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**TRAFFORD
COUNCIL**

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 28 June 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
1. ATTENDANCES		
To note attendances, including Officers, and any apologies for absence.		
2. COMMITTEE MEMBERSHIP 2022/23		1 - 2
To note the Membership of the Committee for the 2022/23 municipal year, including the appointment of Chair and Vice Chair, as agreed at the Annual Council Meeting 25 th May 2022.		
3. COMMITTEE TERMS OF REFERENCE 2022/23		3 - 6
To note the Committee's Terms of Reference for the 2022/23 municipal year as agreed at Annual Council 25 th May 2022.		
4. MINUTES		7 - 14
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 9 March 2022.		
5. QUESTIONS FROM THE PUBLIC		
A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 p.m. on the working day prior to the meeting. Questions must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received.		

6. DECLARATIONS OF INTEREST

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

7. ALTRINCHAM MINOR INJURIES UNIT

15 - 16

To consider the attached report.

8. INTEGRATED CARE SYSTEM

To Follow

To consider the attached presentation.

9. EQUALITIES STRATEGY

To Follow

To consider the attached report.

10. COMMITTEE WORK PROGRAM 2022/23

17 - 24

To consider the draft work program of the Committee for the 2022/23 municipal year.

11. URGENT BUSINESS (IF ANY)

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

12. EXCLUSION RESOLUTION (REMAINING ITEMS)

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

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).

Further Information

For help, advice and information about this meeting please contact:

Alexander Murray, Governance Officer
Tel: 0161 912 4250
Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Monday, 20 June 2022** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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TRAFFORD COUNCIL

MEMBERSHIP OF COMMITTEES 2022/23

Notes on Membership:

(1) The Health Scrutiny Committee shall have a membership of 11, or, where this does not achieve the political balance required under the Local Government and Housing Act 1989, whatever figure is necessary to reflect the proportional representation of political groups.

(2) The Health Scrutiny Committee shall be chaired by a Councillor who is not a member of the largest political group on the Council, unless there is no such person serving on the Committee. The person appointed as Vice-Chair shall be a member of the largest political group on the Council.

(3) The Chairs of both the Scrutiny Committee and the Children and Young People's Scrutiny Committee shall be appointed as ex-officio Members of the Health Scrutiny Committee.

COMMITTEE	NO. OF MEMBERS			
HEALTH SCRUTINY COMMITTEE	11 (plus the Chair of Scrutiny Committee and the Chair of Children and Young People's Scrutiny Committee as ex-officio Non-Voting Members)			
LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRATS GROUP	GREEN PARTY GROUP	
Councillors: Akilah Akinola Shona Gilbert Ben Hartley Sarah Haughey Judith Lloyd Tony O'Brien Sophie Taylor V-CH	Councillors: Michael Whetton CH Mrs. Patricia Young	Councillors: Jane Brophy	Councillors: Jane Leicester	
TOTAL	7	2	1	1

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HEALTH SCRUTINY COMMITTEE

Terms of Reference

1. To act as the Council's Overview and Scrutiny Committee for the purposes of all relevant legislation including, but not limited to the Health and Social Care Act 2001 and the National Health Service Act 2006.
2. All health scrutiny powers provided under the Health and Social Care Act 2001 are delegated to the Health Scrutiny Committee.
3. The Health Scrutiny Committee will have the power to refer a proposed substantial variation in service delivery to the Secretary of State. If the Committee wish to exercise this power, then this must also be agreed by the Chair of the Scrutiny Committee who will be an ex-officio member of the Health Committee and will hold the power of veto in respect of any proposed referral of a substantial variation to the Secretary of State.

General Role

4. Subject to statutory provision, to review and scrutinise decisions made or actions taken in connection with the discharge by the Council of its functions and by relevant partner authorities in relation to health and well-being issues.
5. In relation to the above functions:
 - a) to make reports and/or recommendations to the full Council, Executive of the Council, any joint committee or any relevant partner authority as appropriate
 - b) to consider any matter affecting the area or its inhabitants
6. To put in place and maintain a system to ensure that referrals from the Health Scrutiny Committee to the Executive, either by way of report or for reconsideration, are managed efficiently and do not exceed the limits set out in the Constitution.
7. At the request of the Executive, to make decisions about the priority of referrals made in the event of reports to the Executive exceeding limits in the Constitution, or if the volume of such reports creates difficulty for the management of executive business or jeopardises the efficient running of Council business.
8. To report annually to full Council on its workings, set out their plans for future work programmes and amended working methods if appropriate.

Specific functions

9. Maintain a strategic overview of progress towards the achievement of the ambitions and priorities within Trafford's Sustainable Community Strategy in relation to health and well-being matters.

10. Identify the Committee's strategic priorities and determine the Overview and Scrutiny work programme to facilitate constructive evidence based critical-friend challenge to policy makers and service providers within the resources available.
11. Assist and advise the Council in the continued development of the Overview and Scrutiny function within Trafford.
12. Receive, consider and action as appropriate requests:
 - a) from the Executive in relation to particular issues; and
 - b) on any matters properly referred to the Committee
13. Identify areas requiring in-depth review and allocate these to an appropriate Topic Group. The Committee in consultation with the leader of the relevant Topic Group will set the terms of reference, scope and time frame for the review by the Topic Group.
14. In relation to the terms of reference of the Committee it may:
 - a) assist the Council, Executive and shadow Health and Well-being Board in the development of its budget and policy framework by in-depth analysis of policy issues;
 - b) review and scrutinise the decisions made by and performance of the Executive and/or committees and Council officers both in relation to individual decisions and over time;
 - c) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
 - d) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance;
 - e) conduct research, community and other consultation as it deems appropriate in the analysis of policy issues and possible options;
 - f) question and gather evidence from any other person with their consent.
 - g) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
 - h) question members of the Executive and/or committees, senior officers of the Council and representatives of relevant partner authorities on relevant issues and proposals affecting the area and about decisions and performance;

- i) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working; and
- j) undertake any other activity that assists the Committee in carrying out its functions.

Delegation

15. The Health Scrutiny Committee shall have all delegated power to exercise the power and duties assigned to them in their terms of reference.

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HEALTH SCRUTINY COMMITTEE

9 MARCH 2022

PRESENT

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

In attendance

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

APOLOGIES

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

39. MINUTES

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

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

40. QUESTIONS FROM THE PUBLIC

No questions were received.

41. DECLARATIONS OF INTEREST

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

42. HEALTH INEQUALITIES DUE TO DIABETES

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED: That the report be noted.

43. DOMESTIC ABUSE

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

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

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

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

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

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

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

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

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

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

RESOLVED: That the report be noted.

44. ADULT SOCIAL CARE UPDATE

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

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

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

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

RESOLVED: That the update be noted

45. DELAYS IN SECONDARY CARE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED:

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

The meeting commenced at 6.30 pm and finished at 7.57 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 20/06/2022
Report for: Information
Report of: Naomi Ledwith – Director of Commissioning

Report Title

Altrincham Minor Injuries Unit – Stakeholder Briefing

Summary

This document outlines the update and Stakeholder Briefing in relation to the Altrincham Minor Injuries Unit. The Briefing outlined in Appendices of this document details the current position of the Minor Injuries Unit and the workforce challenges faced by Manchester University NHS Foundation Trust. These workforce challenges are restricting the delivery of services on the Altrincham Site as a result of supporting wider challenges across both the Trafford General Hospital Urgent Treatment Centre and the Wythenshawe Hospital Emergency Department and ensuring both of those services remain clinically safe.

Recommendation(s)

1. Note the information contained within this document in relation to the ongoing challenges in relation to workforce within the Altrincham Minor Injuries Unit.

Contact person for access to background papers and further information:

Name: James Gray
Phone number: 07827880656

Appendices



Altrincham Minor Injuries Unit Stakeholder briefing – June 2022

Dear colleague,

Following the briefing note shared with you in November 2021 regarding the decision to temporarily suspend the Altrincham Minor Injuries Unit (MIU), we have subsequently agreed with NHS Trafford CCG that this temporary suspension of service will remain in place with a review of options being concluded in August 2022.

Why is this decision being taken?

While we have been trying very hard to attract Emergency Nurse Practitioners (ENPs) to the service, there is a national challenge in recruiting to these posts. At the same time, we continue to care for significant numbers of patients who are COVID-19 positive, and face higher than usual staff absences associated with the ongoing management of the pandemic. This means that we are having to focus the time of our ENPs at the Urgent Treatment Centre at Trafford General Hospital and the Emergency Department at Wythenshawe Hospital given that these departments receive the most acutely unwell patients. This has ensured that these two key services remain both clinically safe and accessible to the population across Trafford and beyond.

What happens next?

We will continue with our ENP recruitment attempts but we require options in the event that we do not succeed with this. We have therefore started a detailed options appraisal, with a view to ensuring that we can maintain services for patients which are safe and sustainable.

Once this options appraisal is complete, we will discuss the next steps with NHS commissioning and local authority colleagues. We will, of course, update you at that stage.

We are also actively considering which services can be provided from Altrincham Hospital without having to rely on Emergency Nurse Practitioners. As we previously advised, outpatient services continue to be provided from Altrincham Hospital, and are unaffected by this situation.

Kind regards,
Darren Banks
Group Director of Strategy

Trafford Scrutiny Committee 2022/23 Work Programme

Wednesday 28 June 2022 – 6:30pm, Committee Rooms 2&3, Trafford Town Hall

Report submission deadline – midday Monday 20 June 2022

Item	Information	Executive Member(s)	Lead Officer(s)	Comments/Recommendations
Equalities Strategy	To receive a report on the updated Equalities strategy.	Councillor Slater	Diane Eaton	In addition to being at this meeting all reports to Health Scrutiny require author to state how the work links to the Equalities Strategy.
Integrated Care System	To receive a report on the new arrangements following the dissolution of Trafford CCG and the Creation of the new Integrated Care System Board.	N/A	Thom Maloney	
Altrincham Minor Injuries Unit	To receive information regarding the closure of the Altrincham Minor Injuries Unit. To lay out the context	N/A	John Wearing, Manchester Foundation Trust, Naomi Ledwith SCSB	Will be an update with a full in-depth report available in September.
Work Programme	For the Committee to consider suggestion received by the Scrutiny Committee from Executive Members			

	and Lead Officers. To also put forward suggestions of items to be considered during the year.			
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Wednesday 14 September 2022 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall				
<i>Report submission deadline – midday on Tuesday 6 September 2022</i>				
Item	Information	Executive Member(s)	Lead Officer(s)	Comments
Trafford General Urgent Care Centre	To review how the Urgent Care Centre is performing following the Pandemic.		Naomi Ledwith	
Altrincham Minor Injuries Unit	A more detailed look following the completion of the review by MFT.		John Wearing, Manchester Foundation Trust, Naomi Ledwith ICS	
Access to GPs	Raised by Councillor Blackburn due to difficulties people were having in being able to make appointments post the pandemic.		Naomi Ledwith ICS	

Dentistry	Concerns about waiting lists and access to dentists in Trafford following the Pandemic.			Raised by Councillor Lloyd as Manchester Council recently received an in-depth report on Dentistry (link to report below) and felt that it would be worth looking at Trafford's approach. PowerPoint Presentation (manchester.gov.uk)
CS	To keep the Committee updated on the progress of new arrangements within Trafford and any impact upon services.		Thom Maloney Naomi Ledwith	Standing Item for 2022/23

Wednesday 16 November 2022 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall

Report submission deadline – midday on Tuesday 8 November 2022

Item	Information	Executive Member(s)	Lead Officer(s)	Comments
Aids and Adaptations services within Trafford	Raised by Councillor Taylor due to delays for residents.	Executive Member for Adult Social Care	Corporate Director of Adult Social Care	
Discharge from Hospital Support	To receive information as to the current position within Trafford and to review plans for the winter period.			

Delays in receiving secondary care	To receive a report outlining the time it takes patients with heart conditions or Diabetes to progress through the health system and plans for improvement.			
Elective Procedures	To receive a report on performance for Elective procedures following the pandemic.			
ICS	To keep the Committee updated on the progress of new arrangements within Trafford and any impact upon services.		Thom Maloney Naomi Ledwith	Standing Item for 2022/23

Budget Scrutiny

There are two Budget Scrutiny sessions scheduled for the 29 November and 1 December 2022. Discussions at these sessions, will help formulate the Scrutiny Committee's Budget Scrutiny report to the Executive.

Wednesday 18 January 2023 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall

Report submission deadline – midday on Tuesday 10 January 2023

Item	Information	Executive Member(s)	Lead Officer(s)	Comments
Cancer Diagnosis	High rates in Partington. Worth looking at Diagnosis and Mortality rates. Public Health already done some work in this area to look at the whole pathway.			Look at the National picture and see if there is a north south divide in this area.
Mental Health Services, including self-referral services	Health and Wellbeing Board doing a deep dive so may want to tie in with that work and the work of ICS.			
Alcohol and Substance Misuse	Health and Wellbeing Board doing a deep dive so may want to tie in with that work and the work of ICS.			
Mental Health Services, including self-referral services	Health and Wellbeing Board doing a deep dive so may want to tie in with that work and the work of ICS.			
ICS	To keep the Committee updated on the progress of new arrangements within Trafford and any impact upon services.		Thom Maloney Naomi Ledwith	Standing Item for 2022/23

Wednesday 1 March 2023 – 6:30 p.m., Committee Rooms 2&3, Trafford Town Hall

Report submission deadline – midday on Tuesday 21 February 2023

Item	Information	Executive Member(s)	Lead Officer(s)	Comments
Addressing of Health Inequalities	To look at the progress made during the year to tackle Health inequalities and to look at plans to address inequalities in 2023/24.			In addition to being at this meeting all reports to Health Scrutiny require author to state how the work helps to tackle health inequalities.
National Legislation Changes to Care Contributions and the Care Cap.		Councillor Carter		

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