

# HEALTH SCRUTINY COMMITTEE

13 NOVEMBER 2024

## PRESENT

Councillor D. Butt (in the Chair).

Councillors S. Taylor (Vice-Chair), G. Devlin, S.J. Gilbert, K Glenton, B. Hartley, W. Hassan, W. Jones, J. Leicester and J. Lloyd

### In attendance

Councillor J. Slater	- Executive Member for Independent and Healthy Lives
Gareth James	- Deputy Place Lead for Health and Care Integration
Angela Beadsworth	- Director of Human Resources
Lucy Boubrahmi	- Customer Service Lead
Simon Davis	- Head of Customer Service, Libraries and Culture
John Addison	- Governance Manager
Georgia Thurston	- Democratic Assistant

## APOLOGIES

Apologies for absence were received from Councillors S.E. Lepori, F. Hornby and D. Western

## 8. MINUTES

RESOLVED: That the minutes of the meeting on 11 September 2024 be agreed as an accurate record and signed by the Chair.

## 9. DECLARATIONS OF INTEREST

Councillor Taylor made a declaration regarding working in the NHS.

## 10. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public were received.

## 11. COUNCIL STAFF HEALTH AND WELLBEING

The Director of Human Resources provided the Committee with a report on the levels of staff absence at Trafford Council, which covered the period 2007/2008 to present. This included consideration of periods of lockdown measures for the Covid-19 pandemic.

The Committee was informed that sickness absence levels had remained stable at roughly 4% of working time lost year-on-year. Information relating to sickness levels was collected monthly by the Council, with a 12-month rolling capture of information.

The Director of Human Resources informed the Committee that there was a package of support for staff, with an ongoing communications programme and a multifaceted approach. This included supportive interventions for managers, who

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were being trained to foster a safe and sustained return to work where appropriate. A culture of wellbeing within Trafford Council was to continue into 2025 with a refreshed People Plan.

The Vice-Chair asked about the main reasons for absence among Council staff. The Director of Human Resources confirmed that the reasons for absence were recorded and were used to inform relevant strategies and support on offer. The Committee was informed that 27% of absences among staff related to mental health, 17% related to back or musculoskeletal conditions, while 15% of absences related to respiratory conditions. Seasonal trends were also present with regard to viruses such as winter flu and coronavirus.

The Director of Human Resources informed the Committee that, where there was a pattern of absence for work-related stress or anxiety within one of the Council's services, proactive conversations with service leads took place to understand any relevant contexts for absence and plans to support staff.

A discussion between the Director of Human Resources and the Committee took place regarding further data relating to staff illness, pertaining to numbers of staff with Long Covid, those who have ultimately left the organisation because of ill health, and numbers of staff who have been absent as a result of accidents.

In response to a question on adjustments for neurodiverse staff, the Director of Human Resources informed the Committee that the Council had implemented Working Well Passports. For these passports, staff could record details of any conditions or required adjustments and use them when moving within the organisation, without the need to repeat information; the Director of Human Resources stressed that the passports did not replace conversations with managers, but rather developed alternate ways to share information about staff health and wellbeing.

The Chair thanked the Director of Human Resources for the report.

### **RESOLVED:**

- That the report be noted.
- That the Director of Human Resources provide the Committee with further data relating to staff illness as requested by Members, pertaining to numbers of staff with Long Covid, those who have ultimately left the organisation because of ill health, and numbers of staff who have been absent as a result of accidents.

## **12. BLUE BADGE DIGITISATION**

The Chair welcomed the Customer Service Lead and the Head of Customer Service, Libraries and Culture, who presented the Committee with a report on the digitisation of the Blue Badge application process.

The Committee was informed that the system had recently changed to use Microsoft Dynamics software in combination with a Government webform. Early indications and data suggested that residents were finding the new system easier to navigate.

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The Customer Service Lead informed the Committee that as of 29 October 2024, there were 10,339 residents holding an active Blue Badge within the Trafford borough. Previously, the renewal process, which would usually take place every three years, was limited and involved a full re-application. This was a protracted process for residents whose conditions would not improve and who would continue to require a Blue Badge. The new GOV.UK webform was reported as being much shorter and created a better customer journey for those with ongoing conditions.

Members were informed that the new Government application form did not require an email address to be completed, which has improved accessibility and allowed for a faster and more responsive system. The Customer Service Lead reported that no negative feedback has been received regarding the new application system, and that there had been a significant reduction in the average phone call length between residents and Customer Service advisers since the changes were implemented.

It was reported that the next phase of the digitisation process was due to begin in early 2025 in collaboration with IT to establish further improvements that could be made to the service.

A Member asked what services are available to those without internet access or with limited skills with IT. The Head of Customer Service, Libraries and Culture responded that libraries within the Borough provide digital support, where residents can use or borrow a device from their local library to fill in the application form. Additionally, the Committee was informed that the service is willing to accommodate specific engagement sessions to support residents making applications.

In response to a question from a Member on how residents were supported when their conditions were variable, the Customer Service Lead informed the Committee that information was provided by medical professionals and residents' applications were considered on a case-by-case basis.

The Committee was informed that a form filling service was offered by the Blue Badge team. This process would first establish with an applicant whether a relative was able to offer help, with a telephone form-filling appointment with a member of the team if this was not possible. These telephone appointments were taken at the resident's pace, with interpreters available and 11 members of staff in the Customer Service Contact Centre trained to answer calls on Blue Badge applications. The Committee was informed that the timeline for processing Blue Badge applications was 6 weeks.

The Chair asked whether there was a limit on the numbers of residents who could hold Blue Badges; the Customer Service Lead confirmed that there was no limit, and that assessment took place on a case-by-case basis.

The Chair thanked the representatives for their report.

**RESOLVED:**

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- That the report be noted, along with ongoing planned improvements to the service, especially early indications that the new system has made a positive impact on the customer experience indicated by:
  - i. The significant reduction in call lengths.
  - ii. The volume of new applications received.
- That a further update to Health Scrutiny be considered for late 2025/2026 to allow for a more detailed progress report.
- That data on the average waiting time for phone calls regarding Blue Badge application be provided to the Committee.

### **13. GM ICP UPDATE**

The Committee received a report from the Deputy Place Lead for Health and Care Integration. This provided the Committee with an update on Integrated Care Systems (ICS) within Trafford, including the Sustainability Plan, an overview of commissioning intentions, and Trafford Performance arrangements.

The Deputy Place Lead for Health and Care Integration outlined the five pillars of the five-year Sustainability Plan, which comprised cost improvement, system productivity and performance, reducing prevalence, proactive care, and optimising care by directing care into the community, rather than through primary or secondary care routes.

The Committee was informed of the financial challenges faced by the locality; this included a planned deficit of £175million for the current financial year, with an underlying financial position of £500million (defined as that which is spent over the locality's funding allocation). As such, the longer-term pillars of the Sustainability Plan, such as reducing prevalence, proactive care, and optimising care, were necessary to create fundamental change.

For 2025/2026, the number of improvement priorities had been reduced to focus on performance in Trafford; these included the capacity of district nursing, as well as children and young people's access to mental health services. The Deputy Place Lead for Health and Care Integration informed the Committee of the tension between the need to spend money on current priorities and spending for service improvements in the next 5-10 years.

In response to a question from a Member on how the Sustainability Plan differed from previous systematic reviews of care models, the Deputy Lead for Health and Care Integration noted that in this Sustainability Plan, within the localities and at Greater-Manchester level, all partners were working collaboratively. This has meant that there would be improved engagement with a broad range of partners, including voluntary and community services, to further affect change collectively.

A Member asked about the risk registers for the Sustainability Plan, and the Deputy Place Lead for Health and Care Integration informed the Committee that each of the pillars of the Sustainability Plan had its own risk register, as did the sub-pillar programmes within each of these areas. A significant amount of risk management was being undertaken.

A Member asked what work was being undertaken to mitigate any unintended consequences and health inequalities that could arise from the Sustainability Plan.

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The Deputy Place Lead for Health and Care Integration informed the Committee that a targeted approach was being implemented; the Neighbourhood Plan was a means to work differently and to engage with the public in all areas of the Borough. The Deputy Place Lead for Health and Care Integration referred to a recent listening event in Partington, and the further scope to engage residents in Trafford. The process of refreshing Trafford's Locality Plan would also ensure that work was tailored to the needs of Trafford residents.

A discussion took place between the Deputy Place Lead for Health and Care Integration and the Committee regarding Members' access to the Tableau scorecard, which contained a large amount of health data, pertaining to both Trafford and other localities. A Member also asked whether the performance of communication materials, such as patient letters, was monitored as a metric.

In response to a question about commissioning plans to cover a longer term than one year, the Deputy Place Lead for Health and Care Integration clarified that annual planning was currently in place to define commissioning intentions, with longer-term ambitions built into annual plans.

The Vice-Chair noted the importance of neighbourhood statistics and demographics involved in decision making, as well as the fact that access to a GP remained universally important to all areas in the Borough. The Deputy Place Lead for Health and Care Integration concurred and referred to additional GP appointments which were available over winter.

The Chair thanked the Deputy Place Lead for Health and Care Integration for the report.

### RESOLVED:

- That the report and progress made to date be noted.
- That the Deputy Place Lead for Health and Care Integration enquire whether it is possible for Members to have access to the Tableau scorecard.
- That the Committee be provided with further information on the way in which the performance of communication materials is monitored.

## **14. COMMITTEE WORK PROGRAMME**

The Committee received an update on items on its Work Programme for the current municipal year.

It was agreed by Members to receive some tabled items for the meeting of 15 January 2025 as briefing notes, with the option to ask further questions of officers where it was deemed significant. These items were: Maternity Services and Cancer Diagnosis.

The Governance Manager informed the Committee of a request from the Director of Public Health to scrutinise two programmes of work. It was suggested that these programmes could be considered through the Committee's Task and Finish group; Members agreed that the topics 'CVD Health Checks' and 'Suicide Prevention' would be effective areas for focus.

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A Member asked whether pre-meetings might be arranged for the Health Scrutiny Committee, in order to ensure that effective questions were asked within the Committee's meetings. It was agreed that pre-meetings be arranged for meetings going forward.

**RESOLVED:**

- That the Work Programme for the current municipal year be amended and circulated among Members.
- That the Committee agrees to consider the topics of 'CVD Health Checks' and 'Suicide Prevention' within its Task and Finish group.
- That suggestions for an alternative date for the meeting of March 2025 be circulated among Members.
- That pre-briefing meetings be organised in advance of future meetings.