

HEALTH SCRUTINY COMMITTEE

20 NOVEMBER 2019

PRESENT

Councillor Dr. K. Barclay (in the Chair).
Councillors S. Taylor (Vice-Chair), Dr. S. Carr, Mrs. D.L. Haddad, B. Hartley,
S. Thomas and D. Acton (ex-Officio)

In attendance

Donna Sager	Public Health Consultant, Trafford Council
Louise Wright	Sport Relationship Manager, Trafford Council
Thomas Haworth	Sport Relationship Manager, Trafford Council
Dr. Yvonne Burke	General Practitioner, Boundary House Medical Centre, Sale
Mrs. Ann Marie Jones	Chief Executive, Age UK Trafford
Sara Radcliffe	Director of Integrated Health and Social Care Strategy Trafford Council and Clinical Commissioning Group (CCG)
Eleanor Roaf	Interim Director of Public Health
Martyn Pritchard	Accountable Officer NHS Trafford and CCG
Helen Gollins	Consultant in Public Health, Trafford Council
Leifa Jennings	Public Health Specialist Registrar, Trafford Council
Richard Spearing	Trafford Integrated Network Director, Trafford Council
Fabiola Fuschi	Governance Officer, Trafford Council

Also Present

Councillor Slater, Executive Member for Health, Wellbeing and Equalities

31. ATTENDANCES

Apologies for absence were received from Councillors Akinola, Lloyd, D. Western and Heather Fairfield.

32. DECLARATIONS OF INTEREST

Councillors Dr. Carr, Hartley and Taylor declared a general interest in so far as any matter related to their employment.

33. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

34. QUESTIONS FROM THE PUBLIC

There were no public questions received.

35. MINUTES

RESOLVED that the minutes of the Health Scrutiny Committee meeting held on 26th September 2019 be approved as a correct record.

36. IMPROVING PHYSICAL ACTIVITY IN TRAFFORD

The Committee gave consideration to a report of the Director of Public Health on local programmes to promote physical activity. The report also outlined the current data concerning the level of physical activity in Trafford, the new Chief Medical Officer's guidelines and the initiatives to ensure that less active groups were targeted and supported.

The Executive Member for Health, Wellbeing and Equalities, the Public Health Consultant, the Sports Relationship Managers were in attendance to present the information and address the enquiries of the Committee. Members were informed that the majority of residents in Trafford were active. The key areas of focus for commissioners were inactive or fairly active people. There were some variations in different groups as older people, people with disabilities, people living in deprived areas and people from black and minority ethnic groups were less active. Levels of inactivity were higher in western areas of Trafford. In these complex instances, officers used a whole system approach which aimed to encourage the uptake of physical activity and deliver sustainable change, working collaboratively with many partners such as the NHS, community and voluntary groups, Trafford Leisure but also with families and their social networks. Changes to housing and transport policies would modify the physical environment and boost walking and cycling.

Following the invitation of the Chair of the Committee, the Chief Executive Age UK was in attendance to inform of the activities undertaken by the charity and explained that there was compelling evidence that physical activity was beneficial for older people to prevent many illnesses and other difficulties associated with older age. However, data showed that 59% of over 75 year olds were inactive. The Chief Executive outlined the Age UK's offer in Trafford: weekly coffee mornings, postural stability classes and men's activity groups such as indoor bowling and ping pong. Those affected by cognitive impairment benefitted significantly from the classes. The classes represented for all those attending, an opportunity for social interaction, to prevent and/or fight social isolation and depression. There were 110 volunteers and 535 75s year olds and over that took part in these activities.

The Chair of the Committee also welcome to this evening's meeting the G.P. whose practice in Sale led the way in encouraging and supporting patients to be physically active, to prevent many diseases and boost mental health. The G.P. explained that physical and mental health were interchangeable. The practice had started a walking group for patients three years ago. The activity had been linked with volunteers and 11 walks had developed in 13 G.P. practices in Trafford. The practice was also a Park Run practice and, as such, promoted Park Runs. The G.P. concluded that physical activity was at the heart of everything as it linked to themes very important to the community such as clean air and transport.

The Sports Relationship Managers informed the Committee that their main area of focus was to take actions to eliminate inequalities that acted as barriers to access

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physical activity. Currently, there was a local delivery pilot in Partington to target children and young people, people out of work or at risk of becoming unemployed, and people aged 40-60 or at risk of long term conditions. They also explained the importance for older people of the social aspect of physical activity and reiterated the significance of a whole system approach across the locality.

Members sought and received clarification on how social prescribing and related activities were communicated to older people/ those not accessing the Internet and how best practice was shared amongst GPs. The GP representative explained that Public Health England provided very good resources on how GPs can promote physical activity; having a champion in the surgery also helped greatly. Officers also explained that elderly people used printed press and radio; supermarkets' cafes were a crucial point to divulge information to elderly people, as well through their families who used social media. The Committee asked how to reach the hard to reach individuals and families to tackle health inequalities and help people to feel well. Officers explained that the Council focuses on removing those conditions that stopped people to access physical activity; local delivery pilots empowered people to deliver this change and encouraged community groups to take the lead in changing. The Committee also asked what Trafford Leisure's offer entailed. The GP representative explained that currently, Trafford Leisure was an un-commissioned service; a GP could make a referral for eight weeks; this would cost the user £20 and he/she would be able to access all the classes provided as well as full use of the gym and swimming pool; the GP representative added that this was a great entry point and it would be helpful to be able to promote this further and have this service as part of the commissioned services. Trafford Leisure was also part of the Active Living Services in Greater Manchester which was also part of the Prehabilitation Cancer Programme to support people affected by cancer to achieve an optimal status before their surgery so that, during the recovery phase, they could return to the gym for their rehabilitation.

Members enquired about what was being done to address inequalities to South Asian and other black ethnic groups, for examples with literature being available in other languages. Officers explained that there were a range of projects available such as the GM Cricket Strategy to target Asian communities across GM, specifically to engage with South Asian women to be involved in the game. There were also local running groups targeting black and minority ethnic groups in Old Trafford. However, there were more opportunities for further work to be done, for example making information more accessible. Officers informed that Peer Champions were currently being hired to raise awareness about the benefit of physical activity amongst various groups. Officers reassured members that accessibility and inclusion were key points in the discussions on Trafford Leisure's future developments. Members queried how percentages of physical activity were calculated.

The Committee commended the way Chief Medical Officer's guidelines were displayed in the posters attached to the report and agreed that it would be helpful to use these posters to encourage individuals to take up physical activity and send them out when the Council contacted residents.

RESOLVED:

1. That the content of the report be noted;
2. That a progress report be presented at the meeting of the Committee in March 2020 to outline developments with:
 - a. GPs involvement in encouraging patients to undertake physical activity;
 - b. Improving level of translation material for South Asian communities and other black ethnic groups to promote access to physical activities;
 - c. Peer Champions and ageing well;
 - d. Physical activity offer for disabled people;
 - e. Utilising the Chief Medical Officer's poster to promote physical activity to residents.

37. UPTAKE OF CHILDHOOD VACCINATIONS

The Committee gave consideration to a report of the Director of Public Health on the uptake of childhood vaccination across Trafford, with a particular focus on MMR (measles, mumps and rubella) viruses. The Committee had requested the information because of recent reports of a progressive decline across the nation in the uptake of the MMR vaccines.

The author of the report accompanied by the Portfolio Holder for Health, Wellbeing and Equalities and the Consultant in Public Health attended the meeting to present the information and address the enquiries of the Committee.

Officers explained that measles was a very contagious and dangerous disease. Vaccinations were highly effective but nationally vaccine uptake had declined since 2013/2014. In Trafford, MMR vaccinations had not reached the target of 95% population coverage. Officers explained that, in order to prevent a local outbreak, the Council had adopted a multi-agency approach working with General Practices, Greater Manchester Screening and Immunisation Team as well as with the community to raise awareness on the importance of the vaccination.

Members sought clarification on the causes of low coverage for MMR vaccination in Trafford. Officers explained that this depended on the type of vaccination which took place in two stages and the difficulty in tracking patients who moved frequently from an area to another. The Committee was reassured that work was ongoing with the Clinical Commissioning Group to ensure that patient lists were accurate. The Committee also enquired about communication concerning the availability of a different type of MMR vaccine to meet the needs of some faith groups as well as more general information regarding the effectiveness of vaccinations and, in connection with this, the importance of their timeliness. Officers concurred with this view and explained that work was ongoing with general practitioners to ensure that children with underlying health conditions were prioritised for flu vaccinations when delays in the supply of the vaccines occurred. When enquired about the reasons for the low uptake in MMR vaccination, Officers explained that it was difficult to establish. However, work was ongoing at Greater Manchester level which focussed on families and nurseries to promote MMR and flu vaccinations; health visitors represented a great resource to address families' concerns. Officers added that, in newly arrived populations, the uptake of the

vaccine was significantly higher, possibly because of a better understanding of the impact of measles. Officers added that Public Health sessions were delivered to faith and community groups; they added that support for other members of the community would help to divulge the message of vaccination.

RESOLVED:

1. That the content of the report be noted;
2. That a progress report be presented at the meeting of the Committee in March 2020 to inform of –
 - a. Actions being taken to promote the message about alternative MMR vaccine to meet the needs of some faith groups;
 - b. Reasons for poor uptake of MMR vaccines in some general practices in the Borough;
 - c. Update on community work being developed to promote immunisation;
 - d. Package of training for councillors on immunisation to help to support message in the community.

38. ALTRINCHAM HEALTH AND WELLBEING HUB UPDATE

The Committee considered a progress report of the Accountable Officer for NHS Trafford and Clinical Commissioning Group on the negotiations to secure appropriate tenants for the Altrincham Health and Wellbeing Hub.

The Accountable Officers was in attendance to present the information and address the enquiries of the Committee.

Two medical general practices, serving a total of 25,000 residents, had moved into the hub. From next week, the Integrated Health and Social Care Team for the south locality would be located on the second floor of the building. Negotiations were taking place between NHS Property Services and an appropriate commercial organisation to occupy the third floor. Discussions were ongoing between NHS Property Services and commercial organisations for the remaining part of the ground floor.

Members sought assurance on the suitability of potential new tenants to carry out their business consistently with the health and social care message. Officers explained that there were two leases in the building and NHS Property Services managed directly the lease concerning the parts of the building for commercial use. Members queried whether there had been any feedback from users about access and parking. Officers explained that the transition had gone smoothly and general feedback from residents and users was positive.

RESOLVED:

1. That the content of the progress report be noted;
2. That a further update be provided at the meeting of the Committee in March 2020.

39. TRAFFORD TOGETHER LOCALITY PLAN FOR SUSTAINABILITY AND REFORM - INCORPORATING THE NHS LONG TERM PLAN

The Committee considered a report of the Director of Integrated Health and Social Care Strategy on the transformation of health and social care in the next five years. The document incorporated the NHS Long Term plan and was also part of the public service reform agenda to have shared resources, aspirations and outcomes across public services. The plan would be submitted to the Executive on Monday and subsequently to the Greater Manchester Combined Authority and to the Clinical Commissioning Group (CCG) Board in early December.

The author of the report accompanied by the Accountable Officer for NHS Trafford and CCG) and the Trafford Integrated Network Director attended the meeting to present the information and addressed the enquiries of the Committee.

Members sought clarification on the main purpose of the plan. Officers explained that this was the integration of health and social care services to spend public money effectively, focussing on prevention and a long term strategy to work with people in their communities. The plan would be the blueprint for Trafford's health and social care commissioning strategy, which also informed the work with providers and Trafford's partnership priorities for health and wellbeing. Members noted that Trafford faced a real challenge as its residents often accessed secondary and tertiary health services outside the Borough. Officers explained that work was ongoing to strengthen the links with providers outside Trafford to ensure access to speciality care; however, at the same time, Trafford would maintain oversight of the patient's care to ensure positive outcomes. Joint assessments between different local authorities were already taking place in those instances when a patient received speciality care outside of his/her local authority. The Committee enquired about inequalities and how these would be addressed in the new plan, use of the digital platform and how communities had been involved in shaping the document. Officers agreed to provide an update on these points at the meeting of the Committee in March 2020.

RESOLVED :

1. That the content of the report be noted;
2. A progress report be brought to this Committee in March 2020 to update on the following aspects of the locality plan:
 - a. Tackling inequalities;
 - b. Digital platform;
 - c. Engagement with the community

40. TRAFFORD COMMUNITY SERVICES TRANSFER UPDATE

The Committee gave consideration to a report of the Director of Integrated Health and Social Care Strategy on Trafford Community Services Transfer from Pennine Care NHS Trust to Manchester Hospitals Foundation Trust and a new Section 75 Partnership Agreement with adult social care to reform the Trafford Local Care Organisation.

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The author of the report accompanied by the Accountable Officer for NHS Trafford and CCG and the Trafford Integrated Network Director attended the meeting to present the information and addressed the enquiries of the Committee.

Officers informed that the transfer of 600 members of staff had taken place on 1st October 2019. The community health services that had transferred and adult social care services through a new partnership agreement were now known as Trafford Local Care Organisation whose operating model was based in Trafford's four neighbourhoods. A Community Services Transformation Board was established to drive forward the work needed to achieve the aspirations outlined in the Trafford Together Locality Plan.

Members sought and received clarification on the service performance indicators of the new provider, the outcome of the consultation with members of staff and service users, training for practitioners. Officers explained that the transfer took place in a way that ensured that patients could see no difference between the previous and the new provider.

RESOLVED –

1. That the report be noted;
2. A progress report be presented at the meeting of the Committee in March 2020.

41. HEALTH SCRUTINY WORK PROGRAMME 2019/20

The Committee considered the work plan for the current municipal year. The Chair informed the members that the first meeting of the Task and Finish Group which focussed on mental health took place last week; the group had decided to review the actions the Council was taking to support residents and communities to overcome the stigma associated with mental health.

The following members expressed an interest in being part of the second Task and Finish Group which focussed on Failing GP Practices: Councillors Hartley, Akinola, Thomas and Dr. Carr. This Task and Finish Group would be led by the Vice-Chair of the Committee, Councillor Taylor.

RESOLVED that the update on the work of the Committee for the current municipal year be noted.

42. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 6.30 pm and finished at 8.33 pm