

# Public Document Pack



**TRAFFORD**  
**COUNCIL**

## **AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE**

**Date: Wednesday, 11 September 2024**

**Time: 6.30 pm**

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

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1.	<b>ATTENDANCES</b>	
	To note attendances, including Officers, and any apologies for absence.	
2.	<b>DECLARATIONS OF INTEREST</b>	
	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.	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>	
	A maximum of 1 minutes will be allocated to public questions submitted in writing to Democratic Services ( <a href="mailto:democratic.service@trafford.gov.uk">democratic.service@trafford.gov.uk</a> ) by 4.pm on the working day prior to the meeting. Question must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received.	
4.	<b>MINUTES</b>	1 - 4
	To receive and, if so determined, to agree as a correct and true record the Minutes of the meeting held on 25 <sup>th</sup> July 2024.	
5.	<b>MENTAL HEALTH TRUST - IMPROVEMENT JOURNEY UPDATE</b>	5 - 22
	To receive a report from the Chief Strategy Officer.	

**6. URGENT CARE REVIEW**

23 - 34

To receive a report from the Deputy Place Lead.

**7. 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.

**SARA TODD**

Chief Executive

Membership of the Committee

Councillors D. Butt (Chair), S. Taylor (Vice-Chair), G. Devlin, S.J. Gilbert, B. Hartley, W. Hassan, W. Jones, J. Leicester, S.E. Lepori, J. Lloyd, F. Hornby (ex-Officio) and D. Western (ex-Officio).

Further Information

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

John Addison, Governance Manager

Email: [john.addison@trafford.gov.uk](mailto:john.addison@trafford.gov.uk)

This agenda was issued on **Tuesday, 3 September 2024** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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## **Health Scrutiny Committee - Wednesday, 11 September 2024**

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## HEALTH SCRUITNY COMMITTEE

25 JULY 2024

### PRESENT

Councillors: D Butt (Chair), S. Taylor (Vice-Chair), S. Gilbert, B. Hartley,  
W Hassan, J Leicester, S. Lepori, J Lloyd, J Slater.

#### In attendance

Pamela Wilson	Practice Manager, Conway Practice
Nathan Atkinson	Corporate Director Adults and Wellbeing, Trafford Council
Stephanie Ferraioli	Democratic Officer, Trafford Council

### 1. ATTENDANCES

An apology for absence was received from Councillors Devlin, Jones and Western.

### 2. DECLARATION OF INTEREST

A disclosure was received due to attendees' employment in the NHS.

### 3. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public were received.

### 4. MINUTES

RESOLVED – That the minutes of the meeting held on 6<sup>th</sup> March 2024 be noted as a true and correct record.

### 5. PRACTICE MANAGEMENT

Following on from the work that the Task and Finish Group carried out during the municipal year 2022/23 relating to Access to GPs in Trafford, the Committee welcomed Mrs Pamela Wilson, Practice Manager for Conway Practice in Sale who described a day in the life of the practice so that Members could better understand the pressures GPs and staff face daily.

The Practice Manager explained that what sets the practice apart from others is a combination of good leadership and several services they provide. Specifically, the practice offers face to face GP appointments with some availability also for evening appointments, blood tests and have a pharmacist on site as well as a social prescriber that can give direct advice to patients. They have qualified staff that can test for asthma and identify skin blemishes too. More importantly, the practice carries out an average of 60-80 ECG tests which although not cost effective for the surgery are of great benefit to the patient. The relationship between management and staff is excellent to the point that they now have a long waiting list of administrative and medical personnel wanting to work at the practice given the excellent working conditions.

The practice does provide online services via the askmyGP app as per contractual duty but the patients' feedback is very negative. Patients prefer to ring the practice and visit in person; they do not find the app useful.

Members thanked the Practice Manager for the comprehensive update and stated that certainly the surgery serves as example of good practice that others can learn from.

RESOLVED – That the update be noted.

## **6 ADULTS SOCIAL CARE BUDGET AND DIGITISATION**

The Corporate Director Adults and Wellbeing provided an extensive overview of the Adults and Social Care financial position for 2024/25, illustrating existing expenditures, the Better Care fund, savings plans and budget changes from the previous financial year.

He also provided an overview of the digital transformation plans across the directorate with the implementation of the Liquid Logic case management system for Adult Social Care (LAS) - stating that the work is being carried out by Trafford employees and former Liquid Logic staff who are very familiar with the system.

RESOLVED – That the report be noted.

## **7 CQC INSPECTION UPDATE**

The Corporate Director Adults and Wellbeing advised Members that under the Health and Care Act 2022 all local authorities are now subject to mandatory inspections carried out by the Care Quality Commission (CQC) and it is envisaged that inspections at GM level would be carried out by March 2025.

He informed that a lot of knowledge sharing and learning from other local authorities was taking place across the region and particularly Trafford Council performed very well to the LGA Peer Challenge back in September 2023 against the CQC Assurance Framework, when the Improving Lives Every Day programme was launched.

Crucially, the programme permits the delivery of better outcomes for service users as well as enabling the Council to be prepared for future inspections.

RESOLVED – That the report be noted.

## **8 DENTAL UPDATE**

Unfortunately, due to unforeseen circumstances the Head of Primary Care Operations could not attend tonight and it was agreed to postpone the Dental update to a future meeting.

RESOLVED – That the Dental Updated be presented at a future meeting.

## **9 TASK AND FINISH GROUP**

New Members were informed of the purpose of the Task and Finish Group which is to explore into Health matters in more in depth and inform the Council of its findings.

Six Members volunteered to take part and the first meeting for the Group has been called for the first week of September when the Terms of Reference and future meeting dates will be agreed.

RESOLVED – That a Task and Finish Group be convened for the first week of September 2024 to deep dive into Health matters.

## **10. WORKPROGRAMME**

Members were presented a draft work programme for the Health Scrutiny Committee displaying items of interest and within the remit of the Committee. This is a flexible programme that can be added to as needed throughout the year and that will serve as the basis for reporting on the Committee's achievements at the end of the municipal year 2024/25.

Members discussed at length the draft work-programme and agreed to consider a report on maternity services and on ICB funding to obtain a clearer understanding of the current situation in the borough.

RESOLVED – That the work programme 2024/25 be approved.

## **11 URGENT BUSINESS (IF ANY)**

There was no urgent business to discuss.

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## TRAFFORD COUNCIL

**Report to:** Trafford Health Scrutiny Committee  
**Date:** 11 September 2024  
**Report of:** Fleur Blakeman, GMMH Director of Improvement

### Report Title

Trafford Health Scrutiny Committee: GMMH Update

### Summary

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

### Recommendation(s)

Trafford Health Scrutiny Committee are asked to:  
Note progress by GMMH around the continued work of the Improvement Plan.  
Note the changes to our governance arrangements.

Contact person for access to background papers and further information:

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

Links to can be found here:

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

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

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

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

[GMMH Improvement Plan](#)

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

## **1. Introduction**

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

## **2. Background**

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

The Trust's Improvement Plan was put in place in response to the issues and concerns raised and is working to make changes in the best interests of the individuals who use the Trust's services, their families and carers, and staff. The Trust has since also refreshed the Plan to include actions to address the findings of the NHS England commissioned Independent Review of Mental Health Services published in January 2024.

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

## **3. Main issues**

This report provides an update on progress of implementation of our Improvement Plan.

The Trust will continue to deliver against the plan and once actions are complete, they will be reviewed by an Evidence Review Panel before they are confirmed to be sustained and embedded.

The Trust is focussing on its 3 strategic priorities, one of which is 'Recovery'. To facilitate this, we have introduced some changes to our governance arrangements and introduced Recovery governance arrangements. These changes will remain in place until we have met the Recovery Support Programme Exit Criteria. We plan to make some further changes to our governance arrangements in the new financial year to help us further strengthen our oversight and assurance processes.

#### **4. Conclusion/Recommendations**

Trafford Health Scrutiny Committee is asked to:

- Note progress by GMMH around the continued work of the Improvement Plan.
- Note the changes to our governance arrangements.

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**Greater Manchester  
Mental Health**  
NHS Foundation Trust

Page 9

# GMMH Improvement Programme Update

Trafford Health Scrutiny Committee  
11 September 2024



## Programme

## Key Focus...

Page 10

Improving patient safety

1

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

Developing our clinical and care strategy and raising professional standards

2

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

Our people

3

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

Our culture

4

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

How we lead and govern our organisation

5

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

Our strategic priorities for 2024/25 are:

## 1. Recovery

Specific actions to address poor quality and safety of services:

- Improvement Plan priorities
- CQC actions
- Segment 4 actions

## 2. Governance

Ensure fit for purpose governance framework to support recovery and oversight of safe high-quality services:

- Present governance structure to support recovery focus
- Future governance approach

## 3. Aspiration and strategy

Stabilise and build aspirations for the future:

- Fit for purpose future service provision
- Integrated approaches, working in partnership
- Deliver key programmes
- Develop future strategy

# Key Updates

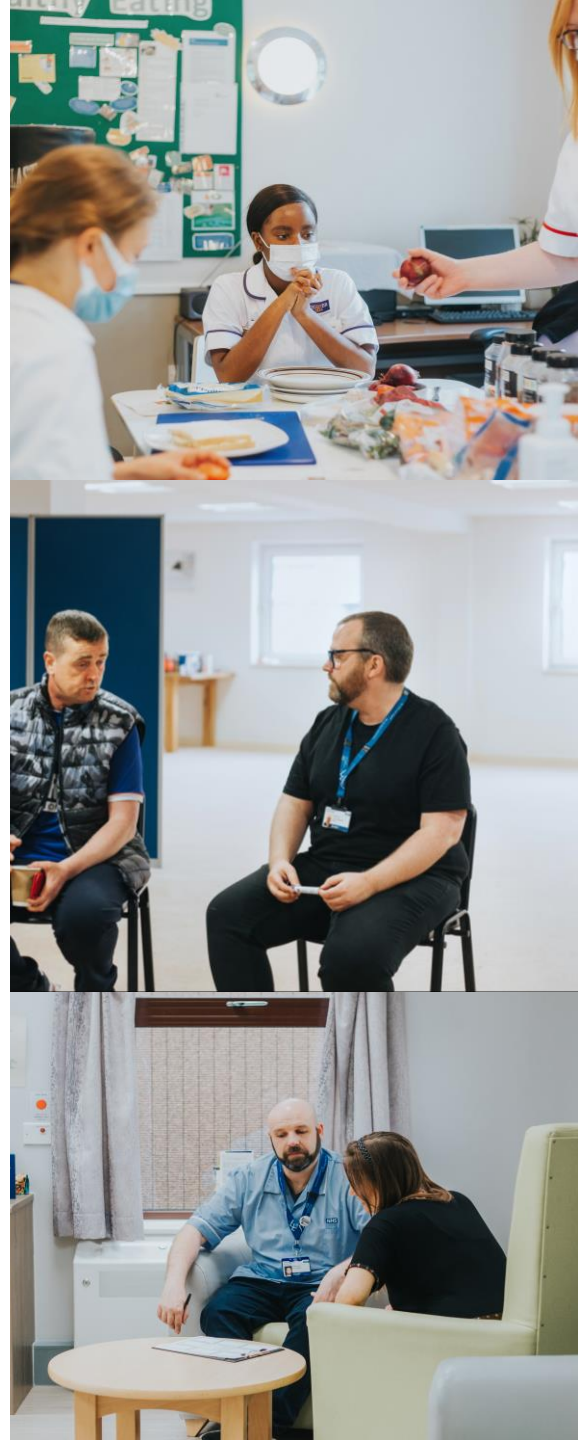




## Key Messages

- + Board stability and strengthened line of sight.
- + Priorities: Recovery, Governance and Aspirations/Strategic Vision.
- + Safer Staffing Review completed, and additional investment secured, with ICB funding devolved to Care Groups and ward allocations agreed.
- + Continued good progress to address Independent Review findings.
- + Plans for reopening Adult Forensic Services to admissions at an advanced stage; funding discussions ongoing.
- Adverse variance to financial run rate at 30 June 2024; mitigation options and recovery plans in progress to support in-year plan delivery.
- Recovery Support Programme funding secured with approved delivery plan (£0.7m), including resource to support the Trust's efficiency plan (commencing 31 July 2024).

28/08/2024



## Risks

Our key risks remain:

- + Patient safety
- + Workforce capacity and capability
- + Financial challenges (Revenue and Capital)
- + Coordinating external scrutiny

## Opportunities

- + Collaboration at scale to improve MH services, working with other NHS Providers and Local Government

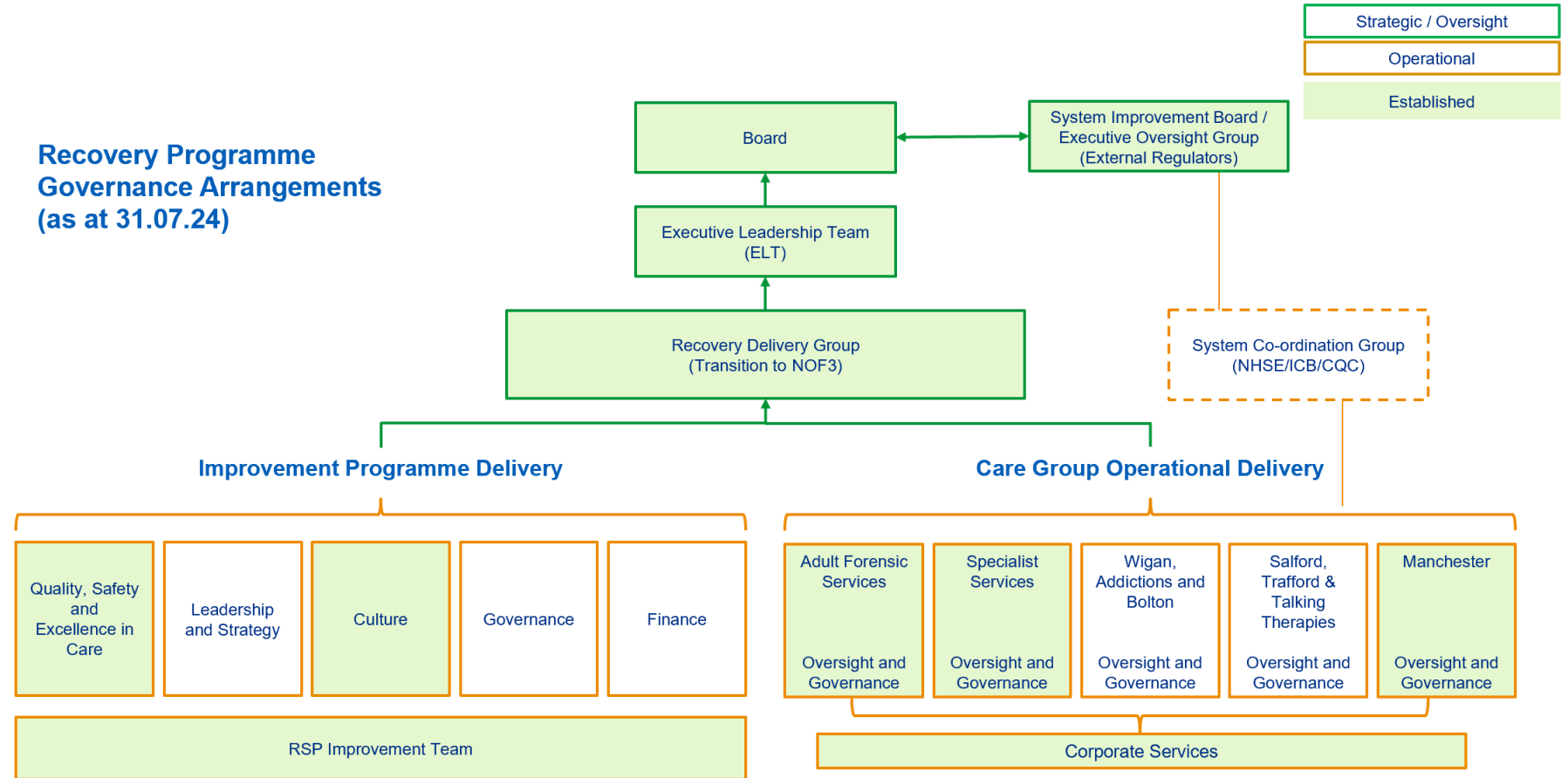
# Strategic Priority 1: Recovery

Recovery is our number one strategic priority, and we have taken the opportunity to refresh our governance arrangements to facilitate a particular focus on meeting the exit criteria for the Recovery Support Programme Exit Criteria. These governance arrangements will remain in place until such time as the Exit Criteria have been met.

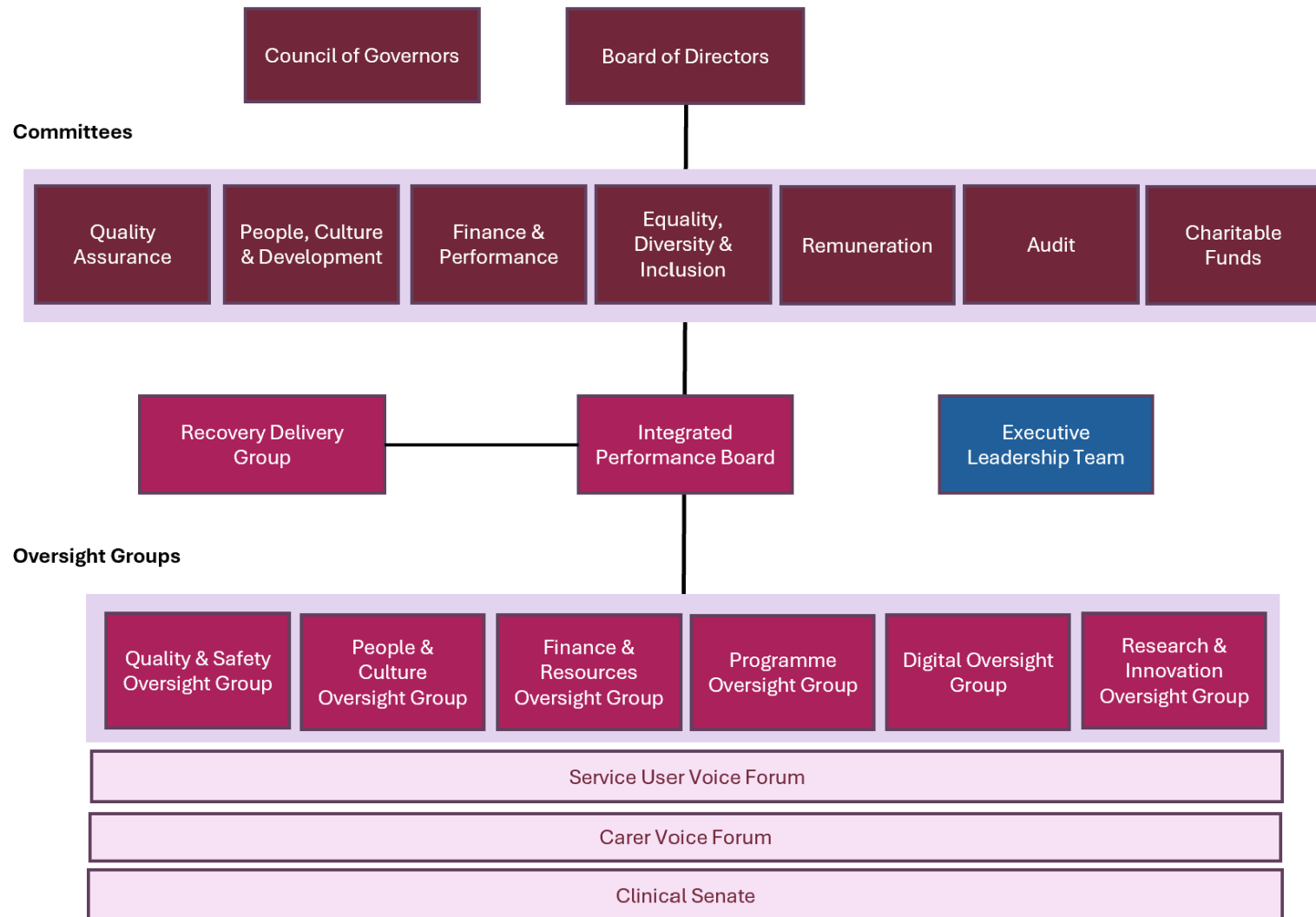
- Our Board approved the revised governance arrangements in July 2024.
- The Recovery Delivery Group that oversees progress met for the first time in August 2024.
- The Recovery Delivery Group will report to the Executive Leadership Team in the short term and provide assurance to the Board.
- From Quarter 1 2025/26, the Recovery Delivery Group will report into the Integrated Performance Board (see slide 7).

Page 14

## Recovery Programme Governance Arrangements (as at 31.07.24)



We are currently designing our new governance arrangements with a plan to embed by FY 25/26 (Q1).



## Strategy

- + Preparatory Work is underway to develop our:
  - + New Trust Strategy and
  - + Clinical and Care Strategy by March 2025.
- + We are developing an enabling strategies framework.

## Transformation

- + Delivery of transformational programmes of work:
  - + Community Mental Health Transformation.
  - + Inpatient Transformation.
  - + Crisis and Urgent Care.
  - + Adult Forensic Service.
  - + North View Service.
- + Working with NHS Providers and other Strategic Partners to reduce health inequalities, utilise resources and targeting need.



Page 17

# Improvement Plan Update



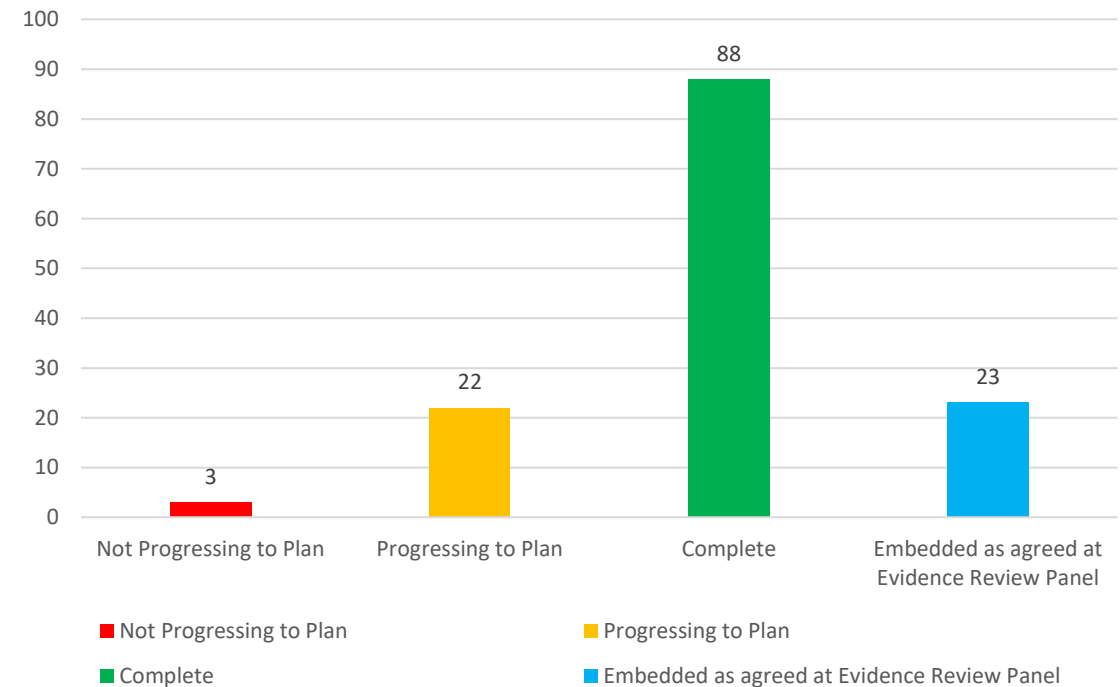
# July 2024 Improvement Programme Summary Overview

There is continued progress against the 136 deliverables within the GMMH Improvement Plan and as of the 16 July 2024 the status is:

- 23 deliverables closed as deemed embedded and sustainable by the Evidence Review Panel.
- 88 deliverables complete and risks mitigated, awaiting presentation to the Evidence Review Panel.
- 22 deliverables progressing to plan
- 3 deliverables not progressing to plan, with risk mitigation oversight via the Improvement Steering Group and Board of Directors

Page 18

Improvement Plan Deliverable Status





Established system for escalation of safe staffing issues



National Standards for healthcare cleanliness implemented



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



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



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



Clinical Senate launched to strengthen the clinical voice



Page 19

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



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



Improved uptake of clinical skills training



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



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



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



Revised clinical risk assessment tool developed



New observation App being mobilised to help keep our patient safe.



Revised and implemented the Seclusion and Long-Term Segregation Policy



Implemented our new incident and risk management system



Substantive appointments to key roles within the Executive Team



Safeguarding Adults at Risk Policy has been revised and relaunched



Real focus on reducing restrictive practice and professional lead appointed



Sexual Safety Strategy has been implemented across the Trust

+ Safer staffing investment in Trafford Adult of Working Age in-patient wards.

- o January 2024 - £800k invested, more nurses, support workers, (24 additional posts).

Page 20  
o August 2024 – an additional £1.85 million invested to improve quality (40 additional posts).

+ Recruitment, all vacancies recruited to, further recruitment required for additional August investment.

+ Turnover has significantly reduced. Despite being a newly qualified workforce (over the last 6 months is 3%).

+ Introduced in-patient Clinical Psychologist and Clinical Psychology Assistants.

+ Medical investment to improve clinical model of care

+ Continued professional development of our workforce:

- o Improved performance for supervision 88% and mandatory training is 92%.
- o Professional Nurse Educator (PNE) and Professional Lead Nurse appointed to support development of staff..

+ Neurodiversity and Trauma informed care training established for in patient workforce.

+ CMHT transformation, clinical model co-produced, draft socialised with locality teams, with further engagement planned.

+ Only 2 out of area (oap) patients across Trafford (best in class).

- o Highlights locality system support and partnership working

+ Safeguarding relaunch

+ Strengthened local governance processes,

+ Positive CQC Mental Health Act visit to Bollin and Greenway, older adult services.

+ Operation Cavell – partnership approach with Greater Manchester Police to support the safety of NHS employees.

+ In-patient ligature reduction programme.

+ Virtual reality test of change in Early Intervention Team.

+ Best in class for talking therapies clinical outcomes, and timely access to services. Reducing waiting list for counselling. Trafford will introduce a new PTSD Internet enabled therapy option.



# What we still have to do.....



Page 21

- Continue to further **strengthen our service user, carer and staff voice**
- **Co-produce** our **Together Strategy for 2025-28** led by the patient voice council
- **Recruit** to all remaining **vacancies** and keep people
- Further strengthen our **internal governance**
- **Re-opening** Adult Forensic Services to admissions



- Develop our **Clinical and Care Strategy**
- Develop our **Quality Strategy**
- Refresh our **Trust Strategy**
- Implement our **transformation** of inpatient wards and CMHTs
- Continue to develop **alternatives to admission**
- Working with our partners, **strengthen support** to individuals within our communities particularly **on discharge**



- Formulate **new models for adult forensic services**
- Refresh our approach to **medicines management**
- Develop our long-term **workforce plan**
- Optimise **patient flow** and reduce **Clinically Fit Ready for Discharge** and subsequently **out of area placements**
- Reset **professional standards** and establish **clinical networks**
- Establish our New **Learning from Deaths Group** with an emphasis on triangulation of information.
- Participate in the independent review of **adult community mental health services**
- Meet the requirements to **exit NHS England Oversight Framework** segment four

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# Trafford Locality Urgent Care Review Report

August 2024

## Introduction

A simple to navigate, joined up Urgent Care offer which meets the needs of all the population has been a long-standing ambition in our Locality Plan. Therefore, the Trafford Locality Board supported and requested the establishment of this review to ensure and assess the offer available for Trafford patients and residents.

The review also considers whether the urgent care services are in line with national guidance and can be delivered in a sustainable manner within the staffing and financial resources available.

The definition of Urgent care used for the purposes of the review was: the diagnosis and treatment of medical conditions which are serious or acute but pose no immediate threat to life or limb or health, but which requires medical attention within 24 hours.

## Review Process and Approach

*Review undertaken between September 2022 – November 2023*

Within the course of this review, we have undertaken four key phases focussing on:

- **Locality Needs Assessment** which provided a comprehensive analysis of resources and services available to the people of Trafford including the usage of those services, as well as identifying the needs of the population, understanding access to Transport and the health inequalities within the locality.
- **Public and Patient Engagement** which took the form of eleven listening session with various Voluntary, Community, Faith and Social Enterprise (VCFSE) groups and organisations in different locations and neighbourhoods across Trafford between 17<sup>th</sup> January 23 and 13<sup>th</sup> February 23<sup>rd</sup>. In addition to these sessions, we also held 6 drop-in sessions at libraries throughout Trafford. Overall, we spoke with 155 people face to face.
- **Urgent Care Survey** which was available to complete between 3<sup>rd</sup> Jan 23 and 14<sup>th</sup> Feb 23 (6 weeks in total), available online and in paper form. We received a total of 627 responses to the survey and to support this further independent analysis was undertaken by Healthwatch Trafford in partnership with Trafford Council's Public Health Team.
- **Co-design priorities and Engagement** identified several priority areas for development as a result of the outcomes of the review so far. The priority areas as a result of the review were agreed by: NHS GM and Locality, Manchester University NHS Foundation Trust, Mastercall Healthcare, Healthwatch, Independent GP, Trafford Council Public Health. Further engagement around these priority areas was undertaken between 23<sup>rd</sup> - 30<sup>th</sup> October 23 with a range of groups and organisations that were previously involved in the engagement sessions during January. This provided the opportunity to update on findings and seek feedback and views on suggested draft priorities.
- For each of the seven priority areas identified multi stakeholders working groups were established to consider the information and evidence within the review and to identify a potential response / recommendation within that area.

- As a result, each working group developed recommendations to mitigate the gaps identified within the review.

### Identified Priority Areas Description

As part of the outputs of the first three phases of the review seven priority areas were identified and are summarised in the table below. These priority areas formed the basis of the Co Design working Groups that considered the information within the review and possible recommendations or changes that could be made to mitigate areas identified.

The Trafford Urgent Care Review so far	Together we said...	What does this mean for me?
<p style="text-align: right;"> Greater Manchester</p> <p><b>This is our vision - we're planning to consider these initial priority areas further</b></p>		
<p><b>Improve Out of Hours Provision in Trafford</b></p> <p>I will be able to access care at the <b>right place, at the right time</b></p> <p>This service will be <b>more accessible to more people</b>, cutting down my journey time by car or public transport compared to now</p>	<p><b>Improve triage and assessment of patients at Trafford General Hospital/Urgent Treatment Centre</b></p> <p>I will be triaged on arrival at the Urgent Treatment Centre at Trafford General Hospital using a <b>tablet or other electronic device</b> to make sure I am sent to the right place to see the right person <b>quicker than before</b></p>	<p><b>Improve communication on urgent care</b></p> <p>An amplification of the Greater Manchester wide 'Get to Know Where to Go' communication campaign</p> <p>I will see a <b>variety of communication material</b> in my community and on social media</p> <p>We will endeavour to make information <b>accessible and easy to understand</b> for our communities and groups</p> <p>I will know <b>how, when and where</b> to access Greater Manchester wide and local Trafford Urgent Care services or know who I can ask/gain information from</p>
<p><b>Improve streaming of patients between Primary Care and Urgent Care</b></p> <p>I will be <b>referred to the most appropriate service</b> for my needs avoiding an Emergency Department where possible</p> <p>NHS 111 will be able to <b>book me an appointment to see a GP</b> if I need it</p> <p>Out of Hours services will be able to <b>book me into an Emergency Department or Urgent Treatment Centre</b> if I need it</p>	<p><b>Consider how we use AMIU</b></p> <p>We will work within the system to look at the best viable options for the service</p>	
<p><b>Simplify Access to services</b></p> <p>I will be able to <b>access an appointment on the day</b> or have one booked for another day</p> <p>I will be able to <b>follow up my hospital appointments with the Trust</b> freeing up valuable time for Practices to see patients</p> <p>Opportunities to <b>speak to someone when I need to and when it's appropriate</b> will be available</p>	<p><b>Develop consistent advice from Primary Care</b></p> <p>My pharmacist will be able to <b>refer me to a GP</b> if they can't help me</p> <p>I will receive a <b>call back</b> from a GP within <b>30 minutes</b></p>	

NB AMIU is Altrincham Minor Injuries Unit – see priority area 7

## 1) Improve Out of Hours Provision in Trafford

### What led us to this priority from the review findings?

- Many people raised concerns about not being able to get a GP appointment and long waiting times to see a doctor.
- Those that had accessed out of hours services at their GP were then asked to rate various aspects of experience.
- Survey responses identified several areas for improvement in relation to Out of Hours based on several questions posed to the public.
- Feedback to commissioners regarding attending Out of Hours services in other localities during the evening as Trafford historically not had an Out of Hours service based in or close to Trafford for a number of years.

### What is the recommendation/s for this priority?

*NHS Greater Manchester colleagues work with the Trafford Out of Hours provider to establish a physical Out of Hours presence within or closer to Trafford.*

## 2) Improve triage and assessment of patients at Trafford General Hospital (TGH) /Urgent Treatment Centre (UTC)

### What led us to this priority from the review findings?

- During 21/22 more Trafford residents attended the Urgent Treatment Centre at Trafford General Hospital than any other site
- Many people had concerns about not being able to get a GP appointment and long waiting times to see a doctor.
- Significant proportion of respondents believed that they could use services at the hospital that are in fact not available there i.e. Maternity. (Healthwatch)
- A quarter (25%) did not identify that the opening hours are different, between an Accident & Emergency and an Urgent Care Centre, 10.6% thought children and babies could not be treated there, 4.7% thought that they were the same just named differently (Healthwatch)
- Despite the positive aspect of treatment free comments were largely critical of long waiting times of several hours prior to being seen at the Urgent Treatment Centre on the Trafford General Hospital site. "Urgent isn't a word I'd use, when accessing these overwhelmed services." "Waiting times of 4-6 hours Trafford General or even longer 9 hours plus at Wythenshawe Hospital has been my experience."
- Waiting times at emergency departments were too long and often in uncomfortable and very busy conditions.
- The responses suggest Emergency department at Wythenshawe Hospital and Urgent Treatment Centre at Trafford General Hospital were most used local hospitals.

**What is the recommendation/s for this priority?**

*System partners look to develop the streaming processes at the front of Trafford General Hospital and the opportunity to utilise a tablet or other electronic device to ensure patients are streamed to the most appropriate service for their needs.*

**3) Develop consistent advice from Primary Care**

**What led us to this priority?**

- Concerns were voiced over local pharmacies not being a wholly reliable service, with good and bad experiences tied to individual sites, and many recently closing, reducing access.
- Trafford undertook a Pharmacy Needs Assessment in July 2022. This identified that the people of Trafford had good access to pharmacies in and out of hours except for Partington (Bucklow-St Martins) where there was an identified gap on Saturday afternoons and Sundays however, work is underway to rectify this. The Public Health team continue to actively monitor movement within the pharmacy sector routinely and escalate issues as and when required through established governance. The next statutory Pharmacy Needs Assessment is due to take place in 2025 and be published by the 1<sup>st</sup> October that year. There is a concern about access from Partington (Bucklow St Martins) and this is exacerbated by the current lack of pharmacy services on Saturday afternoons and Sundays in that area.
- “Pharmacists can do very little or nothing when you’re pregnant - you really have to talk to a GP or midwife because the pharmacist isn’t allowed to make recommendations for anything not specifically approved for use during pregnancy [...] This is very frustrating for things like athlete’s foot or eczema where they should be able to advise on the risks and benefits even during pregnancy, and it would be good if there was a national enquiry line that pharmacists could use to check [...]”
- They detail that though pharmacies are often convenient and provide a timely response, they are not appropriate in many situations.

**What is the recommendation/s for this priority?**

*The system looks to develop a pilot to explore the opportunity to refer patients directly to a GP from a pharmacy, utilising the Trafford Patient Assessment Service (provided by Mastercall) to provide a timely response and patient contact by a GP within 30 minutes. This will provide additional GP capacity through utilising existing services and improves access.*

**4) Simplify access to services**

**What led us to this priority?**

- Lower levels of knowledge to West (Partington) of services available to patients
- Concern in West (Partington) around being able to get an appointment or speak to someone for urgent care at a practice.
- Patients particularly in North advised to go elsewhere by a practice.
- Patients in West (Partington) and North identified they could not get an appointment with their practice so went elsewhere.

- Lack of knowledge in West (Partington) regarding evening and weekend primary care appointments
- Nevertheless, either for themselves or on another's behalf, 43% had contacted the NHS 111 service due to not being able to access their GP.
- 111 is a good service, easy to access by phone and online. No long waits.
- A follow up free comment question on the topic revealed a set of beliefs around overstretched services, ease of access, problems at primary care level meaning people go to the Emergency department, and lack of education about appropriate options.
- Clear need in West (Partington) of patients attending an Urgent Treatment Centre as they couldn't get an appointment with their own GP.
- Better and more accessible communication needed to advise where to go for certain conditions/symptoms.
- The survey work has shown a general concern about access to services from General Practice level to Emergency Departments. The concerns differ in that at General Practice level it is about obtaining appointments whereas at Emergency Departments it is the long waiting times on arrival.

**What is the recommendation/s for this priority?**

*NHS Greater Manchester ICB colleagues will work with NHS 111, Directory of Service Leads and Providers to ensure that patients are directed to the most appropriate service for their needs at the earliest opportunity.*

**5) Improve streaming of patients between services**

**What led us to this priority?**

- People felt that waiting times at emergency departments were too long and/or often in uncomfortable and very busy conditions. It was felt that fewer people would attend A&E if seen to by their GP or other appropriate services more easily.
- Use of the NHS 111 service fluctuates considerably over time, but all four neighbourhoods show the same pattern of fluctuation, although usage is much higher in North and West Trafford than in Central or South.
- A quarter of people (25%) from Trafford who ring NHS 111 are recommended to attend A&E (Including ambulance dispatches) compared to 15% of people from Manchester.
- A&E is a default for many and is often seen as the quickest path to treatment regardless of the wait.
- Many of the comments were negative about various aspects of the NHS 111 phone line and website. Key concerns were the length of time to get a response, the level of advice, and finally that after all this many lacked confidence in the resolution. Essentially the advice was not felt to be right and/or they ended up going to Accident and Emergency.
- However, primary care, local hospitals, NHS 111 telephone and the 999-ambulance service are the most accessed services in this survey.
- 24% of people used NHS 111 Online and 29% of people used NHS 111 phonenumber. Just under half reported a positive experience, the rest were between average to negative.
- Over 22% of people felt their attendance was inappropriate or were unsure.
- Many people were unsure where to go to access treatment for different concerns, or where to go to find this information.



**What is the recommendation/s for this priority?**

*NHS Greater Manchester colleagues will work with Manchester University NHS Foundation Trust and Primary Care colleagues to ensure patient pathways for referring to specialist services rather than attending Emergency Departments is utilised effectively.*

*NHS Greater Manchester Colleagues will work with GP practices and other services across Trafford to remove variation in NHS111 being able to book patients into appointments that should be available across the system.*

*Undertake a controlled pilot for the Trafford Out of Hours service to directly book patients into an Emergency Department or Urgent Treatment Centre with the potential to expand to all primary care practices being able to book into these services in the future.*

**6) Improve communication on urgent care**

**What led us to this priority?**

- People are generally aware of the larger services i.e., Hospital sites around them but not those at a community or local level.
- Better communication about where to go for certain conditions/symptoms, where to access urgent care. Confusion over where to seek help.
- People across the community raised the issue of needing physical information as well as digital, such as noticeboards and leaflets.
- Will require clear and consistent communications to inform public/patients.
- Better use of communication methods used by young people e.g., social media.
- Breakdown of services and what they can provide.
- Many people were unsure where to go to access treatment for different concerns, or where to go to find this information.

**What is the recommendation/s for this priority?**

*Amplification of the NHS GM Get to Know Where to Go (GTKWTG) campaign. Targeting GTKWTG messaging and materials to audiences in Trafford based on findings from this review.*

*The NHS Greater Manchester Trafford commits to supports the proposal for investment in the amplification of the GTKWTG campaign within Trafford to ensure a wider reach of comms and engagement across the locality.*

**7) Consider how we use Altrincham Minor Injuries Unit**

**What led us to this priority?**

- Altrincham Minor Injuries Unit (AMIU) is part of the wider urgent care offer within Trafford. Provision of the Minor Injuries Unit at Altrincham Hospital was suspended on the 1<sup>st</sup> of April 2020 (partially re-opened June 21 and closed again on 28th of July 2021) and has remained closed since that date in response to a shortage of specialist nursing staff who run the unit, known as Emergency Nurse Practitioners.
- National guidance stipulates that Minor Injuries Units should no longer be provided as outlined by the NHS Long Term Plan and guidance for Urgent Treatment Centres (UTC).

- “The Next steps on the NHS five year forward view, published in 2017, set the ambition for the rollout of standardised new UTC’s. This was to reduce the confusing mix of urgent care services including walk-in centres, minor injury units and urgent care centres. This refresh of our 2017 UTC principles and standards sets out what we want to see integrated care boards (ICBs) implement”
- Service does not currently meet national guidelines or requirements.
- The service was delivered via two rooms within the Altrincham Hospital site.
- The average attendance per day at AMIU was 49 patients of which 65% lived within only a 2 mile radius of the facility. Outlining it serves a very small proportion of the Trafford population and the highest proportional use compared to any other urgent care service Trafford patients access.
- The highest proportional age range using the AMIU were ages 10-14 and 15-19 (school age)
- There is a nearby Urgent Treatment Centre based at Wythenshawe Hospital 3 miles away
- There are two GP practices 200 yards away from the Altrincham Hospital site that also provided Extended Access provision for patients.
- Patients are being treated at other hospital sites whilst AMIU has been closed including Wythenshawe and Trafford General Hospital.
- The increase in activity at Wythenshawe in 21/22 can be attributed to the proportional shift of patients that would have been seen within the AMIU previously.
- The Emergency Nurse Practitioners previously running the AMIU have been transferred to the Wythenshawe UTC site to support the delivery of the service and the increase in demand on this site (average increase 49 per day) as well as supporting a wider breadth of conditions than minor injuries.
- While the Minor Injuries Unit at Altrincham remains stood down, all other services delivered at the Altrincham Hospital site remain open including outpatient and diagnostic services.
- One option that was considered following publication of NHS England guidance was to change the minor injuries unit into an urgent treatment centre. However, the findings of the needs assessment and patient and public engagement, the constrained financial resources and availability of the required workforce would not warrant this as a viable option.
- Patients with non-life and limb threatening urgent care needs are still able to access the UTC at Trafford General Hospital, Wythenshawe Hospital and Manchester Royal Infirmary.
- While accessibility by public transport is very important, many people access hospital services by car. Trafford has a relatively high rates of car ownership, especially in the south of the borough.
- Our comprehensive needs assessment also identified that Trafford has relatively fewer areas of transport related social exclusions with Altrincham not being an area for concern due to its high rates of car ownership and access to good public transport links.
- Areas of concern are Bucklow-St Martin (Partington) where just over a third (34%) of households are car-less, and parts of West St Mary’s which has relatively few cars registered to the area when compared with the rest of Trafford, South Sale Moor and South Altrincham.

**What is the recommendation/s for this priority?**

*Permanent closure of the Minor Injuries Unit service based at Altrincham Hospital with the continual relocation of services to the Wythenshawe Hospital site.*

*NHS GM ICB (Trafford colleagues) work with Manchester University NHS Foundation Trust to ensure efficient and appropriate streaming of Minor Injury patients into the UTC at the Wythenshawe Hospital site is effective and robust.*

*NHS GM ICB (Trafford colleagues) work with Manchester University NHS Foundation Trust to explore opportunities to utilise the additional space within the Altrincham Hospital Site made available by the permanent closure of the Minor Injury Unit service (2 consulting rooms).*

**8) Commissioner Insight**

Commissioner Insight considers information, experiences, views, and feedback from a range of sources as an additional priority area not previously captured within the seven priority areas. This insight has been developed through the outputs of this review and a common thread of different issues identified as areas for particular focus by the commissioners.

Throughout the course of the review there have been consistent areas within the Trafford locality identified as being areas of particular interest or requiring improvement. The area that has consistently emerged as requiring particular focus and attention is Partington. Within the Needs Assessment there were clear health inequalities and needs identified within Partington, the public engagement and surveys and wider responses coupled with the working groups have identified areas of improvement that could be made within the Partington area.

**What is the recommendation/s for this priority?**

*Same Day Urgent Primary Care Resilience for Partington – additional capacity to support and improve the availability of same day urgent care offers including:*

- *Development of a virtual primary care offer to provide additional resilience to Partington practices for Same Day Urgent Primary Care appointments.*
- *NHS GM ICB set aside a small amount of funds to provide conveyance for patients from Partington to Trafford General Hospital where a face-to-face appointment is deemed necessary.*

*Undertake a programme of focussed intervention and consideration of wider health inequalities within Partington including a Health Equality Audit for Partington with Public Health. Include a particular area of focus around Partington within the Fairer Health for Trafford Programme of work.*

*Ensure that where new services are commissioned within the locality additional attention and focus is made to ensure equality of access and provision for Partington residents.*

These recommendations should they be accepted by the locality system and Greater Manchester system will form part of a programme of work to support developments within Urgent Care for Trafford for 2024/25.

## Conclusion

The review has identified that most of Trafford’s population has good access to urgent care. The data, insight, and information we have shared within this review highlight across the health care system and particularly within urgent care that we are seeing greater pressures and consequently our resources are stretched further than they have ever been before. We know that more deprived areas have higher rates of urgent care usage, and this is the pattern seen in Trafford.

For several years, we have been working as a wider health and social care system to reduce patient confusion regarding the offers available to them and in many cases support patients to navigate the system appropriately. However, the overwhelming choice of services often leads to problems with patient confusion and limits the opportunity for patients to understand and navigate the system. This unfortunately leads to a default approach of patients opting to attend the services they are most familiar with and in many cases, this is the Emergency Department, despite this not being the most appropriate service for their needs.

We are asking the Trafford Locality Board to review, consider and accept the recommendations contained within this document. The recommendations within this review will serve to enhance, improve, and develop the Trafford urgent care system and offer available to Trafford residents and patients through the establishment, implementation, and delivery of a 12 month+ programme of work commencing in Autumn 2024 which will focus on the realisation of these recommendations within the Trafford system.

## Recommendations

### Summary Table of Recommendations

Recommendation	Priority Area	Summary of Recommendations
1	Priority Area 1	NHS Greater Manchester colleagues work with the Trafford Out of Hours provider to establish a physical OOH presence within or closer to Trafford.
2	Priority Area 2	System partners look to develop the streaming processes at the front of Trafford General Hospital and the opportunity to utilise a tablet or other electronic device to ensure patients are streamed to the most appropriate service for their needs.
3	Priority Area 3	The system looks to develop a pilot to explore the opportunity to refer patients directly to a GP from a pharmacy, utilising the Trafford Patient Assessment Service (provided by Mastercall) to provide a timely response and patient contact by a GP within 30 minutes. This will provide additional GP capacity through utilising existing services and improves access.
4	Priority Area 4	NHS Greater Manchester ICB colleagues will work with NHS 111, Directory of Service Leads and Providers to ensure that patients are directed to the most appropriate service for their needs at the earliest opportunity.

5	Priority Area 5	NHS Greater Manchester colleagues will work with Manchester University NHS Foundation Trust and Primary Care colleagues to ensure patient pathways for referring to specialist services rather than attending Emergency Departments is utilised effectively.
6	Priority Area 5	NHS Greater Manchester Colleagues will work with GP practices and other services across Trafford to remove variation in NHS111 being able to book patients into appointments that should be available across the system.
7	Priority Area 5	Undertake a controlled pilot for the Trafford Out of Hours service to directly book patients into an Emergency Department or Urgent Treatment Centre with the potential expand to all primary care practices being able to book into these services in the future.
8	Priority Area 6	Amplification of the NHS GM Get to Know Where to Go (GTKWTG) campaign. Targeting GTKWTG messaging and materials to audiences in Trafford based on findings from this review.
9	Priority Area 6	The NHS Greater Manchester Trafford commits to supports the proposal for investment in the amplification of the GTKWTG campaign within Trafford to ensure a wider reach of comms and engagement across the locality.
10	Priority Area 7	Permanent closure of the Minor Injuries Unit service based at Altrincham Hospital with the continual relocation of services to the Wythenshawe Hospital site.
11	Priority Area 7	NHS GM ICB (Trafford colleagues) work with Manchester University NHS Foundation Trust to ensure efficient and appropriate streaming of Minor Injury patients into the Urgent Treatment Centre at the Wythenshawe Hospital site is effective and robust.
12	Priority Area 7	NHS GM ICB (Trafford colleagues) work with Manchester University NHS Foundation Trust to explore opportunities to utilise the additional space within the Altrincham Hospital Site made available by the permanent closure of the MIU service.
13	Commissioner Insight	<p>Same Day Urgent Primary Care Resilience for Partington – additional capacity to support and improve the availability of same day urgent care offers including:</p> <ul style="list-style-type: none"> <li>- Development of a virtual primary care offer to provide additional resilience to Partington practices for Same Day Urgent Primary Care appointments</li> <li>- NHS GM ICB set aside a small amount of funds to provide conveyance for patients from Partington to Trafford General Hospital where a face-to-face appointment is deemed necessary.</li> </ul>

14	Commissioner Insight	Undertake a programme of focussed intervention and consideration of wider health inequalities within Partington including a Health Equality Audit for Partington with Public Health.
15	Commissioner Insight	Include a particular area of focus around Partington within the Fairer Health for Trafford Programme of work
16	Commissioner Insight	Ensure that where new services are commissioned within the locality additional attention and focus is made to ensure equality of access and provision for Partington residents.

### Meeting our duty to involve

It is important that NHS GM meets its statutory duty to involve under Section 14Z45 of the Health and Care Act 2022. It will work with partners (including Trafford Health Scrutiny) to develop a programme of engagement and methodologies to support any pre-consultation engagement requirements, as appropriate. This will help us to fully understand any further impacts on patients and public as work progresses.

### Next Steps and Timelines

Following discussion and consideration at Trafford Locality Board and pending approval of the recommendations there will be a set of sequential steps regarding governance to progress the work.

Dependent on the outcome at Trafford Locality Board on the 20th August the Trafford Urgent Care Review Report will be discussed at the following meetings/committees:

- NHS GM Executive Committee on 28th August 2024
- Trafford Health Scrutiny Committee on 11th September 2024
- NHS GM Integrated Care Board meeting on 18th September 2024

Dependent on the outcome of the governance described above further conversations will be required with Trafford Health Scrutiny Committee and a process mobilised to complete the NHS England Service Reconfiguration Assurance Process - Gateway 1, which is in response to the newly enforced legislation regarding the reconfiguration of NHS services.

Gateway 1 is a strategic sense check of all potentially major service reconfigurations that impact on patient services. It takes place after Health Overview and Scrutiny have taken a view on whether they deem a change to be substantial. At Gateway 1, projects are required to submit and present their case for change and any additional information (e.g. engagement reports, equality impact assessments, modelling, etc) to a panel of NHS England experts. NHS England will then take a view on whether they are satisfied that the relevant statutory duties are being met and whether any further work or formal consultation is required before the proposal can be implemented. Should a consultation be required, the project will progress to a second stage of assurance (Gateway 2).