



TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD

Date: Friday, 15 March 2024

Time: 10.00 am

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 - 10
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 19 January 2024.		
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. MENTAL HEALTH - DEEP DIVE UPDATE AND ALL AGE MENTAL HEALTH GROUP		11 - 16
To receive an update on the progress made against the deep dive priorities for Mental Health and next steps for population mental health, wellbeing delivery, and governance in Trafford from the Public Health Consultant.		
5. HEALTH AND WELLBEING BOARD ANNUAL REPORT		To Follow
To receive an update on progress of all the SMART Action Plans and achievements throughout 2023/24 from the Director of Public Health and Public Health Consultants.		

6. **DRAFT DELIVERY PRIORITIES 24/25 AND REFRESH OF LOCALITY PLAN** 17 - 40

To consider a report on developments surrounding the refresh of the Locality Plan and the 2024/25 priorities from the Health & Social Care Programme Director.

7. **FAIRER HEALTH FOR TRAFFORD** Verbal Report

To receive an update following the inaugural meeting of the Fairer Health for Trafford Partnership from the Director of Public Health.

8. **BCF QUARTER 3 RETURN** 41 - 46

To receive the submitted Q3 return from the Corporate Director for Adults and the Deputy Place Lead for Health and Care Integration.

9. **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.

10. **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

Councillors J. Brophy, K.G. Carter, J. Slater (Chair), P. Eckersley, R. Thompson; L. Murphy, J. Wareing, H. Fairfield, R. Spearing, P. Duggan, D. Evans, M. Hill, J. McGregor, E. Calder, G. James, Gollins, M. Gallagher, C. Rose, S. Todd, J. Cherrett, M. Prasad, C. Davidson, R. Roe, C. Siddall and N. Atkinson.

Further Information

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

Paul Rogers, Democratic Officer

Email: paul.rogers@trafford.gov.uk

Health and Wellbeing Board - Friday, 15 March 2024

This agenda was issued on **Thursday 7th March 2024** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

WEBCASTING

This meeting will be filmed for live and / or subsequent broadcast on the Council's YouTube channel <https://www.youtube.com/channel/UCjwbIOW5x0NSe38sgFU8bKg>. The whole of the meeting will be filmed, except where there are confidential or exempt items.

If you make a representation to the meeting you will be deemed to have consented to being filmed. By entering the body of the Committee Room you are also consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If you do not wish to have your image captured or if you have any queries regarding webcasting of meetings, please contact the Democratic Services Officer on the above contact number or email democratic.services@trafford.gov.uk

Members of the public may also film or record this meeting. Any person wishing to photograph, film or audio-record a public meeting is requested to inform Democratic Services in order that necessary arrangements can be made for the meeting. Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any other queries.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

19 JANUARY 2024

PRESENT

Councillor J. Slater (in the Chair).
Councillors K.G. Carter and J. Brophy

Also in attendance

Sara Todd	Chief Executive, Trafford Council
Nathan Atkinson	Corporate Director for Adults Services
Jill McGregor	Corporate Director for Children's Services
Richard Roe	Corporate Director for Place
Liz Calder	Director of Strategy, Greater Manchester Mental Health
Jo Cherrett	Chief Executive, Trafford Leisure
George Devlin	Trafford Community Collective
Matthew Fairhurst	Operations Manager, African and Caribbean Care Group
Jane Hynes	Public Health Programme Manager
Gareth James	Deputy Place Lead for Health and Care Integration
Jamie Lees	Head of Leisure
Tom Maloney	Programme Director Health and Care
Liz Murphy	Chair of the Trafford Joint Safeguarding Board
Jean Rose	Healthwatch Trafford
Caroline Siddall	Housing Strategy and Growth Manager
Richard Spearing	Managing Director of Trafford LCO
Jane Wareing	Clinical Director Trafford West PCN
Paul Rogers	Democratic Officer

APOLOGIES

Apologies for absence were received from Councillors R. Thompson and P. Eckersley, and Heather Fairfield.

30. MINUTES

RESOLVED: That the minutes of the meeting held on 17 November 2023, were approved as an accurate record.

31. DECLARATIONS OF INTEREST

Councillor Brophy declared an interest regarding employment by Manchester Foundation Trust.

32. PHYSICAL INACTIVITY

Jamie Lees, Head of Leisure, Trafford Council, gave a power point presentation which is attached to the agenda, in respect of Physical Activity in Trafford. He wanted to draw attention to the progress in physical activity since the deep dive in July 2022. He reminded the Board of the three key priorities which have been agreed and are as follows –

Health and Wellbeing Board
19 January 2024

(1) Produce a dataset that enables strategic conversations around physical activity benefits, challenges and drivers, and reflects differences within and between neighbourhoods.

(2). Ensure that physical activity and healthy weight data and insights are fed into the neighbourhood plans and enable production of place-based physical activity plans.

(3). Develop neighbourhood active travel plans that include key evidence-based actions, and are completed alongside neighbourhood plans.

With regard to (1) above he drew attention to the Active Lives Survey shown on page 13 which gives a platform and a rich dataset. This year the sample size is 1000 people which allows more detail in the trends to draw upon. He referred to the following percentages from the survey (page 13 refers) –

- Active 68 %
- Fairly Active 8%
- Inactive 24%

Details of the above are set out in the report including the numbers of residents aligned to the above criteria. He informed the Board that adult activity in Trafford is at an all-time high. In terms of inactive adults this had not decreased since the Pandemic.

The 'Be Well' Survey is also utilised to understand activity levels of children and young people, and is carried out by Manchester University which the Council supports and that survey is broken down into localities and neighbourhoods.

He drew Members attention to the demographics of those inactive adults (page 14 of the report refers) which show that the black and Asian community have increased against the white, white other and mixed communities. Inactivity for men has reduced but women's inactivity has remained static throughout the year (page 15 of the report refers). The pandemic disrupted the reduction in inactivity for adults, with those adults with a limiting illness showing a higher inactivity rate against those without a limiting illness which has fallen. Inactivity in deprived households remains high (pages 16 and 17 of the report refers). To emphasize this those adults in lower social economic groups are more inactive than those in the higher groups and that gap is growing.

Members were informed that the report also draws upon other datasets to give a more detailed picture. These are

- Trafford Leisure Operating agreement
- Holidays Activity and Food Programme
- Travel Dataset

Health and Wellbeing Board
19 January 2024

With regard to Priority 2 and the place-based physical activity plans he emphasised that there is not one plan for this priority but that it is a collection of approaches and programmes that support what we are trying to achieve. These approaches and programmes are set out on pages 19 – 23 in the report. It was emphasised that the place-based approach dovetails with the Neighbourhood programme: both of these work with local communities and local data. The collaborative action plans, led by local groups and residents, that increase opportunities to 'Move More', every day. The plans are based on the need identified by local 'Move More' partnerships (residents and local groups) and data and insight. More detail on 'Move More' partnerships and the link with the Leisure Investment Programme to promote Place based activity plans are shown in more detail on pages 21, 22 and 23 in the report. Particular reference was made to the proposed transformation of tired leisure centres into more sustainable hubs of local activity and movement, more detail on page 22 of the report. It was also emphasised that a bespoke approach is taken on the various areas in Trafford as it is not always the case that a particular approach in one area may not work in another area. Further details on Priorities 1 and 2 are set out on pages 30, 31, 23 and 33 to the Report.

Jane Hynes, Public Health Programme Manager, Integrated Commissioning, presented the Active Travel Plans key priority. Specific walking, wheeling and cycling highlight reports will be submitted to future meetings of the Health and Wellbeing Board. Terms of Reference have been drafted for Walking, Wheeling and Cycling Forum to receive residents views in terms of priorities and work will be put in place to deliver the physical infrastructure Network Strategy and some of the support around the Strategy to engage with people on cycle and walk routes. The following areas which are integral were also drawn to Members attention –

- Network strategy – prioritisation tool agreed and applied to existing schemes (those funded for feasibility, design and/or construction)
- Strategic partnership with Renew Hub to secure bike donations
- School Streets Officer hosted by Trafford Community Collective
- Identification of funding streams to enable delivery in priority locations (e.g. Talbot Road and A56 activations work)

With regard to Specific Outputs the following key points were underlined –

- TfGM grants programme – bike libraries, cargo/adapted cycles, cycle storage - £90k
- Bike libraries – Stretford, Sale West, Flixton
- Infrastructure scheme prioritisation – utilisation of Trafford Moving focus areas alongside key health outcomes and strategic planning priorities
- Beat the Street programme commissioned in Stretford and Old Trafford

Health and Wellbeing Board
19 January 2024

- Links into Broomwood Moving – first place-based moving partnership

Regarding Risks the following were brought to Members attention –

- Limitations / compatibility of data to accurately inform work programmes - working to make the best use of data sets.
- Engagement of community and partners in shaping community plans
- Reduction in capital investment as pressure increases on public sector budgets
- Level of external / GM funding to support active travel.
- Capacity of stakeholders to align plans and deliver locally including Locality Teams, Trafford Leisure CIC, Trafford Council.

Further detail on all the above bullet points relating to the Active Travel Plans are specifically referred to on pages 33 and 34 to the report.

The Chair commented that it would be interesting to look at the age profiles of where people fall off doing exercise. Also can the safety of women exercising looked into. For example, going out in the dark to get to a gym to exercise.

In response to a question about age related inactivity, Jane Hynes informed the Board that there is a big drop off in physical activity of people from the age of 65 which is being addressed via a number of programmes such as Age UK's strength and balance programme, and Trafford Leisure's Physical Activity referral Scheme. On a point raised regarding the use of health professionals, the Board was advised that they are working with Trafford Leisure and TLCO to bring in a model which was used in the south of England for physio services to reduce physio waiting lists. They are going to create a mass triage event in leisure centres where people will be assessed and transferred direct to a physio referral team. This is one example.

Richard Spearing, Managing Director of Trafford LCO, reminded the Board that activity levels were positive so he underlined the need for the Strategy to be aimed at the inactivity levels. He emphasised that there are different forms of activity to suit each individual.

RESOLVED: That the Board notes the content of the Report and

- (i) Supports the next steps identified for each Priority as set out in the report;
- (ii) Commits to organisational actions that support the action plans referred to in the Report ; and
- (iii) Advocates for these plans through wider partnership/organisational groups.

Health and Wellbeing Board
19 January 2024

33. TRAFFORD LOCALITY REFRESH PLAN

Thomas Maloney, Programme Director Health and Care, Trafford Council/NHS GM presented a report which sets out the draft approach for the curation of the Locality Plan refresh, incorporating the Trafford Health and Wellbeing Strategy and outlines the parallel process of curating the Trafford Delivery priorities for 2024/25. The report covers the rationale, programme governance, ways of working, stakeholder management and outline content creation.

Thomas Maloney advised that there may be repetition of information from previous presentations but there is new detail within this presentation which will encourage a deep discussion on the refresh of the Locality Plan. He reminded Members that the aim is to create one plan for health, care and wellbeing in Trafford by integrating the existing Locality Plan aspirations and the Health and Wellbeing Strategy. He made reference to the aim and rationale of the refresh as detailed on page 4 of the presentation. He emphasised that there are a number of key drivers for change and referred to the missions of the ICP Strategy regarding stronger communities and helping people to stay well and detecting illness earlier, which are fundamental to the existing aspirations of the Locality Plan. He informed the Board that the Social Model of Health and Care is a long standing commitment in Greater Manchester and that the system is built based on a preventative model for health and care. Working in parallel to the Model is the GM Joint Forward Plan which includes a comprehensive Prevention and Early Intervention Framework. The GM JFP contains over 160 actions phased over the 5 year life course of the GM ICP Strategy. More detail on these actions are shown on page 10 of the presentation. There are a large number of strategies and page 6 of the presentation shows a number of these and importantly they drive the work going forward. He referred to the Greater Manchester Operating Plan and Local Delegated Responsibilities which are set out on page 7. There is an Agreed comprehensive Prevention and Early Intervention Framework as part of the Joint Forward Plan and some of the detail is set out on page 8 of the presentation. He emphasized the need to do the best we possibly can and the need to strengthen our approaches and indeed identifying areas for improvement this being one of the key drivers in the refresh. In distilling all the information he has drawn together and distilled a number of areas showing key 'Drivers for Change' that will impact and what the Board decides on a set of priorities for 2024-25 and provide a basis for the longer term aspirations of the Trafford Integrated Care Partnership as shown on page 11 of the presentation.

The Greater Manchester ICP approach to planning has started earlier than usual and the aim is to complete the 2024-25 plan by the end of March. Key dates are set out on page 13 and more detailed timetables will be shared with localities. Details of the approach to planning are set out on pages 14 and 15 with the timeline on Key Activities and Forums shown on page 16. Communications, Coproduction, Co-Design and Participation will be at the centre of the process producing the refresh as set out on page 17 of the presentation.

The Chair emphasised the importance of the drivers for change, referred to on page 12, to be implemented correctly to enable the Locality Delivery Portfolio to

Health and Wellbeing Board
19 January 2024

progress positively. She further emphasised and agreed with the point made, that it is important for the peoples voice to be heard in addition to briefs and proposals mentioned. The Chair suggested that an invitation be sent to Health and Wellbeing Board Members with regard to them joining the time limited Locality Pan Refresh Group.

Helen Gollins, Director of Public Health, referred to the strength in the commissioning exercise held this week bringing together colleagues who wouldn't talk about the commissioning intentions together and it became clear what the priorities are jointly and individually. This meeting was new and something which we need to continue to do in future. She referred to the Health and Wellbeing Priorities and that there is a huge evidence base in terms of how the Council works in each of those priorities and the use of resources effectively and how outcomes are measured together with the voice of residents and indeed the communities all which needs to be taken on board when refreshing the Locality Plan. She drew attention to the Fairer Health for Trafford approach which compliments and would enable to be confirmed priorities.

Referring to a point made about those that we are not doing so well, Thomas Maloney reminded the Board that there are 160 actions phased over the 5 year life course of the Strategy. Some of these are the responsibility of the localities, for example upscaling social prescribing. He drew attention to other areas referred to earlier in the presentation where more work is needed in areas of where we are not doing so well but there is a need to prioritise whilst working within constraints.

Gareth James commended the Plan going forward but raised his concern over the next year with regard to the finance and performance context and how quickly we will be able to move forward. There is existing money in our health and care system so it is about prioritising those existing funds and working in partnership to deliver collective and better outcomes for Trafford people and communities.

Richard Spearing, Managing Director of Trafford LCO, emphasized the point that engaging with people in a respectful and kind way will achieve a positive response which was important in progressing the Plan.

Nathan Atkinson, Corporate Director of Adults and Wellbeing, emphasized that if we do not start to invest in prevention in a meaningful way by shifting resources there will not be any positive progress so we need to capitalise on the current commitment of partners and existing direction of travel in Trafford.

With regard to a point raise about making sure health inequalities are featured in the Plan, Thomas Maloney agreed that it is important that health inequalities are addressed in the Plan and continued improvement is carried forward by all partners, utilizing our shared governance to strengthen accountability.

RESOLVED: That

- (i) the Board notes the Report; and

Health and Wellbeing Board
19 January 2024

- (ii) the commitments as detailed in the presentation be endorsed together with the positive comments and suggestions made by Board Members on the way forward in respect of the Trafford Locality Plan Refresh.

34. BETTER CARE FUND

Nathan Atkinson, Corporate Director Adult and Wellbeing, presented a report regarding the Better Care Fund – Changeology Support Proposal.

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 and Trafford received formal approval letter from NHSE. Trafford’s Q2 submission was accepted by the national BCF team and retrospectively signed off by the Health and Wellbeing Board in October 2023.

As part of this process, an offer of support from BCF Changeology Team was made, in the form of a deep dive into a challenging service or system issue, which is funded via the Better Care Fund. This is a time limited offer, with a maximum of 5 sessions (full days).

As the funding of Ascot House represents a significant proportion of Better Care Programme, and in light of the ongoing financial, contracting and delivery challenges it is proposed that this offer of support forms part of our ongoing Intermediate Care Review.

This report outlines the aims of this proposal which includes a review of our demand and capacity bed requirements following the introduction of IMC at Home (Pathway 1 D2A team within Trafford Community Response Service), and our current contracting and delivery model. This will provide external expertise to inform future decision making, in a politically and financially challenging service area.

RESOLVED: that the Board

- (i) notes the content of the report.
- (ii) provides system support and approval for this proposal.
- (iii) provides commitment by each partner organisation to engage with the project. Provide commitment by each partner organisation to engage with the project; and
- (iv) approves the submission of the Quarter 3 BCF Report to the Better Care Fund Central Team by the deadline of 9 February 2024.

Health and Wellbeing Board
19 January 2024

35. JOINT STRATEGIC NEEDS ASSESSMENT

The Board considered a report submitted by Helen Gollins, Director of Public Health, and Kate McAllistair, Principal Public Health Intelligence Analyst, regarding the Health and Wellbeing Board's role in understanding and responding to our population's needs regarding Joint Strategic Needs Assessment.

The report set out each of the following (detail on pages 39 to 49) –

- Assessing and Understanding our population needs.
- A Joint Strategic Needs Assessment (JNSA) is a Statutory requirement that local authorities must meet.
- Definition of a JNSA.
- The need for a JSNA.
- How a Needs Assessment is carried out (further detail will be brought to a future Health and Wellbeing Board meeting).
- Categorising the population into the levels of need.
- How the population is identified.
- Considerations when carrying out a Needs Assessment.
- Opportunities and Benefits.
- Challenges.
- Existing / Forthcoming Needs Assessments in Public Health 2024-25

In terms of Forward Planning the aim is to develop a work plan for Needs Assessment activity for the next 12 months, with quarterly progress reviews.

Richard Sterling, Managing Director of Trafford LCO, was of the view that the neighbourhood networks would be a good place to take information from and to cross check that with what the community sector is saying which will show the areas that need help in terms of the Plan.

Nathan Atkinson, Corporate Director of Adults and Wellbeing, echoed the points made by Richard Sterling and drew attention to the various types of neighbourhoods within neighbourhoods and recognising inequalities and taking on board that communities have changed, and that Trafford is more diverse than it has ever been in terms of communities.

Sara Todd, Place Based Lead, Trafford, reinforced the previous points made that they now have some fantastic data place wise in terms of communities identities for example ethnic diversity and disabilities.

In response to a question around population needs unmet such as long term needs such chronic fatigue form covid, in other words invisible groups so how do we find out data about these groups, Helen Gollins advised that we would start by looking at national produced evidence at what we would expect to see in the population and taking account of organisations who support people in the communities and this data would support the needs assessment.

Thomas Maloney echoed the previous points raised and emphasised that the organisations and data resources that are available are phenomenal. It is about

Health and Wellbeing Board
19 January 2024

having the staff to use those resources to be fundamental to help strengthen and update our needs assessments.

Richard Sterling drew attention to the challenge for our partner organisations as to how we put this into our organisational plans and it would be a challenge for the Board.

RESOLVED: That

- (i) the report be noted; and
- (ii) the methods of travel in terms of progressing Needs Assessments for the population of Trafford as set out in the report and presentation together the points put forward by Board Members be endorsed.

Note: The Chair made reference to the fact that this would be George Devlin's last Health and Wellbeing Board meeting and thanked him for all his work.

The meeting commenced at 10.00 am and finished at 11.38 am

This page is intentionally left blank

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 15/03/2024
Report for: Information/Decision
Report of: Public Health/Policy Team

Report Title

Mental Health: An update on the deep dive priorities and next steps for population mental health and wellbeing delivery and governance in Trafford

Purpose

To update the Board on progress made against the deep dive priorities for Mental Health and next steps for population mental health and wellbeing delivery and governance in Trafford

Recommendations

Members of the Board are invited to share any further update on their organisation's intention towards addressing the deep dive targets and whether they wish to set further ambitions in relation to Real Living Wage and Good Employment Charter accreditation.

The Board is asked to consider their role in future governance of population mental health and wellbeing in Trafford, specifically in the context of the newly established Trafford All Age Mental Health and Wellbeing Group.

Contact person for access to background papers and further information:

Name: Claire Robson/ Lucy Webster
Telephone: 07816 118430/07929 876 648/

Mental Health: An update on progress towards addressing the 'deep dive' priorities and next steps for population mental health and wellbeing delivery and governance in Trafford

1.1 Background

The quality and security of work is extremely important for mental health and wellbeing, with permanent work identified as a protective factor. Fulfilling employment also offers a platform for structured routines, positive relationships, and gaining a sense of purpose and achievement, as well as providing access to an income.

The Greater Manchester Good Employment Charter (GEC) is a voluntary membership and assessment scheme that aims to raise employment standards across GM, for all organisations of any size, sector or geography and includes Real Living Wage accreditation (RLW).

In February 2022 Trafford's Health and Wellbeing Board set a target for 60% employers represented on the Board to commit to becoming Living Wage accredited and 30% to work towards full membership of the Good Employment Charter by April 2024.

1.2 Review of progress to date

By March 2024 a total of 5 out of 10 (50%) organisations represented on the Health and Wellbeing Board are Real Living Wage accredited (Greater Manchester Police, Trafford Council, African Caribbean Care Group, Talk, Listen, Change and L&Q Housing).

2 out of 10 (20%) organisations represented on the Health and Wellbeing Board are Good Employment Charter accredited (Trafford Council and L&Q Housing) with a further 2 (GM Integrated Care and GM Mental Health Foundation Trust) identified as 'supporters' of the Good Employment.

Further detail is set out in Annex 1.

1.3 Next steps for population mental health and wellbeing delivery and governance in Trafford

An All Age Mental Health Group has been recently established in Trafford which has met twice, bringing together stakeholders from across the Local Authority, NHS, VCFSE sector and including commissioned mental health service providers. It is jointly chaired by the Local Authority and ICB. The purpose of the group is to oversee mental health and wellbeing delivery and transformation across Trafford and to provide oversight of the delivery of the Trafford Mental Health and Wellbeing delivery plan. Greater Manchester has set 5 ambitions as part of a five year Mental Health and Wellbeing Strategy and each GM locality is asked to develop a delivery plan for 2024-2028 aligned to these five ambitions. Annex 2 sets out these five ambitions.

Trafford Public Health, in partnership with Trafford ICB locality Mental Health Commissioning leads and the Trafford VCFSE mental health lead has begun the process of socialising the five GM strategic ambitions with key stakeholders across Trafford as the starting point for wider consultation and co-production of priorities to be reflected in the drafting of the delivery plan. This has included conversations with:

- Local Authority leads for Transport, Planning, Housing, Environment, Poverty to ensure recognition within the delivery plan of the significance of the wider determinants/ building blocks that influence mental health and wellbeing
- Local women and service providers represented at the Trafford Women's Voices event (25th January 2024) to identify specific priorities and opportunities for improving the mental health and wellbeing of women
- Members of the citizen panel from the Poverty Truth Commission (PTC) to explore how the priorities for mental health identified by the PTC can be built on within Trafford's mental health and delivery plan
- Members of the Thrive in Trafford Children and Young People's Mental Health and Wellbeing Partnership to identify lifecourse opportunities for prevention and early intervention building on the recommendations of the Aqua review.¹

Next steps are to build on these initial conversations and to co-produce with system stakeholders the content of a draft delivery plan. A mental health and wellbeing Joint Strategic Needs Assessment for Trafford will also be refreshed to inform the content of the delivery plan. A provisional timeline has been agreed with the All Age Mental Health Group to have a delivery plan ready for launch by autumn 2024.

1.4 Summary

Progress has been made towards meeting the Deep Dive target for 60% employers represented on the Health and Wellbeing Board to commit to becoming Living Wage accredited and 30% to work towards full membership of the Good Employment Charter by April 2024.

A new mental health and wellbeing delivery plan 2024-2028 is being developed for Trafford in line with the 5 GM strategic ambitions. This will be co-produced with stakeholders working across the system. It will take a lifecourse perspective and build on and address recommendations from previous consultations such as the Poverty Truth Commission and the Aqua review.

1.5 Ask of the Board

Representatives of the Health and Wellbeing Board are invited to provide any further updates on their organisation's commitment to/ intention towards addressing Real Living Wage and Good Employment Charter accreditation. The Board is also asked to consider whether they would like to set any further ambitions in respect of Real Living Wage and Good Employment Charter accreditation.

The Health and Wellbeing Board is asked to consider what role it might play in the future governance of mental health and wellbeing across Trafford, especially in the context of the newly established All Age Mental Health Group.

Annex 1

¹ In December 2021 NHS Trafford CCG approached Aqua – an NHS health and care quality improvement organisation working across NHS, care providers and local authorities to undertake a review to identify improvement opportunities for children and young people's mental health in Trafford.

Health and Wellbeing Board member organisation accreditation status for Real Living Wage and Good Employment Charter

Health and Wellbeing Board members	Real Living Wage accredited	Good Employment Charter accredited	Good Employment Charter supporter
Greater Manchester Mental Health Foundation Trust			yes
Greater Manchester Police	yes		
Trafford Council	yes	yes	
Greater Manchester Integrated Care			yes
African Caribbean Care Group	yes		
Talk Listen Change	yes		
Trafford Community Collective*			
Trafford Local Care Organisation			
L&Q Housing	yes	yes	
Greater Manchester Fire and Rescue Service			
Healthwatch Trafford			
Total 10 (* doesn't include Trafford Community Collective for purpose of calculating % as this is member led and not a single organisation)	5 (50%)	2 (20%)	2 (20%)
	Target 60%	Target: 30% working towards	

(membership of the Health and Wellbeing Board taken from [Health and Wellbeing Board \(traffordpartnership.org\)](https://traffordpartnership.org); information about Good Employment Charter accreditation taken from [Members | GM Good Employment Charter](#); information about Real Living Wage accreditation taken from [GM Living Wage Campaign 2023 - Greater Manchester Poverty Action \(gmpovertyaction.org\)](https://gmpovertyaction.org))

Promoting awareness/encouraging accreditation

Trafford Council's policy team has been working across the borough to support and encourage local businesses, partners, and organisations to become accredited.

On 21st June 2023 employers in Trafford and councillors came together at Stretford Public Hall at an event to promote the Real Living Wage

The Sustainable Growth Strategic Partnership Event that took place on 20th Feb 2024 focused on employment and skills and provided a further opportunity to promote the Real

Living Wage and Good Employment Charter. Further events are planned for 4th July and 8th October 2024 with a focus on Climate, and Inequalities and Health. The Real Living Wage and Good Employment Charter will be considered as part of wider determinants lens.

The Living Wage Foundation offers advice for any organisation considering becoming Real Living Wage Accredited. The Good Employment Charter website has lots of resources to support organisations considering accreditation. Emma Moseley (Trafford Council Senior Policy Manager) is happy to talk through Trafford Council's experience of applying and offer support to anyone considering becoming Real Living Wage Accredited.

Annex 2: the 5 Greater Manchester strategic ambitions for mental health and wellbeing 2024-2028

1	People will be part of mentally healthy, safe and supportive families, workplaces and communities
2	People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services
3	People with long-term mental health conditions will live longer and lead fulfilling and healthy lives
4	People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive
5	The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from

This page is intentionally left blank

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 15th March 24
Report for: Information
Report of: Thomas Maloney, Programme Director Health and Care,
Trafford Council and NHS GM

Report Title

Draft Delivery Priorities 24/25 and Refresh of Locality Plan

Purpose

The aim to refresh the Trafford Locality Plan is supplemented by the requirement to develop a set of 'Delivery Priorities' for 2024/25 outlined in the accompanying slides – with both programmes of work being developed in parallel, enabling us to define the next 12 months priorities, whilst also in due course articulating the longer-term vision for our refreshed Locality Plan, incorporating a refresh of the HWWB Strategy.

The intent is to have a system owned delivery plan that clearly states our collective ambition and intention for 24/25, including priority programmes and specific commissioning intentions reflective of Trafford's key stakeholders' priorities.

The GM approach to planning for 2024/25 is different to that of previous annual operational plans – it has committed to developing a broad System Delivery Plan for GM rather than solely a response to the NHS guidance.

These slides present two elements of the requested 'Locality Delivery Portfolio' including our commissioning intentions and a broader set of priorities for 2024/5 identified and co-created by Trafford partners. The content has been created drawing on detail from our existing locality plan, Health and Wellbeing Strategy, the GM ICP Strategy and Joint Forward Plan, the GM Prevention Framework, GM Strategic Financial Framework, and other relevant local and GM strategies/plans.

The finer detail of each of the commissioning intentions and priorities are actively being constructed by identified lead officers and have been submitted as a partial response to NHS GM on the 16th February.

The delivery of draft commissioning intentions and priorities are subject to available resources, transparency of system resources, including organisational and sector efficiency targets, and alignment of organisational and sector priorities. A process of prioritisation and sequencing will need to be applied with a stringent criterion applied to ensure value for money, desired outcomes and priorities that are evidence based.

Recommendations

The Board are asked to:

1. Note the content of the report and initial submission of the draft Trafford Delivery Portfolio.
2. Support where required the completion of the Programme Plan (Including further submissions to NHS GM) and prioritisation process, to be determined.
3. Refresh of the HWWB Strategy, incorporated into the agreed refresh of the Locality Plan.

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25

Trafford Health and Wellbeing Board
March 2024

Trafford

Integrated Care Partnership



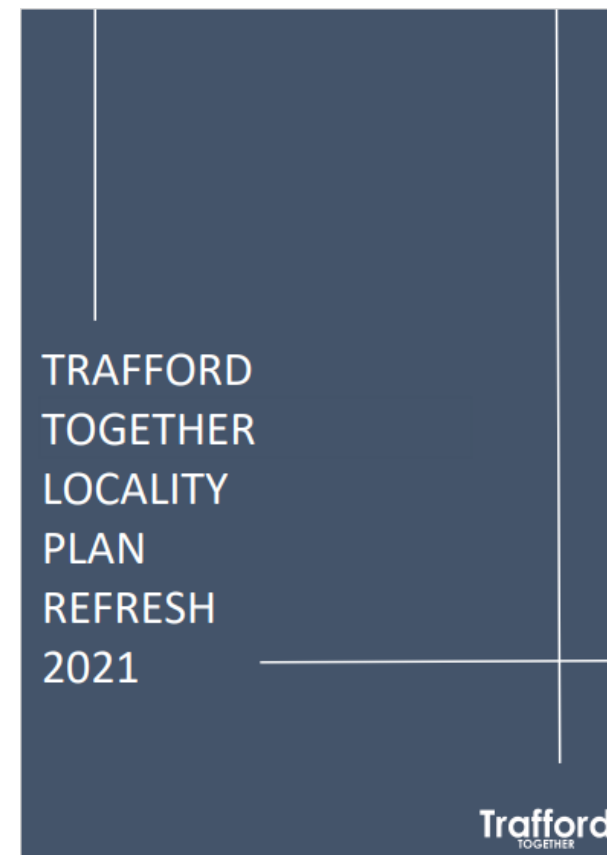
Trafford Locality Plan Refresh: Aim and Rationale

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:
The ICS Operating Model confirms the core role of localities in driving population health improvement and delivering preventative, proactive integrated models of neighbourhood care. Although localities are delivering across all six of the missions in the ICP Strategy, our key areas of responsibility principally relate to the missions on **stronger communities** and **helping people stay well and detecting illness earlier**.

There are numerous factors mobilising the refresh of our Locality Plan, including existing and new strategy, organisational development and the outputs of various reviews on systems and services, a selection listed below:

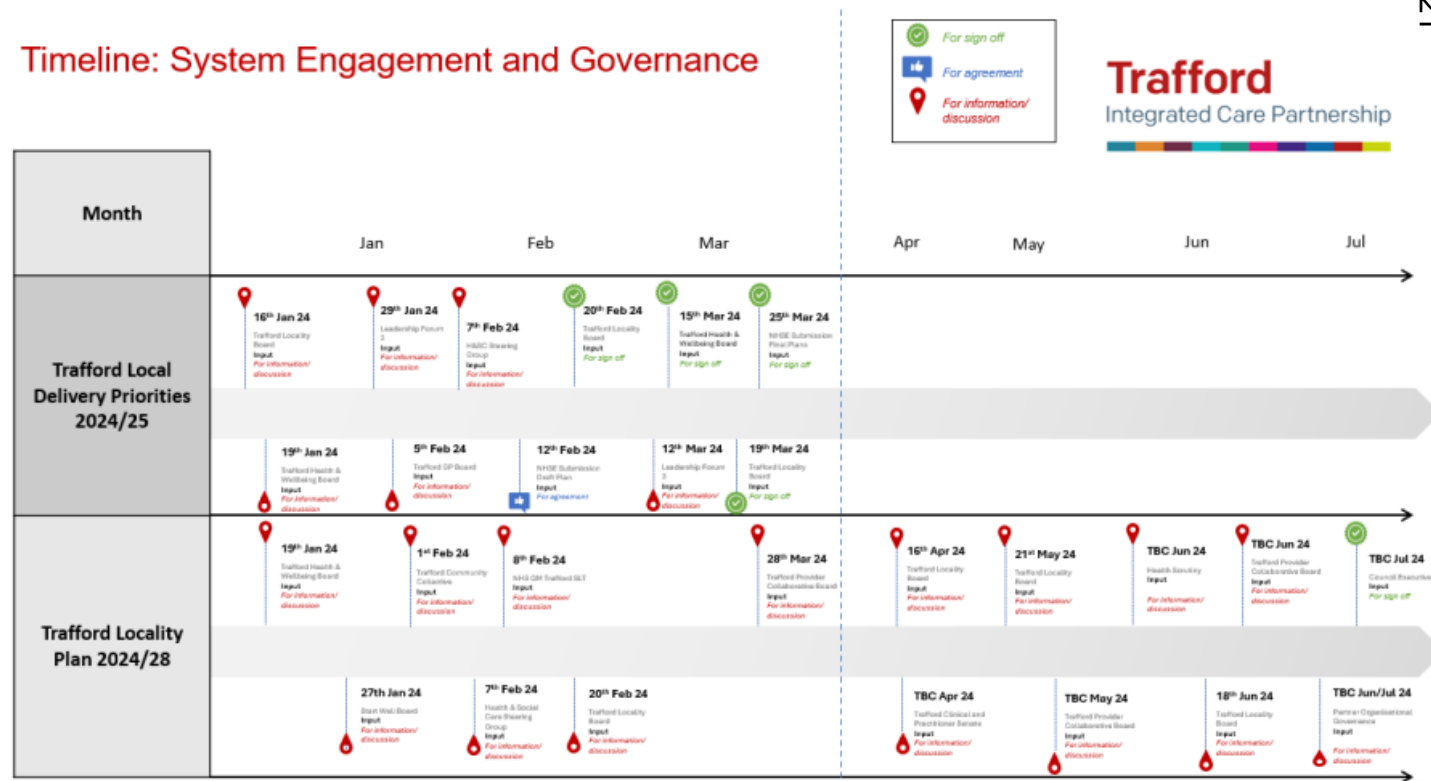
- Trafford Health and Wellbeing Strategy 2019-2029 and Trafford Locality Plan alignment
- GM ICP Strategy
- GM Joint Forward Plan Clarity on GM Operating Model
- Clarity on Locality structure
- Carnall Farrar Leadership Review
- NHS GM Strategic Financial Framework (SFF)
- Development of annual 'Strategic Priorities' delivered by the Trafford Provider Collaborative Board (TPCB)
- Timeliness of planned updates to relevant organisational strategies and visions (Trafford Council, Manchester Foundation Trust inc WTWA and TLCO, GMMH, etc)
- Recommendations and development plans following Peer Review and Inspection activity in TICP organisations (GMM, Council, MFT)

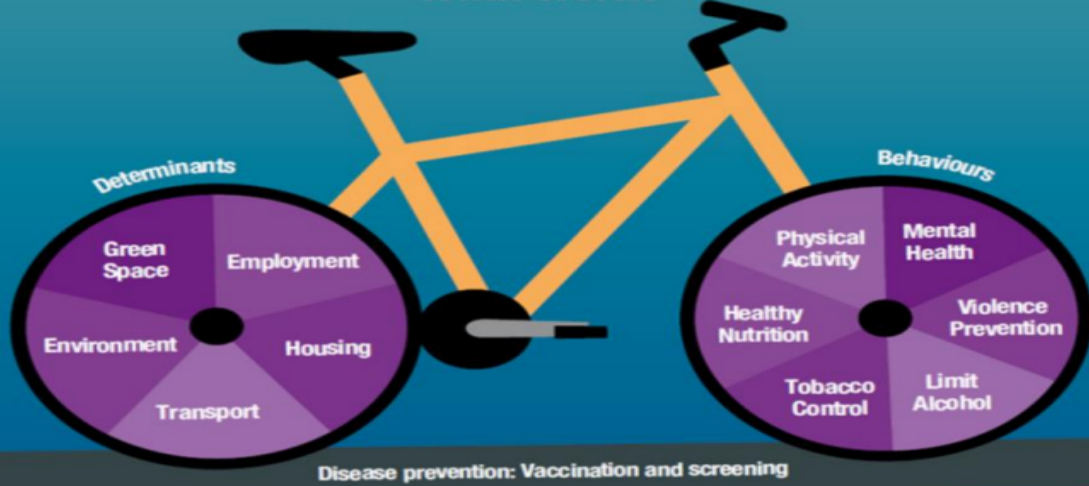


Trafford Local Delivery Priorities 2024/25 & Trafford Locality Plan Refresh 2024-28

- The aim to refresh the Trafford Locality Plan is supplemented by the desire to develop a set of 'Delivery Priorities' for 2024/25 outlined in these slides – with both programmes of work being developed in parallel, enabling us to **define the next 12 months whilst articulating the longer-term vision for our refreshed Locality Plan**
- The intent is to have a **system owned delivery plan** that clearly states our **collective ambition and intention for 24/25**, including priority programmes and specific commissioning intentions reflective of Trafford's key stakeholders, details of which are included in this slide deck.
- It is acknowledged some of our **Delivery Priorities and Commissioning Intentions for 24/25** may span **multiple years** so it's important to make the connection to the refresh of the Locality Plan as these commitments will naturally help develop the basis of our revised plan for the next 4 years

Timeline: System Engagement and Governance





Trafford Health and Wellbeing Strategy – Update

TRAFFORD
TOGETHER
LOCALITY
PLAN
REFRESH
2021

Better connected communities

Better wellbeing for our population

Better lives for our most vulnerable people

- The Trafford Health and Wellbeing Board exists to improve population health outcomes. It does this through **strategy development**, improving partnership working, and using our knowledge of local needs from our Joint Strategic Needs Assessment to improve our services.
- The current Health and Wellbeing Strategy was created in 2019 and was a **strategic commitment for a 10 year period (2019-2029)**.
- Due to **significant changes in our health and care system** from its publication and our evolving health, care and wellbeing priorities such as our increased focus on tackling health inequalities, we feel it is time to update the current strategy to reflect the work of the HWBB and account for
- The proposed update to the HWBB Strategy will be fully integrated into the Locality Plan Refresh process, ensuring synergy of both documents to **create one cohesive strategy for health, care and wellbeing**

The Locality Contribution to GM Plans for 2024-25

The GM approach to planning for 2024/25 is different to that of previous annual operational plans: we will develop a broad, **System Delivery Plan for GM** rather than solely a response to the NHS guidance. There are three elements to our planning approach:

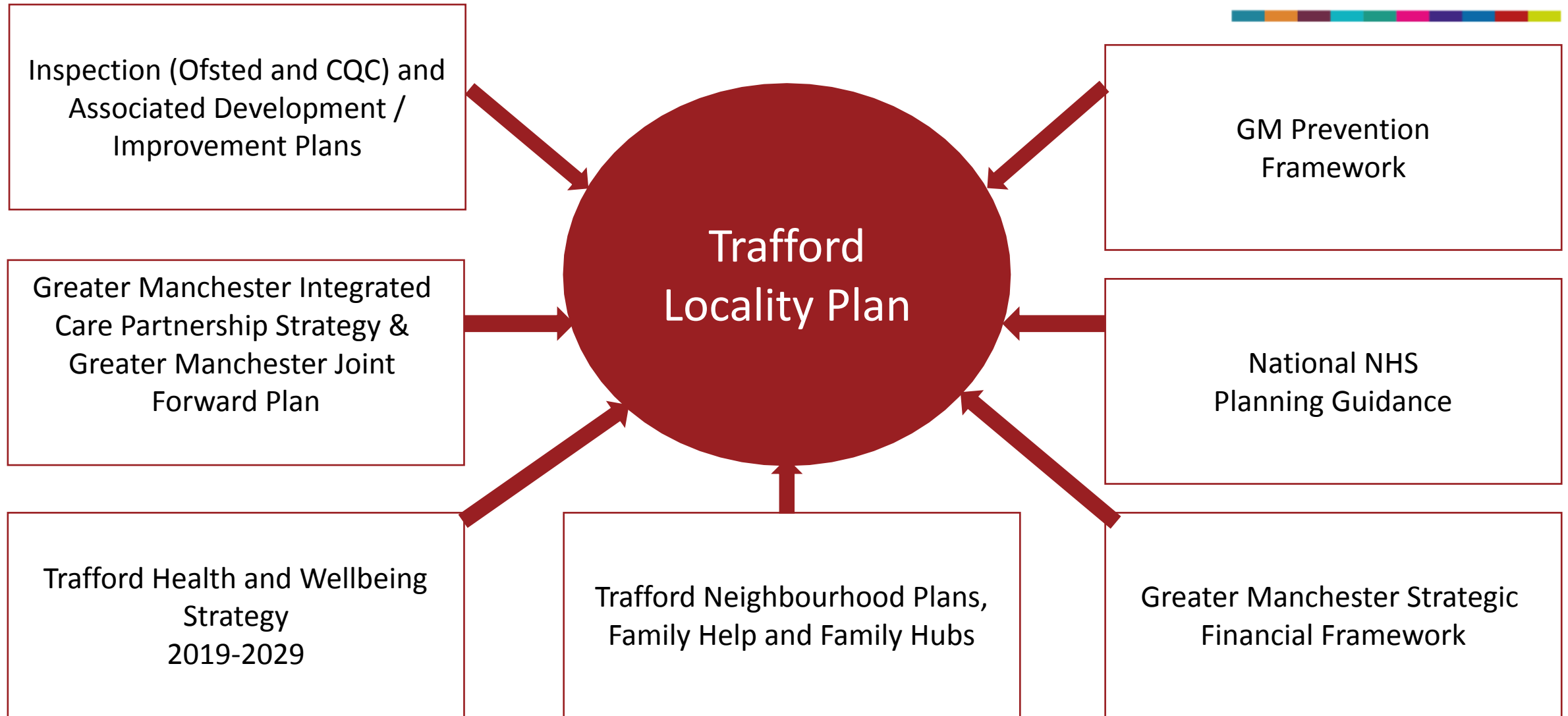
- The role of localities in **driving population health improvement and prevention at scale**. Upgrading our approach to prevention will need to be a major part of GM's overarching plan for 2024/5
- The role of **providers in planning for activity, workforce, and finance to improve productivity** through the NHS operational planning process
- The role of **GM commissioning to drive the changes needed**

It is suggested a **Locality Delivery Portfolio** is developed for 2024/5 comprising:

- The outputs from the **commissioning intentions** process. These will be consolidated to a GM level but we will need to describe what delivery looks like in localities
- A set of priorities for 2024/5 identified **by each individual locality** – drawing on existing locality plans, the GM ICP Strategy and JFP, the Prevention Framework, SFF and other GM plans
- A small number of priorities **that all 10 localities** agree to focus on in 2024/25 (DPL's)

The Locality Delivery Portfolio would then be built into the 2024/5 GM System Delivery Plan and updated GM Joint Forward Plan.

Distilling our Key 'Drivers for Change'



Our ways of working

To develop a system owned Locality Delivery Plan for 2024/25 we will be guided by our agreed principles. We will continually refer to these principles as we discuss and debate many priority programmes and services, both for the construction of the 24/25 Plan and the Refresh of the Locality Plan:

- **Together as Partners** – Encouraging collaborative working between all partners including the NHS, local authority, Healthwatch Trafford, and health and care providers in the private, voluntary and third sector to meet the needs of Trafford people.
 - **With People** – Putting residents at the heart of what we do, listening and working with people, sharing power.
 - **Understand and tackle inequalities** – Using data, information and intelligence to make shared decisions.
 - **Population Health Management** – Embed a PHM approach in the construct of the localities work and nurture a prevention first approach to decision making across health and care, where feasible.
 - **Be open, invite challenge, take action**
 - **Neighbourhood Model** – Champion both locality and neighbourhood service coordination through our integrated neighbourhood model, being positive about our places and spaces, bringing people who live and work in an area together to build stronger communities.
 - **Value For Money** – Working together to maximise the impact of our available resources to improve outcomes for Trafford residents.
 - **Innovation** – Promoting innovation, and encouraging new ideas from people, patients/service users, carers, and the workforce, making the most of technology.
 - **Risk and Responsibility** – Seek to avoid and identify any conflicts of interest and understand system risk and share responsibility appropriately.
-

Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25

Draft Trafford Commissioning Intentions - Context

- Commissioning intentions for the purpose of this exercise is the intent to commission health and/or care services that plan to improve health outcomes for Trafford people and communities. The commissioning intentions could be the continuation of existing commissioned services, amendments to the existing services or new procurement projects that are expected to be undertaken in 2024/25.
- The commissioning intentions outlined are reflective of NHS GM Trafford Locality and overlaid with key commissioning intentions from Adult Social Care, Children's, Public Health which are fundamental and interdependent to ensure effective delivery of intended outputs and outcomes.
- Where relevant tackling social and health inequalities will be considered in each commissioning intention and priority project/programme
- Some commissioning intentions are replicated on various slides as they have relevance to different sectors and/or providers.
- There is also a focus on complementary priority work programmes (enablers) which will enable the effective delivery of the stated commissioning intentions – these are listed throughout and at the end of this side deck and will ultimately form the creation of the Trafford Delivery Priorities for 24/25.

Draft Trafford Commissioning Intentions - Context (Continued)



Greater Manchester

- A process of prioritisation and sequencing will need to be applied as it is acknowledged by stakeholders that some of the commissioning intentions and additional priorities will span several years, not just 24/25, and capacity and resource constraints may dictate certain intentions and priority programmes to take precedence in the next 12 months
- We will commit to make decisions based on our agreed principles ensuring we are guided by the available evidence base, our data and our intelligence
- There is an acknowledgement that the health and care system across the NHS and Local Authorities is financially challenged with planned efficiencies across the health and care system, but our commissioning intentions aim to uphold the commitment to population health and building on the assets of our health and care system, our people and communities.
- There is a system principle, that we will work transparently together as partners to make any decisions on the collective funding in Trafford, so that we understand impact across the system. We will continue to strategically plan and strategise using our existing Trafford partnership governance forums.
- We will share information appropriately when constructing organisational efficiency plans and/or cost improvement programmes so we can collectively discuss and fully understand direct and indirect implications of any changes
- The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders however it is important to note the context and assumptions that have been accounted for when constructing the detail. The priorities and commissioning intentions are subject to available resources

Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25



Greater Manchester

Mental Health and Emotional Wellbeing

Children, Young People and Maternity
0-18yrs

Children, Young People and Maternity
SEND 0 – 25yrs

Planned Care / Long Term Conditions / Cancer

Urgent and Emergency Care

Primary Care and Neighbourhoods

Community Care

Primary Prevention

Alcohol and Substance Misuse

Health Protection

Domestic Violence and Abuse

Workforce

Data Intelligence and Insight

Health and Care Strategy

Estates

Next Steps and Actions

Detailed Programme Plan

- NHS GM issued a spreadsheet for completion which when completed would contain the detail behind each commissioning intention and priority, such as available resource, activity, performance, quality, outcomes, risks, etc. The spreadsheet has been locally nuanced to help strengthen the connection between local delivery priorities to the GM ICB Strategy and linked to appropriate locality governance forums
- The completed document will act as the detailed programme plan that channels our individual and collective efforts and provides the substance and structure for the Trafford Locality to assure itself against agreed deliverables

Locality Delivery Portfolio – Next Steps

- Understand further the process by which all ten localities' priorities are synthesised into a coherent GM plan and narrative
- Understand further how the small number of priorities that all 10 localities agree to focus on in 2024/25 will be agreed following the collation of 10 Locality Delivery Portfolios

Prioritisation

- Agree the process by which we will prioritise our draft delivery priorities and commissioning intentions against a backdrop of financial constraints and yet to be confirmed financial allocations, whilst remaining driven by our principles, ensuring priorities are agreed based on the available evidence base, available performance data, key strategies, needs, assets and outcomes

Locality Plan Refresh

- Continue our planned journey to refresh the Locality Plan, incorporating the updated HWBB Strategy by Summer 2024
- Develop structured programme plan for the refresh including the 'engagement plan'



Appendix

Mental Health and Emotional Wellbeing

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

NHS Greater Manchester ICS remains obliged to meet the NHS England Mental Health Investment Standard meaning that planned spending on mental health provision must increase by a greater proportion than the overall increase in NHS budget allocation each year. GM system constraints are severe and a £20m increase is planned in NHSGMICS mental health spend for the year 2024/25. Most, approx. £14m, will be invested into core services (primarily acute inpatient services) in recognition of ongoing pressures leaving approximately £6m for the following areas:

- Additional investment into CYP services
- Additional investment into Perinatal Services
- Additional investment into crisis services – particularly the VCFSE.

Priority Programmes / Service Improvement / Enablers

Adults: Reduce the use of Out of Area Placements for mental health patients and reduce length of acute inpatient stays

Childrens: Reduce the number of CYP accessing inpatient and Tier 4 admission

Childrens: CYP with a LD and / or Autism diagnosis are included on the dynamic support database and have access to intensive support and keyworker services

Commissioning Intentions

Childrens: Review Children Young People (CYP) THRIVE offer including the retender of 5-12 Mental Health service

Children and Families: Increase access to evidence-based care for women with moderate to severe perinatal mental health difficulties

Childrens: Implement integrated support offer targeting vulnerable cohorts – E.G EBSNA / SEMH / Eating Disorder

Childrens: Invest and support programmes to promote emotional wellbeing in schools, neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.

Adults: Review s75 Mental Health between TMBC and GMMH

Adults: Complete the roll out of the Trafford Living Well service

Adults: Implement the Mental Health FPS for accommodation and care

Adults: Review / expand the existing BlueSci at Night Crisis Café using the additional investment into crisis services (VCFSE) noted above

Adults: Invest and support programmes to promote neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are needs based and subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Priority Programmes / Service Improvement / Enablers

Understanding and responding to the specific health needs of children and young people who are cared for/care experienced, in the criminal justice system, victims of/at risk of exploitation, victims of domestic abuse and who have experienced other forms of trauma/adverse childhood experiences (ACEs).

Improve the information and advice available to families and professionals to promote health and wellbeing

Review of Children’s Sufficiency Statement

Commissioning Intentions

Progress an integrated approach to early years, including Maternity, recognising the importance of 1,001 critical days and responding to the detrimental impact of Covid-19 on the development of children aged 0-5, including review of investment in healthy weight for early years and pregnant women

To support development of integrated family hub offer

Recommission Supported Internship Programme

Improve sufficiency in the residential market

Implement Safe Places Programme

Healthy Weight additional focus on early years and pregnant women experiencing obesity

Enhance vaping and smoking awareness and cessation offer for schools, parents and carers and young people

Implement a clear, needs-led school health offer through our school nursing service ensuring integration with other public health services, including Early Break (substances), Northern and Brook and Talkshop (Sexual and Relationship Health) and others

Children, Young People and Maternity - SEND 0 – 25yrs

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Priority Programmes / Service Improvement / Enablers

Implement action plan in response to SEND Inspection: Leaders across the partnership should develop, deliver and embed a clear approach to address how they will support children and young people with a range of mental health and neurodiverse needs. This includes identification, assessment and support for children and young people, with or without a diagnosis

Review of Children’s Community Health Services

Commissioning Intentions

Development and fully implementation of the GM neurodevelopmental pathways programme for Autism and ADHD

Implement integrated support offer targeting vulnerable cohorts including a pre and post diagnostic offer & waiting well support

Implement findings from GM Balanced System (Speech and Language)

Reshape our Short Breaks Offer

Improve Youth Voice offer including SEND Youth Voice

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may mean that population level interventions are targeted to highest need, directly affect the ability to complete stated intentions.

Priority Programmes / Service Improvement / Enablers

End to end pathway redesign of LTCS across primary, community and secondary care with a focus on primary and secondary prevention (and earlier detection).

Personalised Care – delivery of personalised care for cancer patients and Patient Stratified Follow Up

Faster Diagnosis, Operational Performance & Treatment Variation – delivery of CWT standards (28 Day FDS, 31 Day DTT to Treatment, 62 Day GP referral to FDD); Implementation of Best Practice Timed Pathways; Sustain NSS pathways; identify and address treatment variation

Commissioning Intentions

Improve earlier detection of cancer and survival rates, linking to pan GM programmes with locality roll out and integration into Neighbourhood Programme.

Participate and deliver Targeted Lung Health Checks (TLHC) across PCN footprint

Increase uptake of screening programmes, with a focus on the people engaging with communities and cohort where uptake may be low.

Ensure prioritisation of inequalities in terms of treatment of people on the waiting list (all providers) – linking to the pan GM programmes.

Deliver in partnership with through secured funding Leisure partners GP referral and in-reach schemes for Trafford Leisure and Be Active Urmston. Patients with LTC's will be referred to leisure partners across Trafford locality, in addition, in-reach into clinical education/ rehab programmes and reduce wait times

Healthy Lives targeted projects to increase uptake of health checks, screening and brief interventions through voluntary sector

Deliver MSK community triage and assessment days for those with back pain in partnership with Trafford Leisure, TLCO and VCFSE sector partners.

Early Diagnosis – achievement of LTP 75% ambition; incorporating work on primary care pathways / PCN DES, symptom awareness, timely presentation, FIT in lower GI pathways; improvements in screening uptake

Urgent and Emergency Care (UEC)

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Delivery following UEC National Guidance and the Manchester & Trafford Urgent Care Recovery Plan

Priority Programmes / Service Improvement / Enablers

Preparation for Right Care Right Person for Mental Health Service users

Providing access to 111 for Mental Health Service users

Complete, develop, implement and deliver the recommendations from the Trafford Urgent Care Review

Develop and improve processes and pathways connected to the newly implemented Trafford Crisis Response and D2A Pathway 1 services

Commissioning Intentions

Reduce A&E attendances through HIU programme in line with localities across GM.

Reduce Non-Elective admissions, Length Of Stay and readmissions through Admission Avoidance programmes (dependant on Hospital @ Home model and delivery)

Delivery of the priorities outlined within the UEC Recovery plan for the locality.

Review and recommission Out of Hours (OOH) contracts including Urgent Treatment Centre/Trafford Patient Assessment Service contracts ensuring delivery of an OOH offer closer to home for patients in Trafford

Winter Urgent and Emergency care planning 24/25

Primary Care and Neighbourhoods

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Priority Programmes / Service Improvement / Enablers

Social Prescribing review and roll out

Continued recovery of Access to Primary Care

Review of Pharmacy needs assessment and implementation of Pharmacy First in Trafford – Enabler

PCN neighbourhood working (all age).

Development full integration of Primary Care and GP Leads into integrated neighbourhood teams

Commissioning Intentions

Enhanced services review (linked to GM programme) with specific focus on Locally Commissioned Services.

Development and delivery of Quality Contract 24/25 focusing on Prescribing / CVD / Diabetes

Delivery of Primary Care Blueprint (with associated funding).

High Intensity User model implementation following Test & Lean.

Development and implementation of a Spirometry service Trafford wide

Evidenced based Winter capacity schemes for delivery in 24/25

Population health improvement – weight management, Increase physical activity, substance misuse, smoking etc – linked to CF work on population health management.

Take up of NHS Health Checks and targeted work with voluntary sector to tackle health inequalities by improving uptake in under-represented groups for screening, health checks and wider health promotion

Locally commissioned public health services – NRT and smoking cessation interventions, EHC, Alcohol Brief Interventions and LARC

Community Care

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Priority Programmes / Service Improvement / Enablers

Delivery of 24/25 Community Service Review Programme.

Mental health inclusion in NCT's

Community mental Health Transformation, transforming our community offer

Workforce development , including international recruitment

Tier 1,2 and 3 Integrated Sexual Health Services – increased take up of LARC and STI testing and prevention

Commissioning Intentions

Working alongside GM system group to ensure GM standards on delivery of services.

Initiate Intermediate Care and D2A Transformational Programme 2024-2027/8 which will include:

- Full review and redevelopment of Trafford Intermediate Care offer, commissioning in line with need. To include consideration of future bed based and intermediate care at home capacity requirements.
- Development of long term Frailty model for Trafford.
- Review of Trafford's D2A model, including enhanced 1:1 model.

Review and remodelling of Trafford Reablement Services.

Development of Equipment services including; equipment support, OT review and implementation of Ask Sara

Develop and implement bespoke quality assurance tool for Trafford social care provision

Recommission Extra Care

Recommission Home Care

Implement an FPS for Care Homes

Redesign of Trafford's Hospice at Home service

Tier 1,2 and 3 Integrated Sexual Health Services – increased take up of LARC and STI testing and prevention

Review and implement PIPOT approach

Community Care (Continued)

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Priority Programmes / Service Improvement / Enablers

Roll out Oliver McGowan training

Re-establish paused Partnership Boards

Nutrition & hydration – continue online training offer and physical resources for older people in the community

Review non-RTT waits in community services

Commissioning Intentions

Develop detailed needs assessment of people with learning disabilities and autism to inform an accommodation approach

Deregister 3 properties

Decommission unoccupied properties and replace with new models of accommodation

Programme of retendering LD supported living services in line with contract dates

Retender advocacy services

Review, remodel and consider recommissioning Shared Lives service

Implementation of Self-referral in community health Services

Capacity building and preparation for Women's Health Hubs

Falls Prevention – prepare for re-commissioning of falls prevention strength and balance service.

Locally commissioned services for emergency contraception, NRT, Long-Acting Contraception, Alcohol Assessment and Brief Intervention, NHS Health Checks

Dementia Advisors – re-commission Memory Loss Advisory Service in partnership (Public Health/ICB/Adult Social Care Commissioning)

Additional Locality Priority Programmes and Enablers

Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Priority Programmes / Service Improvement / Enablers

Fairer Health for All – Health Inequalities Strategic Oversight Group

Joint Strategic Needs Assessment updates and new products

Health Protection and Infection Control – increasing take-up of immunisations, improve IPC in community settings and prevent and manage outbreaks.

Increase MMR uptake across Trafford population to protect against and reduce impact of national measles incident.

Active Travel Activation Fund – behaviour change programmes linked to physical infrastructure projects

Oral Health – evaluation and continuation of supervised toothbrushing scheme

Drugs and Alcohol Prevention, Treatment and Recovery – recommissioning of outreach and treatment provider collaborative to prevent harm, increase numbers in treatment and successful exits and build sustainable recovery communities

Trafford Participation Strategy and Framework

Priority Programmes / Service Improvement / Enablers

Trafford Workforce Delivery Plan

Development of the Learning Disability Board

Women’s Strategy

Development of the Carers Board

Development of the Autism Board

Domestic Abuse services re-commissions

Violence reduction programmes – continue utilisation of grant funding to employ Violence Reduction Co-ordinator commission bespoke projects.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 15th March 2024
Report for: Information/Decision
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 Programme Quarter 3 return

Purpose

The BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides the national return in Q3, on cumulative data from Q1 and Q2 (1st April 2023 – 31st December 2023), which was submitted to NHSE on February 9, 2024.

This return provides confirmation of activity and expenditure to date, where BCF funded schemes include output estimates. This return also includes an update on our performance against key BCF metrics.

The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, key areas have been summarised within this report. Previous submissions include our Better Care Fund Plan for 2023-2024 and supporting narrative which was submitted in July 2023, and an updated detailed capacity and demand plan, submitted as Trafford's Quarter 1 return in October 2023.

Schemes funded by BCF Programme funding but do not have output estimates attached, are outside the remit of this return, but an update will be provided at the full end year report in Q1 2024/25.

Recommendations

1. The Board is asked to note the content of the finalised BCF return which provides Q1 and Q2 data, submitted in Q3.
2. Note that the next submission in relation to 23/24 BCF Programme will require a report on full year activity and expenditure, which will be required to be submitted in Q1 2024/25. It is anticipated that this will be in May 2024 however, the exact submission date has not yet been confirmed by NHSE.

Contact person for access to background papers and further information:

Name:
Telephone:

1.0 Introduction

- 1.1. 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.
- 1.2. The key purposes of reporting are:
 - a) To confirm the status of continued compliance to the requirements of the BCF fund.
 - b) 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.
 - c) To provide information from local areas on challenges and achievements and support needed in progressing the delivery of the BCF plans, including performance metrics.
 - d) To enable the use of this information for national partners to inform future direction and for local areas to improve performance.
- 1.3. Previous submissions include our Better Care Fund Plan for 2023-2024 and supporting narrative which was submitted in July 2023, and a updated detailed capacity and demand plan, submitted as Trafford's Quarter 1 return in October 2023. This report provides an update on the delivery against the BCF core metrics and the activity and expenditure to date, for schemes which had output estimates. Schemes funded by BCF Programme funding but do not have output estimates attached are outside the remit of this submission, but an update will be provided at the March Locality Board, as part of a wider BCF/Section 75 update.

2.0 Better Care Fund Metrics

- 2.1 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.

2.2 Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions

- Expected performance within Q1 was 193.2. Actual Q1 performance was 166.0.
Expected performance within Q1 was 169.8. Actual Q2 performance was 143.7
- Performance status: On- track
- Achievements linked to BCF funding: The New Trafford Crisis Response Service is now fully embedded, which serves 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..
- Upcoming plans: Further development of the Hospital at Home model is required. Once implemented further improvement in this target is expected.

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

- Expected performance within Q 1 was 91.5%. Actual performance in Q 1 was 90.89%
Expected performance within Q2 was 91.5%. Actual performance in Q2 was 92%

- Performance status: On-track.
- 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. The introduction of Trafford Community Response Service's Pathway 1 Discharge to Assess Team was implemented in Q3, providing IMC at Home. Thereby enabling more Trafford residents to return directly home for their rehabilitation that otherwise would otherwise been supported by P2 bed-based care.
- Upcoming plans: The Rapid MDT team of OT, Physio and Nursing is now in the process of expanding to include mental health nursing to support residents in P3 with dementia and other mental health nursing considerations.

2.3 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 Quarter 4: 2,003. Actual performance at the end of Q1 was 490.2 The Actual performance in Q2 was 474.7.
- Performance status: On track
- The mitigating actions reported in Q2 to tackle legacy challenges in therapy services continue in Q3. As reported in Q2, 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. The additional investment in therapy resource and the implementation of Trafford's Community Response Service, both from a Crisis Response and D2A Pathway 1 (IMC at Home) perspective are key in supporting continued improvement. 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.
- Achievements linked to BCF Funding: Q3 has focused on the embedding of new services as BAU and ensuring education is provided across health and care systems to ensure purpose and parameters of these services are understood and can therefore be appropriately utilised to their maximum. This includes 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 enhances domiciliary based support and provides IMC at home. These teams support patients at risk of admission or readmission to secondary care including patients who are at risk of falling. We also continue to progress actions within our Community Recovery plan.
- The Rapid MDT to P3 D2A beds is now embedded and working across nursing and residential P3 beds. This team 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 admission, supports the reduction of falls within a care home setting both in terms of practical support also in increasing confidence in Care Home to further identify and manage residents with a risk of falls.

- The introduction of the Rapid MDT to Pathway 3 Discharge to Assess beds, which includes social care, nursing and therapy has also supported a reduction in falls in the care home setting but providing an MDT within the first 48 hours of a resident entering a Discharge to Assess bed.
- Upcoming plans: Continued embedding of Pathway 1 Community Response Team and full action of community rehabilitation plan.

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

- Planned trajectory of 559 by end of Quarter 4. This figure is currently 180 admissions. This data includes both residential and nursing admissions of 29 Nursing, 151 Residential, which excludes CHC - continuing health care.
- This is reported as accumulative figure so increase is expected.
- Performance status: Not yet on track.
- Achievements linked to BCF Funding: The Rapid MDT for Pathway 3 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 Pathway 3 to Pathway 1. This team has also identified residents who could be supported by bedded Intermediate Care (IMC) to enable them to subsequently go home. This team has enable greater flexibility across discharge pathways, with Home First embedded within their ethos.
- The 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: Further work to be undertaken hospital colleagues regarding the Control room making the determination of pathway, recognise each locality will have varying community offers. Continued embedding and monitoring of Rapid MDT for Pathway 3 Discharge to Assess beds to ensure continued impact on returning more residents home rather than long term residential and nursing care.

2.5 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 Quarter 4. Reported performance within Quarter 1 was 86.2%. Reported performance in Q2 is 90.2%
- Performance status: On-track. This was a stretch target and whilst this has not yet been met, there has been an increase from 86.2% in Q1. If this trajectory is to improve over that reported in 22/23, then we will exceed our planned target.
- Achievements linked to BCF funding: Since the last reporting period, the focus has been on the embedding of the Trafford Community Response Service as part of a 2-hour urgent response within the community, as part of a wider MDT model. Since the October submission, the D2A Pathway 1 team with Community Response Service has been formally introduced, with a key part of its role being to enhance

domiciliary based support and provide an IMC at home service. This supports patients at risk of admission or readmission to secondary care to remain within their own homes.

- Upcoming plans: Further embedded of Discharge to Assess Pathway 1 (IMC at home) model and the continuation of Trafford's reablement model, the system will have a much-enhanced rehabilitation and reablement offer within Pathway 1.

3 Quarter 3: Spend and activity

- 3.1. Highlighted below are areas where implementation or delivery against estimated outputs have been a challenge. Full details of output vs estimates can be found within the BCF submission template attached to this paper.

3.2 Additional Staff in Care Hub/Trafford Urgent Care Control Room

- 3.2.1 There has been some challenges regarding staff retention with movement to other services, however this is now on track. This will also include additional mental health nursing expertise to the team.

3.3. Single handed project/equipment

- 3.3.1 The single handed care project was paused, with greater focus required on the timely delivery of equipment to facilitate discharge home from hospital, with the right equipment rather than the commissioning additional carers. This has also supported obtaining some equipment from a 3rd party supplier, when the equipment was not available through our One Stop Resource Centre, to avoid delayed discharges.

4. BCF Next Steps

- 4.1 Whilst the exact format and questions within the Quarter 3 BCF submission are not yet available, it will require reporting on actual Year end activity versus that detailed within this plan and year end expenditure. This data is regularly monitored as part of our locality governance so there are no anticipated risks associated with providing the next return.

This page is intentionally left blank