



AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 17 November 2021

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. 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 received		
4. MINUTES		1 - 6
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 15 th Sep 2021		
5. INTEGRATED CARE SYSTEM LOCALITY PROGRAMME UPDATE		7 - 16
6. TRAFFORD MENTAL HEALTH & WELLBEING STRATEGY		17 - 42
7. LOCAL RESPONSE TO TRENDS IN ALCOHOL CONSUMPTION AND HARM		43 - 58

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| 8. | UPDATE ON THE COUNCIL'S POVERTY STRATEGY AND THE WORK OF TRAFFORD'S POVERTY ACTION GROUP | 59 - 66 |
| 9. | HEALTH SCRUTINY WORK PROGRAMME 2021/22 | 67 - 76 |
| 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 SALEH

Deputy Chief Executive

Membership of the Committee

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

This agenda was issued on **Tuesday, 9 November 2021** 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

15 SEPTEMBER 2021

PRESENT

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

Councillors S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, Dr. S. Carr, R. Chilton, S.J. Gilbert, B. Hartley and J. Lloyd

In attendance

Dr. Mark Jarvis	Clinical Director, Trafford Clinical Commissioning Group (CCG)
Gareth James	Interim Joint Accountable Officer, Trafford CCG
Adrian Fisher	Director of Growth and Regulatory Services, Trafford Council
Jilla Burgess-Jones	Consultant in Public Health, Trafford Council
Fabiola Fuschi	Governance Officer, Trafford Council

12. ATTENDANCES

Apologies for absence were received from Councillors Acton, Western and Cordingley.

13. DECLARATIONS OF INTEREST

Councillor Lloyd declared a general interest in so far as any matter related to her position as a trustee of the Trafford Domestic Abuse Services.

Councillor Taylor declared a general interest in so far as any matter related to her employment with the NHS.

14. PUBLIC QUESTIONS

There were no public questions received

15. MINUTES

RESOLVED that the minutes of the meetings held on 10th March and on 23rd June 2021 be approved as correct records.

16. PRIMARY CARE UPDATE SEPTEMBER 2021

The Committee gave consideration to a progress report of the Head of Primary Care Trafford on the accessibility of Primary Care Services in the Borough, following the Covid-19 pandemic and the ongoing work on quality improvement. This report was an update on the information that had been provided to the Committee in March.

Health Scrutiny Committee
15 September 2021

The Clinical Director and the Joint Interim Accountable Officer from Trafford Clinical Commissioning Group (CCG) attended the meeting to present the information and answered the questions of the Committee.

CCG representatives outlined the changes to primary care services and the introduction of the Digital Front Door which gave practices the ability to offer on line patient consultation. Although digital improvement had been planned before the pandemic hit, the need for these on line platforms increased dramatically during lockdown.

Primary care continued to face an increase in service demand across the country due to several factors; in Trafford, currently, approximately 8-10% of patients on the registered list were contacting the practice every week; this was previously averaged at 6% of the list.

CCG representatives informed the Committee that there were a number of issues to address such as ensuring equitable access for patients while continuing increasing the use of on line consultation features, reducing health inequalities and the transition from the CCG to the Integrated Care System. In addition to these changes, the implementation of the Collaborative Providers through which the primary care network would be part of a broader community within the neighbourhood offer.

Members sought and received clarification on a number of matters such as the ability for patients to contact their practice when the on line portal was not active and the mention on the NHS letter dated 23rd Aug 2021 of financial incentives for practitioners. CCG representatives informed that, contractually, practices had to be open at certain times and the web-site would always inform patients to contact their G.P. via telephone when the on line portal was not available. With regards to financial incentives, CCG representatives were of the opinion that it was important to have a conversation about how the service was funded in order to better support practitioners and patients.

Members asked about on line access for patients who suffered from a mental health issue. The CCG representatives reassured Members that safety was paramount and risk management was always the G.P. focus. When asked about accessibility for hearing impaired patients, CCG representatives informed of alternative consultation offer such as text messaging and live chat tools.

Members also sought and received clarification on the electronic record system to ensure that patients discharged from hospital had their up to date list of prescribed medications and information communicated to their G.P.

Members enquired about the pressure in general practice linked to the shortage of G.P in the country. CCG representatives explained that the Government was trying to recruit new practitioners to fill the gap. However, different roles could be called into the system. In Trafford there was no shortage of G.P.s as recruitment had been successful.

The Committee asked about what was being done to increase the number of face to face consultations. CCG representatives informed that the national guidelines had not changed yet and although work was ongoing to increase access, G.P.s had to follow the guidance.

Members enquired on decision making about children and the difficulty of phone triage. CCG representatives considered that G.P.s had to manage risk and children were likely to be seen face to face.

The Committee asked about what was being done to avoid unnecessary prescribing of antibiotics. CCG representatives explained that this matter was part of Trafford quality improvement programme.

Members asked whether patients were requested to take a lateral flow test before seeing a G.P. CCG representatives informed that patients were asked to take a PCR test when they had symptoms.

Members asked how data was gathered about serious cases that might have been missed by the system. CCG representatives informed that Manchester University Foundation Trust was working on a study which would include the attempt to quantify late presentations of medical emergencies such as strokes.

The Committee enquired about communication and accessibility of information for residents in relation to the new system in order to reduce the level of anxiety that some residents might experience. CCG representatives explained that information campaign had been delivered but most people would look for information when a need arose.

The CCG representatives concluded their presentation informing the Committee that, in the near future, all primary care services would be provided by Manchester University Foundation Trust and clinicians would provide a standardise offer.

The Chair of the Committee thanked the CCG representatives for their attendance and asked to pass the Committee's gratitude towards all those members of staff in primary care who had worked through the pandemic and continued to work to support residents' health.

RESOLVED that the content of the report be noted.

17. THE COUNCIL'S ROLE IN TACKLING HEALTH INEQUALITIES ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH (EMPLOYMENT)

The Committee gave consideration to a report of the Executive Member for Health, Wellbeing and Equalities which addressed the question of how the Council played a role in reducing health inequalities in Trafford through its influence on the wider determinants of health, with a particular focus on the role of employment.

The Director of Growth and Regulatory Services and the Consultant in Public Health attended the meeting to present the information and answered the questions of the Committee.

Officers outlined the strong correlation between employment and health. In Trafford, the gap between overall employment rate and people with a long term health condition is 6.4%. The gap increased dramatically in relation to people with a learning disability or in contact with secondary mental health services.

The number of young people 16-18 Not in Employment, Education or Training (NEET) in Trafford had increased since July 2020. Officers outlined the measures in place to tackle this increase such as the Trafford Pledge, an employment initiative which matched local residents, in particular those groups disadvantaged in the labour market with local opportunities. To date the Trafford Pledge had supported over 1285 residents into employment.

Officers informed of other measures which aimed to support groups such as people aged 50+ and disabled people into employment.

Officers continued outlining the commissioning strategy to design services which met the needs of specific groups at risk of poorer health outcomes. Officers made reference to strategies such as the Learning Disability Strategy and programmes such as cancer screening and other initiative at Greater Manchester level to promote employment for sub-groups of the population.

Officers highlighted that the Council worked closely with businesses on a number of programmes and work relationships and collaboration had become stronger during the pandemic.

Members sought and received clarification on a number of matters such as the difficulties experienced by people with mental health conditions and the support available in the form of early intervention programmes as well as fostering a strong organisational culture around health and wellbeing of employees, preventative approach and employees feeling valued and appreciated. The Council could influence other employers to adopt a similar approach to health and wellbeing of the workforce.

Officers informed the Committees that meetings were taking place across the Borough with many employers to discuss and inform on the consequences of the recovery post pandemic, to encourage companies to be more sensitive towards their workforce.

Members sought further clarification with regards to the reasons why the 50+ unemployed was a more numerous group than younger cohorts and what were the strategies to support this group into employment opportunities. Officers explained that this was due to the demographics in Trafford and efforts would be directed into ensuring that this cohort was supported to gain the skills to match employment sectors with staff shortages.

Members asked how employment opportunities were being advertised by the Council. Officers explained that there was a community focus as well as a bulletin and a business team linked to Partnerships and Voluntary Organisations.

The Committee asked how Council addressed the gender gap linked to high proportion of female workers in low paid jobs. The Committee also wanted to learn about programmes for supporting people with Down's syndrome into employment.

The Committee enquired about how employers who covered more than one role, had the opportunity to progress and how many of them could go into full time employment.

Members requested to know how the commissioning strategy had changed during / post pandemic to face the increase in domestic abuse.

Officers agreed to provide written answers to these last three questions in due course.

RESOLVED:

1. That the report be noted.

2. That a follow up report to update on the various initiatives highlighted in the report be presented in 12 months.

18. DRAFT WORK PROGRAMME 2021/22

The Committee gave consideration to the work programme for the current municipal year and agreed to consider the following topics at its next session in November:

- Alcohol as form of addiction and current position in Trafford
- Update on the Poverty Strategy
- New Mental Health Strategy 2021/22
- Transition to Integrated Health and Social Care as a standing items for future meetings

Members also considered to dedicate a task and finish group on access to dentistry.

19. URGENT BUSINESS (IF ANY)

20. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 6.30 pm and finished at 8.45 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 17th November 2021
Report for: Information
Report of: Sara Radcliffe, Acting Joint Accountable Officer,
Trafford CCG, Gareth James, Acting Joint Accountable
Officer, Trafford CCG

Report Title

ICS Locality Programme Update

Summary

<p>This report updates the CCG Governing Body on progress made in advance of the Greater Manchester Integrated Care System (GM ICS) coming into effect in April 2022 (pending legislation).</p>

<p>The report focusses on key developments both locally and in the emerging GM ICS infrastructure, key achievements and points of positive progress, including the mobilisation of our programme approach with partners. It also highlights, where known, the milestones which dictate our forward plan and our shadow arrangements. The report aims to collate information into one comprehensive paper.</p>

Recommendation(s)

Health Scrutiny are asked to note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: Thomas Maloney, Programme Director Health and Care, Trafford Council/Trafford CCG

1. Introduction

- 1.1 This paper aims to highlight the significant developments in relation to our journey towards a GM ICS which will mean the CCGs in GM will be disestablished.
- 1.2 The paper collates key achievements and progress, to provide Health Scrutiny with assurance regarding plans and working arrangements.
- 1.3 The system reform changes, brought about by the Health and Care Bill, are an opportunity to reform the system, to ultimately work towards better outcomes for our population.

2. Background and Context

- 2.1 We have a strong history of partnership working in Trafford, the new arrangements and programme approach continue to support and encourage this.
- 2.2 Along with other GM localities we have worked to implement a shadow ICS architecture. This has three main components for the future: the One System Board, a Trafford Provider Collaborative, and the Trafford Clinical and Practitioner Senate.
- 2.3 In Trafford our established Joint Commissioning Board has been reconfigured to be our locality board which we call our One System Board. It is currently jointly chaired by the Leader of the Council and CCG Chair and includes senior leaders across the NHS, council and voluntary sectors. This has been mobilised with a fundamental aim of improving health and care for our population. The Trafford Provider Collaborative has been built from our established Local Care Alliance, and has a good foundation over a number of years of partnership working. The Trafford Clinical and Practitioner Senate is a new part of our system which is emerging through the work we are undertaking to establish the ICS in Trafford. The work is being led as part of one of the six ICS programme work streams that are outlined later in the paper.
- 2.4 Trafford have agreed a locality programme approach to develop Trafford's ICS arrangements. We have mobilised six work programmes that enable partners to shape Trafford's approach, these focus on: system governance – performance and quality, finance, provider collaboration, ways of working, clinical and practitioner leadership plus communications and engagement
- 2.5 The Trafford Together Locality Plan 2019-24 was agreed and published in 2019 and remains our blueprint for the transformation of health and social care. The plan was revised in 2021 and is owned by the Trafford health and social care system, including the three parts of the new Trafford ICS system as described above.
- 2.6 We have agreed that our interim place leadership, to April 2022, will be the current CCG Joint Accountable officer. However, this is a holding position and pending national and GM announcements on the recruitment to these posts for April 2022, a process to recruit to a permanent Trafford Place Leader will be put in place.

3. Overarching Summary of ICS National Changes

- 3.1 The Health and Care Bill, currently going through Parliament, sets out plans to put ICSs on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities.
- 3.2 An ICS is a partnership of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live

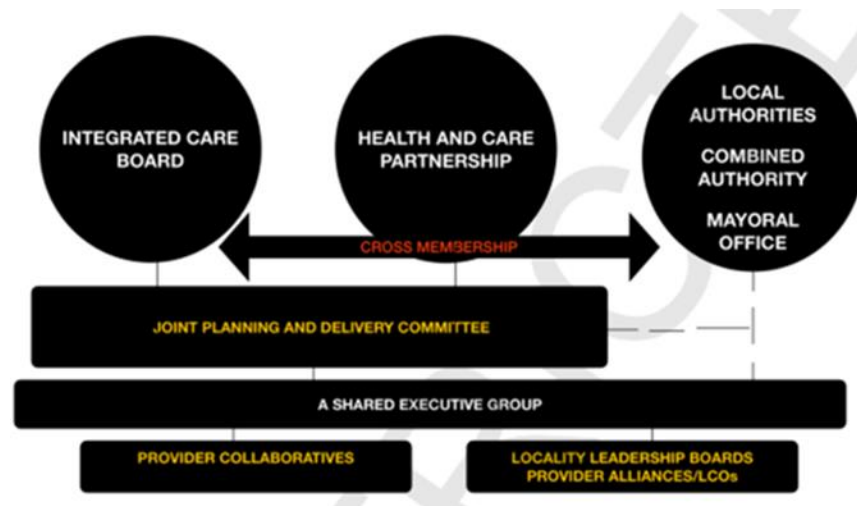
and work in their area. Collaboration across ICS footprints will help tackle complex challenges, building on current models of integrated health and social care. They exist to achieve 4 aims:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

- 3.3 The current proposals mean that each ICS would be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets; setting strategy and allocating NHS resources with the ICB, delegating certain functions to localities. The detail of which is being developed. There is also an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. Subject to the views of Parliament, it is expected that these measures will come into effect in April 2022. Therefore, the NHS locally, regionally and nationally is now preparing for implementation of the bill, including appointing to the senior roles within each NHS ICB.

4. Key Developments – GM ICS

- 4.1 NHS England and Improvement (NHSE&I) have recently published interim guidance on the functions and governance of the ICB. GM is working to establish the ICS. GM shadow arrangements are now in place (from October 2021) and it will transition to full implementation of the ICS in April 2022.
- 4.2 Each ICB must set out its governance and leadership arrangements in a constitution formally approved by NHSE&I. While preparations for these new arrangements are being made, all NHS organisations must continue to operate within the current legislative framework retaining any governance mechanisms necessary to maintain operational delivery including patient safety, quality and financial performance.
- 4.3 ICS leaders, and designated ICB leaders, as they are appointed, should proceed with preparations to design and implement ICB governance and leadership arrangements before April 2022 that fulfil the requirements set out in this interim guidance. Sir Richard Leese has been announced as the Chair Designate of the GM ICB and the recruitment of ICB CEO Designate is underway, followed by other senior team positions towards the end of the year.
- 4.4 The diagram below depicts the proposed shadow governance at a GM level.



- 4.5 Progress continues with the development of locality arrangements for the GM ICS. There are a number of work streams led by GM leaders that are informing the establishment of the ICS. Some are outlined below.
- 4.6 To inform the development of the ICS operating model, as well as look at how localities intend to establish their governance and relationship with the GM ICB, each locality is working to establish its shadow arrangements. They are also collectively working together to ensure, where appropriate, a consistent model.
- 4.7 The governance working group have developed the terms of reference (TOR) for the Joint Planning and Delivery Committee for use when in shadow form from October 2021 – March 2022. Post April 2022 it will become part of the established ICB governance structure. The membership of the group will be kept under review and a formal review of the TOR will take place in early 2022. The first meeting took place in October 2021.
- 4.8 Equality, diversity and inclusion (EDI) is a priority for the GM transition programme of work. GM work stream leads will ensure EDI is considered throughout all the work they do. Equality impact assessments are taking place across all parts of the programme.
- 4.9 The development of the GM strategy will happen alongside work to create the statutory ICS and will guide the first five years of its operation. It is proposed that work will take place in November to agree the vision and objectives for the GM ICS.

5. **Trafford Key Locality Developments: One System Board**

- 5.1 The Trafford One System Board (OSB) was established in April 21 and has overseen the transition work to establish the Trafford ICS through the 6 work streams. Trafford partners have agreed 3 immediate priorities, to refresh the Trafford Locality Plan as a blueprint for the future, agree ways of working to deliver shared priorities and provide clarity to affected staff. Membership of the OSB includes colleagues from local NHS, council and voluntary sector partners.

- 5.2 A 'Locality Approach' was agreed in June 21 and a refreshed position submitted to GMHSCP in September 21, supported by the Trafford OSB. Within the submission was the commitment, in principal, to move towards a joint committee model for the OSB. However, there is an acknowledgement that more detail is required to determine the role and responsibilities of the Board itself, including work to understand the management of conflicts of interest. A group of OSB members are developing the draft ToR in order to agree these parameters.

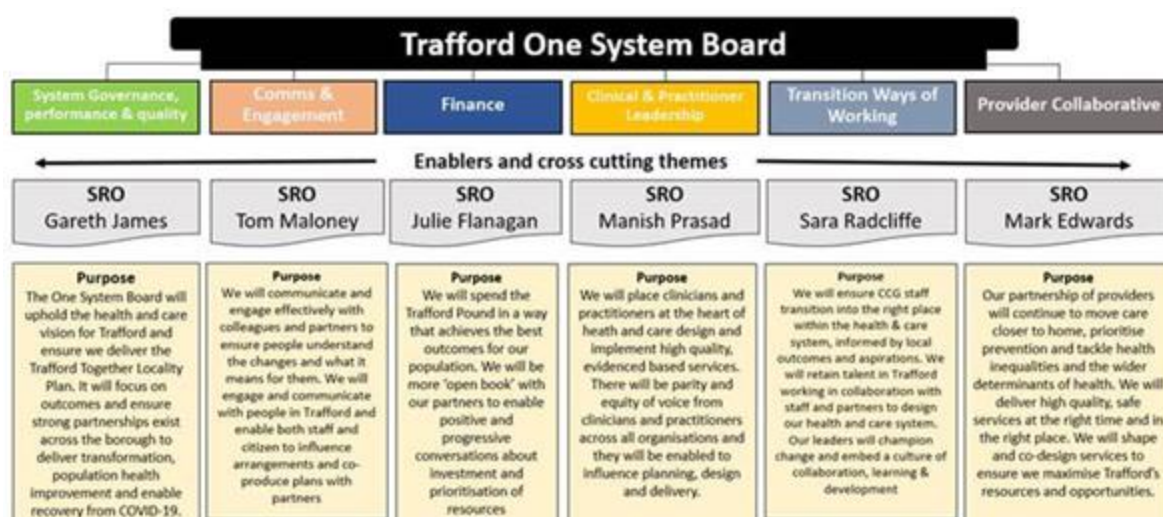
6. Trafford Key Locality Developments: Provider Collaborative

- 6.1 Throughout the existing Local Care Alliances' (LCA) tenure a set of values and behaviours have driven health and social care integration and collaborative working in the forum. The LCA led on the production of the Trafford Together Locality Plan in 2019 and worked in parallel with the new Trafford OSB to refresh the Locality Plan in September 2021, taking account of the system's learning and recovery following the pandemic.
- 6.2 The evolution of the LCA to become the place based provider collaborative for Trafford; going forward known as the Trafford Provider Collaborative has been proposed and agreed by partners who have worked together on the LCA.
- 6.3 The inaugural meeting of the Trafford Provider Collaborative has taken place in October. The LCA had an independent chair however the new Trafford Provider Collaborative has taken the decision to have a new Chair from its provider membership. A process is underway and new arrangements will be in place before the end of the year. The Provider Collaborative work stream is working to develop a 'critical path' for shadow arrangements and defining key milestones and objectives for the Trafford Provider Collaborative.
- 6.4 The Trafford Provider Collaborative will build on the previously agreed ways of working. However, it will alter its ways of working and governance arrangements to reflect the change in purpose and role in a new ICS. This will result in changes to its membership to more accurately reflect the role of a place based provider collaborative and its reporting and relationship with the OSB. The ToR are being developed with members of the provider collaborative working group and will be in conjunction with other key governance proposals.
- 6.5 It is also proposed that a systematic programme of development is put in place for the Trafford Provider Collaborative board to clarify priorities, strengthen relationships and develop new ways of working. An important aspect of this will be an emphasis on "learning by doing" through the implementation of the Locality Plan and exploring options to address areas for development, such as systems leadership and quality improvement.
- 6.6 The main focus of the Trafford Provider Collaborative will be the delivery of the Trafford Locality Plan. An early task will be to clarify a small number of high impact delivery programmes on which the provider partners will work collaboratively. Another major piece of work will be for partners to work together

to establish effective integrated leadership teams at the neighbourhood/ Primary Care Network level. Once these teams are operational they will oversee progress towards our long term goal of strong multiagency teams based around each general practice.

7. Structured Programme Approach

- 7.1 Below is our current programme approach, which has been built from the outputs of four Trafford Together workshops held with system partners and from available guidance. The ICS programme is overseen by the established Health and Social Care Reform Board, as well as the CCG senior leadership team. This is to ensure the work is undertaken and presented to the OSB and the CCG Governing Body effectively. The programme approach, as already stated has 6 time limited work streams, they along with their senior responsible officers are outlined below.



8. Summary of Human Resources Transition Work

- 8.1 The guidance document 'Human Resources (HR) framework for developing integrated care boards' was published by NHSE&I in August 2021. The framework for developing integrated care boards applies to NHS organisations affected by the proposed legislative changes as they develop new statutory ICBs. These organisations include CCGs and other NHS employers hosting ICS staff or shared services. The guidance provides national policy ambition and practical support to complement regional and ICB approaches, and local employer policies for dealing with the change processes required to affect the transfer and the transition.
- 8.2 This HR Framework aims to provide system leaders, employers and HR colleagues with:
- Clarity on the implications of the desired change and transition approach.

- Clear steer on how to manage the transition in line with the Health and Care Bill, the ambitions in the White Paper, the ICS Design Framework and the Employment Commitment.
 - Confidence in and understanding of the legal framework for this change.
 - Access to advice and guidance on handling key aspects of organisational change.
 - Clarity over what will be done nationally, regionally, system and at local employer level. Setting out a clear national approach, including a set of principles for the handling of this transition, is key to its success, providing clear direction and expectations to be met by all relevant parts of the NHS.
- 8.3 The guidance reaffirms the employment commitment that was made to colleagues in February 2021. The employment commitment mandates that for colleagues below board level, staff will move across to the new organisation with minimal, if any, immediate impact in terms of how they work. The term 'lift and shift' is being used for this process.
- 8.4 Under this transfer all functions and colleagues (below board level) will transfer from their organisation to the Integrated Care Board with no requirement for organisational change. No job matching or pre-transfer selection process will be required.
- 8.5 The process by which this will happen will be in line with that required by the Transfer of Undertakings (Protection of Employment) Regulations 2006 otherwise known as (TUPE) and the Cabinet Office Statement of Practice (COSOP).
- 8.6 The employment commitment does not extend to those posts at Board Level. Those colleagues will not 'lift and shift' in their current role as is guaranteed for all other staff. Board members will however remain accountable for their organisation until the 31 March 2022.
- 8.7 It is recognised that each organisation is different and each will have varying arrangements as to how it employs or engages its staff. A people impact assessment (PIA) will support the identification of the potential impacts of the proposed changes on people working within CGGs or existing ICB workforce structures. With a view to making the process of change as transparent as possible, and to minimising the impact on performance and motivation. This assessment will also support the identification of risks and any mitigating actions that could be taken so that these can be built into the management of change process.
- 8.8 At a local level the CCG has an ICS Sender Organisation Project Plan in place which details key regional and local HR activities and milestones to ensure the safe transfer of colleagues into the ICB. Delivery of the plan is on track and is regularly monitored by the CCG's Senior Leadership Team. This enables for the escalation of any risk and issues and also enables a forum where decisions relating to actions on the plan can be made. Trafford CCG is working in collaboration with Manchester Health and Care Commissioning in this area,

which allows for a sharing of resources, knowledge and best practice. Trafford CCG also attend the fortnightly GM HR Delivery group meetings, as well as being a member of the GM People and Culture Steering group which oversees the work in GM.

- 8.9 From September 2021 to March 2022 Trafford CCG will run a 2 phased plan to ensure that its six teams have a clear and agreed transition into the ICB. The six teams are listed below and all have a senior lead below Board level. i.e.

1. Commissioning
2. Finance, Corporate & Governance
3. Primary Care
4. Strategy & Programme Management Office
5. Nursing
6. Performance, Quality & Information

- 8.10 Phase one will describe and communicate our present teams for transfer;

- The function and role of the teams.
- The main system partners the teams work with.
- The spatial level (s) at which the teams work is carried out.

- 8.11 Phase 2 will describe our preparation for any transformation after transfer;

- The proportion of work the teams undertake based around each of the ICS functions of Planning, Designing and Delivery at each spatial level.
- Identify any potential alignment of functions with partners.
- Identify any support required as we transfer with a potential for new ways of working.

9. Summary of CCG Close Down Actions

- 9.1 NHSE & I have issued two guidance documents to support the closedown of CCGs and establishment of the ICB. These are 'ICS implementation guidance: Due Diligence, transfer of people and property from CCGs to ICBs and CCG close down' and 'ICS Implementation guidance: ICB readiness to operate (ROS) and checklists'.
- 9.2 The due diligence process is supported by a national detailed checklist covering HR, finance, Information and Technology, data protection and records management, governance, quality and risk which will underpin the process to be adopted by the CCG.
- 9.3 A working group has been established to commence the data collection as part of the due diligence evidence requirements. The process and proposed governance for closedown will be presented to Audit Committee in November for approval.
- 9.4 Greater Manchester has established a closedown group to gain assurance of the due diligence programme across the GM CCGs.

- 9.5 The outcome of the due diligence process will enable the Accountable Officers to provide written assurance to the ICB Chief Executive and Regional Director in March 2022. The output of the process is the completion of the transfer schemes for staff and property (assets). The outcome and outputs will enable the ICB Chief Executive to sign the Readiness to Operate Statement, a key document in the establishment of the ICB.

10 Recommendations

- 10.1 Health Scrutiny are asked to note the content of this report and progress to date

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TRAFFORD COUNCIL

REPORT TO: Health Scrutiny Committee
DATE: 17 November 2021
REPORT FOR: Information
REPORT OF: Ric Taylor, Lead Commissioner Mental health & Learning Disability, NHS Trafford CCG

Report Title

TRAFFORD MENTAL HEALTH & WELLBEING STRATEGY
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Summary

This report:

- Provides a copy of Trafford's (interim) Mental Health & Wellbeing Strategy (Appendix 1)
- Provides background to the development of the strategy including details of Trafford's *Integrated Mental Health Transformation Group* and its terms of reference
- Provides an overview of development work to date
- Highlights forthcoming plans and challenges.

Recommendation(s)

That the Committee note the contents of this report.
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Contact person for access to background papers and further information:

Name: Ric Taylor, Lead Commissioner Mental Health & Learning Disability, NHS Trafford CCG

Contact: ric.taylor@nhs.net / 07971483702 / 0161 912 4201

1. BACKGROUND

- 1.1 In January 2020, NHS England published the NHS Long Term Plan¹ which outlines the ambition to reduce divides between primary and community care, and reduce pressure on hospital services, with a proportionally higher rate of investment in mental health services. Its focus is to enable personalised support and control, with digitally assisted and integrated care models to tackle health inequalities, enhance quality of care and improve social outcomes for local populations.
- 1.2 A review of the mental health vision for Trafford has been in development for some time, formerly under the Mental Health Partnership Board. However, in March 2020 the COVID-19 outbreak reached pandemic scale, and the developing plans were put on hold as the multi-agency emergency response was implemented across the Trafford Health and Social Care System.
- 1.3 In March 2020, the government issued COVID 19 guidance for hospital discharge which covers all discharge from secondary care; and guidance related to the Care Act Easements which are in place for up to 2 years.
- 1.4 During July 2020, the integrated Recovery Plan identified a need to refresh the Mental Health priorities within Trafford, to reflect and learn from the innovations and new ways of working during the Covid crisis, and to develop a new Trafford Mental Health Strategy which draws upon the existing ambitions of the Five Year Forward View for Mental Health² (FYFVMH) and the expanded objectives of the NHS Long Term Plan, and which is aligned to the joint strategic priorities of Trafford local authority and NHS Trafford CCG via the joint Locality Plan.
 - Living Well at Home
 - Step Closer to Home
 - Short Stay in Hospital
 - In My Community
- 1.5 Trafford Integrated Mental Health Transformation Group (TIMHTG) has subsequently been established (replacing the disestablished Mental Health Partnership Board) to oversee the new strategy development, and to monitor the delivery of the strategy via the institution of several Design Groups, which will each tackle a key priority area and oversee associated projects/work streams. Its membership consists of:
 - NHS Trafford CCG Director of Commissioning - CHAIR
 - Director for Adult Social Services, Trafford Council
 - Director of Public Health, Trafford
 - Chair, Healthwatch Trafford
 - Director of All Age Commissioning, TC
 - Lead Commissioner Mental Health & Learning Disability, NHS Trafford CCG

¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

² <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

- Director of Operations, Greater Manchester Mental Health NHS Foundation Trust
- Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust

Associate members of the group are:

- Associate Director of Commissioning, NHS Trafford CCG
- Associate Chief Finance Officer, NHS Trafford CCG
- Adults Finance Manager, TC
- Citizen Representative – BlueSci
- VCFSE Representatives
- Performance lead, NHS Trafford CCG
- Programme Management Office lead, TC/TCCG
- Trafford Provider Collaborative
- Local Care Organisation lead
- Primary Care Network lead
- Digital Strategy lead
- Human Resources lead
- MH&LD Development and Improvement Manager, NHS TCCG

1.6 The high level purpose of the transformation group is:

- To oversee the development of a new Trafford Mental Health Strategy and to report on progress to the Living Well at Home Strategic Design Group.
- To set, drive and monitor the delivery of the Trafford Integrated Mental Health Strategy through strategic task and finish subgroups overseen by a Living Well Locality Redesign Group, using local and national datasets including the Joint Strategic Needs Assessment to understand the evidence-base and measure change.
- To ensure the strategy and associated work programmes are person-centred, asset-based, and that co-production values remain at the heart of commissioning and quality improvement.
- To ensure the joint vision of health and social care partners incorporates national and Greater Manchester health and social care “must-dos” alongside local needs and priorities, place-based approaches and partnership between the Trafford Provider Collaborative, Local Care Organisation, Primary Care Networks and Voluntary, Community and Social Enterprise (VCSE) sector.

1.7 The (interim) Mental health & Wellbeing Strategy established five broad areas of focus for 2021/2022:

- The development of broad underpinning ‘enablers’
- Ensuring Trafford’s ‘core’ mental health services – community and inpatient – are resilient and fit for purpose
- Beginning the reform and redesign of our mental health and wellbeing offer to Trafford’s citizens
- Early intervention and preventative approaches
- Reducing mental health inequalities.

2 DEVELOPMENT WORK TO DATE

2.1 Enablers

- 2.1.1 Performance – integrated Trafford performance dashboard now in development using the Tableau system
- 2.1.2 Finance - reconciliation work completed to support understanding of system flows and investment potential including an audit of care packages and placements noting proportion placed out of area and the impact both for costs, patient experience and accommodation challenges
- 2.1.3 Strategic Estates - team reviewing key MH estates issues, and connecting to Living Well Locality Design Group
- 2.1.4 Engagement and co-production:
 - Socialising the Strategy (Trafford Community Collective Mental Health Reference Group, Trafford Partnership, Health Scrutiny Committee)
 - CCG grant-funded workshops and carer engagement by Trafford Community Collective
 - Trafford Citizens Forum commissioned by Trafford CCG and now providing regular feedback and themes to TIMHTG and Living Well sub-group
 - 3 meetings held 1:1 with Trafford Citizen Forum service users and commissioners. Regular monthly meetings are now in place
 - Inclusion of broader representation of stakeholders in Living Well Locality Design Group

2.2 Resilience

- 2.2.1 Bluesci@Night Crisis Café pilot³ has been implemented with a proposal to further extend currently being reviewed by the Greater Manchester Health and Care Partnership
- 2.2.2 ASC/ADHD Waiting List Initiative commenced across GMMH Footprint
- 2.2.3 Dementia Care Homes for people with Challenging Behaviour commissioned
- 2.2.4 Delayed Transfer Of Care (DToC) and Length Of Stay (LOS) remedial work progressing (Perfect Week)

2.3 Reform and Redesign

- 2.3.1 Living Well⁴ Locality Design Group established, linking to NHS England Health Innovation Unit and GMMH footprint design work

³ Bluesci currently deliver the *Bluesci at Night Crisis Cafe* at its Old Trafford Wellbeing Centre, Seymour Grove. The Bluesci extended hours service aims to reduce footfall through the GMMH / MFT Mental Health Liaison Service / Emergency Department. The service provides an alternative diversion for individuals experiencing a deterioration in their mental health that require support and engagement within a safe environment. The service offers a wide range of support, conversational assessment, information, advice and guidance and brief interventions to help reduce the risk of a crisis. Practitioners can also refer or direct individuals to other services who are best placed to support their needs. The service, overseen by a service manager currently operates between the hours: of 8pm-1am Monday-Friday and 5pm - 1am Saturday-Sunday. During these periods the service is staffed by a service lead and two wellbeing practitioners. Greater Manchester Mental Health NHS Foundation Trust's (GMMH) *Trafford Home Based Treatment Team* is also based within the service and work closely with the team providing a seamless integration between statutory and VCFSE provision. The service began operation in August 2020

⁴ *Living Well* began as a three year programme creating new systems of mental health support across the UK, inspired by a model developed in Lambeth, South London. The Living Well programme was awarded £3.4 million in National Lottery funding to support new local partnerships in Edinburgh, Luton, Salford, and Tameside & Glossop to develop their own version of a Living Well system. The aim was that these new Living Well systems would become leading, internationally recognised examples of an innovative way to help people achieve

- 2.3.2 Review of other models undertaken and coproduction work has commenced with key stakeholders.
- 2.4 Health Inequalities
 - 2.4.1 Severe Mental Illness (SMI) Physical Health Check Working Group meeting monthly with action plan implemented
 - 2.4.2 SMI cancer screening included in GP *Network Contract Directed Enhanced* (DES) for early cancer detection
 - 2.4.3 Trafford Council and Trafford CCG Commissioners working with Public Health colleagues on SMI specialist smoking cessation/e-cigarette service
- 2.5 Prevention and Early Intervention
 - 2.5.1 Public Health MH Project Manager recruited
 - 2.5.2 Living Well In My Community (LWIMC) MH Awareness and Training workstream – MH First Aid funding approved and service in development with the Counselling and Family Centre⁵
 - 2.5.3 Menopause support group and Making Every Contact Count (MECC) Menopause training module developed by Bluesci; PCN MECC MH pilot project delivered.

3 FORTHCOMING PLANS AND CHALLENGES

- 3.1 2021/2022 Quarter 3 Plans
 - 3.1.1 Enablers
 - 3.1.1.1 Expansion of the interim strategy to include strategic priorities and plans for children's and young people's mental health services with a particular emphasis on establishing work programmes to review and improve transitional planning (March 2022)
 - 3.1.1.2 Performance Dashboard phase 1 to be completed on Tableau (Dec 2021)
 - 3.1.1.3 Finance to clarify NHS Long Term Plan investment streams to support 2021 – 2024 strategic planning.
 - 3.1.2 Resilience
 - 3.1.2.1 Measure system impact of Bluesci@Night crisis café
 - 3.1.2.2 Work with GMMH to review options for future ADHD/ASC service in view of current capacity/demand risks
 - 3.1.2.3 Support to the wider system for winter resilience via DTOC programme, and also grant funds (We have encouraged and supported commissioned VCFSE service to apply for various grants to reduce A&E pressures/crisis/early help etc).

good mental health in community and primary care settings. The approach is now being scaled across the NHS in the UK, transforming current provision offered by GPs and community and mental health teams. Trafford is building upon its Primary Care Mental Health Team and extensive community assets including its excellent VCFSE partners, social prescribing networks, Primary Care Networks, COVID Hubs and libraries to develop its own programme as part of a wider programme of work to redesign primary and community mental health services.

⁵ <https://www.thecfc.org.uk/about-altrincham-cfc>

3.1.3 Reform and redesign

- 3.1.3.1 Develop first draft Living Well project plan (Dec 2021)
- 3.1.3.2 Co-produce final Living Well model proposal
- 3.1.3.3 Shared Care Prescribing Protocol (working party established)

3.1.4 Health Inequalities

- 3.1.4.1 Public Health Project Manager in post
- 3.1.4.2 Review priorities with Centre for Mental Health funding
- 3.1.4.3 Align with Health and Wellbeing Board / Live Well Board priorities

3.1.5 Prevention and early Intervention

- 3.1.5.1 LWIMC MH Awareness and Training grant funding from Trafford Housing Trust Crisis Fund enabling roll out of *Making Every Contact Counts* (mental health) to Adult Social Care, Library Staff, Hub leads, VCFSE leads to train frontline staff across Trafford in a Train the Trainer model
- 3.1.5.2 Wider Living Well Locality Design Group co-production – joining up care navigation, social prescribing, community asset growth and sustainability.

3.2 Future Challenges

3.2.1 Two significant challenges exist:

3.2.1.1 Autistic Spectrum Conditions (ASC) / Attention Deficit Hyperactivity Disorder (ADHD) demand and capacity:

There is a risk that the current GMMH ASC/ADHD Waiting List Initiative (started June 2021) will provide insufficient capacity to meet the level of ongoing demand due to the increasing rate of new referrals. This issue has now been prioritised by the TIMRG with work underway to implement remedial measures including work with the Greater Manchester Health and care Partnership and our lead mental health provider, GMMH

3.2.1.2 Workforce resilience/recovery:

Significant workforce pressures are being experienced across our integrated systems resulting in a risk to the achievement of mental health performance objectives and NHSLTP planning and implementation due to the potential for increased demand in the Covid recovery period (placing pressure on services and potentially necessitating re-prioritisation of resources).

APPENDIX 1

TRAFFORD MENTAL HEALTH AND WELLBEING STRATEGY 2021-22

Interim V4.2
RT 16.04.2021



Trafford (Interim) Mental Health & Wellbeing Strategy, V4.2.
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TRAFFORD'S VISION

Trafford will be a borough where we focus as much upon preventing mental ill health as on its consequences. It will be where good mental health, parity of esteem between mental and physical health, a good start in life, a family approach to mental wellbeing, the ability to adapt and manage adversity and the recognition of the wider factors affecting mental health are supported throughout the life course: from preparing for a new baby, into adulthood and older age to dying, death and bereavement.

11 years ago the Marmot Review *Fair Society Healthy Lives* concluded that reducing health inequalities would require action on six policy objectives which still underpin Trafford's vision:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.



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FOREWORD

Trafford's Mental Health & Wellbeing Strategy 2021-2022 is for the whole population and has been developed by Trafford's Integrated Mental Health Transformation Group.

This group includes representatives from:

- Trafford Council
- NHS Trafford Clinical Commissioning Group (CCG)
- Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Manchester University NHS Foundation Trust (MFT)
- Healthwatch Trafford

In addition to the steering group, extensive engagement has been carried out with Trafford service user and carer groups, staff focus groups, partnerships and workshops with the VCSE sector. Our thanks go to THRIVE Trafford and BlueSci in particular for their support.



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FOREWORD

This interim strategy aims to enable all parts of the wider system in Trafford to think about how to support good mental health and wellbeing.

Since the NHS was founded in 1948 great steps have been taken in the identification and treatment of mental ill health and also in our understanding of the predominantly social determinants of mental health and wellbeing.

Trafford residents now have access to a wide range of mental health and wellbeing support. But there is still much more to be done to ensure parity of esteem between mental and physical healthcare, and to break down the stigma that prevents many people with serious mental health problems from seeking or receiving the care they need and deserve.

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FOREWORD

This one-year strategy outlines how we propose to:

- Develop an all age, integrated Mental Health and Wellbeing Strategy by 2022 using the All Age THRIVE Framework as our guide. That strategy will align with the *Trafford Locality Plan* and run through until 2024. For this interim strategy we are focusing on adults 18 years plus.
- Implement a new Section 75 agreement between GMMH and Trafford Council
- Complete a review of social work within integrated community mental health teams (Social Work for Better Mental Health).
- Ensure an increased focus on the needs of older people with functional mental health disorders as dementia is the subject of a separate strategy.
- Place citizen engagement and co-production at the heart of everything we do
- Establish an understanding of what money is being spent on mental health and wellbeing across the system and whether it is achieving the outcomes we expect
- Ensure Trafford's 'core' mental health services are resilient and fit for purpose paying particular attention to the impact of the COVID pandemic
- Begin the reform and re-design of our mental health and wellbeing offer to Trafford's citizens
- Maintain our focus upon achieving parity of esteem between mental and physical health with a particular emphasis on physical health checks for people with severe mental illnesses
- Prioritise early intervention and wherever possible the prevention of mental ill health. In particular we will work closely with schools, employers, housing providers and others to ensure we take every opportunity to promote good mental health
- Ensure that the wider determinants of mental health are properly understood so we can address endemic inequality and ensure our citizens and communities are able to build resilience.

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STRATEGIC ALIGNMENT



This strategy aligns with:

- The NHS Long Term Plan
- The Greater Manchester Health & Social Care Partnership's Population Health Plan
- The Trafford Together Locality Plan
- The Health and Well Being Strategy for Trafford
- The Trafford Dementia Strategy

The NHS Long Term Plan



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STRATEGIC ALIGNMENT

NHS Planning Priorities 2021/22

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

NHS planning priorities highlight the health and wellbeing of staff, managing the demand on mental health services and preventing the inappropriate use of emergency departments. Whilst many of these objectives are reflected in this strategy as specific mental health and wellbeing work streams, all areas of the NHS guidance demand a consideration of parity of esteem and it will be important for mental health and wellbeing to be central to how the system delivers against these priorities.

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STRATEGIC ALIGNMENT

This strategy recognises that the determinants of mental health and wellbeing are wide-ranging and many existing strategies and programmes of work are underway in Trafford to help reduce inequality and improve lives.

This strategy does not seek to duplicate work already underway, rather complement and support its delivery.



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ALL AGE THRIVE

The THRIVE Framework conceptualises mental health and wellbeing within five needs-based groupings and establishes 8 principles which we believe should underpin the development of Trafford's mental health and wellbeing strategy :



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ALL AGE THRIVE

The THRIVE Framework - 8 principles:

1. **Common language** – a shared language which everyone can understand
2. **Needs-led** – rather than diagnostic led which allows support regardless of diagnosis with a clear focus on need and a recognition that need will naturally fluctuate over time and in response to circumstances
3. **Shared decision-making** at every level is at the heart of the THRIVE Framework for system change
4. **Proactive prevention and promotion** – is everyone's business and the framework enables us all to come together to ensure that this happens in every service (whether that is Social Care Health, Education, VCSE, Police, and Job Centres etc.) and every community. The importance of identifying and proactively working with particularly vulnerable groups cannot be over-emphasised
5. **Partnership working** – working together to support and improve mental health is vital
6. **Outcome informed** – shared understanding of what we are trying to achieve by agreeing shared outcomes from the outset and understanding early on where these are not being achieved
7. **Reducing stigma** – we cannot emphasise enough that mental health is everyone's business and we need to reduce the stigma which surrounds poor mental health
8. **Accessibility** – the whole THRIVE system needs to be accessible to all and at all levels.

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INTRODUCTION

Mental health challenges touch every life in Trafford: from a mother struggling with post-natal depression to a young person struggling in school. To a colleague absent from work to someone struggling with a long-term physical health condition. To an elderly relative living with dementia to a family coping with bereavement following the death of a loved one. We have all seen, and often personally felt and experienced, the impact of mental health problems.

Most mental health difficulties are preventable and most people recover from or manage their mental health difficulties with the right support to live meaningful, healthy, productive lives.

Our guiding ambition for mental health and wellbeing is simple and, if realised, will change and save lives.

We will promote wellbeing and parity of esteem, prevent mental health difficulties and provide support for mental health problems with the same commitment, passion and drive as we do for physical health problems so that the needs of our citizens are prioritised, decisions shared and services co-produced; all of this achieved using a common language we can all understand.

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Trafford
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INTRODUCTION

We would like all Trafford's citizens to be able to say:

- I can have hope, flourish – live my best life, achieve my goals, and connect deeply with others
- I can be open about my mental health and wellbeing without fear of judgement
- I am supported to maintain my own health and wellbeing at home and in my community
- I can access information, advice or support quickly and easily
- I am asked about my views. I feel listened to, understood and respected
- I am given choice and control. Decisions are made with me, not for me
- My physical and mental health needs are assessed and considered together
- I receive support that is tailored to my individual needs, rather than a diagnosis
- I know that the people who support me are also supported
- I feel respected and am treated with dignity
- I can choose where, and with whom information about my health is shared.

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INTRODUCTION

Improving child and adult mental health, narrowing the gap in life expectancy, and ensuring parity of esteem with physical health are fundamental to unlocking the power and potential of Trafford's communities.

There is no health without mental health – it is a positive resource that allows us to fulfil our potential, cope with the normal stresses of life, work productively, and contribute to our community.

Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in Trafford will require simplified and strengthened leadership and accountability across the whole system.

Enabling resilient communities, engaging inclusive employers and working in partnership with our third sector colleagues can transform the mental health and wellbeing of Trafford residents.



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COVID-19

The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness. We must resource and plan to meet current and predicted demands.

Most people will have experienced some emotional effect because of the pandemic. Most people, given time, will recover from this without 'formal' intervention.

Our focus must be on getting support right for those communities families, groups and individuals we know are being hardest hit.



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COVID-19

It is becoming clear that the impact of Covid-19 on mental health and wellbeing will be felt for years to come and the ramifications are likely to be pervasive and long-lasting.

More people are now in contact with mental health services than ever previously recorded.

The potential for mental health problems during or after an acute Covid-19 infection, especially for people with "long Covid" is also becoming increasingly clear. We must pay close attention to how these symptoms progress in people experiencing them so we can adapt and develop our offer to provide the best possible support.

In light of what we know so far, supporting existing and building new partnership working between mental and physical health services will continue to be critically important if we are to achieve 'parity of esteem'.

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STIGMA AND MICONCEPTIONS

Unfortunately, not everyone understands mental health problems. Some people may have misconceptions about what certain diagnoses mean. They may use dismissive, offensive or hurtful language

Stigma can form a barrier to people seeking support and help with their mental health needs and can make mental health problems worse.

We will combat stigma by:

- Supporting campaigns that tackle stigma such as *Shining a Light on Suicide*, and *Time to Change*
- Develop approaches to challenge nimby attitudes as they impact upon existing schemes and when developing new schemes and provision within the borough
- Providing reliable information so that people can understand their own mental health more fully and understand what certain terms and diagnoses mean
- Promoting the right of people to be fully involved in their care and support
- Ensuring that people can access advocates if they want their support
- Ensuring that people know their rights
- Listening to the experience and stories of people who experience mental health challenges and ensuring these influence the ongoing review and redesign of Trafford's offer to its population.

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TRAUMA INFORMED PRACTICE FRAMEWORK *[NHS Education Scotland (2017)]*

- Trauma is every ones business & as a workforce everyone has a role to play in understanding & responding to people effected by trauma.
- Around 1 in 3 adults in England report having experienced at least one traumatic event
- **Type 1 trauma** - usually single incident events such as rapes, assaults or serious accidents, e.g. road traffic accidents, terrorist attacks or other types of major emergencies.
- **Type 2 or "Complex Trauma"** - this form of trauma and abuse is usually experienced interpersonally, persists over time and is difficult to escape from. Complex trauma is often experienced in the context of close relationships (e.g. childhood abuse, domestic abuse) but can also be experienced in adulthood in the context of war, torture or human trafficking.



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TRAUMA INFORMED PRACTICE.....

- The NHS long-term plan commits to developing trauma-informed care in relation to a community offer for people with severe mental health problems, but also a service for vulnerable young people in contact with the youth justice system. Additionally, an expectation of trauma-informed approaches in mental health services accessed by people sleeping rough is included in the NHS mental health implementation plan
- To achieve this will require a cultural shift, not simply a behavioural one – a change in the way we understand the impact of trauma, which in turn will influence how we behave towards others
- We will embed trauma informed practice as we co-produce new models of community care for Trafford's citizens. This in turn will form the foundation of wider developments to ensure that all mental health and wellbeing services provide an environment where a person who has experienced trauma feels safe and can develop trust.



Insert title here

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TRAUMA INFORMED PRINCIPLES.....

- **Safety** rather than threat
- **Choice & Empowerment** rather than control
- **Collaboration** rather than coercion
- **Trust** rather than betrayal



Insert title here

Trafford
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MENTAL HEALTH TRANSFORMATION IN TRAFFORD

To deliver the Trafford Together Locality Plan, Trafford Council and NHS Trafford CCG have embarked on an ambitious joint transformation programme to improve outcomes for Trafford residents who are experiencing mental health issues.

The programme consists of 3 key elements:

- A new integrated Mental Health Strategy for Trafford using the All Age Thrive Framework to redesign and refocus mental health services
- A review of social work within integrated community mental health teams (Social Work for Better Mental Health)
- A review of the existing s75 Partnership Agreement between GMMH and the Council

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THE NHS LONG TERM PLAN FOR MENTAL HEALTH 2019-2024

The NHS Long Term Plan makes a renewed commitment to improve and widen access to care for children and adults needing mental health support.

The NHS Long Term Plan aims to deliver the fastest expansion in mental health services in the NHS's history, with thousands more adults being able to access talking therapies (IAPT) for common disorders and better support being offered to children and young people. (As highlighted earlier in this interim strategy, the needs of children will be addressed in the definitive all age strategy by April 2022).

It will also improve how the NHS treats people with severe mental illnesses, including during crisis, and will ensure more mothers experiencing severe mental health issues get the treatment they need – with their partners being offered mental health support for the first time too.

This one year strategy will lay the groundwork for the delivery of the NHS Long Term Plan via Trafford's Locality Plan and this integrated Mental Health & Wellbeing Strategy running through until 2024.

The NHS Plan can only be delivered by an integrated health and care system and will need the support of our colleagues and partners across the statutory, voluntary and private sectors as well as our communities and citizens.

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THE NHS LONG TERM PLAN FOR MENTAL HEALTH 2019-2024

The NHS Long Term Plan for Mental Health strongly reaffirms the importance of achieving parity of esteem between mental and physical health and clearly focusses, for the first time, on severe mental illness. The plan aims to:

- Transform mental health care so that more people can access treatment by increasing funding nationally at a faster rate than the overall NHS budget – and by at least £2.3bn a year by 2023/24
- Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, using NHS 111
- Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it
- Expand services, including through schools and colleges, so that an extra 345,000 children and young people aged 0-25 can get support when they need it, in ways that work better for them
- Continue to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

What we know is that this plan cannot be achieved in isolation from the wider range of social care, voluntary, community and private initiatives that can reduce demand and help prevent mental health crises and ill health. If we are to achieve the Long Term Plan's ambitions we will need to be imaginative and collaborative to maximise the impact of our resources.

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TRAFFORD'S JOINT STRATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

How many people in Trafford are affected by mental health problems?

- More than 1 in 10 adults (14.8%) are on GP registers for depression and recent trends suggest that the number of existing cases (prevalence) of depression in Trafford is increasing. Trafford has the second highest prevalence of depression amongst its group of similar authorities (Common Mental Health Disorders, 2020)
- In a recent survey to measure the impact of COVID-19, 45% of Trafford residents had high levels of self-reported anxiety compared with 40% for Greater Manchester.
- Approximately 2,291 adults (0.94%) are on a Trafford GP register because they have a severe mental illness
- The suicide rate in Trafford is 8.1 per 100,000 population and is similar (statistically significant) to England average of 10.1 per 100,000. Suicide rates in males (12.6 per 100k) are higher compared with females (4 per 100k)
- Overall, approximately 7500 Trafford citizens (18+) receive support and / or care commissioned by Trafford Council or Trafford CCG due to their mental health or wellbeing. This represents approximately 3% of the borough's population
- There are an additional 5000 children in Trafford who have mental health disorders.

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TRAFFORD'S JOINT STRATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Which groups within Trafford are most at risk from mental health problems?

- Half of all mental health problems have been established by the age of 14, increasing to 75% by the age of 24
- Trauma, poverty, extreme stress, exposure to violence and low social support are some of the factors that increase the risk of developing mental health problems
- There is a 66 percentage point gap in the employment rate between those in contact with secondary mental health services and the overall employment rate. Adults with a serious mental illness in Trafford are almost five times more likely to die early than the general population of England
- 42% of adults with a serious mental illness smoke
- Unfortunately we don't have good proxy indicators of underlying mental health problems, but one we can use is suicide. Trafford Council has held a suicide dataset since June 2019 which is updated in real time. Sub-group analysis of the suicide dataset can present a picture of groups who are most at risk of mental ill-health. Fortunately, the number of suicides in Trafford are low but the results of the analysis should be interpreted with caution.

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TRAFFORD'S JOINT STRATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Gender

- Many indicators of mental illness (e.g. hospital admissions for self-harm, prevalence of depression and anxiety) put females at higher risk of mental illness. However, the suicide rate remains higher in males (12.6%) compared with females (4%).

Age

- Around 70% of suicides were in under 50 years of age with the highest numbers in 30-34 year age group.

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TRAFFORD'S JOINT STRATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Deprivation

- Deprivation was categorised into five quintiles using IMD scores: quintile 1 was the most deprived, 3 was average deprivation and 5 was the least deprived. Hence, the lower the deprivation quintile, the more deprived the population. The highest percentage of suicide were in the least deprived quintile (35%) and the lowest percentage in the average deprivation quintile (10%). There were no visible trends in suicide notifications across deprivation quintiles

Employment status

- The highest percentage (38%) of suicides were in the unemployed category.

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TRAFFORD'S JOINT STRATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Protective factors

- The most modifiable and important protective factors for mental health and the most important determinants of mental wellbeing lie in the family, the environment, the community and the society we live in
- The average attainment 8 score in Trafford is the highest in the region (57.6 in 2019/20).
- Trafford has a high rate of employment (79.6% in 2019/20 compared to England average of 76.2%); the gap in employment rate between those with a long-term condition and the overall rate is also narrower than average (6.4% compared to 10.6% for England in 2019/20)

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WHAT ARE WE GOING TO DO DURING 2021/2022?

We propose 5 broad areas of focus during 2021/2022:

1. The development of broad underpinning 'enablers'
2. Ensure Trafford's 'core' mental health services – community and inpatient – are resilient and fit for purpose
3. Beginning the reform and redesign of our mental health and wellbeing offer to Trafford's citizens
4. Early intervention and preventive approaches
5. Reducing mental health inequalities.

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WHAT ARE WE GOING TO DO DURING 2021/2022?

1

The development of broad underpinning 'enablers'

The money we spend

We have begun a whole system analysis of the money we spend in Trafford on mental health and wellbeing. We will analyse this spend in terms of where mental health needs originate, where resources are then deployed to meet those needs and how spend does or does not address the inequalities experienced by certain sectors of our population. We believe that by carrying out this work we will be much better placed to maximise the impact resources can have on the mental health and wellbeing of our population.

We will complete this work by October 2021 and are committed to making this information public in support of true partnership working, co-production and shared decision making

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WHAT ARE WE GOING TO DO DURING 2021/2022?

1

The development of broad underpinning 'enablers'

Understanding performance

In Trafford we measure lots of different areas of performance. We want to ensure that we bring these measurements together into a coherent and balanced 'scorecard' which will help us understand the mental health and wellbeing of our population and whether the things we are doing are making a positive impact. More than this we are committed to a balanced approach to understanding performance and are particularly interested in ensuring that stories and case studies inform the development of our strategy and services.

We will complete stage one – the bringing together of existing data sets and measures of performance and the evaluation of gaps - of our performance review by July 2021.

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WHAT ARE WE GOING TO DO DURING 2021/2022?

1

The development of broad underpinning 'enablers'

Engaging our citizens

The people best placed to tell us what works are our citizens, the people using our services and the communities we serve. Effective participation should be a natural part of the way we work. Engagement, both community and individual is central to public mental health. The former is about building on assets and involving communities in framing the issues and the solutions, the latter with developing individual strengths and resilience. To that end we are committed to ensuring effective engagement and in particular to ensuring that co-production is employed to ensure that our strategy truly reflects the needs of our citizens and that the care and support we offer is in line with the THRIVE Framework described earlier in this document.

We will commission a VCSE partner to support Trafford's existing work to structurally embed the voices of our citizens and carry out community and citizen engagement using a variety of mechanisms such as the use of stories to ensure this strategy and resulting changes are co-produced. This arrangement will be in place by April 2021.

We will address the inequalities faced by people not able to access digital communications by establishing a working party tasked with reviewing current arrangements for access to mental health and wellbeing services, the impact of COVID 19 and of social and economic inequalities. This group will report no later than January 2022 for proposals to be implemented as a core element of the integrated mental health and wellbeing strategy from 2022 onwards.

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WHAT ARE WE GOING TO DO DURING 2021/2022?

2

Ensure Trafford's 'core' mental health services are resilient and fit for purpose

Our immediate priorities are:

- Reviewing hospital admissions and discharges to understand the reasons for delays
- Implement a new Section 75 agreement between GMMH and Trafford Council
- Complete a review of social work within integrated community mental health teams (Social Work for Better Mental Health)
- Complete a review of care and accommodation in Trafford for people with mental health needs. This will include a review of all out of borough placements
- Ensuring our inpatient and other services are adequately resourced so as to cope with the high levels of demand as a result of the COVID-19 pandemic
- Ensuring recurrent funding for Trafford's Primary Care Mental Health & Wellbeing Service
- Ensuring recurrent funding to maintain Trafford's Home Based Treatment Team at core fidelity
- Complete the waiting list initiative so people waiting for ADHD and ASD assessments and services are helped as quickly as possible
- Agreeing a model for and funding of alternative models of support for those of our citizens who find themselves in a mental health crisis.

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WHAT ARE WE GOING TO DO DURING 2021/2022?

3

Begin the reform and redesign of our mental health And wellbeing offer To Trafford's citizens

Our immediate priorities are to:

- Identify a suitable social care resource to support the delivery of this strategic work programme
- Support the development of comprehensive *Long Covid* care and support services in Trafford
- In 2021/2022 we will achieve the nationally mandated performance targets for the provision of physical health checks for people with severe mental illness
- Begin the planning of an integrated locality-based model of primary and community mental health care to improve community care for adults with severe mental illnesses, and to offer increased support for individuals who self-harm, have co-morbid eating disorders, or personality disorder; and a locality-based IAPT offer aligned with primary care, GP mental health workers and VCSE
- Begin developing plans to enhance community support and alternative forms of provision for those with common mental illness or people experiencing crisis
- Provide greater choice and control for people with mental ill health and support them to live well at home and in their communities
- Finalise a social care action plan in order to implement the recommendations of the social care review
- Implement the governance structure to ensure Care Act compliance
- Commission a specialist older people's residential and nursing resource to meet the complex needs of older people including those with dementia

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WHAT ARE WE GOING TO DO DURING 2021/2022?

4

Early intervention and preventive approaches (wider determinants of health)

Our approach will be:

- To focus on the positive. Promoting mental wellbeing moves the focus away from illness and is central to an individual's resilience, social purpose, autonomy and ability to make life choices
- To focus on the wider social, economic, cultural and environmental determinants of mental health.
- To take a life course approach - personal risk and protective factors are determined in early childhood, primarily in the context of family relationships.
- To take a truly multidisciplinary and inter-sectoral approach as no one discipline has all the knowledge or power to effect the required level of change across the system.

Our immediate priorities are:

- Wellbeing at work
- 5 ways to wellbeing
- Social prescribing
- Supporting access to greenspaces for all
- Self-help
- Audit the effectiveness of Local Authority and CCG employee welfare approaches and support employers in Trafford to best support the mental health and wellbeing of their workforce
- Strengthen the JSNA in terms of mental health inequalities

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WHAT ARE WE GOING TO DO DURING 2021/2022?

5

Reduce mental health inequalities

- The pandemic has intensified existing inequalities and Trafford is determined to improve wellbeing as we emerge from this, through a system-wide approach to mental health equality
- We recognise that some people and communities are at much greater risk of worsened mental health: those living in poverty, poor quality housing or with precarious or no common employment; those living with an existing mental health problem, including addiction to drugs, alcohol or gambling; older people who are more likely to be bereaved by Covid-19 and may be at greater risk of social isolation; women and children exposed to violence and trauma at home; people with long-term health conditions; and people from BAME communities where prevalence of Covid-19 is higher and outcomes are worse
- We will take an innovative, system-wide approach to addressing mental health inequalities at their root causes in Trafford
- We will embed a proportionate universalism approach which addresses whole population mental wellbeing promotion and provides additional support for high risk groups
- We will work with partners across the system, building on our innovative unity hub approach to wellbeing which focuses on early intervention.

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GOVERNANCE & REPORTING

The TIMHRG reports to Trafford's *Living Well At Home* redesign group using a highlight report which has been established to capture and report on the priorities listed within this strategy.

We will ensure this report is comprehensive across health, care and public health domains by June 2021.

The highlight report will be available for scrutiny by all partners in the interest of co-production and accountability.



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GLOSSARY & REFERENCES

ACRONYM	EXPLANATION
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
ED	Emergency Department
GMMH	Greater Manchester Mental Health NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
IMD	Indices of Deprivation
MFT	Manchester University NHS Foundation Trust
TCCG	Trafford Clinical Commissioning Group
TMBC	Trafford Metropolitan Borough Council
VCSE	Voluntary, Community & Social Enterprise

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GLOSSARY & REFERENCES

REFERENCE	SOURCE
Slide 3 Marmot: Fair Society, Healthy Lives	http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-five-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf
Slide 6 Trafford Locality Plan	http://www.traffordpartnership.org/locality-working/Trafford-Together-Locality-Plan-2019-2024.aspx
Slide 6 'Social Work For Better Mental Health'	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/495500/strategic_statement_-_social_work_adult_mental_health_A.pdf
Slide 6 Parity of Esteem	https://www.centreformentalhealth.org.uk/parity-esteem
Slide 7 NHS Long Term Plan	https://www.longtermplan.nhs.uk/
Slide 7 Greater Manchester Health & Social Care Partnership's Population Health Plan	https://www.gmhsc.org.uk/wp-content/uploads/2018/05/Population-Health-Plan-2017-2021.pdf
Slide 7 Trafford Health & Wellbeing Strategy	https://democratic.trafford.gov.uk/documents/s34286/Trafford%20Health%20and%20Wellbeing%20Strategy%202019.pdf
Slide 7 Trafford Dementia Strategy	https://democratic.trafford.gov.uk/documents/s30039/item%2011%20-%20dementia%20strategy%2025%206%2018.pdf
Slide 8 NHS Planning Priorities 2020 - 2021	https://www.england.nhs.uk/operational-planning-and-contracting/

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GLOSSARY & REFERENCES

REFERENCE	SOURCE
Slide 18 Shining a Light on Suicide	https://shiningalightonsuicide.org.uk/
Slide 18 Time to Change	https://www.time-to-change.org.uk/
Slide 19 Section 75	https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library/integrated-commissioning-and-provision
Slide 21 NHS 111	https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/
Slide 22 Trafford Joint Strategic Needs Analysis	http://www.traffordjsna.org.uk/Trafford-JSNA.aspx
Slide 26 Attainment 8 Scores	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561021/Progress_8_and_Attainment_8_how_measures_are_calculated.pdf
Slide 31 Trafford Primary Care Mental Health & Wellbeing Service	https://www.gmhsc.nhs.uk/trafford-primary-care-mental-health-and-wellbeing-service/
Slide 32 Care Act	https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
Slide 33 5 Ways to Wellbeing	https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 17th November 2021
Report for: Noting
Report of: Director of Public Health

Report Title

Local response to trends in alcohol consumption and harm

Summary

This report addresses the question of alcohol as a risk factor, the consequences of the national increase in alcohol consumption, and how Trafford services are responding to changes in demand.

Recommendations

It is recommended that the Report be noted

Background

Alcohol is a normal part of many of our lives, yet every year in the UK alcohol-related harm leads to thousands of lives lost. The risk is not just to those we think of as dependent drinkers. Patients on cancer, liver and stroke wards are often 'normal' heavy drinkers who have been unknowingly harming their bodies.

While drugs can have a devastating impact on the health and wellbeing of individuals who misuse them, and their families, alcohol has a far greater impact on public health because so many more people drink at levels that damage their health (approximately 10.4 million people in England) compared to the number of people who took an illicit drug in the last year (approximately 2.7 million people).

This report is written at a time of easing Covid-19 restrictions, but continuing high Covid-19 community infection rates.

Despite pubs, clubs and restaurants closing for approximately 31 weeks during the national lockdowns, the total amount of alcohol released for sale during the pandemic

was still similar to the pre-pandemic years, which suggests people were drinking more at home. Indeed, in shops and supermarkets just over 12.6 million extra litres of alcohol were sold in the financial year 2020 to 2021 compared to 2019 to 2020 (a 24.4% increase).

Comparing March 2020 and March 2021, there was a 58.6% increase nationally of people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women)ⁱ.

It has been reported widely that alcohol misuse increased nationally during the pandemic, but this varied among groups, with those drinking least pre-lockdown cutting down further, but some daily drinkers (18%) increasing their consumption during lockdown^{ii,iii}. Increased alcohol consumption, particularly among heavy drinkers, in 2020 has caused an unprecedented acceleration in alcoholic liver disease deaths^{iv}. This is likely to further widen health inequalities.

Both alcohol-related deaths and deaths caused by drugs have been increasing for many years^v. Alcohol-specific deaths registered in quarter 4 (Oct-Dec) of 2020 showed an age-standardised rate of 13.6 deaths per 100,000 people, the highest rate for any quarter in almost two decades. The number of drug-related deaths (4,561 in England and Wales) was 3.8% higher in 2020, compared with 2019, the highest number since records began in 1993.^{vi}

Earlier this year, the second part of the Dame Carol Black review of drug services was published. The shortcomings described in the report (funding cuts, fragmentation and diminished partnership working, depleted workforce) provide the basis for bringing about much needed longer-term change to the way substance misuse is addressed in the UK, in terms of prevention, treatment and recovery. The report recommends increased funding and the creation of a governmental Drugs Unit (now established), establishing a Centre for Addictions to oversee workforce development, a Commissioning Quality Standard and a National Outcomes Framework. While the review focused on drugs, many of its recommendations apply equally to alcohol treatment and support services.

The first GM drug and alcohol strategy^{vii} 2019-21 sets out a plan to reduce the harms caused by both alcohol and drugs, across the 10 local authorities, with prevention and early intervention highlighted as the first of six key priorities. In addition, the GM drug commissioner meetings, chaired by the GM-CA substance misuse lead, has adopted a number of commissioning standards across local authorities, which will help to align activity across GM and ensure consistency.

Statistics on alcohol harm in Trafford

The spine chart below displays the latest hospital alcohol admissions data for Trafford. It can be seen that Trafford is rated Amber or Green for most categories, except the Broad measure for Males for alcohol-related conditions, an indicator on which Trafford has tracked above the national average since 2008/9.

Compared with England

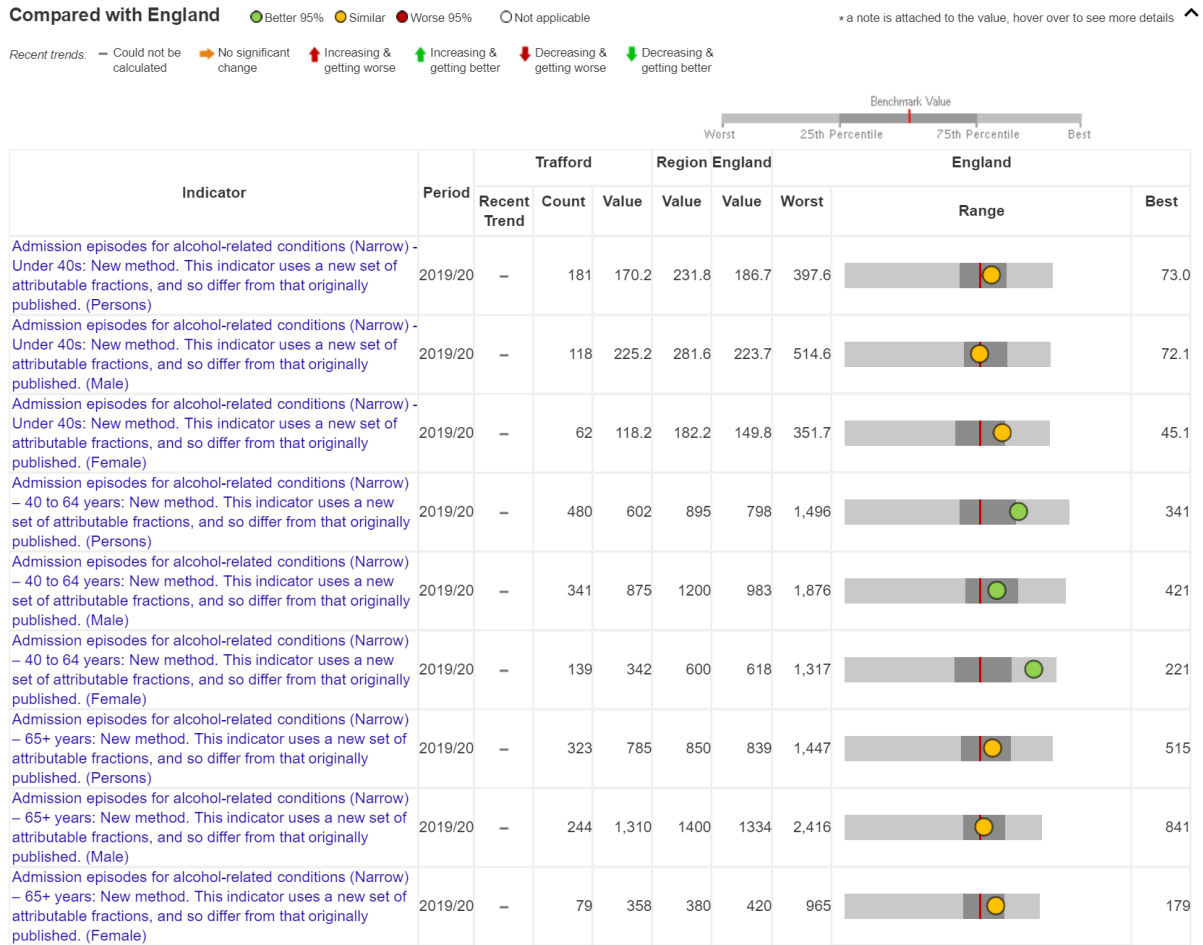
● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable

* a note is attached to the value, hover over to see more details ^

Recent trends:
 — Could not be calculated
 → No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better

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The methodology for these reports has now changed, but it can be seen below that on all of these hospital admissions measures by age-group, Trafford is rated Green or Amber. The under 18s figures which were previously reported as Red for Trafford no longer appear to be collected, from April 2021. The old methodology is listed as appendix 1, for reference.



Although the national under 18 indicator has been discontinued, Appendix 2 shows some Trafford local data collection by the CCG on the number of admissions to hospital for young people aged 0-17 and it can be seen that there is a downward trend in the 3 year running total, from 31 in 2018-19 to its current level of 27 in 2020/21 (last 3 years added together). This may, in part, reflect harm reduction work by Early Break. Early Break will continue to provide this, with a clear aim being to encourage earlier referral, so as to avoid additional vulnerability and limit any alcohol harm being experienced by young people and their families. Their approach is person-centred and they currently run Holding Families in Trafford, which is a PHE Innovation Fund project, examining the effect on family functioning, due to parental substance misuse, with the aim being to increase parenting skills and confidence and improve emotional health and wellbeing of any young people living in the household.

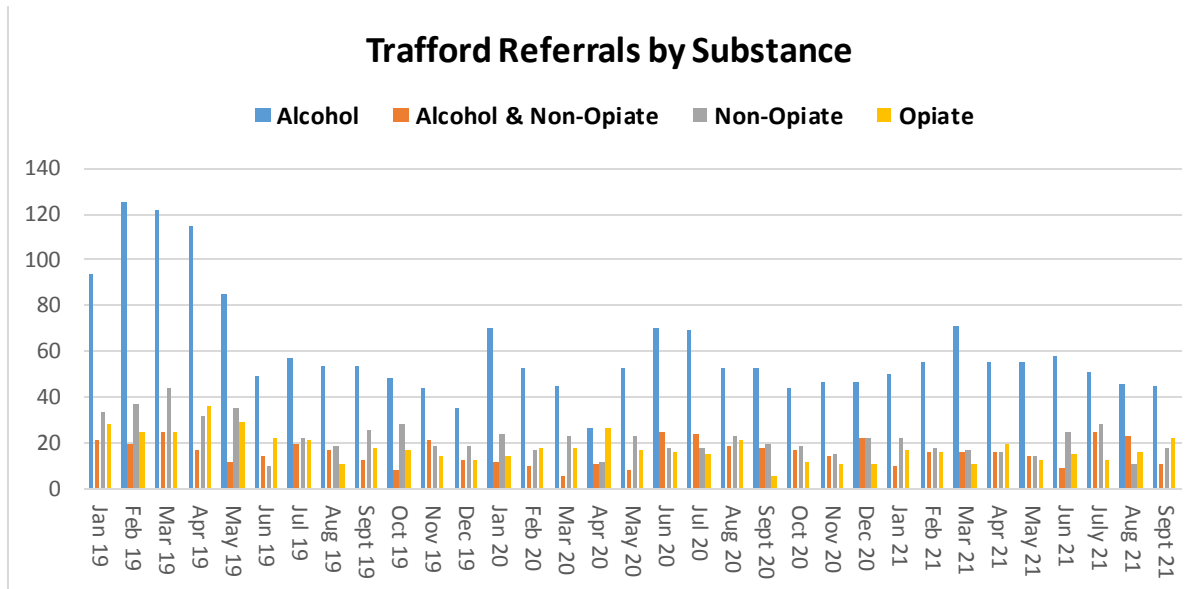
Responding to alcohol misuse during the pandemic

Adult Addictions Service

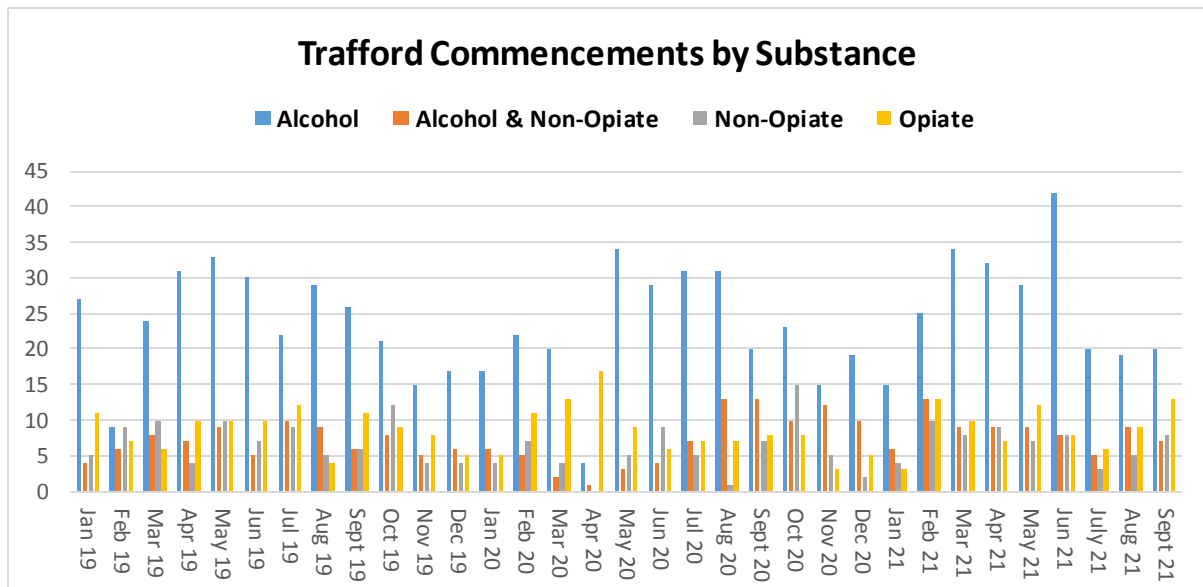
The Covid-19 pandemic continues to present a unique set of challenges for adult addiction services in Trafford. Achieve Trafford provide bespoke drug and alcohol treatment offers based upon individual needs. The service focuses on those who engage in harmful drug and alcohol use and there has been a significant increase in

referrals for alcohol interventions, particularly in the period of emergence from pandemic associated social restrictions and lockdown.

The service receives a significantly higher number of referrals for alcohol compared to other substances, opiates for example, and they have seen this continue through the pandemic.



Treatment commencement numbers by substance are shown in the chart below, and also show higher numbers of alcohol clients, and a spike in numbers starting alcohol treatment in June 2021.



Throughout the challenges of the Covid-19 pandemic, the enhancement of our digital offer by GMMH has provided a means of making a range of psychosocial interventions accessible to the whole recovery community, including those who require interventions

for alcohol related harm. In all areas of GMMH, Breaking Free Online has been a highly successful tool, attracting and retaining groups who may not otherwise have accessed services.

As a result of recent changes to their approach to referrals and progression to non-structured treatment, Achieve have seen an increase in service users access the 'front end' treatment offer which includes a digital offer, and a high proportion of these have been for alcohol support.

The national picture of increasing drug-related death and alcohol mortality is of concern to commissioners and providers alike. Achieve Trafford have responded to this emerging concern by using harm-reduction interventions, including take-home naloxone, liaising with smoking cessation services and vulnerable adult nursing and social care teams. They have strong, long-established relationships with the hepatology teams at North Manchester General Hospital, ensuring those with serious alcohol-related illnesses access treatment, thus reducing alcohol-related morbidity and mortality.

The role of Alcohol Liaison Teams

It is imperative to use an acute hospital admission for alcohol-related illness as an opportunity to engage people and encourage them to seek treatment. GMMH have excellent working relations with the specialist alcohol nurses in the acute hospitals which serve Trafford residents, including their contributions at our Multi-Disciplinary Team meetings, training sessions, referrals to our Assertive Outreach Team (AOT) who provide in reach to the wards and individual case discussions. GMMH also provide in-patient detox through the Chapman Barker Unit based at our Prestwich Site and service users can also access rapid-access beds through the RADAR system if presenting with acute alcohol problems at local emergency departments.

In the wake of the pandemic, there has been a sharp increase in demand for addiction treatment services. GMMH anticipate this to continue and have responded to this across our service by implementing new approaches and changes to service models to meet demand. As a direct result of increasing demand and the vision to provide an outstanding quality service to all, GMMH have introduced a number of strategies to assure service users, stakeholders and staff that they can expect the most efficient use of resources while delivering quality care.

Targeting interventions to those who need it most

The increased demand for interventions has necessitated a more targeted approach to triaging new referrals. This new streamlined approach will ensure that service users are assessed with the complexity of their needs in mind; they can thus quickly access the most appropriate level of treatment in the most appropriate way. Implementing this in Trafford has enabled us to provide a 'front end' offer for a service user population who may not have traditionally accessed drug and alcohol services.

These interventions will be centred on a digital offer, as well as recovery coordination, allowing easy access to those who may be in employment or who find it difficult to access appointments during normal business hours. This approach also allows us to work at greater pace, and with renewed focus, with those who require a range of

interventions, including opiate substitution therapy. This approach enables those service users meeting high risk indicators, and those who require a bespoke package of care, to access treatment more quickly.

As a by-product of the Covid-19 pandemic, there has been a renewed focus on harm reduction and keeping people safe. Providers continue to work closely with commissioners, supported by their data and performance team, to review and modify performance monitoring frameworks to meet the current challenges facing services.

Characteristics of the client population and increasing complexity

The past 18 months have been challenging for everyone, but many of those whose lives are affected by addiction and additional complexities, such as mental health issues, have faced particularly difficult challenges. Evidence suggests over 70% of clients presenting to adult substance misuse services in Trafford report a co-existing mental health need.

The service user population for whom GMMH provide care can include significant challenge and complexity. Comorbidity is common and service users can present with a myriad of health and social needs, often resulting in diagnostic uncertainty. Across the addictions division, there is a Quality and Governance Lead who maintains oversight of areas, such as drug and alcohol related deaths, inquests, incident management and investigations. The central component and objective of this role is to steer and develop quality, governance and safeguarding within the division, providing detailed analysis of trends and responses to emerging risks for individual and communities.

The Assertive Outreach Team continue to deliver a hospital in-reach and liaison service, linking closely with Mental Health and Alcohol Liaison Nurses, negotiating access to the wards to arrange support, particularly prior to discharge. Achieve work closely with the Alcohol Nursing Teams based in the hospital to offer support to those ready for discharge and offer a clear pathway from hospital to structured treatment for aftercare support.

Young people (under 18s)

As Covid-19 restrictions have eased, work has taken place by Early Break (EB) with emergency departments, in order to improve pathways and improve continuity of care, post-discharge. Partnership outreach work between EB and the youth team at Talkshop has taken place on evenings and at weekends, involving workers taking to the streets, across Trafford, to speak to young people and educate them on the dangers of using alcohol and drugs. Advice and information has also gone out on the EB social media account and via fresher fairs. Professional development training is offered (via Trafford Strategic Safeguarding Board) on Hidden Harm and Tier one training is available on young people drug and alcohol misuse, together with details of advice and support available. Early Break is listed, as part of substance misuse support available, via the Trafford directory.

It is noted by EB that demand fluctuates according to vulnerabilities, such as trauma, adversity, changing emotional health, though young people in Trafford tend to access services later, which increases the likelihood that they may need a clinical assessment

(as opposed to being managed, via early intervention). It is noted that referrals from Trafford schools are not always made, leading to missed opportunities to avoid pupil exclusion and provide early intervention and support. There is a cohort of young adults aged between 18 and 24 who drink problematically, but are not alcohol-dependent, have complex social or mental health issues, but do not qualify for support available from adult substance misuse services (as they do not meet the threshold), so a potential gap in provision exists for this group.

Recent activity in support of reducing alcohol harm in Trafford

As part of the Live Well Board meeting, Trafford agencies have been asked to map their current prevention offer and treatment of substance misuse, provided by GMMH and a number of sub-contractors specialising in particular offers, such as access to housing. A range of support is on offer (see appendix 3 for details), but it is acknowledged that one of the gaps is how best to raise awareness of alcohol harms/risk among the wider public. It is recognised that many adults currently in treatment often present with other issues, such as mental health problems and a range of underlying health conditions, some of whom may require in-patient treatment for dependency, via the Chapman-Barker Unit. Those dropping out of treatment prematurely will receive support from the Big Life Group, with the aim being to re-engage them with support as soon as possible.

Alcohol Awareness Week – 15th to 21st November 2021

Due to the pandemic, which has seen repeated lockdowns, it has been difficult to initiate and sustain contact with the wider public about alcohol consumption levels and the consequences of alcohol harms. Alcohol Awareness Week provides a useful opportunity to focus on harm reduction. GMMH have partnered with Drink aware, as part of the City pilot, with a stand being set up in Stretford Mall on 19th November.

This will offer members of the public the opportunity to complete a quick questionnaire on alcohol consumption (using the AUDIT-C validated tool), with the aim being to provide insight into current drinking behaviour and allow opportunities for conversations about alcohol harm, for those who wish to cut down (behaviour change). There is also a digital offer, for those who wish to complete the survey online (link here: <https://www.drinkaware.co.uk/scratchcard-campaign>).

There is also an opportunity for carers and families to join an online drop in on Friday 19th November, focusing on mutual aid and peer support. There will be a GMMH staff health and wellbeing event on 15th November held at GMMH's Prestwich headquarters, which will focus on alcohol-related harm and support positive behaviour change. As part of this event, there will be awareness of the effects of drinking on pregnancy (using the successful GM Drymester campaign, which encourages parents to go alcohol-free, when pregnant or planning a pregnancy) and information on foetal alcohol spectrum disorders (or FASD).

Conclusion

Drug and alcohol misuse are often intertwined with a range of mental health and social problems, including depression and anxiety, domestic abuse, housing needs, offending, rough sleeping, child abuse, adverse childhood experiences, loss, trauma and severe and enduring mental health problems such as schizophrenia. A priority for Trafford is to address the need for more integrated and holistic care for service users experiencing a wide range of complex problems.

As we continue to emerge from the pandemic, our focus is centred on an integrated and early response for prevention and treatment for harmful alcohol use, including carers, families, and the wider community.

Key challenges include raising public awareness of the harms associated with alcohol consumption at levels many perceive as 'normal', working with schools to promote early referral to alcohol support services where these might prevent exclusion, and working with partners across the system to identify opportunities for brief intervention (eg promoting the use of the AUDIT-C alcohol screening tool in primary care).

Appendix 1: Previous methodology – 2019/20 (with under 18 admissions indicator included)

Compared with England

● Better 95% ● Similar ● Worse 95% ○ Not applicable

* a note is attached to the value, hover over to see more details ^

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↓ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

<div><div></div><div>Benchmark Value</div><div></div></div> <div><div>Worst</div><div>25th Percentile</div><div>75th Percentile</div><div>Best</div></div>										
Indicator	Period	Trafford			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: Old Method (Persons)	2018/19	➡	314	298	388	315	641	<div><div></div><div></div><div></div></div>	149	
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: Old Method (Male)	2018/19	➡	180	341	462	368	735	<div><div></div><div></div><div></div></div>	147	
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: Old Method (Female)	2018/19	➡	134	257	313	262	575	<div><div></div><div></div><div></div></div>	123	
Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs: Old Method (Persons)	2018/19	➡	645	813	1058	929	1,670	<div><div></div><div></div><div></div></div>	453	
Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs: Old Method (Male)	2018/19	⬇	411	1,062	1386	1149	2,185	<div><div></div><div></div><div></div></div>	561	
Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs: Old Method (Female)	2018/19	➡	233	575	740	714	1,380	<div><div></div><div></div><div></div></div>	345	
Admission episodes for alcohol-related conditions (Narrow) - Over 65s: Old Method (Persons)	2018/19	➡	397	968	1052	1049	1,697	<div><div></div><div></div><div></div></div>	644	
Admission episodes for alcohol-related conditions (Narrow) - Over 65s: Old Method (Male)	2018/19	➡	256	1,407	1549	1501	2,510	<div><div></div><div></div><div></div></div>	966	
Admission episodes for alcohol-related conditions (Narrow) - Over 65s: Old Method (Female)	2018/19	➡	141	614	640	679	1,250	<div><div></div><div></div><div></div></div>	389	
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2017/18 - 19/20	—	80	47.6	43.6	30.7	111.5	<div><div></div><div></div><div></div></div>	7.7	
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2017/18 - 19/20	—	45	52.4	33.3	24.9	97.9	<div><div></div><div></div><div></div></div>	7.8	
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2017/18 - 19/20	—	35	42.5	54.6	36.7	125.8	<div><div></div><div></div><div></div></div>	9.1	

Appendix 2: Hospital Admissions for alcohol-specific conditions for 0-17 years in Trafford, by year

Year	In year admissions		
	Female	Male	Total
2013-14	10	4	14
2014-15	3	5	8
2015-16	1	2	3
2016-17	5	4	9
2017-18	8	1	9
2018-19	5	8	13
2019-20	2	5	7
2020-21	4	3	7

A three year running total for the same period is provided below, with the first two years omitted (as 3 years needed for first totals) so 2015-16 is first figure here.

3 year running total		
Female	Male	Total
14	11	25
9	11	20
14	7	21
18	13	31
15	14	29
11	16	27

It can be seen that the totals have reduced over the past two periods, though remain slightly above initial figure. There also appears to be have been a shift from Females to Males, in terms of higher admission levels, in recent years.

Appendix 3: Substance misuse provision in Trafford Council

Service Type	Current provision	Provider organisation(s)	Opportunities to do more or do differently / planned future activity
Universal (approaches designed for entire population, without regard to individual risk factors, aimed at preventing or delaying substance misuse)	Support provided to Trafford schools by Early Break on drug and alcohol awareness	GMMH	Media Campaigns, use of social media to inform and prevent.
	Kaleidoscope Group - socio-informational group for those in or interested in recovery	GMMH Community Development	
	Monthly diversity and public health campaign events e.g. Alcohol Awareness Week	GMMH Community Development	
	Public health and awareness social media campaigns and online engagement	GMMH Community Development	
	Community promotion events eg pride stalls	GMMH Community development team	attend increased number of events
	Support provided to Trafford schools supporting professionals to respond to young people's drug and alcohol issues. Named workers make regular contact with the schools. Named workers also exist in Complex Safeguarding Teams, YJS, Looked after and After care services, Early Help	Early Break	Build on the learning from Early Breaks preventative work we would have prevention workers attached to primary schools. Our based community outreach offer works with young people in their communities, addressing education and harm reduction on substance misuse and the associated risk taking behaviours.
	Holding Families Programme - working with children affected by parental substance misuse	Early Break	

Page 55	Multi agency professional training - Early Break deliver the tier one young people's substance use training to improve the knowledge and confidence to respond to young people's substance use and refer into Achieve services for all family members. Hidden Harm training is jointly delivered through the safeguarding board and is available to all professionals.	Early Break/ GMMH	
	Street Talk - delivering detached youth work in a number of parks/community locations around Trafford and provide informal education around substance/alcohol use as part of our wider offer. Also have (with Early Break) detached Youth Workers to provide advice, support and onward referral in the communities. The team have attended areas where residents have raised issues of ASB/Substance misuse and offered support and advice around staying safe. The team see around 200 to 300 young people a month and also do projects in specific areas eg Urmston focused on substance misuse and community safety.		
	Achieve Outreach provide Free drug and alcohol awareness to clients, family members, other professionals. This is currently online due to COVID however moving forward face to face will be explored	The Big Life Group	In the future will look at doing face to face groups in the local community as well as continuing with the online provision when needed/wanted. No dates or venues have been set yet
Selected (approaches which target those sub-population groups with higher than average risk of substance misuse, either imminently or over a lifetime)	Those at risk of exclusion receive targeted support.	GMMH	
	Link workers are provided to schools, YJS, Complex Safeguarding, Early Help, LAC after care.	Early Break	Limited capacity to undertake this work, more of would enable an improved integrated approach across children's and family services.
	Early intervention provided by Early Break (YP service)	Early Break	Explore different settings for delivery of interventions.

	Links to youth offending, to promote information exchange and harm reduction messages; all YJ Young people and referrals to the YJ preventative mentoring service come through allocations so this has improved the take up of the Early Break offer and improved information sharing	Youth Justice and Early Break	Targeted work driven at young people who are at risk of offending or who are in the criminal justice system?
	The Achieve Outreach team currently work with anyone aged 18+ who have barriers	The Big Life Group	Planned to start the drop in at Wythenshawe hospital (which we did prior to COVID) and look at starting to do a drop in at Trafford hospital this is still ongoing as not able to go into hospitals at the moment
	Breaking Free On Line	Breaking Free	Increase take up from CMHT
Indicated (interventions aimed specifically at those individuals already using substances, to prevent escalation into dependency, and showing signs of problematic use in other ways, such as absence from school/work, mental health problems)	YP support, via psychosocial interventions	Early Break	
	Family support, addressing trauma, where linked to incarceration	Early Break	Holding Families Plus is a whole system approach and builds on learning from our Holding families programme. HF+ is whole family trauma responsive service, working with substance using parents in prison, their children and family members in the community. Its aims is to improve relationships, prevent intergenerational substance misuse, offending behaviour. This project ends in March 2022.
	Those at risk of homelessness, via access to housing (Meadow Lodge, Pomona Gardens)	HOST (Trafford Council Housing Options)	
	Access to thinking skills classroom-based course, via Intuitive Thinking Skills (resits permitted, to embed learning from previous courses)	Intuitive Thinking Skills	

Page 57	Access to assertive outreach, when dropped out of treatment or when they disengage from services. Anyone who is disengaged from treatment follows the DNA pathway included in which is recommendation is to refer to outreach	Big Life group	Post COVID we want to look at starting drop ins again at places such as the ABEN provision, HOST and any other areas. Started the drop in at HOST
	Community detox available to those who are assessed as requiring this	GMMH Smithfield (in-patient detox)	
	Supervised consumption provided via community pharmacies	GMMH	
	Needle exchange facilities across Trafford for those who are injecting	GMMH	
	Linking to mental health treatment, for all who require it	GMMH	
	Link to mutual aid support such as moderation management	GMMH	
	Link to recovery support SMART	GMMH	
	Link to CVS recovery Fund	Achieve	
	Links in local hospitals	Achieve	Develop pathways for completion of community detox

References

ⁱ <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

ⁱⁱ [Alcoholic liver deaths increased by 21% during year of the pandemic - GOV.UK \(www.gov.uk\)](#) – accessed 8.11.21

ⁱⁱⁱ <https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings> - accessed 26.10.21

^{iv} As (i) – accessed 8.11.21

^v [Quarterly alcohol-specific deaths in England and Wales - Office for National Statistics \(ons.gov.uk\)](#) – accessed 8.11.21

^{vi} <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoningenglandandwales/2020> - accessed 8.11.21

^{vii} <https://www.greatermanchester-ca.gov.uk/media/2507/greater-manchester-drug-and-alcohol-strategy.pdf> - accessed 8.11.21

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 17TH November 2021
Report for: Information
Report of: Cllr Ben Hartley – Health Scrutiny Committee
nominated member of Poverty Action Group

Report Title

Update on the Council's Poverty Strategy and the work of Trafford's Poverty Action Group
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Summary

- | |
|---|
| <ol style="list-style-type: none">1. The Poverty Action Group is working through the nine themes identified in the Poverty Strategy for 2021-22 and coming up with clear action plans to alleviate poverty locally.2. The PAG has also contributed suggestions for the Poverty Strategy for 2022-25 which is being worked on by officers and will be completed over the next few months.3. The Trafford Poverty Truth Commission will launch in early 2022 to hear from people with lived experience of poverty so their voice is at the heart of the poverty strategy. |
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Recommendation(s)

That the HSC note the report and continue to support the Council's poverty strategy and the work of the Poverty Action Group in order to alleviate poverty and reduce health inequalities in Trafford.
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Contact person for access to background papers and further information:

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1. Background

1.1. Trafford Council has a one year poverty strategy for 2021-22. Officers are currently working on the three year poverty strategy for 2022-25 and this should be completed in the next few months. The purpose of the Poverty Action Group (PAG) is to: provide oversight for the delivery of the Trafford Poverty Strategy 2021-22; oversee the development of Trafford Poverty (partnership) Strategy 2022-25; and to ensure the findings from the Trafford Poverty Truth Commission are incorporated in to the Trafford Poverty (partnership) Strategy 2022-25.

1.2. The PAG has a large membership consisting of council officers from various teams along with representatives from housing trusts, charities, VCSFE sector, CAB and community groups. The PAG meets every few months. Each meeting focuses on one of the themes from the one-year strategy, which are:

- 1.2.1.** Child Poverty
- 1.2.2.** Council tax
- 1.2.3.** Debt and Credit
- 1.2.4.** Food insecurity
- 1.2.5.** Poverty premium
- 1.2.6.** Housing and homelessness
- 1.2.7.** Carers
- 1.2.8.** Period poverty
- 1.2.9.** Disability and vulnerable adults.

1.3. Each meeting follows similar format with a briefing about planned actions, speakers with relevant expertise and then break out workshops to discuss ideas for further actions on the theme. There is an action plan for each theme. This includes priorities, baseline data, deadline for completion and actions required. The plan is added to with further actions from each meeting. Progress against the actions is then followed up at the next meeting.

2. Debt and Credit theme - 7 July 2021 meeting

2.1. We received two presentations from David Olaganza from Citizens Advice Bureau Trafford and from Gareth Evans from the Financial Inclusion Centre in Barking and Dagenham.

2.2. Debt advice - CAB Trafford – deal with full range of debts and will accept direct referrals.

2.2.1. Debt relief order – can allow someone to have debt written off, but £90 fee which people cannot always fund. Some LAs will fund the fee. Others will provide cash grants to write off fuel arrears.

2.2.2. ‘Breathing Space’ statutory instrument – order that gives people breathing space to sort debts out. Can protect very vulnerable people. Really useful to promote as uptake quite low. Approved Mental Health Practitioners generally aware of this, but wider partners may not be eg charities, VCSFE providers, housing providers. Two types:

2.2.2.1. Standard scheme – debt adviser can apply. 60 day breathing space against enforcement of most debts. Only 1 per 12 months

2.2.2.2. Mental Health crisis scheme – approved MHP can complete. Lasts as long as crisis lasts + 30 days. Can have multiple in 12 months.

2.2.3. Some creditors have responded to this by offering their own 60 day breathing space orders.

2.3. Financial Inclusion

2.3.1. High Cost short term credit (eg payday lenders) usually doubles the loan over 6 months. People take payday loans but don’t get debt advice – they don’t think they need it – especially amongst those in in-work poverty

2.3.2. Credit Unions – good way for people to save who haven’t saved before. Can arrange deduction direct from salary. Most people will want digital delivery so don’t always need physical presence. Great to promote CUs amongst employers – the more people that join and save with them, the more money there is to lend to those in need. Some employers will arrange deductions to save or repay loans. But CUs won’t lend to all

2.3.3. Community Development Finance Institutions (CDFIs) or Responsible Finance Providers are an alternative to Credit Unions. Usually local social enterprises which provide finance to people, businesses and community organisations who can’t get it from banks or CUs. Terms usually not as good as CUs but much better than payday lenders. Useful to signpost to CFIs where a CU can’t help. Eg Moneyline, Fair Finance.

2.3.4. Community Brokering – if someone can’t get a loan from a CU, how do you direct people to right support so they don’t resort to payday lenders. Single point of contact/One stop shop for debt advice. Could have service with one application form and local knowledge to direct people to

right sources of help or get CUs to promote alternative sources if they won't lend.

2.3.5. Get council, CCG, ICS to be role model – promoting CUs and deductions from salary. But can also set target for numbers of employers in borough who will promote and offer payroll deductions.

2.4. The Action Log for this theme appears Appendix 1

3. Disability and Vulnerable People theme – 1 October 2021 meeting

3.1. Briefing from Alex Evans from council commissioning team about Trafford's Information and Advice offer. Three key workstreams underway:

3.1.1. Developing Trafford wide Information and Advice strategy

3.1.2. Co-producing and re-tendering our commissioned info and advice services

3.1.3. Roll out of advice on prescription – this is now live and GPs can refer patients directly to CAB for advice

3.2. Four commissioned information and advice services are up for tender and will have a focus on place based working.

3.3. The first workshop looked at the theme for this meeting and ideas were discussed around how we can alleviate and prevent the disproportionate impacts of poverty on person with a disability? The Action Log for this theme appears at Appendix 2.

3.4. The second workshop was to discuss the three year poverty strategy and in particular: what themes it should feature?; how can your organization contribute to the strategy; and how can we engage partners and residents on the strategy. The notes from this workshop will be used by officers working on the draft three year strategy.

4. Poverty Truth Commission

4.1. The Poverty Truth Commission will complement and directly inform the work and development of the council's three year poverty strategy 2022-25. It will bring together people with lived experience of poverty with those in senior positions within the private, public and voluntary sector in Trafford. By giving people a direct voice, the Commission aims to drive real change to prevent and alleviate poverty. Commissions have happened or are currently running in a number of other local authority areas.

4.2. The Commission is an independent process and is being facilitated by Stretford Public Hall with support from the council. Over the autumn/winter, the facilitation team are working to recruit commissioners. A 'soft launch' event was held on 8 October 2021 to provide more information on the commission with 60 people attending. Once launched (likely early in 2022), the Commission will run for a minimum of 12 months. There will be 15 commissioners.

APPENDIX 1

ACTION LOG – Debt and Credit

Current Actions	
1.	Promote the ‘vulnerable customer’ policy that exists within most banks to enable people to understand where they can access support
2.	Work in partnership with agencies and voluntary and community organisations who provide debt advice
3.	Continue to provide support for people to fully access the benefits they are entitled to receive
4.	Work with the Trafford base of Manchester Credit Union to support people requiring credit
5.	Support and implement the 60-day breathing space policy
6.	Provide additional support to those experiencing debt through specialist debt advisors
7.	Work with companies i.e. utility, credit cards to review their debt recovery process
8.	Improve the energy efficiency of properties to reduce fuel costs
9.	Real Living wage accreditation?
Further actions from meeting	
10.	Future meeting topics identified: benefit uptake (increasing income) and poverty proofing in schools
11.	Advanced Salary Payments <ul style="list-style-type: none">- Progress on implementation at Trafford Council- Identification of VCFSE organisations
12.	Delivery of promotional campaign for Energyworks Scheme in August
13.	Promotional campaign for Manchester Credit Union
14.	Promote support available to vulnerable people via banks
15.	Set target for the number of businesses in Trafford: <ul style="list-style-type: none">- Agreeing to encourage employees to register with a Credit Union or launch savings schemes

	- Launching advanced salary payments
16.	Engage GP Social Prescribers: <ul style="list-style-type: none"> - Number of people being supported who require debt advice? - Explore how debt advice is 'prescribed'
17.	Support young people and young adults with financial literacy: <ul style="list-style-type: none"> - Add an action to the debt and credit section of the action tracker - THT to liaise with Council to discuss financial literacy activity and the offer in schools

APPENDIX 2

ACTION LOG – Disability and Vulnerable Adults

Current Actions	
1.	Focus on alleviating and preventing the disproportionate impacts of poverty on persons with a disability through the work of the Poverty Action Group
2.	Actively source accurate information on the numbers of those with a disability who are in poverty in Trafford, and identify who these people are
3.	Ensure those with a disability are able to access advice and guidance, including information on entitlement to benefits and support to maximize household income
4.	Work closely with partners and voluntary groups who support disabled and vulnerable adults
5.	Establish a mechanism for reporting issues related to disability and poverty
Further actions from meeting	
6.	Launch an autumn communications campaign for Energyworks
7.	Share the promotional material for the Credit Union Awareness Month
8.	Liaise with THT and Children's Safeguarding regarding children and young people's access and provision to financial literacy
9.	Arrange for Debt, Money Advice and Welfare Advisors to attend foodbank and TBBT sessions to offer face to face advice
10.	Arrange for Energyworks Advisors to attend foodbank and TBBT sessions
11.	Identify a representative from Adult Social Care to attend the Poverty Action Group
12.	Request a summary of digital inclusion activity from Holly Wade at the Council

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
23 rd Jun 2021 6:30 p.m. Venue: tbc	Update on Trafford Together: People, Place and Partnership and the Integrated Care System	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?	Health and Wellbeing Targeted Support	1.That the content of the report be noted; 2.That the Locality Plan Refresh be made available to the Committee with more information on how to access the performance dashboards to measure progress against the Locality Plan aspirations and health and social care targets (i.e.: health inequalities and neighbourhood data); 3.That a briefing on the Locality Plan Refresh and the Integrated Care System be delivered to all Members of the Council.	Corporate Director Adult Social Care, Joint Interim Accountable Officers CCG
	Trafford Council Poverty Strategy 2021/22	a. Overview; b.What tangible improvements the strategy will deliver to the residents	Affordable and Quality Homes Health and	1.That the content of the report be noted; 2.That a progress	Corporate Director of Strategy and Resources, Interim Director of Strategy

		<p>of Trafford?</p> <p>c.How the strategy will help to tackle inequalities?</p> <p>d.How the strategy will support health priorities in Trafford as determined by the latest JSNA?</p> <p>e.How the strategy will support the Trafford Together: People, Place and Partnership and the Integrated Care System?</p> <p>f.How the Poverty Strategy will build on the Recovery Strategy and Corporate Priorities to tackle inequalities in the Borough?</p> <p>g.How success will be measured?</p> <p>h.How the Health Scrutiny can contribute to this piece of work and add value to it?</p> <p>i.How the Health Scrutiny can contribute to develop the three year Poverty Strategy 2021-24?</p>	<p>Wellbeing</p> <p>Successful and Thriving Places</p> <p>Children and Young People</p> <p>Greener and Connected</p>	<p>report be submitted to the Health Scrutiny Committee in due course with a specific update on poverty in the south of the Borough and a Housing and Homelessness dashboard;</p> <p>3.That Councillor Hartley be appointed to the Poverty Action Group as representative of the Health Scrutiny Committee. Councillor Hartley would report to the Committee on the progress of the Poverty Action Group and share the progress on the Poverty Action Tracker.</p>	and Policy
	Draft Work Programme 2021-22	<p>Members have expressed an interest in the following items:</p> <ul style="list-style-type: none"> -Physical health -Trafford residents registered with a GP in Manchester and difficulty in accessing services -Inequalities across the Borough -Pandemic and impact on provision of health and social care services -Update on the vaccination programme -Communication with residents: Lesson learned from response to Covid-19 			

		-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			
15th Sep 2021 6:30 p.m. Venue: tbc	Update on Access to General Practice	<ul style="list-style-type: none"> • an update on the situation regarding GP workloads and patient demand currently being experienced • an update on staffing (what is the impact of long Covid, self-isolation etc on staffing levels) and implications for the service • an update on the involvement of practices in continuing the roll out of Covid vaccinations (is this still taking up a lot of practice time?) • the current balance between in person and remote consultations and whether this is likely to change going forward • how is access for hard-to-reach patients being maintained? • GP views of the situation and views of patients • GP experience of patient abuse and aggression - is this an issue within Trafford? 	Health and Wellbeing Greener and Connected Targeted Support Thriving Places		Interim Joint Accountable Officers, CCG Medical Director

		<ul style="list-style-type: none"> • likely impact of flu vaccine campaign on GP capacity • the difficulties experienced by residents with a Manchester GP seeking secondary care in Trafford. What is the size of the problem? How is this issue being addressed? 			
	Tackling Health Inequalities: Council's role as an employer, commissioner of services and through links with local businesses	<p>An understanding of the factors that determine employment and unemployment rates in the borough</p> <ul style="list-style-type: none"> • Data on employment rates based on gender, ethnicity and disability including NEETS in Trafford • Information on the presence (or not) of a gender pay gap in the Council and across the borough • Are there any groups being targeted to improve employment and how is this being achieved? • Does the Council have a 'Health in All Policies' approach for these council core functions and place-based partnerships? 	<p>Health and Wellbeing</p> <p>Successful and Thriving Places</p> <p>Greener and Connected</p>		Corporate Director Place, Director of Public Health

		<ul style="list-style-type: none"> •How is the council working with local employers and what role is it playing as an employer in supporting disabled people into employment? •Initiatives to support women with childcare/caring responsibilities to gain employment •Access to childcare across the borough •How is the Council bringing health services to workplaces (recognising men's reluctance to seek health care)? • Work with local employers to develop healthy workplaces •Progress towards implementation of a living wage and living hours across the borough •Does the Council's commissioning strategy explicitly recognise the impact of the social determinants of health? <p>Are commissioned services being designed to meet the needs of specific groups experiencing the detrimental effects of</p>			
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		health inequalities?			
17th Nov 2021 6:30 p.m. Venue: tbc	Mental Health Strategy 21/22				Lead Commissioner Mental Health and Learning Disabilities
	Integrated Care System Locality Programme Update				Trafford CCG
	Poverty Strategy Update				Cllr. Hartley
	Local Response to Trends in Alcohol Consumption and Harm				Public Health
27th Jan 2022 6:30 p.m. Venue: tbc					
	Tackling Health Inequalities: Council's role as a gateway to securing housing for residents including homeless residents				tbc
	Tackling Health Inequalities: Council's role as				tbc

	a provider of welfare and a source of benefits advice				
9 th Mar 2022 6:30 p.m. Venue: tbc					

TASK AND FINISH GROUPS

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome
tba	Access to Dentistry					

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: 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.	
Mar 2021	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.	

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