

HEALTH SCRUTINY COMMITTEE

9 MARCH 2022

PRESENT

Councillors S. Taylor (Vice-Chair), Miss L. Blackburn, Dr S. Carr, M. Cordingley, S.J. Gilbert, B. Hartley, J. Lloyd, M. Whetton (in the Chair)

In attendance

Diane Eaton	Corporate Director of Adult Social Care
Dr Mark Jarvis	Medical Director for Trafford CCG
Heather Fairfield	Chair Healthwatch Trafford
Jilla Burgess-Allen	Consultant in Public Health
John Wareing	Director of Strategy for MFT
Rhys Dower	Domestic Abuse Manager
Thomas Maloney	Health & Social Care Programme Director
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillors A. Akinola, R. Chilton, A. Mitchell, D. Acton, and D. Western

39. MINUTES

The Chair noted that at the last meeting it was agreed that a letter would be written to the former Chair of the Committee and he read out a draft version. The Committee welcomed the letter and agreed to it being sent out without amendment.

RESOLVED: That the minutes of the meeting held 27 January 2022 be agreed as an accurate record and signed by the Chair.

40. QUESTIONS FROM THE PUBLIC

No questions were received.

41. DECLARATIONS OF INTEREST

Councillor Llyod declared an interest as a trustee of Trafford Domestic Abuse Service.

42. HEALTH INEQUALITIES DUE TO DIABETES

The Medical Director for Trafford CCG introduced the report that had been prepared by Trafford CCG and the Public Health team. The report followed up from the report given to the Committee in March 2021, which focused upon inequalities within the system due to ethnicity, gender, and age. The Medical

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Director for Trafford CCG spoke about the impact that Ethnicity had upon health outcomes, including diabetes.

During the pandemic the number of health visits had dropped greatly, although Trafford had performed better than the GM average and their statistical neighbours. Activity was still limited but it was expected that uptake would continue to increase and Trafford would be able to deliver the programme in line with the national average. The Medical Director for Trafford CCG then spoke about the diabetes education programme, which would look to work with residents who were pre-diabetic to prevent them becoming diabetic.

Following the overview of the report Committee Members were given the opportunity to ask questions. Councillor Blackburn asked whether the programme would address type 1 or type 2 diabetes. The Medical Director for Trafford CCG responded that it was type 2 diabetes as that was the one which was preventable and based upon behaviours.

Councillor Gilbert asked whether there would be a targeted approach to address inequalities or if it would be a standard roll out. The Medical Director for Trafford CCG responded that the data in the report showed type 2 diabetes was more prevalent in the north of the borough and so services would target those areas more.

Councillor Carr asked what was being done to make people aware of the importance of health checks, especially for those with English as a second language. The Medical Director for Trafford CCG responded that information was shared in multiple languages, but it was recognised that it had been difficult to address this especially following the pandemic.

Councillor Carr noted there was a large demographic difference between Partington and the North of the Borough and so different approaches would be needed in each area. The Medical Director for Trafford CCG agreed with Councillor Carr and the Consultant in Public Health informed the Committee that different providers would be commissioned to deliver health checks in the different areas in recognition of the different approaches required.

The Chair asked whether anyone knew why Trafford was performing better than their GM neighbours. The Medical Director for Trafford CCG responded that they were not aware why that was the case and stressed that the difference was very small.

The Chair asked whether there was any hesitancy around signing up to the diabetes programme. The Medical Director for Trafford CCG responded that there had been some hesitancy and the Consultant in Public Health added that so far only around 50% of those approached for the programme had signed up.

Councillor Lloyd asked how long the course lasted and what impact it had on those people. The Medical Director for Trafford CCG responded that the course lasted 6 weeks and involved large changes in people's lives. It was important to stress the positive outcomes to encourage people to take up the course more and to stick with the changes it called for.

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Councillor Hartley asked how the Committee were to know whether the programme itself was successful. The Medical Director for Trafford CCG responded for levels of diabetes it would be 15 years before would start to see a decrease although they would look at measuring secondary outcomes such as weight loss and the amount of exercise people were doing.

Councillor Blackburn noted that Asian families were more likely to get diabetes, which could be due to cultural diets, and asked whether younger people could attend the sessions as well to improve outcomes for future generations. The Medical Director for Trafford CCG responded that the research suggested that the higher prevalence among south Asian families had a genetic element rather than it purely being due to behaviour or diet based.

RESOLVED: That the report be noted.

43. DOMESTIC ABUSE

The Domestic Abuse Manager introduced the report that had been circulated with the agenda. The Committee informed of the work done to change the Council's approach to domestic abuse from victim support to a service which looked to work with perpetrators to end the cycle of violence. The findings from the Joint Strategic Needs Assessment (JSNA) had been used to identify objectives for the service to achieve. One of the key elements identified through the JSAN was the need for robust protection from perpetrators.

The government had released funding for domestic abuse work with perpetrators which and Trafford successful bid for, which enabled them to hire an additional member of staff. The Domestic Abuse Manager then described the main elements of the programme to the Committee. Trafford also had funding from the Home Office focused on children and young people which enabled a full family approach to be taken.

The Domestic Abuse Manager informed the Committee that Trafford delivered services focused on Victims, Perpetrators, as well as Children and young people to ensure a holistic approach was taken. The Domestic Abuse Manager then provided statistics about the numbers involved in each element of the service. The introduction concluded with an overview of the funding listed within the report. A funding gap was expected post 2025 and the service would be using that time to assess the effectiveness of the programme.

Councillor Carr noted that a large saving would be achieved through the changes and stated that she though that it looked like a very good offer. Councillor Carr then asked how the service knew the new approach would be effective. The Domestic Abuse Manager responded that the approach was support by a large evidence base and Trafford would provide quarterly monitoring reports to ensure that the model delivered change and improvements expected.

Councillor Carr asked whether there was a risk that demand would outstrip supply. The Domestic Abuse Manager responded that the work they had received so far met the expected level of demand. However, the level of demand would continue to be monitor and resources would be adjusted to meet any increase detected.

Councillor Carr noted that there were many men who also suffered from domestic abuse and asked whether this was also being addressed through the programme. The Domestic Abuse Manager responded that a focus of the programme was to address domestic violence across genders and to address the barriers in accessing the services for different individuals.

Councillor Carr noted that it was a new and promising service and asked what was being done to increase awareness and the level of referrals for the service. The Domestic Abuse Manager responded that there was a workforce development element to the work and working with staff to help promote the service through their networks and there was also advertising through both digital and social media distributions.

Councillor Hartley asked whether it was known whether on the perpetrator programme whether it was physical or psychological abuse that was covered. The Domestic Abuse Manager answered that the Make a Change Programme was not working with the higher risk perpetrators, but that it did offer support for all the different forms of domestic abuse.

Councillor Hartley noted that a large amount of the funding was ringfenced for accommodation and asked whether that was due to the impacts of the pandemic or if it was likely to change. The Domestic Abuse Manager responded that it had been highlighted as a specific need within the JSNA, but it was ringfenced as councils had a duty to provide safe accommodation and the funding ensured Trafford could fulfil that duty. There had been an increase in demand nationally for all aspects of the service including the community-based services, which did lack dedicated funding. However, it was hoped that this position would change as the money was currently provided by external partners.

Councillor Blackburn asked how much time would be spent with perpetrators and victims on coercion control. The Domestic Abuse Manager answered that it was a multiple week programme ranging from 12 weeks to 27 weeks depending upon individual circumstances, which took coercion control into account.

RESOLVED: That the report be noted.

44. ADULT SOCIAL CARE UPDATE

The Corporate Director of Adult Social Care was pleased to be able to present a better position than at the last meeting. Since the meeting in January Trafford were in a considerably better place and were starting to bring stability into the service by expanding commissioned housing provision. Last time a considerable number of homes were closed and that had reduced to only 10 closed with 46 being open. It was important for Trafford to maintain this position and they were monitoring 5 homes where outbreaks were underway. The service was working to reduce the impact of providers handing back care with only three having done so in the last month.

Delayed discharges of care were down from around 60 in January to 23 people waiting to be discharged. The Corporate Director of Adult Social Care had taken the decision framework to the Executive and asked that it remain in place until the end of March to ensure stability through to Easter. The only area of demand that

was of concern was the increase in assessments and the referral activity. The service was reviewing whether additional capacity would be needed to meet the demand.

Councillor Carr asked whether there was a home assessment service in place who dealt with the referrals and assessment of need. The Corporate Director of Adult Social Care responded that there were locality assessment teams and teams within each of the hospitals with all the changes in the last two years the home assessment provision had been significantly increased. There was a slight risk as some of the funding for the increased provision came from winter pressures funding and if the additional funds were removed the service may struggle to deal with an increase in demand the likes of which had been seen over the last 6 to 8 weeks.

RESOLVED: That the update be noted

45. DELAYS IN SECONDARY CARE

The Director of Strategy for MFT gave a verbal update on the impact on secondary services. MFT Had introduced several targets to reduce waiting times. Clinical teams were aware that the numbers represented real people and while the work force was tired following the demands of the pandemic, they were working to ensure that people received treatment in a timely manner.

Work was ongoing to ensure all available resources were used in the most effective manner, especially in using digital resources to help to meet the increased level of need. The Director of Strategy for MFT spoke of the work MFT were undertaking to address delayed discharges of care in partnership with Trafford Council and the importance of ensuring the work of addressing the backlog did not lead to an increase in the levels of inequalities.

Councillor Gilbert asked if the targets MFT set were achievable. The Director of Strategy for MFT responded that MFT were doing their best to achieve those targets and spoke about possible initiatives that could be brought in nationally to help them achieve those targets.

Councillor Gilbert asked a follow up question around the level of funding likely to be available and the restrictions MFT faced. The Director of Strategy for MFT responded that they were currently looking to increase capacity in the area and would take it forward from there.

Councillor Gilbert asked what kind of plans were in place to communicate with patients about delays. The Director of Strategy for MFT responded that the NHS was developing a number of communications platforms to enable people to see where they were up to in the process.

Councillor Gilbert asked whether a joint approach was being taken or if there were any examples of good practice which could be copied. The Director of Strategy for MFT responded answered that GM were taking a joined-up approach to ensure a consistency in across the area.

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Councillor Cordingley noted that some patients were being too passive and understating due to the strains the services were under and asked how this was being addressed. The Director of Strategy for MFT responded that MFT had prioritised their lists and this was continually reviewed to ensure that those who needed treatment most received it.

Councillor Carr asked how MFT were addressing inequalities. The Director of Strategy for MFT answered that MFT were assessing where people were from and the timings for treatment those people were seeing and were just starting to see the benefits of this data gathering coming through within the service.

Councillor Carr asked whether there had been any changes to the system for Did Not Attend (DNAs) and asked for reassurance that those who missed appointments were not taken off the list and having to start again. The Director of Strategy for MFT responded did not have the detail of the access policy to hand but would share it after the committee and welcomed questions on that policy.

Councillor Lloyd spoke about people missing appointments due to not having received post and whether this was being addressed. The Director of Strategy for MFT stated that there was a text service in place and assured the Committee that MFT made multiple attempts to contact people.

Councillor Lloyd asked about the capacity of beds available. The Director of Strategy for MFT did not have the figures to hand but stated that he would provide the figures after the meeting.

Councillor Lloyd spoke about the importance of having an adequate number of staff for beds and asked about the issues nationally around capacity. The Director of Strategy for MFT responded that some areas had recovered faster than other and had increased their capacity quicker than others.

Councillor Lloyd asked about the impact of people switching to private care. The Director of Strategy for MFT responded that the impact of people switching would need to be seen and spoke of the increase in the number of services commissioned with private providers to support the NHS to cope with demand.

Councillor Lloyd asked what contracts were available and if the information could be provided later. The Director of Strategy for MFT confirmed that he would provide the information after the meeting via email.

The Chair of Healthwatch Trafford noted that around 30% of people were turning up to appointments unfit to receive treatment and asked whether this had been seen at MFT. The Director of Strategy for MFT was not aware of the figure being 30% but he did know that people were regularly found not to be fit for appointments.

The Chair of Healthwatch Trafford asked about the rule of not being allowed to have an operation with 7 weeks of having covid and how this was assured. The Director of Strategy for MFT responded that there were several checks performed but did not have the full details to hand.

Councillor Carr spoke about pre-operation assessments and how the first was more of a scoping exercise and then they may need a second appointment. The

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pre-operation assessment was specific to the type of operation given but the majority were done by Nurses with anaesthetist only doing those of high risk. Councillor Carr explained that there were other reasons which could lead to different pre-operation assessments depending on which trust was conducting them.

RESOLVED:

- 1) That the update be noted.
- 2) That the additional pieces of information requested be provided to the Committee via email.

The meeting commenced at 6.30 pm and finished at 7.57 pm

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