



TRAFFORD
COUNCIL

**AGENDA PAPERS FOR
HEALTH SCRUTINY COMMITTEE MEETING**

Date: Tuesday, 31 October 2017

Time: 6.30 p.m.

**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. MINUTES		1 - 8
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 12 September 2017.		
3. 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.		
4. SINGLE HOSPITAL SERVICE UPDATE		9 - 10
To receive a report from Director of Strategic Projects, MFT.		
5. ALL AGE FRONT DOOR		11 - 12
To receive a report from the Director of Safeguarding and Professional Development.		
6. ADULT AND CHILDREN'S JOINT SAFEGUARDING BOARD		13 - 16
To receive a report from the Director of Safeguarding and Professional Development.		

7. INTEGRATED CARE

To receive a presentation of the Trafford Integrated Network Director for Pennine Care NHS Foundation Trust and Trafford Council.

8. NEW MODELS OF CARE AND TRANSFORMATION BID UPDATE 17 - 28

To receive a presentation from the Interim Accountable Officer and the Chief Clinical Officer from Trafford CCG.

9. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE UPDATE 29 - 30

To receive an update from the Vice Chairman of the Committee.

10. HEALTH UPDATES 31 - 36

To receive an update from the Chairman of the Committee.

11. 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.

THERESA GRANT

Chief Executive

Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

Further Information

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

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Public Document Pack Agenda Item 2

HEALTH SCRUTINY COMMITTEE

12 SEPTEMBER 2017

PRESENT

Councillor J. Harding (in the Chair).

Councillors Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

In attendance

Peter Forrester	Head of Governance
Cathy Rooney	Director, Safeguarding and Professional Development
Janet Trainor	Head Of Service North Area
Ric Taylor	Lead Commissioner Mental Health and Learning Disability, Trafford CCG
Warren Heppolette	Executive Lead, Strategy and System Development, Greater Manchester Health and Social Care Partnership
Sandy Bering	Strategic Lead Commissioner, NHS Trafford / Association of Greater Manchester CCGs
Helen Gollins	Consultant in Public Health
Julie Burroughs	Specialist Commissioner

APOLOGIES

Apologies for absence were received from Councillors Miss L. Blackburn

10. MINUTES

RESOLVED: That the minutes of the meeting held 1 March 2017 be agreed as an accurate record.

11. DECLARATIONS OF INTEREST

- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Bruer-Morris in relation to her employment within the NHS.
- Councillor Harding in relation to her employment by a mental health charity, and member of the Board of Trustees for Trafford Carers.
- Councillor Chilton in relation to his employment by General Medical Council.
- Councillor Taylor in relation to her employment by the NHS.
- Councillor Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

12. HEALTHY YOUNG MINDS

The Head of Service for the North Area (HSNA) gave a brief presentation to the Committee on the development of the Health Young Minds (HYM) service. The HSNA informed the Committee that Trafford's previous Children and Adolescent Mental Health Service (CAMHS) had changed to HYM following extensive consultation which began in July 2016. The Committee heard that due to a number of issues, Trafford Council were only just starting to implement HYM which used the Thrive model. Under the CAMHS model, Trafford had suffered from a "Bottleneck" of children being referred to the service and waiting to be contacted. The Thrive model would seek to eliminate this bottleneck by focusing upon maintaining good mental health amongst children and young people rather than focusing upon those with high-level needs.

It was explained to the Committee that HYM would focus upon community based solutions and early interventions. This would involve up skilling staff in schools including teachers and school nurses and would require the engagement of the voluntary sector. The key outcomes of HYM transformation and the benefits that it would lead to were listed within the presentation and included having more effective triage processes and an improved skill mix for specialist CAMHS staff. The HSNA went on to describe the redesign process; three separate user events had been held which helped the team gain information into how the new service should work and the areas to focus upon within the design. The key aspect that the users had stressed was that children accessing the new service needed to be listened to, respected and should have more control over their own care.

Councillors were then given the opportunity to ask questions relating to the service. A number of questions addressed the waiting times for services and the HSNA explained that under the previous system waiting times had been up to over a year and this had been reduced to no longer than 18 weeks. When asked whether that was still too long for someone in crisis, the HSNA responded that the service had a risk assessed structure and those that were in crisis were prioritised and seen much sooner.

Further questions were posed regarding how to avoid children being missed by the service, the skill mix of the service and connections with foster carers. The HSNA provided detailed responses to these queries which included sending the staffing structure of the service to the Committee after the meeting and to deliver a further update to the Committee in six months' time.

RESOLVED:

- 1) That the update be noted.
- 2) That the staffing structure of the new service be sent to Committee members.
- 3) That a further update be provided to the Committee in six months' time.

13. GREATER MANCHESTER HEALTH AND WELLBEING STRATEGY

The Executive Lead, Strategy and System Development (ELSSD) for the Greater Manchester Health and Social Care Partnership (GMMHSCP) gave a presentation to the Committee on the development of the Greater Manchester Mental Health and Wellbeing Strategy (GMMHWS). The GMMHSCP had begun their work through the creation of a number of GM teams which received funding in 2015. These teams worked together to create the vision for the GMMHWS. The vision was to improve adult and child mental health, to shift the focus from care to prevention and to enable resilient communities.

The ELSSD displayed the whole GMMHWS plan on a page. The plan showed the key drivers for change which fed into the numerous work streams which in turn fed into the Strategy. The work streams were broken down into subsections of Prevention, Access, Integration and Sustainability with the priority work streams for years 1 & 2 highlighted for the Committee. The plan listed the five integral strategic golden threads which ran through all of the work streams ensuring that the overarching vision was always in focus. It was explained to the Committee that national priorities for 2017-19 were launched in 2016 and the GMMHSCP had worked to make sure that the GM ambitions and goals were aligned with the national context.

The presentation then covered the commitments that the GMMHSCP had made to residents and the key highlights and achievements that the GMMHWS had delivered to date. The remainder of the presentation was focused upon the investment and funding for the work, the governance for the GMMHWS, and the challenges and requirements for the delivery of the GMMHWS. The funding was split into two sections the first being £77.683M which was to fund work to achieve the five-year targets and £56.225M which was to be used by the 10 Local authorities to transform their services to be able to conduct the work for those targets. Finally, the presentation listed 6 challenges and requirements for the delivery of the GMMHWS which included cultural change and capacity to deliver.

Committee Members were then given the opportunity to pose questions and a number of queries were raised including; the provision of intermediate services between home and hospitalisation, what was meant by resilience in communities and how were the outcomes to be measured. The Committee received detailed responses to their questions. The Chairman of the Committee stated that this was a key piece of work for Mental Health within GM and requested that a further update be provided in 12 months' time.

RESOLVED:

- 1) That the update be noted.
- 2) That a further update be provided in 12 months' time.

14. TRAFFORD LOCALITY PLAN TRANSFORMATION & NEXT STEPS FOR MENTAL HEALTH

The Lead Commissioner Mental Health and Learning Disability (LCMHLD), Trafford CCG delivered a presentation to the Committee. The presentation highlighted the different challenges that Trafford faces when compared to the other GM authorities. The presentation then moved onto the alignment of priorities nationally, regionally and locally, which showed the importance of early diagnosis and prevention to the future provision of care.

The LCMHLD informed the Committee that Trafford CCG spent £32M annually on mental health services and that this was due to increase by at least a further £1.4M in 2017/18. The Committee were told that there was considerable pressure on services within the area especially demand for beds which had led Trafford CCG to placing people outside of the borough with negative impacts for both them and the patient. The LCMHLD highlighted that there were a number of areas where Trafford was performing very well and other areas where they were well below national targets and that it was these areas which required the investment.

The main challenges for mental health services going forward were to decrease health inequality (people suffering from mental health problems died 10 – 20 years younger on average) and the changing provider landscape. The LCMHLD stated that the changes within the provider landscape offered a challenge but also opportunities. The presentation concluded with three slides detailing the new primary mental health and wellbeing team. The presentation showed the new locality model with the staff structure of the teams based in each area of the borough and the benefits to both patients and primary care along with the possible outcomes of the new service.

Councillor Brophy asked a number of in-depth questions following the presentation. The LCMHLD gave a brief response during the meeting but offered to meet with the Councillor outside of the meeting to discuss their points further. Other members of the Committee asked questions about the use of professionals' time, the proof of concept work taking part in the north of the borough, and what was planned for the savings which would be produced. The LCMHLD gave detailed answers to these questions and the Councillors were satisfied with the responses received.

REOLVED:

- 1) That Councillor Brophy meets with the LCMHLD to discuss questions in more detail.
- 2) That a further update be brought to the Committee in six months' time.

15. TRAFFORD SUICIDE AUDIT

The Specialist Commissioner delivered a presentation to the Committee on the Greater Manchester Suicide Audit. The presentation covered the background of the audit, the limitations of the exercise, and the key themes and emerging issues that were identified within the audit. The Consultant in Public Health updated the Committee on the work that had stemmed from the findings of the audit.

The Committee were informed that Trafford were looking at people who were regularly absent from work and those who are attend work when they should be off as both were indicators of stress at work which in turn could lead to more serious physical health issues. The Public Health team were also looking at promoting having a good job as there were high incidences of suicide amongst those in unskilled professions. To combat social isolation, Trafford were encouraging children to play to increase their social skills and encourage parents to be more social.

Committee Members then asked a number of questions including what was being done to aid employees of other companies and organisations, and whether the Council had considered mixing old and young people in care homes. The Specialist Commissioner and the Consultant in Public Health both gave detailed responses to the Councillors queries and the Councillors were satisfied with the answers given.

The Chairman raised a proposal to ask for the Council to endorse a pledge to reduce the number of suicides in the borough to zero which was agreed unanimously by the Committee.

RESOLVED:

- 1) That the Committee as the Leader of the Council to pledge to aims to reduce the number of suicides in the borough to zero.
- 2) That the update be noted by the Committee.

16. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Vice Chairman of the Committee referred Members to the document that had been distributed prior to the meeting and asked if there were any questions.

RESOLVED: That the update be noted.

17. HEALTH UPDATES

The Chairman and Vice Chairman gave updates on the progress of the Committee's task and finish groups covering young people's mental health and loneliness. The Chairman also updated the Committee on the meeting that she had attended with Cameron Ward from Trafford CCG.

RESOLVED: That the update be noted.

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Date of Meeting	Agenda Item	Action	Officer/Organisation Responsible	Due date	Completed
01-Mar-17	URGENT CARE CENTRE UPDATE	That the work of Helen Hurst be reported to the Committee in six months' time.	Mary Burney/CMFT	Dec-17	
01-Mar-17	TRAFFORD COORDINATION CENTRE	That Trafford CCG provide information to the Committee relating to all pathways within Trafford with adequate explanation.	Gina Lawrence/Trafford CCG	ASAP	
01-Mar-17	TRAFFORD COORDINATION CENTRE	That Councillor Mitchell be kept informed of progress on work relating to the Stroke pathway.	Gina Lawrence/Trafford CCG	ASAP	
01-Mar-17	NEW PRIMARY CARE MODEL	That the Committee receive an update, including monitoring information, on NMoC in the 2017/18 municipal year.	Nigel Guest/Trafford CCG	Jan-18	Y
01-Mar-17	INTEGRATED CARE	That the Trafford Integrated Network Director attends the first Committee meeting of the 2017/18 Municipal year.	Richard Spearing/Trafford Council	Oct-17	Y
01-Mar-17	TASK AND FINISH GROUP UPDATE	That a report on Children and Young People's Wellbeing to be submitted to the Committee in the 2017/18 municipal Year.	Young Peoples Mental Health Task and Finish Group	Dec-17	
27-Jun-17	MINUTES	That officers follow up the actions in relations to items 44, 45 and 46 of the minutes.	Alex Murray	Sep-17	Y
27-Jun-17	GMMH NHS FOUNDATION TRUST QUALITY ACCOUNT 2016/17	That additional data on physical health checks and initiatives be provided to the Committee.	GMMH	Sep-17	Y
27-Jun-17	SINGLE HOSPITAL SERVICE PROGRAMME UPDATE	That the Committee receive regular updates on the progress of the SHS Programme.	Director of the SHS programme	Oct-17	Y
27-Jun-17	NWAS UPDATE REGARDING PROGRESS SINCE CQC INSPECTION	That NWAS are to provide another progress update to the Committee in six months' time.	Head of Service for NWAS	Dec-17	
27-Jun-17	PROOF OF CONCEPT	That a further update be provided to the Committee in 6 months' time.	Head of Partnerships & Communities	Dec-17	

27-Jun-17	HEALTHWATCH TRAFFORD UPDATE	That the HealthWatch Trafford Work plan and HealthWatch 100 information be sent to Committee Members.	Alex Murray	ASAP	Y
27-Jun-17	HEALTHWATCH TRAFFORD UPDATE	That information about the Trafford 100 initiative be shared across the Council.	Alex Murray	ASAP	Y
12-Sep-17	HEALTHY YOUNG MINDS	That the staffing structure of the service be sent to Committee Members.	Jan Trainor/Cathy Rooney	ASAP	
12-Sep-17	HEALTHY YOUNG MINDS	That the Committee receive a further update in 6 Months' time.	Cathy Rooney	Mar-18	
12-Sep-17	GREATER MANCHESTER HEALTH AND WELLBEING STRATEGY	That the Committee receive a further update in 12 Months' time.	Warren Heppolite/Sandy Bering	Sep-18	
12-Sep-17	TRAFFORD MENTAL HEALTH TRANSFORMATION	That the Committee receive a further update in 6 Months' time.	Ric Taylor	Mar-18	
12-Sep-17	TRAFFORD MENTAL HEALTH TRANSFORMATION	That Councillor Brophy meets with the LCMHLD to discuss questions in more detail.	Ric Taylor/Councillor Brophy	ASAP	
12-Sep-17	TRAFFORD SUICIDE AUDIT	That the Committee ask the Leader of the Council to pledge to aims to reduce the number of suicides in the borough to zero.	Alex Murray	ASAP	Y

Trafford Health Social Scrutiny Committee

Update on the Single Hospital Service Programme

1.0 Purpose of the report

- 1.1 The purpose of this report is to provide a progress report on the delivery of the Single Hospital Service Programme.

2.0 Background

- 2.1 The proposal to establish a Single Hospital Service for Manchester and Trafford arose out of the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael, and the Single Hospital Service Programme has been operational since August 2016.
- 2.2 The Programme is being delivered through two linked projects. Project One is the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).
- 2.3 Project Two is the proposal for the newly merged NHS Foundation Trust to acquire North Manchester General Hospital (NMGH) from Pennine Acute Hospitals NHS Trust. The acquisition is expected to take place 12-18 months after the creation of the new NHS Foundation Trust.

3.0 Main issues

- 3.1 Excellent progress has been made towards the creation of a Single Hospital Service for Manchester.
- 3.2 The merger of CMFT and UHSM was subject to clearance from the Competition and Markets Authority (CMA) and the outcome of a detailed review from NHS Improvement (NHS I).
- 3.3 On 1 August 2017, following a rigorous inquiry, the CMA cleared the merger of CMFT and UHSM, finding that the merger would provide substantial benefits for the care of patients. The process of successfully demonstrating benefits to the CMA was led by the Single Hospital Service Programme and involved input from more than 500 clinicians. The inquiry process also took evidence from a range of local organisations including health and social care Commissioners, Healthwatch, and the Greater Manchester Health and Social Care Partnership.

- 3.4 A detailed review of the proposed merger was undertaken by NHS I. This process required UHSM and CMFT to prepare a Full Business Case and to submit a large volume of written documentation. NHS I also visited the Trusts on a number of occasions and conducted interviews with a range of individuals. A further 'Independent Reporting Accountant' process was undertaken by KPMG to help assure NHS I that the Trusts' plans for the merger were sufficiently robust.
- 3.5 In September 2017 NHS I formally indicated their support for the merger of CMFT and UHSM. Thereafter a series of legal and technical processes were completed to enable the transaction to take place.
- 3.6 CMFT and UHSM merged on 1 October to create a new organisation, Manchester University NHS Foundation Trust (MFT). CQC registration has been secured and NHS I has issued an NHS Provider Licence.
- 3.7 Arrangements have been established to ensure that, in the days and weeks following the merger, the organisation will retain a focus on maintaining safe and high quality services for patients whilst also minimising change for staff. Plans have also been developed to deliver key organisational arrangements, including the establishment of a new Council of Governors, at the earliest practicable opportunity.
- 3.8 High level plans to deliver benefits to patients were included in the submissions made to both the CMA and NHS I. Some of the smaller schemes, including the development of a single kidney stone service or the introduction of a Trust wide urgent gynaecological service, will be implemented over the first 100 days. Plans for larger scale service improvements, that are more complex to deliver, will continue to be developed in conjunction with the relevant clinical teams.
- 3.9 Following the successful delivery of 'Project One' the Single Hospital Service Team is starting the work to deliver 'Project Two', the transfer of North Manchester General Hospital into Manchester University Foundation Trust. The anticipated completion remains at October 2018 – April 2019.
- 3.10 Communication and engagement activities have been a key feature of the Single Hospital Service Programme to date. This engagement has extended beyond the staff employed by MFT and has included patient and community groups within Manchester and Trafford. The Single Hospital Service Programme Team will continue to ensure that communication and engagement is given a high priority throughout Project Two.

4.0 Recommendations

- 4.1 The Committee is asked to consider and comment on the information provided in this report.

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 31st October 2017
Report for: Information / Decision
Report of: Chris Reilly – Strategic Lead – Safeguarding & Front Door

Report Title

Developments towards an all age front door

Purpose

To inform the Committee of the changes already made to front door processes and planned future developments.

ALL AGE FRONT DOOR – UPDATE FOR HEALTH SCRUTINY COMMITTEE

The all age front door is the first point of contact for social care services in Trafford. The aim is to provide a service that promotes helping people at the earliest stage, ensures we respond to safeguarding concerns appropriately, reduces duplication and coordinates access to services. The development of an all-age approach to this is happening in phases to ensure that we maintain a safe model as we change and learn as the model develops.

The expected outcomes for the All Age Front Door are:

- Improved Self Help and access to Early Help
- Improved access via a single contact point
- Improved working across children's and adults services
- Improved outcomes for the residents of Trafford who require safeguarding or access to services

Currently there are two front doors in place for social care, one for Children and one for Adults. The team for Children is the Multi Agency Referral and Assessment Team (MARAT) and the team for Adults is the Community Screening Team (CST).

In addition to social care staff, MARAT benefits from the presence of specialist health and education practitioners and a police officer. This team acts in a similar way to a Multi-Agency Safeguarding Hub (MASH) but in a more advanced way. The CST is currently staffed only with social care staff.

Both teams receive referrals from a wide range of sources including hospitals, schools, police, professionals, families and individuals. Initially these are risk assessed and prioritised and urgent action taken where required. If further assessment is required then this is managed differently between Children and Adult Services. Assessment for children is done within MARAT while for Adults where longer term support or assessment is required the referrals are transferred on to the appropriate neighbourhood team.

As part of the initial phase towards changing to an all-age front door, the two teams have been co-located at Trafford Town Hall since December 2016. This co-location has resulted

in reduced duplication of work, better information sharing, improved knowledge of resources and a joined up response to increasing numbers of referrals.

Whilst the numbers of “dual” referrals and commonalities has been lower than was anticipated, where there has been crossover between children’s and adult social care this has most often related to domestic violence referrals. Responses to these referrals have been enhanced by the all age approach.

The teams are now trialling some joint approaches such as MARAT Family Aids supporting the Community Team by taking food parcels to adults the while they are out on other visits etc. Information sharing has improved significantly and the teams now have access to both Children and Adults Liquid Logic so they can check the status of everyone in the family when a referral comes in. Other less tangible benefits of co-location have been a better understanding of each team’s role, better relationships and opportunities to learn from each other and a consistent management approach.

Recent developments have included:

- Joint Team meetings to align behaviours and culture
- MARAT manager attending the Early Help panel to improve responses to referrals that do not meet the social care threshold criteria
- Improved access to LAS (Liquid Logic for Adults) for Access Trafford staff to assist in reducing the number of unnecessary calls
- Addition of a Healthy Young Minds (CAMHS) practitioner to the service

Developments in progress are:

- GMP police resource to be located within CST with a view to other agencies also joining the team and replicating the MARAT multi-agency model (development of an Adult MASH). We hope to have the Police co-locate with CST in November.
- Health Visitor Liaison staff to be based within Front Door

We are now looking at the next phase of development. Having learned from the approaches taken so far we have some key areas to consider as part of the planning for the next stage. Once we have clarity on these and key decisions are made we will develop an action plan for the next phase of development. Issues to consider are:

- How best to establish one contact point for safeguarding concerns for Trafford residents of all ages – currently we operate two phone numbers, two e-mail addresses etc, is this still the best way to manage the process or would one contact point work better – if so how can this be managed efficiently.
- Should working hours be extended to meet demand out with current working hours (i.e. Monday to Friday 8.30 to 4.30)
- How to create a better interface between the current front-door services and the out of hours service (EDT).
- Continuing to enhance our response and focus on Self Help and Early Help to identify where we can prevent escalation of issues.
- How to adopt any learning from the 3 Conversations and One Trafford Response proof of concepts into the ultimate front door model
- Continue to develop our IT systems so minimise duplication of recording

Chris Reilly

Strategic Lead – Safeguarding & Front Door

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 31st October 2017
Report for: Information / Decision
Report of: Children Safeguarding Board, Adult Safeguarding Board and Safer Trafford Partnership (Protecting Vulnerable People group)

Report Title

Changes to the structure of Children and Adult Safeguarding Boards and Protecting Vulnerable People aspects of Safer Trafford Partnership.

Purpose

To inform the Committee of changes made and planned to the organization of the Safeguarding Boards for children and Adults and aspects of Safer Trafford Partnership in Trafford.

Details below.

Briefing Paper – Creation of a single Safeguarding Board for Trafford

1. Background

Similar to most Local Authority areas, Trafford has 2 Safeguarding Boards; one for children and one for adults. Each of these Boards are at very different stages of their development. Currently the Boards meet separately and have separate agendas. Until recently they had separate chairs, separate budgets, some separate and some shared infrastructures and were organised in different ways; but the membership is very similar with the Council, CCG, Police, Pennine Care, NPS, CRC etc sending the same representatives to each separate board.

The Children and Social Work Act 2017 removed the requirement for LAs to establish Children's Safeguarding Boards, and instead placed a duty on three safeguarding partners – the local authority, police and health - to work together to safeguard and promote the welfare of children in their area. This mirrors the Adult Safeguarding Board requirements as laid out in the Care Act 2014.

While significant differences still exist, there is also a notable amount of overlap between the remit and membership of the two current Boards. There is also some overlap with Safer Trafford Partnership, particularly its 'Protecting Vulnerable People' (PVP) sub-group.

In Trafford we have developed a unique integrated all-age health and social care service, and many of the other services in Trafford also cover both a child and

adult protection and support agendas. Increasingly we are looking at all-age and whole family based approaches to addressing needs and concerns.

In light of the above, the 3 statutory partners decided that it is worth revisiting our model of delivery for safeguarding governance and assurance in Trafford.

This paper outlines a different way to organise the approach and working of the Safeguarding Boards in Trafford and how to also bring it closer to the work of some aspects of Safer Trafford Partnership. The details are now being worked through with a view to the new arrangements being fully in place early in 2018.

2. Proposal for a different way to organise these functions

The proposal is that all the functions of both safeguarding boards come together. The new Board will also look at how it can incorporate the Protecting Vulnerable People (PVP) aspects of Safer Trafford Partnership to ensure the common issues are discussed under a single banner.

Underneath the joint board will be a series of sub-groups or committees that will ensure the detailed work is undertaken. A proposed sub-group structure is contained in Appendix 1.

Work already done to move us to this approach:

- The Health & Well-being Board have approved the new model.
- We have appointed one Independent Chair initially for both Boards (Maureen Noble). As the Boards merge the Chair will cover the new joint Board.
- There will be one joint Annual Report and Business Plan organised in the same way as above.
- The budgets of the Children and Adult Board are being pooled.
- The staffing for both Boards have been brought together under one single structure
- There will continue to be full consultation with stakeholders and a legal test to check the statutory requirements of the Children's safeguarding Board, Adult Safeguarding Board and the PVP aspects of the community safety partnership is met.

Work now being developed:

- A small multi-agency Transformation Group are working on the detail behind this change to ensure whatever is put in place is robust a fit for purpose.
- In the meantime the existing Board and sub-group arrangements remain in place.
- Membership of the new Board and its various sub-groups are being reviewed and finalised over the next few months.
- A legal test will be done to ensure that whatever arrangements are established fulfil all our legal requirements.
- A proposed Board and sub-group structure has been developed (below).

Trafford Safeguarding Board

EXECUTIVE GROUP

<p>COMMS & ENGAGEMENT</p> <p><i>(TBC)</i></p>	<p>PERFORMANCE MONITORING & AUDIT</p> <p><i>(Marie Wilson & DCI Paul Parker)</i></p>	<p>LEARNING & DEVELOPMENT</p> <p><i>(Debbie Ward & Debbie Walsh)</i></p>	<p>POLICY & PROCEDURES</p> <p><i>(Mark Albiston & Jan Trainor)</i></p>	<p>PREVENTION</p> <p>PREVENTION / EARLY HELP / SELF MANAGEMENT / ASSET BASED COMMUNITY DEVELOPMENT etc</p> <p><i>(Kerri Purnell & Paula Lee)</i></p>	<p>PERSONAL and FAMILY SAFEGUARDING</p> <p>(Intra-familial)</p> <p>Eg- DOMESTIC ABUSE / MENTAL HEALTH / DRUGS & ALCOHOL/ABUSE WITHIN THE FAMILY/HONOUR BASED VIOLENCE etc</p> <p>(Chris Reilly & Helen Gollins)</p>	<p>COMPLEX SAFEGUARDING</p> <p>(Extra-familial)</p> <p>Eg - CSE /MISSING/ ORGANISED CRIME/ORGANISATIONAL CRIME /PREVENT/ E-SAFETY / ANTI-BULLYING/ HATE CRIME / HUMAN TRAFFICKING / MODERN DAY SLAVERY etc</p> <p>(Superintendent Paul Savill & Glynis Williams)</p>	<p>LEARNING REVIEWS</p> <p>SCR / DHR / SAR/LEARNING REVIEWS / SINGLE AGENCY REVIEWS etc</p> <p>(Jacquie Coulton & Steph Whitelaw)</p>
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CASE BASED DISCUSSIONS FOR ESCALATED CASES FROM BAU

EG - TARGET / MAPPA / MARAC / SEAM / CHANNEL PANEL / PRIVATE FOSTERING WORKING GROUP / SPOTLIGHTS IOM / OPERATION CHALLENGER (OCE) / ASB – YOUTH & COMMUNITY MEETINGS / CDOP / ORGANISATIONAL ABUSE RESPONSE/ 4 PLACE BASED TEAMS/GOLD MEETINGS etc

SINGLE SUBJECT BOARDS

EG – DOMESTIC ABUSE BOARD, PREVENT BOARD ETC (details to be confirmed)

BUSINESS AS USUAL (BAU) PROCESSES FOR CASE MANAGEMENT

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Trafford Transformation

Health Scrutiny Committee

31 October 2017

Dr Nigel Guest

Cameron Ward

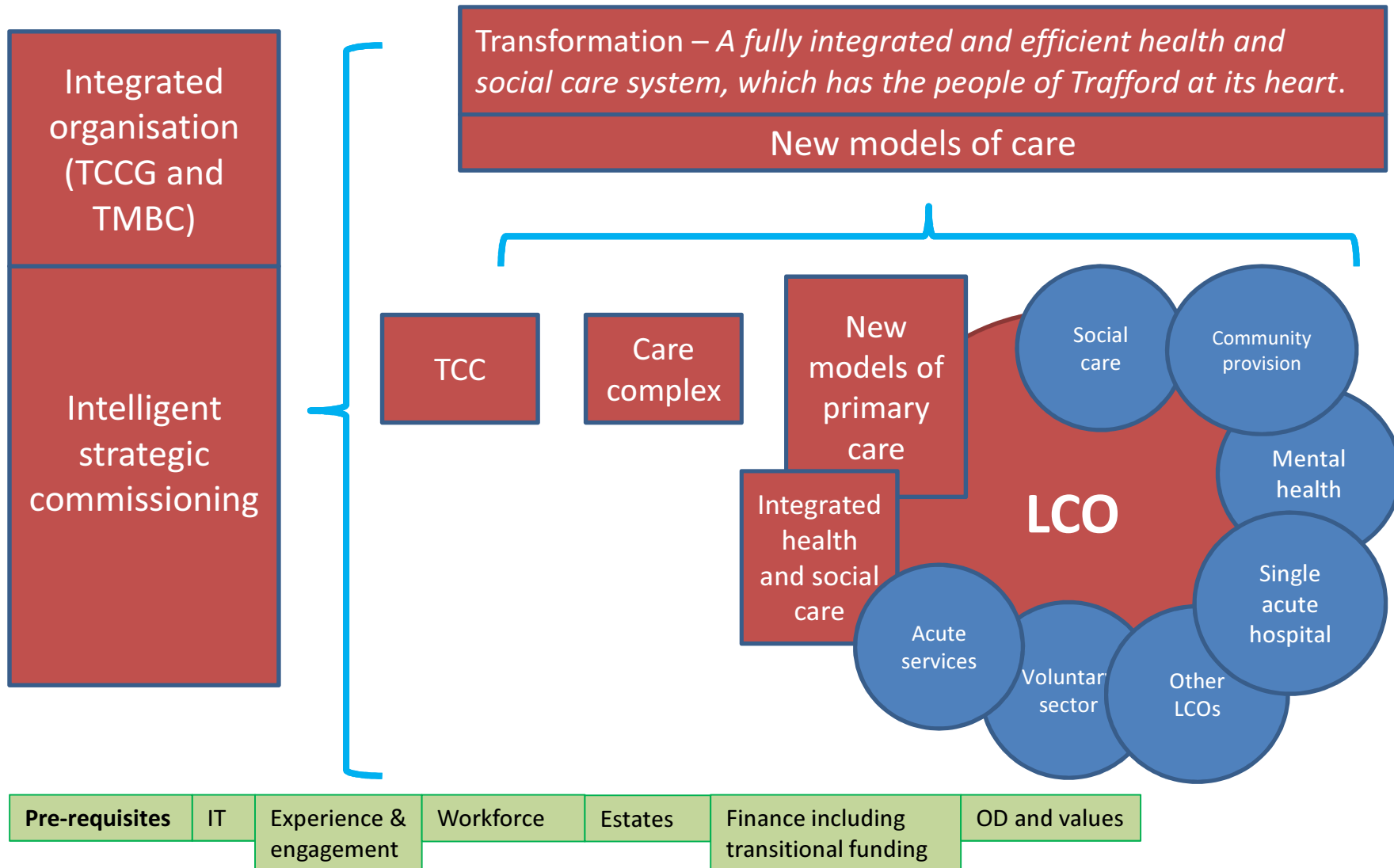


TRAFFORD
COUNCIL

NHS
Trafford
Clinical Commissioning Group

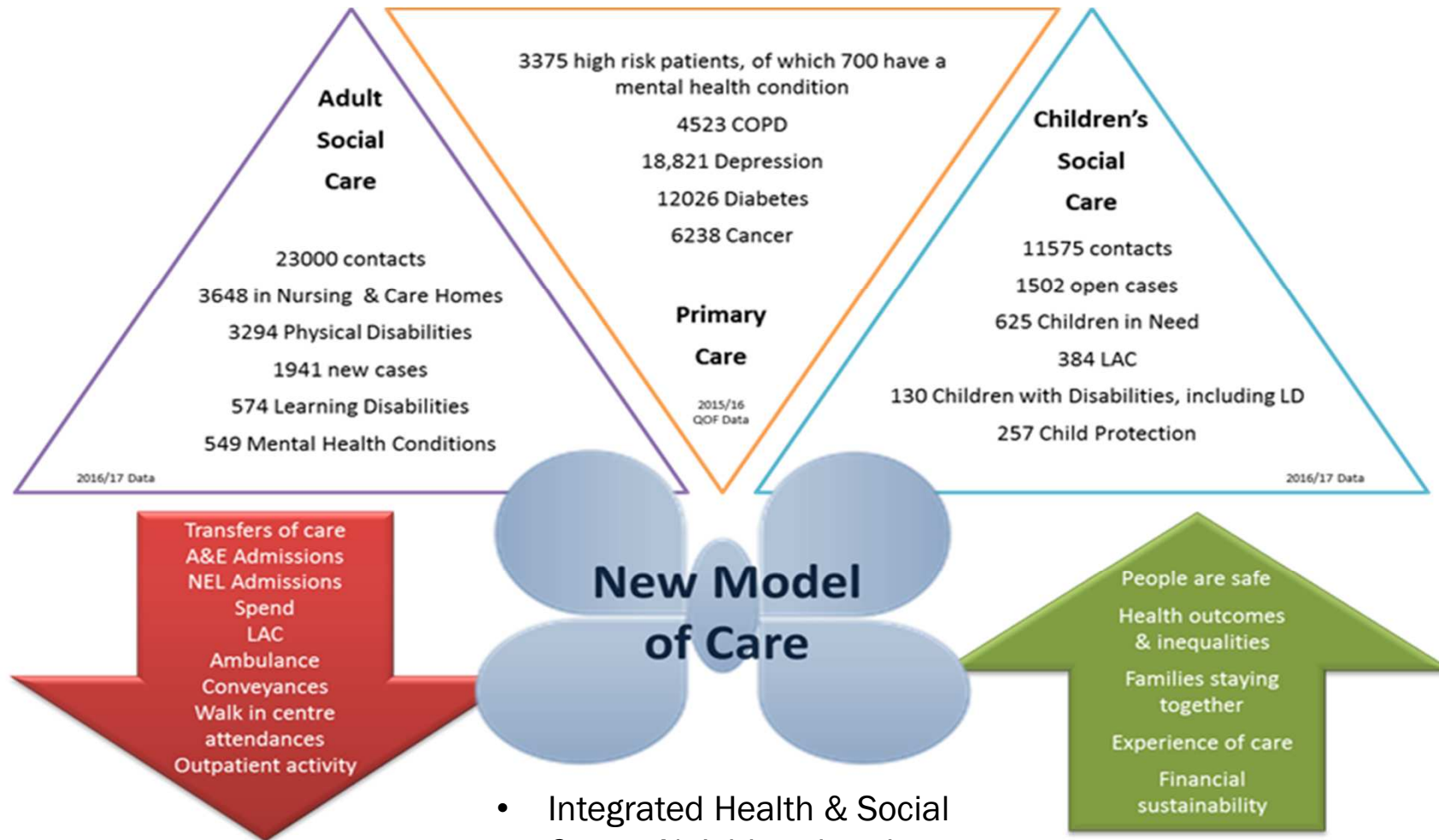
Trafford map

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- Pre-requisites
- IT
- Experience & engagement
- Workforce
- Estates
- Finance including transitional funding
- OD and values

Why a New Model of Care?



- Integrated Health & Social Care – Neighbourhood Model
- Primary Care
- Care Complex
- TCC Optimisation

Content of the transformation

Transformation Fund bid made on 30 June 2017

Award of £22m made on 13 October 2017 over three years

Integrated organisation

Trafford Council and the CCG will come together as an integrated organisation in a phased way to cement our integrated commissioning arrangements whilst working to put in place a single commissioning function by April 2018.

Consultation with staff and GP practices (as members of the CCG) is planned to commence on 30 October.

Local Care Organisation development

The establishment of the LCO provision in Trafford is an integral part of the new operating model for the Trafford Health and Social Care system. The LCO will be developed in partnership with community, acute, mental health, social care and voluntary sector providers.

Integrated Health & Social Care

- **System redesign & new operating models for social care and community health services, pathways, workforce and interventions, to deliver:**
 - Evidence based operating model(s) – asset & evidenced based
- **Early Help Provision Review**
 - A wholesale review of commissioned prevention and early help provision will be undertaken alongside mapping of non-commissioned provision and an analysis of need across the all age continuum.
- **Wholesale caseload reviews and reassessments in adult and children’s social care**
- **Implementation of a ‘Risk Based Reassessment’ approach**
 - This will form part of the system wide identification and assessment of people at risk and may be supported in future by TCC.
- **Supported Living Review**
- **Care Closer to Home Service remodelling**
 - This aspect of the programme will redesign a range of services which currently support adults following hospital discharge or work to prevent admission following a health crisis.
 - In addition, the home care market will be reviewed. It is proposed there are 2 tiers of support within the new model: ‘wellbeing support at home’, which will offer home care and an asset based approach to connect people to community resources, employment support etc.; and health and wellbeing support at home’ which will offer the same support plus help with managing long term conditions.

Trafford Co-ordination Centre

- **Referral management** – a single point of contact for all referrals, where referrals are assessed for quality and appropriateness by administrative and clinical teams.
- **One single point of access for Trafford residents and partners** - to access 'credible health and social care information' and signpost them to the correct services in Trafford for their urgency and needs.
- **Risk stratification** - using risk stratification evidence (to identify as well as manage patients) this will support those residents who are at highest risk of A&E attendance with access to health and care services; the aim being to keep them as well as possible and supported in their own home avoiding unnecessary attendance and admission to acute hospitals.
- **Care coordination active case management** - of a patient's health and social needs will co-ordinate their appointments, review them to ensure they are receiving the right care, at the right time, in the right place and support them when they are having difficulties or are in crisis.
- **ICT integration** – completion of the systems integration for all relevant partner services and development of a Clinical Portal to improve quality of care by providing access to full patient history.
- **Trafford directory of services** – the directory (via a clinical portal) has the potential to be a 'single point of access' for information about relevant services and will include health, social, voluntary and independent sector services which are available for people in Trafford. It will also provide decision support for GPs and practice staff to enable them to make high quality, fully worked up, referrals to the right place.

Care Complex

- Trafford will be developing a 'Care Complex'.
- This is community based provision for patients with urgent and long term conditions.
- In addition, it will also offer a range of opportunities to support residents to develop expertise and confidence in managing their own conditions and those of others.
- Scope:
 - Intermediate care facility
 - Complex nursing home beds
 - Palliative care beds
 - Specialist rehab beds
 - Respite
 - CHC beds
- A strategic outline case (SOC) has been developed and approved by the CCG's Governing Body on 5 September 2017
- Next step is the development of an outline business case (OBC)

New Model of Primary Care

- A **single clinical model** for Trafford, to improve co-ordination and collaboration, reduce fragmentation of care and variation across our neighbourhoods. This workstream will also include the implementation of **new quality standards**, aligned to the revised GM medical standards for primary care
- Our **prevention** workstream will focus on improving the health and wellbeing of our population and our neighbourhood approach will enable us to target the most deprived areas and including targeted health campaigns, screening checks and brief interventions. More social prescribing e.g. via Trafford's leisure offer and a digital platform to support lifestyle and behaviour change as well as reviewing our face to face and telephone lifestyle and behaviour change offer.
- The **planned care** workstream will improve access to GP appointments, standardise the GP day and focus on long term condition management. Working with Associate Health Care Professionals (AHPs), mental health and community staff to manage patients in the community will require a skill mix within the workforce; a degree of specialisation of workforce teams, and flexibility of geographical deployment of clinical and managerial resource. It will result in a significant reconstruction of the GP day allowing for longer appointments and better access to same day appointments.
- The **urgent care** offer will establish an urgent care team in each neighbourhood with a complementary skills mix, which is expected to include a higher proportion of nurses to GPs than the current practice-based system uses.
- The **domiciliary care** workstream will create a dedicated multi-disciplinary team for patients who are house-bound or in residential and nursing care. Teams will include specialist nurses, pharmacists, social care provision and access to specialist geriatric and psycho-geriatric support.
- The **specialised primary care** workstream aims to shift activity from a secondary setting to primary care by providing more outpatient services in the community, such as clinics, procedures and diagnostics.
- **Medicines optimisation** will improve and support the management of patients who are using multiple medications. The team will support care homes, GP practices and community pharmacies and there will be dedicated support for mental health. The benefits aligned to this workstream are significant both for overall economy and patient outcomes including reduction in primary care prescribing spend and reduction in GP/A&E attendances in relation to medicines errors or confusion.

New Model of Primary Care

- Trafford's **Primary Care Mental Health & Wellbeing Service** will offer the following:
 - Professional and self-referral access for people aged 14+ who have, or are suspected of, having a mental health problem living in Trafford or have a Trafford GP
 - A bridge between primary, secondary, third sector and social care services
 - Support to people with chronic health conditions to stay in work
 - Support to unemployed people with mental health difficulties to access the work place
 - Mental health assessments led by a senior Nurse Practitioners and a Consultant Psychiatrist with decisions made as to the most appropriate treatment service and referred on accordingly
 - A wellbeing service which will work alongside clinical and social services to enhance people's wellbeing, helping them to reconnect, manage stress, promote independence, reduce isolation and generally live a healthier lifestyle.
 - NICE evidence-based psychological therapies will be available for people who experience emotional difficulties including anxiety and low mood. This includes guided self-help, psycho-educational courses, counselling, psychotherapy and cognitive behavioural therapy (CBT)
 - IAPT services ultimately embedded within primary care and providing support for people experiencing psychological distress as a consequence of physical ill health as well as people with common mental health problems
 - Recovery Support - there will be clinical and social support for people who have a long standing but stable mental health condition.
 - Expert clinical support and education to primary care staff including advanced diploma level training for GPs, to enhance immediate interventions but also develop greater system knowledge, skills and resilience to enhance overall outcomes, particularly those relating to early identification, diagnosis, treatment and prevention.

GM Theme Alignment

Theme 1: Radical upgrade in population health prevention

- Primary Care – Prevention workstream

Theme 2: Transforming community based care & support

- Integrated Health & Social Care – Neighbourhood Model
- Primary Care - Mental Health Service
- Primary Care – Domiciliary Care
- Urgent Primary Care
- Primary Care - Specialised
- Care Complex

Theme 4: Standardising clinical support and back office services

- Integrated organisational arrangements between Trafford Council and CCG
- Single Commissioning Function
- GP back office efficiency programme
- Primary Care – Medicines Optimisation
- Primary Care – Planned Care
- TCC

Theme 5: Enabling better care

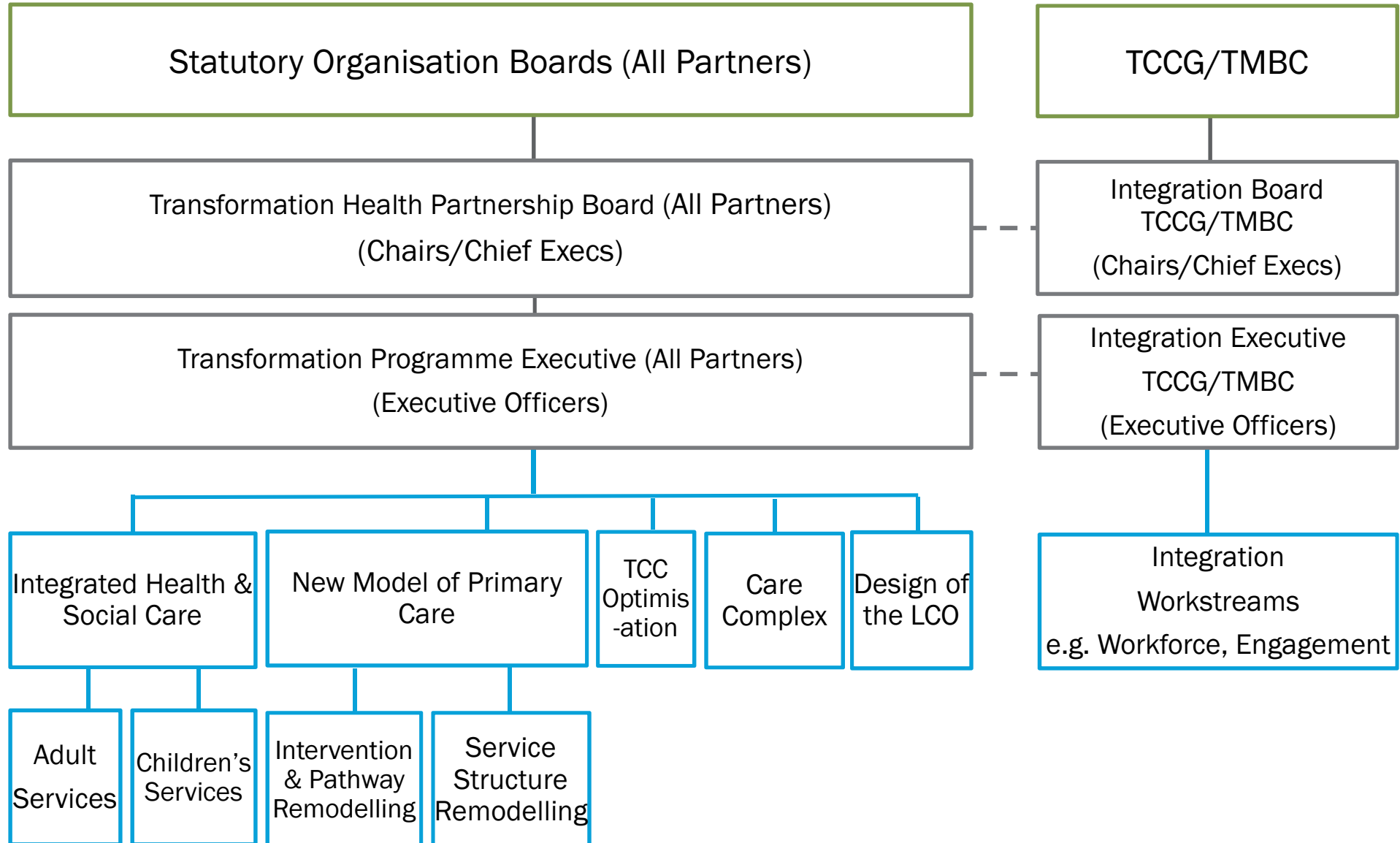
- Workforce Development Strategy
- One Trafford Estate Strategy
- Trafford Digital Strategy

Our proposals do not directly deliver against Theme 3: Standardising Acute and Specialist Care

Trafford Transformation Programme Structure

New Model of Care

Single Integrated Organisation



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Report from Greater Manchester Health Scrutiny Committee
Held on 13 September 2017

Rebecca Patel, Head of Engagement at The Christie Hospital gave the meeting an overview of Christies and said that the hospital is now accredited a Specialist Cancer Service and there is an ambition that it should be considered as one of the top five cancer hospitals in the world. Christies now operated on 10 sites and it finalising the Proton Beam Therapy Centre and the Integrated Procedures Unit, both of which will assist in the research and Development work taking place on site.

Mention was also made of the fire which took place on 26 April 2017 in the Pattison Building causing the Integrated Procedures Unit to be evacuated but work returned to normal within 2 days and the fire was contained in the roof.

NWAS

Continues to work to reduce the handover times to hospitals. A report was also given on the handling of the Manchester Arena incident in May 2017.

Lord Peter Smith

Discussed the Greater Manchester Health and Social Care Partnership which is looking at ways to change the NHS and the local care that it provides. They will be looking at how Health Care is commissioned and admitted that there is much too much bureaucracy involved. The way that CCG's are managed is also under review.

Further points to be considered/reviewed are:

Acute Hospital review

Clinical effects of Healthier Together

What works for patients

Mental Health – still considered to be the “Cinderella” service

Social Care – more money needed

Geriatrics – remain too long in hospital and often leave in a frailer condition than when admitted.

NHS is not good at Work Force planning – fewer nurses are applying for training as are A & E practitioners.

The next meeting will be on 8 November 2017

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Briefing Paper in Respect to Moving Treatment Room from Firsway to Chapel Road Clinic

Pennine Care currently delivers a treatment room service for ambulatory patients across four neighbourhoods at six locations in Trafford. The service is aiming to consolidate its delivery into one key location per neighbourhood to improve productivity. The central neighbourhood locations are delivered in two locations at present; Chapel Road Health Centre and Firsway Health Centre, Sale a GP led clinic.

Following a significant increase in rental charge by Firsway GP Practice and as part of the estates consolidation work referred to above, a review of this delivery venue has been carried out. The current cost of rent and consumables at Firsway for 2x treatment rooms is approximately £23 000 which is very high. The charges were increased in 2016 without notice, the previous charges being £7 500. To give a better service to patients, treatment rooms across Trafford are also now holding wound care stock within the clinics. At Firsway there are no storage facilities so this cannot be implemented there. It is important to Pennine Care that residents arriving are greeted and supported to attend clinics. It is, therefore, also necessary to have a designated administrative staff member for Firsway treatment rooms as there are no reception facilities, this again increases costs.

PROPOSAL

The proposal is for Pennine Care to transfer the delivery of a treatment room clinic from Firsway Health Centre to Chapel Road Clinic (Sale), a Pennine Care building, with purpose built treatment rooms, storage facilities for wound care stock, and reception facilities. The only change to the service will be the delivery venue. The level of service and staff groups delivering the service will remain the same. Our aim is to ensure that patients continue to receive a high standard of service which is accessible and effective.

IMPACT ON AVAILABILITY AND ACCES

Currently Firsway treatment room offers 2x treatment beds, Monday to Friday 0800-1600. At Chapel Road Clinic we will offer clinics Monday, Tuesday, Wednesday and Friday 0800-1600 with a proposed Thursday clinic from 11.30am to 7.30pm. This extended opening time is based on service user feedback and will provide more flexibility for the needs of the patients and has proved popular in other venues with residents who work full time.

IMPACT ON PATIENTS

A recent survey on how patients arrived at Firsway Health Centre showed that 82% arrived by car, 8% arrived by bus, 6% arrived by taxi and 4% arrived on foot. It can be concluded, therefore, that most patients will access Chapel Road Clinic by car.

Trafford Council and health services are integrated to provide health care for the people of Trafford.

Chapel Road Clinic has a large car park to the rear of the building with disabled parking to the front and rear and disabled access to the building. Public transport access is also better at Chapel Road Clinic compared to Firsway Health Centre in terms of being serviced by a nearby tram station and having frequent buses (see attached bus route map) arriving from all across the borough, nearby on Cross Street/Washway Road and also in Sale Town Centre. Both are an approximate three minute walk from Chapel Road Clinic. Sale Town Centre also has a taxi rank. Firsway Health Centre has only one bus route which runs from Altrincham, through Sale into Sale Moor (although the bus stop is directly outside the clinic) and it is not close to a tram stop. Maps showing location of Chapel Road and distance between this and Firsway Health Centre can be found in Appendix 1.

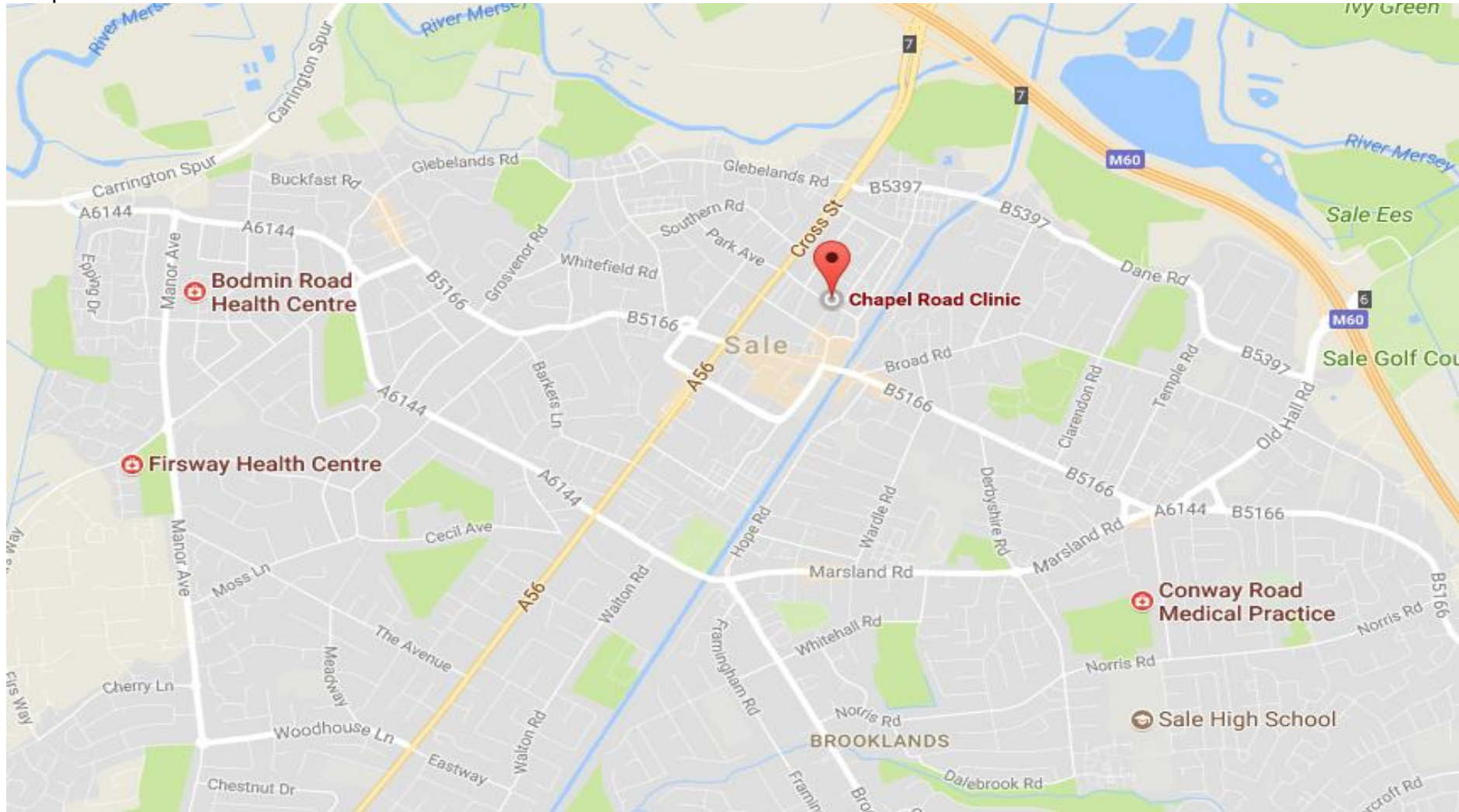
A wider communications exercise will be undertaken to notify the local population of the changes to the service to ensure a smooth transition, and this will include all partner agencies e.g. GPs, local hospitals and patients. Patient satisfaction will continue to be monitored via the national Friends and Family test.

We propose to implement this change towards the end of October and would therefore appreciate any feedback as soon as possible. Thank you for your continued support with the improvements we are making to the services to ensure we are providing an accessible and modern community health service.



Appendix 1: Maps

Chapel Road Clinic location



Distance between Firsey Health Centre and Chapel Road Clinic

Firsey Health Centre, 121 Firs Way, Sale

Chapel Road Clinic, 70 Chapel Rd, Sale

Add destination

Leave now OPTIONS

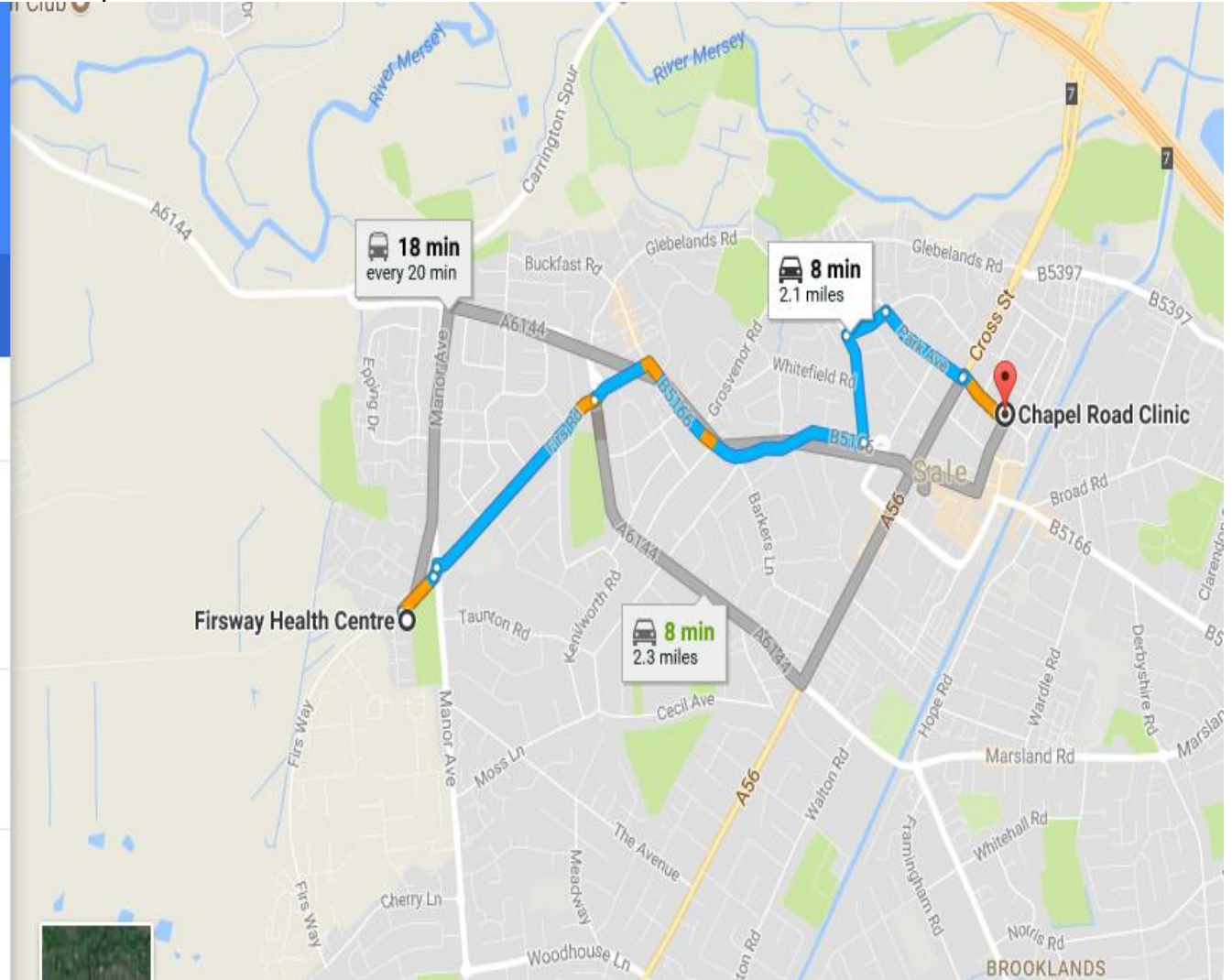
Send directions to your phone

via B5166 8 min
Fastest route 2.1 miles

DETAILS

via Harboro Rd/A6144 and A56 8 min
2.3 miles

10:37 AM–10:55 AM 18 min
 19



Bus routes serving Chapel Road Clinic & Firsway Health Centre



FIRSWAY HEALTH CENTRE



CHAPEL ROAD CLINIC



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