

# Public Document Pack



## TRAFFORD COUNCIL

### AGENDA PAPERS MARKED 'TO FOLLOW' (2<sup>nd</sup> Issue) FOR

#### HEALTH AND WELLBEING BOARD

Date: Tuesday, 1 July 2014

Time: 6.30 pm

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road,  
Stretford M32 0TH

AGENDA	PART I	Pages
2.	<b>MINUTES</b>	
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 1 <sup>st</sup> April 2014.	1 - 6
11.	<b>HEALTHIER TOGETHER AND NHS SOUTH SECTOR LOCAL RECONFIGURATION</b>	
	In addition to the South Sector Local Reconfiguration document already circulated, an additional paper relating to Healthier Together is now also attached.	7 - 8
13.	<b>CLINICAL COMMISSIONING GROUP ESTATE STRATEGY</b>	
	To receive a presentation from the Chief Operating Officer and Director of Commissioning, NHS Trafford Clinical Commissioning Group.	9 - 14

**THERESA GRANT**  
Chief Executive

## Health and Wellbeing Board - Tuesday, 1 July 2014

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### Membership of the Committee

Dr. N. Guest (Chairman), Councillor J. Bennett, Councillor M. Cornes, Councillor M. Young (Vice-Chairman), D. Banks, D. Brownlee, A. Day, B. Humphrey, G. Lawrence, Superintendent J. Liggett, M. McCourt, A. Razzaq, A. Vegh, S. Webster and C. Yarwood.

### Further Information

For help, advice and information about this meeting please contact:

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This agenda was issued on Monday 30<sup>th</sup> June '14 by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

## HEALTH AND WELLBEING BOARD

Tuesday 1<sup>st</sup> April 2014

### PRESENT:

Councillor Dr. K. Barclay (Executive Member for Community Health and Wellbeing) (In the Chair),  
Councillor Miss L. Blackburn (Executive Member for Supporting Children and Families),  
Councillor M. Young (Executive Member Adult Social Services and Community Wellbeing),  
D. Brownlee (Corporate Director Children, Families & Wellbeing),  
A. Day (Chair, Healthwatch Trafford),  
Dr. N. Guest (Chief Clinical Officer, NHS Trafford CCG),  
B. Humphrey (Chief Executive, Greater Manchester West Mental Health Foundation NHS Trust),  
G. Lawrence (Chief Operating Officer, NHS Trafford CCG),  
A. Razzaq (Director of Public Health),  
S. Webster (Bluesci),  
Councillor M. Young (Executive Member, Adult Social Services).

### Also present:

V. Aherne on behalf of D. Banks (Director of Strategic Development CMFT NHS),  
J. Baker-Longshaw (Joint Director Children, Young People and Families - Health Care),  
J. Crossley (Associate Director of Commissioning, Trafford CCG),  
L. Harper (Deputy Corporate Director Children, Families and Wellbeing)

### In attendance:

A. Bates (Partnerships Manager),  
R. Sheikh (Partnerships Officer),  
R. M. Worsley (Democratic Services Officer).

## APOLOGIES

Apologies for absence were received from Darren Banks (Director of Strategic Development, Central Manchester Foundation Trust NHS), Warren Heppolette (Director of Operations and Delivery, NHS England) Superintendent J. Liggett (Greater Manchester Police), Michael McCourt (Chief Executive Pennine Care NHS Foundation Trust, Dr. A. Vegh (Chief Executive, University Hospital South Manchester NHS Trust) and C. Yarwood (Director of Finance, NHS England).

## 53. MINUTES

RESOLVED: That the minutes of the Health and Wellbeing Board held on Tuesday 4<sup>th</sup> February 2014 be approved as a correct record.

## 54. DECLARATIONS OF INTEREST

No interests were declared.

## 55. ACTION LOG

The Board Members received a brief summary from the Chairman on the progress on the Action Log following on from the Health and Wellbeing Board meeting held on the 4<sup>th</sup> February 2014.

RESOLVED: That the content of the Action Log be noted.

**56. BETTER CARE FUND**

The Deputy Corporate Director Children, Families and Wellbeing (CFW) and the Associate Director of Commissioning, Trafford CCG provided a report on the progress made in relation to the Better Care Fund.

The Deputy Corporate Director CFW answered questions concerning the report including a query regarding the expectation to expand Social Care working on an incremental basis. The service was currently piloting a scheme at Wythenshawe Hospital where Social Workers for Adults work seven days rather than the current system of five days.

On behalf of the Board the Chairman thanked the Deputy Corporate Director (CFW) and the Associate Director of Commissioning, Trafford CCG for the report and the significant amount of work which had been required in order to submit the draft report within the requested timescale.

RESOLVED:

- (1) That the presentation be noted.
- (2) That further details concerning the revised plan be provided at the next meeting of the Health and Wellbeing Board.

**57. FINAL PHARMACEUTICAL NEEDS ASSESSMENT**

The Director of Public Health submitted a report regarding the Trafford Council Pharmaceutical Needs Assessment which reviewed the current provision of pharmaceutical services across Trafford and whether this met the needs of the population.

Board Members were given an opportunity to ask questions and discussions followed regarding the subject of enhanced services at certain pharmacies.

RESOLVED:

- (1) That the report be noted.
- (2) That the Trafford Pharmaceutical Needs Assessment be approved.

**58. PATIENT COORDINATION CENTRE**

The Board's Members received a presentation from the Associate Director of Commissioning identifying the principles and progress so far regarding the Trafford Clinical Commissioning Group's Patient Care Coordination Centre. Information was also provided regarding the 2014/2015 priorities, the importance of early intervention and the benefits of the Wellbeing Hub.

Board Members were given an opportunity to ask questions and discussions followed concerning:-

- Single point of access
- Community Opportunities
- Health and Wellbeing practitioners and how the work is linked to each locality
- Timescales involved and phased implementation
- IT solutions

RESOLVED –

- (1) That the presentation be noted.
- (2) That the Associate Director of Commissioning be requested to provide a further update at a future meeting of the Health and Wellbeing Board.

#### **59. MENTAL HEALTH PROPOSALS**

The Board Members received an oral update from the Chief Operating Officer, Trafford Clinical Commissioning Group concerning current proposals in relation to mental health services and the ongoing review of use of hospital beds alongside the provision of increased access to community home based treatment.

RESOLVED: That the oral update be noted.

#### **60. PRIMARY CARE REPORTING**

Board Members received a report of the Director of Operations and Delivery, NHS England, Greater Manchester Area Team. The report responded to a discussion at the previous Health and Wellbeing Board and a request for an appropriate means of ensuring that Board Members are satisfactorily informed on significant issues affecting primary care delivery. The report outlined proposals for ongoing reporting and the various categories of information.

RESOLVED: That the report be noted.

#### **61. DIGNITY IN CARE**

Board Members received a report of the Corporate Director Children, Families and Wellbeing on the Board's response to the Health and Wellbeing Scrutiny report on dignity in hospital care.

The Corporate Director Children, Families and Wellbeing referred Board Members to page 223 of the report and the recommendations made by the Health Scrutiny Topic Group and advised that recommendation 2 (that Commissioners carry out an annual survey of Residential and Nursing Home Managers to track progress in the delivery of high quality care for elderly patients) had already been implemented.

RESOLVED –

- (1) That each of the Trusts be requested to revisit Recommendation 1 (on page 223 of the report) in autumn 2014 and, following this, to provide a written note to the Health and Wellbeing Board.
- (2) That a further review regarding Recommendation 2 be carried out in Autumn 2014 and, following this, that a meeting be arranged with Residential and Nursing Home Managers.
- (3) That the Corporate Director Children, Families and Wellbeing be requested to provide a further update at a future meeting of the Health and Wellbeing Board.

**62. THE PUBLIC'S HEALTH – A STRATEGIC PLAN FOR GREATER MANCHESTER**

Board Members received a report of the Director of Public Health. The report outlined the ongoing work by the Greater Manchester Directors of Public Health Group to implement Public Service Reforms. The Director of Public Health explained that following a review of Greater Manchester public health activities in 2013 it was recognised that achievement of the public service reforms could be accelerated by the creation of a Greater Manchester strategic plan for the public's health.

RESOLVED –

- (1) That the progress of the Public Health Strategic Plan for Greater Manchester be noted.
- (2) That the Director of Public Health be requested to provide a further update at a future meeting of the Health and Wellbeing Board.

**63. HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE**

The Deputy Corporate Director Children, Families and Wellbeing submitted a report updating the Health and Wellbeing Board Members on the progress made in relation to the Health and Wellbeing Strategy Action Plan and also sought agreement for proposed governance arrangements, the final draft Action Plan, the reporting template and schedule and the topic based theme approach.

Board Members were given an opportunity to ask questions and the Chairman thanked the Deputy Corporate Director on behalf of the Board for all her hard work which was recognised and appreciated.

RESOLVED:

- (1) That the progress of the Health and Wellbeing Strategy Action Plan be noted.
- (2) That the proposed governance arrangements in relation to the Health and Wellbeing Delivery Programme Board and the Health and Wellbeing Board be agreed.

- (3) That the final draft Action Plan activity and its revised title of Delivery Plan be agreed.
- (4) That the reporting template and schedule be agreed.
- (5) That the topic based theme approach be agreed.

**64. HEALTHIER TOGETHER**

The Board received a presentation from the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group, explaining the reasons for Healthier Together and that it is was designed to respond to problems experienced and to concentrate on providing outcomes in accordance with best practice standards and where appropriate specialised services. The presentation highlighted the Healthier Together vision for Greater Manchester to have the best health and care in the country.

Board Members were given an opportunity to ask questions and discussions followed concerning the timescales involved.

RESOLVED: That the presentation be noted.

**65. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE**

The Board considered a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group, which was divided into two parts, the first part providing information and identifying progress on key commissioning activities. The second part provided an update on the Integrated Care Programme, highlighting progress made and any significant issues arising.

RESOLVED: That the report be noted.

**66. HEALTHWATCH TRAFFORD UPDATE**

The Chairman of Healthwatch Trafford submitted a report that outlines the recent activity of Healthwatch Trafford since the last meeting of the Health and Wellbeing Board held in February 2014. Board Members were advised that Healthwatch Trafford have filled the vacant Engagement Work post and that for all future Healthwatch Board meetings, the general public would have an opportunity to attend.

RESOLVED: That the update be noted.

**67. TRAFFORD PARTNERSHIP UPDATE**

The Partnership Manager updated the Health and Wellbeing Board on the current activity of the Trafford Partnership and in particular highlighting 'Trafford is 40' – the fortieth anniversary of the Borough's creation and the intention to hold various events throughout the year to celebrate everything that is good about Trafford.

RESOLVED: That the update be noted.

**68. URGENT BUSINESS**

(Note: the Chairman agreed to allow consideration of the following matter as an item of urgent business in order to ensure that Board Members were promptly informed of the progress to date.)

Greater Manchester Work Programme Leavers Pilot

The Director of Public Health submitted a report regarding the Greater Manchester Work Programme Leavers Pilot, a scheme to provide intensive support to people leaving the Work Programme without employment after two years. Board Members were advised that the provider bid had been awarded to Big Life to deliver the contract within Trafford.

RESOLVED: That the report be noted.

The meeting commenced at 6.30 p.m. and finished at 8.52 p.m.



# NORTH WEST Options set out for major care reconfiguration across 10 hospitals in region

## Manchester CCGs back shake up

**Crispin Dowler**  
crispin.dowler@emap.com

Greater Manchester's clinical commissioning groups voted unanimously last week to submit proposals to NHS England for a major shake up of general surgery and emergency care across the conurbation's eight acute providers.

The options set out for the Healthier Together reconfiguration would see the centralisation of emergency and high risk general surgery, currently performed at 10 Greater Manchester hospitals, on to four or five sites.

HSJ understands that the commissioning groups' pre-consultation business case for the reconfiguration has now been formally submitted to NHS England for assurance, with a decision expected by the end of this month.

The timing of a planned public consultation will be politically sensitive, coming less than a year before the next general election.

HSJ understands that if Healthier Together gets the go ahead this month, the public



Proposed changes include reconfigurations at Manchester Royal Infirmary

consultation could begin immediately. This would allow it to be completed ahead of the autumn political party conference season.

The proposals set out eight options for reconfiguration. Under all of the options, there are three hospitals that would become "specialist centres" for emergency and high risk surgery.

These are the Manchester Royal Infirmary, run by Central Manchester University Hospitals Foundation Trust; the Royal Oldham Hospital, run by Pennine Acute Hospitals Trust; and the Salford Royal, run by Salford Royal Foundation Trust.

In four of the options, there would be only one other specialist centre in the conurbation.

This would be either University Hospital of South Manchester FT's Wythenshawe Hospital, Stockport FT's Stepping Hill Hospital, Bolton FT's Royal Bolton Hospital, or Wrightington, Wigan and Leigh FT's Royal Albert Edward Infirmary.

In the remaining four options, two of these sites would be specialist centres, in various combinations of Bolton or Wigan and UHSM or Stockport.

Three sites would not provide emergency surgery under any of the options: North Manchester

General Hospital and Fairfield General Hospital, both run by Pennine Acute, and Tameside Hospital FT's main site.

The Healthier Together team estimates that the sites that do not become specialist centres would still be able to treat 96 per cent of their current accident and emergency patients under the changes.

It argues that the changes are necessary to enable all hospital sites to meet rising quality standards within the constraints of the staffing and money likely to be available.

Under Healthier Together's proposed model, two or three hospitals in each area of Greater Manchester would pool their general surgery workforce to create a single service provided across all sites.

The team would be rotated across all hospitals in the network, but all emergency and high risk work would be performed at the specialist centre.

The other sites in the network, termed "general hospitals" in current Healthier Together jargon, would continue to perform day case and planned work.

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# Estates strategy

Gina Lawrence  
Chief Operating Officer

# Neighbourhood approach

- Four neighbourhoods
- Aligned to the Council and police
- Create two main integrated hubs north and south
- Two satellite locality east and west
- To incorporate integrated community services/  
GP services/ locality services
- Create fit for purpose buildings that the  
community will want to access

# North locality

- Shrewsbury street
- Building work commences March
- Operational from March 2017
- Central Manchester services
- Agreement in principle – Brookes bar surgery
- Out of hours
- Extended hours
- Community services
- Mental health services
- Extra care housing

# South locality

- Old Altrincham site
  - Vitality
  - Integrated services
    - Patient care co-ordination centre
    - Early intervention hub
    - Primary care services
    - Community services
- Mental health services
- Library
  - 3<sup>rd</sup> sector
  - Coffee shop
  - OOH
    - Extended hours
    - Links to the AGH new hospital

# Future development

- Development of further two satellites
- Federation of GP surgery's
- Premise solutions have to offer patients a viable alternative to the experience they would receive in a FT building
- Estates board in place that has all key stakeholders on it
- Joined up approach between all partners

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