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**TRAFFORD
COUNCIL**

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 13 September 2023

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
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.	MINUTES	1 - 6
	To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 26 th July 2023.	
4.	MENTAL HEALTH - SERVICE UPDATE	7 - 22
	To receive a report from the Lead Commissioner for Mental Health and Learning Disability NHSTCCG.	
5.	TRAFFORD LOCALITY MENTAL HEALTH	23 - 46
	To receive a report from the Head of Service Delivery and Transformation Mental Health and Learning Disability, Trafford.	
6.	TRAFFORD URGENT CARE REVIEW	47 - 48
	To receive an update from the Associate Director of Delivery and Transformation.	

7. **GP ACCESS - TASK AND FINISH GROUP** To Follow
To review a draft report from the Health Task and Finish Group 2022/23.
8. **SOCIAL PRESCRIBER - TASK AND FINISH GROUP** Verbal Report
To receive a verbal update from the Chair of the Health Task and Finish Group.
9. **HEALTH SCRUTINY COMMITTEE WORK-PROGRAMME 2023/24** 49 - 52
To consider items for the Committee's Work-programme 2023/24.
10. **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.
11. **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 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:

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Health Scrutiny Committee - Wednesday, 13 September 2023

This agenda was issued on **Tuesday, 5 September 2023** 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

26th July 2023

PRESENT

Councillors: Butt (Chair), Taylor (Vice Chair), Axford, Gilbert, Lepori, Lloyd, O'Brien, Slater and Western.

In attendance

Karen Ahmed

Director of All Age Commissioning

Nathan Atkinson

Corporate Director of Adult and Wellbeing

Thomas Maloney

Programme Director Health and Care

Gareth James

Deputy Place Lead for Health and Care Integration

Emma Brown

Director of Adults

Stephanie Ferraioli

Governance Officer

1. NOMINATION OF CHAIR

The Committee confirmed the appointment of the new Chair Councillor Dylan Butt and reaffirmed Councillor Sophie Taylor in the role of Vice Chair.

2. ATTENDANCES

An apology for absence was received from Councillor Acton, Chakraborty, Hartley, Leicester, Maitland and Mr Spearing.

3. DECLARATION OF INTEREST

Councillors Lepori, Taylor and Western and Mr James confirmed their employment with the NHS.

4. MINUTES

RESOLVED – That the minutes of the meeting on 1st March 2023 be noted as a true and correct record.

5. AID AND ADAPTATIONS SERVICES UPDATE – TRAFFORD

The Corporate Director of Adults and Wellbeing and the Director of All Age Commissioning updated Members on the deep dive review conducted in conjunction with the Trafford Local Care Organisation back in November 2022. He explained that the service has been impacted during the pandemic and this is why the service is not where they would like it to be. Yet, the service is on an improvement journey and a further update will be provided at the September meeting when some of the activities implemented to improve the service will have been carried out.

The Corporate Director explained that the service is particularly aimed at patients with a disability and those who care for them. Referrals are received from the hospitals, GPs and other social care professionals as well as self referrals. The team will undertake a review of the referral process to ensure patients are receiving the best service and that the process in place is still correct for them or whether they would require signposting to a different service thus reducing waiting times for a response from the Adaptation team.

The cases on the list are reviewed every fortnight by four adaptations officers who form the team at present, whilst further recruitment is ongoing to help with the caseload given the long term sick leave of an existing members of staff.

The financial assessment for each case is carried out prior to the provision of the adaptations and if the patients are children the service is free. There is a budget difference between the perceived expenditure and the actual spend.

Councillor Western enquired how long people have had to wait and was informed that indeed the backlog is extensive but the team is working hard to address and review the older cases first but as well as scanning for the more at risk ones.

Councillor Lepori queried whether a system was in place to assess the needs of a patient 6-12 months after they received assistance to check whether they needed anything else even if initially they were deemed to be fine. He was informed that unfortunately there is not a way of monitoring this to date, but it is hoped this will be picked up once the full team is in place.

It was unclear whether any communications channels are currently running between the service and MFT, however Trafford is now employing the same system that is being used across Manchester which will help improving matters going forward such as the possibility of sharing equipment and costs. When equipment is issued patients are given a card with information of where to return it once it no longer is of use. The team are good at tracking the equipment that is issued.

Councillor O'Brien queried how people were being prioritised and was informed that the ABC system is in place which helps with assessing the risks taking multiple factors into account.

Councillor Axford asked about the cost implications resulting from the waiting list and what happens to the people who are not deemed a priority but might become one whilst waiting.

The cost implications of the Occupational Therapy Practice is of £150.000 for a full assessment. The longest wait has been of 398 days which has been reduced to 189 days. Once the team has worked through the waiting list, it will give attention to preventing.

Councillor Taylor stated that the wait is very long and wondered whether there was any system in place to assess any incident that might result due to the waiting and was informed that at the moment there had not been any data to support this. If there had been say a fall whilst the patient was on the waiting list there would have been a complaint received and at present, there was no feedback to this effect.

Councillor Taylor also queried whether the good service that the Occupational Therapy Practice was undertaking could be maintained given the financial pressures. She was informed that this was a concern but that during the recent 800 assessments carried out the service was best kept in house to maintain good relationships.

Councillor Gilbert wanted to be informed of when they expected to be on top of the current waiting list. She was informed that the historical key pressure points are during bank holidays, the Christmas period as well as January and February and the team is consistently working through the list but cannot predict exactly when the demand will be met in full. People on the list are contacted and communication is maintained with them.

The Corporate Director of Adults stated that they felt that the customer care provided was of high importance to the team and that work will be undertaken to improve communication with patients.

Councillor Lepori queried how many of those on the waiting list were waiting in hospital. He was informed that keeping people in hospital sometimes helps reduce the risk even if not entirely ideal and that 389 within the community were handed over to the Occupational Therapy team. More accurate figures will be provided at next update.

Councillor Lloyd stated that she was happy to see that the list had improved somewhat. She wondered whether the complex cases were on the rise and how this was addressed especially given that it is believed a new pandemic was perceived to happen soon.

The team has assessed all the feedback during the first pandemic and has full documentation and if the Government currently undertaking the Covid Inquiry approach all information can be handed over, but no contact has been made so far.

Councillor Western queried about the number of complaints received and how feedback was being monitored. She was told that this had not really been implemented yet in the service and it is an area that needed improving.

Councillor Taylor queried whether there was a fast track for people with end of life or similar situation and was told that this was the case as well as with cases with neurological diseases too and that Better Care funds provided disabled facilities grants.

The Chair queried how effective the team were at obtaining equipment that was needed but was not available yet and was informed that there are contracts in place for major adaptations and that during the pandemic there have been instances when the team have had to use the more expensive suppliers but now, they went back to the contracted suppliers.

Councillor Slater thanked the team for the hard work and the comprehensive reporting on the service.

RESOLVED – That the report be noted and updates be provided at next meeting.

6. DISCHARGE FROM HOSPITAL SUPPORT

The Corporate Director of Adults and Wellbeing stated that this work is taken very seriously by the team and is carried out jointly with colleagues across Manchester City Council through the work of their Local Care Organisation. He informed that a number of programmes and intervention were in place to effectively control discharge from hospital.

The Director for Adults specified that the discharge relates to four main sites, Salford Royal, Wythenshawe, Trafford General and Manchester Royal Infirmary with referrals made into the control room which is well staffed and with very good leadership guiding patients into the appropriate pathways for them. Work is being undertaken to support people at home and keeping them from needing to attend hospital for as long as possible. Hence the various schemes on health and care run across the community.

Councillor Lepori stated that work has improved to pre-empt discharge and wanted to know whether there was any data to inform how many Trafford residents had been admitted electively or emergently to hospital. He was informed that there are four tracking meetings a day for each hospital site to discuss who needs equipment and who needs local support for instance, so everyone can be assisted.

Councillor Taylor asked whether there was any system in place to monitor frail elderlies and if they are at risk of readmission. She was told that the team make the best use of technology to track all information available such as Alexa and voice activated requests. On the dashboard all information is visible whether a patient can walk or move, requires an ambulance etc. It also helps with building relationships with GPs and to receive any further details relevant to patients.

The Chair enquired about the virtual ward and was informed that this was part of a national policy on a range of initiatives. MFT have created a 'hospital at home' so that people make the best use of technology particularly for those who might not need to attend hospital. People prefer to stay in their home but of course require the right level of assistance, the right personnel and right equipment. This is not to be seen as a secondary service as it is just as good. The Chair felt that perhaps MFT could attend to illustrate further how the ward works.

Councillor Axford asked whether there was a graph on the first day of discharge illustrating how matters are assessed and dealt with. The Director explained that the social worker carries out the assessment and the team is committed to providing care from the first day. The 28 days is a pilot to assess the system.

Councillor Lepori queried how the roles were being filled given the current struggles with recruiting and retaining personnel and was told this was indeed a recurring challenge being faced.

Councillor Lloyd asked for an improvement on the website which is not working properly at the moment, it is not user friendly.

RESOLVED – That the report be noted and a further update provided throughout the year.

7. GM ICP UPDATE

The Deputy Place Lead informed that 1800 staff are now transferring in the ICB and retaliated how difficult the last two years have been for staff; however after the many impact assessments carried out it appears that the vast majority of staff will have a role in Manchester in terms of the locality even though some may have to move slightly.

Work is continuing on the governance and performance assurance to ensure the ability to deliver against accountability delegated down to locality without duplicating partners' work.

The workforce planning presents a little crisis in terms of locality, we have joined together with partners in a workshop to form a shared workforce plan.

Members were reminded of the 75th anniversary of the birth of the NHS which is significantly important for Trafford given it is its birthplace. An event was held to mark this and one important theme that resulted from it was the importance of better communication and engagement which has improved from past years. For instance, there was evidence that patients now know where to go to get treatment. To this end a booklet has been circulated containing lots of information which the public will find helpful.

Councillor Lepori queried whether Trafford is being scrutinised at GM level in terms of the workforce unemployment and is there any work carried out in schools in apprenticeship to build our workforce and was told that this was being considered.

Councillor Lloyd asked about the impact on the delivery plan given that it has taken this long to sort out the workforce. She was informed that this had not been able to be measured. Staff are exhausted by the change. The biggest risk for Trafford ICB is the finance and the performance. The finance budget has been submitted for this financial year. In terms of the performance, the team is struggling against key metrics though there have been some improvements during recent months. A further update will be available in September.

The Chair asked whether the locality performance framework was based mainly around a standard model or does Trafford have its own specific evolution or both and was told that there are standard metrics to meet and then a dive into what matters to Trafford.

Councillor Taylor queried whether the governance model on page 67 was the final version. She was informed that it had been agreed through the Locality Board so most of it has been in operation for some time now. Some may change if there is duplication. She also queried whether it was possible to have an overview of each component and was informed that the technology used around the model was still new to officers and they were still learning to navigate their way around it but that once this was achieved they would update the Committee.

RESOLVED – That the report be noted and a further update be provided in September.

8. HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2023/24

Members were invited to note the draft work programme for the municipal year 2023/24 and suggested that the Committee commission a report on Mental Health services across Greater Manchester with the focus on the impact on Trafford residents, for the September meeting and that the Dental Health update be provided at the November meeting.

RESOLVED – That the Committee Work-programme for the municipal year 2023/24 be noted.

9. TASK AND FINISH GROUP

Members discussed topics of interest to be explored further via the Task and Finish Group for the municipal year 2023/24. It was unanimously agreed that this year the group would focus on the Social Prescribers provision for Trafford residents. Members were invited to express their interest in taking part in the group via email confirmation to the Governance Officer who will collate responses and identify meeting dates for the year ahead.

Resolved – That the Task and Finish Group focus on Social Prescribers.

10. URGENT BUSINESS (IF ANY)

Resolved - That there was no urgent business to be discussed.

11. EXCLUSION RESOLUTION (REMAINING ITEMS)

Resolved - There were no items to be discussed under Exclusion Resolution.

GMMH Improvement Plan & Locality Update:

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Trafford Health Scrutiny Committee
September 2023

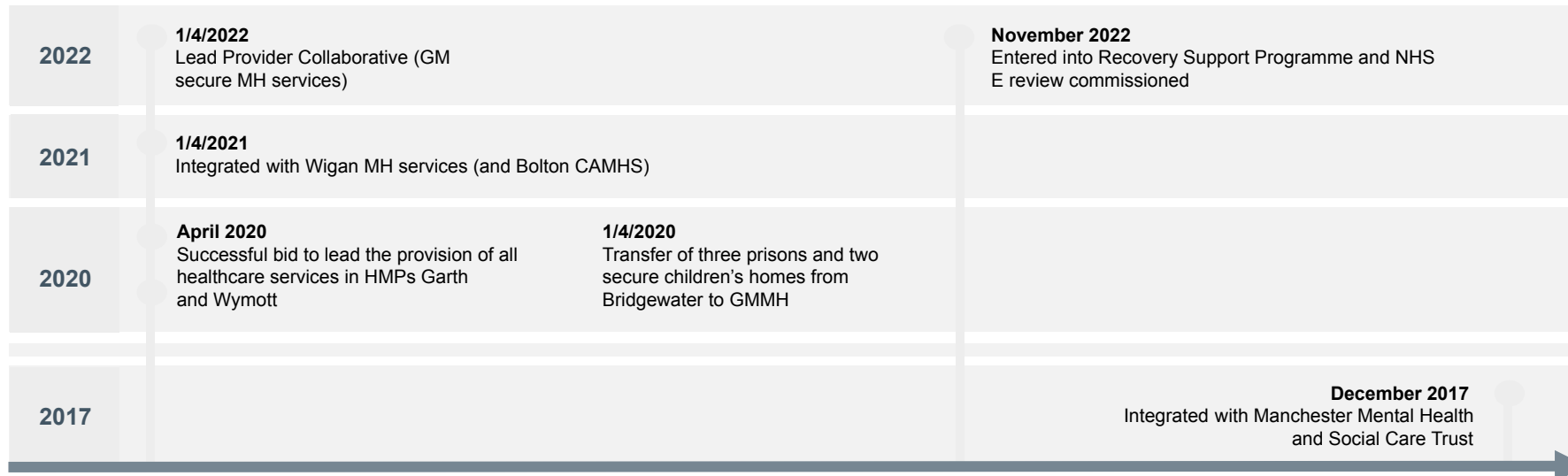


GMMH Background

<p>Serving the populations of Bolton, Salford, Trafford, Wigan and Manchester</p>	<p>Over 81,000 Service Users</p>	<p>Over 6,600 staff</p>	<p>Across 109 locations</p>	<p>6</p> <p>Acute Trust sites and multiple other community inpatient sites</p>	<p>60 inpatient wards</p> <p>Adult, Later Life, Mother and Baby, Low and Medium Secure, Deaf, Drug & Alcohol Detox</p>
<p>Provider of community services</p> <p>IAPT, CMHT, MAS, Perinatal, CAMHS, Drug & Alcohol services</p>	<p>An operating income for 22/23 c. £468m</p>	<p>10 specialist research units</p>	<p>Five Care Groups</p>	<p>Provider of Health and Justice Services Inc</p> <p>Secure children's homes, approved premises, prison mental health services, GM-wide diversion and liaison & tactical advice services.</p>	

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Timeline



CQC inspections and warning notices

The Trust was placed in NHS Oversight Framework Segment 4 in November 2022

The CQC have issued a number of Section 29A Warning Notices to the Trust since April 2022

- Community mental health services for adults of working age (Central Manchester) x2
- Fire and Ligature safety: Adults of working age, PICU and Forensic inpatient services
- Medicines management – HMP Wymott
- Safe staffing and Governance
- Woodlands Hospital (Older Adults) – Salford
- Well led

CQC report published July 2023 overall rating as inadequate however noted improvements

Improved ratings at Woodlands for the safe domain from Inadequate to Requires Improvement

Ratings

Overall trust quality rating	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive?	Requires Improvement
Are services well-led?	Inadequate

Reviews and Leadership

Significant reviews/ Investigations/ oversight

Independent Clinical Review (Fearnley) at Edenfield concluded October 2022

NHS E external (Shanley) review commissioned November 2022 ongoing (due to report Sept 23)

Good Governance Institute Review concluded March 2023

Law By Design Investigation concluded March 2023

Operation Crawton GMP: Ongoing

NHS England Undertakings (still in draft format)

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Leadership*

Interim Chairman, (commenced January 2023)

Interim Executive Director of Clinical Transformation / Chief Nurse (commenced April 2023)

Interim COO (commenced December 2022) permanent recruitment to be commenced Sept 2023

Interim Medical Director (commenced July 2023) permanent replacement to start Sept 2023

Interim CEO (commenced July 2023) permanent recruitment to be commenced Sept 2023

NED recruitment underway

* Individuals identified for interim posts with specific skills and experience required to support GMMH

Key messages

- The Trust has a clear understanding of the scale and complexity of the key underlying issues and a commitment to deliver the improvements required.
- We are working to deliver fundamental changes to the safety culture, clinical and corporate governance assurance systems and leadership focus and visibility in the Trust.
- The Trust is responding openly to any emerging issues
- Following recent CQC inspections they have identified and acknowledged the improvements have made and no further regulatory action has been taken.
- Ongoing co production and engagement is fundamental to improvement
- The plan does not replace business as usual improvements, contractual KPIs and transformation.
- It is recognised that significant challenges remain regarding delivery against actions at the pace and scale required and the environment is complex.
- The NHS E independent review is due to be published in September 2023 and the Trust will respond accordingly to considering the outcome and any recommendations
- We will continue to work closely with NHS England regional and national teams to deliver against the Exit Criteria (See appendix) and the Undertakings
- GMMH provider challenges sit within the context of the wider GM system issues (financial and demand and capacity)
 - An independent diagnostic commissioned by GMICB highlighted £90m under investment in mental health compared to national averages.
 - Rising OAPS, CFRD performance and increasing demand and complexity

GMMH Improvement plan: Agreed at Trust Board July 23

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Patient Safety Exec Sponsor: Chief Nurse	Clinical Strategy and Professional Standards Exec Sponsor: Medical Director	Workforce Exec Sponsor: Director of Human Resource	Culture Exec Sponsor: Deputy Chief Executive	Governance Executive Sponsor: Deputy Chief Executive
<ul style="list-style-type: none"> • Safe Staffing • Reducing Restrictive Practices • Safe and therapeutic environments • IPC • Fire and smoke free • Ligature Safety • Sexual Safety • Medicines Management 	<ul style="list-style-type: none"> • Model of Care and Clinical Strategy • AFS (Inc commissioning) • CMHT • Wider inpatient services • Clinical skills training • Development of clinical networks • Accreditation 	<ul style="list-style-type: none"> • Staff Safety • Psychological Safety • Staff Engagement and Partnerships • Education and Training • Appraisals and Supervision • Leadership Development <p>*Including NHS P staff</p>	<ul style="list-style-type: none"> • Culture: Empowerment and Equality • Freedom to Speak Up • Strengthening the Service User and Carer Voice 	<ul style="list-style-type: none"> • Corporate Governance review • Quality Governance review • Leadership and Board Development • Data Quality and Visibility • Board Visibility

Risks to delivery of the Improvement Plan

Risk	Mitigation
Capacity and capability to deliver the improvement plan	<ul style="list-style-type: none"> Specialist capability and capacity commissioned to support delivery NHS E Intensive support team capacity across the workstreams Support provided by GM ICB Resourcing plan developed as part of GMMH 23/24 financial plan Redistribution of Trust resources internally to support delivery
Workforce capacity, availability and morale	<ul style="list-style-type: none"> Additional resources allocated to recruitment to support extensive and targeted recruitment campaigns Revised workforce partnership arrangements and pro-active trade union engagement Safe staffing - targeted action to stabilise and improve in some areas
Sustainable leadership capacity and capability	<ul style="list-style-type: none"> Board development programme incorporated into the plan Interim executive positions filled Recruitment to substantive vacancies underway All Care Group leadership positions filled
Financial challenges	<ul style="list-style-type: none"> Trust Financial plan for 23/24 agreed and supported by Board. Financial Plan includes 4% efficiency ask. GM ICB financial challenges NHSE non recurrent financial resources identified (TBC)
Weak assurance frameworks to support evidence of delivery	<ul style="list-style-type: none"> Significant focus on development of the quality governance framework Development of Board performance reporting Governance architecture developed to support oversight and delivery of the Improvement plan with interim changes already made
Entrenched cultural challenges	<ul style="list-style-type: none"> Board visibility in services increased and plan to roll out further measures Changes to FTSU provision resulting in significant increase in concerns raised Proactive engagement with service user groups to listen to concerns
Capital constraints	<ul style="list-style-type: none"> Strategic Outline Case for Edenfield was put forward in the Expression of Interest request for the next wave of New Hospital Programme (NHP). Capital plan for 2023/24 reflects priority safety areas

GMMH Improvement plan

Patient Safety

Following a recent self assessment against the Sec 29a warning notice for ligatures, fire and smoking

- 93% of wards are compliant with fire safety actions
- 84% of wards compliant with ligature safety actions
- Significant capital and maintenance programme is being delivered to reduce ligatures with all work expected to be completed by March 24* (Laureate- PFI)
- 65% of wards are compliant with smoke free actions
- Ensuring all wards are consistently smoke free is challenging
- All wards have had an initial review of their staffing levels as part of a trustwide safe staffing initiative (with investment identified to support improvements)
- Significant and sustained improvements seen in staffing levels at Edenfield
- All local actions completed for the Woodlands 29a
- Wymott 29a Trust actions complete and contract notice closed
- Significant progress made to deliver actions identified in the CMHT S29a warning notices (work ongoing)

Clinical Strategy and Professional Standards

AFS Models of Care:

- Service model currently under consideration
- Progress monitored via the NHS E contract governance

Trauma Informed Care:

- Funding for TIC Lead approved and post advertised.

Clinical & Professional Standards (priority Clinical Networks)

- Clinical strategy identified as priority actions with senate and clinical networks to follow

GMMH Improvement plan

Workforce

Developing our Workforce:

- Mandatory training review underway

Induction & Onboarding:

- Advert for Fixed Term Band 7 to lead HCSW Pastoral Support team.

Staff Safety & Wellbeing

- Re-contracting discussions ongoing with Employee Assistance Programme (EAP) provider.
- Commenced scoping systems/approaches to supervision, supervision recording/supervision targets

Visible & Compassionate Leadership:

- Organisation identified to support with Care Group Leadership Development
- Role Model, Coach, Care (RMCC) workshop launched, and dates published

Recruitment & Workforce Supply:

- Funding for Nurse recruitment campaign confirmed, and 'Just R' identified as provider.
- Manchester CMHT recruitment campaign ongoing.
- Proposal for external Medical Recruitment campaign under development.
- Submission to NHSE for funding for additional 20 International Nurses.
- Application for Pastoral Quality Award submitted.

Staff Engagement & Partnership Working

- Finalised Recognition Platform.
- Workforce Partnership Forum to be established at Edenfield.

Culture

Psychological Safety/FTSU:

- FTSU Guardian appointed starting Oct 23
- 26 FTSU Champions recruited.

Culture, Empowerment and Equality

- Cultural diagnostic and next steps underway

Strengthening the Service User Voice:

- 5 x PALS officers recruited
- Service User Engagement plans developed

Tackling unacceptable Behavior:

- Confirmed Executive lead Andrew Maloney for health inequalities and workforce inclusion.
- Agreed Advancing Equalities Committee agreed to report directly to Board of Directors.
- Funding for the Inclusive Cultures Programme secured.
- The EDI Champions Programme phase one underway and completed anti-racism element.
- Anti racism statement published

GMMH Improvement plan

- 'Standard Operating Procedure for the Governance of Meetings' (SOP) approved
- New Trust Governance structure agreed in principle and to be mobilised
- MIAA specification for Board Assurance Framework (BAF) development amended and work in progress
- Care Group Accountability Framework drafted
- NED recruitment underway
- CEO underway and Executive Director recruitment starting imminently
- Approach to Executive Director visit programme agreed and visit protocol drafted
- Development of Nursing and Governance leadership structures underway
- New Board Performance Report developed in Power BI
- New Data Quality Agile Group established to support strengthening of data quality assurance processes
- Datix re-procurement advanced
- Review completed of risk management system and resources
- Data cleanse ongoing of operational risk registers
- Review of serious incident process completed with NHSE support

Later Life (Bollin and Greenway) specific update (cqc report)

In November 2022 CQC inspected wards at Woodlands Hospital in Little Hulton. Following this inspection, the trust was served with a Section 29A warning notice as the Care Quality Commission formed the view that the quality of health care provided within this service required significant improvement. The service was rated as 'Inadequate'.

In April 2023, the CQC returned to GMMH and carried out a further unannounced visit to Woodlands and during this visit they also inspected Bollin and Greenway Ward in Trafford at Moorside Hospital.

They found the following for Bollin and Greenway wards:

- Estates
 - Good lines of sight
 - Compliant on same sex guidance
 - Refurbishment was noted and was clean and good state
 - A review of 'nurse call' bells placement – part of a wider GMMH discussion on estates
- Reducing vacancy rates
- Reducing turnover rate
- Risk assessments were detailed, complete and reviewed
- Some risk mitigation action paperwork not signed off / updated, which is now being monitored regularly
- A Higher use bank and agency usage, due to increased observations (being reviewed as part of MHOST)
- Completion of mandatory & essential training modules required improvement - now the top performing service in Trafford
- The overall rating for the service raised from 'Inadequate' to 'Requires Improvement' noting improvements

Trafford Mental Health Integrated Partnership Priorities



- GM 5 mental health 'Mission' areas, to support Mentally Healthy Communities, timely access to mental health support, living longer, reducing stigma and tackling inequalities.
- Mental Health a cross cutting theme for all TPCB priorities, some specific...
- GMMH priorities...
 - Increase the number of adults and older adult accessing Talking Therapies (IAPT) to 25% prevalence (currently funded to 23.1%)
 - Work towards eliminating inappropriate acute MH out of area placements (OAPS). Trafford target to reduce number of OAP's (10 OA placements compared to 89 in total for GMMH)
 - A 25% reduction in number of GMMH in-patients who have no criteria to reside and are ready for discharge (In Trafford 12 patients who have no reason to reside compared to 181 in total for GMMH – positive, collaborative support from LA & ICB in supporting people with timely discharge)
 - Delivering Community Transformation, involving neighbourhoods and partners across Trafford system

GMMH Trafford Achievements and Challenges

Achievements

- **Improvement Plan** progress: Quality focus on Later Life, Ligature risk management / fire safety / smoke free environments
- **Community Transformation**: Living Well roll out and investment / renewed crisis café / test for change around professional roles / PD pathway development / co-occurring conditions pathway
- **Workforce**:
 - High levels of mandatory training / supervision appraisals and staff health and wellbeing programme being developed
 - Psychology on in-pt wards
 - New registered qualified staff

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Despite national challenges, have attracted a high number of **newly qualified registered nurses** to Moorside - need to embed

• **Established & strong systems Trafford working**: ICB Board and subgroups / Urgent Care Board / Partnership Meeting with LA

- **Urgent and Emergency Care**
 - MH Joint Response Vehicle (GMMH funded),
 - 9 crisis bed IASPIRE GMMH wide
 - Crisis Care navigators in A&E
 - Crisis Cafés/ Listening & Recovery Lounges
 - Single point of access for 136
- **In-patient environmental refresh** circa £1 million
- Strong performance for **Talking Therapies**

Challenges & Opportunities

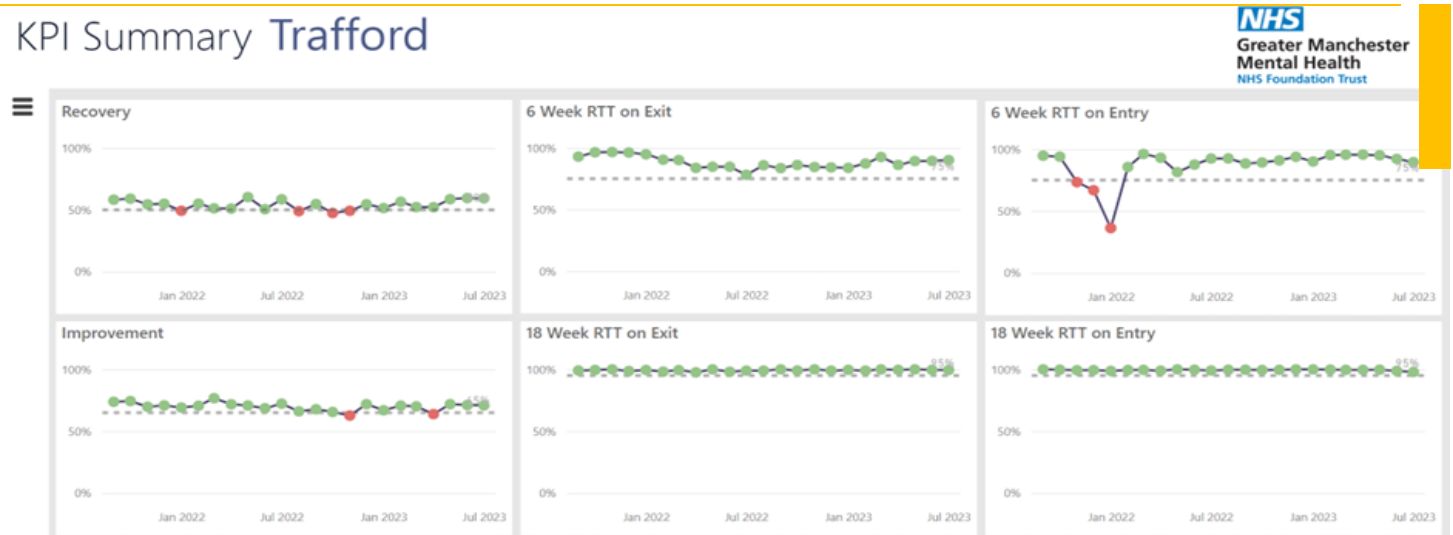
- **Historical level of investment Mental Health Services in Trafford (In-patient, Early Intervention & Talking Therapies)** – e.g. wards are less established than other localities (MHOST will base levels on clinical and therapeutic need, and likely requires significant investment)
- **Demand and Acuity** at Moorside (length of stay on discharge 2022 61 days 2023 between 81 – older adults stay in hospital for longer)
- **Urgent and Emergency Care**, Trafford residents attend Wythenshaw out of hours, where they receive support from Mental Health Liaison – opportunity to improve UEC offer with responding to **recommendations from HealthWatch GMMH will support priority areas work**
- **Flow** and then access to beds from A and E, medical wards and those waiting at home – specific challenge **with 4 patients awaiting a nursing home placement** (across MH & Acute sector)
- **Workforce**
 - CMHTs (particularly social workers), 81 patients 'waiting well', whilst awaiting allocation of a care coordinator
 - In-patient, large number of new staff starting – lower historical establishment – Opportunity to review using MHOST
- **Waiting times for Memory Assessment** (WL initiative funded and underway)
- High number of **ADHD waiters**, GM wide challenge
- GM system wide approach to **transforming care** with ASC.
- Mixed gender **PICU** (Plan to transition to single gender)

Achievements and Challenges Continued: Talking Therapies & Achieve Addiction (Previously IAPT)

Talking Therapies Achievements:

- Trafford is an exemplar in GM Talking Therapies
- Consistent high levels of Recovery and Reliable improvement outcomes
- Consistently meets RTT at both 6 and 18 weeks.
- Recruited to full capacity at both a CBT and Counselling (as a result of trainee expansion strategy).
- Challenge
- To improve 1st to 2nd appointment waits and consider growing demand for counselling

KPI Summary Trafford



Achieve Addictions Team – we're proud of:

- Working with the National Probation Service and local prisons to support the continuity of care for patients released from prison or subject to Community Orders.
- Embedded in the Trafford Living Well design space/collab and MH transformation plans regarding Neighborhoods.
- Delivering a Co-occurring Conditions Event in September, with Achieve Trafford & colleagues from CMHT (including LA), Living Well (Primary Care) and Talking Therapies – exploring opportunities for collaborative neighborhood working.
- Introduced a Harm Reduction Team focusing on a number of initiatives such as Naloxone distribution via core services, outreach and our and Peer to Peers Naloxone distribution. The team will enhance pharmacy liaison and needle exchange provisions across Trafford community pharmacies. The Harm reduction team will be working towards reducing drug related deaths by developing a link with North West Ambulance Service and local hospitals to proactive focusses non-fatal overdoses.

GMMH and ICB

Challenges

- ICB financial position and impact on future funding for MH
- Flow through inpatient services, rates of CFFRD and OAPS
- Delivery of all LTP requirements
- Increasing demand (Inc Winter pressures) & funding new schemes to support
- Workforce demand and supply
- Non recurrent funding for critical UEC schemes
 - Winter/ Discharge schemes
 - Mental Health Joint Response Vehicle

Opportunities

- Relationships and collaboration with System Partners (Inc GMP, NWS and VCSE)
- Mental Health Investment Standard requirements
- Investment in Mental Health ambulances
- Investment into the GMMH Improvement plan priorities (Year 1 £4.7 million FYE)
- Support from NHS E Intensive support team into GMMH

Summary

- This presentation sets out the GMMH improvement plan, being driven by a new, but very experienced executive leadership team
- Mental Health is a cross cutting theme across the Trafford (and GM) health and social care system, this is recognised in the Integrated Partnerships priorities
- Trafford Mental Health Services and System are challenged with historical under investment, when compared nationally and to other GM partners despite this, still moving ahead with innovations (Living Well, Achieve, Urgent Care) and delivering improved outcomes
- GM wide, Mental Health services are under continued and sustained pressure
- Ongoing risks related to new ways of working, e.g. GMP 'right place right time' remain and may exacerbate
- Strong relationships with VCSE – crucial moving forward and need to build further
- Feedback from Healthwatch and other partners – opportunity to act as a system
- Strength of relationships & governance systems across Trafford locality, Place, ICB and Local Authority – active involvement from the DASS & Place Based Leaders

TRAFFORD COUNCIL

Report to: HEALTH SCRUTINY COMMITTEE

Date: 13 September 2023

Report for:

Report of: Ric Taylor - Head of Service Delivery and Transformation
Adult Mental Health & Learning Disability (Trafford) NHS
Greater Manchester Integrated Care

Report Title

TRAFFORD LOCALITY MENTAL HEALTH UPDATE:

PAPER 1

Greater Manchester Mental Health and Wellbeing Strategy Refresh

PAPER 2

Trafford Locality Mental Health & Wellbeing Strategy: Progress and Refresh

PAPER 3

Trafford Living Well – Service Development and Implementation Update

Summary

Greater Manchester's Integrated Care Partnerships Strategy¹ was published in March 2013 and explains how, through working together, health and care services can help to make Greater Manchester a place where all can live a good life; grow up, get on and grow old in a greener, fairer more prosperous city-region.

On 01 July 2022, the way in which health and care services are organised changed when the Health and Care Act 2022 came into force, splitting England into 42 area-based Integrated Care Systems (ICS), covering populations of around 500,000 to 3 million people.

Greater Manchester – made up of Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan – is one of the largest ICS in England. This reform gives greater control over how the region's health and care budget is spent and more freedom to shape services around the needs of the region's citizens. With it has come a shift from authority and finance being devolved to localities to more centralised planning, delivery and control.

This reorganisation presents fundamental challenges: not least how best to understand and shape the relationships between nation, city region, locality and neighbourhood and where

¹ <https://gmintegratedcare.org.uk/wp-content/uploads/2023/06/gm-icp-s-strategy-summary.pdf>

responsibilities sit to ensure services are co-produced, citizen-focussed, able to reduce inequality whilst also maximising the benefits of delivery at scale.

This paper is in three parts:

The Greater Manchester Mental Health & Wellbeing Strategy (Refresh)

This is an all-age, system wide strategy currently being refreshed to make it fit for purpose through until 2029. This paper describes how the strategy has been developed and what data and other information has been employed in its creation.

The Greater Manchester strategy is built around 5 'missions':

1. People will be part of mentally healthy, safe and supportive families, workplaces and communities
2. People's quality of life will be improved by inclusive, timely access to appropriate high-quality mental health information, support and services
3. People with long-term mental health conditions will live longer and lead fulfilling and healthy lives
4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive
5. The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and can access and benefit from.

Trafford's Locality Mental Health & Wellbeing Strategy: Progress, Achievements and Review

Trafford's Locality Mental Health & Wellbeing Strategy has been in place since 2021 and is currently under review so that it becomes truly all-age and aligned to the Greater Manchester Strategy with its 5 missions.

This paper outlines to the committee some of the achievements aligned to the strategy and its delivery group, the Trafford Integrated Mental Health Transformation Group (TIMHTG), explains how we understand the relationship between city region and locality in terms of planning and delivery responsibilities and provides examples of partnership work programmes, led by Trafford's Public Health Team, which will form a dynamic, ongoing and evolving basis for our new All Age Mental Health and Wellbeing Strategy.

Living Well in Trafford²: An update regarding the development and implementation of new community mental health services.

Finally, this paper provides the committee with a presentation outlining the development and implementation of Trafford's *Living Well* service.

The development of living well services began in Lambeth, Greater London and was adopted as a national development programme led by areas such as Edinburgh, Luton, Salford and

² <https://www.gmmh.nhs.uk/news/new-community-mental-health-service-launches-in-trafford-6306/>

Tameside and Glossop. As this work was progressing Trafford, in 2018, commissioned a *Primary Care Mental Health & Wellbeing Service* which brought together our NHS mental health provider with a VCFSE organisation (BlueSci) to support the 900 people each year experiencing mental health and wellbeing problems too complex to be managed by their GP but not reaching the criteria designed to manage access to specialist services³.

Living Well Trafford was co-designed and co-produced by the Trafford Collaborative - a multi-sector partnership including clinical and non-clinical staff from GMMH, VCFSE organisations, and most importantly people with lived experience of using community mental health services, to make sure that the service was fit for purpose for anyone who needs it. Over 200 stories were heard, and it was clear that our citizens wanted their service to be underpinned by an understanding of how trauma impacts our health and wellbeing and to simplify access to care and support including to the wide range of social support available via statutory but also, and perhaps more fundamentally, VCFSE and other community groups and resources.

The power of lived experience will continue to be a huge part of the *Living Well* Trafford offer. Peer Support Workers will act as experts by experience, able to connect with people from a place of understanding because they know what it is like to walk in their shoes.

The presentation provides the committee with a history of the Trafford service, what it provides, who the service is for, referral pathways, how outcomes are measured, the inclusion of shared care protocols⁴ and finally progress with the full roll out of *Living Well* across all 5 of Trafford's Primary Care Networks by April 2024.

Finally, please note that the redesign of community mental health services to create *Living Well* is the precursor to a wider programme of redesigning specialist mental health services including those provided in hospitals as well as in the community. We are advocating that the approach taken to the development of *Living Well* which embedded lived experience and emphasised co-production across multiple partners, should be adopted in the redesign of specialist services as well.

Recommendation

That the committee note the contents of the report

Contact person for access to background papers and further information:

Name: Ric Taylor - Head of Service Delivery and Transformation Adult Mental Health & Learning Disability (Trafford) NHS Greater Manchester Integrated Care

Email: ric.taylor@nhs.net

³ This figure was reached by an examination of referral patterns across our primary and specialist systems and their outcomes. Not only was the fact that people could not access appropriate care and support detrimental to their and their community's mental health and wellbeing, but it was also placing unnecessary strain and demand on crisis services such as A&E departments.

⁴ Essential Shared Care Agreements (ESCAs) are written agreements between specialist services and general practitioners and allow care, specifically prescribing, to be safely shared between them.

Background Papers:

PAPER 1

GREATER MANCHESTER MENTAL HEALTH AND WELLBEING STRATEGY

Background and Context

There are many great examples in Greater Manchester of work to respond to various mental health and wellbeing issues, but more can be done. Mental health problems affect certain groups of people disproportionately often because of socially determined factors. So, providing access to support and appropriate treatment designed for and targeted at individuals and communities is important.

No single agency, body or organisation can solve the mental health and wellbeing challenges we face as a city-region, and this is equally true of Trafford. The Greater Manchester strategy is an all-age 'system-wide' strategy, recognising that mental health is influenced by various issues from formal health services to social and economic conditions, to community, individual and family circumstances.

The strategy is about more than how NHS money is spent. A key element of the strategy is the recognition that mental health is everybody's business and good mental health should be actively promoted across a range of strategies, policies, and programmes throughout the system. We must think differently about how we work together as an integrated public service system (including the Voluntary, Community, Faith and Social Enterprise sector (VCFSE) and in partnership with residents and communities.

The development of the Greater Manchester Integrated Care Partnership has provided an opportunity to take a different approach to responding to mental ill health and mental health and wellbeing challenges as part of a whole system, whole society approach.

The GM Mental Health and Wellbeing Strategy is currently being refreshed and will sit as a subcomponent of Greater Manchester's Integrated Care Strategy.

Data, Insights and Consultation

In spring 2022 work commenced on the development of a Mental Health and Wellbeing Strategy refresh for Greater Manchester, overseen by the GM Mental Health Partnership Board. A Mental Health Strategy 'writers' group' has been meeting on a regular basis, since July 2022, to develop the strategy. The group included representatives from the VCFSE, Mental Health Trusts, Localities, and the Greater Manchester Combined Authority (GMCA).

Data and intelligence

As an Integrated Care Partnership, the GMICS collects substantial amounts of intelligence and data. The writers' group has utilised this to create its vision and shared missions. Sources of intelligence have included:

- Build Back Fairer in Greater Manchester⁵
- Health Equity and Dignified Lives, Measuring Mental Wellbeing in Greater Manchester Report 2023
- #BeeWel survey findings⁶
- Review of the 2019-2022 Greater Manchester Children and Young People's Plan⁷

Together with data resources available via NHS England and the Office for Health Improvement and Disparities these will enable progress to be measured as the strategy is implemented.

Engagement and Insights

Much of the work to assess need and engage communities and service users has already been completed, either through:

- The GM Big Conversation⁸
- Greater Manchester Residents' Surveys⁹
- The Big Mental Wellbeing Conversation¹⁰
- Mental Wellbeing and Disability report¹¹.

The writers' group has used the insights captured from GM citizen engagement work to develop the following themes:

- Our system needs to be flexible and work with people on their terms
- Our system needs to be accessible, person centred, and citizen-led
- We need to help people and communities develop resilience, so we are not simply responding after they things have got worse or have reached crisis point
- We need to support more joined-up support including our VCFSE offer, finding ways to ensure that initiatives are not siloed and short-term
- We must bring resources together and test new ways of commissioning co-produced with people and communities
- We need a shared language to help address the mental health challenges we face as city-region.

Further engagement has been undertaken with lived experience groups, both adults and young people, to sense check the development of the draft strategy.

⁵ <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives>

⁶ <https://gmbeewell.org/research/survey/>

⁷ https://www.greatermanchester-ca.gov.uk/media/7017/24723_children-and-young-peoples-report-v6m.pdf

⁸ <https://gmintegratedcare.org.uk/big-conversation/>

⁹ <https://www.greatermanchester-ca.gov.uk/media/5917/greater-manchester-resident-survey-wave-1-march-2022.pdf>

¹⁰ <https://www.gmmoving.co.uk/media/4353/greater-manchester-big-mental-wellbeing-conversation-findings-dec-2020.pdf>

¹¹ <https://sccdemocracy.salford.gov.uk/documents/s56591/Salford%20HWB%20-%20GM%20Mental%20Wellbeing%20and%20Disability%20Report%20Presentation.pdf>

Stakeholder Consultation and Engagement

The writers' group has helped ensure engagement across the system from all stakeholders which has ensured system-wide ownership of the strategy and of the role organisations will play in the delivery of its five missions.

The strategy was discussed at an interactive event in October 2022 with over 80 stakeholders from across the system in attendance. It has also been shared at Board sessions in individual organisations across GM and other key forums in the system, including:

- Violence Reduction Health and Wellbeing Delivery Group
- GM LD & Autism Programme Board
- GM MH Blue Light Mental Health Response, GM Population Health Board
- GM VCSE leadership Group, MH Adult and Children's Commissioners Meeting
- GM Reform Board
- GM Directors of Public Health
- GM Aging Well Meeting
- GM Gambling Harms Group
- Individual locality meetings e.g. All-Age Mental Health Salford Board Meeting.

(The draft strategy forms part of the Trafford Integrated Mental Health Transformation Group agenda for September 2023)

Through the engagement and consultation process outlined above, the strategy has been modified to reflect what people said. The vision, five missions and principles that sit within each mission have been amended to be more inclusive of groups who are most at risk, and to reflect an all-age strategy.

The Vision and Five Shared Missions

The engagement work has established five missions that will drive the vision that:

"Greater Manchester will be a mentally healthy city-region where every child, adult and place matters."

The five missions reflect our ambition for mental health and wellbeing support across GM:

1. People will be part of mentally healthy, safe and supportive families, workplaces and communities
2. People's quality of life will be improved by inclusive, timely access to appropriate high-quality mental health information, support and services
3. People with long-term mental health conditions will live longer and lead fulfilling and healthy lives
4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive
5. The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and can access and benefit from.

We all have a part to play in Greater Manchester becoming a mentally healthy city region but, achieving our vision will be dependent upon a strong partnership approach across the five missions. Because the Mental Health and Wellbeing Strategy has been coproduced it will provide the framework needed to develop a shared culture and commitment across the GM footprint.

Action Plan Development

A comprehensive two-year action plan will also be coproduced following strategy sign off. The action plan will galvanise the support offers already in place across the system (from prevention right through to treatment) and identify any modifications necessary to enable full implementation of the strategy. The action plan will also identify any gaps and areas for immediate action. Through engagement with the writers' group and at board meetings the need to build enough flexibility into action planning to allow for 'course correction' was emphasised. Agreement has been reached to review the action plan after two years and produce a further iteration to enable both the strategy and action plan to stay relevant, respond to additional unknown pressures over the coming years and continue to boost momentum.

Resource

The refreshed Mental Health and Wellbeing Strategy will not have a specific budget but sets out actions already taking place across the city-region using current funding streams including (but not limited to) NHS mental health core and transformation funding allocations. It is anticipated that by agreeing shared missions across a range of partners we will enable new and innovative ways of working which will have social and wider economic benefits. These include existing funding commitments related to specific early intervention, THRIVE, mental wellbeing and trauma-responsive programmes.

The NHS Long Term Plan clearly signals the need to improve services and wider support for people with mental ill health, underpinned by a commitment to addressing mental and physical health inequalities through a focus on prevention and through integrated approaches. The NHS Long Term Plan brings funding with it, some of which will already be earmarked specifically for mental health developments over the next few years. The five missions within the Mental Health and Wellbeing Strategy will further help inform where such streams of funding could be targeted.

PAPER 2

TRAFFORD'S LOCALITY MENTAL HEALTH & WELLBEING STRATEGY: PROGRESS, ACHIEVEMENTS AND REVIEW

Trafford's 2021/2022 Mental health and Wellbeing Strategy established five broad areas of focus for:

- The development of broad underpinning 'enablers'
- Ensuring Trafford's 'core' mental health services – community and inpatient – are resilient and fit for purpose
- Beginning the reform and redesign of our mental health and wellbeing offer to Trafford's citizens
- Early intervention and preventative approaches
- Reducing mental health inequalities.

The strategy has driven significant achievements including:

Enablers

- Performance – integrated Trafford performance dashboard now in development using the Tableau system
- Finance - reconciliation work completed to support understanding of system flows and investment potential including an audit of care packages and placements noting proportion placed out of area and the impact both for costs, patient experience and accommodation challenges
- Strategic Estates - team reviewing key MH estates issues, and connecting to Living Well Locality Design Group
- Engagement and co-production:
 - Socialising the Strategy (Trafford Community Collective Mental Health Reference Group, Trafford Partnership, Health Scrutiny Committee)
 - CCG grant-funded workshops and carer engagement by Trafford Community Collective
 - Trafford Citizens Forum commissioned by Trafford CCG and now providing regular feedback and themes to TIMHTG and Living Well sub-group
 - Inclusion of broader representation of stakeholders in Living Well Locality Design Group
- Expansion of the interim strategy to include strategic priorities and plans for children's and young people's mental health services with a particular emphasis on establishing work programmes to review and improve transitional planning (March 2022)

Resilience

- Bluesci@Night Crisis Café¹²

¹² Bluesci, a VCFSE Trafford organisation operational since 2024 deliver the *Bluesci at Night Crisis Cafe* from its Old Trafford Wellbeing Centre, Seymour Grove. The service reduces footfall through the GMMH/MFT Mental Health Liaison Service and Emergency Departments. The service provides an alternative for individuals experiencing a deterioration in their mental health that requires support and engagement within a safe environment. The service began operation in August 2020, and we have seen excellent outcomes evidenced by people not attending A&E,

- ASC/ADHD Waiting List Initiative commenced across GMMH Footprint. (This now continues as a Greater Manchester led system review)
- Dementia Care Homes for people with Challenging Behaviour commissioned
- Delayed Transfer of Care (DToC) and Length Of Stay (LOS) remedial work including additional Winter resilience planning and resource allocation

Reform and Redesign

- Living Well¹³ Locality Design Group co-produced the Trafford model building on the Trafford Primary Care Mental health and Wellbeing Service. We commissioned a *Citizen's Forum* to provide ethnographic research in support of this co-design. The *Living Well* service is described in greater detail in Appendix 3
- Shared Care Prescribing working party established resulting in embedding of capacity within the *Living Well* service and continuing work to expand existing shared care across a wider range of mediations and services.

Health Inequalities¹⁴

- Severe Mental Illness (SMI) Physical Health Check Working Group meeting monthly with action plan implemented
- SMI cancer screening included in GP *Network Contract Directed Enhanced* (DES) for early cancer detection
- Trafford Council and Trafford CCG Commissioners working with Public Health colleagues on SMI specialist smoking cessation/e-cigarette service
- Public Health Project Manager recruited
- MH & Wellbeing Strategic priorities aligned with Health and Wellbeing Board priorities

Prevention and Early Intervention

- Living Well In My Community (LWIMC) MH Awareness and Training grant funding from Trafford Housing Trust Crisis Fund enabled the roll out of Making Every Contact Counts (mental health) to Adult Social Care, Library Staff, Hub leads, VCFSE leads to train frontline staff across Trafford employing a Train the Trainer model
- Menopause support group and Making Every Contact Count (MECC) Menopause training module developed by Bluesci; PCN MECC MH pilot project delivered
- Wider Living Well Locality Design Group co-production – joining up care navigation, social prescribing, community asset growth and sustainability.

improved wellbeing scores and stories gathered via Trafford's *Citizen's Forum*, showing people's happiness with the nature of the service and the way in which it sees them as individuals and links them to sustainable community resources in support of recovery.

¹³ *Living Well* began as a three-year programme creating new systems of mental health support across the UK, inspired by a model developed in Lambeth, South London. The *Living Well* programme was awarded £3.4 million in National Lottery funding to support new local partnerships in Edinburgh, Luton, Salford, and Tameside & Glossop to develop their own version of a *Living Well* system. The aim was that these new *Living Well* systems would become leading, internationally recognised examples of an innovative ways to help people achieve good mental health in community and primary care settings. The approach is now being scaled across the NHS in the UK, transforming current provision offered by GPs and community and mental health teams. Trafford is building upon its Primary Care Mental Health Team and extensive community assets including its excellent VCFSE partners, social prescribing networks, Primary Care Networks, COVID Hubs and libraries to develop its own programme as part of a wider programme of work to redesign primary and community mental health services.

¹⁴ Please note that the full programme of Public Health commissioned services focusses on the impact of the wider determinants of health, both physical and mental. For example, promoting physical activity and the psychological causes and impacts of being an unhealthy weight.

Two significant challenges emerged from the strategic work and remain as risks to the health and wellbeing of Greater Manchester's citizens including those living in Trafford.

- Autistic Spectrum Conditions (ASC) / attention deficit hyperactivity disorder (ADHD) demand and capacity:

There continues to be a risk that current GMMH ASC/ADHD capacity continues to be insufficient to meet the level of ongoing demand due to the increasing rate of new referrals. This issue is not unique to Trafford or to our provider GMMH. Other GM areas are experiencing even greater pressures and this workstream has now been prioritised by NHSGMICS as a priority workstream across the integrated system.

- Workforce resilience/recovery:

It is well known that significant workforce pressures continue to be experienced across our integrated systems resulting in a risk to the achievement of mental health (and many other broader health and social care) performance objectives and NHS LTP planning and implementation. Some recent recruitment initiatives in Trafford have produced some positive outcomes; for example, the recruitment of over 20 new nurses to work at the Moorside Unit on the Trafford's General Hospital site. However, it cannot be over emphasised that the inter-dependency of health and social care systems means that workforce pressures felt across the system do impact on local services and contribute to the increase in mental health acuity, social isolation, and poor physical health we have seen post COVID.

Trafford's revised All-Age Mental health & Wellbeing Strategy (provisional scope 2023 – 202) will reflect the Greater Manchester strategy by aligning with its five missions:

1. People will be part of mentally healthy, safe and supportive families, workplaces and communities
2. People's quality of life will be improved by inclusive, timely access to appropriate high-quality mental health information, support and services
3. People with long-term mental health conditions will live longer and lead fulfilling and healthy lives
4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive
5. The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and can access and benefit from.

Our all-age strategy will acknowledge that improvements can only be made once the whole system understands the problems. As such our services will need the infrastructure and flexibility to provide practical help to people experiencing mental health problems in their own lives.

To achieve this:

- We will need to be clear as to how and where services are designed and delivered. Delivering services at scale is essential if we are to maximise often-scarce resources and many services will therefore be scaled to serve significantly larger populations than just Trafford. For example, our NHS Mental Health provider works across a footprint

encompassing Trafford, Manchester, Salford Wigan and Bolton. This creates opportunities for efficiencies. Some services - and ADHD may be an example of this - might well be designed to be delivered GM wide. However, it will be equally important to understand which services need to be delivered locally, and how local initiatives, such as Trafford's Neighbourhood Programme, enable truly joined up approaches to mental health and wellbeing. Trafford's *Living Well* service is a good example of this. It will also be important to have robust local quality and performance governance so that we can understand the impact of new ways of commissioning and delivery on our citizens and feed this into GM strategic, operational and contract monitoring forums

- Systems need to be flexible to work with people on their terms and in a place, time and manner that works for them. This is a particular issue for people who are experiencing a range of issues at the same time. This has been strongly reflected in the stories we have heard from our *Citizen's Forum* with many people stressing how important it is that they are able to receive help and support in places where they feel safe and comfortable
- Staff working with people in formal mental health and broader public services want to work in a person-centred way, so we need to give staff the confidence, time, training, and freedom to do this
- We need to ensure that the responses to mental health and wellbeing issues are not simply driven by risk, remit, thresholds, or convention but by peoples' needs in the context of their own lives
- We need to make sure we can respond to people before their mental health or wellbeing worsens and before they reach a crisis point. Trafford's extended BlueSci provision demonstrates how effective co-produced, person-centred initiatives can be in this regard
- We must move away from relying solely on emergency referral routes towards proactive and open engagement. We need to respond to people in a manner, time, and place which suits them
- We must continue and if possible, expand our support for complementary offers in the Voluntary Community and Social Enterprise (VCSE) sector or within the community. We must continue to actively support and mainstream these offers. Trafford's *Living Well* service is a contractual partnership between the NHS and a local VCFSE organisation and this has revolutionised access to social prescribing for people experiencing mental health and wellbeing challenges whilst also positively developing the cultures of both organisations in support of trauma informed, truly person-centred care and support. There are many other examples in Trafford from our excellent partners in children's and young people's mental health (42nd Street and KOOOTH as examples) to Age UK Trafford, the Trafford Carers Centre and Rape Crisis Trafford.

The key commissioning responsibilities in terms of mental health and wellbeing of the Trafford locality partnership and of the Greater Manchester ICS will be as follows:

- Population engagement - addressing inequalities and wider determinants of MH and wellbeing, keeping people healthy through local partnerships and multi-agency planning
- The oversight of resources at locality level, pooling or integration where appropriate by reviewing and supporting delivery plans and progress made against them
- Facilitating local integrated planning and delivery arrangements, prevention and early intervention programmes and ensuring vulnerable groups do not 'fall through the gaps'
- Establishing local governance to ensure joined up pathways of care and local partners
- The oversight of local delivery through reporting and Locality MH Delivery Board and wider local connections
- Developing and sustaining local support networks

- Local communications and supporting Greater Manchester ICB responses where issues relate to localities such as Freedom of Information Requests (FOIs).

Locality planning responsibilities:

- VCFSE delivered support services
- Primary Care Mental Health Practitioners
- Social Prescribing services
- Early Perinatal / Parent-Infant mental health support
- Mentally healthy schools/ colleges
- Counselling and bereavement support
- Dementia prevention/support
- Early intervention
- Access to support services and carers support
- Individual packages of care including Out of Area Placements

Locality delivery responsibilities include:

- Step 2 and 3 Talking Therapies¹⁵
- VCFSE delivered support services
- Primary Care Mental Health Practitioners¹⁶
- Social Prescribing services
- Early Perinatal and Parent-Infant mental health support
- Mentally healthy schools and colleges support teams
- Counselling and bereavement services
- Dementia prevention and support
- Early intervention
- Access to support services and carers' support
- Child and Adolescent Mental Health Services (CAMHS) including THRIVE¹⁷ offers
- Local Crisis Care Alternatives

¹⁵ **Step 2:** Mild to moderate depressive and anxiety disorders, sleep problems, social anxiety, generalised anxiety, panic disorders. **Step 3:** Moderate to severe depressive and anxiety disorders, OCD, social anxiety, specific phobias, generalised anxiety, panic disorders, PTSD.

¹⁶ Mental health practitioners contribute to the NHS Long Term Plan ambition to develop new and integrated models of primary and community mental health care, to support adults and older adults with severe mental illnesses to live well in their communities. Community mental health transformation defines those severely affected by mental illness, including but not limited to; psychosis, bipolar disorder, 'personality disorder' diagnosis, eating disorders, severe depression and mental health rehabilitation needs – some of which may be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions, or substance use. These roles enable professionals with mental health expertise to be based in GP surgeries or neighbourhood settings, to support people with complex mental health needs and act as a 'bridge' between primary care and specialist mental health services. These roles sit alongside NHS Talking Therapies for anxiety and depression, and a range of other roles within primary care that provide mental health support. Mental health practitioners provide GPs and other primary care staff with timely support and advice, helping to relieve pressure on workloads and build stronger relationships with mental health services.

¹⁷ The THRIVE Framework thinks about the mental health and wellbeing needs of children, young people and families through five different needs-based groupings: Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support.

- Home Treatment Teams
- Community Eating Disorder services
- Memory Assessment and Treatment services
- Individual packages of care including out of area placements

As mentioned, Trafford's Mental Health & Wellbeing Strategy and associated governance arrangements will also need to provide assurance to its population and to the wider system against those areas of planning and delivery carried out at a Greater Manchester level.

Greater Manchester Integrated Care System planning responsibilities:

- Talking Therapies (16-25yrs)
- Child and Adolescent Mental Health Services (CAMHS)
- Home Based Intensive Treatment Teams
- Community Eating Disorder services
- 24/7 Crisis Care Including Rapid Response Teams
- A&E MH Liaison
- Specialist community-based Admission Avoidance Residential provision (MH, LDA & ED)
- Local delivery of support campaigns, digital intervention, advice & self help
- Neuro Diverse Diagnostic pathways and provision (LDA)
- Acute Inpatient services
- Specialist Eating Disorder services (including paediatric refeeding)
- Specialist provision for looked after children (LAC), youth offending teams (YOT) and other vulnerable cohorts
- Workforce Development (Inc. CAMHS & VCFSE)
- Autism Standards and Post Diagnostic Provision
- Dynamic support registers (DSR¹⁸) & Care, Education and Treatment Reviews (CETR^{19s})
- Trauma Aware and Informed Practice

Greater Manchester Integrated Care System delivery responsibilities:

- GM-wide delivered VCFSE support services
- 24/7 Crisis Care
- A&E MH Liaison²⁰
- Specialist community-based Admission Avoidance Residential provision (MH, LDA & ED)
- Step up/step down – Cared for and Care Leavers
- Acute CAMHS Inpatient services
- Specialist Eating Disorder services
- Local delivery of support campaigns, digital intervention, advice & self help
- Trauma Aware and Informed Services

¹⁸ The mechanism for local systems to identify children, young people and adults (with consent) with a diagnosis of a learning disability and / or autism who are at risk of admission to mental health inpatient services without access to timely dynamic support

¹⁹ A Care, Education & Treatment Review (CETR) is a meeting about a child or young person who has a learning disability and/or autism and who is either at-risk of being admitted to, or is currently detained in, an in-patient (psychiatric) service

²⁰ It has long been known that there is interaction between the body and the mind. Liaison psychiatry is the specialty of psychiatry that deals with this relationship, and the link between people's physical and mental health. Most liaison psychiatry services are based within general hospitals.

- Specialist Clinical support (i.e., LAC, LDA)

Much of Trafford’s locality mental health and wellbeing work programmes are led by our Public Health department.

The following initiatives, mapped against the 5 Greater Manchester strategic missions are included to illustrate the depth and quality of this work, the range of partnerships involved and how these form a dynamic, ongoing and evolving basis for our new All Age Mental Health and Wellbeing Strategy:

1. People will be part of mentally healthy, safe and supportive families, workplaces and communities

	Headline Activities	Next Steps
Families	Working towards developing a Start for Life offer which supports PIMH (Parent and Infant Mental Health) Headstart programme commissioned – primary to secondary school transition	Support development of PIMH pathway
Workplaces	Trafford Health and Wellbeing Board mental health deep dive has set a SMART goal for all Employers that sit on the Board to commit to becoming Living Wage accredited and that a third commit to work towards the Good Employment Charter by April 2024. Council Health & Wellbeing Programme Growth team business bulletin – article on positive mental wellbeing – reaches 775 contacts including large international businesses such as Kellogg’s and Amazon as well as sole traders	Member organisations to review existing commitment or current progress towards accreditation and sign up to the Charter and to report status back to H&WBB on a bi-monthly basis to April 2024 PH Linking with HR to support campaigns around positive mental wellbeing
Communities	Neighbourhood plans include strategic priorities on mental health	Social isolation and loneliness amongst older people have been highlighted as priority areas in the South neighbourhood. Work is underway to evaluate use of community venues to promote further engagement with older people

2. People’s quality of life will be improved by inclusive, timely access to appropriate high-quality mental health information, support and services

Headline Activities	Next Steps
PH contributing to GM development group for e-learning module around mental wellbeing (what is MH/spot the signs/how to have a	Money and Mental Health event planned to take place at Stretford Public Hall as part of Suicide prevention Month of Hope where we

<p>conversation)</p> <p>Contributing to GM campaign around mental wellbeing</p> <p>GM workforce training offer – shared widely with Trafford partners</p> <p>Improved partnership working with ICB and Trafford on health comms including from GM</p>	<p>are aiming to train up to 50 frontline staff and volunteers in the VCFSE sector</p> <p>Development of PH Padlet – mental health and wellbeing, self-care etc</p> <p>Weekly spotlight on mental health in the VCFSE bulletin.</p>
<p>Example – older adults: Partners on the Age Well Board are active in using their social media channels to promote the IAPT talking therapies service via the national NHS Better Mental Health ‘Help’ campaign, Every Mind Matters ‘Lift someone out of loneliness’ campaign and the Greater Manchester older people’s mental health campaign ‘Don’t brush it under the carpet’. Age UK Trafford are a key partner supporting the local distribution of printed campaign materials</p>	
<p>Trafford Age UK continues to provide specialist dementia day support services and respite support for carers. The African Caribbean Care Group (ACCG) and Voice of BME Trafford provide bespoke activities for those from ethnically diverse backgrounds.</p>	

3. People with long-term mental health conditions will live longer and lead fulfilling and healthy lives

Headline Activities	Next Steps
<p>Trafford Council have commissioned BlueSci community mental health and wellbeing services to deliver a new specialist stop smoking service for those on the SMI register. This service will support those on discharge from inpatient mental health support and residents already living in the community with an SMI need. This service will include behavioural support, nicotine replacement therapy and e-cigarettes</p> <p>Supported work on quality of SMI health checks by ensuring that GPs have sufficient information about services to refer into where identified need via a health check</p>	<p>Long term conditions are highlighted in the Suicide Prevention Strategy and the next steps are to understand what support is in place and identify any gaps.</p>
<p>Involvement of MH services in stakeholder groups for leisure centre investment programme. Advanced discussions on co-location of MH services (specifically Talking Therapies and Living Well) within Partington Leisure Centre</p>	

Physical activity referral scheme includes physical and mental health conditions as referral reasons and MH professionals are able to refer into programme.

4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive

Headline Activities	Next Steps
PH support with selection process for allocation of MHSTs	<p>Awaiting next wave of funding to expand Mental Health Support Teams in schools (2024/25)</p> <p>Health for Teens website being implemented to provide information and advice for teenagers</p>
Trafford PH actively promotes the GM mental health and wellbeing, and suicide prevention training offers via Children’s Services, Schools, Primary Care, VCFSE sector, Suicide Prevention Board, Mental Health workforce and wider Public Health Team.	<p>PH have secured budget to commission suicide prevention training for non-MH partners. Use local intelligence to focus on specific sectors for training delivery</p> <p>Trafford Community Collective bidding for suicide prevention focused grant government grant for the VCFSE sector for targeted populations with support from PH. We will use intelligence from our RTSS Data to inform this.</p>
A refreshed Trafford Suicide Prevention Strategy (2022-2025) sets out a vision to make Trafford a place where suicide prevention is everyone’s business and where people should not feel like suicide is their only option.	We are working collaboratively with partners on the Suicide Prevention Partnership Board to take forward actions including targeting populations known to be at greater risk, to provide information, signposting and support for mental wellbeing and suicide prevention and supporting our workforce and residents to feel confident and skilled to have conversations about mental health and suicide.

5. The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more

Headline Activities	Next Steps
There is a high prevalence of co-occurring conditions in mental health and alcohol/drug treatment populations in community settings, evidence suggests that people are frequently unable to access care from services. We have identified a priority to improve the referral pathways between healthcare settings and drug and alcohol treatment services.	Trafford mental health services and substance misuse services have planned an away day in September to come together and plan better working relationships between the two sectors.
Tackling mental health and isolation is one of four key recommendations from the Trafford	Insights from the Poverty Truth Commission and mental health inequalities work to be

Poverty Truth Commission. This has also fed into Trafford's refreshed Poverty Strategy

reflected in Trafford's all-age mental health & wellbeing strategy.

Trafford's public health team has worked with Greater Manchester Health and Social Care Partnership, the Centre for Mental Health and Trafford residents, service users, commissioners and providers to build a greater understanding of the main drivers of inequalities in mental health, and the complexity of the system that results in poor mental health amongst Trafford's residents.

Next Steps

Consultation	01.09.2023 – 01.12.2023
Finalise Strategy	01.11.2023 – 01.12.2023
Develop Delivery Plans, Reporting & Governance Structures	01.09.2023 – 01.03.24
Implementation / Launch	01.04.2024

PAPER 3

LIVING WELL IN TRAFFORD

Trafford Living Well A History

2018
1000 PEOPLE
FALLING
THROUGH
GAPS

*Between Primary
Care, IAPT and
Specialist Services*

With complexity
and shared care

GPS ASKING
FOR HELP

OUR CITIZENS
TELLING US
ABOUT THEIR
LIVES

Trauma
Too Complex
CBT not enough
We don't feel safe

2018
PCMHWS

2022
LIVING
WELL
PHASE 1

2023
LIVING WELL
PHASE 2

What does the Living Well service provide?

- The Living Well service offers a trauma informed approach to mental health support that puts people's strengths and experiences at the heart of the service.
- The model is a national initiative that seeks to improve access to mental health support and advice, ensuring easy access to person centred support, when it is needed and with the support of the most appropriate person.
- The Living Well team focuses on supporting people to connect with their community and draw on a range of approaches to provide holistic support, which may include meaningful occupation, social, psychological and medical support, in partnership with the Trafford VCSE collective.
- The service promotes a recovery focused approach to mental health that supports people to live well as part of their community.

bluesci
support

NHS
Greater Manchester
Mental Health
NHS Foundation Trust

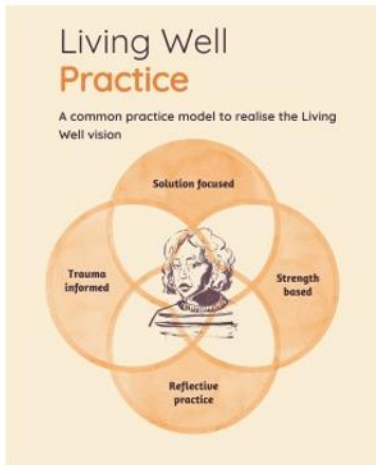
Living Well in PracticeAims

To help improve people’s mental and physical health & feeling of general wellbeing. Support to include;

- Identify MH support needs
- Psychologically informed support utilising brief psychosocial interventions
- Medication Advice, a pharmacist to discuss medication & advise GP if changes are needed
- Practical help e.g advise around housing options or guidance for support in the community
- Information and access to community groups, social activities, transport help and put the individual in touch with partner organisations that can help.
- Living well is about helping people to achieve good mental health in community settings.



Living Well in Practice



Key features

- A fierce belief in people and a strengths based approach**
Support is friendly and shows on people's strengths. It is also focused on developing solutions and ensuring support to implement them.
- People are in control of their lives**
Support is led by the person and embraces the values of co-production to help people find the solutions that will work for them.
- Holistic support that embraces the whole person**
Treating people as citizens within communities, rather than patients, and looking beyond people's mental health challenges.
- Practice is responsive to people's experiences**
Ensuring practice is iterative, generalisable and responsive to local wisdom. Listening to stories and responding to local knowledge to put the voice of lived experience at the centre of services and systems.

Structures and spaces

- Living Well Care Plan**
Salford created a My Story and My Plan to keep people's stories, aspirations and needs at the heart of the support they receive and to keep the person in the driving seat.
- Initial conversation**
Lambeth created a conversational assessment to understand what brought someone to their care, what has happened to them and what would make a difference to them going forwards.

Who is the service for?

Individuals: with complex MH needs

- Aged 18 and over, registered with a Trafford GP
- Deemed too complex for IAPT & GP's and do not meet the criteria for secondary care
- MH that is affected by the wider social determinants e.g. social stressors, housing poverty, debt, isolation, substance misuse
- Experiencing emotional distress due to trauma
- Attend urgent care services including A&E where their MH needs are better met within Primary Care services
- On the Severe Mental Illness (SMI) register under GP care



Exclusion criteria:

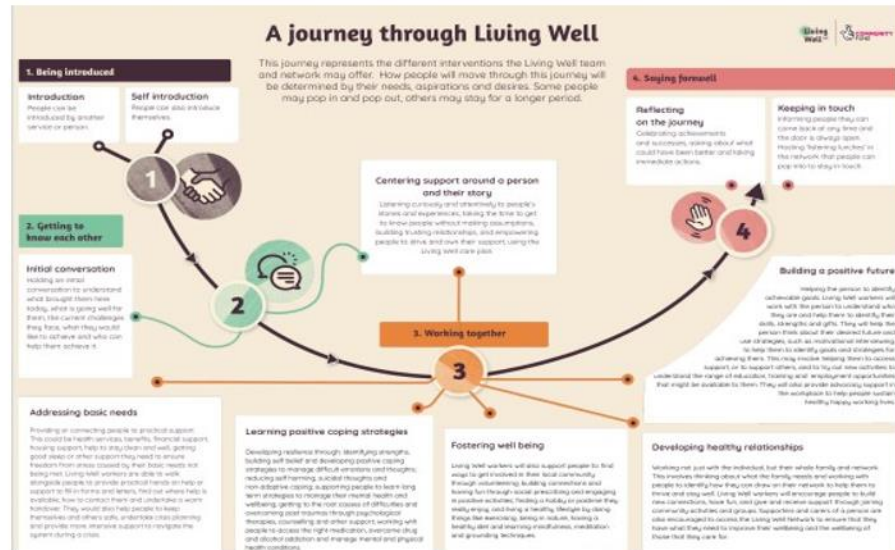
- Under 18's, Diagnosis of Dementia, Under secondary MH services

Who can refer into the service?

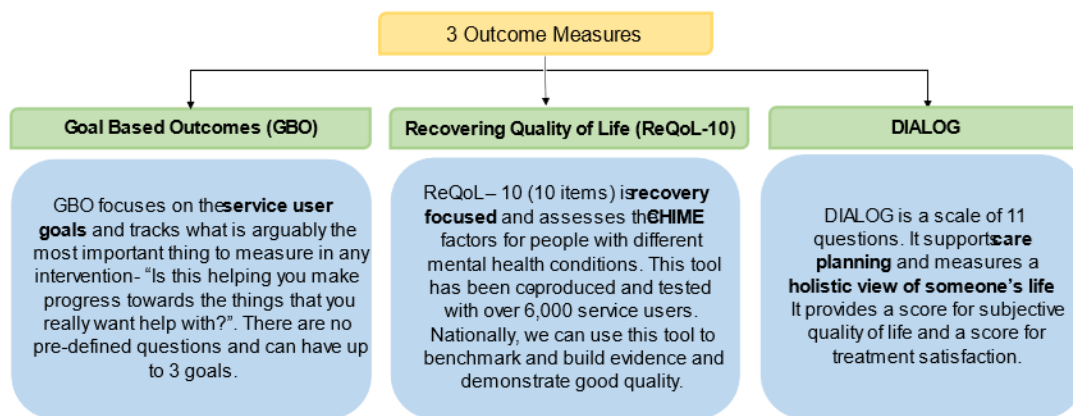
- GP's
- Community services within GMMH: HBTT, CMHT, TPT, MH liaison team
- Anyone that has engaged with the service once, discharged and requires some further support
- **We are working towards :**
 - Widening our access to VCSE's and will communicate when we are ready to manage the demand.



Journey through Living Well



Outcome Measures



Research shows that those with lived experience are strongly in favour of GBO, ReQoL10 and DIALOG.

The focus of the questions on these tools were those that service users felt were important to them.

Adapted from the NHS England and NHS Improvement PowerPoint (2022)

Shared Care Provision

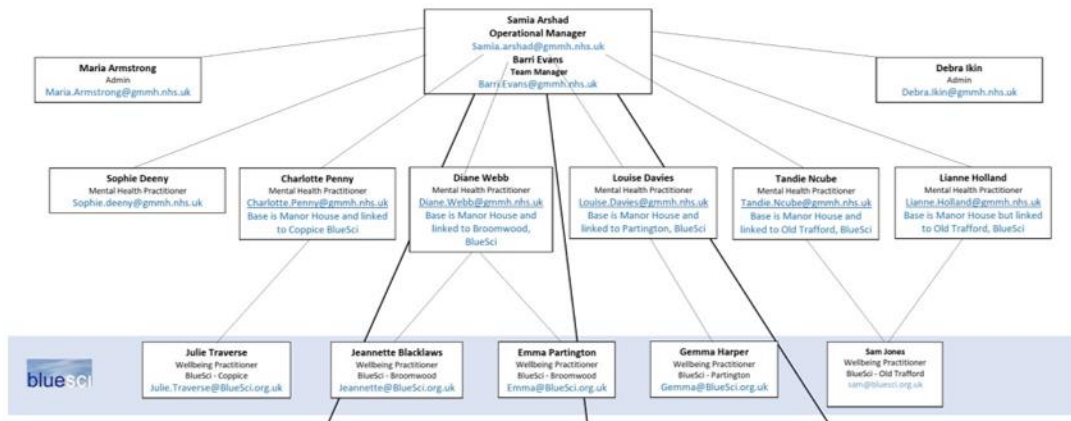
- As part of the model provided by Trafford Living Well, Shared Care Protocol as defined by GMMMG will be followed for initiation of Amber Drugs and this will include prescribing and monitoring of physical health.
- If an individual requires SCP, they will be monitored until on a stable dose or for a 2 week minimum period after which they will be discharged to GP. The Trafford Living Well service remains available for medicines advice for the individuals upon the request of the GP and such patients will be prioritised.
- For any medicines related queries, including mental health, please email micb-tr.medsop@nhs.net



Living well Team & transition updates



Primary Care Mental Health & Wellbeing Service



PCN staff and new LW staff recruited



Primary Care Network (GP Surgeries)

Advance Health Care Practitioners

Central

Senior Mental Health Practitioner – Louise Dalton

North

Senior Mental Health Practitioner – Katie EL Ouarrrat

West

Senior Mental Health Practitioner – Sarah Holton

Principle Clinical Psychologist

Rachel Wass

To cover central and North locations: HUBS

X2 Advanced MHP Appointed

Claire Hoskins

Anne Nkurunziza

Peer support workers

Gaynor mullin

Claire Cope

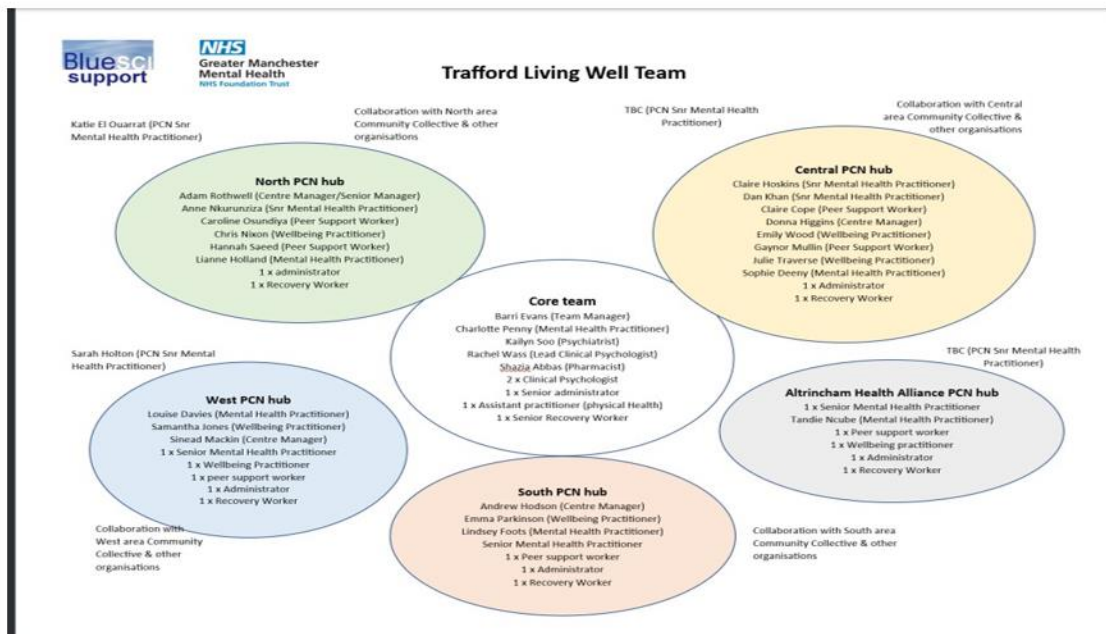
Hannah Saeed


Caroline Osundiya

To be recruited

-Recovery workers

-Assistant Practitioner-
Physical Health





LIVING WELL TRAFFORD

Trafford Living Well Referral Form

Date of referral: Click or tap here to enter a date. Consent gained

THIS FORM MUST BE COMPLETED IN FULL

SPS no: Click or tap here to enter text.

Title: Choose an item.

First name: Click or tap here to enter text.

Surname: Click or tap here to enter text.

Gender: Choose an item. if other please specify.

DOB: Click or tap to enter a date.

Home tel no: Click or tap here to enter text.

Mobile no: Click or tap here to enter text.

Email: Click or tap here to enter text.

Address: Click or tap here to enter text.

Name and Address of GP: Click or tap here to enter text.

1. What has already been provided (include GP offer and any onward referrals):

SEND input within GP Psychotropic medication OAPT TPT

Adult Social Care Local VCSE Other Click or tap here to enter text.

2. Reason(s) for referral including goals, presenting difficulties, risk considerations and psychotropic medication prescribed (please include encounter report if referral relates to medication review)

Referrer name: Click or tap here to enter text. Referrer email: Click or tap here to enter text.

Please note incomplete referral forms will be declined.



Next Steps



- Continual review of the pilot sites
- Solution focused team meeting and reflective sessions at away days what is going well, what isn't and any modifications
- Attending collective workshops, neighbourhood meeting, co occurring conditions sessions and continue to collaborate and share learning
- New collaboration opportunities to support seamless client journeys
- Regular updates provided at PCN's, secondary care and wider services
- Planning for a further 3 hubs to go live soon!



TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 13 September 2023
Report for:
Report of: Cathy O'Driscoll, Associate Director of Delivery and Transformation (Trafford)
James Gray, Head of Unscheduled Care (Trafford)
NHS Greater Manchester

Report Title

Trafford Locality Urgent Care Review - Update

Summary

This document provides details around the developments and progress of the Trafford Locality Urgent Care Review to date including Needs Assessment, Appraisal of Services, Previous Insight, Public engagement and survey and Analysis.

The review is currently working through the priority areas for improvement as a result of the information gained within the review so far.

Recommendation

The Trafford Health Scrutiny Committee are asked to note the current progress and developments within the Trafford Locality Urgent Care Review

Contact person for access to background papers and further information:

Name: James Gray, Head of Unscheduled Care

Email: james.gray12@nhs.net

Background Papers:

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Wednesday 13 September 2023 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall

Report submission deadline – midday on Tuesday 5 September 2023

Item	Information	Executive Member(s)	Lead Officer(s)	Comments
TRAFFORD URGENT CARE REVIEW	To provide a full update on the services provided at the hospital, the status of the minor injuries unit and to update Members on the outcome of the urgent care review and the steps taken since.	Executive Member for Adult Social Care and Health	Gareth James / Cathy O'Driscoll/Sara Perkins	
MENTAL HEALTH	To receive a report update on quality performance record of the service across Trafford and GM.	Executive Member for Adult Social Care and Health	GMMH/Public Health	
Task and Finish	To review the Access to GPs report from previous municipal year.	Chair	Cllr Western	
Task and Finish	To receive an update from the group's first meeting for the municipal year 2023/24.	Chair	Cllr Taylor/Cllr Lloyd	

Wednesday 15 November 2023 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall

Report submission deadline – midday on Monday 6 November 2023

Item	Information	Executive Member(s)	Lead Officer(s)	Comments
DENTAL ACCESS	To report on Children Friendly Family Scheme in Trafford.	Executive Member for Adult Social Care and Health	GM ICB (Names TBC)	
ELECTIVE PROCEDURES	To receive a report on performance for Elective procedures following the pandemic, including waiting times and performance in Trafford.	Executive Member for Adult Social Care and Health	GM ICB (System Board) / Manchester FT	Standing from 2022/23
HEALTH SOCIAL CARE WINTER PLANS	To receive a report on winter plans.		Emma Brown/Cathy O'Driscoll	
CANCER DIAGNOSIS	To update the Committee on the progress of the Public Health work carried out in Partington and across Trafford to reduce cancer rates.	Executive Member for Adult Social Care and Health	Helen Gollins / Cancer Alliance (Names TBC)	

Wednesday 17 January 2024 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall

Report submission deadline – midday on Tuesday 9 January 2023

Item	Information	Executive Member(s)	Lead Officer(s)	Comments
HEALTH INEQUALITIES	To provide a report update on work carried out to tackle health inequalities and to look at plans to address health inequalities in 2023/24.	Executive Member for Adult Social Care and Health	Helen Gollins/ Gareth James/ Nathan Atkinson	
BLUE BADGE	To provide a detailed report of the uptake and spread across the different disability groups, the administrative costs, and other relevant particulars.		Lucy Boubrahmi	
ADULT SOCIAL CARE, CQC PREPAREDNESS	To inform the Committee of the CQC adult social care inspection approach and preparedness work completed	Executive Member for Adult Social Care and Health	Nathan Atkinson	
GM ICP UPDATE	To receive a report, update on relevant strategic updates concerning the GM ICP – operating model and performance	Executive Member for Adult Social Care and Health	Gareth James / Thomas Maloney	

DRAFT

DRAFT

Wednesday 6 March 2024 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall				
<i>Report submission deadline – midday on Tuesday 27 February 2024</i>				
URGENT CARE REVIEW	To provide a final update to Committee on progress and/or decisions	Exec Mem for Adult Social Care	Gareth James / Cathy O'Driscoll / GM ICB and Manchester FT	
GM ICP UPDATE	To receive a report, update on relevant strategic updates concerning the GM ICP	Exec Mem for Adult Social Care	Gareth James / Thomas Maloney	
TASK AND FINISH GROUP	To provide a final report for consideration.	Health Scrutiny Committee Chair	Members	