



AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE

Date: Thursday, 27 January 2022

Time: 6.30 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford,
M32 0TH**

A G E N D A	PART I	Pages
5. ADULT SOCIAL CARE UPDATE		
To receive an update from the Executive Member for Adult Services.		
(a) GENERAL UPDATE		
(b) WELFARE AND BENEFITS ADVICE		1 - 6
6. COUNCIL'S ROLE AS A GATEWAY TO SECURING HOUSING FOR RESIDENTS INCLUDING HOMELESS RESIDENTS		7 - 16
To consider a report from the Executive Member for Housing and Regeneration.		
7. INTEGRATED CARE SYSTEM LOCALITY PROGRAMME UPDATE		17 - 26
To consider the attached report.		

SARA TODD
Chief Executive

Membership of the Committee

Councillors S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, Dr. S. Carr, R. Chilton, M. Cordingley, S.J. Gilbert, B. Hartley, J. Lloyd, A. Mitchell, D. Acton (ex-Officio), D. Western (ex-Officio) and M.P. Whetton (Chair).

Further Information

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

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This agenda was issued on **Wednesday, 19 January 2022** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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TRAFFORD COUNCIL

Report to: Health Scrutiny
Date: 27th of January 2022
Report for: Discussion
Report of: Diane Eaton

Report Title

Welfare and Benefits Advice - Information and Advice

Summary

Trafford provides information and advice on a number of welfare issues which includes, but is not limited to benefits advice. The purpose of this report is to demonstrate the current information and advice strategy to elected members.

Recommendation(s)

This paper's seeks to provide information on the current advice and guidance offer to our residents of Trafford.

Contact person for access to background papers and further information:

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Background Papers:

Background Information

Background information – must include all relevant and explanatory information.

It should also include consideration of the following implications. Please specify what the implications are or if they have been included in the body of the report. If any do not apply, insert 'not applicable' so that it is clear that all implications have been considered.

Implications:

Relationship to Corporate Priorities	Priority 1- Reducing Health Inequalities Priority 2- Supporting People out of Poverty
Relationship to GM Policy or Strategy Framework	
Financial	Financial implications include costs of externally commissioning services only.

Legal Implications	Tendering process and procurement law must be considered
Equality/Diversity Implications	Ensuring all residents of Trafford have access to advice and information relating to Welfare rights and benefits advice.
Sustainability Implications	<i>See guidance note overleaf</i>
Carbon Reduction	Ensuring a place based approach supports carbon reduction
Staffing/E-Government/Asset Management Implications	
Risk Management Implications	For consideration in options paper which is yet to be agreed.
Health and Safety Implications	

1.0 Background

Future of Advice and Information

- 1.0.1 Work to develop a Trafford wide information and advice strategy commenced prior to the pandemic but was temporarily halted in order to divert commissioning and provider resource towards the COVID response.
- 1.0.2 As a result of the COVID pandemic, access to information and advice, including specialist information and advice, has been a key focus of our responses. Commissioned providers have been central to this and as demand for services has increased, people need support more urgently than they did before the pandemic and subsequently the way that those services are delivered has had to change and adapt.
- 1.0.3 The Living Well in My Community Strategic Design Group (LWIMC SDG) was established to focus on COVID recovery and service redesign/reform, with a specific focus on universal services and support provided by Trafford's VCFSE sector organisations as information and advice falls within the remit of the LWIMC SDG.
- 1.0.4 Trafford Together I&A Strategy Group (TTIASG) has led on the development of a partnership wide draft Information and Advice strategy for Trafford with representatives from in house (Welfare Rights and Housing Options), commissioned and non-commissioned Information and Advice services and registered housing providers. The group is chaired by the Specialist Commissioner for information and advice, supported by the Commissioning Officer.
- 1.0.5 Understanding the current offer has been essential in order to develop a strategy and as a result, TTIASG completed a mapping exercise between June and August 2021.

	No of Orgs	%
Benefits & Tax Credits	5	71%
Universal Credit	4	57%
Debt	4	57%
Money matters	4	57%

Health	5	71%
Education	5	71%
Housing	4	57%
Caring Responsibilities	4	57%
Legal	4	57%
Travel / Transport	4	57%
Utilities and Communications	4	57%
Employment	2	28%
Immigration & Asylum	2	28%

1.0.6 The table shows the majority of providers offer information and advice around finances, with a smaller number offering more specialist information and advice with only 2 providers offer information and advice around employment issues.

1.0.7 The development of Trafford's I&A Strategy is underpinned by a number of key principles, reviewed and agreed by TTIASG members include :

- Co-production test and learn,
- accessibility,
- place based working,
- no wrong door,
- the relationship between our in house and commissioned services,
- preventing crisis and developing resilience through income maximisation,
- self-help where possible but not as a default option,
- the right type of help,
- improving the Digital Front Door for information and advice,
- face to face information and advice.

1.0.8 The strategy also has strong links with a number of other Trafford Council Strategies, including: Digital Strategy; Poverty Strategy; Carers Strategy; VCFSE Strategy.

1.0.9 The Information and Advice Strategy is currently in draft and due to the impacts of COVID the current arrangements have been extended for a period of 12 months whilst the development of the information and advice strategies continues. The slide below provides an overview of the aims of the strategy moving forward:

Developing a Trafford wide Information and Advice Strategy

- The draft strategy has been co-produced by the I&A Strategy Sub Group of the LWIMC SDG, but also has close links with the Poverty Strategy Group.
- Key headlines from the draft strategy include:
 - Responding to the impact of COVID
 - Understanding and valuing what we already have
 - Co-production
 - Accessibility
 - Place based working
 - No Wrong Door
 - The relationship between in house and commissioned services
 - Preventing crisis, developing resilience, income maximisation
 - Self help where possible but not as the default
 - The right type of help
 - Improving our digital front door
 - Face to face support
 - Agreeing what good looks like
 - Links with the Poverty Strategy and the VCFSE Strategy



1.1 Commissioned Providers

1.1.1 Trafford commission a number of information and advice services jointly with several other Local Authorities. The contract is delivered by Citizens Advice Stockport Oldham, Rochdale and Trafford (CASORT). In addition to this arrangement, Trafford also commission 3 smaller contracts which focus on specific communities within Trafford with the total value of these contracts is £179,000 per annum. Figure 1 below offers a summary of current commissioned services.

Figure 1.

Provider	Services available	Contract value	Contractual arrangements
Citizens Advice Trafford	Full range of welfare benefit, debt, housing, immigration, employment information and advice, from level 1 to level 5, Formally quality assured	£140,000 per annum	Jointly commissioned with Stockport, Oldham and Rochdale Councils Contract end 31 st March 2022
LMCP	Low level I&A focussed on South Asian Community, including signposting to other services and focus on care choices Not formally quality assured	£17,000 per annum	Commissioned by Trafford Council Contract ends 31 st March 2022
ACCG	Low level I&A focussed on Afro Caribbean Communities, including signposting to other services and focus on care choices Not formally quality assured	£10,000	Commissioned by Trafford Council Contract ends 31 st March 2022
Age UK Trafford	I&A focussed on older people, including welfare	£12,000	Commissioned by Trafford Council

Provider	Services available	Contract value	Contractual arrangements
	benefit, debt, housing, care choices, finances. Formally quality assured		Contract ends 31 st March 2022

1.2 Access Trafford

1.2.1 Access Trafford currently handle calls over 13 different service areas. Customer Service Advisors provide signposting where appropriate to customers as well as very basic benefits advice. Signposting is completed to CAB for general benefits and welfare advice, the Welfare Rights Team for complex cases, to Trafford Assist for fuel, food and furniture, foodbanks across Trafford (normally when a resident has exceeded Trafford Assist awards), and the Department of Works and Pension to make a claim for benefits.

1.2.2 The Access Trafford Contact Centre will also offer advice and signposting for customers who may already have a benefit claim with the Council or are likely to qualify based on circumstances. Examples are listed below.

- Signpost customers who are struggling to pay rent where appropriate to apply for UC or Housing Benefit (HB) and in some cases Discretionary Housing Payments (DHP) award from the Council.
- Signpost customers who may need help at home or with residential costs to apply for a financial assessment if they are below the basic capital threshold.
- Signpost customers who are having difficulties paying Council Tax and are on a low income to make a claim for Council Tax Support (CTS). Advisors will also offer to start the claim for the customer. For our most vulnerable residents we will complete the form over the via a “call back” appointment.
- Advisors will also explain awards of CTS, HB and Financial Assessments, explaining how the award has been calculated and if a change in the customers circumstances has seen a reduction/increase in their award, the reasons why and options available to them.

1.3 Trafford Assist

1.3.1 Trafford Assist is the Council’s Local Welfare Assistance scheme helps residents to meet; immediate short term needs in an emergency or as a result of a disaster, return or remain in the community and help them to live independently in their own home and further meets essential travelling expenses, for example, to attend a funeral of a close relative.

1.3.2 Trafford Assist provides financial support for emergency help for food, utilities, essential travel expenses and white goods.

1.3.3 Applications are made online via the Council’s website, with support given via agencies such as the Citizen’s Advice Bureau (CAB) alongside other partners including our customer services teams (Access Trafford), if people need support completing the forms and/or are not digitally enabled. Decisions regarding food and utility bill requests are made within 24 hours (week days) and are paid directly into the residents’ bank accounts, unless a voucher is requested.

1.4 Internal Welfare Rights Team

1.4.1 The Welfare Rights Team is an in-house service which provides benefits advice, budgeting support, and debt advice to residents of Trafford. The team structure includes an Advice and Information Manager (Poverty Lead), Benefits advice officers, a budgeting support officer, and a trainee debt advisor.

1.4.2 The benefit advice officers support Trafford residents using a place based approach and provide advice and information around a range of benefits (income support, Universal Credit (UC), Disability Living Allowance (DLA), Personal Independence Payments (PIP) Employment and Support Allowance, Tax Credits, Attendance Allowance (not an exhaustive list) across Children's and adults. The officers specialise in providing 'enhanced' casework consisting of; appeals and tribunals by providing representation to the residents of Trafford, complex cases and support with less complex work enquiries for our internal workforce and deliver a 9am-1pm benefits advice line.

1.4.3 The budgeting support officer provides budgeting advice to those affected by the Benefit Cap and Universal Credit implementation. The officer completes a diagnostic assessment to assist with income maximisation, undertaking benefit checks and engaging benefit advice colleagues where appropriate. The role further supports residents in identifying and assisting with; problematic debt, preparation of financial statements and referrals to specialist debt advice services when required. An additional key role include identification of housing problems, liaising with housing providers and HOST to explore preventative action and liaising/negotiating with creditors and benefits administrative agencies.

1.4.4 The Debt Specialist role is a career pathway position with the intention of becoming a debt advisor. This role currently provides; budgeting support, income maximisation, preparing realistic financial statements, and outlining potential strategies for the resolution of residents' debts and negotiating with creditors/debtors. Once fully trained the Debt specialist would support with debt relief orders and prepare and represent residents at court hearings.

1.4.5 Between the 5th April - 26th November 2021, the Welfare Rights team received 1706 contacts, which resulted in 786 open cases with a total financial income gain of £961,593.95 for our residents or c. £1,223.40 per person. In comparison to the same period last year there has been a 14% increase in new referrals and a 40% increase in calls to the advice line, with a 27% increase in the number of total contacts to the service.

Recommendation

The committee is asked to note the services delivered and clarify if any further information is required.



TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 27th January 2022
Name: Caroline Siddall, Housing Strategy & Growth Manager

Report Title

Tackling Health Inequalities: Council's role as a gateway to securing housing for residents including homeless residents

1.0 Introduction

- 1.1 The right home environment is crucial to health and wellbeing, so housing is considered to be one of the wider determinants of health. Unhealthy, unsuitable, or unstable housing presents a risk to a person's physical and mental health. Conversely, the right home environment protects and improves health and wellbeing and prevents physical and mental ill health.
- 1.2 Trafford Council is a non-stock holding Local Authority and as such relies on Registered Providers (RPs) properties to enable the Council to secure affordable housing for Trafford residents.
- 1.1 The Council has a Nominations Agreement in place with all the RPs who own stock in Trafford. The Agreement enables the Council to have nomination rights to a percentage of their properties to enable the Council to rehouse people from the Council Housing Register. The Council also has a Housing Allocation Policy which explains the rules, criteria and procedures that determines how the Council will nominate households to RP properties.
- 1.2 Both policies work alongside each other, without the Agreement the Council would not have the nomination rights to a percentage of the RP properties to fulfil its statutory duty with regards to allocating housing accommodation in accordance with a published allocation scheme (Housing Allocation Policy).

2.0 Trafford Housing Market

- 2.1 Demand for housing in Trafford is very strong. House prices are high – the average price paid for a property in Trafford in 2021 was £334,352, compared to the GM average of £210,171. Property values continue to rise steeply; during 2021, average values in Trafford have risen by 9%. The market is dominated by home ownership (69% of homes are owned compared to 60% across Greater Manchester).
- 2.2 There are a relatively high number of larger dwelling types; around 60% of all housing stock is detached and semi-detached. It is these larger, more expensive properties that are not reliant

on first time buyers that enable Trafford to ride out external economic downturns reasonably well.

- 2.3 Private rents are also high, the average rent in 2021 is £1,393pcm and none of the properties to rent are within the Local Housing Allowance cap (the level covered by Housing Benefit). Many of the existing homes available are out of reach of lower paid workers, vulnerable people and first-time buyers.
- 2.4 The mean household income of Trafford residents is £36,500; this is greater than the average for both GM (£25,836) and the UK (£25,971). However, the high property prices within Trafford mean that even with the higher median salary, there is an affordability ratio in Trafford (income to property price) of 8.83, vastly exceeding the average ratio of 3-4 times the median salary. This makes housing in areas of Trafford unaffordable for many, in particular first-time buyers.
- 2.5 The current 15,992 units of accommodation in the affordable rented sector are unevenly spread across the borough. The sector is dominated by smaller 1 and 2-bedroom properties and 45% are flats/maisonettes and is concentrated in the North of the borough.
- 2.6 Whilst the buoyancy and popularity of Trafford is very positive, this masks geographical differences within markets. There is a clear distinction between the north and south of the borough with the former having a much higher proportion of disadvantaged communities and residents who are out of work and characterised by significant reliance on benefits, lower educational attainment, low household income and low value rented markets). One of the challenges for this Strategy is to work to develop a more balanced housing market, including through a better mix of housing and increasing local incomes.

3.0 Housing Allocations Policy

- 3.1 The Housing Allocation Policy explains the rules, criteria and procedure that determine how the Council will nominate households to social and affordable rented RP properties in the borough. Housing Options Service Trafford (HOST), which provides homelessness and housing advice for the Council, administer this Policy.
- 3.2 The Policy must adhere to a Legal Framework outlined in Part 6 of the 1996 Housing Act, an element of which mandates that certain groups of applicants must be given 'reasonable preference' in determining who is allocated properties. This already applies to people who are homeless and some who face losing their accommodation within 28 days, but the HRA extends this preference to all applicants who are threatened with homelessness within 56 days.
- 3.3 Reasonable preference applies to the following applicants:
 - Homeless people owed a full duty under part VII of the Housing Act 1996.
 - Homeless individuals (not owed a full duty under the above Act).
 - Applicants occupying unsanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions.
 - Applicants who need to move on medical or welfare grounds or grounds of disability.

- Those who need to move to a particular locality in the district where failure to meet that need would cause hardship (to themselves or others).

3.4 The Policy uses a Banding system to allocate properties fairly and to those in most need, this system has remained unchanged. A summary of these bandings is detailed below:

Trafford Banding System
Band 1: Urgent housing need and owed 'reasonable preference'.
Band 2: Need to move and owed 'reasonable preference'.
Band 3: Applicants who do not meet the criteria for Band 1 and 2 but fall into the 'reasonable preference' category.
Band 4: Applicants not assessed as being owed 'reasonable preference' but who meet the Trafford Positive Community Criteria (working/volunteering in the borough or have a local connection).
Band 5: Applicants who would have been owed 'reasonable preference' but have been awarded reduced preference (rent arrears, ASB etc.), applicants with no recognisable housing need and those with no priority.

3.5 The table below provides some information in terms of the types of properties that have been let. The data is only available from October 2020 when we moved to a new IT system:

Property type	Number of lets October 2020 – Dec 2021
1 bed Bungalow	37
2 bed Bungalow	10
1 bed Flat	223
2 bed Flat	134
3 bed Flat	3
2 bed House	35
3 bed House	44
4 bed House	3
5 bed House	2
Total lets	482

3.6 The table below provides some information on the number of applicants rehoused by Band, again the data is only available from October 2020:

Total number of applicants rehoused by band	Oct 2020 - Dec 2020	Jan 2021 - Dec 2021
Band 1	22	228
Band 2	13	113
Band 3	21	54
Band 4	12	26
Band 5	0	2
Total	68	423

4.0 **Nomination Agreement**

- 4.1 A Nominations Agreement is a Legal Contract between the Council and the RPs who own properties in Trafford. The Agreement enables the Council to have nomination rights to a percentage of their properties to enable the Council to rehouse people from the Council Housing Register.
- 4.2 The Nominations Agreement was developed in accordance with the Housing Act 1996 (s170), Homes England's Framework for Social Housing and the DLUHC Code of Guidance for Local Authorities. The Agreement applies to general needs, sheltered housing and adapted properties. Extra care and specialist supported accommodation are dealt with separately through bespoke Nomination Agreements.
- 4.3 The Nominations Agreement works alongside the Allocations Policy, without the Agreement the Council would not have the nomination rights to a percentage of the RP properties to fulfil its statutory duty with regards to allocating housing accommodation in accordance with a published allocation scheme (Housing Act 196, s167 and s168). Trafford Council is no longer a housing provider and it is therefore vital that a Nominations Agreement is in place to enable people on the Council's Housing Register an opportunity to be re-housed.
- 4.4 There are 34 RPs operating in Trafford with 15,992 social and affordable rent properties available. The main stockholders are Trafford Housing Trust (THT) with 8,828, Irwell Valley Housing Association with 2,045 and Your Housing Group with 1,864¹.
- 4.5 The Nominations Agreement enables the Council to have nomination rights to at least 50% and 75% (in the case of THT) of the RPs total vacant properties to re-house people from the Council's Housing Register. As at the end of December 2021, there were 6,445 people on the Housing Register.
- 4.6 The tables below show a breakdown of the Housing Register by Band and Bedroom Need :

BAND	NUMBER OF APPLICANTS
Band 1	319
Band 2	785
Band 3	835
Band 4	2,939
Band 5	1,567
Total	6,445

BEDROOM NEED	NUMBER OF APPLICANTS
1 Bedroom	3,561
2 Bedroom	1,829
3 Bedroom	855
4 + Bedroom	200
Total	6,445

¹ [Registered provider social housing stock and rents in England 2019 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/registered-provider-social-housing-stock-and-rents-in-england-2019-to-2020)

- 4.7 Nomination monitoring takes place quarterly to ensure that the Council is receiving the agreement nomination rights and also that the properties being nominated are successful. Below is a summary of the number of properties nominated and the success rate since 2018.

	2018/19	2019/20	2020/21
Number of RP properties available in let	688	675	571
Number of RP properties nominated	488	520	411
Percentage of RP properties nominated	72%	77%	79%
Number of successful nominations	462	509	405
Percentage of successful nominations.	95%	98%	99%

- 4.8 As the table highlights the Council is receiving more than 50% of the available lets and the success rate is high.

5.0 Homelessness

- 6.1 The Council has a statutory duty to assist those people who are homeless or threatened with homelessness within 56 days. The Homeless Reduction Act (HRA) came into force in April 2018. The new Act amended Part 7 of the Housing Act 1996 which provides local authorities' statutory duties when dealing with homelessness. The HRA amended and introduced a number of new duties, including:

- A duty to provide information and advice to all.
- A duty to formulate a Personal Housing Plan (PHP) for those applicants who are homeless or threatened with homelessness within 56 days.
- A duty to prevent homelessness within 56 days – 'Prevention Duty'.
- A duty to relieve an applicants' homelessness by helping them secure accommodation that would be available for them to occupy for a period of at least 6 months, within 56 days – 'Relief Duty'. The Relief Duty also includes a duty to provide interim accommodation where there is reason to believe eligibility, homelessness and priority need. This accommodation must be available for the 56-day Relief Duty period unless move on accommodation is secured.

- 6.2 Homeless people or those threatened with homelessness are assessed by HOST to determine what duty, in accordance with the HRA, they would receive. Those placed within the Prevention Duty are granted Band 3 on the Housing Waiting List. Those in the Relief Duty are placed in Band 2 and those in the Main Duty are placed in Band 1. These are the priority bands and gives a greater chance of being re-housed. In addition, officers with HOST would work with the clients to look at other housing options such as accommodation within the private rented sector.

- 6.3 The table below provides some data in terms of homelessness in Trafford:

GENERAL	Q1 2021/22	Q2 2021/22	Q3 2021/22
Total number of applications received during the quarter	739	805	777
Number of homeless households seeking advice only	539	588	545
Referred to supported housing project	34	54	36

PREVENTION	Q1 2021/22	Q2 2021/22	Q3 2021/22
Number of applicants within the Prevention Duty (as at the end of the quarter)	64	88	86
Number of applicants prevented from becoming homeless	56	51	76
RELIEF	Q1 2021/22	Q2 2021/22	Q3 2021/22
Number of applicants within the Relief Duty (as at the end of the quarter)	97	98	90
Number of applicants whose Relief Duty ended during the quarter	128	155	145
Number of applicants whose Relief duty ended due to an offer of accommodation in the PRS	14	17	19
Number of applicants whose Relief duty ended due to an offer of accommodation in the Social Rented Sector.	18	17	13
MAIN DUTY	Q1 2021/22	Q2 2021/22	Q3 2021/22
Number of applicants in Main Duty (as at the end of the quarter)	131	135	138
Number of applicants whose Main duty ended due to an offer of accommodation in the PRS	0	0	1
Number of applicants whose Main duty ended due to an offer of accommodation in the Social Rented Sector	34	39	38

6.0 **Housing Advise**

- 6.1 For those residents that are not homeless or threatened with homelessness within 56 days, HOST would provide housing advice and HOST have a number of email templates that customers are sent depending on the reason why they have made contact with HOST for assistance.
- 6.2 Aside from advising customers on what to do to be re-housed, HOST offer advice and signpost to relevant agencies, all with the aim of preventing homelessness, for customers who may be experiencing the following:
- Mortgage repossession
 - Threat of eviction/Possession notice from RP's
 - Property standards
 - Affordability/UC issues
 - Increased costs of their private rent
 - Domestic Abuse
- 6.3 The document embedded below is the Housing Advise Pack issued to residents who approach HOST for help:



Rough Sleepers

- 7.1 One of the manifestations of homelessness is rough sleeping and more and more people are sleeping rough in England. Living on the streets is dangerous, causes health problems and affects people's wellbeing.
- 7.2 Trafford Council has a team of Rough Sleeper Outreach Workers and a Rough Sleeper Navigator that work with Trafford's rough sleepers and those placed in the A Bed Every Night provision (ABEN) to provide intensive support and assistance with securing permanent accommodation. ABEN is a GM initiative established in 2018 and provides accommodation for those the Council would not have a legal duty to accommodate. ABEN prevents those not in priority need (usually single males) from sleeping rough or sofa surfing and starts the pathway to permanent accommodation.
- 7.3 Trafford has two entrenched rough sleepers who are known to HOST and who are visited regularly by the Rough Sleeper Outreach workers, but who do not want any assistance from the service. HOST will continue to engage in the hope that one day they will take up the offer of ABEN and start the pathway to permanent accommodation.
- 7.4 The table below provides information on the number of rough sleepers each year. These figures are determined at the annual rough sleeper count which takes place on the same time each year and is reported to DLUHC.

YEAR	NUMBER OF ROUGH SLEEPERS REPORTED
2018	3
2019	1
2020	7
2021	3

8.0 Support Provision

- 8.1 In line with the Homelessness Reduction Act 2017, Trafford's Homelessness Strategy 2019-2024 focuses on the prevention of homelessness. This includes providing support to those at risk of homelessness and those recently resettled, following homelessness.
- 8.2 Trafford's Tenancy Support Team is part of HOST and consists of 5 Tenancy Support Workers. Their role is to provide both early intervention and resettlement support. The support offered is largely based on the needs of the client and can range from helping with housing benefit claims, to sourcing furniture and white goods, to assisting clients to access other services for their wider needs e.g., mental health, drug and alcohol, and domestic abuse services.
- 8.3 Trafford's RPs can refer tenants at risk of eviction to the Tenancy Support Team, but some also have their own in-house support provision. For example, THT have a Customer Support Team and Irwell Valley established a Tenancy Sustainment Team in light of the Covid-19 pandemic. The majority of RPs within Trafford also have inhouse money advice services that will work with tenants struggling with rent payments to prevent eviction.

- 8.4 Supported accommodation is available in Trafford for those that require more intensive support to acquire the skills required to maintain a tenancy. There are three schemes which have been commissioned by Trafford Council; Greenbank is provided by Irwell Valley and provides accommodation with onsite support for people aged 16 to 25, Pomona Gardens and Meadow Lodge are provided by Great Places and provide supported accommodation to those aged 18+.
- 8.5 All supported schemes work with residents to ensure they are 'tenancy ready' before assisting them to obtain settled move-on accommodation in either the private rented or social rented sector. They also provide resettlement support to those moving on from the schemes.
- 8.6 Following recommendations from Trafford Housing Strategy 2019-2023, Trafford's Housing Strategy & Growth Team are in the process of finalising Trafford Supported Housing Strategy 2022-2027.
- 8.7 This Strategy sets out the key actions that the Council and its partners will take over the next 5 years to further develop the provision of supported housing and housing related support in the borough.

9.0 New Affordable Housing

- 9.1 It is the Council's priority to increase the provision of new affordable homes and encourage our Registered Providers to build more social housing in Trafford.
- 9.2 In 2018, the Council established the Trafford Affordable Housing Fund that combines all off-site affordable housing contributions from developers and enables RPs and the Council to bid for money to build new social rented properties. Trafford Housing Trust have just completed a site in Timperley with the development of 30, 1 and 2 bed social rented apartments which were funded through the Trafford Affordable Housing Fund.
- 9.3 Currently we have the following new build affordable schemes on site with the following RPs:
- Irwell Valley are on site with the development of 79 social rented new build units on the Sale West Estate.
 - Southway Housing are on site with the development of 31 shared ownership properties in Urmston.
 - Your Housing Group are on site with the development of 25 affordable rent and 50 shared ownership properties in Partington.
 - In addition, 4 private developments have been granted full planning permission which will provide a total of 98 affordable housing units across Trafford.

10.0 Conclusion

- 10.1 The Council's role in securing social/affordable housing is undertaken via the Nomination Agreement and Housing Allocations Policy. The Nomination Agreement enables the Council to access RP properties and the Allocations Policy guarantees that the properties are allocated in a fair and transparent way, ensuring that those in the greatest need have highest priority.
- 10.2 The data shows that the number of properties available to let is not meeting the demand as contained on the Housing Register. Trafford on average has 700 RP properties available each year and with around 6,500 people waiting to be re-housed this highlights the housing crisis.

There is an evident shortage of social/affordable homes available, and this is when HOST will look to affordable accommodation in the Private Rented Sector as an alternative.

- 10.3 The Council continues to review the Nominations Agreements and Allocations Policy to ensure they are up to date and that the Council is maximising the number of available social/affordable properties available in Trafford.

Further Information:

- Homelessness Strategy 2019-2024 - [Trafford-Council-Homelessness-Strategy-2019-2024.pdf](#)
- Homelessness Strategy Annual Review 2021/22 - [Trafford-Homelessness-Strategy-2019-2024-Annual-Statement-2021.pdf](#)
- Housing Strategy 2018-2023 - [Trafford-Council-Housing-Strategy-2019-2023.pdf](#)
- Housing Strategy Annual Review 2020/21 – [Housing policies and strategies \(trafford.gov.uk\)](#)
- Trafford Allocations Policy - [Housing-Allocation-Policy.pdf \(trafford.gov.uk\)](#)

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 27th January 2022
Report for: Information
Report of: Sara Radcliffe, Acting Joint Accountable Officer,
Trafford CCG, Gareth James, Acting Joint Accountable
Officer, Trafford CCG

Report Title

ICS Locality Programme Update

Summary

<p>This report updates the Health Scrutiny Committee on progress made in advance of the Greater Manchester Integrated Care System (GM ICS) coming into effect in July 2022 (pending legislation) which is a 3 month delay from the previous ICS update presented to Scrutiny Committee.</p>

<p>The report focusses on key developments both locally and in the emerging GM ICS infrastructure, key achievements and points of positive progress building on the previous update provided in November 2022. It also highlights, where known, the milestones which dictate our forward plan and our shadow arrangements. The report aims to collate information into one comprehensive paper.</p>

Recommendation(s)

Health Scrutiny are asked to note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: Thomas Maloney, Programme Director Health and Care, Trafford Council/Trafford CCG

1. Introduction

- 1.1 This paper aims to build on the previous paper shared with the Committee in November to articulate key developments up to the current date and articulate the known developments in the coming months.
- 1.2 It is important to note the delay to the implementation of the ICS. This has now been postponed and a new target date of July 1st 2022 which equates to a 3 month delay to the original timeline (April 1st 2022), subject to the bill passing successfully through parliament. The journey towards a GM ICS

although delayed, will still result in the disestablishment of the ten CCGs in GM and establishment of the GM ICS and its associated governance – further detail on the delay is included in this report with detail of key milestones and revised deadlines where known and pertinent to the Committee.

- 1.3 The paper specifically notes progress on our approach to communications and engagement and proposed financial arrangements, to provide Health Scrutiny with assurance regarding the evolving Trafford system plans.

2. ICS Delayed Implementation

- 2.1 It has now been confirmed to allow sufficient time for the remaining parliamentary stages to take place a new target date of 1st July 2022 has been agreed. The full detail of the delay and the expectations of ICB's and its constituent organisations can be found in the recently published [NHS Planning Guidance](#). Further detail on specific areas of work relevant to the committee is captured within the relevant sections of this report, namely the impact on staff, finance and governance for the extended period.
- 2.2 The new implementation date will provide some extra flexibility for us to prepare and manage the immediate priorities in the pandemic response, while maintaining our momentum towards becoming an ICB.
- 2.3 CCGs will remain in place as statutory organisations and will retain all existing duties and functions and continue operating in line with current arrangements, but to the new target date of 1st July instead of 1st April 2022.
- 2.4 Trafford CCG for the duration of the extension (April – June 2022) will operate a slimmed down set of arrangements for the CCG Governing Body. It is important to note the arrangements will still allow the CCG to effectively conduct the minimum business requirements in line with statutory duties.

3. Key Developments – GM ICS

The new arrangements

- 3.1 GM Integrated Care Partnership will be the name of our integrated care system. It will replace GM Health and Social Care Partnership (which existed since 2016) as the partnership between all the different organisations which support people's health and care. It will be overseen by GM Integrated Care Partnership Board, which will replace GMHSCP Board and be responsible for developing and overseeing the implementation of an integrated care strategy to meet health, public health and social care needs. The Board will be chaired by Cllr Brenda Warrington, leader of Tameside Council and GM portfolio lead for 'healthy lives and quality care'.
- 3.2 NHS Greater Manchester Integrated Care is the name of the new statutory NHS organisation which will be in place from 1 July 2022. It will be responsible for

allocation of, and accounting for, NHS resource, it will fulfil primary care and specialised commissioning functions and it will create a plan for NHS services. It will be led by an NHS GM Integrated Care Board with Sir Richard Leese as Chair Designate.

- 3.3 Work is ongoing in respect of the constitution (Further information in 4.2) and governance arrangements are being finalised.

Chief Executive and Executive Director Recruitment and Appointments

- 3.4 Recruitment to key leadership roles within the ICB is continuing at pace and as of 12th January, the position was as follows:

- Designate Chair – this post has been appointed and Sir Richard Leese took up post 1 November 2021
- Statutory Non-Executive (audit and remuneration committee) have been appointed and will take up post 1 February 2022. A staff announcement will be made soon.
- Chief Executive Officer – applications close 21 January
- Finance Director - applications close 31 January
- Medical Director - applications close 31 January
- Chief Nurse – applications close 31 January
- Place based lead – consultation to commence 1 February
- Chief People Officer - consultation to commence 1 February
- Other defined executive posts will commence recruitment process in March 2022 once a final structure has been agreed by the Chief Executive

Greater Manchester Operating Model

- 3.5 The Joint Planning and Delivery Committee (JPDC) supported a paper in December 2021 that set out the Draft GM Operating Model. The paper recognised and identified the work that has been done since Summer 2021 and provided further clarity on implementing the operating model. The paper recommends actions on five integrating processes that are essential for the GM system to capitalise on these components and deliver its aims and objectives:

1. Creating a simple narrative as to how this new system will work
2. Finalising ICB and ICP governance and priority setting
3. Agreeing Financial Flows and Responsibilities
4. Signing off Locality Leadership Arrangements
5. Agreeing Running Cost Allocations and deploying staff within the national HR framework

- 3.6 The paper recommends how the operating model should be initiated and delivered in the next twelve months with the direction of travel clear for the 3-5 years.

Locality Check and Challenge

- 3.7 GMHSCP has recently communicated via the JPDC that a Check and Challenge exercise will take place with each of the ten GM localities to ensure progress on their respective locality operating models. This will be a supportive process and more information, including the approach will be made available at the end of January 2022 following a local meeting with Sara Price, Interim Chief Officer GMHSCP and Sir Richard Leese, Designate Chair of the NHS GM Integrated Care Board.

4. Locality Operating Model

Trafford One System Board

- 4.1 The OSB has now agreed its draft Terms of Reference (ToR) on the understanding further changes can be made as system architecture and clarity on operating models and GM governance emerge. There is an acknowledgement that more detail is required to determine the role and responsibilities of the Board itself, including work to understand the management of conflicts of interest – this work is being addressed by a group of OSB members whilst also utilising the established multi-partner ICS System Governance Working Group.
- 4.2 The OSB has also supported a Trafford system response to the draft ICB Constitution which was shared in December 2021. Pending further system conversations, we are broadly supportive of the proposals within the draft constitution, but we did have additional points of feedback and reinforced particular important aspects of the constitution, summarised as follows which are currently being digested by the GM team:
- We expect the number of Non-executive Directors (NEDs) to be greater than the minimum of 2 and would be similar to the number of executives and, potentially match the executive portfolios.
 - We understand the delay in confirming the number of executive directors and will comment further when the designate Chief Executive outlines his/her executive team.
 - We agree with the proposal for representation from local authority, primary care and NHS providers. However, we have some concern of the level of locality representation. We recognise that all 10 localities are represented on the Joint Planning and Delivery Committee, and this is welcomed. However, if there is little delegation to the joint committee then we have concerns that localities will not be part of key decision making. In addition, due to the significant emphasis on prevention, reducing inequalities and population health we would support the input of public health. If this is not at the ICB we

would be interested to understand where this will be included in GM ICS governance.

- We support the inclusion of the voluntary sector. We would also support the inclusion of Healthwatch to the ICB membership with their role supporting all 10 localities.

HR Transition

- 4.4 Due to the delay of the implementation of the new statutory organisation we await the revised national timescales which we anticipate will be published by the end of January 2022.

At a local level the CCG has an HR ICS Sender Project Plan in place which details regional and local HR activities and milestones to ensure the safe transfer of colleagues into the ICB. Due to the deferral of the establishment of the new statutory organisation timescale of activities detailed in the plan will be amended as necessary however it is critical that work continues at pace to stay on track to meet the revised implementation date.

Phase 1 consultation with Senior Leadership colleagues commenced on 22 November 2021 for a period of 2 weeks. Phase 2 consultation with Senior Leadership colleagues, which was expected to commence on 24 December 2021 has been deferred, and is now expected to commence from 1 February 2022. This will be followed by a 3rd Phase of consultation, dates for which are to be confirmed.

The indicative date for TUPE consultation with the wider workforce was planned to commence 17 January 2022. We are awaiting confirmation as to when this will commence but expect that this will form a period of structured staff engagement before moving into more structured TUPE consultation.

The delay to the implementation date does not impact on the national employment commitment that was made to colleagues in February 2021. The employment commitment mandates that colleagues (below board level) of the CCG will 'lift and shift' to the new statutory organisation.

- 4.5 Progress has been made on the 2 phased plan as part of transition to ensure that the CCG's six teams have a clear and agreed transition into the ICB. Tables 1 and 2 below describe the teams and the spatial level (s) at which the teams work is carried out:

Table 1



Table 2

Spatial Levels articulation of 6 functions



- 4.6 Phase 2 has been paused due to the ICS delay and operational response to the pandemic but will progress in February and March, as outlined in the previous report submitted to the Committee, to ensure our preparation for alignment and new ways of working.

Place Leader

4.7 At the January OSB meeting a paper was presented articulating the Place Leader position for Trafford – this paper contained a draft set of characteristics and duties as follows:

4.9 Leadership Characteristics:

- Advocate and champion for the Trafford residents voice in health and social care
- Experience of providing leadership across health and care systems
- Experience and understanding of the wider determinants of health
- Strong influencing skills
- Facilitate a culture of collaboration
- Experience of leading within and NHS or other relevant public sector organisation

4.10 Duties (Pending publication of national role profile):

- Ensure the continuous development and delivery of the locality plan
- Represent and advocate for Trafford throughout GM governance arrangements (currently JP&DC)
- Provide system leadership and relationship management
- Responsibility for ICB delegations:
 - Individually for certain delegated functions
 - Via Trafford locality board (One System Board)
- Accountable to the ICB
- Management of ICB locality team; locality line management structure TBC
- Lead on local performance management
- Budgetary responsibility for ICB delegated funds
- Work with Trafford colleagues to reduce inequalities and unwarranted variation across Trafford

4.11 Following counsel from members of the OSB further detail was constructed to outline the proposed arrangements. This version was circulated to partner organisations of the OSB and the CCG Governing Body (18.01.21). The notable amendments and clarity are captured below:

- The Trafford Place Leader role will be a senior leader who is directly accountable to the ICB Executive but is anchored in the Trafford Locality as a place, and to the people that the role will serve.
- To ensure this happens the Trafford One System Board have agreed that the role will be invited to be a partner member of the Trafford Borough Council Corporate Leadership Team, which is led by the Trafford Council Chief Executive. This is not an accountable line to the Trafford Council Chief

executive but is a working arrangement into the Trafford team to enable a consistent contribution and influence on the wider health and wellbeing agenda for Trafford residents. It will also enable the role to influence other areas of public life which affect the health and wellbeing of Trafford residents and be influential in some of the council led forums e.g. HWBB.

- It is acknowledged that the role will need to have such a connection to other partners around the Locality Board table. Therefore, it is assumed such an arrangement, as with the Trafford Borough Council Corporate Leadership team, may be replicated with other statutory health organisations who serve the people of Trafford.
- In so doing we believe this role will help to deliver the agreed vision of the Trafford Locality Plan which is to focus on Trafford as a place, its people, its population and its partnerships.

4.13 This above remains in draft and any revisions will only be made collectively, following any relevant national and regional guidance and the planned consultation process which underway.

In-Sight Service Finance Reporting

4.14 Contained within the aforementioned GM Operating Model paper there is a description of the key components as to the proposed financial arrangements needing to be in place and signed off by constituent partners to allow the ICS to pursue its objectives and make sure the next financial year (2022/23) is the starting point for the new approach we wish to take. The key points raised in the paper are:

- Mission critical to align financial incentives
- Simplicity; simple contracting and financial flows
- Principle of joint stewardship & resources being 'brought to the table' are fundamental to the transformation of services
- Need to deliver efficiency and reduce health inequalities
- Financial arrangements will be included in the GM/locality check and challenge process

4.15 Building on the agreement reached at the OSB in November 2021 where colleagues agreed to no additional pooling of funds (At this stage), it was agreed to work towards having an initial set of 'in-sight' budgets with a commitment to explore an expansion of those arrangements for the long term, with full agreement of partners. As part of the draft Locality Operating Model and in advance of the imminent 'check and challenge' process (Jan/Feb 2022) a draft set of finance reporting arrangements have been developed built on a set of locality principles:

Trafford Locality Principles:

- Accountability remains with individual statutory bodies

- Joint stewardship to support delivery of the Trafford Together Locality Plan
- Agreed set of 'in-sight' budgets
- Joint reporting at OSB

4.16 The above would ensure there is joint financial reporting of performance against service lines to support joint decision making and delivery of the Trafford Together Locality Plan. Table 3 articulates the proposed in-sight services. Further conversations are planned in the Finance and System Governance Working Groups to build on this initial position in the coming weeks:

Table 3:

Proposed in-sight service finance reporting	
Trafford Partner Organisation	Services In-Sight
Manchester Foundation Trust / Trafford Local Care Organisation	Community Services
Trafford Council	Adult Social Care; Public Health
Primary Care	Local Commissioned Services
Greater Manchester Mental Health	Primary Care Mental Health and Wellbeing; Community Mental Health Teams
Integrated Care Board	Continuing Health Care Placements; GP Prescribing; VCFSE; Community IS Services; Hospice

5. Trafford Key Locality Developments: Provider Collaborative

- 5.1 We are pleased to announce that we have formally secured a Co-Chair arrangement for the newly convened Provider Collaborative Board – the new Chairs of the Board are Diane Eaton (Corporate Director of Adults and Wellbeing, Trafford Council) and Gill Heaton (Group Deputy Chief Executive, Manchester Foundation Trust).
- 5.2 The Provider Collaborative Board has now agreed its draft ToR on the understanding further changes can be made as system architecture and clarity on operating models and GM governance emerge.
- 5.3 The Provider Collaborative has also made progress in developing its 'critical path' for shadow arrangements and defined where possible the key milestones and objectives. The recent publication of the NHS Planning Guidance 2022/23 alongside other sector and organisational priorities contained within the Locality Plan will influence the areas of prioritisation over coming weeks and months.

6. Trafford Key Locality Developments: Communications and Engagement

- 6.1 Locally we have been channelling our efforts through the established ICS Communications and Engagement Working Group. The groups two main objectives are:
- Development of a multiagency approach to ensuring public, patient and community engagement in the design, planning and delivery of services.
 - Effective System and Stakeholder communications
- 6.2 The ICS Design Framework is clear that a “a strong and effective ICS will have a deep understanding of all the people and communities it serves” and it remains a key pillar of our Locality Plan – with a shift to true coproduction.
- 6.3 It is worth noting the development of the Greater Manchester ICS People and Community Engagement Strategy. Currently Healthwatch Trafford are our Trafford system representatives on this steering group.
- 6.4 NHSE has developed guidance to support ICS development. In the ICS Implementation Guidance on working with people and communities and through our group we have completed an initial assessment of the 10 principles to identify good practice and any gaps.
- 6.5 The assessment has created awareness of success but also areas for improvement and approaches to build on. This detail is captured in a draft presentation/report and is due to go to the OSB in February. The report will contain a set of recommendations to strengthen governance, rationalise our collective engagement efforts, create new approaches and clarify responsibilities.
- 6.6 In order to have effective public, patient and community engagement we must ensure:
- There is the correct infrastructure, processes and sharing of information/intelligence
 - That the public, patients and communities have an opportunity (where appropriate) to determine priorities for change, shape the design of services from a position of lived experience, contribute to decision making and inform the evaluation and continuous improvement of services
- 6.7 A series of recommendations to enable the above have been drafted and will be shared in due course with the committee.

7 Recommendations

- 7.1 Health Scrutiny are asked to note the content of this report and progress to date