



TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD

Date: Friday, 19 January 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	1 - 10
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 17 November, 2023.	
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.	KEY MESSAGES	
	To consider the key messages from the meeting.	
5.	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.	
6.	PHYSICAL INACTIVITY	11 - 34
	To update the Board on progress made against the identified physical activity priorities.	

7. LOCALITY PLAN

Report to follow.

8. JOINT STRATEGIC NEEDS ASSESSMENT

35 - 52

The report supports the Health and Wellbeing Board in understanding their statutory obligations around Joint Strategic Needs Assessment. In doing so to discuss the benefits, challenges and methodological considerations of needs assessments and to highlight existing and ongoing needs assessments and elicit feedback from the Health and Wellbeing Board around potential future priority topics.

SARA TODD

Chief Executive

Membership of the Committee

Councillors L. Murphy, Wareing, J. Slater (Chair), K.G. Carter, R. Thompson, P. Eckersley, J. Brophy, H. Fairfield, R. Spearing, P. Duggan, D. Evans, M. Hill, J. McGregor, E. Calder, James, Gollins, M. Gallagher, Rose, 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:

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This agenda was issued on 11 January 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

17 NOVEMBER 2023

PRESENT

Councillor J. Slater (in the Chair).
Councillors P. Eckersley and J. Brophy

In attendance

Nathan Atkinson	Corporate Director for Adults and Wellbeing
Richard Roe	Corporate Director for Place
Helen Gollins	Director of Public Health
Jane Wareing	Clinical Director Trafford West PCN
Jo Cherrett	Chief Executive Trafford Leisure
Liz Murphy	Chair of Trafford Strategic Safeguarding Partnership (TSSP)
Gareth James (V-Chair)	Deputy Place Lead for Health and Care Integration
Richard Spearing	Managing Director of Trafford LCO
Caroline Siddall	Housing Strategy and Growth Manager
Manish Prasad	Associate Medical Director
Karen Samples	Director of Education
Tom Maloney	Health and Social Care Programme Director
Emma Moseley	Senior Policy Officer
Jo Bryan	Public Health Programme Manager
Jane Hynes	Public Health Programme Manager
Aimee Hodgkinson	Public Health Commissioning Manager
Simon Watts	Public Health Consultant MFT
Debs Thompson	Public Health Consultant NHS GM
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillor K. Carter, Councillor R. Thompson, S. Todd, H. Fairfield, C. Rose, L. Calder, J. McGregor, C. Davidson, M. Hill.

22. MINUTES

RESOLVED: That the minutes of the meeting on the 15th September 2023 be agreed as an accurate record and signed by the Chair.

23. DECLARATIONS OF INTEREST

Councillor Brophy declared an interest in relation to employment by Manchester Foundation Trust (MFT).

Councillor Eckersley declared an interest in relation to his domiciliary care business which operates outside of the borough.

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RESOLVED: That the declarations of interest be noted.

24. BETTER CARE FUND (BCF) QUARTER 1 REPORT

The Corporate Director for Adults and Wellbeing introduced the report on the Better Care Fund (BCF) and informed the Board of the process leading up to the latest update and that the quarter 2 submission had been submitted within the deadline. The update included the key metrics and an appraisal of progress since the Q1 submission. The Corporate Director for Adults and Wellbeing referred Board Members to item 2 in the report which was the five-core metrics and explained that a number of elements that were to be introduced within the first metric. This included examples such as hospital at home by Manchester Foundation Trust, which, the Board were made aware had been delayed due to the need to have crisis response service in place before rolling it out.

For the second metric the Corporate Director for Adults and Wellbeing informed the Board that while discharges for people from hospital to their normal place of residence had underperformed in Q1, these issues had been addressed and were expected to meet targets going forward. The Board were informed of the rapid MDT pilot programme which would have a full roll out following the successful trial.

Metric three looked at emergency hospital admissions from falls, and the Corporate Director for Adults and Wellbeing informed the Board that they had reported on track within this metric. The Corporate Director spoke about the Keep on Keep up (KOKU) app, developed by Manchester University, which aimed to reduce falls, and that Ascot House Care Home in the Borough had signed up to take part in the trial.

The Corporate Director for Adults and Wellbeing informed the Board that the Council was off target on metric four as the focus had been on ensuring the other metrics had been met. However, the Board were informed that there were plans in place to get this metric on track.

With regard to metric five, Corporate Director for Adults and Wellbeing informed the Board, that despite being slightly behind, the Council was broadly on track, with a comprehensive set offering in place in Trafford, made up of a combination of services.

Following the update Members were given the opportunity to ask questions but none were raised.

Councillor Slater thanked the Corporate Director for Adults and Wellbeing for his helpful update and moved the recommendations which were approved.

RESOLVED: That the recommendations of the report be approved.

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25. HEALTH INEQUALITIES UPDATE

Several officers introduced the presentation that had been circulated with the agenda. The Board were made aware that the Public Health Consultant NHS GM was present to take the Board through the Greater Manchester Integrated Care Partnership programme of Fairer Health for All, the Public Health Consultant MFT to speak on Manchester Foundation Trust's approach to Tackling Health Inequalities, and the Director of Public Health to go through the local Council approach. The Board were informed that the presentation was slightly different to the one that had been circulated.

The Public Health Consultant NHS GM began talking through the Fairer Health for All section. The presentation provided a summary of the programme and Board were told about the process gone through to structure the programmes approach. The Public Health Consultant NHS GM provided the principles of the programme and gave an in-depth description of what they were, what they meant, and what they were to achieve. The Board were then shown a slide on the social model for health and the Public Health Consultant NHS GM outlined what this was and what this would mean for people in Trafford.

The Public Health Consultant NHS GM then moved onto an overview of the strategy's missions which showed the six strategies that all linked into the programme. Towards the end of the presentation the Public Health Consultant shared with the Board the achievements that are hoped would come from these missions. This included ensuring children and young people having a good start in life and helping people, families and communities to feel more confident in managing their own health, as well as several more.

Finally, the Board was made aware of the tools that would be utilised in order to deliver the programme. These were the Health and Care Intelligence Hub and the Fairer Health for All Academy, which aimed to look at the utilisation of data and intelligence and learning and developing skills.

The presentation continued led by the Public Health Consultant MFT around the Manchester Foundation Trust's programme at tackling health inequalities and opened with the drivers behind health inequalities. These were listed as socioeconomic factors, physical environment, health behaviours, and health care.

The Public Health Consultant MFT described the framework in place for tackling health inequalities which broke down the work into three elements, and were developed at an MFT away day in February 2023.

Following this, the Public Health Consultant MFT went through the key themes in the Health Inequalities Plan.

The first was around embedding equity into services. This utilised data, intelligence, technology and communications to make sure the information was accurate and shared in a way that the target audience could understand it.

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The Second of these key themes was integrating care around communities. The Public Health Consultant MFT informed the Board that this was about taking a local approach, having focused resident engagement and co-design.

The Public Health Consultant MFT shared that the third theme was around looking at the wider determinant / root causes behind health inequalities, with MFT operating as an “Anchor Organisation”.

The final theme looked at staff health and wellbeing. The Public Health Consultant MFT provided further detail to each of the four themes and informed the Board of the actions taken so far and what the next steps were going to be to make sure they formed further achievements.

The Director of Public Health presented the final section of the presentation which looked at how the programmes would be delivered in Trafford and how the Council was working to address health inequalities. The Director of Public Health spoke about the investment that had gone into prevention and how it had a great rate of return so far.

The Board were made aware of what the process to addressing health inequalities should look like. The Director of Public Health stressed the importance of looking at evidence and utilising a data driven approach. It was also said of the importance of mapping the work done to reduce health inequalities to ensure a reduction in the duplication of work and to keep track of what was being completed. The Board were then informed of the formation of the Fairer Health for Trafford Partnership, its aim of reducing health inequalities in Trafford and how this involved a tactical forum that coordinates health inequality action across Trafford. The Board were ensured that this partnership would work alongside the two previously mentioned pieces of work from MFT and Greater Manchester Integrated Care.

The Director of Public Health proceeded to go through the strengths of establishing the Fairer Health for Trafford Partnership. These were the following;

- A partnership that supports a need led, system-based approach to mitigating health inequalities.
- A set of measurable, shared, system-based health inequality objectives that can be understood across the system by residents and professionals.
- Potential to reduce duplication and improve effective use of resources.
- An annual progress report built on quarterly performance monitoring that is shared with Trafford Health and Wellbeing Board and Trafford Locality Board, so we know what we are doing, why, and if we are collectively making a difference to the lives of our residents.

Finally, the Director of Public Health went through the commitment they were hoping for from partners of the Health and Wellbeing Board, and the next steps to the programme.

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Following the presentation, the Chair welcomed the programme and the move towards the approach to reducing health inequalities. The Board were asked if they had any questions or additions.

Councillor Brophy spoke about her roles as being frontline worker for the NHS, a frontline Councillor in her ward, and a frontline carer for her family. Councillor Brophy spoke about how she was not convinced that, despite being impressed by the work on reaching out to people on the frontline, it was not filtering through to the frontline. She felt that the link between services providing physical health and mental health support is poor, due to differences of organisations and the often-complete mismatches in approach. Councillor Brophy added further that there were inequalities in the services delivered in different elements of the Manchester Foundation Trust.

The Public Health Consultant MFT responded that a review had been done of the work which recognised that there was a large difference in quality of service in the organisation. He stated that this was a legacy issue of there being elements taken from different areas of the trust. However, he reassured the Councillor that work was now ongoing to have consistency.

The Director of Public Health responded on the issue of mental health. She mentioned the first meeting of the All Age Mental Health group the week prior, which brought together the system around mental health, and acknowledged that significant challenges around some of the inequalities did exist. The Board were also informed of a Public Health Mental Health Lead role that now existed, which the Director of Public Health hoped would look at how they address the actual experiences of patients.

Councillor Eckersley asked several questions. The first asked what constituted specialist dementia care and how can someone say they are a specialist dementia care provider. He also asked about the increased number of GP appointment done during Covid, and whether there were any plans to utilise that style of appointment more moving forward to reduce inequalities. Councillor Eckersley also asked if there were any plans to use pharmacies to reduce the burden on GPs. He finally asked about AI and if there were any plans to utilise this.

The Public Health Consultant MFT mentioned the My MFT app which operated as a patient portal. This was being used for questionnaires which could allow patients to input some information prior to the appointment. He mentioned that they were looking at utilising it for triage so information could be sought whilst a patient is on the waiting list, but they were conscious that not everyone has access to the app and wanted to make sure that everyone still gets the same quality of service.

The Public Health Consultant MFT also responded on some of the elements where they were looking to utilise AI. One of these was to use it to predict who might not be able to attend an appointment based on demographic factors and appointment history, and the helping them to target some prevention work.

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The Public Health Programme Manager stated that there was a real drive nationally and locally for community pharmacy, to take pressure off of other areas of the health system.

The Public Health Consultant NHS GM responded that with regard to AI, that the Intelligence Hub had a data warehouse, where primary care, pharmacy, and secondary care records were linked, which created a massive possibility of data usage.

The Associate Medical Director spoke to the Board about the digital progress that had been made with GP's following covid and how the digital system did offer improved access to GP's. However, he warned that there was a need to ensure that those who do not have access to the equipment to access their GP remotely were still getting the support.

The Corporate Director for Adults and Wellbeing responded on the Councillor's question around specialist dementia care. He said that there were several factors that constitute whether a unit can become one of these. This included the staffing model, the training of staff, and the physical environment of the care home. However, the Corporate Director responded that one of the most fundamental requirements is a co-designed offer, incorporating several provisions.

The Chief Executive of Trafford Leisure asked about cross collaboration between Council's. She mentioned that there were many areas in the borough where one side of the street was in Trafford, and the other in Manchester. The Chief Executive of Trafford Leisure felt that Council's should work together on where the inequalities are and not just what boundary it falls within. She also commented that if you can make changes to the individual, that can lead to change on a wider scale.

The Director of Public Health responded with regards to neighbourhoods, that the Council had identified them and were focused on addressing inequalities, with the location being key to the work.

The Managing Director for Trafford LCO closed by providing three positive cases of projects that have been done in Trafford to address health inequalities.

The Chair thanked all the officers for the input and moved the recommendations which were approved.

RESOLVED: That the presentation be noted at the recommendations be approved.

26. HEALTHY WEIGHT DEEP DIVE

The Public Health Programme Manager, Jayne Hynes introduced the item and delivered a presentation to the Board. She opened with an update on the figures and rates of overweight people in Trafford and spoke about the fact that it is a complex system of factors that cause excess weight. The prevalence of excess weight in adults in Trafford is at 61.7%, with children at 17.8%.

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The Board were presented with a slide which showed what the public thought were most effective interventions for dealing with excess weight and compared this to the actual effectiveness of interventions. The Public Health Programme Manager highlighted to the Board that the evidence shows that the most effective ways of dealing with excess weight, are the ones the public thinks are least effective.

The Public Health Programme Manager discussed the Council's advertising policy, the effectiveness of advertising and why it was important to have a solid policy as this was the first recommendation. A regional and National context around actions taken to address advertising was also shared. Following this, she informed the Board of the progress to date that had been made when it came to advertising and dealing with excess weight.

The second recommendation was to look at the local planning policy, with the aim of influencing the planning policy and decisions that impact on food and transport, to ensure that people in the most disadvantaged neighbourhoods can access affordable, health and sustainable food. Following this, progress to date was shared, and involved looking to ensure that there are sufficient leavers available to impact a change. The final point to this recommendation shared the next steps to support it.

The Public Health Programme Manager spoke of the aim to ensure that food standards are met in schools across Trafford. The progress to date was shared which involved a rapid evidence review on school food and health, as well as engagement with colleagues from Blackpool Council on the food standard agency pilot they were participating in. The next steps were also shared.

The final aim was shared, which was to develop a policy statement on vending machines which was to involve a review on healthy vending and establish how best to develop local policies. The four next steps were shared, which involved the complete evidence review on vending.

It was concluded that each of the priorities were medium to long term priorities, that aimed to have a population level impact on health outcomes and inequalities. Any questions were to be sent to the Public Health Programme Manager via email, where she would respond.

The Chair thanked the member for the report and asked if the recommendations were approved.

RESOLVED: That the recommendations be approved.

27. STOPPING THE START

The Public Health Commissioning Manager gave a brief overview of the presentation that had been circulated with the updated agenda. The presentation covered the four aims of the Government towards their smoking policy, which were;

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- 1) Create a smokefree generation.
- 2) Supporting people to quit smoking.
- 3) Curb the rise in youth vaping.
- 4) Strengthen enforcement activity.

The Public Health Commissioning Manager informed the Board of what these aims were to mean for Trafford, initial ideas for grant funding that had been received, that will be able to support these plans, as well as those ideas that were currently in development and future plans that Trafford had. The Board were made aware that public health had looked closely to ensure that funding was best being utilised for Trafford residents. The Public Health Commissioning Manager also informed the Board that they were taking a targeted approach which looked specifically at the groups with the highest smoking prevalence.

The Public Health Commissioning Manager alerted the Board to a live National Consultation open at the time, which looked at the different areas present in the Government's announcement, with Trafford opening contact with several parties across the borough to receive their feedback, which could be inputted to the consultation.

The Public Health Commissioning Manager concluded by asking Board members to agree to Public Health's targeted approach to how they spend the grant funding, and asked the Board to provide any feedback they may have to herself after the meeting.

The Chair asked Board members to agree the next steps of the report.

RESOLVED: That the Board agree the next steps of the report.

28. LOCALITY PLAN

The Health and Social Care Programme Director introduced the item and provided a short update on the refresh of the Trafford Locality plan. He informed the Board of how he felt it was the right time for the refresh given the other plans which were in development, to ensure that it was joined up across the board and alongside other projects.

The Health and Social Care Programme Director asked the Board for commitment to be involved in the development of the locality plan in its present form, and its move towards a five-year locality plan with longer term aspirations. He expressed his desire for Board members to have the opportunity to engage with the plan, and the establishment of a small strategy group, with representation from key members and partners present at this meeting. The Health and Social Care Programme Director welcomed people to contact him if they would like to become involved with the group.

The Chair moved the recommendations, and they were approved.

RESOLVED: That the recommendations be approved.

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29. REAL LIVING WAGE

Due to time, the Senior Policy Officer stated that the slides had been circulated so could be read through if Board members required further information. The Senior Policy Officer went through the slides briefly, which included an update on the three year process the Council went through to achieve accreditation, where the Council was up to with implementing the real living wage since the Council received accreditation, an update on where the other Councils across Greater Manchester were up to, and that the Council was proud to have achieved accreditation already.

Cllr Eckersley stated that he welcomed the real living wage being implemented and asked how the Council ensured that commissioned services were implementing the accreditation. The Senior Policy Officer responded that it was part of the Council's contract that they ensure that any contractors and sub-contractors that the Council work with, are aware that they should be paying the real living wage and this sits within the procurement process.

The Chair moved the recommendations.

RESOLVED: That the recommendations be noted.

The meeting commenced at 10:00 and finished at 11:57.

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Physical activity

Jane Hynes – Public Health

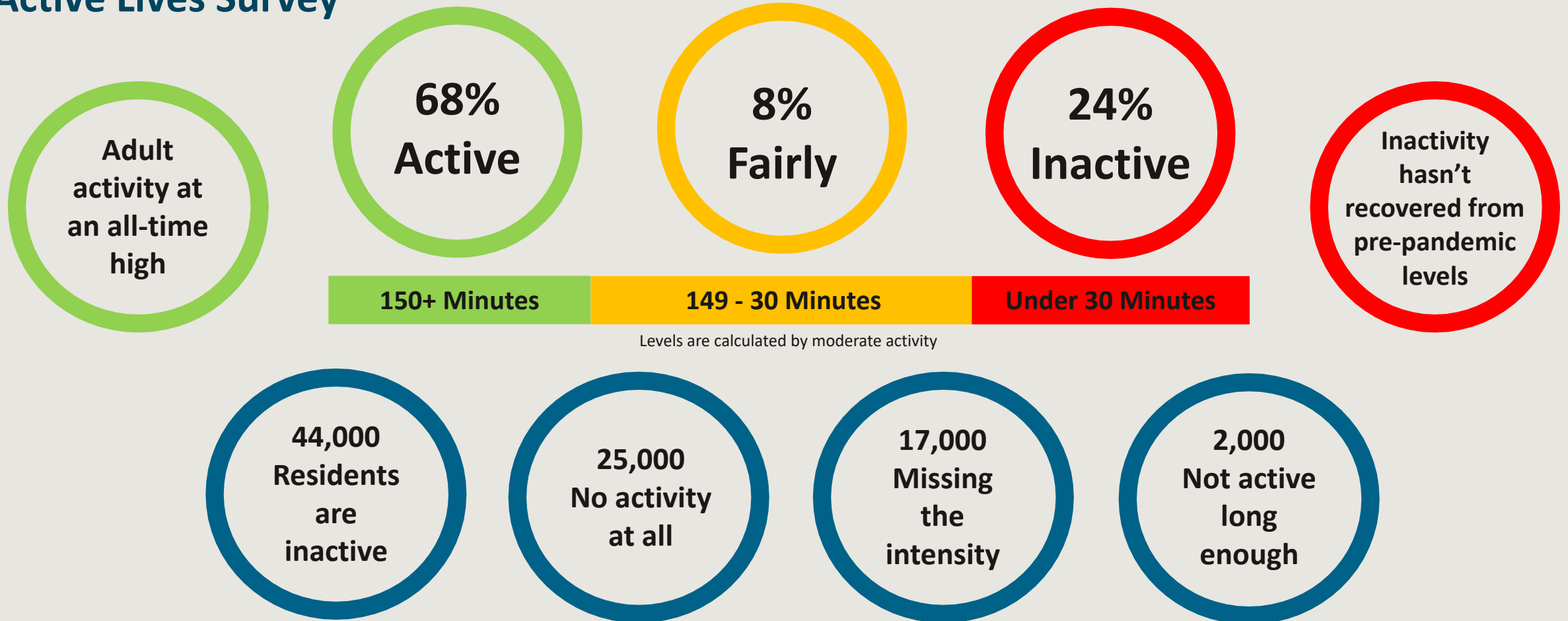
Jamie Lees – Leisure

Physical activity priorities

- 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.**

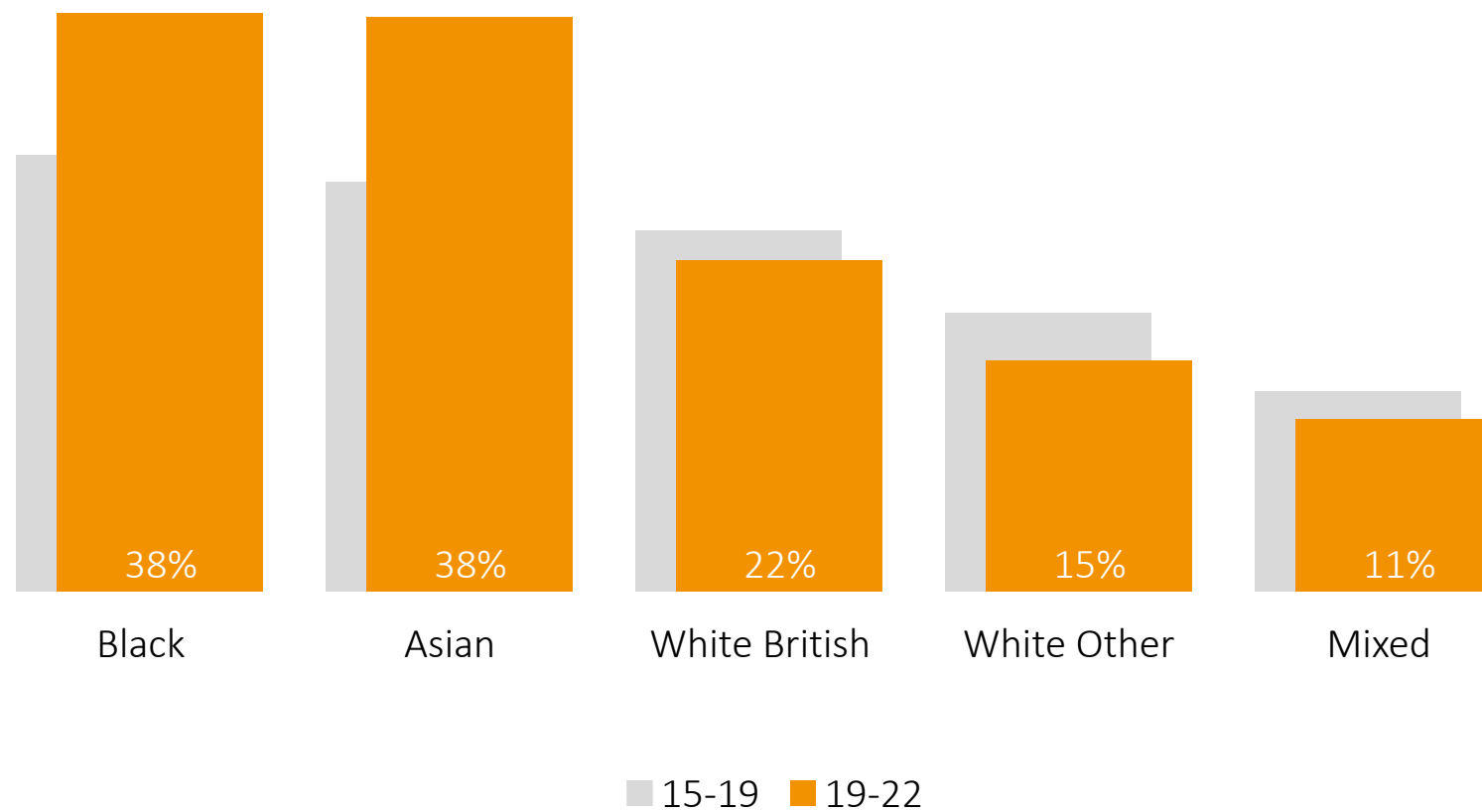
1. Produce a dataset that enables strategic conversations around physical activity benefits, challenges and drivers, and reflects differences within and between neighbourhoods.

Active Lives Survey



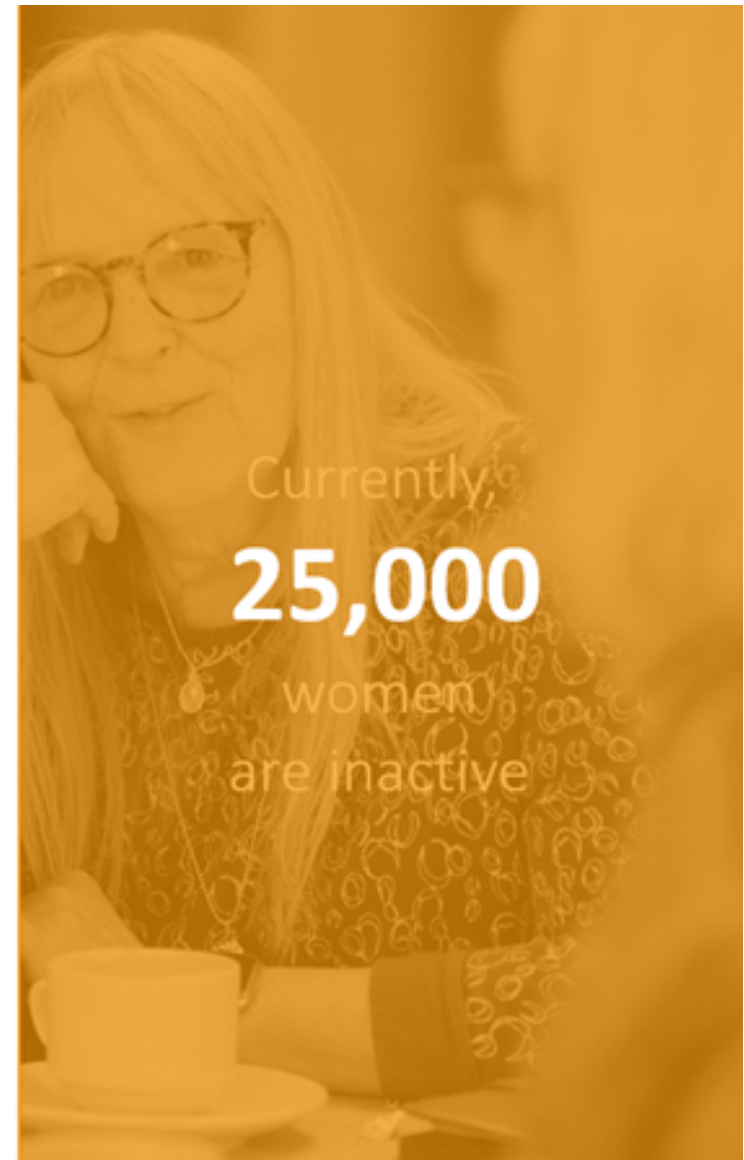
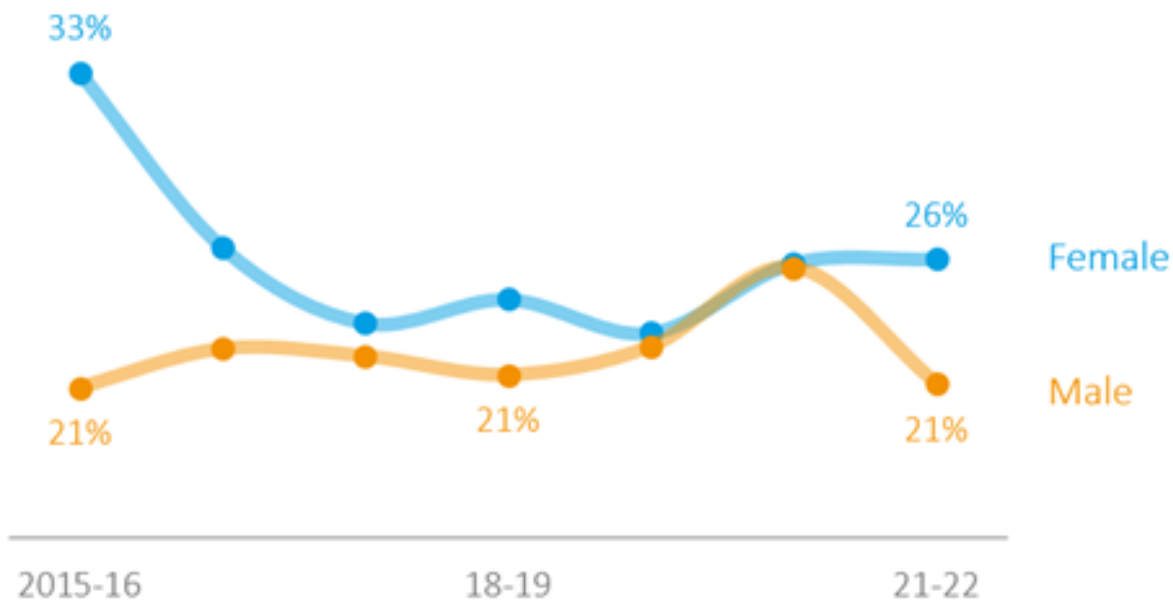
Our **Asian** and **Black communities** experience higher levels of inactivity

This has worsened since the pandemic

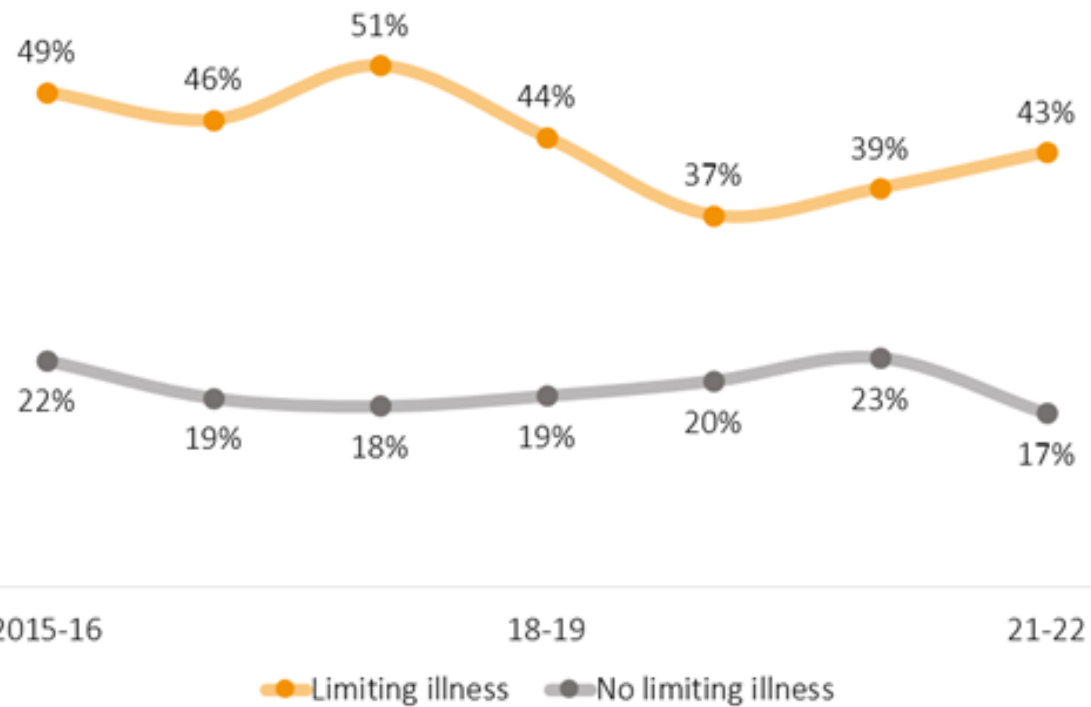


Women are more likely to be inactive than men

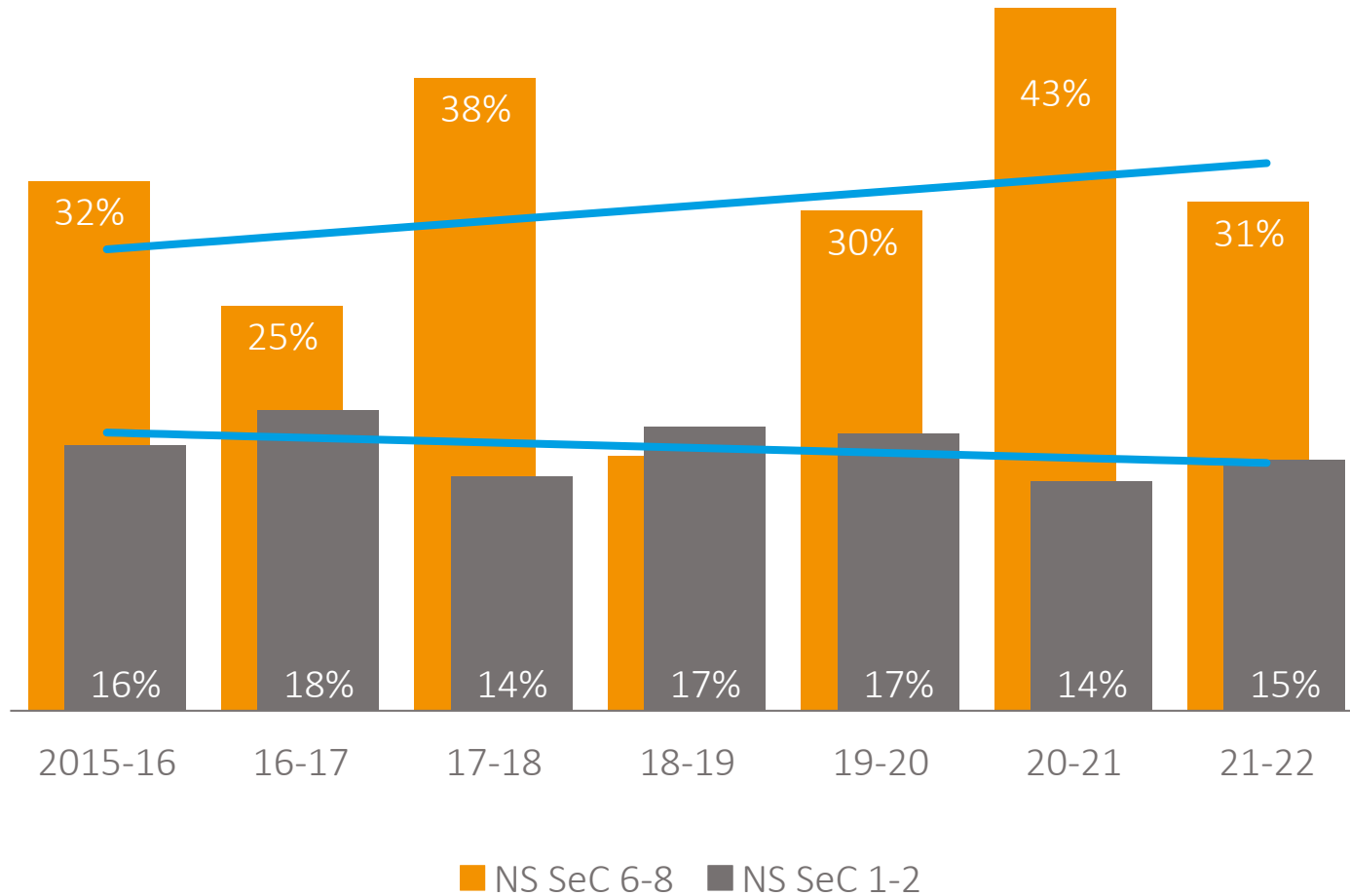
Female inactivity still appears to be disrupted by the pandemic



The pandemic disrupted the reduction in **inactivity** for adults with a **limiting illness or disability**



Inactivity in the **least affluent** households **remains high** (NS SeC 6-8)



Adults in our **least affluent** households are **falling further behind**

Children and Young People

Central:

- Physical health (% good/very good/excellent)
91.1%
- Physical activity (% 1 hour a day or more)
46.7%

South:

- Physical health (% good/very good/excellent)
89.2%
- Physical activity (% 1 hour a day or more)
35.7%

Greater Manchester:

- Physical health (% good/very good/excellent)
83.3%
- Physical activity (% 1 hour a day or more)
34.4%

North:

- Physical health (% good/very good/excellent)
82.5%
- Physical activity (% 1 hour a day or more)
30.2%

West:

- Physical health (% good/very good/excellent)
85.1%
- Physical activity (% 1 hour a day or more)
39.8%

Data:

#BeeWell neighbourhood profile (2022) - School Years 9 – 10

Central: 368

North: 932

South: 715

West: 696

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.

- **Leisure Investment strategy...**
- **Playing Pitch Strategy & Local Football Facilities Plan** – greater emphasis on developing facilities that create opportunities for sustainability
- **Long Term Security of Tenure** – empowering community sports clubs to with greater ownership of the sites they use through long leases
- **Holiday Activities and Food** – Commissioned locally, with a focus on localities with highest number of benefits-related free school meals.
- **UK Shared Prosperity Fund** - Outdoor gyms in localities where inactivity is high, alongside activation from Trafford Leisure.
- **Major Sporting Events** – Hosted number of international events - rugby, running, football. Big events but legacy needs to go back into local communities

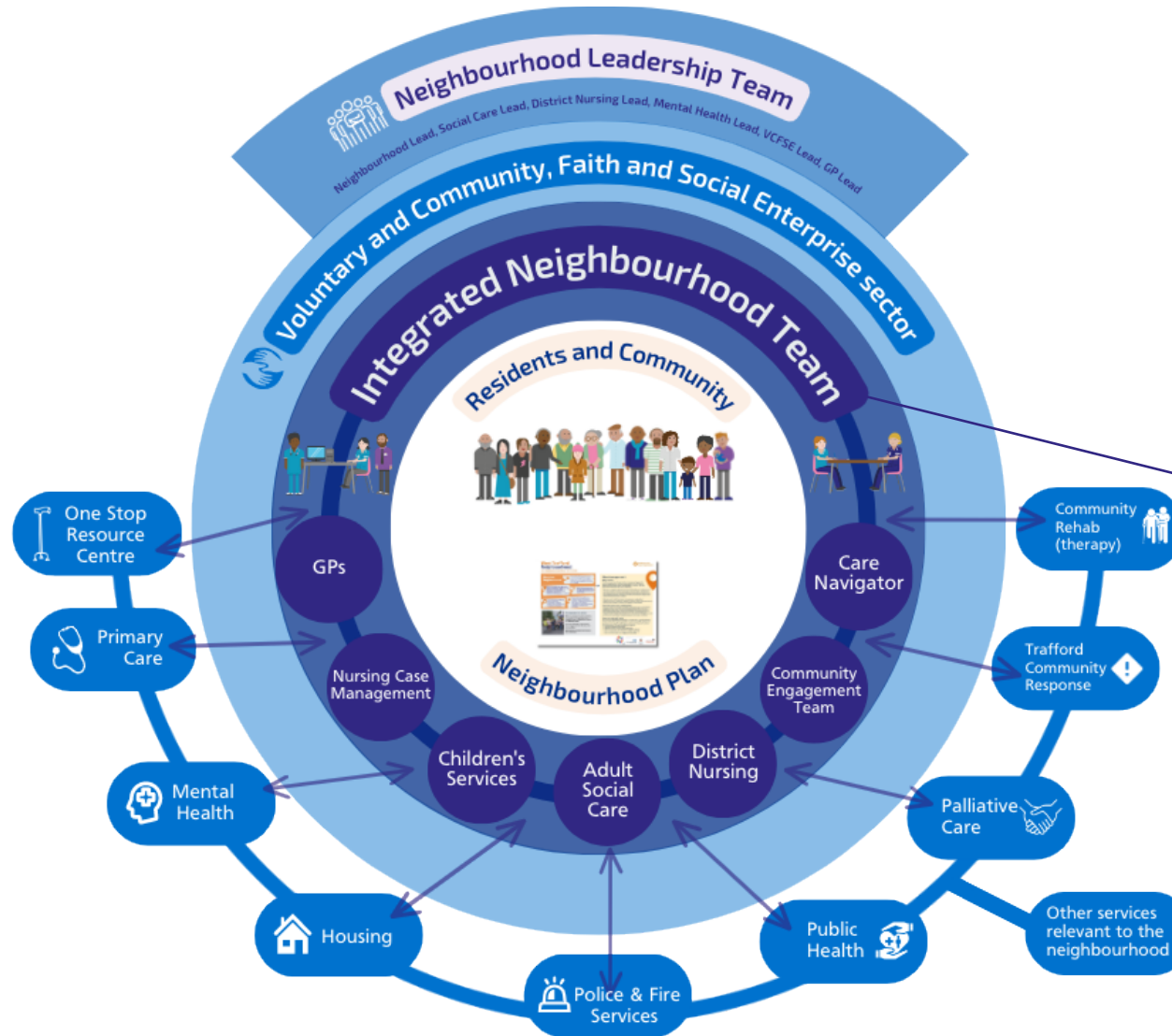
Neighbourhood Programme Overview

Neighbourhood: One of four areas in Trafford, comprised of North, Central, West and South, where health and wellbeing services will be delivered to residents

Neighbourhood Plans: Jointly-owned plans for each neighbourhood developed by local stakeholders identifying a data and intelligence driven vision for the area and 3-4 key priorities to be addressed

Neighbourhood Leadership Team: Providing strategic leadership in Neighbourhoods, steered by a Neighbourhood Lead

Neighbourhood Network: Other professionals, services, and community groups based in a neighbourhood which will be reached out to by the integrated neighbourhood team in a flexible and adaptive manner



Integrated Neighbourhood Team (INT): a co-located team of health and wellbeing professionals working together with individual residents to improve their health and wellbeing

2. Place-based activity plans continued...

Move More partnerships

- Collaborative action plans, led by local groups and residents, that increase opportunities for their communities to move more, every day.
- Facilitated in partnership with Trafford LCO and focused on the communities where inactivity is typically higher (*Partington, Sale West, Broomwood, Sale Moor, Stretford, Old Trafford & Gorse Hill*).
- The plans are based on the needs identified by local 'Move More' partnerships (*residents and local groups*) and data and insight.
- Provide a focus for the work of Trafford Moving Partnership and Leisure Services and enables all stakeholders to align their capacity and budgets to meet local need.
- The Broomwood Moving Partnership is the first to be established.

2. Place-based activity plans continued... Leisure Investment Programme

- The purpose is to transform tired centres into more sustainable, hubs of local activity and movement.
- Prime town locations – connect localities

Altrincham Leisure Centre - Centre closed on 23rd December 2022 & due to open in Autumn of 2024 with full refurbishment.

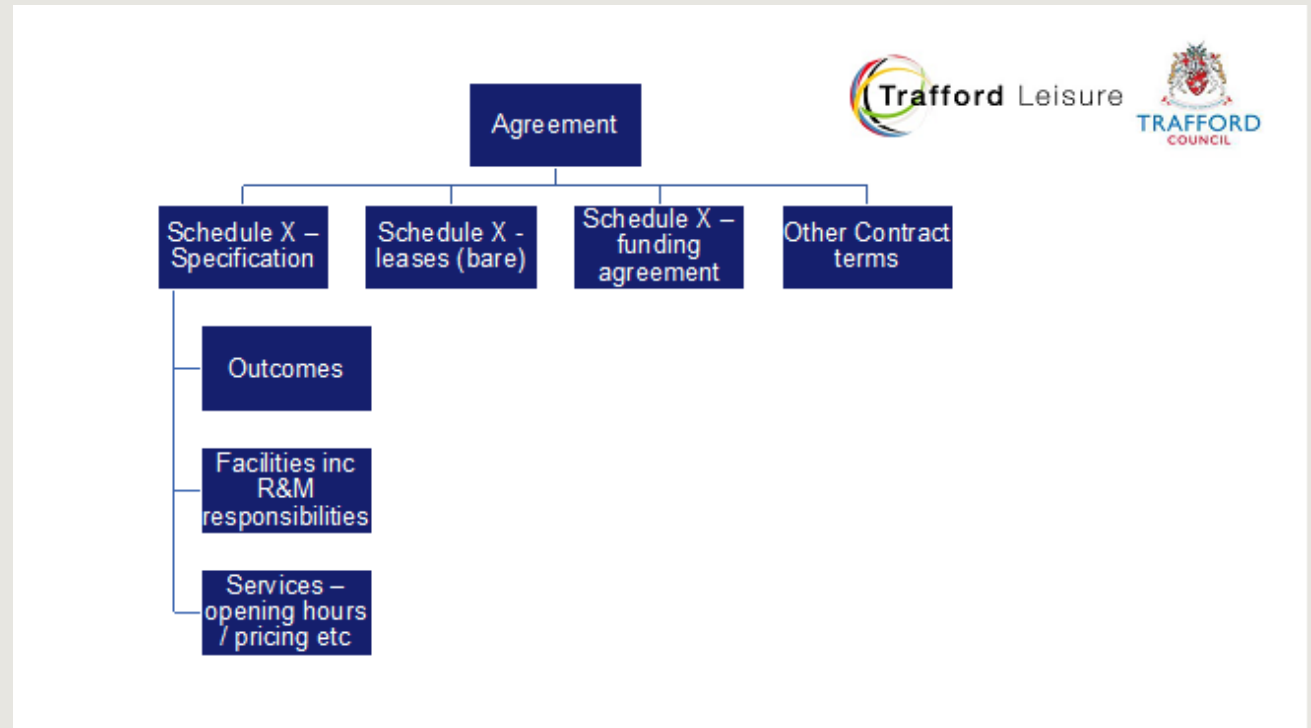
Stretford Leisure Centre - Current scheme in pre-construction phase. Refurbishment planned, including Urban Cricket Centre and Cycle Hub in facility mix.

Partington Leisure Centre – £20m successful LUF bid. Opportunity to deliver Leisure differently, with a movement corridor that uses assets more effectively. Bringing health, wellbeing and leisure closer together. Due for completion in March 2026.

Old Trafford Sports Barn – Developing options, with the support of Sport England, for alternative ownership and management, with a greater focus on community engagement and involvement.

2. Place-based activity plans continued... Leisure investment strategy - developing an Operating Agreement

- Sets out key responsibilities between Trafford Council and Trafford Leisure.
- Aligned with Trafford Council Strategic Priorities – Reducing Health Inequalities
- Outcomes relating to services and activities delivered in each of the local leisure centres and across the Leisure estate.
- Place-based approach to Leisure programming to reflect local need and support place-based activity plans



3. Active Travel Plans

- **Internal governance – WWC group established**
- **WWC forum – terms of reference drafted**
- **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)**

Specific outputs

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

Risks

- Limitations / compatibility of data to accurately inform work programmes.
- 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.

Ask of the Board

- Supporting the next steps identified for each priority
- Ensuring Physical Activity, Sport, Leisure is weaved into the refresh of the Locality Plan
- Advocating for these plans through wider partnership/organisational groups

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 18/01/2024
Report for: Information/Decision
Report of: Director of Public Health

Report Title

Physical activity: an update on the deep dive priorities

Purpose

To update the Board on progress made against the identified physical activity priorities.

Recommendations

Note the content of this report.
Support delivery of the resultant work programmes by:

- Supporting the next steps identified for each priority
- Committing to organisational actions that support the action plans
- Advocating for these plans through wider partnership/organisational groups

Contact person for access to background papers and further information:

Name: Jane Hynes/Jamie Lees
Telephone: 0161 912 1899/ 07800 918166

Physical activity: an update to Trafford's Health & wellbeing Board January 2024

1. Introduction

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

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

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

This paper provides a progress update on these actions. Members of the board are asked to:

- a. Note the content of this report
- b. Support delivery of the resultant work programmes by:
 - i. Supporting the next steps identified for each priority
 - ii. Committing to organisational actions that support the action plans
 - iii. Advocating for these plans through wider partnership/organisational groups

2. Update on inactivity prevalence

Adults: 68% of adults (age 16+) in Trafford are active – that is they meet the Chief Medical Officer's recommendation of 150 minutes of moderate activity per week. 8% are fairly active (30-149 minutes of activity per week) and 24% are inactive (less than 30 minutes per week). The 24% equals 44,000 residents who are inactive, and this can be further broken down to the following:

- 25,000 do no activity at all
- 17,000 are missing the intensity (i.e. they only do light activity)
- 2,000 are not active for long enough (less than 30 minutes)

Children and young people: 43.1% of children and young people are physically active (according to 20/21 data Active Lives data). There is no data on this indicator for 2021/22 due to an insufficient return from the CYP Active Lives survey, however there is data from year 9 and 10 pupils via the BeeWell survey. This gives us neighbourhood-level breakdown of active children and young people as follows:

- Central – 46.7%
- South – 35.7%
- North – 30.2%
- West – 39.8%

This compares to a GM average of 34.4% of children and young people participating in one hour or more of activity per day.

3. Update on priority actions

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

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

This tells us that black (38%) and Asian (38%) residents are more likely to be inactive than white British (22%) residents; women (26%) are more likely to be inactive than men (21%); those with a limiting illness or disability (43%) and more likely to remain inactive post-pandemic than those with no limiting illness or disability (17%); and inactivity in the least affluent households (31%) remains higher than for most affluent households (15%).

There are other data and insights collected locally which will be added to this core dataset moving forwards. Trafford Leisure will contribute to this dataset through quarterly reports detailing user demographics such as gender, age, ethnicity, disability and postcode. This enables us to understand who is (and isn't) using leisure centres and supplements the Active Lives data and includes members, 'pay and play' users and Active Trafford concessionary pass holders.

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

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

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

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

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

Next steps:

Action	Lead	Timescale
1. Continue to work alongside Leisure Services and Trafford Leisure to develop quarterly reporting	Leisure	Q4 23/24
2. Pull together major datasets and identify key insights (Active Lives, Leisure Services, Trafford	Leisure & Public Health	Q4 23/24

Leisure, TraDs, HAF)		
3. Feed data and insight into place-based activity plans	Leisure	Q1 24/25

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

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

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

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

An example of this work is through the support of the Holiday Activity and Food Programme which is funded by government and delivers activities and a hot meal to 5-16 year-olds on benefits-related free school meals. In Broomwood we see a collaboration with Broomwood Primary, Grip Adventure (local outdoor pursuits organisation) and Altrincham FC in the Community. These activities, which include sports, outdoor education and cultural activities, have provided over 100 places to young people during the Easter, summer and Christmas holidays.

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

Next steps:

Action	Lead	Timescale
1. Continue development of Broomwood Moving plan.	TLCO/Leisure	Q4 23/24
2. Review delivery and implementation of Broomwood Moving as an approach to inform future partnerships.	TLCO/Leisure	Q2 24/25
3. Develop next tranche of Move More partnerships	TLCO/Leisure	Q4 24/25

based on learning from Broomwood and local insight.		
4. Evaluate process and outcomes for place-based activity plans and refine as required.	TLCO/Leisure	Q4 25/26

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

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

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

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

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

Specific outcomes in relation to this include:

- Supporting local organisations to secure funding from TfGM's grants programme – around £90k for bike libraries, cargo/adapted cycles and cycle storage
- Secured funding for three bike libraries to be situated in priority areas of Stretford and Sale West, plus Flixton library.
- Beat the Street programme commissioned in Stretford and Old Trafford

- Links into Broomwood Moving partnership

Next steps:

Action	Lead	Timescale
1. Work with Broomwood Moving Partnership (and other Move More partnerships as that workstream progresses) to ensure that Active Travel is embedded within plans.	Public Health	Q4 23/24
2. Embed consistent reporting and governance processes within WWC project group.	Project group	Q4 23/24
3. Continue to develop prioritised pipeline of infrastructure schemes that reflect needs of residents.	Project group	Q1 24/25

4. Conclusion

As detailed for each recommendation above, there are identified next steps in order to progress this work. Leisure and Public Health will continue to lead this work, building relationships and working collaboratively with partners across the Trafford system to address both the physical environment and enable behaviour change.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 19th January 2024
Report for: Information
Report of: Helen Gollins and Kate McAllister

Report Title

The Health and Wellbeing Board's role in understanding and responding to our population's needs

Purpose

To support the Health and Wellbeing Board in understanding their statutory obligations around Joint Strategic Needs Assessment.

To discuss the benefits, challenges and methodological considerations of needs assessments

To highlight existing and ongoing needs assessments and elicit feedback from the Health and Wellbeing Board around potential future priority topics.

Recommendations

The Health and Wellbeing Board are asked to review the information presented and consider possible future topics for needs assessments.

Contact person for access to background papers and further information:

Name: Helen Gollins
Telephone: 07817951555



TRAFFORD
COUNCIL

The Health and Wellbeing Board's role in understanding and responding to our population's needs

Public Health Intelligence

January 2024

Assessing and understanding our population needs

- **Driving improvement in Health and Wellbeing requires sharing evidence for decision making.**
- **This ensures that we can:**
 - Make best use of resources
 - Target these resources towards need (and reduce inequalities)
 - Measure and monitor performance for continual improvement
- **Needs assessments are a key component; Health and Wellbeing Boards have statutory responsibilities in this area**

Needs Assessments and the HWBB

- **‘Needs assessment’ is a way of understanding which people in our communities have needs or problems that we can help address, so we can make sure there are accessible services and support in line with these needs.**
- **A ‘Joint Strategic Needs Assessment’ (JSNA) is a specific statutory requirement that local authorities must meet. The Health and Wellbeing Board has responsibilities in its development and delivery.**

What is the JSNA?

- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies:
 - “JSNAs are assessments of the **current and future health and social care needs of the local community** – these are needs that could be met by the local authority, [ICBs], or the NHS CB. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider **wider factors that impact on their communities’ health and wellbeing**, and **local assets** that can help to **improve outcomes** and **reduce inequalities**. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.”



[About Trafford](#)

[Health & wellbeing priorities](#)

[Life course](#)

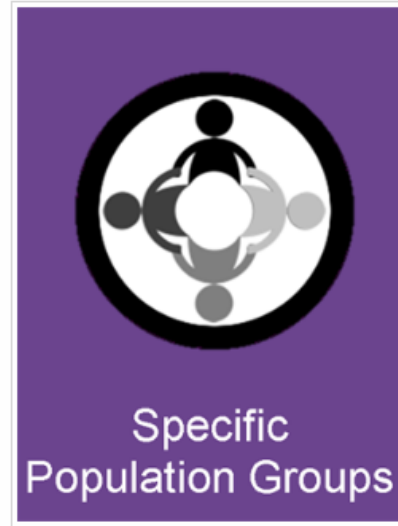
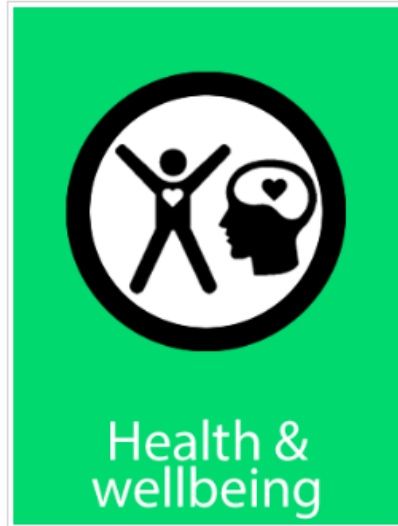
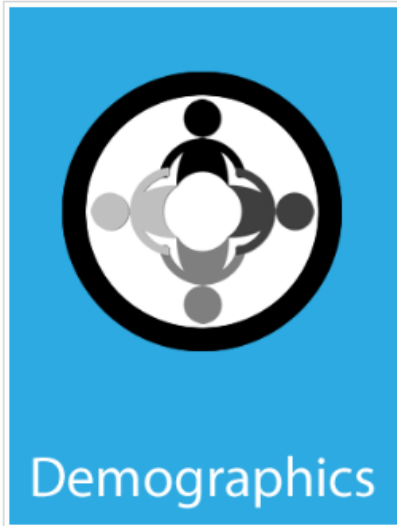
[Trafford's localities](#)

[Determinants of health](#)

[JSNA](#) / ABOUT TRAFFORD

About Trafford

This section provides key information about the population in Trafford and a brief summary of our health and wellbeing indicators. Detailed information on health and wellbeing priorities for Trafford can be found on the [Health and Wellbeing Priorities section](#).



<https://www.traffordjsna.org.uk/Trafford-JSNA.aspx>

Why do we do Needs Assessments?

- **Statutory requirements**
 - JSNA
 - Serious Violence Reduction
 - Domestic Abuse
 - Pharmaceutical needs
- **To understand our local populations**
- **To inform commissioning decisions**
- **Indirectly: to find out what we don't know**

How do we do a Needs Assessment?

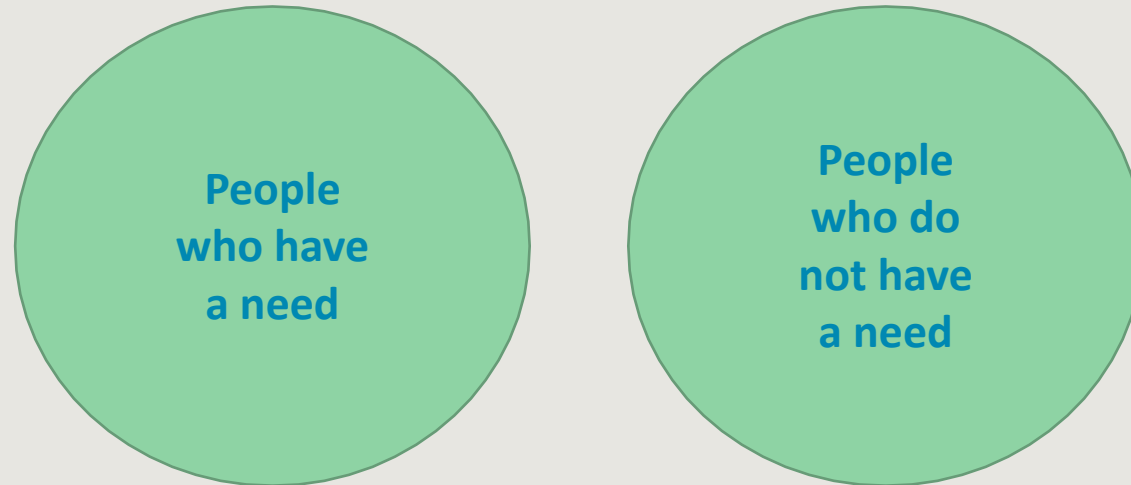
- **Not a one-person/one team job**
- **Requires:**
 - topic expertise
 - methods expertise
 - oversight
- **Also needs:**
 - Buy-in/support from leadership and other interested parties
 - Access to stakeholders
 - Stakeholders might include practitioners, commissioners, VCFSE, service users, community representation, professional bodies

How do we do a Needs Assessment?

- **What should it cover?**
 - Population – which group(s) are we interested in?
 - Context – what type of needs? What setting(s)? What intersections?
 - Outcomes – percentages? Changes over time? Against what baseline?
 - Timeframes – over what time period?

Identifying the population

- At the most basic level, you are looking to categorise everyone as:



- However, this is a bit oversimplistic.
- Also, it is difficult to pin down which groups people fit into without referring to other contextual information

Identifying the population

- Although a needs assessment is not a service evaluation, it is inevitable to think about people who are current service users when defining the population
- But we don't stop there as that would miss out some groups of people
- Example:

People who have a need and are receiving a service	Needs are met
People who have a need and are not receiving a service	Unmet need
People who do not have a need but are receiving a service	Wrongly allocated resources
People who do not have a need and are not receiving a service	No change required

Considering the context

- **Considerations when carrying out a Needs Assessment**
 - Short term vs long term needs
 - 'Simple' vs Complex needs
 - Different settings (e.g. home, care facilities, workplaces)
 - Population characteristics (e.g. protected characteristics)
 - Lifecourse

Opportunities and Benefits

- **We can commission/design services that are better aligned with our populations' needs**
- **We can look at changes to populations over time and consider whether services need to evolve accordingly**
- **We can potentially identify groups who are not well-served by current provision and try to address these inequalities**
- **If we identify gaps in the data or groups which are not well-represented then this insight could be used to influence change**

Challenges

- **Collaborative buy-in:**
 - How to make a Joint Strategic Needs Assessment truly *Joint*?
- **Data at the right level of geography, for all groups**
 - Trafford-level or smaller geographies
 - Inequalities in data representation
- **Time and resource**
 - Time consuming to complete; other demands on capacity
- **Prioritisation**
 - Some are statutory requirements, others driven by local needs
- **Maintenance and upkeep of existing needs assessments**
 - Limited life span

Existing/forthcoming Needs Assessments in Public Health (2024/25)

- **Existing**
 - General JSNA
 - Mental Health
 - Pharmaceutical needs
 - Sexual Health
 - Health Inequalities
 - Smoking
- **Forthcoming/In progress**
 - Serious Violence
 - Alcohol and substance misuse
 - Oral Health
 - Mental Health: revise and combine with CYP
 - Ongoing JSNA refresh

Forward planning

We aim to develop a work plan for Needs Assessment activity for the next 12 months, with quarterly progress reviews.

Questions for the Board:

- **What topics/areas of practice does the Board consider might benefit from a Needs Assessment in the next 12 months?**
 - Where is there greatest uncertainty around population need in relation to services provided?
 - How should those topics be prioritised?
 - How do we make best use of the insights gained?

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