

HEALTH SCRUTINY COMMITTEE

7 MARCH 2019

PRESENT

Councillor R. Chilton (in the Chair).

Councillors S. Taylor (Vice-Chair), S.K. Anstee, J. E. Brophy, Mrs. A. Bruer-Morris, Mrs. D.L. Haddad, S. Longden, J. Slater and D. Acton (ex-Officio)

Also Present

Councillor Judith Lloyd Executive Member for Health and Wellbeing

In attendance

Diane Eaton	Acting Corporate Director for Adult Services, Trafford Metropolitan Borough Council (TMBC)
Heather Fairfield	Chair of Healthwatch Trafford
Dr. Sally Johnston	Chair Trafford Clinical Commissioning Group (CCG)
Brooks Kenny	Director of Commissioning, Trafford CCG
Dr. Clive Marchi	Diabetes Lead, Trafford CCG
Sophie McCormack	Assistant Director, Manchester University NHS Foundation Trust
Martyn Pritchard	Accountable Officer Trafford CCG
Tim Rhodes	Principal Solicitor Place, TMBC
Richard Spearing	Trafford Integrated Network Director, TMBC
Steve Wilson	Executive Lead for Finance and Investment, Greater Manchester Health and Social Care Partnership Board and Senior Responsible Officer for Pennine Acute Transaction
Alexander Murray	Democratic and Scrutiny Officer, TMBC
Fabiola Fuschi	Democratic and Scrutiny Officer, TMBC

APOLOGIES

Apologies for absence were received from Councillors J. Bennett, A. Duffield, Mrs. L. Evans and D. Western

46. MINUTES

RESOLVED that the minutes of the Health Scrutiny Committee held on 24th January 2019 be approved as a correct record.

47. DECLARATIONS OF INTEREST

Councillors Bruer-Morris and Taylor declared a personal interest at Items 5, 6, 7 and 8 by virtue of their employment with the NHS.

Councillor Longden declared a personal interest at Items 5, 6, 7 and 8 by virtue of his position as Joint Director of Chauden Limited.

48. QUESTIONS FROM THE PUBLIC

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A public question was received from Ms. Judith Collins and it concerned delayed hospital discharges at Wythenshawe Hospital and the possible implications for resources and patients' wellbeing. The Chairman thanked Ms. Collins for her question and explained that Item 8 of this evening's agenda addressed the measures put in place to tackle the issue of delayed hospital discharges in Trafford.

49. SINGLE HOSPITAL SERVICE

Two progress reports were brought to the attention of the Health Scrutiny Committee as recorded at minute 49a and 49b below.

(a) SINGLE HOSPITAL SERVICE PROGRAMME UPDATE

Consideration was given to a progress report of the Deputy Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust (MFT), on the latest position for the Single Hospital Service programme and the proposed acquisition of North Manchester General Hospital.

The Senior Responsible Officer for Pennine Acute Transaction attended the meeting to present the information and address the enquiries of the Committee.

It was explained that a report had been produced by the MFT to summarise activities and achievements in the first year of operation, following its creation through the merge of the University Hospitals NHS Foundation Trusts for Central and South Manchester. The report had already been reviewed by this Committee. Members were also informed that a video had been created to communicate key integration messages to members of staff, patients, partner organisations and members of the public.

With regard to the proposed acquisition of North Manchester General Hospital, it was reported that this was part of an overall plan to dissolve the Pennine Acute Hospitals NHS Trust. MFT would acquire North Manchester General Hospital, whereas the remaining hospital sites would be transferred to Salford Royal NHS Foundation Trust (SRFT). The proposed acquisition would need to be completed by March 2020. During the process, MFT would continue to engage with all key stakeholders and Greater Manchester Health and Social Care Partnership which overviewed the plan to dissolve Pennine Acute Hospitals NHS Trust.

RESOLVED that:

1. The progress made to date by Manchester University NHS Foundation Trust to acquire North Manchester General Hospital be noted.
2. Regular updates on the Single Hospital Service be presented at future meetings of the Health Scrutiny Committee.

(b) PENNINE ACUTE HOSPITALS NHS TRUST TRANSACTIONS PROGRAMME UPDATE

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The Committee received a presentation of the Assistant Director of Manchester University NHS Foundation Trust (MFT) on the progress on the Pennine Acute Hospitals NHS Trust (PAT) Transactions Programme. The presentation was delivered by the MFT Assistant Director.

Members were informed that, in order to support the future clinical, financial and workforce sustainability of acute hospital services in the North East sector and across Greater Manchester, two processes were underway to split PAT; both elements would require formal approval at national level. Salford Royal would put forward proposals to formally acquire Royal Oldham, Fairfield General Hospital and Rochdale Infirmary hospital sites to be part of Salford Royal's group of healthcare services called the Northern Care Alliance NHS Group (NCA). The other transaction would see MFT to formally acquire North Manchester General Hospital to form part of its group of hospitals. This would contribute to the implementation of the plan to create a Single Hospital Service for the city of Manchester and Trafford.

It was explained that the PAT transactions were overseen by a Transaction Board formed by senior representatives of the organisations involved with the programme. The Board was independently chaired by the Chief Officer of Greater Manchester Health and Social Care Partnership. The transactions would need to be completed by March 2020.

It was explained that the plan aimed to ensure consistent high quality of care across Greater Manchester and effective coordination with community care services through appropriately skilled workforce, financial efficiency, research and innovation and education and training.

The legal transaction processes and timescales were outlined to Members. The communication and engagement plans to inform public, patients, members of staff and key stakeholders were described. They were developed collectively by the working group.

The Committee sought and received assurance that the clinical outcomes would not be affected by the need to progress the transactions programme. A dedicated team had been established with the purpose to carry out the transactions programme. Therefore, resources remained in place to solely focus on the delivery of the clinical outcomes. The Chair voiced the request of the Committee to receive a progress report at a future meeting of the Committee to review performance against clinical outcomes where services had already been embedded following the merger (e.g.: Wythenshawe Hospital).

Members sought and received clarification / commented on the following points:

- Workforce and Trade Unions engagement - It was explained that communication and engagement had not yet been implemented as they were the next step of the Transactions Programme;
- PAT deficit - It was explained that work was ongoing with colleagues at national level to find a structural solution to the deficit.

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- Resources to sustain the transactions – It was explained that the Transactions Programme was funded via the Greater Manchester Transformation Fund. However, it was stressed that the funding was utilised for due diligence as well as to add value and deliver transformation service outcomes.
- Opportunity to create a permanent workforce to improve quality of care and financial sustainability.
- Quantifiable health outcomes for Trafford's residents – It was explained that there was a detailed programme of work to track benefits for residents and strong project management to ensure stable commitment to the clinical service strategy while the transactions were carried out.

RESOLVED that:

1. The up to date information on the Pennine Acute Hospitals NHS Trust Transactions Programme be noted;
2. A progress report be presented at a future meeting of the Health Scrutiny Committee to inform of performance against clinical outcomes where services had already been embedded following the merger of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust (e.g.: Wythenshawe Hospital).

50. DIABETIC SERVICES

The Committee considered a report of the Director of Commissioning, Trafford Clinical Commissioning Group (CCG), which sought to inform of the latest progress in the redesign of services for Diabetic patients in Trafford. The author of the report and the Clinical Lead Diabetic Services Trafford CCG attended the meeting to present the information and address the enquiries of the Committee.

It was explained that diabetes was the long term condition with the fastest rising prevalence. It was estimated that the number of people with diabetes in the UK would rise to 4.6 million by 2030. In Trafford, there were over 12,500 diabetics aged 17+ registered with a GP.

A primary care diabetes pilot project had been developed and was in the process of being rolled out in the Borough. The pilot hub had been operated for nine months from Partington Primary Practice; 25% of its patients, following a suitability assessment, had been offered the service. The pilot was part of a wider strategy to increase the quality of care and improve outcomes for Trafford patients with or at risk of developing diabetes.

Data analysis from a recent pilot hub evaluation had shown a 26% reduction in hospital first appointments and a 36% reduction in follow up appointments which

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would result in savings for the CCG and better quality outcomes for patients. This would also reduce the spend on secondary care.

The Trafford Care Coordination Centre (TCCC) supported the diabetes redesign through triaging GP referrals to ensure that only patients that could not be managed in primary care settings were referred to hospital services. The TCCC also contacted patients who no longer needed secondary care services to divert them to their GP surgeries. The TCCC was also developing an advocate role to support patients to manage their condition through changes to their lifestyle.

The programme of work for the wider diabetes model was at business case development stage and it would form part of the large scale CCG's transformation portfolio of work for 2019/20.

Members sought and received clarification / commented on the following points:

- Infrastructure not supportive of Diabetes care that should be provided in GP practices and need to train practice nurses on Diabetes treatment and care programme – It was explained that two new General Practitioners based in North Trafford were specialised in diabetes.
- Diabetes and link to poverty – It was explained that, although poor lifestyle was often associated with poor income, Diabetes also affected people who lived in affluent areas.
- Strategic approach to tackle Diabetes – It was explained that patient education was pivotal. Currently, in Trafford there were two education programmes to train patients to manage their condition in order to improve their overall health and wellbeing. However, patients' take-up of these courses was low and it was part of the CCG's plan to review the courses to make them more accessible and effective.
- Developing Diabetes standards of care across Trafford – It was explained that the next stage of the project was to produce a business case to roll out the pilot across the Borough.
- Young people and Health and Wellbeing agenda – It was explained that CCG worked closely with Public Health to identify Trafford's population health and needs and to commission services that aimed to improve the health and wellbeing outcomes for residents. One of the Sub-Committee of Trafford Health and Wellbeing Board looked at issues such as child obesity, exercise and healthy diet.

The Committee welcome the report and acknowledged the numerous benefits linked with the provision of Diabetes care and treatment in G.P. practices. However, Members stressed that adequate training and support had to be in place for health professionals to enable them to provide optimum Diabetes care across the Borough. The Committee also requested that a progress report be presented next Municipal Year with details of how Diabetes care provision in GP settings could meet the needs of the ethnic diverse population across the Borough.

RESOLVED that:

1. The progress concerning the redesign of services for Diabetic patients in Trafford be noted;
2. A progress report be presented to the Health Scrutiny Committee during next Municipal Year with details of how Diabetes care provision in GP settings could meet the needs of the ethnic diverse population across the Borough.

At this point in the proceedings, Councillor Brophy left the meeting.

51. PHYSIOTHERAPY

Consideration was given to a report of the Director of Commissioning, Trafford Clinical Commissioning Group (CCG), which sought to provide an update on the Community Services which delivered physiotherapy as part of the clinical pathway and with a multi-disciplinary approach.

The author of the report attended the meeting to present the information and address the enquiries of the Committee.

It was explained that physiotherapy was provided as part of a number of community services delivered by Pennine Care Foundation Trust. An overview of the main community services which involved physiotherapy was provided. They were: Community Musculoskeletal Service, Community Rehabilitation Service and Outpatients, Community Neuro Rehabilitation Services and Pulmonary Rehabilitation.

The main areas of concern for these services were highlighted.

With regard to Community MSK Service, it was reported that the main issue concerned meeting the Key Performance Indicator (KPI) for waiting times; a joint CCG and Pennine Care Foundation Trust Steering Group had been established and an action plan had been agreed to improve performance.

In relation to Community Rehabilitation Service and Outpatients, Members were informed that, the demand for this provision had increased significantly with an impact on waiting times. It was explained that this was due to Trafford's ageing population as well as the introduction of the frailty index in General Practice which identified older people at high risk of adverse health outcomes to enable preventative intervention.

A non-recurrent investment of £106,348 had been agreed to support the short term employment of additional physiotherapy and occupational therapy capacity to reduce the extensive waiting times to access Community Neuro-Rehabilitation Service.

Waiting times were also an issue for the Pulmonary Rehabilitation Service which was provided by Pennine Care NHS Foundation Trust. All community rehabilitation services would be considered as part of a wider review which would

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be undertaken with the implementation of Trafford's Community Services transition to Manchester University Hospitals NHS Foundation Trust (MFT).

The Committee expressed its concern with regard to the long waiting list to access the Community Neuro - Rehabilitation Service and the possible negative consequences for patients' recovery. The expected closure of the leisure centre also posed the issue of a new location for the service. It was explained that this was a unique service whose patients were at high risk of readmission to hospitals due to falls and social isolation. Work was ongoing with MFT; early windows of improvement had been identified and waiting times had started reducing. Although rehabilitation services were considered a priority, it was recognised that capacity remained an issue. Members requested that a progress report be brought to a meeting of the Health Scrutiny in the new Municipal Year.

Members also queried the number of missed appointments for Musculoskeletal Service. It was explained that work was ongoing to improve the effectiveness of the online booking system.

RESOLVED that;

1. The content of the report be noted;
2. A progress report be presented in the new Municipal Year (i.e.: 2019/20).

At this point in the proceedings, Councillor Longden left the meeting.

52. TRAFFORD URGENT CARE CENTRE

A joint presentation was delivered by the Acting Corporate Director for Adult Services and the Trafford Integrated Network Director on the Urgent Care Control Room which had been established to reduce the delayed transfers of care from the acute trusts that served Trafford's residents.

The Urgent Care Control Room team was based at Meadway Health Centre in Sale, a 24/7 health and social care hub which shared data and information with acute discharge teams, providers and commissioners to support hospital discharge and ensure patients' safety.

It was reported that, to date, the centre had coordinated discharges from hospitals into 36 "Discharge to Assess" beds in the community. There were four Discharge to Assess Pathways to support patients according to their health and social care needs. The challenges of the "Discharge to Assess" process were outlined. Amongst these, the fact that patients had to remain in hospital longer due to the lack of nursing beds across Greater Manchester (GM). GM authorities were working together to address the issue.

The measures to deliver safe discharge were outlined. Amongst these, the social work assessment that identified barriers and potential risks to patients returning to their own home and "Navigators" based within the Emergencies Department who were able to prevent unnecessary admissions by providing practical solutions and

support and the provision of equipment in people's home to manage life independently.

It was reported that in December 2017, 91 people had been discharged from hospital to safe and appropriate placements. In December 2018 this figure had increased to 196 discharges. Although work was ongoing to increase further the number of hospital discharges, Members acknowledged the progress achieved so far.

The launch of a new triage process at Wythenshawe hospital with the oversight of a senior practitioner would allow an assessment of the patient's situation at a very early stage, in preparation for discharge when medically optimised.

Members sought and received clarification / commented on the following points:

- Key factors in choosing a care home and clarity regarding the provider's assessment and its readiness;
- Financial implications of discharge services for patients – It was explained that the first three weeks of support following discharge were free. Once the support services were identified, the charges would apply.

Members commended the commitment and tenacity of the Commissioning Team to quality improvement and requested that a progress report be presented at a future meeting of the Health Scrutiny Committee.

RESOLVED that:

1. The content of the presentation be noted;
2. A progress report on Trafford Urgent Care Control Room and reduction in delayed transfers of care be presented at a future meeting of the Health Scrutiny Committee.

53. HEALTHWATCH TRAFFORD

Consideration was given to a report of the Healthwatch Trafford on the visit to the Knoll Residential Home. This was part of the Healthwatch programme to carry out Enter and View visits to Health and Social Care providers across the Borough to identify good practices and make recommendations if areas for improvement were identified during the visit.

The Chair thanked the Healthwatch representative for the usual high standards, clarity and conciseness of the report.

RESOLVED that the content of the Healthwatch Trafford report on the Knoll Residential Home be noted.

54. TASK AND FINISH GROUP WORK

The Committee received an update on the outcome of the two Task and Finish Groups as outlined at minute 57 and 58 below.

55. COMMUNITY SERVICES

The Chairman informed the Committee that another meeting of the Task and Finish Group on Community Services was scheduled for next Friday 22nd March 2019 to discuss the transfer of community services provision from Pennine Care to Manchester University NHS Foundation Trust (MFT).

RESOLVED that the update on the Task and Finish Group on Community Services be noted.

56. PERIOD POVERTY

The Committee gave consideration to a report of the Democratic and Scrutiny Officer which sought to inform of the work carried out by the Task and Finish Group on period poverty.

The Task and Finish Group liaised with Charities such as the Red Box Project and Everymonth, the Council's Public Health Team and the Partnership and Communities Team to understand the extent of the issue in Trafford and what resources and actions were needed in order to tackle it effectively.

The Committee noted the content of the report and its recommendations which would be taken to the Executive in a couple of weeks. In order to launch the Red Box Projects in Trafford, events would be held in conjunction with the International Women's Day and after the Elections to listen to issues experienced in the community and find effective ways to eradicate period poverty in the Borough.

The Chair, on behalf of the Committee, commended the work of the Democratic and Scrutiny Officer who was able to convey in this report all the information gathered and examined by the Group and its recommendations.

RESOLVED that:

1. The content of the report be noted;
2. The following recommendations be submitted to the Executive for their consideration:
 - a. Funding be committed to support the establishment of the Red Box Project within Trafford;
 - b. A small annual budget (between £500 and £1,000) be created to support the Red Box Projects and other projects that address the issue of period poverty within Trafford, to be managed by the Officer Group.
 - c. The Council make a pledge to end period poverty within Trafford;
 - d. The Council write a letter to the Government in support of abolishing VAT on sanitary products;
 - e. That funds raised from an annual dress down Friday be donated to Everymonth (a charity based in Greater Manchester);

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- f. The Executive Member for Wellbeing support the Officer Group to work on period poverty;
- g. An annual survey on period poverty be carried out amongst schools and food banks.

57. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Vice-Chair informed the Committee that the next meeting of the Greater Manchester Joint Health Scrutiny Committee would take place next week. Therefore, feedback would be provided at the next meeting of the Committee, in the new Municipal Year.

58. URGENT BUSINESS (IF ANY)

The Chairman informed the Committee that a report of the NHS England on the Altrincham Hub would be published this week. The item would be brought to the attention of this Committee in June 2019, at the first meeting of the new Municipal Year. This would allow time to analyse the information outlined in the report. Trafford Clinical Commission Group would be in attendance to address the questions of the Committee.

RESOLVED that the update be noted.

As this was the last meeting of the Health Scrutiny Committee for the current Municipal Year, the Chairman thanked Elected Members and Officers for their contribution to carry out the work of the Committee. The Chairman thanked the Vice-Chair for her support and help.

The Vice-Chair and the rest of the Committee wished the Chairman well for his new role as a Mayor of Trafford in Municipal Year 2019/20.

The meeting commenced at 6.30 pm and finished at 9.06 pm