

HEALTH AND WELLBEING BOARD

15 SEPTEMBER 2023

PRESENT

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

In attendance

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

APOLOGIES

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

10. DECLARATIONS OF INTEREST

No declarations were made.

11. MINUTES

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

12. QUESTIONS FROM THE PUBLIC

No questions were received.

13. APPOINTMENT VICE CHAIR

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

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

14. HOUSING STRATEGY

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

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

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

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

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

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

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

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

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

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

RESOLVED:

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

15. LOCALITY PERFORMANCE ASSURANCE FRAMEWORK

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

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

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

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

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

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

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

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

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

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

RESOLVED: That the framework be noted.

16. SYSTEM WORKING TO ADDRESS HEALTH INEQUALITIES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED:

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

17. CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT

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

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

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

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

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

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

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

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

The Chair noted and signed off the report.

RESOLVED:

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

18. BETTER CARE FUND (BCF)

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

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

RESOLVED: That the report be noted and fund approved

19. OPERATIONAL OUTBREAK PLAN

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

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

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

20. URGENT BUSINESS (IF ANY)

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

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

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

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

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

RESOLVED: That the urgent business be noted

21. EXCLUSION RESOLUTION (REMAINING ITEMS)

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

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