

## HEALTH AND WELLBEING BOARD

24 SEPTEMBER 2021

### PRESENT

Councillor J. Slater (in the Chair).  
Councillors J. Brophy

#### In attendance

Dr Muhammad Imran	Vice Chair, Chair of Trafford CCG
Diane Eaton	Corporate Director of Adult Services
Eleanor Roaf	Director of Public Health
Sara Radcliffe	Joint Accountable Officer, Trafford CCG
Dr Mark Jarvis	Medical Director, Trafford CCG
Heather Fairfield	Chair of Healthwatch Trafford
Helen Gollins	Consultant in Public Health
Alexander Murray	Governance Officer

### APOLOGIES

Apologies for absence were received from Councillor J. Harding, Councillor J. Holden, Councillor C. Hynes, and J. McGregor

#### 7. MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD 2021/22

RESOLVED: That the Membership of the Board be noted.

#### 8. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE 2021-22

RESOLVED: That the Boards Terms of Reference be noted.

#### 9. MINUTES

RESOLVED: That the minutes of the meeting held 29 January 2021 be agreed as an accurate record.

#### 10. DECLARATIONS OF INTEREST

Councillor Brophy declared an interest in relation to her employment within the NHS.

#### 11. QUESTIONS FROM THE PUBLIC

The following questions were received from a member of the public.

Where is the public control or influence in the new Integrated Care System?

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Where will there be any opportunity for Trafford residents, the public, to scrutinise the plans of this local ICS in any meaningful detail, so as to influence its decisions?

Where will the democratic control or influence be articulated?

Where is democracy in the direction and planning of all our public health and care services?

The Chair of the Committee provided the response below, which was also to be sent in writing to the member of the public.

“Thank you for your question and associated material. At this point, we are still working locally on understanding and implementing the changes required by the recent NHS reforms. In Trafford we have established a system board to manage the transition to an integrated care system and agree future ways of working. As part of this joint work we have also refreshed our Trafford locality Plan to take account of the proposed legislative changes and the ongoing impact of the pandemic. We are very aware of the impact of inequality, which has been highlighted by the differential experiences through the pandemic of different population sub-groups. We are also working closely with health and care colleagues across Greater Manchester to ensure that Trafford can influence the future direction of health and care services across the ICS.

We are determined to ensure that the reforms as implemented in Trafford should lead to a system with a greater focus on preventative work, and on reducing inequality in outcomes. We hope that a Trafford system, rather than individual organisation, approach to delivery of our joint strategy will facilitate improvement of the health and care of local residents. The HWBB continues to have the strategic goal of improving healthy life expectancy and reducing inequalities in this measure and we are expecting Trafford’s One System Board to work with us in delivering this.

We are very keen to engage the public in the implementation of these changes; but at present, as stated above, the detail of the proposals are still being worked on at a national and regional level and we are waiting for final guidance.”

Following the Chair’s response, the Joint Accountable Officer for Trafford CCG added that Trafford were implementing national guidance and Trafford CCG were working with all the local partners as part of the Board. There were to be no private organisations on the Board and four Trafford Councillors would sit on the Board to provide democratic involvement. The Joint Accountable Officer made it clear that many aspects of the change were still to be decided including the funding arrangements for the Board.

The Chair of Healthwatch Trafford added that Healthwatch Trafford would be involved at the Greater Manchester level. A national survey had been conducted by Healthwatch England to all Councils and 80% came back stating that they would like to have Healthwatch be part of the integrated Care Boards. A meeting

had been booked to discuss having Healthwatch on the Greater Manchester Board.

Resolved:

- 1) That the question and response be noted.
- 2) That the response be provided in writing to the member of the public after the meeting.

## **12. HEALTH AND WELLBEING BOARD PERFORMANCE AGAINST STRATEGIC AIMS**

The Director of Public Health introduced the report and informed the Board that Trafford had been making good progress prior to the pandemic such as lowering smoking but since the pandemic there had been some reversal. The data showed that some people had improved their health during the pandemic but more had worsened.

The pandemic had been devastating for many people and it had impacted those in more deprived areas more, which had increased the levels of inequalities. Trafford were looking to utilising community tools, such as social prescribing and community hubs, to help people to link into services to help improve their health without having to go through primary care services. Obesity was still a major factor within Trafford along with alcohol abuse. Within the older population it was important for Trafford to focus on the early identification of dementia at memory clinics. It was also important that Trafford residents continued to socially distance and wear masks to help protect the older population and to give vulnerable people confidence to go out, as continuing to stay indoors would negatively impact their health.

Following the introduction, the Chair informed the Board that the Live Well Sub-Board were planning to work on smoking cessation and drinking.

The Chair of Healthwatch Trafford asked how the number of smokers was measured. The Director of Public Health responded that it was a combination of survey data and primary care service feedback. By cross referencing the data between the two sources it acted as a reasonable indicator of the level of smokers in the area.

The Vice Chair asked about the sources of data and what was available. The Vice Chair was in support of a data driven approach and recognised the importance of working together. The Director of Public Health responded that the more in-depth data sets were where someone had a chronic disease such as COPD and there had been continued smoking cessation programmes. This meant that there was a higher level of data available for the higher risk population. The Chair of Healthwatch Trafford added that the work they had done in North Trafford showed higher rates of smoking in that area than predicted.

Councillor Brophy asked how the national trends on the impact of covid on mortality rates were being seen within Trafford. The Director of Public Health responded that Trafford needed to redouble their efforts as Trafford had work to

do to improve in this area prior the pandemic and the situation had not improved. The data on excess deaths would not be available for at least 18 months but due to the longer-term impacts caused by delays in health care the full figures would not be available for 2 to 3 years.

RESOLVED: That the report be noted.

**13. RELATIONSHIP BETWEEN THE HEALTH AND WELLBEING BOARD AND ONE SYSTEM BOARD**

The Director of Public Health introduced the item and went through the presentation that had been circulated. A survey had been sent out to Board Members and 12 responses were received. The Director of Public Health provided an overview of the responses from the survey on the role of the Health and Wellbeing Board, the impact the Board had, the link between the Board and the one system Board, how to avoid duplication, and whether the Boards were to be kept separate or should be joined together. The consensus from the survey was that the Boards should be kept separate, but concerns were raised as how this would work in a way that would avoid duplication.

The Director of Public Health's recommendation was to continue with the Health and Wellbeing Board with a focus upon the wider determinants of health with the one system Board as one of the delivery partners.

The Corporate Director of Adult Services added that guidance on Health and wellbeing Boards would be published soon and would be taken under advisement when it was available. The Board were reminded that Health and Wellbeing Boards were statutory bodies, whereas the one system Boards was only in shadow form until April 2022. Cheshire East Council had made some developments to their Health and Wellbeing Board and Trafford would review that model to see if there was anything to learn.

The Accountable Officer for Trafford CCG supported the recommendation of the Director of Public Health.

RESOLVED:

- 1) That the presentation be noted.
- 2) That the recommendation to keep the Health and Wellbeing Board in its current form be agreed.

**14. TRAFFORD'S RESPONSE TO GM INEQUALITIES COMMISSION AND MARMOT REVIEW**

The Director of Public Health provided a short overview of the documents that had been circulated with the agenda. The main documents consisted of two recent reports which had a combined total of 90 recommendations with a large amount of overlap between them. An additional document had been circulated which grouped the 90 recommendations together and sorted them thematically. A significant number of the recommendations were for actions to be taken at the regional level and the document identified what could be done at a local level and

what could be done at a GM level. The Director of Public Health's recommendation was for the Board note the work that had been done so far and for the item to be brought back to the Board later to track the progress made.

Following the overview Board Members were given the opportunity to ask questions, but none were raised, and the recommendation was agreed.

RESOLVED: That the report be noted and the Director of Public Health's recommendation agreed.

#### **15. MENTAL HEALTH STRATEGY**

This item was deferred due to the Lead Commissioner Mental Health & Learning Disability being unable to attend the meeting.

#### **16. HEALTHY WEIGHT STRATEGY**

The Director of Public health introduced the report circulated with the draft healthy weight strategy. She highlighted the multiagency approach which was being taken to deliver the strategy as there were many elements which determined people's weight that fell outside of the remit or influence of the Board and its membership. The next stage was to look at coproducing a plan to deliver the strategy.

Councillor Brophy welcomed the report but felt that there was not a deliverable plan in place at this point. The Director of Public Health Agreed with Cllr Brophy and stated that the strategy had come to the Board at this stage to ensure they were happy with the priorities identified within the strategy. Once the priorities were agreed an action plan would be created to be delivered by the Board and their partners including the one system Board and community partners.

Councillor Brophy noted that the targets within the strategy aligned with several other strategies and programmes the Council were running including climate change and active transport. The Director of Public Health agreed and added that the poverty strategy and food strategy were two other aspects that tied together.

REOLVED: That the report be noted and recommendations agreed.

#### **17. INFECTION CONTROL ANNUAL REPORT**

The Director of Public Health took the report as read and thanked the infection control team for the work they had done over the year. She made special note of the emotional impact their work had on those they had supported during the pandemic. The pandemic had expanded the team's sphere of influence through their work during the pandemic. The increased partnership working which resulted was a positive that came out of the pandemic and the team would look to continue that position.

The Corporate Director of Adult Services added that the team had been absolutely integral to the delivery of safe social care services and the new nurse had been instrumental in the last year.

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The Joint Accountable Officer for Trafford CCG wanted to pass on Trafford CCG 's thanks to the team for their support throughout the pandemic.

Councillor Brophy noted that table three of the report showed there had been a decrease in anti-biotic resistant bacteria and asked whether that had been expected. The Director of Public Health responded that the precautions taken during the pandemic had led to a decrease many types of infections. Councillor Brophy then asked whether people were prepared for the increase in other infections once things started to return to normal. The Director of Public Health responded that the team were continuing to work with all partners around infection control and the relationships that had been built would aid in the team being able to increase their impact. The Corporate Director of Adult Services added that there would be an increase in infections and measures were being taken to tackle that influx, but it was recognised that winter would be difficult.

The Consultant in Public Health informed the Board that there had been an outbreak around CDIF but there had been a rapid change of practice to deal with it.

RESOLVED:

- 1) That the report be noted.
- 2) That the thanks from Trafford Council and Trafford CCG for the work of the Infection Control Team be noted.

**18. URGENT BUSINESS (IF ANY)**

The Chair noted that the Director of Public Health was taking a sabbatical and thanked her for her efforts. The Chair also congratulated the Consultant in Public Health on her new role as Acting Direct of Public Health.

RESOLVED:

- 1) That the Director of Public Health be thanked for all of their work.

The meeting commenced at 4.30 p.m. and finished at 5.48 p.m.