

HEALTH SCRUTINY COMMITTEE

1 MARCH 2017

PRESENT

Councillor J. Harding (in the Chair).

Councillors 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.

In attendance

Mary Burney	Divisional Director of Trafford Hospitals CMFT
Gina Lawrence	Chief Operating Officer Trafford CCG
Dr Nigel Guest	Chief Clinical Officer Trafford CCG
Eleanor Roaf	Interim Director of Public Health
Vicky Sharrock	Associate Director of the Greater Manchester Health and Social Care Partnership Team
Richard Spearing	Trafford Integrated Network Director
Karen Ahmed	Interim Director of all age Commissioning
Debbie Walsh	Strategic Lead for the South Neighbourhood
Alexander Murray	Democratic and Scrutiny Officer

40. MINUTES

RESOLVED: That the minutes of the meeting held 14 December 2016 be agreed as an accurate record and signed by the chairman.

41. DECLARATIONS OF INTEREST

The following personal interests were declared;

- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Bruer-Morris in relation to her employment within the NHS.
- Councillor Harding in relation to her employment by a mental health charity, as well as being on the Board of Trustees for Trafford Carers.
- Councillor Mitchell in relation to holding a Governor position with a Mental Health Trust.
- Councillor Taylor in relation to her employment by the NHS.

42. URGENT CARE CENTRE UPDATE

The Divisional Director of Trafford Hospitals CMFT (DD) presented the update report to the Committee. The DD highlighted that since the implementation of changes in October 2016 the Urgent Care Centre (UCC) had performed as expected with the UCC team working well alongside the Walk-in Centre team. Since the changes attendances at both the UCC and Walk-in Centre had been on

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the increase and the construction work which had begun in December 2016 was due to be completed by 5th March 2017.

A Member of the Committee enquired whether there were plans in place to increase the amount and size of signage for the UCC. The DD replied that there were no plans to adjust the signage until the name of the UCC had been decided upon and that the Integrated Care Redesign Board would make such decisions.

Another member of the Board asked how long CMFT planned to maintain additional Medical staff at the UCC. The Committee were told that a definitive timescale could not be given as the Medical staff members were to remain until all of the Advanced Nursing Practitioner (ANP) positions had been filled. There were two vacant ANP positions at the UCC and CMFT were Training two nursing staff to fill them.

The Chairman of the Committee thanked the DD for the positive feedback. The Chairman noted that CMFT had appointed Helen Hurst as a Nurse Consultant for Frail Elderly people and requested that a report focusing upon Helen's work come to the Committee in six months' time.

RESOLVED:

- 1) That the update be noted by the Committee.
- 2) That the work of Helen Hurst be reported to the Committee in six months' time.
- 3) That the DD be thanked for her positive feedback.

43. SINGLE HOSPITAL SERVICE

The Committee noted the update report relating to the Single Hospital Service project. The Committee asked whether there were any issues within the project relating to the communication between Trafford, University Hospital of South Manchester (UHSM) and CMFT's computer systems. The DD told the Committee that she was aware of a large piece of work being conducted in relation to the IT systems but was unable to provide any details. The Committee were satisfied that work was ongoing and requested that more detail be provided on this area at their next meeting.

The Chairman stated that there had not been much communication between the project team and Trafford Residents. Whilst it was understood that the project was still in the early stages it was felt that communication needed to improve.

RESOLVED:

- 1) That the update report be noted by the Committee.
- 2) That the update at the next Committee meeting is to contain details of the work being done around IT systems.

44. TRAFFORD COORDINATION CENTRE

The Chief Operating Officer Trafford CCG (COO) went through the report which had been distributed to the Committee. The report covered the purpose of the Trafford Coordination Centre (TCC), its performance to date, the additional functions that the TCC would fulfil and the benefits of the TCC for Trafford residents.

The COO highlighted the following; project overachievement of the first year savings targets, rollout of 35 detailed pathway checks, improvement of existing patient pathways, engagement of nursing and care homes and development of a revised Directory of Services to the Committee amongst a large array of other successes.

Committee Members asked questions covering; the protection of client's data, the structure of teams within the TCC, the process for inappropriate referrals, TCC tracking functionality and patients who had declined the service. The COO gave detailed responses to all of the Councillors questions and the Committee members were satisfied with the answers they received.

A Member of the Committee asked whether a list of all the pathways that the TCC managed was available to the public. The COO replied that they were not available to the public and informed the Committee that they would be provided to them if desired. The Committee responded that they would like the pathways to be sent to them with adequate explanation provided.

Councillor Mitchell relayed his experience of treatment following a stroke. He explained that after excellent early treatment the pathway appeared to breakdown and he struggled to find further care. The COO and the Trafford Integrated Network Director (TIND) expressed that the stroke pathway had been identified by Trafford CCG, Trafford Council and Pennine care as an area of concern and they were working together to improve it. Councillor Mitchell offered to support the work in this area and requested that he be kept informed of progress.

RESOLVED:

- 1) That the update be noted by the Committee.
- 2) That Trafford CCG provide information to the Committee relating to all pathways within Trafford with adequate explanation.
- 3) That Councillor Mitchell be kept informed of progress on work relating to the Stroke pathway.

45. GREATER MANCHESTER MENTAL HEALTH STRATEGY

The Chairman vacated the Chair for items 45 and 46 of the agenda due to the interests declared at the start of the meeting. The Vice Chairman took the chair for the duration of items 45 and 46.

COUNCILLOR MRS P YOUNG IN THE CHAIR

The Associate Director of the Greater Manchester Health and Social Care Partnership Team (AD) presented the Greater Manchester (GM) Mental Health

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Strategy Update report to the Committee. It was noted that the report was out of date, however the Committee were assured that information would be updated throughout the presentation.

The AD drew the Committee's attention to the table on pages 6, 7 and 8 of the report. The table detailed the current position of the Strategic Commitments of the Greater Manchester Mental Health Strategy and the AD provided updates to the Committee where necessary. The areas that had progressed were; the crisis care dashboard was in place, the street triage business case had been completed, the suicide prevention strategy had been launched and the ADHD and eating disorder specification had been completed.

The AD explained that work was ongoing on developing a GM community mental health and crisis provision that would offer a consistent approach across GM. The team had looked across GM for examples of good practice and the work was expected to continue for another six months. The AD stated that a member of her team would bring back the results of this work to the Committee once it was completed.

The Committee were informed that the GM Mental Health Partnership Board had requested an update report on the implementation of the GM Mental Health Strategy. The report would cover the progress so far and identify key areas of work for the year ahead. The AD offered to submit the report to the Committee once it had been to the GM Mental Health Partnership and the Committee confirmed that they wanted to see the report.

Committee Members posed a number of questions covering the level of user and carer engagement, parity of esteem of mental and physical health problems, details of street triage, ADHD and eating disorder services, and financial benefits. The Associate Director gave comprehensive responses to the questions in these areas and Committee members were satisfied with the answers provided.

One member asked how the strategy would enable practitioners to engage better with mental health patients. The AD responded that she was unable to answer this question; however the question was noted and would be presented to the GM Mental Health Partnership Board for a response.

The Chairman thanked the AD for attending the meeting and answering the Committees questions.

RESOLVED:

- 1) That the AD be thanked for attending the meeting.
- 2) That the question relating to engagement with mental health patients be passed onto the GM Mental Health Partnership Board for a response.
- 3) That the work being conducted around GM community mental health and crisis provision to come to the Committee in six months' time.
- 4) That the first year update report be submitted to the Committee once it has been to the GM Mental Health Partnership Board.

46. TRAFFORD MENTAL HEALTH SERVICES UPDATE

The Interim Director of Public Health (IDPH) delivered a short presentation to the Committee which followed on from the GM Mental Health Strategy. The IDPH noted the parity of esteem between mental and physical illness as a key challenge and highlighted the importance of individuals' wellbeing in enabling them to deal with mental health problems.

The IDPH informed the committee that Trafford was completing a suicide audit as part of the GM Mental Health Strategy work. The audit was due to go to the Trafford Health and Wellbeing Board (THWBB) in April 2017 and would be submitted to the Committee after that. Trafford CCG were looking at the primary care mental health offer and creating a report which would also come to the Committee.

Councillors asked the IDPH what the length of Improving Access to Psychological Therapy (IAPT) waiting lists were and what work was being done in relation to alcohol abuse. The IDPH responded that Trafford had very short waiting lists for IAPT and that alcohol abuse was recognised as a big problem in Trafford and it was one of the main focuses of public health work in Trafford.

RESOLVED:

- 1) That the Trafford Suicide Audit results be provided to the committee once it has been to the THWBB.
- 2) That Trafford CCG to submit the report on the Trafford primary mental health offer to the Committee.

Councillor Mrs P Young vacated the chair at the conclusion of agenda item 46 and Councillor Harding resumed the Chair.

COUNCILLOR J HARDING IN THE CHAIR

47. NEW PRIMARY CARE MODEL

The Chief Clinical Officer Trafford CCG (CCO) delivered a presentation on New Models of Care (NMoC) to the Committee. The presentation covered the vision and objectives of NMoC, progress to date, and the national and GM picture. The presentation also contained an overview of the Trafford programme, details of what success would look like, how success would be measured and the next steps of the programme.

The CCO was asked for details of the monitoring arrangements in place to measure programme objectives. He was also asked whether the monitoring information could be submitted to a later meeting of the Committee. In response the CCO detailed the NHS dashboard that would be used to measure progress and stated that the information would be available to the Committee at a later meeting.

The Committee raised a number of questions in relation to the proposed changes to staffing ratios mentioned within the presentation. In answering these questions the CCO gave details as to how the adjusted ratios would look across the health

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workforce, how the referral process would change and how the programme would deal with competition between primary services.

A final question was asked in relation to how the savings attached to prescription waste would be achieved. The CCO responded that Trafford CCG were taking a number of approaches to reduce expenditure on prescriptions ranging from stopping patients stockpiling prescriptions to tracking prescriptions more thoroughly. All of the savings attributed to prescriptions, if achieved, would bring Trafford in line with national averages.

The Chairman thanked the CCO for attending the meeting and asked that the Committee receive an update on NMoC in the next municipal year.

RESOLVED:

- 1) That the CCO be thanked for attending the meeting.
- 2) That the Committee receive an update, including monitoring information, on NMoC in the 2017/18 municipal year.

48. COMMUNITY ENHANCED CARE AND SAMS TEAM UPDATE

The Interim Director of all age Commissioning (IDAAC) and the Strategic Lead for the South Neighbourhood (SLSN) gave a presentation to the board. The presentation included a detailed structure of Trafford community services with Ascot House as a central hub and the four neighbourhoods spread across Trafford; each of the neighbourhoods working closely with one of the four Hospitals used by Trafford Residents.

The update focused upon the issues surrounding DToC, Home Care, Residential and Nursing Care, and Community Enhanced Care (CEC) for Trafford residents. The IDAAC and SLSN went through each of these areas describing the issues that Trafford was facing and initiatives which were to resolve them.

Councillors asked questions about a number of topics including the number of people from outside Trafford in Trafford Homes, what developments would be brought in to help homecare and what was being done around dementia. The IDAAC and SLSN provided detailed answers to these questions.

Due to the limited amount of time remaining in the meeting two Committee Members were not able to ask questions. The Committee agreed that the two Members would submit their questions to the IDAAC and SLSN for a response outside of the meeting.

RESOLVED:

- 1) That the update be noted by the Committee.
- 2) That any unasked questions be submitted to the IDAAC and SLSN for responses outside of the meeting.

49. INTEGRATED CARE

The TIND gave a brief presentation to the Committee. Due to the lack of time only the main points of the presentation could be covered. The Chairman requested that, in light of the enforced brevity of the presentation and the lack of time for questions, the IND attend the first meeting of the Committee of the 2017/18 Municipal Year.

RESOLVED:

- 1) That the TIND attends the first Committee meeting of the 2017/18 Municipal year.

50. HEALTHWATCH TRAFFORD UPDATE

The Chairman of Healthwatch Trafford (CHWT) gave a brief overview of the Healthwatch Trafford update report. The fibromyalgia report which had been presented to the Committee's meeting in December 2016 had been recognised by Dr Frank McKenna based at Trafford General. Representatives of Healthwatch were due to meet him to discuss changes. Councillor Taylor requested to attend the meeting with Dr McKenna and the CHWT agreed to send details of the meeting once it had been confirmed.

The CHWT informed the Committee that Healthwatch Trafford had won the tender to continue to deliver Healthwatch within Trafford for a further 2 years. The CHWT told the Committee that she was stepping down as Chairman of Healthwatch Trafford and thanked the Committee members for all the work they had done together over the years.

The Chairman thanked the CHWT on behalf of the Committee for all the work she had done for Trafford residents and for playing such an important role in the work that the Committee had done.

RESOLVED:

- 1) That the Committee note the annual activity report from Healthwatch Trafford.
- 2) That the details of Healthwatch Trafford's meeting with Dr McKenna be shared with Councillor Taylor.
- 3) That the Committee thanks Ann Day for all the work that she has done for the residents of Trafford in her role as Chairman of Healthwatch Trafford.

51. JOINT HEALTH SCRUTINY COMMITTEE UPDATE

The Committee noted the report provided by the Vice-Chairman of the Committee. Committee members were given the opportunity to ask questions and none were raised.

RESOLVED:

- 1) That the report be noted.

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52. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Committee noted the report provided by the Vice-Chairman of the Committee. Committee members were given the opportunity to ask questions and none were raised.

RESOLVED:

- 1) That the report be noted.

53. TASK AND FINISH GROUP UPDATE

The Chairman informed the Committee that the task and finish group looking at End of Life Care had finished following preliminary investigations. The Chairman updated the Committee on progress that had been made on the Children and Young People's wellbeing task and finish group. The Committee were told that work was ongoing and a report would be submitted to them in the next municipal year.

RESOLVED:

- 1) That the update be noted.
- 2) That a report on Children and Young People's Wellbeing to be submitted to the Committee in the 2017/18 municipal.

54. HEALTH UPDATES

The Chairman informed the Committee that she had acted as the representative for GM at the CQC Quality Summit which reviewed the inspection of the North West Ambulance Service (NWAS). The Chairman stated that she would distribute her notes to members of the Committee and other Greater Manchester Scrutiny Committees.

The Chairman thanked Committee members for all of their work during the municipal year. In response Committee members thanked The Chairman for the work that she had done during the year.

RESOLVED:

- 1) That the Chairman's notes taken at the CQC NWAS Care Quality Summit are to be distributed to Committee members and other GM Scrutiny Committees.

The meeting commenced at 6.30 pm and finished at 9.30 pm