TRAFFORD COUNCIL

AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD

Date: Friday, 17 November 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 - 12

To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 15th September 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. **BETTER CARE FUND (BCF) QUARTER 1 REPORT** 13 - 36

To receive the BCF Quarterly report from Corporate Director for Adults and Wellbeing and NHS GM Deputy Place Lead for Health and Care Integration.

5. **HEALTH INEQUALITIES UPDATE** 37 - 68

The attached presentation covers three items listed as a, b, and c below.

(a) **FAIRER HEALTH FOR ALL**
To consider a report from NHS GM Consultant in Public Health and NHS GM Director of Population Health.

(b) **MFT HEALTH INEQUALITIES STRATEGY**

To consider a report from MFT Consultant in Public Health.

(c) **FAIRER HEALTH FOR TRAFFORD**
To consider a report from the Director of Public Health.

6. **HEALTHY WEIGHT DEEP DIVE** 69 - 76

To consider a report from the Public Health Programme Manager.

7. **STOPPING THE START** To Follow

To consider a report from the Public Health Programme Manager and the Public Health Consultant.

8. **LOCALITY PLAN** 77 - 92

To consider a report from the Health and Social Care Programme Director.

9. **REAL LIVING WAGE** 93 - 100

To consider a report from the Policy Officer.

10. **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.

11. **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

L. Murphy, Wareing, Councillor J. Slater (Chair), Councillor K.G. Carter, Councillor R. Thompson, Councillor P. Eckersley, Councillor J. Brophy, H. Fairfield, R. Spearing, P. Duggan, D. Evans, M. Hill, J. McGregor, E. Calder, G. James (Vice Chair), H.

Gollins, M. Gallagher, C. Rose, S. 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

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HEALTH AND WELLBEING BOARD

15 SEPTEMBER 2023

PRESENT

Councillor Jane Slater (in the Chair) and Councillor Karina Carter.

In attendance

Sara Todd	Chief Executive
Nathan Atkinson	Corporate Director Adults & Wellbeing
Jill McGregor	Corporate Director Children's Services
Richard Roe	Corporate Director, Place
Shelley Birch	Child Death Overview Panel (CDOP) Manager
Jo Bryan	Public Health Programme Manager
Liz Calder	Greater Manchester Mental Health
Jo Cherrett	Chief Executive of Trafford Leisure
George Devlin	Trafford Community Collective Representative
Heather Fairfield	Chair of Healthwatch Trafford
Helen Gollins	Director of Public Health
Carol Hibbert	Trafford Local Care Organisation
Gareth James	Deputy Place Lead for Health & Care Integration
Tom Maloney	Health & Social Care Programme Director
Liz Murphy	Independent Chair, Trafford Strategic Safeguarding Partnership (TSSP)
Dr Manish Prasad	Associate Medical Director
Claire Robson	Public Health Consultant
Harriet Sander	Commissioning Support Officer
Kate Shethwood	Public Health Consultant
Caroline Siddall	Housing Strategy & Growth Manager
Richard Spearing	Managing Director for Trafford LCO
Jane Wareing	GP Board Representative
Harry Callaghan	Governance Officer

APOLOGIES

Apologies for absence were received from Councillor R. Thompson, Councillor P. Eckersley, P. Duggan, D. Evans, M. Hill, C. Rose, and C. Davidson

10. DECLARATIONS OF INTEREST

No declarations were made.

11. MINUTES

RESOLVED: That the minutes of the meeting on the 21st July 2023 be agreed as an accurate record and signed by the Chair.

12. QUESTIONS FROM THE PUBLIC

No questions were received.

13. APPOINTMENT VICE CHAIR

Prior to the meeting a message had been sent out to all Members asking for nominations for vice chair of the Board. A nomination was received from Gareth James and as no other nominations were received, he was appointed as the Vice Chair of the Board.

RESOLVED: That the Deputy Place Lead for Health and Care Integration be Vice-Chair of the Board.

14. HOUSING STRATEGY

The Housing Strategy and Growth Manager provided a presentation on the Council's Housing Strategy. The Council was in the process of developing a new housing strategy to cover the period 2024-29. The consultation began in May 2023, which involved a survey and listening sessions with key stakeholders.

The Board were made aware of the previous housing strategy which ran from 2018-2023 had 7 strategic priorities and had been led by Trafford's Strategic Housing Partnership. The Housing Strategy and Growth Manager highlighted some key achievements of the strategy. This included 977 new build units completed in 2021/22, which was an increase of 323% on the previous year. The strategy also saw 255 new build affordable housing units built and the launch of the Trafford affordable housing fund, which had given housing providers the opportunity to bid for money and provide social housing within the borough. The Housing Strategy and Growth Manager proceeded to highlight some of the successful projects which had made use of this opportunity, as well as informing the Board of the several strategies launched as a result of previous housing strategy. These strategies included a new older person's housing strategy, a supported housing strategy, and a new homelessness strategy.

The Housing Strategy and Growth Manager presented to the Board the initial development timeline for the new housing strategy, which began with an initial consultation in the middle of May, with the intention for the strategy to be launched by June/July 2024 following Executive approval.

The Housing Strategy and Growth Manager proceeded to share some of the insights from the 176 responses which were received through the resident survey. The issue of greatest concern to respondents when it came to housing was affordability, with 72% of respondents referencing this, the next most referenced issue was a lack of social housing which was seen in 31% of responses, with availability/supply and poor infrastructure/lack of amenities coming in at 14% and 13% respectively.

The Housing Strategy and Growth Manager shared the suggested priorities that the strategy should be focusing upon from the survey. To build more affordable housing was the most frequent theme with 51% of respondents suggesting this, with the building of more social housing (24%) and increased availability of housing (20%) coming in next. Data on both the demographic and the housing circumstances of respondents were also shared with the Board.

The Housing Strategy and Growth Manager concluded by highlighting the draft strategic priorities of which four had been suggested, which were:

1. Increase the supply of housing in Trafford and build more 'truly' affordable homes.
2. Ensure Trafford residents can access and sustain their homes.
3. Ensure homes met current and future needs in Trafford.
4. Creating neighbourhoods of choice that address inequalities and places people want to live.

The presentation of the strategy concluded with the Housing Strategy and Growth Manager asking the Board to answer six questions using a polling platform called SLIDO. The Board accessed this on their mobile phones, with the intention for their responses to be used in support of the formulation of the strategy. Following this, the Housing Strategy and Growth Manager asked if there were any further questions from the Board.

The representative from Greater Manchester Mental Health asked if a conversation around incorporating people with mental health issues into the strategy could be held. The Housing Strategy & Growth Manager agreed to meet outside of the meeting to discuss how the needs of people with mental health issues could be integrated into the plan.

The Chair thanked the Housing and Growth Strategy Manager for the presentation, and thanked her, and the Housing team more widely for the work that had been done so far.

RESOLVED:

1) That the strategy be noted.
2) That the Housing Strategy and Growth Manager and the representative from Greater Manchester Mental Health meet outside of the meeting for further discussions.

15. LOCALITY PERFORMANCE ASSURANCE FRAMEWORK

The Deputy Place Lead for Health and Social Care and the Health and Social Care Programme Director provided the framework to the meeting. The Deputy

Place Lead for Health and Social Care referred the Board to previous discussions had around the new operator model at Greater Manchester (GM) level for a new integrated care system architecture, which began to establish a new model as to who did what work and where. The Deputy Place Lead for Health and Social Care informed the Board that following this, the Council was beginning to understand what the locality would be capable of and developing a performance management framework, to plan how the locality would provide assurance around the key strategic and operational deliverables. The Board were informed that this was being tailored to Trafford, to further understand the requirements of the locality.

The Deputy Place Lead for Health and Social Care supplied a comment for provider colleagues on the Board, that the locality was conscious of ensuring that truly robust arrangements were in place within the locality to ensure that work was delegated appropriately, and that work was not being duplicated.

The Deputy Place Lead for Health and Social Care directed the Board toward the bullet point questions which Board Members were asked to complete.

The Corporate Director for Adults and Wellbeing welcomed the report and highlighted the importance of answering the questions to ensure that everything was linked together and the framework was working best for the residents of Trafford. The Deputy Place Lead for Health and Social Care came back on this, saying that the framework was about understanding what was important to Trafford, and the metrics and priorities which need to be focused upon within the Borough.

The Independent Chair for Trafford Strategic Safeguarding Partnership asked about the parity of focus between children and adults in terms of the performance framework. The Deputy Place Lead for Health and Social care responded that they suspected that it was not a fair split, but a conscious effort had been made over the previous 6-month period to increase the exposure on the assurance around children's services. The Deputy Place Lead for Health and Social Care finished by saying that it was getting there but it needed to be front and centre to create parity.

The Trafford Local Care Organisation representative felt that providers and organisations needed to work together on the framework to establish one version of the truth, as when work like this had happened in the past, different organisations have brought different sets of data to the table. The Deputy Place Lead for Health & Social Care agreed with the Board member and ensured that it was a priority to avoid making things complicated, and to work closely with local care organisation colleagues.

The Chief Executive made the Board aware that a refresh on the locality plan was upcoming, and that in recent meetings of the locality board, it had been discussed about how this could be the plan for Trafford. This would bring together one single plan, which knitted together several different elements. The Chief Executive felt that this would help to bring all the priorities together and lead the locality in the right direction when determining progress that was being made.

The Health & Social Care Programme Director expanded on this and felt that it was important to think about the role of the Board. He felt that it was important that the Board be a critical friend to the locality, which considers and challenges the difference that was being made.

The Chair thanked all for their input and felt that it would be important to keep priorities front and centre.

RESOLVED: That the framework be noted.

16. SYSTEM WORKING TO ADDRESS HEALTH INEQUALITIES

The presentation was brought to the Board by the Director of Public Health, the Public Health Programme Manager, and the Public Health Consultant. The Director of Public Health opened the presentation by informing the Board that they had hoped it could get them thinking about health inequalities. They made the Board aware that Trafford had long been conscious about health inequalities, with substantial work having been done within the borough, but also at Greater Manchester and national level.

The Director of Public Health provided the Board with a definition of what health inequalities meant and classified the health inequalities into four different areas.

The Public Health Consultant took over the presentation and reminded the Board that the things that made people healthy led to inequalities due to the way they were distributed. The suggestion was that socio-economic conditions, altered someone's health behaviours, which could impact the likelihood of chronic conditions, which affect life expectancy. The Public Health Consultant made the Board aware health inequalities were about the causes of the causes of the causes.

The Public Health Consultant then provided the Board with some data around life expectancy in Trafford. There had been a plateau of life expectancy in Trafford, but the gap between the most and least deprived was reducing, which was positive. Data was also shared on the immediate causes of death that contributed to the gap in life expectancy in Trafford from 2020-21. For women this was Covid-19 and for men it was circulatory issues, however, both were issues for men and

women, with cancer and respiratory issues also being high for men and women. The Board was made aware that conditions and causes of death varied dependent on different factors, such as geography, and different population groups such as those with severe mental illnesses. The Public Health Consultant informed the Board that smoking was still the number one cause of preventable deaths, with overall smoking prevalence in Trafford reduced to 8%, but much higher in certain groups and communities, such as those with mental health issues, or routine / manual workers.

[NOTE: Councillor Karina Carter joined the meeting at 10:51 and the Corporate Director of Children's Services joined at 10:56]

After providing the data, the Public Health Consultant gave the Board a sense of things that were happening in Trafford on the presentation.

The Public Health Programme Manager provided an example of the work done in Trafford, and how it fitted within the neighbourhood model. The example provided related the aim of the neighbourhood model to tackle health inequalities within different neighbourhoods and the different priorities these areas had. Evidence had been used to develop a health inequalities service and fund. The Public Health Programme Manager explained some of the projects that were in place to support the reduction of health inequalities. The Board were then presented with the process which had been undertaken, which included Initial conversations with the voluntary sector, and discussions with partners, across the Council and externally. A learning event was held, which looked at what was stopping people from changing their behaviour. This was followed by a health needs assessment, with a gap analysis, which looked at what services were already in place, what could be improved, and what was left over to work with. The Public Health Programme Manager was using this information to identify where gaps in service were, and working to support people in these areas who were at the highest risk.

The Director of Public Health asked the Board what approach they think Public Health should take to address health inequalities but did raise some things that should be considered in any suggestions. The Board was then offered some key questions, and a discussion began.

The Chair thanked them all for the presentation and felt that it was important to make sure those at risk of going into hospital were supported before they ended up in hospital.

The Managing Director for Trafford LCO raised a couple of points. The first surrounded Covid-19 as a cause of death, saying that if the population was healthier, we would have had less deaths due to a large amount of the deaths

from Covid-19 in the borough coming from those with two or three long-term health conditions. As such they felt that this should be kept in mind this when considering cause of death. Secondly, they said that they were struck by statistics on early death for those with mental health problems. They raised their concern by this, that many will have suffered these problems from childhood experiences, and asked if the Board as providers could look at how they can support these groups to improve the statistics.

The Chair of Healthwatch Trafford mentioned that they have a large group of carers who they have listened to and felt that their concerns will need to be considered in any strategy.

The Independent Chair, Trafford Strategic Safeguarding Partnership (TSSP) first asked if there was a carers strategy and secondly around whether conversations were being had around people with learning disabilities and what this could show about early life. The Chair responded that there was a carers strategy in place. The Public Health Programme Manager responded that the 'Empower You' project had looked specifically at those with learning disabilities, which looked at physical inactivity and supporting people to help them to understand the importance of staying healthy.

The Associate Medical Director appreciated the presentation and felt that focused pieces of work would be the way forward. The Associate Medical Director asked what could be done with NHS Health Checks to create opportunities to catch diseases in minority ethnic groups who may have been more likely to get diseases at an earlier point. The Public Health Programme Manager responded that a pilot project had begun with the Pakistani Resource centre that will look at the impact of earlier health checks for those from certain ethnicities.

The Trafford Community Collective representative said that work was ongoing targeting different diverse communities and long-term conditions. They felt that the presentation linked well to the communications strategy and highlighted the need to talk to people to see what works for them.

The Health and Social Care Programme Director felt there needs to be a dedicated focus for the piece of work, as the conversations in the room had shown really good specific examples of the work that was going on, but that it was now time to map out what each partner in the room can do towards the aims in the presentation. They reiterated their belief in the power of the neighbourhood model and how local intelligence came through this to hear about the needs and aspirations of the individual communities within the borough.

The Corporate Director for Childrens Services spoke of the importance of being data intelligent which came through throughout the presentation, but also using this alongside evidence-based work, due to the scarcity of resources. The Corporate Director for Childrens Services welcomed the approach and felt that with a combination of these things it will make it an even stronger approach.

The Corporate Director Adults and Wellbeing spoke of the importance of enforcing the messaging involved with work around behavioural changes for health and wellbeing.

The Director for Public Health suggested working with colleagues at bringing a proposal back to the next Board around a partnership that supports the programme of work and consolidates what was going on with the evidence base and evaluation. They thanked the Public Health Programme Manager for turning the presentations round so quickly and plans to bring the proposal to the next meeting.

RESOLVED:

1) That the presentation be noted by the Board.
2) That the Director of Public Health work with colleague to bring a proposal to the next meeting which supports the programme of work.

17. CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT

The Public Health Consultant provided background to the report and panel. The panel was joint between Stockport, Tameside, and Trafford Council's. They did advise caution when analysing the findings of the annual report as the numbers were generally quite low, but that there were programmes of work ongoing to enable a five-year review from 2024-25.

Infant mortality rate had a drop over the past two rolling data points, with child mortality up slightly in Trafford. The Public Health consultant provided some of the data on the report, with 39 deaths notified in 2021/22 which was below the 8-year average but there was not yet a clear trend towards a lower rate longer term. The main causes of death were then provided to the Board.

The Public Health Consultant informed the Board that there was a trend in deprivation, with an increased risk in the most deprived groups. Finally, the Board was told that the panel, during the full review, asks if there were any modifiable factors which could have meant the death was avoidable. The Board was informed this was a really difficult decision to make, but that professional judgement and discussion had been had before coming to that conclusion.

The Public Health Consultant finished by providing the 5 key recommendations in place. For the Health and Wellbeing Board, this was for the Board to continue work to address the longstanding causes of increased risk of child death.

The Corporate Director Children's Services was pleased to see actions for the maternity services, of which some were on an improvement journey, and wanted to know if any assurances and understanding was in place to ensure a follow through on their recommendations. The Director of Public Health responded that maternity services within Greater Manchester were managed by ICB and commissioned through Manchester commissioners rather that Trafford, but the relationship was worked on closely. The Public Health Consultant also ensured the Corporate Director for Children's Services that despite a risk of disconnect due to the tri-partite working between the three areas, Trafford was getting together with the other public health and child death overview panel managers to make sure that the recommendations were taken to the maternity boards in each area as assurance that work was ongoing.

The Corporate Director Children's Services also asked about deaths by suicide in recent years and whether cross-referencing was taking place with the child death overview process and the suicide prevention processes, so that joint learning could take place. The Public Health Consultant responded that suicide was a live discussion. Despite numbers being low at the time, they informed the Corporate Director that there were opportunities for both groups to gather information. The Director of Public Health spoke of the suicide prevention board, which was really active, and assured the Board that numbers in Trafford were very low and gave an overview of the process which takes place when a death occurs, which involves a multi-agency investigation.

The GP Board Representative asked a question about maternity services and if there was something that could be done around identifying those women who weren't pregnant yet, as once a woman was pregnant and reaches the maternity service many of the opportunities for intervention will have gone. The Director of Public Health responded that work had been done around this in the living well age group, looking at obesity, smoking and alcohol, which can be risk factors for babies being born. They informed the GP Board Representative that this will be something that they will take onboard moving forward.

The Chief Executive for Trafford Leisure asked if there was any work being done to look at inactivity, and the data around that which included 70% of children and young people not meeting the guidelines for physical activity in Trafford.

The Chair noted and signed off the report.

RESOLVED:

1) That the report be noted and signed off.
2) That the partners of the Board continue work to address the longstanding causes of increased risk of child death.

18. BETTER CARE FUND (BCF)

The Corporate Director for Adults and Wellbeing asked the Board to formally sign off the Batter Care Fund to cover the years 2023-25. They informed the Board that the template had been submitted and approved by both the regional and national assurance processes. They then proceeded to give the Board an overview of what the fund involves, mainly the £36 million worth of funding, and informed the Board of the metrics and conditions in place to monitor the performance of the framework.

The Chair asked if the Board had any comments, none were received. The Chair proceeded to ask the Board to sign off the report, with the Board agreeing.

RESOLVED: That the report be noted and fund approved

19. OPERATIONAL OUTBREAK PLAN

The Director of Public Health provided context to the plan, which was a multi-agency plan for outbreak management throughout Trafford and set out the different responsibilities for different partners should an outbreak take place. They also informed the Board that the plan had been reviewed at a Greater Manchester level, and it was robust to their recommendations. The Deputy Place Lead for Health & Care Integration had nothing to add, just that this was a hugely important document considering what we had been through over the last three years.

The Chair asked the Board to sign off the plan, which it was.

RESOLVED: That the plan be noted and signed off by the Board

20. URGENT BUSINESS (IF ANY)

The Director of Public Health gave an update on the situation around Covid-19. The Board were informed that the UK Health Security Agency (UKHSA) was currently monitoring a new variant, but due to a lack of testing at the time, the impact of the variant was unclear.

In the community illness was becoming more apparent, however, despite more people being unwell there had currently been no deaths attributed to the new variant.

The Board was informed that lateral flow tests do pick up the new variant which was a positive. There had been an outbreak of the new variant in a care home in East England, but this only saw one resident admitted to hospital and all residents now recovered.

The Director of Public Health notified the Board that an update was coming from the UKHSA in the next couple of weeks. Current advise was to push uptake of the vaccine to all residents and to reinforce all IPC measures across the borough.

The Board were finally made aware that at the time there was no evidence to suggest that the new variant had any adverse effect on children.

RESOLVED: That the urgent business be noted

21. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 10.00 a.m. and finished at 11.56 a.m.

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TRAFFORD COUNCIL

Report to:	**Health & Wellbeing Board**
Date:	**17th November 23**
Report for:	**Information**
Report of:	**Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford) and Nathan Atkinson, Corporate Director Adults and Wellbeing, Trafford Council**

Report Title

Better Care Fund Quarter 1 Report

Purpose

In July 2023, Trafford resubmitted its Better Care Fund Plan for 2023/24, and supporting narrative to NHS England, following a required set of revisions from an earlier submission in June 2023. This was shared and retrospectively approved by Trafford's Health and Wellbeing Board on 14th August, 2023 after which Trafford received formal approval from NHSE.

The national return for Q1, focuses on system resilience by establishing a detailed understanding of demand vs capacity within the community and in supporting hospital discharges. This return has been completed in partnership with NHS Greater Manchester (Trafford) and Trafford Council and was supported by each organisational leadership team prior to submission.

The full return to NHS England is attached alongside this paper, but to support ease of reading, key areas have been summarised within this paper.

Recommendations

The HWBB are asked to:

1. Note the content of the finalised BCF return for Q1, submitted on 31st October 2023.

Contact person for access to background papers and further information:

Name: Gareth James / Nathan Atkinson
Telephone: N/A

1.0 Introduction

The Better Care Fund (BCF) reporting requirements are set out in BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF Programme.

The key purposes of reporting are:

1) To confirm the status of continued compliance to the requirements of the BCF fund.
2) In Quarter 2, to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the end of the year actual income and expenditure in BCF Plans.
3) To provide information from local areas on challenges and achievements and support needed in progressing the delivery of the BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to improve performance.

Following submission of our Better Care Fund Plan for 2023-2024 and supporting narrative in July 2023, this paper provides a summary report highlighting the pertinent updates, performance and changes to trajectories (rationale) within the detailed capacity and demand plan, submitted as Trafford's Quarter 2 return.

2.0 Better Care Fund Metrics

The BCF plan includes the following 5 metrics. Please find a summary of performance below, with detail of performance can be found within Tab 4: Metrics of the supporting excel spreadsheet.

1) Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions

- Expected performance within Q1 was 193.2. Actual performance is 166.0
- Performance status: On- track
- Achievements linked to BCF funding: The introduction of Trafford Crisis Response team provides further support hospital avoidance by providing short-term assessment and care service for patients in their own homes at a timelier rate that available within existing community services. It will also increase the number of patients attending A&E whose admission can be avoided by the navigator service referring into Crisis Response in A&E rather than after admission.
- Upcoming plans: Further development of the Hospital at Home model is required. Once implemented further improvement in this target is expected.

2) Percentage of people who are discharged from hospital to their normal place of residence.

- Expected performance within Q1 was 91.5%. Actual performance in Q1 is 90.89%
- Performance status: On-track.
- Whilst performance was lower in Q1, performance in Q2 to date shows improvement to 92.14% with YTD performance of 91.50%, in line with our submitted plan.
- Achievements linked to BCF funding**:** The Rapid MDT for P3 Discharge to Assess Beds service undertakes MDT within 48 hours of a resident being admitted to an assessment bed. This service is supporting more of our residents to return home, moving from Pathway 3 Discharge to Assess bed to Pathway 1. Additional capacity of OT and Physio into this team has provided significant support. This team is also identifying residents who can be supported by bedded IMC to enable them to

subsequently go home, reflecting a much greater flexibility across discharge pathways, with Home First embedded within their ethos.

- Upcoming plans: The upcoming implementation of Pathway 1 team within Trafford Community Response Service will provide Intermediate Care at Home to residents. This is a new service, which will provide significant increased access to community physiotherapy and occupational therapy which will enable early discharge for a larger number of patients, by providing support to up to 6 weeks (in line with NICE Guidance for Intermediate Care).

3) Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000

- Planned performance/trajectory by end of Quarter4: 2,003. Actual performance at the end Q1: 490.2
- Performance status: On track
- Achievements linked to BCF Funding: There have been several capacity and demand challenges in community OT and Physio, much related to the legacy of Covid-19 pandemic which has impacted the capacity of preventative rehabilitation services, which were refocused to support hospital discharges. However, through the additional investment in therapy resource within the new Trafford Pathway 1 team within Community Response Service, the Community Rehabilitation Recovery Plan will fully actioned, increasing access and capacity back on its commissioned purpose, to provide in falls prevention interventions.
- The introduction of the Rapid MDT to P3 D2A beds, which includes social care, nursing and therapy has also supported a reduction in falls in the care home setting but providing MDT within the first 48 hours of an resident entering D2A bed.
- Upcoming plans: Full introduction of Pathway 1 Community Response Team and full action of community rehabilitation plan.

4) Rate of permanent admissions to residential care per 100,000 population (over 65)

- Planned trajectory of 559 by end of Q4. Performance in Q1 is 79 which consists of 26 Nursing and 53 Residential, not including Continuing Health Care figures.
- Performance status: Not yet on track. Q1 reporting is slightly higher than planned, however Q2 is showing a decrease which bring Trafford more in line within expected targets.
- Achievements linked to BCF Funding: The Rapid MDT for P3 Discharge to Assess Beds service, which reviews residents admitted into a bed within 48 hours, is supporting more of our residents to return home, moving from P3 to P1. This team has also identified residents who could be supported by bedded IMC to enable them to subsequently go home. This team has enable greater flexibility across discharge pathways, with Home First embedded within their ethos.
- Trafford Control Room (TCR) remains the centre point for all referrals who require Health and Social Care Pathway 1 and Pathway 3. The control room offer an integrated team of health and social care staff, with the skill-set to understand the holistic requirements of an individual with the ability to scrutinise referral pathways and challenge decisions for the most appropriate outcome for the individual.

- Upcoming plans: Continued roll out of and monitoring of Rapid MDT for P3 D2A beds to ensure continued impact on returning more residents home rather than long term residential and nursing care.

5) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services.

- Planned trajectory of 92% by Q4. Reported performance within Q1 is 86.2%.
- Performance status: On-track. 86.2% this is 8 percentage points better performance compared to the same period of the previous year, if this trajectory to improve over that reported in 22/23, then we will exceed our planned target.
- Achievements linked to BCF funding: In addition to the continued success of Stable and Make Safe services, the new Trafford Community Response Service will provide a 2- hour urgent response within the community, as part of a wider MDT model.
- Upcoming plans: Through the introduction of D2A Pathway 1 (IMC at home) model and the continuation of the success SAMS model, Trafford will have a much enhanced rehabilitation and reablement offer within Pathway 1.

3.0 Quarter 2: Capacity and demand Refresh

3.1 Areas which where estimates for capacity and demand have changed since the plan was changed in June 2023.

Pathway 1: Reablement and Rehabilitation (Community and Hospital discharge capacity)

There is significant change in our reported capacity to meet demand in Pathway 1 Hospital Discharge and Community. These figures can be found with 5.2 and 5.3 of the accompanying excel spreadsheet. There are two reasons for this increase. The first being that NHS England have amalgamated Reablement (Stable and Make Safe Services) with Pathway 1 Rehabilitation at home services, creating combined figures for capacity and demand. The second, is that prior to this submission Trafford did not have a Pathway 1 rehabilitation at home service. Subsequently these figures have changed due to the introduction of Trafford Community Response Service, which includes Crisis Response Team and Discharge Pathway 1 (IMC at Home) Team.

Figures of Hospital discharge capacity for pathway 1 is a total figure of reablement (76 per month) and Discharge Pathway 1 (IMC) capacity of Nov (216), Dec (279), Jan (279) Feb (261) and March (279). Please find a breakdown of these calculations below:

Urgent Community Response Assumptions and Calculations

Assumptions are based on new crisis response service going live from 25th October 2023. Demand is based on initial assumptions of services delivered within the Manchester and Trafford system via the LCO. Capacity based on current workforce within the team and projections of demand that the team could manage based on 3 visits per day to patients.

D2A/IMC at Home Assumptions and Calculations

Demand based on D2A hospital discharges and IMC at home projections from neighbouring locality managed by LCO with a 100% uplift due to twice the population within Trafford. Numbers are based on averages of current demand within South Manchester via the LCO for the same service, and numbers are based on actual patient demand of accepted referrals in neighbouring locality as a

baseline of service delivery. Whilst capacity is recorded as a total, limitations within workforce at present mean capacity at 50% of future potential.

Capacity within the Trafford Community Response Service is based on a new overarching MDT approach for two teams a 2 hour Crisis Response Team and D2A Pathway 1 team, incorporating a range of professions including Physio, Therapist, ACPs, Pharmacists, GP, Nurse and Social Worker.

Pathway 1 Homecare Market capacity

Capacity in the market for Homecare packages/ Pathway 1 has increased significantly over the past 18 months. The homecare contract operates in a neighbourhood model which has been very effective. In addition, extra capacity was created via a number of providers which were onboarded to alleviate system pressures during Covid.

In Trafford, the homecare market is now in a position where providers have fluid capacity to support hospital discharges and community packages with care being available within 24 hours of receipt of the referral in most cases to deliver a Stabilise and Make Safe service that is up to 3 weeks of assessment to establish if someone has long term care needs (SAMS).

One of the risks that we are supporting the provider market is sustainability due to the fluid capacity in the market. This is not unique to Trafford and a number of the 10GM local authorities are experiencing similar circumstances.

To stabilise the homecare market, procurement activity is planned to reduce the number of providers, with a focus on quality and enhance the current neighbourhood model that has been working well.

Reablement and Rehabilitation Pathway 2 – Hospital Discharges via spot purchases (tab 5.2)

Inclusion of additional capacity of 1 per month via spot purchasing for patients requiring a health recovery bed. These are required for a very small number of patients who require a period of recovery outside of hospital prior to rehabilitation. These patients, whilst low in number, have previously often had an extended length of stay in hospital

Reablement and Rehabilitation Pathway 2 – Community (tab 5.3)

Through the introduction of the Rapid MDT Team to discharge to assess beds (pathway 3) it is expected that after the MDT review has been undertaken, 1 patient per month will be identified as being appropriate for bed based intermediate care (rehabilitation) and be stepped into Pathway 2.

Short term residential/nursing care for someone likely to need long term care home placement (pathway 3)

The D2A offer has increased/decreased over the years in Trafford due funding arrangements each year and been dependent on specific demand or escalation. Where the provider is in agreement, we have moved away from a static approach to arrangements and over the years and knowledge and understanding gained, we have been able to develop these beds to offer a more flexible arrangement to meet locality need.

The D2A offer includes Ascot House, Independent Care Homes and Extra care.

D2A beds are monitored with a 28 day exit strategy, but this is sometimes exceeded if there are challenges with move on. Trafford Control Room track individuals and performance.

Subsequently, we have decreased the number of block beds from 45 to 37 beds within the latest submission. Some examples of why there has been an adjustment are as follows:

- We have gradually reduced block arrangements as the provider was simply not responsive to the contract terms and naturally phased these out allowing us to increase spot opportunities**.**
- We have also seen a natural phase down of block arrangements due to quality and practice issues to mitigate the risks to individuals being placed in these services. Suspension on services due to performance issues has seen us phase out block arrangements. As and when a block bed was vacated, we decommissioned this to the point we reached zero beds within the service. This was to reduce the risk posed to placing individuals with an outstanding assessment to avoid further destabilisation and/or risk with an unmet need. This allowed us to increase our block activity elsewhere in the system.
- Where we have underutilisation in nursing provision, we have worked with the service to flex the use. What this means is that we engage with the provider at escalation or a higher demand for example SDN or where there is an increased demand for residential. Where a service is carrying voids in the block, we will ask a service to review the current residents and see where we can use the nursing block for residential or specialist dementia for example. This can see benefits in that we are utilising the voids and therefore avoiding paying for a spot bed, however, the costs do not change so a residential bed rate generally be lower than a nursing and vice-versa.
- Utilisation will never be 100% in D2A due to the variables attached to individual needs and these complexities are not always compatible with the existing individuals utilising the stock, this means that over subscribing on complex needs could cause other challenges such as resident on resident altercations due to behaviours, which could see a failed placement or admission into hospital. We are reliant on the skill set of the service to manage admissions and understand their already existing residents against any new referrals. It is light of these reasons we have continued to plan for capacity of 6 spot purchase beds per month, however this is a reduction from 18 as previously planned.

Short Term 'other' – Community (tab 5.3)

Within Section 5.3 of the tabs, we have now included in "short term other" our 4 D2A apartments which is an offer for discharge from hospital and community step up to avoid admissions.

We have four D2A Flats across Trafford all based within our Extra Care facilities. 2 at Limelight, North Neighbourhood, 1 at Newhaven in South Neighbourhood and 1 at Fiona Gardens, Central neighbourhood. The D2A flat offers a home from hospital reablement and assessment offer, providing independent living within reach from a home care service.

Typically, Extra Care is based on age, not need (55+), however, the benefit of the D2A flat is that we can place under this age criteria. The flats are fully furnished an offer a hospital profile bed. The individuals accessing these flats are able to trial independent living, avoiding a 24-hour bed-based offer with access to a domiciliary care service. Typically, the challenge with the flats is that they often, exceed the 28-day assessment period as they are used for other hospital delays aside of reablement. What we experience is the excessive stays are linked that are often very complex cases and exit strategies are likely to be significantly delayed as a result. The main delays related to the longer stays are generally linked to:

- Housing

- Legal challenges – no recourse to public funding
- Safeguarding

3.2 Potential challenges in capacity over Winter period

There remains a challenge in the availability within Specialist dementia placements and nursing in borough.

Financial challenges in relation to non-recurrent funding streams exist, which pose a potential impact on the longevity of financial arrangements which propose significant financial risk to our short term P3 offer.

4.0 Next steps

Whilst the exact format and questions within the Q3 BCF submission are not yet available, it will require reporting on actual activity vs that detailed within this plan and submitted in Q2. This data is regularly monitored as part of our locality governance so there are no anticipated risks associated with providing the next return.

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Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

1. Guidance for Quarter 2

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.
This section is split into 3 separate tabs:

5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update out records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

HM Government

NHS England

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist: Complete:
Health and Wellbeing Board:	Trafford		Yes
Completed by:	Emma Brown, Director of Adults Trafford, Cathy O'Driscoll		Yes
E-mail:	emma.brown@trafford.gov.uk; cathy.odriscoll@nhs.net		Yes
Contact number:	N/A		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Fri 17/11/2023	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Trafford

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	**Checklist** Complete:
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

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Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Trafford

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	193.2	169.8	185.3	135.9	166.0	On track to meet target	Hospital at Home establishment wihtin the locality. There are a number of initiatives in place within secondary care however further development of the community based team/model is needed for H@H to be fully operational.	The New Trafford Crisis Response Service will serve to support avoidable admissions with a range of opportunities to refer to the service both within the community and primary care as well as from the front door of the Urgent Care services.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.5%	91.5%	91.5%	91.5%	90.89%	On track to meet target	None identified. Whilst performance was lower in Q1, performance in Q2 to date shows improvement to 92.14% with YTD perfomance of 91.50%, in line with our submitted plan.	The Rapid MDT for P3 Discharge to Assess Beds servic, which reviews residents admitted into a bed within 48 hours, is supporting more of our residents to return home, moving from P3 to P1. Additional	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	2,003.0				490.2	On track to meet target	There have been a number of capacity and demand challenges in relation to community OT and Physio, much related to the legacy of Covid-19 pandemic, impacting on falls avoidance whilst there are lifting and response services in place. However, through the additional investment in therapy resource this should be mitigated by the implementation of the new Community Response Service, both from a Crisis Response and D2A Pathway 1 (IMC at Home) perspective. Additional capacity within community therapy will also expediate the continued action of the Community Rehabilitation recovery plan within the locality, that plays an important role in falls prevention.	We have implemented the new Trafford Community Response Service as part of a 2 hour urgent response within the community as part of a wider MDT model as well as the D2A Pathway 1 model which will enhance domicillary based support and provide an IMC at home. This will support patients at risk of admission or readmission to secondary care including patients who are at risk of falling. We have also established our Community Recovery plan. The introduction of the Rapid MDT to P3 D2A beds, which includes social care, nursing and therapy has also supported a reduction in falls in the care home setting by reviewing residents within 48 hours of admission. OT and Physio assessment at this early stage of admisison, supports the reduction of falls	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	559					Not on track to meet target	This data includes both residential and nursing admissions, 26 Nursing, 53 Residential, on checking this excludes CHC - continuing health care. Q1 reporting albeit slightly higher, Q2 decreasing to be more in	Trafford Control Room (TCR) is the centre point for all referalls who require H&SC P1&P3 and are triaged through TCR to provide a timely response to discharge arrangements. The control room offer an	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	92.0%					On track to meet target	86.2% this is 8 percentage points of the same period of the previous year, if the same improvement is seen this year as it was in 22/23 then we will exceed our target	The new Trafford Community Response Service as part of a 2 hour urgent response within the community as part of a wider MDT model as well as the D2A Pathway 1 model which will enhance domicillary based	Yes

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Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Trafford

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?	
Significant change in Pathway 1 Hospital Discharge and Community Capacity. These figures have changed due to the introduction of Trafford Community Response Service, which includes Crisis Response Team and Discharge Pathway 1 (IMC at Home) Team. Figures of Hosptial discharge capacity for pathway 1 is a total figure of reablement (76 per month) and Discharge Pathway 1 (IMC) capacity of Nov (216), Dec (279), Jan (279) Feb (261) and March (279). Please find further detail as to how this has been calculated below. Urgent Community Response Assumptions and calculations - Assumptions based on new crisis response service going live from 25th October 23. demand based on initial assumptions of services delivered within the Manchester and Trafford system via the LCO. Capacity based on current workforce within the team and projections of demand that the team could manage based on 3 visits per day to patients. D2A/IMC@ Home Assumptions and Calculations - limitations within workforce at present mean capacity at 50% of future potential. demand based on D2A hospital discharges and IMC at home projections from neighbouring locality managed by LCO with a 100% uplift due to twice the population within Trafford. numbers are based on averages of current demand within South Manchester via the LCO for the same service. numbers are based on actual patient demand of accepted referrals in neighbouring locality as a baseline of service delivery. Capacity within the Trafford Community Response Service is based on a new overarching MDT approach for two teams a 2 hour Crisis Response Team and D2A Pathway 1 team, incorporating a range of professions including Physio, Therapist, ACPs, Pharmacists, GP, Nurse and Social Worker. Reablement and Rehabilitation Pathway 2- Hopsital Discharges via spot purchases. Inclusion of additional capacity of 1 per month via spot purchasing for patients requiring a health recovery bed, required for a very small number of pateints who require a period of recovery outside of hospital prior to rehabiliation. These patients, whilst low in number, have previously often had an extended length of stay in hospital	Yes
2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)	
Demand:	
Reablement and Rehabilitation Pathway 2 bedded care - Hospital Discharges via spot purchases. This assumption has been made following a pilot which indicates one patient or less a month which requires a Health Recovery Bed. Reablement and Rehabilitation Pathway 2 bedded care- Community: Through the introduction of the Rapid MDT Team to discharge to assess beds (pathway 3) it is expected that after the MDT review has been undertaken, 1 patient per month will be idenitfied as being appropriate for bed based intermediate care (rehabilitation) and be stepped into Pathway 2.	Yes
Capacity:	
Reablement and Rehabilitation Pathway 2 - Hospital Discharges: Health Recovery Beds - Spot purchase within the independent care home market, via exsiting spot purchases and arrangements. Within Section 5.3 of the tabs, we have now included in "short term other" OUR 4 D2A Apartments which is an offer for discharge from hospital and community step up to avoid admissions.	Yes
3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?	
The establishment of the new Trafford Community Response Service incorporates both the 2 hour crisis response service and also the D2A Pathway 1 service. both of these teams consist of Reablement and Rehabilitation Pathway 2 - Community: The introduction of the Rapid MDT into Pathway 3 D2A was a planned intervention to ensure apprioriateness of patients places in short-term assessment bed of their long term needs. Following the outcomes of a pilot, it has been identified that approximately 1 patient a month should have been referred for bed based intermediate care and this flexibility across movement in	Yes
4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
Challenges with Specialist dementia placements and nursing in borough. Financial challenges in relation to non-recurrent funding streams impacting on the longevity of financial arrangements which propose significant financial risk to our short term P3 offer.	Yes
5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).	
None identified at this time.	Yes
6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	

Trafford Control Room (TCR) is the centre point for all referalls who require H&SC P1&P3 and are triaged through TCR to provide a timely response to discharge arrangements. The control room offer an integrated tea	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refrresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Trafford

Hospital Discharge	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot puchasing)				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	20	21	21	20	18	18	18	18	18	18	18	18	18	18	18
Reablement & Rehabilitation at home (pathway 1)	36	36	36	36	36	153	199	171	154	180	153	199	171	154	180
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	36	36	36	36	36	36	36	36	36	36	37	37	37	37	37
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	42	45	45	45	45	37	37	37	37	37	43	43	43	43	43

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity					Capacity that you expect to secure through spot purchasing					Checklist
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Complete:
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	32	33	33	32	30	30	30	30	30	30	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	76	76	76	76	76	292	355	355	337	355	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	36	36	36	36	36	36	36	36	36	36	1	1	1	1	1	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	42	45	45	45	45	37	37	37	37	37	6	6	6	6	6	Yes

Demand - Hospital Discharge		Prepopulated from plan:					Please enter refreshed expected no. of referrals:					
Pathway	Trust Referral Source	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS) (pathway 0)	**Total**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	
	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	12	12	12	12	12	12	12	12	12	12	Yes
	(blank)											Yes
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	(blank)											Yes
	(blank)											Yes
Reablement & Rehabilitation at home (pathway 1)	**Total**	**40**	**40**	**40**	**40**	**40**	**139**	**156**	**184**	**183**	**175**	Yes
	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	40	40	40	40	40	139	156	184	183	175	Yes
	(blank)											Yes
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	(blank)											Yes

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Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Trafford

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	12	12	12	12	12	12	12	12	12	12
Urgent Community Response	0	0	0	0	0	120	106	106	74	86
Reablement & Rehabilitation at home	-34	-34	-34	-34	-34	-34	-34	-34	-34	-34
Reablement & Rehabilitation in a bedded setting	-3	-3	-3	-3	-3	-1	-1	-1	-1	-1
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:					Checklist
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Complete:
Social support (including VCS)	Monthly capacity. Number of new clients.	30	30	30	30	30	30	30	30	30	30	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	180	186	186	174	186	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	6	6	6	6	6	6	6	6	6	6	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	1	1	1	1	1	1	1	1	1	Yes
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	4	4	4	4	4	Yes

Demand - Community	Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	18	18	18	18	18	18	18	18	18	18
Urgent Community Response	0	0	0	0	0	60	80	80	100	100
Reablement & Rehabilitation at home	40	40	40	40	40	40	40	40	40	40
Reablement & Rehabilitation in a bedded setting	4	4	4	4	4	2	2	2	2	2
Other short-term social care	0	0	0	0	0	4	4	4	4	4

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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TRAFFORD COUNCIL

Report to:	**Health & Wellbeing Board**
Date:	**17th November 2023**
Report for:	**Decision**
Report of:	**Helen Gollins, Director of Public Health, Trafford Council** **Debs Thompson, Public Health Consultant, GM Population Health Team** **Simon Watts, Public Health Consultant, MFT**

Report Title

Creating a system approach to addressing health inequalities in Trafford.

Purpose

To describe the system approach to addressing health inequalities in Trafford, incorporating the Greater Manchester and MFT approaches.

Recommendations

The Health and Wellbeing Board is asked:

I. to consider the Greater Manchester Fairer Health for All and MFT programs that will contribute to the reduction of health inequalities in Greater Manchester and Trafford.
II. to agree to the establishment of a Fairer Health for Trafford Partnership.

Contact person for access to background papers and further information:

Name: Helen Gollins, Director of Public Health
Telephone: 07817951555, email: helen.gollins@trafford.gov.uk

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TRAFFORD COUNCIL

System working to address health inequalities

Helen Gollins, Director of Public Health, Trafford

Simon Watts, Public Health Consultant, MFT

Debs Thompson, Public Health Consultant, GM ICB Population Health Team

17th Nov 2023

Greater Manchester Integrated Care Partnership

Fairer Health For All

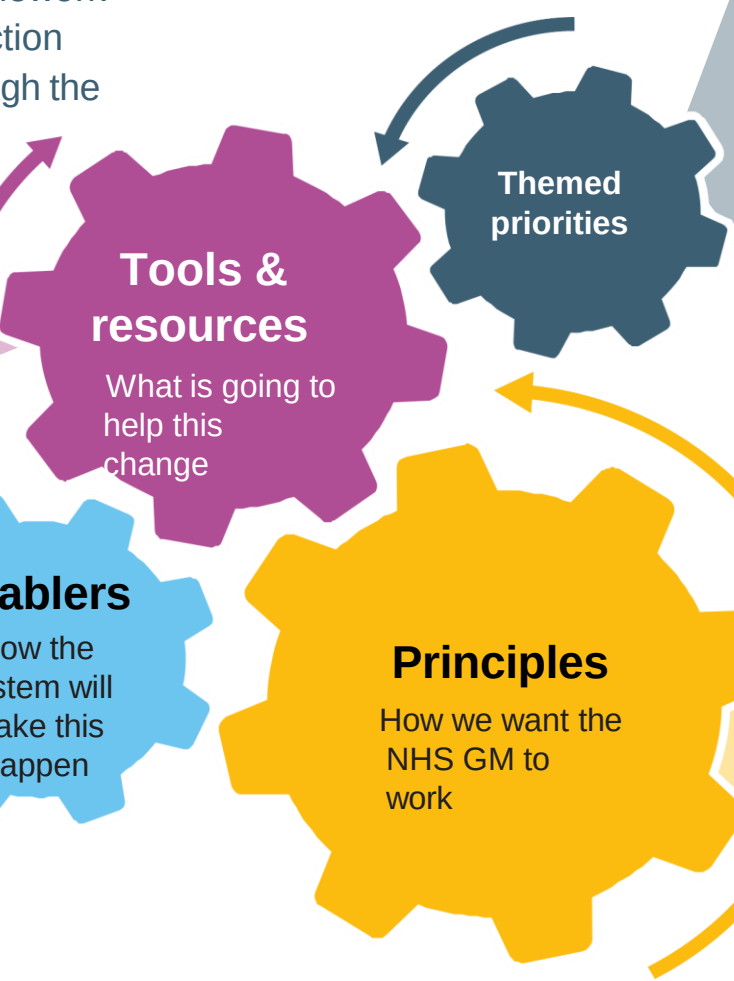
Engagement Draft

What is Fairer Health for All?

- Framework that outlines our **approach to addressing root causes of ill health and inequalities** across the city-region
- **Consensus of priority action** across the system and **roadmap for how we will work together** to:
  - **fulfil statutory NHS responsibilities to create a greener, fairer, more prosperous city-region** and deliver **health and care services that better meet the needs of the communities** we serve
  - **enhance and embed prevention, equality, and sustainability into everything we do**
  - **tackle the discrimination, injustices and prejudice** that lead to health and care inequalities
  - create **more opportunities for people to lead healthy lives** wherever they live, work and play in our city region

Fairer Health for All: in summary

The Greater Manchester Fairer Health for All framework will enable neighbourhood, locality and system action on health equity, inclusion and sustainability through the following model of delivery:



Focus **on targeted prevention**

Invest in the potential of people and communities to live well through the continued expansion of a **social model for health** and upstream models of care

Enhance the role of the Integrated Care Partnership as an **anchor system**

Strengthen our strategic approach to **sustainability** through delivery of our **Green Plan**

- GM Health and Care Intelligence Hub
- Fairer Health for All Academy

- Population Health Management & Strategic Intelligence
- Culture Change & Leadership
- Governance & Resourcing

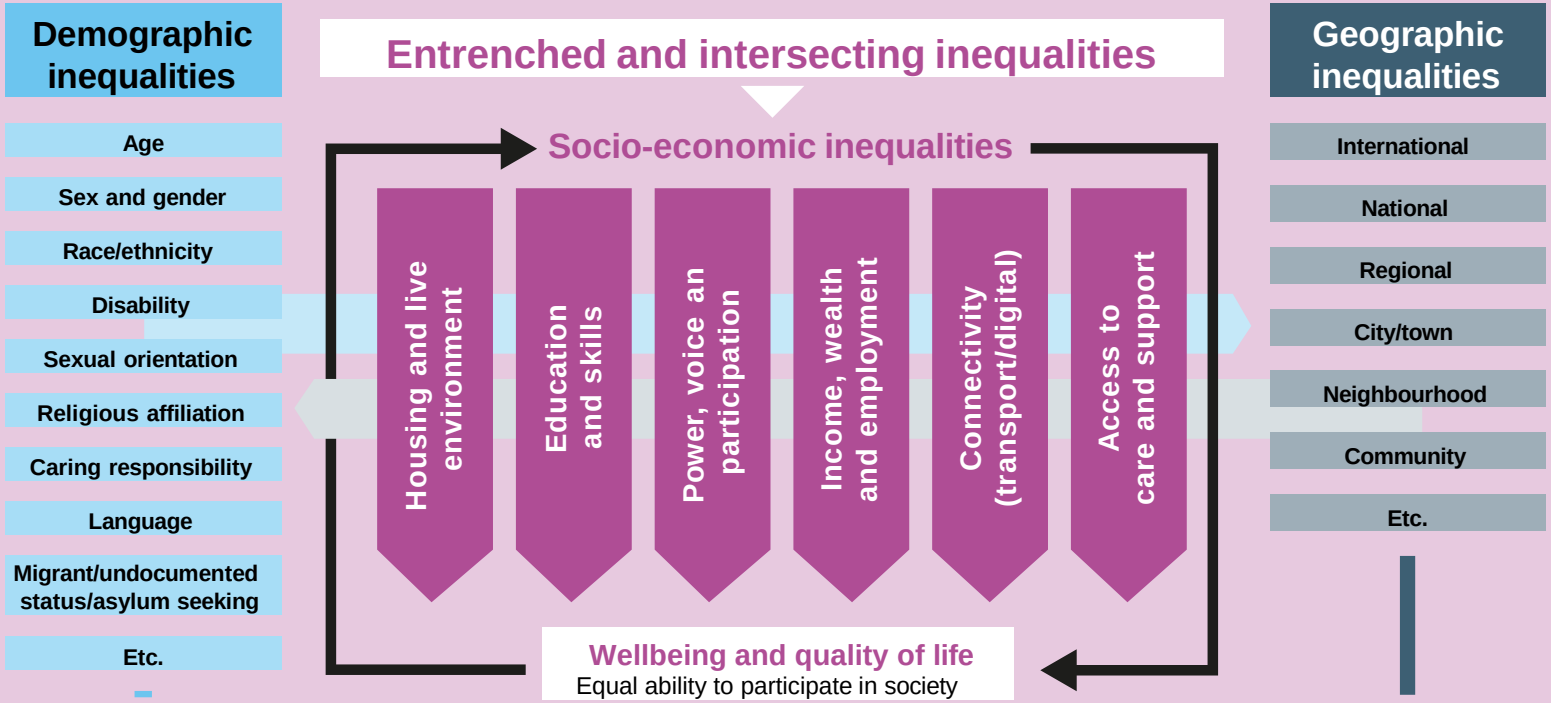
- People Power
- Proportionate Universalism
- Fairer Health *with and for all*
- Representation
- Health Creating Places

What is the context of this work?

- Entrenched and intersecting inequalities experienced in Greater Manchester – highlighting how different communities have unequal opportunities to be healthy.
- The model of interacting inequalities provides the context for our ongoing system-wide commitment to FHFA.

Greater Manchester Independent Inequalities Commission

Model of Interacting Inequalities



The Independent Inequalities Commission was established during the Covid-19 pandemic to develop ideas, providing expert opinion, evidence and guidance to reshape Greater Manchester's economy and society for the future.

Fairer Health for All principles

Greater Manchester Integrated Care Partnership

The Fairer Health for All principles were co-designed by Greater Manchester partners and speak to how we will share risk and resources in a way that considers a strengths-led approach, building on the needs of individuals, communities and partnerships and to collaborative decision making, so that resource can be targeted and tailored to achieve good health across diverse places and people.

People power

We will work with people and communities, and listen to all voices – including people who often get left out.

We will ask 'what matters to you' as well as 'what is the matter with you'.

We will build trust and collaboration and recognise that not all people have had equal life opportunities.

Proportionate universalism

We will co-design universal services (care for all) but with a scale and intensity that is proportionate to levels of need (focused and tailored to individual and community needs and strengths).

We will **change how we spend resources** – so more resource is available to keep people healthy and for those with greatest need.

Fairer Health is everyone's business

We will think about **inclusion and equality** of outcome in everything we do and how we do it.

We will make sure how we work makes things better, and makes our environment better, for the future.

We will tackle structural racism and systemic prejudice and discrimination.

Representation

The mix of people who work in our **organisations will be similar to the people we provide services for**. For example, the different races, religions, ages and sexuality and including disabled people.

We will create the space for people to share their unique voice and be involved in decision making.

Health creating places

As anchor institutions we will build on the strengths of our communities and leverage collective power – to support communities and local economies.

We will focus on place and **work collaboratively** to tackle social, commercial and economic determinants of health.

Outcome targets

What we will do:

1 **Improve health and wellbeing to narrow the gap in life expectancy and healthy life expectancy**
Between men and women living in Greater Manchester, between all ten localities, as well as the England average, by at least 15% by 2030.

2 **Reduce unwarranted variation in health outcomes and experiences**
Eliminate the fivefold difference between the highest and lowest social groups in the experience of having 3 or 4 multiple health harming behaviours such as smoking and excess alcohol consumption, through whole system approaches.

3 **Increased social and economic activity because of reduced ill health**
Narrowing the 15-year gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population to 5 years by 2030.

4 **Reductions in preventable or unmet health and care needs leading to reductions in demand**
Evidenced in part by closing the health inequalities gap in of smoking prevalence with England by 2030.*

5 **Reduce the difference in life expectancy for those with serious mental illness and the incidence of physical health conditions, narrowing the gap with England by 15% by 2030**

6 **Reducing infant mortality through measures including narrowing the gap with England by 15% by 2030 and closing the school readiness gap within the same period**

**Smoking is our single greatest cause of preventable inequalities. 1 in 4 hospital patients' smoke and smokers need social care on average 10 years earlier.*

How will we measure success?

- **Suite of 24 Marmot Beacon Indicators (MBI)** developed as part of the Marmot Build Back Fairer review

- **NHS England Health Inequalities Improvement Dashboard**, covering the five priority areas for narrowing healthcare inequalities in NHS England planning guidance and data **relating to the five clinical areas in our Core20PLUS5 approach.**

- **A wider measurement framework in development to effectively assure and assess delivery aligned to the Joint Forward Plan** performance framework including NHS England (NHSE) Statutory Reporting requirements. To enable a **balanced view of performance across the whole health and care system** and its wider context.

How are we going to do it?

1 Continue to develop Greater Manchester as a **Population Health System**, embedding population health approach, and building population health management capacity and capability

2 Strengthen and scale our approaches to **primary and secondary prevention:**

- Working together to address root causes of ill-health
- Comprehensive approaches to tackling behavioural risk factors - **Invest in the potential of people and communities to live well** through the continued expansion of a **social model for health**
- Upscaling secondary prevention across all part of the NHS and upstream models of care including **person and community centred approaches**.
- Treatment and Management of Health Conditions

3 Enhance the role of the Integrated Care Partnership as an **anchor system** in levering change by **shaping the wider, social, economic and commercial determinants of health in Greater Manchester.**

4 Strengthen our strategic approach to **sustainability** through delivery of our **Green Plan**

The 160 actions to deliver these strategic objectives are detailed within our recently published Integrated Care Partnership Joint Forward Plan.

Fairer Health for All IN ACTION

Greater Manchester Integrated Care Partnership

SOCIAL MODEL FOR HEALTH

Examples

Working together to address root causes of ill health	Comprehensive approaches to tackling risk factors	Upscaling secondary prevention across all parts of the NHS	Treatment and Management of health conditions
• 'Fairer Health' in all policies • Warmer Homes Pilot • NHS GM Green Plan • Live Well • Good Employment Charter	• Making Smoking History • GM Moving	• Targeted lung health checks • NHS health checks • Treating Tobacco Dependency Services	• Prehab pathways • Focus on multi-morbidities • Improve access to diabetes education

Enable co-design and co-delivery e.g. VCSE-PCN test and learn and Community Connectors

What are the delivery tools?

The Health and Care Intelligence Hub

- Co-designed to **consolidate data and insights from public and VCFSE sector partners** across the city region into a single portal.
- Range of **web-based intelligence tools to e**nable adaptive capability for Population Health Management

Access to the hub can be requested via https://www.gmtableau.nhs.uk/gmportal/new_Request and is open to all VCSE and public sector partners.

Fairer Health for All Academy

The aim of the Fairer Health for All Academy is to**:**

- **Facilitate shared learning and innovation** on equity, inclusion and sustainability
- **Build skills and values required to shift towards upstream models of care** and social model for health

Who are we going to engage and how?

This Engagement Draft of the Fairer Health for All framework sets out the **process of engagement to date** as well as i**nitial outputs of work** and will be used to **support a programme of detailed engagement across our health and care system** from now until the end of November.

Its purpose is to provide as much opportunity as possible for the final version to be informed and shaped by our colleagues from the **VCFSE sector and our service users, partner agencies, practitioners, staff and leaders from across all ten localities**, in the way it has been co-produced over the fifteen months to date.

We welcome all comments and will be engaging directly with all stakeholders to provide a space for feedback on parameters 1-4.

1. What are your thoughts on the key goals, targets and metrics we have identified in chapter 9? Are there any ambitions or key metrics that are missing or that require different emphasis?

2. Have we correctly identified the priorities – are there any that are missing or require a different emphasis

3. If we collectively implement the proposals set out in the framework, how will this make a positive difference to your experience of achieving Fairer Health for All either as a provider, service user or delivery partner? What could be added to framework to improve on this?

4. Do you have any other views on the framework?

Appendices

Why is it needed? Deep rooted health inequalities

Greater Manchester Integrated Care Partnership

Inequalities at a glance in GM

There are **2.8 million people** in Greater Manchester

1.1 million of these residents live in the **most 10% deprived areas** of the UK

Female healthy life expectancy in GM is 60.9 years

Vs England average of 63.9

A female born in Salford could expect to live **9.5 years less** in good health than a female born in Trafford.

There are differences within localities too:

A woman living in Salford in the **most deprived neighbourhoods** can expect to live **11.1 years less** than a woman living in the wealthier neighbourhoods

Male healthy life expectancy in GM is 61.4 years

Vs England average of 63.1

A male born in Oldham could expect to live **10.3 years less** in good health than a male born in Trafford.

There are differences within localities too:

A man living in Salford in the **most deprived neighbourhoods** can expect to live **11.7 years less** than a man living in the wealthier neighbourhoods

68,200 people In GM are unemployed

5% compared to 3.5% UK average

117,400 residents are economically inactive due long term sickness. **30%** of our productivity gap is due to ill health

1/3 of the GM population are children and young people (CYP)

around 1 in 4 live in poverty

40% of children living in poverty in GM **live in a smoking household**. Children living in a smoking household are **4 times more likely to start smoking**.

Asthma-related hospital admissions for CYP is consistently high in GM. **And 50% higher for CYP from disadvantaged GM communities.** Twice the rate of the national average.

8

comments and questions to:

a.crossfield@icloud.com
debs.thompson@nhs.net

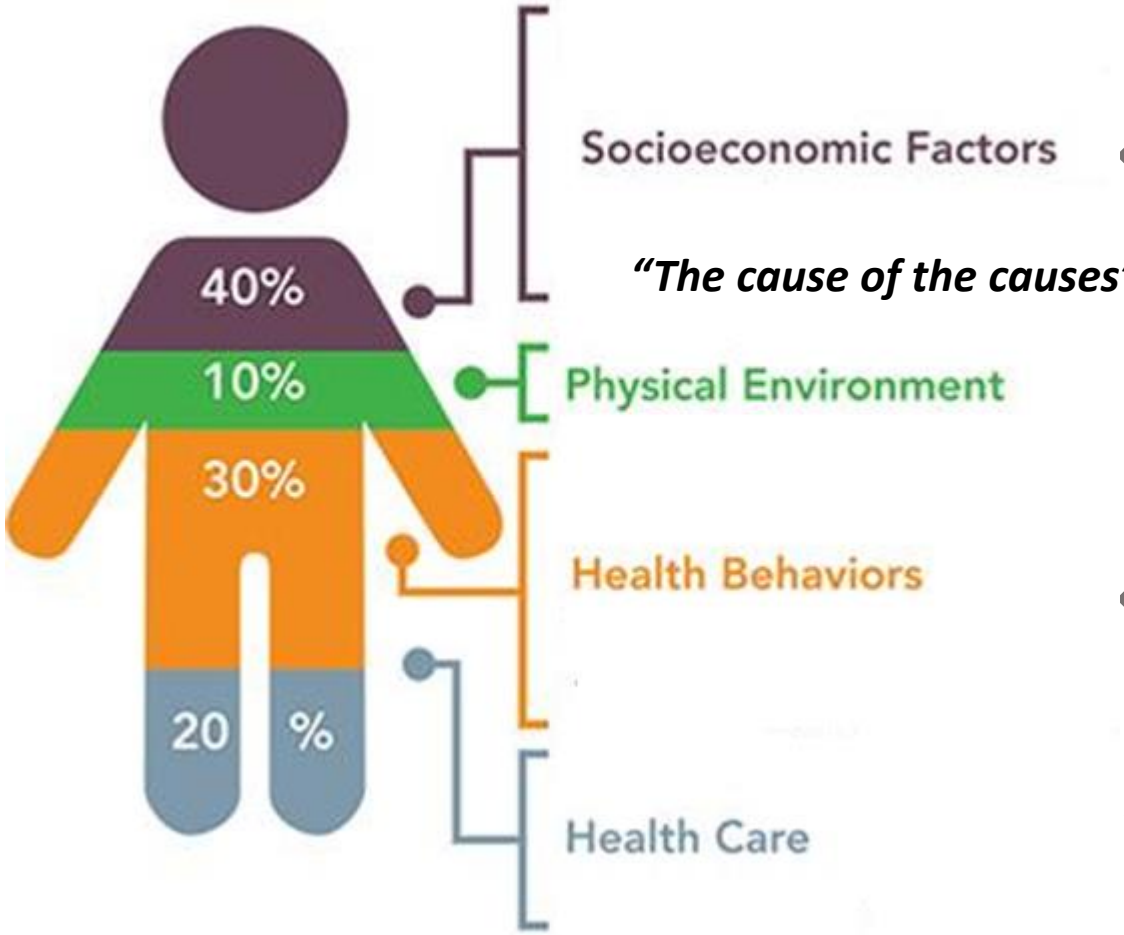
Manchester University
NHS Foundation Trust

Tackling Health Inequalities at MFT

Simon Watts
Consultant in Public Health
simon.watts@mft.nhs.uk

What drives health inequalities

Drivers of Health Inequalities



"The cause of the causes"

MFT's Role in Tackling Health Inequalities

MFT as an Anchor Organisation

Brief Interventions

Brief Interventions

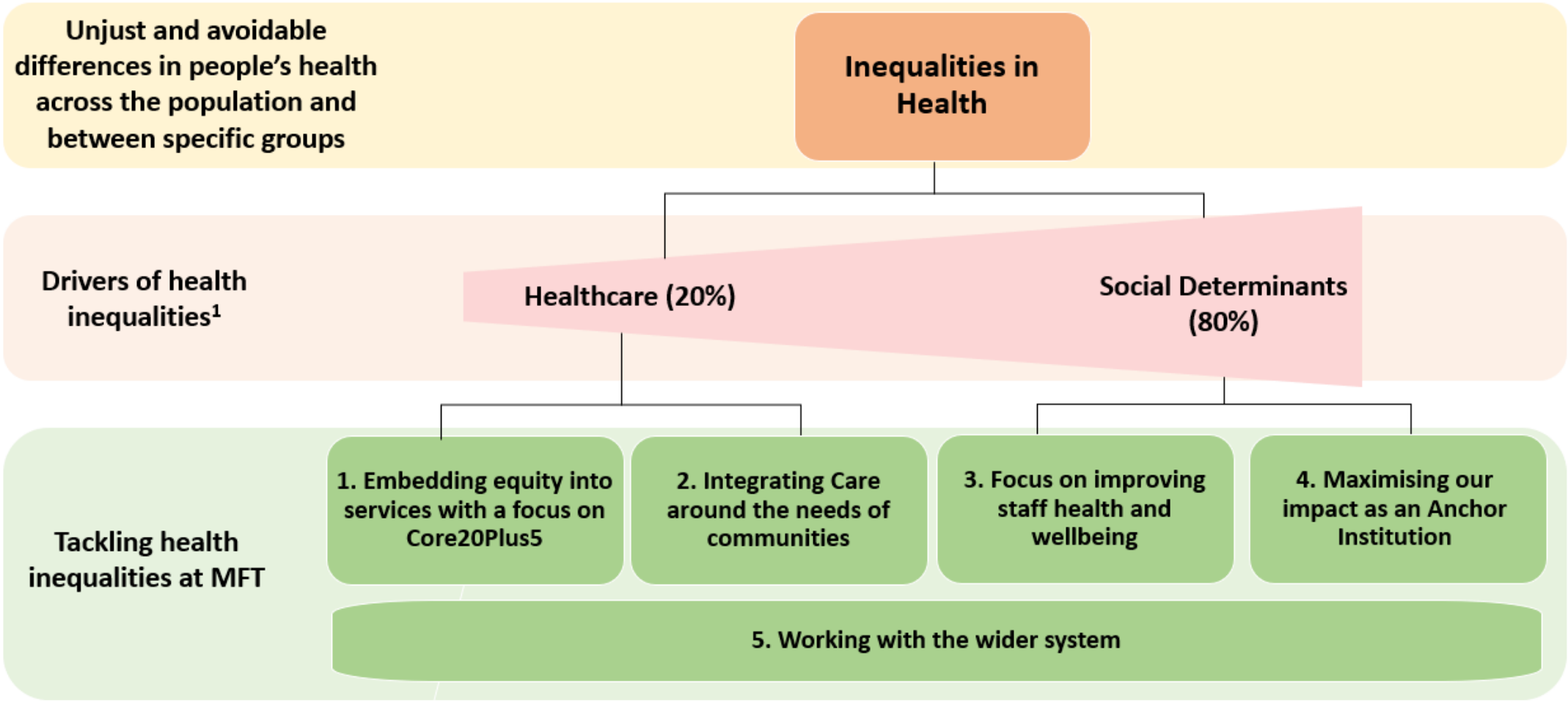
MFT as a provider of healthcare

1. Source: Institute for Clinical Systems Improvement – Going Beyond Walls: Solving Complex Problems (2014)

A framework for tackling health inequalities

Away Day – Feb-23

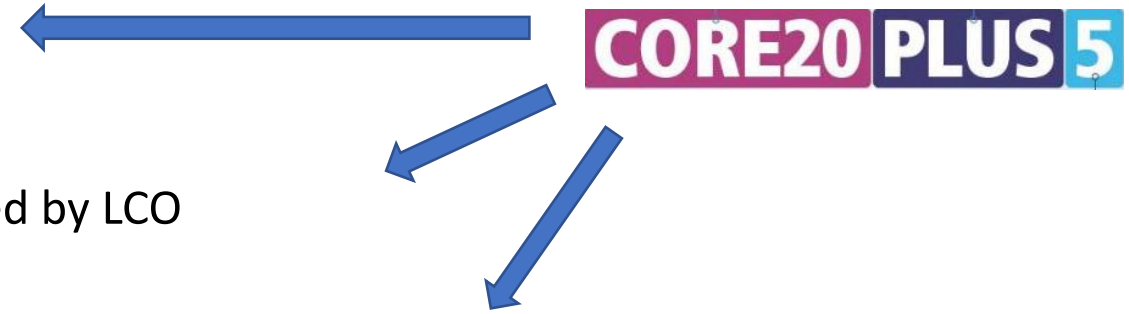
MFT group governance, SRO, framework and subsequent plan



1. Source: Institute for Clinical Systems Improvement – Going Beyond Walls: Solving Complex Problems (2014)

Key Themes in the Health Inequalities Plan

1. **Embedding Equity into Services**
   - Data and intelligence - DNA - Power BI
   - Technology and digital inclusion
   - Health literacy / effective communication
   - Pathway specific work
     - Bowel Cancer and Diabetes
     - Targeted work to improve access



2. **Integrating care around communities**
   - Local approaches to reducing inequalities – led by LCO
   - Resident engagement and co-design

3. **Wider determinants/root causes and "Anchor Organisation"**

4. **Staff health and wellbeing**

Enabler: Leadership, governance and wider workforce:

- How we embed tackling health inequalities in everything we do
- Everyone's business: how we engage and reach all members of the team. We all have a role in tackling health inequalities, from porter to nurse, receptionist to surgeon.

System working to address health inequalities: Establishing A Fairer Health for Trafford Partnership

TRAFFORD COUNCIL

Helen Gollins, Director of Public Health, Trafford

17th Nov 2023

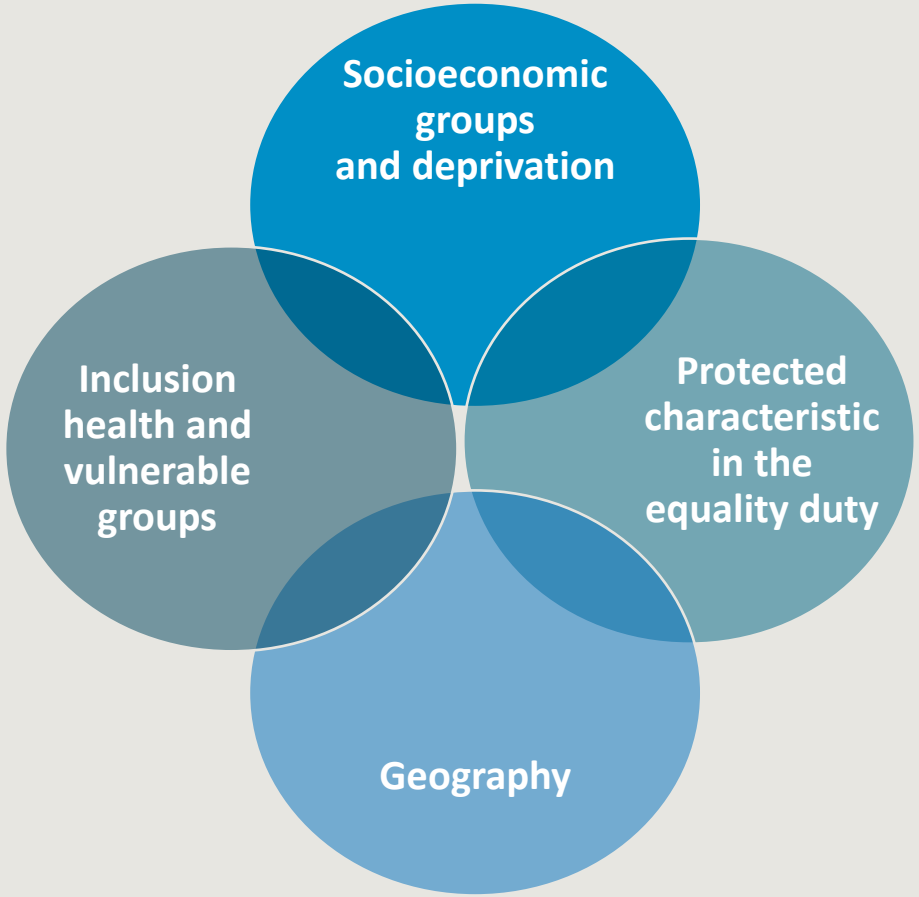
A quick reminder

System working to address health inequalities

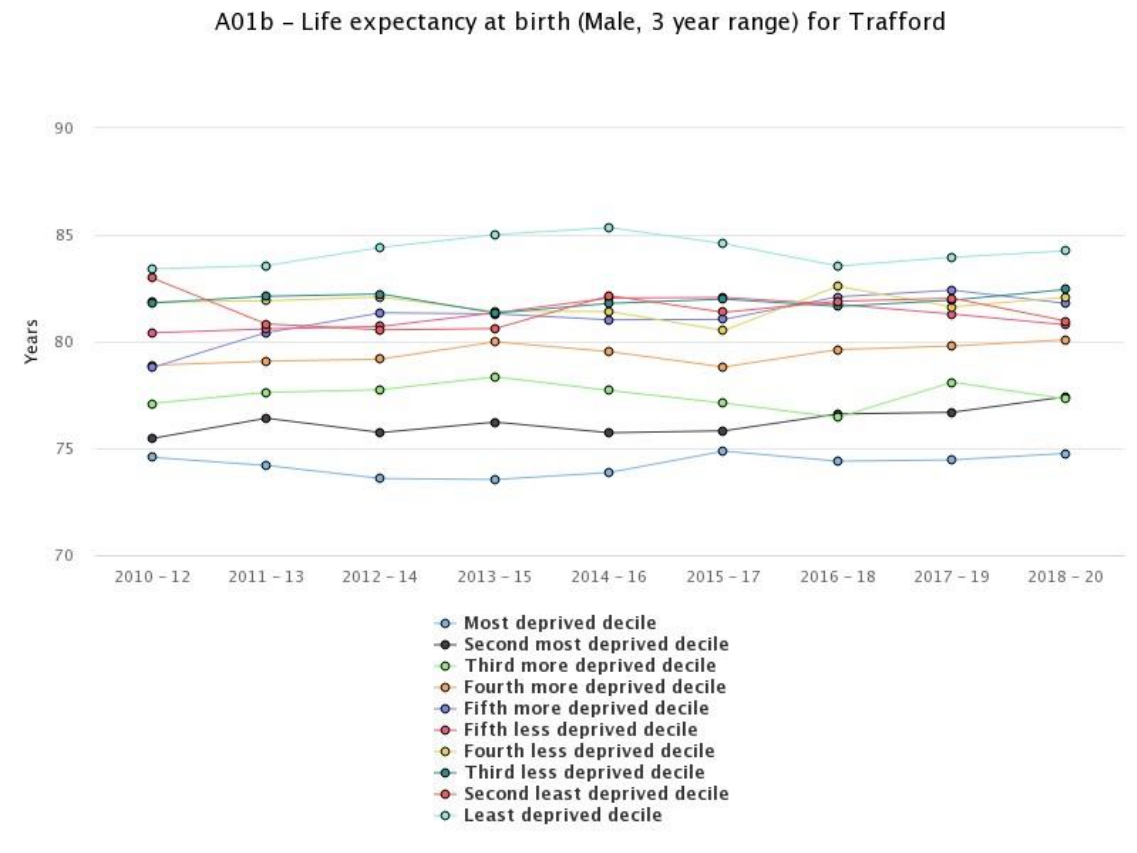
Benefits & considerations for Trafford

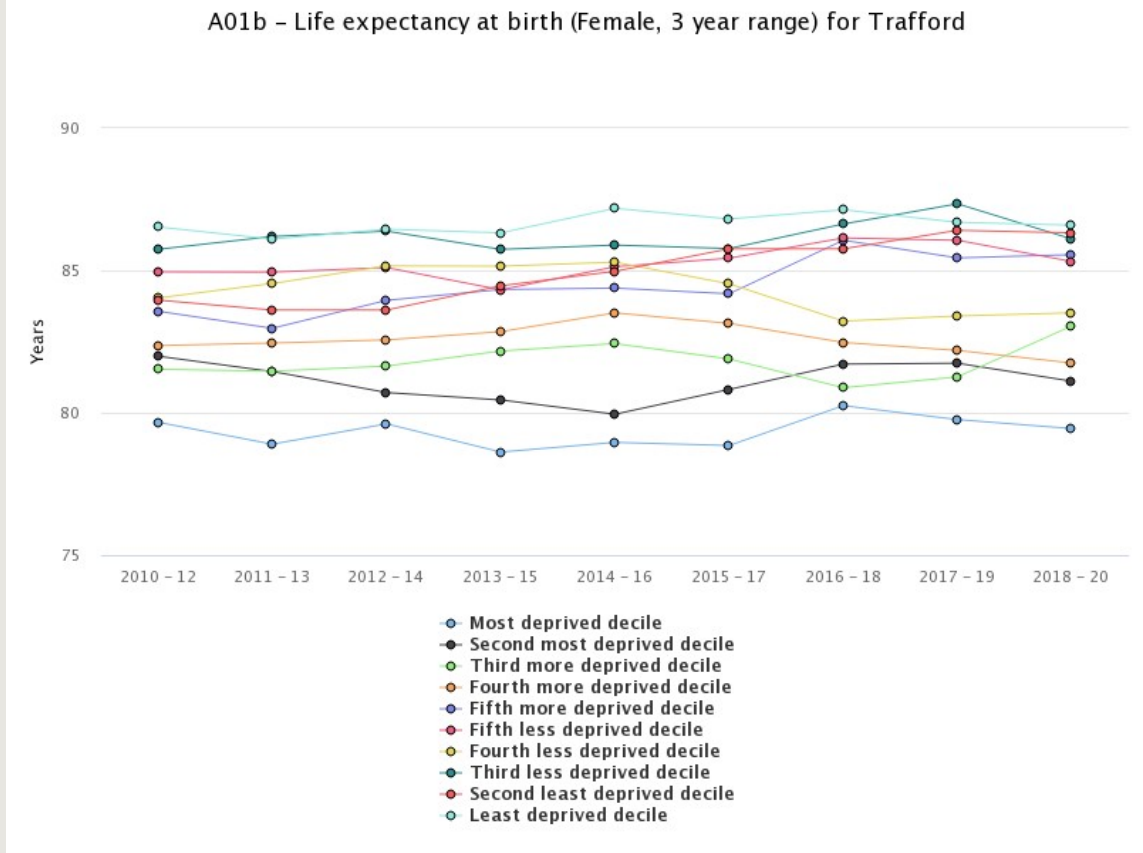
What are health inequalities?

Health inequalities are avoidable and systematic differences in health between different groups of people



Life expectancy has plateaued but the gap between the most and least deprived 10% in Trafford still stands at 9.5 (male) and 7.2 (female) years





What should the process look like?

What are our health inequalities?	Needs assessment, (including evidence of what works and what doesn't work, what we can affect and what requires further legislation).
There's lots of activity - how do we make sure we know what is and isn't happening?	Mapping of neighbourhood programme and wider partnership activity. Understanding what GM are going to deliver so we don't need to worry about these areas.
How do we know we are meeting need?	Review mapped activity against local need (our health inequalities).
How do we promote system working?	Establish a local health inequalities partnership: The Fairer Health for Trafford Partnership. Use the evidence to develop a set of Trafford health inequality objectives based on Marmot indicators. • Objectives developed from compiling current activity, and from evidence of health inequalities we know about but have limited, or no activity against them. • Work with established governance to encourage participation and embed objectives in to work programmes.
How will we know we are making a difference?	• Each objective will have a monitoring framework, agreed by the lead based on Marmot indicators. This will be reported on quarterly. • We will listen to the voice of our residents. • An annual review of all objectives will be shared with the Trafford Health and Wellbeing Board and Trafford Locality Board. • Strategic boards will be tasked with addressing areas of concern. • The needs assessment will be refreshed annually.

Establishing The Fairer Health for Trafford Partnership

Aim: To provide a focussed approach to reducing health inequalities in Trafford by establishing a tactical forum that coordinates health inequality action across Trafford, utilising current governance for delivery. If appropriate governance does not exist, TFHfT will be accountable for delivery of action to address specific health inequalities. The partnership will be accountable to the Health and Wellbeing Board.

Objectives

- To organise Trafford system action to tackle health inequalities.
- To provide a detailed analysis of health inequalities in Trafford.
- To map current health inequalities activity across Trafford.
- To identify gaps in current delivery and consider the most effective and efficient approach to reducing these gaps, including current partnerships for delivery.
- To ensure robust measurement and evaluation of action.
- To listen to the voices of our residents and those impacted by health inequalities, ensuring the voices influence the approach taken to tackle the inequalities.
- To provide challenge into the system when action is not implemented.

What would influence how we stratify, monitor, and ensure we are doing the right things?

Marmot principles

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

GM Principles

1. People Power
2. Proportional Universalism
3. Fairer Health is everyone's business
4. Representation
5. Health Creating Places

Strengths of establishing The Fairer Health for Trafford Partnership

The Trafford system will have:

- A partnership that supports a needs led, system-based approach to mitigating health inequalities.
- A set of measurable, shared, system-based health inequality objectives that can be understood across the system by residents and professionals.
- Potential to reduce duplication and improve effective use of resources.
- An annual progress report built on quarterly performance monitoring that is shared with Trafford Health and Wellbeing Board and Trafford Locality Board, so we know what we are doing, why, and if we are collectively making a difference to the lives of our residents.

What do we need from the Trafford system?

Partners will commit to:

- participating in the setting, monitoring and reporting of metrics.
- embedding action in to processes at a neighbourhood, service and borough level.
- capturing the voice of residents to influence the actions taken to address health inequalities.
- communicating the health inequalities objectives through networks and embedding them as business as usual.

Next Steps

I. Agree the proposed approach including the establishment of The Fairer Health for Trafford Partnership

II. Agree accountability, governance and leadership for TFHfT Partnership

III. Identify TFHfT membership

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TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **17/11/2023**
Report for: **Information/Decision**
Report of: **Director of Public Health**

Report Title

Healthy Weight: an update on the deep dive priorities

Purpose

To update the Board on progress made against the identified healthy weight priorities.

Recommendations

Note the content of this report.
Support delivery of the resultant work programmes by:

- Supporting the next steps identified for each priority
- Committing to organisational actions that support the action plans
- Advocating for these plans through wider partnership/organisational groups
- Agreeing to phase the four recommendations across the next 12 months

Contact person for access to background papers and further information:

Name: Jane Hynes
Telephone: 0161 912 1899

Healthy Weight: an update to Trafford's Health & wellbeing Board November 2023

2. Introduction

The Health and Wellbeing Board conducted a deep dive into Healthy Weight in July 2022, with the aim of establishing a number of priority actions for the Board to support. The deep dive was attended by a wide range of stakeholders from across the system and four priority actions were agreed and supported by the Healthy Weight Steering Group:

1. Advertising policy
2. Local planning and policy
3. School food
4. Vending policy

This paper provides a progress update on these actions. Members of the board are asked to:

2.1. Note the content of this report

2.2. Support delivery of the resultant work programmes by:

- Supporting the next steps identified for each priority
- Committing to organisational actions that support the action plans
- Advocating for these plans through wider partnership/organisational groups
- Agreeing to phase the four recommendations across the next 12 months

3. Update on healthy weight prevalence

Adults: prevalence of excess weight in adults in Trafford[i] is 61.7% which is similar to the England average of 63.8%. With a population of around 176,000 adult residents, this equates to around 108,000 adult residents who are overweight or obese.

Children and young people: latest National Child Measurement Programme data (2022/23)[ii] shows us that at age 4-5 years (reception) 17.8% of children are overweight or very overweight (better than England – 21.3%), while at age 10-11 (year 6) this is 31.8% (better than England – 36.6%). However, at year 6 in particular, this masks significant internal inequalities where children living in the most deprived quintile are nearly twice as likely to overweight or very overweight (44.6%) than those living in the least deprived quintile (24.6%).

We know that there is a complex system of factors that drive excess weight, and with such a huge number of people living with overweight and obesity, it makes sense to work to prioritise these system level actions that will have a population level impact. Thus these priority actions identified through the deep dives aim to address the wider determinants of excess weight at a population level, rather than focus on actions that require individual level changes.

4. Update on priority actions

4.1. Recommendation 1: Advertising policy - undertake a feasibility study into the development and adoption of a Council policy relating to the advertising of foods high in fat, salt and sugar (HFSS) on Council-owned land. Produce recommendations for action with associated timescales in line with current contractual arrangements by December 2023.

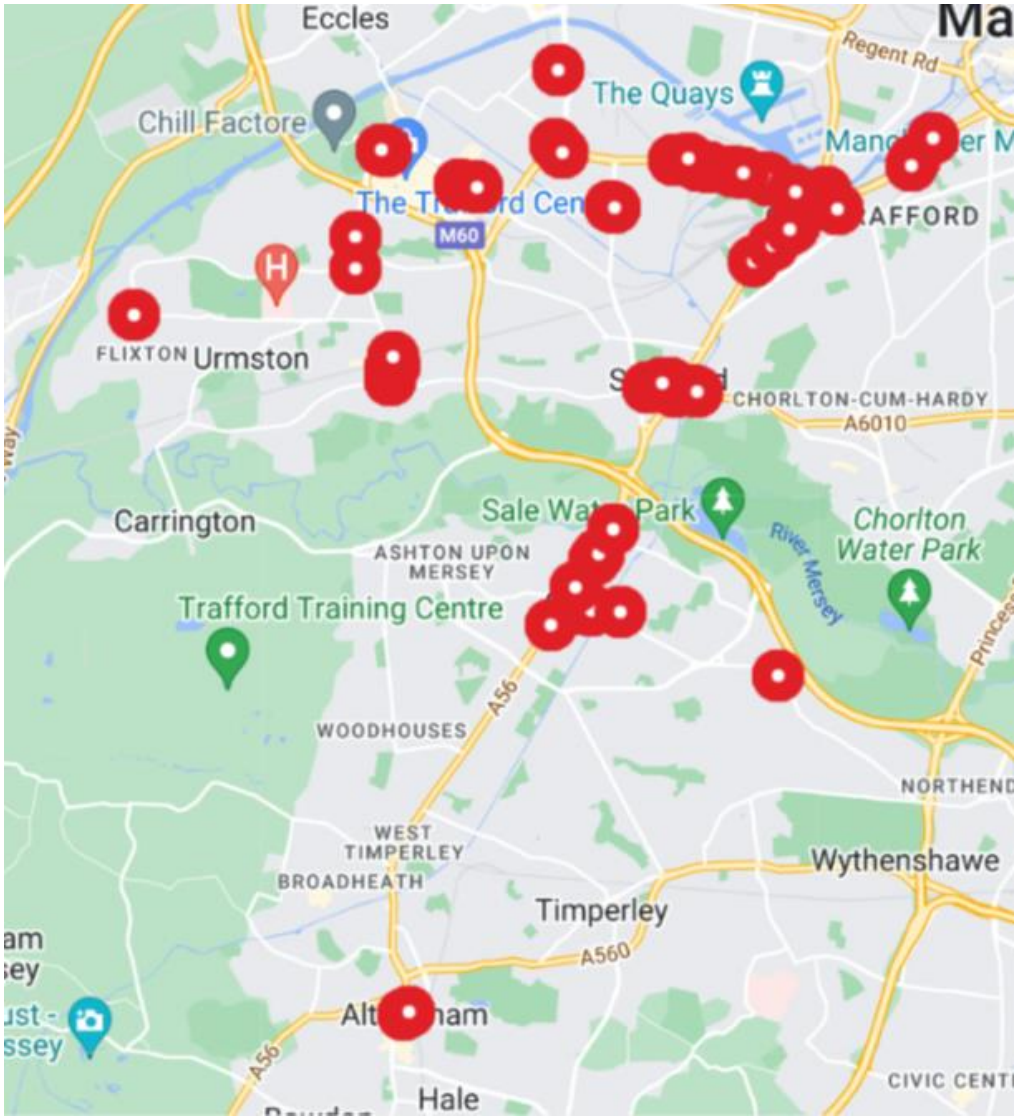
Reducing exposure to advertisements for products and services that are harmful to health has the potential to reduce consumption/use. Evidence suggests that there are considerable health and economic benefits from restricting the advertisement of HFSS foods.[iii] Evidence on the effectiveness of wider restrictions of local advertising policy covering harmful products such as alcohol and betting/gaming and gambling is less clear cut. However, the World Health Organisation[iv] recommends enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion as one of five areas of intervention at national and sub-national levels. In addition, there is evidence that shows that HFSS food advertising is disproportionately targeted at the most disadvantaged communities[v], therefore compounding existing health inequalities.

At least ten local authorities across England have implemented advertising restrictions on HFSS[vi], more are in the process of implementing restrictions, and some have widened the scope to include all harmful products such as alcohol and betting, gaming and gambling.[vii]

The GM Directors of Public Health have identified commercial determinants of health as one of their priorities, and this work aligns with this priority. This should facilitate work with TfGM to review and revise their advertising policy to enable greater coverage and impact of any work being delivered at locality level. It will also reduce the perceived risk of advertisers spending their money in neighbouring locations where the advertising policy may be less restrictive.

Trafford's Public Health team has initiated discussions with colleagues in the Place Directorate (specifically Highways, who manage the Council's advertising contracts) about the potential for revising the advertising policy in a way that aligns with and supports the Council's Corporate Priorities, specifically taking action to help our communities be happy, healthy and safe. There are clearly considerations to be made with regards to any potential impact on revenue income through selling advertising space, however learning from the Transport for London policy demonstrates that the HFSS ban did not negatively impact on advertising revenue[viiiix].

Trafford's Public Health team has undertaken an initial mapping exercise of existing advertising across the Borough. Trafford Council has external contracts to sell and manage advertising space on Council land. Transport for Greater Manchester (TfGM) manages bus stop advertising. Additionally there is advertising on private land (such as the screens on Hotel Football and Victoria Warehouse). These are shown on the map below:



The team has identified an opportunity to review and evaluate the impact of a change in policy via a Public Health colleague undertaking a Doctoral Fellowship, which would reduce impact on Council resource.

There is a need to balance financial risk in terms of short-term advertising revenue against the longer-term population health gains from taking action. Obesity costs in England are conservatively estimated at £6 billion per year. Using crude population estimates, this equates to a cost of around £25 million in Trafford.

Next steps:

Action	Lead	Timescale
1. Review Council's current contracts for sales and marketing of advertising space, in order to establish • contract terms and conditions • contract end/renewal/extension dates	Highways	Q3 23-24

• contractual social value commitments and deliverables		
2. Complete baseline assessment of HFSS advertisements across Trafford – broken down into Council, TfGM and private ownership.	Public Health	Q4 23-24
3. Progress in introducing and evaluating a policy that restricts the advertising of HFSS on council owned advertisements	Highways and Public Health	Timeframe TBC subject to contractual position
4. Work with GM DsPH on wider programme of HFSS advertising policy review.	Public Health	Q4 23-24
5. Propose wider amendments to the council's advertising policy to protect population health and wellbeing and mitigate potential harm	Public Health and Highways	Timeframe TBC subject to 3 above

Recommendations:

- The Board are asked to agree to the above steps.

4.2. Recommendation 2: Local planning and policy – influence local planning policy and decisions that impact on food and transport to ensure that people in most disadvantaged neighbourhoods are able to access affordable, healthy and sustainable food. Specifically:

- Establish a process for local planning decisions relating to food outlets to be reviewed by the Director of Public Health by April 2024.
- Include key statements within the Local Plan that support health and wellbeing, and build on this by developing Supplementary Planning Documents (SPDs) that specifically outline the Council's approach to
    - **a.** Planning requests for hot food takeaways
    - **b.** Sustainable transport

Public Health have consulted with colleagues in Strategic Planning to understand the timelines and processes in relation to the Local Plan and how we can influence content to ensure sufficient levers to achieve outcomes that positively impact on health.

The new Local Plan is in preparation, and the draft will be made available for consultation in mid-2024. The final version then requires central government approval, so is unlikely to come into force until 2026. In order to develop health related SPDs, there needs to be a strong policy 'hook' within the plan itself which provides the justification for the SPD.

Next steps:

Action	Lead	Timescale
1. Assemble and review evidence base on effectiveness of SPDs	Public Health	Q4 23-24
2. Research current food and planning landscape in relation to e.g. dark kitchens to establish whether SPDs are a sufficient lever to influence consumption	Public Health	Q4 23-24

3. Review wording of draft Local Plan and engage further with Strategic Planning colleagues to establish whether the health and wellbeing elements are strong enough to support SPDs	Public Health & Strategic Planning	Q1 24-25
4. Develop draft proposals for SPDs (dependent on outcome of above)	Public Health & Strategic Planning	Q2 24-25

4.3. Recommendation 3: School food - ensure school food standards are met across Trafford by April 2024 and develop a set of enhanced school food standards for Trafford (reflecting health and climate) by September 2024. Implement enhanced school food standards in at least one school by April 2025.

Publicly funded school meals (free school meals and those that children buy in school) are a vital mechanism to deliver healthy food to children, especially those from families with low income. British children have the highest levels of ultra-processed food (UPF) consumption in Europe, and these foods are typically high in calories, salt, saturated fat and sugar and have been linked to obesity and other health risks[x]. It has been estimated that children may consume around 30% of their calories within school, and a recent study[xi] has also identified that UPF content in school lunches accounted for 72.6% of the calories in primary school lunches and 77.8% of the calories in secondary school lunches.

Our Trafford data from the National Child Measurement Programme shows us that 18% of children in reception are overweight, increasing to 32% in year 6. This is one driver of the recommendation of reviewing school food provision to try and address one of the factors influencing weight in school-aged children.

An initial meeting was held between Public Health and colleagues in Environmental Health (EH) and Trafford Services for Education (TSfE) in quarter 1, in order to get an idea of the scope of the potential work and how to progress. Environmental Health are able to supply details of who the catering providers are at all schools due to their registration as food businesses. TsFE work in around 90% of Trafford Primary schools and a small number of secondary schools, and the menus they provide adhere to the School Food Standards.

Currently, there is no specific monitoring of adherence to the School Food Standards – this was previously undertaken via Ofsted inspections, but Ofsted were not best placed or skilled to undertake this. Consequently, the Food Standards Agency (FSA) are working with a number of local authorities to pilot an approach whereby Environmental Health Officers (EHOs) include monitoring against school food standards as part of their food safety inspections. Trafford was unable to be part of the pilot due to local capacity, however EH and PH have made contact with colleagues in Blackpool who are participating in the pilot to understand the processes and learning. EH now have a trainee EHO within the team who is able to undertake a research project as part of her third year undergraduate degree, and will be doing this on school food. This will provide some of the evidence and ground work for this priority.

In addition, PH have a small non-recurrent budget to commission an external organisation to undertake a review and feasibility study of this priority and to provide specialist technical

support and nutritional analysis, as well as providing recommendations and drafting enhanced school food standards for Trafford. This will deliver recommendations that take account of increasing food and labour costs and the need for profitability, environmental sustainability, and improvements to population health. This work will be undertaken from January 2024 with feedback expected by quarter 2 2024/25. As part of this contract, we are aiming to include the requirement to upskill staff in EH and/or TSfE to be able to assess and implement enhanced standards moving forwards.

Next steps:

Action	Lead	Timescale
1. Support trainee EHO to scope research project	Public Health & Environmental Health	Q4 23-24
2. Commission specialist organisation to undertake review and feasibility study	Public Health	Q4 23-24
3. Review outcome of above to determine next steps	Public Health	Q2 24-25

4.4. Recommendation 4: Vending policy - Develop a policy statement on vending machines by December 2023 and implement this across HWBB partner organisations by April 2024, or in line with contract renewals.

Vending machines typically contain energy dense snacks and drinks, and often are in areas where there are no alternative purchasing choices. The Public Health team are currently undertaking an evidence review on vending and healthy vending, to establish how best to develop local policies that can be adopted and shared with Health and Wellbeing Board members' organisations in order to achieve this recommendation.

It should be noted that Trafford Leisure already have a plan to address vending machines within Leisure Centres alongside the leisure investment programme and refurbishment of these buildings. There are no vending machines within Move Urmston, instead there is a café offering a range of food and drink, and this will be replicated in Move Altrincham and other centres on post-refurbishment re-opening.

Next steps:

Action	Lead	Timescale
1. Complete evidence review on vending	Public Health	Q4 23-24
2. Review vending machine provision across Council estate	Public Health & Estates	Q1 24-25
3. Review current HWBB partner vending machine provision across all Trafford sites.	Public Health & HWBB partner organisations	Q2 24-25
4. Develop draft vending policy template for use by HWBB partner organisations	Public Health	Q3 24-25

5. Conclusion

As detailed for each recommendation above, there are identified next steps in order to progress this work. It should be noted that each of these priorities are medium to long term priorities that

will have a population level impact on health outcomes and health inequalities relating to excess weight. Public Health will continue to lead this work, building relationships and working collaboratively with partners across the Trafford system to address the obesogenic environment.

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[i] Obesity Profile - Data - OHID (phe.org.uk)
[ii] Obesity Profile - Data - OHID (phe.org.uk)
[iii] The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study - PMC (nih.gov)
[iv] 9789241516419-eng.pdf (who.int)
[v] Differential exposure to, and potential impact of, unhealthy advertising to children by socio-economic and ethnic groups: A systematic review of the evidence - PubMed (nih.gov)
[vi] 02/08/2023 - Luton Council is the first local authority in the East of England to restrict advertising of unhealthy food and drinks
[vii] Advertising and sponsorship policy 2022-2025 (barnsley.gov.uk)
[viii] Advertising Report - 2018/19 and 2019/20 (tfl.gov.uk)
[ix] Transport for London declares junk food ad ban a success as revenues announced | Sustain (sustainweb.org)
[x] Impact of ultra-processed food on children's health - House of Lords Library (parliament.uk)
[xi] Nutrients | Free Full-Text | The Ultra-Processed Food Content of School Meals and Packed Lunches in the United Kingdom (mdpi.com)

TRAFFORD COUNCIL

Report to:	**Health & Wellbeing Board**
Date:	**17th November 2023**
Report for:	**Information**
Report of:	**Thomas Maloney, Programme Director Health and Care, Trafford Council & NHS GM (Trafford)**

Report Title

Trafford Locality Plan Refresh

Purpose

The report sets out the draft approach for the curation of the Locality Plan refresh, incorporating the Trafford Health and Wellbeing Strategy.

The report covers programme governance, ways of working, indicative timelines and content creation, sat within the context of the NHS GM action for localities to consider a refresh of their existing locality plans.

The report also seeks feedback from the Board to help shape the level of engagement with staff and the public and to support the proposed strategy task and finish group to drive forward the work.

Recommendations

The Board are asked to:

1. Note the content of the report.
2. Discuss the key questions and agree to the commitments as detailed at the end of the presentation.

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

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Trafford Locality Plan Refresh

Trafford Health and Wellbeing Board
17th November 2023

Trafford
Integrated Care Partnership

Part of Greater Manchester Integrated Care Partnership

Presentation by:
Tom Maloney & Catherine O'Connor

Trafford Locality Plan Refresh: Background

Trafford
Integrated Care Partnership

Trafford Locality Plan 2019-24 and 2021 Refresh
The Locality Plan 2019-24 presented milestone plans for work that we agreed to take forward to 2024.

In 2021, we undertook a Locality Plan Refresh which aimed to build on existing arrangements and commitments, whilst ensuring we capitalised on the opportunities the Integrated Care White Paper and subsequent Bill and while establishing an Integrated Care System by June 2022.

The aim of the Locality Plan milestones were to ultimately enable our Trafford health and care system to increase collaboration, enhance the public voice, and address our known challenges and inequalities which will result in the achievement of our agreed aspirations.

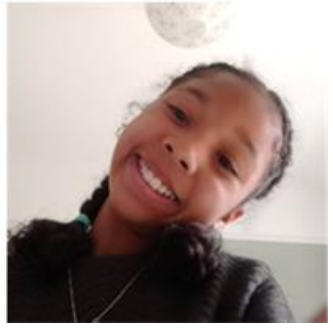
Milestones review
In 22/23 we conducted an in-depth review with leads to investigate:

- key achievements
- what we didn't do
- what's still ongoing
- any new deliverables that came on board after publication of the Locality Plan

Better connected communities

Better wellbeing for our population

Better lives for our most vulnerable people



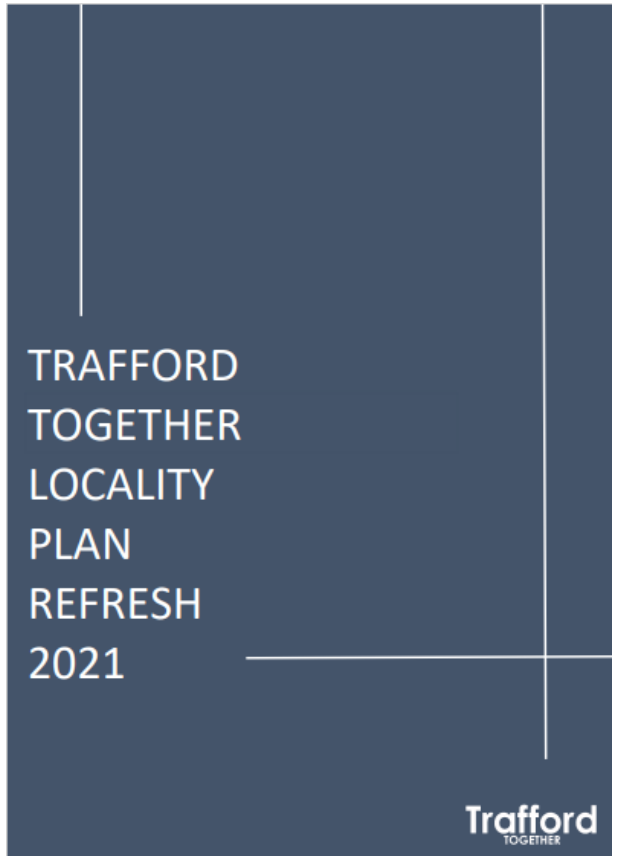
Trafford Locality Plan Refresh: Aim and Rationale

Trafford
Integrated Care Partnership

Aim:
Our aspiration is to refresh the Locality Plan and create one plan for health and care for Trafford by integrating the aims and aspirations of the current health and wellbeing strategy.

Rationale:

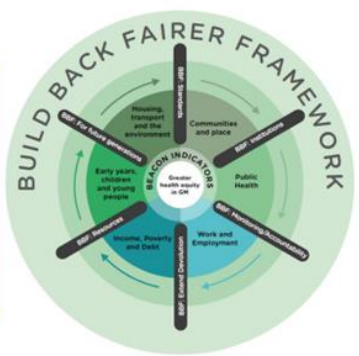
- Creation of Trafford's Integrated Care Partnership as part of the GM ICP / NHS GM
- GM ICP Strategy published May 2023
- GM Joint Forward Plan published July 2023 – 160 actions
- Clarity on GM Operating Model (October 23)
- Clarity on Locality structure (October 23)
- Carnal Farrar Leadership Review & Strategic Financial Framework
- GM System Improvement Programme – 13 priority programmes
- Trafford Health and Wellbeing Strategy 2019-2029
- HWBB Deep Dive Programme 2022
- Development of annual 'Strategic Priorities' delivered by the Trafford Provider Collaborative Board (TPCB)
- Opportunity to align the Locality Pan with the Health and Wellbeing Strategy
- Timeliness of planned updates to TICP organisational strategies and visions (Council, MFT, GMMH, etc)
- General support for the refresh of the Locality Plan at the July 23 Locality Board and encouragement from NHS GM to update Locality Plans (October 23)

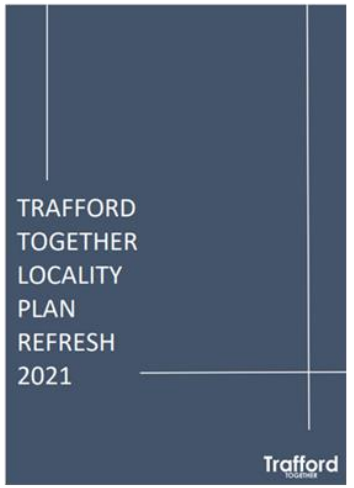


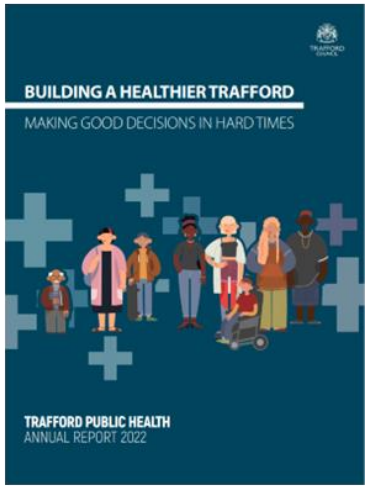
One ‘Plan’ for Health and Care in Trafford

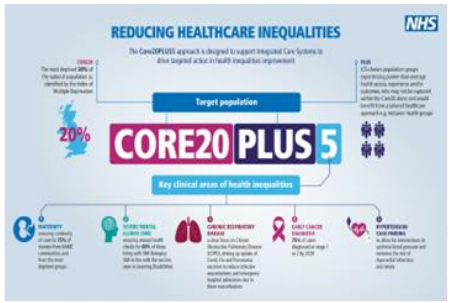
Trafford
Integrated Care Partnership

- Existing National, Regional and Local Strategy – all contributing to the overall aspirations of the 2021 Locality Plan
- Connectivity of strategies and harnessing the cross over and realising the interdependencies is a key task to ensure VfM and positive outcomes for Trafford people and communities
- Importance of ‘Action Plans’ – what tangible changes will we make to help achieve our aspirations and how can we ensure complimentary action associated with our respective strategies and plans?









Programme Approach

Trafford
Integrated Care Partnership

Leadership

- H&SC Steering Group supported the suggestion of a **Strategy Development Group** – a small task and finish group to hold the ring on the work, drive the programme plan and monitor progress:
  - Nominations from partners welcome
  - Group members to be responsible for interface with organisational governance
  - Meet every 3 weeks to drive forward the work (TBC)
- **System Leadership / Dispersed Leadership** - all partners taking ownership and leading conversations where appropriate – staff, stakeholders and/or service users
- **Commitment from all partners** to codesign the content – constructive challenge throughout to ensure content is reflective of our joint ambitions for Trafford people and communities

Communications

- Consistent communications – Communications and **Handling Plan**
- **Target audiences:** Staff / Stakeholders / People and Communities
- **Variety of methods and approaches** to be considered – email, newsletter, website, social media, intranet, face to face
- **Managing expectations –** what is core 'must do' business and what can we aspire to within known restrictions and guidance (?)

Programme Documentation

- **Programme Plan** of key dates, timelines and dependencies
- **GANNT Chart** / Risk Register / RAID Log / Decision Logs
- Communication and Engagement Records & **Handling Plan**

Initial Programme Approach

Utilising the suggested **Strategy Development Group**, we will:

- Create timeline for sign off
- Create a draft plan detailing contents and leads
- Create structured distribution lists to ensure consistency of engagement and communications
- Create content overview slide deck of the planned refresh for wider sharing and socialisation
- Create plan template for leads to populate
- Hold drop-in sessions to support leads in content creation
- Utilise existing partnership forums (Example: H&SC Steering Group) to drive forward the development of the plan

Communications, Co-Design & Participation

Trafford
Integrated Care Partnership

Stakeholder Engagement & Participation

- Stakeholder mapping exercise – identifying our key partners and ensuring they are invested and involved in the planned refresh
- We will need to engage with several key forums such as: HWBB, TPCB, TCAPS, etc

Public Engagement & Participation

- Managing expectations – being clear about what can we do within the resources available
- What are our mandatory duties (respectively) and therefore being realistic about what we can achieve as a system in addition
- Utilise recent engagement intelligence to help formulate our content (Example: Urgent Care Review, Poverty Truth Commission, etc)

Considerations:

- To what extent do we engage with the public?
- How do we do this best within limited capacity and resources?
- Are we at risk of asking the same questions to the same people again?

Challenges and Considerations:

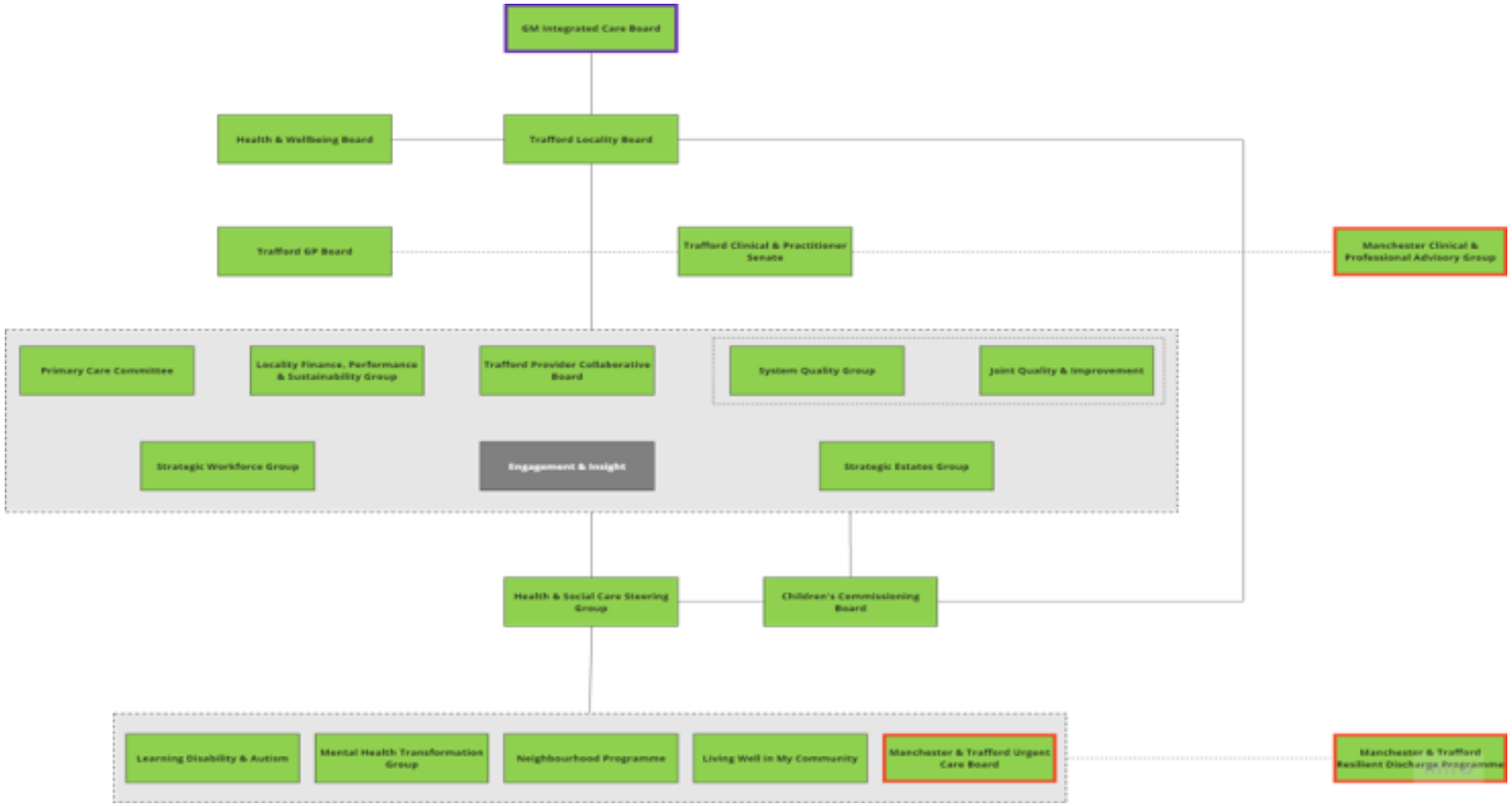
Trafford
Integrated Care Partnership

Acknowledgement of conditions in which we are operating:

- Carnall Farrar Leadership Review and implementation of recommendations
- Staffing and capacity – settling in following transition
- GM Operating Model maturity / clarity
- Financial challenges – Organisational and GM
- By-election and Local Elections 2024
- Competing timeframes of GM ICP Strategy, Joint Forward Plan and Annual Operating Plans / NHS v Local Government
- GM prioritisation and local prioritisation – interdependent with mobilisation of the GM Operating Model and Strategic Financial Framework
    - ❑ A workshop is planned for November (Date TBC) so that we can draw on more content from the Strategic Financial Framework and integrate this work into the planning process for 2024/5.
- GM Joint Forward Plan and mandated priorities that will need local consideration
- National guidance and evolving GM policy
- Embedding and further development of GM and Locality Governance
- How we make this meaningful for all staff at all levels – clear visibility and ownership across our organisations

System Governance & Organisational Governance

Trafford
Integrated Care Partnership



- The Locality Plan will need the **full support of our partners organisational governance and that of our Trafford system** – importantly being socialised in **thematic groups and forums which are not linked to direct provision of health and care** – Tackling Poverty, Housing, Cost of Living, Social Value
- We will need to **consider organisational governance requirements and timelines** to factor in adequate time ahead of planned deadline for publication

Timeline: Key Activities and Forums

For sign off

For agreement

For information/ discussion

Trafford
Integrated Care Partnership

Note: This timeline is indicative only and activities have not yet been sequenced. We will also need to add a pause in activities during the pre-election period (2024).

TBC
2023/24
Trafford Provider Collaborative Board
Progress Update
For information/ discussion

TBC
2023/24
Age Well Board
Input
For information/ discussion

TBC
2023/24
Trafford Community Collective
Input
For information/ discussion

TBC
2023/24
SLT
Input
For information/ discussion

TBC
2023/24
Trafford Clinical and Practitioner Senate
Input
For agreement

TBC
2024
Trafford Locality Board
For sign off

TBC
2023/24
Health & Wellbeing Board
Input
For information/ discussion

TBC
2023/24
Start Well Board
Input
For information/ discussion

TBC
2023/24
Health & Social Care Steering Group
Input
For information/ discussion

TBC
2023/24
CLT
Input
For information/ discussion

TBC
2023/24
Partner organisational governance
Input
For information/ discussion

TBC
2024
Trafford Provider Collaborative Board
For sign off

TBC Public Engagement Activity **TBC**

Content considerations……

Trafford
Integrated Care Partnership

We have an opportunity to reset the dial on our Locality Plan which will clearly set out our collective ambition for Trafford People and Communities.

Question: What are the pivotal, stand-out elements of our Plan that we need to factor into our thinking?

Key Questions for HWBB

Trafford
Integrated Care Partnership

The Board are asked to discuss the following questions:

1. How do we ensure the Health and Wellbeing Strategy and its priorities has a strong/equal presence in the new Locality Plan?
2. Are there any initial priorities that we need to factor into our thinking as we develop the Locality Plan?
3. How do we ensure priorities from the 'bottom-up' feature in the refreshed Locality Plan?
4. Any other considerations by exception?

Trafford
Integrated Care Partnership

Any further questions or comments?

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TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **17/11/2023**
Report for: **Real Living Wage**
Report of: **Emma Moseley**

Report Title

Real Living Wage Update

Purpose

Inform the Health & Wellbeing Board about Trafford Council's progress on Real Living Wage Accreditation.

Recommendations

The Health & Wellbeing Board is asked to:

a) Consider applying for the Real Living Wage Accreditation in their own organisation.
b) Support Trafford Council's ongoing commitment to the Real Living Wage Accreditation.

Contact person for access to background papers and further information:

Name: Emma Moseley
Telephone: 07890067859

Real Living Wage: gaining the accreditation

As of January 2023, Trafford Council are paying the Real Living Wage to all employees and workers at Trafford Council and Council maintained schools. This includes those who have agreed contracted hours and those who work on a casual basis. Where we bring in agency workers, our lowest hourly rate is paid at the Real Living Wage rate.

This has meant that in January, 320 school and authority staff received a pay rise to increase their wages to the Real Living Wage rate, which is currently £10.90 per hour. The new Living Wage rate was announced 24th October to be increasing 10% to £12 per hour, Trafford Council will be introducing this rate of pay by May 2024, as agreed to with the accreditation.

In March 2023, Trafford Council were accredited as a Real Living Wage Employer. The accreditation was made by the Living Wage Foundation which recognises those organisations which voluntarily choose to pay their staff more than the Government's minimum wage.

As part of the accreditation, Trafford Council agreed to a project plan that all contractor staff employed in delivering services on behalf of the council for more than 2 hours a week for 8 or more consecutive weeks in a year will be paid the RLW with three years of the accreditation.

Real Living Wage: the big picture

Trafford Council joined local authorities in Bury, Salford, Manchester and Oldham as being accredited as a Real Living Wage employer. Stockport are now also accredited. This means the majority of GM Local Authorities are now accredited. Greater Manchester has set a goal of becoming the first city-region to pay all employees a real Living Wage.

A Living Wage City-Region action group, which Policy attend, has been established to drive forward plans to ensure all employers in the city-region pay the living wage by the end of the decade, as recommended by the Independent Inequalities Commission.

Nationally over 7,943 organisations have Real Living Wage Accreditation. In the Northwest, 695 organisations have accreditation, with over 500 organisations in GM and 55 accredited organisations in Trafford.

The Real Living Wage is a crucial part of the Council's commitment to supporting its employees at a time when many workers nationally are struggling with the cost-of-living crisis.

Paying Real Living Wage is also a key part of the Greater Manchester Good Employment Charter, of which Trafford Council became a full member in June 2023.

Real living wage: business as usual

Trafford Council have widely promoted our accreditation on social media and in the press with statements from the Leader and the Foundation.

Trafford Council now promote the fact that we are Real Living Wage accredited on the Council's website, our HR intranet pages and also on the GreaterJobs recruitment platform we use – so those considering applying for a Band 1 role at Trafford Council will know that they will be paid this rate.

At any time when the Spinal Column Point (SCP) rate that a colleague is on is lower than the Real Living Wage, we pay a supplement to bring their pay up to the hourly rate in force at the time. When their pay increases above the Real Living Wage rate

(due to the annual pay award, incremental progression or promotion to a higher band) the supplement will cease.

The Council are working across the borough to support and encourage local businesses, partners and organisations to become accredited. Employers in Trafford and councillors came together at Stretford Public Hall at an event to promote, the Real Living Wage on 21st June.

The event put a 'spotlight' on good employers and heard from different organisations about their journey, experience, and impact of paying the Real Living Wage to their staff. The aim of the event was to celebrate Trafford Council's accreditation and to encourage other organisations to apply for accreditation. There is an ambition to include Real Living Wage in future communications and events with partners and businesses.

Policy have been attending the GM Network meetings, has attended the Living Wage Foundation Conference and spoke on a panel for Living Wage Week (6-12th November) in order to network with other Real Living Wage employers and be a part of the GM wide and national wide campaigning efforts.

Real living wage: procurement

Since July 2023 the requirement to pay the real living wage has been added into all Trafford Council tender documentation and Contracts and bidders have to confirm (where real living wage is relevant) real living wage will be paid.

The requirements for contracts to pay real living wage are as follows:

Real living wage is applicable to all service contracts with workers who work on the contract for a minimum of two hours a day (on any day of the week) for at least eight weeks would be in scope.

The wording in our Instructions to bidders document is as follows:

The real living wage is a voluntary rate of pay announced annually by the Living Wage Foundation and is based on an independent assessment of the real cost of living based on a number of indicators, including goods and services, which represent what people need to meet their basic everyday needs. The current real living wage rate can be found by following the attached link For the real cost of living | Living Wage Foundation.

As well as paying at least the real living wage to their direct employees, accredited employers must also work towards payment of the rate to staff employed by contractors working for the organisation. We are therefore required to provide information relating to our suppliers' payment of the real living wage to their employees and as such any successful suppliers are required to provide relevant details on request.

Services contracts with workers who work on the Trafford Council contract for a minimum of two hours a day (on any day of the week) for at least eight weeks would be in scope.

In accordance with the Council's accreditation as a real living wage organisation, and our commitment to reducing in-work poverty, you are required to confirm that employees engaged in the delivery of this contract for Trafford Council and within the scope set out in paragraph 2.1.25 are paid at least the current Living Wage Foundation Rate and will be for the duration of the contract. Your confirmation should be recorded in section 7.6 of document 02 Supplier Questionnaire Open

In accordance with the Council's aspirations and objectives and its obligations under the Public Services (Social Value Act) 2012 we commend the adoption of the RLW to our contractors and suppliers.

To date no awarded contracts, have the clauses in as the tenders were started before the adoption of the RLW documentations, however the clauses will be added in steadily over the next two and half years and suppliers have so far been understanding about this.

Real Living Wage Update

Emma Moseley

Senior Policy Manager

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