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TRAFFORD
COUNCIL

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Thursday, 30 January 2020

Time: 6.30 p.m.

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

A G E N D A	PART I	Pages
1.	ATTENDANCES	
	To note attendances, including Officers, and any apologies for absence.	
2.	DECLARATIONS OF INTEREST	
	Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
3.	URGENT BUSINESS (IF ANY)	
	Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.	
4.	QUESTIONS FORM THE PUBLIC	
	A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4pm on the working day prior to the meeting. Questions must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received	
5.	MINUTES	1 - 8
	To receive and, if so determined, to agree as a correct record the Minutes of	

the meeting held on 20th November 2019

- | | | |
|-----|--|---------------|
| 6. | COVERAGE OF CANCER SCREENING PROGRAMMES IN TRAFFORD | 9 - 20 |
| 7. | STRETFORD MEMORIAL | Verbal Report |
| 8. | UPDATES ON ADULT SOCIAL CARE, LEARNING DIFFICULTIES BOARD AND SUICIDE PARTNERSHIP | 21 - 24 |
| 9. | HEALTH SCRUTINY WORK PLAN 2019/20 | 25 - 36 |
| 10. | EXCLUSION RESOLUTION (REMAINING ITEMS) | |

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of “exempt information” which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

Councillors Dr. K. Barclay (Chair), S. Taylor (Vice-Chair), A. Akinola, Dr. S. Carr, Mrs. D.L. Haddad, B. Hartley, J. Lloyd, S. Thomas, D. Acton (ex-Officio) and D. Western (ex-Officio).

Further Information

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

Fabiola Fuschi, Governance Officer
Tel: 0161 912 2019
Email: fabiola.fuschi@trafford.gov.uk

This agenda was issued on **Wednesday, 22 January 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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Health Scrutiny Committee - Thursday, 30 January 2020

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HEALTH SCRUTINY COMMITTEE

20 NOVEMBER 2019

PRESENT

Councillor Dr. K. Barclay (in the Chair).
Councillors S. Taylor (Vice-Chair), Dr. S. Carr, Mrs. D.L. Haddad, B. Hartley,
S. Thomas and D. Acton (ex-Officio)

In attendance

Donna Sager	Public Health Consultant, Trafford Council
Louise Wright	Sport Relationship Manager, Trafford Council
Thomas Haworth	Sport Relationship Manager, Trafford Council
Dr. Yvonne Burke	General Practitioner, Boundary House Medical Centre, Sale
Mrs. Ann Marie Jones	Chief Executive, Age UK Trafford
Sara Radcliffe	Director of Integrated Health and Social Care Strategy Trafford Council and Clinical Commissioning Group (CCG)
Eleanor Roaf	Interim Director of Public Health
Martyn Pritchard	Accountable Officer NHS Trafford and CCG
Helen Gollins	Consultant in Public Health, Trafford Council
Leifa Jennings	Public Health Specialist Registrar, Trafford Council
Richard Spearing	Trafford Integrated Network Director, Trafford Council
Fabiola Fuschi	Governance Officer, Trafford Council

Also Present

Councillor Slater, Executive Member for Health, Wellbeing and Equalities

31. ATTENDANCES

Apologies for absence were received from Councillors Akinola, Lloyd, D. Western and Heather Fairfield.

32. DECLARATIONS OF INTEREST

Councillors Dr. Carr, Hartley and Taylor declared a general interest in so far as any matter related to their employment.

33. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

34. QUESTIONS FROM THE PUBLIC

There were no public questions received.

35. MINUTES

RESOLVED that the minutes of the Health Scrutiny Committee meeting held on 26th September 2019 be approved as a correct record.

36. IMPROVING PHYSICAL ACTIVITY IN TRAFFORD

The Committee gave consideration to a report of the Director of Public Health on local programmes to promote physical activity. The report also outlined the current data concerning the level of physical activity in Trafford, the new Chief Medical Officer's guidelines and the initiatives to ensure that less active groups were targeted and supported.

The Executive Member for Health, Wellbeing and Equalities, the Public Health Consultant, the Sports Relationship Managers were in attendance to present the information and address the enquiries of the Committee. Members were informed that the majority of residents in Trafford were active. The key areas of focus for commissioners were inactive or fairly active people. There were some variations in different groups as older people, people with disabilities, people living in deprived areas and people from black and minority ethnic groups were less active. Levels of inactivity were higher in western areas of Trafford. In these complex instances, officers used a whole system approach which aimed to encourage the uptake of physical activity and deliver sustainable change, working collaboratively with many partners such as the NHS, community and voluntary groups, Trafford Leisure but also with families and their social networks. Changes to housing and transport policies would modify the physical environment and boost walking and cycling.

Following the invitation of the Chair of the Committee, the Chief Executive Age UK was in attendance to inform of the activities undertaken by the charity and explained that there was compelling evidence that physical activity was beneficial for older people to prevent many illnesses and other difficulties associated with older age. However, data showed that 59% of over 75 year olds were inactive. The Chief Executive outlined the Age UK's offer in Trafford: weekly coffee mornings, postural stability classes and men's activity groups such as indoor bowling and ping pong. Those affected by cognitive impairment benefitted significantly from the classes. The classes represented for all those attending, an opportunity for social interaction, to prevent and/or fight social isolation and depression. There were 110 volunteers and 535 75s year olds and over that took part in these activities.

The Chair of the Committee also welcome to this evening's meeting the G.P. whose practice in Sale led the way in encouraging and supporting patients to be physically active, to prevent many diseases and boost mental health. The G.P. explained that physical and mental health were interchangeable. The practice had started a walking group for patients three years ago. The activity had been linked with volunteers and 11 walks had developed in 13 G.P. practices in Trafford. The practice was also a Park Run practice and, as such, promoted Park Runs. The G.P. concluded that physical activity was at the heart of everything as it linked to themes very important to the community such as clean air and transport.

The Sports Relationship Managers informed the Committee that their main area of focus was to take actions to eliminate inequalities that acted as barriers to access

physical activity. Currently, there was a local delivery pilot in Partington to target children and young people, people out of work or at risk of becoming unemployed, and people aged 40-60 or at risk of long term conditions. They also explained the importance for older people of the social aspect of physical activity and reiterated the significance of a whole system approach across the locality.

Members sought and received clarification on how social prescribing and related activities were communicated to older people/ those not accessing the Internet and how best practice was shared amongst GPs. The GP representative explained that Public Health England provided very good resources on how GPs can promote physical activity; having a champion in the surgery also helped greatly. Officers also explained that elderly people used printed press and radio; supermarkets' cafes were a crucial point to divulge information to elderly people, as well through their families who used social media. The Committee asked how to reach the hard to reach individuals and families to tackle health inequalities and help people to feel well. Officers explained that the Council focuses on removing those conditions that stopped people to access physical activity; local delivery pilots empowered people to deliver this change and encouraged community groups to take the lead in changing. The Committee also asked what Trafford Leisure's offer entailed. The GP representative explained that currently, Trafford Leisure was an un-commissioned service; a GP could make a referral for eight weeks; this would cost the user £20 and he/she would be able to access all the classes provided as well as full use of the gym and swimming pool; the GP representative added that this was a great entry point and it would be helpful to be able to promote this further and have this service as part of the commissioned services. Trafford leisure was also part of the Active Living Services in Greater Manchester which was also part of the Prehabilitation Cancer Programme to support people affected by cancer to achieve an optimal status before their surgery so that, during the recovery phase, they could return to the gym for their rehabilitation.

Members enquired about what was being done to address inequalities to South Asian and other black ethnic groups, for examples with literature being available in other languages. Officers explained that there were a range of projects available such as the GM Cricket Strategy to target Asian communities across GM, specifically to engage with South Asian women to be involved in the game. There were also local running groups targeting black and minority ethnic groups in Old Trafford. However, there were more opportunities for further work to be done, for example making information more accessible. Officers informed that Peer Champions were currently being hired to raise awareness about the benefit of physical activity amongst various groups. Officers reassured members that accessibility and inclusion were key points in the discussions on Trafford Leisure's future developments. Members queried how percentages of physical activity were calculated.

The Committee commended the way Chief Medical Officer's guidelines were displayed in the posters attached to the report and agreed that it would be helpful to use these posters to encourage individuals to take up physical activity and send them out when the Council contacted residents.

RESOLVED:

1. That the content of the report be noted;
2. That a progress report be presented at the meeting of the Committee in March 2020 to outline developments with:
 - a. GPs involvement in encouraging patients to undertake physical activity;
 - b. Improving level of translation material for South Asian communities and other black ethnic groups to promote access to physical activities;
 - c. Peer Champions and ageing well;
 - d. Physical activity offer for disabled people;
 - e. Utilising the Chief Medical Officer's poster to promote physical activity to residents.

37. UPTAKE OF CHILDHOOD VACCINATIONS

The Committee gave consideration to a report of the Director of Public Health on the uptake of childhood vaccination across Trafford, with a particular focus on MMR (measles, mumps and rubella) viruses. The Committee had requested the information because of recent reports of a progressive decline across the nation in the uptake of the MMR vaccines.

The author of the report accompanied by the Portfolio Holder for Health, Wellbeing and Equalities and the Consultant in Public Health attended the meeting to present the information and address the enquiries of the Committee.

Officers explained that measles was a very contagious and dangerous disease. Vaccinations were highly effective but nationally vaccine uptake had declined since 2013/2014. In Trafford, MMR vaccinations had not reached the target of 95% population coverage. Officers explained that, in order to prevent a local outbreak, the Council had adopted a multi-agency approach working with General Practices, Greater Manchester Screening and Immunisation Team as well as with the community to raise awareness on the importance of the vaccination.

Members sought clarification on the causes of low coverage for MMR vaccination in Trafford. Officers explained that this depended on the type of vaccination which took place in two stages and the difficulty in tracking patients who moved frequently from an area to another. The Committee was reassured that work was ongoing with the Clinical Commissioning Group to ensure that patient lists were accurate. The Committee also enquired about communication concerning the availability of a different type of MMR vaccine to meet the needs of some faith groups as well as more general information regarding the effectiveness of vaccinations and, in connection with this, the importance of their timeliness. Officers concurred with this view and explained that work was ongoing with general practitioners to ensure that children with underlying health conditions were prioritised for flu vaccinations when delays in the supply of the vaccines occurred. When enquired about the reasons for the low uptake in MMR vaccination, Officers explained that it was difficult to establish. However, work was ongoing at Greater Manchester level which focussed on families and nurseries to promote MMR and flu vaccinations; health visitors represented a great resource to address families' concerns. Officers added that, in newly arrived populations, the uptake of the

vaccine was significantly higher, possibly because of a better understanding of the impact of measles. Officers added that Public Health sessions were delivered to faith and community groups; they added that support for other members of the community would help to divulge the message of vaccination.

RESOLVED:

1. That the content of the report be noted;
2. That a progress report be presented at the meeting of the Committee in March 2020 to inform of –
 - a. Actions being taken to promote the message about alternative MMR vaccine to meet the needs of some faith groups;
 - b. Reasons for poor uptake of MMR vaccines in some general practices in the Borough;
 - c. Update on community work being developed to promote immunisation;
 - d. Package of training for councillors on immunisation to help to support message in the community.

38. ALTRINCHAM HEALTH AND WELLBEING HUB UPDATE

The Committee considered a progress report of the Accountable Officer for NHS Trafford and Clinical Commissioning Group on the negotiations to secure appropriate tenants for the Altrincham Health and Wellbeing Hub.

The Accountable Officers was in attendance to present the information and address the enquiries of the Committee.

Two medical general practices, serving a total of 25,000 residents, had moved into the hub. From next week, the Integrated Health and Social Care Team for the south locality would be located on the second floor of the building. Negotiations were taking place between NHS Property Services and an appropriate commercial organisation to occupy the third floor. Discussions were ongoing between NHS Property Services and commercial organisations for the remaining part of the ground floor.

Members sought assurance on the suitability of potential new tenants to carry out their business consistently with the health and social care message. Officers explained that there were two leases in the building and NHS Property Services managed directly the lease concerning the parts of the building for commercial use. Members queried whether there had been any feedback from users about access and parking. Officers explained that the transition had gone smoothly and general feedback from residents and users was positive.

RESOLVED:

1. That the content of the progress report be noted;
2. That a further update be provided at the meeting of the Committee in March 2020.

39. TRAFFORD TOGETHER LOCALITY PLAN FOR SUSTAINABILITY AND REFORM - INCORPORATING THE NHS LONG TERM PLAN

The Committee considered a report of the Director of Integrated Health and Social Care Strategy on the transformation of health and social care in the next five years. The document incorporated the NHS Long Term plan and was also part of the public service reform agenda to have shared resources, aspirations and outcomes across public services. The plan would be submitted to the Executive on Monday and subsequently to the Greater Manchester Combined Authority and to the Clinical Commissioning Group (CCG) Board in early December.

The author of the report accompanied by the Accountable Officer for NHS Trafford and CCG) and the Trafford Integrated Network Director attended the meeting to present the information and addressed the enquiries of the Committee.

Members sought clarification on the main purpose of the plan. Officers explained that this was the integration of health and social care services to spend public money effectively, focussing on prevention and a long term strategy to work with people in their communities. The plan would be the blueprint for Trafford's health and social care commissioning strategy, which also informed the work with providers and Trafford's partnership priorities for health and wellbeing. Members noted that Trafford faced a real challenge as its residents often accessed secondary and tertiary health services outside the Borough. Officers explained that work was ongoing to strengthen the links with providers outside Trafford to ensure access to speciality care; however, at the same time, Trafford would maintain oversight of the patient's care to ensure positive outcomes. Joint assessments between different local authorities were already taking place in those instances when a patient received speciality care outside of his/her local authority. The Committee enquired about inequalities and how these would be addressed in the new plan, use of the digital platform and how communities had been involved in shaping the document. Officers agreed to provide an update on these points at the meeting of the Committee in March 2020.

RESOLVED :

1. That the content of the report be noted;
2. A progress report be brought to this Committee in March 2020 to update on the following aspects of the locality plan:
 - a. Tackling inequalities;
 - b. Digital platform;
 - c. Engagement with the community

40. TRAFFORD COMMUNITY SERVICES TRANSFER UPDATE

The Committee gave consideration to a report of the Director of Integrated Health and Social Care Strategy on Trafford Community Services Transfer from Pennine Care NHS Trust to Manchester Hospitals Foundation Trust and a new Section 75 Partnership Agreement with adult social care to reform the Trafford Local Care Organisation.

**Health Scrutiny Committee
20 November 2019**

The author of the report accompanied by the Accountable Officer for NHS Trafford and CCG and the Trafford Integrated Network Director attended the meeting to present the information and addressed the enquiries of the Committee.

Officers informed that the transfer of 600 members of staff had taken place on 1st October 2019. The community health services that had transferred and adult social care services through a new partnership agreement were now known as Trafford Local Care Organisation whose operating model was based in Trafford's four neighbourhoods. A Community Services Transformation Board was established to drive forward the work needed to achieve the aspirations outlined in the Trafford Together Locality Plan.

Members sought and received clarification on the service performance indicators of the new provider, the outcome of the consultation with members of staff and service users, training for practitioners. Officers explained that the transfer took place in a way that ensured that patients could see no difference between the previous and the new provider.

RESOLVED –

1. That the report be noted;
2. A progress report be presented at the meeting of the Committee in March 2020.

41. HEALTH SCRUTINY WORK PROGRAMME 2019/20

The Committee considered the work plan for the current municipal year. The Chair informed the members that the first meeting of the Task and Finish Group which focussed on mental health took place last week; the group had decided to review the actions the Council was taking to support residents and communities to overcome the stigma associated with mental health.

The following members expressed an interest in being part of the second Task and Finish Group which focussed on Failing GP Practices: Councillors Hartley, Akinola, Thomas and Dr. Carr. This Task and Finish Group would be led by the Vice-Chair of the Committee, Councillor Taylor.

RESOLVED that the update on the work of the Committee for the current municipal year be noted.

42. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 6.30 pm and finished at 8.33 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 30th January 2019
Report for: Information
Report of: Eleanor Roaf, Director of Public Health

Report Title

Coverage of Cancer Screening Programmes in Trafford

Summary

This paper provides an overview of the three NHS Cancer Screening Programmes in Trafford and describes related improvement activity.

Recommendation(s)

- That the Health Scrutiny Committee**
- i) notes the report and considers what further information it would like to receive on this topic**
 - ii) provides its support to steps to be taken to promote positive messages about cancer screening.**

Contact person for access to background papers and further information:

Name: Helen Gollins, Deputy Director of Public Health (Interim)
Extension: 4276

1. Background

Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. A cancer screening test identifies changes that could develop into cancer, or indicate cancer is present. Evidence shows that the earlier a cancer is diagnosed the more receptive it is to treatmentⁱ. Across the UK, there are three cancer screening programs which eligible people are invited to attend/complete, these are bowel screening, cervical screening and breast screening.

This paper describes why cancer screening programmes are an important public health intervention, how the programmes are delivered and who is eligible, local uptake and inequalities, and the action being taken to improve screening uptake rates.

Screening is a pathway not just a test. Having been offered a test, health care providers have an obligation to make sure that the individual is cared for throughout their screening journey and that any treatment required is provided in a timely manner.

2. Cancer in Trafford

During 2017 there were 1,396 new cancer registrations in Trafford; 685 (49%) males and 711 (51%) females. The commonest cancers in Trafford males were prostate (164 registrations or 24% of total), lung (108 or 16%) and bowel (87 or 13%). The commonest cancers in Trafford females were breast (225 registrations or 32% of total), lung (96 or 14%) and bowel (67 or 9%).

Overall, the rate of premature death from cancer, (deaths before 75 years of age) was 133.4 per 100,000 head of population in Trafford, similar to the average for England (134.6 per 100,000), and lower than the GM average (154.3 per 100,000), and ranked within the middle third of Trafford's 15 nearest statistical neighbours.

The rate of premature death from cancers that are considered preventable in Trafford was 81.2 per 100,000 head of population, less than Greater Manchester (89.7 per 100,000) and higher but statistically similar to England (78.0 per 100,000 population). Over the three year period of 2015-2017, 1,651 Trafford residents died from cancer and, among these, 754 (45%) died prematurely (i.e. at age under 75 years). Among the premature cancer deaths, almost a quarter (181 or 24% of total) were from lung cancer.

The 1-year survival rate from cancer in 2016 was 74.7% in Trafford, compared to 71.2% in Greater Manchesterⁱⁱ. Although our headline rates are lower than national rates, there is still room for improvement, especially in regards to reducing the inequalities in risk and outcomes between Trafford neighbourhoods and population groups.

3. NHS Cancer Screening Programs in Trafford

3.i. Cervical Screening

Since its introduction, this screening programme has helped half the number of cervical cancer cases, and is estimated to save approximately 4,500 lives per year in Englandⁱⁱⁱ.

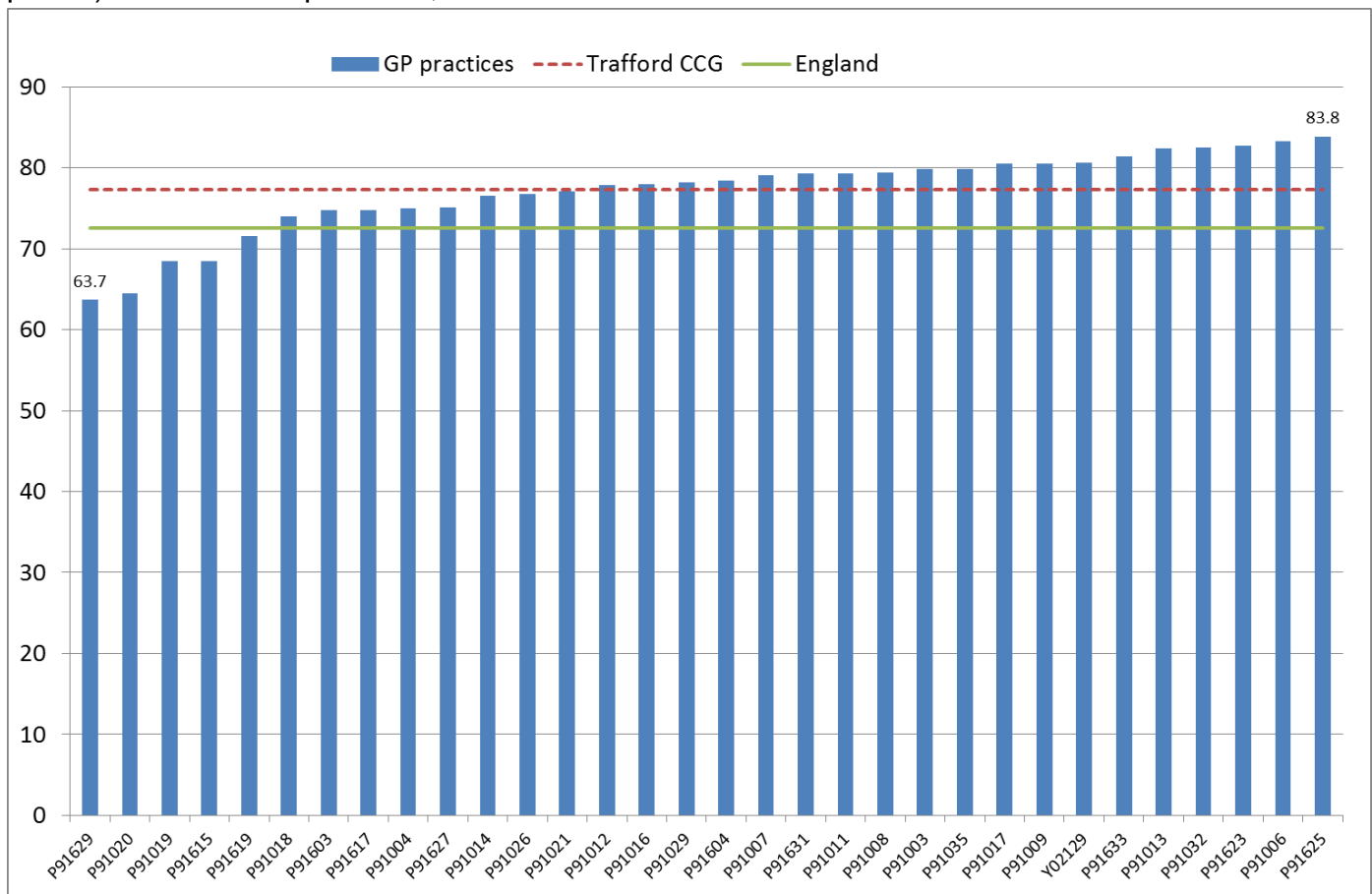
Cervical screening is commissioned by NHS England and delivered in primary care. Women are invited when they turn 24.5 years for their first screening scheduled for when they are 25 years old.

Women aged between 25-49 years are invited every 3 years and then every 5 years between 50-64 years of age.

Some women may choose not to be screened or cannot be screened for medical reasons, for example they may have had a total hysterectomy. Practices can account for these women through 'exception reporting' and there is national guidance for this process. Understanding practice rates of exception reporting is as important as understanding the cervical screening uptake. For example, in December 2013, 4.9% of eligible women in Trafford were recorded as exceptions to the screening programme, ranging from 0.6% to 31.8% across practices. This level of variation would suggest that the national guidance is not being applied consistently, previously, local public health teams were able to access this data, however this is no longer available and this hampers local action to address any issues of inconsistency. During 2014, extensive work was undertaken to address exception reporting practice.

As well as potential inconsistency in relation to exception reporting, there is considerable variation in the coverage of cervical cancer screening by GP practices, as is shown in Figure 3.i. below. The national target for cervical screening coverage is 80%. In 2018-2019, across Trafford coverage for cervical screening reached 77.3% which is better than England, 72.6%. Against a backdrop of declining national coverage over the last few years, the Trafford coverage rates have increased slightly and this should be applauded, although the local variation remains a cause for concern.

Figure 3.i.: Cervical cancer screening coverage (% of females aged 25 to 64 screened within target period). Trafford GP practices, 2018/2019



Source: Public Health England Cancer Services Profile

The national target for cervical cancer screening coverage is 80%. The chart above shows that in 2018/19 only 10 practices achieved the 80% target. The range of screening coverage by practice varied from 63.7% to 83.8%, meaning there was a difference of 20 percentage points.

When we look at these figures by locality we can see that practices in the North locality have lower overall coverage.

Table 3.i.: Cervical cancer screening coverage by locality, 2018/2019

Locality	Coverage (%)		
	Lowest	Highest	Average
North GP practices	63.7	75.1	70.2
Central GP practices	76.5	82.5	79.0
South GP practices	74.7	82.8	78.4
West GP practices	68.4	83.8	79.9
Trafford CCG practices	63.7	83.8	77.3

Source: Public Health England Cancer Services profiles

Although the data demonstrates variation by GP practice it is important to note that there will be further variations in coverage. In Trafford we know that younger women, those aged between 25 and 30 years, women from BAME populations, working women and women who have or are experiencing domestic abuse and/or sexual abuse are less likely to attend their cervical screening appointment.

3.ii. Bowel Screening

Increasing bowel cancer screening coverage increases the likelihood of identifying bowel anomalies that may develop into cancer. Regular bowel screening reduces an individual's risk of dying from bowel cancer by 16%^{iv}.

Locally the incidence of bowel cancer is higher in Trafford although death rates are lower when compared to Northwest rates^v. In population health terms this means that people with the disease are diagnosed earlier and therefore treatment is more effective and survival longer.

The primary way to ensure that bowel cancer is caught early is for non-symptomatic individuals to take part in the National Bowel Cancer Screening Programme for people aged 60-74; however currently only 58% of people do this nationally and only 53% across Greater Manchester. In some communities participation is lower than 40%. This means that there are many people who are not being diagnosed as early as they could be and therefore reducing their chances of successful treatment.

The NHS Bowel Cancer Screening Programme was introduced in Trafford in December 2009. Patients aged between 60-74 years registered with a Trafford primary care practice are invited to complete a home testing kit every two years.

A new test kit called the faecal immunochemical test (FIT) was introduced in England in June 2019^{vi}. This kit is now sent with all invitations for bowel cancer screening. The new screening test only requires one sample as opposed to the previous test that required three samples within a two weeks

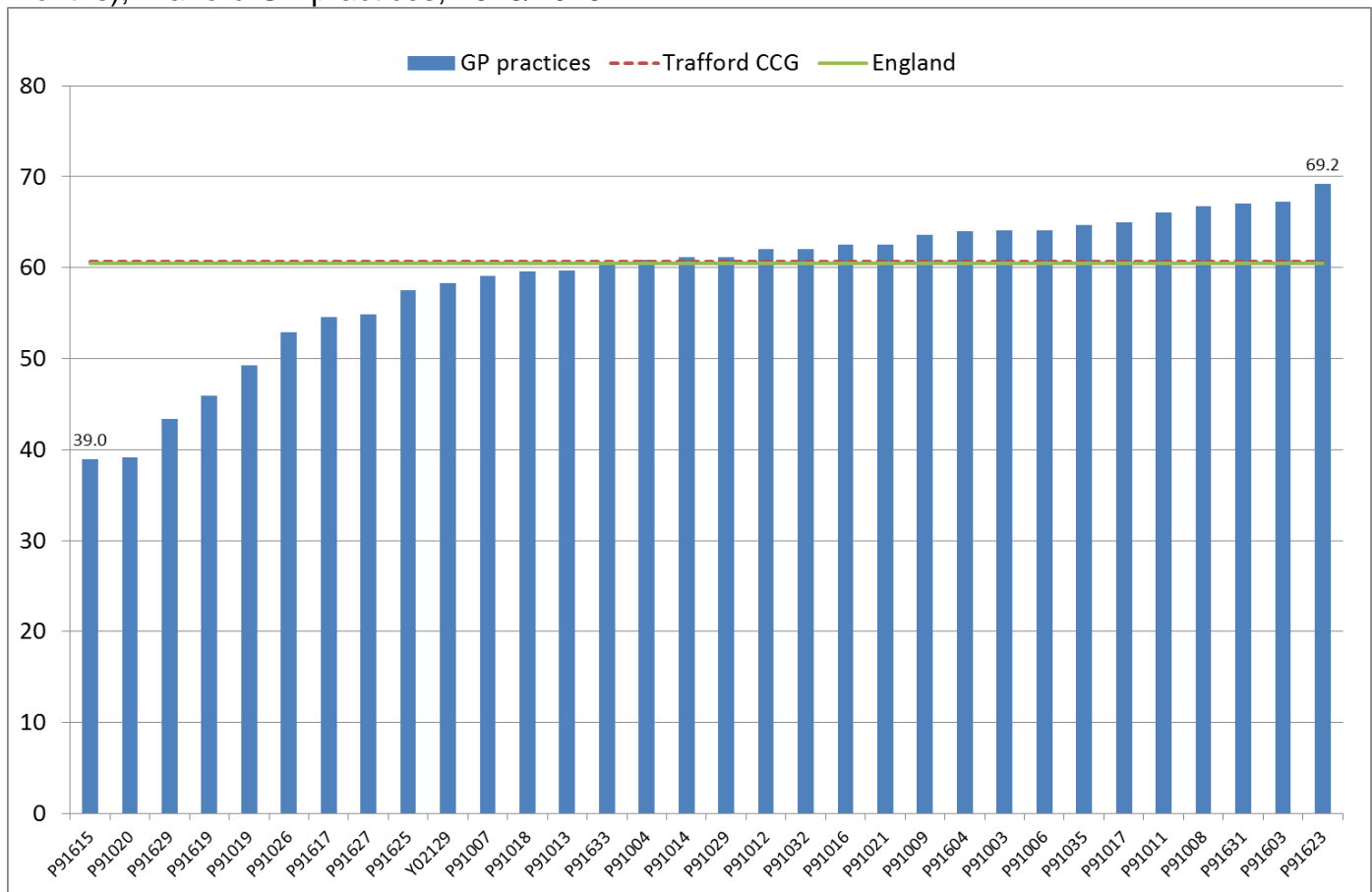
period. Evidence collated during the pilot phase of FIT reported a positive increase in screening uptake; it is thought that this is due to the test being more acceptable as only one sample is required.

People eligible for bowel cancer screening get an invitation letter, along with an information leaflet explaining screening and its possible benefits and risks. About a week later, the program sends a FIT kit with instructions on how to use it at home. Results are sent out 2 weeks after the laboratory receives the completed kit.

The bowel cancer screening test identifies traces of blood in the faeces; a positive result is not a diagnosis of bowel cancer. GP practices are notified of non-responders. Screening uptake is recorded by the NHS Bowel Cancer Screening Program within six months of the initial invite letter being sent. The screening program offers individuals with an abnormal screening result a colonoscopy.

Across Trafford there are wide variations in bowel screening coverage. In 2018/2019, coverage across Trafford NHS CCG GP practices was 60.7%, similar to the England average (60.5%), but ranging by practice from 39.0% to 69.2%. 19 out of 32 Trafford practices achieved the national target for bowel cancer screening coverage of 60%.

Figure 3.ii.: Bowel cancer screening coverage (persons aged 60-74 years screened in last 30 months); Trafford GP practices, 2018/2019^{vii}.



Source: Public Health England Cancer Services profile^{viii}

Table 3.ii: Bowel cancer screening coverage by Trafford Localities, 2018/2019.

Locality	Coverage (%)		
	Lowest	Highest	Average
North GP practices	39.0	59.6	50.5
Central GP practices	59.7	65.0	62.4
South GP practices	54.6	69.2	64.1
West GP practices	49.3	64.1	60.7
Trafford CCG practices	39.0	69.2	60.7

Source: Public Health England Cancer Services Profile^{ix}

Inequalities in screening uptake are an important public health consideration. In Trafford, areas of deprivation have higher incidence and higher mortality from cancer compared to the more affluent areas. Primary care bowel cancer screening figures show lower coverage in GP practices which are located in Trafford's North locality.

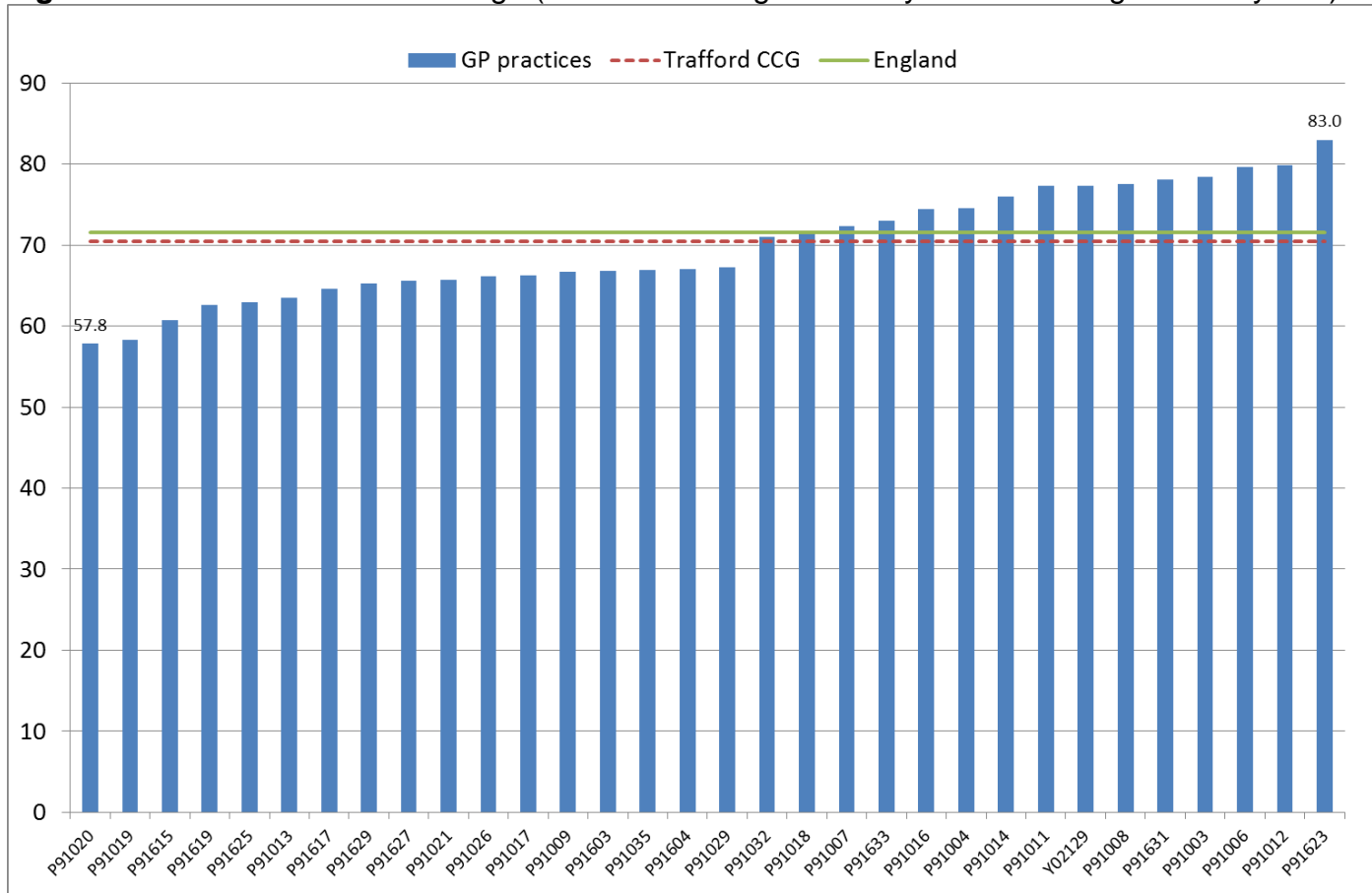
3.iii. Breast Screening

Screening aims to find breast cancers early, when they have the best chance of being cured. Breast screening uses a test called mammography which involves taking x-rays of the breasts. Screening can help to find breast cancers early, when they are too small to see or feel. These tiny breast cancers are usually easier to treat than larger ones. Overall, the breast screening programme finds cancer in about 8 out of every 1,000 women having screening.

Each year more than 2 million women have breast cancer screening in the UK. The NHS Breast Screening Programme invites all women aged between 50 and 70 years for screening every 3 years. Women need to be registered with a GP to receive the invitations.

As with the other two cancer screening programs, there is considerable variation in breast cancer screening coverage amongst different GP practices in Trafford.

Figure 3.iii.: Breast cancer coverage (% of females aged 50-70 years screening in last 3 years)



Source: Public Health England Cancer Services profile^x

Again variation in screening uptake can be seen at a locality level. A practice data issue affects locality averages; however it is again important to note the level and range in uptake in North locality.

Table 3.iii.: Breast cancer screening coverage by Trafford Localities, 2018/2019.

Locality	Coverage (%)		
	Lowest	Highest	Average
North GP practices	57.8	71.6	66.2
Central GP practices	63.4	75.9	68.3
South GP practices	64.6	83.0	73.4
West GP practices	58.3	79.8	71.5
Trafford CCG practices	57.8	83.0	70.4

Source: Public Health England Cancer Services profile

The national target for breast cancer coverage uptake is 70%, which was achieved by 15 practices.

Uptake and coverage of breast screening is affected by a number of different issues, including accessibility of the screening test, and fear and understanding of risk. The programme is supported by the UK National Screening Committee and there is an evidence base, however, ongoing global debate about the potential for over diagnosing breast cancers due to the specificity of the test, is thought to impact on uptake rates of the screening programme.

4. Trafford Improvement Approach

Trafford's successful early intervention and prevention partnership, (EIPP) is being relaunched in January 2020. Accountable to the Trafford Cancer Partnership, EIPP brings together partners from across Trafford to improve cancer screening uptake. The previous partnership was very successful, and resulted in Trafford receiving a high commendation from *Jo's Trust* in 2017 for the local cervical screening campaign^{xi}.

Current improvement work led by Public Health includes:

4.i. Supporting Cancer Research UK Facilitators

The Facilitator Programme is a free expert resource provided by CRUK, that supports healthcare professionals and organisations to improve the prevention and early diagnosis of cancer. Public Health works closely with Trafford's CRUK facilitator Andrew Beany. Andrew's role includes visiting primary care practices to;

- have in depth discussions regarding practice cancer data and support,
- support to practices to encourage uptake of the national screening programmes,
- provide training and support around NICE guidance,
- support sessions to explore how the practice carries out safety netting and SEAs.

4.ii. Primary Care Cancer Champions: Cancer Research UK and Public Health

Public Health is working in partnership with CRUK to re-establish the Practice Cancer Champion programme. This programme is designed to create additional knowledge and resource within non-clinical practice teams to support improved early diagnosis and prevention. CRUK and Public Health Trafford provide training in process, systems and operational skills necessary to support clinicians, and the wider practice team, with their workload and capacity relating to cancer. The PCCC program aims to:

- improve efficiency in management process and systems,
- improve safety netting of patients, including more efficient management of DNA's,
- develop a network of named members of your practice team to do cancer campaigns,
- provide additional knowledge and resources for RCGP and CQC auditing,
- provide additional knowledge in-practice around current cancer programs,
- promote better outcomes for patients.

In 2018, 15 Trafford's primary care practices were actively engaged in the programme.

4.iii. Community appropriate support to improve cervical screening and bowel screening uptake

Public Health Trafford have been working successfully for over three years with Voice of BME-Trafford (V-BMET) to improve cervical and bowel screening rates.

Working out of primary care practices, Aliya Bukhari and V-BMET volunteers contact patients who have, for whatever reason, failed to attend their cervical screening appointment or complete their bowel screening test. Aliya has culturally appropriate conversations about the screening programmes, addressing non-clinical issues. There has been a positive response from practices that have had Aliya and Voice of BME-Trafford working with them. Funding for this programme of work is provided under the Public Health Maple Contract which is being re-procured. The V-BMET programme is

mainly targeted at practices in the North of Trafford, however, due to practice closures during 2019-2020, this has been challenging.

4.iv. Supporting People with Learning Disabilities

Supporting all groups in our population who may find it difficult to engage in public health interventions is important if we are to improve health and wellbeing. People with a learning disability are less likely to complete their screen and consequently have poorer outcomes. Public Health is working with Trafford's Learning Disability Team (LDT) to support an increase in the completion of the bowel screening kit.

This programme of work included the LDT receiving training from the CRUK Health Facilitator. A letter was then sent to all primary care practices across Trafford to advise them about the improvement programme, which included details of how to run a search for patients with a learning disability who had not completed their screen. Practices then share this list with the LDT, who contact the patient and gain consent to discuss bowel screening and support the person to complete the test.

4.v. Evaluation and monitoring

Understanding the impact of each of these improvement programs is difficult because of wider social and economic factors. However work is ongoing to measure the contribution of each stream of work to the uptake of the three screening programmes.

5. Other Considerations for Health Scrutiny

5.i Cancer Screening and HPV Vaccination

Human papillomavirus (HPV) is a sexually-transmitted virus that is the cause of around 99.7% of cases of cervical cancer, as well as causing cancer of the head and neck, anus and genitals^{xii}. The HPV vaccination protects against some high risk strains of this virus, and is given to 12-13 year olds in 2 doses, 6 months apart. Prior to 2019, it was only given to females, but is now available to both genders. Coverage of HPV (one dose) in females in 2017/18 was 90.2% in Trafford, which was higher than the coverage in the North West (87.2) and England (86.9%)^{xiii}.

The autumn term of 2019/2020 academic year saw the introduction of the HPV vaccination to boys. Trafford's school nursing service has reported no issues and positive uptake of the vaccine across schools.

5.ii. Impact of the Richards' Report, (2019)

The Richards Review of Adult Screening Programs in England was published on the 16th October 2019. The review states that the combined five¹ UK adult programs save around 10,000 lives a year through prevention and early diagnosis and while they give us much to be proud of; they are far from realising their full potential.

¹ The five programmes are breast, bowel and cervical screening and also aortic aneurysm and diabetic retinopathy screening.

The strategic aim of the Richards' Review was to assess strengths and weaknesses in the current commissioning and delivery arrangements for the screening programs in England, to ensure that screening programs are transformed for the future to reach their full potential.

The review makes 22 recommendations to the NHS England Board and the Secretary of State. A key recommendation pertains to the oversight of delivery of all aspects of screening and recommends that this should become the responsibility of a single organisation, namely NHS England. Furthermore, that staff with specialist screening roles such as screening quality assurance should transfer to NHSE. The report is unclear on the implications to screening and immunisation teams at a GM level.

An implementation action plan will be published in spring 2020. Trafford's Public Health team are engaged with the Greater Manchester system and will monitor the implications of this review on the Trafford's system.

6. Key Questions for Health Scrutiny to consider

- Community engagement is a key aspect of improving cancer screening uptake. How can we work together to increase cancer screening uptake and reduce the inequalities?

7. Links to Corporate Priorities

Cancer screening programs link into the *Health and Wellbeing*, *Targeted Support* and a *Fairer Start to Life* corporate priorities.

8. References

ⁱ Department of Health, (2011a), The likely impact of earlier diagnosis of cancer on costs and benefits to the NHS. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123576.pdf.

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ⁱⁱⁱ Public Health England, (2016) *NHSCSP-NHS Cervical Screening Programme*.

^{iv} NHS Cancer Screening Programmes, (2013) NHS Bowel Screening Programme, www.cancerscreening.nhs.uk/bowel/fobt-work.html).

^v Trafford Council, (2012), A Picture of Wellbeing. Joint Strategic Needs Assessment-Cancer, www.infotrafford.org.uk/jsna/cancer.

^{vi} NHS England, (2019) Bowel Cancer Screening: Programme Overview, <https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>.

^{vii} Public Health England (2019) Public Health Outcomes Framework- Cancer Services <https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/qid/1938132830/pat/152/par/E38000187/ati/7/are/P91004/iid/91342/age/266/sex/4>

^{viii} Public Health England (2019) *Public Health Outcomes Framework-Cancer Services* <https://fingertips.phe.org.uk/profile/cancerservices/data#page/10/qid/1938132830/pat/154/par/E38000187/ati/7/are/P91004/iid/91341/age/167/sex/2>

^{ix} Public Health England (2019) *Public Health Outcomes Framework-Cancer Services* <https://fingertips.phe.org.uk/profile/cancerservices/data#page/10/qid/1938132830/pat/154/par/E38000187/ati/7/are/P91004/iid/91341/age/167/sex/2>

^x Public Health England (2019) *Public Health Outcomes Framework-Cancer Services*
<https://fingertips.phe.org.uk/profile/cancerservices/data#page/10/gid/1938132830/pat/154/par/E38000187/ati/7/are/P91004/iid/91341/age/167/sex/2>

^{xi} Jo's Trust, (2019), Trafford receives High Commendation in national awards for cervical screening campaign,
<https://www.jostrust.org.uk/node/575875>.

^{xii} <https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/>

^{xiii} <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000043/pat/6/par/E12000002/ati/102/are/E08000009/iid/92319/age/206/sex/2>

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 30th January 2020
Report for: Information
Report of: Eleanor Roaf, Director of Public health

Report Title

Suicide Prevention Update

Summary

At the Health Scrutiny meeting in September there was an excellent discussion on the Suicide Prevention Plan and a request for an update on 5 key areas. This paper provides Health Scrutiny Members with this update and also provides information on a number of other areas of suicide prevention that we have been progressing.

Recommendation(s)

That the Health Scrutiny Committee

- i) notes the report and considers what further information it would like to receive on this topic**
- ii) continues to support our work on suicide prevention**

1. Introduction

Members of Health Scrutiny requested action to be progressed in the following areas:

- To cascade to GPs information regarding Greater Manchester web-site / directory of mental health voluntary sector providers and to make available in Trafford GP specialist training on mental health.
Response: Trafford's newly commissioned Primary Care Mental Health & Wellbeing Service is leading the development of mental health awareness training for GPs. Over the Christmas period a survey was sent to all GP practices asking what training would be most useful.

Responses are being collated to ensure training is targeted and relevant. The following areas are proving to be particularly popular:

- Training for GP practice receptionists
- Training for practice nurses and healthcare assistants regarding the interrelationship between physical and mental health (particularly long term physical health conditions)
- Regular training and information slots at quarterly GP education events
- Antidepressant prescribing protocols and options
- Signs and symptoms of mental illness
- Referral options for people experiencing a wide range of mental health difficulties
- The sharing of case studies
- Enhancing and supporting staff resilience.

Of particular interest is that the service has very recently been working with a young man who has agreed to have his story filmed for the Greater Manchester Combined Authority suicide prevention website; www.shiningalightonsuicide.org.uk. This website is a resource for the general population as well as healthcare workers.

As an integral part of the Primary Care Mental Health & Wellbeing Service the Trafford Directory is promoted but more importantly used on a daily basis. The service brings together Trafford's NHS mental health provider with BlueSci, a long established third sector partner of Trafford CCG to ensure that people not only receive sound health care and advice but are also linked into a range of community and other resources. The fundamental aims of the service are to prevent mental ill health wherever possible and reduce inequalities. The Trafford Directory and the resources it contains are fundamental to achieving these aims.

- To divulge information regarding Council's mental health champions.
Response: A presentation on this work was presented at the Suicide prevention Board. There are 16 volunteers across TMBC and CCG; each have undertaken a two day course which provided them with information, support and networking. The service is confidential and is a point of contact if someone is concerned about, are experiencing a mental health issue or emotional distress. The service has been widely publicised throughout the Council on posters displays and intranet detailing how the volunteers provide initial support and sign posting. Volunteers are actively involved in promoting World Mental Health Day and other raising awareness sessions with a range of speakers. Bi monthly meetings are being held to support the volunteers. Unison noted that they always supply information to their members in relevant newsletters.

- To cascade to all councillors information regarding the two councillors responsible for suicide prevention in Trafford.
Response: A short briefing paper has been sent to all Councillors providing information on this, the work of the Suicide Prevention Partnership and helpful websites.
- To invite representatives of the University Academy 92 to be part of Trafford's Suicide prevention Partnership.
Response: A representative responsible for Student Health and wellbeing will attend our next and future meetings. We also had a display at their recent Health and Well Being Event in on suicide prevention.
- To feedback on the uptake of e-learning training on suicide prevention.
Response: 20% of Council staff (over 500) have completed the We Need to Talk about Suicide on line course. We are working with training colleagues to continually promote the training. The training on the online course is now available to all Councillors and details on how to access the training have been included both in the Councillors' briefing and in a father email to them.

2. In addition Scrutiny members are invited to note the following areas that has been progressed since the last Scrutiny meeting.

2.1. Website and Support

We continue to focus on ensuring that information is available on the services that are on offer to support people in crisis. We are in the process of updating our directory on the GM website Shining a Light on Suicide to staff, residents and partners (<http://www.shiningalightonsuicide.org.uk>). We are pleased to have received confirmation that the GM site has received significant additional funding to enhance the site so that it expands its focus on prevention. We have locally publicised this website at a number of events which generated considerable interest from professionals and the public.

We have meet with local mental health providers who have shared their suicide prevention policies and their staff are trained on suicide awareness and safety planning.

2.2. Data on Suicides in Trafford

The number of deaths registered of Trafford residents from suicide and injury undetermined has reduced from 43 in 2015-17 to 41 in 2016-18, reducing the age standardised rate from 7.3 to 6.8 per 100,000 and moving Trafford from similar to England to significantly lower.

Clearly these numbers are small and we have to be careful about significance but we recognise this as an encouraging reduction.

2.3. Real time data

We have continued to participate in the pilot since inception on 1st June 2019 and we provide a summary of the data to the Suicide Prevention Partnership in relation to Age/Gender, Suspected method and Risk factors present. Our data has shown that these areas are similar to the national pictures. The Coroner has recently confirmed their continued support of the sharing of information and GM work is ongoing with the Coroner's office to see whether any additional data fields may be supplied including ethnicity. The Coroner's office provide immediate information, support and liaison with appropriate services to relatives when a case has been identified to them.

NWAS are currently collecting data that will enable us to consider key sites, post codes or hotspots where they receive a number of calls from distressed residents or those experiencing a mental health crisis. This information will be presented at the next meeting. We have also been asked to provide information relating to Barton Bridge.

2.4. Future Priorities

At our next meeting in February we will focus on

- Suicide Prevention supporting young people
- Suicide prevention and Social media
- Partnership Members Update on the work they are progressing

3. Links to Corporate Priorities

Suicide prevention is related to the Trafford Council's corporate priorities relating to Children and Young People, Health and Wellbeing and Targeted Groups.

Contact person for access to background papers and further information:

Name: Dr Donna Sager, Consultant in Public Health
Extension: 4269

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2019/20

WORK PROGRAMME

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
<p>Thursday 27th June 2019 6:30 p.m.</p> <p>Deadline for reports: 14th June 2019</p> <p>Committee Rooms 2&3</p>	<p>Care Quality Commission Action Plan Local System Review (how people move through Health and Social Care System)</p> <p>Last reviewed Jun 2018</p>	<p>Updated action plan showing which actions have been completed and containing details of plans for any on-going actions.</p>	<p>Health and Wellbeing Targeted Support</p>	<p>1.That the progress made to date and the closure of CQC Action Plan be noted; 2.That the new targets for length of hospital stay be noted; 3.That an update be presented in six months on admission avoidance and intermediate care.</p>	<p>Acting Corporate Director for Adult Services</p>
	<p>Trafford Strategic Safeguarding Board</p> <p>Last reviewed June 2018</p> <p>Deferred to Autumn 2019</p>	<p>Update on how the Board has performed in the first year following its creation - Annual report and qualitative evidence, story/case study to demonstrate effectiveness, impact on staff</p>	<p>Health and Wellbeing Targeted Support</p>	<p>that Trafford Strategic Safeguarding Board's annual report for 2018/19 be brought to a meeting of the Health Scrutiny Committee following the Board's approval in October 2019.</p>	<p>Acting Corporate Director for adult Services, Acting Corporate Director Children Services, Safeguarding Board Manager</p>

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
	North West Ambulance Services (NWAS) Last reviewed June 2018	Report only – to receive annual performance statistics	Targeted Support	That the overview of the performance of the North West Ambulance Service NHS Trust against national standards and the update on activities undertaken in Trafford be noted.	NWAS Senior Communication Manager
	Care Quality in Care Homes and the Care Quality Commission following review in October 2017 Last reviewed Sept 2018	Regular update – Report only	Health and Wellbeing Targeted Support	1)That the progress made to date be noted; 2)That an update be requested at six monthly intervals on quality within the market.	Acting Corporate Director for Adult Services, Chief Nurse NHS Trafford CCG
	Ageing Well Strategy	Regular update – Live Well Board, Age Well Board. To include Board minutes. To include an overview of the functions of each Board and links to Greater Manchester Health and Wellbeing Strategy	Health and Wellbeing Successful and Thriving Places	1)That the report be noted; 2)That the Poverty Strategy be shared with this Committee after its endorsement by the Health and Wellbeing Board.	Interim Director Public Health
	Single Hospital Service	Regular update	Targeted Support	1.That the report be noted; 2.That the following	Deputy Programme Director, Single Hospital Service

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
	Last reviewed March 2019			<p>information be provided to the Committee:</p> <p>a) Evidence of benefits for patients of the merger of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust</p> <p>b) Outcome of the meeting that took place on 21st June 2019 between NHS Improvement Executive and MUF Executive to determine whether the acquisition of North Manchester General Hospital could move on to Business Stage Case;</p> <p>c) Link to the video produced by MUF about the merger.</p>	

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
	HealthWatch Last reviewed March 2019	Regular update	Health and Wellbeing Successful and Thriving Places Targeted Support	That HealthWatch Trafford's End of Year Performance and Impact report 2018/19 be noted.	Chair of HealthWatch Trafford
Thursday 26th September 2019 6:30 p.m. Deadline for reports: 13th September 2019 Committee Rooms 2&3	Psychological Therapies	To scrutinise how psychological therapies are delivered within Trafford including the approaches that have been taken to improve access following publication of the JSNA (December 2017). This showed that provision in the borough was below the national average and the lowest amongst a group of similar CCGs	To reduce the impact of poor mental health Health and Wellbeing	1)That the content of the presentation be noted; 2)The a progress report be presented to this Committee in March 2020 updating on access to services in the north of the borough, access to on-line therapies, relapse rate and attrition rate in patients.	Corporate Director of Commissioning; Accountable Officer for NHS Trafford and CCG
	Suicide Action Plans	To scrutinise the progress made with Trafford's Suicide Action Plans and how the findings of any local suicide audits have been incorporated into the Action Plans	To reduce the impact of poor mental health Health and Wellbeing	1)That the content of the report be noted; 2)That the following points be actioned – a)To cascade to GPs information regarding Greater Manchester	Interim Director Public Health

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
				<p>web-site / directory of mental health voluntary sector providers and to make available in Trafford GP specialist training on mental health;</p> <p>b)To divulge information regarding Council's mental health champions;</p> <p>c)To cascade to all councillors information regarding the two councillors responsible for suicide prevention in Trafford;</p> <p>d)To invite representatives of the University Academy 92 to be part of Trafford's Suicide Prevention Partnership;</p> <p>e)To feedback on the uptake of e-learning training on suicide prevention.</p>	

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
				3) That a progress report on the work based on the Suicide Prevention Strategy be presented in March 2020.	
	Period Poverty	To consider the response of the Executive to the recommendations of the Task and Finish Group on Period Poverty	Health and Wellbeing Children and Young People	That a further update be provided in March 2020.	Executive Member Health, Wellbeing and Equalities, Senior Partnership and Communities Officer
Wednesday 20th November 2019 6:30 p.m. Deadline for reports: 8th November 2019 Committee Room 2&3	Reducing Physical Inactivity	To scrutinise the Council's role in promoting physical activity including how the Council is working with partners to enable more people to become physical active, especially the elderly whose rates of activity are the lowest in the borough. To scrutinise the progress made by the Council and its partners to help residents meet the Chief Medical Officer's weekly recommendations for physical activity (guidance issued	To reduce physical inactivity Health and Wellbeing		Interim Director Public Health

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
		September 2019)			
	Uptake of Childhood Vaccines	Update on the position within Trafford	Health and Wellbeing		Interim Director Public Health
	Altrincham Hub update	Update on CCG Action Plan on the Altrincham Hub	Health and Wellbeing		Accountable Officer Trafford for NHS and Trafford CCG
	Trafford long term strategic framework for reform and sustainability in health and social care 2019-2024/25 on service provision	Issue referred to Health Scrutiny by the Executive on 15 July 2019	Health and Wellbeing		Director of Integrated Health and Social Care Strategy
	Trafford Community Services Transfer Update	Issue referred to Health Scrutiny by the Executive on 15 July 2019	Health and Wellbeing		Director of Integrated Health and Social Care Strategy
Thursday 30th January 2020 6:30 p.m. Deadline for reports: 17th January 2020 Committee Rooms	Screening for cancer	To scrutinise the uptake of screening for breast, bowel and cervical cancer across the borough including the approaches being used to increase coverage eg targeted interventions/improving access for hard to reach	To improve cancer prevention and screening Health and Wellbeing		Interim Director Public Health

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
2&3		and disadvantaged groups			
	Updates on Adult Social Care/ Learning Difficulties Board and Suicide Partnership	Executive Member for Adult Social Care	Health and Wellbeing		N/A update of the Executive Member
Thursday 5th (moved to) 12th March 2020 6:30 p.m. Deadline for reports: 21st February 2020 Committee Rooms 2&3	Review of Health Scrutiny recommendations Progress reports from Task and Finish Groups	Review of progress made towards recommendations from Health Scrutiny Committee for the current municipal year:- September 2019 psychological therapies; Suicide Action Plans November 2019: reducing physical inactivity January 2020: screening for cancer Update on Task and Finish Groups on: Early indicators to identify general practices at risk of failing			Various

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
		The Council as a promoter of mentally healthy workplaces			

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	CABINET PORTFOLIO (link to Corporate Priorities)	RESOLUTION / RECOMMENDATION	Responsible Officer
<u>EXTRAORDINARY MEETING</u> 24th July 2019 Altrincham Hub	Altrincham Hub	Outcome of the NHS England report and Trafford CCG response. The report to include background information and lesson learnt.	Health and wellbeing Successful and Thriving Places Pride in Our Area		Corporate Director of Commissioning, Accountable Officer for NHS Trafford and CCG

TASK AND FINISH GROUPS

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome
tba	Identifying failing General Practices – early indicators and the lessons that can be learnt	The recent closures of GP surgeries in the North of the borough have highlighted the need for early indicators of surgeries which are beginning to		2019/20		

		fail				
tba	The Council and its role in eliminating the stigma on mental health			2019/20		

ITEMS REVIEWED/SCRUTINISED BY THE HEALTH SCRUTINY COMMITTEE IN 2018/19 WHICH MIGHT BE REVIEWED AGAIN IN FUTURE

Last reviewed	Title	Responsible Officer
Sept 2018	“Working together to shape the future of our hospital services”, Theme 3 – Standardising Acute Hospital Care	Corporate Director of Commissioning; Accountable Officer for NHS Trafford and CCG
June 2019	Greater Manchester Health and Wellbeing Strategy	Executive Lead for Strategy and System Development Greater Manchester Health and Social Care Partnership
June 2019	Single Hospital Service update	Deputy Programme Director, Single Hospital Service
Sept 2018	Trafford Flu Plan	Interim Director Public Health
Dec 2018	Trafford Coordination Centre	Corporate Director of Commissioning, Associate Director of Primary Care, Associate Director of Commissioning Trafford CCG
June 2018	One Trafford Response (new ways of working across the public, voluntary and community sector in a place)	Head of Partnership and Communities, PSR Change Manager/OTR Stronger Families
Jan 2019	Palliative Care	Associate Director of Primary Care, Team Leader Kingdom, Lead Commissioner Mental Health and

		Learning Disabilities
March 2019	All Age Front Door to Children's and Adult Social Care Services	
March 2019	Pennine Acute NHS Trust Hospitals Transaction Programme Update	Assistant Director of Manchester University NHS Foundation Trust (MFT)
March 2019	Diabetic Services	Director of Commissioning, Trafford Clinical Commissioning Group, Clinical Lead Diabetic Services Trafford CCG
March 2019	Physiotherapy Community Services	Director of Commissioning, Trafford Clinical Commissioning Group
March 2019	Trafford Urgent Care Centre	Acting Corporate Director for Adult Services and the Trafford Integrated Network Director on the Urgent Care Control Room
Jan 2019	Medicine Optimisation and prescribing	Associate Director of Primary Care, Head of Medicine Optimisation

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