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**TRAFFORD
COUNCIL**

AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 14 September 2022

Time: 6.30 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford,
M32 0TH**

A G E N D A	PART I	Pages
3. MINUTES		1 - 12
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 28 June 2022.		
6. DENTAL SERVICES		13 - 50
To receive a report from the Head of Primary Care for Greater Manchester, NHS Greater Manchester Integrated Care.		
8. WORK PROGRAMME		51 - 60
For Members to consider the work programme and discuss items for consideration.		

SARA TODD
Chief Executive

Membership of the Committee

Councillors M.P. Whetton (Chair), S. Taylor (Vice-Chair), A. Akinola, J. E. Brophy, S.J. Gilbert, B. Hartley, S. J. Haughey, J. Leicester, J. Lloyd, T. O'Brien, Mrs. P. Young, D. Acton (ex-Officio) and D. Western (ex-Officio).

Health Scrutiny Committee - Wednesday, 14 September 2022

Further Information

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This agenda was issued on **Tuesday, 6 September 2022** 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

28 JUNE 2022

PRESENT

Councillor M.P. Whetton (in the Chair).

Councillors S. Taylor (Vice-Chair), A. Akinola, J. E. Brophy, S.J. Gilbert, B. Hartley, J. Lloyd, T. O'Brien, Mrs. P. Young and D. Acton (ex-Officio)

In attendance

Councillor K. Carter	Executive Member for Adult Services
Diane Eaton	Corporate Director of Adult Services
John Wareing	Director of Strategy, MFT
Julie Flannagan	Interim Chief Finance Officer, Trafford CCG
Tom Maloney	Health and Social Care Programme Director
Naomi Ledwith	Director of Commissioning, Trafford CCG
Jilla Burges-Allen	Consultant in Public Health
Heather Fairfield	Chair of Healthwatch Trafford
Alexander Murray	Governance Officer

APOLOGIES

Apologies for absence were received from Councillors S. J. Haughey, J. Leicester and D. Western

1. COMMITTEE MEMBERSHIP 2022/23

RESOLVED: That the Membership be noted.

2. COMMITTEE TERMS OF REFERENCE 2022/23

RESOLVED: That the Terms of Reference be noted.

3. MINUTES

RESOLVED: That the minutes of the meeting held 9 March 2022 be agreed as an accurate record.

4. QUESTIONS FROM THE PUBLIC

No questions were received.

5. DECLARATIONS OF INTEREST

The following declarations of interest were made:

Councillor Lloyd in relation to her position as a Trustee of the Trafford Domestic Abuse Service.

Councillor Brophy in relation to her employment by Manchester Foundation Trust.

Councillor Taylor in relation to her employment within the NHS.

6. ALTRINCHAM MINOR INJURIES UNIT

Councillor Whetton introduced the item and expressed that he had wanted to consider this at the first meeting of the year due to local concern about the Minor Injuries Unit. The Chair noted that a review was ongoing and more in-depth information would not be available until later in the municipal year.

The Director of Strategy for MFT gave an overview of the report provided to the Committee. The Committee were informed that the Minor Injuries Unit had been closed during the pandemic due to the need to provide safe conditions while dealing with staffing pressures. While the staffing pressures remained within MFT the organisation had reached a point where an options appraisal could be conducted, with support from Trafford CCG, over July and August with the view of reopening the unit as soon as it was safely practicable to do so.

Following the overview Councillor Akinola asked what impact the closure had on other services. The Director of Commissioning for Trafford CCG responded that she would share the exact information after the meeting, although the closure would have impacted Wythenshawe hospital.

Councillor Taylor noted that one of the main reasons listed for the closure was the lack of sufficiently qualified staff to fill roles within the unit and asked whether they had looked at further recruitment. The Director of Strategy for MFT responded that it was difficult to recruit staff to those rolls due to job's specialised requirements. MFT were in the process of training more staff, but it took two years to gain the required qualifications. Councillor Taylor asked whether MFT had looked at recruiting any other health care professionals to fill positions and The Director of Strategy for MFT responded that he would have to provide the information after the meeting, as he did not have it to hand.

The Corporate Director for Adult Services informed the Committee that the options appraisal would come back to the Committee as part of the larger piece of work around the urgent care strategy and would link into the changes to the Integrated Care System and the demand changes with elective care recovery plans etc.

Councillor Young asked whether it would be possible to have less qualified staff at the Minor Injuries Unit who could take care of lesser injuries and signpost residents if more serious treatment was required. The Councillor spoke of a resident from Stretford who had gone to Trafford General for minor burns and was told that they would have a 7 hour wait and ended up leaving to go to a pharmacist instead. The Director of Strategy for MFT responded that through the options appraisal and urgent care strategy MFT would look at how to re-open the Minor Injuries Unit safely and effectively to ensure that residents had access to the right care in a timely manner.

Councillor Hartley asked about the root cause of the national issues in recruiting EMPs and whether there were any plans which would address those issues. The Director of Strategy for MFT responded that there were multiple factors which had led to a national shortage of EMPs, which included a lack of training. The national shortage had led to additional issues around recruitment as MFT were competing with other trusts and providers for staff. The Director of Commissioning for Trafford CCG added that the locality team would review access to care across the whole

system through the urgent care strategy to see how it could be streamlined, as in Trafford there were many access points which many people found it confusing.

Councillor Lloyd asked whether people were using the 111 service and whether that was working to direct people to the correct access point. The Director of Commissioning for Trafford CCG Responded that the 111 services were available through telephone and the internet. The service was directing people to the correct access point or dealing with patients completely over the phone, where appropriate. Good feedback had been received from residents about the effectiveness of the service and there had been a drop in foot traffic since the service was brought in. The Director of Commissioning for Trafford CCG offered to share the exact data with the Committee after the meeting.

The Corporate Director of Adult Services asked if there was a service in place that Councillors or Members of the public could use to communicate any issues to MFT and the Integrated Care System's attention. The Director of Commissioning for Trafford CCG responded that was not currently in place, but it was something that they would look at offering.

Councillor Hartley asked whether the NHS had access to information about complaints relating to how long people are waiting with minor injuries at Trafford General and Wythenshawe Hospital. The Director of Commissioning for Trafford CCG responded that had access to this information through formal complaints, but none had been received recently. The Director of Commissioning for Trafford CCG added that she would look at utilising the Pals service as it was a more informal process than formal complaints.

The Chair shared that he had experienced walking into Wythenshawe hospital and hearing an announcement of a 9 hour wait to be seen and could understand residents' concerns and frustrations. The Chair spoke of the importance of keeping the public informed of what was going on to ensure that rumours were not filling in for reliable information and suggested that a press release be provided for residents.

RESOLVED:

- 1) That the report be noted.
- 2) That additional information be sent by the Director of Strategy for MFT and The Director of Commissioning for Trafford CCG.

7. INTEGRATED CARE SYSTEM

The Health and Social Care Programme Director gave an overview of the update on behalf of Joint Accountable Officer for Trafford CCG. The paper provided gave a detailed update, which presented the readiness assessment for Trafford as a locality and what would be in place from day one. The report also covered all the work done to close Trafford CCG. The Health and Social Care Programme Director then picked out the key points from the paper about how the readiness assessment was completed and the core components needed for the Trafford Locality to be effective on day one.

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The Health and Social Care Programme Director stated that Trafford were in the best possible place given the uncertainty from Greater Manchester and the lateness in some of the decision making. The six teams of the CCG were due to transfer over on the 1st of July with the senior leadership team continuing to provide leadership for those teams. In addition, a number of shadow governance arrangements would come into effect with Terms of Reference having been agreed.

The local governance arrangements were in place with the Provider Collaborative Board, the Trafford Clinical and Practitioner Senate, and the Locality Board (which sat across the other Boards) all up and running. Those Boards were the key components Trafford needed in place for the new Trafford Integrated Care Partnership to be established and the structure was depicted within the report in the governance diagram. The report also contained information on how the six teams from Trafford CCG would move into the new system and be under the leadership of the Place Based Leader, which was to be the Council's Chief Executive. The process of appointing the Deputy Place Base Leader was still underway and it was hoped that would be concluded by the end of the following week.

One of the main positives for Trafford was that the Locality Board had been in place for over 12 months and been a driving force throughout the transformation process. A revised terms of reference were to be taken to the July board to update the roles responsibilities and format of the Locality Board. Eventually the Locality Board would become responsible for the Trafford CCG and Trafford Council's section 75 agreements with sufficient co-chairing arrangements in place. The balance between local government and the NHS was pivotal and needed to be reflected in the new chairing arrangements. A workgroup was considering different options and the outcome of that work would be presented to the Locality Board for agreement.

The Health and Social Care Programme Director then detailed the other key elements from the report, which included the work on developing a resilient discharge to assess program and neighbourhood model. The Committee were assured that work was ongoing around holding the new Integrated Health and Care System accountable through system metrics and the identification of outcomes to be achieved. Clinical and care professional leadership would be provided by the Clinical and Practitioner Senate, which was up and running. A draft work plan had been aligned to the work of the Provider Collaborative Board to ensure the right people, organisations, clinicians, and practitioners were assigned to deliver the priorities set and to make sure clinical and practitioner insight is embedded throughout the planning design and delivery of Trafford services across health and social care.

The Trafford GP board had been established which represented a good step forward for primary care in Trafford. The Neighbourhood Program was a key component in connecting the clinical and professional bodies with the VCSE sector and the Living Well in My Community Forum was driving that work forward. The Health and Wellbeing Board was being reviewed to make sure it had a focus on tackling inequalities.

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The Health and Social Care Programme Director stated that Trafford's digital leadership had helped the area have an influential voice within Greater Manchester and the joint arrangements with Manchester had been a positive development for Trafford given the footprint of MFT and the Local Care Organisation. The Health and Social Care Programme Director concluded by stating that the next year would be a year of transformation where the Trafford system would come together. The governance arrangements, partnerships, and relationships that had been set in place would enable Trafford to make the best of the opportunities the Integrated Health and Care System offered.

The interim Chief Finance Officer for Trafford CCG updated the Committee on the close program. A robust due diligence process using the national checklist had been undertaken and the results had gone to the Governing Body in May. External assurance had been provided on the process by Mersey Internal Audit Agency and the legal firm supporting Greater Manchester partnership. The due diligence work had continued into June as there were items that would remain open until the 30th of June and would then be transferred to the Integrated Care Board. During the week the strategic and corporate risks from the CCG were to be submitted to the Integrated Care Board.

Following the overview Councillor Gilbert asked about the potential impact on patients and whether they would have a seamless experience. The Health and Social Care Programme Director responded that patients should not see a difference from day one, but there would be a large amount of transformational work undertaken in the following months and years which would impact their experience.

Councillor Acton asked what was being done to ensure the workforce were onboard with the reorganisation. The Health and Social Care Programme Director responded that it had been a difficult time for the workforce and that would no doubt continue as more transformation was undertaken. There was a clear supportive program in place at a Greater Manchester level to keep all colleagues connected and informed. A series of webinars had been held through a centralised program in Greater Manchester which had received positive feedback. Locally Trafford CCG had sent out many communications, which included regular kitchen briefings, newsletters, and detailed supervision between different teams, directorates etc. The Interim Chief Finance Officer for Trafford CCG added that the CCG had been holding weekly briefings to all the staff and any information received from GM had been shared with the staff to ensure they were kept as up to date as possible.

Councillor Taylor asked whether there were any lay people involved with Provider Collaborative Board. The Health and Social Care Programme Director answered that the Provider Collaborative Board had evolved from the Trafford Local Care Alliance. The Provider Collaborative Board was made up of partners from across the health and social care system and did have representation from Healthwatch Trafford, but no other lay members. The Committee were informed that the terms of reference and membership of the Board would be reviewed in due course and that would be something to consider.

The Chair of Healthwatch Trafford confirmed that they had been welcomed by Trafford CCG and the Local Authority to be part of the re-organisation process.

Healthwatch Trafford had sat on all the main boards over the past 15 months, so the public was represented. Healthwatch Trafford also submitted reports regularly to the boards and informed them of the public's concerns. The Chair of Healthwatch Trafford stated that everybody involved in the programme should be congratulated for how effectively it had been carried out.

Councillor Hartley asked a question about conflicts of interest and whether the transition reduced the potential for conflicts of interest or worsened it. The Health and Social Care Programme Director responded that external legal advice had been sought to ensure the terms of reference and delegation of powers reduced conflicts of interest as much as possible. The Health and Social Care Programme Director added that the arrangements in place would not cause any conflicts of interest beyond what was experienced with clinical commissioning groups and assured the Committee that plans would be put in place for all eventualities.

The Chair asked whether anybody had compared the number of bodies being set up in the new structure to the number in the outgoing system. The Health and Social Care Programme Director responded that some of the Boards currently in place were to deliver the transition to the new system. A review would be conducted once the Integrated Care System was up and running to ensure all Boards were working efficiently and were adding value to the system. The Health and Social Care Programme Director added that the governance of the Integrated Care System would remain flexible to enable it to be reshaped to meet the needs of the system.

The Chair asked whether the Interim Chief Finance Officer for Trafford CCG could provide assurance that the outstanding items of due diligence were not potential "deal breakers". The Interim Chief Finance Officer for Trafford CCG responded that the remaining items were things like freedom of information requests that could be received up until the 30th of June. Everything that could be done prior to the 30th of June had been completed and the items that required action after that date would be handed over to the Integrated Care System. All items were captured on the checklist and the information was readily available if anybody required it.

The Chair's final question was whether the officers still had any major concerns or whether they felt everything was in as good a shape as could be expected. The Health and Social Care Programme Director responded that he thought Trafford were in the best possible position. There had been a slight delay in the appointment of the Delivery Lead, but he did not think Trafford were alone in being in that position.

RESOLVED: That the report be noted.

8. EQUALITIES STRATEGY

The Consultant in Public Health gave an overview of the slides that had been circulated with the agenda. The Committee were informed that health inequalities were avoidable and systematic differences in health between different groups of people and the pandemic had exacerbated those inequalities for example, alcohol mortality in Trafford had increased by 50 percent between 2019 and 2020. Health inequalities had been identified as a top priority for the Council, the NHS, and for

the wider system. Social determinants of health drove health inequalities and made it easier or harder for individuals to live a healthy life. Trafford often compared data with other Greater Manchester authorities which could mask issues in Trafford, as the borough had good health outcomes in comparison with GM generally. However, when the differences between equality groups and between affluent and deprived areas within the borough were looked at the level of health inequalities were quite stark.

Slide 11 of the presentation showed the proposed neighbourhood model which was focused upon early intervention and prevention and keeping people healthy within their communities to ensure equitable access to services, so they received the right care in the right place at the right time. The Health and Wellbeing Board review had reshaped the Board to be focused upon reducing health inequalities. A series of deep dive exercises were planned with system leaders to home in on the key issues and identify work which would have the greatest impact in reducing health inequalities.

The Director of Commissioning for Trafford CCG explained the importance of reducing health inequalities from an NHS perspective. The NHS planning guidance challenged all areas to tackle health inequalities and to show they were reducing inequalities across eight key areas, which would be monitored and benchmarked against other localities. The Director of Commissioning for Trafford CCG highlighted that there was a common thread of reducing health inequalities which ran through all the strategies and work across all health services. Work was ongoing on the core 20PLUS5, which was designed to support Integrated Care Systems' by focusing upon the identification of practical solutions to improve outcomes within the 20% most deprived areas of the Country and for those who had poor outcomes within each locality across five key clinical areas.

The Director of Commissioning for Trafford CCG informed the Committee that there was a need to move away from a one-size-fits-all commissioning or transformation approach to one focused upon tackling inequalities. The approach would require difficult conversations about the allocation of funding to ensure the greatest outcomes from the finite resource available. This, in turn, would rely upon the utilisation of data provided by public health colleagues regarding the wider determinants impacting the health of the population. The Director of Commissioning for Trafford CCG stated that health professionals had to move away from thinking along the standard medical model to an inequality reduction model. The Director of Commissioning for Trafford CCG added that the transition to the new model of working would create new challenges and it would be important that all partners within the Integrated Care System worked together and supported each other through the transition.

Following the overview councillor Brophy asked whether the areas of deprivation aligned with the key clinical areas of inequality. The Director of Commissioning for Trafford CCG responded that they often overlapped but not always. That was why part of the neighbourhood model involved the development of plans built upon neighbourhood data taken alongside outcome data for targeted patient groups. This would enable a holistic approach to identify key priorities where services could have the greatest impact on health inequalities within each neighbourhood.

Councillor Brophy then asked how resources would be targeted differently to reduce health inequalities. The Director of Commissioning for Trafford CCG responded that targeting services effectively was the challenge and it would require discussion by services and their partners, including the Committee, to get it right. It would require accurate assessment of need using available data and to distribute the resources according to the data. To achieve the desired effect would also require tackling resourcing difficulties and ensuring Trafford had the right workforce in place with the right pathways to ensure resources were utilised in the fairest way.

Councillor Acton noted that the issues identified within the presentation were the same problems that had been tackled unsuccessfully by other programmes in the past. Councillor Acton then asked why this plan would be more successful than the others. The Director of Commissioning for Trafford CCG responded that all the changes the NHS was going through brought commissioners and providers closer together, health and social care closer together, and those conditions had not been in place before. The level of accountability within the NHS was also stronger than it had been before. In addition, the increased level of digital connectivity provided better sources of information and meant the NHS were able to interact with the public easier to gather their views which in turn could aid in the development of services.

Councillor Acton thanked the Director of Commissioning for Trafford CCG for her response. Councillor Acton agreed with the point that there were some good opportunities available but added that he felt there were also greater challenges than before with the difficulties of recovering from the pandemic and the cost-of-living crisis. The Councillor noted that there were only so many elements that the Council and NHS could impact and given the large number of determinants which impacted people in poverty assistance was required from central government to be able to tackle them all.

Councillor Akinola spoke about the high levels of poverty within the North of the borough and how the cost-of-living crisis was likely to see this increase further. Councillor Akinola then asked whether there were any estimates as to what the levels of poverty might rise to and how it would impact the inequalities gap. The Health and Social Care Programme Director responded that Trafford were in a better position than other areas due to the amount of time spent developing the Trafford Poverty Strategy, which had shared ownership across the health and social care system. The volunteering community strategy was another important development for Trafford in reducing the impacts of the cost-of-living crisis on resident's health. The Consultant in Public Health added that poverty was the most important determinant of health inequalities. It was positive that the whole system within Trafford had recognised the impact of poverty on health outcomes and health inequalities and were introducing measures to mitigate the impact the crisis would have on the population.

Councillor Akinola asked how the level of inequality could be improved when access to services was still so difficult for so many people. The Director of Commissioning for Trafford CCG responded that it was difficult to give a complete answer, but part of the answer was to start to talk to people about why they cannot access services. Once that was known more bespoke services could be

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developed to address those challenges working with the population rather than having a one-size-fits-all response.

Councillor Mrs Young echoed the comments made by Councillors Acton and Akinola that it had been known for a long time where the pockets of inequalities were in Trafford. The problem was that when you brought in services to tackle the issues of those areas only a limited amount of the help got to those who truly needed it. Councillor Young then asked whether it was possible to have a system whereby you could provide support only to the people who needed it. The Director of Commissioning for Trafford CCG responded that the targeted service Councillor Young envisioned was the ambition of the service with the resources and support going where they were needed the most. However, the service had to ensure that they did not inadvertently disadvantage other areas in the process.

Councillor Hartley asked how the Committee were to assess whether the service had been successful or not in reducing health inequalities. The Consultant in Public Health responded that the data shown in the presentation was one way success could be measured but it would take a long time for the impact of the work to be visible. However, there were a number of intermediate and proxy measures which captured quick improvements such as the uptake of health checks for people with a serious mental illness or improved cancer screening in the neighbourhoods where the uptake was low. Those indicators were included within the corporate plan for health inequalities and there were other indicators associated with the planning guidance as well, so there were a few ways that the Committee could assess whether progress was being made.

Councillor Taylor noted that data gathering was key to identifying problems and asked whether the officers could expand on the nature of the data and how they would gather accurate data about transient populations such as Clifford ward. The Health and Social Care Programme Director responded that both qualitative and quantitative data was to be collected to enable the making of the difficult decisions on what needed to be done with regards to service transformation. The Committee were informed of the approach that was being taken to data gathering, but the Health and Social Care Programme Director recognised that a forum was needed which could bring the public voice to the fore and influence decision-making.

Councillor Taylor then asked how counsellors could help with that process. The Health and Social Care Programme Director responded that Councillor involvement would be greatly welcomed as they would bring a completely different dimension to the discussions. The Consultant in Public Health added that elected member involvement was wanted for the neighbourhood plans and would welcome the involvement of the committee. The Consultant in public health then described the consultation work that was running alongside the development of the neighbourhood model to capture the patient voice.

Councillor Brophy noted the strong VCSE sector within Trafford and that there were more of those organisations in the South than the North of the borough. Councillor Brophy then asked whether there was any scope for twinning areas of the borough with high levels of VCSE support available with areas which had lower levels of support to offer a more consistent level of support across the borough. The Health and Social Care Programme Director responded that he thought it was a really good idea and he recognised that Trafford had to think

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differently about how to deliver services to make the most of the resources available. The Health and Social Care Programme Director informed the Committee of work that had been done on the new volunteering community and faith and social enterprise sector infrastructure contracts, which had co-produced what the contracts would look like. It was hoped that when the contracts came into effect in October there would be opportunity to shape the support from the sector and to look at ideas like the one Councillor Brophy put forward.

The Corporate Director of Adult services spoke of the challenges Trafford faced which had culminated in a “perfect storm” that was going to hit Trafford residents very hard. The Corporate Director of Adult services stated that the Committee were right to be concerned and to hold services to account. The point Members had raised about previous unsuccessful attempts to impact health inequalities showed a different approach was required, which was why a lot of Trafford’s funding was going towards a targeted piece of work to reduce health inequalities produced as part of the Health and Wellbeing Board review with support from the Local Government Association. The Corporate Director of Adult services asked Members to keep challenging nationally and locally to ensure Trafford received adequate funding to support the prevention activity within the borough.

Councillor Gilbert asked what the government targets for the 20PLUS5 were and when progress against those targets could be brought to the Committee. The Director of Commissioning for Trafford CCG responded that there was a need to look at the information on GP systems to identify people at risk and the ICS had to submit where they were up to across the five areas in October, so information could be brought to the Committee after that point.

Councillor Lloyd asked whether some of the data from previous initiatives could be used to achieve quick wins. The Director of Commissioning for Trafford CCG responded that through data gathered previously the service did know it was areas like Partington and pockets in areas like Hale Barns where health inequalities were the worst. The work now was to understand the inequalities people faced and what was driving those inequalities. Once that was known Trafford was in a position, with the Locality Board in place, to tackle those problems collaboratively to bring about change and reduce health inequalities.

The Chair of Healthwatch Trafford stated that to help people through the cost-of-living crisis Trafford could make sure people claimed all the benefits that they were entitled to. Another area that could help was tackling digital exclusion among the population and to enable people to access the internet.

The Chair concluded the item by recognising the excellent contributions that had been made and stating that while there were a lot of challenges facing Trafford residents there was a strong resolve across the council and their partners to make a positive difference.

RESOLVED: That the presentation be noted.

9. COMMITTEE WORK PROGRAM 2022/23

The Chair introduced the item and asked Members to consider the draft work program for the municipal year then opened the floor for questions, comments, and suggestions from Members.

Councillor Brophy asked whether any task and finish groups had been set up. The Chair responded that none had been set up yet but if there was a topic which the Committee felt that such work could have impact then they could be set up. Councillor Acton spoke of the advantages of having task and finish groups and suggested that the Committee select one or two items to be task and finish groups pieces of work for the year.

Councillor Lloyd noted that the Committee were generally noting reports and asked if there was a way that they could do more active work. The Chair responded that he hoped the Committee could move to having a greater impact and making recommendations rather than simply noting reports.

The Committee then discussed a series of possible topics which included access to GPs following the Pandemic, Councillor involvement in community engagement, the impact of the pandemic on children and young people's mental health services, and access to dentistry. Due to dentistry being an area where the Committee had limited influence it was agreed it would be an item for an agenda but not a task and finish group. It was agreed that the other three would be considered for task and finish group work. The Corporate Director for Adults Services stated that briefing packs could be put together for the Committee on mental health services once a task and finish group had been established. The Health and Social Care Programme Director and the Consultant in Public Health both expressed that they would welcome and support the Committee's involvement in community engagement.

RESOLVED:

- 1) That the draft work programme be agreed.
- 2) That access to GPs following the pandemic, Councillor involvement in community engagement, and access to children and young people's mental health services following the Pandemic be considered as topics for Task and Finish Groups.

The meeting commenced at 6:34 p.m. and finished at 8:52 p.m.

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TRAFFORD

Provision & Access to NHS Dentistry

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Prepared by: Lindsey Bowes, Senior Primary Care Manager (Dental)
Emma Hall-Scullin, Consultant in Dental Public Health
Ashley Seasman, Business Manager (Dental)
Lindsey LaVantae (Business Manager (Dental))

August 2022

Agenda Item 6

- 1. Introduction – Dentistry across the Locality of Trafford**
- 2. Background - The pandemic experience and impact**
- 3. Patient Feedback**
- 4. Improving access to dentistry**
- 5. Addressing inequalities**
- 6. Oral health improvement**
- 7. Proposed relocation of Specialist Community Dental Services**
- 8. Questions**

INTRODUCTION

1. This paper provides an update on the provision of, and access to, NHS Primary, Secondary, and Community Dental services and delivery of Oral Health Improvement activity across Greater Manchester (GM) and specifically the locality of Trafford.
2. It will highlight the challenges throughout and resulting from the COVID-19 pandemic, with actions taken to address health inequalities and seek to improve access to dental services to ensure patients are able to receive dental care and oral health improvement in a safe way.

DENTISTRY ACROSS THE LOCALITY OF TRAFFORD



Greater Manchester
Integrated Care

Primary Care Dental Service

Patients are not registered with a GDP in the same way as they are with a GP. Any patient may access dental services from any practice. In Trafford there are:

- 36 (10%) General Dental Services providers with contracted activity of 420943 units of dental activity per annum
- 2 Urgent Dental Care provider (linked to networked provision across Greater Manchester)
- 2 Urgent Dental Care Hubs – providing additional urgent dental care capacity in response to COVID pressures

Specialist Dental Services in the community

- Community Dental Services clinics delivered by **Bridgewater Community Healthcare NHS FT** – A single service provider commissioned to provide specialist dental services to children and adults with additional needs on referral
- 4 Orthodontic providers (6 PDS Agreements)
- 1 Specialist Tier 2 Oral Surgery provider (10 across GM)

Secondary Care Dental Services

12 dental specialities (including Oral Surgery, Maxillofacial Surgery, Restorative Dentistry, Paediatric Dentistry, Periodontics) available in Greater Manchester. These services for Trafford are delivered by Manchester University NHS Foundation Trust.

Background - The pandemic experience and impact

1. Dental services have been significantly impacted by the COVID pandemic. Risk of cross-infection is significantly increased for services operating in and around the mouth.
2. On 25 March 2020, dental practices across the Greater Manchester received national instruction to suspend routine, non-urgent dental care as part of the national response to limit transmission of COVID-19.
3. All practices were required to provide remote telephone triage services delivering the “triple A” approach, ensuring that patients had access to advice, analgesia and anti-microbials if appropriate. Where patients needed face to face dental treatment in addition to the “triple A” service, dental practices could refer their patients to Urgent Dental Care (UDC) hubs across GM.
4. From 8th June 2020, the second phase of the pandemic response began, as infection rates dropped, all practices reopened for provision of both routine and urgent dentistry under COVID-specific infection prevention and control guidance to ensure patient safety and access steadily increased. It should be noted that during this period due to infection prevention and control guidance and required time intervals between patients, the number of patients seen on a daily basis reduced from 25-30 patients per day to 6-8 patients per day (depending on patient and need).

BACKGROUND (2)

5. The reduction in capacity resulted insignificant pressures across the system. There was a whole system reduction of approximately 70% across all Dental Services capacity, including Secondary Care, specialist community services and specialist primary dental care services such as Minor Oral Surgery.
6. Services are now working hard on recovery to pre-pandemic levels, reducing backlogs and waiting lists.

PATIENT FEEDBACK

PATIENT FEEDBACK – RESPONDING TO FEEDBACK

The national NHSEI Customer Contact Centre (CCC) has received a large number of general enquiries about dentistry, with Greater Manchester area receiving the largest reported numbers of patient enquiries. The main themes include not being able to get an appointment, patients being told that they must pay for PPE on top of the NHS banding, or patients being told that they cannot be seen in the NHS but can be seen the same week privately.

Although a large number of enquiries are being received, these are not being taken forward as formal complaints and are generally dealt with informally. It is also recognised that the reported regional areas are not comparable in size or service provision.

The GM Dental Commissioning Team is working in conjunction with the Local Dental Networks to ensure adherence to national guidance in service delivery; and NHS Greater Manchester Communications Team to develop a suite of communications assets shared across all our partner organisations detailing what is currently available, how patients can access services, and what to expect when attending.

The GM Dental Commissioning Team continues to support the GM Complaints team with advice and written responses to all patient enquiries, complaints, MP enquiries, and enquiries from the Mayoral Office.

PATIENT FEEDBACK – HEALTHWATCH

All Greater Manchester Local Dental Committee (LDC) Chairs have committed to engaging with local Healthwatch Officers to ensure that there is clear communication and understanding of any issues that are highlighted by clients.

LDC Chairs have agreed to attend local Healthwatch meetings, and it has been agreed that a Healthwatch representative from GM is invited to attend the Dental Provider Board to provide a report on behalf of the 10 Healthwatch organisations.

IMPROVING ACCESS TO NHS DENTAL SERVICES

IMPROVING ACCESS – GENERAL DENTISTRY

In Trafford there are:

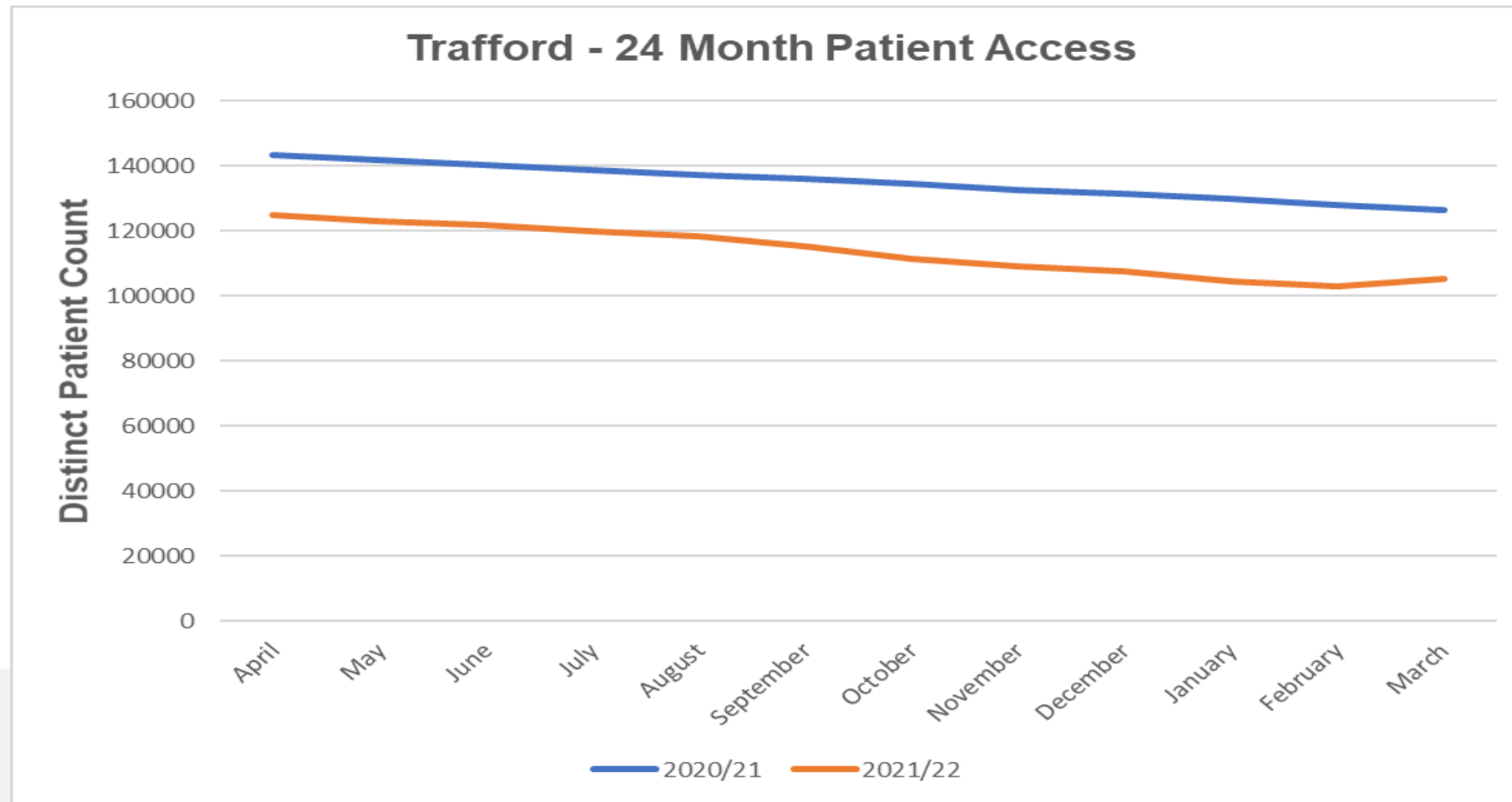
- 36 (10%) General Dental Services providers
- 1 Tier 2 Oral Surgery provider (10 providers across GM)
- 4 Orthodontic providers (6 contracts) (23 providers, 30 contracts, across GM)

delivering NHS dental services within primary care.

All NHS General Dental Practices continue to prioritise patients in pain, children, patients who are deemed as high risk – such as those receiving treatment for cancer, and those who are mid way through a course of treatment.

Access is still steadily increasing but has not yet returned to pre-pandemic levels.

FIGURE 1: NHS ACCESS TO GENERAL DENTAL SERVICES – 24 Month Patient Access 20/21 & 21/22



IMPROVING ACCESS – GM URGENT DENTAL CARE SERVICE

In 2019 the GM Dental Commissioning Team procured a new Urgent Dental Care service for the population of GM. This service is available for all patients in GM who require to access urgent dental care.

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This service can be accessed by calling 0333 332 3800.

There are 14 Urgent Dental Care sites across GM. 2 of these are in Trafford.

In response to the pressures caused by the COVID pandemic additional capacity has been commissioned from both the telephony and clinical providers of this service. This additional capacity continues to be in place until March 2023.

IMPROVING ACCESS – URGENT DENTAL CARE (URGENT DENTAL CARE HUBS)

From April 2020, Urgent Dental Care (UDC) Hubs were established across Greater Manchester offering face-to-face dental treatment after remote triage. UDC Hubs are linked with the GM Urgent Dental Care call handling service to receive referrals for patients in pain. The UDC Hubs provide extractions and extirpations (first stage of Root Canal Treatment) to save the tooth that get patients out of pain.

In GM there are currently 42 UDC Hubs. 2 of the UDC Hubs are situated within the Trafford locality.

On calling the GM Urgent Dental Care Service patients are able to attend the most convenient urgent dental care provider and are not restricted by local authority or GM-Place boundaries within Greater Manchester.

NATIONAL NON-RECURRENT URGENT ACCESS SCHEME

Nationally £50 million was released to support non-recurrent service capacity between during the last financial quarter of 2021-2022. This funding was explicitly for urgent access.

In Trafford, 5 practices signed up to the National Non-Recurrent Urgent Access Scheme and provided 184 additional sessions between 1st February and end of March 2022. A total of 741 patients were seen at these additional sessions (approximately 8.4% of the additional capacity across Greater Manchester).

FIGURE 3: NATIONAL NON-RECURRENT URGENT ACCESS SCHEME (TOTAL NUMBER OF PATIENTS SEEN & TOTAL NUMBER OF SESSIONS BY AREA)

GM Locality	Number of Practices	Total Sessions	Total Patients Seen	% of Additional capacity
Bolton	5	126	598	5.7%
Bury	5	290	794	12.6%
Heywood, Middleton & Rochdale	6	201	624	9.1%
Manchester	19	575	2400	26.4%
Oldham	3	95	464	4.2%
Salford	12	306	1110	13.8%
Stockport	9	119	444	5.3%
Tameside & Glossop	6	168	632	7.6%
Trafford	5	200	741	8.4%
Wigan Borough	7	152	599	6.9%
Greater Manchester	77	2232	8406	100%

RESTORATION OF ELECTIVE CARE – SECONDARY CARE DENTAL SERVICES

Specialist Dental Hospital and also specialist dental services delivered within secondary care.

A key NHS priority is the restoration of all services with a view to returning to a “normal” position as quickly and as safely as possible. Paediatric and Oral Surgery Clinical Reference Groups have been established to lead recovery of elective surgical cases supported by five GM Managed Clinical Networks. The work programme is to ensure patients can receive elective care at the right time, in the right setting and reduce wait times. This includes:

- Population oral health needs assessment and support for the correct coding of specialist activity so it can be monitored and appropriately commissioned.
- Continue to develop e-referral management system with robust clinical triage to direct referrals to the right setting at the right time, including referrals from non-dental professionals with potential use of virtual consultations
- Workforce and training for dental professional are being reviewed to meet current and future needs
- Referrals are made with complete treatment plans so that shared care can be planned and waiting lists validated and care prioritised with patients are seen in the right setting for their dental care need

PLANNING AND RECOVERY

The Greater Manchester Dental Commissioning Team, including the Consultant in Dental Public Health and the Local Dental Network Chair, are currently implementing a Roadmap to Recovery.

This plan outlines the stages leading to recovery for dental services across the whole system. The purpose being to standardise the approach across Greater Manchester, to strategically plan a range of dental services, and to support opportunities for locally responsive transformational change thus reducing health inequalities.

The purpose of the plan:

- Ensure capacity is in place for on-going activity
- Return critical services to agreed standards
- Address backlog of services
- Retain changes and innovations from the pandemic that we wish to keep

As part of this work a Task & Finish Group has been established working on Dental Access Plan response for primary care, which includes contribution from GM Healthwatch.

ADDRESSING INEQUALITIES THROUGH ACCESS TO NHS DENTAL SERVICES

ADDRESSING INEQUALITIES – GM ACCESS PLUS SCHEME

Following urgent treatment patients are encouraged to seek definitive care at a high street dentist. Unfortunately, the pandemic has led to a reduction in capacity and patients were struggling to access routine dental care, such as check-ups and the treatment indicated to restore dental health. As a result, patients were then returning to the urgent service with the same problem or worsening problem.

In response to the unmet need as a result of the ongoing challenges we face within NHS Dental services we developed the Greater Manchester Access Plus Scheme which improves access and delivers continuation of care to patients who have received urgent care but who require further care and treatment within an NHS Dental practice. This scheme was rolled out on 1st February 2022.

The GM Access Plus Service will provide a minimum of a one off courses of treatment for adults (18+ years) who have been seen by the GM Urgent Dental Service / UDC Hubs for urgent care that requires further treatment.

Across GM we have 59 practices providing this service, 5 of these are within the Trafford locality.

ADDRESSING INEQUALITIES – CHILD FRIENDLY DENTAL PRACTICE (CFDP) SCHEME



Greater Manchester
Integrated Care

Service development pilots initiated in November 2020. Rolled out to across GM following the successful pilot. To date have 9 providers across GM.

Children who have been referred for an oral health assessment to a specialist setting (including those referred for dental extractions under general anaesthesia) are instead offered evidence-based treatment at a general dental practices.

Treatment includes:

- Prevention – Oral Hygiene Instruction, diet advice, fluoride varnish application, fissure sealants
- Stabilisation – Silver Diamine Fluoride, Temporary Fillings
- Restoration – Hall Crowns, Definitive Fillings
- Extractions

This primary care service supports our specialist community services for children and reduces referrals and pressures into secondary care.

Unfortunately, due to unforeseen circumstances and COVID challenges we have yet to secure provision in Trafford, we are currently working on this and hope to have a provider in Trafford soon. Children are however able to be referred into the GM network of CFDP and continue to be referred into specialist services.

ADDRESSING INEQUALITIES – HEALTHY LIVING DENTISTRY PROJECT

The Healthy Living Dentistry (HLD) project continues to be developed and delivered.

Currently there are 60 Practices across GM and a further 9 in progress (4 in the Trafford locality) signed up to deliver this quality assured scheme where Dental practices undertake national & local health campaigns, often linked to local GPs & Pharmacies. Plans are in place to begin a further recruitment campaign to encourage all Practices to sign up to this scheme.

All practices have access to training and development which is supported by Health Education England North West and available to be accessed online.

- Practices who sign up to HLD deliver targeted health promotion to specific groups such as:
 - Dementia Friendly Dentistry
 - Baby Teeth DO Matters
 - Mouth Cancer Awareness
 - Sugar free diet and medicines
 - Flu awareness



ADDRESSING INEQUALITIES – A DENTAL HOME FOR LOOKED AFTER CHILDREN

Led by the GM Dental Commissioning Team and Consultant in Dental Public Health linking with Local Authority Teams supporting health care for Looked After Children (LAC), a new referral service has been developed that will support all LAC in Greater Manchester and Cheshire & Mersey to **find a dental home**.

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The objective is to seamlessly connect referrals for any child who is looked after with a LAC provider within their locality. In Trafford there are 4 Practices accepting referrals for LAC.

The child will be seen and treated and offered regular appointments and re-calls dependent on their oral health risk.

The long-term objective will be to strengthen the links of the Trafford Safeguarding Team with Child Friendly Dental Practices to ensure that there is ease of access for all Looked After Children to find a dental home.

FIGURE 2: PERCENTAGE OF 5 YEAR OLD CHILDREN WITH OBVIOUS DENTAL CARIES 2018/19 IN GM

Area	%
England	23.4
CA-Greater Manchester	
Bolton	32.7
Bury	35.2
Manchester	38.3
Oldham	43.2
Rochdale	40.7
Salford	39.0
Stockport	22.0
Tameside	33.1
Trafford	26.0
Wigan	31.9

Compared with England	Better	Similar	Worse
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ADDRESSING INEQUALITIES – AFGHAN EVACUEE AND ASYLUM SEEKER PATHWAY

Led by the GM Dental Commissioning Team and Consultant in Dental Public Health linking with Local Authority Teams and GM-localities supporting health care for Afghan Evacuees and Asylum Seekers, a new referral service has been developed that will support this cohort of patients in Greater Manchester to access urgent dental care.

The service was rolled out in October 2021 and provides access to urgent dental care for those placed in Bridging Hotels and Contingency Hotels across GM.

The objective is to seamlessly connect referrals for Afghan Evacuees and Asylum Seekers with a provider in within their locality.

Across Greater Manchester there are currently 22 practices signed up to this scheme. These are based in Manchester, Wigan, Stockport and HMR which align to where the Bridging and Contingency Hotels are located.

ORAL HEALTH IMPROVEMENT

ORAL HEALTH IMPROVEMENT – GM TRANSFORMATION PROGRAMME

- Initial programme support reduction of health inequalities across four priority oral health areas Bolton, Rochdale, Salford and Oldham.
- Daily supervised toothbrushing in all nursery and reception Early Year settings for children aged 2-5 years.
- Deliver Health Visitor 0-3 years training; support fluoride dental packs distribution at 1 year and 2-2 ½ year checks.
- With the closure of earlier settings and schools during lock down there was a suspension of community based oral health improvement programmes.

ORAL HEALTH IMPROVEMENT – ONLINE TRAINING



Greater Manchester
Integrated Care

In response to the cessation of the delivery of face to face training during the COVID response, the oral health team in the localities, supported development of open access online training packages.

Mouth Care Matters in the community - training material suitable for the wider care team, including care managers and care staff carrying out admissions, assessments and provision of daily mouth care. It ensures dignity and comfort.

Mouth Care Matters in the acute sector – developed to support NHS Nightingale North West and for all nurses and care staff providing and supporting effective mouth care for all hospitalised patients during COVID. Daily mouth care in hospital reduces the risk of infection such as Hospital-acquired pneumonia (HAP), which in turn reduces the length of a hospital stay.

Supervised Toothbrushing in Early Years and Educational Settings - training material intended for early years and education staff who are working with their local health teams to deliver a supervised toothbrushing programme.

ORAL HEALTH IMPROVEMENT – GM TRANSFORMATION PROGRAMME

- Over 58,000 children participated in Supervised Daily Toothbrushing Programme in Greater Manchester since October 2018:
 - 33,307 children in 645 early years settings take part (88.4% of population, in 88% of settings)
 - Engagement highest in most deprived areas - 79% of settings in IMD 1, compared to 72% in IMD 10.
- With VCSE partners, 120,000 most vulnerable children received take home fluoride dental packs during lockdown.
- Programme now planning roll-out across wider Greater Manchester.

Proposed relocation of Specialist Community Dental Services

Bridgewater Community Healthcare
Foundation Trust

SPECIALIST DENTAL CARE IN THE COMMUNITY

- Bridgewater Community Healthcare Foundation Trust delivers
 - Special care dentistry
 - Paediatric dentistry
- These are specialist dental services for adults and children with additional needs which cannot be provided for by routine primary dental care. They are offered to patients from across the locality of Trafford.
- These services have been delivered from health centres at Partington, Seymour Grove and Conway Road. However, each centre requires dedicated specialist dental equipment to be maintained even though the services are only available part-time. Furthermore, the dental facilities are not ideal for the specialist nature of the patient needs.

SPECIALIST DENTAL CARE IN THE COMMUNITY

- Service accommodation within NHS premises is at a premium across Trafford. Having accommodation unutilised during the working week (i.e. part-time services) limits overall service opportunity for the people of Trafford.
- Bridgewater have therefore considered the opportunity for its services to improve overall utilisation, and improve patient experience. By consolidating services into fit for purpose premises, overall service capacity would be able to be maintained, quality of care would be sustained and wider service developments supported through releasing unutilised accommodation.

SPECIALIST DENTAL CARE IN THE COMMUNITY

In consideration of the above, Bridgewater therefore propose to amalgamate three existing specialist community dental clinics within Trafford, into a one three-surgery clinic within Altrincham Health and Wellbeing Hub (AHWBH). The Trust undertook a patient engagement exercise regarding this proposal in July 2022.

- The Trust wrote to all patients on their patient recall lists who utilised the Trafford clinics, providing information on the proposal and outlining how they could provide feedback.
- In addition, during the engagement period they displayed posters in each of the three clinics for patients / carers to see who were attending appointments. Leaflets were also available at each clinic providing information to read and take away.

SPECIALIST DENTAL CARE IN THE COMMUNITY

The outcome of the patient engagement has only raised the concerns of one patient relating to distance resulting from relocation.

(Previous patient engagement (2018/9) across GM in respect to patients accessing these specialist community-based services indicated that 88.57% of patients and their carers access the services using car or taxi).

All other engagement is relating to the delay in treatment due to existing waiting lists.

This feedback will be acted upon, and consideration will be given to what additional communication and support is needed for special care patients who are on recall waiting lists.

SPECIALIST DENTAL CARE IN THE COMMUNITY

Bridgewater therefore propose to consolidate their service delivery into Altrincham Hub, making use of accommodation which would be able to meet the needs of their patient group (access, physical space, overall environment, specialist equipment).

- Altrincham Hub as a venue has benefits of travel links across the Trafford locality.
- This proposed consolidation would continue to deliver the specialist care to patients from across Trafford without any reduction in capacity. Indeed, the consolidation is anticipated to improve efficiencies and overall service capacity.

SPECIALIST DENTAL CARE IN THE COMMUNITY

By consolidating this service into Altrincham Hub, the current venues would be able to be released to support wider service developments:

- Partington Health Centre – the dental practice which also operates from this building is seeking to expand and wishes to take over the space currently allocated to Bridgewater. This would provide additional general dental services to the local community.
- Conway Road Health Centre – the local GP practice has significantly grown (from a patient list of c. 7,500 in November 2020 to current list of c. 13,000). The practice is seeking additional accommodation for its services.
- Seymour Grove Health Centre – there is opportunity to repurpose the dental space to support primary care developments, e.g. the local Primary Care Network.

Questions?

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee

Date:

Report for: Information

Report of:

Report Title

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Summary

--

Recommendation(s)

--

Contact person for access to background papers and further information:

Name:

Phone number:

Links to Committee priorities:

Reducing Health Inequalities	
Improving Resident Health and Wellbeing (including Mental Health)	
Improving Access to Services	

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Trafford SCRUTINY TOPIC ASSESSMENT - SELECTION CRITERIA

1.0 Defining Scrutiny Topics

For every item on the work programme / new referral, it should be clear:

- What is the issue / activity / project under consideration?
- 1. A brief outline of the matter being referred / the question being asked - What is Scrutiny being asked to do?
- 2. e.g. undertake a full review of the subject? Investigate / interrogate different policy options? Be consulted on final proposals before decision making? Monitor outcomes / implementation?
- What are the reasons for / expected benefits of involving Scrutiny in this matter?
- Is there a specific deadline for this piece of work?

1.1 Topic Selection Criteria

The topic should meet at least one of the following:

- Improvements for local people likely.
- Community/Corporate priority area.
- Key issue for the public.
- Poor performing service.
- High level of dissatisfaction.

2.0 Topic Rejection Criteria

The topic should not meet any of the following:

- The issue is already being addressed / being examined elsewhere and change is imminent
- The topic would be better addressed elsewhere (and will be referred there)
- Scrutiny involvement would have limited / no impact upon outcomes
- The topic may be sub-judice or prejudicial to the Council's interest
- The topic is too broad to make a review realistic
- New legislation or guidance relating to the topic is expected within the next year
- The topic area is currently subject to inspection or has recently undergone substantial change
- Simply for information.

3.0 **Scoring**

Each topic is scored for Importance and Impact on a scale of 1-4 using a scoring guide. (Scoring Topic Assessment Template attached for information).

Importance – how well a topic fits with the Council’s key aims and priorities.

Impact – likely potential impact of outcomes from a scrutiny investigation of the topic in terms of community benefit.

4.0 **Scoring Guide**

Importance

- 1 Some evidence that the topic is linked to the Council’s key aims and priorities but only indirectly.
- 2 Good evidence linking topic to Council’s aims but not to Council’s current priorities.
- 3 Good evidence linking topic to Council’s key aims and priorities.
- 4 Strong evidence linking topic to Council’s key aims and priorities.

Impact

- 1 Minor potential benefits or benefits affecting only one ward/customer/client group
- 2 Minor potential benefits affecting two or more wards/customer/client groups or, moderate potential benefits affecting only one ward/customer/client group.
- 3 Moderate potential benefits affecting more than one ward/customer/client group, or Substantial potential benefits affecting one or more ward/customer/client group.
- 4 Substantial potential benefits community wide or for a significant proportion or section of the community.



SCRUTINY TOPIC ASSESSMENT TEMPLATE

SCRUTINY TOPIC SELECTION ASSESSMENT

TOPIC: Access to GPs Following the Pandemic	
SUGGESTED BY: Health Scrutiny Committee	DATE: 28th June 2022

STEP 1: REJECTION CRITERIA MUST NOT MEET ANY OF THESE:	STEP 2: SELECTION CRITERIA MUST MEET ONE OF THESE:
Already being addressed	Improvements for local people likely
Matter sub-judice or prejudicial to Council's interests	Community Strategy/Corporate priority area
Specific case falling within complaints procedure	Key issue for public
Individual disciplinary or grievance matter	Poor performing service
Unlikely to result in improvements for local people	High level of dissatisfaction
Select	Select

STEP 3: PRIORITISE			
SCORING GUIDE			
IMPORTANCE SCORE INDICATOR		IMPACT SCORE INDICATOR	
Score 0	No evidence that topic is related to the Council's key aims and priorities. Reject	Score 0	No potential benefits likely to result. Reject
1	Some evidence that topic linked to the Council's key aims and priorities but only indirectly.	1	Minor potential benefits or benefits affecting only one ward/customer/client group
2	Good evidence linking topic to Council's key aims but not to Council's current priorities	2	Minor potential benefits affecting two or more wards/customer/client groups or, Moderate potential benefits affecting one ward/customer/client group.
3	Good evidence linking topic to Council's key aims and priorities	3	Moderate potential benefits affecting more than one ward/customer/client group or, Substantial potential benefits affecting one or more ward/customer/client groups
4	Strong evidence linking topic to Council's key aims and priorities	4	Substantial potential benefits community wide or for a significant proportion or section of the community.
See attached for Council's key aims and priorities			

Outcome: 7
Date: 08/09/2022

Topic priority guide			
Score 1-4		Reject topic	
Score 5-6		Possible topic for scrutiny	
Score 7-8		Priority topic for scrutiny	
Outcome:	Select	Reserve List	Reject



SCRUTINY TOPIC ASSESSMENT TEMPLATE

SCRUTINY TOPIC SELECTION ASSESSMENT

TOPIC: Access to Children and Young People’s Mental Health Services following the Pandemic	
SUGGESTED BY: Health Scrutiny Committee	DATE: 28th June 2022

STEP 1: REJECTION CRITERIA MUST NOT MEET ANY OF THESE:	STEP 2: SELECTION CRITERIA MUST MEET ONE OF THESE:
Already being addressed	Improvements for local people likely
Matter sub-judice or prejudicial to Council's interests	Community Strategy/Corporate priority area
Specific case falling within complaints procedure	Key issue for public
Individual disciplinary or grievance matter	Poor performing service
Unlikely to result in improvements for local people	High level of dissatisfaction
Select	Select

STEP 3: PRIORITISE			
SCORING GUIDE			
IMPORTANCE SCORE INDICATOR		IMPACT SCORE INDICATOR	
Score 0	No evidence that topic is related to the Council's key aims and priorities. Reject	Score 0	No potential benefits likely to result. Reject
1	Some evidence that topic linked to the Council's key aims and priorities but only indirectly.	1	Minor potential benefits or benefits affecting only one ward/customer/client group
2	Good evidence linking topic to Council's key aims but not to Council's current priorities	2	Minor potential benefits affecting two or more wards/customer/client groups or, Moderate potential benefits affecting one ward/customer/client group.
3	Good evidence linking topic to Council's key aims and priorities	3	Moderate potential benefits affecting more than one ward/customer/client group or, Substantial potential benefits affecting one or more ward/customer/client groups
4	Strong evidence linking topic to Council's key aims and priorities	4	Substantial potential benefits community wide or for a significant proportion or section of the community.
See attached for Council's key aims and priorities			

Outcome: 7
Date: 08/09/2022

Topic priority guide			
Score 1-4		Reject topic	
Score 5-6		Possible topic for scrutiny	
Score 7-8		Priority topic for scrutiny	
Outcome:	Select	Reserve List	Reject



SCRUTINY TOPIC ASSESSMENT TEMPLATE

SCRUTINY TOPIC SELECTION ASSESSMENT

TOPIC: Councillor Involvement in ICS Community Engagement	
SUGGESTED BY: Health Scrutiny Committee	DATE: 28th June 2022

STEP 1: REJECTION CRITERIA MUST NOT MEET ANY OF THESE:	STEP 2: SELECTION CRITERIA MUST MEET ONE OF THESE:
Already being addressed	Improvements for local people likely
Matter sub-judice or prejudicial to Council's interests	Community Strategy/Corporate priority area
Specific case falling within complaints procedure	Key issue for public
Individual disciplinary or grievance matter	Poor performing service
Unlikely to result in improvements for local people	High level of dissatisfaction
Select	Select

STEP 3: PRIORITISE			
SCORING GUIDE			
IMPORTANCE SCORE INDICATOR		IMPACT SCORE INDICATOR	
Score 0	No evidence that topic is related to the Council's key aims and priorities. Reject	Score 0	No potential benefits likely to result. Reject
1	Some evidence that topic linked to the Council's key aims and priorities but only indirectly.	1	Minor potential benefits or benefits affecting only one ward/customer/client group
2	Good evidence linking topic to Council's key aims but not to Council's current priorities	2	Minor potential benefits affecting two or more wards/customer/client groups or, Moderate potential benefits affecting one ward/customer/client group.
3	Good evidence linking topic to Council's key aims and priorities	3	Moderate potential benefits affecting more than one ward/customer/client group or, Substantial potential benefits affecting one or more ward/customer/client groups
4	Strong evidence linking topic to Council's key aims and priorities	4	Substantial potential benefits community wide or for a significant proportion or section of the community.
See attached for Council's key aims and priorities			

Outcome: 5
Date: 08/09/2022

Topic priority guide			
Score 1-4		Reject topic	
Score 5-6		Possible topic for scrutiny	
Score 7-8		Priority topic for scrutiny	
Outcome:	Select	Reserve List	Reject