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AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD MEETING

Date: Friday, 13 July 2018

Time: 9.30 a.m.

Place: The Life Centre, 235 Washway Rd, 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 2018/19**		1 - 2
	To note the Membership of the Committee, including the appointment of Chairman and Vice Chairman, for the 2018/19 Municipal year as agreed by Trafford Council 23 May 2018.		
3.	**TERMS OF REFERENCE 2018/19**		3 - 4
	To note the Terms of Reference of the Board for the 2018/19 Municipal year as agreed by Trafford Council 23 May 2018.		
4.	**MINUTES**		5 - 12
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 20 April, 2018.		
5.	**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.		
6.	**INTRODUCTION OF QUESTION AND ANSWER SESSION FOR OBSERVERS**		
	To discuss and decide upon whether to add Question and Answer Sessions		

for Observers as a standing item on Board agendas.

7. **UPDATES FROM SUB GROUPS**

To receive updates from the Start Well, Live Well, Age Well, and Mental Health Partnership sub boards.

8. **TRAFFORD JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

To receive a presentation from the Consultant in Public Health.

9. **GM POPULATION HEALTH OUTCOMES FRAMEWORK AND DASHBOARD** 13 - 32

To receive a presentation from the Interim Director of Public Health.

10. **SUPPLEMENTARY PLANNING DOCUMENT FOR HOT FOOD TAKE AWAYS** 33 - 40

To receive a report from the Interim Director of Public Health.

11. **DEMENTIA STRATEGY** 41 - 74

To receive the draft strategy from the Interim Director of Public Health.

12. **TRAFFORD DOMESTIC ABUSE STRATEGY** 75 - 88

To receive the draft strategy from the Head of Partnerships and Communities.

13. **SOCIAL PRESCRIBING IN TRAFFORD** To Follow

To receive a presentation from the Head of Partnerships and Communities.

14. **INTEGRATION AND LCA DEVELOPMENT UPDATE** To Follow

To receive a presentation from the Trafford Integrated Network Director.

15. **CQC ACTION PLAN: SYSTEM REVIEW OF DELAYED TRANSFERS OF CARE** To Follow

To receive a verbal update from the Director of All Age Commissioning.

16. **INFECTION CONTROL ANNUAL REPORT** 89 - 126

To receive a report from the Interim Director of Public Health.

17. **CAMHS LOCAL TRANSFORMATION PLAN** 127 - 206

To receive the draft plan from the Specialist Commissioner for Children's Clinical and Public Health.

18. **GAMBLING REVIEW** 207 - 210

To receive a report from the Interim Director of Public Health.

19. **KEY MESSAGES**

To consider the key messages from the meeting.

20. **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.

Jill Colbert
Interim Chief Executive

Membership of the Committee

S. Johnstone (Vice-Chairman), K. Ahmed, M. Bailey, Councillor J. Baugh, Councillor J.E. Brophy, T. Butt, D. Eaton, J. Colbert, C. Daly, C. Davidson, Councillor J. Harding, H. Fairfield, Dr. M. Jarvis, B. Levy, Councillor J. Lamb, Councillor J. Lloyd (Chairman), P. Nkwenti, M. Noble, M. Roe, R. Spearing, W. Miller, E. Roaf and A. Worthington.

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

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Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Thursday, 5 July 2018** 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 2018/19

Notes on Membership:

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

(2) The Chair 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	5 (plus the *Corporate Director of Children, Families and Wellbeing and 16 External Partners)

LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRAT GROUP	GREEN PARTY GROUP
Councillors:	Councillors:	Councillors:	Councillors:
Executive Member for Health and Wellbeing	Shadow Executive Member for Health and Wellbeing	Mrs. Jane Brophy	-
Executive Member for Adult Social Care			
Executive Member for Children's Services			-
TOTAL 3	**1**	**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)

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

20 APRIL 2018

PRESENT

Councillor J. Lamb (in the Chair), M. Colledge (Vice-Chairman), J. Colbert, C. Daly, Dr. M. Jarvis, Councillor J. Lloyd, Councillor M. Whetton, W. Miller, M. Bailey and M. Noble.

In attendance

Jean Rose	HealthWatch Trafford
Diane Eaton	Director of Integrated Services for Trafford Council and Pennine Care
Paul Duggan	GMFRS
Kerry Purnell	Head of Partnerships and Communities
Jenny Hunt	Public Sector Reform Change Manager
Helen Gollins	Consultant in Public Health
Richard Spearing	Trafford Integrated Network Director for Pennine Care NHS Foundation Trust and Trafford Council
Ian Tomlinson	Change Director, Trafford Council and Trafford CCG
Sarah Grant	Partnership and Communities Officer
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from B. Levy, Councillor S.K. Anstee, H. Fairfield, E. Roaf, A. Worthington, K. Ahmed and C. Davidson.

39. MINUTES

RESOLVED: That the minutes of the meeting held 2 February 2018 be agreed as an accurate record and signed by the Chairman.

40. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- Councillor Mrs Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

41. UPDATES FROM SUB BOARDS

Start Well

The Executive Member for Children and Young Peoples Services informed the Board that the Starting Well sub group had met in March. The meeting had a strong partnership attendance and there was a focus upon the consolidation of all work relating to 0 – 25 year olds with SEND. It was decided that the SEND Board

would report to the group. The Group identified a gap in provision between 6 – 19 year olds which the Group was to work on going forward.

It was recognised by the Group that Trafford had a good level of development across the Borough. However, there were four hotspots which were well below the standard of the rest of the Borough. The Group decided that they would look into these areas and why they were underperforming. Another area of concern for the Group was the licensing of alcohol and fast food premises. There was not much that could be done about the licensing of these establishments but the group were going to look at how this could be changed.

Live Well

The living well sub group had met and discussed their Terms of Reference and governance. It had been decided by the group to focus upon mental health. The next meeting of the group was scheduled for the 23rd April.

Age Well

The Ageing well sub group had also had their initial meeting the minutes of which had been distributed with the agenda. The Consultant in Public Health informed the Board that the group would be focusing upon creating an age friendly Trafford, dementia, end of life, falls, and frailty.

The Chief Executive of Wythenshawe Hospital requested that the Head of Nursing from MFT be added to the Ageing Well sub group. The Head of Partnerships & Communities also requested that a partnerships and communities officer should be on each of the sub groups.

The Senior Partnerships and Communities Officer added that the Mental Health Partnership were concerned that the development of UA92 would introduce an additional demographic who could suffer from mental health issues. The Corporate Director for CFW stated that the potential mental health issues of students attending the university would have to be addressed by the university itself as Trafford would want to avoid adding increased pressure on the primary health offer.

RESOLVED:

1) That the updates of the three sub groups be noted.
2) That the Head of Nursing be added to the Ageing Well sub group.
3) That a member of the Partnerships team be on each of the three boards.

42. POSITION STATEMENT ON E-CIGARETTES

The Consultant in Public Health gave a brief overview of the proposed position statement. The statement described Trafford's position in relation to the use of e-cigarettes. It was noted that e-cigarettes were an affective and preferable alternative to cigarettes and should be promoted to smokers as a way to help

them quit. However, the statement also noted that the culture towards smoking had greatly improved due to the smoking ban which had made smoking more socially undesirable. It was recognised that if e-cigarettes were allowed to be used in public spaces where smoking is not the gains made through the smoking ban could be undermined or reduced. The final part of the statement covered the level of smoking amongst children which was at record low levels. Trafford's position was to be to stop vaping becoming socially acceptable to avoid increasing its appeal to children.

Following the overview Board Members discussed the different aspects of e-cigarettes and how they should be treated within the borough. The Chairman of the Trafford Joint Safeguarding Board asked about the licensing of shops that sold e-cigarettes and e-liquid and whether there was any way to control it. The Executive Member for Children's Services also raised concerns about the licensing of these shops as the design of the packaging of e-cigarettes and e-liquid seemed to be aimed towards children. The Consultant for Public Health responded that she would take these concerns away and look at the levels of usage and trends of e-cigarettes amongst children and feedback to the Board.

RESOLVED:

1) That the Position Statement be endorsed by the Board.
2) That Trafford's position towards e-cigarettes be passed onto the Start Well and Live Well sub groups.
3) That information and trends of e-cigarette usage amongst children and young people be brought to the Board when available.

43. TRANSFORMATION BID UPDATE

The Change Director for Trafford Council and Trafford CCG went through the presentation which had been tabled at the meeting. The presentation covered the transformation timeline, the Trafford transformation map, recruitment update, integrated organisation update, structure and governance, and the next steps. Following the presentation the Chairman of Trafford CCG stated that the transformation would not be completed within 12 months but would be ongoing. As such, it was important for Board members over the next six to eight months to ensure that the Board would play a key role within the new joint organisation.

The Chairman asked how assurance could be given that services were being delivered if the Council and CCG were in a constant state of change. The Change Director responded that there was a large amount of work ongoing and that measurement and assurance was a big part of the work. The Corporate Director for CFW informed the Board of a piece of work which had been completed which had created a joint emergency plan for the Council and Trafford CCG. A further piece of work had been conducted alongside Deloitte which created a change plan and would ensure that functions and processes would be continued throughout the change programme.

The Chief Executive of Wythenshawe hospital drew the Boards attention to the importance of understanding the differences between the language used in the

two organisations and communication with staff. Those leading the change needed to remember that what is a short period of time for an organisation can be a long time for staff, especially if they are uncertain about their future. The Director of Integrated Services for Trafford Council & Pennine Care added that service teams had reported that the messages from managers had been more coherent and consistent since the organisations had joined together.

RESOLVED:

1) That the update be noted.

44. INTEGRATION AND LCO DEVELOPMENT UPDATE

The Trafford Integrated Network Director for Pennine Care NHS Foundation Trust and Trafford Council first informed the Board that he had been appointed as the Chairman of the Local Care Alliance (LCA). He then went through the presentation which had been circulated with the agenda. The presentation covered; The Trafford map, Key GM Building blocks, GM Framework, Key GM Checkpoints, the current position, and the future state.

The Trafford Integrated Network Director told the Board that Central Government had laid out guidance for how LCAs were to be structured. The majority of the guidance was around the general structure of Local Care Alliances (LCAs) which all areas would have to follow. The remaining part of the guidance was the aspects which each area could shape to meet their own needs. The LCA would originally be formed through a partnership approach. If the partnership was successful there would be the possibility of making it a more formal arrangement through contracts. In Trafford a key aspect of the LCA would be how it was to work with the new Primary Health organisation and the Mental Health Primary Care Team.

The Trafford Integrated Network Director informed the Board that whilst there had been a lot of work in Trafford involving joint working there was still a large amount of work to be done around the LCA. In Trafford the LCA would have to be structured in order to work alongside the neighbourhood model. The Trafford Integrated Director stated that the best way of achieving this would be aligning the work with the ongoing public sector reform. The Corporate Director for CFW agreed that the challenge of working with GM was having two change programmes (LCA and Public Sector Reform) running simultaneously. Trafford wanted to be able to join the two programmes together but there was reluctance to do so at a GM level.

The Chairman of Trafford CCG asked how long it would be before the LCA was aligned and integrated with the ability to share gains and risks. The Integrated Network Director responded that the aim was to get to that point in the development of the LCA within 12 to 24 months' time. The plan was to take time with the creation of the LCA and not rush into it as the arrangements were very complex. The Integrated Network Director recommended that Trafford wait and learn from how other areas dealt with the difficulties.

The Chief Executive of Wythenshawe Hospital supported the Trafford Integrated Network's position. During the merger between CMFT and UHSM they had learnt that increasing the amount of shared working, building working relationships, and allowing the integration to happen organically was more important than focusing on larger organisational benefits of integration.

The Corporate Director of CFW informed the Board that there had been a large amount of work conducted with the voluntary and community service sector around shaping the LCA. Trafford Council needed to focus upon working with their own staff in order to further shape the work and to bring them on Board with the changes. The Trafford Integrated Network Director added that needed to start communicating to staff why the changes were being made rather than giving details of what the changes were going to be.

RESOLVED:

1) That the update be noted.

45. CQC ACTION PLAN UPDATE

The Corporate Director informed the Board that there would be an update of the full action plan at the next meeting. The Director of Integrated Services for Trafford Council and Pennine Care Informed the Board of the scale of the problem of delayed transfers of care in Trafford. She then delivered a presentation to the Board on the progress which had been made within Trafford with a focus upon the implementation of the Urgent Care Control Room (UCCR).

The Director of Integrated Services told the Board that the UCCR was allowing Trafford residents to leave hospital to go home or into the community before having to make long term decisions about their future. The Board were informed of how services have been redesigned in order to reduce the amount of time it took for an individual to step down from hospital into community services. The impact of these services had been an increase in the number of people returning to their own homes and a decrease in people going into residential care.

The UCCR was based at the Meadway Care Centre which also housed all of the teams related to urgent care. The Director of Integrated Services described how the UCCR had a screen which displayed in real time the services within Trafford that were being used. The team used this screen to monitor and control the flow of patients through community services and were in constant communication with care home and home care providers to manage demand. In addition to services the UCCR also tracked all of the resources related to urgent care within Trafford so that they were aware when equipment would become available to be used by other service users. The UCCR was already reducing the amount of homecare commissioned and had changed many of the historic issues within the system such as making it easier to sign up to a GP on a short term basis and enabling discharges during public holidays.

The Director of integrated services informed the Board that changes had also been made to the funding pathways streamlining the awarding of funding which ensured there were no delays due to a lack of funding. In addition, the way in

which teams responded to people's issues had been changed to ensure that people were on the correct pathway. The Director of integrated services then described both the Stabilise and Make Safe (SAMS) service and the Discharge to Assess Beds service.

The presentation finished by showing the Board the impact that all of the changes that had been made had on the level of delayed discharges. The improvement in performance had enabled the emphasis of discussions to move away from just coping with delays towards pre-planning discharges. The next stage was to move towards the prevention of delays through the reduction of admissions. The Director of Integrated Services then read out a letter of thanks from a patient who had been successfully reabled and who had been able to return home.

The Chairman of the Trafford Safeguarding Board asked whether issues that were affecting other areas would impact on Trafford. The Director of Integrated services responded that the work which had been done with Wythenshawe Hospital was a collective approach involving the other areas that used the hospital. The Director of Integrated services further stated that this did not include the development of the UCCR and that many other areas had visited to look at it and how they could implement something similar.

The Chairman asked about arranging a visit for Board Members. The Director of Integrated Services said that a schedule of possible visits would be put together and sent to Board Members.

RESOLVED:

1) That the update be noted.
2) That a schedule of possible meeting dates be drawn up and shared with Board Members.

46. WORK AND HEALTH EARLY HELP PROGRAMME

The Head of Partnerships and Communities gave a very brief overview of the report that had been submitted with the agenda due to the limited amount of time available. The Board were informed that the GM Working Well Early Help Programme was a service working with residents who are off sick from work and at risk of falling out of the labour market and those recently unemployed with health conditions that might be a barrier to them returning to work. The service had £6.5M in funding for the whole of GM which had been combined from a number of sources.

All Local Authorities had been asked to produce an Ask and Offer document setting out what the services were in their area, how they could support the provider and what the LA's key asks were of the provider. An Ask and Offer document had been produced for Trafford, and a final draft had been attached to the report as Appendix One. The Trafford Ask and Offer document was to go for

formal approval and sign off from the Chief Executive of Trafford Council and the Clinical Director of Trafford CCG.

The Head of Partnerships and Communities informed the Board that they were to be kept up to date on progress of the development of the programme and the procurement process. The Chief Executive of Trafford Council was the Chairman of the GM Programme Board and expected Trafford to adopt and champion the new service once it went live.

RESOLVED:

1) That the update be noted by the Board.
2) That the Board acknowledge the Ask and Offer document for Trafford.

47. ONE TRAFFORD RESPONSE UPDATE AND WORKFORCE DEVELOPMENT

The Head of Partnerships and Communities went through the presentation which had been tabled at the meeting. The Board were reminded that the public sector reform was happening alongside the other changes within Trafford. The main focus of the programmes of work was upon increasing early intervention and the prevention of escalation within the system.

The Head of Partnerships and Communities then went through the new service design with the Board. The main concern when creating the design was building a fluid model which could support people in the way that suited them and their circumstances. It was understood that an individual's "place" and the other wider determinates of health played a large role in an individual's case. The team were working with GPs to continuing to develop social prescribing and increasing social connectors to reflect the importance of those factors. The programme team had attempted to perform a cost benefit analysis of the new model but they had found that it was difficult to measure the benefits monetarily. There was a GM workshop being held on the following Monday which was focused upon addressing this challenge.

The Public Sector Reform Change Manager then described the changes that had been made to services at the point of contact. The programme was looking at new ways of measuring progress made up of leading measures, which were conditions that enabled an individual to achieve something, and lagging measures, which were externally measured outcomes. The Board were shown a series of graphs and charts which displayed the work that the One Trafford Response (OTR) had done. Through analysis of this work it had become apparent that the main reason that people were being referred to the OTR was mental health problems.

The presentation then shifted focus to the customer journey within the new service model. This was a key component of how the service differed from historical models of service. The approach involved having conversations with individuals and listening to their needs then shaping the support to those needs. The difference in approach was demonstrated to the Board through case studies. The Board were shown each individual's situation (looking at the full picture rather than

just problems), what the OTR did, and what would have happened under the standard model.

The OTR were looking at blockages within the system such as; not obtaining consent before a case was referred to the team, the lack of available suitable accommodation, and the prevalence of mental health problems. The Head of Partnerships and Communities reminded the Board that the OTR was not to be a new team which received referrals from other services but was to be the new way of working that would be adopted by all services.

The presentation concluded with a list of next steps within the programme. One key aspect was that staff sessions were to commence from the 27 – 30 April and all Board Members were asked to encourage staff to attend. The Chairman thanked the Head of Partnerships and Communities for the in depth update and stated that he looked forward to hearing how the staff engagement sessions went.
RESOLVED:

1) That the update be noted by the Board.
2) That Board Members are to encourage staff to attend staff engagement sessions 27th – 30th April.

48. FEEDBACK ON THE PHYSICAL ACTIVITY LAUNCH

The Head of Partnerships and Communities informed the Board that the Physical Activity launch event had gone ahead since the last meeting and had been a success.

RESOLVED: That the update be noted by the Board.

49. KEY MESSAGES

RESOLVED: The Chairman noted the following items as the key messages which had arisen over the course of the meeting;

1) That communication with staff and the different language between organisations was key in integration work.
2) That E-cigarettes are to be encouraged to smokers but that this has to be done without encouraging uptake amongst non-smokers, especially children and young people.
3) That there had been great progress made in reducing the level of delayed transfers of care which had been delivered through partnership working.
4) That Board Members are to encourage staff to attend the One Trafford Response Sessions 27 – 30 April.

The meeting commenced at 9.30 am and finished at 12.05 pm

GM Common Outcomes, Standards and Strategies

Mark Brown
Programme Manager
GM Health and Social Care Partnership

What is our ambition?

To deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester.

How will we know we are getting there?

How do we do this consistently?

GM
Population Health Outcomes

GM
Common Standards

How will we ensure we achieve this?

Excellence in GM

Progress to date

- Outcomes Dashboard Phase 1 produced and out in system
- Standards for prescribed functions, oral health, tobacco and sexual health out in the system for testing
- Standards for other topics in development – physical activity, mental health/wellbeing, drugs and alcohol, health protection
- Standards for business intelligence as an enabler underway
- Exploring options for SLI Programme: Excellence in GM

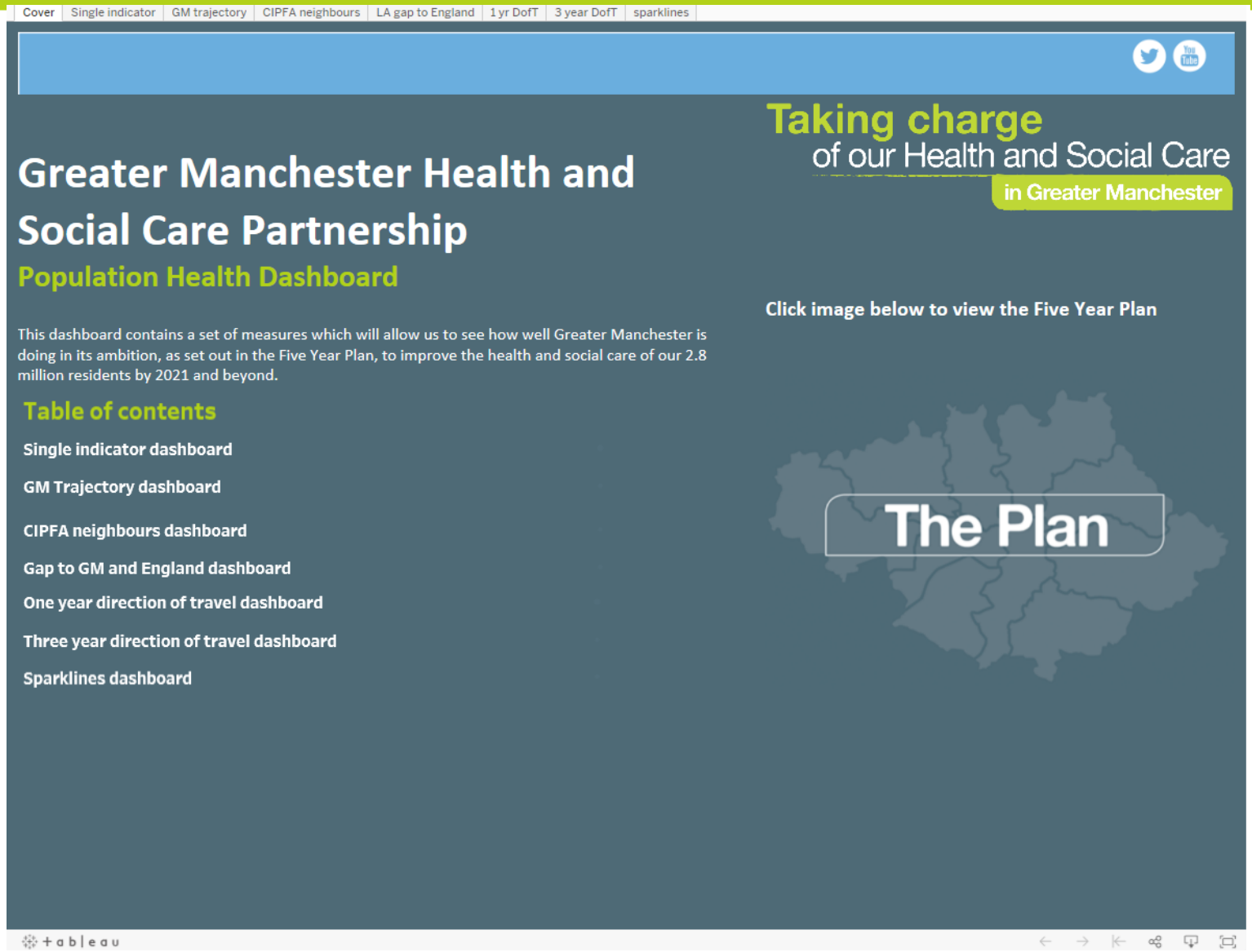
GM Population Health Outcomes

- A suite of key shared GM Population Health outcome measures
- An integral part of a wider GM Outcomes & Benefits Realisation Framework and with clear “read across” to GM Strategy Outcomes Framework
- Directly tied to the ambitions of Taking Charge, the GM Population Health Plan and the Greater Manchester Strategy
- Measurable at GM and Locality level (and across benchmarking groups)
- Enabling identification of priorities for action at GM and / or Locality level
- Embedded into Single Integrated Assurance Process and currently being tested in 2017/18 Q4 meetings for the first time
- Incorporated into a dynamic and useable interface (tableau)

GM Population Health Outcomes

What is the desired outcome?	What will success look like?
LIFE EXPECTANCY, WELLNESS & HEALTH INEQUALITIES	
In Greater Manchester we will live longer and healthier lives, with the greatest improvement in the areas and groups which have the worst outcomes.	By 2026, people in Greater Manchester will have a Life Expectancy and Healthy Life Expectancy that is at least the same as the national average (and will have matched the Northwest average by 2021)
	By 2021, the gap between those with the worst Health Outcomes and those with the best will have reduced, due to significant improvements amongst those with the worst
START WELL	
In Greater Manchester we will have the best possible start in life.	Fewer children in GM will live in poverty
	More Greater Manchester Children will reach a good level of physical, cognitive, social and emotional development to prepare them for school and life.
	Young people in Greater Manchester will access high quality education that prepares them for life.
	GM Children and Families will be able to access the right support, at the right time, in the right place.
LIVE WELL	
In Greater Manchester we will all have the opportunity to live well and fulfil our potential.	More Greater Manchester residents will be employed.
	People who live in Greater Manchester will choose to live healthier lifestyles.
	People in GM will be in good mental health and those with needs will be able to access timely, high quality support
	GM residents will live in safe and stable housing, and within healthy communities
AGE WELL	
In Greater Manchester we will have every opportunity to age well and to remain at home, safe and independent for as long as possible.	Older GM residents will be supported to live a productive, healthy, safe and independent life in healthy communities.
	Older GM residents are socially connected
	GM residents have access to good quality end of life care, enabling them to experience their end of life in their place of choice.

GM Population Health Outcomes Dashboard



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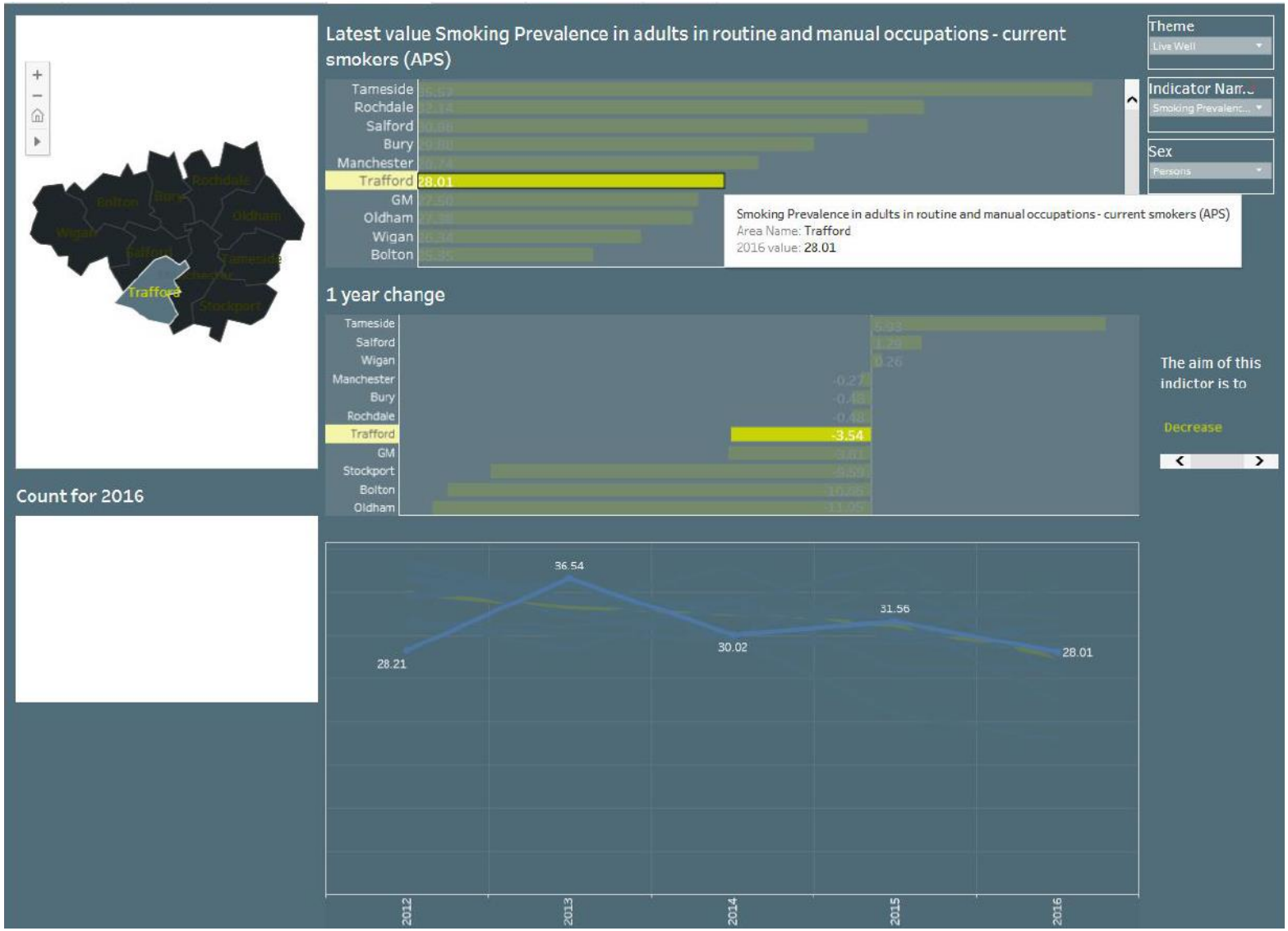
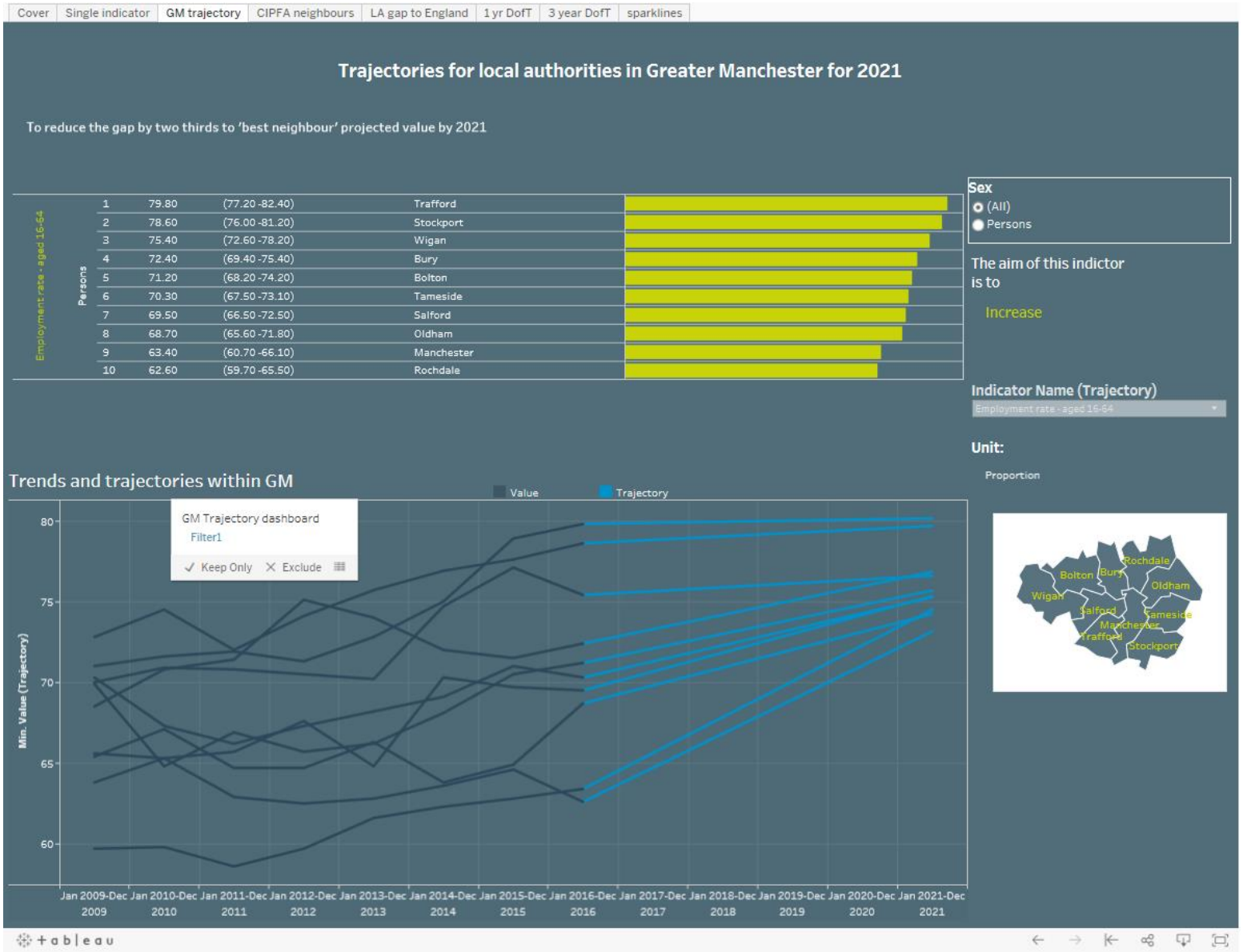
Population Health Outcomes



Trajectories for GM localities



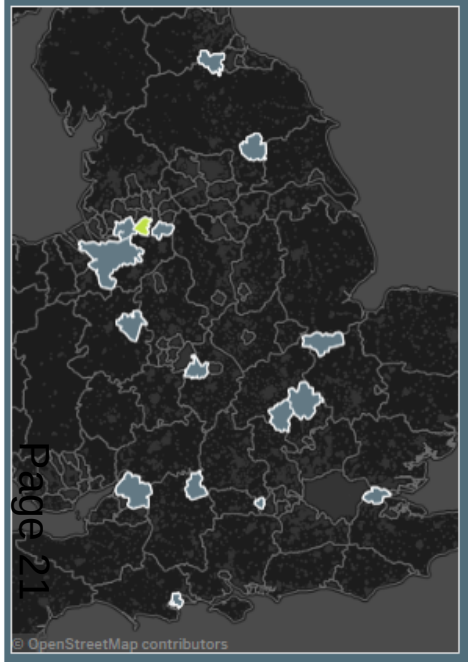
Select indicator name

Smoking Prevalence in adults - current smokers (APS)

Select area

Trafford

CIPFA Neighbours



CIPFA neighbours ranked

Smoking Prevalence in adults - current smokers (APS)
Persons

1	9.72	South Gloucestershire
2	11.70	Solihull
3	11.71	Cheshire West and Chester
4	12.17	Stockport
5	12.59	York
6	12.60	Trafford
7	12.63	Warrington
8	14.51	Milton Keynes
9	14.90	Swindon
10	15.05	Bedford
11	15.65	Telford and Wrekin
12	15.83	Reading
13	16.47	Poole
14	17.30	Darlington
15	17.62	Peterborough
16	20.82	Thurrock

Neighbour/area

- ☐ Neighbour
- ■ Trafford

Sex

- ○ Female
- ○ Male
- ◉ Persons

Theme

- ○ (All)
- ○ Life Expectancy, Wel...
- ○ Start Well
- ◉ Live Well
- ○ Age Well
- ○ Null

Highlight Area Name

Highlight Area Name

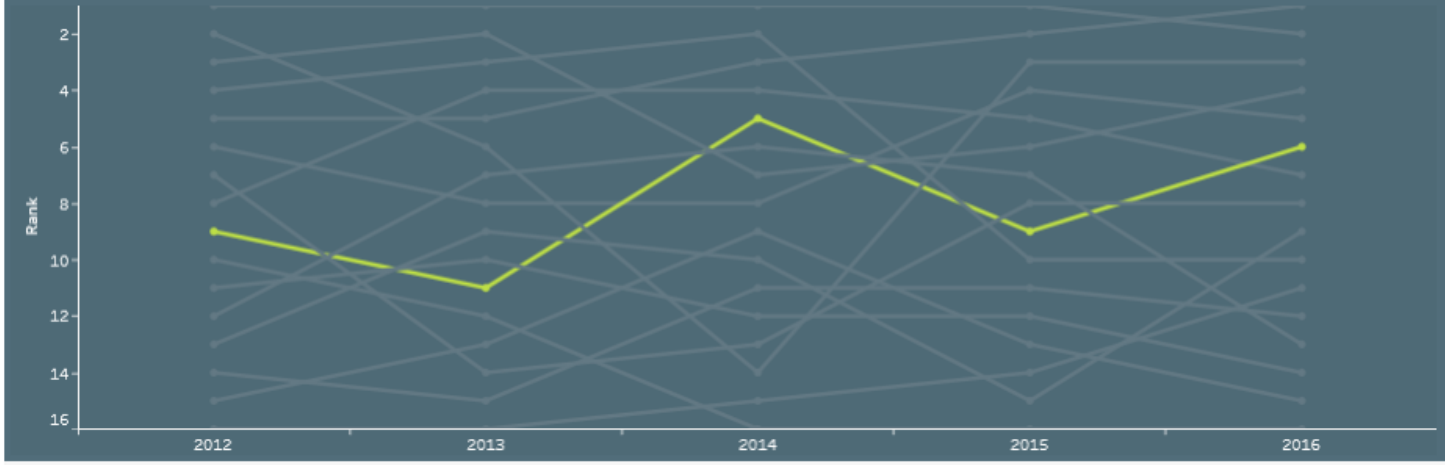
The aim of this indictor is to

Decrease

Unit:

Proportion

Rank amongst CIPFA neighbours (1=Best)



GM Common Standards

Suite of evidence-based GM Common Standards for core areas of population health activity linked to the delivery of GM Population Health Outcomes:

- Provide an evidence based tool to support localities to achieve the best health gain and to reduce unwanted variation in population health outcomes.
- Developed through a process of co-design and agreement with subject matter experts and locality representatives.
- Draw upon existing standards such as those produced by NICE and Primary Care and the development of new standards that would drive improvement in outcomes and quality.
- Endorsed by GM Directors of Public Health for progression though local governance structures.

GM Common Standards

- GM Common Standards describe:

  - What 'good' looks like
    (*the evidence base*)

  - What will achieve the greatest level of improvement across GM
    (*prioritisation, consistency, scale and pace*)

  - Outcomes / outputs that show we are having the intended impact
    (*key outcomes, outputs and process metrics*)

GM Common Standards

- 7 initial priority (topic-based) GM Common Standards:

  (1) *Oral Health;*
  (2) Tobacco;
  (3) Sexual and Reproductive Health;
  (4) Drugs and Alcohol;
  (5) Mental Health and Wellbeing;
  (6) Health Protection;
  (7) Physical Activity

- GM Common Standards for prescribed and non-prescribed core Public Health functions

Excellence in GM

- Evidence-based improvement programme
- A sector or locality-led programme, supported by the wider system
- Co-designed in partnership with localities, key stakeholders, patients and carers and the public.
- Focus upon collaboration across localities and systems
- Building on existing best practice
- Encouraging innovation and creativity

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Greater Manchester Health & Social Care Partnership

Briefing Note

Date: April 2018

Subject: GM Population Health Outcomes Framework

SUMMARY:

This report provides an update in relation to establishing a GM Population Health Outcomes Framework, including a Tableau based online dashboard, as part of a Single Integrated Assurance process.

CONTACT OFFICERS:

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1.0 INTRODUCTION

1.1 This note provides an update in relation to establishing a GM Population Health Outcomes Framework, including a tableau based online dashboard, as part of a Single Integrated Assurance and improvement process.

2.0 OVERVIEW & BACKGROUND

2.1 In March 2017, the GM Health & Social Care Partnership agreed to a set of proposals to facilitate the creation of a unified population health system, to support the delivery of the GM Population Health Plan at pace and scale.

2.2 This included a commitment to the reduction of unwanted and unwarranted variation in standards, improvement in population health outcomes, more consistent adoption of evidence based practice, and the enhanced use of benchmarking data.

2.3 This confirmed a vision to drive improvements in population health across and within GM and through the 10 GM localities, reducing inequalities and setting outcomes that are aligned to place based priorities.

2.4 Over time, this programme has developed to incorporate 3 core elements:

- A GM Population Health Outcomes Framework (as part of a single integrated assurance process)
- GM Population Health Common Standards
- Excellence in GM Sector Led Improvement Programme

2.5 This briefing note will look at the GM Population Health Outcomes Framework.

3.0 SINGLE INTEGRATED ASSURANCE PROCESS – INTERIM ARRANGEMENTS

3.1 At GMHSCP Performance and Delivery Board in October 2017, it was agreed that an interim Population Health integrated assurance process would be incorporated into quarterly locality assurance meetings from Q2 2017/18, and would be underpinned by benchmarking data provided through the PHE Locality Dashboard (https://healthierlives.phe.org.uk/topic/public-health-dashboard).

3.2 This approach was implemented as planned and formed the basis for the development of key lines of inquiry during Q2 and Q3 (by exception) 2017/18.

4.0 A GM POPULATION HEALTH OUTCOME FRAMEWORK

4.1 In parallel to the interim arrangements, activity to establish the Population Health contribution to a Single Integrated Assurance Process through the development of a GM Population Health Outcome Framework has progressed at pace.

4.2 A GM Population Health Outcomes Framework has been developed through a process of engagement and co-design with key stakeholders from across the Health and Social Care system and the wider Public Service. This is included as Appendix 1.

4.3 A task and finish group was established to progress this task to completion, consisting of key partners from:

- GMHSCP
- GMCA
- Localities
- Public Health England
- Academia (University of Manchester)

4.4 The framework focusses upon the key Population Health outcomes which adversely impact upon the health and wellbeing of the Greater Manchester population and seeks to place focus and emphasis on a reduced number of key indicators, from within the multiple thousands of measures that currently exist within the wider system.

4.5 The Framework seeks to reconcile the ambitions of:

- Taking Charge
- GM Population Health Plan
- GM Strategy

4.6 The Framework, and accompanying dashboard, establishes headline data, trends, benchmarking and locality outcome trajectories.

4.7 It is recognised that there is no 'perfect' version of this framework and that there are many complementary and competing variables within the system. The final suite of outcomes was agreed as an appropriate initial set, which can be built upon going forward as required by GM or Localities.

4.8 The framework was reviewed and endorsed by GMHSCP Performance and Delivery Board on 14th March 2018, and GMHSCP Senior Management Team on 20th March 2018, and was formally signed off by GM Population Health Programme Board on 29th March 2018 .

4.9 It is acknowledged that the full initial ambitions for the framework cannot all immediately be realised due to unavailable, incomplete or flawed data sets. As such, the framework will be mobilised in two phases. Phase 1 will incorporate the outcome and output measures as set out within Appendix 1. Phase 2 (due for completion by September 2018 but with iterative development up to that date), will seek to identify alternative means of measuring additional desirable outcomes and will also include further work around trend and trajectory modelling, simulation and visual representation.

4.10 The framework and associated datasets have been built into an interactive, tableau based dashboard which will be tested during the 2017/18 Q4 Assurance Cycle in April and May 2018. The link to this dashboard is **here**.

4.11 The dashboard has been developed in partnership with localities, but now requires testing at scale in order to identify issues relating to functionality, usability, content and opportunities for improvements. Any 'snagging issues' identified through initial use during the Q4 assurance process should be emailed to gordon.adams@salford.gov.uk.

5.0 ESTABLISHING TRAJECTORIES

5.1 A key part of creating a meaningful dashboard involved the establishment of trajectories that identified a means for identifying improvements of time.

5.2 Some of the outcomes and outputs have had trajectories established by Public Health England using a range of methodologies based around benchmarking against CIPFA cohorts.

5.3 Some of the outcomes have been drawn from other ongoing GM Programmes and ambitions such as those already established for School Readiness, and those under development in relation to Physical Activity and Smoking.

5.4 As a worked example, trajectories have been established for 3 key outputs for smoking that are pertinent to the achievement of the GM ambitions that have already been agreed in the **GM Tobacco Control Strategy (Making Smoking History)**, namely:

- Smoking at Time of Delivery (below 6% in all GM areas by 2021)
- Smoking Prevalence – All Population (below 13% across GM by 2021, with individually tailored locality targets as set out in Appendix 2 to collectively contribute to achievement of GM target)
- Smoking Prevalence – Routine and Manual Workers (below 21% in all GM areas by 2021)

6.0 NEXT STEPS

6.1 The GM Population Health Outcomes Framework and Tableau Based dashboard, will be utilised for the first time as part of an integrated single assurance framework during Q4 2017/18 and will be used as the basis for the development of population health key lines of enquiry.

6.2 Steps will be taken to address "snagging issues" identified by localities during the Q4 assurance process.

6.3 Arrangements will be made to brief locality Health and Wellbeing Boards on the GM Population Health Outcomes Framework

END

Appendix 1 – GM Population Health Outcomes Framework

What is the desired outcome?	What will success look like?	How will we measure success?	What outputs will we measure?	Phase 1	Phase 2
LIFE EXPECTANCY, WELLNESS & INEQUALITIES					
In Greater Manchester we will live longer and healthier lives, with the greatest improvement in the areas and groups which have the worst outcomes.	By 2026, people in Greater Manchester will have a Life Expectancy and Healthy Life Expectancy that is at least the same as the national average (and will have matched the Northwest average by 2021)	Fewer people will die early in Greater Manchester from causes considered preventable	Mortality rate from causes considered preventable	x	
			Under 75 mortality rate from CVD considered preventable	x	
			Under 75 mortality rate from cancer considered preventable	x	
			Under 75 mortality rate for Respiratory disease considered preventable	x	
		Overall Life Expectancy will increase for men and women	Gap in life expectancy at birth between each local authority, GM and England as a whole (Male)	x	
			Gap in life expectancy at birth between each local authority and England as a whole (Female)	x	
		Overall Healthy Life Expectancy will increase for men and women.	Healthy life expectancy at birth (Male)	x	
			Healthy life expectancy at birth (Female)	x	
		There will be a reduction in Infant Mortality	Infant Mortality	x	
		More people will long term conditions will be receiving optimal treatment and there will be a reduction in the "missing thousands"	Gap between estimated and diagnosed prevalence for CvD (* Rightcare as placeholder)	x	
			Gap between estimated and diagnosed prevalence for Diabetes (* Rightcare as placeholder)	x	
			Gap between estimated and diagnosed prevalence for Hypertension (* Rightcare as placeholder)	x	
			Gap between estimated and diagnosed prevalence for Atrial Fibrillation (* Rightcare as placeholder)	x	
	By 2021, the gap between those with the worst Health Outcomes and those with the best will have reduced, due to significant improvements amongst those with the worst	We will see a reduction in Health Inequalities due to significant improvements in the areas that currently have the poorest health outcomes	Health inequalities using Slope Index	x	
			New GM inequality metric		x
START WELL					
In Greater Manchester we will have the best possible start in life.	More Greater Manchester Children will reach a good level of physical, cognitive, social and emotional development to prepare them for school and life.	We will meet or exceed the national average for the proportion of children reaching a 'good level of development' by the end of reception	% of children achieving a good level of development at the end of reception.	x	
			% of children with free school meal status achieving a good level of development at the end of reception.	x	
		GM babies will have a healthy birth weight.	% of all live births at term with very low birth weight	x	
		More children will be breast fed at the start of their life	Breastfeeding at 6-8 weeks	x	
		Fewer GM children experience dental decay	Proportion of 5 year old children free from dental decay	x	
		More GM children will be physically active	Temporary placeholder: % of children aged 5-15 meeting national physical activity guidelines (At least 60 minutes (1 hour) of moderate to vigorous intensity physical activity (MVPA) on all seven	x	
			% of GM children aged 2-15 who are active or fairly active.		x
		More GM children will be at a healthy weight at the end of reception.	Prevalence of overweight children (including obese) as measured by NCMP	x	
		Fewer GM babies will be affected by maternal smoking during pregnancy and at point of delivery.	% of women who smoke at time of delivery	x	
		Children will receive vaccinations and immunisations that prevent avoidable harmful health conditions	MMR vaccination rate	x	
LIVE WELL					
In Greater Manchester we will all have the opportunity to live well and fulfil our potential.	More Greater Manchester residents will be employed.	More people in GM will be employed	% of people aged 16-64 in employment	x	
			New GM employment and health measure to be developed		x
	People who live in Greater Manchester will choose to live healthier lifestyles.	Fewer GM residents will be affected by the harmful impact of smoking	Smoking prevalence in adults - current smokers (APS)	x	
			Smoking prevalence in adults in routine and manual occupations - current smokers	x	
		More GM residents will by physically active, and fewer GM residents will be physically inactive.	% of GM population who are Active or Fairly Active	x	
			% of physically inactive adults (>30 minutes per week)	x	
		Fewer GM residents will experience alcohol-related harm	Alcohol-related hospital admissions (narrow definition)	x	
		More GM adults will be at a healthy weight	% of adults (18+) who are overweight or obese	x	
		More GM adults will have access to appropriate contraception	Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)	x	
		Fewer new cases of Sexually Transmitted Infections	New GM measure		x
		New cases of HIV will be eradicated in Greater Manchester	New HIV diagnosis rate / 100,000 people aged 15+	x	
	People in GM will be in good mental health	People in GM will be emotionally well.	New GM Wellbeing Measure - GM Survey		x
		People IN GM will be social connected	New GM Social Isolation / Loneliness Measure - GM Survey		x
		Fewer people in GM will die as a result of suicide	Suicide Prevalence	x	
AGE WELL					
In Greater Manchester we will have every opportunity to age well and to remain at home, safe and independent for as long as possible.	Older GM residents will be supported to live a productive, healthy, safe and independent life in healthy communities.	Adults will remain in employment as they get older	50-64 Employment Rate	x	
		Fewer GM residents aged over 65 will be admitted to hospitals due to fall, accidents and injury.	Emergency hospital admissions due to falls in people aged 65 and over	x	
		More GM older adults will be screened for cancer	Cancer Screening Coverage - Bowel Cancer	x	
		Older GM residents will be socially connected	% of GM residents aged 65+ who report being socially isolated (GM Survey)		x
			% of GM residents aged 65+ who report being lonely (GM Survey)		x

Appendix 2 – GM Smoking Prevalence Trajectories by Locality Area

	Current prevalence (APS, 2016)	**2021 Target**
Bolton	17.9%	13.6%
Bury	19.1%	13.7%
Manchester	21.7%	15.9%
Oldham	18.8%	13.7%
Rochdale	19.4%	13.1%
Salford	20.3%	13.9%
Stockport	12.2%	9.8%
Tameside	22.1%	14.2%
Trafford	12.6%	9.2%
Wigan	17.7%	13.1%

Contributions weighted according to smoking contributions amongst routine and manual workers and the proportion of GM current smokers in each local authority

TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **13th July 2018**
Report for: **Information / Decision**
Report of:

Report Title

Supplementary Planning Document for Hot Food Takeaways: healthy eating and school children

Purpose

To raise awareness of the Supplementary Planning Documents implemented in other GM authorities and to consider whether to implement an SPD in Trafford

Recommendations

That the Health & Wellbeing Board agrees that a Supplementary Planning Document should be implemented in Trafford to restrict hot food takeaways within 400m of a school

Contact person for access to background papers and further information:

Name: Eleanor Roaf

Introduction

An SPD (supplementary planning document) provides information and further guidance on policies within an authority's Local Plan.

Of the 10 Greater Manchester authorities 7 have a SPD for Hot Food Takeaways (known as an A5 business). 5 of those have updated their guidance to include a policy on healthy eating and school children. This includes creating a 400m exclusion zone around secondary schools and / or implementing restrictive opening hours around school lunch and leaving times.

Bury, Stockport and Tameside do not have a Hot Food Takeaway SPD.

Trafford and Wigan both have a Hot Food Takeaway SPD however they do not include a policy on health. These documents are from 1993 (Trafford) and 2004 (Wigan).

Both Oldham and Rochdale make reference to public health within their SPD's however do not have a specific policy relating to healthy eating and school children:

- Oldham (2012): Matter 4 – Health and Wellbeing – "*When determining applications the council will have regard to the boroughs health and wellbeing priorities plans and programmes… These have identified, amongst other things, health as an issue to be addressed. In particular, health inequalities and problems associated with people and children who are overweight or obese".*

- Rochdale (2015): C6 – Improving Health and Wellbeing - *"Not allowing the over concentration of takeaway food premises where they may impact adversely on the amenity of residents and/or encourage unhealthy eating habits*

Since the introduction of Oldham SPD, there have been 39 applications for A5 premises; 16 have been granted, 23 have been refused. It is assumed the SPD was taken into consideration however each application would need checking individually.

Bolton, Manchester and Salford all have updated their SPD's to include policies on hot food takeaways and schools.

Table 1

	Bolton	**Manchester**	**Salford**
Date	2013	2017	Jan 2014
Policy title and content	**Proximity to schools** When the council considers a planning application for a hot food	**Policy 3 – Hot Food Takeaways and Schools** Where a hot food take away is proposed within 400 metres of a primary or secondary	**Policy HFTA 2 – Hot food takeaways and schools** Where a hot food take away is proposed within

	takeaway (A5), it will take into account the proximity of the proposal to secondary schools... If an application site is within 400 metres of a secondary school, then the council may refuse the application on the grounds that it would be harmful to public health. The council will also take into account the proposed opening hours of a hot food takeaway. If the proposed opening hours do not include lunch-time opening or evening opening before 6pm, then planning permission may be granted, even if a site is within 400 metres of a secondary school.	School…, planning permission will only be permitted subject to the condition that opening hours are restricted to the following: - A primary school: the hot food takeaway is not open to the public between 3 pm to 5.30pm on weekdays. - A secondary school: the hot food takeaway is not open to the public before 5.30pm on weekdays…	400 metres of a secondary school, planning permission will only be granted subject to a condition that the premises are not open to the public before 5pm Monday to Friday and there are no over the counter sales before that time…

Action taken by the above 3 councils in relation to their SPD's

Bolton

- There is no easy way to pick up every takeaway application within 400m of a secondary school, however don't get very many.
- Overall the number of takeaway applications has reduced and is being replaced by dessert shops, which if move into an existing shop does not need new planning permission.

Manchester

- This policy has been applied on a few occasions as part of planning conditions however no enforcement cases have been raised relating to compliance of restricted hours.
- The council are currently in receipt of an appeal relating to the dispute of a planning condition where limited hours of use have been applied. The appeal is in its infancy and the outcome awaited.

Salford

- No application within the city has been refused on the grounds of policy HFTA 2
- There have been 4 A5 applications where policy has been applied and a restrictive operation condition has been attached.
- One of these four appealed the restrictive hours however this was dismissed
- One of these four decided not to open due to the restrictive hours condition

Other Work

After a brief internet search other authorities have also adopted a healthy eating policy within their Hot Food Takeaway SPD. Many focus on a 400m exclusion zone from secondary schools / colleges and / or restricted operating hours. However some authorities have used variations of this such as a 10 minute walk from school gates or increased the boundary area to include youth facilities and parks:

Examples:

- Newcastle Council (2016): HFT1 – Proximity to secondary schools: Planning permission will not be granted for new hot food takeaways within a 10 minute walk from any secondary school entrance
- Bradford Council (2014): Proximity to schools, youth facilities and parks: Hot food takeaways will be restricted where they fall within a 400m boundary of an existing primary or secondary school or youth centre facility or a recreation group or park boundary
- Sandwell Council (2016): HFT1.1 Proximity to schools: No new Hot Food Takeaway Developments will be permitted where they are within 400 metres of a secondary school or college site (as measured in a direct line from the school entrance(s) used by pupils**/**students)
- St Helens Council (2014): 5.1 SPD Implementation Point 1 – Schools, Health and Town Centres: Planning permission for a hot food takeaway will only be granted provided it is located beyond a 400m exclusion zone around any primary or secondary school or college either within or outside LEA control

Public Health England

Protecting and improving the nation's health

News Release

Embargoed until 00.01Hrs 29 June 2018

England's poorest areas are fast food hotspots

- New figures show higher concentrations of fast food outlets in England's most deprived communities
- Public Health England is encouraging local authorities to consider restricting the number of fast food outlets – including near schools, parks and other areas where children gather

New figures from Public Health England (PHE) reveal England's poorest areas are fast food hotspots, with around a third of outlets – including chip shops, burger bars and pizza places – found in the most deprived communities[*].

The data also suggests fast food outlets account for more than a quarter (26%) of all eateries in England.

The local environment has a major influence on our behaviours and streets crowded with fast food outlets can influence our food choices – many of these currently have no or little nutrition information in-store. Children exposed to these outlets, whether out with friends or on their way home from school, may find it more difficult to choose healthier options.

The new figures also show a variation in the number of fast food outlets across England, ranging from zero in some wards to over 100 in others.

Many local authorities across England have taken action to address their food environment and PHE is encouraging them to learn from each other. At least 40 areas have developed policies to restrict the growth of new takeaways and fast food outlets, and PHE has helped develop stronger planning guidance[†] to support other areas in doing this.

Some have developed 'healthier zones' to help tackle childhood obesity by limiting the number of outlets in areas with high concentrations of fast food outlets, high levels of deprivation, or where children gather – including near schools, community centres, parks, playgrounds and other open spaces.

While not all fast food is unhealthy, it is typically higher in salt, calories and saturated fat, all of which can cause serious health problems when consumed too often and in large quantities.

[*] 32% of outlets classified as fast food are located in the most deprived 20% of areas

[†] PHE worked with the Ministry of Housing, Communities and Local Government to strengthen planning practice guidance to help local authorities create healthier local environments, such as restricting fast food outlets e.g. within 400 metres of places where children gather, including schools, community centres and playgrounds: https://www.gov.uk/guidance/health-and-wellbeing

Children with excess weight are consuming up to 500 extra calories per day, so creating healthier environments could play an important role in tackling obesity and health inequalities.

Over a third of children in England are overweight or obese by the time they leave primary school – this figure is even higher in some deprived communities. This increases their risk of being overweight or obese adults and suffering preventable diseases including type 2 diabetes, heart disease and some cancers.

Dr Alison Tedstone, chief nutritionist at Public Health England, said:

> "It's not surprising some children find it difficult to resist the lure of fast food outlets when many neighbourhoods are saturated with them.
>
> "Local authorities have the power to help shape our environment and support people in making healthier choices. They need to question whether these fast food hotspots are compatible with their work to help families and young children live healthier lives."

Food outlets can make a contribution to our high streets. However, with the impact of obesity on local authority social care budgets estimated at £352 million per year, encouraging healthier choices can make a positive difference.

As part of its work to improve the local food environment, PHE supports local authorities' work with small businesses to provide healthier options[1]. This can be through using less salt, sugar and saturated fat in their products, as well as offering customers smaller portions and promoting healthier alternatives. Some areas have healthy catering schemes to recognise and support local retailers who are making such changes.‡

The Department of Health and Social Care recently announced the second chapter of its childhood obesity plan, including a trailblazer programme to help local authorities learn from each other. Another significant measure is a consultation on mandatory calorie labelling in the out of home sector, to help people make informed choices when eating out. These bold steps were announced as part of government's ambition of halving childhood obesity by 2030.

PHE plays a significant role in achieving this ambition. It has challenged major players in the food industry to remove 20% of calories from popular foods – including chips, burgers and pizzas – by 2024. This is in addition to its challenge to industry to reduce sugar in everyday products by 20% by 2020. With a quarter of our calories coming from food consumed outside the home, restaurants including fast food outlets and takeaways are expected to play their part.

As part of its One You campaign, PHE has also helped consumers find healthier options by partnering with major high street retailers, where millions of people buy their food every day.

-ends-

Notes to Editors

For further information contact:

‡ Examples of healthy catering schemes include the Healthier Catering Commitment in London and the Healthier Options Takeaway scheme in Nottinghamshire

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1. PHE exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health. For more information on PHE visit www.gov.uk/phe or follow us on Twitter @PHE_uk
2. PHE's analysis of fast food outlets in England is published here: <insert link>
3. In this analysis 'fast food' refers to energy dense food that is available quickly, therefore it covers a range of outlets that include, but are not limited to, burger bars, kebab and chicken shops, chip shops and pizza outlets.
4. The density of fast food outlets in local authorities varies across England. The density of fast food outlets in local authorities ranges from 26 to 258 per 100,000 population, with the average across England being 96.5.
5. This analysis uses the Food Standards Agency (FSA) Food Hygiene Rating Scheme (FHRS) data which can be found here: https://fhrscsvs.blob.core.windows.net/web/index.html
6. The data is a specific snapshot at a point in time (31/12/2017) and counts and rates may alter slightly over time as fast food outlets open and close. There is a known error in the FHRS data for Bury (notified 19/6/2018), therefore data for Bury has been removed from the tables for local authority and ward.
7. Data for City of London has been excluded from the chart as it has a very small resident population but a high density of fast food outlets. This results in an abnormally high rate of fast food outlets per 100,000 population. In the map therefore, to prevent unhelpful distortion of the overall picture, City of London has been given the value of the next highest local authority density of fast food outlets.
8. All food outlets classified in the dataset as 'takeaways/sandwich shops' are included along with 8 major chains, included on the basis of market share in the fast food market. Most fast food outlets are independent companies with only one or two outlets.
9. Mobile caterers, other catering premises and restaurants/cafes/canteens are included on the basis of a key word search for any of these words: burger, chicken, chip, fish bar, pizza, kebab, India, China, Chinese.
10. It is likely that the data here does not show the complete picture for fast food outlets. Many of the outlets that could be considered 'fast food' are likely to be multi-functional; sit-down and eat in, takeaway and home delivery. As a result, businesses may have been recorded under the category of restaurant or café and may not have been included here despite selling similar types of food to those included in this analysis.
11. The government's Childhood obesity: a plan for action, chapter 2 was published on 25 June 2018
12. The LGA publication Healthy weight, healthy futures: local action to tackle childhood obesity gives examples of local authorities taking positive action to address childhood obesity, including working with local businesses to provide healthier options.
13. For more information on PHE's calorie reduction programme visit: https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action
14. For more information on PHE's sugar reduction programme visit: https://www.gov.uk/government/publications/sugar-reduction-report-on-first-year-progress
15. Total Eateries include the following categories: Mobile caterer, Other catering premises, Restaurant/Cafe/Canteen, Takeaway/sandwich shop and selected businesses outside these groups.

Table 1: Proportion of eateries that are fast food

Total Eateries	207,617
Total Fast food	53,333
Percentage of eateries that are fast food	26%

16. For those outlets where deprivation decile can be provided 17% of outlets we have classified as fast food are located in the most deprived 10% of areas. 32% of outlets we have classified as fast food are located in the most deprived 20% of areas. 1,873 fast food outlets out of 53,333 cannot be assigned to a deprivation decile.

Table 2: Proportion of fast food outlets by IMD 2015 deprivation decile

Deprivation decile (IMD 2015)	Count of fast food outlets	Percentage of fast food outlets

1 - most deprived	8872	17%
2	7712	15%
3	7488	15%
4	6304	12%
5	5123	10%
6	4509	9%
7	3941	8%
8	3128	6%
9	2611	5%
10 - least deprived	1772	3%

[1] Encouraging healthier 'out of home' food provision

TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **Friday 13th July 2018**
Report for: **Approval**
Report of: **Eleanor Roaf, Interim Director of Public Health**

Report Title

Dementia Strategy

Summary

The Board are asked to review and Comment upon the the draft Dementia Strategy for the Borough. It is intended that, to develop the underpinning action and implementation plan, the recommendations within this strategy are then disseminated for comments among stakeholders such as the voluntary and community sector, service providers, and people in Trafford with an interest in older people's services (including people with dementia and their carers).

The implementation plan will be developed by the Dementia Strategy Group, in collaboration with other existing multiagency groups in Trafford such as those looking at Care Home Provision; End of Life Care, or the Age Friendly plan.

Recommendations

To agree the draft Strategy

To agree the consultation process for the Strategy

Contact person for access to background papers and further information:

Name: Eleanor Roaf, Interim Director of Public Health

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Living well with Dementia

A strategy for Trafford

2018 -21

Contents

Trafford's vision

With an ageing population and improving treatment, we can expect more and more people in the borough to have their lives touched by dementia. This might be as patients, as carers, as family members or friends, as specialist or non-specialist providers of services, or in local businesses and community groups. The sheer number of people affected means that we need to take an inclusive approach to dementia in Trafford. This will focus on people's needs and rights, and support us all in making life with dementia as easy and as positive for patients and carers alike.

The strategy described here is particularly aimed at the statutory and voluntary organisations working in the borough, to identify actions that we need to take to improve the lives of people with dementia, their families and carers.

To deliver the required improvements to care, we need to review all aspects of life with dementia, from improving our diagnosis rates and the services and support offered following a diagnosis, to improving the skills of the workforce and improving palliative and end of life care.

We recognise that family carers can often be old or frail themselves and that the strain of caring for someone with dementia can cause physical or mental health problems for the carer.

Our local strategic approach will promote community-led Dementia Friendly Community initiatives, and the use of data and outcome related performance measures for people with dementia, as well as focussing on collaborative working between statutory, voluntary and private sectors, with the goal of providing safe, effective and person centred care for people with dementia. This will involve all sectors, including leisure services, shops and businesses, and travel and transport, as well as health and social care.

Finally, Trafford would like its residents to be offered opportunities to participate in research on dementia and to assist in looking for a cure.

Governance, Implementation and Evaluation of the Dementia Strategy

The Dementia Strategy Group (DSG) is responsible for the delivery of the Dementia Strategy and associated Action Pan. The DSG reports to the Mental Health Partnership Board and the Ageing Well Sub Board of the Health and Wellbeing Board, and through this to the CCG Board and to the Council and the Trafford Partnership. This enables the Strategy to influence all the major partners in Trafford, including health, local authority, housing, police and the voluntary sector. This governance structure will allow us to report back on progress on the implementation of the policy and the evaluation of its impact.

What is dementia?

Dementia is associated with an ongoing decline of the brain and its abilities. These include: thinking, language, memory, understanding, and judgment. All types of dementia are progressive and the person's ability to remember, reason, understand and communicate gradually declines over time. How quickly this happens depends on the individual.

People with dementia may also have problems controlling their emotions or behaving appropriately in social situations. Aspects of their personality may change. Most cases of dementia are caused by damage to the structure of the brain.

Diagnostic criteria have been developed in order to improve the accuracy of the clinical diagnosis of dementia. However, it is important to remember that there is no single diagnostic test; and clinical assessments usually last at least 6 months. We must support people and their families effectively during this assessment process.

Different types of dementia have characteristic clinical features, and listed below are some of the common different types of dementia.

- Alzheimer's disease: where small clumps of protein, known as plaques, begin to develop around brain cells and disrupt the normal workings of the brain.
- Vascular dementia, where problems with blood circulation result in parts of the brain not receiving enough blood and oxygen.
- Dementia with Lewy bodies, where abnormal structures, known as Lewy bodies, develop inside the brain.
- Frontotemporal dementia, where two parts of the brain begin to shrink. Unlike other types of dementia, this type dementia

What are the symptoms?

In terms of the course of the disease, true dementia (as opposed to pseudodementia due to depressive illness, or dementia like symptoms due to thyroid disorder) is at present untreatable and has a progressive course often divided into 3 development stages:

Early Stage:

- Short Term Memory impairment
- Changes in behaviour and mood (irritable, loss of motivation, anxious)
- Loss of daily living skills
- Disorientation (Time / place)
- Reacting much slower
- Language and word finding difficulties

Middle Stage:

- Increased difficulty with language and memory (including long term memory)
- Increased disorientation / confusion leading to frustration / anxiety.
- Decreased depth perception / visual abilities
- Wandering, sleep problems, hallucinations/delusions, 'odd' behaviours, apathy.
- Further deterioration in self-care skills / incontinence
- Physical problems (e.g., decreased mobility)

Late Stage:

- Walking / Balance problems
- Difficulty recognising familiar faces, objects, sounds, smells
- Loss of ability to speak / write / understand spoken/written language
- Loss of eating / drinking skills
- Increase in stereotyped behaviour, sometimes aggression, sexual aggression or disinhibition
- Development of epilepsy
- Often require 24 hr care / become bedridden
- Death typically due to pneumonia, congestive heart failure or other acute causes

usually develops in people who are under 65.

Are there any particular risk factors for dementia?

Dementia is very common and can affect anyone whatever their gender, ethnic group or social background. There are some lifestyle factors that are associated with higher rates of dementia. These include **smoking, alcohol use, and physical inactivity** – all factors that are associated with other health risks, including cancer and cardiovascular disease. Dementia risk is also higher in people who suffer significant hearing loss in middle age. There is some research suggesting a genetic link to dementia. Knowing at an early stage that there are risks of dementia onset may lead to earlier opportunities for preventative services or for mitigation of impact.

Dementia and learning disability

People with learning disabilities are at particular risk of developing dementia, and this is becoming more apparent as advances in medical and social care have led to a significant increase in the life expectancy of people with learning disabilities. About 20 per cent of people with a learning disability have Down's syndrome, and they are at particular risk of developing dementia. This risk goes up with age, with about 10% of people with Downs syndrome in their forties having dementia, rising to over half of people in their sixties. (Prasher 1995) In the general population, dementia is extremely rare in people in their forties, rising to 1-3% of people aged 60-64, and around 35% of people aged 85+ (Chen 2009).

Studies have also shown that virtually all people with Down's syndrome develop the plaques and tangles in the brain associated with Alzheimer's disease, although not all develop the symptoms of Alzheimer's disease. The reason for this has not been fully explained. There is no evidence that dementia affects people with learning disabilities differently to how it affects other people. However, the early stages are more likely to be missed or misinterpreted. A person with learning disabilities may find it hard to express how they feel and their abilities / skills and their comprehension may have never been assessed or fully understood. Frequent turnover of support staff in supported living or changes to support services can lead to people being supported by unfamiliar support / care staff, which can also lead to difficulties in diagnosis. Therefore it is vital that people who understand the person well are involved when assessment and diagnosis is being explored.

Dementia and Alcohol

Alcohol-related brain damage (ARBD) is a brain disorder caused by regularly drinking too much alcohol over several years. The term ARBD covers several different conditions including Wernicke-Korsakoff syndrome and alcoholic dementia. In contrast to common causes of dementia such as Alzheimer's disease, most people with ARBD who receive good support and remain alcohol-free make a full or partial recovery. In addition, there is a good possibility that their condition will not worsen. In Trafford we have found that identifying this cohort of patients is hard,

not least because assessing cognitive function in patients with on-going alcohol dependence is difficult, with small windows of opportunity when a patient is admitted and detoxed in a crisis. We need to ensure that such opportunities are not missed.

The National Context

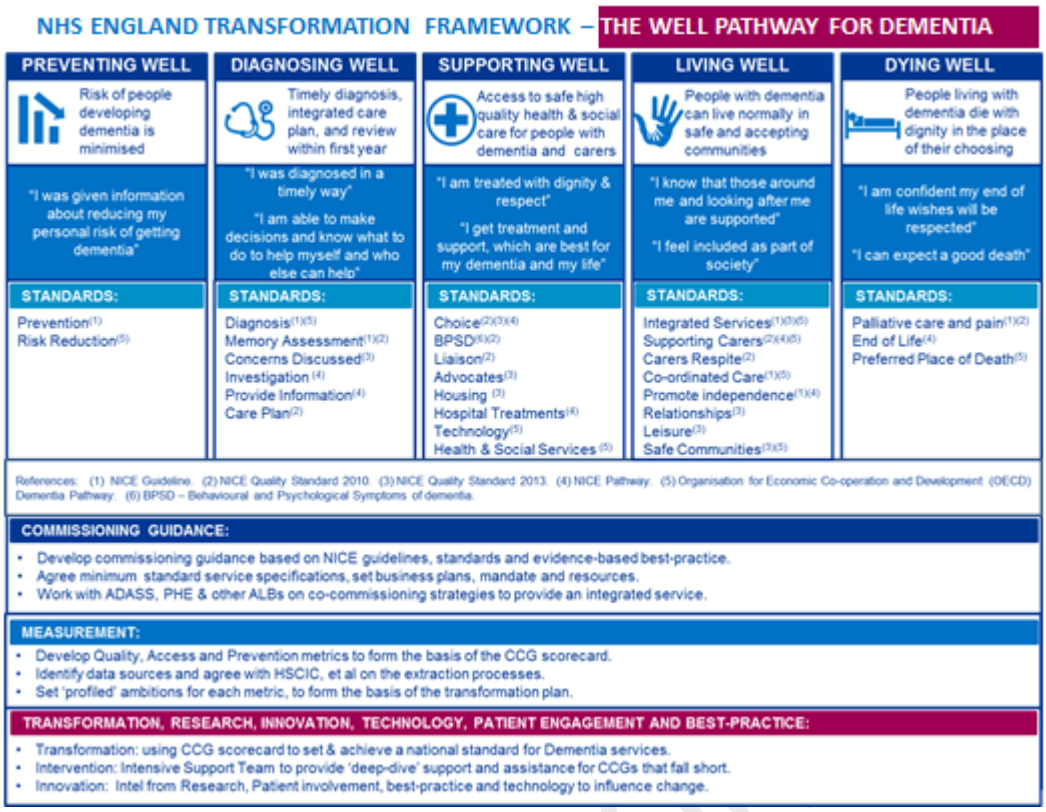
In 2012, the then Prime Minister, David Cameron, recognized the impact of dementia on individuals, families, communities and services with the launch of his *Challenge on Dementia*. In this, he noted that the numbers of people suffering from dementia were expected to double in the next thirty years, and that the costs in the UK were predicted to triple to 50bn, creating a global health and social care challenge similar in size to cancer, heart disease or HIV/AIDS. In 2015 his Challenge was updated to include the Government's key aspirations for the changes that should be achieved by 2020. These are included in **Appendix A**, and reflect the Government's stated aims that by 2020 England should be the best country in the world for dementia care and support and for people with dementia, their carers and families to live; and the best place in the world to undertake research into dementia and other neurodegenerative diseases.

Tackling dementia across Greater Manchester

In recognition of the importance of this topic, and the impact of dementia of health and social care services, Greater Manchester has identified improving dementia care as one of its key areas for transformation. There are two major strands of work being developed across Greater Manchester.

The first is ***Dementia United****,* which, over the next five years, is aiming to make Greater Manchester the best place in the world to live for people with dementia. It will do this through working with partners across Greater Manchester to improve the lived experiences of people with dementia, and reduce pressure on the health and social care system.

Dementia United has developed a number of standards, across various domains, as follows:



These standards, how to measure them and how to deliver them across the 10 boroughs of Greater Manchester is the focus of the next stage of the programme. Trafford is fully engaged in this work and has been developing our local response to the different themes. The Action Plan that supports this strategy (currently in development) will be organised into the themes and headings above.

The second area being developed across Greater Manchester is particularly related to the Living Well theme above, and relates to creating **Dementia Friendly Communities.** Since the launch of David Cameron's Prime Minister's Challenge, there has been an increasing shift to a focus on how we can enable people who have been diagnosed with dementia to live as full a life as possible and encourage communities to work together to help people to stay healthier for longer. Councils have a key role in developing inclusive dementia friendly communities, working in partnership with their local communities to develop innovative ways to enable people with dementia to take part in everyday activities and retain their independence for as long as they are able. Examples include developing dementia friendly streets, where as a result of simple adaptations and awareness-raising among staff working in shops, shopping becomes easier for people with dementia

Simple changes to existing services, and awareness raising for those who come into day-to-day contact with people with dementia such as staff working in libraries or in

leisure centres, also help people with dementia feel more confident and welcome in using services.

A dementia-friendly community has been described by people living with dementia as one that enables them to:

- find their way around and feel safe in their locality, community or city
- access the local facilities that they are used to (such as banks, shops, cafés, cinemas and post offices, as well as health and social care services)
- maintain the social networks that make them feel still part of their community.

The concept is based on inclusion and a 'strengths-based' approach – building on what people can still do and the contributions they can still make. It is the kind of approach that supports people living with dementia to feel welcome, not stigmatised and able to remain **in their own homes** for as long as possible. It is the antithesis of the risk averse and deficit model that is so often applied to people living with dementia under the term EMI (Elderly Mentally Infirm) care.

Within Trafford, we are fully committed to develop and implementing the above initiatives, and our Strategy and Action Plan reflect this.

Prevalence of Dementia in Trafford

Public Health England compiles a Dementia Profile for each area, to provide health intelligence with which to inform the provision of care of people in England who have dementia. Appendix B gives some comparative data for Trafford and our statistical neighbours (areas that are similar to Trafford on a number of demographic indicators.).

Prevalence is defined as the number of people with dementia recorded on the GP practice register as a proportion of people registered at each GP practice. In total, 1,999 individuals are on the register with 1946 (4.81%) aged 65+ (2016/17 data). This ranks as 4th highest out of the 10 GM local authorities and as the 4th highest figure among nearest neighbours, as below. This high prevalence figure for Trafford is likely to reflect the older age of Trafford's population over 65 population relative to other areas of Greater Manchester.

For a variety of reasons, not everyone with dementia is identified by their GP or included on the GP's dementia register. The estimated dementia diagnosis rate is 74%, higher, though statistically similar, to the England average (67.9%) and 4th highest among a group of 15 other similar authorities (2017 data)

From this we can see that the number of people of people on a GP dementia register will be considerably fewer than the numbers with the condition. In Trafford, in 2013 it was estimated that 2,847 people aged 65 and over had a form of dementia. By 2030

we are projecting that there will be approximately 3995 people with dementia in Trafford. This is an increase of over 50% from 2010.

Dementia: Recorded Prevalence (aged 65+) – Trafford vs nearest neighbours

Compared with benchmark Dark Blue: Lower, Amber: Similar, Light Blue: Higher, Grey: Not compared

Dementia: Recorded prevalence (aged 65+) Sep 2017 — Proportion - %

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	436,777	4.33	4.31	4.34
Peterborough	11	1,364	5.12	4.86	5.39
Darlington	15	1,067	5.07	4.78	5.38
Stockport	7	2,793	4.87	4.70	5.05
Trafford	-	1,949	4.81	4.61	5.03
Poole	13	1,540	4.73	4.51	4.97
Reading	12	1,252	4.47	4.24	4.72
Warrington	1	1,649	4.29	4.09	4.50
Swindon	2	1,431	4.15	3.94	4.37
Solihull	3	1,838	4.11	3.93	4.30
Cheshire West and Chester	10	2,824	4.04	3.89	4.19
South Gloucestershire	6	1,959	3.96	3.80	4.14
York	8	1,618	3.96	3.78	4.15
Thurrock	5	971	3.96	3.72	4.21
Bedford	9	1,149	3.93	3.71	4.15
Milton Keynes	4	1,535	3.86	3.67	4.05
Telford and Wrekin	14	1,116	3.61	3.41	3.82

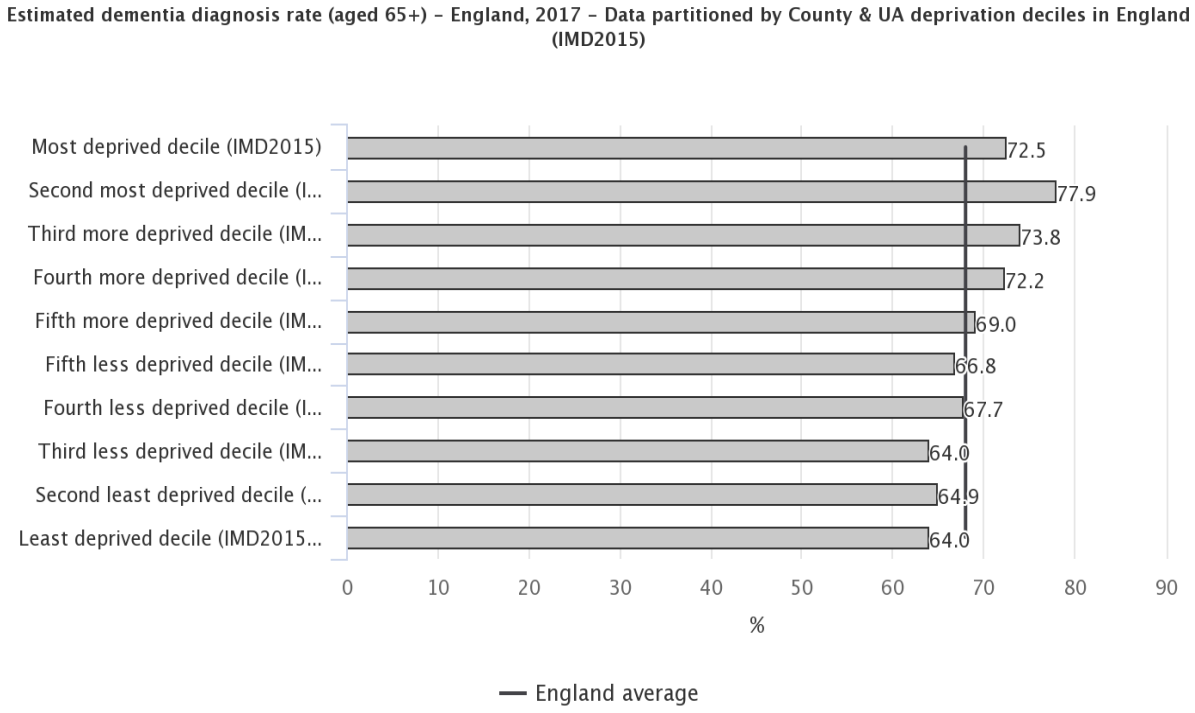
Source: NHS Digital

Source: PHE dementia profile https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/

Nationally, an estimated 15,000 people from black and minority ethnic groups have dementia, and six per cent will have young onset dementia, compared with two per cent in the wider UK population. For Trafford this translates as follows for 2013:

Age group	Estimated no. of non-white persons in age group	Prevalence rate for dementia	Estimated no. of persons with dementia
40-64	8722	1 in 1400	6
65-69	1083	1 in 100	11
70-79	1901	1 in 25	76
80+	1215	1 in 6	203
Total	12920		296

Interestingly, and not completely borne out by the Greater Manchester data, It can be seen from the diagram below that in general the more deprived deciles have notably higher diagnosis rates (over 70%) for dementia, when compared with the least deprived (below 65%, lower than the England average). This may, in part, reflect the greater number of underlying conditions (such as smoking and high blood pressure) which are present in more deprived populations. This increases the risk of developing dementia or other long term conditions, and may mean that people are likely to visit their GP more often thus giving more opportunity to discuss such issues. In Trafford, we need to interrogate local GP practice systems to ensure that we are identifying people at the expected rates.



Key priorities for Trafford

Within Trafford, the dementia strategy and emerging action plan are part of the work of the Health and Wellbeing Board, delivered within the Age Well Sub-Board. This allows us to consider dementia within the wider context of ageing, and make the necessary links to other strands of work such as the developing Age Friendly plans, home care and care home developments, the falls and frailty work, and the planning for the end of life. This work also encompasses themes such as addressing social isolation, and supporting carers.

As a borough, we are committed to adopting the Alzheimer's Society statements, as we feel anyone living in Trafford should be able to expect these as a right. We recognise that achieving all of these consistently will require considerable work, but we would wish to test our services against these standards.

The statements are as follows:

- We have the right to be recognized as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- We have the right to continue with day to day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- We have the right to be respected, and recognized as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
- We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

Delivering these 'We' statements will lead to the following outcomes for Trafford:

1. ***Investment in effective preventative services to reduce demand and cost pressures***
2. ***All sections of our community will be aware of the risk factors for dementia, will be aware of how to reduce these risks and are supported in doing so.***
3. ***An increase in the number of people with dementia living independently and well in their own homes***
4. ***People with significant care needs to have a choice of home based care and for moves into residential or nursing care to be planned rather than crisis driven.***
5. ***Sufficient capacity and high quality care for people with challenging behaviour.***
6. ***Services provided for people with dementia will demonstrate a focus on the individual's assets, gifts and talents***
7. ***Reduce inequalities in the level of support offered to different sub populations within Trafford.***
8. ***An increase in people using personalisation approaches, so that people have real choice and control over the support they need to improve outcomes, measured by an increase in the number and proportion of people with dementia using personalised budgets.***
9. ***Carers of people with dementia will feel they are effectively supported.***
10. ***People with dementia and their carers will feel they have choice and control over the support they need to improve their lives.***

Achievement of these outcomes will be measured through the development of a set of SMART objectives and through analysis of routinely collected data. These are described in the Action Plan associated with this Strategy.

Developing and delivering the Action Plan in order to deliver these outcomes.

In order to develop these outcomes, we will group the underpinning actions into themes, with named leads responsible for pulling together the individuals and organisations required to develop and deliver these.

Some of these actions will need more localised action, whereas others may be better led at a Greater Manchester level. Below is a description of each theme, together with a brief explanation of the rationale for inclusion.

1. Preventing Well

There is strong evidence that lifestyle and behaviour can significantly affect the chance of developing dementia. Broadly, the same factors that increase the risk of cardiovascular disease or cancer also increase the risk of developing dementia *'What's good for the body is good for the brain'.* Reducing the number of people in Trafford who smoke, drink unsafe levels of alcohol, or who are physically inactive, will reduce the number of people who go on to develop dementia. Ensuring that people at increased risk have good access to prevention services and support with behaviour change will help us deliver against this outcome.

There is an equal need to **improve public awareness** of dementia and the risk factors for this. Currently, while people are in the main very aware of the impact of lifestyle choices on their physical health, few people understand the impact on their dementia risk. Equally, while many people fear dementia, they are not always well aware of the signs and symptoms, what treatment is available, or the support that is available to them either as people with dementia or as a carer. Improving public awareness of all aspects of dementia, including how to respond to people with dementia in a helpful and constructive manner, is essential if we are to reduce the fear and stigma related to this condition.

The Dementia Profile includes measures on lifestyle factors such as smoking and obesity. Trafford as a whole tends to do well against nearest neighbours for most indicators within this section, although there are stark differences in performance across the borough, with areas of higher deprivation performing significantly worse. The borough as a whole also scores poorly on the recorded prevalence of depression which is considered below.

Depression: Recorded prevalence (aged 18+) for 2016/17 - Trafford vs nearest neighbours

Compared with benchmark Dark Blue: Lower, Amber: Similar, Light Blue: Higher, Grey: Not compared

Depression: Recorded prevalence (aged 18+) 2016/17 Proportion - %

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	4,187,797	9.1	9.1	9.1
Telford and Wrekin	14	18,111	12.6	12.4	12.8
Trafford	-	21,331	11.4	11.3	11.6
Stockport	7	27,204	11.1	10.9	11.2
Darlington	15	9,092	10.6	10.4	10.8
Warrington	1	16,714	10.3	10.2	10.5
Bedford	9	14,131	9.9	9.7	10.1
Poole	13	11,853	9.6	9.5	9.8
Swindon	2	16,571	9.5	9.3	9.6
South Gloucestershire	6	19,399	9.2	9.0	9.3
Cheshire West and Chester	10	26,135	9.0	8.9	9.1
Thurrock	5	11,689	8.9	8.7	9.1
Milton Keynes	4	19,972	8.7	8.6	8.8
Solihull	3	15,049	8.4	8.3	8.6
York	8	16,263	8.3	8.2	8.5
Peterborough	11	12,554	8.0	7.8	8.1
Reading	12	14,317	7.7	7.5	7.8

Source: QOF

Source: https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/

The rationale for the inclusion of this indicator in the dementia profile is due to the 'NICE disability, dementia and frailty in later life – mid-life approaches to prevention' publication which states that there is emerging evidence on the importance of psychosocial risk factors throughout life such as loneliness, isolation and depression. The ambition is to reduce the number of people with depression, as this may reduce the resilience to dementia onset and progression, and to encourage further research into this association.

Trafford has the second highest figure here at 11.4, above the England figure of 9.1.

Recommendations:

- **We need to promote a greater public awareness of the risk factors for dementia, so that appropriate action can be taken to reduce these risks. For example, we must ensure that all materials promoting healthy lifestyles stress the protection that is offered by such lifestyles against dementia, as well as against physical conditions such as cardio-vascular disease and cancer.**
- **We need to ensure that our social prescribing offers include an understanding of reducing dementia risk**
- **We need to reduce the inequalities in rates of smoking, alcohol use, obesity or physical inactivity between different population sub-groups, in order to reduce inequality in outcomes**
- **We need to ensure that providers, especially in primary care, recognise the importance of identifying and treating depression in older people.**
- **We need to ensure that the environment in Trafford is one that promotes a healthy lifestyle '*making the healthy choice the easy choice*'.**

2. Diagnosing Well

Improving diagnosis across all population groups

Diagnosis is important as timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes. The definition is GP recorded dementia as a proportion of expected population prevalence of dementia. The estimated dementia diagnosis rate for Trafford is 74.0 and ranks as the 4th highest figure among nearest neighbours.

The indicator is coded as Red, Amber or Green with Green highlighting significant difference from England figure, Amber denoting similar to England figure and Red highlighting a figure significantly different from the England figure.

Estimated dementia diagnosis rate (aged 65+) 2017 — Proportion - %

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	432,152	67.9	61.2	73.7
Darlington	15	1,052	79.5	70.2	87.6
Peterborough	11	1,305	78.4	69.5	86.2
Stockport	7	2,814	75.2	67.3	82.0
Trafford	-	1,946	74.0	65.9	80.9
Warrington	1	1,615	70.9	62.9	77.8
Poole	13	1,485	69.0	61.5	75.8
Reading	12	1,218	68.4	60.6	75.2
Milton Keynes	4	1,529	67.8	60.0	74.5
Cheshire West and Chester	10	2,789	65.0	58.1	71.0
Swindon	2	1,366	64.0	56.8	70.3
Thurrock	5	926	63.1	55.4	69.7
South Gloucestershire	6	1,954	62.7	55.9	68.6
Telford and Wrekin	14	938	62.3	54.7	68.9
Bedford	9	1,150	62.1	55.0	68.4
Solihull	3	1,783	60.7	54.2	66.5
York	8	1,577	60.4	53.7	66.2

Source: NHS Digital

Source: PHE dementia profile

The estimated **prevalence** of dementia is higher than the actual number of diagnoses – many people with dementia are not diagnosed in a timely manner. Separating out those people who have dementia form those with mild cognitive impairment can be difficult, and for many people, and their carers, considering dementia as a diagnosis can be a fearful thing and this may reduce their likelihood of presenting at the GP.

GM Area	Estimated Diagnosis rate (65+)	Rank
Bolton	79.6	5
Bury	85.3	2
Manchester	75.4	6
Oldham	83.4	3
Rochdale	67	10
Salford	86.7	1
Stockport	75.2	7

Tameside	81.7	4
Trafford	74	8
Wigan	69.2	9

Some groups in the population are at higher risk of developing dementia than others, and some of these groups access health and other services less readily than others. Ensuring that we improve our diagnostic rates across all population groups will help us to identify, in a timely manner, those who need support. For example, the Trafford RAID team have developed a protocol for identifying patients with alcohol dependence at high risk of alcohol related brain damage (ARBD) and Trafford is discussing how best to support patients identified through this process.

In Trafford, the local Community Learning Disability Team (CLDT) aim to offer people with Down's syndrome over the age of 30 a Dementia Baseline Screen. Once the baseline screen has been completed, the CLDT will review these individuals at intervals depending on their age. Currently in Trafford, individuals with Down's syndrome aged 30 to 44 years will be reviewed 5 yearly, those aged 44 to 54 years will be reviewed 2 yearly and those over the age of 54 years will be reviewed annually. At any time between review dates, if family and paid carers have concerns about the individual with Down's syndrome, they can contact the CLDT to carry out a review.

Recommendations

- **We need to reduce the stigma relating to dementia, so that people are encouraged to discuss their concerns and fears, and access services earlier**
- **In particular, we need to ensure that people from higher risk groups are identified and that they are appropriately supported to access testing.**
- **We need to support GPs to make a timely diagnosis, and to make referral process easier, and we need to collect comparative data to identify where there may be under-diagnosis.**
- **We need to have a good understanding of minor cognitive impairment and how and whether it will progress**
- **We need good access to support services throughout the diagnostic period.**

3. Supporting Well

Post diagnostic support is currently not always provided in a consistent or patient focused manner. Ensuring that an asset based approach is taken, and that the individual's concerns and interests are addressed will improve engagement with services. It will also help us to gather evidence on the impact of different types of support in order to develop a range of evidence based services and approaches, with clear and consistent access criteria. Of course, not all the support offered will be in the form of formal 'services' and the dementia friendly communities approached, outlined above, should help people with dementia to engage effectively in their local community and in universal/mainstream activities.

Support for carers

Unpaid carers, usually family members, provide enormous amounts of support to people with dementia. Without this support, many people with dementia would have many restrictions to their lives, or would have to use residential or nursing care, which is usually not what they want. Providing adequate and evidence based support to carers is crucial if we are to achieve our vision of supporting people with dementia to live independently as long as possible.

Support by setting (home; care homes; hospital)

The support required in different settings may be different. Ensuring adequate support in the different settings should increase people's ability to maintain their quality of life and independence and prevent care needs escalating unnecessarily. Too many people with dementia end up staying for too long in hospital because of a lack of appropriate alternative provision. We need to ensure that intermediate care services are able to provide for people with dementia, and that we have sufficient accommodation for people with challenging behaviour so that people can be discharged from hospital as soon as they are medically fit.

Medication

Ensuring that people with dementia have the right medication at the right doses and are supported to take this regularly is an important part of treatment. Equally, there are medications that need to be used with caution for people with dementia. Improving the quality of prescribing should help improve the quality of life for people with dementia.

Recommendations

- **We need to ensure that family carers are offered adequate training, support and respite, and that their own health is safeguarded.**
- **We need to improve the understanding of dementia in the paid workforce**
- **We need to carry out annual medication reviews for people with dementia, to ensure that it meets their needs as well as possible, and to ensure that other risks (such as falling) are not unacceptably high.**
- **We need to ensure that all care planning for people with dementia includes planning for crises such as illness, falls, or carer breakdown**
- **We need to ensure that when a person with dementia is admitted to hospital, that the hospital is aware of their additional care needs, and that the length of stay is minimised in order to reduce the risk of further deterioration.**
- **We need to ensure that there is sufficient high quality accommodation for those people with challenging behaviour that require it.**

4. Living Well

Improving the lived experience of people with dementia, and of their carers, is a key goal of both the Greater Manchester and the Trafford Dementia Strategies. Within the Dementia United work, a major goal is to develop a '*Lived Experience Barometer',* in order to capture whether the planned service changes and community/ environmental changes lead to measureable changes to people's lives.

While this is being developed, there are a number of other measures that can be used to assess the quality of life of people with dementia. An example of this is the rate of emergency hospital admissions, as such admissions can be particularly damaging for people with dementia. Trafford ranks as the 6th highest figure among nearest neighbours, higher than the England average.

Directly Standardised Rate of emergency admissions per 100,000 (aged 65+) for 2016/17 – Trafford vs nearest neighbours

Compared with benchmark Dark Blue: Lower, Amber: Similar, Light Blue: Higher, Grey: Not compared

Dementia: DSR of emergency admissions (aged 65+) 2016/17 — Directly standardised rate - per 100,000

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	348,332	3,482	3,471	3,494
Warrington	1	1,814	5,240	5,000	5,488
Stockport	7	2,545	4,326	4,159	4,499
Milton Keynes	4	1,345	4,271	4,045	4,506
Peterborough	11	1,231	4,240	4,005	4,486
Solihull	3	1,932	4,036	3,857	4,221
Trafford	-	1,689	3,954	3,766	4,148
Thurrock	5	797	3,678	3,426	3,944
Bedford	9	1,124	3,674	3,461	3,897
Reading	12	782	3,666	3,412	3,933
Swindon	2	1,100	3,261	3,070	3,461
York	8	1,259	3,165	2,992	3,346
Telford and Wrekin	14	789	3,123	2,907	3,350
Poole	13	1,140	3,072	2,894	3,257
South Gloucestershire	6	1,546	2,988	2,840	3,142
Cheshire West and Chester	10	2,073	2,985	2,858	3,117
Darlington	15	630	2,948	2,722	3,188

Source: NHS Digital

Source: PHE dementia profile

Another measure relates to the quality of long term care. The Prime Minister's 'Challenge on Dementia 2020' highlights that people with dementia should have access to safe and high quality long term care services. In England, there are currently 436,380 people with a diagnosis of dementia (as of 31st March, 2017), and it is estimated that 70% may eventually require long-term residential care.

Dementia: Quality rating of residential care and nursing home beds (aged 65+) in 2017 – Trafford vs nearest neighbours

Compared with benchmark Dark blue: Lower, Amber: Similar, Light Blue Higher, Grey Not compared

Dementia: Quality rating of residential care and nursing home beds (aged 65+) 2017 Proportion - per 100

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	174,440	59.7	59.5	59.8
Reading	12	416	100	99.1	100
Thurrock	5	539	89.7	87.0	91.9
South Gloucestershire	6	755	77.9	75.2	80.4
Bedford	9	846	72.2	69.6	74.7
Peterborough	11	794	71.9	69.1	74.4
Warrington	1	953	68.5	66.0	70.9
Darlington	15	550	62.9	59.6	66.0
Milton Keynes	4	695	61.7	58.8	64.5
Poole	13	602	60.9	57.9	63.9
Telford and Wrekin	14	417	55.4	51.8	58.9
Solihull	3	577	51.9	49.0	54.9
Cheshire West and Chester	10	929	50.3	48.0	52.6
Swindon	2	382	42.9	39.7	46.1
Stockport	7	585	35.3	33.1	37.7
York	8	300	32.5	29.5	35.6
Trafford	-	341	31.3	28.6	34.1

Source: Care Quality Commission

Source: PHE dementia profile

Here, Trafford ranks bottom of the table among nearest neighbours. We need to work with our care home sector to support them to improve on this measure.

Developing Dementia Friendly Communities

As described more fully above, taking local action to embed systems that support rather than disempower people with dementia can lead to a significant improvement in the engagement and integration of people with dementia in their local communities. This helps both the people themselves, and their carers, and can enable people to live independently for longer.

Recommendations

- **Trafford Age Friendly planning needs to incorporate all aspects of Dementia Friendly practice**
- **We need to increase public awareness of dementia and how to support people**
- **We need to ensure that shops, leisure services, and public spaces are open and accessible to people with dementia**
- **We need to ensure that care homes are of a high quality and can properly support people with dementia, and that we have sufficient capacity of care home places within the borough for people whose dementia leads to challenging behaviour.**

5. Dying Well

Although recording of dementia as a cause of death is increasing, health professionals do not always recognise it as a life limiting condition. As a result, the end of life phase is not always identified early enough or planned for effectively.

The Care Quality Commission (CQC) have identified that people living with dementia are one of the 'groups in society who experience poorer quality care[1]' at the end of their lives than others because providers and commissioners do not always understand or fully consider their specific needs'. Ensuring people living with dementia people have opportunities to create an Advance Care Plan as early as possible following diagnosis will assist in reducing this inequality[2].

Advance Care Planning (ACP) enables greater choice and control to be exercised through the recording of an individual's wishes and preferences regarding their future care. For individuals with dementia this can act as an important guide to families and those responsible for their care at the time when the individual no longer has mental capacity to make such decisions. By increasing the number of Trafford residents with dementia with an ACP we will support them to 'die well', by documenting discussions such as their preferred place of death.

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Deaths in usual place of residence is measured as part of the commitment to Objective 12 in the National Dementia Strategy (2009) which called for improved end of life care for people with dementia. In the absence of a method to measure the number of deaths which have occurred in an individual's preferred place of death, this indicator has been used as a proxy measure for quality and is considered against the number of deaths in other settings such as hospital or hospice. Trafford is eighth of the ten Greater Manchester authorities (and 3rd lowest among a group of 15 other similar authorities) on this measure. It is also lower than the England average, with higher numbers of people dying in hospital.

Accessing the right level of care is crucial to supporting more people with dementia to live well and die well. Finding the right level of support, whether it be home care, carer support, respite or hospice care or a long term stay in a care home can be difficult in Trafford. This in particularly the case for people with complex behavioural issues relating to their dementia, and this remains a longstanding and significant issue for Trafford. We need to review services in light of the increasing needs of this population, and to use the opportunities provided by the evolving provider landscape in the borough to explore new ways to deliver this care. This will form a major strand of work for our emerging Local Care Alliance.

[1] http://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_Dementia_FINAL_2.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2018/04/my-future-wishes-advance-care-planning-for-people-with-dementia.pdf

The trend line for Trafford shows a slight improvement from 57.5% in 2015 to 59.7% in 2016 but still well below the England average.

Deaths in Usual Place of Residence: People with dementia (aged 65+) 2016 Proportion - %

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	58,101	67.9	67.6	68.2
Poole	13	285	76.2	71.6	80.2
Darlington	15	133	74.7	67.9	80.5
Cheshire West and Chester	10	426	72.3	68.6	75.8
Bedford	9	155	71.8	65.4	77.3
South Gloucestershire	6	261	69.4	64.6	73.9
Peterborough	11	189	68.5	62.8	73.7
Telford and Wrekin	14	167	68.4	62.4	73.9
Warrington	1	231	67.3	62.2	72.1
York	8	216	66.5	61.2	71.4
Stockport	7	335	65.3	61.1	69.3
Swindon	2	176	65.2	59.3	70.6
Reading	12	116	64.4	57.2	71.1
Solihull	3	225	60.0	55.0	64.8
Trafford	-	207	59.7	54.4	64.7
Thurrock	5	119	58.3	51.5	64.9
Milton Keynes	4	156	57.6	51.6	63.3

Source: Public Health England (Office for National Statistics Mortality File)

Recommendations

- **We need to ensure that people with dementia are able to die in their usual place of residence, if they so wish, with high quality of support.**
- **We need to ensure that frontline staff are adequately trained and feel supported to undertake timely and honest conversations regarding their future care.**
- **We need to ensure that we have Advanced Care plans in place for all of our residents with dementia**
- **We need to provide practical and emotional support to family carers in planning and delivering end of life care, to enable them to support their family member to die at home, if that is their wish.**

Cross cutting Themes

Each of these themes will include actions relating to the following cross cutting themes:

Information, education and training

Providing good education and training for patients, carers, staff and the general population will be critical to improving the quality of the services offered to people with dementia, and to improving people's lived experience.

Research

Within Trafford, we intend to continue to contribute to the developing research and evidence base in relation to dementia

Summary of Recommendations

Recommendations – Preventing Well

- **We need to promote a greater public awareness of the risk factors for dementia, so that appropriate action can be taken to reduce these risks. For example, we must ensure that all materials promoting healthy lifestyles stress the protection that is offered by such lifestyles against dementia, as well as against physical conditions such as cardio-vascular disease and cancer.**
- **We need to ensure that our social prescribing offers include an understanding of reducing dementia risk**
- **We need to reduce the inequalities in rates of smoking, alcohol use, obesity or physical inactivity between different population sub-groups, in order to reduce inequality in outcomes**
- **We need to ensure that the environment in Trafford is one that promotes a healthy lifestyle '*making the healthy choice the easy choice'*.**

Recommendations – Diagnosing Well

- **We need to reduce the stigma relating to dementia, so that people are encouraged to discuss their concerns and fears, and access services earlier**
- **In particular, we need to ensure that people from higher risk groups are identified and that they are appropriately supported to access testing.**
- **We need to support GPs to make a timely diagnosis, and to make referral process easier, and we need to collect comparative data to identify where there may be under-diagnosis.**
- **We need to have a good understanding of minor cognitive impairment and how and whether it will progress**
- **We need good access to support services throughout the diagnostic period.**

Recommendations – Supporting Well

- **We need to ensure that family carers are offered adequate training, support and respite, and that their own health is safeguarded.**
- **We need to improve the understanding of dementia in the paid workforce**
- **We need to carry out annual medication reviews for people with dementia, to ensure that it meets their needs as well as possible, and to ensure that other risks (such as falling) are not unacceptably high.**

- **We need to ensure that all care planning for people with dementia includes planning for crises such as illness, falls, or carer breakdown**
- **We need to ensure that when a person with dementia is admitted to hospital, that the hospital is aware of their additional care needs, and that the length of stay is minimised in order to reduce the risk of further deterioration.**

Recommendations – Living Well

- **Trafford Age Friendly planning needs to incorporate all aspects of Dementia Friendly practice**
- **We need to increase public awareness of dementia and how to support people**
- **We need to ensure that shops, leisure services, and public spaces are open and accessible to people with dementia**
- **We need to ensure that care homes are of a high quality and can properly support people with dementia, and that we have sufficient capacity of care home places within the borough for people whose dementia leads to challenging behaviour.**

Recommendations - Dying Well

- **We need to ensure that people with dementia are able to die in their usual place of residence, if they so wish, with high quality support.**
- **We need to ensure that frontline staff are adequately trained and feel supported to undertake timely and honest conversations regarding their future care.**
- **We need to ensure that we have Advanced Care plans in place for all of our residents with dementia**
- **We need to provide practical and emotional support to family carers in planning and delivering end of lie care, to enable them to support their family member to die at home, if that is their wish.**

Next Steps

This Strategy will now form the basis for the development of prioritised Action Plans for each of the identified themes. These will include the development of SMART objectives and the development of measurable outcomes for delivery. In some cases, this may lead to reviews and/or recommissioning of existing activity, or in the development of approaches to improving the consistency, reach and impact of existing services or approaches.

This work and its impact will not be limited to the health and social care offer; instead, we need to involve the general public in increasing understanding of dementia, how to prevent it, and how to reduce any negative impacts to the individual, their family, and wider society.

Case Studies

The following three case studies are included to give a flavour of the experiences of people and their families of living with dementia in Trafford. These are not intended to demonstrate 'good' or 'bad' care but simply to provide an illustration of the reality of aspects of life with dementia in the borough.

Story of Pauline and Lawrence*: "Just tell me again" *Names have been changed

Pauline and Lawrence married in 1961, and brought up their family in Trafford. Lawrence's work meant that they moved away for 10 years when they were in their fifties, and it was during this time that Lawrence first displayed symptoms of Alzheimer's disease.

Pauline remembers:

Lawrence loved sport, he swam, played football, cricket, badminton, tennis and bowls. He was a modest and thoughtful. He would, for example, would always note phone calls, and take time to consider anything said to him. Therefore, he already had in built strategies which masked some of his early symptoms.

But then "tell me again" started happening several times a day and Pauline knew that something wasn't quite right. A diagnosis of Alzheimer's was made, which was not unexpected but was still a shock. They told family and friends immediately and what a blessing that proved to be!

Lawrence's progression was slow, and they had excellent support from friends, and from the psychiatric nurse. The Alzheimer's Society ran social evenings, and Pauline's confidence grew.

However, Lawrence then started to become verbally abusive, and even physically violent. The family was worried, and asked for help from the Alzheimer's Society and the psychiatric nurse. Lawrence didn't remember the outbursts and was mortified and embarrassed. Fortunately, the violence stopped, and the abusive outbursts became less frequent.

Lawrence responded well to Aricept medications, but in 2017 the GP replaced this with a generic version despite Pauline warning that previous attempts had resulted in a marked difference in Lawrence. Lawrence then began to have 2 or 3 outbursts daily, and their daughters contacted the GP and voiced concerns not only for Lawrence himself but also Pauline. They described her as "not exactly hanging by a thread but by a strand of wool". The GP called, and Lawrence was returned to Aricept, calm was restored. However, Pauline feels that this change in medication marked the start of a speeding up of Lawrence's decline.

Lawrence and Pauline returned to Trafford about 5 years after his diagnosis. Lawrence still goes to the shops independently and will always ask for help and shop keepers and neighbours have been kind and helpful. Lawrence finds it hard to remember his address, and watching him walk straight past their new home towards the old one has been very upsetting for Pauline.

Age UK Trafford has provided support including a simple to use phone to contact Lawrence when he is out and help direct him back home. Lawrence now attends Age UK Trafford Day Support (specifically for people with dementia) every Thursday and this is now Pauline's "day off" when she can do her own thing.

Lawrence is still sporty. Pauline says: "There doesn't seem much wrong does there – but friends and family are very good picking him up and looking after him". However, when he is out, Lawrence will talk every child he meets – as he always had a love of children, Pauline worries about this as the views on children and strangers are very different today than they were years ago, and she feels he would be very hurt if anyone was to challenge him.

At the end the biggest worry is that Lawrence is very vulnerable, people with dementia are at the mercy of society.

**Case study 2 ***Names have been changed.

Margaret *(78) contacted Trafford Carers Centre wanting to talk to someone about the impact caring for her husband was having on her physical and mental health.

Her husband, following a move from the South to Trafford to be closer to their daughter, had been diagnosed with depression after struggling to adapt to the new living arrangements. His GP had prescribed anti-depressants.

Apart from their daughter and grandchild, the couple had no social network or other support locally.

The Carers Centre arranged to talk to Margaret and her daughter. One main factor that arose was Margaret's worry was that her husband had dementia.

She had already contacted the GP who had made a referral to the memory clinic.

Trafford Carers supported Margaret and her daughter regarding their knowledge and understanding of dementia, and assessed their physical and emotional needs. This needed to be done at an early stage so as to prevent carer breakdown and to also help her build resilience.

Margaret attended six counselling sessions, where it was recognised that she needed further support to help her manage her husband's mental state and emotional support around coping with and coming to terms with the diagnosis.

After this Margaret started to come to an understanding about the diagnosis and the effect it would have on their lives. She felt she was more in control knowing what to expect, and felt ready to explore and increase her social circles. She was interested in the social activities held at the centre and on groups and activities that her husband could attend.

Case study 3 *Names have been changed

Patsy* (79) came to Trafford Carers Centre, for a review of her caring role and the impact this was having on her. She was supporting her husband, George*, who at the time was at pre-diagnosis for dementia and also had diabetes.

George was still managing to do most things for himself, albeit a little slower than before and with some practical help, particularly around personal hygiene and dressing.

Patsy herself had numerous health conditions including high blood pressure and diabetes, and had suffered a stroke. She had a care worker who attended once a day to help her with her own dressing and to help prepare meals

Patsy had worries about her financial situation and her inability to carry out tasks around the home, which lead to the home becoming unclean. Patsy had become socially isolated due to her and her husband's health conditions, and her social interaction was limited to attending church twice a week.

Patsy was allocated funding for a carpet cleaning service and for a gardening service, as George and Patsy both found the garden to be a peaceful and relaxing area but since it had become so overgrown it was adding unnecessary stress to Patsy.

Patsy was also referred to a welfare service and given information on finance and benefits, as well as African & Caribbean Care.

Following the initial contact and assessment, Patsy has stayed in touch to access emotional and practical support. Financial pressures remained a key worry and also not being able to get out to do something for herself.

Patsy was given a course of relaxation therapies provided to help her relax as well as to provide respite, and funds for her to enjoy meals out with close friends.

Most recently the conversation has turned to end of life and future planning. In the last year Patsy and George's son moved from his home down south to provide much needed support to his parents.

Appendix A

Prime Minister's Challenge on Dementia 2015

Goals to be achieved by 2020

- Improved public awareness and understanding of the factors which increase the risk of developing dementia and how people can reduce their risk by living more healthily. This should include a new healthy ageing campaign and access to tools such as a personalised risk assessment calculator as part of the NHS Health Check.

- In every part of the country people with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be six weeks following a referral from a GP (where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia.

- GPs playing a leading role in ensuring coordination and continuity of care of the existing commitment that from 1 April 2015 everyone will have access to a named GP with overall responsibility and oversight for their care.

- Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards. Effective metrics across the health and care system, including feedback from people with dementia and carers, will enable progress against the standards to be tracked and for information to be made publicly available. This care may include, for example:

    - Receiving information on what post-diagnosis services are available locally and how these can be accessed, through for example an annual 'information prescription'.

    - Access to relevant advice and support to help and advise on what happens after a diagnosis and the support available through the journey.

    - Carers of people with dementia being made aware of and offered the opportunity for respite, education, training, emotional and psychological

support so that they feel able to cope with their caring responsibilities and to have a life alongside caring.

- All NHS staff having received training on dementia appropriate to their role. Newly appointed healthcare assistants and social care support workers, including those providing care and support to people with dementia and their carers, having undergone training as part of the national implementation of the Care Certificate, with the Care Quality Commission asking for evidence of compliance with the Care Certificate as part of their inspection regime. An expectation that social care providers provide appropriate training to all other relevant staff.

- All hospitals and care homes meeting agreed criteria to becoming a dementia friendly health and care setting.

- Alzheimer's Society delivering an additional 3 million Dementia Friends in England, with England leading the way in turning Dementia Friends into a global movement including sharing its learning across the world and learning from others.

- Over half of people living in areas that have been recognised as Dementia Friendly Communities, according to the guidance developed by Alzheimer's Society working with the British Standards Institute.2 Each area should be working towards the highest level of achievement under these standards, with a clear national recognition process to reward their progress when they achieve this. The recognition process will be supported by a solid national evidence base promoting the benefits of becoming dementia friendly.

- All businesses encouraged and supported to become dementia friendly, with all industry sectors developing Dementia Friendly 2 Charters and working with business leaders to make individual commitments (especially but not exclusively FTSE 500 companies). All employers with formal induction programmes invited to include dementia awareness training within these programmes.

- National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

- Dementia research as a career opportunity of choice with the UK being the best place for Dementia Research through a partnership between patients, researchers, funders and society.

- Funding for dementia research on track to be doubled by 2025.

- An international dementia institute established in England.

- Increased investment in dementia research from the pharmaceutical, biotech devices and diagnostics sectors, including from small and medium enterprises (SMEs), supported by new partnerships between universities, research charities, the NHS and the private sector. This would bring word class facilities, infrastructure, drive capacity building and speed up discovery and implementation.

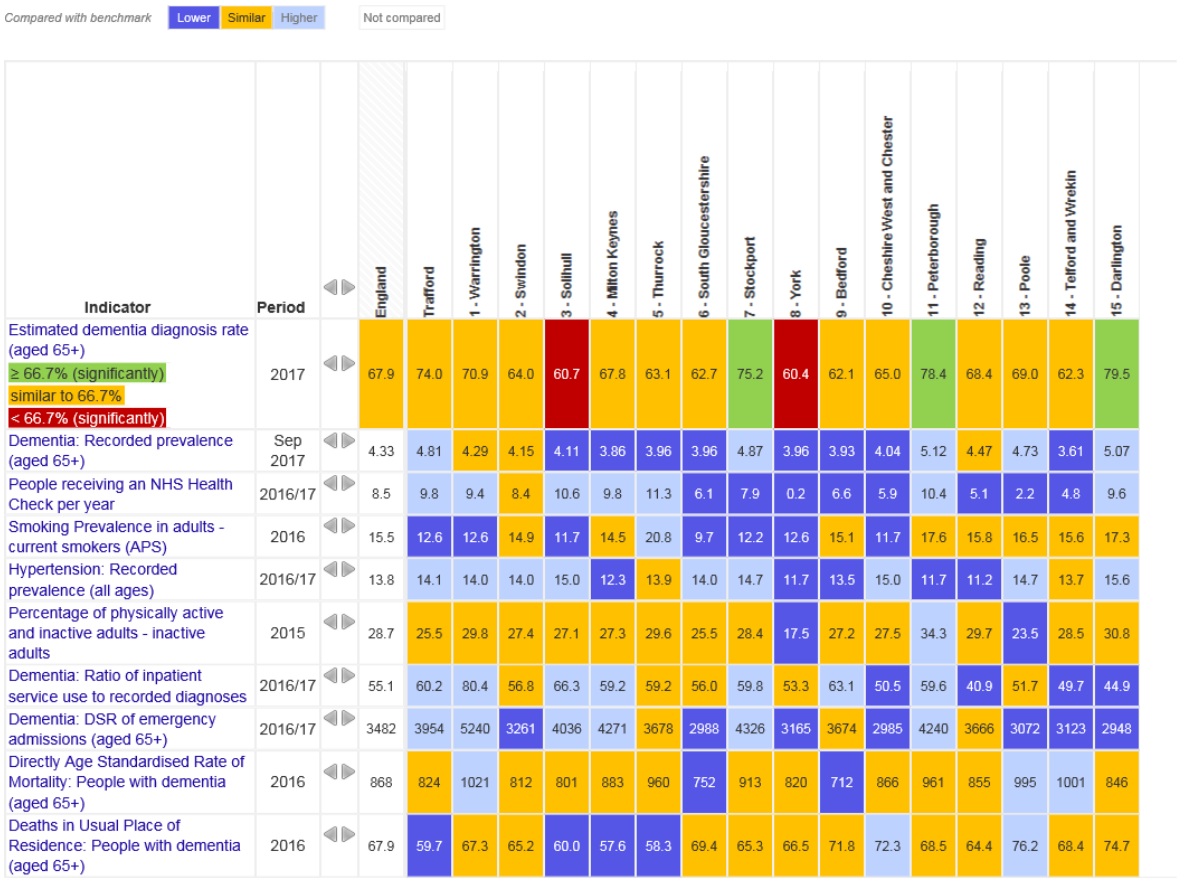
- Cures or disease modifying therapies on track to exist by 2025, their development accelerated by an international framework for dementia research, enabling closer collaboration and cooperation between researchers on the use of research resources – including cohorts and databases around the world.

- More research made readily available to inform effective service models and the development of an effective pathway to enable interventions to be implemented across the health and care sectors.

- Open access to all public funded research publications, with other research funders being encouraged to do the same.

- Increased numbers of people with dementia participating in research, with 25 per cent of people diagnosed with dementia registered on Join Dementia Research and 10 per cent participating in research, up from the current baseline of 4.5 per cent.

Appendix B
Public Health England Dementia Profile



Compared with benchmark Lower | Similar | Higher | Not compared

Indicator	Period	England	Trafford	1 - Warrington	2 - Swindon	3 - Solihull	4 - Milton Keynes	5 - Thurrock	6 - South Gloucestershire	7 - Stockport	8 - York	9 - Bedford	10 - Cheshire West and Chester	11 - Peterborough	12 - Reading	13 - Poole	14 - Telford and Wrekin	15 - Darlington
Estimated dementia diagnosis rate (aged 65+) ≥ 66.7% (significantly) similar to 66.7% < 66.7% (significantly)	2017	67.9	74.0	70.9	64.0	60.7	67.8	63.1	62.7	75.2	60.4	62.1	65.0	78.4	68.4	69.0	62.3	79.5
Dementia: Recorded prevalence (aged 65+)	Sep 2017	4.33	4.81	4.29	4.15	4.11	3.86	3.96	3.96	4.87	3.96	3.93	4.04	5.12	4.47	4.73	3.61	5.07
People receiving an NHS Health Check per year	2016/17	8.5	9.8	9.4	8.4	10.6	9.8	11.3	6.1	7.9	0.2	6.6	5.9	10.4	5.1	2.2	4.8	9.6
Smoking Prevalence in adults - current smokers (APS)	2016	15.5	12.6	12.6	14.9	11.7	14.5	20.8	9.7	12.2	12.6	15.1	11.7	17.6	15.8	16.5	15.6	17.3
Hypertension: Recorded prevalence (all ages)	2016/17	13.8	14.1	14.0	14.0	15.0	12.3	13.9	14.0	14.7	11.7	13.5	15.0	11.7	11.2	14.7	13.7	15.6
Percentage of physically active and inactive adults - inactive adults	2015	28.7	25.5	29.8	27.4	27.1	27.3	29.6	25.5	28.4	17.5	27.2	27.5	34.3	29.7	23.5	28.5	30.8
Dementia: Ratio of inpatient service use to recorded diagnoses	2016/17	55.1	60.2	80.4	56.8	66.3	59.2	59.2	56.0	59.8	53.3	63.1	50.5	59.6	40.9	51.7	49.7	44.9
Dementia: DSR of emergency admissions (aged 65+)	2016/17	3482	3954	5240	3261	4036	4271	3678	2988	4326	3165	3674	2985	4240	3666	3072	3123	2948
Directly Age Standardised Rate of Mortality: People with dementia (aged 65+)	2016	868	824	1021	812	801	883	960	752	913	820	712	866	961	855	995	1001	846
Deaths in Usual Place of Residence: People with dementia (aged 65+)	2016	67.9	59.7	67.3	65.2	60.0	57.6	58.3	69.4	65.3	66.5	71.8	72.3	68.5	64.4	76.2	68.4	74.7

Appendix C Useful Documents

- GOVERNMENT DEMENTIA STRATEGY TO 2020
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414344/pm-dementia2020.pdf

- PHE DEMENTIA PROFILE
  https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/0/gid/1938133052/pat/6/par/E12000002/ati/102/are/E08000009/nn/nn-1-E08000009

- GM DEMENTIA UNITED STRATEGY
  http://www.gmhsc.org.uk/assets/09-Dementia-United-Implementation-Plan-Cover-Sheet-v2.0-TD.pdf

- DAA ACTION PLAN
  https://www.dementiaaction.org.uk/assets/0000/3828/DAA_Action_Plan_guidance_for_care_homes.pdf

- GM REPORT FOLLOWING DECEMBER'S VISIT

  
  Dementia United Report

- CQC DTOC REPORT
  https://www.cqc.org.uk/sites/default/files/20171219_local_system_review_interim_report.pdf

- GM COMMUNICATION STRATEGY
  http://www.gmhsc.org.uk/assets/08-Communications-and-Engagement-Strategies-2016-17-v1.0-TD.pdf

- DRAFT NICE GUIDANCE
  https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0792

- GM CARERS' STRATEGY

  
  GM Carers Strategy 2015-18

TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **Friday 13th July 2018**
Report for: **Approval**
Report of: **Trafford's Domestic Abuse Strategic Forum, Personal and Family Safeguarding Sub-Group.**

Report Title

Trafford Domestic Abuse Strategy 2018-2022

Summary

The Trafford Domestic Abuse Strategy 2018-2022, presents the local vision and objectives for tackling domestic abuse.

Trafford Partnership is committed to preventing and reducing the harm caused by domestic abuse by developing and implementing a sustainable system wide approach to prevention, early intervention, response and support.

A Trafford Domestic Abuse Needs Assessment was completed in 2017 and has informed our local domestic abuse priorities.

Aligned to the national themes our local objectives are:

- to promote awareness by raising the profile of domestic abuse across the Trafford Partnership, with a particular focus on strengthening prevention and early intervention.
- to protect and support people affected by domestic abuse;
- to pursue and deter perpetrators of domestic abuse;
- to ensure the prevention and reducing the harm of domestic abuse is everybody's business.

A detailed action plan supports the Strategy.

Recommendations

That the Health and Wellbeing Board approve the Strategy.

Contact person for access to background papers and further information:

Name: Helen Gollins, Public Health Consultant, helen.gollins@trafford.gov.uk, tel: 0161 912 4276.

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Trafford Domestic Abuse Strategy 2018-2022

Document Control

Date	Version	Forum/Officer	Purpose	Amendments
15/06/18	V0.1 first draft	• Head of Partnerships & Communities • Specialist Commissioner: Early Help • Specialist Commissioner: Public Health • Public Health Intelligence Analyst	Content and editorial review	Minor amendments
21/06/18	V0.2	Members of Personal and Family Safeguarding Sub-Board & Domestic Abuse Strategic Forum	Consultation, agreement and sign off	Minor ammendments
25/06/18	V0.2	Members of Trafford Safeguarding Board	Consultation and sign off	Inclusion of ageing population and minor amendments
13/07/18	Final draft	Trafford's Health and Wellbeing Board	Sign off	

Trafford's Domestic Abuse Strategy 2018-2021 prepared by Helen Gollins, Public Health Consultant, Trafford Council, helen.gollins@trafford.gov.uk on behalf of Trafford's Domestic Abuse Strategic Forum, Personal and Family Safeguarding Sub-Group, June 2018.

Content

1. Trafford Partnership Vision

Domestic Abuse is a complex social issue which affects people from all communities and cultures, and impacts all services. Trafford Partnership is committed to addressing the causes, and reducing the impact of domestic abuse.

Domestic Abuse is a national and local priority. In Trafford we are committed to enabling our residents, their families and communities to live a healthy life, free from abuse and violence. We will support this by reducing the impact of domestic abuse on the population of Trafford by developing and implementing a sustainable system wide approach to prevention, early intervention, response and support.

To reflect the national domestic abuse[i] priorities, Trafford will:

- promote awareness; raising the profile of domestic abuse across all Trafford Partnership organisations and services.
- protect and support; we will work locally to ensure our services enhance the safety of victims and the support that they receive, promoting earlier identification and harm reduction.
- pursue and deter; we will work in partnership with Greater Manchester Combined Authority, (GMCA) and our partners to ensure an effective, evidence based response to perpetrators through to conviction and management of offenders, including rehabilitation and behavioural change programs.
- improve performance – to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors.

Understanding and experiencing healthy relationships during childhood and adolescence is fundamental for good health and social wellbeing. A commitment to preventing, identifying and tackling domestic abuse will have residual effects on issues such as child sexual exploitation, missing from home, and mental ill health.

2. What is Domestic Abuse?

Domestic abuse is endemic within all our communities. Trafford accepts the official government definition of domestic abuse[ii1]:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

- Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

[1] The Domestic Abuse and Violence Bill is expected to be published in August 2018, this may impact on the current definition, www.gov.uk/government/consultations/domestic-abuse-bill-consultation

- Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The Government definition includes 'honour' based violence, female genital mutilation (FGM) and forced marriage. This definition of domestic abuse is inclusive and extends to all genders and ethnic groups and people of differing sexuality.

3. Domestic Abuse as a Population Health Issue

Domestic abuse has a significant impact on our communities, services and society. There is much published evidence about the impact of domestic abuse including:

- 1 in 4 women and 1 in 6 men will be affected by domestic abuse in their lifetime[iii]
- Two women are murdered each week in England and Wales as a result of domestic abuse, and 30 men per year[iv]
- 16% of all violent crimes are domestic abuse related, however it is still the violent crime least likely to be reported to the police[v]
- Domestic abuse has more repeat victims than any other crime (on average, there will have been 35 assaults before a victim calls the police)[vi]
- Is the single most quoted reason for becoming homeless[vii]. In the Northwest, breakdown of violent relationship is the primary reason of homelessness acceptance compared to nationally where this is the fourth reason nationally[viii].
- In 2010 the Forced Marriage Unit responded to 1735 reports of possible Forced Marriages in the UK[ix].

Approximately 400 people commit suicide each year who have attended hospital for domestic abuse injuries in the previous six months, 200 of these attend hospital on the day they go on to commit suicide[x].

In addition to the human cost, there are significance financial costs resulting from domestic abuse. Research by the University of Leeds, (2009),[xi] estimated the total costs of domestic abuse to be £15.7 billion a year. This is broken down as follows:

- costs to services (Criminal Justice System, health, social services, housing, civil legal) amounts to £3.8 billion per year.
- loss to the economy resulting from women taking time off work due to injuries estimated to be £1.9 billion per year.
- the human and emotional costs of domestic abuse amount to almost £10 billion per year.

4. Domestic Abuse in Trafford

Sadly, in 2011, a Trafford family was catastrophically affected by domestic abuse, with a mother and son dying as a result of a fire started with intent by the mother's former partner. Two other children experienced significant physical and mental harm as a result.

Understanding the true prevalence of domestic abuse is difficult because many cases are undisclosed.

The Crime Survey for England and Wales (CSEW) is a survey which estimates the prevalence of domestic abuse among adults aged 16-59 living in households.

For the year ending March 2016, CSEW estimates that, among 16 to 59 year olds living in households, 7.7% of women and 4.4% of men experienced any type of abuse in the last year.

Assuming that Trafford has the same prevalence as the England and Wales average, this would amount to around 4,800 women and 2,800 men in Trafford having experienced domestic abuse in the last year.

Overall, 26% of women and 14% of men had experienced domestic abuse since the age of 16. Again, assuming this same prevalence in Trafford, this would amount to 15,600 women and 8,200 men.

The CSEW estimates prevalence in our population aged 16-59, it is important to note the prevalence across the wider life course. Understanding and responding to domestic abuse in relationships between young people aged under 16 is complex and will require a safeguarding response. For our old population, those aged over 60, understanding the pattern of domestic abuse is difficult due to underreporting. Domestic abuse of older people is often hidden (whether that be because of long term abuse throughout the relationship or new abuse relating to new caring responsibilities, for example, abuse by a child of a parent often happens when they become the parent's carer). Also the onset of dementia can trigger a domestic abuse situation where there had never been one previously, and this again is often hidden.

Evidence also demonstrates variation in prevalence across our localities with high rates seen in the North Locality and lower rates in the South Locality.

The Trafford Domestic Abuse Needs Assessment, 2017 provides a comprehensive profile of need for the borough.

5. Our Vision and Objectives

Trafford Partnership is committed to preventing and reducing the harm caused by domestic abuse by developing and implementing a sustainable system wide approach to prevention, early intervention, response and support.

A Trafford Domestic Abuse Needs Assessment was completed in 2017 and has informed our local domestic abuse priorities.

Aligned to the national themes our local objectives are:

- to promote awareness by raising the profile of domestic abuse across the Trafford Partnership, with a particular focus on strengthening prevention and early intervention.
- to protect and support people affected by domestic abuse; we will work locally to ensure our services enhance the safety of victims and the support that they receive, promoting earlier identification and harm reduction. We will work to ensure that all services, especially specialist domestic abuse services respond in a way that addresses inequalities and is inclusive of all communities and groups affected.
- to pursue and deter perpetrators of domestic abuse; we will work in partnership with Greater Manchester Combined Authority, (GMCA) and our partners to ensure an effective, evidence based response to perpetrators through to conviction and management of offenders, including rehabilitation and behavioural change programs.
- to ensure the prevention and reducing the harm of domestic abuse is everybody's business. There will be a commitment to improving the performance of our services and to drive consistency and quality across all local areas, agencies and sectors.

A detailed action plan presents how Trafford Partnership will achieve these objectives. Sections 5.i.-5.iv describes some key delivery commitments.

5.i. Promoting Awareness

5.i.i. Domestic Abuse as a Trafford Safeguarding Priority

Reducing the impact of domestic abuse is a priority for Trafford's Strategic Safeguarding Board and is a priority theme for the Personal and Family Safeguarding sub-board. The Strategic Safeguarding Board is multi-agency and includes three statutory partners, police, health and local authority along with other agencies delivering services within Trafford. This approach will ensure that domestic abuse is considered by these partner agencies, and assurance will be sought regarding the effectiveness of safeguarding practice including risk factors and impact.

5.i.ii. Prevention and Education

Protecting our children and young people from domestic abuse by giving them the knowledge and skills to recognise domestic abuse, reducing the risk of becoming a victim or perpetrator of domestic abuse is a key aim of this strategy.

To reduce the prevalence of domestic abuse, children and young people need to understand what a healthy relationship is; the Partnership is committed to delivering a schools based healthy relationship programme. This programme will be extended to settings where our vulnerable young people access to ensure that those who do not engage in school receive this important intervention.

5.i.iii. Commitment to Awareness Raising Campaigns

Members of Trafford's Safeguarding Board are engaged with the Greater Manchester domestic abuse campaign End the Fear[2], Sitting Right with You?[3] Continuing to support awareness campaigns is an important population level intervention that facilitates the de-stigmatisation of domestic abuse.

5.ii. Protecting and supporting people who are affected by domestic abuse

5.ii.i. Early Identification and Harm Reduction

Outcomes for people and their families will only be improved if domestic abuse is identified at an earlier stage.

Recent research has shown that the impact of events in childhood is much greater than had been previously understood[xii]. Children experiencing neglect or abuse have poorer health, educational and economic outcomes in adulthood. Adverse childhood experiences (ACEs) impact on a child's social and physical development. Living in an adverse environment or prolonged exposure to adverse experiences subject the developing body to an extended period in the "fight or flight response" which can alter the way the brain, nervous and immune systems develop[xiii]. Supporting individuals and families to recognise domestic abuse and reduce the harm from this will positively impact on current and future generations. Enabling our residents to access early help including parenting support is key. To be able to do this, we need to make every contact count by helping people who work with families to understand the impact of domestic abuse, how to ask the question and respond appropriately.

[2] http://www.endthefear.co.uk/

[3] http://www.sittingrightwithyou.co.uk/

Families may live with domestic abuse for a significant period before getting effective help[xiv]. On average, high-risk victims live with domestic abuse for 2.3 years before getting help[xv] and 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse[xvi]. There are many reasons why people remain in a relationship where domestic abuse is present, this may include difficulties in recognising the behaviour as domestic abuse, fear of the stigma, concerns about losing access to their children if they tell someone what is happening at home, and safety linked to separating from the perpetrator.

A key reason why victims do not disclose is because they are not asked about domestic abuse in a meaningful and appropriate way. The success of the local Identification and Referral to Improve Safety (IRIS) programme is based on how the question is framed and the response to the disclosure.

Trafford will aim to become a borough with a zero tolerance approach to domestic abuse. Front line staff and services will be trained to appropriately ask their clients about their experience of domestic abuse, whether current or historic. The concept of ACEs will underpin the training to support a link between domestic abuse, ACEs and the wider social economic impacts.

It is important to note that many people employed in the public sector and other Partnership organisations will be residents of Trafford, therefore there will be residual affects including identifying domestic abuse within our workforce and raising awareness within our communities.

5.ii.ii. Service Provision and Partnership Response

The vision is to have a core service that integrates into and across Trafford's health and social care services. The service delivery will consider the evolving landscape of Trafford's services, ensuring that it operates within the Model of Primary Care, Local Care Alliance and One Trafford Response values and parameters. The core service will work collaboratively with other services and stakeholders, ensuring that wider determinants such as housing, employment, early help and education are all incorporated into the response. Where appropriate the One Trafford Response case worker approach will be implemented.

The ambition is to have 4 Independent Domestic Violence Advisors, (IDVAs). The IDVAs will all be trained to deal with the complexities that high level DA presents, however they will each have their own specialism including mental illness, substance misuse and honour based violence.

The core service will also employ two Domestic Abuse Support Workers, (DASW), one will be generic and the other post will support children and young people affected by domestic abuse.

The IDVAs and DASW workers, although operating as a core service model, will work out in the four neighbourhoods using restorative practice approaches. It is anticipated that the workers will be able to use rooms in different health and social care settings including primary care practices. This approach will support engagement and service user safety at a community level.

Trafford domestic abuse pathways will be place based focussed, equitable, and underpinned by an Integrated Commissioning Strategy and supported by a Partnership Domestic Abuse Coordinator.

5.ii.iii. Early Help: Operation Encompass and Strive

Trafford Partnership is supporting an Early Help approach to tackling domestic abuse. Two interventions which we will continue to support are Operation Encompass and STRIVE.

Operation Encompass informs schools when the police have attended a home in response to a domestic abuse incident and there are children and young people present. The aim is to ensure that the Children and Young People are safe and supported, early help interventions are delivered if appropriate and that ultimately they continue to engage in education, thereby improving their health, wellbeing and social economic outcomes.

STRIVE was launched in Trafford 2016 using Home Office Innovation funding. Working in partnership with Greater Manchester Police and Talk Listen Change, our provider for volunteer co-ordination and the professional development programme, 25 dedicated local volunteers have been providing support to victims and their families. Additional funding for 2018-19 has been provided by the Safer Trafford Partnership.

The Trafford STRIVE model has been championed across Greater Manchester. In 2017, the Greater Manchester Combined Authority (GMCA) undertook a deep dive evaluation into STRIVE on behalf of the Deputy Mayor. The qualitative evaluation conducted with both professionals involved in the delivery and volunteers, has shown that the holistic, whole family approach of STRIVE is widely praised and well regarded. Observations highlighted that un-announced re-visits by non-uniformed staff were preferable and that the delivery of STRIVE was found to be most effective when there was a dedicated police resource to help support the process of information sharing and risk assessment.

In early 2018 GMCA agreed to provide core funding and roll the Trafford model out across Greater Manchester. During 2017-18 Trafford STRIVE provided support to over 250 families, with only one of these reporting repeat victimisation in the 3 months after the support had ended.

5.ii.iv. Workplace Approach

All partner organisations will be encouraged to have a workplace domestic abuse policies in place to support employees affected by domestic abuse whether victim or perpetrator. It is important to note that many people employed by Trafford Partnership organisations will also be residents of borough.

5.iii. To pursue and deter perpetrators of domestic abuse

In addition to the statutory response provided by Greater Manchester Police, National Probation Service, CRC and the Courts, Trafford will continue to work with the Greater Manchester Combined Authority to identify an appropriate perpetrator response for Trafford.

5.iv. To ensure the prevention and reduction of harm from domestic abuse is everybody's business

5.iv.i. Working Together

Reducing the impact and prevalence of domestic abuse cannot be achieved by organisations working in isolation. Domestic abuse is a complex social issue which affects people from all groups, genders and cultures. The causes and effects of domestic abuse are numerous and significant. Across Trafford there are a range of organisations that work directly or indirectly with residents affected by domestic abuse.

Trafford Council, Trafford NHS Clinical Commissioning Group, Pennine Care NHS Foundation Trust, the voluntary sector, criminal justice services amongst others are involved in identifying, and protecting people affected by domestic abuse.

Due to the complexity of the issues presenting, it is necessary to tackle domestic abuse in a multi-agency way. Partnership working involves agencies taking action both individually (by sharing information) and collectively.

The new model will support services to work effectively together with a co-ordinated approach to commissioning. The model will be robustly assessed to ensure equity amongst all groups, especially protected ones such as black and minority ethnic groups (BAME) and lesbian, gay, bi-sexual and transgender, (LGBT) to support access and engagement. This strategy demonstrates a commitment from Trafford Partnership to work together to tackle domestic abuse.

5.iv.ii. Needs Led and Evidence Based Approach to Service Planning

There is national guidance which supports domestic abuse system design and best practice. Safe Lives (previously Co-ordinated Actions Against Domestic Abuse, CAADA), Local Government Association, (LGA) and the National Institute of Health and Care Excellence, (NICE), have all produced evidence based guidance. As a local partnership, Trafford will ensure that its service delivery is evidence-based thereby ensuring efficacy and cost effectiveness.

A core minimum dataset including demographics and outcomes will be included in all contracts, to support monitoring of effectiveness but also provide evidence to inform prevention, early help commissioning and identify emerging issues or gaps in provision.

6. How will we know we are making a difference?

6.i. Governance and Accountability

Under the Crime and Disorder Act 1998, local authorities have a statutory duty to work with other agencies in order to reduce crime and disorder in their area. Trafford Domestic Abuse Strategic Forum, led by the Council, meets quarterly and reports against an action plan. The Forum provides an opportunity for partners to highlight barriers which prevent a coordinated and effective multi-agency response.

Trafford's Health and Wellbeing Board is accountable for this Domestic Abuse Strategy and action plan. Responsibility is delegated to Trafford's Strategic Safeguarding Board via the Personal and Family Safeguarding Sub- Board. The Partnership Domestic Abuse Strategic Forum is the task group which oversees operational delivery of this strategy.

6.ii. Action Planning

A partnership action plan compliments this strategy to ensure that the vision and objectives are achieved. This is a fluid action plan informed by national and local evidence.

6.iii. Performance Monitoring

The action plan will be performance monitored with outputs reported to the Domestic Abuse Strategic Forum. Exception reporting to the Personal and Family Safeguarding Board will be required if progress does not align to the action plan timeframe.

6.iv. Service User Engagement

Service User engagement and listening to *the lived experience* is essential if this strategy is to achieve its vision. Service user engagement will be part of the performance monitoring and evaluation process for this strategy.

6.v. Strategy Review and Refresh

This Strategy will be reviewed in Autumn 2021, by Trafford's Domestic Abuse Strategic Forum. A refreshed strategy will be launched in April 2022.

7. References

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[viii] Department of Communities and Local Government, (2017) *Homelessness-National Trends: decisions on priority needs ofr single households.*
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[xi] Walby, S. (2009) The Cost of Domestic Violence
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[xiii] Bellis MA, Lowey H, Leckenby N, Hughes K, Harrison D. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. J Public Health. 2014;36(1):81–91.
[xiv] Safe Lives, (2017), *About Domestic Abuse*, www.safelives.org.uk/policy-evidence/about-domestic-abuse.
[xv] SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.
[xvi] SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **Friday 13th July 2018**
Report for: **Information / Decision / Discussion / Approval**
Report of:

Report Title

Infection Control Annual Report

Purpose

To update the Board on the work of Trafford's Infection Control team

Recommendations

To note the content of the report

Contact person for access to background papers and further information:

Name: Phil Broad, Modern Matron, Infection Prevention and Control, Pennine Care (Trafford Division)

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Trafford community Infection Prevention & Control Annual report (April 1st 2017- March 31th 2018)

Contents

1 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 2017-18 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 2018-19. 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 activity, arrangements and progress with the work plan for the period April 2017 – March 2018, 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)

Legal framework for cleanliness and Infection Prevention and Control

The Infection Prevention and Control program and priorities for 2014-2015 was built on the previous Code of Practice 'The Health and Social Care Act 2008*: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance'*. This Code of Practice applied to NHS organizations was used by the Care Quality Commission (CQC) to assess whether NHS trusts complied with the Health and Social Care Act 2008.

The Health and Social Care Act 2008 '*Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance'* sets out what registered providers of health and social care services should do to ensure compliance with the registration requirement for cleanliness and infection.

HCAI Performance Summary

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

Organism	Objectives	Actual
MRSA Bacteraemia	Zero tolerance	2
CDI Trafford CCG (Trust & none Trust apportioned cases)	64	76
CDI (Trafford none Trust apportioned)	--------	32
E-coli Bacteraemia	10% reduction over previous year 175	173 1% reduction

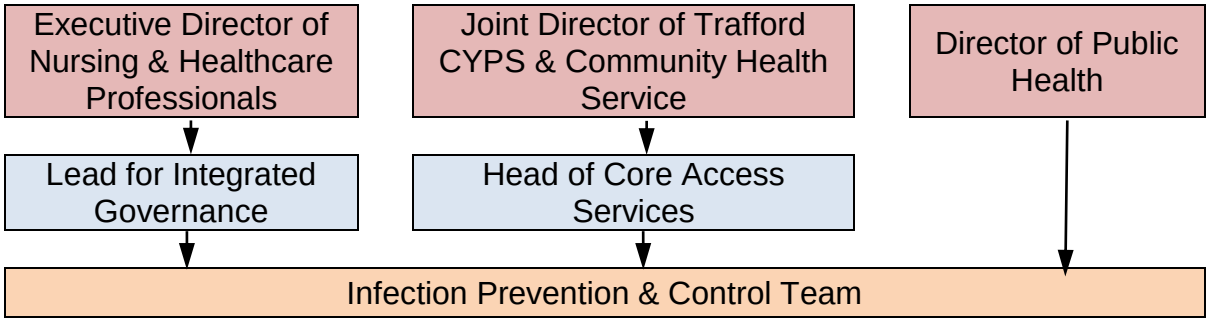
2 INFECTION PREVENTION AND CONTROL ARRANGEMENTS

2.1 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, and 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.

REPORTING AND GOVERNANCE ARRANGEMENTS 2017 -18



2.2 Trafford Director of Public Health (DPH)

The DPH for Trafford with responsibility for health protection including infection prevent 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.

2.3 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 ensure CDI and MRSA results are communicated to the team on a daily basis, via telephone call/messages.

2.4 Trafford Health Protection Forum

The Health Protection Forum Infection Prevention and Control group is chaired by the Director of Public Health. The group meets bi-monthly 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 has in place effective systems and processes to fulfill 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**.

2.5 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 bi-monthly 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 personalised 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 attend IP&C confederation meetings facilitated and chaired by NHS England, along with GM collaborative network meetings which are held across GM.

3 MEETING INFECTION PREVENTION AND CONTROL STANDARDS

3.1 The health & social care act 2008, code of practice for the prevention and control of infections and related guidance (revised october 2010)

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 also 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 tough 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.

Monitoring compliance with the Health and social care act (2008), code of practice for the prevention and control of infection and associated guidance

- Bi monthly review of code of Practice Assurance for Pennine care FT, updated at the infection
  control committee meeting

Assurance Systems at NHS Trafford

Specifically the Trafford health protection system has the following arrangements and assurance systems in place for the management of healthcare associated infections:

- The Director of Public Health for the Trafford
- A 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(s) to Trafford Health Protection Forum and NHS Trafford?
- 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.

4 ENHANCING SERVICE CAPABILITY OF INFECTION PREVENTION AND CONTROL

4.1 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 are able to 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 offered a 1+1/4 hour face to face presentation at the quarterly GP education forums, or at their place of work on request. Training content for all groups attending, is tailored to meet their particular needs, with sessions throughout the year, which are positively evaluated by the delegates.

For the 18 nursing homes and 22 residential care homes settings from whom the local authority commission services, annual infection control 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 2017-18 training figures.

4.2 Audits and inspections

The IPCT endeavors 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.

Health centres/clinics and primary care settings.

A clean, safe environment, in which clinical services are delivered, is a priority for all providers of health care . All community health Centres 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 Centres where Pennine care FT deliver their services , along with standalone GP practices are also inspected annually, with reports and action plans with the results listed below. GP inspection reports are forwarded to Practice managers and the CCG primary care performance officer. Also included in the cycle of planned visits, is the out-of-hours GP walk in Centre, based at Trafford General Hospital, and for PCFT the Physiotherapy outpatient services based at Trafford and Altrincham hospitals are inspected annually as part of the trusts environmental audit program .

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.

We have seen a steady improvement in both the engagement of GPs with this process, and in their performance in the inspection. The average inspection result for GPs in 2016/17 was 90%, and 91% in 2017/18, with a range in 2016/17 of 63 – 100%, and in 17/18 of 84- 100%. This is testament to the hard work of the GPs and other practice staff, and to the IPCS.

Please see Appendix D for the anonymised practice data.

Care Homes

Care homes with nursing registration Infection prevention and control support provided to care homes with nursing registration within the Trafford borough, 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 2017-18

- 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
-

The average scores nursing care home inspections was 79% for both 2016/17 and 2017/18, with a range of 60-95% in 2016/17 and 50 -100% in 2017/18. Again, these are in the main are very good scores and show excellent levels of engagement in the training and implementation of standards.

Please see Appendix D for the anonymised care home data.

Copy of Report/action plan to:

- CCG personalised care team
- Director of public health
- CQC (allocated inspector)
- Local authority Lead commissioner

Delivery of infection prevention & control audit to Trafford's residential care homes 2017-18

- 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

Infection control inspection results

Setting/establishment	Date 2016-17	Overall RAG rating	Number of reds out of 8	Date 2017-18	Overall RAG rating	Number of reds out of 8
Setting01	27.8.15		0	20.4.17		0
Setting02	21.4.16		0	15.6.17		0
Setting03	16.6.16		0	18.7.17		0
Setting04	17.3.16		1	12.4.17		0
Setting05	10.7.13		1	07.4.17		0
Setting06	12.5.16		1	23.5.17		1
Setting07	5.4.16		0	1.8.17		0
Setting08	7.3.17		0	27.2.18		2
Setting09	19.4.16		0	21.6.17		0
Setting10	13.1.16		1	18.4.17		0
Setting11	23.8.16		1	15.8.17		1
Setting12	6.4.16		0	14.6.17		0
Setting13	21.1.16		1	26.4.17		1
Setting14	21.3.17		4	1.11.17		1
Setting15	28.7.16		0	24.8.17		0
Setting16	13.4.16		0	1.6.17		0
Setting17	22.2.17		1	6.3.18		0
Setting18	23.2.17		0	12.2.18		1
Setting19	14.4.16		0	31.5.17		0
Setting20	22.3.17		0	4.10.17		0

Copy of Report/action plan to :

- Director of public health
- CQC (allocated inspector)

- Local authority commissioners

Delivery of infection prevention and control training and audit to Trafford special schools 2017-18

- 2 hour inspection, follow by report and action plan
- 1 ¼ hours of infection prevention and control Training to staff.
- Includes an individual UV light hand hygiene assessment
- Training to be undertaken by the workforce every two years

This was the first year that these inspections had been carried out in the Special Schools, and a number of issues and themes emerged. These are being taken forward with the schools, and the IPCS will be following up with the schools in order to support them to make any necessary changes. A fuller report on this work will be included next year.

Copy of Report/action plan and training log sent to:

- Stakeholder (e-mail address, in address folder)
- Director of Public Health.
- Children's community nursing service lead
- Head of children's health services

4.3 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.

4.4 Decontamination

The Infection Prevention Control Nurse, 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 infection control service offers 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 on request accompanying Commissioners and CQC on performance visits. In the reporting, 1 visit were undertaken in support of general dental practices.

With respect to Pennine care FT work stream the Community IP&C team undertake a annual inspection of the One stop resources centre, which includes an inspection of the equipment decontamination unit.

4.5 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 2017-18 overall pass rate was 98%, with most none 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 none compliance are followed up by the infection control service who contact relevant stakeholders to provide the necessary assurance

The Infection control service 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.

4.6 Infection prevention and control initiatives

Before the winter season the Infection control service 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.

5 ACHIEVEMENTS DURING 2017 – 18

5.1 MRSA blood stream infections (bsi)

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.

DH objectives for 2017-18

MRSA blood stream infections (Zero Tolerance) 2 cases assigned to CCG (community attribution) in 2017-18, both cases had a Post infection review (PIR) conducted with the process lead by the CCG.

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, in order to provide advice and support in relation to infection prevention and control precautions and treatments. In the 2017-18 reporting period 53 cases were followed up by the team .

5.2 2017-18 CLOSTRIDIUM DIFFICILE INFECTION (CDI) figures from hcai data capture system please note: the tables below are repeated in the appendices

2017-18 DH CDI objectives =64 cases

Organism	Objectives	Actual
CDI (Trafford WHE)	64	76
CDI (Trafford none Trust apportioned	None	32

Trafford has adopted the Clostridium difficile 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 Clostridium difficile data collection tool provided with NHS England Guidance on C. difficile objectives for 2017-18. Once again in 2017-18 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 Clostridium difficile 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 *Clostridium difficile* Infection (CDI), prevent Clostridium Difficile Infection where possible, allow health care staff to appropriately manage and control the infection and minimise discomfort and suffering and maintain dignity and confidentiality.

Trafford CDI cases April 2017 - March 2018

CDI	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Jan-2017	Feb-2017	Mar-2017	Total
ALL cases Reported on HCAI DCS	3	5	6	4	5	8	3	2	4	6	5	5	56
All cases Inc GP reported cases	3	5	7	7	8	10	4	2	7	8	7	8	76
Pre 72 Hr reported on HCAI DCS	0	1	2	1	3	1	2	0	1	2	1	1	15
GP reported cases not entered onto HCAI DCS	0	0	1	3	3	2	1	0	3	2	2	3	20
Trust (Hosp cases)	3	5	4	3	2	7	1	2	3	4	4	1	38
Trust cases by Hospital													
MRI &TGH	0	0	1	2	0	5	0	0	0	3	3	0	13
Wythenshawe	3	4	3	1	2	2	1	1	1	1	1	1	21
SRFT	0	1	0	0	0	0	0	1	2	0	0	0	4
Christie	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0

Figures indicate that Trafford was 12 cases above its cumulative monthly objective. Previous years have indicated a 50/50 +/- 5% split between hospital and community attributed cases

(Please note: all calculations are based on 2.5 cases per month approx. = 31 pa approx. (65 cases pa for community and acute combined))

Analysis of results

- % of all cases attributed to Secondary care.
- % of all cases attributed to Wythenshawe
- % of all cases attributed to (none Trust) Community
- out of 12 months the number of cases has remained at or below WHE objective of 5 cases
- % out of the community RCAs completed were relapses

Comment

- Community attributed cases within objective
- Hospital attributed cases within objective
- UHSM % of all Secondary care attributed cases
  Analysis of completed RCA's for community attributed CDI Toxin positive cases notified to the IP&C Service April 2016 – March 2017 indicates antibiotic use in of RCAs. No lapses in care have been identified from the GP

CDI analysis April 2017 March 2018 Sarah to complete Yellow sections

2017-18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Antibiotics Prescribed	0	1	1	2	2	1	0	0	2	0	1	2	12
PPIs	0	1	0	0	2	0	0	0	0	0	1	1	5
Patient from care home	0	0	0	1	1	1	0	0	1	0	0	0	4
High risk &/or co morbidities	0	0	0	3	2	2	0	0	2	1	1	1	12
Relapse cases	0	0	1	0	1	1	0	0	1	1	0	0	5
RCA's	**0**	**1**	**2**	**4**	**2**	**3**	**1**	0	3	1	2	2	21

completed													

CDI Preventative strategy for 2017-18

Complete an assessment tool on each GP reported CDI toxin positive specimen in collaboration with GP, NHS Trafford CCG's clinical pharmacist, acute trust, and care providers to identify key themes and possible lapses in care.

- Attend the CCG monthly performance officers group meeting where CDI cases are reviewed, possible lapses in care identified, and lessons learned fed back to all relevant stakeholders.
- Continue collaborative working with local acute trusts and participate in the combined Manchester monthly validation meetings where cases are reviewed.
- Deliver GP training at individual practices and attend GP forum events to promote appropriate prescribing including antimicrobial stewardship, tagging of notes, appropriate specimen collection and infection prevention and control precautions.
- Notify Pennine Care NHS FT staff if patients that they have contact with have a CDI positive laboratory result, and give infection prevention and control advice accordingly.
- Continue to undertake regular audits of care homes within Trafford and give training regarding CDI.
- Notify care home provider of any residents who have a CDI positive laboratory result. Provide infection prevention and control advice. In cases of CDI toxin positive request they implement the Public Health England CDI care pathway for Care Homes.
- Organise and a deliver a bespoke diarrhoea and vomiting outbreak event available for all care homes within Trafford to provide education, training and advice in outbreak management (including CDI).
- Write to each GP reported community CDI case providing written advice and guidance including contact details of the team should further advice be required. Provide alert card for patient to show to health care providers they come into contact with to inform of CDI history.
- Attend bi-monthly Trafford Health Protection Meeting reporting CDI figures and highlighting lapses in care.

RCA Analysis RCA undertaken for 100% of community attributed cases, notified to IP&C team by the lab.

RCAs carried out relate to GP reported cases. Pre-72 hour cases reported to the Trafford team by hospital staff, are followed up and any information which can contribute to the hospital RCA is forwarded. With respect to future arrangements, it is the intension for a member of the Trafford community infection control team to attend monthly case meetings to review secondary care cases to promote a

collaborative (whole health economy approach) to following up Pre and Post 72 hour CDI cases.

5.3 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 in particular 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.

HCAI organism surveillance

2017-18 MRSA/ MSSA/E Coli bacteraemia/Klebseilla/Pseudomonas

Total MRSA cases (Community attributed) April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
0	2	0	0	0	0	0	0	0	0	0	0	2

Total MSSA cases April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
1	6	3	9	4	4	5	1	6	6	1	4	50

MSSA cases (Community attributed) April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
1	4	1	8	1	2	3	0	4	6	1	3	31

Total Ecoli cases April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
12	15	14	16	13	14	14	11	12	15	16	19	173

Total Ecoli cases (community attributed) April 2017-March 2018

Apr - 2017	May - 2017	Jun - 2017	Jul-2017	Aug - 2017	Sep - 2017	Oct - 2017	Nov 2017	Dec - 2017	Jan - 2018	Feb - 2018	Mar - 2018	Total
9	12	10	15	10	10	9	10	10	12	9	18	134

In the current reporting a quality premium attached in respect to reducing the number and rate of E.coli bacteraemia. The community Infection Prevention and Control service have responded by reviewing all the cases reported on the HCAI DCS system with a view to following up any identified cases from care home settings and where possible patients with a urinary catheter in situ.

A consolidated spreadsheet of cases was sent to the medicines management team following up any cases where repeat antibiotics are prescribed for UTI's and any association with anti- microbial resistance. E.coli education and awareness has been included in all face to face training with care homes, GP training events and link worker updates.

Some national studies have indicated that <50 % of cases have a possible health care association, however It must be emphasised that E.coli bacteraemia cases that do have a possible healthcare association, that hand hygiene, continence, hygiene, hydration and anti-microbial prescribing are key factors to consider .

In the reporting year 2017-18 there were 136 E.coli bacteraemia cases highlighted in Trafford on the HCAI DSC showing 76 female and 58 male split along with 2 babies affected. I have found that the age bracket who is more vulnerable is the 66-100. Of this age bracket of the 136 cases there were 101 people affected whilst in the 51-65 age bracket there was 22 people affected and in the 0-50 age bracket there were 12 people affected. Of these 136 cases 20 of these people affected were from care homes. Of the 136 cases 6 cases where receiving wound care, 7 cases had a urinary catheter, 2 with stomas and 1 with a urostomy. The community Infection Prevention and Control Team undertake a monthly review the cases reported through the HCAI Data capture system and undertake a follow up of cases where the patient is a care home resident, and /or is identified with a wound or urinary catheter, to ensure core elements of care are being documented such as adherence to ANTT practices and principles.

It has been acknowledged that whilst there has not been an increase in the amount of E.coli positive results nor has there been a reduction in these figures.

In order to achieve a reduction for the next reporting year the service will look into these cases further and provide appropriate training/advice and support where

required in order to highlight the importance of hydration and good hygiene precautions.

Total Pseudomonus cases April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
1	0	0	0	3	0	0	3	0	3	2	2	14

Pseudomonus cases (community attributed) April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
0	0	0	0	0	0	0	1	0	3	2	2	8

Total Klebseilla cases April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
3	1	3	3	1	1	5	2	8	4	1	7	40

Klebseilla cases (community attributed) April 2017-March 2018

Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov 2017	Dec-2017	Jan-2018	Feb-2018	Mar-2018	Total
2	1	1	3	0	1	1	2	7	3	1	6	28

5.4 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.

2017-18 Reported community outbreaks of diarrhoea &/or vomiting across Trafford

Setting	Number of Diarrhoea &/or Vomiting Outbreaks
Residential Homes	3
Registered Nursing Homes	2
Supported Living	1
Primary School	1

Whilst outbreaks of diarrhea and vomiting (D&V) occur throughout the year in hospitals and residential care and other communal settings, they tend to peak during the winter months, however during this reporting year, a low level of outbreaks were reported to the community infection service during the months of January- March 2018.

Other outbreaks of infection :

- Scabies 1 x Nursing home
- Hand foot and mouth 1 x nursery
- Scarlet fever 2 x Schools
- Conjunctivitis 2 x Nurseries'
- D&V 2 x nursery
- Para virus 1x School

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.

2017-18 Reported community outbreaks of influenza in Trafford care homes

Setting	Number of confirmed influenza Outbreaks
Residential Homes	3x Flu A Pos + 2 x Flu B pos (5 in total)
Registered Nursing Homes	1 x Flu A pos

During quarter 4 of 2017-18 there was increased activity regarding influenza in Care Homes with an increased number of outbreaks reported than the previous year. This is in line with figures across Greater Manchester and the North West region. Collaborative working between the Community Infection Control Service, Trafford GP's, Trafford CCG including the medicines management team, Local Authority commissioners, Public Health England (including laboratory) and local Acute Providers ensured a timely response in terms of swabbing, diagnosis and appropriate treatment with anti-virals where appropriate including prophylaxis.

Management of Influenza 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 to the infection control team , 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.

Staff Seasonal flu uptake

Pennine care FT uptake for the 2016/17 campaign was 37.18 per cent, in the Current reporting year 2017-18 uptake has risen to >60 % of the PCFT workforce and Over 68 % of Health and co located social care staff, This was the 4th Highest increase in uptake across England and wales .
PCFT flu steering group will begin to plan the 2018/19 campaign in July

The Infection control inspections undertaken in Trafford GP practices highlighted that an average uptake by staff of seasonal flu was approx. 70%, which included an individual practice uptake range between 100% and the lowest 0%.

5.6 Emerging organisms

Scarlet fever the UK is experienced a significant increase in scarlet fever cases compared to previous years. As of9 March, 11,982 cases of scarlet fever were reported since mid-September 2017, compared to 4,480 during the same period over the last 5 years. The cause is still being investigated. There have a small been a number of outbreak's reported in Trafford schools and nurseries, where the infection

control service have been involved in giving advice and guidance to head teachers and nursery managers

Cholera

Since April 2017, the cholera outbreak in Yemen resulted in a total of 1,086,138 suspected cases,

including 2,271 deaths, A new wave of cholera is expected when the rainy season begins again in April.

Response efforts are ongoing.

Diptheria

The diphtheria outbreak reported since November 2017 in Cox's Bazar, resulted in 6,460 suspected cases,

including 40 deaths. Although there has been a reduction in reported cases there is a high risk of further

infectious diseases spreading during the upcoming rainy season, exacerbated by overcrowding in the

precarious living conditions along with other impacts .

5.7 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, along with Acinetobacter baumannii, which the infections associated with it, typically occur in ICUs and settings with very sick patients. 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. The list's 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 to support national efforts to reduce inappropriate prescribing through reducing patient pressure for antibiotics.

5.8 Sepsis awareness

Sepsis is a common life threatening condition resulting in organ dysfunction caused by a dysregulated host response to infection. Sepsis has been highlighted as being a leading cause of avoidable death with at least 44,000 people dying as a result in the United Kingdom., It is estimated there are more than 250,000 episodes of sepsis annually, with 35-50% mortality rate. The IP&CT is continues to be a member of the Trust Sepsis Group as part of a Trust response ensuring the Trust is compliant with the NICE guideline NG51, Sepsis: recognition, diagnosis and early management (NICE 2016). The Group is looking at implementing awareness training for clinical staff, sepsis screening and updating the early warning score tools used within the Trust. Throughout 2017-18 the IP & C team promoted World Sepsis Day on 13th September 2017 by creating a poster and distributing it throughout the Trust. The annual 'Sepsis Conference: Exposing Britain's hidden killer' at a local University was attended, sepsis continued to be highlighted in the IP & C quarterly newsletter and was an item on the agenda at the annual IP & C Link Worker study day on 21st September 2017.

5.9 Asepsis

An aseptic technique should be used by staff members who undertake any procedure that breaches the body's natural defences, including wound care, catheterisation and venepuncture. Education on asepsis is delivered to all residential and nursing care homes as part of the their annual infection control training. In Trafford community services Asepsis training is provided for all clinical staff who undertakes procedures that require it. Asepsis training for staff is 3 yearly, with competencies carried out in practice each year. For 2018 to 2019 the IP&C team will continue to support the organisation in the delivery of ANTT sessions and any refresher programmes required within teams.

5.10 Enquiries and advice

The IPCT has also provided advice in response to of enquiries regarding a range of organisms / infectious diseases during 2017-18 has included : CPE's, ESBL's, MRSA, PVL's, E-coli, hand foot and mouth, IGAS,

6 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 organism such as Carbapenease producing Enterobacteriaceae (CPE).
- Vaccine preventable diseases and national and all local immunisation programmes.
- Tuberculosis.

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

- 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.

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 Will Welfare
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	Christine Warner
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 .

7 APPENDIX B: INFECTION PREVENTION AND CONTROL TRAINING RECORDS – 2017-18

Delivery of Face to face infection control training:

2017/18 (face to face Training)

Month	RH	PCFT	GDP	GP	PRV NH	others L/A CCG social care	Total
Apr-17	31			11			42
May-17	19				29		48
Jun-17	26			18	36	52	132
Jul-17	8				60		68
Aug-17	20			12	16	17	65
Sep-17					23	46	69
Oct-17	15			24	19	5	63
Nov-17					48	7	55
Dec-17						28	28
Jan-18				10	41		51
Feb-18	10	12		4	40	6	72
Mar-18		12	8		6	10	36
Total	129	24	8	79	328	171	739

2016/17 (face to face training)

Month	RH	PCFT	GDP	GP	PRV NH	others L/A CCG social care	Total
Apr-16	60		7				67
May-16					13	4	17
Jun-16	12			38	11		61
Jul-16	27			30	30	7	94
Aug-16	12	10			21		43
Sep-16		10					10
Oct-16							
Nov-16							
Dec-16		5				8	13
Jan-17		13		30	117		124
Feb-17	16		12		40		68
Mar-17		6			84		84
Total	127	44	19	98	316	19	623

8 APPENDIX C INFECTION PREVENTION AND CONTROL (IP&C) COMMISSIONED SERVICES WORK PLAN APRIL 2018- MARCH 2019

1. Monitor and report (including IP&C annual report) to Trafford Health Protection Forum on behalf of LA and CCG commissioners and provider services on key infection IP&C issues:

A. Infectious organisms

- MRSA bacteraemia (NHS Trafford CCG 2018-19 target = zero tolerance)
- CDI (NHS Trafford CCG 2018-19 target = (63)
- Ecoli-bacteraemia 10% reduction per year for next 5 years
- MSSA bacteraemia
- Emerging antimicrobial resistant organisms e.g. CPE, CRE, KPC

B. IP&C support provided for health & social care providers in relation to assurance framework

- Education/training
- Audit/inspection
- Policy review and development (contribute to Pennine care Foundation Trust policies and input into CCG policies)
- Hand hygiene promotion and monitoring

2. Contribute to monitoring, management and reduction of alert organisms

A] MRSA bacteraemia (2018-19 target = zero tolerance)

- Community attributed MRSA Bacteraemia - Participate in Post infection reviews (PIR) and report to relevant stakeholders
- MRSA positive lab results for community patients - Follow up and provide IP&C advice and support to GPs and other stakeholders

B] Community attributed Clostridium Difficile Infection (CDI) (NHS Trafford CCG 2017-18 target = (64)

Follow up & carry out root cause analysis (RCA), exception reporting and report any 'lapses in care', through the CCG Performance group

- Provide IP&C advice and support to patients (including green card and information leaflets), for GP reported specimens
- Monitor issues relating to prescribing of antibiotics, PPIs and other immune suppressant therapies, arising from CDI RCA s, refer to medicines management team as appropriate
- Identify relapses, refer to GP, medicines management team and liaise with acute providers
- Attend CCG PcqIG group meeting

- Attend/participate in Quarterly Health Protection Forum meetings, to include delivery of an IP&C update.
- Attend Regional HCAI meetings hosted by GM Health and social care partnership

3. Delivery of support and advice to health and social care providers commissioned in Trafford by LA and CCG

Care homes – Nursing (total 18), Residential (total 20) + supported living center's

Plus visit to 4 Special schools : Delamere, Pictor, Brentwood and The Orchards.

- Routine, annual training and inspections for nursing homes, residential homes every 2 years, plus ad hoc inspections, following safeguarding reports, incidents & other issues highlighted by CQC and/or LA commissioners
- Outbreak management – monitoring and follow up of all reported episodes
- Advice service and visits– on request
- Advice and support to Nursery/early learning years settings (visits at request of commissioners and other key stakeholders)

4. Outbreak management support, advice and guidance for

A] Care homes and supported living centres

B] Nurseries & early learning year settings

- ongoing support and advice, monitoring of progress and follow-up of all reported episodes, visits carried out as required
- reporting of outbreaks to key stakeholders including PHE, Local authority, commissioners and community and acute provider services
- Collaborative working with PHE/GM/HPU/laboratory service

5. Delivery of bespoke mandatory IP&C training and education to health and social care providers within the Trafford health economy i

- Pennine care FT community provider services
- Care homes (38)
- General medical practices (34)
- Special schools (4)
- voluntary sector and patient groups (on request)
- Nursery and early learning year settings (on request)

6. Delivery of support and advice to General Medical Practices in Trafford CCG (total 34). Also Master-call Out of hours GP service (on request)

- Training, delivered to Practice staff at quarterly GP Education forum events, and on individual requests from practices.

- Inspection & review of premises/buildings (on request, or frequency dependent upon responsibility for GP premises) Inc. New premises and Improvements

7. Delivery of support and advice to General Dental Practices within Trafford HE, including specialist advice on decontamination and for NHSE (LAT) and CQC, following performance visits

- Training – on request and by arrangement with the practice
- inspection & review of premises/buildings – by arrangement with the practice

8. IP&C service collaborative working across the Trafford health economy
Attendance at stakeholder meetings, including:

- Acute provider IP&C committees (when invited)
- CCG nurses forum. (for registered nursing homes)
- local authority care consortium group
- PcqIG (CCG)
- GM confederation/collaborative partnership (including participation in work-streams)

9. Health and social care act (2008), code of practice for the prevention & control of infections and associated guidance

Provision of support to all community stake holders for building evidence

10. Participation in local health promotion activities applicable to Public Health.

9 APPENDIX D: DATA TABLES

GP inspection scores

Name	Date of inspection 2016-17	inspection result (% Score) 2016-17	Date of inspection 2017-18	inspection result (% Score) 2017-18
GP01	26.1.17	77%	17.1.18	84%
GP02	24.1.17	77%	18.1.18	87%
GP03	7.2.17	84%	1.2.18	90%
GP04	26.1.17	94%	17.1.18	87%
GP05	24.1.17	90%	27.2.18	97%
GP06	15.2.17	97%	8.2.18	94%
GP07	27.2.17	100%	27.2.18	100%
GP08	15.2.17	90%	8.2.18	97%
GP09	8.2.17	80%	16.1.18	90%
GP10	1.3.17	90%	6.2.18	84%
GP11	31.1.17	84%	17.1.18	90%
GP12	31.1.17	94%	6.2.18	84%
GP13	1.2.17	87%	13.2.18	97%
GP14	7.2.17	87%	1.2.18	90%
GP15	1.2.17	94%	7.2.18	94%
GP16	31.1.17	94%	6.2.18	87%
GP17	7.2.17	97%	1.2.18	90%
GP18	1.2.17	90%	7.2.18	87%
GP19	7.2.17	97%	8.2.18	97%
GP20	8.2.17	94%	16.1.18	94%
GP21	8.2.17	100%	16.1.18	94%
GP22			18.1.18	87%
GP23	24.1.17	84%	18.1.18	87%

GP24	14.2.17	97%	13.2.18	97%
GP25	26.1.17	90%	9.1.18	87%
GP26	14.2.17	94%	7.2.18	94%
GP27	26.1.17	94%	17.1.18	94%
GP28	15.2.17	94%	8.2.18	84%
GP29	13.2.18	63%	27.3.18	94%
GP30	1.2.17	97%	7.2.18	87%
GP31	26.1.17	90%	26.2.18	87%
GP32	26.1.17	97%	12.1.18	87%
GP33	7.2.17	97%	1.2.18	94%
GP34	1.2.17	87%	7.2.18	87%

Score/results from infection control inspection of care homes with nursing registration

Training venue	Visit Date	2016-17 score	Visit date	2017-18
H01	01.06.16	**65%**	12.06.17	**60%**
H02	01.03.17	**90%**	28.02.18	**95%**
H03	04.01.17	**70%**	08.11.17	**70%**
H04	15.03.17	**95%**	10.01.18	**85%**
H05	25.08.16	**95%**	02.08.17	**90%**
H06	16.02.17	**65%**	Closed	
H07	15.06.16	**75%**	26.06.17	**85%**
H08	08.03.17	**90%**	11.01.18	**95%**
H09	11.01.17	**60%**	07.03.18	**65%**
H10	02.03.17	**95%**	9.4.18	**95%**
H11	19.05.16	**70%**	11.04.17	**70%**
H12	14.07.16	**80%**	19.07.17	**80%**
H13	28.02.17	**80%**	14.02.18	**90%**

H14	26.07.16	**95%**	27.07.17	**100%**
H15	21.3.17	**70%**	03.01.18	**50%**
H16	24.08.16	**70%**	20.07.17	**70%**
H17	25.4.17	**75%**	20.09.17	**60%**
H18	22.04.16		27.06.17	**80%**
H19			15.11.17	**90%**

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Report to: **Health & Well Being Board**
Date: **Friday 13th July 2018**
Report for: **Approval**
Report of: **Specialist Commissioner - Children's Clinical and Public Health**

Report Title

Trafford's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing: 2015-2021

Summary

This is the second refresh of Trafford's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing since the initial Plan was published in October 2016. The Plan responds to the national directive for all Clinical Commissioning Groups in England to publish a Local Transformation Plan setting out how additional investment will be spent locally on improving children's mental health and wellbeing in accordance with the Thrive model as set out in Future in Mind and subsequently the Five Year Forward View for Mental Health in order to specifically improve access to mental health services for children and young people.

The Plan includes details of the progress made since the first Plan was published in 2016, alongside details of Trafford's intentions between now and 2021 including planned additional investment for 2018/19 in the following areas: early help services, specialist capacity to reduce waiting times and extra training for workforce development.

Recommendations

1. That the Health & Wellbeing Board review the Local Transformation Plan.
2. That the Board agree the Local Transformation Plan for publication.

Contact person for access to background papers and further information:

Name: Bo White: Specialist Commissioner - Children's Clinical and Public Health, bo.white@trafford.gov.uk

Trafford's Local Transformation Plan for Children and Young People's Mental Health and Well-being – 2015-2021

TRAFFORD COUNCIL

NHS
Trafford
Clinical Commissioning Group

Contents

1. Introduction

1.1 This plan outlines Trafford's ambition for the mental health and wellbeing of its children, young people and families.

1.2 Mental health problems in children are associated with educational failure, family disruption, disability, offending and anti-social behaviour; this places demands on social services, schools and the youth justice system. If mental health problems are left untreated, it can create distress in the children and young people, as well as their families and carers, continuing into adult life and affecting the next generation.

1.3 Our vision is: ***to ensure that children and young people in Trafford receive the right type of support, in the right place, at the right time, that is high quality, personalised and effective to support healthy emotional development and help them to become thriving adults.***

1.4 We are now two years on since this document was first published. What follows includes details of all of the transformational changes that have occurred in this time, alongside details of our plans between now and 2021.

GM Strategic Mental Health Context

1.5 Trafford sits as one of the local authorities in the Greater Manchester (GM) city region and has a unique chance to deliver lasting change. This will be achieved through collaboration, greater financial flexibility and harnessing innovation on a large scale.

1.6 Children and young people's mental health forms an essential part of the GM wide Health and Social Care priorities. The recent devolution provides GM with the opportunity to take advantage of this unique position and respond to the challenges outlined within Future in Mind, a Department of Health proposal document to improve mental health services for young people by 2020; The Five Year Forward View for Mental Health, a report from the Mental Health Taskforce looking at better support for people of all ages and the recent Green Paper: Transforming children and young people's mental health provision, which focuses on improving access to mental health support in education settings. Doing this will make a positive step towards change in the services that are available for young people in the region.

1.7 There have been a number of GM plans produced that will provide an umbrella for our work on children and young people's mental health via our transformation plan and form part of Greater Manchester's Sustainability Transformation Plan. This includes the Greater Manchester Strategy, its programme of Health and Social Care reform and more specifically the GM Mental Health and Well-being Strategy that is now being implemented. The strategy restores the balance of services that are available, whilst increasing community based services and early intervention to reduce the need for higher level interventions. It will deliver efficiencies through a reduction of high cost, intensive, interventions and use of in-patient beds.

1.8 The GM strategy focuses on:

- **Prevention** – Place based and person centred life course approach improving outcomes, population health and health inequalities.
- **Access** – Responsive and clear arrangements connecting people to the support they need at the right time.
- **Integration** – Parity of mental health and physical illness through collaborative and mature cross-sector working.
- **Sustainability** – Ensure the best spend on the GM funding through improving financial and clinical sustainability.

1.9 Six of the thirty two strategic initiatives identified within the GM strategy relate to children and young people:

- Children, Families and Early Years – improving perinatal, child and parental mental health and wellbeing by directing activities towards the whole family and school life experiences together with community, schools and education programmes.
- Supporting vulnerable people – supporting those young people most vulnerable in society to help reduce the risk of developing poor mental health or from any existing mental health conditions.
- Improving support for parents and carers at risk – through linkages to existing programmes across GM such as Complex Dependency and Troubled Families, encompassing the range of community based support in NHS, Local Authorities, voluntary sector, GM Police and others.
- Better access to support including more flexible CAMHs service models - working outside usual office hours, 24/7 mental health crisis response and liaison services and targeted 7-day community provision for children, young people and families (including where necessary clearer pathways for sanctuary places of safety and in-patient beds) to prevent escalation resulting in inappropriate restrictive placements and care.
- Eating disorders - developing specialist Children and Adolescent Eating Disorder Services (CAEDS) through multi-disciplinary community based teams.
- Attention Deficit Hyperactivity Disorder (ADHD) – co-commissioned multi-agency care pathways for children and young people with ADHD across the lifespan into early adulthood.

1.10 As well as this, the Greater Manchester Combined Authority has produced a Children's and Young People's Mental Health Implementation Plan. This sets outs the actions that will take place across GM to support improvement in children's mental health in a number of areas, including:

- Maternity Mental Health Provision
- Schools Promotion and Educational Programmes
- Integrated Health for Youth Offending Services
- Mental Health Provision for those in Transition
- Mental Health for Carers
- Community Engagement and Provision

1.11 Finally, GM has established a strategy for integrated children's and young people's health and mental health commissioning. This sets GM-wide common standards of provision, and consistent target outcomes for all commissioners that promote early intervention and preventative action to reduce variation across GM boroughs. These are framed around the ten aspirations outlined in the national Future in Mind publication, having been developed by building on best practice evidence base and national guidance, and through co-design with Experts by Experience Groups. The intentions within these standards have been incorporated into Trafford's Local Transformation Plan (see Chapter 6).

Trafford strategic linkage

1.12 In Trafford, there has been a variety of activity happening over recent years to transform mental health services for children and young people. Much of the 'Future in Mind' agenda is already planned or happening as reflected in the key strategic documentation of both the CCG and the Local Authority, including:

- **Trafford Vision 2031**, Trafford Partnership's Community Strategy which gives a vision of Trafford as a place where our residents achieve their aspirations and our communities are thriving. Under the Brighter Futures priority there is a clear outcome around children's emotional wellbeing and under Health and Improved Quality of Life priority there is an outcome in reducing mental ill health across the borough.
- The **Trafford Locality Plan to 2020** creates the framework for enhanced, integrated and co-commissioned health and social care services for people living in the borough. One of the seven areas the Locality Plan covers is 'mental health services' and includes the following areas to focus on:
    - The need to reduce waiting times and increase the range of mental health support provision.
    - Targeted action in the areas of neurodevelopmental disorders and eating disorders.
    - Additional evidence based and early intervention programmes.
- The **CCG's 5 Year Strategic Plan** (2014-2019) which sets out a number of key areas to focus on with regard to specialist mental health interventions for children and young people, as well as perinatal health. This work has been largely undertaken and included a full review of Healthy Young Minds (CAMHS) (see chapter 5), developing out of hour's mental health support, reviewing perinatal pathways and step-up/step-down provision within Healthy Young Minds.
- The **Trafford Health and Well-being Strategy 2016-2019** identifies reducing the impact of poor mental health as one of its five priorities and is committed to supporting those people in mental health services to stop smoking and become more physically active by providing specialised, patient-focussed support.
- The **Trafford Children's Trust Partnership Children and Young People's Strategy** which sets out the following priorities for improving the mental health services:
    - Improve the health and well-being of children, young people and their families.
    - Close the gap in outcomes for children, young people and families in vulnerable groups and based on their localities.
    - Close the gap in outcomes for children, young people and families based on their areas.

Trafford's Vision

1.13 Children and young people's mental health is an essential element of our local health and social care priorities. Following devolution, Greater Manchester (GM) now has the opportunity to respond to the challenges outlined within 'Future in Mind' and change the services that are offered to young people for the better. As part of this, Trafford embraces the GM standards which make a promise to young people and provide a benchmark against which services can be measure. We are committed to the adoption of the new GM CAMHS Service Specification which will contractually bind delivery against these standards and the collation of data to evidence the effectiveness and efficiency of our mental health service offer.

1.14 Trafford's transformation vision has been built on a foundation of significant engagement activity with children and young people as well as a full review of the services offered in 2013 and a review of our specialist service in 2015-16 which has informed both the restructure of our HYM service and investment priorities over this transformation period thus far.

1.15 It is being delivered from a platform of existing mental health related activity across a range of children and adult services. As an example, Trafford was an early adopter of the Association of Greater Manchester Authorities (AGMA) Early Years Public Service Reform project, which it was able to take advantage of by using a skilled and well-populated health visiting workforce, engaged schools, a strong adult Improving Access to Psychological Therapies (IAPT) service and perinatal infant and maternal health expertise.

1.16 We strongly believe that the cost benefit of early intervention, particularly early on in an infant and parent relationship, is obvious and although it takes time to get a return on that financial investment, it is a central point of our plan.

1.17 Having a clear offer is another central principle of this plan, as delivering high quality, effective and sustainable services for children and young people is the only way in which rising demand and need can be addressed.

1.18 The idea that mental health is everybody's business has been key to our approach to the development of needs-led comprehensive mental health services for children and young people. Our local services are integrated and operate on an area based model to give a co-ordinated, multi-agency, holistic approach whereby the workforce 'think family' and create a 'team around the family'.

1.19 Additionally, significant research has shown that children and young people who are exposed to adverse childhood experiences, abuse, trauma and persistent stress have substantially worse life outcomes. They are more likely to partake in high-risk health behaviours as an adult, more likely to have conditions such as depression, cancer and heart disease, and more likely to have a shortened life span. Those children and young people who experienced six or more adverse childhood experiences are 300% more likely to attempt suicide. It is important that Trafford does more work to ensure that adverse childhood experiences do not occur and support children and young people to develop resilience to mitigate their impact.

1.20 In Trafford, our transformation will primarily take place through implementing the THRIVE model across our wider system of education, health, social care, leisure and community provision (details of model in Chapter 3).

Structure of report

1.21 This chapter has set the context behind our Local Transformation Plan at a national, sub-regional and local level. The remainder of the report is structured in accordance with the guidance provided by NHS England:

- **Chapter 2** provides a summary of the mental health needs of children and young people in Trafford
- **Chapter 3** summarises the borough's current service offer in respect of children and young people's emotional health and well-being
- **Chapter 4** presents an overview of the structure, funding and baseline information in respect of the borough's Healthy Young Minds (CAMHS) service.
- **Chapter 5** contains evidence of engagement, partnership and multi-agency working
- **Chapter 6** contains our wider Local Transformation Plan and the key areas of focus until 2021.

2. Mental Health Needs of Children & Young People in Trafford

2.1 This chapter presents a demographic profile of Trafford's children and young people, including mental health prevalence. It brings together the most recent mental health data available, including the latest Public Health England Children & Young People's Mental Health & Wellbeing profiles. However, at a Trafford population level, mental health data is limited. Much of the data presented is local estimates generated from national survey intelligence although local data has been used wherever possible.

Key Demographics

2.2 There are an estimated 59,735 children and young people aged 0-19 years living in Trafford. This amounts to around 1 in 4 (25.5%) of the total population and is proportionally slightly higher than in England (23.7%).

Table 1: Age structure of Trafford's child population compared to England [1]

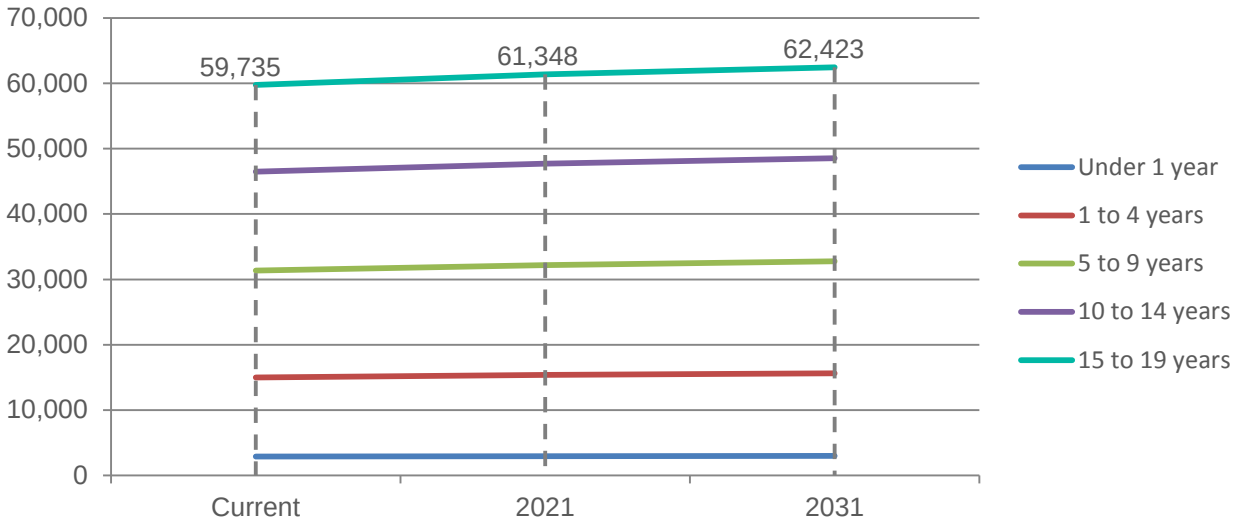
	Trafford			England	
Age	**Number**	**% of child population**	**% of total population**	**% of child population**	**% of total population**
Under 1 year	2,888	4.8%	1.2%	5.1%	1.2%
1 to 4 years	12,109	20.3%	5.2%	21.1%	5.0%
5 to 9 years	16,337	27.3%	7.0%	26.2%	6.2%
10 to 14 years	15,134	25.3%	6.4%	23.4%	5.6%
15 to 19 years	13,267	22.2%	5.7%	24.3%	5.8%
Total child population (0-19 years)	**59,735**	**100.0%**	**25.5%**	**100.0%**	**23.7%**
Total population (all ages)	234,673	-	100.0%	-	100.0%

2.3 Trafford's population continues to increase. The Local Transformation Plan covers the period up until 2021, by which point, the population of 0-19 year olds in Trafford is estimated to be 61,348.[2] Trafford is also embarking upon its 'Vision for 2031', which is a wider project that sets out where Trafford wants to be over the next decade and beyond. By 2031, it is estimated that Trafford's population of 0-19 year olds will be 62,423.

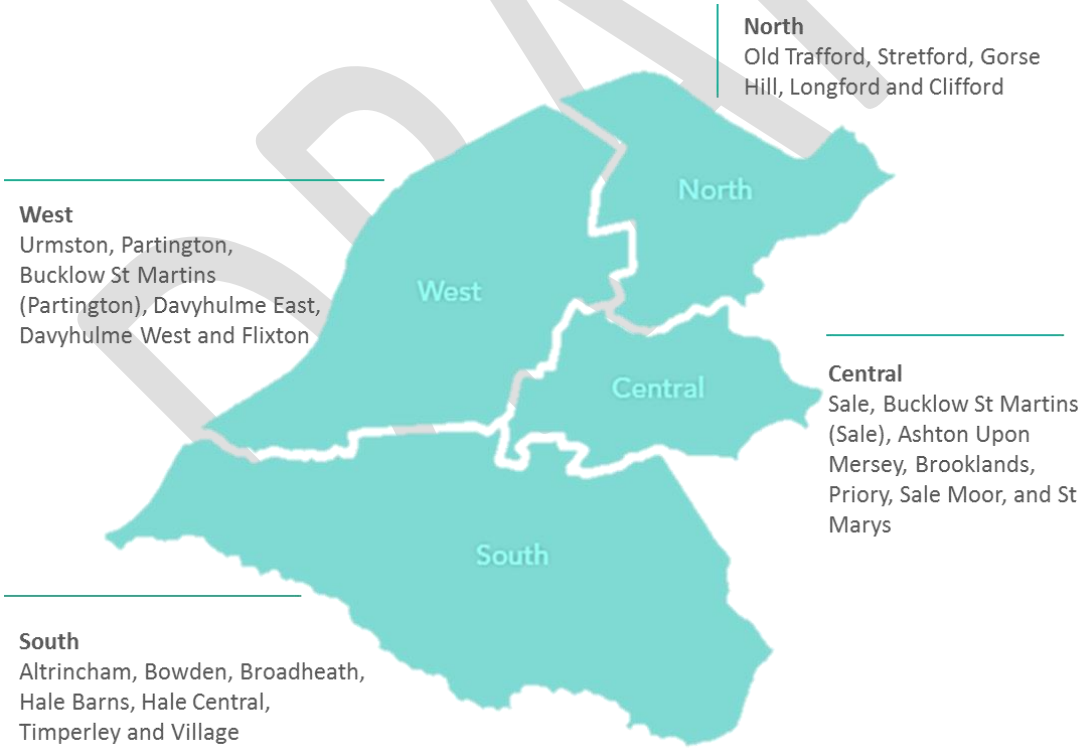
[1] Office for National Statistics (ONS) (2016), Table A2-1, Principal projection - UK population in age groups

[2] ONS (2016), ONS-based subnational population projections, https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablea21principalprojectionukpopulationinagegroups

Figure 1: Population estimates for children and young people in Trafford aged 0-19 broken down by age for 2021 and 2031 [3]



2.4 Trafford is divided into four localities. Of the estimated 234,673 people that live in Trafford, 33.3% (78,146) live in the South, 23.3% (54,679) in Central, 22.7% (53,271) in the West and 20.7% (48,577) in the North locality.[4] The wards in each area are shown in the image below.



2.5 More than a fifth (22%) of 0-19 year olds in Trafford belong to a non-white ethnic group, which is higher than the overall proportion (14.5%).[5] Of this 22%, Asian and Asian British make up the biggest proportion in Trafford, at 11%. Evidence demonstrates that certain Black & Minority Ethnic

[3] Ibid.
[4] ONS, (2015) Population mid-year estimates
[5] ONS (2011), Census, https://www.ons.gov.uk/census/2011census

(BME) communities have a higher risk of developing mental health conditions and have poorer treatment related outcomes than other groups.[6]

Social Determinants of Mental Health

2.6 The following areas cover a range of issues that can impact upon children's mental health and wellbeing:

Education

2.7 Trafford has 66 primary schools, 18 high schools, 6 special schools and 1 college. Early child development and educational attainment are strong determinants for future health and wellbeing. School readiness overall in Trafford is the best in the North West, with almost three quarters (73.8%) of children achieving a good level of development at the end of reception. This is significantly better than the England average of 69.3%. However, when considering only those children with free school meal status, Trafford ranks much less favourably (47.3%), which is statistically worse than England (54.4%) and among the lowest of statistically comparable authorities[7].

2.8 Furthermore, the proportion of young people achieving A*-C in their GCSE English and Maths is 42.5% among Trafford pupils known to be eligible for free school meals, compared to almost twice that (78.8%) among all other pupils.[8]

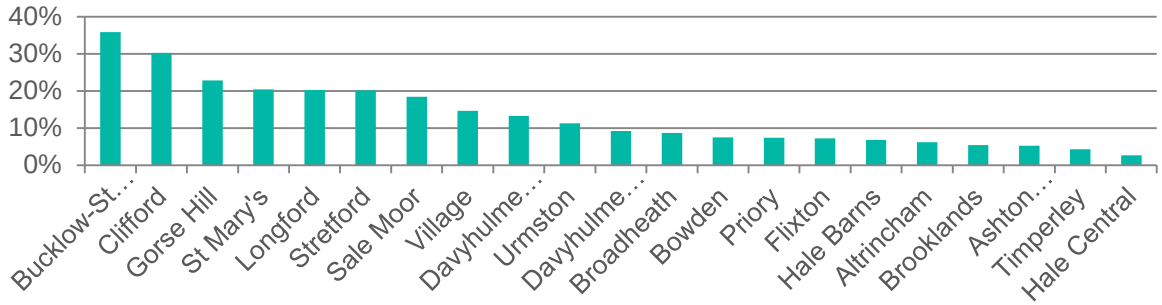
Poverty

2.9 Children and families from the lowest 20% of household income are considered to be three times more likely to have common mental health problems.[9] Thirty Trafford Lower Super Output Areas[10] (LSOAs) are ranked among the 10% wealthiest in England, whilst four are among the 10% most deprived,[11] which include areas in Sale West, Partington and the North of Trafford. This is an improvement upon 2010 when there were nine in the 10% most deprived. Life expectancy is 11.4 years lower for men and 7.9 years lower for women in the most deprived areas of Trafford than in the least deprived areas.[12]

2.10 In Trafford, 15% of dependent children live in low income families. Whilst favourable to the national average (23%), this still amounts to around 7,695 children and young people. In 2016, around 1 in 10 (9.3%) of Trafford school children claimed free school meals, significantly lower than England average (13.2%). However, there is wide variation within Trafford, with child poverty among under 16s ranging from 2.6% in Hale Central ward to 35.8% in Bucklow-St-Martin ward.

[6] Mental Health Foundation (2015), Black, Asian and minority ethnic (BAME) communities, https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities
[7] Public Health England (2016), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh
[8] Department for Education, 2015/16
[9] ONS (2005), Mental health of children and young people in Great Britain, http://digital.nhs.uk/catalogue/PUB06116
[10] LSOA is a boundary of geography; it is typically made up of 1500 people and is a more sensitive measure of population demographics than wards
[11] Info Trafford, (2015) Indices of Deprivation 2015 and 2010 Comparison, http://www.infotrafford.org.uk/deprivation
[12] Public Health Profiles, (2015): Fingertips Child Profiles, https://fingertips.phe.org.uk/profile/health-profiles

Figure 2: Percentage of children aged 0-15 living in income deprived households; electoral wards in Trafford [13]



2.11 ***Homeless Families*** (where there are either dependent children or pregnant women) are especially vulnerable to poor mental health. During 2015/16, there were 120 homeless families in Trafford. This figure of 1.2% is lower than England figure of 1.9% and has been declining since 2012/13 when it was 1.7%.

Groups of children who are particularly vulnerable to poor mental health

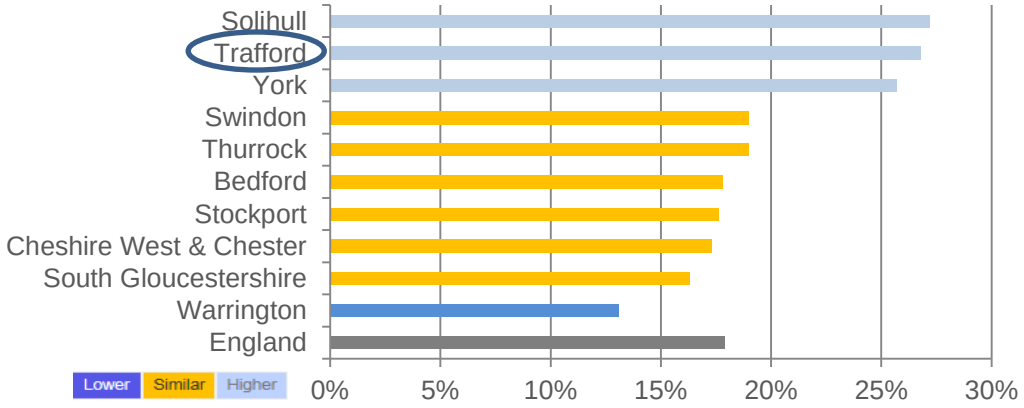
2.12 The following section looks at different groups of children who can be especially vulnerable to mental health issues. A child can be considered a ***child in need*** under Section 17 of the Children's Act if their health or development is threatened or they have a disability. In Trafford, the rate of children in need due to family stress or dysfunction or absent parenting (114.3 per 10,000) is higher than the England average (93.8 per 10,000), though much lower than the Trafford figure from the previous year (141.3 per 10,000). There are approximately 628 within this at risk cohort.

2.13 Children in need are vulnerable to mental health issues because being exposed to frequent, intense and poorly resolved inter-parental conflict will heighten the risk of emotional problems such as anxiety, depression as well as behavioural issues such as conduct disorders. The Trafford rate of children in need due to socially unacceptable behaviour (12.9 per 10,000) is almost double the rate for England (6.7 per 10,000), though is a reduction on the figure from 2016 (15 per 10,000).

2.14 Children who are the subject of a ***child protection plan*** have been identified as at risk of abuse and/or neglect, and there is strong evidence to suggest that this has a detrimental effect on mental health and wellbeing. At the start of 2017, there were 308 children on a child protection plan. The rate of repeat child protection cases in Trafford of 26.8% is substantially higher than the England average of 17.9%, though has reduced from the 2015 figure of 28.6%. Trafford also has a high percentage when compared with similar authorities. The rate of children subject to a child protection plan with an initial category of abuse and neglect is 24.8% which is significantly higher than the England average of 20.8%.

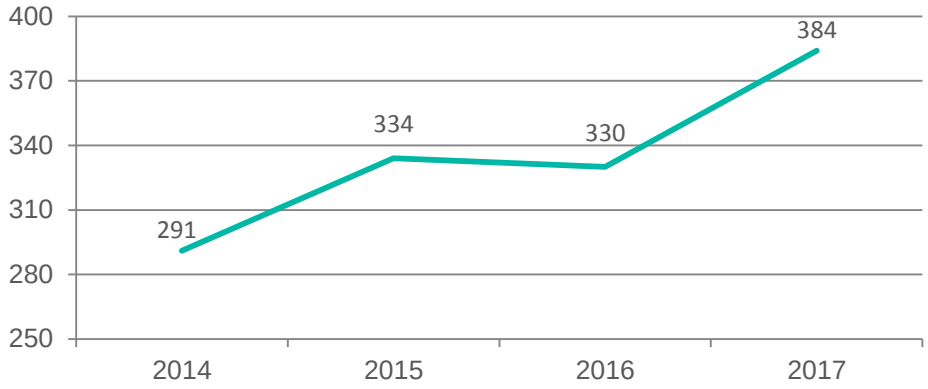
[13] Public Health England (2017) Local Health, www.localhealth.org.uk

Figure 3: Repeat child protection cases - Percentage of children subject to a child protection plan; 2016 – Trafford and statistically similar authorities [14]



2.15 ***Looked After Children*** includes those in foster care, residential care, or secure units. Trafford has seen a rise in the number of Looked After Children of 32% between 2014 and 2017. This is largely attributed to children staying in care beyond 16 years old (in line with national policy). The increase in numbers is not dissimilar to the national average or that of our statistical neighbours.

Figure 4: Numbers of Looked After Children in Trafford between 2014 and 2017 [15]



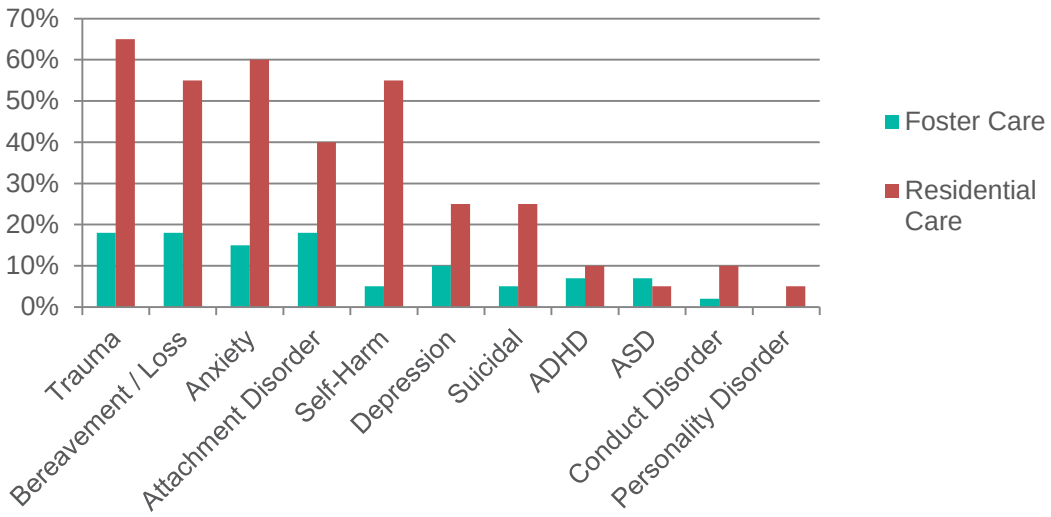
2.16 Looked after children are more likely to suffer from mental health issues than those that are not in care.[16] The Office of National Statistics estimate that in England, 11% of Looked After Children aged 5-10 have emotional disorders, 36.5% have a conduct disorder and 11.1% have a hyperkinetic disorder.[17] Based on Trafford's total numbers of Looked After Children, this would mean that there are 42 with emotional disorders, 43 with hyperkinetic disorders and 140 with conduct disorders.

2.17 A needs assessment carried out in 2017 that looked at the needs of Trafford children externally placed in either residential care or foster care demonstrated that 55% had at least one mental health issue and 42% had more than one. The most common issues were around trauma,

[14] Public Health England, (2016): Fingertips Child Profiles, Public Health Profiles
[15] Internal Trafford Data on Looked After Children
[16] House of Commons Education Committee (2016), Mental Health & Wellbeing of Looked After Children, https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf
[17] ONS (2003), The mental health of young people looked after by local authorities in England

bereavement and anxiety. As to be expected, those in residential care were shown to be significantly more likely to have a mental health issue than those in foster care. Work is currently ongoing to replicate this work for Trafford's internally placed children.

Figure 5: Needs assessment of Trafford's externally placed Looked After Children [18]



2.18 In addition to fostering and residential provision, there are also ***residential schools*** that support Looked After Children who have complex needs such as Special Education Needs (SEN). See below for details on SEN.

2.19 Looked After Children are occasionally placed in ***Secure Welfare Units*.** These units serve two main purposes. First, to protect young people who are placing themselves or others at risk of harm. The second is for children who break the law and are reprimanded. In 2015/16 there was an average of 2.4 placements across the year for six young people. In 2016/17 the average figure had decreased slightly to 2.3 placements, this time supporting four young people.

2.20 Research has shown that ***adopted children*** are more likely to suffer from mental health issues, than those that are not.[19] In 2017/18 there have currently been seven adoptions orders in Trafford, compared with four the previous year. A correlation between adoption breakdowns and mental health issues has been noted in Trafford.

2.21 Links between child migrants and mental health issues are well documented.[20] The most common form of child migration in Trafford is ***Unaccompanied Asylum Seeking Children***. In 2016/17 Trafford supported 14 child migrants, aged from 15 to 17, from countries such as Iraq, Ethiopia, and Eritrea.

2.22 ***Children entering the youth justice system*** are commonly from disadvantaged and deprived communities who have experienced abuse and neglect which can lead to mental health problems. During 2016, 54 Trafford children were first time entrants to the youth justice system, an increase

[18] Trafford internal survey of externally placed Looked After Children
[19] DeJong, Hodges, & Malik, (2016), Children after adoption: Exploring there psychological needs
[20] Gaber et al., (2013) Migration background and juvenile mental health: a descriptive retrospective analysis of diagnostic rates of psychiatric disorders in young people

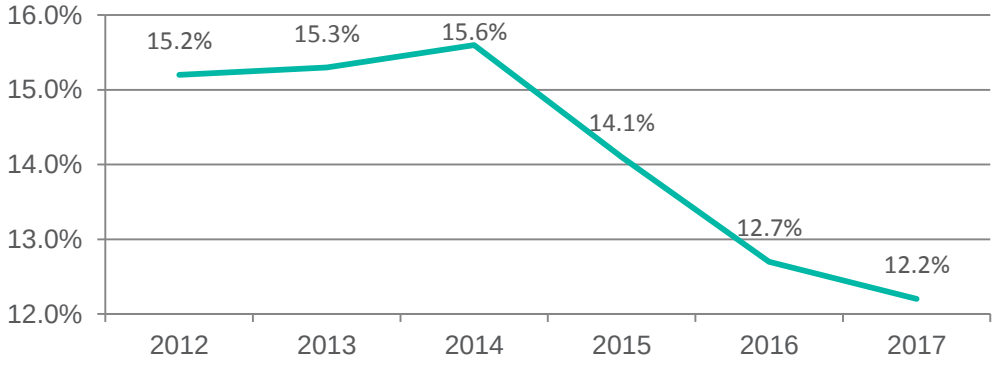
of 17 from the previous year. However, between 2010 and 2015 this figure reduced by 77% from 160 to 37, so this increase is the first for a number of years. The number of Trafford children in the youth justice system has also been falling for a number of years, and currently sits at 4 per 1,000, which compares favourably with the 5.6 per 1,000 in England.

2.23 During 2016/17, there were 124 children and young people known to Trafford Youth Offending Service (YOS) in a statutory capacity. This is an increase of 11% on the figure last year. The YOS offers all young people a holistic health needs assessment to screen for any additional health needs, including around mental health. 24 of the above young people were directly referred to Healthy Young Minds (CAMHS), an increase on the previous year's figure of 5. A further 15 received a targeted mental health intervention from the previous YOS Counsellor. 74% of these young people's offences were considered to be directly or indirectly related to their mental health issues, and specific offence focused work was completed with them by their Case Manager.

Special Educational Needs

2.24 Children with special educational needs (SEN) may have a range of issues that affect their ability to learn. Those with SEN are six times more likely to have a mental health disorder than those that do not.[21] In 2017, 12.2% of pupils in Trafford had SEN, which equates to 5,210 pupils. This is a 3.4pp decrease on the figures from 2014 when there were 6,306 pupils (see Figure 7). Some pupils with SEN will have either a statement of SEN or an Education, Health & Care (EHC) Plan following a formal assessment which sets out the support that the child requires. The proportion of pupils with either a statement of SEN or an EHC Plan in Trafford has remained relatively stable for the past six years at 1,390 (3.3%).[22] Some children with SEN will attend a special school rather than a mainstream one. There are six special schools in Trafford: Delamere School, Pictor Academy, Brentwood High School, The Orchards, Manor Academy and Longford Park School.

Figure 6: Percentage of pupils in Trafford with SEN [22]



2.25 The Department for Education publishes data on the primary needs of pupils with SEN in state run schools. In primary schools the most prominent are Speech, Language & Communication Needs (26.7%), Moderate Learning Difficulties (25.7%) and Specific Learning Difficulties (16.2%). In secondary schools the main area of need are Specific Learning Difficulties (28.8%), Moderate Learning Difficulties (24%) and Social Emotional & Mental Health issues (16.2%). A full breakdown is shown in Table 3.

[21] Rose et al., (2009) Mental Health and SEN: Mental health and special educational needs: exploring a complex relationship

[22] Department for Education (2017), Statistics: Special Educational Needs (SEN), https://www.gov.uk/government/collections/statistics-special-educational-needs-sen

Table 2: Number of pupils in Trafford with SEN by primary type of need in 2017 [22]

Type of Need	State Funded Primary		State Funded Secondary		Special Schools	
	Number	Percentage	Number	Percentage	Number	Percentage
Specific Learning Difficulty	434	16.2%	490	28.8%	17	2.4%
Moderate Learning Difficulties	689	25.7%	408	24.0%	88	12.3%
Severe Learning Difficulties	19	0.7%	6	0.4%	108	15.1%
Profound & Multiple Learning Difficulties	6	0.2%	*	*	67	9.4%
Social Emotional & Mental Health	**337**	**12.6%**	**275**	**16.2%**	**121**	**16.9%**
Speech, Language & Communication Needs	714	26.7%	149	8.8%	39	5.4%
Hearing Impairment	67	2.5%	35	2.1%	*	*
Visual Impairment	21	0.8%	22	1.3%	*	*
Multi-sensory impairment	*	*	*	*	*	*
Physical Disability	72	2.7%	67	3.9%	*	*
Autistic Spectrum Disorder	57	2.1%	79	4.6%	270	37.7%
Other Difficulty/Disability	165	6.2%	129	7.6%	*	*
SEN support but no specialist assessment of type of need	96	3.6%	37	2.2%	*	*

* Data redacted due to low numbers.

Prevalence of mental health conditions in Trafford

2.26 Mental health and wellbeing are wide ranging terms covering a spectrum of issues. The World Health Organisation notes that mental health can affect a person's interactions, thought processes, and overall enjoyment of life. It is estimated that 8.4% of children aged 5 to 16 in Trafford have a mental health disorder, which is 0.8 pp (percentage points) lower than the England level of 9.2%. The 8.4% figure equates to 3,114 children in Trafford with a diagnosed mental health condition. It should be noted, however, that this estimate and the following Public Health England data estimates are "modelled". This means that it is based on national estimates which are then adjusted for local factors known to influence the prevalence of mental health disorders (in this case, age, sex and socio-economic classification).

Condition	England	Trafford		
	Estimated prevalence	Estimated prevalence	Current estimated no. children (5-16)	2021 estimated no. children (5-16)
Mental health disorders	9.2%	8.4%	3,114	3,198
Emotional disorders	3.6%	3.3%	1,223	1,256
Conduct disorders	5.6%	4.9%	1,816	1,865
Hyperkinetic disorders	1.5%	1.3%	482	495

Table 3 (Above): Modelled estimates of the prevalence of mental health conditions for children in Trafford aged 5-16.[23] Estimated number of children is based on ONS 2016 population data.

2.27 There are three main categories of mental health disorder:

- ***Emotional disorders*** are one of the most common mental health problems suffered by children and includes issues such as anxiety and depression[24]. The number of children aged 5-16 in Trafford with emotional disorders is estimated to be 1,223 (3.3%) slightly lower than the England level of 3.6%.
- ***Conduct disorders*** which include defiance, aggression and anti-social behaviour. Children who have conduct disorders are twice as likely to leave school without qualifications and four times as likely to be drug dependent.[25] There are an estimated 5.6% of children aged 5-16 in England with conduct disorders, with Trafford having a lower figure of 4.9%.
- ***Hyperkinetic disorders***, such as Attention Deficit Hyperactivity Disorder (ADHD), are associated with issues around inattention and over-activity. Hyperkinetic disorders are usually evident in the first five years of a child's life and can include an impairment of cognitive functions along with delays in motor and language development.[26] Around 1.3% of Trafford's children aged 5-16 are estimated to have a hyperkinetic disorder, which is just under the England level of 1.5%. This would therefore mean that there are around 482 children in Trafford affected. ADHD can lead to lower educational attainment, lower earnings and interpersonal difficulties.[27]

Specific Disorders

2.28 The following table provides a further breakdown on specific mental health conditions.

Table 4: Trafford estimates of specific mental health issues alongside rate/percentage – References: Eating Disorders [28], ASD [29], Anxiety [27], Depression [27]

Type	Estimated Prevalence	Current Trafford estimated no. children	2021 Trafford estimated no. children
Anorexia nervosa, (10-14)	13.1 per 100,000	2	2
Anorexia nervosa, (15-19)	26.7 per 100,000	4	4
Bulimia nervosa, (10-14)	2.9 per 100,000	0.4	0.4
Bulimia nervosa, (15-19)	25.9 per 100,000	3	3
Eating disorders, NOS, (10-14)	24.1 per 100,000	4	4
Eating disorders, NOS, (15-19)	41.8 per 100,000	6	6

[23] Public Health England (2015), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing
[24] ONS (2005). Mental health of children and young people in Great Britain
[25] Public Health England (2016), The mental health of children and young people in England
[26] World Health Organisation (2010), International Statistical Classification of Diseases and Related Health Problems 10th revision (ICD-10), http://apps.who.int/classifications/icd10/browse/2016/en
[27] Public Health England (2016), The mental health of children and young people in England
[28] BMJ (2009) The incidence of eating disorders in the UK in 2000–2009: findings from the General Practice Research Database
[29] National Autistic Society (2018), Autism facts and history

Autistic Spectrum Disorders (pupils)	1.1%	469	482
Anxiety Disorders (5-10)	2.2%	430	442
Anxiety Disorders (11-16)	4.4%	771	792
Depression (5-10)	0.2%	39	40
Depression (11-16)	1.4%	245	252

2.29 The Eating Disorders figures above broadly match the numbers our Community Eating Disorders service is supporting i.e. 71 young people across Tameside, Trafford and Stockport. It is concerning that in the 2014 'What about YOUth' survey, the proportion of 15 year olds in Trafford who said that the think they are the right size was 48.9%, which is lower than England average of 52%. This does not reflect our national child measurement figures that show 65.4% of children were a healthy weight in year 6, suggesting it is based on a false perception.

2.30 Public Health England estimates that the rate of children with autism known to schools in Trafford is 7.7 in every 1,000.[30] This is lower than both the England rate of 10.8 and the North West rate of 10.3. Using the 2017 level of pupils in Trafford (42,655), the rate of 7.7 per 1000 would mean that there are 328 pupils with autism in Trafford. This closely matches local GP data which has 318 children as being identified as having ASD. Other population studies have found varying prevalence of autistic spectrum disorders, but the latest estimate is 1.1%.[31] This would give a higher estimate of 469 pupils with ASD in Trafford. However, there are on average 75 children and young people diagnosed with autism each year in Trafford which would far exceed these estimates.

Hospital Admissions

2.31 Children and young people in mental health crisis will usually present at Wythenshawe Hospital, Manchester Royal Infirmary or Trafford General Hospital. Psychiatric conditions (73%) are the most common reasons, followed by poisoning (11%) and social problems (9%).

Table 5: Numbers of Trafford Children aged between 0-15 presenting with a Mental Health issue to A&E/urgent care location in 2016/17 [32]

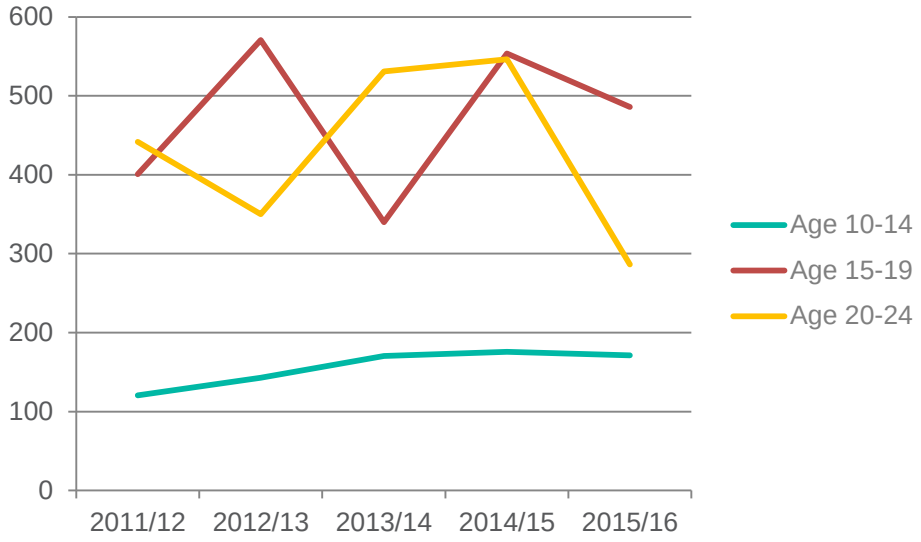
A&E/urgent care Location	Numbers presenting
Wythenshawe Hospital	53
Manchester Royal Infirmary	32
Trafford General & Altrincham Hospital	22
Total	**107**

2.32 ***Self-harm*** involves the deliberate damage or injury to a part or parts of a person body. There is a significant and persistent risk of future suicide following an episode of self-harm. During 2015/16, there were 122 hospital admissions of 10-24 year olds as a result of self-harm. The rate for Trafford (313.7 per 100,000) is better than England (430.5 per 100,000), and low compared to similar authorities.

[30] Ibid.
[31] National Autistic Society (2017), Autism Facts & History, http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx
[32] Internal Trafford Data on Hospital Admissions

2.33 According to age group, 15-19 year olds are at higher risk than 10-14 year olds and 20-24 year olds. Positively, 2015/16 saw a decrease in hospital admissions for self-harm across all age ranges: 2% reduction 10-14, 12% reduction 15-18, 45% reduction in 20-24. Nonetheless, as Figure 8 below shows, the top two age ranges have fluctuated heavily over the past five years.

Figure 8: Hospital admissions as a result of self-harm in Trafford, per 100,000 [33]



Perinatal mental health

2.34 A key indicator for the mental health and well-being of children is that of mothers. Perinatal mental health problems are some of the most common complications of pregnancy, affecting between 10-20% of all pregnancies[34]. It is therefore estimated that of the 2,869 Trafford births in 2016, between 287 and 574 pregnancies would be affected by perinatal mental health problems.

Table 6: Rates of perinatal psychiatric disorder per thousand maternities [35]

Type	Rate per thousand	Trafford Estimate
Postpartum psychosis	2/1000	6
Chronic serious mental illness	2/1000	6
Severe depressive illness	30/1000	86
Mild-moderate depressive illness and anxiety states	100-150/1000	287-430
Post-traumatic stress disorder	30/1000	86
Adjustment disorders and distress	150-300/1000	430-861

2.35 Research has shown that if the mother is in the top 15% for symptoms of anxiety or depression

[33] Public Health England (2016), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing
[34] Public Health England (2017), Perinatal Mental Health, https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health
[35] Joint Commissioning Panel for Mental Health (2012): Guidance for commissioners of perinatal mental health services, https://www.rcpsych.ac.uk/pdf/perinatal_web.pdf

while pregnant, her child has double the risk of a probable mental disorder by the age of 13.[36]

Service Need

2.36 The above information highlights a number of key issues for Trafford. Looked After Children are much more likely to suffer from mental health issues than those that are not, and the numbers in Trafford are continuing to rise. Using our assessment rates for autism we know there are significant pressures in this area with demand and prevalence mismatched. We know that despite significant investment in preventative services, referrals to Healthy Young Minds (CAMHS) continue to rise in both numbers and degree of complexity. The numbers of children with either a SEN Statement or EHC Plan is flat, though this may be down to the move towards EHC Plans and the higher threshold compared with a SEN Statement. There also appears to be a need for more support for those who adopt.

2.37 Public Health England has previously used the Tiered model to estimate level of need. Since moving to the THRIVE model (explained in detail in Chapter 3), this data has not been updated. Whilst taking into account that the THRIVE model is far more fluid than the Tiered model and that people will move between quadrants freely, an estimation of levels of need has been developed based on previous Public Health England estimates.

Figure 9: Estimated level of need in Trafford at each segment of the THRIVE model

2.38 The data presented in Chapter four would suggest that the proportion of children accessing Healthy Young Minds (CAMHS) broadly aligns with those in the Getting More Help quadrant. Increasing the numbers of children accessing support across the Getting Help, Getting Advice and Thriving sections is a key preventative aim of our Local Transformation Plan.

[36] Talge, Neal, Glover (2007) Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? Journal of Child Psychology & Psychiatry

Summary

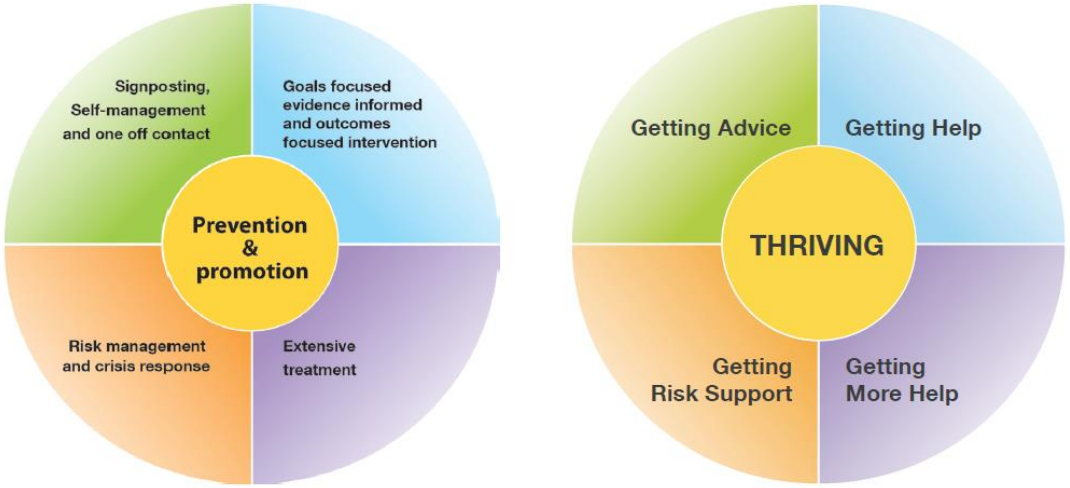
- There are almost 60,000 children and young people living in Trafford, which represents around a quarter of Trafford's total population. This figure is expected to grow by around 2.7% by 2021.
- Life expectancy is 11.4 years lower for men and 7.9 years lower for women in the most deprived areas of Trafford than in the least deprived areas. 15% of dependent children live in low income families and around 1 in 10 of Trafford school children claimed free school meals. Both these figures are lower than the English average.
- There are a range of factors that are connected with mental health. This includes homelessness (120 families in Trafford), those on a child protection plan (308 children in Trafford) and being a Looked After Child (384 children in Trafford). Looked after children numbers are increasing and Trafford has a high proportion of children in need due to family stress or dysfunction or absent parenting.
- It is estimated that 8.4% of children aged between 5 and 16 in Trafford have mental health disorders, which equates to 3,114 children. Conduct disorders (4.9%) are estimated to be the most common, followed by Emotional Disorders (3.3%) and Hyperkinetic Disorders (1.3%).
- The available data on specific mental health issues varies, but it can be estimated that there are 482 5-16 year olds with ADHD and 469 pupils with ASD. It is likely that Trafford's ASD figures are much higher than the estimates.
- An estimated 1,201 5-16 year olds have an anxiety disorder and 284 5-16 year olds have depression.
- 12.2% of pupils in Trafford have Special Educational Needs (SEN), which is a reduction on 2014 when there were 15.6%. The most prominent issues for those with SEN are learning difficulties, mental health issues and communication issues.
- The number of hospital admissions in Trafford as a result of self-harm dropped in 2015/16 across all age groups. 15-19 year olds (486 per 100,000) are at higher risk than 10-14 year olds (171 per 100,000) and 20-24 year olds (286 per 100,000).
- The percentage of mothers being diagnosed with perinatal health problems is between 12-15% of all pregnancies. Of the 2,800 births in Trafford in 2015 an estimated 344-430 pregnancies were affected.
- Service need estimates suggest that there is a large level of need at the 'Getting Advice' and 'Getting Help' segments of the THRIVE model. This Local Transformation Plan sets out efforts to address this issue.

3. Trafford's Current Service Offer

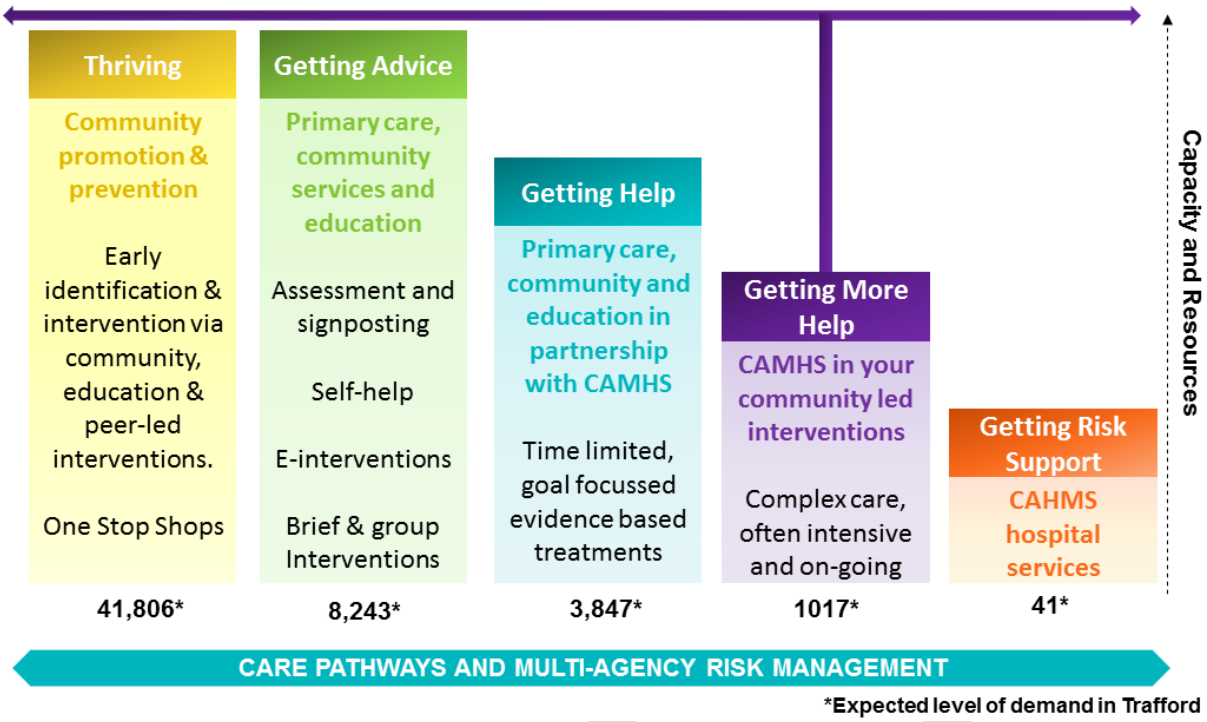
3.1 Trafford understands that mental health is an important element in the capabilities and positive adaptation that enable people to cope, flourish and experience good health and social outcomes. Improving mental health brings major benefits for health and quality of life, and is a key factor in positive outcomes for children's life chances. Trafford Council and CCG spend £2.7 million per year on the provision of children's mental health services, which is detailed in chapter four.

3.2 Trafford has chosen to follow the recommendations of 'Future in Mind', and is moving to deliver its services in line with the THRIVE model. 'Future in Mind' recognised that children and young people do not neatly fit into Tiers and that the THRIVE model is better able to meet their needs.

3.3 There are five groups that are distinct in terms of the needs and choices of the individuals within each group and the resources required to meet these needs and choices. THRIVE aims to draw a clearer distinction between treatment on the one hand and support on the other. The image to the left describes the input offered for each group. The image to the right describes the state of being of people in that group



3.4 The model has been developed to address a number of issues facing services offering mental health support. Most children and young people were being seen by specialist 'Getting More Help' services. However, demand for mental health support is estimated to be significantly higher at targeted and universal level. The new model aims to ensure that children and young people receive timely support in accordance with their needs.



3.5 This chapter outlines Trafford's current provision aligned with the THRIVE model.

Thriving

3.6 The 'Thriving' group encompasses the majority of children and young people. Individuals in this category are fundamentally managing, though some people may still benefit from some general, as opposed to specific, interventions. There are a range of organisations in Trafford both commissioned and non-commissioned that are able to provide this very low level support, including access to self-help and community initiatives that support emotional wellbeing.

3.7 Trafford has a strong voluntary, community and social enterprise (VCSE) sector, supported by Thrive Trafford[37], from which a broad range of providers deliver universal services on a locality or borough wide basis. A large proportion of these community services can be found on the Trafford Service Directory alongside our commissioned services; www.trafford.gov.uk/servicedirectory. The directory allows residents to search by key word or postcode to discover to services that are available in their local area. The Youth Zone now has a specific page on mental health which offers support aligned to the THRIVE model; Service Directory: Young People's Mental Health & Wellbeing. This directory has been expanded significantly following a service mapping exercise of children mental health and wellbeing services as part of the Local Transformation Plan.

3.8 In 2016 the Trafford Youth Trust was set up to work with the youth in Trafford to develop and invest in activities and services in the borough. The services commissioned by the Trust include an LGBT+ youth provision provided by The Proud Trust and a weekly youth group for young people with additional needs and/or disabilities provided by Sport Works. In addition to this, the Youth Trust provides grant funding opportunities to VCSE organisations across the borough to promote growth and sustainability across the youth sector in Trafford. These grants target priorities around

[37] The Trafford Partnership commission 'Thrive Trafford' to provide infrastructure support to the VCSE sector. Thrive Trafford's role is to develop, grow and sustain the sector, and they also have a role in coordinating volunteer support.

increasing resilience through improving self-esteem, emotional intelligence, confidence and relationships, increasing activity particularly for those that are isolated or anxious and increasing skills and attainment.

3.9 Investment from the Transformation Fund in 2015/16 was directed to Pennine Care to redevelop the 'With U in Mind' website to a new website that went live in June 2016. The website now has a range of quality assured self-help information, links to national resources, NHS applications approved by young people and links to local support via the Trafford Service Directory.

Getting Advice

3.10 Much like 'Thriving', the 'Getting Advice' group consists of early intervention, with the difference being that it involves low level support around signposting, self-management and minimal contact. Support in this group is provided by practitioners, who are not mental health specialists, working in universal services such as GPs, health visitors, school nurses and voluntary agencies. Practitioners offer general advice and support for less severe problems, contribute towards mental health promotion, identify issues early in their emergence and refer children to more specialist services if needed. In Trafford there is a wide variety of activity within 'Getting Advice' as detailed below.

	Support offer
GPs	• Scope to refer for a wider range of interventions and services, which may include social prescribing (where activities such as sport are used as a way of improving wellbeing).
Health Visitors	• Key professional for children under 5 who will ensure tailored and specific support for children and families through co-design and promoting self-care and independence.
School Nurses	• All secondary schools in Trafford have access to a school nurse drop-in session where pupils can attend and talk about any mental health related issues they might have. • All primary schools have a named school nurse for prevention, information and safeguarding support. • School Nurses can also offer ongoing advice and support to children, young people and families on issues such as parenting, eating disorders and deliberate self-harm.
Schools	• All schools have a pastoral lead offering direct support to pupils and families. • There are many schools in Trafford who have previously implemented the Social and Emotional Aspects of Learning approach or are one of the 30 schools signed up to Trafford's **'Feel Good Schools'** programme which promotes and supports a whole school, classroom and individual approach to emotional health and wellbeing. • A group of young people in collaboration with education professionals and

	Healthy Young Minds (CAMHS) established the **Mental Health Schools Network** in 2014. This gives Trafford schools the opportunity to sign up to a pledge to address issues around emotional health and wellbeing. There are currently eight schools in Trafford signed up to the network. It involves establishing a team of youth ambassadors within the school to identify improvements to support emotional wellbeing and gives a range of tools that can be adopted within the setting. • Following a conference run by the Education of Vulnerable Children Service in late 2017, schools should also now: have an awareness of mental health support in schools via a whole school approach; know how to identify and support children and young people who had experienced Adverse Childhood Experiences; know how to build resilience in pupils via low cost interventions.
Early help Hubs	• 0-11 years Hubs aim to provide access to a range of parenting, behaviour management and family support services, as well as providing targeted community groups and courses. Examples of this include baby club, stay and play sessions and Incredible Years parenting programme. In addition to this, the hubs maintain strong links with community health services and wider partners to support achieving positive outcomes around child development, school readiness, parenting skills and aspirations, child and family health, and child and family life chances. • 11-18 Hub (Talkshop) offers an integrated, service to improve outcomes for young people and reduce inequalities. It provides targeted support in the following areas; health and wellbeing including sexual health, information, advice and careers guidance, young parents' services, and youth educational and recreational activities. In addition to this the Talkshop provides 'Getting Help' services which are described in section below. They also hold drop-in sessions and provide intensive 1-1 case work to up to 100 young people per year. In 2016-17, 1,169 young people accessed the service.
Trafford Council Commissioned Services	• Targeted, community based commissioned services provide support to children, young people and their families across the borough. Whilst these services are not mental health specific they contribute to the wider mental wellbeing agenda as they support social, emotional and developmental needs. Services include family support, evidence based parenting programmes, mentoring, life coaching, young carers service and domestic abuse services. • Family support services offered within the VCSE sector form part of the wider mixed model of family support on offer, leading sustained, positive behaviour change. Strengthening Families, Strengthening Communities parenting programme is delivered for parents with children aged 8+, complementing the Incredible Years parenting courses available for families with younger children.
Social Care In	• The role of the SCIP worker is to engage with families who are below the

Partnership (SCIP)	threshold for social care involvement. The support is tailored to the needs of the individual families and helps to encourage positive change and reduce the risk of escalation to social care. Usually it is the Head Teacher or Pastoral Lead who would discuss with a parent the role of a SCIP worker and whether they would be interested in accessing the service. The role regularly provides emotional support to parents who are facing difficulties. This could be via a one-off intervention, or longer term support under the Early Help Assessment framework. For families requiring more regular support, an Early Help Assessment would usually be completed and regular meetings held to make sure that there is a clear multi-agency approach to identifying the needs of the family.

3.11 Access to some of these services is via the weekly multiagency Early Help Panel whose purpose is to ensure the most appropriate support is provided at the earliest possible opportunity as part of a holistic whole family approach. Mental health is consistently one of the top five reasons families across Trafford require support and so a representative from Healthy Young Minds (CAMHS) is present at the panel to inform discussion and decision making. Commissioned services are also represented at panel and these include emotional health and wellbeing, parenting courses, family support, mentoring, coaching and physical activity.

3.12 In addition to the above service offer, Trafford has a strong market place for agencies and professionals supporting the emotional wellbeing of children, young people and their families privately or via the voluntary sector e.g. The Counselling and Family Centre, Relate. Further information about these organisations and services can be found on the Trafford Service Directory; www.trafford.gov.uk/servicedirectory. There are also a number of projects that are now commissioned on a wider geographical footprint across Greater Manchester, for example the STRIVE domestic abuse service, supported by Greater Manchester Police.

Getting Help

3.13 Support for those in the 'Getting Help' group is provided by specialists working in the community, and in primary care settings such as primary mental health workers, psychologists, specialist parenting workers and counsellors working in general practices, paediatric clinics, schools and youth services.

3.14 The work at this level includes building capacity and capability within 'Getting Advice' in relation to early identification and intervention with children's mental health needs and providing a range of support, advice, assessment and treatment to children, young people and their families. Getting help provision includes the following mental health provision commissioned by the CCG, local authority and directly by schools:

	Support/Offer
Healthy Young Minds (CAMHS)	• Work with key partner agencies to develop an overall response to children's mental health between universal and specialist services. • First assessment appointments (Choice Appointment) in order to

	identify the right intervention for the young person and family. • Consultation and advice to universal professionals from mental health specialists. • Link to and clinical supervision (by Perinatal Psychologist every 4-6 weeks) to multiagency Family Support Teams (Health visitors and Senior Family Support Practitioners). • Supervision and support to the Children and Young People's Wellbeing Practitioner based in the Early Help Hubs who provides brief parent treatment and parent led self-help to support children and young people with mild and moderate anxiety and depression focusing on the 8-13 year age range. • Senior Primary Mental Health Worker to oversee and develop support and relationships to schools.
Healthy Young Minds School Commissioned Service	• Targeted mental health services in schools on an individual basis. In 2017/18, a total of eight schools purchased this provision (one less than 2015/16), with three schools interested in additional provision. Each school has a designated practitioner and dedicated time (47.2 hours per week) to deliver activity such as: o Undertaking individual assessments of students referred to the service by the school o Providing individual and group therapy interventions in response to identified needs (e.g. solution focused, Cognitive Behavioural Therapy (CBT), family and parenting interventions) o Reviewing and evaluating the impact of the interventions with individual pupils and families o Work in partnership with parents or carers to improve behaviour and school attendance o Providing bespoke training and consultation on any emotional well-being and mental health issues o Supporting young people and parents to engage with more specialist statutory services e.g. specialist Healthy Young Minds (CAMHS) o Signposting to appropriate statutory and voluntary sector services
School provision	Many schools employ counsellors directly or commission support such as play therapy, mentoring or bereavement support as needed. A number of schools commission additional support from 42nd Street.
42nd Street	A community and voluntary sector provider, delivering mental health services for children and young people aged 13-25. The service aims to: • Engage with young people under stress • Provide interventions that promote spirit and recovery using the recovery model • Ensure that the voice of young people influences the development of

	the service offering • Give young people chances for personal development and growth • Improve awareness of the mental health needs of young people • Challenge the stigma associated with mental health The service focuses on giving individual, time limited, therapeutic support. This ranges from drop in services and one to one psycho-social support and advocacy to one to one counselling, therapy and targeted group work. It is delivered from the organisation's city centre base as well as through other community venues in Trafford and is available during normal office hours, as well as two evenings a week. Young people, parents/carers and professionals are able to self-refer to this service by telephone, website, in writing, email, visiting in person or through direct contact with 42nd Street workers in the community (e.g. school based drop-in). Additional funding has been committed from the Transformation Fund to enhance 42nd Street provision, reduce waiting times and introduce specific support for children and young people with high functioning ASD. This has led to 248 Trafford young people being supported in 2016/17 through 1724 sessions of counselling, therapy, key work and one to one work. Of these 18 accessed the ASD specific service through 124 sessions. An additional 50 Trafford young people accessed the service through schools independently commissioning amounting to an additional 381 sessions. Overall, 64% of young people in Trafford experienced recovery or a clinically significant improvement as a result of the service; this compares with 60% in 2015/16. 100% of the children and young people surveyed were extremely likely to recommend the service to their peers.
Kooth.com	Kooth is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. The service in Trafford is commissioned for young people aged 11-18, providing access to counsellors until 10pm each night, every day of the year, as well as peer support via fully moderated forums. The service can be accessed directly at www.Kooth.com. Kooth's therapy team are qualified counsellors and psychotherapists, clinically supervised in house and independently. The team work closely together to ensure the best outcome is achieved for the young person and have clear pathways into other services, ensuring the young person gains the right information and is signposted to the most appropriate provision.
Trafford Sunrise (Just Psychology)	This service supports children aged 5-12 years and their families with emotional health and wellbeing needs. The service was commissioned jointly by Trafford CCG and Trafford Council following learning from a pilot programme in 2016/17 provided by blueSCI highlighted much higher level needs than anticipated and a gap in 'getting help' support for children and

	young people under 13 years of age. Trafford Sunrise provides support for children in coping with stress, learning how to relax and promoting emotional wellbeing. There is a mixed model of 1:1 support and group sessions where they can practice their coping skills and make new friends. There are also sessions for parents to obtain support using evidence based parenting techniques. This is around the identification and support of emotional difficulties in their children and enhancing existing coping strategies to consolidate the emotional support offer around the child.

Family Support Services

3.15 There are a number of services in Trafford supporting families with different complexities. The role of the **Senior Family Support Practitioner** is to provide support for families that require intensive family support. Each area team has an IAPT trained Senior Family Support Practitioner that focuses on providing support to families at an early intervention level by providing multi-agency working through the Early Help Assessment (EHA). In 2016-17, there were 79 families receiving support from the team. Referrals are received from a variety of professionals including Healthy Young Minds (CAMHS), social care, health, education and other early help services. The majority of referrals relate directly to both emotional wellbeing and conduct disorder.

3.16 The Senior Family Support Practitioners also complete thorough assessments to assess parents' suitability to access parenting courses, such as Incredible Years an evidence based parenting programme that runs over 14 weeks to strengthen parental competencies. It is accessed through Trafford's Early Help Panel and runs 2-3 times per year giving practical methods that encourage families to address their problems in a way that results in positive change and prevents further problems arising.

3.17 Trafford also has a new Family Focus service for children at risk of going into care. This service is in place from March 2017 offering 6-8 weeks of direct intervention to support a child to maintain a placement or return back to their family. Young people are offered support developing resilience and skills for staying safe and succeeding through family sessions or direct 1:1 work.

Support for Child Sexual Exploitation

3.18 For victims of Child Sexual Exploitation (CSE) there is support through a range of services, mainly delivered from Trafford Talkshop. This includes sexual health services, counselling, missing from home interventions, youth work and dedicated CSE counselling and mentoring. The counselling element is delivered by 42nd Street and provides a complete service to 11-25 year olds combining therapeutic interventions with advocacy and social care. The mentoring element is delivered by Pennine Care and works with young people to help them to realise their potential and achieve their goals. This is done by focusing on engagement in education and employment, as well as increasing the quality of relationships within their social lives and recognising the signs of sexually exploitative relationships.

3.19 This provision is supported by a variety of CSE forums, including the monthly Sexual Exploitation and Missing (SEAM) Panel (attended by Healthy Young Minds (CAMHS)) and working closely with the Sexual Assault Referral Centre (SARC) as needed, locality area based meetings, CSE Champions meetings and a CSE Committee. The referral pathways in and out of SARC needs to be reviewed. This has come to light with the dedicated CSE service and a need to ensure a clear offering of support to everyone. A review will be scheduled and the designated doctor for safeguarding will be asked to undertake it in conjunction with Healthy Young Minds (CAMHS).

3.20 The **Trafford Safeguarding Children Board** provides a range of training in relation to CSE including 'train the trainer' approaches. The GM Love Rocks training package is delivered by Barnardo's and is also accessed by our schools and children's homes. The borough also embraces Project Phoenix (the Greater Manchester approach to CSE) and takes part in peer reviews as well as making use of the assessment tools.

3.21 A review of the CSE services was carried out during 2016/17 as part of the wider review of our early help contracts, which will influence our future intentions.

3.22 Trafford services all perform comprehensive assessments of all young people who they support including: sensitive enquiry regarding neglect, violence/ abuse and Child Sexual Exploitation to identify any safeguarding issues, and ensuring that the young person receives the most appropriate care for their needs. A did not attend (DNA) and cancellation (CAN) protocol is also in place to ensure any missed appointments are followed up. Trafford Council are also currently preparing for a peer inspection on sexual abuse in 2018, which will give a full analysis of how services respond to sexual abuse and identify improvements for the future.

3.23 Trafford's Safeguarding and Stronger Families teams offer help in preventing the borough's most vulnerable young people from falling through the net; contribute to reducing health inequalities in access and outcomes, provide additional capacity in support of Child Sexual Exploitation, and keep children and young people safe from abuse and neglect. There is a lead professional approach in the Stronger Families Team to co-ordinate services for our most complex children, young people and families. The team look to conduct a whole family assessment and plan and draw in the relevant services and interventions in a team around the whole family. A Healthy Young Minds (CAMHS) link worker supports these teams around child and adolescent mental health. This has resulted in a much greater understanding of working practices and aided partnership working and referral routes into other services.

Self-harm

3.24 The Local Authority undertook a full review of the school health service in 2013/14 in recognition of the need to support early intervention pathways. As a result, a new pathway was written and additional investment of £220,000 secured for school health. This enables schools to support the self-harm pathway, which is a vital element of the new pathway.

3.25 The pathway enables the early identification, starting point and in-depth risk assessment for self-harm by education, health (e.g. school nurses) or social care staff who have been trained to undertake the basic risk assessment. This assessment gives a clear guide to the appropriate

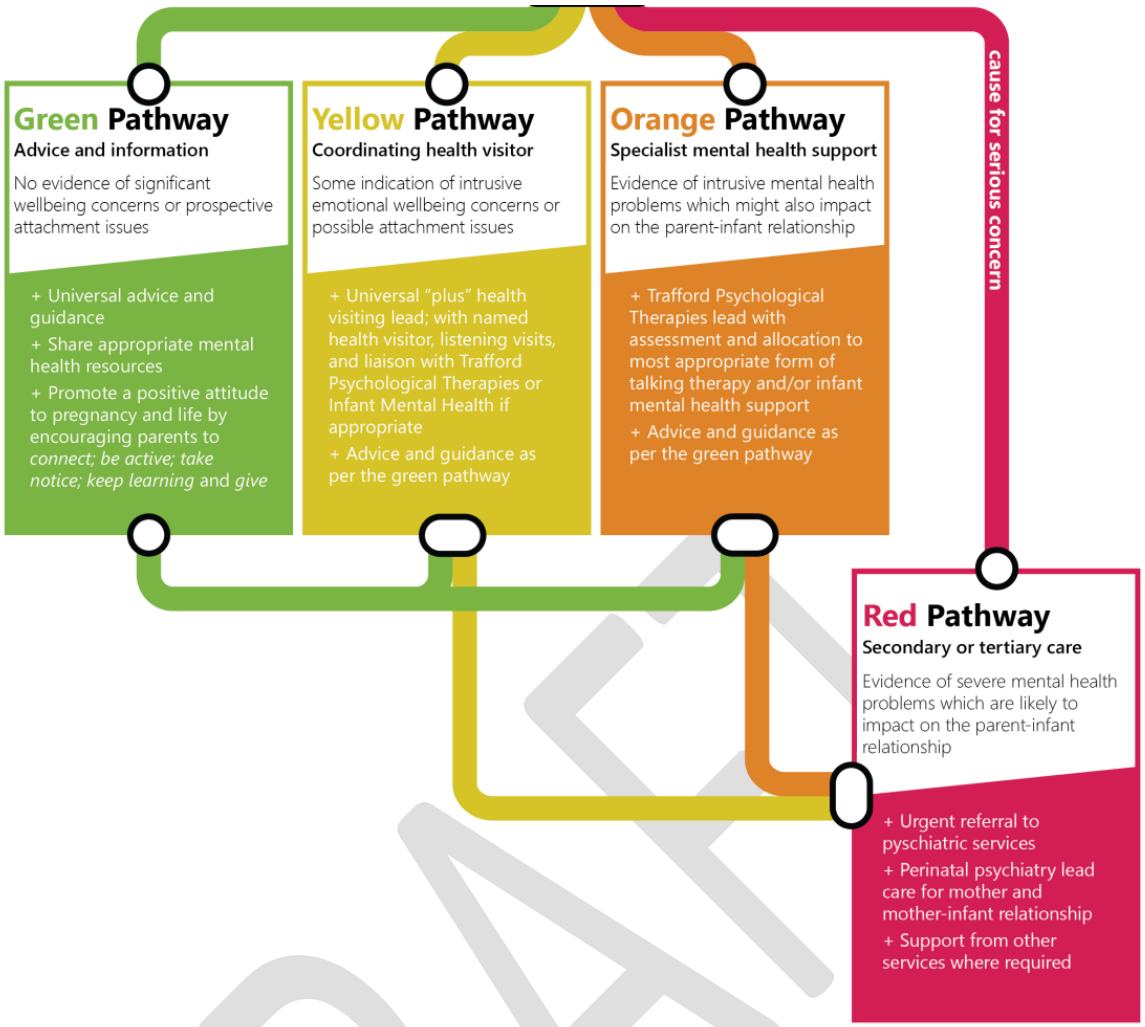
intervention based on the level of risk. When the assessment indicates that an in-depth assessment is required, this should be done within seven working days. Practitioners doing the in-depth assessment can consult with the Duty Clinician within Healthy Young Minds (CAMHS) should they need specialist support to work out the level of risk. The staged risk assessment approach ensures that workers are supported when uncertainty arises, and that young people receive timely and appropriate support and assessment.

3.26 The pathway details the actions that should be taken, depending on the risk assessment. 'Low Risk' and 'Raised Risk' relate to intervention at Level 2 of Trafford Safeguarding Children Board's Threshold Criteria, where a single or multi-agency response is provided. 'High Risk' equates to intervention at Level 3 or Level 4 and will involve a specialist multi-agency response. However, the worker remains responsible for setting up an on-going support system in accordance with the child or young person's needs and wishes and the assessed level of risk. This needs to be agreed locally, between key professionals and in consultation with the family and young person. A multi-agency family support meeting may be needed, especially in cases of 'Raised Risk'. Young people at 'High Risk' are referred to Healthy Young Minds (CAMHS) and/or Children's Social Care, with continued support from the referring worker as part of a co-ordinated multi-agency support plan.

Perinatal and Infant Mental Health Care

3.27 Perinatal care and Parent Infant Mental Health (PIMH) services in Trafford are delivered by both the Health Visiting Service and Healthy Young Minds (CAMHS). Our Perinatal Pathway[38] sets out an overarching approach for managing perinatal mental health support and recognises the potential impact of the infant relationship, and hence the early emotional development of the infant. The pathway is for prospective parents, their children and family, starting before birth and continuing until the child reaches one-year-old. It includes a process for screening and assessing perinatal mental health needs in order to identify which of four pathways would be most suitable for the patient's and their family's needs as depicted below.

[38] Trafford Perinatal Maternal and Infant Mental Health Pathway: http://www.traffordccg.nhs.uk/wp-content/uploads/2014/05/Trafford-Maternal-and-Infant-Mental-Health-Pathway-final-2016.pdf



3.28 Health Visitors in Trafford have been trained in addressing the needs presented in the perinatal period, e.g. early identification of emotional difficulties in infants and parents; listening visits offered in response to early detection of parental perinatal distress. Trafford has 50 Health Visitors, with 44 trained in New-born Behavioural Observation (NBO). All Health Visitors have the two day Institute of Health Visiting (iHV) PMH training which is delivered by a Health Visitor trained in Parent and Infant Mental Health in Parent and Infant Mental Health. As of January 2018, five Health Visitors are Neonatal Behavioural Assessment Scale (NBAS) trained or in training, of which three are accredited. Each Health Visitor Team has a Parental Mental Health Champion (a Health Visitor with a special interest in PIMH), two of these champions and the specialist Health Visitor are PIMH trained by the iHV. NBOs are currently being carried out with 57% of new births across Trafford.

3.29 Trafford's Health Visiting Service ranks second best in England in providing the five mandated contacts to all infants and LTP investment in 2015/16 led to additional resources secured to support postnatal depression and attachment. These resources were used in 98% of new births equating to 1,721 new mothers in 2016-17.

3.30 The borough offers a weekly mental health drop-in for parents who are experiencing low mood or anxiety, or have attachment and bonding difficulties. The drop-in is facilitated by the Parent and Infant Mental Health Health Visitor. The Baby and Me maternal and infant mental health programme provides more targeted support and is delivered by a Mental Health Nurse and Parent

and Infant Mental Health Health Visitor. In addition there a range of parenting courses including Incredible Years Baby and Toddler to support early attachment.

Getting More Help

3.31 Healthy Young Minds (CAMHS) is an established local service provided by Pennine Care NHS Foundation Trust. The service is commissioned by NHS Trafford Clinical Commissioning Group (CCG) and Trafford Council for children and young people up to the age of 18 with complex emotional/mental health difficulties who are registered with a Trafford GP. This may include:

- Moderate to severe emotional and behavioural difficulties
- Possible psychotic symptoms
- Possible depressive episodes and severe adjustment reactions
- Threatened or actual self-harm in the context of a mental health issue
- Anxiety disorders, developmental trauma and post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder (OCD), tics and Tourette's syndrome that interfere with functioning
- Eating disorders
- Attention deficit hyperactivity disorder (ADHD) (complex cases only where paediatricians need Healthy Young Minds (CAMHS) support)
- Mental health difficulties associated with chronic illness
- Assessment of Neurodevelopment (ND) difficulties including autistic spectrum disorders
- Complex comorbid presentations where diagnosis is unclear, social and biological factors are hard to separate or second opinions are needed
- Attachment disorders and need for parenting interventions or systemic work
- Psychological consequences to medical conditions or learning difficulties
- Severe school refusal in the context of a mental health issue
- Disorders co-morbid with substance misuse, or those linked to substance misuse (e.g. dual diagnosis)

3.32 Healthy Young Minds (CAMHS) is multi-disciplinary team is made up of psychiatrists, nurses, psychologists, therapists, mental health practitioners, assistant psychologists and family support workers. The work of the service involves the assessment and management of children and young people through the use of evidence based therapeutic intervention. This includes providing advice and consultation to other professionals in relation to children's mental health and well-being, as well as training and supervision

3.33 Referrals to the service are accepted from professionals working with the young person and their family including: GPs, health professionals, educational psychologists, social workers and the Youth Offending Service. All referrals are screened on the same day by the Healthy Young Minds (CAMHS) duty clinician and the following action is taken:

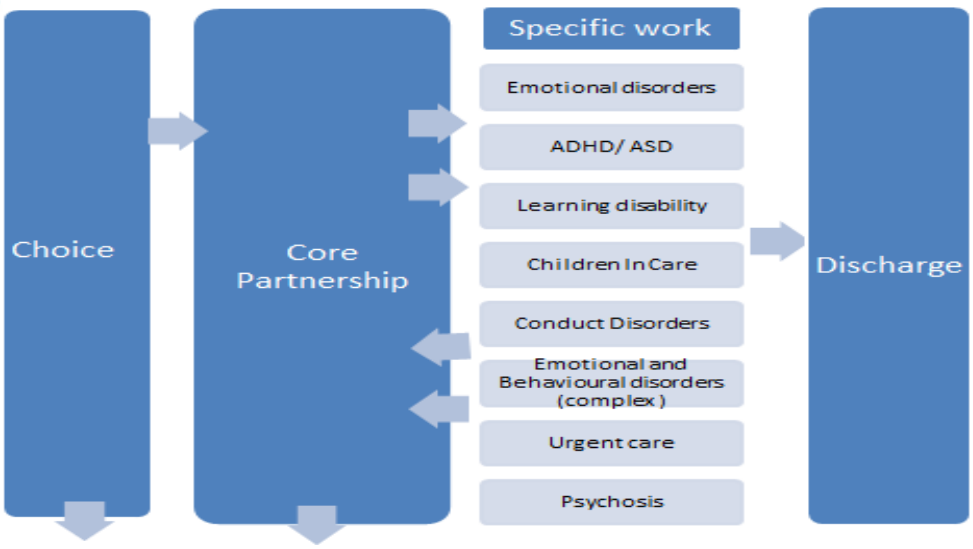
- If the situation is deemed urgent the child or young person will receive follow up and assessment within seven working days;
- If a different organisation would be better able to meet the child's needs then they are signposted on;

- If the situation is not urgent but it appears that they may be appropriately supported by Healthy Young Minds (CAMHS) they are sent a 'Choose and Book' letter.

3.34 A 'Choose and Book' letter is sent out on the same day as the referral is received and asks the family to contact the service to book an appointment. If Healthy Young Minds (CAMHS) do not hear back from the family they are contacted again to prompt them to contact the service for an appointment time and the service will contact the original referrer if required.

3.35 The first appointment is referred to as a 'Choice Appointment', part of a nationally recognised service delivery model called the Choice and Partnership Approach (CAPA) introduced by the service in 2016. This approach is goal focused and looks at making shared decisions with the child or young person and their family. The Choice appointment gives the child or young person and their family an opportunity to discuss their situation and what they feel is needed. The appointment ends with a brief intervention that the child or young person and their family can try and an invitation to review if needed. This face to face approach leads to more successful signposting on to other agencies and enables improved risk management. If further interventions and specialist support are needed the child or young person will be referred on for a Partnership intervention within the service.

3.36 Once a child or young person enters Partnership they are directed to the most suitable intervention for their needs. Each person accessing Partnership will have a care co-ordinator/case manager who will be their point of contact. This person will be responsible for assessment, treatment and review of the interventions with the young person and family in line with the Care Programme Approach (CPA) protocol.



3.37 Where a young person's treatment includes ongoing medication, for those supported by Nice Institute of Clinical Excellence (NICE) and classified as AMBER under Greater Manchester Medicines Management Group (GMMMG) guidance the medication should be initiated by specialist services and the patient stabilised before the responsibility is transferred back to the GP, under a shared care procedure that sets out everyone's responsibilities and actions. Work was carried out during 2015/16 to communicate updates regarding AMBER medication with GPs. Expectations and responsibilities regarding the prescribing of medicine, including any associated physical healthcare

and blood monitoring needs, are in the process of being reviewed and will be embedded within specific pathways.

3.38 Healthy Young Minds (CAMHS) provides a variety of pathways in partnership with other agencies for certain conditions and vulnerabilities.

Eating Disorders

3.39 Healthy Young Minds (CAMHS) provides a community based service for those with eating disorders up to the age of 16 years. Referrals are screened on the same day in accordance with the new NHS England Access and Waiting Time Standards and the severity of symptoms. If the referral is screened as urgent the child or young person will be seen within seven days, if it is a routine case then they will be seen within four weeks. At the point of screening, the school nurse/GP would be contacted to carry out a physical health check and risk assessment. At the first assessment, patients and families are offered further interventions and/or referred to the GP/Paediatrics for further medical assessments. The service is provided through a named consultant psychiatric lead for eating disorders with nursing support. Additional support is provided by a systemic therapist who runs a family therapy clinic and other mental health practitioners in the team.

3.40 Through the Local Transformation Fund, Trafford has invested in a new specialist community eating disorders service through collaborative commissioning with Stockport, Tameside and Glossop. This service is NICE compliant and provides individual support, group support, enhanced home treatment (for children and young people of all ages), parent/carer support and a seven day a week triage of referrals. This is delivered a through a hub and spoke model as well as within young people's homes where appropriate. The service began in July 2016 and is currently co-ordinating the care for young people aged 15-18. It provides supervision and consultation to practitioners within Trafford's Healthy Young Minds (CAMHS) service to support the younger age range that they are care co-ordinating and provides interventions and home treatment/mealtime interventions where needed. From July 2016 to December 2017, the hub worked with 71 young people directly and co-worked with Healthy Young Minds (CAMHS) colleagues on a further 31 of their 74 eating disorder cases.

Looked After Children

3.41 Healthy Young Minds (CAMHS) has a specialist clinical psychology service in place to support the mental health needs of Looked-After Children**.** The service is integrated within the Children in Care social work team and supports developmental trauma, abuse and attachment difficulties using a systematic response. The children in care social work team carry out annual health assessments for all children in care in Trafford and the clinical psychology service reviews and supports all those scoring 18 or higher on the Strengths and Difficulties Questionnaire.

3.42 The Healthy Young Minds (CAMHS) offer for Looked-After Children was deemed 'responsive and accessible' (Ofsted inspection report: paragraph 56), although it was recommended that as part of the service re-design the pathway should be made more in-depth. In April 2016, a report by the House of Commons Education Committee commended Trafford on its integrated model and its training offer for carers on nurturing attachment and managing complex and challenging

behaviour. In Trafford these courses have been attended by over 50% and 75% of foster carers respectively.

3.43 Where children and young people in care have experienced abuse that is beyond the skills of local practitioners, specialised bespoke support is commissioned from organisations such as Barnardo's and Lucy Faithful.

Learning Disabilities / Autism

3.44 The Complex Needs service has a Consultant Clinical Psychologist leading the Learning Disability and Neurodevelopment Pathway and is supported by a second Clinical Psychologist and Consultant Psychiatrist. The CAN service currently runs the Social Communication and Autism Pathway. This pathway is currently being reviewed with the aim of reducing waiting times for diagnosis.

Attention Deficit Hyperactivity Disorder (ADHD)

3.45 Healthy Young Minds (CAMHS) and Paediatrics, alongside other multi-disciplinary colleagues, reviewed the ADHD pathway in 2016 according to NICE guidance and recommendations by the Strategic Clinical Network. The review highlighted a need to introduce elements such as a single point of access, the Qbtest to support robust diagnosis of ADHD and the introduction of a specialist ADHD Nurse. The Qbtest and a single point of access Administrator were funded through the Local Transformation Fund in 2016 and 2017 respectively and resources were identified within Pennine Care to recruit an ADHD Nurse in 2017. The new multi-agency pathway has been coproduced with parents and young people and was launched in autumn 2017 alongside a programme of training for local professionals and a session for parents. Trafford's ADHD Pathway enables schools and other lead professionals to make direct referrals to the pathway; recognising and capturing the wealth of information they can provide to assist diagnosis.

Perinatal

3.46 Referrals of infants (with their parents who may be within the perinatal period) can be made to Healthy Young Minds (CAMHS) up to the child's 3rd birthday to work with the Parent Infant Clinical Psychologist. The Clinical Psychologist works directly with a small number of families and offers consultation and liaison sessions to Health Visitor teams and other professionals discussing reflections and interventions with families where there may be parent, infant or attachment relationship mental health concerns. The role has responsibility for promoting parent infant emotional wellbeing within Trafford working across multi-agency service boundaries, developing initiatives with representatives from adult mental health, midwifery, local authority early help and third sector services, and supporting borough wide parent infant pathway development. The Clinical Psychologist works within the restraints afforded by the limited capacity (0.5WTE) to offer training within primary care emotional well-being pathways for early identification of emotional difficulties within infant parent relationships. This is in addition to the training and support offer from Healthy Young Minds (CAMHS) for family partnership work and Early Years services. The role also provides direct clinical supervision to NBAS trained health visitors and Senior Family Support Practitioners in the Early Help Hubs.

3.47 Since the start of the service in November 2011, 257 infants have been referred to the service. These numbers are in addition to those supported by the health visiting team. The service typically receives 4-5 referrals a month with a round 38% receiving direct contact as opposed to consultation and liaison. The waiting list is 4-6 weeks as of February 2018.

3.48 Part of the maternity pathway for South Manchester includes fast access for women in pregnancy to mental health services, especially for those with a known or suspected mental health problem. Trafford's adult IAPT service also offers a priority service to women within 12 months of childbirth in both assessment and receiving psychological therapy. From January 2016 to January 2017 the service received 151 referrals for women who are within the perinatal period.

Safeguarding

3.49 For children and young people who have mental health needs with a safeguarding concern, Healthy Young Minds offers a consultation clinic to allow social workers and others to work in a more organised way around mental health needs. This allows them to develop a plan to ensure that the identified mental health needs of children and young people are being met.

3.50 Healthy Young Minds (CAMHS) is a member of the monthly Sexual Exploitation and Missing (SEAM) panel which deals with approximately 50 child sexual exploitation cases per annum. Referrals to SEAM are made through the borough's multi-agency referral assessment team (MARAT). Healthy Young Minds (CAMHS) attend case conferences and child in need meetings and contribute to multi-agency safeguarding plans.

3.51 Where young people are, or are at risk of, committing sexual violence, the lead professional working with the young person would arrange a joint strategy meeting with relevant professionals and assign an AIM (Assessment, Intervention and Moving On) trained social worker to carry out an AIM assessment. This may lead to specialist provision being purchased from Barnardo's to work with the young person if required. Healthy Young Minds (CAMHS) are also able to refer to the Adolescent Forensic Psychiatry Team for risk assessment and recommendations where appropriate.

Young Offenders

3.52 A link worker from Healthy Young Minds (CAMHS) is based in the Youth Offending Service (YOS) one day a week and provides one-to-one assessments, mental health interventions, consultation with staff and liaison with Healthy Young Minds (CAMHS) staff, delivering training around mental health issues to staff and volunteers. A fast track referral system is in place for young people under YOS statutory supervision, (5 working days for acute service and 15 working days for other).

3.53 The YOS also has its own Mental Health Support Worker who provides one to one support and mental health interventions for those young people who don't meet the criteria for Healthy Young Minds (CAMHS). In 2017 and previous years the YOS post was a counsellor.

3.54 The Healthy Young Minds (CAMHS) link worker and Mental Health Support Worker play an integral part for young people who are transitioning to or from custody. If the young person has built a good relationship with their Mental Health Support Worker before custody, then Trafford

YOS would ensure that this person continues to see the young person during their sentence and up to three months after their order has ended as part of a planned exit strategy. Trafford also use therapeutic custodial environments for those young people requiring additional support whilst in custody.

3.55 The YOS finds getting young people to engage with Healthy Young Minds (CAMHS) challenging but this is reduced through the fast track agreement. Trafford YOS has also trialled a 'health drop in'. This involves offering one or two sessions with the young person's key worker or case manager and the Healthy Young Minds Link Worker using Cognitive Behavioural Therapy (CBT) techniques, with a follow up session when the young person has completed their intervention with the key worker. This has been successful in engaging young people who might not have wanted to attend a formal Healthy Young Minds (CAMHS) assessment. This enables the early help workers to also get support from Healthy Young Minds on cases under non-statutory YOS supervision (out of court).

3.56 Healthy Young Minds (CAMHS) used some of the Improving Access to Psychological Therapies programme (IAPT) budget to extend the volunteer mentor project at YOS. Full details of this are given below.

Transition

3.57 Trafford has a multi-agency Transition Protocol for young people aged 14-25. The protocol was developed as a recommendation from the multi-directorate Learning Disability Review in 2011 and covers a broad range of services including mental health. Its aim is to provide an outline that will bring together some of the currently contradicting practices across teams and services, and set out strategies and forums in which planning for meeting the needs of young people in transition takes place. The process of joint working between children's and adult's services may begin any time between 14 and 18 depending on the level and complexity of the planning required. However, transition does not only relate to the move from children's to adult's services, but also between services, levels of need and geographic location. The transition protocol was updated in 2016/17 to reflect new legislation and good practice. A board of senior managers are leading on its implementation to ensure it is multi-agency and works effectively across services.

3.58 Nationally there is a two year CQUIN (Commissioning through Quality and Innovation) target in place for mental health services for transition for 2017/19 based on the NICE guideline and quality standard for this topic. This will involve reviewing the transition protocol of specialist child and adolescent mental health services, auditing case files to ensure that transition within mental health services is timely and involves all relevant agencies, as well as the family and young person; the establishment of a steering group with membership from children's and adults mental health services, primary care and commissioning and conducting a questionnaire with young people and their families pre and post transition to gain a better understand of the experience of transition. Trafford intends to use this opportunity to strengthen processes between key mental health providers to ensure a seamless and well planned transition for all young people.

Early Intervention in Psychosis

3.59 Greater Manchester Mental Health (GMMH) is commissioned by Trafford CCG to provide an early

intervention in psychosis service for 14-65 year olds. The service consists of a multi-disciplinary team including a Team Manager (CPN), two clinical psychologists, three social workers, three Community Psychiatric Nurses, one Occupational therapist care coordinator, one psychiatrist, one Occupational therapist, a full time support and recovery worker, a specialist employment worker and a health & wellbeing practitioner focusing on physical health assessment and interventions.

3.60 The service accepts referrals from any source, including self-referrals, carers' referrals and any service in the community including schools. All referrals are assessed using a Positive and Negative Syndrome Scale (PANSS) in addition to a comprehensive assessment. The service is specifically for people with potential psychotic experience. Those not meeting the threshold for the service are referred to Healthy Young Minds (CAMHS), IAPT or 42nd Street as appropriate to their needs. EDIT (Early detection and intervention team) offers CBT for those at risk of developing psychosis to reduce the risk of transition into psychosis.

3.61 Young people accessing this service under the age of 18 will also have a Healthy Young Minds (CAMHS) consultant for joint working and any necessary prescriptions. The service has greater scope to work with a child in crisis but sometimes joint assessments with Healthy Young Minds (CAMHS) are required. It has a joint protocol with the Learning Disability service and works together on some cases. It also liaises closely with Early Break regarding young people presenting with substance misuse.

3.62 As at the end of February 2018 23 young people under the age of 18 were reported to be on the Trafford Early Intervention caseload and with a further 10 on the Early Detection Intervention Team pathway, giving a total of 33. This number continues to grow.

Getting Risk Support

Liaison and Diversion

3.63 A new **Integrated Healthcare in Custody and Wider Liaison and Diversion Service** has been jointly commissioned in 2017 by the Office of the Police and Crime Commissioner and NHS England. It is an integrated service model combining two key services that have historically been commissioned separately; police custody health care and Liaison and Diversion. The service will deliver an all-age (adult and youth) service across key points of intervention in the criminal justice system, addressing a wide range of health issues and vulnerabilities. Any young person in Police custody will receive a health assessment which will then follow them to the Court arena. These assessments will inform remand and sentencing decisions and ensure the defendant is managed and supported appropriately through the criminal justice system.

3.64 There has been a considerable amount of work done in Trafford to keep young people out of custody. The Pendleton Project was established as a partnership project between the Youth Offending Service and Police to provide Early Help and divert young people away from the Criminal Justice System (CJS). If a young person is arrested for a minor offence, they are taken home and a parent/carer is informed that a referral will be made to Trafford YOS for an assessment to take place rather than taking them to police custody. The YOS then advises the young person if they take part in the assessment and intervention, and are assessed as suitable, the YOS will recommend to the police that the young person is given a community resolution

instead of a caution. Since 2014, this project has resulted in a reduction of young people receiving an out of court disposal who went on to be first time entrants to the Criminal Justice System (100%to 28%) and an increase in those engaging with YOS (27% to 100%).

3.65 The number of Section 136 incidents where children and young people are detained in police custody has always been low in Trafford (one reported in 2014, one in 2015 and none since). With changes through the Policing and Crime Act 2017, all children and young people will have to go to a health based place of safety or their own home instead of a police cell. Feedback from the police does suggest that there are an increasing amount of incidents with young people with mental health issues, in particular situations where parents/carers are unable to cope with children who have behavioural or neurodevelopmental issues. The new Police Control Room Mental Health Triage Service in 2018 will assist officers with relevant information to offer support and signposting.

3.66 The current process would be for such cases to be taken to A&E (at Wythenshawe Hospital or Manchester Royal Infirmary) for psychiatric assessment and follow up by Healthy Young Minds (CAMHS) or the Greater Manchester CAMHS Out of Hours Service, which can be delayed depending on demand pressures.

3.67 As part of the Greater Manchester Crisis Care Pathway work there will be the introduction of a preferred location of safety/inpatient provision, patient transport, building on existing adult services (such as the delivery of a 24/7 telephone hotline for officers to contact a mental health professional in situations where police are trying to deal with a young person with mental health issues), and the expansion of the RAID service (see below for RAID details) to under 16s.

3.68 In addition, communication with the police regarding Care Plans to manage challenging behaviour also needs to be improved. Names and addresses will be flagged on the police system, so that if a young person within services is arrested, or found behaving in a criminal manner, then the police would contact the care co-ordinator or follow the agreed care plan.

Out of Hours

3.69 Greater Manchester operates an out of hours' service for children and young people. This is outside normal office hours of 9am-5pm and includes weekend and bank holiday cover. The service is for young people who attend A&E, usually following self-harm, who have been assessed by A&E/paediatric doctors and now require emergency psychiatric assessment. On-call arrangements are supported by 24-hour emergency CAMHS for Greater Manchester across Bolton, Salford, Trafford, Central and South Manchester.

3.70 There are plans being implemented across Greater Manchester to improve the experience of children and young people in a crisis (see section 6.12). This will include a 24/7 liaison mental health services providing prompt specialist assessment, triage and intervention as appropriate cross the full age range. We will ensure that data in relation to Trafford children requiring out of hours support in crisis, including follow up care and their subsequent journey, is recorded to commissioners.

Rapid Assessment Interface and Discharge (RAID)

3.71 The Trafford RAID Service provides mental health care to Trafford registered patients aged 16 and over attending A&E or admitted to in patient wards at either Manchester Foundation Trust Hospital sites or Trafford General Hospital. The service currently provides seven day A&E liaison and aims to reduce patient waiting times and inpatient bed days, support quick discharges and reduce readmissions.

3.72 Mental health assessments in A&E are conducted within one hour of the patient being referred to the service. The service ensures patients are safely discharged from A&E either back to home environment or into suitable mental health services within four hours. The service will also signpost or refer onwards to voluntary and other third sector organisations where appropriate.

3.73 This service will be extended to cover all ages as part of the Greater Manchester Crisis Care Pathway to be funded and implemented by Trafford CCG in 2018. The extended service will be led by CAMHS practitioners and clinically supervised by Consultants from Junction 17 inpatient unit provided by GMMH. The service will be supported by Trafford Health Young Minds (CAMHS) who will provide follow up appointments to children accessing the RAID service. The service is intended to go live in the autumn.

Crisis Care Concordat

3.74 Trafford has signed up to the Greater Manchester Crisis Care Concordat to improve the system of care and support, so that people in crisis because of a mental health condition are kept safe (Greater Manchester Mental Health Crisis Care Declaration, 2014). This gives access to places of safety across Greater Manchester to prevent police custody. The Greater Manchester Crisis Care Pathway will establish two safe zones for young people in a crisis as an alternative to hospital admission.

Inpatient Services

3.75 Inpatient services are commissioned nationally by NHS England at this time. Trafford children requiring specialist mental health support are assessed by either Manchester Foundation Trust (MFT) or Greater Manchester Mental Health (GMMH) regarding their needs and are admitted to the most suitable service available at that time.

3.76 The Greater Manchester Crisis Care Pathway will bring a 72 hour crisis bed that will be managed through Greater Manchester and also an assessment centre to support bed management across inpatient services. It has also been agreed that in the future Greater Manchester CCGs will manage Greater Manchester inpatient beds in future to ensure that Greater Manchester children and young people are prioritised and prevent admissions outside of our sub-region.

3.77 A detailed case protocol was designed by a group of multi-disciplinary professionals in Trafford to support the discharge of children and young people from inpatient and welfare secure placements. This supports good case co-ordination with joint commissioning processes in place to ensure that follow-on placements are identified and resourced to meet need.

Improving Access to Psychological Therapies (IAPT)

3.78 Healthy Young Minds (CAMHS) has been working with the Children and Young People's (CYP) IAPT transformation project since October 2013. Unlike Adult IAPT, this does not involve offering a specific CYP IAPT service. The key aim of the project is to transform existing services for children and young people. This is achieved through the four principles of the IAPT programme which aim to help improve outcomes for children and young people and provide evidence based treatment that is outcome focused and client informed.

IAPT Principle	Progress to date
Participation	• Continuation of participation group Because Our Opinion Matters groups (BOOM) to design and enhance service delivery and development. • Introduction of young people onto recruitment and selection panels. • Young People involvement in decoration of treatment rooms and waiting area including designing art work and other improvements. • Trafford Youth Cabinet and Children in Care Council involvement in the future.
Accessibility	• Ongoing work with colleagues and stakeholders to improve liaison and consultation with Healthy Young Minds (CAMHS) and develop joint care pathways e.g. self-harm, to work with the Early Help offer and programme. • Ongoing work with other commissioned services to support smoother referral processes. • Completed a Self-Assessment Skills and Audit Tool (SASAT) in preparation for introduction of the Choice and Partnership Approach (CAPA) model in Healthy Young Minds (CAMHS). This identified gaps regarding CBT and particular needs such as self-harm and emerging borderline personality disorder. • Operating out of a number of community locations and home based appointments, with the main base rated positively by service users in terms of environment and accessibility. • Mobile working and added flexibility into Healthy Young Minds (CAMHS) staff contracts to enable a more flexible model of service. • Introduction of choice as part of CAPA in 2016/17. • Eradicated a service opt in questionnaire which was acting as a barrier in 2016/17. Any children and young people that appear to be appropriate to Healthy Young Minds (CAMHS) are now seen by the service for an initial appointment. • Provision is made for easy access to translation/interpretation services, facilities for disabled people and individuals whose circumstances make them vulnerable (e.g. homelessness, domestic violence). • Daily screening introduced in 2016/17, has meant that there is a clinician available for consultation. This has made the service more accessible and has been welcomed by schools and other partners.

	• Offer of appointments at weekends and more accessible times in 2017.
Evidence based practice	• One team member has completed the CBT postgraduate diploma which provided accredited training in best practice interventions and outcome measurements. • Two of the three senior family support practitioners have successfully completed the IAPT Post Graduate Diploma in the parenting pathway to deliver evidence based interventions to a high standard. • Two counselling staff from 42nd Street trained in the IAPT course Counselling for Depression. • Five staff completed the enhanced practitioner programme (including staff from CAMHS, health and LA) to deliver low level CBT. • Three staff from wider agencies are to be trained in Enhanced Evidence Based Practice in 2018. • Children and Young People's Well-Being Practitioner post established to work with young people and families with low level mood and anxiety issues within Early Help Services. Second post planned for 2019/20. • Establishment of CYP IAPT Clinical Lead post to ensure effective planning regarding workforce skills, training needs and supervision capacity.
Routine use of outcome monitoring (ROM)	• Introduced routine outcome measurement to practice. In 2016/17 ROMs have started to be used in 100% of choice appointments. • CHI ESQ are used routinely within Healthy Young Minds (CAMHS) with a six monthly directorate wide audit process. • PARIS, an electronic note recording system, supported by ICAN system to capture ROMs will be implemented in 2018.

Summary

- As part of the transformation of Trafford's mental health and wellbeing services for children and young people, Trafford has moved towards the THRIVE model, as recommended in NHS England's Future In Mind. The THRIVE model is split into five areas: Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support. The groups are distinct in terms of the resource required to meet the needs of the children and young people.
- The 'Thriving' group encompasses the majority of children and young people. Individuals in this category are fundamentally managing, though some may still benefit from some general, as opposed to specific, interventions. Services in this group provide very low level support, including access to self-help and community initiatives that support emotional wellbeing. Examples in Trafford include sports programmes and voluntary and community sector support.
- The 'Getting Advice' grouping consists of early intervention, and involves low level support around sign-posting, self-management and minimal contact. Support in this group is provided by practitioners who are not mental health specialists, working in universal services such as GPs, Health Visitors, School Nurses and voluntary agencies. In Trafford this also includes provision by our Early Help Hubs, mentoring and coaching.
- The 'Getting Help' grouping involves a wide range of support, advice, assessment and treatment to children and young people. Support in this group will be provided by specialists working in the community and primary care settings, such as primary mental health workers, psychologists and counsellors. In Trafford this includes services such as 42nd Street, Specialist Family Support Practitioners, Just Psychology and Kooth.
- Those in the 'Getting More Help' may receive extensive treatment. This is primarily supported by Healthy Young Minds (CAMHS) which is Pennine Care Foundation Trust. Healthy Young Minds is made up of psychiatrists, nurses, psychologists, therapists, mental health practitioners, assistant psychologists, and family support workers.
- Getting Risk Support consists of inpatient provision commissioned nationally by NHS England. Trafford's Liaison & Diversion Service, Out of Hours service and Rapid Assessment Interface & Discharge (RAID) service fit into this grouping.

4. Activity, Resource and Funding

4.1 This section provides a summary of current activity, service resource and funding in respect of Healthy Young Minds (CAMHS). It also presents activity and spend provided by NHS England Specialist Commissioners in relation to inpatient services.

4.2 The current service data collection system does not give a detailed understanding of the current activity or the characteristics of the children requiring specialist mental health support which has been raised with Pennine as an area of concern since the service review in 2015//16 and escalated through the relevant contracting processes. Following a detailed options appraisal exercise that was undertaken by Pennine Care it has been decided that Trafford will utilise the PARIS (patient care record system) as per the other areas in Greater Manchester served by the Trust to capture and flow data to the Mental Health Single Data Set (MHSDS). The service will undertake training on the system during March 2018 with the intention that data will begin to flow before April 2018 when the system goes live.

4.3 As well as this, we will work collaboratively across the Pennine Care cluster to establish a consistent streamlined data set to inform commissioning and are working towards an outcome based commissioning framework, ensuring the utilisation of Routine Outcome Measures (ROMS).

Activity & Key Performance Indicators

4.4 In 2016/17, Healthy Young Minds (CAMHS) received 1,593 referrals, an increase of 17% on 2015/16, which in turn was an increase of 8% on 2014/15. The percentage of referrals that were accepted in 2016/17 was 85%, which is an improvement on 81% in 2015/16. Not all referrals priority types were recorded in 2016/17, but of those that were, 80% were routine, 18% were urgent and 2% were emergencies.

Year	Referrals Received	Percentage of referrals accepted
14/15	1268	73%
15/16	1366	81%
16/17	1593	85%

4.5 The gender split of referrals was analysed in 2015/16 and was 60% female and 40% male. The age breakdown of children and young people seen in this same period is presented in the table below. The service has been unable to provide any profile information for 16/17 due to the limitations of its data system and capacity to support the manual gathering of this information.

Age of patient in years	Frequency
0-5 years old	3%
6-10 years old	30%
11-15 years old	47%
16-18 years old	20%

4.6 With the onset of Trafford's new data system in 2018/19, we can look to see if there has been any variation in these figures.

4.7 In 2016/17 8% of children and young people did not attend (DNA) appointments, compared with 7.4% in 2015/16. The service follows up DNAs, first with the family, and then through to the original referrer. If a child or young person is not accepted they will be signposted onto a variety of services. Between April and December 2017, the most common services were 42nd Street, Trafford Psychological Services, Paediatrics, Just Psychology and the Early Help Hubs. Healthy Young Minds had a low level of service cancellations in 2016/17 (2.3%), which was similar to the rate in 2015/16 (2.1%)

First appointments and follow ups

4.8 Data is available on the number of first appointments provided by Healthy Young Minds (CAMHS) in 2017, however follow up data will not be available until PARIS is implemented in 2018.

Year	First Appointments[39]
15/16 (April – Sep)	174
16/17 (April – Sep)	239
17/18 (April – Sep)	247
17/18 (Oct – Dec)	177

4.9 The data show a slight increase in 2017/18 compared with 2016/17 figures (3%) and both 2016/17 and 2017/18 showed an estimated 40% increase compared to first appointments offered in 2015/16.

4.10 The active caseload for Healthy Young Minds (CAMHS) as at end of March 2017 was 1312.

Waiting times

4.11 The waiting time starts at the point a referral is received by Healthy Young Minds (CAMHS). From 2016, all referrals are screened on the day they are received by the Healthy Young Minds (CAMHS) duty clinician. Urgent cases receive immediate follow up and assessment and any routine cases are sent a 'Choose & Book' letter and a questionnaire. If families do not respond then they will be contacted again after two weeks and then again after a further three weeks.

4.12 As of December 2017, there were 20 young people who have been referred into the service but have yet to call the 'choose and book' line for an appointment. For those families that have contacted the line, there were 30 young people waiting to be allocated a 'Choice' appointment. 80% were waiting between 4-8 weeks and 20% 0-4 weeks.

	0-9 weeks	10-17 weeks	18+ weeks	TOTAL
Choice	95	28	15	138
Choose & Book	33	4	4	41

[39] Taken from HYM data

TOTAL	128	32	19	179

4.13 Following the Choice Appointment some young people go on to receive a therapeutic intervention from the service. As of December 2017, there were 114 young people waiting for an intervention.

4.14 To address initial long waiting times in 2015/16, two posts were funded through the LTP to offer capacity to reduce the backlog. The service has also implemented a weekly monitoring group to provide continual monitoring of referrals and waiting lists for Choice and Partnership to ensure that risk is managed.

Key Performance Indicators (KPIs)

4.15 From April to December 2017,and in all previous years since the Local Transformation Plan was developed, all KPIs achieved 100% compliance each month:

- Contact with a Healthy Young Minds (CAMHS) worker is within the same working day for emergency self-harm referrals (22 young people).
- Contact with Healthy Young Minds (CAMHS) worker is within seven days for urgent referrals/self- harm follow-ups (88 young people).
- All referrals of Looked after Children scoring 18 points or more on SDQ are dealt with appropriately by a Healthy Young Minds (CAMHS) worker.

Workforce information

4.16 The current Healthy Young Minds (CAMHS) staffing structure is provided below. This shows clear lines of clinical responsibility and accountability. In 2016 the service began a staff consultation on the proposed restructure in order to meet the needs of the new stepped care model.

Clinical and service accountability

4.17 Current numbers of staff and skills mix within core CAMHs are presented in the table below.

Band	16/17 WTE	17/18 WTE
Consultants	2.9	2.7
Band 8D	0.8	0
Band 8C	1.8	1.0
Band 8B	1.6	2.4
Band 8A Op Manager	1	1
Band 8A Psychology / FT Therapy	1.9	1.3
Band 7 Team Leader	1	1
Band 7 Clinical	3.9	7
Band 6	5.5	5.5*
Band 4	3	3.5
Band 3 Admin	4	4
Band 2 Admin	0.6	2.6
Total	**28**	**32**

*2.6WTE are commissioned directly through virtual schools and individual schools

4.18 Utilising LTP funds in 2015/16 and 2016/17, Trafford has recruited a number of posts to provide leadership regarding the service transformation, increase capacity to address the waiting list and an integrated offer for complex families within safeguarding and the Stronger Families Team. The Safeguarding/Stronger Families post has become a consultation post and will continue to be funded until 2020/21 and in 2017/18 a Children and Young People's Wellbeing Practitioner was introduced.

New Posts – Role	Band	FTE
Safeguarding/Stronger Families Post	7	1
Transformational Lead Post	8b	0.17
Mental Health Practitioner	6	1.8
ASD Senior Practitioner	8a	0.2
PWP post	5	1

4.19 In addition, Trafford has also implemented a Community Eating Disorders service across Trafford, Stockport and Tameside & Glossop. Staffing levels are shown below for the Trafford proportion of the contract:

Eating Disorder Posts –Role	Band	FTE
Operational Manager	8a	0.17
Clinical Lead	8a	0.33
Consultant Psychiatrist		0.17
Senior MHP	7	0.2
Family Therapist (0.17)	7	0
Dietician	7	0.17
MHP	6	0.53
Clinical Support Worker	4	0.33
Administrator	4	0.33
TOTAL FTE		**2.23**

4.20 The Eating Disorders post will rise to 2.4FTE once the final post is recruited to in 2018.

4.21 Finally, the increase in funding for 42nd Street provision means that we now have an additional 2.4 FTE mental health practitioners providing support in Trafford. This is in addition the 2.0 FTE posts that were already provided. Just Psychology is also providing 1.4 FTE through the 5-12 year old service. There are also three Senior Family Support Worker Practitioners providing evidence based practice at tier 2.

4.22 This gives an ongoing Trafford CAMHS tier 2 and 3 workforce of 45. Across these new investments, it is anticipated that an additional 701 children and young people will receive support each year.

Inpatient Bed usage

4.23 Data provided by Specialist Commissioners at NHS England regarding inpatient bed occupancy is provided below:

	2013/14		2014/15		2015/16		2017	
	No.	OBD	No.	OBD	No.	OBD	No.	OBD
Eating Disorders			1	146	5	587	1	81
Children's	4	200	4	747	14	1407	18	839
Acute Admissions	7	197	14	1065				
Mother & Baby	8	417	2	18				
TOTAL	**19**	**814**	**21**	**1976**	**19**	**1994**	**19**	**920**

4.24 Trafford has been working other Greater Manchester CCGs to develop a relationship with NHSE specialised commissioning to ensure that data is reported on children and young people using inpatient services. Baselines and figures over time will hopefully indicate a reduction in inpatient stays due to investment in community services.

4.25 This data has not been consistently reported across the time period of our Local Transformation Plan; however data will improve in future as Greater Manchester begins to manage its own beds and set standard performance requirements. It is clear that there has been a peak in inpatient admissions and bed occupancy between 2014 and 2016 which hopefully has been curbed and begun a downward trend due to new investments in children and young people's mental health.

4.26 The split between male and female for admissions is 29:71 respectively. Trafford's admission numbers stand at 29.90 per 100,000 of the population. This is the second lowest of the 10 Greater Manchester boroughs. Our distance from home to ward figure is third lowest at 8.57 miles on average.

Finance

4.27 NHS England Specialist Commissioners spent a total of £1.16m on inpatient provision for Trafford patients in 2016/17. This has been calculated using the national estimated costs of £61,000 per inpatient admission. The actual figures from providers from 2015/16 and 2014/15 show a relatively consistent spend with the current year, following a large increase in expenditure from 2013/14.

	2013/14 (£)	2014/15 (£)	2015/16 (£)	2017 (£)
Eating Disorders		85,410	366,875	61,000
Children's	107,000	399,645	769,629	109,800
Acute Admissions	124,701	674,145		
Mother and baby	219,759	9,486		
Total (£)	451,460	1,168,686	1,136,504	1,159,000

Healthy Young Minds (CAMHS) spend

4.28 In 2014/15 Trafford CCG and Trafford Council (including Public Health Grant Funding) collectively

spent £1.75m (£1.36m and £390k respectively) for the provision of Healthy Young Minds (CAMHS), through Pennine Care NHS Foundation Trust. This funding remained relatively similar in 2015/16 and saw an increase from Trafford CCG from 2015/16 onwards through Local Transformation monies to £2.09m.

4.29 A further £241k was paid by the Council to Pennine Care NHS Foundation Trust to help towards the delivery of the Borough's specialist programmes including Healthy Young Minds (CAMHS) input to the Children in Care team. A further £115k was funded by Trafford CCG for Senior Family Support Practitioners to provide evidence based parenting interventions on the early help pathway, which has remained the same across all three years. Additional money has been invested through transformation monies to purchase a Community Eating Disorders Service, Educational Psychology capacity for the ASD pathway within the Complex Needs Team and support to complex families through a consultation post. The full range of additional investment has been detailed below.

4.30 Together, a total of **£2.11m** was spent on specialist mental health support for the 0-18 Trafford registered population in 2014/15, which increased to **£2.44m** in 2016/17.

NHS funded/part funded mental health support

4.31 The following tables present Trafford's total known spend on comprehensive mental health support for the 0-18 population in Trafford from universal to inpatient provision, however does not include the funding of children's placements which will be looked at in the future refresh. Encouragingly, the data shows an increase of 22% in the combined spend of the CCG and local authority in 2016/17 compared to the 2014/15 baseline. This is against a backdrop of savings within the local authority investment. It includes all joint funded projects and additional investment in 'Getting Advice' and 'Getting Help' services to address the need for early intervention and prevention services in the borough in accordance with the THRIVE model and estimated lower level need. Further detail is provided below.

2014/15	Organisation			Total
	LA joint funded	CCG	NHSE	
Thriving & Getting Advice (Early Help)	-	-	-	-
Getting Help Services (42nd	28,000	57,000	-	85,000
Getting More Help Services (HYM)*	389,826	1,365,523	-	1,755,349
Evidence Based Programmes and sub-teams*	241,000	115,000	-	356,000
Inpatient Services	-	-	1,168,686	1,168,686
Total	**658,826**	**1,537,523**	**1,168,686**	**3,365,035**

* Excludes CQUIN, management and overhead costs

2015/16	Organisation			Total
	LA joint funded	CCG	NHSE	
Thriving & Getting Advice (Early Help)	-	57,500	-	57,500

Getting Help Services (42nd Street)	28,000	57,000	-	**85,000**
Getting More Help Services (HYM)*	261,621	1,390,496	-	**1,652,117**
Evidence Based Programmes and sub-teams*	241,000	115,000	-	**356,000**
LTP non-service investment	-	7,572		**7,572**
Inpatient Services	-	-	1,136,504	**1,136,504**
Total	**530,621**	**1,627,568**	**1,136,504**	**3,331,693**

* Excludes CQUIN, management and overhead costs

2016/17	Organisation			Total
	LA joint funded	CCG	NHSE	
Thriving & Getting Advice (Early Help)	50,000	5,000	-	**55,000**
Getting Help Services (42nd Street)	28,000	157,000	-	**185,000**
Getting More Help Services (HYM)*	261,621	1,826,677	-	**2,088,298**
Evidence Based Programmes and sub-teams*	241,000	115,000	-	**356,000**
LTP non-service investment	-	5,000	-	**5,000**
Inpatient Services	-	-	1,147,752**	**1,147,752**
Total	**580,621**	**2,108,677**	**1,147,752**	**3,837,050**

* Excludes CQUIN, management and overhead costs
** Estimate based on average between 2017 and 2015/16

4.32 The additional investment made by Trafford CCG from 2015/16 through the Local Transformation Fund and the 2016/17 non-recurrent GM fund* is detailed below.

Principle	Activity	Local Transformation Fund Investment/non-recurrent GM funds (£)		
		15/16	16/17	17/18
Prevention and Early Intervention	Early Help services & resources (Inc. perinatal)	57,500	100,000	129,159
Improving Access to Effective Support	Communications/ LTP Specialist capacity Perinatal Pathway	7,572 8,536	5,000 55,124	57,071 31,800
Caring for the Most Vulnerable	Eating Disorders GM projects (Inc. Crisis Liaison) Nuero-developmental pathways (Inc. sensory)	3,440 10,000	147,110 47,000* 25,192	144,000 72,534
Accountability and Transparency	Transformation Lead Post GM FIM post	1,173	14,072 5,000*	
Workforce Development	Training CYP IAPT		5,000	21,000 29,000
TOTAL		**88,221**	**403,498**	**484,564**

4.33 Additionally, there are a variety of services and contracts as detailed in Section 3 which contribute both directly and indirectly to the comprehensive mental health offer for children and young people. Whilst we are able to include costings for all jointly funded services between the Local

Authority and Trafford CCG (42nd Street, Early Help, HYM), we have not included services solely funded through the Local Authority i.e. coaching/mentoring or portions of wider services that support emotional wellbeing. There is also spend across a wide range of universal and targeted services that could be included as part of our local investment. Trafford is working with colleagues across Greater Manchester to agree a standardised approach to measuring the full investment.

4.34 Trafford was a 'go faster go further' site for the development of personal health budgets for CYP in 2014. A project was delivered to work out a process and clear offer for children and families, in order to personalise their care. There are examples of CYP with a personal health budget, but at this time, none have chosen to personalise their Healthy Young Minds (CAMHS) intervention.

4.35 The CCG continues to run a personal health budget programme and children's services are fully engaged with that programme.

Summary

- The current data collection system does not give a detailed understanding of current activity of Health Young Minds. Following a detailed appraisal, it has been decided that Trafford will utilise the PARIS (patient care record system), which will go live in April 2018.
- In 2016/17 Healthy Young Minds received 1,593 referrals, which is an increase of 17% on the previous year. The percentage of referrals that were accepted in 2016/17 was 85%, which is an improvement on 81% in 2015/16. The majority of referrals came from 11-15 year olds.
- To address long waiting times in Healthy Young Minds, two posts were funded as part of the transformation plan. The service has also implemented a weekly monitoring group to provide continuing monitoring of referrals and waiting lists.
- In 2017, Healthy Young Minds achieved 100% compliance each month in all of its Key Performance Indicators. This includes contact with a Healthy Young Minds worker within the same day for emergency self-harm referrals.
- Between 2016/17 and 2017/18 the whole time equivalent (WTE) of staff working in core Healthy Young Minds has risen from 28 to 32. Added to this are the staff working at the Community Eating Disorder service and other new posts funded by the Local Transformation Plan.
- A total of £2.14m was spent on specialist mental health support for the 0-18 Trafford registered population in 2014/15, which increased to £2.24m in 2016/17. Total spending on mental health services was just short of £3.9m in 2016/17.

5. Stakeholder Engagement

5.1 The emotional health and wellbeing of Trafford's children and young people has been at the forefront of policy, strategy and service development for a number of years. This section provides a summary of the engagement activity that has helped our transformation journey so far.

Review of Emotional Health and Well-being services

5.2 In 2013, as part of the Review of Emotional Health and Well-being services for children and young people in Trafford, children and young people[40] were asked what factors were having a negative effect on their emotional health and well-being. The main issues reported were:

- Drugs and alcohol (self-medication resulting in substance misuse)
- Being in care
- Relationships
- Body image
- Money, unemployment and future prospects.

5.3 The consultation processes (which consisted of secondary and primary school conferences with Trafford pupils, surveys and development sessions with Children's Trust Board members and stakeholders) undertaken to inform Trafford Children's Trust Partnership Children and Young People's Strategy 2014-2017 also raised mental health and emotional well-being as an important issue for the borough, with the impact of parental factors recognised as a key area for concern.

CQUIN (Commission for Quality & Innovation)

5.4 Also in 2013, children, young people and their families were involved in a Pennine Care NHS Foundation Trust CQUIN project to develop early intervention support for those on the waiting list for children and young people's mental health services. The design and consultation with families consisted of a family activity day, consultation with Trafford Youth Council and feedback from users on current service literature and communication.

5.5 The outcome of this work was a new information leaflet designed by children and young people from the Youth Cabinet and a video 'Welcome to CAMHS'. The appointment letter was also changed as a result with links to information resources to use whilst waiting for a service. Early transformation money in Trafford was used to develop a user friendly, interactive and informative website for Healthy Young Minds (CAMHS). Work on the website has included reviewing and including a range of applications for young people, self-help information and links to social media such as Twitter.

5.6 The CQUIN for 2017/19 is on transition and involves case files audits and a pre and post transition

[40] 93 children and young people were consulted between the ages of 12 and 19. The diversity of backgrounds and gender profile represented the local population. The following vulnerable groups were targeted: Children in Care; Young offenders and those at risk of re-offending; LGBT young people; BME young people, Asylum seekers/refugees; Young parents; Young carers, Young people involved in substance misuse; those excluded from school.

questionnaire for young people and their families. It is expected that this will bring feedback for a range of organisations that will improve the experience of transition in Trafford.

CAMHS Transformation Review

5.7 During 2015/16, a full review took place of Trafford CAMHS, which has played a significant role in the development of our Local Transformation Plan. The review was led by the Children, Family and Wellbeing All Age Commissioning Team in partnership with Trafford Clinical Commissioning Group (CCG) and Pennine Care NHS Foundation Trust.

5.8 The review was undertaken by a multi-agency steering group and supporting task and finish groups which included service user and professional representation across education, health, social care, housing and the voluntary sector. The review included two stakeholder workshops, surveys and direct meetings with individuals, professionals and service user groups. It also incorporated service feedback from Healthy Young Minds (CAMHS) from satisfaction questionnaires, service user groups and individual interviews.

5.9 The main findings of the review were:

- Staff within CAMHS were recognised for their attitude, experience, skills and dedication. Children and young people who received a service rated it highly.
- Waiting times were a significant issue for both initial appointments and receiving treatment signifying a need to redesign processes and staff resources. However, for urgent and emergency cases, a timely and appropriate response was given despite increases in numbers of referrals and complexity of cases.
- Need for dedicated consultation time for CAMHS experts to support universal staff. This also needs to be supported by formal training.
- Need to develop a comprehensive workforce strategy with training provision and addressing skills gaps and capacity to deal with increasingly complex cases both within CAMHS and wider stakeholders.
- Need for extending CYP IAPT principles to other services.
- The relationship should be improved between CAMHS and voluntary sector providers with increased signposting to local community services.
- Gaps in information about CAMHS and local community services.
- Clarity is needed with GPs around when they should take over prescribing and how to use the Shared Care Protocol. There is a gap in the ability of CAMHS to access blood test results.
- Early intervention and prevention should be given more of an emphasis.
- There is a need for developing multi-agency co-ordinated support for children and young people with complex needs who may not fit the criteria for certain services.
- The transition from CAMHS to adult services should be improved in conjunction with social care, education and other agencies.
- Specific gaps in provision were noted in Children in Care, specifically around staffing, time spent with children and young people, and increasing the offer to the age of 25.

- Gaps in peer and parent support schemes, targeted support for step down and prevention of admission, home treatment teams and an out of hours' crisis service.
- The data on CAMHS currently being collected is insufficient and in places inaccurate.

5.10 A series of recommendations stemmed from the review which formed the foundation of Trafford's Local Transformation Plan (see Section 6) and the underpinning project plan for implementation. The recommendations have also been incorporated into the transformation of the Trafford Healthy Young Minds (CAMHS) Service to support the implementation of the THRIVE model (as described in Section 3) led by Pennine Care NHS Foundation Trust. This new service model will enable a more integrated multi-disciplinary approach to supporting children and young people's mental health and includes a new core pathway based on the Choice and Partnership Approach (CAPA) as well as new multiagency care pathways for specific groups of vulnerable young people. A full implementation plan is in place for the transformation of this service which is continually monitored by commissioners.

Service engagement

5.11 Healthy Young Minds (CAMHS) ensures that patient feedback is gathered. This is done through a Friends and Family questionnaire, an annual in-depth survey, focus groups, patient interviews and a service user group, BOOM (Because Our Opinion Matters). Feedback is also gathered through use of the local Healthwatch Trafford website, Patient Advice and Liaison Service and through the outcome star system for children and young people that is jointly managed with Trafford's Children and Young People's Service. Healthy Young Minds (CAMHS) also gather Child Experience of Service Questionnaires (CHI-ESQ) data from patients as part of routine practice, as well as simple methods in gathering feedback, such as the use of Emoji's before and after appointments. This data is used to help improve the service. Performance and patient complaints/satisfaction for Healthy Young Minds (CAMHS) are also gathered through quality leads at Trafford CCG. If there is an area of concern, then this is raised through monthly quality meetings. Recurring issues are fed back to commissioners to help with the development and growth of the services offered.

Local Transformation Plan Engagement

5.12 Trafford's original Local Transformation Plan used the views gathered through the processes outlined above to shape the intentions and future priorities. The views of children, young people, their families and local professionals continue to be gathered as we refresh our plan annually. A stakeholder event was held in October 2016, attended by a hundred people including teachers, the police, housing trusts, health visitors, mental health professionals and third sector organisations. There have also been annual "You Said, We Did" surveys for children young people, families, the wider public and professionals to gain views on the investments and programmes of work that have taken place within the Local Transformation Plan. A collation of these can be seen below:

You Said	We Did
Prevention	
There should be more services to	• Increased funding to 42nd Street so they can offer support to more young people.

help young people at an early stage	• We have bought a new service to provide support to young people aged 5-12 years and their families through group sessions looking at coping with stress and promoting emotional wellbeing.
It is difficult to get information and know what services are out there	• A new website has been developed at www.healthyyoungmindspennine.nhs.uk that provides information for children, young people, parents, carers and professionals. • Trafford's directory has been updated with a specific mental health page Service Directory: Young People's Mental Health & Wellbeing. • Trafford Youth Cabinet has helped us to design a flyer for young people explaining the main services that are out there for mental health
More drop in centres and support from anonymous sources.	• School nurses offer sessions in every secondary school in Trafford and our Trafford Talkshop continues to offer an excellent drop in centre for young people. • We have brought Kooth into Trafford, which is a confidential, online, anonymous counselling service open 365 days a year up to 10pm for young people aged 11 to 18 years.
Access	
Waiting times are too long for mental health services.	• Healthy Young Minds (CAMHS) have adopted a new way of working called CAPA (Choice & Partnership Approach) to enable children and young people to get support quicker. • The service has recruited new staff, restructured current staff to increase capacity, introduced more group sessions and put new systems in place.
Healthy Young Minds needs multi-agency rapid screening processes to reduce inappropriate referrals and re-referrals.	• The implementation of CAPA (Choice and Partnership Approach) will ensure that children and young people receive appropriate support at an initial stage to reduce re-referrals. • A daily screening process for Healthy Young Minds (CAMHS) is supporting professionals to refer appropriately. • New multi-agency pathways will promote wider support at earlier stages and support appropriate referrals. Inappropriate referrals have dropped to 14%.
The CAMHS building should be more friendly	• Children and young people have done work to help improve the Healthy Young Minds (CAMHS) building at Oriel Court. Young people's art work has been produced and displayed in all rooms.
Central point of access for all	• Discussions have taken place with Healthy Young Minds (CAMHS), 42nd Street, Early Help Hubs and Just Psychology to establish a single point of access.
Appointments offered at evenings and weekends.	• Healthy Young Minds (CAMHS) changed processes and staffing so that appointments will be able to be offered more flexibly. • A new eating disorders service has been commissioned with intended appointments at evenings and weekends.
There is currently no phone line for advice	• Healthy Young Minds (CAMHS) will be offering consultation and advice to professionals. This will give specific contact details and availability to discuss concerns around children and young people.
Transitions between services needs to improve	• A new transition protocol written and a specific national target around transition has brought together all mental health services to see what can be improved. • There is currently a group of senior staff looking at how to improve the transition from children to adult services- this is a big priority for Trafford.
Trafford has no home treatment or services to prevent admission and step down from hospital.	• This is currently offered through our Community Eating Disorders Service. • It will be offered to all young people as part of the new Greater Manchester Crisis Transformation.

Implement the THRIVE model of support so that there is a multi-agency approach	• Awareness raising has taken place with stakeholders on the THRIVE model and this will continue. • New pathways will be written with a multi-disciplinary approach according to the THRIVE model. • GM funding has been secured to introduce an i-THRIVE hub to ensure the THRIVE model is implemented across Greater Manchester.
Vulnerable Groups	
Better services for young people with an eating disorder	• A new community eating disorders service was commissioned in Trafford in 2016 offering home treatment, group sessions, one to one support and support for parents and carers.
Healthy Young Minds needs to ensure it has sufficient ability to deal with increasingly complex cases.	• Funding was spent on additional educational psychology services to help diagnose those with neurodevelopmental disorders quicker. • CAPA will ensure that specialist skills are focused on more complex cases.
Develop clear and accessible pathways supported by criteria that people can understand.	• All of Healthy Young Minds (CAMHS)'s pathways are currently being reviewed. • The multi-agency ADHD pathway has been launched and the Autism pathway and Mood and Emotional Disorders Pathways are currently under review.
Improved crisis and out of hours care.	• A large project is taking place across Greater Manchester to ensure that the right support is available for children or young people in an emergency. This means that support will be available, wherever you are, no matter what time of day or night it is, within two hours. It will also mean that there will be more crisis cafes, resource libraries, drop ins, one stop shops, telephone advice and online support**.**
More support or specialist support for those children who are in care or adopted	• Trafford has scoped out what support is available and determined the costs if a service were to be offered up to age 25. • Healthy Young Minds (CAMHS) have been invited to attend placement funding panel to support decision making around most appropriate placements to meet the mental health needs of children and young people. • Work is happening at a GM level to develop a consistent offer for children in care across Greater Manchester.
Need to develop multi-agency coordinated support for children and young people with complex needs who may not fit the criteria for certain services.	• Work is taking place across social care to look at these children and young people collaboratively across teams. A couple of panels have merged to take this work forward. • A meeting has been held with CAN, Healthy Young Minds (CAMHS) and commissioning to understand some of the issues. • Respite has been offered to support these young people via social care.
Accountability	
The data on Healthy Young Minds currently being collected is insufficient.	• Healthy Young Minds (CAMHS) will be implementing a new electronic data collection system (PARIS) in April 2018 which will give better data. In the interim a system called Sharepoint has been used to ensure waiting times and access data is captured.
Lack of clarity between Healthy Young Minds(CAMHS) and GPs when GPs are asked to take over	• Communication was sent out to GPs and at a Greater Manchester level there are due to be a consistent set of paperwork which we will look to distribute in Trafford. • There are online resources to support GPs. • A Trafford GP with an interest in children and young people's mental

routine prescribing of medication	health has been employed by the CCG to support commissioning and to help Healthy Young Minds and GP's across the borough to work better together.
Workforce	
Professionals who work with children need more training on mental and emotional health issues.	• In 2017, a number of training sessions were held for professionals around key areas such as anger management, self-harm, eating disorders and anxiety. Further training is planned this year. • There is also free online training on mental health which has been promoted out to schools and will be promoted to other professionals shortly (www.minded.org.uk). • Young people wanted training for school staff and a conference was held in October 2017 around mental health, featuring a workshop on gender issues as requested by young people. • Education have funded Education Psychology to help support schools with social and emotional mental health
Training is important to increase the awareness of CAMHS and what it can and can't provide.	• Healthy Young Minds (CAMHS) has arranged talks with GPs, schools and other organisations. • New pathways are being developed to clarify what support Healthy Young Minds and other agencies will provide for different conditions and situations.
Services should work better together	• A database containing 67 organisations that provide some form of mental or emotional health and wellbeing support has been created and is used by Healthy Young Minds (CAMHS) and others as the main signposting tool. • A number of groups established to implement Trafford's Transformation Plan have resulted in better working across agencies.
Workforce strategy needed for Healthy Young Minds	• Healthy Young Minds (CAMHS) have established a workforce strategy including a skills gap analysis, future planning for the workforce and training and development. • A GM workforce strategy has been drafted and will be localised to cover the full mental health workforce.

5.13 Views have also been obtained through attendance at professional forums (GP Learning Events, Head Teacher /Deputy Head Teacher/SENCO forums, pastoral leads etc.) and via children and young people's meetings and conferences. Trafford Youth Cabinet have been a key conduit for our engagement with children and young people, enabling mental health to have a key focus at large pupil conferences, undertaking key pieces of work collaboratively with commissioning and promoting surveys and the Local Transformation Plan through Twitter, Facebook and its networks.

5.14 Trafford Secondary Schools conference in November 2016 saw young people consistently raise the lack of anonymous support as a barrier to receiving help. Trafford's Primary Schools Conference in 2017 also highlighted a need for additional support for primary aged children. As a result of these findings, Trafford CCG and Trafford Council responded by investing in two brand new health and wellbeing services from September 2017; Kooth and Trafford Sunrise.

5.15 The key findings of the engagement work across children, young people, professionals and others have followed similar themes:

- Stakeholder consultation has been positive, especially with children and young people.
- Over three quarters of respondents praised the changes that have taken place since the

implementation of the LTP.

- Long waiting times for Healthy Young Minds (CAMHS) are still a major concern.
- Professionals lack confidence in mental health. Training for those working with children and young people and access to advice and consultation from specialist services are key.
- Early intervention and prevention need to be key areas of focus and investment in this area has been welcomed.
- More support is needed through schools, especially for primary aged children.
- Anonymous support was consistently requested by secondary school aged pupils.
- Children, young people, families and professionals all felt that it was difficult to access information and find out about available support services, although they felt that developments in online support were positive.
- Parents/carers felt they needed advice on ways to deal with the diagnosis given to their child.
- Improvements are needed around flexibility and access to services, with a clear focus on improving out of hours services.
- The new Community Eating Disorders Service is welcomed by stakeholders.
- Transitions between services need to improve.
- Stakeholders would like to see drop-in services for children and young people, a central hub of services and more resources for specialist services.

Training

5.16 Mental health training for professionals working with children and young people has continued to be a priority area. Commissioners have undertaken a number of surveys and audits from 2015-17 to identify the key training needs and areas of strength across Trafford. These have been responded to by a wide variety of professionals in Trafford, including GPs, social workers, teachers, health professionals and third sector organisations. The key findings have been:

- 88% of respondents in the 2015 and 2016 surveys expressed a desire for further training. The most popular areas of training requested related to anxiety, anger management, bereavement, eating disorders, and self-harm. This led to the commissioning of a number of courses in 2017 attended by 178 professionals.
- 80% of respondents in 2015/16 wanted more information on the support that is available through Healthy Young Minds (CAMHS) and other support services leading to a wide range of communication and marketing activity which is continuing.
- A half day workshop and e-learning were the two most popular ways in which respondents wanted training to be delivered.
- Audits and surveys in 2017 indicated that there is a need to run a programme of mental health awareness courses for universal professionals.
- For professionals who have greater contact with children and young people with mental health issues, there is a need for training at an advanced level incorporating low level interventions that can be delivered safely and effectively.
- Audits have shown that there is a significant need for specialist services to be able to offer

consultation and advice to wider professionals around mental health.

- Participants in the 2017 audit showed strong assets in counselling, family work, coaching/mentoring, behaviour therapy and CBT.
- Audits in 2017 showed similar training needs to previous years with additional topics such as autism, ADHD, depression, addictive behaviours, sleep and obsessive-compulsive disorders. GPs specifically showed a lack of knowledge in infant mental health and attachment.

Summary

- Stakeholder engagement has always been a key part of Trafford's mental health and wellbeing services for children and young people.
- During 2015/16 a full review of Trafford CAMHS took place, which played a significant role in the development of this Local Transformation Plan. Various issues were highlighted, including long waiting times, a need for a workforce strategy, and for early intervention to be given more of an emphasis.
- Healthy Young Minds gathers patient feedback through a number of measures, including Friends & Family questionnaires, an annual in depth survey, patient interviews and a service user group.
- Annual 'You Said, We Did' surveys have been held to gain the views of children and other stakeholders on the investment and programmes of work that have taken place within the Local Transformation Plan since the first version was published in 2015. Over three quarters of respondents praised the changes that have taken place since the implementation of the LTP. Key themes for further improvement included: waiting times, support for professionals/schools and parents/carers, transition, drop in facility.
- Further activities were put in place to obtain the views of stakeholders, including a number of school conferences which highlighted a lack of anonymous support and a need for additional support for primary aged children.
- Mental health training for professionals working with children and young people has continued to be a key priority. Surveys have been carried out asking for views around training for the wider workforce. 88% of respondents in the 2015 and 2016 surveys expressed a desire for further training. The most popular areas of training requested were anxiety, anger management, bereavement, eating disorders and self-harm.

6. Local Transformation Plan

6.1 Our Local Transformation Plan (LTP) sets out our plans to ensure children and young people along with their parents/carers have an improved experience of local mental health services. Trafford's service transformation will primarily take place through implementing the THRIVE model across our wider services. The THRIVE model shows a range of services supporting a child or young person according to the type of help they require at a specific time. This will only be effective in supporting children, young people and families if there are suitable early intervention services in place and if the system of support is underpinned by a comprehensive workforce development plan with the right professionals with the right skills. This will also require a shift in resources for specialist CAMHS to providing advice, support, consultation and supervision to a range of professionals providing support in different quadrants. The plan also looks at our most vulnerable children and young people, those with more complex needs and those in a crisis to ensure they receive appropriate and timely support.

6.2 In order to implement the new THRIVE Model effectively we have identified a number of key priorities aligned with 'Future in Mind'. Trafford's Transformation Plan is structured in accordance with these priorities. These are:

a) **Promoting Resilience, Prevention and Early Intervention**. Trafford will promote good mental health in all children and young people to enable them to thrive, be resilient and cope well with life's challenges. This will happen through children, young people and families receiving early support when they need it.

b) **Improving Access to Effective Support**. Trafford will seek to ensure that children and young people have the best possible access to services through the 'THRIVE model'.

c) **Caring for the most vulnerable**. Vulnerable young people will be able to obtain appropriate mental health support through services working effectively together.

d) **Accountability and Transparency**. Trafford has clear lines of accountability and an increased understanding of data in order to shape the future changes to mental health services.

e) **Shaping the Workforce**. The Trafford workforce will have sufficient resources and skills to improve children and young people's emotional health and wellbeing and make a real and lasting difference to the their lives.

Promoting resilience, prevention and early intervention

6.3 Trafford's Local Transformation Plan has focussed on a number of areas around prevention and early intervention. From 2015/16 the emphasis has been on schools, parenting, early help provision, self-care, promotion and perinatal support. Trafford CCG and Council have invested in a number of early help projects (see Chapter 3), reviewed and enhanced Trafford's Early Help Panels and parenting offer and invested in online and self-help information. From 2018-21, we plan to continue work across all these areas, including a focus on schools and perinatal mental health.

6.4 Nationally the Children and Young People's Mental Health Green Paper 'Transforming Children and Young People's Mental Health Provision' proposes that every school and college will identify and train a Designated Senior Lead for Mental Health with funded training available for all schools from 2019-2025. The Green Paper proposes mental health teams work across clusters of schools in a fifth of the country by 2022/23 to support children and young people with mild to moderate mental health issues. Across Greater Manchester some early steps are being taken towards this agenda with training for pupils and staff starting in 2018. The GM programme will also bring a number of other developments from 2018-21 including mental health champions, a GM approved provider framework, a GM quality assurance framework for commissioning and settings related development cluster groups across local authority boundaries.

6.5 There is a GM project establishing a consistent minimum perinatal mental health offer across GM; this includes a specialist community perinatal mental health team, clinical leads for perinatal mental health within IAPT services and faster access time for perinatal women accessing IAPT (50% will start regular treatment within 6 weeks). Trafford's work on redeveloping our perinatal pathway and establishing a Starting Strong Pathway for families with additional needs will place us in a good position to contribute to the GM developments.

2015-21 Objective: Trafford will promote good mental health in all children and young people to enable them to thrive, be resilient and cope well with life's challenges. This will happen through children, young people and families receiving early support when they need it.

Priority Area	Identified Gaps	Major Tasks	Complete
Perinatal	Need to increase access to evidence based perinatal MH treatment Importance of addressing parent-child attachment using evidence based tools to prevent future CYP mental health issues Enhancement needed to perinatal pathway	a) Purchase and roll out of resources for perinatal pathway around attachment b) Train increased number of Health Visitors in NBAS and NBOS c) Clinical supervision offered to NBAS trained Health Visitors d) Reshape perinatal pathway to fit NICE standards e) Develop Starting Strong Pathway for families with additional vulnerabilities giving additional Health Visitor contacts f) Young parents support groups enhanced with named teenage pregnancy midwife g) Establish new perinatal provision within Homestart h) Establish Early Attachment Hub i) Establish GM perinatal specialist community mental health team	✓ ✓ ✓ ✓ ✓
Schools	Schools require access to specialist advice and consultation Training gaps for school staff in mental health Variability in mental health support offered through schools	a) Establish baseline of support in Trafford schools b) Education investment in Feel Good Schools Programme by Educational Psychology Service c) Guidance for schools on graduated approach to social, emotional and mental health needs d) Provide support to enhance Mental Health Schools Network e) HYM to employ schools link worker f) Framework for schools in commissioning	✓ ✓ ✓ ✓

	Need for whole school approach to mental health	MH support g) GM schools training programme established h) Develop cohesive offer across Trafford for school support	
Promotion	Children, young people, families and professionals do not consistently know about the mental health support on offer Need to support self-care and promotion of good mental health and wellbeing	a) Mapping and establishment of mental health section on Trafford Services Directory b) Coproduce leaflet on MH for young people c) Developed Healthy Young Minds website, self-help resources and young people approved applications d) All children and young people to receive self-help information whilst on HYM waiting list	✓ ✓ ✓ ✓
Prevention	Improvements needed in early help provision and parenting support	a) Review parenting support offer b) Supervision from Parent Infant Clinical Psychologist to Senior Family Support Practitioners c) Recruit and train Children and Young People's Wellbeing Practitioner d) Review and development of Early Help Panel e) Secured a range of early help projects in Trafford f) GM public awareness and anti-stigma campaign g) Peer support projects established for low level MH concerns h) Recruit and train second Children and Young People's Wellbeing Practitioner	✓ ✓ ✓ ✓ ✓

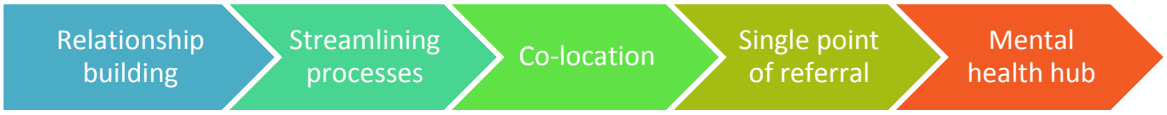
Improving Access to Effective Support

6.6 Trafford's Local Transformation Plan has prioritised waiting times and improved access since its inception. This has been driven by waiting time standards, feedback from stakeholders and a desire to move away from the previous tiered system towards the THRIVE model.

6.7 In response, Healthy Young Minds (CAMHS) has developed services significantly since Trafford's first Local Transformation Plan with the adoption of a Choice and Partnership Model (see Chapter 3), a restructure to increase capacity and redress the balance between psychologists and mental health practitioners, the enhancement of its group offer and the continuing development of Trafford's consultation model with a post established offering advice and consultation to teams dealing with complex families and safeguarding concerns.

6.8 Trafford CCG has also commissioned a co-ordination centre which will manage referral and discharge processes for residents moving around the health and social care system. There is potential in the future for referrals to children and young people's mental health services across the THRIVE model to be managed through the service. In the interim, discussions have begun in scoping out a single point of access for Healthy Young Minds, 42nd Street and other mental health services to improve the experience of children and young people accessing services. This will be a

phased approach as follows:



6.9 The first step has begun in 2017, which is about developing trusting relationships between the main sources of mental health support (Kooth, Healthy Young Minds (CAMHS), Just Psychology, 42nd Street and the Early Help Hubs). All parties have met and Healthy Young Minds (CAMHS) now sits on the early help panel to assist with directing referrals more effectively. This work will continue in 2018 so that all services have an in-depth knowledge of each other's offer. The second phase looks at processes between the main organisations and developing direct referral protocols, sharing assessments and other methods to become a more streamlined offer. The third stage will look at sharing space between the main services and has begun with the Children and Young People's Wellbeing Practitioner being based in the Early Help Hub and will continue as the space at Talkshop is developed to offer space to wider partners. Finally, work will take place to determine the vision and feasibility of a single point of referral (through Trafford Co-ordination Centre or independently) and a full mental health hub for Trafford.

2015-21 Objective: Trafford will seek to ensure that children and young people have the best possible access to services through the 'THRIVE model'

Priority Area	Identified Gaps	Major Tasks	Complete
Waiting Times	Long waiting times for specialist mental health services. Not meeting access and waiting times standards.	a) Resources secured to stabilise HYM waiting lists to support new models	✓
		b) Restructured HYM to give greater capacity and redress balance between psychologists and mental health practitioners	✓
		c) Investment in early help services to reduce pressures on HYM	✓
		d) Daily screening introduced in to HYM	✓
		e) Specialist support moved to front end of HYM service	✓
		f) Review of HYM systems and implementation of recommendations to increase throughput	✓
		g) Adoption of Choice and Partnership model of service with HYM	✓
		h) Implement waiting times standards for early intervention in psychosis	✓
Access	Move away from tiered system of mental health support to a THRIVE model Improved access to mental health services Develop collaborative care pathways across agencies	a) Establishment of Trafford's Co-ordination Centre to manage referrals and discharge processes across health and social care	✓
		b) Mental health pathways to be incorporated into Trafford Co-ordination Centre	
		c) HYM adopting standard GP referral form through Trafford Co-ordination Centre	✓
		d) Develop HYM pathways via THRIVE model of care with support of i-THRIVE hub	

		e) Adoption of pan GM HYM service specification with agreed access and waiting times f) HYM to develop service to Monday to Friday 8am – 8pm with flexible weekend cover g) HYM to establish processes to accept self-referrals h) Develop consistent GM thresholds and criteria for support and treatment with clarity of step up and step down processes i) Establishment of single point of access for mental health support services j) I-THRIVE model developed across all services	
Consultation	Multi-disciplinary professionals require consultation and advice from a named contact within specialist mental health services Embed mental health expertise in areas of likely unidentified mental health problems	a) Consultation post established for teams dealing with complex families and safeguarding concerns b) Establishment of consultation posts for schools, GPs and transition c) Develop identified mental health leads in GP surgeries and schools	✓
Transition	Children and young people's experience of transition is varied	a) New multi-agency transition protocol established b) Implementation of protocol led by senior managers c) CQUIN established for HYM transition d) GM to commission tier 4 beds to improve timely exit from inpatient care e) Develop in-reach/out-reach model for HYM and step down care f) Develop GM approach to transition to adult mental health services	✓ ✓

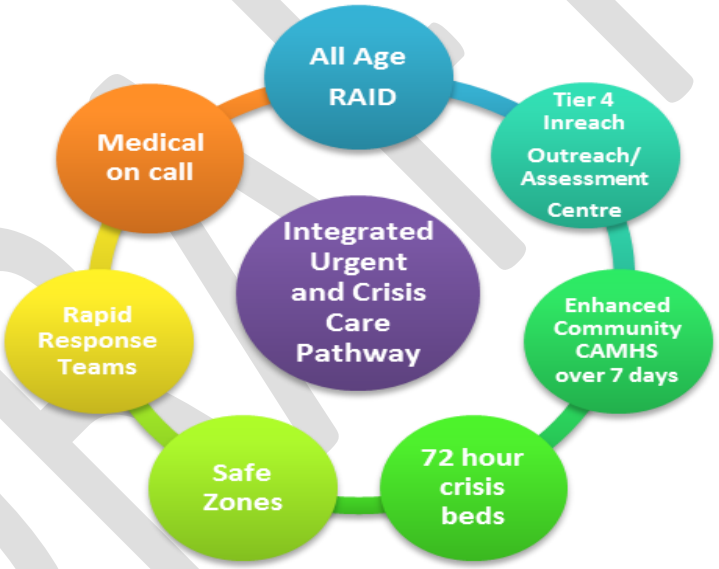
Care for the most vulnerable

6.10 Trafford's mental health services for children includes a range of specialist pathways, delivered through multi-disciplinary teams, in order to appropriately provide for the borough's vulnerable population. This includes the Children in Care Team, Complex Needs Team, and resources to Trafford's Youth Offending Service to undertake assessment and intervention with young people and offer consultations for staff (see Chapter 3). This structure will be continually reviewed to ensure that there is the ability and flexibility to deliver a consistent psychologically informed approach for children and young people with complex needs and their families. This support has been enhanced in 2017 through the introduction of Care, Education and Treatment Reviews for children and young people with learning disabilities and/or autism who are at risk of admission to hospital or secure accommodation.

6.11 The main priorities for Trafford have been reviewing our Neuro-developmental pathways to reduce waiting times and improve communication with families and other stakeholders. These pathways have looked to harness the expertise and valuable information within schools to assist with

diagnosis and introduce a programme of training to give confidence to schools to act as the lead professional. We have also invested in additional capacity and streamlined processes to impact waiting times.

6.12 A large scale project began implementation in January 2018 in relation to crisis care for children and young people across Greater Manchester using resources from the Greater Manchester Transformation Fund. This work intends to deliver a sustainable Greater Manchester wide integrated mental health crisis prevention, assessment and support pathway involving substantial system wide redesign. It will bring a REACH IN model that enables bespoke, responsive and flexible provision for those in a crisis and better care to intervene sooner and provide after care support to stop a crisis from reoccurring. It establishes two safe zones for young people in a crisis as an alternative to hospital admission, four crisis resolution and home intervention teams, appropriate 72 hour crisis beds and all age RAID (Rapid Assessment Interface Discharge) teams within hospital Accident and Emergency Departments. These services will lead to 24/7 community based support in a crisis. This will be a four year development programme supported by a seven day per week access offer provided by community CAMHS.



2015-21 Objective: Vulnerable young people will be able to obtain appropriate mental health support through services working effectively together.			
Priority Area	**Identified Gaps**	**Major Tasks**	**Complete**
Crisis Care	Poor access to out of hours support in a crisis Some children and young people admitted to hospital beds unnecessarily as no other alternative Gap in home treatment Need more flexible and responsive model of crisis care	a) Funding secured for GM crisis care transformation b) All Age RAID established in A&E departments c) Two safe zones established d) GM to manage GM inpatient beds vi a the GM inpatient mental health providers alliance e) 72 hour crisis beds and inpatient assessment centre established f) 24:7 specialist on call rota established g) Rapid response teams in place offering assertive outreach in home environment	✓

		h) Review policy for schools dealing with trauma e.g. suicide	
Neuro-development	Long waiting times for diagnosis for ADHD and Autism Limited post diagnostic support in place Improved communication to parents and stakeholders needed Skills gaps in staff working with CYP with autism spectrum disorder	a) Development and launch of new ADHD pathway b) ADHD training and communications plan carried out for stakeholders c) Introduction of QB-testing to aid diagnosis d) Recruit ADHD Nurse post e) Recruit administrator to coordinate pathway f) Enhanced post diagnostic support established for ADHD g) Increased capacity for Autism diagnostic pathway h) Commissioned post-diagnostic support for high functioning autism i) Development and launch of new Autism pathway aligned with cross-Pennine work j) Enhanced post diagnostic support for Autism k) Autism training and communications plan carried out for stakeholders.	✓ ✓ ✓ ✓ ✓ ✓ ✓
Complex Cases	Management of complex cases on a multi-disciplinary basis needs strengthening to ensure a consistent standard of care and prevent hospital admissions	a) Care, education and treatment review process established b) Develop dynamic risk register for CYP c) Explore use of personal health budgets for long term MH issues d) Social care to extend respite offer to complex cases e) Explore extension of HYM to 25 for Complex Needs	✓ ✓ ✓ ✓
Children in Care	Continued area of need due to high levels of mental health issues in children in care and rising numbers	a) Review evidence based interventions b) Developed keeping Families Together model to support vulnerable children on the edge of care c) Review care pathway d) Establish GM position on responsible commissioner issues for LAC and consistent mental health offer e) Capacity required for skills group sessions for CIC f) Explore expansion of HYM to 25 for CIC	✓ ✓
Young Offenders	Continued area of need due to high levels of mental health issues in young offenders	a) Review Counsellor role in Youth Offending Team b) Establish supervision from HYM to mental health practitioner c) Review care pathway d) GM consistent offer in place for young offenders e) GM protocols for MH assessments for young offenders	✓ ✓
Eating Disorders	No specialist community service or step down from hospital to prevent future admissions. Not meeting	a) Establish hub and spoke model to offer an evidence based service across Trafford, Stockport and Tameside	✓

	access and waiting times standards. Gap in peer support Gap in home treatment	b) Establish intensive home treatment service c) Establish peer support for families and young people d) Develop eating disorder support across a wider age range e) Develop text messaging service f) Improve access via evening and weekend opening g) Establish clear clinical pathway for eating disorders h) Delivery of family based treatment following training	✓ ✓ ✓

Accountability and Transparency

6.13 In Trafford children's community health services are currently commissioned by the local authority on behalf of Trafford CCG under a Section 75 agreement. In 2018, the CCG and Council will merge structures to improve patient experience through joint commissioning across the two organisations. This follows Trafford's integration of front line health and social care teams into single teams based on a locality model.

6.14 The Health and Well-being Board oversees this Transformational Plan, as do the respective CCG and Local Authority Senior Management Teams. Much effort was made to involve stakeholders and service users in the development of Trafford initial Local Transformation Plan and we have continued to communicate wider elements of the Transformation Plan in subsequent years, giving opportunities to shape our priorities with the support of communications and engagement expertise. We are also in regular contact with our Greater Manchester CCG colleagues and the Strategic Clinical Network, particularly through the Greater Manchester Future in Mind group to ensure the offer is consistent and opportunities to improve the mental health offer across Greater Manchester are embraced.

6.15 Pennine Care NHS Foundation Trust, our CAMHS provider, will be investing in a new platform (PARIS) for the gathering and reporting of critical data during 2018. PARIS is used consistently by other mental health providers across Greater Manchester. Until the new system goes live, data from Healthy Young Minds (CAMHS) will be provided through the SharePoint system. The new system will:

- allow for improved data to be gathered on children and young people with mental health needs to inform commissioning
- enable tracking of access and waiting times across pathways
- collect data on key indicators, patient experience and patient outcomes
- provide practitioners with an electronic case records system.
- support the management of children and young people who need medication.

2015-21 Objective: Trafford has clear lines of accountability and an increased understanding of data in order to shape the future changes to mental health services			
Priority Area	**Identified Gaps**	**Major Tasks**	**Complete**
Data Systems	Lack of information on services available Lack of clear reporting and data collection of critical data and intelligence with related scrutiny Lack of routine data collection for key indicators, patient experience and patient outcomes to allow for benchmarking	a) Contracts database developed for all mental health services and uploaded to Trafford Services Directory b) Streamlined data sets across six Pennine HYM services towards an agreed outcomes framework c) Introduction of Share point system to provide interim data from HYM d) Creation of reporting templates so HYM can report monthly on waiting times e) Evaluation of data systems to best fit CYP mental health f) Implementation of PARIS to record data for HYM g) Implementation of PARIS as an electronic case management system for HYM h) Recording and monitoring of access and waiting times i) Recruitment of pan Pennine data post to ensure consistency	✓ ✓ ✓ ✓ ✓
Partner agencies	Voluntary and community sector support not collated into Trafford figures	a) Record routine outcome measures through other agencies that provide mental health support to CYP b) Enable voluntary and community sector to report to CAMHS national minimum data set	
Patient Experience	Need for improved communication and involvement so that LTP is led by children, young people, their families and the professionals that support them.	a) Stakeholder events to inform LTP b) Consultation events with young people to inform commissioning c) Annual You Said, We Did survey to gain views on investments and priorities d) Development of communication and engagement plan for mental health e) GM CYP mental health reference group established i) GM wide single survey for YP and families	✓ ✓ ✓ ✓

Developing the Workforce

6.16 The quality of service provision and the outcomes achievable for our children and young people depends heavily on the skills, capacity and attitude of the staff delivering our mental health services. Trafford is looking to provide mental health awareness training for frontline professionals throughout the course of this Transformation Plan; this will be supported by the Government's Green Paper which aspires to rolling out mental health awareness training to every primary and secondary school in England and to a million members of the public to tackle stigma.

6.17 This ambitious programme of training will need to be informed by a comprehensive workforce strategy which takes into account skills, capabilities, age, gender and ethnic mix to enable us to develop and support a workforce that is flexible, sustainable and fit for purpose. Trafford is collaborating with all other Greater Manchester CCGs to develop a multi-agency Greater Manchester workforce strategy. We anticipate that this will help to address difficulties with

recruitment, retention and sustainability within the limited mental health workforce and provide greater flexibility of staff deployment across provider organisations. It will also look at how we provide a comprehensive training programme across agencies that is proactive in providing a basic understanding around mental health and neurological development, but also reactive in providing additional support and information around key issues and 'hot topics' so that professionals feel able to offer appropriate support to the families they are working with and understand when to refer them to specialist services. We will develop a Trafford version of the GM plan as it develops in 2018/19.

6.18 The Greater Manchester Transformation Fund is also investing in an i-THRIVE hub to ensure that the THRIVE model is integrated throughout Greater Manchester and provides the focus for workforce development. This will look at the development of pathways, the promotion of shared learning and system-wide effective responses to Adverse Childhood Experiences (ACEs). Trafford recognises that experiencing trauma, abuse and adversity has a substantial impact on life outcomes and the importance of asking children and young people about them sensitively in routine practice cannot be underestimated. Early work has taken place with school nurses and schools to introduce the concept of ACEs and start to change culture and practice. A conference for schools in October 2017 included national speakers discussing ACEs with school strategic leads and community health and social care professionals. This looked at how to develop a whole school approach to developing resilience and relationships. Trafford's Public Health Team are leading on developing an implementation plan to be considered by the Health and Wellbeing Board on the rollout of learning from ACEs in Trafford and associated changes in practice. Health and social care services in Trafford currently perform comprehensive assessments of all young people including sensitive enquiry regarding neglect, violence, abuse and child sexual exploitation to identify any safeguarding issues and ensuring that the young person receives the most appropriate care for their needs.

2015-21 Objective: The Trafford workforce will have sufficient resources and skills to improve children and young people's emotional health and wellbeing and make a real and lasting difference to the their lives.

Priority Area	Identified Gaps	Major Tasks	Complete
Workforce Development	Need for CAMHS workforce to grow according to GM and national expectations Need for a comprehensive workforce strategy Address skills gaps in staff working with CYP with learning disabilities, autism spectrum disorder and with those in inpatient settings	a) Self-Assessed Skills Audit completed for HYM and workforce strategy developed b) Workforce skills audit c) Repeat Self-Assessed Skills Audit for HYM d) Early Years Workforce Strategy and training programme developed e) GM Workforce strategy developed f) Local information inserted in Workforce Strategy	✓ ✓ ✓
Mental Health Training	Professionals report a lack of confidence in supporting children and young people's mental	a) Professional training survey completed b) Programme of mental health training run on self-harm, eating disorders, anxiety and anger management	✓ ✓

	health Address skills gaps in staff working with CYP with mental health issues, CYP with learning disabilities, autistic spectrum disorders and those in inpatient settings Lack of use of digital technology	c) Promotion of MIND-Ed modules to Trafford professionals d) Schools conference held with workshops on key topics (bereavement, parental mental health, transgender and body image) e) GM list of approved external training providers for mental health f) GM web based training resources established g) Explore establishment and audit of mandatory mental health awareness across agencies h) I-THRIVE training and development hub established i) Papyrus suicide prevention training implemented j) Advanced Eating Disorders training course k) Training on anxiety and depression implemented to support Mood and Emotional Disorder Pathway l) Promote training on trauma offered through GM resilience hub m) Crisis Care Training in place offering training in Adverse Childhood Experiences, REACH and more informed trauma sensitive interventions n) Training on autistic spectrum disorder designed and held to support pathway launch o) Establishment and promotion of local training link worker in HYM p) Peer networks and action learning sets implemented across GM	✓ ✓
IAPT	Need increased CYP IAPT therapists and supervisors aligned with GM and national targets CYP IAPT is not currently extended across all agencies Address skills gap across full range of evidence based therapies	a) CCG to secure finance for IAPT training once national funding ceases b) Continued programme of training in accordance with gaps identified in workforce audits c) Full implementation of CYP IAPT across partners agencies working with CYP mental health d) CYP IAPT clinical lead recruited e) Community Eating Disorders team completed CYP IAPT National ED training	✓ ✓

LTP funded activity

6.19 Since the beginning of 2016 when Trafford CCG received its Local Transformation Plan allocation, we have been working at pace to implement the transformational activity described above. A significant amount of activity has taken place across universal, targeted and specialist services led by commissioning in partnership with a wide range of stakeholders through the Transformation Implementation Group and task and finish groups (detailed below) to ensure investments are addressing the real needs of the borough. Investment in the main has been spent on enhancing service capacity to meet increasing demand in 'Getting Help' provision to provide appropriate

support quickly in order to aid successful recovery and reduce escalation and need for specialist support. Feedback received through engagement activity on the areas of investment to date has been positive. Planned investment for 2018/19 of this transformation plan is detailed as follows:

Principle	Activity	Planned Local Transformation Fund Investment 18/19
Prevention and Early Intervention	Early Help Projects	149,987
Improving Access to Effective Support	Specialist capacity Perinatal Pathway	274,746 104,758
Caring for the Most Vulnerable	Eating Disorders GM Projects (Inc. Crisis Liaison) Neurodevelopmental (Inc. sensory)	144,000 50,000 119,258
Accountability and Transparency	Business Intelligence Data Post	8,000
Workforce Development	CYP IAPT training*	67,125
	TOTAL	**917,874**

*not including course fees

6.20 Additional to local investment, Trafford will benefit significantly from investment from the Greater Manchester Transformation Fund. This pot stands at up to £34.6m for programmes on children and young people's mental health including reshaping crisis care and access to 24/7 support, developing the i-THRIVE model, workforce development and perinatal and parent-infant mental health.

Measuring Outcomes

6.21 Throughout the course of Trafford's Transformation Plan we plan to ensure delivery of each area of investment against our outcomes framework. These measures will be available to both NHS England and the Greater Manchester Health and Social Care Partnership on a quarterly basis. Since 2015 we have made the following progress against established targets:

- Reducing inappropriate referrals to CAMHS from 27% in 2014/15 to 14.5% in 2016/17. The figure for the first six months of 2017/18 is 10%.
- 88.9% of school nurses feel confident to work with CYP presenting with mild/moderate self-harm.
- 90% of children and young people on our early help pilot had increased knowledge of help available and increased willingness to develop coping mechanisms. 100% had improved emotional wellbeing and could identify a person to speak to when they need support.
- 93% of service user/professionals satisfied with new Healthy Young Minds website.
- 100% of young people with an eating disorder in 2016/17 were assessed and treated within 4 weeks. 100% of urgent referrals were seen within a week. For the first nine months of 2017/18 the figures were 100% and 66% respectively.
- A bonding DVD and leaflet was given in 98% of births in 2016/17.
- 42% of parents attending the baby and me group in 2016/17 reported increased bonding.

- 55.7% of families received a New Born Observation Screening by health visitors in 2016/17.
- 100% of young people with comorbid complex presentations receive a care plan.
- 120% more assessments and offers of treatment to young people by 42nd street in 2016/17 due to increased investment. 63% of these saw 'reliable recovery' or 'reliable change' after completing therapy.
- There was a 7.16 WTE increase in mental health posts in 2016/17 due to local transformation fund investment.
- We estimate that 29% of CYP with a diagnosable mental health condition were treated in a NHS-funded community service in 2016/17.

6.22 For 2017-2021 Trafford is aspiring to meet the trajectories below for mental health service outcomes. These are a combination of nationally expected standards through the Implementing the Five Year Forward View for Mental Health and local priorities.

Area	Outcome	2015/16 Baseline	2016/17 Achieved	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target
Eating Disorders	Percentage of CYP (routine cases) that start treatment within 4 weeks of referral	0%	100%	100%	100%	100%	100%
Eating Disorders	Percentage of CYP with ED (urgent cases) that start treatment within 1 week of referral	0%	100%	100%	100%	100%	100%
CYP Treated	Percentage of CYP with diagnosable MH condition treated in NHS-funded community MH service	24% (estimate)	29% (estimate)	30%	32%	34%	35%
Waiting Times	Reduction in waiting times for an initial appointment to Healthy Young Minds (CAMHS)	13 weeks	11 weeks	10 weeks	8 weeks	7 weeks	6 weeks
Early Intervention in Psychosis	Percentage of people aged 14-65 treated within two weeks of referral	n/a	50%	50%	53%	56%	60%
Early Intervention in Psychosis	Specialist EIP provision in line with NICE recommendations	n/a	Baseline self-assessment complete	All services graded at level 2	25% services graded at level 3	50% of services graded at level 3	60% of services graded at level 3
Referrals	Reduction in inappropriate referrals to Healthy Young Minds (CAMHS)	19%	14.7%	12%	9.5%	7%	5%

Workforce Five Year Forward Target	Increased number of clinical posts across Thrive model in age 5-18 service	n/a	42.68	44.3	46.5	48.7	50.88
Workforce Royal College Psychiatry Target	Increased number of local HYM clinical posts 0-18 to meet RCP recommendations	24.14	30.33	30.8	37.96	40.76	43.2

6.23 The transformational activity will also contribute to a range of all-age public health outcomes which can be tracked over the longer-term through the Joint Strategic Needs Assessment. These are as follows:

Indicator	Previous		Latest		Change
Health related quality of life for people with a long term mental health condition	2015/16 result	**0.536**	Jan 17-Mar 17	**0.573**	↑
Emergency readmissions to mental health services within 30 days of a mental health inpatient discharge	Oct 13 - Sep 14 Result	**10.30%**	Oct 14 - Sep 15 Result	**8.40%**	↓
Excess under 75 mortality rate in adults with serious mental illness	2013/14 result	**404.7**	2014/15 result	**480.3**	↑
Proportion of people who feel supported to manage their conditions	July 15-Mar 16	**64.9%**	Jan 17-Mar 17	**65.2%**	↑
Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment	2014/15	**51.2%**	Jan 15-Dec 15	**52.6%**	↑

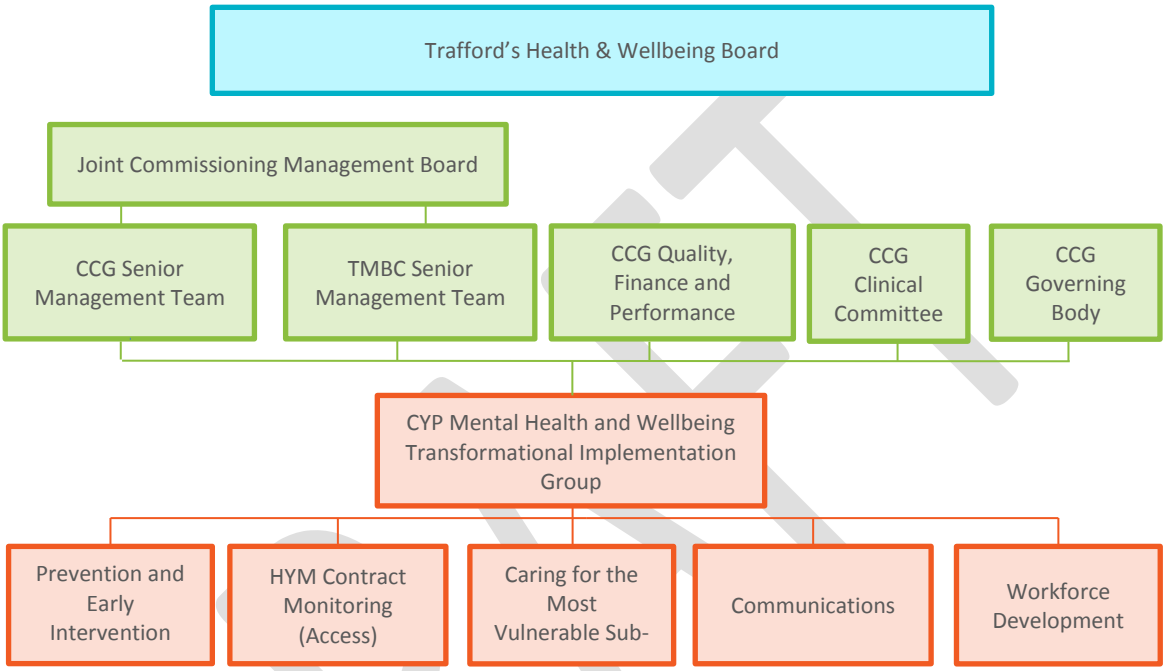
Governance

6.24 Trafford Council operates an integrated service for children and families. The model brings together education, health and social care. This way of working supports multi-agency working governed by multi-agency boards.

6.25 Healthy Young Minds (CAMHS) is part of the council's integrated service offer, though the overall responsibility for the service rests with Pennine Care NHS Foundation Trust, it is commissioned by the integrated Commissioning Team in Trafford Council's Children Families and Well-being Service on behalf of Trafford CCG.

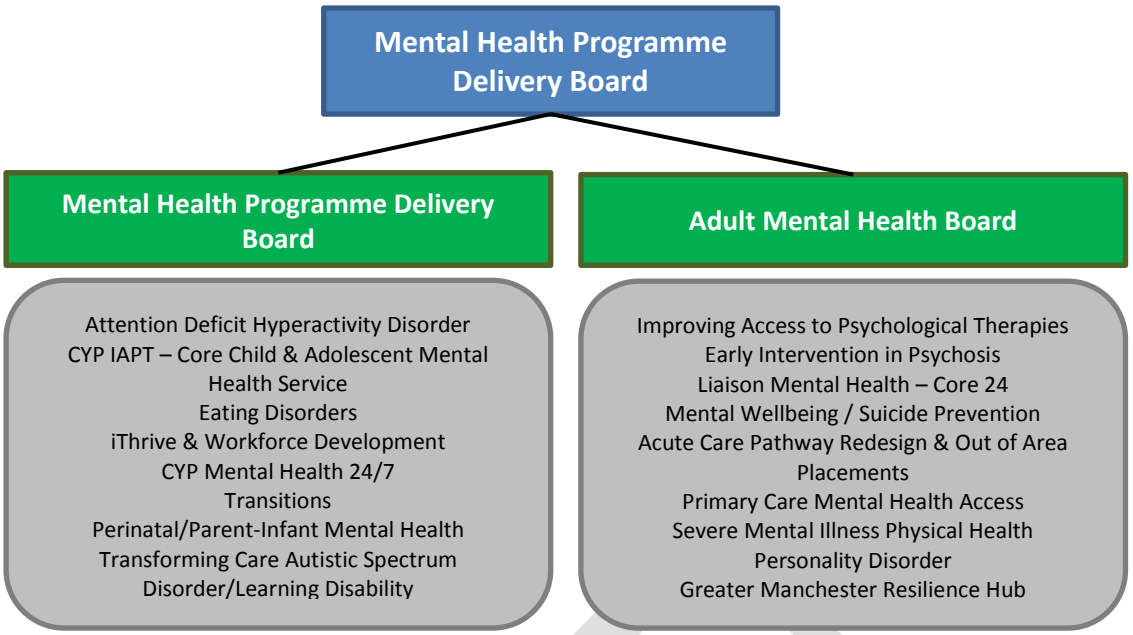
6.26 The implementation of the Local Transformation Plan is overseen by the CYP Mental Health and Wellbeing Transformation Implementation Group (TIG), with separate task and finish groups that feed into it. These groups are identified according to priorities and may change over time, however the core topics align to the key elements of Future in Mind and a detailed implementation plan has been drawn up for each area drawing from the Local Transformation Plan. Each task and finish group has agreed to an overall objective and key task to ensure that the focus remains on making a real difference for children and young people in Trafford.

6.27 The TIG reports to both Trafford CCG and TMBC Senior Management Teams which come together at the Joint Commissioning Management Board. Any associated investment or use of funding is agreed by the CCG Quality, Finance and Performance Group and/or Governing Body (depending on financial value). Any clinical issues, such as changes to services or pathways are agreed via the CCG Clinical Committee. All reporting streams come together at the Health and Wellbeing Board which oversees the strategic elements of all plans and services for Trafford CCG and Council.



6.28 A separate service delivery group with the provider of Eating Disorder services (Pennine Care Foundation Trust) has also been set up across the areas of Oldham, Rochdale, Bury, Stockport and Tameside & Glossop. This group has an implementation plan which includes the reporting of risks and issues to the Transformation Implementation Group.

6.29 In terms of GM work, the Greater Manchester Children's and Maternity Commission Consortium and Greater Manchester Health and Social Care Devolution Children and Young People's Mental Health Board are tasked with looking at key areas of mental health and emotional well-being for children and young people across Greater Manchester to drive the key strategic initiatives. These bodies will develop integrated commissioning to share good practice and develop a more standardised service offer across GM with consistent target outcomes promoting early intervention and preventative action to reduce variation across GM boroughs. They will also instigate collaborative projects to allow for a more efficient use of resources. There is also a GM Future in Mind Delivery Group, which reports to these bodies and provides oversight of the GM whole system transformation programme on behalf of the GM Health and Social Care Partnership.



Key Risks

6.30 It is recognised that such a large system change in Trafford brings a number of risks to implementing our Local Transformation Plan. Our risk register recognises the importance of ensuring that each service engages and contributes their part to the plan, that the current and future financial context does not hamper investment in mental health support and most importantly that service change delivers true impact for families, children and young people. Our key risks have included:

- Challenges around accessing additional transformation funding due to our challenging local financial position
- The significant transformation required within Trafford's Healthy Young Minds (CAMHS) service and associated HR processes which have brought delays
- A lack of a comprehensive data recording system within Healthy Young Minds (CAMHS) making intelligent commissioning difficult
- A reducing early help workforce compounded by a shrinking market of specialist posts
- Recruitment difficulties due to a limited pool of specialist staff
- The ability and confidence of wider professionals to support young people with low level interventions.

6.31 It is important to Trafford that we consider the sustainability of this local transformation plan post 2021. It is anticipated that some funding from Greater Manchester transformation will be recurrent to ensure programmes of work are able to continue and Trafford CCG will continue to invest in local core services for children and young people's mental health. Our main strategy linked to the i-THRIVE model is around developing wider services and ensuring that the transformation of specialist services supports wider services to have greater competence and confidence in supporting children and young people's emotional health and wellbeing. In addition to this, Trafford is committed to supporting self-help and promoting resilience as the basis for mental health support that is more sustainable in the longer term.

Summary

- In order to implement the new THRIVE model, a number of key priorities have been identified that align with NHS England's 'Future In Mind': 1) Promoting Resilience, Prevention and Early Intervention, 2) Improving Access to Effective Support, 3) Caring for the Most Vulnerable, 4) Accountability & Transparency, 5) Shaping the Workforce.
- Promoting Resilience, Prevention and Early Intervention: This area has focussed on schools, parenting, early help provision, self-care and perinatal support. Changes included offering self-help information to those on the Healthy Young Minds waiting list, extra resources for the perinatal pathway, supervision from the Parent Infant Clinical Psychologist to Senior Family Support Practitioners and investment in early help.
- Improving Access to Effective Support: In order to improve access and reduce waiting times within Healthy Young Minds, Trafford has adopted a Choice and Partnership Model, had a service restructure, and enhanced its group offer. Other changes in this area have included the establishment of a consultation post for teams supporting mental health in complex families and safeguarding concerns and a revised transition protocol.
- Care For The Most Vulnerable: Trafford's most vulnerable children are supported by a range of services, including the Children in Care Team, Complex Needs Team and the Youth Offending Service. Changes in this area include the launch of a new ADHD pathway, increased capacity for the Autism diagnostic pathway and the creation of a Community Eating Disorders Service.
- Accountability & Transparency: The Health & Wellbeing Board oversees this Transformational Plan, as do CCG and Local Authority Senior Management Teams. Changes in this area include improved data recording systems for Healthy Young Minds, regular surveys of stakeholders, the development of a contracts database for all mental health services and commitment to invest in data analyst to improve data flow.
- Developing the Workforce: This section focuses on training up the workforce supporting children and young people around issues relating to mental health and wellbeing. Changes in this area include the promotion of Mind-Ed and a programme of mental health training on self-harm, eating disorders, anxiety and anger management.
- Significant resources have been invested by Trafford CCG to enable this programme of transformation and the CCG has committed to a minimum of £500k recurrently across the CYP and perinatal mental health agendas.
- A range of outcomes have been set up in order to monitor the success of the changes set out in the Local Transformation Plan. Improvements can already be seen in a range of areas such as inappropriate referrals to Healthy Young Minds going from 27% in 14/15 to 14.7% in 16/17.
- Trafford's Local Transformation Plan is a live document which has been developed with the support of a wide range of stakeholders. It is important to have the contribution and commitment of everybody to deliver this ambitious programme of change.

Jargon buster

- **ADHD:** Attention Deficit Hyperactivity Disorder
- **Adverse Childhood Experiences:** Traumatic events that have affected a person's well-being
- **AGMA:** Association of Greater Manchester Authorities
- **AIM assessment:** Assessment, Intervention and Moving on
- **ASD:** Autism Spectrum Disorder
- **CAMHS:** Children's and Adolescent Mental Health Service
- **CBT:** Cognitive Behavioural Therapy
- **CCG:** Clinical Commissioning Group.
- **CHI-ESQ:** Child Experience of Service Questionnaires
- **CiC:** Children in Care
- **CNA:** The patient Could Not Attend
- **DNA:** The patient Did Not Attend
- **EHC:** Education, health and care
- **Future in Mind:** An NHS England report that explains how to improve children and young peoples' mental health services
- **Healthy Child Programme 5-19:** A Department of Health report that brings together recommended programmes and interventions for those aged between 5 and 19
- **IAPT:** Improving Access to Psychological Therapies
- **Incredible Years programme:** Training programmes for parents, teachers, and children that help in preventing and dealing with behaviour problems
- **LASPO Act:** Legal Aid, Sentencing and Punishment of Offenders Act 2012
- **LD:** Learning Disability
- **Liquid Logic:** A social care system used by local authorities
- **Lower Super Output Areas (LSOA's):** LSOA's are geographic areas. They were designed to improve the reporting of small area statistics.
- **LTP:** Local Transformation Plan
- **Me2:** Specialist therapeutic foster carers
- **MST:** Multi-Systemic Therapy
- **MTFC:** Multi-treatment Foster Care
- **NOS:** Not otherwise specified
- **Ofsted:** Office for Standards in Education
- **PCFT:** Pennine Care Foundation Trust
- **Perinatal:** The period immediately before and after childbirth
- **Postnatal:** The period after childbirth
- **QIPP:** Quality, Innovation, Productivity and Prevention
- **RAID:** Rapid Assessment, Interface, & Discharge service
- **SARC:** Sexual Assault Referral Centre
- **SDQ:** Strength and Difficulties Questionnaire
- **YOS:** Youth Offending Service

TRAFFORD COUNCIL

NHS Trafford Clinical Commissioning Group

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TRAFFORD COUNCIL

Report to: **Health & Well Being Board**
Date: **Friday 13th July 2018**
Report for: **Information / Decision / Discussion / Approval**
Report of: **The Interim Director of Public Health**

Report Title

Trafford MBC Gambling Review

Summary

Trafford MBC is currently reviewing its Gambling Policy http://www.trafford.gov.uk/business/licenses-and-permits/Gambling-Policy-review.aspx

Members of the Board are asked to use the link view and submit their comments to the review.

Members are also invited to consider the comments below, written by the Interim Director of Public Health, for inclusion within the policy to explain why the review is being drawn to the attention of the committee.

Comments for Inclusion

"Almost three quarters of British adults gamble on occasion, and many gamble regularly. Most experience no problems and the prevalence of gambling-related harm in Britain is less than 1% [1]. Therefore, for most people, gambling is a pleasurable and harmless activity. However, although only a small proportion of people who gamble suffer adverse consequences, the sheer number of people who gamble in the UK means that this small proportion creates, in numerical terms, a significant number of people where gambling is causing harm either directly to them or indirectly to their family or community. For every problem gambler, a further 5-10 people are directly affected, and there are more problem gamblers in the UK than there are Class A drug users[2].

Gambling-related harm includes a range of health and social problems, such as mental ill-health, (e.g., anxiety, depression, compulsive behaviour patterns); impact on family cohesion, including domestic violence; employment instability; debt problems; homelessness, and criminality (eg theft or fraud to fund gambling activity)[4]

The likelihood of experiencing harm is not evenly distributed across the population, with men being much more likely than women to suffer problems with gambling. Deprivation is also a significant risk factor, with 13% of men in the most deprived populations experiencing harm, compared to 6% in the least deprived[3].

The Gambling Act (2005) requires that children and other vulnerable people be protected from being harmed or exploited by gambling. Different forms of gambling carry different levels of risk, with fixed odds betting terminals carrying particularly high levels of risk.

In relation to Trafford's policy, I welcome the strengthening of the processes to safeguard children from harms cause by gambling, and would ask the Council to look carefully at section 20.3-4 regarding the number of fixed odds betting machines per premises, given the associated risks."

Eleanor Roaf, Interim Director of Public Health

References:

1.Wardle H, Moody A, Spence S, Orford J, Volberg R, Jotangia D et al (2010) British Gambling Prevalence Survey National Centre for Social Research. London: The Stationery Office

2.Hay G, Gannon M, Casey J, Millar T (2010) National and Regional Estimates of the prevalence of opiate and/or crack cocaine use 2008/9: a summary of the key findings. National Treatment Agency www.nta.nhs/uk/facts-prevalence.aspx

3.The Scottish Health Survey 2014. The Scottish Government, Edinburgh. September 2015. Accessed online at http://www.gov.scot/Publications/2015/09/6648 on 30/06/16

4. Lesieur HR, Rosenthal MD (1991) Pathological gambling: A review of the literature (prepared for the American Psychiatric Association Task Force on DSM-IV Committee on disorders of impulse control not elsewhere classified). J Gambl Stud **7**: 5-40

Recommendations

1. That the Board note the review.
2. That Board Members view and comment upon the review
3. That the Board approve the comments of the Interim Director of Public Health for inclusion within the policy.

Contact person for access to background papers and further information:

Name: (for matters relating to Public Health):Eleanor Roaf;, Interim Director of Public Health
To respond to the review or more details on licensing policy: Licensing@Trafford.gov.uk

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