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TRAFFORD
COUNCIL

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Thursday, 12 March 2020

Time: 6.30 pm

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.	QUESTIONS FROM 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	
4.	MINUTES	1 - 6
	To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 30 th January 2020	
5.	CORONAVIRUS	
	Verbal update	
6.	UPDATE ON PHYSICAL ACTIVITY	7 - 12

- | | | |
|-----|--|---------|
| 7. | UPDATE ON IMMUNISATION | 13 - 16 |
| 8. | SUICIDE PREVENTION UPDATE | 17 - 20 |
| 9. | UPDATE ON PERIOD POVERTY | |
| | Verbal update | |
| 10. | TRAFFORD CARE COORDINATION CENTRE | 21 - 28 |
| 11. | PSYCHOLOGICAL THERAPIES FOR MENTAL HEALTH CONDITIONS - SPOTLIGHT ON PROVISION IN TRAFFORD | 29 - 42 |
| 12. | UPDATE ON TRAFFORD TOGETHER LOCALITY PLAN | 43 - 50 |
| 13. | TRAFFORD LOCAL CARE ORGANISATION UPDATE | 51 - 56 |
| 14. | UPDATE ON TASK AND FINISH GROUPS | |
| 15. | SCRUTINY REVIEW | |

The Committee are asked to note that a review of Trafford Council's Scrutiny process will be conducted in line with the time table below. The process will consist of a short questionnaire being sent to all Scrutiny Members, and a meeting where all Scrutiny Members are invited to discuss what has worked well and what can be improved. Information from the review will be fed into the Annual Scrutiny report.

Date	Activity
13 March 2020	Questionnaire sent to Scrutiny Committee Members
21 April 2020	Scrutiny Review
June/July 2020	Annual Scrutiny Report submitted to Scrutiny Committees
22 July 2020	Annual Scrutiny Report Presented to Council

- | | | |
|-----|--|---------|
| 16. | SAFEGUARDING ADULTS IN TRAFFORD - AN UPDATE ON THE WORK OF THE TRAFFORD STRATEGIC PARTNERSHIP | 57 - 66 |
| 17. | STRETFORD MEMORIAL UPDATE | 67 - 68 |
| 18. | ALTRINCHAM HUB UPDATE | |
| | Verbal update | |
| 19. | 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.

20. **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, 4 March 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, 12 March 2020

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HEALTH SCRUTINY COMMITTEE

30 JANUARY 2020

PRESENT

Councillor Dr. K. Barclay (in the Chair).

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

In attendance

Diane Eaton	Corporate Director of Adult's Service, Trafford Council
Martyn Pritchard	Accountable Officer NHS Trafford and Clinical Commissioning Group (CCG)
Eleanor Roaf	Interim Director of Public Health, Trafford Council
Audrey Haworth	NHS England
Dr Ann Harrison	Medical General Practitioner
Fabiola Fuschi	Governance Officer, Trafford Council

Also Present

Councillor Harding, Executive Member for Adult Social Care

Councillor Slater, Executive Member for Health, Wellbeing and Equalities

43. ATTENDANCES

Apologies for absence were received from Councillors Akinola, Thomas and D. Western.

44. DECLARATIONS OF INTEREST

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

Councillor Lloyd declared a personal interest in item 6 of the agenda – Coverage on Cancer Screening Programmes in Trafford by virtue of her previous role as portfolio holder for Public Health and support to applications for funding for cancer screening and diagnosis.

45. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

46. QUESTIONS FORM THE PUBLIC

The Chair of the Committee read out the following public question received via email on 27th January 2020:

“As you may know, the CCG has decided not to recommission this service - which is entirely their decision to make.

Health Scrutiny Committee
30 January 2020

I am a member of staff at TCC living in Sale West.

The service ends on 30th June but we have not been given any information about what plans are in place to ensure that the support currently provided to the vulnerable elderly will be transitioned seamlessly to another provider, and the vulnerable adults will not be significantly disadvantaged or placed at risk.

I understand that this matter is being brought to Council at a meeting on 30th January.

Would it be possible for you and your colleagues to gain robust assurances from the CCG that they actually have a plan in place, and obtain details of what that plan consists of?"

The Chair read out the following answer provided by Trafford Clinical Commissioning Group:

"Exit discussions have taken place with DXC Technologies who deliver the Trafford Coordination Centre following the Trafford CCG Governing Body decision on the 7th Jan 2020 not to extend the TCC contract.

Summary of the discussions and agreement is below:

- All elements of the service currently delivered by the TCC will remain in place up until the 30th June. A review of all services delivered by the TCC has already been undertaken as part of the independent review of the TCC.
- The CCG has been working with DXC the provider of the TCC and Mastercall Healthcare who are subcontracted by DXC to deliver the Care Co-ordination aspect of the TCC, to ensure a robust exit strategy is in place.
- On 30/1 the CCG and the TCC will commence a joint programme of work to start the transition of services currently provided by the TCC where appropriate and initiate the full communications plan.
- Every patient currently under care coordination service will be reviewed by the clinical team to identify any further clinical and non-clinical interventions which need to be put in place before the end of June.
- Both the CCG/TCC will engage with all existing service providers and stakeholders – Trafford Local Care Organisation Community Services, the Voluntary Community & Social Enterprise Sector, North West Ambulance Service, One Trafford Response, Care Navigators to identify existing patients under the care of the TCC who require on-going support.
- Each patient will continue to receive telephone a contact from the TCC between now and the end of June to advise what the patient should do from July. For clinical issues this will be primarily to contact their GP, unless they are already under the care of another clinical service. A written communication will be issued to all patients setting out contact details of other non-clinical services which the patient may need to access.

•All members of staff at the TCC have now received formal communication about the decision and DXC / Mastercall are leading on this based on the contracts they hold with the staff members.”

The Chair requested that a copy of the answer be sent to the questioner.

47. MINUTES

RESOLVED that the minutes of the Health Scrutiny Committee meeting held on 20th November 2019 be approved as a correct record.

48. COVERAGE OF CANCER SCREENING PROGRAMMES IN TRAFFORD

The Committee gave consideration to a report of the Director of Public Health which provided an overview of the three cancer screening programmes in Trafford and described related improvement activity.

The author of the report accompanied by a representative from NHS England, a medical general practitioner and the Executive Member for Health, Wellbeing and Equalities attended the meeting to present the information and address the enquiries of the Committee.

Officers reported that, in Trafford and across the UK, three cancers screening programmes were delivered: cervical screening, bowel screening and breast screening. Eligible people were invited to complete the tests. The screening programmes reduced mortality rate significantly. However, inequalities in screening uptake were an important public health consideration. In Trafford, areas of deprivation had higher incidence and higher mortality from cancer compared to the more affluent areas. The range of screening coverage by practice in Trafford varied with the lowest coverage in the North of the borough. Amongst the measures that Public Health was putting in place to address inequalities, a piece of work had taken place with Black and Minority Ethnic groups and as a result 110 women had their first appointment for cervical cancer screening. Furthermore, the Council had agreed that women could access cervical screening during work time and a pharmacy led programme was taking place in the North of the borough to increase the uptake of breast screening. NHS England was reviewing its commissioning process to ensure that more specialist services could be provided than those currently available at GP's surgeries.

Members asked what they could do to help to promote cancer screening programmes especially in those areas of the borough with a low uptake. Officers explained that talking to residents and having posters on display in public buildings were effective ways to spread the message that cancer was more treatable if diagnosed earlier. Members discussed having a link to Jo Trust (cervical cancer charity) on the Council's web-site. The Committee queried whether there was a model of delivering screening programmes that worked better; officers explained that they targeted GP practices that were not performing well. Training, mentorship and a clinical enquiry line were in place to support GP practices with cervical screening tests. Members asked whether exception reporting continued to receive invite. Officers explained that this depended on the type of exception. With

regard to breast screening and variation in GP practices, Members asked whether the population was aware that there were only female radiographers. The Committee also discussed screening accessibility for people with learning difficulties and was reassured that health inequalities were top priorities for NHS England. Members discussed the opportunity to publicise prostate cancer screening and officers explained that this was a diagnostic test and not part of the prevention programme as the mortality rate for this type of cancer was low, although it affected many men. Members discussed the options to have pop up clinics in the north of the borough; officers explained that this was being considered and members would be involved. Training would be available for members. Members also discussed screening accessibility in terms of moving away from 9-5 service provision as well as ensuring that letters to patients were written in “plain English”. Members and officers talked about the importance of peer to peer conversations, especially about men and bowel cancer screening. Members were reassured that work was ongoing to improve engagement, uptake and understanding of bowel screening and health providers had started seeing new groups of users such as men from BME communities. Local support groups and community champions were important resources for those people who did not go to GP practices. Members also queried about the format and languages available for information in cervical screening. Officers explained that for breast and bowel screening there was a Freephone line and on line information, going forward, systems would be able to exchange information and invites would be sent in the most appropriate format for the patient. Text messages would be added to invite letters and NHS England was requesting this element from providers. NHS England was also working towards the possibility to change appointment on line and expanding the sexual health offer in primary care.

RESOLVED:

1. That the report be noted;
2. That training on cancer screening programmes be provided to elected members to support them to divulge the message that early detection could save lives;
3. That a link to Jo Trust (cervical cancer charity) be added to the Council’s web-site;
4. That elected members support pop up clinics offering cancer screening;
5. That a progress report be presented in January 2021 to inform of measures in place to enhance accessibility and uptake of cancer screening programmes.

49. STRETFORD MEMORIAL

Members had requested information on the latest plans for Stretford Memorial Hospital. This was a health facility in Stretford managed by Central Manchester University Hospitals NHS Foundation Trust. The hospital had been closed since 2015. Trafford CCG Accountable Officer explained that the site was owned by Manchester University NHS Foundation Trust (MFT) which had formed in October 2017, after the merger of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust. MFT would be best placed to provide an update about the site.

Members were also interested to know more about the plans for the health and social care provision for the North of the borough.

RESOLVED that contact be made with MFT to request information about the plans for Streford Memorial Hospital's site.

50. UPDATES ON ADULT SOCIAL CARE, LEARNING DIFFICULTIES BOARD AND SUICIDE PARTNERSHIP

The Committee received a presentation of the Executive Member for Adult Social Care on the services that comprised her portfolio and the link with the work of other Executive Members on areas such as Public Health, Children's Services and Strategic Housing. The increasing complexity of the health and social care needs of the population and the growing demand for adult social care services set a difficult scenario, made even more challenging by the current financial constraints in local and national government.

The Executive Member went on explaining that to address these challenges, Trafford Council worked with Greater Manchester Combined Authority and other partners and stakeholders to focus on prevention, the population's health and wellbeing and to ensure that people could live independently in their homes for longer. The Executive Member added that she would be willing to come back to provide the Health Scrutiny Committee with any further information on topics and matters concerning the health and social care provision for Trafford.

The Committee also considered a progress report on the Suicide Prevention Plan and the actions that had been taken by Public Health to address the recommendations agreed by the Committee in September 2020.

The Committee commented that social care provision would need to be joined across hospital sites. Members also draw attention on the transition services for young people moving into Adult Services and the challenges in service provision for children with Special Educational Needs and Disabilities. Members commented on the scope for proactive work to look at the high proportion of people who did not access mental health services and attempted suicide. The Executive Member for Adult Social Care explained that a small grant had been accessed and it would be used to divulge information on suicide prevention through a conference and a photographic exhibition on the "Many Faces of Trafford".

The Chair thanked the Executive Member for her presentation and welcome her presence at future meetings of the Committee.

RESOLVED that the progress report be noted.

51. HEALTH SCRUTINY WORK PLAN 2019/20

The Committee gave consideration to the work plan for the current Municipal Year and noted that they wished to review the following items:

Health Scrutiny Committee
30 January 2020

- Provision for alcohol and substance misuse;
- Hospital provision in the North of the borough

RESOLVED that the comments of the Committee Members about future items for the work plan be noted.

52. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 6.30 pm and finished at 8.58 pm

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12th March 2020
Report for: Information
Report of: Eleanor Roaf, Director of Public Health

Report Title

Update on Physical Activity

Summary

In November 2019 Scrutiny Members received a report on the work progressed by Trafford MBC and partners, on physical activity with a particular focus on our work to support our inactive residents become more active. This brief update highlights the work progressed in relation to a number of areas raised by Scrutiny.

Recommendation(s)

That the Health Scrutiny Committee

- i) notes the report and provides comment
- ii) continues to support our work on promoting physical activity

Contact person for access to background papers and further information:

Name: Donna Sager, Consultant in Public Health
Extension: 07866 179967

1. Background

In November 2019 Scrutiny Members received a report on the work progressed by Trafford MBC and partners on physical activity with a particular focus on our work to support our inactive residents become more active. This brief update highlights the work progressed in relation to a number of areas raised by Scrutiny

2. Key areas of interest raised by Scrutiny

GPs involvement in encouraging patients to undertake physical activity.

Dr Yvonne Burke recently provided an update to GPs at their protected Learning Event on physical activity covering

- The physiological and therapeutic benefits of physical activity for patients
- The Health Walk offer in Trafford
- Promoting Local Park runs
- Additional training for practices on Physical Activity
- Trafford Physical Activity Referral programme

Dr Burke has met with the CCG GP Clinical Advisers and Primary Care Network Leads to discuss how physical activity can be incorporated into the prevention pathways for key long term conditions such as diabetes and respiratory health. In addition we have prepared a Physical Activity on a page briefing for GPs to support them taking their work forward (included in the Appendix).

We are working closely with the GP practice in Partington to develop a training session for all staff. We will continue to offer this to other practices.

In January we piloted a 'Couch to 5k' programme with Sale GP practices. GP practices sent a text to all their patients on New Year Day inviting them to join this local 9 week session. Over 140 people attended the first session and numbers are holding strongly. Participants have been extremely positive about the session and we will be evaluating it at the end of the session. We will then consider opportunities to offer this to other practices in Trafford.

Improving level of translation material for South Asian communities and other black ethnic groups to promote access to physical activities;

We are currently consulting key individuals in the South Asian community regarding the most appropriate methods of information sharing to promote access to physical activities. We are also collating all national and GM resources that are available.

Peer Champions and ageing well;

Trafford Council has engaged Later Life Training (LLT) to deliver the Someone Like Me training which is designed to promote the use of older volunteers as Senior Peer Mentors to initiate and support physical activity participation amongst their peers.

Senior (volunteer) peer mentoring is a well-established mechanism for engaging older people in health promotion programmes. Senior Peer Mentors will be used in a number of community settings to engage, motivate, buddy and support other older people into physical activity participation and will be

used in falls prevention, mental health, befriending and a range of active ageing programmes.

Physical activity offer for disabled people;

Through the Local Pilot co-investment alongside Healthy Lifestyles is being made into Empower You which works with communities to support disabled people and those around them to lead healthy, active lifestyles. Empower You increases the capacity of a locality's mainstream agencies and assets to support active lifestyles by disabled people, whilst supporting increased demand by disabled people to access these opportunities.

In addition to this through the partnership with Access Sport a number of new sessions are being established for disabled people including:

- Disability Cricket Club at Old Trafford Sports Barn
- Disability Tennis at Urmston Sports Club
- Inclusive Club at Cheeky Cherubs
- Disability Rugby League in partnership with Swinton Lions

Utilising the Chief Medical Officer's poster to promote physical activity to residents.

CMO Guidelines have been printed and distributed across the Borough.

3. Links to Corporate Priorities

Physical Activity is a key element of Trafford Council's corporate priorities relating to Children and Young People, Health and Wellbeing and Targeted Groups.

4. Appendices - GP Newsletter

Appendix 1

Contact person for access to background papers and further information:

Name: Dr Donna Sager, Consultant in Public Health
Extension: 07866179967

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Training for Staff

Invite the PHE Physical Activity Champion to visit your practice

Great interactive fun education session about why we should discuss physical activity with all our patients and advise on how to raise it and remind us of the current physical activity guidelines.

Groups of 20 healthcare workers

Perfect whole team education package (reception/ admin/ HCA/ Docs/ Nurses/ Pharmacists/CPN etc.)

FREE

Session lasts for 1-2 hours tailored to your need

Contact: Louise.Williams@phe.gov.uk

Physical Activity Support to GP Practices

Why Physical Activity

24.3 per cent of Trafford residents are inactive, which means they do 30 mins of activity or less a week.

CMO advises 150mins/week moderate exercise (can speak but not sing a song).

Physical activity: Our greatest defence

Physical Activity contribution to reduction in risk of mortality and long term conditions		
Disease	Risk reduction	Strength of evidence
Death	20-35%	Strong
CHD and Stroke	20-35%	Strong
Type 2 Diabetes	35-40%	Strong
Colon Cancer	30-50%	Strong
Breast Cancer	20%	Strong
Hip Fracture	36-68%	Moderate
Depression	20-30%	Moderate
Hypertension	33%	Strong
Alzheimer's Disease	20-30%	Moderate
Functional limitation, elderly	30%	Strong
Prevention of falls	30%	Strong
Osteoarthritis disability	22-80%	Moderate

Become a RCGP parkrun practice

Volunteer, Walk, Run

- We have 3 parkruns in Trafford @ Sale Water Park, Stretford parkrun, Seymour Park junior parkrun and just over the border Wythenshawe. We are working on one in Partington. <https://www.parkrun.org.uk>
- To become a parkrun practice is **EASY** we have 7 in Trafford
 1. Have a read of the information on this link <https://r1.dotdigital-pages.com/p/49LX-52M/parkrunpractice>
 2. email/ speak with your local parkrun team to ensure they are happy to link with you. See first link for contact details
 3. When you get the thumbs up from your local parkrun team register online via the second link.
 4. Think how best to promote parkrun to your patients. Fabulous slideset available for your TV screen, logo on your website, create an accrx template to send to patients with details of how to register, arrange a 'volunteer takeover' where you provide some volunteer marshals for the sat am run.

Cycle to work Scheme

Register your practice below to access online business toolkit; full of fantastic self-help guides, tips and advice to help your staff travel more sustainably and save your business money.

<https://tfgm.com/travel-choices/business/business-travel-network-registration>

Practical advice on how you can help your staff to become more active by cycling to work

Physical Activity Referral Programme

- The Trafford Leisure's Physical Activity Referral makes physical activity easily accessible and provides all inactive patients:
 - 8 weeks subscription to gym,
- It's suitable for patients with long term conditions. Referrals can be made on the F12 –'Lifestyle'
<https://traffordleisure.co.uk/physical-activity-referral>
- Also use this referral for the falls prevention. (8 weeks 2sessions/week)
- Great for mental health too

Trafford contacts

For more information on any of these offers please contact

Dr Yvonne Burke (BOUNDARY HOUSE MEDICAL CENTRE) yvonne.burke1@nhs.net

Dr Donna Sager Public Health Consultant
donna.sager@trafford.gov.uk

Any other ideas please let us know!

Promote Walking to your patients

- Tell your patients about the 11 free local weekly volunteer led walks in Trafford. This can be via text /leaflets or posters – direct them to this website or the facebook group
- <https://www.walkingforhealth.org.uk/walkfinder/trafford-walk-for-health>
- If you want to start your own group or formally link in with an existing walk – contact us and we can help / advise
- Do you have any patients who may like to be trained and lead your walks –regular local training sessions and support.
- Great PPG project (eg Bodmin / Firsway walk)
- Make sure you have leaflets that promote walking – these can be obtained from Public Health

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12th March 2020
Report for: Information
Report of: Eleanor Roaf, Director of Public Health

Report Title

Update on Immunisations

Summary

This paper provides a response to the four questions Health Scrutiny asked in response to the Immunisation session received in November 2019.

Recommendation(s)

Information only

Contact person for access to background papers and further information:

Name: Helen Gollins, Deputy Director of Public Health

Extension: 4276

Uptake of Childhood Immunisations

a. Actions being taken to promote the message about alternative MMR vaccine to meet the needs of some faith groups

The MMR vaccine (mumps, measles and rubella) is available in two forms; MMRVaxPro and Priorix. The former contains porcine gelatine, which is used as a stabilising agent. If the MMRVaxPro vaccination is offered, Trafford's Muslim population may be unhappy for their children to receive this vaccination, as it the gelatine component may be incompatible with their religious views. However, the Priorix vaccination does not contain any gelatine, and is just as safe and effective.

In November, the Health Scrutiny Committee requested that Public Health do more to promote the message about the use of Priorix for Muslim patients who decline MMR for religious reasons. Since then, we have:

- Sent out a communication, via the Friday Clinical Briefing, to all primary care clinicians and practice managers in Trafford, encouraging them to offer Priorix to patients who have declined MMR for religious reasons
- Along with colleagues from the Greater Manchester Screening and Immunisations team, we presented to 30+ Trafford Practice Nurses at a GP Learning Event, about ways to improve vaccination uptake, including offering Priorix where appropriate.

b. Reasons for poor uptake of MMR vaccines in some general practices in the Borough;

- Work is ongoing to improve uptake of the MMR vaccine throughout Trafford, with a focus on areas that are performing less well, and ways to mitigate the barriers impacting this.
- We have held the second meeting of the Trafford Immunisation Assurance Group, which meets quarterly, and whose membership includes a range of key stakeholders from Public Health, Child Health, Primary Care, Communications, Community Cohesion and Community Infection Prevention and Control. We are currently reviewing the data sources available to the group, to inform our future priorities, including increasing MMR coverage. This wide range of stakeholders enables our work to be informed by a variety of perspectives, knowledge bases and experiences, throughout the borough.
- We also have links with the other boroughs of Greater Manchester, via the Greater Manchester MMR Elimination Group, which looks at wider strategic priorities around increasing vaccination uptake.
- We have met with Trafford CCG NHS Quality Improvement colleagues who conduct quality assurance visits at GP practices throughout Trafford. Members of the Public Health team have been invited to accompany them on these visits, to focus specifically on how they can support the practice to improve vaccination uptake, including MMR.
- We have also collated feedback from Practice Nurses at the Trafford GP Learning Event, including perceived barriers to vaccination faced by patients, and system-wide issues around vaccine delivery and data sharing. These findings have been fed back to the Trafford Immunisation Assurance Group, and will help to inform our Immunisation Improvement Action Plan.

c. Update on community work being developed to promote immunisation;

- Colleagues from Public Health attended a Health and Wellbeing event at University Academy 92, in December. As well as providing information around the importance of MMR to staff and students, the stall also provided information on alcohol misuse, and suicide prevention.
- As part of the actions from the Greater Manchester MMR Elimination Group, we are in the process of considering engagement work around MMR with the residents of Trafford.

- The Immunisation Improvement Action Plan will also look at ways to promote immunisation at a community level. This could include working with our Community Cohesion Officer, and voluntary, community and social enterprise groups.

d. Package of training for councillors on immunisation to help to support message in the community.

We are keen to provide an evening face-to-face education session for councillors, to support their work with local residents around improving health outcomes. This could include information around immunisations as well as related topics, such as cancer screening. We are currently liaising with Neil Meehan, Organisational Development and Learning Officer, to arrange a suitable date for this to take place.

Update prepared by Leifa Jennings, Public Health Speciality Registrar and Helen Gollins, Deputy Director of Public Health, Trafford Council, 12/02/20

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12th March 2020
Report for: Information
Report of: Eleanor Roaf, Director of Public health

Report Title

Suicide Prevention Update

Summary

Health Scrutiny have received regular updates on the Suicide Prevention Plan. At the January meeting there was a comprehensive update on 5 key areas previously discussed by Scrutiny. This paper provides information on a number of other areas of suicide prevention that we have progressed since January in line with the intentions in the Suicide Prevention Plan. It also provides high level data on suicides in Trafford.

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

Health Scrutiny have received regular updates on the Suicide Prevention Plan. At the January meeting there was a comprehensive update on 5 key areas previously discussed by Scrutiny. This paper provides information on a number of other areas of suicide prevention that we have progressed since January in line with the intentions in the Suicide Prevention Plan. It also provides some high level data on suicides in Trafford.

2.1. Suicide Prevention supporting young people

At our February meeting we focused on young people and the range of new services that have been put in place to provide a more comprehensive response to those young people experiencing mental distress. Details of these services are being widely shared. Additional training will soon be available for staff and groups working with young people to help them respond to young people who may be raising issues around suicide.

2.2. Suicide Prevention and Social media

We have examined the evidence of the impact of social media in young people's wellbeing and identified a further need for training for staff on social media. We are reviewing training opportunities that are currently available. We have sent updates to populate the Trafford directory on the GM website Shining a Light on Suicide to staff, residents and partners (<http://www.shiningalightonsuicide.org.uk>). When this is launched we will have a comprehensive communications plan to promote this valuable resource.

2.3 Suicide Prevention and Voluntary Community and Social Enterprise (VCSE) conference.

Trafford MBC will receive £2,362.00 to engage and support the VCSE to become involved in suicide prevention. We have agreed that conference will be held in Spring to:

- Inform them of the Trafford Suicide Prevention strategy, update them on the resources and support we have in Trafford.
- To discuss further training opportunities for VCSE colleagues
- To hear from the lived experience of those who have had suicidal ideation
- To collate an action plan for wider engagement and a sign up to action from the VCSE

2.4 Greater Manchester Memorial Quilt Project

We have recently received an update on the above quilt project that is intended to raise awareness around suicide and also to allow those bereaved to engage in activities to produce a lasting memorial to those we have lost to suicide across Greater Manchester. It's well documented that crafting is immensely beneficial to people suffering from depression, anxiety and grief so this will be an ideal opportunity for our communities to join together and support those suffering this loss. We are working with GM to be able to offer this to Trafford residents who have been affected

2.5. Suicide Prevention Plan

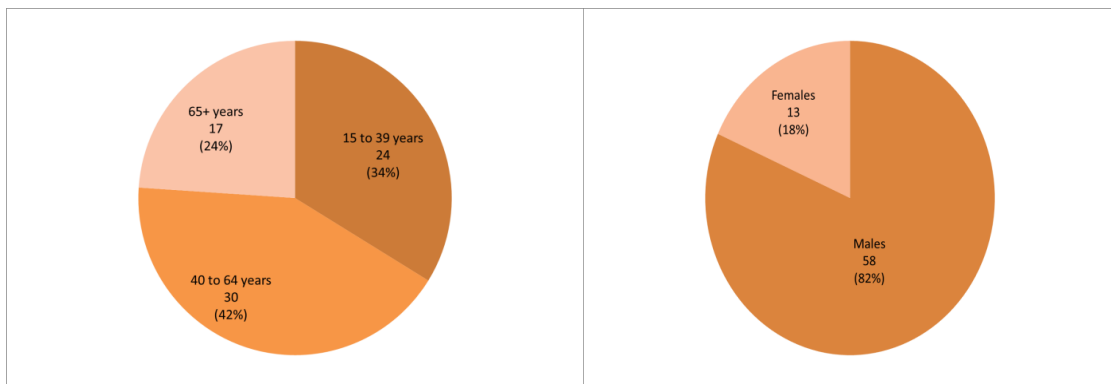
The Suicide Prevention strategy was launched in June 2019 and as Scrutiny are aware steady progress has been made. The Suicide Prevention Group has strong membership from key agencies and has been commended for the breadth of representation and the commitment to work together. We have good links with GM work and provide regular updates to key partners. We continue to focus on training and raising awareness of resources and services that can support people with suicidal ideation. We are aware that further work needs to be done to raise awareness of a crises response particularly for adults and this will be the focus of our next meeting.

2.6 Suicide Data

The suicide rate for local authority areas is published in the Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health->

[outcomes-framework](#) For Trafford, the age standardised death rate from suicide and injury undetermined for the period 2016-18 was 6.8 per 100,000 population, significantly lower than England (9.6 per 100,000), lowest in the North West, and lowest of a group of similar authorities. The rate has reduced from 11.5 per 100,000 in 2001-03 to 6.8 per 100,000 in 2016-18. Locally held records of deaths show:

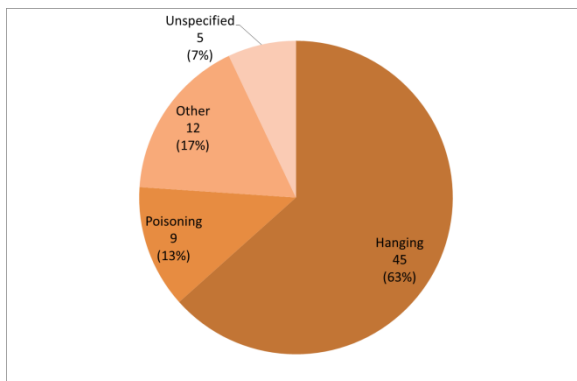
- A total of 71 deaths from suicide and injury undetermined registered over the 5 years 2014 to 2018.
- 63 (88.7%) recorded as intentional self-harm, with the remaining 8 (11.3%) being of undetermined intent.
- 58 of 71 (81.7%) were male.
- 24 of 71 (33.8%) were people aged under 40 years.



The breakdown below shows that whilst there are differences between localities, no locality has a rate which is statistically significantly different either from the Trafford average or from another locality.

Locality of residence	Number of deaths	Directly age standardised rate per 100,000 population (DSR)	DSR 95% Confidence Limits	
			Lower	Upper
Central	21	8.1	5.0	12.4
North	11	4.9	2.4	8.9
South	19	5.2	3.1	8.2
West	20	7.8	4.7	12.0
Trafford	71	6.4	5.0	8.0

- Almost two thirds (63.4%) of deaths were by hanging, followed by poisoning at 12.7% of total.



As Members will be aware we also collect real time data from the Coroner's Office which shows a very similar profile to that outlined above.

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

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12th March 2020
Report for: Information
Report of: Trafford Coordination Centre

Report Title

Trafford Coordination Centre

Summary

Trafford Coordination Centre (TCC) contract was awarded to DXC Technologies and the 5 year contract commenced in June 2015. The contract is due to end on the 30th June 2020 and Trafford CCG took this opportunity to review the sustainability of the service. After a period of significant due diligence a paper was presented to the CCG Governing Body that took place on the 7th Jan 2020 who approved the recommendation to allow the TCC contract to expire on the 30th June 2020. Since this date the CCG has initiated a detailed exit plan and this paper provides Health Scrutiny with assurances on the exit process.

This paper provides:

- Brief overview of the service and history
- Responds to concerns raised by members of the public to Health Scrutiny
- Provides a summary of the exit plans in respect to the care coordination function
- Provides a summary of the programme of work that has been initiated to mitigate the impact to the referral management function

Recommendation(s)

Health Scrutiny are asked to note the decision made by the CCG Governing Body on the 7th January 2020 and the mitigating actions that are being taken to ensure there is minimal impact to patients who are currently managed and supported by the TCC.

Contact person for access to background papers and further information:

Name: Cathy O'Driscoll

Extension:

1. Background

The TCC contract is held between Trafford CCG and DXC Technologies and the service commenced on the 30th June 2015 and is due to expire on the 30th June 2020.

Trafford Co-ordination Centre (TCC): Is a free NHS service for patients (currently adults aged 18 and over) registered with a Trafford GP. The TCC aims to reduce healthcare costs and improve the patient's experience in their journey through the Trafford health and care system. Currently it does this in two ways:

- A care co-ordination service, which aims to help patients stay safe and well at home and avoid unplanned hospital admissions and readmissions. This is a telephone support service provided by a clinical team which is suitable for people who have a wide range of health and/or social care needs that involve multiple agencies to assist in providing their care. The care co-ordination team is in place to guide the patient through all their appointments and are on hand to intervene at an early stage to help patients access the most appropriate care.
- Referral management – where the team review patient referrals from GPs and identify where patients could be treated in the community (e.g. community musculoskeletal/physiotherapy service) without the need for a hospital appointment – or where a hospital appointment is needed, ensuring the patient has all the necessary tests in advance of the consultation to ensure the best clinical outcome for the patient.

2. Current Position

Trafford CCG carried out a period of engagement and analysis during 2019 with a number of stakeholders, the outcome of the review period resulted in the following recommendation: To allow the TCC contract lapse on its planned date of 30th June 2020 was agreed.

Any risk associated with this decision is minimised by the emerging primary care strategy which will allow plans to be put in place to reduce the impact to the service, patients and GP's.

3. Primary Care Strategy

The primary care strategy allow plans to be put in place to reduce the impact of this decision to the service, patients and GP's. This will be done through the ambition to transform and sustain the primary care system. By delivering place based care closer to home through integrated neighbourhood systems with wider partners. This will improve population health through improved management of long term conditions, with prevention at the centre of everything we do and will reduce unnecessary demand and activity within secondary care.

Five Primary Care Networks have been established across Trafford the purpose of the networks is to:

- Dissolve the historical divide between primary, community and social services
- Join up delivery of urgent care in the community
- Drive the pace of digital uptake – Digital First programme
- Reduce variation of outcomes and services: nationally visible network dashboards
- Deliver NHS Long Term Plan goals within the locality plan context
- take a leading role within the Local Care Organisation

3.1. Primary Care Access:

Public satisfaction within general practice remains high, but in recent years patients have increasingly reported, through the GP Patient Survey, more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice. Good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time. This includes additional capacity to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. In order to improve access Trafford CCG has a developed programme of work that will result in increased access through digital channels- 'Digital First'.

3.2. Primary Care Digital Solution:

Increasingly some patients want to transact and engage with Primary Care via digital channels. Done well, it improves the patient experience and provides a flexible and responsive service that can adapt to future challenges, digital access can protect resources for more complex care and deliver improved processes within practices. NHS England provided funding to all CCGs to assist practices in increasing the take

up of online services through the implementation of online and video consultations. The transformation of primary care to a digitally led service is probably the biggest change that has happened to General Practice since the inception of the NHS in 1948

4. Key Issues for Health Scrutiny to Consider

Queries have been raised on how the care coordination and referral management will be managed both during the exit period and beyond and this is summarised below:

4.1. Referral Management

The CCG has initiated a programme of work to review referral management support for GP practices that incorporates the following objectives and principles:

Programme Objectives:

- The use of the most appropriate referral management solution and any supporting change management required for adoption of that solution
- Support and guidance for primary care clinicians that would provide easy access to guidance at point of referral
- Focus on Trafford's clinical priorities, collaborative pathway redesign
- Referral innovation scheme that looks at reducing variation in referrals and referral management

4.2. Referral Management Programme Principles that will be adopted:

- This programme of work will be co- produced with appropriate stakeholders engaging at the appropriate time
- One standard and efficient way of requesting referrals
- Ability to triage referrals for certain clinical priorities in line with CCG commissioner requirements
- Efficient use of digital technologies removing unnecessary administrative tasks for all stakeholders
- Information and data should only be entered once where possible

It is intended that a new referral management solution will be in place prior to the contract end of the TCC on the 30th June and will reflect the key priorities of GP practices, the CCG and ensure appropriate referrals for patients of Trafford.

In addition to the above Health Scrutiny should note that currently only 48% of referrals are sent to the TCC which equates to approximately 50,000 referrals per annum, over 50% do not have any interaction with the TCC.

5. Care Coordination

A full review of all patients that are actively being supported by Care Co-ordination is being undertaken by the clinical team. Currently there are 2,180 patients listed. A coordinated approach has been developed to inform the patients about the closure of the service and ensuring patients are referred into appropriate support services available to enable a seamless transition of care and support which includes all services tasked with delivering social prescribing in Trafford: Care Navigators, Primary Care Mental Health & Wellbeing Services, the new Primary Care Link Workers and Adult Social Care Community Link Officers.

There are currently 631 patients listed as being actively supported by Care Coordination and have received a referral to an external health organisation or an A&E attendance in the last six months.

These patients will be contacted by telephone to identify:

- Any outstanding community and voluntary referrals which need chasing up
- Any new referrals/interventions which require completing.
- Additionally appropriate referrals will be made into the Primary Care Mental Health & Well-being service; referral into Urgent Care Therapies Team/Community Enhanced Care, Social Care referrals
- For each patient a summary will be produced and e-mailed to each practice comprising:
 - Interventions completed in last 6 months
 - Recent referrals made
 - Any other relevant information
- GP practices will receive a patient summary:
 - The CCG medicines management team already embedded in each practice will support any know prescribing issues
 - Any further social prescribing will be identified and if required GP's will be able to utilise the new Primary Care Link Workers - or refer into the Primary Care Mental health and Wellbeing service, if appropriate

There are currently 1,549 patients being monitored by Care Coordination who may have had contact with the TCC but have had no referrals to an external organisation in the last six months. .

All patients will receive a written communication indicating the cessation of the service, the reason for this and the action being taken, followed by a phone call from the service.

These patients will be advised that they are being discharged from the service and advised that they should refer in future to their GP or NHS 111 as appropriate.

A list of patient NHS numbers will be provided to the GP to inform the patients GP practice that they have been discharged from the service and no interventions have been undertaken for the previous 6 months.

One of the successes of the TCC has been the management of a falls pathway which refers patients identified to be at risk of a fall for a number of interventions e.g. medication review, safe and well visit, strength and balance training and eyesight test. All patients referred will have final interventions carried out and the TCC will hand over all key contacts and referral pathways and provide training as required to the Primary Care Link Workers in advance of contract end.

NWAS currently refers patients who have fallen at home but are not suitable for transfer to hospital to the TCC to have the interventions carried out. We are working with NWAS to redirect these referrals to the Urgent Care Therapies team which will deliver the required interventions.

6. General points for Health Scrutiny to Consider

- Trafford CCG has developed a Primary Care Strategy that has been adopted by the Primary Care Networks which overtakes the vision of the TCC and supersedes some of the planned outcomes.
- Health Scrutiny should note that since the inception of CCG, there have been a number of initiatives/changes such as Medicines Management support, the drive to reduce 'Did Not Attend' rates these all support patients to coordinate their care for both primary and secondary care services
- The Technology offering across health & social care has developed in such a way that it now enables coordinated care in a holistic manner. This is a model that being adopted by GM and the LHCRE
- A detailed exit and communication plan is in place that covers all aspects of the TCC service including staff

- The health landscape has developed in a number of ways in the last 5 years and the NHSE long term plan requirements also support the patient level outcomes that were intended with the initial vision of the TCC
- Trafford CCG has a number of financial challenges and has to ensure that all commissioned services are delivering financial, patient and system benefits

7. Links to Corporate Priorities

The TCC decision is aligned to the 'Health and Wellbeing' corporate priority, whilst recognising that all priorities are interconnected.

CCG programme plans are aligned to delivering improved services for all Trafford residents and reducing health inequalities for all. TCC in its current form does not align to this priority.

8. Consultation

As mentioned above stakeholder consultation has been and will continue to be ongoing, some of the stakeholders are listed below:

- Public Reference Advisory Board (PRAB) 1/ 8/ 19
- Governing Body Members 3/9/19
- Clinical Advisors 3/9/19
- Council of Members 11/9/19
- Local Medical Council (LMC) 20/11/19
- VCSE Collective 19/9/19
- Health & Social Care Advisory Board 15/10/19
- NHS Digital 2/10/19
- Public Health 25/9/19
- Community Services Provider (TLCO) 30/8/19
- Primary Care Network Leads & GP's - Ongoing
- Legal Services - Ongoing
- Manchester Gateway 6/11/19

The exit plan covers all stakeholder groups including impacted patients, all GP practice, providers, and staff.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12TH March 2020
Report for: Information
Report of: Trafford Psychological Therapies (IAPT)

Report Title

Psychological Therapies for Mental Health conditions – spotlight on provision in Trafford.

Summary

This report provides an update to the information provided at the Trafford Health Scrutiny Committee in September 2019. Particular areas for scrutiny include accessibility, equality of access, attrition rates, recovery and re-presentation, with a particular spotlight on access to services in the north of the borough.

The data shows that Trafford Psychological Therapies (TPT) is an equitable service with the north of the borough being as accessible as the other localities in Trafford. Referral rates in some GP surgeries in the north are significantly above those in other localities and a higher proportion of professional to self-referrals was evidenced. Recovery and reliable improvement targets are consistently met in Trafford; however, the north of the borough had the lowest percentage of recovery. The north of the borough was found to have fewer perinatal clients and a greater number of male clients accessing the service than other localities.

Overall, the IAPT provision in Trafford is, and has been consistently over the last five years, one of the most effective in the region, patient experience data indicates a deeply appreciated person centred service, and, although remaining challenging, the access rate has improved since December 2017.

Contact person for access to background papers and further information:

Name: Dr Kate Thomason, Clinical Psychologist and Acting Clinical Lead for Trafford Psychological Therapies; Garry Pomfret, Operational Manager for Trafford Psychological Therapies; Dr Dale Huey, Consultant Clinical Psychologist & Strategic Lead Primary Care Psychological Division.

Extension: 0161 357 1350

1. Background

This report provides an update to the information provided at the Trafford Health Scrutiny Committee in September 2019. The data reported covers the period of January 2019-December 2019.

2. Key Issues for Health Scrutiny to Consider

Particular areas for scrutiny include accessibility, equality of access, and access to online therapies, attrition rates, recovery and re-presentation, with a particular spotlight on access to services in the north of the borough.

3. Accessibility and Equality of Access

Referral Source

Table 1. Number of referrals to IAPT (Jan 2019-Dec 2019) and referral source

	Total	% Professional ^a	% Self	% of Trafford
Central	2407	38.3	61.7	3.81
North	1825	43.0	37.3	3.95
South	2226	35.0	65.0	2.82
West	2500	51%	49.0	4.63
Trafford Total	8958	44.7	55.3	3.70

^a Professional (GPs and any other professional, including secondary care).

The total number of referrals received from January 2019 – December 2019 was **8958**. 44.7% of the referrals were from professionals and 55.3% from self-referrals. Overall, there is a trend for an increase in self-referrals¹. The percentage of the Trafford population in the north accessing the service is above the average for the borough (see Fig. 1 and 2) but there is an opposite trend for the source of referrals, with a higher percentage of referrals coming from professionals and fewer accessing the self-referral pathway (see Table 1).

¹ An increase of 25% from 2018 audit.

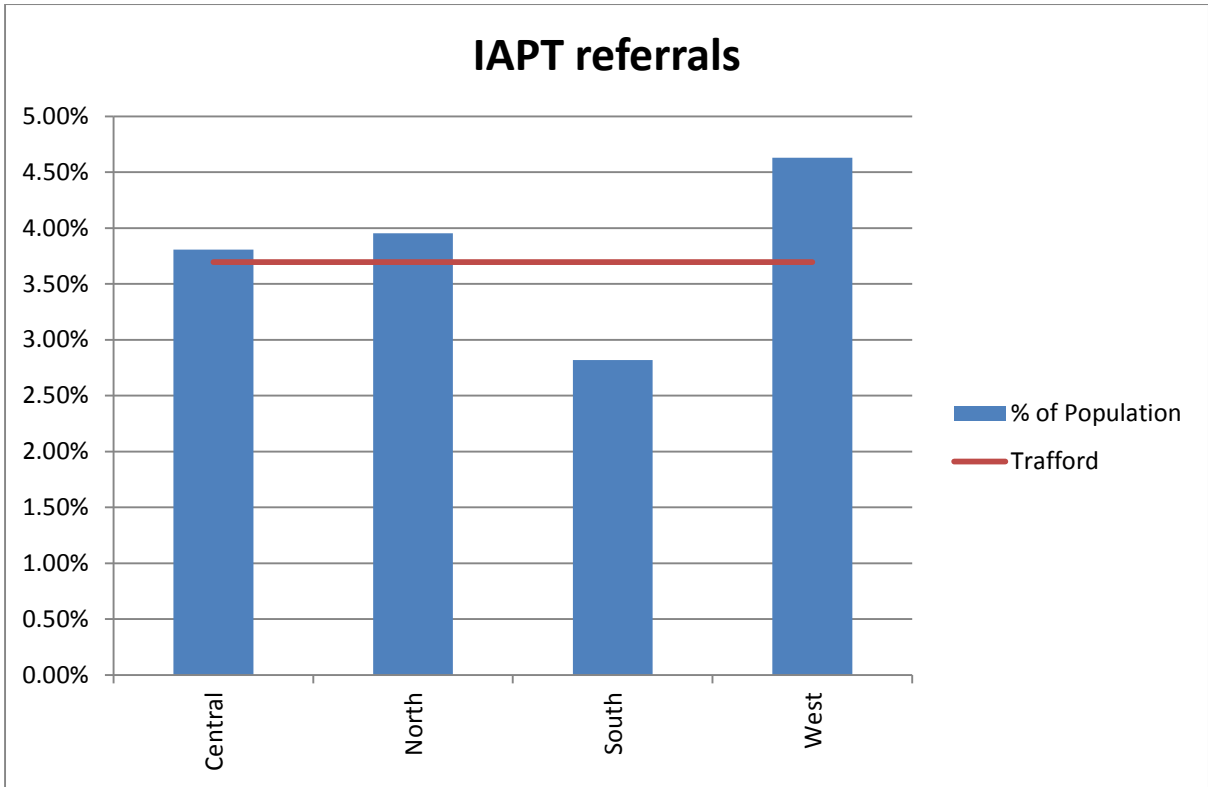


Fig. 1. IAPT Referrals by Trafford Locality.

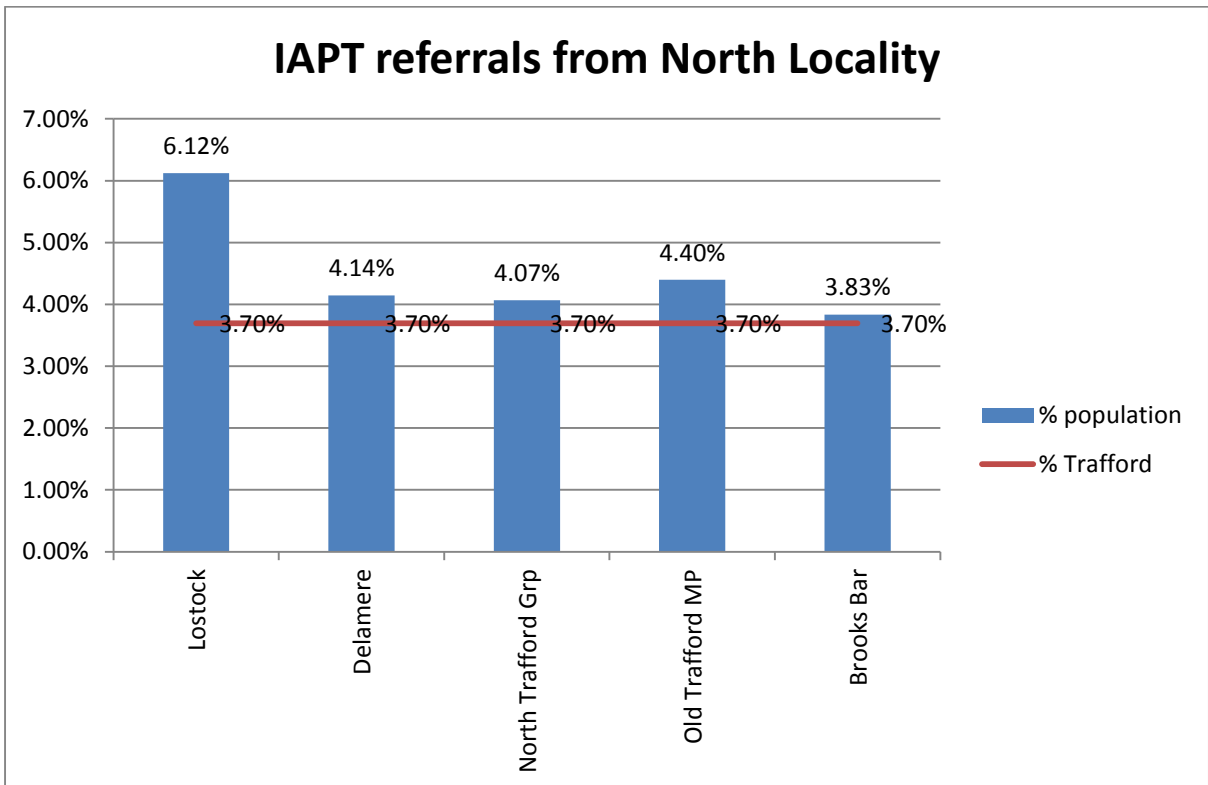


Fig. 2. IAPT Referrals by GP Practice across North Locality of Trafford.

Actions to promote self-referral in north locality:

- GP Training event to be organised with the Trafford Primary Care Mental Health and Wellbeing Service (PCMHWS) to promote both professional and self-referrals.
- Promotional material continues to be displayed in north locality GPs and community hubs.
- Wallet sized cards to be created and made easily accessible for the north Trafford population with clear information on how to self-refer.
 - Ongoing developments on service information available in different languages.

Demographics

Age

The service is accessed the most by working aged adults, with 80% of referrals for those aged between 20-49 years (see Fig. 3). This is the same trend in the north locality (see Appendix 1).

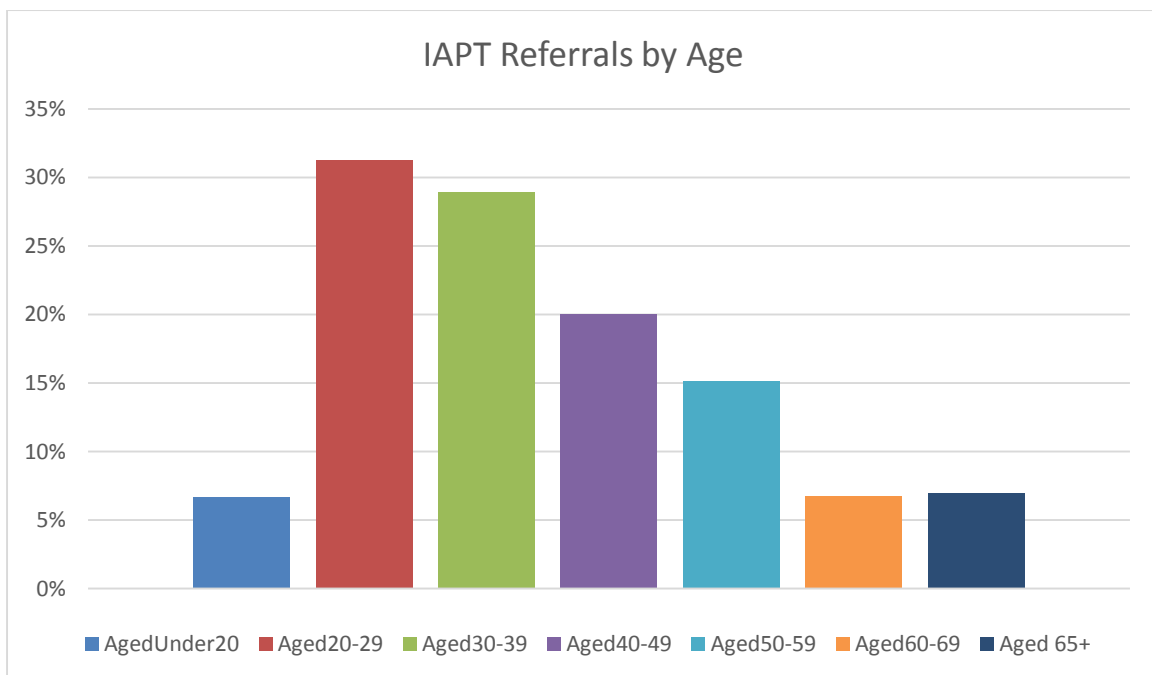


Fig. 3. IAPT Referrals by Age.

Gender

Overall, 36% of referrals are from males and 64% from females. This is an increase of 6% for male referrals (compared to 2018 data) and the north locality has the highest percentage of male to female referrals across the four localities (see Table 2).

Table 2. IAPT Referrals by gender across locality

Locality	Male %	Female %
Central	34	65
North	40	60
South	34	66
West	35	64
Trafford Total	36	64

Ethnicity

White British/Irish clients make up the majority of the Trafford population accessing the service, which is in line with the 2011 Census data. A higher proportion of clients who access the service in the north of the borough, compared with the other localities, are from Black and Minority Ethnic (BAME) populations. This is in line with the demographic data by ward, with north Trafford comprising of a more ethnically diverse population.

Table 3. IAPT Referrals by Ethnicity

%	White	Asian	Black	Mixed	Other
2011 Census	85.5	7.9	2.9	2.7	1
All IAPT referrals	86.9	5.2	2.1	3.2	2.6
North	69.8	14.9	7.9	4.4	3.1

Military Veteran, Perinatal and Long-term Health Conditions (LTHCs)

Overall, there has been an increase in perinatal referrals (average of 8%, compared to 6% in 2018). In the north, the number of perinatal referrals and referrals for clients with a LTHC is lower than the Trafford average (see Table 4).

Table 4. IAPT Referrals by Military Veteran, Perinatal and Long-term Health Conditions (LTHCs)

Locality	Military Veteran %	Perinatal %	LTHC %
Central	1	8	19
North	1	6	14
South	1	8	20
West	1	8	15
Trafford Total	1	8	17

Actions:

- Perinatal and Infant Mental Health Champions to link in with all GP surgeries and children centres, particularly in the north of the borough.
- Ongoing work to link in with physical health services, including diabetes, cardiology and respiratory (see Appendix 2).

4. Attrition and Recovery

Clients may drop out of the pathway at various stages, e.g. before their initial telephone assessment, before their first therapy assessment or at any point during treatment. Table 5 shows the percentage of people who drop out at any point in the process. The average drop out for Trafford is 43%, with fewer clients from north of the borough dropping out than the average (40%). The time at which clients drop out can be seen in Appendix 3, and is most commonly before the first appointment, across all localities.

Table 5. Attrition, Recovery & Reliable Improvement by Locality

Locality	Drop out at any point %	Recovery ^{a2} %	Reliable Improvement ^{a3} %
Central	44	63	74
North	40	52	72
South	50	63	76
West	38	58	74
Trafford Total	43	60	74

^a Average Recovery And Reliable Improvement (RI) from Jan 2019- Dec 2019.

Trafford IAPT consistently meets the national 50% recovery and 65% reliable improvement target. Table 5 shows that fewer of those in the north of the borough

² 50% national IAPT target for recovery. Recovery in IAPT is measured in terms of 'caseness' – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition. [Average of 5% not at caseness at the start of treatment].

³ 65% national IAPT target for RI. RI is the percentage of people who experience a significant improvement in their symptoms.

meet recovery and reliable improvement but both are above the national target set out by NHS England.

Actions to reduce attrition:

- Steps are taken to actively reduce attrition at various stages of a client's journey through the service, e.g. the administrators routinely telephone clients who have not opted into the service following a referral, with a particular emphasis on those clients who meet prioritisation criteria (see Appendix 4), letters are sent giving clients up to 14 days to respond before discharge and individual therapists follow up cancellations/DNAs with individual clients on their caseload.

5. Re-referrals / re-presentations

Approximately, one third of people referred to the service, and receive treatment, recover and it is unlikely that they need to access the service again; one third recover or make some progress but are likely to require intermittent contact with the service over the years, and the other third present with persistent difficulties where some benefit may be derived from each episode of care and repeated access is likely to offset use of other services and in time, for many, facilitate better self-management. Within this context re-assessing the service, on a needs led basis, is to be encouraged.

We always aim, wherever possible, to move people down this continuum, i.e. reduce the functional limitation for people with persistent difficulties, reduce frequency of contact with services for those with intermittent difficulties, and where possible for all move to problem resolution and no longer requiring services. Clients may be signposted to other services (e.g. substance misuse, eating disorders service), identified as requiring more social support or specialist psychotherapy. This may be provided by another GMMH service or voluntary/third sector provider. If appropriate, TPT will refer directly to another service.

6. Unregistered Patients

If a client is not registered with a GP and makes a self-referral, we would contact the person to enquire about lack of a GP, check postal address and encourage the person to register with a local GP. If there were barriers to this, we would discuss it with the person and signpost them to a service that may could help them to register.

7. Access to online therapies

Online therapies are provided by Trafford Self-Help Services (SHS). SHS provide a well-established e-therapy offer to the residents of Trafford, delivering 2.67% prevalence, through a digital solution, which is in line with the requirements laid down within the NHS long-term plan. ETherapy is offered as part of the Step 2 provision and includes the following packages:

- Silvercloud Health – 6-8 week programme for anxiety, depression, health anxiety and panic.
- Sleepio – 6 week programme for insomnia and other sleep related problems.

SHS also offer the following but these are not as commonly used as the first two:

- Shift your stress – 6 week for workplace stress.
- Hold your nerve – 6 week programme for social anxiety.

Table 6. Number of referrals to Self-Help Services for etherapy in Trafford

	Total number of referrals (Jan 2019-Dec 2019)	%
Trafford	842	100
North Locality	239	28.4

The number of Trafford residents in the north of the borough accessing etherapy through Self-Help Services in 2019 was 28.4% (see Table 6).

8. Challenges

Ongoing challenges to ensure conditions for high quality care are in place:

- Working to ensure that resources, sufficient to ensure NHS England targets are achieved, are available to the system. This will involve service redesign, innovation in how services are delivered, dedicated work to ensure that IAPT services are co-terminate with wider health and care services and, where necessary, new relationships and contractual mechanisms are forged to maximise efficiencies in support of reinvestment.
- Recruiting and retaining workforce: achieving our mission re sustainable, stimulating and enjoyable roles.
- Sourcing and funding appropriate accommodation to deliver evidence based effective therapies, efficiently, and in accessible locations for all our people.

- Innovating with the use of alternative technologies and means of delivering care whilst remaining person-centered, effective and safe.
- Developing excellent perinatal IAPT provision embedded in the local community, and fully integrated with other services and community assets.
- Ongoing links with Youth Justice System in order to facilitate appropriate referrals.
- Equitable access, not just *enough* people accessing, but ensuring the right proportions of people, i.e. we are representative of our population.
- Connecting our Long-Term *Physical* Health Conditions offer to specialist services.

Summary

IAPT provision in Trafford is, and has been consistently over the last five years, one of the most effective in the region, patient experience data indicates a deeply appreciated person centred service, and, although remaining challenging, access rates have improved since December 2017.

9. Appendices

Appendix 1

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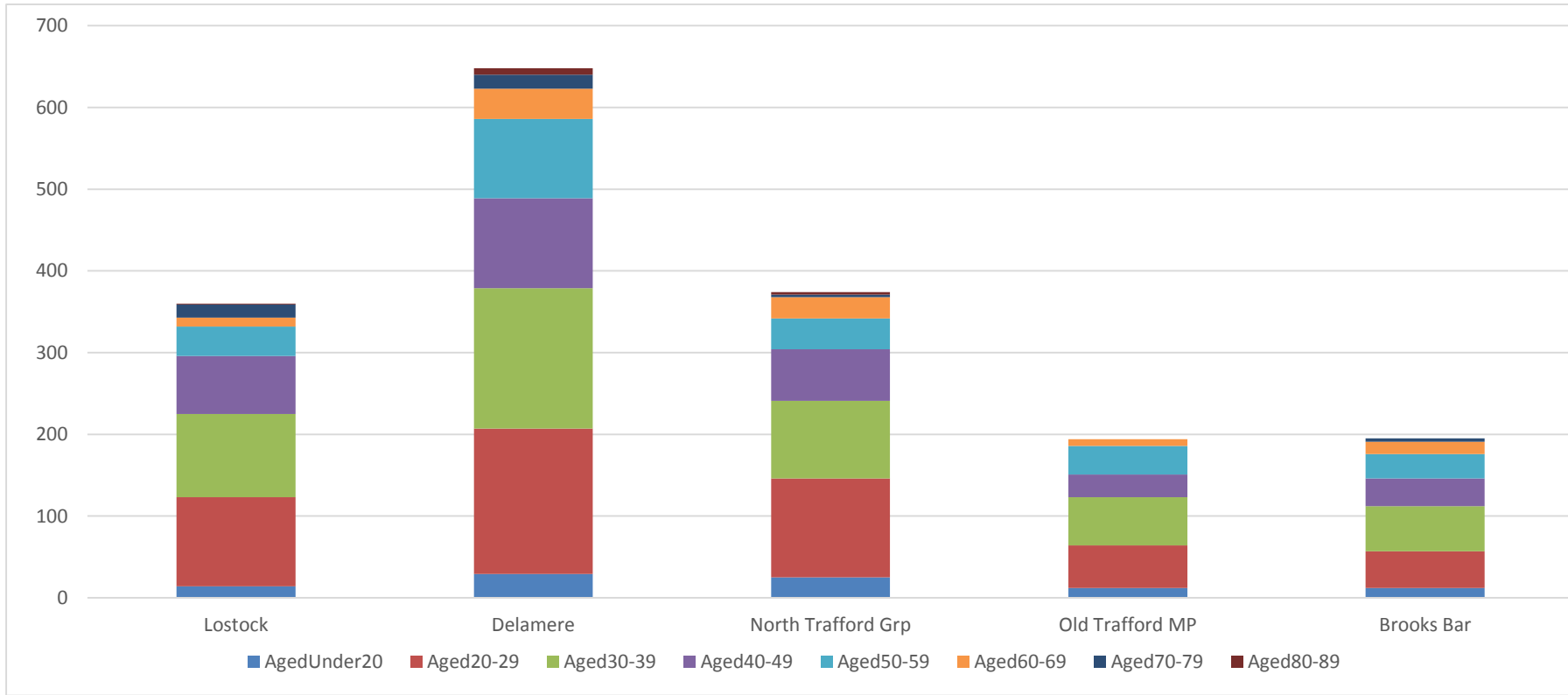


Fig.1. IAPT Referrals in 2019 by Age and GP Surgery (North Trafford Locality).

Appendix 2

Raising awareness across all four localities: Completed and ongoing events in 2019/20

16-18 year olds

- School/College talks/events (e.g. Urmston Grammar, Stretford, Altrincham Girls Sixth Form, Trafford College).
- 'Wellbeing and Transition to Higher Education' talk scheduled for March 2020 at Colleges in Urmston and Altrincham.

Perinatal

- Perinatal and Infant Mental Health (PIMN) Champions to go into children/family centres to promote the service, attendance at Network and Supervision Meetings.

Long-Term Physical Health Conditions

- Stroke Association talk given in October 2019; next one scheduled for May 2020.
- Service listed on Arthritis Action website:
<https://www.arthritisaction.org.uk/region/greater-manchester/>
- 'Wellbeing and Diabetes' event scheduled for 18th March 2020 at Washway GP surgery, Sale.
- Development of interface with physical health services, including pain, diabetes, cardiology, pulmonary rehab through Trafford General Hospital and Wythenshawe Hospital.

Over 65s

- Ongoing development of interface with AGE UK; Clinical Lead recently met with service to increase awareness of TPT and encourage referrals. Service poster now on screen. New referral pathway agreed re. paper referrals scanned and emailed to nhs.net account.
- Carers' event. Article about TPT printed in carers' newsletter.
- Older Adult Champion continuing to promote service.

Black, Asian and Minority Ethnic (BAME)

- BAME Champion to approach ESOL classes at Trafford College and further link in with Multicultural Women's Wellbeing Group at Coppice Library and Broomwood Community and Wellbeing Centre.
- BAME Champion to link in with fellow champions across the division to implement BAME Positive Practice Guide (BABCP).

Social Media

- Service has Twitter page run by Senior Psychological Wellbeing Practitioner to promote the service and link in with other providers in Trafford, e.g. Trafford Carers, Trafford Domestic Abuse Service.
- GMMH on Facebook has advertised the service and given details on self-referrals.

Accommodation

- Sourcing and funding move of IAPT base to Altrincham Health and Wellbeing Centre where two GP surgeries are co-located (Barrington Medical Centre and St Johns Medical Centre). This will free up clinic and administration space and improve the synergy with the South Locality to improve equality of access.

General

- Promotional stands at key venues (Waterside, Limelight, Altrincham Hub, supermarkets, leisure centres) throughout 2020.
- Stress balls, information packs and pens given out at all events.
- Service poster and leaflets been distributed to all GP surgeries and community centers (*ongoing*).
- Recent meeting with the Counselling and Family Centre with a view to building better links (*ongoing*).
- Distributed leaflets to various shops/cafes in Trafford.
- Urmston Musical Theatre distributed leaflets with their programmes.
- Provided Fiona Gardens (Assisted Living/ Extra Care Housing in Sale) with information and service booklets.
- Met with sheltered accommodation (Vine Court) to meet with Manager (Tony Daly) who agreed to email all other sheltered accommodation managers encouraging them to contact TPT to arrange a visit.

- PCMHWS in process of arranging training for GPs on mental health – TPT to contribute to this.

Development of new mandatory ‘*How did you hear about us?*’ question to the self-referral portal to monitor and review routes to access.

Ongoing staff training events to enable staff to work effectively with all populations (most recent Away Day in Jan 2020 focused on Older Adults and Perinatal). Further service-wide training on long-term physical health conditions to be scheduled.

Appendix 3

Percentage of drop out at various stages of treatment by locality

Locality	IAPT referrals	% Before first appt	% Between 1 st and 2 nd appt	% After 2 attended appts	% Any point
Central	2407	26	13	5	44
North	1825	23	12	5	40
South	2226	30	15	6	50
West	2500	22	12	4	38
Trafford	8958	25	13	5	43

Appendix 4

Prioritisation Criteria:

- Perinatal: Pregnant mothers and mothers and fathers with an infant under 24 months.
- Referrals from Home Based Treatment Team.
- UK Armed Force Military Veterans.
- Manchester Arena bombing.
- Referrals from the Primary Care Mental Health and Wellbeing Service where there is active involvement, e.g. an emphasis on supporting clients to access therapy.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12th March 2020
Report for: Information
Report of: Sara Radcliffe Director Integrated Health and Social Care Strategy, Trafford Council and CCG

Report Title

Update on Trafford Together Locality Plan

Summary

Trafford Together Locality Plan is our blueprint for the transformation of health and social care over the next 5 years incorporating the NHS Long Term Plan. Health Scrutiny Committee received a full report on progress in November 2019 and this report provides an update on particular aspects of the Locality Plan that are pertinent to the following key areas of work in health and social care:

- Tackling inequalities
- Digital platform
- Engagement with the community

The report also highlights key developments linked to the above subject areas as we enter our first year of implementation, following the successful formal submission of the Locality Plan to Greater Manchester Health and Social Care Partnership (GMHSCP) in December of last year.

Recommendation(s)

The Committee is asked to note the development of the Locality Plan with particular reference to the three aspects requested at the previous Scrutiny Committee.

Contact person for access to background papers and further information:

Name: Thomas Maloney, Programme Director Health and Care
Extension: 4776

1. Tackling inequalities

1.1. At the forefront of our Locality Plan we state our shared commitment to tackling inequality in outcomes for everyone in Trafford. Addressing the inequalities in our outcomes is a fundamental part of our forward plan and is reflected in our collective aspirations which are:

- Better lives for our most vulnerable people.
- Better wellbeing for our population.
- Better connections throughout our communities

1.2. However, we are clear as a health and social care system that tackling inequalities is much broader than just health and social care. Tackling inequalities is everybody's business and it is a combination of strategies, and successful delivery of these strategies across our borough, that will ultimately make the difference we require.

1.3. By working together, and with a wider set of system partners, over a prolonged period of time, and to a set of shared aspirations, we are adopting a truly inclusive approach to reforming health and social care. An example of which is our collaboration with the Place Directorate focussing on primary prevention and the renewed focus on social value as a wider system. Through enhanced collaboration in the Local Care Alliance (LCA) and the synergy with the Trafford Partnership we have enabled the production of a system wide plan that focusses on reducing inequalities through the provision of efficient and effective health and social care services that provide better quality care and targeted support where required. We strive to understand how our collective efforts in health and social care align with our broader system priorities, as our combined efforts across the place will be required to tackle the health inequalities Trafford experiences.

1.4. Through our planned Locality Plan 'Year of Engagement' we aim to give as many people as possible the opportunity to shape the future of health and social care in Trafford – building on our position of the Locality Plan being a first draft in development with the opportunity to refine and improve. The first year of our communications and engagement will focus on our respective workforces across the LCA membership and our Voluntary, Community and Social Enterprise (VCSE) sector; with the aim of reaching targeted groups and communities in our workforces but also in our communities. We retain a set of broader ambitions to progress to a true social movement and realise positive behaviour change over the life course of the plan which will inform subsequent plans following the first year of engagement.

1.5. Our Locality Plan is also intrinsically linked to a series of complementary strategies such as the evolving Trafford Poverty Strategy. We are currently in the development phase of our strategy with poverty being recognised as a hidden issue in Trafford, with large inequalities masked by affluence and good overall outcomes. To support the development of the strategy it is being proposed Trafford embark on the delivery of a Poverty Truth Commission which will work alongside and influence our planned 'Year of Engagement'.

1.6 We continue to work through the prevention pillar in terms of reducing inequalities in healthy life expectancy in Trafford through a place-based approach to improving the physical, mental health and wellbeing of residents in Trafford, whilst reducing health inequalities. Engaging people in improving and maintaining their own health is the best way of creating a sustainable health and social care system, responsive to need and driven by outcomes that matter to people.

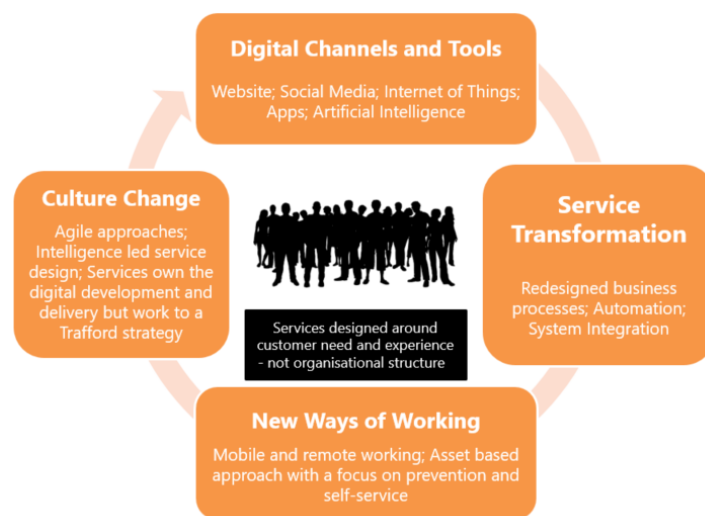
1.7. In summary we have:

- Taken our plans through system governance. Our plan has been discussed and developed through constructive conversations at Trafford Partnership, Health and Wellbeing Board, Local Care Alliance, Stronger Communities Board and internal joint forums such as Joint Leadership Team, Joint Commissioning Board and the Health and Social Care Commissioning Advisory Board. In addition there are a number of non-health meetings, forums and boards which have helped coproduce the plan
- Agreed Prevention as a pillar of the Locality Plan. Prevention is at the heart of our ambitions for a reformed health and social care system and encompasses elements that are often described as the 'wider determinants' of health (such as housing, education, employment, and environment). Ensuring that these are in place, and that we reduce inequalities in these measures, is important in preventing ill health.
- Identified climate change as an organisational and system wide priority through our Social Value work programme, working directly with public health and our stakeholders and partners to understand the impact of climate change.
- Jointly developed an approach to Social Value and agreed through the LCA our three priorities which will help address inequalities. In particular our efforts to gain meaningful employment for those with learning disabilities and mental health conditions. Active Travel and Climate Change are the remaining two system priorities.
- Collectively developed coordinated neighbourhood delivery plans (x4) with our colleagues in Public Health, TLCO, Primary Care Networks and the VCSE Sector. These plans will become a fundamental driver to system change as we understand what is required in our neighbourhoods and communities to help improve health outcomes and tackle inequalities.
- Worked collaboratively on the development of a System Performance Outcome Dashboard in each of the Locality Plan Reform Pillars which will feed into a System Wide Measurement Framework owned by the LCA which will give us an overview and understanding of our impact. We will hold ourselves to account on delivery of our plans and be able to collectively understand if we are making a positive difference to peoples lives.

2. Digital Innovation

2.1 Digital innovation is a pivotal enabler of our Locality Plan. The Trafford Digital Strategy has been developed with public sector partners to set out the digital vision for the borough. It describes how we will increase the use of digital solutions and platforms to deliver services and information that will enable our citizens and neighbourhoods to be more independent and stay healthier for longer.

2.2. We know that our enabling digital work stream is not simply about IT systems and infrastructure. Our digital innovation will apply the culture, practices, processes and technologies of the internet era to transform how services are delivered in response to people's raised expectations. Digital transformation is based on co-designing system-wide improvements with partners and patients, and is depicted in the below diagram:



2.3. Primary Care is a core focus of our Locality Plan and is a fundamental element of our approach to place based, neighbourhood, integrated health and care. Digital is a key enabler to deliver Trafford's Primary Care vision.

2.4. The national direction is to promote and partially fund a simplified patient journey utilising three digital elements. These are:

- Questionnaire based consultations
- Online triage
- Video conferencing (due by April 2021)

2.5. A range of digital solutions were included in the national framework to deliver these functions.

2.6. The CCG worked with the Primary Care Network Leads and other practice based representatives to consider options for questionnaire based consultations and

online triage. A Digital Information Primary Care Pack provided information on the options available and an update on Babylon/GP at Hands announcement to move into the region.

2.7. The CCG funded a pilot of the AskmyGP solution in one practice in November 2019. AskmyGP allows patients to contact and communicate with a doctor digitally. The important difference between the AskmyGP solution when compared to most others on the national framework is that it involves transforming practice operations as part of the implementation. It focusses on making changes to address the fundamental challenge of improving access to primary care, which is where the true value is. Please click [here](#) for the press release in the Manchester Evening News.

2.8. Four Trafford practices have implemented the AskmyGP solution so far and a further eight have committed to implement during March and April 2020. Most of the remaining practices will be implementing the Emis Online Triage solution which will provide questionnaire based consultations and online triage. One practice is implementing the E-Consult solution. The Emis solution doesn't currently involve the same level of transformation in practices.

2.9. Work has started on evaluating the impact of the digital solutions but it remains very early in the digital transformation journey for Primary Care. Some of the benefits we would hope to see are:

- Improved access and reduced waiting times to see GPs
- Longer consultations enabling more effective care; which supports prevention and early intervention
- Enable agile working and more flexible approaches to managing workload
- Allow practices to resource based on demand (number and type of staff; where and when they are needed)
- Reduce unnecessary referrals / blood tests / investigations
- Reduce demand on other parts of the health and care system

2.10. Good progress has been achieved with the GP Online Consultation solutions recently. There are a number of other digital innovation projects underway and planned to enable the Trafford Locality Plan. These include:

- Implementing Microsoft Office 365 products and tools to support modern ways of working and collaboration across partner organisations.
- Replacing ageing PCs to ensure the new digital solutions can operate effectively.
- Further developing the Integrated Digital Care Record/Graphnet solution to share patient information across partners.

3. Communications and Engagement

3.1. Throughout the development of the Locality Plan we have remained clear and consistent in our message that we have produced a first draft in development version on the plan. We know that there are elements of the plan which will develop and

grow as we start to refine and embed our messages and intentions with our partners, wider stakeholders, and communities. We will continue to develop and work on this plan with a wide range of partnerships, organisations, groups and individuals through 2020 and beyond.

3.2. Our plans are also designed to be coterminous with the delivery plans for Trafford Local Care Organisation, the five Primary Care Networks and Public Health – embedded in our four neighbourhoods. It is on this basis we will engage with our stakeholders and partners in our planned ‘Year of Engagement’. In practice this has meant that we have:

- Established a system wide, Manchester and Trafford Communications and Engagement Steering Group at which our partner organisations are represented – this includes Trafford Council, the CCG, the Department for Work and Pensions, Healthwatch Trafford, Trafford CO, NHS Providers, and members of the VCSE sector.
- Through this group begun to understand the richness and value of our collective reach as organisations
- Agreed that initially our Year of Engagement will focus on our respective workforces across the LCA and in particular the VCSE sector.
- Thrive, our representative organisation for the VCSE sector have been key partners in the development of the plan and represent the VCSE sector at the Local Care Alliance and other partner forums. Thrive, working with the developing VCSE Collective (A collaboration of VCSE sector partners) are currently coproducing an engagement plan with the VCSE Sector.
- We have planned a series of eight neighbourhood events (two in each neighbourhood during 2020) which will focus on what matters in our neighbourhoods and communities. We have also scheduled a series of informal ‘lunch and learn’ briefing sessions for our wider staff groups.
- Following our initial year of engagement we will progress to engaging the wider public which will remain for the life course of our Locality Plan, reinforced by a renewed commitment to coproduction with the people of Trafford.
- Agreed that in order to support the engagement, a suite of plain language, adaptable tools and resources will be developed and tested out through the VCSE sector. Most recently this has included the development of simple easy to read written resources which make our plan accessible to wider audiences – these will be ready for dissemination in April 2020.
- Agreed to take a systematic planned view of our engagement – so we utilise existing structures and relationships, building on our existing structures and in doing so strengthen and extend our reach and capabilities, and avoid unwanted duplication.

3.3. Adopting a dispersed leadership model through the LCA we have taken the Locality Plan to various meetings/events/groups/conferences. For example, the plan was recently discussed at the Trafford Stronger Communities Board and the VCSE Collective Strategy Meeting by different system leaders. We have also engaged and in our neighbourhoods – recently we socialised the plan with the Partington Vision 31 Steering Group and the Partington Vision 31 Public Forum.

3.4. Our next steps in terms of engagement are the agreement and sign off of our suite of engagement materials by the System Communications and Engagement Group (April 2020) and the delivery of our neighbourhood and staff engagement events (March 2020 onwards). We are also working through how we more actively engage with smaller organisations and targeted groups.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12 March 2020
Report for: Information and update
Report of: Sara Radcliffe - Director for Integrated Health and Social Care Strategy and; Richard Spearing - Managing Director of TLCO.

Report Title

Trafford Local Care Organisation (TLCO) Update

Summary

1. The transfer of the Trafford Community services from Pennine Care FT to Manchester Foundation Trust (MFT) took place on the 1st of October 2019 with positive progress since across all domains of the collectively agreed Post Transfer Implementation Plan (PTIP).
2. The TLCO Programme Board has replaced the previously named Community Services Transformation Board. The new TLCO Programme Board has an update set of Terms of Reference which accurately reflect its role in the context of health and social care system governance
3. Members of the Manchester LCO Executive Team now carry out a joint leadership role across both MLCO and TLCO. The team also includes the Trafford Managing Director and Trafford Director of Adult Services this allows the benefit of a larger specialist organisation whilst retaining a focus on Trafford as a place, our identity and aspirations, linked to our published Trafford Together Locality Plan.
4. TLCO have completed a detailed zero based budget exercise which will help inform the budget setting process and that articulates the opportunities and challenges for the immediate 2020-21 plan and beyond.
5. The CCG, Council and TLCO / MFT have worked collaboratively to develop the transformational and operational plans for 2020-21 including the mobilisation of a number of change programmes which will be captured within the 4 emergent neighbourhood plans.
6. Vision and Values: A draft vision and values slide has been developed to staff to engage stakeholders in the vision of TLCO for the future.
7. The Winter Plan: Services performed well during the Christmas and New Year and no related issues and Delayed Transfer of Care (DTC) levels remained within planned levels.

Recommendation(s)

The Health Scrutiny Board is asked to note update on post transfer of community services into MFT and the formation of Trafford Local Care Organisation (TLCO).

Contact person for access to background papers and further information:

Name: Richard Spearing – Managing Direction TLCO

Extension: 07920581980

1. Background

The transfer of the Trafford Community services from Pennine Care FT to Manchester FT took place on the 1st of October 2019. The transfer of these services was predicated on a safe transfer of an ‘as-is’ state to begin the work that will be needed to underpin the future of community services in line with the aspirations of the Trafford Together Locality Plan.

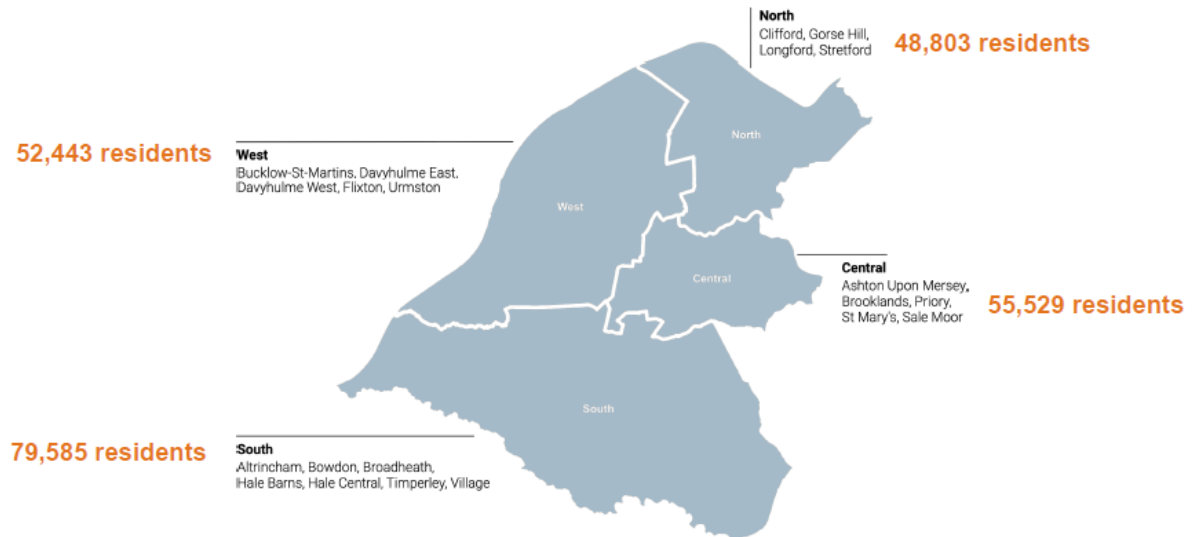
600 community health staff has been deployed to work with Manchester Local Care Organisation (MLCO) through the newly formed Trafford Local Care Organisation (formed through a new section 75 partnership agreement between MFT and Trafford Council).

The nature and pace of the transfer meant that there were several Service Level Agreements (SLAs) needed between MFT and Pennine Care FT to maintain continuity while long term sustainable plans were developed and enacted.

The exceptions to the service transfer were Trafford Child and Adolescent Mental Health Services, planned move to the Royal Manchester Children’s Hospital and; Trafford Children’s Health Information Service (CHIS), which moved to Northern Care Alliance, to be co-located with other CHIS services. In both cases these are the organisations where the remainder of these local specialist services are provided from.

Members of the MLCO executive team now carry out a joint leadership role across both MLCO and TLCO. The team also includes the Trafford Managing Director and Trafford Director of Adult Social Care. This allows the benefit of being part of a larger specialist organisation and a focus on Trafford as a place.

The services delivered by TLCO will be developed and delivered with a focus on our four neighbourhood delivery footprints. Specialist services are provided across Trafford and the LCO also works with partner agencies to develop services across a wider Greater Manchester footprint as well



To ensure the continued development of the community services the Community Services Transitions (CST) Board has been renamed and has refreshed its terms of reference to become the TLCO Programmed Board. This Board chaired by Martyn Pritchard the CCG Accountable Officer will oversee the post transfer implementation plan and the transformation of TLCO with all key stakeholders as we work towards achieving the commitments in our Locality Plan and the NHS Long Term Plan.

2. Current Position

Post Transfer Implementation Plan (PTIP) and financial update

The main aim post transfer has been stabilising the here and now and creating a financial plan for the future for TLCO. Work on the PTIP runs up to the end of March 2020 and reflects the initial concerns highlighted through the transactional due diligence process – ensuring rigour and accountability to the process of delivery and transformation.

The Information Technology (IT) SLA is likely to be extended into the new financial year (2020-21) – the current estimate is until the end of June 2020. Regarding IT there are non-recurrent cutover costs which will need to be addressed. There is a cost pressure here of £1.3m that is currently being discussed at the TLCO Programme Board for resolution before the financial year end.

TLCO are working through a detailed zero based budget exercise with the objective of identifying the size of the financial challenge for 2020-21. The intention is to present in a transparent manner the overheads for the contract (Council and CCG) and the challenges for the service budget. This will include utilisation of the £1.8m predicted gap and additional service cost pressures. We will work together to reach a mutually agreed position for 2020-21 based on this piece of work, by mid-March 2020.

In the context of the financial position significant development work has been progressed to enable the successful implementation of a number of transformational change programmes for TLCO, aligned to the Trafford Together Locality Plan and its six pillars of reform.

Key elements to transformation work 2020-21

Post Transaction Implementation Plan (PTIP): Completion and building on a safe start that aims to take us to business as usual by April 2020 with a focus on areas like governance, informatics, finance, HR, procurement.

Rapid Improvement Plan: Around service priorities where improvement required: Start Well, Intermediate Care and Musculoskeletal (MSK) services.

CCG priorities: Including diabetes, cardiology, respiratory, risk stratification and support for nursing home clinicians.

Key Strategic Priorities: Transformation of Urgent Treatment Centres (UTCs) at Wythenshawe and Trafford General Hospital and development for Trafford General site model.

There will continue to be key opportunities to share best practice across Manchester and Trafford through our new model and there is a real appetite to do this from our new colleagues in Manchester. On a further positive note, there has been significant progress on work of the TLCO since the transfer of services, these are listed below:

Winter Plan: Services performed well during the Christmas and New Year and no related issues and Delayed Transfer of Care (DTC) levels remained within planned levels. This was singled out for praise from hospital teams and Manchester and Trafford Commissioners. The Urgent Care Control Room had Director presence 23rd 24th 30th & 31st December to support decision making. 173 patients supported to return home. There were no reported Trafford delays at Trafford General Hospital (TGH) from 24th December and reduction in reportable delays across all sites.

MADE Event: Planned weekly MADE event to review those patients across all sites with a 30 day Length of Stay (LoS) to take place within the Trafford UCCR with Directors commencing 6th January 2020.

Community IV Services in Trafford: Successful bid from Manchester and Trafford LCO's has been successful. This will have a positive effect on avoiding hospital admission and supporting early discharge. It also evidences the benefit of the two organisations being able to work effectively together whilst retaining a separate identity for Trafford.

Trafford LCO Operational Plan for 20/21: This will include a service plan for each of the health and social care services and an operational plan that will be set against the Trafford Locality Plan programme areas:

- Urgent Care
- Living Well at Home
- Planned Care
- Children
- Prevention
- Mental Health
- Person Centred-Care Approach
- 4 X Neighbourhood Plans
- Enablers

This is the first time there will be an integrated plan between adult social care and community health set against priorities established by Trafford as an integrated system.

Neighbourhood Planning Event: A Neighbourhood Planning event was held on the 8th January 2020 with Trafford CCG, Greater Manchester Mental Health (GMMH), public health team and neighbourhood leadership teams. Plans are now being developed with Primary Care Networks; these will form the basis of Trafford's first neighbourhood plans for health and social care.

Vision and Values: A draft vision and values slide has been developed. This is shortly going to be consulted on with staff and commissioners and will form the basis for further developing TLCO.

Our vision, our way of working

Trafford Local Care Organisation is a pioneering public sector organisation, bringing together NHS community health and adult social care services into a single organisation to work with the wider care alliance in Trafford. We have been set up to make a positive contribution to help people in Trafford live longer and enjoy better wellbeing.

Our **mission** sums up what we do
Leading local care, improving lives in Trafford with you

Our **aspirations** are simple
We believe that, by working together, we can help the people of Trafford by supporting:

- ➔ Better lives for our most vulnerable people
- ➔ Better wellbeing for our population
- ➔ Better connections throughout our communities



There are **5** key principles that guide how we will work with our staff, partners and the people of Trafford

- 1. TOGETHER AS PARTNERS**
Co-ordinating across our system, thinking bigger and doing better with our combined resources to improve outcomes for residents
- 2. IN A PLACE**
Being positive about our places and spaces, bringing people who live and work in an area together to build stronger communities
- 3. WITH PEOPLE**
Putting residents at the heart of what we do, listening and working with people
- 4. FOCUSING ON PREVENTION**
Commitment to taking action early and making every contact count
- 5. CONTINUALLY IMPROVING**
Making the most of technology and using data and information to make shared decisions. We continue to learn and develop our workforce and make the best use of all our assets.

10 years, 10 outcomes

How will we know we have made a difference in Trafford? By 2030 there's a number of things that we will have seen by working as one team across the borough:

- Under development
-
-
-
-
-
-
-
-
-

How we work with our teams

Our community health and social care staff are part of a team that:

- ➔ Break new ground in the delivery of safe, person-centred health and care
- ➔ Focus on the wellbeing of everyone living and working in Trafford
- ➔ Listen to people and learn from each other by focusing on what's important.

How we work with local people

As an organisation we are committed to:

- ➔ Involving the people and communities of Trafford in designing services
- ➔ A neighbourhood approach to wellbeing, connecting people to groups and resources around them
- ➔ Starting by asking what matters to people, not what is the matter with them.



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3. Key Issues for Health Scrutiny to Consider

A full risk register was established for the transactional programme of work which was regularly reported at the previously established Community Service Transfer Programme Board and now newly named TLCO Programme Board. The one outstanding risk which related to the overall contract value and delivery within agreed financial parameters has been highlighted in the report with an update on progress. This risk is being well managed and mitigating actions have been developed in order to identify the funding gap and agree a way forward on a baseline budget for TLCO in 2020-21.

4. Key Questions for Health Scrutiny to Consider

We have a developing change / transformation programme with alignment to the Locality Plan and its six key pillars. The committee may want to consider how it is kept informed of progress as we move forward into delivery of the 2020-21 operational plan.

5. Links to Corporate Priorities

The work of TLCO links directly to the Health and Wellbeing priority but has an impact on all corporate / system priorities through the interplay of health across the priorities and its role in achieving the Trafford Together Locality Plan.

6. Recommendations

The Health Scrutiny Board is asked to note the update on the formation of TLCO and planned transformation of community services.

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12TH March 2020
Report for: Information
Report of: Maureen Noble, Independent Chair, Trafford Strategic Safeguarding Partnership

Report Title

Safeguarding Adults in Trafford – An Update on the Work of the Trafford Strategic Safeguarding Partnership (TSSP)

Summary

This report provides an overview of work to safeguard adults in Trafford. Safeguarding adults is a statutory responsibility under the Care Act (2014) and encompasses a broad range of activities from prevention through to interventions with adults at risk.

Trafford's Strategic Safeguarding Partnership (TSSP) incorporates key agencies from across the Borough who work together to set safeguarding priorities, monitor progress against priorities and coordinate remedial action when necessary. TSSP also:

- Offer training and support to staff in the form of a structured Workforce Development Programme (aligned to our strategic priorities)
- Work across agencies at both an operational and strategic level to deliver high quality safeguarding interventions
- Advise Partners on the strategic direction and interface with Greater Manchester, North West and National bodies in relation to fulfilling our statutory safeguarding responsibilities.

The Statutory Partners in the TSSP are the Local Authority, CCG and Police however, membership also includes non-statutory participation from a wide range of agencies. This report does not attempt to provide detail of the daily work of these agencies in relation to safeguarding activity, but illustrates the range and breadth of work that takes place throughout Trafford to safeguard adults from harm and/or abuse.

Further detailed information on safeguarding in each of the agencies can be accessed through their websites and involvement in other fora and committees. Summaries of safeguarding activity, workforce development, training and reviews [can be found on the TSSP website.](#)

Recommendation(s)

That Health Scrutiny Committee note the contents of the report.

Contact person for access to background papers and further information:

Name: Emma Brown, Jed Pidd
Extension: 912 4608

1. Fulfilling Our Responsibilities Under the Care Act (2014) - Scope of the Trafford Strategic Safeguarding Partnership (TSSP) in relation to Adult Safeguarding

- 1.1 The Care Act (2014) came into force on the 1st April 2015. Its introduction was the most significant legislative reform for health and social care services in over 60 years. Prior to the Care Act, the law was complex and reliant on outdated pieces of legislation (for example the National Assistance Act, 1948).
- 1.2 The Care Act placed Safeguarding adults on a statutory footing for the first time. Section 42 of the Act is a duty placed on the Local Authority to undertake or 'cause' others to undertake enquiries where an adult with care and support needs is at risk of or has experienced harm or abuse. The statutory definition of harm or abuse now includes self-neglect & hoarding.
- 1.3 Section 43 of the Care Act requires every Local Authority to establish a Safeguarding Adults Board (SAB) for its area. The SAB operates at a strategic level, helping and protecting adults in its area from abuse and neglect through co-ordinating and reviewing a multi-agency approach across all member organisations.
- 1.4 In Trafford, the Trafford Strategic Safeguarding Partnership (TSSP) fulfils the role of the SAB. The TSSP is an integrated, all-age strategic partnership that also oversees the safeguarding priorities for both children & adults. Until 2017, Trafford had two separate Boards with different Independent Chairs for Adults and Children. It was agreed that merging the two Boards and appointing a single chair would lead to greater coherence across the entire safeguarding agenda and would assist in addressing some of the key thematic safeguarding concerns in Trafford. In addition it was agreed that an integrated Board would bring added benefits in terms of the best use of resources.
- 1.5 Although the Local Authority is responsible for establishing and maintaining a Safeguarding Adults Board, the TSSP is concerned with much more than the safeguarding activity of the Local Authority. It oversees and leads on adult safeguarding across the locality. To do this effectively it must concern itself with a whole range of matters, including but not limited to:

- a. The safety of people/patients in its local health services (commissioned and non-commissioned);
 - b. The quality of local Care and Support services (commissioned and non-commissioned);
 - c. The effectiveness of prisons in safeguarding vulnerable offenders;
 - d. How effectively further education services safeguard adults;
- 1.6 In order to gather intelligence about the whole range of matters the TSSP must concern itself with, it must have representation from all agencies, services users and other interested parties, therefore collaboration and co-operation are key to the effectiveness of the TSSP.

1.7 The main objectives of the Trafford Strategic Safeguarding Partnership

The main objective of the Safeguarding Partnership for adults is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

- a. Have needs for care and support (whether or not the local authority is meeting any of those needs);
- b. Are experiencing, or at risk of, abuse or neglect; and
- c. As a result of their care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

1.8 The duties of the Trafford Strategic Safeguarding Partnership are;

- a. Publish an evidence based strategic plan for each financial year that sets out how it will meet the above objectives. In Trafford this is known as the Safeguarding Business Plan and will be published in April 2020.
- b. Publish an annual report detailing what the Partnership and each member has done during the year to achieve the above objectives. The report for 2018/19 is being finalised and will be published in February/March 2020.
- c. Conduct any Safeguarding Adults Reviews under Section 44 of the Care Act. Further details of recent Safeguarding Adults Reviews in Trafford are set out later in this report.

2. Priorities for the TSSP – 2020-2022

The Trafford Strategic Safeguarding Partnership priorities were reviewed in May 2019. An independent facilitator with relevant all age strategic safeguarding experience was employed to enable strategic partners to develop and reframe achievable core priorities in accordance with our resource base. The priorities agreed are as follows:

- **Neglect (including self-neglect):**

As a safeguarding partnership we will develop standardized approaches, which all partner's will utilise to identify and respond to child and adult neglect

- **Exploitation**

Develop systems and services that protect children, young people and adults at risk of being exploited (all forms of exploitation) and ensure that victims are well supported

- **Prevention and Early Help**

Develop interventions through a range of cohesive and coordinated universal and specialist services, to be provided at the earliest opportunity to ensure that needs are met.

- **Domestic Violence and Abuse**

Work to reduce 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.

- **Embedding safeguarding arrangements**

Develop opportunities to communicate and engage with those that use and work in our services to ensure that safeguarding systems are robust and effective. Ensure strong and effective leadership for safeguarding in Trafford.

The Trafford Strategic Safeguarding Partnership 'plan on a page' is being finalised and will be published in April 2020.

3. Examples of safeguarding activity over the past 12 months

3.1 Staff Training/Workforce Development

Safeguarding forms part of the day to day business of Trafford's workforce. The Partnership recognises the importance of providing support and expertise to our practitioners, which enables them to share skills and experiences and learn from each other.

Since the merge of the Safeguarding Children and Adult Boards in April 2018, a number of our courses which historically focused on children now include adult safeguarding. This has widened our audience significantly and has promoted networking between colleagues who previously had not come in to contact with each other

The Partnership have established a training pool which already includes 31 practitioners who provide training across Trafford. These practitioners are highly

qualified and experienced in their profession which in turn ensures the learning offer is of high quality.

In line with the priorities agreed by TSSP we have developed training on the following priorities relating to adult safeguarding:

Domestic Abuse – With the support of colleagues from Pennine Care NHS Foundation Trust [now Manchester Foundation Trust], and full-day Domestic Abuse Workshop has been developed. Participant feedback shows they have a better understanding of Domestic Abuse as a result of attending training, as well as an increased level of confidence in accessing support services available in Trafford and supporting victims and survivors of Domestic Abuse.

Safeguarding Adults Basic Awareness - A basic awareness workshop on safeguarding adults was also developed last year with 39 professionals attending this from both statutory, non-statutory and voluntary sectors. This included exploring the various forms of adult neglect including self-neglect. Training was also provided to members in Summer 2019.

In addition to the above, the following 3 courses were offered in 2018-2019, which are aimed at both safeguarding adults and children:

- Drug and Alcohol Awareness
- Female Genital Mutilation Awareness
- Modern Slavery and Human Trafficking

3.2 Adult Safeguarding Weeks of Action

The National Self-Neglect week of Action (11th-15th November 2019) was the opportunity we used to launch the Trafford Strategic Safeguarding Partnership Self-Neglect and Hoarding Policy. This policy, written as a collaboration between our partners; provides over-arching guidance to practitioners across the partnership about what to do when there are issues and concerns about self-neglect and hoarding.

It enables our staff to recognise characteristics, provides guidance on legislative powers, gives advice and guidance about assessing and managing risk, and lastly provides links to the relevant units within the partnership that deal with self-neglect and hoarding.

The policy also contains a 'Tool-kit', which has proved invaluable to first responders in this complex area of practice. We promoted our activity via accessible media options such as a Youtube video and our updated and more user friendly web-site.

The national Week of Action is complemented by a Self-Neglect Conference taking place on the 25th February 2020 for which 70 delegates are already registered. Places are still available and can be accessed via the TSSP website.

The second week of action (18th-22nd November 2019) supported the 'Greater Manchester safeguarding Adult Awareness Week' an initiative promoted by GM Safeguarding Boards.

We arranged for Deputy Mayor Beverly Hughes to open the Awareness week on behalf of GM as the Lead for Domestic Abuse in Greater Manchester.

Again this was supported by the Trafford Strategic Safeguarding Partnership website and involved themed days where learning events. The topics covered were:

- Modern Day Slavery and Human Trafficking: training session
- Self-Neglect and Hoarding: Training including new multi-agency policy updates.
- Domestic Abuse including the role of the St. Mary's Sexual Abuse Referral Centre (SARC): Training and SARC Q&A
- Safeguarding Adult's Reviews, a facilitated session using our Trafford cases to enable delegates to draw out relevant practitioner based learning from a real case
- Human Rights Session; Training in relation to the relevant pieces of legislation that protects and provides powers to support vulnerable adults

3.3 Safeguarding Adults Reviews (SARS)

As outlined earlier the TSSP must arrange for a review of a safeguarding case relating to an individual if;

- a. The person has died and the Safeguarding Adult Board suspects that the death resulted from abuse or neglect (whether or not the Local Authority had been alerted to the abuse or neglect prior to death); or
- b. The person is alive but the Safeguarding Adult Board knows or suspects that they have experienced serious abuse or neglect; and
- c. There is a reasonable cause for concern about how the Safeguarding Adult Board, its members or other persons involved worked together to safeguard the adult.

Over the past 12 months, four Safeguarding Adults Review reports have been published concerning five individuals, a further report has been commissioned and remains at the investigation /reporting stage.

The following SARs have been published on the TSSP website **Please note names are changed to protect the individual's identity.**

- Susan and Ann (12th June 2019)

Ann was the sole carer for Susan in their home. Susan was highly vulnerable in terms of her mental and physical capacity and received all of her care from Ann. Police were called to their home address prior to Ann's death, and were sighted on the difficulties Ann was experiencing in providing that care. This case emphasized the importance of sharing accurate and timely information between the Police and Adult Social Care and directly led to new and improved ways of evaluating risk in our

vulnerable adults, and managing that risk on a daily basis. GMP are developing a Safeguarding Adults Policy based on this learning.

- Ryan (11th July 2019)

Ryan was a man in care with significant care and support needs in relation to his physical & mental health and associated learning difficulties. He was looked after in supported accommodation by a commissioned service who balanced Ryan's need for independence with his daily care. His care package involved the use of a technological solution that informed his carers of his epilepsy condition. Ryan's death was deemed by the Coroner to be of natural causes, however this tragic event taught the Partnership about the appropriate use of technology, also the policy, practice and safeguards required to ensure that there is the necessary back up in place in the event that the technology deployed doesn't operate as required.

- John (29th May 2019)

John is an adult with learning disabilities looked after in residential semi supported accommodation provided by a Trafford commissioned service. John had a series of hospital admissions over a relatively short period of time. It was the nature of his discharges from hospital that gave rise to this SAR enquiry. We learnt from John's case that hospital discharges from acute settings across the region, (to which Trafford patients may be sent), were inadequate for John. We learnt that the complexities of his discharge as a man with LD, and the extent to which he needed support and help from numerous agencies, did not adequately take place.

This meant that John quickly returned to acute settings following repeated falls upon discharge. We have used our findings to seek assurances from hospitals that they will revisit training on the Mental Capacity Act, and the Deprivation of Liberty Safeguards, that specifically in relation to discharge of people with a Learning Disability, they always consider the use of advocates and the use of patient's passports in these complex discharges.

- Mrs. Green (11th July 2019)

Mrs. Green was an elderly lady who was looked after in a Trafford residential nursing home. Mrs. Green had progressive mental and physical health care needs, when she was well enough to make her own decisions she had chosen to sleep in her chair. As her conditions progressed she became very vulnerable to pressure ulcers, these were exacerbated by sleeping in a chair, and were eventually contributory to her death. The continued care of Mrs. Green in this manner was in accordance with her family's wishes but against the Tissue Viability Nurses (TVN) advice.

We learnt from this case that Nursing Homes need to understand the role of the family in relation to their views on decisions about the health needs of their loved ones. This includes a consideration of whether they are acting as a Court Appointed Lasting Power of Attorney (Health & Welfare/Financial) or Deputy.

There was also learning about the importance of using guidance in the Mental Capacity Act in decision making. The review highlighted other important aspects of clinical decision making.

4 Further Developments

4.1 Development of an Adult Safeguarding Hub, consultation ongoing.

This ongoing work intends to replace the existing single agency Adult Front Door with a Multi-Agency Safeguarding Hub. This co-located safeguarding hub will deal with Complex Safeguarding cases and non-safeguarding/less complex safeguarding enquiries will be dealt with directly by the adult Neighborhood teams. The formal consultation period closed on the 6th December 2019 and Union consultation is currently being obtained before formal outcome publication.

4.2 Improved collaboration and information sharing with HM Coroner

These improvements have been driven by the large number of requests received from HM Coroner for staff to attend Coroner's Court.

Consultation with HM Coroner at the latter end of 2019, resulted in an established a set of guidelines for the processing of such requests and a more transparent approach to the writing of witness statements to enable critical questions of relevance to the Coroner being anticipated prior to submission of the statement to the Coroner's Office. Enquiry.

4.3 Moving Towards a Digital Front Door in Adult Safeguarding

This project is planned to go live on the 1st February 2020., The necessary IT interface, public engagement and education will support and enhance the customer experience and provide an opportunity for feedback on the experience of Safeguarding. The launch will represent a significant step in enhanced public participation and engagement in access to adult services.

4.5 Liberty Protection Safeguards (LPS)

A continued area of uncertainty for Adult Care are the amendments to the Deprivation of Liberty Safeguards (DoLS), which are part of the Mental Capacity Act (2005).

Work is ongoing to develop a new scheme were all young people and adults who lack capacity to make decisions will be supported in making decisions about their care. It is likely that this scheme will go live in Spring 2020.

The Local Authority are experts in this complex area of law and will therefore lead on the implementation project in collaboration with all of our partners.

5 Summary

Work to safeguard adults in Trafford has been significantly strengthened over the past year. Joint working across agencies and supporting professionals through ongoing workforce development and training, together with a continuing focus on

innovation and managing ever changing demand and needs remains a priority for Trafford Strategic Safeguarding Partnership.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 12th March 2020
Report for: Information
Report of: David Furnivall, Group Director of Estates & Facilities,
Central Manchester University Hospitals NHS Foundation
Trust

Report Title

Stretford Memorial Update

Summary

At the last meeting of the Health Scrutiny Committee in January 2020, Members inquired about current and future plans for the Stretford Memorial site. This report provides an update on the plans for the site.

Recommendation(s)

The Committee is asked to note the information

Contact person for access to background papers and further information:

Name: David Furnivall, Group Director of Estates & Facilities

Current Position

Manchester University NHS Foundation Trust (MFT) (Central Manchester University Hospitals NHS Foundation Trust at the time of the vacation) vacated the Stretford memorial site in October 2015 and the site was held for future Health and Social Care development in association with Trafford CCG and Trafford Council.

There was a strong rationale for the retention of the property at the point that it became vacant, but no development has been brought forward due to operational as well as organisational changes across the health and care sector meaning that the envisaged models of care for the Stretford site are no longer being pursued.

Given the sustained vacant nature of the property there are increasing repairing obligations and the property has been subject to vandalism, despite ongoing security patrols and appropriate boundary protection.

In 2019 and following final conversations across the health sector with partner organisations, MFT commenced the disposal process for Stretford Memorial. The disposal process is required to meet a number of obligations including:

- meeting the required outcomes of an NHS Foundation Trust,

- meeting any obligations under the Greater Manchester Estates Memorandum of Understanding
- maximising disposals for housing redevelopment, utilising partners such as Homes England

MFT has engaged directly with Homes England to progress the disposal as this was deemed to be the appropriate route to meet the obligations detailed above.

Homes England undertook a review of the site in November 2019 and following this they deemed the need for a multi-disciplinary technical due diligence report to be developed. Homes England has indicated that this report may be complete in April 2020.

At the point that the report is received MFT will review the next steps in the disposal strategy.

The Committee is asked to note the information.