TRAFFORD COUNCIL

AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD

Date: Friday, 21 July 2023

Time: 10.00 a.m.

Place: Committee Room 2 and 3, 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** 1 - 14

To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 17 March 2023 and 18 May 2023.

3. **DECLARATIONS OF INTEREST**

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

4. **QUESTIONS FROM THE PUBLIC**

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 p.m. on the working day prior to the meeting. Questions must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received.

5. **GM JOINT FORWARD PLAN** 15 - 50

To consider a report from the Deputy Place Lead for Health and Care Integration, NHS GM (Trafford) and the Programme Director Health and Care, NHS GM (Trafford) and Trafford Council.

6. **CENSUS UPDATE - WHAT THIS MEANS FOR TRAFFORD** — To Follow

To consider a presentation from the Principal Public Health Intelligence Analyst.

7. **TOBACCO DEEP DIVE** — 51 - 80

To consider a presentation and needs assessment from the Public Health Programme Manager.

8. **PHARMACY UPDATE** — 81 - 88

To consider a report from Public Health Programme Manager.

9. **BETTER CARE FUND** — Verbal Report

To consider a verbal report from the Deputy Place Lead for Health and Care Integration for the Trafford Locality and the Corporate Director of Adults and Wellbeing.

10. **WOMEN'S VOICES** — 89 - 102

To consider a presentation from the Director of Public Health.

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

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

12. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

Wareing, Councillor J. Slater (Chair), Councillor K.G. Carter, Councillor R. Thompson, Councillor P. Eckersley, Councillor J. Brophy, H. Fairfield, E. Roaf, R. Spearing,

P. Duggan, D. Evans, M. Hill, J. McGregor, E. Calder, James, M. Gallagher, Rose, Todd, J. Cherrett, M. Prasad, C. Davidson, Roe, C. Siddall, and N. Atkinson.

Further Information
For help, advice and information about this meeting please contact:

Alexander Murray, Governance Officer,
Tel: 0161 912 4250
Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Thursday, 13th July 2023** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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HEALTH AND WELLBEING BOARD

17 MARCH 2023

PRESENT

Councillor J. Slater (in the Chair).
J. Wareing, Councillor K.G. Carter, Councillor M.P. Whetton, H. Fairfield, E. Roaf, G. James, S. Todd, N. Atkinson and J. Cherrett

In attendance

Tom Maloney	Health and Social Care Programme Director
Jamie Lees	Head of Leisure
Sally Atkinson	Specialist Commissioner
Emma Moseley	Policy Officer
Karen Samples	Director of Education Standards, Quality and Performance
Helen Gollins	Deputy Director of Public Health
Liz Calder	GMMH
Superintendent Cara Charlesworth	GMP
Natalie Owen	Governance Officer

APOLOGIES

Apologies for absence were received from Councillors C. Hynes and J. Brophy, D. Eaton, M. Noble, M. Hill, J. McGregor, C. Rose, M. Prasad and C. Davidson

55. MINUTES

RESOLVED: That the minutes of the meeting held on 7th March 2023 be approved as a correct record.

56. DECLARATIONS OF INTEREST

No declarations were made.

57. QUESTIONS FROM THE PUBLIC

No questions were received.

58. TRAFFORD LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

The Specialist Commissioner – Children's Clinical Commissioning introduced the report and asked Board Members to note the Local Transformation Plan (LTP). The LTP has been published every year since 2015 and shows how local services will invest in children's services. The LTP sets out delivery against outcomes. In October 2020 the Council received key lines of enquiry to audit. Board Members were informed that the CCG were previously responsible for producing a LTP and there were several options to move the document forward:-

Option 1 – not produce a plan but feed into the Greater Manchester Plan (will feed into the GM Plan anyway)
Option 2 – adopt the same model as Salford Council
Option 3 – Develop an annual summary to include strategic priorities and plans for mental health services

The preference was to produce something similar to what Salford have on their directory which will give a holistic overview of how the Council will develop children's services. Once this has been produced the aim is to move more to what Manchester Council have.

Board Members were informed that a review had made five key outcomes and a multi-agency group had been established to take them forward.

HealthWatch commented that the census data was from 2011 and things could be different now, HealthWatch have a report on mental health.
It was agreed that the report by HealthWatch should be included on Trafford's directory and work should be done to ensure a standardised offer across Greater Manchester.

RESOLVED: It was agreed to progress with the site.

59. GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP STRATEGY

The Health and Social Care Programme Director introduced the report and asked Board Members to note the content of the draft strategy and the recent amendments following engagement with the Trafford Locality Board.

The Board were informed that the strategy was more explicit now regarding resourcing. It was a strategy that would address health need disparity.

A public facing version would be available soon and progress measures were not currently included due to feeding into work being done across Greater Manchester.

The Board were informed that the strategy would be finalised on 24th March and attention would then move towards a joint forward plan.

The Deputy Place Lead for Health and Care Integration commented that it was still a lengthy document, however he welcomed a public facing version. He felt that there was a need to be brave as a wider team and a robust delivery plan was needed.

HealthWatch felt that it fitted in with their work plan and local work but were concerned that Trafford and Greater Manchester were facing challenges regarding inequality. It was felt that climate change needed to be reflected in the plan as it will have bigger changes.

The Corporate Director Adults and Wellbeing commented that influencing the joint forward plan was critical and Councillor Slater felt the Board's work was a driving factor and it was important to get the plan right for the future.

RESOLVED: That the content of draft strategy and the recent amendments following engagement with the Trafford Locality Board be noted.

60. TRAFFORD HEALTH AND WELLBEING BOARD GOVERNANCE AND 2023/24 WORK PROGRAMME

The Health and Social Care Programme Director introduced the report and advised that it built on previous conversations that the Board had had. The report included suggestions for future arrangements, covered governance arrangements and asked for support.

Duties and guidance for locality boards and health and wellbeing boards were included and 2.4 of the report listed areas of responsibility for the Board.

The Board needs to consider the ICB strategy and the ICB's annual reports and this will assist in a detailed work plan being produced for the next year.
The Board was informed that the Terms of Reference needed revisiting and a new set produced for the next municipal year.

There was a need for the locality board and the Health and Wellbeing Board to work closely together and ways in which we work together both formally and informally.

It was felt that the Board should act as an influencer supported by Governance Services and there should be a schedule of six meetings per year.

Membership should be reviewed and strengthened It was felt that a representative from the GP Board was needed on the Board to ensure the work plan was deliverable.

Co-chair arrangements were suggested, and that Councillor Slater has a co-role on the ICP Board.

The Director of Public Health advised that five key areas had been focused on to make the biggest difference and that it fitted well with the Greater Manchester work being done. The strategy was in line so didn't need reviewing at this stage. This was an opportunity to look at the actions and assist with problem solving. Support with the next stage was needed.

The Corporate Director Adults and Wellbeing welcomed the objectives and felt they focused on genuine prevention.

The Deputy Place Lead for Health and Care Integration commented that each group has similar membership. The Director of Public Health advised that four people were starting this but asked for the Board's support to engage with them to produce the work programme.

HealthWatch felt that communication was a key factor.
The Director of Public Health felt engagement was also a key factor and work with external sectors had improved. The Director Education Standards, Quality and Performance felt that schools were a huge asset as they were powerful partners.

RESOLVED –

(1) That the continuation of the existing chairing arrangements be supported.

(2) That the existing HWBB membership be reconfirmed and additional representation from the listed sectors in the report be agreed.

(3) That the draft Annual Work Plan for 2023/2024 and reporting arrangements be agreed.

(4) Agreed that connectivity of the HWBB to other forums/groups be strengthened and to explore the sub-governance of the HWBB as outlined in the report.

(5) Agreed that the HWBB Terms of Reference be refreshed.

(6) That the support arrangements for the HWBB be noted.

61. PARTINGTON LEVELLING UP

The Head of Leisure introduced the report and asked Board Members to note the grant agreement with the DLUHC to access the grant award from the Levelling Up Fund and that the outcomes of the RIBA Stage 2 report for Partington Leisure Centre would be presented to the Executive prior to a planning application being submitted in 2024.

The Council has been allocated grant funding from the Levelling Up Fund to support the delivery of the redevelopment of Partington Sports Village.

The Board were informed that an activity corridor had been looked at to connect activity with green space and the outside area had been looked as well as the leisure centre. The leisure centre would have a full refurbishment to create a flexible space.

There was a need to look at how people engage with it and look at the need/demand for use of the space. Work taking place with the Youth Centre to try and get a BMX track for young people. Cross Lane changing rooms would have a full refurbishment.

It was noted that some residents have a long walk to the leisure centre and there was a need for lines of sight to be connected. Families are not aware of what is there and signage is required to improve this.

Support from different agencies and need to ensure not duplicating things. We want to compliment what's there already and support Trafford Leisure to get information out in the community.

Councillor Slater commented that the plan looks excellent, makes it accessible to all but there's a need to communicate with people in the area so they know what's there.

Councillor Carter welcomed the development and was happy that officers were mindful of what was already there when developing the proposal.

HealthWatch commented that there was an announcement regarding Manchester money and could that be accessed to assist the project. People can't afford leisure in the current economic climate if they're struggling to eat – could concessions be looked at?

The Chief Executive advised that it was a single settlement for Greater Manchester, it often comes down to silos and the Council would have to bid for them. The focus for this money is around housing and economic growth.

The Board were informed that 40+ stakeholders had worked on the bid and the structure gives everyone a voice.

There was a need to look at how sports hubs/voluntary sector are developed.

Officers would feed into the broader stakeholder group and then get dates agreed for meetings moving forward

RESOLVED –

(1) That the grant agreement with the DLUHC to access grant award from the Levelling Up Fund to support the delivery of the programme of works be noted.

(2) That the outcomes of the RIBA Stage 2 report for Partington Leisure Centre will be presented to the Executive prior to submitting a planning application in 2024 be noted.

62. EMPLOYMENT CHARTER AND REAL LIVING WAGE ACCREDITATION

The Board received a presentation from the Policy Officer on the Employment Charter and Real Living Wage Accreditation.

The Board were informed that as of January 2023 320 directly employed staff had been given an uplift. There was a three year procurement plan to meet the national minimum wage and Greater Manchester were committed to becoming a real living wage city.

Residents in Trafford were generally paid more than the living wage but not all jobs were paying that rate.

The Board were informed that the Council was a supporter of the Greater Manchester Employment Charter and were awaiting accreditation.

There was a commitment around secure work and health and wellbeing and a plan to support organisations in regard to this.

HealthWatch commented that women are paid less than men in some instances. The Director of Public Health commented that variations in workplaces is stark.

The accreditation was welcomed. It was noted that it was critical health and social roles were paying minimum wage and that issues within childcare were arising as providers can't recruit people and are therefore closing.

RESOLVED: That the presentation be noted.

63. TRAFFORD COUNCIL AND GREATER MANCHESTER INTEGRATED CARE BOARD SECTION 75 AGREEMENT

The Deputy Place Lead for Health and Care Integration provided the Board with a verbal report on the Integrated Care Board's Section 75 agreement.

Officers were working on a better care fund for 2023/24 which would include delegations to the ICB and better care fund. Some elements would not be delegated to the locality board.

The Corporate Director Adults and Wellbeing informed the Board that the agreement allows the Council to work across Health and Social Care. The Board and decision making was critical to the agreement.

RESOLVED: It was agreed that the Section 75 agreement be circulated to Board Members to allow questions/comments and then delegation would be given to the Chair in consultation with officers.

64. S75 AGREEMENT WITH MFT

The Board were informed that the Executive had considered the s75 partnership agreement on 13th March and it had been brought to the Board for noting.

The Board were informed the aim was to use 2023/24 to develop an operating model which would set out a clear three-year vision for the Local Care Organisation.

RESOLVED –

(1) That the proposal to undertake a detailed holistic review of s75 arrangements during 2023/24 with a view to a further new s75 agreement for 2024/25 which would align with the development of a Trafford Local Care Organisation target operating model setting out a clear three-year vision for the LCO be noted.

(2) That the renewal of the section 75 is a key enabling and strategic tool to develop closer working arrangement through 2023/24 and beyond be noted.

65. JOINT LOCAL HEALTH AND WELLBEING STRATEGY

The Director of Public Health informed the Board that a letter had been received from the ICB seeking views on the steps that the Greater Manchester ICB had taken in implementing the Joint Local Health and Wellbeing Strategy and if there was anything additional the ICB could do to support the implementation of the strategy.

A response was required by 7th April 2023.

RESOLVED: It was agreed that any comments be emailed to the Director of Public Health by 31st March and a response would be sent on 6th April answering the questions in the letter.

The meeting commenced at 10.00 am and finished at 11.35 am

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HEALTH AND WELLBEING BOARD

18 MAY 2023

PRESENT

Councillor J. Slater (in the Chair).
Councillor M.P. Whetton, R. Spearing, E. Calder, G. James, S. Todd, J. Cherrett, M. Prasad, H. Gollins, H. Fairfield, R. Roe, and N. Atkinson

In attendance

Anna Anobile	Matron for Infection Control
Aimee Hodgkinson	Commissioning Support Officer
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillor K. Carter, Councillor Hynes, J. Wearing, and D. Evans.

66. DECLARATIONS OF INTEREST

No declarations were made.

67. QUESTIONS FROM THE PUBLIC

No questions were received.

68. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Director of Public Health introduced the revised Board Terms of Reference and asked Members to note the changes made to the membership, Chairperson arrangements, and decision making.

During discussion Members confirmed that they were happy with the updated arrangements listed within the Terms of Reference. The only outstanding issue was the identification of an appropriate person to serve as Vice Chair of the Board and Members agreed that this would be considered and an appointment made at the next Board meeting.

RESOLVED:

1) That the updated Terms of Reference be noted and agreed.
2) That the Vice Chair of the Board be appointed at the next scheduled meeting.

69. INFECTION PREVENTION AND CONTROL ANNUAL REPORT

The Matron for Infection Control delivered a presentation to the Board which summarised the report circulated as part of the agenda. The presentation covered

the challenges the team had faced and the achievements of the team over the year. The Board were then provided with a brief overview of the work that had been done in care homes and were informed that there had been 58 Covid 19 outbreaks. The Matron for Infection Control spoke of the challenges care homes faced in adhering to the regulations and support the team had provided to ensure they were able to. The team had used an online form to gather feedback from care homes and 48% of homes rated the service as excellent and the rest rated the service either very good or good.

The Board were updated on the team's engagement with GP Practice and Primary Care and were notified how this was expected to progress going forward. The Board were informed of the work the team had been doing with schools and in early years/childcare settings, which involved encouraging hand hygiene. The team had also conducted some community engagement with the Sale Sharks at summer camp along with sessions held at Coppice Library.

The presentation provided figures around Health Care Associated Infection and the Board were told about how the team had developed new communications channels following the disestablishment of the CCG and were now communicating with the Council, the Integrated Care Board, and other NHS Partners.

The presentation concluded with a slide about Antimicrobial Stewardship and the Board were made aware that the work on the UK 5-year action plan to tackle anti-microbial resistance, which had been paused, had recommenced.

Following the presentation, the Deputy Place Lead for Health and Care Integration for the Trafford Locality noted that this was an area of concern for the locality Board. He was pleased to see the action plan and how the service was planning to work with GPs. The Deputy Place Lead for Health and Care Integration for the Trafford Locality asked whether there was any help that could be offered by the locality Board. The Matron for Infection Control spoke about the difficulties the team had faced around reporting in terms of aligning data received from Trafford CCG and what was produced by the DCS. The Matron for Infection Control had spoken with colleagues in Stockport and they had similar issues with their data.

The Chair welcomed the Trafford likes clean Hands programme and spoke about the importance of ensuring that people followed basic hand hygiene to reduce infections.

RESOLVED: That the report be noted.

70. ALCOHOL UPDATES

The Director of Public Health a gave a short introduction to the item before handing over to the Commissioning Support Officer who delivered a presentation to the Board, which covered the content of the report that had been circulated with the agenda.

The presentation detailed that the number of alcohol caused deaths per 100,000 within Trafford was 11.8, which was lower than the Northwest average, and that

Trafford ranked 11th highest out of their 16 statistical neighbours. The Board were then informed of Trafford's aims and objectives for reducing alcohol use. The Board were provided with feedback from recent collaborative work which included positive comments about the level of understanding of the issues, peoples' needs, and the importance of data gathering. The outreach team were delivering a programme of training around alcohol abuse and Early Break were working with young people about the dangers of alcohol across the borough.

From work in the community the team had gained good insights around how best to communicate information and key messages, especially in relation to the use of social media. The Board were then shown the proposed timescales for the completion of the JSNA concluding with the draft JSNA coming to the Board for approval in October and were given an outline of what the draft JSNA structure would be like. The presentation ended with a brief overview of upcoming alcohol related work including the commissioning of Early Break to deliver engagement with under 18-year-old drivers.

Following the presentation, the Chair noted that the deaths listed were those directly caused by alcohol rather than alcohol related deaths. The Chair spoke of her own experience of alcohol caused death and how those who struggled with alcohol addiction often hid it from family and friends. The Commissioning Support Officer acknowledged that the hidden aspect of alcohol abuse was one of the biggest challenges when tackling alcohol abuse.

The Chair noted the number of cases of foetal alcohol syndrome and the issues that it could cause. The Commissioning Support officer informed the Board that work was starting within the young people's service and there were plans to broaden the work to incorporate commissioners.

The Chair welcomed the feedback on communications, especially that the Council would not simply rely upon social media to engage with residents and she added that it was important for the Council's partners to aid in ensuring messages were shared with the public.

The Managing Director of the Trafford Local Care Organisation informed the Board that when the community health services screened people, they asked them about their mental health and gathered some good information. The Commissioning Support Officer asked that any information gathered be fed back so that it could be added to the JSNA.

The CEO of Trafford Leisure spoke of how, in her experience, positive messaging saying what to do had more impact than traditional negative "do not do x, y, z" messaging. One example of this was encouraging people to exercise through a physical activity prescribing approach rather than pointing out the negative impacts of alcohol. The CEO of Trafford Leisure told the Board about the lifestyle questionnaires given to members and how they had been surprised by what they found. It seemed that many people who were being more active then felt that they could drink more. The CEO was looking forward to wider lifestyle questionaries going out and seeing if there would be any other surprising responses.

The Commissioning Support Officer recognised the difficulty people had speaking about these areas of their life and informed Board Members of the work Early Break were doing to engage with young people. The CEO of Trafford Leisure added that the challenge was to normalise speaking about health with others. The Commissioning Support Officer asked whether it would be worth the outreach team doing some work with leisure centre staff to help them in asking those questions and gathering information.

RESOLVED:

1) That the update be noted.
2) That all Board Members are to feedback any information gathered to be added to the JSNA.
3) That the Commissioning Support Officer contact the CEO of Trafford Leisure to discuss the possibility of the Outreach team aiding Trafford Leisure staff in speaking with members about their health.

71. GM ICP JOINT FORWARD PLAN

The Deputy Place Lead for Health and Care Integration for the Trafford Locality gave a brief update to the Board on the ICB forward Plan. The Board were informed that all ICBs had to publish a 5-year plan detailing how they will administer their powers. The creation of the plan was a statutory requirement for all ICBs, but it was being overseen by the full ICS. Feedback from the Locality Board was that while the process was helpful they wanted to get to a point where there were clear delivery plans in place to achieve outcomes across the key trajectories. The ICB was looking to start on the detailed planning stage of the 5-year plan within the next month or so. As part of the planning the ICB would be looking at the governance arrangements for assurance of delivery of the outcomes of the plan.

The Chair welcomed the update and the news that the 5-year plan was coming into place. However, the Chair agreed with the Locality Board that she wanted to see clear delivery plans with actions identified.

RESOLVED: That the update be noted.

72. BETTER CARE FUND

The Corporate Director of Adults and Wellbeing updated the Board that since the last meeting national guidance had been received and the final plan was to be delivered by the 28th of June. The figures for the fund had been shared with the Board before and constituted combined funding from the Council and ICB of £35.6M, which was above the national average, and mental health funding of £28M. The plan was being written and was due to be completed in draft by the following week. The draft would then be reviewed in time to be signed off to meet the 28th of June deadline with an update being brought to the next meeting of the Board.

The Deputy Place Lead for Health and Care Integration for the Trafford Locality highlighted an issue around £14.3M in funding that was not included under the ICB budget. The Board were assured that while the issue did complicate matters it would not stop the plan progressing.

RESOLVED:

1) That the update be noted.
2) That the Better Care Fund be added to the agenda for the next meeting.

73. HEALTH AND WELLBEING BOARD FORWARD PLAN AND MEETING DATES 2023/24

The Chair noted that several people had asked about the dates for the upcoming Board meetings. The Governance Officer assured the Chair that invites for the dates for the year would be sent out once they had been agreed by the Board.

Board Members were then given the opportunity to suggest any amendments to the timetable, but none were raised and the timetable was approved.

RESOLVED:

1) That the timetable be agreed.
2) That the Governance Officer send out invites for Board Meeting for the 2023/24 Municipal Year.

74. WORKING WITH SPORTING ASSETS TO IMPROVE HEALTH AND WELLBEING

The Director of Public Health informed the Board of an upcoming programme of work. The Director of Public Health noted the wealth of professional sports teams in the area and the Council were undertaking a similar initiative to Wigan Council to work with local sports clubs to engage with the community. Some work had already been done with Manchester United and the plan was to build on this success. The Council had reached out to all of the clubs across the area and there had already been meetings with some teams, including Altrincham football club, to discuss work around active travel and other topics. The supporters of Altrincham football club included roughly 9000 residents that the Council did not normally engage with.

The Chair welcomed this as a way to reach residents who would not normally engage with the Council.

The Chair of Healthwatch Trafford welcomed this work but noted that a lot of the income that sports clubs made came from gambling and alcohol. The Chair of Healthwatch Trafford noted that many teams said have said that would remove sponsors from the front of their shirts and just moved them elsewhere on the shirt.

The Deputy Place Lead for Health and Care Integration for the Trafford Locality noted the impact that sports had had in engaging with the public around health especially rugby with mental health and testicular cancer.

The Place Based Lead for Health and Care Integration, NHS GM Trafford added that the work of Marcus Rashford on food poverty and reading demonstrated the impact that sports stars could within the community.

The Director of Public Health noted the issues raised by the Chair of Healthwatch Trafford but so far she had found that the teams were keen to be involved with and help their Communities.

The Corporate Director for Adults and Wellbeing welcomed the direct approach taken by sporting clubs in the area in relation to domestic violence.

RESOLVED: That the update be noted.

75. URGENT BUSINESS (IF ANY)

The Chair asked the Board to note the retirement of Eleanor Roaf since the last meeting and to recognise the excellent work that she had done during in her time at Trafford to support residents across the borough especially throughout the COVID 19 pandemic, to address climate change within Trafford, and to tackle health inequalities.

The meeting commenced at 10.00 am and finished at 11.08 am

TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **21st July 2023**
Report for: **Information**
Report of: **Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford) & Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) and Trafford Council**

Report Title

Greater Manchester Joint Forward Plan (GM JFP)

Purpose

The purpose of this paper is to share the published GM JFP and for members of the Board to consider implications for the HWBB, particularly where there is direct and/or indirect delivery and system leadership roles and responsibilities. The GM JFP can be found here.

Board members are asked to consider the following questions in advance of the Board meeting to aid a collaborative discussion on the roles and responsibilities, governance/connectivity, and areas of focus of the HWBB:

- What are the specific missions contained in the JFP that our HWBB will contribute and/or lead on delivering against?
- How will we evidence impact of our HWBB work in relation to the relevant missions/areas of action of the JFP?
- How will we bring a relentless focus on inequalities within the missions and areas of focus/actions?

Recommendations

The Board is asked to:

- Read and digest the published GM JFP
- Contribute to a baselining exercise of missions / areas for action which are relevant to the HWBB
- Provide feedback on the questions listed above

Contact person for access to background papers and further information:

Name: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) and Trafford Council
Telephone: 07971556872

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I WANT TO

Find a service

Keep well

Healthwork hub

Joint Forward Plan

The Joint Forward Plan sets out how we will deliver the Greater Manchester Integrated Care Strategy and what we will focus on.

Return to the ICP Strategy page

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Our missions

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Strengthening our communities

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Area of Focus: Develop collaborative and integrated working

Area of Focus: Develop a sustainable environment for all

Helping people stay well and detecting illness earlier

Area of Focus: Tackling health inequalities

Area of Focus: Supporting People to Live Healthier Lives

Area of Focus: Upscaling Secondary Prevention

Area of Focus: Living Well with long-term conditions

Helping people get into, and stay in, good work

Area of Focus: Enhance scale of work and health programmes

Area of Focus: Develop good work

Area of Focus: Increase the contribution of the NHS to the economy

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Area of Focus: Using Digital and Innovation to Drive Transformation
Area of Focus: System Resilience and Preparedness

Supporting our workforce and our carers

Area of Focus: Workforce integration
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How We Will Deliver

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Assurance and Governance Arrangements
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Implementing this Plan – Next Steps

Appendix 1

How this plan addresses the statutory requirements for a JFP.

Appendix 2

Our locality plans.

Footnotes

Introduction

The way in which health and care services are organised in every part of England changed on 1st July 2022, as new national legislation came into force. Greater Manchester (GM) is now an Integrated Care System (ICS) – a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in GM.

There is a requirement for all ICSs to develop a strategy. NHS organisations and local authorities must then have regard to this strategy when making decisions about the use of health and care resources. The five-year Strategy for the GM Integrated Care Partnershi p (ICP) was approved in March 2023 and can be found here.

National guidance states that each Integrated Care Board (ICB) must publish a five-year Joint Forward Plan setting out how they propose to exercise their functions. This should include the delivery of universal NHS commitments address ICSs' four core purposes and meet legal requirements. The guidance encourages ICSs to develop the Joint Forward Plan as the delivery plan for the ICP Strategy – and this is the approach we have taken in Greater Manchester.

JFP Principles

- Principle 1: Fully aligned with the wider system partnership's ambitions
- Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Principle 3: Delivery focused, including specific objectives

This plan describes how GM will achieve the outcomes described in the ICP strategy. Achieving these outcomes involves not only integrated health and care services but also action on the things that determine good lives. The strategy and plan describe a complex system which includes, but is not limited to, the activities under the direct influence (a ourcing) of NHS Greater Manchester Integrated Care (NHS GM). C strategy describes our GM model for health, which builds c e

strong partnerships already in place with wider public services, the VCSE and people and communities.

The Strategy was developed through extensive engagement with communities, partner agencies and staff, across all ten localities. Its development adapted to the feedback received and it reflects the needs and expectations of our communities. This Joint Forward Plan is built from the results of that engagement.

The GM Context

Greater Manchester is home to more than 2.8 million people with an economy bigger than that of Wales or Northern Ireland. Our population in the 2021 Census was estimated to be 2,867,800. This is an increase of 185,272 on the 2011 Census and represents a growth of 6.9% in ten years, higher than the growth across England and Wales (6.3%) over the same period.

There are ten councils in Greater Manchester: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan. All are unitary authorities, eight are metropolitan borough councils and two, Salford and Manchester are city councils.

The Greater Manchester Combined Authority (GMCA) is made up of the ten Greater Manchester councils and the Mayor, who work with other local services, businesses, communities and other partners to improve the city-region as described in the Greater Manchester Strategy (GMS) [1].

The composition of our Partnership

The **Greater Manchester Integrated Care Partnership** (this is the name of our integrated care system) connects NHS Greater Manchester Integrated Care, the Greater Manchester NHS Trusts and NHS providers across the whole of primary care with the GMCA, councils and partners across the VCSE, Healthwatch and the trades unions.

Greater Manchester Integrated Care Partnership Board is a statutory joint committee made up of NHS Greater Manchester Integrated Care ar ncils within Greater Manchester. It brings together a broad set o m partners to support partnership working and it is the

responsibility of this Board to develop this Integrated Care Strategy – a plan to address the wider health, and care needs of the population.

NHS Greater Manchester Integrated Care, or NHS Greater Manchester (our integrated care board) is a statutory NHS organisation leading integration across the NHS, managing the NHS budget and arranging for the provision of health services in a geographical area. It supports ten place-based integrated care partnerships in Greater Manchester as part of a well-established way of working to meet the diverse needs of our citizens and communities.

Within Greater Manchester we have arrangements for providers to work together effectively at scale, including:

The Greater Manchester Provider Federation Board (PFB): a membership organisation made up of the eleven NHS trusts and foundation trusts who provide NHS funded services across Greater Manchester and East Cheshire. It includes the NHS providers of 111, 999, patient transport services (PTS), community mental health and physical health services and hospital mental health and physical health services.

The Greater Manchester Primary Care Board (PCB) has been supporting collaboration and integration since 2015 and will continue to support the delivery of outcomes at all levels of, and across, the system, through its various programmes and its work with all 67 Primary Care Networks[2] (PCNs) in Greater Manchester.

Greater Manchester Directors of Adults' and Children's Social Care collaborating to support transformation of social care at scale. For adult social care this also includes joint working with the Greater Manchester Independent Care Sector Network.

Voluntary, Community and Social Enterprise (VCSE) sector providers are part of a three-way agreement (the VCSE Accord) between the GMCA, NHS Greater Manchester and the VCSE Sector represented by the Greater Manchester VCSE Leadership Group, based on a relationship of mutual trust, working together, and sharing responsibility, and providing a framework for collaboration. The VCSE [illegible] has also established an Alternative Provider Federation as a [illegible]rship of social enterprise and charitable organisations operating at scale across Greater Manchester. It provides an

infrastructure for alternative providers to engage with NHS Greater Manchester on a Greater Manchester footprint.

What the Data is Telling Us

The Greater Manchester Integrated Care Partnership Strategy gives a comprehensive picture of the data about our system. This includes:

- Demographic information
- Information on inequalities
- Demand on health and care services
- The financial picture
- Workforce pressures

We have also drawn on our locality plans and local Health and Wellbeing Strategies which together identify the needs of our population and the plans in each locality to address these, aligned with our strategy and this plan (see section 10.5)

What residents are telling us

We carried out a major engagement exercise 'The Big Conversation' to inform the development of our ICP Strategy and this plan.

The Big Conversation had two phases. Phase one ran between March and May 2022 with the aim of consulting on the proposed vision and aims that had been suggested by the ICP leaders following a stakeholder engagement event they took part in. 1,332 people gave their views and consensus was most respondents agreed with the proposed aims and visions.

Phase two ran in October 2022 with the aim of ensuring the GM ICP had the insight it needed to be able to understand what matters most to communities across all ten localities – to help shape the priorities and actions for the strategy. Find out more about the Big Conversation.

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Our Strategy

Overview

The Integrated Care Partnership Strategy outlined the key challenges facing the Greater Manchester health and care system:

- How to continue the improvements already made in GM's approach to integrated care and population health improvement
- The wider influences on health and good lives
- Economic inclusion
- Access to services, operational pressures and increasing demand
- Health outcomes and heath inequalities
- The challenge of financial sustainability

The Strategy is clear that we must both meet these immediate pressures and continue to address their underlying causes through improving the health of our population. The missions in the strategy were developed to ensure a recognition of these challenges.

This Joint Forward Plan will describe how we will realise these aims over the next five years – with a greater emphasis on years one to three. We will revise and update this plan each year. The Plan covers all ages as we support people to start, live and age well.

Our vision and outcomes

As partners in Greater Manchester, we share the Greater Manchester Strategy (GMS) vision of wanting Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.

For the Greater Manchester Integrated Care Partnership, this means we want to see a Greater Manchester where:

- Everyone has an opportunity to live a good life
- Everyone experiences high quality care and support where and when they need it
- Everyone has improved health and wellbeing
- Health and care services are integrated and sustainable

The Greater Manchester Model for Health and Wellbeing

Underpinning all our work is the Greater Manchester Model for Health and Wellbeing. This shows how we work with communities to protect against and prevent poor health and ensure support is available before crises occur to reduce demands on formal NHS and social care services. It is a social model for health and wellbeing with people and communities at its heart. It recognises that Greater Manchester will make the most progress in improving health if steps to tackle the social causes of health complement our clinical interventions.

Our challenge is that this Model is not universally realised across Greater Manchester. Our aim through the strategy and this delivery plan is to confirm the actions and approaches necessary to achieve this and maximise the efficiency and effectiveness of how we work together to improve our outcomes.

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What we will do – our missions

Our missions

Our strategy sets out the following missions in response to the current challenges, within the context of our vision and outcomes

Strengthening our communities

We will help people, families and communities feel more confident in managing their own health and wellbeing. We will act on this with a range of programmes, including working across Greater Manchester to support communities through social prescribing, closer working with the VCSE and co-ordinated approaches for those experiencing multiple disadvantages.

Helping people stay well and detecting illness earlier

W collaborate to reduce smoking rates, increase physical acti
ta besity and drug and alcohol dependency. We also want to

more to identify and treat high blood pressure, high cholesterol, diabetes, and other conditions which are risk factors for poor health. Working in partnership and with targeted interventions, we will embed a comprehensive approach to reducing health inequalities.

Helping people get into, and stay in, good work

One of the purposes of Integrated Care Systems is to support wider social and economic benefits from NHS investment. We will act on this by expanding our Work and Health programmes, working with employers on employee wellbeing, through the Greater Manchester Good Employment Charter[3] and developing social value through a network of anchor institutions[4].

Recovering core NHS and care services

We will work to improve ambulance response and A&E waiting times, reduce elective long waits and cancer backlogs, improve access to primary care services and core mental health services, improve quality and reduce unwarranted variation for adults and children alike. Consistent delivery of NHS constitutional standards is a priority as our system recovers.

Supporting our workforce and our carers

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities faced in the workplace. We want more people choosing health and care as a career and feeling supported to develop and stay in the sector. We will consistently identify and support Greater Manchester's unwaged carers.

Achieving financial sustainability

Financial sustainability – 'living within our means' – requires a focus on financial recovery of the health system to achieve a balanced position. We will identify the main reasons for financial challenges in our system, and implement a system wide programme of cost improvement, productivity, demand reduction and service transformation. Our work needs to address the current significant challenges we face across health and social care as well as taking the steps to make our system sustainable for the long-term.

For each of the missions, we have set out the key areas of focus and the actions to deliver our vision and outcomes. These are described in greater detail in the next six chapters of this document. We have set out the accountability for the delivery of the missions. We describe this as:

Delivery Leadership – the board/organisation leading change and improvement in the relevant part of the system. This recognises that the key responsibility for bringing together and driving delivery will sit with Locality Boards, providers, and provider collaboratives

System Leadership – This recognises the board/group accountable for creating the system-wide conditions, frameworks, and standards to enable delivery

The proposals on accountability in this document will be revisited as part of the leadership and governance review that took place in the first quarter of 2023/2024. We expect to complete the process of implementing the recommendations by October 2023.

Our ways of working

The way that we work together will play an important part in achieving our vision through our missions. To transform public services and integrate care we need to change the way we work with communities and fundamentally challenge our approaches to delivery. These ways of working run through all our missions.

Behaviours:

Understand and tackle inequalities
We will take action at individual, team, organisation, and system levels, informed by data, to understand and tackle inequalities.

Share risk and resources
We will set out our expectations of each other, share data effectively, support joint working with shared resource and create a culture of collaboration. This must happen at every level and in every place.

Involve communities and share power
We will consistently take a strengths-based approach with co-design, co-production and lived experience as fundamental ingredients.

Learn, adopt, adapt
We will share best practice effectively, test and learn, and celebrate

success, with supportive governance and resources. Adapt and implement best practice locally, in organisations and across systems.

Be open, invite challenge, take action
We will be open, honest, consistent and respectful in working with each other. Work on the boundaries and differences that we have in a constructive way, to support effective change.

Names not numbers
We will ensure we all listen to people, putting them at the centre, and personalising their care.

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Strengthening our communities

We will help people, families and communities feel more confident in managing their own health. Our approach recognises that the organisation of the delivery of health and care services is only one of a range of contributors to the health and well-being of residents. The quality of housing, the availability of quality work, the extent to which residents are connected to their communities, and whether people feel safe also make a significant contribution.

Being deprived of these helps create and exacerbate the persistent health inequalities we see in many communities in Greater Manchester. Tackling these issues will play a key part in securing long term stability for our system – principally through keeping people well and independent in their homes and communities and reducing demand on expensive, acute services.

Our approach to this mission is underpinned by the Greater Manchester People and Communities Framework which defines our strategic approach to public engagement and involvement including key principles and commitments that support our ways of working.

K ails

Delivery Leadership:

Locality Boards

System Leadership:

Population Health Boards

Areas of focus and actions:

1. Scale up and accelerate delivery of person-centred neighbourhood model

- Continue to develop Live Well and Social Prescribing
- Continue to Embed Creative Health Approaches
- Enhance the role of NHS GM in tackling poverty as a driver of poor health
- Expand community-based mental health provision
- Living Well at Home
- Take an inclusive approach to digital transformation

2. Develop collaborative and integrated working

- Embed the VCSE Accord
- Deliver a GM-wide consolidated programme for those experiencing multiple disadvantage
- Embed the GM Tripartite Housing Agreement
- Giving every child and young person the best start in life
- Ageing Well
- Increase identification and support for victims of violence

3. Develop a sustainable environment for all

- Delivering our Green Plan

[5] 2023/24 is the final year of Mental Health Long Term Plan Indicators and we will review the metrics in this plan as the new national indicators are published.

Area of Focus: Scale up and accelerate delivery of person-centred neighbourhood model

Area of Focus: Develop collaborative and integrated working

Area of Focus: Develop a sustainable environment for all

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Helping people stay well and detecting illness earlier

There is a strong rationale for the NHS to increase its focus on prevention and improving population health outcomes. For the past decade, improvements in life expectancy and healthy life expectancy have stalled, and inequalities have widened.

Life expectancy and healthy life expectancy for people born in GM is si antly lower than the England average. Importantly, much of this b of poor health and early death (borne disproportionately by most deprived and marginalised communities) can be attributed to

conditions that are preventable through coordinated action across the health and care system.

Key details

Delivery Leadership:

Locality Boards

System Leadership:

Clinical Effectiveness and Governance Committee (CEG); Population Health Board

Areas of focus and actions:

1. Tackling inequalities

- Implementing a GM Fairer Health for All Framework
- Reducing health inequalities through CORE20PLUS5 (adults)
- Equity in access to care and improved experience and outcomes for all children and young people (CORE20PLUS5 clinical priorities)
- Implementing GM Women's Health Strategy

2. Supporting people to live healthier lives

- A renewed Making Smoking History Framework
- Reducing Harms from Alcohol
- Enabling an Active Population
- Promoting Mental Wellbeing
- Food and Healthy Weight
- Improving Sexual Health Services
- Eliminating New Cases of HIV and Hepatitis B and Hepatitis C
- Increasing the uptake of vaccination and immunisation

3. Upscaling secondary prevention

- Early Cancer Diagnosis
- Early detection and prevention of cardiovascular disease
- Early diagnosis of Respiratory Conditions through Quality Assurance Spirometry

Early detection of unmet health needs for those living with Learning Disability and those with Severe Mental Illness

4. Living well with long-term conditions

Managing Multimorbidity and Complexity

Optimising Treatment of long-term conditions

Expansion of the Manchester Amputation Reduction Strategy (MARS) across NHS GM

The GM Dementia and Brain Health Delivery Plan

Taking an evidenced based approach to responding to frailty and preventing falls

Anticipatory Care and Management for people with life limiting illness

The complexity and breadth of activity that is required to drive change through prevention and early detection is set out in our GM Framework for Prevention below:

For the purposes of the framework, we have used the broader definition of secondary prevention, used by the UK chief medical officers, to include "evidence based, preventive measures to help stop or delay disease, taken during an interaction between an individual patient and a clinician" [8].

Our framework has four distinct areas of focus:

Tackling inequalities and reducing unwarranted variation through Core20Plus5 and the GM Fairer Health for All Framework

Supporting people to live healthier lives by implementing comprehensive approaches to tackling behavioural risk factors for illness

Upscaling secondary prevention across the NHS (including the early identification of risk and diagnosis of illness, and the effective management to prevent progression).

Supporting people to live well with long term conditions through the e[illegible]table, effective, and efficient management of diagnosed health [illegible]ions

We need to put in place more upstream models of care and integrated neighbourhood models that better address the needs of those at higher risk of illness, and those not currently in contact with services. This will require increased population health management capability.

Secondary prevention must be an integral part of all patient care pathways. All medical and allied professionals have an opportunity to 'make every contact count'. Prevention activities also need to be extended to population groups with historically low uptake, and those not in contact with NHS services, to ensure delivery within communities and neighbourhoods.

As set out in the GM Prevention Framework, the NHS also has an important role to play in working across the system with partners to address the root causes of ill health (relating to factors such as poverty, education, work, and housing), and to shape GM as a place that is conducive to good mental and physical health.

Area of Focus: Tackling health inequalities

Area of Focus: Supporting People to Live Healthier Lives

Area of Focus: Upscaling Secondary Prevention

Area of Focus: Living Well with long-term conditions

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Helping people get into, and stay in, good work

One of the purposes of Integrated Care Systems is to support wider social and economic benefits from NHS investment. We will act on this by enhancing the Education, Work and Skills system, working with employers on improving the quality of work and employee wellbeing through adoption of the GM Good Employment Charter and developing social value through our network of anchor institutions.

Key details

Delivery Leadership:

Locality Boards

System Leadership:

Population Health Board; GM Good Employment Charter Board, GM Employment and Skills Advisory Board

Areas of focus and actions:

1. Enhance Scale of Work and Health Programmes

Expansion of our Working Well System

2. Develop Good Work

ıg with employers to deliver GM Good Employment Charter

3. Increase the contribution of the NHS to the economy

Developing the NHS as an anchor system

Implementing the Greater Manchester Social Value Framework

The Integrated Care Partnership and the Combined Authority have been able to draw from shared evidence generated through publications such as Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives (2021), the GM Independent Prosperity Reviews (2019 and 2022) and the Greater Manchester Local Industrial Strategy (2019) which all reinforce the connection between health and an inclusive economy.

Area of Focus: Enhance scale of work and health programmes

Area of Focus: Develop good work

6.3 Area of Focus: Increase the contribution of the NHS to the economy

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Recovering core NHS and care services

Improving access to high quality, core services and reducing long waits (for both adults and children) is the main issue raised by Greater Manchester residents participating in the Big Conversation and this will be delivered through our approach to the recovery of services. The impact of the COVID-19 pandemic was profound and exacerbated many of the challenges which were already influencing delivery of core health and care services. We will strive to return to consistent delivery of NHS constitutional standards and ensure that our system is well-placed to respond to national strategy and frameworks on core service delivery.

Key details

Delivery Leadership:

Locality Boards and Provider Federation Board

System Leadership:

System Boards; Finance and Performance Recovery Board

Areas of focus and actions:

1. Improving urgent and emergency care and flow

- Access to urgent care in the community
- Admission/Attendance Avoidance
- Improving discharge
- Increasing ambulance capacity
- Improving emergency department processes

2. Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard

- Integrated Elective Care
- Improving productivity and efficiency
- Improving utilisation of the Independent Sector
- Improving how we manage our wait list
- [illegible]ering children and young people's elective services
- [illegible]cing waiting times in cancer

Diagnostics

3. Improving service provision and access

Making it easier for people to access primary care services, particularly general practice

Digital transformation of primary care

Ensuring universal and equitable coverage of core mental health services

Digital transformation of mental health care

4. Improving quality through reducing unwarranted variation in service provision

Improving quality

NHS at Home – including Virtual Wards

5. Using digital and innovation to drive transformation

Implementation of Health and Social Care Digital Strategy

Driving transformation through research and innovation

6. System Resilience and Preparedness

Supporting System Resilience

Area of Focus: Improving urgent and emergency care and flow

Area of Focus: Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard

Area of Focus: Improving service provision and access

Area of Focus: Improving quality through reducing unwarranted variation in service provision

Area of Focus: Using Digital and Innovation to Drive Transformation

Area of Focus: System Resilience and Preparedness

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Supporting our workforce and our carers

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities faced in the workplace. We want more people to choose health and care as a career and to feel supported to develop and stay in the sector.

Key details

Delivery Leadership:

NHS GM People & Culture Function, NHS GM, NHS Trusts, Primary Care providers, Local Authorities, Social Care Providers, VCSE

System Leadership:

GM People Board

Areas of focus and actions:

1. Workforce Integration

- Enable leaders and staff to work across traditional boundaries to support service integration
- Share best practice and develop tools to support a dynamic system culture

2. Good Employment

- Increase in Good Employment Charter Membership and payment of Real Living Wage
- Improve access to staff benefits and flexible working
- Share best practice and resources to support managers

3. Workforce Wellbeing

- Take action on the cause of staff sickness and improve wellbeing support

4. Addressing Inequalities

- ng a leadership culture committed to addressing health inequalities

Adapt the recruitment process to provide alternative entry routes for diverse talent

5. Growing and Developing

Develop our Greater Manchester careers approach to attract and support career development

Develop and deliver the Greater Manchester retention plan

Embrace digital innovation to improve the way we work – starting with HR digitisation

6. **Supporting Carers**

Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers

We have set out a shared ambition for the health and care workforce in our People and Culture Strategy 2022-2025. We await the publication of the national, long-term workforce plan (expected summer 2023) and will review our plans against this.

Area of Focus: Workforce integration ↓

Area of Focus: Good Employment ↓

Area of Focus: Workforce Wellbeing ↓

Area of Focus: Addressing Inequalities

Area of Focus: Growing and Developing

Area of Focus: Supporting Carers

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Achieving financial sustainability

Financial sustainability – 'living within our means' – requires an initial focus on financial recovery to achieve a balanced position. We will identify the main reasons for financial challenges in Greater Manchester, and implement a system wide programme of cost improvement, productivity, demand reduction and service transformation.

The Greater Manchester system has both an efficiency and a productivity challenge. NHS GM inherited a system structural budget deficit (commitments over revenue) of over £500 million (out of a total budget of £6.5 billion) on its establishment on 1st July 2022. This re[illegible] the ongoing cost of additional resources (mainly workforce) put in[illegible] during the COVID-19 pandemic. One of the national requirements of an ICB is to bring the system into balance.

Key details

Delivery Leadership:

Locality Boards; PFB

System Leadership:

Finance and Performance Recovery Board

Areas of focus and actions:

1. Finance and Performance Recovery Programme

System recovery programme based on drivers of operational and financial performance

2. Developing Medium Term Financial Sustainability Plan

Development of three-year financial plan

Area of Focus: Finance and Performance Recovery Programme

Area of Focus: Securing Long-Term Financial Sustainability

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How We Will Deliver

Performance Framework

Assurance and Governance Arrangements

Commissioning

Our Equality Objectives

Locality plans

Implementing this Plan – Next Steps

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How this plan addresses the statutory requirements for a JFP

The legislative requirements for the JFP[17] – which relate to the statutory responsibilities of the ICB – are summarised below, along with how they are covered in this plan.

Legislative requirements

Describing the health services for which the ICB proposes to make arrangements

Covered particularly in our missions for:

- Helping people stay well and detecting illness earlier
- Recovering core NHS and care services
- Supporting our workforce and carers

Duty to promote integration

As part of a mature partnership model in GM, working across sectors, this plan ensures that the ICB develops activities and works in ways which promote and enable integration. Going beyond the legislative requirements, the integrated approaches adopted in GM ensure that health services, social care and health-related services and designed and delivered in ways which align to support attainment of the whole systems shared outcomes and commitments.

Duty to have regard to wider effect of decisions

The outcomes we have defined through the strategy and that will be delivered through this plan, have been developed in ways which ensure we are clear on the impacts of our decisions, and responsive to the 'triple aims' of (a) health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing), (b) quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and (c) sustainable and efficient use of resources by NHS bodies.

Fi[illegible]al duties

D[illegible]ed in our mission for Achieving financial sustainability.

Implementing any JLHWS

Our locality (health and care) and Health and Wellbeing Plans are all linked from this plan (How we will deliver) and summarised in Appendix 2. They are aligned with this plan.

Duty to improve quality of services

Covered in our missions for:

- Helping people stay well and detecting illness earlier, and
- Recovering core NHS and care services. Our quality strategy is a specific action in this mission.

Duty to reduce inequalities

The activities we deliver through this plan seek to reduce unwarranted inequalities in outcomes, service experience and access for all people and parts of Greater Manchester, as described throughout. One of our ways of working (Strengthening our communities, Area of focus: Develop collaborative and integrated ways of working) specifically emphasises this duty.

Duty to promote involvement of each patient

In addition to this being one of our ways of working (Strengthening our communities, Area of focus: Develop collaborative and integrated ways of working), it is also a fundamental element of our Model for Health and Wellbeing. It is also a focus of our missions for:

- Strengthening our communities, and
- Helping people stay well and detecting illness earlier.

Duty to involve the public

The strategy was developed through extensive consultation and engagement with communities, partner agencies, practitioners and staff, across all ten localities (section 2.4). The process of development was iterative, developing and adapting to the feedback received and ensuring the strategy and this plan are reflective of the needs and expectations of our communities.

D patient choice

This is implicit in our mission for recovering core NHS and care services.

Duty to obtain appropriate advice

As part of the network of governance which oversees and supports the delivery of this plan the ICB has access to and routinely draws upon appropriate advice and guidance from partners, stakeholders and experts.

Duty to promote innovation

Innovation is a specific action in the mission for Recovering core NHS and care services (Area of focus: Using digital and innovation to drive transformation), and draws on our assets in Health Innovation Manchester.

Duty in respect of research

Utilising the research expertise in our city region, and building on working relationships we already have, we will ensure our responses to these challenges are data driven, drawing on the best possible evidence to support the design and delivery of our actions, as described in "Area of focus: Using digital and innovation to drive transformation".

Duty to promote education and training

Covered in our mission for Supporting our workforce and our carers.

Duty as to climate change, etc.

As partners in Greater Manchester, we share the GMS vision of wanting Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region. The NHS contribution to this (Area of Focus: Develop a sustainable environment for all) is an area of focus in our mission for Strengthening our communities.

Addressing the particular needs of children and young persons

This is a specific action in our mission for Strengthening our communities and is also covered in a number of other sections including in the mission, Helping people stay well and detecting illness earlier, Area of Focus: Tackling health inequalities and Area of Focus: Supporting People to Live Healthier Lives.

A ing the particular needs of victims of abuse

A specific action in our mission for strengthening our communities, and part of a GM approach to violence reduction.

Engagement with Health and Wellbeing Boards

All our Health & Wellbeing Boards (HWBs) have been consulted on the development of the JFP – a draft version of which was circulated to the 10 HWBs for review at the end of May with a set of key questions

This was followed up with an invitation to attend the respective H&WB meetings to present on the JFP and discuss the process by which local Health and Wellbeing strategies were utilised to support in the development of the JFP

Comments, amendments and additions were received from the ten HWBs – these were fully considered and where appropriate the JFP was revised accordingly.

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Appendix 2

Our locality plans [18]

Bolton

Bury

Manchester

Oldham

Rochdale

Salford

Stockport

Tameside

Trafford

Wigan

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Footnotes

[1] https://aboutgreatermanchester.com/

[2] Primary Care Networks involve GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices

[3] https://www.gmgoodemploymentcharter.co.uk/

[4] https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution

[5] 2023/24 is the final year of Mental Health Long Term Plan Indicators and we will review the metrics in this plan as the new national indicators are published

[6] A GM youth-led survey of young people's wellbeing and experiences

[7] Gender Based Violence Strategy – Greater Manchester Combined Au thority (greatermanchester-ca.gov.uk)

[8] Restoring and extending secondary prevention | The BMJ

[9] Obesity Profile – Data – OHID (phe.org.uk)

[10] PHE Immunisation Inequalities Strategy (publishing.service.gov.uk)

[11] Socio-demographic variation in stage at diagnosis of breast, bladde r, colon, endometrial, lung, melanoma, prostate, rectal, renal and ovaria n cancer in England and its population impact – PubMed (nih.gov)

[12] Prevalence | Background information | Atrial fibrillation | CKS | NICE

[13] Medical technology used to aid in the diagnosis of asthma. FeNO devices measure fractional exhaled nitric oxide in the breath of p s.

[14] Recommendations | Multimorbidity: clinical assessment and management | Guidance | NICE

[15] The NHS as an anchor institution (health.org.uk)

[16] B0818_Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf (england.nhs.uk)

[17] https://www.england.nhs.uk/long-read/guidance-on-developing-the-joint-forward-plan/#appendix-1-legislative-framework-further-detail

C[18] Correct as of 31 May 2023

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TRAFFORD COUNCIL

Trafford Health & Wellbeing Board
Tobacco SMART Actions - Progress Update

21st July 2023

SMART Action

Develop a Tobacco Alliance, reporting to the HWBB, with clear membership and purpose by April 2023. The Alliance will ensure a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco.

- Undertake the CLEAR assessment tool by May 2023 to create an evidence-based approach to tobacco control to ensure there is appropriate leadership, evidence based services and outcomes measured against national, regional and local priorities. This will indicate areas of strength, opportunities for development and improvements to local tobacco control.
- Produce a multi-agency, comprehensive tobacco control plan by September 2023, detailing the actions required to address the areas for improvement identified in CLEAR assessment tool. This plan will be monitored by the Tobacco Alliance with a clear framework to monitor outcomes.
- Develop a comprehensive communications calendar to be utilised and owned by all local partners engaged in tobacco control.

Trafford's Tobacco Alliance

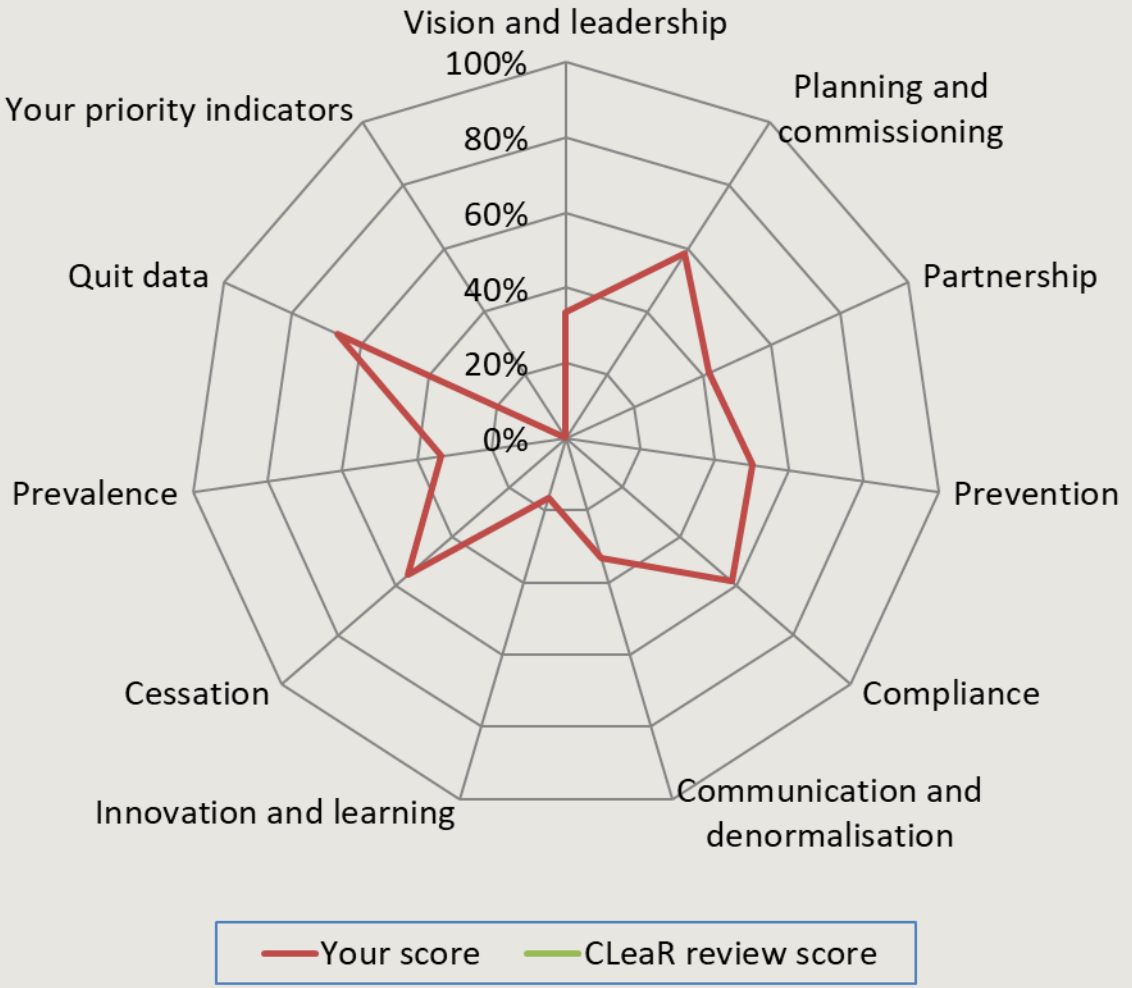
Remit of Trafford's Tobacco Alliance:

- The Trafford Tobacco Alliance is a collective partnership of stakeholders and local representatives. Its primary role is to provide strategic leadership to improve the health and wellbeing of Trafford's population and to reduce the inequalities in health experienced by some communities, through tobacco control.
- The Alliance will collaboratively support the strategic vision of making Greater Manchester Smoke Free by 2030. This will include facilitating the local delivery of evidence-based tobacco control work across Trafford to reduce smoking rates, minimise tobacco-related harm and contribute to reductions in health inequalities.

Membership:

Public Health	Trading Standards	NHS ICB	VCSFE sector	Pharmacies
Mental health	Environmental health	PCNs	Fire	Education
Police	Children's services	Hospitals	Housing	GM programmes
Licensing	School nursing	Community health	Communications	Early help

CLEAR assessment



Smoking Needs Assessment

- Adult smokers (2021) shows increase (11.1%), GP data (2022-23) shows 11.7% (2023)
- Smokers at time of delivery is 4.9% in 2022-23 meeting national target of 6%
- Adults in routine and manual occupations 23.4% vs England average of 24.5% (2021)
- People with substance dependence 36% in Trafford compared to 41% nationally (2022)
- SMI over three times that of routine population at 35% (2021)
- Trading standards young people survey shows 3% young people smoking and 10% vaping
- Survey also shows 90% Trafford young people never tried smoking and 77% never tried a vape
- Interventions by GP and pharmacy reduced over time since 2021

Tobacco Alliance Next Steps

Away day for Tobacco Alliance by September 2023 to determine:

- Priority areas and groups to target (based on needs assessment)
- Solutions to address gaps in CLEAR assessment

Resulting in:

- Draft vision
- Draft strategy
- Draft action plan

Next Steps for the HWBB

Note the contents of the paper/presentation

Agree the governance for the Tobacco Alliance with reporting on strategy/action plan progress to go to the Health Improvement Subcommittee

Sign off the Needs Assessment

Support the Tobacco Alliance by:

- Ensuring representation at the quarterly meetings
- Providing service contributions to the action plan

High Impact actions from Deep Dive

HWBB

- Agree a vision
- Establish a Tobacco alliance
- Agree governance

Tobacco Alliance

- Update the JSNA
- Complete a Clear assessment
- Identify high risk groups
- Agree a strategy and proposed actions, with agreed targets.

HWBB

- Agree to the strategy
- Review findings from the Clear assessment & JSNA update
- Agree a reporting mechanism for strategy/ action plan

Tobacco Alliance

- Develop action plan
- Identify partners to deliver on key actions
- Agree on a communication strategy and calendar

Partners

- Deliver on agreed action
- Report to the alliance on progress of actions against targets
- Report back to the tobacco alliance on emerging trends and issues

Areas for discussion:

How does the Health and Wellbeing Board ensure that partners prioritise this area of work?

How do we embed opportunities for smoking cessation and tobacco control across the entire health and social care system?

How do we balance local priorities within GM systems?

How do we ensure that the stretched resources and capacity that we have as a system are appropriately targeted?

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TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **21 July 2023**
Report for: **Information**
Report of: **Jo Bryan, Public Health Programme Manager**

Report Title

Trafford's Smoking Needs Assessment 2023

Purpose

To outline the main data around smoking in Trafford.

To guide the work of Trafford's Tobacco Alliance in identifying groups of high prevalence and risk where resources and capacity should be focused.

Recommendations

For the Health and Wellbeing Board to sign off the needs assessment and to consider how it can support the document's main recommendations below:

1. Improve the number of pharmacies delivering the stop smoking service across Trafford so there is equity of access across the borough. This should have a particular focus on areas of high prevalence.
2. Increase referral routes into pharmacy stop smoking services, through VCSE organisations already engaging with populations of high prevalence and high risk.
3. Collate data from GPs on the number of adults who currently vape and improve known smoking status data. Work to compare this historically over time to understand trends.
4. Ensure all GPs can deliver stop smoking support to residents with training offered to support.
5. Explore opportunities to expand provision of stop smoking support to high prevalence groups.
6. Provide support to young people who vape and wish to stop.
7. Conduct further analysis on smoking prevalence by occupation.
8. Obtain data on stop smoking support delivered within NHS services, via the Greater Manchester Integrated Care Team.

Contact person for access to background papers and further information:
Name: Jo Bryan
Telephone: 0783 486 9661

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Trafford Smoking Needs Assessment 2022

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Introduction

Smoking is a primary cause of inequalities in health outcomes. For example , amongst men, smokingis responsible for more than half the excess risk of premature death between the social classes (Jarvis M and Ward J 2006). In 2019, the Government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke.

Smoking harms nearly every organ of the body. It causes lung cancer, respiratory disease and cardiovascular disease, as well as many cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking reduces fertility and significantly raises the risk of developing type 2 diabetes, eye disease and dementia. It leads to decreased bone mineraldensityand is associated with increased risk of osteoporosis, bone fractures, back pain and degenerative disc disease.[i] Smoking is the leading cause of preventable death in the UK.

The Cost of Smoking

Around 5% of the NHS budget is spent on smoking related illnesses each year. The tobacco industry makes £12bn in England each year, or approximately £2,000 per smoker. Smoking costs society £17.04bn each year. This is due to a variety of different causes:

- **Working Population**: Smokers are more likely than non-smokers to become ill while of working age increasing the likelihood of being out of work and reducing the average wages of smokers. Smokers are also more likely to die while they are still of working age creating a further losstothe economy. Together this adds up to £13.2bn.
- **Social Care**: Smokers' need for health and social care at a younger age than non-smokers also creates cost, with smoking costing the NHS an additional £2.4bn and a further £1.2bn in social care costs.
- **Fires**: Smoking-related fires are the leading cause of fire-related deaths, and the costs ofproperty damage, injuries and deaths amount to another £280m.

Smoking Rates Routine Population

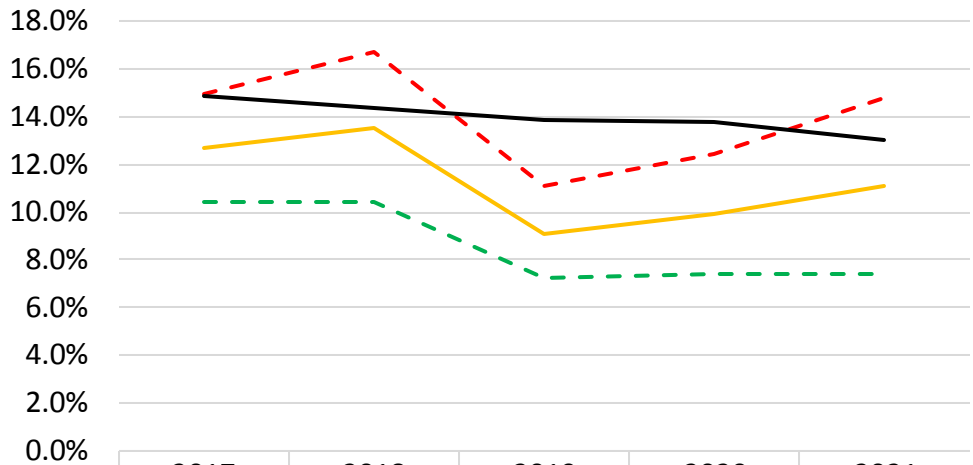
There are two primary data sources available to look at Trafford's smoking prevalence.

1. OHID national data which is pulled from the annual population survey (APS). This shows an increase from 2019 to 2021 from 9.1% to 11.1% but this has been deemed not statistically significant due to low sample sizes and changes in method of collection due to COVID-19.

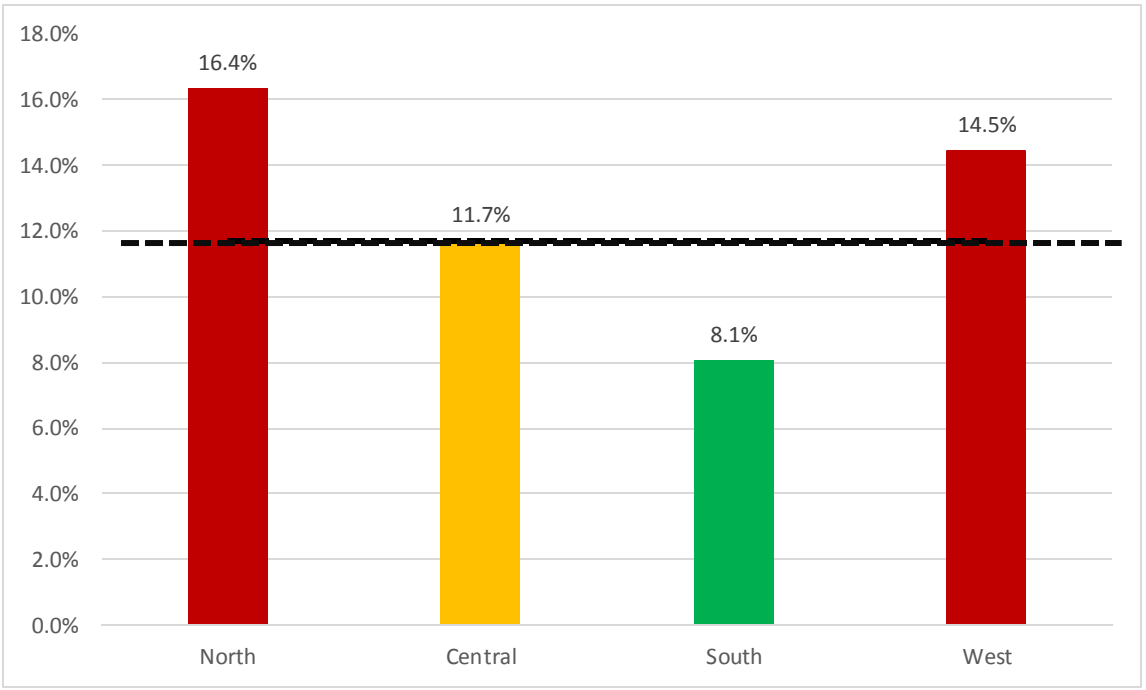
2. GP data, from QOF indicators. This shows the current smoking prevalence per 1,000 based on data available for the 29% of patients who had their smoking status recorded in the last 24 months. This shows a smoking prevalence of 11.7%, which is in line with OHID figures.

Using this data in combination, it may be that there is a rise in rates, but historical GP data wouldneed to be obtained to be certain. We can also see that the smoking rates in Trafford have a large variation, with the North and West falling above the national average, while Central is line with the Trafford average and the South is significantly below.

OHID All Age Smoking Population



	2017	2018	2019	2020	2021
Trafford	12.7%	13.5%	9.1%	9.9%	11.1%
95% Lower CI	10.4%	10.4%	7.2%	7.4%	7.4%
95% Upper CI	15.0%	16.7%	11.1%	12.4%	14.8%
England	14.9%	14.4%	13.9%	13.8%	13.0%



GP data on Trafford locality smoking rates 2023

Trafford's smoking rates align to what we would expect, when we consider key indicator indicators such as socio-economic status. There is a higher prevalence of smoking in lower socio-economic groups and successful quit attempts are also lower[ii]. Trafford has a higher weekly income than the

England average with 10.7% and fewer people experiencing income deprivation, compared to the national average[iii]. This may explain our lower overall rate. We can also see a clear correlation between areas of deprivation and smoking prevalence.

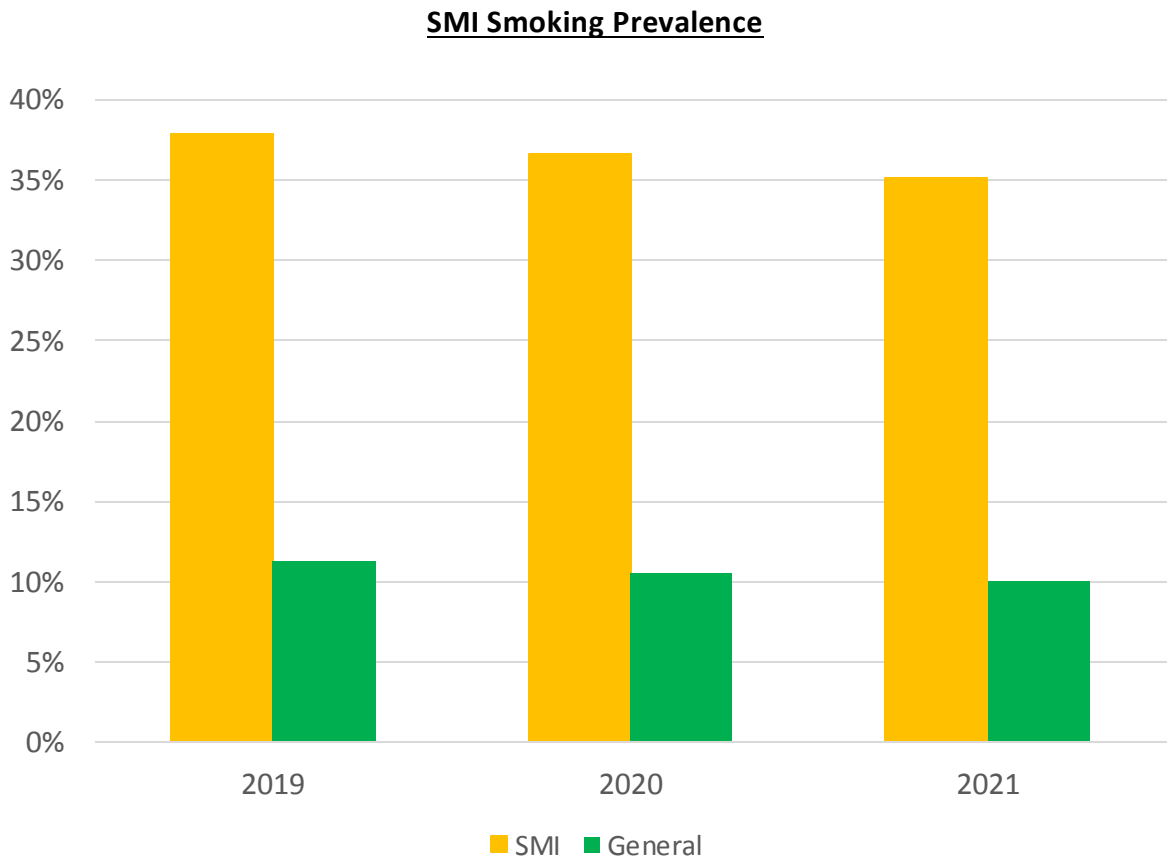
High Prevalence Population Groups

The following groups have higher smoking rates than the general population and therefore efforts to reduce smoking should prioritise these groups.

People with Severe Mental Illness (SMI)

Someone with SMI is defined is anyone with a diagnosed mental illness such as schizophrenia or bi-polar. It does not include anxiety and depression. The SMI population in Trafford is around 2500 according to GP data.

The national smoking rate for people with SMI is 40.5%. This is over 3 times the rate when compared to the general population. In Trafford, our SMI smoking rate is 35%, slightly below national average. This roughly equates to 880 SMI smokers in Trafford.



Evidence suggests the desire to stop smoking in this population group is similar to the general population. There are also additional motivations to smoke in this cohort, such a reduction in side effects of certain medications and a perception that it reduces symptoms of SMI such as anxiety. Evidence suggests smoking can reduce side effects of certain medications, but it does not necessarily lead to fewer symptoms of mental health problems. Lastly, people with SMI generally started to smoke prior to developing a mental health need[iv].

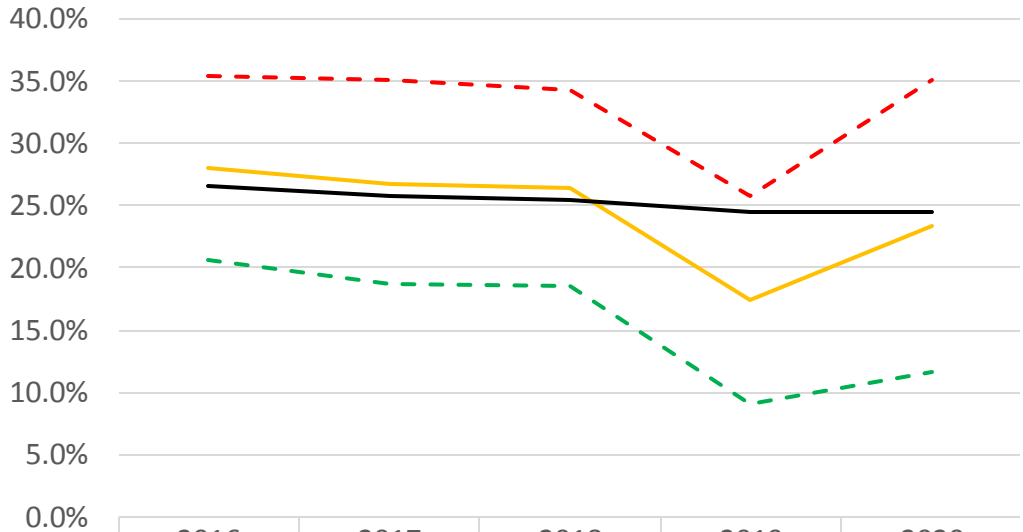
Routine and Manual Workers

A Routine and Manual worker is one of the three classes defined by the National Statistics Socio-economic classification (NS-SEC). NS-SEC categories distinguish different positions (not people) as defined by social relationships in the workplace. Despite the name, the definition doesnotperpetuate the manual/non-manual divide.

Nationally the smoking rate is 24.5% for this population cohort, almost double the generalpopulation. In Trafford, our rate is almost in-line with the national average at 23.4%.

Trafford has 116,000 people in employment[v]. Due to changes in the modelling, it is difficult to determine the number of Trafford residents whose job role would fall into the Routine and Manual Worker class. However, 12.4% (13,800 people) fall into the lower three operational groups according to Nomis[vi]. This would suggest roughly 3230 smokers in this cohort.

Routine and Manual Workers smoking prevalence - ONS



	2016	2017	2018	2019	2020
Trafford	28.0%	26.8%	26.4%	17.4%	23.4%
95% Lower CI	20.7%	18.7%	18.5%	9.1%	11.7%
95% Upper CI	35.4%	35.0%	34.2%	25.7%	35.1%
England	26.5%	25.7%	25.4%	24.5%	24.5%

This data supports the wider evidence that people who are experiencing economic deprivation are more likely smoke. Due to the large number of job roles that fall into this category, it is difficult to conclude if there are specific roles that may increase the likelihood of smoking, taking up smoking or not quitting.

Housing Tenure

According to ONS Adult Smoking Habit 2021[vii] data, nationally there is a significantly lower proportion of current smokers in those who own their property outright (7.9%) or with a mortgage (10.1%), compared with those who rent (29.8% of local authority or housing association renters and 22.2% of private renters).

According to the 2021 Census data[viii], 70% of the population of Trafford own their house outright or with a mortgage, while 15% are social renters, through a local authority or housing association and 15% privately rent or don't pay rent.

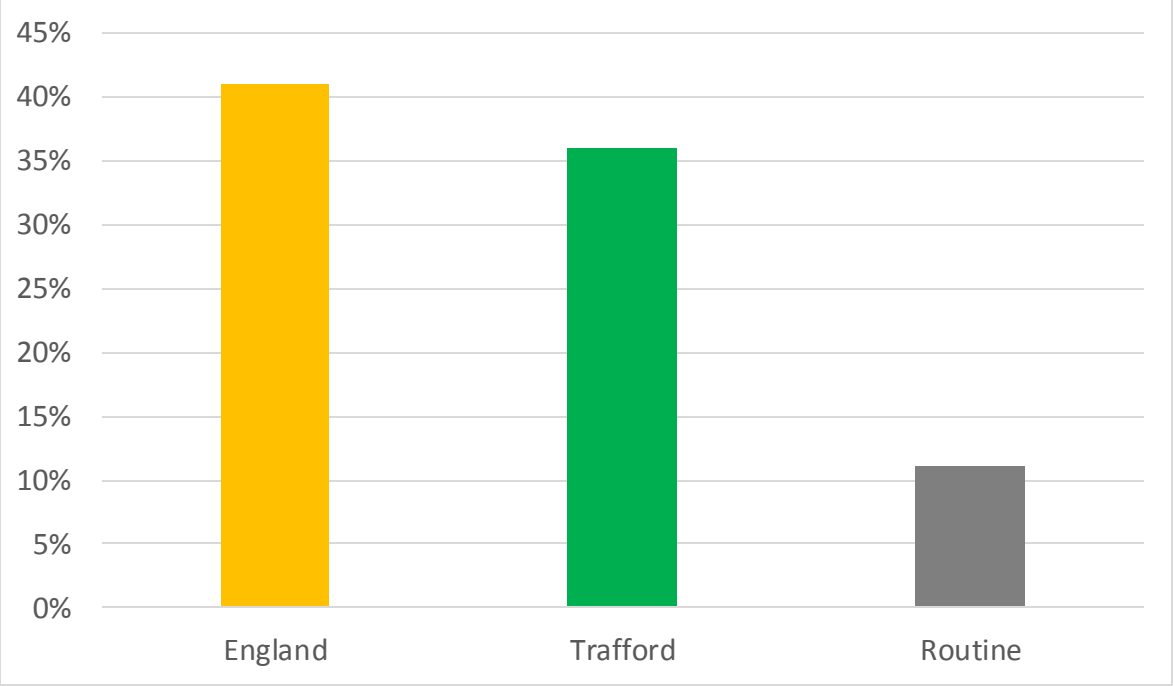
The rationale for a higher smoking rate in people who are social renters is similar to routine and manual workers. 50% of social rented households are within the lower income quintile[ix] withagreater smoking prevalence in populations experiencing economic deprivation.

In addition, high risk groups are more likely to live in social housing. In 2020-21, 55% of social rented households had at least one household member with a long-term illness or disability (2.2 million households). This contrasts with 28% of owner-occupied households, and 29% of privately rented households.

People with Drug Dependence

Smoking is highly prevalent among people in treatment services. Nationally, 41% of people receiving treatment for substance use were identified as smokers. Trafford data is slightly below thisat36% and equates to 59 people[x].

Smoking prevalence in substance misuse service 2022



We also know that this cohort of people are at an increased risk of having SMI or a long-termcondition. Evidence suggests the prevalence of COPD can be as high as 35%[xi]. It ss estimated that 75% of people engaged in substance misuse services also have SMI.[xii]

Evidence suggests that patients with opioid addiction see it as interlinked to their drug dependence and complimentary[xiii].

High Risk Population Groups

The following groups are at an increased risk of tobacco related harm. While smoking is harmful for all, young people and pregnant women are identified as high risk. This is because we know that smoking is an addiction largely taken up in childhood and that smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.

Young People

A young person is defined as anyone below the age of 18. It is illegal for anyone to purchase nicotine products for a young person or sell to them directly. Anyone under 16 can have nicotine products confiscated from them.

Data in 2021, based off a survey 11- to 15-year-olds[xiv], shows that nationally there has been a decrease in the prevalence of smoking cigarettes. Only 12% of pupils had ever smoked (16% in 2018), 3% were current smokers (5% in 2018), and 1% were regular smokers (2% in 2018). The data also shows current e-cigarette use (vaping) has increased to 9%, up from 6% in 2018.

The 2022 Trading standards survey which interviewed 833 Trafford young people aged between 14-17, shows that Trafford aligns to the national average. 3% of young people surveyed claimed to be a regular smoker and 90% said they had never smoked, lower than the GM average of 81%.

For vaping, Trafford also aligns to the national average with 10% of Trafford young people claiming to vape occasionally or regularly, below the GM average of 22%. 77% of people asked had never tried a vape, higher than GM average than 59%.

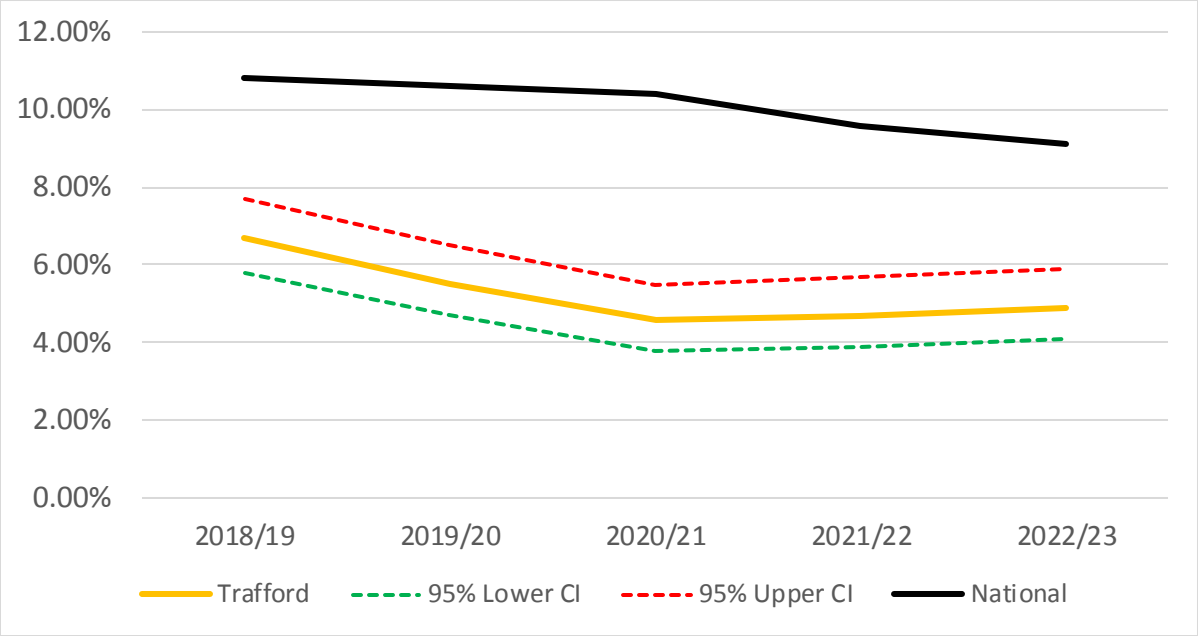
Trafford has an estimated population of 12,000 14–17-year-olds. Based on the Trading standards data, we can estimate that we can estimate that roughly 2775 young people have tried a vape, 1,600 regularly or occasionally vape and 360 smoke.

Pregnant Women

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight and sudden unexpected death in infancy.

The Tobacco Control Plan[xv] contained a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 (measured at time of giving birth). This has been achieved in Trafford.

Smoking at time of delivery data



In the 2022-23 financial year, Trafford had a total of 2118 maternities. Trafford has the largest percentage of women whose smoking status was not known at time of delivery in the country at 36% which equates to 767 women. This is significantly above the national average of 4% and the Greater Manchester average which is 17.4%.

Of the 63% of women, we do have known data on, only 4.9% are smokers, which is significantly below the national average of 9.1% and represents 77 women.

Long-Term Conditions

Smokers are more likely to live with a long-term illness and many long-term conditions (LTC) are either caused or exacerbated by smoking. For example, Chronic Obstructive Pulmonary Disease (COPD) causes 30,000 deaths in England every year, and smoking accounts for as many of 80% of COPD related deaths[xvi].

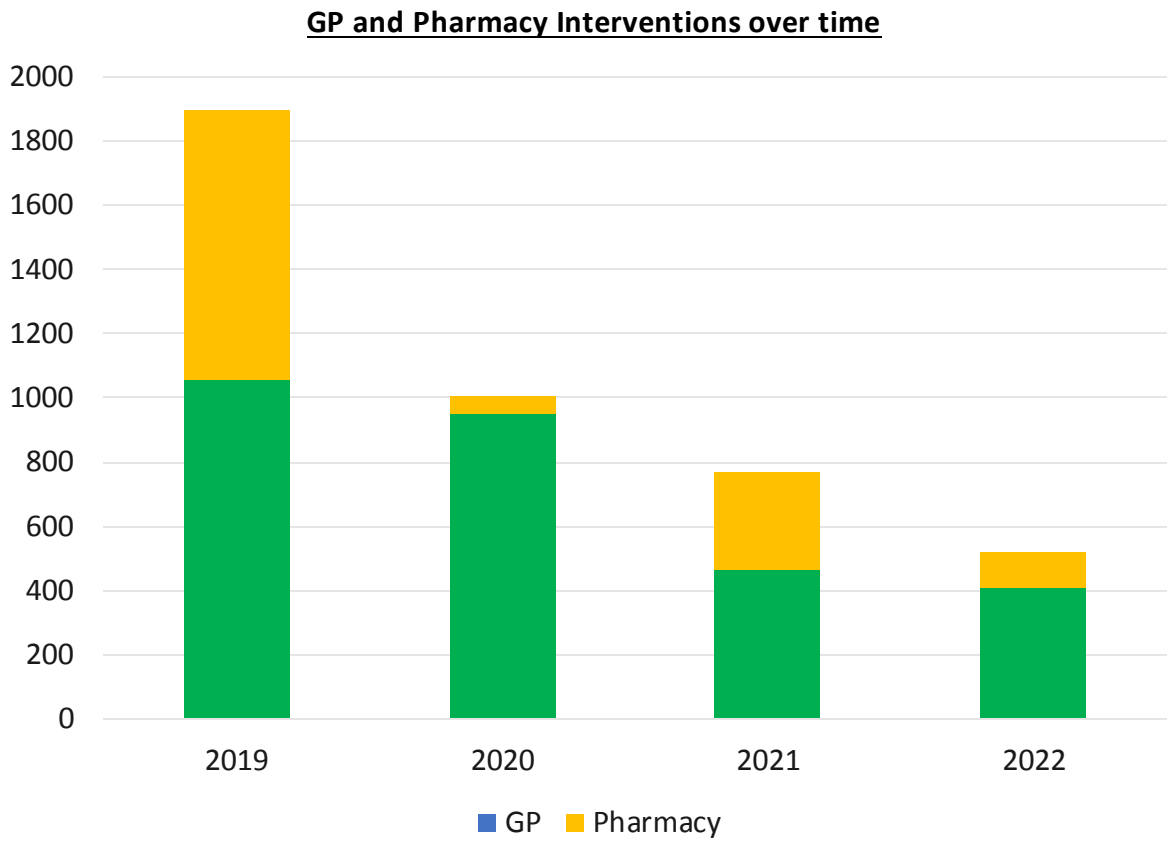
Service Provision

Trafford does not have stop smoking specialised service and instead has a primary care led service by GPs and pharmacies as well as a bespoke SMI service, led by BlueSci a social prescribing organisation. In addition, Trafford residents benefit from programmes of work led at a Greater Manchester level by the Make Smoking History Team, who are part of the NHS integrated care team.

Trafford Services

GPs and Pharmacies in Trafford deliver stop smoking support to the general population. This is done in different tiers. Tier 1 is Nicotine Replacement therapy (NRT) without behaviour support. Tier 2 – 4 are NRT, Vapes or pharmacotherapies such as Champix with the addition of behaviour support.

The graph below shows the number of interventions delivered by GP and pharmacies over time. It shows that there has been a significant drop off in interventions since 2019. This is largely due to the COVID-19 pandemic.


GP and Pharmacy Interventions over time
2000
1800
1600
1400
1200
1000
800
600
400
200
0
2019
2020
2021
2022
GP
Pharmacy

GP

In Trafford, 66% of GPs delivered stop smoking support in 2022. With the North and South having the fewest GPs delivering interventions

PCN	GP	Total GPs	% pf GPs delivering
AHA	4	5	80%
Central	5	5	100%
North	2	4	50%
South	2	7	29%
West	5	6	83%
Total	**18**	**27**	**66%**

Pharmacy

In Trafford, 33% of pharmacies delivered interventions, in 2022. This was focused mainly in the South and Central, although the 38% of pharmacies in the West made up most of the pharmacy activity. Trafford worked with the Local Pharmaceutical Committee to design the 2023-24 service to increase uptake.

Neighbourhood	Signed up	Total Pharmacies	% of Pharmacies signed up
South	6	12	50%
West	5	13	38%
North	2	18	11%
Central	5	11	45%
Total	**18**	**54**	**33**

BlueSci Severe Mental Illness (SMI) Service

BlueSci provide a stop smoking service delivered in four wellbeing hubs across the borough. This supports the work of GPs who do annual health checks of people on the SMI register and the work of GMMH who deliver stop smoking support to inpatients. It provides an evidence based, holistic community support offer to people in Trafford living with SMI, who smoke.

Make Smoking History Services

The Greater Manchester Make Smoking History Team, commission secondary care NHS services to deliver stop smoking support to inpatients as part of the NHS Long Term Plan.

CURE Inpatient Support

The CURE Project is a comprehensive secondary care treatment programme for tobacco dependency. It is systematically identifying all active smokers admitted to secondary care and immediatelyoffering nicotine replacement therapy and other medications, as well as specialist support, for the durationof the patient's hospital stay and support to stay smokefree after discharge.

CURE is part of Greater Manchester Integrated Care Partnership's Making Smoking History programme, which is taking a whole system approach to reducing smoking rates in Greater Manchester.

Smokefree Pregnancy programme

In 2018, the Greater Manchester Health and Social Care Partnership launched an innovative new programme to support pregnant smokers to quit and increase the number of babies born smokefree.

Manchester University NHS Foundation Trust has a specialist stop smoking service. Pregnant women are offered specialist advice to help quit smoking; and electronic carbon monoxide tests tocheck their exposure to harmful chemicals during their antenatal appointments.

Advanced Pharmacy Offer

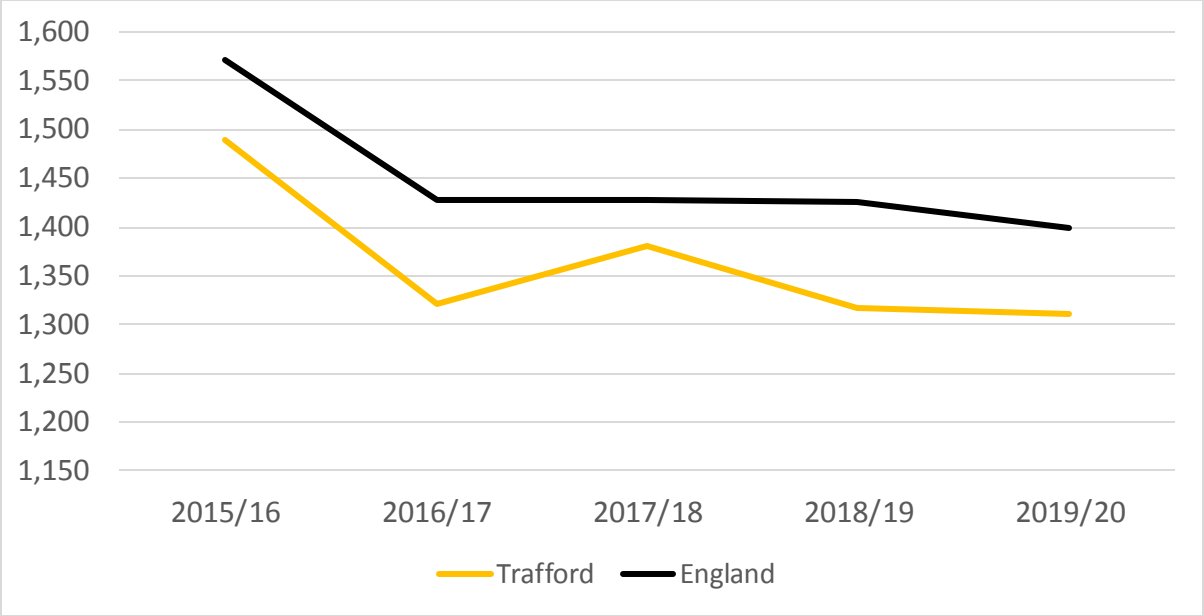
In 2021, the Department for Health and Social Care introduced a service to allow pharmacies to accept to smoking referrals from secondary care, as part of the Community Pharmacy Contractual Framework. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their stop smoking treatment, including providing medication and support as required. In January 2023, 25 of 62 pharmacies signed up for the service in Trafford, 40% of all pharmacies.

Neighbourhood	Signed up	Total Pharmacies	% of Pharmacies signed up
South	7	12	58%
West	8	13	62%
North	6	18	33%
Central	4	11	36%

Hospital Admissions

Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions not only represent a large demand on NHS resources but can also be used as a proxy for variations in smoking related ill health in the general population across England. Hospital admissions data is taken from HES (Hospital Episode Statistics) and includes all admissions to hospital with smoking attributable diagnosis as the primary diagnosis. As shown by the graph below , Trafford have been below the England average for hospital admission since 2015.

Hospital Admissions for Smoking Related Disease

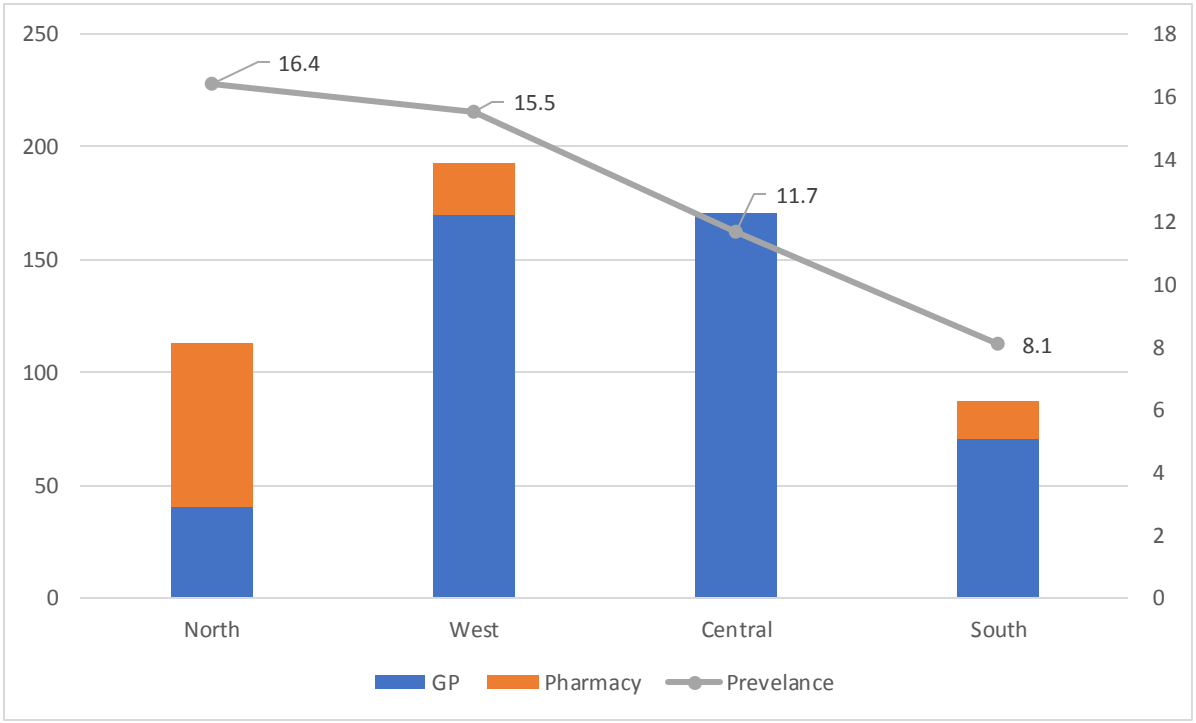


Locality Data

Trafford is split into four localities: North, West, Central and South. There are 5 Primary Carenetworks, with South being split between Altrincham Healthcare Alliance AHA ad South.

The graph below shows the number of interventions delivered by GP and pharmacies in 2022 compared to the smoking rates in each neighbourhood. It shows there is little correlation between interventions delivered and prevalence, with the North have a disproportionate number of interventions compared to its prevalence rate

Primary care interventions compared to smoking rates in Trafford



The below section provides a summary of relevant demographic data, further detail can be found in Trafford's JSNA[xvii].

What the data shows, is that in the areas of high deprivation, there is an increased smoking rate and in turn more people with COPD and lung cancer. We can also see that while there is sufficient GPsand Pharmacists in each locality, there is wide amount of disparity on access to stop smoking services.

North

- North's smoking prevalence is 16.4% in 2022, above the national and Trafford average.
- Trafford's North neighbourhood consists of four wards: Clifford, Gorse Hill, Longford, Stretford.
- 20% of Trafford total population live in the North which is 49,400 of 235,000.

Demographic data

- North is Trafford's youngest neighbourhood, containing three of the five wards with the youngest median age (33 and 35 years).
- Unemployment is above the national average in the North at and income deprivationishigher compared to national averages
- The North neighbourhood has 17,542 people belonging to ethnicities which are not white, making up 37.4% of the neighbourhood's population, greater than Trafford's overall 14.5%
- The North neighbourhood encompasses some of Trafford's most deprived areas. The wards of Clifford, Gorse Hill, Longford, and Stretford are four of the top five most deprived wards in Trafford

Mortality and disease

- COPD, emergency admissions are statistically higher in three wards of the North neighbourhood.
- The incidence of Lung cancer is higher in all wards.

Disease	England	Clifford	Gorse Hill	Longford	Stretford
COPD	**100**	193.2	106.2	145.8	96.7
Lung Cancer	**100**	238.7	122.5	112.9	108.2

Service Provision

50% of GP and 28% of pharmacies in the area delivered stop smoking interventions in 2022.

Provider	Count	Stop Smoking Provider
GP	4	2
Pharmacy	18	7

West

- The West's smoking prevalence is 14.5% which is above the national and Trafford average.
- Trafford's West neighbourhood consists of five wards: Bucklow-St Martins, Davyhulme East, Davyhulme West, Flixton, Urmston.
- 22% of Trafford residents live in this neighbourhood, 53,000 of 235,500

Demographic

- The West neighbourhood has a contrasting age structure, with the youngest median age in the ward of Bucklow St Martins (35 years), and oldest median age in the ward of Flixton
- Bucklow St Martins has a long-term unemployment rate of 5.3, higher than the national average per 1,000. It is also the borough's most deprived ward.
- West locality is predominately white, at 94% above the locality average of 77%.

Mortality and disease

- Urmston, Davyhulme and Bucklow St Martins have a ratio for emergency hospital admissions above the national average for COPD
- All wards are above the national average for Lung Cancer rates.

Disease	England	Bucklow St Martins	Davyhulme East	Davyhulme West	Flixton	Urmston
COPD	**100**	193.2	106.2	145.8	96.7	129.2
Lung Cancer	**100**	238.7	122.5	112.9	108.2	244.1

Service Provision

- The PCN in the neighbourhood is West PCN, it contains six GP Practices: Partington Central, Flixton Road, Primrose Surgery, Partington Family, Davyhulme and Urmston Group. 50% of which delivered stop smoking interventions in 2022.
- There are 13 pharmacies in the neighbourhood, 23% of which delivered stop smoking interventions in 2022

Provider	Count	Stop Smoking Provider
GP	6	3
Pharmacy	13	3

Central

- Centrals smoking prevalence is 11.7% in line with the Trafford average and above the national average.
- Trafford's Central neighbourhood consists of five wards: Ashton upon Mersey, Brooklands, Priory, St Mary's, and Sale Moor.
- 23% of Trafford residents live in this neighbourhood, 56,000 of 235,500.

Demographics

- The median age for Sale Moor and Priory (38 years) is less when compared to Ashton upon Mersey, Brooklands, and Sale Moor (41 years).
- Central has 5,050 people belonging to ethnicities which are not white, making up 9.6% of the neighbourhood's population, less than Trafford's overall average of 14.5%.
- All wards in Central have a lower unemployment rate than the national average.
- There is considerable variation in deprivation levels across the Central neighbourhood, with the index for multiple deprivation being highest for central Sale (Priory), east parts of Sale Moor, and west parts of St Mary's. The ward of St Mary's has the highest levels of overall deprivation in the neighbourhood at 16.6% with Sale Moor second highest at 15%.

Mortality & disease

- Ashton Upon Mersey and St Mary's have a ratio for emergency hospital admissions above the national average for COPD
- Priory and St Mary's are above the national average for Lung Cancer rates.

Disease	England	Ashton upon Mersey	Brooklands	Priory	St Mary's	Sale Moor
COPD	**100**	107.7	62.4	104.7	132.5	100.6
Lung Cancer	**100**	85.4	97.1	136.1	108	103.1

Service provision

- The PCN in the Central Neighbourhood is Sale PCN. It contains five GP practices: Boundary House, Firsway, Bodmin Road, Washway Road, Conway Road. All of which provide stop smoking support.
- There are 11 pharmacies in the Central Neighbourhood, none of which provide stop smoking support.

Provider	Count	Stop Smoking Provider
GP	5	5
Pharmacy	11	0

South

- The South neighbourhood's smoking prevalence is 8.1%, below the Trafford average of 11.7% and the national average.
- 34% of Trafford residents live in this neighbourhood, 80,000 of 235,000
- Trafford's South neighbourhood consists of seven wards: Altrincham, Bowdon, Broadheath, Hale Barns, Hale Central, Timperley, and Village.

Demographics

- There is a large gap (10 years) in median average between the seven wards of the South neighbourhood, youngest for Broadheath and Altrincham (37 years) and oldest for Bowdon (47 years).
- The South neighbourhood has 7,208 people belonging to ethnicities which are not white, making up 9.6% of the neighbourhood's population, less than Trafford's overall 14.5%.
- All wards are below the England average for long-term unemployed.
- All wards are below the England average for income deprivation.

Mortality & Disease

- Village is the only ward to experience above average hospital admissions for COPD.
- Village is above average for lung cancer rates with Hale Central and Altrincham falling in line with national averages.

Disease	England	Altincham	Bowden	Broadheath	Hale Barns	Hale Central	Timperley	Village
COPD	**100**	95.5	77.2	97.8	81	83.8	81	111.4

Lung Cancer	**100**	105.7	94.4	98.2	105.1	105.1	72	118.6

Service provision

- There are two PCNs in the South neighbourhood and 11 practices.
    - Altrincham Healthcare Alliance (AHA) consists of five practices: Park Medical, St John's, West Timperley, Altrincham Medical, Shay Lane Kelman. 80% of whichprovide stop smoking support
    - South Trafford consists of six practices: Timperley Healthcare, Family, Grove Medical, Barrington, Village, Riddings and Shay Lane Patel. 33% of which provide stop smoking support
- There are 20 pharmacies in the neighbourhood, 5% of which provide stop smoking support.

Provider	Count	Stop Smoking Provider
GP: AHA	5	4
GP: South	6	2
Pharmacy	20	1

Recommendations

1. Improve the number of pharmacies delivering the stop smoking service across Trafford so there is equity of access across the borough. This should have a particular focus on areas of high prevalence.
2. Increase referral routes into pharmacy stop smoking services, through VCSE organisations already engaging with populations of high prevalence and high risk.
3. Collate data from GPs on the number of adults who currently vape and improve known smoking status data. Work to compare this historically over time to understand trends.
4. Ensure all GPs can deliver stop smoking support to residents with training offered to support.
5. Explore opportunities to expand provision of stop smoking support to high prevalence groups.
6. Provide support to young people who vape and wish to stop.
7. Conduct further analysis on smoking prevalence by occupation.
8. Obtain data on stop smoking support delivered within NHS services, via the Greater Manchester Integrated Care Team.

[i] Smoking and tobacco: applying All Our Health - GOV.UK (www.gov.uk)
[ii] Socioeconomic status and smoking: a review - PubMed (nih.gov)
[iii] Income (traffordjsna.org.uk)
[iv] Smoking rates in people with serious mental illness (SMI) | National Library of Quality Indicators | Standards and Indicators | NICE
[v] Labour Market Profile - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[vi] Labour Market Profile - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[vii] Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)
[viii] Housing, England and Wales - Office for National Statistics (ons.gov.uk)
[ix] English Housing Survey: Social rented sector, 2020-21 (publishing.service.gov.uk)
[x] NDTMS - Home
[xi] COPD and asthma in patients with opioid dependency: a cross-sectional study in primary care | npj Primary Care Respiratory Medicine (nature.com)
[xii] Scope, quality and inclusivity of international clinical guidelines on mental health and substance abuse in relation to dual diagnosis, social and community outcomes: a systematic review | BMC Psychiatry | Full Text (biomedcentral.com)
[xiii] Why do so many drug users smoke? - PubMed (nih.gov)
[xiv] Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS (digital.nhs.uk)
[xv] Smoke-free generation: tobacco control plan for England - GOV.UK (www.gov.uk)
[xvi] BK2 COPD v4 downloadable PDF.pdf (blf.org.uk)
[xvii] Our Neighbourhoods (traffordjsna.org.uk)

TRAFFORD COUNCIL

Trafford Health & Wellbeing Board Pharmacy Update

Jo Bryan, Public Health Programme Manager

21 July 2023

Update

- Action from Trafford's Pharmaceutical Needs Assessment
- Update on pharmacy closures and impact
- Commissioned service changes
- Future developments

Trafford's Pharmaceutical Needs Assessment 2022-2025

- Trafford has 26 pharmacies per 100,000 population, higher than the Greater Manchester and England averages.
- Trafford has fewer prescription items dispensed per month per pharmacy than the Greater Manchester and England average.
- A total of 90.8% of resident postcodes are within 0.5 miles of a Trafford pharmacy, 8% are within 1 mile.
- 97% of respondents to the public survey had no issues accessing a community pharmacy.
- There is a gap in provision in Partington weekends (open Saturday 9-12pm only).

Recent Closures

Sainsbury's Store Closures	Alternative Nearby Provision
Altrincham Lloyds: Monday to Saturday 7-11pm (10 pm closing on Saturdays) and Sunday 10-4pm	Altrincham Tesco: Monday to Saturday from 8-8pm and Sunday 10-4pm Timperley Pharmacy: Monday to Saturday from 7.30-10.30pm and Sunday 8-6 pm
Sale Lloyds: Monday- Saturday 8-8pm and Sunday 10-4pm	Sale Tesco: Monday-Saturday 8-7pm and Sunday 10-4
Urmston Lloyds: Monday to Saturday 7-11pm (10 pm closing on Saturdays) and Sunday 11- 5pm (reduced offer in recent months due to staff shortages)	Lloyds M41 7ZA: Monday to Saturday 7-11 (10 pm closing on Saturdays) and Sunday 10.30-4.30pm Conran: Monday to Saturday 8-11pm and Sunday 9-7pm Also Malcolm's and Asda

Commissioned Service Changes

Smoking Cessation:

- **Increase from 6-12 weeks behavioural support**
- **Removing e-cigs as separate SLA**
- **Added NRT e-voucher**
- **System changes**
- **Set up costs £180 including training**

EHC:

- **Updating Chlamydia and Gonorrhoea offer**
- **Levonorgestrel up to 96 hours rather than 72 as per FSRH guidelines**
- **Removed Ulipristal PGD as unnecessary**

Pharmacy Developments

- SCS smoking cessation service taking community referrals from secondary care
- Swap to stop pilot
- Pressure and finance for pharmacies- new national services
- GM wide PGDs and specifications
- Local payment barrier/ NRT costs
- Need to extend pharmacy provision to save GP time
- SMI service/ Housing Associations

Areas for discussion:

How do we work as a system to maximise the opportunities we have via community pharmacy whilst ensuring we are not making unrealistic asks?

How do we mitigate the impact of pharmacy closures?

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How do we work as a system to maximise the opportunities we have via community pharmacy whilst ensuring we are not making unrealistic asks?

How do we mitigate the impact of pharmacy closures?

TRAFFORD COUNCIL

Report to:	**Health & Wellbeing Board**
Date:	**21st July 2023**
Report for:	**Information/Decision**
Report of:	**Helen Gollins, DPH on behalf of Trafford Women's Voices Core Group.**

Report Title

Trafford Women's Voices. One Voice Raises Another

Purpose

To share with the Health and Wellbeing Board;

- The background to the Trafford's Women's Voices,
- The journey so far,
- The next steps.

Recommendations

Trafford Women's Voices Core Group requests that Trafford's Health and Wellbeing Board considered the following recommendations:

i. commits to the Women's Voices POWER pledge or if not in agreement with the pledges, agrees to collectively review these and send comments or amendments to Berni.Tomlinson@trafford.gov.uk by Friday 27th July.

ii. supports the *develop relationships for change* proposal. This model based on the Poverty Truth Commission model, will link community women with women in leadership to support change at an operational level.

iii. agrees the proposed governance-the Trafford Women's Voice Core Group is accountable to the HWB Board. The Board will receive quarterly reports from the DPH.

iv. engages in a review of membership of the core group and where partners are contacted for nominations for the group, this nomination is actioned.

Contact person for access to background papers and further information:

Name: Helen Gollins, Director of Public Health
Telephone: 07817951555

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TRAFFORD COUNCIL

Trafford Women's Voices

One Voice Raises Another

21st July 2023

Purpose

To share with the Health and Wellbeing Board:

- the background to Trafford Women's Voices,
- the journey so far,
- the next steps.

Four recommendations are made to the Board for consideration.

The National Women's Health Strategy, July 2022

- Dame Lesley Regan, Women's Health Ambassador said the strategy is an opportunity to "*reset the dial on women's health*" after decades of NHS services "*failing*" women.
- Nearly 100,000 women came forward to share their experiences.
- Being Listened To: Women said that they "*persistently needed to advocate for themselves*" and had to push for further investigation to secure a diagnosis.
- The delays often affected their health and quality of life.
- 84% said they often feel ignored or not listened to when they seek help from the NHS.
- The strategy will focus on seven key areas, which relate to conditions or aspects of health.

National Strategy: Areas for Improvement

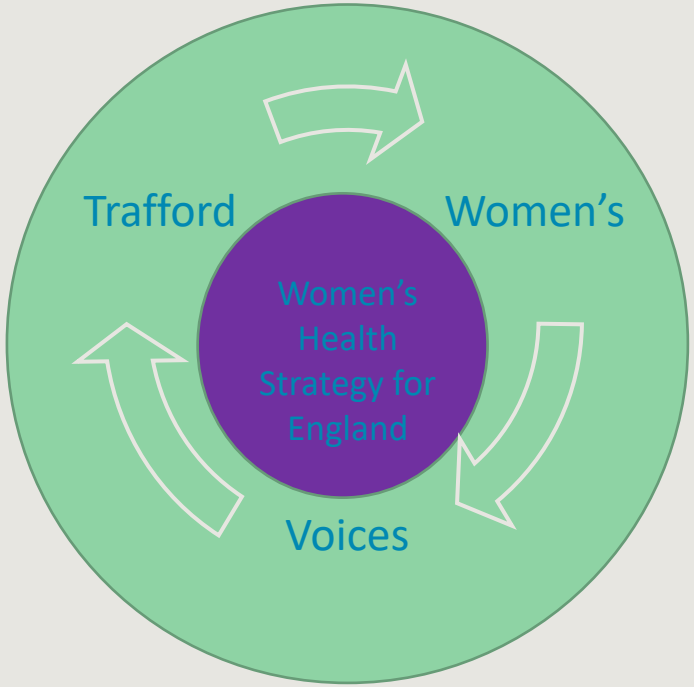
1. Menstrual health and gynaecology
2. Fertility, pregnancy, pregnancy loss and postnatal support
3. Menopause
4. Mental health and wellbeing
5. Cancer
6. Health effects of violence against women and girls
7. Healthy ageing and long-term conditions

Trafford's Approach: One Voice Raises Another

The Department of Health and Social Care's women's health strategy for England gives Trafford an opportunity to seize the moment and enable women's voices in Trafford to be heard in this arena.

There are many women, groups and initiatives in Trafford that are working hard to get the best health, care and services for women. However, we think that there is an opportunity for women's voices to be heard now, by those in positions of power, in order to shape and deliver the women's health strategy in Trafford, with women who live in Trafford.

Work has started to build a platform for women in Trafford to raise their voices, believing one voice raises another and collectively we are stronger than individually.



Trafford's journey so far

- Multi-agency Women's Voice Core Group established, jointly led by Public Health and TLCO.

- Locality leads engaged with the GM programme.

- Trafford Women's Voices event held in December 2022, which brought together local women and systems leaders.
  - The event drew evidence from lived experience and conversations.
  - Outputs were analysed and local themes identified. These are being used to inform a local action plan.
  - Local action plan developed.

What the delegates said….

TRAFFORD COUNCIL

Trafford Women's Voices Themes

A Better Trained Workforce	Service development	Improved Access	Changing Attitudes
Workforce education/development/CPD (culture, behaviour, language, wellbeing, awareness, inclusivity, open questions)	Service development – trauma informed, every contact counts, reduce assumptions, joined up and female friendly/trauma informed system approach	Choice	Increased education in Schools/college
Workforce recruitment/availability/specific roles improved information	Localised services – not always having to travel out of area for services	Access (easier referral processes, reduce waiting lists)	Promote Inclusivity (all ages, no assumptions)
Better communication/information (online, notes, appointments, interpreter)	Funding/budgets (to develop services)	Buildings/estates (women friendly – safe spaces, confidential, period products, female equipment)	VCFSE/Third sector (value more, reduce competition, collaboration)
Data sharing/governance/joined up care	Improved mental health services		Increased Co-production/opportunities/influence change (values, patient-led outcome measures etc.)
	Specialised services		Promote Lived experience
	Gaps (women's health hub/wellbeing centre, domestic abuse referral service)		More support (women, carers and families)

What do we need to do next?

Create the change

✓ Continue the conversation & make the pledge
- Residents and organisations are being asked to take the pledge
- Those who have taken the pledge will be encouraged to contribute to 1 of 4 locality-based Women's Alliance Groups
- The WV Core Group will work collaboratively with Alliance groups to design and develop the next Trafford Women's Voices Conference

✓ Develop relationships for change
- Linking community women with women in leadership (Poverty Truth Commission model)

✓ Develop local action plan incorporating national strategy at place

Delivering the change

✓ Agree the programme governance
- Proposal for the HWB Board to be accountable

✓ Women's Voices Core Group
- Are all relevant partners represented? Partners will be contacted to nominate a representative

Making the pledge

By signing and returning this POWER pledge, you will agree and support the following:

Trafford POWER Pledge

- **P**artnership Working to promote health opportunities to underrepresented groups
- **O**ptimize community awareness, participation, and engagement in Women's Health Related Matters and willingness to promote public Health campaigns.
- **W**ork in collaboration with local and Boroughwide Health Equity Initiatives, such as Trafford's Women's Voices and raise the voice of Trafford Women
- **E**mpower Women to have a genuine voice about their health and care
- **R**espect the rights of women to design and develop services that are Women Centred and reflective of their needs.

Recommendations and actions for the Board

Trafford Women's Voices Core Group recommends that Trafford's Health and Wellbeing Board:

I. commits to the Women's Voices POWER pledge or if not in agreement with the pledges, agrees to collectively review these and send comments or amendments to Berni.Tomlinson@trafford.gov.uk by Friday 27th July.

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