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.

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.

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 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

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

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 ad 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.