

# Health and Wellbeing Board Annual Report 2024-25

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**TRAFFORD**  
COUNCIL



Greater Manchester



# Foreword

I am pleased to present the 2024-25 Annual Report of the Trafford Health and Wellbeing Board. This year has been one of both challenge and progress, as we continue to navigate a rapidly evolving landscape while remaining steadfast in our commitment to improving the health and wellbeing of Trafford residents.

At the heart of our work, we have been delivering our Neighbourhood Programme. This is a key part of our approach to locality work and emphasises how we can place our neighbourhoods and communities at the centre of the services we provide. In the coming year, we will start to embed the Greater Manchester Live Well Programme. Live Well encourages the shifting of power and resources to people and communities who are able to deliver the services their populations need.

A key challenge that we will face is adapting to NHS reform. Despite the challenges, this also provides the opportunity to develop new ways of working and collaborating with partners to be able to more efficiently deliver for our residents and promote the importance of place. This collaborative working also allows us to take a more holistic approach to public health, addressing wider factors such as work, housing and travel.

As we look ahead, our focus remains clear: to build a fairer, healthier Trafford where everyone has the opportunity to thrive. This will require continued collaboration, sustained emphasis on prevention and reducing health inequalities, and a deep commitment to listening to and learning from our residents.

I would like to thank all our partners, officers, and community members for their dedication and resilience over the past year. Together, we are laying the foundations for a healthier and fairer future.

***Councillor Jane Slater***  
***Chair of Trafford Health and Wellbeing Board***  
***Labour Councillor for Stretford and Humphrey Park Ward***  
***Executive Member for Healthy and Independent Lives***  
***July 2025***



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## 1.1 Introduction

The Health and Wellbeing Board (HWBB) has made considerable progress through 2024-25, which demonstrates the strength of partnership working in Trafford. We must celebrate our successes including the reduction in admissions for alcohol-related conditions for our young people aged under 18 and the increase in numbers in treatment; new services commissioned to help people stop smoking who are at highest risk or least well served; significant reduction in broad-spectrum antibiotic prescribing which is showing signs of reducing infections for our residents; the collaboration on mental wellbeing to focus on creating the conditions for good health whilst also addressing the gaps in support. We have also seen wide system buy-in to launch and review the new approach to addressing health inequalities, Fairer Trafford, focusing on the needs of particular groups to start with, as well as championing the building blocks of health with the Trafford Strategic Partnership.

In Trafford we are focusing on using the HWBB to increase the number of years people spend in good health. It is important that the work of the Board is informed by consistent and robust intelligence. The table in Section 2 presents a cluster of high-level indicators that describe the outcomes at a population level and against the HWBB five priorities. The table shows that overall Trafford fares well relative to England in terms of these outcomes. However, Trafford-wide indicators hide significant inequalities in the experience of different communities and cohorts within Trafford. See, for example, the indicators for physical activity, alcohol, smoking and outcomes for people with serious mental illness. In general, communities in the north and west of the borough fare worse than those in the south, putting additional burdens on these communities.

To improve health outcomes, we are focusing on preventing poor health and on promoting wellbeing, as this will reduce health and social care costs, and enhance resilience, employment, and social outcomes. In order to do this, we must address the health inequalities we have in Trafford. These arise because of the impact of the wider determinants of health (or what are becoming more widely referred to as the building blocks for health such as jobs, homes, and education). Differences in the conditions in which we are born, grow, live, work and age influence our opportunities to live healthily, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing. Although access to health and care services are important, they have less bearing on our health than the building blocks, but differences in people's access and experience of health and care services is a contributing factor to inequalities.

Tobacco use, physical activity, health related to food, alcohol use and mental wellbeing are the main risk factors for health and particularly the main chronic physical and mental conditions that affect our quality of life and early death. Our ability to live healthily and avoid the harms from these risk factors is shaped by the building blocks of health referred to above.

These 5 key risk factors therefore remain as the priorities of the Health and Wellbeing Board. Our approach has been to work collaboratively to focus on these areas and enhance preventative population-based approaches and then assess and improve equal access to support when needed. This is reflected clearly in the alignment with the Locality Plan renewed this year and works on a 'neighbourhood and community-first' approach. The emerging Live

Well approach will build on this, ensuring resources reach those who know residents best and empowers residents to thrive.

The financial challenges facing our communities and services mean preventing ill health and supporting early intervention is more important than ever. Health inequalities present further significant costs to society<sup>i</sup> including the cost to the NHS and social care system of treating people with preventable conditions, and the impact to the wider economy through people being unable to access quality employment or connect with their communities. Prior to COVID-19, health inequalities were estimated to cost the NHS an extra £4.8 billion a year, society around £31 billion in lost productivity, and between £20 and £32 billion a year in lost tax revenue and benefit payments<sup>ii</sup>.

There is strong evidence for cost-effectiveness and return on investment for preventative and public health level interventions<sup>iii</sup>. In 2024-25 the need for sustainability in the NHS and social care systems and prevention through work with children and families have been made clear in national policy reviews. However, making this a reality across the system is a challenge. We have developed a new prevention framework (see Section 3.7) and this year will test this, starting with adult social care and public health, to look at where investment is currently and how to achieve more balance so that we maximise prevention at primary, secondary and tertiary levels (also described as prevent, delay and reduce).

We have a lot to build upon and in 2025-26 we will further embed Fairer Trafford and the Fairer Trafford Principles (see Section 3.6), recognising the importance of partners well beyond the NHS and social care. We remain committed to our well-established neighbourhood model. A joint Health and Wellbeing Board and Locality Board symposium considered the future of the neighbourhood programme, brought together partners in communities to respond to local needs. This has enabled many of the programmes and actions described below to be responsive and target those least well served where inequalities are evident. We will build on this now with the GM Live Well model and resources and ensure that family services and support is brought together through Family Hub Networks.

The new Locality Plan is in line with the Health and Wellbeing Board Strategy. Health and Wellbeing Strategy documents will be updated and reformatted so that resources supporting the work of the Board can be shared with partnerships and neighbourhoods to support an increased understanding of the role and work of the two Boards.

The annual report process allows us to review and recognise the impact the Board and its partners have on the health and wellbeing of our residents and set our strategy for the year ahead.

## 1.2 What is the Health and Wellbeing Board?

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 (Joint Strategic Needs Assessment) to improve our services.

Health and Wellbeing Boards (HWBBs) were established under the Health and Social Care Act 2012 to promote partnership working between public health, the NHS and local government in order to improve health and wellbeing in the local population. Core membership of the board is set out by the Act to include Councillors, the local Healthwatch, the Greater Manchester-NHS team, and the directors of adult social services, children's services and public health.

The HWBB has a statutory duty to produce a JSNA and a joint health and wellbeing strategy for Trafford residents. Additionally, the Board signs off the locality's Better Care Fund (BCF) Plans, as well as receiving reports from the child death overview panel (CDOP), Health Protection and Health Resilience Board, (including Infection, Prevention and Control (IPC)) and Women's Health Strategy. For a full list of Trafford HWBB's functions, please see Appendix 1.4.

## 1.3 Review of recommendations from last year

The actions agreed in 2023/24 have now been completed, resulting in system groups, needs assessments and action plans and strategies based on these. Last year's report detailed the commitment of the board to continue to work collaboratively in the priority areas and to undertake 'deep dive' updates on progress at each meeting. It also recommended the work that has since happened to refresh the joint Locality and Health and Wellbeing Plan (referred to as the Locality Plan but incorporating the Health and Wellbeing Board functions and priorities). A plan on a page is still to be developed as recommended last year, to reflect the latest changes in governance and strategic direction.

This report describes the achievements, plans and risks in the 5 priority areas:

1. **Healthy Weight:** increasing the number of people who are a healthy weight.
2. **Mental Health:** Reducing the impact of poor mental health and wellbeing.
3. **Tobacco:** Reducing the number of people who smoke or use tobacco.
4. **Physical activity:** Reducing physical inactivity and support our residents to move more.
5. **Alcohol:** Reducing harms from alcohol.

In addition, updates and plans are provided for each Board responsibility, including the new Fairer Trafford programme and Prevention Framework, referred to in recommendations in 2023/24:

1. Joint Strategic Needs Assessment
2. Better Care Fund (BCF)

3. Child Death Overview Panel (CDOP)
4. Health Protection and Infection, Prevention and Control (IPC)
5. Women's Health
6. Fairer Trafford
7. Prevention Framework

Recommendations for the coming year are detailed within each themed section and, for the Board functioning as a whole, 7 recommendations are made at Section 5 to ensure continued collaboration.

Table 1.3.i

Recommendation from 2023/2024	Status	Progress Comments
1 – Focus on priorities, leadership trios, deep dives		Strong collaboration, board has received deep dives on the priorities, leadership trios not progressed.
2 – Engage with and provide leadership to JSNA		Good progress and engagement.
3 – Review and determine next phase of Women's Health Strategy		Work has progressed, but strategy and system ownership needs clarification.
4 – Trafford's Mental Health and Wellbeing delivery plan, accountability and oversight		Presentation to Board in 2024/25. All Age Mental Health Group leading the development of the plan. Workshop held in July.
5 – Support work of Fairer Health for Trafford Partnership		Significant developments. Fairer Health presentation to be shared with Board in Summer 2025.
6 – Update HWBB plan on a page, and share		In progress.
7 – Schedule an annual review and report process for 2024/2025		Presented to Board July 2025.

## 2. Trafford's Health and Wellbeing Board (HWBB) indicator set

The Health and Wellbeing Board adopts an evidence based, needs-led approach, Table 2.i presents the key Trafford level indicators that drive the work of the Board.

Table 2.i - Trafford's Health and Wellbeing Board (HWBB) indicator set

	Period	Trafford Value	England Value
<b>Overarching indicators</b>			
Healthy life expectancy at birth (males) - years	2021-23	63.9	61.5
Healthy life expectancy at birth (females) - years	2023-23	65.0	61.9
Infant mortality (rate per 1,000 live births)	2021-23	4.0	4.1
Child mortality (1-17 years) (directly standardised rate per 100,000 population)	2021-23	8.4	11.2
<b>Reducing physical inactivity</b>			
Percentage of physically inactive adults	2023/24	23.6	22.0
Percentage of physically active children and young people	2023/24	49.9	47.8
<b>Reducing the impact of poor mental health</b>			
Suicide rate (directly standardised rate per 100,000 population)	2021-23	10.3	10.7
Excess under 75 mortality in adults with severe mental illness	2021-23	417.1	383.7
Hospital admissions as a result of self-harm (10-24 years) (directly standardised rate per 100,000 population)	2022/23	206.2	266.6
% of looked after children whose emotional wellbeing is a cause for concern	2023/24	24.0	41.0
<b>Reducing the number of people who smoke or use tobacco</b>			
Smoking prevalence in adults (Annual Population Survey)	2023	9.6	11.6
Odds of smoking in adults in routine & manual occupations	2023	2.05	2.01
<b>Reducing harm from alcohol</b>			
Alcohol related mortality (directly age standardised rate per 100,000 population)	2023	37.0	40.7
Admission episodes for alcohol related conditions (narrow) (directly standardised rate per 100,000 population)	2023/24	365.0	504
Admission episodes for alcohol-specific conditions (under 18 years) (rate per 100,000 population)	2021/22 2023/24	12.0	22.6
<b>Increasing the number of people who are of a healthy weight</b>			
Reception prevalence of healthy weight	2023/24	80.2	76.8

Year 6 prevalence of healthy weight	2023/24	66.3	62.5
Percentage of adults classified as overweight or obese	2022/23	62.4	64.5

Produced by Trafford Public Health Intelligence Team, July 2025

	Significantly better than England
	Not significantly different than England
	Significantly worse than England

Table 2.i above shows a number of indicators relating to the Health and Wellbeing Board priorities, to give a baseline measure of the latest available data.

### 2.1.1 Overarching indicators

According to data from 2021-2023, the healthy life expectancy from birth for both males (63.9 years) and females (65.0 years) was similar to the England average. This measure tells us about the number of years people get to live in 'good' health, regardless of their overall lifespan. In terms of child health, Trafford has an infant mortality of 4.0 per 1,000 which is similar to England, as is child mortality (8.4 per 100,000).

### 2.1.2 Reducing physical inactivity

In 2023/24 23.6% of adults and 49.9% of children and young people were considered 'physically inactive', which were similar rates to those seen in England overall.

### 2.1.3 Reducing the impact of poor mental health

Trafford's excess mortality in adults under 75 with severe mental illness (417.1 (directly standardised rate)) and suicide rate (10.3 per 100,000) are both comparable to the England rates. However, the percentage of Looked After Children whose emotional wellbeing is a cause for concern (24.0%), and the rate of hospital admission in young people aged 10-24 years (206.2 per 100,00) are lower than the England rates.

### 2.1.4 Reducing the number of people who smoke or use tobacco

The proportion of adults who smoke in Trafford is at 9.6% as of 2023 which is lower than, but not statistically significantly different from, the England prevalence at 11.6%. Specific population groups are more likely to smoke, with people in routine and manual occupations being 2.05 times more likely to smoke than the overall population.

### **2.1.5 Reducing harm from alcohol**

In 2023, the alcohol related mortality rate in Trafford was similar to the England rate (37.0 per 100,000 population). The rate of hospital admissions for alcohol related conditions in Trafford over the 2023/24 period is better than England (365.0 per 100,000 against England's 504 per 100,000), and the rate of hospital admissions for alcohol specific conditions in under 18s over the 2021/22-2023/24 period is also better than England (12.0 per 100,000 population compared to England's 22.6 per 100,000 population).

### **2.1.6 Increasing the number of people who are a healthy weight**

As of the 2023/24 school year, 80.2% of reception pupils and 66.3% of year 6 pupils were of a healthy weight, better than the proportions for England. Over half of all adults in Trafford (62.4%) are classified as overweight or obese, which is similar to England

### 3. Our Responsibilities

This section describes the activity and progress achieved against the responsibilities of the HWBB during 2024-25. Considerations for the Board are included as well as plans for 2025-26.

#### 3.1 Trafford Joint Strategic Needs Assessments (JSNA)

<b>Governance:</b>	Trafford's Health and Wellbeing Board
<b>Chair:</b>	Cllr Jane Slater, Executive Member for Healthy and Independent Lives
<b>Lead Officers:</b>	Helen Gollins, Director of Public Health, Public Health Directorate, Trafford Council and Kate McAllister, Principal Public Health Analyst, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	September 2024

##### 3.1.1 Background

'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 (HWBB) has responsibilities in its development and delivery. The Public Health Directorate has a significant role in generating and maintaining the intelligence that feeds into the JSNA.

##### 3.1.2 Recent developments

Since publication of the last HWBB Annual Report, the Public Health Directorate has:

- Produced new neighbourhood profiles, reflective of updates to the Census and the changes to ward boundaries.
- Drafted a new Pharmaceutical Needs Assessment, in line with statutory requirements.
- Begun work on an All-Age Mental Health needs assessment, completing chapters on Perinatal mental health, Mental health in Older Adults, and Wider Determinants of Mental Health.
- Refreshed existing needs assessments on tobacco, alcohol and substance misuse, serious violence, sexual health, and ageing well.
- Conducted new needs assessment work on oral health, healthy weight and community safety.

### 3.1.3 Proposed JSNA annual workplan

Over the next 12 months our goals are to:

- Publish the Pharmaceutical Needs Assessment following a consultation period.
- Continue working on the All-Age Mental Health Needs Assessment.
- Complete the work already started on healthy weight and community safety.
- Review our existing needs assessment products and produce a schedule for refresh/renewal, as part of a general review into ways of working across different areas of demand for public health intelligence.
- Conduct a review of gaps in the JSNA to identify potential future topics. Agree a prioritisation schedule with the Health and Wellbeing Board.
- Scope out with partners across the council what needs assessment requirements there are in relation to Children and Young People and set out plans for the delivery of any public health components of the above.
- Work with IT on the redevelopment of the JSNA website with the goal of making it more user friendly and in line with guidance/requirements on accessibility.

## 3.2 Better Care Fund (BCF)

<b>Governance:</b>	Trafford's Health and Wellbeing Board
<b>Chair:</b>	Cllr Jane Slater, Executive Member for Healthy and Independent Lives
<b>Lead Officers:</b>	Maggie Kufeldt, Corporate Directorate, Adults and Wellbeing (DASS), Trafford Council and Thomas Maloney, Programme Director Health and Care, Trafford Council & NHS GM
<b>Presented to Board:</b>	March 2025

### 3.2.1 Introduction

The Better Care Fund (BCF) programme 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.
- Ministry for Housing, Communities and Local Government
- 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.

### **3.2.2 Trafford Better Care Fund**

Locally the BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS Greater Manchester (GM). The combined contributions of NHS GM and Trafford Council for 2024/2025 total £36.2m, which includes £3.8m supporting the hospital discharge programme. Excluding the discharge funding, NHS GM contributed £21.1m, slightly above the minimum contribution required of £20.5m and Trafford council contributed £11.3m.

### **3.2.3 BCF Priorities**

The Trafford Health and Wellbeing Strategy and Trafford Locality Plan set out our local health care and wellbeing strategy which focuses on preventative and personalised care to support people to live as independently as possible, with greater connection to their local community – and this is a driving factor in the content of our BCF plan.

One of the key system priorities for 2023-25 was urgent care and system flow, given the current challenges within the urgent care system and the impact any delayed discharge has on the whole system. The Trafford BCF plan 2024/2025 responded to this with schemes that support targeted long-term investments to build sustainable community services across all care pathways, to reduce pressure on urgent care and ensure people can be supported to leave hospital as soon as possible.

### **3.2.4 Performance**

The BCF is measured against nationally agreed metrics:

1. Unplanned Hospital Admissions for chronic ambulatory care sensitive admissions (Avoidable Admissions).
2. Percentage of people who are discharged from acute hospital to their normal place of residence (Discharge to normal place of residence).
3. Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000 (Falls).
4. Rate of permanent admissions to residential care per 100,000 (over 65) (Residential Admissions).

We completed a mandatory capacity and demand tool at the beginning of the year (March 2024) which articulated our estimated delivery and performance for 2024/25.

We have met or exceeded targets defined as “assessment of whether ambitions have been met” by NHS England via the BCF. We continue to report quarterly as part of our BCF monitoring and reporting arrangements, with additional thematic performance data being used consistently to monitor impact and to influence continuous improvement programmes.

The data source for each metric varies due to where in the system or a person’s care journey the information is captured, this subsequently impacts on when in the financial year new

performance information against a metric is available. In our recent Q3 submission we can only report on performance information obtained in Q1 and Q2 (from April until the end of September 2024). It is therefore important to note that our 2024/2025 performance against these metrics cannot be completely understood until end of Q1 in 2025/2026.

### **3.2.5 BCF 24- 25 Achievements**

#### **3.2.5.1 Avoidable Admissions**

In 2024/2025, fewer unplanned admissions took place than anticipated, thereby exceeding our target set at the beginning of the year.

Over 2024/025, Trafford's Crisis Response service has been fully embedded into local provision and has supported this target to be met. The service provides 2-hour crisis response and supports hospital discharge with nursing and therapy input. The role of the service is to prevent hospital admission and attendance at urgent care services by assessing, diagnosing, and treating people experiencing a health and social care crisis that requires an inter-disciplinary intervention. The service has supported an increasing number of residents since its introduction in August 2023, with an average of 139 referrals per month in 2024/2025. Monitoring and review will continue over the next 12 months to understand capacity and demand outcomes in more detail, to strengthen Trafford's preventative offer.

Partnership working continues across the market to ensure stability and mediation with suppliers of care to avoid unnecessary admission to hospital.

#### **3.2.5.2 Discharge to Normal Place of residence**

In 2024/2025, Trafford supported more residents to be discharged to their normal place of residence than expected (92.82%), thereby exceeding the target set at the beginning of the year.

- Pathway 1 Trafford Community Response offer has supported an increasing number of people directly home from hospital through short-term interventions and support by therapy and nursing, with an average of 125 referrals per month in 2024/2025.
- A new interim equipment offer has been introduced to support the reduction in delays in accessing equipment. Partners are working together to design and model future demand, and need to ensure a home first approach.
- Targets achieved with applied continuous learning and improvement to understand need versus supply, caused by more complex needs of patients discharged to home with future aspirations including:
  - A greater focus on prevention.
  - The application of tech/AI supporting discharge home.
  - Continued focus on occupational therapy wait list and access to adaptive equipment which remains a challenge.

### **3.2.5.3 Falls**

This BCF target measures the number of emergency hospital admissions due to falls in people aged 65 and over, directly age standardised rate per 100,000. Up to the end of February (2025) performance projects at 1935.7, thus achieving our target, the previous year reported 2147.0 .

- A Falls Prevention Lead is now in place within Trafford Council, this has re-invigorated Trafford's Falls Partnership and Trafford's Falls Action Plan, bringing partners together to apply a targeted approach to delivery.
- Full implementation of Trafford's Community Response Service allowing Trafford's Community Rehabilitation Team to recover and return to a preventative agenda as commissioned, which was significantly impacted during the pandemic.
- GM falls service provided additional support over the winter period.
- Continuous improvement to improve falls reduction in Care Homes continues as a priority.

### **3.2.5.4 Residential Admissions**

This metric measures the rate of permanent admissions to residential care per 100,000 of the population (over 65). In 2024/2025, fewer people were admitted to long term residential care than anticipated, with an outturn figure of 525.6 against the target of 591.

Trafford Control Room (TCR) remains the centre point for all referrals who require Health and Social Care Pathway 1 and Pathway 3. These are triaged through TCR to provide a timely response to discharge arrangements. TCR is an integrated team of H&SC professionals with the ability to understand and offer holistic solutions to residents/patients.

The team undertakes early conversations with acute site multi-disciplinary teams (MDT) supporting and informing decisions taken to select the most appropriate discharge pathway. This enables greater flexibility across discharge pathways, scrutinising referral pathways, challenging decisions to come to the most appropriate solution for individuals concerned. The service runs with an embedded Home First ethos, exploring other options only where this isn't possible.

Future planning will revolve around the increasing population of Trafford residents aged 65 and over, with increasing life expectancy, thus increasing service demand year on year.

### **3.2.6 Plans for 2025/2026**

Trafford remains committed to the implementation of the Home First principles and a reduction in the overprescription of care, particularly in the discharge of residents from hospital, and supporting our residents to remain independent in the community for longer. This is reflected in the following priorities:

- Trafford's wider Improving Lives Everyday Programme which includes a capacity and demand review and that of current intermediate care provision following an independent review by Changeology in 2024/2025, supported by the BCF Programme and the Local Government Association (LGA).
- Delivery of a new model of Trafford equipment services.

- Continued focus on building community service resilience and embedding of the Home First principles.

### 3.2.7 Risks and Challenges

Risks associated with BCF programme delivery are managed through existing locality governance arrangements with escalation through to various groups/boards including the Section 75 Steering Group and Trafford Locality Board, where applicable.

## 3.3 Child Deaths in Trafford

<b>Governance:</b>	Stockport, Tameside and Trafford Child Death Overview Panel
<b>Chair:</b>	Anne Whittington, Public Health Consultant, Tameside Public Health
<b>Lead Officers:</b>	Kate Shethwood, Public Health Consultant, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	January 2025

### 3.3.1 Background

It is important that we understand why any child dies and what as a system we can do differently to prevent this from happening or, if inevitable, ensure the child has the best death possible and their family and carers are supported throughout.

There is a statutory function through Working Together for safeguarding partners (ICB, LA and Police) to ensure that a Child Death Overview Panel (CDOP) process for their population reviews every child death under the age of 18. Trafford's CDOP process is combined with Stockport and Tameside authorities to enable better thematic learning and manage demands on representatives from partner organisations. Each year the Stockport, Tameside, and Trafford (STT) CDOP publish a report 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.

Data is now being recorded prospectively and consistently for 5-years, allowing some longer time period analysis in this report. Discussions with GM CDOP colleagues and GM DPHs are ongoing to enable a GM-wide review but resource is required for this.

### 3.3.2 Key Figures from 2022-2024:

#### 3.3.2.1 Notifications (deaths occurring in 2022-2024):

- Published infant and child mortality data for Trafford shows a general downward trend over the last 20 years but with minimal change in rates for the last 8 years, in line with England. The reduction in infant mortality between 2019 and 2021 is not explained and may simply be small number variation. Infant mortality is used as a proxy indicator for the general health of the population, particularly children and families, and often reflects level of inequalities.

Figure 1.3.2.1.i - infant (under 1) mortality rate - 3-year grouping

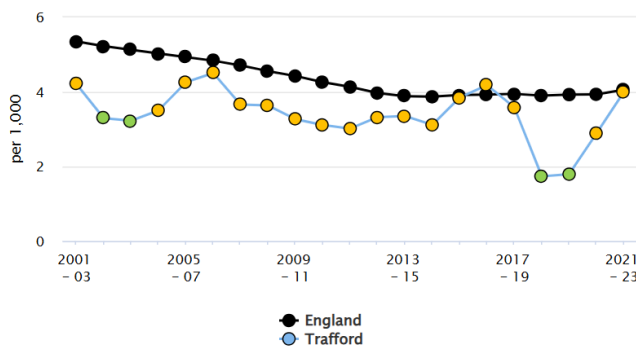
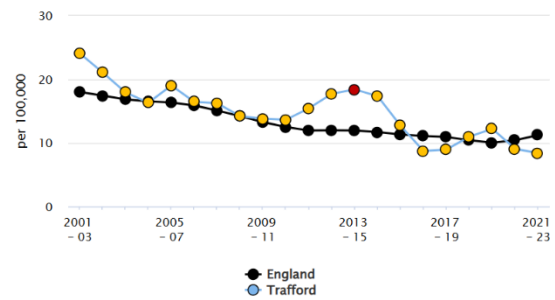


Figure 3.3.2.1.ii- Child mortality (under 18)



- The CDOP panel received 105 notifications across the 3 boroughs in the 24-month period 2022-2024, bringing the 10-year total across STT to 491. Of these 105, 26 were Trafford children.
- There is no clear trend towards a higher or lower notification rate, although the annual rate has risen over the last two years following a generally reducing rate since 2014/2015. The 2022-2024 rate is lower than it was before 2018/2019.
- Infants aged under 1 year accounted for 55% of notifications, which is similar to previous years in STT. Of the 47 aged over 1, the greatest proportion of deaths occur in adolescents aged 15-17 (18%).
- The factor of ethnicity is difficult to comment on as the recording of ethnicity in notified cases is not complete, although levels of recording are improving and are completed during review process.
- The notification rate is higher than average in children who live in areas of STT ranked in the most deprived 20% in England, and the gradient across deprivation quintiles is clear.

Figure 3.3.2.1.iii – Graph plotting Indices of Multiple Deprivation against Child Deaths

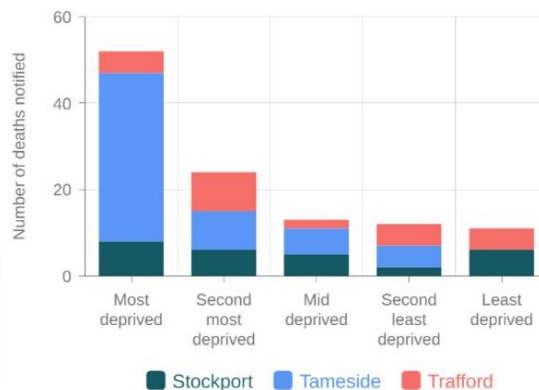
## Deprivation

Tameside's deaths are concentrated in the most deprived quintile. Of 52 deaths, 32 were children resident in IMD quintile 1 (62%). This exceeds the 51% of Tameside children living in IMD quintile 1. In all three areas, children in the most deprived quintile were at greater risk of death.

	Stockport	Tameside	Trafford
Child deaths in IMD Q1	30%	62%	20%
Children living in IMD Q1	20%	51%	10%

## Deprivation increases risk

Notifications April 2022-March 2024



### 3.3.2.2 Closed cases (mostly occurring between 2020 and 2022):

- The panel closed 51 cases in 2022-24 (14 for Trafford), this is lower than the totals in the previous three (pandemic affected) years. 83% of these cases were from 2020/21 or 2021/22.
- Around a half (45%) of infants who died had a low birth weight; and 59% of infants who died were premature.
- In 2022-24 chromosomal, genetic and congenital anomalies makes up the largest category of cause of deaths for closed cases (18 deaths, 35%), perinatal/neonatal event makes up the second largest category (12 deaths, 24%) followed by deaths of people with a chronic medical condition (4 deaths, 7.8%) and deaths involving suicide or deliberate self-harm (4 deaths, 7.8%).
- Modifiable factors were identified in 24 (47%) of closed cases. Smoking, domestic violence, maternal BMI, unsafe sleeping and missed opportunities in medical care were the most common factors recorded.
- In Trafford, more than half (65%) of closed cases were expected deaths.

### 3.3.3 Recommendations from latest report (based on data 2022-2024)

The CDOP Chair has identified six recommendations for STT’s Health and Wellbeing Boards to endorse and sponsor. These recommendations have been approved by the Child Death Review Partners in Stockport, Tameside and Trafford. There is overlap and consistency in these recommendations with last years’, and they reflect the Health and Wellbeing Board’s core priority areas, as well as family support for domestic abuse. The report presented in January 2025 (see [Agenda for Health and Wellbeing Board on Friday, 17th January, 2025, 10.00 am](#)) outlined the system response to last year’s recommendations and future plans to address the new recommendations, which are detailed in Table 3.3.3.i:

Table 3.3.3.i – CDOP Recommendations 2024/2025

	Recommendations
1	<p>Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These are recurring modifiable factors in recent CDOP cases, and their contribution to child deaths is supported by a broad evidence base. They include:</p> <ul style="list-style-type: none"> <li>a. Obesity; particularly in children and women of childbearing age.</li> <li>b. Smoking by pregnant women, partners, and household members / visitors.</li> <li>c. Parental drug and alcohol abuse.</li> <li>d. Domestic abuse.</li> <li>e. Mental ill health.</li> <li>f. Co-sleeping, and other unsafe sleeping practices.</li> </ul>
2	<p>Health and Wellbeing boards should develop and implement a strategic approach to reducing poverty (particularly child poverty) and the impact of poverty on the prevalence of</p>

	the modifiable factors that increase the risk of child death. This poverty is an underlying cause of the modifiable factors listed above and is associated with a wide range of other poor child outcomes.
<b>3</b>	<p>In line with the recommendations of previous CDOP annual reports, Maternity services should:</p> <ul style="list-style-type: none"> <li>a. Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.</li> <li>b. Ensure the consistent application of RCOG good practice for triaging and reaching clinical judgements about contacts made by women during labour, to reduce the risk of poor birth outcomes.</li> <li>c. Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI.</li> <li>d. Ensure that all women, partners and members of their household who smoke at the time of their booking appointment are encouraged and supported to stop smoking.</li> </ul>
<b>4</b>	The CDOP review partners should review the panel membership and quoracy in line with the 2023 version of Working Together to learn from child deaths. Fair representation should be provided across the three areas.
<b>5</b>	All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.
<b>6</b>	<p>The CDOP chair should continue to work with CDOP panel members and the STT Child Death Review Partners on an ongoing basis. This should include (as a minimum):</p> <ul style="list-style-type: none"> <li>a. Reviewing the draft annual report and agree its recommendations.</li> <li>b. Providing an update on the actions taken in response to the recommendations in the previous annual report.</li> <li>c. Maintaining an awareness of the cases awaiting panel discussion and responding to any challenges and changes within the management of the CDOP process. This year, we specifically recommend that CDOP panel duration should increase to 24 hours per year in order to provide adequate capacity.</li> </ul>

### 3.4 Health Protection and Infection, Prevention and Control

<b>Governance:</b>	Health Protection and Health Resilience Board
<b>Chair:</b>	Helen Gollins, Director of Public Health, Public Health Directorate, Trafford Council
<b>Lead Officers:</b>	Helen Gollins, Director of Public Health, Public Health Directorate, Trafford Council and Anna Anobile, Matron for Infection Control, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	July 2024

### 3.4.1 Background

Trafford Health Protection and Resilience Board meets quarterly to review current and emerging threats, and ensures the system is sited on incident preparedness. Trafford's health protection function is led by the Trafford Community Infection Prevention and Control Team (CIPCT).

### 3.4.3 Progress

The Health Protection and Resilience Board has met 4 times this year, over the last 12 months methods to improve engagements with the meetings has seen an increase in attendance. Partnership working is essential to ensure a resilient and robust health protection system. Successes for this year have included:

- Strong preparation for measles.
- There was an emergency planning flu exercise held in October 2024, this supported partnership working across a very busy winter respiratory illness period.
- Positive discussion with partners in primary care regarding antibiotic stewardship. This continues to drive a stronger understanding and overall improvement in the appropriate use of broad spectrum antibiotics.
- Improved awareness of healthcare associated infections and working together across organisations to reduce the risk.

Throughout the past year, Trafford CIPCT continued to deliver a robust rolling programme of IPC audit and training for care homes. Recommencement and embedding of the primary care audit programme helped promote engagement with GP practices, and proactive approaches to reducing antimicrobial resistance and healthcare associated infection through multi-agency working further embedded the team within the wider infection prevention and control service with increased visibility and voice.

The team worked closely with public health partners to respond quickly to a rise nationally in incidence and reported infant fatalities from pertussis (whooping cough). Information was prepared for urgent communication to primary care partners around recognition, assessment, and treatment for whooping cough in liaison with local laboratory facilities and feedback to UKHSA (UK Health Security Agency) around testing processes, and medicines optimisation partners to request an update to GM antimicrobial guidelines.

With a decline in uptake of pertussis vaccination in primary and maternal programmes in recent years, CIPCT led separate sessions with Trafford Young Parents Group, and Voice of BME (VBME) to educate around pertussis vaccination. Engagement sessions with members and the public at Lancashire County Cricket Club also provided an opportunity for the team to educate around whooping cough, measles, and other vaccine preventable disease, including the newly introduced RSV (Respiratory Syncytial Virus) for older adults and pregnant women.

A resurgence in cases of measles nationally and within GM also presented challenges for IPC and health protection teams. Unlike other areas of GM where clusters of cases were identified, Trafford were informed of one adult case and linked familial positive measles cases following

foreign travel to Dubai. Work again by CIPCT to disseminate guidance and timely information to partners including acute/hospital infection control teams and triage areas, and primary care partners was paramount. The team led communications around assurances of full 2-dose MMR vaccination for health and social care staff, GP practice staff, and discussed a national message with UKHSA for individuals planning to holiday abroad in countries with high incidence of the disease.

COVID-19 remained the predominant causative organism for outbreaks in care homes, with flu and other circulating respiratory viruses also identified. The team helped to manage 31 outbreaks of acute respiratory infection (ARI) over the winter period in care homes and supported living settings. Co-circulation of flu and other respiratory viruses, including parainfluenza posed challenges. Work with medicines optimisation and primary care partners to ensure timely antiviral treatment and prophylaxis was successful and smoother than the previous year.

A small number of scabies cases were reported by one care home and by one early year's provider. Sporadic cases of scabies were also identified in hotels housing asylum seekers. CIPCT and DPH met with partners to offer advice around IPC and management of the hotel environment to prevent and control transmission. Regular reporting to CIPCT by the commissioned primary care provider also agreed to maintain oversight.

Scarlet fever cases continued to be reported in schools and childcare settings, along with other common childhood diseases (chickenpox, slapped cheek, hand foot and mouth). Travel-related Hepatitis A was identified at one primary school leading to an offer of targeted prophylactic Hep A vaccination within the school. CIPCT attended the school playground with VBME to engage and support parents and carers. Parents were also invited to attend with their child at the Intrahealth vaccination session. Uptake of the vaccine offer was 81%, highlighting that an offer of parental support and the opportunity to attend school at the time of vaccination was successful and may encourage consent for other school-based immunisations. This incident also led to the question of how to improve uptake of travel vaccinations to destinations of high prevalence of Hepatitis A at GM and national level.

Proactive engagement with schools included team engagement and active promotion of De Montford University's initiative 'A Germ's Journey' Guinness World Record attempt for the most children worldwide attending a live streamed hand washing and infection control session. CIPCT members attended one of the participating schools during the lesson, then assisted children with the hand washing practical which was filmed for television and media. The world record attempt was achieved successfully.

Collaborative work with medicines optimisation and primary care partners through Trafford Antimicrobial Stewardship (AMS) Assurance Group promoted understanding around reduction in prescription of broad-spectrum antibiotics in primary care. Trafford had been identified as the worst nationally performing sub-ICB in March 2023 – 106th/106 localities. As of March 2025, Trafford was 63rd/106 sub-ICBs.

Presentation by CIPCT to local care organisation (LCO) staff at a quarterly link meeting around reducing antimicrobial resistance and risk of healthcare associated infection was met with interest and a plan to deliver further work in conjunction with wider IPC/tissue viability service, planned over the coming year.

Multi-partner efforts in Trafford to reduce risk of antimicrobial resistance were recognised following submission and acceptance of programme synopsis, and poster presented in March at the UKHSA annual conference in Manchester. The DPH and Matron for IPC both attended to present and discuss the work with delegates.

The team continued to work proactively to deliver messages to combat and treat potentially avoidable Healthcare Associated Infection (HCAI) such as *Clostridioides difficile* (C diff) which has seen a rise in cases locally and nationally, and other infections such as E-coli and MRSA. In contrast to the national and GM picture and believed to be linked to the work around reduction in the use of broad-spectrum antibiotics, Trafford saw a reduction in all HCAI in 2024/2025, apart from E. coli bloodstream infection (BSI) which increased by 9.5%. C diff rates nationally/GM increased by 33 – 40%. In Trafford, rates were reduced by 19%.

Work to educate health and social care workers and the wider public is ongoing around reducing the risk of urinary tract infection (UTI) – the primary source of E. coli BSI. Discussions with GPs and primary care relating to correct diagnosis of UTI and sharing of updated guidance have been prioritised and will continue to be a focus of the IPC team this coming year.

Training delivered face to face and virtually to care homes and wider partners has continued to focus on standard infection prevention and control precautions, reducing risk of urinary tract infection, effective use of antibiotics and recognising the signs of Sepsis.

The team has faced challenges at times due to planned leave and a requirement to provide responses to newer areas of work, including migrant health and support to the overarching primary care service commissioned to support the asylum seeker hotels (Go to Doc). This has included queries more recently regarding incidence of tuberculosis (TB).

The team has also agreed to support Trafford Mental Health and Learning Disability (MH/LD) commissioning partners with provision of supportive visits and an offer of education to providers (which has not been accepted). Considerations around team capacity and service specification have been raised in regard to input with MH/LD services, and moving forward requires planning for more robust provision.

### **3.4.2 Key Priorities 2025/2026**

- Antibiotic Stewardship – continued joint working with multi-agency partners to reduce inappropriate prescribing, to educate the public and key stakeholders and to drive understanding around antimicrobial resistance and associated risks, including healthcare associated infection.
- Immunisations – improving uptake, to include flu, COVID-19 for care home residents and staff, and to support childhood immunisations programmes through the wider work of the Public Health Directorate.
- Care home quality and engagement. To include better working with partners in Adult Social Care commissioning to drive improvement in care home processes and best practice around IPC to reduce risk of infection to our most vulnerable population.
- Better engagement with primary care and link for PH and IPC with the five Primary Care Networks in Trafford. To ascertain how best to communicate with and effectively update partners within primary care.

Focus for the IPC service over the coming year will continue to be to deliver a consistently excellent service to stakeholders, ensuring sound infection prevention and control advice is available to support health and social care, primary care, education and childcare, to the population of Trafford and beyond. CIPCT overarching functions are guided by The Health and Social Care Act 2008 ‘Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance’ which sets out requirements for health and social care services to ensure compliance around cleanliness and infection. And NHS National Cleaning Standards 2021 also underpin the premise for the programme of audit across general practice.

### 3.5 Trafford’s Women’s Voices

<b>Governance:</b>	Currently reporting into the Health and Wellbeing Board, future governance routes to be explored
<b>Chair:</b>	Claire Robson, Public Health Consultant, Public Health Directorate, Trafford Council
<b>Lead Officers:</b>	Claire Robson, Public Health Consultant, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	TBD

#### 3.5.1 Health and Wellbeing Board: Trafford Women’s Voices

The Trafford Women’s Voices steering group has continued to meet throughout 2024/25. This is a small group of partners committed to championing improvements in women’s health across Trafford, taking action both within our existing roles as well as identifying collective opportunities for action. The focus has included the 5 priority areas that were the focus at the January 2024 Trafford Women’s Voices event (mental health, women’s health hubs, carers, maternity and cancer).

Insight from Trafford women was shared with GM women’s health leads and the North Trafford PCN leads to inform the setting up of Women’s Health Hubs. North Trafford PCN were successful in securing a small amount (£25k) of non-recurrent funding from NHS England via GM to develop a women’s health hub. The Hub has had a focus on addressing barriers faced by women in accessing services as a result of competing pressures of work and caring responsibilities and also a specific focus on BME communities. Additional appointments have been made available to women including weekend appointments and an extension of services available. Additional intended outcomes include reduced referrals to secondary care and improved patient experience and choice.

Trafford Local Care Organisation has published a new resource: Your Guide to Women’s Health targeting girls age 15-18 years. Covering topics such as menstrual health, sexual health and contraception, cervical screening and common gynaecological conditions. The booklet was produced by Trafford Specialist Community Public Health Nursing School Nurse, Ella Hornby in collaboration with, and in response to students in a Faith school identifying a gap in access to this kind of information. The Trafford Women’s Voices group is supporting the promotion and awareness raising of the resource and taking action to embed some of the content in wider information advice shared via Trafford Padlets for professionals, parents and young people

(Padlets are like a themed noticeboard online that bring a wealth of resources together in one place around a particular theme).

Trafford Public Health Directorate commission a wide range of services that are contributing positively to improving health outcomes for Trafford women. Over the past 12 months this has included:

- **the Voice of BME** has undertaken proactive work to increase the number of people screened for cancer and has seen 1356 contacts made and 255 screenings booked to access cervical screening by women previously not accessing the service and 142 conversations and 50 consents for breast screening. VBME has also run a series of women wellbeing events in Limelight Health and Wellbeing Centre and in Partington Health and Wellbeing Centre; bi-monthly women support sessions and drop ins in Limelight and wider community sessions and outreach to mother and toddler groups at St Bride's Church in Old Trafford. VBME went on air in July through Radio Diamond to speak about women's health and produced a podcast of a recorded interview with Dr Khan speaking in Urdu on Long-Acting Reversible Contraception. These events have had extensive reach and have provided a range of platforms for addressing common myths and barriers regarding long-acting reversible contraceptives (LARC) and conveyed important self-care messages to support women's health.
- **Trafford Rape Crisis** have supported 530 women and girls in 2024/25 who've been victims of sexual assault. This is through an anonymous helpline, therapeutic groups and 1:1 trauma-informed counselling.
- **MASH** (Manchester Action on Street Health) has provided support to 19 Trafford women in 2024/25. The support ranges from hardship, wellbeing and empowerment, safety and health (sexual, physical needle exchange, drugs and alcohol).

Public health has set up a new cancer screening assurance group to review Trafford data for uptake of cancer screening programmes by PCN/GP practice and to identify, co-ordinate and review action across the system to improve uptake of cancer screening in areas of lowest uptake. Uptake of breast screening had been historically low in Partington. As such this past year there has been a focus via the West Neighbourhood Network on promoting awareness of the benefits of screening and making the service more accessible to women in the local community. The siting of the breast screening mobile unit was brought to an accessible location close to Partington Library and health centre. Neighbourhood leads worked alongside representatives from the local community to co-develop eye-catching promotional materials and to spread awareness and dispel myths. As a result, uptake increased significantly from 34% in 2021 to 58% in 2024 at one Partington Practice and from 41% to 68% at the other. Residents who had never attended screening appointments before came forward and provided positive feedback about their experience.

Trafford Public Health has undertaken joint strategic need assessments including on alcohol and mental health in the past 12 months that have highlighted issues of pertinence to women, and the Directorate is using this insight to influence commissioning.

Feedback from Trafford Women's Voices highlighted a need for staff training and an organisational shift in culture to be trauma sensitive. Trafford's VCFSE mental health network are initiating a pilot to grow a culture of trauma-sensitivity and to bolster capacity within the system to understand and respond to trauma-based needs, reducing the likelihood of retriggering people and improving engagement. Evaluation of previous small-scale projects

found that this approach helped staff & volunteers feel more knowledgeable and flexible in their approach to trauma-needs and saw a redesign of environments and procedures to align with trauma-informed principles. For example, changes to waiting areas and communication, formulating mental health needs in terms of trauma-responses, and adapting working practices/supervision to minimise the impact of vicarious trauma and staff absences.

Alongside these positive developments, the capacity of Trafford Women’s Voices to continue to engage with and represent the views of local women has been impacted by the loss of the community engagement posts.

### 3.5.2 Future recommendations

- Where feasible, consider the specific needs of women across the three ‘Fairer Trafford’ priorities of improving health outcomes for carers, those with learning disabilities and those living with Serious Mental Illness
- Progress work to build a Trauma Responsive approach in Trafford, in line with GM
- Capture and disseminate learning from North Trafford Women’s Health Hub
- Build on opportunities in the Neighbourhood Networks to mobilise the Trafford wide women’s health priorities at a neighbourhood level, highlight neighbourhood specific data, map local activity and assets and make connections between services (statutory and VCFSE)

## 3.6 Fairer Trafford

<b>Governance:</b>	Fairer Trafford Partnership
<b>Chair:</b>	Helen Gollins, Director of Public Health, Public Health Directorate, Trafford Council
<b>Lead Officers:</b>	Zoe Ball, Public Health Programme Manager: Prevention and Inequalities, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	March 2025

### 3.6.1 Fairer Trafford Partnership

The Fairer Trafford Partnership formed in June 2024 to provide a focussed approach to reducing health inequalities in Trafford. It is a tactical forum that coordinates health inequality action across the borough, utilising current governance for delivery. Where appropriate governance does not exist, the partnership is accountable for delivery to address the specific health inequalities. In 2024/2025 the following key cohorts were identified for focused improvement activity based on findings from the JSNA:

- People living with serious mental illness
- People who are unpaid carers
- People with learning disabilities

Scoping work has been undertaken with stakeholders and residents to understand data and insight and start to identify blockers and enablers which are informing draft recommendations.

The Public Health Directorate provides leadership to the partnership through their own areas of expertise - understanding of local needs, evidence-based practice and monitoring and evaluation oversight, but partners will lead on joining up delivery and making improvements for these priority cohorts.

### 3.6.2 Fairer Trafford Principles

Agreed by the Council in July 2025, the Fairer Trafford Partnership will expand its remit to ensure that broader determinants of health are fully integrated into strategic planning. The partnership will offer guidance, support, and constructive challenge to embed the principles of equity and inclusion across a wide range of services and programmes, working through existing governance frameworks. A set of "Fairer Trafford Principles" has been established, and champions have been identified to help partners incorporate an inequalities-focused approach into their work programmes.

Figure 3.6.2.i – Fairer Trafford Principles



### 3.6.3 Future priorities

The main objectives for 2025/2026 are:

- Embed the Fairer Trafford principles and co-ordinate the Fairer Trafford partnership to deliver on agreed priorities.
- Develop recommendations to address health inequalities among priority cohorts and ensure these are agreed and actioned by existing partnership groups/boards.
- Provide support and advice to the Corporate Equality Group around health inequalities.

### 3.7 Prevention Framework

<b>Governance:</b>	Health and Wellbeing Board & Improving Lives Every Day Board
<b>Chair:</b>	Helen Gollins, Director of Public Health, Public Health Directorate, Trafford Council
<b>Lead Officers:</b>	Zoe Ball, Public Health Programme Manager: Prevention and Inequalities, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	TBD

#### 3.7.1 Prevention Framework Development

In 2024/2025, we have made significant progress in developing a unified Prevention Framework, designed to embed prevention at the heart of all planning and service delivery. This framework promotes a shared and integrated approach across the system. Its development aims to align objectives and outcomes, provide a consistent narrative around supporting residents to stay well, and ensure that prevention is a core consideration in all decision-making.

The framework facilitates oversight of prevention activities across departments and organisations, helping to maximise investment and measure impact. It also enables the identification of gaps, opportunities, and areas of duplication, which will inform future commissioning and investment decisions. A collective focus on key enablers, such as leadership, workforce skills, communication, and collaboration, has been central to the framework's design.

Phase one of the framework development has focused on adult services, aligning with the refreshed Improving Lives Every Day (ILED) operating model and priorities, including the Adult Social Care (ASC) front door review. The framework supports the improvement programme by using evidence to shape pathways that help people remain independent and at home for longer.

To test and refine the framework, mapping of commissioned and in-house prevention services has been undertaken. This mapping exercise provides a valuable baseline for understanding current resource allocation and identifying opportunities for a strategic shift towards earlier intervention. It also supports evidence-based planning and investment, ensuring that resources are directed where they can have the greatest impact.

#### 3.7.1 Future priorities

- Work with the ILED prevention subgroup to implement strategic approaches to prevention, based on findings from the ASC front door review.
- Broaden the scope of the framework to include prevention activity delivered by health partners and review approach across children and families' services.
- Align commissioning activity across ICB, ASC and PH to address gaps and reduce duplication.

The prevention framework will be shared with the Health and Wellbeing Board in summer 2025.

## 4. Our Priorities

The Health and Wellbeing Board agreed five priorities for action, these have been adopted until 2029.

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

So how are we doing as a Board? The following sections describe current position, activity undertaken in 2024-25, future plans, risks and challenges.

### 4.1 Healthy Weight: Increasing the number of people who are of a healthy weight

<b>Governance:</b>	Health Weight Steering Group
<b>Chair:</b>	Jane Hynes, Public Health Programme Manager: Prevention and Wider Determinants, Public Health Directorate, Trafford Council
<b>Lead Officers:</b>	Jane Hynes, Public Health Programme Manager: Prevention and Wider Determinants, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	November 2024

#### 4.1.1 Trafford's Position

- Adults: prevalence of excess weight in adults in Trafford is 60.4% which is slightly better than the England average of 64.0%. With a population of around 176,000 adult residents, this equates to around 106,000 adult residents who are overweight or obese (2022/23 data).
- Children and young people: latest National Child Measurement Programme (NCMP) data (2023/24) shows us that at age 4-5 years (Reception) 18.3% of children are overweight

or very overweight (better than England – 22.1%), while at age 10-11 (Year 6) this is 31.9% (better than England – 35.8%).

- In Reception, the inequalities in excess weight between children living in the most and least deprived quintile have returned, with around twice as many overweight children in quintile 1 compared to quintile 5.
- At Year 6, there are also significant internal inequalities where children living in the most deprived quintile are nearly twice as likely to be overweight or very overweight (44.6%) than those living in the least deprived quintile (24.6%).

#### **4.1.2 Progress in 2023/24**

The HWBB conducted a deep dive into Healthy Weight 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 four priority actions were agreed and supported by the Healthy Weight Steering Group:

1. **Advertising policy**
2. **Local planning and policy**
3. **School food**
4. **Vending policy**

We know that there is a complex system of factors that drive excess weight, and with such a huge number of people living with overweight and obesity, it makes sense to work to prioritise these system level actions that will have a population level impact. Thus, these priority actions identified through the deep dives aim to address the wider determinants of excess weight at a population level, rather than focus on actions that require individual level changes.

##### **4.1.2.1 Recommendation 1: Advertising Policy**

The Public Health Directorate has undertaken a review of contracts, locations and types of advertising and drafted a revised advertising policy and associated HFSS policy statement. This was presented to the Council's Corporate Leadership Team (CLT) in summer 2024, alongside recommendations/options for adoption. There are currently reservations around implementation of the healthier advertising policy due to the acute budget pressures that the Council are experiencing and perceived financial risk.

Alongside this, the Public Health Directorate are working collaboratively with officers across GM in a 'cross-risk factor' preventative approach to addressing the commercial determinants of health. This includes looking at how we can take a co-ordinated approach to introducing healthier food advertising policies across the city region.

The next steps are:

- To further investigate the perceived financial risk associated with introducing a healthier food advertising policy in Trafford.
- Continue GM collaboration around commercial determinants of health, in particular the co-ordinated approach to healthier advertising.

#### **4.1.2.2 Recommendation 2: Local Planning and Policy**

The draft Local Plan and associated strategic priorities are now being consulted on with local authority colleagues. Public Health Directorate officers are attending drop-in sessions to input relevant evidence, strategy and policy.

There have also been changes to the National Planning Policy Framework (NPPF) which states that “planning policies and decisions should aim to achieve healthy, inclusive and safe places”<sup>iv</sup>. The NPPF also strengthens previous wording around applications for hot food takeaways and fast-food outlets. This, alongside the new Local Plan, provides a timely opportunity for collaboration and ensuring strategic objectives reflect Trafford’s Health and Wellbeing priorities as well as national guidance.

The Directorate have also engaged with a GM-led work programme on local authority policies, strategies and activities around hot food takeaways and dark kitchens. This is being supported at a GM level by the LGA and is ongoing throughout spring 2025.

The next steps are:

- Continue to engage with Local Plan consultation and development.
- Work with Strategic Planning colleagues on implementation of NPPF guidance on hot food takeaways and fast-food outlets.
- Engage with LGA locality research on hot food takeaways and dark kitchens to inform relevant action.

#### **4.1.2.3 Recommendation 3: School Food**

The Public Health Directorate commissioned school-food policy experts Bremner & Co. are to deliver a review of school food, working collaboratively with colleagues in Trafford Services for Education (the Council’s school catering team). An interim report was brought to November’s Health and Wellbeing Board, outlining the key activity so far.

Key findings from school visits and stakeholder interviews were presented around value for money, flexibility, feedback and collaboration, leadership and tailoring of menus to reflect cultural diversity. A nutrition review alongside the catering team identified challenges around compliance with school food standards, high levels of processed foods (especially for vegetarian and vegan meals), ingredient and recipe choices and procurement and staff skills.

A school food project working group has been stood up to support and champion good food culture in Trafford schools. Representation on this group is from Public Health, Catering, School Nursing, Schools, Policy, Regulatory Services, Trafford Local Care Organisation (TLCO) and a parent-governor. There have also been initial discussions around free school meal auto-enrolment.

Next steps:

- Maintain increased collaboration through the project working group, regular PH/catering meetings and school forums.
- Improve nutritional content through new menus for 2025/26 and ongoing nutritionist support to catering team from PH.
- Build skills and capacity within the catering team.
- Analyse data and establish business need and cost benefit of software solution for meal ordering and waste minimisation.
- Investigate Food for Life accreditation.

#### **4.1.2.4 Recommendation 4: Vending Policy**

Progress on this recommendation has been paused in order to focus on the other three healthy weight recommendations due to capacity within the Public Health Directorate.

Vending machines typically contain energy dense snacks and drinks, and often are in areas where there are no alternative purchasing choices. The Public Health Directorate are currently undertaking an evidence review on vending and healthy vending, to establish how best to develop local policies that can be adopted and shared with Health and Wellbeing Board members' organisations to achieve this recommendation.

It should be noted that Trafford Leisure already have a plan to address vending machines within Leisure Centres alongside the leisure investment programme and refurbishment of these buildings. There are no vending machines within Move Urmston, instead there is a café offering a range of food and drink, and this will be replicated in Move Altrincham and other centres on post-refurbishment re-opening.

The next steps are:

- Complete evidence review on vending.
- Review vending machine provision across Council estate.
- Review current HWBB partner vending machine provision across all Trafford sites.
- Develop draft vending policy template for use by HWBB partner organisations.

#### **4.1.3 Plans for 2025/26 include:**

- Continue to progress actions associated with the above recommendations.
- Sign off one-year Healthy Weight Strategy, begin scoping and development of wider food strategy for 2027 onwards.
- Re-commission of weight management services for adults, families, children and young people.

#### 4.1.4 Risks and Challenges

- Perceived risk to revenue budgets associated with the recommendations (specifically school food, advertising and vending).
- Economic and political environment impacting on affordability and availability of food and limited local levers to address this.
- Capacity within the wider system to prioritise this work which is complex and difficult to achieve.

#### 4.2 Mental Health: Reducing the impact of poor mental health

<b>Governance:</b>	All Age Mental Health Group
<b>Chairs:</b>	Maggie Kufeldt, Corporate Director, Adults and Wellbeing, Trafford Council and Gareth James, Deputy Place Lead for Health and Care Integration (Trafford), NHS Greater Manchester Integrated Care
<b>Lead Officers:</b>	Claire Robson, Public Health Consultant, Public Health Directorate, Trafford Council, Public Health Directorate, Trafford Council, Ric Taylor, Head of Service Delivery and Transformation Mental Health & Learning Disability (Trafford), NHS Greater Manchester Integrated Care and Sally Atkinson, Children and Young People’s Clinical Commissioner, Trafford Council
<b>Presented to Board:</b>	January 2025

##### 4.2.1 Trafford’s position

Trafford is similar to the England average across the four domains of wellbeing measured through the ONS4, namely feelings of worth, satisfaction, anxiety, and happiness. In three of these domains, Trafford residents sampled report similar or worse scores of wellbeing than ten years ago.

Other indicators of mental health and suicide outcome are included in the health and wellbeing board dashboard at Section 2.

##### 4.2.2 Progress

Work has progressed across Trafford’s neighbourhood networks to proactively address the mental health and wellbeing of residents:

- In Central Neighbourhood a “RESET” event was organised in May 2024 to raise awareness of support available for children and young people’s mental health and to increase professional knowledge about the needs in the community. More than 150 people attended alongside representation from 23 different services. A Needs Assessment being undertaken with local residents in Sale Moor has identified mental health and wellbeing as a key theme emerging from the initial Assessment. “Health in Communities” which has placed community Health Advisors from the Primary Care

Network into community buildings in Sale West and Sale Moor has enabled people who are not necessarily engaged with services to have a conversation about their health. Many of the presenting issues include mental health and people have been supported as a result.

- In the South Neighbourhood an Older People's Network has been established and has been meeting bi-monthly with the aim of reducing isolation and improving mental wellbeing among older people and carers. The network has developed a local directory and is working to progress an action plan focussed on increasing volunteering among older people, developing and promoting a directory of chatty cafés, providing support for carers and falls prevention.
- In the North Neighbourhood an action group has been established to take forward action to improve mental health. Data highlighted loneliness to be a top reason for referral into Living Well. The African Caribbean Care Group developed a training offer for local services to address loneliness. Ten different services engaged in the training.

A Voluntary, Community, Faith, and Social Enterprise (VCFSE) mental health network has been established through the Trafford Community Collective. This network is a partnership of VCFSE mental health and wellbeing organisations, working alongside key system partners. Its goal is to strengthen the ability to meet community mental health needs in a collaborative and effective way.

The Public Health Directorate undertook a rapid mapping exercise to understand what is happening across Trafford on trauma responsive practice. This was in response to a request for feedback to GM who are committed to being a trauma-responsive region ([Trauma Responsive Greater Manchester \(trgm.co.uk\)](https://trgm.co.uk)).

Public Health has led a refresh of the mental health JSNA with a focus on perinatal, older adults and the wider determinants of mental health. Workshops have been held in both North (Ageing in Place) and South (Older People's Network) to explore older people's mental health and wellbeing. Findings from the workshops are informing content of Trafford's mental health need assessment and the mental health delivery plan. This work has underpinned allocation of Public Health grant funding to each of the 4 neighbourhoods to support and embed delivery against mental health priorities in neighbourhood action plans.

In January 2025, the Public Health Directorate presented a paper to the HWBB identifying evidence-based interventions for mental health promotion and prevention across the lifecourse and examples of what is happening in Trafford to implement these approaches as well as identifying opportunities for further action.

The Thrive in Trafford group brings together system partners (NHS, Local Authority Children's Services, Education, Public Health and the voluntary and third sector) to enable a strategic approach across the [Thrive framework of system change](#) to improving children and young people's mental health and wellbeing outcomes in Trafford. It has met bi-monthly over the past 12 months and holds four subgroups focusing on Thrive in Education, early intervention and prevention, children in crisis and a joint subgroup with adult colleagues focusing on transition. Progress is reported to Trafford's All Age Mental Health Group.

### 4.2.3 Trafford Mental Health and Wellbeing delivery plan

Work has been progressing on drafting Trafford's Mental Health and Wellbeing delivery plan aligned to 5 Greater Manchester missions. The delivery plan summarises work underway to improve mental health and wellbeing across the whole system; Local Authority, GM NHS (Trafford) and VCFSE sector, across the lifecourse (from maternity to older age), and across the spectrum of need.

### 4.2.4 Public Health commissioned projects

The Public Health Directorate has commissioned Connect 5 training for neighbourhoods on how to feel skilled and confident in having conversations around mental wellbeing. 38 people have been trained from 24 different teams (including community hubs, community health services, leisure, housing and the VCFSE sector).

There has been progress in relation to addressing inequalities in public mental health outcomes. Improving the physical health of those with Serious Mental Illness has been chosen as one of three priorities under the Fairer Health for Trafford programme and a scoping exercise has been undertaken focussed on opportunities to prioritise on improvements for this cohort within primary care. The second year of the school transition programme called HeadStart has targeted work with Y6 pupils in areas of Trafford with greatest inequality. The UK Shared Prosperity Fund enabled funding to be allocated to 7 arts based projects between April-July 2024 including projects focussed on mental wellbeing for young people with asthma, ethnically diverse populations, young people, carers and those with neurodiversity.

There is good evidence for the protective value that physical activity has for mental health and wellbeing. This is borne out in Trafford's physical activity on referral programme that continues to see improvements in mental wellbeing scores for two-thirds of those participating in the programme.

### 4.2.5 Suicide prevention

Three separate task and finish groups were convened focussed on the following priorities:

- i. **How we handle calls on suicide ideation, risk assess and escalate and how we support the emotional safety of staff dealing with this as part of their job.**  
We have reviewed the process for Access Trafford Customer Service and promoted Pathways for mental health support on Trafford Strategic Safeguarding Partnership.
- ii. **How we respond in light of the suspected real time suicide surveillance data we receive from the coroner's office.**  
We have developed a flow chart setting out key actions when we receive notification from the coroner about suspected suicide. We ran a workshop in September to share an overview of suspected suicide data from last 2 years, worked through scenarios to explore responses that partners can take to help respond and mitigate future risk,

signposting to sources of support and mapping of support offers from organisations across Trafford.

**iii. How we support staff who may be impacted by the suicide of a family member, friend or work colleague.**

Trafford Council HR team has led in developing an online 'Suicide Awareness and Support Toolkit'; this is an online toolkit of resources and signposts available for staff to ensure they can access the support available.

In the summer, a workforce training needs survey was undertaken focussed on mental health, wellbeing and suicide prevention. 141 responses were received enabling a more strategic approach to the roll out of training.

We have developed a leaflet to help signpost residents to sources of mental health and wellbeing support and have worked collaboratively with partners from the VCFSE sector to develop workforce suicide prevention guidance. We have developed a neighbourhood communications strategy to disseminate the resident-facing leaflet and suicide prevention workforce guidance via Trafford's four neighbourhoods.

During Month of Hope we promoted a Public Walk on 18<sup>th</sup> September which had good engagement from councillors, charities that support wellbeing and volunteers, lived experience of suicide bereavement and residents, as over 30 people joined the walk. Our communications activity on social media included lived experience videos, promotion of GM Shining a Light on Suicide Campaign and Every Mind Matters NHS campaign materials and sharing social media toolkits from GM with members of the suicide prevention board.

Trafford's Suicide Prevention Partnership has met on three occasions throughout 2024/25, focussing on:

- priority 5: *"ensure approaches are co-produced with communities and draw on local assets"*.
- priority 8 of Trafford Suicide Prevention Strategy: *"ensure organisations that work with young people promote prevention and resilience building"*.
- work and worklessness and workplace settings for suicide prevention. This was in response to a recommendation from Safeguarding Adult Review "Mike" (published 2024) that identified workplace stress as a risk factor.

**4.2.6 Plans for 2025-26 include:**

- Build capacity and capability to implement mental health promotion and prevention approaches through the neighbourhood networks.
- Develop and sustain the work of Trafford's VCFSE mental health network.
- Establish a multi-agency steering group focussed on enhancing capacity and capability for trauma responsive approaches across Trafford.
- Review the form, function and governance of Trafford's Suicide Prevention Partnership.

- Develop Trafford’s suicide prevention delivery plan in line with GM’s new suicide prevention strategy.
- Explore opportunities for suicide prevention within social care and hospital discharge processes.

#### 4.2.7 Risks and challenges

- Challenge of focus on prevention, given pressure on acute services but by working collaboratively between ICB commissioning, public health, providers, ASC and voluntary sector the focus is spread out and more manageable.
- Need for many partners outside the health sphere to ensure positive environments and ensure our community assets are strengthened – understanding the link between communities and environment and mental wellbeing. The wider recognition of mental wellbeing as fundamental to economic and social success as a borough is helping to emphasise the importance of these wider determinants.
- Cost-of-living and (geo)political context has an impact on how positive people feel and the resources they have to manage other pressures, and it is hard to influence this locally.
- The Real Time Suicide notifications received does not include key demographic information, making it difficult to ensure action taken is tailored appropriately.

#### 4.3 Tobacco: Reducing the number of people who smoke or use tobacco

<b>Governance:</b>	Trafford’s Tobacco Alliance
<b>Chair:</b>	Jo Bryan, Public Health Programme Manager: Public Health Commissioning, Prevention and Wellbeing, Public Health Directorate, Trafford Council
<b>Lead Officers:</b>	Kate Shethwood, Public Health Consultant, Public Health Directorate, Trafford Council and Jo Bryan, Public Health Programme Manager: Public Health Commissioning, Prevention and Wellbeing, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	November 2024

##### 4.3.1 Trafford’s position

There are different statistical tools for measuring smoking prevalence. The Annual Population Survey (APS) for 2023 indicates that smoking prevalence in Trafford is 9.6%, whereas the General Practice Patient Survey (GPPS) data, for 2022, indicates a prevalence of 11.8%.

Trafford’s adult smoking rates are lower than the England rate of 12.4% based upon APS three-year range (2021-2023) and align to what the Council would expect when considering key indicators such as socio-economic status. Smoking is the primary cause of inequalities in health outcomes. Trafford’s smoking rate is almost half the rate it was in 2011 showing significant progress.

Other significant data indicates:

- In Trafford, 3.8% of pregnant women smoke at the time of delivery in 2022-23 meeting the national target of 6% or below. This is the lowest prevalence of all GM local authorities, though still a cause for concern given the risk to mother and baby.
- 16.8% of adults in routine and manual occupations smoke compared to the England average of 19.5% (2023).
- People with substance dependence are more likely to smoke, 36% in Trafford compared to 41% nationally (2022).
- People with a serious mental illness are more likely to smoke, at 42.1% in Trafford, which is higher than the England average of 40.5% (2015).

### 4.3.2 Progress

Trafford’s Tobacco Alliance is led by the Public Health Directorate and has developed a strategy in line with Trafford smoking needs assessment. The four key areas in the strategy are:

- Reducing variation in smoking rates;
- Prevention & reducing risk;
- Effective enforcement;
- Protecting the environment.

Trafford Council received **£208,410 in 2024-2025** to support local authority led stop smoking services.

The majority of this funding has been invested in a targeted approach for population groups with higher smoking rates to reduce health inequalities and variation in rates. A summary of these groups is outlined in Figure 5 below:

Figure 4.3.2.i: A targeted approach to reducing smoking related harm in Trafford – November 2023 Baseline



Following a commissioning process, the Council now has further provision in place as described below and represented in Figure 6:

Figure 4.3.2.ii: A targeted approach to reducing smoking related harm in Trafford – October 2024 Progress



Public Health has awarded various VCFSE organisations to deliver smoking cessation services with projects that started in April 2024. These include Gorse Hill Studios (care leavers), Age UK (older people from deprived communities), Trafford Carers Centre (unpaid carers), LGBT Foundation (LGBTQIA+ individuals), Early Break (young people) and Our Sale West (community of the Sale West estate). Smoking cessation projects supported 709 residents to attempt to stop smoking in 2024-25, with 19% reporting success.

#### 4.3.2.1 Prevention and reducing risk

Trafford’s Public Health Directorate hosted a Population Health Fellow (a School Nurse at the time) who produced research in 2024 into Trafford youth vaping in conjunction with Healthwatch Trafford. Key Findings:

- 81% of children and young people said they do not vape and have never tried it and 5% claim to vape on a regular basis.
- 42% of children and young people who currently vape are planning to either cut down or stop vaping or are already trying to do so.
- 55.3% of young vapers said their first vape is before 9am with 31.6% vaping in bed when they first wake up.
- 54.8% of children and young people reported vaping or seeing vaping in toilets at school, 25.4% in the classroom and 13.7% in the corridors.

- 70.8% who vape claimed they would still vape if sweet/berry/candy flavour vapes didn't exist anymore and 10% said they would move to smoke cigarettes.
- 2% of children and young people in Trafford had tried nicotine pouches and a further 2% were using it regularly.

Trafford Council led a communications campaign to raise awareness of support to stop smoking. Posters have been produced where individuals can scan a barcode and get access to get help around stop smoking and they will be distributed widely across community venues with an associated social media campaign.



Figure 4.3.2.1.i – Stop Smoking Poster



Figure 4.3.2.1.ii – Stop Smoking Poster

Trafford Council has also funded a new service from Early Break which offers a targeted young people smoking treatment and prevention service. It meets Trafford's needs to help reduce smoking rates in young people and reduce inequalities. Early Break has a combination of offers including alcohol outreach, smoking cessation and illicit e-cigarette education, training and support. They offer psychosocial interventions in a 1-1 setting which seems to be more effective for young people under 21.

#### **4.3.2.2 Effective Enforcement**

The Council's Public Health Directorate and Trading Standards Team fund an Enforcement Officer role looking at underage and illicit sales of tobacco and e-cigarettes.

Reporting processes for illegal tobacco and vape selling have also been promoted to Trafford professionals and to the public via the Public Health webpage.

#### **4.3.2.3 Environmental**

In relation to outdoor spaces, Trafford Council has recognised that it is important that smoking or vaping is not taking place in the presence of children and young people. Trafford Council held a competition for children and young people to produce a poster to promote vape free and smoke free spaces in early 2024. This poster has now been produced and installed around 75 schools and 98 parks across the borough. The poster has a QR code which will allow individuals to access support around stopping smoking.

Trafford Council continued its close relationships with schools to reduce environmental exposure in the school environment and fund Early Break to deliver training and awareness sessions to teachers, parents and students.

#### **4.3.4 Plans for 2025/2026**

- Deliver on the HWBB Smoking Priority Actions through leading on the Tobacco Alliance & Action Plan.
- To establish new smoking cessation projects for those in the criminal justice system and using substances.
- To share nationally our evaluation of Trafford's smoking cessation service for people with mental health needs.
- Commission smoking cessation and e-cigarette training for professionals.
- Rollout and monitoring of the 2025/26 Smoking Grant to increase the number of smoking quits in Trafford particularly looking at inequalities.
- Commission and monitor an education post through Trading Standards post to support partners and reduce the amount of illegal tobacco and vapes are being sold.
- Increase uptake of Trafford organisations signposting to stop smoking service.
- Establish new group projects for smoking cessation in areas of deprivation.
- Extend the current project for LGBTIA+ smokers.
- Establish a new project for men from South Asian, Somali and Arab backgrounds delivering in conjunction with places of worship and with a specific focus on taxi drivers, restaurant and takeaway workers.

- Establish a project to support residents understanding of the harms of shisha and other tobacco products and implement a cessation project for those that want to quit/reduce.
- Link the lung health checks projects to local smoking cessation offers.
- Review GP and Pharmacy smoking cessation services and prepare for re-contracting.

#### 4.3.5 Risks and Challenges:

Pressures in community pharmacy and GP practices will reduce the ability to deliver smoking cessation interventions.

As we work to support more and more life-long smokers it becomes more challenging to achieve quits.

Many young people do not understand the dangers of smoking and vaping and the differences between legal and illegal products. We are up against rising numbers of vaping which may lead to longer term health impacts.

We have difficulties in engaging with the Gypsy, Roma and Traveller populations.

Our targeted approach to smoking cessation is much more time consuming from a commissioning and monitoring perspective which brings capacity risks.

#### 4.4 Physical Activity: Reducing physical inactivity

<b>Governance:</b>	Trafford Moving
<b>Chair:</b>	Tom Haworth, Sport and Physical Activity Relationships Manager, Trafford Council
<b>Lead Officers:</b>	Jamie Lees, Head of Leisure, Trafford Council and Jane Hynes, Public Health Programme Manager: Prevention and Wider Determinants, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	July 2024

##### 4.4.1 Trafford's position

Adults: 68.4% of adults (age 19+) in Trafford are active – that is they meet the Chief Medical Officer's recommendation of 150 minutes of moderate activity per week. 10.5% are fairly active (30-149 minutes of activity per week) and 21.1% are inactive (less than 30 minutes per week). The 21% represents around 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: 49.9% of children and young people (age 5-18) are physically active (according to 2023/24 data). That is, they are active for an average of at least one hour per day across the week. This is similar to the England average of 47.8%.

#### **4.4.2 Progress in 2024-25:**

The HWBB 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 2024-25, the Trafford Moving Partnership has supported the three priority actions identified through the deep dive process, as well as delivering on key leisure programmes such as the ongoing leisure investment programme, the Holiday Activity and Food (HAF) programme and development of outdoor gyms and delivery at these.

Work has started on the government funded project in Partington. Working with Greater Manchester Youth Federation (GMYF), Trafford Council has refurbished two rooms in the facility to accommodate a cycle workshop and storage room. This will allow GMYF to provide cycling opportunities to the users and local residents and increase the use of active travel in the area. Work has also started on refurbishing the Cross Lane changing rooms. This facility currently houses M31 Boxing Club, a community boxing club that provides sessions for local young people as well as providing a performance pathway, and provides changing rooms to Greater Manchester's largest women and girls football league and other users of the green space in Cross Lane Park. In 2024, 900 footballers used the pitches on the park and the redevelopment of the changing rooms will help support the growth of these opportunities. The Leisure Centre has now closed its doors ready for its major refurbishment later in the year. While the centre is closed Trafford Leisure are working in the community to provide a programme of activities to help keep people moving during the refurbishment.

##### **4.4.2.1 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 evidence-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. Across GM, further analysis of pooled data across a three-year period enables us to understand different activity levels between groups.

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%) are more likely to be inactive 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%).

Through the Trafford Leisure operating agreement and specification which is now agreed, we are able to add usage and demographic data for our leisure centres, including memberships, pay as you go and concessionary pass holders. This is reviewed quarterly through formal reporting and contract monitoring arrangements supported across the Council by Leisure, Public Health, Finance and others.

In addition, the travel diary dataset (TraDs) has recently been published and enables us to add travel-related activity to the above data.

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.

The next steps are to:

- Develop a dashboard to present key findings from datasets and ensure an overall picture of activity in Trafford.
- Continue to feed data and insights into place-based activity plans.

#### **4.4.2.2 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.**

All seven Trafford Moving priority areas now have their own Move More partnership. Led by Broomwood, the partnerships are collaborating to design their own development plans to increase opportunities for residents to move more every day, led by local groups, organisations and residents and supported by Trafford Council and TLCO. This work will be supported by further investment from Sport England through the Place Partnership. £612,000 will be invested into the priority areas over three years and will focus on our priority groups: women and girls, minority ethnic groups, children and young people and those with a disability or long-term conditions.

In addition, four of these areas have benefited through the UK Shared Prosperity Fund, with the installation of outdoor gyms in parks. Cross Lane, Sale West, Broomwood and Gorse Hill Parks have all had equipment installed which is free to use for all. Trafford Leisure are now activating each of these sites with free sessions and working with local groups to promote the

sessions. This is supported by a free app from the installers of the equipment, KOMPAN. The app can be downloaded to a smart phone so that users can keep track of their workout routine and learn how to use the equipment.

These seven communities, where inactivity is typically higher, each<sup>1</sup> now have a Move More partnership established. There has been significant progress with developing the Move More partnerships in 2024/25, and a summary of each is below:

- Broomwood – fully developed activity plan and group as described in this report from 2023/24. Outdoor gym installed in Broomwood Park and activation sessions being provided by Trafford Leisure.
- Partington – continued involvement in local partnership following on from local pilot work. Outdoor gym installed in Cross Lane Park and activation sessions being provided by Trafford Leisure.
- Sale West – action plan developed and leads for action identified. Outdoor gym installed in Sale West Park and activation sessions being provided by Trafford Leisure.
- Sale Moor – group established, and local champions identified.
- Old Trafford – initial meetings held and action plan being drafted. Working alongside Old Trafford Youth Network on activity opportunities for young people.
- Stretford and Gorse Hill – meetings held and identified need to work collaboratively across the two areas at first before splitting into two groups once established. Identified quick wins and key community influencers. Some focus on active travel due to ongoing infrastructure work along A56 and proposed Seymour Grove works. Outdoor gym installed in Gorse Hill Park and activation sessions being provided by Trafford Leisure.

The next steps are to:

- Continue to develop Move More partnerships and support the delivery of action plans alongside community partners.
- Evaluate process and outcomes for place-based activity plans and refine as required.

#### **4.4.2.3 Recommendation 3: Develop neighbourhood active travel plans that include key evidence-based actions and are completed alongside neighbourhood 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. A steering group has been set up and reporting and governance agreed.

The first Walking, Wheeling and Cycling Forum was held at Stretford Public Hall in October, with excellent engagement and participation from across Trafford. Chaired by Councillor

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<sup>1</sup> Stretford and Gorse Hill have a joint Move More partnership currently but will divide as this progresses and more partners engage.

Aidan Williams, the second forum was held in March and is a continued focus for the Walking, Wheeling & Cycling steering group.

Trafford's School Streets programme is continuing to be recognised as a benchmark for good practice, with TfGM using Seymour Park Primary School to promote School Streets across Greater Manchester.

Delivery of 'activations' work aligned to key infrastructure projects has progressed, with the Public Health Directorate working closely with Highways colleagues on Flixton Community Streets, Talbot Road and the A56 and linking these into neighbourhood networks and Move More partnerships (where applicable).

The next steps are to:

- Work with Move More partnerships to ensure that Active Travel is embedded within plans as appropriate.
- Continue to ensure consistent reporting and governance processes within the WWC steering group.
- Continue to develop prioritised pipeline of infrastructure schemes that reflect needs of residents.
- Embed active travel within key leisure investment projects.

#### **4.4.3 Plans for 2025-26:**

Alongside the above next steps, key actions for 2025-26 include continued delivery of 'activation' behaviour change programmes alongside key infrastructure projects (such as the A56). In addition, we will be working with TfGM and Highways colleagues to agree next steps on School Streets delivery.

Trafford Council has received confirmation from the DfE that the Holiday Activities and Food programme (HAF) will be funded again for 2025. This year Trafford will receive £695,310 to support young people between the ages of 5 and 16 in receipt of benefit-related free school meals. The programme will ensure that attendees receive a school standard meal along with physical and enrichment activities during the Easter (4 days), summer (16 days) and Christmas (4 days) school holidays. Interested partners have submitted applications to deliver the programme for Easter and summer, with a further application process opening later in the year for Christmas. In 2024, nearly 4,000 young people attended a HAF session provided by over 25 different providers.

#### **4.4.4 Risks and challenges**

The two main risks to this workstream are associated with uncertainty of budget and funding streams. Active Travel infrastructure funding enables us to provide associated behaviour change programmes, but this is controlled at a national and regional level. However, the Walking, Wheeling & Cycling steering group are now in a good position to enable this investment to be utilised and prioritised within Trafford. In addition, the cost of capital works

required to ensure leisure centres are fit for purpose have been subject to inflationary pressures, reducing the impact of this work in real terms. The Public Health and Leisure teams will continue to work collaboratively on all the above programmes to continue to drive forward progress.

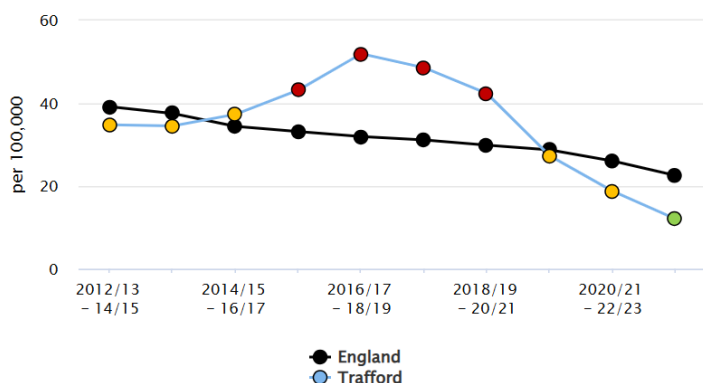
## 4.5 Alcohol: Reducing harms from alcohol

<b>Governance:</b>	Trafford Alcohol, Substance Misuse and Gambling Partnership
<b>Chair:</b>	Kate Shethwood, Public Health Consultant, Public Health Directorate, Trafford Council
<b>Lead Officers:</b>	Kate Shethwood, Public Health Consultant, Public Health Directorate, Trafford Council and Aimee Hodgkinson, Public Health Commissioning Manager: Substance Misuse, Public Health Directorate, Trafford Council
<b>Presented to Board:</b>	May 2024

### 4.5.1 Trafford's Position

- In 2023 (latest data), there were 83 alcohol-related deaths in Trafford, with the rate of 37 per 100,000 population statistically similar to the England average (40). There has been no significant trend (either upward or downward) in the alcohol related death rate in Trafford since 2016 though it is notable that in England rates have risen.
- Deaths from alcoholic liver disease in people under 75 have increased since 2017-19 nationally and Trafford appears to be following this trend.
- In Trafford during 2023/24, there were 828 hospital admissions where the main reason for admission was an alcohol related condition. The Trafford rate of 365 per 100,000 population was significantly lower than the England average (504).
- The rate of hospital admissions for under 18s with a condition wholly attributable to alcohol is now statistically significantly lower than the England average for the first time since records began in 2012/13 (see Fig 1). The rate of admissions for substance use in 15-24 year olds is also reducing and statistically significantly lower than England rate for the period 2021/22 - 2023/24.

Figure 2.5.1.i - admission episodes for alcohol-specific conditions (under 18s) 3-year periods



- Although we have seen an increase in the number of Trafford residents accessing support from the drug & alcohol treatment service, there has been a decline in those accessing support for alcohol specifically over the last 12 months. This may reflect the historically higher numbers accessing treatment for alcohol in Trafford previously and the focus of the treatment service on meeting unmet need around other substances, or may reflect lack of access or appetite for the structured treatment service and provision outside of this from GPs, voluntary sector, adult social care and other non-specialists at an earlier stage.
- When a Trafford resident is in treatment for drug and alcohol use their keyworker will regularly review their progress. Positively, Trafford has the highest percentage of service users making substantial progress across their treatment journey in GM. This recognises the progress and treatment benefits for service users who may not exit treatment for a number of reasons, whilst also making significant changes to their lives as a result of treatment.

## 4.5.2 Progress

### 4.5.2.1 Trafford’s Drug & Alcohol Plan 2024/25

In 2022/23, Trafford Public Health set up the Trafford Alcohol, Substance Misuse & Gambling Partnership (TASMGP). This partnership brings together a range of partners and organisations linked both directly and indirectly with alcohol, drugs, and gambling. The TASMGP members collaboratively came together with the vision that we will:

- Improve relationships within the partnership to tackle drug, alcohol, and gambling harms in the borough.
- Embed prevention and promote healthier environments and access to recovery.
- Listen to, and learn from, residents’ stories and partners’ professional insights, to better inform provision of support.
- Empower individuals and their families to avoid the detrimental consequences of drug, alcohol, and gambling harm.

The focus is to collaborate and share good practice to strengthen alcohol, drug and gambling activity across the borough and deliver on the local alcohol, drug and gambling action plan which has four overarching priorities:

Table 4.5.2.1.i – TASMGP Priorities

<b>Trafford Alcohol, Substance Misuse &amp; Gambling Partnership Overarching Priorities</b>	
<b>1. Understanding Need</b>	Gaining a better understanding of need, improved recording.
<b>2. Early Intervention &amp; Prevention</b>	Delivering brief interventions across the board, promoting campaigns.
<b>3. Treatment</b>	Promoting existing services, increasing referrals.
<b>4. Recovery</b>	Increasing recovery support & communities.

The TASMGP is chaired by the Consultant in Public Health and reports to the Health and Wellbeing Board and the Community Safety Partnership.

#### **4.5.2.2 Trafford’s Drug & Alcohol Joint Strategic Needs Assessment 2024/25\_**

In 2024, Trafford also completed a JSNA which highlighted 16 recommendations, all of which have been categorised into the 4 TASMGP priorities. Key highlights of the JSNA tell us that our estimated unmet needs include alcohol and crack cocaine users. Though thankfully in small numbers, Trafford women die from drug & alcohol related deaths younger than the GM average, at an average age of 31.5 years, compared to 45-49 years. Trafford also has small numbers of transition age residents in treatment, particularly women.

Mortality rates from alcohol in Trafford are fairly stable, though under-75 mortality from liver disease is rising in line with large increases in England rates. Positively, Trafford alcohol hospital admissions are decreasing, although for those that are admitted there are inequalities. Admissions are higher amongst those living in areas of higher deprivation and amongst older adults; with a stronger association than in other GM areas. Referrals into the treatment service vary, though we would like to see an increase in referrals from social services and in particular increased recognition of the hidden harms for children of drug and alcohol using parents.

GP referrals vary amongst the different Primary Care Networks (PCNs); in 2023/24 the South PCN delivered the least amount of (recorded) support under the alcohol Locally Enhanced Service (LES) contract, although South Neighbourhood has identified alcohol harms has a dedicated priority with its own action plan and is working to develop a local campaign and community-base for provision of treatment and support.

The treatment service can be hard to access for some residents due to the location of the premises. A neighbourhood approach to substance misuse treatment and prevention would hope to reduce the impact of this barrier.

#### **4.5.3 Additional progress:**

In response to the JSNA and Action Plan, the TASMGP partners oversaw:

- Recruitment of our new recovery co-ordinator through the Trafford Community Collective, to work with people with lived experience and partners to build recovery capital and networks to support those in treatment and recovery to build the lives they want.
- 1,058 adults received treatment during the year, 549 of these were new presentations with 57% showing substantial progress, compared to 47% across England.
- Micro-elimination of Hepatitis-C in our substance using population in Trafford, significantly reducing the risk of this serious illness for both those treated and the wider population.
- A reduction in under-18 admissions to hospital for alcohol-related reasons, with 95 young people receiving structured treatment over the course of the year, an increase of 39 from the previous year, and many more receiving outreach, education and holistic support.
- School nurses and the young people's treatment service have delivered school-based sessions with resources and combined this with messaging on vaping and cigarette smoking.
- Implementation of the new Individualised Placement Service (IPS) delivered by a local lived-experience-led organisation to help people in treatment into work and training.
- Delivery of enhanced trauma-informed care teams within the treatment service and co-occurring conditions pathways, panels and joint training within treatment services.
- Public health and wider intelligence used in licencing decisions and action taken against premises selling illegal vapes and under-age sales of alcohol, leading to closures and licences being revoked.
- Planning and implementation of the DATRIG grant (previous SSMTRG and IPD grants) from central government, to supplement the above activity through the main treatment services and wider partners including support for the NW Drug Related Death processes and input to a North West Ambulance post.

#### **4.5.4 Plans for 2025/2026**

In February 2025, we held a stakeholder reflection morning where we reviewed progress against the action plan and raised questions about areas which still have challenges.

Following this we have presented back to TASMGP the themes and proposed areas of focus in the next 2 years, and the final draft of the next 2-year action plan will be signed off in July 2025. It includes a continued commitment to use of data and intelligence to drive partnership activity and understand unmet need. This year we will embed substance use data within the safeguarding partnership and utilise intelligence from reviews of deaths and other cases to learn across the system and hold partners to account where necessary.

Whilst we will retain the 4 areas of priority, we have identified the following areas of focus for partners within these and will theme our meeting agendas and some task and finish activity around these:

- Work in neighbourhoods.

- Supporting people in older age and other under-served groups (as per JSNA).
- Supporting young people transitioning to adulthood.
- Supporting people with co-occurring mental health issues, particularly those without diagnosis.
- Growing our recovery community and recovery assets.

We are also re-commissioning our substance use service, using feedback from stakeholders and TASMGP over the last 2 years to inform the final specification that went out to tender in June.

#### **4.5.5 Risks and Challenges:**

The current national alcohol strategy, published in 2012, is outdated and no longer reflects the scale or nature of the challenge. We have tried to mitigate this challenge locally with the development of our own action plan, and aligning our plans with GMCA, who are currently finalising the GM Alcohol Strategy and response.

We have been in receipt of supplementary grant funding in recent years aimed at reducing drug and alcohol related crime, harm and deaths. The future of this funding is unknown, and loss of this funding could have wide implications, limiting the support available for those experiencing drug or alcohol-related issues. In particular, the ability to support targeted cohorts, further enhance prevention and go further with outreach. The impact of this (relatively small) grant has only just begun to be visible within the data on admissions and treatment numbers and will take time to show impact on mortality, but local intelligence suggests it has been vital. A number of the additional arrangements have been incorporated into the new specification for the treatment service, but the grant enables some other support to be funded outside clinical treatment.

The recommissioning of our substance use service gives a real opportunity to deliver a service model which aligns with the TASMGP members' plans and addresses the needs of residents identified through our JSNA. However, this does pose a risk, in that the recommissioning process often results in slight dips in performance and delays whilst providers mobilise a new service and make partners familiar, potentially impacting continuity of care and service performance.

## 5. Reflections and Recommendations

The annual report process allows members of the HWBB to review progress for the municipal year past, and to reset direction for the coming year. This report has demonstrated the wealth and breadth of purposeful activity making a difference to the lives of our residents and services, both strategically and tactically.

As we move into 2025-26 there are a number of new considerations for the board. The newly published Fit for the Future: NHS 10-year plan, presents new opportunities and challenges<sup>v</sup>, including a clear focus on shifting from treatment to prevention. NHS Reform coupled with the Together We Are Greater Manchester, the Greater Manchester Strategy (GMS)<sup>vi</sup>, results in a spotlight on how we deliver in our neighbourhoods and the wider determinants of health, through the lens of Live Well. Fairer Trafford adds an additional layer of action to improving health and well-being locally, particularly for our residents and communities impacted by stubborn and unfair inequalities.

However, the Board must also remain cognisant of the impact of NHS reforms and the abolition of Healthwatch, and the financial challenges for many of the Board's partners.

The change in policy and shift in public sector landscape, lends itself to a second Health and Wellbeing and Locality Board symposium, to be held in 2025-26.

Our work to improve health outcomes and reduce health inequalities in Trafford requires vision and strategic direction. Therefore, it is recommended that Trafford's HWBB:

- I. continues to focus on the five priority areas, and seven core responsibilities outlined above and
  - a. identify a 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. adopt a compassionate approach to weight, including changing the language from 'Healthy Weight' to 'Food and Health' except in clinical and specific situations.
- IV. becomes accountable for the implementation of Live Well in Trafford, working with the Locality Board to build on the current neighbourhood delivery model, to ensure it benefits residents and supports the aims of the Health and Wellbeing Board.
  - a. For the TOR of the Board to be reviewed to reflect Live Well developments and other new responsibilities.
- V. review and respond to reforms to the NHS and new government policy by utilising local relationships and continuing to champion the real-world application of preventative approaches.

- VI. update the HWBB Strategy 2019-2029 plan on a page in line with the new Locality Plan and Sustainability Plan and share on member organisation websites and electronically with partners.
- VII. schedule an annual review and report process for 2025-26.
- VIII. ensure that the work of the HWBB is 'Fit for the Future' and remains responsive and strategically aligned to an evolving policy landscape. An NHS Reform and NHS 10-Year Plan update will become a standing agenda item. This will enable the Board to proactively adapt to system and policy changes; revising priorities and actions accordingly.

# Appendices

Appendix 1 - [Terms of Reference](#)

Appendix 2 - [Membership of the Health and Wellbeing Board](#)

## Appendix 1 - Terms of Reference

### 1. Functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. These are a statutory minimum, and further functions can be given to the boards in line with local circumstances. The statutory functions are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs), which is a duty of local authorities and Integrated Care Boards (ICBs).
- A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e., lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- A power to encourage close working between commissioners of health-related services and the board itself.
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain public health functions and/or functions relating to the joint commissioning of services and the operation of pooled budgets between the NHS and the council. Such delegated functions need not be confined to public health and social care. Where appropriate, they could also, for example, include housing, planning, work on deprivation and poverty, leisure and cultural services, all of which have an impact on health, wellbeing and health inequalities.
- Revised (non-statutory) guidance on HWBB was issued in November 2022: [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance) and it reinforces the role of the HWBB in ensuring that local authorities and ICBs have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions
- Following the disestablishment of Clinical Commissioning Groups, the introduction of NHS GM Trafford, and the release of the Health and Wellbeing Boards Guidance published November 2022 Trafford has decided to maintain the partnership relationship with NHS GM Trafford representation replacing Trafford CCG representation on the Board. The specifics of the relationship are covered further in section 4 below. This relationship will be reviewed on an annual basis with any changes being reflected within the Terms of Reference.
- The guidance referenced above is available at [https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance#the-relationship-between-](https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance#the-relationship-between-boards)

[healthhttps://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidanceand-wellbeing-boards-and-integrated-care-systems-continuity-and-change](https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidanceand-wellbeing-boards-and-integrated-care-systems-continuity-and-change)

## **2. Regulations relating to Health & Wellbeing Boards: Statutory Instrument 2013 No.218**

The regulations relating to health and wellbeing boards have been published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013  
[http://www.legislation.gov.uk/ukSI/2013/218/ contents/made](http://www.legislation.gov.uk/ukSI/2013/218/contents/made)

The regulations modify certain legislation as it applies to health and wellbeing boards and disapply certain legislation in relation to the boards. The provisions which are modified or disapplied are in the Local Government Act 1972 and the Local Government and Housing Act 1989.

Under section 194 of the Health and Social Care Act 2012, a health and wellbeing board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under section 102 of the Local Government Act 1972. It is therefore a 'section 102 committee', as it is sometimes called within local government. However, the regulations modify and disapply certain provisions of section 102 and other sections of the Local Government Act 1972 and provisions of the Local Government and Housing Act 1989 in relation to health and wellbeing boards. This means that health and wellbeing boards are similar to section 102 committees with some differences. sections below discuss the characteristics shared by health and wellbeing boards with other council committees and where they do or may diverge.

The modifications and disapplication's which apply to health and wellbeing boards within the regulations generally also apply to subcommittees and joint subcommittees of boards.

## **3. Membership of Health & Wellbeing Boards**

See Appendix 2 for membership of the Trafford Health and Wellbeing Board.

The Health and Social Care Act 2012 indicates that health and wellbeing boards are different to other section 102 committees, in particular in relation to the appointment of members. Specifically, the Act sets a core membership that health and wellbeing boards must include:

- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services the director of public health
- a representative of the local Healthwatch organisation (which will come into being on a statutory footing on 1 April 2013)
- a representative of the local ICB team
- any other members considered appropriate by the council

- requires that the councillor membership is nominated by the executive leader with powers for the leader to be a member of the board in addition to or instead of nominating another councillor.
- under the regulations (Regulation 7) modifies sections 15 to 16 and Schedule 1 of the Local Government and Housing Act 1989 to disapply the political proportionality requirements for section 102 committees in respect of health and wellbeing boards – this means that councils can decide the approach to councillor membership of health and wellbeing boards.
- requires that NHS GM (Trafford) and local Healthwatch organisation appoint persons to represent them on the board.
- enables the council to include other members as it thinks appropriate but requires the authority to consult the health and wellbeing board if doing so any time after a board is established.
- the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

#### **4. Trafford Health and Wellbeing Board additional locally agreed functions**

Trafford HWBB, working alongside TLB and other key locality forums, will continue to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving the wellbeing of their local population
- Set strategic direction to improve health and wellbeing

The HWBB will support ICB and ICP leaders, local authorities to understand how they should work together to ensure effective system and place-based working, following the principle of subsidiarity. Within the confines of the Act and guidance, the following work programmes / areas fall within the responsibility of the Board:

- Sign off the localities Better Care Fund (BCF) Plans
- Development and publication of a Joint Local Health and Wellbeing Strategy (JLHWS) – Trafford HWBB Strategy
- Development and publication of a Joint Strategic Needs Assessment (JSNA)
- Publication of the Director Public Health's Public Health Annual Report for the borough
- Development and publication of Trafford's Pharmaceutical Needs Assessment (PNA) (to be published every three years)

- To receive an annual report on Health Protection in the locality:
- Receive CDOP Annual Report
- Consider ICP Strategy
- Consider ICP Joint Forward Plan (JFP)
- Consider ICP Annual Reports
- Receive and consider ICBs and their partner NHS Trusts and NHS Foundation Trusts joint capital resource use plan
- Be consulted on the Performance Assessment of the ICP

The HWBB will also:

- Provide oversight to the delivery of the Trafford Locality Plan.
- Be accountable for the delivery of the Locality Plan will be with both the HWBB and Trafford Locality Board, reporting into the GM Integrated Care Board (GM ICB)
- Maintain a positive relationship with the Trafford Locality Board to help shape strategic commissioning decisions and those concerning structural reform in Health and Social Care sectors.
- Agree an annual set of key priorities based on the content of the Trafford Health and Wellbeing Strategy, the Trafford Public Health Annual Report and relevant data sets such as the JSNA, the indices of Multiple Deprivation and Public Health profiles
- Ensure delivery against these priorities either through Task and Finish (service reform) project groups or by delegating the priority to a relevant thematic partnership (e.g. Safer Trafford)
- Utilise existing performance dashboards to measure progress against agreed priority programmes of work and create required measurement arrangements where required. The Board will receive regular updates relating to progress of the identified HWBB priorities.
- Receive written reports at regular agreed intervals from the HWBB sub-groups such as Trafford Tobacco Alliance and the Alcohol, Substance and Gambling Group, and from key Boards including, but not limited to, the Strategic Safeguarding Board

## **5. Meeting Arrangements**

### **Notice of Meetings**

Meetings of the Board will be convened by Trafford Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

### **Chairing of the Board**

The chair of the Health and Well Being Board will rotate on an annual basis between Trafford Council and the NHS GM Trafford representation.

## **Quorum**

The quorum for all meetings of the Board will be a minimum of 5 members with at least two Local Authority and two NHS GM Trafford members present.

## **Substitutes**

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings.

Members are asked to nominate a single named substitute who replace them in the event they cannot attend a meeting. Notification of a named substitute member must be made in writing or by email to the Clerk. Substitute members will have full voting rights when taking the place of the ordinary member for whom they are designated substitute.

In the event of circumstances leading to a required change in membership of the Board (for example: natural movement of staff, non-attendance, inappropriate conduct, etc) a suitable representative will be identified by the constituent organisation and confirmed in writing to the Chair.

Membership (including the chairing arrangements) will be reviewed in line with the annual review of the Terms of Reference.

## **Decision Making**

It is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

## **Meeting Frequency**

The Health and Well Being Board will meet once six times per year in line with the outcomes of the Health and Wellbeing Board review in 2022.

## **Status of Reports**

Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at Trafford Council's offices and on Trafford Council's website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended. The same principals will apply to information from GM ICB as a partner organisation on the board. Other participating organisations may make links from their website to the Board's papers on Trafford Council's website.

## **6. Members' Conduct**

Where appropriate rules and regulations governing the Code of Conduct of Board members will apply. The Code in use will be the Trafford Council Code of Conduct. Board members will be expected to declare appropriate interests where necessary.

## **7. Review and amendment**

These Terms of Reference will be reviewed by the Board at least annually.

As further guidance as to system working is produced, it will undoubtedly be necessary to review these Terms of Reference and make amendments to reflect these changes and emerging ways of working at both system and locality level. These Terms of Reference may therefore be reviewed at any time when deemed necessary and/or appropriate. Reviews shall be instigated by the Chair(s) (on the request of any member of the Board or on the Chair's own volition).

Any amendments to the terms of reference must be approved by the Board.

## **8. Governance and Accountability**

- The Health and Well Being Board will be accountable for its actions to its individual member organisations.
- There will be sovereignty around decision making processes. Representatives will be accountable through their own organisations for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference.
- Decisions within the terms of reference will be taken at meetings and will not normally be subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board members, these will be subject to ratification by constituent bodies.
- It is expected that decisions will be reached by consensus.

## Appendix 2 – Membership of the Health and Wellbeing Board

### Notes on Membership:

- (1) The Councillor Membership is nominated by the Leader of the Council.
- (2) The chair of the Health and Wellbeing Board will rotate on an annual basis between Trafford Council and NHS GM Trafford Representatives.
- (3) \* Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note: at least one Councillor, one member of each relevant ICB, a representative of the local Healthwatch organisation plus any other members considered appropriate by the Council, must be appointed.)

<b>COMMITTEE</b>		<b>NO. OF MEMBERS</b>	
<b>HEALTH AND WELLBEING BOARD</b>		<b>TBC (Plus TBC External Partners)</b>	
<b>LABOUR GROUP</b>	<b>CONSERVATIVE GROUP</b>	<b>LIBERAL DEMOCRAT GROUP</b>	
<b>Councillors: -</b>	<b>Councillors: -</b>	<b>Councillors: -</b>	
<b>Executive Member for Health, Wellbeing, and Equalities</b>	<b>Shadow Executive Member for Health, Wellbeing, and Equalities</b>	<b>TBC</b>	
<b>Executive Member for Adult Social Care</b>			
<b>Executive Member for Children's Services</b>			
<b>TOTAL</b>	<b>3</b>	<b>1</b>	<b>1</b>

### Membership of the Health and Wellbeing Board shall also comprise of:

- Director of Public Health
- Corporate Director of Adult Social Care and Wellbeing
- Corporate Director of Children's
- Corporate Director of Place
- Place Based Lead for Health and Care Integration NHS GM Trafford
- Deputy Place Based Lead for Health and Care Integration NHS GM Trafford
- Associate Medical Director, NHS GM Trafford
- Chair of Healthwatch Trafford
- Trafford Community Collective
- Chair of the Children and Adults Safeguarding Board
- Chair of the Safer Trafford Partnership,
- GMP
- Chief Officer, Trafford Leisure
- Chief Executive Officers of health care providers (3): (Central Manchester University Hospital NHS Foundation Trust; Greater Manchester Mental Health NHS Foundation Trust)
- Greater Manchester Fire and Rescue Service Representative • Strategic Housing lead, Trafford Council

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- <sup>i</sup> OHID, (2022) Health disparities and health inequalities: applying All Our Health. [www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health](http://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health).
- <sup>ii</sup> OHID, (2022) Health disparities and health inequalities: applying All Our Health. [www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health](http://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health).
- <sup>iii</sup> [Making the case for prevention - Primary Care Unit \(cam.ac.uk\)](http://cam.ac.uk)
- <sup>iv</sup> [National Planning Policy Framework](#)
- <sup>v</sup> Department of Health and Social Care, (2025) Fit for the Future: The 10-year NHS plan. [www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary](http://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary)
- <sup>vi</sup> GMCA, (2025) Together we are Greater Manchester, [Greater Manchester Strategy - Greater Manchester Combined Authority](#)