

# HEALTH AND WELLBEING BOARD

29 JANUARY 2021

## PRESENT

Councillor J. Slater (in the Chair).

Dr S. Johnston (Vice-Chair), Councillor J. Brophy, Councillor L. Blackburn, D. Eaton, H. Fairfield, M. Noble, E. Roaf, D. Evans, M. Pritchard, Councillor J. Holden, A. Seabourne, M. Gallagher and J. Coulton.

### In attendance

Helen Gollins	Consultant in Public Health
Jean Rose	Vice Chair Healthwatch Trafford
Ben Thomas	Trafford Housing Trust
Dr Beenish Haniff	Senior Public Health Intelligence Manager
Superintendent Shan Nasim	GMP
Alexander Murray	Governance Officer

## APOLOGIES

Apologies for absence were received from Councillor J. Harding, Councillor C. Hynes, Dr M. Jarvis, S. Radcliffe, M. Bailey, C. Hemingway, M. Hill and J. McGregor

### 1. TERMS OF REFERENCE

RESOLVED: That the Terms of Reference be noted.

### 2. BOARD MEMBERSHIP 2020/21

RESOLVED: That the Membership of the Committee be noted.

### 3. MINUTES

RESOLVED: That the minutes of the meeting held 16 October 2020 be agreed as an accurate record.

### 4. QUESTIONS FROM THE PUBLIC

No questions were received.

### 5. DECLARATIONS OF INTEREST

No declarations were made.

### 6. REFRESHING THE HEALTH AND WELLBEING BOARD STRATEGY IN THE LIGHT OF:

The Director of Public Health gave a brief introduction to this item and overview of the one page document that had been circulated. The Health and Wellbeing

**Health and Wellbeing Board**  
**29 January 2021**

---

Strategy had been refreshed in 2019 and had continued to focus upon addressing inequalities in healthy life expectancy within the borough. Covid 19 had reaffirmed the thinking and approach that had been taken within the strategy. During the pandemic Trafford had seen that inequalities and underlying health conditions were key factors in how people were affected by the virus, as those in areas with greater health inequalities and with pre-existing conditions suffered the most. The Director of Public Health stated that the Health and Wellbeing Board needed to utilise the learning and energy gained throughout the pandemic to continue to address health inequalities within the borough.

The Chair of Healthwatch Trafford welcomed the seriousness with which the Director of Public Health spoke about mental health and the associated health inequalities. There were a number of developments upcoming around mental health including the launch of the Mental Health Strategy and the Chair of Healthwatch Trafford offered to share the information they had on those developments.

Councillor Brophy noted the director of public health said in her summary that the inequalities of people with Mental Health Problems were worse in Trafford compared to other GM authorities and asked why this was the case. The Director of Public Health responded that it was a combination of factors and it was key to engage with people who suffered from mental health problems and to help them access preventative services.

RESOLVED: That the document be noted.

**(a) PUBLIC HEALTH ANNUAL REPORT**

The Director of Public Health provided a brief overview of the report. The annual report focused upon Covid 19 and what had been learned from the pandemic. The area most relevant for the Board was the section on those worst affected by the virus. The Director of Public Health went through the different populations who had been affected the most by Covid 19. Those population included; the elderly, men, the BAME community, communities with the highest levels of deprivation, overweight and obese people, and people who suffered from underlying conditions.

Mental health had also been identified as a key factor and was covered within a large section of the report. Another section was dedicated to the impact of the pandemic upon the lives of children and young people. The final section was titled “building back better” and looked at actions that could be taken to tackle the issues highlighted by Covid.

Following the overview the Director of Public Health asked Board Members to provide feedback or ask questions.

Dorothy Evans noted the health inequalities within deprived areas, especially in relation to the caring support families provided for their loved ones. Dorothy asked how the Board could recognise and support the caring work that those people were doing. The Director of Public Health responded that there was support

available for carers and it was important to increase the level of identification of carers and engagement with them. The Chair added that the Carers' Partnership Board had been launched earlier in the week and already a number of issues had been identified which would be brought back to the Board. The Director of Adults Services added that carers were the extended health and social care workforce who enabled people to remain in their own homes and the support of carers was one of their top priorities.

RESOLVED: That the report be noted.

**(b) EQUALITIES STRATEGY**

The Chair introduced the strategy and thanked the officers within the Council and CCG for all their work in developing the strategy. While the strategy was a good starting point it was to be built upon over the next few years with the aim to see real improvements delivered. Covid had highlighted large inequalities within Trafford and the strategy was focused on delivering much fairer ways of working and ensuring nobody was left behind. The strategy covered all protected characteristics as well as wider groups such as carers, ex-armed forces personnel, and long term unemployed. The Chair explained how her own personal experiences had created a drive to champion equality and to make sure that the strategy delivered real change between now and the time it would be refreshed.

The Super Intendent from Greater Manchester Police (GMP) commented that the strategy addressed a number of concerns relating to the impacts of the pandemic including domestic abuse and mental health and GMP were in full support of the strategy.

The Corporate Director of Adults Services found it very helpful to know the level of support from the Board for including the additional aspects of risk and required improvements within the Health and Wellbeing Strategy. The next steps for the Health and Wellbeing Strategy were; to update the strategy, to map the work underway, and to identify any gaps in the work being done so the Board could be clear on how those gaps were to be addressed and who would address them. That would then enable the Board to hold an overview of the required improvements, set out trajectories for those improvements, and for the impact and deliverables to be tracked by the relevant sub Boards.

RESOLVED: That the Strategy be noted and supported by the Board.

**(c) UPDATE ON CCG SYSTEM**

The Accountable Officer for Trafford CCG gave an overview of the document circulated with the agenda. A national engagement exercise had been conducted prior to Christmas 2020 asking for proposals on how the NHS would operate going forward. Trafford CCG had responded that they were happy with the direction of travel and the move towards more local delivery of health services and the increased integration of health and social care services. The paper set out the work that was ongoing in five key areas which were; the System Board (which was the overarching partnership Board that would hold it all together), Trafford Local

**Health and Wellbeing Board**  
**29 January 2021**

---

Care Organisation, provider collaborative partnerships, Clinical and Professional leadership in Trafford, and the transition work to deliver the change.

All of the changes were subject to agreement by parliament and following their assent would mean that from April 2022 there would no longer be a Trafford Clinical Commissioning Group and those functions would be delivered by health and social care organisations working together.

The Vice Chair provided an additional update on the clinical and professional leadership. Work was ongoing to bring colleagues from across the primary care services including GPs, dentists, nursing, and social care together to discuss how services should be delivered going forward. This work had been delayed by the roll out of the mass vaccination programme but would be focused upon building a fairer system that addressed the inequalities in the area.

Diane Eaton stressed the importance of the roll of the Health and Wellbeing Board in setting the strategy across Trafford. The Health and Wellbeing Strategy would be refreshed in light of the reports presented at the meeting and other key documents such as the Poverty Strategy. The second phase would be identifying where each piece of work fitted into the structural systems to give the Board oversight as to who was doing what and when they could expect to see outputs. The Board would then receive higher level performance data which showed whether an impact was being made on the priorities within the strategy.

Councillor Brophy asked whether there was a strategy in development to address chronic fatigue in light of the increase in sufferers due to long Covid. The Vice Chair responded that work around the effects of long Covid were ongoing between Manchester and Trafford but it was an issue that would work better at a GM level, due to the range of services involved. Work was beginning at the GM level, but it was in its infancy. The Chair of Healthwatch Trafford added that Healthwatch had completed a large piece of work on chronic fatigue syndrome which received over a thousand responses from sufferers and contained a number of recommendations for how to move forward. Healthwatch were also doing a piece of work on health inequalities and the outcome of that work would be available in the coming weeks.

RESOLVED: That the report be noted.

The meeting commenced at 10.00 am and finished at 11.15 am