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HEALTH SCRUTINY COMMITTEE

14 DECEMBER 2016

PRESENT

Councillor J. Harding (in the Chair),
Councillors Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris,
K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

In attendance

Councillor Stephen Anstee	- Deputy Exec Member, Adult Social Services and Community Wellbeing
Eleanor Roaf	- Interim Director of Public Health
Jill Colbert	- Interim Corporate Director of Children, Families and Wellbeing.
Stephen Gardner	- Director of Strategic Projects, CMFT
Mary Burney	- Divisional Director of Trafford Hospitals, CMFT
Cathy O'Driscoll	- TCC Transformation Lead, Trafford CCG
Chris Anyan	- Operations Director TCC, Trafford CCG
Ann Day	- Chairman, Healthwatch Trafford
Jamie Whyte	- Innovation and Intelligence Hub Manager
Peter Forrester	- Head of Governance
Alexander Murray	- Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillors M. Cawdrey,
Mrs. D.L. Haddad and A. Mitchell.

28. MINUTES

RESOLVED:

- 1) That the minutes of the meeting held 12 October 2016 be agreed as an accurate record and signed by the Chairman.

29. DECLARATIONS OF INTEREST

The following personal interests were declared;

- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Harding in relation to her employment by a mental health charity, as well as being on the Board of Trustees for Trafford Carers.
- Councillor Taylor in relation to her employment by the NHS.

30. TRAFFORD MENTAL HEALTH STRATEGY AND PRIORITIES

The Interim Director for Public Health gave a presentation to the Committee on the Mental Health Services offered within Trafford. The presentation covered Trafford's all age approach to Mental Health, the role and functions of the Trafford Mental Health Partnership, and what was being done in Trafford to treat mental health issues.

Members of the Committee asked a number of questions around various aspects of Trafford's mental health provision including; whether staff took a family approach to mental health, how the root causes of mental health problems were being tackled and how the extra investment in services was being evaluated. The Interim Director for Public Health and the Interim Corporate Director for Children Families and Wellbeing gave detailed answers and the Committee were satisfied with the responses received.

The Chairman of the Committee thanked the officers for attending the meeting and requested that a further update be provided at the next meeting of the Committee.

RESOLVED:

- 1) That the Interim Director of Public Health and Interim Director of Children Families and Wellbeing be thanked for the update on Mental Health Services.
- 2) That a further update be provided at the next meeting of the Committee.

31. TRAFFORD GENERAL URGENT CARE CENTRE

The Divisional Director of Trafford Hospitals, Central Manchester Foundation Trust (CMFT) updated the Committee on the progress at the Urgent Care Centre (UCC) based at Trafford General Hospital. The evidence that had been gathered since the implementation of the changes suggested that the predicted patient mix and patient flows had been accurate with all indications showing the UCC was performing as expected. At the time of the meeting the redevelopment of the reception area was underway.

The Committee enquired as to whether there were any contingency plans in place for winter and were told plans had been developed including a plan specifically aimed at minimising delayed discharges of care. The Committee were also told that a written report would be available for the next meeting in March 2017.

RESOLVED:

- 1) That the update be noted.
- 2) That a written report on the services at the UCC since the changes were made be brought to the next meeting of the Committee.

32. SINGLE HOSPITAL SERVICE

The Director of Strategic Projects, CMFT attended the meeting to inform the Committee of the progress of the Single Hospital Service Project. The Committee were told that the project would be conducted in two distinct phases. The first phase would be the amalgamation of CMFT and University Hospital of South Manchester Foundation Trust (UHSM) with the second phase consisting of North Manchester Hospital joining the service.

The NHS process for ensuring that plans are robust and in the public's interest was explained to the Committee. The process was comprised of two phases one looking at whether the proposed changes would cause a loss of competition and the second to look at the benefits. As the project would inevitably lead to a loss of competition it was hoped that the first phase could be fast tracked and the whole process completed by the summer of 2017. The project team had identified the consultation of staff and the synchronisation of IT systems as the largest scale pieces of work to be undertaken and were working to ensure that all systems would be running well from day one of the service.

A Member of the Committee raised concerns that people in Trafford were worrying about being diverted from Wythenshawe Hospital to Manchester Royal Infirmary (MRI). The Director of Strategic Projects assured the Committee that there were no plans to move any services from either Wythenshawe or the MRI. The Chairman of Healthwatch Trafford inquired as to whether the public would be consulted directly and the Director of Strategic Projects responded that all stakeholders would be consulted, including the public, but it would be done through organisations such as Healthwatch Trafford.

The Chairman thanked the Director of Strategic Projects for providing the update and requested that a project road map including examples and patient journeys be provided to Committee Members by the end of January.

REOLVED:

- 1) That the update be noted.
- 2) That a road map of the Shared Hospital Service Project be provided to the Committee by 31 January 2017.

33. TRAFFORD COORDINATION CENTRE

The Trafford Coordination Centre (TCC) Lead, Trafford Clinical Commissioning Group (CCG) delivered a presentation to the Committee. The Presentation updated the committee with the latest information available from the TCC. The TCC had received over 32000 referrals and delivered £162,000 in savings. This was slightly lower than the projected £171,000 savings. However during the same period, Service Level Agreement Management (SLAM) activity had reduced by £207,000.

The rest of the presentation covered what care coordination was and what it would look like. The TCC Lead provided Members with a case study of a Mrs Jones to show the impact that the TCC could have. Finally, the presentation showed the planned schedule for the remaining integrations of organisations into the TCC.

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Councillors were then given the opportunity to ask questions and the Chairman of the Committee informed the TCC Lead that she had tried to use the TCC the day prior to the meeting. When she rang to make a referral on behalf of a vulnerable woman she was told that the TCC was not the correct service to ring and was directed to the Single Point of Access (SPoA). The TCC Lead apologised to the Chairman and stated that the case in question was precisely what the TCC deals with. She then asked the Chairman to contact her outside of the meeting to go through the full details of the case so that she could look into it.

Several other members of the Committee raised questions including; whether the TCC captured data in relation to Trafford residents treated outside of Trafford, whether referrals made by dentists were captured and whether the TCC corrected referrals made to the wrong service. The TCC Lead provided detailed responses to the Councillors involving in depth descriptions of the functionality of the TCC. The Chairman thanked the representatives of Trafford CCG for their presentation and responses to the Committee's questions.

RESOLVED:

- 1) That the TCC Lead and the TCC Operations Director be thanked for attending the meeting.
- 2) That the Chairman of the Committee contacts the Operations Director regarding her experience of the TCC.

34. PRIMARY CARE MODEL

As the representative of Trafford CCG was unable to attend the meeting the item was postponed to the next meeting of the Committee.

RESOLVED:

- 1) That the Primary Care Model be postponed to the next meeting of the Committee.

35. HEALTHWATCH UPDATE

The Chairman of Health watch Trafford went through the report on fibromyalgia highlighting the key information and findings. The committee discussed the report and the treatment available for fibromyalgia sufferers as there were no referral or treatment pathways in place. The Chairman of HealthWatch Trafford informed members that the best thing they could do was to raise the profile of the report and the condition to draw public attention. The Chairman of Healthwatch Trafford asked for the Committees help in disseminating Healthwatch Trafford reports to the public, officers within the Council and partner organisations to increase their profile and maximise the effect of their work.

RESOLVED:

- 1) That Healthwatch Trafford be thanked for the report.
- 2) That Committee members help disseminate Healthwatch Trafford reports to members of the public, Officers of the Council and partner organisations.

36. INNOVATION AND INTELLIGENCE LAB

The Innovation and Intelligence Lab Manager delivered a presentation to the Committee. The presentation explained that the hub was set up using government money from the Cabinet Office but was a function of the Council. The hub had been created in 2014 with the purpose of taking data collected nationally and using it in conjunction with local data in order to provide useful tools to perform analysis of the population.

The Innovation and Intelligence Lab Manager informed the Committee that the hub had been extremely helpful for small to medium sized companies in the voluntary sector by offering them a way to evidence the effectiveness of their services. The Innovation and Intelligence Lab could also be used to evidence the needs of areas in order to ensure that services are set up in areas that require them. They had also helped the Council to put together the latest Joint Strategic Needs Assessment which was soon to be available online.

The Committee were given the opportunity to ask questions and one Member asked what protections were in place to ensure that personal data was not divulged? The Innovation and Intelligence hub Manager stated that all of the data that was used was anonymous and if any data could be used to identify any individuals then it is not made available to the public. The Chairman thanked the Innovation and Intelligence hub Manager for attending the meeting.

RESOLVED:

- 1) That the Innovation and Intelligence hub Manager be thanked for attending the meeting.

37. TASK AND FINISH GROUP UPDATE

The Chairman of the Committee gave a brief update as to the progress of the Children and Young People's Wellbeing group and urged those members involved in the groups to keep on top of the work. The Chairman requested that both groups meet in January 2017 and reminded the Committee that both pieces of work were scheduled to be finished by the end of the municipal year.

RESOLVED:

- 1) That the update be noted.
- 2) That both Task and Finish Groups meet before the end of January 2017.

38. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Vice Chairman of the Committee briefly went through the report which had been distributed with the agenda. The Committee were given opportunity to ask questions but all were satisfied with the information provided.

RESOLVED:

- 1) That the update be noted.

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39. HEALTH ISSUES

The Chairman informed the committee of process and outcomes of the budget scrutiny exercise for the 2016/17 municipal year as well as the outcomes of the meetings that she and the vice-chairman had conducted since the last meeting of the Committee.

RESOLVED:

- 1) That the update be noted.

The meeting commenced at 6.30 p.m. and finished at 9.07 p.m.