

JOINT HEALTH SCRUTINY COMMITTEE

10 NOVEMBER 2015

PRESENT

Councillor Newman (in the Chair).

Councillors Mrs. A. Bruer-Morris, J. Harding, J. Lloyd (Vice-Chairman), Reid, Wilson and Mrs. P. Young

In attendance

Silas Nichols	UHSM
Gina Lawrence	Trafford CCG
Stephen Gardner	CMFT
Julie Bridgewater	CMFT
Dr Nigel Guest	Trafford CCG
Julie Crossley	Trafford CCG
Lee Walker	Manchester City Council
Alexander Murray	Trafford MBC

APOLOGIES

Apologies for absence were received from Councillors Ellison, Teubler and Mrs. V. Ward

16. 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.

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.

17. MINUTES OF THE LAST MEETING

The Committee received the minutes of the meeting held 29 September 2015. Dr Guest said that the reference in Decision 3 of Item 5 relating to the New Health Deal for Trafford Decision was inaccurate in stating that there was an "understanding that no services at UHSM would be withdrawn". The Chair replied that the decisions are those of the Committee and the minutes recorded what had been agreed by the Committee.

DECISION:

To approve the minutes of the meeting on 29 September 2015 as a correct record.

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18. NEW HEALTH DEAL FOR TRAFFORD

The Committee welcomed Dr Nigel Guest, Trafford Clinical Commissioning Group, Gina Lawrence, Trafford Clinical Commissioning Group; Julie Crossley, Trafford Clinical Commissioning Group (CCG); Silas Nichols, University Hospital of South Manchester NHS Foundation Trust (UHSM) and Julia Bridgewater, Central Manchester Foundation Trust (CMFT). The Chair informed the Committee that apologies had been received from NHS England.

Dr Guest introduced the report submitted by Trafford CCG which provided current performance data against national targets for Accident and Emergency activity. He said that performance figures and activity are broadly in line with the planned figures.

The Committee welcomed the report. In response to a question from a member regarding the Falls Service redesign Ms Crossley responded by saying that this work is being delivered through the Better Care Fund. She said that it is still a relatively new model and it is being developed further. Members requested further information regarding the Falls Service redesign is circulated to members of the Committee. In response to a question from members regarding changes to the delivery of district nursing, Ms Lawrence said that this is being undertaken to modernise the delivery of district nursing and that recruitment activity to deliver this service is ongoing.

The Chair said that the Committee had continued to seek assurances that the £12M capital investment for the Accident and Emergency Department at UHSM would not be compromised as a result of the Healthier Together decision. He invited Mr Nichols from UHSM to address this point specifically and further provide an update on developments and activity at UHSM. Mr Nichols said that the £12M capital investment for the Accident and Emergency Department at UHSM was not compromised by the Healthier Together decision and they were committed to delivering this project. He said that regrettably there had been delays with this project and he acknowledged the frustrations expressed by the elected members as a result of this. He informed the Committee that work is expected to begin in January 2016 and is expected to be completed in 18 months.

The Committee requested that reports are submitted to each future meeting of the Committee which describes the progress in the implementation of the £12M capital investment for the Accident and Emergency Department at UHSM.

Mr Nichols said that, whilst performance targets remain challenging, attendance figures remain broadly in line with the projected figures, however they have experienced an increase in admissions. He said that the surgical bed capacity; medical beds and a new Investigations and Treatment Unit at UHSM will be operational from this month. He explained that whilst the recruitment of nurses remains a challenge, to ensure that these additional beds can be used safely, this is being addressed by offering attractive training and employment packages to nurses. Members welcomed the additional bed capacity at UHSM and requested future reports include analysis of the impact of these.

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Mr Nichols described the work of the Frailty Unit that had been established at UHSM. He said that this Unit ensures that patients are assessed to ensure that they receive the correct care pathways to reduce the numbers of patients being admitted to hospital unnecessarily. He advised that whilst the Unit is relatively new the early performance analysis indicated that it is proving to be very effective in reducing the length of stay patients are having in hospital and the number of patients being readmitted.

He further described the work being undertaken to address delays in discharge. He said that UHSM had co-located Social Workers on site and have dedicated Referral Officers working with patients to ensure patient care assessments are undertaken at the correct time to support patients leaving hospital quickly and safely. Immediately after Trafford Social Care implemented these changes the numbers of delayed discharges reduced dramatically reaching single figures in September 2015.

However, since September this number has steadily increased to the point where it is back to previous levels. He said that it is important to ensure that patients get the right support at the right time from the right professional, both in terms of medical and social care so as to avoid patients having to remain in hospital any longer than is necessary and to support them to live in their own homes. It is with this in mind that UHSM and Trafford Adult Social Care are trying to ensure that patients are seen by a social worker as quickly as possible during their stay at hospital.

Mr Nichols said that patient discharge activity is closely monitored with meetings held weekly to review cases where patients had been waiting more than 14 days to be discharged. He further described the investment in the onsite pharmacy service and the presence of senior consultants on wards to minimise delays in patient discharge. In response to comments from members regarding administrative delays, such as the lack of ward rounds at weekends that can contribute to delays in patient discharge, Mr Nichols acknowledged that these had been issues and work is on-going to address this with the ambition to deliver a seven day a week, consistent hospital service for all patients. Mr Nichols advised that regular meetings are held between UHSM, the CCG and Local Authority Commissioners to review and improve services and the challenge now is to scale up these initiatives to respond effectively to the demands of a population that are living longer.

Dr Guest said that in addition to the developments at UHSM as described by Mr Nichols Trafford CCG is funding wrap around services to deliver enhanced care for people in residential care to lower incidences of admissions to hospital. He said that this is in addition to the investment made to improve access to primary care, wider preventative health initiatives across the population and the development of a directory of care services.

Ms Lawrence drew the Committee's attention to the issue around the price of nursing homes within the Trafford area. Trafford CCG has a new framework in place whereby a flat rate is paid and any additional charges must be justified by the home. Since this began Trafford CCG has started to see a reduction in the cost of placing people within Trafford.

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In response to a question from a member regarding winter resilience planning and concerns expressed by members regarding the impact a bad winter can have on hospital admission rates, Mr Nichols and Dr Guest advised that planning is done to mitigate the impact of winter pressures on A&E services.

The Committee requested that a report describing the efficacy of last years winter resilience plan and details of the current winter plan is provided for consideration at the next meeting of the Committee.

Ms Bridgewater then addressed the Committee to describe development at CMFT. She said that the pressures experienced at A&E sites in Manchester are not nique to the city and that they are experienced nationally. She said that the pressures need to be understood not just in terms of numbers of beds but also in the context of how ill people are and the complexity of conditions resulting from an ageing population.

She further said that any introduction of additional bed capacity needed to be managed safely and this requires the recruitment of nurses. She said that CMFT had undergone a successful recruitment campaign of nurses from India and Portugal. She said that she supported the comments made by Mr Nichols regarding the importance of ensuring that patients are seen and assessed at the right time by the correct staff, at all times of the week. She said this was particularly important for those patients presenting with mental health issues as early intervention and assessment can drastically reduce the need for hospitalisation.

She further described the Fragility Service provided at CMFT that is a similar model to the one described by Mr Nichols. She said that by identifying and delivering the correct care pathway this can maintain and support people to continue living in their own homes.

The Chair informed the Committee that members of the Manchester Health Scrutiny Committee had recently visited the A&E Department at CMFT. He said that it had been a very informative visit and recommended that a similar visit to UHSM be arranged for members of the Joint Health Scrutiny Committee. The Committee agreed this recommendation.

A member commented that he had received very positive anecdotal reports regarding the Orthopaedic Centre at Trafford General Hospital. He suggested that a report describing the performance of the Orthopaedic Centre should be provided for consideration at the next meeting of the Committee. The Committee agreed this recommendation.

The Chair concluded the meeting by thanking all of the guests for attending and responding to questions. He advised that the date of the next meeting, to be held in January 2016 will be agreed and shared with all parties.

Decision

1. To thank Officers for attending.

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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 and measures introduced to mitigate these pressures.
3. The Committee regret the delay to the 12M capital investment for the Accident and Emergency Department at UHSM.
4. The Committee requested that reports are submitted to each future meeting of the Committee which describes the progress in the implementation of the 12M capital investment for the Accident and Emergency Department at UHSM.
5. The Committee requested that information regarding the Falls Service redesign is circulated for information to members of the Committee.
6. The Committee requested that a report describing the performance of the Orthopaedic Centre at Trafford General Hospital is provided for consideration at the next meeting of the Committee.
7. The Committee requested that the Committee Support Officer arrange a visit to the Accident and Emergency Department at UHSM for members of the Committee.
8. The Committee requested that a report describing the efficacy of last year's winter resilience plan and details of the current winter plan is provided for consideration at the next meeting of the Committee.

The meeting commenced at 18:30 and finished at 20:10.