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**TRAFFORD**  
**COUNCIL**

## **AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE**

**Date: Wednesday, 15 September 2021**

**Time: 6.30 pm**

**Place: Council Chamber - Trafford Town Hall, Talbot Rd, Old Trafford, Stretford,  
Manchester M32 0TH**

**Public attendance at this meeting is limited and anyone wishing to attend is asked to contact [democratic.services@trafford.gov.uk](mailto:democratic.services@trafford.gov.uk) to register in advance as the Council continues to manage the risk of Covid-19. The Council has a duty to protect the health, safety and welfare of staff and others from Covid transmission risks so far as is reasonably practicable and all attendees are reminded of the need for self-isolation where positive cases and contacts have been identified.**

### **A G E N D A**

**Pages**

**1. ATTENDANCES**

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

**2. DECLARATIONS OF INTEREST**

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

**3. PUBLIC QUESTIONS**

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services ([democratic.services@trafford.gov.uk](mailto:democratic.services@trafford.gov.uk)) by 4pm on the working day prior to the meeting. Questions must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received.

**4. MINUTES**

**1 - 10**

To receive and, if so determined, to agree as a correct record the Minutes of

the meetings held on 10<sup>th</sup> March and 23<sup>rd</sup> June 2021

5. **PRIMARY CARE UPDATE SEPTEMBER 2021** 11 - 24

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

Report to follow

7. **DRAFT WORK PROGRAMME 2021/22** 25 - 34

8. **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.

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

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

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

## **SARA TODD**

Chief Executive

### Membership of the Committee

Councillors Dr. K. Barclay (Chair), S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, Dr. S. Carr, R. Chilton, M. Cordingley, S.J. Gilbert, B. Hartley, J. Lloyd, A. Mitchell, D. Acton (ex-Officio) and D. Western (ex-Officio).

### Further Information

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

Fabiola Fuschi, Governance Officer  
Tel: 07813 397611  
Email: [fabiola.fuschi@trafford.gov.uk](mailto:fabiola.fuschi@trafford.gov.uk)

## Health Scrutiny Committee - Wednesday, 15 September 2021

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This agenda was issued on **Tuesday, 7 September 2021** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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## HEALTH SCRUTINY COMMITTEE

10 MARCH 2021

### PRESENT

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

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

#### In attendance

Eleanor Roaf

Director of Public Health, Trafford Council

Jane Hynes

Public Health Programme Manager. Trafford Council

Jilla Burgess-Allen

Consultant in Public Health, Trafford Council

Dr. Mark Jarvis

Medical Director, NHS Trafford Clinical Commissioning Group

Adrian Fisher

Director of Growth and Regulatory Services, Trafford Council

Fabiola Fuschi

Governance Officer, Trafford Council

#### Also Present

Councillors Harding, Executive Member, Adult Social Care

Councillor Slater, Executive Member Health, Wellbeing and Equalities

Councillor Wright, Executive Member, Housing and Regeneration

## 10. ATTENDANCES

There were no apologies for absence received.

## 11. MINUTES

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

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

### RESOLVED:-

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

**12. DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**13. PUBLIC QUESTIONS**

There were no public questions received.

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

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

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

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

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

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

**RESOLVED: -**

1. That the content of the report be noted;

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

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

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

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

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

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

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

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

Members also commented on the difficulties encountered by first time buyers to access the housing market, Section106 agreements and the fact that the developers' offers did not always meet expectations, social landlords and arguments in support of a duty rather than an option to cooperate with the local authority, variable standards in the private sector renting offer and need for a Private Rented Charter.

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

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

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

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

**RESOLVED:**

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

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

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

There were no items of urgent business received

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

None

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



## HEALTH SCRUTINY COMMITTEE

23 JUNE 2021

### PRESENT

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

Councillors S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, R. Chilton, M. Cordingley, S.J. Gilbert, B. Hartley, J. Lloyd, A. Mitchell, D. Acton (ex-Officio) and D. Western (ex-Officio)

#### In attendance

Diane Eaton	Corporate Director for Adult Services, Trafford Council
Sara Radcliffe	Joint Interim Accountable Officer, NHS Trafford Clinical Commissioning Group (CCG)
Eleanor Roaf	Interim Director of Public Health, Trafford Council
John Addison	Governance Manager and Statutory Scrutiny Officer, Trafford Council
Naomi Kelso	Joint Principal Solicitor Children and Family Wellbeing, Trafford Council
Tom Maloney	Health and Social Care Programme Director, Trafford Council
Dianne Geary	Interim Director of Strategy and Policy, Trafford Council
Heather Fairfield	Trafford Heathwatch
Fabiola Fuschi	Governance Officer, Trafford Council

#### Also Present

Councillor Harding	Executive Member Adult Social Care
Councillor Slater	Executive Member Health, Wellbeing and Equalities
Councillor Whitham	Executive Member Communities and Partnerships

### INFORMAL MEETING

The Governance Officer advised Members that this was an informal meeting of the Committee. Due to the Covid-19 restrictions, including social distancing requirements, public attendance at the Town Hall was limited. In order to allow greater public participation, this meeting was held virtually and its proceedings broadcast live in line with the principles of openness and transparency in local government.

#### 1. ATTENDANCES

Apologies for absence were received from Councillor Dr. Carr.

#### 2. MEMBERSHIP OF THE COMMITTEE INCLUDING CHAIRMAN AND VICE-CHAIRMAN

**RESOLVED** that the membership of the Committee, including Chairman and Vice-Chairman as per appointment at Annual Council on 26<sup>th</sup> May 2021 be noted.

**3. TERMS OF REFERENCE**

**RESOLVED** that the terms of reference of the Committee as determined at Annual Council on 26<sup>th</sup> May 2021 be noted.

**4. DECLARATIONS OF INTEREST**

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

Councillors Taylor and Western declared a general interest in so far as any matter related to their employment with the NHS.

**5. MINUTES**

The Committee was minded to approve as a correct record the minutes of the meeting held on 10th March 2021

**6. PUBLIC QUESTIONS**

There were no public questions received.

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

The Committee gave consideration to a report jointly written by the Director of Adults (Social Care) Trafford Council, the Programme Director Health and Care Trafford Council and Trafford Clinical Commissioning Group (CCG), the Director of Commissioning Trafford Council, the Managing Director Trafford Local Care Organisation, the Joint Accountable Officer Trafford CCG and the Corporate Director for Adults Trafford Council.

The report sought to provide an update on the latest developments since the launch of Trafford Together Locality Plan: the blueprint for the transformation of health and social care over the next five years which also incorporated the NHS 10 year plan.

Trafford Together Locality Plan had been brought to the attention of this Committee in November 2019. Since then, Covid-19 pandemic had caused the pause of the original delivery plan. However, following the introduction of the White Paper, "Working Together to Improve Health and Social Care for all" 2021, the plan had been resumed and reviewed in light of the creation of the statutory Integrated Care Systems (ICS) across England and the disestablishment of the CCGs by April 2022.

The Committee requested this item on today's agenda to be informed of the imminent changes to the planning and delivery of health and social care services in Trafford, what they meant for residents and how they could help to address the existing health inequalities in the population.

The Executive Members for Adult Social Care and Health, Wellbeing and Equalities, the Joint Accountable Officer, the Corporate Director for Adults and the Programme Director Health and Care were in attendance to present the information and address the questions of the Committee.

Officers informed members of the pivotal points of the plan such as the “culture of collaboration” across social care, health, voluntary sector, Trafford Local Care Organisation (TLCO) and Primary Care network which underpinned the multi-disciplinary neighbourhood working model. This meant that Trafford was divided into four geographical areas. In each area, partner organisations would work together to achieve and improve the health outcomes for the residents, maximising the use of local resources. This model also drew from the positive experience of the Community Hubs during the pandemic.

The development of some of the work strands included in the plan, such as the hospital discharge process and the digital solutions, would be a joint work with the other local authorities in Greater Manchester.

Officers presented the other key points in the plan such as the strategic lead of the One System Board, the Collaborative Provider and the Practitioners Leadership. Officers were confident that the transition from CCG to ICS would be completed by April 2022.

Members asked whether the new ICS would resolve the issue that Trafford residents often experienced to access secondary care in Trafford if their G.P. was based in Manchester. Officers explained that, although the G.P. registration system would not change with the implementation of the ICS, a greater collaboration amongst primary and secondary care providers would assist with this matter.

Members sought and received reassurance that the transition from CCG to ICS would be seamless and residents would not experience any interruption in the healthcare service they required.

Members asked about the communication strategy for ICS and how the progress in its implementation would be shared with residents. Members also noted that the wider Council’s membership would need to be informed of the refreshed strategy for the Locality Plans and the introduction of a statutory ICS.

Members stressed their interest in accessing the Elected Members’ performance dashboard to measure progress against the Locality Plan aspirations and health and social care targets. Officers reassured them that these would be made available in due course. Other performance dashboards were already available on line and brought to the Executive on a quarterly basis and to the One System Board on a monthly basis. Members said that they would find particularly helpful a performance dashboard that put together data concerning neighbourhoods and health inequalities.

Members sought and received reassurance that the IT systems would be upgraded to be able to support the transition from CCG to ICS.

The Executive Member for Adult Social Care noted that this was a complex piece of work and a simpler way to communicate its development and implementation was one of the items on the agenda of the next meeting of the Association of Directors of Adult Social Care Services (ADASS) at the end of July. The Executive Member offered to share with the Committee the content of the ADASS' presentation on ICS once this was available.

Members asked whether this plan would be successful, considering previous trials of integration of health and social care. Officers reminded members that ICS was an evolution of existing partnerships whose work was outcome focused and featured providers' leadership across the four neighbourhoods.

Members asked for a concrete example of how the ICS would help to tackle health inequalities. Officers referred to the methods implemented to communicate the importance of vaccination against Covid-19 in certain areas of Trafford where vaccination hesitancy was high. These methods relied on targeted intervention through a system approach where professionals from different agencies worked with community leaders. The focus was on community engagement work supported by information for health and social care staff on the importance of the vaccination. The outcome was the increase in the vaccination uptake in the targeted areas. The same method could be applied to issues such as obesity, sharing GP data across organisations to implement a system approach to tackle the problem.

**RESOLVED:-**

1. That the content of the report be noted;
2. That the Locality Plan Refresh be made available to the Committee with more information on how to access the performance dashboards to measure progress against the Locality Plan aspirations and health and social care targets (i.e.: health inequalities and neighbourhood data);
3. That a briefing on the Locality Plan Refresh and the Integrated Care System be delivered to all Members of the Council.

**8. TRAFFORD COUNCIL POVERTY STRATEGY 2021/22**

The Committee considered a report of the Corporate Strategy and Policy Manager which sought to provide an overview of the Trafford Poverty Strategy 2021/22. The Committee had requested this information to understand how Council policies influenced the wider determinants of health, such as employment and housing, to tackle social, economic and health inequalities.

The Executive Member for Communities and Partnerships and the Interim Director of Strategy and Policy attended the meeting to present the report and answer the questions of the Committee.

Members noted that the Poverty Strategy had been published in February 2021. This was a one-year strategy to set a clear direction during the pandemic while the

Council and its partners had the opportunity to develop a longer term strategy to respond to the post-pandemic situation.

A Poverty Action Group had been established to oversee the delivery of the one-year strategy and the development of the longer term plan. A Poverty Action Tracker had been developed to monitor the progress of the Action Group against the nine themes of the strategy and their targets.

Members sought and received clarification on a number of matters such as pockets of deprivation in the south of the Borough and difficulty to attract funding and support because of their proximity to affluent areas, the need to focus on standards of existing social housing, the monitoring of the outcomes of the strategy and the importance of public involvement to enhance the action.

The Executive Member for Communities and Partnerships reminded the Committee of the partnership approach to the strategy. Through collaboration with service providers, voluntary and community groups, people with experience of poverty would be involved in identifying issues linked with poverty and possible solutions. This was the purpose of the Poverty True Commission which would be set up in autumn 2021 to help to inform the three year Poverty Strategy 2022-2025. A similar approach in Salford had led to significant outcomes in tackling poverty.

Members suggested that one member of the Poverty True Commission could be selected amongst residents who lived in the south of the Borough.

Officers informed of the Poverty Action Tracker which would be brought to the attention of representatives across the Council on a monthly basis to monitor progress against targets.

Members noted that different levels of poverty were present in different areas of the Borough. The pandemic had enhanced these issues and had put people in very precarious positions. Therefore, it was important that people had access to advice and support as poverty was the main driver of health inequalities.

Members agreed to nominate Councillor Hartley as representative of the Health Scrutiny Committee at the Poverty Action Group. Councillor Hartley would report to the Committee on the progress of the group.

**RESOLVED: -**

1. That the content of the report be noted;
2. That a progress report be submitted to the Health Scrutiny Committee in due course with a specific update on poverty in the south of the Borough and a Housing and Homelessness dashboard;
3. That Councillor Hartley be appointed to the Poverty Action Group as representative of the Health Scrutiny Committee. Councillor Hartley would report to the Committee on the progress of the Poverty Action Group and share the progress on the Poverty Action Tracker.

**Health Scrutiny Committee**  
**23 June 2021**

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The Committee gave consideration to matters for scrutiny and review during Municipal Year 2021/22. Members expressed an interest in the following topics:

- Opportunities for residents to access their G.P.;
- Replacing retiring G.P.s;
- Difficulties experienced by residents with a Manchester GP seeking secondary care in Trafford;
- Mental Health

The representative of Trafford Healthwatch informed Members that many strands of work the Healthwatch would be carrying out this year would complement the work of the Committee, for example investigating inequalities in the north of the Borough, access to dentistry, Children Services and Mental Health and waiting lists to access elective procedures.

The Chair of the Children's and Young People Scrutiny Committee noted the opportunity for some joint work with regard to children's mental health and child poverty.

**RESOLVED** that a draft work programme be prepared for 2021/22 to list the topics of interest which were discussed at today's meeting.

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

There were no items of urgent business received.

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

None

The meeting commenced at 6.30 pm and finished at 8.16 pm

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 7<sup>th</sup> September 2021  
**Report for:** Information  
**Report of:** Jason Bamford-Swift, Head of Primary Care Trafford CCG.

### Report Title

Primary Care Update September 2021

### Summary

The report provides an update to the committee on the position in primary care in terms of demand, changes undertaken and new ways of working as a result of the covid pandemic and the ongoing work on quality improvement.

### Recommendation(s)

The committee is ask to note the content of the report.

Contact person for access to background papers and further information:

Name: Jason Bamford-Swift, [j.bamford-swift@nhs.net](mailto:j.bamford-swift@nhs.net)

## **Overview & Scrutiny Committee Briefing for Primary Care September 2021**

### **1.0 Introduction**

1.1 Since the outbreak of the Covid-19 pandemic, general practice and primary care has been at the forefront of the vaccination programme, whilst still delivering core primary medical services to the population of Trafford. From the outset, benchmarked across GM, Trafford CCG has been a consistent high performer in terms of the percentages of the population vaccinated.

1.2 The pressures across the whole health and social care system have been exacerbated with each new wave of covid infections. As such the system has been operating under a command and control system in order to manage the pandemic response.

1.3 Part of the system assurance is the GM resilience reporting. Each practice in GM has the ability to report its resilience and capacity, (via online portal), in order that there is overall sight of those practices rating themselves as “red”. This allows the system to understand the specific reasons for the rating and offer a support package as appropriate.

1.4 The pandemic has brought particular focus on the health inequalities in Trafford. As such a work stream for improvement is on place with attention on improvement particularly in the north of Trafford (further details in section 5).

### **2.0 Increasing Demand on Primary Care**

2.1 Primary Care continues to deliver its core services in the midst of the covid vaccination programme, as it has done throughout the pandemic.

2.2 The demand put on general practice has been unprecedented. On top of this, we are now seeing the demand for access to general practice continue to increase.

2.3 This rise in demand has partly been driven by several factors including but not exclusively;

- ill health and illness as a result of COVID-19
- unmet health needs as a consequence of the pandemic
- the backlog of elective care procedures
- reduced access to community services
- new demand created by opening a digital front door.

The issues are multifactorial and are not fully understood. Work is ongoing at Greater Manchester level to better understand the drivers of the increase.

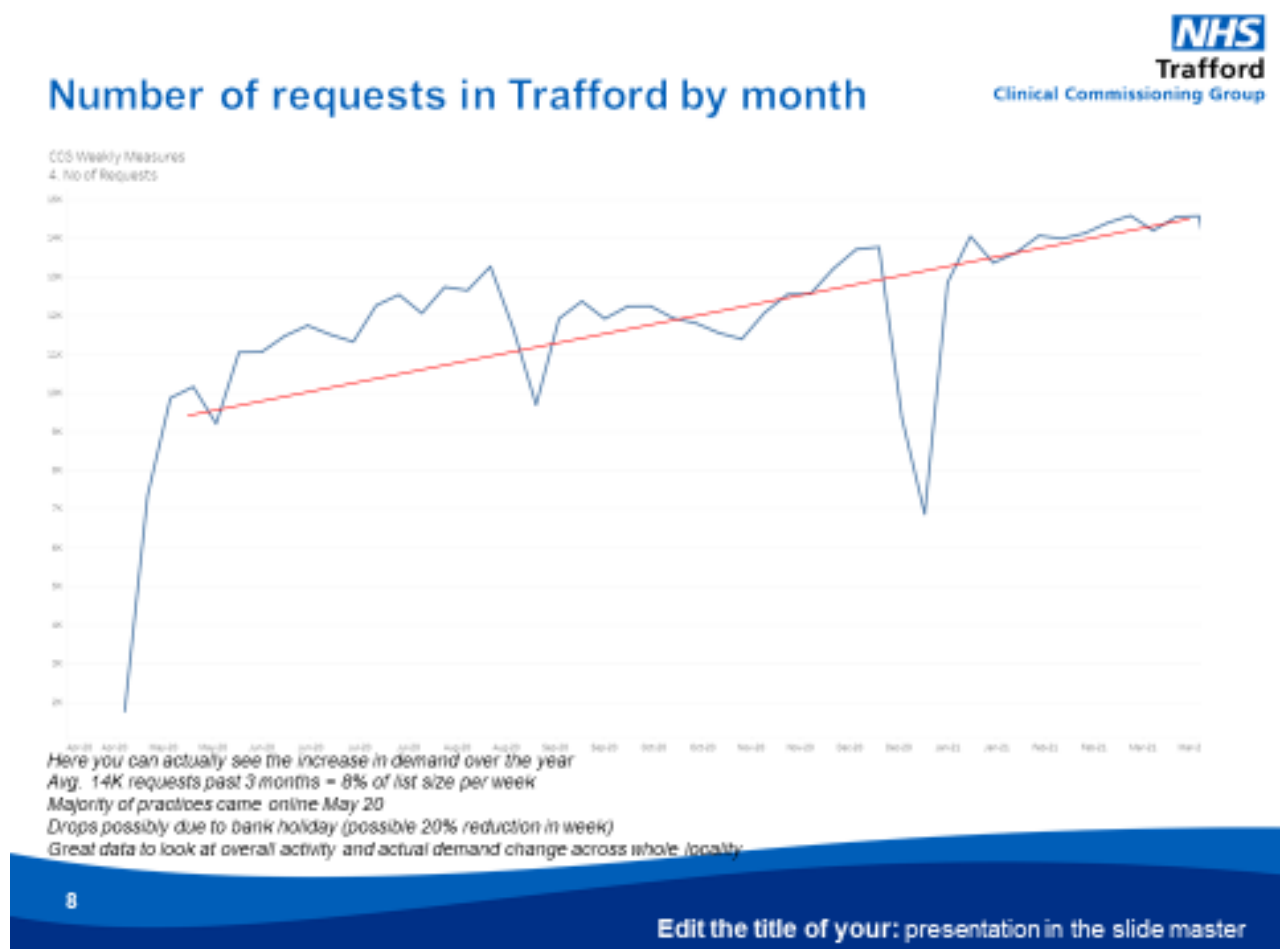


2.4 The quality and outcomes framework (QoF) for general practice was suspended last year due to covid, this gave general practice more flexibility on managing the workload through the pandemic. However QoF was reinstated this year in spite of the continued covid workload placing more operational pressure on practices.

2.5 Although the demand has been rapidly increasing primary care is still the right place to support the majority of patients be it through holistic care, preventative care, supporting complex care and, when needed, providing urgent care.

2.6 In Trafford, currently approximately 8-10% of the registered list is contacting the practice every week. This was previously averaged at 6% of the list.

2.7 The chart below shows the activity trend over the last 12 months.



At a GM level, the same situation is being reported and appears to be system wide, Trafford is not atypical.

2.8 A GM level, a Task and Finish group was established (with Trafford representation) to rapidly mobilise a plan to support primary care in managing the rising demand for services. The group comprised primary care providers and commissioners, urgent care leads and communications and engagement. Following

discussions at the Primary Care Cell it was agreed that a system wide, targeted approach is required to support this programme of work.

2.9 The next steps will be work on priority areas; improved access, health wellbeing and resilience support, communications and engagement, workforce, and urgent care.

2.10 Further details of this work at GM level will be brought back for information as the programme becomes more detailed

### **3.0 System Changes to Business as Usual Working**

3.1 Back in April 2020 (and before COVID hit) the national GMS contract outlined specific digital improvements in primary care, this included the requirement for all GP practices to purchase a digital system that gave the ability for patients to have an online consultation, then the ability to offer video consultations by April 2021. The need for this online platform magnified when the COVID pandemic hit and the population was required to stay at home. Practices had the choice to adopt a simple “add-on” product that allowed patients to submit requests into the practices that would usually take up to 3 working days to be actioned, systems like this would work alongside a telephone triage service and would not have much impact on how practices ran and patient flow, patients were triaged and then offered the most appropriate appointment; telephone or F2F. Practices also had a chance to adopt a more radical approach to online access, systems like “Ask My GP” allowed for up to 90% of patient activity to be submitted through the online portal and for patients to be triaged and dealt with in a number of ways; instant messaged, telephone, F2F, home visit.

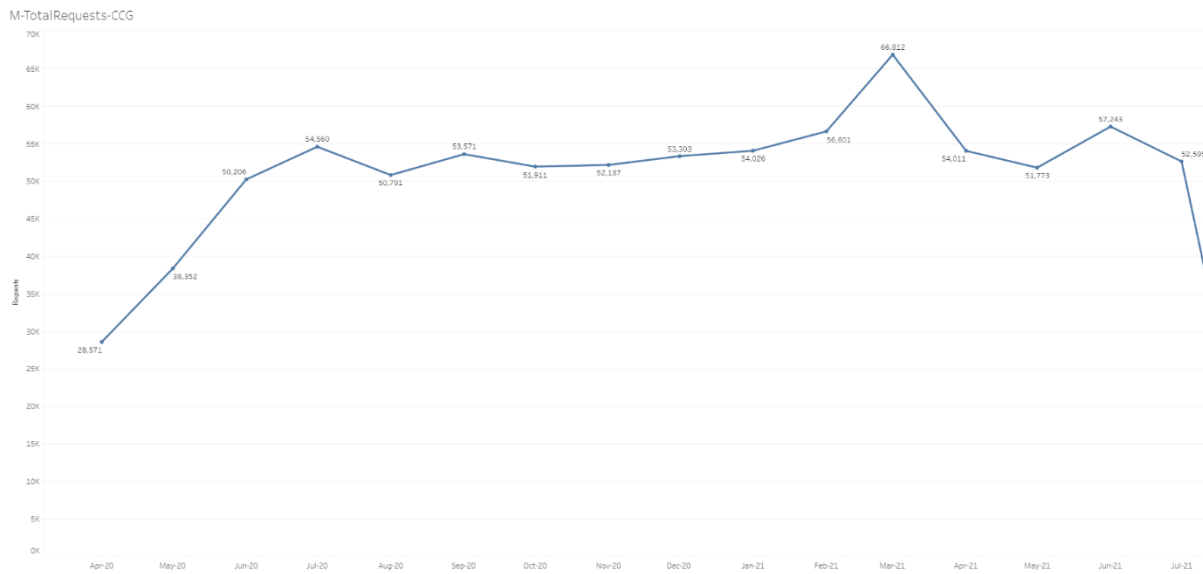
Back in 2020 the simple “add-on” products were adopted by 12/29 practices Trafford (most of them being the smaller practices this consisted of 28% of the Trafford population). These products included EMIS Online Consult and E-Consult. Links were added to GP practices’ websites and patients could fill in online forms describing their symptoms, they were submitted and patients were informed that they would receive a response in a number of days. Anecdotally we were advised that on the whole there was little uptake by the patients and practices reporting that they may have only received 1 to 2 requests a day. On the whole this had little impact on patient activity and patient flow and mostly the process and capacity remained the same as pre 2020. Patients were still ringing up the GP practice, offered whatever appointments were still available on the day, and once these appointments were no longer available they were told to call back the next day. EMIS reporting system does not allow the ability to report on “unused appointments” that would indicate that there is capacity within the system that is not being used, it also does not allow us to report on the number of requests for appointments that were unmet on a particular day, we ideally would like to look at the number of contacts that were made to see what proportion of them received an appointment and what didn’t.

17/29 practices adapted the more radical approach to digital access using the Ask My GP system and this totalled around 72% of the Trafford population. Patients were advised to all submit requests via the online link on the practice website that asked four simple questions such as; what is the problem, who do you want to deal with the

problem, and how would you like to be contacted. Patients without online access could answer the questions over the phone and the receptionist would fill in the online request on behalf of the patient. Every single GP request was submitted into the system, the requests were then shared out among the clinicians that were working that particular day and patients were usually dealt with within a couple of hours. Patients were triaged and F2F/home visit appointments were offered if appropriate. As the clinician had a lot of the information in front of them prior to speaking with the patient, the clinicians were able to deal with a larger number of requests over the telephone in comparison to their previous face to face clinics. With AskmyGP, patients were assured that their requests would likely to be dealt with that same day once submitted. Phone calls reduced massively, as up to 80% of activity went online. With all activity going through the Ask My GP system we are able to report on data such as; number of requests, capacity vs. usage of practice, appointment type, patient experience.

3.2 From April 2021 three practices using the add-on systems moved onto a more advanced and sophisticated add-on system, Accurx Patient Triage which has shown some improved uptake by patients. All but one practice continued to stay with the Ask My GP system. The demand on GP practices has grown continuously since January 2021, we are only really able to track this demand using the data from the Ask My GP system as this is the only digital solution to give us an indication of true demand, as the requests give the total number of requests that are sent in by patients. The “add on” solution sites are still largely offering the level of same telephone/F2F slots as usual and once they are gone the patient is having to call back tomorrow, whereas the Ask My GP solution allows for patients to contact and submit a request whenever the system allows the requests (usually within the working hours of the practice).

In recent months it has been reported that the demand on the Ask My GP system has been so high that practices are having to close the system in working hours to allow clinicians to deal with the requests for that day so that no more are received. Practices are given an approximate capacity figure per day based on their practice list size (with data suggesting that around 7% of the practice list size contacts the practice in a working week), practices are finding that they hit this daily capacity figure sometimes within a few hours of the system being open in a morning. Practices are then closing the online request facility on the website, this is driving the phone calls up and patients are being told to try again in the morning unless the request is urgent. This is highlighting a level of unmet demand in the system that practices just do not have the capacity to deal with. We believe that this unmet demand is felt in the “add-on system” users GP practices also as we are being informed anecdotally but we there is no way we are able to report on this data for those sites.



AskmyGP requests by month – here we see a peak of activity in March then a tailing off of activity onwards of around 55,000 requests a month. This graph no longer indicates true demand as the practices are closing their systems off within the working day.

3.3 From all GP practices in Trafford using a digital online consultations platform for the past 18 months, the lessons learnt were:

For non-AskmyGP “add-on” solution sites:

- A lighter touch add on system was a preferable choice for smaller sites as many did not have the clinical team to support level of requests, and they were able to plan their time better for the clinicians that were working with planned telephone triage appointments/F2F clinics
- Some practices reported that access wasn’t really an issue for them, as some were able to mostly always offer appointments on the day where required
- The add on solutions were put in place so practices were adhering to their contract requirements but they were not necessarily in place to drastically change practice patient flow
- Data to report on access and appointment activity has always been an issue from the clinical system, appointments are not standardised and are hard to compare as there are so many different appointment types. There has been a national incentive that has recently been completed that has required practices to map all appointment types so we are able to standardise and compare across all practices, this will allow CCG’s to report more accurately on appointment activity.

For AskmyGP solution sites:

- It is possible for the majority of patients to access the practice online (up to 90% of patients in some practices)

- Patient experience is a large part of this system, from over 25,000 responses received in the last year on average over 90% found the system “very good” or “good” which shows patients are happy with the online platform and like using it
- On average the system is dealing with around 50,000 requests a month from the 16 practice signed up this is substantially more than the level of appointments that were offered pre COVID
- Data has been an extremely useful tool in order for practices to highlight the actual demand from patients, it has also highlighted how current demand is exceeding the capacity these practices have.
- It is felt that access is not the issue for this practices, in fact many are reporting that it is in fact too easy for patients to access their GP practice when AskmyGP is open. The issue is that there is just not enough clinician capacity in the system to deal with the level of requests that are sent into the practice on a weekly basis. The CCG has been working with system suppliers and is now exploring how are able to show this data across the practices.

#### **4.0 Future New Ways of Working**

4.1 As society moves forward and has to learn to live with COVID, Primary Care needs to evolve the current way of working into a safe, effective and inclusive system for the future that builds on the current quick access patients are getting but with greater convenience and appointment times whilst also being able to cope with increasing levels of demand. Some ways in which they can do this are:

- Further patient education as to what is appropriate and when to request services such as; pharmacy services, GP appointments, 111, A&E.
- A way to build on the quick access to the GP practice using online access systems but then GP can easily and seamlessly refer on to services such as; pharmacy, additional roles in PCN like physio, paramedics (ensuring the services are available to refer to in the first place) allowing a two way conversation between clinicians and service, this increases the primary care workforce without necessarily employing more GPs – GP’s aren’t necessarily best to deal with a lot of patient problems
- A way for patients to separately send and deal with admin requests and non-medical queries online without the need for requesting GP appointments or calling the phone like a webchat function. These are clogging up phone lines and online consultation contacts when they do not require GP contact.
- Practices working together and taking advantage of the PCN model and the ability to offer more evening and weekend access across the patch

4.2 NHS letter dated 23/8/21 outlined plans for networks for 2021/22 and 22/23, improved access being one of the areas, not all relate to digital though (highlighted digital one) but others will link in e.g. coding of appointment types.

*“From April 2022, PCNs will deliver a single, combined extended access offer funded through the Network Contract DES implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic.*”

*Financial incentives relating to;*

- *Improvements in patient experience of access to general practice, in relation to the forthcoming survey-based real time measure of patient experience*
- *Improved utilisation of Specialist Advice services –will support the wider NHS recovery of elective care services through avoidance of unnecessary outpatient activity and community pharmacist consultations*
- *Reductions in rates of long waits for routine general practice appointments, which are a leading cause of dissatisfaction with primary care services and can result in the escalation of clinical needs. Introduction of reward for PCNs for reductions in the percentage of patients waiting more than two weeks for an appointment”*
- *GP Appointments Data will be used to construct a measure of waiting time for an appointment, using the new national appointment categories as well as a forthcoming system of appointment exception reporting to restrict attention to appointments for which time from booking to appointment is a valid proxy for ‘true’ waiting time*

## **5.0 Primary Care Health Inequalities Quality Aims Plan and Measurement Framework**

5.1 Introduction. As part of the COVID recovery plans 21/22 it was agreed that the focus for quality in primary care would be built around reducing health inequalities. The Primary Care Quality Aims Plan for 21/22 was developed during Q4 20/21 and is built around the ethos of reducing Health inequalities in primary care that were further highlighted during the COVID pandemic. The plan incorporates some of the key strategic priorities around health care and inequalities which are evidence based, such as the Joint Strategic Needs Assessment (JSNA) for Trafford. The plan is also built around the aspirations of the Trafford Locality Plan 2019-2024 and the obligations within the NHS Operational Planning Guidance 21/22 to ensure the relevant national priorities are captured within this work.

### **5.2 Primary Care Health Inequalities Quality Aims Plan 21/22 – Themes**

The plan includes the following themes:

- Improving Data to help identify health inequalities
- Long Term Conditions prevention and early diagnosis
- Continuation of Mental Health and LD Annual Health checks
- Improving Access eg: digital/remote consultations and avoiding A&E
- Vaccination and cancer screening programmes – improving uptake

The themes were approved at the Primary Care Commissioning Committee in March 2021 and there are identified Senior Reporting Officers (SRO's) who are responsible for leading on the themes. The plan includes collaborative working with colleagues in areas such as Public Health and the Community Engagement team and progress reports have been tabled at various committees since early in 2021 including monthly

Primary Care Quality Assurance Group (PCQAG) and Primary Care Commissioning Committee.

### 5.3 Improving Data

The focus for this year is around improving ethnicity data within patient records so that we can identify health inequalities across Trafford that are specific to a patient's ethnic background. Patient ethnicity data within EMIS currently shows high numbers of "not known". A new MJOG (text messaging system) is now being piloted in a practice with a view to rolling out to all practices over Quarter 2/3 21/22. Practices have been offered guidance on how to MJOG will capture a patients ethnicity and auto code the details back into EMIS. Considerations are also being made on providing future texts in other languages as the system only allows texts in English at this time

### 5.4 Long Term Conditions (LTC's)

Using our up to date GP Quality Outcomes Framework (QOF) registers, we have identified the top 5 LTC's in Trafford as:

- 1) Depression
- 2) Hypertension
- 3) Obesity
- 4) Asthma
- 5) Diabetes

There are now a number of work streams in this area of the plan including:

- Ensuring annual health checks take place for the over 40's to identify long term conditions early.
- Focus on depression as this is the top condition in Trafford across all networks linking in with the mental health teams
- Development of a Health Inequalities dashboard that looks at measures from both health and public health within the top 5 LTC's. Measures to be broken down by age, ethnicity and network as a starting point, the aim is to identify areas of health inequalities with a view to planning improvement work going forward.
- Development of plan around LTC prevention – working alongside on of our Trafford GP's who supports work in Trafford around living healthy lifestyles
- Review of the model for the over 40's Health Check which is carried out every 5 years in primary care and commissioned by Public Health England. The CCG is working in close collaboration to support the redesign of the model at local level and improve equity across the borough.

### 5.5 SM/LD Annual Health Checks

Collaborative working with both Greater Manchester Mental Health Trust (GMMH) and Cheshire Wirral and Partnership (CWP) is in place to support in the increased uptake

of SMI Annual Health Checks and work continues with Cheshire Wirral and Partnership to maintain the good performance seen in 20/21 around the LD Annual Health Checks. New trajectories have been set for the year based around the national targets and work has been undertaken to ensure the Quality Outcomes Framework (QOF) recall systems are set up to allow practices to target all relevant patients on their registers.

## 5.6 Access

As there has been an introduction of remote consultations during COVID, part of our access work this year in the plan has been to establish activity data and gather information on patient experience of the technical platforms that our GP practices are using. We have focused on AskmyGP up to now as the majority of our practices (70%) are using this platform to support triage and remote consultations. Feedback of AskmyGP so far has been 90% positive but we want to consider the other 30% of practices and also review the experience later this year to see if there are any changes in experience going forward. Increasing the use of online consultations features in the operational guidance for this year so we want to ensure our patients are satisfied with this service and to resolve any issues that may be occurring. We also want to ensure that we are offering equal access to those patients who do not have access to digital technology.

Another areas of access is ensuring patients are not defaulting to A&E for conditions that could be managed in Primary Care, especially during practice hours and why there is a gap across networks in terms of attendance rates. We are seeing significant increases in A&E attendance in the last 6 months so this year the plan is to try to reduce that by 25% based on pre-pandemic rates, this mirrors the target within the Urgent Emergency Care by Appointment Programme and is a national target.

## 5.7 Cancer Screening and Vaccination programmes

We have engaged with the CCG cancer lead and colleagues in public health to support with the associated actions. Some areas of improvement will link into wider work that is part of the Trafford Cancer partnership programme and work has commenced at primary care network level to support this. Screening dashboards by network and practice have been developed to enable practices to track their own uptake levels and there is also a plan around community engagement via the Trafford Cancer Partnership in low uptake screening areas. Both COVID and FLU programmes are developed to target specific eligible groups and work continues to support those patients who may be hesitant around these vaccines.

## 5.8 Development of Measurement Framework

There has been a lot of work over the last month to develop measures so that we can track the success of the Health Inequalities Quality Aims Plan going forward. The timeframe of the plan works in conjunction with the Trafford Locality plan which takes us to 2024, therefore we have developed measures with “in year” targets and final outcome targets.



Examples of the high level measures for this year include:

- 75% of patient records will have a completed valid ethnicity code (exc unknown)
- 75% of the eligible population of Trafford will complete an over 40's 5 year health check.
- We aim to reduce A&E attendance by 25% across Trafford from pre-covid data.
- Cancer screening measures will follow the current CCG targets around pre-covid levels in uptake, with a longer term plan to meet the national targets by 2024.

There are measures that sit behind the high level measures to help us close the gap between networks across all the quality aims, these include data that will help us support specific ethnic communities as the plan progresses.

## 5.9 Aims and Patient Outcomes

Patient outcomes have been developed that work alongside the aspirations of the Trafford Locality plan which are Better lives for our most vulnerable people, Better Wellbeing for our population and Better connections across communities. The table below shows the aims and the outcomes by theme.

Theme	Aim	Outcome
Data	Patients ethnicity is to be accurately recorded (in line with national census read codes) in GP records unless they choose not to state	This is an essential first stage in identifying disparities in service provision and this information can help provider organisations develop local health policy for ethnically diverse populations which will result in higher quality of care, greater experience and improved morbidity and mortality.
Long Term Conditions	Patients over the age of 40 to be offered equal access to 5 year health checks across all networks	This pro-actively promotes timely healthy wellbeing and lifestyle interventions to reduce the risk of cardio vascular disease and other associated conditions. This is also an opportunity to address entrenched health inequalities.

	High risk patients given priority access to 5 year health checks to identify or prevent a LTC	We recognise that specific groups develop chronic conditions at a younger age eg: hypertension and diabetes and therefore interventions can be made earlier to reduce the risk of cardio vascular disease.
Learning Disabilities	Patients with LD will have improved health and wellbeing through regular annual reviews in primary care	An annual health check can identify undetected health conditions early and ensure the appropriateness of ongoing treatment and help establish continuity of care. Increasing access to this will improve physical and mental health and avoidable deaths.
	Patients with LD have the same access to their annual review regardless of which network their GP fits into.	
Serious Mental Illness	Patients with SMI will have improved health and wellbeing through regular annual reviews in primary care	An annual health check can identify undetected health conditions early and ensure the appropriateness of ongoing treatment and help establish continuity of care. Increasing access to this will improve physical and mental health and avoidable deaths.
	Patients with SMI have the same access to their annual review regardless of which network their GP practice is part of.	
Access	Patients have a positive experience of digital platforms and other similar platforms	Having timely equal access to healthcare, will improve early detection and treatment of disease, chronic disease management and preventative care. Continuity of care within general practice is associated with better clinical outcomes, reduced mortality, better uptake in preventative services, better adherence to medication, reduced avoidable hospital admissions and better overall experience. This will also improve the quality of Dr/patient relationships.
	More people feel able to manage their condition at home or in the community with lower numbers of patients attending A&E	
Screening and Vaccinations	Improved health and wellbeing and protection from COVID for our most vulnerable patients	Improving the uptake in Trafford in particular in ethnic communities where hesitancy and poor uptake is evident we

	Improved health and wellbeing and protection from Flu for our most vulnerable patients	can prevent and protect against serious disease.
	Patients are given equal opportunities and support to attend cancer screening across Trafford and to improve the uptake in screening in line with national targets	Screening can improve early detection and timely management of disease. In Trafford, reduce the variability that is evident in uptake across the borough and reduce the health inequalities that exist.

#### 5.10 How the plan has been shared

The plan has been shared widely at various committees including CCG Patient Reference Advisory Board (PRAB) as well as with our GP Practices in Trafford. Regular updates on further progress will be provided at the monthly Primary Care Quality Assurance Group which is chaired by Dr Manish Prasad GP/CCG Deputy Medical Director and Clinical Quality Lead as well as Primary Care Commissioning Committee and Quality, Finance and Performance Committee.

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

MEETING DATE AND VENUE	AGENDA ITEM	SUMMARY OF ISSUE	Health and Wellbeing Priorities and link to Corporate Priorities	RESOLUTION/ RECOMMENDATION	Responsible Officer
<p><b>23<sup>rd</sup> Jun 2021</b>  <b>6:30 p.m.</b>  <b>Venue: tbc</b></p>	<p><b>Update on Trafford Together: People, Place and Partnership and the Integrated Care System</b></p>	<p>a.Changes occurring to the Integrated Care model since the Trafford Together Locality Plan report was submitted to the Committee in November 2019;                      b.Current position;                      c.What this means for Health and Social Care Services in Trafford and in Greater Manchester;                      d.How things could be different for residents and what tangible improvements they would be able to experience;                      e.Example of patient journey in the new system/ case study;                      f.How outcomes will be measured?                      g.How the Health Scrutiny can contribute to this piece of work and add value to it?</p>	<p>Health and Wellbeing                       Targeted Support</p>	<p><b>1.That the content of the report be noted;</b>  <b>2.That the Locality Plan Refresh be made available to the Committee with more information on how to access the performance dashboards to measure progress against the Locality Plan aspirations and health and social care targets (i.e.: health inequalities and neighbourhood data);</b>  <b>3.That a briefing on the Locality Plan Refresh and the Integrated Care System be delivered to all Members of the Council.</b></p>	<p><b>Corporate Director Adult Social Care, Joint Interim Accountable Officers CCG</b></p>
	<p><b>Trafford Council Poverty Strategy 2021/22</b></p>	<p>a. Overview;                      b.What tangible improvements the strategy will deliver to the residents</p>	<p>Affordable and Quality Homes                       Health and</p>	<p><b>1.That the content of the report be noted;</b>  <b>2.That a progress</b></p>	<p><b>Corporate Director of Strategy and Resources, Interim Director of Strategy</b></p>

	<p style="font-size: 48px; opacity: 0.2; text-align: center;">DRAFT</p>	<p>of Trafford?  c.How the strategy will help to tackle inequalities?  d.How the strategy will support health priorities in Trafford as determined by the latest JSNA?  e.How the strategy will support the Trafford Together: People, Place and Partnership and the Integrated Care System?  f.How the Poverty Strategy will build on the Recovery Strategy and Corporate Priorities to tackle inequalities in the Borough?  g.How success will be measured?  h.How the Health Scrutiny can contribute to this piece of work and add value to it?  i.How the Health Scrutiny can contribute to develop the three year Poverty Strategy 2021-24?</p>	<p>Wellbeing  Successful and Thriving Places  Children and Young People  Greener and Connected</p>	<p><b>report be submitted to the Health Scrutiny Committee in due course with a specific update on poverty in the south of the Borough and a Housing and Homelessness dashboard;  3.That Councillor Hartley be appointed to the Poverty Action Group as representative of the Health Scrutiny Committee. Councillor Hartley would report to the Committee on the progress of the Poverty Action Group and share the progress on the Poverty Action Tracker.</b></p>	<p><b>and Policy</b></p>
	<p><b>Draft Work Programme 2021-22</b></p>	<p>Members have expressed an interest in the following items:  -Physical health  -Trafford residents registered with a GP in Manchester and difficulty in accessing services  -Inequalities across the Borough  -Pandemic and impact on provision of health and social care services  -Update on the vaccination programme  -Communication with residents: Lesson learned from response to Covid-19</p>			

		<ul style="list-style-type: none"> <li>-Access to dentistry for residents of care homes and wider community</li> <li>-Delay in accessing services in secondary care because of Covid-19 pandemic</li> <li>-How GP services have changed following the pandemic</li> </ul>			
<p><b>15<sup>th</sup> Sep 2021</b>  <b>6:30 p.m.</b>  <b>Venue: tbc</b></p>	<p><b>Update on Access to General Practice</b></p>	<ul style="list-style-type: none"> <li>• an update on the situation regarding GP workloads and patient demand currently being experienced</li> <li>• an update on staffing (what is the impact of long Covid, self-isolation etc on staffing levels) and implications for the service</li> <li>• an update on the involvement of practices in continuing the roll out of Covid vaccinations (is this still taking up a lot of practice time?)</li> <li>• the current balance between in person and remote consultations and whether this is likely to change going forward</li> <li>•how is access for hard-to-reach patients being maintained?</li> <li>• GP views of the situation and views of patients</li> <li>• GP experience of patient abuse and aggression - is this an issue within Trafford?</li> </ul>	<p>Health and Wellbeing</p> <p>Greener and Connected</p> <p>Targeted Support</p> <p>Thriving Places</p>		<p>Interim Joint Accountable Officers, CCG Medical Director</p>

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



		<ul style="list-style-type: none"><li>•How is the council working with local employers and what role is it playing as an employer in supporting disabled people into employment?</li><li>•Initiatives to support women with childcare/caring responsibilities to gain employment</li><li>•Access to childcare across the borough</li><li>•How is the Council bringing health services to workplaces (recognising men's reluctance to seek health care)?</li><li>• Work with local employers to develop healthy workplaces</li><li>•Progress towards implementation of a living wage and living hours across the borough</li><li>•Does the Council's commissioning strategy explicitly recognise the impact of the social determinants of health? Are commissioned services being designed to meet the needs of specific groups experiencing the detrimental effects of</li></ul>			
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		health inequalities?			
<b>17<sup>th</sup> Nov 2021</b> <b>6:30 p.m.</b> <b>Venue: tbc</b>	<b>Mental Health Strategy</b>				Lead Commissioner Mental Health and Learning Disabilities
	<b>Tackling Health Inequalities: Council's role as a provider of welfare and a source of benefits advice</b>				tbc
<b>27<sup>th</sup> Jan 2022</b> <b>6:30 p.m.</b> <b>Venue: tbc</b>					
	<b>Tackling Health Inequalities: Council's role as a gateway to securing housing for residents including homeless residents</b>				tbc
<b>9<sup>th</sup> Mar 2022</b> <b>6:30 p.m.</b> <b>Venue: tbc</b>					

## TASK AND FINISH GROUPS

Date	Title	Summary of issue	Directorate	Timescale	Notes	Outcome

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

Last reviewed	Title	Responsible Officer
Jun 2019	Medicine Optimisation and prescribing	Associate Director of Primary Care, Head of Medicine Optimisation
Jun 2019	Single Hospital Service Update	Deputy Director, Single Hospital Service
Jun 2019	Care Quality Commission Action Plan <b>Recommendation: That an update be presented in six months on admission avoidance and intermediate care</b>	Interim Director Adult Services
Jun 2019	Trafford Strategic Safeguarding Board Update	
Jun 2019	North West Ambulance Service Performance Statistics	
Jun 2019	Residential and Nursing Care Home Quality Update <b>Recommendation: An update be requested at six monthly intervals on quality within the market</b>	Interim Director Adult Services
Jun 2019	Overview of Health and Wellbeing Board Structure in Trafford and Trafford Age Well Plan <b>Recommendation: That the Poverty Strategy be shared with this Committee after its endorsement by the Health and Wellbeing Board</b>	Interim Director of Public Health
Sep 2019	Psychological Therapies for Mental Health Conditions – Spotlight on Provision in Trafford <b>Recommendation: That: a progress report be presented to this Committee in</b>	See report

	March 2020 updating on access to services in the north of the borough, access to on-line therapies, relapse rate and attrition rate in patients	
Sep 2019	Trafford Suicide Prevention Action Plan and Strategy Recommendation: That a progress report on the work based on the Suicide Prevention Strategy be presented in March 2020	Interim Director of Public Health
Sep 2019	Update on Period Poverty Recommendation: that a further update be provided in March 2020	
Nov 2019	Improve Physical Health in Trafford	
Nov 2019	Uptake of Childhood Vaccinations	
Nov 2019	Altrincham Health and Wellbeing Hub Update	
Nov 2019	Trafford Together Locality Plan for Sustainability and Reform Incorporating the NHS Long Term Plan	Director on Integrated Health and Social Care Strategy
Nov 2019	Trafford Community Services Transfer Update	
Jan 2020	Screening for cancer Recommendation: That training on cancer screening programmes be provided to elected members to support them to divulge the message that early detection could save lives; That a link to Jo Trust (cervical cancer charity) be added to the Council's web-site; That elected members support pop up clinics offering cancer screening; 5) That a progress report be presented in January 2021 to inform of measures in place to enhance accessibility and uptake of cancer screening programmes.	
Jan 2020	Updates on Adult Social Care/ Learning Difficulties Board and Suicide Partnership	
Mar 2020	Review of Health Scrutiny recommendations	
Mar 2020	Progress reports from Task and Finish Group: Early indicators to identify general practices at risk of failing	
Jan 2021	Accessibility of Primary care Services in Trafford <b>Recommendation: That an update on Accessibility of Primary Care Services in Trafford be provided at a meeting of the Committee in the municipal year 2021/22</b>	
Jan 2021	Domestic Abuse in Trafford during the Covid-19 Pandemic <b>Recommendations: That an update be provided on service progress in particular with regard to the offer for the Perpetrator Support Programme and resources for</b>	

	victim support services.	
Jan 2021	Lesson Learnt Report for Community Response Hubs Recommendation: That the report about the Information Advise Sub-Group regarding accessing data to support modelling of locality work be shared with the Health Scrutiny Committee.	
Mar 2021	Tackling Health Inequalities in Trafford – Focus on Diabetes Recommendation: That a progress report be brought to the Committee in six months with the view to receive a full report in March 2022. The Committee would like to hear from a GP as well as from representatives of the Public Health Team. The report would need to include: a.Information on methods to record patient ethnicity in primary care; b.Progress on delivering Health Checks for the residents of Trafford; c.Information on diabetes education programme; d.Progress on narrowing down inequalities.	
Mar 2021	Tackling Health Inequalities in Trafford – Housing Recommendation: That the Committee receive an update in six months with regard to: a.The Landlord Accreditation Scheme; b.Improvement to planning process for Houses of Multiple Occupancy; 3.That the Committee receive an update in 12 months on the number of affordable houses built in Trafford; 4.That the Committee receive reassurance on how schemes to tackle fuel poverty are publicised in Trafford.	

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