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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 be 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.

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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

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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.

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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.

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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