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AGENDA PAPERS FOR

HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 1 March 2023

Time: 6.30 pm

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

A G E N D A **PART I** **Pages**

1. **ATTENDANCES**

To note attendances, including Officers, and any apologies for absence.

2. **DECLARATIONS OF INTEREST**

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

3. **QUESTIONS FROM MEMBERS OF 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. **MINUTES** 1 - 8

To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 18th January 2023.

5. **ICS UPDATE** 9 - 14

To receive a report of the Deputy Place Lead Healthcare Integration, Trafford.

6. **TRAFFORD LA AND TRAFFORD IBC - JOINT WORKING UPDATE** 15 - 26

To receive a report of the Corporate Director for Adults and Wellbeing.

7. **BREAST SCREENING UPDATE** 27 - 34

To receive a report of the Director of Public Health.

8. **ANTE-NATAL CLASSES - IMPACT OF THE CESSATION OF SERVICE PROVISION AND WHAT ARE THE ALTERNATIVES** 35 - 42

To receive a report of the Director of Public Health.

9. **HEALTH INEQUALITIES - ADDRESSING HEALTH INEQUALITIES IN TRAFFORD** 43 - 64

To receive a report of the Director of Public Health.

10. **LEVEL OF ACCESS TO GPS IN TRAFFORD** **VERBAL**

To receive a verbal update of the Health Task and Finish Group.

11. **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.

12. **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 M.P. Whetton (Chair), S. Taylor (Vice-Chair), A. Akinola, J. E. Brophy, S.J. Gilbert, B. Hartley, S. J. Haughey, J. Leicester, J. Lloyd, T. O'Brien, Mrs. P. Young, D. Acton (ex-Officio) and D. Western (ex-Officio).

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

Stephanie Ferraioli, Governance Officer
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This agenda was issued on **Tuesday, 21 February 2023** 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

18th January 2023

PRESENT

Councillors: M. Whetton (Chair), S. Taylor (Vice Chair), J. Lloyd, J. Leicester, J. Brophy, D. Acton, A. Akinola, S. Gilbert, B. Hartley, J. Slater, T. O'Brien, G. Carter.

In attendance

Heather Fairfield	Director, HealthWatch Trafford
Diane Eaton	Corporate Director Adults and Wellbeing
Eleanor Roaf	Director of Public Health
Jilla Burgess-Allen	Consultant in Public Health
Aimee Hodgkinson	Commissioning Support Officer
Cathy O'Driscoll	Associate Director of Delivery & Transformation, NHS
Gareth James	Deputy Place Lead, Healthcare Integration NHS Trafford

Stephanie Ferraioli Governance Officer

1. ATTENDANCES

An apology for absence was received from Councillors Haughey, Young and Western.

2. DECLARATION OF INTEREST

Councillor Leicester and Brophy informed of their role in the NHS along with colleagues from the NHS present today.

3. MINUTES

RESOLVED – That the minutes of the meeting held on 19th December 2022 be noted as a true and correct record.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions received from members of the public.

5. CANCER DIAGNOSIS

The Director of Public Health informed that she was contacted by a GP in the Partington area of Trafford three years ago, who stated that cancer rates were high. After carrying out a research, it was found that indeed the rates are high in the area and this is unlikely to be caused by one single environmental factor but rather by a series of behavioural factors including depravation and consumption of alcohol. In England all cancer cases are recorded through the Council Registry and due to the level of work they carry out to ensure the accuracy of the data they provide, there is a lag so the latest data that could be obtained refers to 2017. It is important to wait for the data showing the impact that the pandemic has had on people before being able to have an accurate cancer rate and the root cause data. However, the team has put a number of steps in place in the interim in order to try and reduce the behavioural risks leading to such high cancer rates in the area.

The Chair thanked the Director and stated that indeed it was important to implement every step possible to take the opportunity to reduce the risks in the area.

Councillor Leicester enquired about the availability of breast screening facilities in Partington as opposed to having to travel elsewhere. This was reinforced by Councillor Akinola who also would like a report update at next meeting.

The Director informed of the current community approach in the area where they are receiving support from local Councillors as well as community leaders, to reach out to the population to assess the reasons why women do not attend the practice for screening. People have also been receive a letter from their GP informing them of the availability of bower cancer screening kits and how to use them, which has proven very successful.

Councillor Hartley drew attention to the part in the report where it was stated that the more deprived in the population were less likely to seek help and therefore receive help later with a worse prognosis; similarly looking at table on page 21 in the report people carrying out routine manual occupations find it difficult to see a particular doctor and find it difficult to find a convenient time for an appointment ending up talking to a receptionist about their symptoms and wanted to know if there was any conversations taking place with Primary Care colleagues about these issues.

He was informed that this is something that is being discussed a lot and that quite often this is a perception that people might have as opposed to what factually happens in primary care.

Councillor Acton was interested about the breakdown of alcohol usage by age, with the highest age group being 14-16 year olds which is quite concerning and what is being done to bring that down. He suggested perhaps addressing the issues in schools would be an ideal start.

The Director stated that the people who were drinking prior to the pandemic actually drank more during the period, but quite a lot of people are not drinking anything now. There is quite a divide now in society with a lot of younger people not drinking at all. The price of alcohol has also come down a lot so there is much easier access to alcohol. This is a problem across society. Midwives for instance frequently ask pregnant women about the alcohol consumption and the reply is that they do not drink or very rarely. They are not happy to disclose that information but by contrast they

seem very happy to disclose the use of cannabis. Interesting is the way alcohol is perceived.

RESOLVED - That a report on Breast Screening be presented at next meeting.

6. ALCOHOL AND SUBSTANCE MISUSE

The Consultant in Public Health presented an update from the previous Scrutiny report that took place back in November 2021. She informed members that there is an awareness that alcohol is the biggest risk to poor health and death to adults. The higher figures demonstrated in the report represent the widening in economy and in consumption. However, the improvements to services and the working in partnership will improve the landscape of supporting people who are drinking a high level.

Although the National Drugs Strategy 2021 had its primary focus on drugs, a lot of the improvement services and partnership working are a direct result from that strategy. More locally, the Trafford Health and Wellbeing strategy has as one of their top five priorities the support of people who drink a high level. Actions and recommendations resulted from the work undertaken with Trafford Health and Wellbeing have been submitted and are awaiting approval from the Health and Wellbeing Board.

There is no national alcohol strategy other that the one relating back to 2012 though this has been debated in parliament today, so there may well be a new strategy issued soon. Certainly, at GM level we are forming a partnership to better allow us to work with colleagues across the system to address the substance misuse.

Councillor Akinola queried whether there is any data on under 21 year olds hospitalised whether they are from an area of higher deprivation.

At present this is not an indicator that is being recorded, there is no geography indication, they are from all over the borough.

The Chair queried whether the situation in Trafford was worse than nationally or even abroad. He was informed that there is indeed a sort of north/south divide across Europe, with high rates in the UK. Pre NATO, one of the highest globally. It is important to continue to work with schools as it is very encouraging to see that in young people the attitude has declined.

Councillor Brophy referred to page 29 of the report asking whether there was any information on how young people are getting alcohol, whether they are having parties at home where alcohol is available or are they buying it through older teenagers.

Mostly through the accommodation, this is being addressed once they come out of hospital.

RESOLVED – That the report be noted.

7. TRAFFORD LOCALITY URGENT CARE NEEDS ASSESSMENT AND CRITICAL APPRAISAL SCRUTINY

The Associate Director of Delivery and Transformation NHS Trafford, introduced the Urgent Care Review following the request for an update resulting from the Committee meeting in September; informing Members that they are at Stage 1 of the Urgent Care Review Trafford. The paper presented tonight is quite comprehensive but the team felt it necessary to enable them to provide an accurate view of the current situation across Trafford in terms of urgent care, including access to A&E, pharmacies, dentists, optometrist, GPs etc.

It is important to remember that most urgent care is delivered within the community by local GPs, dentists, optometrist etc. mostly between the hours of 8.00 am and 8.00 pm. The need for urgent care is determined by a number of factors including the accessibility and quality of planned and preventative care which in many cases aids the limitation for the need of urgent care. Most people travelling to urgent care centres are the minority, mostly urgent care is delivered in the neighbourhood by the GP practice or a pharmacy. The rates are higher in the very young and very old, this is because young children get ill very quickly and so it is important that they are seen by someone in person rather than being offered treatment by phone or online. For the older population especially in the south of the borough starting at around 80 years of age whereas in the north of the borough that increase starts around 70 years of age, due to mostly issues with mobility or illnesses that a younger person may shake off say such as a fall, where a 30 year old might fall with relatively no harm to them an older person could break a hip because they may have osteoporosis or other conditions. Another reason for the higher rates is depravation.

The rates of use in urgent care dropped during the pandemic, however now they are increasing again. The other big change since the pandemic is that now there are more same day appointments in general practices whether online or face to face.

Overall, the conclusion is that Trafford residents have good access to urgent care centres and that is both because there is good public transport in the borough and because there are high rates of car ownership. The main area of concern for the team is Partington that has been identified as a high risk area of transport related social exclusions and has high level of needs due to depravation.

Members may be aware that in September last year, the team carried out a pharmaceutical needs assessment in the borough which demonstrated that all areas of Trafford have good access to pharmacies with the exception of a gap in Partington on a Saturday afternoon and on a Sunday. The team is working with NHS England to make sure the gap is filled.

Councillor Lloyd thanked the team for such an informative report and said that she hoped the gap in Partington would be remedied soon. She also stated that perhaps people did not take full advantage of the services provided by their local pharmacy. Discussion are taking place to allow pharmacies to prescribe antibiotics too and possibly the service could do a lot more.

She was informed that the team are also running a social engagement process online and visiting hard to reach community groups to really assess what urgent care looks and feel like, ascertaining whether people understand in full the role of the pharmacy and if they know where to find further information. This will be followed by very targeted campaigns throughout the locality to address questions of lack of understanding that people may have to access health care. Nationally, the role of the pharmacy and what it can deliver is being looked into as indeed the service could offer more. This is run by NHS England but our localities will feed into the work to make sure everyone is aware of what the expansion of the role of pharmacies will look like and the extra services they will provide.

Councillor Gilbert echoed the sentiment of Councillor Lloyd in terms of the excellent report provided by the team in such a short space of time. She queried the fact that Altrincham Minor Injuries Unit was classified as sitting outside the national guidance.

What is meant by sitting outside the national guidance is that the national guidance states that there should not be stand-alone minor injuries units and if there is one it should be developed into a GP hub or a bigger centre.

Councillor Gilbert continued stating that she would appreciate learning about the next steps for Altrincham Minor Injuries Unit.

From an urgent treatment centre perspective, this is a Primary Care led facility generally open for a period of 12 hours a day between the hours of 8.00 am in the morning and 8.00 pm at night, mostly visited by patients who may have gone to a walking centre with additional blood tests requirements or x-rays for instance. Trafford General being a primary example of this type of facility.

The way Health is going to be approached is changing, there is a cultural shift taking place with pharmacies being an example and before that, patients should be taught to check their medicine cabinets first, learn self care. Educating the population first, then GPs, pharmacies and local urgent care centres. NHS Greater Manchester is due to release guidance for patients on how to approach their own management in terms of where they go for care. This in short is the definition of urgent treatment centres. They are part of the pyramid of urgent care.

Councillor Lloyd asked when the guidance regarding stand-alone minor injuries units was released.

The initial national guidance around urgent treatment centres was issued in 2017 with a deadline of December 2019 where all localities had to adhere to. This was missed by Trafford for a number of reasons and then the pandemic also affected any progress. NHS England is now querying again the situation with Altrincham Minor Injury Unit where services where suspended due to staffing issues and that had been redeployed to Wythenshawe Hospital. The team is looking into this.

Councillor Hartley enquired whether the figure of 90% of patients being able to access care within 30 minutes travel distance as per the maps on page 49 and 50, was based on Altrincham Minor Injuries Unit being open or closed.

If the Altrincham Minor Injuries unit is open then 90% of patients can access care within the 30 minutes slot if closed it is lower. However, the figures do not take account

of the fact that one could only access Altrincham Minor Injuries Unit if you have an injury therefore the figure is not entirely accurate as all the people who had minor illnesses already had to travel somewhere else. The maps and data provided in the report can be a little confusing. This is also why the ascertaining of the transport related socialised exclusion, as it would not work to close a service where people have trouble travelling anywhere else leaving them with nowhere to go. Looking at data from Greater Manchester Transport it was found that the only area for Trafford with transport exclusion was Partington.

Councillor Hartley continued asking whether there was a way of streamlining the different ways people access care in the area making educating them perhaps easier.

Work is being undertaken with colleagues from MFT, in fact there is a workshop this Friday where we will look at what urgent care looks like, how to simplify the terminology and future communications as well as looking at how to streamline the services and make it really clear for people to know where they can access the care that they need.

Councillor Hartley also enquired whether the next step for Altrincham would be turning the unit into an urgent treatment centre and if so how easy would this be.

This has not been looked at yet as this review refers to the needs for Trafford and not looked at any of the analysis of the proposal for what the unit may look and feel like. That would take all systems and partners coming together and consider the financial implications.

Councillor Slater also thanked the team for the exceptional work in the short space of time they had and also reinforced that the way forward was to educate people, making absolutely clear that there are other services available to people not necessarily needing A&E. There is perhaps a misconception that urgent care equals A&E where in fact, a first response could be a local optician or pharmacist.

Councillor Taylor also felt that urgent care started with self-care and knowing what is available within the community. She also thanked the team for such a great report, really extensive and will lay the foundations on how to proceed. She felt it was reassuring to learn that the services already in existence served the population well.

The Chair thanked everybody for the report and the excellent questions from Members.

RESOLVED – That the report be noted.

8. ICS UPDATE

Following on from previous verbal updates, it is possible now to share the report that went to the Partnership Locality Board yesterday. Every month at the Locality Board themes in the current development of Integrated Care are shared, as well as what is relevant for the Trafford Locality Board and its partners.

As part of the transformation programme, work around reducing the head count on a voluntary basis across GM is continuing, hopefully without the need for more stringent measures. It is envisaged this will be completed by the end of June 2023.

The draft budget has been received both in terms of the corporate budget for the staff and the locality team and also for the service level budget and what will be delegated to the locality board.

The budget is a lot smaller than that of the CCG, because a lot of the functions and the bigger contracts will be held at the GM level. From 1st April 2023, the Primary Care budget, Primary Care prescribing budget and some elements of urgent care will be delegated to the local authorities. Even though the control of the budget will not be formally delegated to the local board from 1st April 2023, the information will still flow through the authorities and partners allowing an input in the matter of local services.

Decision was taken at the Locality Board yesterday to delay by four weeks the changes relating to Governance which needed to be finalised by the end of the financial year, in terms of whether to form a committee or subcommittee to the ICB. Trafford along with five other authorities will submit their papers to the ICB in March.

Also at the Locality Board, it was agreed that the new Leader of the Council, Councillor Ross will be the interim co-chair.

Councillor Gilbert stated that it felt a long time for the structure to be formed in terms of staff and governance and is this the same across the Nation or is it just the case for Trafford as it is not clear how this is impacting patients.

Councillor Brophy agreed that it felt this was taking a long time and would appreciate further clearance of what the report is trying to achieve and how the money was being spent.

It has taken a long time but the team is not behind in terms of the development of the system. Most ICBs have done things a little differently. The impact on patients is being monitored through performance and quality impact of what is being done via the health and social care system through existing governance and new governance. Conversations are taking place on how to improve this too.

Councillor Lloyd enquired about the uplift in the budget for Trafford.

The impact across GM is unknown at the moment and possibly less than it was expected. There are two applications in process that the outcome is still not been made known but the Trafford locality team will manage that within. Any severance payments are picked up at GM level not through the locality budget. In terms of the overall budget, the current budget is much smaller because it does not cover all the previous functions but is based on what was spent previously plus an uplift based on national planning guidance for this year.

Councillor Lloyd would like to know the actual amount of the uplift figure and its impact as it is important in terms of the resources the Council can provide.

Councillor Slater stated that unions have been heavily involved throughout the process and a union member sits on the board.

RESOLVED - That an update be presented at next meeting in March.

9. WORK PROGRAMME

RESOLVED – that the remainder of the work programme for this municipal year be noted.

10. URGENT BUSINESS (IF ANY)

There was no urgent business to be discussed.

11. EXCLUSION RESOLUTION (REMAINING ITEMS)

There are no further items to be discussed.

Meeting ends 09.15pm

TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **1st March 2023**
Report for: **Information**
Report of: **Gareth James, Trafford Deputy Place Lead for Health and Care Integration**

Report Title

Integrated Care System Update

Summary

The purpose of this report is to provide an update to the committee on recent developments across the Greater Manchester Integrated Care system that affect the Trafford Locality. The report covers the latest update on the development of the GM operating model including agreement of locality budgets and describes the next steps to confirm locality governance arrangements.

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: Gareth James, Trafford Deputy Place Lead for Health and Care Integration

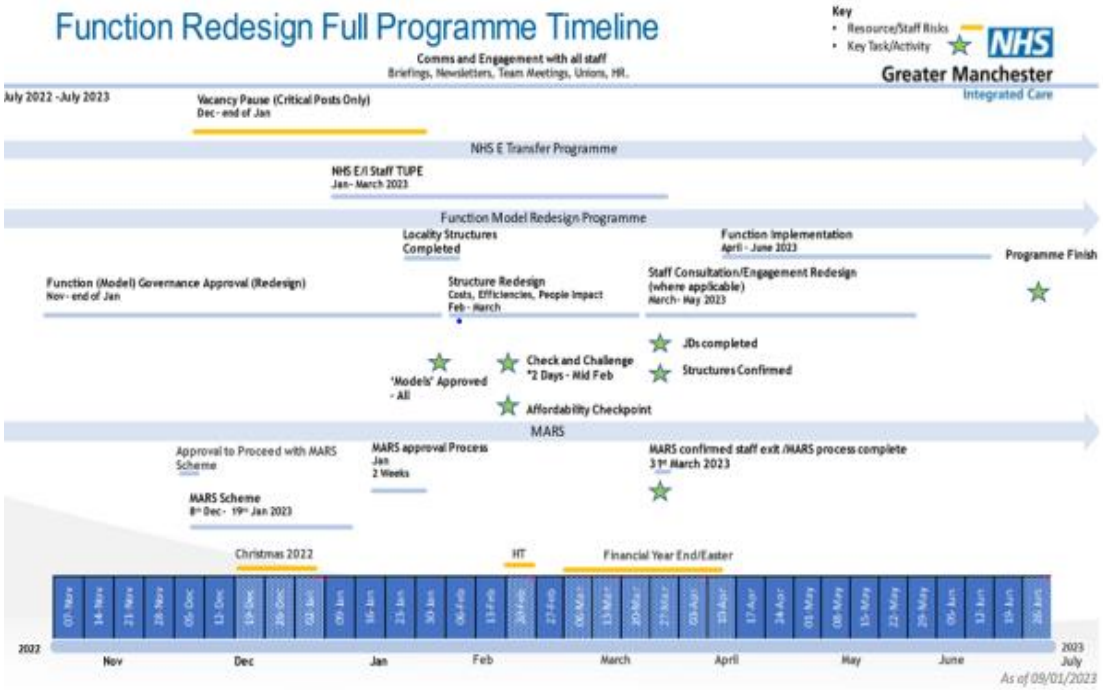
Introduction

1. The purpose of this report is to provide an update to Trafford Locality Board (the board) on recent developments across the Greater Manchester Integrated Care system that affect the Trafford Locality.

2. The report covers the latest update on the development of the GM operating model including agreement of locality budgets and describes the next steps to confirm locality governance arrangements.

NHS GM Operating Model – ICS Transition Programme

3. To date, the transition programme has delivered 6 staff consultation phases including the implementation of locality leadership structures. The following timeline highlights the key milestones which must be met to achieve the completion of the programme by the end of June 2023:



4. As reported last month, localities have been provided with corporate budget allocations for 2023/24; £3.702 million in Trafford, and we are on course to propose our locality team structure to meet NHS GM requirements. In addition, 22 out of 26 of the GM functions have confirmed their operating models. During February, locality structures and proposed budget usage will be subject to a consistency/alignment process and GM functional structure will undergo a check and challenge.

5. A Mutually Agreed Resignation Scheme (MARS) was undertaken between 9 December 2022 and 19 January 2023. As the MARS process is concluded locality and GM functional structures are being finalised. Following this process

phase 7 of the consultation affecting the remaining and majority of NHS GM staff will take place, starting during March 2023.

6. Consultation on all remaining structures will be undertaken at the same time in order to provide our staff with the full picture of NHS GM and, therefore, enable staff to have informed decisions about their futures. Once concluded, NHS GM staff will have clarity on their role, purpose, line- management and function within the GM operating model.

Trafford Delegated Locality Budget

7. Further to the update provided last month, the budget areas and values issued by central ICB finance aligned to Trafford as at November 2022 are summarised in the table below:

Budget Area	£
CHC	13,926,125
Community	11,528,498
Mental Health	8,651,885
Primary Care	2,299,248
Prescribing	27,742,634
Locality Estates	1,892,973
Total	**66,041,363**

8. The values reflect a nine month period from 1 July 2022 to 31 March 2023 and remain unchanged from the values shared in the update last month. The ICB Trafford Locality Finance team have reviewed the budgets and are in broad agreement. Several issues have been raised with NHS GM finance functions and is anticipated that the final delegated budget will be agreed shortly.

9. Further details of the delegated budget are provided in a separate report to the board as part of the suite of governance documents that require Trafford partner approval prior to submission to NHS GM.

Trafford Locality Governance

10. All 10 localities are required to agree governance arrangements to NHS GM before the end of the March 2023. To enable delegation of ICB functions and funding we are required to produce the locality board terms of reference, details of financial arrangements and documentation associated with any Section 75 agreements.

11. In line with the previously agreed process and timetable a task and finish group of Trafford partners has been considering legal advice and has agreed a preferred governance model for approval at the locality board in February.

Following this approval a submission of all key documents will be made to NHS GM for agreement at the ICB board meeting in March 2023.

2023/24 Operational Planning

12. A Greater Manchester group has been established to lead the 2023/24 planning process. System partners and boards are working to set trajectories against national objectives and local ambitions. There is a commitment to ensure plans are set at the correct level of granularity, at provider and locality level where appropriate.

13. Plans will be submitted in line with the national timetable; the first submission of activity, finance and workforce plans being 13 February 2023. Prior to submission there will be a triangulation meeting involving Place Based Leadership, Provider Chief Executives and Greater Manchester's Executive Team in the morning of the same day. Final submission is due on 30 March 2023.

14. The table provided as Appendix 1 summarises the national objectives for 2023/24. They will form the basis for how performance of the NHS is assessed alongside the local priorities set by systems. As a locality we are completing an exercise to review all key deliverables set out in the Operational Planning Guidance and supporting documents to inform the Locality priorities for 2023/24. A further update will be provided to the board in March 2023.

Hewitt Independent Review

15. As discussed previously the Secretary of state for Health and Social Care appointed the Rt Hon Patricia Hewitt to undertake an independent review to consider the oversight and governance of integrated care systems (ICSs). The review considered how ICSs could be best enabled to succeed, balancing greater autonomy and robust accountability.

16. All ICSs were asked to contribute to the development of the review with GM ICS responding in January 2023. Feedback from the GM response is expected in the coming months.

Appendix 1

The table below sets out the national objectives for 2023/24. They will form the basis for how performance of the NHS is assessed alongside the local priorities set by systems.

Area	Objective
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

TRAFFORD COUNCIL

Trafford LA and GM IC Trafford Partnership Work

Audience: Scrutiny Board, 1st March 2023

Authors: Jo O'Donoghue, Head of Service All Age Commissioning and Alex Cotton, Acting Head of Community Transformation Trafford

Introduction

The purpose of this slide deck is to provide Trafford Health Scrutiny with some recent examples of Joint Partnership working across Trafford Local Authority and Greater Manchester Integrated Care Trafford.

Trafford Market Management – Quality Assurance

Trafford Council and GM IC Trafford have a long standing partnership to ensure that Trafford meet their Care Act responsibilities to provide safe, high quality of care and support services with a choice of suppliers, who can meet the need and demand to provide options for our residents.

We work jointly to shape the market and develop services to support sustainability, quality and outcomes preventing and reducing the need to access care and support, or hospital admission, development of joint strategies and understanding lessons learnt

Examples/Outcomes:

- Joint Quality Assurance Programme; working together to support best practice, identify thematic risk, addressing and mitigating this risk and providing enhanced support where necessary.
- Trafford Quality Assurance Programme “Trafford I-Tool” a measure of compliance and early indicator of performance and risk.
- Joint Improvement Plans
- Implemented Provider Concerns to capture all low level intelligence across health and social care, enabling analysis of any thematic risks to be addressed quickly and efficiently.
- Shared decision making re suspension of care providers and improvement planning in partnership with care market
- Year on year CQC ratings are improving across our services in Trafford, even through the pandemic
- Governance of this process sits within the Joint Quality Assurance Board.
- Due to increasing complexity of individuals and needs, we will continue to review the existing recourse in order to meet the need. Currently there is a very limited resource, but we are likely to require an enhanced offer around clinical requirements in line with GM quality work programme /changes .

Trafford Care Home Market – Meds Optimisation

Trafford Medicines optimisation looks at the value which medicines deliver for our older people's care homes, making sure they are clinically-effective and cost-effective.

Ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

Ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

Examples/Outcomes:

- The work has been undertaken as part of the Quality Assurance programme identifying the areas of improvement required and discussions commence with the Medications Optimisation Team as to how this is supported, feeding into the QA programme and other improvement plans.
- The offer provide assurances for our Older People's services which includes our Discharge 2 Assess beds. The service were not originally funded to cover LD and MH Services. If this is decided to be a requirement moving forward, further discussions are necessary with GM IC colleagues as to funding this offer and extending their remit.
- Timely management of issues presenting improving the service Trafford residents are receiving in the care home, reducing unnecessary prescribing to them and looking at alternatives.
- Joint Improvement Plans –supporting care providers to address areas fo concern and improve quality
- Shared decision making re suspensions and joint work with CQC
- Timely management of issues presenting improving the service Trafford residents are receiving in the care home, reducing unnecessary prescribing to them and looking at alternatives.
- Governance to this process sits within the Joint Quality Assurance Board

Trafford Home Care Market - Discharge to Assess/Specialist Units

The D2A modelling work continues and Health and Social Care leads work jointly to review and develop Trafford's D2A offer and future need.

Reviewing utilisation of previous and current D2A stock, including block and spot arrangements.

Understanding the resource requirements with a reduced or increased offer and aligning a robust health model to support the future D2A offer and the care homes.

Identifying the financial risks, system risks and market risks.

Exploring void management mechanisms such as retainer rates to reduce the financial impact on stakeholders with the unexpected outbreak management, planned suspensions and general ability to accept individuals based on need. Developing specialist units for complex requirements.

Examples/Outcomes:

- Capacity and demand forecasting
- Planned joint procurement of provision
- Development and implementation of medical support for people using these D2A beds
- The work undertaken as part of the Quality Assurance programme identifies the areas of improvement required and discussions commence with the Commissioning colleagues as to how this is supported, feeding into the QA programme and often improvement plans.
- Development of assessment processes to support timely support to ensure people return home as soon as possible
- Joint Improvement Plans developed around reducing falls, improving nutrition and hydration ,reducing pressure areas etc.
- Development of therapy input to the D2A beds.
- Shared decision making re suspensions and improvement plans
- Joint work with hospital sites, care providers ,commissioning, mental health services and primary care
- Governance to this process sits within the Joint Quality Assurance Board

Trafford Home Care Market – D2A General Practice Support

Move away from one GP Practice alignment to one provider of D2A beds model due to operational and capacity challenges this presented to General Practice

Model of support includes but not limited to:
•Temporary Registration of all patients
• Ward Rounds each week.
• Repeat and new prescriptions

One GP Provider model commissioned, resulting in dedicated service to support residents in block and spot D2A beds and the specialist challenging behaviour unit.

Examples/Outcomes:

- The One GP Provider provides a consistent model of support to residents in D2A beds and the Care Home Providers.
- Supports safer discharges from hospital, proactive care, supporting residents to get the medical care needed by working closely with the wider MDT team and being a single point of contact for primary medical care.
- Supports residents health needs during period of assessment in a D2A bed or for the duration of their placement in the Specialist Complex Behaviour Unit.
- Working in partnership with Urgent Care Control Room , Care Homes and Trafford system.
- Increase in clinical safety and reduction in medicines issues and a reduction in readmissions to hospital.
- Supports system learning and understanding of increased needs and themes around improving the experience of care

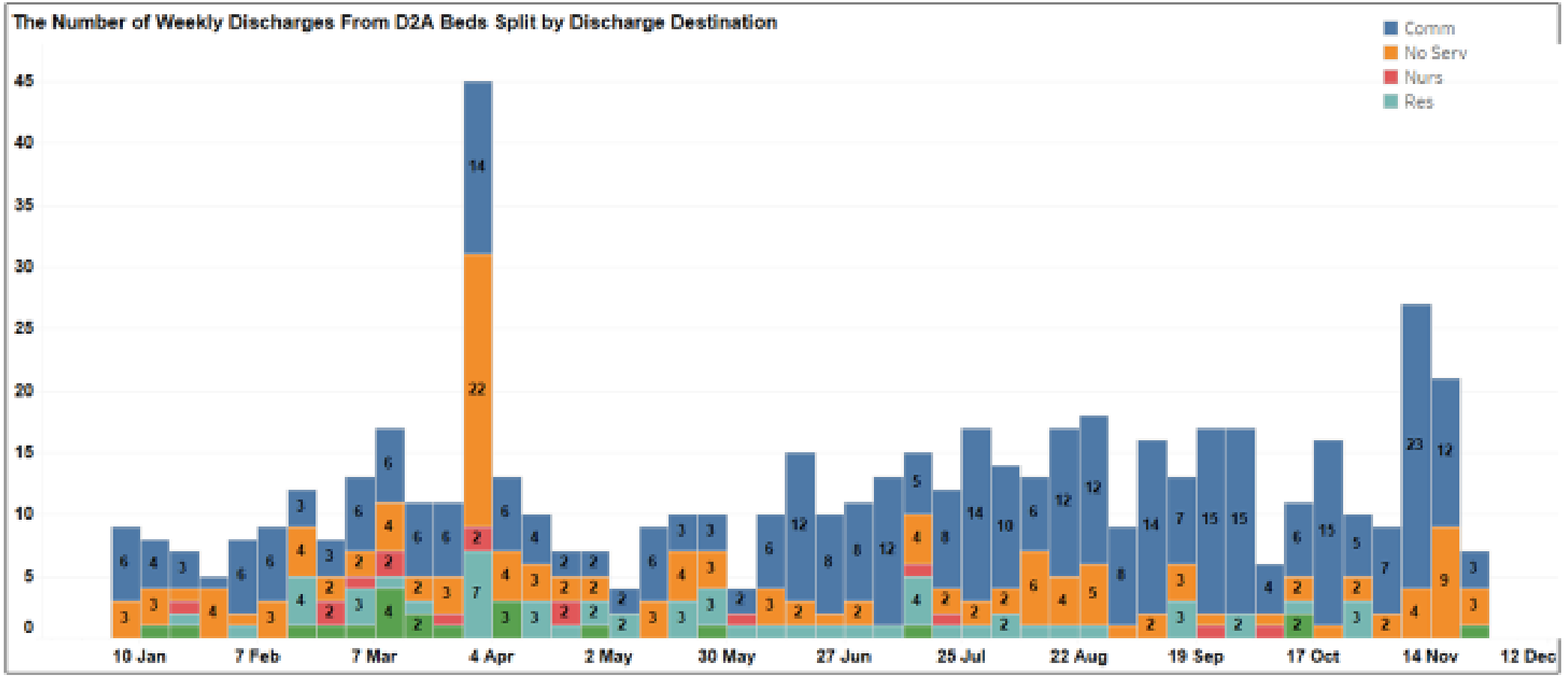
Trafford Home Care Market – Resident Outcomes from D2A beds

Clients Discharged from D2A Beds

Overall Proportion of Discharge Destination

Comm	No Serv	Nurs	Res	RIP	Overall Home
59.72%	23.92%	2.75%	9.98%	3.61%	83.65%

The Number of Weekly Discharges From D2A Beds Split by Discharge Destination



Trafford Home Care Market – Enhanced Health in Care Homes Programme

NHS England have an ambition to strengthen support for people who live and work in and around care homes. People living in care homes should expect the same level of support as if they were living in their own homes, this can only be achieved by collaborative working between Health, Social Care, Voluntary sector and Care Home Partners.

As such Trafford developed a Multi-Disciplinary Team to work together to improve the health of our residents and work together to plan proactive and personalised care. The programme continues in Trafford. This programme was a vital resource in response to the Pandemic and now forms part of care across the Borough .

Examples/Outcomes:

Developing vaccination programmes across care homes, identifying low uptake and necessary response. Working together to manage the mandatory vaccination fall out.

Roll out of the Safe Steps Programme into care homes to reduce falls and improve real time physiological recording of residents in care homes.

With the additional social care funding to reduce admission from hospital and increase discharges Trafford Local Authority and Greater Manchester Integrated Care Trafford were able to develop a training offer for all our care providers, including primary care. Supporting reduced issues around infection control, covid and flu management ,medication errors, hydration and nutrition ,end of life care and support, reducing falls etc.

Distribution of medical equipment across care homes, pulse oximeters, Ipads for virtual MDTs.

Development and implementation of weekly ward rounds and virtual MDTs for residents.

Shared infection control challenges and barriers.

Primary care challenges and solution finding.

NHS mail roll out.

Digital Date Protection and security Toolkit Programme.

Trafford Care Home Market – Increased Capacity

Trafford's Geographical /neighbourhood based home care contracts has been a huge success.

We have 4 tier 1 providers supporting each of the 4 locations Central, North West, and South 3 covering borough wide and additional 6 tier 2 provider to support with additional demand.

The contract offers end to end cover from Stabilise and make safe (SAMS/reablement) through to Home Care for continuity and stability.

Capacity is fluid across the borough we are not experiencing any challenges in any of the geographical locations. This is mainly because providers have their own footprint and are not navigation across the borough waiting valuable time

Examples/Outcomes:

Attendance at the Health & Social care daily sessions to review everyone who needs to leave hospital, ensuring a personalise and timely plan .

Example, identified at the joint meetings that delayed telecare installations were impacting on the discharge figures for pathway 1 referrals from Wythenshawe.

Introduction of 10 temporary telecare kits to support appropriate discharges for pathway 1 (home with support) referrals from Wythenshawe.

Kits are provided by Trustcare and delivered /installed by Red Cross

Kits are being managed by the Control Room to ensure recycling.

Identified the challenge for support in the Old Trafford location due to cultural challenges and close knit communities. Identified 1 lead provider based in Old Trafford (Star Home Care) who was able to recruit from the community however the challenge was they were all none drivers. Working in partnership referrals i/visits have been coordinated n the relevant postcodes ensuring we maximise all available capacity and retain and develop the workforce whilst offering continuity in that locality. The initiative also provided employment.

Identified the lack of services in the far to reach South of the borough and work with a provider (Cherish) to fund a mini bus to develop a none driving workforce supporting all packages in that postcode. Delivery increasing from 150 hours a week to a steady 400 + and has maintained.

Trafford Home Care Market – Comparisons

2019 Framework Providers:

29 Home Care providers all contracted to cover services borough wide.

2023 Framework Providers:

29 Home Care providers across all neighbourhood areas

4 in Central
4 in North
4 in West
4 in South
3 Borough Wide
6 Tier 2 Providers managed by Trafford Control Room for additional capacity

CQC Rating	January 2023
Good	21
Inadequate	0
Requires Improvement	4
No Rating	1

Trafford Home Care Market – Market Stability

What are we doing to support providers to maintain/increase capacity?

Regular meetings with hospitals colleagues to highlight delays and support discharges.
Commissioners have their own portfolio of 4 providers allowing the to develop a good understanding and knowledge of capacity and new recruits.

Daily provider calls to identify all available capacity and bespoke CSO support to guarantee awarding locality packages to appropriate providers
Manipulating/suspending brokerage to support most urgent requirements for care if required.
Local targeted recruitment events planned.

What are we doing to support market stability?

The Commissioning team are offering bespoke support to providers who are struggling the most with regard to capacity, so as not to destabilise the market and support the growth and new recruits.

CSO's have re-instated the I-Tool focusing on providers that are RI or not yet had a CQC inspection.
Traffic light system can be implemented with oversight from commissioning team and sign off from Council senior management if providers inform us of workforce shortages due to high levels of sickness (COVID).

We are working with new providers to explore opportunities.

We are accessing Winter Funds to develop and test innovative ideas to support discharge and outcomes.

Trafford LA and GM IC Trafford are exploring opportunities with Home Care Providers to scope out the ability for providers to become Trusted Assessors and what opportunities there are to support with low level therapy needs to expediate efficient and safe discharges.

Interdependencies/Enablers

As social care is a significant and important part of local authority spending, central government issued a serious of additional funding to meet local needs. This has enabled and continues to enable the innovative partnership working undertaken.

Local Authority and GM IC worked together to plan how we spend this money locally, as well as conditions governing its use and support residents to receive care in the best place .

Examples:

- Infection Control Grants
- Better Care Funding
- Fighting Fund
- Winter Grants
- Improving Lives Everyday Project
- Enhanced Health in Care Homes Programme
- Resilience Discharge Programme

TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **February 2023**
Report for: **Information**
Report of: **Jilla Burgess-Allen, Consultant in Public Health**

Report Title

Breast screening

Summary

The purpose of this paper is to provide an overview of the Breast Screening Programme in Trafford

Recommendation(s)

That the contents of the report are noted.

Introduction and screening process

Breast cancer is the most common cancer in the UK, representing 15% of all new cancer cases, and is the 4th most common cause of cancer death and the 2nd most common cause of any death in women. The risk of developing breast cancer increases with age, with most cases being diagnosed in women over 50.

It is estimated that around 30% of breast cancer cases in the UK can be prevented, through maintaining a healthy weight, eating well, keeping active, drinking no more than 14 units of alcohol per week, and not smoking.

In England, over 80% of women diagnosed with breast cancer are predicted to survive for 10 or more years. The earlier breast cancer is detected the greater the survival chances. Regular breast screening can ensure cancer is detected early. Screening saves around 1,300 lives each year in the UK.

As well as going for regular breast screening, women are recommended to check their breasts for changes as cancers can develop between mammograms.

During the pandemic there was a decrease of over 40% in the number of women screened for breast cancer in the UK.

Routine breast screening is offered once every three years to women in Trafford aged between 50 and 71 who are registered with a GP as part of the Manchester Breast Screening Programme. The eligible population in Trafford is approximately 34,040 as at 2023.

Women will receive a letter with a timed appointment for breast screening at a location in their local area. Mammograms are then sent back to the Nightingale Centre and interpreted by two film

readers. If the result is normal women will receive a letter within two weeks and will be invited in three years' time for their routine screening.

If the mammogram shows any abnormality which requires further assessment an appointment for the Nightingale Centre will be sent usually within two weeks. At the assessment clinic each woman will be seen by a Radiologist and the relevant tests will be carried out. This could include further mammograms, ultrasound and possibly a needle biopsy. Further appointments for any results will be discussed with the woman which will take place at the Nightingale Centre.

Breast Screening is delivered using mammography (breast x-rays) from either a static clinic or a mobile unit.

During a three-year period, the mobile unit will visit the following sites, two of which are in Trafford Borough –

Nightingale Centre – M23 9LT

Trafford General Hospital – M41 5SL

Seymour Grove Health Centre – M16 0LW

It is hoped the unit will in addition visit Partington for the next screening round (2024) and the GM programme has agreed to this provided a suitable location can be identified.

Performance

Breast Screening performance is measured using several key performance indicators, but the main measurements are –

Round length – this is the time between the last screening mammogram and the invitation for the next one, three years later. This should be within 36 months of the last mammogram. This should be at least 90%. Round length is also measured using the dates of the when each practice was screened three years ago. The table below shows the performance for Trafford using this measurement –

Site	Dec 22	Jan 23	Feb 23	Mar 23
Trafford	2 weeks behind	2 weeks behind	1 week behind	On time

Table 1

Uptake – this is the measurement of how many women attend the programme. The achievable standard is 70%.

The uptake for the Trafford area is shown in Appendix 1.

Staffing

Mammography is undertaken by Radiographers, Assistant Practitioners and Mammography Associates. All staff are female. These staff require a significant period of training (approximately 12 months) before they can work independently within the programme.

The NHS Breast Screening Programme has seen a decline in workforce over the last few years where staff have left due to retirement or to pursue other careers. The Manchester Breast Screening Programme has experienced the same issues and has worked hard over the last two years to recruit heavily to these roles.

The programme has been supported with sufficient funding to recruit above establishment to enable extended working hours. In future this will help to sustain performance and will mitigate against any downtime or loss of capacity. Whilst the programme has been successful in recruiting to these posts over the past two years months, none of the staff joining the programme were already qualified and required training before they could fully operate within the service. In addition to this, several members of staff also went onto maternity or sickness leave.

In total there are 33.3 whole time equivalent (WTE) staff allocated to delivering routine breast screening, although 19.5 WTE are either in training, absent from work due to sickness or are on maternity related absences. This leaves 13.8 WTE available to deliver breast screening and symptomatic services.

To deliver sufficient capacity for the breast screening programme six community clinics need to be open each day (Monday to Friday), this requires 2 WTE staff each day, using either two Mammographers or a combination of a Mammographer working with an Assistant Practitioner Mammographer. This equates to 12 WTE each day required for breast screening alone. The current available staff (13.8 WTE) are being used to deliver breast screening and symptomatic work so it clear why capacity has been low.

Staff are now nearing the end of their qualifications so capacity into 2023 is increasing.

Impact of Covid 19

The Manchester Breast Screening Programme suspended all clinics between March and July 2020 due to the Covid 19 pandemic. The programme has recovered it's Covid backlog, however currently they have a backlog in their round length, which is a historic issue pre pandemic. The backlog has not been recovered due to significant workforce shortages, which are mirrored nationally.

Strategies to address the issues identified

Screening providers in GM have recently (Oct 2022) been awarded national levelling up funding to improve uptake and assist bringing the round length to 36 months. The funding has been awarded to pay for additional equipment, including opening additional community static sites to support access and capacity.

The programme have now reverted to first timed appointments, which is evidenced to improve uptake, this will hopefully be reflected in the data when it is published for this period.

Fortnightly meetings with Manchester breast screening programme are ongoing to support improvement against the round length.

The Cancer Screening Improvement Lead (CSIL) is embedded within the screening services, to work with GP practices and wider stakeholders to improve uptake.

Answer cancer are commissioned locally to raise public awareness for cancer screening, among targeted localities and groups who are known to not engage. While they do not currently work in the Trafford area, the next round of funding that they have received for another year will include Trafford, and this will enable us to undertake targeted work in low uptake areas of Trafford.

Voice of BME do work in Trafford to support GP practices to improve their NHS screening uptake by providing 1 to 1 support to the patients via phone conversations to book them for screening. They also deliver screening awareness drop-ins at practices in the waiting area and community places to reach more people. Between April and December of 2022 over 100 of these sessions had been delivered in these communities. This work is targeted in areas experiencing health inequalities - Old Trafford, some areas of Stretford, and Partington.

Work with community pharmacies to promote breast screening is being planned as part of regular cancer commissioning meetings.

Work with GPs

There are two Cancer Screening Improvement Leads (CSILs) who work within the programme specifically to work with GPs to improve uptake and awareness of the screening programme.

Each GP practice will be contacted approximately four weeks before screening is due to take place for their practice by one of the CSILs. A pack of information is sent with details of what will happen during the screening process. There is also an opportunity for the CSILs to come into the practice to offer specific training for staff about breast screening.

The programme has a website with additional information. Women can also request an appointment through this site –

www.breast-screening.uhsm.nhs.uk

There is also access to a video which describes the process of breast screening –

https://mft.nhs.uk/wythenshawe/services/breast-care/breast-screening/

For more information about the programme please contact –

bsapts@mft.nhs.uk

The CSILSs have developed a GP toolkit that covers breast screening for people with learning disability and they discuss the breast screening pathway with GP practices and offer to train their staff on pathways and resources available to them.

Appendix1. June 2022 Breast Screening Uptake (Attended within 6 months of being invited based on a rolling 12-month period of invitations)

			Uptake				
Locality	**Invited (past 12mos)**	**Attended (within 6mos)**	**%**	**vs GM**	**vs NW**	**vs England**	**vs 70% Target**
Bolton	12,969	8,372	64.6%	↑ 5.9%	↑ 3.6%	↑ 1.7%	↓ -5.4%
Bury	10,258	6,836	66.6%	↑ 8.0%	↑ 5.7%	↑ 3.8%	↓ -3.4%
HMR	12,944	7,988	61.7%	↑ 3.1%	↑ 0.8%	↓ -1.1%	↓ -8.3%
Manchester	16,731	8,109	48.5%	↓ -10.2%	↓ -12.5%	↓ -14.4%	↓ -21.5%
Oldham	9,990	5,907	59.1%	↑ 0.5%	↓ -1.8%	↓ -3.7%	↓ -10.9%
Salford	7,480	3,707	49.6%	↓ -9.1%	↓ -11.4%	↓ -13.3%	↓ -20.4%
Stockport	18,474	10,063	54.5%	↓ -4.1%	↓ -6.5%	↓ -8.4%	↓ -15.5%
Tameside	12,833	7,020	54.7%	↓ -3.9%	↓ -6.2%	↓ -8.2%	↓ -15.3%
Trafford	10,330	6,368	61.6%	↑ 3.0%	↑ 0.7%	↓ -1.2%	↓ -8.4%
Wigan	17,944	11,805	65.8%	↑ 7.2%	↑ 4.8%	↑ 2.9%	↓ -4.2%
Greater Manchester Total	**129,953**	**76,175**	**58.6%**		**↓ -2.3%**	**↓ -4.2%**	**↓ -11.4%**
North West Total	**377,979**	**230,378**	**60.9%**			**↓ -1.9%**	**↓ -9.1%**
England Total	**3,104,302**	**1,951,272**	**62.9%**				**↓ -7.1%**

TRAFFORD VAN 2	Practice Code	Total no last round	Date last screened	Uptake this round % (2019 - 2022)	Uptake at last round % (2016 - 2018)
TRAFFORD GENERAL - Screened on mobile outside Traff Gen Hospital					
The Urmston Group Practice	P91006	2077	Dec 21 - Feb 22	63	72
The Surgery Primrose Avenue	P91012	1227	Feb - Mar 22	60	76
Davyhulme Medical Centre	P91009	2148	Mar - May 22	63	77
Flixton Road Medical Centre	P91029	880	Jun - Aug 22	71	76
BODMIN ROAD - Screened on mobile outside Nightingale Centre					
Boundary House	P91013	1631	Jun-22	72	68
Conway Rd Health Centre	P91035	1372	Jun - Jul 22	73	74
Bodmin Road Health Centre	P91017	1183	Oct - Nov 22	71	75
SALE EAST - Screened on mobile outside Nightingale Centre					
Dr Jackson @ Firsway Health Centre	P91021	2737	Nov 22 - Jan 23	Still 943 open episodes	72
Washway Road	P91014	2245	Feb - Apr 2020	64	74
TIMPERLEY - Screened on mobile outside Nightingale Centre					
Shay Lane Medical Centre	P91008	1168	Mar - Oct 2020 COVID	70	79
Altrincham Medical Practice to WCH	P91004	993	Mar - Oct 2020 COVID	55	72
Dr Westwoods Practice WCH 2020	P91007	667	Mar - Oct 2020 COVID	64	74
Dr Patel @ Shay Lane WCH 2020	P91011	1067	Mar - Oct 2020 COVID	67	75
West Timperley Medical Centre	P91016	1230	Mar - Oct 2020 COVID	57	73
Barrington Medical Centre invited to WCH	P91603	1032	Mar - Oct 2020 COVID	56	72

St John's Medical Practice	P91604	2771	Mar - Oct 2020 COVID	62	71
The Surgery Navigation Road	P91617	298	Feb-21	64	64
The Village Surgery	P91623	987	Feb - Mar 2021	72	79
119 Park Road	P91003	940	Mar - Apr 2021	63	75
Riddings Family Health Centre	P91631	475	Mar - Apr 2021	65	74
Grove Medical Practice	P91633	837	Apr-21	62	71
SEYMOUR GROVE - Screened on mobile outside Seymour Grove HC					
Brooks Bar Medical Centre	P91020	617	Apr - May 2021	38	55
The Delamere Centre	P91018	2396	May - Jul 2021	50	71
Lostock Medical Centre	P91627	755	Jun - Jul 2021	50	61
North Trafford Group Practice	P91629	1146	Jul - Aug 2021	42	65
PARTINGTON - Screened on mobile outside Seymour Grove HC					
Partington Central Practice	P91019	461	Sep - Oct 2021	34	62
Partington Family Practice	P91026	700	Nov-21	41	66

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TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **February 2023**
Report for: **Information**
Report of:

Cathy O'Driscoll, Associate Director of Delivery & Transformation/Jilla Burgess-Allen, Consultant in Public Health

Report Title

Antenatal Classes

Summary

The purpose of this paper is to update the committee on the current situation with regard to antenatal class provision in Trafford as well as providing more information on the Manchester & Trafford Maternity Voices Partnership.

Recommendation

That the contents of the report are noted.

NHS Antenatal/Parent Education classes

Antenatal classes were provided by Manchester Foundation Trust (MFT) as part of the midwifery service for Trafford women and partners; however, these were stood down during the pandemic and there is no offer at present due to the lack of capacity within the midwifery team. All the classes were based at Wythenshawe hospital.

('Parent education' is the term now used rather than ante-natal classes.)

As a result of the pandemic the information available on-line has much improved and while some women have the means to access private antenatal classes there is clearly a gap in service for those with more limited means and those who are digitally excluded.

The Manchester & Trafford Maternity Voices Partnership (MVP) has been working with MFT to standardise and improve online information, drive for the return of face to face education and has also delivered a well-being/antenatal project in Trafford after securing funds from the council. (See later section of the report on the work of the MVP)

Anecdotal evidence indicates that the lack of education is contributing more women to attending acute clinical triage with concerns which may have been dealt with through education.

That said, once a woman self-refers to the service, a community midwife is assigned who through the routine contact/assessment will be able to provide a level of education and shared care where specialist intervention is required (e.g. perinatal mental health, specialist teenage midwife for young parents). Bespoke education sessions are provided for these cohorts where required. The aim is always to provide continuity of community mid-wife care during ante- and postnatal care although this is not available for intrapartum care.

The positive news is MFT has now secured funding for a universal Parent Education lead across all three MFT sites who will pull together a parent education programme across the managed clinical service. This will take a multi-disciplinary team approach pulling in different specialties e.g. health visiting, midwifery, early years etc. The post will be advertised imminently with the post-holder likely to commence around May. MFT will work with the MVPs to develop the programme.

Personalised Care Plans

Education is also important with regard to the Personalised Care agenda which requires the development of Personalised Care & Support Plans setting out a women's needs including how she wishes to be cared for during her pregnancy. The Personalised Care and Support Plan will identify any specific complex medical needs (e.g. raised BMI, diabetes, genetic) but also the care and social support required which will involving signposting to relevant services. For young parents this will also include referring into Trafford council's Young Bumps service (see below).The Greater Manchester & East Cheshire Local Maternity & Neonatal System (LMNS) has developed a maternity equity and equality action plan which aim to ensure the personalised care & Support Plans are developed for all women including those with complex medical and social needs, those

with learning disabilities, Black Asian & Mixed ethnic groups, those who do not read/speak English as a first language, women who are neuro-diverse as well as other protected characteristics. All trusts will be audited on the quality of these plans.

Support for Young Parents in Trafford

There is still an offer for young parents – Young Bumps antenatal programme for teenagers (both mums and dads encouraged to attend) – run by the Young Parents Practitioner from the Youth Engagement Service (YES).This is well attended and very well received by the young parents.

Young Bumps is a 12 week rolling program – young parents both mums and dads can attend at any gestation and attend any sessions for however long they want. The session are run each Friday from the Talkshop in Sale. The sessions start at 12 midday and finish around 2:30pm. A taxi transport service is provided.

The service incorporates the NHS Preparation for Birth and beyond which is a course offered to first time parents to prepare for the arrival of their baby. Sessions include:

- Roles and responsibilities of being a parent/the realities of being a parent.
- Changes to us and our baby – emotional/physical changes – changes in relationships – hopes and fears
- Baby keepsake book – discuss dreams and hopes for baby – bonding and attachment - Pregnancy photoshoot
- Breastfeeding V's Bottle Feeding – pros and cons and benefits to breastfeeding – financially/emotionally/physically health benefits.
- Our Growing baby and the things they can do – Roles/responsibilities of being a parent
- Practical session – safe holding/sleeping – how to make a formula bottle
- ICON Training – why babies cry/communication – skin to skin – bonding attachment
- Practical session bathing / changing / feeding / play time / car seat safety
- Health and Safety in the home and noticing the dangers in the home
- Taking your baby Home the first 6 weeks
- Benefits support / Housing support /Education
- Things you and your baby needs / hospital bag/ self-love self-care

Some sessions are delivered by other professionals with support from youth worker i.e. Giving birth – specialised Teenage Midwife – Breast Feeding support worker – perinatal health professional.

A healthy lunch is provided as well as involvement of charities like Little Bundles to help support young people in need with Moses baskets other items. Sessions can also be tailored made if the parents additional information.

Once the young people deliver they can then access and attend the Butterflies Young Parents sessions with their babies Two groups are run from the Talkshop and the young people are given bus passes for Arriva and Stagecoach. The service provides a dinner which the young people help to budget for and cook – developing independent skills and improving social skills for the babies/children. Sessions run on a Tuesday and a Wednesday from 11am – 2:30pm. Typical session types:

- Child development/childhood ailments/safety/play activities
- Domestic Abuse/Healthy Relationships/Parental Conflict
- Budgeting/healthy eating/staying active
- Education/Care2Learn/Benefits/Employment
- Housing/what's in your community
- Cooking/celebrating being a parent/woman
- Arts and Crafts / celebrating different events i.e. Black History month/Pancake Day/Mother's Day/Father's Day/
- Sexual Health and Women's Health
- How to deal with stresses/mental health/coping strategies
- Oral health Team

The service also offers 1:1 support session for any young parents involved with social care or who need the extra support around mental health, housing, benefits or education, or act as an advocate to call Doctors/Social Workers/Benefits.

MFT Specialist Midwives team working with Trafford Locality/Public Health team

Trafford's Public Health team have developed a strong relationship with midwifery colleagues. The teams meet to share intelligence, service and intervention information, and discuss any issues that are relevant. Building this link is important for ensuring pregnant women, new mothers and their families receive the care they need. Public Health have facilitated relations between midwifery and Trafford's domestic abuse coordinator, housing, early help and drugs and alcohol services.

Maternity Voices Partnership

Trafford & Manchester localities jointly fund a Maternity Voices Partnership (MVP) aligned with MFTs three major maternity units based at St. Mary's Oxford Rd Campus,

Wythenshawe hospital (and North Manchester General), as well as covering community based midwifery services and antenatal care provided at Trafford General.

MVPs are local, independent feedback forums for new and expectant parents to share their experiences of maternity care – what was good, what was not so good, and ideas for improvements – and work together with service providers and commissioners to co-produce service improvements and make changes that matter to local people.

The importance of MVPs has been emphasised by the Ockenden report on safety of maternity services at Shrewsbury and Telford NHS Trust. One of the immediate and essential Actions was: 'Maternity services must ensure that women and their families are listened to with their voices heard.'

Each MVP is chaired by a local parent and the MVPs work closely together to ensure that women and their families in Trafford are listened to and that community consultation can be undertaken within Trafford.

MVP - Wellbeing and Antenatal Sessions in Trafford

During 2022, the MVP chairs for Wythenshawe and St Mary's, worked with Greater Manchester and Eastern Cheshire (GMEC) Maternity Voices and midwives from Trafford to deliver a series of wellbeing and antennal sessions.

This was made possible by an Inclusive Neighbourhoods Grant from Trafford Council and enabled by Trafford Clinical Commissioning Group, who alongside Manchester Health Care and Commissioning make the Manchester and Trafford Maternity Voice Partnership (MVP) possible.

The sessions were created in response to the limited opportunities for pregnant women to come together during Covid.

Women joined the sessions to learn about issues relating to pregnancy, birth and having a new-born, and to support one another.

The five sessions, four of which were delivered online and one in person, included:

- Introduction, welcome and birth preparation techniques
- Gentle pregnancy yoga and relaxation techniques
- Midwife-led infant feeding session
- Fourth trimester lived experience and wellbeing

- Summary and ‘Ask the Midwife’ session

Attendees were able to shape content as the course progressed, ensuring it met their needs. In addition to sharing personal experiences, anxieties and advice, the attendees benefitted significantly from the support and contribution of midwives from the Trafford team who delivered the infant feeding session and the final ‘Ask the Midwife’ session.

Half of all attendees were around 25/26 weeks pregnant; all were planning to give birth at Wythenshawe, except one who was planning to attend St. Mary’s.

Half of attendees had accessed some form of free antenatal education, including from the Baby Academy. Others were not sure what was available or said that they did not have the funds for a paid for course. The main reasons for attending were given as to feel more prepared for having a baby and to meet other mums. No one said that they felt they had a good understanding of how they might want to feed their baby at the start of the course.

The MVP would like to run these sessions again. They have been great in fostering relationships with the local Trafford community midwifery team, plugging a gap in support for pregnant women and in publicising what the MVP is about. Members of the senior leadership team at St Mary’s have already expressed an interest in running similar sessions and started to suggest healthcare professionals who are keen to contribute.

MVPs work in 2022

Manchester & Trafford MVPs have delivered the following:

15 Steps for Maternity **-** During 2022, 15 Steps for Maternity was undertaken at each of the three MFT hospital sites. Service-users and representatives from Voluntary and Community Sector Organisations came together with maternity staff and commissioners to do a walk round of maternity sites and provide feedback from a service-user perspective about how the environment made them feel and what needed to change. Over 60 people were involved across all three sites.

Each of the three MVPs has incorporated the changes suggested through undertaking the 15 Steps into their work-plan and positive actions have already been implemented on each maternity site

Ockenden Response - The Ockenden Interim report is the Government's independent maternity review and was published in December 2020 and included seven immediate and essential actions that needed to be implemented by Trusts all across the country. The final report was published on March 30th, 2022. The report mandated that all NHS trusts must give women information about their place of birth choices.

An additional key development in relation to Ockenden has been that the chairs have been invited to and are attending MFT safety meetings, which is improving linkages with the Trust's safety champions.

Place of Birth Information - During the past year the MVP have worked closely with MFT maternity team to benchmark services against the Ockenden report and have undertaken a specific piece of work reviewing MFT's maternity services, 'Place of Birth' website.

New user-friendly content has been developed. This clearly sets out the birthing options available at each site, the benefits and risks, practical information (who can attend, travel and facilities), as well as quotes from people who have used the services.

Equity Action Plan and Equity Focus - During 2022, addressing inequalities for women and families using maternity services has been a key focus, culminating in the development of a Local Maternity and Neonatal System (LMNS) Equity Strategy and Action Plan which covers the whole maternity system within Greater Manchester. All chairs were involved with contributing to co-production activities.

Community Engagement and Listening Events - During the past year we have focused on building our links with voluntary and community sector organisations and women and families within the Manchester and Trafford area.. The results of these activities are fed into our work plan and back to maternity services.

Priorities for the workplans for 2023/24 includes:

- Raising awareness of birth place options
- Wellbeing & Antenatal/parent education
- Continued focus on equity & equality
- Promoting and developing MVP presence in our target communities

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TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **February 2023**
Report for: **Information**
Report of: **Eleanor Roaf, Director of Public Health**

Report Title

Addressing Health Inequalities in Trafford

Summary

The purpose of this paper is to provide an overview of some key aspects of health inequalities in Trafford, and the steps that are being taken to address them.

Recommendation(s)

That the contents of the report are noted.

1. Introduction

1.1 Addressing health inequality is one of the Council's Corporate priorities and has been a longstanding objective of our Health and Wellbeing Board (HWBB). Trafford's Public Health Annual Report for 2021 Public-Health-annual-report-2021.pdf (trafford.gov.uk) looked at the costs and harms caused by inequality, and identified a number of actions that could be taken to address these. Within Trafford, we see big inequalities in healthy life expectancy and in rates of premature mortality between our most and least deprived populations. The main drivers of our inequalities in health outcomes are the differences in the prevalence of risk factors for diabetes, cardiovascular disease and cancer between the top and bottom quintile, that is, between the twenty percent most deprived and twenty percent least deprived of the population. These key risk factors are smoking, alcohol use, physical inactivity, and obesity and the impact of serious mental illness. In Trafford, diseases associated with these contribute to most of the difference (76.9% in men and 73.6% women aged 40-79 years old) in life expectancy between the top and bottom quintiles in our population.

Some definitions:

Healthy life expectancy is defined as the number of years a person may expect to live in good health, while **life expectancy** is the total number of years a person is predicted to live

Premature mortality is any death before the age of 75.

Preventable mortality refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions (that is, before the onset of diseases or injuries, to reduce incidence)

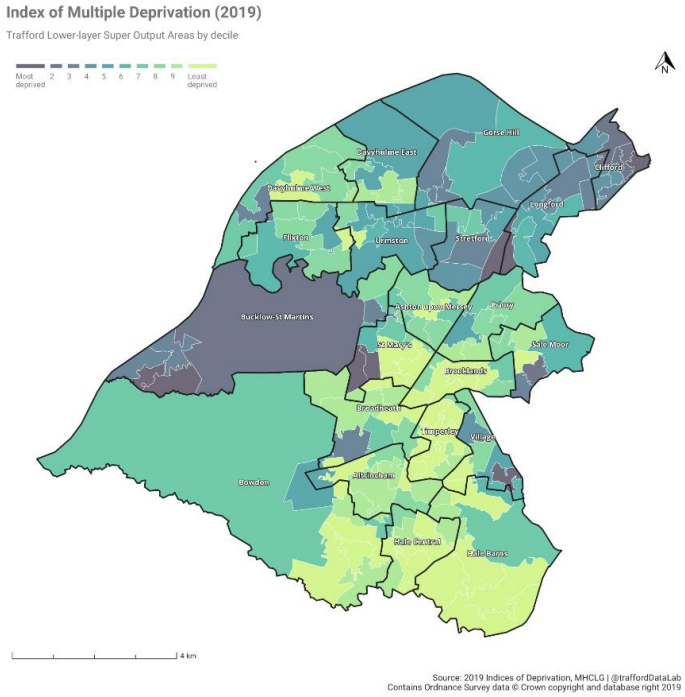


Figure 1: Index of Multiple Deprivation for Trafford lower-layer super output areas, by decile.

1.2 Figure 2 below shows the difference in life expectancy at birth for residents of each ward in Trafford and includes the confidence intervals for each. The link between deprivation and life expectancy can be clearly seen, with both men and in women in Bucklow St Martins having significantly lower life expectancy than those in almost every other ward.

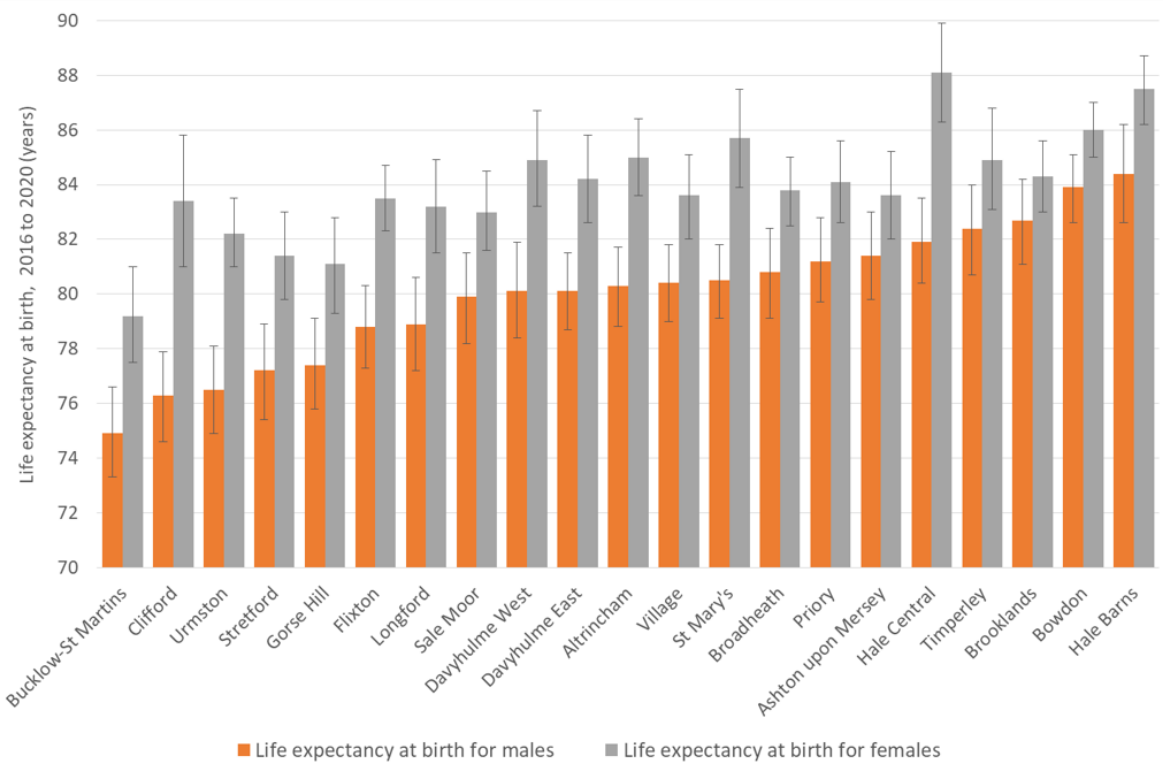
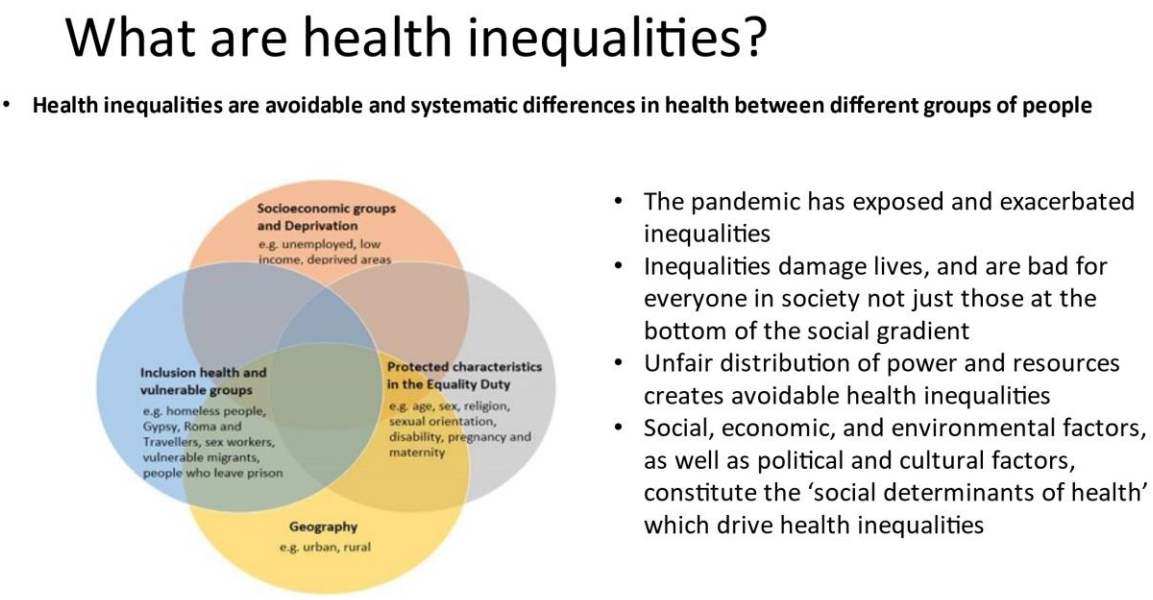


Figure 2 Life expectancy at birth for males and for females by ward of residence



1.3 Reducing these inequalities across Trafford will improve quality of life, reduce service demand, improve health outcomes, and create a fairer, healthy, economically flourishing environment. Our Health and Wellbeing Strategy has been designed to deliver this, and is overseen by our HWBB, with its role in leading system change and in identifying high impact interventions. The HWBB works closely with Trafford's Locality Board and wider partnerships to deliver change and improve outcomes. We have recently undertaken a 'deep dive' into each of the key topics and identified some key actions for the HWBB and its partner organisations. Details of these are included below, arranged by topic. The key actions as outlined below are currently being worked into SMART targets, and these will return to the HWBB in March for discussion and ratification.

1.4 In addition, Public Health funding has been used for our Healthy Lives Inequalities project, which has been commissioned from April 2020 to March 2024 to support specific groups within Trafford who have poorer health and are less likely to access services. Residents are supported to improve their own health and wellbeing through projects looking at helping people to stop smoking, be more active, be psychologically well, have healthier diets, be independent from drugs and alcohol and access screening for health concerns like cancer and dementia at an early stage. The projects also look at the person's whole life and relationships and how other elements such as poverty, caring roles, unemployment, and their environment can impact health and wellbeing. Target groups were identified based on gaps in provision and a needs assessment. Information on the outcomes of these projects is contained in Appendix 1. Currently Public Health is working with Trafford Housing Trust and other partners to look at recommissioning services to support targeted inequality groups from March 2024 forward.

Projects Funded Through Trafford Healthy Lives:

1. Voice of BME- specifically targeting people from BAME (Black and Minority Ethnic) communities in the North of the borough to improve health and access cancer screening
2. Pakistani Resource Centre- Specifically targeting people with mental health issues from BAME communities
3. Manchester Deaf Centre: Deaf and hearing-impaired community
4. Empower You: Supporting people with learning disabilities, autism, disabilities, and long-term health conditions to access physical activity and ensuring that organisations and groups providing any form of physical activity are supported to ensure their services are accessible
5. Age UK: Health bus targeting older people (particularly those in fuel poverty or from deprived communities)
6. LIVA: online health coaching for people from all our target groups with a particular focus on those from deprived communities or living in poverty.

2. The five priority areas of the Health and Wellbeing Strategy

2.1 HWB Priority Area 1: Reducing the impact of poor mental health

2.1.1 Mental health inequalities have widened because of the Covid 19 pandemic, and Trafford is determined to improve wellbeing through a system-wide approach to mental health equality.

2.1.2 The determinants of mental health interact with inequalities in society, leading to some people and communities to be at much greater risk of worsened mental health: for example, those living in poverty, poor quality housing or with precarious or no employment; those living with an existing mental health problem, including addiction to drugs, alcohol or gambling; older people who 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 long term conditions is higher and outcomes are worse. Members of the LGBTQ+ community have higher rates of mental illness and lower wellbeing than heterosexual people; children living in poverty are four times more likely to have serious mental health difficulties than those in affluent households; and 80% of autistic adults also have a mental health condition. Furthermore, people with serious mental illness (SMI) on average have 15 to 20 years shorter life expectancy than the general population. Most of this reduced life expectancy is due to a higher rate of physical conditions such as cardiovascular disease. There are many factors contributing to the poor physical health status of people with SMI, but one is the smoking prevalence within this group, which is around 35% compared to 10% for our wider

population in Trafford. Work to support people in this group to stop smoking is described below in Section 2.3 on smoking and tobacco control.

Mental health indicators showing local inequalities

2.1.3 Living in poverty has detrimental impacts on people's mental health, and this applies at least as much to children as to adults. Feedback from a local focus group of professionals working with the young people's mental health charity 42nd Street stating *"We see resilience in young people all the way through, particularly in those communities that have experienced greater levels of intergenerational trauma and people of colour. When you're speaking to community leaders, to families, to young people, there's huge resilience already there. But those people are struggling disproportionately because of the situation they're in, because of prejudice in society, because of structural inequalities."*

2.1.4 To explore wellbeing in teenagers, the #BeeWell programme surveys the domains and drivers of wellbeing of pupils in secondary school across Greater Manchester (GM). This survey began in the autumn of 2021 and will take place on an annual basis. A total of 3,658 Year 8 and Year 10 pupils participated in the 2021 survey. Interestingly, despite children in the South of the borough tending to live in much more affluent households than those in the North and West, there was no significant difference in wellbeing in children from different neighbourhoods in psychological wellbeing, optimism or life satisfaction. This may be because the sample size was too small to pick up any differences at a local level.

2.1.5 However, at a Greater Manchester level, the following inequalities in wellbeing were identified:

- Gender Identity – Females scored significantly lower than males across psychological wellbeing, optimism or life satisfaction. The largest difference was observed between males and those identifying as non-binary (non-binary young people scoring significantly lower).
- Sexual orientation – Sizeable inequalities were observed between heterosexual young people and those identifying as gay/lesbian or bi/pansexual. The latter two groups scored around two-thirds of a standard deviation lower than their heterosexual peers
- Transgender status – Transgender pupils reported lower levels of life satisfaction and psychological wellbeing than their cisgender peers

2.1.6 Although wellbeing inequalities were identified with respect to other dimensions (ethnicity, language, age, socio-economic status, caregiving responsibilities, and special educational needs and disabilities), these were not statistically significant. One exception was the difference in life satisfaction scores between two school year groups – Year 10 reported significantly lower scores than their Year 8 peers. Again, the small sample size will have affected whether differences were identified.

Activities to support improvements in Mental Health and Wellbeing

2.1.7 In the summer of 2022 nearly 100 Trafford residents, service users, commissioners and providers attended two co-production workshops to create a system map to improve our understanding of the wider factors driving a widening in inequalities in mental health, and to generate suggestions of where in that system partners could intervene to disrupt the system and create conditions that will reduce mental health inequalities. The map and recommendations were divided into four themes: societal and economic, social and community, environmental and physical, and behavioural, and formed the basis for the shared Mental Health Equality Action Plan. The Working Group completed a prioritisation process to determine feasibility and impact of each action. This draft plan is now being finalised by system leaders to agree next steps.

2.1.8 Examples of the draft actions to be agreed are:

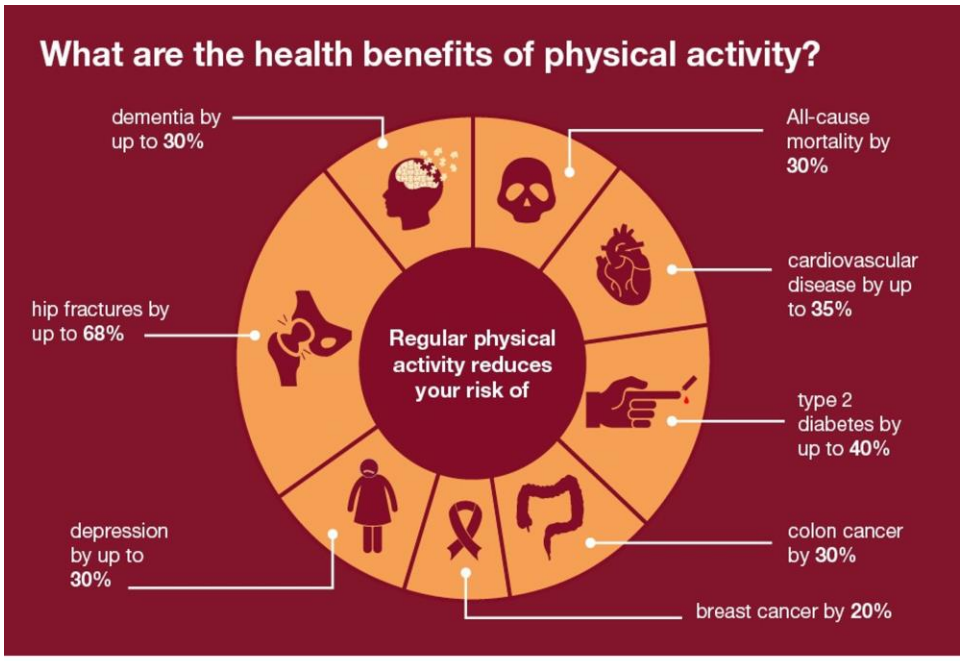
- Health and Wellbeing Board members to pledge to embed social value across their services, signing up to the Greater Manchester Good Employment Charter and become Living Wage Foundation Accredited
- Develop a partnership approach between housing and public health to influence relevant strategy and policy decisions to meet the needs of Trafford residents to improve health and wellbeing and reduce inequalities.
- Develop an 'Every Contact Counts' approach to promotion of Healthy start vouchers and free childcare and support to complete applications, to reduce household poverty.
- Develop a trauma sensitive network for the community, targeted at VCFSE and local businesses and explore sustainability.

2.1.9 The report of the Mental Health inequalities workshops can be viewed online here: Trafford-mental-health-inequalities-workshops-report.pdf

2.2 HWB Priority Area 2: Reducing physical inactivity

2.2.1 Since 2011, the evidence to support the health benefits of regular physical activity for all groups has become more compelling. In children and young people, regular physical activity is associated with improved learning and attainment, better mental health and cardiovascular fitness, also contributing to healthy weight status. In adults, there is strong evidence to demonstrate the protective effect of physical activity on a range of many chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Regular physical activity can deliver cost savings for the health and care system and has wider social benefits for individuals and communities. These include increased productivity in the workplace, and active travel can reduce congestion and reduce air pollution.[i]

Figure 3: The Health benefits of physical activity



Source: Public Health England

2.2.2 The 'Active Lives Survey' by Sport England collects data on levels of physical activity in adults. While the majority of adults in Trafford are physically active, this percentage has not increased in the last 5 years of available data. Physical **inactivity** in adults has been increasing since 2018/19, and while it remains lower than the trend observed in England and in similar Local Authorities, it is starting to approach a similar level.

2.2.3 The percentage of people who are inactive varies across groups (Figure 4) The highest levels of inactivity are seen in the over 75s. Inactivity levels have increased over that period in people in the National Statistics Socioeconomic classification groups 6-8 (NS SEC 6-8 (routine and semi-routine occupations, or never worked/long term unemployed), men, and people aged 35-54.

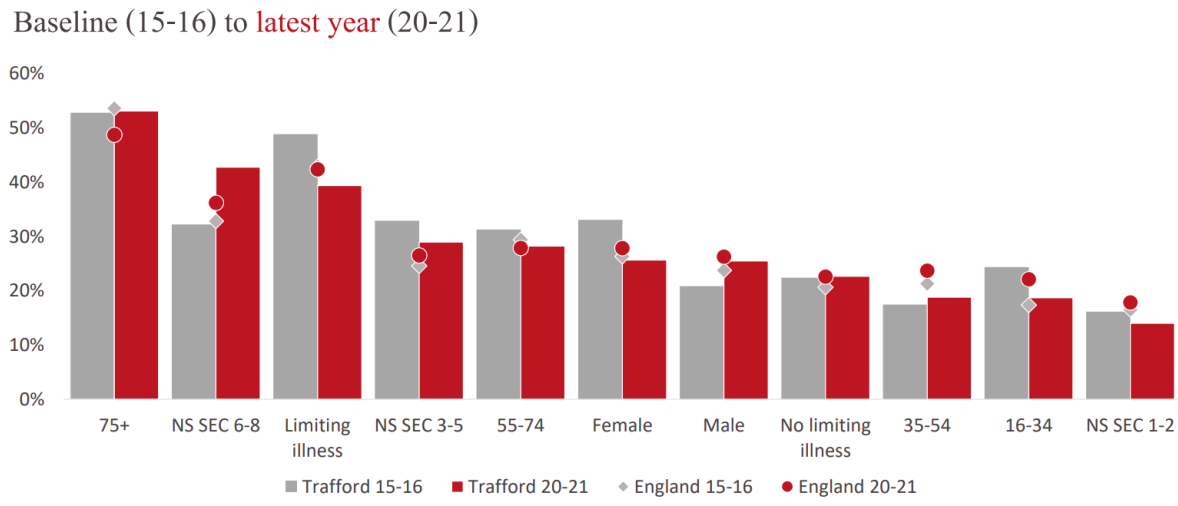


Figure 4 Inactivity across population groups: 2015/16 vs 2020/21 (Active Lives survey).

2.2.4 Inactivity varies by ethnicity. People in Black and Asian ethnicity groups have the highest levels of inactivity in Trafford, though this has improved in the former group and worsened in the latter.

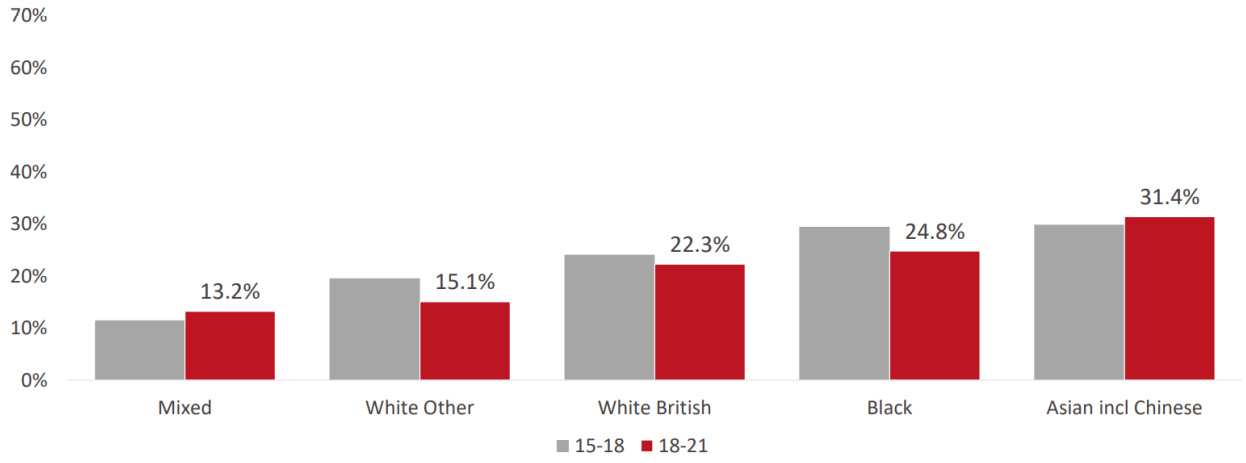


Figure 5: Inactivity by ethnic group: 2015/16 vs 2020/21 (Active Lives survey).

2.2.5 Physical activity in children

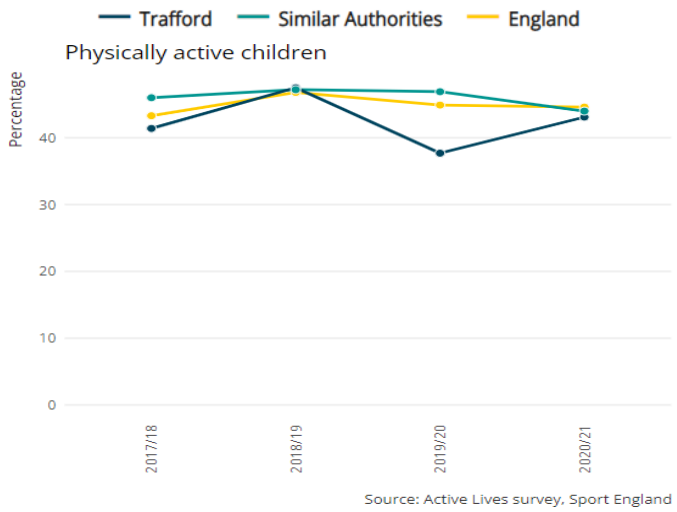


Figure 6 Physical Activity in children

Physical activity in children is lower in Trafford than in England and similar Local Authorities, but has started to increase again since 2019/2020 and is approaching the same levels as the comparison groups.

Activities to support increased physical activity

2.2.6 Through the Trafford Moving strategy, specific neighbourhoods within Trafford have been identified as having higher levels of inactivity, and the delivery of the strategy will involve co-producing and delivering on place-based physical activity plans, which are linked

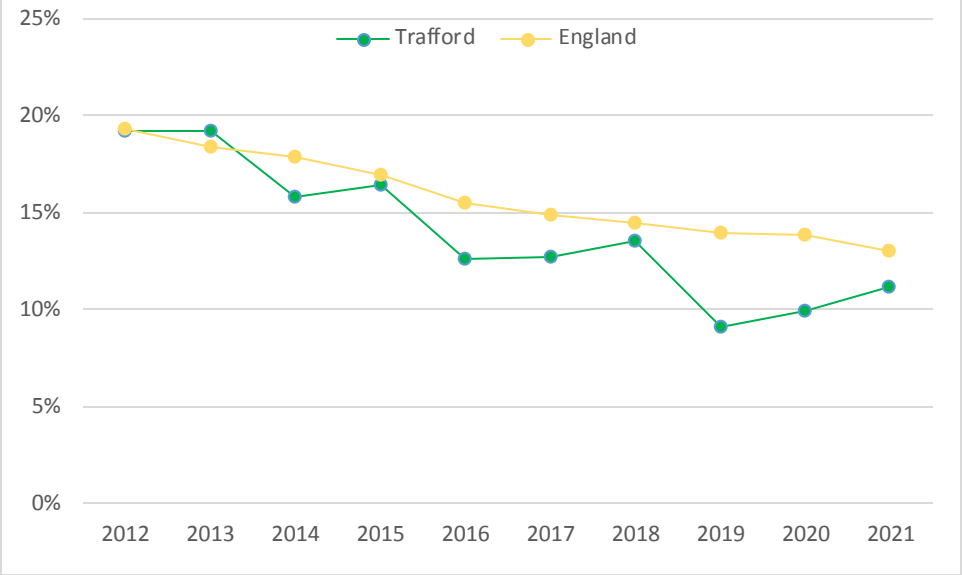
into the neighbourhood delivery plans. In addition to this place-based approach, the Active Lives survey data described above has helped us to identify other key groups who are less likely to be active, and to implement programmes to support increased activity. Key work includes:

- Refurbishment of Trafford Leisure Centres to future-proof facilities and ensure they are fit for purpose. This includes securing £20m via the Levelling Up Fund to re-develop the Partington Sports Village site so that it meets the needs of the local community.
- Re-launch of the Trafford Leisure Physical Activity Referral Scheme (PARS). A key programme of support for people with long term conditions to access physical activity within leisure centres (at a significantly reduced cost) and wider community activity opportunities.
- Pedal Away and Bike Buddy support for people in north Trafford to learn to ride, support with route-planning and confidence building – including access to adapted cycles.
- Development of Trafford Walking, Wheeling & Cycling strategy (still in draft) and recruitment of Walking, Wheeling & Cycling Lead to deliver on the associated plan.
- Expansion of the falls prevention strength and balance programme delivered by Age UK and Trafford Leisure. Post-pandemic de-conditioning in older people has resulted in much greater demand for this service, so additional capacity has been secured for the long term.
- Introduction of e-bikes for people working in home care, which both increases physical activity and increases employment opportunities for people who do not drive.

2.3 HWB Priority Area 3: Reducing the number of people who smoke or use tobacco

2.3.1 Smoking remains the singles biggest cause of preventable death in the UK, and there are stark inequalities in rates, with people in routine and manual groups and those with serious mental illness, far more likely to smoke than people in the general population. Trafford currently has smoking rates of 11.1%, slightly below the national average of 13.0%. Locally, our smoking rates have increased slightly over the last couple of years, after a sharp drop in 2019.

Smoking Prevalence in adults (18+) - current smokers (Annual Population Survey)



2.3.2 Smoking rates in routine and manual workers in the borough is 23.4%, which is significantly higher than in the general population, although in line with the England average of 24.5%. The trends in smoking rates by occupational group are shown in Figure 7 below.

Trends by occupation (Annual Population Survey):

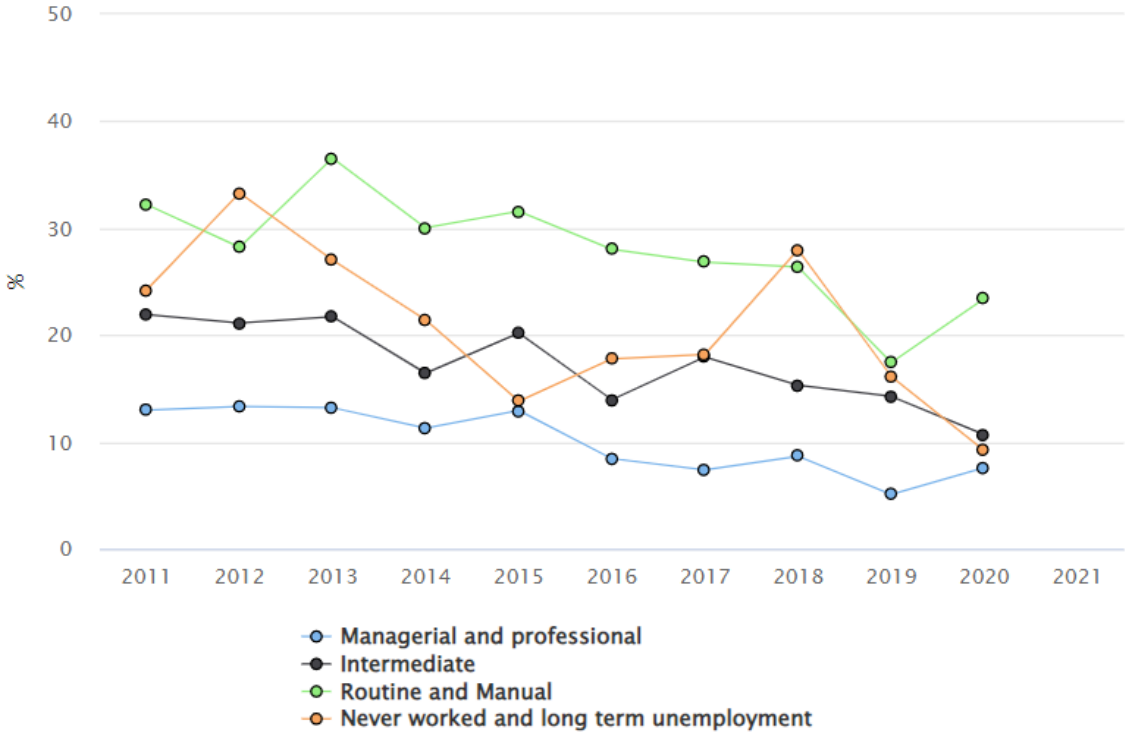


Figure 7 Smoking trends by occupational group

2.3.3 Current smoking rates for people with SMI in Trafford in 2022 at 35.2% is higher still, although below the estimated national average of 40%. Figure 8 below shows the smoking

rates in Trafford's general population compared to those of people with serious mental illness.

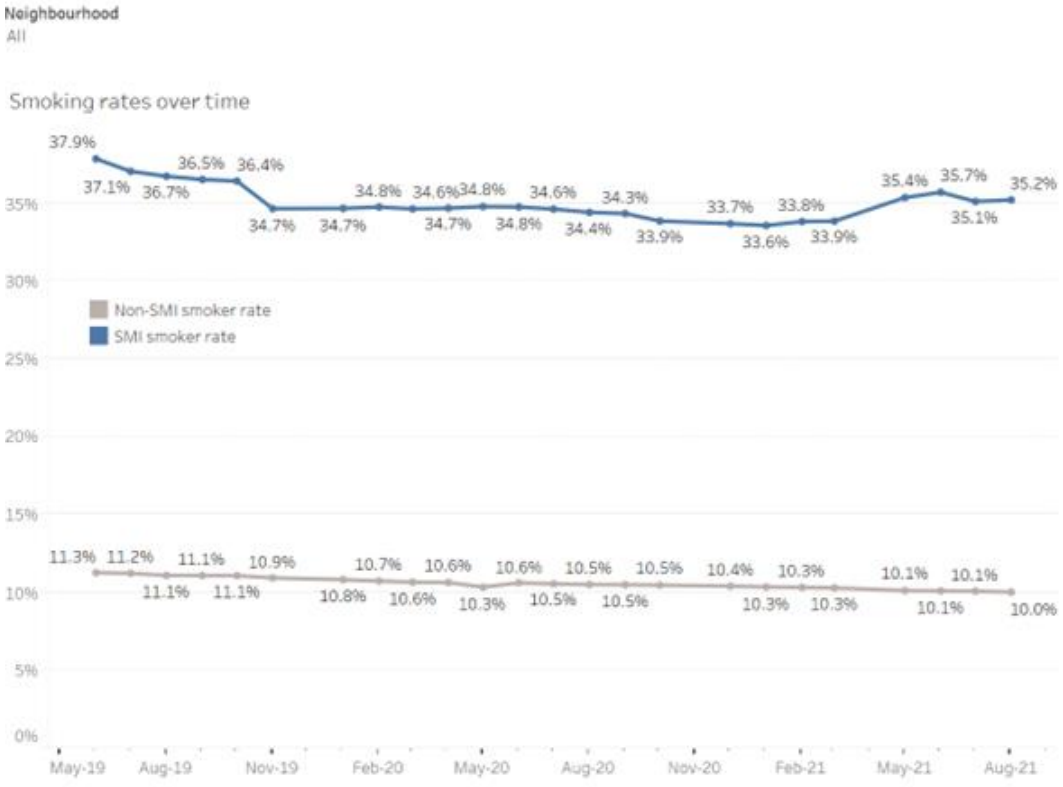


Figure 8: Trends in smoking rates in Trafford for people with and without serious mental illness (Source: gmtableau.nhs.uk)

2.3.4 E-cigarettes have shown themselves to be a very effective aid to quitting smoking, but for some people, the initial outlay required to move to vaping was prohibitive. In 2021 Trafford Public Health introduced an e-cigarette scheme for smoking cessation based on a successful local pilot. This has since been extended into maternity services through a GM programme and to all hospital inpatients. Our smoking cessation programme through community pharmacy is due to extend to an evidence based, twelve-week programme from April 1, 2023. A GP surgery in Partington started delivering e-cigarettes as a smoking cessation aid in 2022 (working with 87 people in the first six months with a 49% quit rate) and it is hoped that this can be extended to further surgeries in 2023 with ICB support. Public health also used the COVID-19 vaccination mobile unit as a way of supporting people from the homeless community and areas of high deprivation to stop smoking.

2.3.5 In addition, we have commissioned Bluesci, a social prescribing provider, to deliver stop smoking support to people with severe mental illness (SMI), which is defined as any patients with schizophrenia, bipolar or present with psychosis or delusions. The service model is based on the findings from Scimitar, a 2019 study, which found that the desire to quit smoking in people with SMI is the same as in the general population but more bespoke support is needed to turn this motivation into successful quits. GP & Community Mental Health Teams will be able to refer patients who smoke into the service, for support.

2.3.6 The service aligns with the NHS Long-Term commitments centred around tackling health inequalities and coincides with Greater Manchester Mental Health (GMMH) being chosen as an early implementer site for stop smoking support in acute settings. Bespoke work is also planned for residents of housing association properties, an education and intervention programme for young people (including vaping) and a partnership project with the ICB looking at lung health, cancer screening and smoking cessation in Partington in 2023-24.

2.3.7 While vaping is much safer than smoking, it is not without risks, including that of people move from vaping to smoking. We are therefore very keen that vaping is only used as a quit aid, and that vaping is not normalised in any communities. To this end, Trafford Public Health has funded a trading standards project which began in January 2023 targeting the illegal selling of cigarettes and vapes to young people. We have also been successful in securing a research fellow from September 2023 who will undertake research into smoking and vaping activity in young people to inform future services locally and nationally.

2.3.8 Future Plans: The health and wellbeing board held a deep dive session into Tobacco Control in late 2022 leading to a full action plan with key partners to address key areas. This will include:

- using the national CLEAR assessment to identify strengths and opportunities for development in Tobacco Control,
- developing a multi-agency action plan
- Establishing a local tobacco alliance to ensure implementation of the local plan

2.4 HWB Priority Area 4: Reducing harms from alcohol

Please note that a more detailed report on Alcohol was presented to Trafford's Health Scrutiny Committee in January 2023, and can be found here: (Public Pack)Agenda Document for Health Scrutiny Committee, 18/01/2023 18:30 (trafford.gov.uk).

2.4.1 Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions. Alcohol harm, both in terms of health and crime impacts disproportionately on the poorest, worsening existing inequalities in society.

2.4.2 Nationally, there are currently the most alcohol deaths on record[ii]. Trafford had an alcohol-related mortality rate of 35.9 per 100,000 in 2020 (more recent data have not yet been published); this rate is similar to the England rate of 37.8, and increased from a rate of 32 in 2019. This data does not demonstrate the inequalities between communities: both geographic and of shared characteristics.

2.4.3 Anecdotal data tell us that alcohol attributable conditions increase as the levels of deprivations increases in Trafford. This is in line with national trends as the impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood. People on a low income do not tend to consume more alcohol than people from

higher socio-economic groups. The increased risk is likely to relate to the effects of other issues affecting people in lower socio-economic groups[iii].

2.4.4 As published in the last report, alcohol related death and hospital admission rates amongst male residents in Trafford continue to be at least twice as high as amongst females. Hospital admissions for alcohol attributable conditions increase as the levels of deprivation increases in Trafford.

2.4.5 Across GM and Trafford work is underway on prevention and early identification of alcohol related harm, including equity in access to treatment services. Trafford Council commissions the Achieve treatment partnership to support people with their alcohol use. Since 2017/18 there has been a year-on-year increase in the number of people accessing support for their alcohol use.

Substance Category	2017/18	2018/19	2019/20	2020/21	2021/22
Alcohol only	317	358	366	375	380

(Ref: NDTMS - ViewIt - Adult)

Locally, the highest number of specialist alcohol treatment referrals are for areas including Sale, Stretford, and Urmston. When speaking with our treatment provider, it is felt the reason for this is down to them receiving more referrals from social housing providers, who are linked into our mobile clinic offer to deliver interventions to the homeless and rough sleepers. One element of the mobile clinic is to offer individuals testing for blood borne viruses (BBV) and drug/alcohol support. As a result of this, more people have been offered BBV testing and been referred into the Achieve treatment service.

2.4.6 The Health and Wellbeing Board held a deep dive session into alcohol in late 2022 leading to a full action plan with key partners to address key areas. Key actions include:

- Creating a joint vision to tackle alcohol harm in Trafford, ensuring this is linked into wider strategies across the system.
- Developing a new sub-group for alcohol and substance misuse.
- Updating the alcohol Joint Strategic Needs Assessment (JSNA).

2.4.7 When looking at inequalities relating to young people, rates for alcohol-specific hospital admissions for individuals under 18 years of age has reduced since the last report was published, falling from 47.6 in 2017/18-2019/20 to 41.4 per 100,000 in 2018/19-2020/21. However, this still remains significantly higher than the England average.

When speaking with our young people's substance misuse treatment provider Early Break, the highest age group receiving alcohol support is currently for 14-16 year olds, followed by 17-19 year olds. We have recently commissioned Early Break to develop a young people's outreach service in hotspot areas identified through partnership/or internal service intelligence sources. To support the work of these outreach sessions, Early Break will develop and deliver creative brief interventions workshops along with drop-in sessions tailored to the needs of young people. This service will be delivered weekly over a period of 12 months.

Early Break have also developed their "Stressed Out Brain" Programme to support the delivery of harm reduction interventions with young people including addressing issues such as: risky behaviours, drugs and alcohol use, sexual health and screening, mental health and emotional wellbeing. They offered training to professionals to use these resources with young people. A range of professionals working directly with young people were in attendance such as those from our youth centres.

2.5 HWB Priority Area 5: Healthy Weight

2.5.1 Excess weight can have serious implications for health, with increased risk of cardiovascular disease, type 2 diabetes, vascular dementia and cancer and significantly reduces life-expectancy[iv]. More recently, all evidence suggests that as BMI increases, so does the severity of and mortality from COVID-19. Excess weight also has a huge impact on mental health and wellbeing, with weight stigma associated with significant increases in anxiety, depression and decreased self-esteem. Similarly to disability, evidence indicates that there are bi-directional associations between depression and excess weight – in other words, excess weight can cause mental health problems, and mental health problems can cause excess weight.

2.5.2 There is a strong social gradient in obesity, particularly in children, with children in the most deprived quintile nearly twice as likely (9.3%) to be obese at age 4-5 than those in the least deprived quintile (4.9%). By age 10-11, this difference is nearly three-fold (30% in the most deprived vs 12.2% in the least deprived quintile). This is illustrated in Figures 9 and 10 below. In adults, there is also a social gradient in obesity as seen from the primary care obesity register.

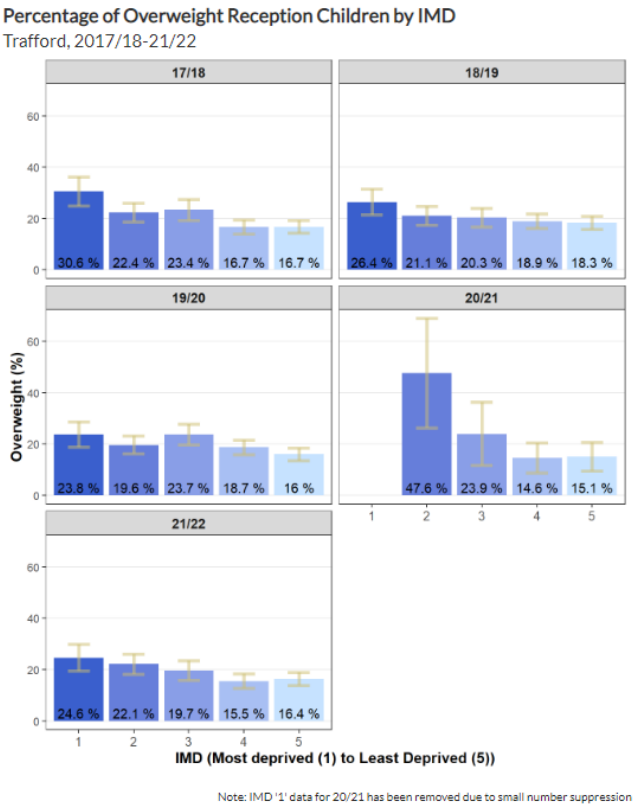


Figure 9 Percentage of overweight children by Index of Multiple Deprivation (IMD) in reception year (National Child Measurement Programme)

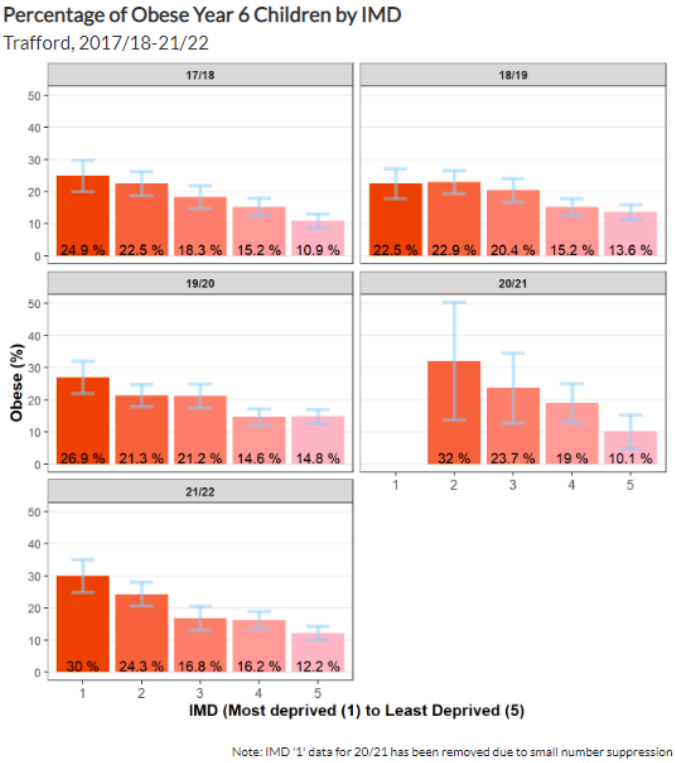


Figure 10 Percentage of overweight children by IMD in year 6 (National Child Measurement Programme

2,5.3 In addition, we know that certain groups of people are at greater risk. Those from a South Asian origin are at greater risk of obesity-related disease at a lower BMI than white people, while adults with disabilities are at increased risk of obesity compared to adults without disabilities. For those with learning disabilities, excess weight is linked to lower levels of physical activity, poor diet, and the side-effects of medication.[v]

2.5.4 Addressing excess weight requires a dual approach – providing support services to help people lose weight or maintain a healthy weight, alongside addressing the drivers and factors that create the obesogenic environment within which we live.

2.5.5 Obesity is a major risk factor for developing diabetes, and we can again see the impact of deprivation in our diabetes rates, with much greater prevalence in the north and west of the borough, as shown in Figure 11 below:

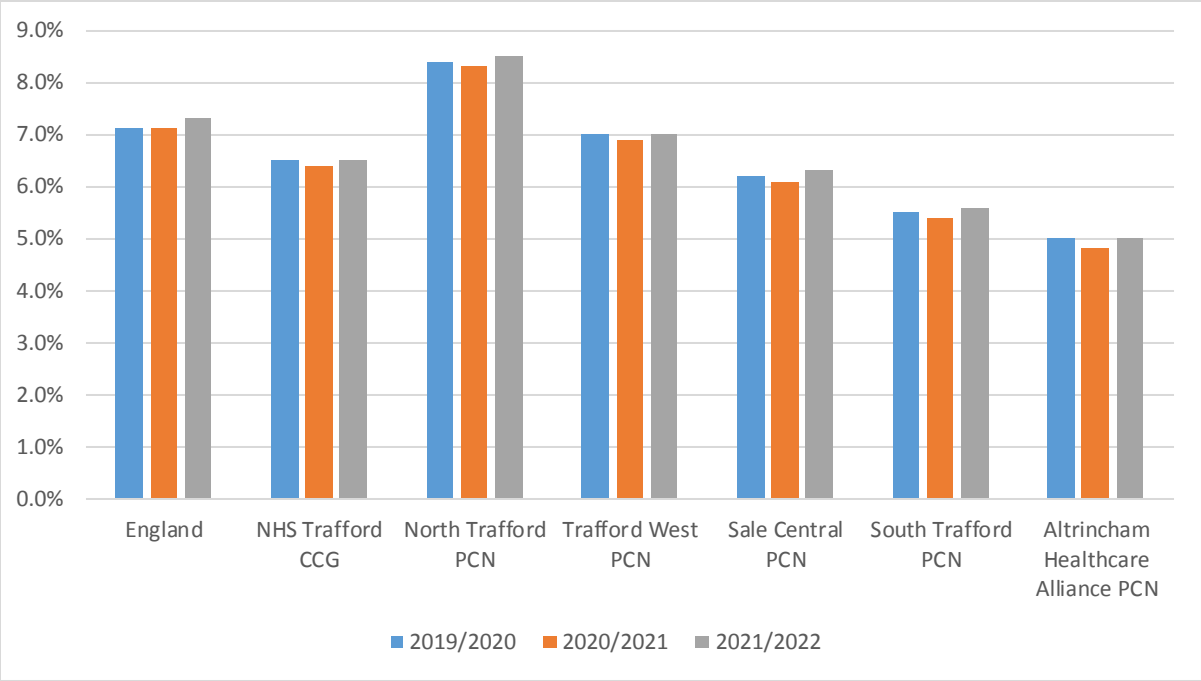


Figure 11 Diabetes prevalence for those aged 17+ by England, Primary Care Network and Trafford CCG.

2.5.6 Weight loss support:

- There are a range of locally and nationally commissioned weight loss services available, and this provides a good range of choice for residents but can also lead to inaction due to confusion over access/referral routes from residents and referring professionals. Therefore, the PH team have worked closely with primary care colleagues to provide easy to follow, easily accessible information on eligibility criteria and referral mechanisms.

- Locally, Slimming World are commissioned to deliver across Trafford, but they have developed key relationships in targeted neighbourhoods, such as Partington, to maximise uptake of the programme from these areas. The next stage is to develop similar relationships with VCFSE partners in the north of Trafford to increase uptake of the service from the communities in this area.
- The FitFans programme is targeted at men (who tend not to access weight loss programmes) using football as the engagement vehicle. This programme is delivered from key neighbourhoods – Partington, Sale Moor and Old Trafford.
- The Foundation 92 Family Wellbeing Programme supports families with physical activity, diet and mental wellbeing and resilience. Again, this is delivered in targeted neighbourhoods.
- The Trafford Healthy Weight Steering group has developed and implemented a safeguarding policy to support professionals to identify where obesity may be an indicator of neglect. Training has been delivered to a wide range of professionals to ensure that they understand the impact of excess weight on physical and mental health and wellbeing, and where it may be a cause for safeguarding concern.

2.5.7 System drivers:

The Health & Wellbeing Board deep dive into healthy weight identified key actions at a system level to start to address wider factors that influence weight, and these have been agreed by the board as:

1. Influence local planning policy and decisions in relation to food and transport to enable people in most deprived neighbourhoods to access affordable, healthy, sustainable food.

2. Develop policy statement on vending (machines) and implement across HWBB partner organisations.

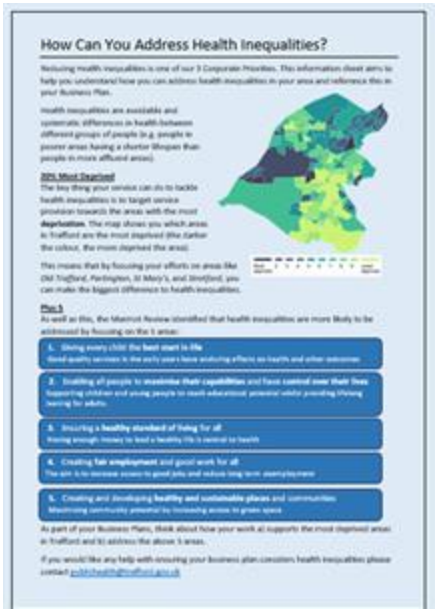
3. Investigate the impact of a local policy on advertising on Council owned land in relation to foods high in salt, fat, and sugar (HFSS).

4. Build on existing good practice to ensure school food standards are met - develop a set of enhanced school food standards for Trafford schools (reflecting health and climate) with an associated implementation plan including feasibility and cost implications.

These have been chosen based on evidence that:

- Advertising and availability of foods HFSS is targeted at/more concentrated in areas of greatest deprivation.
- Easy access to HFSS foods influences food choice, and vending machines are an example where the food on offer is exclusively HFSS.
- Adherence to the school food standards is variable.

3. **Supporting policies, partnerships, and key documents**



3.1 Because reducing health inequalities is a central to both Trafford Council and to our NHS Partners, we have been able to harness the energy and enthusiasm of our integrated health and social care system to progress this work. Health inequalities are often deeply embedded, and it can take time to see the results of our work. However, we are working together to align our plans and processes. As an example, in order to secure consistency with the NHS CORE 20 plus 5, Trafford Public Health have replaced the '5' focus clinical areas requiring accelerated improvement to focus on the 5 areas in Marmot that address the wider determinants of health inequalities, as this helps make the approach more applicable and comprehensible to local authority staff and partners. . A briefing sheet has been prepared for all Council Directorates to support their business planning process and their consideration of how each Directorate can align their work programmes to securing a reduction in health inequalities

The Briefing also:

- Focusses on approaches – including the successful engagement methodologies used during the COVID pandemic
- Includes examples of existing programmes within the Council that are directed to reducing health inequalities.

3.2 One of the challenges we have in developing a co-ordinated integrated approach to reducing health inequalities is that different partners are sometimes working to different planning guidance. Whilst this adds complexity, the integrated approach that is being taken by our Locality and Health and Wellbeing Boards provides a structured approach where there is clear accountability and visibility on all the areas of action, leadership and governance. Listed below are some of the key documents that we are using to guide our work:

- Trafford Together Locality Plan
- NHS Planning Guidance 22/23; 23/24
- Trafford Council Corporate Plan 2022/23
- NW ADASS Vision 2030

- Trafford's Public Health Annual Reports
- Trafford Primary Care Strategy
- GM Healthwatch Strategy
- Trafford HWBB Strategy
- Trafford VCFSE Strategy
- Trafford Poverty Strategy
- Trafford Social Value Charter
- GM Strategies: Taking Charge 2, People and Communities

Appendix 1

Outcomes from Healthy Lives Project

Outcomes	Evidence this difference	Target (from application)	What did you actually achieve?
e.g. Improve the money management skills of young people through training them	• *Register of attendees at training course* • *Case Studies of Young People*	*15 young people trained*	*10 completed training, 5 in progress*
Increase the uptake of NHS health screening in the Borough by continuing and developing medical practice intervention	Record of the contacts made and patients booked for screening No of patients attended screening (data provided by the practice)	600+ contacted with 70% (480) attending over 3 years	2881 contacted with 1202 – 61% above the target
increase the physical activity of BME people	• Engaging in physical activity	75 people engaged in total	131 adopted healthy lifestyles
Make more people aware of the importance of healthy weight for reducing the risk of CVD and Cancer- reducing the risk of long-term illness	• Attending wellbeing sessions	25+ people more informed	454 people attended wellbeing sessions
Support Service users in a way that will boost their confidence in local service, and they will take steps towards improving physical and mental health.	People from BAME communities attending mental and physical awareness courses	840	160
impact the wider determinants of health (reduce poverty, increase employment and volunteering, improve the environment etc) – within the deaf community	Attendance of Advocacy and resource appointment	100	104

Reduce levels of inactivity for disabled people	people engage in new physical activities.	780	170
Improve the health and well-being of disabled people	Engage in group activities with a physical health focus	780	551
reduce physical inactivity for participants through setting goals for daily activity as part of the programme	Number of participants achieving their goals for daily steps	630	285

Weight management programme outcomes:

	Overall scheme	**Most deprived quintile**
Completion	60%	62.5%
Average attendances	8.6	8.8
Average weight change	-4.8%	-4.2%
% achieving 5% weight loss	46.8%	37.5%
Average attendances (completers only)	10.9	10.9
Average weight change (completers only)	-6.2%	-5.8%
% achieving 5% weight loss (completers only)	64.1%	55.0%

[i] UK Chief Medical Officers' Physical Activity Guidelines (publishing.service.gov.uk)

[ii] Alcohol-specific deaths in the UK - Office for National Statistics (ons.gov.uk

[iii] Health matters: harmful drinking and alcohol dependence - GOV.UK (www.gov.uk))

[iv] https://www.nhs.uk/conditions/obesity/

[v] Obesity & Disability – Adults (PHE)

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