



## TRAFFORD COUNCIL

# AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH AND WELLBEING BOARD

Date: Friday, 15 March 2024

Time: 10.00 am

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

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1.	<b>ATTENDANCES</b>	
	To note attendances, including officers, and any apologies for absence.	
2.	<b>MINUTES</b>	1 - 10
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 19 January 2024.	
3.	<b>DECLARATIONS OF INTEREST</b>	
	Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
4.	<b>MENTAL HEALTH - DEEP DIVE UPDATE AND ALL AGE MENTAL HEALTH GROUP</b>	11 - 16
	To receive an update on the progress made against the deep dive priorities for Mental Health and next steps for population mental health, wellbeing delivery, and governance in Trafford from the Public Health Consultant.	
5.	<b>HEALTH AND WELLBEING BOARD ANNUAL REPORT</b>	17 - 66
	To receive an update on progress of all the SMART Action Plans and achievements throughout 2023/24 from the Director of Public Health and Public Health Consultants.	

6. **DRAFT DELIVERY PRIORITIES 24/25 AND REFRESH OF LOCALITY PLAN** 67 - 90

To consider a report on developments surrounding the refresh of the Locality Plan and the 2024/25 priorities from the Health & Social Care Programme Director.

7. **FAIRER HEALTH FOR TRAFFORD** Verbal Report

To receive an update following the inaugural meeting of the Fairer Health for Trafford Partnership from the Director of Public Health.

8. **BCF QUARTER 3 RETURN** 91 - 96

To receive the submitted Q3 return from the Corporate Director for Adults and the Deputy Place Lead for Health and Care Integration.

9. **URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

10. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

**SARA TODD**

Chief Executive

Membership of the Committee

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

Further Information

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

Paul Rogers, Democratic Officer

Email: [paul.rogers@trafford.gov.uk](mailto:paul.rogers@trafford.gov.uk)

## Health and Wellbeing Board - Friday, 15 March 2024

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## **HEALTH AND WELLBEING BOARD**

**19 JANUARY 2024**

### **PRESENT**

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

#### Also in attendance

Sara Todd	Chief Executive, Trafford Council
Nathan Atkinson	Corporate Director for Adults Services
Jill McGregor	Corporate Director for Children's Services
Richard Roe	Corporate Director for Place
Liz Calder	Director of Strategy, Greater Manchester Mental Health
Jo Cherrett	Chief Executive, Trafford Leisure
George Devlin	Trafford Community Collective
Matthew Fairhurst	Operations Manager, African and Caribbean Care Group
Jane Hynes	Public Health Programme Manager
Gareth James	Deputy Place Lead for Health and Care Integration
Jamie Lees	Head of Leisure
Tom Maloney	Programme Director Health and Care
Liz Murphy	Chair of the Trafford Joint Safeguarding Board
Jean Rose	Healthwatch Trafford
Caroline Siddall	Housing Strategy and Growth Manager
Richard Spearing	Managing Director of Trafford LCO
Jane Wareing	Clinical Director Trafford West PCN
Paul Rogers	Democratic Officer

### **APOLOGIES**

Apologies for absence were received from Councillors R. Thompson and P. Eckersley, and Heather Fairfield.

### **30. MINUTES**

RESOLVED: That the minutes of the meeting held on 17 November 2023, were approved as an accurate record.

### **31. DECLARATIONS OF INTEREST**

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

### **32. PHYSICAL INACTIVITY**

Jamie Lees, Head of Leisure, Trafford Council, gave a power point presentation which is attached to the agenda, in respect of Physical Activity in Trafford. He wanted to draw attention to the progress in physical activity since the deep dive in July 2022. He reminded the Board of the three key priorities which have been agreed and are as follows –

**Health and Wellbeing Board**  
**19 January 2024**

---

(1) Produce a dataset that enables strategic conversations around physical activity benefits, challenges and drivers, and reflects differences within and between neighbourhoods.

(2). Ensure that physical activity and healthy weight data and insights are fed into the neighbourhood plans and enable production of place-based physical activity plans.

(3). Develop neighbourhood active travel plans that include key evidence-based actions, and are completed alongside neighbourhood plans.

With regard to (1) above he drew attention to the Active Lives Survey shown on page 13 which gives a platform and a rich dataset. This year the sample size is 1000 people which allows more detail in the trends to draw upon. He referred to the following percentages from the survey (page 13 refers) –

- Active 68 %
- Fairly Active 8%
- Inactive 24%

Details of the above are set out in the report including the numbers of residents aligned to the above criteria. He informed the Board that adult activity in Trafford is at an all-time high. In terms of inactive adults this had not decreased since the Pandemic.

The 'Be Well' Survey is also utilised to understand activity levels of children and young people, and is carried out by Manchester University which the Council supports and that survey is broken down into localities and neighbourhoods.

He drew Members attention to the demographics of those inactive adults (page 14 of the report refers) which show that the black and Asian community have increased against the white, white other and mixed communities. Inactivity for men has reduced but women's inactivity has remained static throughout the year (page 15 of the report refers). The pandemic disrupted the reduction in inactivity for adults, with those adults with a limiting illness showing a higher inactivity rate against those without a limiting illness which has fallen. Inactivity in deprived households remains high (pages 16 and 17 of the report refers). To emphasize this those adults in lower social economic groups are more inactive than those in the higher groups and that gap is growing.

Members were informed that the report also draws upon other datasets to give a more detailed picture. These are

- Trafford Leisure Operating agreement
- Holidays Activity and Food Programme
- Travel Dataset

**Health and Wellbeing Board**  
**19 January 2024**

---

With regard to Priority 2 and the place-based physical activity plans he emphasised that there is not one plan for this priority but that it is a collection of approaches and programmes that support what we are trying to achieve. These approaches and programmes are set out on pages 19 – 23 in the report. It was emphasised that the place-based approach dovetails with the Neighbourhood programme: both of these work with local communities and local data. The collaborative action plans, led by local groups and residents, that increase opportunities to 'Move More', every day. The plans are based on the need identified by local 'Move More' partnerships (residents and local groups) and data and insight. More detail on 'Move More' partnerships and the link with the Leisure Investment Programme to promote Place based activity plans are shown in more detail on pages 21, 22 and 23 in the report. Particular reference was made to the proposed transformation of tired leisure centres into more sustainable hubs of local activity and movement, more detail on page 22 of the report. It was also emphasised that a bespoke approach is taken on the various areas in Trafford as it is not always the case that a particular approach in one area may not work in another area. Further details on Priorities 1 and 2 are set out on pages 30, 31, 23 and 33 to the Report.

Jane Hynes, Public Health Programme Manager, Integrated Commissioning, presented the Active Travel Plans key priority. Specific walking, wheeling and cycling highlight reports will be submitted to future meetings of the Health and Wellbeing Board. Terms of Reference have been drafted for Walking, Wheeling and Cycling Forum to receive residents views in terms of priorities and work will be put in place to deliver the physical infrastructure Network Strategy and some of the support around the Strategy to engage with people on cycle and walk routes. The following areas which are integral were also drawn to Members attention –

- Network strategy – prioritisation tool agreed and applied to existing schemes (those funded for feasibility, design and/or construction)
- Strategic partnership with Renew Hub to secure bike donations
- School Streets Officer hosted by Trafford Community Collective
- Identification of funding streams to enable delivery in priority locations (e.g. Talbot Road and A56 activations work)

With regard to Specific Outputs the following key points were underlined –

- TfGM grants programme – bike libraries, cargo/adapted cycles, cycle storage - £90k
- Bike libraries – Stretford, Sale West, Flixton
- Infrastructure scheme prioritisation – utilisation of Trafford Moving focus areas alongside key health outcomes and strategic planning priorities
- Beat the Street programme commissioned in Stretford and Old Trafford

**Health and Wellbeing Board**  
**19 January 2024**

---

- Links into Broomwood Moving – first place-based moving partnership

Regarding Risks the following were brought to Members attention –

- Limitations / compatibility of data to accurately inform work programmes - working to make the best use of data sets.
- Engagement of community and partners in shaping community plans
- Reduction in capital investment as pressure increases on public sector budgets
- Level of external / GM funding to support active travel.
- Capacity of stakeholders to align plans and deliver locally including Locality Teams, Trafford Leisure CIC, Trafford Council.

Further detail on all the above bullet points relating to the Active Travel Plans are specifically referred to on pages 33 and 34 to the report.

The Chair commented that it would be interesting to look at the age profiles of where people fall off doing exercise. Also can the safety of women exercising looked into. For example, going out in the dark to get to a gym to exercise.

In response to a question about age related inactivity, Jane Hynes informed the Board that there is a big drop off in physical activity of people from the age of 65 which is being addressed via a number of programmes such as Age UK's strength and balance programme, and Trafford Leisure's Physical Activity referral Scheme. On a point raised regarding the use of health professionals, the Board was advised that they are working with Trafford Leisure and TLCO to bring in a model which was used in the south of England for physio services to reduce physio waiting lists. They are going to create a mass triage event in leisure centres where people will be assessed and transferred direct to a physio referral team. This is one example.

Richard Spearing, Managing Director of Trafford LCO, reminded the Board that activity levels were positive so he underlined the need for the Strategy to be aimed at the inactivity levels. He emphasised that there are different forms of activity to suit each individual.

**RESOLVED:** That the Board notes the content of the Report and

- (i) Supports the next steps identified for each Priority as set out in the report;
- (ii) Commits to organisational actions that support the action plans referred to in the Report ; and
- (iii) Advocates for these plans through wider partnership/organisational groups.



**Health and Wellbeing Board**  
**19 January 2024**

---

### **33. TRAFFORD LOCALITY REFRESH PLAN**

Thomas Maloney, Programme Director Health and Care, Trafford Council/NHS GM presented a report which sets out the draft approach for the curation of the Locality Plan refresh, incorporating the Trafford Health and Wellbeing Strategy and outlines the parallel process of curating the Trafford Delivery priorities for 2024/25. The report covers the rationale, programme governance, ways of working, stakeholder management and outline content creation.

Thomas Maloney advised that there may be repetition of information from previous presentations but there is new detail within this presentation which will encourage a deep discussion on the refresh of the Locality Plan. He reminded Members that the aim is to create one plan for health, care and wellbeing in Trafford by integrating the existing Locality Plan aspirations and the Health and Wellbeing Strategy. He made reference to the aim and rationale of the refresh as detailed on page 4 of the presentation. He emphasised that there are a number of key drivers for change and referred to the missions of the ICP Strategy regarding stronger communities and helping people to stay well and detecting illness earlier, which are fundamental to the existing aspirations of the Locality Plan. He informed the Board that the Social Model of Health and Care is a long standing commitment in Greater Manchester and that the system is built based on a preventative model for health and care. Working in parallel to the Model is the GM Joint Forward Plan which includes a comprehensive Prevention and Early Intervention Framework. The GM JFP contains over 160 actions phased over the 5 year life course of the GM ICP Strategy. More detail on these actions are shown on page 10 of the presentation. There are a large number of strategies and page 6 of the presentation shows a number of these and importantly they drive the work going forward. He referred to the Greater Manchester Operating Plan and Local Delegated Responsibilities which are set out on page 7. There is an Agreed comprehensive Prevention and Early Intervention Framework as part of the Joint Forward Plan and some of the detail is set out on page 8 of the presentation. He emphasized the need to do the best we possibly can and the need to strengthen our approaches and indeed identifying areas for improvement this being one of the key drivers in the refresh. In distilling all the information he has drawn together and distilled a number of areas showing key 'Drivers for Change' that will impact and what the Board decides on a set of priorities for 2024-25 and provide a basis for the longer term aspirations of the Trafford Integrated Care Partnership as shown on page 11 of the presentation.

The Greater Manchester ICP approach to planning has started earlier than usual and the aim is to complete the 2024-25 plan by the end of March. Key dates are set out on page 13 and more detailed timetables will be shared with localities. Details of the approach to planning are set out on pages 14 and 15 with the timeline on Key Activities and Forums shown on page 16. Communications, Coproduction, Co-Design and Participation will be at the centre of the process producing the refresh as set out on page 17 of the presentation.

The Chair emphasised the importance of the drivers for change, referred to on page 12, to be implemented correctly to enable the Locality Delivery Portfolio to

**Health and Wellbeing Board**  
**19 January 2024**

---

progress positively. She further emphasised and agreed with the point made, that it is important for the peoples voice to be heard in addition to briefs and proposals mentioned. The Chair suggested that an invitation be sent to Health and Wellbeing Board Members with regard to them joining the time limited Locality Pan Refresh Group.

Helen Gollins, Director of Public Health, referred to the strength in the commissioning exercise held this week bringing together colleagues who wouldn't talk about the commissioning intentions together and it became clear what the priorities are jointly and individually. This meeting was new and something which we need to continue to do in future. She referred to the Health and Wellbeing Priorities and that there is a huge evidence base in terms of how the Council works in each of those priorities and the use of resources effectively and how outcomes are measured together with the voice of residents and indeed the communities all which needs to be taken on board when refreshing the Locality Plan. She drew attention to the Fairer Health for Trafford approach which compliments and would enable to be confirmed priorities.

Referring to a point made about those that we are not doing so well, Thomas Maloney reminded the Board that there are 160 actions phased over the 5 year life course of the Strategy. Some of these are the responsibility of the localities, for example upscaling social prescribing. He drew attention to other areas referred to earlier in the presentation where more work is needed in areas of where we are not doing so well but there is a need to prioritise whilst working within constraints.

Gareth James commended the Plan going forward but raised his concern over the next year with regard to the finance and performance context and how quickly we will be able to move forward. There is existing money in our health and care system so it is about prioritising those existing funds and working in partnership to deliver collective and better outcomes for Trafford people and communities.

Richard Spearing, Managing Director of Trafford LCO, emphasized the point that engaging with people in a respectful and kind way will achieve a positive response which was important in progressing the Plan.

Nathan Atkinson, Corporate Director of Adults and Wellbeing, emphasized that if we do not start to invest in prevention in a meaningful way by shifting resources there will not be any positive progress so we need to capitalise on the current commitment of partners and existing direction of travel in Trafford.

With regard to a point raise about making sure health inequalities are featured in the Plan, Thomas Maloney agreed that it is important that health inequalities are addressed in the Plan and continued improvement is carried forward by all partners, utilizing our shared governance to strengthen accountability.

RESOLVED: That

- (i) the Board notes the Report; and

**Health and Wellbeing Board**  
**19 January 2024**

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- (ii) the commitments as detailed in the presentation be endorsed together with the positive comments and suggestions made by Board Members on the way forward in respect of the Trafford Locality Plan Refresh.

**34. BETTER CARE FUND**

Nathan Atkinson, Corporate Director Adult and Wellbeing, presented a report regarding the Better Care Fund – Changeology Support Proposal.

In July 2023, Trafford resubmitted its Better Care Fund Plan for 2023/24, and supporting narrative to NHS England, following a required set of revisions from an earlier submission in June 2023. This was shared and retrospectively approved by Trafford’s Health and Wellbeing Board on 14th August, 2023 and Trafford received formal approval letter from NHSE. Trafford’s Q2 submission was accepted by the national BCF team and retrospectively signed off by the Health and Wellbeing Board in October 2023.

As part of this process, an offer of support from BCF Changeology Team was made, in the form of a deep dive into a challenging service or system issue, which is funded via the Better Care Fund. This is a time limited offer, with a maximum of 5 sessions (full days).

As the funding of Ascot House represents a significant proportion of Better Care Programme, and in light of the ongoing financial, contracting and delivery challenges it is proposed that this offer of support forms part of our ongoing Intermediate Care Review.

This report outlines the aims of this proposal which includes a review of our demand and capacity bed requirements following the introduction of IMC at Home (Pathway 1 D2A team within Trafford Community Response Service), and our current contracting and delivery model. This will provide external expertise to inform future decision making, in a politically and financially challenging service area.

**RESOLVED:** that the Board

- (i) notes the content of the report.
- (ii) provides system support and approval for this proposal.
- (iii) provides commitment by each partner organisation to engage with the project. Provide commitment by each partner organisation to engage with the project; and
- (iv) approves the submission of the Quarter 3 BCF Report to the Better Care Fund Central Team by the deadline of 9 February 2024.

**Health and Wellbeing Board**  
**19 January 2024**

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### **35. JOINT STRATEGIC NEEDS ASSESSMENT**

The Board considered a report submitted by Helen Gollins, Director of Public Health, and Kate McAllistair, Principal Public Health Intelligence Analyst, regarding the Health and Wellbeing Board's role in understanding and responding to our population's needs regarding Joint Strategic Needs Assessment.

The report set out each of the following (detail on pages 39 to 49) –

- Assessing and Understanding our population needs.
- A Joint Strategic Needs Assessment (JNSA) is a Statutory requirement that local authorities must meet.
- Definition of a JNSA.
- The need for a JSNA.
- How a Needs Assessment is carried out (further detail will be brought to a future Health and Wellbeing Board meeting).
- Categorising the population into the levels of need.
- How the population is identified.
- Considerations when carrying out a Needs Assessment.
- Opportunities and Benefits.
- Challenges.
- Existing / Forthcoming Needs Assessments in Public Health 2024-25

In terms of Forward Planning the aim is to develop a work plan for Needs Assessment activity for the next 12 months, with quarterly progress reviews.

Richard Sterling, Managing Director of Trafford LCO, was of the view that the neighbourhood networks would be a good place to take information from and to cross check that with what the community sector is saying which will show the areas that need help in terms of the Plan.

Nathan Atkinson, Corporate Director of Adults and Wellbeing, echoed the points made by Richard Sterling and drew attention to the various types of neighbourhoods within neighbourhoods and recognising inequalities and taking on board that communities have changed, and that Trafford is more diverse than it has ever been in terms of communities.

Sara Todd, Place Based Lead, Trafford, reinforced the previous points made that they now have some fantastic data place wise in terms of communities identities for example ethnic diversity and disabilities.

In response to a question around population needs unmet such as long term needs such chronic fatigue form covid, in other words invisible groups so how do we find out data about these groups, Helen Gollins advised that we would start by looking at national produced evidence at what we would expect to see in the population and taking account of organisations who support people in the communities and this data would support the needs assessment.

Thomas Maloney echoed the previous points raised and emphasised that the organisations and data resources that are available are phenomenal. It is about

**Health and Wellbeing Board**  
**19 January 2024**

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having the staff to use those resources to be fundamental to help strengthen and update our needs assessments.

Richard Sterling drew attention to the challenge for our partner organisations as to how we put this into our organisational plans and it would be a challenge for the Board.

RESOLVED: That

- (i) the report be noted; and
- (ii) the methods of travel in terms of progressing Needs Assessments for the population of Trafford as set out in the report and presentation together the points put forward by Board Members be endorsed.

Note: The Chair made reference to the fact that this would be George Devlin's last Health and Wellbeing Board meeting and thanked him for all his work.

The meeting commenced at 10.00 am and finished at 11.38 am

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## **TRAFFORD COUNCIL**

**Report to:** Health & Wellbeing Board  
**Date:** 15/03/2024  
**Report for:** Information/Decision  
**Report of:** Public Health/Policy Team

### **Report Title**

Mental Health: An update on the deep dive priorities and next steps for population mental health and wellbeing delivery and governance in Trafford

### **Purpose**

To update the Board on progress made against the deep dive priorities for Mental Health and next steps for population mental health and wellbeing delivery and governance in Trafford

### **Recommendations**

Members of the Board are invited to share any further update on their organisation's intention towards addressing the deep dive targets and whether they wish to set further ambitions in relation to Real Living Wage and Good Employment Charter accreditation.

The Board is asked to consider their role in future governance of population mental health and wellbeing in Trafford, specifically in the context of the newly established Trafford All Age Mental Health and Wellbeing Group.

Contact person for access to background papers and further information:

Name: Claire Robson/ Lucy Webster  
Telephone: 07816 118430/07929 876 648/

## **Mental Health: An update on progress towards addressing the 'deep dive' priorities and next steps for population mental health and wellbeing delivery and governance in Trafford**

### **1.1 Background**

The quality and security of work is extremely important for mental health and wellbeing, with permanent work identified as a protective factor. Fulfilling employment also offers a platform for structured routines, positive relationships, and gaining a sense of purpose and achievement, as well as providing access to an income.

The Greater Manchester Good Employment Charter (GEC) is a voluntary membership and assessment scheme that aims to raise employment standards across GM, for all organisations of any size, sector or geography and includes Real Living Wage accreditation (RLW).

In February 2022 Trafford's Health and Wellbeing Board set a target for 60% employers represented on the Board to commit to becoming Living Wage accredited and 30% to work towards full membership of the Good Employment Charter by April 2024.

### **1.2 Review of progress to date**

By March 2024 a total of 5 out of 10 (50%) organisations represented on the Health and Wellbeing Board are Real Living Wage accredited (Greater Manchester Police, Trafford Council, African Caribbean Care Group, Talk, Listen, Change and L&Q Housing).

2 out of 10 (20%) organisations represented on the Health and Wellbeing Board are Good Employment Charter accredited (Trafford Council and L&Q Housing) with a further 2 (GM Integrated Care and GM Mental Health Foundation Trust) identified as 'supporters' of the Good Employment.

Further detail is set out in Annex 1.

### **1.3 Next steps for population mental health and wellbeing delivery and governance in Trafford**

An All Age Mental Health Group has been recently established in Trafford which has met twice, bringing together stakeholders from across the Local Authority, NHS, VCFSE sector and including commissioned mental health service providers. It is jointly chaired by the Local Authority and ICB. The purpose of the group is to oversee mental health and wellbeing delivery and transformation across Trafford and to provide oversight of the delivery of the Trafford Mental Health and Wellbeing delivery plan. Greater Manchester has set 5 ambitions as part of a five year Mental Health and Wellbeing Strategy and each GM locality is asked to develop a delivery plan for 2024-2028 aligned to these five ambitions. Annex 2 sets out these five ambitions.

Trafford Public Health, in partnership with Trafford ICB locality Mental Health Commissioning leads and the Trafford VCFSE mental health lead has begun the process of socialising the five GM strategic ambitions with key stakeholders across Trafford as the starting point for wider consultation and co-production of priorities to be reflected in the drafting of the delivery plan. This has included conversations with:



- Local Authority leads for Transport, Planning, Housing, Environment, Poverty to ensure recognition within the delivery plan of the significance of the wider determinants/ building blocks that influence mental health and wellbeing
- Local women and service providers represented at the Trafford Women's Voices event (25<sup>th</sup> January 2024) to identify specific priorities and opportunities for improving the mental health and wellbeing of women
- Members of the citizen panel from the Poverty Truth Commission (PTC) to explore how the priorities for mental health identified by the PTC can be built on within Trafford's mental health and delivery plan
- Members of the Thrive in Trafford Children and Young People's Mental Health and Wellbeing Partnership to identify lifecourse opportunities for prevention and early intervention building on the recommendations of the Aqua review.<sup>1</sup>

Next steps are to build on these initial conversations and to co-produce with system stakeholders the content of a draft delivery plan. A mental health and wellbeing Joint Strategic Needs Assessment for Trafford will also be refreshed to inform the content of the delivery plan. A provisional timeline has been agreed with the All Age Mental Health Group to have a delivery plan ready for launch by autumn 2024.

#### **1.4 Summary**

Progress has been made towards meeting the Deep Dive target for 60% employers represented on the Health and Wellbeing Board to commit to becoming Living Wage accredited and 30% to work towards full membership of the Good Employment Charter by April 2024.

A new mental health and wellbeing delivery plan 2024-2028 is being developed for Trafford in line with the 5 GM strategic ambitions. This will be co-produced with stakeholders working across the system. It will take a lifecourse perspective and build on and address recommendations from previous consultations such as the Poverty Truth Commission and the Aqua review.

#### **1.5 Ask of the Board**

Representatives of the Health and Wellbeing Board are invited to provide any further updates on their organisation's commitment to/ intention towards addressing Real Living Wage and Good Employment Charter accreditation. The Board is also asked to consider whether they would like to set any further ambitions in respect of Real Living Wage and Good Employment Charter accreditation.

The Health and Wellbeing Board is asked to consider what role it might play in the future governance of mental health and wellbeing across Trafford, especially in the context of the newly established All Age Mental Health Group.

### **Annex 1**

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<sup>1</sup> In December 2021 NHS Trafford CCG approached Aqua – an NHS health and care quality improvement organisation working across NHS, care providers and local authorities to undertake a review to identify improvement opportunities for children and young people's mental health in Trafford.

### **Health and Wellbeing Board member organisation accreditation status for Real Living Wage and Good Employment Charter**

<b>Health and Wellbeing Board members</b>	<b>Real Living Wage accredited</b>	<b>Good Employment Charter accredited</b>	<b>Good Employment Charter supporter</b>
Greater Manchester Mental Health Foundation Trust			yes
Greater Manchester Police	yes		
Trafford Council	yes	yes	
Greater Manchester Integrated Care			yes
African Caribbean Care Group	yes		
Talk Listen Change	yes		
Trafford Community Collective*			
Trafford Local Care Organisation			
L&Q Housing	yes	yes	
Greater Manchester Fire and Rescue Service			
Healthwatch Trafford			
Total 10 (* doesn't include Trafford Community Collective for purpose of calculating % as this is member led and not a single organisation)	5 (50%)	2 (20%)	2 (20%)
	Target 60%	Target: 30% working towards	

(membership of the Health and Wellbeing Board taken from [Health and Wellbeing Board \(traffordpartnership.org\)](https://traffordpartnership.org); information about Good Employment Charter accreditation taken from [Members | GM Good Employment Charter](#); information about Real Living Wage accreditation taken from [GM Living Wage Campaign 2023 - Greater Manchester Poverty Action \(gmpovertyaction.org\)](https://gmpovertyaction.org))

### **Promoting awareness/encouraging accreditation**

Trafford Council's policy team has been working across the borough to support and encourage local businesses, partners, and organisations to become accredited.

On 21<sup>st</sup> June 2023 employers in Trafford and councillors came together at Stretford Public Hall at an event to promote the Real Living Wage

The Sustainable Growth Strategic Partnership Event that took place on 20<sup>th</sup> Feb 2024 focused on employment and skills and provided a further opportunity to promote the Real

Living Wage and Good Employment Charter. Further events are planned for 4<sup>th</sup> July and 8<sup>th</sup> October 2024 with a focus on Climate, and Inequalities and Health. The Real Living Wage and Good Employment Charter will be considered as part of wider determinants lens.

The Living Wage Foundation offers advice for any organisation considering becoming Real Living Wage Accredited. The Good Employment Charter website has lots of resources to support organisations considering accreditation. Emma Moseley (Trafford Council Senior Policy Manager) is happy to talk through Trafford Council's experience of applying and offer support to anyone considering becoming Real Living Wage Accredited.

**Annex 2: the 5 Greater Manchester strategic ambitions for mental health and wellbeing 2024-2028**

1	People will be part of mentally healthy, safe and supportive families, workplaces and communities
2	People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services
3	People with long-term mental health conditions will live longer and lead fulfilling and healthy lives
4	People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive
5	The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from

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## TRAFFORD COUNCIL

**Report to:** Health & Wellbeing Board  
**Date:** 15<sup>th</sup> March 2024  
**Report for:** Information/Decision  
**Report of:** Cllr Slater, Chair of Health and Wellbeing Board

### Report Title

Health and Wellbeing Board Annual Report 2023-24.

### Purpose

Trafford's Health and Wellbeing Board Annual Report looks back over the last 12 months and describes achievements and challenges against the key responsibilities and priorities of the Board.

### Recommendations

To inform future direction seven recommendations have been drawn from the review process, if agreed these actions will form the forward plan for the Board going into 2024-25. Therefore, it is recommended that Trafford's HWBB:

- I. continue to focus on the five priority areas, and,
  - a. identify a priority leadership trio for each priority to ensure ownership is truly system wide, so that the lead officers list includes a named lead from Trafford Council, NHS and VCSFE.
  - b. hold a dedicated deep dive session for each priority throughout the annual cycle. Reviewing outputs and performance to ensure we are making a difference.
- II. engage with and provide leadership to the Joint Strategic Needs Assessment (JSNA) including supporting the development process and annual workplan.
- III. review and determine the next phase of the Women's Health Strategy, including system leadership and governance.
- IV. be accountable for, and provide oversight of, progress towards addressing the wider determinants of mental health and wellbeing within Trafford's mental health and wellbeing delivery plan.
- V. support the work of the Fairer Health for Trafford Partnership.
- VI. update the HWBB Strategy 2019-2029 plan on a page via the established Locality Plan refresh work programme and for this to be shared on member organisation websites and electronically with partners.
- VII. schedule an annual review and report process for 2024-25.

Contact person for access to background papers and further information:

Name: Helen Gollins, Director of Public Health  
Telephone: 07817951555, email [helen.gollins@trafford.gov.uk](mailto:helen.gollins@trafford.gov.uk)

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# Health and Wellbeing Board Annual Report 2023-24

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MARCH 2024

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**TRAFFORD**  
COUNCIL



## Foreword

Welcome to the first annual report of the Trafford Health and Wellbeing Board. The health and financial challenges facing our communities and services means preventing ill health and supporting early intervention is more important than ever.

Although the Board has been meeting for nearly 10 years, as chair, I believe introducing an annual report will allow us to review our activity over the last 12 months, and lay out our plans for the next year, including recommendations for members to consider and agree.

I hope you enjoy reading about our achievements and consider the challenges we have faced over the last 12 months as a Board.

A handwritten signature in purple ink that reads "Jane Slater." The signature is written in a cursive style and is enclosed in a light grey rectangular box.

**Jane Slater**  
**Chair of Trafford Health and Wellbeing Board**  
**Labour Councillor for Stretford and Humphrey Park Ward**  
**Executive Member for Health and Care**



## Contents

Foreword .....	2
1. Introduction .....	4
2. Trafford’s Health and Wellbeing Board (HWBB) .....	4
3. Our Responsibilities .....	7
3.1 Trafford Joint Strategic Needs Assessments (JSNA) .....	7
3.2 Better Care Fund (BCF) .....	8
3.3 Child Deaths in Trafford .....	10
3.4 Health Protection and Infection, Prevention and Control.....	15
3.5 Trafford’s Women’s Voices .....	17
4. Our Priorities.....	18
4.1 Healthy Weight: Increasing the number of people who are of a healthy weight .....	18
4.2 Mental Health: Reducing the impact of poor mental health.....	22
4.3 Tobacco: Reducing the number of people who smoke or use tobacco ...	26
4.4 Physical Activity: Reducing physical inactivity .....	30
4.5 Alcohol: Reducing harms from alcohol.....	35
5. Summary and recommendations for 2024-25 .....	39
Appendix 1 - Terms of Reference .....	41
Appendix 2 – Membership of the Health and Wellbeing Board.....	47

## Version control

Date	Purpose	Version	To	Amends
08/03/25	Shared for review	0.1	Cllr Slater	No ammends
15/03/24	Sign off	final	Trafford Health and Wellbeing Board	

## 1. Introduction

Welcome to the first annual report of Trafford's Health and Wellbeing Board. This report looks back over the last 12 months and describes achievements and challenges against the key responsibilities and priorities of the Board.

Our work to improve health outcomes and reduce health inequalities in Trafford requires vision and strategic direction. To inform future direction seven recommendations have been drawn from the review process, if agreed these actions will form the forward plan for the Board going into 2024-25. Therefore, it is recommended that Trafford's HWBB:

- I. continue to focus on the five priority areas, and,
  - a. identify a priority leadership trio for each priority to ensure ownership is truly system wide, so that the lead officers list includes a named lead from Trafford Council, NHS and VCSFE.
  - b. hold a dedicated deep dive session for each priority throughout the annual cycle. Reviewing outputs and performance to ensure we are making a difference.
- II. engage with and provide leadership to the Joint Strategic Needs Assessment (JSNA) including supporting the development process and annual workplan.
- III. review and determine the next phase of the Women's Health Strategy, including system leadership and governance.
- IV. be accountable for, and provide oversight of, progress towards addressing the wider determinants of mental health and wellbeing within Trafford's mental health and wellbeing delivery plan.
- V. support the work of the Fairer Health for Trafford Partnership.
- VI. update the HWBB Strategy 2019-2029 plan on a page via the established Locality Plan refresh work programme and for this to be shared on member organisation websites and electronically with partners.
- VII. schedule an annual review and report process for 2024-25.

## 2. Trafford's Health and Wellbeing Board (HWBB)

Trafford's HWBB aims to improve the health outcomes of people living and learning in Trafford, and to reduce the impact of health inequalities. It does this through strategy development, improving partnership working, and using our knowledge of local needs from our JSNA to improve our services.

Health and Wellbeing Boards (HWBBs) were established under the Health and Social Care Act 2012 to promote partnership working between public health, the NHS and local government in order to improve health and wellbeing in the local population. Core membership of the board is set out by the Act to include Councillors, the local Healthwatch, the Greater Manchester-NHS team, and the directors of adult social services, children's services and of public health.

The HWBB has a statutory duty to produce a JSNA and a joint health and wellbeing strategy for Trafford residents. Additionally the Board signs off the locality's Better Care Fund (BCF) Plans, as well as receiving reports from the child death overview panel (CDOP), Health Protection and Health Resilience Board, (including Infection, Prevention and Control, IPC) and Women's Health Strategy. For a full list of Trafford HWBB's functions, please see [Appendix 1.4](#).

In Trafford we are focusing on using the HWBB to increase the number of years people spend in good health. There is variation in health outcomes across the borough, and in general, communities in the north of the borough fare much worse than those in the south, putting additional burdens on these communities.

To improve health outcomes, we are focusing on preventing poor health and on promoting wellbeing, as this will reduce health and social care costs, and enhance resilience, employment, and social outcomes. The board also considers the impact of health inequalities, which arise because of the impact of the wider determinants of health (or what are becoming more widely referred to as the building blocks for health such as jobs, homes, and education). Differences in the conditions in which we are born, grow, live, work and age influence our opportunities to live healthily, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing<sup>i</sup>. Although access to health and care services are important, they have less bearing on our health than the building blocks, but differences in people's access and experience of health and care services is a contributing factor to inequalities.

Tobacco use, physical inactivity, being an unhealthy weight, alcohol use and poor mental health are the major drivers of poor health and health inequalities in Trafford.

Although at borough level health outcomes for people who live in Trafford, or are registered with our primary care practices, are better than the national average, these figures mask hidden inequalities. It is important that the work of the Board is informed by consistent and robust intelligence. Table 2.1 presents a cluster of high-level indicators that describe the outcomes at a population level and against the HWBB five priorities.

The table shows that overall Trafford fares well relative to England in terms of these outcomes. However, we need to remain mindful that communities and cohorts within Trafford continue to experience health inequalities as demonstrated by the indicators for physical activity, alcohol, smoking and outcomes for people with serious mental illness.

**Table 2.1.** Trafford's health and wellbeing priorities indicators.

	Period	Trafford value	England value
<i>Overarching indicators</i>			
Healthy life expectancy at birth (males) - years	2018-20	66.3	63.1
Healthy life expectancy at birth (females) - years	2018-20	66.9	63.9
Infant mortality (rate per 1,000 live births)	2020-2022	2.9	3.9
Child mortality (1-17 years) (directly standardised rate per 100,000 population)	2020-2022	9.1	10.4
<i>Reducing physical inactivity</i>			
Percentage of physically inactive adults	2021/22	20.1%	22.3%
Percentage of physically active children and young people	2022/23	44.0%	47.0%
<i>Reducing the impact of poor mental health</i>			
Suicide rate (directly standardised per 100,000 population)	2020-22	9.3	10.3
Excess under 75 mortality in adults with severe mental illness	2018-20	454.7%	389.9%
Hospital admissions as a result of self-harm (10-24 years) (directly standardised rate per 100,000 population)	2022/23	297.3	319.0
% of looked after children whose emotional wellbeing is a cause for concern	2021/22	16.0%	37.0%
<i>Reducing the number of people who smoke or use tobacco</i>			
Smoking prevalence in adults	2022	8.0%	12.7%
Odds of smoking in adults in routine & manual occupations	2022	3.34	2.24
<i>Reducing harm from alcohol</i>			
Alcohol related mortality (directly age standardised per 100,000 population)	2022	38.1	39.7
Admission episodes for alcohol related conditions (narrow) (directly standardised per 100,000 population)	2021/22	373	494
<i>Increasing the number of people who are of a healthy weight</i>			
Reception prevalence of healthy weight	2022/23	80.9%	77.5%
Year 6 prevalence of healthy weight	2022/23	66.0%	61.9%
Percentage of adults classified as overweight or obese	2021/22	61.7%	63.8%

Produced by Trafford Public Health Intelligence Team,  
Feb 2024.

	Significantly better than England
	Not significantly different from England
	Significantly worse than England

Each of the priority areas has an active local partnership that are focused at a population and an inequalities level. Proportional universalism (delivering interventions proportionate to need), promoting inclusivity, tackling the causes, and mitigating the negative impacts of health inequalities are all considered within partnership work programs. The HWBB receives a detailed report from each of the priority areas throughout the governance year so members of the board are able to understand activity towards the agreed SMART action plan and provide challenge where appropriate.

## 2.1 The Annual Review Process

Lead officers have been asked to report on progress against the priorities and describe plans for 2024-25. The HWBB are asked to consider and agree recommendations that have arisen from this review process.

### 3. Our Responsibilities

This section describes the activity and progress achieved against the responsibilities of the HWBB. Considerations for the Board are included as well as plans for 2024-25.

#### 3.1 Trafford Joint Strategic Needs Assessments (JSNA)

**Governance:** Trafford's Health and Wellbeing Board

**Chair:** Cllr Jane Slater, Executive Member for Health and Care

**Lead Officer:** Helen Gollins, DPH and Kate McAllister, Principle Public Health Analyst, Trafford Public Health

##### 3.1.1 Background

Understanding the needs of our population is essential to good strategic decision making and effective commissioning. The JSNA is a statutory requirement of the HWBB. Broad in its scope, it enables us to gather, analyse and interpret data on the health and wellbeing needs of our residents and patients across a range of domains. This helps us to commission services in line with local needs.

The JSNA process was significantly impacted by the pandemic and in 2023-24 public health intelligence work focused on recovery and re-establishing the team and systems.

##### 3.1.2 Provide leadership and engagement to the JSNA through the establishment of a JSNA Steering Group

Establishing a JSNA Steering Group will strengthen the needs led, evidence-based approach required for improving health across Trafford and ensure that robust and quality intelligence is used to inform JSNAs and reduce duplication. It is proposed that the JSNA Steering Group would be a sub-group of the HWBB and would consider what JSNAs are required over the next 12 months and support the development, sign off and promotion cycle. The group would meet 2-3 times a year, review proposals for JSNA activity, including topic prioritisation, timelines, and resource allocation. The steering group would also ensure engagement with the JSNA by members of their organisations.

##### 3.1.3 Proposed JSNA annual workplan 2024-25

There are a number of needs assessments already in progress, including alcohol and substance misuse and oral health. Additional requests have been received by the Public Health Intelligence team for the following topics:

- Health and life expectancy outcomes for adults with learning disabilities
- Mental health: review of existing needs assessments for children and young people and adults, to ensure consistency and bring together where appropriate.
- Seldom heard/inclusion communities
- Health effects of climate change.

Finalisation of a future work plan for needs assessments will take place under the guidance of the proposed JSNA Steering Group. Prioritisation will involve consideration of feasibility, potential utility of a needs assessment in the context of commissioning decisions, resource availability, and wider contextual considerations.

The HWBB is asked to support the proposal for a JSNA Steering Group and agree to the JSNA work programme for 2024-25.

## 3.2 Better Care Fund (BCF)

**Governance:** Trafford's Health and Wellbeing Board

**Chair:** Cllr Jane Slater, Executive Member for Health and Care

**Lead Officers:** Nathan Atkinson, Corporate Director Adults and Wellbeing, Trafford Council, and Gareth James, Deputy Place Lead for Health and Care Integration (Trafford) NHS Greater Manchester Integrated Care

### 3.2.1 Introduction

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. It represents a unique collaboration between:

- The Department of Health and Social Care.
- Department for Levelling Up, Housing and Communities.
- NHS England.
- The Local Government Association.

The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan. Locally, the programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The HWBB has oversight of the BCF and is accountable for its delivery.

### 3.2.2 Trafford Better Care Fund

Locally the BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. The combined contributions of NHS GM and Trafford Council for 23/24 total £36.75m which includes £5.47m supporting the hospital discharge programme. Excluding the discharge funding, NHS GM contributed £20.6m slightly above the minimum contribution required of £19.4m and Trafford council contributed £10.7m.

### 3.2.3 BCF Priorities

The Trafford Health and Wellbeing Strategy and Trafford Locality Plan set out our local health care and wellbeing strategy which focuses on preventative and personalised care to

support people to live as independently as possible, with greater connection to their local community – and this is a driving factor in the content of our BCF plan.

One of the key system priorities for 2023-24 was urgent care and system flow, given the current challenges within the urgent care system and the impact any delayed discharge has on the whole system. The Trafford BCF plan 2023/2024 responds to this with schemes that support targeted long-term investments to build sustainable community services across all care pathways, to reduce pressure on urgent care and ensure people can be supported to leave hospital as soon as possible.

### **3.2.4 Performance**

The BCF is measured against nationally agreed metrics:

1. Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions.
2. Percentage of people who are discharged from hospital to their normal place of residence.
3. Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
4. Rate of permanent admissions to residential care per 100,000 population (over 65).
5. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services.

We completed a mandatory capacity and demand tool at the beginning of the year (March 23) which articulated our estimated delivery and performance for 2023/24.

We remain on track with most of the agreed metrics, where we are not on track it is within acceptable variance. We report quarterly as part of our BCF monitoring and reporting arrangements, with additional thematic performance data being used consistently by officers to monitor impact and influence continuous improvement programmes.

The data source for each metric varies due to where in the system or a person's care journey the information is captured, this subsequently impacts on when in the financial year new performance information against a metric is available. In our recent Q3 submission we can only report on performance information obtained in Q1 and Q2 (from April – end of September 24). It is therefore important to note that our 23/24 performance against these metrics cannot be completely understood until end of Q1 in 24/25.

Below is a selection of key achievements linked to our BCF programme (January 24):

- The introduction and embedding of Trafford Community Response Service which includes the Crisis Response Team which serves to support avoidable admissions with a range of opportunities to refer to the service both within the community and primary care as well as from the front door of the Urgent Care services. This also includes the Pathway 1 Discharge to Assess Team (implemented in Q3), providing IMC at Home. Thereby enabling more Trafford residents to return directly home for their rehabilitation that otherwise would otherwise been supported by P2 bed- based care.
- The introduction of the Rapid MDT to Pathway 3 Discharge to Assess beds, which reviews residents admitted into a bed within 48 hours, is supporting more of our

residents to return home, moving from Pathway 3 to Pathway 1. This team which includes social care, nursing and therapy has also supported a reduction in falls in the care home setting but providing an MDT within the first 48 hours of a resident entering a Discharge to Assess bed and has also identified residents who could be supported by bedded Intermediate Care (IMC) to enable them to subsequently go home. This team has enabled greater flexibility across discharge pathways, with Home First embedded within their ethos and is supported by GP Support Model.

- Q3 has focused on the embedding of new services as BAU and ensuring education is provided across health and care systems to ensure purpose and parameters of these services are understood and can therefore be appropriately utilised to their maximum and we continue to progress actions within our Community Recovery plan.
- The Trafford Control Room (TCR) remains the centre point for all referrals who require Health and Social Care Pathway 1 and Pathway 3. The control room offer an integrated team of health and social care staff, with the skill set to understand the holistic requirements of an individual with the ability to scrutinise referral pathways and challenge decisions for the most appropriate outcome for the individual.

### 3.2.5 BCF 2024-25

There are number of areas for improvement, and they will remain priorities within the BCF (2024-25), acknowledging the framework and guidance spanned 2023-25.

More collaborative work amongst Trafford stakeholders will help drive forward the following priority areas that we anticipate will be embedded into the 2024-25 BCF Plans:

- Continued development of Home First initiatives and services, including The Rapid MDT to D2A beds and Trafford Community Response Service (Crisis Response Team and P1 D2A /IMC at Home Team) and understanding the impact of these new services on system flow and future initiatives in line with the BCF.
- Review of current Pathway 2 bedded IMC requirements considering new community service provision being introduced, including a project with BCF and Changeology Team.
- Further development of the Trafford model of Hospital at Home.
- Further work to be undertaken by hospital colleagues regarding the TCR making the determination of pathway, recognise each locality will have varying community offers.

The full year impact of BCF schemes will not be reported until after year end (March 24) but in line with agreed reporting will be monitored through both the Trafford Locality Board, which incorporates our S75 Committee, and the next meeting of the HWBB once a new municipal year of meetings has been scheduled (Anticipated May 24).

## 3.3 Child Deaths in Trafford

**Governance:** Stockport, Tameside and Trafford Child Death Overview Panel  
**Chair:** Ben Fryer, Public Health Consultant, Stockport Public Health  
**Lead Officer:** Kate Shethwood, Public Health Consultant, Trafford Public Health  
**Presented to Board:** September 2023



### **3.3.1 Background**

It is important that we understand why any child dies and what as a system we can do differently to prevent this from happening or, if inevitable, ensure the child has the best death possible and their family and carers are supported throughout.

Each year the Stockport, Tameside, and Trafford (STT) Child Death Overview Panel (CDOP) publish a report, 'Learning from Child Death Reviews', to describe why children who lived in Stockport, Tameside and Trafford died, to learn from the circumstances as far as possible, and present recommendations for the future.

Data is now being recorded prospectively to allow a 5-year review to be completed. Five years of data will have been collected by the end of 2025. Discussions with GM CDOP colleagues are ongoing to enable a GM-wide review with resource required for this.

### **3.3.2 Key figures for 2021/22**

- In 2021-22, CDOP received 39 notifications of child deaths across STT, which has fallen slightly compared to the past five years.
- Infants aged under 1 year accounted for 39% of total, though in Trafford the infant mortality rate is significantly lower than in Stockport and Tameside
- The notification rate is higher than average in children who live in the most deprived areas of STT, but the gradient across deprivation quintiles is less clear.
- Just over a half (54%) of infants who died had a low birth weight; and 56% of infants who died were premature.
- Chromosomal, genetic and congenital anomalies were the most common cause of death for closed cases (15 deaths, 33%), followed by perinatal/neonatal events (12 deaths, 27%).
- Modifiable factors were identified in 11 (24%) closed cases. Smoking, domestic violence, perinatal mental health and substance misuse were the most common factors recorded.
- Just over a half (56%) of closed cases were expected deaths.

Trafford's Public Health team provides leadership for CDOP and ensures that recommendations from the panel are actioned.

### 3.3.3 Trafford responses to recommendations

Recommendation	Focused area	Action	Governance
Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These include:	Obesity; particularly in children and women of childbearing age	The Healthy Weight Steering group are progressing sign off on the Healthy Weight Strategy, which sets out the whole system approach to making Trafford a place where it is easier for residents to achieve and maintain a healthy weight. This includes specific work on school food, vending policy and advertising policy and links to physical activity plans. Infant feeding is part of Trafford's healthy weight and Start for Life strategies. This will be supported, particularly in the North pilot, through the Family Hubs focus on 1001 critical days.	HWBB
	Smoking by pregnant women, partners, and household members / visitors	As part of the Saving Babies Lives National Programme v3 Greater Manchester commission the smokefree pregnancy service. In Trafford this supports a nominated midwife and Midwife Support Workers in MFT to offer specialist smoking support to women who are pregnant, with regular visits and early first contact to emphasise the importance of the issue. For the wider population a full multi-agency Tobacco Alliance strategy and action plan has been developed. Trafford Council commission stop smoking interventions through pharmacies and GPs and is now investing in targeted smoking cessation offers for high-risk groups through a grants process.	GM LMNS Locality Quality Group (to Locality Board)
	Parental drug and alcohol abuse	Trafford Council commissions Holding Families programme from Early Break, which is a whole family approach to parental drug/alcohol use. We have supported the service to generate referrals for each cohort. Trafford Council also commission Early Break to deliver young people substance misuse support and an alcohol outreach prevention service. We are looking to review the processing of information and response to people seeking support for substance use who are parents, with safeguarding colleagues.	HWBB
	Domestic abuse	Trafford has a full programme of awareness raising work including both public and professional awareness, led by our main provider Trafford Domestic Abuse Service (TDAS) with partners. This includes posters, business cards, website information, training sessions and events. Services are working with a wide range	Domestic Abuse Partnership (to CSP)

Recommendation	Focused area	Action	Governance
		of settings such as schools, sporting associations, hairdressers, GPs, pubs to increase awareness and make access as easy as possible	
	Mental ill health	An all-age strategy is being developed for Trafford and will include specific aspects for parents and carers. This will reflect best practice with regards to supporting parental mental ill health whilst ensuring welfare of the child. One of Trafford's Suicide Prevention Partnership strategy priorities for 2022-25 is to raise awareness of the risk of suicide and self-harm in specific groups. CPD awareness sessions have been held for professionals as well as materials and sessions for the public. GM Self-Harm and mental wellbeing resources for young people and one for parents/carers will be made available this year.	All-Age Mental Health Group (to Locality Board)
	Co-sleeping	The HV team promote key messages to all clients, particularly those with babies under 1 year as part of universal contacts. The HV service also provide Care of Next Infant support to families who have experienced sudden and unexpected death of a baby or child. Messages within the red book are highlighted at every contact with the HV service. As part of Safer sleep week student Health Visitors promoted safer sleep campaigns in their practice areas. There was also an opportunity to highlight ICON messages (abusive head trauma). In addition to the promotion in community clinics, the safer sleep and ICON information were posted daily on social media platforms during the safe sleep week of action.	Safeguarding partnership
	Multiple embryo implantation during IVF procedures.	The Human Fertilisation and Embryology Authority (HFEA) is responsible for the regulation of IVF services in England and has been working since 1991 to reduce the multiple birth rate following IVF. Their work included the implementation of restrictions on triple embryo transfer, and a move to encouraging women to choose to have only one embryo transferred – termed the 'one at a time' policy. This policy, together with a target to reduce multiple births below 10%, has seen multiple births fall from 28% in the 1990s to 6% in 2021.	GM LMNS
In line with recommendations of previous CDOP annual reports,	Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.	MFT deliver personalised care, focused on community delivery. There is a lead matron with responsibility and experience around public health nursing and focus on health improvement and improving links in the community. A recognised gap was parent education, but a new post has been recruited to, to	HWBB

Recommendation	Focused area	Action	Governance
Maternity services should:		deliver antenatal classes which are not just about delivery itself but about support available before or after including perinatal mental health and financial support. MFT will work with partners to identify what parents would most benefit from, considering different areas of Trafford.	
	a. Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI	Public Health commission a Tier 2 community Weight Management service provided by Slimming World, who work in partnership with the Royal College of Midwives (RCM) and can support women from pre-conception to post-natal period. For pregnant women, the focus is not on weight loss, but on healthy lifestyle changes, with the support of their midwife or healthcare team. The tier 3 Specialist Weight Management Service (SWMS, commissioned by ICB) supports pregnant women when referred by their GP or midwife. Specialist midwives at MFT run a clinic with the Consultant for women with a BMI over 40 but also see women with BMI of 35-39 and give healthy eating advice, safe exercise in pregnancy and go through maternity pathway and clinical implications. Referral pathways to healthy weight service above are being strengthened and reviewed with midwives.	HWBB
All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010	Data quality	Recording of ethnicity on NHS Spine and in unlinked systems is a known issue within the GM ICB with programmes of work to improve this. Gaps in ethnicity data are routinely questioned at CDOP panel, to ensure that any data on ethnicity on partners' systems is shared.	Local Quality Group

The HWBB is asked to continue to support the CDOP process and members are asked to priorities any required improvements.

### 3.4 Health Protection and Infection, Prevention and Control

**Governance:** Health Protection and Health Resilience Board

**Chair:** Helen Gollins

**Lead Officer:** Helen Gollins, DPH and Anna Anobile, Matron for Infection Control, Trafford Public Health

**Presented to Board:** May 2023

#### 3.4.1 Background

The Health Protection and Resilience Board is accountable to the HWBB. The multi-agency board meets quarterly to:

- provide strategic leadership on any surveillance and Outbreak Management within Trafford.
- enhance partnership working on health protection in Trafford between Trafford, NHS, UKHSA and other local services and to assist the Director of Public Health to discharge their responsibility for ensuring oversight of health protection in Trafford.
- provide assurance to the HWBB and relevant stakeholders, on behalf of the population of Trafford, that there are safe and effective arrangements and plans in place to protect the health of the population.

#### 3.4.2 Key Priorities

During 2023-24, the Board focused on six priorities:

1. Continued awareness, response and management of COVID across our system.
2. Seasonal preparedness including Infection prevention and control (IPC) and vaccination programmes.
3. Assurance of emergency planning and preparedness.
4. Increase uptake and reduce inequalities in MMR vaccination.
5. Promote Antibiotic Stewardship across Trafford.
6. Ensure our Health Protection and IPC offer supports our seldom heard population including Asylum Seekers, travellers, and homeless living in Trafford.

There has been progress against all the objectives, with successful change demonstrated in MMR uptake and Antibiotic Stewardship. The objectives are being reviewed and consulted on by the Board with a refreshed set being the focus for 2024-25. The new set of objectives will be shared with the HWBB for agreement.

#### 3.4.3 Infection, Prevention and Control

**Lead Officer:** Anna Anobile, Matron for Infection Control, Trafford Public Health

Over the past twelve months, new challenges have arisen for the Community Infection Prevention and Control Team (CIPCT) in Trafford and for teams in other localities across Greater Manchester. As cases of communicable disease which were not prevalent in

recent 'COVID-19 dominated' years have risen, such as measles, scarlet fever, and outbreaks of outbreaks of diarrhoea and vomiting, focus for IPC has been to understand and investigate trends and incidents of infection, and to engage and educate partners in health and social care, and wider community groups to reduce the risk of avoidable disease.

Trafford Community Infection Prevention and Control Team have participated in collaborative multi-partner efforts to improve Trafford localities position at national outlier in terms of broad-spectrum antibiotic prescribing. The team have also worked proactively over the past year to implement learning and practical measures to combat and treat potentially avoidable Healthcare Associated Infection (HCAI) such as *Clostridioides difficile* which has seen rise in cases locally and nationally – reason for which is unknown, and other infections such as E-coli and MRSA.

The resurgence of measles cases nationally and in other areas of Greater Manchester (GM) has provided opportunity for the Community IPC team to work proactively with partners in Trafford and GM to provide reassurance and clarity to partners, including schools and early years settings. Incidents reported of presentation of suspected cases has, at times, highlighted gaps in knowledge and good practice, however, such incidents have been used effectively to promote learning in primary care around timely suspicion, recognition, testing, standard/transmission-based IPC precautions and vaccination to reduce risk of spread.

Outbreaks and incidents of other infectious diseases reported to CIPCT over the past year have included scarlet fever, diarrhoea, and vomiting (D & V), influenza A (Flu A), and thankfully a small number of cases of scabies which has caused problems across other areas of GM. The team works closely with all partners who report infection to ensure they receive timely advice and support to manage incidents and outbreaks.

The programme of audit and teaching with care homes, including participation in quarterly link meetings, has seen positive change across settings, and highlighted areas for improvement and joint working to promote best practice. The team have also provided training for domiciliary care staff employed through Trafford Council. Through incidents and trends of E-coli and urinary tract infection, a need for domiciliary and homecare staff to have access to mandatory training around stringent continence and catheter care was highlighted by CIPCT, and in 2023 through liaison with Adult Social Care (ASC) commissioning partners focused training for community homecare and care home teams was accessed and provided.

The Community IPC team continue to be guided by The Health and Social Care Act 2008 '*Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*' which sets out requirements for health and social care services to ensure compliance around cleanliness and infection. The NHS National

Cleaning Standards 2021 also underpin the premise for the recommenced programme of audit in GP practices which was outlined as a priority for 2023-2024.

The focus for the service over the coming year continues to be to promote understanding and best practice around robust infection prevention and control practices across Trafford – for health and social care partners, within education and early years, and for the wider population. Understanding patterns and threats of infection enables the service to forward plan, and to continue to engage proactively with partners to reduce the risk of communicable disease and avoidable infection.

### 3.5 Trafford's Women's Voices

**Governance:** Currently reporting into the Health and Wellbeing Board, future governance routes to be explored

**Chair:** Claire Robson Public Health Consultant

**Lead Officer:** Claire Robson, Public Health Consultant

Trafford Women's Voices aims to enable local women to engage with those responsible for designing, leading, commissioning and delivering health and care services to prioritise actions for systemic change and improvement. The work is being driven forward by a small steering group of representatives including from across the local authority, NHS, Primary Care, and VCFSE sector. Trafford's Neighbourhood Engagement Coordinators have played a key role in building a rapport with women across Trafford's neighbourhoods and creating trust that enables local women to share their experiences, their vision for improvement and playing an active role in co-creating system improvements.

On 25<sup>th</sup> January over 80 delegates joined an event at Stretford Public Hall focused on women's health. Information was shared about the Greater Manchester Women's Health Strategy and discussions took place themed across 5 priority areas (mental health, women's health hubs, carers, maternity and cancer). Panel members came together representing hospital services, community services, primary care, the VCFSE sector and Trafford's neighbourhood networks to share their vision for change. Actions identified through the conversations at the event are being pulled together into SMART actions with identified delivery owners. The workstreams will report into a range of existing governance fora. The vision is for the Trafford Women's Voices steering group to operate as a 'hub and spoke' model, bringing some coordination to collaborative efforts that are owned by distributed leadership across Trafford and system partners.

## 4. Our Priorities

Tobacco use, physical inactivity, being an unhealthy weight, alcohol use and poor mental health are the major drivers of poor health and health inequalities in Trafford.

During 2022-23, the HWB took a collaborative approach to reviewing the priorities. A series of workshop were held that incorporated robust intelligence and evidence. Partners were asked to describe current challenges and opportunities against each of the priority areas. This process resulted in five SMART action plans that have been a key focus for the relevant partnerships.

### Trafford's HWBB is committed...

To support our residents to be a healthy weight

To reduce the impact of poor mental health

To reduce the number of people who smoke or use tobacco

To reduce physical inactivity

To reduce harms from alcohol

### 4.1 Healthy Weight: Increasing the number of people who are of a healthy weight

**Governance:** Health Weight Steering Group

**Chair:** Jane Hynes, Public Health Programme Manager

**Lead Officer:** Jane Hynes, Public Health Programme Manager, Trafford Public Health

**Presented to Board:** November 2023

#### 4.1.1 Trafford's Position

- Adults: prevalence of excess weight in adults in Trafford is 61.7% which is similar to the England average of 63.8%. With a population of around 176,000 adult residents, this equates to around 108,000 adult residents who are overweight or obese. (2021/22 data)
- Children and young people: latest National Child Measurement Programme data (2022/23) shows us that at age 4-5 years (reception) 17.8% of children are overweight



or very overweight (better than England – 21.3%), while at age 10-11 (year 6) this is 31.8% (better than England – 36.6%).

- In reception, the inequalities in excess weight between children living in the most and least deprived quintile have virtually been eliminated, with this being driven by a decrease in excess weight prevalence in the most deprived quintile.
- However, at year 6, there are significant internal inequalities where children living in the most deprived quintile are nearly twice as likely to overweight or very overweight (44.6%) than those living in the least deprived quintile (24.6%).

#### **4.1.2 Progress in 2023/24**

The HWWB conducted a deep dive into Healthy Weight in July 2022, with the aim of establishing a number of priority actions for the Board to support. The deep dive was attended by a wide range of stakeholders from across the system and four priority actions were agreed and supported by the Healthy Weight Steering Group:

1. Advertising policy
2. Local planning and policy
3. School food
4. Vending policy

We know that there is a complex system of factors that drive excess weight, and with such a huge number of people living with overweight and obesity, it makes sense to work to prioritise these system level actions that will have a population level impact. Thus, these priority actions identified through the deep dives aim to address the wider determinants of excess weight at a population level, rather than focus on actions that require individual level changes.

Recommendation 1: Advertising policy - undertake a feasibility study into the development and adoption of a Council policy relating to the advertising of foods high in fat, salt and sugar (HFSS) on Council-owned land. Produce recommendations for action with associated timescales in line with current contractual arrangements.

The public health team has undertaken a significant amount of scoping work on this recommendation, including reviewing contract renewal dates for large and small format advertising, type of products advertised on Council land, and experience of the other local authorities across the country who have implemented HFSS advertising restrictions.

The next steps are:

- To draft and share a revised advertising policy and work with colleagues within the Place Directorate to agree final wording and implementation.
- To work collaboratively with colleagues in other GM localities and the GM Population Health Team to implement revised advertising policy to enable co-ordination and increase impact of advertising restrictions in terms of health outcomes.

Recommendation 2: Local planning and policy – influence local planning policy and decisions that impact on food and transport to ensure that people in most disadvantaged neighbourhoods are able to access affordable, healthy and sustainable food.

Public Health have consulted with colleagues in Strategic Planning to understand the timelines and processes in relation to the Local Plan and how we can influence content to ensure sufficient levers to achieve outcomes that positively impact on health.

The new Local Plan is in preparation, and the draft will be made available for consultation in mid-2024. The final version then requires central government approval, so is unlikely to come into force until 2026. In order to develop health related Strategic Planning Decisions (SPD) there needs to be a strong policy ‘hook’ within the plan itself which provides the justification for the SPD.

The next steps are:

- To assemble and review evidence base on effectiveness of SPDs
- Research current food and planning landscape in relation to e.g. dark kitchens to establish whether SPDs are a sufficient lever to influence consumption
- Review wording of draft Local Plan and engage further with Strategic Planning colleagues to establish whether the health and wellbeing elements are strong enough to support SPDs
- Develop draft proposals for SPDs (dependent on outcome of above)

Recommendation 3: School food - ensure school food standards are met across Trafford and develop a set of enhanced school food standards for Trafford (reflecting health and climate) by. Implement enhanced school food standards in at least one school.

Public Health have a small non-recurrent budget and are in the process of commissioning an external organisation to undertake a review and feasibility study of this priority and to provide specialist technical support and nutritional analysis, as well as providing recommendations and drafting enhanced school food standards for Trafford. This will deliver recommendations that take account of increasing food and labour costs and the need for profitability, environmental sustainability, and improvements to population health. We have specifically asked potential providers how they balance ambition and pragmatism in the current economic climate.

The outcomes which we are seeking to achieve are as follows:

- To develop a feedback/support/non-compliance pathway to ensure that non-compliance of the school food standards is addressed.
- To provide recommendations on the sufficiency of the national school food standards in relation to health and sustainability and assess feasibility of introducing enhanced

school food standards for Trafford that consider the economic, environmental and social challenges in the sector.

- To develop a Trafford template for a whole school food policy that includes all food and beverage provision on site that can be adapted and utilised by schools.

The next steps are:

- Review tenders and award contract to progress this work.
- Support trainee Environmental Health Officer to complete research project into school food standards adherence.

**Recommendation 4: Vending policy - Develop a policy statement on vending machines by December 2023 and implement this across HWBB partner organisations by April 2024, or in line with contract renewals.**

Vending machines typically contain energy dense snacks and drinks, and often are in areas where there are no alternative purchasing choices. The Public Health team are currently undertaking an evidence review on vending and healthy vending, to establish how best to develop local policies that can be adopted and shared with Health and Wellbeing Board members' organisations to achieve this recommendation.

It should be noted that Trafford Leisure already have a plan to address vending machines within Leisure Centres alongside the leisure investment programme and refurbishment of these buildings. There are no vending machines within Move Urmston, instead there is a café offering a range of food and drink, and this will be replicated in Move Altrincham and other centres on post-refurbishment re-opening.

The next steps are:

- Complete evidence review on vending
- Review vending machine provision across Council estate
- Review current HWBB partner vending machine provision across all Trafford sites
- Develop draft vending policy template for use by HWBB partner organisations.

#### **4.1.3 Plans for 24/25 include:**

- Continue to progress actions associated with the above recommendations
- Review Healthy Weight Strategy, progress through formal governance and sign off
- Review and prepare for re-commissioning of weight management services for adults, families, children and young people.

#### **4.1.4 Risks and challenges**

- Perceived risk to revenue budgets associated with the recommendations (specifically school food, advertising and vending).
- Economic and political environment impacting on affordability and availability of food and limited local levers to address this.

- Capacity within the wider system to prioritise this work which is complex and difficult to achieve.

## 4.2 Mental Health: Reducing the impact of poor mental health

**Governance:** All Age Mental Health Group

**Chairs:** Nathan Atkinson, Corporate Director, Adults and Wellbeing, Trafford Council and Gareth James, Deputy Place Lead for Health and Care Integration (Trafford), NHS Greater Manchester Integrated Care

**Lead Officers:** Claire Robson, Public Health Consultant, Trafford Public Health, Lucy Webster, Public Health Manager, Mental Health, Wellbeing and Suicide Prevention, Trafford Public Health, Ric Taylor, Head of Service Delivery and Transformation Mental Health & Learning Disability (Trafford), NHS Greater Manchester Integrated Care and Sally Atkinson, Children and Young People's Clinical Commissioner, Trafford Council

**Presented to Board:** March 2024

### 4.2.1 Trafford's position

- The percentage of Trafford patients aged 18 and over with depression, as recorded on GP practice disease registers, is 15.4%, representing 29,339 patients (2021/22 data). This is slightly higher than the England average (12.7%).
- During the three year period 2020-2022, 56 Trafford residents took their own lives. The Trafford suicide rate (9.3 per 100,000 population) is similar to the England average (10.3 per 100,000). The Trafford rate among males (12.1 per 100,000) is almost twice as high as among females (6.7 per 100,000).
- Trafford adults with a serious mental illness are more than 4.5 times more likely to die early than those without. Trafford fares relatively badly on this indicator, being statistically significantly worse than the England average and ranking 5<sup>th</sup> highest among local authorities in the North West.
- The rate of hospital admissions of 10–24-year-olds due to self-harm in Trafford (297.3 per 100,000) is statistically similar to the England average.
- The proportion of Trafford children who are looked after whose emotional wellbeing is a cause for concern (16.0%) is less than half the proportion for England (37.0%).

### 4.2.2 Progress in 2023/24

#### Health and Wellbeing Board deep dive

The quality and security of work is extremely important for mental health and wellbeing, with permanent work identified as a protective factor. Fulfilling employment also offers a platform for structured routines, positive relationships, and gaining a sense of purpose and achievement, as well as providing access to an income. Employment is therefore a key building block for mental health and wellbeing.

In February 2022 Trafford's Health and Wellbeing Board set a target for 60% employers represented on the Board to commit to becoming Living Wage accredited and 30% to work towards full membership of the Good Employment Charter by April 2024.

Trafford Council's policy team has been working across the borough to support and encourage local businesses, partners, and organisations to become accredited. On 21<sup>st</sup> June 2023 employers in Trafford and councillors came together at Stretford Public Hall at an event to promote the Real Living Wage. The Sustainable Growth Strategic Partnership Event that took place on 20<sup>th</sup> Feb 2024 focused on employment and skills and provided a further opportunity to promote the Real Living Wage and Good Employment Charter. By March 2024 a total of 5 out of 10 (50%) organisations represented on Trafford's Health and Wellbeing Board are Real Living Wage accredited (Greater Manchester Police, Trafford Council, African Caribbean Care Group, Talk, Listen, Change and L&Q Housing). 2 out of 10 (20%) organisations represented on the Health and Wellbeing Board are Good Employment Charter accredited (Trafford Council and L&Q Housing) with a further 2 (GM Integrated Care and GM Mental Health Foundation Trust) identified as 'supporters' of the Good Employment.

#### **4.2.3 Trafford Mental Health and Wellbeing delivery plan**

Greater Manchester has updated a five-year Mental Health and Wellbeing Strategy which sets out 5 ambitions to improve the population's mental health, to better support those with mental ill health and to reduce mental health inequalities across the city region. Work is underway to develop a Trafford mental health and wellbeing delivery plan aligned with the 5 GM ambitions.

An All-Age Mental Health Group has been recently established in Trafford and has met twice. The group brings together stakeholders from across the Local Authority, NHS, VCFSE sector and including commissioned mental health service providers. It is jointly chaired by the LA and ICB and its purpose is to oversee mental health and wellbeing delivery and transformation across Trafford providing oversight of the delivery of the Trafford Mental Health and Wellbeing delivery plan.

Public Health, in partnership with Trafford locality GM Mental Health Commissioning leads and the Trafford VCFSE mental health lead have begun the process of socialising the five GM strategic ambitions with key stakeholders across Trafford. This has included meeting with Local Authority leads for Transport, Planning, Housing, Environment and Poverty (factors which are important social determinants of mental health); table top discussions on mental health at the Trafford Women's Voices event (25<sup>th</sup> January 2024); a conversation with the citizen panel from the Poverty Truth Commission and tabling with the Thrive in Trafford Children and Young People's Mental Health and Wellbeing Partnership.

A mental health and wellbeing financial investment and measures tracking exercise is also underway.

#### **4.2.4 Public Health commissioned projects**

Public Health has commissioned a 2-year pilot school transition programme called HeadStart to support the mental wellbeing of year 6 pupils into secondary schools. This programme is working with 5 primary schools and is targeting children living in areas of most deprivation with high rates of referrals to CAMHS. It will raise awareness of emotional literacy amongst pupils and staff.

Public health also commission delivery of the Family Wellbeing Programme to support children and young people and families to eat well, move more and improve mental wellbeing and family cohesion. Demand has been overwhelming.

Public Health has commissioned BlueSci community mental health and wellbeing services to deliver a new specialist stop smoking service for those on the Serious Mental Illness register. This service supports those on discharge from inpatient mental health support and residents already living in the community with an SMI need. This service includes behavioural support, nicotine replacement therapy and e-cigarettes. Additionally Public Health has supported work on the quality of SMI Health Checks by ensuring that GPs have sufficient information about services to refer into where identified need.

Public Health organised for Youth Connect 5 to train youth provision colleagues in running mental wellbeing sessions to equip parents to support their children. 10 Trafford colleagues were trained from Manchester Foundation Trust, Trafford Domestic Abuse Service, Trafford Team Together and Gorsehill Studios.

#### **4.2.5 Suicide prevention**

Trafford's Suicide Prevention Partnership Board meets quarterly and steers implementation of Trafford's Suicide Prevention Strategy 2022-2025. The Partnership coordinates responses to suicide and champions activities to reduce suicide, making strategic links across sectors to help identify operational capacity across system partners to progress actions.

Over the past 6 months three task and finish groups have taken place with a focus on:

- Frontline responses to suicide ideation
- Protocols for responding to real time suicide surveillance data
- Support for staff impacted by suicide

As part of the Greater Manchester Month of Hope for World Suicide Prevention Day in September 2023 Trafford developed our own "Making Every Contact Count" for financial wellbeing training to raise awareness of the connection between money and mental wellbeing, signposting to mental and financial wellbeing and how to have conversations to prevent suicide. 36 colleagues accessed the training, including from Greater Manchester Police, Samaritans, Trafford Council, CFC Organisation, GM Poverty Action, GMMH,



Domestic abuse charity, Irwell Valley, Parkinsons Organisation, DWP, The Big Life Group, Trafford Leisure, Age UK and St Johns Community Centre.

Public Health has commissioned The Counselling and Family Centre in Altrincham to deliver 15 training sessions in Suicide Prevention and Awareness to support our priority in ensuring our workforce and residents feel confident and skilled to have conversations about mental health and suicide. The training is being prioritised for staff working with at risk groups.

#### **4.2.6 Plans for 2024-25 include:**

- To refresh a mental health and wellbeing Joint Strategic Needs Assessment
- To co-produce (with system stakeholders) Trafford's mental health and wellbeing delivery plan 2024-2028. A provisional timeline has been agreed with the All-Age Mental Health Group to have a delivery plan ready for launch by autumn 2024 (1/10/24)
- Further develop cross system task and finish groups to implement priorities within Trafford's suicide prevention strategy.
- Embed prevention and early intervention opportunities for mental health through Trafford's Neighbourhood Networks

#### **4.2.7 Risks and challenges**

Rising thresholds of acute population mental health needs creates a risk that system efforts are increasingly focused on short term, 'downstream' action (responding to presenting need). This detracts from protecting proportionate investment upstream which is necessary for putting in place, embedding and sustaining longer term, more cost-effective approaches for early intervention and prevention to improve population mental health and wellbeing outcomes.

#### **Recommendations:**

- To conduct a refresh of the mental health JSNA informed by risk and protective factors for mental health across the lifecycle.
- Assess how well preventative mechanisms in Trafford address the mental health needs identified through the JSNA and identify any gaps.
- Agree a mental health outcomes framework (linked to a data dashboard) to regularly update the All-Age Mental Health Group and wider partners on key success measures.
- For the Health and Wellbeing Board, to be accountable for and to provide oversight of progress towards addressing the wider determinants of mental health and wellbeing within Trafford's mental health and wellbeing delivery plan.

### 4.3 Tobacco: Reducing the number of people who smoke or use tobacco

**Governance:** Trafford's Tobacco Alliance

**Chair:** Jo Bryan, Public Health Programme Manager

**Lead Officer(s):** Jo Bryan, Public Health Programme Manager and Aimee Hodgkinson, Public Health Commissioning Manager

**Presented to Board:** July 2023

#### 4.3.1 Trafford's position

- Smoking prevalence among Trafford adults has more than halved over the last decade or so from 18.2% in 2011 to 8.0% in 2022. Trafford prevalence is statistically significantly lower than the England average (12.7%), and the 2<sup>nd</sup> lowest in the Northwest.
- Trafford adults in routine and manual occupations are more than three times (3.34) more likely to smoke than working adults in other occupations and, in this respect, Trafford fares less well than the England average where the difference is 2.24-fold.

#### 4.3.2 Progress in 2023-24:

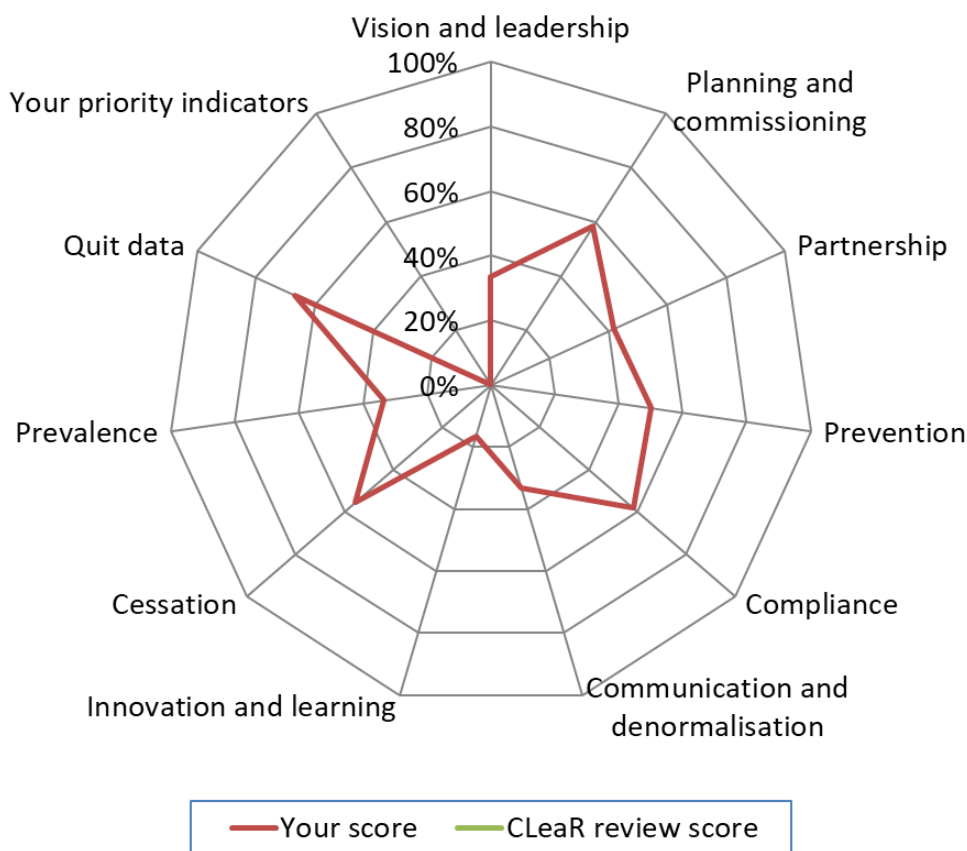
23/24 Goal	Outcome Intended
To develop a Trafford Tobacco Alliance	To improve integrated working, develop a tobacco control action plan and monitor progress of agreed actions to reduce smoking prevalence in Trafford and improve tobacco support available to Trafford residents.

A considerable amount of work has gone in to developing the new Trafford Tobacco Alliance, chaired by a Public Health Programme Manager and includes partners from across the system including the Greater Manchester Making Smoking History Team, existing Trafford smoking cessation service providers (such as Bluesci and Early Break) and wider services. This group has developed a Trafford vision, strategy and action plan – further details outlined below.

23/24 Goal	Outcome Intended
Undertake the CLEAR assessment tool to create an evidence-based approach to tobacco control.	To ensure there is appropriate leadership, evidence-based services and outcomes measured against national, regional and local priorities. This will indicate areas of strength, opportunities for development and improvements to local tobacco control.



The CLEAR assessment tool has been completed, there are areas for improvement across all strands of the CLEAR assessment as expected, considering this is our baseline assessment. Details of the CLEAR assessment are outlined below:



The follow up to this CLEAR assessment is detailed in the next 23/24 goal.

23/24 Goal	Outcome Intended
<b>Produce a multi-agency, comprehensive tobacco control plan.</b>	To detail the actions required to address the areas for improvement in the CLEAR assessment tool, this plan will be monitored by the Tobacco Alliance with a clear framework to monitor outcomes.

The Trafford Tobacco Alliance have come together to develop an action plan which has 4 chapters, these include:

- 1. Prevention and Reducing Risk** – This section focusing reducing uptake and supporting the tobacco needs of children and young people, as well as making the general population aware of the existing Trafford smoking cessation support services.
- 2. Reduce Variations in Smoking Rates** – This focuses on the recommendations of the Trafford smoking needs assessment to identify priority groups for smoking cessation

support and develop a programme of work to target priority groups with higher smoking prevalence.

3. **Effective Enforcement** – To improve reporting of suspected underage sale and illicit tobacco products. Trafford Council Public Health Team currently invest in additional resources in the trading standards team to support this area of work.
4. **Protect the Environment** – To reduce the environmental harms of disposable e-cigarettes and increase the uptake of smokefree spaces.

This action plan is reviewed at each Tobacco Alliance meeting, and we plan to further progress these actions in 2024/25.

23/24 Goal	Outcome Intended
<b>To develop a comprehensive communications calendar</b>	For tobacco alliance members and wider partners to utilise the communications calendar, and this to be owned by all local partners engaged in tobacco control.

Tobacco control colleagues have been kept updated with communication campaigns and public health awareness days such as ‘*No Smoking Day*’ & ‘*Stoptober*’ through the tobacco alliance membership. Trafford Council Public Health Team have put some additional investment into the Trafford Communications Team to help develop a communications plan and support the tobacco alliance to promote and engage Trafford residents into tobacco control efforts, expected to begin early 2024.

#### 4.3.3 Additional progress:

Since these 2023-24 goals were first established, the government announced their plans for ‘*Stopping the Start: The government’s Plans to Create a Smokefree Generation*’<sup>1</sup>. There are four strands to this plan which include:

1. **Creating a Smokefree Generation** – The government plan to bring forward legislation making it an offence to sell tobacco products to anyone born on or after 1 January 2009. This means that any children turning 14 or younger this year will never be able to be legally sold cigarettes.
2. **Helping Smokers Quit** – Local authorities will be awarded additional investment in 2024/25 up to 2028/29 for smoking cessation services to increase the number of people stopping smoking. Trafford is expected to be awarded £208,410 in grant funding per annum across the 5-year period. Trafford Council Public Health Team have developed a specification to encourage local organisations to apply for this grant funding to deliver stop smoking support to high priority groups as identified in the tobacco needs

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<sup>1</sup> [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)

assessment for example routine and manual workers, the LGBTQ+ population, carers and so on.

3. **New Vaping Measures** – The government held a national consultation in December 2023 with Trafford Council responded to with feedback from tobacco alliance members, Trafford education, school health, and enforcement colleagues. The government have since announced a response to the consultation which includes a ban on disposable vapes and the restriction of vaping flavours, packing and display.
4. **Support for Enforcement** – Additional resources will be invested to strengthen enforcement activity, through new funding (£30 million a year nationally) to HMRC, Border Force and Local Trading Standards teams.

In 2023/24 Trafford have also set up new stop smoking support services for people with Serious Mental Illness (SMI) through Bluesci and support to Children, Young People & Families through Early Break. Early Break have also worked in partnership with School Health to develop a targeted youth vaping project given the national rise in youth vaping which includes 1:1 support for young people who vape, drop-in sessions at schools, and webinars for professionals and parents. Trafford Council have also been successful in the NHS England Population Health Fellowship which has started in 2023/24 with a school nurse developing a 12-month research project into Trafford Youth Vaping.

#### **4.3.4 Plans for 2024-25:**

The Tobacco Alliance, though in its infancy will continue to grow and develop by delivering on its dedicated action plan. The Tobacco Alliance will also review their CLEAR assessment to see where improvements have been made, and which strands of the CLEAR assessment need strengthening in 2024/25.

There will be a significant focus on reducing variance in smoking rates amongst priority groups with higher smoking prevalence through the additional grant investment which is welcomed by Trafford. Trafford Council Public Health Team will be responsible for the management of this investment and monitoring the development and progress of interventions being delivered from smoking cessation providers.

A comprehensive communications plan will be developed with support from communications colleagues to improve the messaging around tobacco control and we expect receiving the findings of the Population Health Fellowship Vaping Research in Trafford in August 2024.

#### **4.3.5 Risks and Challenges:**

We anticipate there to be some challenges in the roll-out of the smoking grant. At the time of writing (Feb 2024), Trafford Council are waiting on confirmation of funding and papers to determine the terms and conditions of the grant funding. The delay in receiving this paperwork is likely to result in a delay in establishing these new services in Trafford.

Given the national push to increase the smoking cessation workforce and increase the number of people stopping smoking, this has its own challenges in regard to increased demand to meet need for example in securing tobacco controls trainers to train local Trafford organisations to deliver smoking cessation support, this is a challenge we have begun to see in 2023/24.

In relation to e-cigarettes (or 'vaping') feedback from parents and local organisations in relation to the media reports of harmful e-cigarettes being used by young people, there is a risk that there is mixed messaging around the difference between regulated e-cigarettes (which uptake is encouraged for adult smokers as a quit aid) and unregulated e-cigarettes (which are considered more harmful than smoking). This could lead to challenges around resistance from adult smokers taking up e-cigarettes, when the evidence-base tells us there are an effective quit-aid or on the other hand, adults approving or encouraging young people taking up e-cigarettes as this is considered less harmful than smoking, when they may be using unregulated e-cigarettes which are considered more harmful. We hope that in partnership with the Tobacco Alliance, Communications Team and OHID, we can mitigate this risk moving forward.

#### **4.4 Physical Activity:** Reducing physical inactivity

**Governance:** Trafford Moving

**Chair:** Tom Haworth, Sport and Physical Activity Relationships Manager, Trafford Council

**Lead Officer(s):** Tom Haworth, Sport and Physical Activity Relationships Manager and Jane Hynes, Public Health Programme Manager

**Presented to Board:** January 2024

##### **4.4.1 Trafford's position**

- Adults: 68% of adults (age 16+) in Trafford are active – that is they meet the Chief Medical Officer's recommendation of 150 minutes of moderate activity per week. 8% are fairly active (30-149 minutes of activity per week) and 24% are inactive (less than 30 minutes per week). The 24% equals 44,000 residents who are inactive, and this can be further broken down to the following:
  - 25,000 do no activity at all
  - 17,000 are missing the intensity (i.e. they only do light activity)
  - 2,000 are not active for long enough (less than 30 minutes)
- Children and young people: 43.1% of children and young people are physically active (according to 20/21 data Active Lives data). There is no data on this indicator for 2021/22 due to an insufficient return from the CYP Active Lives survey, however there is data from year 9 and 10 pupils via the BeeWell survey. This gives us neighbourhood-level breakdown of active children and young people as follows: Central – 46.7%, South – 35.7%, North – 30.2% and West – 39.8%. This compares to a GM average of 34.4% of children and young people participating in one hour or more of activity per day.

#### 4.4.2 Progress in 2023-24:

The HWBB conducted a deep dive into physical activity in July 2022, with the aim of establishing a number of priority actions for the Board to support. The deep dive was attended by a wide range of stakeholders from across the system and three priority actions were agreed:

1. Dataset to enable strategic planning and prioritisation
2. Physical activity and insights fed into neighbourhood plans and production of place-based physical activity plans
3. Evidence-based neighbourhood active travel plans

In March 2023, the Council launched Trafford Moving, a refreshed Sport and Physical Activity strategy for the borough aligned with Trafford's Health and Wellbeing strategy. Trafford Moving is overseen by the Trafford Moving Partnership and has a clear focus on local delivery. The Trafford Moving Partnership supported the three priority actions identified through the deep dive process.

Recommendation 1: Produce a dataset that enables strategic conversations around physical activity benefits, challenges and drivers, and reflects differences within and between neighbourhoods.

A strong collaborative partnership across Public Health and Leisure services has enabled a rich evidence base to be brought together from various sources. The Active Lives survey is undertaken by Sport England each year and provides modelled estimates of activity levels for adults (age 16+) and children and young people. The sample sizes for Greater Manchester have been boosted in the last few years to support the work of the Local Delivery Pilot. In addition, further analysis of the data has been commissioned at a GM level to enable localities to understand better activity levels of different groups of people. This dataset forms the basis of Trafford decision-making and informs the work of the Trafford Moving Partnership.

This tells us that black (38%) and Asian (38%) residents are more likely to be inactive than white British (22%) residents; women (26%) are more likely to be inactive than men (21%); those with a limiting illness or disability (43%) and more likely to remain inactive post-pandemic than those with no limiting illness or disability (17%); and inactivity in the least affluent households (31%) remains higher than for most affluent households (15%). There are other data and insights collected locally which will be added to this core dataset moving forwards. Trafford Leisure will contribute to this dataset through quarterly reports detailing user demographics such as gender, age, ethnicity, disability and postcode. This enables us to understand who is (and isn't) using leisure centres and supplements the Active Lives data and includes members, 'pay and play' users and Active Trafford concessionary pass holders.

In addition, we have data and insight from a number of commissioned services which we will pull together to provide additional insight including:

- Holiday Activities and Food (children in receipt of free school meals)
- Falls prevention service (older adults at risk of falls)
- Beyond Empower (people with disabilities and sensory impairments)

Finally, we can also overlay the travel diary dataset (TraDs) to add to the picture via modes of active travel.

Through the neighbourhood programme we are gathering local insight on the key enablers and challenges to moving more on a community level – this is feeding into the place-based physical activity plans.

We know which groups are more likely to be inactive and can now start to compare this to those who are participating in formal activity such as through our leisure centres and other commissioned services. This will enable us to understand where the gaps remain and how we want to focus our resources moving forward.

The next steps are to:

- Continue to work collaboratively to develop reporting dashboard demonstrating Trafford Leisure outcomes.
- Pull together major datasets and identify key insights
- Continue to feed data and insights into place-based activity plans

Recommendation 2: Ensure that physical activity and healthy weight data and insights are fed into the neighbourhood plans and enable production of place-based physical activity plans.

There are a number of building blocks to enable residents to move more, and these have been the focus for the majority of 23/24. Underpinning Trafford Moving, the Council's Leisure Investment Strategy has led the way, ensuring that the leisure estate is transformed from tired and dated centres into more sustainable hubs of local activity and movement. This accompanies the development of an Operating Agreement between the Council and Trafford Leisure, enabling the principles of place-based activity to be realised. The operating agreement sets out the responsibilities of each organisation, ensuring that outcomes relating to services and activities are achieved across the leisure estate. This place-based approach to leisure programming reflects local need and supports the development of the place-based activity plans.

As noted in recommendation 1, data and insight are being collated from a number of sources and informs development of these plans. The plans are being developed by local Move More partnerships, in collaboration with Trafford LCO (TLCO) as part of the neighbourhood programme. There are seven communities where inactivity is typically higher, and each will have a Move More partnership established over the next 12 months.

Broomwood Moving is the first of these partnerships to be established and is comprised of key partners who live and work in Broomwood, alongside support from TLCO, Leisure, Public Health and other organisations. The partnership's residents identified some key actions and quick wins which are forming the basis of the initial plan.

The Broomwood Moving partnership is being used as the testbed for this way of working and will be refined and adapted as it is rolled out across the other six areas identified via Trafford Moving (Partington, Sale West, Sale Moor, Stretford, Old Trafford and Gorse Hill).

The next steps are to:

- Continue delivery of Broomwood Moving plan
- Review delivery and implementation of Broomwood Moving as an approach to inform future partnerships.
- Develop next tranche of Move More partnerships based on learning from Broomwood and local insight.
- Evaluate process and outcomes for place-based activity plans and refine as required.

Recommendation 3: Develop neighbourhood active travel plans that include key evidence-based actions and are completed alongside neighbourhood plans.

The Borough's Walking, Wheeling and Cycling Strategy was successfully launched in March 2023. The Walking, Wheeling and Cycling project team is made up of officers from across the local authority and One Trafford Partnership and is a collaboration between Leisure, Public Health, Highways and Strategic Planning. This group has worked to establish the building blocks required to develop neighbourhood and community level plans that sit alongside the place-based Move More plans. Progress has been made on developing governance and reporting mechanisms for the Walking, Wheeling and Cycling strategy, setting out key outcomes and outputs that satisfy the objectives of all partners. Alongside this the group has agreed a prioritisation assessment matrix for infrastructure schemes which reflects current corporate priorities; strategic fit; relationship to the Bee Network; in areas where there are high levels of inactivity, high levels of air pollution and low car ownership; provide linkages to key destinations; address severance issues; address known road traffic accident hotspots; provide linkages to wider master-planning/development initiatives.

This matrix has been applied to infrastructure schemes that are funded for feasibility, design and/or construction, providing a clear pipeline that will be broken down into cost brackets to enable bids and business cases to be developed that meet the needs of the borough and funding streams.

Other key strategic partnerships have been developed to support this action:



- Terms of reference have been drafted to support the development of a Walking, Wheeling & Cycling Forum to ensure co-production and engagement with key programmes of work.
- Support for the School Streets programme has been secured via a partnership with Trafford Community Collective, who are hosting a temporary School Streets Officer role to lead engagement and roll-out of school streets across the borough.
- Strategic partnership with the Renew Hub to secure bicycle donations for a range of programmes.
- Steering group to support the 'activation' (behaviour change) strand of the Talbot Road infrastructure scheme including local anchor institutions such as Manchester United, UA92 and Lancashire County Cricket Club.

The next steps are to:

- Work with Broomwood Moving (and other Move More partnerships as that workstream progresses) to ensure that Active Travel is embedded within plans.
- Embed consistent reporting and governance processes within the WWC project group.
- Continue to develop prioritised pipeline of infrastructure schemes that reflect needs of residents.
- Review the impact of Beat the Street on walking, wheeling and cycling in Old Trafford, Gorse Hill and Stretford and feed this insight into the relevant Move Move partnerships.

#### **4.4.3 Plans for 2024-25:**

Alongside the above next steps, key actions for 2024-25 include delivering 'activation' behaviour change programmes alongside key infrastructure projects (such as the A56). In addition, we will be looking to agree how to secure long-term sustainability for our School Streets.

#### **4.4.4 Risks and challenges**

The two main risks to this workstream are associated with uncertainty of budget and funding streams. Active Travel infrastructure funding enables us to provide associated behaviour change programmes, but this is controlled at a national and regional level and has been subject to significant reductions in recent months. In addition, the cost of capital works required to ensure leisure centres are fit for purpose have been subject to inflationary impacts, reducing the impact of this work in real terms. The Public Health and Leisure teams will continue to work collaboratively on all the above programmes to continue to drive forward progress.



## 4.5 Alcohol: Reducing harms from alcohol

**Governance:** Trafford’s Alcohol, Substance Misuse and Gambling Partnership  
**Chair:** Kate Shethwood, Public Health Consultant  
**Lead Officer(s):** Kate Shethwood, Public Health Consultant and Aimee Hodgkinson, Public Health Commissioning Manager  
**Presented to Board:** May 2023

### 4.5.1 Trafford’s Position

- In 2022 there were 85 alcohol related deaths in Trafford, with the rate per 100,000 population (38.1) being similar to the England average (39.7). There has been no significant trend (either upward or downward) in the alcohol related death rate in Trafford since 2016.
- In Trafford during 2021/22 there were 836 hospital admissions where the main reason for admission was an alcohol related condition. The Trafford rate per 100,000 population (373) was significantly lower than the England average (494 per 100,000). However, the rate of hospital admissions for under 18s with a diagnosis of a condition which is wholly attributable to alcohol is statistically significantly higher than the England average.

### 4.5.2 Progress in 2023-24:

23/24 Goal	Outcome Intended
<b>To establish an alcohol sub-group to meet the needs of Trafford residents.</b>	A strong and active Partnership that works across the health and social care system to understand and address the harm caused by alcohol and substance misuse in Trafford. Outputs will include a clear vision, a current JSNA, a robust and SMART action plan and a locality dashboard.

A considerable amount of work has gone in to developing the new Trafford Alcohol, Substance Misuse and Gambling Partnership (TASMGP), Chaired by a Consultant in Public Health, with engagement from a range of partners including providers of substance misuse services and wider support such as social care, safeguarding, housing, community safety, DWP, youth justice and voluntary sector. The membership continues to be reviewed with new partners encouraged and space on the agenda to improve knowledge of different parts of the system, share intelligence, and maintain a focus on lived experience of residents and staff. The TASMGP reports to both the Trafford Health & Wellbeing Board for alcohol and the Trafford Safer Partnership for substances.

23/24 Goal	Outcome Intended
<b>To create a joint vision to tackle alcohol harm in Trafford, ensuring this is linked to wider strategies across the system.</b>	A have a clear vision across the system to work together to address alcohol harms in Trafford.

The TASMGP worked together to establish a Trafford vision. Members worked together to identify what was working well and where improvements could be made. It was important to TASMGP members that this included a focus on building relationships between services and preventing alcohol harm in the borough. The agreed vision is:

*“We will **improve relationships** within the partnership to tackle drug, alcohol, and gambling harms in the borough.*

*We will **embed prevention** and promote healthier environments and access to recovery.*

*We will **listen** to, and **learn** from, residents’ stories and partners’ professional insights, to better inform provision of support.*

*We will **empower** individuals and their families to avoid the detrimental consequences of drug, alcohol, and gambling harm”.*

23/24 Goal	Outcome Intended
<b>To ensure a strong, local, needs based approach to reducing alcohol and substance misuse harm through the development and publication of an Alcohol and Substance Misuse Joint Strategic Needs Assessment, (JSNA), owned by the Trafford Alcohol &amp; Substance Misuse Partnership.</b>	A comprehensive and timely review of alcohol and substance use across Trafford’s population, including alcohol and substance misuse related harm, service activity, and the health and social care outcomes relevant to this priority. A set of evidence-based recommendations will be published that influences the work programme of Trafford Alcohol and Substance Misuse Partnership.

The Joint Strategic Needs Assessment is being finalised by the Public Health Team ready for consultation to identify any further intelligence and ensure partner buy-in to the conclusions and recommendations. The TASMGP have conducted useful sessions to provide context to national data and the public health team have sought other qualitative input, deemed crucial due to a lack of quantitative data on substances or alcohol from most partners. A short survey was conducted by Healthwatch to provide some indication of awareness of services and access issues. The results are being analysed and further work will be considered by Healthwatch based on this. This work has informed the TASMGP Action Plan and Grant spend plans.

#### **4.5.3 Additional progress:**

There has been continued national and local focus on reduction of harms from alcohol and substances, with a supplemental substance misuse grant continuing in 2023-24 and now confirmed for 2024-25, with particular focus on increasing numbers of people entering and successfully completing treatment, which is now being evidenced in our Q3 performance data. The investment has resulted in improved models within the core treatment provider (ACHIEVE Trafford), including with voluntary sector sub-contractors, and has included some additional investment in young people's services specifically around alcohol and vaping.

#### **4.5.4 Plans for 24/25:**

The TASMGP will embed its new Action Plan, requiring ownership from across the system, and building in supportive challenge. The Partnership has begun to explore the opportunities to support neighbourhood plans, both through direct input from the substance misuse providers and by establishing communication channels to inform the work of the partnership. As part of this, the Public Health Team are supporting development of a campaign in the South of the borough in 2024/25, with the intention to learn and develop for the rest of Trafford.

The JSNA will be published early in the coming year, with a series of communications and engagement opportunities for staff and partners to inform their practice. There will be a focus within the TASMGP on developing data systems and using intelligence to enhance the JSNA in order to inform decision-making. This second phase of the JSNA development will include more focus on understanding resident and service-user experience.

For 2024/25, though the supplemental grant is increased, this is largely consumed by the increased costs in the system but offers a chance to embed the existing resources and models and offer some small additional investment particularly in developing a recovery-orientated community offer, working with VCSFE groups, neighbourhood networks and the Trafford Collective. The project will initially scope out current assets and interests and review local and national models of good practice and make recommendations to develop a peer-led approach beyond the Council or the treatment provider.

In addition to the management of the additional Grant investments, in 2024/25 there will be significant activity required to review the substance misuse provider contract, working with commissioners in Salford and Bolton, to ensure a fit-for-purpose provider for the future.

#### **4.5.5 Risks and Challenges:**

Much of the groundwork for the re-commissioning has been done through improvements discussed as part of Grant plans and the JSNA, but the budget constraints and uncertainty in terms of national policy and the future of the supplementary Grant, particularly, presents a real risk to the current model and challenge to decision-making.

The JSNA has taken longer than intended. This is partly due to competing pressures within the public health team and key partners due to the activity described above but it is partly due to the need to build engagement and buy-in through the new TASMGP and in some cases required additional focused discussions with teams. The work has been held by the Public Health team but going forward this will need to be a shared endeavour to better identify intelligence and resolve gaps. A new JSNA model is being proposed to the Health and Wellbeing Board for 2024-25 to support this. There is a risk otherwise that the JSNA is not used by the whole system to improve practice, but the TASMGP will include focus on intelligence at each meeting and look to review the JSNA annually.

## 5. Summary and recommendations for 2024-25

The Board has made considerable progress through 2023-24, which demonstrates the strength of partnership working in Trafford. We must celebrate our successes including the reduction in childhood healthy weight inequalities rates at ages 4-5 yrs, and the energy and enthusiasm that has driven the Trafford Women's Health work. However, the Board must remain focused and strategic to continue this good work.

We have worked collectively to meet our commitments we made towards addressing our priorities and the relevant SMART actions.

**Table 5.1.** Progress against HWBB SMART actions for each of the five priorities, 2023-24.

HWBB Priority	Status	Progress
Healthy Weight: increasing the number of people who are a healthy weight	AMBER	All actions in progress but not complete
Mental Health: Reducing the impact of poor health	AMBER	Targets set for membership organisations not achieved
Tobacco: Reducing the number of people who smoke or use tobacco	GREEN	All actions achieved
Physical activity: Reducing physical inactivity	AMBER	All actions in progress but not complete
Alcohol: Reducing harms from alcohol	GREEN	All actions achieved

The partnerships will continue to work to address our priorities throughout 2024-25, reporting progress into the HWBB, as there is still much to do.

The current Health and Wellbeing Strategy 2019-2029 presents out-of-date governance and includes two priorities that have shifted to other forums across the system, these are poverty and climate change. The Health and Wellbeing Board Strategy is being aligned with that of the Locality Board, and a joint plan is being developed. Therefore, Health and Wellbeing Strategy documents will be updated and reformatted so that resources supporting the work of the Board can be shared with partnerships and neighbourhoods to support an increased understanding of the role and work of the Board.

The financial challenges facing our communities and services means preventing ill health and supporting early intervention is more important than ever. Health inequalities present further significant costs to society<sup>ii</sup> including the cost to the NHS and social care system of treating people with preventable conditions, and the impact to the wider economy through people being unable to access quality employment or connect with their communities. Prior to COVID-19, health inequalities were estimated to cost the NHS an extra £4.8 billion a

year, society around £31 billion in lost productivity, and between £20 and £32 billion a year in lost tax revenue and benefit payments<sup>iii</sup>.

There is strong evidence for cost-effectiveness and return on investment for preventative and public health level interventions<sup>iv</sup>.

To address health inequalities and bolster the work of the board, a Fairer Health in Trafford Partnership is being established. This partnership will be accountable to the HWBB. The Partnership will provide a focused approach to reducing health inequalities in Trafford by being a tactical forum that coordinates health inequality action across the borough, utilising current governance for delivery. If appropriate governance does not exist, the partnership will be accountable for delivery to address the specific health inequalities.

Our work to improve health outcomes and reduce health inequalities in Trafford requires vision and strategic direction. To inform future direction seven recommendations have been drawn from the review process, if agreed these actions with the form the forward plan for the Board going into 2024-25. Therefore, it is recommended that Trafford's HWBB:

- I. continue to focus on the five priority areas, and,
  - a. identify a priority leadership trio for each priority to ensure ownership is truly system wide, so that the named lead officers include a named lead from Trafford Council, NHS and VCSFE.
  - b. ensure a dedicated deep dive session for each priority throughout the annual cycle. Reviewing outputs and performance to ensure we are making a difference.
- II. engage with and provide leadership to the JSNA, including supporting the development process and annual workplan.
- III. review and determine the next phase of the Women's Health Strategy, including system leadership and governance.
- IV. be accountable for, and to provide oversight of progress towards addressing the wider determinants of mental health and wellbeing within Trafford's mental health and wellbeing delivery plan.
- V. support the work of the Fairer Health for Trafford Partnership.
- VI. update the HWBB Strategy 2019-2029 plan on a page via the established Locality Plan refresh work programme and for this to be shared on member organisation websites and electronically with partners.
- VII. schedule an annual review and report process for 2024-25.

## Appendices

Appendix 1 - [Terms of Reference](#)

Appendix 2 - [Membership of the Health and Wellbeing Board](#)

### Appendix 1 - Terms of Reference

#### 1. Functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum, and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs), which is a duty of local authorities and Integrated Care Boards (ICBs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e., lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.
- Revised (non-statutory) guidance on HWBB was issued in November 2022: [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](#) and it reinforces the role of the HWBB in ensuring that local authorities and ICBs have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions
- Following the disestablishment of Clinical Commissioning Groups, the introduction of NHS GM Trafford, and the release of the Health and Wellbeing Boards Guidance published November 2022 Trafford has decided to maintain the partnership relationship with NHS GM Trafford representation replacing Trafford CCG representation on the Board. The specifics of the relationship are covered further in section 4 below. This relationship will be reviewed on an annual basis with any changes being reflected within the Terms of Reference.
- The guidance referenced above is available at <https://www.gov.uk/government/publications/health-and-wellbeing-boards->

[guidance/health-and-wellbeing-boards-guidance#the-relationship-between-health-and-wellbeing-boards-and-integrated-care-systems-continuity-and-change](#)

## **2. Regulations relating to Health & Wellbeing Boards: Statutory Instrument 2013 No.218**

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013  
[http://www.legislation.gov.uk/uksi/2013/218/ contents/made](http://www.legislation.gov.uk/uksi/2013/218/contents/made)

The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is sometimes called within local government. However, the regulations modify and disapply certain provisions of section 102 and other sections of the Local Government Act 1972 and provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards. This means that health and wellbeing boards are similar to section 102 committees with some differences. sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge.

The modifications and disapplication's which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint sub-committees of boards.

## **3. Membership of Health & Wellbeing Boards**

See Appendix 2 for membership of the Trafford Health and Wellbeing Board.

The Health and Social Care Act 2012 indicates that health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Act sets a core membership that health and wellbeing boards must include:

- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
- a representative of the local ICB team
- any other members considered appropriate by the council



- requires that the councillor membership is nominated by the executive leader with powers for the leader to be a member of the board in addition to or instead of nominating another councillor.
- under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.
- requires that NHS GM (Trafford) and local Healthwatch organisation appoint persons to represent them on the board.
- enables the council to include other members as it thinks appropriate but requires the authority to consult the health and wellbeing board if doing so any time after a board is established.
- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

#### **4. Trafford Health and Wellbeing Board additional locally agreed functions**

Trafford HWBB, working alongside TLB and other key locality forums, will continue to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving the wellbeing of their local population
- Set strategic direction to improve health and wellbeing

The HWBB will support ICB and ICP leaders, local authorities to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity. Within the confines of the Act and guidance, the following work programmes / areas fall within the responsibility of the Board:

- Sign off the localities Better Care Fund (BCF) Plans
- Development and publication of a Joint Local Health and Wellbeing Strategy (JLHWS) – Trafford HWBB Strategy
- Development and publication of a Joint Strategic Needs Assessment (JSNA)
- Publication of the Director Public Health's Public Health Annual Report for the borough
- Development and publication of Trafford's Pharmaceutical Needs Assessment (PNA) (to be published every three years)
- To receive an annual report on Health Protection in the locality:
- Receive CDOP Annual Report

- Consider ICP Strategy
- Consider ICP Joint Forward Plan (JFP)
- Consider ICP Annual Reports
- Receive and consider ICBs and their partner NHS Trusts and NHS Foundation Trusts joint capital resource use plan
- Be consulted on the Performance Assessment of the ICP

The HWBB will also:

- Provide oversight to the delivery of the Trafford Locality Plan.
- Be accountable for the delivery of the Locality Plan will be with both the HWBB and Trafford Locality Board, reporting into the GM Integrated Care Board (GM ICB)
- Maintain a positive relationship with the Trafford Locality Board to help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care sectors.
- Agree an annual set of key priorities based on the content of the Trafford Health and Wellbeing Strategy, the Trafford Public Health Annual Report and relevant data sets such as the JSNA, the indices of Multiple Deprivation and Public Health profiles
- Ensure delivery against these priorities either through Task and Finish (service reform) project groups or by delegating the priority to a relevant thematic partnership (e.g. Safer Trafford)
- Utilise existing performance dashboards to measure progress against agreed priority programmes of work and create required measurement arrangements where required. The Board will receive regular updates relating to progress of the identified HWBB priorities.
- Receive written reports at regular agreed intervals from the HWBB sub-groups such as Trafford Tobacco Alliance and the Alcohol, Substance and Gambling Group, and from key Boards including, but not limited to, the Strategic Safeguarding Board

## **5. Meeting Arrangements**

### **Notice of Meetings**

Meetings of the Board will be convened by Trafford Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

### **Chairing of the Board**

The chair of the Health and Well Being Board will rotate on an annual basis between Trafford Council and the NHS GM Trafford representation.

### **Quorum**

The quorum for all meetings of the Board will be a minimum of 5 members with at least two Local Authority and two NHS GM Trafford members present.

### **Substitutes**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings.

Members are asked to nominate a single named substitute who replace them in the event they cannot attend a meeting. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

In the event of circumstances leading to a required change in membership of the Board (for example: natural movement of staff, non-attendance, inappropriate conduct, etc) a suitable representative will be identified by the constituent organisation and confirmed in writing to the Chair.

Membership (including the chairing arrangements) will be reviewed in line with the annual review of the Terms of Reference.

### **Decision Making**

It is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

### **Meeting Frequency**

The Health and Well Being Board will meet once six times per year in line with the outcomes of the Health and Wellbeing Board review in 2022.

### **Status of Reports**

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Trafford Council's offices and on Trafford Council's website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended. The same principals will apply to information from GM ICB as a partner organisation on the board. Other participating organisations may make links from their website to the Board's papers on Trafford Council's website.

## **6. Members' Conduct**

Where appropriate rules and regulations governing the Code of Conduct of Board members will apply. The Code in use will be the Trafford Council Code of Conduct. Board members will be expected to declare appropriate interests where necessary.

## **7. Review and amendment**

These Terms of Reference will be reviewed by the Board at least annually.

As further guidance as to system working is produced, it will undoubtedly be necessary to review these Terms of Reference and make amendments to reflect these changes and emerging ways of working at both system and locality level. These Terms of Reference may therefore be reviewed at any time when deemed necessary and/or

appropriate. Reviews shall be instigated by the Chair(s) (on the request of any member of the Board or on the Chair's own volition).

Any amendments to the terms of reference must be approved by the Board.

## **8. Governance and Accountability**

- The Health and Well Being Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.

## Appendix 2 – Membership of the Health and Wellbeing Board

### Notes on Membership:

- (1) The Councillor Membership is nominated by the Leader of the Council.
- (2) The chair of the Health and Wellbeing Board will rotate on an annual basis between Trafford Council and NHS GM Trafford Representatives.
- (3) \* Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note: at least one Councillor, one member of each relevant ICB, a representative of the local Healthwatch organisation plus any other members considered appropriate by the Council, must be appointed.)

COMMITTEE		NO. OF MEMBERS	
HEALTH AND WELLBEING BOARD		TBC (Plus TBC External Partners)	
LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRAT GROUP	
Councillors: -	Councillors: -	Councillors: -	
Executive Member for Health, Wellbeing, and Equalities	Shadow Executive Member for Health, Wellbeing, and Equalities	TBC	
Executive Member for Adult Social Care			
Executive Member for Children's Services			
<b>TOTAL</b>	<b>3</b>	<b>1</b>	<b>1</b>

### Membership of the Health and Wellbeing Board shall also comprise of:

- Director of Public Health
- Corporate Director of Adult Social Care and Wellbeing
- Corporate Director of Children's
- Corporate Director of Place
- Place Based Lead for Health and Care Integration NHS GM Trafford
- Deputy Place Based Lead for Health and Care Integration NHS GM Trafford
- Associate Medical Director, NHS GM Trafford
- Chair of Healthwatch Trafford
- Trafford Community Collective
- Chair of the Children and Adults Safeguarding Board
- Chair of the Safer Trafford Partnership,
- GMP
- Chief Officer, Trafford Leisure
- Chief Executive Officers of health care providers (3): (Central Manchester University Hospital NHS Foundation Trust; Greater Manchester Mental Health NHS Foundation Trust)
- Greater Manchester Fire and Rescue Service Representative
- Strategic Housing lead, Trafford Council

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<sup>i</sup> World Health Organization. Global Status Report on Noncommunicable Diseases 2010. Geneva, Switzerland: WHO Press; 2011

<sup>ii</sup> OHID, (2022) Health disparities and health inequalities: applying All Our Health. [www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health](http://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health).

<sup>iii</sup> OHID, (2022) Health disparities and health inequalities: applying All Our Health. [www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health](http://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health).

<sup>iv</sup> [Making the case for prevention - Primary Care Unit \(cam.ac.uk\)](https://www.cam.ac.uk/primary-care-unit/making-the-case-for-prevention)

## **TRAFFORD COUNCIL**

**Report to:** Health & Wellbeing Board  
**Date:** 15<sup>th</sup> March 24  
**Report for:** Information  
**Report of:** Thomas Maloney, Programme Director Health and Care,  
Trafford Council and NHS GM

### **Report Title**

Draft Delivery Priorities 24/25 and Refresh of Locality Plan

### **Purpose**

The aim to refresh the Trafford Locality Plan is supplemented by the requirement to develop a set of 'Delivery Priorities' for 2024/25 outlined in the accompanying slides – with both programmes of work being developed in parallel, enabling us to define the next 12 months priorities, whilst also in due course articulating the longer-term vision for our refreshed Locality Plan, incorporating a refresh of the HWWB Strategy.

The intent is to have a system owned delivery plan that clearly states our collective ambition and intention for 24/25, including priority programmes and specific commissioning intentions reflective of Trafford's key stakeholders' priorities.

The GM approach to planning for 2024/25 is different to that of previous annual operational plans – it has committed to developing a broad System Delivery Plan for GM rather than solely a response to the NHS guidance.

These slides present two elements of the requested 'Locality Delivery Portfolio' including our commissioning intentions and a broader set of priorities for 2024/5 identified and co-created by Trafford partners. The content has been created drawing on detail from our existing locality plan, Health and Wellbeing Strategy, the GM ICP Strategy and Joint Forward Plan, the GM Prevention Framework, GM Strategic Financial Framework, and other relevant local and GM strategies/plans.

The finer detail of each of the commissioning intentions and priorities are actively being constructed by identified lead officers and have been submitted as a partial response to NHS GM on the 16<sup>th</sup> February.

The delivery of draft commissioning intentions and priorities are subject to available resources, transparency of system resources, including organisational and sector efficiency targets, and alignment of organisational and sector priorities. A process of prioritisation and sequencing will need to be applied with a stringent criterion applied to ensure value for money, desired outcomes and priorities that are evidence based.

### **Recommendations**

The Board are asked to:

1. Note the content of the report and initial submission of the draft Trafford Delivery Portfolio.
2. Support where required the completion of the Programme Plan (Including further submissions to NHS GM) and prioritisation process, to be determined.
3. Refresh of the HWWB Strategy, incorporated into the agreed refresh of the Locality Plan.

Contact person for access to background papers and further information:

Name: Thomas Maloney  
Telephone: 07971556872



# Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25

Trafford Health and Wellbeing Board  
March 2024

**Trafford**

Integrated Care Partnership



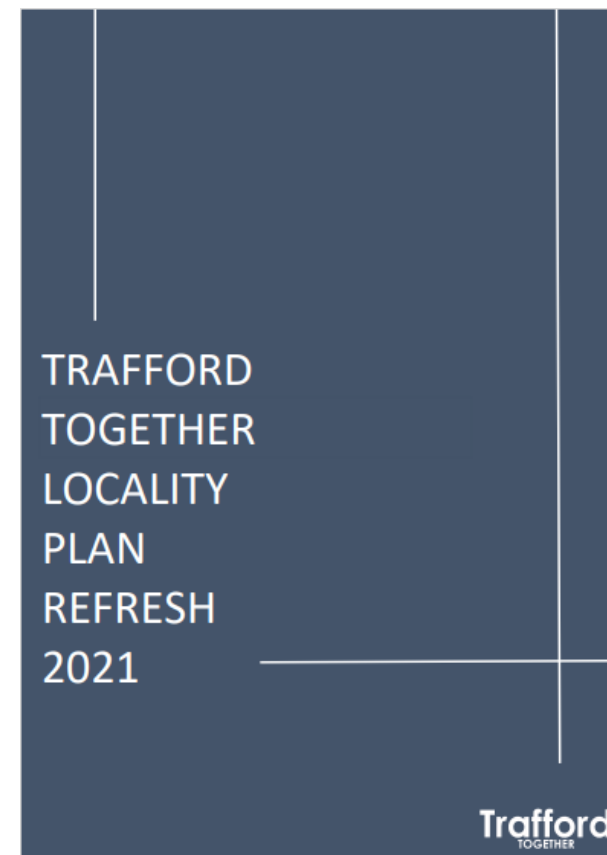
# Trafford Locality Plan Refresh: Aim and Rationale

**Aim:**  
Our aspiration is to refresh the Locality Plan and create one plan for health and care for Trafford by integrating the aims and aspirations of the current health and wellbeing strategy.

**Rationale:**  
The ICS Operating Model confirms the core role of localities in driving population health improvement and delivering preventative, proactive integrated models of neighbourhood care. Although localities are delivering across all six of the missions in the ICP Strategy, our key areas of responsibility principally relate to the missions on **stronger communities** and **helping people stay well and detecting illness earlier**.

There are numerous factors mobilising the refresh of our Locality Plan, including existing and new strategy, organisational development and the outputs of various reviews on systems and services, a selection listed below:

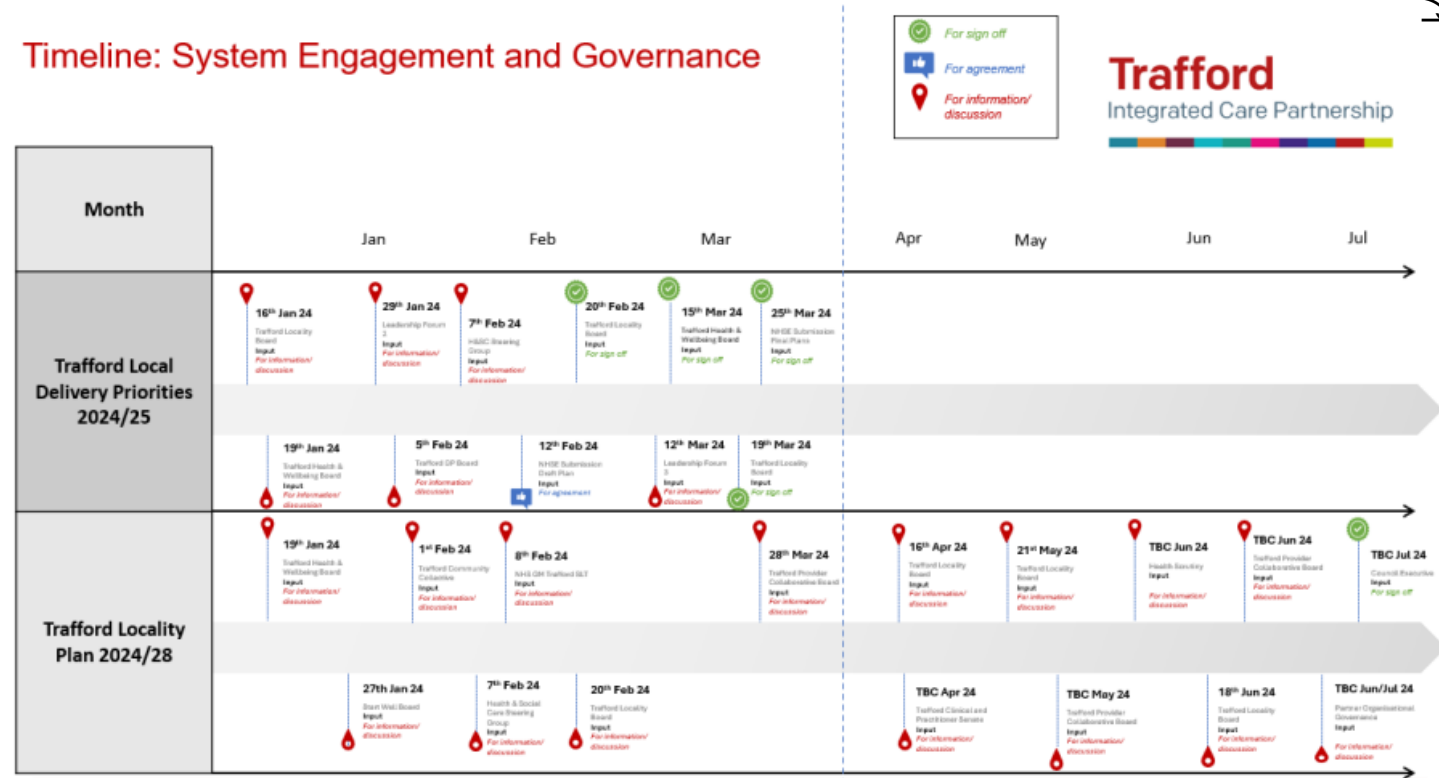
- Trafford Health and Wellbeing Strategy 2019-2029 and Trafford Locality Plan alignment
- GM ICP Strategy
- GM Joint Forward Plan Clarity on GM Operating Model
- Clarity on Locality structure
- Carnall Farrar Leadership Review
- NHS GM Strategic Financial Framework (SFF)
- Development of annual 'Strategic Priorities' delivered by the Trafford Provider Collaborative Board (TPCB)
- Timeliness of planned updates to relevant organisational strategies and visions (Trafford Council, Manchester Foundation Trust inc WTWA and TLCO, GMMH, etc)
- Recommendations and development plans following Peer Review and Inspection activity in TICP organisations (GMM, Council, MFT)

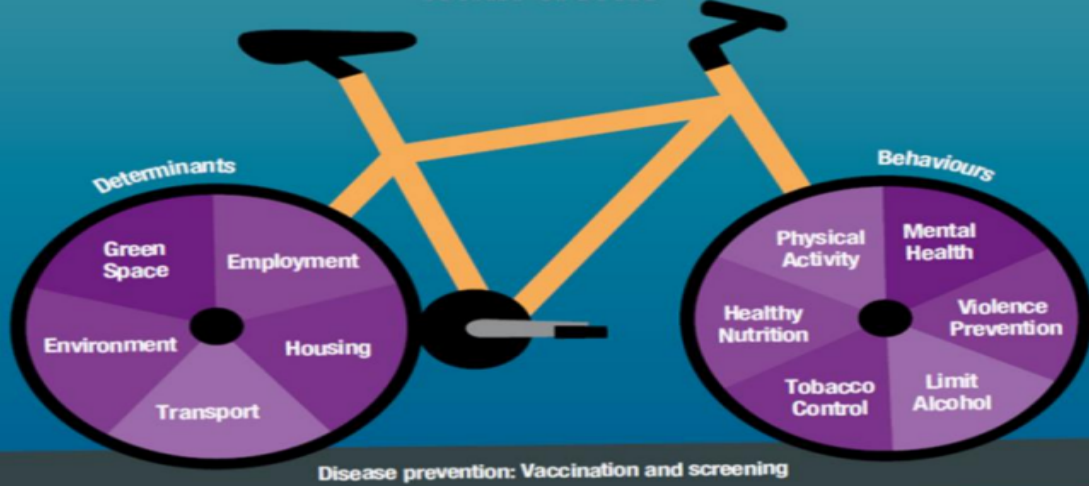


# Trafford Local Delivery Priorities 2024/25 & Trafford Locality Plan Refresh 2024-28

- The aim to refresh the Trafford Locality Plan is supplemented by the desire to develop a set of 'Delivery Priorities' for 2024/25 outlined in these slides – with both programmes of work being developed in parallel, enabling us to **define the next 12 months whilst articulating the longer-term vision for our refreshed Locality Plan**
- The intent is to have a **system owned delivery plan** that clearly states our **collective ambition and intention for 24/25**, including priority programmes and specific commissioning intentions reflective of Trafford's key stakeholders, details of which are included in this slide deck.
- It is acknowledged some of our **Delivery Priorities and Commissioning Intentions for 24/25** may span **multiple years** so it's important to make the connection to the refresh of the Locality Plan as these commitments will naturally help develop the basis of our revised plan for the next 4 years

**Timeline: System Engagement and Governance**





# Trafford Health and Wellbeing Strategy – Update

TRAFFORD  
TOGETHER  
LOCALITY  
PLAN  
REFRESH  
2021

Better connected communities

Better wellbeing for our population

Better lives for our most vulnerable people

- The Trafford Health and Wellbeing Board exists to improve population health outcomes. It does this through **strategy development**, improving partnership working, and using our knowledge of local needs from our Joint Strategic Needs Assessment to improve our services.
- The current Health and Wellbeing Strategy was created in 2019 and was a **strategic commitment for a 10 year period (2019-2029)**.
- Due to **significant changes in our health and care system** from its publication and our evolving health, care and wellbeing priorities such as our increased focus on tackling health inequalities, we feel it is time to update the current strategy to reflect the work of the HWBB and account for
- The proposed update to the HWBB Strategy will be fully integrated into the Locality Plan Refresh process, ensuring synergy of both documents to **create one cohesive strategy for health, care and wellbeing**

## The Locality Contribution to GM Plans for 2024-25

The GM approach to planning for 2024/25 is different to that of previous annual operational plans: we will develop a broad, **System Delivery Plan for GM** rather than solely a response to the NHS guidance. There are three elements to our planning approach:

- The role of localities in **driving population health improvement and prevention at scale**. Upgrading our approach to prevention will need to be a major part of GM's overarching plan for 2024/5
- The role of **providers in planning for activity, workforce, and finance to improve productivity** through the NHS operational planning process
- The role of **GM commissioning to drive the changes needed**

It is suggested a **Locality Delivery Portfolio** is developed for 2024/5 comprising:

- The outputs from the **commissioning intentions** process. These will be consolidated to a GM level but we will need to describe what delivery looks like in localities
- A set of priorities for 2024/5 identified **by each individual locality** – drawing on existing locality plans, the GM ICP Strategy and JFP, the Prevention Framework, SFF and other GM plans
- A small number of priorities **that all 10 localities** agree to focus on in 2024/25 (DPL's)

The Locality Delivery Portfolio would then be built into the 2024/5 GM System Delivery Plan and updated GM Joint Forward Plan.

# Distilling our Key 'Drivers for Change'



# Our ways of working

To develop a system owned Locality Delivery Plan for 2024/25 we will be guided by our agreed principles. We will continually refer to these principles as we discuss and debate many priority programmes and services, both for the construction of the 24/25 Plan and the Refresh of the Locality Plan:

- **Together as Partners** – Encouraging collaborative working between all partners including the NHS, local authority, Healthwatch Trafford, and health and care providers in the private, voluntary and third sector to meet the needs of Trafford people.
  - **With People** – Putting residents at the heart of what we do, listening and working with people, sharing power.
  - **Understand and tackle inequalities** – Using data, information and intelligence to make shared decisions.
  - **Population Health Management** – Embed a PHM approach in the construct of the localities work and nurture a prevention first approach to decision making across health and care, where feasible.
  - **Be open, invite challenge, take action**
  - **Neighbourhood Model** – Champion both locality and neighbourhood service coordination through our integrated neighbourhood model, being positive about our places and spaces, bringing people who live and work in an area together to build stronger communities.
  - **Value For Money** – Working together to maximise the impact of our available resources to improve outcomes for Trafford residents.
  - **Innovation** – Promoting innovation, and encouraging new ideas from people, patients/service users, carers, and the workforce, making the most of technology.
  - **Risk and Responsibility** – Seek to avoid and identify any conflicts of interest and understand system risk and share responsibility appropriately.
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# Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25



# Draft Trafford Commissioning Intentions - Context

- Commissioning intentions for the purpose of this exercise is the intent to commission health and/or care services that plan to improve health outcomes for Trafford people and communities. The commissioning intentions could be the continuation of existing commissioned services, amendments to the existing services or new procurement projects that are expected to be undertaken in 2024/25.
- The commissioning intentions outlined are reflective of NHS GM Trafford Locality and overlaid with key commissioning intentions from Adult Social Care, Children's, Public Health which are fundamental and interdependent to ensure effective delivery of intended outputs and outcomes.
- Where relevant tackling social and health inequalities will be considered in each commissioning intention and priority project/programme
- Some commissioning intentions are replicated on various slides as they have relevance to different sectors and/or providers.
- There is also a focus on complementary priority work programmes (enablers) which will enable the effective delivery of the stated commissioning intentions – these are listed throughout and at the end of this side deck and will ultimately form the creation of the Trafford Delivery Priorities for 24/25.

# Draft Trafford Commissioning Intentions - Context (Continued)



Greater Manchester

- A process of prioritisation and sequencing will need to be applied as it is acknowledged by stakeholders that some of the commissioning intentions and additional priorities will span several years, not just 24/25, and capacity and resource constraints may dictate certain intentions and priority programmes to take precedence in the next 12 months
- We will commit to make decisions based on our agreed principles ensuring we are guided by the available evidence base, our data and our intelligence
- There is an acknowledgement that the health and care system across the NHS and Local Authorities is financially challenged with planned efficiencies across the health and care system, but our commissioning intentions aim to uphold the commitment to population health and building on the assets of our health and care system, our people and communities.
- There is a system principle, that we will work transparently together as partners to make any decisions on the collective funding in Trafford, so that we understand impact across the system. We will continue to strategically plan and strategise using our existing Trafford partnership governance forums.
- We will share information appropriately when constructing organisational efficiency plans and/or cost improvement programmes so we can collectively discuss and fully understand direct and indirect implications of any changes
- The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders however it is important to note the context and assumptions that have been accounted for when constructing the detail. The priorities and commissioning intentions are subject to available resources

# Trafford Locality Draft Delivery Portfolio inc Commissioning Intentions 24/25



Greater Manchester

Mental Health and Emotional Wellbeing

Children, Young People and Maternity  
0-18yrs

Children, Young People and Maternity  
SEND 0 – 25yrs

Planned Care / Long Term Conditions / Cancer

Urgent and Emergency Care

Primary Care and Neighbourhoods

Community Care

Primary Prevention

Alcohol and Substance Misuse

Health Protection

Domestic Violence and Abuse

Workforce

Data Intelligence and Insight

Health and Care Strategy

Estates

# Next Steps and Actions

## Detailed Programme Plan

- NHS GM issued a spreadsheet for completion which when completed would contain the detail behind each commissioning intention and priority, such as available resource, activity, performance, quality, outcomes, risks, etc. The spreadsheet has been locally nuanced to help strengthen the connection between local delivery priorities to the GM ICB Strategy and linked to appropriate locality governance forums
- The completed document will act as the detailed programme plan that channels our individual and collective efforts and provides the substance and structure for the Trafford Locality to assure itself against agreed deliverables

## Locality Delivery Portfolio – Next Steps

- Understand further the process by which all ten localities' priorities are synthesised into a coherent GM plan and narrative
- Understand further how the small number of priorities that all 10 localities agree to focus on in 2024/25 will be agreed following the collation of 10 Locality Delivery Portfolios

## Prioritisation

- Agree the process by which we will prioritise our draft delivery priorities and commissioning intentions against a backdrop of financial constraints and yet to be confirmed financial allocations, whilst remaining driven by our principles, ensuring priorities are agreed based on the available evidence base, available performance data, key strategies, needs, assets and outcomes

## Locality Plan Refresh

- Continue our planned journey to refresh the Locality Plan, incorporating the updated HWBB Strategy by Summer 2024
- Develop structured programme plan for the refresh including the 'engagement plan'



# Appendix

# Mental Health and Emotional Wellbeing

**Context and Assumptions:**

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

NHS Greater Manchester ICS remains obliged to meet the NHS England Mental Health Investment Standard meaning that planned spending on mental health provision must increase by a greater proportion than the overall increase in NHS budget allocation each year. GM system constraints are severe and a £20m increase is planned in NHSGMICS mental health spend for the year 2024/25. Most, approx. £14m, will be invested into core services (primarily acute inpatient services) in recognition of ongoing pressures leaving approximately £6m for the following areas:

- Additional investment into CYP services
- Additional investment into Perinatal Services
- Additional investment into crisis services – particularly the VCFSE.

## Priority Programmes / Service Improvement / Enablers

Adults: Reduce the use of Out of Area Placements for mental health patients and reduce length of acute inpatient stays

Childrens: Reduce the number of CYP accessing inpatient and Tier 4 admission

Childrens: CYP with a LD and / or Autism diagnosis are included on the dynamic support database and have access to intensive support and keyworker services

## Commissioning Intentions

Childrens: Review Children Young People (CYP) THRIVE offer including the retender of 5-12 Mental Health service

Children and Families: Increase access to evidence-based care for women with moderate to severe perinatal mental health difficulties

Childrens: Implement integrated support offer targeting vulnerable cohorts – E.G EBSNA / SEMH / Eating Disorder

Childrens: Invest and support programmes to promote emotional wellbeing in schools, neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.

Adults: Review s75 Mental Health between TMBC and GMMH

Adults: Complete the roll out of the Trafford Living Well service

Adults: Implement the Mental Health FPS for accommodation and care

Adults: Review / expand the existing BlueSci at Night Crisis Café using the additional investment into crisis services (VCFSE) noted above

Adults: Invest and support programmes to promote neighbourhood networks, primary care and other partners including delivery of training and programmes of work around isolation, relationships and suicide prevention.

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are needs based and subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Understanding and responding to the specific health needs of children and young people who are cared for/care experienced, in the criminal justice system, victims of/at risk of exploitation, victims of domestic abuse and who have experienced other forms of trauma/adverse childhood experiences (ACEs).

Improve the information and advice available to families and professionals to promote health and wellbeing

Review of Children’s Sufficiency Statement

## Commissioning Intentions

Progress an integrated approach to early years, including Maternity, recognising the importance of 1,001 critical days and responding to the detrimental impact of Covid-19 on the development of children aged 0-5, including review of investment in healthy weight for early years and pregnant women

To support development of integrated family hub offer

Recommission Supported Internship Programme

Improve sufficiency in the residential market

Implement Safe Places Programme

Healthy Weight additional focus on early years and pregnant women experiencing obesity

Enhance vaping and smoking awareness and cessation offer for schools, parents and carers and young people

Implement a clear, needs-led school health offer through our school nursing service ensuring integration with other public health services, including Early Break (substances), Northern and Brook and Talkshop (Sexual and Relationship Health) and others

# Children, Young People and Maternity - SEND 0 – 25yrs

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Implement action plan in response to SEND Inspection: Leaders across the partnership should develop, deliver and embed a clear approach to address how they will support children and young people with a range of mental health and neurodiverse needs. This includes identification, assessment and support for children and young people, with or without a diagnosis

Review of Children’s Community Health Services

## Commissioning Intentions

Development and fully implementation of the GM neurodevelopmental pathways programme for Autism and ADHD

Implement integrated support offer targeting vulnerable cohorts including a pre and post diagnostic offer & waiting well support

Implement findings from GM Balanced System (Speech and Language)

Reshape our Short Breaks Offer

Improve Youth Voice offer including SEND Youth Voice



## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may mean that population level interventions are targeted to highest need, directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

End to end pathway redesign of LTCS across primary, community and secondary care with a focus on primary and secondary prevention (and earlier detection).

**Personalised Care** – delivery of personalised care for cancer patients and Patient Stratified Follow Up

**Faster Diagnosis, Operational Performance & Treatment Variation** – delivery of CWT standards (28 Day FDS, 31 Day DTT to Treatment, 62 Day GP referral to FDD); Implementation of Best Practice Timed Pathways; Sustain NSS pathways; identify and address treatment variation

## Commissioning Intentions

Improve earlier detection of cancer and survival rates, linking to pan GM programmes with locality roll out and integration into Neighbourhood Programme.

Participate and deliver Targeted Lung Health Checks (TLHC) across PCN footprint

Increase uptake of screening programmes, with a focus on the people engaging with communities and cohort where uptake may be low.

Ensure prioritisation of inequalities in terms of treatment of people on the waiting list (all providers) – linking to the pan GM programmes.

Deliver in partnership with through secured funding Leisure partners GP referral and in-reach schemes for Trafford Leisure and Be Active Urmston. Patients with LTC's will be referred to leisure partners across Trafford locality, in addition, in-reach into clinical education/ rehab programmes and reduce wait times

Healthy Lives targeted projects to increase uptake of health checks, screening and brief interventions through voluntary sector

Deliver MSK community triage and assessment days for those with back pain in partnership with Trafford Leisure, TLCO and VCFSE sector partners.

**Early Diagnosis** – achievement of LTP 75% ambition; incorporating work on primary care pathways / PCN DES, symptom awareness, timely presentation, FIT in lower GI pathways; improvements in screening uptake

# Urgent and Emergency Care (UEC)

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

Delivery following UEC National Guidance and the Manchester & Trafford Urgent Care Recovery Plan

## Priority Programmes / Service Improvement / Enablers

Preparation for Right Care Right Person for Mental Health Service users

Providing access to 111 for Mental Health Service users

Complete, develop, implement and deliver the recommendations from the Trafford Urgent Care Review

Develop and improve processes and pathways connected to the newly implemented Trafford Crisis Response and D2A Pathway 1 services

## Commissioning Intentions

Reduce A&E attendances through HIU programme in line with localities across GM.

Reduce Non-Elective admissions, Length Of Stay and readmissions through Admission Avoidance programmes (dependant on Hospital @ Home model and delivery)

Delivery of the priorities outlined within the UEC Recovery plan for the locality.

Review and recommission Out of Hours (OOH) contracts including Urgent Treatment Centre/Trafford Patient Assessment Service contracts ensuring delivery of an OOH offer closer to home for patients in Trafford

Winter Urgent and Emergency care planning 24/25

# Primary Care and Neighbourhoods

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Social Prescribing review and roll out

Continued recovery of Access to Primary Care

Review of Pharmacy needs assessment and implementation of Pharmacy First in Trafford – Enabler

PCN neighbourhood working (all age).

Development full integration of Primary Care and GP Leads into integrated neighbourhood teams

## Commissioning Intentions

Enhanced services review (linked to GM programme) with specific focus on Locally Commissioned Services.

Development and delivery of Quality Contract 24/25 focusing on Prescribing / CVD / Diabetes

Delivery of Primary Care Blueprint (with associated funding).

High Intensity User model implementation following Test & Lean.

Development and implementation of a Spirometry service Trafford wide

Evidenced based Winter capacity schemes for delivery in 24/25

Population health improvement – weight management, Increase physical activity, substance misuse, smoking etc – linked to CF work on population health management.

Take up of NHS Health Checks and targeted work with voluntary sector to tackle health inequalities by improving uptake in under-represented groups for screening, health checks and wider health promotion

Locally commissioned public health services – NRT and smoking cessation interventions, EHC, Alcohol Brief Interventions and LARC

# Community Care

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Delivery of 24/25 Community Service Review Programme.

Mental health inclusion in NCT's

Community mental Health Transformation, transforming our community offer

Workforce development , including international recruitment

Tier 1,2 and 3 Integrated Sexual Health Services – increased take up of LARC and STI testing and prevention

## Commissioning Intentions

Working alongside GM system group to ensure GM standards on delivery of services.

Initiate Intermediate Care and D2A Transformational Programme 2024-2027/8 which will include:

- Full review and redevelopment of Trafford Intermediate Care offer, commissioning in line with need. To include consideration of future bed based and intermediate care at home capacity requirements.
- Development of long term Frailty model for Trafford.
- Review of Trafford's D2A model, including enhanced 1:1 model.

Review and remodelling of Trafford Reablement Services.

Development of Equipment services including; equipment support, OT review and implementation of Ask Sara

Develop and implement bespoke quality assurance tool for Trafford social care provision

Recommission Extra Care

Recommission Home Care

Implement an FPS for Care Homes

Redesign of Trafford's Hospice at Home service

Tier 1,2 and 3 Integrated Sexual Health Services – increased take up of LARC and STI testing and prevention

Review and implement PIPOT approach

## Community Care (Continued)

### Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

### Priority Programmes / Service Improvement / Enablers

Roll out Oliver McGowan training

Re-establish paused Partnership Boards

Nutrition & hydration – continue online training offer and physical resources for older people in the community

Review non-RTT waits in community services

### Commissioning Intentions

Develop detailed needs assessment of people with learning disabilities and autism to inform an accommodation approach

Deregister 3 properties

Decommission unoccupied properties and replace with new models of accommodation

Programme of retendering LD supported living services in line with contract dates

Retender advocacy services

Review, remodel and consider recommissioning Shared Lives service

Implementation of Self-referral in community health Services

Capacity building and preparation for Women's Health Hubs

Falls Prevention – prepare for re-commissioning of falls prevention strength and balance service.

Locally commissioned services for emergency contraception, NRT, Long-Acting Contraception, Alcohol Assessment and Brief Intervention, NHS Health Checks

Dementia Advisors – re-commission Memory Loss Advisory Service in partnership (Public Health/ICB/Adult Social Care Commissioning)

# Additional Locality Priority Programmes and Enablers

## Context and Assumptions:

The proposed priority programmes and commissioning intentions have been developed in partnership with key stakeholders. It is important to note the context and assumptions that have been accounted for when constructing the draft detail. The priorities and commissioning intentions are subject to available resources, transparency of system resources, including organisational and sector efficiency targets and alignment of organisational and sector priorities – particularly in-year emergent priorities and/or pressures which may deviate from the agreed plan. A process of prioritisation and sequencing will need to be applied with a stringent criteria applied to ensure value for money, outcomes and the priorities being evidence based. It is acknowledged that some of the delivery priorities and commissioning intentions will span multiple years, not just 24/25, and capacity and resource constraints in future years may directly affect the ability to complete stated intentions.

## Priority Programmes / Service Improvement / Enablers

Fairer Health for All – Health Inequalities Strategic Oversight Group

Joint Strategic Needs Assessment updates and new products

Health Protection and Infection Control – increasing take-up of immunisations, improve IPC in community settings and prevent and manage outbreaks.

Increase MMR uptake across Trafford population to protect against and reduce impact of national measles incident.

Active Travel Activation Fund – behaviour change programmes linked to physical infrastructure projects

Oral Health – evaluation and continuation of supervised toothbrushing scheme

Drugs and Alcohol Prevention, Treatment and Recovery – recommissioning of outreach and treatment provider collaborative to prevent harm, increase numbers in treatment and successful exits and build sustainable recovery communities

Trafford Participation Strategy and Framework

## Priority Programmes / Service Improvement / Enablers

Trafford Workforce Delivery Plan

Development of the Learning Disability Board

Women’s Strategy

Development of the Carers Board

Development of the Autism Board

Domestic Abuse services re-commissions

Violence reduction programmes – continue utilisation of grant funding to employ Violence Reduction Co-ordinator commission bespoke projects.

## **TRAFFORD COUNCIL**

**Report to:** Health & Wellbeing Board  
**Date:** 15<sup>th</sup> March 2024  
**Report for:** Information/Decision  
**Report of:** Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford) and Nathan Atkinson, Corporate Director Adults and Wellbeing, Trafford Council

### **Report Title**

Better Care Fund Programme Quarter 3 return

### **Purpose**

The BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides the national return in Q3, on cumulative data from Q1 and Q2 (1st April 2023 – 31st December 2023), which was submitted to NHSE on February 9, 2024.

This return provides confirmation of activity and expenditure to date, where BCF funded schemes include output estimates. This return also includes an update on our performance against key BCF metrics.

The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, key areas have been summarised within this report. Previous submissions include our Better Care Fund Plan for 2023-2024 and supporting narrative which was submitted in July 2023, and an updated detailed capacity and demand plan, submitted as Trafford's Quarter 1 return in October 2023.

Schemes funded by BCF Programme funding but do not have output estimates attached, are outside the remit of this return, but an update will be provided at the full end year report in Q1 2024/25.

### **Recommendations**

1. The Board is asked to note the content of the finalised BCF return which provides Q1 and Q2 data, submitted in Q3.
2. Note that the next submission in relation to 23/24 BCF Programme will require a report on full year activity and expenditure, which will be required to be submitted in Q1 2024/25. It is anticipated that this will be in May 2024 however, the exact submission date has not yet been confirmed by NHSE.

Contact person for access to background papers and further information:

Name:  
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## 1.0 Introduction

- 1.1. The Better Care Fund (BCF) reporting requirements are set out in BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF Programme.
- 1.2. The key purposes of reporting are:
  - a) To confirm the status of continued compliance to the requirements of the BCF fund.
  - b) In Quarter 2, to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the end of the year actual income and expenditure in BCF Plans.
  - c) To provide information from local areas on challenges and achievements and support needed in progressing the delivery of the BCF plans, including performance metrics.
  - d) To enable the use of this information for national partners to inform future direction and for local areas to improve performance.
- 1.3. Previous submissions include our Better Care Fund Plan for 2023-2024 and supporting narrative which was submitted in July 2023, and a updated detailed capacity and demand plan, submitted as Trafford's Quarter 1 return in October 2023. This report provides an update on the delivery against the BCF core metrics and the activity and expenditure to date, for schemes which had output estimates. Schemes funded by BCF Programme funding but do not have output estimates attached are outside the remit of this submission, but an update will be provided at the March Locality Board, as part of a wider BCF/Section 75 update.

## 2.0 Better Care Fund Metrics

- 2.1 The BCF plan includes the following 5 metrics. Please find a summary of performance below, with detail of performance can be found within Tab 4: Metrics of the supporting excel spreadsheet.

### 2.2 Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions

- Expected performance within Q1 was 193.2. Actual Q1 performance was 166.0.  
Expected performance within Q1 was 169.8. Actual Q2 performance was 143.7
- Performance status: On- track
- Achievements linked to BCF funding: The New Trafford Crisis Response Service is now fully embedded, which serves to support avoidable admissions with a range of opportunities to refer to the service both within the community and primary care as well as from the front door of the Urgent Care services..
- Upcoming plans: Further development of the Hospital at Home model is required. Once implemented further improvement in this target is expected.

### 2.2 Percentage of people who are discharged from hospital to their normal place of residence.

- Expected performance within Q 1 was 91.5%. Actual performance in Q 1 was 90.89%  
Expected performance within Q2 was 91.5%. Actual performance in Q2 was 92%



- Performance status: On-track.
- Achievements linked to BCF funding: The Rapid MDT for P3 Discharge to Assess Beds service, which reviews residents admitted into a bed within 48 hours, is supporting more of our residents to return home, moving from P3 to P1. The introduction of Trafford Community Response Service's Pathway 1 Discharge to Assess Team was implemented in Q3, providing IMC at Home. Thereby enabling more Trafford residents to return directly home for their rehabilitation that otherwise would otherwise been supported by P2 bed-based care.
- Upcoming plans: The Rapid MDT team of OT, Physio and Nursing is now in the process of expanding to include mental health nursing to support residents in P3 with dementia and other mental health nursing considerations.

### **2.3 Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000**

- Planned performance/trajectory by end of Quarter 4: 2,003. Actual performance at the end of Q1 was 490.2 The Actual performance in Q2 was 474.7.
- Performance status: On track
- The mitigating actions reported in Q2 to tackle legacy challenges in therapy services continue in Q3. As reported in Q2, there have been a number of capacity and demand challenges in relation to community OT and Physio, much related to the legacy of Covid-19 pandemic, impacting on falls avoidance whilst there are lifting and response services in place. The additional investment in therapy resource and the implementation of Trafford's Community Response Service, both from a Crisis Response and D2A Pathway 1 (IMC at Home) perspective are key in supporting continued improvement. Additional capacity within community therapy will also expediate the continued action of the Community Rehabilitation recovery plan within the locality, that plays an important role in falls prevention.
- Achievements linked to BCF Funding: Q3 has focused on the embedding of new services as BAU and ensuring education is provided across health and care systems to ensure purpose and parameters of these services are understood and can therefore be appropriately utilised to their maximum. This includes Trafford Community Response Service as part of a 2-hour urgent response within the community, as part of a wider MDT model, as well as the D2A Pathway 1 model which enhances domiciliary based support and provides IMC at home. These teams support patients at risk of admission or readmission to secondary care including patients who are at risk of falling. We also continue to progress actions within our Community Recovery plan.
- The Rapid MDT to P3 D2A beds is now embedded and working across nursing and residential P3 beds. This team includes social care, nursing and therapy has also supported a reduction in falls in the care home setting by reviewing residents within 48 hours of admission. OT and Physio assessment at this early stage of admission, supports the reduction of falls within a care home setting both in terms of practical support also in increasing confidence in Care Home to further identify and manage residents with a risk of falls.

- The introduction of the Rapid MDT to Pathway 3 Discharge to Assess beds, which includes social care, nursing and therapy has also supported a reduction in falls in the care home setting but providing an MDT within the first 48 hours of a resident entering a Discharge to Assess bed.
- Upcoming plans: Continued embedding of Pathway 1 Community Response Team and full action of community rehabilitation plan.

#### **2.4 Rate of permanent admissions to residential care per 100,000 population (over 65)**

- Planned trajectory of 559 by end of Quarter 4. This figure is currently 180 admissions. This data includes both residential and nursing admissions of 29 Nursing, 151 Residential, which excludes CHC - continuing health care.
- This is reported as accumulative figure so increase is expected.
- Performance status: Not yet on track.
- Achievements linked to BCF Funding: The Rapid MDT for Pathway 3 Discharge to Assess Beds service, which reviews residents admitted into a bed within 48 hours, is supporting more of our residents to return home, moving from Pathway 3 to Pathway 1. This team has also identified residents who could be supported by bedded Intermediate Care (IMC) to enable them to subsequently go home. This team has enable greater flexibility across discharge pathways, with Home First embedded within their ethos.
- The Trafford Control Room (TCR) remains the centre point for all referrals who require Health and Social Care Pathway 1 and Pathway 3. The control room offer an integrated team of health and social care staff, with the skill set to understand the holistic requirements of an individual with the ability to scrutinise referral pathways and challenge decisions for the most appropriate outcome for the individual.
- Upcoming plans: Further work to be undertaken hospital colleagues regarding the Control room making the determination of pathway, recognise each locality will have varying community offers. Continued embedding and monitoring of Rapid MDT for Pathway 3 Discharge to Assess beds to ensure continued impact on returning more residents home rather than long term residential and nursing care.

#### **2.5 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services.**

- Planned trajectory of 92% by Quarter 4. Reported performance within Quarter 1 was 86.2%. Reported performance in Q2 is 90.2%
- Performance status: On-track. This was a stretch target and whilst this has not yet been met, there has been an increase from 86.2% in Q1. If this trajectory is to improve over that reported in 22/23, then we will exceed our planned target.
- Achievements linked to BCF funding: Since the last reporting period, the focus has been on the embedding of the Trafford Community Response Service as part of a 2-hour urgent response within the community, as part of a wider MDT model. Since the October submission, the D2A Pathway 1 team with Community Response Service has been formally introduced, with a key part of its role being to enhance

domiciliary based support and provide an IMC at home service. This supports patients at risk of admission or readmission to secondary care to remain within their own homes.

- Upcoming plans: Further embedded of Discharge to Assess Pathway 1 (IMC at home) model and the continuation of Trafford's reablement model, the system will have a much-enhanced rehabilitation and reablement offer within Pathway 1.

### **3 Quarter 3: Spend and activity**

- 3.1. Highlighted below are areas where implementation or delivery against estimated outputs have been a challenge. Full details of output vs estimates can be found within the BCF submission template attached to this paper.

#### **3.2 Additional Staff in Care Hub/Trafford Urgent Care Control Room**

- 3.2.1 There has been some challenges regarding staff retention with movement to other services, however this is now on track. This will also include additional mental health nursing expertise to the team.

#### **3.3. Single handed project/equipment**

- 3.3.1 The single handed care project was paused, with greater focus required on the timely delivery of equipment to facilitate discharge home from hospital, with the right equipment rather than the commissioning additional carers. This has also supported obtaining some equipment from a 3rd party supplier, when the equipment was not available through our One Stop Resource Centre, to avoid delayed discharges.

### **4. BCF Next Steps**

- 4.1 Whilst the exact format and questions within the Quarter 3 BCF submission are not yet available, it will require reporting on actual Year end activity versus that detailed within this plan and year end expenditure. This data is regularly monitored as part of our locality governance so there are no anticipated risks associated with providing the next return.

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