

## HEALTH AND WELLBEING BOARD

15 MARCH 2024

### PRESENT

Councillor J. Slater (in the Chair).

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

#### In attendance

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

### 36. ATTENDANCES

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

### 37. MINUTES

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

### 38. DECLARATIONS OF INTEREST

There were no declarations of interest.

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

Lucy Webster and Claire Robson (Trafford Public Health) presented a report which updated the Board on progress made against the deep dive priorities for Mental Health and next steps for population mental health and wellbeing delivery and governance in Trafford.

The Board was informed that the quality and security of work is extremely important for mental health and wellbeing, with permanent work identified as a protective factor. Fulfilling employment also offers a platform for structured routines, positive relationships, and gaining a sense of purpose and achievement, as well as providing access to an income.

The Greater Manchester Good Employment Charter (GEC) is a voluntary membership and assessment scheme that aims to raise employment standards across GM, for all organisations of any size, sector or geography and includes Real Living Wage accreditation (RLW).

In February 2022 Trafford's Health and Wellbeing Board set a target for 60% employers represented on the Board to commit to becoming Living Wage accredited and 30% to work towards full membership of the Good Employment Charter by April 2024.

Regarding progress to date, by March 2024 a total of 5 out of 10 (50%) organisations represented on the Health and Wellbeing Board are Real Living Wage accredited (Greater Manchester Police, Trafford Council, African Caribbean Care Group, Talk, Listen, Change and L&Q Housing).

2 out of 10 (20%) organisations represented on the Health and Wellbeing Board are Good Employment Charter accredited (Trafford Council and L&Q Housing) with a further 2 (GM Integrated Care and GM Mental Health Foundation Trust) identified as 'supporters' of the Good Employment.

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

On 21<sup>st</sup> June 2023 employers in Trafford and councillors came together at Stretford Public Hall at an event to promote the Real Living Wage.

The Sustainable Growth Strategic Partnership Event that took place on 20<sup>th</sup> Feb 2024 focused on employment and skills and provided a further opportunity to promote the Real Living Wage and Good Employment Charter. Further events are planned for 4<sup>th</sup> July and 8<sup>th</sup> October 2024 with a focus on Climate, and Inequalities

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and Health. The Real Living Wage and Good Employment Charter will be considered as part of wider determinants lens.

The Living Wage Foundation offers advice for any organisation considering becoming Real Living Wage Accredited. The Good Employment Charter website has lots of resources to support organisations considering accreditation. Emma Moseley (Trafford Council Senior Policy Manager) is happy to talk through Trafford Council's experience of applying and offer support to anyone considering becoming Real Living Wage Accredited.

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

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

An All Age Mental Health Group has been recently established in Trafford which has met twice, bringing together stakeholders from across the Local Authority, NHS, VCFSE sector and including commissioned mental health service providers. It is jointly chaired by the Local Authority and ICB. The purpose of the group is to oversee mental health and wellbeing delivery and transformation across Trafford and to provide oversight of the delivery of the Trafford Mental Health and Wellbeing delivery plan in line with 5 ambitions that are part of Greater Manchester's Mental Health and Wellbeing Strategy 2024-2028. These are

1	People will be part of mentally healthy, safe and supportive families, workplaces and communities
2	People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services
3	People with long-term mental health conditions will live longer and lead fulfilling and healthy lives
4	People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive
5	The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from

Trafford Public Health, in partnership with Trafford ICB locality Mental Health Commissioning leads and the Trafford VCFSE mental health lead has begun the process of socialising the five GM strategic ambitions with key stakeholders across Trafford as the starting point for wider consultation and co-production of priorities to be reflected in the drafting of Trafford's mental health and wellbeing delivery plan. This has included conversations with:

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- Local Authority leads for Transport, Planning, Housing, Environment, Poverty to ensure recognition within the delivery plan of the significance of the wider determinants/ building blocks that influence mental health and wellbeing
- Local women and service providers represented at the Trafford Women's Voices event (25<sup>th</sup> January 2024) to identify specific priorities and opportunities for improving the mental health and wellbeing of women
- Members of the citizen panel from the Poverty Truth Commission (PTC) to explore how the priorities for mental health identified by the PTC can be built on within Trafford's mental health and delivery plan
- Members of the Thrive in Trafford Children and Young People's Mental Health and Wellbeing Partnership to identify lifecourse opportunities for prevention and early intervention building on the recommendations of the Aqua review.<sup>1</sup>

Next steps are to build on these initial conversations and to co-produce with system stakeholders the content of a draft delivery plan. A mental health and wellbeing Joint Strategic Needs Assessment for Trafford will also be refreshed to inform the content of the delivery plan.

A provisional timeline has been agreed with the All Age Mental Health Group to have a delivery plan ready for launch by autumn 2024.

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

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

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

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

RESOLVED: that the Board

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

#### **40. HEALTH AND WELLBEING BOARD ANNUAL REPORT**

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

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

The work to improve health outcomes and reduce health inequalities in Trafford requires vision and strategic direction. To inform future direction seven recommendations have been drawn from the review process, these are set out on page 4 of the report, and subject to the approval of the Board will form the forward plan for the Board going through 2024-25.

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

The Director of Public Health made reference to the Joint Strategic Needs Assessment (JSNA) strategy. Trafford's HWBB aims to improve the health outcomes of people living and learning in Trafford, and to reduce the impact of health inequalities. It does this through strategy development, improving partnership working, and using our knowledge of local needs from our JSNA to improve our services. The JSNA is a statutory requirement of the HWBB. Broad in its scope, it enables us to gather, analyse and interpret data on the health and wellbeing needs of our residents and patients across a range of domains. This helps us to commission services in line with local needs. The JSNA process was significantly impacted by the pandemic and in 2023-24 public health intelligence work focused on recovery and re-establishing the team and systems.

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

health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. It represents a unique collaboration between: • The Department of Health and Social Care. • Department for Levelling Up, Housing and Communities. • NHS England. • The Local Government Association. The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Long Term Plan. Locally, the programme spans both the NHS and local government to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The HWBB has oversight of the BCF and is accountable for its delivery. More detail the BCF its priorities and performance are set out in paragraphs 3.2.2 – 3.2.5 of the report. Reference was made to Child Deaths in Trafford, paragraph 3.3 of the report refers. Each year the Stockport, Tameside, and Trafford (STT) Child Death Overview Panel (CDOP) publish a report, 'Learning from Child Death Reviews', to describe why children who lived in Stockport, Tameside and Trafford died, to learn from the circumstances as far as possible, and present recommendations for the future.

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

The Director drew attention to Health Protection and Infection, Prevention and Control. The Health Protection and Resilience Board is accountable to the HWBB. The multi-agency board meets quarterly to:

- provide strategic leadership on any surveillance and Outbreak Management within Trafford.
- enhance partnership working on health protection in Trafford between Trafford, NHS, UKHSA and other local services and to assist the Director of Public Health to discharge their responsibility for ensuring oversight of health protection in Trafford.
- provide assurance to the HWBB and relevant stakeholders, on behalf of the population of Trafford, that there are safe and effective arrangements and plans in place to protect the health of the population.

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

There has been progress against all the objectives, with successful change demonstrated in MMR uptake and Antibiotic Stewardship. The objectives are being reviewed and consulted on by the Board with a refreshed set being the focus for 2024-25. The new set of objectives will be shared with the HWBB for agreement.

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

Tobacco use, physical inactivity, being an unhealthy weight, alcohol use and poor mental health are the major drivers of poor health and health inequalities in Trafford.

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During 2022-23, the HWB took a collaborative approach to reviewing the priorities. A series of workshop were held that incorporated robust intelligence and evidence. Partners were asked to describe current challenges and opportunities against each of the priority areas. This process resulted in five SMART action plans that have been a key focus for the relevant partnerships.

The five priorities are –

- To support our residents to be a healthy weight
- To reduce the impact of poor mental health
- To reduce the number of people who smoke or use tobacco
- To reduce physical inactivity
- To reduce harms from alcohol

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

RESOLVED: That Trafford's Health and Wellbeing Board

- (i) continue to focus on the five priority areas, and,
  - (a) identify a priority leadership trio for each priority to ensure ownership is truly system wide, so that the named lead officers include a named lead from Trafford Council, NHS and VCSFE.
  - (b) ensure a dedicated deep dive session for each priority throughout the annual cycle. Reviewing outputs and performance to ensure we are making a difference.
- (ii) engage with and provide leadership to the JSNA, including supporting the development process and annual workplan.
- (iii) review and determine the next phase of the Women's Health Strategy, including system leadership and governance.
- (iv) be accountable for, and to provide oversight of progress towards addressing the wider determinants of mental health and wellbeing within Trafford's mental health and wellbeing delivery plan.
- (v) support the work of the Fairer Health for Trafford Partnership.
- (vi) update the HWBB Strategy 2019-2029 plan on a page via the established Locality Plan refresh work programme and for this to be shared on member organisation websites and electronically with partners.
- (vii) schedule an annual review and report process for 2024-25.

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

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

The aim to refresh the Trafford Locality Plan is supplemented by the requirement to develop a set of 'Delivery Priorities' for 2024/25 outlined in the accompanying slides. Both programmes of work are being developed in parallel, enabling us to define the next 12 months priorities, whilst also in due course articulating the longer-term vision for our refreshed Locality Plan, incorporating a refresh of the HWWB Strategy.

The intent is to have a system owned delivery plan that clearly states our collective ambition and intention for 24/25, including priority programmes and specific commissioning intentions reflective of Trafford's key stakeholders' priorities.

The GM approach to planning for 2024/25 is different to that of previous annual operational plans – it has committed to developing a broad System Delivery Plan for GM rather than solely a response to the NHS guidance.

The Draft contains two elements of the requested 'Locality Delivery Portfolio' including our commissioning intentions and a broader set of priorities for 2024/5 identified and co-created by Trafford partners. The content has been created drawing on detail from our existing locality plan, Health and Wellbeing Strategy, the GM ICP Strategy and Joint Forward Plan, the GM Prevention Framework, GM Strategic Financial Framework, and other relevant local and GM strategies/plans.

The finer detail of each of the commissioning intentions and priorities are actively being constructed by identified lead officers and have been submitted as a partial response to NHS GM on the 16<sup>th</sup> February.

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

The delivery of draft commissioning intentions and priorities are subject to available resources, transparency of system resources, including organisational and sector efficiency targets, and alignment of organisational and sector priorities.

A process of prioritisation and sequencing will need to be applied with a stringent criterion applied to ensure value for money, desired outcomes and priorities that are evidence based.

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



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

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

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

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

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

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

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

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

**RESOLVED:** that the Board notes and agrees

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

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

## **42. FAIRER HEALTH FOR TRAFFORD**

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

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

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

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

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

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

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

RESOLVED: that the verbal report be noted.

## **43. BCF QUARTER 3 RETURN**

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

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The BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides the national return in Q3, on cumulative data from Q1 and Q2 (1st April 2023 – 31st December 2023), which was submitted to NHSE on February 9, 2024.

This return provides confirmation of activity and expenditure to date, where BCF funded schemes include output estimates. This return also includes an update on our performance against key BCF metrics.

The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, key areas have been summarised within this report. Previous submissions include our Better Care Fund Plan for 2023-2024 and supporting narrative which was submitted in July 2023, and an updated detailed capacity and demand plan, submitted as Trafford's Quarter 1 return in October 2023.

Schemes funded by BCF Programme funding but do not have output estimates attached, are outside the remit of this return, but an update will be provided at the full end year report in Q1 2024/25.

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

- Paragraph 2.2 - Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions.
- Paragraph 2.2 (i) - Percentage of people who are discharged from hospital to their normal place of residence.
- Paragraph 2.3 - Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
- Paragraph 2.4 - Rate of permanent admissions to residential care per 100,000 population (over 65).
- Paragraph 2.5 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services.

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

RESOLVED: that the Board

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

(ii) Notes that the next submission in relation to 23/24 BCF Programme will require a report on full year activity and expenditure, which will be required to be submitted in Q1 2024/25. It is anticipated that this will be in May 2024 however, the exact submission date has not yet been confirmed by NHSE.

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The meeting commenced at 10.00 am and finished at 11.28 am