

# HEALTH SCRUTINY COMMITTEE

19<sup>TH</sup> DECEMBER 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. Leicester, J. Lloyd.

### In attendance

Acting Corporate Director for Adult Social Care (Mrs. D. Eaton)

Programme Director for Health and Care (Mr. T. Maloney)

Director of Finance NHS Trafford (Mr. J. Gareth)

Chief Operating Officer Manchester & Trafford Local Care (Mr. M. Edwards)

Associate Director of Delivery and Transformation (Mrs. C. O'Driscoll)

Altrincham Campaigner (Mrs J. Collins)

Governance Officer (Ms. S. Ferraioli)

## 1. ATTENDANCES

Apologies for absence were received from Councillor O'Brien, Slater, Acton and Western.

## 2. DECLARATION OF INTERST

Councillor Leicester and Brophy informed the Chair of their role in the NHS.

## 3. MINUTES

RESOLVED - That the minutes of the meeting held on 14<sup>th</sup> November 2022 be noted as true and correct.

## 4. QUESTIONS FROM THE PUBLIC

None were received.

## **5. INTEGRATED CARE SYSTEM**

The Chair thanked everyone for attending the meeting which was rescheduled due to the By-Election for Stretford and Urmston and informed it was important to reschedule the meeting before the Christmas break so as not to lose the scope of the work of the Committee for the remainder of the municipal year.

The Chair also informed that for tonight the Vice-Chair would chair the meeting to allow them to gain more experience in actually chairing meetings and the Vice-Chair proceeded to conduct the meeting for the evening.

The Chair informed attendees of the slightly amended agenda for the night and directed them to follow the hard copy prepared for them and asked if all were happy to proceed which they were.

The Director of Finance for NHS Trafford presented a verbal update on the Integrated Care System and recapped on the current landscape. He asked Members whether a more detailed paper would be preferred for the next meeting.

The Director reminded Members that the ICS is made of two statutory elements the ICB (Integrated Care Board) that took over from the CCG and the ICP (Integrated Care Partnership) where the NHS body comes together with AGMA and other partners called the Greater Manchester Partnership where the strategy is agreed.

Still not completely finalised is the actual role of the ICS but its functions are becoming clearer. There are still a lot of details that need working through to reach a clear view of the complete role of the body.

At present the body is working out its final budget. A lot of work is also being done on the governance side. Decisions will be made to clarify whether the body will act as a joint committee or a sub-committee. A paper is going to the Locality Board and hopefully an agreement will be reached tomorrow which will be indication of more progress. There are at present many financial challenges, this is the same at national level and not specific to Greater Manchester.

Councillors have had direct involvement with the ICS via the Locality Board but they can have an even greater impact via the Health and Wellbeing Board in contributing to setting the ICS strategy.

Members were invited to attend further meetings and drop in sessions where they could witness the impact directly.

Councillor Brophy asked how the scrutiny arrangement was proceeding across Greater Manchester and she was informed that each locality across Greater Manchester maintained their scrutiny but now there will also be one at Greater Manchester level. The Director of Finance for NHS Trafford stated that he had not seen the details yet but he was aware that this was in the governance architecture. He will feedback on how Trafford fits into the ICS GM scrutiny design at future meetings.

The Chair confirmed that a detailed report would be preferred at next meeting.

Councillor Whetton expressed his understanding that this was a huge concept in budget terms and enquired whether there will be a borough level reporting and what

type of monitoring would be in place going forward. He was informed that at present they had only received a draft budget and that details were still being finalised and that there will definitely be accounting at GM level. From April 2023, they will be able to report through what is known as inside budget on Trafford specifically and will be able to share this information on demand.

Councillor Leicester asked how they were ensuring that local residents were not being disadvantaged in terms of minimum acute health providers and was informed that this had been a challenge for many years. Work is being carried out closely with colleagues from Manchester and Trafford despite the difference in approach.

Councillor Gilbert also confirmed that a paper report would provide a better understanding especially about the budget position and challenges and how this impacts next year. She would prefer an update at future meetings on a regular basis.

Councillor Akinola also stated that they found it difficult to do their role without any data and that they were looking forward to a detailed report.

The Corporate Director for Adult Social Care stated that it was very helpful of Members to ask these type of questions as they work really hard to ensure the Trafford identity is really marked down. She proceeded to suggest that perhaps forming a joint Health Committee to meet once a year could be a productive next step. The Chair agreed that this was a really good suggestion.

#### RESOLVED:

- 1) That a detailed report be presented at the meeting on 18<sup>th</sup> January 23.
- 2) That consideration be given to the forming of a Joint Health Committee to meet once a year.

## **6. URGENT CARE SURVEY**

The Programme Director Health and Care presented Members with an update on the work currently being carried out on the Urgent Care Review across Trafford. Members were informed that the key places looked into and that Trafford residents use in Greater Manchester were the Altrincham Minor Injuries Unit and Manchester Royal Infirmary. He informed that the analysis was carried out by ward and by condition.

Councillor Leicester asked how they could explain how they looked into the attendance at these particular units given that for the last two years Altrincham Minor Injuries unit in particular, had been closed. She was informed that the data looked at dated from 2019 when the Altrincham Unit was open and in operation and when and where residents decided to attend when they had needed to access medical assistance during the period of closure. Comparison was drawn between the data which included out of hours GPs too.

The Chair thanked the team for their commitment to the work, however she asked how they proposed to convene the hard to reach groups given that the survey is an online service hosted by a partnership website. The Programme Director explained that they were very interested to hear from those members of the public who do not engage

online too and that they were working very closely with Trafford HealthWatch to ensure that via drop in sessions in each neighbourhood, they would reach as many local residents as possible. They were also working on further plans by the end of the week to finalise details on a wider strategy. He stated that Councillors were more than welcome to attend any of the drop in sessions and he would welcome their engagement so they could observe directly how the views of the public were being collected.

RESOLVED - That a detailed report be presented at the meeting on 18<sup>th</sup> January 23.

## **7. AIDS AND UPDATATIONS**

The Chair stated that they thought this was a very comprehensive report.

The Corporate Director for Adult Social Care introduced herself and presented the report which was commissioned to assess and address the backlog of work that had formed during the pandemic. She stated that unfortunately during the pandemic the phone-lines initially had been left on and therefore a number of calls had been received and messages recorded which still needed to be resolved. Once service had been resumed after the Covid period, they started addressing all the calls received. It was felt that in a way this had been a good incident as it meant that patients could be reached that perhaps would only start to contact the service now. She informed Members that they have a very strong plan in place to address the backlog, issuing equipment which historically presented a long wait given the huge cost involved. The money saved as it were over the last two years can now be directed accordingly.

Councillor Brophy thanked the Director for their report. She enquired about staffing and admin and equipment. She queried whether staff redeployed during the pandemic could now return to service and how this was being managed. She was informed that additional staff across the organisation was in employment now so tracking everyone presented a challenge and certainly would take some time. She was reassured that the additional bank staff brought in during the pandemic are all professionally qualified, however given the present budget pressures it is difficult to bring in new staff.

The Director stated that once the backlog of work had been fully addressed they would be carrying out a full system review.

Councillor Leicester wanted reassurance that all calls received had been responded to and she was informed that the priority was to ensure all calls received be addressed and that 800 members of staff were monitoring the self-referral line addressing urgency.

Councillor Leicester stated that there was no self-referral line in Bolton for instance and that buying equipment in bulk across Greater Manchester would address some of the challenges faced in terms of reducing costs. The Director informed that they were reviewing across Greater Manchester and that if an agreement could be reached this is certainly an area they would explore.

Councillor Gilbert enquired whether the pressure on the service was due to the national backlog solely. The Director stated that the profession of nursing was often in the press and that the specific backlog faced by the service now was only due to the pandemic and that they were confident to return to where they were prior to the pandemic in terms of service ability, however she reminded that there was always a risk given the type of service and the current budget pressures.

Councillor Hartley stated that they found the report difficult to relate to, he echoed what Councillor Brophy stated earlier and he would prefer to receive a data chart so he could better relate to the information presented. Perhaps this was a system that could be implemented for all future reports. For instance, it was not clear who he would need to phone if he had a need to arrange for some aids and adaptations.

The Director appreciated and noted the comment from Councillor Hartley and stated that the difficulty in sourcing equipment had improved greatly however it remained to clear why there was an increase in the demand for aids and adaptations, what were the causes. During the pandemic, it had proven difficult to get the equipment from abroad and as a nation they had managed in terms of the ability for companies to produce equipment in country and also in terms of staffing levels. The NHS has indeed suffered during this period, however this is not the case now.

Members were informed that there was a phone-line to ring if waiting for equipment and that patients are given a name of an officer to liaise with during the period of demand, installation and assessment of equipment.

Members were also informed that a national enquiry into the pandemic had been launched and that the team would voice the views of Trafford.

Councillor Leicester enquired about any contingency plans for the winter and she was informed that indeed there were contingency plans for the winter in terms of providing batteries for equipment as required etc. and that they had identified everyone on their list who use a six hour battery back-up operated equipment for instance and are liaising with energy providers and other energy companies who are required to provide support to vulnerable residents so once contacted they can visit and provide support straight away.

RESOLVED – That the report be noted.

## **8. DISCHARGE FROM HOSPITAL**

The Chief Operating Officer provided an overview informing that efforts were being made through the pandemic to align with the national thinking. Nationally the system is still inconsistent. The priority was to ensure that primary care support was being administered consistently across Trafford. They have now commissioned one medical practice, one group of GPs who have the right infrastructure with regular and consistent GP coverage, providing core care.

Councillor Akinola asked what was Trafford doing differently from the rest of the country to get social care staff and was informed that the loss of care providers was still an issue. This is a national problem, Trafford are not solely to blame for this.

Throughout the journey for people to go back home they try to ensure they use the same provider if possible, often people are in hospital for some time and so places cannot be held for that long otherwise nobody would get the care needed at the time required. At present, there are 26 home cares in the Trafford area.

Councillor Leicester repeated that 87% of people are discharged to go home and felt that perhaps too many patients were being forced into that pathway.

The Chief Operating Officer replied that they were continuing to build the care model in the whole and that he felt they were in a good place this year. He reminded that the pressures being faced were unprecedented, however if Councillor Leicester had a specific case in mind this could be looked at and lessons could be learnt.

Councillor Leicester explained that she was referring to the figures mentioned in the virtual ward part of the report and would appreciate learning how this worked in terms of numbers and sizes. The Chief Operating Officer informed that at present for example, there are 23 patients via Wythenshawe hospital with respiratory diseases and high probability of being readmitted so through the virtual ward they receive assistance and potentially remain at home without having to be readmitted to hospital. The Chief Operating Officer stated that the virtual ward could provide acute care and that they have an agreement beyond consultation for the sustainability of virtual wards in 3 localities across Greater Manchester.

The Chair confirmed the success of the ward in North Manchester and looked forward to receiving information on the outcomes for the Trafford area. Perhaps, she said, it would be helpful to receive an illustrated patient story.

Councillor Brophy stated that the officer had given the Committee a good picture of the current situation and enquired about any staffing issues, for instance how was the recruitment of therapists being managed?

The Chief Operating Officer replied that they had home care packages in place. They had discharged 35 patients during the pandemic where normally it would be only 19 whereas last week they had discharged 65. This presented a lot of double cover requirement, they were managing at present but if the demand continues it will present a big problem. They are also recruiting from the voluntary sector to alleviate the pressure somewhat. He stated it was important to note that every aspect of the NHS is currently under pressure.

The Chair thanked the Officer for the innovative approach and stated that they looked forward to seeing the outcomes.

The Chair proceeded to thank all Officers for their hard and impressive work and again reinforced that they were looking forward to receiving future detailed papers.

**RESOLVED – That the report be noted.**

## **9. WORK PROGRAMME**

RESOLVED – That the work programme for the remainder of the municipal year be noted.

## **10. URGENT BUSINESS (IF ANY)**

None to be noted.

## **11. EXCLUSION RESOLUTION (REMAINING ITEMS)**

None to be noted.

The meeting commenced at 7.00 pm and finished 9.45 pm.