



TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD

Date: Friday, 18 October 2019

Time: 9.00 a.m.

Place: LifeCentre, 235 Washway Road, Sale, M33 4BP

A G E N D A	P A R T I	Pages
1. ATTENDANCES		
To note attendances, including officers, and any apologies for absence.		
2. MINUTES		1 - 8
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 19 July 2019.		
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. PUBLIC HEALTH ANNUAL REPORT		To Follow
To receive a report from the Interim Director of Public Health.		
5. TRAFFORD LOCALITY PLAN		
(a) LOCALITY PLAN PRESENTATION (To Follow)		To Follow
To receive a presentation from the Director of Integrated Health and Social Care Strategy.		
(b) CHILDREN SERVICES IMPROVEMENT PLAN (Pages 9 - 10)		9 - 10
To receive an update from the Interim Corporate Director of Children's Services.		
(c) BETTER CARE FUND (Pages 11 - 14)		11 - 14

To receive a report from the Corporate Director of Adult Services.

6. BUILDING A NEW STRATEGY FOR TRAFFORD WORKSHOP

A strategic planning session to start to define and articulate our long term vision and mission for Trafford.

7. LUNCH AND PRESENTATION

To receive a presentation on Trafford Council's Modernisation Programme with FUTUREGOV.

8. URGENT BUSINESS (IF ANY)

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

SARA TODD

Chief Executive

Membership of the Committee

Councillors S. Johnston (Chair), J. E. Brophy, Miss L. Blackburn, J. Harding, C. Hynes, J. Slater, M. Bailey, C. Daly, C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, Rooney, Hemingway, S. Donnellan, D. Evans, M. Hill and Pritchard.

Further Information

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

Alexander Murray, Democratic and Scrutiny Officer,

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This agenda was issued on **Thursday 10 October 2019** 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

19 JULY 2019

PRESENT

Councillor J. Brophy, Councillor Miss L. Blackburn, Dr. S Johnston (in the Chair), Councillor J. Holden, Councillor J. Slater (Vice Chair), C. Daly, Dr. M. Jarvis, M. Noble, E. Roaf, G. Rowney, R. Spearing, C. Hemingway and M. Hill.

In attendance

Karen Ahmed	Director of All Age Commissioning
Sarah Grant	Senior Partnerships and Communities Officer
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillor J. Harding, Councillor C. Hynes, M. Bailey, C. Davidson, D. Eaton, H. Fairfield, M. Roe, P. Duggan, S. Radcliffe, S. Donnellan, D. Evans and M. Pritchard.

1. MEMBERSHIP OF THE COMMITTEE 2019/20

RESOLVED: That the Membership of the Board be noted.

2. TERMS OF REFERENCE 2019/20

RESOLVED: That the Terms of Reference be noted by the Board.

3. MINUTES

The Chair of the Trafford Safeguarding Board, Councillor Brophy, and the VCSE Representative from Talk Listen Change had all tendered apologies for the meeting but this had not been captured within the minutes and requested that this be amended.

RESOLVED: Following the above amendments that the minutes of the meeting 10 May 2019 be agreed as an accurate record.

4. DECLARATIONS OF INTEREST

No additional declarations of interest were made.

5. QUESTIONS FROM THE PUBLIC

A question had been received from a member of the public but as it related to Adult Social Care and the Corporate Director was not in attendance it was agreed that a full written response be sent to the member of the Public.

RESOLVED: That the Corporate Director for Adult Services provide a full written response to the Member of the public.

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6. HEALTH AND WELLBEING BOARD 'WAYS OF WORKING'

The Interim Director of Public Health had taken the information from the last meeting and turned it into a report which had been circulated as part of the agenda. From this work it had become clear that Members felt the Board was good at stating what the issues were within Trafford but it was not good at stating what was or could be done within Trafford to improve those outcomes. The inequality in healthy life expectancy across the borough was still a major issue. The UK had seen a drop in life expectancy in 2015 which was the greatest drop on record since 1840 and was being seen amongst the country's oldest populations.

The Interim Director then showed the Board the Health and Wellbeing Board plan on a page which gave an overview of the aims of the Board and its structure going forward. The number of priorities for the Board had increased from 5 to 7 with the additional 2 representing a focus upon the wider determinants of Health. The Interim Director spoke of the need for the Board to have strategies laid out so they can identify outcomes and milestones along the way to achieving long term outcomes. The Interim Director asked the Board to consider changing the structure of the partnership morning in October so that the first hour would cover the Boards business followed by a meeting with the other Boards to discuss how they could get people moving.

Councillor Blackburn asked what was being done to address the issue of smoking within schools. The Interim Director responded that there was a large amount of information available at schools and it was covered within PSHE classes. The Board were assured that Trafford had a low level of teenage smokers. Councillor Blackburn expressed her concern about vaping amongst young people and asked whether the figures included those using vapes. The Interim Director agreed that vaping among young people was a concern but it was more highly regulated in the UK than in US. The smaller devices were not being made available in the UK and the data showed that the majority of the people using vapes were ex-smokers. The Interim Corporate Director of Children's Services added that unhealthy weight was a bigger issue among children in Trafford at the moment.

Councillor Slater expressed her support of the proposals, especially the suggestion to bring all of the Partnership Boards together for a session on how to tackle inactivity. The Trafford Integrated Network Director was surprised by the data which showed that things were getting worse in the area and they stated that it showed how there needed to be a change in the way that services were delivered. They also noted that one of the new priorities was named climate change and asked whether it should be changed to climate emergency. The Board Members agreed that the name of the priority should be changed to Climate Emergency in keeping with the Council's declaration.

The Chair of the Trafford Safeguarding Board raised the importance of making a change in approach and moving towards prevention. The Interim Director added that Trafford needed to move to primary prevention through place based working and to look at how changing people's environment could have a big impact on their behaviours. The Medical Director for Greater Manchester Mental Health Foundation Trust (GMMH) noted the impact that poverty was having upon the

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population in general, the difficulties that people were facing, and the effect it had upon their mental health. The Interim Director furthered this point by adding that it had been shown that peoples attitude towards their health dropped the greater poverty they were in. The Director of All Age Commissioning had attended a session delivered by Marmot upon the wider determinants of health and felt that it would be good for the Board to have a session on this. She added that the structure of the Board and the way that it represented large public organisations from across the borough meant that if it could align with grass roots organisations and community groups it would have a great impact upon Trafford and its residents.

The Chair spoke about how the Board needed to hold people responsible at the Board by having an actions log to capture actions and make sure that they are being done.

The Chair of the Trafford Safeguarding Board spoke about how the board did not see the daily lived experience of the people who they were working to support. These people often did not see things in the same way professionals did and in order to help them professionals needed to think about what moves and drives people as individuals and not presume that they know how these people feel and what they need to know. The Medical Director for Trafford CCG spoke about the importance of working within neighbourhoods and the place based model of working. As each area had its own issues and the residents had their own concerns and priorities that had to be taken into account in order to deliver the right support in the right way.

Councillor Blackburn mentioned the wider impact that those suffering from mental health issues had on those who lived with, worked with, and supported them. The Interim Director stated that this was why the Board's prioritise included decreasing the impacts of mental health rather than just decreasing mental health.

The Board were then shown a diagram of the place based approach in Trafford and the Interim director linked this into the Health and Social care Long Term Plan. Board Members were advised that if Trafford kept going forward in the way that they had been then they would continue to get the same results of increased inequality and worse outcomes. Instead Trafford needed to look at strengthening the system so that people could access the support they needed when they needed it. To have successful service improvement required everyone to take on the responsibility to change how services were provided to make them fit for purpose for residents.

Councillor Brophy spoke about the importance of education and how the right education for people with type 2 diabetes would be good and quick win for Trafford. The Chair responded that the CCG had expanded the education programme in Trafford so short term and long term education programmes were in place.

The Trafford Integrated Network Director stated that Trafford had been trying to link service strategies to the work on the ground. The switch of provider to Manchester Foundation Trust (MFT) from Pennine Foundation Trust represented

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an opportunity for Trafford, as did the development of GP networks by Trafford CCG. Trafford Council had broken down the area into four areas (the butterfly model) and another big change was going to be the implementation of the CCGs neighbourhood plans, which were based upon local data from each one of the newly defined neighbourhoods. This meant that each team would be focused upon the issues and needs of that population e.g. school readiness in the North of the Borough. This approach would also build upon the community asset work within each area by utilising those assets to deliver services. It was an evidence based approach where pieces of work were trialled on a small scale and then upscaled quickly if found to work.

The CCG were also changing their ways of working which represented an opportunity for the Board to be involved in the development of these new approaches, to embed new ways of working, and deliver real change. A number of staff events had been held by both the Council and the CCG and they had shown that staff members were keen to change and develop. Out of the five new GP networks only the South Network had not linked into this work but there were plans to engage with them soon.

Councillor Blackburn added that it was important that registered Social Landlords were involved in the work as they had a large impact upon the lives of people who lived in their properties, especially those who required adaptations in their home. The Director of all age commissioning responded that adaptations had been moved to operational social care and Commissioning had the responsibility around the Disabled Facilities Grants. The Council were looking at changing this responsibility so that social landlords could take on some of the work. Some of the resources had already been relocated to the one stop resource centre which had led to a reduction in waiting times. Another piece of work was being conducted to look at the accessibility of buildings and homes for older people in the area.

Councillor Brophy added that ward Councillors should have a role within the neighbourhood model as they knock on doors and represent the people within their community. The Trafford Integrated Network Director stated that they were looking at the neighbourhood engagement and have noted that ward councillors have a role to play. Consideration was also being taken as to how the voice of the child could be increased within the programme. Councillor Brophy reiterated that she felt that Councillors were not being engaged with enough. The Trafford Integrated Network Director replied that Ward Councillors were part of the programme and that they would be involved in ensuring that the language used by services was appropriate for the public. The Director of All Age Commissioning added that work was ongoing to get Ward Councillors and GPs to meet and network together as there was a lot that they could gain from each other.

Superintendent Hemingway also mentioned the work that Trafford was doing to create a Board in each area which would be chaired by a professional linked to the services in that area. The Interim Director emphasised the importance of linking all the pieces of work together to make sure that a consistent approach was taken and ensuring that the strides a person made within specialised services were not lost when the individual went back into the community.

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The Board were told that the Council's Corporate Plan included a dashboard which displayed public health information for Trafford and contained pages on the Joint Strategic Needs Assessment (JSNA). The data was displayed in a way which made it easy to digest and the plan was that this would be developed further so that breakdowns would be available by neighbourhoods, GP Networks, and by start well, live well, and age well so that people would be able to access the areas of information that they were interested in. The Interim Director then told the board about the work Public Health would be undertaking during the second half of 2019. The work included; running briefings on knife crime and utilising Tableau software to display data in new and more interesting/interactive ways.

The Chair of the Trafford Safeguarding Board noted that schools had been mentioned a number of times during the meeting which showed how everyone recognised the role they played in the lives of children and young people. However, she was unaware of how the Board and the work within Health and Social Care was being linked into schools and vice versa. The Interim Director responded that the start well Board had developed some networks with schools and that the Interim Director of Education Standards, Quality and Performance was doing some excellent work on building on those links.

The Interim Corporate Director of Children's Services was encouraged that the Board was looking to work alongside schools and that they realised the importance of the role schools played. The Councils Ofsted Improvement Board had head teacher representation which was proving to be invaluable in Trafford's efforts to improve services for Children and young people in the area. Councillor Blackburn added that Trafford should look to broaden their communications to reach out to governors in schools rather than just teachers and that the Council should see them as an additional resource.

The Chair of the Trafford Safeguarding Board stated that the Council and CCG should look at working with schools in the coproduction of services and take advantage of the insights that they had into children and young people's lives. The Medical Director for Trafford CCG informed the Board that there had been a number of GPs who had developed links with their local schools and that this was something that the CCG would look to spread across the neighbourhood model.

RESOLVED:

- 1) That the report be noted.
- 2) That the Board support changing the structure of the Board meeting in October to have a partnership focus upon tackling inactivity in Trafford.
- 3) That a session on Marmot's wider determinants of Health be held for Board Members.
- 4) That an action log be created for the Board.

7. CHILD DEATH OVERVIEW PANEL

The Interim Director of Public Health informed the Board that the Child Death Overview Panel (CDOP) reviewed the death of every single child who passed away within Trafford. The age ranged from those that had taken a single breath up

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to 18 years old. Due to the low number of occurrences Trafford were working with Stockport and Tameside in order to meet the required population size to get meaningful data. The Board were told that 50% of the deaths that the panel look at happened within the first year of life with the rest being spread out up to 18. The main cause of death was premature birth, especially when the birth weight was low.

The Board were informed that the CDOP was chaired by a member of the public health team and that regular reports would be delivered to the Board. The CDOP would continue to report to the Trafford Safeguarding Board to ensure that any early warnings about potential issues were identified. The Interim Director added that there was a Greater Manchester rapid response team in place that went out to all unexpected deaths. This team passed information about these tragedies onto the CDOP so that they could see whether anything could be learned to prevent further deaths. The Interim Director then explained how this information could help to identify blockages within services which were impacting upon people.

The Director for All Age Commissioning asked whether there were any patterns relating to the deaths of children with learning disabilities. The Interim Director responded that usually the deaths that they saw were those due to genetic and chromosomal issues that lead to a shortened life expectancy and there were not many instances of children with learning disabilities. The Council used the Learning Disabilities Mortality Review (LeDeR) process to report the deaths of children with learning disabilities. The Interim Director assured the Board that it was a very respectful process and the families and information received were all treated with the upmost care and respect. The Board then discussed how this work highlighted the importance place based working and the linking of services as something like the death of a child had wide reaching impact upon local communities.

RESOLVED:

- 1) That the report be noted.
- 2) That the Board agree the recommendations of the report.

8. CIRCULATED DOCUMENTS

The Interim Director of Public Health gave a brief overview of the annual infection control report. The Board were told that after many years of dedicated service Phil Broad was retiring. The Board discussed the excellent work that Phil Broad had done in his time in Trafford and how he had helped to ensure that the area had one of the best records in the country. The Medical Director for Trafford CCG made special note of the excellent work that Phil Broad had done with GPs and in Trafford's Care Homes. The Board wanted to thank Phil Broad for all of the work that he had done across the Borough and to wish him all the best in his future endeavours.

The Interim Director informed the Board that they were aiming to get flu immunisations to a level of 80% of staff for all employers and also encouraged people to get their 2 and 3 year olds immunised if possible. The Interim Corporate Director of Children's Services asked whether the Trafford Vaccinations were

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Halal. The Interim Director responded that they were and the Senior Partnerships and Communities Officer informed the Board that the Community Cohesion Officer was working with the Muslim community in Trafford to address this.

The Interim Director informed the Board of the suicide prevention work that was ongoing within the Public Health team and the work that the clinical psychologist trainee had been doing around this issue. The Medical Director of GMMH stated that the public health team should approach Professor Nav Kapur, who worked with GMMH, so that he could review the Boards terms of reference and the way that it was set up to ensure that it met all of the national requirements. He went on to state that one of the biggest issues was people who had committed suicide and had not had any interaction with services. This was especially a big issue amongst men aged 40 – 49 and GMMH were trying to develop links through sport, for example the charity State of Mind, to tackle this. The Chair of the Trafford Safeguarding Board added that there should be more focus upon children and young people as the link between self-harm at a young age and suicide when older was increasingly being shown. She felt that there was a lot learning to be gained regarding the different issues as to why individuals were self-harming and the role that social media played in the development of young people's ideas of self-harm and suicide.

Councillor Blackburn asked whether GMMH had any links within UA92 as it was scheduled to open soon. The Medical Director for GMMH responded that he was not aware of any links with UA92 as GMMH were not linked with Lancaster University. The Senior Partnerships and Communities Officer stated that she would pass on the details of the contact that Trafford had for UA92.

RESOLVED:

- 1) That a letter be written by the Chair of the Committee to Phil Broad thanking him for all of his work and efforts.
- 2) That the Interim Director of Public Health to send officers details to the Chair of the Trafford Safeguarding Board.
- 3) That additional information relating to young people, especially relating to the link between self-harm and suicide be included in Trafford's suicide prevention work.
- 4) That the contact details for UA92 be passed onto GMMH and Trafford staff working on Suicide prevention by the Senior Partnerships and Communities Officer.

9. KEY MESSAGES

The key messages to be taken from the meeting were:

- The importance of taking a place based approach and linking services together.
- That Schools had a large role in Children and Young People's lives and should be involved in the services provided to them.

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10. QUESTIONS AND ANSWERS FORM OBSERVERS

No questions were raised.

11. URGENT BUSINESS (IF ANY)

The Vice Chair informed the Board that the JSNA strategy Board had identified a number of priorities and wanted to check them with the Board before proceeding with their work.

The Interim Director of Public Health informed the Board that the Trafford Data lab had excellent data sets and requested that a link to be shared with Board Members and included within the minutes.

<https://trafforddatalab.shinyapps.io/imd19/>

The meeting commenced at 9.30 am and finished at 12.10 pm

What Ofsted said needs to improve

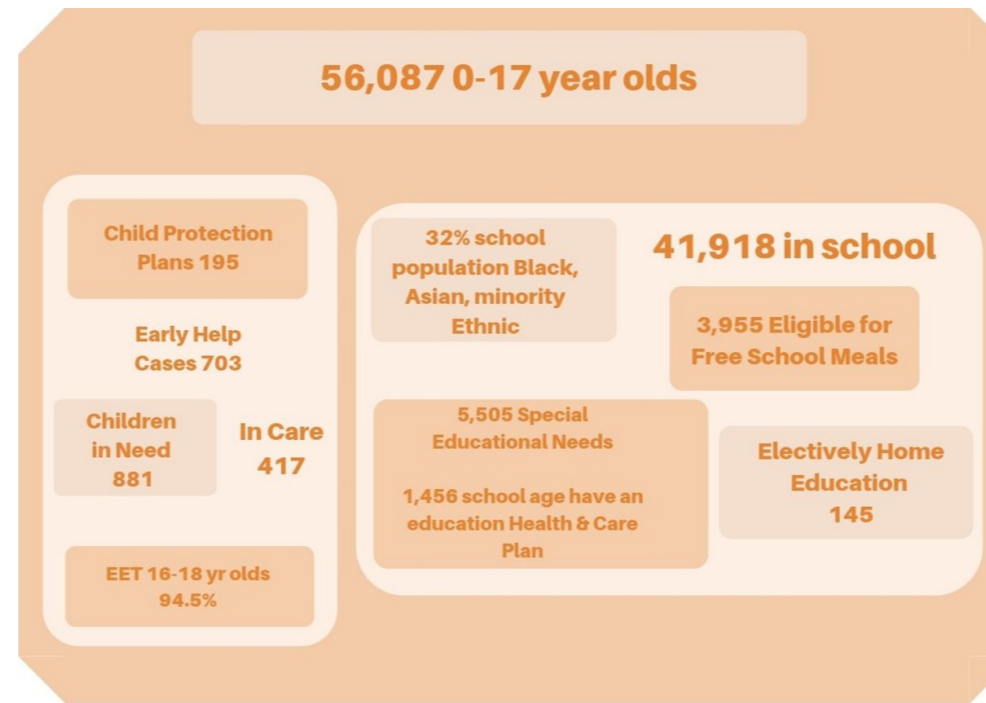
Priority Improvement Areas

- Senior leaders' understanding of the quality of social work practice, through accurate evaluation of performance information and implementation of an effective quality assurance framework.
- Management oversight at all levels of social work practice with children in order to ensure that work is good and is helping them to achieve better outcomes.
- The response to all children referred to MARAT (Multi-Agency Referral and Assessment Team) to ensure timely review and effective decision-making about the help that children require.
- The quality of social work assessment and plans to ensure that they are effective in meeting children's needs.
- The response to children who go missing to ensure that 'return home' interviews are completed and records of these contain information that will help reduce risk in future.
- The way in which all staff and managers listen to the voice of children to inform individual work and wider service development.

How will we deliver change

In implementing our Improvement Plan we will respond by taking a three-staged approach:

- 1. Responding:** in the first instance we will respond to the key messages by taking immediate and urgent actions to ensure that we meet children's needs in the most effective way. This will largely consist of additional resources and changing delivery approaches where they are needed.
- 2. Strengthening:** we will then focus on shifting our culture to supporting families at the earliest stages of issues arising and ensuring we consistently deliver strong standards around the quality and pace of our front-line work
- 3. Embedding:** we will then work to make our early help approach and the new quality and pace of work the consistently applied approach in Trafford and have checks and balances built into the system to ensure we are working to these high standards at all times.



Children's Services Improvement Plan

Cathy Rooney
Programme Director

Who will lead the change

- Political Leaders
- Members of Corporate Leader Team (CLT)
- Leaders from key partner agencies (including schools and police)
- Voluntary and community sector partners
- Department for Education (DfE)
- Children's Services Strategic Leads and Managers Practitioner

Priority Areas

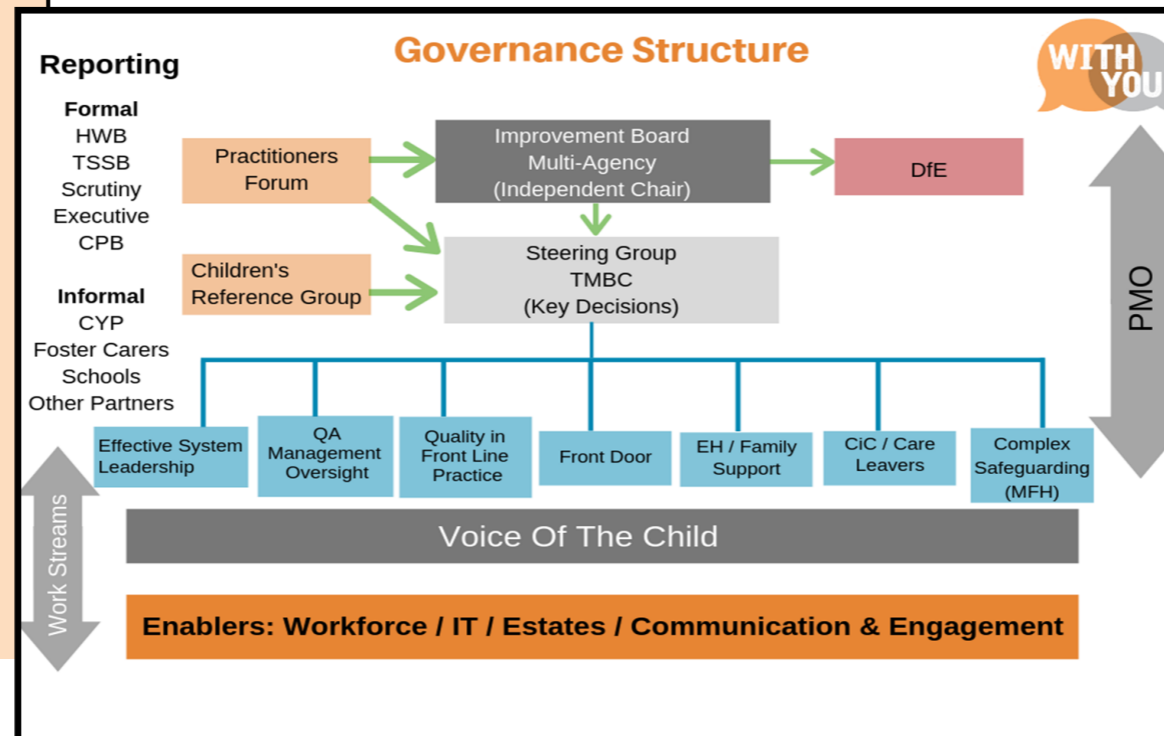


When will change happen

Improving our services is not just about improving our Ofsted rating; it is about making sure children in Trafford benefit from the best services possible; making sure they are happy, safe and achieving their full potential.

Our vision is that we will make significant progress and move to **GOOD** through a **two year improvement programme**.

The Improvement Plan is a response to the Ofsted inspection report and has been put together so that the initial focus will be framed around the key recommendations. In the long term the Improvement Plan will evolve into a more sophisticated plan that will start to shape the **cultural change** to Children's Services that is required longer term.



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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 18th October 2019
Report for: Information
Report of: Diane Eaton Corporate Director for Adults and Wellbeing and Martyn Prichard Accountable Officer

Report Title

The Better Care Fund Plan for 2019 to 2020

Summary

The report summaries the spending plan for the Better Care Fund for 2019 to 2020 including how it meets the four national conditions.

Recommendations

1. agree to sign off the plan as outlined in the paper
2. note that the Health and Social Care Commissioning Advisory Board continue to oversee the management of the Better Care Fund.

Contact person for access to background papers and further information:

Name: Naomi Ledwith Director of Commissioning (CCG) and Joanne Gibson – Head of All Age Commissioning (Council)

tel: 0161 912 4074 or joanne.gibson@trafford.gov.uk

The Better Care Fund Plan for 2019 to 2020

1. The Better Care Fund was introduced by the Government from 1st April 2015 consolidating a number of previous funding streams into one single funding stream which is hosted by the CCG. For 2019/20 the Better Care Fund consists of the following funding streams:

Funding Sources	Income
DFG	£2,176,858
Minimum CCG Contribution	£15,696,550
iBCF	£7,036,899
Winter Pressures Grant	£945,705
Total	£25,856,012

2. The Better Care Fund Policy Framework for 2019-20 provides continuity from the previous round of the programme. (2017-19). The **four national conditions** set by the government in the Policy Framework are:
 - i. That a BCF Plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authorities (LAs) and CCGs.
 - ii. A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG's minimum contribution.
 - iii. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, which may include seven day services and adult social care.
 - iv. A clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM). As part of this, all HWBs must adopt the centrally-set expectations for reducing or maintaining rates of delayed transfers of care (DToC) during 2019-20 into their BCF plans.
3. In line with the planning requirements, a completed planning template (provided by NHS England) was submitted back to NHS England by the specified deadline of 27th September 2019. The Health and Social Care Commissioning Advisory Board (chaired by Diane Eaton) has confirmed that the national conditions above have been met, and that the HWB would receive a report on 18th October 2019 that set out how the funds would be spent. Due to late provision of planning guidelines by NHS England, it was not possible to get sign off from the HWB before the planning template deadline.

4. The planning template sets out how we will spend this money in line with the four national conditions. The table shows that national conditions ii) and iii) have been met.

Required Spend	Minimum Required Spend	Planned Spend
Adult Social Care services spend from the minimum CCG allocations	£6,043,736	£6,043,736
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£4,460,514	£9,652,814

5. The Trafford position for the national condition iv) (High Impact Change Model) is also set out in the planning template and has been summarised in the table below.

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

6. The template breaks down our planned spend by specific scheme types, these are outlined in the table below.

Scheme Types

Assistive Technologies and Equipment	£800,000
Carers Services	£557,000
Community Based Schemes	£9,822,814

DFG Related Schemes	£2,176,858
HICM for Managing Transfer of Care	£1,052,000
Home Care or Domiciliary Care	£3,850,000
Intermediate Care Services	£1,310,000
Personalised Care at Home	£480,000
Prevention / Early Intervention	£165,000
Residential Placements	£5,551,340
Other	£91,000
Total	£25,856,012

7. The way that the money will be spent is largely a continuation of the previous Better Care Fund 2017 to 2019, and the CCG and Council will continue to work together through the development of the locality plan and through the integrated commissioning directorate so that we continue on the journey of integrating and making sure that we work together for the good of Trafford as a place and a population.
8. The HWB are asked to:
1. agree to sign off the plan as outlined above
 2. note that the Health and Social Care Commissioning Advisory Board continue to oversee the management of the Better Care Fund.