

## 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.

**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

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

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.

**Health and Wellbeing Board**  
**19 July 2024**

---

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.

**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.

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.

This page is intentionally left blank