



TRAFFORD COUNCIL

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

Date: Friday, 17 May 2024

Time: 10.00 am

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

A G E N D A	PART I	Pages
1.	ATTENDANCES To note attendances, including officers, and any apologies for absence.	
2.	MINUTES To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 15 th March 2024.	1 - 12
3.	DECLARATIONS OF INTEREST 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.	ALCOHOL AND SUBSTANCE MISUSE DEEP DIVE - JSNA To consider a report from Kate Shethwood, Public Health Consultant.	13 - 62
5.	2024/25 LOCAL DELIVERY PLAN To receive the 2024/25 Local Delivery Plan from the Director of Public Health and the Programme Director Health and Care.	63 - 70
6.	FAIRER HEALTH FOR TRAFFORD PARTNERSHIP To receive a verbal update from the Director of Public Health.	Verbal Report

7. **SMOKEFREE GENERATION** 71 - 78

To receive a report from Aimee Hodgkinson, Public Health Commissioning Manager.

8. **BETTER CARE FUND (BCF) ANNUAL REPORT 2023/24** Verbal Report

To receive an annual report from the Corporate Director for Adults and Wellbeing 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 Chair 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. Slater (Chair), K.G. Carter, R. Thompson, P. Eckersley, J. Brophy; 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, Roe, C. Siddall and N. Atkinson.

Further Information

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

Natalie Owen, Democratic Officer

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This agenda was issued on **Wednesday, 15 May 2024** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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HEALTH AND WELLBEING BOARD

15 MARCH 2024

PRESENT

Councillor J. Slater (in the Chair).

Councillors L. Murphy, K.G. Carter and R. Thompson

In attendance

Paul Rogers	Governance Officer
George Devlin	Lay Member for Patient and Public Participation Trafford CCG
Thomas Maloney	Programme Director Health and Care
Nathan Atkinson	Corporate Director Adults and Wellbeing
Jill MacGregor	Corporate Director Childrens Services
Heather Fairfield	Chair Health Watch Trafford
Helen Gollins	Director of Public Health
Jane Waering	Clinical Director Trafford West PCN
Jo Cherrett	CEO Trafford Leisure
Liz Murphy	Chair of Trafford Strategic Safeguarding Partnership
Richard Spearing	Managing Director of Trafford LCO
Paul Rogers	Governance Office
Lucy Webster	Public Health Manager-Mental Health, Wellbeing and Suicide Prevention
Claire Robson	Public Health Consultant
Bernadette Ashcroft	Trafford Collective
David Bartholomew	GM Mental Health

36. ATTENDANCES

Apologies for absence were received from Richard Roe (Corporate Director of Place), Kate Sethwood (Public Health Consultant), Spt. Collette Rose (Greater Manchester Police), Liz Calder (Greater Manchester Mental Health), Dorothy Evans (African Caribbean Care Group), Gareth James (Deputy Place Lead for Health and Care Integration) and Caroline Siddall (Housing Strategy and Growth Manager).

37. MINUTES

RESOLVED: that the minutes of the meeting held on 19 January 2024, were approved as an accurate record.

38. DECLARATIONS OF INTEREST

There were no declarations of interest.

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39. MENTAL HEALTH - DEEP DIVE UPDATE AND ALL AGE MENTAL HEALTH GROUP

Lucy Webster and Claire Robson (Trafford Public Health) presented a report which updated 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.

The Board was informed that 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.

Regarding 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.

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

On 21st 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 20th 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 4th July and 8th October 2024 with a focus on Climate, and Inequalities

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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.

The Chair emphasised that The Board is committed to a real living wage indeed throughout the Borough and when people are working and delivering for Trafford residents they do receive the best salary for that job.

The Next steps for population mental health and wellbeing delivery and governance in Trafford are as follows –

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 in line with 5 ambitions that are part of Greater Manchester's Mental Health and Wellbeing Strategy 2024-2028. These are

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

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 Trafford's mental health and wellbeing delivery plan. This has included conversations with:

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- 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 (25th 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.¹

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.

The Director of Childrens Services highlighted that acuity of mental health need is a real challenge and with the current funding position the Board will be interested in the ICB's operating model and the funding flow across the 5 ambitions at both GM and locality level. The director made reference to the inter connection between the SEND Board and children's needs. The Director emphasized that SEND children also have mental health issues. It is important that the SEND Board has a direct reporting link to the locality Boards to provide the opportunity for inter connectivity via that avenue.

The Corporate Director Adults and Wellbeing reiterated point made for the need for the Board to focus on the inequalities and that focus on recovery and early intervention and this should not be lost when dealing with the complexity and statutory commitments across the Trafford system.

The Programme Director Health and Care took the view that the Board needs to have an unwavering commitment to prevention that holds the Strategy locally and that it is all aged. The Board will want assurance of progress being made against the key aims and aspirations of the Mental Health Strategy. The All Age Mental Health Group will be considering KPIs, performance data and outcomes as part of the 2024-25 work plan.

The Chair underlined the focus on prevention as being our goal to stop people falling into crisis.

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RESOLVED: that the Board

- (i) notes the report;
- (ii) commends the progress made in mental health and wellbeing in Trafford and reiterates its support regarding the Real Living Wage and Good Charter accreditation;
- (iii) underlines its commitment and support for all age mental health intervention and prevention across Trafford and to endorse the 5 Greater Manchester strategic ambitions for mental health and wellbeing 2024-2028; and
- (iv) will continue to receive further progress reports on mental health and wellbeing delivery in Trafford as part of wider governance arrangements.

40. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Director of Public Health presented the Health and Wellbeing Annual Report 2023-24.

This is the first Annual Report submitted to the Health and Wellbeing Board and describes achievements and challenges against the key responsibilities and priorities of the Board.

The 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, these are set out on page 4 of the report, and subject to the approval of the Board will form the forward plan for the Board going through 2024-25.

The report shows the responsibilities of the Board and considers and identifies the priorities for the Board.

The Director of Public Health made reference to the Joint Strategic Needs Assessment (JSNA) strategy. 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. 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.

The Director of Public Health referred to the Better Care Fund (BCF) programme and how this supports local systems to successfully deliver the integration of

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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. More detail the BCF its priorities and performance are set out in paragraphs 3.2.2 – 3.2.5 of the report. Reference was made to Child Deaths in Trafford, paragraph 3.3 of the report refers. 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.

Trafford's Public Health team provides leadership for CDOP and ensures that recommendations from the panel are actioned. The Action Plan and recommendations are set out in paragraph 3.3 of the report.

The Director drew attention to Health Protection and Infection, Prevention and Control. 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.

The key priorities for 2023-24 are set out in paragraph 3.4.1 of the report.

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.

The Board's Priorities are set out in paragraph 4 of the report.

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.

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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.

The five priorities are –

- 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

The Board's commitments, recommendations and goals for going forward are set out in paragraphs 4.1 to 4.55 of the report. Table 5.1 in Paragraph 5 of the report shows the status and progress made to date against each of the SMART actions.

RESOLVED: That Trafford's Health and Wellbeing Board

- (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.

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41. DRAFT DELIVERY PRIORITIES 24/25 AND REFRESH OF LOCALITY PLAN

The Programme Director Health and Care presented the Draft Priorities 2024-25 and Refresh of Locality Plan report.

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. Both programmes of work are 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.

The Draft contains 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 16th February.

The Trafford Locality Delivery Portfolio including Commissioning Intentions 2024-25 is attached to report.

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.

As part of the Locality Plan refresh the Health and Wellbeing Strategy will be refreshed and updated and in terms of a timeline that process should be

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completed by the middle of the year and that will be submitted to the Board for discussion and sign off.

The Programme Director Health and Care informed the Board that the Key Drivers had not changed and there is an ongoing task to compile the final Trafford Locality Draft Delivery Portfolio by the end of March / early April. We have set some strong foundations for agreeing the priorities for 2024-25 built on an agreed set of principles and these will be key when mobilising a prioritisation process. Due to the enormity of the detail, the detail is set out in the Appendix of the slides. The next steps and actions relating to the following are set out in detail in the Portfolio:

- Detailed Programme Plan
- Locality Delivery Portfolio – Next Steps
- Prioritisation
- Locality Plan Refresh

Regarding the prioritisation plan for 2024-25 partners thought that this cannot be done without understanding impact on social inequalities so each priority should take into account how they positively address social and health inequalities.

It was drawn to the Board's attention that the list of priorities will not only be carried out in 2024-25 but will span a number of years. It is also important to note that the priorities are subject to capacity and funding.

The Programme Director made reference to the Board's commitment to prevention and underlined the need to set the priorities against this and indeed looking at each priority questioning whether each one is the right thing to do at that point in time bearing in mind capacity and funding.

The aim is to go to the Locality Board in April to sign off the final plan for 24/25. There is a Greater Manchester ICB Board next week where the initial GM planning submission will be submitted for sign off with further work required in April to refine plans and trajectories.

The Corporate Director of Children's Services emphasised the importance of people and resources in the collective system and as highlighted by the Programme Director Health and Care this is work in progress. There is also the collective risk ownership of making decisions because there will be difficult decisions and consequences of these decisions so collective responsibility is important when prevention is a commitment and indeed are the Board's legal obligations.

RESOLVED: that the Board notes and agrees

- (i) the content of the report and initial submission of the draft Trafford Delivery Portfolio;
- (ii) support where required the completion of the Programme Plan (including further submissions to NHS GM) and prioritisation process, to be determined; and

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- (iii) to refresh of the Health and Wellbeing Board Strategy, incorporated into the agreed refresh of the Locality Plan.

42. FAIRER HEALTH FOR TRAFFORD

The Director of Public Health gave a verbal update following the inaugural meeting of the Fairer Health for Trafford Partnership.

The Board was informed that in Trafford the difference between life expectancy for men in the most affluent and deprived communities is 9.5 years and for women it is 9 years which is unfair and needs to be tackled.

The Fairer Health for Trafford Partnership (FHTP) met last week and the purpose is to think about how we can work collectively to tackle health inequalities. We do not want to duplicate Greater Manchester work so we need to look at our own work to fill in any gaps and ensure that we are working with our communities. The partnership will be needs led and identify any key gaps, they will work with the established governance to address these gaps, for example a key inequality is life expectancy for people with serious mental illness, the FHTP would work with the All Age Mental Health Group to ensure this was a focus of the Groups work programme.

The meeting of FHTP was well attended. The group talked through the needs of residents, and identify some communities of interest including adults with serious mental illness, adults with learning disabilities and care experienced children. In terms of geography Broomwood, Partington and Old Trafford communities. The discussion moved on to what all partners are doing and there were connections being made in the meeting. MFT are working on a pilot with TFGM around MFT sites where the community is finding access to those sites difficult. We put forward Partington as DNA is a high factor for those residents.

The next steps are to think about what our priorities are and what is driving those inequalities in those priorities and address them in the layers of the system we work in.

We are also looking at prioritising data quality recording and health literacy.

The Fairer Health for Trafford Partnership is meeting in April with a workshop of priorities to identify what is tangible and what we can do immediately and long term on health inequalities.

RESOLVED: that the verbal report be noted.

43. BCF QUARTER 3 RETURN

The Corporate Director Adults and Wellbeing presented the Better Care Fund Quarter 3 Return.

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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.

The report focuses on the five core metrics and provided an explanatory note on current performances and if they were on track for anticipated delivery:

- Paragraph 2.2 - Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions.
- Paragraph 2.2 (i) - Percentage of people who are discharged from hospital to their normal place of residence.
- Paragraph 2.3 - Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
- Paragraph 2.4 - Rate of permanent admissions to residential care per 100,000 population (over 65).
- Paragraph 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.

Details on each of the above measures are contained in the report.

RESOLVED: that the Board

(i) Notes the content of the finalised BCF return which provides Q1 and Q2 data, submitted in Q3; and

(ii) Notes 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.

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The meeting commenced at 10.00 am and finished at 11.28 am

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 17th May 2024
Report for: Information
Report of: Director of Public Health

Report Title

Trafford Alcohol and Substance Use Joint Strategic Needs Assessment

Purpose

To share the headline findings and recommendations of the new joint strategic needs assessment (JSNA) on drugs and alcohol and the draft action plan developed with partners to the Trafford, Alcohol, Substance Misuse and Gambling Partnership (TASMGP) in response to JSNA emerging findings.

The item will also provide update on the context for this work which includes the upcoming procurement of the Substance Misuse Prevention and Treatment Service commissioned by Salford City Council on behalf of Trafford, Bolton and Salford Local Authorities. Further background and detail has previously been provided in the Health and Wellbeing Board Annual Report last March.

Recommendations

The Board is asked to:

1. Note and support the recommendations in the JSNA.
2. Sign off and support the action plan for TASMGP, making any suggested amendments and outlining any priorities.
3. Support engagement through TASMGP by ensuring relevant partners are represented and activity is reflected.
4. Identify capacity and priority questions for further analysis to deepen understanding of needs in Trafford.
5. Advise on how to share the findings of the JSNA, improve awareness of the support offers outlined within it and identify training needs amongst staff.
6. Provide any further feedback to inform the design of the new prevention and treatment service contract.

The system wide JSNA recommendations have been categorised into the four priority areas of the TASMGP action plan, these include:

Priority 1: Understanding Need (Gaining a better understanding of need, improved recording).

1. To improve the recording of drug and alcohol needs within key services including children's and adults social care; youth justice; GMP; Mental Health services and Living Well; children's and adults community services within the TLCO; TTT.

2. To complete further research into the Trafford wider impacts including employment, finance and housing.

3. To develop targeted action plans to meet the alcohol only and opiate (crack) users, which has been identified as Trafford's highest unmet need into specialist treatment services (by substance use type).

4. To conduct a 'deep dive' working with young people, carers and professionals, to explore apparent high level of U18 hospital admissions.

Priority 2: Early Intervention & Prevention
(Brief interventions across the board, campaigns).

5. To improve awareness of associated harms and destigmatise alcohol and substance use amongst professionals and the public.

6. To develop a targeted approach to females in need of specialist treatment, to reduce the likelihood of them dying younger, having liver disease or being admitted to hospital.

7. To target support and training for general practitioners where there is variation in the delivery of alcohol support. Specifically, amongst those in the South PCN with the lowest uptake, where alcohol has been identified as a south-level neighbourhood priority.

8. Embed a neighbourhood or hyper-local approach to substance misuse prevention and management, developing relationships with local partners to support complex service-users holistically and to contribute to community-level prevention and earlier intervention.

Priority 3: Treatment
(Promoting existing services, increasing referrals).

9. To improve awareness of the full-service offer amongst all partners, including the outreach and non-clinical offer.

10. To continue growth of Achieve Trafford's trauma-informed approach and bringing together addiction and mental health services including clearer pathways and flexible support to meet the needs of people with both mental health and substance use needs.

11. To organise a system-wide co-occurring conditions away day to agree an action plan and review progress through TSPB / HWBB/ TASMGP.

12. To strengthen relationships between Trafford social care and other family-facing teams with Achieve Trafford, particularly to support families where children are affected by parental substance use to increase referrals into the treatment system at an earlier stage and prioritise the voice of the child.

13. To deliver specialist treatment and engage Achieve Trafford service users in community settings, to reduce the likelihood of the office location being a barrier to treatment access.

14. GMMH to continue to engage with out-of-areas prisons to secure appropriate pathways into Trafford community treatment. This should include ensuring weekly

prison information is obtained and ensuring that information provided on individuals leaving prisons are sufficient so continuity of care can be continued.

15. Treatment providers to provide assurance that representation of different ethnic groups in treatment is appropriate to reflect need and focus community development approaches to ensure access for all cultures and populations.

**Priority 4: Recovery
(Increasing recovery support & communities)**

16. To build a recovery community in Trafford to support Trafford residents to sustain their recovery and reduce the likelihood of needing to re-present at specialist treatment services.

17. To conduct research with partners to identify what recovery model would best meet Trafford's needs.

Contact person for access to background papers and further information:

Name: Kate Shethwood

Email: kate.shethwood@trafford.gov.uk

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Trafford Alcohol, Substance Misuse & Gambling Partnership (TASMGP)

Vision & Action Plan 24/25

TASMGP Vision

- 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.

TASMGP Collaborative Working Suggested Priorities

Understanding Need

Gaining a better understanding of need.

Better ways of recording data.

More training for services.

Early Intervention & Prevention

Brief interventions across the board.

Feeling comfortable to ask more open questions.

PH campaigns/ education

Tap into private / third sector

Treatment

Promote existing services.

Social media / marketing materials.

Recovery

Recovery support / communities.

TASMGP Action Plan (DRAFT)

Aim/Activity	Specific Actions	Outcome	When	Who	
Understanding Need					
1	To complete a comprehensive joint strategic needs assessment for drugs and alcohol in Trafford.	<p>For all TASMGP partners to contribute to the development of a joint strategic needs assessment for drugs and alcohol.</p> <p>This will include undertaking community engagement through both partners and the neighbourhood groups to understand the experiences of different people in Trafford and co-design partnership response.</p>	<p>To get a better understanding of the local needs for Trafford residents affected by alcohol, substance misuse & gambling.</p> <p>Metric: JSNA maintained and regularly updated, with input from Trafford partners.</p>	May-24	<p>Aimee Hodgkinson (Public Health) to bring together partners data and finalise a draft of the drug & alcohol JSNA.</p> <p>Aimee Hodgkinson (Public Health) to link with the Trafford neighbourhoods to understand the experience of different people at neighbourhood level.</p> <p>Paul Burton (Public Health) to complete focused work to explore the gambling needs of Trafford residents building on the GM gambling needs assessment.</p>
2	For partners to capture more intelligence relating to alcohol, substance misuse and gambling needs in	For partners to review their recording systems for how they record alcohol, substance misuse and gambling harms and commit to incorporating this in their systems.	<p>To gain a better understanding of the themes surrounding alcohol, substance misuse & gambling harms within partner services.</p> <p>Metric: Profile of gambling risks in services</p>	March-25	Achieve partners (Peter Ward & Sandra Kite, GMMH and Janine Day, Early Break) to improve recording systems and share any themes/intelligence with TASMGP partners about wider issues experienced by people in treatment.

	Trafford from their own services and share this.	For any themes and intelligence to be shared through the TASMGP partnership updates.	Dashboard developed for review by TASMGP with key themes highlighted with action plans.		<p>Public Health, Community Safety, ACHIEVE partners, children's services, ASC and wider teams to share any themes/intelligence with TASMGP partners at bi-monthly meetings and in between as appropriate for urgent information.</p> <p>Arvin Prasher (Public Health) to support/advise partners regarding intelligence capture and data collection methods when required.</p> <p>Liverpool John Moores / Public Health to share themes from Drug-Related Death panels at each meeting as relevant and share annual report.</p> <p>GMMH and Public Health to work with Adult and Children's Safeguarding Board including Police to undertake an audit / review of cases which have escalated (including but not limited to deaths) to identify earlier intervention opportunities and improvements for services, to present to TASMGP and HWBB.</p>
Early Intervention & Prevention					
3	To increase the uptake of brief	To commission brief intervention training which all partners will	To improve the wider workforce confidence to deliver more brief	March-25	Janine Day (Early Break) to roll our 'Stressed Out Brain!' trauma-informed drugs training in Trafford.

	<p>interventions being delivered on alcohol, substance misuse & gambling harms in the borough.</p>	<p>attend, and to increase the uptake of alcohol & substance misuse brief interventions being delivered in the borough.</p> <p>To increase the uptake of chapter one gambling training.</p>	<p>interventions and to have open conversations with Trafford residents affected by alcohol, substance misuse & gambling harms so that more Trafford residents can access support earlier on.</p> <p>Metric: Increase uptake of brief interventions training amongst partners; improved acceptance of referrals</p> <p>Longer term - reduction in demand for acute services (treatment, hospitalisation, Police)</p>	<p>Bernadette to link in the VCFSE sector into this area of work via the Trafford Community Collective.</p> <p>Pamela Pattison & Sandra Brown (DWP) to implement Chapter One gambling training for frontline staff.</p> <p>i. Public Health to develop a training plan based on the drug and alcohol training needs identified by TASMGP, Primary Care, and wider partners. Identification of which parts of training offers from providers such as GMMH, Big Life, and Early Break are best suited to different training needs and practitioners. Public Health to liaise and promote training offer through TASMGP and wider channels, with support from TASMGP partners.</p> <p>ii. Public Health, ACHIEVE, ICB and Safeguarding Partnership to review training offers to share with partners what is available (including NHS e-learning programme (www.e-lfh.org.uk) on identification and BI in primary settings, and GMMH's Recovery Academy), and promoting Achieve services within training.</p>
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4	To reduce the stigma of alcohol, substance misuse & gambling harms and promote the support available through campaigns and education.	To develop and promote existing public health campaigns relating to alcohol, substance misuse & gambling harms throughout the year via partner networks, including their social media pages.	Reducing myths and misconceptions to reduce the stigma, increase residents understanding around alcohol, substance misuse & gambling harms and normalise accessing support.	March-2025	<p>Achieve (Peter Ward) to invite NHS Addictions Provider Alliance to partner with TASMGP to provide support for the addictions treatment and support sector #stigmakills campaign.</p> <p>Neala Farr (Achieve Community Development) to share and embed their community development work with TASMGP and neighbourhoods.</p> <p>Dan Shelston (Neighbourhood Lead) to work with the South Neighbourhood to develop an alcohol campaign that can be rolled out across Trafford (working with the other neighbourhoods on appropriate approaches)</p> <p>Achieve to work with TASMGP partners to identify additional community locations for groups and services in underserved communities.</p>
5	Use combined powers and instruments to ensure responsible retail and night time economy, minimising risk	<p>Joint planning for Weeks of Action</p> <p>Learning from Purple Flag in Altrincham to</p> <p>Develop database and process for local</p>	<p>Reduced incidents of crime and health issues related to licenced premises.</p> <p>Improved 'sense of safety' amongst residents.</p>	March-2025	<p>Community Safety to monitor breaches of Alcohol Public Spaces Protection Order and share trends and any specific issues for partners' attention six-monthly.</p> <p>Jon Lloyd (GMP) and Paul Burton (Public Health) to convene licencing</p>

	of adverse incidents due to drug and alcohol harm.	profiles to inform licensing decisions. Develop further the processes for informing gambling licencing decisions.			steering group with safeguarding colleagues to review new and amended alcohol licences for safeguarding, community and health impacts. Public Health Intelligence to work with intelligence colleagues in partners to consider development of a licencing matrix to inform decision-making around new / amended licences and other community activity. Identify single points of contact and routine process to share intelligence between trading standards, licencing, police and community safety and ACHIEVE to identify hot spots and share planned enforcement / support activity.
6	Interrupt supply chains and reduce harm associated with drug trade.	Launch Trafford Challenger group and strategy, with adult and children safeguarding and appropriate links to TASMGP to enable joint operations and enable safeguarding whilst tackling organised crime.	Reduction in drugs possession and distribution offences. Reduction in complex safeguarding cases linked to drugs trade.	July-2024	Community Safety to identify representative from Challenger on TASMGP and vice-versa. Community Safety / Challenger rep to provide 6-monthly updates on Challenger developments at TASMGP (or more frequent as necessary).

		Shared priorities and work plans.			Community Safety and Police to share appropriate intelligence with TASMGP at bi-monthly meetings and partners to identify support to offer.
Treatment					
7	To increase the understanding of the alcohol, substance misuse & gambling treatment offer available to Trafford residents.	For public health to update the Trafford Council website around the alcohol, substance misuse & gambling treatment offer and referral pathways available to Trafford residents and for all partners to take away one action to share this more widely with their service users and/or their workforce.	For the wider workforce and Trafford residents to have a better understanding of treatment services available, with an ambition to increase numbers in treatment for those who require specialist support. Metric: Numbers in treatment increase Reduction in drug-related deaths.	March-2025	Christine Hayes (Achieve Big Life Group Assertive Outreach Team) to provide drug and alcohol awareness training across the borough. Aimee Hodgkinson & Paul Burton (Public Health) to improve content of drugs, alcohol and gambling support on the Trafford Council website / Service Directory / Padlets.
8	To increase the understanding and join up of the services available to Trafford residents to support their needs, prior to those needs escalating.	For TASMGP members to each have an agenda item to showcase their work in supporting Trafford families and to share partnership updates at the TASMGP.	For the TASMGP members to have a better understanding of the services available to Trafford residents affected by alcohol, substance misuse & gambling harms in order to intervene earlier and access the right support to avoid escalation of needs, including, but not limited to, ACHIEVE services.	Dec-2024	Grace Cook (Public Health), Neala Farr (GMMH) , Christine Hayes (Big Life) and Evelyn Keegan (Social Prescribing) to develop plan for promoting service offer and community assets via partners. Chair to identify a TASMGP member to sit on each neighbourhood network and feed to / from the Partnership.

			<p>Metric: Increase in the number of referrals from different services.</p> <p>Longer term: Reduction in numbers needing Tier 3 and 4 treatment and reduced harms.</p>		<p>Mandy Winnard & Katrina Bryant (Early Break) to present the Achieve CYP offer in Trafford and TASMGP partners to identify opportunities to improve referrals and joint work.</p> <p>GMP to lead partnership approach to complex cases beginning to present repeat demand to Police (Prevention Hub) to identify support offers. GMP to annually present trends / issues to partnership and other relevant fora.</p>
Recovery					
9	To get a better understanding of the existing recovery communities in Trafford.	<p>For partners to gain a better understanding of the existing recovery offer, including the asset fund from Achieves Community Development Team.</p> <p>Partners to map the existing support available in their areas.</p>	<p>For Trafford residents to access the existing recovery services in Trafford.</p> <p>Metric: An increase in the number of Trafford residents accessing a recovery community.</p> <p>Reduced re-presentations.</p>	Dec-2024	<p>Achieve's Community Development Team to share existing recovery offer through the TASMGP partnership and contribute to plans for development of recovery communities.</p> <p>Pamela Pattison (DWP) to work with Achieve to give Altrincham job centre frontline staff an overview of the recovery offer.</p> <p>Christine Hayes (Achieve Big Life Group Assertive Outreach Team) to help promote awareness to communities and to establish link to each neighbourhood with ACHIEVE</p>

					<p>partners (working with Dan Shelston and Adrian Smith, TLCO).</p> <p>Joshua Thompson (Public Health / Clinical Psychology) to establish a steering group to asset map and develop proposals for a Trafford recovery communities' model.</p>
10	To build on the existing recovery network for Trafford residents to help them to sustain their recovery in the community.	To develop a project plan to co-ordinate and deliver a Trafford recovery community in line with the OHID recovery guidance.	<p>For Trafford residents to maintain their recovery in the community, without the need to re-enter the treatment system.</p> <p>Metric: An increase in the variety of a recovery community offer and the uptake from Trafford residents.</p> <p>Reduced re-presentations to treatment system.</p>	March-2025	<p>Public Health to use SSMTRG funds to increase recovery community capacity and co-ordination in Trafford in 2024/25 based on proposals from the steering group (see above).</p> <p>Aimee Hodgkinson (Public Health) to promote the recovery services that have been awarded through the Asset Fund once these become live.</p> <p>Intuitive Thinking Skills to roll out IPS in Trafford (to support employment opportunities for those in treatment preparing for recovery). Working with DWP and employers through Trafford Council Inclusive Economies Team and others.</p>

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Trafford Alcohol & Substance Misuse Joint Strategic Need Assessment

An Overview & Wider Strategic Developments

Background & Context



Dame Carol Black Independent Review.

Part 1: Picture of substance misuse in the UK.

Part 2: Gov recommendations to improve prevention, treatment & recovery.

Estimated societal cost is £19.3 billion per year, of which 86% is attributable to health and crime related costs.

For every £1 spent on....



Alcohol Treatment

Societal return on investment (SROI) of £3.
This increases to a total of £21 over 10 years.



Drug Treatment

SROI of £4.
This increases to a total of £26 over 10 years.

National Drugs Strategy

“From Harm to Hope”

Published 2021.

1. Breaking supply chains.
2. Delivering a world-class treatment and recovery system.
3. Achieving a generational shift in the demand for drugs.

No Current National Alcohol Strategy
(last published in 2012)

From harm to hope

A 10-year drugs plan to cut crime and save lives



Trafford's Health & Wellbeing Board Priority: Reducing Harms From Alcohol

Deep Dive November 2022 Actions:

1. To establish an alcohol sub-group to meet the needs of Trafford residents.
2. To create a joint vision to tackle alcohol harm in Trafford, ensuring this is linked to wider strategies across the system.
3. 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 & Substance Misuse Partnership.

Trafford Alcohol, Substance Misuse and Gambling Partnership

First Meeting held in April 2023

Dedicated action plan with 4 priority areas:

Understanding Need

Gaining a better understanding of need, improved recording.

Early Intervention & Prevention

Brief interventions across the board, campaigns.

Treatment

Promoting existing services, Increasing referrals.

Recovery

Increasing Recovery support / communities.

Trafford Joint Vision

- 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.

Substance Misuse Service Priorities 2025 Onwards

- Salford City Council are lead commissioner, with Trafford and Bolton Local Authorities
- Working through PSR regulations with legal oversight. Regardless of contracting route, opportunity to update spec originally from 2018
- Current high-level priorities:
 - **Priority 1:** To lead early intervention and prevention for substance misuse, working with partners in neighbourhoods.
 - **Priority 2:** Making the service accessible to all, with quality improvement focused on health equity.
 - **Priority 3 :** To support adults to address their substance misuse and support needs, including holistic support and harm reduction.
 - **Priority 4:** To support children, young people (CYP) and families to address their substance misuse and support needs.
 - **Priority 5:** Further development of recovery communities, working with local assets and lived experience.
 - **Priority 6:** Support improvements that consider wider determinants of health and wellbeing.

JSNA Aims & Objectives

Aim:

To provide detailed analysis of current and future drug and alcohol needs in both children and adults and to identify health inequalities and unmet need

Objectives:

- To understand the prevalence of drug and alcohol use in the community, including those who are accessing treatment and recovery support.
- To understand the drug and alcohol impacts on wider services including criminal justice, mental health and physical health.
- To understand some of the wider impacts on local communities
- To understand Trafford's levels of unmet need and where improvements can be made regarding substance misuse outcomes for Trafford residents.
- To review the population health approach to prevention and how this can be shaped in the future.

Key Chapters

Prevalence in the Community

Criminal Justice & Continuity of Care

Mental Health & Pathways for Co-occurring Conditions

Physical Health & Co-morbidities

Wider Individual & Community Level Impacts

Consulted With

- Achieve Trafford Recovery Services including Greater Manchester Mental Health (GMMH), Early Break, The Big Life Group, Intuitive Thinking Skills and Great Places.
- Colleagues at The National Drug Treatment & Monitoring System (NDTMS).
- Trafford Alcohol, Substance Misuse & Gambling Partnership (TASMGP) Members.
- Trafford Neighbourhood Networks.
- Manchester Metropolitan University.
- Liverpool John Moores University.
- Trafford's Mental Health Services including Living Well, Community Mental Health Teams, Talking Therapies, Bluesci, The Home-Based Treatment Team.
- Trafford Youth Network including various CYP professionals.
- Healthwatch Trafford.
- Trafford Adult & Children's Social Care Teams.
- Trafford Truth Poverty Commission Lived Experience Panel.
- Primary Care Colleagues.
- Criminal Justice Colleagues including Community Safety Teams

The National Picture

4,907 Drug Poisoning Deaths in England & Wales (2022)

Highest number since records began in 1993. 81.1% higher than in 2012.

9,641 Alcohol Specific Deaths Registered in the UK (2021)

Highest on record nationally. 7.4% higher than 2020 and 27.4% higher than 2021. Between 2012-2019 rates had remained stable with no statistically significant changes.

(We know the England rate increased again in 2022)

Please note: this data does not include all deaths attributed to alcohol, direct only.



Trafford General Population - Alcohol

2011-14
to
2015-18



% adults
drinking over
14 units per
week.



% of adults
abstaining
from alcohol



% of adults
binge drinking
alcohol

National General Population - Substances

During &
Post
COVID-19
Pandemic



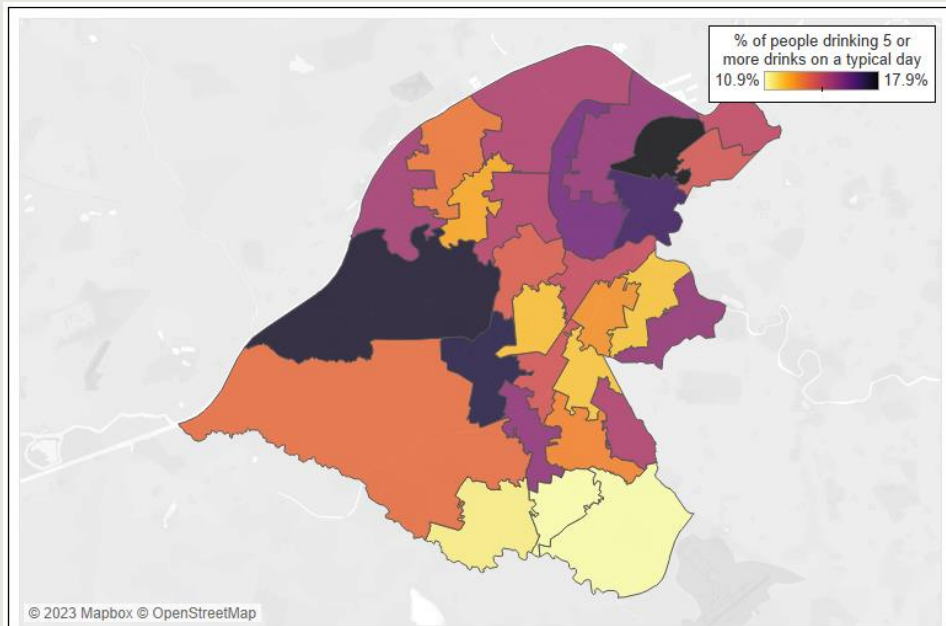
No evidence
substance use
has increased
or decreased



Reduction in
class A
substances

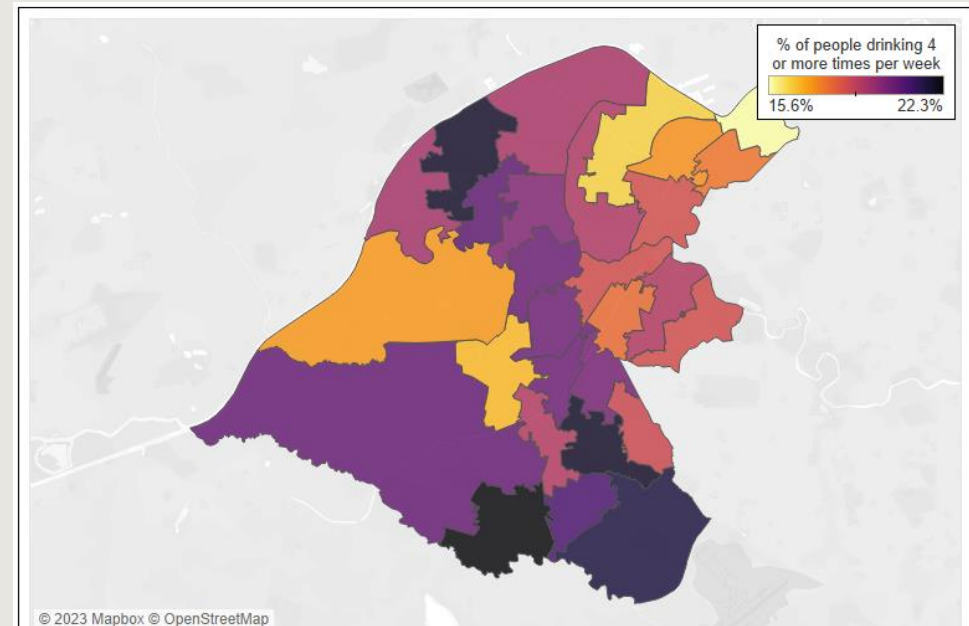
Trafford General Population - Alcohol

Estimated % of people drinking 5 or more drinks in a typical day (when drinking), by MSOA



		% of people drinking 5 or more drinks on a typical day	=	Estimated number of people drinking 5 or more drinks on a typical day
Gorse Hill	E02001261	17.9%		502
Partington	E02001275	17.5%		485
Broadheath & Firsway	E02001277	17.2%		554
Stretford East	E02001269	16.8%		488
Lostock & Stretford Meadows	E02001266	15.8%		384
Altrincham East	E02001282	15.3%		574
Sale Moor	E02001276	15.2%		420
Trafford Park East & Sevenways	E02001264	15.2%		440
Flixton & Moorside	E02001265	14.9%		444
Timperley East	E02001280	14.7%		431

Estimated % of people drinking 4 or more times during the week, by MSOA



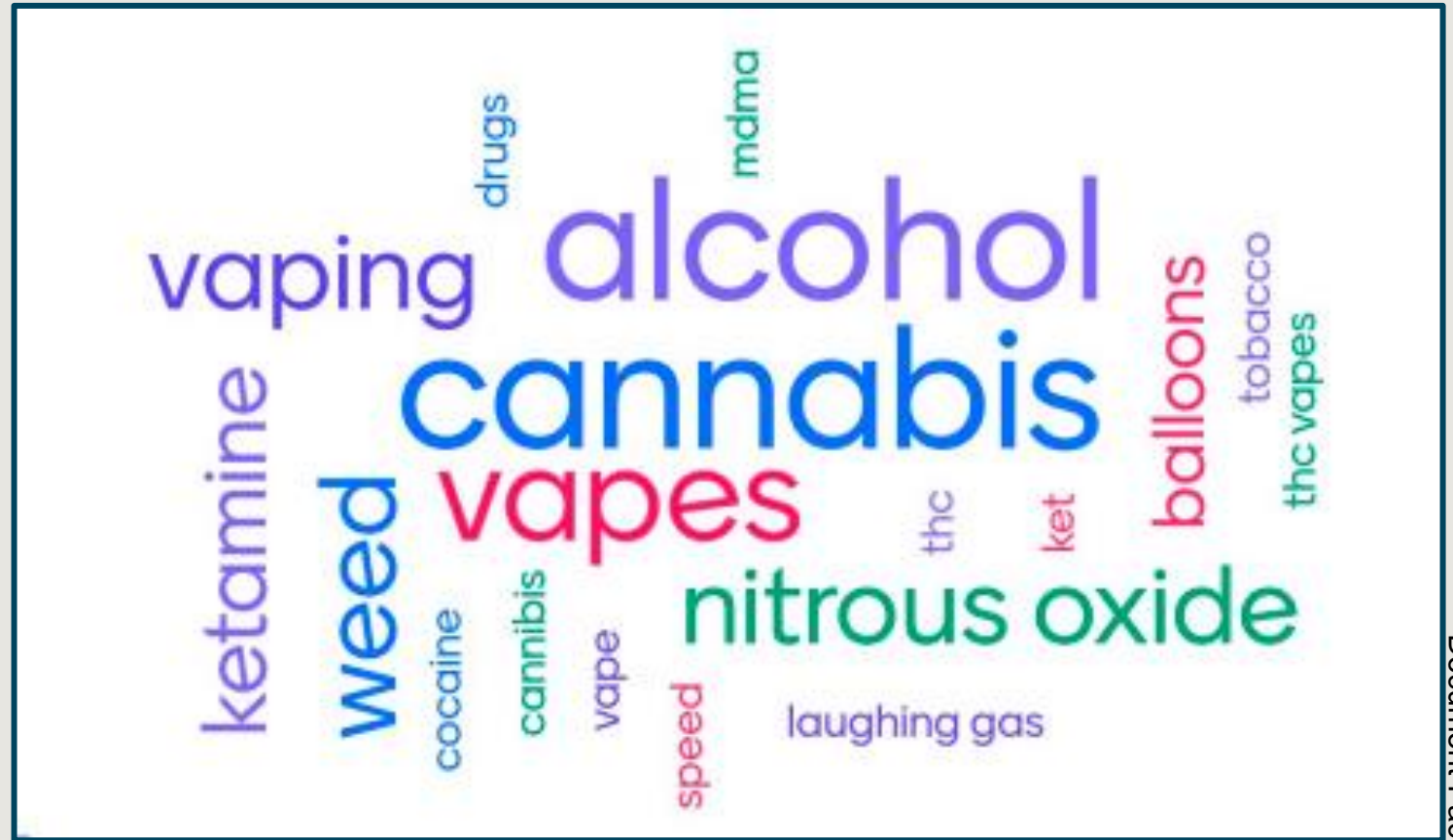
		% of people drinking 4 or more times per week	=	Number of people drinking 4 or more times per week
Bowdon	E02001285	22.3%		645
Timperley South	E02001281	21.9%		595
Davyhulme	E02001263	21.9%		635
Hale Barns	E02001286	21.6%		588
Hale	E02001284	20.9%		640
Urmston West	E02001268	20.6%		485
Altrincham West, Dunham & War..	E02001283	20.4%		714
Ashton upon Mersey North	E02001271	20.3%		408
West Timperley	E02001278	20.3%		608
Ashton upon Mersey South	E02001274	20.3%		576

Children and Young People in the Community

Trafford Youth Network

In response to

“What substances are Trafford young people using?”



68 Responses in Total

Children and Young People in the Community



Exclusions (21/22)

- 9% (129) of all suspensions
- 12% (57) of all permanent exclusions
- Very few from primary or special



Admissions

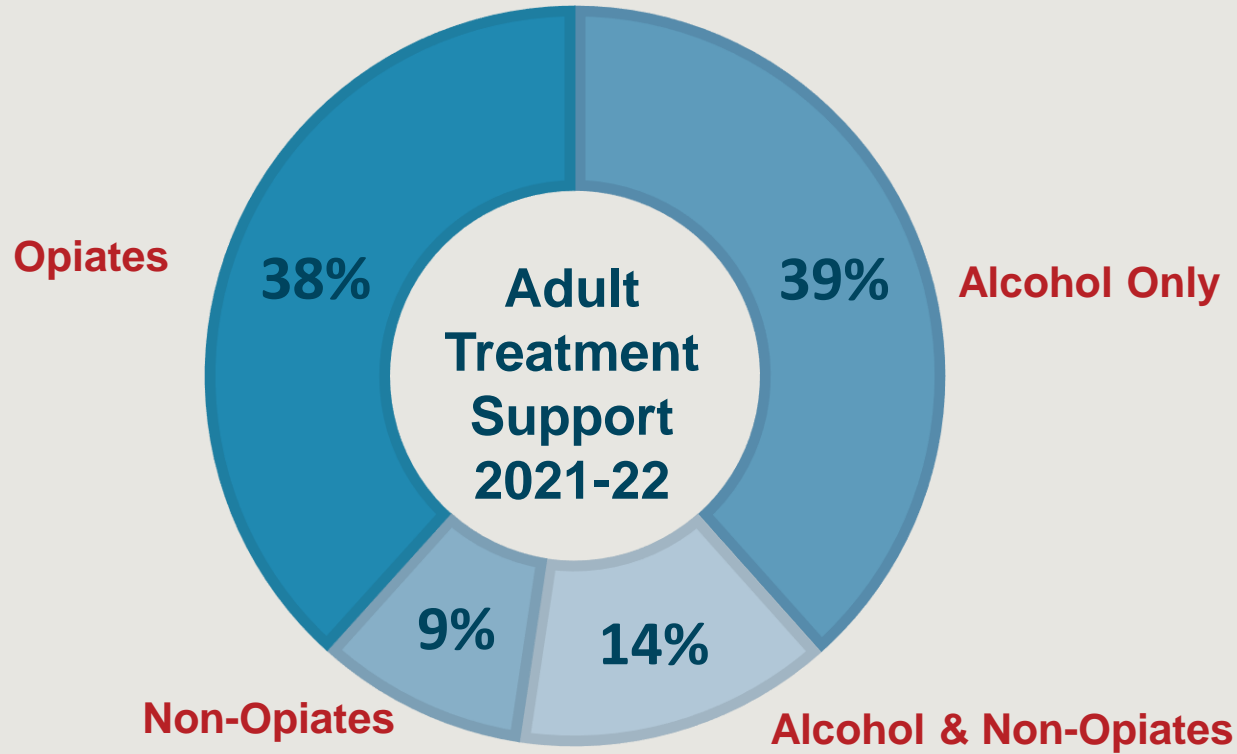
- 2nd worst in GM for under-18 admissions for alcohol
- 41.3% above the national average
- Professionals don't see street drinking as the issue so needs unpicking



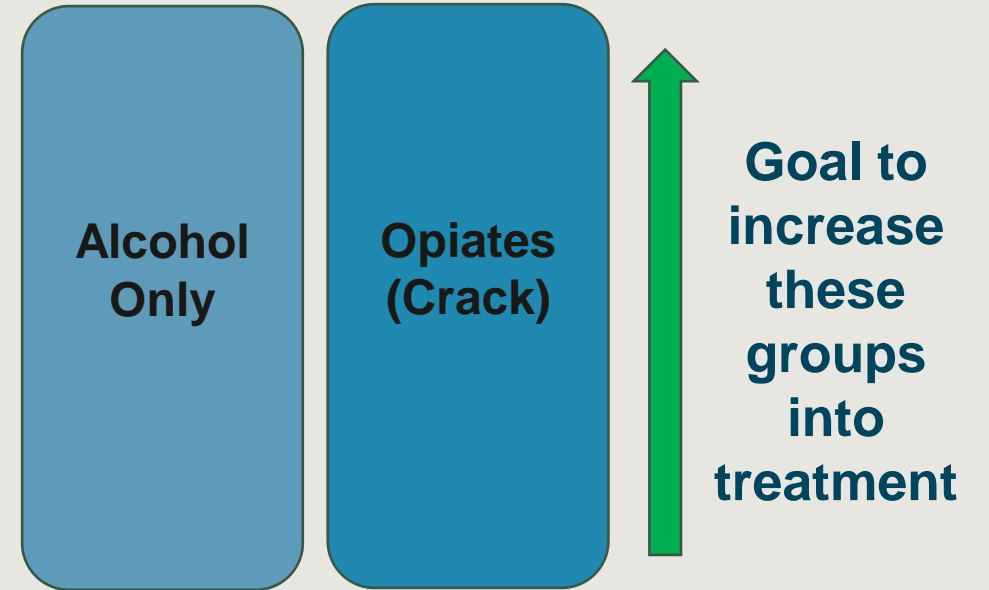
Parental Use

- 25% of adults entering treatment for alcohol live or have contact with children
- 9% were parents without contact

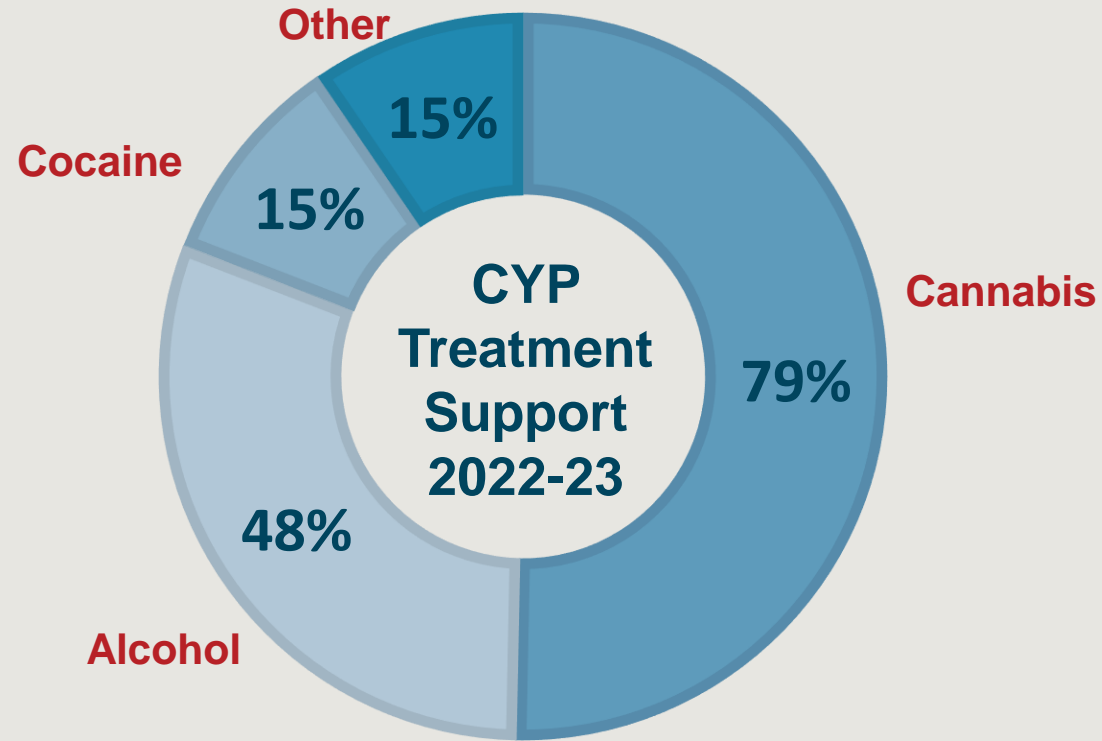
Achieve Trafford: Adults



Trafford Unmet Need Estimates



Achieve Trafford: CYP



<5% Support for:
Ecstasy
Solvents
Opiates

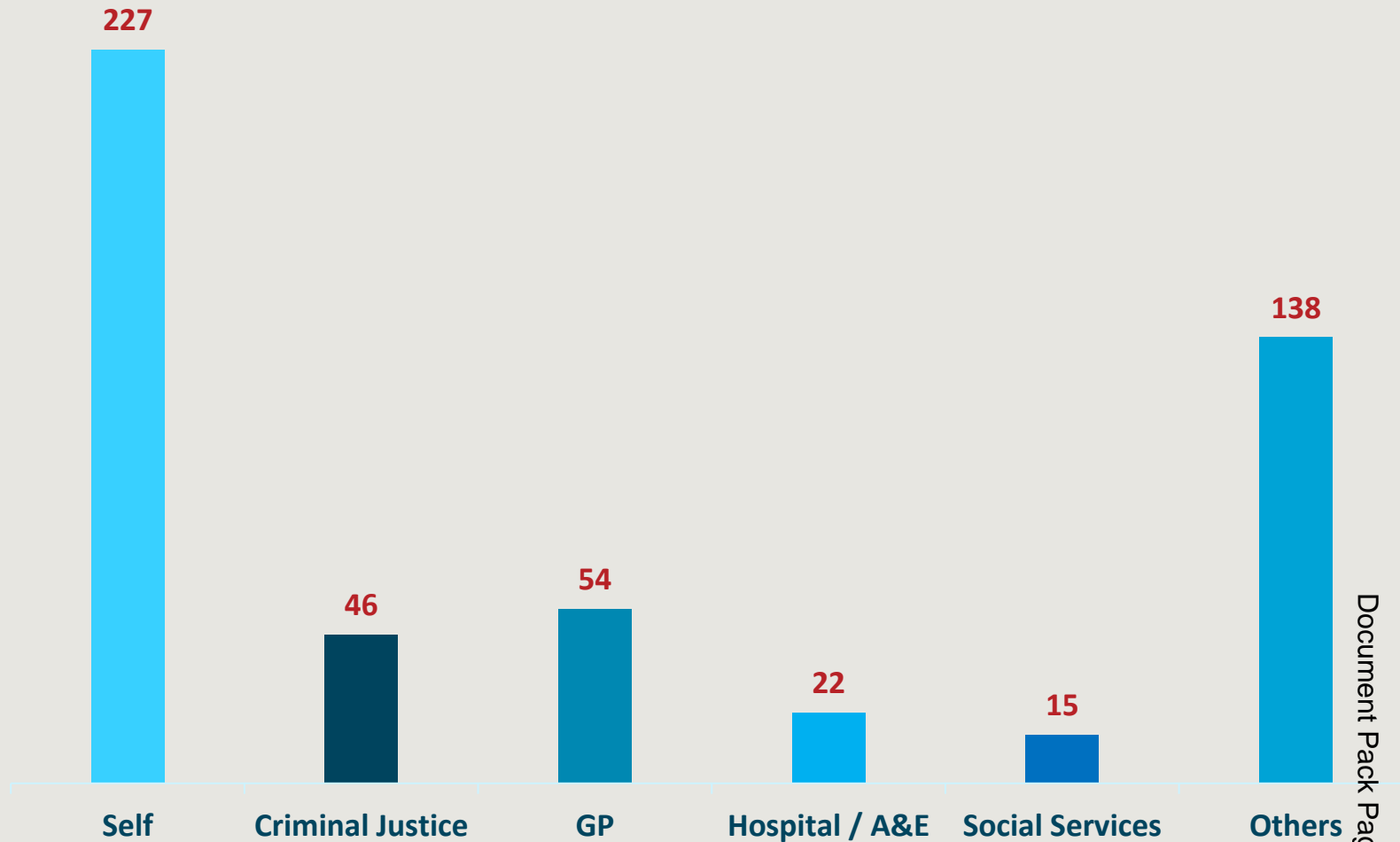
0% Support for:
Amphetamines
Crack
NPS



Achieve Trafford: Adults

Adults Referral Breakdown 2021-22

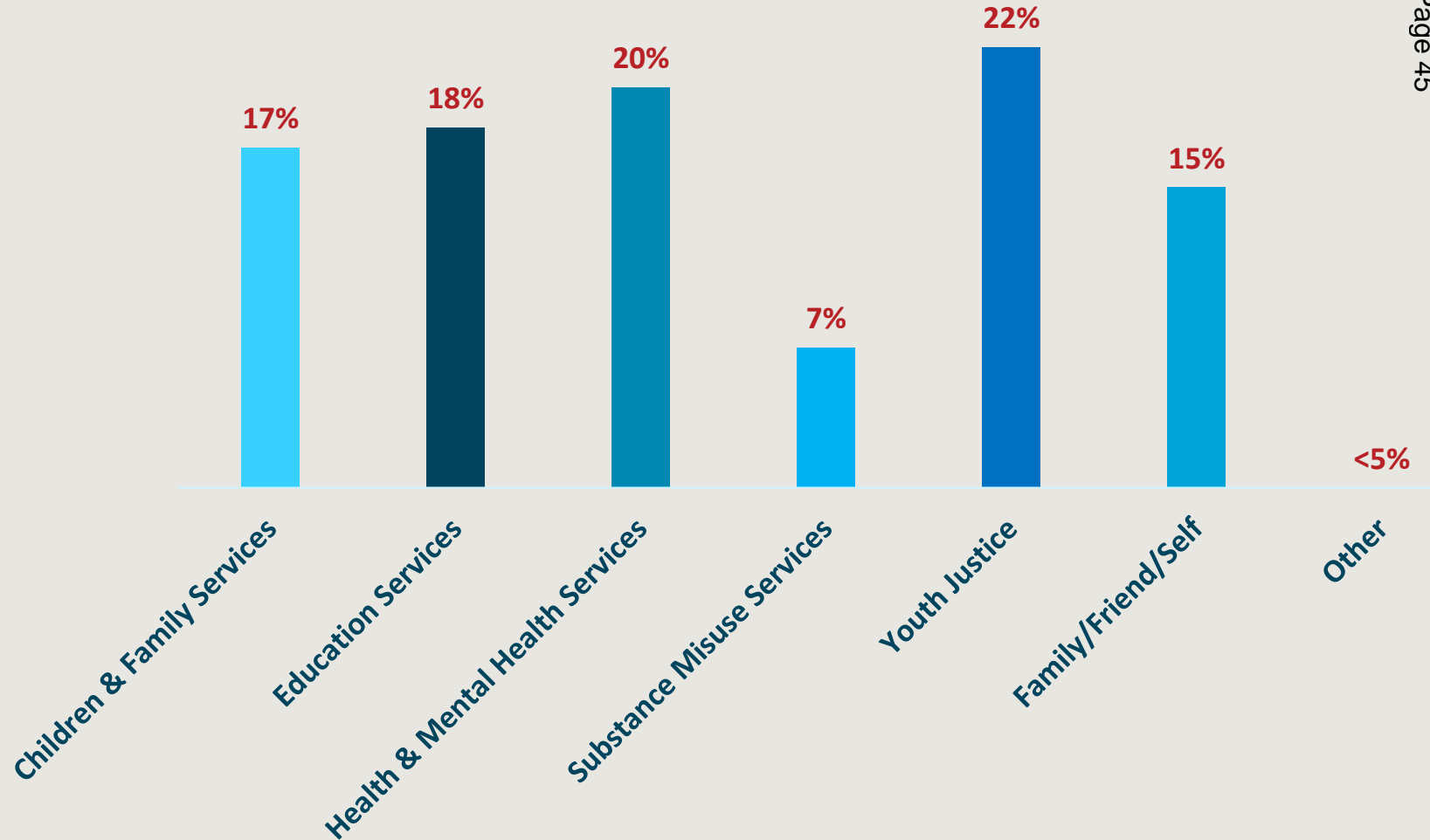
Referrals are highest from self and lowest from social care teams.



Achieve Trafford: CYP

CYP Referral Breakdown 2023-24 Q1-Q3

Referrals are variable and overall have been low since COVID. Referrals are more recently increasing from some agencies due to improved links



Achieve Trafford: Detox & Rehab

- Increasing complexity for both detox & rehab
- Tier 4 residential facilities required rather than community setting detoxes.
- Detox & rehab treatments increased in 2023/24.
- 4/5 detoxes are for alcohol (as evidenced to improve outcomes).
- Over 50% of rehab placements are for alcohol support.
- Majority of people accessing rehab are aged 35-39 years, followed by 30-34 years.

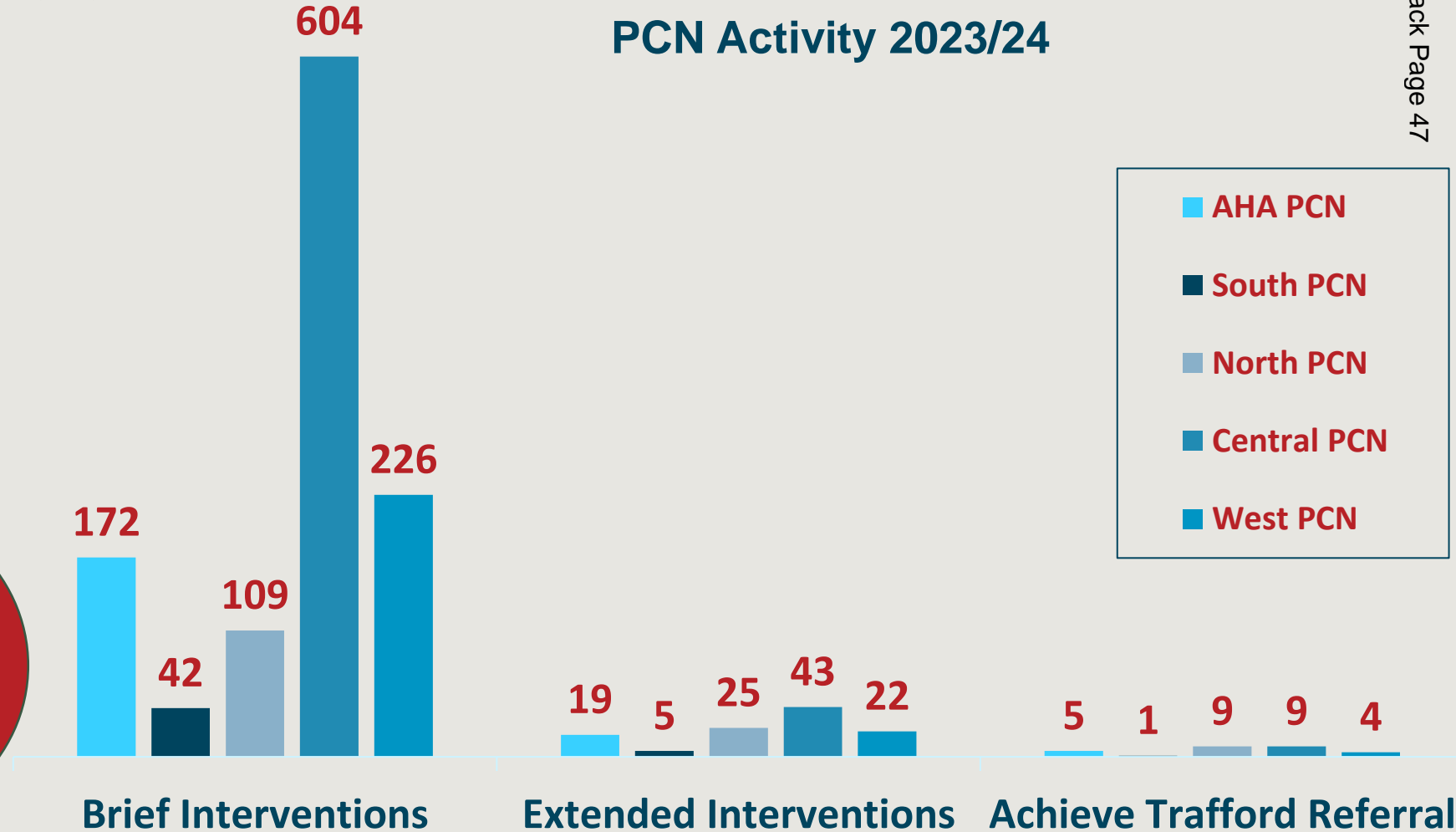


GP Alcohol Support

Highest uptake in Central PCN. Lowest uptake in South PCN. Alcohol is a South neighbourhood priority.

Achieve Trafford report higher GP Alcohol Referrals

PCN Activity 2023/24



The Neighbourhood Perspective

Across all - Lack of full understanding around the full substance misuse offer in Trafford



NORTH

(Clifford, Gorse Hill, Longford, and Stretford).

- D&A issues hidden until crisis.
- Cannabis a concern.
- Drug paraphernalia.
- H&SC workforce challenges.



SOUTH

(Altrincham, Bowdon, Broadheath, Hale Barns, Hale Central, Timperley, and Village).

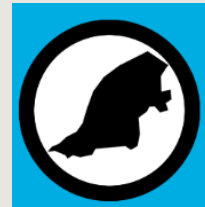
- Alcohol a neighbourhood priority.
- Older adults – hidden alcohol use.
- Travel challenges.
- Normalisation of cannabis.



CENTRAL

(Ashton upon Mersey, Brooklands, Priory, St Mary's, and Sale Moor)

- Cannabis main substance.
- Alcohol amongst older adults.
- Impact on YP / Intergenerational use.



WEST

(Bucklow-St Martins, Davyhulme East, Davyhulme West, Flixton, and Urmston).

- Rise in homelessness.
- Drug paraphernalia & hidden issue.
- Physical and mental health concerns of alcohol users.

Criminal Justice & Continuity of Care

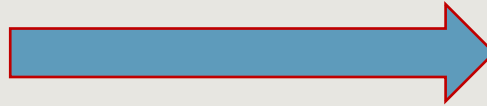
Trafford level impacts are largely unknown and further evidence/intelligence is welcomed



HM PRISON SERVICE

Public Sector Prisons

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Trafford CoC rates fluctuate, dependent on individual prisons.

Delays in pre-release information increases risk of referrals being missed

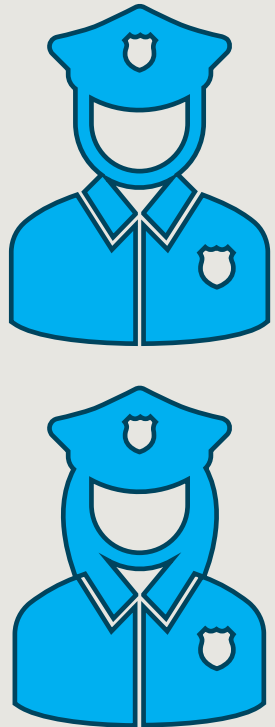
Trafford drug related cuckooing activity, anecdotally in the South.

82% of GM OCG activity is drug production, transportation & supply.

Increase in SMU probationary demands with a small team

Criminal Justice & Continuity of Care

Trafford level impacts are largely unknown and further evidence/intelligence is welcomed



Complex Safeguarding Teams across Greater Manchester are working with up to 550 children and young people at risk of exploitation at any one time (substance misuse impact figures unknown).

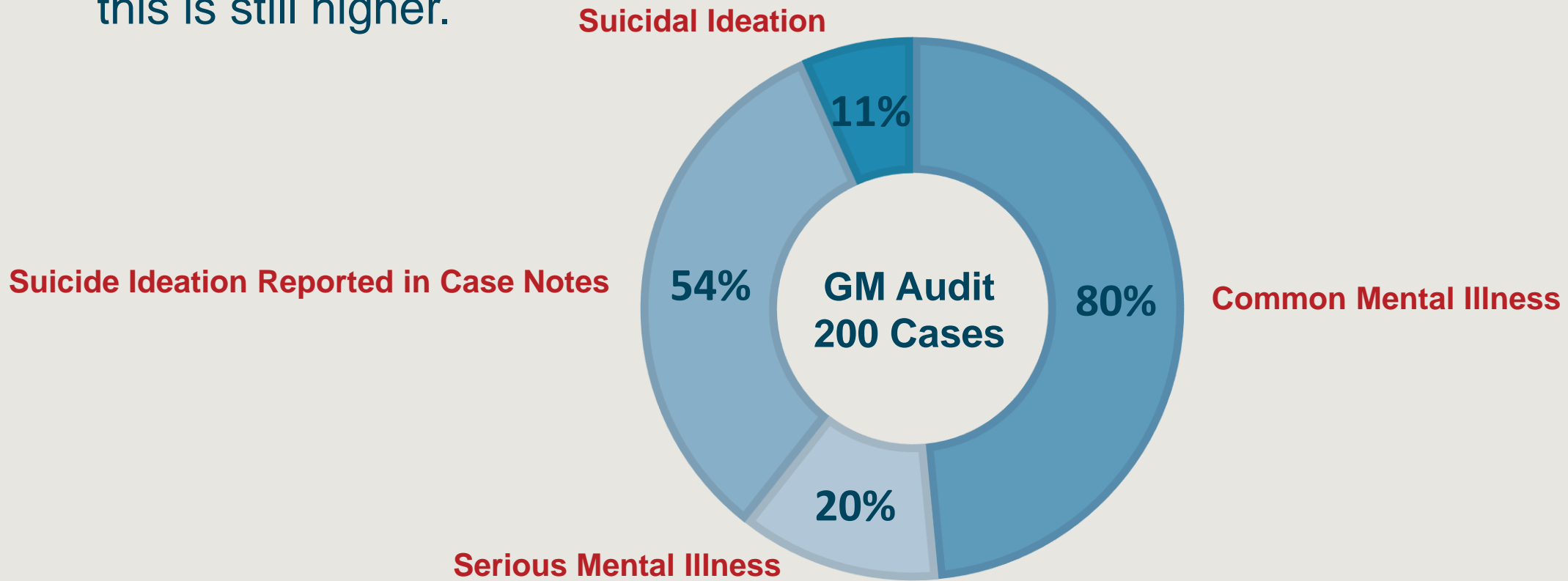
Over the last decade, the proportion of homicides that have been related to drugs in any way, has increased from 42% to 53% (2013 cf. 2023) Trafford level homicide data unknown.

Across GM, 87,066 domestic abuse-related incidents and crimes were recorded (2022/23) At a rate of 38.1 per 1000 population. Based off these figures, we estimate 8,957 Trafford incidents or crime.

Replacing the term "dual diagnosis"

Mental Health & Co-occurring Conditions

Approx. 80% of Achieve Trafford service users have a MH need, this is slightly higher than the England average at 70%. Anecdotal reports suggest this is still higher.



Mental Health & Co-occurring Conditions

Replacing
the term
“dual
diagnosis”

Majority of MH support is from GPs (variation between medicine & case management)

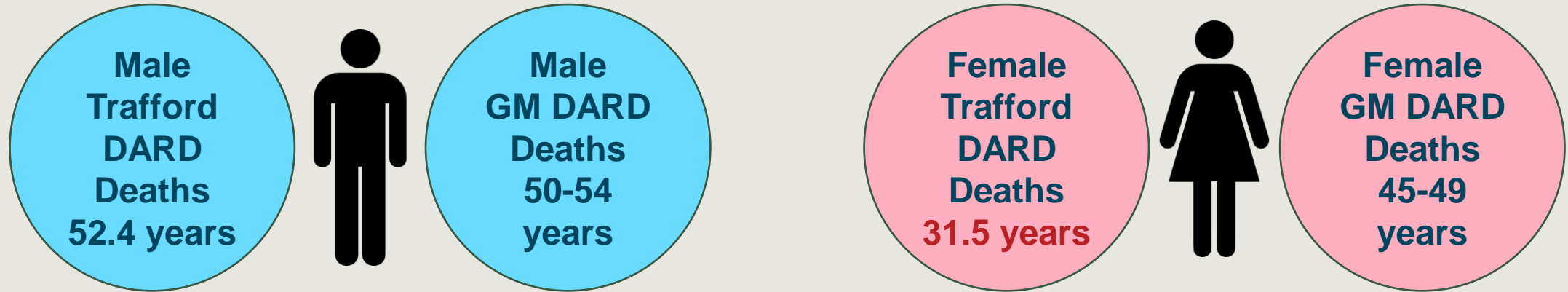
Gaps in partnership working between GMMH Mental Health & GMMH Addiction Teams (though improvements have been seen in last 18 months)

Achieve Trafford service users with MH needs, these are more likely to be for mild-moderate MH needs (IAPT not CMHTs)

Cycle for those in MH crisis under the influence

Addiction & Adult Social Care Teams report managing high level risk they do not feel trained for. Living Well hoped to bridge this gap but there is a waiting list in Trafford.

Physical Health & Co-morbidities – Gender



As well as dying younger, Trafford females also had a statistically higher rate of hospital admissions for **liver disease** compared to England. Trafford males were significantly lower.

Trafford females also have significantly higher rates for admissions relating to **alcohol-specific conditions** when compared to England.

Physical Health and Co-morbidities – Deprivation and Age

Strong link between alcohol-related hospital spells and deprivation

In Trafford, this is even more acute

9.2% of population live in deciles 1 and 2 but experience 16.3% of alcohol related hospital spells.

Age breakdown

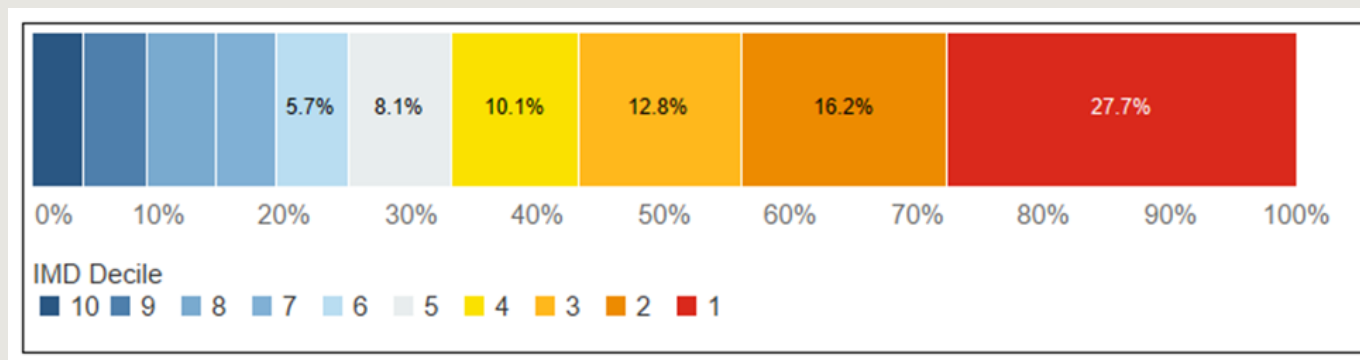
Higher % of older residents in Trafford than GM, indicating potential unmet need

40-70 year olds on admission - 68%

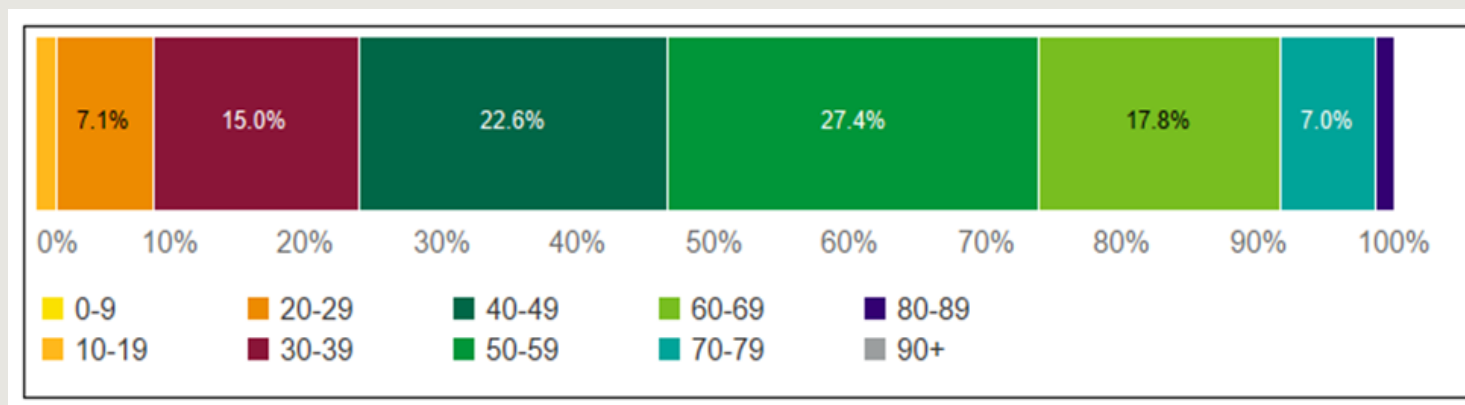
Under 40s - about 20%

Over 70s - just over 10%.

GM Focus Areas:



GM Focus Areas:



Wider Individual & Community Level Impacts

Trafford level impacts are largely unknown and further evidence/intelligence is welcomed

When looking at substance use, most Trafford residents accessing treatment are unemployed. For alcohol only, most service users are employed, followed by long term sickness/disability. The Trafford impact of those not open to treatment is unknown.

Housing needs as identified by Achieve Trafford service users are more complex than other GM Achieve areas. Homelessness has been highlighted in the West neighbourhood, but the Trafford level figures are unknown.

Cost of Living likely to impact on families affected by addiction and reported by Trafford professionals but Trafford figures are unknown.

Stigma affects Trafford families, with a large proportion of individuals not feeling comfortable discussing a family/friends substance use.

JSNA Limitations

- ❌ National Drug Treatment Monitoring System Data is dated 2021-22 (though commissioners have access to more current data)
- ❌ Data collection challenges i.e. partners do not record substance misuse.
- ❌ Lived experience input is limited.
- ❌ Surveys have low sample sizes.
- ❌ Trafford level impacts/figures unknown on crime, employment, finances, housing.

Recommendations

Priority 1: Understanding Need

(Gaining a better understanding of need, improved recording).

1. Improve reporting amongst key stakeholders.
2. Complete further research into the Trafford level wider impacts including employment, finance and housing.
3. Develop targeted action plans to target unmet need of alcohol and crack (opiate) users in Trafford.
4. Conduct a 'deep dive' working with young people, carers and professionals, to explore apparent high level of U18 hospital admissions.

Recommendations

Priority 2: Early Intervention & Prevention

(Brief interventions across the board, campaigns).

5. Improve awareness of harms associated with substances amongst professionals and the public.

6. Have a targeted approach to females, to reduce the likelihood of them dying younger, having liver disease or being admitted to hospital.

7. Target GPs where there is variation in the delivery of alcohol support. Specifically, amongst those in the South PCN with the lowest uptake, where alcohol has been identified as a south-level priority.

8. Embed a neighbourhood approach to substance misuse prevention and management.

9. Improve awareness of the full service offer amongst all partners, including the outreach and non-clinical offer.

Recommendations

Priority 3: Treatment

(Promoting existing services, increasing referrals).

10. Continue to grow Achieve Trafford's trauma informed offer to strengthen relationships between MH & Addiction Teams.

11. Develop system-wide co-occurring conditions action plan and review progress through TSPB / HWBB/ TASMGP

12. Strengthen relationships between Trafford social care and other family-facing teams with Achieve Trafford, particularly to support families where children are affected by parental substance use.

Recommendations

Priority 3: Treatment

(Promoting existing services, increasing referrals).

13. Achieve Trafford to deliver treatment in community settings so the office location is not a barrier to access.

14. GMMH to continue to engage with out-of-areas prisons to secure appropriate pathways into Trafford community treatment.

15. Treatment providers to provide reassurance that representation of different ethnic groups in treatment is appropriate to reflect need and focus community development approaches to ensure access for all cultures and populations.

Recommendations

Priority 4: Recovery

(Increasing recovery support & communities)

16. Build a recovery community in Trafford to support Trafford residents to sustain their recovery and reduce the likelihood of needing to re-present at specialist treatment services.

17. To conduct research working with partners to identify what recovery model would best meet Trafford's needs.

Asks to HWBB Members:

1. Note and support the recommendations in the JSNA.
2. Sign off and support the action plan for TASMGP, making any suggested amendments and outlining any priorities.
3. Support engagement through TASMGP by ensuring relevant partners are represented and activity is reflected.
4. Identify capacity and priority questions for further analysis to deepen understanding of needs in Trafford.
5. Advise on how to share the findings of the JSNA, improve awareness of the support offers outlined within it and identify training needs amongst staff.
6. Provide any further feedback to inform the design of the new prevention and treatment service contract.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 17th May 2024
Report for: Decision
Report of: Thomas Maloney, Programme Director Health and Care,
Trafford Council and NHS GM (Trafford)

Report Title

Local Delivery Plan 2024/25

Purpose

Partners across Trafford have been working collaboratively to develop a set of Commissioning Intentions and Priorities for 2024/25. The intent was 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 detailed excel spreadsheet covers in detail the recommended priorities for 24/25. 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 including that of our locality stakeholders.

Each commissioning intention and priority are actively being discussed with stakeholders to ensure we have identified the correct leadership and governance, and the Board is asked to support this exercise to completion, enabling a rigorous and structured reporting arrangements which will allow us to update the Board on progress and impact throughout 24/25, where appropriate.

The delivery of our stated 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 as we understand them at this point in time. The Board are asked to acknowledge that if there are emergent pressures and/or new mandated deliverables then collective prioritisation may be required to respond swiftly and agree a new updated work programme.

Recommendations

The Board are asked to:

1. Note the content of the report.
2. Agree the recommended priorities and note the priorities that have been rated 'amber' and therefore will not be delivered in 24/25.
3. Support the completion of the Programme Plan, identifying appropriate leadership, timeframes and governance arrangement, where applicable.
4. Acknowledge that if there are emergent pressures and/or new mandated deliverables then collective prioritisation may be required to respond swiftly and agree a new updated work programme.

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

Trafford Commissioning Intentions and Priorities 24/25

Health and Wellbeing Board, 17th May 2024

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership



Presentation by:
Thomas Maloney

Trafford Commissioning Intentions and Priorities 24/25: Background and Context



- Previous analysis of the original GM Joint Forward Plan – identifying gaps in our delivery model which have been factored into our planning for 24/25
- The GM approach to planning for 2024/25 was different to that of previous annual operational plans – it committed to developing a broad System Delivery Plan for GM rather than solely a response to the NHS guidance
- Support from TLB to develop our ‘Locality Delivery Portfolio’ for 2024/5
- Time limited strategy group was formed to strategically steer the development of this work – responsible for the development of 24/25 commissioning intentions and priorities and the broader update of the Locality Plan
- A series of partnership conversations to help refine the initial long list of services, projects and programmes
- Sharing of a prioritisation methodology and basic application to help identify commissioning intentions and priorities
- Acknowledgement some commissioning intentions and priorities may be multi-year and span the life-course of the refreshed Locality Plan

Reporting intention and areas		Reporting for delivery	Delivery Leadership	Delivery Lead	Reporting for delivery	Reporting for delivery	Reporting for delivery
Healthcare	Public Health and Health Improvement						
Healthcare	Primary Care and Community Health Services						
Healthcare	Secondary Care and Specialist Services						
Healthcare	Health and Social Care Integration						
Healthcare	Health and Wellbeing						
Healthcare	Health and Equality, Diversity and Inclusion						
Healthcare	Health and Research and Innovation						
Healthcare	Health and Digital Health and Technology						
Healthcare	Health and Workforce						
Healthcare	Health and Quality and Patient Experience						
Healthcare	Health and Safety and Risk Management						
Healthcare	Health and Finance and Business						
Healthcare	Health and Governance						
Healthcare	Health and Sustainability						

Commissioning Intention 24-25			Priority	Comments	Lead Officer and Organisation
1	Mental Health and Emotional Well-being	Challenge: Review CB (Child Young People) Trust offer including... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
2	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
3	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
4	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
5	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
6	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
7	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
8	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
9	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
10	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
11	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
12	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
13	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
14	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]
15	Mental Health and Emotional Well-being	Challenge: Increase access to evidence-based care for... Solution: Commission CB (Child Young People) Trust offer including... Priority: High	High		Lead Officer: [Name], Organisation: [Name]

Trafford Commissioning Intentions and Priorities 24/25

- Our priorities directly span 5 out of the 6 GM ICP Strategy Missions but mainly centre on the two missions where localities have a pivotal role:
 - ❑ Strengthening Our Communities
 - ❑ Helping people stay well and detecting illness earlier
- Grouped into thematic areas of work to allow us to understand the variety of work programmes we have giving us the ability to segment or deliverables
- Further clarity is sought on the small number of priorities that all 10 localities agree to focus on in 2024/25 – which is being progressed through GM Planning Hub arrangements.
- The commissioning intentions and priorities must be read in conjunction with Sector, Organisational and Departmental strategies and plans
- There are a high volume of priorities to be delivered in 24/25 (n117)
- There are only a small number of priorities which remain ‘amber’ at present
- The work programme must be flexible to emergent pressures, opportunities and/or new mandated deliverables – Further collective prioritisation work may be required to respond swiftly and agree a new updated work programme.

GM ICP Strategy Missions	Number of Trafford Priorities
Strengthen our communities	34
Help people get into – and stay in – good work	1
Recover core NHS and care services	14
Help people stay well and detect illness earlier	64
Support our workforce and our carers	5
Achieve financial sustainability	N/A

Trafford Commissioning Intentions and Priorities 24/25

- Following the prioritisation exercise conducted initially by the NHS GM locality team and supplemented by a series of partnership conversations only three priorities have been RAG rated as ‘amber’
- An amber rating means although the suggested work is a priority there might not be the required support for the priority to be delivered in 24/25 – this could lack of capacity, lack of resources, insufficient finances or a combination of the above
- If the Board wishes to elevate some of the current ‘amber’ priorities into ‘green’ then careful consideration must be given to the deliverability of additional priorities to the already long list of commitments
- The amber rated priorities are captured in the table below:

GM ICP Strategy - Mission	Thematic Area	Locality Commissioning Intentions and Priorities 24/25	Lead Partners	Comments / Rationale
Helping people stay well and detecting illness earlier	Planned Care / Long Term Conditions / Cancer	Deliver MSK community triage and assessment days for those with back pain in partnership with Trafford Leisure, TLCO and VCFSE sector partners.	NHS GM Trafford / TLCO	Capacity gap and funding gap for this service. LCO appetite for the review and within LCO plans but capacity gaps in GM ICB and not currently a high priority
Helping people stay well and detecting illness earlier	Community Care	Review of Trafford’s D2A model, including enhanced 1:1 model.	NHS GM Trafford / Trafford Council / MFT	Dependent on resource from BCF or partner/s - To be confirmed
Recovering Core NHS and Care Services	Urgent and Emergency Care	Reduce Non-Elective admissions, Length Of Stay and readmissions through Admission Avoidance programmes (dependant on Hospital @ Home model and delivery)	MFT / LCO / Trafford Council / NHS GM (Trafford) / GMMH / GMP	Funding still not identified and teams in which to deliver the service from TLCO

Trafford Commissioning Intentions and Priorities 24/25: Key Considerations and Next Steps

Key Considerations:

- The work programme is large and varied and the prioritisation process has not led to a significant reduction of initial commissioning intentions priorities
- As we develop the detail sat behind each piece of work and start to confirm leadership arrangements, timeframes and governance it may be some priorities slip and become multiyear priorities or only certain elements of the work be completed.
- If the Board wishes to elevate some of the current 'amber' priorities into 'green' then careful consideration must be given to the deliverability of additional priorities
- Further clarity is sought from GM on the small number of priorities that all 10 localities agree to focus on in 2024/25 – importantly to understand if this results in additional work not captured within the draft priorities.
- Pressures resulting from undertakings and associated cost improvement plans across GM

Next Steps:

- Identify organisational leadership for each of the priorities
 - Where possible capture anticipated timescales of the priorities and any important sequencing
 - Confirm the operational and strategic governance where the work will reside and be reported on
 - Both Trafford Provider Collaborative Board and Trafford Clinical and Practitioner Senate will be analysing the agreed priorities and cementing their respective roles in supporting the delivery of the stated priorities
 - Partner participation in the 'Fit for the Future' campaign and planned refresh of the Trafford Locality Plan
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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 17th May 2024
Report for: Information
Report of: Director of Public Health

Report Title

Trafford's Progress on Stopping the start: The Government's Plan to Create Smokefree Generation.

Purpose

To provide information to the Health & Wellbeing Board Members on the government's ambition to create a smokefree generation and to update on Trafford's plans to progress this ambition at a local level.

Recommendations

Our recommendations to health and wellbeing board members are:

- To review the content of this paper and make recommendations for further developments.
- To share the content of this paper with their wider networks, including promotion of the newly commissioned stop smoking services in Trafford which residents can access.
- To review the GM MSH draft strategy and provide any feedback or suggested amendments.

Contact person for access to background papers and further information:

Name: Aimee Hodgkinson – Public Health Commissioning Manager

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Telephone: 07814 457458

Trafford's Progress on Stopping the start: The Government's Plan to Create a Smokefree Generation.

This paper follows on from Trafford Council's Public Health Team presentation at the Health & Wellbeing Board (HWBB) back in November 2023. This paper will outline Trafford's progress on implementing '[stopping the start: the government's ambitions to create a smokefree generation](#)' at a local level and to share details of the Greater Manchester Making Smoking History Tobacco Strategy.

On Oct 4th 2023, the Prime Minister Rishi Sunak announced his ambition to create a 'smokefree generation'. Below is an outline of progress against the four pillars of this ambition:

1. Creating A Smokefree Generation

On Tuesday 16 April 2024 the Department of Health and Social care saw the Tobacco and Vapes Bill pass second reading in the House of Commons.

The Bill will aim to:

- create the first smokefree generation by making it an offence for anyone born on or after 1 January 2009 to be sold tobacco products.
- crack down on youth vaping by providing powers to introduce regulations to restrict vape flavours, packaging and point of sale displays in retail outlets.
- clamp down on underage sales by bringing forward £100 fixed penalty notices in England and Wales, empowering trading standards officers to act 'on the spot' to tackle underage tobacco and vape sales.

383 MPs voted to support the Bill, with 67 opposing. There were majorities in favour in each of the Conservative, Labour and SNP parties supporting the bill.

At the time of writing, this bill will be moving on to committee stage, with the first sitting scheduled to be on Tuesday 30 April 2024. This will include oral evidence, line-by-line consideration of the detail of the bill and the consideration of amendments. Following Committee stage, the Bill will return to the floor of the House for further debate and amendments before introduction and following stages in the Lords.

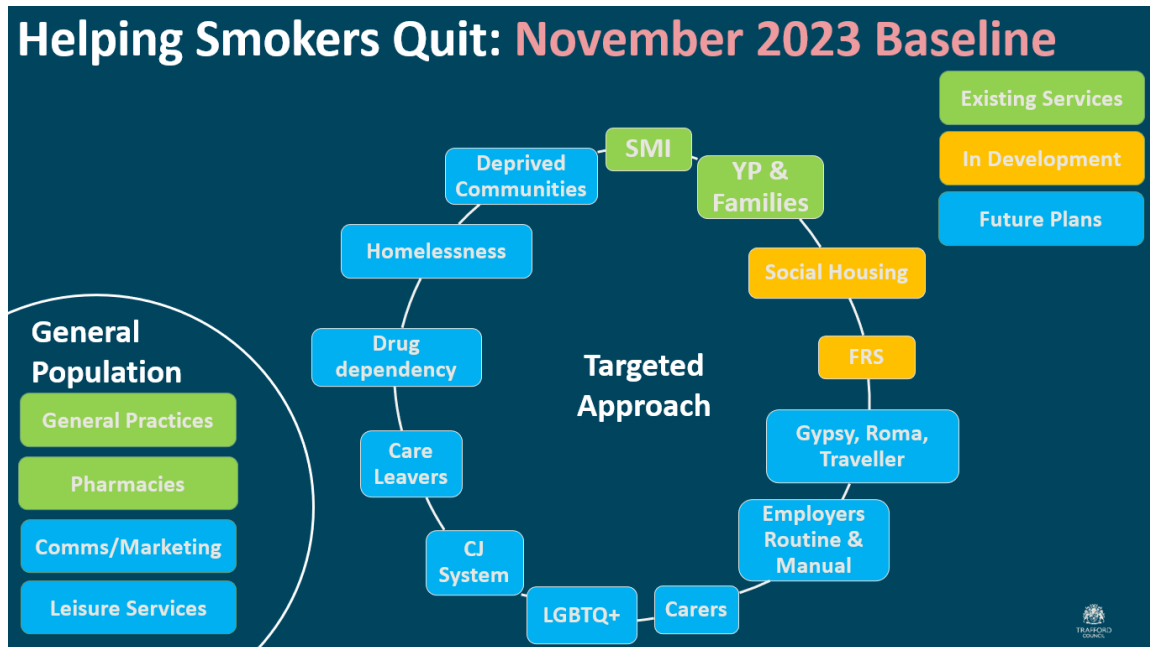
2. Supporting People To Quit Smoking

Trafford Council has received confirmation of funding of **£208,410 in 2024-2025** to support local authority led stop smoking services. This funding is expected to continue until 2028-2029.ⁱ

As outlined in our previous presentation to the HWBB, Trafford Council Public Health Team has created plans for this grant funding in partnership with the Trafford Tobacco Alliance Members, in line with intelligence from Trafford's smoking needs assessment, vision, strategy and action plan.

These plans include a targeted approach for population groups with higher smoking rates to reduce health inequalities. A summary of these groups is outlined in the figure below:

Figure 1: A targeted approach to reducing smoking related harm in Trafford – November 2023 Baseline



Following a commissioning process, we are able to provide the following update on these plans:

Figure 2: A targeted approach to reducing smoking related harm in Trafford – May 2024 Progress





Trafford HWBB Paper May 2024

Trafford's Progress on Stopping the Start: The Government's Plan to Create a Smokefree Generation.

We are pleased to announce that we have awarded various VCSE organisations to deliver smoking cessation services with this grant funding. These include:

	<p>Age UK Trafford are delivering a support to stop smoking service for those over the age of 50 in Trafford. The 12 weeks support offer will include 1:1 sessions, group sessions and peer support. The service will offer guidance and support for individual goal setting and utilise various quit aids including nicotine replacement therapy and e-cigarettes. The service accepts referrals from individuals and organisations. As part of the service a basic health check will be offered to clients to provide a holistic approach to their lifestyle and wellbeing.</p>
	<p>Gorse Hill Studios are offering a new Stop Smoking project tailored specifically for care leavers seeking to kick their habit or reduce smoking and vaping. This will engage care leavers in activities like cooking, art, music, dance, and sports, while exploring the reasons behind their smoking habits. Care leavers will benefit from both group and one-on-one sessions, receiving mentoring and support to adopt a healthier lifestyle. They will explore not just the effects of smoking and vaping, but also the psychological triggers driving these behaviours.</p>
	<p>Hidden Treasures will be supporting Trafford residents living in Partington to stop smoking by offering 12-week smoking cessation support including behavioural support and an offer of nicotine replacement therapy. These smoking interventions will be incorporated into their health inequalities project, which includes 6 weekly sessions on leading a healthier lifestyle through healthy eating & nutrition, approaches will be targeted to meet the needs of different groups e.g. (CYP, SEND).</p>
	<p>Our Sale West will be offering targeted stop smoking support to those living in Sale West and to routine & manual workers. All Sale West Community Centre staff will be trained to deliver smoking brief interventions to any residents who comes in contact with the service. They will also have a co-ordinator who will lead on offering smoking cessation 1:1 behavioural support and nicotine replacement therapy or e-cigarettes as a quit aid. Wellbeing groups will also be available. A smoking cessation support breakfast will be offered to routine & manual workers to engage them into the smoking cessation offer.</p>
	<p>Trafford Carers Centre will be offering smoking cessation support to carers and other family members. Trafford Carers Centre inhouse nurse who already delivers health checks will use this as an opportunity to identify smokers and offer smoking cessation support to those already in contact with the service. They will also offer the service to any carer who comes into contact with the Trafford Carers Centre, regardless of whether</p>

	<p>or not they have received a health check. They will offer a combination of 1:1 and group support behavioural support with an offer of nicotine replacement therapy or e-cigarettes as a quit aid.</p>
	<p>Voice of BME will be targeting support to ethnically diverse communities in Trafford. Similarly, to Hidden Treasures, they have been awarded funding to deliver a health inequalities project, by increasing cancer screening and they will be incorporating smoking support into this project. The Voice of BME approach which will include delivery of brief interventions and delivery of the 12-week smoking cessation support.</p>
	<p>BHA in partnership with the LGBTQ+ Foundation will be offering a targeted approach to the LGBTQ+ population. This will include an offer of 1:1 smoking brief interventions, a one-off group session and a targeted social media campaign to engage the LGBTQ+ into smoking cessation support. This offer will be in line with some other GM localities who have also commissioned this service.</p>

3. Curb The Rise In Youth Vaping

In December 2023, the Government consulted on measures to reduce the appeal and availability of vapes to children. This included restricting the flavours of vapes, regulation point of sale displays, regulating vape packaging, looking at stopping the sale of disposable vapes and closing loopholes in the law which allow children to get free samples and buy non-nicotine vapes.

Trafford provided a response to this consultation which included input from public health, trading standards, school health and education. We also approached Trafford's businesses but did not receive a response to feedback.

Trafford Council's Population Health Fellow (a Trafford School Nurse) is also in the process of developing research into Trafford youth vaping which hopes to capture in insight from both young people and their parents. This research is current live and in the data collection stage with an ambition for findings and recommendations to be published in Summer 2024.

4. Strengthen Enforcement Activity

Trafford Council Public Health and Trading Standards Team are in the process of recruiting an Enforcement Officer. Part of their role will be supporting Trafford's response to underage and illicit sales of tobacco and e-cigarettes.

Below provides a breakdown of the Trafford Trading Standards Enforcement seizures in 2023/24 from shops, storage units, concealments & vehicles.

Trafford HWBB Paper May 2024

Trafford's Progress on Stopping the Start: The Government's Plan to Create a Smokefree Generation.

Figure 3: Trafford Trading Standards Enforcement Activity in 2023/24.

Seizures of:	Totals for 2023/24
Illicit e-cigarettes	40,855 e-cigarettes
Illicit tobacco	93,193 sticks of tobacco

The Greater Manchester Strategy

Greater Manchester (GM) is committed to becoming the first global city region to be smokefree and since 2017 has been delivering its unprecedented and evidence-based Making Smoking History (MSH) strategy through a partnership of city region, local authority borough and community-based programmes.

The GM MSH Strategy is currently in the process of being finalised for 2024-2030. This strategy will follow a GMPOWER model, this is based on a World Health Organization model recognised worldwide to help reduce tobacco use.

The GMPOWER model has the following structure:

- G**row a social movement.
- M**onitor tobacco use.
- P**rotect people from second-hand smoke.
- O**ffer help to quit.
- W**arn people of the dangers of tobacco.
- E**nforce regulations.
- R**aise the price of tobacco.

Elements of GMPOWER are incorporated throughout Trafford's own Tobacco Alliance strategy and action plan, meaning Trafford are working in a manner which is in line with the GM vision and developments.

The GM MSH Team are asking for feedback on their draft strategy as outlined below:



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MSH SF - May 2024.c



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Smoking History Str

Once a final version of the GM strategy has been published, we will be happy to share this with HWBB members.

Health & Wellbeing Board Members Recommendations

Thank you for taking the time to review this report. Our recommendations to health and wellbeing board members are:

- To review the content of this paper and make recommendations for further developments.
- To share the content of this paper with their wider networks, including promotion of the newly commissioned stop smoking services in Trafford which residents can access.
- To review the GM MSH draft strategy and provide any feedback or suggested amendments.

References

ⁱ [Local stop smoking services and support: funding allocations and methodology - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/local-stop-smoking-services-and-support-funding-allocations-and-methodology)

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