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**TRAFFORD
COUNCIL**

AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 6 March 2024

Time: 6.30 pm

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

A G E N D A	PART I	Pages
4. MINUTES		1 - 8
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 30 January 2024 (To Follow).		
7. SOCIAL PRESCRIBING - HEALTH TASK AND FINISH GROUP UPDATE		9 - 16
Report to follow.		
9. INDEPENDENT REVIEW - GMMH UPDATE		17 - 36
Report to follow.		

SARA TODD
Chief Executive

Membership of the Committee

Councillors D. Butt (Chair), S. Taylor (Vice-Chair), J.M. Axford, K. Chakraborty, S.J. Gilbert, B. Hartley, J. Leicester, S.E. Lepori, J. Lloyd, S. Maitland, T. O'Brien, D. Acton (ex-Officio) and D. Western (ex-Officio).

Further Information

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

Health Scrutiny Committee - Wednesday, 6 March 2024

Paul Rogers, Democratic Officer

Tel:

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This agenda was issued on **Tuesday, 27 February 2024** 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

30 JANUARY 2024

PRESENT

Councillor D. Butt (in the Chair).

Councillors S. Taylor (Vice-Chair), K. Chakraborty, S.J. Gilbert, J. Leicester, S.E. Lepori and S. Maitland

In attendance

Helen Gollins	Director of Public Health
Nathan Atkinson	Corporate Director, Adults, Care and Wellbeing
Paul Rogers	Governance Officer
Gareth James	Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)
Heather Fairfield	Director, Healthwatch, Trafford
Lucy Boubrahmi	Customer Service Lead
Simon Davis	Head of Customer Service Libraries and Culture
Jo Bryan	Health Programme Manager

1. ATTENDANCES

Apologies for absence were received from Councillors Axford and Lloyd.

2. DECLARATIONS OF INTEREST

Councillor Lepori declared a declaration of interest by virtue of his employment in the health and social care sector.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC

No Questions were received from members of the public.

4. MINUTES

RESOLVED: that the minutes of the meeting held on 29 November 2023 were approved as a true and accurate record

5. HEALTH INEQUALITIES

Helen Gollins, Director of Public Health, presented a report which provides an update on work carried out to tackle health inequalities, since the previous health scrutiny report received February 2023, and to look at plans to address health inequalities in 2024/25. In March 2023 Trafford's Health Scrutiny Committee

received a report providing an overview of health inequalities in Trafford, and the steps being taken to address them. This report provides an update on this work and describes our ambitions for 2024/25.

Helen Gollins referred to life expectancy, health status and health in equality in Trafford as set out in paragraph 1, Introduction, in the report. Members were informed of the meaning of health inequalities and how they can be measured, Paragraph 2 of the report refers. Health inequalities negatively affect quality of life and limit opportunities to thrive. At a societal level, the presence of inequalities is not just bad for those with the poorest outcomes or experiences; it generates a sense of unfairness and lack of cohesion across the social gradient which is bad for a functioning society as a whole which is why health inequalities should be reduced. Although at borough level health outcomes for people who live in Trafford, or are registered with our primary care practices, are good compared to England, these figures mask hidden inequalities. The previous scrutiny paper provided a comprehensive review of health inequalities in Trafford. Furthermore, a health inequality needs assessment was produced by Trafford's Public Health Team in April 2023 to support a commissioning exercise.

Helen Gollins drew attention to the system working to reduce inequalities in Trafford and how this can support a reduction in health inequalities, paragraph 5 refers (examples of where this has worked are set out in paragraph 9 of the report).

Joe Bryant, Health Programme Manager, referred to following programmes are examples of activity on going in Trafford which aim to address the causes and impacts of health inequalities. The examples are comprehensive but not exhaustive. One of the first actions of the Fairer Health in Trafford Partnership will be to map all current activity against need. She drew members attention for the need to Understand health inequalities. Public Health have carried out work to understand the health needs of different groups of residents in Trafford via a range of health needs assessments. Needs assessments that have been completed or commenced in 2023 include:

- Smoking,
- Healthy Lives (inequalities),
- Serious violence,
- Oral health,
- Alcohol and substance misuse,
- Urgent Care Needs Assessment.

A number of the programmes cover the wider population of Trafford but the following programmes targeted on specific areas of need and are set out in more detail in the report –

- (i) Tobacco Control
- (ii) Improving Physical Activity
- (iii) Healthy Weight
- (iv) Improving Oral Health
- (v) Mental Health

- (vi) Substance Use
- (vii) Immunisation Uptake
- (viii) Reducing the impact of health inequalities on Children and Young People

With regard to health inequalities specific funding for a number of years, as well as sport funding Trafford Council's Public Health Team in conjunction with L&Q Housing has funded a number of voluntary sector providers to address health inequalities for key groups. These projects have been funded for four years now and their contracts are coming to an end in March 2024. These have included –

- Age UK
- Manchester Deaf Centre (Trafford Deaf Advocacy & Support Service)
- Pakistani Resource Centre
- Unlimited Potential – Beyond Empower
- Voice of BME – Saving Lives & Better Living

More detail on each of the above is contained in paragraph 7 of the report

The Committee was also informed that Trafford Council is continuing to invest £145,000 a year to the voluntary and community sector to support some groups of people within Trafford who are disproportionately impacted by health inequalities. A five-year funding offer was recently developed in conjunction with the sector and wider colleagues. The target cohorts for this were:

- People living in high areas of deprivation as defined by the 20% most deprived nationally.
- Ethnically diverse populations experiencing health inequalities.
- Older people from deprived communities.
- People with learning disabilities, physical disabilities or sensory impairments.
- Travellers/gypsy communities in Trafford.

Public health has received applications covering the first four target cohorts and will be looking to award and progress these projects with an April 2024 start date. Trafford NHS ICB has also awarded some similar funding for people with long term conditions and Public Health will be working collaboratively to ensure the two schemes complement each other and that we maximise both opportunities. Public health can update scrutiny on the details of the projects once awarded.

Members were informed of additional activity focused on specific groups, paragraph 8 of the report refers. Attention was drawn to the examples of success where working as a system has reduced health inequality, paragraph 9 of the report refers.

In summary the report provides an update on work to address health inequalities in Trafford. It describes how the system is working together to strengthen the building blocks of health and reduce the causes and impact of health inequalities. We also describe our ambition to add strength to our programmes of work through

the establishment of the Fairer Health for Trafford Partnership. We will have a coordinated approach to understanding our inequalities, the work and resources required to address these and most importantly the outcome measures, so the system can understand if and how we collectively make a difference.

In response to a question regarding the source of the MMR I update, Joe Bryant advised that the information will be circulated to Members.

In response to a question about other sensory impairment bodies other than the Manchester Deaf Service, Nathan Atkinson informed the Committee that Trafford have a dedicated Sensory Team and he would get more information sent out to Members about that team and its work.

With regard to online sex workers Joe Bryant advised that these workers are an area of concern as shown via the MASH project more people are turning to this work because of the cost of living crisis. She will take that concern back to MASH.

RESOLVED: That the Health Scrutiny Committee will continue to advocate for and support ongoing work to reduce the impact of health inequalities through:

- The Health and Wellbeing Board, Locality Board, new Fairer Health for Trafford Partnership and wider governance systems.
- Engagement and co-design mechanisms to enable a better understanding of residents' experiences within Trafford, ensuring these routinely inform service design and delivery.
- Championing of the neighbourhood programme, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

6. BLUE CAR BADGE SERVICE

Lucy Boubrahmi, Customer Service Lead, presented a report which provides an overview into the Blue Car Badge Process, providing statistical data on breakdown of awards by and disability criteria, associated cost and other relevant particulars.

With regard to the new automated system process which will be in place from June 2024 Members were informed that an update on how the system is working will be brought to Committee at the end of the year.

In response to a query regarding information held on the disabilities of Blue Badge holders Members were informed that data is held with regard to that information.

RESOLVED: That the report be noted.

7. ADULT SOCIAL CARE - CQC PREPAREDNESS

Nathan Atkinson, Corporate Director, Adults and Wellbeing, presented a report which briefly outlines the CQC Assurance process, learning from other local authority pilot sites and how the Council has conducted an LGA Peer Challenge against the CQC Assurance framework in September 2023. This will inform the next steps in preparing for any future inspection in Trafford. It was emphasised that the report should be read in conjunction with slide presentation attached to the report which is linked to the fundamentals set out in the report. He advised the Committee that it is imperative that the Council is ready for the inspection and it is critical that the Council is striving for improvement in moving forward irrespective of whether the Council is inspected or not.

With regard to the data projections via Power BT Members were informed that there is a target to get all the Dashboards completed by the end of the year and an update on how Power BT is progressing and working will be brought to the Committee in due course.

Nathan Atkinson advised that there is no date for the CQC inspection as yet, we would usually get 6 to 8 weeks notice.

With regard to a question about how staff are prepared and affected by the inspections, Members were informed that there was some LGA work which happened on 16 January last which centred on what the inspection will look like and tips and tricks that we need to apply. Members attention was drawn to the SEND inspections and that there were debriefs before the inspections and briefings after for all staff and staff feedback and that this was important from a welfare point of view for staff.

In response to a query regarding getting residents to self refer, Members were informed that this links back to the Website portal and web offer which currently needs to be improved with easier more logical access for users and this is in the process of being addressed.

A Member referred the possibility of patients getting food vouchers before being discharged from hospital because people are not in a position to go into the Hubs, so could this be looked at, and as a broader overview on this example is there a process where similar ideas can be used to change and make easier pathways for people.

Nathan Atkinson referred first to staff, he informed Members that the software system allow staff to put ideas forward, for example, on budget matters. With regard to the public there are the neighbourhood hubs which are the front facing areas where the public can access which is not just around giving an assessment but indeed taking ideas for the public.

RESOLVED: That the report and progress to date be noted.

8. GM ICP UPDATE

Gareth James, Deputy Place Lead for Health and Care Integration , NHS GM (Trafford) presented a report which provide an update to Health Scrutiny Committee on recent developments across the Greater Manchester Integrated Care system that affect the Trafford Locality. The report covers the following areas:

1. NHS GM Transformation Programme
2. NHS GM Operating Model
3. The Contribution of Locality Plans to the 2024-25 GM System Delivery Plan
4. GM People and Communities Participation Strategy & Trafford Integrated Care Partnership Participation Framework
5. Winter Capacity Funding
6. Establishment of Locality Quality Group
7. NHS GM CQC assessment readiness

Members attention was drawn to the detail on each of the above areas as set out in paragraphs 1 to 6 in the report.

A Member referred to the Local Quality Group meeting that was held on 8 January 2024 and could the outcome of that meeting be given to Members. Also has the CQC work been strenuous.

Gareth James informed Members that the Urgent Care system across Greater Manchester is incredibly challenged so the performance against some of the key metrics have been slightly better than previous years in areas where we have been focused. Not got all the metrics to compare fully with last year. Regarding the Quality Group, that meets again in the next week. We are still working to what we will do exactly with the locality and what will be done in Greater Manchester from a quality perspective. A report can be brought to the Committee in six months.

With regard to the query regarding the £500,000 deficit, Members were advised that it is not possible to turn that deficit around in one year with a more likely turn around of two to three years.

In response to queries regarding the long term outlook of the ICB and the reasons for the deficit, Members were informed that the underlying feature is to balance the finances within a three year period. During and since COVID the cost of provision has increased. We need to try and remove the additional costs from workstreams which are now not required, he referenced infections prevention and control where cost were very high. Some is new since the pandemic.

RESOLVED: That the content of the report and progress to date be noted.

9. URGENT BUSINESS (IF ANY)

There was no urgent business.

The meeting commenced at 6.30 pm and finished at 8.56 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 6th March 2024
Report for: Information
Report of: Health Task and Finish Group

Report Title

Social Prescribing – Trafford 2024

Summary

This report sets out the work of the Health Task and Finish Group for the period September 2023 to March 2024.

The small but dedicated group met with representatives from within the local community seeking evidence of good social prescribing practice.

The report intends to inform the Health Scrutiny Committee of the finding of the Group in relation to the current Social Prescribing standing in Trafford and to submit its recommendations for consideration.

Recommendation

The Health Scrutiny Committee is asked to note the Social Prescribing report.

Contact person for access to background papers and further information:

Name: Stephanie Ferraioli - Governance Officer
Email: stephanie.ferraioli@trafford.gov.uk

Background Papers: None

Introduction

Each municipal year the Health Scrutiny Committee at Trafford Council examines Health matters as part of its annual work programme. The work programme covers each and all areas of the Health spectrum within Trafford and how it affects and/or benefits local residents on a wider scale.

The Committee also appoints a smaller, more focused group in the format of a Task and Finish to investigate a particular topic of more specific interest and this year the Committee expressed a strong interest in analysing the Social Prescribing landscape in its borough.

Most of the members who volunteered to take part in the Task and Finish Group have medical knowledge but certainly all of them have a strong desire to improve the community wellbeing.

The members are:

Councillor Butt
Councillor Lloyd
Councillor Taylor
Councillor Leicester
Councillor Maitland
Councillor Lepori

The work of the Group was guided by Stephanie Ferraioli a Governance Officer from Trafford Council's Democratic Services.

BACKGROUND

At the beginning of the current municipal year the Health Scrutiny Committee as part of its work programme, discussed at length several topics of interest that could be analysed further by its Task and Finish Group.

The Health Scrutiny Committee compiled a list of subjects of interest and Members were requested to vote. After discussions the topic of Social Prescribing was chosen as it was felt and agreed by all that the topic is relevant and of great interest to the lives of local residents within Trafford.

Six Members volunteered to take part in the Task and Finish Group and agreed to focus on Social Prescribing which was at the top of the list of the subjects that the Committee decided to focus on.

The official definition of Social Prescribing states that Social Prescribing is a key component to the universal personalised care. A method of reaching out to people to meet their practical, social and emotional needs in order to improve their health and wellbeing.

By way of a range of activities through social care, health services and local charities people can connect and focus on each of their needs thus improving their mental and physical wellbeing.

At their first meeting, the Task and Finish Group discussed their own understanding of social prescribing and their experiences. Agreed dates to meet and how they were going to find out more on the subject to be able to ascertain the current picture within the area of Trafford.

The group felt that a great deal could be achieved with good social prescribing. They discussed how they believed that the covid pandemic had affected further those who perhaps already had social anxieties through isolation and lack of providers. For instance, elderlies will have found it extremely difficult to reach out to some of the services that are only provided online as they may not necessarily be technology savvy. It was also mentioned that not everyone will have had access to the internet in their own homes.

Children also will have been affected a great deal with very limited possibility to exercise and meeting with groups of their same age, giving rise to the potentiality of increased mental health issues down the line as well as obesity.

Many officers currently working at Trafford Council already carry out a lot of work within the community on social prescribing and the Task and Finish Group felt that hearing their experiences would be beneficial too.

THE PICTURE

The Task and Finish Group discussed at length the general social prescribing picture within Trafford as they understood it. However, they were eager to find out more and to meet with those actually providing the service to learn from them and to ascertain areas of improvement.

There are just over 300,000 people living in Trafford presently from all walks of life and as such presenting different issues and affected in different ways. Reaching them all in an equal and fair manner is a huge challenge, a mammoth task but not an impossibility.

The Task and Finish Group met with two specific Social Providers in the first instance, Trafford Veterans and Bluesci and then with internal health officers with a wide ranging knowledge and first hand experience of mental health, social barriers and local community matters.

TRAFFORD VETERANS

Trafford Veterans formed in 2015 with the aim to help others in the community through planned activities such as model making, short trips, breakfast clubs and a dedicated hub on a Friday offering a warm room to meet and connect with veterans and local community members alike. They also have acquired a van to assist with house moves and deliveries.

The founders of Trafford Veterans Claire and Chris, have first hand experience of all the issues local residents face from mental health demands on an individual to having to learn how to pay one's own bills to adapting to different lifestyles. They have experienced personal hardships, homelessness, social anxieties and financial difficulties.

The personal experience and knowledge of overcoming these extreme difficulties with virtually no assistance, has inspired them to start the community group to help those in a similar situation, having first hand understanding of the various layers of intricacy that need to be travelled through before being able to begin to address the actual issue.

Although they specifically help and assist veterans, the group and its doors are open to every member of the community and indeed welcome them on a regular basis.

They are self funded and all working at the hub are volunteers who also have first hand knowledge of the same difficulties the founders encountered. Through newsletters, social media and community events they have been able to reach a growing audience each time.

Members of the Task and Finish Group were impressed and moved by the experiences that both Trafford Veterans founders recounted as well as from those that attend their events and felt positive that they were able to reach such a large number of local residents through so many varied activities.

BLUESCI

The Task and Finish Group were fortunate to also meet with representatives of the Bluesci Group who focus on the mental wellbeing of the local community.

Bluesci started in 2004 and it has gone from strength to strength, making the achieving of good mental health for every member of the community the principle aim of their daily work.

With first hand experience of mental health issues everyone working at Bluesci recognises that those who have gone through such hard times actually have a wealth of knowledge they can contribute to improve the service they provide to local residents.

They prefer to accompany the service users on a journey to recovery as opposed to providing expert advice as it were. It is felt that given the personal experience and knowledge of staff working at Bluesci they are in a better position to help the individual understand, acknowledge and recover their mental health. This is achieved through the provision of education, volunteering opportunities, training and creative arts.

The service is open to all local residents and everyone is treated well and fully respected, there are no barriers as those with disabilities are also welcome as well as those who have a different background.

The aim is to assess the individual's own skills and augment these through the inclusion of the individual into normal everyday activities at the individual's pace and choice. Bluesci are commissioned by the Greater Manchester Mental Health Trust and the NHS Trafford Clinical Commissioning Group.

Members of the Task and Finish Group were also impressed by the work carried out by Bluesci in the community, particularly their choosing to guide the service user at their pace as opposed to providing a ready made programme.

TRAFFORD COUNCIL PUBLIC HEALTH TEAM

Lastly the Task and Finish Group decided to consult with Council officers who already are fully immersed in providing social prescribing activities to and for local residents.

Members were pleased to learn that social prescribing is well embedded at Trafford Council with staff working alongside other social prescribing practitioners across other organisations such as Foundation 92, Ring and Ride Accessible Minibuses and Trafford Carers, each focusing on a specific part of the areas that form the borough of Trafford.

Officers informed Members that recently the Royal Society for Public Health have developed a level 3 certificate in Social Prescribing which gives candidates knowledge and understanding of the principles of social prescribing and that NHS England have

published a Workforce Development Framework for social prescribing for link workers so that standards are uniformed and guidance and support can be accessed.

Trafford Council officers through their work with the community were able to ascertain that the main reason for a social prescribing referral is loneliness and isolation closely followed by depression and anxiety and the people who were referred the most were between 45 and 54 years of age. This means that officers were able to aim specific activities to said group.

RECOMMENDATIONS

Members discussed the findings that resulted from meeting with social prescribers in the local community and Trafford Council's own Public Health team.

Discussions focused on how to best to express the following recommendations given the challenges faced by Social Prescribers within the community in reaching absolutely everyone in Trafford without prejudice or favour.

Members also considered the next necessary steps to improving existing guidelines and services in such financially challenging times and whether the short term costs involved would yield future rewards by relieving pressures on national and local providers such as the Mental Health Trust, the NHS and charities by reducing demands from an already impacted local population.

Recommendation 1

It is recommended that Trafford Council's own webpage undergo a redesign of sorts to better signpost to Social Prescribing. It was felt that the current design does not provide its users with a clear picture of the type of services and community groups available in the borough and that navigating its pages to get to the desired information was cumbersome. Therefore a more direct and straightforward design which would prove user friendly towards social prescribing would provide residents with a clearer and easier source of information of already existing services available to them.

Recommendation 2

The Task and Finish Group unanimously recommend that funding be directed towards Social Prescribing as a way of reducing strain on local providers such as the NHS and Mental Health Trusts and positively affecting residents. The Group appreciates the Council is no position to provide new fundings given its strict financial constraints as every other authority in the country, however it was agreed that it was possible to redirect funds from other less needy areas towards social prescribing which will in the long run prove beneficial. The Group particularly recommends that investments be made

towards a better wellbeing and social care provision for children which appeared to be in greater need as most services are addressed to adults.

Recommendation 3

Members' own experience of utilising the NHS50 booklet was positive and it was felt that a similar booklet be created to immediately signpost the user to the many services available in the community that perhaps residents were not necessarily aware existed thus missing out.

The Health Task and Finish Group recommended creating a hard copy, that could be found in libraries, GP surgeries, Council premises and even in local supermarkets and bars. A type of a Social Prescribing Go To tool that also Members could utilise directly when liaising with residents.

A digital version could be created too as this would be easy to update perhaps on a yearly basis and more cost effective to manage long term.

NEXT STEPS

A great deal has been learnt by the Health Task and Finish Group meeting with local social providers. From personal experiences to bureaucratic difficulties impacting on the wellbeing of residents. However, the time dedicated to this task was limited and the group could only meet with a selected few providers.

The Health Task and Finish Group felt that this was a topic of huge relevance to the residents of Trafford Council and that further scrutiny should be carried out perhaps by the next Task and Finish Group in the new municipal year to better analyse resources needed to reduce the risk of mental health and obesity in children for instance.

In the immediate future though the issuing of an information booklet such as the one produced to commemorate the 50th anniversary of the NHS would be a good first step towards keeping residents fully up to date with every aspect of local social care.

THANKS

The Health Task and Finish Group would like to express their thanks to:

**Trafford Veterans
Bluesci
Trafford Council Public Health Team**

for agreeing to engage and share their personal and service users' experiences.

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TRAFFORD COUNCIL

Report to: Trafford Health Scrutiny Committee
Date: 06 March 2024
Report of: Fleur Blakeman, GMMH Director of Improvement

Report Title

Trafford Health Scrutiny Committee: GMMH Update

Summary

The presentation provides Trafford Health Scrutiny Committee with an update regarding the progress to date on the GMMH Improvement Plan workstreams. Where possible the presentation focuses on the improvements made in Trafford services impacting on people within Trafford. (Please note some actions are trust wide and not specific to Trafford).

Recommendation(s)

Trafford Health Scrutiny Committee are asked to note progress by GMMH around the continued work of the Improvement Plan.

Contact person for access to background papers and further information:

Name: Gemma Clarke Position: Associate Director of Quality and AHP Greater Manchester Mental Health Foundation Trust Telephone: 0161 773 9121 E-mail: gemma.clarke@gmmh.nhs.uk	Name: John Walker, Position: Associate Director of Operations Telephone: 0161 773 9121 E-mail: john.walker@gmmh.nhs.uk	Name: Neeti Singh Position: Lead Consultant Psychiatrist Telephone: 0161 773 9121 E-mail: neeti.singh@gmmh.nhs.uk
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Background documents (available for public inspection):

Links to can be found here:

[Full CQC report](#) and [Community Mental Health](#)

[Independent Clinical Review of Edenfield Centre: Dr David Fearnley](#)

[Terms of Reference - Independent Review of GMMH](#)

[GMMH Improvement Plan Summary Booklet](#) (public document)

[GMMH Improvement Plan](#)

[GMMH board papers](#) where Improvement Plan updates can be found.

1. Introduction

Following the mobilisation of the GMMH Improvement Plan the trust has been attending Health Scrutiny Committees across Greater Manchester with a focus on mental health service provision locally and the improvements being made. The progress report sets out information to provide the committee with information regarding the positive changes being made for the people of Trafford and provides an update on progress of the GMMH Improvement Plan.

2. Background

In late November 2022, GMMH was placed into Segment 4 of the NHS England Oversight Framework and joined the national Recovery Support Programme (RSP), to receive intensive support in high priority areas. At the same time, the Care Quality Commission (CQC) published a series of reports based on inspections of several GMMH services and suspended the Trust's well-led rating at Trust level.

The Trust's Improvement Plan was put in place in response to the issues and concerns raised and is working to make changes in the best interests of the individuals who use the Trust's services, their families and carers, and staff. We will be reviewing our plan in light of the most recent review, the NHS England commissioned Independent Review of Mental Health Services.

The project team overseeing the Improvement Plan is continuing to work with NHS England colleagues to deliver and support monitoring of progress against the Trust's agreed RSP Exit Criteria.

3. Main issues

This report provides an update on the overarching workstreams within the Improvement Plan linked to the improvements currently being undertaken by the Trust.

GMMH Improvement Plan sets out five key workstreams which are being worked on to improve service delivery for patients across the Trust. These workstreams are:

- Patient Safety
- Clinical Strategy and Professional Standards
- People
- Culture
- Leadership and Governance

The Trust will promote the improvements made and has implemented all completed actions will be reviewed by an Evidence Review Panel before we confirm that three has been sustained improvement.

4. Workstream Updates

Trafford Health Scrutiny Committee can find the updates on the Improvement Plan workstreams for the Trafford Care Group in the slides attached.

5. Conclusion/Recommendations

Trafford Health Scrutiny Committee is asked to:

- Note progress by GMMH around the continued work of the Improvement Plan.
- Following publication of the Independent Review, we would like to hear your views about what else you think we should be doing or doing more of or accelerating to improve our services further.

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**Greater Manchester
Mental Health**
NHS Foundation Trust

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Trafford Health Scrutiny Committee Greater Manchester Mental Health Update

06 March 2024



We provide inpatient and community-based mental health care to people living in Bolton, Manchester, Salford, Trafford, Wigan, Greater Manchester, the north west of England and beyond.

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97,533
Service Users

6,690
Staff Members

Over
11,000
Foundation Trust Members

24
Elected Seats on our
Council of Governors

Living Wage
Foundation
Employer

10
Specialist
Research Units

Over 8,000
Students have used our
Recovery Academy over
the last 10 years

£522.7m
Predicted total income for 23/24

Our Services



Highly specialist mental health
(MH and deafness, perinatal mental health, Complex addictions, forensic CAHMS)



Acute Mental Health Wards
(Later Life, adult acute, PICU, CAMHS)



Criminal Justice Support
(Court diversion services, GMP training, in-reach into prisons and secure children's homes)



Acute Hospital Linkages
(Liaison Mental Health, RADAR, Section 136 suites, dementia training)



More specialised Community-based
(Talking Therapies, crisis care, Substance misuse services, Community CAHMS)



Community and Primary Care
(Shared care GP protocols, physical health, links to housing, employment, education, Social Care and Section 75)



Self-help and Community Resilience
(Be well, Recovery Academy, social asset and wellbeing fund work)

The Panorama programme, CQC, the coroners and subsequent reviews have identified care failings and the likely contributing factors to this, and these can be summarised as:

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- A lack of patient centered care and weak service user voice
- Our service users and our staff were afraid to speak up
- Patient safety concerns relating to fire safety, medicines management, ligatures
- Poor levels of staffing and clinical supervision
- Poor behaviours and practices and a lack of care and compassion
- Substandard patient accommodation
- A disconnect between the forensic services and the rest of GMMH
- Weak internal governance and oversight arrangements
- Weak leadership and management arrangements and a lack of personal, professional and group accountability

- Staff were not up to date with their training and development requirements
- Many staff were not aware of our overarching strategy and how their work contributed to the delivery of this strategy
- Poor compliance with relevant professional standards, policies and standard operating procedures for example poor record keeping, observations
- A delay in investigating serious incidents and poor learning from incidents
- Limited sharing of best practice
- Discrimination on the grounds of protected characteristics
- More focus on operations at the expense clinical quality and safety
- Lack of visibility of senior managerial and clinical leaders resulting in the development of closed cultures



All of the above resulted in sub-optimal care for our service users and a poor experience for our service users and our staff.
The Independent Review has reiterated many of these findings.



The Edenfield Centre, based on the Prestwich Hospital site, is one of the larger forensic service units in England.

It has a bed capacity of 198 beds spread over 15 wards and provides medium and low secure mental health services for men and a blended medium and low secure service for women. The service also operates an additional 10 female beds at Wentworth House in Eccles.



GMMH was placed in the National Recovery Support Programme by NHS England in November 2022

NHS England subsequently commissioned an independent review, led by Professor Oliver Shanley, into the care at Edenfield and other areas of concern within the Trust



Four wards were closed and the whole unit was closed to new admissions following the airing of the BBC current affairs programme, Panorama, in September 2022 and regulator concerns.



The current bed capacity of the Edenfield Centre is 153 beds (including the 10 beds at Wentworth House).



Panorama and CQC identified a number of care failings.

Other areas for concern considered included:

- ⇒ Park House (mental health wards North Manchester) - Freedom to speak up, regarding allegations of racial discrimination
- ⇒ Woodlands Hospital Salford (older adult inpatient wards) - CQC concerns about care and environment
- ⇒ Junction 17 and Gardner Unit Prestwich (child and adolescent mental health inpatient wards) - the death of three young people in our care

Independent Review Recommendations

Over 400 people, internally and externally, were spoken to as part of the review. The review was completed in September 2023 and the report published in January 2024. The report made 11 recommendations, which are summarised below. We have mapped the recommendations to our improvement plan and are now seeking feedback from our service users, staff and other key stakeholders about possible other areas for improvement based on our learning from the independent review.



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The Trust must ensure that patient, family and carer voices are heard at every level of the organisation



Work with its current and future workforce levels to recognise, adapt to and manage the safety challenges that a staffing shortfall may pose, including ensuring the stability of nursing staff



A strong clinical voice must be developed and then heard and championed from Board to floor, and in wider system meetings



Have a better understanding of the quality of its estate and the impact of this on the delivery of high-quality care, including providing a safe environment

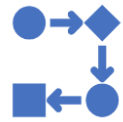


The Board must develop and lead a culture that places quality of care as its utmost priority, which is underpinned by compassionate leadership from Board to floor.
Ensuring that no staff experience discrimination



Ensure that its governance structure supports timely escalation and that the right information can be used at the right level, by the right staff

Independent Review Recommendations



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Ensure that Edenfield provides compassionate, high-quality care and that all staff, permanent or temporary, have the skills, knowledge, and support to achieve this



The organisations with responsibility for regulation, oversight and support to GMMH must review their current systems of quality assurance



NHS England must review and clarify the role of the Greater Manchester Adult Secure (Northwest) provider collaborative and the governance structures needed to oversee this role



Common concerns across services: The Trust and the wider system must consider how they understand issues identified in these services (and others) in more detail

What we are aiming to achieve through our improvement plan

Programme

Key Focus...

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Improving patient safety

1

We will focus on getting things right first time and reducing the likelihood of things going wrong. We aim to protect all our service users from avoidable harm and create the conditions and environment in which our staff can deliver care safely, effectively and compassionately.

Developing our clinical and care strategy and raising professional standards

2

We aim to provide care, treatment and support that meets the needs of our service users and achieves positive outcomes. We will set out our strategic direction for clinical and care services and set clear professional standards for ourselves, that are shaped by our service users and clinicians based on best practice and evidence.

Our people

3

We will create a safe and supportive working environment for all staff. Of utmost importance will be their wellbeing and development. We will foster open communication, set clear direction and enable our staff to play a vital part in improving both the service they work in and the Trust as a whole.

Our culture

4

We want to be a collaborative, inclusive and compassionate organisation that actively engages with service users and carers, staff, the public and other stakeholders to build a more positive future.

How we lead and govern our organisation

5

We want our service users, carers, staff, and the public to have confidence in our leadership and the structure and processes we have in place to help us achieve our goals. We will promote and share learning and be able to evidence delivery of all our fundamental standards of care.

Our Improvement Plan



Greater Manchester
Mental Health
NHS Foundation Trust

Patient Safety

Executive Sponsor:
Chief Nurse

- Safe Staffing
- HMP Wymott
- Reducing Restrictive Practices
- Medicines Management
- Sexual Safety
- safeguarding
- Safe and Therapeutic Environments
- Infection Prevention and Control
- Privacy and Dignity
- Treating Tobacco Dependency
- Fire Safety
- Ligature Risk Management
- Care Planning
- Clinical Risk Assessment
- Matron Roles
- Community-Based Mental Health Services for Adults of Working Age
- Wards for Older People with Mental Health Problems
- Adult Forensic Services



Clinical Strategy and Professional Standards

Executive Sponsor:
Medical Director

- AFS Models of Care.
- Clinical Strategy (NEW) inc Trauma Informed Care and Learning Disability and Autism
- Professional Standards
- Team Accreditation
- Reflective Practice and Post-Incident Debrief
- Research and Innovation
- Mental Health Act
- Physical Healthcare
- Clinical Audit



People

Executive Sponsor:
Chief People Officer / Deputy CEO

- Staff Health and Wellbeing
- Staff Engagement and Partnership Working
- Developing Our Staff
- Visible and Compassionate Leadership
- Recruitment and Workforce Supply
- Induction and Onboarding



Culture

Executive Sponsor:
Chief People Officer / Deputy CEO

- Culture: Empowerment and Equality
- Psychological Safety/Freedom to Speak Up
- Inclusive Cultures Programme
- Strengthening the Service User and Carer Voice



Leadership and Governance

Executive Sponsor:
Chief People Officer / Deputy CEO

- Corporate Governance
- Board Visibility and Leadership
- Quality Governance
- Data Quality and Visibility
- Risk Management
- Incident Response and Learning



Improving patient safety - In-patient safety, environments and flow



- £1m to make Moorside wards safer and more pleasant
- Psychiatric Intensive Care Unit (PiCU) single gender model implemented in Trafford
- Alternatives to prevent hospital admissions and support people in crisis:
 - Mental health joint response cars - a collaboration with Greater Manchester Police
 - Crisis bed and Crisis Café partnership with Blusci
- Reducing number of out of area placements (6 in Feb) - Multi Discharge Events working well, and escalation (challenge with Nursing Homes placements)
- Smoking cessation initiative launched in Moorside – on-site Tabacco Dependency Treatment Advisor to support service users (and staff) to quit - 89% compliance with fire safety training
- Psychology investment on inpatient wards, new Psychologist commences Feb
- Improved quality infrastructure with the appointment of Head of Nursing and quality matrons and quality assurance and governance process
- Introduction of patient safety panels to improve patient safety and learning
- Implementing a Trauma Informed Care Model for all Moorside staff linked to reducing restrictive practice collaborative

Our people



- Stable and visible leadership team, leadership development programme
- Head of nursing and quality appointed
- 89% mandatory and 78% role specific training compliance
- 80% of our team received supervision 2024
- 47.4% staff completed NHS staff survey in 2023/24
- Increased nighttime qualified RMN cover and enhanced staffing model implemented across Moorside with £812k investment (recruiting now)
- A number of newly qualified and international nurses have been recruited to Moorside despite national/local shortage – robust induction
- Completed safer staffing review, using evidence based and nationally recognised model
- Quality circle and quality and risk forum in place

Working with our Partners



- Excellent working relationships with the Local Authority and ICB
- Reviewing and refreshing S-75 arrangements in partnership

GMMH-Wide Improvements - Patient Safety and Clinical Standards



Greater Manchester
Mental Health
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Established system for escalation of safe staffing issues



National Standards for healthcare cleanliness implemented



Refreshed Mental Health Act systems processes in place to ensure patients are aware of their rights



Focus on safer staffing and all wards have completed the initial Mental health optimal staffing tool (MHOST)



Focus on recruiting to vacancies within Community Mental Health Teams (CMHTs)



Clinical Senate launched on the 19 January 2024 to strengthen the clinical voice



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Strengthening clinical leadership and supervision and 10 new senior nursing leadership posts recruited.



£3.5m invested in removing ligatures and 100% ligature audits complete



Improved uptake of clinical skills training



Focus on smoking cessation and new treating tobacco dependency advisors in post in each division



New Observations Policy and audit tool developed and introduced to ensure patients are appropriately observed and kept safe



Greater reflective practice and learning from when things don't go well - for example Post Incident Debrief and Swartz round additional facilitators trained.



Revised clinical risk assessment tool developed



New observation App to be mobilised to across all services to help keep our patient safe.



Revised and implemented the Seclusion and Long-Term Segregation Policy



Full compliance with regulatory fire safety requirements



Revised and implemented our Rapid Tranquilisation Policy



Safeguarding Adults at Risk Policy has been revised and relaunched



Real focus on reducing restrictive practice and professional lead appointed



Sexual Safety Strategy has been implemented across the Trust

GMMH-Wide Improvements: People, Culture, Governance and Leadership



Patient and Service User Forum – being launched 26 February 2024



Patient Advisory and Liaison Service established



New Freedom to Speak Up Guardian and 31 Champions identified



Recruited additional 340 nurses and 10 consultants



Trust-wide leadership development programme underway



Visible senior leadership



Improved oversight of performance and risk



Phil Gordon
New Freedom to Speak up Guardian,



New Equality Diversity and Inclusion Committee introduced



New Finance and Performance Committee introduced



£6.1m investment in 23/24 in improving the estate



Improved CQC ratings in some of our services



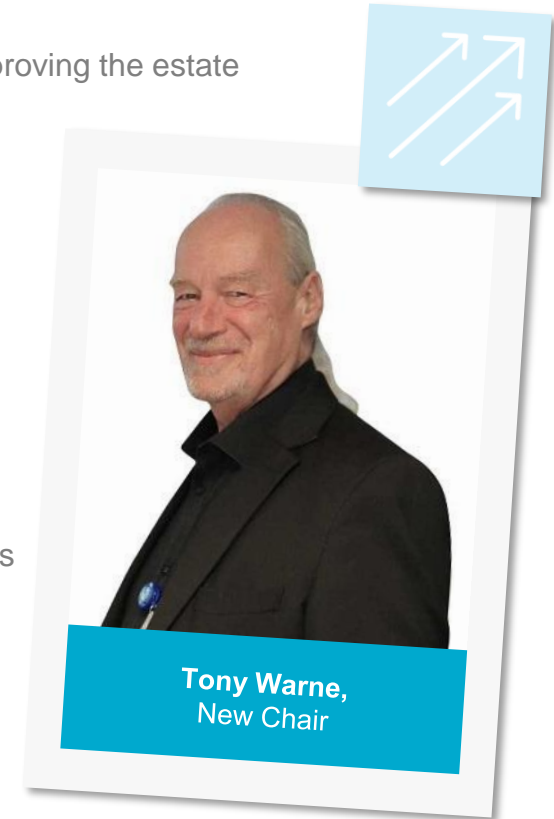
Continuing to attract new investment and receive awards



Appointed new Chair and making other Board appointments



Focus on managing our people well and their wellbeing



Tony Warne,
New Chair

Improvements in Edenfield

- **Positive** feedback from service users and staff
- Introduced **service user** led Senior Leadership Forum (SLF)
- Introduced new **governance structure** to support service user feedback
- **48.1%** completed 2023 staff survey
- **New** capable leadership team – clinical leaders and service user membership
- Staffing -
 - ↑ Increased consistency and reduced temporary staffing
 - ↑ Increased numbers
 - ↑ Supervision
 - ↑ Training
- **Enhanced oversight** – data, information
- **Invested £2.1m** to make it safer and a more therapeutic environment
- Developed clinically led business case for new models of care

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Improved CQC ratings - safe and well led domain ratings uprated from inadequate to requires improvement (July 2023)

What we still have to do.....



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- Reflect on the Independent Review findings and agree any areas for further improvement
- Further strengthen our service user, carer and staff voice
- **Recruit** to all existing **vacancies** and keep people
- Further strengthen our **internal governance**
- Roll out our **leadership development** programmes



- Implement our **new** incident and risk management **system**
- Further improve staff compliance with **training and development**
- Develop our **Clinical** and **Care Strategy**
- Implement our **transformation** of inpatient wards and CMHTs
- Continue to develop **alternatives to admission**
- Working with our partners, **strengthen support** to individuals within our communities particularly **on discharge**



- Submit a business case for the **new models of forensic services**
- Refresh our approach to **medicines management**
- Develop our long-term **workforce plan**
- Optimise **patient flow** and reduce **Clinically Fit Ready for Discharge** and subsequently **out of area placements**
- Implement a **quality** improvement approach
- Reset **professional standards** and establish **clinical networks**
- Make **substantive appointments** to key roles within the Executive Team

Independent Review findings – We want to hear your views



Greater Manchester
Mental Health
NHS Foundation Trust

We want to hear your views. Please do take the opportunity to reflect on the Independent Review findings and recommendations. We would like to hear your views about what else you think we should be doing or doing more of or accelerating to improve our services further. Please let us know if you would like a GMMH representative to attend any other meetings or groups to help facilitate a conversation.

Please submit any feedback to your GMMH Locality Lead or submit your feedback to Progoffice@gmmh.nhs.uk by 31 March 2024.
Thank you.

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Good work continues and is recognised:

Awards and Accreditation

- Dr Ross Dunns 'brainHealth' dementia research won an **HSJ award** in Autumn 2023
- Catering team at Woodlands, Salford – Finalists NHS Chef of the Year 2023
- Salford Living Well external evaluation positive - Innovation Unit
- Salford Living Well shortlisted for 'Mental Health Innovation' at HSJ Awards
- North View recognised for service user engagement – Design in Mental Health Awards
- International Nurse – Quality Award
- The Mental Health Joint Response Vehicle (MHJRV) service – won the Collaboration Award at the Greater Manchester Health and Care Champion Awards
- Living Wage Foundation Accredited employer
- Achieved accreditation with Quality Network for In-patient CAMHS (RCP) for a further three years, in August 2023

Peer review

- Royal College of Psychiatrists Quality Network positive on a recent visit to Edenfield

Research

- Active research community with strong HEI links
- £1.4m research capability funding secured recently to add to portfolio



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