

HEALTH SCRUTINY COMMITTEE

13 MARCH 2018

PRESENT

Councillor J. Harding (in the Chair).

Councillors Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. A. Bruer-Morris, R. Chilton, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

Also Present

Councillor Lamb

Executive Member for Wellbeing

In attendance

Jill Colbert	Corporate Director of Children Families and Wellbeing
Cameron ward	Interim Accountable Officer, Trafford CCG
Matthew Colledge	Chairman of Trafford CCG
Eleanor Roaf	Interim Director of Public Health
Judy Collins	Director of HealthWatch Trafford
Sarah Leah	Associate Directorate Manager (South Division), Pennine Care NHS Foundation Trust
Peter Forrester	Head of Governance
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillors Mrs. J.E. Brophy

51. MINUTES

RESOLVED: That the minutes of the meeting held 23 January 2018 to be agreed as an accurate record, and signed by the Chairman.

52. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- Councillor Bruer-Morris in relation to her employment within the NHS.
- Councillor Harding in relation to her employment by a mental health charity, and member of the board of trustees for Trafford Carers Centre.
- Councillor Chilton in relation to his employment by general medical council.
- Councillor Taylor in relation to her employment by the NHS.
- Councillor Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

53. TRAFFORD COUNCIL AND TRAFFORD CCG INTEGRATION

Before going through the presentation, the Chairman of Trafford CCG informed the Committee that the meeting would be the last one attended by the Interim Accountable Officer and thanked him for all the work he had done during his time at Trafford CCG. The Interim Accountable Officer then went through the

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presentation which had been circulated with the agenda. The presentation showed the timeline for the integration and the results of the staff consultation. The feedback from the consultation had helped to shape the approved senior management structure and had led to the organisation being named Trafford Together for Health & Social Care.

The Committee were shown a diagram of the senior management structure and were informed that a Joint Finance Officer had been appointed and interviews for the Medical Director and Commissioning Director positions were soon to be held. It had been proposed that the Chief Executive Officer of Trafford Council be appointed to the role of Accountable Officer of Trafford CCG. The Chief Executive was undergoing training for the role whilst awaiting approval from NHS England. The Structure included the position of Corporate Commissioning Director who would support the Chief Executive for the first year of the new role. Trafford CCG was required to have a clinical Chairman and Sally Johnstone had been elected to replace Matthew Colledge from the start of June 2018.

The Committee were shown an overview of the programme of work which was required to complete the integration. There were nine integration domain working groups which were responsible for delivering aspects of the work programme. Each domain group had experts from both Trafford Council and CCG with a Senior Responsible Officer and a Subject Matter Expert who led the groups. The main focus of the domains was to ensure that there would be no failures on day one of the integrated organisation. The Interim Accountable Officer, Trafford CCG explained that it was critical to know what would be happening on day one and that the Domains were looking at the dependencies and inter dependencies within and between Trafford Council and Trafford CCG for this purpose.

Another key aspect of the integration was working out how the reporting structures were to function. There was a large amount of cross over between how health and social care were being reported. As two organisations these were being reported separately and work was ongoing to look at how reporting could be aligned and/or combined.

The Chairman asked about the vacant director of Human Resources (HR) position and the impact that the integration would have upon staff. The position was to be advertised again and it was hoped that an appointment would be made soon. The Interim Accountable Officer stated that some staff members were to have new line managers and that staff would be co-located. However, these changes were not to be implemented straight away but would be phased in after the start of the new organisation in April.

A Member of the Committee asked whether there were any issues about the changes or structure. The Interim Accountable Officer responded that there had been 220 questions raised during the consultation with staff which had informed both the changes and structure. He noted that there were still some people who were unhappy with the changes but that was to be expected. The Corporate Director for CFW added that the organisations had worked with Deloitte in designing the new shape of services going forward and that staff had reacted well to this work in the sessions that had been held. The Corporate Director offered to share the results of that work with the Committee outside of the meeting.

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Members asked a number of questions relating to the accountability and monitoring of the new services. The Chairman of Trafford CCG responded to these questions explaining the CCG's current accountability and how the services were monitored. The Committee were assured that increasing public involvement and accountability were a key aspect of the design of the new organisation. The relationships that the new organisation was to have with members of the public, partner organisations, and other bodies were still to be worked out and it was hoped that the Health Scrutiny Committee could aid in that development.

The Chairman stated that the Committee needed to be informed about the effects of the transformation as it was to have a large impact on the people of Trafford. A lot of resources had been invested in the integration and the Committee needed to be assured of the progress and benefits that would be delivered. The Chairman requested that regular updates be brought to the Committee over the course of the 2018/19 municipal year.

The Executive Member for Wellbeing stated that the Health and Wellbeing Board would also want assurance of the progress and benefits of the new organisation. In order to minimise duplication it was suggested that the Chairmen of both and the Leader of the Council and Chairman of Trafford CCG meet to discuss how this was to be achieved. The Chairman of Trafford CCG added that officers would make themselves available to meet with Committee members to answer questions and do a deep dive on any areas that they wanted to know more about.

The Chairman then raised a query about the progress of the proposed changes to IVF treatments within Trafford. The Interim Accountable Officer informed the Committee that Trafford CCG were still speaking with the public on a number of issues including; prescriptions, gluten free food, delaying surgery for smokers/obese people, and only offering IVF treatments by exception. A public meeting was scheduled for 27th March at Trafford CCG and that meeting was where the final decision on all those areas would be made.

The Interim Accountable Officer added that the chances of success with IVF were very low and Trafford CCG were looking at the evidence around the procedure in an attempt to see whether there were any indicators for improved success. The Interim Accountable Officer said that he would go into this in more detail with the Chairman and Vice Chairman at their next meeting.

RESOLVED:

- 1) That the update be noted.
- 2) That the results of the staff sessions be shared with Committee Members.
- 3) That the Committee receive regular updates on the progress of the integration.
- 4) That a meeting is to be arranged between the Chairman of the Committee, the Executive Member for Wellbeing, the Chairman of Trafford CCG, and the Leader of the Council in order to agree assurance arrangements for the Committee and the Health and Wellbeing Board.
- 5) That the Interim Accountable Officer provide the Chairman and Vice Chairman further details as to the changes to Trafford CCG services at their next meeting.

54. THE ROLE OF THE HEALTH AND WELLBEING BOARD

The Executive Member for Wellbeing informed the Committee that the Health and Wellbeing Board was a statutory board with a large remit. In order to manage this remit adequately the Board had created three sub groups. The three sub groups were focused upon different stages of the life course and were called; start well, work well and age well. It was hoped that through this new design the Board would be able to engage better with the public and have a whole community approach.

The Interim Director of Public Health told the Committee that the legislation which created Health and Wellbeing Boards was not clear about the purpose of the Boards. Health and Wellbeing Boards were required to have a membership which included both Local government and CCG elements and had to create the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing strategy for their area but other than that it was for each area to decide the overall membership and role. In Trafford, the Board had chosen to focus upon healthy life expectancy. This was chosen because Trafford had large differences in healthy life expectancy between its deprived and affluent areas. The Interim Director of Public Health informed the Committee that Trafford were comparing the borough not just with GM but with Trafford's statistical neighbours.

The Trafford Health and Wellbeing strategy, which was a document on two pages, had 5 key areas that if improved would have a positive impact upon healthy life expectancy. The five areas were; reducing alcohol consumption, reducing levels of smoking, improving mental health, increasing cancer screening, and reducing physical inactivity. The Committee were told that the majority of the work public health was involved in touched on both social care and health care. This meant that to make a difference the Council and CCG needed to utilise all aspects of their powers and influence to improve public health within Trafford.

Three sub groups were set up in order to pick up areas of work which weren't being addressed by the main meetings. It was hoped that the groups would complete pieces of task and finish work such as delivering the Trafford dementia strategy. In addition to this work the Health and Wellbeing Board were looking at using the partnerships teams of the Council and CCG to engage the public to try to work out how to make the healthier choices easier to make.

Following the update the Committee were given the opportunity to ask questions. A Committee Member asked how the groups would engage with hard to reach groups who don't want to engage. The Interim Director of Public Health responded that one of the Councils Consultants in Public Health had previously done a piece of work which engaged with local women and asked them about why they weren't going for smear tests. Through the interaction and subsequent actions that were taken Trafford managed to improve the rates of women attending smear tests to the best in GM from being the lowest. The plan was to use a similar approach of starting with making contact, listening to, and engaging the public amongst other hard to reach groups.

The Chairman stated that the relationship between the Health and Wellbeing Board and the Committee was not as close as it could have been. The Chairman

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was aware that the Health and Wellbeing Board was the owner of the CQC action plan following the local system review and requested that the Committee receive regular updates on progress of that action plan. The Executive member for Wellbeing agreed to provide regular updates and stated that he felt the Health Scrutiny Committee was well placed to help increase the engagement with the population and look forward to working with the Committee in that regard. The Interim Director for Public Health added that the Health Scrutiny Committee should focus upon supporting Public Health and prevention across all services as that was vital to improving peoples' health and reducing the strain on services. The Chairman affirmed that the Committee was ready to support public health and that there were a number of areas, e.g. school readiness, where both of Trafford's Scrutiny Committees could help.

RESOLVED:

- 1) That the update be noted.
- 2) That the Committee is to receive regular updates from the Health and Wellbeing Board on the progress of the CQC action plan.
- 3) That the Health Scrutiny Committee will support Public Health and Prevention within Trafford.

55. HEALTHY YOUNG MINDS UPDATE

Associate Directorate Manager (South Division) for Pennine Care presented the six month update to the Board. Since the last update on the Healthy Young Minds service there had been a large increase in the numbers of the referrals made to the service. A review of the capacity and demand of/for the service had been conducted following its restructure. The review found that the service is slightly understaffed at 5.8 FTE below what is needed in order to deal with the current level of demand.

The Associate Directorate Manager (South Division) for Pennine Care had contacted the CCG to inform them of the gap and have received some positive feedback. The service had done a lot of work on reducing waiting times and a new Electronic Patient Record (EPR) was to be introduced on the 26th March. The EPR would enable better tracking of demand and performance and help identify children who need support. The Electronic system would also improve the data flow into the system and Trafford's access to data. This would enable better analysis for the area which would in turn help to provide and develop services going forward.

The staffing restructure of the service had been finalised which included new service leadership team of a new operational manager, new child psychiatrist and the pre-existing child psychiatrist. There had been an increase of children who were presenting with crisis, especially those aged 18 to 20 years old. The GM children and young peoples' crisis pathway was working to tackle this increase by creating two safe zones within GM to provide crisis respite. The new pathway was scheduled to launch in April and would increase support outside of standard working hours and ensure that support was available within communities. These changes represented a £12m initiative which would hire an additional 50 staff across GM from June. The service had a thrive design looking at none medical solutions and it was expected to be fully implemented by 2020.

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Following the update, Committee Members asked a number of questions of the Associate Directorate Manager (South Division) for Pennine Care which covered a various areas including; the connectivity of the new EPR system, what the reasons were for the increase in demand, and the level of support that was available in Schools. The Associate Directorate Manager (South Division) for Pennine Care gave detailed responses to Member's questions and the Members were satisfied with the answers received.

The Chairman expressed her disappointment about mental health provision for young people in Trafford, GM, and nationally. The Chairman stated that it was clear from the update that there were still issues persisting within the Healthy Young Minds service and requested a further update within 6 months' time. The Chairman also requested that the Associate Directorate Manager (South Division) for Pennine Care review the recommendations of the Committee's draft Young People's Wellbeing report to give her feedback.

RESOLVED:

- 1) That the update be noted.
- 2) That the Committee's draft Young People's Wellbeing report be sent to the Associate Directorate Manager (South Division) for Pennine Care for her feedback.

56. SINGLE HOSPITAL SERVICE

The Committee noted the report and as there were no officers from MFT in attendance Members were asked to email any questions to officers. The Chairman added that the Committee needed to continue to receive regular updates on the progress of the Single Hospital service especially with the next phase which included the addition of North Manchester Hospital to MFT.

RESOLVED:

- 1) That the report be noted.
- 2) That any questions are to be sent to officers for response.
- 3) That the Committee continue to receive regular updates on the progress of the Single Hospital Service.

57. YOUNG PEOPLES MENTAL HEALTH TASK AND FINISH GROUP

The Chairman went through the draft report which had been circulated prior to the meeting. She highlighted the main issues identified by the group's investigations which included the disparity of information between heads of staff and lower staff members, confidentiality, and inconsistency of support across Trafford schools.

The report covered meetings held between the task and finish group with Commissioners, the Trafford Youth Cabinet, a Mental Health Charity, and feedback from school staff gained through a questionnaire. The Feedback from all the groups matched with the information that the Task and finish group had learned from the survey which had all lead to the recommendations of the report. The Interim Director of Public Health informed the Committee that two services had now been awarded contracts to help provide support to Children and Young People within Trafford. Those services were Kooth which provided support for 11

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– 18 year olds and Just Psychology that provided services for 5 – 11 year olds. The Chairman thanked the Interim Director of Public Health for the feedback and noted the changes to be made to the report.

Committee Members were asked for their feedback on the report and its recommendations, and offered the opportunity to ask any questions. No questions were raised but due to the late submission of the report the Chairman asked Members to read over the report following the meeting and to email any feedback within a week.

RESOLVED:

- 1) That the report be updated with details of the Kooth and Just Psychology Services.
- 2) That Committee Members submit any amendments to the report by Friday 23rd March.
- 3) That, subject to any further amendments, the draft report be approved by the Committee for submission to the executive.

58. LONELINESS TASK AND FINISH GROUP UPDATE

The Vice-Chairman of the Committee informed Members that the work was still ongoing for this task and finish group. The briefing which was circulated with the agenda updated the Committee of the progress made so far and the pieces of work which were still to be completed.

The Chairman noted that the main issue seemed to be the identification of people as being lonely. Once individuals were identified the services available within Trafford work well to support them. The work of the group had been focused on the elderly but there was scope to broaden this out to include younger people.

RESOLVED:

- 1) That the update be noted by the Committee.

59. GREATER MANCHESTER HEALTH SCRUTINY COMMITTEE

The Vice Chairman of the Committee stated that there had not been a meeting of the Greater Manchester Joint Health Scrutiny Committee since the last meeting. The next meeting was scheduled for 14th March and an update would be brought to the next meeting of the Committee.

RESOLVED:

- 1) That the update be noted.

60. HEALTH UPDATES

The Chairman informed the Committee that she and the Vice Chairman were going to meet to plan out the work programme for the 2018/19 municipal year. The Chairman asked that any Members who had any ideas for topics of work to email her after the meeting.

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The Chairman thanked all Members of the Committee for their work during the year.

RESOLVED:

- 1) That Committee Members to email suggestions for the 2018/19 work programme to the Chairman.

The meeting commenced at 6.30 p.m. and finished at 8.43 p.m.