



TRAFFORD  
COUNCIL

## AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 23 June 2021

Time: 6.30 pm

Place: Virtual meeting:

<https://www.youtube.com/channel/UCjwblOW5x0NSe38sgFU8bKg>

This will be an informal meeting of the Committee. Due to the Covid-19 restrictions (please see <https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do>) including social distancing requirements, public attendance at the Town Hall would be limited. Therefore, this meeting will be held virtually to allow greater public participation, in line with the principles of openness and transparency in local government

A G E N D A		Pages
1.	<b>ATTENDANCES</b>	
	To note attendances, including Officers, and any apologies for absence.	
2.	<b>MEMBERSHIP OF THE COMMITTEE INCLUDING CHAIRMAN AND VICE-CHAIRMAN</b>	1 - 2
	To note the membership of the Committee, including Chairman and Vice-Chairman as determined at Annual Council on 26 <sup>th</sup> May 2021	
3.	<b>TERMS OF REFERENCE</b>	3 - 6
	To note the terms of reference of the Committee as determined at Annual Council on 26 <sup>th</sup> May 2021	
4.	<b>DECLARATIONS OF INTEREST</b>	
	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.	
5.	<b>MINUTES</b>	7 - 10

To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 10<sup>th</sup> Mar 2021

**6. PUBLIC QUESTIONS**

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 receive

**7. UPDATE ON TRAFFORD TOGETHER: PEOPLE, PLACE AND PARTNERSHIP AND THE INTEGRATED CARE SYSTEM** 11 - 18

For consideration

**8. TRAFFORD COUNCIL POVERTY STRATEGY 2021/22** 19 - 30

For consideration

**9. HEALTH SCRUTINY DRAFT WORK PLAN 2021/22** 31 - 36

For consideration

**10. 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.

**11. 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

## Health Scrutiny Committee - Wednesday, 23 June 2021

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Councillors Dr. K. Barclay (Chair), S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, Dr. S. Carr, R. Chilton, M. Cordingley, S.J. Gilbert, B. Hartley, J. Lloyd, A. Mitchell, 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: 07813 397611  
Email: [fabiola.fuschi@trafford.gov.uk](mailto:fabiola.fuschi@trafford.gov.uk)

This agenda was issued on **Tuesday, 15 June 2021** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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## TRAFFORD COUNCIL

### MEMBERSHIP OF COMMITTEES 2021/22

#### Notes on Membership:

(1) The Health Scrutiny Committee shall have a membership of 11, or, where this does not achieve the political balance required under the Local Government and Housing Act 1989, whatever figure is necessary to reflect the proportional representation of political groups.

(2) The Health Scrutiny Committee shall be chaired by a Councillor who is not a member of the largest political group on the Council, unless there is no such person serving on the Committee. The person appointed as Vice-Chair shall be a member of the largest political group on the Council.

(3) The Chairs of both the Scrutiny Committee and the Children and Young People's Scrutiny Committee shall be appointed as ex-officio Members of the Health Scrutiny Committee.

<b>COMMITTEE</b>		<b>NO. OF MEMBERS</b>	
HEALTH SCRUTINY COMMITTEE		11	
		(plus the Chair of Scrutiny Committee and the Chair of Children and Young People's Scrutiny Committee as ex-officio Non-Voting Members)	
<b>LABOUR GROUP</b>	<b>CONSERVATIVE GROUP</b>	<b>LIBERAL DEMOCRATS GROUP</b>	<b>GREEN PARTY GROUP</b>
Councillors:	Councillors:	Councillors:	Councillors:
Akilah Akinola	Dr. Karen Barclay <b>CH</b>	-	-
Dr. Serena Carr	Rob Chilton		
Mike Cordingley	Alan Mitchell		
Shona Gilbert	Miss Linda Blackburn		
Ben Hartley			
Judith Lloyd			
Sophie Taylor <b>V-CH</b>			
<b>TOTAL</b>	<b>7</b>	<b>4</b>	<b>0</b>

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## **HEALTH SCRUTINY COMMITTEE**

### **Terms of Reference**

1. To act as the Council's Overview and Scrutiny Committee for the purposes of all relevant legislation including, but not limited to the Health and Social Care Act 2001 and the National Health Service Act 2006.
2. All health scrutiny powers provided under the Health and Social Care Act 2001 are delegated to the Health Scrutiny Committee.
3. The Health Scrutiny Committee will have the power to refer a proposed substantial variation in service delivery to the Secretary of State. If the Committee wish to exercise this power, then this must also be agreed by the Chair of the Scrutiny Committee who will be an ex-officio member of the Health Committee and will hold the power of veto in respect of any proposed referral of a substantial variation to the Secretary of State.

### **General Role**

4. Subject to statutory provision, to review and scrutinise decisions made or actions taken in connection with the discharge by the Council of its functions and by relevant partner authorities in relation to health and well-being issues.
5. In relation to the above functions:
  - a) to make reports and/or recommendations to the full Council, Executive of the Council, any joint committee or any relevant partner authority as appropriate
  - b) to consider any matter affecting the area or its inhabitants
6. To put in place and maintain a system to ensure that referrals from the Health Scrutiny Committee to the Executive, either by way of report or for reconsideration, are managed efficiently and do not exceed the limits set out in the Constitution.
7. At the request of the Executive, to make decisions about the priority of referrals made in the event of reports to the Executive exceeding limits in the Constitution, or if the volume of such reports creates difficulty for the management of executive business or jeopardises the efficient running of Council business.
8. To report annually to full Council on its workings, set out their plans for future work programmes and amended working methods if appropriate.

### **Specific functions**

9. Maintain a strategic overview of progress towards the achievement of the ambitions and priorities within Trafford's Sustainable Community Strategy in relation to health and well-being matters.

10. Identify the Committee's strategic priorities and determine the Overview and Scrutiny work programme to facilitate constructive evidence based critical-friend challenge to policy makers and service providers within the resources available.
11. Assist and advise the Council in the continued development of the Overview and Scrutiny function within Trafford.
12. Receive, consider and action as appropriate requests:
  - a) from the Executive in relation to particular issues; and
  - b) on any matters properly referred to the Committee
13. Identify areas requiring in-depth review and allocate these to an appropriate Topic Group. The Committee in consultation with the leader of the relevant Topic Group will set the terms of reference, scope and time frame for the review by the Topic Group.
14. In relation to the terms of reference of the Committee it may:
  - a) assist the Council, Executive and shadow Health and Well-being Board in the development of its budget and policy framework by in-depth analysis of policy issues;
  - b) review and scrutinise the decisions made by and performance of the Executive and/or committees and Council officers both in relation to individual decisions and over time;
  - c) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
  - d) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance;
  - e) conduct research, community and other consultation as it deems appropriate in the analysis of policy issues and possible options;
  - f) question and gather evidence from any other person with their consent.
  - g) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
  - h) question members of the Executive and/or committees, senior officers of the Council and representatives of relevant partner authorities on relevant issues and proposals affecting the area and about decisions and performance;



- i) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working; and
- j) undertake any other activity that assists the Committee in carrying out its functions.

### **Delegation**

15. The Health Scrutiny Committee shall have all delegated power to exercise the power and duties assigned to them in their terms of reference.

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## HEALTH SCRUTINY COMMITTEE

10 MARCH 2021

### PRESENT

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

Councillors S. Taylor (Vice-Chair), A. Akinola, Dr. S. Carr, Mrs. D.L. Haddad, B. Hartley, J. Lloyd, D. Acton (ex-Officio), D. Western (ex-Officio), R. Chilton and M. Cordingley

#### In attendance

Eleanor Roaf

Director of Public Health, Trafford Council

Jane Hynes

Public Health Programme Manager. Trafford Council

Jilla Burgess-Allen

Consultant in Public Health, Trafford Council

Dr. Mark Jarvis

Medical Director, NHS Trafford Clinical Commissioning Group

Adrian Fisher

Director of Growth and Regulatory Services, Trafford Council

Fabiola Fuschi

Governance Officer, Trafford Council

#### Also Present

Councillors Harding, Executive Member, Adult Social Care

Councillor Slater, Executive Member Health, Wellbeing and Equalities

Councillor Wright, Executive Member, Housing and Regeneration

## 10. ATTENDANCES

There were no apologies for absence received.

## 11. MINUTES

The Committee gave consideration to the minutes of the meeting held on the 28<sup>th</sup> January 2021. With reference to Item 5 Accessibility of Primary Care Services in Trafford, the Committee agreed to receive an update on this matter in the course of Municipal Year 2021/22.

Councillor Lloyd had declared a personal interest with regard to Item 6 – Domestic Abuse in Trafford During the Covid-19 Pandemic by virtue of her role of Trustee at Trafford Domestic Abuse Service.

### RESOLVED:-

1. That, subject to the amendment above, the minutes be agreed;
2. That an update on Accessibility of Primary Care Services in Trafford be provided at a meeting of the Committee in the municipal year 2021/22.

**12. DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**13. PUBLIC QUESTIONS**

There were no public questions received.

**14. TACKLING HEALTH INEQUALITIES IN TRAFFORD - FOCUS ON DIABETES**

The Committee considered a report of the Director of Public Health which sought to inform of the actions being taken by the Council, the NHS Trafford Clinical Commissioning Group (CCG) and their partner organisations to reduce health inequalities across the borough, in particular with regard to the prevention of the risk factors for diabetes mellitus and its early diagnosis and management.

The report author, accompanied by the Portfolio Holders for Adult Social Care and for Health, Wellbeing and Equalities and the Consultants in Public Health attended the meeting to present the information and address the questions of the Committee.

The Director of Public Health reported that Trafford 2019 Health and Wellbeing Strategy as well as the recently published Corporate Equality Strategy 2021-2025 had as one of their main objectives reducing health inequalities in the borough. The Consultants in Public Health outlined the key programme to tackle diabetes: the National Diabetes Prevention Programme and its eligibility criteria and performance. In addition to this programme, the officers informed of the non-diabetes specific preventative work represented by the Weight Management Services, the Healthy Lifestyle Service and other work streams such as those on physical activity, stop smoking and social prescribing which contributed to the health and wellbeing of the population and to the universal preventative offer. The officers informed that early screening through the NHS Health Checks was pivotal for the diabetes preventative agenda and work had commenced to ensure that Health Checks were better targeted to specific demographic groups who would need support to engage with the service. A new Consultant in Public Health was in place to lead of this piece of work which would contribute to reduce pressure on Primary Care.

Officers added that, following Covid-19 pandemic, the recovery process and the focus of the CCG, the Council and their partners was to address inequalities.

Members sought and received clarification on a number of matters such as overcoming barriers in primary care to recording ethnicity and protected characteristics for effective planning and to meet the Council's equality duty, alternative models of delivering Health Checks, diabetes preventative offer for patients with mental health issues and learning difficulties, Health Checks performance in the most deprived areas of Trafford.

**RESOLVED: -**

1. That the content of the report be noted;

2. That a progress report be brought to the Committee in six months with the view to receive a full report in March 2022. The Committee would like to hear from a GP as well as from representatives of the Public Health Team. The report would need to include:
  - a. Information on methods to record patient ethnicity in primary care;
  - b. Progress on delivering Health Checks for the residents of Trafford;
  - c. Information on diabetes education programme;
  - d. Progress on narrowing down inequalities.

## **15. TACKLING HEALTH INEQUALITIES IN TRAFFORD - HOUSING**

The Committee gave consideration to a report of the Corporate Director of Place on the housing provision in Trafford, its relevance as a wider determinant of health and as such, crucial to the health and wellbeing of the population and to reduce health inequalities.

The Director of Growth and Regulatory Services accompanied by the Executive Member for Housing and Regeneration attended the meeting to present the information and address the questions of the Committee.

The Committee received information concerning Trafford's Council Allocation Policy which provided rules, criteria and procedures on how households could access social and affordable rented Registered Provider properties in the Borough.

The Committee noted how the needs for affordable new homes would be addressed through the Trafford Housing Strategy (2018-2023) and how progress on housing sites was monitored by the Council's Strategic Growth Service and other groups which also drove forward the delivery of new affordable housing.

The Portfolio Holder informed that new social rented housing was not easy to deliver mainly for difficulty in sustaining their cost. Both at national and local level, the focus was on shared ownership and affordable rent.

Members sought and received clarification on several matters such as Developer Forum for Housing Associations and proposals for new social housing, discrepancy between average household income in the north of the borough and the percentage of income spent on housing needs, methods utilised by the Council and its partners to gather housing data.

Members also commented on the difficulties encountered by first time buyers to access the housing market, Section 106 agreements and the fact that the developers' offers did not always meet expectations, social landlords and arguments in support of a duty rather than an option to cooperate with the local authority, variable standards in the private sector renting offer and need for a Private Rented Charter.

The Committee sought and received reassurance that a landlord accreditation scheme was being developed and different measures were being evaluated to improve the planning system for Houses of Multiple Occupancy (HMO).

Members advocated for greater innovation in newly built houses and better housing standards for people with disabilities. The Portfolio Holder informed that Accessibility and Improvement in properties for disabled residents were part of the Local Plan for Trafford, currently under consultation.

Members received reassurance that new sites were coming forward in a number of areas in Trafford; this together with the regeneration plan would help to address the need for more social housing and affordable housing, especially in the north of the borough.

Members emphasised the importance of publicity of existing and future housing schemes to address fuel poverty in Trafford such as LAD (Local Authority Delivery scheme) and enquired about how other local authorities within Greater Manchester marketed similar schemes.

**RESOLVED:**

1. That the report be noted;
2. That the Committee receive an update in six months with regard to:
  - a. The Landlord Accreditation Scheme;
  - b. Improvement to planning process for Houses of Multiple Occupancy;
3. That the Committee receive an update in 12 months on the number of affordable houses built in Trafford;
4. That the Committee receive reassurance on how schemes to tackle fuel poverty are publicised in Trafford.

The Chair thanked Officers and Members for their contribution to the work of the Committee throughout Municipal Year 2020/21.

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

There were no items of urgent business received

**17. EXCLUSION RESOLUTION (REMAINING ITEMS)**

None

The meeting commenced at 6:30 p.m. and ended at 8:10 p.m.

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee

**Date:** 23<sup>rd</sup> Jun 2021

**Report for:** Information

**Report of:** Emma Brown – Director of Adults (Social Care)  
Tom Maloney – Programme Director Health & Care (TBC and TCCG)  
Karen Ahmed – Director of Commissioning (TBC)  
Dan Lythgoe – Managing Director (TLCO)

**Accountable Officers:** Sara Radcliffe Joint Accountable Officer Trafford CCG and Diane Eaton Corporate Director for Adults

### Report Title

Update on Trafford Together: People, Place and Partnership and the Integrated Care System

### Summary

This report provides an update on pertinent developments since the launch of the Trafford Together Locality Plan and the introduction of the White Paper – ‘Working together to improve health and social care for all’ 2021.

The report addresses the individual points/questions raised by members by structuring this paper into two sections and update members on both strategic and operational changes, and our intended forward plans in light of the Integrated Care System changes which are to be in place by April 2022. A number of key highlights the paper addresses are:

- Learning from COVID response and recovery in future shaping / planning.
- The planned refresh of our Trafford Together Locality Plan.
- The imminent Integrated Care System (ICS) changes in Greater Manchester and what that means for Trafford.

### Recommendation(s)

1. That the report is noted and commented on.
2. Trafford Locality plan refresh to be made available to the Committee.
3. That we return to update in 6 months’ time on the same points.

### Contact person for access to background papers and further information:

Emma Brown – Director of Adults (Social Care)  
Tom Maloney – Programme Director Health & Care

## **1. Trafford Together Locality Plan: Our Achievements**

1.1 The Trafford Together Locality Plan was in its infancy when the global pandemic struck in March 2020. Unfortunately, as the national demand for sufficient hospital capacity deepened, the redeployment of many of our health colleagues was required and so the original delivery plan had to be paused whilst we collectively responded to the pandemic. However, the foundations we had formed through our joint working and the joint aspirations of the locality plan, enabled us to continue to work together through what has been one of the most challenging times in our health and social care history. We have kept working to deliver the aspirations of the Locality Plan focusing on people, place and partnerships whilst also reframing the plan so we can continue to innovate and deliver as we go forward. Some of the examples of joint working are below.

1.2 All elective medical procedures ceased to be undertaken (March 2020-March 2021) and a real focus on the discharge of adults from hospital took precedent for all Health and Social Care services, to ensure sufficient hospital capacity.

1.3 Adult Social Care, re-deployed our hospital social work resource into the community and strengthened our community assessment resources - beds (or Discharge to Assess), including Covid positive and Covid exposed beds and commissioned a new model of homecare service, to ensure that no longer term care decisions were being made whilst a person was in hospital. The relocation of social work capacity into the community enabled people to return home or to a long term placements without delay and kept the flow of people out of the beds and short-term homecare to support more hospital discharges.

1.4 As national guidance dictated and building on work already in place with Trafford that the Discharge to Assess model ought to be embedded in the health and social care system, we moved to a position where the Hospital Trusts signposted to Adult Social Care and Health which 'pathway' the person felt most closely aligned to.

1.5 The Trafford 'system' worked really closely together to ensure that people were discharged from hospital safely and speedily. Additionally, we supported approximately 500 people in the first 'wave' from being admitted to hospital. Primary care across Trafford stood up services, including digital access for patients to consultations and the vaccination programme, whilst working with partners to ensure the delivery of services in the locality plan.

1.6 Six community hubs were established led by our Voluntary Community, Faith and Social Enterprise Sector (VCFSE) partners to ensure that our residents who needed support had access to it (including the Extremely Clinically Vulnerable). The hubs worked really closely with health and social care agencies and corralled the efforts of local community based organisations to support our residents most in need. We also experienced a surge in local volunteers and access to more volunteer capacity through the national volunteer programme.

1.7 Our Community Health colleagues continue to support community demand and discharge activity from hospital. As elective medical procedures re-commence, additional demand is placing an increased pressure on our Community Health Services.



1.8 All Health & Social care services have seen a marked increase in referrals into their respective services over the last few months. Only time will tell whether this is the new normal, or delayed demand as a result of Covid. However, using our business intelligence functions we are modelling activity and demand to the best of our ability to ensure we are best placed to respond to any rise in demand.

1.9 Looking forward we are wanting to capitalise on the positives that have materialized through responding/recovering from Covid. The pandemic has brought about a real opportunity to work differently in Trafford and has effectively accelerated the deliverables of our original Locality Plan. We are continuing to implement our agreed objectives as follows:

- Multi-disciplinary neighbourhood working – enhancing our neighbourhood teams with a wider group of professionals across the social care, health, VCSE sector and provider market, Trafford Local Care Organisation (TLCO) and Primary Care Network colleagues.
- Specialist CCG Continuing Health Care nurses working with colleagues in neighbourhood teams.
- Exploring the feasibility of the CCG using the Adult Social Care electronic recording system as their primary digital database.
- Exploring enhanced and additional integrated commissioning arrangements.
- Implementation of neighbourhood based home care provision.
- Provide therapy into our Discharge to Assess provision to enable as many people as possible to return home at their optimum.
- Explore the integration of our occupational therapists into our neighbourhood constructs.
- Continue to respond much more quickly to hospital discharges using digital approaches.
- Co-creating GM approaches such as the GM Supported Discharge Referral Form, coproduced by all agencies which is now fully operational across GM Hospital Trusts and Community Providers.
- Improved accessibility – we will be launching the Adult Social Care Front Door in early July 2021. This will enable our residents to self-refer, obtain information and advice, report safeguarding concerns and complete an online financial assessment 24 hours day.
- Adult Social Care’s Safeguarding Hub went live (7<sup>th</sup> June).
- Opened new respite option.
- Provided support to care homes, home care and supported accommodation services throughout the pandemic whilst ensure high quality services are maintained across the Borough.
- Implemented walk before you talk at Trafford General Hospital, as well as primary care having moved to a digital option which has enabled access though the pandemic for residents of Trafford to general practice.
- Implementation of a clinical assess service across Greater Manchester supporting North West Ambulance Service to ensure people are seen at the best community based option with access to make direct appointments into primary care

2.0 In order to track progress against our Locality Plan aspirations and against the mandated targets we have as a health and social care system we have put in place a robust measurement framework and set of thematic dashboards. This framework and central repository of dashboards have been developed collaboratively by the Council and CCG and are currently under the stewardship of the Trafford Local Care Alliance

(LCA) and the groups that report into it through the Health and Social Care Recovery Board.

2.1 We are committed to build on this data led approach to continuous improvement under the stewardship of the newly established One System Board the current measurement framework evolves in light of the NHS changes with the emergence of the Greater Manchester Integrated Care System. The creation of the OSB is an opportunity to integrate our data and intelligence and systems reporting infrastructure and decision making behavior.

2.2 It is important to note, following a period of consultation, the new NHS System Oversight Framework 20/21 will be published in June. This document will set out the approach to oversight, reinforcing system led delivery of integrated care. There is an expectation that we work to deliver the national priorities as set out in this and other NHS national planning guidance with ICSs and organisations having access to a Recovery Support Programme.

2.3 In order to understand performance we have put in place a number of interactive dashboards and resources which include (but not limited to):

- LCA Measurement Framework.
- LCA Dashboard.
- Elected Member Dashboard.
- Strategic Design Group Dashboards.
  - Living well in my community.
  - Living well at home.
  - Short stay in hospital.
- Mental Health Dashboard.
- NHS constitutional standards and national priorities.
- Performance and Quality of our commissioned services.

2.4 There are also a series of linked dashboards and data sets which help inform commissioners and our operational teams to prioritise time, capacity, skills and resource to achieve better outcomes. These dashboards are used by various people, teams and departments in order to contract monitor; quality assure; improve performance; re-design of services; financial remuneration; ensure patient safety and adhere to statutory compliance.

2.5 We are also in the final stages of producing and publishing the following additional resources:

- One System Board Dashboard.
- Health and Care Recovery Dashboard.
- Neighbourhood Dashboards (North, South, Central, West).
- Health Inequalities Dashboard.

2.6 Organisational approaches to measurement and data will still remain in place but we are committed to working as a wider health and social care system to understand our communities and ultimately commission, plan and deliver the appropriate services which will improve our population's health.

2.7 We continue to listen to our communities and wish to establish more formal yet efficient ways in which to capture the voice of people / patient and their outcomes to place alongside the data. By doing this it will allow us to understand if we are making a

difference to the lives of people in Trafford. We acknowledge more work is required in this space. Our commitment to coproduction remains central to the Locality Plan as it gets refreshed.

### **3. Integrated Care Systems – Trafford’s Approach**

3.1 The ‘White Paper: Working together to improve health and social care for all’ (2021) is a shift away from the legislative focus on competition between health care organisations towards a new model of collaboration, partnership and integration which will build on the foundations of the Trafford Together Locality Plan (which includes the NHS Long Term Plan). It is our intention to embed the innovations and new ways of working which has seen a positive growth in a ‘culture of collaboration’.

3.2 The White Paper means that across England Statutory Integrated Care Systems (ICS) will be formed and CCGs will be disestablished by April 2022. The newly formed ICS Health and Care Partnership will aim to improve population health outcomes, and Health and Social Care Services in Greater Manchester by:

- Removing barriers that are stopping progress in particular bureaucratic barriers.
- Removing requirements to competitively tender for clinical services to focus on collaboration rather than competition.
- Introducing formal duties to collaborate and joint working.
- Improving accountability and enhance public confidence.
- Clinicians and practitioners being at the centre of system redesign and delivery.
- Spatial levels which allow services to be commissioned at the right level (regional, locality, neighbourhood).
- Financial permissions and flows to support spatial planning.

3.3 A Greater Manchester ICS will be established by April 2022, which the ten Greater Manchester Localities will feed into. In Trafford we have established and agreed a set of design principles which bind our partners together, developing our new locality construct together in an open and transparent way. Each locality as part of the White Paper must establish a locality board.

3.4 We have built upon the Trafford Joint Commissioning Board and established a One System Board which has a wide stakeholder membership and forms the basis of our new governance which will be the formal link, for locality strategic direction, into the Greater Manchester ICS once it is established. Each locality will also establish a provider collaborative which will bring the local providers together to deliver services, Trafford will build upon its already established Local Care Alliance.

3.5 We have established a programme approach and have mobilised 6 key work programmes to drive forward the work which will take us through to the new arrangements in April 2022. These groups are accountable to the One System Board:

- System Governance – Performance and Quality.
- Finance.
- Transition - movement of CCG staff (below Board level) employment to the ICS for April 2022, whilst being deployed within Trafford.
- Provider Collaborative.
- Clinical and Practitioner Leadership.
- Communications and Engagement.

We will adopt an iterative approach to the programme to ensure the scope of work activity responds to the emerging changes in order to deliver a safe, effective and efficient transition into the ICS.

3.6 In order to curate our local arrangements we have established a series of partnership workshops (x4) which will concentrate on our 'Provider Collaborative' and 'Clinical and Practitioner Leadership' arrangements. We have also completed a set of Bitesize Learning sessions open to our staff and that of our wider system partners. Further system wide communications and engagement is planned as legislation is passed and guidance becomes clear.

3.7 As a Trafford system, through our One System Board we have agreed an interim response and position which is to be submitted to Greater Manchester Health and Care Partnership – this details our intended approach at this moment in time (June 21) which will be adapted as national guidance is published.

3.8 In light of the emergence of a Greater Manchester ICS and our Locality arrangements we are committed to refreshing the Trafford Together Locality Plan. This will be made available to the Committee at the earliest convenience with an intended completion date of September 2021. Covid enabled us to achieve many of our integration objectives contained in the Locality Plan earlier than expected and we are resetting our ambition, taking into account the recovery that we need to make post-Covid.

3.9 Our learning from responding to Covid is pivotal in shaping our approach, our ways of working and we are committed to using the learning gained from this period to build on the new relationships established across our health and social care system.

4.0 We are also committed to ensuring that that voices of all people who use our services, including those excluded groups such as people with learning disabilities are embedded.

## **5. How the Health Scrutiny can contribute to this piece of work and add value to it?**

5.1 We welcome your advice and guidance on how can we work together more closely with elected members, who have considerable local knowledge of the assets and challenges in their wards, to deliver our ambition and act as champions for the Locality Plan?

5.2 There is a commitment to strengthen our neighbourhood / community engagement, planning and delivery of health and care services – in order to achieve our aspirations would elected members be willing to partake in a series of engagement events that brings clinicians, practitioners, professionals and community members together?

### **Recommendation(s)**

- |  |
|--|
| <ol style="list-style-type: none"><li>4. That the report is noted and commented on.</li><li>5. Trafford Locality plan refresh to be made available to the Committee.</li><li>6. That we return to update in 6 months' time on the same points.</li></ol> |
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## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 23 June 2021  
**Report for:** Information  
**Report of:** Sarah Grant, Corporate Strategy and Policy

### Report Title

Trafford Council Poverty Strategy 2021/22

### Summary

This report provides an overview of the Trafford Poverty Strategy 2021/22 and provides responses to the questions raised by the Health Scrutiny Committee.

### Recommendation(s)

That the information in this report is noted, and that the Health Scrutiny Committee nominate a member of the Committee to join the Poverty Action Group if desired.

Contact person for access to background papers and further information:

Name: Sarah Grant, ext.3881

## 1. OVERVIEW

- 1.1 The development of a Poverty Strategy for Trafford began in 2019 and the Strategy was published in February 2021. The Strategy was developed in collaboration with departments across the Council. Trafford Housing Trust and our partners through the Trafford Partnership Board were also involved in the development of the Strategy and VCFSE organisations were engaged.
- 1.2 Reflecting on the Covid pandemic, a decision was taken in 2020 to launch a one-year Poverty Strategy for 2021/22 to set a clear direction during that period whilst providing time for the Council and partners to develop a longer-term strategy as the post-pandemic picture becomes clearer.
- 1.3 The 2021/22 Trafford Poverty Strategy sets out our bold vision for Trafford Council and our guiding principles for alleviating the effects of poverty for individuals and families. It seeks to complement and support the delivery of other strategies and the Corporate Plan.
- 1.4 Over the next 12 months the Council will work with partners to develop a three year Poverty Strategy for 2022-2025.
- 1.5 A Poverty Action Group has been established to oversee the delivery of the 2021/22 Poverty Strategy and development of the longer term Poverty Strategy. Membership of this Action Group includes Council Officers and wider partners such as Trafford Housing Trust and VCFSE organisations.
- 1.6 An Action Plan Tracker has been developed to record progress of the Poverty Action Group and delivery of the actions outlined in the 2021/22 Poverty Strategy. These actions are listed within the Poverty Strategy under each theme.
- 1.7 Alongside development of the 2022-2025 Poverty Strategy, a Poverty Truth Commission will be launched in Trafford in 2021. The Poverty Truth Commission engages residents with lived experience of poverty and the findings of the Commission will help to inform the three year Poverty Strategy.

## 2. TACKLING INEQUALITIES

### ***What tangible improvements the strategy will deliver to the residents of Trafford and how will the strategy tackle inequalities?***

- 2.1 The 2021/22 Poverty Strategy outlines five guiding principles to reduce and alleviate poverty:
  - People should be empowered to maximise their household income
  - People should be helped to improve the situation they are in while in poverty



- Services and approaches should be easily accessible and not perpetuate the stigma of living in poverty
- Skills and opportunities should be maximised to support and empower people to get out of poverty
- We need to work together with our partners and stakeholders to prevent people from falling into poverty in the first place

2.2 The 2021/22 Poverty Strategy is divided in to nine themes; within each of these themes, specific and tangible actions are detailed to enable progress to be tracked.

- Child Poverty
- Council Tax
- Debt and Credit
- Food Insecurity
- Poverty Premium
- Housing and Homelessness
- Carers
- Go with the Flow
- Disability and Vulnerable Adults

2.3 The actions within the Poverty Strategy have been inserted in to an Action Plan Tracker which is overseen by the Poverty Action Group. This Action Plan Tracker details the status of each action, activity required, baseline data with which to measure impact and the delivery leads.

2.4 The 2021/22 Poverty Strategy highlights the inequality across the borough and recognises that the different kinds of poverty are often linked. For example 'food poverty' or 'fuel poverty' cannot exist independently for a person or family; they are experiencing poverty.

2.5 The health of an individual is influenced by a combination of various factors that can be categorised into fixed and modifiable factors. Fixed factors are beyond the control of an individual and determine their lifespan and predisposition to diseases. They include biological factors such as age, sex and genetic factors. In contrast, modifiable factors interact with each other and are amenable to interventions at different stages.

2.6 It is modifiable factors that are of most interest to a wide range of audiences, ranging from local authorities, clinicians to policy makers and the general public. Modifiable factors are determined by behavioural factors, living environment and the healthcare available. Determinants of health can affect individuals to varying degrees, leading to differences in health status and health needs. The distribution of the opportunities to maintain health should be guided by these needs, and the inability to access such option can lead to 'health inequalities'.

2.7 Poverty has been identified as a key driver of health inequalities in various models explaining health inequalities including material model, behavioural

and cultural model, psychosocial model, life course approach and the rainbow model.

- 2.8 The Marmot Review in 2008 identified poverty as a significant cause of health inequalities and poor health and wellbeing. Individuals living in poverty have limited opportunities for adequate diet, nutrition, healthy behaviour, physical activity, quality housing, social interactions, transport, medical care and hygiene; these in turn lead to poorer health outcomes and a lower life expectancy in this group. Individuals in less advantaged groups have worse health outcomes, remain in poor health for longer and have shorter lives compared with those who are more advantaged. The effect of poverty is not limited to one point in time but spans over the life course of an individual continuing onto the next generations, renewing the cycle of poverty and its associated impact on health.

### **3. SUPPORTING HEALTH PRIORITIES**

#### ***How the strategy will support health priorities in Trafford as determined by the latest JSNA?***

- 3.1 The Poverty Strategy recognises that poverty and health are interdependent; living in poverty can have a negative impact on health and wellbeing, whilst a decline in health can also result in a person experiencing poverty if household income is impacted.
- 3.2 The Health and Wellbeing Strategy has identified priority topics to deliver improvements in Healthy Life Expectancy and reduce inequality in Healthy Life Expectancy:
- Reduce the number of people who smoke or use tobacco
  - Reduce physical inactivity
  - Reduce harms from alcohol
  - Support people to sustain a healthy weight
  - Reduce the impact of poor mental health
  - Improve air quality
  - Reduce the impact of climate change
- 3.3 The Joint Strategic Needs Assessment (JSNA) suggests that although health outcomes at the Trafford level are generally very good, there are significant health inequalities in Trafford. Inequality in life expectancy (LE) is one of the most important measures of health inequality. The systematic relationship between life expectancy and deprivation (social gradient in health) is present in Trafford. Although LE for male (80.3 years) and female (83.9 years) are above England average, there are wide inequalities in LE between the most and least deprived areas in Trafford. There is an 8.8 year gap in Male LE between the most and least deprived areas of Trafford for the period 2017-2019, only slightly lower than 10.1 years in 2010-2012. The gap for female LE is 7.9 years for period 2017-2019, wider than 6.3 years in 2010-2012.

- 3.4 The 2021/22 Poverty Strategy was developed using data from the JSNA and is designed to complement existing strategies such as the Health and Wellbeing Strategy, as reducing poverty will have a positive impact on the health and wellbeing of residents.
- 3.5 Appendix 1 outlines JNSA data with commentary on the priority areas within the Health and Wellbeing Strategy.

#### **4. ALIGNMENT WITH RECOVERY STRATEGY AND CORPORATE PLAN**

##### ***How the Poverty Strategy will build on the Recovery Strategy and Corporate Priorities to tackle inequalities in the Borough?***

- 4.1 Poverty prevention and lifting people out of poverty is at the heart of Trafford's Covid-19 Recovery Plan which compliments this strategy.
- 4.2 The Poverty Strategy and Covid-19 Recovery Plan is interlinked, with the actions within the Poverty Strategy actively enabling recovery.
- 4.3 This Poverty Strategy is also aligned with Trafford Council's Corporate Plan which describes the vision and priorities for the borough with one common vision – working together to build the best future for all our communities / everyone in Trafford. The Corporate Plan and Strategic Priorities are currently undergoing a refresh with the Executive which takes into account tackling inequalities in the borough and building on the work commenced in the poverty strategy.
- 4.4 The Poverty Strategy is also aligned with the Trafford Together Locality Plan; the actions within the Poverty Strategy support our plan for health and social sustainability and reform.

#### **5. MEASURING SUCCESS**

##### ***How success will be measured?***

- 5.1 The Action Plan Tracker for the Poverty Strategy features baseline data against which progress of actions will be measured.
- 5.2 The collection of baseline data for a number of these actions is in progress with support from the Council's Business Intelligence Unit.
- 5.3 As the 2021/22 Poverty Strategy is a one year strategy, progress will be reviewed in March 2022; however, many actions within the strategy will require a longer time period for delivery and the ability to measure success will depend on data collection timescales.

- 5.4 An example of the baseline data used within the Action Plan Tracker. An action within the Child Poverty theme is to:

‘Increase the uptake of healthy start vouchers by families. This will help to maximize household income for food’.

The baseline data for this action has been sourced from 2019 data: in 2019, 14,630 households (14% of all households in Trafford) were eligible for vouchers; only 51% of these households were claiming vouchers.

This same data source will be used to measure the progress of this action.

- 5.5 The Poverty Truth Commission will also enable the gathering of valuable input from those with lived experience that will assist with how we measure success longer term.

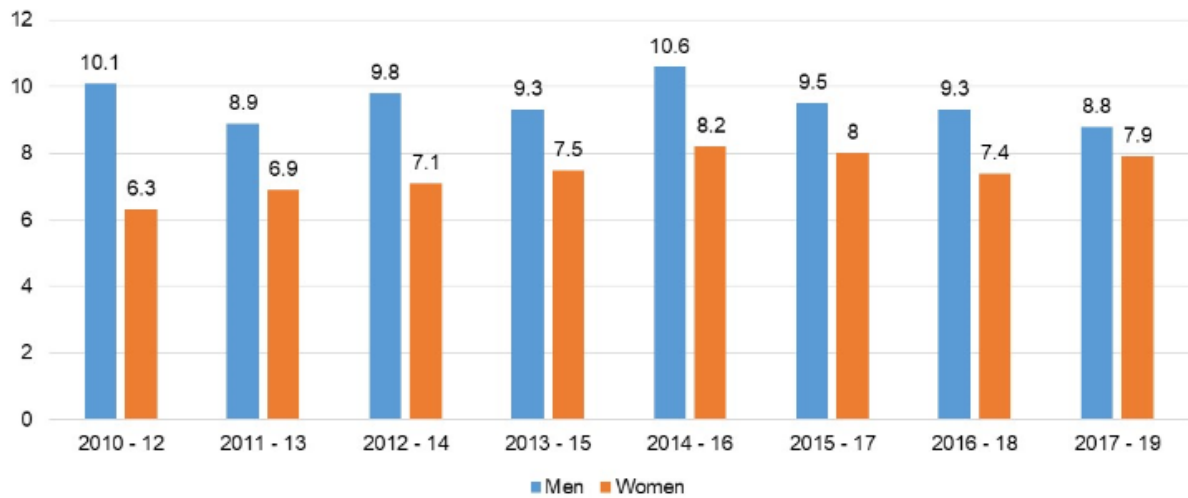
## **6. CONTRIBUTION FROM HEALTH SCRUTINY**

### ***How Health Scrutiny can contribute to this piece of work and add value to it, and contribute to develop the three year Poverty Strategy 2022-25***

- 6.1 A representative from Health Scrutiny would be welcome to join the Poverty Action Group as a member of the group to oversee the delivery of the current Poverty Strategy and contribute to the development of the longer term strategy.
- 6.2 Terms of Reference for the Poverty Action Group outline the expectations of members including overseeing and proactively contributing to the delivery of actions, taking responsibility for delivery where appropriate. A copy of the Terms of Reference are included in Appendix 2.

## Appendix 1: JNSA Data that supports the Health and Wellbeing Strategy

**Figure 1: Gap in life expectancy between the least and most deprived areas in Trafford**

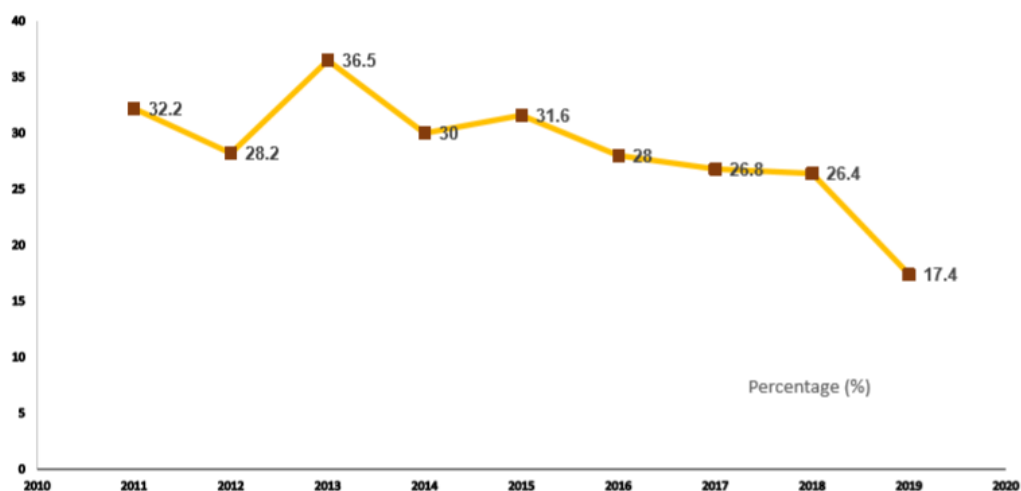


Trafford JSNA has also identified similar inequalities in our health and wellbeing priority indicators.

### a) Reduce the number of people who smoke or use tobacco

Smoking is a major cause of preventable ill-health, premature mortality, and a driver of the inequality in Life Expectancy across Trafford. Overall Adult smoking prevalence has been declining from 16.4% in 2015 to 9.1% in 2019 and is better than England average. Individuals in routine and manual occupations (RMO) are 2.5 times more likely to be smokers compared with other occupations. However, recent data suggests that smoking prevalence in RMO is declining (See Figure 2 below).

**Figure 2: Trends in Smoking Prevalence in Routine and Manual Occupations (2010-2019)**



Source: Local Tobacco Profile, 2019

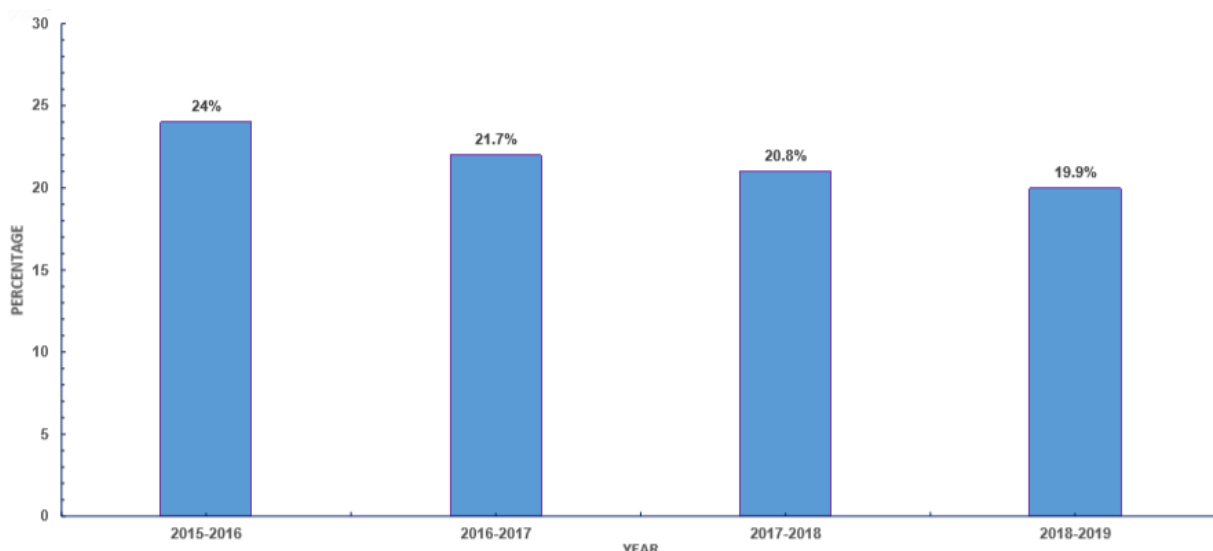
There are wide social inequalities between electoral wards within Trafford in indicators of smoking related harm (e.g. there is a strong trend towards increasing rates of emergency admissions with Chronic Obstructive Pulmonary Disease (COPD) and lung cancer incidence as deprivation increases).

### **b) Reduce physical inactivity**

Reducing physical inactivity has wide ranging benefits to population health and wellbeing. It can reduce the prevalence of long term illnesses, tackle obesity, improve mental health and reduce the need for health and social care support particularly for the most disadvantaged groups.

Based on Public Health England's definition (which includes gardening as a form of activity), an estimated 1 in 5 (19.9%) Trafford adults are physically inactive (i.e. less than 30 minutes per week). This amounts to about 35,103 adults aged 19 years and over. The proportion inactive in Trafford is statically similar to the England average (21.4%). The levels of inactivity in Trafford's resident has been declining (See Figure 3 below)

**Figure 3: Trends in Physical Inactivity in Trafford (2015-2019)**



However, there are inequalities in levels of inactivity between Trafford's different communities and places, and these differences are a cause of inequalities in health and wellbeing. Inactivity rates are generally higher in the North and West compared with South of the borough. Higher levels of inactivity in Trafford's women (24.3%) compared with men (21.3%), although this difference has narrowed over time. Around 60% of Trafford's over 75s are inactive compared with a third of this (19.5%) in 35 to 54 year olds. Around 44% of Trafford adults with a disability or long term health condition are inactive compared with 18.9% of those without a disability.

Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Although the prevalence of overweight (including childhood obesity) for reception and year 6 is lower in Trafford compared with England average, prevalence of obesity in reception and year 6 school children in the most deprived quintile is twice compared with reception school children in the least deprived quintile.

### c) Reduce harm from alcohol

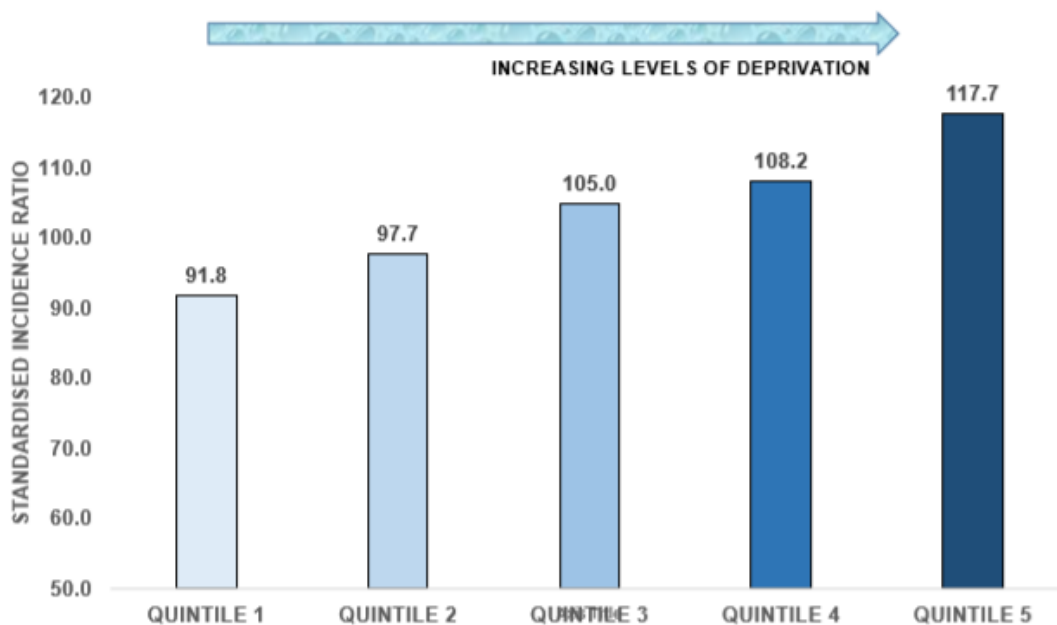
Poverty predisposes people to greater health harms of alcohol.

Hospital admissions are key indicators to measure prevention activities at a local level. Overall, Trafford has high and increasing rates of alcohol-related hospitalisation, especially for conditions where alcohol is the sole cause. Both locally and nationally, alcohol related hospitalisation rates are increasing over time indicating that this is a public health issue of increasing relative importance. Hospital admissions for alcohol attributable conditions in Trafford increases as the levels of deprivation increases. Alcohol related death and hospital admission rates amongst male residents in Trafford are at least twice as high as amongst females.

### d) Improve cancer prevention and screening

Cancer is the most common cause of premature death in Trafford and two thirds of these deaths are preventable. Men in Trafford are more likely than women to die early from preventable cancers. Public Health England publishes data for electoral wards within Trafford on incidence of all cancers and broken down by the main cancer sites (breast, bowel, lung and prostate). There is wide variation between wards which, for all cancers combined and for bowel and lung cancer, is linked to deprivation, with increased incidence in more deprived areas (see Figure 4 below)

**Figure 4: Standardised Incidence Ratios of All Cancers by Ward Deprivation Quintile**



Mortality data is published for all cancers combined for all ages and for under 75. Again, there is wide variation between wards especially for premature mortality, which is linked to deprivation, with higher mortality in more deprived areas.

Across all of the main cancer screening programmes in Trafford (breast, bowel and cervical) coverage in the most deprived 20% of GP practices is significantly lower than coverage in the least deprived 20% of practices. Work to narrow this gap can be expected to impact on the geographical and social inequalities in cancer incidence and mortality.

**e) Reduce the impact of poor mental health**

Individuals living in poverty are more likely to experience mental health conditions. Over a quarter of people in the poorest fifth of the population experience depression or anxiety. Pressures from living in poverty causes considerable stress that is often linked to poorer mental health and strained relationships within families. More than 1 in 10 adults (12.6%) are on a GP register for depression and recent trends suggest that the prevalence (existing cases) of depression in Trafford is increasing over time. Trafford has the second highest prevalence of depression amongst its group of similar authorities. There is a 66 percentage point gap (numerical difference between two percentages) in the employment rate for those in contact with secondary mental health and the overall employment rate and the difference is significantly similar to England average. Sub-group analysis on some key mental health indicators are not currently present for Trafford to further comment on inequalities.



## **Appendix 2: Poverty Action Group – Terms of Reference**

### **Purpose**

- Provide oversight for the delivery of the Trafford Poverty Strategy 2021-22
- Oversee the development of Trafford Poverty (partnership) Strategy 2022-25
- Ensure the findings from the Trafford Poverty Truth Commission are incorporated in to the Trafford Poverty (partnership) Strategy 2022-25

### **Role**

- To oversee the delivery of the actions outlined in the Trafford Poverty Strategy 2021-22
- Work with Trafford Partnership's strategic boards, including but not exclusive to the Inclusive Economy Board, Trafford Employment, Enterprise and Skills Group, Living Well in My Community, Start Well Board and the Health and Wellbeing Board, to ensure Council and partnership-wide delivery and action
- Ensure the delivery of the Poverty Strategy aligns with Trafford Council's Recovery Plan and Trafford Partnership's Recovery and Renewal Action Plan
- Ensure the delivery of the Poverty Strategy aligns with existing and upcoming strategies such as the Supported Housing Strategy
- To develop the Trafford Poverty (partnership) Strategy 2022-25 and to ensure a joint strategic partnership approach to the development of this strategy including engagement with boards, partners and key stakeholders. Members have a role in developing the strategy and communicating the progress of the strategy to partners, key stakeholders and the wider community
- Engage with the VCFSE Sector through existing forums and networks to facilitate the delivery of the Trafford Poverty Strategy 2021-22 and to develop the 2022-25 strategy
- To be sighted on the development of the Trafford Poverty Truth Commission
- To ensure the findings from the Trafford Poverty Truth Commission inform the development of the Trafford Poverty (partnership) Strategy 2022-25
- To oversee the implementation of the Trafford Poverty Strategy 2022-25
- Contribute to updates which will be prepared for Trafford Council's Corporate Leadership Team and Trafford Council's Executive

### **Governance**

With regards to the delivery of the Trafford Poverty Strategy 2021-22, this group will report to Trafford Council's Corporate Leadership Team and Trafford Council's Executive.

Quarterly progress reports will be prepared by Trafford Council staff to be shared with Trafford Council's Corporate Leadership Team and Trafford Council's Executive; members of the Poverty Action group will contribute to these reports.

### **Membership**

The group membership outlined below is time limited for the period February 2021 – March 2022 to enable the delivery of the Trafford Poverty Strategy. Core members include the leads for each theme of the Poverty Strategy and key partners.

As time progresses, the group will refocus to the development of the Trafford Poverty Strategy 2022-25 which will be developed as a partnership strategy. As the group refocuses, the membership will be reviewed to engage a wide range of partners.

Core membership will be:

- Executive Member for Communities and Partnerships, Trafford Council (Chair)
- Corporate Director of Strategy and Resources, Trafford Council
- Representative from Education Standards, Quality and Performance, Trafford Council
- Representative from Exchequer Services, Trafford Council
- Representatives from Growth and Regulatory Services, Trafford Council
- Representative from Public Health, Trafford Council
- Representative from All Age Commissioning, Trafford Council
- Representative from Children's Services, Trafford Council
- Representative from Adults' Services, Trafford Council
- Representative from Housing Standards Team, Trafford Council
- Representative from Trafford CCG
- Representatives from Trafford Housing Trust's Social Impact Team
- Chief Executive of Citizens Advice Trafford
- Chief Executive of Trafford Carers Centre
- Representative from Age UK Trafford
- Chair of Trafford Community Collective
- Managing Director for Thrive Trafford
- Chief Finance Officer of The Bread and Butter Thing
- Trafford South Foodbank, The Trussell Trust
- Two representatives from Trafford businesses
- Chair of the Inclusive Economy Board

Also in attendance:

Dianne Geary: Assistant Director Corporate Strategy and Policy, Trafford Council

Sarah Grant: Partnerships and Communities Manager, Trafford Council

### **Frequency of Meetings**

The group will meet bi-monthly; however, this will be reviewed regularly subject to activity and requirements and is therefore subject to change.

### **Administration**

The Poverty Action Group will be administrated by Trafford Council staff. An agenda and relevant papers for each meeting will be circulated in advance of a meeting, and notes will be circulated within two weeks of a meeting.

**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2021-22**

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION / RECOMMENDATION	Responsible Officer
<p><b>23<sup>rd</sup> Jun 2021</b>  <b>6:30 p.m.</b>  <b>Venue: tbc</b></p>	<p><b>Update on Trafford Together: People, Place and Partnership and the Integrated Care System</b></p>	<p>a.Changes occurring to the Integrated Care model since the Trafford Together Locality Plan report was submitted to the Committee in November 2019;                      b.Current position;                      c.What this means for Health and Social Care Services in Trafford and in Greater Manchester;                      d.How things could be different for residents and what tangible improvements they would be able to experience;                      e.Example of patient journey in the new system/ case study;                      f.How outcomes will be measured?                      g.How the Health Scrutiny can contribute to this piece of work and add value to it?</p>	<p><b>Health and Wellbeing</b></p> <p><b>Targeted Support</b></p>		<p><b>Corporate Director Adult Social Care</b></p>
	<p><b>Trafford Council Poverty Strategy 2021/22</b></p>	<p>a. Overview;                      b.What tangible improvements the strategy will deliver to the residents</p>	<p><b>Affordable and Quality Homes</b></p> <p><b>Health and</b></p>		<p><b>Corporate Director of Strategy and Resources</b></p>

	<p style="font-size: 48px; opacity: 0.2; text-align: center;">DRAFT</p>	<p>of Trafford?  c.How the strategy will help to tackle inequalities?  d.How the strategy will support health priorities in Trafford as determined by the latest JSNA?  e.How the strategy will support the Trafford Together: People, Place and Partnership and the Integrated Care System?  f.How the Poverty Strategy will build on the Recovery Strategy and Corporate Priorities to tackle inequalities in the Borough?  g.How success will be measured?  h.How the Health Scrutiny can contribute to this piece of work and add value to it?  i.How the Health Scrutiny can contribute to develop the three year Poverty Strategy 2021-24?</p>	<p><b>Wellbeing</b>  <b>Successful and Thriving Places</b>  <b>Children and Young People</b>  <b>Greener and Connected</b></p>		
	<p><b>Draft Work Programme 2021-22</b></p>	<p>Members have expressed an interest in the following items:</p> <ul style="list-style-type: none"> <li>-Physical health</li> <li>-Trafford residents registered with a GP in Manchester and difficulty in accessing services</li> <li>-Inequalities across the Borough</li> <li>-Pandemic and impact on provision of health and social care services</li> <li>-Update on the vaccination programme</li> <li>-Communication with residents: Lesson learned from response to Covid-19</li> </ul>			

		-Access to dentistry for residents of care homes and wider community -Delay in accessing services in secondary care because of Covid-19 pandemic -How GP services have changed following the pandemic			
<b>15<sup>th</sup> Sep 2021</b> <b>6:30 p.m.</b> <b>Venue: tbc</b>					
<b>17<sup>th</sup> Nov 2021</b> <b>6:30 p.m.</b> <b>Venue: tbc</b>					
<b>27<sup>th</sup> Jan 2022</b> <b>6:30 p.m.</b> <b>Venue: tbc</b>					
<b>9<sup>th</sup> Mar 2022</b> <b>6:30 p.m.</b> <b>Venue: tbc</b>					

**TASK AND FINISH GROUPS**

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome

**ITEMS REVIEWED/SCRUTINISED BY THE HEALTH SCRUTINY COMMITTEE IN 2019/20 and 2020/21 WHICH MIGHT BE REVIEWED AGAIN IN FUTURE**

Last reviewed	Title	Responsible Officer
Jun 2019	Medicine Optimisation and prescribing	Associate Director of Primary Care, Head of Medicine Optimisation
Jun 2019	Single Hospital Service Update	Deputy Director, Single Hospital Service
Jun 2019	Care Quality Commission Action Plan Recommendation: That an update be presented in six months on admission avoidance and intermediate care	Interim Director Adult Services
Jun 2019	Trafford Strategic Safeguarding Board Update	
Jun 2019	North West Ambulance Service Performance Statistics	
Jun 2019	Residential and Nursing Care Home Quality Update Recommendation: An update be requested at six monthly intervals on quality within the market	Interim Director Adult Services
Jun 2019	Overview of Health and Wellbeing Board Structure in Trafford and Trafford Age Well Plan Recommendation: That the Poverty Strategy be shared with this Committee after its endorsement by the Health and Wellbeing Board	Interim Director of Public Health
Sep 2019	Psychological Therapies for Mental Health Conditions – Spotlight on Provision in Trafford Recommendation: That: a progress report be presented to this Committee in March 2020 updating on access to services in the north of the borough, access to on-line therapies, relapse rate and attrition rate in patients	See report
Sep 2019	Trafford Suicide Prevention Action Plan and Strategy Recommendation: That: a progress report on the work based on the Suicide Prevention Strategy be presented in March 2020	Interim Director of Public Health
Sep 2019	Update on Period Poverty Recommendation: that a further update be provided in March 2020	
Nov 2019	Improve Physical Health in Trafford	
Nov 2019	Uptake of Childhood Vaccinations	
Nov 2019	Altrincham Health and Wellbeing Hub Update	

Nov 2019	Trafford Together Locality Plan for Sustainability and Reform Incorporating the NHS Long Term Plan	Director on Integrated Health and Social Care Strategy
Nov 2019	Trafford Community Services Transfer Update	
Jan 2020	Screening for cancer Recommendation: That training on cancer screening programmes be provided to elected members to support them to divulge the message that early detection could save lives; That a link to Jo Trust (cervical cancer charity) be added to the Council's web-site; 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.	
Jan 2020	Updates on Adult Social Care/ Learning Difficulties Board and Suicide Partnership	
Mar 2020	Review of Health Scrutiny recommendations	
Mar 2020	Progress reports from Task and Finish Group: Early indicators to identify general practices at risk of failing	
Jan 2021	Accessibility of Primary care Services in Trafford Recommendation: That an update on Accessibility of Primary Care Services in Trafford be provided at a meeting of the Committee in the municipal year 2021/22	
Jan 2021	Domestic Abuse in Trafford during the Covid-19 Pandemic Recommendations: That an update be provided on service progress in particular with regard to the offer for the Perpetrator Support Programme and resources for victim support services.	
Jan 2021	Lesson Learnt Report for Community Response Hubs Recommendation: That the report about the Information Advise Sub-Group regarding accessing data to support modelling of locality work be shared with the Health Scrutiny Committee.	
Mar 2021	Tackling Health Inequalities in Trafford – Focus on Diabetes Recommendation: That a progress report be brought to the Committee in six months with the view to receive a full report in March 2022. The Committee would like to hear from a GP as well as from representatives of the Public Health Team. The report would need to include:	

	<p>a.Information on methods to record patient ethnicity in primary care;  b.Progress on delivering Health Checks for the residents of Trafford;  c.Information on diabetes education programme;  d.Progress on narrowing down inequalities.</p>	
Mar 2021	<p>Tackling Health Inequalities in Trafford – Housing  Recommendation: That the Committee receive an update in six months with regard to:  a.The Landlord Accreditation Scheme;  b.Improvement to planning process for Houses of Multiple Occupancy;  3.That the Committee receive an update in 12 months on the number of affordable houses built in Trafford;  4.That the Committee receive reassurance on how schemes to tackle fuel poverty are publicised in Trafford.</p>	

DRAFT