

JOINT HEALTH SCRUTINY COMMITTEE

22 MARCH 2016

PRESENT

Councillor Newman (in the Chair).

Councillors Craig, J. Harding, J. Lloyd, Reid, Mrs. V. Ward, Wilson and Mrs. P. Young (Vice-Chairman)

In attendance

Sara Roscoe	NHS England
Silas Nichols	Deputy Chief Executive Officer (CEO), University Hospital South Manchester (UHSM) Foundation Trust
Mary Burney	Divisional Director for Trafford Hospitals, Central Manchester Foundation Trust (CMFT)
Dr Jon Simpson	Clinical Head of Division for Acute Medicine, CMFT
Stephen Gardner	CMFT
Julie Crossley	Trafford Clinical Commissioning Group (CCG)
Ellin Swanborough	Trafford CCG
Gina Lawrence	Trafford CCG
Dr Nigel Guest	Trafford CCG

APOLOGIES

Apologies for absence were received from Councillors Mrs. A. Bruer-Morris and Ellison

22. MINUTE'S SILENCE

The Committee held a minute's silence in memory of the victims of the recent terrorist atrocity in Brussels.

23. MINUTES OF THE LAST MEETING

The Committee considered the minutes of the meeting held on 2 February 2016. Dr Nigel Guest disputed that the Secretary of State had agreed the closure of the Accident and Emergency (A&E) Department at Trafford General Hospital was dependent on appropriate alternative A&E provision being established, including the £12 million investment into the A&E at UHSM. The Chair responded that this was a matter of interpretation, to which the Committee agreed.

Decisions:

1. To approve the minutes of the meeting on 2 February 2016 as a correct record
2. To note the comment of Dr Nigel Guest.

24. DECLARATIONS OF INTEREST

The following personal interests were declared:

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Councillor Harding declared a personal interest in relation to her employment by a mental health charity and as a member of Trafford Carers Centre Board.

25. MATTERS ARISING

The Chair suggested reviewing the decisions made at the meeting held on 2 February 2016, to which members agreed. It was noted that the Committee would continue to receive performance reports on the implementation of the New Health Deal for Trafford and had received such reports for its 22 March 2016 meeting. In respect of the Falls Service members were advised that data collection would commence in April 2016 and as such this information would not be available until later in the year. The request for information on the Orthopaedic Centre had been provided to its 22 March 2016 meeting. The report describing last year's winter resilience plan had been circulated to members.

Members requested Silas Nichols provided a verbal update on the delayed progress in implementing the £12 million capital investment for the Accident and Emergency (A&E) Department at UHSM. Silas Nichols responded that a business case was provided to the UHSM Trusts board last month and was fully approved. He said that £15 million investment had now been approved due to design changes; which was higher than the £12 million originally required. Enabling works had commenced and it was expected that supply chain partners would be appointed by April, and building work would commence in May. Silas Nichols added that the timetable remained the same and it would be a two year development. He outlined the stages of the development, explaining that the work had to be done whilst ensuring that the A & E remained fully operational throughout. The Chair requested that the verbal update be confirmed in writing to members to which Silas Nichols agreed. Silas Nichols suggested that the development of UHSM A&E become a standing item for consideration by the Committee to which members agreed. The Chair noted that members had recently visited UHSM and welcomed the development.

Members queried the progress made in respect of publicising the services and opening times of the Urgent Care Centre at Trafford General Hospital. Mary Burney responded that social media including Twitter and Facebook had been used; in addition to letters sent to GP's and Commissioning Centres. She added that the letters included wider information and would become a quarterly update. Members queried why they had not been notified of the publicity. A member commented that she could not find the entries on social media from key words. Members agreed that a diverse range of communication was needed including face to face. A member added that the road signs outside of the Urgent Care Centre were not easily readable and requested this be addressed.

Dr Nigel Guest advised that GPs held regular meetings and issued press releases regarding the appropriate use of services. Mary Burney responded that there was a 15% increase in attendances at the Urgent Care Centre since the new Communications Strategy had commenced. She said that Trafford Council and Healthwatch had been included in the Twitter publicity. Mary Burney outlined future plans which included visiting supermarkets; and an open day to which Trafford Council had been invited. She agreed that she would provide copies of all publicity circulated to members. The Chair said the publicity needed to be a

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combination of social media ensuring all relevant parties were included and the entries were easily searchable; and more traditional forms of communication.

Decision:

To note the progress made in respect of the Committee's previous decisions

26. NEW HEALTH DEAL FOR TRAFFORD

The Committee welcomed Sara Roscoe (NHS England), Silas Nichols (Deputy CEO, University Hospital South Manchester (UHSM) Foundation Trust), Mary Burney, Dr Jon Simpson and Stephen Gardner (Central Manchester Foundation Trust (CMFT)), Julie Crossley, Ellin Swanborough, Gina Lawrence and Dr Nigel Guest (Trafford Clinical Commissioning Group (CCG)). Dr Nigel Guest delivered the presentation entitled 'Trafford New Health Deal, Review of Urgent Care Centre' which had been provided in advance of the meeting within the published papers.

In response to a query Dr Nigel Guest confirmed that the Integrated Care Redesign Board (ICRB) had continued to meet explaining that as they were part of the original governance structure they would be required again in due course. In response to a query regarding the audits carried out of the impact on neighbouring A&E's officers assured members that the data was robust. Silas Nichols said that the main impact was on the A&E at UHSM. He added that over the past year attendances had unexpectedly increased from 250 to 275 per day; and sometimes higher (in particular Sundays and Mondays). However, he felt this was demographic driven rather than directly a result of the changes at Trafford; but increased admissions had impacted on Trafford CCG's budget. In response to a query Silas Nichols explained that delayed transfers of care sometimes resulted from a hospital's own systems. There was a need to ensure patients were only admitted for a short time, and resolve ongoing problems of access to care packages. Stephen Gardner said that CMFT continues to receive a payment in addition to tariff for the Urgent Care Centre service, and although this is much smaller than it was originally, it still means that this funding is not available to develop community-based services. He added that performance at CMFT was comparatively good but there was a need to deploy staff where skills could be used.

Members raised concerns regarding mental health provision. Members noted that they had recently visited several Manchester hospitals and staff had raised concerns that it was not acceptable for patients with mental health problems to be waiting excessively within A&E departments. Dr Nigel Guest advised that Trafford CCG commissioned Greater Manchester West, which members agreed provided a good service to UHSM and Trafford General Hospital. Members noted that there were challenges in mental health services in Manchester at the present time and Manchester City Council's Health Scrutiny Committee were aware of this. Dr Nigel Guest added that a major review of mental health services across Greater Manchester would commence once Greater Manchester gained devolution powers in respect of Health and Social Care.

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Members discussed the data provided within the report and asked for clarity on a number of points. Officers confirmed that the statistics provided in respect of urgent admissions were all patients from Trafford; and a reference to 2005 in report should have read 2015. Members agreed that there were issues with the waiting room at the A&E at Manchester Royal Infirmary (located within CMFT). Dr Jon Simpson explained the reasons adding that adjustments were planned He referred to the impact of emergency admissions. He also stressed the importance of patients accessing the right care in the right place and explained that more work was required in order to understand the barriers to local services. In response to a query Silas Nichols said that increased admissions made it difficult for UHSM to maintain patient flow; and that he would update the Committee on this at its next meeting.

Members discussed the Criteria for moving to Model 3 which proposed that the Urgent Care Centre at Trafford would eventually become a Minor Injuries Unit. A member read out an extract of the letter from the Secretary of State in 2013 which stated that the move was dependent on 'neighbouring A&E's consistently meeting their waiting time standards'. Members sought assurance that officers did not intend to move to Model 3 at the current time. Gina Lawrence advised that she could not give a timescale about a move from a doctor led model to a nurse led model. Data had been collected and provided to the ICRB as the appropriate body to oversee this. An audit and workshops would follow. She stressed the importance of getting it right and communicating clearly to residents and partners; explaining that the next steps would be provided to the next meeting of the Joint Health Scrutiny Committee. Members agreed that they did not think it was appropriate to move to Model 3 at the current time and agreed to delegate responsibility to the Chair and Vice Chair to make a referral to the Secretary of State should this happen prior to the Committee's next meeting.

A member queried whether a wider range of services were being considered in addition to a nurse led model and noted the reference to 'other practitioners' within the report. Officers responded that it was proposed to include social care professionals in addition to nurses. Dr Jon Simpson described how the proposed changes would be made, assuring members that they would be carried out in a safe way. He stressed the importance of making better use of the skills of NHS staff across Greater Manchester and that many patients using the Urgent Care Centre at Trafford did not require medically trained staff. Members discussed the recruitment and retention of NHS staff including a shortage of nurses and issues around the introduction of a new contract for junior doctors. Officers advised that the nurse shortage was primarily Band 5 and UK wide recruitment was planned. Officers said they did not know what the impact of the new deal for junior doctors would have as yet, adding that Monitor planned to introduce a pay cap on agency workers which may also affect staffing.

A member noted there was a lack of qualitative data and patient feedback within the report. Mary Burney advised that 'comment cards' were placed within A&E departments and a Quality Assurance Team was in place which were available for face to face conversations with patients as required. Members discussed the recent visits they had made to A&E departments and noted that a visit to the Urgent Care Centre at Trafford had been suggested. Members agreed that it

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would be useful to visit the Urgent Care Centre, and Trafford Councillors would also be interested in visiting the adjoining Walk in Centre.

Decisions:

1. To thank Officers for attending.
2. To note the information on the Orthopaedic Centre.
3. To note the report on the Winter Resilience Plan.
4. To note that a report on the Falls Service would be circulated for information to members of the Committee later in 2016.
5. To endorse the Committee's decision made at its 2 February 2016 meeting: "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 GP's and pharmacists are reminded of the possibility for referral to the UCC where this is appropriate."
6. To request that officers provide to members of the Committee copies of the recent communications regarding the Urgent Care Centre (UCC) including those made on social media and the letters sent to GP's and Commissioning Centres. To recommend that a variety of communications are used to promote the UCC including social media carried out correctly combined with more traditional forms of communication.
7. To request that Silas Nichols provide a written update to members of the Committee on the expansion of UHSM A&E department.
8. To consider the progress of work on the expansions of the A&E at UHSM as a standing item on the agenda for future meetings of the Joint Health Scrutiny Committee.
9. To arrange a visit for members of the Joint Health Scrutiny Committee to the Urgent Care Centre at Trafford General Hospital; and to the Walk in Centre for Trafford Councillors if required.
10. The Committee agreed to continue receiving 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.
11. The Committee note the data provided within the report. The Committee note NHS plans to progress the proposals via the ICRB and further note that clinical models for the future of the Urgent Care Centre will be presented to a future meeting of the Joint Health Scrutiny Committee. The Committee note that the timescales for this process will be outlined at its next meeting.
12. The Committee notes that if the Urgent Care Centre is proposed to be closed or substantially downgraded before the Accident and Emergency Department

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development at UHSM is in place, the Committee may consider a substantial variation referral to the Secretary of State.

13. Members agreed to delegate responsibility to the Chair and Vice Chair to make a referral to the Secretary of State should this happen prior to the Committee's next meeting.

14. The next meeting of the Committee is expected to be scheduled for June 2016; the date of which will be confirmed in the new municipal year. The Chair requested that if it is necessary to submit reports after the legal deadline for publication of the agenda; that they are submitted no later than 12 noon of the Friday prior to the meeting in order to allow members adequate time to read all of the information in advance of the meeting.