

HEALTH AND WELLBEING BOARD

19 JANUARY 2024

PRESENT

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

Also in attendance

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

APOLOGIES

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

30. MINUTES

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

31. DECLARATIONS OF INTEREST

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

32. PHYSICAL INACTIVITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regarding Risks the following were brought to Members attention –

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

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

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

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

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

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

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

33. TRAFFORD LOCALITY REFRESH PLAN

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

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

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

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

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

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

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

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

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

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

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

RESOLVED: That

- (i) the Board notes the Report; and

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

34. BETTER CARE FUND

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

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

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

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

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

RESOLVED: that the Board

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

35. JOINT STRATEGIC NEEDS ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

RESOLVED: That

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

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

The meeting commenced at 10.00 am and finished at 11.38 am