

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

### **Minutes of the meeting held on 29 October 2012**

#### **Present:**

Councillor E Newman –Chair  
Councillor Lloyd – Vice Chair

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

Councillor Taylor, Member of Health Scrutiny Committee, Trafford Borough Council  
Councillor Hassan, Manchester City Council Assistant Executive Member for Adult Services

Darren Banks, Director of Strategic Development, Central Manchester University Hospitals NHS Foundation Trust

Dr Nigel Guest, Trafford GP and interim chief clinical officer, Trafford Clinical Commissioning Group

Robert Pearson, Medical Director, Central Manchester University Hospitals NHS Foundation Trust

Leila Williams, Director of Service Transformation, NHS Greater Manchester

Councillor Jo Harding, Representative of Save Trafford General Hospital Campaign Group

Members of the public were also present.

#### **Apologies:**

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

### **JHSC/12/01      Appointment of Chair and Vice Chair**

The Committee agreed to appoint Councillor Eddy Newman, Manchester City Council as Chair, and Councillor Judith Lloyd, Trafford Borough Council as Vice Chair.

#### **Decision**

To appoint Councillor Newman as Chair and Councillor Lloyd as Vice Chair of the Committee.

### **JHSC/12/02      Apologies**

The Committee noted apologies from Councillor Fisher (Manchester City Council and Councillor Lamb (Trafford Borough Council)

### **JHSC/12/03      Membership of the Committee**

Trafford Borough Council has appointed Councillors Lloyd, Procter, Lamb, Holden and Bruer-Morris. Councillor Wilkinson has also been appointed as a named substitute. Manchester City Council has appointed Councillors Cooley, Ellison, Fisher, Newman and Watson.

### **Decision**

To note the membership of the Committee.

### **JHSC/12/04      Terms of Reference of the Joint Health Scrutiny Committee 2012/13**

The draft terms of reference of the Joint Health Scrutiny Committee 2012/13 were submitted for consideration.

### **Decision**

To agree the terms of reference of the Joint Health Scrutiny Committee.

### **JHSC/12/03      Declarations of Interest**

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as a member of the Stroke Association.
- Councillor Bruer-Morris declared a personal interest as a practice nurse at GP practices in both Manchester and Trafford.

### **JHSC/12/04      A New Health Deal for Trafford – Response to the Consultation**

The Committee received a detailed presentation from NHS Greater Manchester on the New Health Deal for Trafford proposals and consultation. The presentation set out the clinical and financial reasons for the proposals, what the proposed changes were and the details of the consultation process. Included within the agenda papers were the consultation documents and the local responses from both Manchester City Council and Trafford Borough Council health scrutiny committees.

The Committee welcomed to the meeting:

- Darren Banks, Director of Strategic Development, Central Manchester University Hospitals NHS Foundation Trust (CMFT)
- Dr Nigel Guest, Trafford GP and Interim Chief Clinical Officer, Trafford Clinical Commissioning Group
- Robert Pearson, Medical Director, Central Manchester University Hospitals NHS Foundation Trust
- Leila Williams, Director of Service Transformation, NHS Greater Manchester

Dr Guest explained that Trafford General Hospital is one of the smallest hospitals in England with the second smallest accident and emergency (A&E) department. There were a comparable low number of service users for each of the key services that were provided at the hospital which made it difficult to recruit and retain staff to sustain the existing level of service. For this reason, significant changes were needed to make NHS services provided at the hospital sustainable. He also explained the financial imperatives for the proposals. The cost of providing these services was approximately £19m more than available funding. It was anticipated that these costs would increase by £3m per annum. He added that a delay in implementing the proposals would have a detrimental effect on the services provided across Trafford.

Mr Pearson explained the proposed changes. He informed members that the overall aim of the proposals is to change the way hospital services are delivered to shift care out of hospitals, into communities where possible by developing a co-ordinated integrated care system. The proposed changes included closing the A&E department between the hours of midnight and 8am, and redirecting patients to other hospitals. It was also proposed to expand outpatient services and day surgery. Inpatient surgery would be moved to Manchester. The NHS believed that this would have a limited impact on Manchester residents.

Ms Williams outlined the consultation process. The consultation had lasted 14 weeks and was due to close on 31 October 2012. To date, 330 people have attended public consultation events and just over 1500 responses have been received. The consultation responses would be independently assessed against the Department for Health's tests for substantial changes to health services. Final recommendations on the proposals will be made to NHS Greater Manchester in January 2013. The Committee was invited to comment on the consultation document and agree the formal response that will be submitted by the joint committee.

The Committee welcomed Councillor Jo Harding, representative of the Save Trafford General Hospital Campaign. She explained that she felt that the consultation process was inadequate on the basis that many Trafford households have not yet received the consultation document. She said that the figure of 330 people attending public meetings was particularly low proportion of residents. She was concerned about the lack of information about how integrated health and social care services would be provided in the context of wider reductions in funding to both health and social care budgets. She also expressed concerns about the lack of action to address transport issues, the impact on Manchester hospitals and that proposals should be considered in the context of Greater Manchester's Healthier Together Programme.

The Committee discussed the effects of plans to close Trafford General Hospital's A&E department. In response to a query about how the NHS could anticipate which alternative hospital patients would attend, the NHS confirmed that statistics on the number of patients using A&E, and their postcodes were gathered by each hospital. Data gathered was used to anticipate the individual's nearest hospital. Although it was difficult to anticipate which hospital patients would choose to go to, the NHS had carried out work with residents of Flixton and Urmston to corroborate these predictions. The results were largely consistent with original predictions but with slightly more residents than expected choosing to go to Salford Royal.

Members expressed concerns about the impact of the proposals on hospitals in Manchester and Salford. Members acknowledged that capacity may be increased at CMFT and Salford Royal hospital to accommodate extra patients, but members were concerned about the impact on the University Hospital of South Manchester (Wythenshawe hospital) as the majority of Trafford residents would go there instead. A member commented that Wythenshawe hospital was already treating more A&E patients than it had capacity for. Members were particularly concerned that additional patients would create even more pressure on capacity. The Director of Service Transformation, NHS Greater Manchester informed members that all three hospital trusts would respond to the consultation. The proposals would not go ahead until the NHS has received assurance from all three hospital trusts that they could cope with additional demand.

The Committee discussed the financial reasons for the proposals. NHS representatives said that the proposals were formulated on the basis of clinical benefit, as well as of financial imperatives. A member asked how reducing the services at Trafford General Hospital, with a relatively small number of service users would generate savings of £19m. The Director of Strategic Development, CMFT explained in detail the impact of reductions to NHS tariff funding and how other cost increases would be saved.

A member asked about the plans for Stretford Memorial Hospital and how they fit into the New Health Deal for Trafford proposals. The Director of Strategic Development CMFT said that the hospital required significant investment to make it fit for purpose. The NHS was currently in discussions with the Council and housing trusts to work in partnership to provide existing services from new premises. These discussions were still at an early stage so there was no set timescale for when these proposals would be implemented. He also clarified that the proposals did not have any effect on the funding to rebuild Altrincham Community Hospital as this was already secured.

Members discussed the proposals to develop an integrated care system which would bring together primary care, community based nursing teams, hospitals and social care teams to provide more care in the community. Members supported the principal of integrated care, but they were concerned that funding sources and integrated care proposals should be in place before the changes to hospital services were implemented, particularly given the context of wider reductions in health and social care funding. A member asked about the level of investment in integrated care to date. The Interim Chief Clinical Officer, Trafford Clinical Commissioning Group explained that there had been significant investment in community based care over the past year. Some of the activities that have already been implemented are better referrals from GPs, reablement services and stronger links between community nursing teams and hospital care. He added that integrated care was effectively better co-ordination of existing care provision to provide better outcomes for patients and avoid duplication in existing services.

In discussion of the consultation process, a member referred to the number of consultation responses that had been received in comparison to a petition with over 12,000 signatures opposing the proposals. Members felt that the reason for the large

number of signatures on the petition was because the signatures were gathered at busy times and in busy areas. The petition had been handed in to Downing Street. NHS representatives informed members that the petition would be considered as part of the consultation responses.

Members discussed the reasons for the low number of responses to the consultation. The Director of Service Transformation, NHS Greater Manchester explained that the number of responses was in line with expectations and these responses would be evaluated against the Department for Health tests for service reconfigurations. A member said that many Trafford households have not received the consultation documents so they had not had a chance to respond. Members also noted the need to explain the proposals clearly and in plain language so that people could understand the reasons given for the changes and how they will be affected. They also expressed the importance of being honest when explaining the reasons for change.

The Committee discussed the changes in NHS structures that would take place in April 2013. Following the abolishment of NHS Greater Manchester, Clinical Commissioning Groups (CCGs) would be responsible for the commissioning of services. The Director of Service Transformation explained that although NHS Greater Manchester would make the decisions about the Trafford proposals, the National Commissioning Board would have a Greater Manchester office to continue this work. All 12 CCGs across Greater Manchester would also work closely together.

The Committee acknowledged that the NHS had clearly set out their reasons for believing change was necessary. Members felt that the proposals should be considered in the context of the wider changes that would be considered as part of the Healthier Together programme. Members noted that changes to health services should only be proposed when they provided clinical benefit for patients and not primarily as a money saving measure. NHS representatives said that it was their role to ensure that services commissioned were both safe for patients and financially viable for the NHS. They reiterated their view that a delay to implementation of the proposals would have a negative effect on the services provided to patients. Members of the Committee reiterated their view that the current proposals would have a detrimental effect on patient services, and they were carrying out their democratic function of health scrutiny on behalf of the people of Manchester and Trafford.

Following the discussion, the Committee unanimously agreed to submit the individual responses from both Trafford and Manchester's health scrutiny committees as the formal response to the consultation from the joint committee.

### **Decision**

1. To thank the NHS, Save Trafford General Hospital Group and the public for attending the meeting.

2. To agree to submit the Manchester City Council Health Scrutiny Committee and the Trafford Borough Council Health Scrutiny Committee responses as the Joint Committee's formal response to the New Health Deal for Trafford consultation.