



AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 9 March 2022

Time: 6.30 p.m.

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

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including Officers, and any apologies for absence.		
2. MINUTES		1 - 4
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 27 January 2022.		
3. QUESTIONS FROM THE PUBLIC		
A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 p.m. 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. 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.		
5. DOMESTIC ABUSE		5 - 12
To consider the attached report.		

6. HEALTH INEQUALITIES DUE TO DIABETES 13 - 18

To consider the attached report.

7. ADULT SOCIAL CARE UPDATE Verbal Report

To receive a verbal update from the Corporate Director of Adult Services.

8. DELAYS IN SECONDARY CARE Verbal Report

To receive a verbal report from the Director of Strategy for Manchester Foundation Trust.

9. 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.

10. EXCLUSION RESOLUTION (REMAINING ITEMS)

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

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

SARA TODD

Chief Executive

Membership of the Committee

Councillors 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), D. Western (ex-Officio) and M.P. Whetton (Chair).

Further Information

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

Alexander Murray, Governance Officer

Tel: 0161 912 4250

Email: alexander.murray@trafford.gov.uk

Health Scrutiny Committee - Wednesday, 9 March 2022

This agenda was issued on **Tuesday, 1 March 2022** 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

27 JANUARY 2022

PRESENT

Councillor M.P. Whetton (in the Chair).

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

In attendance

Diane Eaton	Corporate Director Adult Services
Sara Radcliffe	Acting Joint Accountable Officer, Trafford Clinical Commissioning Group
Thomas Maloney	Health and Social Care Programme Director
Adrian Fisher	Director of Growth and Regulatory Services
Anne-Marie Mohieddin	Interim Strategic Lead – Central Neighbourhood and Safeguarding
Alexander Murray	Governance Officer
Molly Shaw	Governance Officer

APOLOGIES

Apologies for absence were received from Councillors Dr S. Carr, R. Chilton, M. Cordingley, D. Acton, and D. Western

32. ATTENDANCES

The Chair introduced the meeting and noted that he was taking over the role of Chair of the Committee from Councillor Dr Barclay who had stepped down. The Chair asked that a letter be drafted thanking Dr Barclay for her work in leading the Committee.

33. MINUTES

The Committee considered the minutes of the meeting held on the 17th November 2021. With reference to Item 29, Health Scrutiny Work Programme 2021/22, the Committee agreed that the topics outlined for review related to Item 28, Update on the Council's Poverty Strategy and the Work of Trafford's Poverty Action Group, rather than topics to be considered by the Committee.

RESOLVED: That subject to the amendment above, the minutes be agreed as an accurate record and signed by the Chair.

34. DECLARATIONS OF INTEREST

Councillor Lloyd declared an interest in relation to her position as a trustee of the Trafford Domestic Abuse Services.

Councillor Taylor declared an interest in relation to her employment with the NHS.

35. ADULT SOCIAL CARE UPDATE

(a) GENERAL UPDATE

The Committee received an update from the Corporate Director of Adult Services on Trafford Council's Adult Social care position. The Committee were informed that the position within Trafford over the past 8 weeks had been the worst during the Pandemic so far. An Urgent Measures Decision Framework around allocation of resources had been introduced due to the demand on the adult social care sector from Covid-19. The framework had not been utilised and an update on whether the framework would be closed would be brought to the next meeting. It was recommended that if another wave of Covid-19 were to happen then the framework would become active again.

The Corporate Director of Adult Services discussed some key points that highlighted the progress made and the current position of the Council. In the second week of January, 70% of care homes had been closed to admissions compared with only 28% at the time of the meeting. In the RAG rating, which was sent to Greater Manchester on a weekly basis, Commissioned Provision was rated as Red, however it was highlighted that Trafford's position was better than it had been. In-house services and social work services were now rated Amber. However, there was the possibility that more resources would be needed to deal with the increase in referrals.

Members asked about the social work service being rated amber and whether Trafford was looking to recruit more social workers to combat the issues. The Corporate Director of Adult Services stated that the workforce was already depleted and would likely be further affected by vaccination mandates for staff. The Committee was informed that the current agency provision was not adequate to meet the demand so a review would be undertaken to assess other options to recruit staff.

RESOLVED:

1. That the update be noted.
2. That an update on the Urgent Measures Decision Framework be provided to the Committee at the next meeting.

(b) WELFARE AND BENEFITS ADVICE

The Committee received an update from the Director of Adult Services on the Information and Advice services which provided welfare and benefits advice. The Interim Strategic Lead was in attendance to answer questions from the Committee. Members found the overview of the commissioned providers and in house services very helpful and requested that it be added to the induction pack for new Councillors.

Members sought and received clarification on matters concerning the adequacy and capacity of current debt advice services, the levels of referrals, and the appointment of a trainee debt specialist.

The Chair noted that the services were due to come to an end shortly and asked what the position of those contracts was. The Director of Adults Services confirmed that the contracts had been agreed to be extended.

RESOLVED:

- 1) That the content of the report be noted.
- 2) That the overview of commissioned providers be added to the new Councillor induction pack.

36. COUNCIL'S ROLE AS A GATEWAY TO SECURING HOUSING FOR RESIDENTS INCLUDING HOMELESS RESIDENTS

The Committee considered a report from the Director of Growth and Regulatory Services on the Council's role as a gateway to securing housing for residents including homeless residents. The report focused on the support Trafford had in place for affordable housing and the process for allocating the stock held by the Council's partners. It was outlined that housing in Trafford came with significantly higher costs compared with the rest of Greater Manchester with house prices and rental prices often exceeding allowances.

The Director of Growth and Regulatory Services outlined how the allocation system operated on 5 bands based on an individual's circumstances, with the higher bands giving more chance of gaining housing. It was noted that Trafford Council was dependent on their partners as the Council no longer held any housing stock. Affordable housing was also provided through third parties such as Trafford Housing Trust and Irwell Valley.

The main issues identified within the report related to properties being too small to accommodate families, prevention of homelessness, and the number of people currently on the waiting list.

Members noted that the report was useful in highlighting the issues Trafford faced with housing. Members sought and received clarification on matters concerning the number of people on the waiting list for housing compared with how many on that list were allocated housing, how the allocation policy worked, how often the waiting list was refreshed, and the relationship Trafford Council had with the housing providers.

RESOLVED: That the content of the report be noted.

37. INTEGRATED CARE SYSTEM LOCALITY PROGRAMME UPDATE

The Committee considered a report of the Acting Joint Accountable Officers for Trafford Clinical Commissioning Group (CCG) on progress made in advance of the establishment of the Greater Manchester Integrated Care System (GM ICS) in April 2022.

The Acting Joint Accountable Officer and the Health and Social Care Programme Director were in attendance to present the content of the report and answer the questions of the Committee.

Officers informed the Committee that the establishment of the Integrated Care Systems had been delayed nationally by 12 weeks. This meant that the Integrated Care Board (ICB) would be established on 1st July instead of 1st April 2022. It was noted that the risk of the delay meant more staff would be lost due to the level of

uncertainty. Notice had been given to the CCG Board members as the Board was to be disestablished in April, the officers who were supporting the CCG Board would be offered employment elsewhere within the NHS but were at risk of redundancy.

To fulfil statutory duties between April and June, a smaller Governing body was to be put in place. As outlined in the report, the shadow arrangements would be in place and run in parallel with the ICB to enable the board to operate effectively from July 2022.

The Health and Social Care Programme Director highlighted the key points from the report. The One System Locality Board had agreed a terms of reference, which was to be formalised in March to enable the establishment of relationships with provider organisations.

Members raised concerns around how likely further delays were but officers assured the Committee it was unlikely there would be any further delay. Concern was also raised regarding how the Public Health Team would be consulted as part of the process. In response the Acting Joint Accountable Officer outlined how the Public Health Team would feed into the ICB. However, it was noted that the Public Health Team would not report directly to the ICB.

Members sought and received clarification on matters concerning how the changes would be communicated. The Health and Social Care Programme Director noted that some bitesize sessions had been held but would consider holding more in the future. There was a social media platform being utilised and that would continue to be used throughout the process. It was noted that messaging should be the same across the whole of Greater Manchester and there was a need to ensure that messages were in an accessible format.

RESOLVED: That the content of the report be noted.

38. COMMITTEE WORK PROGRAMME

The Committee suggested the following topics for review:

- Access to GP's
- Risk of GP's failing
- Delays in secondary care
- Health inequalities in relation to Diabetes

RESOLVED: That the suggested topics be noted and added to the work programme.

The meeting commenced at 6.32 pm and finished at 8.46 pm

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 9TH March 2022
Report for: Information
Report of: Rhys Dower

Report Title

Domestic Abuse perpetrator support programs and resources for victim support services.
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Summary

This report is to provide information on the service progress of the perpetrator support programs within Trafford and resources for victim support services.
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Recommendation(s)

Committee to note report

Contact person for access to background papers and further information:

Name:

Rhys Dower
Domestic Abuse Manager
Trafford Council
Rhys.dower@trafford.gov.uk

1. Introduction

Domestic abuse is a widespread issue, affecting millions across the UK. On average the police receive an emergency call relating to domestic abuse every 30 seconds. It is estimated that each year an estimated 5.5% of adults aged 16 to 74 years (2.3 million) experienced domestic abuse. Of these, up to 100,000 victims are at risk of being murdered or seriously injured as a result of the abuse they are experiencing. However, the problem is much bigger than shown in official statistics. Researchers estimate that domestic abuse statistics are 140% higher than those stated in the Crime Survey for England and Wales.

Domestic abuse (DA) is a vitally important issue for all services across Trafford. Using estimates from the Crime Survey for England and Wales (CSEW) up to the end of March 2018, it is estimated around 5,316 women (7.9%) and 2,749 men (4.2%) in Trafford have experienced DA in the last year. Nationally, 28.9% of women and 13.2% of men have experienced DA since the age of 16, which in Trafford could amount to 19,448 women and 8,638 men. Based on findings from the Joint Strategic Needs Assessment (JSNA) 2021, of those that experience domestic abuse every year in Trafford we can estimate that 6,720 (68%) are female victims and approximately 3,520 (32%) male victims.

Demographic Breakdown

There are 186,884 individuals aged 16 or over in Trafford of which we can estimate around 32,700 will have experienced domestic abuse over their lifetime. On an annual basis, this equates to 9,840 individuals likely to have experienced domestic abuse (both familial and intimate partner violence).

- Based on the population of young people in Trafford, we estimate that 1,840 young people between 16-24 years will experience domestic abuse every year.
- Based on the age of the population in Trafford we estimate around 1,760 individuals over the age of 60 will experience domestic abuse every year.

Trafford has undertaken a comprehensive needs assessment and developed a strategy to implement a number of recommendations to redesign the pathway and service via a robust, place-focused, holistic approach. Following the Domestic Abuse Strategy, Trafford Council created an implementation plan with four key priorities and objectives. The following objectives outline the need for perpetrator provision which is whole-family focused:

- A unified offer of support for those concerned about their behaviour within intimate and family relationships.
- Service provision is accessible without delay to victims, children and perpetrators including from all protected characteristic groups or where there is a complexity of need.
- A coordinated safeguarding approach to assess the needs of each family member to ensure support plans are 'whole family' focused.
- Developed pathway for families experiencing domestic abuse that stay together

Trafford Partnership is committed to preventing and reducing the harm caused by DA by developing and implementing a sustainable system wide approach to prevention, early

intervention, response and support. This report aims to provide an update on perpetrator provisions within Trafford, and the ways Trafford Council is meeting the objectives outlined above.

2. Make A Change (MAC)

Earlier in 2021, TLC: Talk, Listen, Change secured Lottery funding via Respect to deliver the Make a Change programme in Trafford (working in partnership with Trafford Domestic Abuse Services), over the period 2021 – 2025. Make a Change (MAC) has been developed by Respect in consultation with the Women's Aid Federation.

MAC is a whole-community approach to domestic abuse perpetration, offering interventions for those using abusive behaviour in their intimate or previously intimate relationships, support for their partners and/or ex-partners, community outreach, and workforce development to help recognise and respond to domestic abuse perpetration effectively.

Prior to Make a Change, Trafford did not have a commissioned perpetrator provision. Therefore, the model is designed to fill a significant gap in current service provision, for situations where people know that domestic abuse is taking place, but where the behaviour or concerns have not yet met the threshold for a statutory / family court / criminal justice referral.

Home Office Funding

In June 2021, the Home Office published an invitation to Police and Crime Commissioners in England and Wales to apply for grant funding to support the introduction of perpetrator-focused domestic abuse programmes.

The funding was aimed at increasing the geographic expansion of existing programmes and the target cohort through adaptation of programmes to reach wider needs.

There were three areas of focus within the fund:

Programmes that addressed known issues in relation to DA offending amongst adults (£7.1m)

Programmes that focus on children and adolescents (£2m)

Programmes aimed at stalking perpetrators (£2m).

Adults

The Home Office requested bids for funding to deliver programmes that adopted a whole-system approach, which enable perpetrators to fully participate in behaviour change. This can include addressing factors which increase the likelihood of reducing violence, such as substance misuse and addressing mental health support needs; and those that work with perpetrators during times of known trigger events, for example a partner's pregnancy and loss of employment.

The Home Office also invited bids that focused on early intervention and prevention in the community, for example education on healthy relationships.

Children and Young People

The Home Office states that many young women aged between 16-20 years were victims of domestic abuse. The Crime Survey for England and Wales (CSEW) year ending March 2020 showed that women aged 16 to 19 years were significantly more likely to have been victims of domestic abuse in the last year, however, there is little dedicated provision for support or activity to tackle those who perpetrate abuse in their adolescent relationships.

The Home Office are also aware of the increasing demand for programmes that work with children and adolescents who are violent or abusive towards their parents and carers so welcome bids that address child/ adolescent to parent abuse. A recent report suggested that nearly 70% of practitioners had seen an increase in referrals for families experiencing child/ adolescent to parent abuse during the COVID pandemic.

It was a requirement that any programme that addresses this should be embedded within child safeguarding and child protection principles and practice.

Greater Manchester Police and Crime Commissioner led a bid to the Home Office, and Trafford was included in this bid.

3. Opportunities for Trafford

The Make a Change programme lends itself well to a specific post focused on working with young people. While Respect confirmed that the programme is not suitable for young people below age 18, it was agreed that work with 18-25 year olds would be beneficial.

As the Home Office funding included reference to adult perpetrators, it seemed logical to explore the possibility of securing a contribution towards the wider Make a Change programme.

Lastly, it seemed a good opportunity to secure funding to pilot work with young people using harm over the 12-month funding period, in order to inform future commissioning and strategic decision making in Trafford.

Trafford's part of the Home Office bid therefore had three elements:

Make a Change

Funding to cover an additional post within the Make a Change team with a focus on 18-25 year olds specifically

Support for the wider Make a Change programme

Young People Using Harm

Funding for the provision of additional counselling and behaviour change work with young people using harm in their intimate relationships and / or with their parents / carers

4. Finance

A key element of both opportunities is that match funding is required.

Make a Change: Match funding must be secured to the value of 20% of funding in Year 2 and 40% in Years 3 and 4.

Item	Overall total cost	Secured from Lottery	Proportion as match	Match required
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Year 1 2021-22	£152,028	£152,028	0%	£0
Year 2 2022-23	£152,432	£121,946	20%	£30,486
Year 3 2023-24	£152,840	£91,704	40%	£61,136
Year 4 2024-25	£153,252	£91,951	40%	£61,301
Totals	£610,552	£335,683		£152,923

Home Office funding: The Home Office provides funding for 8 months of delivery, with local authorities to match the remaining 4 months.

Item	Home Office (8 mths)	Trafford MBC Request (4 mths)
Make a Change Worker (18-25s)	£26,666	£13,333
Make a Change	£13,333	£6,666
Young People Using Harm	£58,333	£29,166
Totals	£98,332	£49,165

Community Safety are contributing £50,000 worth of funding towards the match fund element of this provision. The Department for Levelling Up, Housing and Communities (DLUHC) funding for Domestic Abuse is ring-fenced for the second consecutive year for accommodation-based services only. Therefore, Local Authority funding for Domestic Abuse cannot be used for community-based services, such as Make a Change or other preventative early intervention provisions. Trafford council have approached Probation and GMP to enquire about providing some additional funding towards the provision.

5. The Proposed Work

Home Office funding

TLC will deliver:

Respect Young People's Programme for children and young people aged 10-16 who are abusive or violent towards their parents/carers.

The programme covers:

Insight into violence and abuse and its' effects
 Emotional regulation
 Solution focused work and goal setting
 Cognitive behavioural work
 Empathy building, and
 Conflict resolution.

The Respect Young People's Program also includes four 1:1 sessions with the Child/Young Person, and separate sessions with the parent/carer.

TLC Healthy Relationships Programme is an adapted and shortened version of TLC's Domestic Abuse Prevention Programme (behaviour change programme), for children and young people aged 10+ who are violent towards their intimate partners / peers. It comprises therapy and behaviour change work via 1:1 sessions.

The programme covers:

Parenting (as relevant)
Isolation and jealousy
Intimidation and coercion
Emotional abuse
Sexual respect, and
Gender.

Trafford Domestic Abuse Service (TDAS) will provide additional support for victim / survivors of the programme participants for the duration of the time they are engaging in the provision.

6. Monitoring and Outputs

Trafford Council's Domestic Abuse Manager monitors the effectiveness of the provision via quarterly reports and monitoring outcome meetings with Talk Listen Change. Thus far, two monitoring outcome reports have been received and two monitoring outcome meetings have taken place. The Domestic Abuse Manager is the link between TLC and GMCA, by submitting the reports to GMCA, who then submit to the Home Office.

Since the launch of the provision in August 2021, TLC have received 25 referrals into Make a Change. The first group started in December 2021 and in the last quarter TLC ran three information sessions for professionals and trained 39 people. The community outreach element of the programme is progressing well with the team identifying and contacting 107 community organisations. Talk Listen Change have also presented at a number of boards and meetings within Trafford.

Make a Change

The extra post created within Make a Change through the Home Office funding will enable TLC: Talk, Listen, Change and TDAS to work with an additional 15 perpetrators, 11 survivors, 4 children and 1 friend / family member within the year. The postholder will also deliver work around raising awareness amongst professionals and within the community, specifically regarding working with young people using harm in their relationships.

Including the Lottery funding already in place for the wider Make a Change programme, TLC: Talk, Listen, Change and TDAS will work with a total of 66 perpetrators, 50 survivors, 16 children and 8 friends and family referrals per year.

Young People Using Harm

TLC: Talk, Listen, Change will work with 75 young people over a 12-month period. Support duration will vary depending upon each young person's situation, but will average between 3-6 months.

Outcomes

All work will deliver sustained reductions in frequency and gravity of abuse, risk posed by young people using harm and improved safety and protection for related victims. Plus improved relationships and emotional wellbeing, resilience and behavioural insight.

Risk levels will be measured using the Domestic Abuse, Stalking & Harassment and Honor Based Abuse Risk Identification Checklist (DASH RIC). Abuse and safety outcomes will be measured through the following participant questionnaires:

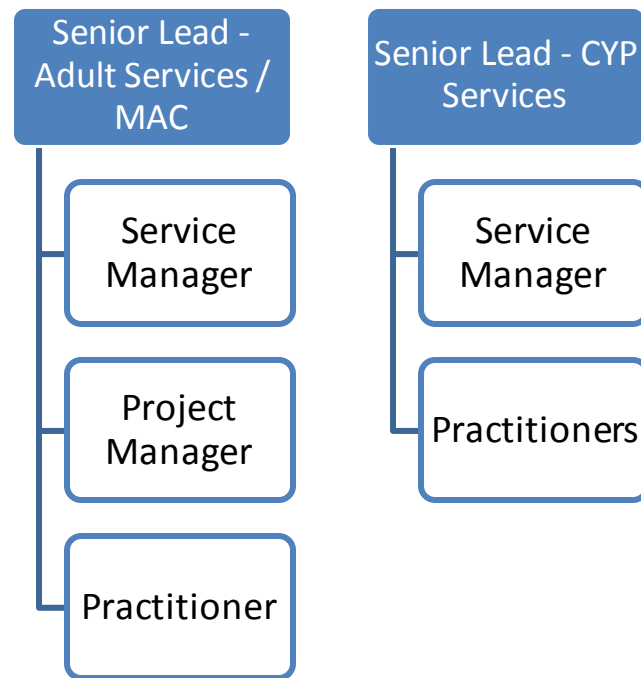
Young People: Strengths & Difficulties Questionnaire (SDQ) / Circumplex Scales of Interpersonal Efficacy / YP-Core

Parents: SDQ parent version / Parent Problem Checklist

Partners & All: Short Warwick-Edinburgh Mental Wellbeing Scale.

Appendix 1

Staff Structure for TLC MAC / CYP



TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 09/03/22
Report for: Information
Report of: Helen Gollins, Acting Director of Public Health and
Mark Jarvis, Medical Director, NHS Trafford CCG

Report Title

Update on diabetes and inequalities

Summary

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Recommendation(s)

To note the progress made since the previous report in March 2021.

Contact person for access to background papers and further information:

Name: Jane Hynes

Extension: jane.hynes@trafford.gov.uk 07545 920534

1. Background

Further to the report from March 2021, this is an update on work to address health inequalities and diabetes.

2. Updates

- a. **Recording ethnicity in primary care.** The Primary Care Quality Assurance Group (PCQAG) have improving data as one of their key themes, and within this, ethnicity recording is a priority action. There has been significant work on this action in the last 12 months, focusing on a process that can be used across all practices to request this information from patients and upload it to the patient record on EMIS.

Various processes were considered and investigated to facilitate this action, with the result being a practice-wide text being sent out requesting the data to be returned which would then be automatically coded to the patient record in EMIS. This was piloted with one practice in August 2021, and then rolled out across Trafford practices following this.

The progress report in appendix 1 shows the progress made on data quality, with the percentage of valid records (those with a valid ethnicity code) now standing at just below 77%. In addition, the percentage of records coded as 'other' is steadily decreasing. It should be noted that this report reflects work in progress, with these being early results from a single campaign to contact patients by text message.

- b. **Progress on delivery of health checks** – COVID-19 has had a large impact on practices' ability to deliver the NHS Health Check programme. Nationally the percentage of eligible people receiving an NHS Health Check dropped from 7.7% in 2019/2020 to 1.2% in 2020/2021. On a Greater Manchester level it fell from 10.2% to 1.3%

[Most recent guidance](#) has advised that the NHS Health Check Programme be deprioritised by practices for January and February 2022, due to the increase pressure on the health system due to the Omicron wave of COVID-19.

A review of NHS Health check activity has taken place, which is due to be taken to the PCNs to discuss next steps, via the PCN Network Meeting. The next steps are to work collaboratively with practices to encourage them all to be able to deliver the programme in line with the current national average. This would be 1.8% of their eligible population attending.

The table below shows each PCN compared to the national averages for Q1 and Q2 of the current financial year and also their historical delivery over the last 5 years. In the current financial year the areas most impacted by COVID-19 are the two PCNs in the South of the borough (AHA and South Trafford). The positive news is the areas with the greatest issues relating to health inequalities (the North and West) are also the best performing.

While as a whole some PCNs are performing above national and regional averages, there is a large disparity in the number of practices currently delivering, with only 17 of the 31 practices registering activity. It is therefore important we are able to ensure all practices are delivering to improve equity of access both across and within the PCNS.

Area	16/17	17/18	18/19	19/20	20/21	21/22
AHA	8.54%	5.70%	6.81%	7.11%	0.18%	0.26%
Sale	16.71%	16.94%	11.45%	9.10%	3.28%	2.66%
West	4.48%	6.10%	6.22%	6.72%	1.12%	3.82%
North	7.02%	8.61%	13.86%	3.93%	0.33%	4.74%
South	15.06%	14.57%	12.66%	7.78%	0.44%	0.85%
Trafford	10.30%	10.55%	9.69%	7.32%	1.26%	2.58%
Greater Manchester	9.20%	9.40%	10.30%	10.20%	1.30%	2.45%
England	8.50%	8.30%	8.10%	7.70%	1.20%	1.80%

There are pockets of good practice across Trafford, such as Partington Family Practice, who are targeting their health check invitations to patients with known risk factors (such as smoking or obesity). This has led to over 30% of the eligible population from this practice attending for a health check. The next steps are to replicate this good practice across all practices, in order to ensure that health checks are being offered to those with the greatest risk factors.

Percentage of Eligible people who attended an NHSHC by practice						
Practice	16/17	17/18	18/19	19/20	20/21	21/22
Partington Family Practice	0.6%	17.3%	18.2%	15.0%	0.2%	30.5%
England	8.50%	8.30%	8.10%	7.70%	1.20%	1.80%

The above table highlights how successful Partington Family Practice's approach has been, and how this best practice could be shared across the PCN and other Trafford PCNs. In quarter 1 and 2 Partington Family Practice have delivered 403 health checks, compared to their previous best of 199 in a full year, and the previous highest by any Trafford practice of 380 (in 2019/2020).

- c. **Diabetes education programme** – A community-based education programme (Xpert) is offered by Trafford Local Care Organisation (TLCO); however again this service was stood down during Covid and is in the process of re-starting. The service is delivered by specially trained dieticians and both group and individual clinic sessions are offered to provide patient choice. A trial of a digital delivery option will take place this month with a view to offering both face to face and remote learning options

moving forward. Recent activity information post-Covid is not yet available, but 2020-21 data by PCN is below:

PCN	Structured education referrals	Structured education referrals %	Trafford attendance %	England attendance %
Central	84	67.7%	7.2%	13.2%
North	59	51.3%	7.2%	13.2%
South	31	55.4%	7.2%	13.2%
AHA	18	30.5%	7.2%	13.2%
West	50	40.7%	7.2%	13.2%

In addition, consultation is taking place with providers and CCGs at a GM-level to understand whether a unified GM-wide diabetes education offer would be an effective way to improve education attendance and improve patient outcomes in future.

d. Progress on narrowing inequalities

March 2021

Neighbourhood	Number on diabetes register	Number on practice list	Neighbourhood%	Trafford%	England%
Central	3,081	50,385	6.11%	6.50%	7.08%
North	2,978	34,366	8.67%	6.50%	7.08%
South	3,275	62,783	5.22%	6.50%	7.08%
West	3,131	44,241	7.08%	6.50%	7.08%
	12,465	191,775			

This shows an inequality gap in prevalence (between North and South) of 3.45%.

March 2022

Neighbourhood	Number on diabetes register	Number on practice list	Neighbourhood%	Trafford%	England%
Central	3,198	50,442	6.34%	6.57%	7.11%
North	3,124	36,526	8.55%	6.57%	7.11%
South	3,368	63,506	5.30%	6.57%	7.11%
West	3,014	43,035	7.00%	6.57%	7.11%
	12,704	193,509			

This shows an inequality gap in prevalence (between North and South) of 3.25%.

Over the last 12 months, inequalities in childhood obesity, adult obesity and adult and child physical activity have widened, so maintenance of the inequalities gap in terms of diabetes prevalence at neighbourhood level may be a positive step in this context.

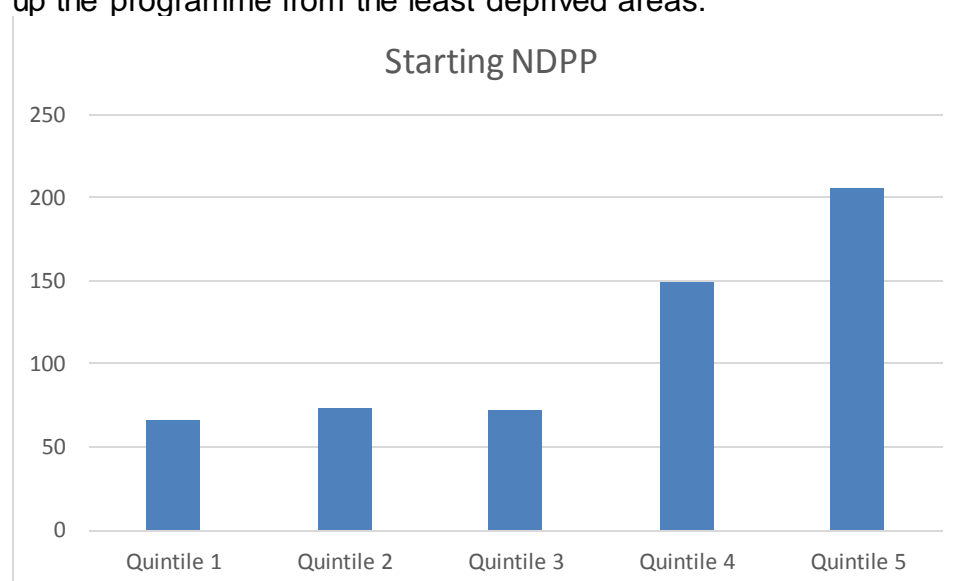
In terms of referrals to the National Diabetes Prevention Programme, significant work has been undertaken alongside the provider (Xyla Health & Wellbeing) and GM

commissioners of this service. This has included the deployment of Primary Care Engagement Officers to work with specific practices to identify and invite eligible patients onto the programme. This work has focused on practices serving the most deprived wards of Trafford, and in particularly North Trafford PCN due to the bulk invitations not being sent out from these practices back in early 2020.

There have been 797 referrals into the programme (up to 31/01/2022), with 407 achieving milestone 1 (initial appointment and attendance at week 1 of programme), maintaining a conversion rate of 51%. The referral rate has increased significantly from 20/21, despite the continued pressure on primary care with the roll-out of the Covid vaccination programme and other direct and indirect impacts of the pandemic.

Year	Number of referrals
Feb 2019 – Jan 2020	315
Feb 2020 – Jan 2021	114
Feb 2021 – Jan 2022	368
Total	797

There is still a social gradient in terms of access to NDPP with more people taking up the programme from the least deprived areas:



Attendance at NDPP by quintile, up to 31/10/21.

Dr. James Hider (GP from Partington Family Practice, and Clinical Lead for Diabetes Prevention at Greater Manchester Strategic Clinical Network) has been working with colleagues across GM to learn from best practice and implement these techniques in Trafford to address these inequalities in access. The report from Dr Hider in appendix 2 details the work that is being undertaken both in terms of clinical care and diabetes prevention. It is clear that the pressures within primary care over the last two years have had a significant impact on referrals into the NDPP as well as delivery of NHS health checks, but there are robust plans to address this through visiting practices, updating contact lists, and providing additional training and education sessions for practice staff.

In terms of wider programmes of work around reducing inequalities in healthy weight and physical activity, there is ongoing work with specific communities to increase engagement alongside those described in the previous report. For example:

- Trafford Community Collective are delivering a project to work with specific communities to increase engagement with weight management programmes, supporting people to access local services and providing supplementary activities to enable people to achieve success (such as support around healthy eating on a limited budget).
- Work to link Active Travel and Social Prescribing in North Trafford, addressing barriers to walking and cycling through provision of support, access to equipment, training, confidence building, route planning etc.

Appendix 1



Practice Ethnicity
Coding – Progress Su

Appendix 2



Report from Dr
James Hider.docx