



**MANCHESTER
CITY COUNCIL**

**AGENDA PAPERS FOR
JOINT HEALTH SCRUTINY COMMITTEE MEETING**

Date: Tuesday, 31 January 2017

Time: 6.30 p.m.

**Place: Scrutiny Committee Room, Level 2, Town Hall Extension, Albert Square,
Manchester M60, 2LA.**

Access to the Scrutiny Committee Room

Public access to the committee room is over the bridge from level 2 of the old Town Hall building. **There is no public access from within the Town Hall Extension.**

The bridge has a moderate incline so if you have limited mobility you may wish to call 0161 234 3241 for information on alternative access.

A G E N D A	P A R T I	Pages
1. ATTENDANCES		
To note attendances, including Officers, and any apologies for absence.		
2. MINUTES OF THE LAST MEETING		1 - 6
To receive and if so determined, to approve as a correct record, the minutes of the last meeting of the Joint Health Scrutiny Committee held on 11 October 2016.		
3. DECLARATIONS OF INTEREST		
To note any declarations of interest.		
4. WYTHENSHAW HOSPITAL - EMERGENCY DEPARTMENT REDEVELOPMENT - PROJECT UPDATE		
To receive an update from University Hospitals of South Manchester Foundation Trust (UHSM).		

5. **TRAFFORD GENERAL URGENT CARE CENTRE UPDATE** 7 - 10
To receive an update on the performance of the Urgent Care Centre from Central Manchester Foundation Trust (CMFT).
6. **NEW HEALTH DEAL FOR TRAFFORD** To Follow
To receive a report from Trafford CCG.
7. **URGENT BUSINESS (IF ANY)**
Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

THERESA GRANT and SIR HOWARD BERNSTEIN
Chief Executive Chief Executive

Alexander Murray, Democratic and Scrutiny Officer
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Membership of the Committee

Trafford Council

Councillors Mrs. A. Bruer-Morris, J. Harding, S. Taylor, Mrs. V. Ward and Mrs. P. Young (Vice-Chairman)

Manchester City Council

Councillors Craig, Ellison, Newman (Chairman), Reid and Wilson

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Public Document Pack Agenda Item 2

JOINT HEALTH SCRUTINY COMMITTEE

11 OCTOBER 2016

PRESENT

Present:

Councillor E Newman - Chair

Manchester City Council – Councillors Ellison, Reid and Wilson
Trafford Borough Council - Councillors Harding; Proctor and Haddad (substitute members); Taylor and Young (Vice Chair)

Mary Burney, Divisional Director for Trafford Hospitals, Central Manchester Foundation Trust (CMFT)

Jane Grimshaw, Head of Nursing, Trafford Hospitals Division, CMFT

Dr Jon Simpson, Clinical Head of Division for Acute Medicine, CMFT

Steve Jones, Consultant, Emergency Services, CMFT

Stephen Gardner, Director of Strategic Programs, CMFT

Dr Nigel Guest, Trafford Clinical Commissioning Group (CCG)

Gina Lawrence, Trafford CCG

Julie Crossley, Trafford CCG

Dr Mark Jarvis, Trafford CCG

Matt Graham, Director of Strategy, University Hospital of South Manchester (UHSM)

David Hounstlea, Estate and Facilities Director, UHSM

Rob Bellingham, NHS England

APOLOGIES

Apologies for absence were received from Councillors Mrs. A. Bruer-Morris, Craig and Mrs. V. Ward

9. MINUTES OF THE LAST MEETING

The Chair advised that he wished a matter to be recorded concerning developments which had occurred since the Joint Health Scrutiny Committee last met. He advised that Councillor Patricia Young (Joint Committee Vice Chair), Councillor Joanne Harding (Trafford Health Scrutiny Chair) and himself had met with the NHS regarding the acceleration of their plans for the Urgent Care Centre in order to resolve issues at North Manchester General Hospital. He then read out two emails he had sent and requested that the emails be included within the minutes as a matter of public record.

The first email was dated 15 September 2016 addressed to all members (and substitute members) of the Joint Committee and read as follows:

“I am writing to you with this urgent information on behalf of Councillor Patricia Young (Joint Committee Vice Chair) Councillor Joanne Harding (Trafford Health Scrutiny Chair) and me.

As you know following the July meeting of the Joint Committee, we were expecting the NHS to put forward their plans for the next stage of the

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Trafford Urgent Care Centre at our next meeting. It was agreed that this meeting would be on Tuesday 11 October.

On Tuesday morning we were asked for an urgent meeting with NHS managers and clinicians' and we met them yesterday. They explained that they had an urgent need to bring forward to Monday, 3 October the implementation of their plans for the Urgent Care Centre, in order to move the Consultants to the A&E Department at North Manchester General Hospital, a service which is in extreme difficulty.

We listened carefully to the case that was put, and asked various questions which were answered. We were given certain assurances. We asked for a succinct written briefing to be produced which we could circulate to the other seven members of the Joint Committee.

In these exceptional circumstances, the three of us agreed that we had no alternative but to agree to the proposals. Please find attached the written briefing which explains the NHS proposals and includes the assurances we were given. If I don't hear otherwise from you by 12 noon tomorrow (Friday), I will assume that you are in agreement with our decision.

If you want to clarify anything from me, I can be emailed, or phoned.

The Joint Committee meeting will go ahead on Tuesday 11 October at Manchester Town Hall with the main meeting at 6.30pm, preceded by a pre-meeting at 6pm. This will give an opportunity to hear from the NHS with a progress report and for all joint Committee members to raise questions and comments".

The second email was dated 16 September 2016 and addressed to all members (and substitute members) of the Joint Committee and read as follows:

"Thank you for your comments by email and phone. Everyone has understood the situation we have been put in, and has accepted that we have no alternative but to agree to the proposals.

At our meeting on Wednesday, we argued with the NHS representatives about the 8pm closing time for patients to arrive at the Centre. In line with the view expressed by members at the last Scrutiny meeting, we said that 10pm could be acceptable. However, they would not budge on this due to recruitment issues and shift patterns. We were able to obtain the assurance detailed in the briefing about treatment via Mastercall for patients who may still arrive after 8pm.

The "capacity we're agreeing this" is that the Joint Committee are agreeing this change to come into effect on 3 October. The reason the three of us made our agreement conditional on consulting with the other members of the Joint Committee is that the decision is one which needs the support, or otherwise, of the Joint Committee. The responses to my email indicate that we have that support.

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This Joint Committee certainly doesn't give the NHS a "free pass" on anything. None of us like what has been done to the previous A&E department at Trafford General, and is now being done to the urgent care Centre. Nor are Committee members responsible for the current difficulties in the NHS. The Joint Committee at its 11 October meeting, and subsequent meetings, will fully scrutinise this major alteration to the Urgent Care Centre, including its opening hours, and can recommend further changes in services if we feel that to be necessary.

We made the recommendation to members that we did because it was made clear to us by clinical professionals that deficiencies at North Manchester General A&E could be potentially life threatening without the additional Consultant hours, whereas the changes to Trafford's Urgent Care Centre would not pose a serious risk to patients".

The Vice Chair reported that she was disappointed that the presentation to be delivered at this meeting was received so late. She re-iterated that members expected to receive any requested reports by the Friday prior to the meeting at the very latest.

A member who was also the Chair of Trafford Health Scrutiny Committee reported that she was disappointed regarding the lack of engagement by the NHS with Trafford Health Scrutiny Committee regarding the Single Hospital Service.

Decision:

- 1) To note recent developments
- 2) That the minutes of the meeting held 5 July 2016 be agreed as an accurate record and signed by the Chairman.

10. DECLARATIONS OF INTEREST

The following personal interests were declared:

Councillors Haddad and Taylor declared personal interests as they were employed by the NHS outside of the Trafford and Manchester area.

11. WYTHENSHAW HOSPITAL - EMERGENCY DEPARTMENT REDEVELOPMENT - PROJECT UPDATE

David Hounslea, Estates and Facilities Director, University Hospital of South Manchester (UHSM) introduced the report across its main themes. The Chair noted that the Single Hospital Service (SHS) would be discussed separately but sought assurance that there would be no further delays to the proposed new accident and emergency (A&E) department at Wythenshawe Hospital. Stephen Gardner, Director of Strategic Programs, Central Manchester Foundation Trust (CMFT) and Matt Graham, Director of Strategy, University Hospital of South Manchester (UHSM) confirmed that the Single Hospital Service would not prevent or delay the redevelopment at Wythenshawe Hospital.

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A member asked for further information regarding the financial arrangements for the development and what proportion of public or private investment would be forthcoming. Stephen Gardner said that Private Finance Initiative (PFI) partners were involved insofar as an extension to the hospital was built in conjunction with them in the 1990's; and their permission had been sought to carry out further redevelopments. Matt Graham confirmed that the only PFI related costs were around legal agreements and were insignificant compared to the cost of the build. These legal agreements were known as a 'deed of variation' and did not entail renegotiating the entire contract. The redevelopment would be publically funded.

A member asked whether more car parking places would be provided to accommodate the additional pressure on the A&E. Another member asked for further information on Stage 4 of the contract and asked who the organisation 'Interserve' were. Matt Graham advised that additional parking had been provided to replace the small displacement caused by the works; but that as the scheme progressed there should be no further impact on the current capacity. He added that Interserve were an approved contractor on the government framework for the NHS and had demonstrated a good track record of financial stability.

Decision:

To note the report

12. NEW HEALTH DEAL FOR TRAFFORD

Members received a presentation from Trafford Clinical Commissioning Group (CCG) on the New Health Deal for Trafford. Dr Nigel Guest thanked the members of the Joint Health Scrutiny Committee for their swift response to the need to accelerate progress in changes to the Urgent Care Centre (UCC) at Trafford due to issues identified at North Manchester General Hospital (NMGH). Gina Lawrence explained they had been approached by the Health and Social Care Partnership in September to consider providing support to the Pennine Acute Trust by accelerating their model in order to release consultants. She explained the considerations which informed the decision and that clinical teams from all partner organisations were involved and all pathways had been worked through. She added that a number of case studies had been considered consisting of various scenarios. Gina Lawrence explained that the numbers attending in the evening over recent months had dropped considerably. Clinicians agreed that the majority of patients attending in the evening could wait until the following day and Mastercall was available to pick up those patients that were more urgent. Healthwatch had also carried out an independent audit which focussed on the patient voice and were satisfied that the requirements of their audit were met. She added that had they not provided support to NMGH the fallout would have had a detrimental affect on all partners and letters of support had been provided from them which she could provide to the Joint Health Scrutiny Committee if required.

Dr Mark Jarvis, Trafford CCG gave an overview of developments since the new service went live on Monday 3 October 2016. He explained that by Tuesday 4 October 2016 the new arrangements for the Walk in Centre were also fully operational. He commented that the staff were working well together and treating on average 180 patients per day. He said that at the start of the week they were receiving approximately 5 people per evening after 8pm which dropped to three

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people per evening by Thursday. Of the evening visitors they were either dealt with on the ward or re-directed elsewhere.

In respect of the Single Hospital Service Stephen Gardener explained that the Programme Board were currently developing a Communications and Engagement Strategy and had identified key stakeholders including the Trafford Health Scrutiny Committee and the Manchester Health Scrutiny Committee. He explained there were no specific implications for the New Health Deal for Trafford.

A member welcomed the detail contained within the presentation. Members discussed whether the name of the centre should change and enquired who held overall responsibility. A member asked whether the public were confused about the service currently offered and whether this would impact on the numbers attending. A member sought assurance that the opening hours would remain stable. Stephen Gardener responded that the centre was in principle under shared ownership. Officers confirmed there were no plans to change the opening hours again at the present time. Gina Lawrence advised that initial communications regarding the changes to opening hours had been made via the local press and radio. She explained that they didn't want to confuse people or make them think the centre had moved. She explained that the NHS had clear definitions for how centres were named and advised consideration would be given to the name going forward.

A member asked how savings would be produced. A member enquired about the impact to other parts of the NHS with these patients being redirected and whether any funding would be provided to offset this. Officers confirmed that Trafford CCG had agreed £4million for investments in community services which CMFT had been subsidising until Trafford CCG found other input. Officers confirmed that Trafford CCG put £0.5 million of Transformation Funding into the Urgent Care Centre to maintain it. Stephen Gardener explained that Trafford Health Care Trust had historical financial pressures which CMFT had helped to alleviate, however there was still a £1 million funding gap. He described that savings from other services were used to cross subsidise and the sheer scale of savings that providers were required to make year on year. He explained that the move to a nurse led model only yielded enough savings to help them break even.

In response to a members query regarding whether the unit was now fully staffed Mary Burney responded that recruitment was still ongoing but she was confident this would be completed shortly. She described the urgent care model adding there was lots of interest in the unit by nurses. Mark Jarvis advised the system had been designed so there was no impact elsewhere so there was no requirement to offset. Gina Lawrence described the differences between planned and unplanned care, explaining that community services took time to develop and embed adding that the unit had a 95% occupancy rate at the current time. Dr Nigel Guest advised the next stage was to increase the capacity of General Practitioners (GP's) to help alleviate the impact on A&E Departments.

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Decisions:

1. To endorse the decision made by the Joint Health Scrutiny Committee members on 16 September 2016 to support the NHS in bringing forward the implementation of their plans for the Urgent Care Centre in order to move consultants to the A&E Department at North Manchester General Hospital.
2. To note the reports.
3. To agree on the continued need to monitor the implementation of the New Health Deal for Trafford, in particular the performance of the Urgent Care Centre at Trafford General Hospital
4. To call a further meeting of the Joint Health Scrutiny Committee in January 2017.
5. To request that statistical data be provided to the Committee's next meeting including the numbers and status of attendees to the Trafford Urgent Care Centre in addition to those standing items on the agenda.
6. To re-iterate that the Committee does not at this point support the downgrading of the Trafford Urgent Care Centre to a Minor Injuries Unit.
7. To request that should the NHS wish to make any further changes to the service provision at the Trafford Urgent Care Centre appropriate consultation is carried out with both the Joint Health Scrutiny Committee and Trafford Health Scrutiny Committee.
8. To note that the NHS have confirmed that individual health scrutiny committees including Manchester Health Scrutiny Committee and Trafford Health Scrutiny Committee will receive regular updates on the Single Hospital Service.
9. To request that, should any emerging implications for the New Health Deal for Trafford arise from the development of the Single Hospital Service, they be reported to the Joint Health Scrutiny Committee.

The meeting commenced at 6.30 pm and finished at 8.10 pm

Joint Overview and Scrutiny Committee Report

Trafford Urgent Care Centre

1. Background

The New Health Deal for Trafford always envisaged that the Urgent Care Centre would move to becoming a nurse led centre within two years. Central Manchester NHS Foundation Trust has worked closely with Trafford CCG to identify when it was appropriate to commence planning this change.

The CCG brought together all key stakeholders within the health economy to develop the potential new model. The clinical teams across the health economy reviewed records of patients who had previously attended the Urgent Care Centre, to ascertain if the attendance and clinical needs could be managed within a nurse led model. With this information, a resilient nurse-led model has been designed and is currently being implemented.

The original modelling had projected that the attendances would reduce to circa 29,000 pa following the move from an Accident and Emergency Service to an Urgent Care Service. The figures for actual activity demonstrated this forecast to be accurate, with attendances just below 30,000 pa. The original modelling had also forecast that the subsequent move to a nurse-led model could be expected to cause a further 9,000 attendances to divert to other facilities. This would have had a major impact on the performance of surrounding hospitals and emergency services.

The CCG were very conscious of the need to retain the 9,000 attendances at the Trafford site. The service already had a robust transfer policy in place to manage people who needed the care of an emergency department. In order to avoid the transfer of 9,000 patients to other sites, the team were aware that the Trafford service needed to be robust and resilient and that the service needed to attract and retain key nursing and allied health professional staff.

2. Update

- **Implementation**

During the planning phase it was also agreed that an integrated service delivery with the walk in centre would be beneficial to the health economy. This would enable closer working and development of joint pathways to maintain the patients attending Trafford General on the site. Due to pressing external circumstances, it was agreed that the service would be implemented with two weeks' notice on October 3rd 2016.

Alterations to the estate have been undertaken in stages. The first phase was the creation of walk in centre clinical rooms, which were ready for 3rd October. Phase 2 was the redesign of the waiting room and reception, which is due to be completed shortly. This enables the two teams to work within the original Urgent Care Centre footprint.

The service commenced on 3rd October 2016 and Mastercall moved into the premises on 4th October 2016.

- **Staffing**

In line with the original plan we have been successful in recruiting to the Nurse Consultant post. We are still actively recruiting to the Advanced Nurse Practitioners. To support the management of the minor injuries stream we are successfully utilising the skills of the extended scope Physiotherapists. We have reviewed the staffing model with the knowledge we have gained since the changes. We continue to be supported by medical staffing until all training and competencies are completed.

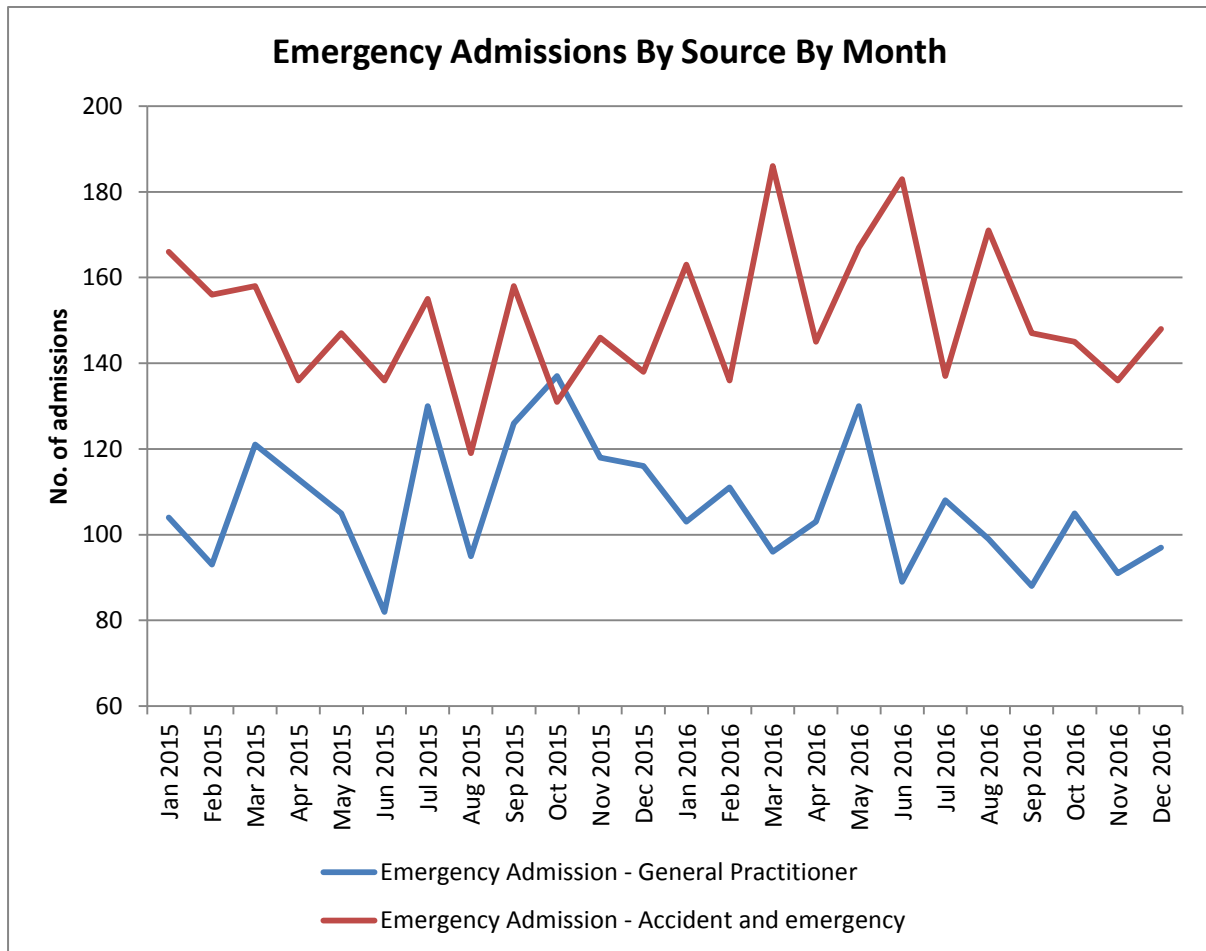
- **Attendances**

The original planning showed some potential movement of the patients between the two services. There is already evidence that patients are self-selecting and choosing the appropriate service they require. Mastercall had anticipated that they would see 60% of the original numbers. The clinical review undertaken as part of the initial model scoping work estimated less than 10% circa 2000 patients would transfer from the urgent Care centre to Mastercall and that approximately 1800 patients would flow the opposite way.

Month	Monthly Attendances	Transfers to WIC from UCC	Transfers to other Hospitals
October	2185	107	89
November	2374	79	81
December	2267	63	53
January to 15.1.17	1166	42	36

- **Acute Medical Patients**

It has been identified that the working relationship between AMU the UCC and Walk in Centre needs to be further developed. The Trust appointed Helen Hurst, Nurse Consultant for Frail Elderly to Trafford Hospital late last year. Helen is working closely with the Clinical Lead Dr Bourne to enhance our pathways. This includes working with NHSI regarding the new medical model for small hospitals. They are also ensuring wherever possible we are admitting to the AMU at Trafford. We are also embedding the transfer of all suitable medical patients who are Trafford residents, from the MRI to Trafford.



- **Governance**

To ensure we continue to improve the service and demonstrate safe delivery we have implemented additional governance arrangements. These are to ensure that Mastercall and CMFT have clear governance and operational sight of the services.

Operational meetings are held every 2 weeks.

There are monthly clinical governance meetings held with both organisations present to address complaints, issues and incidents.

- **Incidents since 3rd October 2016**

October – December 2015 – 55 incidents

October – December 2016 – 62 incidents, of these 27 were attendance after 8pm as all are recorded as incidents.

3. Next Steps

The plan is to:

- Continue the development of the acute medical model within AMU to support UCC
- Continue to work closely with Mastercall to ensure delivery of services
- Revisit the communications and signage regarding closure at 8pm

4. Conclusions

Implementation of planned changes to the Urgent Care Centre at Trafford General has been successful, and the service is working towards a fully nurse-led service, working in close collaboration with the Mastercall Walk In Centre. Activity levels and case mix are close to what was planned and expected, and there have been no material difficulties with the operation of the new service model.

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