



**AGENDA PAPERS FOR
HEALTH SCRUTINY COMMITTEE MEETING**

Date: Tuesday, 26 June 2018

Time: 6.30 p.m.

**Place: Committee Room 2 and 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.	CHAIRMAN AND VICE CHAIRMAN OF THE COMMITTEE 2018/19	
	To note that Councillor Chilton and Councillor Taylor were appointed as Chairman and Vice Chairman respectively for the 2018/19 Municipal Year by Council 23 May 2018.	
3.	MEMBERSHIP OF THE COMMITTEE 2018/19 MUNICIPAL YEAR	1 - 2
	To note the membership of the Committee, as determined by Council, for the Municipal Year 2018/19.	
4.	TERMS OF REFERENCE 2018/19 MUNICIPAL YEAR	3 - 6
	To note the terms of reference for the Committee, as determined by Council, for the Municipal Year 2018/19.	
5.	MINUTES	7 - 14
	To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 13 March 2018.	
6.	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.

7. **CQC ACTION PLAN UPDATE** To Follow

To receive an update from the Corporate Director of Children Families and Wellbeing.
8. **TRAFFORD SAFEGUARDING BOARD** 15 - 18

To receive a report from the Director of Safeguarding and Professional Development.
9. **ONE TRAFFORD RESPONSE** To Follow

To receive a presentation from the Public Sector Reform Manager.
10. **SINGLE HOSPITAL SERVICE** 19 - 22

To receive a report from the Deputy Programme Director, Single Hospital Service, Manchester University Hospital NHS Foundation Trust.
11. **NWAS UPDATE** To Follow

To receive a report from the Senior Communications Manager for the North West Ambulance Service.
12. **HEALTHWATCH TRAFFORD PERFORMANCE REPORT** 23 - 30

To receive a report from the Chairman of HealthWatch Trafford.
13. **COMMITTEE WORK PROGRAMME 2018/19** 31 - 34

To note, discuss, and agree the Committee's work programme for the 2018/19 Municipal Year.
14. **HEALTH UPDATES** Verbal Report

To receive a verbal update from the Chairman and Vice Chairman of the Committee.
15. **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

Health Scrutiny Committee - Tuesday, 26 June 2018

Membership of the Committee

Councillors R. Chilton (Chairman), S. Taylor (Vice-Chairman), S.K. Anstee, J. Bennett, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, A. Duffield, Mrs. L. Evans, Mrs. D.L. Haddad, S. Longden, J. Slater, D. Acton (ex-Officio) and D. Western (ex-Officio)

Further Information

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

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TRAFFORD COUNCIL

MEMBERSHIP OF COMMITTEES 2018/19

Notes on Membership:

(1) The Health Scrutiny Committee shall have a membership of 11, or, where this does not achieve the political balance required under the Local Government and Housing Act 1989, whatever figure is necessary to reflect the proportional representation of political groups.

(2) The Health Scrutiny Committee shall be chaired by a Councillor who is not a member of the largest political group on the Council, unless there is no such person serving on the Committee. The person appointed as Vice-Chair shall be a member of the largest political group on the Council.

(3) The Chairs of both the Scrutiny Committee and the Children and Young People's Scrutiny Committee shall be appointed as ex-officio Members of the Health Scrutiny Committee.

COMMITTEE		NO. OF MEMBERS	
HEALTH SCRUTINY COMMITTEE		11	
		(plus the Chair of the Scrutiny Committee as an ex-officio Non-Voting Member)	
LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRAT GROUP	GREEN PARTY GROUP
Councillors:	Councillors:	Councillors:	Councillors:
Joanne Bennett Anne Duffield Steven Longden Jane Slater Sophie Taylor V- CH	<i>Nominations to follow</i>	Mrs. Jane Brophy	-
TOTAL	5	1	0

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HEALTH SCRUTINY COMMITTEE

Terms of Reference

1. To act as the Council's Overview and Scrutiny Committee for the purposes of all relevant legislation including, but not limited to the Health and Social Care Act 2001 and the National Health Service Act 2006.
2. All health scrutiny powers provided under the Health and Social Care Act 2001 are delegated to the Health Scrutiny Committee.
3. The Health Scrutiny Committee will have the power to refer a proposed substantial variation in service delivery to the Secretary of State. If the Committee wish to exercise this power, then this must also be agreed by the Chairman of the Scrutiny Committee who will be an ex-officio member of the Health Committee and will hold the power of veto in respect of any proposed referral of a substantial variation to the Secretary of State.

General Role

4. Subject to statutory provision, to review and scrutinise decisions made or actions taken in connection with the discharge by the Council of its functions and by relevant partner authorities in relation to health and well-being issues.
5. In relation to the above functions:
 - a) to make reports and/or recommendations to the full Council, Executive of the Council, any joint committee or any relevant partner authority as appropriate
 - b) to consider any matter affecting the area or its inhabitants
6. To put in place and maintain a system to ensure that referrals from the Health Scrutiny Committee to the Executive, either by way of report or for reconsideration, are managed efficiently and do not exceed the limits set out in the Constitution.
7. At the request of the Executive, to make decisions about the priority of referrals made in the event of reports to the Executive exceeding limits in the Constitution, or if the volume of such reports creates difficulty for the management of executive business or jeopardises the efficient running of Council business.
8. To report annually to full Council on its workings, set out their plans for future work programmes and amended working methods if appropriate.

Specific functions

9. Maintain a strategic overview of progress towards the achievement of the ambitions and priorities within Trafford's Sustainable Community Strategy in relation to health and well-being matters.
10. Identify the Committee's strategic priorities and determine the Overview and Scrutiny work programme to facilitate constructive evidence based critical-friend challenge to policy makers and service providers within the resources available.
11. Assist and advise the Council in the continued development of the Overview and Scrutiny function within Trafford.
12. Receive, consider and action as appropriate requests:
 - a) from the Executive in relation to particular issues; and
 - b) on any matters properly referred to the Committee
13. Identify areas requiring in-depth review and allocate these to an appropriate Topic Group. The Committee in consultation with the leader of the relevant Topic Group will set the terms of reference, scope and time frame for the review by the Topic Group.
14. In relation to the terms of reference of the Committee it may:
 - a) assist the Council, Executive and shadow Health and Well-being Board in the development of its budget and policy framework by in-depth analysis of policy issues;
 - b) review and scrutinise the decisions made by and performance of the Executive and/or committees and Council officers both in relation to individual decisions and over time;
 - c) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
 - d) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance;
 - e) conduct research, community and other consultation as it deems appropriate in the analysis of policy issues and possible options;
 - f) question and gather evidence from any other person with their consent.
 - g) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;

- h) question members of the Executive and/or committees, senior officers of the Council and representatives of relevant partner authorities on relevant issues and proposals affecting the area and about decisions and performance;
- i) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working; and
- j) undertake any other activity that assists the Committee in carrying out its functions.

Delegation

15. The Health Scrutiny Committee shall have all delegated power to exercise the power and duties assigned to them in their terms of reference.

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HEALTH SCRUTINY COMMITTEE

13 MARCH 2018

PRESENT

Councillor J. Harding (in the Chair).

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

Also Present

Councillor Lamb

Executive Member for Wellbeing

In attendance

Jill Colbert	Corporate Director of Children Families and Wellbeing
Cameron ward	Interim Accountable Officer, Trafford CCG
Matthew Colledge	Chairman of Trafford CCG
Eleanor Roaf	Interim Director of Public Health
Judy Collins	Director of HealthWatch Trafford
Sarah Leah	Associate Directorate Manager (South Division), Pennine Care NHS Foundation Trust
Peter Forrester	Head of Governance
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillors Mrs. J.E. Brophy

51. MINUTES

RESOLVED: That the minutes of the meeting held 23 January 2018 to be agreed as an accurate record, and signed by the Chairman.

52. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- 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 Centre.
- 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.

53. TRAFFORD COUNCIL AND TRAFFORD CCG INTEGRATION

Before going through the presentation, the Chairman of Trafford CCG informed the Committee that the meeting would be the last one attended by the Interim Accountable Officer and thanked him for all the work he had done during his time at Trafford CCG. The Interim Accountable Officer then went through the

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presentation which had been circulated with the agenda. The presentation showed the timeline for the integration and the results of the staff consultation. The feedback from the consultation had helped to shape the approved senior management structure and had led to the organisation being named Trafford Together for Health & Social Care.

The Committee were shown a diagram of the senior management structure and were informed that a Joint Finance Officer had been appointed and interviews for the Medical Director and Commissioning Director positions were soon to be held. It had been proposed that the Chief Executive Officer of Trafford Council be appointed to the role of Accountable Officer of Trafford CCG. The Chief Executive was undergoing training for the role whilst awaiting approval from NHS England. The Structure included the position of Corporate Commissioning Director who would support the Chief Executive for the first year of the new role. Trafford CCG was required to have a clinical Chairman and Sally Johnstone had been elected to replace Matthew Colledge from the start of June 2018.

The Committee were shown an overview of the programme of work which was required to complete the integration. There were nine integration domain working groups which were responsible for delivering aspects of the work programme. Each domain group had experts from both Trafford Council and CCG with a Senior Responsible Officer and a Subject Matter Expert who led the groups. The main focus of the domains was to ensure that there would be no failures on day one of the integrated organisation. The Interim Accountable Officer, Trafford CCG explained that it was critical to know what would be happening on day one and that the Domains were looking at the dependencies and inter dependencies within and between Trafford Council and Trafford CCG for this purpose.

Another key aspect of the integration was working out how the reporting structures were to function. There was a large amount of cross over between how health and social care were being reported. As two organisations these were being reported separately and work was ongoing to look at how reporting could be aligned and/or combined.

The Chairman asked about the vacant director of Human Resources (HR) position and the impact that the integration would have upon staff. The position was to be advertised again and it was hoped that an appointment would be made soon. The Interim Accountable Officer stated that some staff members were to have new line managers and that staff would be co-located. However, these changes were not to be implemented straight away but would be phased in after the start of the new organisation in April.

A Member of the Committee asked whether there were any issues about the changes or structure. The Interim Accountable Officer responded that there had been 220 questions raised during the consultation with staff which had informed both the changes and structure. He noted that there were still some people who were unhappy with the changes but that was to be expected. The Corporate Director for CFW added that the organisations had worked with Deloitte in designing the new shape of services going forward and that staff had reacted well to this work in the sessions that had been held. The Corporate Director offered to share the results of that work with the Committee outside of the meeting.

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Members asked a number of questions relating to the accountability and monitoring of the new services. The Chairman of Trafford CCG responded to these questions explaining the CCG's current accountability and how the services were monitored. The Committee were assured that increasing public involvement and accountability were a key aspect of the design of the new organisation. The relationships that the new organisation was to have with members of the public, partner organisations, and other bodies were still to be worked out and it was hoped that the Health Scrutiny Committee could aid in that development.

The Chairman stated that the Committee needed to be informed about the effects of the transformation as it was to have a large impact on the people of Trafford. A lot of resources had been invested in the integration and the Committee needed to be assured of the progress and benefits that would be delivered. The Chairman requested that regular updates be brought to the Committee over the course of the 2018/19 municipal year.

The Executive Member for Wellbeing stated that the Health and Wellbeing Board would also want assurance of the progress and benefits of the new organisation. In order to minimise duplication it was suggested that the Chairmen of both and the Leader of the Council and Chairman of Trafford CCG meet to discuss how this was to be achieved. The Chairman of Trafford CCG added that officers would make themselves available to meet with Committee members to answer questions and do a deep dive on any areas that they wanted to know more about.

The Chairman then raised a query about the progress of the proposed changes to IVF treatments within Trafford. The Interim Accountable Officer informed the Committee that Trafford CCG were still speaking with the public on a number of issues including; prescriptions, gluten free food, delaying surgery for smokers/obese people, and only offering IVF treatments by exception. A public meeting was scheduled for 27th March at Trafford CCG and that meeting was where the final decision on all those areas would be made.

The Interim Accountable Officer added that the chances of success with IVF were very low and Trafford CCG were looking at the evidence around the procedure in an attempt to see whether there were any indicators for improved success. The Interim Accountable Officer said that he would go into this in more detail with the Chairman and Vice Chairman at their next meeting.

RESOLVED:

- 1) That the update be noted.
- 2) That the results of the staff sessions be shared with Committee Members.
- 3) That the Committee receive regular updates on the progress of the integration.
- 4) That a meeting is to be arranged between the Chairman of the Committee, the Executive Member for Wellbeing, the Chairman of Trafford CCG, and the Leader of the Council in order to agree assurance arrangements for the Committee and the Health and Wellbeing Board.
- 5) That the Interim Accountable Officer provide the Chairman and Vice Chairman further details as to the changes to Trafford CCG services at their next meeting.

54. THE ROLE OF THE HEALTH AND WELLBEING BOARD

The Executive Member for Wellbeing informed the Committee that the Health and Wellbeing Board was a statutory board with a large remit. In order to manage this remit adequately the Board had created three sub groups. The three sub groups were focused upon different stages of the life course and were called; start well, work well and age well. It was hoped that through this new design the Board would be able to engage better with the public and have a whole community approach.

The Interim Director of Public Health told the Committee that the legislation which created Health and Wellbeing Boards was not clear about the purpose of the Boards. Health and Wellbeing Boards were required to have a membership which included both Local government and CCG elements and had to create the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing strategy for their area but other than that it was for each area to decide the overall membership and role. In Trafford, the Board had chosen to focus upon healthy life expectancy. This was chosen because Trafford had large differences in healthy life expectancy between its deprived and affluent areas. The Interim Director of Public Health informed the Committee that Trafford were comparing the borough not just with GM but with Trafford's statistical neighbours.

The Trafford Health and Wellbeing strategy, which was a document on two pages, had 5 key areas that if improved would have a positive impact upon healthy life expectancy. The five areas were; reducing alcohol consumption, reducing levels of smoking, improving mental health, increasing cancer screening, and reducing physical inactivity. The Committee were told that the majority of the work public health was involved in touched on both social care and health care. This meant that to make a difference the Council and CCG needed to utilise all aspects of their powers and influence to improve public health within Trafford.

Three sub groups look were set up in order to pick up areas of work which weren't being addressed by the main meetings. It was hoped that the groups would complete pieces of task and finish work such as delivering the Trafford dementia strategy. In addition to this work the Health and Wellbeing Board were looking at using the partnerships teams of the Council and CCG to engage the public to try to work out how to make the healthier choices easier to make.

Following the update the Committee were given the opportunity to ask questions. A Committee Member asked how the groups would engage with hard to reach groups who don't want to engage. The Interim Director of Public Health responded that one of the Councils Consultants in Public Health had previously done a piece of work which engaged with local women and asked them about why they weren't going for smear tests. Through the interaction and subsequent actions that were taken Trafford managed to improve the rates of women attending smear tests to the best in GM from being the lowest. The plan was to use a similar approach of starting with making contact, listening to, and engaging the public amongst other hard to reach groups.

The Chairman stated that the relationship between the Health and Wellbeing Board and the Committee was not as close as it could have been. The Chairman

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was aware that the Health and Wellbeing Board was the owner of the CQC action plan following the local system review and requested that the Committee receive regular updates on progress of that action plan. The Executive member for Wellbeing agreed to provide regular updates and stated that he felt the Health Scrutiny Committee was well placed to help increase the engagement with the population and look forward to working with the Committee in that regard. The Interim Director for Public Health added that the Health Scrutiny Committee should focus upon supporting Public Health and prevention across all services as that was vital to improving peoples' health and reducing the strain on services. The Chairman affirmed that the Committee was ready to support public health and that there were a number of areas, e.g. school readiness, where both of Trafford's Scrutiny Committees could help.

RESOLVED:

- 1) That the update be noted.
- 2) That the Committee is to receive regular updates from the Health and Wellbeing Board on the progress of the CQC action plan.
- 3) That the Health Scrutiny Committee will support Public Health and Prevention within Trafford.

55. HEALTHY YOUNG MINDS UPDATE

Associate Directorate Manager (South Division) for Pennine Care presented the six month update to the Board. Since the last update on the Healthy Young Minds service there had been a large increase in the numbers of the referrals made to the service. A review of the capacity and demand of/for the service had been conducted following its restructure. The review found that the service is slightly understaffed at 5.8 FTE below what is needed in order to deal with the current level of demand.

The Associate Directorate Manager (South Division) for Pennine Care had contacted the CCG to inform them of the gap and have received some positive feedback. The service had done a lot of work on reducing waiting times and a new Electronic Patient Record (EPR) was to be introduced on the 26th March. The EPR would enable better tracking of demand and performance and help identify children who need support. The Electronic system would also improve the data flow into the system and Trafford's access to data. This would enable better analysis for the area which would in turn help to provide and develop services going forward.

The staffing restructure of the service had been finalised which included new service leadership team of a new operational manager, new child psychiatrist and the pre-existing child psychiatrist. There had been an increase of children who were presenting with crisis, especially those aged 18 to 20 years old. The GM children and young peoples' crisis pathway was working to tackle this increase by creating two safe zones within GM to provide crisis respite. The new pathway was scheduled to launch in April and would increase support outside of standard working hours and ensure that support was available within communities. These changes represented a £12m initiative which would hire an additional 50 staff across GM from June. The service had a thrive design looking at non medical solutions and it was expected to be implemented by 2020.

Following the update, Committee Members asked a number of questions of the Associate Directorate Manager (South Division) for Pennine Care which covered a various areas including; the connectivity of the new EPR system, what the reasons were for the increase in demand, and the level of support that was available in Schools. The Associate Directorate Manager (South Division) for Pennine Care gave detailed responses to Member's questions and the Members were satisfied with the answers received.

The Chairman expressed her disappointment about mental health provision for young people in Trafford, GM, and nationally. The Chairman stated that it was clear from the update that there were still issues persisting within the Healthy Young Minds service and requested a further update within 6 months' time. The Chairman also requested that the Associate Directorate Manager (South Division) for Pennine Care review the recommendations of the Committee's draft Young People's Wellbeing report to give her feedback.

RESOLVED:

- 1) That the update be noted.
- 2) That the Committee's draft Young People's Wellbeing report be sent to the Associate Directorate Manager (South Division) for Pennine Care for her feedback.

56. SINGLE HOSPITAL SERVICE

The Committee noted the report and as there were no officers from MFT in attendance Members were asked to email any questions to officers. The Chairman added that the Committee needed to continue to receive regular updates on the progress of the Single Hospital service especially with the next phase which included the addition of North Manchester Hospital to MFT.

RESOLVED:

- 1) That the report be noted.
- 2) That any questions are to be sent to officers for response.
- 3) That the Committee continue to receive regular updates on the progress of the Single Hospital Service.

57. YOUNG PEOPLES MENTAL HEALTH TASK AND FINISH GROUP

The Chairman went through the draft report which had been circulated prior to the meeting. She highlighted the main issues identified by the group's investigations which included the disparity of information between heads of staff and lower staff members, confidentiality, and inconsistency of support across Trafford schools.

The report covered meetings held between the task and finish group with Commissioners, the Trafford Youth Cabinet, a Mental Health Charity, and feedback from school staff gained through a questionnaire. The Feedback from all the groups matched with the information that the Task and finish group had learned from the survey which had all lead to the recommendations of the report. The Interim Director of Public Health informed the Committee that two services had now been awarded contracts to help provide support to Children and Young People within Trafford. Those services were Kooth which provided support for 11

– 18 year olds and Just Psychology that provided services for 5 – 11 year olds. The Chairman thanked the Interim Director of Public Health for the feedback and noted the changes to be made to the report.

Committee Members were asked for their feedback on the report and its recommendations, and offered the opportunity to ask any questions. No questions were raised but due to the late submission of the report the Chairman asked Members to read over the report following the meeting and to email any feedback within a week.

RESOLVED:

- 1) That the report be updated with details of the Kooth and Just Psychology Services.
- 2) That Committee Members submit any amendments to the report by Friday 23rd March.
- 3) That, subject to any further amendments, the draft report be approved by the Committee for submission to the executive.

58. LONELINESS TASK AND FINISH GROUP UPDATE

The Vice-Chairman of the Committee informed Members that the work was still ongoing for this task and finish group. The briefing which was circulated with the agenda updated the Committee of the progress made so far and the pieces of work which were still to be completed.

The Chairman noted that the main issue seemed to be the identification of people as being lonely. Once individuals were identified the services available within Trafford work well to support them. The work of the group had been focused on the elderly but there was scope to broaden this out to include younger people.

RESOLVED:

- 1) That the update be noted by the Committee.

59. GREATER MANCHESTER HEALTH SCRUTINY COMMITTEE

The Vice Chairman of the Committee stated that there had not been a meeting of the Greater Manchester Joint Health Scrutiny Committee since the last meeting. The next meeting was scheduled for 14th March and an update would be brought to the next meeting of the Committee.

RESOLVED:

- 1) That the update be noted.

60. HEALTH UPDATES

The Chairman informed the Committee that she and the Vice Chairman were going to meet to plan out the work programme for the 2018/19 municipal year. The Chairman asked that any Members who had any ideas for topics of work to email her after the meeting.

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The Chairman thanked all Members of the Committee for their work during the year.

RESOLVED:

- 1) That Committee Members to email suggestions for the 2018/19 work programme to the Chairman.

The meeting commenced at 6.30 p.m. and finished at 8.43 p.m.

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 26th June 2018
Report for: Information / Decision
Report of: Trafford Strategic Safeguarding Board
Report Title

Update the Committee on the development and implementation of Trafford Strategic Safeguarding Board

Purpose

To inform the Committee of progress made on the development of the new Strategic Board.

Progress update

It was previously reported to the Committee in October 2017 that there was an intention to merge the Children's Safeguarding Board and the Adult Safeguarding Board into a single Strategic Safeguarding Board for Trafford. This report updates Health Scrutiny Committee on the progress made to date.

Last week the attached letter was sent to all current members of the Children and Adult Safeguarding Boards from the Chair of Trafford Strategic Safeguarding Board. This outlines that we are now ready to launch the new Board and further develop its infrastructure.

Over the last year significant progress has been made to reach this position:

- Creation of a single staffing structure
- Creation of a single Independent Chair
- Creation of a single budget
- Development underway on a single Business Plan
- Development of a single Sub-Board structure (outlined below).

This process has been guided by an Executive Committee made up of the Independent Chair and representatives of the Council, CCG, Public Health and GMP.

The new Strategic Safeguarding Board has applied to the Department for Education to be selected as a formal 'Early Implementer' of the new safeguarding arrangements (under the 2017 Children and Social Work Act and Working Together 2018) but we have not yet received a response. This would allow us to pay for the new strategic approach to be formally evaluated to monitor its effectiveness.

Cathy Rooney

Director – Safeguarding (on behalf of Trafford Strategic Safeguarding Board)

Dear Board Member

Trafford Strategic Safeguarding Board (TSSB)

Following our successful consultation event in April, we are now in a position to formally launch the Trafford Strategic Safeguarding Board. This marks the culmination of the work we have all been involved in over the past 18 months to achieve a fully integrated, all-age safeguarding approach at strategic level. Your support and involvement in the process have been invaluable, we wouldn't have come so far in such a short time without your commitment and enthusiasm. Thank you!

Our next meeting, on 25th June 2018, will be the first fully integrated Board meeting – it will also be the final meeting where we have such a large and diverse membership. Following the meeting on 25th June we will move to a smaller Board whilst ensuring that we have representation from across the agencies, both at Board level and in the sub-Boards.

The anticipated membership of the new Board is as follows:

Maureen Noble	Independent Chair
Jill Colbert (resigning at the June meeting)	Trafford MBC
Cathy Rooney	Director of Safeguarding Trafford MBC
Mary Moore	Chief Nurse, Trafford CCG
Eleanor Roaf	Interim Director of Public Health Trafford Partnership
Suzanne Downey	Superintendent, Greater Manchester Police
Karen Samples	Director of Education, Trafford MBC
Richard Roe (TBC)	Corporate Director with lead for Housing
Chris Hart (TBC)	Chief Officer - THRIVE (representing the third sector)
To Be Confirmed	Trafford Chamber of Commerce

You will know that the infrastructure supporting the Board is in the final stages of development (see the attached schematic). The sub-boards will be the engine room of our safeguarding work and will require the same level of support and commitment that you have given to the Adults and Children's Boards.

The next Board meeting will provide an opportunity for you to consider your involvement in sub-Boards and this will be followed up by Sophie Triantafillou, our Board Manager and her team.

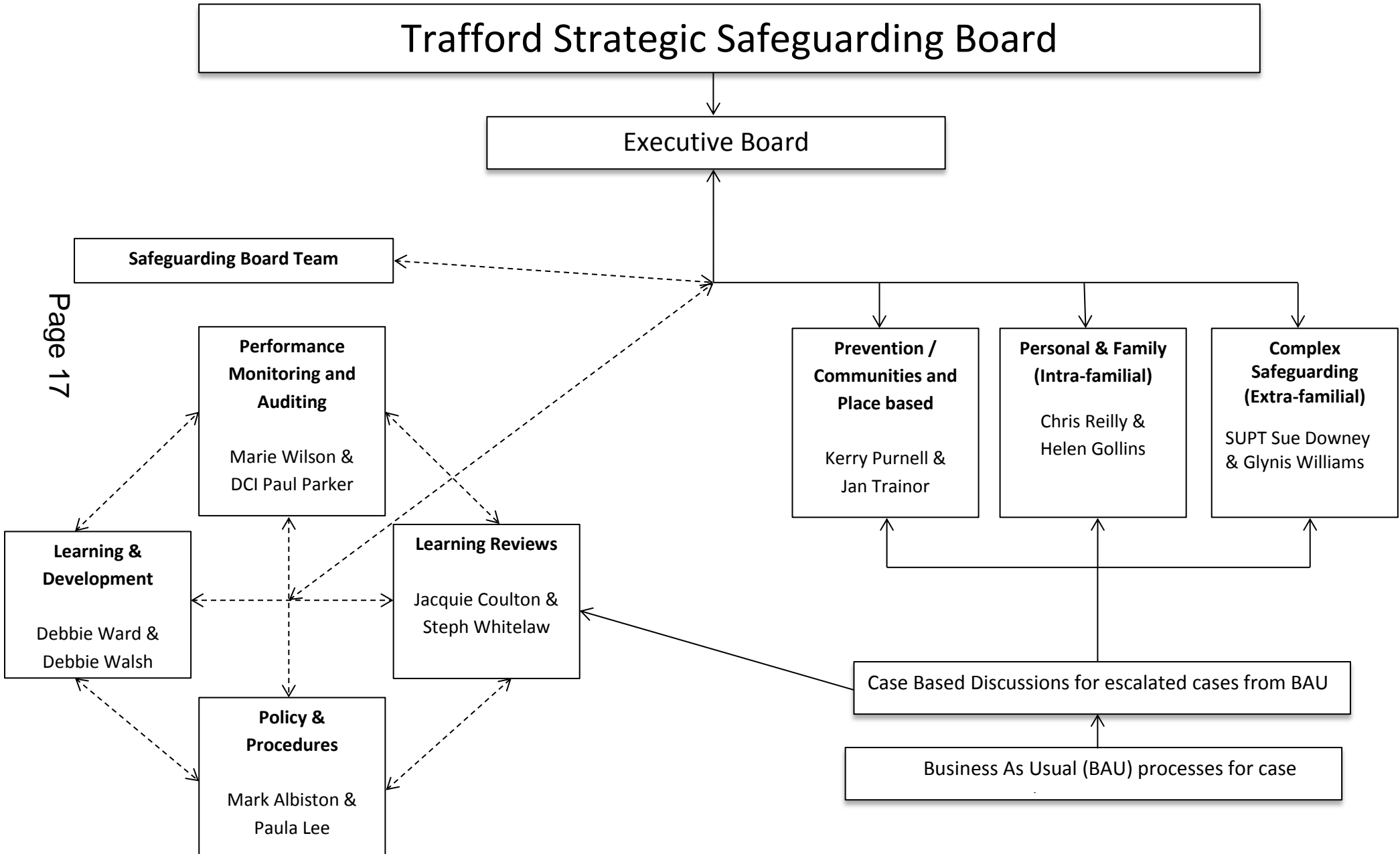
I look forward to seeing you on 25th June and, in closing, may I take this opportunity to thank you for your commitment and contributions. I hope we can rely on your continuing support in the coming years.

With best regards

M. A. Noble

Maureen Noble

Independent Chair



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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 26 June 2018
Report for:
Report of: Stephen Gardner, Deputy Programme Director, Single Hospital Service

Report Title

Single Hospital Service Update

Summary

This report provides an update on the latest position of the programme to create a Single Hospital Service for the City of Manchester. It provides an overview of the work to establish Manchester University Foundation Trust (MFT) as an organisation, an update on the integration activity that is underway, and information on progress with the proposed acquisition of North Manchester General Hospital (NMGH).

1.0 Introduction

1.1 The purpose of this paper is to provide an update for the Trafford Health Scrutiny Committee on the Single Hospital Service (SHS) Programme.

2.0 Background

2.1 The proposal to establish a Single Hospital Service for Manchester, Trafford and surrounding areas was built on the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael. The Single Hospital Service Programme has been operational since August 2016.

2.2 The Programme is being delivered through two linked projects:

- Project 1: The creation of MFT through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). MFT was created on 1st October 2017 and integration of the two predecessor organisations is underway.
- Project 2: The planned acquisition by MFT of NMGH. The acquisition is expected to take place sometime between 1st October 2019 and 31st March 2020.

3.0 Progress to Date

3.1 Establishment of the Organisation

3.1.1 Following the establishment of MFT, work progressed quickly to develop effective organisational arrangements. The key objectives of this work included:

- The formation of a new Council of Governors.
- The establishment of the substantive Board of Directors.
- The creation of the new Group leadership structure with Hospitals/Managed Clinical Services and Trust-wide Clinical Standards Groups.

- Appointment to all of the key leadership roles with robust interim arrangements where required.
- The introduction of the Single Operating Model and underpinning Accountability Oversight Framework.

3.1.2 These activities were all successfully completed by Day 100 (21st February 2018) along with a wide range of other tasks to standardise internal processes. Together, these arrangements ensure organisational stability and maintain clear leadership and lines of accountability.

3.2 Integration Activity

3.2.1 Integration activity is progressing strongly across MFT. As the new organisational structures have become more mature, the focus of the integration work has moved from the 'quick win' Day 1-100 projects and planning for Year 1, to implementing and planning the more complex, strategic programmes of work due to deliver in Years 1 and 2.

3.2.2 The integration work is overseen by the Integration Steering Group (ISG), with representation from the Strategy Team to ensure that the work aligns with the development of the Trust's overarching Clinical Service Strategy and with Greater Manchester initiatives such as Theme 3 (standardisation of acute and specialist services). ISG reports into the Group Management Board.

3.2.3 The progress of integration activity is closely monitored and reported on by the Single Hospital Service Integration Management Office (IMO) to ensure that timely progress is made in realising benefits for patients. In addition, the Greater Manchester Transformation Fund arrangements include a sub-group of improvement targets which form part of the Manchester Investment Agreement. Progress against this set of objectives will be reported formally through Manchester Heath and Care Commissioning from Q1 2018/19.

3.2.4 In respect of patient-facing clinical services, 41 clinical integration projects were originally developed, organised into 27 clinical work streams. These projects were characterised as either Day 1-100, Year 1, or Year 2 depending on when the benefits were due to be delivered. The list of projects will continue to evolve, but it already represents a comprehensive approach to seeking standardisation and quality improvement across a broad range of services covering general hospital care (e.g. medical ambulatory care, respiratory medicine), highly specialised surgery (including acute aortic surgery) and clinical support functions such as pathology and radiology.

3.2.5 For some of the biggest and most complex areas of work, separate Programme Boards have been established to take responsibility for planning and delivering the major change programmes which cut across hospital sites and delivery units. These currently focus on:

- Orthopaedics
- Cardiac
- Elderly Care
- Respiratory

3.2.6 Each of the Programme Boards is chaired by either a Group Executive Director or one of the Hospital Chief Executives and attended by the clinical leads and senior managers from the sites involved in the integration work. The Boards are responsible for ensuring that the potential patient benefits of the integration programmes are delivered. Support is provided by the Transformation, Organisational Development and Strategy teams with other corporate teams including Informatics and Procurement contributing as required.

3.2.7 Outside of the clinical services the Trust is also progressing work to:

- Restate the Organisational Values and Objectives.
- Establish a comprehensive new Service Strategy.
- Implement a new Leadership and Culture Strategy.
- Develop and implement strategic plans in respect of IM&T and Estates.

3.3 Acquisition of North Manchester General Hospital

3.3.1 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.

3.3.2 NHS Improvement (NHS I) has set out a proposal for MFT to acquire NMGH as part of an overall plan to dissolve PAHT and transfer the remaining hospital sites (Bury, Oldham and Rochdale) to Salford Royal NHS Foundation Trust (SRFT).

3.3.3 The transaction process is being managed under the auspices of the national NHS I Transaction Guidance with oversight provided by a Transaction Board established at the end of November 2017. The Board is chaired by Jon Rouse, Chief Officer for the Greater Manchester Health and Social Care Partnership (GMH&SCP). Associated sub-committees / groups have also been established and these have appropriate multi-agency involvement.

3.3.4 The process for MFT to acquire NMGH is proving complex, requiring a significant degree of effort across a range of interactions with stakeholders. Notwithstanding the challenges, MFT remains committed to acquiring NMGH and is working collaboratively with local and national stakeholders to ensure the transfer of NMGH can be delivered at the earliest practicable opportunity.

3.3.5 Work has started, within MFT, to develop the Strategic Case which is the first key submission required in the transaction process. MFT is on track to deliver this objective within the planned timescale. Members of the Single Hospital Service Programme Team have been working closely with colleagues at PAHT to gather the information required to inform the Strategic Case, and are also in the process of collating and analysing high level information about each of the clinical services provided at/to the NMGH site. A staff engagement plan for NMGH is currently being developed and staff engagement sessions open to all staff at NMGH are being planned.

4.0 Conclusion

4.1 This report provides an update on the progress of the Single Hospital Service Programme. It describes the strong progress made in integration activity across the Trust to enable the timely delivery of benefits for patients. The report explains that MFT is progressing plans to acquire NMGH though this is proving to be a complex process. The Health Scrutiny Committee is asked to note the progress made to date.

Recommendation(s)

The Health Scrutiny Committee is asked to:

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

Contact person for access to background papers and further information:

Name:

Extension:

Background Papers:

Implications

Relationship to Policy Framework/Corporate Priorities	
Financial	
Legal Implications:	
Equality/Diversity Implications	
Sustainability Implications	
Staffing/E-Government/Asset Management Implications	
Risk Management Implications	
Health and Safety Implications	



**PERFORMANCE
REPORT**

1st April 2018 - 31st May 2018



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Chair's report - 1 April to 31 May 2018.

In our year-end report for 2017/18 we took the opportunity to re-state Healthwatch statutory functions and our achievements set against these, including our work plan for the coming year which we invited partners to contribute to.

All 10 Greater Manchester Healthwatch have been invited by the Health and Care Partnership to participate in a review to assess current performance against the 5 quality statements published by Healthwatch England and to assess how GM Healthwatch work together. This will lead to recommendations to inform future commissioning of local Healthwatch organisations and their delivery.

The 5 quality statements encompass

- Informing people
- Making a difference locally
- Strategic context and relationships
- Community voice and influence
- Relationship with Healthwatch England

We will share the final report with our partners.

There has been an understandable hiatus in Healthwatch involvement with the newly formed Trafford Together for Health and Care organisation which came into being on 1 April 2018. At the end of the due diligence period we will look forward to clarification of our input/role at a strategic and operational level and to gain a better understanding of changes in personnel/ roles and responsibilities.

We have attended GM meetings, notably the Quality Board where there were presentations by the CQC, the ambulance service and the armed forces.

We also attended a Personal Health Budget (PHB) workshop where we listened to the aspirations of people with continuing health needs. We followed this topic up to establish the position in Trafford and were disappointed to learn that very few people have been offered this choice and control to achieve their personal outcomes. Part of the problem appears to be that people do not know or understand that they should be able to access a PHB and we hope that some work on this can be initiated sooner rather than later.

We were also invited to attend an event laid on by Barclays called 'This is me' which is a campaign to reduce mental health stigma just being introduced in the North of England. The Mayor of Manchester gave a keynote speech and the Mayor of Liverpool also attended. What seemed to be missing was the interaction between this initiative and the statutory sector and hopefully this 'green ribbon' initiative will make such links in future.

Our advisory group met towards the end of May and the topic this time was dentistry following our initial Trafford Healthwatch 100 survey and our subsequent



report demonstrating that NHS Choices held inaccurate information on access to NHS dentistry in Trafford.

This topic proved of interest to the Advisory Group which learned that 40 per cent of people in Trafford do not have a dentist. We also noted (and this was mentioned in our dentistry report) that the domiciliary service is poor and that those of our residents who are the most vulnerable are, in the main, being denied a service. Whilst NHS England are responsible for dentistry, we are of the view that Trafford Together (and particularly public health) have a preventative role in dentistry.

At our April Board meeting we were pleased to welcome Mary Moore and Karen Ahmed to talk about the state of Trafford's care homes. We remain concerned at the number of homes which are rated by the CQC as requiring improvement and indeed this was a topic of conversation at the Quality Board when we had discussions on the CQC local system review.

Finally, we have contributed to all the relevant Quality Accounts across GM.

We are often, quite rightly, asked about impact and so we propose summarising at the end of each report two things. Firstly, those issues where we do not feel sufficient action has been taken and/or responses provided to justify inaction. Secondly, questions raised in the period under review for consideration by Trafford Together.

1. Ongoing issues, yet to be satisfactorily addressed:

- I. Nurse led bed based intermediate care
- II. Public consultation processes
- III. Phlebotomy

2. Issues raised during April/May 2018:

- I. Personal Health Budgets
- II. Dentistry



Chair
Healthwatch Trafford



Chief Officer
Healthwatch Trafford



Appendix 1 - Public engagement

	2017-18 Totals	2018 - 19 to date	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
<i>Public drop-ins -total</i>	52	8	3	5										
<i>Locality 1</i>	11	1	1	0										
<i>Locality 2</i>	16	2	1	1										
<i>Locality 3</i>	9	2	0	2										
<i>Locality 4¹</i>	16	3	1	2										
<i>Number of public contacts²</i>	1977	293	145	148										
<i>Number of complaints/ concerns recorded</i>	49	8	4	4										
<i>Number of public signpostings</i>	82	13	6	7										
<i>Healthwatch 100 (# of people signed up)</i>	197	277	45	35										

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¹ The four localities of Trafford are defined as:

Locality 1 - Old Trafford, & Stretford, - Gorse Hill, Longford, Stretford and Clifford; Locality 2 - Sale - Bucklow St Martin's (Sale) Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's; Locality 3 - South Trafford - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village; Locality 4 - Urmston & Partington - Bucklow St Martin's (Partington), Davyhulme East, Davyhulme West, Flixton and Urmston.


² 'Public contacts' are defined as members of the public engaged with at public events (this excludes all other public contact e.g. regarding complaints/concerns, signposting, HW100, social media tweets/shares, visits to website - so does not duplicate other figures in this table)




Healthwatch 100 # of surveys conducted	9	2	1	1										
Number of new volunteers (total)	(42)	45	0	3										
Number of volunteer hours	1058	191	99	91										
Business support	98	29	11	18										
Engagement/ Outreach	411	76	33	43										
Research	278	52	27	25										
Strategic	137	5	3	2										
Vol management /Training	134	29	25	4										
Radio interviews	2	0												
Website visits	2267 2	3708	1943	1765										
Reports published* (*not inc. performance reports)	13	0	0	0										

Online and social media statistics April 2017 - March 2018


Twitter
 New followers : 15
 Total followers : 2057
 Tweets : 147
 Impressions : 35.1k people




Facebook
 Likes : 146
 Following : 142
 Reach : 611



Instagram
 Posts : 1
 Likes : 196
 Followers : 390



Website
 Visits : 3708
 Page views : 7410
 News articles : 44




Appendix 2 - Feedback analysis

Feedback by service type 1st April to 31st May 2018

Key: For each row and column green indicates the highest rating and red the lowest.

Service type	Number of reviews	% of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Hospitals	17	36.17	4.18	4.38	4.63	3.63	4.50	4.50	4.30
GPs	17	36.17	3.71	4.25	3.63	2.93	4.14	3.86	3.00
Dentists	0	0.00							
Opticians	0	0.00							
Community Based	0	0.00							
Emergency Care	0	0.00							
Pharmacies	0	0.00							
Social Care	8	17.02	4.13	4.75	4.38	4.57	4.13	4.38	4.00
Other	5	10.64	4.60	3.80	3.80	2.40	3.80	3.60	3.00

Overall feedback across all Trafford services

Category	Average rating	Number of reviews
Overall rating	4.04	47
Cleanliness	4.33	45
Staff attitude	4.13	45
Waiting Time	3.40	43
Treatment explanation	4.23	43
Quality of care	4.16	43
Quality of food	3.88	24

Where our feedback has come from in Trafford (*where location was given*)

Area	Count	% of feedback	Average of feedback
Sale	5	10.64	4.20
Altrincham	2	4.26	5.00
Timperley	5	10.64	3.40
Stretford	6	12.77	4.00
Urmston	2	4.26	3.00
Hale	1	2.13	4.00
Flixton	0	0.00	
Partington	0	0.00	
Old Trafford	11	23.40	4.55
Davyhulme	0	0.00	
Bowden	2	4.26	1.50



Appendix 3 - Healthwatch 100

Care home information

Status of information	Output	Key findings
Survey live	Likely to inform information products eg. Guides and leaflets	So far: <ul style="list-style-type: none"> • 20% of respondents have no idea where to get info on care homes • 45% didn't know what NHS funded nursing or what NHS continuing healthcare is • Many want a live database showing where current vacancies are and cost.

Phlebotomy

Status of information	Output	Key findings
Being analysed	Report published June/July 2018	So far: <ul style="list-style-type: none"> • Two-thirds of the 327 respondents have indicated they would prefer to book a specific time for a blood test. • Most of the qualitative feedback focuses on lengthy waiting times / understaffing. Some respondents turned away from clinics as wait would be too long.


Women's health

Status of information	Output	Key findings
Brief report being produced	A short summary report to be published in July	So far: <ul style="list-style-type: none"> • Broadly reflective of trends found in Men's health report published last year.

Pharmacy & prescription services

Status of information	Output	Key findings
Report almost ready for publication	Report to be published June/July.	So far: <ul style="list-style-type: none"> • By far the most prescribed item for respondents was prescription only painkillers and medication, followed by over-the-counter painkillers and medicines. • Independent pharmacies were used most (36%) followed by chain pharmacies. • In the last year, 50% or more had used a pharmacy for disposal of medicines and advice on treatment of minor ailments or healthy living.



<u>HEALTH SCRUTINY COMMITTEE WORK PLAN 2018/19</u>		
<u>Topics for next year</u>	<u>Type</u>	<u>Responsible Officer</u>
Trafford Council & CCG Integration	Meetings with Theresa Feed into Meetings	Theresa Grant
June		
Trafford Safeguarding Board	Focus Item – 15 min presentation plus questions	Maureen Noble/Cathy Rooney
CQC Local System Review Action Plan – Urgent Care Control Room Presentation	Focus Item – 15/20 min Presentation plus questions	Jill Colbert
One Trafford Response	Focus Item	Jenny Hunt
NWAS Update	Report Only	NWAS
Single Hospital Service	Report Only	Stephen Gardner
HealthWatch Trafford	Report Only	Heather Fairfield
September		
Community Service Pathways	Focus Item	Rebecca Domain
Phlebotomy (Item to be reviewed)	Focus Item	Sara Radcliffe/Mandy Bailey
<p>Presentation from Mary Moor called - Trafford</p> <p>Care Quality in Care homes and the Care Quality Commission</p> <p>'Safeguarding for People in Care settings'</p>	<p style="text-align: center;"></p> <p>FW health scrutiny action.msg</p> <p>Presentation plus questions</p>	Mary Moor

Single Hospital Service	Report Only	Stephen Gardner
Greater Manchester Health and Wellbeing Strategy	Report Only	Warren Heppolite
HealthWatch Trafford	Report Only	Heather Fairfield
Public Health	Minutes of HWB and Sub groups	Eleanor Roaf
December		
Physio Therapy Pathway	Focus Item	MFT/Trafford CCG
Healthy Young Minds	Focus Item	Sarah Leigh
Trafford CC	Focus Item	Tim Weedall
HealthWatch Trafford	Report Only	Heather Fairfield
Public Health	Minutes of HWB and Sub groups	Eleanor Roaf
All Age Front Door Update	Report Only	Cathy Rooney
January		
Trafford Mental Health Transformation update	Focus Item	Ric Taylor
End of Life	Focus Item	MFT/Trafford CCG
Trafford Urgent Care Centre	Focus Item	Richard Spearing/Diane Eaton
Single Hospital Service	Report Only	Stephen Gardner
HealthWatch Trafford	Report Only	Heather Fairfield
Public Health	Minutes of HWB and Sub groups	Eleanor Roaf
	Report Only	
March		
	Focus Item	

	Focus Item	
	Focus Item	
Single Hospital Service	Report Only	Stephen Gardner
HealthWatch Trafford	Report Only	Heather Fairfield
Public Health	Minutes of HWB and Sub groups	Eleanor Roaf
	Report Only	

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