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## JOINT HEALTH SCRUTINY COMMITTEE

2 FEBRUARY 2016

### PRESENT

Councillor Newman (in the Chair).

Councillors Mrs. A. Bruer-Morris, Craig, Ellison, J. Harding and Mrs. V. Ward.

#### In attendance

Gina Lawrence	Trafford Clinical Commissioning Group
Julie Crossley	Trafford Clinical Commissioning Group
Silas Nicholls	Deputy CEO, University Hospital of South Manchester NHS Foundation Trust
David Hounslea	Director of Estates and Facilities, University Hospital of South Manchester NHS Foundation Trust
Keith Bennett	University Hospital of South Manchester NHS Foundation Trust
Julia Bridgewater	Chief Operating Officer, CMFT
Dr Jon Simpson	Clinical Head of Division for Acute Medicine, CMFT
Mary Burney	Divisional Director for Trafford Hospitals, CMFT
Ben Squires	NHS England
Lee Walker	Scrutiny Officer, Manchester City Council
Alexander Murray	Democratic and Scrutiny Officer, Trafford MBC

### APOLOGIES

Apologies for absence were received from Councillors J. Lloyd, Reid, Wilson and Mrs. P. Young.

## 19. MINUTES OF THE LAST MEETING

The Committee considered the minutes of the previous meeting. The Chair noted that the previous recommendations requesting additional information in relation to the Falls Service Redesign and Winter Resilience Plans had not been received. The Chair said that all information requested by members should be circulated in a timely manner.

Councillor Chilton requested that his attendance be recorded in the minutes of the meeting held 10 November 2015.

#### **Decision**

To approve the minutes of the meeting on 10 November 2015 as a correct record subject to the above amendment.

## 20. DECLARATIONS OF INTEREST

The following personal interests were declared:

Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Manchester.

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Councillor Chilton declared a personal interest as an employee of the General Medical Council.

Councillor Harding declared a personal interest in relation to her employment by a mental health charity.

**21. NEW HEALTH DEAL FOR TRAFFORD**

The Committee welcomed Gina Lawrence, Trafford Clinical Commissioning Group (CCG); Julie Crossley, Trafford CCG; Silas Nicholls, Deputy CEO, University Hospital of South Manchester NHS Foundation Trust (UHSM); David Hounslea, Director of Estates and Facilities, UHSM; Keith Bennett, UHSM; Julia Bridgewater, Chief Operating Officer, CMFT; Dr Jon Simpson, Clinical Head of Division for Acute Medicine, CMFT; Mary Burney, Divisional Director for Trafford Hospitals, CMFT and Ben Squires, NHS England.

Ms Lawrence introduced the report submitted by Trafford CCG which provided current performance data against national targets for Accident and Emergency activity. A member commented that the reports were received late and the extensive use of acronyms made them difficult to read and understand in parts. She said that report authors needed to be mindful that the information provided to the Committee needs to be in an accessible format.

A member said that the issue of Delayed Transfer of Care is a recurring theme in the reports submitted to the Committee; with little signs of improvement and that this is a concern for the members. Ms Lawrence responded by saying that this is recognised as an issue and that they are developing a number of schemes to address this. She said that the 18 intermediate care beds are now full and the ambition is to open more intermediate beds to improve patient flow. She said that the cost of residential nursing homes, which had always been high in the Trafford area, had been renegotiated to a lower price. Mr Bennett informed the Committee that there had been no critical incidents as a result of a delayed transfer of care.

In response to a question from a member regarding the Community Nursing Specification Ms Lawrence said that the CCG commission this service from the Pennine Care NHS Foundation Trust. She said that this complex negotiation process is currently ongoing. She said that once these negotiations are concluded the outcomes will be shared with the Committee.

A member asked why the Falls Service required a redesign. Ms Lawrence responded saying that this area of work was being undertaken in recognition that incidents of falls in Trafford are high. She advised that this redesign is being delivered through the Better Care Fund and will deliver better care pathways for patients by combining a range of services with an emphasis on preventative work.

The Chair reminded all those present of the previous assurances given at the last meeting regarding the programme of works at UHSM which were expected to begin in January 2016 and to take 18 months to complete. He invited Mr Nichols to comment on the redevelopment of the Emergency Department at UHSM. However, the written report for this meeting stated that major work was expected to commence in June 2016 and to be completed two years later.

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Mr Nicholls said that he acknowledged the frustrations expressed by the members in the delay in the delivery of this project. He said that he was confident that the redevelopment would deliver better outcomes for patients. He advised that clinicians had been involved in the design process and are represented on the Project Board, which meant that the development is appropriate and fit for purpose.

He said that the £12M allocated to deliver this project is secure and that any overspend will be met by UHSM. He said that realistically the development could take closer to two years to complete rather than the planned 18 months, as the logistics of delivering this project are complex. He said that the construction work has to be managed whilst UHSM continues to deliver a clinically safe Accident and Emergency department.

Mr Nicholls said that, to mitigate the impact on patient services during this redevelopment, the hospital will seek to divert activity out of the Accident and Emergency Department where possible. He described that this will be done by working with clinicians to identify alternative care pathways for patients and utilising other rooms and buildings on site. He said that the development will deliver double the current clinical space.

In response to a comment from the Chair regarding the need for better and increased cooperation between CMFT and UHSM, especially during the period of redevelopment at UHSM, Mr Nicholls said that whilst this may have been an issue in the past he was confident that the current senior leadership at both sites are committed to this.

In response to a question from a member regarding the negotiations with South Manchester Healthcare Limited, UHSM's PFI partner, Mr Nicholls said that these negotiations are to ensure that a practical, well managed approach is adopted to deliver this project and there is no change to the financial arrangements.

A member commented that he welcomed the increase in the clinical space that this development will deliver, however noted that the ambition across the wider NHS is to reduce attendances at A&E departments. Mr Nicholls agreed that this is the ambition and said that early intervention and prevention initiatives; better use of IT and the development of the Care Coordination Centre will support this. In response to a question Mr Nicholls said that the redevelopment of the A&E department at UHSM would need to be completed before closure of the Trafford Urgent Care Centre is implemented.

Members then discussed the Trafford Urgent Care Centre (UCC). Julia Bridgewater, Chief Operating Officer, CMFT introduced a presentation which described the context of the current review of the Trafford UCC. Ms Bridgewater said that contrary to the recent media coverage the UCC is not closing. She said that analysis and data collection is underway to understand patient profiles; patient needs; patient flow and care pathways. This data will then inform any future decisions, in consultation with partners with regarding to the future of the UCC. She said that financial and staff skills analysis will also inform any decision to ensure services are financially viable and deliver value for money. She said that

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the data is being collected and this will be shared with members of the Committee at the March meeting.

Ms Lawrence described the governance arrangements that had been established to oversee this process. She said that the independently chaired Integrated Care Redesign Board has to approve and agree any changes, and any decision has to be agreed by all partners, which includes UHSM.

Members commented that the messages received by patients, residents and members had been misleading. A member said that the NHS should ensure that all messages are honest and transparent at all times.

A member said that he was surprised that a change to the UCC in Trafford would be considered before the improvement works at UHSM had been completed. He said the UCC should remain open whilst this work is undertaken at UHSM as this will relieve the pressures experienced by UHSM. A member further commented that the reason why the patient attendance figures are low at the UCC is because it is poorly advertised despite calls from members to increase promotion and awareness of this service amongst residents and GPs.

Ms Lawrence informed the Committee that the contract for the walk in centre had been extended until September 2017 pending the outcome of the current review of the UCC.

Members sought an assurance that no decision to down grade the Urgent Care Centre in Trafford will be taken until the £12m redevelopment of the A&E Department at UHSM was completed. The Committee was informed that this assurance could not be given at this time.

The Chair reminded all those present that the Joint Health Scrutiny Committee needs to be consulted and included as a partner during this decision making process. He said that the Committee has the power to refer any substantial variation in the provision of health services to the Secretary of State and the Committee reserves this right.

### **Decision**

1. To thank Officers for attending.
2. The Committee agreed to continue to receive performance reports on the implementation of The New Health Deal for Trafford. These reports will include Attendance and Admissions performance data for the three neighbouring accident and emergency departments and the Trafford Urgent Care Centre and measures introduced to mitigate these pressures.
3. The Committee requested that information regarding the Falls Service redesign is circulated for information to members of the Committee as soon as it is available.
4. The Committee requested that an updated report describing the performance of the Orthopaedic Centre at Trafford General Hospital is provided for consideration at the next meeting of the Committee.

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5. The Committee requested that a report describing the efficacy of last year's winter resilience plan and details of the current winter plan is circulated for information to members of the Committee.
  
6. The Committee notes that the Secretary of State had agreed the closure of the Accident and Emergency Department at Trafford General Hospital on the understanding that the Urgent Care Centre would not close until appropriate alternative Accident and Emergency Department had been established, including the £12 million investment into the Accident and Emergency Department at UHSM.
  
7. The Committee regrets the delay in the implementation of the £12M capital investment for the Accident and Emergency Department at UHSM. The Committee notes the latest timetable and urges the implementation of this plan to be expedited as quickly and safely as possible.
  
8. The Committee notes that if the Urgent Care Centre is closed or substantially downgraded before the Accident and Emergency Department development at UHSM is in place, the Committee may consider a substantial variation referral to the Secretary of State.
  
9. The Committee requests that the services and opening times of the Urgent Care Centre are better publicised to Trafford residents and that the North West Ambulance Service, Trafford GPs and pharmacists are reminded of the possibility for referral to the UCC where this is appropriate.
  
10. The next meeting of the Committee will be 22 March 2016. The Chair requested that all reports are submitted no later than 12 noon of 18 March 2016 to allow members adequate time to read all of the information in advance of the meeting.

The meeting commenced at 6.30 pm and finished at 8.17 pm

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