



AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 23 January 2018.

Time: 6.30 p.m.

**Place: Committee Rooms 2 & 3, Trafford Town Hall, Talbot Road Stretford,
M32 0TH.**

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including Officers, and any apologies for absence.		
2. MINUTES		1 - 8
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 12 December 2017.		
3. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4. CQC LOCAL SYSTEM REVIEW		To Follow
To receive a report from the Corporate Director of Children, Families and Wellbeing.		
5. INTEGRATION OF HEALTH AND SOCIAL CARE		9 - 20
To receive a presentation from the Trafford Integrated Network Director.		
6. CCG CHANGES IN SERVICE DELIVERY AND TRANSFORMATION		To Follow
To receive a presentation from the Interim Accountable Officer, Trafford CCG.		

7. **TRAFFORD COORDINATION CENTRE** To Follow
To receive a presentation from the Interim Accountable Officer, Trafford CCG.
8. **SINGLE HOSPITAL SERVICE** To Follow
To receive an update from the Director of Strategic Projects, MFT.
9. **FRAIL AND ELDERLY PEOPLE AT TRAFFORD GENERAL** To Follow
To receive an update from Dr Helen Hurst.
10. **HEALTHWATCH TRAFFORD UPDATE** To Follow
To receive an update from the Chairman of HealthWatch Trafford.
11. **GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**
To receive a verbal update from the Vice Chairman of the Committee.
12. **HEALTH UPDATES**
To receive a verbal update from the Chairman of the Committee.
13. **URGENT BUSINESS (IF ANY)**

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio)

Further Information

For help, advice and information about this meeting please contact:

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This agenda was issued on **Monday, 15 January 2018** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

HEALTH SCRUTINY COMMITTEE

12 DECEMBER 2017

PRESENT

Councillor J. Harding (in the Chair).

Councillors Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, J. Lloyd, K. Procter, S. Taylor and M. Young (ex-Officio).

In attendance

Eleanor Roaf	Interim Director of Public Health
Helen Gollins	Consultant in Public Health, Starting Well
Julie Hotchkiss	Consultant in Public Health, Working Well
Heather Fairfield	Chairman HealthWatch Trafford
Peter Forrester	Head of Governance
Alexander Murray	Democratic and Scrutiny Officer

Also Present

Councillor J Lamb (Executive Member for Health and Wellbeing).

APOLOGIES

Apologies for absence were received from Councillors Mrs. D.L. Haddad and Mrs. V. Ward.

27. MINUTES

Councillor Brophy updated the Committee of the outcomes of her follow on discussion with the Mental Health Lead Officer for Trafford CCG which had been an action at the Committee meeting on 12 September 2017. The Councillor told members to email her outside of the meeting if they wanted full details of the discussion.

RESOLVED:

- 1) That the minutes of the meeting held 31 October 2017 be agreed as an accurate record and signed by the Chairman.
- 2) That Members email Councillor Brophy for details of her discussion with the Mental Health Lead Officer for Trafford CCG.

28. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Bruer-Morris in relation to her employment within the NHS.

- Councillor Harding in relation to her employment by a mental health charity, and member of the Board of Trustees for Trafford Carers.
- Councillor Chilton in relation to his employment by General Medical Council.
- Councillor Taylor in relation to her employment by the NHS.
- Councillor Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

29. HEALTH INEQUALITIES

The Interim Director of Public Health (IDPH) presented an update to the Committee. The Committee were informed that, whilst the overall life expectancy within Trafford was good, the healthy life expectancy was low when compared with Trafford's statistical neighbours. The healthy life expectancy gap was particularly noticeable between the richest (72.8 years) and poorest (56.2 years) parts of the borough.

Trafford were looking to reduce these inequalities through the work of the Trafford Health and Wellbeing Board. The Health and Wellbeing board had five priorities which were; improving the health and wellbeing of people with a mental illness, reducing physical inactivity, reducing the number of people who smoke tobacco, reducing the harms of alcohol, and improving cancer prevention. As each of these factors had a greater effect upon the most deprived areas of Trafford it was believed that by focusing on reducing their impact health inequalities would be greatly reduced.

Another key factor in creating health inequalities were Adverse Childhood Experiences (ACEs). Whilst none of the Health and Wellbeing Boards five priorities directly focused upon the reduction of ACEs, the Committee were told that the achievement of them would have a significant impact on adults who interacted with children and so would indirectly prevent ACEs happening.

RESOLVED:

- 1) That the update be noted.

30. CHILDHOOD DIET

The Committee were given a brief update of the issues surrounding childhood diet within the borough. The Committee were informed that around one in five (19.7%) of Trafford Reception children were overweight or obese, the number rose to one in three (33.1%) for children in Year 6 and, amongst adults, the numbers were 59% overweight or obese. Trafford was utilising the work of Health Visitors and had services in place to encourage and support breastfeeding, weaning and healthy eating. The Healthy Start Scheme provided support from pregnancy to the age of 4 and there were a number of means tested schemes including Healthy Start Vitamins and food vouchers. The Public Health team were working on the Healthy Weight Pathway which involved the School Nursing Service and the Trafford Children and Young Peoples Healthy Weight Service.

Councillors asked a number of questions covering areas such as the change in perception of children's body image and issues with overweight mothers. The

Consultant in Public Health, Starting Well (CPHSWSW) and IDPH gave detailed responses to the Councillors who were satisfied with the answers received.

RESOLVED:

- 1) That the update be noted.

31. DOMESTIC ABUSE

The Committee were told that Domestic abuse was increasingly appearing on the Health Agenda. The Crime Survey for England and Wales reported that an estimated 26% of Women (15,600) and 14% of men (8,200) within Trafford had suffered from some form of domestic abuse since the age of 16. The CPHSW stated that Trafford had a robust offer in place for domestic abuse. A needs assessment had been completed in August 2017 which included evidence based recommendations for actions. There was a partnership redesign underway to ensure links with the Greater Manchester agenda and to look for opportunities to co-commission with other boroughs. The Committee were informed that a revised pathway model under was in development which was to have a strong emphasis on prevention including education, training and specialist programmes and was to be implemented in April 2019.

A Member of the Committee asked about the figures as the numbers for men seemed very high. The CPHSW responded that the figures were estimated and factored in the low reporting levels amongst men within the calculations. Another Member asked about Domestic abuse amongst the elderly. The CPHSW stated that she did not know the exact figures and was not aware of any increase amongst the elderly. The CPHSW reassured the Committee the Identification and Referral to Improve Safety (IRIS) method was used by Trafford GPs so any cases of domestic abuse would be reported and any increases identified.

RESOLVED:

- 1) That the update be noted.

32. PREVENTION/BEHAVIOUR CHANGE

The Consultant in Public Health, Working Well (CPHWW) showed the Committee a graph of the major causes of premature death in Trafford the majority of which were considered to be preventable. They were; cancer, cardiovascular disease, respiratory disease, and liver disease all of which were linked to behavioural risk factors. The Committee were told that there were no health improvement/lifestyle services as such within Trafford, but that GPs and Pharmacies did provide some relevant services. In addition to those services there were a lot of small prevention and wellness services contracted from 3rd Sector providers. These services included low level mental health contracts. The Council and Trafford CCG were working together to develop a strategic vision and new commissioning model incorporating the new primary care mental health service which was to start in April 2019.

RESOLVED:

- 1) That the update be noted.

33. SUBSTANCE ABUSE

The CPHWW informed the Committee that alcohol misuse was the third leading risk factor for death and disability after smoking and obesity. An estimated 28% of Trafford adults (around 51,000) were drinking above recommended levels. In Trafford the alcohol-related death rates were similar to the England average but Trafford fared less well on some indicators of hospitalisation especially for conditions where alcohol was the sole cause.

The Committee were told that whilst there was no clear social gradient in indicators of alcohol misuse, there was a strong social gradient in alcohol-related harm. The CPHWW stated that the largest impact on alcohol misuse could be achieved by reducing the availability of cheap alcohol through Licensing restrictions (situation of premises, times of opening). Identification and brief advice (by GP or other healthcare professional had been shown to be effective). A new Bolton, Salford and Trafford Integrated Substance Misuse Service provided by Greater Manchester Mental Health Trust was due to commence 15 Jan 2018.

The Committee were shown a graph which demonstrated the prevalence of smokers in routine and manual jobs compared to adults overall. The Committee were informed that Trafford's Stop Smoking performance was poor, but there was ongoing work which would target stop smoking efforts at those who worked in routine and manual jobs, people with severe mental illness, and people with advance respiratory disease. These groups had been identified as those that had higher rates of smoking and would benefit the most from quitting smoking. Focusing the limited resources in these areas would provide the greatest impact.

A Committee member enquired as to whether the Council still had a stop smoking service in place. The CPHWW responded that the Council had stopped providing a specialist service in 2016 but did continue to fund other stop smoking services. A new secondary care offer was planned to be brought in whereby smokers receiving treatment would be approached and offered support and nicotine products to help them quit in hospital which would then be followed up by their GP once they were discharged.

RESOLVED:

- 1) That the update be noted.

34. PHYSICAL ACTIVITY

The committee were shown a chart which depicted inactivity levels in Trafford against statistical neighbours. The chart showed that around 24% of adults in Trafford were physically inactive which meant that they had less than 30 minutes of moderate activity per week. The CPHWW stressed the need to increase physical activity levels across the population as maintaining physical activity into old age is of proven benefit in reducing the risk or impact of a number of conditions and is the treatment of choice for frailty. The CPHWW told the Committee that it was not all about sport as it was more important to keep moving and building activity into daily life.

Trafford had a number of schemes ongoing to promote physical activity including the GP Walking Project, Exercise on referral, rehabilitation and falls prevention.

The Public Health Team were also ensuring that Trafford was focused upon the importance of the environment, green spaces and urban design in promoting activity.

RESOLVED:

- 1) That the update be noted.

35. SEXUAL HEALTH

The IDPH gave an overview of the sexual health services available in Trafford. The Specialist services were recommissioned in 2016 using the Greater Manchester specification. The new contracts reduced the costs and risks to the system whilst retaining open access for Trafford residents for any service. There were high rates of HIV in parts of Trafford and high rates of late diagnosis.

Trafford had low teenage pregnancy rates but higher rates of terminations in adulthood. The IDPH informed the Committee that there was a need for more a consistent offer from primary care to link with the New Models of Care. The Committee were told that there was a piece of work underway on to improve HPV (a sexually transmitted disease) vaccine uptake in the borough.

A Councillor stated that Trafford did not seem to be proactive enough in conducting HIV tests and taking blood. The IDPH agreed with the Councillor and told the Committee that work was underway on improving the knowledge and outreach for HIV in Trafford. The Chairman enquired as to what the prevalence of Hepatitis C within Trafford and was informed that whilst the figures were not known the pathway was being redesigned in conjunction with Greater Manchester.

RESOLVED:

- 1) That the update be noted.

36. MALNUTRITION IN ADULTS

The Committee were informed that an estimated that 1 in 10 people over 65 living in the community may be malnourished. People who were malnourished had 3 times the number of hospital admissions and stayed in hospital 3 days longer than those who were well nourished. Members were informed that keeping hydration levels up was also very important, especially for older people. Whilst there was no work being done at the Trafford level there was a Greater Manchester Project called Ageing Well Nutrition and Hydration.

The final four slides of the presentation covered other considerations (including the Joint Strategic Needs Assessment), an overview of all the Public Health related projects ongoing in Trafford and Greater Manchester, a breakdown of the Public Health budget, and the structure of the Public Health Team.

The Chairman thanked the IDPH, CPHSW and CPHWW for the presentation. Whilst the presentation was good in giving the Committee an understanding of the different areas of Public Health, the Chairman informed Officers that the Committee required detailed information and data on services provided by and commissioned by the Council and the impact of particular programmes on improvement. The Chairman asked the IDPH to develop a dashboard for monitoring the

performance of Public Health indicators be created and submitted to the Committee.

The IDPH agreed that more data would be forthcoming and assured the Committee that a dashboard was currently being developed. There were a couple of issues regarding the availability of data as some data sets were only released annually so the team were looking at ways to implement proxy measures to maximise the input. The Executive Member for Health and Wellbeing added that the Health and Wellbeing Board would soon be starting its three sub groups focused upon starting well, working well and, ageing well.

RESOLVED:

- 1) That the IDPH, CPHSW and CPHWW be thanked for their presentation.
- 2) That the Committee requests a dashboard and additional data be provided on the performance of Trafford services when available.

37. CQC RISK SUMMIT

The Chairman had attended CQC Summit which discussed the findings of their recent inspection within Trafford. The CQC had put an embargo on discussing the content of the meeting until the 18th December when a full report was to be published. Once the full report had been published it was to be shared with all members of the Committee and be added to the agenda for the meeting on 23rd January. At that stage, the Committee would consider whether a task group should be formed specifically to review the report.

REOLVED:

- 1) That the update be noted.
- 2) That the full CQC report be circulated to the Committee once it is available.

38. CQC CONSULTATION: REPORTING AND RATING NHS TRUSTS' USE OF RESOURCES

The Chairman reminded the Committee that the CQC Consultation was open until the 10 January 2018 and wanted to discuss the Committees response. The Committee discussed the various aspects of the Consultation. It was decided that Committee Members should email their responses to the Consultation to Officers in order that they be collated to form the Committee's response.

RESIOLVED:

- 1) That Committee Members email their responses to the Consultation to officers to be collated and form the Committee's response.

39. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Vice Chairman informed the Committee of the GM plan of having GP led care. The Committee were told that agency spending by NHS Trusts in GM was around £61M per year the majority of which was spent on filling Junior Doctor Positions. There was a proposal to form a pool of Junior Doctors who would be able to work

at any of the Trusts across the area in order to reduce the demand. The Vice Chairman told members that if they wanted further information on the plans to contact her outside of the meeting.

RESOLVED:

- 1) That the update be noted.

40. HEALTH UPDATES

The Chairman reminded Members that a visit had been arranged to go to the Trafford Coordination Centre 14 December 2017. Those Councillors who were not attending were asked to email any questions they wanted asking on their behalf to those who were able to attend.

The Chairman of HealthWatch Trafford updated the Committee on the work that they had been doing since the last meeting of the Committee. HealthWatch were creating a report on Ascot House which had a number of recommendations for improvements. HealthWatch had attended a Dementia audit of Trafford which had a number of recommendations that were to be fed back to the Council. One of the key issues was the Trafford diagnosis rate of 74% compared to Manchester which had a diagnosis rate of 90%. HealthWatch had been made aware of issues around long lengths of stay at moor side and a number of care homes that would not accept people with dementia or mental health problems. Committee Members asked numerous questions about the work that HealthWatch were doing and received detailed responses.

RESOLVED:

- 1) That the updates be noted.

The meeting commenced at 6.30 pm and finished at 8.34 pm

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TRAFFORD
COUNCIL

Pennine Care **NHS**
NHS Foundation Trust

Update on Integration of Health and Social Care

October 2017

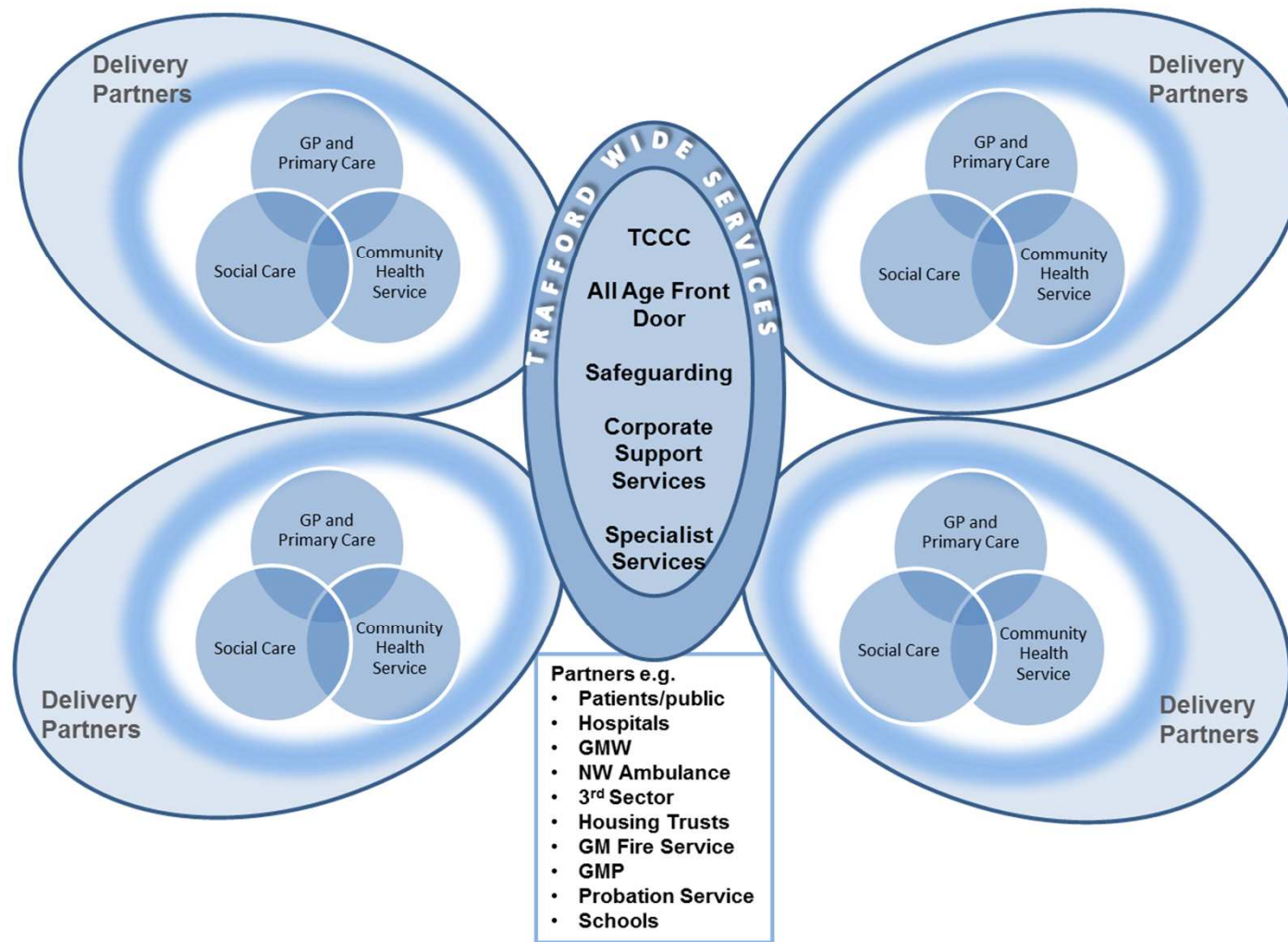
27/09/17 DM

Working together
LIVING WELL

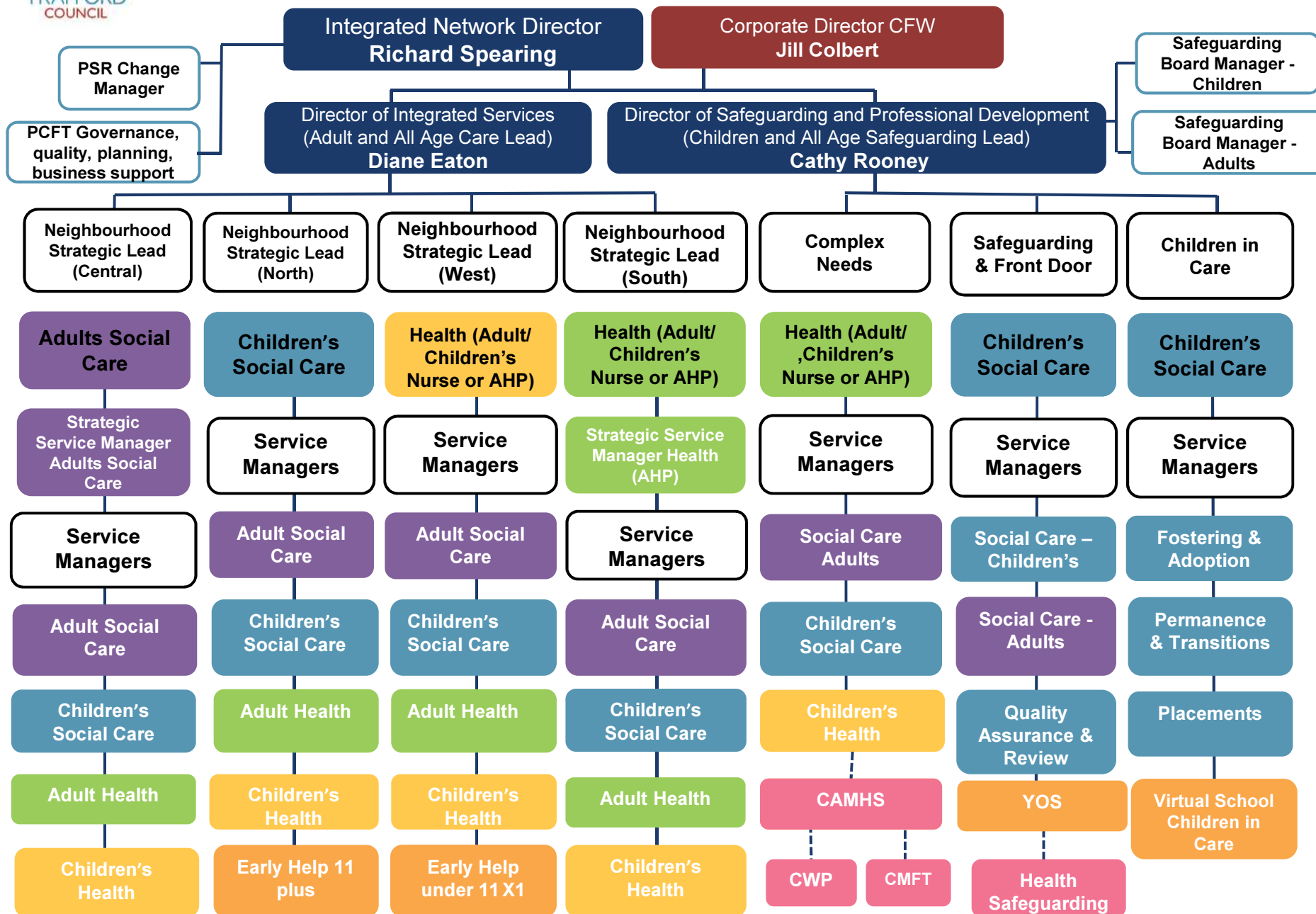
 @PennineCareNHS
 www.penninecare.nhs.uk



All Age Model



Trafford All Age Integration Management Structure



Directors



Integrated Network Director
Richard Spearing

Richard has day-to-day responsibility for all the services in Trafford's integrated structure. He makes sure the services support the strategies and responsibilities of both Pennine Care and Trafford Council. He works closely with colleagues in both organisations to enable this to happen.



Corporate Director, Children, Families and Wellbeing (Trafford Council)
Jill Colbert

Jill has the overall responsibility for children and adult social care services, including school facing services, as well as holding overall responsibility for public health. She works closely with Richard, Diane and Cathy to ensure the Council and its partners are providing high quality services to meet the needs of vulnerable families. Jill sits as part of the Council's corporate leadership team and reports to Theresa Grant.



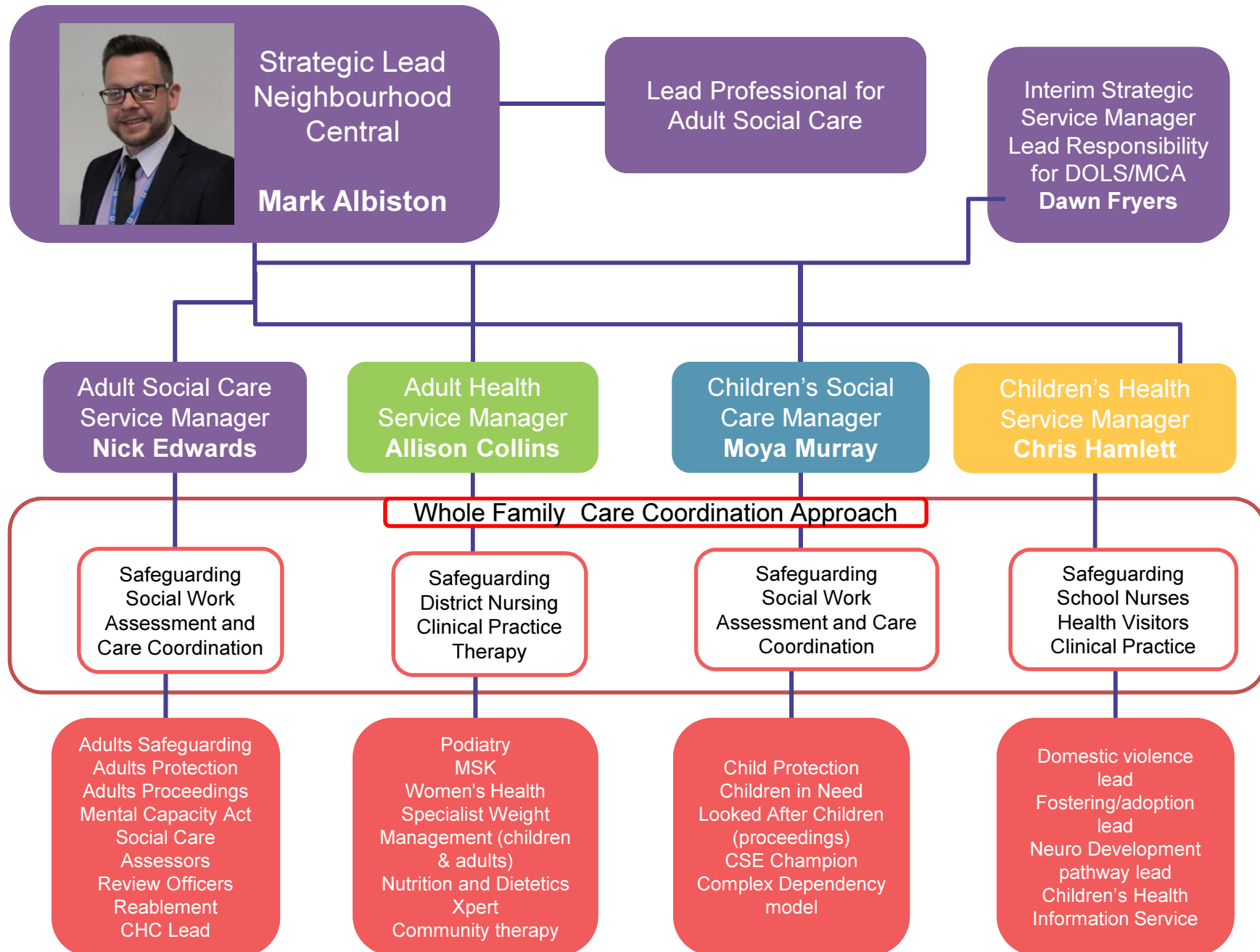
Director of Integrated Services
(Adult and All Age Care Lead)
Diane Eaton

Diane is responsible for the delivery of All Age Integrated Care in the neighbourhood model, ensuring a holistic response is delivered as close to home as possible to meet people's needs. Diane believes everyone has a right to be with their family and to live a full, active and independent life.



Director of Safeguarding and Professional Development (Children and All Age Safeguarding Lead)
Cathy Rooney

Cathy is responsible for ensuring robust and high quality safeguarding practices across all services. She is our complex needs and children's services lead, as well as the Agency Decision Maker for Children's Social Care. Cathy ensures all professionals within our service have the right support, guidance and leadership to allow them to perform to the highest standard.



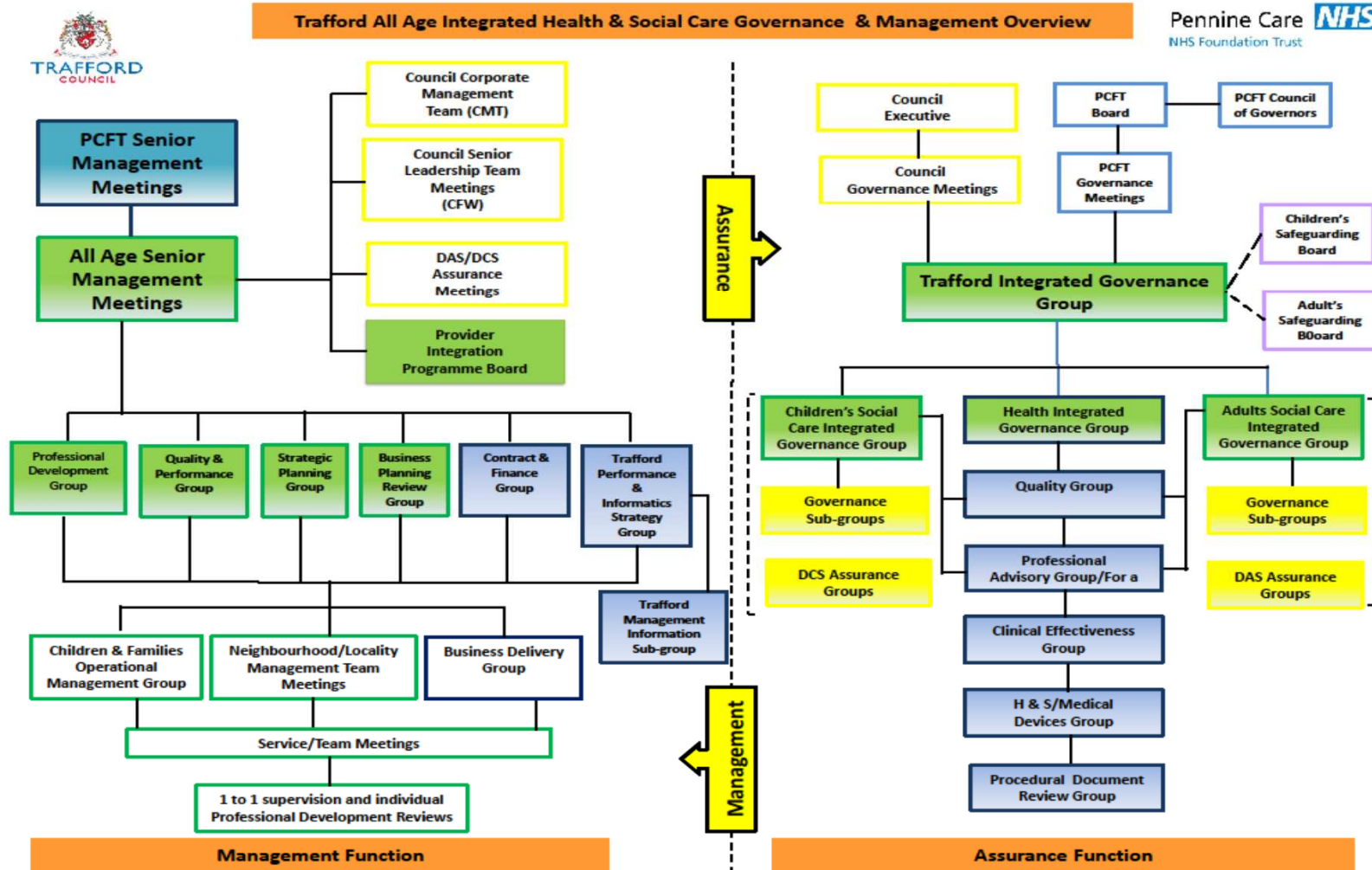


Professional Leadership

- Adult Social Care
- Children's Social Care
- Adult Nursing
- Allied Health Professionals
- Children's Nursing



Shared Governance and Accountability





Joint Working 17/18

- **Adults:**
 - Intermediate Care: Ascot House
 - CEC and rapid response carers
 - Integrated discharge team manager
 - Patient Flow manager
- **Children**
 - Vulnerable parents pathway
 - Education Health and Care Planning
 - MEN Incident Response
- **Quality Strategy and Forward Plan**
- **Estates**
- **Business Admin Insight**
- **Self Management / 3 conversations**



Transformation Fund Bid

- Award of £22m made on 13 October 2017 over three years
- Implementation underway:
- Recruitment of project managers
- Programme Board to be established
- New Models of Primary Care (NMoPC)
- Primary care organisation
- Multi-disciplinary teams
- Care Complex – strategic outline case approved



"Together with residents we will support and improve the health and wellbeing of the people of Trafford"

New models of care

Integrated organisation
(TCCG and TMBC)

Intelligent strategic commissioning

TCC

Care complex

New models of primary care

Integrated health and social care

Other partners

Social care

Community provision

Mental health

Single acute hospital

LCO

Acute services

Voluntary sector

Other LCOs

Working together
LIVING WELL

Pre-requisites

IT

Experience & engagement

Workforce

Estates

Finance including transitional funding

OD and values



Next Steps

- Review partnership in light of LCO developments
- Neighbourhood Multi disciplinary teams with primary care
- Further development of intermediate tier including Ascot House
- Transformation Programmes
 - Urgent care model
 - Early help

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