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TRAFFORD
COUNCIL

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 30 January 2024

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 - 6
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 29 th November 2023.		
5. HEALTH INEQUALITIES		7 - 22
To receive a report from the Director of Public Health which gives an update on work carried out to tackle health inequalities and plans to address health inequalities in 2024/25.		

6. **BLUE CAR BADGE SERVICE** 23 - 28
To receive a report from the Customer Service Lead.
7. **ADULT SOCIAL CARE - CQC PREPAREDNESS** 29 - 64
To consider the attached report submitted by the Corporate Director, Adults and Wellbeing.
8. **GM ICP UPDATE** 65 - 72
To consider the attached report submitted by the Deputy Place Lead for Health and Care Integration, NHS GM (Trafford).
9. **URGENT BUSINESS (IF ANY)**
Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

SARA TODD
Chief Executive

Membership of the Committee

Councillors S. Taylor (Vice-Chair), J.M. Axford, K. Chakraborty, D. Butt (Chair), S.J. Gilbert, B. Hartley, J. Leicester, S.E. Lepori, J. Lloyd, S. Maitland, T. O'Brien, 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
Tel: 0161 912 2019
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This agenda was issued on **Monday, 22 January 2024** 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 - Tuesday, 30 January 2024

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HEALTH SCRUTINY COMMITTEE

29 NOVEMBER 2023

PRESENT

Councillors: Butt (Chair), Taylor (Vice Chair), Axford, Chakraborty, Gilbert, Hartley, Leicester, Lepori, Lloyd, Maitland, O'Brien, Slater.

In attendance

Richard Spearing	Managing Director LCO Trafford
Gareth James	Deputy Place Lead
Cathy O'Driscoll	Associate Director
Alison Jones	Director of Cancer Commissioning and Early Diagnosis
Lucy Webster	Public Health Manager
Ben Squires	Director of Primary Care
Nathan Atkinson	Corporate Director, Adults Care and Wellbeing
Heather Fairfield	Director, Healthwatch Trafford
Stephanie Ferraioli	Governance Officer

1 ATTENDANCES

An apology for absence was received from Councillor Western.

2. DECLARATION OF INTEREST

Members and colleagues informed of their roles within the NHS.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from members of the public.

4. MINUTES

RESOLVED – That the minutes of the meeting held on 29th November 2023 be noted as a true and correct record.

5.AIDS AND ADAPTATION SERVICE UPDATE

The Managing Director of the Locality Care Organisation Trafford attended the meeting to provide the Committee with an update on the service since the first presentation back in July 2023.

He informed that that the service had been under a lot of pressure because of the impact of the Covid 19 pandemic on the service and that waiting lists for assessment have grown longer and subsequently also the waiting times to receive equipment have grown too.

The service's main priority remains to ensure the equipment is sent out faster. The service is somewhat behind schedule in collecting equipment back when patients no longer need it. There is some catching up to do in this area.

Members would like to see some actual data in this context to measure progress made by the service. The Managing Director stated this could be provided especially now all staff are receiving training on the new IT system which is able to track all equipment including new orders.

RESOLVED – That factual service data be provided at year end.

6. DENTAL ACCESS

The Director of Primary Care presented Committee with an update on the dental service in Trafford as a follow up from the previous report back in September 2022.

The Director informed that overall children in Trafford have a very good access to dental care with quite a few children and family friendly practices across the borough.

Concerns were expressed about the difficulty of finding an NHS dentist and the cost of going private which puts people off resulting in poor oral hygiene and the Director explained that the cost is nationally directed.

Concerns were also expressed in relation to the practices not being distributed in an equal manner across the borough and the Director did confirm that in certain parts of the area there were more practices than in the rest of the borough, mainly in the south. He maintained that despite the difference between north and south of the borough, the practices are actually well distributed and with a total of 34 practices, the challenge is not the locality of the practice but its size.

There is no initiative in place at the moment to support dental care for homeless but the Director would be happy to work with colleagues on any new schemes.

RESOLVED – That the update be noted.

7. ELECTIVE PROCEDURES – PERFORMANCE UPDATE

The Associate Director for Delivery and Transformation Trafford explained that Elective Procedures are led by Greater Manchester and not at locality level and that there are six main areas of focus: Children and Young People, Integrated Elective Care, Productivity and Efficiency, Surgical Hubs, Utilisation of Independent Sector and the Management of Waiting lists. Slides 3 and 5 of the report offer a full explanation for each area.

Although in recent months there has been a decrease in waiting lists across Trafford and Greater Manchester in general, Members felt that a 78 week waiting list was still too high and queried how many people returned to care once they had been discharged. Information relating to initiatives to prevent a return to care once discharged to be provided at future meetings.

RESOLVED:

- 1) That information on preventative initiatives relating to too early discharge be provided at future meetings.
- 2) That the report be noted.

8. HEALTH SOCIAL CARE - WINTER PLANS

The Associate Director for Delivery and Transformation Trafford, reported that the paper presented at tonight's meeting had the purpose to update Members on the collaborative work undertaken by the Manchester and Trafford System Resilience Team who are working together to coordinate winter plans which will be fully published in December 2023. She continued informing that an additional funding in the region of £2m had been secured and will go towards supporting primary care.

The Associate Director stated that North Manchester presented a higher hospital bed occupancy than other parts of Manchester and that both North Manchester General and Manchester Royal Infirmary were trying to put more capacity towards prevention.

Communication between services is being improved with GPs now being notified of a patient's discharge within 48 hours.

Feedback on the outcome of the initiatives explored by the Manchester and Trafford Resilience Team will be possible from March 2024 onwards.

RESOLVED:

- 1) That a report on the impact of the Winter Plans initiatives be provided after March 2024.
- 2) That the update be noted.

9 CANCER DIAGNOSIS

The Director of Cancer Commissioning and Early Diagnosis presented the report on behalf of the Director of Public Health and confirmed that rates continue to be high in the Partington area of the borough.

The Director of Cancer Commissioning and Early Diagnosis stated that colleagues in the Public Health team are working closely with partners to prevent cancer and to support early diagnosis and informed of a number of events held across Trafford aimed at informing on women's health which have been very successful and that going forward a health hub will be available in every borough.

The Locality Board and the Health and Wellbeing Board have been established to focus on reducing health inequalities and now a Joint Locality and Health and Wellbeing Strategy is being developed. The Locality Board looks at the resilience of discharges, the urgent care and the neighbourhood programme, whereas the Health and Wellbeing Board aims to reduce the impact of poor mental health, the lack of physical activity, to reduce the number of people who smoke, to reduce alcohol consumption and to tackle obesity. The successful addressing of these areas will reduce cancer rates.

The Health and Wellbeing Board conducts an annual review of each priority area and colleagues work closely with the Greater Manchester Cancer Alliance to monitor the effectiveness of the service's impact across the borough.

Plans are underway to develop an annual report process including an online dashboard to immediately demonstrate outcomes and progress to date.

RESOLVED – That the report be noted.

10. IVF TREATMENT

The Associate Director for Delivery and Transformation Trafford, informed that only one cycle of IVF treatment is being offered by Trafford at the moment and this can be obtained via GPs if criteria is met whereas in the past it was possible to receive three cycles of treatment.

Some complaints have been received by Healthwatch Trafford about the poor number of cycles offered in Trafford as opposed to Tameside where three cycles of treatment can still be had and Greater Manchester are in the process of balancing the number of cycles offered across its boroughs but there are no plans to increase the number of cycles in Trafford at the moment.

RESOLVED - That the update be noted.

11. URGENT BUSINESS: URGENT CARE REVIEW

The Deputy Place Lead informed Members that the final report on the Urgent Care Review was to be submitted to the Local Partnership Board on 19th December 2023.

Concerns were expressed in relation to the proposals included in the report that Members had no sight of and could not comment on.

It was decided to call a TEAMS meeting to discuss the content of the report soon after the publication of the report on 12th December 2023 for Members to discuss the matter further.

RESOLVED – That a TEAMS meeting be arranged to discuss the report and recommendations.

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TRAFFORD COUNCIL

Report to: Health Scrutiny
Report of: Helen Gollins, Director of Public Health
Date: 30th January 2024

Report Title

An update on work carried out to tackle health inequalities and plans to address health inequalities in 2024/25.

Purpose

To provide an update on work carried out to tackle health inequalities, since the previous health scrutiny report received February 2023, and to look at plans to address health inequalities in 2024/25.

Next Steps / Recommendations

Trafford's Public Health Team and partners across Trafford are committed to reducing the impact of health inequalities. We will continue to do this by:

- Working across the health and social care system advocating for under-served groups and the communities they live in.
- Advocating for system-wide improvements in how population data is recorded, analysed and reported in order to inform pro-active interventions that address inequalities.
- Commissioning and influencing other service commissioners to promote 'proportionate universalism', aiming to improve the health of everyone, but with a greater focus and intensity on those facing the greatest need. Promoting equal access to services, experiences and opportunities.
- Working with colleagues to improve access to information and advice for residents and professionals.

Health Scrutiny Members are asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities through:

- The Health and Wellbeing Board, Locality Board, new Fairer Health for Trafford Partnership and wider governance systems.
- Engagement and co-design mechanisms to enable a better understanding of residents' experiences within Trafford, ensuring these routinely inform service design and delivery.
- Championing of the neighbourhood programme, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

Contact person for access to background papers and further information:

Name: Helen Gollins, Director of Public Health, Trafford Council
Email: Helen.gollins@trafford.gov.uk

1. Introduction

Life expectancy is a good measure of health status and health inequality for an area. In Trafford, on average males can expect to live for 80.0 years and females, 83.7 years, this is comparable to England, (ONS data, 2016-2020 estimates). However, this varies across Trafford. A male living in Hale Barns might live, on average, to the age of 84.4 years, while in Bucklow St-Martins' the average life expectancy for males is 74.9 years, a difference of 9.5 years. Females in Hale Central have an average life expectancy of 88.1 years compared to 79.2 years for a female living in Bucklow St-Martins', a difference of 8.9 years. These stark differences are unfair and preventable.

In March 2023 Trafford's Health Scrutiny Committee received a report providing an overview of health inequalities in Trafford, and the steps being taken to address them, (see agenda item 9, [Agenda for Health Scrutiny Committee on Wednesday, 1st March, 2023, 6.30 pm \(trafford.gov.uk\)](https://trafford.gov.uk/agenda-for-health-scrutiny-committee-on-wednesday-1st-march-2023-6.30-pm)). This report provides an update on this work and describes our ambitions for 2024/25.

2. What do we mean by health Inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities can be measured between:

- socio-economic groups and deprivation: for example, our population smoking rate for adults aged 18+ (12.7%) is much lower than the smoking rate for routine or manual workers aged 18-64 in Trafford (22.5%)ⁱ.
- protected characteristics¹: for example, evidence has shown that Trafford residents with a serious mental illness will die younger from physical health needs compared to residents without serious mental illness.
- geography: for example, we know that health outcomes for our residents living in Partington are not as good as those living in Hale.
- inclusion health and vulnerable groups: for example, the traveller community are less likely than other groups to be vaccinated against communicable diseases such as flu, measles and covid. We have an established traveller community living in Trafford's west neighborhood.

Health inequalities arise because of the impact of the wider determinants of health (or what are becoming more widely referred to as the building blocks for health such as jobs, homes, and education). Differences in the conditions in which we are born, grow, live, work and age influence our opportunities to live healthily, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeingⁱⁱ. Although access to health and care services are important, they have less bearing on our health than the building blocks, but differences in people's access and experience of health and care services is a contributing factor to inequalities.

3. Why should we reduce health inequalities?

Health inequalities negatively affect quality of life and limit opportunities to thrive. At a societal level, the presence of inequalities is not just bad for those with the poorest outcomes or experiences; it generates a sense of unfairness and lack of cohesion across the social gradient which is bad for a functioning society as a wholeⁱⁱⁱ.

Health inequalities present further significant costs to society^{iv} including the cost to the NHS and social care system of treating people with preventable conditions, and the impact to the wider economy through people being unable to access quality employment or connect with their communities. Prior to COVID-19, health inequalities were estimated to cost the NHS an extra £4.8

¹ The Equality Act 2010 identifies nine protected characteristics: age, disability, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief

billion a year, society around £31 billion in lost productivity, and between £20 and £32 billion a year in lost tax revenue and benefit payments^v.

There is strong evidence for cost-effectiveness and return on investment for preventative and public health level interventions^{vi}. Appendix A presents some ROI examples.

4. Local Context

Although at borough level health outcomes for people who live in Trafford, or are registered with our primary care practices, are good compared to England, these figures mask hidden inequalities. The previous scrutiny paper provided a comprehensive review of health inequalities in Trafford. Furthermore, a health inequality needs assessment was produced by Trafford's Public Health Team in April 2023 to support a commissioning exercise. A copy of this needs assessment is available on request.

5. System working to reduce inequalities in Trafford.

By systems working in a co-ordinated way, we can support a reduction in health inequalities. (Examples of where this has worked are described in section 9: Successes).

Trafford Council and partners are committed to improving the wider determinants of health including through the provision of services, improved infrastructure, education, and employment. Trafford's Public Health team is integrated into the Greater Manchester and local health and care system.

Trafford has an established Locality Board and Health & Wellbeing Board; each have priorities that will impact on the wider determinants of health and address health inequalities. Work is underway to develop a joint Locality and Health and Wellbeing Strategy for Trafford.

The Locality Board has three priorities: resilient discharge, urgent care, and the neighbourhood programme, which are delivered by the Trafford Provider Collaborative Board. The Health and Wellbeing Board has five priorities:

- To reduce the impact of poor mental health.
- To reduce physical inactivity.
- To reduce the number of people who smoke or use tobacco.
- To reduce harms from alcohol.
- To support our residents to be a healthy weight.

Each of the priority areas has an active local partnership that are focusing action both at a population level and an inequalities level. Proportional universalism, (delivering interventions proportionate to need), promoting inclusivity, tackling the causes, and mitigating the negative impacts of health inequalities are all considered within partnership work programmes.

Integrating services and embedding a population health preventative approach are the principles of Trafford's Neighbourhood Programme. Each of our neighbourhoods experience health inequalities differently and our place-based approach enables us to tackle these inequalities. The recent primary care community outreach test and learn programme, which operated in Sale West, is an example of a place-based approach to addressing health inequalities.

5.i. Greater Manchester Fairer Health for All

A development since March 2023 is the implementation of a Greater Manchester-wide approach to addressing health inequalities at scale. Fairer Health for All is a system-wide commitment to

reducing health inequalities. It provides tools and resources for how we can collaborate, share, and learn across the system, to ensure people have the best possible health and wellbeing, no matter who they are or where they live. The tools will enable collation of vast and diverse intelligence, data, and insights from across public and VCFSE partners to drive resource and interventions where they are needed most. These tools will build capacity – for people, systems, and places – and provide strategic insights and collaborative approaches for integrated working. This will ensure we hardwire equity, inclusion and sustainability into our policies, initiatives, and programmes to meet our six Integrated Care Partnership missions and strengthen leadership and accountability.

Supporting the six key missions from the Integrated Care Partnership Strategy, as well as the delivery of the Five Year Joint Forward Plan, the framework provides a roadmap for how we will:

- fulfil statutory NHS responsibilities to create a greener, fairer, more prosperous city-region and deliver health and care services that better meet the needs of the communities we serve.
- enhance and embed prevention, equality, and sustainability into everything we do.
- tackle the discrimination, injustices and prejudice that lead to health and care inequalities.
- create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region.

Trafford's Public Health team work closely with the Greater Manchester population health team to develop an understanding of how this will impact on delivery across Greater Manchester and into Trafford.

5.ii. Establish a Fairer Health in Trafford Partnership

In recognition of the impact of health inequalities in Trafford, the breadth of activity being delivered, the range of organisations involved and the introduction of the GM Fairer Health for All Framework, the Health and Wellbeing Board agreed to establish A Fairer Health in Trafford Partnership, (FHiTP).

The Partnership will bring together the work of the partners, ensuring alignment and coordination of agendas including the Core20PLUS5 delivery programme (see appendix B for Core20PLUS5 model).

The FHiTP aims to provide a focussed approach to reducing health inequalities in Trafford by being a tactical forum that coordinates health inequality action across the borough, utilising current governance for delivery. If appropriate governance does not exist, the partnership will be accountable for delivery to address the specific health inequality. The objectives of the partnership are to:

- organise Trafford system action to tackle health inequalities.
- provide an evidence base of health inequalities in Trafford.
- map current health inequalities activity across Trafford.
- identify gaps in current delivery and consider the most effective and efficient approach to reducing these gaps, including current partnerships for delivery.
- ensure robust measurement and evaluation of action.
- listen to the voices of our residents and those impacted by the health inequality, ensuring their voices influence the approach taken to tackle the inequalities.
- provide challenge into the system when action is not implemented.

Establishing a new way of working can be challenging. The strengths of the proposed approach are:

- a coordinated approach to work that is otherwise fragmented with multiple partners driving forward action.
- a shared narrative and system-level health inequalities objectives accompanied by an action plan with outcomes, agreed with and understood by partners across the four neighbourhoods.
- once established, this process will strengthen system working and innovation, encouraging better use of resources and potentially joint funding.

The first meeting of the Partnership is expected to take place in February 2024.

6. Programme Activity

The following programmes are examples of activity on going in Trafford which aim to address the causes and impacts of health inequalities. The examples are comprehensive but not exhaustive. One of the first actions of the Fairer Health in Trafford Partnership will be to map all current activity against need.

6.i. Understanding health inequalities

Public Health have carried out work to understand the health needs of different groups of residents in Trafford via a range of health needs assessments. Needs assessments that have been completed or commenced in 2023 include:

- Smoking,
- Healthy Lives (inequalities),
- Serious violence,
- Oral health,
- Alcohol and substance misuse,
- Urgent Care Needs Assessment.

6.ii. Tobacco Control

- System-wide Approach to Stopping Smoking: We have launched Trafford's Tobacco Alliance which brings together partners from across the system including public health, enforcement, health, emergency services etc. to address smoking related harm in the borough. We have developed our local vision, strategy, and action plan.
- Commissioned support for those with Serious Mental Illness (SMI): Trafford's smoking rate for individuals with SMI is 42.1% - an increase from last year, and much greater than the Trafford general population at 8%. To help reduce health inequalities in this group, we have commissioned Bluesci to deliver specialist stop smoking support to those with SMI.
- Developing a vaping offer: We are building on the existing vaping offer to schools by working in partnership with our CYP substance misuse partner Early Break and our School Health Team. This includes one-to-one support, school-based sessions, and webinars to help inform both professionals and parents of the associated risks and reduce harm, particularly around illicit vapes.
- An e-cigarette service has been commissioned: We also recognise that regulated e-cigarettes are a supportive quit aid for those who smoke, so we have commissioned Totally Wicked to offer e-cigarettes as a stop smoking intervention through our local stop smoking services.

6.iii. Improving Physical Activity

- Public Health have worked collaboratively with Leisure, Primary Care and Trafford Leisure to stand up the Physical Activity Referral Scheme in Partington, focusing on developing a specific offer for this community that takes account of the multiple factors that impact on people moving more.
- Commissioned accessible cycling activity via Wheels for All: this continues in Stretford and will expand to Sale West, Partington and Old Trafford.

- Beyond Empower continue their work to support people with disabilities to increase their participation in physical activity.
- The falls prevention service provided by Age UK Trafford and Trafford Leisure is supporting older people at risk of falling to improve their strength and balance through specialist classes.
- Funding has been secured from the UK Shared Prosperity Fund to deliver a cycle hub at Stretford Leisure Centre, and outdoor gym equipment and activities in Cross Lane Park in Partington and in a park location in North Trafford TBC.
- We are leading a health stakeholders' group to ensure that the redevelopment of Partington Leisure Centre (via Levelling Up Funding) ensures that the physical building and associated activities and programming address health inequalities.
- Place-based physical activity plans are under development, with activity demonstrated through the inaugural Broomwood Moving network meeting, led through the neighbourhood programme.
- Commissioned Beat the Street to support children and families in Stretford, Gorse Hill and Old Trafford to walk, wheel and cycle more around their local community to earn points (and prizes) for themselves and their school.

6.iv. Healthy Weight

- Set up distribution of Healthy Start vitamins via Early Help Hubs for families who are eligible for the Healthy Start benefit. Also set up the provision for families not eligible for Healthy Start to purchase vitamins at cost price (significantly cheaper than otherwise available) from the EHHs.
- The Adult Weight Management programmes delivered by Slimming World and Foundation 92 (FitFans) continue to work closely with colleagues in specific neighbourhoods to ensure that uptake of these free programmes is maximised by people most likely to experience health inequalities.
- Foundation 92's family wellbeing programme continues to deliver positive outcomes around healthy eating, physical activity and mental wellbeing for families living in our most disadvantaged communities.
- Progress the Health & Wellbeing Board priority actions around school food and advertising – Public Health are working with Environmental Health to carry out research into adherence to the school food standards at a number of schools. In addition, we are making progress with developing a new advertising policy for the Council which sets out restrictions in advertising foods that are high in fat, salt and/or sugar (HFSS).
- Latest data from the National Child Measurement Programme show that the slope of inequality in reception children for prevalence of both overweight and obesity has narrowed over the past five years. In 17/18, there were nearly twice as many overweight children in reception in IMD quintile 1 compared to IMD quintile 5. Confidence intervals between the most and least deprived groups now overlap.

6.v. Improving Oral Health

- Established a new programme of supervised tooth brushing in early years settings – incorporating supervised brushing into daily routine within the setting. The initial pilot (summer) and main programme (autumn) will be targeted to areas of higher deprivation where prevalence of tooth decay is likely to be higher.
- Supplies of brushes and paste have also been secured for targeted distribution by health visitors, and for the resettlement hotel – which houses migrant adults and families.

6.vi. Mental health

- Trafford Health and Wellbeing Board mental health deep dive recommended that all employers that sit on the Board commit to becoming Living Wage accredited and that a third commit to work towards the Good Employment Charter by April 2024. Trafford Council is now a fully accredited Living Wage employer and is a full member of the Employment Charter as of June 2023.

- We are working to embed insights from the Poverty Truth Commission and mental health inequalities work in Trafford's all age mental health and wellbeing strategy.
- As part of the development of the neighbourhood networks, the public health team is working to promote early intervention and preventative mental wellbeing support for residents, developing our communications plan to target populations most in need
- Public Health has commissioned a small 2-year pilot school transition programme called Headstart to support the mental wellbeing of year 6 pupils into secondary schools and will be delivered in 5 primary schools in Trafford by April 2025. This programme has been targeted at those children living in areas of most deprivation and will raise awareness of emotional literacy with pupils and staff within the programme.

6.vii. Substance Use

- Improved partnership working and information sharing: We are continuing to build on the Trafford Alcohol, Substance Misuse & Gambling Partnership (TASMGP) which bring together partners to address substance related harm in Trafford. In having this partnership, we have been able to build relationships with partners and gather a better picture of substance related needs and health inequalities in the borough. Membership includes regulatory services, housing, GMP and probation, education and the VCFSE sector etc. The intelligence shared has been able to feed into our local needs assessment which is currently in development.
- Increased investment: We have been able to continue funding into the substance misuse sector after being in receipt of the Supplementary Substance Misuse Treatment & Recovery Grant to reduce drug related deaths across the borough. We have used this grant to increase capacity within the recovery service, to increase training available to the wider system, and to increase partnership working for example with NWAS.

6.viii. Immunisation uptake

- As part of Greater Manchester's measles preparedness efforts, Trafford has developed its own measles action plan. Increasing uptake and coverage of measles, mumps and rubella (MMR) vaccination in 0–5-year-olds and reducing inequalities in coverage between groups in our population.
- Trafford Public Health and GM Integrated Care (Trafford) are currently working together to increase uptake and coverage of measles, mumps and rubella (MMR) vaccination across the borough, prioritising children registered at the four practices in the North neighbourhood. As part of this work, we have co-commissioned Voice of BME Trafford (VBMET) to undertake assertive 'call and recall' activities which entails contacting families by telephone and speaking to them in community languages to provide information and assurance about MMR vaccination and encourage informed consent. There are also some additional community engagement activities underway to increase awareness of measles risk and MMR vaccination among residents.
- The project started at Limelight in mid-October and is already having a positive impact on uptake. This is significant progress in an area of the borough where there are high levels of vaccine hesitancy and uptake for all childhood vaccination programmes is considerably lower than in our other three neighbourhoods. The project is also helping us to gather valuable intelligence about local residents' attitudes towards vaccination with VBMET volunteers capturing feedback about the key reasons given for accepting or declining vaccination. This insight will inform our ongoing work to improve uptake and reduce inequalities (e.g. tailoring communications to address specific concerns or misinformation about vaccines in the community).
- The VBMET volunteers have completed the calls at Limelight (although there may be some additional work to follow up the 8 families who did not attend their appointments) and are now contacting patients at North Trafford Group Practice. They will then move on to Delamere and Lostock later in November.

6.ix. Reducing the impact of health inequalities on Children and Young People

A detailed paper on health inequalities for children was presented to the Children's Scrutiny Committee in November 2023 with more detail on the specific experiences and action to tackle health inequalities for children and young people, (see agenda item 7, [Agenda for Children and Young People's Scrutiny Committee on Tuesday, 21st November, 2023, 6.30 pm \(trafford.gov.uk\)](#)).

Trafford's Public Health team commission the universal health offer through health visitors and school nursing. Additionally, the team fund youth workers to provide public health interventions and advice. They provide sexual health advice, including talks at local secondary schools and youth groups and a specific support group for young parents giving sexual health and relationships advice. The wider youth work team give advice on substance misuse, alcohol, smoking, vaping, healthy eating, and nutrition, promoting physical activity, mental health and wellbeing and healthy relationships and domestic abuse.

7. Health inequalities specific funding

For a number of years, Trafford Council's Public Health Team in conjunction with L&Q Housing has funded a number of voluntary sector providers to address health inequalities for key groups. These projects have been funded for four years now and their contracts are coming to an end in March 2024. These have included:

- **Age UK**
Provides a roving support vehicle across all of Trafford, twelve times in each of the four neighbourhoods per year with a focus on deprived communities. They provide information and advice for over 50s; benefit checks; information on dementia and MCI; health interventions (such as blood pressure checks); advice on fuel poverty; signposting; information on the prevention of falls. The purpose is to enable people to gain control over their lives and re-engage with the community. It is aimed at people over 50 and their carers (with specific emphasis given to targeting the BAME community).
- **Manchester Deaf Centre (Trafford Deaf Advocacy & Support Service)**
The service supports deaf people with communication, information, advocacy, and signposting. Deaf people accessing the service will receive a holistic health & wellbeing assessment. People will be able to access peer support and training on topics such as independent living and food hygiene. They will also be supported to obtain a health assessment and access public health interventions such as smoking cessation or NHS health checks.
- **Pakistani Resource Centre (PRC)**
The service works with Black Asian and Minority Ethnic (BAME) individuals experiencing mental ill health focussing on improving their general health and wellbeing. 1-1 support is delivered both in people's homes and at community centres. This support is for six weeks, with potential follow up support as required. As well as 1-1 support, there are also drop-in support groups on topics such as health, domestic violence, and female genital mutilation. A specific project has been set up in conjunction with North Trafford Group Practice to offer Health Checks to people from Black and South Asian ethnic communities at the earlier age of 25-39 years, due to the prevalence of health conditions and higher risk of CVD and stroke in those communities.

- **Unlimited Potential – Beyond Empower**
Works with disabled communities and those around them to lead healthy active lifestyles. Users receive a physical health check in which their BMI, blood pressure, blood glucose, blood cholesterol and forced expiratory volume are measured. Support from Empower You is available via 1-1 and group support. Group support is for an eight-week period where motivational interviewing and behaviour change techniques are used to increase individuals' confidence and independence. The 1-1 support sources activities of interest for 8 weeks and includes 3 face-to-face support sessions. The project also works with mainstream providers and groups providing physical activity to ensure they have disability awareness and can adapt their provision to be appropriate. They also work with care providers to ensure physical activity is embedded into the lives of those they support.
- **Voice of BME – Saving Lives & Better Living**
Primarily working with BME communities, the service increases the uptake of NHS screening, with special emphasis on breast and cervical screening. This occurs via 1-1 support over the phone, screening awareness drop-ins, a Wellbeing Health Club, and community engagement. The 1-1 support helps people to make changes to their overall health and wellbeing. This service works in partnerships with 3 main practices including North Trafford Group Practice, Limelight, Delamere & Lostock. The project was extended in 2023 to include bowel screening.

Trafford Council is continuing to invest £145,000 a year to the voluntary and community sector to support some groups of people within Trafford who are disproportionately impacted by health inequalities. A five-year funding offer was recently developed in conjunction with the sector and wider colleagues. The target cohorts for this were:

- People living in high areas of deprivation as defined by the 20% most deprived nationally.
- Ethnically diverse populations experiencing health inequalities.
- Older people from deprived communities.
- People with learning disabilities, physical disabilities or sensory impairments.
- Travellers/gypsy communities in Trafford.

Public health has received applications covering the first four target cohorts and will be looking to award and progress these projects with an April 2024 start date. Trafford NHS ICB has also awarded some similar funding for people with long term conditions and Public Health will be working collaboratively to ensure the two schemes complement each other and that we maximise both opportunities. Public health can update scrutiny on the details of the projects once awarded.

8. Additional activity focused on specific groups

- **Sex workers**
Trafford Council funds a project specifically addressing the health and wellbeing of sex workers in conjunction with Manchester City Council called Manchester Action on Street Health. This includes a nurse-run clinic to address preventative healthcare and sexual health support and a drop-in giving wider support, advice and referrals into other services.
- **Homelessness**
Trafford's Strategic Housing team have employed a co-ordinator from November 2023 to look at establishing a series of health drop-in events at key locations to support the health of people experiencing homelessness. A nurse will be present to give health support and Public Health are currently exploring funding the nurse to undertake health checks and smoking cessation interventions. Local agencies will be on hand to provide advice on drug and alcohol issues, sexual health and mental health support.

- Unpaid carers
Trafford Council and Trafford NHS ICB jointly fund support to carers via a contract with Trafford Carers Centre. This includes a comprehensive carers assessment looking at the impact of their caring role on all aspects of their lives and includes a nurse working at the Centre to carry out Carers' Health Assessments. Carers are also identified through primary care to be placed on a Carers Register due to carers being at a higher risk of illnesses and to offer eligibility to flu vaccinations. Trafford's Public Health team plan to explore with Trafford Carers Centre the opportunity to offer fuller interventions as part of their health offer, such as smoking cessation.
- LGBTQIA+
Trafford already commission a specific project in conjunction with the other nine Greater Manchester local authorities to support the sexual health of people from LGBTQIA+ groups. Public Health is looking in 2023 to establish a smoking cessation intervention project for this group given the higher rates of smoking.
- Gypsy, Roma and Irish Traveller communities
Public Health gave GRT communities as a priority group in the recent health inequalities funding but failed to receive any bids to address the health inequalities in this population. Conversations have taken place recently with the Partnerships Team, Education Welfare and Enforcement to establish where there might be opportunities to develop public health interventions. Future conversations are planned with a variety of groups to progress this provision.

9. Success

Each of these programmes of work aim to improve the quality of life of our residents. We wanted to share three examples of where working as a system has definitively reduced a health inequality.

9.i. Supporting children to be a healthy weight.

Children who are obese tend to stay obese in adulthood, and as such are prone to increased risk of diabetes and cardiac problems at a younger age. There is a clear social gradient in excess weight in children, with those living in the most deprived areas around twice as likely to be overweight or very overweight than those in the least deprived areas. This inequality is particularly pronounced at age 10-11.

Every year, the school health team are responsible for weighing and measuring every child (with parental consent) in Reception (age 4-5) and Year 6 (age 10-11) – known as the National Child Measurement Programme (NCMP). This is one of the statutory functions of Public Health which TLCO's school nurses carry out on our behalf. The data collected helps us understand some of the local challenges with regards to children's health and where we need to focus our work with partners and families to improve health and reduce inequalities.

The data collected via the NCMP tells us that, generally speaking, children living in our most disadvantaged communities are more likely to be living with overweight or obesity. However, this year we have seen important improvements, with the differences in the prevalence of excess weight between our most and least disadvantaged children now virtually eliminated in reception aged children. The overall percentage of children who are overweight or very overweight is also decreasing. This is not a trend that is being seen nationally, so Trafford are bucking the trend in a positive way, showing that the hard work of colleagues across the system is starting to pay off.

9.ii. Suicide prevention

Public Health have commissioned a local provider to provide Suicide Prevention Training. Organisations were selected for training was based on the organisation's links with 'at risk groups', their level of professional competency within the subject area, and the number of workforce development opportunities afforded to them regularly. Training is to take place between January – March 2024 and currently 160 frontline workforce colleagues have signed up. Organisations range from; housing associations, domestic abuse services and children's services.

Through the UK Shared Prosperity Funding, the government's levelling up fund, a panel of Trafford Council and Trafford Collective colleagues we were able to award all three bids for Round 1 to VCFSE organisations and community groups for activities to take place between January – July 2024. Public Health priorities for funded activities maintain that they must contribute to the improvement the health and wellbeing of residents and help to reduce health inequalities. Successful applicants were Gorsehill studios working with young people who do not meet the criteria for other services, Seed Studios working with those socially isolated and living in deprived areas and Inch Arts using art to support those affected by a bereavement.

9.iii. Improving MMR vaccinations uptake.

Vaccination uptake is usually lower in communities negatively affected by the wider determinants of health, and as we saw through the pandemic are the communities that experience the great harm.

Increasing uptake and coverage of MMR vaccination among 1–5-year-olds, and reducing inequalities in coverage between groups is a key priority in Trafford. Communities in the North neighbourhood are the most deprived and ethnically diverse in Trafford, and uptake across all routine childhood immunisation programmes is significantly below national/international targets and the 95% threshold for maintaining herd immunity against measles.

Public Health worked with a voluntary sector organisation, Voice of BME Trafford (VBMET) to pilot an enhanced call and recall programme for children registered at the four GP practices in North Trafford, identifying and targeting those children with incomplete MMR vaccination status. Community Health Mentors from VBMET worked within the four practices, contacting families by telephone, speaking to them in community languages to provide information and assurance about MMR vaccination and encourage informed consent. Those that consented were then booked in and vaccinated at GP practices. Community Health Mentors were supported by direct access to a General Practitioner who provided further information to mentors and spoke to families when needed. Mentors gathered intelligence about residents' attitudes and beliefs around MMR (and vaccination more generally). Mentors also attended community engagement events.

Community Health Mentors spoke to over 200 families, with a rate of between 30-50% booked in for MMR vaccination. They gathered intelligence on reasons for previous decline or lack of response to MMR vaccination, current views and beliefs on vaccination and any barriers to MMR vaccination going forward. These included language barriers, religious and cultural concerns regarding the MMR vaccine, issues with access and capacity in the local health system, concerns about safety of vaccine, vaccine content and potential side effects.

This project delivered positive outcomes on MMR vaccination uptake and a significant impact on local health inequalities. The latest cover data (Q2 2023-2024) shows Trafford reporting the highest MMR uptake of all boroughs in Greater Manchester, for MMR2 at 5 years, 92.1%. Trafford reported an uptake rate of 88.2% for the last quarter in Trafford– Q1 2023-2024, this programme

has demonstrated an increase of nearly 4%. Trafford has received a further £18,000 from Greater Manchester ICB to support this programme of work across all our neighbourhoods.

10. Summary

This paper provides an update on work to address health inequalities in Trafford. It describes how the system is working together to strengthen the building blocks of health and reduce the causes and impact of health inequalities. We also describe our ambition to add strength to our programmes of work through the establishment of the Fairer Health for Trafford Partnership. We will have a coordinated approach to understanding our inequalities, the work and resources required to address these and most importantly the outcome measures, so the system can understand if and how we collectively make a difference.

Trafford's Health Scrutiny Committee is asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities through:

- The Health and Wellbeing Board, Locality Board, new Fairer Health for Trafford Partnership, and wider governance systems.
- Engagement and co-design mechanisms to enable a better understanding of residents' experiences within Trafford, ensuring these routinely inform design and delivery of our response.
- Championing of the neighbourhood program, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

:

For every £1 invested in...



Alcohol treatment

There's a social return on investment (SROI) of **£3**.

This increases to a total of **£21** over 10 years. [\(Source\)](#)



Drugs treatment

There's a SROI of **£4**.
Increasing to **£26** over 10 years. [\(Source\)](#)

£2.50 over a year. [\(Source\)](#)



Suicide prevention

There's a SROI of **£39.11** after 10 years. **40** years of additional life.

A narrower health, local authority and police perspective still finds a ROI of **£2.93** over 10 years [\(Source\)](#)



Smoking cessation

On smoking cessation, **£10** is saved in future health care costs and health gains [\(Source\)](#)



Physical activity

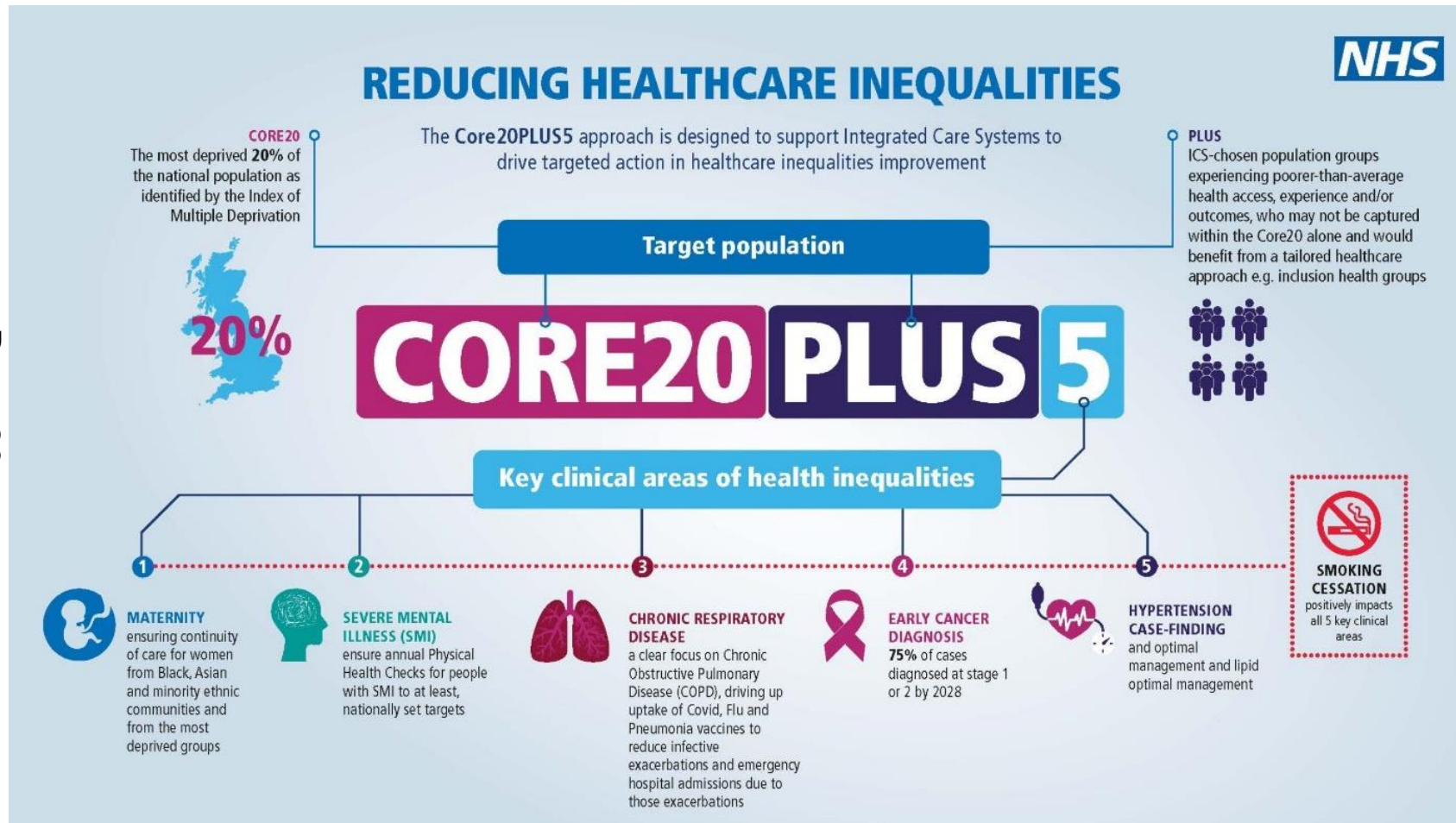
On sport and physical activity **£3.28** worth of social impacts over a year. [\(Source\)](#)



Public Health interventions

Average (median) ROI for all public health interventions = **£14.3** [\(Source\)](#)

Appendix B: Reducing Healthcare Inequalities



References

- ⁱ ONS, (2022), Annual Population Survey (APS) QMI, <https://www.ons.gov.uk/>
- ⁱⁱ World Health Organization. *Global Status Report on Noncommunicable Diseases 2010*. Geneva, Switzerland: WHO Press; 2011
- ⁱⁱⁱ [Impacts | The Equality Trust](#)
- ^{iv} OHID, (2022) Health disparities and health inequalities: applying All Our Health. www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health.
- ^v OHID, (2022) Health disparities and health inequalities: applying All Our Health. www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health.
- ^{vi} [Making the case for prevention - Primary Care Unit \(cam.ac.uk\)](#)

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TRAFFORD COUNCIL

Report to: Scrutiny Committee
Date: 18/01/2024
Report for: Information
Report author: Lucy Boubrahmi – Customer Service Lead

Report Title

Blue Car Badge Service

Summary

This report provides an overview into the Blue Car Badge Process, providing statistical data on breakdown of awards by and disability criteria, associated cost and other relevant particulars.

Recommendation(s)

Scrutiny is asked to –
1. note the contents of this report

1. Background

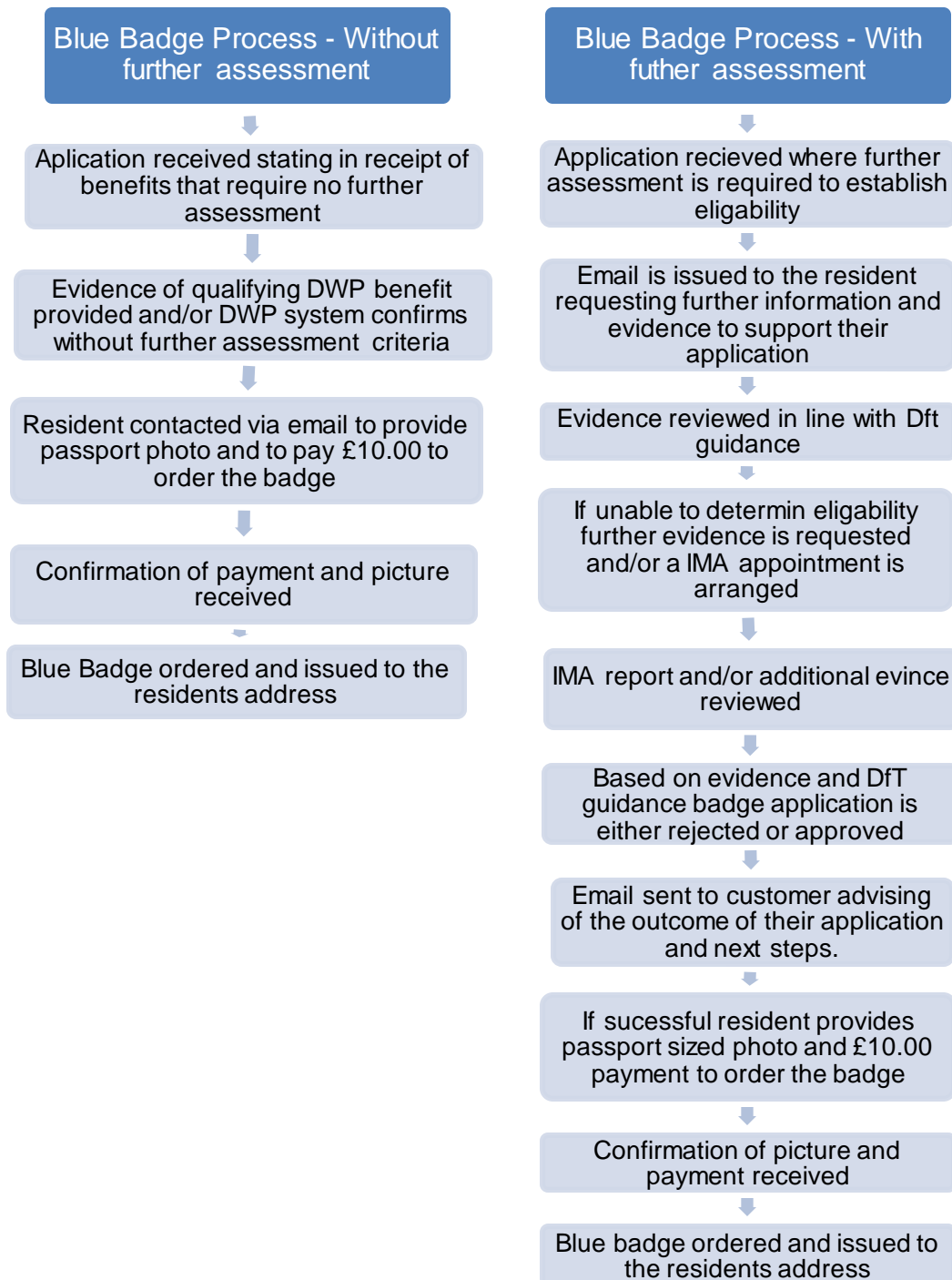
- 1.1 The Blue Badge scheme enables those who qualify to park close to good and services.
- 1.2 The Blue Badge scheme is administered by Local Authorities utilising guidance issued by the Department for Transport (DfT). The full guidance to Local Authorities can be found online ([Blue Badge scheme local authority guidance \(England\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/662222/blue_badge_scheme_local_authority_guidance_england.pdf))
- 1.3 The administration of Blue Car Badges sits under the remit of the Customer Service Lead.
- 1.4 The team is currently managed by 0.69 FTE Customer Service Manager, 2 FTE Blue Car Badge Officers and 1 Blue Car Badge apprentice- post currently vacant.
- 1.5 The team currently award over 3000 applications each year.
- 1.6 BCB process is currently managed within the CRM system C360. This system is in the process of being replaced and the BCB process will be managed through the new CRM system Microsoft Dynamics (D365) by the end of June 2024.

2 Blue Car Badge Process

- 2.1 The process of determining eligibility of a Blue Car Badge is dependent on whether the resident meets the without further assessment criteria or the with further assessment criteria.
- 2.2 The process for without further assessment criteria is very straightforward in terms of determining eligibility.
- 2.3 Where a resident falls under the with further assessment, this process depending on reasons for applying can take longer, as there may be in a need for additional

evidence from a specialist to understand the impact of the condition and how this impacts the resident and if this meets the DfT guidance to determine eligibility.

- 2.4 A resident if they have applied under walking criteria in some cases will be asked to attend an Independent Mobility Assessment (IMA) conducted by an independent physiotherapist who will assess, walking, pain, gait, breathlessness to help determine eligibility.
- 2.5 Below is a typical BCB application journey based on without further assessment and with further assessment criteria.



- 2.6 Applications can be made under several different disability criteria and some residents may apply under more than one criterion.

- 2.7 Residents can make payments for badge via the customer portal or by phoning the Blue Car Badge number where a Customer Service Advisor will take the payment over the phone.
- 2.8 The breakdown below shows qualifying benefits for without further assessment criteria as well as with further assessment criteria.

Blue Car Badge criteria

Without further Assessment	With further Assessment
Armed Forces Scheme	Arms Disability
DLA	Hidden Disability
PIP Moving Around	Physical / Hidden Disability
PIP Planning Following	Under 3
Sight Impairment	Walking Disability
War Pensioner	

3 Customer Journey

- 3.1 As mentioned above the process is managed online and the residents are expected to complete the BCB application online via the customer portal.
- 3.2 Residents who may not be digitally enabled can have applications completed on their behalf by support workers, friends, or family.
- 3.3 Residents can also visit any library in the borough and use the public PC's, connect their own device to the free WIFI or loan a device to take home.
- 3.4 Residents also has the option to contact the Access Trafford Contact Centre to have a form completed on their behalf.
- 3.5 We acknowledge that the current CRM system C360 can cause challenges for residents making application due to the aging system.
- 3.6 From June 24 the process should be easier and quicker with the introduction of Microsoft Dynamics CRM.
- 3.7 From initial application to award we aim to process all applications within a six-week period. This time scale allows for additional information to be provided and the outcome of any IMA appointments that a resident may need to attend.
- 3.8 Below are figures to show the number of self-serve appointment v's mediated. The contact centre completes all mediated applications. Please note that currently completing an application can take 20-40 minutes depending on complexity of information provided.

Blue Badge Applications	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TOTAL
Mediated	65	71	61	88	89	75	72	71	36	628
Self Served	392	395	432	436	546	443	474	425	308	3851
Total	457	466	493	524	635	518	546	496	344	4479

4 BCB awards

- 4.1 Currently there are 2.35 million valid blue car badges held across the UK.
- 4.2 2.26 million people automatically qualify for a blue car badge with 42% holding a blue badge.
- 4.3 Across the Northwest there are approximately 372k Blue Badges in circulation.
- 4.4 In Trafford as of 16/01/24, 9676 residents hold an active Blue Car Badge
- 4.5 Typically, a Blue Badge is awarded for 3 years or to the end date of a qualifying benefit is due to be re assessed.
- 4.6 The table below provides more detailed information regarding the criteria badges are processed under. Please note that our current system is unable to breakdown figures for residents who have applied under more than one criterion.
- 4.7 Refused badges are usually where an applicant does not meet the DfT guidelines to issue a badge or the information provided is not enough to determine eligibility, therefore the badge is refused.
- 4.8 In cases where we are unable to determine a decision based on lack of information the applicant has 3 months to provide further information before the application is automatically closed.

Breakdown award by criteria

Award Reason	2022	2023	Total
Armed Forces Reserved Forces Compensation Scheme	1		1
Blind	70	60	130
Under 3 - Bulky Equipment	4	1	5
Under 3 – needs to be close to a vehicle		1	1
DLA	448	383	831
Hidden Disability	78	109	187
PIP - Walking	1269	1340	2609
PIP - Hidden	40	49	89
Walking Disability	1659	1757	3416
War Pension Mobility Scheme	3	3	6
Organisation	23	16	39
Total	3595	3719	7314

Breakdown of Refused Applications

Refused Reason	2022	2023	Total
Armed Forces Reserved Forces Compensation Scheme	0	0	0
Blind	13	14	27
Under 3 - Bulky Equipment	0	2	2
Under 3 needs to be close to vehicle	0	0	0
DLA	54	22	76

Hidden Disability	74	60	134
PIP - Walking	129	152	281
PIP - Hidden	130	1	131
Walking Disability	114	117	231
Combined Walking and Hidden	57	51	108
Arms Disability	1	5	6
War Pension Mobility Scheme	0	0	0
Organisation	0	1	1
Total	572	425	997

- *Please note although a badge may have been refused, it may have been awarded under a different criterion. For example, if a resident applies under PIP hidden but they don't meet the specific PIP criteria they may have received a badge under hidden disability that required further assessment.*

5 Blue Car Badge costs

- 5.1 When customers are successful in their application for a blue car badge a fee of £10.00 is charged to cover the cost of producing and posting the badge.
- 5.2 The DfT set the fees that can be charged for the administration of BCB with the maximum charge being £10.00.
- 5.3 The cost of producing the badge, the pack to send it in and the postage is £4.34 net.
- 5.4 In addition to the cost of producing Blue Car badges we also provide independent mobility assessments which cost £17,000 per year to carry out 7 appointments per week carried out at alternative libraries each week.

6 Moving forward for 2024 and beyond.

- 6.1 To maintain the integrity of the scheme the Blue Car Badge Assessment Team continually ensure that applications are processed within the DfT guidance and regulations.
- 6.2 The introduction of the new CRM platform Microsoft Dynamics should ensure an enhanced customer journey making the application process much more straight forward.
- 6.3 Continuing to support our most vulnerable residents who are unable to self-serve by completing forms over the phone, where the resident can complete an application in the comfort of their own home.
- 6.4 With more automated process with the new CRM system, we hope to improve SLA's and reduce unnecessary contact with residents.
- 6.5 More reporting functionality will help with monitoring and reporting current performance.
- 6.6 Improved reporting tools such as Microsoft BI will help us to provide statistical information in real time and highlight potential areas of improvement.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 30 January 2023
Report for: Information
Report of: Nathan Atkinson, Corporate Director, Adults & Wellbeing

Preparing for CQC Assessment in Trafford

Following conclusion of initial pilot activity, local authorities will now be subject to mandatory inspections of their Adult Social Care functions by the Care Quality Commission (CQC) under the Health and Care Act 2022. It is imperative that the Council is prepared for inspection and has plans in place to meet the requirements of the national CQC Assurance framework. CQC have commenced the pre-work for mandatory on-site inspections starting in February 2024 with three local authorities in the south of England. There is an expectation that all local authorities with adult social functions will be inspected by March 2025.

Summary

This report should be read in conjunction with the accompanying PowerPoint presentation.

The report briefly outlines the CQC Assurance process, learning from other local authority pilot sites and how the Council has conducted an LGA Peer Challenge against the CQC Assurance framework in September 2023. This will inform the next steps in preparing for any future inspection in Trafford.

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: Nathan Atkinson, Corporate Director, Adults & Wellbeing

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1.0 The CQC Assurance Process

1.1 The Care Quality Commission (CQC) have a new responsibility to independently assess how local authorities are delivering their Care Act functions under the Health and Care Act 2022.

1.2 The CQC assessment approach has been designed in partnership with a range of stakeholders and people who use health and adult social care services.

1.3 CQC will use a new single assessment framework to assess local authorities, using a subset of 9 quality statements focused across four themes:

Care Quality Commission Assurance themes	
<p>Theme 1: Working with people.</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Assessing needs • Planning and reviewing care • Arrangements for direct payments and charging • Supporting people to live healthier lives • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support • People's experiences and outcomes from care. 	<p>Theme 2: Providing support.</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Market shaping • Commissioning • Workforce capacity and capability • Integration • Partnership working.
<p>Theme 3: How the local authority ensures safety within the system.</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care. 	<p>Theme 4: Leadership</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability.

1.4 Local authorities will receive a CQC rating consistent with previous approaches to health and care services:

- Outstanding
- Good
- Requires Improvement
- Inadequate

2.0 CQC Assurance Framework Pilots

2.1 The CQC have conducted a series of pilots to test the application of the framework. The initial two conducted in 2022 were against a forerunner of the CQC assurance framework with Hampshire County Council and Manchester City Council. The results were not formally published.

2.2 This was followed by a further five pilots using the current framework to test the model. The pilots covered Birmingham City Council, Nottingham City Council, Lincolnshire County Council, North Lincolnshire Council and Suffolk County Council. The pilots were held in the summer/autumn of 2023 with results published on 8 December 2023. Four of the five local authorities received a Good rating, after moderation within CQC, with Nottingham receiving a Requires Improvement rating.

2.3 The CQC ascertained from the pilots that the quality statements at the centre of the assessments were broadly right and what local authorities expected. They also determined that the methods for assessment were broadly effective to provide the evidence to make a judgement on how well local authorities are discharging their duties against the Care Act 2014.

2.4 Following publication of the initial findings from the pilot sites, CQC announced that there would be a programme of selected inspections taking place with local authorities being identified in batches of twenty. Three local authorities were selected for inspection in February, all in the south of England, though at the date of production of this report, other sites had not been formally notified.

2.5 The intention is that CQC will have concluded inspection of all local authorities with adult social functions by March 2025.

3.0 LGA Peer Challenge: CQC Assurance Framework

3.1 The Council has an existing, self-managed, programme of improvement for Adult Social Care based on the concept of *Improving Lives Everyday*. This approach was launched to improve outcomes for people supported by Adult Social Care and to promote strength-based working, with a focus on prevention and early intervention. Progress against activity within this programme has helped inform the Councils self-assessment for the LGA Peer Challenge.

- 3.2 There has been a long-standing programme of Peer Challenge within the North West region facilitated through the Association of Directors of Adult Social Services (ADASS) with options for short one or three day challenges session to focus on elements of Adult Social Care. However, Adult Social Care has not been subject to an inspection framework for over a decade. To prepare for inspection, obtain an objective view and to experience something as close as possible to the inspection process, the Council asked the Local Government Association to undertake an Adult Social Care Preparation for Assurance Peer Challenge for Trafford. This was conducted in September 2023. The Council was seeking an independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) inspection. The £30,000 cost of the Peer Challenge was primarily funded through a government grant of £26,720 awarded in September 2023.
- 3.2 A peer challenge is designed to help a local authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and Adult Social Care to reflect on the information presented to them by people they met, and material that they read.
- 3.3 Preparation for Assurance Peer Challenge teams typically spend three days onsite conducting the challenge, this process should be seen as a snapshot of the local authorities work rather than being totally comprehensive. All information was collected on a non-attributable basis to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.
- 3.4 The members of the LGA Peer Challenge team were:
- Victoria Collins - Director of Adult Services Milton Keynes City Council, Lead Peer
 - Councillor Chris McEwan - Deputy Leader and Economy Portfolio Holder, Darlington Borough Council.
 - Phil Hornsby - Interim Corporate Director of Wellbeing, Bournemouth, Christchurch and Poole Council.
 - Gavin Butler and Alex Pitcher - Principal Social Worker and Practice improvement lead, Cheshire West and Chester Council.
 - Charlotte Hammond - Head of Service Adult Social Care Learning Disabilities and Autism Lancashire County Council.
 - Sally McGrail - Transformation and Improvement Lead Warrington Borough Council.
 - Kathy Clark - Challenge Manager, LGA Associate.
- 3.5 The LGA Peer Challenge team were in Trafford for three days between 26th – 28th September. Two of the team spent 12th – 13th September in Trafford to undertake a case file audit and to meet with stakeholders including people using services.

3.6 The LGA Peer Challenge team were given access to at least 150 documents including a self-assessment. Throughout the peer challenge the team had more than 31 meetings with at least 100 different people. The peer challenge team spent over 200 hours with Trafford Council the equivalent of 26 working days.

3.7 In arriving at their findings, the peer team:

- Held interviews and discussions with councillors, officers, partners, and carers.
- Held meetings with managers, practitioners, team leaders and frontline staff.
- Read a range of documents provided by Trafford Council, including a self-assessment, and completed a case file audit of 12 cases.

4.0 Key Messages from the LGA Feedback

4.1 Partners from GM ICB Trafford, Trafford Local Care Organisation, GMMH and the VCSFE such as the Community Collective and Trafford Carers Centre were involved in the pre-planning and implementation of the Peer Challenge, demonstrating genuine deep-rooted collaboration across the health and care system in the borough. The outcome of the Peer Challenge broadly mirrored the content of the Councils self-assessment document, though there were observations and recommendations from the LGA that helpfully identified additional areas of potential improvement. The more detailed feedback from the Peer Challenge findings is contained within the accompanying PowerPoint presentation to this report. The LGA Peer Challenge team's key messages to the Council were:

4.2 Developing the Neighbourhood Model

4.2.1 The Council has a strong focus on integrated work with health and health outcomes, particularly around hospital discharge and admission avoidance. The development of a Neighbourhood model should offer opportunities to co-produce with communities and develop a broader Adult Social Care focus in integrated teams, supporting people to live the life they want and fully embedding an early intervention and prevention approach.

4.3 Getting it right at the Front Door

4.3.1 The Council has a range of preventive and early intervention offers, but access relies heavily on social workers to undertake the initial conversations, which may not be the best use of resources and skills. More could be done to develop information advice and guidance, make access easier through a variety of channels, and provide self-serve options.

4.4 Safeguarding

4.4.1 There is work to do to ensure that the Council consistently applies thresholds for concerns and that safeguarding enquiries are working well. The Council should consider the right balance in skills and resources across all adult teams

to ensure concerns and enquiries can be responded to in a timely and person-centred way.

4.5 Strategic direction and commissioning strategies

- 4.5.1 The golden thread from corporate strategy and vision needs to be developed to support a simple clear vision for Adult Social Care, which can shape plans and strategies. These need to be supported by SMART plans for delivery and improvement for the next 3-5 years.

4.6 Mental Health

- 4.6.1 There is a need to increase assurance regarding mental health services provided under the existing s.75 agreement with Greater Manchester Mental Health NHS Foundation Trust (GMMH). Evidence of the need to improve mental health services was presented in the self-assessment and there was a dedicated session with managers focussing on this provision. However, the Council did not request mental health as a focus for the peer challenge and no people with lived experience or frontline practitioners were interviewed as part of the peer review. As a result, the review findings were not detailed in relation to mental health services.

5.0 Immediate Response to the LGA Peer Challenge Feedback

- 5.1 Following conclusion of the LGA Peer Challenge at the end of September, activity immediately commenced to address some of key findings from the feedback provided at the end of the session and from the final report received in December 2023.
- 5.2 Priority areas of improvement have been identified in a high-level plan based on the LGA feedback. There has been agreement to establish an Improving Lives Everyday Development Board with independent chair to oversee delivery of the plan and to track progress against areas requiring improvement.
- 5.3 A working group for performance data has been established and three temporary business analysts employed, using external grant funding, to support the development of dashboards to ensure better use of data to inform decision making.
- 5.4 A new Trafford Strategic Safeguarding Partnership (TSSP) Board Manager was appointed in October 2023 and has made significant inroads into improving the functions of the Board. For example, a TSSP Effectiveness sub-group is being established to give assurance on safeguarding multi-agency activity.
- 5.5 Support from the LGA consultancy for adult social care through Partners in Care and Health has been secured to provide independent support for commissioning and safeguarding activity. This is at no additional cost to the Council.

- 5.6 A review of the Principal Social Worker and supporting functions has commenced reflecting the importance of the role in the CQC Assurance process.
- 5.7 A working sub-group of DASS Assurance - a long established monthly meeting chaired by the Corporate Director, Adults & Wellbeing to oversee Directorate performance has been agreed for priority activity on workforce, linking into the wider system work across Trafford and into Greater Manchester.
- 5.8 Partners in Care and Health have been tasked with conducting briefing sessions to support staff preparation for inspection, applying learning from the pilot sites. These commenced 16 January 2024.
- 6.0 Next Steps - Planned activity for CQC readiness**
- 6.1 Given the complexity of the preparations for the framework aligned to existing activity to support the recent SEND area inspection and transformation projects to support delivery of savings all interfacing with the CQC Assurance work, a Programme Management approach is required to bring activity together, considering risks, interdependencies and to reduce duplication. Programme management support has been secured from 2 January 2024. This will increase capacity and provide dedicated focus when building the governance framework and programme plan to support delivery of the required improvements.
- 6.2 A monthly Improving Lives Everyday Development Board is to be chaired by an independent person (currently under recruitment for February 2024). This Board will oversee delivery of the programme plan for CQC Assurance. A key element of this will be ensuring that the Councils self-assessment and evidence base is refreshed on a quarterly cycle so that the Council is ready when CQC make contact to conduct an inspection of Adult Social Care.
- 6.3 The Programme plan will be aligned to the activity contained within the existing GMMH Trafford improvement plan, which is hosted by the organisation with a focus on GMMH group priorities and local mental health related issues. It is important that 6.4 the plan is expanded to ensure social work elements outlined in the s.75 agreement with the Council are incorporated to provide additional assurance and to engender positive change.
- 6.4 The Health and Care Act 2022 also introduced mandatory CQC inspections for Integrated Care Boards (ICBs). It is anticipated that there will be an inspection of the Greater Manchester ICB in due course. There is of course significant crossover into the Adult Social Care CQC Assurance Framework and therefore the involvement of partners from GM ICB Trafford in the LGA Peer Challenge has been critical in assisting in their preparation, but also raising awareness of the Adult Social Care offer.
- 6.5 Activity has commenced on the development of the Adults & Wellbeing Directorate Vision, Target Operating Model (TOM) and Outcomes Framework.

This needs to ultimately sit above the Programme Plan for CQC Assurance. The focus must be on improving the outcomes of Trafford residents through more effective service delivery, not solely on passing inspection. If the Council gets the offer right, then the inspection outcome should reflect this.

Preparing for CQC Assessment in Trafford

Nathan Atkinson Corporate Director of Adults and Wellbeing

Health Scrutiny Committee

10 January 2024

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Overview of presentation

1. Overview of CQC Assurance Framework
2. Update on CQC pilots and roll out of inspections
3. Trafford LGA Peer Challenge process and findings
4. Post Peer Challenge activity – immediate actions and activity
5. Further planned activity for *Improving Lives Everyday* through a revised approach for Adult Social Care including CQC Assurance readiness

Part 1

Overview of CQC Assurance Framework

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Overview of CQC Assessment Framework

- The Care Quality Commission (CQC) have a new responsibility to independently assess how local authorities are delivering their Care Act functions
- CQC assessment approach has been designed in partnership with a range of stakeholders and people who use health and social care services
- CQC will use a new single assessment framework to assess local authorities, using a subset of 9 quality statements focused across four themes:
 - Working with people
 - Providing support
 - Ensuring safety
 - Leadership

CQC Assessment Framework: Four Themes

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice

Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working

Assessing Needs

Supporting people to live healthier lives

Equity in experiences and outcomes

Care provision, integration and continuity

Partnerships and communities

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives, and where possible reduce their future needs for care and support.

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care

Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

Safe systems, pathways and transitions

Safeguarding

Governance, management and sustainability

Learning, improvement and innovation

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

We work with people to understand what being safe means to them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

Single CQC Assurance Framework

- Integration & Innovation Policy Paper, February 2021: introduction of a new assurance framework for ASC & ICS, confirmed in Health & Care Act 2022
- CQC acquire a new duty to independently review and assess how Local Authorities are delivering their Care Act Part 1 duties
- Focus on legislative framework; meeting statutory responsibilities as per the Care Act 2014
- Single assessment framework, with ratings
- All Local Authorities to be assessed in an initial formal assessment period of 24 months
- 5 pilots run over summer 2023, now rolling out to first formal assessments
- On-site work due to commence February 2024 in 3 announced areas (all in the South of England)
- Ongoing assessment throughout year, themes reported in State of Care report

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Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



Diagram taken from CQC. For more information on the single assessment framework see [Single assessment framework - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

CQC Assurance Process

Process

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Preparation

- Self-Assessment
- Improvement Planning
- Staff Engagement

Getting 'the call'

- 8-10 week in advance of on-site arrival
- PCH support
- Internal communications

Local Authority Information Return

- Required between 1 and 3 weeks
- Set of approx. 50 documents
- Self-assessment
- Case list for case tracking (list of 50 from which they will choose 6 + 4)

Visit

- Around 3 days onsite
- Speaking to: PSW, DASS, Lead Member, CEx, frontline staff
- The level of contact the CQC chooses to have with senior managers is at their discretion!

Part 2

Update on CQC pilots and roll out of inspections

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Development of the CQC assessment approach

CQC took a phased approach to introducing the assessments to give an opportunity to:

- Test & Learn – Manchester and Hampshire in summer 2022
- Pilots – Lincolnshire, Nottingham City, Birmingham City, North Lincolnshire, and Suffolk in summer/autumn 2023
- Pilot Evaluation
- State of Care 2022/23 published October 2023

CQC Pilots

The 5 pilot assessments conducted over the summer of 2023 offered the opportunity to:

- Test, refine and further develop their approach through pilot assessments
- Gather information to help develop their understanding of performance across local authorities
- Establish a starting point to use as the basis for future assessments
- Build relationships within each of the areas

Pilot evaluation

CQC have advised that headline findings from their evaluation indicate that their core approach is right as they found that:

- The quality statements at the centre of the assessments were broadly right and what Local Authorities expected
- Methods for assessment were broadly effective to provide the evidence to make a judgement on how well Local Authorities are discharging their duties against the Care Act

The evaluation helped to identify key areas where CQC can refine and define their operational tools and processes to ensure that the approach is efficient for both CQC assessment teams and Local Authorities. These include:

1. How to prepare Local Authorities for the assessments and what they can expect
2. The Local Authority Information Return and accompanying guidance
3. The role of self-assessment in baselining Local Authorities
4. The use of different roles in the assessment teams, including the contribution of experts by experience, specialist advisors and executive reviewers
5. The methods for collecting and understanding people's experiences and their health and care journeys

Themes from the pilots

CQC identified the following themes from the pilots:

- Integrated working has enabled pilot Local Authorities to address challenges in hospital discharge
- Waiting lists for assessments existed mainly due to lack of capacity in the social work assessment workforce, but LAs were managing this by prioritising risk
- Partnership working was key for improving outcomes for people
- Transition pathways from children to adult services did not always work well
- More work is needed for Local Authorities to understand how to reach people whose voices are seldom heard
- Social care workforce capacity issues persist, and Local Authorities are using a range of incentives to address recruitment and retention issues, as well as supporting the professional development of the workforce to meet local needs
- Overall, Local Authorities had developed learning cultures to help them identify where things were not working well and take steps to improve

Part 3

Trafford LGA Peer Challenge process and findings

Trafford Peer Challenge 26-28 September 2023

- Opportunity for mock inspection/dry run
- Facilitated by the Local Government Association (LGA)
- Review team of 7 people from outside the Greater Manchester area
- Engagement sessions with people with lived experience and case file audits conducted 12 & 13 September 2023
- Self-assessment and associated documents completed as evidence
- Series of focussed sessions with staff and partners
- Focus on specific areas of Care Act 2014 duties
- Final report agreed 13 December 2023

LGA Peer Challenge Summary

- The Peer Challenge was helpful in terms of ratifying the content of the self-assessment document and outlining required future tasks
- The objective approach has helped shape priorities and provided focus on where improvements can be made, including in some areas that are performing reasonably well
- The learning experience from a near inspection process was helpful in preparing for the actual event
- Embedding the *Improving Lives Everyday* programme will strengthen the prevention offer and improve the outcomes for people receiving care and support in Trafford

Peer Challenge findings

Theme 1: Working with People

Strengths

- There is confidence that the borough wide teams can deliver the Let's Talk model, though as referenced in the self-assessment this needs to be consistently applied to the neighbourhood teams
- The Business Unit is highly valued as a support to allow social work staff to focus on working with people, rather than administrative matters
- There were many references to good working partnerships with the voluntary sector, including the Carers' Centre, though the LGA felt more examples could have been provided in the self-assessment to evidence this

Work relating to EDI is progressing with corporate staff EDI networks, champions, training offer and an ASC working group. There is an awareness of the need to do more to understand the data, the issues and barriers to equity of access and experience for people needing support

Data is available demonstrating waiting lists and good inroads have been made in reducing waits for assessments. There is awareness that there is still more to do

- The Direct Payments support service is offering positive support to Direct Payment recipients, is focussed on meeting outcomes, and has clear links with the Social Care teams
- Community Link workers are valued by social work teams to support the offer of strength-based practice
- The self-assessment gives some helpful evidence of the impact on the sensory digital offer for people
- Good case stories including outcomes over hospital discharges
- Data shows that Ascot House is successful in helping people return to their own homes after a hospital stay
- Staff feel pride about the work they do and welcome the good integrated working to support hospital discharge

Considerations

- There were some areas identified as strengths where only limited evidence was provided in the self-assessment or in sessions to showcase what this means for Trafford residents. For example, feedback and evaluation systems about the quality of processes to work with people and the impact of VCFSE support on peoples' lives
- Some of the strengths identified in the self-assessment may be better linked to other themes. For example, the Trafford Learning Academy and Staff Wellbeing might fit better under the Leadership theme
- There could be a stronger and more effective pathway at the front door. For example, it may make sense to triage more of the requests for support with a Let's Talk conversation one at earlier stage before they are passed to a social worker
- There are a range of prevention offers though that would benefit from a coherent whole system approach
 - Community Link workers do not always have capacity to take new work
 - The equipment and adaptations offer has long wait times except for hospital discharge, and assessments are needed for simple services
 - There is no local authority Occupational Therapy capacity which may limit efforts to support independence
- To develop strong practice so that front line practitioners feel connected and supported
 - As identified in the self-assessment, the Principal Social Worker needs more clarity around the identity of the role and to dedicate more time to be visible in the role rather than providing operational support
 - Increase the level of practice audits
- The self-assessment identified the need to increase assurance regarding mental health services provided under the existing s.75 agreement with Greater Manchester Mental Health NHS Foundation Trust (GMMH).

Peer Challenge findings

Theme 2: Providing Support

Strengths

- Providers were positive about relationships with the Council. Providers were not raising issues over fees in interviews, possibly because of investment in the Real Living Wage
- Positive working relationships between commissioners and assessors to address immediate tactical requirements for support. This included:
 - Hospital discharges
 - Use of providers as trusted assessors in supported living
 - Commissioning specialist provision for people with complex needs
 - Responding to emerging pressures
- Day to day working relationships with providers is well resourced with contract officer quality visits and opportunities for direct support which providers welcome
- Data from Greater Manchester and the North-West region is used to complement the understanding of quality
- Trafford has a high percentage of Good and Outstanding CQC rated provision
- There are innovative providers, for example in Learning Disability provision, developing solutions such as Good Neighbours, and the Council works collaboratively with providers on change/improvement
- The Trafford care market can respond to requests for support, and there are relatively low numbers waiting for support, except for nursing care. The Council is working on how to address this shortage
- There is good evidence regarding provision of integrated support, particularly with the NHS and the Trafford Local Care Organisation. This includes a housing offer, for example extra care step down units
- Provider Forums have been restarted, after pausing during the Covid pandemic

Considerations

- Commissioning feels more tactical than strategic, though it is noted that there is activity to address this including development of a Market Position Statement though:
 - Providers were not aware of the Adult Social Care vision
 - Ambitions around autism support may need to look more broadly than accommodation needs
 - The articulation of needs requires development
 - Setting out the direction for alternatives to traditional support models would help to shape the Trafford market
- The impact that the Health and Wellbeing Strategy through partnership working has on the support available to residents could have been better evidenced
- The Carers offer could be much more robust. It relies heavily on the Carers Centre to provide support and to deliver the strategy. Current support appears to be limited
- Direct Payments could be more useful if there was more flexibility given

Peer Challenge findings

Theme 3: Ensuring Safety

Strengths

- The focus on safeguarding with providers is significant, with the specialist offer from the Safeguarding Hub
- The Safeguarding Hub supports multi-agency working, including Police
- Trafford benchmarks above average in the North-West for resolution of risks
- Hospital Discharge arrangements are strong on multi-disciplinary and co-ordinated working, with motivated and committed staff. There were good stories about the experience for people and their families, including when discharges were not initially successful
- The numbers on Pathway 3 for discharge (considered by hospitals to be likely to need long term residential care) seem high at over 30%. Based on the pilot, the new Rapid MDT assessment in care homes will hopefully reduce the numbers remaining in long term after a period of Discharge to Assess
- Domestic Abuse response is strong. There is a determination to listen to the voice of victims with a good focus on prevention

Considerations

- There is work to do to ensure that the Council consistently applies thresholds for concerns and that safeguarding enquiries are working well.
- The Council should consider the right balance in skills and resources across all adult teams to ensure concerns and enquiries can be responded to in a timely and person-centred way.
- Ensure that Making Safeguarding Personal is embedded into practice
- There are ambitions to improve transitions and Preparing for Adulthood, with encouraging plans. Progress and impact need to be tracked and measured. Future needs analysis and service development will be essential
- The self-assessment would benefit from clearer articulation of the high risk, escalation and complex case decision-making processes
- There is a need to complete the actions referenced in the self-assessment around the Emergency Duty Team offer and the areas of improvement

Peer Challenge findings

Theme 4: Leadership

Strengths

- Within Trafford there are a range of governance boards and groups to oversee integrated working, with senior level engagement and commitment
- Political and corporate leadership seems strong
- There is a vision at corporate level (EPIC) and directorate level (Improving Lives Every Day)
- There is a strong sense of work on partnerships, neighbourhoods and provider relationships
- Where issues have been identified, then action has been taken, for example to address retention and recruitment issues for social workers with a market supplement being offered
- The Trafford Learning Academy has offered career development and apprenticeship opportunities
- The SWAY communications are good developments
- Adult Social Care in Trafford is relatively financially stable, with pressures managed to date
- Examples of innovation in the evidence library, which came from staff, for example the Business Unit and the Control Room

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Considerations

- No golden thread of the vision and strategy, with clear understanding evident throughout the teams
- Examples of tangible differences that the integrated governance is making and arrangements for risk sharing would strengthen the self-assessment
- Whilst there is strong governance for the integration for health and social care more broadly, the mental health integration governance needs to be strengthened
- There has been a reliance on initiatives using short term government funding which makes longer-term planning and staff retention more difficult
- There is self-awareness of the need and plans are in place to improve the use of data and intelligence
 - More can be done to enable operational teams to understand and use their own data and performance
 - Data and intelligence could be used more to inform longer-term strategic commissioning plans
- Professional leadership of social care practitioners could be strengthened
- Written strategies in the evidence file need to be backed up with delivery plans determining changes that will be incremental and transformational

Case File Audit Findings – Strengths and Considerations

- There was evidence of some good practice, but it was variable
- Access to support was timely
- There were some files where it was clear that outcomes had been agreed with the person, but this was not consistently applied
- Mental Capacity Act considerations were inconsistent
- Least restrictive approaches were not easily apparent
- Neighbourhood team safeguarding could be stronger on Making Safeguarding Personal

Part 4

Post Peer Challenge activity: immediate actions and activity

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Immediate response to Peer Review findings

- Partner engagement and feedback provided on the LGA Peer Challenge findings to further strengthen *Improving Lives Everyday* activity to improve outcomes and to ensure alignment with partner's strategic objectives
- Support for the wider workforce, further developments of the workforce strategy and a review of Principal Social Worker role has commenced
- Partners in Care and Health briefing sessions to support front-line staff preparation for CQC inspection conducted mid-January 2024
- The LGA has funded Partners in Care and Health to provide independent support for strategic commissioning activity and to further strengthen the safeguarding offer
- Trafford Strategic Safeguarding Partnership (TSSP) Board Manager appointed
- Priority areas of improvement identified in a plan (inter-dependencies identified)
- Development of key data dashboards
- Agreement to establish an *Improving Lives Everyday* Development Board with independent chair

Part 5

Further planned activity for *Improving Lives Everyday* through a revised approach for Adult Social Care including CQC Assurance readiness

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Planned activity

Programme Management support providing extra capacity and dedicated focus on *Improving Lives Everyday* commenced January 2024 to develop:

- Full Programme Plan underpinned by a new governance framework with phased activity
- Terms of Reference for the *Improving Lives Everyday* Development Board
- Governance flow chart
- Templates for flash reports, detailed business reports and presentations for the Board
- Risk register linked to the Programme Plan

Planned activity

- Monthly Development Board to be chaired by an independent person (currently under recruitment for February 2023)
- Self-assessment and evidence base to be refreshed on a quarterly cycle
- Alignment of activity with GMMH Trafford improvement plan to ensure social work elements are incorporated
- Further face to face engagement with Adult Social Care staff planned for February 2024
- Full communications strategy for engagement with all stakeholders drafted for sign-off at monthly board

Planned activity

- Development of the Adults & Wellbeing Directorate Vision, Target Operating Model (TOM) and Outcomes Framework - activity has commenced on this, but this needs to ultimately sit above the Programme Plan for CQC Assurance
- Focus must be on improving the outcomes of Trafford residents through more effective service delivery, not solely on passing inspection. If we get the offer right, then the inspection outcome should reflect this

Resources

1. CQC [evaluation report](#) of the pilot assessment process
2. CQC [local authority information return](#)
3. CQC [Local authority assessment framework](#)
4. LGA Top Tips for CQC Assurance
[Top tips for CQC assurance preparation | Local Government Association](#)
5. SCIE's website webinar, [Skills for Care: New CQC Inspection Process](#)

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 17th January 2024
Report for: Information
Report of: Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)

Report Title

GM Integrated Care Partnership Update

Summary

The purpose of this report is to provide an update to Health Scrutiny Committee on recent developments across the Greater Manchester Integrated Care system that affect the Trafford Locality. The report covers the following areas:

1. NHS GM Transformation Programme
2. NHS GM Operating Model
3. The Contribution of Locality Plans to the 2024-25 GM System Delivery Plan
4. GM People and Communities Participation Strategy & Trafford Integrated Care Partnership Participation Framework
5. Winter Capacity Funding
6. Establishment of Locality Quality Group
7. NHS GM CQC assessment readiness

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, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)

1. NHS GM - Transformation Programme

1.1 The GM transition programme officially launched in August 2022. The overarching aim of the programme was to transform GM functions to deliver efficient and effective services and to provide clarity to our staff on new permanent roles within revised structures.

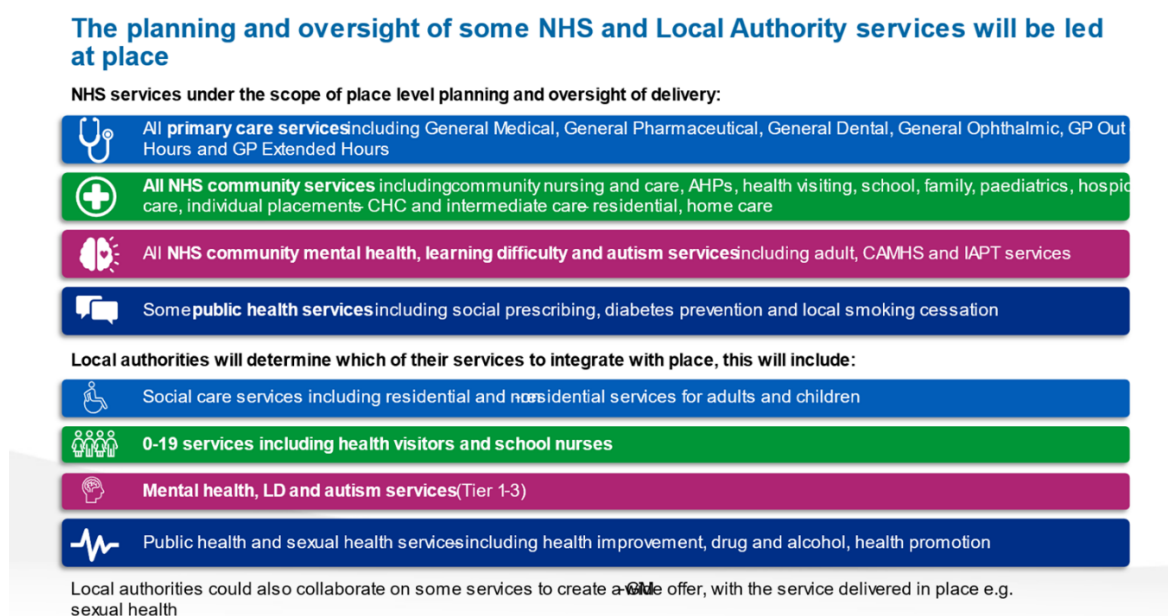
1.2 Originally the target programme closure was April 2023. Due to the complexity of the programme the timeframe slipped to September 2023 with the formal closure on 31 October 2023. The process to find suitable alternative employment for displaced staff will continue until December 2023.

1.3 Following a lengthy and complex process more than 1600 colleagues have moved into new permanent positions. There remains a small number of staff who are potentially displaced and, therefore, working with GM colleagues to find suitable alternative roles within the new structures. There are currently no Trafford colleagues in this position.

2. NHS GM – Operating Model

2.1 The GM operating model has been agreed by the GM Integrated Care Board and work continues to agree how this will be implemented (proposed full implementation by 01/04/24). To recap, the model confirms the NHS services under the scope of place level planning and oversight of delivery as follows:

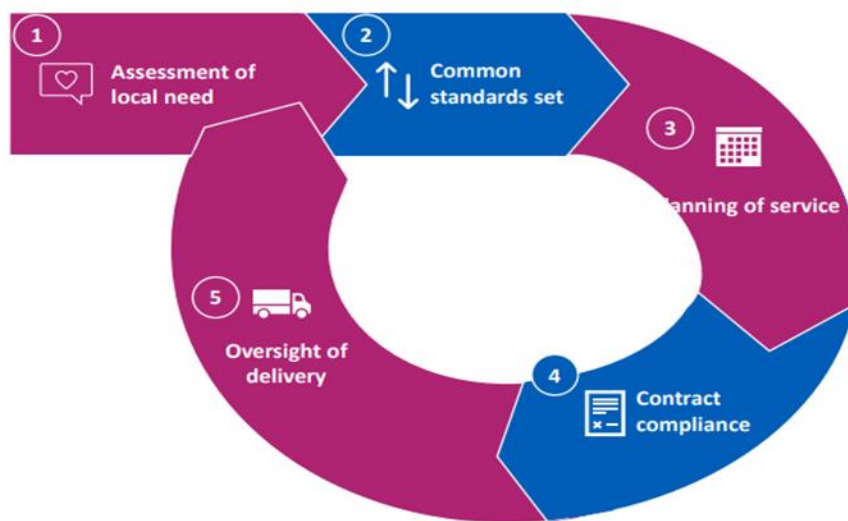
Figure 1:



2.2 A series of workshops are being held to further understand the implications of the agreed operating model and, in particular, further understanding of the responsibilities across localities and at a GM level. Workshops in October and December have concentrated on the following key areas:

- GM approach to commissioning for improved outcomes; aims to provide a joined-up approach to commissioning for health and care, including identifying areas for decommissioning. Also, to describe a methodology to assess services against and describe the governance route for decision.
- Impact of financial recovery on the commissioning process
- Locality commissioning approach; aims to set out developing thinking around place-led commissioning and agree proposed approach for each stage of the agreed commissioning cycle contained in the published operating model:

Figure 2:



- Service line review – assessment of ‘what gets done where’
- Commissioning of community services; as above but specific to the planning and oversight of community services at place.

2.3 These areas are being further refined throughout January – February 24 to shape the role of Locality Plans in contributing to GM’s overall delivery plans for 2024/25 (See section 3. Below for more detail) but is important to note the ICS Operating Model confirms the core role of localities in driving population health improvement and delivering preventative, proactive integrated models of neighbourhood care. Although localities are delivering across all six of the missions in the ICP Strategy, our key areas of responsibility principally relate to the missions on stronger communities and helping people stay well and detecting illness earlier.

3. The Contribution of Locality Plans to the 2024-25 GM System Delivery Plan

3.1 The Locality Board and Trafford Health and Wellbeing Board have previously committed to refresh the Trafford locality plan with an aspiration to create one plan for health and care in Trafford by integrating the aims and aspirations of the current health and wellbeing strategy and refreshing the detail of the current

Locality Plan. This is consistent with the expectation from GM and the work of the majority of localities.

3.2 A time limited strategy group has been formed to strategically steer the development of this work, with the group having its inaugural meeting on the 29 November 2023. Attendance from partners was excellent which led to an insightful and thought-provoking discussion which centered on several key themes:

- It is imperative we build the plan acknowledging the needs of our population
- Our collective priorities should build from previous commitments in our existing Locality Plan and HWBB Strategy, as we generally understand our areas for improvement
- Be guided by relevant planning guidance and existing strategy, and associated action plans
- Be cognisant of the outputs of the Strategic Financial Framework and roles and responsibilities of the newly agreed GM Operating Model
- Maximize the population health and prevention opportunities in GM, already a key component of our existing Health and Wellbeing Strategy
- The financial restraints in which we are individually and collectively operating, both in the short, medium and long term

3.3 The collation of existing intelligence and people insight from across our partnership has been mobilised with a wealth of intelligence already submitted from partners. This intelligence will be critical in ensuring the voice of Trafford people is taken into account and the commitment remains that, where we have gaps in our knowledge, we will engage with the public using our excellent VCFSE networks as the conduit. As part of the overall programme plan it is envisaged a task and finish group will be formed to lead on the required public engagement and manage its work programme, reporting to the strategy group and upwards appropriately through our governance structures.

3.4 Greater Manchester's approach to planning for 2024/25 is different to that of previous annual operational plans - We will develop a broad, System Delivery Plan for GM rather than solely a response to the NHS guidance. There are three elements to the planning approach:

- The role of localities in driving population health improvement and prevention at scale. Upgrading our approach to prevention will need to be a major part of GM's overarching plan for 2024/5.
- The role of providers in planning for activity, workforce, and finance to improve productivity through the NHS operational planning process.
- The role of GM commissioning to drive the changes needed.

3.5 A proposal has been constructed that suggests we develop a Locality Delivery Portfolio for 2024/5 comprising of:

- The outputs from the commissioning intentions process. These will be consolidated to a GM level but we will need to describe what delivery looks like in localities.
- A set of priorities for 2024/5 identified by each individual locality – drawing on existing locality plans, the GM ICP Strategy and Joint Forward Plan, the Prevention Framework, Strategic Financial Framework and other GM plans.
- A small number of priorities that all 10 localities agree to focus on in 2024/25.

3.6 The Locality Delivery Portfolio would then be built into the 2024/5 GM System Delivery Plan and updated Joint Forward Plan. Localities have been asked to complete a first draft set of 2024/25 priorities by 16th February 2024.

3.7 In summary Trafford is engaged in the outlined process to achieve a set of agreed Trafford system priorities that contribute to the GM System Delivery Plan 24/25 but in parallel will continue the work to refresh the Locality Plan which would provide a longer term, multi-year plan that will improve the health, care and wellbeing for Trafford people and its communities.

4. GM People and Communities Participation Strategy & Trafford Integrated Care Partnership Participation Framework

4.1 NHS GM have recently issued a draft People and Communities Participation Strategy via locality communications and engagement link officers and locality groups, where they exist. The draft strategy has been discussed at our Trafford Locality Communications and Engagement Working Group (Nov 23) and feedback from the group has been shared with the GM team to inform future versions of the document. The revised version of the GM Strategy is being brought to the February Locality Board for further discussion.

4.2 The strategy aims to strengthen communities by building systematic participation in health and care which fully aligns with the draft Trafford Engagement Framework previously supported by the Locality Board (October 23). A piece of work to 'retrofit' the Trafford Framework and associated actions plans to the content and language of the GM strategy will occur through January – March 24 once a final version of the GM strategy has been supported by the GM Executive, which is anticipated to be March 24. This work has already commenced and will be fine tuned where required once formal adoption of the strategy is communicated.

5. Winter Capacity Funding

5.1 Partners agreed the utilisation of the additional capacity funding of £1.7 million in accordance with an agreed set of principles. The locality team received support from GM to mobilise the schemes relating to primary care. As reported to the Locality Board in November, we also received a weighted share of an additional £2 million to mobilise surge hubs to provide additional capacity to relieve pressures on the health and care systems.

5.2 The following schemes were mobilised from 4th December 2023:

- Additional Same Day Appointment capacity across all 26 practices. This will provide additional 15,000 appointments to support urgent admission avoidance.
- Acute Surge hub; the hub will deliver from Trafford General Hospital by Mastercall operating for 7 days per week, 8 hours per day. This service will offer face to face appointments and is anticipated to provide up to 5,750 appointments.
- Acute Visiting Service (AVS); again delivered by Mastercall this service will operate for 8 hours per day supporting all of Trafford with up to 350 additional appointments.

5.3 The Trafford locality team have been working with general practice partners to agree robust reporting to ensure we can measure the impact on the agreed key metrics. This will include qualitative data in addition to the raw numbers so that we can demonstrate the impact on other parts of the health and care system. For example, data will be captured indicating the treatment that patients would have received had the additional primary care appointments not been available.

6. Establishment of Locality Quality Group

6.1 NHS GM governance arrangements require each locality to have a locality quality group to fulfil the requirements of the National Quality Board.

6.2 A scoping session with Trafford partners took place on the 11th December to explore in detail the introduction of the Trafford Locality Quality Group (TLQG). The inaugural meeting of the group will take place on 8th January 2024. This group is intended to establish a space for key partners to:

- Construct a shared narrative around quality and safety
- Jointly identify priorities
- Discuss and evaluate quality in terms of pathways
- Establish system focussed learning and improvement plans that where needed, will have positive change impacting directly on patient experience
- Addressing health inequalities, patient experience and co-production will be key drivers in establishing shared objectives

6.3 Localities are also required to provide a bi-monthly quality update to the NHS GM System Quality Group (known as a flash report). Within the report localities provide details of key and emerging risk areas as well as areas of good news and sharing of learning.

6.4 Partners fully supported the implementation of the Trafford Locality Quality Group and the subsequent development of quality assurance reporting to the Locality Board in 2024.

7. NHS GM CQC Assessment – Trafford Locality Readiness

7.1 The Health and Social Care Act 2022 gives the Care Quality Commission (CQC) new regulatory powers that allow them to offer meaningful and independent assessments of Integrated Care Systems. This is a core ambition in the CQC's current strategy and will enable them to provide independent assurance to the public of the quality of care in their area.

7.2 The CQC aim is to understand how integrated systems are working to tackle health inequalities and improve outcomes for people. This means them looking at how services are working together within an integrated system, as well as how the systems are performing overall.

7.3 The reviews will take into consideration the core purpose in integrated care systems, as referenced in NHS England's Design Framework and the requirements of the legislation. They will focus on 3 themes:

- Quality and Safety
- Integration
- Leadership

7.4 We are advised that the NHS GM's initial CQC Assessment will take place around April 2024. In readiness for the assessment, localities have been asked to undertake a self-assessment to help us establish, prior to assessment what evidence there is for each evidence category and where there may be gaps.

7.6 Evidence categories will be RAG rated and should any gaps be identified; action plans will need to be developed to demonstrate actions to improve. To support this, a self-assessment exercise has been piloted in Stockport Locality and has been shared with all Associate Directors for Nursing & Quality for them to produce the same for their own localities.

7.7 Information and evidence will need to be obtained locally from various internal and external areas/organisations/sectors such as Primary Care, Commissioning, Safeguarding, MFT, GMMH and our VCFSE partners. The timeframe for the locality self-assessments to be completed, signed off in locality and shared with NHS GM central quality team is 31 January 2024.

7.8 A Trafford task and finish group has been established and will meet weekly. The group will be focused on gathering contributions from ICB colleagues, and other key stakeholders will be invited to contribute where needed.

7.9 Trafford Locality Quality Group (TLQG) will steer the self-assessment and is the forum that corrals partner contributions where appropriate and the task and finish group will provide updates into TLQG. Initial briefings have already taken place verbally at Trafford Provider Collaborative Board on 30 November 2023, as well as at the Health and Social Care Steering Group on 6 December 2023. Following a further discussion at the first meeting of LQG regular updates will be provided throughout locality governance prior to submission to GM Quality Team on 31 January 2024.

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