

**Minutes of the Trafford Strategic Programme Board
Held on Wednesday 16 October 2013
At Urmston Masonic Hall, Westbourne Road, Urmston**

Present:

John Schultz	(JS)	Chair, Trafford Strategic Programme Board
Mandy Bailey	(MB)	Chief Nurse, University Hospital of South Manchester NHS Foundation Trust
Darren Banks	(DB)	Director of Strategic Development, Central Manchester University Hospitals NHS Foundation Trust
Deborah Brownlee	(DB)	Corporate Director, Trafford Metropolitan Borough Council
Mike Burrows	(MB)	Director, Greater Manchester, NHS England
Katy Calvin-Thomas	(KC-T)	Director of Planning, Pennine Care NHS Foundation Trust
Julie Crossley	(JC)	Associate Director of Commissioning, Trafford Clinical Commissioning Group
Ann Day	(AD)	Chair, Healthwatch Trafford
Claudette Elliott	(CE)	Deputy Chief Officer, South Manchester Clinical Commissioning Group
Stephen Gardner	(SG)	Programme Director, Central Manchester University Hospitals NHS Foundation Trust
Nigel Guest	(NG)	Chief Clinical Officer, Trafford Clinical Commissioning Group
Janet Hall	(JH)	Associate Director of Operations, Trafford NHS Provider Services
Craig Harris	(CH)	Executive Nurse and Director of City Wide Commissioning, Quality and Safeguarding, Central Manchester Clinical Commissioning Group
Gina Lawrence	(GL)	Chief Operating Officer, Trafford Clinical Commissioning Group
Patrick McFadden	(PM)	Sector Manager (Central Manchester) North West Ambulance NHS Trust
Simon Neville	(SN)	Director of Strategy and Development, Salford Royal NHS Foundation Trust
Jessica Williams	(JW)	Associate Director, Service Transformation
Michael Young	(MY)	Executive Member, Adult Social Services and Wellbeing, Trafford Council

In attendance:

Jill Boardman	(JB)	Business Support Officer, Service Transformation (Minutes)
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Action

1. Welcome and Apologies

Apologies for absence were received from:

Jonathan Berry	(JB)	Chair, Trafford Primary Health Ltd.
Mike Eeckelaers	(ME)	Chair, Central Manchester Clinical Commissioning Group
Gill Heaton	(GH)	Director of Patient Services/Chief Nurse, Central Manchester University Hospitals NHS Foundation Trust

Bev Humphrey	(BH)	Chief Executive, Greater Manchester West Mental Health NHS Foundation Trust
Bill Tamkin	(BT)	Chair, South Manchester Clinical Commissioning Group
Attila Vegh	(AV)	Chief Executive Officer, University Hospital of South Manchester NHS Foundation Trust
Leila Williams	(LW)	Director of Service Transformation,
Claire Yarwood	(CY)	Director of Finance, NHS Greater Manchester

John Schultz (JS), Chair), welcomed everyone to the meeting and introductions were made.

2. Minutes of the last meeting held on 16 July 2013 and matters arising

The minutes of the previous meeting held on 16 July 2013 were approved as a correct and accurate record.

There were no matters arising.

3. Purpose of the meeting

The Chair outlined the change in status of the Trafford Strategic Programme Board since 1st April 2013 and confirmed the Board now meets to provide advice to the Mike Burrows (MB) Director, NHS England – Greater Manchester. The TSPB is not an official Board within NHS England. This meeting of the Board had been convened to consider what advice to give MB about the readiness of the Trafford health economy to move to model 2, as recommended and agreed subject to various safeguards.

There are four voting members. The Board were informed that MB had delegated his vote to Jessica Williams (JW).

4. Integrated Care; benefits to communities and patients

Nigel Guest (NG) introduced the presentation “Developing Integrated Services in Trafford” to provide assurance regarding the integrated care services being provided within Trafford, and outlined:

- The original case for change
- Aims for Integrated Care in Trafford
- Progress to date
- Next steps and plans for Trafford are going to do next

NG introduced two clinical members of the team to present patient stories. Scott Pearson (SP), a GP with a special interest in older people in Trafford (GPSI) gave an overview of the care services provided for older people in Trafford and described a case study where an elderly lady had recently received co-ordinated health and social care, to demonstrate the systems already in place.

Jan Armour (JA), a community matron, described her role within the Trafford integrated care service. She described a case study of an elderly gentleman who through receiving health and social care and support in the community was able to maintain his independence and live at home.

5. Changing secondary care services at Trafford General Hospital

Darren Banks (DB) informed the Board that the proposed changes to secondary care services at Trafford General Hospital were designed in a multi-disciplinary way and fully support the integrated care approach being pursued by Trafford CCG.

Stephen Gardner (SG) introduced the presentation 'Changing Hospital Services in Trafford' which gave an overview of:

- Why hospital services at Trafford General Hospital need to change
- Services which are not changing
- Changes to planned care services (also called elective or scheduled care)
- Changes to urgent care services
- The clinical service model interdependencies

SG reiterated that the service model had been developed by local clinicians and had been validated by the independent National Clinical Advisory Team (NCAT). The clinical model had been reviewed in the light of comments from the consultation process and then re-tested in the development of multi-agency implementation plans. The model continues to be judged as clinically safe and deliverable.

MB asked about the pathway for a deteriorating patient on the TGH site; SG confirmed that a set of pathways had been developed to ensure these patients receive optimum care and reiterated that the clinical teams at both MRI and TGH will be working together as one team.

6. Proposed timescale

Julie Crossley presented 'Timescale for Proposed Implementation' which outlined the governance timescales for the proposed implementation and key dates for service changes.

A discussion took place regarding the proposed NWAS Pathfinder triage implementation date and whether there would be any shadowing taking place prior to this. PM assured the Board that one dry run has already been carried out to identify likely changes in patient pathways and that the Pathfinder triage system will be trialled for one week in early November 2013. Activity from this exercise will be analysed prior to implementation and amendments made if necessary.

The Chair reiterated that the timescales discussed are only proposed timescales at this stage. Implementation is subject to:

- 1 The advice from the Board to MB
- 2 Whether MB chooses to accept the advice of the Board

7. NHS Greater Manchester 6 Conditions: Progress

Gina Lawrence (GL) presented 'Conditions for Implementation' and tabled the paper 'Update to the Trafford Strategic Programme Board on progress of the NHS Greater Manchester Conditions'.

The paper supported the presentation and summarised progress against the 6 conditions. The presentation and paper aimed to provide the necessary detail to enable the Board to discuss and ultimately make a recommendation to NHS England on whether necessary and appropriate assurances are in place.

Condition 1:

The development of additional Integrated Care services for some parts of the Borough, specifically the introduction of a community matron service and a consultant community geriatrician, before changes can take place to the Accident and Emergency service.

The Board were informed:

Integration was implemented in Partington first due to the recognition of access challenges in this area of Trafford. A scoping exercise was undertaken in Partington in order to fully understand the patients groups requiring additional services and how these could be facilitated. As a result of this, two community Geriatricians were appointed with one based in the north and one in the south of the Borough. Both posts have a particular focus within Partington and Carrington.

GL discussed how the CCG has worked with Trafford Council and increased the numbers and scope of community Matrons as well as implementing additional mental health and alcohol services. In addition, there is also a 72hr Rapid Response Team and an Intravenous Team in place. Community dermatology services will begin at the end of 2013.

The Chair asked the four voting members whether they believe Condition 1 had been met.

The four voting members unanimously confirmed that they were satisfied that condition 1 had been met.

Condition 2:

The identification of appropriate pathways for those affected with Mental Health issues and who currently access services at Trafford General Accident and Emergency department at night and might be impacted by the potential changes. These pathways should be identified before any proposed changes take place to the Accident and Emergency service.

The Board were informed:

The current arrangements for patients accessing mental health services at Trafford General Hospital have been reviewed.

This included developing an understanding of the current activity relating to the flow of mental health patients through the Accident and Emergency Department between midnight and 8am.

Following this review, new models of care have been agreed as follows:

- New Section 136 arrangements have been agreed across all stakeholders and are ready to implement;
- The development of a Map of Medicine pathway for alcohol services, highlighting the additional provision available through Turning Point; and
- Additional services including the case management of clients have been implemented through Phoenix Futures and Blue Sci in Partington.

A business case to support the implementation of the Rapid Assessment Interface Discharge (RAID) has also been approved by Trafford CCG and will provide:

- A timely assessment and onward referral service to CMFT Trafford site and UHSM for patients registered with a Trafford GP and suspected of having an underlying mental illness;
- Training, advice and support to hospital staff at both hospitals; and
- Advice and support to patients, carers and other care providers.

A discussion took place regarding future Section 136 provision across Greater Manchester. Improvements in S136 across the whole of GM is required and is being taken forward at a GM level.

The Chair asked the four voting members whether they believe Condition 2 had been met.

The four voting members unanimously confirmed that they were satisfied that Condition 2 had been met.

Condition 3a:

Transport

The investment in a subsidy for local Link services, for access to alternative hospital sites when needed, should be made before any changes to Trafford hospital services are implemented.

The Board were informed:

The current arrangements for LINK services have been assessed to understand the need for the subsidy and how this could be used to improve access.

The Hospital Travel Scheme will offer patients discounted travel to hospital appointments on the Partington Local Link service. The scheme is designed to offer patients a direct and affordable means to travel to hospital appointments.

The Partington Local Link service currently offers trips from the Partington, Carrington and Warburton areas to Manchester Royal Infirmary; Trafford General Hospital; The Christie; Salford Royal, Withington and Wythenshawe Hospitals.

The discounted travel costs will be available to any patient who can demonstrate that they are travelling to or from a hospital appointment and to one assistant/carer who wishes to travel with them. Members of the public will receive information about this service and how this can be accessed by LINK.

The Chair asked the four voting members whether they believe Condition 3a had been met.

The four voting members unanimously confirmed that they were satisfied that condition 3a had been met.

Condition 3b:

The health travel bureau should be substantially in place before any changes to Trafford hospital services are made.

The Board were informed:

The Health Transport Bureau has been fully implemented by Pennine Care NHS Foundation Trust. Service changes are included in the overall communications strategy for the “New Trafford Deal for Trafford”.

This service supports patients attending hospital for their appointments. As specified in 3a above, patients eligible for subsidised transport can access Patient Transport Services (PTS) but this Bureau supports patients not eligible for PTS by providing information on the following;

- Other community transport options available (a full directory of services is available)
- Indication of costs of alternative transport options (i.e. Link fares, Ring & Ride fares);
- Hospital opening and visiting times;
- Overview of travel for Greater Manchester Travel Planner;
- Healthcare Travel Cost scheme;
- Alternative private ambulance contact numbers; and
- Other booking office contact details across Greater Manchester.

This service will also be available to Manchester residents wishing to use Trafford General Hospital services. Trafford CCG is continuing to develop patient services in this area and is currently procuring a patient co-ordination centre to support full integrated care across Trafford Health and Social Care. The health transport bureau will be part of this centre for the future.

Ann Day commented that she had received positive feedback from members of Healthwatch Trafford regarding Trafford Health Bureau.

The Chair asked the four voting members whether they believe Condition 3b has been met.

The four voting members unanimously confirmed that they were satisfied that condition 3b had been met.

Condition 4:

The Integrated Care Redesign Board should be tasked to develop a set of clinical criteria which outline the circumstances under which a safe move from the proposed Urgent Care Centre (Model 2) to the proposed Minor Injury Unit (Model 3) can be made.

The Board were informed:

A meeting to review the requirements for this work took place on 11th March 2013 comprising with representatives from NHS Trafford, Central Manchester Foundation Trust (CMFT) and University Hospital South Manchester (UHSM). This meeting agreed three specific work streams to progress this condition;

- Audit of A&E attendance post implementation of Urgent Care Centre
- Measures of community services effectiveness in delivering care out of hospital for those previously treated in hospital
- Define the model 3 minor injury and illness service in detail

A reference group will be set up to led by Trafford CCG with clinical representatives from Trafford CCG members (GPs), CMFT including medical and nursing representatives from the Urgent Care Centre at Trafford General Hospital, Salford Royal Foundation Trust, University Hospital South Manchester, Mastercall, North West Ambulance Services, Pennine Care, GMW and Trafford Council. The reference group will also explore how to optimise input from the patients either through discussions with Healthwatch or potentially constituting an Expert Patient Panel.

This condition will not be met until the local health system incorporating the Urgent Care Centre is performing effectively and accurate modelling of patient flow resulting from a change to a Minor Injuries Unit. Whilst monitoring of patient flows and discussions regarding clinical criteria can take place, it is unlikely there will be sufficient data to enable debate on a minor injuries unit until summer 2014.

Although a process for defining clinical criteria for a move from Model 2 to Model 3 is outlined, there is no expectation that any further change will be made to the Urgent Care Centre for two years from implementation.

The Chair summarised that Condition 4 has not been met as it would be inappropriate at this stage to do so. This condition would need to be met prior to any future change at Trafford General Hospital from an Urgent Care Centre to a Minor Injuries Unit.

Condition 5:

Prior to any service changes, an assurance process should be established to further ensure alternative provider capacity is in place and services can be safely moved.

The Board were informed:

NHS England (Greater Manchester) has responsibility for this task and following the Secretary of State announcement, this condition was expanded to ensure providers are able to maintain A&E standards throughout transition and beyond.

NHS England (Greater Manchester) has asked the three acute Foundation Trusts, and other key provider organisations, to confirm their readiness for implementation and assurance on performance.

The Chair stated that assurance for Condition 5 would be reviewed in item 8 of the agenda.

Condition 6:

The recommendations made by the Public Reference Group should be fully accepted and be made available to local and national NHS organisations planning consultation processes.

The Board were informed:

The recommendations made by the Public Reference Group were accepted by the Trafford Strategic Programme Board in full. These recommendations were shared with the Department of Health and following complementary feedback was then disseminated to regions in order to be made available to other local and national NHS organisations planning local consultations.

The Chair asked the four voting members whether they believe Condition 6 had been met.

The four voting members unanimously confirmed that they were satisfied that condition 6 had been met.

8. Assurance of the local health and social care system

As part of Condition 5, the Chair asked the nominated representative of each provider organisation to provide assurance on alternative provider capacity being in place and therefore, services can be safely moved.

Central Manchester University Hospitals NHS Foundation Trust

Darren Banks orally confirmed that Central Manchester University Hospitals NHS Foundation Trust (CMFT) are in a position to provide assurance to NHS England and written confirmation to Mike Burrows, Director, Greater Manchester, NHS England will be submitted by Mike Deegan on behalf of CMFT as per the request of the Secretary of State. DB reiterated that this assurance was being given in light of the very reassuring evidence received at this meeting and which CMFT have been party to over the past seven months.

**Mike
Deegan**

DB stated that CMFT are happy to proceed and believe it is safe to proceed as outlined today. DB reiterated that the proposed timescale for implementation allows for a well-managed planned service move.

However, if the service move was not to happen to this timescale then CMFT will not support a move this calendar year due to entering a period of reduced flexibility for the NHS as a whole and the risk of services in Trafford becoming unstable

The Chair summarised that the proposal which CMFT are considering to be safe includes a timescale, DB agreed with this.

Salford Royal NHS Foundation Trust

Simon Neville (SN) confirmed that Salford Royal Hospital NHS Foundation Trust (SRFT) were very supportive of the New Health Deal for Trafford and believe the activity modelling carried out is sufficiently accurate to move forward in a safe manner. SN orally confirmed that SRFT are in a position to provide assurance to NHS England today and written confirmation to Mike Burrows, Director, Greater Manchester, NHS England will be submitted by David Dalton on behalf of SRFT as per the request of the Secretary of State.

David Dalton

University Hospitals South Manchester NHS Foundation Trust

Mandy Baillie (MB) confirmed on behalf of University Hospitals of South Manchester NHS Foundation Trust (UHSM) that they were comfortable with the clinical model. MB stated the importance of acknowledging that the New Health Deal for Trafford is a whole system change and therefore there may need to be flexibility between organisations to respond if there is an increase in demand.

MB orally confirmed UHSM are in a position to provide assurance to NHS England and written confirmation to Mike Burrows, Director, Greater Manchester, NHS England will be submitted by Attila Vegh on behalf of UHSM as per the request of the Secretary of State.

Attila Vegh

Pennine Care NHS Foundation Trust

Katy Calvin-Thomas (KCT) commented that Pennine Care Foundation NHS Trust (PC) as provider of community services have a big part to play in the provision of the integrated care service and making the whole system work.

Martin Roe

KTC orally confirmed that Pennine Care are in a position to provide assurance to NHS England and written confirmation to Mike Burrows, Director, Greater Manchester, NHS England will be submitted by Martin Roe on behalf of Pennine Care as per the request of the Secretary of State.

North West Ambulance NHS Trust

Patrick McFadden orally confirmed that the North West Ambulance NHS Trust (NWT) are in a position to provide assurance to NHS England and written confirmation to Mike Burrows, Director, Greater Manchester, NHS England will be submitted by Bob Williams on behalf of NWT as per the request of the Secretary of State.

Bob Williams

Greater Manchester West Mental Health NHS Foundation Trust

Jessica Williams read out a statement from Annette Rooney on behalf of Greater Manchester West Mental Health NHS Foundation Trust (GMW) which provided assurance to NHS England. Written confirmation will be submitted as appropriate.

**Bev
Humphrey**

The Chair commented that until the formal letters of assurance arrive with MB, NHS England will not make a decision on the implementation date of the New Health Deal. The Chair urged representatives from organisations to submit their letters of assurance as soon as possible to allow NHS England sufficient time to consider their decision.

The Chair asked if members had any questions regarding the assurances received. AD requested assurance regarding sufficient bed capacity of the paediatric assessment and observation units for children to be safely admitted. Assurance was provided that there would be sufficient bed capacity across the organisations for Trafford children to be safely accommodated.

The Chair asked the four voting members whether they believe Condition 5 had been met.

The four voting members unanimously confirmed that they were satisfied that condition 5 had been met.

9. TSPB Recommendation

The Chair summarised that it is the unanimous view of the four voting members of the Board that conditions 1, 2, 3a, 3b, 5 and 6 have been met and therefore the advice from this Board to MB is that the above conditions have all been met to the satisfaction of this Board.

Recommendation 4 relating to future change moving from an urgent care centre to a minor injuries unit has not been met but this should not be seen as an obstacle to moving to Model 2. The Chair reiterated that there is no question of moving on to a Model 3 until Condition 4 has been met.

10. Next Steps

The next steps have been covered in previous items.

JW stated that the paper tabled with agenda item 7 will be put on the Trafford website later today and draft minutes of this meeting will also be put on the website.

MB commented that there were four conditions which the Secretary of State set out in his letter, three of which have been covered at today's meeting. The fourth condition concerns the A&E department performances. MB confirmed that A&E performance targets were quarterly targets; that the three trusts have met their targets over the past two quarters; and that he therefore considered that this condition had been met.

The Chair commented the Board had not addressed the A&E performance as it was not within their remit.

11. Any Other Business

JW requested members of the public to complete and hand in the form provided if they had any questions.

The Chair noted that there are no further meetings scheduled but if it is deemed necessary the Board will be reconvened at a later date.