

HEALTH SCRUTINY COMMITTEE

15 SEPTEMBER 2021

PRESENT

Councillor Dr. K. Barclay (in the Chair).

Councillors S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, Dr. S. Carr, R. Chilton, S.J. Gilbert, B. Hartley and J. Lloyd

In attendance

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| Dr. Mark Jarvis | Clinical Director, Trafford Clinical Commissioning Group (CCG) |
| Gareth James | Interim Joint Accountable Officer, Trafford CCG |
| Adrian Fisher | Director of Growth and Regulatory Services, Trafford Council |
| Jilla Burgess-Allen | Consultant in Public Health, Trafford Council |
| Fabiola Fuschi | Governance Officer, Trafford Council |

12. ATTENDANCES

Apologies for absence were received from Councillors Acton, Western and Cordingley.

13. DECLARATIONS OF INTEREST

Councillor Lloyd declared a general interest in so far as any matter related to her position as a trustee of the Trafford Domestic Abuse Services.

Councillor Taylor declared a general interest in so far as any matter related to her employment with the NHS.

14. PUBLIC QUESTIONS

There were no public questions received

15. MINUTES

RESOLVED that the minutes of the meetings held on 10th March and on 23rd June 2021 be approved as correct records.

16. PRIMARY CARE UPDATE SEPTEMBER 2021

The Committee gave consideration to a progress report of the Head of Primary Care Trafford on the accessibility of Primary Care Services in the Borough, following the Covid-19 pandemic and the ongoing work on quality improvement. This report was an update on the information that had been provided to the Committee in March.

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The Clinical Director and the Joint Interim Accountable Officer from Trafford Clinical Commissioning Group (CCG) attended the meeting to present the information and answered the questions of the Committee.

CCG representatives outlined the changes to primary care services and the introduction of the Digital Front Door which gave practices the ability to offer on line patient consultation. Although digital improvement had been planned before the pandemic hit, the need for these on line platforms increased dramatically during lockdown.

Primary care continued to face an increase in service demand across the country due to several factors; in Trafford, currently, approximately 8-10% of patients on the registered list were contacting the practice every week; this was previously averaged at 6% of the list.

CCG representatives informed the Committee that there were a number of issues to address such as ensuring equitable access for patients while continuing increasing the use of on line consultation features, reducing health inequalities and the transition from the CCG to the Integrated Care System. In addition to these changes, the implementation of the Collaborative Providers through which the primary care network would be part of a broader community within the neighbourhood offer.

Members sought and received clarification on a number of matters such as the ability for patients to contact their practice when the on line portal was not active and the mention on the NHS letter dated 23rd Aug 2021 of financial incentives for practitioners. CCG representatives informed that, contractually, practices had to be open at certain times and the web-site would always inform patients to contact their G.P. via telephone when the on line portal was not available. With regards to financial incentives, CCG representatives were of the opinion that it was important to have a conversation about how the service was funded in order to better support practitioners and patients.

Members asked about on line access for patients who suffered from a mental health issue. The CCG representatives reassured Members that safety was paramount and risk management was always the G.P. focus. When asked about accessibility for hearing impaired patients, CCG representatives informed of alternative consultation offer such as text messaging and live chat tools.

Members also sought and received clarification on the electronic record system to ensure that patients discharged from hospital had their up to date list of prescribed medications and information communicated to their G.P.

Members enquired about the pressure in general practice linked to the shortage of G.P in the country. CCG representatives explained that the Government was trying to recruit new practitioners to fill the gap. However, different roles could be called into the system. In Trafford there was no shortage of G.P.s as recruitment had been successful.

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The Committee asked about what was being done to increase the number of face to face consultations. CCG representatives informed that the national guidelines had not changed yet and although work was ongoing to increase access, G.P.s had to follow the guidance.

Members enquired on decision making about children and the difficulty of phone triage. CCG representatives considered that G.P.s had to manage risk and children were likely to be seen face to face.

The Committee asked about what was being done to avoid unnecessary prescribing of antibiotics. CCG representatives explained that this matter was part of Trafford quality improvement programme.

Members asked whether patients were requested to take a lateral flow test before seeing a G.P. CCG representatives informed that patients were asked to take a PCR test when they had symptoms.

Members asked how data was gathered about serious cases that might have been missed by the system. CCG representatives informed that Manchester University Foundation Trust was working on a study which would include the attempt to quantify late presentations of medical emergencies such as strokes.

The Committee enquired about communication and accessibility of information for residents in relation to the new system in order to reduce the level of anxiety that some residents might experience. CCG representatives explained that information campaign had been delivered but most people would look for information when a need arose.

The CCG representatives concluded their presentation informing the Committee that, in the near future, all primary care services would be provided by Manchester University Foundation Trust and clinicians would provide a standardise offer.

The Chair of the Committee thanked the CCG representatives for their attendance and asked to pass the Committee's gratitude towards all those members of staff in primary care who had worked through the pandemic and continued to work to support residents' health.

RESOLVED that the content of the report be noted.

17. THE COUNCIL'S ROLE IN TACKLING HEALTH INEQUALITIES ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH (EMPLOYMENT)

The Committee gave consideration to a report of the Executive Member for Health, Wellbeing and Equalities which addressed the question of how the Council played a role in reducing health inequalities in Trafford through its influence on the wider determinants of health, with a particular focus on the role of employment.

The Director of Growth and Regulatory Services and the Consultant in Public Health attended the meeting to present the information and answered the questions of the Committee.

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Officers outlined the strong correlation between employment and health. In Trafford, the gap between overall employment rate and people with a long term health condition is 6.4%. The gap increased dramatically in relation to people with a learning disability or in contact with secondary mental health services.

The number of young people 16-18 Not in Employment, Education or Training (NEET) in Trafford had increased since July 2020. Officers outlined the measures in place to tackle this increase such as the Trafford Pledge, an employment initiative which matched local residents, in particular those groups disadvantaged in the labour market with local opportunities. To date the Trafford Pledge had supported over 1285 residents into employment.

Officers informed of other measures which aimed to support groups such as people aged 50+ and disabled people into employment.

Officers continued outlining the commissioning strategy to design services which met the needs of specific groups at risk of poorer health outcomes. Officers made reference to strategies such as the Learning Disability Strategy and programmes such as cancer screening and other initiatives at Greater Manchester level to promote employment for sub-groups of the population.

Officers highlighted that the Council worked closely with businesses on a number of programmes and work relationships and collaboration had become stronger during the pandemic.

Members sought and received clarification on a number of matters such as the difficulties experienced by people with mental health conditions and the support available in the form of early intervention programmes as well as fostering a strong organisational culture around health and wellbeing of employees, preventative approach and employees feeling valued and appreciated. The Council could influence other employers to adopt a similar approach to health and wellbeing of the workforce.

Officers informed the Committees that meetings were taking place across the Borough with many employers to discuss and inform on the consequences of the recovery post pandemic, to encourage companies to be more sensitive towards their workforce.

Members sought further clarification with regards to the reasons why the 50+ unemployed was a more numerous group than younger cohorts and what were the strategies to support this group into employment opportunities. Officers explained that this was due to the demographics in Trafford and efforts would be directed into ensuring that this cohort was supported to gain the skills to match employment sectors with staff shortages.

Members asked how employment opportunities were being advertised by the Council. Officers explained that there was a community focus as well as a bulletin and a business team linked to Partnerships and Voluntary Organisations.

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The Committee asked how Council addressed the gender gap linked to high proportion of female workers in low paid jobs. The Committee also wanted to learn about programmes for supporting people with Down's syndrome into employment.

The Committee enquired about how employers who covered more than one role, had the opportunity to progress and how many of them could go into full time employment.

Members requested to know how the commissioning strategy had changed during / post pandemic to face the increase in domestic abuse.

Officers agreed to provide written answers to these last three questions in due course.

RESOLVED:

1. That the report be noted.

2. That a follow up report to update on the various initiatives highlighted in the report be presented in 12 months.

18. DRAFT WORK PROGRAMME 2021/22

The Committee gave consideration to the work programme for the current municipal year and agreed to consider the following topics at its next session in November:

- Alcohol as form of addiction and current position in Trafford
- Update on the Poverty Strategy
- New Mental Health Strategy 2021/22
- Transition to Integrated Health and Social Care as a standing items for future meetings

Members also considered to dedicate a task and finish group on access to dentistry.

19. URGENT BUSINESS (IF ANY)

20. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 6.30 pm and finished at 8.45 pm