

# HEALTH SCRUTINY COMMITTEE

11 SEPTEMBER 2024

## PRESENT

Councillor D. Butt (in the Chair).

Councillors S. Taylor (Vice-Chair), G. Devlin, S.J. Gilbert, B. Hartley, W. Hassan, W. Jones, J. Leicester, S.E. Lepori and J. Lloyd

### In attendance

Councillor J. Slater      Executive Member for Healthy and Independent Lives

Councillor G. Coggins

Councillor W. Frass

Councillor S. Ennis

Fleur Blakeman      Director of Improvement, GMMH

Gemma Clarke      Associate Director of Quality and AHP, GMMH

John Walker      Associate Director of Operations, GMMH

Gareth James      Deputy Place Lead for Health and Care Integration (Trafford)

Cathy O'Driscoll      Associate Director of Delivery and Transformation (Trafford)

Heather Fairfield      Chair of HealthWatch Trafford

John Addison      Governance Manager

Stephanie Ferraioli      Democratic Officer

Georgia Thurston      Democratic Assistant

## APOLOGIES

Apologies for absence were received from Councillors F. Hornby and D. Western.

### 1. DECLARATIONS OF INTEREST

Councillor Taylor made a declaration regarding working in the NHS. Councillor Lepori made a declaration regarding to working in social care.

### 2. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions from members of the public were received.

### 3. MINUTES

RESOLVED: That the minutes of the meeting on 25 July 2024 be agreed as an accurate record and signed by the Chair.

### 4. MENTAL HEALTH TRUST - IMPROVEMENT JOURNEY UPDATE

The Committee received a report from the Director of Improvement at Greater Manchester Mental Health NHS Foundation Trust (GMMH).

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The Committee was informed of the three strategic priorities within the Improvement Plan, which consisted of recovery, governance, and aspiration and strategy. The Director of Improvement reported that GMMH was moving from an improvement plan to a recovery plan, wherein changes to governance arrangements were due to commence from the 2025 calendar year.

A Member requested more information about the three deliverables within the Improvement Plan that were not progressing according to plan; the Director of Improvement clarified that work for these items was progressing but had missed their original deadline date, and included the Clinical Induction Programme and the Clinical and Care Strategy. Areas where progress has been slower than expected were held to account through internal governance arrangements.

The Associate Director of Quality and AHP informed the Committee, with regard to professional standards, that as part of the Visible Leadership Programme, senior leaders were more visible on inpatient wards and engaging with staff both during the daytime and out of hours, to ensure that professional standards were maintained at all times. This was supported by the Culture of Care Programme, which focused on delivering compassionate and trauma-informed care.

In response to a question from a Member regarding areas within the service which were under strain, the Associate Director of Operations informed the Committee that the Memory Assessment Service was experiencing delays owing to demand. Quality reviews were underway to establish how to address pressures on teams in both the short- and long-term. The Director of Improvement discussed national pressures, such as ADHD diagnosis, which were present in Trafford and GMMH, but noted that this was aided by improved business intelligence at GMMH and that patients waiting for care were now proactively managed.

The Vice-Chair expressed congratulations on the progress that had been made in the Improvement Plan and asked about the strategies in place for discharging patients. The Associate Director of Operations referred to Living Well Trafford, which supported patients whose need was above primary care yet did not meet the threshold for secondary care. This service also assisted patients upon discharge and has created capacity in teams.

In response to a question on diversity within GMMH, the Director of Transformation confirmed that data was being captured on the composition of workforce, with an improved staff offer including a broader range of staff networks and tailored programmes of health and wellbeing initiatives for staff with protected characteristics (where these had been disclosed). With regard to service users, the Committee was informed of the Service User Forum which championed accessible care.

A Member asked about the planning and funding of the continuing professional development (CPD) for staff. The Associate Director of Quality and AHP outlined the CPD offer of compulsory training and the additional funding from Health Education England for nurses who were undertaking additional training such as prescribing qualifications, for example. Appraisals were reported at being 80% with robust supervision for staff in place. The Director of Transformation also highlighted the importance of quality and a bespoke CPD offer for staff.

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The Chair thanked the representatives from GMMH for the report.

RESOLVED:

- That the report be noted.
- That progress by GMMH around the continued work of the Improvement Plan be noted.
- That the changes to GMMH governance arrangements be noted.

**5. URGENT CARE REVIEW**

The Chair welcomed Gareth James, Deputy Place Lead for Health and Care Integration and Cathy O'Driscoll, Associate Director of Delivery and Transformation, NHS Greater Manchester to the Meeting. The Officers outlined the Urgent Care review findings and recommendations for Scrutiny to consider.

The Chair reminded Members that the request on Health Scrutiny Members tonight was to articulate if they consider that the changes proposed in the review resulted in a substantial change in service provision and, if so, articulate the reasons for this. It was noted that any views provided by Members would inform a conversation with NHS England about the level of further work and consultation required.

The Associate Director of Delivery & Transformation (Trafford) provided the Committee with a summary of the seven priority areas within Urgent Care Review.

A Member asked whether the wording of Priority Area 7 ('Consider how we use Altrincham Minor Injuries Unit') ought to be reconsidered with reference to the phrase 'continual relocation of services to the Wythenshawe Hospital site' (report p. 8), as this could have been construed as plans for additional service relocations. The Deputy Place Lead for Health and Care Integration noted this as a helpful suggestion.

Members discussed how the future use of the two rooms made vacant by the relocation of Altrincham Minor Injuries Unit would be an important area for public engagement discussions if Priority Area 7 returned for consultation (Gateway 2). The Deputy Place Lead for Health and Care Integration confirmed that this would come through Health Scrutiny if further consultation was required.

The Associate Director of Delivery & Transformation (Trafford) informed the Committee that Priority Areas 1-6 could be implemented immediately if the recommendations were approved as the infrastructure and providers were already in place.

A Member asked whether out of hours provision would also extend to pharmacies in Partington. The Associate Director of Delivery & Transformation (Trafford) explained to the Committee that pharmacies were not directly commissioned but rather independent contractors; discussions were taking place to extend opening hours for pharmacies in Partington, though Trafford was generally well supplied with pharmacies.

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The Committee was informed that a 24-hour facility was not available within the Trafford borough which was the reason for the Wythenshawe Hospital site for Priority Area 7 in the report; face-to-face appointments were to be available at Trafford General Hospital until 11:00pm, with appointments at the Wythenshawe site from 11:00pm until 8:00am for this reason of accessibility.

Several Members stressed the impact of the relocation of services from Altrincham Minor Injuries Unit (Priority Area 7), particularly for residents in the south of the Borough, with added pressures on urgent care from the additional population who were due to move to the Borough's new housing developments. The Deputy Place Lead for Health and Care Integration responded that the impact on healthcare provision was factored into planning decisions and that they worked closely with Trafford Council colleagues regarding the health impact of housing developments.

The Vice-Chair noted that the urgent care provision was comprehensive in the Borough and delivered in a number of ways; however, public understanding of the provision was imperative through a robust communications strategy to ensure that the population accessed the right services.

At the conclusion of the debate, the consensus of Members was in support of the review and the positive outcomes it would have on residents. Some Members however felt that the closure of the minor Injures unit represented a substantial change in provision, due to the closure of a service.

Upon being put to vote, Members agreed that:

That the Health Scrutiny Committee supports the urgent care review and its findings, with the exception of recommendation 10 (Priority area 7) which the Committee felt resulted in a substantial change in service due to the closure of a service.

RESOLVED:

That the Health Scrutiny Committee supports the urgent care review and its findings, with the exception of recommendation 10 (Priority area 7) which the Committee felt resulted in a substantial change in service due to the closure of a service."

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

There was no urgent business to discuss.