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TRAFFORD COUNCIL

AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD MEETING

Date: Friday, 21 July 2017

Time: 9.30 a.m.

Place: The Life Centre, 235 Washway Road, Sale, M33 4BP.

A G E N D A **PART I** **Pages**

1. **ATTENDANCES**

To note attendances, including officers, and any apologies for absence.

2. **MEMBERSHIP OF THE BOARD 2017/18 MUNICIPAL YEAR** 1 - 2

To note the Membership of the Board as agreed at Annual Council 24 May 2017.

3. **APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN OF THE COMMITTEE**

For representatives of Trafford CCG and Trafford Council to nominate candidates for Chairman and Vice-Chairman of the Committee respectively for the Municipal year 2017/18, to be agreed by the Board.

4. **TERMS OF REFERENCE** 3 - 4

To note the Terms of Reference of the Board for the 2017/18 municipal year as agreed by Annual Council 24 May 2017.

5. **MINUTES** 5 - 12

To receive and, if so determined, to approve as a correct record the Minutes of the meeting held on 21 April 2017, to be signed by the Chairman.

6. **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.

7.	**VISION FOR TRAFFORD** To receive a presentation from the Change Director for Trafford Council and Trafford CCG.	To be Presented at the meeting
8.	**PUBLIC HEALTH ANNUAL REPORT** To receive a report from the Interim Director of Public Health.	To Follow
9.	**INCREASING THE IMPACT OF THE HEALTH AND WELLBEING BOARD** To discuss the attached report from the Interim Director of Public Health.	13 - 26
10.	**HEALTH AND WELLBEING PRIORITIES UPDATE** To receive a presentation from the Interim Director of Public Health.	27 - 30
11.	**PHYSICAL ACTIVITY VISION - VISION STRATEGY AND IMPLEMENTATION** To receive a presentation from the Chairman of the Trafford Sports and Physical Activity Partnership.	To be Presented at the meeting
12.	**INFECTION CONTROL ANNUAL REPORT** To receive a report from the Infection Control Lead for Pennine NHS Foundation Trust.	31 - 54
13.	**SAFEGUARDING TRANSFORMATION PROPOSAL** To receive a report of the Children Safeguarding Board, Adult Safeguarding Board and Safer Trafford Partnership (Protecting Vulnerable People group).	55 - 58
14.	**ONE TRAFFORD RESPONSE** To receive a report from the Head of Partnerships & Communities.	To Follow
15.	**WORK AND HEALTH EARLY HELP PROGRAMME** To receive a presentation from the Head of Partnerships & Communities.	59 - 66
16.	**PHARMACEUTICAL NEEDS ASSESSMENT** To receive a verbal report from the Interim Director of Public Health.	Verbal Report
17.	**REGIONAL ADOPTION AGENCY** To receive a report from the Regional Adoption Agency (Adoption Counts).	67 - 74
18.	**KEY MESSAGES** To consider the key messages from the meeting.	

19. **URGENT BUSINESS (IF ANY)**

Any other item or items 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. Lamb, S.K. Anstee, J. Lloyd and M. Whetton.
Other Members M. Colledge, H. Fairfield, J. Colbert, C. Daly, H. Darlington, G. Heaton, M. Jarvis, C. Meakin, S. Nicholls, E. Roaf, P. Savill, C. Ward and A. Worthington.

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

Alexander Murray, Democratic and Scrutiny Officer,
Tel: 0161 912 4250
Email: alexander.murray@trafford.gov.uk

This agenda was issued on **13 July 2017** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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TRAFFORD COUNCIL

MEMBERSHIP OF COMMITTEES 2017/18

Notes on Membership:

(1) The Council Membership is nominated by the Leader of the Council.

(2) The chairmanship for the Health and Wellbeing Board will rotate on an annual basis between Trafford Council and NHS Trafford Clinical Commissioning Group.

(3) * Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note: at least one Councillor, one member of each relevant CCG, a representative of the local HealthWatch organisation plus any other members considered appropriate by the Council, must be appointed.)

COMMITTEE	NO. OF MEMBERS
HEALTH AND WELLBEING BOARD	4 (plus the *Corporate Director of Children, Families and Wellbeing and 16 External Partners)

CONSERVATIVE GROUP	LABOUR GROUP	LIBERAL DEMOCRAT GROUP
Councillors:-	Councillors:-	Councillors:-
Executive Member for Health and Wellbeing (Councillor Lamb)	Shadow Executive Member for Health and Wellbeing (Councillor Lloyd)	-
Executive Member for Adult Social Care (Councillor Stephen Anstee)		
Executive Member for Children and Families (Councillor Whetton)		
TOTAL 3	**1**	**0**

Membership of the Health and Wellbeing Board shall also comprise of:

- *Director of Public Health
- NHS Trafford Clinical Commissioning Group (3 representatives: Chair, Chief Operating Officer and Clinical Director/Representative)
- Chair of Health Watch
- Third Sector representative
- Independent Chair Children's Local Safeguarding Board
- Independent Chair Adult Safeguarding Board
- Chair of the Safer Trafford Partnership - GMP
- Chair of the Trafford Sports and Physical Activity Partnership
- Chief Executive Officers of health care providers (4): (Central Manchester University Hospital NHS Foundation Trust; University Hospital South Manchester NHS Foundation Trust; Pennine Care NHS Foundation Trust; Greater Manchester West Mental Health NHS Foundation Trust)
- Greater Manchester Fire and Rescue Service Representative
- Greater Manchester Health and Social Care Partner Representative (to be confirmed)

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HEALTH AND WELLBEING BOARD

Terms of Reference

1. To provide strong leadership and direction of the health and wellbeing agenda by agreeing priority outcomes for health and wellbeing.

2. To develop a shared understanding of the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).

3. To seek to meet those needs by producing a Joint Health and Wellbeing Strategy for Trafford and ensure that it drives commissioning of relevant services.

4. To drive a genuine collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people and reduces health inequalities.

5. To promote joined–up commissioning plans across the NHS, social care and public health.

6. To have oversight of local Clinical Commissioning Group (CCG) and local authority commissioning plans.

7. To operate as a thematic partnership within the context of the Sustainable Community Strategy Trafford 2021 and align its work to the Trafford Partnership in that capacity.

8. To improve local democratic accountability and engage with the Health and Wellbeing Forum which includes Trafford residents, service providers and other key stakeholders to understand health and wellbeing needs in Trafford.

9. To monitor and review the delivery of health and wellbeing improvements and outcomes through robust performance monitoring.

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HEALTH AND WELLBEING BOARD

21 APRIL 2017

PRESENT

Councillor A. Williams (in the Chair).
Councillor K. Carter.
Other Board Members J. Colbert, H. Fairfield, H. Darlington, M. Jarvis, C. Meakin, W. Miller, P. Nkwenti, E. Roaf and A. Worthington.

In attendance

Kerry Purnell	Head of Partnerships & Communities
Scott Nobel	UHSM NHS Trust
Lindsay Dabbs	Partnership Officer
Rebecca Fletcher	Registrar in Public Health, Rochdale Council
Faye Jackson	Social Investment Manager, Trafford Housing Trust
Louise Wright	Sport and Physical Activity Relationship Manager
Alexander Murray	Democratic and Scrutiny Officer

Also Present

Councillor Joanne Harding

APOLOGIES

Apologies for absence were received from Councillor M. Hyman.
Apologies were also received from Matthew Colledge and Silas Nicholls.

33. MINUTES

RESOLVED: That the minutes of the meeting held 20 January 2017 be approved as a correct record and signed by the Chairman.

34. DECLARATIONS OF INTEREST

RESOLVED: No conflicts of interest were declared.

35. TRAFFORD HOUSING TRUST: SOCIAL DIVIDEND PRESENTATION

The Social Investment Manager for Trafford Housing Trust (THT) delivered a presentation to the Board on THT's Social Investment Fund (SIF). The Presentation outlined THT's vision to tackle poverty, inequality and injustice within Trafford, with the SIF being a key tool in achieving this. The presentation also covered the activities the SIF would undertake, the primary and secondary outcomes of the fund, and the next steps in the fund's development. The Social

Investment Manager explained that the SIF was to consist of a 10% dividend from THT's annual operating profit; originally this would be around £2M.

Board members were then asked to give feedback to help steer the continued development of the SIF. Board Members thanked the Social Investment Manager for THT for her presentation and asked whether a number of ongoing projects were the types of work would be eligible for funding.

The Social Investment Manager for THT responded that all the areas of work that Board Members had mentioned could be aligned with the fund and that it would be through partners using their expertise that the fund would identify areas and projects that would deliver the greatest impact. Those present then discussed the possibilities for development of services for young people which could utilise the fund.

The Chairman thanked the Social Investment Manager for THT for attending the meeting and stated that he looked forward to discussing the possibilities of the fund further in the afternoon session.

RESOLVED:

1) That the Social Investment Manager for THT be thanked for attending the meeting.
2) That the update be noted.

36. ARMED FORCES UPDATE - ACTIONS SINCE LAST MEETING

Following on from the presentation given by Dr Jackson at the previous meeting of the Board, The Senior Partnerships and Communities Officer gave an update on the work that the partnerships team had done raising awareness within Trafford. Members of the Board were given the opportunity to ask questions but all were satisfied with the progress that had been made since the last meeting.

RESOLVED: That the update be noted.

37. TRAFFORD PLAN UPDATE (LOCALITY PLAN)

The Corporate Director of Children, Families and Wellbeing reminded the board that the last detailed update concerning the locality plan had covered the Trafford Transformation Bid that Trafford Council and Trafford CCG were working on to obtain funding to deliver the Transformation Plan. Since that update a commissioning structure had been created to deliver the Transformation Plan and the next step would be recruiting people to positions within that structure. The Corporate Director of Children, Families and Wellbeing informed the Board that the Transformation Bid would be being submitted in June 2017. As the Board needed to sign off the Bid prior to its submission an extraordinary meeting would be called in June for that purpose.

Having reviewed the locality plan prior to the meeting the Corporate Director of Children, Families and Wellbeing noted that significant progress had been made

towards the planned objectives. The Corporate Director of Children, Families and Wellbeing suggested that a full update on progress of the Locality Plan and the Transformation plan should come to the next meeting of the Board and Members agreed.

RESOLVED:

1) That the update be noted.
2) That a full update on the Locality Plan be on the agenda of the next meeting.
3) That an extraordinary meeting of the Board be called in June 2017 to sign off the Trafford Transformation Bid.

38. HEALTH AND WELLBEING PRIORITIES UPDATE

The Interim Director for Public Health drew the Boards attention to two papers that had been distributed to Board members prior to the meeting in addition to the report which had been sent out with the agenda. The two papers were “increasing the impact of the Health and Wellbeing Board and “Public Health – Delivering the fifth wave in Trafford”.

The first paper listed the ways that the Health and Wellbeing Board had functioned since its inception and its impact so far. The paper concluded with a series of questions for Board members to consider regarding the future role of the board, how its impact could be measured and how the Board could hold agencies to account. The second paper described how the landscape of public health had changed and how the focus had shifted to long term behaviour change to avoid the spread of non-communicable diseases.

The Interim Director of Public Health pointed out that once the population are educated as to the health impacts of lifestyles and behaviours there are a set of people who are left behind. The people who make up these groups are generally from lower economic backgrounds and live in more deprived areas. The Interim Director of Public Health stated that the challenge for public health was to change this groups views towards and perception of health, to make them value their own personal health and wellbeing more. The Corporate Director for Children Families and Wellbeing noted the different factors that affected people’s health. Especially, how people’s behaviour is shaped by unhealthy choices being easy to access.

Board members discussed the importance of changing behaviours, making the behaviour changes stick and the role of the wider determinates of health. Throughout the discussion members referred to the importance of using evidence and maintaining focus. The Corporate Director for Children Families and Wellbeing suggested that the Board should review the way that the Board meetings are run and consider moving to a more thematic approach. The Interim Director of Public Health stated that the Board had to view evidence and use that evidence to scope decision making.

The Board agreed that the Interim Director of Public Health and the Corporate Director for Children’s and Wellbeing were to write a report on the future role of the Health and Wellbeing Board. The paper would then come to the next meeting

of the Board in order to be ratified and to shape the meetings and function of the Board going forward.

RESOLVED:

1) That the Interim Director of Public Health and the Corporate Director for Children's and Wellbeing are to write a report on the continued role, priorities and form of the Health and Wellbeing Board.
2) That the report on is to be on the agenda for the next meeting of the Board.

39. PUBLIC HEALTH ANNUAL REPORT

The Interim Director of Public Health gave a short presentation to the Board on the Public Health Annual Report. The Annual Report focused upon children and starting well, following on from the previous year's focus upon healthy life expectancy. The presentation included a map of children's health indicators from pre-birth through to 18 years old with each indicator rag rated against the national average. The interim director of Public Health then went into greater detail regarding adverse childhood experiences, childhood obesity, Childhood Accidents and Injuries, and the Correlation between the readiness performance gap and the prevalence of free school meals.

The Interim Director of Public Health informed the board that the full annual public health report would be brought to the next meeting of the Board.

RESOLVED:

1) That the update be noted.
2) That the full Public Health Annual Report be brought to the next meeting of the Board.

40. FINDINGS FROM THE TRAFFORD SUICIDE AUDIT

The Registrar in Public Health for Rochdale Council delivered a presentation to the Board on the 2015 suicide audit completed across Greater Manchester, the Board were informed that a longer more detailed presentation was available if desired. The presentation started with the background to the audit, the aims of the audit, definitions of the terms used, information as to where data had been drawn from and the limitations of the data that had been gathered. The Registrar in Public Health for Rochdale Council then provided a series of breakdowns of data which looked at various aspects of suicide.

The presentation concluded by listing themes and issues that had emerged from the analysis of the data. These themes and issues included; social isolation, long term physical health issues, job loss, bereavement and relationship breakdown amongst others.

Board members then discussed suicide within Trafford. The Chief Superintendent for GMP, the Group Manager for Salford and Trafford from GMFRS and Clinical Director for Trafford CCG all informed the Board that their respective organisations

were now collecting data on attempted suicides and would, potentially, be able to share this information with partners in Trafford.

The Interim Director of Public Health thanked the Registrar in Public Health for Rochdale Council for her presentation and described the work that Trafford were undertaking which linked in with the GM Audit.

Resolved:

1) That the Registrar in Public Health for Rochdale Council be thanked for her presentation.
2) That the update be noted by the Board.

41. PREVENTION AND EARLY INTERVENTION OF CANCER

The Interim Director Public Health gave a brief update to the Board on how Trafford were looking at reducing the incidences of Cancer within the borough. The main focus would be to improve individuals' lifestyles leading to improved behaviours. The approach was to include tackling smoking and drinking alcohol but also diet, levels of exercise, and attitudes towards screening and seeking medical advice.

RESOLVED:

1) That the update be noted.

42. ONE YOU: INITIAL THOUGHTS ON A NEW OFFER

The Interim Director for Public Health encouraged Board members to visit the One You website and complete the online survey.

RESOLVED: That Board Members are encouraged to visit the One You website and complete the online survey.

43. PHYSICAL ACTIVITY VISION

The Chairman of the Sports and Physical Partnership explained that Trafford's 5 year forward plan set the bedrock of the work that was to be done. A more detailed update of the work that the partnership had been doing would be brought to the next meeting of the Board.

RESOLVED: That a detailed update of the work of the Sports and Physical Partnership be on the agenda for the next meeting of the Board.

44. PARTNERSHIPS WORK ON HEALTHY LIFE EXPECTANCY

Due to the limited amount of time left in the meeting the Head of Partnerships and Communities stated that as there were no key issues this item would be carried forward to the next meeting.

REOLVED: That Partnerships work on Healthy Life Expectancy be carried forward to the next agenda.

45. PHARMACEUTICAL NEEDS ASSESSMENT

The Interim Director for Public Health Explained that the Pharmaceutical Needs Assessment (PNA) was out to consultation and asked the Board agree that the Chairman could sign off the document once the consultation had been completed. The Board agreed a Chairman's action could be taken for the PNA.

RESOLVED: That the Chairman be able to sign off the PNA on behalf of the Board.

46. SINGLE HOSPITAL SERVICE PLAN

The Director of Strategic Projects, CMFT gave an update to the Board on the Single Hospital Service project. The project would have a massive impact for Trafford as it involved the two main Hospitals that provided services to the borough amalgamating into a single service. The Board were informed that timescales for the project were tight with the aim being to complete the first stage by September 2017.

The Director of Strategic Projects, CMFT assured Board members that the project team were focusing upon getting the processes and systems right so that everything would work from day one. At the time of the meeting an interim board was being created to ensure that effective governance was in place.

RESOLVED: That the update be noted.

47. EUROPEAN CYCLE CHALLENGE 2017

The Interim Director for Public Health Encouraged Board members to get their organisations involved in the European Cycle Challenge. A link to the website for the Challenge was to be sent out to Board Members after the meeting.

RESOLVED:

1) That a link to the Challenge Website be sent to Board Members.

48. ADDITIONAL ADULTS SOCIAL CARE INVESTMENT FOR DELAYED TRANSFERS OF CARE

The Interim Director for Public Health informed the board that she had been contacted and asked to participate in an exercise to "graduate from the Better Care Fund". This would create a singular fund across Greater Manchester linked with the Transformation plan. A full update on this item would be brought once the details were known.

RESOLVED:

1) That the update be noted.
2) That a more in-depth update on the GM fund be brought to the Board once details are known.

49. KEY SUCCESSES, CHALLENGES AND RISKS FOR THE LUNCHTIME SESSIONS AND TRAFFORD PARTNERSHIP BOARD

The Chairman stated that the key area of focus for the Board during the lunch time session was the role the Health and Wellbeing Board should take going forward.

RESOLVED: That the Chairman's comments be noted.

The meeting commenced at 9.30 am and finished at 12.00 pm

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TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **21st July 2017**
Report for: **Information / Decision**
Report of:

Report Title

Increasing the Impact of the Health and Wellbeing Board

Purpose

To describe the current position and the development of future options for the Board

Recommendations

To note

Contact person for access to background papers and further information:

Name: Eleanor Roaf
Interim Director of Public Health
Eleanor.roaf@trafford.gov.uk

Introduction

At the meeting of the Health and Wellbeing Board on 21st April 2017, the Board reviewed the history of the Board in Trafford, and considered the impact that it had made since its inception. There was general agreement that the Board's focus on improving healthy life expectancy had raised the profile of this as an issue for the Borough, and a number of examples were given of how organisations and partnerships had responded positively to addressing this. This is further evidenced through the strategies developed and actions taken on each of the five key priority areas: indeed, as a result of the board agreeing the five priorities, there are now five well established partnership based work programmes, aimed at improving health and reducing inequalities.

The issue of whether the Board is achieving all it could in terms of its role as a key influencer of the broader partnership agenda in Trafford remains, and there is more work that the Board needs to undertake if it is to demonstrate that it is having an impact on the 'wider determinants' of health such as housing, transport, education or employment. Influencing these wider determinants can make as much difference to health outcomes as the work on lifestyle and behaviours and health service quality put together, and so, if we are to make the step change difference in outcomes required to meet the challenges ahead, we will need to consider how to increase the Board's impact on these areas.

Next Steps

The implementation of Trafford's Transformation Bid, together with the proposals for further integration of health and social care teams, give an opportunity for the HWBB to raise its profile and to take a leadership role in the planning and delivery of this work. Options are also likely to emerge in relation to the delivery of the wider determinants, including, for example, in the influencing to the implementation of the Greater Manchester Spatial Framework. The opportunities and options are likely to be clearer in the autumn, once Trafford receives a decision from the Greater Manchester Health and Social Care Partnership regarding the Transformation Bid.

Recommendations

That a sub group of the HWBB is established to discuss the future role and remit of the Board, including proposals for any changes in membership or reporting structures, and that this group reports back to the October meeting of the HWBB.

Eleanor Roaf
Interim Director of Public Health

11th July 2017

Appendix 1
For information: paper presented to the 21st April 2017 meeting of the Health and Wellbeing Board

Increasing the impact of the HWBB

Introduction

Health and Wellbeing Boards have been in place across England since 2013, but while their role is clearly laid out in statute, the impact they have had in local areas has been very variable, with questions raised in some areas about the added value that the Board has brought.

The situation in Trafford is no different to that in many other boroughs. The initial Health and Wellbeing strategy was comprehensive, with many underpinning plans, but it was hard to see to what extent any progress was attributable to the Board's input. Over the last year, we have been focussing on improving healthy life expectancy through work on smoking, alcohol, physical activity, the impact of poor mental health, and cancer screening and early diagnosis. The aim of this was to allow a concentration of effort and energy onto a few key areas, rather than spreading our work too thinly. This appears to be having some impact, especially in the influencing of neighbourhood partnership work, but it does not answer a number of questions, such as is the Board is achieving all it could or should; is the scope and range of the work correct; and how does it enhance and add value to other partnership structures? Furthermore, is the Board seen as working on 'must do' agenda, or on one that is 'nice to do'? As an aside, the name of the Board is perhaps unhelpful here: if we were to recast 'wellbeing' as 'suicide prevention' (which is to large part its goal) then perhaps the impact of the Board's remit would be better understood, especially given that suicide is the biggest killer of people under 50 in the UK.

What makes a difference to population health?

Within Public Health, we are often asked for the two or three big ideas that, if consistently delivered, would make the biggest difference to the health of the population. There are two aspects to the answer to this question. The first is to improve health through action in health and social care services. For this, the answer lies in the topics we have outlined above: reduce the risk of diabetes, cancer and cardiovascular disease by reducing smoking, alcohol use and physical inactivity; improve diets and reduce the inequalities in mental health and screening. This will lead to a direct and measurable change in health outcomes and in reduced costs to the health and social care system. We can demonstrate the role that, for example, the NHS can play, given sufficient resource. For example, by identifying people in the early stages of disease and intervening to slow down or reverse the progression. Even better: to intervene before the disease process has commenced but the person is at risk due to certain factors, some of which are under the control of the person, and some could respond to medical treatment. This prevention activity should go on at all tiers of health service – primary care is the obvious, but acute care should be playing its role too. For instance when people are scheduled for surgery there should be serious effort put into making the person understand the increased risks they face and in-depth support to get them to quit, use a nicotine substitute or switch to vaping – at least until the operation. The

person may then find they don't want to return to smoking. However, all this takes time, therefore resource, and won't happen if not a priority. How does the Board influence this, and change resourcing decisions?

The second answer develops this further and looks to address the **wider determinants of health:** how do we address the factors that make it more likely that people will experience poor health? Addressing these requires work on housing; transport; education, employment and the environment. With the implementation of the Locality Plans, and the opportunities offered to Trafford through the Greater Manchester Health and Social Care Partnership (including via the Greater Manchester Population Health Plan) we are now at a stage where we need to consider whether the HWBB should engage more broadly on some of the wider determinants of health, and if so, what that means for all members of the Board.

Therefore, to answer the question on the improving health through improved health and social care delivery: where does the HWBB fit with locality and transformation plans, the integration of health and social care, and the development of local care organisations: the agenda to a large degree of the GM Health and Social Care Partnership

To answer the question on how to make a difference to the wider determinants of health: should the HWBB demonstrate greater engagement with topics that might be seen as relating more to the work of the Greater Manchester Combined Authority: the planning, regulatory services, environmental, housing and transport issues that impact on all of our lives. Perhaps there is an opportunity to develop new processes with the nascent Mayoralty on these wider determinants.

Finally, the challenge to the Health and Wellbeing Board and to the wider Trafford Partnership is to get the full value from the Board, against whichever aspects of population health it chooses to focus.

Some questions to consider include:

- What do we want to deliver through the statutory status of the HWBB? How do we use this to our advantage?
- How can we evidence what a good HWBB delivers? Can we find an area that would not be without their HWBB because of the value that it has brought?
- How do we embed improved population health impacts in all our work? What does this mean for resourcing and spend?
- Is the membership right for both the health and social care agenda, and the wider determinants?
- How does the HWBB hold agencies to account?
- How do the priorities of the HWBB line up when considered against the various 'must do's' of the different member organisations?

Eleanor Roaf
Interim Director of Public Health
12.4.17

TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **21st July 2017**
Report for: **Information / Decision**
Report of: **The Interim Director of Public Health**

Report Title

Update on Public Health priorities and outcomes

Purpose

To provide an update on progress against our Public Health priorities in Trafford

Recommendations

To discuss

Contact person for access to background papers and further information:

Name:

Eleanor Roaf, Interim DPH Eleanor.roaf@trafford.gov.uk
Kate Hardman Public Health Analyst kate.hardman@trafford.gov.uk

TRAFFORD HEALTH AND WELLBEING BOARD

DELIVERING THE HEALTH AND WELLBEING BOARD PRIORITIES: A 5 YEAR ACTION PLAN
Public Health Delivery Group Report: Physical Activity
Responsible Public Health Lead: Eleanor Roaf
Programme Lead: Louise Wright
Date: 05 April 2017

	Progress to date	**Planned in the next quarter**
Gathering Evidence (NICE, PHE reviews etc)	Evidence to be incorporated into the final version of the Physical Activity Vision including: • Physical activity strategy, policy and commissioning • Local strategy, policy and commissioning for physical activity • Training for people involved in encouraging others to be physically active • Physical Activity in the workplace • Encouraging people to be physically active • Encouraging physical activity to prevent or treat specific conditions • Making changes in other areas to encourage physical activity • Local services: areas of work in relation to physical activity • Physical activity and schools • Transport and physical activity • Physical activity and the environment • Lifestyle advice on diet and physical activity • Walking and cycling • Mental wellbeing and older people	Ensuring evidence is incorporated into the final version of the Physical Activity Vision and ensuing Strategy and Implementation Plan.
Greater Manchester Plans	Greater Manchester Moving is the Blueprint for Physical Activity & Sport that will guide the allocation of investment in physical activity and sport at GM level over coming years. It outlines the aspiration for a collaborative approach to planning and investment in physical activity and sport in order to improve the health of the GM population and maximise the	Within Trafford, we have identified particular topics within these for our work over the next 4 years, as these are seen as being likely to have

	Progress to date	Planned in the next quarter
	contribution a healthy society makes to the economic growth and prosperity of GM. The purpose is to consider the added value that can be achieved. It aligns to the wider health and social care devolution and the framework aims to deliver at scale whilst offering a value for money approach. The Blueprint identified 10 key areas to work on collectively to increase physical activity.	the largest immediate impact and include: • Increase the number of people walking and running • Increase the number of people cycling • Promote physical literacy in the early years, at school and at home
Examples of Best Practice	*Everybody Active, Every Day: Two years on* *An update on the national physical activity framework* outlines a number of good practice case studies: • Everybody Active North East (EANE) • NHS Healthy New Towns sites • Now's the Time – to get active (Thamesmead) • Teaching every child to be active in Lancashire • Walsall A*STARS (Active Sustainable Travel and Road Safety) • Get Yourself Active • #AlltogetherfitterNHS • Greater Manchester Exercise Referral Standardisation Approach	
Governance group status, next date, etc	The Health & Wellbeing Board will own and oversee the delivery of the Physical Activity Vision outcomes through the Sport & Physical Activity Partnership which has the support of all the key partners required to drive this transformation.	A strategy and implementation plan will be developed which will form the basis of a delivery plan for the Sport & Physical Activity Partnership. Next SPAP meeting 13 April

	Progress to date	Planned in the next quarter
		2017.
Auditing current situation in Trafford		
Performance	See currently adopted aims which have associated performance indicators • To reduce the percentage of people in Trafford who are physically inactive • To increase the number of people walking each week • To increase the number of people running each week • To increase the number of people cycling each week • To increase the number of people volunteering in sport and physical activity • To increase physical literacy across the early years, at school and at home Other Public Health Outcome Framework indicators that could be positively affected by increased physical activity, include the following: • Hospitalisation caused by falls • Reduction in preventable mortality • Utilisation of open space • Social isolation among adult social care users • Social isolation among carers • Numbers killed or seriously injured on roads • Improved air quality	Indicators to be updated quarterly in line with the new Sport England Active Lives survey. The full impact on these indicators will only be seen if a cross-borough (and in some case, pan-Greater Manchester) approach is taken to underpinning issues such as urban planning and transport. Much of the data as currently collected is only available for Trafford as a whole. We need to develop locality and neighbourhood based data so we have a better understanding of inequalities within the borough and enable us to take the necessary steps to address these. To work with Public Health Analyst.
Policies	Council Wellbeing Strategy	Work with Wellbeing Champions.
Commissioned	• Healthy Hearts and Hips work with Age UK and others,	Within the next quarter the

	Progress to date	Planned in the next quarter
services	• Health Improvement service, being piloted by Blue Sci, also includes promotion of physical activity. • Balance Project - Increase the level of physical activity in children aged 5-13 years old and their families is commission by the Council's Children, Families & Wellbeing directorate • Walking in Trafford project – delivered by City of Trees was co-commissioned by TfGM and the Sport & Physical Activity Partnership • Physical Literacy Project – commissioned by the Sports Partnership brings together partners including GreaterSport, Children's Centres, Nurseries, Childminders and Health Visitors in Partington and Stretford, the Youth Sport Trust, Schools, Manchester United Foundation and Trafford School Sports Partnership. • Parkrun in Longford Park, Stretford – commissioned by SPAP • Recreational run leaders trained	Sports Partnership will identify it's priorities for 2017/18.
Levers	None	
Action Plan	The Physical Activity Vision provides the foundation for action planning around this priority.	A strategy and implementation plan will be developed which will form the basis of a delivery plan for the Sport & Physical Activity Partnership. Each locality partnerships is also starting to develop its own action plan in relation to the priorities locally e.g. Make Sale Move is focussing on getting older people (65+) in Sale more physically active.

Public Health Delivery Group Report - Alcohol

Responsible Public Health Consultant: Julie Hotchkiss Programme Lead: Paul Burton

Date: 13/06/17

	Progress to date	Planned in next quarter	Key dates
Gathering evidence (NICE, PHE reviews etc)	No further evidence.	Gather any additional evidence, as it is published.	
Greater Manchester plans	GM has an alcohol strategy.	Work continues on CICA (Communities in charge of Alcohol) within 10 GM areas via PHE.	
Examples of best practice from elsewhere	No further examples to report this quarter.		
Governance group status, next date, etc	Successful first meeting of alcohol group.	Next meeting of alcohol steering group 18th July.	18/07/17
Latest indicators and other performance	Performance of Trafford alcohol services continues to compare well with GM but less well when compared with nearest neighbours.	Report on preventable mortality from liver disease by PH analyst.	
Policies	No further progress.	Work on revised drug and alcohol policy with HR.	
Commissioned services	Drug and alcohol services to be tendered jointly with Salford and Bolton.	Tenders to be assessed with new service expected from January 2018.	Tender live now. New service Jan 18
Action Plan	Been separated out from the Recovery Plan and expanded	Ongoing work to progress this, including with dual diagnosis psychologist	

Public Health Delivery Group Report - Tobacco

Responsible Public Health Consultant: Julie Hotchkiss Programme Lead: Jess Ta'ati

Date: 13/06/17

	Progress to date	Planned in next quarter	Key dates
Gathering evidence (NICE, PHE reviews etc)	PH England evidence on use on e-cigarattes published in 2015, but only taken on board now.	Make widespread in Trafford facts about e-cigs and reduction of 95% of the harm of tobacco	
Greater Manchester plans	GM Tobacco Plan draft in final stages of approval	Implementation of GM Plan	Not known
Examples of best practice from elsewhere	Research seminar on e-cigs show-cased lots of good practice	Get Leicestershire Stop Smoking Service documentation on e-cigs	
Governance group status, next date, etc	Tobacco Steering Group performing well.	Next TSG meeting.	11/07/17
Latest indicators and other performance	16/17 Stop Smoking Report drafted. Approx 400 – 450 quits in total, over 200 from GPs (up from previous year). One You – only 4.	Check with Kate Hardman when next PHE updates due	
Policies	JT drafted new Council Tobacco / Smoking Policy	Circulate, get approval and launch	Aim for Sept launch?
Commissioned services	New Specification for integrated lifestyle service drafted. Contact with other GM boroughs about potential joint work.	One You contract finishes at the end of September 2017, Trafford's commissioning intentions beyond September are yet to be finalised. Educational event for Pharmacists	Oct 2017 12/06/17
Action Plan	Detailed, progress reported at TSGs and revised.		

Public Health Delivery Group Report template: To improve cancer prevention and screening

Responsible Public Health Consultant: Helen Gollins

Programme Lead: Helen Gollins/Alex Cotton Date: 13/07/17

	Progress to Date	**Planned in Next Quarter**
Evidence Review (National)	Complete	The Cancer Local Implementation Group (LIG), established in 2016, has a set of objectives and an action plan which has been developed to reflect the National and Greater Manchester Vanguard work programme. The local action plan only includes actions where there are gaps relevant to local need not addressed by regional or national work. A key action within the plan is to ensure timely and robust data and evidence is available to the LIG to support intelligent commissioning, planning and evaluation.
Evidence Review (Greater Manchester	Complete	
Evidence Review (Trafford)	Complete	
Examples of Best Practice	• Prevention and Public Health lead for LIG recently presented Trafford work programme to Greater Manchester Vanguard event after being identified as an area of best practice. • Primary Care Cancer Champions, (16/32 practices with PCCC) • Beating Bowel Cancer Practice Volunteers	Audit of current Primary Care Cancer Champion Practices bowel screening activity and where achieved, Greater Manchester Bowel Health Promoting Practice Award to be presented to the practices, (it is anticipated that a minimum of 10 practices will achieve an award.)
Current Activity in Trafford		
Screening rates across practices are closely monitored, cervical screening rates have bucked the national trend increasing in recent		

years, and however this seems to have plateaued. Trafford's bowel screening rate is 53%; the expected uptake target is 55%.

The Prevention and Public Health, and Increasing Early Diagnosis elements of the LIG action plan detail a broad range of actions both universal and targeted to improve cancer prevention and cancer screening uptake. These include activity around smoking cessation, HPV vaccination, primary care skills and support, improving non-clinical capacity and community engagement.

Delivery of the action plan is supported by Cancer Research UK, Beating Bowel Cancer and the Greater Manchester Bowel Screening Programme amongst others.

The action plan and performance dashboard are available on request.

Public Health Delivery Group Report template

Responsible Public Health Consultant: Julie Hotchkiss Programme Lead: Daniel Smithson/Jane Hynes

Date: 12/07/2017

	Progress to date	Planned in next quarter	Key dates
Gathering evidence (NICE, PHE reviews etc)	Nice Guidelines catalogued	Report on NICE, PHE and other relevant evidence and recommendations for MH in general, highlighting physical health elements	
Greater Manchester plans	GM Mental Health Strategy identified	Review and report of GMMHS	
Examples of best practice from elsewhere	Researched GM prevention and wellbeing services	Review and establish best practice.	
Governance group status, next date, etc	Mental Health Partnership Launch attended by commissioning. Eleanor Roaf presented on physical health.	Follow up date again Attend next meeting and keep physical health in conversation	

	Unsure of next date or outcomes from group work. Ensured all commissioned providers are on the invite list		
Latest indicators and other performance	Overview on Trafford Mental Health Data prepared for commissioners Information on CQUINs received from CCG	Use data re: smoking rate when developing actions Review local KPIs for CQUINs Follow up on dual diagnosis info request	
Policies	Suicide Prevention Plan drafted	Find Status re: launch/implementation	
Commissioned services	Identified through quarterly monitoring meetings that there are issues with the engagement with weight management and substance misuse services Outlined local prevention and wellbeing services. Made arrangements for CMHT colleague to attend MH monitoring meetings	Work with commissioners of relevant services, as well as with providers, to identify barriers and increase positive engagement.	
Action Plan	As above		

Trafford Health & Wellbeing Outcomes & Performance Framework

Kate.hardman@trafford.gov.uk

Public Health Intelligence Analyst

Summary

- **Outcomes** linked to overarching objective and five priority areas
- **Performance** indicators for services aimed at improving these outcomes
- Indicators are benchmarked against peers and England, analysis of time trends
- Development:
  - Use locally held data to introduce an inequality element to each indicator
  - Target setting

Trafford Health and Wellbeing Board Outcomes Framework

Objective/Indicator	Trafford value	Comparators				Change	
		Stockport	Best in peer group	North West	England	Since previous period	Trend
Improve healthy life expectancy							
Healthy life expectancy at birth (Male)	62.9	65.0	66.4	61.1	63.4	↓	
Healthy life expectancy at birth (Female)	65.1	65.9	67.9	62.0	64.1	↑	
Slope Index of Inequality in healthy life expectancy (Male)	15.8	17.3	8.7				
Slope Index of Inequality in healthy life expectancy (Female)	16.1	16.6	7.8				
Reduce harm from alcohol							
Admission episodes for alcohol-related conditions (Narrow)	586	739	551	737	647	↓	
Admission episodes for alcohol-related conditions (Broad)	2,332	2,590	1,859	2,601	2179	↓	
Admission episodes for alcohol specific conditions	750	962	246	891	583	↓	
Admission episodes for alcohol-specific conditions - Under 18s	34.8	73.8	10.8	54.1	37.4	↓	
Alcohol related mortality	43.9	52.7	39.3	54.8	46.1	↓	
Alcohol-specific mortality	15.8	15.2	8	16.3	11.5	↓	
Reduce harm from tobacco							
Smoking prevalence in adults	12.6	12.2	9.7	16.8	15.5	↓	
Smoking prevalence in adults in routine and manual occupations	28	22.4	19.2	26.8	26.5	↓	
Smoking attributable mortality	271.4	276.5	207.9	342.9	283.5	↑	
Smoking attributable hospital admissions	1655	1660	1205	1949	1726	↓	
Smoking status at time of delivery	7.5	10.6	7.2	13.7	10.6	↓	
Smoking prevalence at age 15 - Current smokers (WAY)	5.3	7.1	4.7	8.0	8.2		
Improve mental health and reduce the impact of mental illness							
Suicide rate	8.1	12.6	7.5	11.3	10.1	↓	
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	71.0	Suppressed	62.3	65.0	67.2	↑	
Self-reported wellbeing - people with a high anxiety score	17.1	21	16.8	20	19.4	↓	
Excess under 75 mortality rate in adults with serious mental illness	480.3	334.2	217.8	401.2	370	↑	
Emergency hospital admissions for intentional self-harm	135.5	230.8	55.7	250.4	196.5	↓	
Increase physical activity							
Percentage of physically active adults	57.3	57.7	69.8	53.7	57	↓	
Percentage of 15 year olds physically active for at least one hour per day seven days per week	11.4	13.6	18.8	13.2	13.9		
Percentage of adults who do any walking, at least five times per week	43.0	44.3	56.4	48.5	50.6		
Percentage of adults who do any cycling, at least three times per week	3.0	3.7	14.8	3.4	4.4		
Utlisation of outdoor space for exercise/health reasons	18.7	17.8	25.8	17.5	17.9	↑	
Excess weight in adults	63.4	63.6	56.4	66.6	64.8	↑	
Child excess weight in Year 6	30.9	30.3	27.9	35.2	34.2	↑	
Increase cancer screening rates							
Under 75 mortality mortality rate from cancer considered preventable	84	84.7	63.9	94.7	81.1	↓	
Cancer diagnosed at an early stage	56.1	55.4	60.4	50.8	52.4	↑	

Trafford Health and Wellbeing Board Performance Framework

Objective/Indicator	Trafford value	Comparators				Change	
		Stockport	Best in peer group (1)	North West	England	Since previous period (2)	Trend
Reduce harm from alcohol							
Number in treatment in specialist alcohol misuse services	416					↓	
Successful completion of treatment for alcohol	55.1	38	55.1	43.2	38.4	↑	
Proportion of adults screened using an AUDIT alcohol screening questionnaire in primary care	Awaiting data						
Number of brief interventions	1939						
Number of extended interventions	178						
Reduce harm from tobacco							
Number setting a quit date	3,118	5,029	8,010	5,126	5,092.00	↓	
Successful quitters at 4 weeks	1,089	1,861	4,308	2,479	2,598.00	↓	
Cost per quitter	502	1,046	247	444	479	↑	
The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months	86.9	83.8			87.0		
Improve mental health and reduce the impact of mental illness							
Access to IAPT services: People entering IAPT (in month) as % of those estimated to have anxity/depression	12.0	16.4	31.1		15.5	↔	
Patients with severe mental illness who have a comprehensive care plan	75.9	85.4			77.5		
Patients with severe mental illness who have a record of blood pressure in last 12 months	83.2	84.9			81.0		
Patients with severe mental illness who have a record of alcohol consumption in last 12 months	82.9	86.7			80.0		
Increase physical activity							
Number of GP referrals to physical activity scheme	Awaiting data						
Increase cancer screening rates							
Breast cancer screening coverage (overall and top vs bottom performing)	69.3	73.4	80.3	72.2	75.5	↓	
Cervical cancer screening coverage (overall and top vs bottom performing)	75.3	75.5	81.4	72.3	72.7	↑	
Bowel cancer screening coverage (overall and top vs bottom performing)	57.8	58.1	60.8	56.8	57.9	↑	
Health checks							
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	54.6	65	78.1	52.2	56.4		
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	50.8	63.1	63.3	53.4	48.6		
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check	27.7	41.1	41.7	27.9	27.4		

TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **21 July 2017**
Report for: **Information**
Report of: **The Interim Director of Public Health**

Report Title

Health Protection Annual Report

Purpose

To provide an update on health protection and infection control in Trafford

Recommendations

To note

Contact person for access to background papers and further information:

Name:

Eleanor Roaf, Interim DPH Eleanor.roaf@trafford.gov.uk
Phil Broad, Modern Matron, Pennine Care FT Philip.broad@nhs.net

Trafford Community Infection Prevention & Control Annual Report (April 1st 2016- March 31th 2017)

Eleanor Roaf, Director of Public Health
Phil Broad, Modern Matron, Infection Prevention and Control

Contents

Executive Summary

High standards of infection prevention and control are essential to ensure people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday clinical and social care practice and must be applied consistently by everyone.

Good management and organisational processes are also crucial in ensuring high standards of infection prevention and control. This should result in effective prevention, treatment and containment of infection. Effective action relies on accumulating a body of evidence that also takes account of current guidance and best practices around hygiene and cleanliness.

It is the purpose of this Annual Report to evaluate such evidence and practice for compliance against the Infection Prevention and Control (IPC) work plans that were included as part of the previous 2016-17 Annual Report. Improvements in the delivery of the Infection Prevention and Control service aim to achieve zero tolerance to healthcare associated infections, by building on improvements made during the last 12 months and continuously reviewing priorities for improvement during 2017-18. The Infection Prevention and Control Plan work plan for commissioned services is included in the report and has been embedded in the work program for the Community Infection Prevention and Control Team within Pennine Care NHS Foundation Trust, the Operating Plan and Commissioning Corporate Objectives, Public Health Directorate, Health Protection and Resilience plans and objectives.

This report describes Infection Prevention and Control team activity, the arrangements and progress with the work plan for the period April 2016 – March 2017, and will highlight the achievements made by the service, in helping to reduce the burden of health care associated infections in the community, and to meet the challenges of organizational change and emergence of antimicrobial resistant organisms, such as Carbapenamase producing Enterobactericeae (CPEs).

1. Infection Prevention and Control Arrangements

1.1. Infection Prevention and Control service (IPCS)

The Trafford Community IPCS aims to provide a comprehensive proactive service which is responsive to the needs of service within the Trafford public health economy along with key stake holders, including Pennine Care Foundation NHS Trust (PCFT) provider services, independent contractors, private providers, and local authority commissioned services and the public. It is committed to the promotion of excellence within the everyday practice of infection prevention and control. Central to this is providing advice, support and education for all staff across all the disciplines within the community provider and commissioned services.

This remit extends to the provision of advice and support for schools, nurseries, care homes, general practitioners, dentists, local authority commissioned social care and care agency staff and the general public. The IPCS has responsibility for the monitoring, surveillance and investigation of infections and for advising on preventative and control precautions. This is done as a collaborative partnership between PCFT, Trafford CCG and Trafford local authority.

The IPCS is part of the Nursing Directorate within PCFT, Trafford borough. The Modern Matron (Infection Prevention and Control) is line managed by an operational manager with responsibility for specialist nurses, and the Infection Prevention and Control nurses are line managed by the Modern Matron.

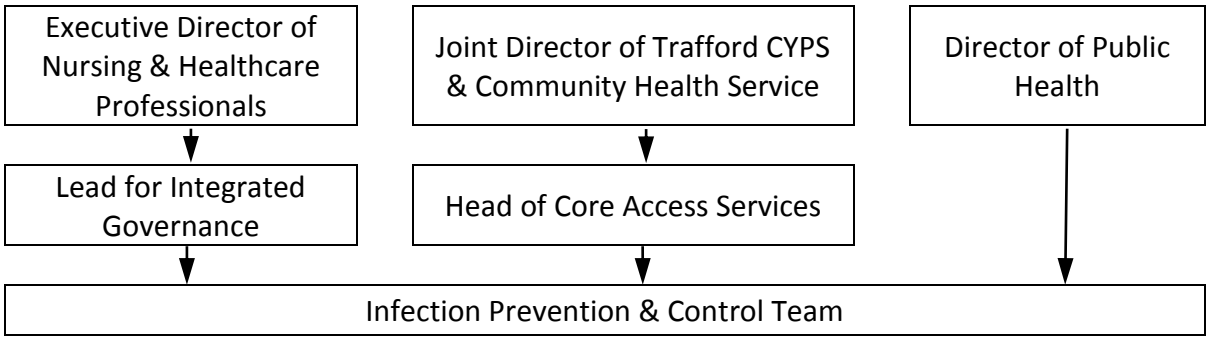

Figure 1 - Reporting and governance arrangements 2016/17

1.2. Trafford Director of Public Health (DPH)

The DPH for Trafford with responsibility for health protection including infection prevention and control is Eleanor Roaf. The roles of the DPH transferred to the Local Authority on 1st April 2013 as part of the Health and Social Care Act 2012 changes. The DPH has an assurance role for health protection, exercised through the Trafford Health Protection Forum. Health protection is a mandated service for the Local Authority and is included in the Memorandum of Understanding between Public Health, NHS Trafford CCG along with PCFT.

1.3. Microbiological Support

A Memorandum of Understanding is in place with Trafford Division of Central Manchester FT (CMFT) Microbiology Department to provide specialist microbiological advice to Trafford CCG. Arrangements

are in place which ensures CDI and MRSA results are communicated to the team daily, via telephone call/messages.

1.4. Trafford Health Protection Forum

The Health Protection Forum Infection Prevention and Control group is chaired by the Director of Public Health. The group meets quarterly to oversee the development and implementation of the Trafford Community Infection Prevention and Control work plan and strategy, and to monitor the performance of providers. It ensures that Trafford community including primary care have in place effective systems and processes to fulfil its responsibilities in the delivery of high standards of care and meet the standards within the Health & Social Care Act (2008), Code of Practice. The Infection Prevention and Control Group's terms of reference are shown in Appendix A.

1.5. Working in partnership with other agencies and organisations

Throughout 2016-17 the IPCS has promoted collaborative working with the local secondary and primary care providers across the full range of infection prevention and control issues. In addition to attending the meetings of the Trafford Health Protection Forum as members of the Infection Prevention and Control group, team members also attend meetings relating to the investigation of incidents of MRSA bacteraemia and community attributed Clostridium Difficile, providing further opportunities for sharing information, and for building and maintaining good working relationships with hospital IPC teams.

The IPCS also delivers infection prevention and control services to Local authority employed and commissioned care staff, developing strong collaborative links with key Social Service providers, private nursing and residential care homes, and care agencies. The Infection Prevention and Control service also attends Nursing Forum chaired by the CCG Personalized Care team.

The IPCS also attends the CCG performance group (POIG), where matters pertaining to IP&C support to primary care, along with the education sub group which develops training for primary care staff.
Across the wider Greater Manchester (GM) footprint the Infection control team attends IP&C confederation meetings facilitated and chaired by NHS England, along with GM collaborative network meetings which are held across GM.

2. Meeting Infection Prevention and Control Standards

2.1. Legislation

The Health and Social Care Act 2008, establishes the CQC and sets out a legal framework for the regulation of health and social care activities. Regulations made under the Act describe health and social care activities that may only be carried out by registered providers, and provide details of the requirements for registration. Failure to comply with the statutory requirements set out is, therefore, a breach of registration, under the Health and Social Care Act 2008. The CQC has a wide range of enforcement powers which it can use to respond to such breaches, with information about enforcement activities being made available to commissioners of healthcare and the public.

2.2. Assurance Systems at NHS Trafford

The IPCS undertakes bi-monthly review of code of practice assurance for Pennine Care FT. Regular updates are given at the infection control committee meeting. The Trafford health protection system has the following arrangements and assurance systems in place for the management of healthcare associated infections:

- Director of Public Health for the Trafford
- Modern Matron Infection Prevention and Control Lead Nurse Post, 1x WTE
- Infection Prevention and Control Nurses X 2 1.4 WTE
- Trafford Health Protection Forum (chaired by the DPH) meeting quarterly
- Infection Prevention and Control annual report to Trafford Health Protection Forum
- Trafford CCG Governing Body and Trafford Health and Wellbeing Board
- Monthly infection control/public health updates provided to NHS Trafford CCG Performance
- Officers' integrated governance (POIG) meetings
- Updates by the Trafford DPH to the Trafford Health and Well Being Board

3. Enhancing Service Capability for Infection Prevention and Control

3.1. Education and Training

Infection Prevention and Control is a vital component of an effective risk management program which strives to improve the quality of patient care and the health of staff through the prevention and control of infection. "Infection Prevention and Control is everybody's business" is an adage widely promoted in PCFT, and central to overall strategy is the delivery of quality training and education.

With a rapidly moving agenda, provision of training to a wide range of front line health and social care staff, is deemed a priority for the IPCT. Within PCFT, clinical staff can undertake level 2 IPC training via an eLearning package or by attending a 45-minute face to face training session delivered by a member of the IPCT, non-clinical staff are also able to undertake training via an e-learning package. Staff directly employed/commissioned by the local authority and care home employees from throughout the borough are provided with a 2-hour training package, which includes a UV hand hygiene test. Training for care home staff is provided at their place of work, whilst sessions provided for Local Authority employees are delivered at Trafford Town Hall. GP practices are also provided with a 1½-hour face to face presentation, also including a UV hand hygiene test. Training content for all groups attending is tailored to meet their needs, with sessions throughout the year, receiving highly positive evaluations.

For the 18 nursing homes and 20 residential care homes settings from whom the local authority commission services IP&C, inspections/audits of the workplace are undertaken followed by a training presentation delivered on the same day, allowing observations to be linked into the core content of the presentation, thus giving the training greater relevance to the needs of staff working there (See Appendix B for the 2016/17 training figures).

3.2. Audits and Inspections

The IPCT endeavours to ensure that audit forms part of the proactive service, and that feedback action plans and re-inspection form part of the process of monitoring and quality assurance.

3.2.1. Health centres and clinics and GP practices

A clean, safe environment, in which clinical services are delivered, is a priority for all providers of health care. All Community Health Centre's and clinics previously managed and owned by NHS Trafford are inspected yearly by the infection prevention and control service as part of the cycle of premises inspections. Premises where Pennine care FT deliver services receive a yearly inspection, reports are forwarded to the Pennine audit department, and action plans followed up by the community IP&C team. GP practices which are co-located at the Health Centre's where Pennine Care FT deliver their services, along with standalone GP practices, are also inspected annually, with reports and action plans forwarded to Practice managers and the CCG performance lead, to seek the necessary assurance around progress. Also, included in the cycle of planned visits is the out of hours GP walk in Centre, based at Trafford General Hospital, and the Physiotherapy outpatient services based at Trafford and Altrincham hospitals.

With respect to the inspections listed below, a detailed focus on the management of vaccine fridges was undertaken to give full assurance to the CCG & NHS England, following problems identified at a Timperley practice.

3.2.2. GP Practices

Support for GPs includes an inspection of the practice setting, plus an associated RAG rated report and action plan, focusing on compliance with the 'Health and social care act (2008), code of practice on the prevention and control of infections and related guidance' in preparation for CQC registration inspection.

Over the three year period this method of assessment has been running, the scores recorded in the template testify to a measurable improvement across most of the standards notably: policy development, continuous monitoring standards of IP&C, a nominated individual leading on IP&C for each practice, patient education, vaccine fridge management, waste, sharps management, use of PPE, clinical practices with an IP&C focus, education, Estates issues, decontamination, standards of domestic cleaning, health promotion/patient education.

In the first year of inspections in 2014/15, 41% (n=14) of practices took part. The average inspection score was 75.9% (95% CI 71.8%-80.0%). In year 2 (2015/16), 85% (n=29) of practices took part and the average inspection score was 75.4% (95% CI 71.5%-79.3%). For the most recent round of inspections in 2016/17, 97% (n=33) of practices received an inspection, with just 1 practice declining a visit. The average inspection score was 90.9% (95% CI 88.7%-93.0%), which was a significant improvement on the previous 2 years' scores. The data is summarised in Figure 2.

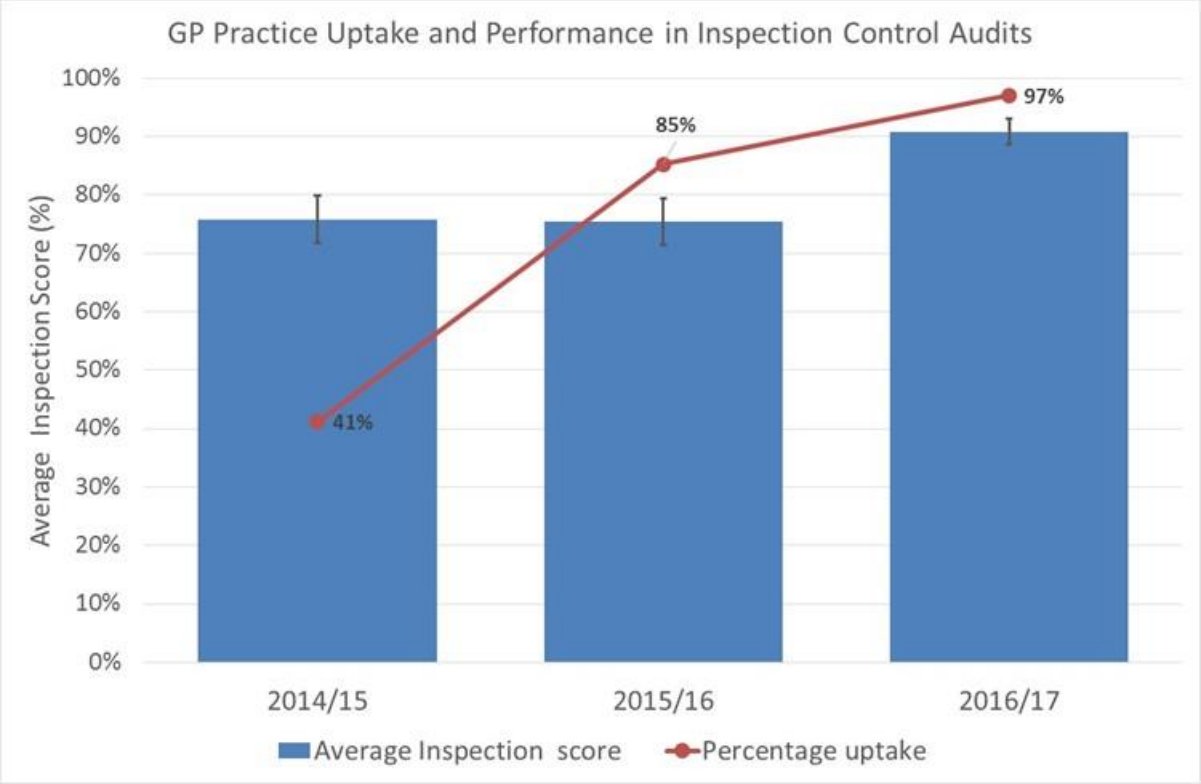

Figure 2 - Graph summarising uptake and performance 2014-2017

The inspections were generally well received by practices. All practices scored higher in the most recent audit than they had in previous years, which implies that inspection recommendations are being actioned.

3.2.3. Care Homes

For care homes with nursing registration, Infection prevention and control support is afforded a high priority. Settings are inspected on an annual basis, and progress with action plans monitored through re-inspection the following year. Where inspection results have fallen below an acceptable threshold, settings are re-inspected within a 3-6-month period to check progress with an agreed action plan.

Delivery of infection prevention and control training and audit to Trafford registered nursing homes 2016-17:

- 1 ½ hour inspection, follow by report and action plan
- 2 hours of infection prevention and control Training.
- Includes an individual UV light hand hygiene assessment
- Request minimum number of delegates 10
- Training to be undertaken by the workforce every two years

18 care home were inspected this year. The average inspection result score was 78%, scores ranged from 55-95% (Figure 3).

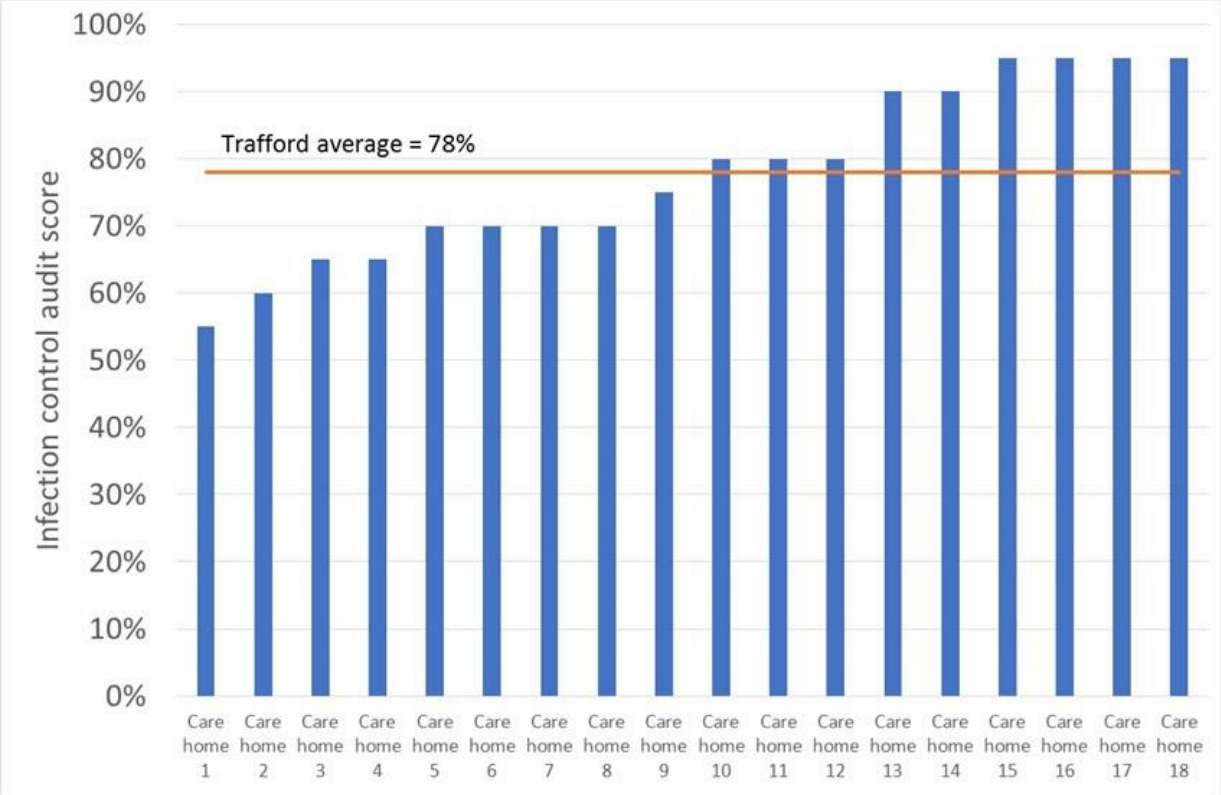

Figure 3 - Performance of care homes in infection control audit

A copy of the inspection report and action plan is sent to the CCG personalised care team, Director of public health, CQC (allocated inspector) and Local authority lead commissioner.

3.2.4. Residential homes

The IPCT have delivered infection prevention and control training and audit to Trafford's residential care homes this year, which consisted of:

- 2-hour inspection, with report/action plan
- 2 hours of infection prevention and control Training.
- Includes an individual UV light hand hygiene assessment
- Request a minimum number of 10 delegates
- Training to be undertaken by the workforce every two years

21 residential homes were inspected and scored using a Red, Amber, Green rating system. The results for this year are shown in Figure 4. This indicates an improvement from last year as 7 (vs 4 from 2015/16) homes achieved a green rating. However, of concern is the 1 facility which was scored red. Further work is underway with this home.

A copy of the inspection report and action plan is sent to the Director of public health, CQC (allocated inspector) and Local authority lead commissioner.

Figure 4 - Results from residential home audits in 2016/17

3.3. Infection Prevention and Control Policies

The Trafford based Community IPCT work collaboratively with Pennine Care IP&C colleagues to review policies for the trust, which are then submitted to PC FT IGC for approval. All IP&C policies have been reviewed in the current reporting year. For care homes and general medical and dental practice, in addition to resources produce by the DH and PHE (previously HPA), guidance developed locally within the local health economy and guidance policy documents supported by the CCG, such as the antimicrobial formula and cold chain policies is also promoted.

3.4. Decontamination

The Infection Prevention Control Nurse is delegated to lead on decontamination liaises with appropriate stakeholders within PCFT and with external independent contractors and agencies around the decontamination agenda, which includes compliance with the Department of Health, Health Technical Memorandum 01-05 Decontamination in Primary Care Dental Practices (2008).

The IPCN has been involved in offering advice and support to general dental practices (GDPs), reviewing plans for setting up Local Decontamination Units in practices, undertaking inspections and delivering staff training at the request of individual practices, and accompanying Commissioners and CQC on performance visits.

In the reporting period, no visits were undertaken in support of general dental practices, however visits have been booked for 2016-17. With respect to Pennine Care FT work stream the Community IP&C team undertake a yearly audit of the One Stop Resources Centre, which includes an inspection of the equipment decontamination unit.

3.5. Hand hygiene

The Hand Hygiene Strategy is embedded within the PCFT hand hygiene policy. The strategy describes the arrangements for monitoring hand hygiene practice, audit, and training, and for ensuring senior trust management, individual staff and members of public understand both their individual and collective responsibilities. Hand hygiene continues to be very much at the forefront of the local and national agenda for Infection Prevention and Control and the hand hygiene standards promoted within the provider service are also used for guidance purposes, to inform stakeholders in the wider health economy. With full backing of the Executive and senior management team, the IPC team, with the support of the hand hygiene champions, continues to place a high priority on raising awareness of correct hand hygiene practice amongst all services within PCFT. Hand hygiene is also given high priority in the current program of training for independent contractors and care home providers, including use of the UV hand hygiene assessment equipment and challenging non-compliance in the work place.

Infection control / Hand hygiene champions Pennine Care FT (Trafford division) have hand hygiene champions/links embedded within team s across all the teams, and contribute to undertaking quarterly hand hygiene audits amongst staff with patient contact. In 2016-17 overall pass rate was 98%, with most non-compliance issues related to the wearing of rings with stones, which is main issue also identified in primary care and the care home sector. Any action plans relating to area of

non-compliance are followed up by the infection control service who contact relevant stakeholders to provide the necessary assurance.

The IP&C works closely with the champions and membership of the group continues to grow, chairing quarterly meetings which provide an opportunity for discussion and support in relation the successes and challenges associated with optimizing hand hygiene compliance across the borough.

3.6. Infection prevention and control initiatives

Before the winter season the IPCS delivered training and education to the care home sector for the management of Outbreaks of D&V and respiratory illnesses. The training was very well received and positively evaluated by the delegates.

4. Healthcare Acquired Infections (HCAI)

A summary of Trafford HCAI performance is shown in the table below.

2016-17 MRSA Bacteraemia & Clostridium difficile infection (CDI)

Organism	Objectives	Actual
MRSA Bacteraemia (assigned to CCG)	Zero tolerance	0
		39 (tbc)
CDI (Trafford non-Trust apportioned)	--------	

4.1. MRSA blood stream infections (BSI)

Surveillance of MRSA blood stream infections is mandatory for acute, general and specialist Trusts; with figures made available to the public via the Department of Health and Public Health England web sites. The post infection review (PIR) carried out after each MRSA BSI, seeks to establish its cause and any contributory factors, assigning cases to the CCG, acute Trust or third party as appropriate. MRSA BSI a key performance indicator and a component of the CCG's quality management systems as commissioners.

There were 2 cases of MRSA Bacteraemia in Trafford patients in 2016-17. PIRs were carried out and both cases were assigned to secondary care, hence the figure of 0 in the table above.

MRSA Positive Results

Laboratory results are reported by telephone, by microbiology laboratory at CMFT. As appropriate, they are followed up with care home managers, clinical staff, General Practitioners and Provider services staff, to provide advice and support in relation to infection prevention and control precautions and treatments. In the 2016-17 reporting period 72 cases were followed up by the team.

4.2. Clostridium difficile infection (CDI)

Trafford has adopted the Clostridium difficile (*C.diff*) investigation tool for nursing and residential care homes document developed by the Health Protection Agency (now known as Public Health

England) in conjunction with an adapted version of the *C.diff* data collection tool provided with NHS England Guidance on *C.diff* objectives for 2016-17. Once again in 2016-17 there were no outbreaks of CDI reported from care home settings within Trafford.

The Guidance within the document has been developed to undertake effective management and care of patients with suspected or confirmed *C.diff* Infection (CDI), limit the transmission of the infection to other patients/residents and provide advice around the involvement of a medical officer. Its aims are to enable staff delivering care within Community care home settings to understand the multifactor causes of CDI, prevent CDI where possible, allow health care staff to appropriately manage and control the infection and minimise discomfort and suffering and maintain dignity and confidentiality.

Data from the HCAI data collection system indicate that Trafford was 25 cases below its cumulative monthly objective. Previous years have indicated a 50/50 +/- 5% split between hospital and community attributed cases. Analysis shows that both community and hospital attributed cases within objectives. Analysis of completed root cause analyses (RCAs) for community attributed CDI Toxin positive cases notified to the IPC service indicates no lapses in care have been identified from the GP.

A CDI prevention strategy is in place and RCA is carried out for 100% of community attributed cases, notified to IP&C team by the lab.

4.3. Medicines Management support

Antibiotic resistance poses a significant threat to public health. One of the roles of the Medicines Management Team (MMT) at the Trafford PCT is to reduce antibiotic resistance and unnecessary expenditure associated with inappropriate antibiotic prescribing.

Of particular concern is *Clostridium difficile* infection, which remains a key issue on which NHS organisations have been mandated to implement national guidance that includes restriction of broad spectrum antibiotics, and second and third-generation cephalosporin's and clindamycin.

Broad spectrum antibiotics, such as quinolones and cephalosporin's, need to be reserved to treat resistant disease, and should generally be used only when standard and less expensive antibiotics are ineffective.

The Trafford Medicines Management Team has works closely with the IPCT to reduce the incidence of *Clostridium difficile* infections (CDI) across Trafford. Work is ongoing and includes:

- Review of the Trafford Antibiotic Guidelines to reduce the use of antibiotics highly correlated with CDI. The majority of first line antibiotics are now those with a reduced risk of causing CDI, yet have a good evidence base for being effective for the relevant infection(s).
- Addition of a two-page alert in the new Antibiotic Guidelines to highlight medicines associated with CDI risk in susceptible individuals.

- The production and dissemination of prescribing alerts to all Trafford GP's, Dentists and non-medical prescribers on a regular basis to highlight the current trajectory of CDI cases versus the DOH target. In addition, tips to reduce the incidence of CDI are also included.
- Letters sent to the GP of any patient that has tested positive for C.Difficile toxin to highlight the need to be prudent with antibiotic prescribing and the use of other medicines that may increase the risk of relapse.
- Aiding root cause analysis when required information is missing by visiting the GP practice directly.
- Conducting practice based audits on vulnerable patients taking long term proton pump inhibitors (PPIs) to determine if the dose can be reduced or stopped altogether, as PPIs are a risk factor for CDI.
- Revision of the evidence base surrounding the use of probiotics as an alternative measure to reduce antibiotic associated CDI.

4.4. Outbreaks in Community Settings

Greater Manchester Health Protection Unit continues to monitor all statutorily notifiable diseases within the borough under the Public Health (Control of Disease Act) 1984 and the Public Health (Infectious Disease) Regulations 1988.

Preventing outbreaks largely depends on the prompt recognition of a single case of infection associated with a condition or organism likely to give rise to an outbreak. Specific organisms that pose a risk of transmission to others for example Clostridium difficile in a care home, or organisms with unusual antibiotic resistance are reported to the Primary Care Trust Infection prevention and control Nurse.

Management of outbreaks/incidents continues to take precedence over other work. There was a total of 14 outbreaks this year, the majority (57%) being diarrhoea and vomiting (D&V). There were also 3 flu outbreaks which took place in nursing and residential homes (Figure 5).

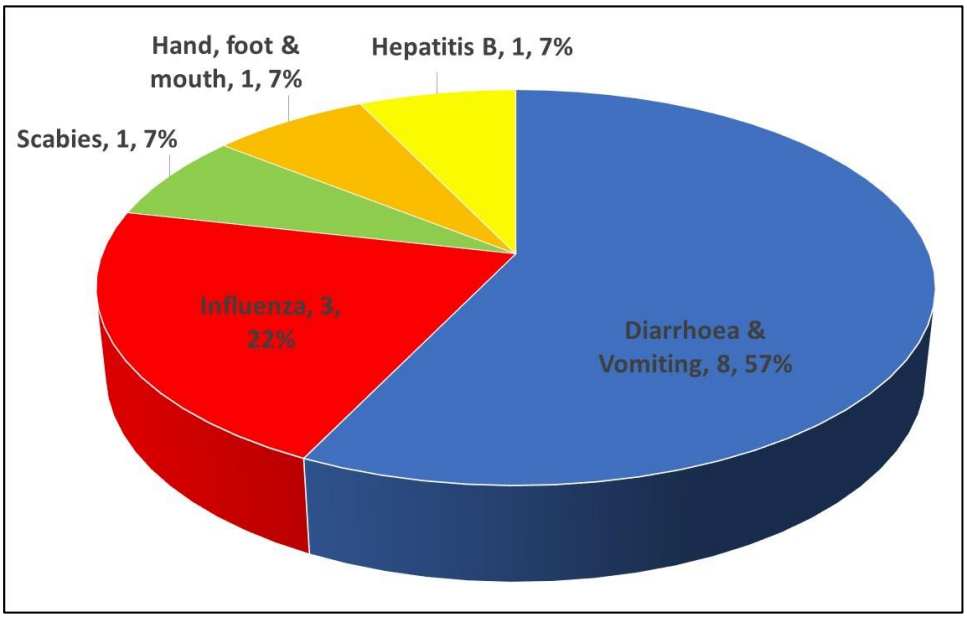

Figure 5 - Outbreaks by disease type

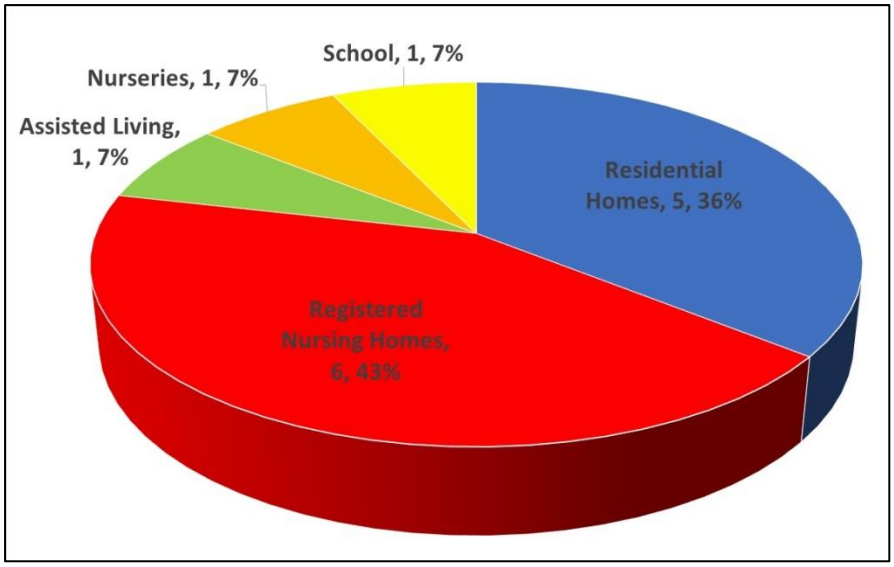

Figure 6 - Outbreaks by location

The majority of outbreaks took place in either residential or nursing homes (referred to collectively as care homes). The location of outbreaks is shown in Figure 6.

Management of D&V outbreaks in care homes

The IPCT responds immediately to all reported outbreaks, providing infection prevention and control support, advice, guidance, education, surveillance, ensuring multi agency reporting procedures are followed. Upon reporting an outbreak, the care home is provided with an outbreak pack, containing guidance on management of affected residents and staff, and the environment, in order to minimize risk of transmission and/or prolonged or deteriorating illness. Guidance provided emphasizes the importance of 48-hour isolation or exclusion for all affected residents or staff, and deep cleaning prior to lifting of restrictions on admissions and visiting. Good communication between secondary care and community health and social care providers is also strongly emphasized as a prerequisite for limiting transmission and prevention of wider community outbreaks.

Management of Influenza outbreaks in care homes

The three confirmed outbreaks of Influenza in care homes in 2016/17 were managed by the local infection control service in collaboration with the CCG medicine management and primary care teams, local laboratory service, Pennine care FT community nursing service, general practice, local health protection and support from PHE. This included the facilitation of viral swabbing, undertaking a risk assessment in respect to the option of prescribing of antivirals, liaising closely with the care home manager to receive daily situation reporting and updates, which are communicated to a range of stakeholders including local secondary care providers.

We now have in and out of hours access to viral swabbing kits; have improved the guidance on the transport of swabs to the labs, and have stocks of antivirals at an extended hours pharmacy. There are remaining issues with out of hours prescribing of prophylactic anti-viral medication, and this has been raised with the CCG.

4.5. Staff Seasonal flu immunisation uptake

Pennine care FT uptake for the 2016/17 campaign was **37.18%,** equating to **2,459 vaccines.** This is a lower than expected performance, given that the national average uptake among frontline healthcare workers was 63.4%. Nationally, NHS Employers has said that this is a record breaking number that has surpassed all expectations. We will be aiming to improve Trafford's performance in 2017/18.

PCFT flu steering group will begin to plan the 2017/18 campaign, which will launch around September 2017. This will take into account staff feedback and best practice from successful trusts across the country. Pennine Care has also been selected to take part in a research study looking at staff uptake of the flu vaccination, commissioned by the Department of Health. The Infection control inspections undertaken in Trafford GP practices highlighted that an average uptake by staff of seasonal flu was approx. 70%.

5. Emerging organisms

5.1. Avian influenza

Outbreaks of highly pathogenic avian influenza A (H5N8) continue to be reported across Europe, Asia and Africa. Detections of H5N8 in domestic poultry and wild birds continue in the UK. To date, no human cases of H5N8 have been reported globally, however WHO has called for heightened vigilance for any potential human cases.

In January 2017, there were increasing reports across Europe of detections of highly pathogenic avian influenza A (H5N5) and initial reports of H5N2 in wild and domestic birds. While neither strain has resulted in symptomatic human cases to date, sero-conversion in human contacts of H5N2 infected poultry has been reported in Asia. China experienced their fifth annual epidemic of avian influenza A(H7N9) resulting in the greatest number of cases in a single season since its first detection in 2013.

To 4 March 2017, 477 cases have been reported (an increase of 238 in the last month) representing more than a third of all cases reported (1,282). The majority of cases reporting recent exposure to infected poultry or contaminated environments, including live poultry markets. The vast majority of human cases remain sporadic in nature with a few small clusters. There is a continued risk of an importation of human infection from China to Europe, but the risk of spread in Europe is considered to be low.

The rapid geographical spread in the above incidents and the number of co-circulating avian influenza strains has resulted in WHO requesting member states to be on high alert for potential pandemic influenza since in 2013. There continues to be no evidence of sustained human-to-human transmission.

5.2. Zika Virus

This is no longer being categorised as a Public Health Emergency of International Concern. The coordination and response to Zika virus is being escalated into a sustained programme of work with dedicated resources to address the long-term nature of the disease and its consequences.

UK imported cases: A low number of cases continue to be diagnosed in UK travellers returning from areas with active Zika transmission. As of 22 February 2017, 295 travel-associated cases have been diagnosed since 2015. Of the total 295 travel-associated cases reported, seven have been diagnosed in pregnant women. In addition, one case of likely sexual transmission of Zika virus infection has been reported in the UK.

6. Antimicrobial resistance

The World Health Organization (WHO) announced its 1st list of antibiotic-resistant "priority pathogens" on Mon 27 Feb 2017, detailing 12 families of bacteria that agency experts say pose the greatest threat to human health and kill millions of people every year. The list is divided into 3 categories, prioritized by the urgency of the need for new antibiotics.

The WHO considers the highest priority are responsible for severe infections and high mortality rates, especially among hospitalized patients in intensive care or using ventilators and blood catheters, as well as among transplant recipients and people undergoing chemotherapy. Included in this highest-priority group are Carbapenem-resistant Enterobacteriaceae (CRE), along with Acinetobacter baumannii, which the infections associated with it typically occur in ICUs and other high dependency settings.

The type of infections the other bacteria tagged as a critical priority is Pseudomonas aeruginosa, which can be spread on the hands of health-care workers or by equipment that gets contaminated and is not properly cleaned/disinfected. The lists 2nd and 3rd tiers the high and medium priority categories -- cover bacteria that cause more common diseases, such as gonorrhoea, and food poisoning caused by Salmonella.

In February 2017 PHE launched a pilot awareness campaign across the Granada TV region (which includes Trafford) to support national efforts to reduce inappropriate prescribing through reducing patient pressure for antibiotics. A detailed report of antimicrobial resistance in Greater Manchester is available in appendix B.

7. Other Work Undertaken

7.1. Sepsis awareness

NICE guidelines on Sepsis: recognition, diagnosis and early management (NG51) were released in July 2016. Sepsis is a life- threatening condition caused by the body's severe inflammatory responses to infection. It has been estimated that there are around 200,000 cases of sepsis each year in the UK with 44,000 deaths. 70% of sepsis cases are said to originate in the community.

In response to the NICE guidelines the IP & C team have continued to deliver appropriate training in identifying people who might have sepsis to GP surgeries, residential care and nursing home staff. A sepsis awareness presentation was delivered to the PCFT IP & C link workers at their annual study day by the team. A member of the Trafford IP & C team is on a working group in PCFT to ensure full implementation of the NICE sepsis guidelines. The team continues to promote sepsis awareness with the general public in Trafford by displaying posters in health care settings.

7.2. Asepsis

Education on promoting asepsis has been given to GP's practices, residential and nursing care homes. A presentation on asepsis in General Practice by the team was well received at a GP forum.

This highlighted best practice during the undertaking of invasive procedures and was well attended generating lively discussion.

Following on from this the IP & C GP audits have highlighted substantial improvements in the understanding use of asepsis in GP surgeries. A programme of asepsis training continues to be delivered to PCFT employees by the IP & C team. It is mandatory 3 yearly and the team assist clinical teams in assessing staff competencies yearly.

7.3. Enquiries and Advice

The IPCT has also provided advice in response to of enquiries regarding a range of organisms and infectious illnesses which during 2016-17 has included CPE's, ESBL's, MRSA.

Appendix A - Trafford Health Protection Forum Terms of Reference

1. Background

1.1 Health protection – the control of infectious diseases, including healthcare associated infections and the health effects of non-infectious environmental hazards – presents considerable challenges in Trafford. Although good progress has been made in tackling some of the key problems, major challenges remain.

1.2 Many organisations have a role to play in protecting the public from infections and infectious diseases, and the overlapping roles and responsibilities of the main agencies/departments (particularly the NHS, Public Health in Trafford, Environmental Health and Public Health England), working with many different stakeholder organisations, can be complex.

2. Purpose of the group

2.1 The primary role of the Health Protection Forum is to enhance partnership working on health protection in Trafford and to assist the Director of Public Health, who will chair the group, to discharge their responsibility for ensuring oversight of health protection in Trafford, and in providing a "strategic challenge to health protection plans/arrangements produced by partner organisations".[1]

2.2 This will be done by receiving reports from partner organisation including evidence that such plans are in place.

2.3 The Forum will provide assurance to the Health and Wellbeing Board (HWB) that robust plans and arrangements are in place to protect the population of Trafford. It will draw to the attention of the Health and Well Being Board any matter of concern in this context.

3. Scope

3.1 The Forum will consider health protection issues in, or relevant to Trafford. Topics that are within the scope of the Forum include, but are not restricted to:

- Infectious/communicable diseases in the community.
- Healthcare acquired infections, especially MRSA, Cl. Difficile and including new organisms such as Carbapenease producing Enterobacteriaceae (CPE).
- Vaccine preventable diseases and national and all local immunisation programmes.
- Tuberculosis.
- Pandemic influenza.
- Sexually transmitted infections, including HIV.
- Blood borne viruses.
- Environmental hazards.
- Health services emergency planning arrangements and rapid response including CBRN and mass casualty plans.

[1] 'The new public health role of local authorities'. Department of Health, October 2012.

The forum will also take an overview of national screening programmes. Issues that are out of scope of the Forum are:

- Business continuity arrangements that are not related to public health emergencies (such as a fuel shortage or extreme weather events).
- Health and social care winter planning, except where there is a health protection element, such as flu vaccination.

4. Key responsibilities of the Health Protection Forum

- To provide assurance to the Health and Wellbeing Board as to the adequacy of local arrangements for the prevention, surveillance, planning for, and response to, health protection issues and problems in Trafford.
- To highlight concerns about significant health protection issues and the appropriateness of health protection arrangements for Trafford, raising any concerns with the relevant commissioners and/or providers or, as necessary, escalating concerns to the Health and Wellbeing Board or relevant Chief Executives.
- To provide an expert view on any health protection concerns on which the Health and Wellbeing Board request advice from the Forum.
- To monitor a 'health protection dashboard' in order to assess local performance in addressing the key health protection issues in Manchester
- To monitor significant areas of poor performance through the HPF dashboard and to seek assurance that recovery plans are in place.
- To identify the need for, and review the content of, local plans relevant to significant health protection issues.
- To make recommendations as to health protection issues that should be included in the local Joint Strategic Needs Assessment.
- To seek assurance that the lessons identified from any serious incidents or outbreaks are embedded in future working practices.
- Health protection intelligence or dashboards to be provided by the relevant lead agencies.
- Through the HBW the Forum will hold Greater Manchester PH England Centre, NHS England and Trafford CCG to account in terms of their health protection responsibility.

5. Meeting arrangements

5.1 The Group will be chaired by the Director of Public Health and will normally meet four times per year on a tri-monthly cycle. Meetings will normally be of no longer than two hours' duration.

5.2 The meetings will be convened by Public Health in Trafford who will provide secretarial support.

5.3 Items for inclusion on the agenda will be sought from all members in advance of each meeting. Draft minutes will be sent electronically to members and then approved at the next meeting.

5.4 Meetings will not be open to the public.

5.5 Conflicts of interest must be declared by any member of the group.

6. Reporting arrangements for the Health Protection Forum

The Health Protection Forum will report to the Health and Wellbeing Board on a six-monthly basis by submitting formal reports including any concerns or recommendations. An annual report will be produced.

7. Membership and quorum

The quorum for the Trafford Health Protection will be one third of its core membership. Representation within that number must include the Chair or Vice Chair. Membership is to be split into two sections, core members and extended member and is noted in the table below. The Chair and Vice-chair are indicated in the list of group members hereunder.

Role	Representative
Core Membership	
Director of Public Health (Chair)	Eleanor Roaf
Consultant in Public Health and Vice Chair	Helen Gollins
Consultant in Communicable Disease Control for Manchester, PHE	Dr Merav Kliner
Consultant Microbiologist and Infection Prevention and Control Officer Central Manchester Foundation Trust Hospital	Dr Barzo Faris
Head of the Community Infection Control Team - core member and Deputy Vice Chair in the absence of Chair and Vice Chair	Philip Broad
CYPS – Head of Services or representative	Paula Lee
Trafford Clinical Commissioning Group	Gina Lawrence
Medicines management link at Trafford CCG	Absar Bajwa
Immunisation/Screening Coordinator link (NHS England)	Graham Munslow
Practice nursing	Henrietta Bottomley
Health Economy Resilience Group representative	Kate Green
GM Commissioning Support Unit NHS HERG representative	Brian Dillon
CMFT Infection Prevention Control	Sue Jones
UHSM Infection Prevention Control	Jay Turner Gardner
LMC (GP) representative	Dr Iain Maclean
Extended Membership	
Trafford Council Resilience Forum representative	Nicky Shaw
Adults Social Services Representative	Angela Brown
Environmental Health – Head of Service or representative	I Veitch/Nigel Smith
TB Specialist Nurse	Tracy Magnall

Frequency of Meetings: In 2016 The Trafford Health protection forum meet bi-monthly. From 2017 moved to Quarterly meetings.

Appendix B – Antimicrobial Resistance across Greater Manchester

This is the quarter 4 2016 report for AMR in GM

Klebsiella pneumoniae

Higher rates of non-susceptibility were observed for third- generation cephalosporins (26.8%), imipenem/ meropenem (9.4%), gentamicin (13.4%), ciprofloxacin (18.4%) and piperacillin/ tazobactam (28.9%) for K. pneumoniae isolated in Greater Manchester compared to national averages this quarter.

E. coli

A higher than national average proportion for E. coli non-susceptibility to imipenem/meropenem was observed in Greater Manchester this quarter (0.8% compared to 0.3%). The proportion of E. coli non-susceptible to ciprofloxacin and gentamicin continued to be higher in Greater Manchester (13.0% and 8.1%), compared to the national averages of 11.2% and 7.0%. Non-susceptibility to piperacillin / tazobactam in E. coli was higher in Greater Manchester (13.4%) than the national average (9.4%).

Pseudomonas spp.

The proportion of non-susceptibility of Pseudomonas spp. to meropenem / imipenem in Greater Manchester remained high (9.8%), compared with the national average of 6.9%.

Streptococcus pneumoniae

The proportion of non-susceptibility of S. pneumoniae to penicillin in Greater Manchester was 11.5% compared to the national average of 7.7%.

Enterococcus spp.

A high proportion of non-susceptibility to vancomycin / teicoplanin was observed in Greater Manchester (34.6% compared to the national average of 20.0%). These results may be the result of increased screening activity.

Neisseria gonorrhoeae

Ceftriaxone resistance remains very rare in the UK. Reports of N. gonorrhoeae ceftriaxone and azithromycin resistance in SGSS (and this workbook) are unconfirmed - all isolates identified as resistant should be referred to the National Reference Service for confirmation.

Haemophilus influenzae

Higher than national average proportions for H. influenzae non-susceptibility to co-amoxiclav were observed in Greater Manchester over the last 9 quarters (18.4% this quarter)

Streptococcus pneumoniae

Higher than national average proportion for S. pneumoniae non-susceptibility to penicillin was observed in Greater Manchester (11.6% compared to the national average of 7.2%).

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TRAFFORD COUNCIL

Report to:	**Health & Well Being Board**
Date:	**21st July 2017**
Report for:	**Information**
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 Health & Well-Being Board of changes proposed to the organisation of the Safeguarding Boards for children and Adults and aspects of Safer Trafford Partnership in Trafford.

Details in attached paper (see below).

Recommendations

For the Board to note the proposed changes and offer support to the new Joint Board arrangement as appropriate.

Contact person for access to background papers and further information:

Name: Jill Colbert.

Briefing Paper – Creation of Joint Children and Adult Safeguarding Board for Trafford

1. Background

Similar to most Local Authority areas Trafford has had 2 Safeguarding Boards; one for children and one for adults. Each of these Boards are at very different stages of their development. The Wood Review (which informed the Children and Social Work Act 2017) and discussions at GM level have allowed us to consider different ways to deliver the Children's Board. Therefore it is worth revisiting our model of delivery while the Children's Board is reconsidering its format and the Adult Board is not yet fully developed.

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

In Trafford we are developing 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. Currently the Boards meet separately, have separate agendas, separate chairs, some separate and some shared infrastructures and are 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.

This paper proposes a different way to organise the approach and working of the Safeguarding Boards in Trafford and consider how to also bring it closer to the work of Safer Trafford Partnership.

The current Childrens Board

The children's board is well established and has a strong history and background. The children's board had a Board Manager who has now left. There is a full-time training officer for children's safeguarding and a shared project officer with the adult's board to support the administration of the both Boards. There are a number of Committees and a well-developed Business Plan in place.

The current Adults Board

The adult board is much newer and less well developed. There is new membership and there have been meetings of the full board during this year as well as a Development Day. The sub-group structure is developing at pace and the Business Plan is very new. A new Board Manager was appointed to the adult board six months ago.

Safer Trafford Partnership

This is the Statutory Community Safety Partnership for Trafford. There is a Protecting Vulnerable People (PVP) sub-group which has a remit and action plan that is victim focussed and currently includes domestic abuse, children who go missing, CSE, PREVENT, crimes against older people and vulnerable adults etc. There is a strong overlap of remit and membership between this group and both Boards, and its main focus is on a range of safeguarding issues

2. Proposal for a different way to organise these functions

The proposal is that all these functions come together while still allowing for the unique focus of each group to be retained. There will be one meeting every quarter that will take half a day which will consider all aspects safeguarding and protecting vulnerable people.

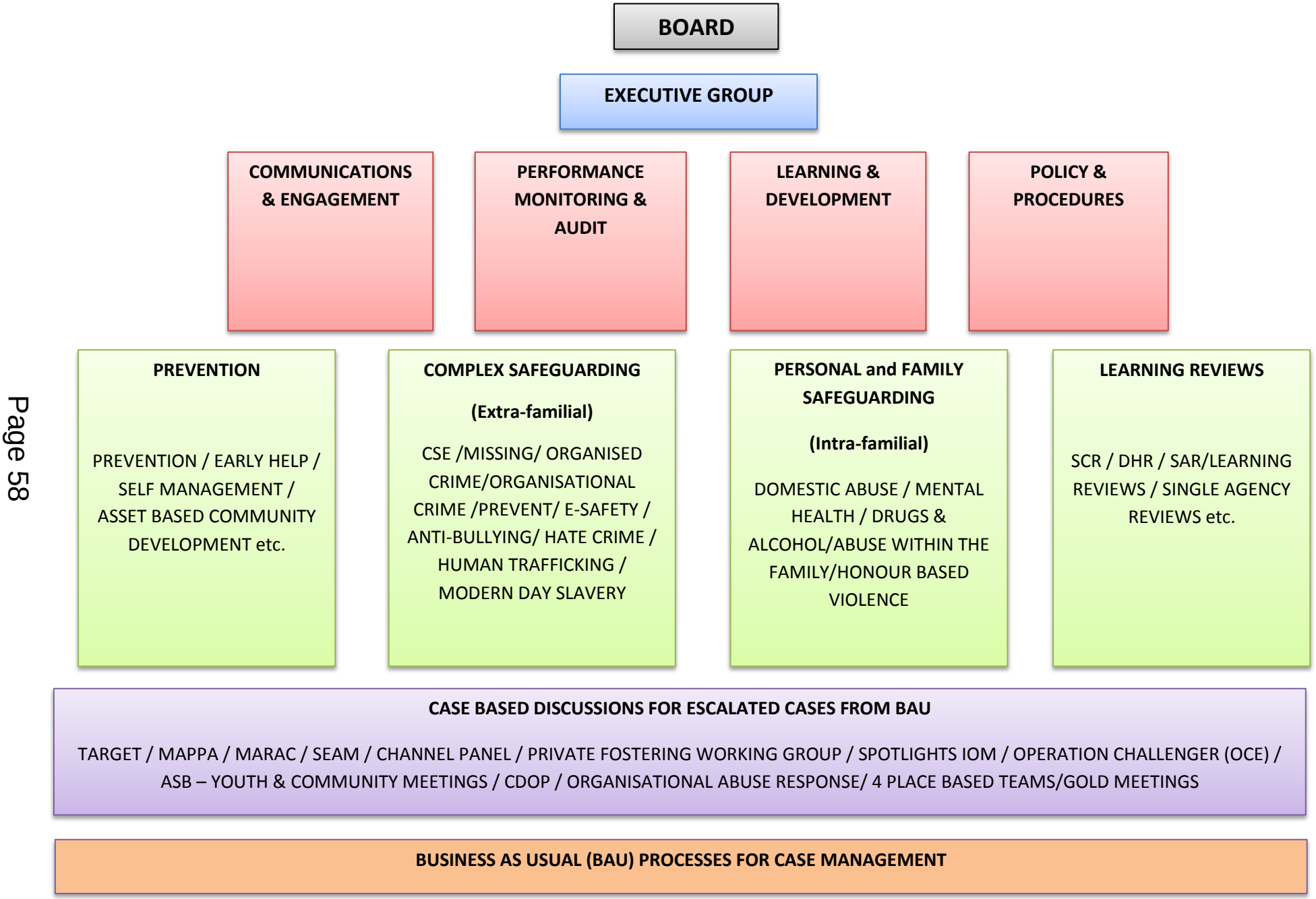
Underneath the joint board will be a series of sub-groups or committees that will ensure the detailed work is undertaken. A proposed sub-group structure is contained in Appendix 1.

- There will be one Independent Chair initially for both Boards. As the Boards merge the Chair will cover the new joint Board. The new Chair has been appointed (Maureen Noble).
- There will be one Joint Business Plan
- There will one joint Annual Report organised in the same way as above.
- The budgets of the Children and Adult Board will be pooled.
- The staffing for both Boards will be brought together under one single structure
- Discussions are underway about how the Protecting Vulnerable People aspects of Safer Trafford Partnership fit with the new Board structure and how the current support functions to PVP are carried out in the future
- There will be full consultation with stakeholders and a legal test to check the statutory requirements of the LSCB, Adult Safeguarding Board and the PVP aspects of the community Safety partnership is met.

3. Summary Project Plan:

When	What	Lead
October 2016	Meeting of TMBC, GMP and CCG to discuss the future of Safeguarding Governance and agree principles to take forward.	Jill Colbert Paul Savill Catherine Randall Cathy Rooney
November & December 2016	Pre-engagement of principles with TSCB, TSAB and PVP	Cathy Rooney
January & February 201	Formal consultation with TSCB and TSAB Board members Appointment of Interim Joint Independent Chair	Cathy Rooney Cathy Rooney
March – May 2017	Creation of Executive Group and Transformation Group for detailed work on: Sub-group structure Joint Budget Staffing Options	Maureen Noble and Cathy Rooney
May – July 2017	Final consultations and agreement proceed for a joint Board in place for September. Formal Staff consultation for new staff structure. Legal test of proposed structure to ensure compliance with all legislation and statutory requirements. Finalise the role of PVP in the new structure	Maureen Noble Cathy Rooney Kerry Purnell
September 2017	New Board Structure in place	

Cathy Rooney 21.06.17


BOARD
EXECUTIVE GROUP
COMMUNICATIONS & ENGAGEMENT
PERFORMANCE MONITORING & AUDIT
LEARNING & DEVELOPMENT
POLICY & PROCEDURES
PREVENTION
PREVENTION / EARLY HELP / SELF MANAGEMENT / ASSET BASED COMMUNITY DEVELOPMENT etc.
COMPLEX SAFEGUARDING
(Extra-familial)
CSE /MISSING/ ORGANISED CRIME/ORGANISATIONAL CRIME /PREVENT/ E-SAFETY / ANTI-BULLYING/ HATE CRIME / HUMAN TRAFFICKING / MODERN DAY SLAVERY
PERSONAL and FAMILY SAFEGUARDING
(Intra-familial)
DOMESTIC ABUSE / MENTAL HEALTH / DRUGS & ALCOHOL/ABUSE WITHIN THE FAMILY/HONOUR BASED VIOLENCE
LEARNING REVIEWS
SCR / DHR / SAR/LEARNING REVIEWS / SINGLE AGENCY REVIEWS etc.
CASE BASED DISCUSSIONS FOR ESCALATED CASES FROM BAU
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
BUSINESS AS USUAL (BAU) PROCESSES FOR CASE MANAGEMENT

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Health and Social Care Partnership

GM Health and Employment Programme

Health and Wellbeing Board 2017

People in work live longer, healthier lives

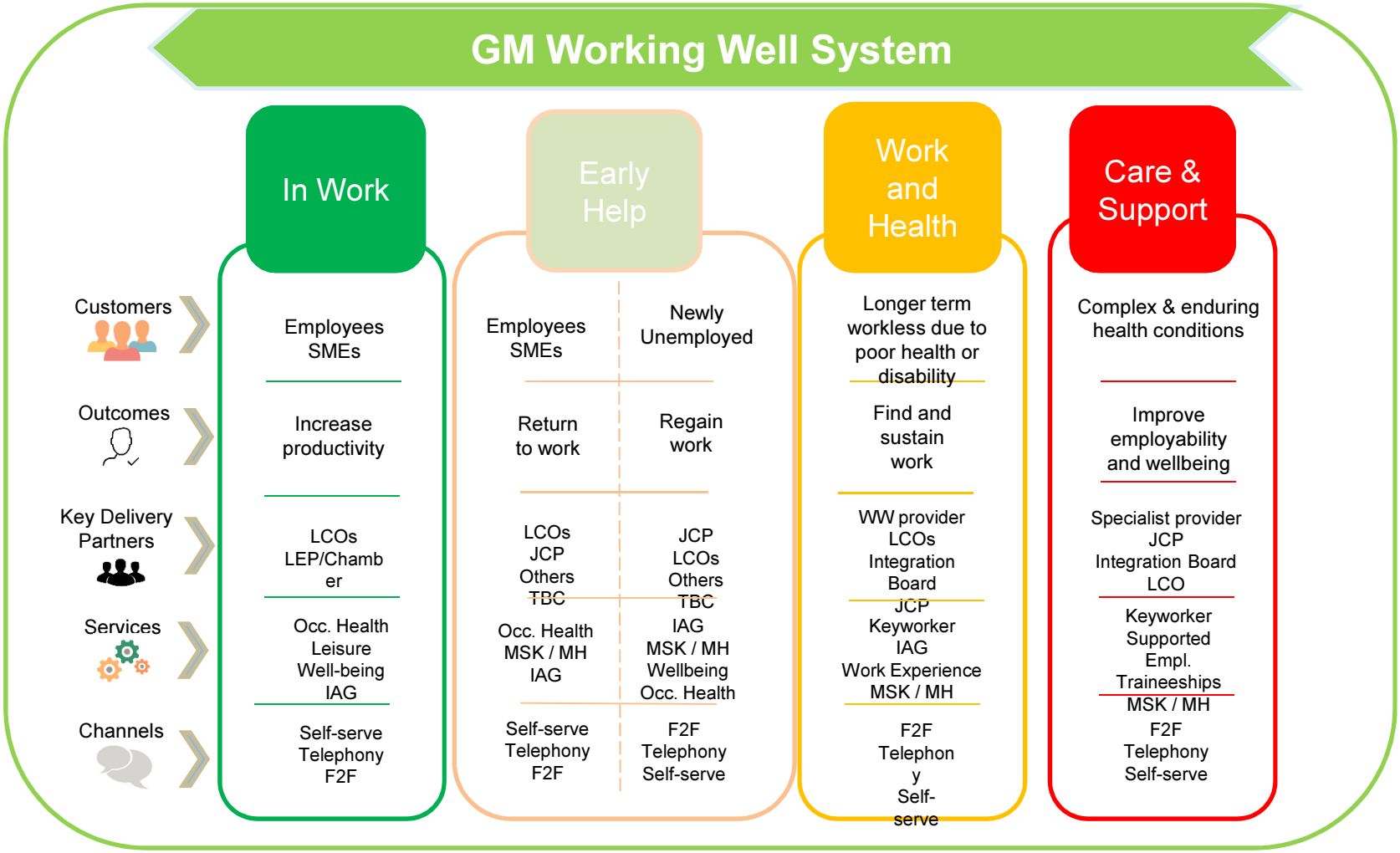
Being out of work leads to…

- **Poorer physical and mental health, long-term limiting illness**
- **Higher mortality rates**
- **Higher rates of consultation, medication consumption and hospital admission**
- **Increased tobacco and alcohol consumption, decreased physical activity**
- **Deepening inequality and poverty**

…Preventing people falling out of work is key

Economic growth and improved health outcomes are co-dependent

A whole population approach to work and health



Programme Objectives

Deliver a joint programme across the GM Health & Social Care Partnership and the GM Combined Authority to deliver

1. An effective early intervention system available to all GM residents in work who become ill and risk falling out of the labour market, or are newly unemployed due to health issues
2. Better support for the diverse range of people who are long-term economically inactive to prepare for, find and keep work
3. Development to enable GM employers to provide 'good work', and for people to stay healthy and productive in work

The first priority within the programme is to develop 'GM Working Well Early Help' an early intervention service to people with health conditions, who are at risk of falling out employment, or are newly unemployed.

Considerations for Trafford

Trafford needs to be ready in the next 6 months to deliver on a Working Well Early Help' an early intervention service to people with health conditions, who are at risk of falling out employment, or are newly unemployed.

- Is work and health explicitly mentioned in the Locality Plan?
- Can we ensure it is referenced in our Transformation Fund Bid?
- How will the offer link to our OTR model? And current commissioned services around early intervention, prevention and wellbeing?
- Ensure strategic commitment across the partnership
- Leads needed from LA (KP) and CCG
- Establish a working group which will complete a self assessment, stakeholder engagement and develop an implementation strategy
- Will we require additional resources to do this?
- Working group to report to the PSR Ops Group?
- Are our own organisations exemplars of healthy workplaces?

Trafford Priority areas

- Based on ESA and IB claimants:
- Partington/Carrington and Clifford have 2x amount of claimants with respiratory, circulatory and MSK conditions
- Partington has 2x amount of claimants with MH issues

Further engagement with SMEs is needed to understand staff sickness and turnover rates.

Thank you

For further detail contact
Jenny Osborne, GM Strategic Lead, Health & Employment
j.osborne1@Manchester.gov.uk
www.gmhsc.org.uk
@GM_HSC

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adoption counts | Supporting families through adoption

GS10/4/17

TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **21st July 2017**
Report for: **Information**
Report of: **Regional Adoption Agency (Adoption Counts)**

Report Title

Regional Adoption Agency for Trafford, Stockport, Cheshire East, Salford and Manchester.

Purpose

The report below explains new arrangements that have been developed to deliver adoption in a new way. Aspects of the statutory responsibilities of the Local Authority in relation to Adoption will be devolved to the new Agency.

Adoption Counts is a new regional adoption agency set up under the Education and Adoption Act 2016 and is only the second regional adoption agency to become operational in this country. Adoption Counts incorporates the adoption services of Stockport (the host agency), Manchester, Trafford, Salford and Cheshire East local authorities.

Details are set out in the paper below. Trafford is represented on all of the existing Boards of the Regional Adoption Agency. The Director of Safeguarding and Professional Development sits on the RAA Board and the Strategic Lead for Children in Care sits on the Sub-Board.

Recommendations

The Health and Well-Being Board:

1. Note the contents of the report below.
2. To receive at least an annual update on the development and effectiveness of the service

Contact person for access to background papers and further information:

Name: Jill Colbert.

Report to Health & Wellbeing Boards

- Manchester, Stockport, Trafford, Salford, Cheshire East

1. Introduction

Adoption Counts is a new regional adoption agency set up under the Education and Adoption Act 2016 and is only the second regional adoption agency to become operational in this country. Adoption Counts incorporates the adoption services of Stockport (the host agency), Manchester, Trafford, Salford and Cheshire East local authorities. The agency will service the region via a Hub and Spoke model with offices in Salford, Wythenshawe and Middlewich.

By 2020, the government expects all adoption services to be delivered via regional adoption agencies. The new agency will provide a range of pre and post adoption support services in conjunction with statutory and voluntary sector providers.

The Department for Education is keen for local Health and Well-Being Boards to be engaged in these developments, particularly in the support provided to adoptive families. The most recent research on adoption breakdown and disruption indicates that 20 to 25% of adoptive families experience 'major difficulties' with approximately a further 30% experiencing 'difficulties' and 'challenges' (Selwyn 2015)[1]. This research also found that the majority of adoptive parents were critical of the support provided, of unhelpful advice, and of the failure to provide appropriate services when needed.

2. Adoption Support

The development of Adoption Counts provides an opportunity to develop a multi-disciplinary approach to delivering adoption support services which will actively contribute to improving the health and well-being of adoptive families in Cheshire East, Stockport, Trafford, Salford and Manchester.

The newly created Adoption Support Team integrates adoption support social workers and family support workers from each authority into one service, led and managed by an experienced, dedicated manager. The team will work closely with a range of professionals to ensure the child's needs are met at each stage of their adoption journey and that support is quick and easy for families to access.

It is planned for the service to build on the current Adoption Psychology Service delivery model in both Manchester and Salford CAMHS, where families have access to psychology, psychiatry and educational psychology services as part of early intervention. Adoption Counts will promote the integration of health and care services , working together to provide access for families to a range of both universal, targeted and therapeutic services for families, whenever they feel they need it in a locality that suits them (see appendix one) . We will deliver these services through 1-1 support and group work. The aim is for these services to be available to all adopted children from the five local authorities in their first 3 years of placement and to any adopted family's resident in the five local authorities after this time period. Some specialist support services will be commissioned via the voluntary sector.

1 Beyond the Adoption Order - Challenges, interventions and adoption disruption
Julie Selwyn, Sarah Meakings and Dinitha Wijedasa BAAF 2015

A key priority will be the involvement of the service prior to the placement of the child, during the care planning stage, profiling and matching stages. This will lead to a higher likelihood of increased stability for the whole family, thus preventing disruption for the child. The RAA will work with each Local Authority towards ensuring that adoption support services are accessible and easy for adopters to understand. When safeguarding issues arise we will work closely with the local social work teams to jointly assess the family. When families request an assessment of their adoption support needs we will use a single assessment tool and endeavour to ensure a single point of access for adopters.

We will also provide support to:
Birth Families - through our 'letterbox' service enabling ongoing communication between birth families and adoptive families where appropriate. There will be independent support for birth parents commissioned from a single voluntary sector provider.

Adult Adoptees - through Birth Records Counselling, and signposting to Intermediary and Tracing services.

The voice of adopters will be at the centre of our service delivery, from representation on the board to gathering individual feedback on a regular basis.

3. Performance & Improvement bid to the Department for Education

Adoption Counts has made an application for additional funding to the DfE's Practice and Improvement Fund. If successful we will be able to further develop an Adoption Support Service/Centre of Excellence which enhances, expands and coordinates existing services currently delivered by a variety of organisations. The emphasis will be on an integrated professional network and support system which works for adoptive families rather than on a physical 'centre'. We will focus on prevention rather than crisis driven services, expanding the network of universal, targeted and specialist provision available across the region from a range of providers (See appendix two).

We plan to achieve the following outcomes;

- Increased early engagement in accessing support, leading to a reduction in crisis intervention and placement breakdown.
- Improved experience for the service user by reducing duplication of assessments.
- Improved adopter skills and confidence.
- Improved emotional security of children.
- Increased levels of satisfaction for adopters and young people.
- Higher levels of service value and cost effectiveness

The outcome of this bid has been delayed by the General Election, but it is hoped that the outcome will be know by the end of August/beginning of September. Whilst this would provide an additional £500,000 over two years, a major concern of the DfE is that effective services will be mainstreamed at the end of the grant period.

4. Adoption Support Fund

The Adoption Support Fund (ASF) was established to help pay for essential therapy services for adoptive families as and when they need them. It has been set up because many families need some kind of support during and following adoption and too many have struggled to get the help they need in the past. The ASF enables adoptive families to access the services they need more easily, up to a fair access limit of £2,500 for a complex assessment and £5,000 for ongoing therapy.

The therapies funded are those identified to help achieve the following positive outcomes for adopted children;

- Improved relationships with friends, family members, teachers and school staff
- Improved engagement with learning
- Improved emotional regulation and behaviour management
- Improved confidence and ability to enjoy a positive family life and social relationships

To achieve these outcomes the Fund will pay for therapeutic support and services including but not restricted to:

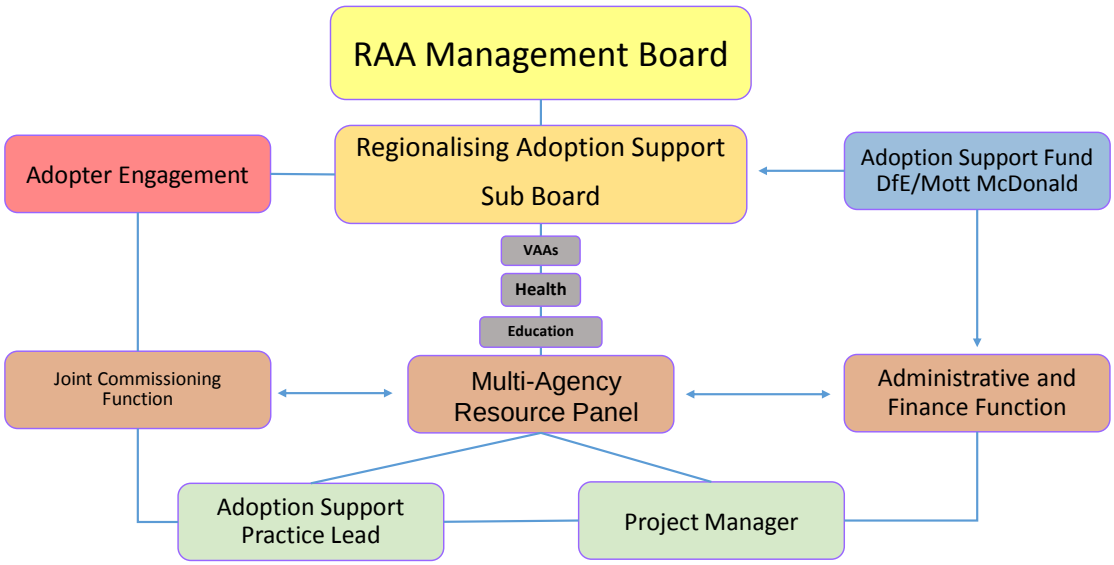
- Therapeutic Parenting training
- Further more complex assessment (e.g. CAMHS assessment, multidisciplinary assessment including education and health, cognitive and neuropsychological assessment, other mental health needs assessment.)
- Dyadic Developmental Psychotherapy
- Theraplay
- Filial Therapy
- Creative Therapies e.g. art, music, drama, play
- Eye Movement Desensitization and reprocessing Therapy (EMDR)
- Non- violent resistance (NVR)
- Sensory integration therapy / sensory attachment therapy
- Multi systemic therapy
- Mentalisation based therapy
- Psychotherapy
- Specialist clinical assessments where required (e.g. Foetal Alcohol Spectrum Disorder)
- Extensive life story work with a therapeutic intervention (where therapy is used to help the young person understand and cope with the trauma and difficulties that their life story work might revisit)
- Respite care (where it is part of a therapeutic intervention)

The current fund is centralised and administered by Mott McDonald. Adoption Counts is one of 3 Regional Adoption Agencies that have been chosen by the DfE to pilot the regionalisation of the ASF. This will allow us to implement new ways of working to:

- Align the funding with regional strategic objectives as defined by adopters and partner agencies
- Ensure smooth and easy access to appropriate funding for adoptive families
- Maximise value for money by reducing duplication and increasing efficient procurement
- Ensure that the use of the fund is consistent through the application of eligibility criteria and a multi-agency gate-keeping panel
- Improve service and practice standards
- Prevent the escalation of difficulties and reassure families that they can access support when they need it.

Whilst we are still awaiting the arrival of the funding post the election, we have begun work to establish this project, which would be combined with the development of the Centre of Excellence, if we are successful in that bid – see project structure below.

ADOPTION COUNTS
Regionalising Adoption Support
- Project Structure -



Concurrent with this work, we are developing an Adoption Support Framework to commission therapeutic providers which will ensure the quality of services provided ,reducing the social work time spent identifying appropriate providers and offering adopters a better choice of therapists, from a variety of settings; reducing delay for families in accessing these additional services.

The multiagency panel will focus on practice issues, scrutinising and gate-keeping assessments and approving specialist therapeutic services within scope of the ASF. It will regularly review the services provided and monitor how the ASF adds value and enhances our existing in-house services.

5. Recommendations:

Each Health and Well-Being Board is asked to:

3. Note the contents of the report.
4. To receive at least an annual update on the development and effectiveness of the service
5. To nominate a representative to the Adoption Support Sub Board of Adoption Counts.

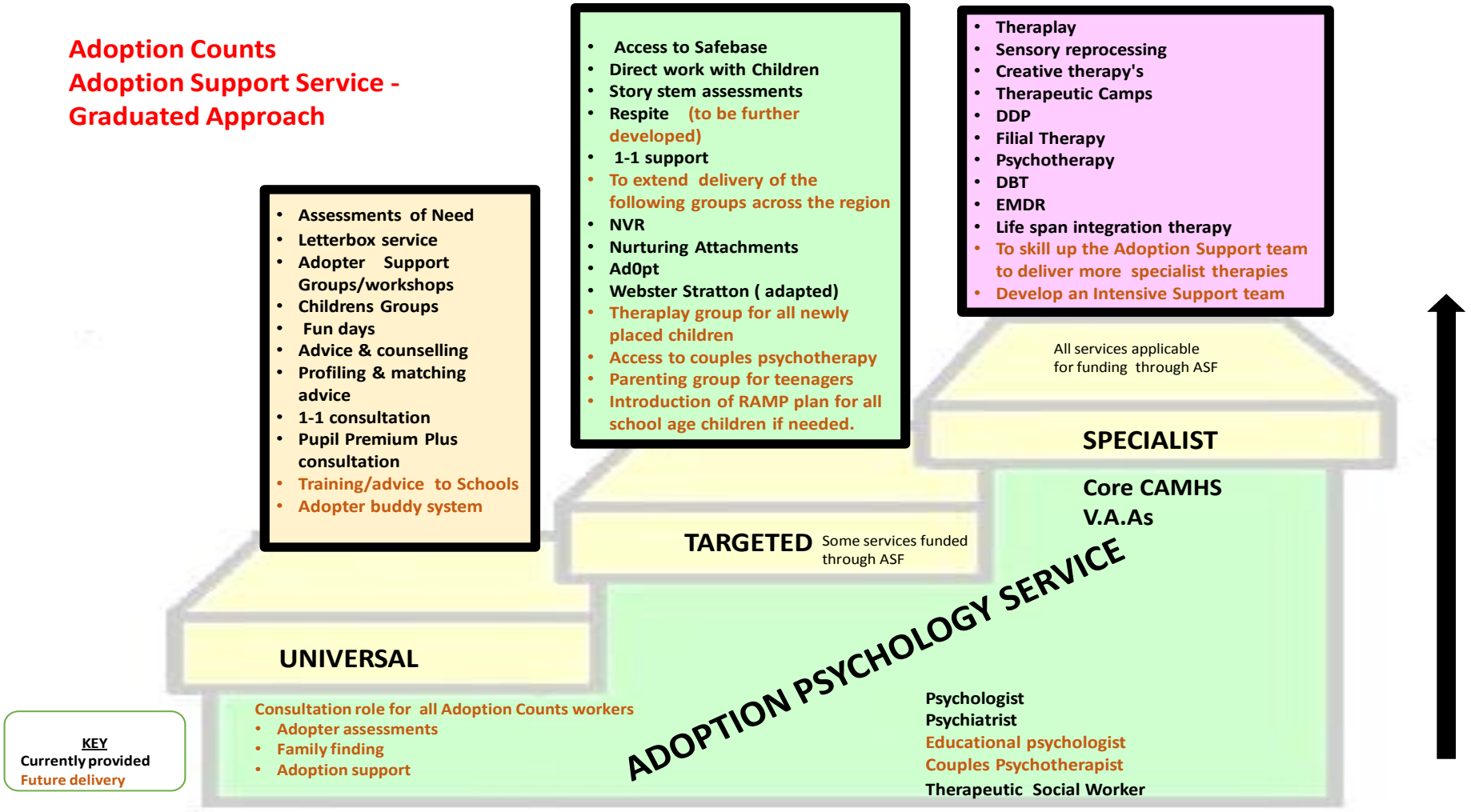
For further information please contact:

Sue Westwood – Regional Adoption Manager sue.westwood@stockport.gov.uk

Gail Spray – Adoption Support Development Manager gail.spray@stockport.gov.uk

Appendix One

Adoption Counts
Adoption Support Service - Graduated Approach



Appendix Two

Adoption Counts
Adoption Support
Centre/System of Excellence

Key	
	Specialist/Possibly ASF funded
	Targeted/Possibly ASF funded
	Assessment
	Universal

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