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# AGENDA PAPERS FOR

## HEALTH SCRUTINY COMMITTEE MEETING

**Date: Wednesday, 1 March 2017**

**Time: 6.30 p.m.**

**Place: Committee Rooms 2 & 3, Trafford Town Hall, Talbot Road, Stretford M32 0TH**

| | **A G E N D A** | **PART I** | **Pages** |
|---|---|---|---|
| 4. | **URGENT CARE CENTRE UPDATE** | | |
| | To receive an update on the progress of the Urgent Care Centre based at Trafford General Hospital from a representative from Central Manchester Foundation Trust (CMFT). | | 1 - 4 |
| 5. | **SINGLE HOSPITAL SERVICE** | | |
| | To receive an update from the Director of Strategic Projects, CMFT. | | 5 - 6 |
| 8. | **TRAFFORD MENTAL HEALTH SERVICES UPDATE** | | |
| | To receive a presentation from the Interim Director for Public Health. | | 7 - 12 |

**THERESA GRANT**
Chief Executive

Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, Mrs. D.L. Haddad, A. Mitchell, K. Procter, S. Taylor, Mrs. V. Ward, M. Young (ex-Officio) and A. Western.

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

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This agenda was issued on **Thursday, 23 February 2017** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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# Overview and Scrutiny Committee Report

# Trafford Urgent Care Centre

## 1. Background

The New Health Deal for Trafford always envisaged that the Urgent Care Centre (UCC) would move to becoming a nurse led centre within two years. Central Manchester NHS Foundation Trust has worked closely with Trafford CCG to identify when it was appropriate to commence planning this change.

The CCG brought together all key stakeholders within the health economy to develop the potential new model. The clinical teams across the health economy reviewed records of patients who had previously attended the Urgent Care Centre, to ascertain if the attendance and clinical needs could be managed within a nurse led model. With this information, a resilient nurse-led model has been designed and is currently being implemented.

The original modelling had projected that the attendances would reduce to circa 29,000 pa following the move from an Accident and Emergency Service to an Urgent Care service. The figures for actual activity demonstrated this forecast to be accurate, with attendances just below 30,000 pa. The original modelling had also forecast that the subsequent move to a nurse-led model could be expected to cause a further 9,000 attendances to divert to other facilities. This would have had a major impact on the performance of surrounding hospitals and emergency services.

The CCG were very conscious of the need to retain the 9,000 attendances at the Trafford site. The service already had a robust transfer policy in place to manage people who needed the care of an emergency department. In order to avoid the transfer of 9,000 patients to other sites, the team were aware that the Trafford service needed to be robust and resilient and that the service needed to attract and retain key nursing and allied health professional staff.

## 2. Update

- **Implementation**

During the planning phase it was also agreed that an integrated service delivery with the Walk In Centre would be beneficial to the health economy. This would enable closer working and development of joint pathways to maintain the patients attending Trafford General on the site. Due to pressing external circumstances, it was agreed that the service would be implemented with two weeks' notice on 3 October 2016.

Alterations to the estate have been undertaken in stages. The first phase was the creation of walk in centre clinical rooms, which were ready for 3 October. Phase 2 was the redesign of the waiting room and reception, which is due to be completed shortly. This enables the two teams to work within the original Urgent Care Centre footprint.

The service commenced on 3 October 2016 and Mastercall moved into the premises on 4 October 2016.

- **Staffing**

In line with the original plan we have been successful in recruiting to the Nurse Consultant post. We are still actively recruiting to the Advanced Nurse Practitioners. To support the management of the minor injuries stream we are successfully utilising the skills of the extended scope Physiotherapists. We have reviewed the staffing model with the knowledge we have gained since

the changes. We continue to be supported by medical staffing until all training and competencies are completed.

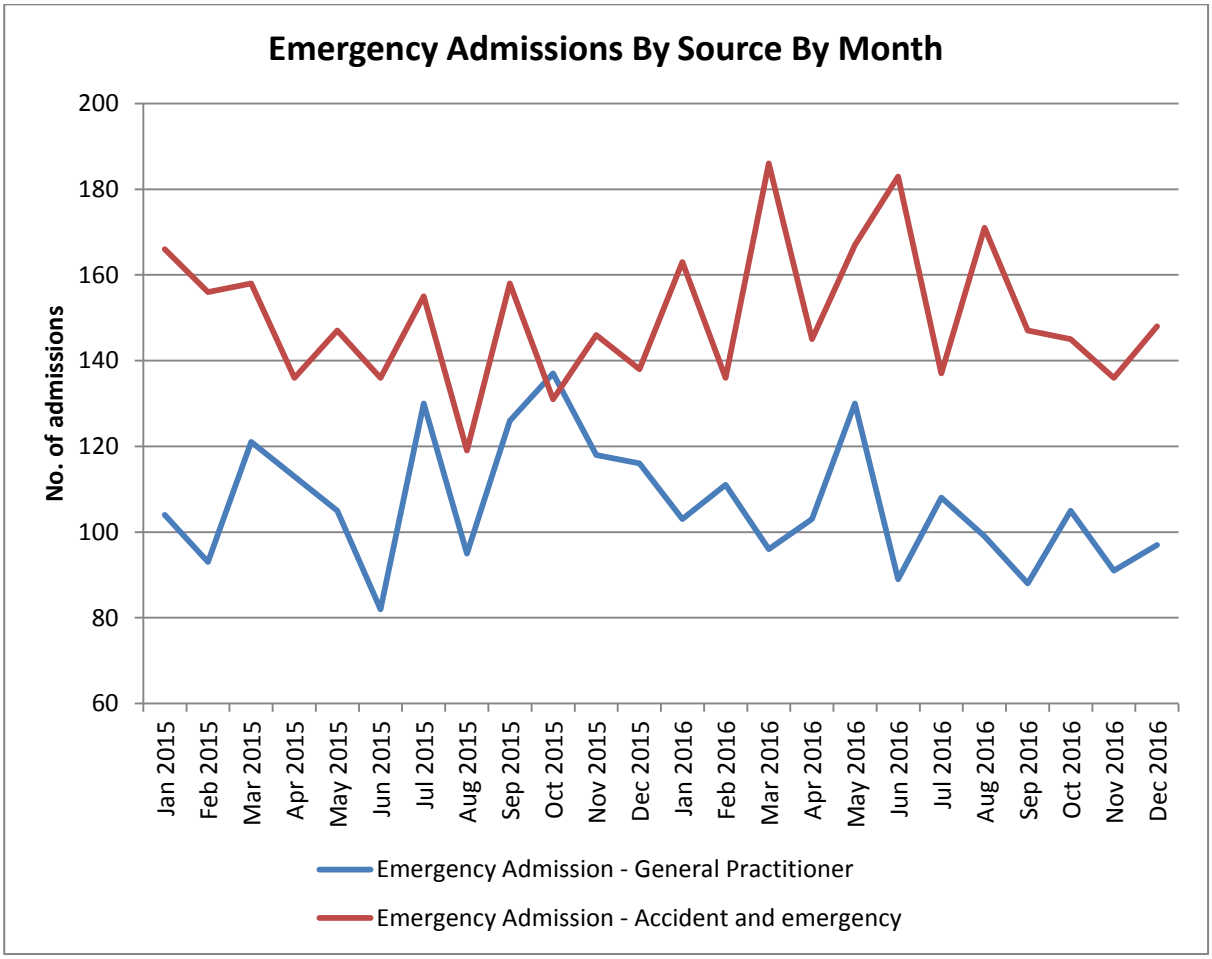
- **Attendances**

The original planning showed some potential movement of the patients between the two services. There is already evidence that patients are self-selecting and choosing the appropriate service they require. Mastercall had anticipated that they would see 60% of the original numbers. The clinical review undertaken as part of the initial model scoping work estimated less than 10% circa 2,000 patients would transfer from the Urgent Care Centre to Mastercall and that approximately 1,800 patients would flow the opposite way.

| Month | Monthly Attendances | Transfers to WIC from UCC | Transfers to other Hospitals |
|---|---|---|---|
| October | 2,185 | 107 | 89 |
| November | 2,374 | 79 | 81 |
| December | 2,267 | 63 | 53 |
| January to 15.1.17 | 1,166 | 42 | 36 |

- **Acute Medical Patients**

It has been identified that the working relationship between Acute Medical Unit (AMU), the UCC and Walk in Centre needs to be further developed. The Trust appointed Helen Hurst, Nurse Consultant for Frail Elderly to Trafford Hospital late last year. Helen is working closely with the Clinical Lead Dr Bourne to enhance our pathways. This includes working with NHSI regarding the new medical model for small hospitals. They are also ensuring that, wherever possible, we are admitting to the AMU at Trafford. We are also embedding the transfer of all suitable medical patients who are Trafford residents, from the MRI to Trafford.



- **Governance**

To ensure we continue to improve the service and demonstrate safe delivery we have implemented additional governance arrangements. These are to ensure that Mastercall and CMFT have clear governance and operational sight of the services. Operational meetings are held every 2 weeks. There are monthly clinical governance meetings held with both organisations present to address complaints, issues and incidents.

- **Incidents since 3rd October 2016**

October – December 2015 55 incidents
October – December 2016 62 incidents*

[*NB: It was agreed to record all instances of patients attending after 8pm as incidents, and the figure of 62 for Oct – Dec 2016 include 27 cases of this sort.]

## 3. Next Steps

The plan is to:
- Continue the development of the acute medical model within AMU to support UCC
- Continue to work closely with Mastercall to ensure delivery of services
- Revisit the communications and signage regarding closure at 8pm

## 4. Conclusions

Implementation of planned changes to the Urgent Care Centre at Trafford General has been successful, and the service is working towards a fully nurse-led service, working in close collaboration with the Mastercall Walk In Centre. Activity levels and case mix are close to what was planned and expected, and there have been no material difficulties with the operation of the new service model.

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**TRAFFORD COUNCIL**

**Report to:** **Health Scrutiny Committee**
**Date:** **1 March, 2017**
**Report for:** **Health Scrutiny Committee**
**Report of:** **Stephen Gardner, Deputy Programme Director, Single Hospital Service**

**Report Title**

**Single Hospital Service Update**

**Summary**


**1. Introduction**

The report identifies the good progress made against the action plan for the development of a Single Hospital Service for the City of Manchester and Trafford.

**2. Progress**

The first stage of the overall Single Hospital Service Programme is the merger of University Hospital of South Manchester NHS Foundation Trust and Central Manchester University Hospitals Foundation Trust (Project 1). The merger is being reviewed by the Competition and Markets Authority (CMA). Submissions have now been made to the CMA in respect of the competition issues and the expected patient benefits.

Following a meeting with the CMA on 3 February, the CMA advised on 9 February that it was commencing its Phase 1 assessment. It is hoped that this will be dealt with as a "fast track" referral, meaning the CMA would have 15 days to commence its Phase 2 assessment. The Phase 2 process then takes a further 24 weeks.

The Programme Team also is progressing with the development of a Full Business Case aimed at submission to NHS Improvement by end of March 2017. The detailed technical Due Diligence exercises in the areas of Legal, Workforce, Estates, IM&T and Clinical issues are all now well underway, and are expected to complete in mid/late February. Finance Due Diligence also has been initiated. It is important that the Due Diligence work is available on this timescale to inform the development of the Business Case, prior to submission at the end of March 2017.

**3. Governance**

The previously established programme governance arrangements continue to function effectively. In particular all three Trusts, University Hospital of South Manchester NHS Foundation Trust (UHSM), Central Manchester University Hospitals NHS Foundation Trust (CMFT) and Pennine Acute Hospitals NHS Trust (PAHT) remain actively involved with the Programme although the current focus is on the first step in the transaction to merge UHSM and CMFT. Representatives from Commissioners and local authorities in Greater Manchester continue to play a key role in these discussions.

Work is underway to engage each Council of Governors to ensure Governors are adequately

supported to undertake their role in the merger process. Both Trusts have undertaken numerous independent briefing sessions with their respective Councils of Governors in recent months and two joint meetings have taken place with further sessions planned in March and April 2017. Alongside this, both sets of Governors are to receive presentations on the Programme Risk Register during February and arrangements are being made to provide Governors with independent legal advice as part of the preparations for voting on the assurance processes and related matters associated with the anticipated merger.

**4. Engagement with NHS Improvement**

Progress has been made with the NHS Improvement (NHS I) approvals process. The first stage is the Strategic Gateway, in respect of which an account of the strategic work undertaken to support the development of the Single Hospital Service was submitted to NHS I in November 2016. Further to commentary from NHS I on this documentation, a final version was approved and was submitted on 15 December 2016.

This has now been accepted by NHS Improvement and therefore, a formal Strategic Case for the creation of a new Trust is not required. The Programme Team is progressing with the development of a Full Business Case aimed at submission to NHS I by end of March 2017.

**5. CQC Registration**

Initial discussions with the CQC about the process for registration of the proposed new Foundation Trust have been held. The meeting was constructive and further meetings with national and regional CQC officers and Trust staff are being planned. The aim is to begin the process of registration application well in advance of the normal 12 -16 weeks normally required due to the scale and complexity of the proposed merger.

**6. Communications and Engagement**

Communications and engagement activity has been continuing both internally and externally. Engagement with wider stakeholders is set to increase during March. Regular engagement with patient and staff-side representatives has been taking place and will also increase during the coming month. Engagement for the proposed name of the new organisation will take place in March with support from the Trust Communications Teams and partner organisations.

## Recommendation(s)

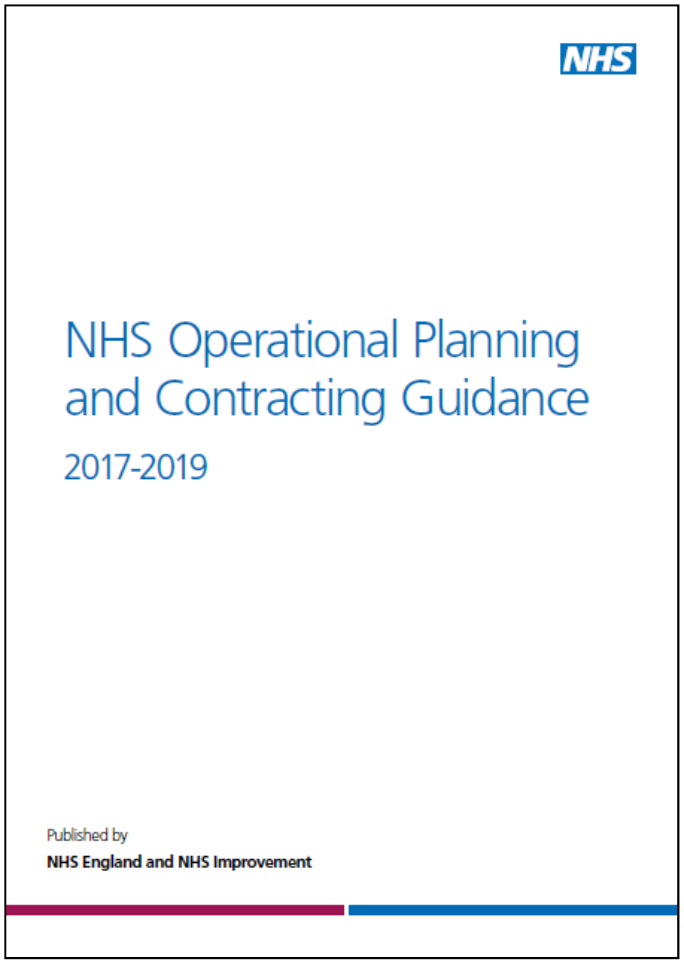
The Health Scrutiny Committee is asked to:

(i) Note the current position of the Single Hospital Service Programme.

# FIVE YEAR FORWARD VIEW

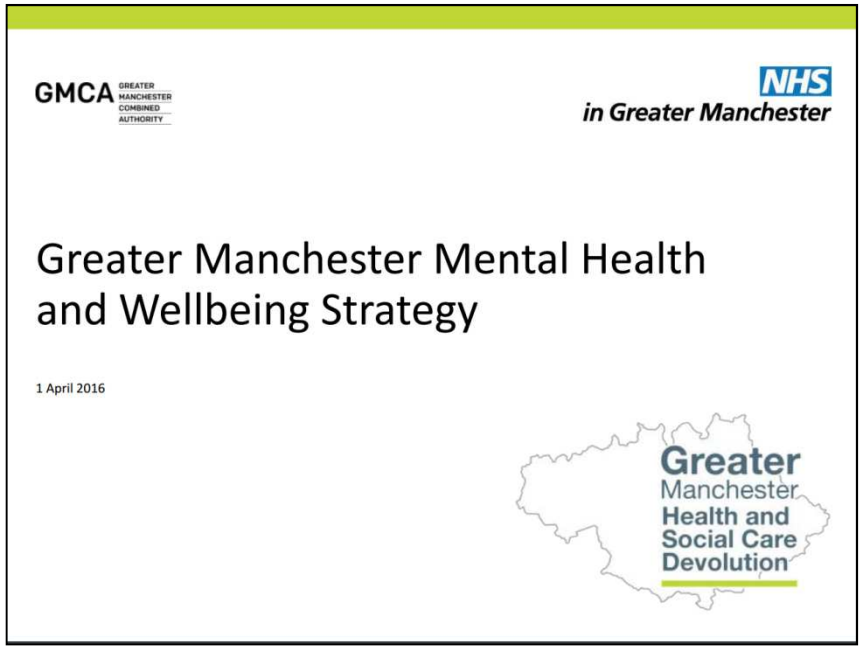

Over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together and we have an ambition to achieve genuine parity of esteem between physical and mental health by 2020.

# ‘MUST DO’S’



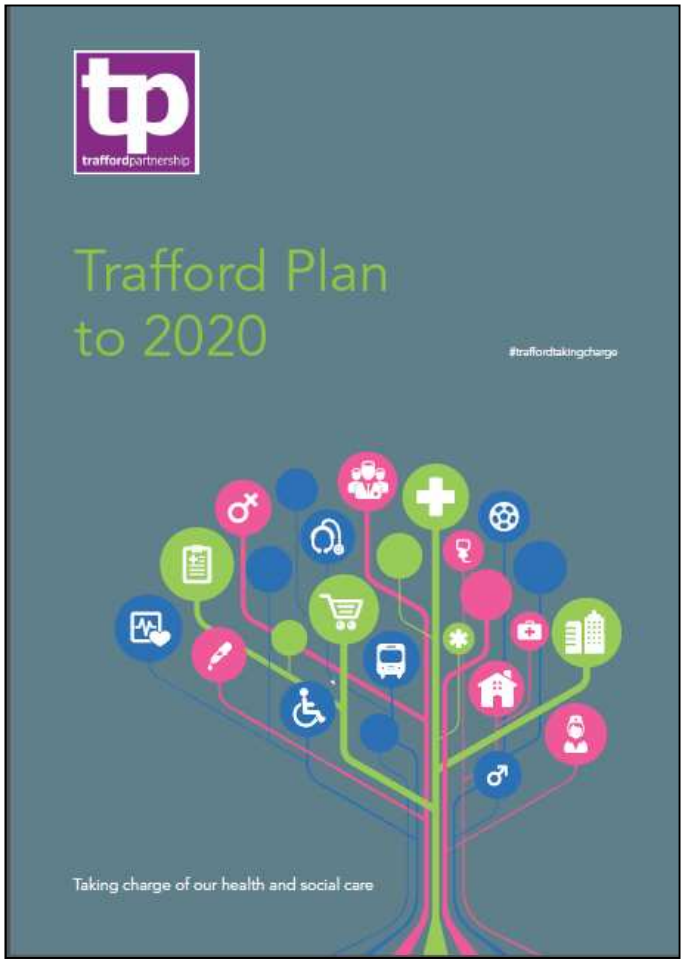

- Five Year Forward View
  - Additional IAPT
  - More high-quality mental health services for children and young people
  - Expanded EIP
  - Increased access to employment
  - Eating Disorder services for young people
  - Reduce suicide rates
- Access & Quality
  - 24/7 access to CRHT and mental Health Liaison Services
- Increase Baseline Spend
- Dementia
  - Maintain a diagnosis rate of at least 66%
  - Focus on post diagnosis care and support
- Eliminate Out of Area Placements

# GM Mental Health & Wellbeing Strategy – Year 1 & 2




- **Prevention**
  - Suicide Prevention
  - Workplace & Employments Support
- **Access**
  - CYP extended access
  - Adult Mental health
- **Integration**
  - Integrated place based commissioning and contracting aligned to place based reform
  - Integrated monitoring, standards and KPI's
- **Sustainability**
  - Provider landscape redesign

# TRAFFORD LOCALITY PLAN




- The National, Greater Manchester and Trafford Local Mental Health Priorities are aligned

- As a result, over the coming five years, residents will see more integration including the facility of the TCCC to act as a single point of contact which will:

  - make it easier for service users and professionals to navigate the system
  - Create a shared focus on better mental health support for people with long-term physical health conditions
  - Support reviews of the physical health needs of those with mental health problems leading to better, shared-care pathways incorporating both physical and mental health characteristics

# Trafford Mental Health Partnership