



TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD

Date: Friday, 13 September 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 - 8
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 19 th July 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. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE		9 - 38
To receive a report from the Principal Public Health Intelligence Analyst.		
5. FAIRER HEALTH FOR TRAFFORD PARTNERSHIP		Verbal Report
To receive a verbal update from the Director of Public Health.		
6. BETTER CARE FUND (BCF) - QUARTER 1 REPORTING TIMETABLE		39 - 52
To receive the Quarter 1 Better Care Fund Programme return from the Deputy Place Lead.		

7. **LOCALITY DELIVERY PLAN 2024/25** 53 - 96
To receive the 2024/25 Delivery Plan from the Programme Director for Health and Social Care.
8. **SOCIAL PRESCRIBING** 97 - 110
To receive a report from the Programme Director for Health and Social Care.
9. **SEXUAL HEALTH IN TRAFFORD** 111 - 126
To receive a report from the Director of Public Health.
10. **ATTITUDES TO VAPING IN TRAFFORD** 127 - 192
To receive a report from the Director of Public Health and the Public Health Programme Manager.
11. **URGENT BUSINESS (IF ANY)**
Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.
12. **EXCLUSION RESOLUTION (REMAINING ITEMS)**
Motion (Which may be amended as Members think fit):
That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of “exempt information” which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

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

Further Information

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

Natalie Owen, Democratic Officer
Email: natalie.owen@trafford.gov.uk

Health and Wellbeing Board - Friday, 13 September 2024

This agenda was issued on **Thursday, 5th September 2024** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

WEBCASTING

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The whole of the meeting will be filmed, except where there are confidential or exempt items.

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HEALTH AND WELLBEING BOARD

19 JULY 2024

PRESENT

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

In attendance

Jamie Lees	Head of Leisure, Trafford Council
Jane Hynes	Public Health Programme Manager, Trafford Council
Claire Robson	Public Health Consultant, Trafford Council
Abigail Pipe	Specialist Infection, Prevention and Control Nurse
Heather Fairfield	Chair of Healthwatch Trafford
Liz Calder	Greater Manchester Mental Health
Caroline Davidson	Director of Strategy, Manchester Foundation Trust
Thomas Maloney	Health and Social Care Programme Director, Trafford Council
Benjamin Jewell	Public Health Commissioning Manager, Trafford Council
Liz Murphy	Chair of the Trafford Strategic Safeguarding Partnership
Jill McGregor	Corporate Director for Children's Services, Trafford Council
Jane Warering	Clinical Director – Trafford West PCN
Bernadette Ashcroft	Trafford Community Collective Representative
Nathan Atkinson	Corporate Director for Adults Services, Trafford Council
Gareth James	Deputy Place Lead for Health and Care Integration – Trafford Locality
Richard Spearing	Managing Director of Trafford LCO
Richard Roe	Corporate Director for Place, Trafford Council
Alex Cotton	Head of Transformation and Delivery NHS GM
Joy Preston	Assistant Director of Provider Services, Trafford Council
Harry Callaghan	Senior Democratic Support Officer
Georgia Thurston	Democratic Assistant

APOLOGIES

Apologies for absence were received from Councillors P. Eckersley and R. Thompson, S. Todd, H. Gollins, J. Cherrett, and M. Noden

54. MINUTES

RESOLVED: That the minutes of the meeting on 17 May 2024 be agreed as an accurate record and signed by the Chair.

55. DECLARATIONS OF INTEREST

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

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56. PHYSICAL ACTIVITY UPDATE

The Public Health Programme Manager and Head of Leisure presented a report to update the Board on progress made against the identified physical activity priorities within Trafford.

The Head of Leisure presented data from the Active Lives survey for 2022-23, which showed the activity levels of residents in Trafford. The data determined no statistically significant change in the activity levels of adults compared with the 2021-22 survey; data showed slight increases in activity for children and young people in 2022-23 compared with the 2020-21 survey. Further insight from the Active Lives survey was to be brought to the Board.

The report stressed the importance of a place-based approach within the Trafford Moving programme, including progressing local partnerships and a hyper-local approach to develop tools for local communities. The Board was presented with an update on the aims, membership and progress made regarding the Broomwood Moving partnership.

The Public Health Programme Manager gave an update on the data received from Beat the Street initiative and its impact on active travel. Data showed that of the 5,464 participants, 70% of players were from most disadvantaged communities (IMD 1-4). Further insights from the initiative were presented to the Board, such as the factors that enable walking and the percentages of children with access to a bike, as well as increased active travel and a sense of resilience among participants.

It was noted that this data could be used to inform Move More partnerships within Trafford, with potential for rollout of Beat the Street in other areas in the borough; strategic partnerships were currently being considered across Greater Manchester and in Trafford.

The Head of Leisure then reported on progress to improve datasets for measuring physical activity. This comprised the Operating Agreement between Trafford Council and Trafford Leisure, with quarterly meetings to review activity as part of the performance management framework. The reports produced will be used alongside work with Public Health and the Data and Intelligence team, incorporating datasets from wider work. This work was being undertaken to ensure more robust data was being collected and to produce a clearer indication of performance.

A Member asked whether clinical data was being collected as part of these programmes; the Public Health Programme Manager clarified that clinical metrics were not being captured, but rather population movement levels to draw conclusions on the impact on communities.

The Corporate Director of Children's Services highlighted areas where this work could be joined up with existing programmes, such as schemes for improving

**Health and Wellbeing Board
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access to bikes for looked after children. The Board were informed that the full Active Lives report could be shared with them, which highlighted such existing partnerships; the Chair asked that this be shared.

RESOLVED:

- 1) That the Board noted the content of the report.
- 2) That the Board support the delivery of the resultant work programmes outlined in the report.
- 3) That further insight from the Active Lives report and survey be brought to and shared with the Board in the future.

**57. HEALTH PROTECTION & INFECTION, PREVENTION AND CONTROL
UPDATE**

The Board received a report on the provision of Infection, Prevention and Control in Trafford.

The Specialist Infection Prevention and Control Nurse presented the Board with the procedures and auditing mechanisms in place to evaluate the control and prevention of infections in care homes, GP practices, and schools and childcare settings.

The Board was informed that there had been an increase in healthcare associated infection (HCAI) in Trafford, but this increase had also been seen regionally and nationally. The Specialist Infection Prevention and Control Nurse outlined the various measures undertaken for different infections, such as communications materials for the public as well as collaborative work with healthcare providers to raise awareness of infections.

The Board was made aware of the antimicrobial stewardship taskforce, which aimed to reduce broad-spectrum antibiotic use in various clinical settings. The Board were informed that the work undertaken by the Task and Finish group had resulted in a significant improvement, with Trafford progressing from being the worst performing locality (106/106), improving by 19 places to 87/106.

The Public Health Programme Manager presented the Board with measures for measles, mumps, and rubella (MMR) infections, with low numbers of these infections attributed to fast recognition and response. Communication materials had been developed for healthcare settings. The work had also been focused on increasing MMR vaccine uptake, with a particular emphasis on the 12-25 age group to support informed decisions through community engagement events and neighbourhood networks.

The Public Health Consultant brought the successful local breast screening programme in Partington to the Board's attention. Partington had previously had low uptake of breast screening. The initiative focused on promotion and accessibility, with a mobile screening unit brought to the healthcare unit. Neighbourhood leads worked alongside the local community to develop materials

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and to spread awareness of the scheme, with positive feedback and uptake from residents who had never attended screening appointments before.

The Specialist Infection Prevention and Control Nurse outlined the Trafford Loves Clean Hands initiative, with sessions tailored to a range of community groups to raise awareness of handwashing practices.

The Specialist Infection Prevention and Control Nurse then clarified the priorities of the service for this year, which comprised: continuing auditing training and responsive work for managing outbreaks, with support for care home and GP practices; resuming work with special schools and alternative provision; continuing work on measles response, as well as HCAI awareness and work to reduce the numbers of infections; and driving messages and continuing efforts regarding antimicrobial resistance via the stewardship taskforce.

The Deputy Place Lead for Health and Care Integration commended the work undertaken and progress seen on antimicrobial resistance in Trafford. The Managing Director of Trafford LCO recognised the importance of people-powered health within the local community.

A Member asked whether the findings of the Covid-19 Inquiry would be addressed. The Public Health Consultant confirmed that the findings would be included as part of Health Protection meetings.

The Corporate Director of Children's Services referred to the cohort of electively home-educated children within the borough and asked whether measures were in place regarding their immunisations; the Public Health Programme Manager confirmed that this would be a cohort to consider through partnerships in both education and healthcare channels.

The Corporate Director for Adults and Wellbeing discussed the provision for support for care homes, and gaps that could occur for supported living care homes regarding infection prevention and control measures.

RESOLVED: That the report be noted.

58. BCF ANNUAL REPORT 23/24 AND BCF PLAN 24/25

The Corporate Director for Adults and Wellbeing presented the Better Care Fund Annual Report for 2023-24 to the Board. Findings from this report informed activity and planning for the 2024-25 Better Care Plan. It was highlighted that national conditions had been met; areas of focus for improvement included discharge concerns such as falls, as well as discharge pathways, homecare and neighbourhood programmes, and reablement measures as financial savings drivers.

The budget within the 2023-24 report was brought to the Board's attention, with an actual spend of £35.9million, resulting in a small reserve.

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The Deputy Place Lead for Health and Care Integration then presented the 2024-25 Better Care Plan to the Board. It was noted that the funding was above the minimum requirement, and that targets within the plan were similar to those of last year's report, with stretch targets maintained regarding falls and care home admissions.

Three key areas of investment included specialist palliative care, with the move from a 5-day service to a 7-day service; additional support to hospices in all localities; and mental health crisis beds to support earlier discharge and keep residents within the borough for treatment.

The reporting cycles of the plan were brought to the Board's attention, with quarterly submissions, which would come through the Board and be submitted to NHS England.

RESOLVED:

- 1) That the content of the 23/24 BCF Programme delivery, be noted.
- 2) That the content of the finalised 24/25 BCF Programme Plan, be noted.

59. INTERMEDIATE CARE REVIEW

The Head of Transformation and Delivery (NHS GM) presented the Board with a verbal report of the Intermediate Care Review, and work undertaken to create a more sustainable model of intermediate care in the borough. The Board was made aware of the current provision at Ascot House with a multiple provider model of delivery.

The drivers for change were brought to the Board's attention. Increasing year-on-year costs were identified in the service, with short-term pauses on beds within the service. It was identified that longer-term solutions were required for a sustainable model, with the service at a junction between financial affordability and the imperative of commissioning to the needs of residents. As such, an external review was deemed necessary.

The Assistant Director of Provider Services outlined the LGA funding and procurement process undertaken in November 2023, which resulted in Changeology's appointment as consultants to undertake the external review. The organisation will undertake consultancy across up to four months, progressing through a six-stage process to review the service.

The Head of Transformation and Delivery confirmed that partner organisations and stakeholders in Trafford would be contacted as part of Changeology's consultancy review.

RESOLVED: That the report be noted.

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60. LOCAL DELIVERY PLAN 24/25

The Board received a verbal report from the Health and Social Care Programme Director regarding the Local Delivery Plan for 2024-25.

The Board received an update on the progress of producing a Locality Plan document, which would serve to clarify the strategy of the 112 identified delivery priorities and commissioning intentions. These priorities had been drawn into seven Strategic Priority areas as a high-level set of groupings, with a series of enablers, in order to give a clear narrative of what would be achieved over the next year.

The Health and Social Care Programme Director outlined the ongoing work with providers on the means of measuring success, using both quantitative and qualitative measures. The complete Local Delivery Plan would be brought to the Board, where input on how to best measure successes for commissioning intentions would be welcomed.

The commitment to engage collaboratively within this Board and other partnerships, as well as a holistic approach to healthcare and wellbeing planning, were highlighted as important and positive factors for the development of the Local Delivery Plan. The work had produced a good platform for next year's planning, with suggestions for meeting cycles so that work could be held with clearly identified leadership.

The Chair of Healthwatch Trafford asked about the impact of the NHS GM Enforcement Undertakings, where the public was involved in establishing priorities in health and wellbeing planning. The Deputy Place Lead for Health and Care Integration confirmed that the public would be consulted on the financial position of the Integrated Care Partnership, while NHS Fit for the Future gave localities the opportunity to engage with the locality population. The arrangements for NHS Fit for the Future would be brought to the Board, as well as the Health Scrutiny Committee.

The importance of the Local Delivery Plan as a live document was stressed, both to meet the financial demands which may affect health and wellbeing priorities as the financial year progresses, and to involve the local population in decision-making.

The Corporate Director of Children's Services observed the impact on risk registers and the Locality Plan; the Deputy Place Lead for Health and Care Integration highlighted this as an issue to be taken to the Health Scrutiny Committee. The Chair agreed with the need to meet with the Chair of the Health Scrutiny Committee on this matter.

RESOLVED:

- 1) That the report be noted.
- 2) That the Board commits to further collaboration in producing the Local Delivery Plan.

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3) That the complete Local Delivery Plan be brought to the Board.

61. URGENT BUSINESS (IF ANY)

1) Health and Wellbeing Board Dashboard Consultation

The Public Health Consultant presented the Board with a proposal for a dashboard for the Health and Wellbeing Board, in order to provide oversight of progress of the five key priority areas, including performance successes and areas for improvement. The key priorities were outlined as healthy weight, mental health, tobacco use, physical activity and alcohol related harm. The analytical team had begun to develop this dashboard.

Members of the Board were invited to contact the Public Health Intelligence team with comments and to become involved in the project.

RESOLVED: That Member of the Board contact the Public Health Intelligence team should they wish to share comments on the Health and Wellbeing Dashboard.

2) Timing of Health and Wellbeing Board meetings

The Chair stressed how frequently the Health and Wellbeing Board runs out of time to discuss matters fully in meetings and proposed extending Health and Wellbeing Board meetings by 30 minutes.

Members discussed the advantages of either starting the meeting earlier (9:30am – 12:00pm) or extending later (10:00am – 12:30pm).

RESOLVED:

- 1) That the points raised be taken away to plan timings for future meetings.
- 2) That the Board be informed of any changes to timings for future meetings.

The meeting commenced at 10:02 and finished at 11:58.

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 13th September 2024
Report for: Decision
Report of: Public Health

Report Title

Update on the Joint Strategic Needs Assessment

Purpose

To provide the board with:

1. Updates on the current status of core Joint Strategic Needs Assessment content and topic-specific needs assessments
2. Data related to the current or recent status of the Trafford population in relation to Board priorities and key areas of responsibilities
3. Description of other knowledge sharing activities

The board is then asked to consider the utility of receiving periodic data and information updates, and asked to comment on the preferred content and frequency of these updates.

Recommendations

The board are asked to:

1. **Note the recent and current progress in maintaining the JSNA and other Needs Assessment activities**
2. **Advise on the utility of receiving periodic data and information updates in relation to the Board's key priorities and areas of responsibilities, what the content of these updates should be, and what frequency they should be presented.**
3. **Note the topic areas for consideration and agree on actions related to these.**

Contact person for access to background papers and further information:

Name: Helen Gollins and Katherine McAllister
Telephone: 07817 951555

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TRAFFORD
COUNCIL

Update on the Joint Strategic Needs Assessment

Public Health Intelligence
September 2024

Contents

1. Joint Strategic Needs Assessment
2. HWBB priorities: data
3. Understanding the population health landscape
4. Questions for the board

Joint Strategic Needs Assessment

Update Sept 2024

What is the JSNA?

- A ‘Joint Strategic Needs Assessment’ (JSNA) is a specific statutory requirement that local authorities must meet. The Health and Wellbeing Board has responsibilities in its development and delivery.
- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies:
 - “JSNAs are assessments of the **current and future health and social care needs of the local community** – these are needs that could be met by the local authority, [ICBs], or the NHS CB. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider **wider factors that impact on their communities’ health and wellbeing**, and **local assets** that can help to **improve outcomes** and **reduce inequalities**. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.”

Trafford's JSNA

- Published online:
<https://www.traffordjsna.org.uk/>
- Key sections
 - Demographics
 - Life course
 - Health priorities
 - Neighbourhoods
- Core content updated on an ongoing basis
- Deep dives on topic-specific needs assessments (involving specialist work programmes)

The screenshot displays the website's header with the 'JSNA' logo and logos for NHS Trafford Clinical Commissioning Group, Trafford Public Health, and Trafford Council. A search bar is positioned below the logos. The navigation menu includes 'About Trafford', 'Health & wellbeing priorities', 'Life course', 'Trafford's localities', and 'Determinants of health'. The main content area features a sidebar with 'In this section:' containing links to 'About Trafford', 'Health and wellbeing', 'Key demographics', and 'Specific Population Groups'. The main heading is 'About Trafford', followed by a brief description and a link to the 'Health and Wellbeing Priorities section'. Three large icons represent 'Demographics', 'Health & wellbeing', and 'Specific Population Groups'. A footer note states 'This page was last modified on 25/07/2022 11:24:00'.

Updates to the core JSNA content

- **Continuing programme of updates to general content as and when new statistics are made available**
- **Publication of Census data in 2023 enabled many updates on population characteristics**
- **Other data updated on longer cycles according to when it is published by providers e.g.**
 - Index for Multiple Deprivation (IMD) was last published in 2019
 - Office for National Statistics Population projections data next due for update in 2025

Updates to the core JSNA

Update year	Topic	Notes
2022/23	Key demographics – Life expectancy, Population, Ethnicity Life course – Start well HWBB priorities – Mental Health, Alcohol, Physical Activity, Smoking Cancer	
2023/24	Life course – Live Well, Age Well About Trafford – Health and Wellbeing	
In progress/planned for 2024/25	Specific population groups Neighbourhood profiles	Neighbourhood profiles to be revised in consultation with neighbourhood programme
Paused (awaiting data provider updates)	Deprivation (IMD data) Population projections (ONS data)	ONS data due 2025

Topic-specific needs assessments

- Usually conducted in response to a request from commissioners, governance structures, or statutory requirements
- Recent needs assessments with Public Health Involvement:

Topic	Date of last update	Statutory?
Serious Violence Duty	2024	Yes
Alcohol and substance misuse	2024	No
Smoking	2024	No
Oral Health	2024	No
Sexual health	2023	No
Health inequalities	2023	No

Topic-specific needs assessments

- Ongoing/proposed needs assessments with PH involvement:

Topic	Confirmed/proposed start date	Statutory?
Mental Health	2024	No
Contraception	2024	No
Pharmaceutical services	2025	Yes
Weight management services	2025	No
Health of Looked After Children (focusing on healthy weight, immunisations and health checks)	TBC	No
Seldom heard / inclusions groups	TBC	No

HWBB priorities

Data related to key priorities

Health and Wellbeing Board Priority	Governance
To support our residents to be a healthy weight	Healthy Weight Steering Group
To reduce the impact of poor mental health	All Age Mental Health Group
To reduce the number of people who smoke or use tobacco	Trafford Tobacco Alliance
To reduce physical inactivity	Trafford Moving
To reduce harms from alcohol	Alcohol, Substance Misuse and Gambling Partnership

To support our residents to be a healthy weight

	2022/23			Trafford recent trend
	Trafford	England	Trafford rank among statistical neighbours (1=worst; 16=best)	
Reception prevalence of overweight (including obesity)	17.8%	21.3%	13	→
Year 6 prevalence of overweight (including obesity)	31.8%	36.6%	13	→
Overweight (including obesity) prevalence in adults	60.4%	64.0%	11	→

(NB: Nearest statistical neighbours are NHS England's grouping)

Numbers completing and outcomes of Slimming World weight management programme; Trafford and priority deprived areas within Trafford; 2023/24

	Trafford				Deprived areas			
	Number	%	Achieved 5% weight loss		Number	%	Achieved 5% weight loss	
			Number	%			Number	%
Non completers	450	37.9%	50	11.1%	48	43.6%	5	10.4%
Completers	738	62.1%	477	64.6%	62	56.4%	38	61.3%
Total starting programme	1,188	100.0%	527	44.4%	110	100.0%	43	39.1%

Around two-thirds of those completing the programme achieved a weight loss of 5% or more. The figure was similar in the priority deprived areas (61.3%).

To reduce the impact of poor mental health

		Trafford	England	Trafford recent trend
Emergency hospital admissions for intentional self-harm (DSR per 100,000 popn)	2022/23	101.3	126.3	↓
Admission episodes for mental and behavioural disorders due to use of alcohol (DSR per 100,000 popn)	2022/23	66.8	57.8	↓
Suicide rate (DSR per 100,000 population)	2021-23	10.3	10.7	
Excess under 75 mortality rate in adults with severe mental illness	2020-22	444.3%	385.9%	
Percentage of school pupils with social, emotional and mental health needs	2022/23	3.0%	3.3%	↑

(NB: DSR stands for Directly age standardised rate. This is a way of comparing populations with different age structures.)

To reduce the number of people who smoke or use tobacco

	2022	
	Trafford	England
Smoking prevalence in adults (18+)	8.0%	12.7%
Smoking prevalence in adults (18-64) in routine & manual occupations	17.4%	22.5%

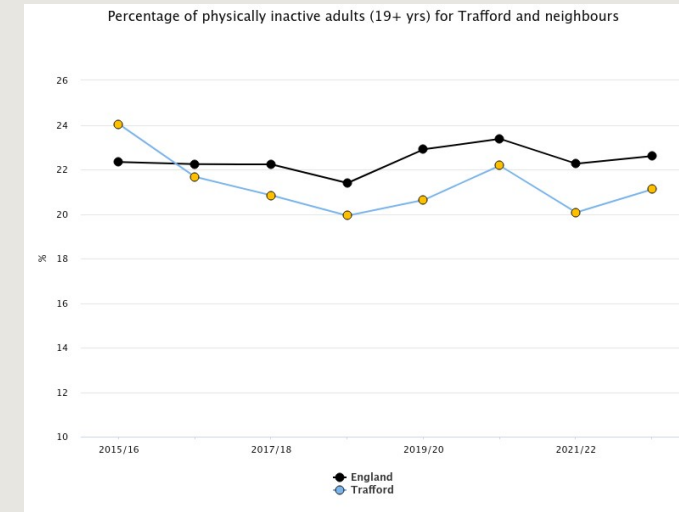
Trafford adult smoking prevalence has more than halved from 18.2% in 2011 to 8.0% in 2022, significantly lower than the England average. Prevalence in the routine and manual group has also reduced from 32.2% in 2011 to 17.4% in 2022.

Access to smoking cessation support		
All Trafford services	Q4 2023/24	Q1 2024/25
Number setting a quit date	150	213
Number quitting	30	23
Number of young people accessing smoking cessation or illicit e-cig support	33	55
Number of new referrals for adults with a serious mental illness	45	12

NB: The number of new referrals for adults with a serious mental illness is lower in Q1 2024/25 due to team changes and a brief pause in the service

To reduce physical inactivity

	2022/23		
	Trafford	England	Trafford rank among statistical neighbours (1=worst; 16=best)
Percentage of physically active adults	68.4%	67.1%	9
Percentage of physically inactive adults	21.1%	22.6%	11
Percentage of physically active children & young people	44.0%	47.0%	6



An estimated 1 in 5 Trafford adults is inactive, similar to England. However, both locally and nationally, the proportion has not been reducing substantially over time with the figure at 2015/16 standing at 24% for Trafford.

(NB: Nearest statistical neighbours are NHS England's grouping)

Access to Active Living Physical Activity Referral Scheme; 2023/24

Number of referrals into the scheme	860	Number completing scheme	170
Number taking up offer	401	Number leaving early	56
Percentage taking up offer	46.6%	Total	226
		Proportion completing	75.2%

Less than half of those referred into the scheme take up the offer. However, proportion completing is high at 75%

To reduce harms from alcohol

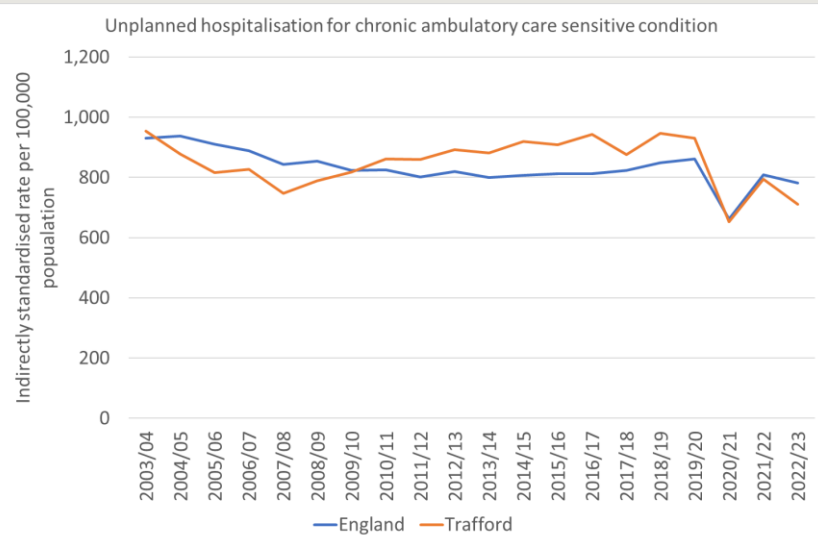
	Period	Trafford			England
		Number	DSR per 100,000 popn	Recent trend	DSR per 100,000 popn
Alcohol related mortality	2022	85	38.1	→	39.7
Admission episodes for alcohol-specific conditions	2022/23	1,303	579	↓	581
Admission episodes for alcohol-related conditions (Narrow)	2022/23	797	354	↓	475

(NB: The narrow measure of admission episodes is where the primary diagnosis (main reason for admission) is an alcohol-related condition)

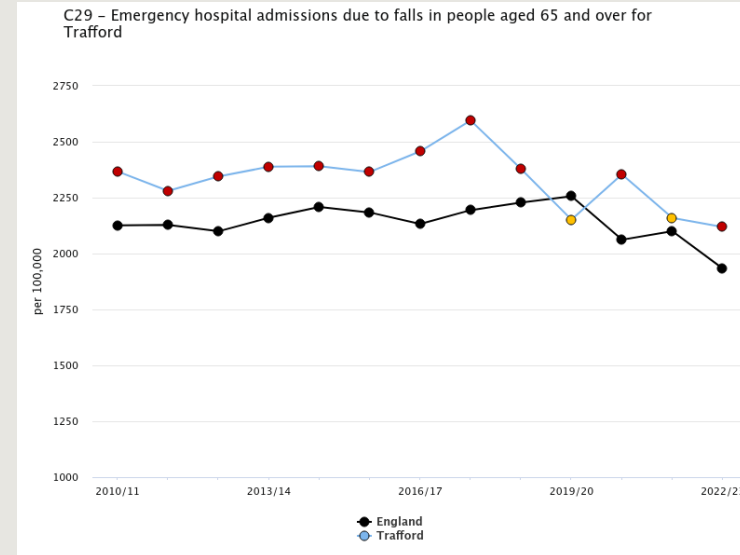
Broader HWBB Responsibilities

- **Joint Strategic Needs Assessment**
- **Better Care Fund**
- **Child Deaths in Trafford**
- **Health protection and infection prevention and control**
- **Trafford's Women's Voices**

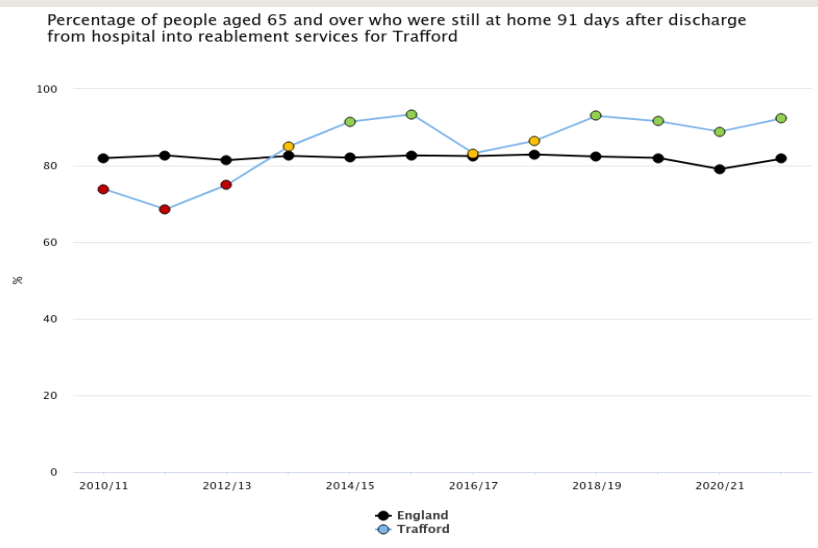
Better Care Fund



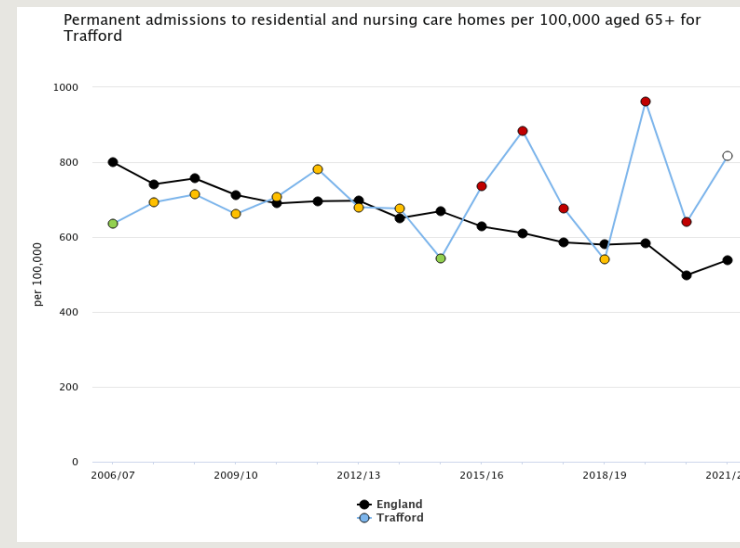
These are emergency admissions that are preventable with effective community care. The rate in Trafford has been increasing, but dipped sharply during COVID.



The rate of emergency admissions due to falls in over 65 has been fairly consistently significantly worse than the average for England.



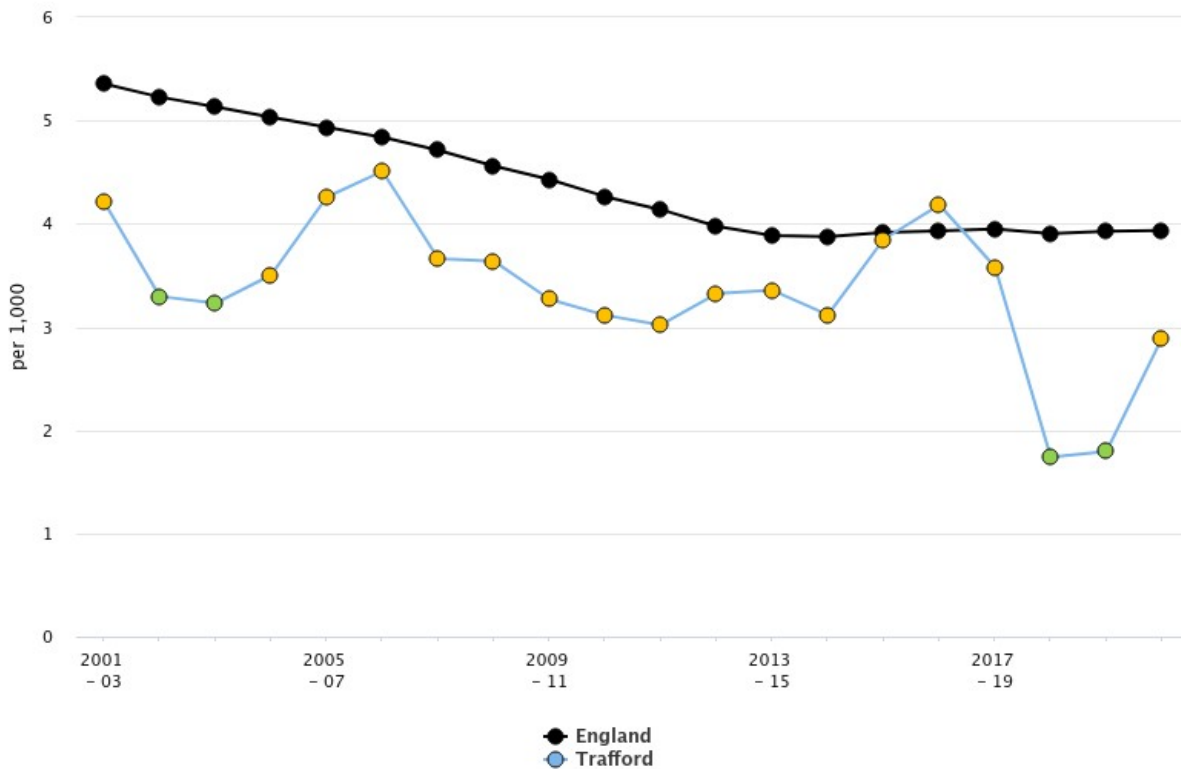
This is a measure of the effectiveness of reablement services for older people. The Trafford % has been significantly better than the England average for the last 4 time periods



This measure of admission rates to care homes has been volatile for Trafford over the last several time periods. This is against a backdrop of a gradual decrease across England.

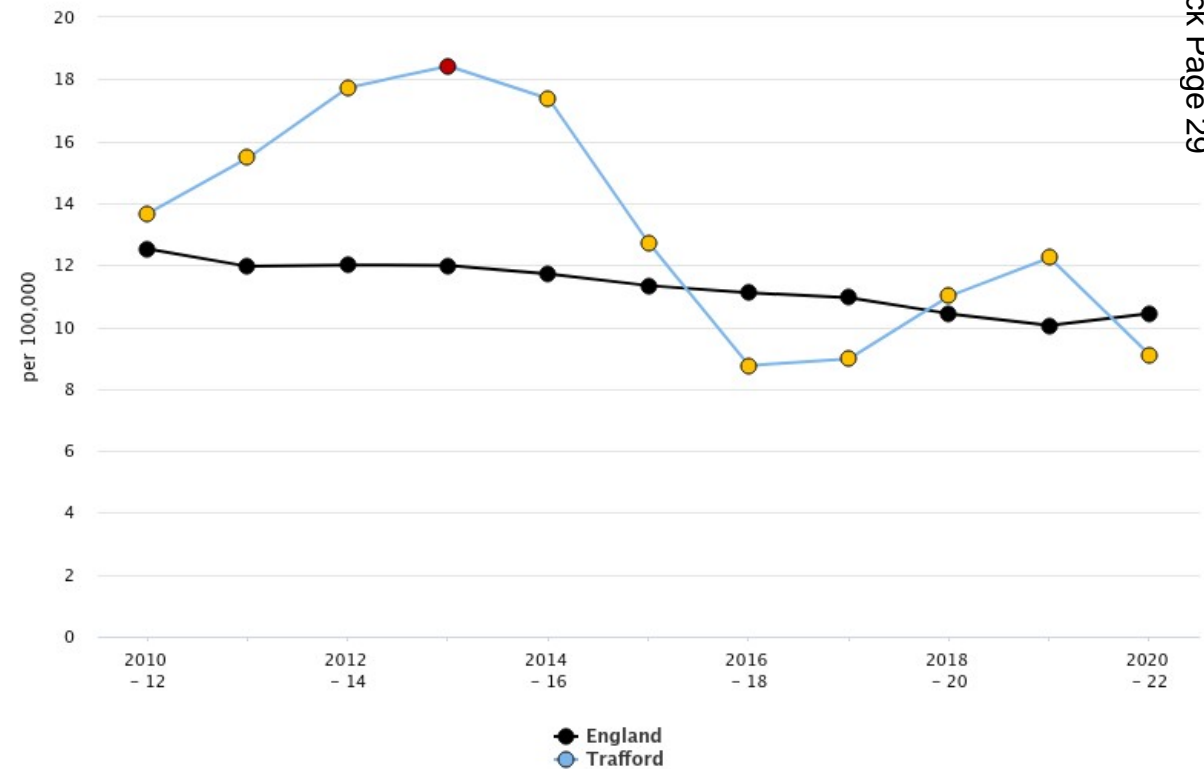
Child deaths

Infant mortality rate for Trafford



Over the period 2020 to 2022 there were 20 deaths of Trafford infants (age under 1 year), giving a rate of 2.9 per 1,000 live births, compared to 3.9 for England

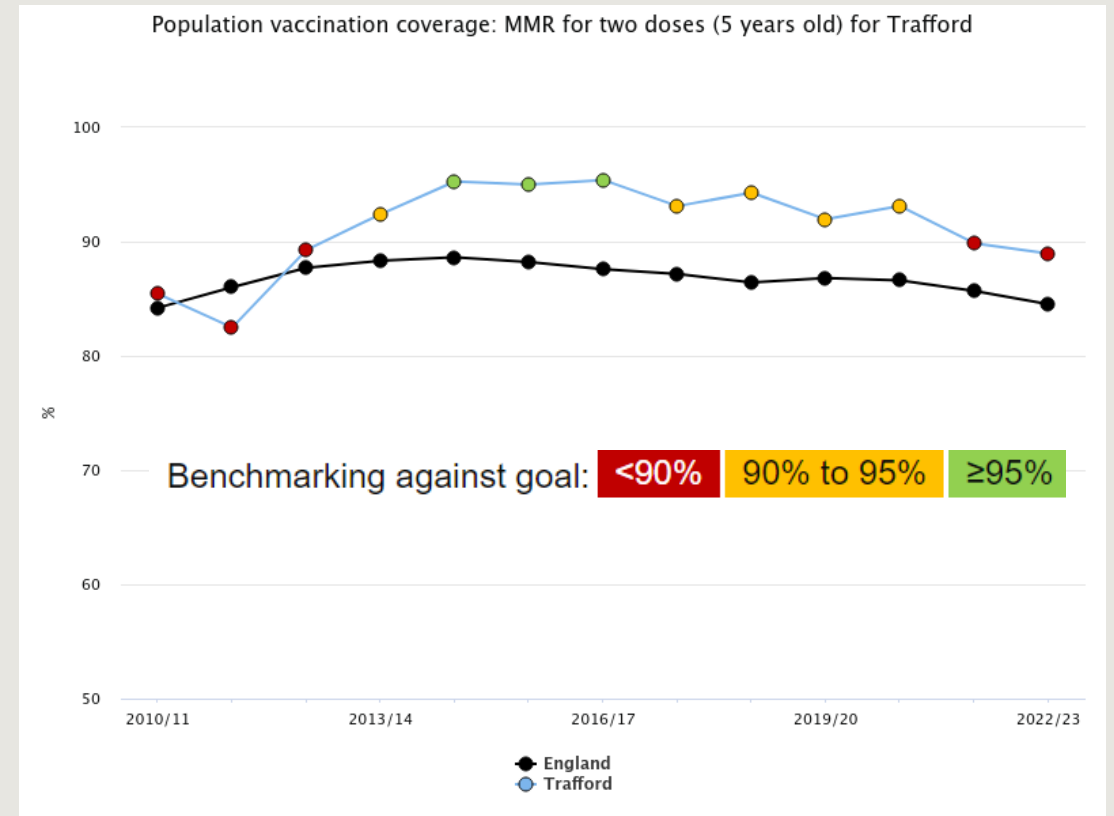
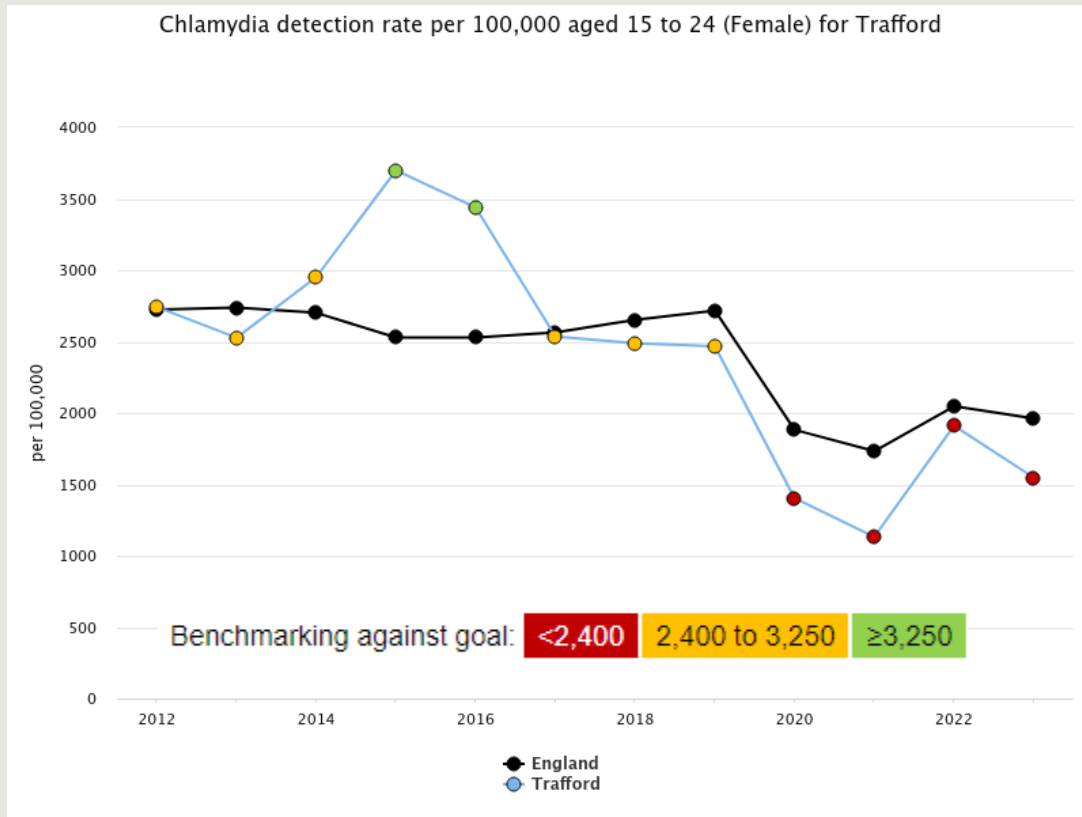
Child mortality rate (1-17 years) for Trafford



Among children aged 1-17 years, there were 17 deaths during 2020-22, giving a rate of 9.1 per 100,000 which is statistically similar to England (10.4 per 100,000)

Health protection and infection prevention and control

A couple of indicators where there is room for improvement are shown below.
The Health Protection and Resilience Board is now receiving a more detailed dashboard.



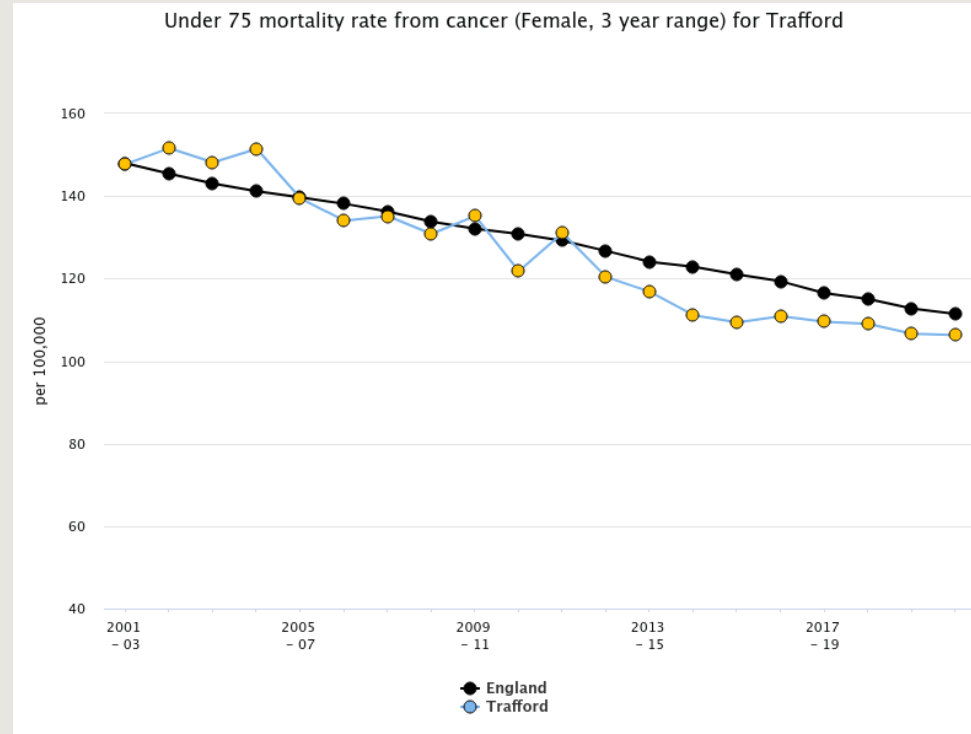
The Chlamydia detection rate for 15 to 24 year old females in Trafford has fallen below target rates over the 4 time periods to 2023. England rate have also been lower during this period.

MMR coverage fell below the 90% level for 2021/22 and 2022/23, but still reached above the England average.

Trafford's Women's Voices

- **Priority areas:**

- Mental Health
- Women's health hubs
- Carers
- Maternity
- Cancer



Cancer

The premature mortality rate from cancer in females has been reducing over time in line with England.

Women carers

As at the 2021 Census, around 1 in 10 (11,271 or 9.9%) of women were providing some unpaid care. 3,063 women (2.7%) were providing 50 or more hour of care per week.

Topics for consideration

- **From the above data, areas to which the board may wish to give particular consideration:**
 - Excess mortality rate in adults with severe mental illness aged under 75
 - Emergency admissions to hospital due to falls
 - Permanent admissions to residential and nursing care homes for adults aged 65+
 - MMR population vaccine coverage for second dose in children aged 5+ (relative to benchmark of 90%)
 - Chlamydia detection rate per 100,000 females aged 15 to 24.

Understanding the population health landscape

Keeping up to date with the latest statistics, research and policy

Within the Public Health team

- **Fortnightly briefing covering**
 - Updates from UKHSA, OHID, ONS and other government agencies
 - Literature searches undertaken by UKHSA Library & Knowledge services
 - Key reports and publications from other sources in the sector (e.g. LGA, Kings Fund, Health Foundation)
- **Shared with the PH team (and beyond on request)**



Reaching out beyond Public Health

- **Proposal to develop a Population Health Intelligence newsletter to support colleagues in understanding the local context**
- **Key data plus narrative to explain in plain English**
- **Frequency: 6 issues per year?**
- **Audience could include:**
 - HWBB
 - Adult's Services
 - Children's Services
 - Business Intelligence

Questions for the board

Questions

- **Is a ‘Dashboard’/recurrent reporting tool on statistics related to the HWBB priorities something that the board would value?**
- **Please advise on preferred indicators for monitoring and desired frequency (noting that some measures are published on an annual basis).**
- **To what extent should such a tool align with other work involving indicators such as performance monitoring of the Corporate Plan?**
- **What additional actions should be taken in relation to the highlighted topics of consideration?**

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 13th September 2024
Report for: Information/Decision
Report of: Jill McGregor, Acting Corporate Director Adults Services
and Gareth James, Deputy Place Lead

Report Title

Better Care Fund Programme: Quarter 1 return to NHS England

Purpose

The BCF Programme sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides the national return in Q1 which was required to be submitted by close of play on 29th August 2024.

The Quarter 1 submission is significantly lighter touch than in previous submissions, with the focus on the costs and activity delivery against the discharge fund schemes only.

Therefore, this submission includes:

- Cumulative activity and expenditure data for Q1 2024 (1st April 2024 – 31st July).

This return provides confirmation of activity and expenditure to date only where BCF funded schemes include output estimates.

The full BCF return to NHS England is attached alongside this paper, however key areas to note include:

- All bar one of the schemes have been successfully implemented.
- One scheme is yet to be implemented - Scheme 46: Specialist Palliative Care. Work has been undertaken by TLCO to determine maximising this investment in additional frontline staff capacity, with recruitment to follow in Q2.

Recommendations

Trafford Wellbeing Board are asked to:

1. Note the content of the finalised BCF return which provides Q1 data which was submitted on 29th August 2024, in line with national requirements.
2. Note that the next submission in relation to Q2 24/25 BCF Programme activity and expenditure is required to be submitted on 31st October 2024.

Contact person for access to background papers and further information:

Name: Alex Cotton, Head of Transformation and Delivery, Trafford ICB

Better Care Fund 2024-25 Quarter 1 Reporting Template

1. Guidance for Q1

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 and Social Care (DHSC), Ministry of Housing, Communities and Local Government (MHCLG), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The addendum to the Policy Framework and Planning Requirements published in March 2024 provides further information on the reporting requirements for 24-25.

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure against BCF plans, actual outputs against planned, and progress against metrics
- 3) To identify areas of challenge and good practice to inform national conversations around support requirements
- 4) To enable the use of this information for national partners to inform future planning frameworks and for local areas to inform improvements

The information submitted within reports should be used by ICBs, local authorities, HWBs and service providers to understand and improve both planning processes and the integration of health, social care and housing.

Q1 reporting will only focus on the Discharge Fund.

Requirement

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 spend 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.

3. 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. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs for Q1 for schemes against planned values and scheme types.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the 24-25 BCF plans.

You should complete the remaining fields (**highlighted yellow**) with incurred expenditure and actual numbers of outputs delivered in Q1.

- Actual expenditure to date in column J. Enter the amount of spend to date on the scheme.

- Outputs delivered to date in column L. If a unit is shown in column L for a scheme, enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. If no unit is attached, enter NA.

For reporting of outputs, the collection only relates to scheme types that include outputs. These are shown below:

Scheme Type

Units

- Assistive technologies and equipment
- Home care and domiciliary care
- Bed based intermediate care services
- Home based intermediate care services
- DFG related schemes
- Residential Placements
- Workforce recruitment and retention
- Carers services

- Number of beneficiaries
- Hours of care (unless short-term in which case packages)
- Number of placements
- Packages
- Number of adaptations funded/people supported
- Number of beds/placements
- Whole Time Equivalents gained/retained
- Number of Beneficiaries

- **Implementation issues in columns N and O** - If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

3. Spend and activity (new schemes)

At the top of tab 3, in cell I3, there is a hyperlink leading you to the "add new schemes" section.

For any additional Discharge Fund schemes that have been introduced in Q1, please fill in the details of these schemes in the "add new schemes" section.

If no new schemes have been introduced since the 24-25 plan then this can be left blank.

Better Care Fund 2024-25 Quarter 1 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be 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.

Health and Wellbeing Board:	Trafford	
Completed by:	Cathy O'Driscoll, Associate Director of Transformation and Delivery NHS GM Trafford and Karen Ahmed	
E-mail:	Karen.Ahmed@trafford.gov.uk Cathyodriscoll@nhs.net	
Contact number:	N/A	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Tue 17/09/2024	<< Please enter using the format, DD/MM/YYYY

Checklist	
Complete:	Yes
	Yes
	Yes
	Yes
	Yes
	Yes

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'.



	Complete:
2. Cover	Yes
3. Spend and activity	#REF!
3.Spend and activity (new schemes)	#REF!

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 13th September 2024
Report for: Information
Report of: Thomas Maloney, Programme Director Health and Care,
Trafford Council and NHS GM (Trafford)

Report Title

Local Delivery Plan 2024/25

Purpose

The report gives an overview of the 24/25 Delivery Plan that is a product of our collective approach to developing a shared set of commissioning intentions and priorities for the year ahead.

The Delivery Plan details the delivery priorities and commissioning intentions previously supported by the Locality Board and the Health & Wellbeing Board and have been grouped into 7 thematic portfolios of work. The report also summarises the vehicles for delivery through our existing governance structures, and our approaches to Strategy & Planning, Risk, and Performance & Reporting.

Recommendations

The Board are asked to:

1. Note the content of the 24/25 Delivery Plan and specific roles and responsibilities of the Health and Wellbeing Board in delivering the agreed priorities.

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

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Trafford Delivery Plan 24/25

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership





We are Trafford

We are Trafford



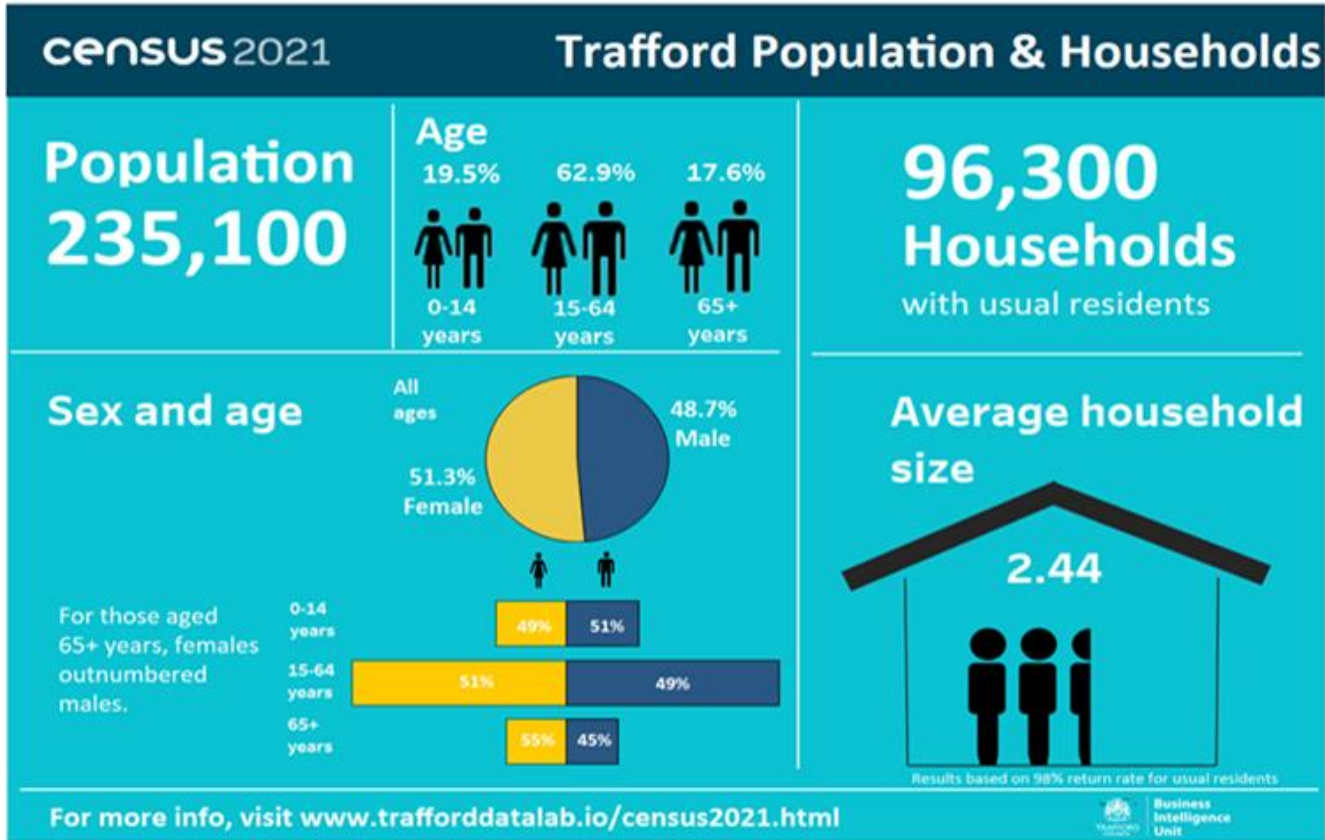
About us

- The borough of Trafford has long been a place to live and age well. Steeped in history, it's also a national and international hub for culture and leisure, home to Manchester United, Coronation Street studios, Chill Factor^e and the Trafford Centre. Our diverse population of more than 235,000 people guides us as we develop and deliver health and social care services that our residents deserve.
- Trafford Integrated Care Partnership planning is built around our towns – Altrincham, Stretford, Urmston, Partington and Sale – and neighbourhoods, and by working with other localities in the Greater Manchester Integrated Care Partnership. We'll achieve our aims by bringing together partners and colleagues to design and deliver on our ambitions for better lives for our most vulnerable people; better wellbeing for our population; and better connections across our communities.
- Trafford's six major priority areas for improving and maintaining people's health and wellbeing are: prevention of illness and long-term conditions; helping people to live well at home; planned care such as routine operations; urgent care services like emergency departments; children's services; and mental health.

Trafford as a place

Trafford

Integrated Care Partnership



- Census 2021 reported **Trafford's population as 235,100, up 3.7%**. This increase was uneven, with a slight fall in the under 50s population alongside a larger rise in the older population.
- Trafford has both the **most affluent areas of Greater Manchester interspersed with areas of severe deprivation** where families experience the impact of poverty on health and wellbeing. For example, 45.2% of people in Partington experience multiple deprivation in comparison with 5% of people in Timperley South.
- **Life Expectancy has significant variation.** Females in Hale Central have an average life expectancy of 88.1 years compared to 79.2 years for a female living in Bucklow St-Martins', a difference of 8.9 years.
- **83.3% of Trafford residents described their health as Good or Very Good**, up 2.12% from the last Census. 16% reported a level of disability, with 6.8% saying they day-to-day activities are limited a lot.
- **8.5% of Trafford residents say they provide unpaid care** half of which provide over 20 hours a week.

Vision



Our vision

Working together to support Trafford residents to be as well as possible, in control, and connected to their communities

Our values

Championing collaboration; promoting innovation; maximising the impact of resources; strong communication and trust



- At the heart of our vision is a **common cause**: we want to bring together the support and expertise of residents, their health care, social care, community groups and voluntary sector organisations.
- We will use this common action to create Neighbourhoods and ensure services and staff in that neighbourhood share a joint purpose and work in a **holistic way** with people and communities.
- Our model aims to bring about a shift in the culture of how people approach health and wellbeing, making it more **person-centred** and **community-based**.
- Neighbourhoods will **strengthen communities** and networks to **support individuals and families** where required through better, more local, and faster access to services.
- We will embed a **population health management** method and nurture a **prevention-first** approach that builds on our **community assets**. It will be co-owned and designed with residents to support their health and wellbeing needs now and in the future.

How we work in partnership





Trafford's Locality Plan

Trafford Locality Plan Refresh: Aim and Rationale

Aim:

We are seeking to again refresh the Locality Plan to better integrate many existing strategies to create one plan for health and care for Trafford, reflecting the current and emerging priorities.

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
- 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

Integrated Care Partnership



TRAFFORD
TOGETHER
LOCALITY
PLAN
REFRESH
2021

Trafford
TOGETHER

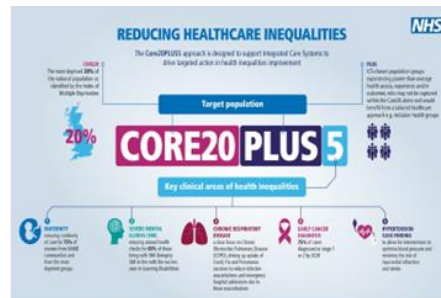
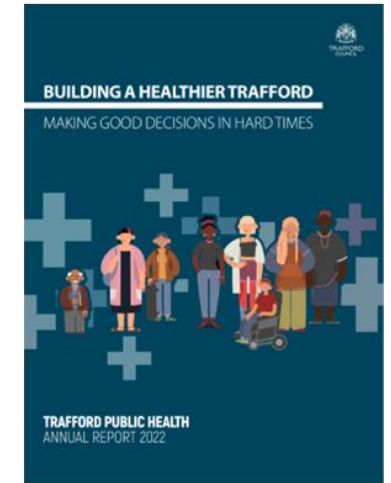
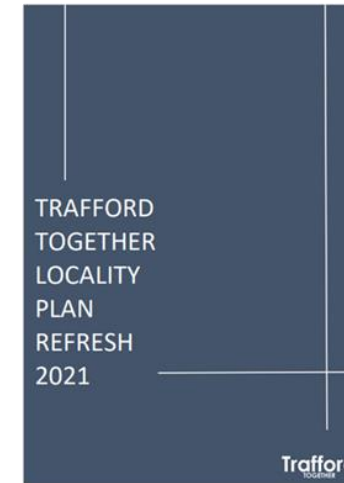
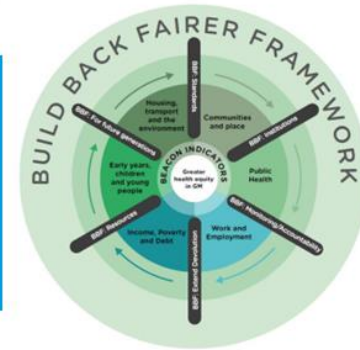
One 'Plan' for Health and Care in Trafford

- Existing National, Regional and Local Strategy – all contributing to the overall aspirations of the Locality Plan
- Connectivity of strategies, harnessing the cross over and realising the interdependencies is key task to ensure positive outcomes for Trafford people and communities
- Supported by 'Action Plans' ensuring tangible changes



NHS

The NHS Long Term Plan



Greater Manchester ICP Strategy

Greater Manchester's Integrated Care Partnership (ICP) Strategy sets out how we will work together to improve the health of our city-region's people through the Greater Manchester ICP.

It outlines our priorities (our 'missions') which are to:

- Strengthen our communities
- Help people get into – and stay in – good work
- Recover core NHS and care services
- Help people stay well and detect illness earlier
- Support our workforce and our carers
- Achieve financial sustainability



Trafford Locality Plan Refresh 2024-28: Engagement

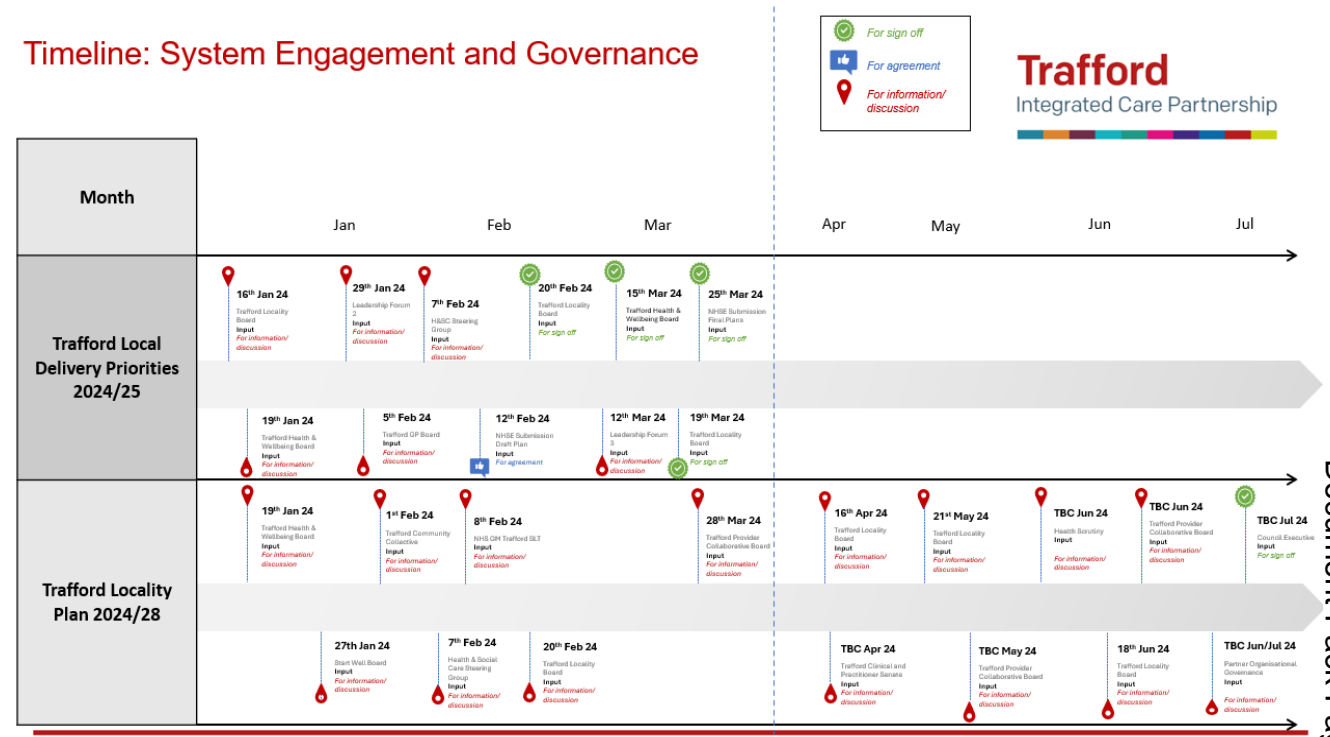
- The refresh of the Trafford Locality Plan will take between August and October 2024 with publication anticipated before 2025
- It is imperative that we involve Trafford people to help shape and inform the Trafford Locality Plan refresh. To do this, we aim to undertake a series of engagement activities via three key main areas:

- Public Engagement
- Partner & Stakeholder Engagement
- Utilising existing intelligence

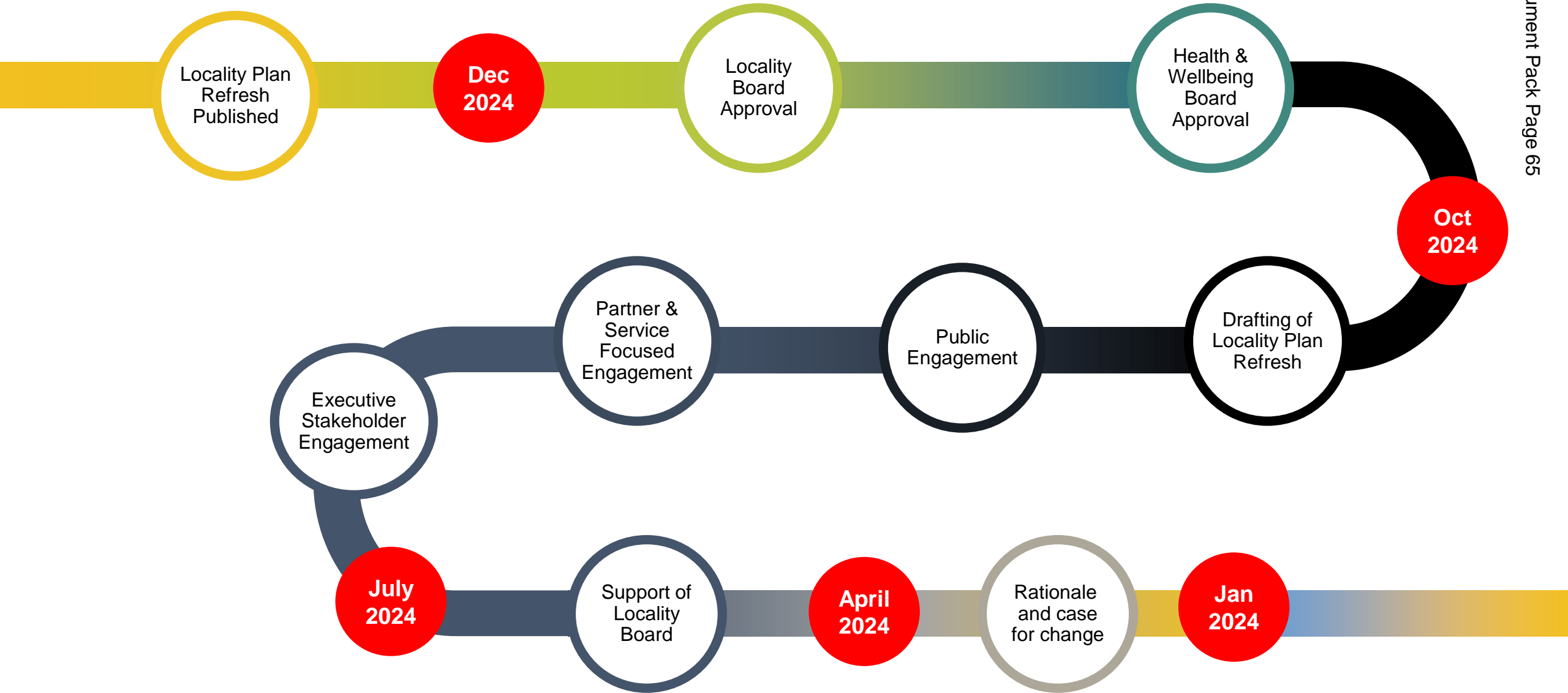
- There will be a specific focus during the engagement from Healthwatch to gain representation from seldom heard groups across the borough

- Our proposal is to have three concurrent phases of engagement throughout August – October 24 focused on: Executive Stakeholder Engagement; Partner and Service Focused Engagement; Public Engagement

Timeline: System Engagement and Governance



Roadmap for Implementation of the Locality Plan Refresh





Trafford's Annual Delivery Plan

GM ICP Strategy: Improving Health & Care in Greater Manchester

Greater Manchester ICP set out a strategy for 2023-2028 with the region's priorities and missions.

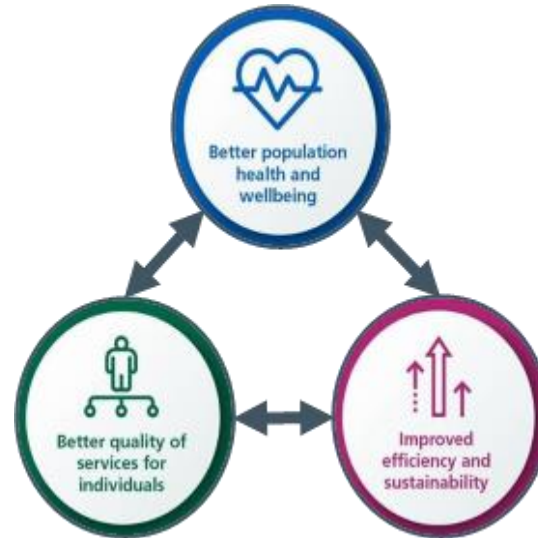
It was drawn up in the context of the introduction of the ICS under the Health and Care Act 2022, the restrained funding situation, the aftermath of the pandemic, and the cost-of-living increases.

It links into the wider Greater Manchester Strategy and the interconnected priority of a greener, fairer, and more prosperous GM.

It envisions a Great Manchester Model for Health, a social rather than predominantly medical model, which offers more than medicine and positively addresses the full range of determinants of health.

The strategy set out 6 missions:

1. Strengthening our communities
2. Helping people get into, and stay in, good work
3. Recovering core NHS and care services
4. Helping people stay well and detecting illness earlier
5. Supporting our workforce and our carers
6. Achieving financial sustainability



Putting health at the heart of Greater Manchester

Greater Manchester Integrated Care Partnership

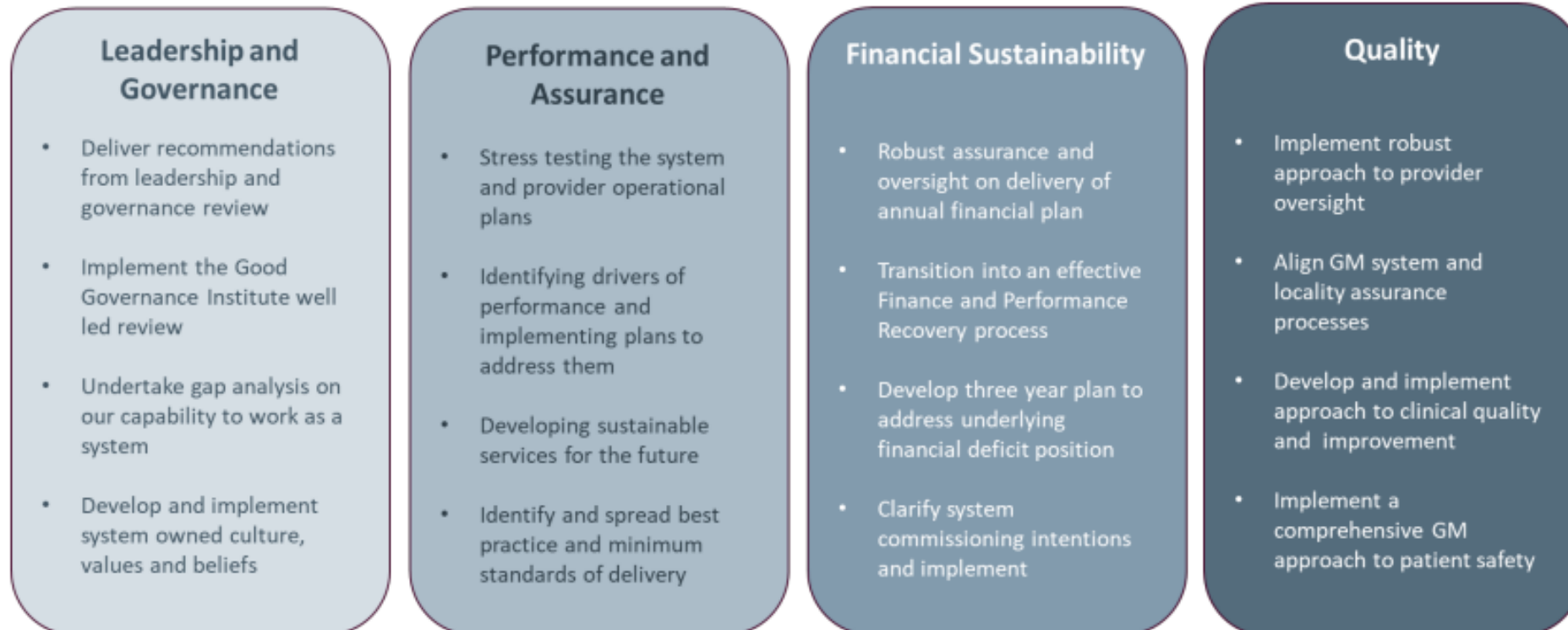
Improving health and care in Greater Manchester
2023-2028 strategy



NHS GM Single Improvement Plan



- The NHS GM Integrated Care Board has formally accepted the enforcement undertakings at its public board on 17th July 24.
- NHS GM has been developing an improvement plan to respond to the grounds for the undertakings.
- The Single Improvement Plan is structured around the four pillars against which NHS England is looking for additional assurance.
- Trafford's Delivery Plan for 2024/25 will contribute to addressing both local and Greater Manchester challenges



The Locality Contribution to GM Plans for 2024-25

The GM approach to planning for 2024/25 was different to that of previous annual operational plans: GM committed to developing a broad, **System Delivery Plan for GM** rather than solely a response to the NHS guidance. There were 3 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 24/25
- 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 was agreed a **Locality Delivery Portfolio** is developed for 2024/5 comprising:

- The outputs from locality **commissioning intentions** processes which would be consolidated to a GM level
- A set of priorities for 2024/25 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

The Locality Delivery Portfolio would then be built into the 2024/25 GM System Delivery Plan and updated GM Joint Forward Plan for the year ahead



Commissioning Intentions & Priorities 24/25: Prioritisation



Following support from the Trafford Locality Board to submit our draft local commissioning intentions and priorities to NHS GM further work has been carried out by the locality team to finesse the detail of the draft submission, clearly articulating **commissioning intentions** and **other priorities, projects and programmes**

Not all the draft commissioning intentions and priorities were deliverable in 2024-25 for a variety of reasons and, therefore, the board agreed to complete a **prioritisation exercise** to enable the locality to **reduce the number of priorities to something more manageable** and **within available resources**.

The GM Commissioning Oversight Group developed a **prioritisation criteria** to determine which priorities will have the most significant impact, in terms of alignment with the GM ICP strategy, the emerging sustainability plan and to addressing the triple deficit:

- An underlying financial deficit
- A performance and quality deficit
- A growing population health deficit

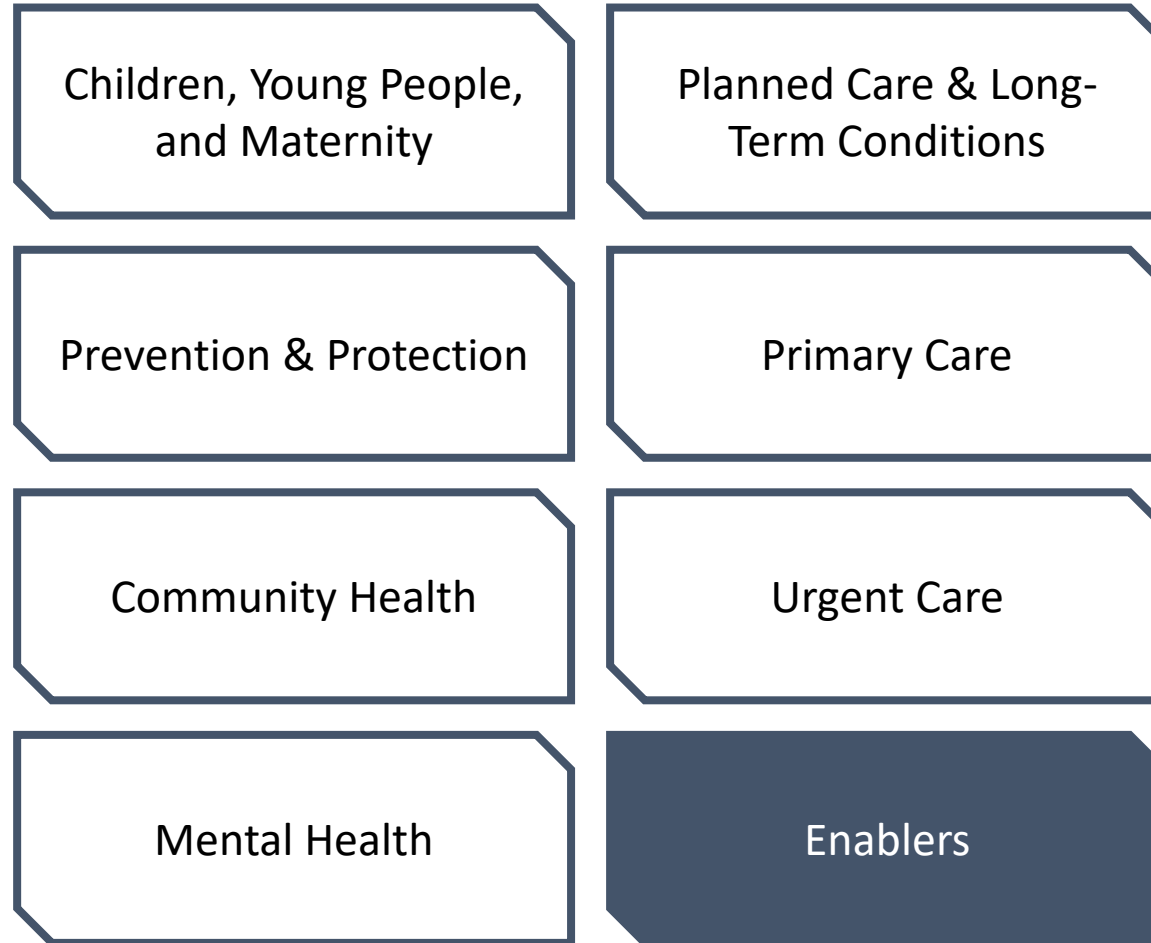
Locally we have adopted the methodology and will be working with our multi-stakeholder Locality Plan Refresh Group, supplemented by specific commissioner/provider planning meetings to collectively agree our commissioning intentions and priorities for 24/25








Strategic priorities	Will this intervention support the delivery of our constitutional responsibilities, in respect of: • Our performance • Achieving financial balance / addressing the financial deficit Will this intervention address demand management, i.e., alleviating the pressures on UEC, deflections from secondary care? Does the service/model address inequity of service provision and access across Greater Manchester?
Addressing Health Inequalities	Does the service/model reduce health inequalities for GM people? Does the service/model support improving population outcomes? particularly focusing on prevention and early intervention? Is it accessed disproportionately by a marginalised or deprived group/area or targeted at such?
Cost effectiveness (inc. comparison to alternative models of care)	Is there evidence or expectation of improved value for money? Is there evidence of cost effectiveness, to alternative services/service models for the same patient group or conditions? Will this intervention contribute to prevention of future new health conditions?
Value for money (including opportunity costs)	Will this reduce the cost per head for the population that might benefit potentially from this intervention? Is this a recurrent? Is there an opportunity for releasing resources? (Resources include workforce, estate, and finance). Will this intervention affect system finances / other partners, i.e., create additional work/pressures/cost? Will there be capital implications and if so, will they be rated as a priority for NHS GM capital? Can we take costs out of the system, i.e., reduce hospital bed base, workforce, estates?
Quality & outcomes	Is the service delivering on its commissioned outcomes? Is there any clinical / service risk? Is there evidence of new or innovative models or technologies/learning from elsewhere which could enhance the pathway/patient outcomes?
Deliverability	Do the resources required to undertake the work outweigh the benefits, outcomes, inequalities and cost effectiveness? Are there any other drivers which would impede progress, i.e. political, technology, estate implications?

Trafford Priorities 2024/25



- Through the prioritisation process we have agreed 112 delivery priorities and commissioning intentions.
- Some priorities span and cut across different themes
- From the agreed commissioning intentions and delivery priorities, we can draw out 7 Strategic Priorities, alongside the Enablers.
- Each individual commissioning intention and priority is arranged into the strategic priority groupings



	Delivery Aim	Summary Scope of Delivery		Key Governance Forums
Children, Young People, and Maternity 	To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.	<ul style="list-style-type: none"> Enhance Smoking & Healthy Weight offer Implement school nursing health offer Supporting social care sufficiency Integrated approach to early years 	<ul style="list-style-type: none"> Autism & ADHD pathways & offers Review CYP community health Violence reduction programmes Speech & Language reform 	Trafford Provider Collaborative Board Best Beginnings Board SEND Board Trafford Family Help Board Children's Commissioning
Prevention & Protection 	To improve our offer of services aimed at protecting residents from harm to their health	<ul style="list-style-type: none"> Drug & alcohol prevention & treatment Domestic Abuse services recommissioned Increased take up of immunisations & MMR Supporting active travel 	<ul style="list-style-type: none"> Supervised toothbrushing scheme Reduce smoking prevalence Enhance sexual health services Strategic development of the Women's Health Strategy 	Health & Wellbeing Board Tobacco Alliance Health Protection Board Domestic Abuse Partnership Board Age Well Partnership Board
Community Care 	To ensure people have access to good quality care in the community all at stages of life	<ul style="list-style-type: none"> Establishing women's health hubs Transform our community mental health offer Review of our Discharge to Assess model 	<ul style="list-style-type: none"> Improve aging well services across home care, hospice at home, falls prevention Remodel reablement services 	Trafford Provider Collaborative Board Falls Steering Group Women's Health Steering group
Mental Health 	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people	<ul style="list-style-type: none"> Roll out of Living Well service Reduce use of out of area placements Reduce length of acute inpatient stays Develop a single point of access 	<ul style="list-style-type: none"> Support programme for isolation, relationships, suicide prevention Reduce Tier 4 admissions for children Review children's mental health Thrive offer 	Health & Wellbeing Board Trafford Provider Collaborative Board All Age Mental Health Group
Planned Care & Long-Term Conditions 	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention	<ul style="list-style-type: none"> Leisure schemes to increase activity MSK community triage and assessment LTC pathway redesign with prevention focus Increase uptake of health checks, screening 	<ul style="list-style-type: none"> Improve early detection of cancer and survival rates Targeted lung health checks across practices 	Fairer Health for Trafford Partnership Health Checks Steering Group Health Protection Board Primary Care Commissioning Committee Trafford Moving
Primary Care 	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner	<ul style="list-style-type: none"> Recovery of access to primary care Social prescribing review Focus on CVD and diabetes Develop new spirometry service 	<ul style="list-style-type: none"> Winter capacity increase Implementation of Pharmacy First Improving the primary/secondary interface Recommission public health services 	Trafford Provider Collaborative Board Primary Care Commissioning Committee Trafford GP Board Social Prescribing Steering Group
Urgent Care 	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> Enact Urgent Care Review recommendations Deliver UEC Recovery Plan priorities Support the new Trafford Crisis Response Implement a High Intensity User model 	<ul style="list-style-type: none"> Right Care, Right Person for mental health Access to 111 for mental health users Admission avoidance programmes Review, recommission out of hours contracts 	Trafford Provider Collaborative Board Urgent Care Board All Age Mental Health Group Trafford GP Board
Enablers 	Creating the conditions for effective change	<ul style="list-style-type: none"> New governance for autism, carers and learning disabilities SEND commissioning strategy 	<ul style="list-style-type: none"> Joint Strategic Needs Assessment Trafford Workforce Delivery Plan 	Autism Board Carers Board JSNA Steering Group

Children, Young People, and Maternity



Delivery Aim:
To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.

Intentions	Measures of Success
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 and family help services	
Recommission young people's chlamydia and gonorrhoea testing	
Development and full 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)	
Recommission Short Breaks Offer	
Commission Youth Voice offer including SEND Youth Voice	
Implement Partnerships for Inclusion of Neurodiversity in Primary Schools	
Continue to implement future waves of Autism in Schools offer	
Review of Children's Community Health Services	

Work in progress

Children, Young People, and Maternity (continued)



Delivery Aim:
To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.

Intentions	Measures of Success
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 for children and families	
Review of Children’s Sufficiency Statement	
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	
Violence reduction programmes – continue utilisation of grant funding to employ Violence Reduction Co-ordinator and commission bespoke violence reduction projects.	
Progress an integrated approach to early years, including Maternity, recognising the importance of 1,001 critical days	
To support development of integrated family hub offer	

Work in progress

Prevention & Protection



	Intentions	Measures of Success
<p>Delivery Aim: To improve our offer of services aimed at protecting residents from harm to their health</p>	Commission Tier 1,2 and 3 Integrated Sexual Health Services (contraception and STIs)	
	Reduce the number of smokers in Trafford with a particular focus on groups with higher rates.	
	Domestic Abuse services re-commissions	
	Public Health work across primary and secondary care and VCSFE to increase take up of LARC and STI testing and prevention	
	Nutrition & hydration – continue online training offer and physical resources for older people in the community	
	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	

Work in progress

Community Care



Delivery Aim:
To ensure people have access to good quality care in the community all at stages of life

Intentions	Measures of Success
Develop a Single Point Of Access	
Review of Trafford’s D2A model, including enhanced 1:1 model.	
Review and remodelling of Trafford Reablement Services.	
Development of Equipment services including; reprocurement of OSRC, 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 specialist palliative care services, including Hospice at Home.	
Deregister 3 properties	
Decommission unoccupied properties and replace with new models of accommodation	
Programme of retendering Learning Disabilities supported living services in line with contract dates	
Retender advocacy services	
Review, remodel and consider recommissioning Shared Lives service	

Work in progress

Community Care (continued)



Delivery Aim:
To ensure people have access to good quality care in the community all at stages of life

Intentions	Measures of Success
Capacity building and establishment of a Women’s Health Hub in Trafford	
Falls Prevention – re-commissioning of falls prevention strength and balance service.	
Intermediate care: Undertake independent review of IMC Pathways (including Ascot House) To continue to pause 9 IMC beds for 24/25 To agree a financial arrangement for 24/25.	
Dementia Advisors – re-commission Memory Loss Advisory Service in partnership (Public Health/ICB/Adult Social Care Commissioning)	
Delivery of 24/25 Community Service Review Programme.	
Roll out Oliver McGowan training	
Review and implement PIPOT approach	
Develop detailed needs assessment of people with learning disabilities and autism to inform an accommodation approach	
Implementation of Self-referral in community health services	



Mental Health



Delivery Aim:
To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people

Intentions	Measures of Success
Childrens: Review Children Young People (CYP) THRIVE offer including the retender of 5-12 Mental Health service	
Childrens: Continue to increase Mental Health Support Teams across Trafford Schools	
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	
Adults: Complete the roll out of the Trafford Living Well service	
Adults: Implement the Mental Health Flexible Procurement System 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: 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: Develop a Single Point of Access across mental health services and establish connecting to First Response	
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	
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: 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.	
Mental health inclusion in NCTs	
Community Mental Health Transformation, transforming our community offer	

Work in progress

Planned & Long-Term Conditions



Delivery Aim:
To support people with planned care and long-term conditions with timely and effective care, and to increase prevention

Intentions	Measures of Success
Participate and deliver Targeted Lung Health Checks (TLHC) across PCN footprint	
Deliver GP referral and in-reach schemes for Trafford Leisure and Be Active Urmston for patients with LTC's	
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.	
End to end pathway redesign of LTCS across primary, community and secondary care with a focus on primary and secondary prevention (and earlier detection).	
Improve earlier detection of cancer and survival rates, linking to pan GM programmes with locality roll out and integration into Neighbourhood Programme.	
Increase uptake of screening programmes, with a focus on the people engaging with communities and cohort where uptake may be low.	
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	
Population health management projects within primary care and VCSFE to prevent and manage LTCs	

Work in progress



Primary Care



Delivery Aim:
To support primary care to provide the best and most appropriate service to people in an accessible and timely manner

Intentions	Measures of Success
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	
Development and implementation of a Spirometry service Trafford wide	
Evidenced based Winter capacity schemes for delivery in 24/25	
Review and re-commission locally commissioned public health services in primary care – NRT and smoking cessation, EHC, Alcohol Brief Interventions and LARC.	
Social Prescribing Review	
Continued recovery of Access to Primary Care	
Primary/Secondary Care interface - This work builds on the National Delivery plan for recovering access to primary care mandates Integrated Care Systems to improve the primary-secondary care interface, based around basic four principles (Complete care, Call and recall, onward referral, Clear points of contact) to promote clinical safety and efficiency, reduce bureaucracy and improve the patient journey.	
Review of Pharmacy Needs Assessment (statutory requirement)	
Implementation of Pharmacy First in Trafford	
PCN neighbourhood working (all age).	
Delivery of Primary Care Blueprint	

Work in progress

Urgent Care



Delivery Aim:
To enable people to receive the right care, in the right place, swiftly.

Intentions	Measures of Success
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	
High Intensity User model implementation following Test & Learn.	
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	
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.	

Work in progress



Enablers



Delivery Aim:
Creating the conditions for effective change

Intentions	Measures of Success
Recommission Supported Internship Programme	
Establish Fairer Health for Trafford Partnership – Health Inequalities Strategic Oversight Group	
Workforce development , including international recruitment	
Joint Strategic Needs Assessment updates and new products	
Trafford Participation Strategy and Framework	
Trafford Workforce Delivery Plan 24/25	
Development of the Learning Disability Board	
Development and delivery of the Women’s Strategy	
Development of the Carers Board	
Development of the Autism Board	
Develop a SEND Mental Health Strategy	
Refresh of SEND JSNA and development of a SEND Commissioning Strategy	
Working alongside GM system group to ensure GM standards on delivery of services.	

Work in progress

Trafford's vehicles for delivery

Trafford Health & Wellbeing Board

- The Trafford Health and Wellbeing Board exists to improve population health outcomes through strategy development, improving partnership working, and using knowledge of local needs from the Joint Strategic Needs Assessment to improve services. The Board seeks to ensure interventions are evidence based, measurable and add value.
- The overriding aim is to increase the number of years people spend in good health. This is measured by Healthy Life Expectancy (HLE), a guide to the population's general health. It also bears in mind the variation in HLE across the borough, which peaks at 16 years difference, and the variation across age ranges with a marked greater need for older residents.
- By preventing poor health and on promoting wellbeing, we will reduce health and social care costs, and enhance resilience, employment and social outcomes.
- There are 5 key responsibilities of the board, and 5 key priorities supported by the Boards sub-governance forums and groups responsible for delivery of activity against the strategic priorities

Our Responsibilities

- Joint Strategic Needs Assessment
- Better Care Fund
- Child Deaths in Trafford
- Health Protection and Infection Prevention and Control
- Trafford's Women's Voices

Our Priorities

- To support our residents to be a healthy weight
- To reduce the impact of poor mental health
- To reduce the number of people who smoke or use tobacco
- To reduce physical inactivity
- To reduce harms from alcohol

Trafford Provider Collaborative Board: Commissioning Intentions and Priorities 24/25

- There are **50 noted commissioning intentions and priorities** that overlap with the Trafford Provider Collaborative Board's agreed priorities for 24/25
- This work is under **constant review** to ensure the most relevant are brought through the Board
- A **structured work programme and reporting schedule** has been developed to ensure we monitor progress and outcomes
- Many of the intentions will have additional, **complimentary governance routes**, that have been identified, so particular attention will be paid to ensuring the correct reports work through the TPCB this coming year.

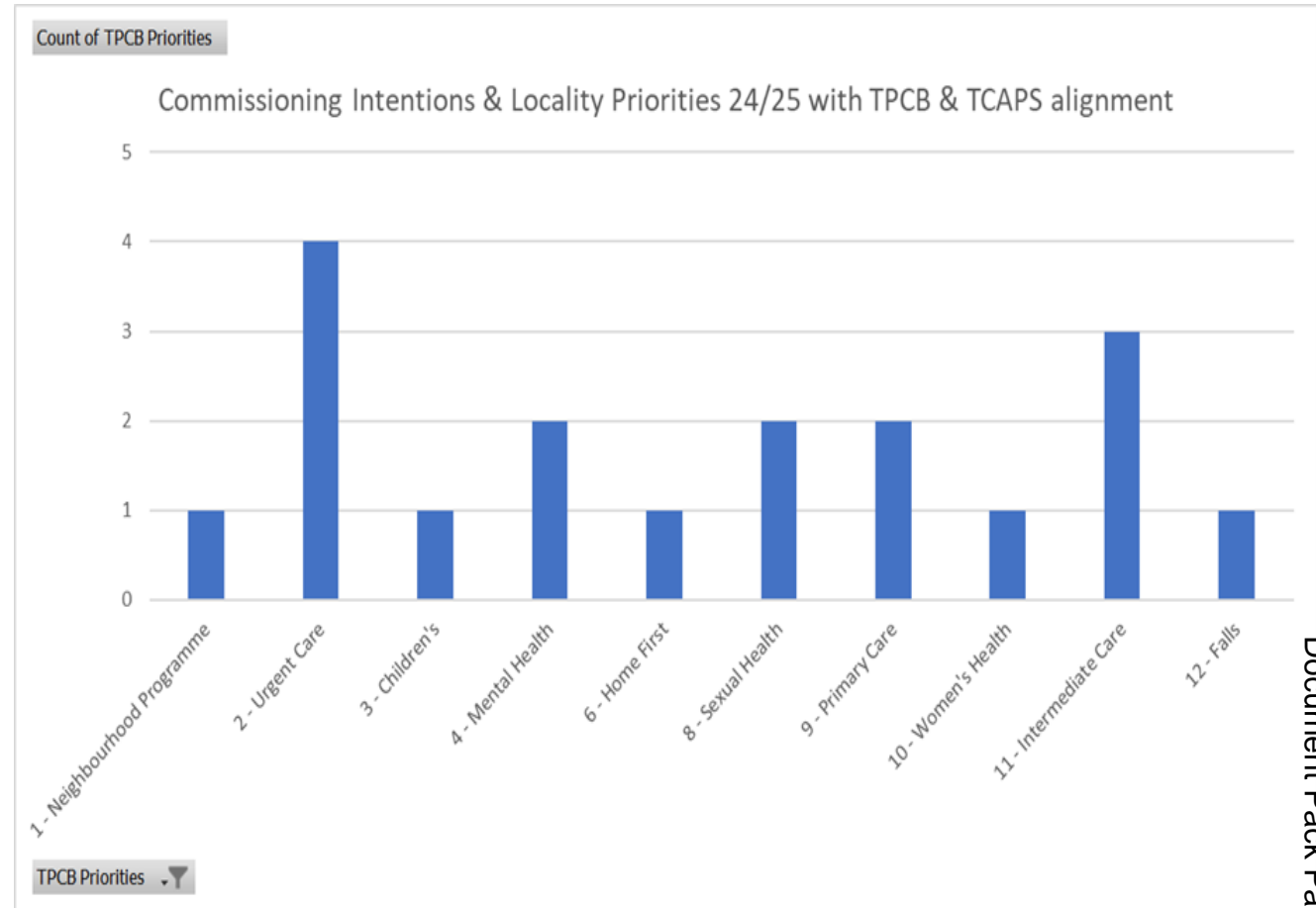


- Social Prescribing
- Home First
- Capacity & Discharge Planning
- Sexual Health
- Primary Care
- Women's Health
- Intermediate Care
- Falls

Trafford Clinical and Practitioner Senate (TCAPS): Work Programme 24/25



- TCAPS has assessed its initial priorities and capacity, and **aligned its work programme for 24/25 with that of the TPCB.**
- There are **18 Commissioning Intentions and Locality Priorities for 2024/25** that have been both identified which will now form the basis of the TCAPS Work Programme this year - these have been 'grouped' and articulated in the table to the right-hand side.
- TCAPS will now work to **assign NHS GM Clinical Leads** and where feasible **identify wider clinical and practitioner leadership** for each of the priorities
- TCAPS will **remain flexible to emergent priorities and challenges** and will amend its work programme accordingly



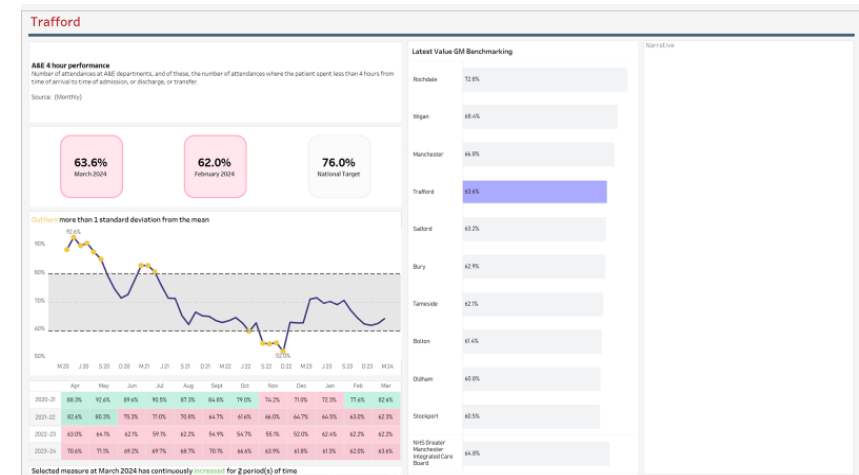
Performance / Reporting

How we know we've made a difference

- We are progressing to define a series of outcome metrics for the 112 deliverables to sit alongside the defined outputs
- Many deliverables have existing outcomes and established recording and reporting measures at a local level. Other deliverables are at an earlier stage and performance metrics will be developed with stakeholders
- Reporting process of the outputs and outcomes will then be integrated into the governance processes for tracking and monitoring. Reporting cycles will be aligned with the regular board dates.
- The Trafford Locality Board is in receipt of a Locality Scorecard which contains high level metrics relevant to its delegated responsibilities
- It is the aim that TPCB and its reporting forums will enhance their current performance arrangements to ensure project and programme specific updates into the Board contain adequate performance reporting and accompanying narrative and analysis
- The Health & Wellbeing Board priority areas will also have their key outcomes and metrics to be monitored as part of that governance.
- Future efforts will align these with the outcome metrics recorded against our 112 deliverables, together this will strengthen our grip on performance of all our strategic priorities across the system
- We are reviewing our data visualisation output to ensure this is efficient and timely, and any dashboards or scorecards are available to all key stakeholders.

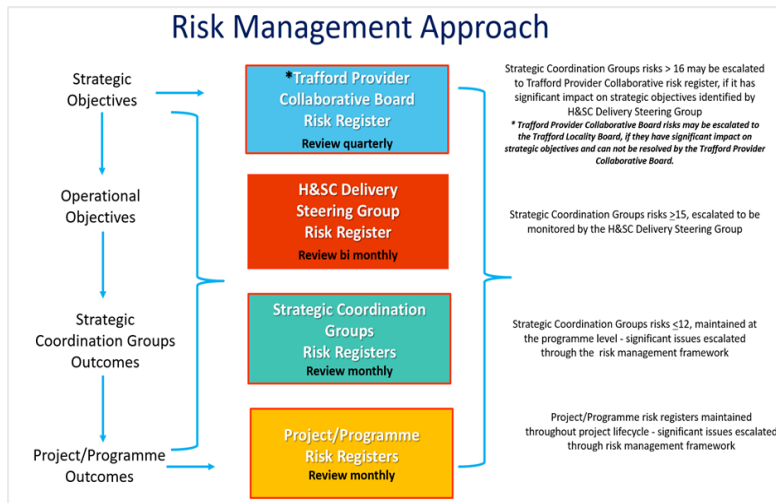
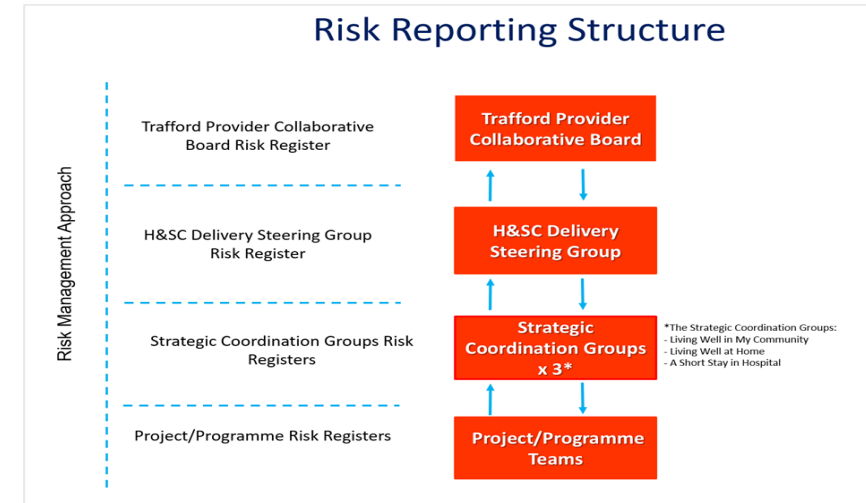
Trafford - Oversight Metrics

System	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quality
Urgent Care	N/A	ABE 4-hour performance	Monthly	Jun-24	67.4%	66.2%	+	76.0%	6,206	7,720	N/A
	N/A	ABE Attendances	Monthly	Jun-24	7,720	8,078	-	N/A	N/A	N/A	N/A
	1222a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only) (MFT)	Monthly	Mar-24	94.0%	94.4%	-	92.0%	1,886	2,006	Inter
	N/A	No Reason/Criteria to Reside patients (NCR) as % of occupied beds	Monthly	Jun-24	17.9%	15.4%	+	76.7%	2,736	15,068	N/A
Cancer	19411	Total number of specific acute non-selective axilla	Monthly	Jun-24	1,128	1,283	-	N/A	N/A	N/A	Inter
	N/A	Cancers Diagnosed at Early Stage using Full Registration Date	Annual	Dec-21	68.2%	63.7%	+	78.0%	893	1,096	Inter
Mental Health & Learning Disabilities	5030a	% of patients aged 16+ with a completed ID health check	Monthly	Apr-24	6.7%	65.2%	-	75 %	73	1,095	Inter
	8409	Access to Children and Young Peoples Mental Health Services	Monthly	May-24	4,375	4,400	-	1,141	N/A	N/A	Inter
	8401	Dementia: Diagnosis Rate (aged 65+)	Monthly	May-24	65.6%	64.7%	+	66.7%	1,890	2,861	Inter
	8401	Dementia: Diagnosis Rate (aged 65+)	Monthly	May-24	65.6%	64.7%	+	66.7%	1,890	2,861	Inter
	5086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	Mar-24	470	480	-	0	N/A	N/A	Inter
	5125a	Long length of stay for adults (MHI patients over 60 days)	Monthly	Mar-24	67.6%	65.7%	+	0%	35	40	Inter
	N/A	Number of MH patients with no criteria to reside (NCR)	Monthly	Jun-24	7	10	-	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCR)	Monthly	Jun-24	3.9%	24.9%	-	N/A	7	71	Inter
	5122a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Mar-24	2,080	2,090	-	5,163	N/A	N/A	Inter
	5082a	Taking Therapies: Access Rate	Monthly	Apr-24	540	465	+	N/A	N/A	N/A	Inter
	5132a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Mar-24	170	168	+	N/A	N/A	N/A	Inter
	Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts (MFT)	Monthly	May-24	95.6%	95.2%	+	N/A	496	482
5030b		% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar-23	63.3%	62.7%	+	77%	23,942	35,108	Inter
Primary Care	5033a	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Dec-23	64.7%	63.2%	+	60.0%	7,165	11,070	Inter
	5129a	GP appointments: percentage of regular appointments within 14 days	Monthly	May-24	68.0%	67.8%	+	60.1%	107,615	122,034	Inter
Quality	5042a	E coli blood stream infections	Monthly	May-24	164	170	-	N/A	N/A	N/A	Inter
	5044a	Antimicrobial resistance: proportion of antibiotics in primary care	Monthly	Apr-24	51.0%	51.2%	-	87.3%	N/A	N/A	Inter
	5044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Apr-24	8.2%	8.4%	-	10 %	12,400	137,800	Inter



How we will manage risk

- Both the TLB and TPCB have an established approach to risk management
- Due to the changing governance and new priority programmes, it is proposed we refresh our current arrangements – the diagrams depict previously agreed arrangements, but the cessation of Strategic Coordination Groups and evolving Trafford partnership governance suggests our arrangements require updating.
- TPCB in particular needs to be able to effectively oversee the risks contained within its strategic priority programmes

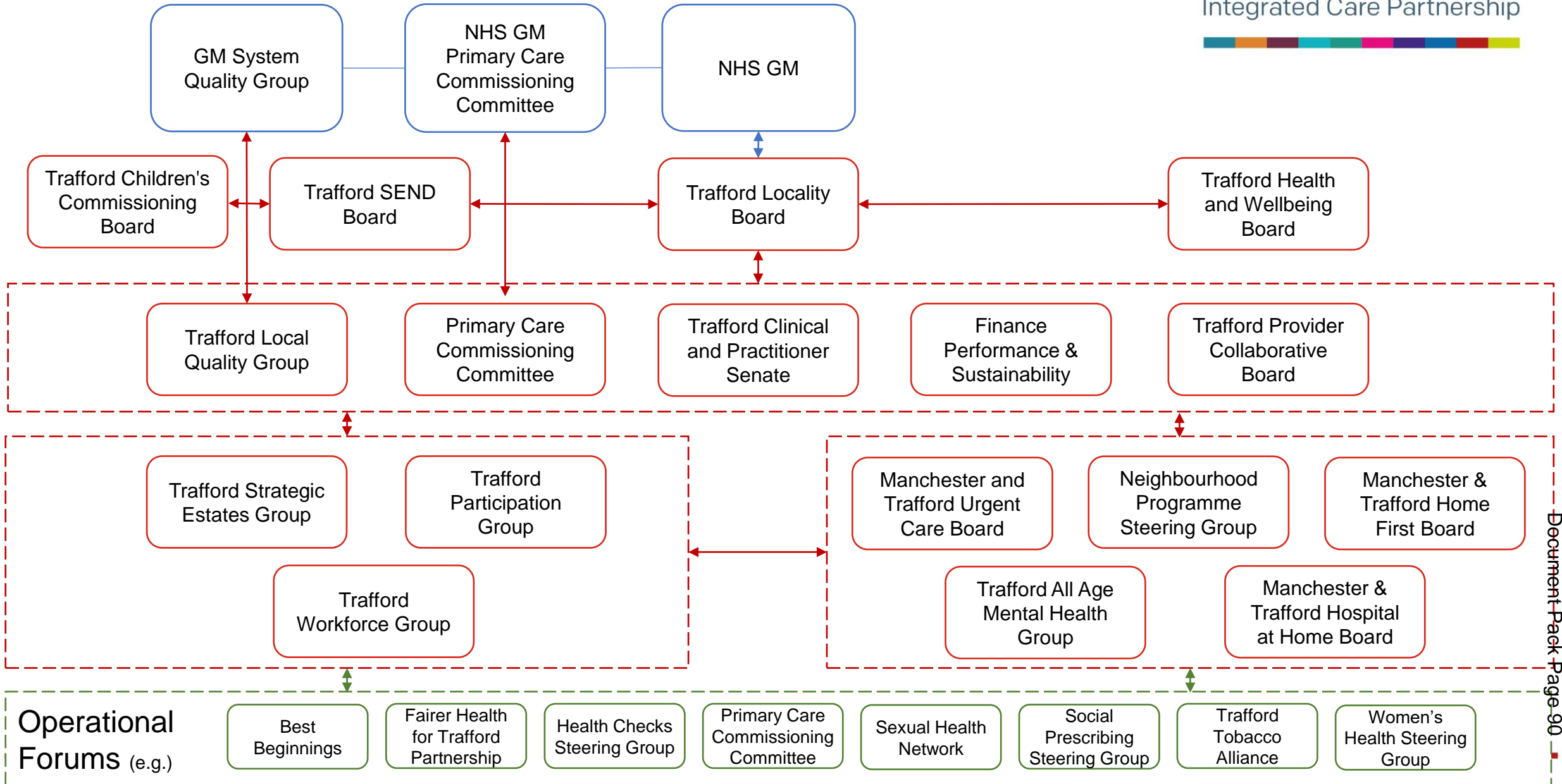


- TPCB needs to be a forum where affiliated groups can secure support, advice and guidance in the common pursuit of mitigating programme risks
- TPCB will escalate and have a direct relationship with the Trafford Locality Board System Risk register, where appropriate
- Trafford Locality Quality Group has solid arrangements to deal with quality concerns
- It is proposed we review risk management protocols with engagement from relevant forums, partnerships and programmes.

Governance

- The intentions will be overseen through a wide variety of operational governance structures relevant to the subject at hand.
 - For example, the Falls Steering Group will have operational governance of the intention around recommissioning the falls prevention, strength, and balance service and report into the Trafford Provider Collaborative Board for support, assurance and decision making where applicable
 - At a strategic level, there are fewer governance structures, and approximately half of the intentions have two identified strategic forums.
 - The most common strategic governance forum is the Trafford Provider Collaborative Board which reports directly to the Trafford Locality Board
 - These maturing governance structures will form the basis of the reporting arrangements of the activity undertaken, and any qualitative or quantitative metrics measured – utilising the established Finance, Performance and Sustainability Group
-

System Governance & Connectivity



Strategy and Planning

- To ensure we respond to feedback from all partners and have effective governance arrangements in place we will establish:
 - ❑ Strategy and Planning Huddle
 - ❑ Strategy and Planning Group
- The **Strategy and Planning Huddle** will be a short (30 minute maximum) informal online meeting at the beginning of each month to ensure board preparedness, socialise key agenda items, papers, developments at upcoming Boards and other key meetings and forums for that given month.
- The **Strategy and Planning Group** will be a bi-monthly focussed meeting on (90 mins) effective strategy development and planning. The Group will take learning from the local 24/25 planning process, take learning from the GM Planning Handbook (To be published) and develop a set of localised arrangements. The Group will have the ability to 'step up' frequency of meetings in specific times of the year as we enter more formal planning cycles and allow all partners the chance to influence individual and collective plans and priorities. The Group will also be a place to proactively share sector based and organisational strategy that has relevance to the Locality Plan aims and aspirations.



Trafford

Integrated Care Partnership



Tackling Health Inequalities

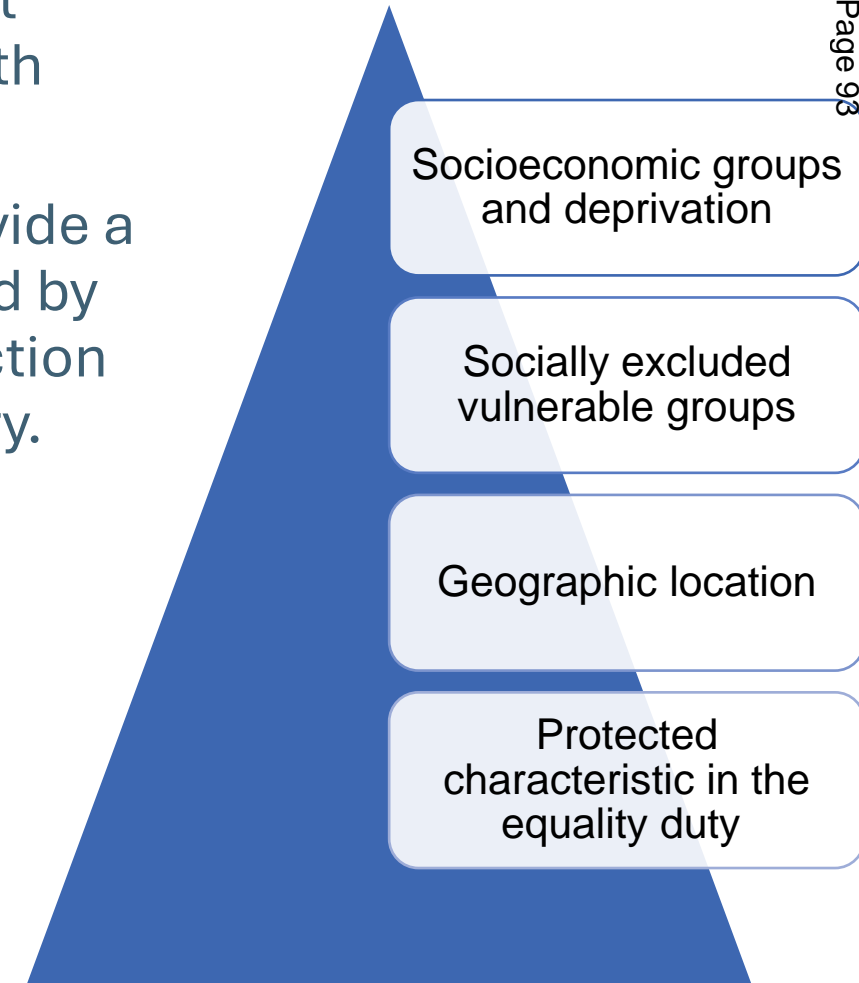
Fairer Health for Trafford: Tackling Health Inequalities

Fairer Health for All is a Greater Manchester framework that outlines our approach to addressing root causes of ill-health and inequalities across the city-region.

The Fairer Health for Trafford Partnership was set up to provide a focused approach to reducing health inequalities in Trafford by being a tactical forum that coordinates health inequality action across the borough, utilising current governance for delivery.

The partnership has identified 8 key areas of focus for its activity:

- Broomwood Community
- Old Trafford Community
- Partington Community
- People with Learning Difficulties
- People with Serious Mental Illness
- Unpaid Carers
- Care Experienced People
- People from the Traveller community



Trafford

Integrated Care Partnership



Our Commitment

Trafford's Commitment

Our commitment is for Healthy & Independent Lives for Everyone through.....



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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 13th September 2024
Report for: Information/Decision
Report of: Programme Director for Health and Care

Report Title

Social Prescribing in Trafford - Health and Wellbeing Board

Purpose

The report provides an overview of a recent review and ongoing strategic work into Social Prescribing and related roles within Trafford.

This review is in line with the GM Joint Forward Plan mission “Strengthening our communities” and the need to strengthen visibility and governance within such roles and build on best practice. In meeting these aims, a Social Prescribing Steering Group was recently established identifying and prioritising current needs and risks. This group identified the current most pressing need as a contingency regarding the cessation of the electronic recording system used by social prescribers (Elemental) in March 2025. In response to this, an Elemental Task and Finish group has been established to identify if professionals and key stakeholders want to continue to fund the use of Elemental, and what alternative options are available regarding recording software past March 2025.

Recommendations

The Board are asked to:

1. To note the progress to date.
2. Support a collaborative solution to the cessation of Elemental.
3. Agree to the final report being presented again at a future meeting.
4. Support the identification of dedicated leadership for the continuation of the social prescribing work to address outlined short, medium and long-term priorities.

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

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Social Prescribing in Trafford Health and Wellbeing Board

13/09/2024

Thomas Maloney (Programme Director Health and Care, Trafford
Council and NHS GM (Trafford))

Social Prescribing

- A means of enabling GPs, nurses and other health and care professionals to refer people to various local, non-clinical services.
- NHS Long Term Plan committed to the creation of growth of social prescribing roles between 2020-2024, aiming for over 900,000 people able to be referred to social prescribing schemes by this point.

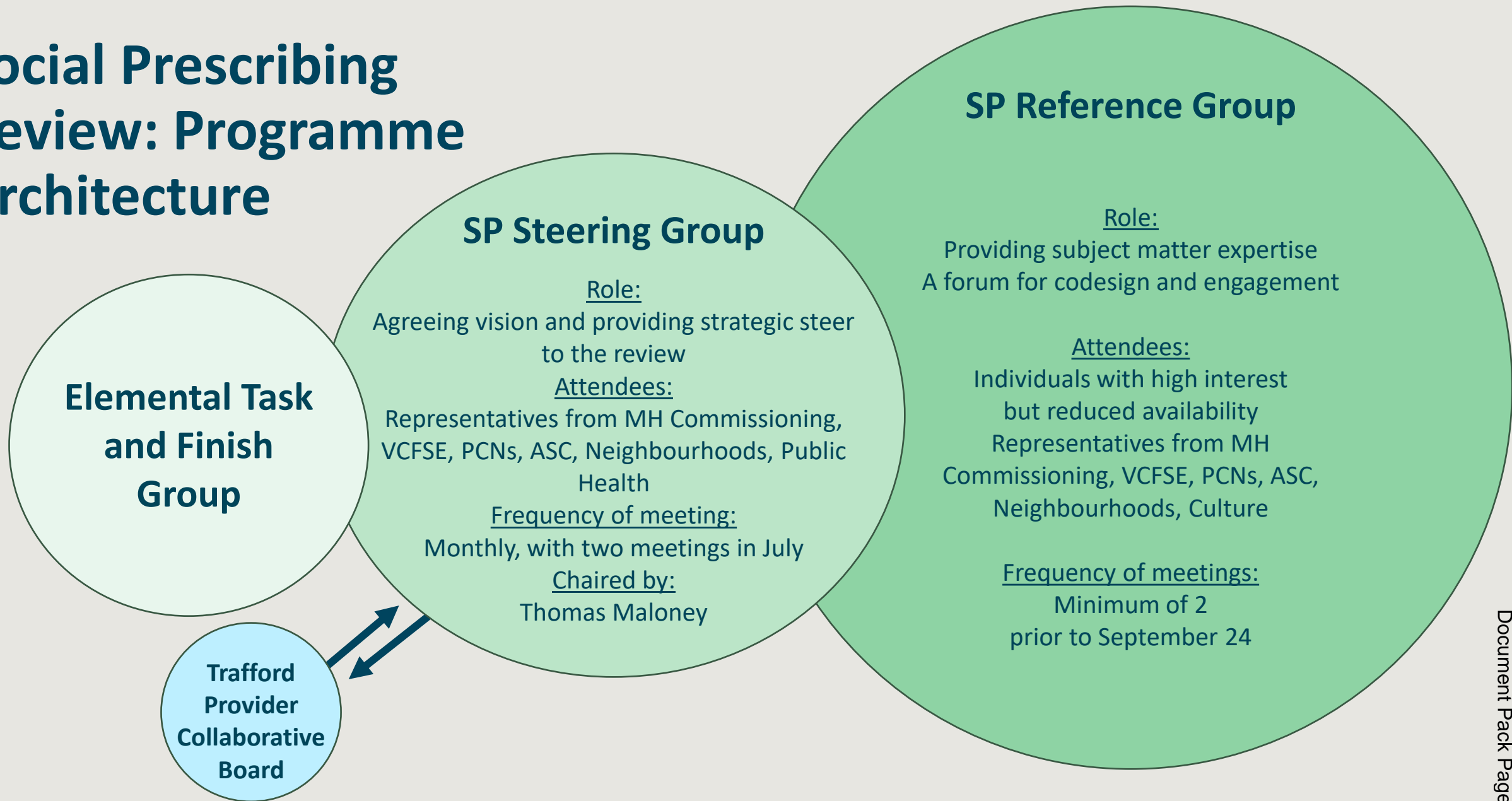
“Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.”

University of Westminster. Report of the annual Social Prescribing Network conference. London: University of Westminster, 2016.

Rationale for the review

- GM Joint Forward Plan 2023-24 – Mission of 'Strengthening our communities', aiming to "continue to develop Living Well and Social Prescribing".
- Governance – requirement to strengthen visibility and governance to ensure desired outcomes.
- Building for best practice – noting good practice and exploring areas for further collaboration.
- Consolidation of existing roles and provision – various community-based roles exist across Trafford with similar responsibilities. These include:
 - Social Prescribing Link Worker (PCN GP practice based).
 - Community Care Navigator (MFT/TLCO, focused on discharge from hospital).
 - Wellbeing Practitioner (Living Well / Bluesci).
 - Community Link Officer (Adult Social Care).
- Systems and reporting – the contract for the electronic recording system used by Living Well and some Social Prescribers (Elemental) is due to end in March 2025 without a contingency in place.

Social Prescribing Review: Programme Architecture



Social Prescribing Steering Group

Purpose:

- Explore and guide the scope of the review, providing strategic steer. A platform for various key stakeholders to be consulted and provide input into strategic decisions regarding Social Prescribing in Trafford.

Key Activities:

- Baseline exercise to consolidate key data on social prescribers and related roles (capturing detail such as waiting lists, offers, caseloads etc.).
- Ongoing liaison with the wider GM Social Prescribing Operational Group to share learning across local authorities.
- Collaboration with University of Manchester encouraged via attendance at a steering group, presenting preliminary findings from national analysis, and facilitating involvement of Trafford services.
- Qualitative survey disseminated to wider reference group, creating a shared definition and list of key changes stakeholder would like to see over the next 4-5 years.

Defining Social Prescribing in Trafford

Collated survey responses and discussion at the meeting have helped shape the below draft definition (Similar to the national definition):

“Social prescribing is a holistic, person-centred approach that links individuals with health, social care, and community organizations. It supports users in making their own choices and accessing desired support and activities. While it can provide mental health support, it is not for significant mental health needs and does not replace formal care. It aims to reduce service gaps and medical reliance, using a strengths-based, preventative approach.”

Co-Designed Priorities

- Qualitative survey responses to desired changes over 4-5 years were revised and consolidated into a list of short-, medium- and long-term priorities.
- These were then presented back to the group for comment, agreed priorities presented below:

Short Term	Medium Term	Long Term
<ul style="list-style-type: none"> • An established universal system for recording. • Development of an enhanced CYP offer. • Improved collaboration between various social prescribing teams within Trafford. • Integration of SP with neighbourhood programmes. • Dedicated Trafford Social Prescribing Webpage • Improved attendance at peer support monthly meetings across all SP roles. • Improved awareness and collaboration 	<ul style="list-style-type: none"> • Clearly defined outcomes and standardised approach to recording and reporting SP data (e.g. especially regarding outcomes and demographic characteristics). • Clearer strategic oversight to support raising SP challenges and representing SP within the wider system. • Increased consistency in role names to reduce risk of duplicated referrals and obscuring SP roles within the wider system. 	<ul style="list-style-type: none"> • Growth of VCFSE organisations and capacity. • SP as a viable option for long term employment rather than a steppingstone to other careers (e.g. secure employment and higher pay, recognised qualifications). • All SPs to have access to clinical, reflective supervision.

- The Social Prescribing Steering Group agreed to focus on actions with the highest level of risk – which currently is the cessation of the Elemental Contract.
- This led to the formation of the Elemental Task and Finish Group

Elemental Task and Finish Group

Purpose:

1. Establish if professionals want to continue to fund the use of the electronic recording system Elemental.
2. Establish what alternative options are available regarding recording software past March 2025.

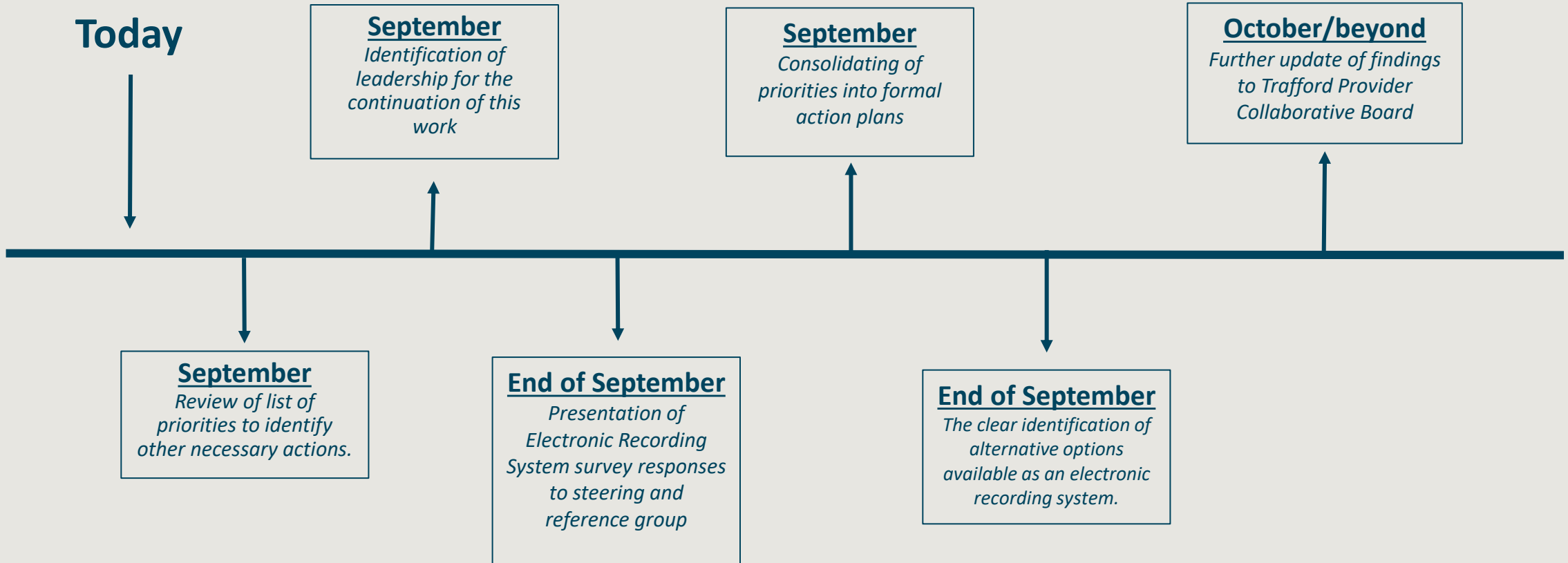
Key Activity:

- Design and dissemination of a survey to gather breadth of stakeholder views to answer question 1 and identify potential risks of a lapse of contract.
- Creation of alternative software providers list.
- Exploring procurement options for software.
- Ongoing discussions with GM regarding alternative software pros and cons.
- Input into GM Social Prescribing Operational Group regarding the establishment of a minimum dataset.

Interim findings and feedback:

- Note the challenging financial situation and budget availability.
- Concerns regarding patient safety with Elemental not notifying GPs of actions or discharges.
- Poor communication and support from Elemental
- Lack of desire from services currently to provide further funding for Elemental in it's current form (North currently transitioning away from Elemental and towards EMIS Community).

Timeline



Risk Log

- **Throughout the steering and task and finish group, a running risk log has been kept of key risks:**
 - Cessation of contracts e.g. Elemental and specific roles (Age-UK roles).
 - Lack of consistent data – outputs and outcomes.
 - Lack of strategic coordination.
 - Risk of some duplication via individuals being open to two different types of social prescribers.
 - Lack of clarity regarding demographic access currently.
 - Lack of access for CYP (only one role in West PCN).
 - (Generally) high caseloads, with high complexity/need reflecting strain on the wider system.
- **The logging of these risks and the collaboration with the steering group is key in establishing strategies and actions needed for their mitigation.**

Asks of Health and Wellbeing Board

- The board to note the progress made to date.
- The board to support a solution to help identify a collaborative solution to the risks posed regarding the cessation of Elemental.
- A request for the board to agree to the final report being presented again at a future meeting.
- Support the identification of dedicated leadership for the continuation of the social prescribing work to address additional short, medium and long-term priorities.

Appendix (Available on request)

1. **Trafford Social Prescribing Landscape Data**
2. **'Social Prescribing in Trafford 2023-24' paper**

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 13th September 2024
Report for: Information/Decision
Report of: Director of Public Health

Report Title

Sexual Health in Trafford: Progress, Barriers, and Future Enablers

Purpose

To update Trafford's Health and Wellbeing Board on the progress regarding sexual health in Trafford, the current issues and barriers, and future enablers/priorities.

Recommendations

It is recommended that Trafford's Health and Wellbeing Board members:

1. Acknowledge the impact and interrelation between sexual health and Trafford's Health and Wellbeing Board responsibilities and priorities, noting the importance of good sexual health in improving the lives of Trafford residents and reducing health inequalities.
2. Acknowledge the current barriers and challenges in sexual health (in section 4) across Trafford and their wider impact on the health and wellbeing of Trafford residents.
3. Support Trafford Council's Public Health team in ensuring maximum awareness of STIs and Trafford's sexual health services among residents.
4. Advocating for addressing the sexual health needs of Trafford residents through innovative joint working across the health and social care system and with health-related services.

Contact person for access to background papers and further information:

Name: Jo Bryan - Public Health Programme Manager
Email: joanne.bryan@trafford.gov.uk

Background Papers:

Trafford Sexual Health Needs Assessment, 2024
Trafford Sexual Health Action Plan, 2024-27

Sexual Health in Trafford: Progress, Barriers, and Future Enablers

1. Background

1.1 Sexual Health and Wellbeing

1.1.1 According to the current working definition, sexual health is:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” ([WHO, 2006](#))

1.1.2 Sexual health is relevant throughout the individual’s lifespan, not only to those in the reproductive years, but also in adolescents and older adults.

1.1.3 Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Poor sexual health can have many negative consequences on individuals, such as:

- Infections with Human Immunodeficiency Virus (HIV), sexually transmitted infections (STIs) and reproductive tract infections (RTIs)
- Adverse outcomes such as cancer, infertility, stillbirths, ectopic pregnancies, depression, pelvic inflammatory disease, cardiovascular disease and neurological issues
- Unintended pregnancy and abortions
- Sexual dysfunction

1.2 Sexual Health Data

1.2.1 National Sexual Health Data

1.2.1.1 In 2023, there were 401,800 diagnoses of new STIs in England, an increase of 4.7% from 2022 (383,789). Gonorrhoea diagnoses rose by 7.5% to 85,223, the highest annual number reported since records began in 1918; while infectious syphilis by 9.4% to 9,513, the highest annual number reported since 1948. First episode genital herpes diagnoses rose by 8.8% between 2022 and 2023 but remained 21.2% lower than 2019; there was also an increase in the rate of mycoplasma genitalium diagnoses by 23.2% between 2022 and 2023. The rates of first episode genital warts and chlamydia remained stable between 2022 to 2023, the

recent decline in genital warts can be attributed to direct or indirect protection by the quadrivalent HPV vaccine.

- 1.2.1.2 Between 2022 and 2023, there was a 2.1% decrease in chlamydia testing and a 4.2% decrease in chlamydia diagnoses in young women aged 15-24 years through the National Chlamydia Screening Programme; the percentage of positive chlamydia tests remained stable at 9.6%.
- 1.2.1.3 STIs continue to be most prevalent in young people aged 15-24 years, gay, bisexual and other men who have sex with men (GBMSM), and certain ethnically diverse communities. 21.5% of diagnoses of new STIs in 2023, were among people of Asian, black or mixed ethnicity. People from Black ethnic communities had the highest rates of all ethnicities, this can largely be attributed to the social and structural determinants of health and younger age demographic.

1.2.2 Trafford Sexual Health Data

- 1.2.2.1 Overall, Trafford is below the national average for new STI diagnoses but areas of Trafford such as Bucklow-St Martins and Clifford have rates of diagnosis above the national average. Trafford's STI rates generally follow national trends and have seen increases post pandemic.
- 1.2.2.2 **Chlamydia:** Trafford has a low chlamydia detection rate, the second worst in Greater Manchester and worse than the national average and outcome targets. The current rate is 19% worse compared to 2022 and 36% worse than 2019. There is a clear correlation between areas of high deprivation in Trafford and poor chlamydia detection rates. Trafford also has a lower chlamydia screening rate for females aged 15 to 24 compared to the national and GM average.
- 1.2.2.3 **Gonorrhoea:** Gonorrhoea rates continue to increase in Trafford since 2012 in line with the national trend. Trafford's diagnostic rate for gonorrhoea is slightly better than the national and GM average. From January 2014 to December 2023, the gay, bisexual and other men who have sex with men (GBMSM) population made up 65% of the total gonorrhoea diagnoses. This disproportionately high rate could be an indicator of risky sexual behaviour.
- 1.2.2.4 **Syphilis:** Trafford's syphilis rates are similar to the national average and have been since 2012. However, infectious syphilis rates are increasing, particularly in the heterosexual population with observed rises in congenital syphilis. Between January 2014 and December 2023, the majority of syphilis diagnoses were in men (89%) and specifically GBMSM populations (69.2%). Between Q1 of 2019 to Q3 of 2023, 25% of patients diagnosed with infectious syphilis were living with HIV and half of those diagnosed were in the two most deprived population quintiles. Trafford's syphilis testing coverage in 2022 was also the highest out of all local authorities in GM.

- 1.2.2.5 **HIV:** HIV prevalence in Trafford is lower than the national average and testing prevalence is higher than the national average, with higher testing in the North of the borough in line with the greater concentration of populations at greatest risk of HIV. However, the repeat HIV testing rate in the GBMSM population is worse than the national average and lowest in GM. Trafford also has an above average late diagnosis rate for heterosexual men only. In previous years it was high for all groups but this has reduced from 2018.
- 1.2.2.6 **Genital Warts:** The genital wart diagnosis rate in Trafford is lower than the national average and has been on a downward trend since 2012, due to the introduction and expansion of the HPV vaccination into the national immunisation schedule. However, Trafford's HPV vaccination coverage has decreased for females and is not showing strong performance nationally.
- 1.2.2.7 **Mycoplasma Genitalium (Mgen):** Trafford's Mgen diagnostic rate per 100,000 was 21.6 in 2023, slightly above the England and GM average and third highest in GM. The number of Mgen diagnoses in 2023 (51) increased by 59.4% since 2022 and 466.7% since 2019; this is due to increased testing in our sexual health clinic which is not taking place as standard in other areas.
- 1.2.2.8 **Teenage Conception:** Teenage conception in Trafford is below the national average and the lowest in Greater Manchester, although Partington in the west has historically been above the national average for teenage conception, showing socioeconomic disparities in reproductive health outcomes. This improved in 2018-2020 but it is difficult to tell if this was impacted by COVID-19 restrictions.
- 1.2.2.9 **Abortion Rate:** The total abortion rate in Trafford is similar to the national and GM averages, however Trafford has a higher rate of under 18s pregnancies that lead to abortions compared to the national average and is the highest in GM.
- 1.2.2.10 **Long-Acting Reversible Contraception (LARC):** LARC rates in Trafford are increasing, with the total and GP prescribed LARC rates similar to the national average. Trafford's LARC provision is substantially lower in the North and West PCN where inequalities are higher and LARC prescribed in SRH services is lower than the national average.

1.3 Engagement and Research

- 1.3.1 Engagement work done in Trafford in March and November 2020 shows that Trafford residents most commonly use GPs and sexual health services for support. Most residents would like more services available to them, closer to their home and available outside of work hours.

- 1.3.2 Educational outreach and mixed methods research carried out by the Voice of BME Trafford in June 2023 highlighted disparities in the knowledge and use of LARC in women from ethnically diverse communities in Trafford and identified the need for additional education and awareness regarding the side effects of contraception and timings of postpartum contraception use.
- 1.3.3 Feedback from the Trafford Women’s Voices event in January 2024 highlighted the need to ensure the collaboration between primary care and Trafford’s strong VCFSE sector and Trafford Community Collective in relation to women’s health to understand the barriers to women from underserved communities in accessing sexual health services in Trafford.

1.4 Changes in Sexual Health Behaviour

- 1.4.1 The global pandemic has led to disengagement in sexual health services. We have particularly seen a reduction in the attendance of young people at sexual health clinics and an increase in risky sexual behaviours.
- 1.4.2 There has been a rise in misinformation regarding sexual health via social media such as TikTok preventing the uptake of LARCs.
- 1.4.3 There has been a reduction in the use of condoms in Gay, Bisexual and other men who have sex with men due to PrEP.
- 1.4.4 There has been a rise in STIs in older adults potentially exacerbated by the tendency to desexualise people once they reach a certain age and a reluctance by professionals to openly discuss sexual health.

2. Relevance to Trafford’s Health and Wellbeing Board

2.1 Sexual health has strong connections to all Trafford Health and Wellbeing Board Responsibilities and Priorities.

HWBB Responsibility	Sexual Health Implications
Joint Strategic Needs Assessment	<ul style="list-style-type: none"> • Sexual health needs and outcomes to be considered in local priorities to meet health and social care needs and the wider determinants of health. • Sexual health and wellbeing are crucial markers of health equity in a population and meaningful indicators of residents’ health and wellbeing (Mitchell et al., 2023).

	<ul style="list-style-type: none"> • Trafford's Sexual Health Needs Assessment 2024 highlights inequalities for certain demographics. • Sexual ill-health is strongly linked to deprivation. • Sexual health service provision and access varies in Trafford according to geography and demographics.
Better Care Fund	<ul style="list-style-type: none"> • Supporting residents who have experienced sexual violence or abuse and complex sexual health issues (e.g. those living with HIV) with housing and social care needs using a trauma-informed approach. • Develop and embed community-led, community-based and culturally appropriate sexual and reproductive health information and/or services that enhance sexual health literacy and reproductive choice for all priority populations, such as people living with disabilities, older people, people experiencing homelessness, and young people disengaged from school, residing in out of care or the youth justice system.
Child Deaths in Trafford	<ul style="list-style-type: none"> • Mother-to-child transmission of STIs can lead to stillbirth, neonatal death and low birth weight (Korenromp et al., 2019; WHO, 2024). • Impact of sexual abuse or exploitation as a contributing factor to child deaths (NSPCC, 2024, 2024b).
Health Protection and Infection Prevention and Control	<ul style="list-style-type: none"> • Preventing, testing, and treating STIs • Managing outbreaks of STIs and infections linked to sexual health e.g. mpox and extensively drug-resistant (XDR) and multidrug-resistant (MDR) gonorrhoea and shigella.
Trafford Women's Voices	<ul style="list-style-type: none"> • Women's health hubs and single services to address a number of women's health concerns • Addressing intersectional inequalities in sexual and reproductive health outcomes in Trafford e.g. access to long-acting reversible contraception, reduction in secondary care waiting times, and improvement in patient

	<p>experience through utilising trauma-informed and lived experience approaches.</p> <ul style="list-style-type: none"> • Educating young women and boys on healthy relationships and women's sexual and reproductive health in schools.
Development and Publication of Trafford's Pharmaceutical Needs Assessment (PNA)	<ul style="list-style-type: none"> • Community Pharmacy is responsible for delivering sexual health services, support and advice, with an increasing role regarding contraception provision. • The Pharmaceutical Needs Assessment includes the provision of sexual health services by community pharmacies across Trafford, including geographic variation in access to these services.
HWB Priority	Sexual Health Implications
To reduce the impact of poor mental health	<ul style="list-style-type: none"> • Effect of poor sexual health outcomes on mental health • Interaction between hormonal contraception and mental health e.g. contraindications • Impact of poor mental health on risky sexual behaviours and safety in sexual experiences • LGBTQIA+ populations have higher rates of mental health problems, including depression, attempted suicide, low self-esteem, and self-harm, than their heterosexual population (NIESR, 2016).
To reduce the number of people who smoke or use tobacco	<ul style="list-style-type: none"> • Higher smoking and vaping prevalence in LGBTQIA+ population compared to the heterosexual population (NIESR, 2016; Truth Initiative, 2024). • Impact of smoking on fertility, sexual dysfunction, and oral contraception (ASH, 2021)
To reduce harms from alcohol	<ul style="list-style-type: none"> • People engaging in alcohol and substance use are more likely to report risky sexual behaviours and adverse sexual health outcomes (unintended pregnancies, unprotected sex, transmission of STIs and HIV) (Khadr et al., 2016). • Risk of harms from alcohol in people engaging in chemsex (use of drugs specifically to enhance sexual experiences) (EDP, 2022; Strong et al., 2022).

	<ul style="list-style-type: none"> Higher prevalence of alcohol and substance use in LGBTQIA+ populations compared to the heterosexual population (NIESR, 2016).
To reduce physical inactivity	<ul style="list-style-type: none"> Impact of physical inactivity and obesity on sexual satisfaction and dysfunction (Esfahani and Pal, 2018; Jiannine, 2018; Allen, 2019). Effect of obesity on fertility, pregnancy complications, and menstrual abnormalities (RCOG, 2018; Itriyeva, 2022; Marinelli et al., 2022). Effect of BMI and obesity on risk factors with hormonal contraception and the need for informative contraception counselling (FSRH, 2019; Boyce and Neiterman, 2021). Lesbian and bisexual women are at increased risk of being obese or overweight compared to heterosexual women (Semlyen et al., 2020). The role of Trafford Leisure Trust in promoting sexual health services and sexual wellbeing.
To support our residents to be a healthy weight	

2.2 Return on Investment for Sexual Health

2.2.1 Sexual health offers substantial savings to the health and care system.

- Increasing Long-Acting Reversible Contraception by 16% in Trafford will save £2.5m over three years (Organon/Bayer modelling tool).
- Every £1 spent on contraception gives £11 savings in health care costs (DH 2013)
- Every £1 on LARC gives system wide savings of £48 (PHE 2021)
- A single case of HIV gives a cost to the system of £360,000 across an individual's lifetime (NAT, 2017). The drug PrEP reduces a person's chance of getting HIV by 86% (Lancet 2023).
- STI online self-sampling kits saves £2.07 for every £1 spent (Wilson 2017)
- Chlamydia screening leads to a 61% reduction in pelvic inflammatory disease by (Price 2016)

3. Current Provision and Progress

3.1 Trafford Sexual Health Services

3.1.1 Trafford has a number of services to support the sexual health of its residents.

- 3.1.2 A full description of all local service and contact details can be found on the Trafford Council Directory under the page [‘Sexual Health Services in Trafford’](#).
- 3.1.3 **The Northern Contraception, Sexual Health and HIV Service:** Offers sexual health support and services for contraception (including emergency contraception); testing and treatment of sexually transmitted infections (STIs); HIV prevention, treatment, and care; pregnancy testing; abortion counselling; menopause support; psychosocial counselling; chemsex support; Onyx clinic for trans and gender diverse individuals. This is through the main Urmston Hub and outreach clinics at Partington Health Centre and Trafford Talkshop (young people’s provision). They also hold a walk in clinic for young people once a week and outreach services to vulnerable Trafford residents.
- 3.1.4 **Other specialist sexual health clinics:** Trafford residents can attend any other specialist sexual health clinic in the country as service are open access.
- 3.1.5 **General Practice provision:** General sexual health advice and support including contraception, sexually transmitted infections (STI) testing and treatment, and specifically commissioned services to provide Long- Acting Reversible Contraception (LARC). LARCs include implants and coils and are a more effective form of contraception compared to the oral contraceptive pill. A number of Trafford surgeries offer inter-practice referrals and self-referrals for LARC for any Trafford resident.
- 3.1.6 **Pharmacy Provision:** Offer free Emergency Hormonal Contraception and can also provide repeat and new prescriptions for oral hormonal contraception. Free chlamydia and gonorrhoea home screening kits are also available at some pharmacies for Trafford residents aged 16-24 years.
- 3.1.7 **Accident and Emergency Services:** MFT A&E departments now undertake opt-out testing for HIV.
- 3.1.8 **Passionate About Sexual Health (PASH):** This contract is made up of three services, LGBT Foundation, BHA for Equality and George House Trust. They provide tailored support for people newly diagnosed, living with, or at risk of getting HIV in Trafford. They test for HIV and STIs in the community and provide free condoms to people identifying as lesbian, gay, bisexual, transgender and queer and to residents from ethnically diverse communities 18 years and over).
- 3.1.9 **SH24:** Provide free home testing for HIV and syphilis to all Trafford residents.
- 3.1.10 **Brook:** Provide free online Chlamydia and Gonorrhoea tests to individuals aged between 16-24 years. They also provide test kits to a number of local organisations in Trafford, such as Talkshop and local pharmacies.

- 3.1.11 **BPAS:** Residents can self-refer for an abortion at the Trafford clinic or at other clinics across GM.
- 3.1.12 **Saint Mary's Sexual Assault Referral Centre (SARC):** Provides a supportive forensic, counselling and aftercare service to men, women and children living in the Greater Manchester area who have experienced rape or sexual assault, helping individuals recover from the physical and emotional impact of sexual assault.
- 3.1.13 **Trafford Rape Crisis:** provide a confidential helpline service, group activities and counselling. They also offer specialist support for individuals from ethnically diverse communities.
- 3.1.14 **Talkshop:** Have youth workers trained in sexual health advice and offer free condoms, pregnancy tests, and Chlamydia and Gonorrhoea screening. Weekly drop-ins are held in conjunction with the Northern.
- 3.1.15 **Maternity Services:** New pilot project to train MFT midwives to fit contraceptive implants to vulnerable groups post pregnancy. They are offering training and opportunities for increased conversations around contraception through the main midwifery service.
- 3.1.16 **School Health:** Young people can access sexual health and wellbeing advice in schools through health promotion activities and drop-ins or one-to-one sessions with their School Nurse. A new project is starting in September 2024 to distribute free condoms and Chlamydia and Gonorrhoea screening kits.
- 3.1.17 **Manchester Action on Street Health (MASH):** provides sexual health advice and testing for female sex workers in Greater Manchester and women at risk of entering sex work who are sleeping rough.
- 3.1.18 **Health Visitors:** Provide contraception advice as part of core service offer.

3.2 Performance data

3.2.1 The Northern Contraception Sexual Health and HIV Service

The Northern service had 9,527 attendances in its Trafford clinics in 2023-24. Figures show that 2,249 online STI screening kits were ordered by Trafford residents in 2023-24 with a 75% return rate. In addition to this, 6,024 STI screens were carried out within the Trafford clinic. The clinic diagnosed 1230 STIs with gonorrhoea accounting for 35% of diagnoses and chlamydia 33%. The service gave 517 vaccinations for Hepatitis A, Hepatitis and Human papillomavirus (HPV). Pre-Exposure Prophylaxis (PrEP) was given to 508 people to prevent those in target cohorts from catching HIV. This is a drug that reduces a person's chance of getting HIV by 86% and is given to those residents most at risk of contracting the virus. The service provided 2843 main methods of contraception and 451 secondary methods in that period. Patient

feedback from the Northern is extremely positive with the average rating on quality of care at 4.9 out of 5.

3.2.2 **General Practices**

General Practices in Trafford fitted 1247 LARCs in 2023-24. Without this service, Trafford would have 106 more intended pregnancies each year which could have a significant impact on individuals and large costs to health and social care. Only 10% of the LARCs fitted were in the West and 13% in the North showing that there are still inequalities where it is needed most.

3.2.3 **Community Pharmacies**

2,101 women accessed emergency hormonal contraception from Trafford pharmacies in 2023-24. 46% of these prescriptions were for residents under the age of 25 years and 27% from ethnically diverse communities. 72% of these individuals had unprotected sex. Without this Public Health funded service, there could be substantially more unintended pregnancies and abortions.

3.2.4 **SH:24**

234 HIV and Syphilis postal kits were distributed between April and December 2023 by SH24.

3.2.5 **Manchester Action on Street Health (MASH)**

An average of six sex workers per quarter were supported with their health, wellbeing, safety and financial circumstances by MASH.

3.2.6 **Brook**

1384 Chlamydia and Gonorrhoea screening kits were ordered by young people from Brook in 2023-24 leading to 111 diagnoses. A high proportion were ordered in the North of the borough.

3.2.7 **Passionate about Sexual Health (PASH)**

Each quarter, PASH support services engaged with 118 people from Black, Asian and ethnic marginalised communities in Trafford and 95 Trafford residents living with HIV.

3.3 **Governance of Sexual Health**

3.3.1 The Trafford Sexual Health Network is a collective partnership of key stakeholder organisations and local representatives in Trafford and Greater Manchester (GM). Its primary role is to provide strategic leadership to improve the sexual health outcomes of Trafford's population and to reduce the sexual and reproductive health inequalities, stigma and discrimination experienced by communities most at risk of poor sexual health.

3.3.2 The Sexual Health Network meets quarterly and reports into the Trafford Provider Collaborative Board. The Network is chaired by the lead Consultant in Genitourinary Medicine for Trafford's Integrated Sexual Health Service provider, Dr Sally Jewsbury.

- 3.3.3 The Sexual Health Network is developing a three-year action plan to improve access to sexual health services, strengthen integrated working, promote sexual health and services and train professionals.

3.4 Service Improvements

- 3.4.1 There have been a number of improvements in sexual health services in recent years.

Public Health:

- 3.4.1.1 Trafford's Public Health team have written a full Sexual Health Needs Assessment, finalised in 2024, for Trafford exploring the data and trends and the services available.
- 3.4.1.2 Public health has worked with the Northern service to establish a leadership role for the service across the sexual health system. This is seen through strategic input, chairing of the Sexual Health Network and giving training and advice to local professionals.
- 3.4.1.3 The newly formed Trafford Sexual Health Network has carried out workshops and meetings with stakeholder organisations to shape the future direction of sexual health services based on the Sexual Health Needs Assessment.
- 3.4.1.4 Public Health is currently re-tendering Trafford's Chlamydia and Gonorrhoea screening service for young people to try to increase take up.
- 3.4.1.5 Re-contracting for Trafford's HIV support service collaboratively with other GM authorities.
- 3.4.1.6 Establishing new sexual health service contracts and continual monitoring and development of all provider services.

Northern Sexual Health Service:

- 3.4.1.7 Trafford has an increased number of specific young people clinics in Trafford, with a session at the Northern clinic in Urmston and the Northern's Partington outreach site opening in addition to Trafford Talkshop in Sale.

- 3.4.1.8 The Northern outreach service has been successful in reaching vulnerable young people in residential homes, Pupil Referral units and directly to pupils with special educational needs.
- 3.4.1.9 Sexual health essentials training delivered by the Northern service to a range of Trafford professionals.

VCSFE organisations:

- 3.4.1.10 Trafford Council Public Health have commissioned the Voice of BME Trafford to deliver a variety of interventions to increase awareness and access of LARC among ethnically diverse communities in North Trafford to address misconceptions about LARC. Research suggests that contraception use, in particular LARC, is significantly lower in all women from ethnically diverse communities compared to white British women due to cultural, religious and language barriers. The mixed methods research carried out in June 2023 highlighted disparities in the knowledge and use of LARC in women from ethnically diverse communities in Trafford. As well as identifying the need for additional education and awareness regarding the side effects of contraception and timings of postpartum contraception use.
- 3.4.1.11 Training has been provided to VCSFE organisations in sexual health through the Northern and Brook to increase knowledge and expand sexual health advice and signposting in the community.

Primary Care Provision:

- 3.4.1.12 The new GP LARC contract for 2024-25 saw increases in pricing from Trafford Council Public Health to work towards a more sustainable service.
- 3.4.1.13 Substantial work has taken place across Trafford in recent years to support a rise in GP LARC delivery by 16% and reach the England average. GP practices in Trafford have shown an admirable commitment to the delivery of LARC as part of their overall offer to patients.
- 3.4.1.14 Several pieces of work have been developed collaboratively through primary care, Public Health, the Northern service and the pharmaceutical companies Bayer and Organon. These include:
 - A clear training pathway to become a LARC fitter with funding from Trafford Public Health to ensure it is free for practitioners. An additional 14 doctors and nurses have been trained to fit LARC 14 since 2021 and another 10 expressed an interest or are part way through the training.
 - A LARC Inter-practice Referral Service across GP practices, including an inter-practice referral pathway, where patients can be

referred or self-refer to another GP practice in Trafford for a LARC fitting or removal.

- 1:1 support to practices starting LARC clinics for the first time.
- A refreshed Urgent Referral Pathway into The Northern's Sexual Health Service from primary care for urgent and complex LARC and sexual health referrals.
- 'Primary Care Lunch and Learn Sessions' to provide support to GP practices and Community Pharmacy staff delivering sexual health services. These sessions are an opportunity to meet and network with other primary care sexual health and share examples of best practice, troubleshoot common problems and discuss relevant updates.

Pharmacy provision:

- 3.4.1.15 New developments have also been made to the 2024-25 Emergency Hormonal Contraception (EHC) service for Community Pharmacy, with a referral pathway from pharmacies delivering EHC to The Northern for an emergency LARC fitting or a consultation.
- 3.4.1.16 As part of the EHC services, pharmacies will be paid £5 for each referral made to The Northern for LARC to attempt to reduce future need.

Promoting services:

- 3.4.1.17 The Trafford Directory page on Sexual Health has been updated, including a map of sexual health services.
- 3.4.1.18 A range of posters have been developed to promote the Northern clinics, Primary Care LARC, Brook chlamydia and gonorrhoea screening service, and the young people's offer. These will be disseminated in the community.
- 3.4.1.19 Trafford Council Public Health and Communications Teams are working collaboratively to develop a Communications Plan and draft public communications on the rise in STIs and how to access sexual health services.

4. Current challenges in Sexual Health

- 4.1.1 There is continued increase in STI rates in Trafford and nationally, potentially due to lack of capacity for STI testing and changes in sexual behaviour. There is a need for more cost-effective online home STI testing and opt-out testing for HIV in primary care. However, there are no funds to support it.
- 4.1.2 Ring-fenced funding via the Public Health Grant has been cut in real terms nationally by 40% which prevents the expansion of sexual health services. This has resulted in a reduction in spending on sexual health services by

Councils by almost 17% between 2015-16 and 2020-21, despite an increase in consultations and demand for services. Trafford's Public Health budget for GP LARC delivery was overspent in 2023-24 by £30,000.

- 4.1.3 There has been a lack of a national sexual health strategy since 2001 and no increased funding to deal with capacity issues across the system.
- 4.1.4 The capacity of specialist sexual health clinics is reducing due to increasing demand, complexity, changing services and increased vaccination programmes. Access is a huge issue with online home testing kits for asymptomatic patients and appointments through the Northern running out quickly, sometimes in a matter of minutes. These pressures on services reduce the ability to offer preventative services and create increased future need.
- 4.1.5 The main sexual health service's premises are not fit for purpose and need considerable investment. The premises are not in an ideal location in the borough aligned with greatest need. There are no alternative buildings available.
- 4.1.6 There is less sexual health provision in the areas that need it most. An example is that there is no clinical space in Old Trafford for the sexual health clinic to run a regular outreach clinic. Another example is that less LARCs are fitted in the West and North of Trafford. The North PCN Women's Health Hub may increase access to LARCs in the north. Partington Family Practice have opened a Saturday LARC clinic to address access in the West but are struggling to fill slots. Enabling data sharing across PCNs on a Trafford wide level could ensure these appointments are filled with Trafford women.
- 4.1.7 There is poor awareness of alternative sexual health services leading to lack of access by Trafford residents. Healthwatch Trafford are undertaking a Healthwatch 100 survey in September 2024 to capture residents' views on accessing sexual health services, advice and support in Trafford.
- 4.1.8 Certain groups of residents face higher inequalities in sexual health and more targeted services are needed. There is also a need for promotion of existing services to encourage take up in key groups.
- 4.1.9 Young people are not accessing sexual health services as much as they did pre-pandemic. Campaigns have been run through youth services and Talkshop have been specifically commissioned to give talks in secondary schools yet access for 16–24 year olds is still poor.
- 4.1.10 Trafford Council is unable to expand LARC delivery due to a lack of additional funding for sexual health services. General Practices are fitting LARCs on behalf of Community Gynaecology services which are putting additional pressures on budgets. The GM Women's Health Hub programme may lead to a business case to resolve this issue.
- 4.1.11 Sexual health does not have a high enough profile in Trafford among

residents and professionals. Papers have been taken to Trafford's Clinical Practitioner Senate and Trafford's Provider Collaborative Board in August 2024. A paper to the Council executive is planned for October 2024.

- 4.1.12 There is limited capacity in Trafford's Public Health team to lead additional programmes of work around sexual health. A full business plan has been developed for 2024-25 and agreed actions are being prioritised.

5. Health and Wellbeing Board Recommendations

- 5.1.1 Acknowledge the impact and interrelation between sexual health and Trafford's Health and Wellbeing Board responsibilities and priorities, noting the importance of good sexual health in improving the lives of Trafford residents and reducing health inequalities.
- 5.1.2 Acknowledge the current barriers and challenges in sexual health across Trafford and their wider impact on the health and wellbeing of Trafford residents.
- 5.1.3 Support Trafford Council's Public Health team in ensuring maximum awareness of STIs and Trafford's sexual health services among residents.
- 5.1.4 Advocating for addressing the sexual health needs of Trafford residents through innovative joint working across the health and social care system and with health-related services.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board

Date: 13th September 2024

Report for: Information/Decision

Report of: Director of Public Health

Report Title

Trafford's Population Health Fellowship Research: An investigation into the prevalence and perception of vaping and nicotine use in children.

Purpose

To provide information to the Health & Wellbeing Board Members on the Population Health fellowship and the research conducted with children and young people (CYP) in Trafford on vaping.

Recommendations

Our recommendations to health and wellbeing board members are:

- To review the content of this paper and make recommendations for further developments.
- To share the content of this paper with their wider networks to help improve vaping cessation resources for those addicted and parent/carer education.
- To have a greater understanding of what vaping looks like for the CYP in Trafford.

Contact person for access to background papers and further information:

Name: Emma Higham – Population Health Fellow

Email: emma.higham@trafford.gov.uk

Trafford's Population Health Fellowship Research: An investigation into the prevalence and perception of vaping and nicotine use in children.

1. Background & Context

Trafford's Public Health team identified a gap in the evidence base around children and young people's (CYP) use of e-cigarettes or 'vapes'. As a result, they were successful in their application for an NHS England National Population Health Fellowship to design and undertake research to improve our understanding of vaping among young people in Trafford over a 12 month period (the national Population Health Fellowship is aimed at recruiting NHS healthcare staff to develop a workforce of professionals who will incorporate population health skills into their practice).

What is an e-cigarette or 'vape'?

They are systems that heat a liquid to create aerosols that are inhaled by the user. They typically contain nicotine, additives, flavours and chemicals that can be harmful to people's health and are often marketed at CYP. They are illegal for under 18's to purchase.

What is the difference between regulated and unregulated e-cigarettes?

According to the Tobacco and Related Products Regulations 2016 (TRPR)ⁱ, the requirements for a regulated (also described as legal) e-cigarette are as follows;

- A tank capacity of no more than 2ml
- Maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml
- A nicotine strength of no more than 20mg/ml
- For nicotine-containing products or their packaging to be child-resistant and tamper evident
- A ban on certain ingredients including colourings, caffeine and taurine
- Must include labelling requirements and warnings
- All e-cigarettes and e-liquids be notified and published by the Medicines and Healthcare products Regulatory Agency (MHRA) before they can be sold.

An unregulated e-cigarette does not comply with one or more of the requirements mentioned above.

2. Aims & Objectives

The aims of the research were to gain a better understanding into the prevalence and perceptions of vaping and nicotine use in CYP. The research had the following objectives:



- To understand the prevalence of vaping in CYP aged 11-18 years in Trafford.
- To identify CYP's vaping habits and if CYP have nicotine addiction.
- Trafford CYP's understanding and education around vaping and vapes.
- If Trafford CYP used vapes, how many of them want to change their habits, reduce, or stop, and how services can be commissioned to best facilitate this.
- What is the Trafford parent's perception of CYP vaping.

3. The National Picture

Evidence conducted by Action on Smoking & Health (ASHⁱⁱ) found that nationally, in 2022, 15.8% of 11-17 year olds had tried vaping, compared to 11.2% in 2021 and 13.9% in 2020. Figures from the 2023 North West Trading Standards survey indicate that 14% of 14 to 17 year olds are vaping more than once a week ⁱⁱⁱ.

On Oct 4th 2023, the ex Prime Minister Rishi Sunak announced his ambition to implement 'stopping the start: the government's ambitions to create a smokefree generation'^{iv}. In relation to CYP vaping, this includes plans to pass the Tobacco and Vapes Bill which aims to:

- create the first smokefree generation by making it an offence for anyone born on or after 1 January 2009 to be sold tobacco products.
- crack down on youth vaping by providing powers to introduce regulations to restrict vape flavours, packaging and point of sale displays in retail outlets.
- clamp down on underage sales by bringing forward £100 fixed penalty notices in England and Wales, empowering trading standards officers to act 'on the spot' to tackle underage tobacco and vape sales.

4. Methods

The research was co-designed with Healthwatch ^v to complete 2x Healthwatch 100 surveys that were open for 4 weeks between 25th April and 24th May 2024.

Survey 1: for Trafford CYP 11-18 years to respond to (Appendix 1).

Survey 2: for parents/carers of Trafford CYP to respond to (Appendix 2).

The online survey was offered to every secondary school, alternative provision, and college in Trafford. Those not in employment, education, or training (NEET) were accessed by working with virtual school and other teams in Trafford plus external organisations such as TDAS and Gorse Hill Studios. I engaged those mentioned above through teams' meetings, social media, face to face visits, emails, forums, and telephone calls.

To improve reliability, repeatability and maximise participation we included the following.

- Schools to offer protected time within the school day to complete the survey.

- A Step-by-step guide for teachers to follow.
- A parent/carer information letter sent to all and explained how to withdraw their child.
- A Tik Tok style video was created for CYP to watch before participation to explain the survey and their right to withdraw.

A pilot study was conducted before the launch to engage the CYP voice on the questions, readability, and methodology of the proposed surveys.

5. Findings

In total, 26 schools and colleges participated including alternative provisions, home educated CYP and those out of education.



7 schools offered protected time for pupils. Other schools sent out as an email or set as homework task.

Key findings of the survey:

- 17.2% CYP told us they vape, used to vape, or have tried.
- 2.85% of CYP reported to vape daily.
- 55.3% of Trafford's Vaping CYP told us their first vape is before 9am with 31.6% of these vaping in bed when they first wake up (based on the Fagerstrom Test, this could suggest a high level of nicotine addiction.)
- 54.8% of CYP reported vaping or seeing vaping in toilets at school. 25.4% of CYP reported vaping or seeing vaping in the classroom. And 13.7% of CYP reported vaping or seeing vaping in the corridors.
- 70.8% who vape told us they would still vape if sweet/berry/candy flavour vapes didn't exist anymore.
- 10.4% told us they would look to changing to tobacco cigarettes if these flavours did not exist anymore.
- 42% of CYP told us they want to stop or cut down or are already actively trying.



- 29.4% of CYP told us their friends vape and/or smoke – with vaping being 4 times more popular than smoking amongst their friends. And 27.4% CYP told us they live with a relative who vapes and/or smokes.
- Under 11 was the most selected age for first trying a vape.
- Over 40% told us their parents do not know they vape. This is concerning as it prevents parents from being able to monitor potential detrimental health impacts of vaping. A further 15% CYP told us they openly vape at home.
- 4.2% of CYP have tried or use SNUS regular with 1.2% using SNUS daily. (The word snus is used by CYP to describe nicotine pouches. Nicotine pouches are a smoke and vape free alternative. When placed in the mouth, a nicotine pouch will release flavour and nicotine into the gums. Nicotine pouches come in a variety of different strengths, including 3mg, 6mg and 11mg. Because the nicotine in these pouches is not inhaled, they are regulated under the same rules as cigarettes and vapes.^{vi})
- Of those CYP who have used SNUS, 63.4% have used it in class and 70% have used it at breaktime in school.
- CYP are more likely to self-report positive emotional and behavioural impacts of vaping such as feeling more relaxed, less anxious, happier, and less stressed. In contrast, parents were more likely to report negative impacts of vaping from Trafford children.
- 91% of parents/carers of children and young people who vape told us they are either 'very' or 'somewhat' concerned about impacts on their child's physical and/or mental development.
- 68.3% of parents/carers either haven't considered the difference between regulated and unregulated vapes, do not know the difference or are not confident with the difference.

The full report is accessible online at [Healthwatch 100: The Vaping Habits of Children and Young People in Trafford | Healthwatch Trafford](#).



6. Strengths & Limitations

Strengths	Limitations
<ul style="list-style-type: none"> • Protected time in the school day to complete the survey which increased uptake. • Being able to build good connections and relationships with Trafford schools. • Schools on board to inform parent/carers of the survey. • Schools are able to request personalised data for their school. • Only 2 schools in Trafford had 0 participation. • Approx 25% of 11-18 year olds participated. • Biggest response to a survey by Trafford Healthwatch and the Public Health Team. • The survey was circulated by multiple teams, organisations and forums in Trafford to increase NEET uptake. 	<ul style="list-style-type: none"> • Not completely representative sample as: • Engaging schools equally across the neighbourhoods was a challenge. • Low uptake from some schools • Some pupils didn't complete the whole survey. • Inappropriate free text answers. • Some schools could not offer protected time in school day • Some schools did not have the IT facilities and do not allow pupils to have phones n school. • GCSE/A levels/mocks were going on in schools so unable to always get true representation from these age groups.

7. Conclusion & Recommendations

Recommendation 1: The research suggests that children are starting or trying vaping as young as 11 and below, therefore education at primary school age that is offered to all primary schools in Trafford is recommended. Public Health to continue to commission Crucial Crew input for Year 6 as those pupils who previously attended this told us in the survey that they remembered what they learnt about vaping there. Access for children in schools not signed up to crucial crew should be considered.

Recommendation 2: 42% of CYP who currently vape want to quit or cut down, more research needs to be conducted to explore this further and gather the CYP voice to understand what they want this to look like. CYP said the lunchtime workshops and sessions in school were helpful so these should continue along with the vaping cessation early break offer.

Recommendation 3: 54.8% of pupils surveyed have seen CYP vaping in the toilets at school and 25.4% said they have seen CYP vaping in the classroom – school staff should link in with Trading Standards to help monitor and tackle especially if the CYP vaping in school are addicted to nicotine. As teenagers learn and take influence from

their peers it is possible CYP vaping numbers will increase but the power of peer-to-peer messaging and influence should be harnessed by schools.

Recommendation 4: Snus was identified in the research as an emerging trend. Public health, substance misuse services, and schools should monitor this and offer support and education to CYP where applicable.

8. Health & Wellbeing Board Members Recommendations

Thank you for taking the time to review this report. Our recommendations to health and wellbeing board members are:

- To review the content of this paper and make recommendations for further developments.
- To share the content of this paper with their wider networks to help improve vaping cessation resources for those addicted and parent/carer education.

ⁱ [E-cigarettes: regulations for consumer products - GOV.UK \(www.gov.uk\)](#) accessed 27/08/2024.

ⁱⁱ Action on Smoking and Health (2023) [Use of e-cigarettes among young people in Great Britain - ASH](#), accessed 29/07/2024.

ⁱⁱⁱ North West Trading Standards Survey (2023) [tradingstandards.uk/news-policy-campaigns/news-room/2023/number-of-young-people-smoking-in-north-west-falls-to-record-low/](#) , accessed 29/07/2024

^{iv} [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](#)

^v Health Watch Trafford (2024) [Home | Healthwatch Trafford](#), accessed 29/07/2024.

^{vi} Action on Smoking and Health (2022) [Awareness-and-use-of-nicotine-pouches.pdf \(ash.org.uk\)](#), accessed 04/09/2024.

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*"Most of us know the risks we just
don't care enough about our lives
to do anything about it":*

The Vaping Habits of Children and Young People in Trafford

July 2024

Executive Summary

Concern for the numbers of children and young people who vape has grown nationally in recent years. This project provided an opportunity to explore the topic of children and young people vaping, focussing specifically on its impact within Trafford.

In gathering the views of children and young people and parents/carers, we have explored the prevalence of vaping in Trafford, how the issue is being addressed on both an individual and a contextual level, and we have gained a baseline insight into use of snus¹ in the borough.

We gained a total of almost 6000 responses to our two surveys, and we thank everyone who took the time to share their views. Through these views, we identified that almost one fifth of children and young people have either tried vaping or do so on a regular basis. For those who do vape, a large proportion are either planning to cut down or quit or are already trying to do so. Parents/carers told us they were most likely to address the issue of vaping themselves and our findings suggest this may be due to a lack of awareness on what support services are available. We also found that parents and carers were most likely to have observed negative behavioural/emotional impacts of vaping in their children or young people, whereas children and young people were more likely to report positive impacts. In addition, our findings demonstrate vaping is highly pervasive within the everyday lives of children and young people. Many aspects of our findings substantially relate to the wider context of the issue both regionally and nationally.

Our findings and analysis informed a number of recommendations in relation to a need to improve promotion of support available for children and young people to quit vaping, a need to improve education on regulated and unregulated vapes, more research on this topic to be done with under 11s, on the contents of unregulated vapes, on the use of snus amongst young people and on the long term affects of vaping.

¹ Oral, smokeless nicotine pouches

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About Healthwatch Trafford and Healthwatch 100

Healthwatch Trafford is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other publicly funded support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice.

The Trafford Healthwatch 100 aims to get as many local people as possible to sign up and give their views on topics to do with health and social care via regular surveys. We want to gain as much information as possible so that we can direct our work to the issues that matter. Details for signing up can be found at: healthwatchtrafford.co.uk/the100/.

About this project

The aim of this project was to gain an insight into the vaping habits of children and young people within Trafford and to understand the extent to which those who need it, are able to access support. We wanted to research this topic due to growing anecdotal concern around the numbers of children and young people vaping.

We conducted this project with support from Trafford Council's Public Health Team who had an interest in researching this topic due to a collaboration with NHS England on the National Population Fellowship. We pass on our sincere thanks and appreciation for our partnership with the team. This project highly benefited from knowledge and experience shared in relation to the topic and the connections made with local schools which enabled participation from both students and their parents/carers.

Use of the term 'vaping' within this report refers to the use of electronic cigarettes (e-cigarettes) which are products promoted for the use of adults to aid smoking cessation. Compared to smoking cigarettes, these are said to be much less likely to cause detrimental health impacts however, there is little long-term research on the effects of vaping². It is illegal to sell e-cigarettes to under 18s and their bodies are more vulnerable to harm from it³.

² NHS (2022) Using e-cigarettes to stop smoking. <https://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop->

This report begins with an outline of the surveys we designed, when they were launched and how they were distributed. Key findings are outlined before an infographic showing the demographics of individuals who responded to the survey. We then present what we heard from respondents broken down into one section focussing on the children and young people's survey findings and another based on findings from the parents/carers survey. Our overall findings inform the recommendations we make at the end of this report.

What we did

We created and launched two Healthwatch 100 surveys. The first of these was aimed at gathering responses from children and young people and the second gathered parents/carers perspective on this issue and experiences in relation to their own child vaping (where applicable). Survey questions for both surveys can be found in appendices.

We did a soft launch of the children and young people's survey at the end of April (during the pre-election period of sensitivity) which meant that a specific version of the survey could be sent to schools well in advance of the main exam period. Our principle contact in the Public Health Team was able to gain interest from many local secondary schools which resulted in them offering protected time to students to complete the survey. This proved invaluable. A public version of the survey was launched in mid-May 2024 and both surveys closed towards the end of May 2024.

Questions on the public and schools versions of the survey were identical. Guidance taken from the Information Commissioners Office suggests young people aged 13 and over are able to provide their own consent. We opened the schools survey up to children aged 11 and 12 as this meant we were able to inform parents of the project and they could choose for their child to opt-out. The public survey was only open to children and young people aged 13 and over. Results of both surveys were combined and analysed together.

Both the parent/carer survey and children and young people's public survey were sent to our subscriber list and promoted on our website and social media pages. We emailed the

[smoking/#:~:text=An%20e%2Dcigarette%20is%20a,damaging%20elements%20in%20tobacco%20smoke.](#) [Accessed June 2024]

³ Meehan, J., Heffron, M., McAvoy, H., et al. (2024) The adverse effects of vaping in young people: Global Pediatrics. <https://doi.org/10.1016/j.jpeds.2024.100190> [Accessed June 2024]

surveys to a specific mailing list of local partners who work with children and young people for further promotion through their channels.

The Public Health Team shared the survey with Early Help and their social care team to be forwarded on to members of the public. They also shared it with the Children and Young People's forum and posted on the Trafford Council internal intranet.

Key Findings

- 81% children and young people told us they don't vape and have never tried it and 5% of children and young people told us they vape on a regular basis.
- 42% of children and young people who currently vape are planning to either cut down or stop vaping, or are already trying to cut down or stop.
- Parents/carers are more likely to take action themselves to support their child to stop vaping, rather than seek external support. Our research suggests this is due in part to a lack of knowledge on what support they can access.
- Whilst children and young people are more likely to self-report positive emotional and behavioural impacts of vaping, parents and carers are more likely to observe negative impacts on their children.
- The prevalence of vaping in children and young people's everyday lives is evident given their sightings of it are reported to be common both in school and in the places children are likely to visit.

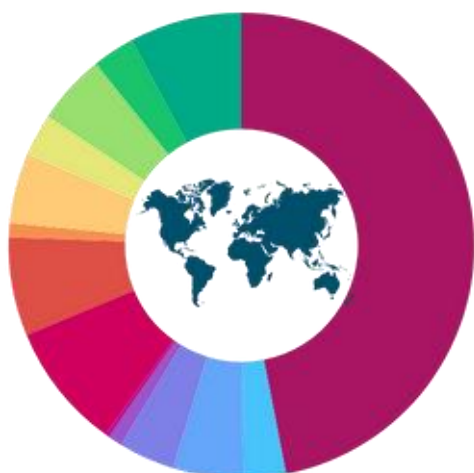
Who responded to our surveys?

The **total response rate** for the two surveys was **5591**. This is made up of 4212 responses from children and young people and 1379 responses from parents and carers. Unless specified otherwise, these numbers refer to children, young people, parents, and carers together.



From our parents and carers' survey:
2% of respondents were 18–34, **27%** 35–44,
68% were 45–65, and **1%** preferred not to say

From our children and young people's survey:
7% of respondents said they were 11, **20%** were 12,
25% were 13, **22%** told us they were 14,
14% were 15, **5%** were 16, and **4%** were 17



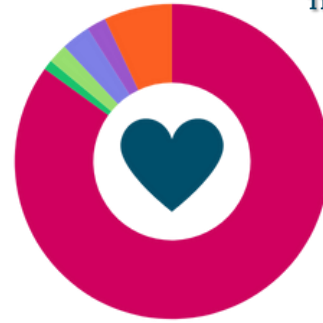
When asked about ethnicity: 56% of all respondents told us they were White British, White Irish, or White other; 5% were Black or Black British – Caribbean or African; 17% Asian or Asian British – Indian, Pakistani, or Bangladeshi; 5% said they were Asian or Asian British – Chinese and 3% Asian or Asian British – Other; and 5% told us they were mixed race. 8% identified as 'other' and gave a range of answers.

When we asked parents and carers about their marital status: 6% were single, 79% were married or in a civil partnership, 8% lived with a partner, 1% were widowed, 5% had divorced, and 2% answered either 'other' or preferred not to say.

Most respondents identified as male (44%).
48% identified as female,
1% as non-binary,
4% as 'other', and the rest preferred not to say



When asked about sexuality: The majority of all respondents (85%) identified as heterosexual or straight. 1% identified as gay, 2% as lesbian, and 2% as bisexual. 3% selected 'other'.



90% of parents and carers who responded told us they were employed. **3%** were unemployed, **2%** said they were not working, and **1%** were students.



When asked about disability: 9% of all responses told us that yes, they were disabled; 86% answered no, and 5% preferred not to say. Additionally, 5% of respondents to our children and young people's survey told us they were carers.



We also asked people across both surveys which part of Trafford they came from. They gave the answers above, as well as **14%** who told us they lived **outside Trafford**.

What we heard

Children and Young People

Those who vape

Although the majority of respondents told us they have never tried vaping, almost one fifth of respondents either vape regularly, have tried vaping or used to vape regularly. This is comparable to findings from Ash⁴ and The Children’s Commissioner⁵.

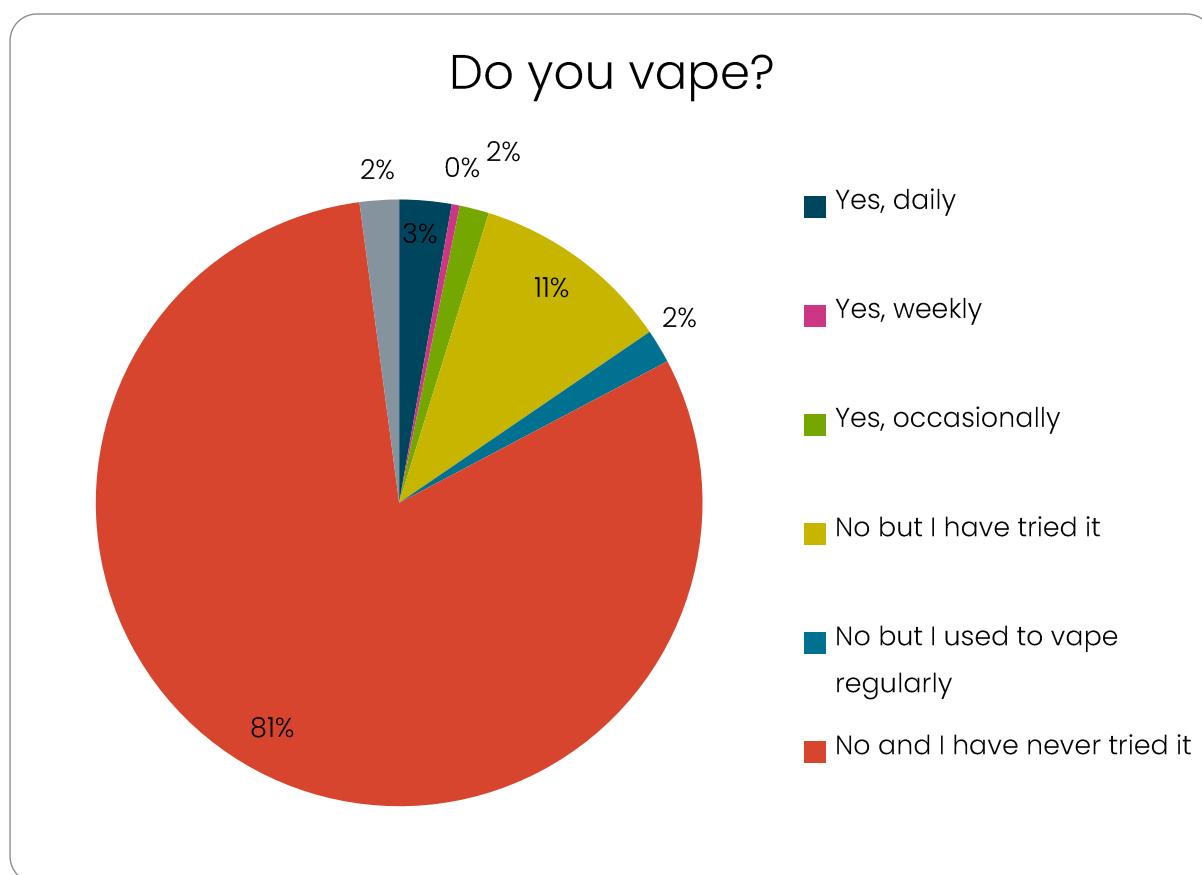


FIGURE 1

⁴ Ash (2023) Use of e-cigarettes (vapes) among young people in Great Britain <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain> [Accessed June 2024]

⁵ The Children’s Commissioner (2023) The Children’s Commissioner’s response to ‘Youth vaping: call for evidence’ <https://assets.childrenscommissioner.gov.uk/wpuploads/2023/06/FINAL-0706-Response-to-DHSC-call-for-evidence-on-vaping.pdf> [Accessed June 2024]

Of those who currently or used to vape, they were most likely to have first tried it when they were younger than 11 years old. This is particularly concerning given that ours and a lot of recent external research⁶ exclusively captures the experiences of children aged 11 and over and therefore there is a gap in knowledge on the reasons why children are first trying vaping at such young ages. It would be beneficial to research the topic with younger age groups and subsequently plan targeted prevention support.

To ascertain the level of addiction (as informed by the Fagerstrom Test⁷) we asked children and young people when they were most likely to have their first vape of the day. Almost a third of children and young people told us they vape as soon as they wake up, before they get out of bed. Based on the Fagerstrom Test, this suggests a high level of addiction.

⁶ NHS Digital (2022) Smoking, Drinking and Drug Use among Young People in England, 2021 <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021> [Accessed June 2024]

⁷ Heatherton TF, Kozlowski LT, Frecker RC, et al. (1991). The Fagerstrom Test for Nicotine Dependence: a revision of the Fagerstrom Tolerance Questionnaire. Br J Addict 86:1119-27.

When do you have your first vape of the day?

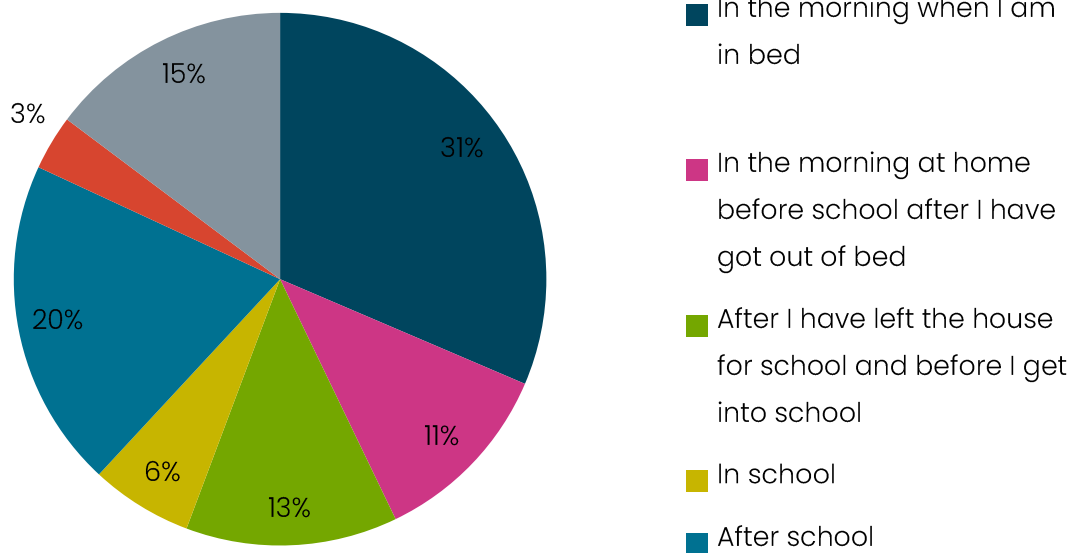


FIGURE 2

Impact on feelings and/or behaviours

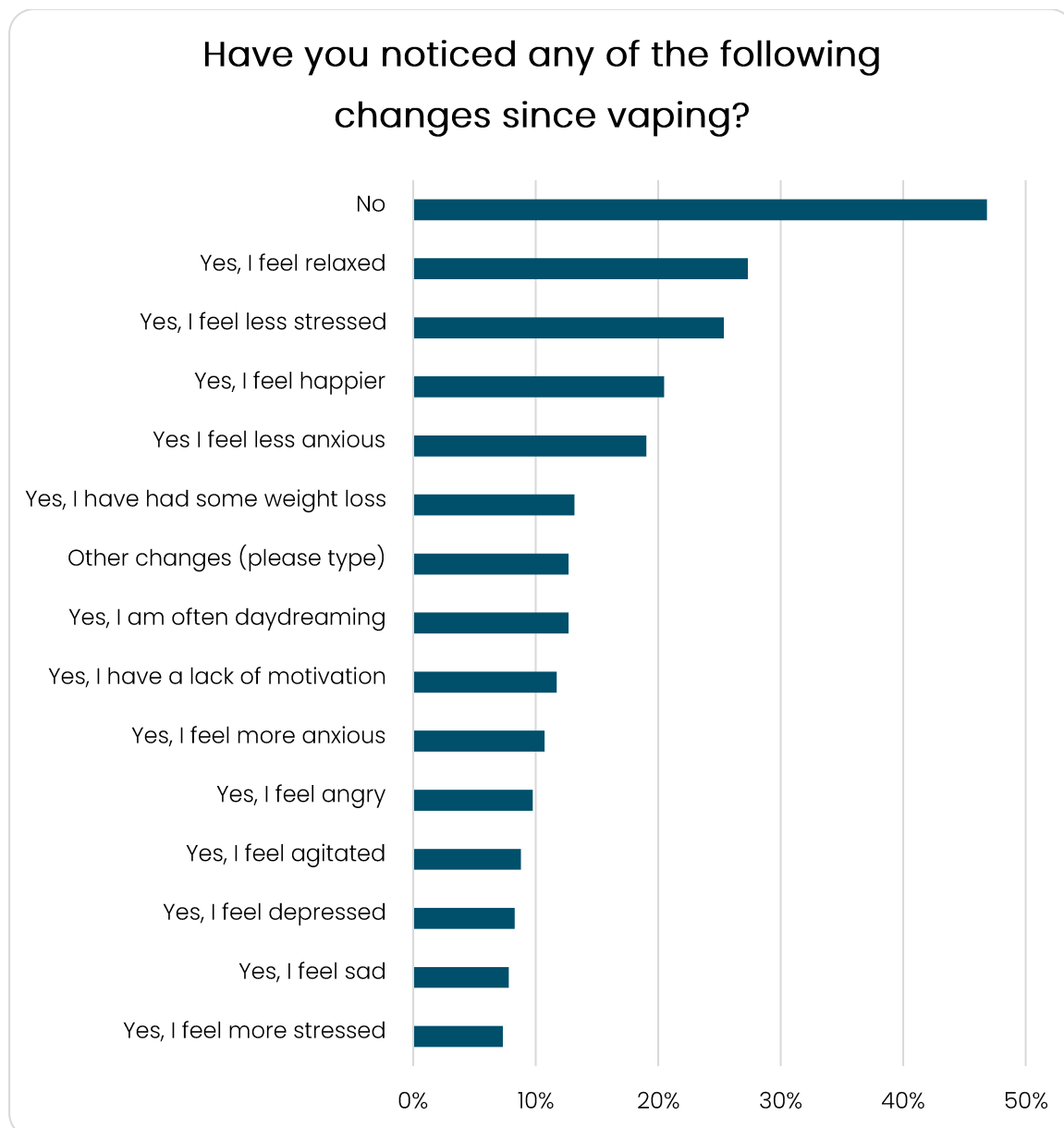


FIGURE 3

For the question above, respondents could choose as many options as they felt applied. Children and young people were more likely to report more positive impacts such as feeling relaxed, less stressed, I feel happier and less anxious. These perceptions may result in children and young people being less likely to be willing to stop and increase the appeal of vaping. Similar findings have been identified in other research where children

and young people have linked vaping to management of their mental health⁸ This is vital to take into consideration in relation to intervention as many may seek a replacement much in the same way as other addictions.

Willingness to quit vaping

A large proportion (42%) of children and young people who vape told us they are either planning to cut down or stop vaping or are already trying to cut down or stop. This demonstrates a clear opportunity to support many children to quit the habit.

Vape flavours

Less than one fifth of respondents who vape regularly, told us they would stop vaping if the range of sweet/candy/berry flavours offered now were no longer available. Over 70% told us they would still vape if sweet/berry/candy flavour vapes didn't exist. Given that the government is set to ban the sale of certain vape flavours in an attempt to deter children and young people from vaping, based on our findings, this is projected to have a small impact. 10% of vapers told us they would consider smoking tobacco; this is potentially concerning given that there is evidence to suggest children and young people who have vaped are much more likely to have tried smoking than those who have never tried vaping³.

Parental Knowledge

Of those who vape, almost half of respondents told us their parent/s or carer/s know they vape. Some openly vape however only a very small proportion say their parents buy their vapes. Most either vape away from view of their parent/carers or told us their parents disapprove.

A large proportion (40%) of children and young people told us their parent/carers don't know that they vape. This could therefore challenge our findings in the section below in relation to the proportion of parents who told us their child doesn't vape. The potential implications of this are discussed in the parent/carers section below.

⁸ Notley, C., Varley, A., Pope, I., et al. (2024) Young people's use of disposable vapes: A qualitative study. *Addiction*. <https://doi.org/10.1111/add.16570> [Accessed June 2024]

Does your parent or carer know you vape?

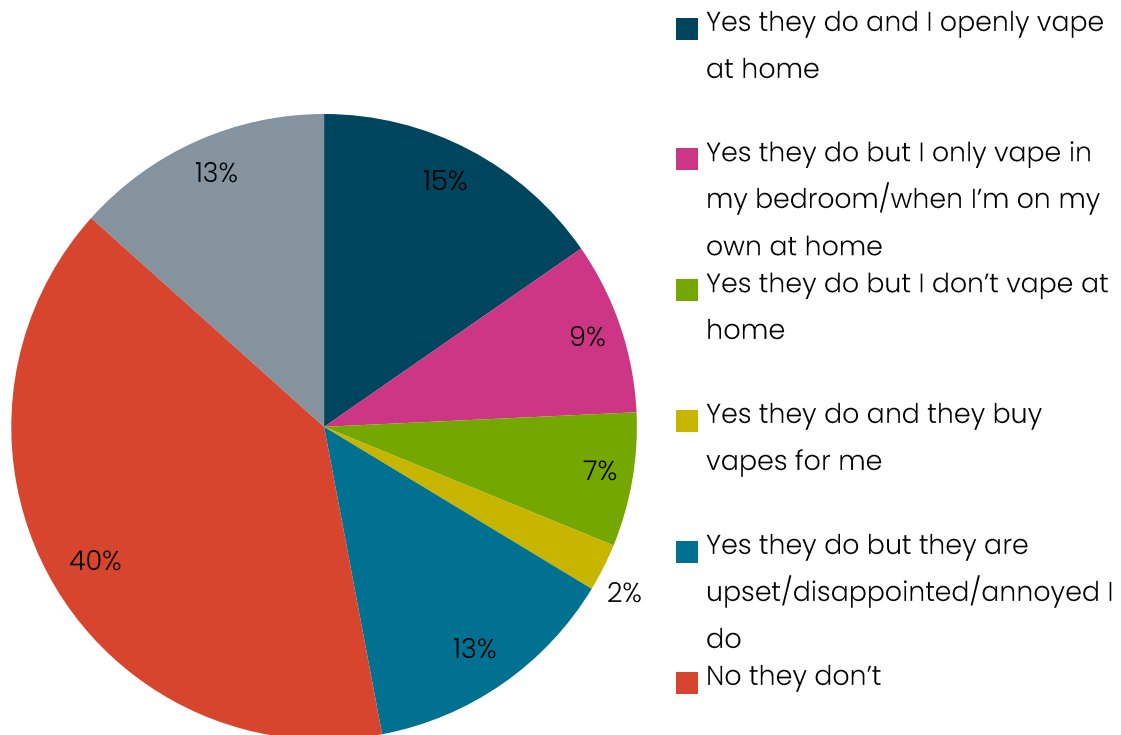
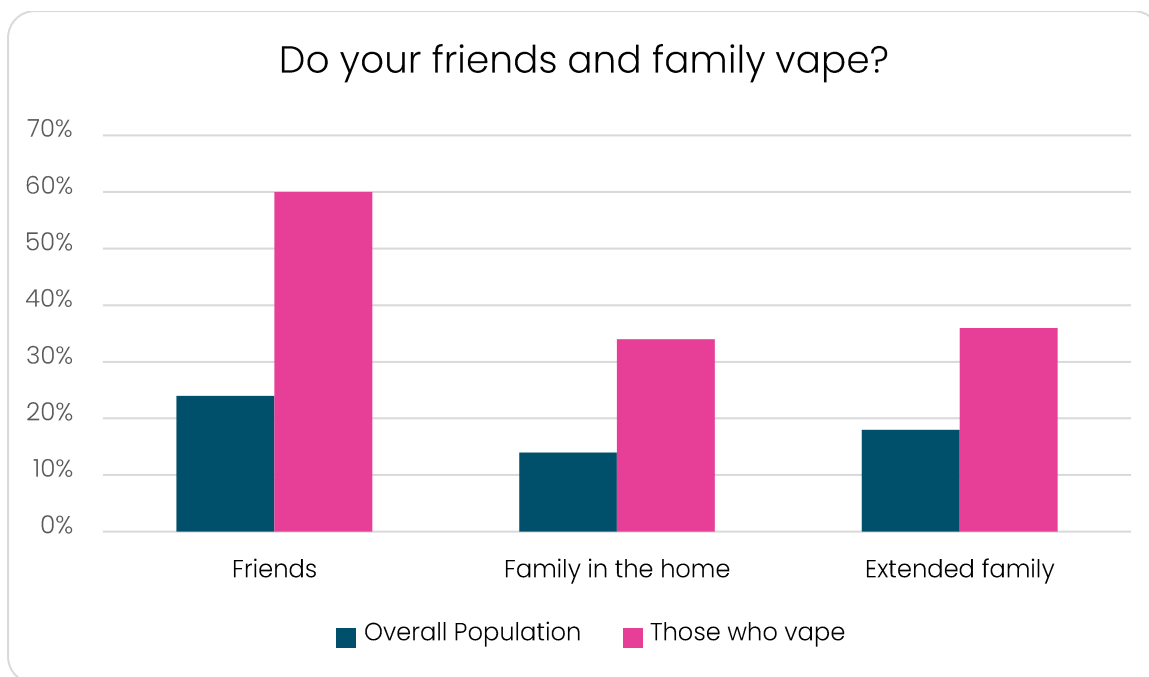


FIGURE 4

Perceptions of all children and young people

Prevalence of vaping

Figure 5 presents the percentages of children and young people who told us their friends and/or family vape. We have provided the data both for the overall population surveyed and for those who told us they vape.

**FIGURE 5**

This chart indicates that children and young people who are around others who vape, are more likely to take up the habit themselves. This is particularly the case in relation to children and young people who have friends who vape. This is also evident in other research which finds vaping to be a social practice (both in relation to in-person socialising and social media)^{4,7} and demonstrates the influence of friends in relation to children and young people vaping³.

All children and young people were asked about places in school they had seen others vape. Figure 6 below presents findings for this question. Considering 196 children and young people told us they vape on a regular basis; our findings suggest over three quarters have vaped in the school toilets and over two thirds have vaped on the way to school. Almost half told us they have vaped in class and/or on the bus.

In addition to our listed suggestions, many children and young people provided their own examples of places which we were able to group into categories. In school or school-related places mentioned include the changing rooms (7), canteen (6) and anywhere there are no teachers (6).

Many places external to school were also stated which although was not our specific intention, this has highlighted the prevalence of vaping in children and young people's everyday lives. 155 children and young people told us they had seen others vaping on the park, 152 mentioned other transport related places (tram/train/unspecified) and 114 mentioned shops, shopping centres and/or town centre areas.. Other places mentioned

include cafes, restaurants, fast food shops and/or pubs, at football games, at the gym, the leisure centre and ice-skating rink. Many children and young people simply told us they see people vaping 'everywhere' and on social media which included both videos of vaping and vapes being sold.

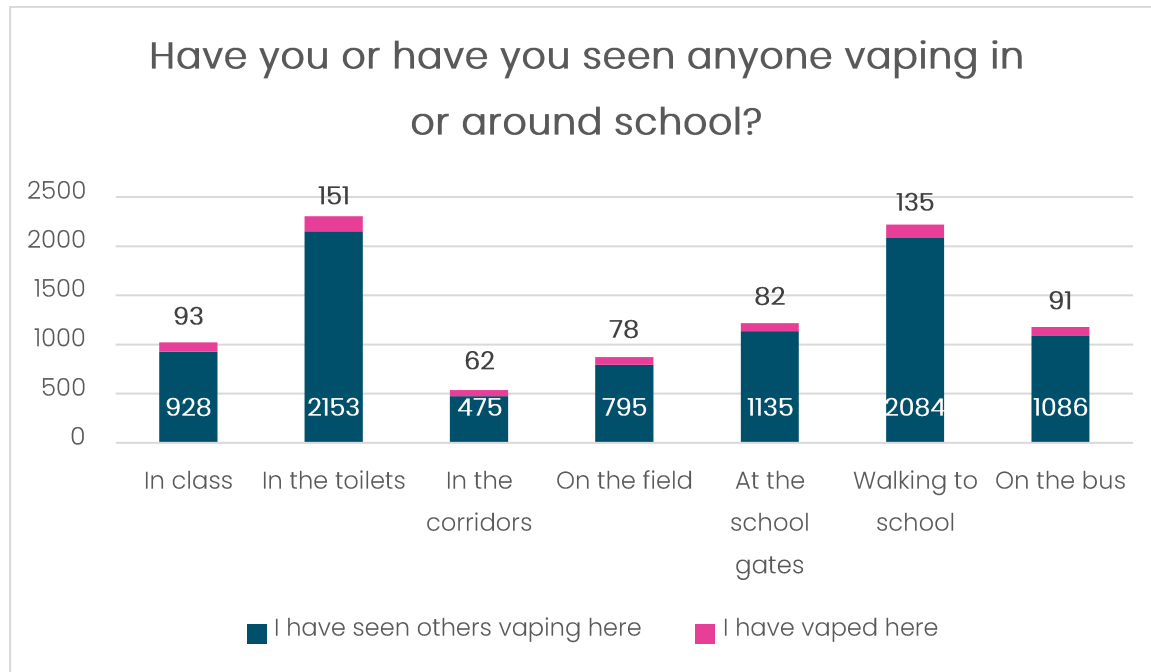


FIGURE 6

Snus

Recently, there has been a rise in concern around the use of snus (nicotine pouches)⁹ however there is little formal research on the topic in relation to the UK, considering both children and young people and the population generally. The product has gained attention with the use of it being seen on social media and reports of its use by Premier League footballers to aid performance¹⁰. Despite nicotine content, it is not illegal to sell snus to under 18s in the UK.

We took the opportunity through this survey to gauge current prevalence of snus among the children and young people of Trafford. Our findings suggest the majority of children and young people have either never heard of snus or have heard of it but never tried it.

⁹ <https://www.who.int/europe/news-room/feature-stories/item/have-you-heard-of-white-snus--a-swedish-tobacco-control-activist-rings-the-alarm>

¹⁰ Read, D., Cope, E., & Taylor, L. (2023) Snus Use in English Professional Football. <https://www.lborolondon.ac.uk/media/media/london/images/news/2024/snus-use-in-english-professional-football.pdf> [Accessed June 2024]

However, a small percentage (2%) told us they use snus on a regular basis and a further 2% have tried it. This is equivalent to 177 children and young people with 50 of these using the product daily.

Of those who either used snus regularly or had tried it, 61 children and young people told us they had used snus in class and 65 said they had used it at break time.

Given the high-profile nature of this product and international research on this suggesting growing prevalence among children and young people¹¹, we suggest more research on this and how to prevent its use among young people is vital.

Educational Resources on Vaping

Figure 7 presents the overall findings from feedback from children and young people who have seen/accessed given educational resources on the subject of vaping.

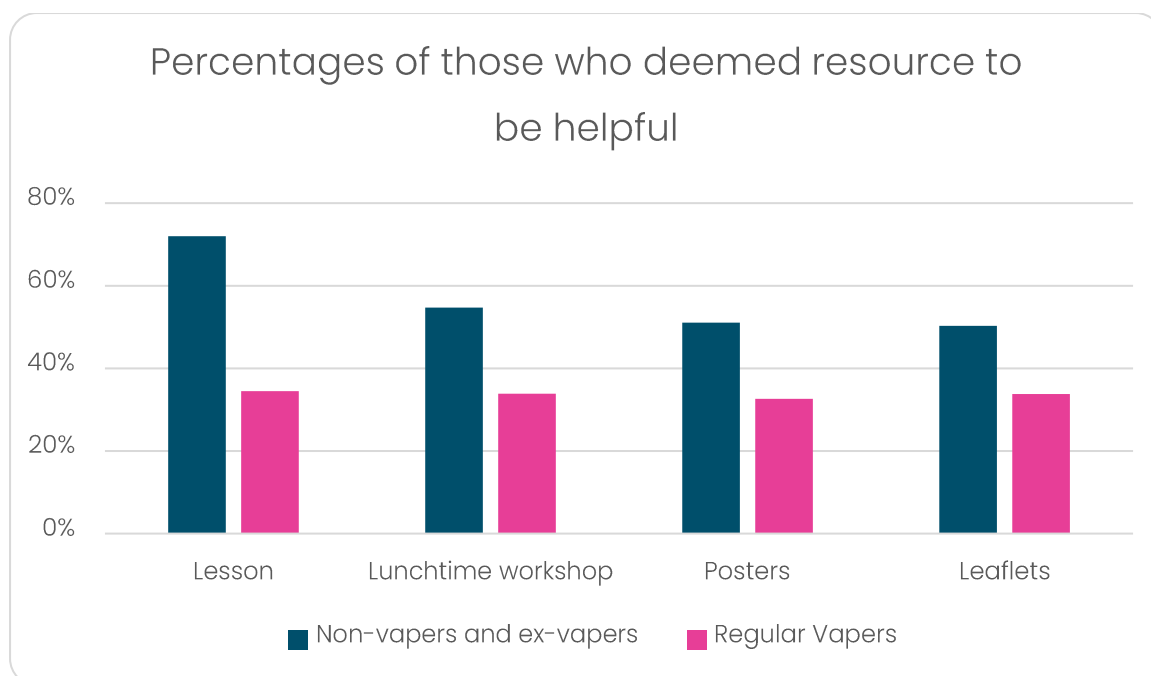


FIGURE 7

As part of this question, children and young people told us other ways they had accessed resources. Grouping these comments enabled us to identify that many had attended assemblies on the topic, seen other provision such as school nurses going into school to give information, attended 'Crucial Crew', received information from family and/or had

¹¹ Lund, L., Bast, LS., Rubæk, M. et al (2022) Exploring factors associated with smokeless tobacco use among young people: A systematic scoping review. Drug and Alcohol Dependence. <https://doi.org/10.1016/j.drugalcdep.2022.109627> [Accessed June 2024]

seen information online or on social media. Given that these were provided as comments, the helpfulness of these is unclear.

Within these comments, a number of children and young people expressed insightful comments about the overall topic of vaping which included some feelings of helplessness. This included insightful comments such as:

"Anyone who vapes won't care about this. you have to go to the root of the problem. Vapes!!, they're too easily Accessible for teens. They are also marketed at teen using bright colour and ""cool"" flavours. Just ban vapes, or implement laws to forbid those marketing strategies"

"I think it's just being aware of the side effects of vaping. Even though we are educated about vaping, many people go and vape, I don't know why but this is how it is. No matter how many lessons are conducted, it is just very obvious to students that yes, it is bad. For me at least, I know what is bad for my health and the people I know who vape, know it as well but they still vape. They might have been encouraged by someone or it might be peer pressure."

"In my opinion many people vape because it is addictive and some people vape because they feel the need to rebel in some way because they have strict parents for example. Come on now let's be realistic does putting up a poster really make a person stop and say you know what I am going to quit. No. It doesn't. You need to spread the message in a more direct and efficient way."

"Literally nothing. It is diabolical the lack of attention the school seem to give."

"...most of us know the risks we just don't care enough about our lives to do anything about it. if the world around us is visibly screwed and we might not last long, why try? why care?"

"people find more thrill in doing things that are illegal"

"...have you really not opened your eyes and realized that no kid who vaped is EVER going to look at a poster and change their mind about vaping. In my opinion most kids who vape feel the need to rebel because of (for example) strict parents or rude and strict teachers telling them what to do. Be fully honest with yourself and look at the situation at hand, there are SO many students vaping literally in the school toilets. they think its 'cool'. so a lunch time workshop isn't going to do anything, I'm sorry but its true. You are doing a good deed and are on the right path but something needs to happen, asap. vaping is just going to become more

and more popular and there needs to be a solution. I don't know any right now but it needs to be something that happens. I'm not trying to be rude I am just telling the truth as the survey says."

"saying stop won't stop people"

"The posters, lessons, powerpoint ect. are not helpful because they give the audience impression you get in a lot of trouble if you do say you do"

"would just make me feel guilty but i was only doing it bcs i was stressed"

Parents and Carers

Within our findings, 83% of parents and carers are either *very* or *somewhat* concerned about the numbers of children vaping in Trafford. Furthermore, 91% of parents/carers of children and young people who vape told us they are either *very* or *somewhat* concerned about impacts on their child’s physical and/or mental development.

Parental knowledge of their children and young people vaping

The parents and carers survey was shared both via locals schools communications as well as on our social media pages and mailing lists. Therefore, although many of the children and young people survey are likely to have parents and carers who completed this survey, given that responses were anonymous, this cannot be verified.

In comparison to the proportions of children and young people who told us they vape, a larger proportion of parents told us their children don’t. Paired with the findings we have from the children and young people’s survey for which 41% told us their parents don’t know they vape, this indicates that may be many parents are unaware that their child vapes. This is concerning as it prevents parents from being able to monitor potential detrimental health impacts of vaping.

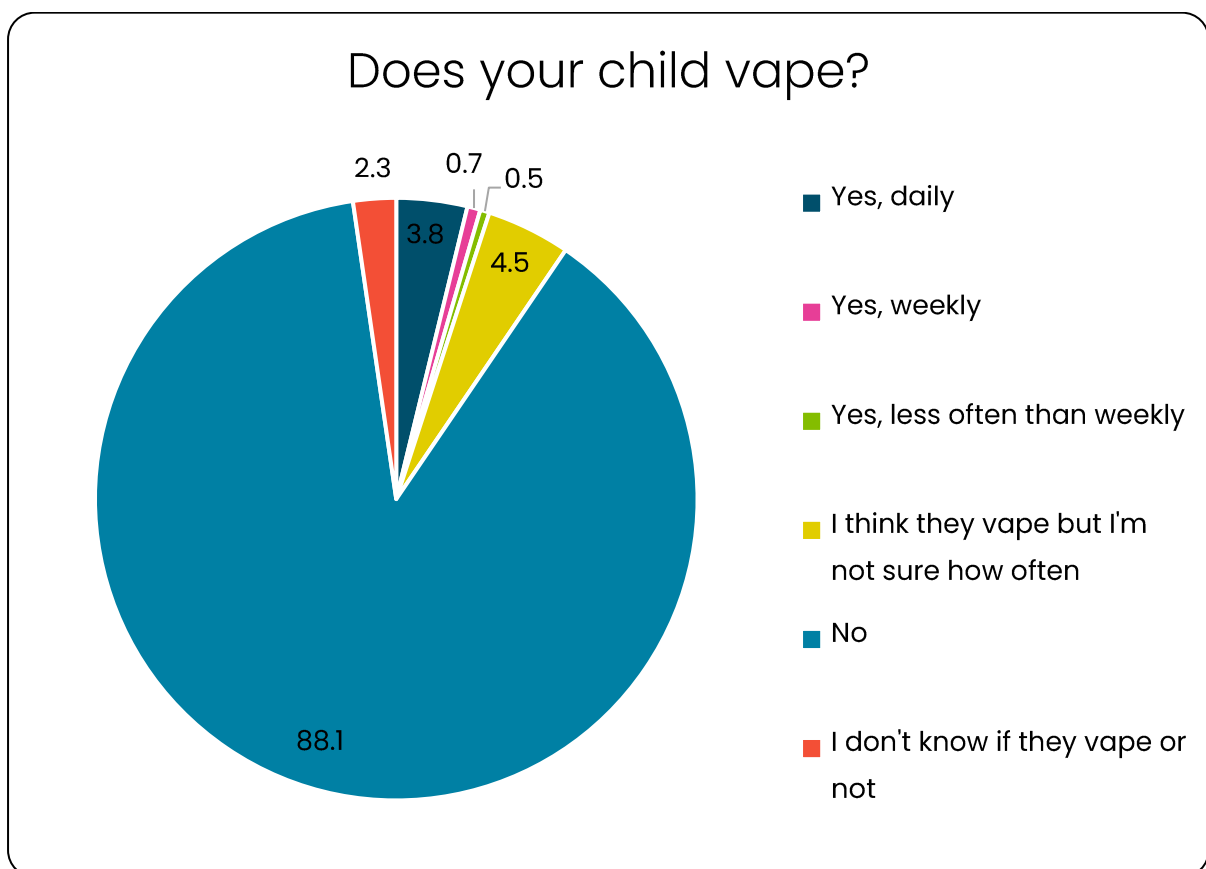


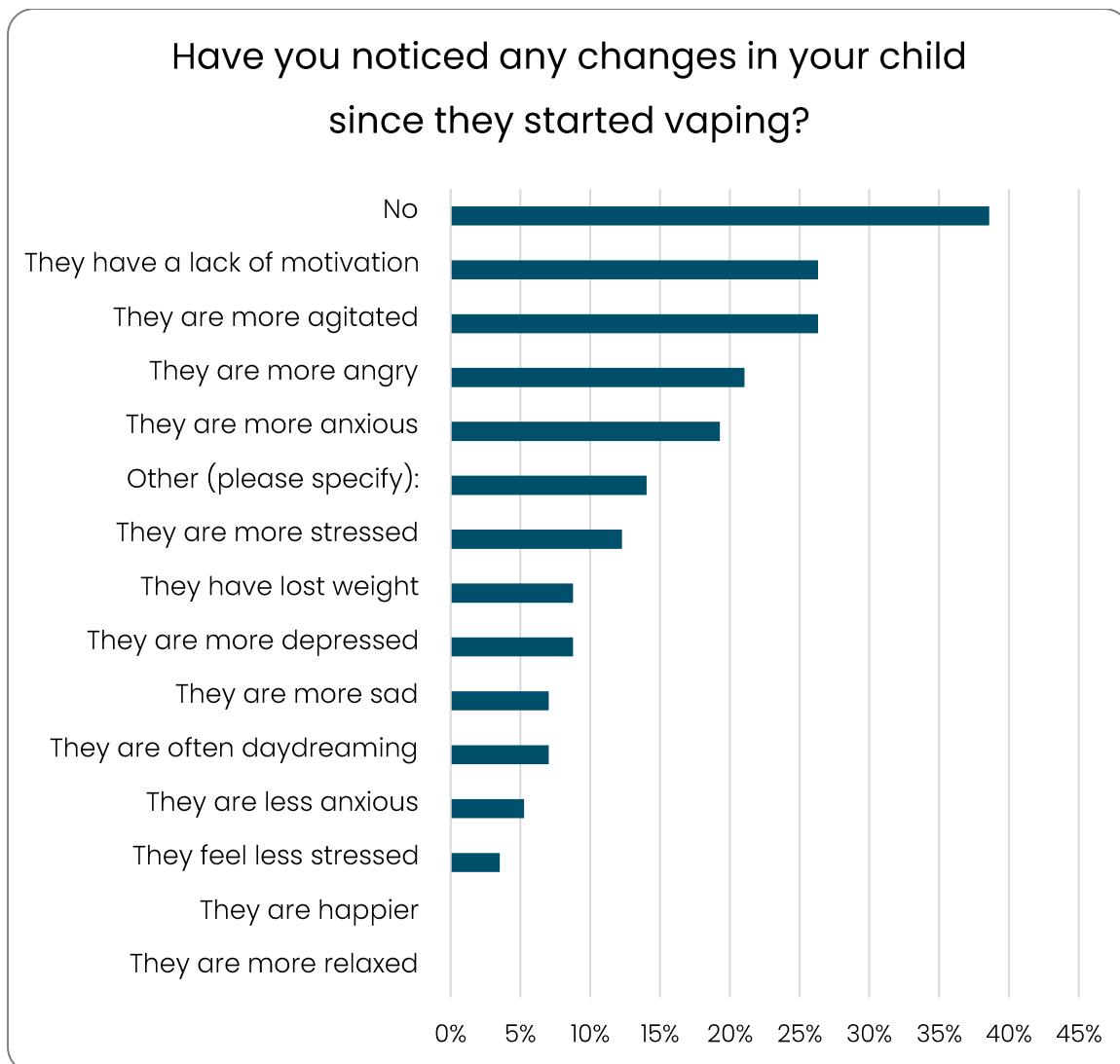
FIGURE 8

Impact on feelings and/or behaviours

From responses to the children and young people's survey we found that respondents were much more likely to report positive impacts on their feelings and/or behaviours (figure 3). However, figure 8 shows impacts on feelings and /or behaviours of children and young people as observed by parents/carers and this shows the direct opposite of this is the case. In particular, the top three feelings and/or behaviours reported by children and young people (relaxed, less stressed and happier) appear in the bottom three for the parents/carers survey. This could contribute to children and young people's motivations to start or continue vaping which include perceptions of the habit as "'cool', 'fashionable' and enticing"¹². Other research suggests amongst other vital considerations, motivations to vape should be taken into account within cessation interventions.¹³

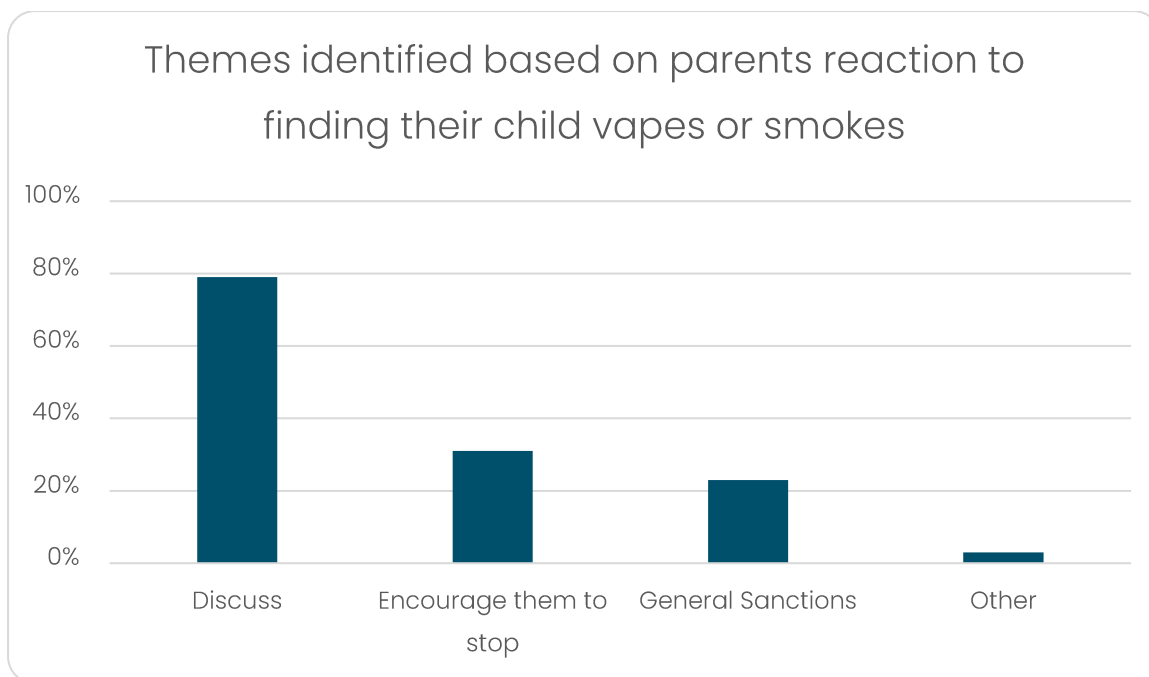
¹² Smith MJ, Mackintosh AM, Ford A, et al. (2023) Youth's engagement and perceptions of disposable e-cigarettes: a UK focus group study. *BMJ*. 10.1136/bmjopen-2022-068466 [Accessed June 2024]

¹³ Hongying Dai (2021) Prevalence and Factors Associated With Youth Vaping Cessation Intention and Quit Attempts. *Pediatrics*. e2021050164. 10.1542/peds.2021-050164 [Accessed June 2024]

**FIGURE 9**

Parental response to children and young people vaping

Our findings suggest, the vast majority (80%) of all parents/carers feel the same about vaping as they do smoking. A small proportion (9%) consider vaping more favourably and a smaller proportion (5%) consider smoking more favourably. We asked all parents two distinct questions on what they would do if they found out their child was vaping and what they would do if they found out their child was smoking. This question required a free text response and echoing the findings stated above, 78% of parents gave the same response to both questions. Themes identified for the two questions combined are displayed in figure 9 below:

**FIGURE 10**

These findings show the majority of parents told us they would talk about the issue with their child/young person. Within this theme we included discussion mentioned without a specified focus as well as those who told us they would discuss health concerns, financial impacts and/or what motivated the child to vape. For those who mentioned health concerns, in relation to vaping specifically, some made reference to worries about risks such as “popcorn lung” but many mentioned that they would warn children of the lack of knowledge around the long-term effects of vaping. Healthwatch Blackpool found this to be a concern for many parents and also identified that almost two thirds of parents felt they would benefit from further education relating to vaping¹⁴. Comments in our survey included:

“Discuss with them the reasons why it is an ill-advised, unsafe choice to make, for their health, financially and other reasons, as well as lack of long-term data on detrimental effects and worrying presence of unregulated vapes containing various harmful chemicals.”

“Try and talk to them and convince them of the dangers of vaping and how relatively little is known about long-term harms”

¹⁴ Healthwatch Blackpool (2023) Children & Young People’s Vaping Report.

<https://healthwatchblackpool.co.uk/wp-content/uploads/2023/05/Healthwatch-Children-and-Young-Peoples-Vaping-Report.pdf> [Accessed June 2024]

"I would talk to them about the dangers to their health and the unknown long term side effects."

"I would be disappointed, there is little research to know the long term effects of such an activity."

Conversely, some parents mentioned more confidently that they would discuss long-term health effects of smoking. For example:

"I will educate my child in the long term health risk."

"Try and talk to them and convince them of the dangers of smoking and how much is already known about long-term harms"

The general sanctions theme includes parents who told us they would ground their child, withdraw pocket money (and/or restrict access to money to buy vapes/cigarettes), take away access to technology, confiscate the vape or cigarettes and/or search their bedroom/bag.

Within the 'other' theme we included:

- comments in relation to parents/carers showing images to their children and young people of the effects of vaping and/or smoking
- drawing on personal and/or family experiences of the effects of vaping and/or smoking
- Many comments (29) expressing negative emotional responses such as:

"Go mad"

"I would be very sad..."

"I would be extremely upset..."

"...I wasn't happy that they had tried it but I wasn't surprised. It seems to be a growing trend amongst young teens."

The strong emotional responses mentioned above demonstrate a high level of concern amongst parents/carers. Equipping parents/carers with knowledge on the topic of vaping in general as well as information on where to get support, is likely to improve such negative feelings. Although only a small number of parents (mentioned above) told us their child had accessed specialist support at Early Break, experiences were positive.

A small number of parents (15) told us they would report the places from which their child had bought the vapes (assuming the child had obtained the vape in this way). In addition to individualised support targeting children and young people to deter them from vaping, encouraging parents to report illegal sales could contribute to the restriction of the sale of

the products (both unregulated vapes and the illegal sale of regulated vapes to those underage). This could have a positive impact on the wider context in which children and young people vape. Tackling the sale of illicit vapes, and the underage sale of vapes is a current priority for both National Trading Standards¹⁵ and Chartered Trading Standards Institute¹⁶. There is also a clear focus on this issue regionally with Local Authority Trading Standards reporting seizure of 113,462 illegal vapes across the North-West of England between July and September 2023. This was the largest volume seized nationally within the given period.¹⁷

The theme of 'encourage them to stop' included a large proportion (45%), who told us they would put their own support in place, many didn't specify how they would go about stopping their child vaping or smoking. Other parents within this group, told us they would seek external support. A breakdown of this is provided below.

¹⁵ <https://www.nationaltradingstandards.uk/our-priorities/>

¹⁶ <https://www.tradingstandards.uk/news-policy-campaigns/vaping-resource-hub/>

¹⁷ <https://www.local.gov.uk/disposable-vapes-faqs>

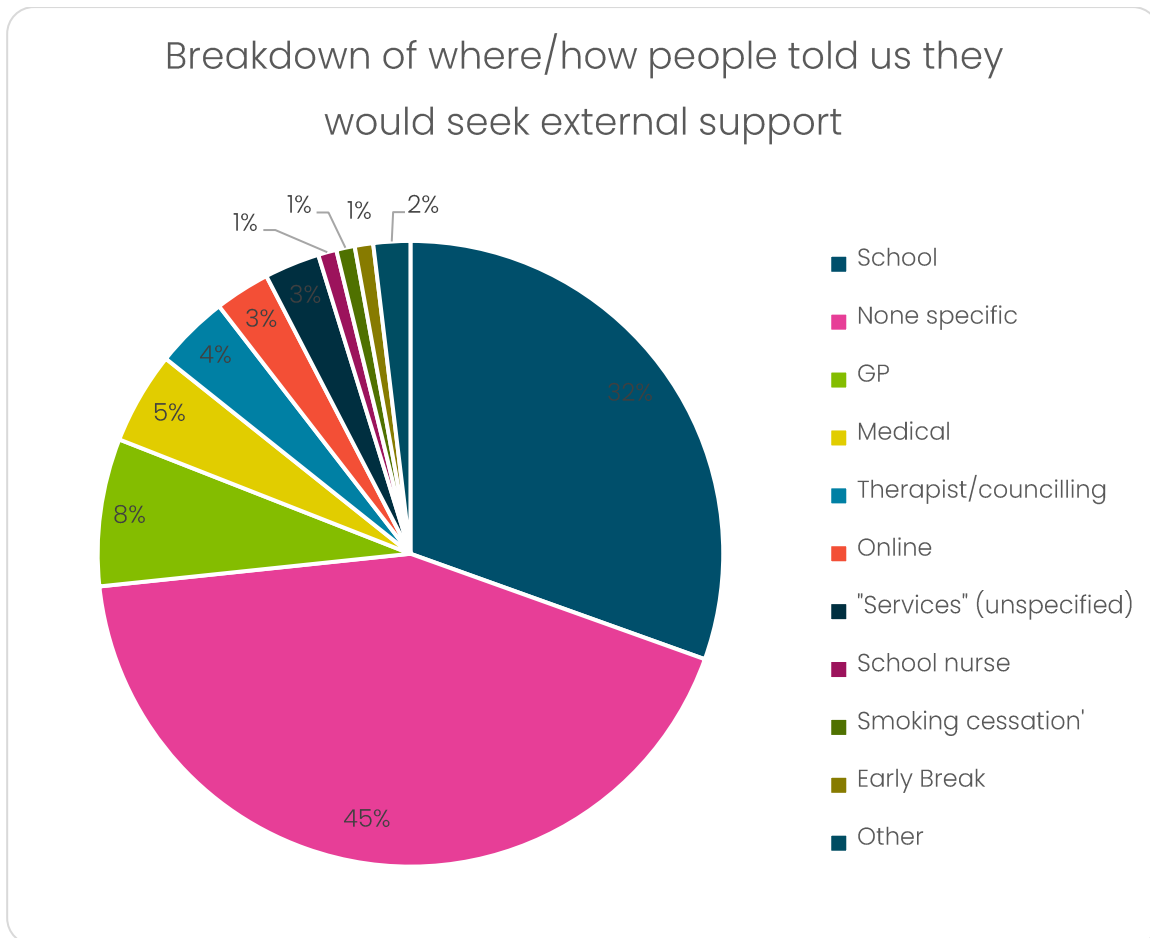


FIGURE 11

These findings suggest that a lot of parents would not immediately know where to look for support and around one third would speak to school about this issue. This could be placing additional pressure on schools which nationally, are already heavily impacted by this issue¹⁸. Moreover, given that there are specific support services available to help children and young people to come off vapes, this may be a more knowledge and access of these may be a more effective way to stop children and young people vaping, given that there is an individual approach. As figure 10 shows these services which include school nurses and Early Break are seldom mentioned.

In addition to the findings above, almost two thirds of parents/carers who are aware their child vapes, told us they hadn't sought external support to help their child quit vaping. Those who did were most likely to go the GP however experiences of this were negative

¹⁸ <https://www.nasuwt.org.uk/article-listing/rise-in-vaping-in-schools-government-failure.html>

with comments including: *“No impact on my child”, “It didn’t help”* and *“GP only really gave leaflets no real advice or guidance”* and

“They informed me that at present they cannot offer assistance with this. The smoking cessation nurse cannot provide nicotine patches to help give vapes up.”

However, some parents told us they accessed formal support via Early Break and experiences of this were positive with comments including: *“Very helpful”, “Very good resource and support”* and *“They are supporting him”*.

Regulated and unregulated vapes

As can be seen below, knowledge on regulated and unregulated vapes is mixed. Although around one third of parents/carers told us they know the difference, the majority either haven’t considered this, or wouldn’t confidently know the difference.

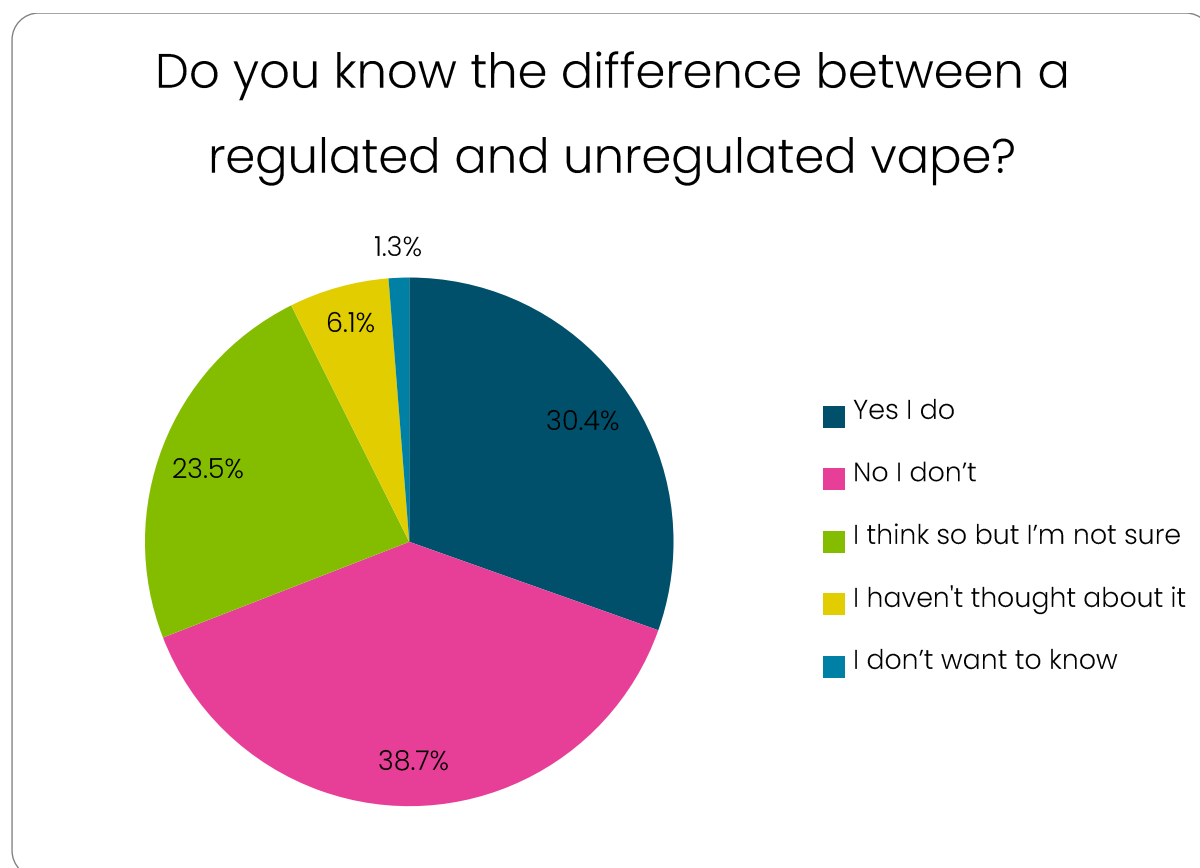


FIGURE 12

Regulated vapes, on sale in the UK to those 18 and over, are subject to specific guidelines. This includes the requirement to:

- *“restrict e-cigarette tanks to a capacity of no more than 2ml*
- *restrict the maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml*

- *restrict e-liquids to a nicotine strength of no more than 20mg/ml*
- *require nicotine-containing products or their packaging to be child-resistant and tamper evident*
- *ban certain ingredients including colourings, caffeine and taurine*
- *include new labelling requirements and warnings*
- *require all e-cigarettes and e-liquids be notified and published by the MHRA before they can be sold*¹⁹

Unregulated vapes are sold illegally and the level of risk they pose cannot be verified based on the guidelines above. The BBC²⁰ did their own investigation into a small number (18) vapes confiscated from college students, of which they said most were illegal. Laboratory testing found the vapes contained potentially harmful levels of chemicals and metals present within the e-liquids. This is in addition to the ingredients known to exist within regulated vapes. Given this was based on a small sample of products and the investigation did not consider other regulated aspects of the products (i.e. messaging on the products, nicotine strength etc.), we suggest more research on unregulated vapes is needed.

¹⁹ Medicines and Healthcare products Regulatory Agency (2016) E-cigarettes: regulations for consumer products. <https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products#:~:text=restrict%20e%2Dliquids%20to%20a,new%20labelling%20requirements%20and%20warnings> [Accessed June 2024]

²⁰ BBC News (2023) Vaping: High lead and nickel found in illegal vapes. <https://www.bbc.co.uk/news/health-65614078> [Accessed June 2024]

Recommendations

Improve promotion of support available

Our findings suggest that as well as there being many children who are looking to stop vaping, many parents and carers are unaware of support available. Greater knowledge of services helping children and young people to quit could lead to a reduction in the numbers of young people continuing to vape.

More research to be done with under 11s

Our research suggests that children are starting to vape at younger ages, therefore it may be beneficial to research the topic with younger age groups to prevent children and young people from trying, and ultimately becoming addicted to, vaping.

Improve education on regulated and unregulated vapes

Educating more people on the differences between regulated and unregulated vapes could ensure parents can mitigate the potential risks of unregulated vapes, given the known risks of using even regulated vaping products. Additionally, given that some support services (listed in the section below) focus on support around certain types of vapes, more knowledge could also ease the process of accessing support.

More research required on the contents of unregulated vapes

Following on from the recommendation above, more research on the contents of unregulated vapes is required to justify the urgency for the need to prevent their use.

More research on the use of snus amongst young people

Although we have found low-level use of Snus, research suggests there has been rapid growth in use internationally and there is preliminary research to suggest high profile sportspeople use the product to enhance performance. Our findings on this, as well as the growth in use internationally, highlight the need to explore this further on a regional and/or national scale to prevent an increase in prevalence.

More research required on the long-term effects of vaping

Many parents/carers told us that they would want to warn their children about the unknown, long-term health risks of vaping. More knowledge in this area could help make those warnings clearer, possibly preventing children starting to vape as well as helping encourage them to stop. Vaping has grown in popularity since 2012²¹, and both adult use of e-cigarettes and cautions regarding potential health risks have been well-documented since around then^{22,23}. This provides a substantial basis for more research on the long-term effects of vape use.

²¹ Ash (2023) Use of e-cigarettes (vapes) among adults in Great Britain <https://ash.org.uk/uploads/Use-of-e-cigarettes-among-adults-in-Great-Britain-2023.pdf> [Accessed July 2024]

²² McQueen, A., Tower, S., Sumner, W. (2011) Interviews With “Vapers”: Implications for Future Research With Electronic Cigarettes, *Nicotine & Tobacco Research*. <https://doi.org/10.1093/ntr/ntr088>

²³ Pearson, J, L., Richardson, A., Niaura, R, S. et al. (2012) e-Cigarette Awareness, Use, and Harm Perceptions in US Adults. *American Journal of Public Health*. <https://doi.org/10.2105/AJPH.2011.300526>

Signposting to Support

If you are concerned about the vaping habits of children in your care, below are a list of options for support:

Early Break Support for those using unregulated vapes	0161 723 3880 info@earlybreak.co.uk https://earlybreak.co.uk/
School Nurses Support for children and young people using regulated vapes	0161 549 6290 0161 912 2340 TraffordSchoolNurseTeam@mft.nhs.uk
FRANK General information	0300 123 6600 frank@talktofrank.com https://www.talktofrank.com/drug/vapes

Reporting vendors

Reports to Trading Standards are made via Citizens Advice. Please follow the link below for further information:

<https://www.citizensadvice.org.uk/consumer/get-more-help/report-to-trading-standards/>

Appendices

Appendix 1: Children and young people's survey questions

Please note: many of the questions may only have been asked to respondents based on previous responses they provided

1. Consent to take part
2. Which school or college do you go to?
3. Do you vape?
4. What age did you first try a vape?
5. When do you have your first vape of the day?
6. Have you noticed any of the following changes since vaping? (Tick all the apply)
7. If sweet/berry/candy flavour vapes didn't exist, would you still vape?
8. Do you want to cut down or stop vaping?
9. Does your parent or carer know you vape?
10. Do you use Snus?
11. Have you used Snus in school? (select all that apply)
12. Do your friends and family vape or smoke cigarettes (excluding cannabis)? (Please tick all that apply)
13. Have you or have you seen anyone vaping in or around school? (Tick all that apply)
14. What education and resources have you seen or been involved in at school on the topic of vaping and was it helpful?

Appendix 2: Parent/carers survey questions

Please note: many of the questions may only have been asked to respondents based on previous responses they provided

1. Consent to take part

2. Does your child vape?

3. Have you noticed any changes in your child since they started vaping? (Tick all that apply)

4. To what extent are you concerned that vaping/nicotine may impact your child's physical and/or mental development?

5. Have you ever sought support to help your child stop vaping?

6. Seeking support

Where did you go?

Please tell us about your experience

7. Do you know where you would go if you felt your child needed some support to stop vaping?

8. To what extent are you concerned about the numbers of children vaping in Trafford?

9. Would you vape with your child?

10. Please tell us which of these you would/wouldn't do:

11. Do you know the difference between a regulated and unregulated vape?

12. Do you feel the same way about your child vaping as you would if they were smoking tobacco?

13. What would you do if you discovered your child was vaping?

14. What would you do if you discovered your child was smoking tobacco?

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9. Appendices

Appendix 1

CYP Health watch survey questions blank copy

Healthwatch100 – Children and Young People's Vaping Survey (FOR USE IN SCHOOL)

1. About this Survey

1. Welcome! This is a survey on the vaping habits of young people.

Details about this survey:

Healthwatch Trafford, in partnership with Trafford Council, are interested in hearing from young people about vaping.

In addition to the information you heard in the video, please carefully read this section before continuing:

The information collected will always be anonymised, so you will not be identifiable by your answers. Feel free to be completely open and honest but please do not give personal details (such as name and address) within any free text boxes. Your personal details will never be passed on or supplied to any other organisation and we will only ever use it for the purposes of the project.

It is helpful if you complete the 'About You' section at the end of this survey. This helps us to monitor how well our findings represent the views of various groups within the Trafford population.

You can withdraw your contribution to this survey by contacting info@healthwatchtrafford.co.uk. Please be aware that your answers will be automatically saved, even if you close it half way through.

Thank you for participating in our survey. Your feedback is important and will help us improve health and social care in Trafford.

The survey should take approximately 10 minutes to complete.

I understand the information I have heard in the video and/or read, I am aged 11-18 and I am happy to complete the survey

I do not wish to continue

2.

2. Which school or college do you go to?

ACOA

Afifah

Altrincham Boys

Altrincham Girls

Ashton on Mersey

Broadoak

BTH

Egerton

Flixton Girls

Home Educated

Loretto

Lostock

Manor High

MES

North Cestrian

North Trafford college

- Sale Grammar
- Sale High
- School leavers
- South Trafford college
- St Ambrose
- St Anthony's
- St John Viarney
- Stretford Grammar
- Stretford High
- Trafford High
- Urmston Grammar
- Wellacre
- Wellington
- I don't want to answer

3. Do you vape?

- Yes, daily
- Yes, weekly
- Yes, occasionally
- No but I have tried it
- No but I used to vape regularly
- No and I have never tried it

I don't want to say

3. Vaping

4. What age did you first try a vape?

Younger than 11

11

12

13

14

15

16

17

18

over 18

I don't want to answer

5. When do you have your first vape of the day?

In the morning when I am in bed

In the morning at home before school after I have got out of bed

After I have left the house for school and before I get into school

In school

After school

Before bedtime

I don't want to answer

6. Have you noticed any of the following changes since vaping? (Tick all the apply)

No

Yes, I feel more anxious

Yes I feel less anxious

Yes, I feel angry

Yes, I feel agitated

Yes, I feel relaxed

Yes, I feel happier

Yes, I feel sad

Yes, I feel more stressed

Yes, I feel less stressed

Yes, I feel depressed

Yes, I have a lack of motivation

Yes, I am often daydreaming

Yes, I have had some weight loss

Other changes (please type)

7. If sweet/berry/candy flavour vapes didn't exist, would you still vape?

Yes, I don't use those flavours now

Yes, I would use a different flavour

Yes, I would use a tobacco flavour

- Yes, I would use plain/non flavoured
- No, but I would look at smoking tobacco (eg. Cigarettes)
- No, I would stop vaping

8. Do you want to cut down or stop vaping?

- Yes, I want to cut down but don't know how
- Yes, I want to cut down but not at the moment
- Yes, I am already trying to cut down
- Yes, I want to stop completely but don't know how
- Yes, I want to stop completely but not at the moment
- Yes, I am already trying to stop
- I would if my friends would
- I would if my parents would
- No I don't want to cut down or stop
- I don't know

9. Does your parent or carer know you vape?

- Yes they do and I openly vape at home
- Yes they do but I only vape in my bedroom/when I'm on my own at home
- Yes they do but I don't vape at home
- Yes they do and they buy vapes for me
- Yes they do but they are upset/disappointed/annoyed I do
- No they don't
- I'm not sure

4. Snus

10. Do you use Snus?

- Yes, daily
- Yes, weekly
- Yes, occasionally
- No but I have tried it
- No and I have never tried it
- I've never heard of it
- I don't want to say

5.

11. Have you used Snus in school? (select all that apply)

	Yes	No
In class	<input type="checkbox"/>	<input type="checkbox"/>
At breaktime	<input type="checkbox"/>	<input type="checkbox"/>

6.

12. Do your friends and family vape or smoke cigarettes (excluding cannabis)? (Please tick all that apply)

	No	Yes, cigarettes	Yes, vapes	I don't know	I don't want to answer
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives/people I live with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family who I don't live with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Have you or have you seen anyone vaping in or around school? (Tick all that apply)

	No	I have vaped here	I have seen others vaping here
In class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the school gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other places I have vaped or seen others vape

14. What education and resources have you seen or been involved in at school on the topic of vaping and was it helpful?

	Yes, it was helpful	Yes, it wasn't very helpful	No	I can't remember
Lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunchtime workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please give detail):

7. About you

15. In which area/locality do you live?

- North - Stretford, Gorse Hill, Longford and Clifford
- Central - Sale, Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's
- South - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village
- West - Urmston, Partington, Bucklow St Martin's, Davyhulme East, Davyhulme West and Flixton
- Other / outside Trafford

16. How old are you?

- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- Prefer not to say

17. Sexual orientation

- Heterosexual / Straight
- Gay
- Lesbian
- Bisexual
- Other

Prefer not to say

18. How would you describe your gender?

Male

Female

Non-binary

Prefer not to say

Other (please specify)

19. How would you describe your ethnicity?

White British

White Irish

White other

Black or Black British - African

Black or Black British - Caribbean

Black British - Other

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Asian or Asian British - Chinese

Asian or Asian British - Other

Multiple heritage - mixed race

Prefer not to say

Other (please specify:)

20. Do you consider yourself to have a disability?

Yes

No

Prefer not to say

21. Are you a carer?

Yes

No

Prefer not to say

Appendix 2

Parent/carer Health watch survey questions blank copy

Healthwatch100 – Parents/Carers Vaping Survey

1.

1. Welcome! This is a survey about parents' experiences in relation to the vaping habits of young people.

Details about this survey

Healthwatch Trafford are interested in hearing from parents and carers about their views and experiences in relation to their children who currently vapes, or if they were to start vaping in the future. This survey is aimed specifically at parents and carers of children aged 11 to 18 years.

Our findings will be made available online. Where relevant, the report may be shared with Trafford Council and the local Trafford Integrated Care Partnership (ICP).

It would be really helpful to us if you could complete the demographic information in the 'About You' section at the end of this survey, as this helps us to monitor how representative of the Trafford population the findings of our research are. The information collected will always be anonymised, so you will not be identifiable by your answers. Feel free to be completely open and honest. Your personal details will never be passed on or supplied to any other organisation and we will only ever use it for the purposes of the project.

You can withdraw your contribution to this survey at any time by contacting info@healthwatchtrafford.co.uk. Please be aware that your answers to this survey will be saved by us even if you close it half way through.

Thank you for participating in our survey. Your feedback really is important and will help us make health and social care in Trafford better.

The survey should take approximately 5 minutes to complete.

- I understand the information above, I am the parent/carer of a child between the ages 11 and 18 and I am happy to complete the survey
- I do not wish to continue

2.

2. Does your child vape?

- Yes, daily
- Yes, weekly
- Yes, less often than weekly
- I think they vape but I'm not sure how often
- My child doesn't vape but their friends do
- No
- I don't know if they vape or not

3.

3. Have you noticed any changes in your child since they started vaping? (Tick all that apply)

- No
- They are more anxious
- They are less anxious
- They are more angry
- They are more agitated
- They are more relaxed
- They are happier
- They are more sad
- They are more stressed
- They feel less stressed
- They are more depressed
- They have a lack of motivation
- They are often daydreaming
- They have lost weight
- Other (please specify):

4. To what extent are you concerned that vaping/nicotine may impact your child's physical and/or mental development?

- Very concerned

Somewhat concerned

Slightly concerned

Not at all concerned

I haven't thought about it

I don't want to answer

5. Have you ever sought support to help your child stop vaping?

Yes

No

4.

6. Seeking support

Where
did you
go?

Please
tell us
about
your
experien
ce

5.

7. Do you know where you would go if you felt your child needed some support to stop vaping?

Yes

No

I prefer not to answer

If yes, please tell us where:

6.

8. To what extent are you concerned about the numbers of children vaping in Trafford?

Very concerned

Somewhat concerned

Slightly concerned

Not at all concerned

I haven't thought about it

I don't want to answer

7.

9. Would you vape with your child?

 Yes, I would if they started vaping Yes, I already do No N/A (I don't vape) I don't know I prefer not to say

10. Please tell us which of these you would/wouldn't do:

	Buy vapes for my child	Give my child money to buy vapes themselves
Yes, I already do	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I would if they started vaping	<input type="checkbox"/>	<input type="checkbox"/>
No, I don't/wouldn't	<input type="checkbox"/>	<input type="checkbox"/>
I don't know	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to answer	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you know the difference between a regulated and unregulated vape?

 Yes I do No I don't I think so but I'm not sure

I haven't thought about it

I don't want to know

12. Do you feel the same way about your child vaping as you would if they were smoking tobacco?

Yes

No, vaping is worse than smoking tobacco

No, vaping is better than smoking tobacco

I don't know

I prefer not to say

13. What would you do if you discovered your child was vaping?

(If you have previously discovered your child was vaping, please tell us what you did)

14. What would you do if you discovered your child was smoking tobacco?

(If you have previously discovered your child was smoking tobacco, please tell us what you did)

8. About You

We understand it is important for all individuals and group in society to have their voices heard. Therefore we request your demographics information in order for us to measure the extent to which our findings may be representative of various individuals and groups within society.

Your survey response is anonymous and you will not be identified by the answers you provide.

This section is optional and your responses will be counted even if you choose not to provide the following information.

After completing this, the next page provides information on where you can go to get support, if required.

15. In which area/locality do you live?

- North – Stretford, Gorse Hill, Longford and Clifford
- Central – Sale, Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's
- South – Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village
- West – Urmston, Partington, Bucklow St Martin's, Davyhulme East, Davyhulme West and Flixton
- Other / outside Trafford

16. What is your marital status?

- Single
- Married / Civil partnership
- Living with partner
- Widowed
- Divorced

Prefer not to say

Other (please specify):

17. What is your current employment status?

Employed

Unemployed - Seeking employment

Unemployed - Not seeking employment

Not working - due to ill health

Not working - due to disability

Not working - retired

Student

Prefer not to say

18. Do you consider yourself to have a disability?

Yes

No

Prefer not to say

19. Sexual orientation

Heterosexual / Straight

Gay

Lesbian

Bisexual

Other

Prefer not to say

20. Age group

17 or under

18 - 34

35 - 44

45 - 65

66 - 79

80 or over

Prefer not to say

21. How would you describe your ethnicity?

White British

White Irish

White other

Black or Black British - African

Black or Black British - Caribbean

Black British - Other

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Asian or Asian British - Chinese

- Asian or Asian British - Other
- Multiple heritage - mixed race
- Prefer not to say

Other (please specify:)

22. How would you describe your gender?

- Male
- Female
- Non-binary
- Prefer not to say

Other (please specify)

9. Signposting to Support

For support for your child to stop vaping please visit: [Early Break](#)

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