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## HEALTH SCRUTINY COMMITTEE

31 OCTOBER 2017

### 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, J. Lloyd, K. Procter, S. Taylor and Mrs. V. Ward.

### In attendance

Matthew Colledge	Chairman of Trafford CCG
Cameron Ward	Interim Accountable Officer, Trafford CCG
Dr Nigel Guest	Medical Officer, Trafford CCG
Stephen Gardner	Director of Strategic Projects, MFT
Cathy Rooney	Director for Safeguarding and Professional Development

### APOLOGIES

Apologies for absence were received from Councillors Mrs. D.L. Haddad and M. Young.

### 18. MINUTES

That the minutes of the meeting held 12 September 2017 be agreed as an accurate record and signed by the Chairman.

### 19. 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.

### 20. SINGLE HOSPITAL SERVICE UPDATE

The Director of Strategic Projects (DSP) for Manchester Foundation Trust (MFT) took the Committee through the report that had been submitted with the agenda. It was highlighted to the Committee that all preparatory actions for the merger had been completed in time for the creation of MFT. Further, there had been no unexpected incidents or failures following the merger. The next step was to begin work on a number of small changes over the first 100 days of the new

**Health Scrutiny Committee**  
**31 October 2017**

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organisation. The DSP then described the second phase of the Single Hospital Service which involved MFT merging with North Manchester Hospital.

Following the update from the DSP Committee members were given the opportunity to ask questions. Members posed a large number of questions, the majority of which were focused upon the merger with North Manchester. The questions included what were the plans for the Accident and Emergency department at North Manchester, the process for separating North Manchester from Pennine Foundation Trust who was currently running the hospital, and what the reasons were for merging with North Manchester. The DSP gave in depth responses to the Committees questions and Members were satisfied with the answers received. The Chairman of the Committee thanked the DSP for attending the meeting and requested that a further update be provided in January 2018.

RESOLVED:

- 1) That the DSP be thanked for attending the meeting.
- 2) That a further update be provided in January 2018.

## **21. ALL AGE FRONT DOOR**

The Director for Safeguarding and Professional Development (DSPD) went through the report that had been circulated with the agenda. The Committee were told that the aim of having an all age front door was to streamline interaction so that the public only have one number to ring for any issue that they may have. Trafford still had both the MARAT multidisciplinary team and the Adult Screening teams in place and had not yet switched to having a single point of access. The two teams had been Co-located and the adult screening team were scheduled to be joined by members of Greater Manchester Police from 6<sup>th</sup> November.

It was originally believed that there would be a large amount of crossover of work between the two teams which would enable the services to be streamlined and improve efficiency. So far the main area of crossover identified had been with regards to domestic abuse and it was hoped that more areas would be identified now that the teams were co-located. The project was being progressed slowly to ensure that a single point of access would work before the systems were changed.

Committee Members asked a number of questions including what feedback had been received from users, how would the new service be advertised to the public, and what links were in place with housing associations. The DSPD gave detailed responses to the Committee's questions and the Chairman of the Committee requested a further update of the service be provided once it had switched to a single front door.

RESOLVED:

- 1) That the report be noted.
- 2) That a further update be brought to the Committee once the single front door is implemented.

## **22. ADULT AND CHILDREN'S JOINT SAFEGUARDING BOARD**

The DSPD presented the report which had been distributed with the agenda. The report covered the background of safeguarding boards within Trafford, the changes that had been made in legislation and why following those changes the three statutory partners (Trafford Council, Trafford CCG, and Greater Manchester Police) had decided to merge the adult and children's safeguarding boards. The Committee were informed of the benefits but also the possible risks that the transition would bring; it was due to these risks that the implementation of the transformation was being conducted at a slow pace. One of the key advantages to the new structure was the reduction of the duplication of work. Work that affected all age groups such as domestic violence, modern slavery, and mental health had been identified an area where duplication was likely. An independent Chairman had been appointed to the new board and the Council were in the process of conducting legal tests to ensure that it met all requirements prior to implementation.

Following the report Committee Members were given the opportunity to ask questions. One Committee Member asked how high the levels of domestic abuse were within Trafford. The DSPD did not know the figures offhand as that area was dealt with by the MARAC team but stated that she would be able to provide a report to the Committee. The DSPD went on to inform the Committee that 90% of cases that came through children's safeguarding were linked to domestic abuse. In response to the DSPD's offer Committee Members confirmed that they would like a report on the levels of domestic abuse within Trafford to be provided.

The Chairman of the Committee asked how lessons were learnt and how that learning was cascaded following serious case reviews. The DSPD responded that following such a review multiple learning events are arranged, some held during the day and others on an evening, in order to maximise the number of partners and organisations that can attend. This model was being used for children's services and the Council was in the process of extending the model to adult services as well. The Chairman thanked the DSPD for attending the meeting and requested that a further update be brought to the Committee 6 months after the establishment of the new Board.

### **RESOLVED:**

- 1) That the DSPD be thanked for attending the meeting.
- 2) That a report on the levels of domestic abuse within Trafford be provided for the Committee.
- 3) That an update on the progress of the new Safeguarding Board be brought to the Committee 6 months after the Board has been established.

## **23. INTEGRATED CARE**

As officers were unable to attend the meeting this agenda item was tabled for the next meeting of the Committee.

**RESOLVED:** That this agenda item be tabled at the next meeting of the Committee.

## **24. NEW MODELS OF CARE AND TRANSFORMATION BID UPDATE**

The Chairman of Trafford CCG gave a brief introduction of the Transformation plan to the Committee. The introduction included an assurance that members of the Transformation team would be available throughout the Transformation process to update the Committee on any areas requested. The Committee were informed that Trafford's bid for £22M of Transformation funding had been successful and that the implementation of the bid would be a unique process and opportunity for Trafford to bring about a new way of delivering services unlike anything seen before.

The Interim Accountable Officer (IAO) for Trafford CCG then went through the presentation that had been circulated with the agenda. As the Committee had seen the presentation in advance only the main points were covered. The challenges that both Trafford Council and Trafford CCG faced were laid out and the IAO explained how the new structure of the two organisations would enable them to overcome those challenges.

The Medical Officer for Trafford CCG then described the new model of primary care which was one of the main programmes of work within the Transformation plan. The new model involved bringing together all primary care services into a single organisation with a single ethos. The new model was to have work streams that focused upon prevention, planned care access, the urgent care offer, domiciliary care, specialised primary care, and medicine optimisation.

In addition to these changes the Committee were told that there were opportunities for improvements to be made at the practice level which would be undertaken concurrently with the overarching umbrella changes. The Chairman of Trafford CCG concluded the presentation by noting that all aspects of the Transformation plan had been conducted elsewhere but that nowhere else had combined all of the separate aspects on such a large scale.

Following the presentation Committee members posed a series of questions to the representatives of Trafford CCG. One Member enquired as to the role that the Trafford Coordination centre (TCC) would play in the Transformation Plan. The IAO replied that the TCC was improving steadily and had a continually increasing capacity but that it still was not fulfilling its potential and offered to share the TCC Key Performance Indicator (KPI) data with the Committee. The Medical Officer for Trafford CCG confirmed that the TCC was a fundamental part of the new model of care and that it was being aligned to fit the purposes of the new model. The Chairman of the Committee asked whether the Committee could visit the TCC before Christmas and the Chairman of Trafford CCG agreed to the request.

Another member of the Committee asked about accessibility of information among the various organisations and professionals involved in the delivery of the new model of care. The Medical Officer for Trafford CCG acknowledged that there were a large number of systems that needed to work together and informed the Committee that many of these were already in place. The Committee were told that another IT solution was still to be implemented which would allow staff to access their own profiles and data from a wide number of locations across Trafford. This solution would be pivotal in enabling the flexible ways of working which were required for the new models of care to work.

**Health Scrutiny Committee**  
**31 October 2017**

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The final question posed by the Committee was how the new organisation and the GPs that hadn't signed up would meet the new Greater Manchester standards. The Medical Officer for Trafford CCG stated that the dashboard which was already being used by Trafford GPs would be aligned with a combination of the GM standards and localised targets in order to hold GP members to account.

RESOLVED:

- 1) That the update be noted.
- 2) That a visit to the TCC be arranged for Committee before Christmas.
- 3) That KPI data for the TCC be shared with the Committee.

**25. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE UPDATE**

The Vice Chairman of the Committee had circulated an update on the most recent meeting of the Greater Manchester Joint Health Scrutiny Committee prior to the meeting. Committee Members were asked whether they had any questions and none were raised.

RESOLVED: That the update be noted.

**26. HEALTH UPDATES**

The Chairman of HealthWatch Trafford informed the Committee that they had attended a 2 day GM wide health and wellbeing summit which was to feed into the GM investment plan and that a report of the event was being written up. HealthWatch Had received an update from Trafford CCG on the TCC and had been told that they're looking at doubling the number of patients logged on the system from 1500 to 3000. They had also been informed that progress had been slow with the TCC due to their not being a lead officer in place. That position had now been filled and so there should be a marked improvement.

The Chairman of the Committee drew Member's attention to the briefing paper in respect to moving treatment room from Firsway to Chapel Road Clinic. The Committee agreed that a formal response should be sent stating their concerns regarding the distance that some residents would have to travel from areas such as Ashton on Mersey. The Committee also wanted the response to enquire whether anything could be offered from the centre at Medway and to include their concerns about the long term viability of the Firsway practice.

RESLOVED:

- 1) That the update from HealthWatch Trafford be noted.
- 2) That a response to the briefing paper containing the points above be sent to Pennine Care.

The meeting commenced at 6.40 pm and finished at 8.42 pm

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