies</u>
2.	<p>Notes from previous meeting</p> <p>Cllr Harding began by reminding the meeting of the good ideas, pledges and actions generated at the previous meeting. It was discussed that after the Age Well Plan was submitted we should hold another similar meeting to develop the pledges, for example, Michael of Intergen is now involved with the Council in an intergenerational project.</p>
3.	<p>Performance dashboard</p> <p>The group was taken through the Outcomes Framework for Ageing Well, though it was acknowledged that PHE are due to release a set of 'Productive Healthy Ageing Profiles' in early April (now due in May at time of writing) at which time the outcomes will be updated and added to.</p> <p>Indicators that should be included are:</p> <ul style="list-style-type: none"> • Measures around life expectancy relating to inequalities (eg falls and dementia) • Physical activity post 65 years • More mental health indicators – depression/ anxiety/ substance misuse in older people (as it is recognised we will get more older people entering care sector with, for eg, methadone medications) • HIV prevalence • Learning disabilities (this is included in the dementia strategy, but not non-dementia) <p>End of life figures are very disappointing (deaths in usual place of residence is 39.6% in Trafford compared to 54.3% which is the highest in our statistical peer group). The choices aren't there for family members to have the confidence/ resources for older relatives to die at home.</p> <p>Overnight care is a problem that is not improving, though there is a night-sitting service. The CCG recognise this is a poor area and that we should pull everyone together to contribute to an end of life strategy.</p> <p>Social isolation amongst adult carers data came from the survey. We should be using cultural data/ qualitative work/ social prescribers to see what we can map on social isolation, not just those people that live alone.</p> <p>The group would be interested in protected characteristics broken down locality instead of borough-wide.</p>

	<p>Action: End of life and falls and frailty to be put on next agenda when KB has had an update from Scrutiny.</p>
<p>4.</p>	<p>Age Friendly Plan for Trafford</p> <p>The group went through the Age Well Plan that had been distributed to the group. Points raised were:</p> <ul style="list-style-type: none"> • Green space - It was noted that there are many excellent parks in the north of the borough (for eg Longford Park) even though the plan highlights that green space is concentrated in the south. The Parks Forum meets every three months. The group agreed that supporting the maintenance of green space should be a dynamic piece of work, not a 'tick box' exercise. • Community toilet scheme. We need to find a way of encouraging a range businesses to take part in the scheme. Advertising and accessibility were recognised as issues – the scheme should be linked in with the Disability Plan. • It would be good if we could get Councillor championship for the Plan, particularly at a locality level. <p>Action: JW to send copy of the plan to Cllr Hynes</p>
<p>5.</p>	<p>Dementia Strategy implementation Plan</p> <p>It was decided that each of the five Dementia United sub-themes (Preventing, Diagnosing, Supporting, Living and Dying Well) should have their own task & finish group, and the themes need to be built into other people's strategies. (For example, Preventing Well should be on the agenda for Healthy Lifestyles etc).</p> <p>We should be working at a GM level on mid-life hearing loss.</p> <p>We need to make sure that mainstream services are geared up towards people with dementia, and that it is obvious to know where to go with queries and questions.</p> <p>We need to look at different ways to engage people into being dementia friendly, involving carers and patients, and the T&F groups should consider that as part of their remits.</p> <p>Community matrons should be involved in the groups.</p> <p>Issues around admissions from A&E need to be addressed – knowledge around older people that are not suffering from dementia is good in A&E and RAID, but not good once a person is admitted to the wards.</p> <p>Healthwatch should definitely be included in recruiting members of the groups – good access to a wide range of voices.</p> <p>Action: PB and Jane Hynes: Over the next 2-3 months to get the five groups together (including a carer and service user involved at each group) and have them design SMART objectives and actions.</p> <p>A question was raised as to whether Trafford hospitals have a scheme</p>

	<p>up and running where carers or family members can stay with dementia sufferers over night or through meal times.</p> <p>Action: VM to investigate and report back.</p> <p>Our work on falls prevention will stop more people going into hospital in the first place. BK will report back to the group on the falls collaborative that is working on the wider pathway around falls prevention (Action 1)</p>
6.	<p>Trafford Carers Strategy</p> <p>The draft strategy 'Trafford Carers, Family and Friends Strategy 2019-2022' is out for consultation and we are hoping to launch it during Carers Week (10-16th June 2019) and the 'Plan on page' was presented to the group.</p>
7.	<p>Trafford Leisure Strategy</p> <p>CJ presented the strategy to the group (see attached slides). Key points were:</p> <ul style="list-style-type: none"> • A hydrotherapy pool will be built into the new Stretford Leisure Centre. • The Stretford site is not yet agreed; however know the planning dates will be vitally important to include feedback from the Boards. • Workshops will be held during May 2019. Nominations to attend workshops should be sent to the Project Team by 15th May, with workshops taking place w/c 20th May. Ideas for discussion and suggestion should be submitted to the Project Team by 15th May. <p>Project Team Contact details</p> <ul style="list-style-type: none"> • Chris Jennings – Senior Business Change Manager Chris.jennings@trafford.gov.uk • Dan Barlow – Business Change Analyst Dan.barlow@trafford.gov.uk • Greg Traynor – Business Change Analyst Greg.traynor@trafford.gov.uk <p>After the presentation, discussion with the group brought the following points:</p> <ul style="list-style-type: none"> - With so many commercial gyms available, should we be focussing more on facilities designed for, for eg, those with disabilities or children? - Rather than focussing purely on the competitive market, we should have focus on wellbeing including rehabilitation, occupational therapy, 'outpatients' centre. Warrington's centre was flagged up as an example of good practice – the Project Team have already arranged to visit. - We should be looking at what is going on outside leisure centres too
8.	<p>AOB</p> <p>GMOPN are working on a project with the University regarding social</p>

	isolation. They are looking for participation from people aged 55+, living alone and that don't attend events.	
Actions Arising		
1	BK	End of life and falls and frailty to be put on next agenda when has had an update from Scrutiny.
2	JW	to send copy of the plan to Cllr Hynes
3	PB and Jane Hynes	Developing task and finish groups for the five dementia strategy themes
4	VM	To investigate Trafford's position on having family/ carers in hospital overnight and during meals and report back.
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