

HEALTH SCRUTINY COMMITTEE

26th July 2023

PRESENT

Councillors: Butt (Chair), Taylor (Vice Chair), Axford, Gilbert, Lepori, Lloyd, O'Brien, Slater and Western.

In attendance

Karen Ahmed	Director of All Age Commissioning
Nathan Atkinson	Corporate Director of Adult and Wellbeing
Thomas Maloney	Programme Director Health and Care
Gareth James	Deputy Place Lead for Health and Care Integration
Emma Brown	Director of Adults
Stephanie Ferraioli	Governance Officer

1. NOMINATION OF CHAIR

The Committee confirmed the appointment of the new Chair Councillor Dylan Butt and reaffirmed Councillor Sophie Taylor in the role of Vice Chair.

2. ATTENDANCES

An apology for absence was received from Councillor Acton, Chakraborty, Hartley, Leicester, Maitland and Mr Spearing.

3. DECLARATION OF INTEREST

Councillors Lepori, Taylor and Western and Mr James confirmed their employment with the NHS.

4. MINUTES

RESOLVED – That the minutes of the meeting on 1st March 2023 be noted as a true and correct record.

5. AID AND ADAPTATIONS SERVICES UPDATE – TRAFFORD

The Corporate Director of Adults and Wellbeing and the Director of All Age Commissioning updated Members on the deep dive review conducted in conjunction with the Trafford Local Care Organisation back in November 2022. He explained that the service has been impacted during the pandemic and this is why the service is not where they would like it to be. Yet, the service is on an improvement journey and a further update will be provided at the September meeting when some of the activities implemented to improve the service will have been carried out.

The Corporate Director explained that the service is particularly aimed at patients with a disability and those who care for them. Referrals are received from the hospitals, GPs and other social care professionals as well as self referrals. The team will undertake a review of the referral process to ensure patients are receiving the best service and that the process in place is still correct for them or whether they would require signposting to a different service thus reducing waiting times for a response from the Adaptation team.

The cases on the list are reviewed every fortnight by four adaptations officers who form the team at present, whilst further recruitment is ongoing to help with the caseload given the long term sick leave of an existing members of staff.

The financial assessment for each case is carried out prior to the provision of the adaptations and if the patients are children the service is free. There is a budget difference between the perceived expenditure and the actual spend.

Councillor Western enquired how long people have had to wait and was informed that indeed the backlog is extensive but the team is working hard to address and review the older cases first but as well as scanning for the more at risk ones.

Councillor Lepori queried whether a system was in place to assess the needs of a patient 6-12 months after they received assistance to check whether they needed anything else even if initially they were deemed to be fine. He was informed that unfortunately there is not a way of monitoring this to date, but it is hoped this will be picked up once the full team is in place.

It was unclear whether any communications channels are currently running between the service and MFT, however Trafford is now employing the same system that is being used across Manchester which will help improving matters going forward such as the possibility of sharing equipment and costs. When equipment is issued patients are given a card with information of where to return it once it no longer is of use. The team are good at tracking the equipment that is issued.

Councillor O'Brien queried how people were being prioritised and was informed that the ABC system is in place which helps with assessing the risks taking multiple factors into account.

Councillor Axford asked about the cost implications resulting from the waiting list and what happens to the people who are not deemed a priority but might become one whilst waiting.

The cost implications of the Occupational Therapy Practice is of £150,000 for a full assessment. The longest wait has been of 398 days which has been reduced to 189 days. Once the team has worked through the waiting list, it will give attention to preventing.

Councillor Taylor stated that the wait is very long and wondered whether there was any system in place to assess any incident that might result due to the waiting and was informed that at the moment there had not been any data to support this. If there had been say a fall whilst the patient was on the waiting list there would have been a complaint received and at present, there was no feedback to this effect.

Councillor Taylor also queried whether the good service that the Occupational Therapy Practice was undertaking could be maintained given the financial pressures. She was informed that this was a concern but that during the recent 800 assessments carried out the service was best kept in house to maintain good relationships.

Councillor Gilbert wanted to be informed of when they expected to be on top of the current waiting list. She was informed that the historical key pressure points are during bank holidays, the Christmas period as well as January and February and the team is consistently working through the list but cannot predict exactly when the demand will be met in full. People on the list are contacted and communication is maintained with them.

The Corporate Director of Adults stated that they felt that the customer care provided was of high importance to the team and that work will be undertaken to improve communication with patients.

Councillor Lepori queried how many of those on the waiting list were waiting in hospital. He was informed that keeping people in hospital sometimes helps reduce the risk even if not entirely ideal and that 389 within the community were handed over to the Occupational Therapy team. More accurate figures will be provided at next update.

Councillor Lloyd stated that she was happy to see that the list had improved somewhat. She wondered whether the complex cases were on the rise and how this was addressed especially given that it is believed a new pandemic was perceived to happen soon.

The team has assessed all the feedback during the first pandemic and has full documentation and if the Government currently undertaking the Covid Inquiry approach all information can be handed over, but no contact has been made so far.

Councillor Western queried about the number of complaints received and how feedback was being monitored. She was told that this had not really been implemented yet in the service and it is an area that needed improving.

Councillor Taylor queried whether there was a fast track for people with end of life or similar situation and was told that this was the case as well as with cases with neurological diseases too and that Better Care funds provided disabled facilities grants.

The Chair queried how effective the team were at obtaining equipment that was needed but was not available yet and was informed that there are contracts in place for major adaptations and that during the pandemic there have been instances when the team have had to use the more expensive suppliers but now, they went back to the contracted suppliers.

Councillor Slater thanked the team for the hard work and the comprehensive reporting on the service.

RESOLVED – That the report be noted and updates be provided at next meeting.

6. DISCHARGE FROM HOSPITAL SUPPORT

The Corporate Director of Adults and Wellbeing stated that this work is taken very seriously by the team and is carried out jointly with colleagues across Manchester City Council through the work of their Local Care Organisation. He informed that a number of programmes and intervention were in place to effectively control discharge from hospital.

The Director for Adults specified that the discharge relates to four main sites, Salford Royal, Wythenshawe, Trafford General and Manchester Royal Infirmary with referrals made into the control room which is well staffed and with very good leadership guiding patients into the appropriate pathways for them. Work is being undertaken to support people at home and keeping them from needing to attend hospital for as long as possible. Hence the various schemes on health and care run across the community.

Councillor Lepori stated that work has improved to pre-empt discharge and wanted to know whether there was any data to inform how many Trafford residents had been admitted electively or emergently to hospital. He was informed that there are four tracking meetings a day for each hospital site to discuss who needs equipment and who needs local support for instance, so everyone can be assisted.

Councillor Taylor asked whether there was any system in place to monitor frail elderlies and if they are at risk of readmission. She was told that the team make the best use of technology to track all information available such as Alexa and voice activated requests. On the dashboard all information is visible whether a patient can walk or move, requires an ambulance etc. It also helps with building relationships with GPs and to receive any further details relevant to patients.

The Chair enquired about the virtual ward and was informed that this was part of a national policy on a range of initiatives. MFT have created a 'hospital at home' so that people make the best use of technology particularly for those who might not need to attend hospital. People prefer to stay in their home but of course require the right level of assistance, the right personnel and right equipment. This is not to be seen as a secondary service as it is just as good. The Chair felt that perhaps MFT could attend to illustrate further how the ward works.

Councillor Axford asked whether there was a graph on the first day of discharge illustrating how matters are assessed and dealt with. The Director explained that the social worker carries out the assessment and the team is committed to providing care from the first day. The 28 days is a pilot to assess the system.

Councillor Lepori queried how the roles were being filled given the current struggles with recruiting and retaining personnel and was told this was indeed a recurring challenge being faced.

Councillor Lloyd asked for an improvement on the website which is not working properly at the moment, it is not user friendly.

RESOLVED – That the report be noted and a further update provided throughout the year.

7. GM ICP UPDATE

The Deputy Place Lead informed that 1800 staff are now transferring in the ICB and retaliated how difficult the last two years have been for staff; however after the many impact assessments carried out it appears that the vast majority of staff will have a role in Manchester in terms of the locality even though some may have to move slightly.

Work is continuing on the governance and performance assurance to ensure the ability to deliver against accountability delegated down to locality without duplicating partners' work.

The workforce planning presents a little crisis in terms of locality, we have joined together with partners in a workshop to form a shared workforce plan.

Members were reminded of the 75th anniversary of the birth of the NHS which is significantly important for Trafford given it is its birthplace. An event was held to mark this and one important theme that resulted from it was the importance of better communication and engagement which has improved from past years. For instance, there was evidence that patients now know where to go to get treatment. To this end a booklet has been circulated containing lots of information which the public will find helpful.

Councillor Lepori queried whether Trafford is being scrutinised at GM level in terms of the workforce unemployment and is there any work carried out in schools in apprenticeship to build our workforce and was told that this was being considered.

Councillor Lloyd asked about the impact on the delivery plan given that it has taken this long to sort out the workforce. She was informed that this had not been able to be measured. Staff are exhausted by the change. The biggest risk for Trafford ICB is the finance and the performance. The finance budget has been submitted for this financial year. In terms of the performance, the team is struggling against key metrics though there have been some improvements during recent months. A further update will be available in September.

The Chair asked whether the locality performance framework was based mainly around a standard model or does Trafford have its own specific evolution or both and was told that there are standard metrics to meet and then a dive into what matters to Trafford.

Councillor Taylor queried whether the governance model on page 67 was the final version. She was informed that it had been agreed through the Locality Board so most of it has been in operation for some time now. Some may change if there is duplication. She also queried whether it was possible to have an overview of each component and was informed that the technology used around the model was still new to officers and they were still learning to navigate their way around it but that once this was achieved they would update the Committee.

RESOLVED – That the report be noted and a further update be provided in September.

8. HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2023/24

Members were invited to note the draft work programme for the municipal year 2023/24 and suggested that the Committee commission a report on Mental Health services across Greater Manchester with the focus on the impact on Trafford residents, for the September meeting and that the Dental Health update be provided at the November meeting.

RESOLVED – That the Committee Work-programme for the municipal year 2023/24 be noted.

9. TASK AND FINISH GROUP

Members discussed topics of interest to be explored further via the Task and Finish Group for the municipal year 2023/24. It was unanimously agreed that this year the group would focus on the Social Prescribers provision for Trafford residents. Members were invited to express their interest in taking part in the group via email confirmation to the Governance Officer who will collate responses and identify meeting dates for the year ahead.

Resolved – That the Task and Finish Group focus on Social Prescribers.

10. URGENT BUSINESS (IF ANY)

Resolved - That there was no urgent business to be discussed.

11. EXCLUSION RESOLUTION (REMAINING ITEMS)

Resolved - There were no items to be discussed under Exclusion Resolution.