

HEALTH SCRUTINY COMMITTEE

23 JUNE 2021

PRESENT

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

Councillors S. Taylor (Vice-Chair), A. Akinola, Miss L. Blackburn, R. Chilton, M. Cordingley, S.J. Gilbert, B. Hartley, J. Lloyd, A. Mitchell, D. Acton (ex-Officio) and D. Western (ex-Officio)

In attendance

Diane Eaton	Corporate Director for Adult Services, Trafford Council
Sara Radcliffe	Joint Interim Accountable Officer, NHS Trafford Clinical Commissioning Group (CCG)
Eleanor Roaf	Interim Director of Public Health, Trafford Council
John Addison	Governance Manager and Statutory Scrutiny Officer, Trafford Council
Naomi Kelso	Joint Principal Solicitor Children and Family Wellbeing, Trafford Council
Tom Maloney	Health and Social Care Programme Director, Trafford Council
Dianne Geary	Interim Director of Strategy and Policy, Trafford Council
Heather Fairfield	Trafford Heathwatch
Fabiola Fuschi	Governance Officer, Trafford Council

Also Present

Councillor Harding	Executive Member Adult Social Care
Councillor Slater	Executive Member Health, Wellbeing and Equalities
Councillor Whitham	Executive Member Communities and Partnerships

INFORMAL MEETING

The Governance Officer advised Members that this was an informal meeting of the Committee. Due to the Covid-19 restrictions, including social distancing requirements, public attendance at the Town Hall was limited. In order to allow greater public participation, this meeting was held virtually and its proceedings broadcast live in line with the principles of openness and transparency in local government.

1. ATTENDANCES

Apologies for absence were received from Councillor Dr. Carr.

2. MEMBERSHIP OF THE COMMITTEE INCLUDING CHAIRMAN AND VICE-CHAIRMAN

RESOLVED that the membership of the Committee, including Chairman and Vice-Chairman as per appointment at Annual Council on 26th May 2021 be noted.

3. TERMS OF REFERENCE

RESOLVED that the terms of reference of the Committee as determined at Annual Council on 26th May 2021 be noted.

4. DECLARATIONS OF INTEREST

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

Councillors Taylor and Western declared a general interest in so far as any matter related to their employment with the NHS.

5. MINUTES

The Committee was minded to approve as a correct record the minutes of the meeting held on 10th March 2021

6. PUBLIC QUESTIONS

There were no public questions received.

7. UPDATE ON TRAFFORD TOGETHER: PEOPLE, PLACE AND PARTNERSHIP AND THE INTEGRATED CARE SYSTEM

The Committee gave consideration to a report jointly written by the Director of Adults (Social Care) Trafford Council, the Programme Director Health and Care Trafford Council and Trafford Clinical Commissioning Group (CCG), the Director of Commissioning Trafford Council, the Managing Director Trafford Local Care Organisation, the Joint Accountable Officer Trafford CCG and the Corporate Director for Adults Trafford Council.

The report sought to provide an update on the latest developments since the launch of Trafford Together Locality Plan: the blueprint for the transformation of health and social care over the next five years which also incorporated the NHS 10 year plan.

Trafford Together Locality Plan had been brought to the attention of this Committee in November 2019. Since then, Covid-19 pandemic had caused the pause of the original delivery plan. However, following the introduction of the White Paper, "Working Together to Improve Health and Social Care for all" 2021, the plan had been resumed and reviewed in light of the creation of the statutory Integrated Care Systems (ICS) across England and the disestablishment of the CCGs by April 2022.

The Committee requested this item on today's agenda to be informed of the imminent changes to the planning and delivery of health and social care services in Trafford, what they meant for residents and how they could help to address the existing health inequalities in the population.

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The Executive Members for Adult Social Care and Health, Wellbeing and Equalities, the Joint Accountable Officer, the Corporate Director for Adults and the Programme Director Health and Care were in attendance to present the information and address the questions of the Committee.

Officers informed members of the pivotal points of the plan such as the “culture of collaboration” across social care, health, voluntary sector, Trafford Local Care Organisation (TLCO) and Primary Care network which underpinned the multi-disciplinary neighbourhood working model. This meant that Trafford was divided into four geographical areas. In each area, partner organisations would work together to achieve and improve the health outcomes for the residents, maximising the use of local resources. This model also drew from the positive experience of the Community Hubs during the pandemic.

The development of some of the work strands included in the plan, such as the hospital discharge process and the digital solutions, would be a joint work with the other local authorities in Greater Manchester.

Officers presented the other key points in the plan such as the strategic lead of the One System Board, the Collaborative Provider and the Practitioners Leadership. Officers were confident that the transition from CCG to ICS would be completed by April 2022.

Members asked whether the new ICS would resolve the issue that Trafford residents often experienced to access secondary care in Trafford if their G.P. was based in Manchester. Officers explained that, although the G.P. registration system would not change with the implementation of the ICS, a greater collaboration amongst primary and secondary care providers would assist with this matter.

Members sought and received reassurance that the transition from CCG to ICS would be seamless and residents would not experience any interruption in the healthcare service they required.

Members asked about the communication strategy for ICS and how the progress in its implementation would be shared with residents. Members also noted that the wider Council’s membership would need to be informed of the refreshed strategy for the Locality Plans and the introduction of a statutory ICS.

Members stressed their interest in accessing the Elected Members’ performance dashboard to measure progress against the Locality Plan aspirations and health and social care targets. Officers reassured them that these would be made available in due course. Other performance dashboards were already available on line and brought to the Executive on a quarterly basis and to the One System Board on a monthly basis. Members said that they would find particularly helpful a performance dashboard that put together data concerning neighbourhoods and health inequalities.

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Members sought and received reassurance that the IT systems would be upgraded to be able to support the transition from CCG to ICS.

The Executive Member for Adult Social Care noted that this was a complex piece of work and a simpler way to communicate its development and implementation was one of the items on the agenda of the next meeting of the Association of Directors of Adult Social Care Services (ADASS) at the end of July. The Executive Member offered to share with the Committee the content of the ADASS' presentation on ICS once this was available.

Members asked whether this plan would be successful, considering previous trials of integration of health and social care. Officers reminded members that ICS was an evolution of existing partnerships whose work was outcome focused and featured providers' leadership across the four neighbourhoods.

Members asked for a concrete example of how the ICS would help to tackle health inequalities. Officers referred to the methods implemented to communicate the importance of vaccination against Covid-19 in certain areas of Trafford where vaccination hesitancy was high. These methods relied on targeted intervention through a system approach where professionals from different agencies worked with community leaders. The focus was on community engagement work supported by information for health and social care staff on the importance of the vaccination. The outcome was the increase in the vaccination uptake in the targeted areas. The same method could be applied to issues such as obesity, sharing GP data across organisations to implement a system approach to tackle the problem.

RESOLVED:-

1. That the content of the report be noted;
2. That the Locality Plan Refresh be made available to the Committee with more information on how to access the performance dashboards to measure progress against the Locality Plan aspirations and health and social care targets (i.e.: health inequalities and neighbourhood data);
3. That a briefing on the Locality Plan Refresh and the Integrated Care System be delivered to all Members of the Council.

8. TRAFFORD COUNCIL POVERTY STRATEGY 2021/22

The Committee considered a report of the Corporate Strategy and Policy Manager which sought to provide an overview of the Trafford Poverty Strategy 2021/22. The Committee had requested this information to understand how Council policies influenced the wider determinants of health, such as employment and housing, to tackle social, economic and health inequalities.

The Executive Member for Communities and Partnerships and the Interim Director of Strategy and Policy attended the meeting to present the report and answer the questions of the Committee.

Members noted that the Poverty Strategy had been published in February 2021. This was a one-year strategy to set a clear direction during the pandemic while the

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Council and its partners had the opportunity to develop a longer term strategy to respond to the post-pandemic situation.

A Poverty Action Group had been established to oversee the delivery of the one-year strategy and the development of the longer term plan. A Poverty Action Tracker had been developed to monitor the progress of the Action Group against the nine themes of the strategy and their targets.

Members sought and received clarification on a number of matters such as pockets of deprivation in the south of the Borough and difficulty to attract funding and support because of their proximity to affluent areas, the need to focus on standards of existing social housing, the monitoring of the outcomes of the strategy and the importance of public involvement to enhance the action.

The Executive Member for Communities and Partnerships reminded the Committee of the partnership approach to the strategy. Through collaboration with service providers, voluntary and community groups, people with experience of poverty would be involved in identifying issues linked with poverty and possible solutions. This was the purpose of the Poverty True Commission which would be set up in autumn 2021 to help to inform the three year Poverty Strategy 2022-2025. A similar approach in Salford had led to significant outcomes in tackling poverty.

Members suggested that one member of the Poverty True Commission could be selected amongst residents who lived in the south of the Borough.

Officers informed of the Poverty Action Tracker which would be brought to the attention of representatives across the Council on a monthly basis to monitor progress against targets.

Members noted that different levels of poverty were present in different areas of the Borough. The pandemic had enhanced these issues and had put people in very precarious positions. Therefore, it was important that people had access to advice and support as poverty was the main driver of health inequalities.

Members agreed to nominate Councillor Hartley as representative of the Health Scrutiny Committee at the Poverty Action Group. Councillor Hartley would report to the Committee on the progress of the group.

RESOLVED: -

1. That the content of the report be noted;
2. That a progress report be submitted to the Health Scrutiny Committee in due course with a specific update on poverty in the south of the Borough and a Housing and Homelessness dashboard;
3. That Councillor Hartley be appointed to the Poverty Action Group as representative of the Health Scrutiny Committee. Councillor Hartley would report to the Committee on the progress of the Poverty Action Group and share the progress on the Poverty Action Tracker.

9. HEALTH SCRUTINY DRAFT WORK PLAN 2021/22

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The Committee gave consideration to matters for scrutiny and review during Municipal Year 2021/22. Members expressed an interest in the following topics:

- Opportunities for residents to access their G.P.;
- Replacing retiring G.P.s;
- Difficulties experienced by residents with a Manchester GP seeking secondary care in Trafford;
- Mental Health

The representative of Trafford Healthwatch informed Members that many strands of work the Healthwatch would be carrying out this year would complement the work of the Committee, for example investigating inequalities in the north of the Borough, access to dentistry, Children Services and Mental Health and waiting lists to access elective procedures.

The Chair of the Children's and Young People Scrutiny Committee noted the opportunity for some joint work with regard to children's mental health and child poverty.

RESOLVED that a draft work programme be prepared for 2021/22 to list the topics of interest which were discussed at today's meeting.

10. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

11. EXCLUSION RESOLUTION (REMAINING ITEMS)

None

The meeting commenced at 6.30 pm and finished at 8.16 pm