



AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 20 November 2019

Time: 6.30 pm

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

A G E N D A

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 - 8

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

the meeting held on 26th September 2019

6.	IMPROVING PHYSICAL ACTIVITY IN TRAFFORD	9 - 20
7.	UPTAKE OF CHILDHOOD VACCINATIONS	21 - 34
8.	ALTRINCHAM HEALTH AND WELLBEING HUB UPDATE	35 - 38
9.	TRAFFORD TOGETHER LOCALITY PLAN FOR SUSTAINABILITY AND REFORM - INCORPORATING THE NHS LONG TERM PLAN	39 - 44
10.	TRAFFORD COMMUNITY SERVICES TRANSFER UPDATE	45 - 48
11.	HEALTH SCRUTINY WORK PROGRAMME 2019/20	49 - 60
12.	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, Governance Officer
Tel: 0161 912 2019
Email: fabiola.fuschi@trafford.gov.uk

This agenda was issued on **Tuesday, 12 November 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

26 SEPTEMBER 2019

PRESENT

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

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

Also Present

Councillors J. Slater Executive Member for Health, Wellbeing and Equalities

Also in attendance

Heather Fairfield	Healthwatch Trafford
Ben Fryar	Public Health Speciality Registrar
Dr. Dale Huey	Consultant Clinical Psychologist and Strategic Lead Psychological Therapies for Primary Care Psychological Therapy Division Greater Manchester Mental Health NHS Foundation Trust
Robert Jackson	Director Manchester and Salford Samaritans
Donna Sager	Consultant Public Health
Ric Taylor	Lead Commissioner Mental Health & Learning Disability NHS Trafford Clinical Commissioning Group (CCG)
Kate Thomason	Clinical Lead Trafford Psychological Therapies for Primary Care Psychological Therapy Division of Greater Manchester Mental Health NHS Foundation
Fabiola Fuschi	Governance Officer

21. ATTENDANCES

Apologies for absence were received from Councillors Thomas and D. Western.

22. DECLARATIONS OF INTEREST

Councillor Taylor and Councillor Dr. Carr declared a general interest in so far as any matter related to their employment.

23. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

24. QUESTIONS FROM THE PUBLIC

The following question was submitted via email by Mrs. Judith Collins, Chair of the Altrincham and Bowdon Civic Society. Mrs. Collins attended the meeting and read out her question:

“What procedures are in place for people unable to move independently say from home or care facility to ambulance and from home to outside activities. Do ambulances provide PAT boards, do transport organisations like Ring and Ride

facilitate this. My understanding is that this not necessarily the case so I would appreciate clarification.”

The Chair of the Health Scrutiny Committee read out the following response:
All clinical staff receive mandatory training in moving and handling patients. All vehicles carry varying equipment, including handling belts for assisting patients to move. Transfer boards (smaller than PAT). Slide sheets. Manger Elk lifting devices. Patient transport chair (carrying chair). Wheelchairs, stretchers and in some vehicles turntables and small version PAT slides.

If someone is struggling to get out and about without support there are various options available which depend on the level of needs of the individual. These range from requesting a blue badge to enable parking closer to the destination, vouchers for a taxi services, ring and ride, support to claim mobility benefits, use of wheelchairs, electric scooters or adaptations to motor vehicles through the Motability scheme. The use a PAT board would indicate a specialist requirement and shouldn't be used without prior training etc. Therefore, it is recommended that full occupational therapy assessment is arranged to support any specific requirements. This can be arranged via the One Stop Resource centre on 0845 299 0798. This would then inform the requirements of a package of support at home or in a care home.

Further clarification was required with regard to community transport and tasks concerning lifting and handling to support people with limited mobility to leave their house.

25. MINUTES

RESOLVED that the minutes of the Health Scrutiny Committee meetings held on 27th June 2019 and on 24th July 2019 be approved as correct records.

26. PSYCHOLOGICAL THERAPIES FOR MENTAL HEALTH CONDITIONS - SPOTLIGHT ON PROVISION IN TRAFFORD

The Chair of the Committee explained that mental health was one of the five health and wellbeing priorities identified through the Trafford's Joint Strategic Needs Assessment. Consequently, access to talking therapies and suicide action plan had been chosen as topics to review. In order to gather an impartial and wider picture of the service offer and current situation in Trafford, third sector organisations such as The Samaritans, MIND and Advocacy Focus had been invited to this evening's meeting, together with officers of the Council and representatives of Trafford Clinical Commissioning Group and Greater Manchester Mental Health NHS Foundation Trust.

In 2017/18, Trafford's data concerning access to psychological therapies had been lower than the English average and the lowest amongst a group of similar Clinical Commissioning Groups (CCG).

The Lead Commissioner Mental Health and Learning Disability, NHS Trafford, the Consultant Clinical Psychologist and Strategic Lead and the Clinical Lead Trafford Psychological Therapies for Primary Care Psychological Therapy Division of Greater Manchester Mental Health NHS Foundation Trust delivered a presentation to inform the committee of current performance against access targets.

Since 2017, performance in Trafford had improved substantially and, in 2018/19, 21% of adults requiring intervention were able to access therapy, against the national target of 19%. In addition, the recovery rate for 2018/19 was 54.5 against a recovery target of 50%, making Trafford one of top five performers in the North of England. The latest published rolling data for 2019/20 showed that this positive trend continued.

The Lead Commissioner Mental Health and Learning Disability, NHS Trafford, went on to explain that commissioners and providers worked collaboratively to develop a system whose main focus would be on preventative work rather than intervention; a Primary Care and Mental Health and Wellbeing service had been launched in April 2019. The access target was incrementally growing and in 2023/24 would be 31%. This posed a challenge in terms of resources such as workforce and accommodation. The existing on line access to psychological therapy services would need to be widened. Furthermore, a significant issue was represented by the psychological need of people with a long term physical condition who would benefit from psychological intervention. Consequently, another element to develop would be integration with physical health services but also with leisure and voluntary services. Challenges existed with regard to access equitability to ensure that all communities could access services; currently there was a lower access in the north of the borough.

The Consultant Clinical Psychologist drew the attention of the Committee on the fact that the recovery rate continued to improve and, although this was a very challenging criteria to meet, the most recent data reported that 61% of people who completed treatment showed significant improvements to their condition to be classed as recovered. However, investments were necessary to improve access and quality of service for everyone; to increase access of 1%, a fully qualified member of staff would be needed as well as appropriate accommodation to deliver services. On a positive note, comparative data from 2014 showed that Trafford and Stockport were the only local authorities in Greater Manchester where the percentage of people with a mental health disorder had not increased and this was linked to a focus towards the needs of the population. Different initiatives were being implemented to facilitate proportional access to reach people where they were and to enable self-referral also electronically.

Members observed the need to increase the uptake of psychological therapies in the north of the borough to meet the needs of the population and also to develop ability to reach culturally diverse population. Officers explained that measures were in place to address access issues, for example, the Primary Care Mental Health and Wellbeing services had been launched in the north of the borough, links had been developed with GPs and local voluntary services and local communities to encourage as many referrals as possible; officers also looked actively at GPs' registers of people with chronic health conditions to target those

who struggled with managing their conditions. Equitable provision was supported through the promotion of self-referral, access to translation services and informative material available in different languages. In addition to this, there was a strong focus on increasing capacity within the community and strengthening the collaboration between statutory services and third sector. Members queried the availability of on line therapy. Officers explained that they were currently trialling a portable application for access to online therapy to verify the effectiveness of intervention. If the trial was completed successfully, the application would be rolled out in four boroughs, including Trafford. The Committee received clarification on the initial assessment and the Stepped Care Model to deliver and monitor treatment. Officers explained that the coordination of care and medications took place through the GP. The Committee sought and received clarification on ways to measure recovery, reduce stigma to increase access for men at high risk of suicide. Members queried about social prescribing. Officers stressed the importance of shifting concept from service delivery to building capacity in the community through engaging with local people, third sector, faith centres, etc.

RESOLVED:

1. That the content of the presentation be noted;
2. The a progress report be presented to this Committee in March 2020 updating on access to services in the north of the borough, access to on-line therapies, relapse rate and attrition rate in patients.

27. TRAFFORD SUICIDE PREVENTION ACTION PLAN AND STRATEGY

The Committee considered a report of the Interim Director of Public Health which gave an overview of the progress made with the Trafford's Suicide Prevention Strategy and Action Plan and the finding of a local suicide audit.

The Consultant in Public Health and the Specialist Registrar in Public Health were in attendance to present the information and address the enquiries of the Committee.

Officers reported that suicide was a major Public Health problem; almost 6,000 people in the UK took their own lives in 2017. Suicide was the main cause of death for men aged between 35 and 49, it was unequally distributed in the community, with higher rate in the most deprived areas. The risk factors linked to suicide were multiple and they ranged between social, relational and individual issues. Although suicide rate in Trafford was the lowest in the North West and in Greater Manchester, an average of 15 people lost their lives every year. The context in terms of risk factors and inequalities was very similar to the national picture highlighted above. The majority of people who died by suicide were not in contact with mental health services, despite mental health problems were a key risk factor for suicide.

Officers went on to explain that Trafford had a Suicide Prevention Strategy and action plan in place which aimed to reduce suicide by at least 10% by 2020 and to provide better support to individuals, families and communities at risk or affected

by suicide. A multi-agency suicide prevention partnership group had been established to oversee progress of the action plan. Work had started to roll-out a mandatory e-learning training package for primary care and other front line staff on suicide prevention to raise awareness of the issue, recognise early signs and encourage signposting and support. The Council worked closely with the Coroner Office and the Fire and Rescue Services to exchange data and information to understand whether focus work was necessary in particular communities. Work was ongoing in Greater Manchester to promote the “Shining a light on suicide” campaign to reduce stigma and increase awareness in the community through public facing web-sites and a social media channels. Two Trafford Councillors had specific responsibilities for suicide prevention.

The Chair welcome the Director of the Samaritans for Manchester and Salford who accepted the invitation of the Committee to take part to this evening’s meeting. The Director shared information on the work that the Samaritans carried out to reduce suicide through listening and making people feel heard and connected with another human being to ease their emotional distress. Two main points were highlighted: since 2013 there had been an increase in suicide figures and, this year, it had been registered a rise in the number of young women who took their life.

Members sought clarification on the e-learning training for Council’s staff. It was explained that the training was developed in collaboration with Health Education England to demonstrate how a conversation might spark a concern about someone’s mental health and the importance of acting on it and not missing the opportunity to offer support and signposting. There were additional resources for Council’s manager to foster good mental health in the workplace. Following a period of implementation, these resources will be reviewed to consider opportunities for enhanced training. Members were reassured of the positive collaboration between the Council, the Coroner Office, the Citizen Advice Bureau and the housing trusts which were all part of the Suicide Prevention Partnership. The Committee made enquiries on the tools available to GPs to triage patients at risk of suicide. It was explained that specialist GP training would be made available. Members agreed on the validity of “Every contact counts” approach and supported the plan to divulge training and information to ensure that all professionals in front line services were aware of mental health issues that could affect people and were prepared to offer support.

The following points were agreed:

1. To cascade to GPs information regarding Greater Manchester web-site / directory of mental health voluntary sector providers and to make available in Trafford GP specialist training on mental health;
2. To divulge information regarding Council’s mental health champions;
3. To cascade to all councillors information regarding the two councillors responsible for suicide prevention in Trafford;
4. To invite representatives of the University Academy 92 to be part of Trafford’s Suicide Prevention Partnership;
5. To feedback on the uptake of e-learning training on suicide prevention.

RESOLVED:

1. That the content of the report be noted;
2. That the following points be actioned –
 - a. To cascade to GPs information regarding Greater Manchester website / directory of mental health voluntary sector providers and to make available in Trafford GP specialist training on mental health;
 - b. To divulge information regarding Council's mental health champions;
 - c. To cascade to all councillors information regarding the two councillors responsible for suicide prevention in Trafford;
 - d. To invite representatives of the University Academy 92 to be part of Trafford's Suicide Prevention Partnership;
 - e. To feedback on the uptake of e-learning training on suicide prevention.
3. That a progress report on the work based on the Suicide Prevention Strategy be presented in March 2020.

28. AN UPDATE ON WORK TO TACKLE PERIOD POVERTY IN TRAFFORD

The Committee gave consideration to a progress report on the work undertaken to address period poverty in Trafford. In March 2019, a list of recommendations had been presented to the Executive to highlight the difficulties that women and girls experienced every month for not being able to purchase sanitary products. The recommendations had been produced as result of the work of the Health Scrutiny's Task and Finish Group on period poverty.

The Executive Member for Health, Wellbeing and Equality attended the meeting to present the information and addressed the enquiries of the Committee. Funding had been agreed to support the project to provide free sanitary products in all schools in Trafford, in libraries and Early Help Hubs and through all Food Banks. However, the project could not yet be launched as a volunteer coordinator was needed to collect donations of sanitary products and distribute them. Once this role was filled, a launch event would take place, possibly to coincide with International Women's Day.

RESOLVED that a further update be provided in March 2020.

29. HEALTH SCRUTINY WORK PROGRAMME 2019/20

The Committee considered the work programme for 2019/20 and discussed possible topics for the work of the task and finish groups. It was agreed to examine the issues of failing GP practices and how to identify them and the work of the Council as a promoter good mental health.

The Committee requested to receive information on the immunisation programme in Trafford, following this week's concern raised through the media that NHS data for 2018/19 showed that coverage for all routine childhood vaccinations for the under-fives had fallen.

RESOLVED:

1. That the topics of the task and finish groups as outlined in the work programme be agreed;

2. That a report on the immunisation programme in Trafford be presented at the next meeting of the Committee in November 2019.

30. EXCLUSION RESOLUTION (REMAINING ITEMS)

None

The meeting commenced at 6.30 pm and finished at 8.55 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 20th November 2019
Report for: Information
Report of: Eleanor Roaf, Director of Public Health (Interim)

Report Title

Improving Physical Activity in Trafford Council

Summary

This paper has been prepared to provide Scrutiny with an update on local programmes to promote physical activity. It highlights current data regarding physical activity levels in Trafford, the new Chief Medical Officer (CMO) guidelines, and the programmes and activities with a particular focus on how less active groups are being targeted and supported.

Recommendation(s)

Members are asked to note the range of programmes that are currently available to promote physical activity in Trafford and the particular focus on supporting inactive residents.

Members are asked to consider their leadership role in promoting physical activity and to take the opportunity of attending future workshops and programmes on physical activity.

Contact person for access to background papers and further information:

Name: Donna Sager, Consultant in Public Health
Extension: 0161 -912 4629 (07866 179967)

1. Background

This paper has been prepared to provide Scrutiny with an update on local programmes to promote physical activity and to work towards our long term ambition presented in Trafford's Sport and Physical Activity strategy that

By 2031 every resident in Trafford will #BeActive everyday

It highlights current data regarding physical activity levels in Trafford, the new CMO guidelines and the programmes and activities and future planned work. For the purpose of this paper the focus has been on adult and older people's health.

2. Current position

Physical Activity Data

Trafford Overview (May 2018-19)



The majority of people in Trafford are active and our key focus is to target work with the inactive.

In the last 6 months (Nov 2017-18) figures show that we have increased the number of Active residents by 1.8%, decreased Fairly Active by 1.9% and increased Inactive by 0.1%. In the last 12 months (May 2017-18) we have has increased Active by 5.3%, decreased Fairly Active by 2.5% and Inactive by 2.9%. **This equates to 5,700 more people moving.** Since baseline (Nov 2015-16) we have has significantly increased Active by 5.6%, decreased Fairly Active by 1.4% and decreased Inactive by 4.2%. **8,900 more people moving**

However, there is variation within Trafford:

- Inactivity is slightly higher among women compared to men, but this difference is narrower than it has been.
- Inactivity levels are higher in older people, rising to 59.1% in people aged 75 and over.
- Inactivity rises to almost a third (32.6%) in people living in areas of Trafford that rank in the 10% most income deprived in England.
- 51.4% of people with a disability or long term health condition are inactive, compared to 17.9% of people without.
- Inactivity is highest in people living in parts of Trafford's North and West localities.
- Analysis across England shows that inactivity levels are higher among people belonging to a South Asian (30.2%) or Black (28.4%) ethnic groups.

3. Summary of the new Chief Medical Officers (CMOs) Guidelines

3.1. Since 2011, the evidence to support the health benefits of regular physical activity for all groups has become more compelling. In children and young people, regular physical activity is associated with improved learning and attainment, better mental health and cardiovascular fitness, also contributing to healthy weight status. In adults, there is strong evidence to demonstrate the protective effect on physical activity on a range of many chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation.

Our understanding of the relationship between physical activity and health has grown. In general, the more time spent being physically active, the greater the health benefits. However, we now know that even relatively small increases in physical activity can contribute to improved health and quality of life. The chart below details the current guidelines for adults and older adults.



3.2. Considering the importance of strength for physical function, particularly later in life, the guidelines have been amended to include a focus on strengthening activities to maintain strength and delay the natural decline in muscle mass and bone density which occurs from around 50 years of age. The new guidelines reinforce the importance of these types of activities for all age groups and highlight the additional benefit of balance and flexibility exercises for older adults. This report recognises an emerging evidence base for the health benefits of performing very vigorous intensity activity performed in short bouts interspersed with periods of rest or recovery (high intensity interval exercise, HIIT). The available evidence demonstrates that high intensity interval exercise has clinically meaningful effects on fitness, body weight and insulin resistance, and can be as or more effective than moderate-to- vigorous physical activity (MVPA). This option has therefore been incorporated into the recommendation for adults.

Evidence now demonstrates that there is no minimum amount of physical activity required to achieve some health benefits. The previous requirement for a 10-minute bout of activity is no longer valid and is no longer included. However, specific targets -such as aiming to do at least 10 minutes at a time -can be effective as a behavioural goal for people starting from low levels of activity.

For the first time the CMO has presented additional guidance on being active during pregnancy, and after giving birth, and for disabled adults.



3.3. Inactivity and Sedentary behaviour

There have been notable developments in the evidence base for the health effects of sedentary time in adults, with research suggesting sitting time is associated with all-cause and cardiovascular mortality, and cancer risk and survivorship. Similar effects are seen in children where sedentary behaviour is associated with cardiovascular fitness and obesity. In all groups, the relationships of sedentary behaviour and health occur independently of moderate-to-vigorous physical activity (MVPA) for some health outcomes. Prolonged sitting is harmful, even in people who achieve the recommended levels of MVPA.

4. Programmes and Activities.

The following section of this report highlights the wide range of programmes we are currently working on to support our residents become more active.

4.1. Trafford Moving

Our overall direction is articulated in the Trafford Sport & Physical Activity Strategy which aims to address the issue of physical inactivity in Trafford. The strategy is a key part of Trafford's Health and Wellbeing Strategy and Trafford Together. Trafford's Sport & Physical Activity Partnership will lead on the implementation of the strategy across Trafford.

4.2. Local Delivery Pilot

We are active members of the GM Moving programmes and the £10m Sport England investment into the Local Pilots across all local authorities in Greater Manchester. These aim to accelerate the scale, pace and depth of the broader Greater Manchester Moving implementation plan by focusing on three specific target audiences:

- Children and Young People aged 5-18 in out of school settings
- People out of work, and people in work at risk of becoming workless
- People aged 40-60 with, or at risk of, long term conditions specifically cancer, cardiovascular disease and respiratory disorders.

The key principles of the Local Delivery Pilot are as follows:

The Principles of Investment for Local Delivery Pilot

1> Must be an identifiable need:

- Supported with an **evidence base**
- **Targeting the physically inactive** (ensuring a focus on population health level interventions and targeting the most 'at risk' proportionately)
- Must **align to one or more of the target audiences** (and the insight that has been developed about them)

2> Builds on individual and community assets to add value to what is already going on, i.e. the conditions are right

3> A plan for engaging with the key audiences and a commitment to co-design with public services and VCSE engaged

4> Must follow a **Whole Systems Approach** (the blue and white circles diagram)

5> Should demonstrate **how it addresses social and health inequalities** as a cross cutting theme

6> **Embrace innovation** and calculated risk in the interests of doing things differently

7> Is **part of a coherent plan for physical inactivity in the locality** underpinned by:

- A whole place approach to public expenditure in physical activity.
- A **focus on growth and sustainability**

8> **Committed to the GM and National Community of Learning** approach

9> Distributed Leadership (**everyone's a leader**)

In Trafford we have received £622,585 of the £10 million investment into Greater Manchester. Following data analysis and considerable insight work we have chosen to initially focus our work programme in Partington. This is the most inactive ward in Trafford, according to Sport England's Active Lives data, and its stubborn inequalities span all three of the Local Pilot's target audiences detailed above. Other statistics relevant to Partington are;

- Highest level of inactivity; 34% compared to 25.9% for Trafford overall
- Highest rates of obesity at Year 6
- Lowest levels of Good Level of Development and School Readiness
- Highest rates of Early Mortality (highest quintile nationally)
- Highest rates of Early Mortality (All Cancers)
- Highest prevalence of Long-Term Conditions
- Highest level of deprivation
- Highest prevalence of worklessness

The work in Trafford is led by a working group including representation from the Council, Public Health, Trafford Leisure and the VCSE Sector.

The Pilot is aligned to Partington and Carrington Vision 31. The Vision 31 is led by community leaders determined to improve a number of outcomes for those that live in Partington and Carrington.



Trafford's approach has a three tier approach:

- Tier 1 - Community led place based interventions in Partington and Carrington (Partington Moving).
These include Step Up Volunteers at the Hideaway Partington, Youth Hub activities, the Green Academies Project, Mini Golf friends of Cross Lane Park and the Rovers SSE wildcats football coaching for girls aged 4-11.
In the summer we held a Summer of Sport engaging children with sport and tackling holiday hunger in three venues, Sale West, Partington and Old Trafford. 92 children attended, with over 40 hours of sport and 736 meals provided. Lancashire Cricket Foundation supported the event with 4 United players attending and 10 GB Taekwondo Olympic hopefuls.
In addition the Good Gym in Stretford was launched – this programme combining fitness with community activities and projects has proved to be very popular.
All of these have been developed and coproduced with residents, listening to what they feel and believe would help them become more active.
- Tier 2 - Broader 'test & learn' approaches where some of the learning we have achieved can then be extended to other geographical areas and targeted groups.
- Tier 3 - Whole systems interventions across the locality. One of the key areas for this is workforce development and how we can support all staff in the Council, CCG and partners have conversations about the benefits of becoming physically active.

An interim report of the work we have progressed can be found at <https://vimeo.com/hyperfinemedia/review/357883089/6b1e340d9a>

4.3. Age Well Board and Active Ageing

Our programmes to support Active Ageing align with the Age Well Board and the Age Well Plan focussing on a 'life-course' approach to ageing in Trafford.

4.3.1. Active Ageing

The Sport England Active Ageing fund is supporting innovative and experimental approaches that put older people at the heart of our efforts to tackle inactivity. Trafford are looking to work in the West locality of Trafford, which has a high proportion of older people and corresponding high levels of treatment and care required to support people with long term conditions, who have had falls or experience dementia. There has been a significant market research piece of work undertaken which has identified a number of issues pertinent to active ageing. A key objective is sustained involvement with inactive older adults in these areas, using links with primary care and exercise referral pathways as well as supporting wider access to community provision. We will also link with existing social prescribing models to support an increase in uptake of supported exercise opportunities for those from higher risk groups as well as the older adult population as a whole. We will also train and support older adults to become Age Well Champions and encourage behaviour change.

An example of a session set up is the walking for health programmes launched in Stretford and Partington

Case Study: Barbara

Following retirement Barbara initially looked after her grandchild, however once she started school, this pleasure was gone. Barbara's mental health started to deteriorate as she became increasingly withdrawn, never leaving the house or socialising and struggling to speak, despite living with her husband. Her physical health also suffered as she had developed high blood pressure and severe back pain which restricted her ability to walk.

Following her daughter's suggestion and support, Barbara joined the Walk For Health program in Partington, Trafford. Filling in the forms, a simple task too many, was testing for Barbara describing herself as "a wreck"; she had no intention at all of going back for the next walk. With the support of her daughter, by the time of the next walk Barbara had decided to go, however when she arrived her daughter was nowhere to be seen. Barbara persevered and joined the walk anyway, slowly beginning to talk with the other members of the group. As Barbara's activity levels increased so did her happiness; "I began to enjoy life".

As well as the improvement in her mental health, Barbara has managed to lose 5 stone, in combination with a change in diet, and is no longer in pain when she walks.

Ten months on from her first session, she is now a 'regular', with her favourite part being the time spent talking and laughing with the other attendees, something which she hadn't had the opportunity to do for a long time. Not only did Barbara feel the difference for herself, her family noticed too as she began to talk more at home, something she hadn't realised she had stopped doing.

Barbara now wants to help others, in the same way that she has been helped, wanting more people to reap the benefits that she has had. Her words of wisdom to others are; "Don't give up, don't do what I would have done and not gone back. I carried on, and I'm glad that I did".

4.3.2. Falls prevention: Step Up

The Step Up Programme is an eight-week low impact physical activity programme designed specifically to improve strength, balance, flexibility and endurance, to help manage day to day tasks and build confidence. Exercises include heel to toe walking, flamingo leg swing, single leg balances and body weight transfer movements.

Case Study: Mary

Mary, 69, from Stretford, has struggled with poor health since the late 1990's. However, since joining the classes at the George H Carnall Leisure Centre she is feeling so much better about herself. She says: "As soon as I walk through the leisure centre doors, I feel my spirits lifting, I'm so happy to be there, seeing my new friends and fitness instructors."

Back in the 1990's Mary suffered an inflammation of the brain, which forced her into a wheelchair, and to give up her beloved career as a nurse. She spent five years in a wheelchair feeling overwhelmed by the condition. There was a further health set back in 2016 when Mary suffered a stroke that affected her speech and her strength and mobility on the left hand side of her body.

Whilst recovering from the stroke she attended physiotherapy sessions at hospital. It was her physiotherapist that referred Mary to Trafford Leisure's Falls Prevention classes, 'Step Up', at the George H Carnall Leisure Centre. Mary started attending these classes in March 2016 and was astounded at her physical improvement. She says: "I'm healthier now than before the stroke, I'm speaking much more clearly and I am physically much stronger. I have much more movement too! I also feel more confident in my body's abilities and balance. I'm now using just one walking stick at the gym, and feel secure enough on my feet to use two crutches when I'm out and about in my daily life."

4.3.3. Trafford's Aging Well Partnership along with Adult Social Care are also purchasing two indoor exercise bike and motiview system which stimulates older people and people with dementia to be more physically and cognitively active. We intend to pilot these in a residential or nursing home here in Trafford. Further information can be found on <https://motitech.co.uk/motiview>

A resident can sit in their chair, and use the custom made bike, sitting in front of a display screen, such as a TV, giving the cyclist a view of riding down a street from their past, listening to music of their choice. The equipment has been shown to have a wide range of benefits for people, particularly those living with dementia, including motivating activity, improving mobility and self-efficacy, promoting reminiscence and social interaction, improving strength and balance, helping to reduce falling, faster rehabilitation, better sleep, less pain, less medication and overall improvements in physical and mental wellbeing.

4.4. Primary Care and Active Practices

GPs and Primary Care have a key role in promoting physical activity and helping patients get more active particularly those patients with long term conditions such as diabetes, COPD, and cardiovascular conditions and promoting 'exercise as the best medicine'. Their ongoing contact with older people on a daily basis also provides additional opportunities to encourage and support activity. We are keen to promote the Active Practice Charter that inspires and celebrates GP practices that are taking steps to increase activity in their

patients and staff. Through the leadership of Dr Burke we have increased the number of Parkrun practices (6) - linking in with our 2 park runs and one junior parkrun in Trafford. Increasingly our GPs are promoting physical activity into routine care for cancer patients as latest evidence also shows that being active can help you have better outcomes with cancer treatment in addition to helping mental wellbeing at a time of great stress. In Greater Manchester the importance of 'prehabilitation' or preparing patients for treatment, alongside active recovery pathways are being increasingly recognised as beneficial by cancer patients - the elements of physical activity, optimising diet and psychological support appear pivotal to improving patients' outcomes and quality of life which continue to the rehabilitation stage.

4.5. Trafford Leisure offer

The Trafford Leisure Physical Activity Referral has been operational for a number of years. Patients can be referred via a variety of different partners – GPs, Physiotherapy teams, BlueSci, Weight management service. Participants who are eligible are usually referred because they are currently inactive or undertaking low levels of activity and their overall health and wellbeing would improve by doing more. The programme includes an initial consultation with an Active Living Manager who will undergo a needs assessment with them and identify activities that they may like to get involved in. They are also assigned to an instructor at the Leisure Centre who is GP referral qualified, who is on hand to support throughout their time on the referral. The participants have access for a period of 8 weeks to unlimited activity including – gym, classes, swimming, health walks, healthy hips and hearts sessions and other activities through partners which the service will signpost to. We are currently evaluating the programme through feedback from its participants to determine its future scope and opportunities.

4.6. Trafford Walk for Health

Over the last 24 months the scheme has grown from 3 walks to 11 which are linked with 13 of Trafford's GP surgeries. The programme has over 60 trained walk leaders supporting residents to feel more confident about taking those first steps to a more active lifestyle and there are now over 500 registered walkers. The walks are supporting people to get more active and also helping to combat social isolation and loneliness. The project has grown a fantastic group of volunteers and these walks are now embedded in Trafford's communities. All led by a volunteer coordinator.

4.7. Supporting Volunteers.

Volunteers have always played a vital part in the sport and physical activity sector. Without them most community sport and physical activity in Trafford simply would not happen. Volunteering has a dual benefit both to the community as well as the individual volunteering. Research has shown it has a positive impact on mental wellbeing, individual development, social and community development as well as a huge economic benefit. Trafford has one of the highest number of volunteers in GM, with 15.2% of residents and 519 residents are part of the VIP (Volunteer Inspire Programme) Greater Sport initiative that allows volunteers to sign up for volunteering opportunities.

4.8. Communication and Social media programmes

We support a wide range of national and GM communication and social media programmes which have significant reach to our Trafford residents. **We Are Undefeatable** is a new campaign to help those with long-term health conditions become and remain active. Launched by Sport England in collaboration with VCSE partners, the campaign recognises the unique barriers that those living with health conditions face and it is the first time a campaign has shown the emotional stories of men and women living with a variety of conditions getting active in ways that work for them. More information is available at their website: weareundefeatable.co.uk

Active Soles programme. This GM Social movement has focussed on changing culture particularly in the workplace. Making trainers acceptable footwear enables us all to be much more active, walking /cycling to work and incorporating physical activity in our daily lives.

That Counts is a major new campaign aiming to inspire thousands of people from across Greater Manchester to lead a more active life, will go live across the city region. It supports people to move more in a way that suits them, giving a clear daily active movement target (30 minutes) to start aiming for. The focus is that everything counts, from walking to school, to dancing while doing the hoovering, and getting off a stop early. The campaign's central message is that moving for just 30 minutes a day can be fun, social and bring loads of benefits, like feeling happier, more confident and sleeping well, as well as helping towards long-term health. It is being run across Hits radio, The Manchester Evening News press and online (and associated borough titles), out of home poster sites, bus streetliners, Facebook targeted advertising and social media is being seen on TfGM digital traffic boards and at the Arndale and Trafford Centre. The advertising will encourage inactive people to use #ThatCounts to share inspiration and tips on how to get active in ways that suit them.

5. Links to Key Strategic Priorities

- Health and Wellbeing
- Green and Connected
- Targeted support
- Successful and thriving places
- Pride in our area

6. Recommendations

Members are asked to note the range of programmes that are currently available to promote physical activity in Trafford and the particular focus on supporting inactive residents.

Members are asked to consider their leadership role in promoting physical activity and to take the opportunity of attending future workshops and programmes on physical activity.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 20th November 2019
Report for: Information
Report of: Eleanor Roaf, Director of Public Health (Interim)

Report Title

Uptake of Childhood Vaccinations

Summary

The paper provides an update on uptake of childhood vaccinations in Trafford, with a particular focus on MMR. While our rates overall are better than the England average, we do have considerable variation across Trafford. Plans are in place to improve this and to ensure that we reach the 95% uptake of MMR immunisation required to give population level immunity

Recommendation(s)

That the Health Scrutiny Committee

- i) notes the report and considers what further information it would like to receive on this topic**
- ii) provides its support to steps to be taken to promote positive messages about vaccination.**

Contact person for access to background papers and further information:

Name: Helen Gollins, Deputy Director of Public Health (Interim)
Extension: 4276

1. Background

Vaccines are highly effective. They save lives, prevent serious complications, hospitalisation and disability in people of all ages. England is a world leader in childhood vaccinations, and all vaccines used in the UK are thoroughly tested, meet strict safety criteria and are carefully monitored after they are introduced into the national programme. However, Public Health England (PHE) data show that, whilst coverage remains high, children's vaccine uptake has been slowly decreasing since 2012-13.

In this paper we will look at all childhood vaccinations but will have a particular focus on measles, as it is one of the most infectious diseases - it is estimated that there will be 15-20 further cases from any one index case¹. In early 2019, there was an outbreak of measles in Greater Manchester with 47 confirmed cases of measles across 5 boroughs. Fortunately, there were no cases reported in Trafford but the GM outbreak has led us to review our systems and processes to improve our vaccine uptake.

Supporting our families, children and young people to make informed decisions that lead to receiving the complete childhood vaccine schedule is important for individual and wider community health and wellbeing.

This paper describes;

- the current schedule, including Trafford uptake using regional and national comparators, and trend over time.
- the current national and local context of vaccination uptake.
- the local approach to improving uptake.

The full childhood vaccine schedule is included in Appendix A.

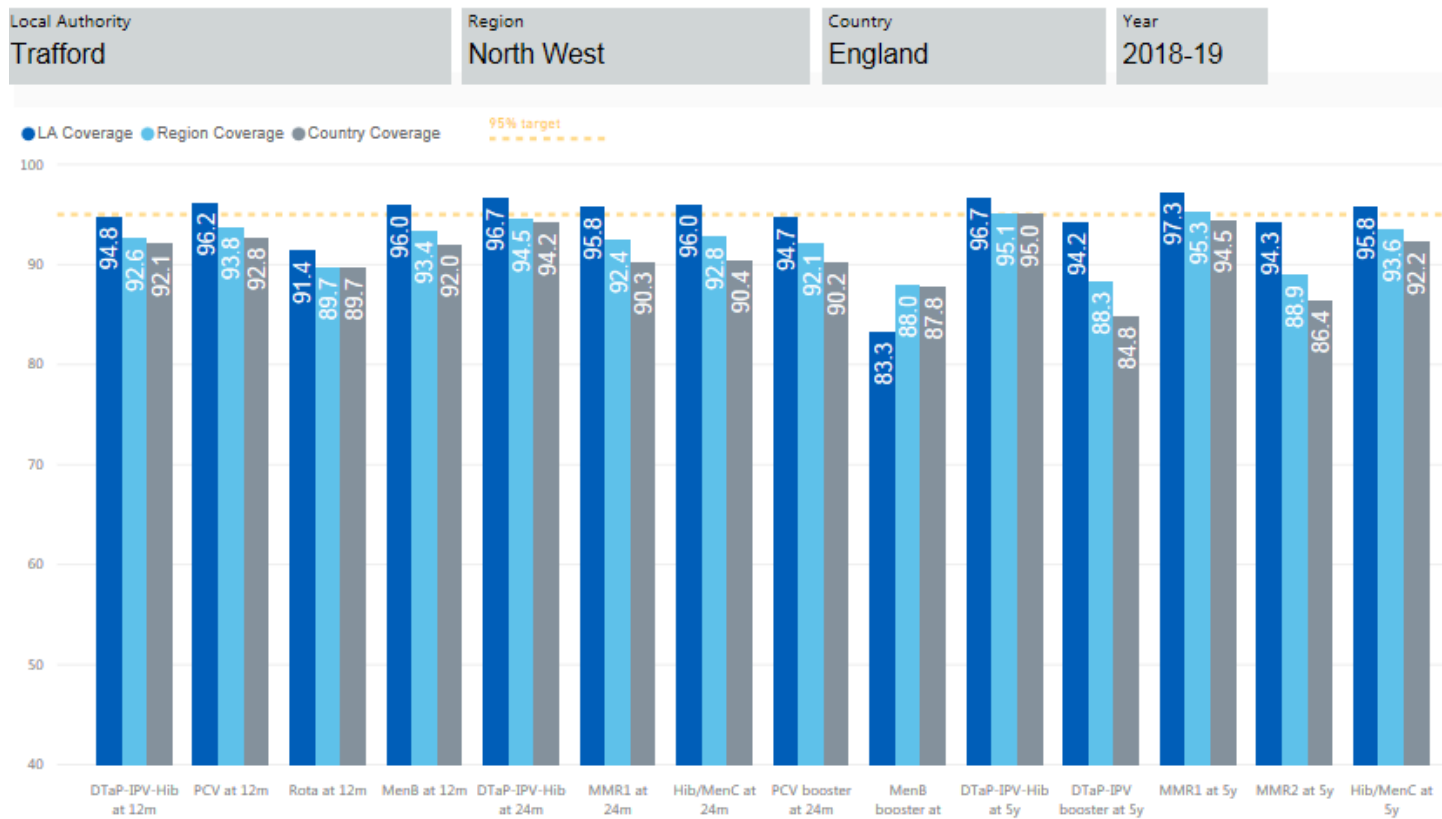
2. Childhood Vaccination uptake in Trafford

Childhood vaccinations are commissioned by NHS England and are delivered by;

- primary care,
- Trafford's Children's Community Health Service including school nursing, and the specialist looked after children's nursing team, and
- Intrahealth, (school based flu immunisation).

'Herd immunity' is the uptake level that provides population protection and reduces the likelihood that an outbreak will occur. For highly contagious disease such as measles herd immunity is achieved at 90-95%, for less contagious diseases such as polio it is 80%.

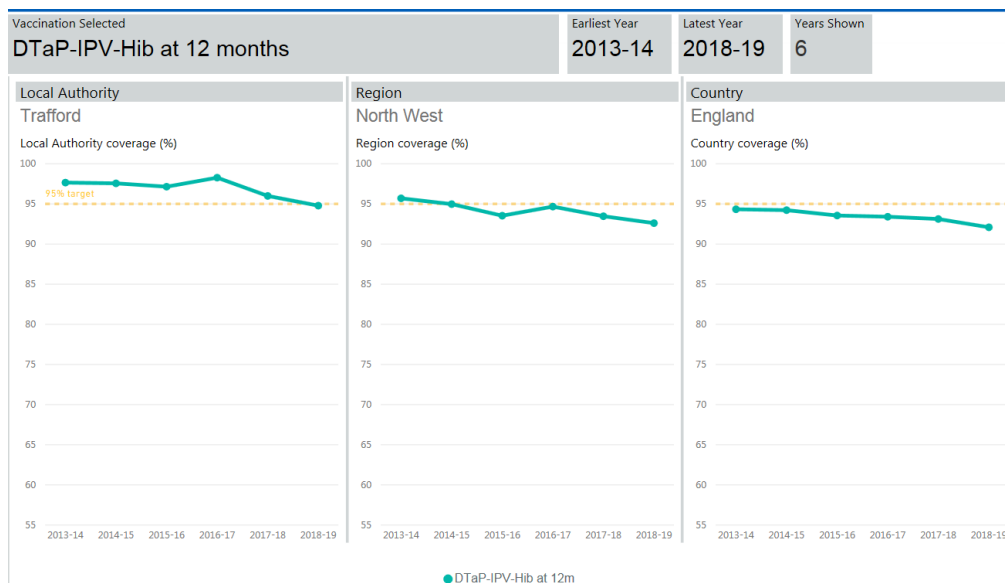
Figure 1 shows the vaccination coverage in Trafford in 2018-2019 for routine childhood vaccinations up to 5 years old. Trafford coverage is the dark blue bars, the NW is the light blue bar and the grey bar England.



As can be seen above, Trafford does well on average vaccination coverage, with 8 out of 14 vaccination combinations having 95% or above coverage. This is important as it confers herd immunity on the population for those conditions. However despite this, there are clear areas where Trafford can improve.

Vaccine coverage close to 95%:

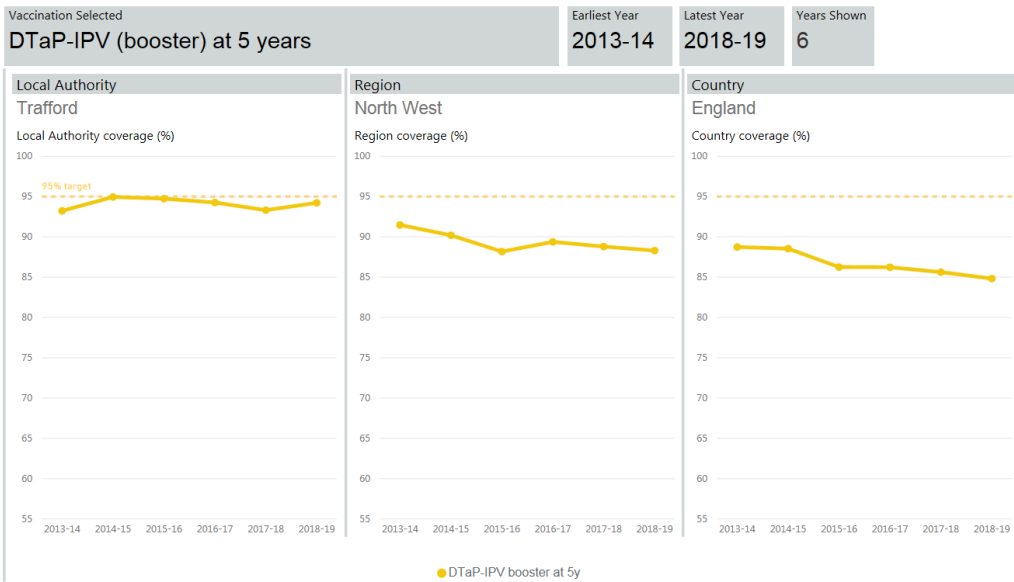
Diphtheria Tetanus Polio, Pertussis and Haemophilus influenza b (DTaP-IPV Hib)- at 12 months



Whilst our coverage is better than both the NW and England, this is still below the 95% threshold. This reflects a downward trend over the past 2 years, which is similar to the regional and national picture.

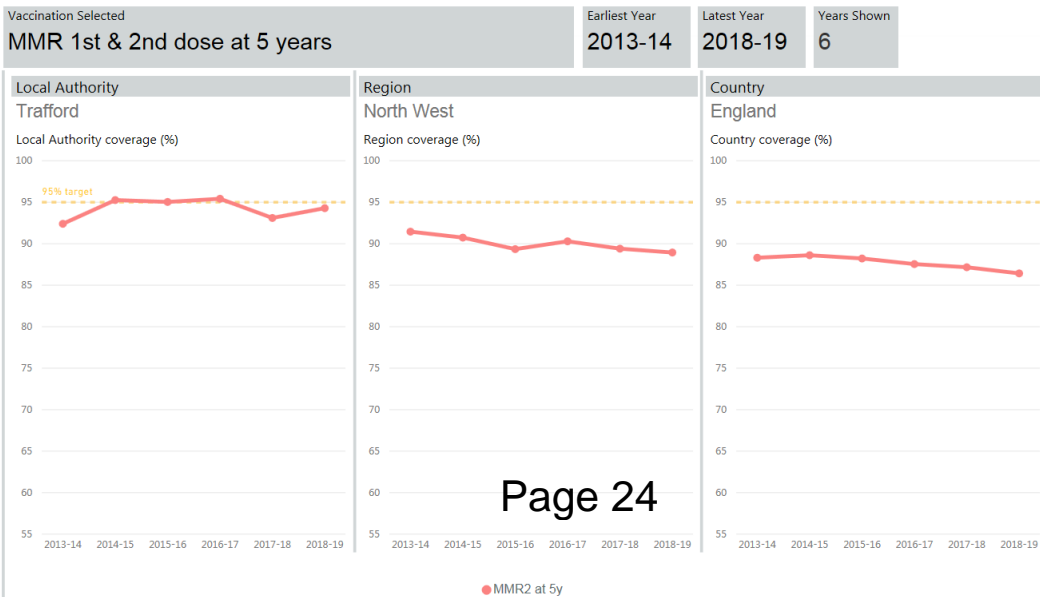
DtaP-IPV booster at 5 years

This vaccine coverage is almost at the 95% level, and is much better than the regional and national average. As can be seen in the figure below this has improved since 2017-2018, a there has been little difference over the past 5 years. This is a much better picture than the national and regional figures for the same 5 year period.



Measles Mumps and Rubella 2nd dose at 5 years

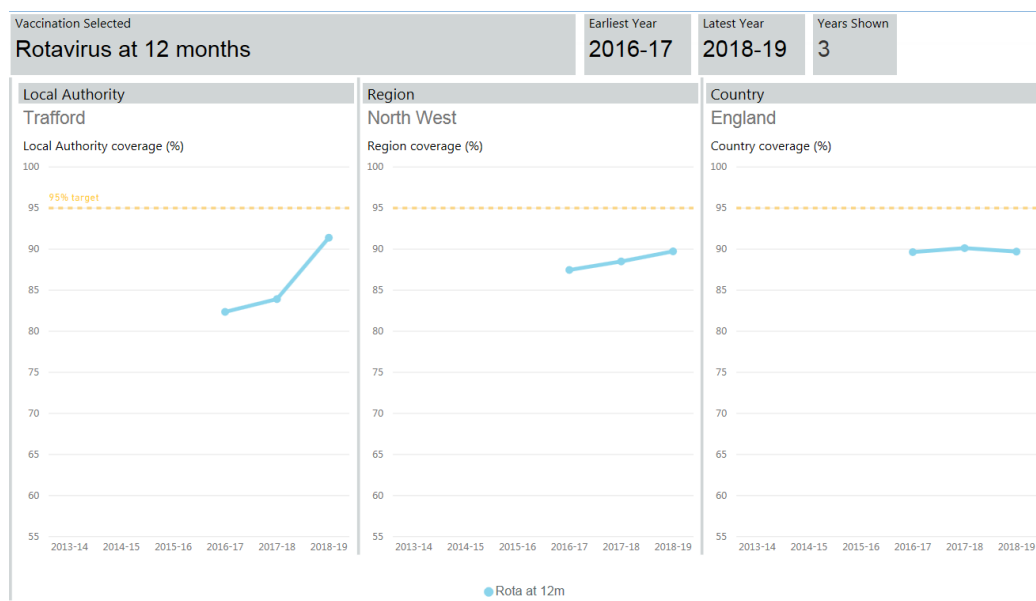
This vaccine is much better than the NW and England level, but still just below the 95% level. As can be seen below this has improved from 2017-2018, but on a background of a higher coverage level. This is different from the regional and national trend which has been steadily declining.



Vaccine coverage significantly below the 95% target

Rotavirus at 12 months

The rotavirus vaccine has a low coverage of 91.4%, which is far below the 95% target. It is slightly higher than the NW and England average. Figure 2 below shows the trend over time, which shows that coverage has improved over the past 3 years, and more quickly than in the NW or England.



Meningitis B booster at 24 months

The Meningitis B booster has a particularly low coverage of 88.3%, which is lower than both regional and national average, but this may be due to data reporting issues and this is currently been looked into further. 2018/2019 is the first year there is data for the Meningitis B booster at 24 months so a trend cannot be analysed.

2.i. Inequalities in vaccination uptake

Across Trafford there is variation in uptake of childhood vaccinations across groups and communities. Understanding this fully is difficult due to the availability of data and data quality at a localised level.

Trafford's public health team therefore supplement local information with national guidance and local evidence of inequalities from the Joint Strategic Needs Assessment to inform practice ⁱⁱ. The team is

also working closely with Primary Care and Child Community Health colleagues to improve data recording and reporting.

2.ii. Measles Mumps and Rubella Coverage

Both mumps and measles are highly infectious, and while both are usually self-limiting illnesses, in some cases they can lead to serious complications, and a measles outbreak presents significant pressures across the wider health and social care system. Rubella is generally a less serious disease but can cause significant damage to the unborn child if contracted in pregnancy. The most effective way to control these diseases is two doses of the MMR vaccine. Infants receive the first dose within one month of their first birthday and at around 3 years 4 months. The MMR vaccination requires two doses as one dose only protects 90 out of 100 people.

Trafford does not currently reach the target of 95% population coverage for complete (ie two doses given) MMR vaccination. This means that we could be at risk of a local outbreak.

Using data extracted from 28 Trafford practicesⁱⁱⁱ, average complete MMR coverage for 0-5 year olds is 83.7%, ranging from 68.9% to 93.7%. In numbers terms, 822 children eligible for their MMR are not fully protected, ranging from 4-70 children per practice.

For the older age group, 5-18 years, only 88.5% have a complete MMR, ranging from 55% to 92%. Again in numbers terms 2 529, 5-18years olds registered with a Trafford primary care practice are not fully protected, this ranges from 32 to 238 per practice.

We are also aware that the variation in uptake by practice means that, overall, we have lower uptake among our population in North Trafford than in South. This means that we have increased outbreak risk in the North of the borough, and we are working with practices to address this.

3. Key Issues for Health Scrutiny to consider

3.i. Wider influences on vaccination uptake

Nationally vaccine uptake has been declining since 2013-2014. There are numerous reasons for this decline. These include:

- Vaccine Hesitancy and Vaccine Denial

Vaccine hesitancy refers to the delay in acceptance, or refusal of vaccines, despite the availability of vaccine services, and it is named as one of the top ten threats to global public health in 2019 by the World Health Organization. Delaying vaccination can lead to increased risk of catching and spreading vaccine-preventable diseases in the population, and reduces herd immunity. Reasons for vaccine denial can include mistrust of the government, health experts and scientists; the spread of incorrect information via social media; vaccination programmes failing to change the perceptions of being unvaccinated and concerns around the effectiveness and safety of vaccinations.

Vaccine hesitancy is a spectrum, ranging from those who are individually hesitant at one end, to those who are vocal vaccine deniers at the other. There is a very low chance of changing the minds of those who are vocal vaccine deniers, however, having supportive discussions and

listening to the concerns of people who are hesitant or delaying vaccination can lead them to accepting vaccination.

- MMR Controversy

A 1998 study published by Wakefield et al. purported to identify a link between the MMR vaccination and autism. The study was found to be fraudulent, was redacted from the publication, and the author was struck off by the General Medical Council and can no longer work as a doctor in the UK^{iv}. More recent studies have failed to find any link between the MMR vaccine and autism^v. The MMR vaccine is both safe and effective, but the controversy (and especially the media reporting of it) has led to ongoing concerns amongst some parents.

- Vaccines can make the child ill

This is a major concern for parents, but most vaccines are tolerated very well. The most common side effects of vaccinations include a sore arm, lump at the site of injection, or a mild fever. Certain vaccinations may also have specific side effects, for example, parents are advised to give three doses of liquid paracetamol following the MenB vaccine to prevent fever, and the MMR vaccine can cause a measles-like rash or mumps-like swollen glands^{vi}.

- Long term effects

There have been some concerns reported about the potentially increased risk of developing Guillan-Barre following flu or HPV vaccination. Guillan-Barre is a condition where the body's immune system mistakenly attacks nerve cells, which stops them from working correctly. This can cause symptoms such as weakness and numbness. In most cases, Guillan-Barre occurs as a result of an infection, but there have historically been links between some vaccinations (such as the swine flu vaccine delivered in 1976) and slightly increased prevalence of the disorder, which can cause people to worry.

However, research has found that the risk of developing Guillan-Barre following a vaccination is incredibly small and the chances of developing the condition from an infection such as flu are much greater^{vii}.

- Anaphylaxis

Some children may have allergic reactions to some of the additives in vaccinations (such as egg, gelatine, and antibiotics such as Neomycin). Very rarely, allergic reactions to vaccines can cause a life-threatening response known as anaphylaxis, and this occurs 1-2 times for every million vaccines given^{viii}. Staff who administer vaccinations are trained to deal with this. Parents of children with known allergies such as egg or gelatine should speak with a GP or Nurse prior to receiving vaccinations.

- Gelatine and Faith Groups

Both Fluenz Tetra® (the nasal spray given to children to prevent flu) and MMR VaxPro® (to protect against measles, mumps and rubella), contain gelatine from pigs^{ix}. This is to protect the live virus against effects from changes in temperature^x. An alternative vaccine, called Priorix®, is available to protect against measles, mumps and rubella and does not contain gelatine. Families can request this vaccination, but it may need to be ordered specially. There is

currently no alternative for the nasal flu spray that does not contain gelatine for healthy children, but children who are at a higher risk from flu due to a health condition may be eligible for an alternative vaccination (injection).

Trafford residents from Muslim and Jewish faith groups may be concerned about the presences of porcine gelatine in these injections. To provide guidance, a representative from the Kashrus and Medicines Information Service has advised that according to Jewish laws, there is no problem with porcine-derived ingredients in medication that is taken non-orally, so the nasal spray and injection would be permitted^{xi}. The Muslim Council of Britain has taken the view that medications containing porcine gelatine are not permitted unless lives are at risk and there are no alternatives, and so have recommended that individuals consult with health practitioners in order to make an informed decision^{xii}. PHE still recommend the nasal spray for children because compared to the alternative injected vaccine, the nasal spray is more effective and lasts longer, may offer protection against slightly different types of flu virus, and is easier to administer and less painful than an injection^{xiii}.

4. Trafford Improvement Approach

4.i. Response to Measles Risk

In response to the GM Measles outbreak earlier this year, Trafford established a multi-agency Measles preparedness group. Actions from this group included;

- ensuring communications from PHE were actioned by practices.
- targeted support to practices with low uptake, this includes specialist practice visits from the Greater Manchester Screening and Immunisation Team (GMSIP).
- exploring the feasibility of Trafford Health Care delivering additional nurse led clinics to improve access to MMR across the borough.
- increasing the uptake of MMR among our Looked After Children and Children in Need population through our Specialist Nurse for Children in Care working with parents and guardians.
- Trafford's Communities and Partnership Team increasing awareness of the importance of vaccination, especially amongst our populations where uptake has traditionally been lower than 95%.
- awareness raising with front line workforce who have contact with children and young people.

Finally a childhood vaccine quality improvement communication will be shared with practices by the end of November; this includes information about the practical steps that can be taken to increase uptake.

A review of MMR uptake across practices will be completed in January 2020.

4.ii. Vaccine and Immunisation Assurance Group

A Public Health led, multi-agency Vaccine and Immunisation Assurance Group has been established. The purpose of the group is to have oversight of the delivery of the routine vaccination schedule, identify elements for improvement and provide a coordinated response to any incidents. This group is accountable to the Health Protection Forum and membership includes the GM Screening and Immunisations Team, MFT Community Health Services, Trafford NHS CCG and the Communities

and Partnerships team. Outputs from the group will include a vaccine uptake monitoring dashboard, and an improvement plan.

5. Key Questions for Health Scrutiny to consider

- How can we work together to increase vaccine acceptability and reduce vaccine hesitancy?

Improving vaccine uptake will in part be down to the steps that the NHS (and particularly primary care) can take to improve their systems to ensure that there is sufficient capacity in vaccination clinics and that children are invited in a timely manner. However, there are also steps that partners can take to promote messages about the importance and safety of vaccination throughout the borough.

6. Links to Corporate Priorities

Childhood immunisation uptake is related to the Trafford Council's corporate priorities relating to Children and Young People, Health and Wellbeing and Targeted Groups.

Routine childhood immunisations				Autumn 2019	
When	Diseases protected against	Vaccine given and trade name		Usual site	
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh	
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh	
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth	
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh	
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh	
	Rotavirus	Rotavirus	Rotarix	By mouth	
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh	
	MenB	MenB	Bexsero	Left thigh	
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh	
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh	
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh	
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ² or Priorix	Upper arm/thigh	
	MenB	MenB booster	Bexsero	Left thigh	
Eligible paediatric age group ¹	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{2, 3}	Fluenz Tetra ^{2, 3}	Both nostrils	
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm	
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ² or Priorix	Upper arm	
Boys and girls aged twelve to thirteen years	Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm	
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm	
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm	

1. See Green book chapter 19 or visit www.gov.uk/government/publications/influenza-the-green-book-chapter-19 or www.nhs.uk/conditions/vaccinations/child-flu-vaccine/

2. Contains porcine gelatine.

3. If LAIV (live attenuated influenza vaccine) is contraindicated and the child is in a clinical risk group, use inactivated flu vaccine.

Selective childhood immunisation programmes			
Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old ^{1,2}	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country ³	At birth	Tuberculosis	BCG
At risk children	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

1. Take blood for HBsAg at 12 months to exclude infection.

2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.

3. Where the annual incidence of TB is $\geq 40/100,000$ – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

Schedule of Vaccinations^{xiv}

6-in-1

The 6-in-1 vaccine protects babies against diphtheria, hepatitis B, haemophilus influenzae type B, polio, tetanus, and whooping cough. To provide strong protection, babies need 3 doses of this vaccination. The dose is usually given at 8-weeks, 12 weeks, and 16 weeks of age. Prior to 2017, this vaccination didn't include Hepatitis B, and was known as the 5 in 1 vaccine.

Pneumococcal PCV

The pneumococcal PCV vaccine helps to protect against a bacterial infection which can cause pneumonia and meningitis. Babies need to be given 3 doses of this vaccination to get the highest level of protection, and these are given at 8 weeks, weeks 16 weeks and one year of age. (This vaccination is also offered to older people once they have reached age 65).

Rotavirus

The rotavirus vaccine protects against infection that causes diarrhoea, tummy ache and vomiting in children. This is given as 2 doses, for babies aged 8 weeks and 12 weeks old. This vaccine is very effective at reducing cases of stomach upset caused by rotavirus and since the introduction of the vaccination in 2013 rotavirus cases have reduced by nearly 70%^{xv}.

Meningitis B

The Men B vaccine protects against a type of bacteria (meningococcal group B) which are responsible for 9 in 10 cases of meningococcal infections, such as meningitis and sepsis, in young children. Again, this is given as 3 doses, at 8 weeks, 16 weeks and 1 year of age.

Trafford has a higher level of coverage than the average for the North West and England. Coverage of the 6-in-1 vaccine and the MenB vaccine at 12 months are above the target of 95%, however there is a drop in coverage at 24 months.

HiB/Men C

The Hib/MenC vaccine is given at 1 year of age as a single dose. This vaccination helps to protect against haemophilus influenzae type B (Hib) and meningitis C, both of which are bacterial infections that can cause meningitis and septicaemia.

Influenza

The influenza or flu vaccination is offered to all children aged 2 to 11 years (via nasal spray) and children aged 2 to 17 with long term conditions (via injection). It is important to vaccinate children, both to protect them, and as the flu can lead to complications such as bronchitis and pneumonia, and children can often spread the disease to older, more vulnerable, relatives. The vaccination must be given every year as the virus mutates very quickly, and the vaccine is developed to protect against the predicted active strains each winter.

MMR

The MMR vaccine protects against three diseases; measles, mumps, and rubella. In order for this vaccine to be effective, two doses need to be given. These are usually given at around 1 year of age, and at around 40 months of age, but if someone is not vaccinated at this age, catch up doses can be given at any age throughout life.

4-in-1

The 4-in-1 pre-school booster vaccination is designed to improve protection against diphtheria, polio, whooping cough and tetanus. It is given to children who are aged 3 years and 4 months.

Coverage of the MMR first dose and Hib/MenC vaccination at 5 years are above the target of 95%.

HPV

At age 12 to 13, from this year, both girls and boys will be offered the first dose of the HPV vaccination. The second dose is usually given 6 to 12 months after the first. The HPV vaccination protects against strains of the human papillomavirus that are commonly transmitted between people, and have been linked to cervical, oral and anal cancer, as well as genital warts. People who were eligible to receive the HPV vaccination at school but missed it are able to receive the injection up to age 25 on the NHS. Men who have sex with men (up to and including the age of 45) are also eligible to receive the HPV vaccination from sexual health clinics.

3-in-1 and MenACWY

At 14 years of age, children are offered the 3-in-1 teenage booster, and the MenACWY vaccination. The 3-in-1 booster is important for increasing protection against tetanus, diphtheria and polio. The MenACWY vaccination protects against four strains of bacteria that can cause meningitis and septicaemia. Alongside both doses of the MMR vaccine, it is important that students going to university have received the MenACWY vaccination, as this is a higher risk location for spread of the disease. Adults aged up to 25 are eligible to receive the MenACWY vaccination on the NHS. Once people have received 5 doses of tetanus vaccination, they should have lifelong immunity

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- xii The Muslim Council of Britain (2019) *Position on Flu Vaccines* [Available at <https://mcb.org.uk/mcb-updates/position-on-flu-vaccines/>]
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- xv nhs.uk (2017) Rotavirus vaccine overview [Available at <https://www.nhs.uk/conditions/vaccinations/rotavirus-vaccine/>]

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee

Date: 20 November 2019

Report to: Information

Report of: Martyn Pritchard, Accountable Officer, Trafford CCG

Report Title

Altrincham Health and Wellbeing Hub Update
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Summary

The purpose of this paper is to update the Health Scrutiny Committee on the negotiations to secure appropriate tenants for the Altrincham Health and Wellbeing Hub (AHHW).
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Recommendation(s)

It is recommended that the Health Scrutiny Committee note the progress made by the CCG and NHS Property Services in securing tenants for the AHHW and the approach taken to mitigate the financial risks.

Contact person for access to background papers and further information:

Name: Martyn Pritchard, Accountable Officer, Trafford CCG

Extension: 1365

1. Update on the current position

- 1.1 The Governing Body (GB) of the CCG agreed in March 2019 an approach to the use of the Altrincham Hub development and a Programme Board to make this happen.
- 1.2 Each tenancy that is secured for the medical suite will be offset against the indemnification costs of the CCG. In line with the approach developed within the draft Locality Plan, health and social care organisations are working together to secure the best return for the Trafford pound and to minimise the overall cost of the estate used to provide services.
- 1.3 The Programme Board is continuing to implement the approach agreed by the Governing Body in March 2019. At this stage progress is being made to utilise each of the floors.
- 1.4 The table below sets out the progress made in each area.

Table 1: Update on the Proposed Use of the AHHW.

Area	Agreed Use	Update	Next Steps
Ground Floor (Medical Suite)	To use for health and social care	There is an active discussion with a potential tenant for the ground floor space. The use would be fully in line with the Locality Plan. These conversations are commercially sensitive at this stage and led by NHSPS.	To support NHS PS in concluding the commercial negotiations.
Ground Floor (Non-medical suite)	To support NHS PS in seeking a pharmacy and a café	Now two GP practices have moved in NHS PS are concluding the commercial negotiations for a pharmacy. The café space is being actively marketed as either café or retail space.	The timetable for opening will be determined by the pharmacy operator.
First floor	To use for health and social care.	Agreement has been reached with two GP practices to move onto the first floor. Ongoing discussions with a range of NHS and non-NHS health care providers about the use of the remaining clinical rooms.	St John's moved in on 4 November. Barrington Road moved in on 11 November.
Second floor	To use for health and social care.	In principle agreement has been reached with TLCO to re-locate the Integrated Health and Social care team for the south locality.	Confirm the timetable for moving in.
Third floor	To market for commercial use.	Following a marketing exercise NHSPS are in negotiations with an appropriate commercial organisation.	To support NHS PS in concluding the commercial negotiations.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 20th November 2019
Report for: Information
Report of: Sara Radcliffe Director Integrated Health and Social Care Strategy Trafford CCG and Council

Report Title

Trafford Together Locality Plan for Sustainability and Reform – incorporating the NHS Long Term Plan.

Summary

Trafford Together Locality Plan is our blueprint for the transformation of health and social care over the next 5 years. It will also incorporate the NHS 10 year long Term Plan. We see this as part of a wider Trafford Partnership which includes the many areas of change that health and social care is part of. In so doing we aim to be part of our public service reform so that we have shared resources and shared aspirations and outcomes.

Trafford Together Locality Plan incorporating the NHS Long Term Plan outlines:

- Trafford's priorities, behaviours and principles
- Trafford as a Place
- Transforming Public Services in Trafford
- Building a sustainable system
- Trafford enablers – unlocking economic potential
- How will we make a difference
- NHS Long Term Plan

Recommendation(s)

The Committee is asked to note the development of the Locality Plan which is going through the governance routes of the Council and CCG – a more in depth presentation could be given to the next committee if needed.

Contact person for access to background papers and further information:

Name: Thomas Maloney Programme Health and Care
Extension:4776

1. Background

The Trafford Together Health and Social Care Locality Plan for 2019 – 2024 has been developed over recent months with partners. It sets out our aspiration to improve and reform our health and social care system as part of our wider Trafford system. In doing so it will be a main foundation of how Trafford implements the Health and Social Care NHS Long Term Plan, as part of an integrated health and social care system.

Our overarching aspirations are to work together to help achieve:

- Better lives for our most vulnerable people.
- Better wellbeing for our population.
- Better connections throughout our communities.

The Trafford Together Locality Plan has been developed as a plan for all people, of all ages that live and work in Trafford. We realise that many of our health and social care system developments have been focused on adult services. However, as we move forward we will build our work in relation to all ages. We believe that in order to make the greatest change in the health and wellbeing of the people of Trafford, improving services to children and young people will be essential, and we have to engage with them so people get used to us, doing things with and not to people. We will do this by focusing on our population, the people we serve, the place where we live and work and the partnerships we develop. We will prioritise 6 major areas of reform; Prevention; Living Well at Home; Planned Care; Urgent Care; Children's Care; and Mental Health.

Trafford performs well on many indicators, but this masks large inequalities within the borough. Health outcomes as a whole are similar to the England average, but are markedly worse in the north of the borough and in Partington in the west, than in the borough as a whole. We continue to see much poorer educational outcomes for our children who are eligible for free school meals than for others.

We know that most health outcomes are determined not by health services but by the 'wider determinants' of health. Smoking, diet and physical activity have a direct relationship to the likelihood that we will develop cardiovascular disease or many cancers, but other aspects of our lives such as our education, housing, and the local environment are equally important. Clean air and good housing reduces asthma risk, so improving the quality of the air we breathe and the houses we live in will reduce hospitalisation rates for asthma and other lung conditions, and so will both save money and improve people's lives. Creating an environment in which it is pleasant to walk and cycle will also improve health and wellbeing, improve social cohesion and local businesses. Therefore our plan will have prevention as a major foundation of not only what we do but how we deliver all services. Addressing the inequalities in our outcomes will be a major part of our Locality Plan and is part of our collective aspirations.

We have built on our previous 2016 plan and have reflected on what we have achieved and learnt over this period of time. The health and social care landscape within the UK, Greater Manchester and Trafford has changed within this period and we have had to address issues as well as build on our successes.

In our Trafford Together Locality Plan we are building on the positive aspects we already have in place and what can be seen in a variety of embedded and emerging schemes of work such as; One Trafford Response; Let's Talk and; our established neighbourhood model. There is a collective willingness to further develop what we have together with our engaged system leaders.

One of the main themes that we have carried through our work in Trafford over the last five years has been our commitment to health and social care integration. We have built upon the strong platform that we already have in place in the borough in terms of partnerships to establish:

- A joint working arrangement in strategic commissioning that has enabled the Council and the CCG to move into Trafford Town Hall and work coherently together, forming our Integrated Commissioning Directorate (ICD).
- Joint senior leadership appointments across the health and social care system.
- The establishment of a Local Care Alliance (LCA) that has provided a joint working arrangement between partners to steer the reform and development of health and social care in the borough.
- A Trafford Local Care Organisation (TLCO), established in 2019, that has built upon the integration work of staff in community health and social care services over the last five years.
- Developing our five GP networks in our four neighbourhoods.

In Trafford we will aim to work towards a culture of co-production within the borough. This will be supported by system leadership that enables people from different organisations, groups and individuals to feel they have a valid and significant contribution to make in how we reform and develop over the next five years. In doing so this plan cannot be a document that is agreed and implemented. It has to be a strategic framework that we acknowledge, through co-production, may change and evolve over time.

Therefore, we are setting as a part of our plan a year of engagement starting from October 2019. The people of Trafford, those who work and live here, are our most important and empowering lever for change. We want to create together a platform for change which is built on working together, thus starting to create a social movement across our locality, neighbourhoods and communities. In doing so we will aim to have practitioner leadership across health and social care that is led through our different partner forums including Trafford Partnership and Trafford Local Care Alliance.

This document is therefore Trafford's Locality Plan **Version 1 in development**. We will submit this version through our system governance structures in late 2019. However, we will continue to develop and work on this plan with a wide range of partnerships, organisations, groups and individuals through 2020 and beyond. Therefore our plan is based on working with and for our population, our people, our place, and our partnerships. We will build on our place through embedding prevention and person centred care in all that we do. We will work within our four neighbourhoods and across our locality to build our partnerships and to reform major areas of work. We will underpin this system reform with a cultural change in

leadership and how we design and deliver, which will include a strong focus on our enabling strategies such as digital, financial reform and engagement.

2. Current Position

The plan is currently in development. We have based our plan around 4 main principles these are our population, the people we serve, the place where we live and work and the partnerships we create. In doing so we have three main aspirations for this plan: better lives for our most vulnerable people, better wellbeing for our population and better connections across our communities. We have built our plan around our place and in Trafford this is our four neighbourhoods, our locality and working with other localities in Greater Manchester.

Our foundation for health and social care integration in the future has four areas. There is our Local Care Alliance made up of our health and social care providers and commissioners working together; our Local Care Organisation which is delivering community health and social care in our four neighbourhoods; our GP primary care networks that together will collectively be developing care and; an integrated strategic commissioning function that will commission for the person.

We aim to look at six areas of system reform and build upon these through the five years, these are prevention, living well at home, our urgent care system, our planned care system, our children's services and our mental health system. By prioritising together these areas of reform, and working across our partnerships, we aim to also achieve the NHS Long Term plan, which is an integral part of our locality plan. The system reform areas will aim to move our resources to where they will have the biggest benefit for long term health and wellbeing for Trafford people. Over time we see this as a move to prevention and being able to live well with appropriate support in our neighbourhoods. Each area is underpinned by reform of key system enablers these being our digital strategy, finance and contracting, people and engagement. We will work to implement the reforms, with our partners, in a yearly delivery cycle enabling us to plan deliver and assess as we change the system.

We do not want our plan to be a document which we write and revise at the end of five years, we are confident that there are already parts of our plan that we could do better or we need to change. Therefore, we are entering a year of engagement in Trafford. We want to move towards a way of working in our Trafford health and social care system which is person centred and based on co production. We know that we will not achieve this in a year, but we hope that it will be a foundation for cultural change that will move us to a different way of seeing and delivering health and wellbeing in Trafford for our future.

3. Key Issues for Health Scrutiny to Consider

The work has been steered by a weekly working group from across the CCG and Council and supported by a programme management approach – with reports monthly to the Local Care Alliance which includes membership from Trafford CCG, Trafford Council, THRIVE, Manchester Foundation Trust, Greater Manchester Mental

Health Trust, Primary Care and representation by Health Watch and the GP Local Medical Committee.

The developing plan has also been to 16 meetings and events over the last few months, to seek views, as it has evolved.

The report is currently going through the governance routes of the Council and CCG.

4. Key Questions for Health Scrutiny to Consider

Health Scrutiny may want to consider how the main reform areas are fed back to scrutiny over the forthcoming year. Each reform area has a Senior Responsible Officer and a delivery vehicle which will feed its work into the Local Care Alliance for consideration, across all our partners as a joint piece of reform and development.

The committee is asked to note the report and the plan which is going through the governance routes of the Council and CCG – a more in depth presentation could be given to a future committee meeting if needed.

5. Links to Corporate Priorities

This work underpins the Health and Wellbeing priority, but also has links and an impact on all corporate priorities through the interplay of health across the corporate priorities, and its role in achieving the Trafford Locality Plan.

6. Appendices

None

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: November 20th 2019
Report for: Information
Report of: Sara Radcliffe Director Integrated Health and Social Care Strategy Trafford CCG and Council

Report Title

1. **Trafford Community Services Transfer Update – this is the transfer of community services from Pennine Care NHS Trust to Manchester Hospitals Foundation NHS Trust and a new Section 75 Partnership Agreement with adult social care to form the Trafford Local Care Organisation.**

Summary

1. The successful transfer of over 600 staff from Pennine Care NHS Trust into Manchester Hospitals Foundation NHS Trust, was completed as planned on the 1st October 2019.
2. The community health services that have transferred and adult social care services through a new partnership agreement are now known as Trafford Local Care Organisation (TLCO) and will be led by the Manchester Local Care Organisation Chief Executive.
3. All milestones and deliverables of the transfer programme have been achieved or have been carried forward into the emergent Trafford Community Services Transformation Programme.
4. A lesson's learnt session has been completed with key stakeholders and will inform future programmes of work going forward.
5. TLCO operating model is place based in Trafford's four neighbourhoods, has integrated health and social care teams and management, and an identified Trafford leadership team. It is also part of the MFT group structure and is able to access the wider benefits that are available through this arrangement
6. A detailed Post Transfer Implementation Plan has been put in place to move services into business as usual from April 2020.
7. A Community Services Transformation Programme Board has been established to drive forward the work needed to achieve the aspirations as set out in our Trafford Together Locality Plan. Further work is required to prioritise the transformation of existing services linked to the identified system priorities.

Recommendation(s)

- The committee is asked to note the successful establishment of the TLCO and the ongoing work of the Community Transformational Programme Board to ensure continued improvement.

Contact person for access to background papers and further information:

Name: Thomas Maloney – Programme Director Health and Care
Extension: 4776

1. Background

Trafford CCG and Trafford Council took the decision to undergo a procurement process in 2018 which culminated in the transfer of community health services from Pennine Care Trust to Manchester Foundation Trust in 2019. The committee has received previous reports on this piece of work.

2. Current Position

The transfer programme has now been placed into closure with the majority of key milestones having been completed or being actioned by the emergent Community Service Transformation Programme Board, which is chaired by Martyn Pritchard and involved Trafford LCO, MFT, Trafford CCG and Trafford Council. It is worth highlighting that considerable work has taken place to get to this point and ensure there is a good foundation to build a transformation programme. Of particular note are:

- All agreed key milestones were achieved, including the signing of the Business Transfer Agreement.
- The safe transfer of over 600 staff delivering 34 services by 1st October 2019.
- Significant staff engagement, with positive feedback, ensuring the workforce can make a positive contribution to the forthcoming change programme.
- New governance and leadership arrangements in place.
- Branding chosen by staff, which gives TLCO a unique and positive identity.
- A leadership team that has continued to contribute and lead many aspects of the Locality Plan work programme, which is intrinsically linked to the transformation of community services.
- A new Section 75 Agreement to form the basis for TLCO integration with social care.
- A robust programme management approach ensuring all deadlines have been adhered to.

3. Key Issues for Health Scrutiny to Consider

A full Risks, Assumptions, Issues and Dependence log was established for the transfer programme which was regularly reported at the Community Service Transfer Programme Board. There is one outstanding risk which relates to the overall contract value and delivery within agreed financial parameters. This risk will be transferred into the forward plan of the newly established Community Transformation Programme Board, and mitigating actions developed in order to transform services within the funding envelope agreed in the contract for services.

4. Key Questions for Health Scrutiny to Consider

We have agreed a transformation programme approach and therefore established a Community Services Transformation Programme Board with new terms of reference and a revised membership. The committee may want to consider how it is kept informed of progress as we move forward.

Building from existing quality improvement work we have identified a number of service areas that we believe there are 'immediate opportunities' to redesign and improve service provision. These service areas were also highlighted through the due diligence process:

- Start Well: CAMHS, Looked After Children (LAC) Initial Health Assessments and ongoing support, Community Paediatricians Service.
- Living Well at Home/Intermediate Care: One Stop Resource Centre, Community Rehabilitation, outpatient rehabilitation, Ascot House.
- Planned Care: Musculoskeletal services.

It is also important to note the CCG has identified a series of pathway priorities for system wide redesign that form a fundamental part of the Trafford Together Locality Plan and the specifics of the NHS Long Term Plan. Of particular note is that there are a number of enabling schemes that will be a necessary part of the change process.

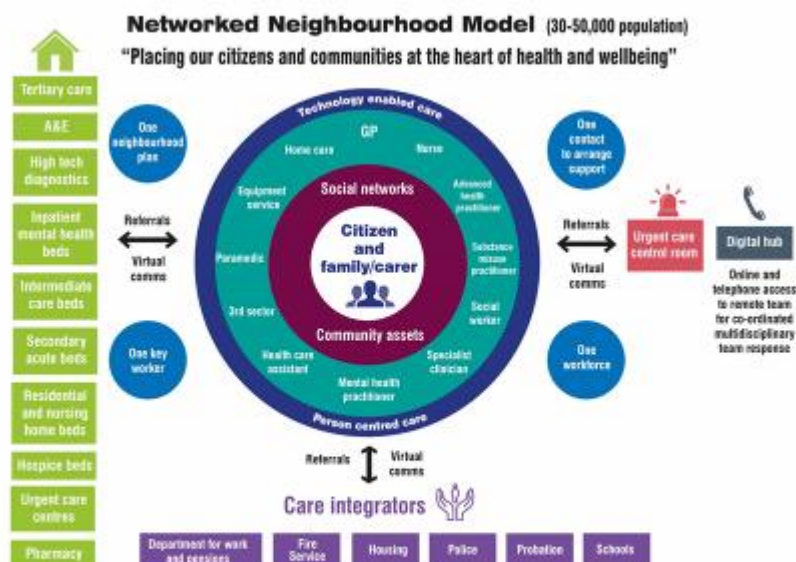
The key to any transformation is a recognition of the value engagement with our service leads and front line staff will have. We do not envisage making any changes without a robust process that is led by service leads who intrinsically know their services and the changes that would work for them. The need for coproduction in service redesign and transformation is essential in delivering the desired outcomes across the piece.

5. Links to Corporate Priorities

This work links to the Health and Wellbeing priority but has an impact on all corporate priorities through the interplay of health across the corporate priorities and its role in achieving the Trafford Locality Plan.

6. Appendices

The networked operating model for Trafford Local Care Organisation



HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2019/20

WORK PROGRAMME

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
Thursday 27th June 2019 6:30 p.m. Deadline for reports: 14th June 2019 Committee Rooms 2&3	Care Quality Commission Action Plan Local System Review (how people move through Health and Social Care System) Last reviewed Jun 2018	Updated action plan showing which actions have been completed and containing details of plans for any on-going actions.	Health and Wellbeing Targeted Support	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.	Acting Corporate Director for Adult Services
	Trafford Strategic Safeguarding Board Last reviewed June 2018 Deferred to Autumn 2019	Update on how the Board has performed in the first year following its creation - Annual report and qualitative evidence, story/case study to demonstrate effectiveness, impact on staff	Health and Wellbeing Targeted Support	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.	Acting Corporate Director for adult Services, Acting Corporate Director Children Services, Safeguarding Board Manager

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
	North West Ambulance Services (NWAS) Last reviewed June 2018	Report only – to receive annual performance statistics	Targeted Support	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.	NWAS Senior Communication Manager
	Care Quality in Care Homes and the Care Quality Commission following review in October 2017 Last reviewed Sept 2018	Regular update – Report only	Health and Wellbeing Targeted Support	1)That the progress made to date be noted; 2)That an update be requested at six monthly intervals on quality within the market.	Acting Corporate Director for Adult Services, Chief Nurse NHS Trafford CCG
	Ageing Well Strategy	Regular update – Live Well Board, Age Well Board. To include Board minutes. To include an overview of the functions of each Board and links to Greater Manchester Health and Wellbeing Strategy	Health and Wellbeing Successful and Thriving Places	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.	Interim Director Public Health
	Single Hospital Service	Regular update	Targeted Support	1.That the report be noted; 2.That the following	Deputy Programme Director, Single Hospital Service

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
	Last reviewed March 2019			<p>information be provided to the Committee:</p> <p>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</p> <p>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;</p> <p>c)Link to the video produced by MUF about the merger.</p>	

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
	HealthWatch Last reviewed March 2019	Regular update	Health and Wellbeing Successful and Thriving Places Targeted Support	That HealthWatch Trafford's End of Year Performance and Impact report 2018/19 be noted.	Chair of HealthWatch Trafford
Thursday 26th September 2019 6:30 p.m. Deadline for reports: 13th September 2019 Committee Rooms 2&3	Psychological Therapies	To scrutinise how psychological therapies are delivered within Trafford including the approaches that have been taken to improve access following publication of the JSNA (December 2017). This showed that provision in the borough was below the national average and the lowest amongst a group of similar CCGs	To reduce the impact of poor mental health Health and Wellbeing	1)That the content of the presentation be noted; 2)The a progress report be presented to this Committee in March 2020 updating on access to services in the north of the borough, access to on-line therapies, relapse rate and attrition rate in patients.	Corporate Director of Commissioning; Accountable Officer for NHS Trafford and CCG
	Suicide Action Plans	To scrutinise the progress made with Trafford's Suicide Action Plans and how the findings of any local suicide audits have been incorporated into the Action Plans	To reduce the impact of poor mental health Health and Wellbeing	1)That the content of the report be noted; 2)That the following points be actioned – a)To cascade to GPs information regarding Greater Manchester	Interim Director Public Health

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
				<p>web-site / directory of mental health voluntary sector providers and to make available in Trafford GP specialist training on mental health;</p> <p>b)To divulge information regarding Council's mental health champions;</p> <p>c)To cascade to all councillors information regarding the two councillors responsible for suicide prevention in Trafford;</p> <p>d)To invite representatives of the University Academy 92 to be part of Trafford's Suicide Prevention Partnership;</p> <p>e)To feedback on the uptake of e-learning training on suicide prevention.</p>	

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
				3) That a progress report on the work based on the Suicide Prevention Strategy be presented in March 2020.	
	Period Poverty	To consider the response of the Executive to the recommendations of the Task and Finish Group on Period Poverty	Health and Wellbeing Children and Young People	That a further update be provided in March 2020.	Executive Member Health, Wellbeing and Equalities, Senior Partnership and Communities Officer
Wednesday 20th November 2019 6:30 p.m. Deadline for reports: 8th November 2019 Committee Room 2&3	Reducing Physical Inactivity	To scrutinise the Council's role in promoting physical activity including how the Council is working with partners to enable more people to become physical active, especially the elderly whose rates of activity are the lowest in the borough. To scrutinise the progress made by the Council and its partners to help residents meet the Chief Medical Officer's weekly recommendations for physical activity (guidance issued	To reduce physical inactivity Health and Wellbeing		Interim Director Public Health

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
		September 2019)			
	Uptake of Childhood Vaccines	Update on the position within Trafford	Health and Wellbeing		Interim Director Public Health
	Altrincham Hub update	Update on CCG Action Plan on the Altrincham Hub	Health and Wellbeing		Accountable Officer Trafford for NHS and Trafford CCG
	Trafford long term strategic framework for reform and sustainability in health and social care 2019-2024/25 on service provision	Issue referred to Health Scrutiny by the Executive on 15 July 2019	Health and Wellbeing		Director of Integrated Health and Social Care Strategy
	Trafford Community Services Transfer Update	Issue referred to Health Scrutiny by the Executive on 15 July 2019	Health and Wellbeing		Director of Integrated Health and Social Care Strategy
Thursday 30th January 2020 6:30 p.m. Deadline for reports: 17th January 2020 Committee Rooms	Screening for cancer	To scrutinise the uptake of screening for breast, bowel and cervical cancer across the borough including the approaches being used to increase coverage eg targeted interventions/improving access for hard to reach	To improve cancer prevention and screening Health and Wellbeing		Interim Director Public Health

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
2&3		and disadvantaged groups			
Thursday 5th March 2020 6:30 p.m.	Review of Health Scrutiny recommendations	Review of progress made towards recommendations from Health Scrutiny Committee for the current municipal year:- September 2019 psychological therapies; Suicide Action Plans November 2019: reducing physical inactivity January 2020: screening for cancer			Various
Deadline for reports: 21st February 2020					
Committee Rooms 2&3	Progress reports from Task and Finish Groups	Update on Task and Finish Groups on: Early indicators to identify general practices at risk of failing The Council as a promoter of mentally healthy workplaces			

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	CABINET PORTFOLIO (link to Corporate Priorities)	RESOLUTION / RECOMMENDATION	Responsible Officer
<u>EXTRAORDINARY MEETING</u> 24th July 2019 Altrincham Hub	Altrincham Hub	Outcome of the NHS England report and Trafford CCG response. The report to include background information and lesson learnt.	Health and wellbeing Successful and Thriving Places Pride in Our Area		Corporate Director of Commissioning, Accountable Officer for NHS Trafford and CCG

TASK AND FINISH GROUPS

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome
tba	Identifying failing General Practices – early indicators and the lessons that can be learnt	The recent closures of GP surgeries in the North of the borough have highlighted the need for early indicators of surgeries which are beginning to fail		2019/20		
tba	The Council as a promoter of mentally healthy workplaces	To undertake an in depth review of how effectively the Council discharges its responsibility to		2019/20		

		create mentally healthy workplaces as an employer, a key partner and a support for local businesses and to scrutinise the part played by the Council's Mental Health Champions				
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ITEMS REVIEWED/SCRUTINISED BY THE HEALTH SCRUTINY COMMITTEE IN 2018/19 WHICH MIGHT BE REVIEWED AGAIN IN FUTURE

Last reviewed	Title	Responsible Officer
Sept 2018	"Working together to shape the future of our hospital services", Theme 3 – Standardising Acute Hospital Care	Corporate Director of Commissioning; Accountable Officer for NHS Trafford and CCG
June 2019	Greater Manchester Health and Wellbeing Strategy	Executive Lead for Strategy and System Development Greater Manchester Health and Social Care Partnership
June 2019	Single Hospital Service update	Deputy Programme Director, Single Hospital Service
Sept 2018	Trafford Flu Plan	Interim Director Public Health
Dec 2018	Trafford Coordination Centre	Corporate Director of Commissioning, Associate Director of Primary Care, Associate Director of Commissioning Trafford CCG
June 2018	One Trafford Response (new ways of working across the public, voluntary and community sector in a place)	Head of Partnership and Communities, PSR Change Manager/OTR Stronger Families

Jan 2019	Palliative Care	Associate Director of Primary Care, Team Leader Kingdom, Lead Commissioner Mental Health and Learning Disabilities
March 2019	All Age Front Door to Children's and Adult Social Care Services	
March 2019	Pennine Acute NHS Trust Hospitals Transaction Programme Update	Assistant Director of Manchester University NHS Foundation Trust (MFT)
March 2019	Diabetic Services	Director of Commissioning, Trafford Clinical Commissioning Group, Clinical Lead Diabetic Services Trafford CCG
March 2019	Physiotherapy Community Services	Director of Commissioning, Trafford Clinical Commissioning Group
March 2019	Trafford Urgent Care Centre	Acting Corporate Director for Adult Services and the Trafford Integrated Network Director on the Urgent Care Control Room
Jan 2019	Medicine Optimisation and prescribing	Associate Director of Primary Care, Head of Medicine Optimisation

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