

Health and Social Care Scrutiny Panel

In person at The Salford Suite, Salford Civic Centre.

6th October 2021

Meeting commenced: 10:00am

Meeting ended: 11:40am

Present: Councillors:

Sammie Bellamy, Paula Boshell, Tanya Burch (in the chair), Jim Dawson, Jim King, Margaret Morris, Peter Taylor, John Warmisham.

Co-opted Members: J Ahmed – Healthwatch, Bruce Poole – Community and Voluntary Services (CVS).

Officers:

Steve Dixon – Clinical Commissioning Group (CCG) – via Teams

Gillian Mclauchlan – Consultant in Public Health

Liz Wright – Democratic Services (Clerk)

Members of the public:

- None

1. Welcome and introductions

2. Apologies for Absence

Apologies were received from Councillors: Jake Rowlands, Arnold Saunders, and Katie Simpson, Dr Muna Abdel Aziz and Charlotte Ramsden.

3. Declarations of interest

There were no declarations of interest.

4. To approve, as a correct record, the minutes of the meeting held on 1 September 2021.

Resolved: That, the Health and Social Care Scrutiny Panel approves the minutes of the meeting held on 1st September 2021.

5. Matters arising

- a. Item 5: The Chair commented that it was important that the members received a structure chart or the NHS reforms as requested at the last meeting. The clerk would chase this up so that members received it before the next meeting.

Resolved: That, the Health and Social Care Scrutiny Panel requested a structure chart for the new NHS reforms.

6. Covid-19 Update

Gillian Mclauchlan attended the meeting in person and gave a verbal update on behalf of the

Director of Public Health and highlighted the following issues.

Covid-19 rates

- Salford was 187th in the country (out of 333 local authorities [LAs] in England), in terms of infection rates with rates being highest mostly in the Midlands.
- Positivity rates had dropped with the highest rates in schools (the highest in secondary schools then primaries) with some rise in the rates for the over 60 age group.
- The rates in Salford schools were stable and under control. Public Health (PH) was supporting schools early when the number of cases were low to help schools manage any outbreaks. They were working within the Greater Manchester (GM) framework for managing outbreaks in schools and at the moment cases were being managed effectively.
- Rates in the university were stable as were rates in social care settings and secure units and the prison.
- The Covid-19 booster jabs and flu vaccinations were being co-delivered in Salford. The local vaccination programme was run by NHS England.
- There were monthly Covid-19 meetings and monthly PH meetings for other infectious diseases.
- The situation in the local hospitals were stable.
- It was confirmed that Public Health England was abolished at the end of September in line with the NHS reforms Gillian McLaughlin offered to provide an NHS Reforms structure diagram for members for the next meeting.

The Chair invited questions and comments from members and the following were raised.

- A member asked why the rates for the over 60 age group were increasing. It was explained that this age group were more likely to be in doors at this time of year particularly as the weather got colder and that now there were no restrictions there was more in door mixing of people. Good hygiene and less social mixing would help. Covid-19 symptoms were similar to flu and colds and so people with any of the symptoms (particularly in this age group) were encouraged to get a PCR test to confirm if the symptoms were or were not due to Covid-19.
- A member was concerned they had tried to get a Covid-19 vaccine booster jab and had struggled and asked if this was the case more generally. It was confirmed that the Government guidelines were being followed for the roll-out of the booster jabs but feedback would be provided that there seemed to be difficulties accessing vaccinations in some areas.
- A member raise their concern that the vaccination rates in GM did not seem to match the higher levels of infections rates. It was commented that the vaccine does reduce illness, death rates and transmission. The vaccine roll-out of 12-15 year olds in schools had commenced. School outbreaks were being controlled well in Salford as previously reported.
- A member raised the concern that vaccination and infection rates were confusing. It was explained that there were different ways of calculating rates nationally and locally as different factors were included.
- A member expressed concern that the university would be expecting a spike in infections following *Freshers' Week*, as events appeared to be going ahead as before the pandemic. It was reported that PH had worked very closely with the university since the start of the pandemic and weekly meetings were held. PH had carried out extensive testing on campus during *Freshers' Week* and lateral flow test had been widely distributed and

vaccines made easily available. There had been a lot of work done prior to the start of term and all students had been contacted to encourage vaccinations (if students had not already had them) and testing prior to their arrival. The response from students had been very positive and at the moment rates were below 10 cases per day and procedures were in place and PH was on standby should an outbreak occur.

- A member raised their concern that Clarendon leisure Centre had not been open to residents since the start of the pandemic and was used as a vaccination centre. This was impacting on the physical health and mental health of the community as there was no access to the facilities and the activities and classes previously held there. This was particularly damaging for young people and the member had been told it would be at least the New Year before the leisure centre can re-open. Steve Dixon commented he would refer this back to the NHS Commission to find out when the leisure centre would be released and would provide the answer for the November meeting. The Chair commented they would also alert the Chair of the Community and Neighbourhood Scrutiny Panel.
- A member commented that they had received a lot of complaints from constituents that they were unable to see their GP face to face and had faced long delays on the phone to their GP's surgery. It was confirmed that all GP practices were open and feedback had been received from patients that some were having problems getting access to appointments. However, the data showed that GPs were having more appointments than pre-covid and 60% were face to face with 40% online or by phone. GPs had been asked to identify the right mix of types of appointments for their particular practices, depending on their local circumstances and context. There were mixed messages from Government, who pre-covid were pushing GPs to offer more remote consultations as part of the modernisation of GP practices but who were now criticising GPs for not offering enough face to face appointments. It was recognised that access was variable. Primary care staff were under pressure and there were more incidents of abuse against staff. There had been a recent serious attack in Manchester where four members of staff at a practice had been hospitalised. Work was needed to rebuild the relationships between primary care staff and the public but the messaging from the Government and media was making this challenging.
- The Chair, on behalf of the panel, requested a formal update on GP practices in the city, including a breakdown showing anonymised practices and the consultation, abuse of staff and details of the communications to rebuild relationships. It was agreed that an update would be provided at the next meeting.
- It was confirmed that the number of complaints about GPs in Salford was in line with other GM LAs.
- A member asked if there was a GM approach to the communications to help re-build relationships between patients and GPs. It was confirmed there was and it was adapted for use in Salford but the core messages remained the same.
- A member asked if people were being discharged from hospital before they were properly well. It was explained that this issue came under the community team and was an issue for domiciliary care. Some extra support had just been agreed to help recruit more staff and therefore provide more homecare packages, as there were a lot of home care vacancies and occupational therapy vacancies.
- The members agreed that an update on hospital flow/discharges and care packages should be added to the abeyance list.
- A member asked if staff had been lost from social care and hospitals because of the requirement for staff to receive Covid-19 vaccinations. It was confirmed that the

requirement only currently applied to staff in care settings and front facing NHS staff. In terms of social care staff, the numbers of staff not being vaccinated was currently being confirmed to identify the current numbers involved. Initially it appeared that the numbers of staff that would leave would be low. There were three categories of staff who had been vaccinated:

- staff on sick leave/ maternity leave;
- staff who were reluctant to have the vaccine (and many these were now getting vaccinated);
- staff who refused to have the vaccine.

In Salford around 90% of care home staff and this had increased from around 70% a few months ago. Most LAs had vaccination rates over 90% for care home staff, with 95% being the highest level.

In Salford a new integrated pathway (a Care Academy) for staffing in social care and hospitals was being developed, which meant staff could be recruited and deployed across hospitals/care homes/domiciliary care and this would include the need for vaccination. The Care Academy would start with 60 people initially and would include four weeks on the job training (including criminal records checks) to provide an extra 60 staff for working across the system in Salford by Christmas.

- A member commented that, although any abuse towards staff was wrong and could not be tolerated, it was an indicator of anger and frustration. The 60% of GPs offering face to face appointments hid the variation in access, as 60% was the average and some GPs rates for face to face appointment would be higher and some lower.
- A member asked about where councillors could pass any complaints to about GP practices and access to services. It was requested that councillors send details of complaints to the CCG so the data on complaints could be compiled and a generic email address would be provided for councillors to use.

Resolved: That, the following would be provided for the next meeting of the Health and Social Care Scrutiny Panel:

1. a structure diagram/organisation chart for GM and Salford for the NHS Reforms;
2. an update on when Clarendon Leisure Centre would be able to re-open as a leisure centre;
3. a formal update on GP practices in the city, including a breakdown showing anonymised practices and the consultation, abuse of staff and details of the communications to rebuild relationships;
4. an update on hospital flow/discharges and care packages should be added to the abeyance list;
5. identify the generic CCG email address for councillors to log complaints they receive about GP practices.

7. Update on NHS Reforms

Steve Dixon (CCG) gave a verbal update and highlighted the following.

- The minutes from the last meeting were comprehensive and clear and his update would clarify developments since the last meeting.
- The Chair of the Integrated Care Board had been appointed but had yet to be publicly

announced. Interviews for the Chief Executive Officer would be held on 18th October 2021. Following these appointments, the executives on the board would be recruited.

- The Integrated Care Board would cover the whole of GM and was the statutory board working with NHS England that would receive the funding for GM.
- The Integrated Care Partnership would include the NHS, hospitals, LAs and CVS in GM and would have 23 members. Steve Dixon and Charlotte Ramsden (Strategic Director People) would be on the committee for the transition period. When the CCG was abolished at the end of March 2022 a permanent member for the board from the CCG would be required.
- The joint committee for the two boards would make the decisions for GM and would probably meet on a quarterly basis. It would meet in shadow form from October.
- The Salford Transition Board (for the locality board) was meeting every month and was overseeing how the new arrangements would look like from 1st April 2022 in terms of staffing, governance, finance (flow of money through the system) and the shadow arrangements would be in place from 1st January 2022. Some of the governance and people involved would be changing so clear public communications would be very important.

The Chair invited questions and comments from members and the following were raised.

- Members asked what would happen if the new system was not working and how would the public hold it to account. It was explained that the vision and aims of the current integrated arrangements (as agreed by the Health and Well Being Board - HWB) would remain in place in Salford for the next five years in line with the HWB plan. The HWB plan had been reviewed in light of the NHS reforms and it been agreed by all partners that this should remain in place. The locality board would meet in public and would be open to public questions. Elected members would also be on the board adding to local accountability.

The Chair thanked Gillian McLaughlin and Steve Dixon for their informative updates and for responding openly to the questions and for the offer of the follow-up information and help as detailed.

Resolved: That, the Health and Social Care Scrutiny Panel thanked the contributors for their detailed updates.

8. The Work Programme and Membership

8a. Work programme

- The work programme was discussed and the members requested the following for the November meeting:
 - The data about GP practices as outlined in item 6 above;
 - The dashboard of health outcomes over five years (including smoking cessation/obesity) and the waiting times for hospital referrals;
 - The number of deaths in Salford - excess deaths, deaths due to Covid-19 and the data form the registrars.
- An update on hospital flow/discharges and care packages should be added to the abeyance list as outlined under item 6 above.
- There was a discussion about digital inclusion and the impact of the digital gap on some residents for gaining access to their GPs. The Chair would raise this at the Overview and

Scrutiny Board Meeting later today as the O&SB had digital inclusion on its work programme.

8b. Membership

There were no issues raised.

Resolved: That, the work programme be updated to include:

1. The work programme was discussed and the members requested the following for the November meeting:
 - The data about GP practices as outlined in item 6 above;
 - The dashboard of health outcomes over five years (including smoking cessation/obesity) and the waiting times for hospital referrals;
 - The number of deaths in Salford - excess deaths, deaths due to Covid-19 and the data from the registrars.
2. An update on hospital flow/discharges and care packages should be added to the abeyance list as outlined under item 6 above.

9. Any Other business (AOB)

There were no items of AOB.

10. Date, time and business for next meeting

Wednesday 3rd November 2021 at 10am (9:45am briefing for members). It was noted that the meeting may need to be rescheduled due to the by-election.