

HEALTH AND WELLBEING BOARD

17 NOVEMBER 2023

PRESENT

Councillor J. Slater (in the Chair).
Councillors P. Eckersley and J. Brophy

In attendance

Nathan Atkinson	Corporate Director for Adults and Wellbeing
Richard Roe	Corporate Director for Place
Helen Gollins	Director of Public Health
Jane Wareing	Clinical Director Trafford West PCN
Jo Cherrett	Chief Executive Trafford Leisure
Liz Murphy	Chair of Trafford Strategic Safeguarding Partnership (TSSP)
Gareth James (V-Chair)	Deputy Place Lead for Health and Care Integration
Richard Spearing	Managing Director of Trafford LCO
Caroline Siddall	Housing Strategy and Growth Manager
Manish Prasad	Associate Medical Director
Karen Samples	Director of Education
Tom Maloney	Health and Social Care Programme Director
Emma Moseley	Senior Policy Officer
Jo Bryan	Public Health Programme Manager
Jane Hynes	Public Health Programme Manager
Aimee Hodgkinson	Public Health Commissioning Manager
Simon Watts	Public Health Consultant MFT
Debs Thompson	Public Health Consultant NHS GM
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillor K. Carter, Councillor R. Thompson, S. Todd, H. Fairfield, C. Rose, L. Calder, J. McGregor, C. Davidson, M. Hill.

22. MINUTES

RESOLVED: That the minutes of the meeting on the 15th September 2023 be agreed as an accurate record and signed by the Chair.

23. DECLARATIONS OF INTEREST

Councillor Brophy declared an interest in relation to employment by Manchester Foundation Trust (MFT).

Councillor Eckersley declared an interest in relation to his domiciliary care business which operates outside of the borough.

RESOLVED: That the declarations of interest be noted.

24. BETTER CARE FUND (BCF) QUARTER 1 REPORT

The Corporate Director for Adults and Wellbeing introduced the report on the Better Care Fund (BCF) and informed the Board of the process leading up to the latest update and that the quarter 2 submission had been submitted within the deadline. The update included the key metrics and an appraisal of progress since the Q1 submission. The Corporate Director for Adults and Wellbeing referred Board Members to item 2 in the report which was the five-core metrics and explained that a number of elements that were to be introduced within the first metric. This included examples such as hospital at home by Manchester Foundation Trust, which, the Board were made aware had been delayed due to the need to have crisis response service in place before rolling it out.

For the second metric the Corporate Director for Adults and Wellbeing informed the Board that while discharges for people from hospital to their normal place of residence had underperformed in Q1, these issues had been addressed and were expected to meet targets going forward. The Board were informed of the rapid MDT pilot programme which would have a full roll out following the successful trial.

Metric three looked at emergency hospital admissions from falls, and the Corporate Director for Adults and Wellbeing informed the Board that they had reported on track within this metric. The Corporate Director spoke about the Keep on Keep up (KOKU) app, developed by Manchester University, which aimed to reduce falls, and that Ascot House Care Home in the Borough had signed up to take part in the trial.

The Corporate Director for Adults and Wellbeing informed the Board that the Council was off target on metric four as the focus had been on ensuring the other metrics had been met. However, the Board were informed that there were plans in place to get this metric on track.

With regard to metric five, Corporate Director for Adults and Wellbeing informed the Board, that despite being slightly behind, the Council was broadly on track, with a comprehensive set offering in place in Trafford, made up of a combination of services.

Following the update Members were given the opportunity to ask questions but none were raised.

Councillor Slater thanked the Corporate Director for Adults and Wellbeing for his helpful update and moved the recommendations which were approved.

RESOLVED: That the recommendations of the report be approved.

25. HEALTH INEQUALITIES UPDATE

Several officers introduced the presentation that had been circulated with the agenda. The Board were made aware that the Public Health Consultant NHS GM was present to take the Board through the Greater Manchester Integrated Care Partnership programme of Fairer Health for All, the Public Health Consultant MFT to speak on Manchester Foundation Trust's approach to Tackling Health Inequalities, and the Director of Public Health to go through the local Council approach. The Board were informed that the presentation was slightly different to the one that had been circulated.

The Public Health Consultant NHS GM began talking through the Fairer Health for All section. The presentation provided a summary of the programme and Board were told about the process gone through to structure the programmes approach. The Public Health Consultant NHS GM provided the principles of the programme and gave an in-depth description of what they were, what they meant, and what they were to achieve. The Board were then shown a slide on the social model for health and the Public Health Consultant NHS GM outlined what this was and what this would mean for people in Trafford.

The Public Health Consultant NHS GM then moved onto an overview of the strategy's missions which showed the six strategies that all linked into the programme. Towards the end of the presentation the Public Health Consultant shared with the Board the achievements that are hoped would come from these missions. This included ensuring children and young people having a good start in life and helping people, families and communities to feel more confident in managing their own health, as well as several more.

Finally, the Board was made aware of the tools that would be utilised in order to deliver the programme. These were the Health and Care Intelligence Hub and the Fairer Health for All Academy, which aimed to look at the utilisation of data and intelligence and learning and developing skills.

The presentation continued led by the Public Health Consultant MFT around the Manchester Foundation Trust's programme at tackling health inequalities and opened with the drivers behind health inequalities. These were listed as socioeconomic factors, physical environment, health behaviours, and health care.

The Public Health Consultant MFT described the framework in place for tackling health inequalities which broke down the work into three elements, and were developed at an MFT away day in February 2023.

Following this, the Public Health Consultant MFT went through the key themes in the Health Inequalities Plan.

The first was around embedding equity into services. This utilised data, intelligence, technology and communications to make sure the information was accurate and shared in a way that the target audience could understand it.

Health and Wellbeing Board 17 November 2023

The Second of these key themes was integrating care around communities. The Public Health Consultant MFT informed the Board that this was about taking a local approach, having focused resident engagement and co-design.

The Public Health Consultant MFT shared that the third theme was around looking at the wider determinant / root causes behind health inequalities, with MFT operating as an “Anchor Organisation”.

The final theme looked at staff health and wellbeing. The Public Health Consultant MFT provided further detail to each of the four themes and informed the Board of the actions taken so far and what the next steps were going to be to make sure they formed further achievements.

The Director of Public Health presented the final section of the presentation which looked at how the programmes would be delivered in Trafford and how the Council was working to address health inequalities. The Director of Public Health spoke about the investment that had gone into prevention and how it had a great rate of return so far.

The Board were made aware of what the process to addressing health inequalities should look like. The Director of Public Health stressed the importance of looking at evidence and utilising a data driven approach. It was also said of the importance of mapping the work done to reduce health inequalities to ensure a reduction in the duplication of work and to keep track of what was being completed. The Board were then informed of the formation of the Fairer Health for Trafford Partnership, its aim of reducing health inequalities in Trafford and how this involved a tactical forum that coordinates health inequality action across Trafford. The Board were ensured that this partnership would work alongside the two previously mentioned pieces of work from MFT and Greater Manchester Integrated Care.

The Director of Public Health proceeded to go through the strengths of establishing the Fairer Health for Trafford Partnership. These were the following;

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

Finally, the Director of Public Health went through the commitment they were hoping for from partners of the Health and Wellbeing Board, and the next steps to the programme.

**Health and Wellbeing Board
17 November 2023**

Following the presentation, the Chair welcomed the programme and the move towards the approach to reducing health inequalities. The Board were asked if they had any questions or additions.

Councillor Brophy spoke about her roles as being frontline worker for the NHS, a frontline Councillor in her ward, and a frontline carer for her family. Councillor Brophy spoke about how she was not convinced that, despite being impressed by the work on reaching out to people on the frontline, it was not filtering through to the frontline. She felt that the link between services providing physical health and mental health support is poor, due to differences of organisations and the often-complete mismatches in approach. Councillor Brophy added further that there were inequalities in the services delivered in different elements of the Manchester Foundation Trust.

The Public Health Consultant MFT responded that a review had been done of the work which recognised that there was a large difference in quality of service in the organisation. He stated that this was a legacy issue of there being elements taken from different areas of the trust. However, he reassured the Councillor that work was now ongoing to have consistency.

The Director of Public Health responded on the issue of mental health. She mentioned the first meeting of the All Age Mental Health group the week prior, which brought together the system around mental health, and acknowledged that significant challenges around some of the inequalities did exist. The Board were also informed of a Public Health Mental Health Lead role that now existed, which the Director of Public Health hoped would look at how they address the actual experiences of patients.

Councillor Eckersley asked several questions. The first asked what constituted specialist dementia care and how can someone say they are a specialist dementia care provider. He also asked about the increased number of GP appointment done during Covid, and whether there were any plans to utilise that style of appointment more moving forward to reduce inequalities. Councillor Eckersley also asked if there were any plans to use pharmacies to reduce the burden on GPs. He finally asked about AI and if there were any plans to utilise this.

The Public Health Consultant MFT mentioned the My MFT app which operated as a patient portal. This was being used for questionnaires which could allow patients to input some information prior to the appointment. He mentioned that they were looking at utilising it for triage so information could be sought whilst a patient is on the waiting list, but they were conscious that not everyone has access to the app and wanted to make sure that everyone still gets the same quality of service.

The Public Health Consultant MFT also responded on some of the elements where they were looking to utilise AI. One of these was to use it to predict who might not be able to attend an appointment based on demographic factors and appointment history, and the helping them to target some prevention work.

**Health and Wellbeing Board
17 November 2023**

The Public Health Programme Manager stated that there was a real drive nationally and locally for community pharmacy, to take pressure off of other areas of the health system.

The Public Health Consultant NHS GM responded that with regard to AI, that the Intelligence Hub had a data warehouse, where primary care, pharmacy, and secondary care records were linked, which created a massive possibility of data usage.

The Associate Medical Director spoke to the Board about the digital progress that had been made with GP's following covid and how the digital system did offer improved access to GP's. However, he warned that there was a need to ensure that those who do not have access to the equipment to access their GP remotely were still getting the support.

The Corporate Director for Adults and Wellbeing responded on the Councillor's question around specialist dementia care. He said that there were several factors that constitute whether a unit can become one of these. This included the staffing model, the training of staff, and the physical environment of the care home. However, the Corporate Director responded that one of the most fundamental requirements is a co-designed offer, incorporating several provisions.

The Chief Executive of Trafford Leisure asked about cross collaboration between Council's. She mentioned that there were many areas in the borough where one side of the street was in Trafford, and the other in Manchester. The Chief Executive of Trafford Leisure felt that Council's should work together on where the inequalities are and not just what boundary it falls within. She also commented that if you can make changes to the individual, that can lead to change on a wider scale.

The Director of Public Health responded with regards to neighbourhoods, that the Council had identified them and were focused on addressing inequalities, with the location being key to the work.

The Managing Director for Trafford LCO closed by providing three positive cases of projects that have been done in Trafford to address health inequalities.

The Chair thanked all the officers for the input and moved the recommendations which were approved.

RESOLVED: That the presentation be noted at the recommendations be approved.

26. HEALTHY WEIGHT DEEP DIVE

The Public Health Programme Manager, Jayne Hynes introduced the item and delivered a presentation to the Board. She opened with an update on the figures and rates of overweight people in Trafford and spoke about the fact that it is a complex system of factors that cause excess weight. The prevalence of excess weight in adults in Trafford is at 61.7%, with children at 17.8%.

Health and Wellbeing Board 17 November 2023

The Board were presented with a slide which showed what the public thought were most effective interventions for dealing with excess weight and compared this to the actual effectiveness of interventions. The Public Health Programme Manager highlighted to the Board that the evidence shows that the most effective ways of dealing with excess weight, are the ones the public thinks are least effective.

The Public Health Programme Manager discussed the Council's advertising policy, the effectiveness of advertising and why it was important to have a solid policy as this was the first recommendation. A regional and National context around actions taken to address advertising was also shared. Following this, she informed the Board of the progress to date that had been made when it came to advertising and dealing with excess weight.

The second recommendation was to look at the local planning policy, with the aim of influencing the planning policy and decisions that impact on food and transport, to ensure that people in the most disadvantaged neighbourhoods can access affordable, health and sustainable food. Following this, progress to date was shared, and involved looking to ensure that there are sufficient leavers available to impact a change. The final point to this recommendation shared the next steps to support it.

The Public Health Programme Manager spoke of the aim to ensure that food standards are met in schools across Trafford. The progress to date was shared which involved a rapid evidence review on school food and health, as well as engagement with colleagues from Blackpool Council on the food standard agency pilot they were participating in. The next steps were also shared.

The final aim was shared, which was to develop a policy statement on vending machines which was to involve a review on healthy vending and establish how best to develop local policies. The four next steps were shared, which involved the complete evidence review on vending.

It was concluded that each of the priorities were medium to long term priorities, that aimed to have a population level impact on health outcomes and inequalities. Any questions were to be sent to the Public Health Programme Manager via email, where she would respond.

The Chair thanked the member for the report and asked if the recommendations were approved.

RESOLVED: That the recommendations be approved.

27. STOPPING THE START

The Public Health Commissioning Manager gave a brief overview of the presentation that had been circulated with the updated agenda. The presentation covered the four aims of the Government towards their smoking policy, which were;

- 1) Create a smokefree generation.
- 2) Supporting people to quit smoking.
- 3) Curb the rise in youth vaping.
- 4) Strengthen enforcement activity.

The Public Health Commissioning Manager informed the Board of what these aims were to mean for Trafford, initial ideas for grant funding that had been received, that will be able to support these plans, as well as those ideas that were currently in development and future plans that Trafford had. The Board were made aware that public health had looked closely to ensure that funding was best being utilised for Trafford residents. The Public Health Commissioning Manager also informed the Board that they were taking a targeted approach which looked specifically at the groups with the highest smoking prevalence.

The Public Health Commissioning Manager alerted the Board to a live National Consultation open at the time, which looked at the different areas present in the Government's announcement, with Trafford opening contact with several parties across the borough to receive their feedback, which could be inputted to the consultation.

The Public Health Commissioning Manager concluded by asking Board members to agree to Public Health's targeted approach to how they spend the grant funding, and asked the Board to provide any feedback they may have to herself after the meeting.

The Chair asked Board members to agree the next steps of the report.

RESOLVED: That the Board agree the next steps of the report.

28. LOCALITY PLAN

The Health and Social Care Programme Director introduced the item and provided a short update on the refresh of the Trafford Locality plan. He informed the Board of how he felt it was the right time for the refresh given the other plans which were in development, to ensure that it was joined up across the board and alongside other projects.

The Health and Social Care Programme Director asked the Board for commitment to be involved in the development of the locality plan in its present form, and its move towards a five-year locality plan with longer term aspirations. He expressed his desire for Board members to have the opportunity to engage with the plan, and the establishment of a small strategy group, with representation from key members and partners present at this meeting. The Health and Social Care Programme Director welcomed people to contact him if they would like to become involved with the group.

The Chair moved the recommendations, and they were approved.

RESOLVED: That the recommendations be approved.

29. REAL LIVING WAGE

Due to time, the Senior Policy Officer stated that the slides had been circulated so could be read through if Board members required further information. The Senior Policy Officer went through the slides briefly, which included an update on the three year process the Council went through to achieve accreditation, where the Council was up to with implementing the real living wage since the Council received accreditation, an update on where the other Councils across Greater Manchester were up to, and that the Council was proud to have achieved accreditation already.

Cllr Eckersley stated that he welcomed the real living wage being implemented and asked how the Council ensured that commissioned services were implementing the accreditation. The Senior Policy Officer responded that it was part of the Council's contract that they ensure that any contractors and sub-contractors that the Council work with, are aware that they should be paying the real living wage and this sits within the procurement process.

The Chair moved the recommendations.

RESOLVED: That the recommendations be noted.

The meeting commenced at 10:00 and finished at 11:57.

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