



TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Thursday, 26 September 2019

Time: 6.30 pm

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

AGENDA

Pages

1. **ATTENDANCES**

To note attendances, including Officers, and any apologies for absence.

2. **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.

3. **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.

4. **QUESTIONS FROM THE PUBLIC**

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4pm on the working day prior to the meeting. Questions must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received

5. **MINUTES**

1 - 14

To receive and, if so determined, to agree as a correct record the Minutes of

the meetings held on 27th June 2019 and on 24th July 2019

- | | | |
|----|--|---------|
| 6. | PSYCHOLOGICAL THERAPIES FOR MENTAL HEALTH CONDITIONS - SPOTLIGHT ON PROVISION IN TRAFFORD | 15 - 44 |
| 7. | TRAFFORD SUICIDE PREVENTION ACTION PLAN AND STRATEGY | 45 - 74 |
| 8. | AN UPDATE ON WORK TO TACKLE PERIOD POVERTY IN TRAFFORD | 75 - 78 |
| 9. | HEALTH SCRUTINY WORK PROGRAMME 2019/20 | |

To follow

10. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of “exempt information” which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD

Chief Executive

Membership of the Committee

Councillors Dr. K. Barclay (Chair), S. Taylor (Vice-Chair), A. Akinola, Dr. S. Carr, Mrs. D.L. Haddad, B. Hartley, J. Lloyd, S. Thomas, D. Acton (ex-Officio) and D. Western (ex-Officio).

Further Information

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

Fabiola Fuschi,
Tel: 0161 912 2019
Email: fabiola.fuschi@trafford.gov.uk

This agenda was issued on **Wednesday, 18 September 2019** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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HEALTH SCRUTINY COMMITTEE

27 JUNE 2019

PRESENT

Councillor Dr. K. Barclay (in the Chair).
Councillors S. Taylor (Vice-Chair), A. Akinola, Dr. S. Carr, B. Hartley, J. Lloyd,
S. Thomas and D. Acton (ex-Officio)

In attendance

Karen Ahmed	Director of All Age Commissioning
Diane Eaton	Interim Statutory Director Adult's Social Care
Helen Gollins	Consultant in Public Health
Sara Radcliffe	Corporate Director of Commissioning
Tim Rhodes	Principal Solicitor and Interim Statutory Scrutiny Officer
Richard Spearing	Trafford Integrated Network Director
Jane Wagstaff	Public Health Project Support Officer
Fabiola Fuschi	Democratic and Scrutiny Officer

1. ATTENDANCE

Apologies for absence were received from Councillor Western, Councillor Mrs.Haddad and Heather Fairfield from Trafford HealthWatch.

2. CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE

RESOLVED that the appointment at Annual Council of Councillors Dr. Barclay and Taylor to Chairman and Vice-Chairman of the Health Scrutiny Committee for Municipal Year 2019/20 be noted.

3. MEMBERSHIP OF THE COMMITTEE

RESOLVED that the membership of the Health Scrutiny Committee for Municipal Year 2019/20 as determined by Full Council at its Annual Meeting on 22nd May 2019 be noted.

4. TERMS OF REFERENCE

RESOLVED that the Terms of Reference of the Health Scrutiny Committee for Municipal Year 2019/20, as determined by Full Council at its annual Meeting on 22nd May 2019 be noted.

5. QUESTIONS FROM THE PUBLIC

There were no public questions received.

6. MINUTES

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RESOLVED that the minutes of the Health Scrutiny Committee meeting held on 7th March 2019 be approved as a correct record.

7. DECLARATIONS OF INTEREST

Councillor Akinola declared a personal interest at Items 10 and 13 by virtue of her employment as an adult social care contractor.

Councillor Dr. Carr and Councillor Taylor declared a personal interest at most items of today's agenda by virtue of their employment with the NHS.

Councillor Lloyd declared a personal interest at most items on today's agenda by virtue of her previous position as a Cabinet Member for Health and Wellbeing during Municipal Year 2018/19.

8. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

9. SINGLE HOSPITAL SERVICE UPDATE

The Committee gave consideration to a progress report of the Deputy Programme Director, Single Hospital Service, which informed of the latest position on the planned acquisition by Manchester University NHS Foundation Trust (MFT) of North Manchester General Hospital (NMGH). This was one of the two projects outlined in the report which aimed to deliver the Single Hospital Service Programme.

No representatives from the organisations involved with the Single Hospital Service Programme could attend today's meeting to present the report.

Members requested to see evidence of the benefits for patients of the merger of the two hospitals. Members also enquired about the outcome of the meeting that took place on 21st June 2019 between NHS Improvement Executive and MUF Executive to determine whether the acquisition of North Manchester General Hospital could move on to Business Stage Case. The Committee requested to see the video about the merger produced by MUF for residents.

RESOLVED:

1. That the report be noted;
2. That the following information be provided to the Committee:
 - a. Evidence of benefits for patients of the merger of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust
 - b. Outcome of the meeting that took place on 21st June 2019 between NHS Improvement Executive and MUF Executive to determine whether the acquisition of North Manchester General Hospital could move on to Business Stage Case;
 - c. Link to the video produced by MUF about the merger.

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10. CARE QUALITY COMMISSION (CQC) ACTION PLAN

The Committee considered a report of the Interim Statutory Director of Adult's Services which outlined the progress against the action plan developed to address the issues identified by the CQC inspection of the health and social care system in Trafford in 2017 and the outcome of the CQC review in 2018.

The author of the report, accompanied by the Corporate Director of Commissioning, the Trafford Integrated Network Director and the Director of All Age Commissioning, was in attendance to present the information and to address the enquiries of the Committee.

The result of the CQC inspection in 2017 had highlighted that health and social care organisations in Trafford had to work as a system to address issues such as delayed transfers of care from hospital to the community. Consequently, a number of measures had been put in place to address the CQC recommendations.

The Urgent Care Control Room was introduced to prevent delays in hospital discharges via the coordination between activities in the four hospital sites and resources in the community. Discharge pathways were revised, early discharge planning was put in place and work with the Third Sector was extended to support hospital discharge and avoid unnecessary admissions. An Enhanced Home Care Team and an extended Reablement Service were in operation to support people to remain independent. These and other actions, detailed in the report, contributed to improvements to the delayed transfer of care and this was reflected in the CQC review in 2018. Therefore, it was proposed to close the action plan started in 2017 to move to the next phase which would focus on hospital admission prevention.

Members sought and received clarification on a number of points concerning support for advanced care planning in the community and frailty screening, progress with integrated response to support people in their homes, appointment of a Community Flow Lead to address capacity and coordination in hospital discharges, measures to mitigate waiting times for Community Reablement, provision of Extra Care apartments at Limelight, current performance on delayed transfers of care against other Local Authorities in England, resources to fund implemented measures and development of a differently skilled workforce to provide a wider range of support in people's homes.

RESOLVED:

1. That the progress made to date and the closure of CQC Action Plan be noted;
2. That the new targets for length of hospital stay be noted;
3. That an update be presented in six months on admission avoidance and intermediate care.

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11. TRAFFORD STRATEGIC SAFEGUARDING BOARD (TSSB) UPDATE

RESOLVED that Trafford Strategic Safeguarding Board's annual report for 2018/19 be brought to a meeting of the Health Scrutiny Committee following the Board's approval in October 2019.

12. NORTH WEST AMBULANCE SERVICES (NWS) ANNUAL PERFORMANCE STATISTICS

RESOLVED that the overview of the performance of the North West Ambulance Service NHS Trust against national standards and the update on activities undertaken in Trafford be noted.

13. RESIDENTIAL AND NURSING CARE HOME QUALITY UPDATE

The Committee considered a report of the Director of All Age Commissioning which provided an update in respect of the improvement work being undertaken in residential and nursing care.

The author of the report, accompanied by the Interim Statutory Director of Adult's Services and the Corporate Director of Commissioning, was in attendance to present the information and to address the enquiries of the Committee.

It was reported that the result of the latest Care Quality Commission (CQC) inspection in April 2019 showed that the quality of care and nursing homes in Trafford had improved by 18% in the last 12 months. Homes rated "good/outstanding" were 77.22% of the total inspected homes and the first "outstanding" home status had been achieved. The analysis of the North West Association of Directors of Adults Social Services North West Branch showed that the percentage of care homes in Trafford rated "good/outstanding" reduced with the increase in the number of beds. This data was significant to plan commissioning activities. Future initiatives contemplated developing links between residents and young people in local schools and investment in training and development to support members of staff with projects to improve residents' oral health and communication and consistency in the transition between community care and hospital. Further initiatives to improve the quality of care were highlighted.

The Committee sought clarification on the number of care and nursing homes in Trafford "requiring improvement". It was explained that, last year, five homes rated "inadequate" had been closed, consequently, 150 beds had been lost. This year, two establishments were rated "inadequate" and those "requiring improvement" had action plans in place. Members also enquired about the percentage of residential and nursing homes with a charitable or private status. The Committee discussed the process to determine the hourly rate for care workers and it was explained that providers set the hourly rate independently from the annual increase that the Council paid in line with inflation. It was explained that contingency plans were in place for continuity of care. Members also queried the rationale for the self-assessment tool for care homes and it was explained that the

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data obtained was utilised with other processes, such as safeguarding and site visits, to ensure quality of care.

RESOLVED:

1. That the progress made to date be noted;
2. An update be requested at six monthly intervals on quality within the market.

14. AN OVERVIEW OF THE HEALTH AND WELLBEING BOARD STRUCTURE IN TRAFFORD AND THE TRAFFORD AGE WELL PLAN

The Committee considered a report of the Interim Director of Public Health which gave an overview of the Health and Wellbeing Board and the three life course boards: the Start Well Board, the Live Well Board and the Age Well Board.

The Consultant in Public Health and the Public Health Project Support Officer attended the meeting to present the information and to address the enquiries of the Committee.

It was reported that the Health and Wellbeing Board had been in place since 2013. Its function was to develop a shared understanding of local needs through the Joint Strategic Needs Assessment (JSNA), to support the development of strategies to improve health and wellbeing of local population and to foster partnership working.

On the basis of the data gathered by the JSNA, five priorities were identified for Trafford for 2019-25. These were: reducing the number of people who smoked or used tobacco, reducing physical inactivity, reducing harm from alcohol, reducing the impact of mental illness, improving cancer prevention and screening.

The remit of each of the life course boards was outlined. Each of them reported to the Health and Wellbeing Board. The Mental Health Partnership sat alongside these three boards and it was in the process of developing a mental health strategy for Trafford.

It was explained that the Age Well Plan for Trafford was developed following Greater Manchester being named as the first age-friendly city region in the UK in March 2018. The plan was submitted to Greater Manchester Combined Authority in March 2019 and Trafford itself was named as an age-friendly community by the UK Centre for Ageing Better in May 2019.

Members queried the efficacy of current measures to reduce health inequalities, considering that resources such as Sure Start Centres and Children Centres were no longer in operation. It was explained that the structure in place focused on key issues such as better start in life and education; through tools such as screening work in the community, it was possible to identify groups that required intervention. It was noted that, although the national context was difficult, different initiatives in the community were ongoing to address long term goals through a collective approach.

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Members sought and received clarification on the Poverty Strategy which was being developed; a workshop, led by Public Health and attended by several partners, had taken place. The draft strategy would be brought to the Health and Wellbeing Board in March 2020. Members asked for the draft to be brought to this Committee after endorsement by the Health and Wellbeing Board. Members also requested to be involved with Neighbourhood plans which looked at aspects of JSNA and their links with communities and GPs in specific areas of Trafford. Members also queried whether, within the Start Well Board's work plan, communication skills were included in the school readiness plans. It was explained that there were place based plans and speech and language were prioritised.

RESOLVED

1. That the report be noted;
2. That the Poverty Strategy be shared with this Committee after its endorsement by the Health and Wellbeing Board.

15. HEALTHWATCH TRAFFORD END OF YEAR PERFORMANCE AND IMPACT REPORT 2018/19

RESOLVED that HealthWatch Trafford's End of Year Performance and Impact report 2018/19 be noted.

16. HEALTH SCRUTINY WORK PROGRAMME 2019/20

The members were presented with a draft work programme for 2019/20. This document was prepared on the basis of the work that had been carried out by the Committee during the previous municipal year.

Members noted the document and agreed that a further discussion was necessary to ensure that the work plan for 2019/20 reflected the Council's new corporate priorities outlined in the new Corporate Plan, as well as the five health and wellbeing priority topics identified via Trafford's Joint Strategic Needs Assessment. Members agreed to delegate the development of the work programme to the Chair and Vice-Chair of the Committee. Therefore, a revised work programme for 2019/20 would be presented at the next meeting of the Committee in September 2019.

The Chairman informed the Committee that an extraordinary meeting would take place on Wednesday 24th July 2019 to scrutinise the matters concerning the Altrincham Hub development.

RESOLVED:

1. That the Chair and Vice-Chair of the Health Scrutiny Committee meet to develop the work programme for 2019/20; this would be brought to the meeting in September 2019 for approval;
2. That it be noted that an extraordinary meeting of the Health Scrutiny Committee take place on Wednesday 24th July 2019 to scrutinise the matters concerning the Altrincham Hub development.

Health Scrutiny Committee
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The meeting commenced at 6.30 pm and finished at 7.50 pm

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HEALTH SCRUTINY COMMITTEE

24 JULY 2019

PRESENT

Councillor Dr. K. Barclay (in the Chair).

Councillors S. Taylor (Vice-Chair), A. Akinola, Mrs. D.L. Haddad, B. Hartley, J. Lloyd, D. Acton (ex-Officio) and D. Western (ex-Officio)

In attendance

Martyn Pritchard	Accountable Officer NHS Trafford and Clinical Commissioning Group (CCG)
Rebecca Demaine	Associate Director of Primary Care, Trafford CCG
Fabiola Fuschi	Democratic and Scrutiny Officer, Trafford Council

Also Present

Councillors Coggins and Welton

Also in attendance

Heather Fairfield Healthwatch Trafford

17. ATTENDANCES

Apologies for absence were received from Councillor Dr. Carr and Councillor Thomas.

18. DECLARATIONS OF INTEREST

Councillors Taylor, Western and Akinola declared a general interest in so far as any matter related to their employment.

Councillor Lloyd declared a general interest in so far as any matter related to her previous position as Executive Member for Health and Wellbeing.

19. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

20. QUESTIONS FROM THE PUBLIC

The following public question was submitted via email:

“I have a question for the Scrutiny Committee

I have seen this Committee in action under three Chair leaders over time. I am regularly present at all CCG Board meetings over a long time with questions and some success in pressing for change/ improvements. I have wider involvement

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and interests in Health and Social Care, in what is currently a very confusing plethora of activity out there whichever way you look.

On Scrutiny and the reasons why this Committee exists, it does not get to "good or outstanding" in my considered view and from a lot of experience of the "critical friend" role in action on issues. With the subject tonight, it seems to be in the catch up zone, discussing a major problem in which it has no real authority to decide and pronounce. I am well familiar with the background. Do you agree that under the new "annual scrutiny leadership cycle", it has to sharpen its teeth and forget the "friend" in the critical phrase, with this agenda problem?"

The Chairman acknowledged the question and explained that a detailed response would be sent to the questioner in due course.

The Chairman added that the Health Scrutiny Committee derived its powers from The Health and Social Care Act 2001 and the National Health Service Act 2006 and its main functions were to hold to account the decision makers in relation to health and well-being issues in Trafford and to strengthen the voice of local people, ensuring that their needs and experiences were considered as an integral part of the commissioning and delivery of health services and that those services were effective and safe.

A Health Scrutiny protocol was in place to outline working arrangements between the Health Scrutiny Committee, key NHS partners, HealthWatch Trafford and the Older Person's Champion on how best deliver the duties placed on them by legislation. However, the Committee was constrained in its actions by the legislation.

The Chairman informed the Committee that Mrs. Judie Collins, Chair of the Altrincham and Bowdon Civic Society wished to make a statement concerning this evening's agenda item. Three minutes were allocated to Mrs. Collins to present her information.

Mrs. Collins addressed the Committee and explained that, at the beginning of the process concerning the development of the Altrincham Hub, there had been no adequate public consultation over the hospital's future. This had been confirmed by a decision of the High Court, following judicial review. Subsequently, the developers had started engaging with residents and the Altrincham and Bowdon Civic Society had been able to express its concern with regard to maintaining the heritage of the building. Currently, regular meetings with CCG's project managers were taking place. Mrs. Collins added that the Altrincham and Bowdon Civic Society would like to see the NHS Property Services taking part with the CCG in the lesson learned exercise regarding this matter.

The Committee sought and received clarification from Mrs. Collins with regard to the involvement of the Altrincham and Bowdon Civic Society with the shortlisting of developers, the impact on the community of the building not being fully utilised and the feedback from patients' groups on its destination to library services and GP Practices.

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The Chairman thanked Mrs. Collins for her contribution to the meeting of the Committee.

21. THE ALTRINCHAM HUB DEVELOPMENT

The Committee gave consideration to a report of the Accountable Officer for NHS Trafford and Clinical Commissioning Group (CCG) which informed of the the background of the Altrincham Hub development and the CCG's response to the outcome of the independent review of the Hub, commissioned by the Greater Manchester Health and Social Care Partnership.

The author of the report, accompanied by the Associate Director of Primary Care Trafford CCG, attended the meeting to present the information and to address the enquiries of the Committee.

In May 2015, a full business case had been approved by the CCG Governing Body to locate a health care hub on the site of the former Altrincham Hospital which was owned by a local developer. However, due to historic governance processes and lack of appropriate challenge of the business case, the project led to expending of funds and resources that could have been saved.

The Accountable Officer explained that the independent report commissioned by the Greater Manchester Health and Social Care Partnership on the Hub had been published on 6th March 2019. The CCG had accepted the nine recommendations listed in the report which urged the organisation to put in place measures to ensure the efficient accomplishment of future projects of similar size and strategic importance.

The Accountable Officer went on to explain that, in addition to addressing those nine recommendations, the CCG also wanted to focus on the wider issues in the review, such as ensuring that appropriate governance arrangements were in place during the key decision making process, building a high performing Governing Body able to appropriately challenge future schemes and identify risks and the ability of management to deliver agreed actions. As a result, the responses to the recommendations and the plans and processes put in place to address the wider organisational issues were reviewed, internally, by the CCG's Governing Body and the Audit Committee and, subsequently, approved by the Greater Manchester Health and Social Care Partnership.

The Accountable Officer also informed the Committee of the future use of the Altrincham Hub and confirmed that the CCG had entered a legal agreement with two GP Practices which would move in the near future from their existing buildings into the hub, providing primary care services for over 24,000 residents. This would be pivotal in securing the opening of a community pharmacy in the building. The Accountable Officer also reported that conversations with the Council were ongoing about the possibility of an integrated health and social care team located in the Hub. The NHS Property Services was in conversation with commercial organisations about the use of the third floor.

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The Committee sought reassurance from the CCG's representatives that the lesson learnt from these circumstances would lead to a more robust procurement process and a clear audit trail of decision making within the organisation. Members were informed that, as a consequence of the independent review and the acceptance of its findings, the CCG had developed a three phase response which had consisted in the review of CCG's Governing Body's constitution signed off by NHS England, the assurance of effective scrutiny of decision making through the revised Terms of Reference of committees and sub-committee within the organisation and the review of all policies and procedures. The outcome of the internal review also ensured that effective record keeping of decision making was in place to comply with good governance standards as well as with openness and transparency through publication of records.

Ward Members, who attended this evening's meeting, highlighted the frustration of residents about this matter, considering the current national and local context, characterised by financial constraints and reduction in public spend. Ward Members queried the function of the Council's Health Scrutiny Committee with regard to this issue and whether there was a lesson to be learnt by NHS England on this matter. It was explained that the amount of information available to the Health Scrutiny Committee had been limited. However, CCG's processes had changed and Members of the Council's Executive were being invited to attend CCG's meetings where discussions took place on the quality of services, their performance and finance.

The Committee also queried the CCG agreement with NHS Property Services to retain the financial risk of void space through an indemnity deed and the role of NHS Property Services in this decision. It was explained that, currently, the yearly cost to the CCG of not having tenants in the building was over £2 M. However, the CCG was determined to work with partners to make the best of the building.

With regard to the future use of the building, Members asked what would be the cost of converting the third floor into a commercial space. It was explained that the third floor was already organised as an office space. However, the conversion cost would be around £1.3M, should a different destination be decided.

The Committee raised questions regarding the lack of competitive procurement for selecting a developer for the hub. It was explained that the CCG had now secured the expertise of STAR Procurement; the management of large scale projects in future would follow national standards of procurement.

Members requested to clarify the relationship between CCG and NHS England. It was explained that, within the Devolution Agreement, Greater Manchester Health and Social Care Partnership had to report to NHS England. CCG had quarterly meeting with the Greater Manchester Health and Social Care Partnership regarding the lesson learnt on the Hub development.

Members requested an update on progress against the CCG's action plan at the meeting of the Committee in November 2019. Members also asked to visit the site with a member of the CCG to fully understand the potential use of spaces.

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In addition, Members requested to have access to agendas and minutes of the CCG Governing Body's meetings. It was explained that these were available on line, on the Trafford CCG's web-site.

RESOLVED:

1. That an update on the CCG Action Plan on the Altrincham Hub be presented at the meeting of the Health Scrutiny Committee on 8th November 2019;
2. That members visit the Altrincham Hub building with a representative of the CCG to fully understand the potential use of spaces;
3. That further information be provided by the CCG to the Committee with regard to NHS England and NHS Property Services and their role in the lesson learnt process and risk management.

The meeting commenced at 6.30 pm and finished at 7.30 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 26 September 2019
Report for: Information
Report of: Ric Taylor, Lead Commissioner Mental Health & Learning Disability, NHS Trafford CCG

Report Title

**PSYCHOLOGICAL THERAPIES FOR MENTAL HEALTH CONDITIONS –
SPOTLIGHT ON PROVISION IN TRAFFORD**

Summary

Trafford's Health Scrutiny Committee has requested a report explaining how psychological therapy services are provided in Trafford, a request contextualised by the Committee's understanding that Trafford's *Joint Strategic Needs Assessment* (JSNA) for December 2017 showed only 1 in 10 of patients who had anxiety or depression received a psychological therapy (talking therapy). This rate was noted as being lower than the English average and the lowest amongst a group of similar CCGs.

This performance has now significantly improved and all national targets have been achieved or exceeded in subsequent years.

This report has been prepared collaboratively by NHS Trafford CCG's Lead Commissioner for Mental Health & Learning Disability and Dr Dale Huey, Consultant Clinical Psychologist and Strategic Lead for the Primary Care Psychological Therapy Division of Greater Manchester Mental Health NHS Foundation Trust (GMMH). GMMH is Trafford's lead provider of psychological therapy services.

Psychological therapy services for common mental health problems are generally known as *Improving Access to Psychological Therapy Services* (IAPT).

In October 2014, NHS England and the Department of Health jointly published *Achieving Better Access to Mental Health Services by 2020*. This document outlined a first set of mental health access and waiting time standards including IAPT services, for introduction during 2015/16. These commitments were reaffirmed in the Government's mandate to NHS England for 2016-17 and included as one of nine 'must dos' for the NHS in the NHS Shared Planning Guidance for 2016/17-2020/21. This mandate became known as the *Five Year Forward View for Mental Health* (FYFVMH).

NHS Trafford CCG is committed to delivering the FYFVMH in full by 2020/2021. As of 2016/17, year on year stretch targets have been required of Trafford which are performance managed by NHS England via the Greater Manchester Health & Care Partnership.

These targets demand the following access targets¹ be achieved for Trafford's adult population²:

- 2016/17 15.8%
- 2017/18 16.8%
- 2018/19 19%
- 2019/20 22%
- 2020/21 25%.

(No access targets are currently in place for under 18 year olds).

Access percentages are calculated as a percentage of the estimated prevalence of anxiety and depression within the adult population; commonly understood as being 1:4 or approximately 25% at any one time.

The expansion of IAPT services will continue across the NHS Long Term Plan (2019 – 2023/24) to reach an access rate of approximately 31% by 2024.

NHS Trafford CCG commissions a mixed economy for the delivery of its IAPT services; from *Self Help Services* (SHS) a VCSE sector organisation and from GMMH. SHS delivers 2.67% of the overall access target with GMMH responsible for the remainder, GMMH acts as pathway and clinical lead for Trafford's IAPT services.

Other than 2017/18 when Trafford failed to achieve its access targets (only 13% was achieved), the Trafford IAPT service has met all access targets.

The following is a summary of performance up to May 2019.

- **Access**

More people in Trafford are accessing psychological therapy. In 2018-19, a total of 6,500 people accessed therapy, which represented 21% of adults estimated to have a common mental health condition, achieving the national target of 19%. This is also an improvement compared to the 2017-18 achievement of 13%.

The latest published rolling data for March through May 2019 shows that a total of 1600 adults accessed therapy, which equates to an access rate of

¹ Targets are also applied to ensure the quality and effectiveness of the service. These cover waiting times and recovery rates.

² **Children and Young People's Services:** There are no access targets for children accessing psychological therapy services. However at least 32% of CYP with a diagnosable MH condition are required to be able to access treatment from an NHS-funded community Mental Health service. According to the Mental Health Single Data Set Trafford was below target at 26.5%, however this was due to issues with 3rd sector providers and Community Pediatrics within Pennine Care being unable to flow data to the MHSDS. In June / July 2019 NHS England conducted a manual data collection to the SDCS as this is a common problem across the country. Under the manual collection, Trafford's position was improved to show an access rate for 18/19 of 37.3% and therefore above target.

5%. The national target is to ensure 22% of people with a common mental health condition access treatment during the final quarter of 2019-20. Commissioners and providers are working together to ensure the 2019/20 access target of 22% will be achieved.

- **Waiting times**

8 out of 10 people referred for therapy are seen within 6 weeks and almost everyone is seen within 18 weeks.

The latest national published data shows that 80% of people, who completed therapy between March and May 2019, waited less than 6 weeks to start treatment (target 75%) and 93% waited less than 18 weeks (target 95%).

However local data shows that the 18 week standard is consistently above the 95% requirement. Greater Manchester Mental Health Trust who is the main provider of IAPT services has reported data recording issues with the submission of their activity to the national dataset, resulting in a discrepancy between national and local performance. The data recording issues are expected to be resolved over the coming months.

- **Recovery**

Recovery rates continue to perform well. Between March and May 2019, 61% of people who completed treatment showed significant improvements to their condition to be classified as recovered, above the national standard of 50%.

A comprehensive presentation, prepared by GMMH's clinical lead for psychological therapy services will be presented to the Committee at the meeting which it is hoped will answer the Committee's more detailed questions in full.

The presentation is included as Appendix 1

Recommendation(s)

That the Committee note the contents of this report.

Contact person for access to background papers and further information:

Name: Ric Taylor, Lead Commissioner Mental Health & Learning
Disability, NHS Trafford CCG
Extension: 4201

1. Key Issues for Health Scrutiny to Consider

Ensuring this paper provides assurance that there is appropriate levels of access to talking therapies in Trafford

2. Key Questions for Health Scrutiny to Consider

The committee may want to consider if it now feels adequately briefed on how talking therapies are delivered in Trafford.

3. Links to Corporate Priorities

Trafford's IAPT services underpin the prevention of mental ill health and support the health and wellbeing of our residents. As such the service is important to the strategic direction set within Trafford's *Corporate Plan 2018-2022*.

Trafford's seven strategic priorities are:

- **Building Quality, Affordable and Social Housing**, so that Trafford has a choice of quality homes that people can afford
- **Health and Wellbeing**, so that Trafford has improved health and wellbeing, and reduced health inequalities
- **Successful and Thriving Places**, so that Trafford has successful and thriving town centers and communities
- **Children and Young People**, so that all children and young people in Trafford will have a fair start
- **Pride in Our Area**, so that people in Trafford will take pride in their local area
- **Green and Connected**, so that Trafford can maximise its green spaces, transport and digital connectivity
- **Targeted Support**, so that people in Trafford will get support when they need it most.

4. Consultation

NA

5. Appendices

PowerPoint



**Greater Manchester
Mental Health**
NHS Foundation Trust

Trafford Psychological Therapies: IAPT in Trafford

Dr Dale Huey

Strategic Lead, GMMH Primary Care Psychological Therapies

Dr Kate Thomason

Clinical Lead, Trafford Psychological Therapies



Improving Lives

Programme



Trafford Motto:

("Prove all things;...)

"Hold fast that which is good."

From:

Thessalonians 5:21
(KJV).

Principles

- GMMH vision and scope
- High quality care
- Service mission

People: who uses, and who delivers, the service

- People: service users
- People: workforce

Pathway and provision

- Pathway: referral source and allocation model of stepped care
- Awareness raising
- Provision: evidence based therapies available

Performance: Effectiveness, Timeliness and Equity

- Compliance with IAPT Key Performance Indicators (KPIs)
- Recent performance

Challenges for the service

- Ensuring all conditions in place for high quality care

Guiding principles *for delivering the service*

GMMH vision is for people and communities affected by
mental health and substance misuse problems to achieve
improved lives and optimistic futures

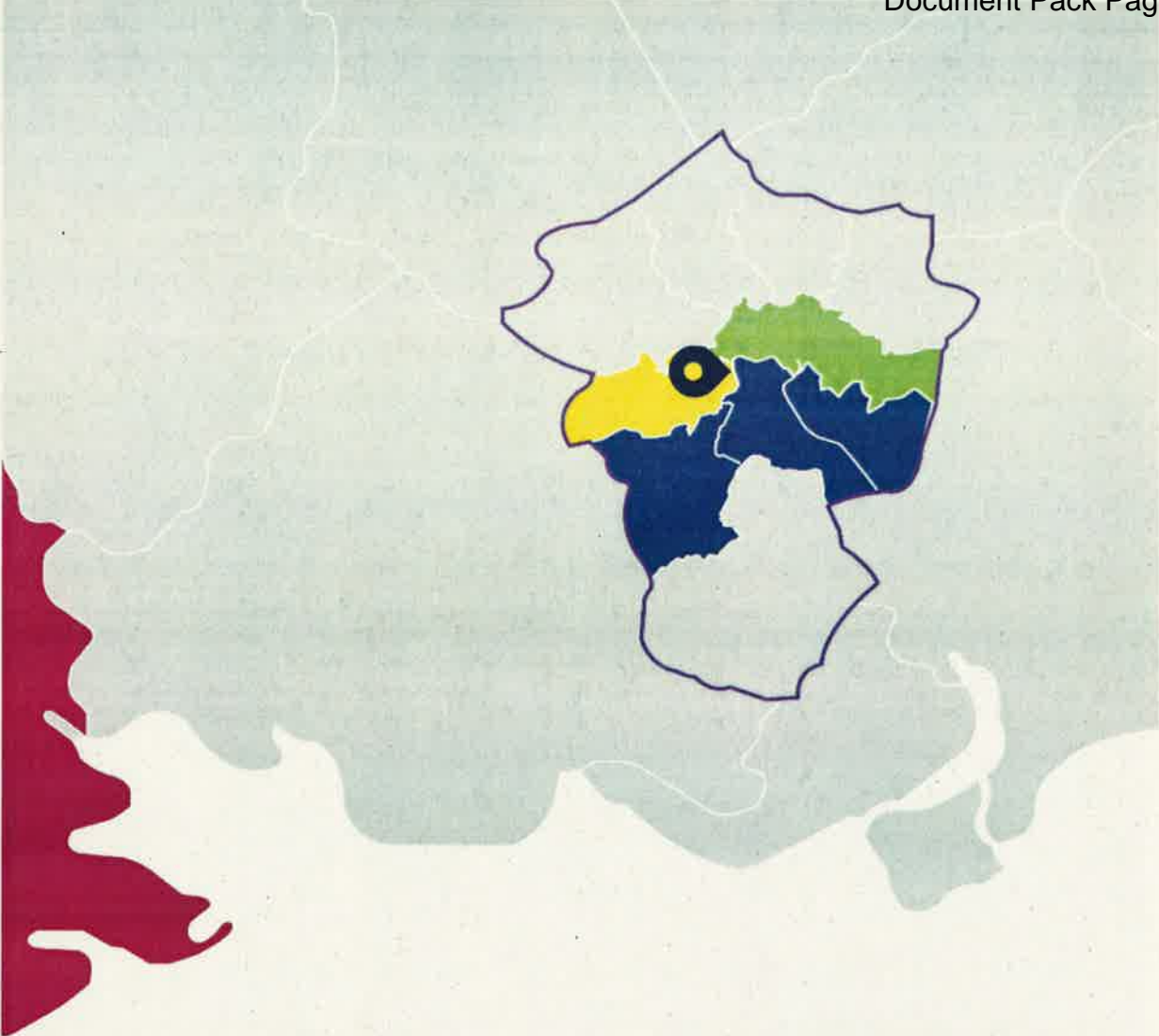
We inspire hope

We work together

We are caring and compassionate

We value and respect

We are open and honest



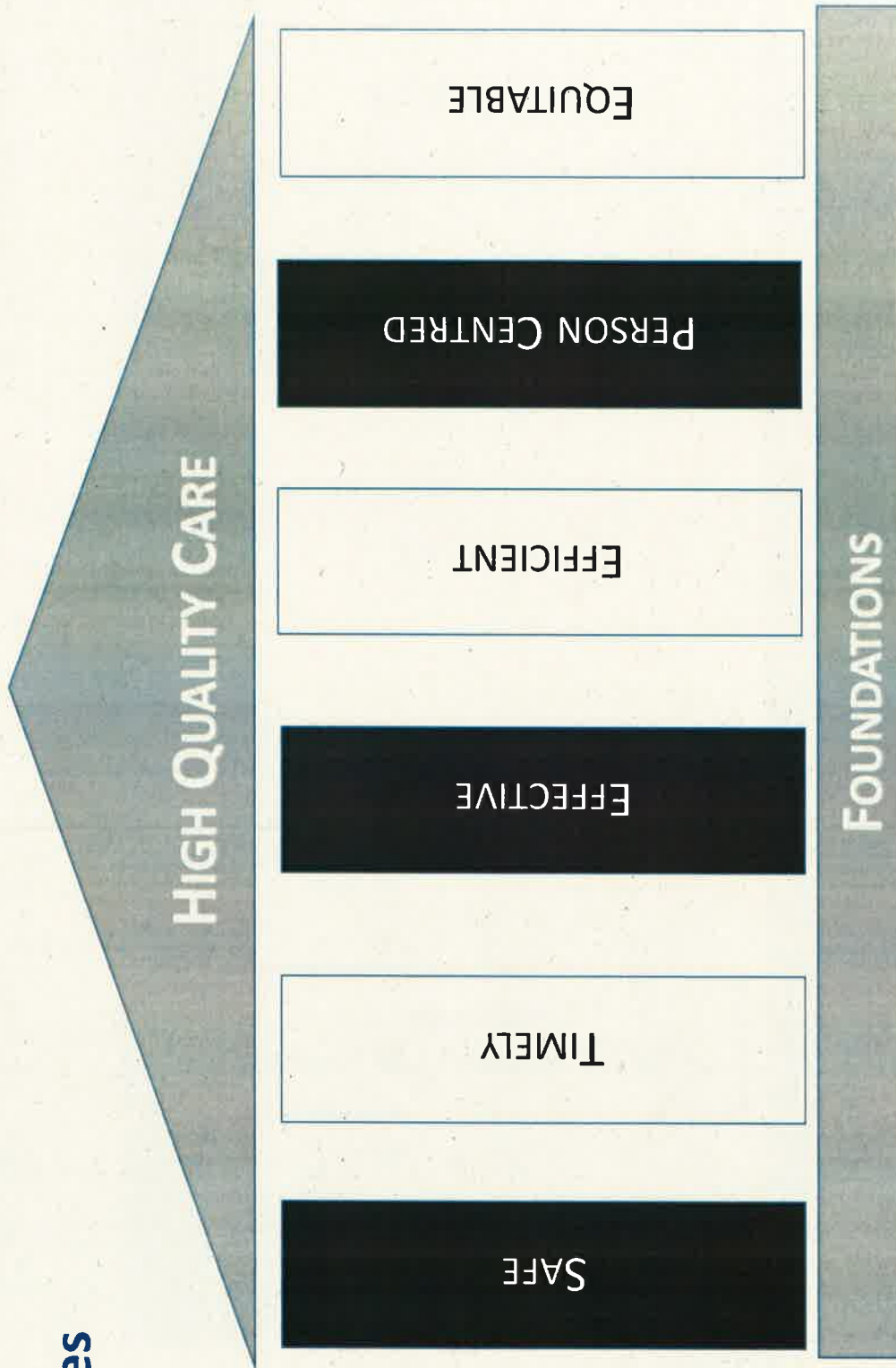
Our Scope

- Bolton, Salford and Trafford**
Mental Health and SMS Services
- Manchester**
Mental Health Services
- Bury**
SMS Services
- Cumbria**
SMS Services

We also provide a range of more specialist services across Greater Manchester, the North West and beyond:

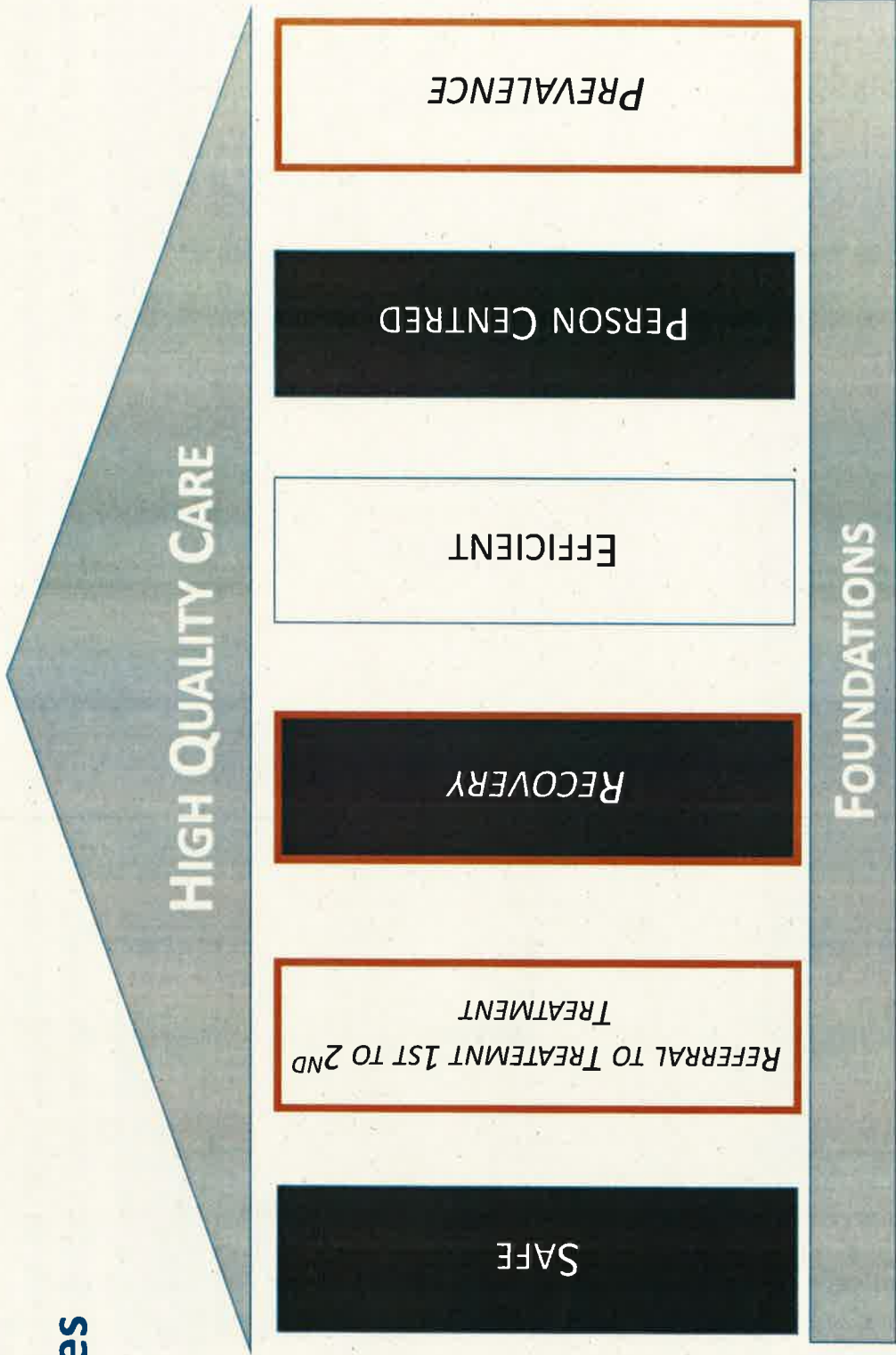
- Inpatient substance misuse services
- Medium and low secure forensic mental health services (adults and adolescents)
- CAMHS Tier 4
- Mental health and deafness services
- Health and justice services
- Perinatal mental health services
- Military veterans (Cheshire and Merseyside)

Principles



The Institute of Medicine (2001) Crossing the Quality Chasm: A New Health System for the 21st Century. USA: IOM. In National Institute for Health and Clinical Excellence (2012) *Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. CG138; NICE.*

Principles



PREVALENCE

PERSON CENTRED

EFFICIENT

RECOVERY

REFERRAL TO TREATMENT 1ST TO 2ND TREATMENT

SAFE

FOUNDATIONS

HIGH QUALITY CARE

Principles: Our mission

Two themes Quality and Compassion

We strive to deliver high quality compassionate care, for people experiencing common mental health problems. We do so by recruiting, retaining and further developing an optimistic, effective, and motivated workforce.

We will achieve this by providing roles that:

- I. are enjoyable;
- II. make an observable difference;
- III. enable an appropriate work-life balance;
- IV. have a clear career structure with good job security;
- V. have opportunities for further training and continual professional development;
- VI. involve stimulating and complex work matched to level of competency;
- VII. and exist within a service which has good support from leadership teams, supervisors and peers.

People
who uses and who delivers the service?



People

Who uses the service?

Demographics

Gender

70%
Females: N=556



30%
Males: N=240

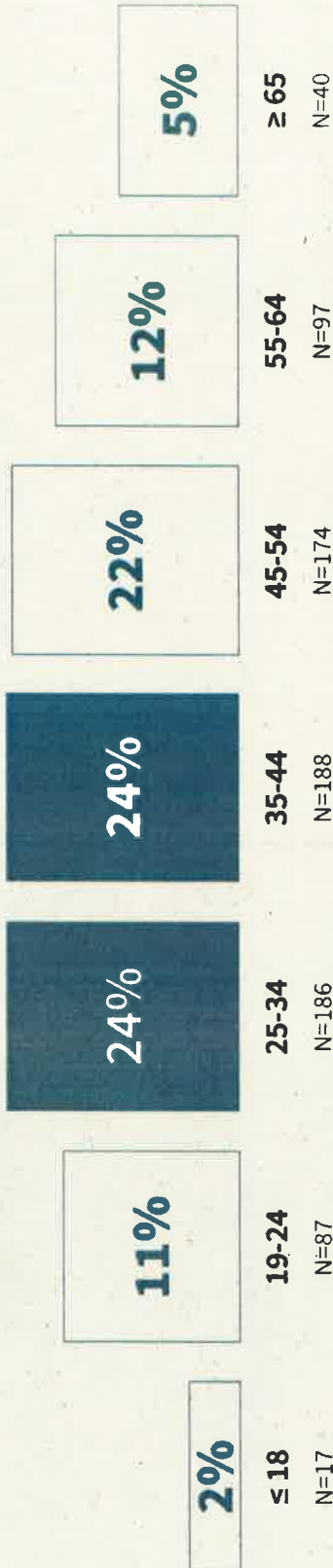


People

Who uses the service?

Demographics

Age Groups



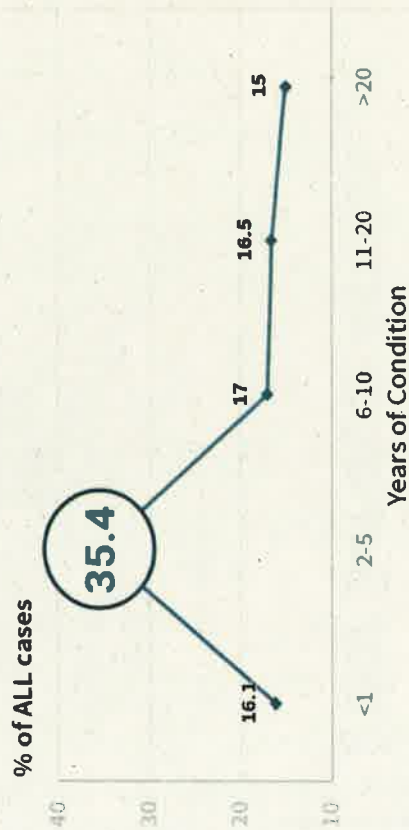
The mean age across the sample is 40.85 (±14.03) years old, with the most prevalent age groups being the 25-34 & 35-44 (24%) years old group.

People

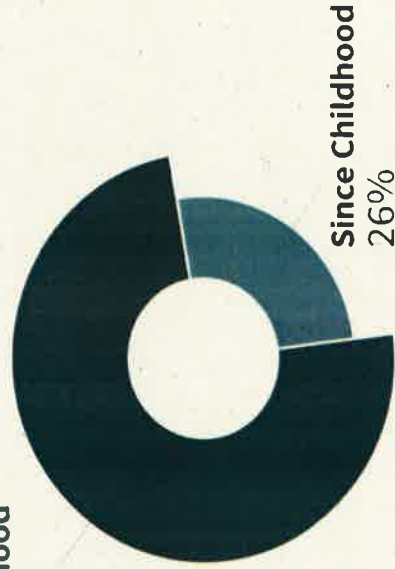
Who uses the service?

Demographics

Chronicity of Condition - Age of Onset



From Adulthood
74%

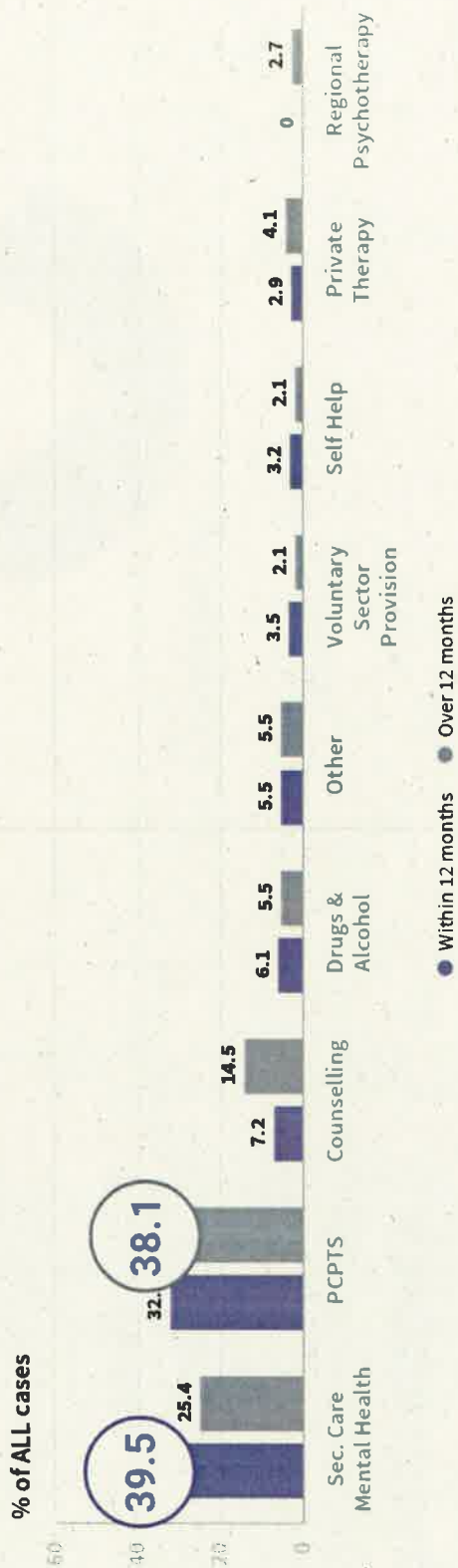


The present difficulties across the sample are experienced on average 10.4 (± 11.15) years, with the modal frequency of a condition being 2-5 years and the mean age of onset being 30.4 (± 15.3) years old.

People

Who uses the service?

Prior Services Access



Most frequently accessed Services within and over 12 months is Sec. Care Mental Health (39.5%) & PCPTS (38.1%) accordingly, with the modal frequency of number of Services accessed in total being 1-2 services (50.7%, n=406).

People

Improving equitable access

- BAME Champion continues to liaise with the Trust BAME Network and Pakistani Resource Centre. Plan to promote service through ESOL (English for Speakers of Other Languages) courses and accompany Senior PWPs with service promotion work.
- Older People's Champion continues to increase awareness of IAPT through post at the Trafford MATS team.
 - Over 65's referrals: Sept 2018-Aug 2019 = **5.6%**.
- Ex-service personnel – we continue to be compliant with the framework for prioritizing these referrals and refer on to Combat Stress (Pennine Care) if necessary.
- Routine use of translators: averaging 20 appointments per month (2019).
- Ongoing links with Youth Justice System in order to facilitate appropriate referrals.
- Perinatal referrals: Sept 2018-Aug 2019 = **6%**. Perinatal Champions in place awaiting funding for appointment of perinatal lead to further develop integrated pathway with 14 day access time.
- Young people (16-18): Sept 2018-Aug 2019 = **1.9%** of referrals.
- Long Term *Physical* Health Conditions (LTHC): Sept 2018-Aug2019 = **16.7%**.

People

Improving equitable access

2018	IAPT Referrals	% Population
North	1016	2.20
South	1562	1.98
Central	1576	2.49
West	1544	2.86

2017/18 Audit (IAPT referral rates per GP practice compared to A&E attendance and prescribing), highlighted some inequalities between localities within the borough. Work underway to increase awareness and accessibility with continued liaison with individual GP practices across the borough. Adequate accessible accommodation a challenge.

People

Workforce

Current workforce	Full establishment (wte)
Administration	8.66
Managerial	3.2
Clinical Lead	0.7
Psychological Wellbeing Practitioners (PWP)	13.9
Counsellors	5.19
CBT therapists	21.2
Psychological Therapists Step 3+	4.6

Improving Lives

Pathway and provision



Pathway

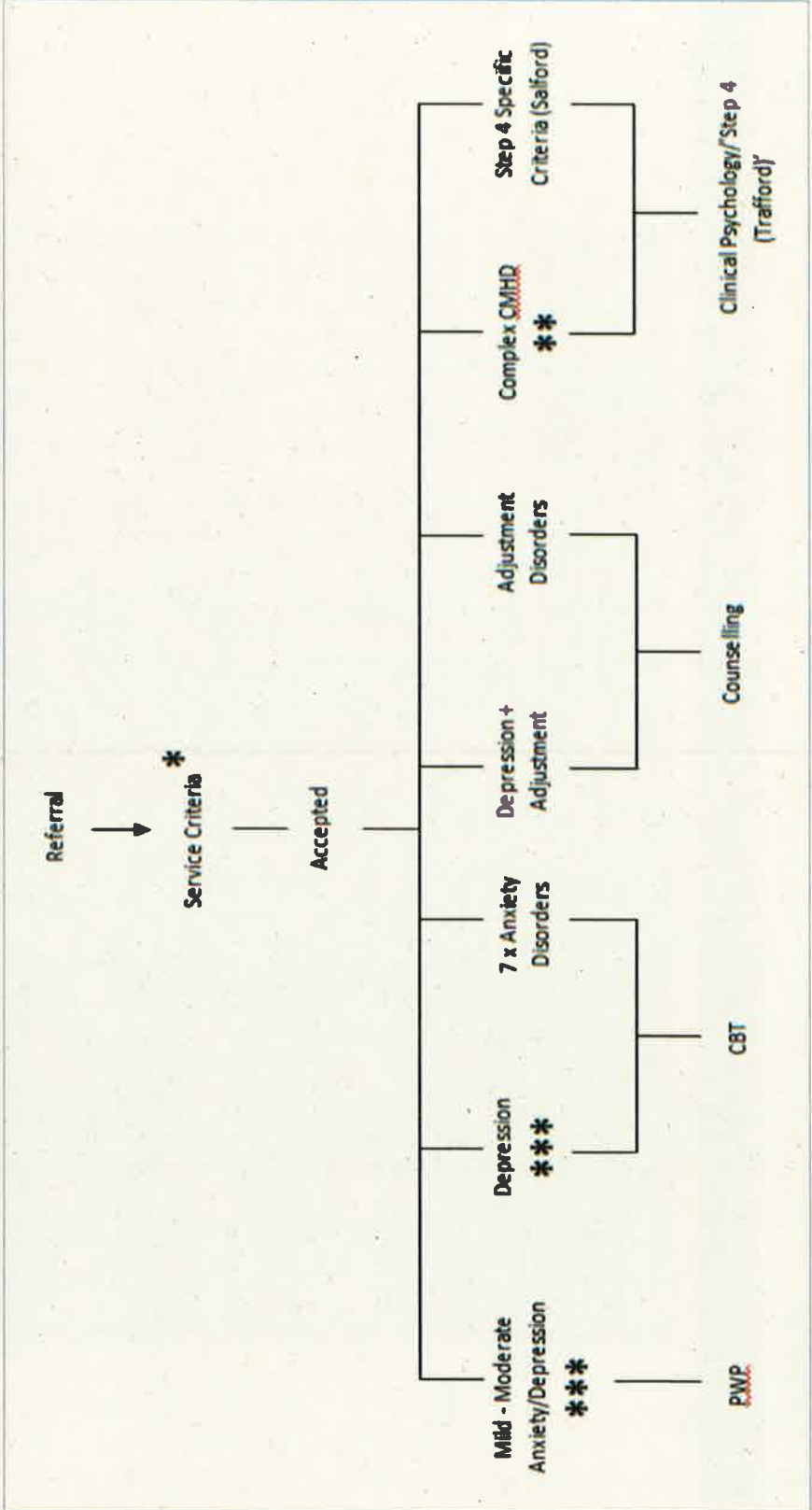
Routes into TPT

Source	%*
GPs	30
Self-referral	54
Secondary mental health	6
Other	10

* Overall, 6207 people entered therapy from Sept 2018-Aug 2019.

Pathway

Once referral received



Raising awareness

Completed and ongoing events in 2018/2019

- School/College talks/events (Urmston Grammar, Stretford, Altrincham Girls Sixth Form).
- Carers' event. Article about TPT printed in carers' newsletter.
- Stand in Tesco, Sale (been in touch with other supermarkets).
- Distributed leaflets to various shops/cafes in Trafford.
- Urmston Musical Theatre distributed leaflets with their programmes.
- Provided Fiona Gardens (Assisted Living/ Extra Care Housing in Sale) with information and service booklets.
- Identified fourteen sheltered accommodation blocks in Trafford and explored interest to attend a coffee morning(s) or to do a presentation (*ongoing*).
- Service booklet drop off at GPs in Trafford (*ongoing*).
- Stroke Association talk booked for October.
- Ongoing relationship with AGE UK; Clinical Lead recently met with manager to increase awareness of TPT and encourage referrals.
- Service listed on Arthritis Action website: <https://www.arthritisaction.org.uk/region/greater-manchester/>
- Stress balls, information packs and pens given were given out at all events.
- Service poster in process of being designed with the aim to distribute to all GP surgeries and community centres (*ongoing*).
- Recent meeting with the Counselling and Family Centre with a view to building better links (*ongoing*).

Provision

Therapeutic options

Step 2: guided self-help with Psychological Wellbeing Practitioners (averaging 6 half hour sessions; usually within 6 appointments).

Step 3: Counselling (usually within 16 sessions); CBT with CBT therapists (usually within 16 sessions)

- There is also a provision for couples counselling, EMDR and interpersonal therapy (IPT) at Step 3.
- 6 members of staff (4.8wte) have additional specific training in working with long-term physical health conditions (LTHC) and 1 to commence training (1wte).
- 4 members of staff (2.9wte) are trained/about to commence training in working specifically with the perinatal population.

Step 3+: Psychological therapy with psychological therapists (including 7 Clinical/ Counselling Psychologists) offering a range of approaches (e.g. CBT, EMDR, Schema-focused, CAT-informed, CFT), (16- 20 sessions) for people presenting with complex Common Mental Health Disorder (CMHD) whose difficulties are unlikely to be met through routine IAPT provision.

Current groups: Mindfulness-based cognitive therapy (MBCT) Group – 8-week course; Compassion Focused Therapy (CFT) Group (runs 3 times a year).

Performance: Effectiveness, Timeliness and Equity



Improving Lives

Performance

Compliance with IAPT Key Performance Indicators (KPIs)

GMMH Trafford Target 2018 - 2019	Quarter 4 Outturn 18/19
IAPT Access target contribution target of 17% prevalence	18%
IAPT Recovery target of 50%	54.5%
IAPT Waiting times (6 weeks) target of 75%	80.4%
IAPT Waiting times (18 weeks) target of 95%	98.9%

Performance

Recent and comparison

% 2019	April	May	June	July	August
Recovery (aim 50%)	64	64.4	55.2	63.2	61.8
Reliable Improvement (aim 65%)	79.6	76.1	72.3	77.0	78.6

Trafford demonstrated **effectiveness** consistently (2014-2019) in top 10% North of England and best (2015, 2016, 2017, 2019) or second best (2018) in GM. On accessible time (RTT), consistently compliant and within top third. On access rate (**prevalence**), top five up to 2015 and then consistently performing less well (2016, 9th; 2017, 8th). Also longer first to second appointment time than regional and national averages.

Challenges for the service *threats to high quality compassionate care*



Improving Lives

Challenges

Ensuring conditions for HQC are in place

- Securing funding for sufficient workforce capacity to increase access rate (7,871 people accessing per year by March 2021; further expansion required within NHS LTP).
- Recruiting and retaining workforce: achieving our mission re sustainable, stimulating and enjoyable roles.
- Sourcing and funding appropriate accommodation to deliver evidence based effective therapies, efficiently, and in accessible locations for all our people.
- Innovating with the use of alternative technologies and means of delivering care whilst remaining person centred, effective and safe.
- Developing excellent perinatal IAPT provision embedded in the local community, and fully integrated with other services and community assets.
- Ongoing links with Youth Justice System in order to facilitate appropriate referrals.
- Perinatal referrals: Sept 2018-Aug 2019 = 6%. Perinatal Champions in place awaiting funding for appointment of perinatal lead to further develop integrated pathway with 14 day access time.
- Equitable access, not just *enough* people accessing, but ensuring the right proportions of people, i.e. we are representative of our population
- Connecting our Long Term *Physical* Health Conditions offer to specialist services.

Summary

- The average person using our services is female, early 40s, and has lived with life-limiting anxiety and depression for four years.
- The IAPT provision in Trafford is, and has been consistently over the last five years, one of the most effective in the region.
- Patient experience data indicates a deeply appreciated person centred service.
- Access rate has improved since December 2017, but remains a challenge.
- The challenge to further increasing access rate is that it requires investment and innovative to maintain the other quality domains, i.e. ensure that what enough people are accessing remains high quality.

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 26th September 2019
Report for: Information
Report of: Public Health

Report Title

Trafford Suicide Prevention Strategy and Action Plan

Summary

An overview of progress made with Trafford's Suicide Prevention Strategy and Action Plan and the findings of a local suicide audit.

Recommendation(s)

To note the information in the report

Contact person for access to background papers and further information:

Report prepared by Hannah Gaffney, Trainee Clinical Psychologist, Public Health Team, 13th August 2019
Contact: Ben Fryer, 07739 856 665 or Eleanor Roaf, ext 1201

1. Introduction

Suicide is a major public health problem. In 2017, almost 6000 people in the UK took their own lives. Suicide is the leading cause of death in men between the ages of 35 and 49 and the biggest killer of adults between the ages of 35 and 49. Suicide also has a devastating impact on the individuals, families and communities that are bereaved or affected.

A range of inter-related social, relational and individual factors contribute to, maintain and increase the risk of suicide. Risk factors in Trafford appear consistent with local and national trends. Given the diversity of risk factors, a whole system approach to support and intervention is crucial.

Reducing the number of suicides is a key priority for the NHS over the next decade. In 2016, The Five Year Forward View for Mental Health document outlined a plan to reduce the suicide rate by 10% by 2020/21 and progress continues to be made toward this goal in Trafford.

This paper describes the progress made with the Trafford Suicide Prevention Action Plan and outlines the findings of a local suicide audit. The questions outlined on pages 5 and 6 of the 'Suicide Prevention – A Guide for Local Authorities' document provide the structure for the paper. Questions from this document appear in italics in this report, together with our response.

- *Is suicide prevention included in the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)*

Suicide prevention is addressed within the JSNA and JHWS as part of the Mental Health priority area. Further detail is held within the suicide prevention strategy, rather than in the JSNA or JHWS.

2. Trafford Context

- *What is the rate of suicide among the general population in the local authority area? Is this rate higher or lower than the general population rate for England?*

In Trafford, an average of 15 people per year die by suicide. The suicide rate in Trafford is lower (7.3 per 100,000) though statistically similar to England (9.6 per 100,000). It is the lowest in the North West and Greater Manchester and lowest among a group of 15 other statistically similar local authorities.

- *What is the current trend in suicide rates showing?*

The overall trend has been towards a reduction (from 11.5 per 100,000 in 2001-03 to 7.3 per 100,000 in 2015-2017).

- *Is information available on the rate of suicide among different groups and gender, eg middle-aged men?*

Five year (2013-2017) data from the Primary Care Mortality Database indicates that four times as many men died by suicide compared to females in Trafford. This is consistent with Greater Manchester and national figures.

Inequality in Trafford is reflected in the suicide rate, with a rate of 9.8 per 100,000 in the most deprived areas compared to 4.6 per 100,000 in the least deprived. However, the averages are not statistically significantly different due to small numbers.

Risk factors in Trafford appear consistent with the national picture and include; being male, being middle aged (45-49), having a history of self-harm, physical health

problems, relationship breakdown, living in an area of high deprivation, experiencing financial difficulties or problem debt, working in low-skilled manual occupations or skilled building trades, carers and women working in nursing or the arts/media. The majority (two thirds) of people who die by suicide are not in contact with mental health services despite mental health problems being a key risk factor for suicide. The results of a local suicide audit conducted using 2015 data identified that the most common method of suicide in Trafford was hanging/strangulation.

- *Are any data collected on attempted suicides within the local authority area? If so, by whom? Are these data shared with other agencies?*

Data is routinely collected on attempted suicides attended by the Greater Manchester Fire and Rescue Service and this data has been shared with the public health team in Trafford as part of the work of the Suicide Prevention Partnership. Work towards attempted suicide data being shared with the Trafford Suicide Prevention Partnership by the North West Ambulance Service is also within our action plan.

3. The Trafford Suicide Prevention Strategy and Action Plan

- *Have you got a suicide prevention strategy and action plan in place?*

Trafford has a suicide prevention strategy and action plan in place. The strategy is all-age and considers wider determinants, prevention, intervention and support following a suicide. Consistent with national priorities, Trafford's aim is to reduce suicides by at least 10% by 2020 and to provide better support to individuals, families and communities at risk of or affected by suicide.

A stakeholder event was held in June 2019, which saw 40 representatives from 23 organizations come together to discuss how to prevent suicides in Trafford. This event fed into the development of the action plan for Trafford which was launched in July 2019.

Consistent with the Greater Manchester suicide prevention strategy, the Trafford strategy and action plan focusses on the eight priority areas identified in the Public Health England guidance for local suicide prevention plans:

- Reducing mental distress and improving mental wellbeing and resilience
- Reducing inequalities
- Improving the mental health of people with long term physical health conditions
- Reducing the suicide risk in men
- Preventing and responding to self-harm
- Improving the mental health of children, young people and women during pregnancy and postnatally
- Reducing isolation and loneliness

- Offering suicide bereavement support.

Work has begun to address these priorities through the action plan and progress is described below.

4. Suicide Prevention Partnership Group

- *Partnership working is key. Have you set up a multi-agency suicide prevention partnership?*

A multi-agency suicide prevention partnership group was established in Trafford in August 2019 to oversee progress of the action plan.

- *What other local agencies and partners are members of this group or network, or are consulted as part of any suicide prevention activity (eg police)?*

The following key agencies and partners are represented in the suicide prevention partnership:

- Trafford Public Health
 - Trafford CCG
 - Trafford Communications Team
 - Trafford Partnership and Community Directorate
 - Trafford Adult Community Social Care Service
 - Greater Manchester Mental Health Trust (GMMH)
 - Medicines Management, Trafford CCG
 - Trafford Third Sector Adult Mental Health (Bluesci)
 - Trafford Third Sector Child Mental Health (42nd Street)
 - Department for Work & Pensions, Trafford Cluster
 - Greater Manchester Fire & Rescue Service
 - Greater Manchester Police
 - North West Ambulance Service
 - Her Majesty's Prison & Probation Service, Trafford
 - Trafford Housing (Irwell Valley Homes; Your Housing Group)
 - South Manchester Coroner's Office
 - Local Care Alliance
 - Trade Unions
- *Does this involve GPs or other professionals working in primary care settings? If not, how do they input into activities or actions to prevent suicides locally?*

A Trafford GP is also a member of the partnership group and provides expertise and input into the local actions.

- *Is there a local councillor with specific responsibility for suicide prevention?*

Two Trafford councillors have specific responsibility for suicide prevention and one councillor takes on the role of chair of the suicide prevention partnership group.

- *What level of understanding of suicide do local councillors, directors of public health (DsPH) and CCGs have?*

Local councillors, the director of public health and the lead commissioner in Mental Health for the CCG in Trafford are engaged fully with the suicide prevention work and have a good understanding of suicide in the borough and the priority actions.

5. Progress with Action Plan

- *Are you developing suicide prevention awareness and skills training for professionals in primary care and local government (housing, environmental health, social care, benefits, etc) and other services that may come into contact with individuals at risk of suicide? If so, what groups of front-line staff have had such training? Does it involve the local community?*

Trafford will roll-out a mandatory e-learning package on suicide prevention and skills training to all Trafford council staff to increase recognition of signs, increase suicide awareness and encourage active signposting and support. We will monitor take-up of the online e-learning package and ensure compliance with refresher training every two years. This package will also be offered to Trafford CCG staff. We will also roll-out a 'Mental Health in the Workplace' e-learning package to all Trafford Council staff with managerial responsibilities to increase recognition and support for mental wellbeing in the workplace.

Trafford will continue to provide training for primary care staff on the presentation of psychological distress and identification of risk, especially in men and older adults and support an 'every contact counts' approach.

The Primary Care Mental Health and Wellbeing Service (PCMHWB) in Trafford provides an integrated, whole systems approach for individuals with inter-related health and social problems (e.g. debt, employment, housing) in the community. This service also supports links between people and their communities through a social prescribing model. This will further increase opportunities to identify and support people at risk of suicide in primary care.

Finally, we will promote the Greater Manchester 'Shining a light on suicide' campaign to the local community through our public facing websites and social media channels including a brief online training package developed by the Greater Manchester Suicide Prevention Partnership "Suicide, Let's Talk" to increase awareness of suicide and reduce stigma.

- *Could you target certain high-risk professions? Workers such as farmers and fishermen have a higher risk of suicide.*

We are collating data on suicide risk by profession as part of the real time data pilot to enable more effective targeting of messages towards those at greatest risk locally. However, we will aim to target the high risk professions identified as at risk nationally e.g. low-skilled manual occupations and nurses.

- *Are you providing training to frontline staff who come into contact with those at greatest risk of suicide, such as drug and alcohol workers? Teach them how to broach the subject, how to support people and where they can be signposted for further help.*

We aim to develop awareness of signs of suicidal ideation for staff groups that have contact with the public through a brief online training package developed by the Greater Manchester Suicide Prevention Partnership "Suicide, Let's Talk" to staff such as GP receptionists, pharmacists, Department for Work and Pensions staff, housing groups, ambulance & contact centre staff, link workers in PCMHWS; homeless teams; foodbank staff; youth services; security staff and hotel workers.

We also aim to support the inclusion of questions regarding mental health/suicidal ideation as part of initial tenancy interviews completed by local housing groups (e.g. Irwell Valley Homes and Your Housing Group) and ensure staff are aware of support available in Trafford to signpost to.

- *Have you identified high-frequency suicide locations? Reduce access to the means of suicide by providing extra safeguards and support at buildings rail crossings, cliff edges and bridges that have been used by people to take their own lives*

Trafford is participating in a 12-month Real Time Suspected Suicide Data Pilot alongside Stockport and Tameside. The pilot began in June 2019. The Trafford public health team is alerted to a suspected suicide by the South Manchester coroner via an analyst from the Rochdale public health team. This data will support the identification of high risk locations or locations at which safety improvements could prevent suicides. Reports from the RTSSD pilot will be provided on a quarterly basis to the Trafford Suicide Prevention Partnership. These reports will outline the number of suspected suicides, themes, trends and actions taken. Additional actions may also be identified through review of these reports by the partnership group.

- *What steps have been considered or taken to reduce the risk of suicide at such locations?*

We are not aware of any locations identified as high risk (>1 suicide) in Trafford at present from the data available. However, the ongoing RTSSD pilot may identify locations where steps could be taken to reduce risk and this will be actively monitored in line with the Standard Operating Procedure for this work.

- *What other agencies are involved in supporting this preventative action at high risk places?*

The Greater Manchester Fire and Rescue Service, Greater Manchester Police and North West Ambulance Service are all supportive of preventative action and are represented on the Trafford suicide prevention partnership group. Sharing of knowledge and data will be key to preventative action and this has been agreed as an action at the most recent partnership meeting. Key national organisations with responsibility for high risk locations, including Network Rail and Highways England work with the council through the Greater Manchester Suicide Prevention Executive.

- *Does the local coroners' office support preventative action at local level? If so:*
 - *Are coroners formal members of any groups or networks that exist?*
 - *Do they provide access to coroners' records of inquests for local analysis or audit purposes?*
 - *Do they involve or inform the local authority or DPH if they identify (at inquest proceedings or earlier) particular areas of concern, eg locations used for suicide, possible clusters of suicide, increase in a particular method or new and emerging method of suicide?*

The South Manchester Coroner is supportive of preventative action at a local level and is a member of the partnership group in Trafford. The coroner is part of the real time suicide data pilot, which is providing timely data that can be rapidly actioned e.g. a suitable support response at a system level such as for schools or workplaces. This data also facilitates the identification of patterns and trends in real-time such as suicide clusters or new and emerging methods of suicide.

While Coroner's office has provided records for previous suicide audits (most recently in 2016/16) a combination of computerization of records and the GDPR regulations that came into effect in May 2018 has made direct access to records has more difficult. We are exploring different ways of accessing this data. However, the RTSSD pilot is providing timely data that can be rapidly actioned e.g. a suitable support response at a system level such as for schools or workplaces. This data also facilitates the identification of patterns and trends in real-time such as suicide clusters or new and emerging methods of suicide.

- *Do JSNAs adequately identify action to support people at risk of suicide or suicidal behaviour within the local population?*

Action to support people at risk of suicide or with suicide behaviour is described within our suicide prevention strategy, rather than within our JSNA. The JSNA in Trafford is an accessible high level summary of health and wellbeing in Trafford, and identifies needs rather than specific actions. It highlights mental health as a key priority with which the suicide prevention strategy aligns.

- *Tackling self-harm and targeting the young are new priorities. How are you working with schools and colleges?*

Partners such as 42nd Street, Papyrus, Talk Shop and the Youth Offending Service will continue to raise awareness of mental health problems and suicide prevention through training to their staff and staff working with Children & Young People in mental health services, schools, colleges and universities.

The Greater Manchester I-THRIVE programme will continue to promote and provide children and young people with psychological support through health services (e.g. Healthy Young Minds), schools and early help hubs, reducing stigma and improving emotional wellbeing for young people.

We also commission Kooth, a popular online counselling service for people aged under-25 which can provide free and timely psychological support. This service also provides inreach to schools to raise awareness of mental health issues and the services available.

- *How are you supporting those affected by suicide? There is strong evidence to suggest those who have been bereaved are also at risk – invest in services to help them.*

We have established links with the Greater Manchester Suicide Bereavement Information Service to ensure Trafford residents affected by suicide have access to accurate information on where they can access support in Trafford. We will ensure local service information is up-to-date and accessible.

The RTSSD pilot will increase opportunities to provide timely support to organisations such as schools and workplaces affected by a suicide. We will signpost to resources produced by the Samaritans e.g. the “Step by Step” guidance for schools and colleges and resources available through the Greater Manchester “Shining a light on Suicide” website.

- *What about the media? You can work with the local press and broadcasters to ensure responsible reporting of suicides.*

We link with and support the work the Greater Manchester Suicide Prevention Partnership is undertaking with local media outlets e.g. the Manchester Evening News to ensure compliance with national guidance developed by the Samaritans on the responsible reporting of suicides in the media.

- *Are you providing or can you signpost families to bereavement services?*

The Trafford Wellbeing Counselling Service based at the Macmillan Wellbeing Centre can offer bereavement counselling to people who are bereaved by suicide. Individuals can be signposted to this service directly or via the Greater Manchester Suicide Bereavement Information Service.

Copies of the Trafford Suicide Prevention Plan and Strategy are attached.

Trafford Suicide Prevention Plan 2019

Hannah Gaffney

Trainee Clinical Psychologist, Public Health, Trafford Council

Ben Fryer

Public Health Specialty Registrar, Trafford Council

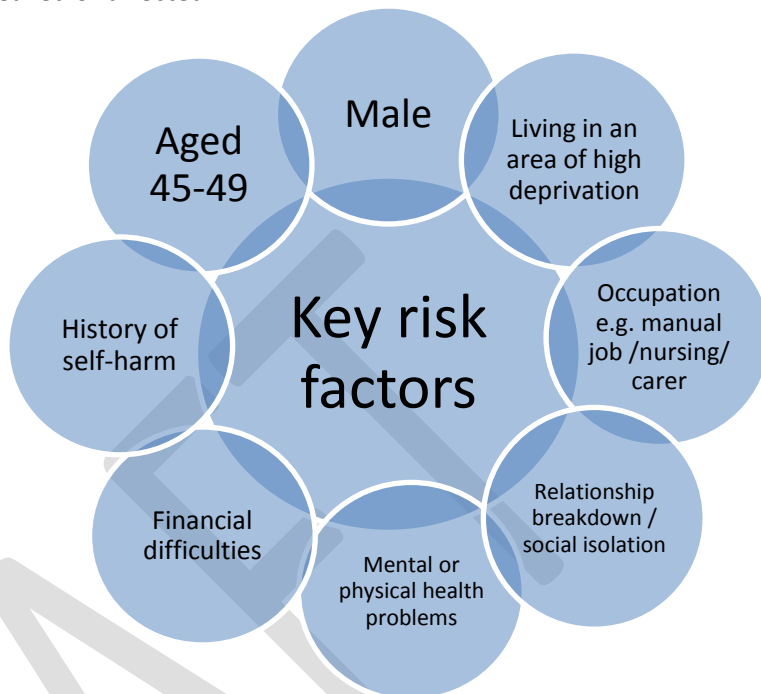
Ric Taylor

Lead Commissioner Mental Health and Learning Disability, NHS Trafford CCG

Summary

Suicide is a major public health problem. In 2017, almost 6000 people in the UK took their own lives. Suicide is the leading cause of death in men between the ages of 35 and 49 and the biggest killer of adults between the ages of 35 and 49. Suicide also has a devastating impact on the individuals, families and communities that are bereaved or affected.

In Trafford, there are on average, 15 people per year who die by suicide. Three quarters of deaths by suicide are men and many people are not in contact with mental health services. This strategy outlines our priorities and action plan to mitigate risk through maximising support for people at risk of suicide and those bereaved or affected by suicide. Ultimately we aim to reduce the number of suicides in the borough.



A range of inter-related social, relational and individual factors contribute to, maintain and increase the risk of suicide. Importantly, talking about suicide does not increase risk. Risk factors in Trafford appear consistent with local and national trends. Given the diversity of risk factors, a whole system approach to support and intervention is crucial.

Overview of Key Priorities & Actions for Trafford

Prevention	Intervention	Postvention
<ul style="list-style-type: none"> • Establish a Suicide Prevention Partnership Group & Governance arrangements • Continue efforts to reduce inequality in the borough • Link with voluntary and community organisations to maximise whole-system support available for mental wellbeing • Increase public awareness and reduce stigma through highlighting regional and national suicide prevention campaigns • Mandate an e-learning training package for council and CCG staff across services to increase recognition of signs, increase awareness and encourage active signposting and support • Pilot a Real-Time Suicide Data initiative to improve understanding of local suicides e.g. high risk locations 	<ul style="list-style-type: none"> • Continued provision of proactive physical and mental healthcare services • Encourage professionals to ask about mental wellbeing at every opportunity utilising an 'every contact counts' approach • Increase recognition of depression in primary care particularly in Older Adults and men • Develop awareness of signs of suicidal ideation for staff groups that have contact with groups at high suicide risk e.g. pharmacists 	<ul style="list-style-type: none"> • Routinely signpost people affected by suicide to the new Greater Manchester Suicide Bereavement Information Service • Utilise existing support services in Trafford as appropriate for suicide bereavement • Real-Time Suicide Data will increase opportunity to provide timely support to organisations e.g. schools affected by a suicide

Introduction

Suicide is defined as an act of intentional self-harm leading to death or fatal injury caused by an action of undetermined intent¹. Globally, nearly 800,000 people die by suicide every year². Suicide is a major public health problem. In England, suicide is the biggest killer of adults between 20 and 34 years old and the leading cause of death for men between the age of 35 and 49³. The majority (two thirds) of individuals who die by suicide are not in contact with mental health services⁴.

Furthermore, suicide attempts are up to 30 times more common than suicide and are a key predictor of completed suicide⁵. The impact of suicide also goes way beyond the individual affected⁶ and can have a devastating impact upon the individuals, families and communities that are bereaved⁷. The suicide rate therefore is an important marker of the underlying mental health of the population.

Suicide and para-suicidal behaviours such as self-harm are preventable. This strategy and action plan aligns with the key priorities of the Trafford Health and Wellbeing Strategy and is tailored to the needs of the population of Trafford. Specifically, in line with the aims of the national and Greater Manchester suicide prevention plans⁸, we aim to reduce the suicide and self-harm rate in Trafford and crucially provide better support to the individuals, families and communities affected by suicide and self-harm. To achieve this, a co-ordinated whole systems approach is needed as a large proportion of people who die by suicide in Trafford are not accessing mental health services.

¹ Suicide statistics report 2017. Samaritans.

https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf

² National suicide prevention strategies: progress, examples and indicators. Geneva:

World Health Organization; 2018. Accessed here: <https://apps.who.int/iris/bitstream/handle/10665/279765/9789241515016-eng.pdf?ua=1>

³ Deaths registered in England and Wales (series DR): 2017. Office for National Statistics. 2018.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredinenglandandwalesseriesdr/2017#suicide-accounted-for-an-increased-proportion-of-deaths-at-ages-5-to-19-years-in-2017>

⁴ The National Confidential Inquiry into Suicide and Homicide by People with

Mental Illness. Annual Report: England, Northern Ireland, Scotland and Wales. October 2017. University of Manchester.

⁵ Epidemiology of Suicide and the Psychiatric Perspective. Silke Bachmann. International Journal of Environmental Research and Public Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6068947/pdf/ijerph-15-01425.pdf>

⁶ How Many People Are Exposed to Suicide? Not Six. Cerel et al., 2018. The American Association of Suicidology.

⁷ Preventing suicide in England: A cross-government outcomes strategy to save lives; 2012, updated 2017.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

⁸ GM Suicide Prevention Strategy. 2017. Greater Manchester Combined Authority. <https://www.gmhsc.org.uk/wp-content/uploads/2018/05/GM-Suicide-Prevention-24.02.17.pdf>

In developing this strategy, we have drawn on key policy documents and national and local guidance including the NHS 10 Year Plan (2019)⁹, the National Suicide Prevention Strategy (2012, updated 2017)⁷, the Cross-Government Suicide Prevention Workplan (2019)¹⁰, the Five Year Forward View for Mental Health¹¹, the PHE Local Suicide Prevention Planning: A practical resource¹² and NICE guidance on preventing suicide in community settings (2018)¹³. We have also utilised the key findings of a local suicide audit conducted in Trafford in 2015 and Public Health Outcomes Framework (PHOF) data for Trafford between 2013 and 2017.

National context

In 2017, 5,821 people in the UK took their own lives, with an age-standardised rate of 10.1 deaths per 100,000 population¹⁴. In 2017/2018, 103,936 people were admitted to hospital as an emergency caused by intentional self-harm, with an age-standardised rate of 185.5 admissions per 100,000 population (fingertips). The suicide risk is increased 49-fold in the year after deliberate self-harm¹⁵. Suicide and self-harm are often preceded by years of suicidal thoughts and most people who make an attempt to end their life will do so **within the first year of the onset** of suicidal thoughts¹⁶. Nationally, the suicide rate has been broadly declining. However, certain groups remain at heightened risk. **Three quarters of suicides in the UK are male** and this proportion has remained

⁹ The NHS Long Term Plan. January 2019. NHS England. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

¹⁰ Cross-Government Suicide Prevention Workplan. 2019. HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf

¹¹ Five Year Forward View for Mental Health. 2016. NHS England. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

¹² Local Suicide Prevention Planning: A Practical Resource. 2016. Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

¹³ Preventing Suicide in Community and Custodial Settings. 2018. NICE. <https://www.nice.org.uk/guidance/ng105/resources/preventing-suicide-in-community-and-custodial-settings-pdf-66141539632069>

¹⁴ Suicides in the UK: 2017 registrations. Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

¹⁵ Hawton K et al. Suicide following self-harm: Findings from the Multicentre Study of self-harm in England: 2000-2012. Journal of Affective Disorders, Vol 175, 147-151

¹⁶ O'Connor R and Nock M. The psychology of suicidal behaviour. The Lancet Psychiatry. 1.1; 73-85. 2014. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70222-6/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70222-6/fulltext)

consistent since the mid-1990s⁸. Males aged 45 to 49 years had the highest suicide rate in 2017 with 24.8 per 100,000 males while females aged 50-54 had the highest rate at 6.8 per 100,000 females⁸. However, rates of deliberate self-harm are two to three times higher in women compared to men⁷. Suicide rates tend to increase with age, being **highest among people aged 45- to 49**⁸. The rates then decrease until the age of 80 to 84 years when they begin to rise again.

People in the **most deprived 10% of society are more than twice as likely** to die by suicide than the least deprived 10% (14.3 compared to 7.1 per 100,000)¹⁷. **Financial difficulties** have been shown to significantly predict suicidal ideation even when controlling for other socio-economic factors (e.g. age, gender, marital and employment status)¹⁸. For example, over 420,000 people in **problem debt** think about taking their own life in England each year and 100,000 of these people attempt suicide¹⁰. A combination of poor practices such as red letters and severe consequences increase the burden on people and can cause and exacerbate psychological distress¹⁰.

Higher risk occupations include **men working in low-skilled manual occupations and skilled building finishing trades, women working in the arts and media or nursing profession** and male and female **carers**¹⁹. **Relationship breakdown** can also contribute to suicide risk, especially among divorced men²⁰. In 2017, the most common method of suicide was hanging, suffocation or strangulation. The second most common was poisoning⁸. Research has demonstrated that almost half (approximately 47% percent) of individuals who die by suicide were **seen in primary care one month prior to their death**²¹.

¹⁷ Who is most at risk of suicide? Analysis and explanation of the contributory risks of suicide. 2017. Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/whomostatriskofsuicide/2017-09-07>

¹⁸ A silent killer. Breaking the link between financial difficulty and suicide. 2018. The Money and Mental Health Policy Institute. <https://www.moneyandmentalhealth.org/wp-content/uploads/2018/12/A-Silent-Killer-Report.pdf>

¹⁹ Suicide by occupation, England: 2011 to 2015. Office for National Statistics.

²⁰ Men, suicide and Society. Why disadvantaged men in mid-life die by suicide. Samaritans. 2012. <https://www.samaritans.org/sites/default/files/kcfinder/files/Men%20and%20Suicide%20Research%20Report%20210912.pdf>

²¹ Primary care contact prior to suicide in individuals with mental illness. Pearson et al., 2009. British Journal of General Practice. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2765834/pdf/bjgp59-825.pdf>

Greater Manchester context

An audit conducted across all 10 boroughs of Greater Manchester identified 201 suicides or deaths of undetermined intent in 2015. There is significant variation in suicide rates across the boroughs of Greater Manchester with the greatest numbers in the city of Manchester (N=36) and Wigan (N=40) and the least in the borough of Trafford (N=9). Rates of emergency admissions to hospital due to deliberate self-harm are higher in Greater Manchester compared to England (217.9 per 100,000 compared to 185.5 per 100,000 population)²². Gender bias is similar compared to national rates (75% male) and around half (52.7% n=95) did not have a mental health diagnosis. A total of 82 men (49%) and 17 women (50%) had physical health issues including asthma, heart disease, injuries and cancer. Around two thirds (69%) of people had visited their GP in the previous month and almost half (49%) had visited their GP in the previous week which is higher than national figures. Many people had researched suicide methods on the internet prior to their death. Generally, the suicide risk factors in Greater Manchester are consistent with the national picture. Physical health issues (e.g. injuries and chronic or severe illness), mental health problems, issues with drugs and alcohol, a recent bereavement and social isolation were factors that appeared associated with greater risk of suicide in Greater Manchester. Furthermore, a significant proportion of cases (49%) had three or more risk factors identified.

Local picture

Over the 5-year period 2013-2017, 74 Trafford residents died by suicide or undetermined injury²³. This is an average of 15 people per year. Although the suicide rate for Trafford as a whole is lower (7.3 per 100,000) than England (9.6 per 100,000) and the lowest in the North West and Greater Manchester, striving to reduce the number of suicides and lives affected by suicide remains a key priority.

²² Public Health Outcomes Framework, Indicator 2.10ii Emergency Hospital Admissions for Intentional Self-Harm. Updated 5th Feb 2019.

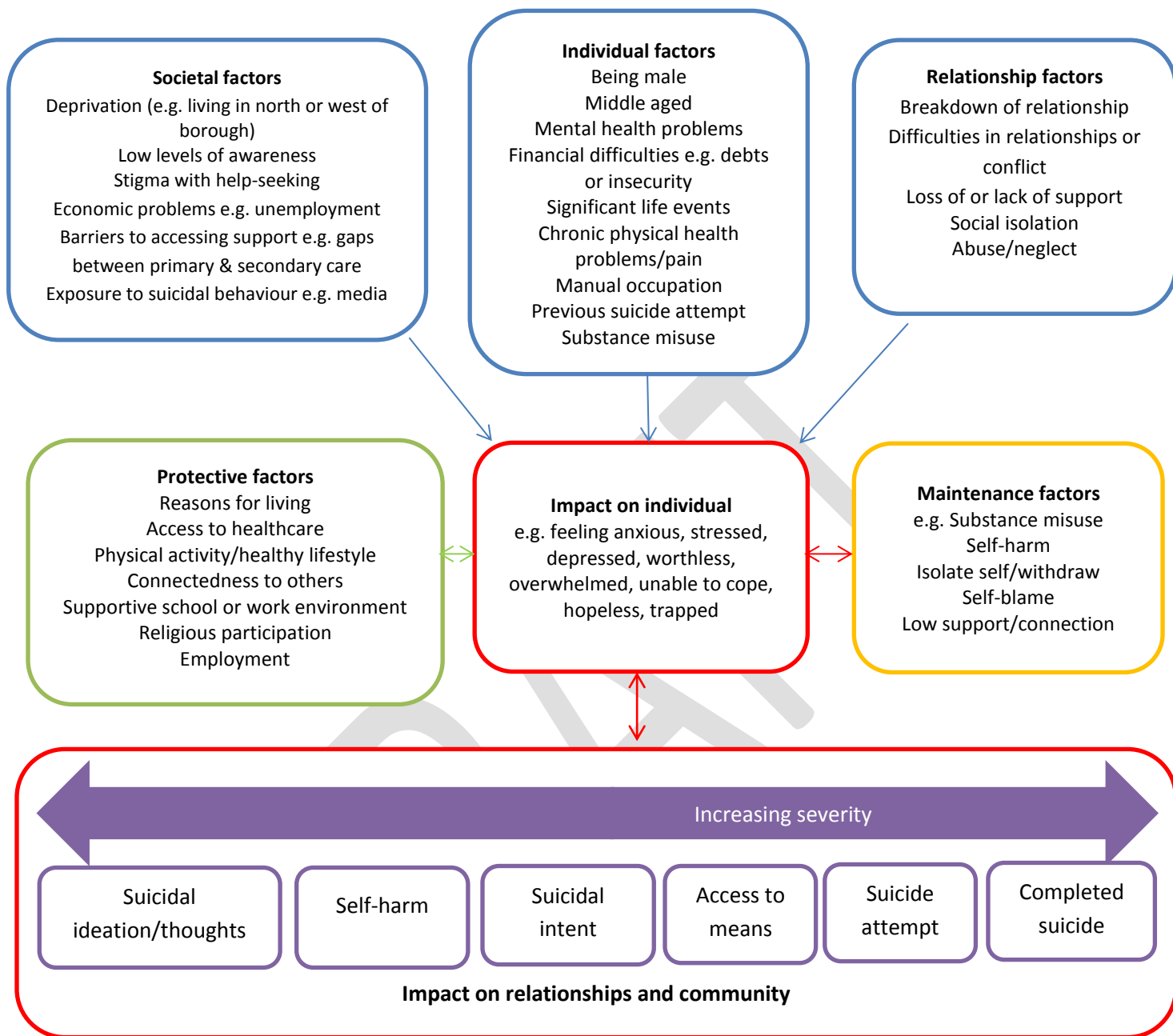
²³ Primary Care Mortality Database

Four times as many men died by suicide compared to females and is consistent with the national and Greater Manchester picture and 40% of deaths were in people under the age of 40. Inequality in Trafford is reflected in the suicide rate, with a rate of 9.8 per 100,000 in the most deprived areas compared to 4.6 per 100,000 in the least deprived. However, the averages are not statistically significantly different¹⁵. In 2017/2018, there were 371 emergency hospital admissions for deliberate self-harm in Trafford. This is 12.8% lower than age standardised rates for England²⁴. The most common method of suicide in Trafford was hanging/strangulation. The results of a local audit conducted in 2015 identified that 89% of people had a physical health problem which is potentially greater than in Greater Manchester and nationally. However, we should be cautious about drawing a firm conclusion about this due to small numbers in the Trafford audit potentially inflating trends.

Suicide risk formulation (non-exhaustive)

As outlined above, there are a complex range of inter-related social, interpersonal and individual factors that contribute to, maintain and exacerbate the risk of suicide. Furthermore, suicidal thoughts and behaviours exist on a fluid continuum and are important to consider as distinct opportunities for intervention in order to reduce suicides. Understanding the key risks and protective factors in relation to suicide can facilitate appropriate, targeted interventions. Importantly, increasing protective factors at a population level is likely to reduce overall risk through improvements in mental health and wellbeing.

²⁴ Department for Communities and Local Government, Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved.



National strategic approach

Reducing the number of suicides remains a key priority for the NHS over the next decade⁸. In 2016, The Five Year Forward View for Mental Health document outlined a plan to **reduce the suicide rate by 10% by 2020/21** and progress continues to be made toward this goal¹. The National Suicide Prevention Strategy (2012, updated 2017) and Cross-Government Suicide Prevention Workplan (2019) identified six key priorities for suicide prevention nationally (see below) which are reaffirmed by the NHS Long Term Plan, in particular the importance of **post-crisis support** for families and staff that are bereaved by suicide and whom are at heightened risk themselves. These priorities have been used as a basis for developing Trafford's priorities and action plan.

National priorities

- | | |
|--|--|
| 1) Reduce suicide in high risk groups | e.g. middle aged men, people in the care of mental health services, people in contact with the criminal justice system, specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers, people with a history of self-harm |
| 2) Tailor approaches to improve mental health in specific groups | e.g. reducing inequalities, support for veterans, the LGBT population and young people |
| 3) Reduce access to means of suicide | |
| 4) Provide better information and support to those bereaved or affected by suicide | |
| 5) Support the media to deliver sensitive approaches to suicide and suicidal behaviour | |
| 6) Supporting research data collection and information | e.g. engaging coroners |
-

Greater Manchester strategic direction

The Greater Manchester strategic priorities are consistent with national priorities and are based on a whole systems approach focussing on eight priority areas identified within the recent Public Health England guidance for local suicide prevention plans²⁵. The Greater Manchester plan emphasises targeting the groups identified by Greater Manchester intelligence and audit that are at highest risk

²⁵ Appleby, L (2016) 'Priorities for Suicide Prevention action plans' in Local Suicide Prevention Planning – A Practical Resource. Public Health England

of suicides deemed to be the most preventable such as people in mental health services, people with depression and people with a history of self-harm (see table below). It also emphasises the importance of setting up and utilising a 'real time' data approach to suicide intelligence that would allow for more timely identification of suicide and quicker support to those affected e.g. to bereavement support.

Greater Manchester priorities

1. Reducing the risk in men	In particular middle aged men, with a focus on economic disadvantage such as debt and or unemployment, social isolation and drugs and alcohol misuse. A focus on developing treatment and/or support settings that are more acceptable and accessible by men
2. Preventing and responding to self-harm	A range of services are needed for adults and young people in crisis, and psychological assessment for self-harm patients. Acknowledgement that support for young people will be distinct from that of adults.
3. Children, young people and women during pregnancy and postnatally	Joint working between health, social care, schools and youth services, and includes risk during pregnancy and those who have given birth during the last year. In particular we intend to focus on the increased suicide risk between 15 to 19 year olds.
4. Treating Depression in Primary Care	Safe prescribing of painkillers and anti-depressants, (plus skilling up primary care practitioners in identification and initial management of risk)
5. Acute Mental Health Care Settings	Safer wards and safer discharge (including follow up), adequate bed numbers and no out of area admissions.
6. Tackling High Frequency Locations	Including working with local media organisations and groups to prevent imitative suicides
7. Reducing Isolation and Loneliness	For example, through community based support, good transport links and by working with the third sector with a particular focus on men and older people
8. Bereavement Support/Postvention	The provision of better information and support for those bereaved or affected by suicide and supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Key priorities for Trafford

This suicide prevention strategy forms part of a broader approach for mental health in Greater Manchester and Trafford. Given the complex and inter-related social, interpersonal and individual factors that contribute to, maintain and exacerbate risk, a whole systems approach is crucial. In Trafford, we take a life course approach to intervention through the 'start well', 'live well' and 'age well' themes and the suicide prevention strategy will span across these. Our overarching priority is to reduce suicides by at least 10% (approximately 1 person per year by 2020). We will achieve this by

focussing on objectives that sit within the eight priority areas (see above) identified within the Public Health England guidance for local suicide prevention plans and subscribed to in the Greater Manchester suicide prevention plan.

Trafford priorities	Rationale	Focus
1. Reducing the risk in Men	The majority of suicides in Trafford are male	<ul style="list-style-type: none"> - Middle aged men - Focus on economic disadvantage such as debt and or unemployment, social isolation and drugs and alcohol misuse - A focus on developing treatment and/or support settings that are more acceptable and accessible by men
2. Preventing and responding to self-harm	Self-harm is a significant risk factor for suicide	<ul style="list-style-type: none"> - Mental health crisis support e.g. through Mental Health Liaison service and timely assessment for adults and young people who self-harm - Primary Care Mental Health & Wellbeing Service will provide appropriate support to people not under the care of secondary mental health services - Acknowledgement that support for young people will often be distinct from that of adults - Support during transition from child to adult services and into early adulthood remains an important endeavour
3. Improving mental health of children, young people and women during pregnancy and postnatally	Suicide remains second most common cause of death in young people	<ul style="list-style-type: none"> - Joint working between health, social care, schools and youth services, and includes risk during pregnancy and those who have given birth during the last year - In particular we intend to focus on the increased suicide risk between 15 to 24 year olds
4. Reducing mental distress and improving mental wellbeing and resilience		<ul style="list-style-type: none"> - Continue to work with neighbourhoods to maximise existing strengths and community resources using an asset based approach - Access to help and support early to mitigate impact - Safe prescribing of painkillers and anti-depressants - Skilling up primary care practitioners in the identification and initial management of risk - Encourage primary care practitioners to link to the Primary Care Mental Health and Wellbeing Service when identifying mental health issues or factors impacting on mental health (e.g. debts, housing) - Increase identification of depression in older people and increase referral and uptake of talking therapies offered by Trafford Psychological Therapies Service - Increasing physical activity - Increasing timely access to mental health services - Safer wards and safer discharge (including follow up) - Adequate bed numbers and no unnecessary/inappropriate out of area admissions or

5. Reducing inequalities	Trafford has high inequality with residents in the most deprived areas of Trafford most at risk of suicide	placements - Continuing to address poverty in Trafford - Striving to reduce unemployment - Attracting employers that pay a living wage
6. Improving mental health of people with long term physical health conditions	Physical health problems are a key risk factor for suicide	- Ensure people are supported to manage their condition and any pain appropriately - Utilise social prescribing to enhance quality of life - Regular condition and medication reviews - Increase access to psychological therapies for people with long term conditions
7. Reducing isolation and loneliness	Social isolation is a key risk factor for suicide	- Working collaboratively with community based support and the third sector - Access to good transport links
8. Bereavement support		- The provision of better information and support for those bereaved or affected by suicide - Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour - Real-time data surveillance approach to support a timely offer of bereavement support

DRAFT

Action Plan for Trafford (based around the Nine Pillars of the Suicide Safer Communities²⁶)

Pillar	Action	Who?	Timescale	Update(s)
1 Establish leadership and governance arrangements	Establish Suicide Prevention Partnership Group	Suicide Prevention Partnership Group.	31 st August 2019	Initial meeting
	Link to Trafford Health and Wellbeing Board via Trafford's Mental Health Partnership (CCG)	Members will include people with lived experience, voluntary sector groups, health providers e.g. GP, local emergency workers, housing and commissioners		6 th August 2019
	Provide regular updates to the Trafford Health and Wellbeing Board			
2 A robust background summary of local area to support goal setting	This strategy & action plan draws on data from the 2015 Trafford audit of suicides completed as part of the 2015 Greater Manchester audit			
	We will support an annual Greater Manchester suicide audit. When this is completed, Trafford data will be extracted and analysed to inform learning	Public Health Team, Trafford Council	Annually	
	We will attend the Shining a Light on Suicide Launch event for Greater Manchester to share learning, good practice and strengthen links between agencies	Public Health Team, Trafford Council	May 2019	Attended

²⁶ LivingWorks Education (2017). Suicide-safer communities: A designation recognizing community commitments to suicide-safety.

Pillar	Action	Who?	Timescale	Update(s)
	We will attend the Greater Manchester Suicide Bereavement Conference in April 2019	Public Health Team, Trafford Council	April 2019	Attended
3 Raise awareness of suicide and self-harm prevention in the community	We will work with Greater Manchester on the Suicide Prevention Campaign 2019 “Shining a light on suicide” and highlight this locally e.g. through email footers, posters, leaflets, twitter and the council website. This campaign addresses common misconceptions by highlighting that suicide is preventable and that ‘It is okay to ask about suicide’ and this does not increase risk.	Suicide Prevention Partnership Group	Ongoing	
	We will establish a network of suicide prevention ‘Champions’ to advocate for suicide prevention within their work/services and disseminate key messages and support available.	Suicide Prevention Partnership Group	31 st August 2019	
	We will raise public awareness of suicide prevention and reduce stigma e.g. through supporting national campaigns e.g. World Suicide Prevention day (10 th Sep 2019 – theme is suicide prevention), World Mental Health Day (10 th Oct 2019), The Campaign Against Living Miserably (CALM), Papyrus (Prevention of Young Suicide), Alright Mate, It’s OK to Talk and Time to Talk Day. We will continue to organise Grief café/death café events in Trafford to encourage open communication around mental health and wellbeing. We will also support university mental health and wellbeing initiatives.	Suicide Prevention Partnership Group	Ongoing	
	We will utilise local newsletters e.g. Staff news emails to disseminate key events, suicide prevention work happening in the borough and training opportunities.	Suicide Prevention Partnership Group – communications teams	Ongoing	Included in Council Staff Newsletter on 21 st

Pillar	Action	Who?	Timescale	Update(s)
				June 2019
	We will collect data on locations in Trafford where incidents of suicide occur. This will support identification of high risk (>1 occurrence) locations. If a high risk location is identified we will work with individuals/agencies that manage the location to reduce/prevent further incidents of suicide at that location e.g. through use of Samaritans publicity. We will also use this data to action a suitable, rapid support response at a system level such as for schools or workplaces.	The Greater Manchester Real-Time Suicide Data pathway will collect and provide the data to Trafford	Ongoing	12 month pilot begun in June 2019
	Partners such as 42 nd Street, Papyrus, Talk Shop and Youth Offending Service will continue to raise awareness of mental health problems and suicide prevention through training to own staff and staff working with Children & Young People in mental health services, schools, colleges and universities.	Listed partner agencies	Ongoing	
	The Department for Work & Pensions will continue to provide mental health awareness sessions for their staff.	Department for Work & Pensions	Ongoing	
	Greater Manchester Police will continue to assist with mental health calls and ensure information is shared with relevant people to obtain appropriate support within 24 hours.	Greater Manchester Police	Ongoing	
4 Increase mental health and wellness promotion	We will increase and promote mental wellbeing through reducing health inequalities, promoting a healthy lifestyle and maximising connections within communities. We will strive to cultivate a culture of hope and maintain awareness that we are all vulnerable to mental health difficulties.	Trafford Council (in line with Strategic Outcomes)	Ongoing	
	We will continue to foster good inter-agency working in Trafford.	All Stakeholders	Ongoing	

Pillar	Action	Who?	Timescale	Update(s)
	The New Primary Care Mental Health and Wellbeing Service (PCMHWB) in Trafford will provide an integrated, whole systems approach for individuals with inter-related health and social problems (e.g. debt, employment, housing) in the community through integrated assessment and holistic and integrated support. The service will also support referral and signposting to services that can support with suicide bereavement.	Primary Care Mental Health and Wellbeing Service	Ongoing	12-month pilot began 1 st April 2019
	The Primary Care Mental Health and Wellbeing Service will also support links between people and their communities through a social prescribing model. This has the potential to further increase awareness not just through practitioners and services but throughout communities.	Primary Care Mental Health and Wellbeing Service	Ongoing	
	The opportunity for support and intervention through pharmacy staff will also be maximised as they form a key part of community resource that is often well used and well connected.	Suicide Prevention Partnership Group	Sep 2019	
	We will support the recognition of depression in Primary Care, particularly for Older Adults and increase appropriate referrals and uptake of Psychological Therapies through the Trafford Psychological Therapies service.	Primary Care Practitioners	Ongoing	
	The Greater Manchester I-THRIVE programme will continue to promote and provide children and young people with psychological support through health services (e.g. Healthy Young Minds), schools and early help hubs, reducing stigma and improving emotional wellbeing for young people.	Greater Manchester I-THRIVE	Ongoing	
	We will support the Greater Manchester Parent Infant Mental Health	Greater Manchester	Ongoing	

Pillar	Action	Who?	Timescale	Update(s)
	Programme to promote mental well-being in the perinatal period and beyond.	Parent Infant Mental Health		
5 Training for community members, lay persons and professionals in identifying and supporting people with suicidal ideation	We will mandate an e-learning package on suicide prevention for all council staff and CCG staff to increase recognition of signs, increase awareness and encourage active signposting and support. We will monitor take-up of the online e-learning package and develop a schedule for refresher training.	Public Health Team & Learning and Development Team, Trafford Council	August 2019	
	We will mandate an e-learning package on Mental Health Awareness in the Workplace for Council and CCG staff with managerial responsibilities. We will monitor take-up of the online e-learning packages and develop a schedule for refresher training.	Public Health Team & Learning and Development Team, Trafford Council	August 2019	
	We shall continue to provide training for primary care staff (e.g. GPs, receptionists, practice managers etc.) on presentation of distress and identification of risk, especially in men and older adults and ensure an 'every contact counts' approach.	Suicide Prevention Partnership Group	Ongoing	
	Develop awareness of signs of suicidal ideation for staff groups that have contact with public through online training e.g GP receptionists, pharmacists, DWP staff, housing groups, ambulance & contact centre staff, link workers in PCMHWS; homeless teams; foodbank staff; youth services; security staff and hotel workers.	Suicide Prevention Partnership Group	Ongoing	
	Trafford Psychological Therapies Service will continue to provide mental health awareness training to non-clinical staff.	Trafford Psychological Therapies Service	Ongoing	

Pillar	Action	Who?	Timescale	Update(s)
	Promote Mental Health First Aid Training within Trafford potentially through a train the trainer approach.	Suicide Prevention Partnership Group through & Learning and Development Team	Ongoing	
	We will continue to support existing mental health in schools training initiatives.	Suicide Prevention Partnership Group	Ongoing	
	We will promote the 'Suicide – Let's Talk' 20-minute training developed in Greater Manchester as part of the Shining a Light on Suicide Campaign to the public through outward facing communication such as the council website and social media channels.	Suicide Prevention Partnership Group – communications team	August 2019	
	A scoping exercise will be conducted to investigate what approaches Trafford council currently use for the appropriate management of council debts e.g. council tax arrears and red letters to residents. We will strive to reduce the psychological impact of these practices and ensure people are signposted to support.	Public Health Team, Trafford Council	September 2019	
	We will develop a written resource specific to Trafford e.g. a 'Flash Card' using clear, descriptive language that outlines support available to people at risk of suicide and how to refer/access. This will be shared as widely as possible, especially with frontline staff.	Suicide Prevention Partnership Group	September 2019	
	We will promote appropriate sharing of information between agencies to facilitate learning.	Suicide Prevention Partnership Group	Ongoing	

Pillar	Action	Who?	Timescale	Update(s)
6 Suicide intervention and ongoing clinical support services	We will promote the overarching principles of person centred care in clinical services including; curious questioning, maximisation of control and choice, flexible intervention to meet person's needs (not a 'one size fits all' approach), the importance of early intervention, the importance of the person in context e.g. community resources, the use of evidence based interventions and effective risk assessment and management.	Suicide Prevention Partnership Group	Ongoing	
	We shall continue to demonstrate a proactive approach in in-patient and mental health services in Trafford e.g. through safer wards, early follow up after discharge, no inappropriate out of area admissions. Awareness that people presenting with low mood may require more active support to engage with services will be key. The impact of these interventions will continue to be monitored.	Suicide Prevention Partnership Group	Ongoing	
	We will continue to maximise opportunities for support by providing a range of access options including face-to-face, online and telephone support.	Suicide Prevention Partnership Group	Ongoing	
	Trafford Psychological Therapies service will continue to provide timely support for people with mental health problems in primary care. This service will continue to offer support to staff affected by suicide.	Trafford Psychological Therapies Service	Ongoing	
	We shall continue to provide a Mental Health Liaison service within A&E to Trafford residents for urgent, timely support for people experiencing a crisis.	Mental Health Liaison service	Ongoing	
	We will develop ways of working with men that recognise and build on existing skills and values.	Suicide Prevention Partnership Group		
	Ensure services that come into contact with people at high risk e.g. drug and	Suicide Prevention	September	

Pillar	Action	Who?	Timescale	Update(s)
	alcohol services, debt services and mental health services have suicide reduction strategies in place and appropriate monitoring.	Partnership Group	2019	
	We will maintain good awareness of support available and identify inappropriate support or gaps in provision.	Suicide Prevention Partnership Group	Ongoing	
	We will support the inclusion of questions regarding mental health/suicidal ideation as part of initial tenancy interviews completed by housing groups (e.g. Irwell Valley Homes and Your Housing Group) and ensure staff are aware of support available to signpost to.	Suicide Prevention Partnership Group	October 2019	
	We will work with local GPs to more readily use the PHQ9 Q9 for groups not presenting with typical symptoms of low mood e.g. frequent attenders with non-specific symptoms such as aches and pains or people living with chronic pain.	Suicide Prevention Partnership Group	October 2019	
	We will continue to provide proactive medicine management including for high risk groups such a people living with chronic pain and/or taking opiate medications.	Trafford CCG	Ongoing	
7 Suicide bereavement support and resources	We will continue to work with Greater Manchester to support the new Suicide Bereavement Information Service; ensuring local service information is up-to-date and accessible. Our existing service provision in Trafford is not specific to suicide bereavement. However, existing services are able to offer support for bereavement and related difficulties. The Trafford Wellbeing Counselling Service based at the Macmillan Wellbeing Centre can offer bereavement counselling to people who are bereaved by suicide. Furthermore, the Primary Care Mental Health and Wellbeing Service could provide an initial point of contact through a link worker who is able to co-ordinate and signpost to	Suicide Bereavement Partnership Group to work with Paul Barber in GM	Service launched 1 st May 2019	

Pillar	Action	Who?	Timescale	Update(s)
	relevant services on an individual basis.			
	We will ensure local police e.g. family liaison officers are aware of the Suicide Bereavement Information Service and relevant contacts and provide resources as needed e.g. 'Help is at Hand' booklets.	Public Health Team, Trafford Council	Pilot began in June 2019 and is ongoing for 12 months	
	We will continue to work with Greater Manchester to pilot a real-time suicide data pathway through working jointly with the local coroner. This enables rapid identification of suicides and suspected suicide clusters and facilitates a proactive approach to suicide bereavement support.	Suicide Prevention Partnership Group – communications teams	Ongoing	
	We will continue to work with Greater Manchester to encourage sensitive and responsible reporting of suicide in the media and promote adherence to the Samaritans Media Guidelines in relation to coverage of suicide and self-harm. We will also ensure appropriate links to support are offered alongside articles related to suicide.	Suicide Prevention Partnership Group – communications teams	Ongoing	
8 Evaluation measures including data collection and evaluation (audit)	Annual audit data of completed suicides and deaths of undetermined intent will help us to learn from incidences of suicide in Trafford and ensure recommendations are being implemented.	Suicide Prevention Partnership Group	Ongoing	
	We will continue to analyse data on admission rates to hospital with deliberate self-harm.	Public Health Team, Trafford Council	Ongoing	
	Improvement in identification rates of depression in older adults	Trafford CCG	Ongoing	
	Completion rates for treatment of depression in primary care	Trafford CCG	Ongoing	

Pillar	Action	Who?	Timescale	Update(s)
	We will use real-time data on locations of suicides to inform our understanding of high risk locations in Trafford (>1 incidence of suicide) and any interventions necessary to reduce risk at these locations.	Public Health Team, Trafford Council	Ongoing	Pilot begun June 2019
9 Build sustainability in the community	Reduce socio-economic inequality; continue to improve housing security and affordability; increase job security; provide a living wage; strive to reduce Adverse Childhood Experiences (ACEs); consider building design in town planning; maintain green spaces and 'open air' in Trafford, continue to strive for greater community engagement and cohesion, work collaboratively with other initiatives in Trafford to reduce social isolation, increase parity of physical and mental health services.	Public Health Team, Trafford Council	Ongoing	
	Develop a poverty strategy for Trafford	Public Health Team, Trafford Council	Ongoing	
	We will work with our community and voluntary organisations to raise awareness of suicide risk and crucially, the help and support available in Trafford	Trafford Suicide Prevention Partnership	Ongoing	

Governance

The suicide and self-harm prevention strategy directly aligns with the key aim of the Trafford Health and Wellbeing Strategy to increase healthy life expectancy and reduce inequalities. The strategy will be presented to the Health and Wellbeing Board for comment and support.

TRAFFORD COUNCIL

Date: 26th September 2019
Report for: Information
Report of: Public Health/Partnerships and Communities

Report Title

An update on work to tackle period poverty in Trafford

Summary

This report provides an update on the work being undertaken to tackle period poverty in Trafford.

Recommendation(s)

To note the information in the report

Contact person for access to background papers and further information:

Name: Sarah Grant, ext 3881 / Helen Gollins, ext 4276

1. Introduction

The work on tackling Period Poverty in Trafford commenced when a group of Councillors with an interest in the topic area wished to carry out a piece of work and contacted the Public Health team for assistance.

This report provides an update of the work undertaken so far and the next steps.

2. Understanding Period Poverty in Trafford

The Public Health team prepared a briefing to provide an overview of the picture of period poverty in Trafford and examples of best practice elsewhere.

Using data from a survey held by Plan International UK where a weighted sample of girls aged 14 to 21 were asked questions surrounding Period Poverty, it was estimated that approximately 950 girls within the 14 to 21 age range in Trafford would be affected. When compared to ward-level Index of Multiple Deprivation scores, it was indicated that Bucklow-St Martin's and Clifford wards were most likely to have people affected by period poverty.

During November/December 2018, a survey was circulated to all schools in Trafford to gain a better understanding of the actual situation of period poverty in the borough. Of 85 schools, 16 responded to the survey, with a balance between primary and secondary schools in addition to two anonymous ones.

Only two of the 16 schools reported having pupils impacted by period poverty, with an approximated total of 95 pupils between them. The low response rate to the survey, and the small number of schools identifying this as an issue, may indicate that period poverty is a minor issue in Trafford. Equally, it could indicate a societal taboo regarding period poverty and students not using this as a reason for absence, or a lack of knowledge surrounding period poverty.

The survey also indicated that all schools that responded had provisions of sanitary products available for pupils; the majority of schools provided products for free, however, some schools charged an average of £1.50 per product.

Many respondents requested support for more sanitary products to be available to schools in order to support students.

Members of the Public Health team, Partnerships and Communities team and Democratic Services team met with the Councillors to discuss how we could launch a period poverty campaign in the borough.

3. Red Box Project

In February 2019, members of the Public Health team, Partnerships and Communities Team, School Nursing team and Democratic Services team met with the Volunteer Coordinator for the Trafford Red Box Project with the aim of working in partnership.

The Red Box Project is an initiative which provides schools with a box containing items such as sanitary products, clean underwear, and other useful items. Most products are donations and the Volunteer Coordinator collects donations and distributes them to the participating schools.

As a result of these conversations, a donation bin was set up at Trafford Town Hall for Council staff to donate products, whilst work was done to identify schools which could be provided with red boxes.

4. Aspirations

Trafford's aspirations for tackling period poverty were agreed as:

- Provision of free sanitary products to be offered in all **schools** in Trafford
- Free sanitary products to be offered to **new mothers** via the Health Visiting Team
- Free sanitary products to be available in libraries and Early Help Hubs for **general accessibility**
- All **Food Banks** could provide sanitary products to those requiring it

5. Funding

In order to achieve these aspirations, funding would be required for donation bins, red boxes, initial provision of products, publicity and a launch event.

A proposal was taken to by the Health Scrutiny Committee to the Executive who agreed that funding should be allocated to this initiative.

£2,000 was identified within Partnerships and Communities to support the initiative; this was agreed by the Executive Member for Partnerships and Communities at the time.

£200 of this funding has been spent so far on publicity items to use at a future launch event, and on red boxes which have been provided to organisations working with Care Leavers (see below).

6. Current Situation

The launch of the initiative in Trafford and the provision of sanitary products to all schools relies heavily on the Red Box Project Volunteer who collects and distributes the donations. Unfortunately this post is now vacant which has hindered the progress of the initiative however the following actions are being taken:

- The Partnerships and Communities Team are working with the Red Box Project UK Head Office and Thrive Trafford to advertise the volunteering post in order to recruit another Volunteer Coordinator
- All schools in Trafford are being contacted to understand which schools currently have a Red Box and which schools would like a Red Box. We will work with those who have an existing box to ensure donations are provided via the School Nursing team in absence of a Red Box Volunteer Coordinator
- A donation bin has been organised for Trafford Town Hall and donation bins will also be placed in the following locations over the next couple of months: Sale Point (Trafford Housing Trust), Limelight, Sale Waterside and Irwell Valley.
- Pure Innovations and the Care Leavers Team are using the donations from the donation bin at the Town Hall to hand out provisions to Care Leavers from Trafford
- Donations from the Town Hall are also being used by Stretford Foodbank who will be providing a red box to so products are freely accessible to those who need them

A launch event will be organised once a Red Box Project Trafford Volunteer Coordinator is recruited.

