

HEALTH SCRUTINY COMMITTEE

18th January 2023

PRESENT

Councillors: M. Whetton (Chair), S. Taylor (Vice Chair), J. Lloyd, J. Leicester, J. Brophy, D. Acton, A. Akinola, S. Gilbert, B. Hartley, J. Slater, T. O'Brien, G. Carter.

In attendance

Heather Fairfield	Director, HealthWatch Trafford
Diane Eaton	Corporate Director Adults and Wellbeing
Eleanor Roaf	Director of Public Health
Jilla Burgess-Allen	Consultant in Public Health
Aimee Hodgkinson	Commissioning Support Officer
Cathy O'Driscoll	Associate Director of Delivery & Transformation, NHS
Gareth James	Deputy Place Lead, Healthcare Integration NHS Trafford
Stephanie Ferraioli	Governance Officer

1. ATTENDANCES

An apology for absence was received from Councillors Haughey, Young and Western.

2. DECLARATION OF INTEREST

Councillor Leicester and Brophy informed of their role in the NHS along with colleagues from the NHS present today.

3. MINUTES

RESOLVED – That the minutes of the meeting held on 19th December 2022 be noted as a true and correct record.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions received from members of the public.

5. CANCER DIAGNOSIS

The Director of Public Health informed that she was contacted by a GP in the Partington area of Trafford three years ago, who stated that cancer rates were high. After carrying out a research, it was found that indeed the rates are high in the area and this is unlikely to be caused by one single environmental factor but rather by a series of behavioural factors including deprivation and consumption of alcohol. In England all cancer cases are recorded through the Council Registry and due to the level of work they carry out to ensure the accuracy of the data they provide, there is a lag so the latest data that could be obtained refers to 2017. It is important to wait for the data showing the impact that the pandemic has had on people before being able to have an accurate cancer rate and the root cause data. However, the team has put a number of steps in place in the interim in order to try and reduce the behavioural risks leading to such high cancer rates in the area.

The Chair thanked the Director and stated that indeed it was important to implement every step possible to take the opportunity to reduce the risks in the area.

Councillor Leicester enquired about the availability of breast screening facilities in Partington as opposed to having to travel elsewhere. This was reinforced by Councillor Akinola who also would like a report update at next meeting.

The Director informed of the current community approach in the area where they are receiving support from local Councillors as well as community leaders, to reach out to the population to assess the reasons why women do not attend the practice for screening. People have also been receive a letter from their GP informing them of the availability of bower cancer screening kits and how to use them, which has proven very successful.

Councillor Hartley drew attention to the part in the report where it was stated that the more deprived in the population were less likely to seek help and therefore receive help later with a worse prognosis; similarly looking at table on page 21 in the report people carrying out routine manual occupations find it difficult to see a particular doctor and find it difficult to find a convenient time for an appointment ending up talking to a receptionist about their symptoms and wanted to know if there was any conversations taking place with Primary Care colleagues about these issues.

He was informed that this is something that is being discussed a lot and that quite often this is a perception that people might have as opposed to what factually happens in primary care.

Councillor Acton was interested about the breakdown of alcohol usage by age, with the highest age group being 14-16 year olds which is quite concerning and what is being done to bring that down. He suggested perhaps addressing the issues in schools would be an ideal start.

The Director stated that the people who were drinking prior to the pandemic actually drank more during the period, but quite a lot of people are not drinking anything now. There is quite a divide now in society with a lot of younger people not drinking at all. The price of alcohol has also come down a lot so there is much easier access to alcohol. This is a problem across society. Midwives for instance frequently ask pregnant women about the alcohol consumption and the reply is that they do not drink or very rarely. They are not happy to disclose that information but by contrast they

seem very happy to disclose the use of cannabis. Interesting is the way alcohol is perceived.

RESOLVED - That a report on Breast Screening be presented at next meeting.

6. ALCOHOL AND SUBSTANCE MISUSE

The Consultant in Public Health presented an update from the previous Scrutiny report that took place back in November 2021. She informed members that there is an awareness that alcohol is the biggest risk to poor health and death to adults. The higher figures demonstrated in the report represent the widening in economy and in consumption. However, the improvements to services and the working in partnership will improve the landscape of supporting people who are drinking a high level.

Although the National Drugs Strategy 2021 had its primary focus on drugs, a lot of the improvement services and partnership working are a direct result from that strategy. More locally, the Trafford Health and Wellbeing strategy has as one of their top five priorities the support of people who drink a high level. Actions and recommendations resulted from the work undertaken with Trafford Health and Wellbeing have been submitted and are awaiting approval from the Health and Wellbeing Board.

There is no national alcohol strategy other than the one relating back to 2012 though this has been debated in parliament today, so there may well be a new strategy issued soon. Certainly, at GM level we are forming a partnership to better allow us to work with colleagues across the system to address the substance misuse.

Councillor Akinola queried whether there is any data on under 21 year olds hospitalised whether they are from an area of higher deprivation.

At present this is not an indicator that is being recorded, there is no geography indication, they are from all over the borough.

The Chair queried whether the situation in Trafford was worse than nationally or even abroad. He was informed that there is indeed a sort of north/south divide across Europe, with high rates in the UK. Pre NATO, one of the highest globally. It is important to continue to work with schools as it is very encouraging to see that in young people the attitude has declined.

Councillor Brophy referred to page 29 of the report asking whether there was any information on how young people are getting alcohol, whether they are having parties at home where alcohol is available or are they buying it through older teenagers.

Mostly through the accommodation, this is being addressed once they come out of hospital.

RESOLVED – That the report be noted.

7. TRAFFORD LOCALITY URGENT CARE NEEDS ASSESSMENT AND CRITICAL APPRAISAL SCRUTINY

The Associate Director of Delivery and Transformation NHS Trafford, introduced the Urgent Care Review following the request for an update resulting from the Committee meeting in September; informing Members that they are at Stage 1 of the Urgent Care Review Trafford. The paper presented tonight is quite comprehensive but the team felt it necessary to enable them to provide an accurate view of the current situation across Trafford in terms of urgent care, including access to A&E, pharmacies, dentists, optometrist, GPs etc.

It is important to remember that most urgent care is delivered within the community by local GPs, dentists, optometrist etc. mostly between the hours of 8.00 am and 8.00 pm. The need for urgent care is determined by a number of factors including the accessibility and quality of planned and preventative care which in many cases aids the limitation for the need of urgent care. Most people travelling to urgent care centres are the minority, mostly urgent care is delivered in the neighbourhood by the GP practice or a pharmacy. The rates are higher in the very young and very old, this is because young children get ill very quickly and so it is important that they are seen by someone in person rather than being offered treatment by phone or online. For the older population especially in the south of the borough starting at around 80 years of age whereas in the north of the borough that increase starts around 70 years of age, due to mostly issues with mobility or illnesses that a younger person may shake off say such as a fall, where a 30 year old might fall with relatively no harm to them an older person could break a hip because they may have osteoporosis or other conditions. Another reason for the higher rates is deprivation.

The rates of use in urgent care dropped during the pandemic, however now they are increasing again. The other big change since the pandemic is that now there are more same day appointments in general practices whether online or face to face.

Overall, the conclusion is that Trafford residents have good access to urgent care centres and that is both because there is good public transport in the borough and because there are high rates of car ownership. The main area of concern for the team is Partington that has been identified as a high risk area of transport related social exclusions and has high level of needs due to deprivation.

Members may be aware that in September last year, the team carried out a pharmaceutical needs assessment in the borough which demonstrated that all areas of Trafford have good access to pharmacies with the exception of a gap in Partington on a Saturday afternoon and on a Sunday. The team is working with NHS England to make sure the gap is filled.

Councillor Lloyd thanked the team for such an informative report and said that she hoped the gap in Partington would be remedied soon. She also stated that perhaps people did not take full advantage of the services provided by their local pharmacy. Discussion are taking place to allow pharmacies to prescribe antibiotics too and possibly the service could do a lot more.

She was informed that the team are also running a social engagement process online and visiting hard to reach community groups to really assess what urgent care looks and feel like, ascertaining whether people understand in full the role of the pharmacy and if they know where to find further information. This will be followed by very targeted campaigns throughout the locality to address questions of lack of understanding that people may have to access health care. Nationally, the role of the pharmacy and what it can deliver is being looked into as indeed the service could offer more. This is run by NHS England but our localities will feed into the work to make sure everyone is aware of what the expansion of the role of pharmacies will look like and the extra services they will provide.

Councillor Gilbert echoed the sentiment of Councillor Lloyd in terms of the excellent report provided by the team in such a short space of time. She queried the fact that Altrincham Minor Injuries Unit was classified as sitting outside the national guidance.

What is meant by sitting outside the national guidance is that the national guidance states that there should not be stand-alone minor injuries units and if there is one it should be developed into a GP hub or a bigger centre.

Councillor Gilbert continued stating that she would appreciate learning about the next steps for Altrincham Minor Injuries Unit.

From an urgent treatment centre perspective, this is a Primary Care led facility generally open for a period of 12 hours a day between the hours of 8.00 am in the morning and 8.00 pm at night, mostly visited by patients who may have gone to a walking centre with additional blood tests requirements or x-rays for instance. Trafford General being a primary example of this type of facility.

The way Health is going to be approached is changing, there is a cultural shift taking place with pharmacies being an example and before that, patients should be taught to check their medicine cabinets first, learn self care. Educating the population first, then GPs, pharmacies and local urgent care centres. NHS Greater Manchester is due to release guidance for patients on how to approach their own management in terms of where they go for care. This in short is the definition of urgent treatment centres. They are part of the pyramid of urgent care.

Councillor Lloyd asked when the guidance regarding stand-alone minor injuries units was released.

The initial national guidance around urgent treatment centres was issued in 2017 with a deadline of December 2019 where all localities had to adhere to. This was missed by Trafford for a number of reasons and then the pandemic also affected any progress. NHS England is now querying again the situation with Altrincham Minor Injury Unit where services were suspended due to staffing issues and that had been redeployed to Wythenshawe Hospital. The team is looking into this.

Councillor Hartley enquired whether the figure of 90% of patients being able to access care within 30 minutes travel distance as per the maps on page 49 and 50, was based on Altrincham Minor Injuries Unit being open or closed.

If the Altrincham Minor Injuries unit is open then 90% of patients can access care within the 30 minutes slot if closed it is lower. However, the figures do not take account

of the fact that one could only access Altrincham Minor Injuries Unit if you have an injury therefore the figure is not entirely accurate as all the people who had minor illnesses already had to travel somewhere else. The maps and data provided in the report can be a little confusing. This is also why the ascertaining of the transport related socialised exclusion, as it would not work to close a service where people have trouble travelling anywhere else leaving them with nowhere to go. Looking at data from Greater Manchester Transport it was found that the only area for Trafford with transport exclusion was Partington.

Councillor Hartley continued asking whether there was a way of streamlining the different ways people access care in the area making educating them perhaps easier.

Work is being undertaken with colleagues from MFT, in fact there is a workshop this Friday where we will look at what urgent care looks like, how to simplify the terminology and future communications as well as looking at how to streamline the services and make it really clear for people to know where they can access the care that they need.

Councillor Hartley also enquired whether the next step for Altrincham would be turning the unit into an urgent treatment centre and if so how easy would this be.

This has not been looked at yet as this review refers to the needs for Trafford and not looked at any of the analysis of the proposal for what the unit may look and feel like. That would take all systems and partners coming together and consider the financial implications.

Councillor Slater also thanked the team for the exceptional work in the short space of time they had and also reinforced that the way forward was to educate people, making absolutely clear that there are other services available to people not necessarily needing A&E. There is perhaps a misconception that urgent care equals A&E where in fact, a first response could be a local optician or pharmacist.

Councillor Taylor also felt that urgent care started with self-care and knowing what is available within the community. She also thanked the team for such a great report, really extensive and will lay the foundations on how to proceed. She felt it was reassuring to learn that the services already in existence served the population well.

The Chair thanked everybody for the report and the excellent questions from Members.

RESOLVED – That the report be noted.

8. ICS UPDATE

Following on from previous verbal updates, it is possible now to share the report that went to the Partnership Locality Board yesterday. Every month at the Locality Board themes in the current development of Integrated Care are shared, as well as what is relevant for the Trafford Locality Board and its partners.

As part of the transformation programme, work around reducing the head count on a voluntary basis across GM is continuing, hopefully without the need for more stringent measures. It is envisaged this will be completed by the end of June 2023.

The draft budget has been received both in terms of the corporate budget for the staff and the locality team and also for the service level budget and what will be delegated to the locality board.

The budget is a lot smaller than that of the CCG, because a lot of the functions and the bigger contracts will be held at the GM level. From 1st April 2023, the Primary Care budget, Primary Care prescribing budget and some elements of urgent care will be delegated to the local authorities. Even though the control of the budget will not be formally delegated to the local board from 1st April 2023, the information will still flow through the authorities and partners allowing an input in the matter of local services.

Decision was taken at the Locality Board yesterday to delay by four weeks the changes relating to Governance which needed to be finalised by the end of the financial year, in terms of whether to form a committee or subcommittee to the ICB. Trafford along with five other authorities will submit their papers to the ICB in March.

Also at the Locality Board, it was agreed that the new Leader of the Council, Councillor Ross will be the interim co-chair.

Councillor Gilbert stated that it felt a long time for the structure to be formed in terms of staff and governance and is this the same across the Nation or is it just the case for Trafford as it is not clear how this is impacting patients.

Councillor Brophy agreed that it felt this was taking a long time and would appreciate further clearance of what the report is trying to achieve and how the money was being spent.

It has taken a long time but the team is not behind in terms of the development of the system. Most ICBs have done things a little differently. The impact on patients is being monitored through performance and quality impact of what is being done via the health and social care system through existing governance and new governance. Conversations are taking place on how to improve this too.

Councillor Lloyd enquired about the uplift in the budget for Trafford.

The impact across GM is unknown at the moment and possibly less than it was expected. There are two applications in process that the outcome is still not been made known but the Trafford locality team will manage that within. Any severance payments are picked up at GM level not through the locality budget. In terms of the overall budget, the current budget is much smaller because it does not cover all the previous functions but is based on what was spent previously plus an uplift based on national planning guidance for this year.

Councillor Lloyd would like to know the actual amount of the uplift figure and its impact as it is important in terms of the resources the Council can provide.

Councillor Slater stated that unions have been heavily involved throughout the process and a union member sits on the board.

RESOLVED - That an update be presented at next meeting in March.

9. WORK PROGRAMME

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

10. URGENT BUSINESS (IF ANY)

There was no urgent business to be discussed.

11. EXCLUSION RESOLUTION (REMAINING ITEMS)

There are no further items to be discussed.

Meeting ends 09.15pm