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AGENDA PAPERS FOR

HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 13 March 2018

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**
1.	**ATTENDANCES**		
	To note attendances, including Officers, and any apologies for absence.		
2.	**MINUTES**		1 - 8
	To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 23 January 2018.		
3.	**DECLARATIONS OF INTEREST**		
	Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4.	**TRAFFORD COUNCIL AND TRAFFORD CCG INTEGRATION**		9 - 24
	To receive a presentation from the Interim Accountable Officer, Trafford CCG.		
5.	**THE ROLE OF THE HEALTH AND WELLBEING BOARD**		25 - 26
	To receive a verbal update from the Interim Director of Public Health.		
6.	**HEALTHY YOUNG MINDS UPDATE**		To Follow
	To receive a report from Manager of the Healthy Young Minds Service.		
7.	**SINGLE HOSPITAL SERVICE**		27 - 30

To receive a report of the Director of Strategic Projects, MFT.

8. **YOUNG PEOPLES MENTAL HEALTH TASK AND FINISH GROUP** To Follow

To receive the draft report of the Health Scrutiny Committee's task and finish group.

9. **LONELINESS TASK AND FINISH GROUP UPDATE** To Follow

To receive a briefing from the Vice Chairman of the Committee.

10. **GREATER MANCHESTER HEALTH SCRUTINY COMMITTEE**

To receive a verbal update from the Vice Chairman of the Committee.

11. **HEALTH UPDATES**

To receive a verbal update from the Chairman of the Committee.

12. **URGENT BUSINESS (IF ANY)**

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio)

Further Information
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This agenda was issued on **Monday, 5 March 2018** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

HEALTH SCRUTINY COMMITTEE

23 JANUARY 2018

PRESENT

Councillor J. Harding (in the Chair).
Councillors Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor and M. Young (ex-Officio)

In attendance

Jill Colbert	Corporate Director of Children, Families and Wellbeing
Cameron Ward	Interim Accountable Officer, Trafford CCG
Mandy Bailey	Chief Executive of Wythenshawe Hospital, MFT
Richard Spearing	Trafford Integrated Network Director
Stephen Gardner	Director of Strategic Projects, MFT
Helen Hurst	Consultant Nurse, MFT
Helen Fairfield	Chairman, HealthWatch Trafford
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillor Mrs. V. Ward.

41. MINUTES

Councillors requested an update on malnutrition in adults with details on how Trafford was working with Greater Manchester and what improvements were expected.

RESOLVED:

1) That the minutes from the meeting held 12 December 2017 be agreed as an accurate record and signed by the Chairman.
2) That an update be provided for the Committee on Malnutrition in Adults.

42. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- 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, and member of the Board of Trustees for Trafford Carers.
- Councillor Chilton in relation to his employment by General Medical Council.
- Councillor Taylor in relation to her employment by the NHS.

- Councillor Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

43. CQC LOCAL SYSTEM REVIEW

The Corporate Director of Children, Families and Wellbeing (CFW) updated the Committee on Trafford's position following the CQC's Local System Review report which was published on 18th December 2017. She stated that, whilst there were a number of negatives expressed within the report, the CQC had been very positive about the progress being made. The CQC had also noted that Trafford was in a very unique and complex position. They had identified that the level of attendances from care homes was too high and that there were a lack of services available in the community to enable patients to leave hospital and go home. The CQC were convinced that whilst the Continuing Health Care performance was poor at the time of the review large improvement was underway.

A Committee Member stated that many of the issues highlighted by the CQC had been ongoing for a number of years with little improvement. The Member then asked why these problems continued to persist especially with regard to the quality of Nursing and Care Homes. The Corporate Director CFW agreed with the Councillor that Trafford had historic issues and that the Council had been attempting to resolve for a number of years. Trafford had issues with external providers which were the result of numerous factors many of which were beyond the Council's control. One such issue was maintaining a low paid workforce in the sector when the cost of homes in the area was so high. Trafford also suffered from having too many care homes in the borough and not enough nursing homes. The Council were creating a new provider group to try and tackle these problems collaboratively with the private sector.

Additionally, a large amount of work had been done to improve the urgent care pathway which would alleviate some of the pressure on these services. The Corporate Director CFW suggested that this may be of particular interest to the Committee and that she would be happy to provide them with information on progress in this area. The Chairman of the Committee accepted the offer for information and also requested that the Corporate Director CFW send the Committee a presentation that she had given on the work of Mary Moor and social care.

Another Committee Member asked about the level of flu vaccinations given to both residents and staff members in residential and nursing homes. The Corporate Director CFW responded that she did not have the figures at hand to answer that question and that it would best directed to the Interim Director of Public Health after the meeting. However, the Corporate Director CFW was able to inform the Committee that there had been a high level of uptake across the borough but some of the vaccines given were not as effective as others.

The Committee then enquired as to what the next steps would be. The Corporate Director CFW told the Committee that an action plan had been drafted and submitted to the CQC on the 17th January. The action plan was to be owned by the Health and Wellbeing Board and it would be submitted to that Board once it had been agreed by the CQC. When the action plan had received full sign off it would be sent to the Committee for information.

A Member of the Committee asked when Trafford could expect to see the increased levels of access to GPs that the report recommended. The Interim Accountable Officer (IAO), Trafford CCG responded that the New Models of Care that were part of the Trafford Transformation plan would increase the access to GPs across Trafford. Trafford CCG had a new heat map which enabled them to assess the levels of admissions from areas across Trafford and to plan services accordingly. The IAO offered to share the new heat map with the Committee.

A Member of the Committee asked whether there was more that could be done to overcome the challenges of recruitment. The Corporate Director CFW stated staffing issues were a national problem and that Trafford's main issues were in retention of staff rather than recruitment, apart from recruiting senior nurses. The Committee then requested that they be kept updated on changes to staffing structures and work that was focused upon improving retention of staff.

As a significant amount of time had been spent on this agenda item the Chairman requested that any further questions be sent to officers via email after the meeting.

RESOLVED:

1) That the Corporate Director CFW send the Committee information on the progress of the urgent care pathway.
2) That the Corporate Director CFW send the Committee the presentation that she had given on the work of Mary Moor and social care.
3) That officers contact the Interim Director of Public Health to obtain data on the level of vaccinations given to residential and nursing home staff and residents.
4) That the Trafford action plan be sent to the Committee once it was fully signed off.
5) That the IAO send is to send the heat map showing the levels of admissions for areas across Trafford to the Committee.
6) That the Committee are to be kept updated changes to staffing structures and work that was focused upon improving retention of staff.
7) That Committee Members send any additional questions to the Chairman or Officers.

44. INTEGRATION OF HEALTH AND SOCIAL CARE

The Trafford Integrated Network Director (TIND) gave a brief presentation to the Committee covering the main aspects of integrated services between Trafford Council and Pennine Care NHS Trust. The presentation was there to remind the Councillors about the ongoing work that they had received an update of previously in March 2017. As such the presentation focused upon the key points that had been reached since the last update. The TIND explained the structures involved in the integration care models and explained that while the two organisations were still separate entities they were co-located.

The Corporate Director CFW highlighted the changes that were being implemented within the services. These included the integration of musculoskeletal services, the all age front door, redesign of urgent care services, and capability building. In total there were twelve top priority work streams which

when combined would deliver the four aims to; Improve the health of the population overall, keep people safe and families together, improve the experience of care, and develop a sustainable health and social care model within Trafford.

The TIND explained that up to this point the integrated services had been focused upon dealing with demand. The next stage was to improve the ability of services to manage and reduce demand. The three conversation model and further integration with other health providers were key aspects of realising the next stage. The presentation then listed the seven pillars which were at the core of the integrated services which included the Quality Strategy and having a Single Care Record. The TIND told the board that Pennine Care had been offered a one year extension on their contract and that following the additional year it would be the Local Care Organisation which would tender the contract rather than the Council.

Following the presentation, the Committee were given the opportunity to ask questions. One member of the Committee asked about the level of communication between the integrated services and mental health services. The TIND responded that in children and young people's services, the teams were co-located and so there was a good flow of information between the various teams involved in young people's care. However, it was acknowledged that there was a gap when it came to adults services. Trafford were looking to work with Greater Manchester Mental Health NHS Trust to align services in order to improve communication and physical outcomes for people with mental health issues.

The Vice Chairman enquired as to the underutilisation of Ascot house that was mentioned within the CQC Local System Review. The TIND informed the Committee that the current model at Ascot House had only just been implemented at the time of the CQC review. The underutilisation had been caused by hospital staff not being aware that they could send people to Ascot House. The Committee were assured that, since the review, Ascot House was being fully utilised and having very positive outcomes with over 70% of patients who used the service being able to return home and stay at home. In addition to the improvements at Ascot House, Trafford were introducing an Urgent Care Hub which would further improve care within the system.

The Chairman asked about the results of the recent CQC inspection of Pennine Care. The TIND answered that the inspection was of the entirety of the Pennine Care organisation and they only did a small number of visits to Trafford services. The few issues that were identified by the inspection had been resolved through an action plan.

RESOLVED:

1) That the TIND be thanked for attending the meeting and that the update be noted.

45. CCG CHANGES IN SERVICE DELIVERY AND TRANSFORMATION

The IAO went through the presentation which had been circulated with the agenda. He explained the upcoming integration between the Council and Trafford CCG and listed the benefits of bringing the two organisations together. The presentation then showed the governance and high level staffing structure of the integrated organisation. Within the structure the Joint Chief Financial Officer, the Interim Corporate Commissioning Director, and the Medical Director positions were all highlighted as they were new positions that needed recruiting.

The IAO told the Committee that the Accountable Officer for the joint organisation was to be the Chief Executive of Trafford Council and that they were currently undergoing Accountable Officer Training. The decision to bring the two roles together required agreement from the Council, Trafford CCG and NHS England before it could be implemented. The governance structure centred upon a Joint Committee which would have equal representation from both the Council and CCG.

The IAO then moved onto Trafford CCG changes in service. The Committee were informed that Trafford CCG needed to reduce spending by £6m and to do that a number of options had been explored. These options included the transformation proposals which looked at new models of care, a review of all areas to improve efficiency and effectiveness, commissioning reviews of pathways, changing one cycle of IVF to exceptions only, and ending prescriptions for items which can be obtained over the counter and Gluten-free food prescribing.

Due to the lack of time the Chairman asked for Committee Members to email their questions to her or officers to be picked up outside of the meeting.

RESOLVED:

1) That the update be noted.
2) That Committee Members are to email their questions to the Chairman or officers.

46. TRAFFORD COORDINATION CENTRE

The IAO gave a brief update to the Committee on the progress of the Trafford Coordination Centre (TCC). The update covered the 9 priorities for the TCC from December 2017, the TCC performance against KPIs, key updates for January 2018, and the next steps for the TCC.

The Vice Chairman asked about the continuation of health care from Wythenshawe Hospital into community services. The Vice Chairman had hoped that the TCC would be coordinating these services so that there was a seamless transition. The IAO responded that the TCC would be able to do this once the Community Services were in place. The Chairman asked for a timescale for when these services would be in place. The IAO did not have the details at the meeting but would pass them onto the Chairman and Vice Chairman at their next catch up meeting in February.

RESOLVED:

1) That the update be noted.
2) That the IAO provide the timeline for Community services to be in place at the next catch up meeting with the Chairman and Vice Chairman.

47. SINGLE HOSPITAL SERVICE

The Director of Strategic Projects (DSP) for Manchester Foundation Trust (MFT) presented an update report on the Single Hospital Service Programme. As the Committee had already seen the report the DSP went through the highlights. The Committee were informed that the first priority of the Single Hospital Service Programme (SHSP) was to ensure that nothing went wrong when the Trusts were first amalgamated. MFT were starting to see some improvements being implemented, despite the pressures of winter. The first 100 days of the new organisation was due to elapse within February and there were a large number of outcomes that were to be achieved by then. The majority of the changes which had been completed related to a high level restructure and the next phase was to look at tier 2 and 3 restructures.

The next main phase of the programme was for North Manchester Hospital to join the organisation. This was scheduled to happen by April 2019 and the DSP acknowledge that this was a difficult timescale to achieve. Pennine Acute Hospitals NHS Trust who were currently running North Manchester had received a negative CQC report and were due to have a follow up in the next few months. MFT were going to look at the results of the follow up to see what if any improvements there had been at the hospital and to use that information to shape the planned merger. The DSP assured the Committee that the addition of North Manchester would not be allowed to destabilise MFT.

One member of the Committee asked what was to happen to the other parts of Pennine Acute Hospital Trust after North Manchester joined MFT. The DSP responded that Pennine Acute Hospital Trust would cease to exist and Salford Royal Hospital Trust was considering taking over the other elements of the Trust and becoming the Northern Care Alliance. Another Committee Member asked whether any patient engagement had been undertaken. The DSP stated that as the plans had not been agreed no patient engagement could take place. The Committee then requested that they be kept up to date on engagement with Trafford residents once the project was in the correct stages.

Members asked further questions on a number of issues including due diligence, the likelihood that North Manchester would not join MFT, what savings had been achieved so far and what impact there had been on community services. The DSP provided detailed answers to the Councillors questions and the Committee were satisfied with the responses received.

RESOLVED:

1) That the report be noted.
2) That the Committee receive a further update in 13 March 2018.
3) That the Committee receive patient engagement plans once available.

48. FRAIL AND ELDERLY PEOPLE AT TRAFFORD GENERAL

The Consultant Nurse, MFT gave a brief overview of the report that had been circulated with the agenda. The Consultant Nurse had been brought into Trafford General Hospital in November 2016 with the goal of improving the frailty pathway. The Consultant Nurse had conducted a review of the frailty pathway which included visiting a number of other services to see how they were being provided. Following the review a number of KPIs were identified which included having IT in place to support frailty screening and comprehensive geriatric assessments (CGAs). The report then updated the Committee on the main changes which had been made in the previous year and the next steps going forward. The Chief Executive of Wythenshawe Hospital (CEWH), MFT informed the committee that the CQC had noted the excellent work around frailty at Trafford General and that MFT were in the process of rolling it out across all of their hospitals.

A Committee Member noted that the report mentioned nurses carrying out CGAs and asked whether this could be done by other professions. The Consultant Nurse answered that there was an excellent tool that could be used by any professional if given the right training. There were plans to encourage a wide range of uptake including passing it on to NWAS.

One Committee Member asked whether there were enough geriatric consultants. The CEWH responded that Wythenshawe had a full staff of geriatric consultants. The Consultant Nurse added that as it was a goal to have geriatric consultant in every service there was going to be a significant increased demand.

The Chairman asked Committee members to email any other questions that they had to officers due to the limited amount of time left in the meeting.

RESOLVED:

1) That the report be noted.
2) Any additional questions to be emailed to officers.

49. HEALTHWATCH TRAFFORD UPDATE

The Chairman of HealthWatch Trafford (CHT) gave a brief overview of the reports that had been circulated with the agenda. The Committee were told that the HealthWatch report of Trafford General Hospital would be published within the next month and that HealthWatch Trafford's volunteers had done a piece of work looking at the accuracy of NHS Choices records.

The Vice Chairman of the Committee thanked the CHT for the excellent reports. The Vice Chairman then asked whether they felt that things had improved at Ascot house since the report was published and given what they had heard earlier in the meeting. The CHT responded that they did not think there would have been any improvement since the report was published. The Committee agreed that they would support HealthWatch and their recommendations.

The Chairman of the Committee stated that the work that HealthWatch Trafford had conducted was excellent and that there was not enough time left to discuss it in the relevant detail. The Chairman suggested that an additional meeting should be held between Committee members and HealthWatch Trafford and all agreed.

RESOLVED:

1) That the reports be noted.
2) That the Committee supports the recommendations made in the report on Ascot House.
3) That an additional meeting between the Committee and HealthWatch Trafford be arranged.

50. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Vice Chairman gave a brief overview of the meeting of the Greater Manchester Joint Health Scrutiny Committee held 10th January 2018. The meeting had an update on the health and care workforce and a report of the digital patient strategy. The Vice Chairman told the Committee that the digital patient strategy was about creating standardised forms and systems across GM which would have beneficial outcomes for Trafford if implemented properly. The Committee were given the opportunity to ask questions but none were raised.

RESOLVED:

1) That the update be noted.

The meeting commenced at 6.30 pm and finished at 9.22 pm

Trafford Council and NHS Trafford Clinical Commissioning Group

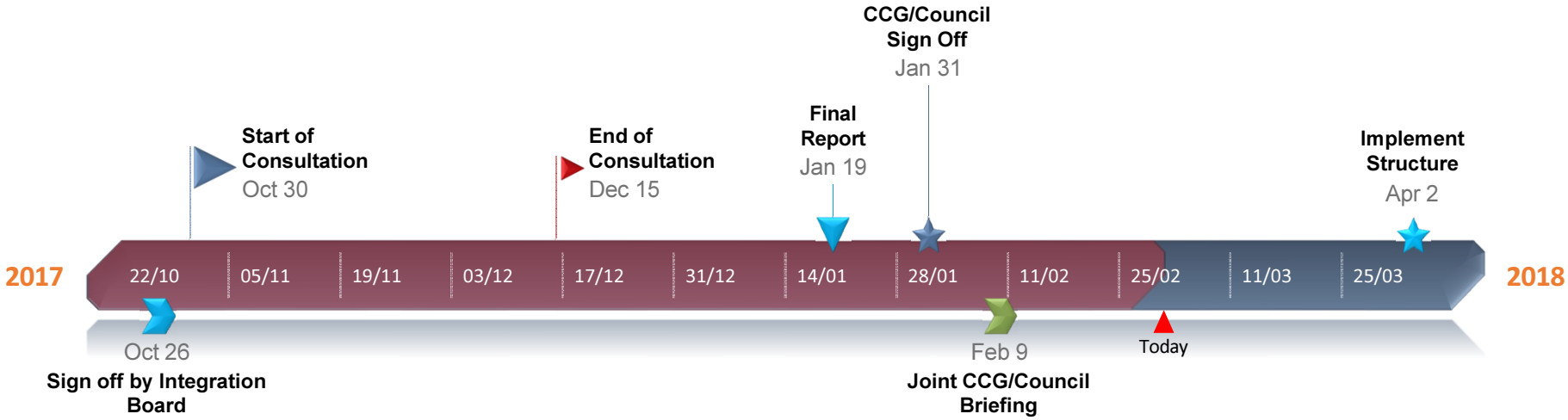
Integration and Consultation Outcomes

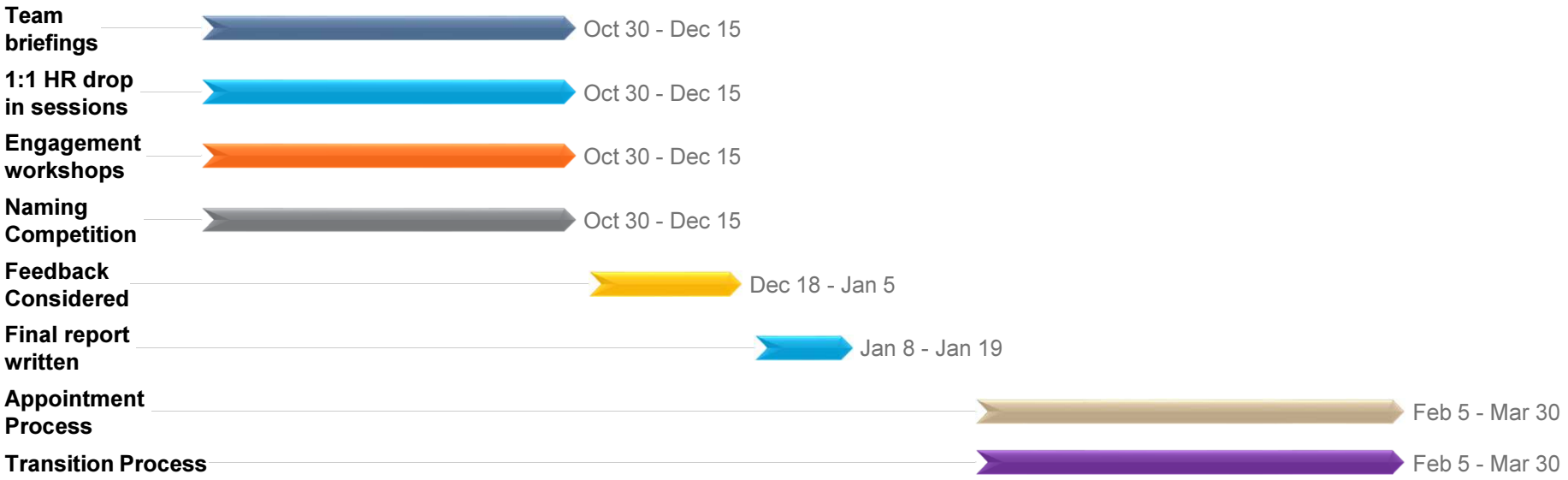
Health Scrutiny Meeting

NHS Trafford Clinical Commissioning Group

TRAFFORD COUNCIL

Timeline


CCG/Council Sign Off
Jan 31
Start of Consultation
Oct 30
End of Consultation
Dec 15
Final Report
Jan 19
Implement Structure
Apr 2
2017
22/10
05/11
19/11
03/12
17/12
31/12
14/01
28/01
11/02
25/02
11/03
25/03
2018
Oct 26
Sign off by Integration Board
Feb 9
Joint CCG/Council Briefing
Today


Team briefings
Oct 30 - Dec 15
1:1 HR drop in sessions
Oct 30 - Dec 15
Engagement workshops
Oct 30 - Dec 15
Naming Competition
Oct 30 - Dec 15
Feedback Considered
Dec 18 - Jan 5
Final report written
Jan 8 - Jan 19
Appointment Process
Feb 5 - Mar 30
Transition Process
Feb 5 - Mar 30

Consultation Facts and Figures

- 170 people attended initial consultation briefing on the 30th October
- 8 staff engagement session were held with 116 people from both organisations
- Naming competition over 6 weeks: 97 votes & 52% voted for

‘Trafford Together for Health & Social Care’

- 24 staff attended the ‘Making Change Happen’ courses
- 233 questions were submitted
- Key themes were vision, structure, commissioning and alignment of functions, location and parking

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NHS Trafford Clinical Commissioning Group

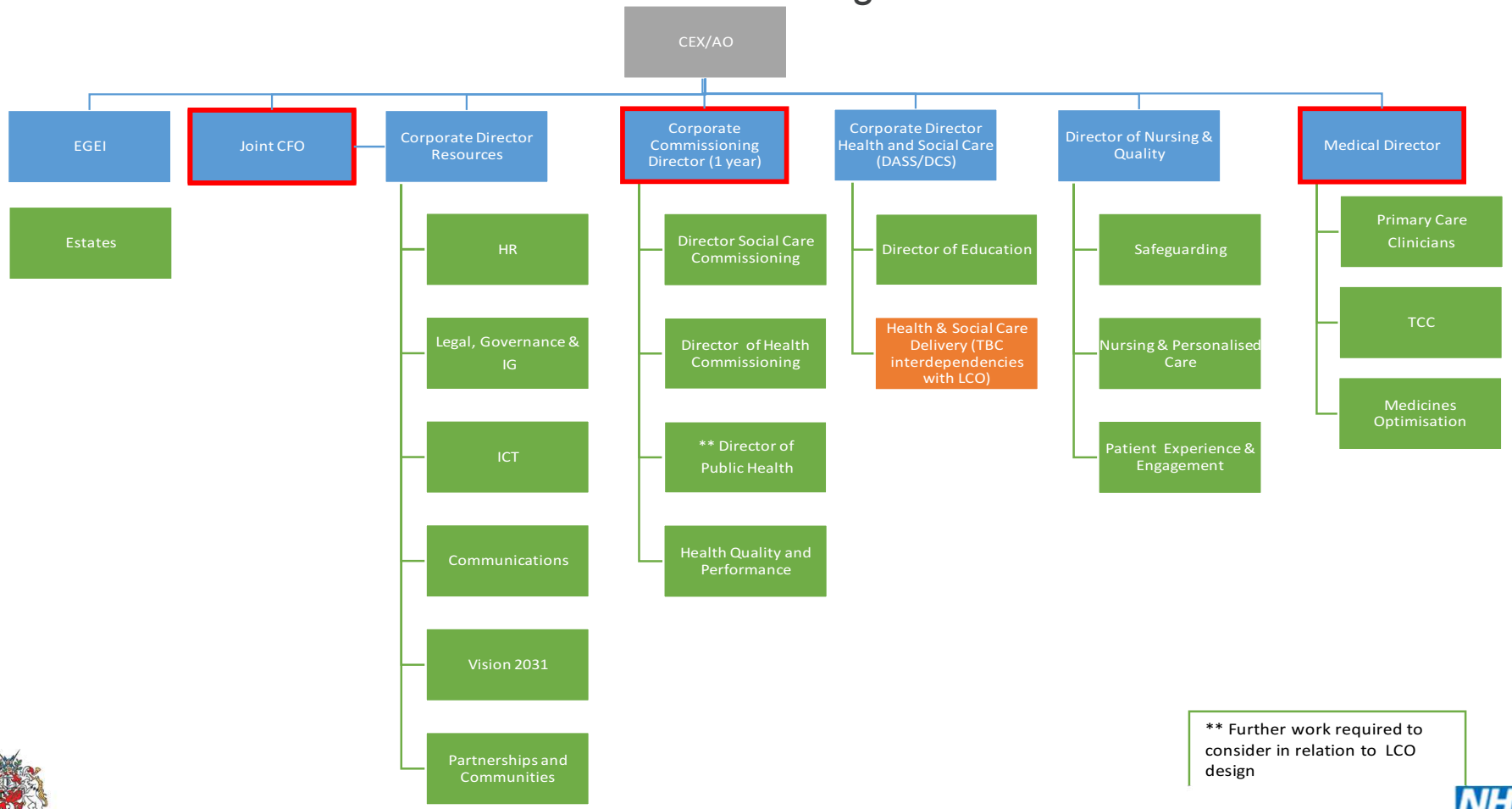
Structure & Governance

NHS Trafford Clinical Commissioning Group

TRAFFORD COUNCIL

Approved Structure

This consultation related to the proposed single accountable officer, single leadership team structure, the alignment of posts into the new single support structure and accommodation moves at this stage



** Further work required to consider in relation to LCO design

TRAFFORD COUNCIL

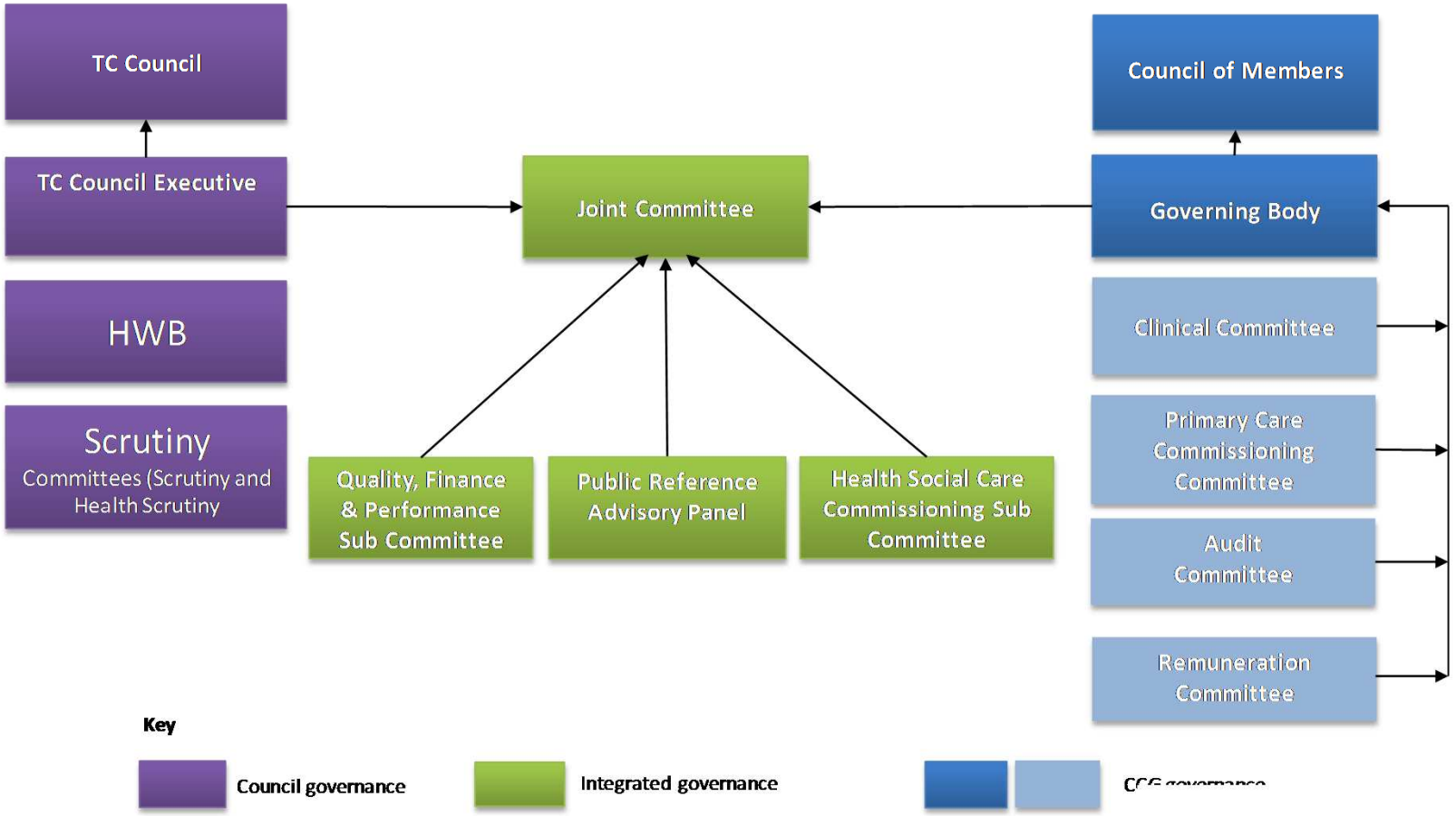
NHS Trafford Clinical Commissioning Group

Approved Executive Roles

- Accountable Officer (waiting NHS England approval)
- Chief Finance Officer (appointed)
- Corporate Commissioning Director (interviews on 19 March)
- Director of Nursing and Quality (not a new post)
- Medical Director (interviews 23 March)

Integrated Governance Structure

A Joint Commissioning Board and Integration Board are currently in place to develop and oversee the proposals. This will continue until the establishment of a joint Governance structure set out below



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NHS Trafford Clinical Commissioning Group

Next Steps

NHS Trafford Clinical Commissioning Group

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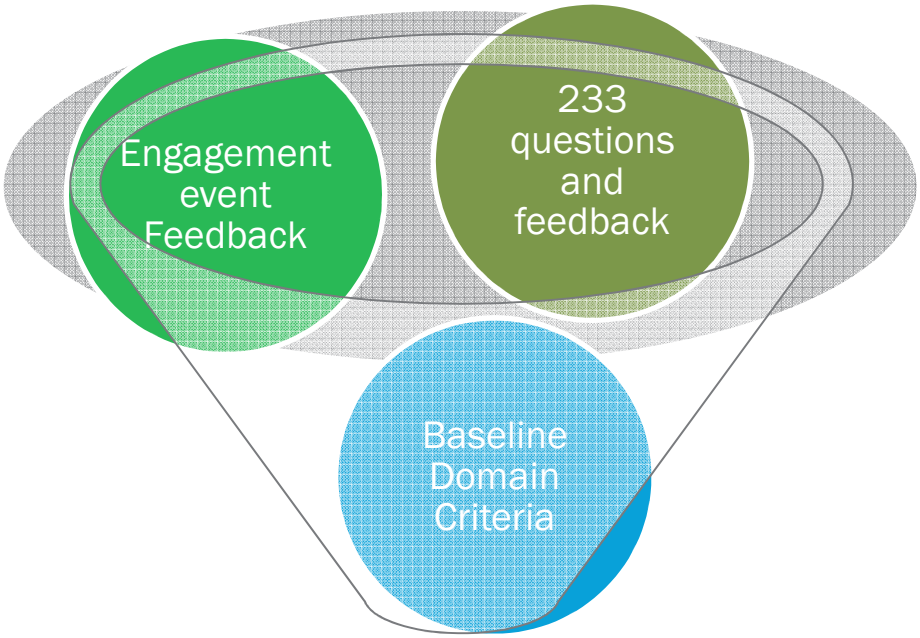
February 2018 Onwards - Integration Programme



Integration Domains

Work streams will undertake business analysis activities and host further staff engagement to shape the way we work to achieve the vision /strategic commissioning intentions

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NHS Trafford Clinical Commissioning Group

Integration Domains Working Groups

Final working groups for the next phase of work

Executive Sponsor - Theresa Grant Programme SRO - Joanne Hyde Programme Lead – Ian Tomlinson			
Domain	**SRO**	**Subject Matter Expert**	**Working Group**
Strategy and vision	Cameron Ward	Rebecca Demaine	Board to Board sessions
Leadership, governance and legal	Joanne Hyde	Peter Forester	Jill Colbert, Cameron Ward, Joe McGuigan, Angela Beadsworth, Dominque Adcock, Ruth Ridell
People and culture	TBC	Angela Beadsworth	Mary Moore, Angela Thompson, Danielle Sharples, Debbie Quinn, Mark Jarvis, Jo Gibson
Financial management	Nikki Bishop	Helen Zamitt	Joe McGuigan, Graham Bentley
Technology & IG	Joe McGuigan	Ridhwann Hafezji	Martin Bee, Carolyn Eadie, John Mann, Tony Kettle, Eddie Czok, Paul Fox
Communication & engagement	Cameron Ward	Emma Ferguson	Danielle Sharples, Tracy Clarke, Angela Schorah
Performance, Quality and Improvement	Michelle Irvine	Zoe Mellon	Peter Forester, Abdus Wadee, Mark Jarvis, Jo Gibson, Kate Provan
Estates	Sarah Pearson	Hazel Kimmet	Strategic Estates Group, Tim Baker Louise Rigg, Joe McGuigan
Strategic Commissioning	Theresa Grant	Jill Colbert/Rebecca Domaine	Karen Ahmed, Mark Jarvis, Mary Moore, Tracy Cartmell, Eleanor Roaf

Scope

To progress further alignment of functions, a programme structure is in place with 9 workstream 'domains' established each with a Senior Responsible Owner and a Programme Lead. These work streams will use the feedback information received during consultation and host further staff engagement and undertake business analysis activities.

Key Responsibilities

February 2018 Onwards

We will:

- Ensure the right levels of assurance are in place
- Refine operational details and design the way we will work
- Build in the principles of co-design into each phase of the transition
- Ensure proactive participation during the change
- Continue to develop a robust and collaborative Organisational Development and Workforce strategy
- Ensure we maintain comprehensive stakeholder engagement

What happens on the 1 April 2018

- Accountable Officer will be Council CEO
- Some staff may have a new line manager
- Staff will see the domain groups mobilising
- Staff will remain in their current location
- All our programmes of work continue as business as usual

Any Questions?

NHS Trafford Clinical Commissioning Group

TRAFFORD COUNCIL

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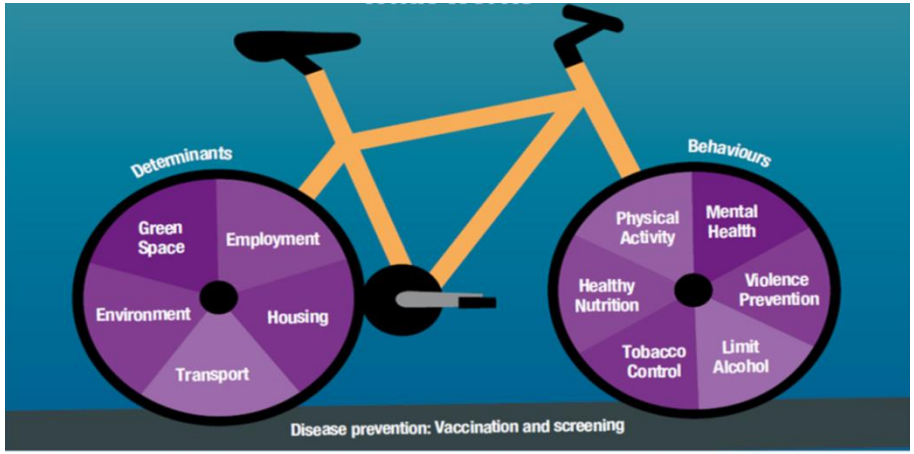
Trafford Health and Wellbeing Strategy 2016-2019

The Trafford Health and Wellbeing Board is determined to increase the number of years people spend in good health. This is measured by *Healthy life expectancy (HLE)*. This is a good pointer to the population's general health and gives an idea of the population's need for health and social care services. The variation across the borough for this indicator is greater than for life expectancy, and in general communities in the north of the borough fare much worse than those in the south, putting additional burdens on these communities.



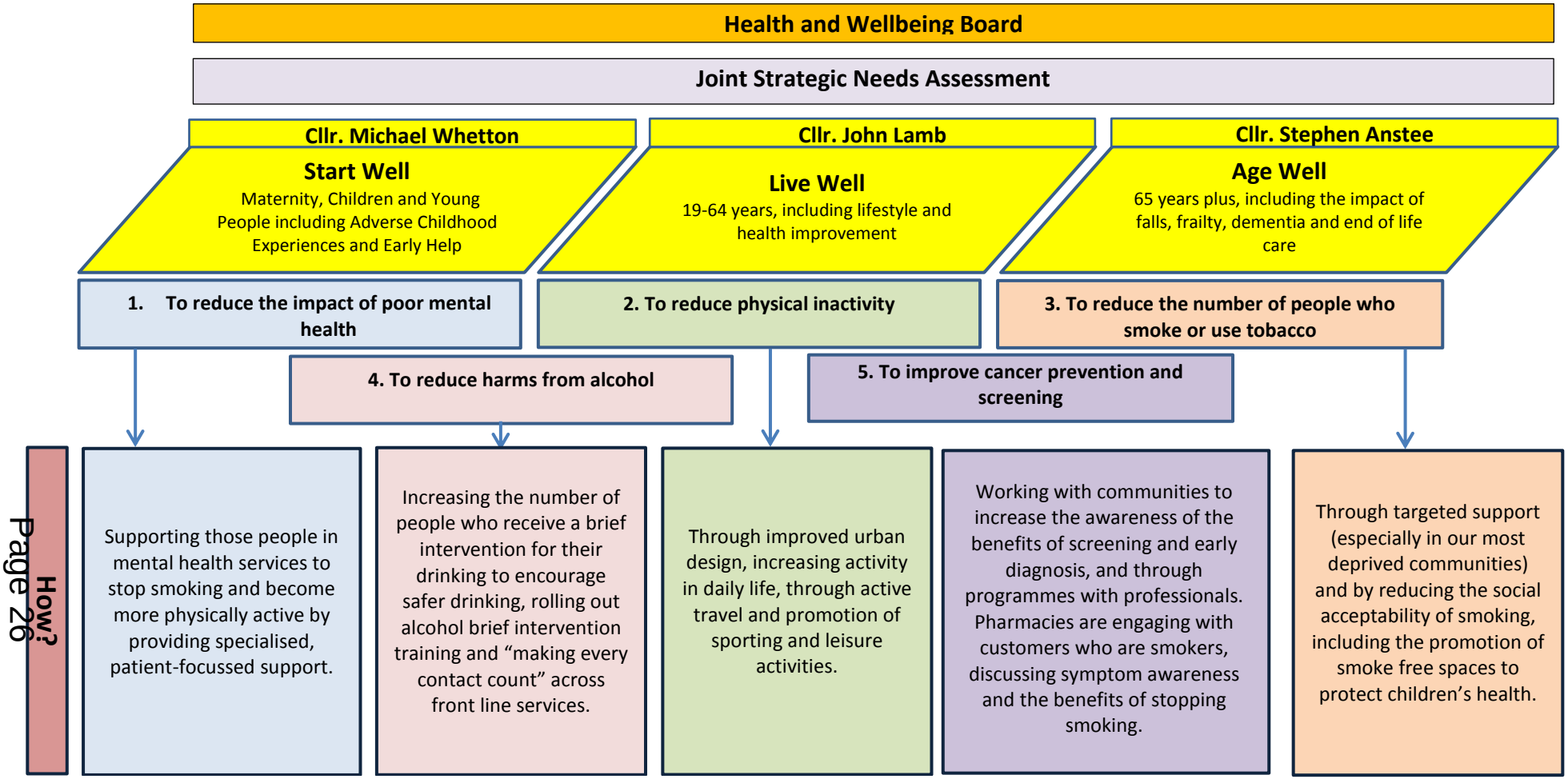
Source: WHO (2013a).

In Trafford we have a 16 year inequality or difference gap between our most affluent and most deprived communities[1]. To improve HLE, we are focussing on preventing poor health and on promoting wellbeing, as this will reduce health and social care costs, and enhance resilience, employment and social outcomes. The actions required must address the 'wider determinants' of health such as housing, transport, employment and the environment we live in, as all of these have a role in driving our behaviours, as can be seen in the diagram below.

How?

The Health and Wellbeing Board is focussed on our residents' journeys through life, taking a life course approach that reflects the public health needs of that age group. We aim to improve outcomes at each stage while ensuring that 5 overarching priorities are considered, and ensuring interventions are evidence based, measurable and add value.

[1] *PHE, (2017) Slope Index of Inequality in HLE, 2009-13 pooled data, https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/*



How will we know we have made a difference?

Multiagency Boards will oversee each life course area, and have partnership action plans, focusing on the 5 priority areas. We have produced a performance dashboard for our key indicators so that we measure our progress, monitoring improvements in Healthy Life Expectancy overall (from a baseline of 2013-15) but also the Slope Index of Inequality (SII) in healthy life expectancy (from a baseline of 2009-13) which is a measure of inequality or how much healthy life expectancy in Trafford varies with deprivation.

We will only achieve the desired outcomes by working with our population and with partners in Trafford and across Greater Manchester and measuring the difference we make.

Lead:

Eleanor Roaf, *Director of Public Health (Interim)*
Cllr John Lamb, *Executive Member for Health and Wellbeing*

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST (MFT)

SINGLE HOSPITAL SERVICE PROGRAMME

13 March 2018

1. Introduction

This paper provides the Trafford Health Scrutiny Committee with an update on progress of the Single Hospital Service (SHS) Programme.

2. Background

The Single Hospital Service (SHS) Programme is being delivered through two linked projects. Project 1 is the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). This was completed on 1st October 2017 and a full programme of integration is now underway. A benefits realisation process is also being established.

Project 2 is the proposal for the new Trust to acquire North Manchester General Hospital (NMGH) from Pennine Acute Hospitals NHS Trust (PAHT), which will complete the creation of a Single Hospital Service for Manchester, Trafford and surrounding areas.

3. Integration

Following completion of the merger, a comprehensive programme has been put in place to progress the integration of services from the two predecessor organisations, in order to deliver Single Hospital Service benefits.

3.1 Integration management

Three integration workstreams are being progressed, covering the following areas:

- Corporate functions
- Governance and risk
- Clinical services

Integration work streams and projects have been grouped according to the timelines for deliverables: prior to Day 1; Day 1 to 100; Day 100 to Year 1; and Year 1 and beyond.

3.2 Corporate functions

All of the corporate integration plans for Day 1 were successfully delivered at the point of merger and all other plans remain on track. Examples of the key milestones delivered by this steering group include:

- Completion of a Governor nomination/election process leading to a new Council of Governors.
- Appointment of a substantive MFT Board of Directors.

- Development of a new management structure and recruitment of hospital leadership teams.
- Review of core IT systems and options appraisal for IT solutions moving forward including workforce IT systems.
- Establishment of a change consultation forum with staff side.
- Integration of communication channels.
- Production of a single equality and diversity accountability structure.

3.3 Governance and Risk

This area of work is concerned with ensuring that all regulatory processes and statutory requirements are integrated within the new Foundation Trust. All Day 1 plans were successfully delivered including the creation of priority policies for the new organisation.

A plan to harmonise all other corporate clinical policies has now been developed and this will be implemented over Year 1. Revised safeguarding and infection control committees are in place and work continues to establish Group/Hospital site clinical governance structures.

Registration with the CQC was successfully obtained in time for the merger, and the clinical governance and risk work stream is preparing for an anticipated CQC inspection in the coming year.

3.4 Clinical services

This workstream oversees the development and delivery of 41 clinical integration projects, which are organised into 27 clinical work streams. The projects range in size and scale from the relatively small, to the large and highly complex programmes of work required to deliver significant service improvement.

Approximately 40% of these clinical integration projects are now in the delivery phase with benefits and milestones clearly defined and implementation underway. Within these projects there are 16 deliverables relating to Day 100. The remaining projects are going through a development process of clinical engagement, scoping, testing and service review. Notable progress in the clinical projects for the first 100 days includes:

- Introduction of the first new urgent gynaecology theatre lists at Wythenshawe Hospital, providing improved access and choice for women who require surgical management of their miscarriage.
- Introduction of lithotripsy lists for Manchester Royal Infirmary patients at Wythenshawe Hospital.
- Pooled day case waiting lists for urology patients offering increased choice and reducing waiting times for common procedures.

Clinical teams from across the Trust have been engaged in refining the benefits that are planned to be delivered in Year 1 and Year 2, and also in identifying other opportunities to improve services. Opportunity packs have been developed for all clinical services. These identify the comparative performance of services across the new Trust, and highlight the potential for levelling up to the best. This work is aimed at reducing variation in standards of care so that patients receive optimal care wherever they are treated.

A significant amount of work has been done for the Year 1 and Year 2 projects which mainly represent the complex, strategic changes. In these cases it is vital that the integration planning and delivery is aligned with the development of the Trust's Clinical Service Strategy, as well as Greater Manchester initiatives such as Theme 3 (standardisation of acute and specialist services).

As part of the drive for improvement in the next phase of integration, clinical teams are working on a range of projects to introduce benefits for patients. These include:

- **Cardiac services:** Plans for the implementation of the acute coronary syndrome and heart rhythm benefits are well developed, and a full service review will be completed in Apr – June 2018.
- **Trauma and Orthopaedics:** A full option appraisal for the delivery of elective orthopedic surgery and fractured neck of femur improvements is being developed during March 2018.
- **Gastroenterology/endoscopy:** clinical teams have been working together on developing shared pathways for common conditions, and a service review of endoscopy was undertaken during February 2018, focusing on capacity and demand.
- **Stroke:** more detailed planning is being progressed for delivery of a 7 day Transient Ischaemic Attack (mild stroke) service, and proposals are also in development to coordinate the repatriation of patients from the specialist (hyper acute) Stroke Centres.

In addition to the planned integration work, the formation of the new organisation has brought about a number of additional benefits for patients through staff working more closely together, and the removal of organisational boundaries. Some examples of these emergent benefits include:

- **Patient transfers from Wythenshawe to Trafford Hospital:** Following the implementation of new pathways for patients recovering from a fragility fracture or a brain injury, patients who would have occupied an acute bed at Wythenshawe Hospital can now benefit from specialist rehabilitation facilities at Trafford Hospital. This has supported Wythenshawe Hospital during the recent winter pressures, and has particularly benefited Trafford patients.
- **Emergency department diverts:** During periods of unprecedented demand for emergency care over the winter months the two main Emergency Departments at Manchester Royal Infirmary (MRI) and Wythenshawe Hospital have worked together to ensure that, as one reaches peak capacity, ambulances are safely diverted to the other where capacity is available. This has happened in a much more frequent and efficient way than would have been the case prior to the merger.
- **Haemato-oncology services:** The haemato-oncology (blood cancer) services at Wythenshawe Hospital and MRI have pooled resources to ensure that more cases can be discussed at a fully constituted cancer multi-disciplinary team meeting allowing care to be delivered more quickly to cancer patients.

4. Acquisition of North Manchester General Hospital (NMGH)

The second stage in the creation of a Single Hospital Service is to transfer NMGH, currently part of Pennine Acute Hospitals NHS Trust (PAHT), into MFT.

NHS Improvement (NHS I), the sector regulator for health services in England and the statutory vendor of PAHT, has outlined a proposal for the NMGH site and services to be acquired by MFT, and for Salford Royal NHS Foundation Trust (SRFT) to acquire the Oldham, Bury and Rochdale hospital sites to join its group of healthcare services, called the Northern Care Alliance NHS Group (NCA).

A Transaction Board has been created to oversee this process, and this is chaired by Jon Rouse, Greater Manchester Health and Social Care Partnership (GMH&SCP) Chief Officer. Membership of the Board comprises senior representatives from NHS I, GMH&SCP, PAHT, SRFT, MFT, Manchester Health and Care Commissioning (MHCC), and all Clinical Commissioning Groups (CCGs) and local authorities on the current Pennine Acute footprint.

The process for MFT to acquire NMGH will be complex and require a significant degree of co-operation and partnership work across a range of stakeholders. To assist with this, the proposed transaction will be governed by the NHS I Transaction Guidance which was re-issued in November 2017. Based on the criteria described in the guidance, the acquisition of NMGH by MFT will be classed as a significant transaction, and therefore be subject to a detailed NHS I review. This review will be a two stage process involving the development of a Strategic Case followed by the production of a Full Business Case. Further work will also be required to obtain clearance from the Competition and Markets Authority (CMA).

MFT remains committed to the NMGH acquisition process and continues to collaborate effectively with all stakeholders to ensure the transaction can be delivered at the earliest practicable opportunity.

5. Conclusion

This report provides an update on progress on implementation and planning for the SHS Programme. Progress continues to be good, and effective governance arrangements are in place to ensure that the integration programme within the current service portfolio, and preparations for the acquisition of NMGH, can be pursued simultaneously without disrupting the day-to-day operation of the Trust.