



**MANCHESTER  
CITY COUNCIL**

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

**Date: Tuesday, 22 October 2013**

**Time: 6.30 pm**

**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.

<b>A G E N D A</b>	<b>P A R T I</b>	<b>Pages</b>
1. <b>ATTENDANCES</b>		
To note attendances, including Officers, and any apologies for absence.		
2. <b>MINUTES OF THE LAST MEETING</b>		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 1 August 2013.		
3. <b>DECLARATIONS OF INTEREST</b>		
To note any declarations of interest.		
4. <b>TERMS OF REFERENCE</b>		7 - 8
To note the Committees revised terms of reference as agreed by Trafford Council and Manchester City Council. .		

5. **UPDATE - NEW HEALTH DEAL FOR TRAFFORD**

The Joint Health Scrutiny Committee will be briefed on the following issues.  
The reports are to follow.

- (a) **Overview of Integrated Care - Benefits to Communities and Patients**  
Update from Dr N. Guest, Dr K. Sutton and Integrated Care team
- (b) **Changing Secondary Care Services at Trafford General Hospital**  
Update by representatives of Central Manchester Foundation Trust
- (c) **Proposed Timescales**  
Update from G. Lawrence Director of Commissioning and Operations, Trafford CCG
- (d) **Assurance on the Local Health and Social Care System**  
Update from Mike Burrows, Director (Greater Manchester), NHS England and providers

6. **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

Peter Forrester, Democratic Services Manager

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Membership of the Committee

**Trafford Council**

Councillors Mrs. A. Bruer-Morris, J. Holden, J. Lamb, J. Lloyd (Vice-Chairman) and K. Procter

**Manchester City Council**

Councillors Cooley, Ellison, Newman (Chairman) and Watson (one vacancy)

This agenda was issued on **14<sup>th</sup> October 2013** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Stretford, Manchester, M32 0TH.

**Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford**

**Minutes of the meeting held on 1 August 2013**

**Present:**

Councillor E Newman - Chair  
Councillor Lloyd - Vice Chair

Manchester City Council - Councillors Cooley, Ellison, and Watson  
Trafford Borough Council – Councillors Bruer-Morris, Holden, Lamb and Procter

Dr Kath Sutton, Chair of Trafford Clinical Commissioning Group  
Dr Nigel Guest, Chief Clinical Officer, Trafford Clinical Commissioning Group  
Jessica Williams, Assistant Director for Service Transformation, NHS England Greater Manchester  
Councillor Akbar, Ward Councillor for Rusholme  
Members of the public were also present.

**Apologies:**

Councillor Fisher (Manchester City Council)  
Councillor Lamb (Trafford Council)

**JHSC/13/06            Appointment of Chair and Vice Chair**

The Committee nominated Councillor Newman as Chair. The Committee received two nominations for Vice Chair: Councillor Lloyd and Councillor Lamb. A vote was taken and Councillor Lloyd was successful by 6 votes to 3.

**Decision**

To appoint Councillor Newman as Chair and Councillor Lloyd as Vice Chair

**JHSC/13/07            Attendances**

The Committee noted apologies from Councillors Fisher (Manchester City Council) and Lamb (Trafford Council) and that Trafford Council had appointed Cllr Joanne Harding as an additional substitute. It was noted that Councillor Wilkinson had attended as substitute for Councillor Lamb. The Committee welcomed its members, NHS representatives and members of the Save Trafford General Campaign in the public gallery.

**JHSC/13/08            Minutes**

**Decision**

To approve the minutes of the meeting on 14 January 2013 as a correct record.

**JHSC/13/09            Declarations of Interest**

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as an employee of the Stroke Association based at Salford Royal NHS Foundation Trust.
- Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Trafford.

## **JHSC/13/10            Membership of the Committee 2013/14**

### **Decision**

To note the membership as detailed in the report

## **JHSC/13/11            Terms of Reference**

The Chair explained that since the New Health Deal for Trafford consultation period had finished if the Joint Health Overview and Scrutiny Committee (JHOSC) wished to continue the terms of reference would require revision. The Committee unanimously agreed that they wished to continue, noting that the Secretary of State had indicated in his statement to the House of Commons that there was still a role for the Committee in terms of monitoring and assuring that the proposals were correctly implemented.

In respect of the written terms of reference the Chair explained that the section entitled background would need amending to reflect that we had chosen to continue to operate as a JHOSC on a voluntary rather than an obligatory basis; and the purpose would need amending to reflect our current aims. Following this both Councils would need to submit reports to their next Council meetings to re-establish the Committee under the new terms of reference. The Chair asked the committee whether they were in agreement to this, to which the Committee agreed.

The Committee were asked if they wanted to make any contributions. A member suggested: "to oversee the process that has been approved by the Secretary of State and make sure the conditions that the Secretary of State had laid down are clarified and met". Members agreed that this was the general purpose. Members noted that Trafford Council was taking legal advice about the validity of the Secretary of State's decision, but agreed that it was not the role of the JHOSC to do this.

The Chair asked whether members were in agreement for the terms of reference to be revised by the Committee Support Officers in line with legal advice following the meeting, to which the Committee agreed.

### **Decision:**

1. To note that the Joint Health Overview and Scrutiny Committee intends to continue to operate in order to ensure that the proposals are implemented properly and assure itself that the conditions set down by the Secretary of State are clarified and met

2. To note that both Manchester City Council and Trafford council will re-submit revised terms of reference for the Committee to their respective Council meetings in order that the above objectives can be met

**JHSC/13/12                      Response from the Secretary of State for Health and the Independent Reconfiguration Panel's Advice- New Health Deal for Trafford**

The Chair asked the Committee to formally receive the response of the Secretary of State to which the Committee agreed.

**Decision:**

1. To formally receive the response of the Secretary of State
2. To deeply regret the decision of the Secretary of State to endorse albeit with conditions, the New Health Deal for Trafford, including the downgrading of the Trafford Accident and Emergency Department

**JHSC/13/13                      Report back from the Chair and Deputy's meeting with Dr Mike Burrows, Director NHS England (Greater Manchester)**

The Chair advised that he and the Deputy Chair had been invited to meet with Mike Burrows, the Director of NHS England (Greater Manchester) and Leila Williams, the Director of Service Transformation for NHS Commissioners in Greater Manchester. and had met with them on Tuesday 30<sup>th</sup> July 2013. Notes of the points raised at the meeting and of the discussion had been circulated to members. In respect of the points raised by the Chair, he said that he had tried to extract from the Secretary of State's response and his statement to the House of Commons what the conditions were and what the assurance role of the JHOSC was.

At the meeting the Director of NHS England (Greater Manchester) had advised that he had given 90 days notice to the appropriate NHS personnel and bodies to implement the proposals. The Chair felt it important that members were aware of this since he was doubtful appropriate assurances could be given to the JHOSC within that time period.

The Chair advised that at the meeting they were shown a variety of documentation which sought to provide assurance that the conditions of the implementation could be met. This included letters from various local hospital trusts describing the capacity of those hospitals to deal with additional patients from Trafford, statistics regarding various local hospitals Accident and Emergency (A&E) admissions and waiting times, and a power-point presentation which interpreted the 6 conditions for implementation agreed by the Strategic Programme Board (SPB) prior to the Secretary of State's response, and explained how they would be taken forward. The Chair advised that much of this information had only recently been received via email but would be provided to members via email following the meeting.

The Chair read out extracts from a 'string' of emails which the Deputy Chair and he had been sent the previous day alongside information supplied by the local NHS. These emails were written mostly by named officials of NHS England.

On the eve of the Ministerial Statement to Parliament, disappointment was expressed that "*officials have been unable to dissuade the Secretary of State against including caveats on A & E*"; that the Secretary of State was adding a reference to the capital bid for UHSM (Wythenshawe Hospital) A & E despite the contrary view of some Department of Health officials; and that the Joint Scrutiny Committee would be involved in the subsequent assurance process.

Early on the morning of the Ministerial Statement, attempts were being made by officials to amend the Statement to restrict the judgement on whether the neighbouring hospital A & E departments consistently meet waiting times standards to NHS England (rather than also involving the Joint Scrutiny Committee).

In an email sent during the Secretary of State's Statement, the comment was made that "*unfortunately he has just said the line about in conjunction with the OSC (Overview and Scrutiny Committee)*".

In an email sent later that day, nervousness was expressed about the failure of UHSM to meet the 4 hour maximum waiting time standard in the previous two quarters.

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### **Integrated Care**

A member enquired what progress had been made in developing integrated care in Trafford, noting that it was an integral condition of the proposals going ahead. The Chief Clinical Officer, Trafford CCG responded that millions had been invested in integrated care over the past 3 or 4 years in particular in community geriatricians, increasing the number of community matrons and GP joint working.

### **UHSM Investment**

Members welcomed the commitment for investment in the A&E Department at UHSM (Wythenshawe Hospital) and were shocked to hear this could have been blocked were it not for the Secretary of State's speech. Members queried when the funding would be forthcoming. Jessica Williams, Assistant Director for Service Transformation, NHS England (Greater Manchester) advised the additional funding for UHSM was from the Department of Health (DoH) and not NHS England. The UHSM bid was independent of the New Health Deal for Trafford. UHSM was originally built for approximately 70,000 A&E admissions per year but now received approximately 100,000. The number of patients from Trafford to UHSM was stable or had dropped. UHSM was also receiving extra patients from other areas such as Stockport. The funding was to provide an enhanced Medical Assessment Unit (MAU) for patients that couldn't be discharged within 4 hours to ensure they would have a bed. Her manager Leila Williams the Director of Service Transformation for NHS Commissioners in Greater Manchester, was currently working with the Director of Finance for UHSM to try to expedite the process.

### **Other hospitals capacity to take additional patients**

Members emphasised the importance of assurances that UHSM, Central Manchester University Hospitals NHS Foundation Trust (CMFT) and Salford Royal NHS Foundation Trust (SRFT) could accommodate the extra patients.

The Chair noted that the letters from other hospitals, expressing their capacity to accept additional patients, had been mixed in their levels of commitment. Whilst CMFT had provided a very positive response, SRFT was less convincing and the UHSM response indicated that its capacity was dependent on circumstances. Members felt that letters were not sufficient and that evidence was required.

Dr Nigel Guest advised that in the first phase the number of additional patients to other hospitals was tiny. For UHSM, which had taken the most patients, this equated to an average of 1.2 patients per hour between the hours of 12-8am. He advised that both CMFT & UHSM had achieved their A&E performance targets in the 1<sup>st</sup> quarter, and he was confident they would also be achieved in the 2<sup>nd</sup> quarter. He acknowledged that all hospitals suffered in the winter months but that UHSM had a clear action plan to tackle this, building on the lessons of the previous winter, as part of their integrated care activity. He advised he has been working closely with colleagues in the South and Trafford to invest in systems that will ensure the capacity of other hospitals to take Trafford patients will be met.

Members noted the paragraph in the letter from the Secretary of State which advised that during the transitions there would be a 'rigorous assurance process' and that no changes would occur until unequivocal assurances have been given that other organisations could safely receive additional patients and activity 'however small'.

A member noted that the 90 day timeframe did not take heed of the reference in the letter by the Secretary of State which stated the closure would 'only' take place if NHS England were satisfied. Dr Nigel Guest advised that the process he was working on at present would ensure that this assurance was met within the 90 days. Members noted that the winter period would be important.

### **Transportation**

A member enquired what progress had been made in relation to transportation problems, particularly for residents of Partington who would struggle to access A&E's elsewhere. Dr Nigel Guest advised it was a 3 stage process. The 1<sup>st</sup> phase was integrated care and they had implemented a new provider of community care (Pennine care) who were now the single point of access for travel bookings. The 2<sup>nd</sup> phase was the introduction of a patient co-ordination system, which had been met. The 3<sup>rd</sup> phase, which we were moving into at present, was the opening of a patient co-ordination centre.

Jessica Williams advised that transportation was not restricted to Partington; work was ongoing with CMFT to expand the transport offer to Manchester residents that needed to access the orthopaedic services at Trafford.

### **Healthier Together**

The Chair noted that he regretted the Secretary of States rejection of the links between the New Health Deal for Trafford and the Healthier Together proposals noting that there may be a connection between A&E waiting times and the proposals.

Jessica Williams agreed but noted that progress around integrated care and primary care especially in Trafford and Stockport was very advanced, and it was not just about the increasing demand for A&E services.

The Vice Chair noted that there had been many delays to the Healthier Together proposals and that we still didn't know for sure when it would be introduced. Jessica Williams advised that a 3 month timescale had been indicated. It was expected that consultations with the public would commence in January 2014 and that proposals would be brought to Health and Wellbeing Boards and Overview and Scrutiny Committee's in the autumn months of 2013 prior to this.

### **Other issues**

Members discussed the inappropriate use of A&E by members of the public. Dr Kath Sutton, Chair of Trafford CCG advised that the Communications Department at Trafford CCG were currently undertaking a lot of work around this. A member enquired whether there was a clear pathway for mental health patients who would normally use Trafford. Dr Kath Sutton advised it was one of the 6 conditions of the SPB, prior to the proposals going ahead. She explained that there was a new initiative 'rapid assessment interface discharge' (RAID) which sought to address mental health and alcohol and drug issues in a holistic way. She explained that as a GP in Trafford for 23 years she was aware that they had not always had a good record for responding to mental health issues but that this had changed over the past few years.

### **Decision:**

1. To arrange a further meeting of the Committee in October, following both Council's full Council meeting
2. To circulate the documents to all members from the meeting with Dr Mike Burrows



## **Joint Health Scrutiny Committee for Trafford Borough Council and Manchester City Council**

### **To Consider: The New Health Deal for Trafford**

#### **Terms of Reference**

##### **Purpose of the Committee**

In accordance with the letter sent to the JHOSC by the Secretary of State on 11 July 2013, the purpose of the Committee is:-

- 1) To assess and evaluate the progress made in relation to the implementation of the New Health Deal for Trafford;
- 2) To take part in the assurance process, as stipulated by the Secretary of State." In exercising these functions, the JHOSC has the power to:
  1. Make comments to a relevant NHS body;
  2. Require an NHS body to provide information;
  3. Require an officer of a local NHS body to attend meetings and to answer questions in connection with the implementation of the proposals.

##### **Membership/Chairing**

The JHOSC will consist of ten Members. Five members will be appointed from each participating Local Authority and this will be decided upon at the Annual Meeting of each participating Local Authority.

Individual authorities will decide whether or not to apply political proportionality to their own Members in accordance with their own legal requirements and constitutional arrangements of each authority.

The Committee's members will elect a Chair and Vice-Chair.

Each member of the Committee will have one vote and the Chair will not exercise a casting vote.

##### **Quorum for meetings**

The quorum for the Joint Health Scrutiny Committee will be a minimum of three members, with at least one member from each authority.

##### **Supporting the Joint Health Scrutiny Committee**

The administrative support for the JHOSC will be shared between both Local Authorities.

Each participating authority will appoint a link officer to provide support to the members of the Committee as follows:

- liaise with the Chair and Committee Members;
- ensure attendance of witnesses;
- Organising and minuting meetings;
- Produce any correspondence where appropriate.

Meetings shall be held at venues, dates and times agreed between the participating authorities. The host authority will bear the costs of arranging, supporting and hosting the meetings of the Committee.

### **Constitutional arrangements**

In all matters other than those specified in this document, the standing orders and constitutional rules of the Members' appointing authority will apply.