



**Minutes of the Trafford Strategic Programme Board
Held on Thursday 29 November 2012
Flixton House, Flixton Road, Urmston**

Present:

John Schultz	(JS)	Chair, Trafford Strategic Programme Board
Terry Atherton	(TA)	Vice-Chair, NHS Greater Manchester
Darren Banks	(DB)	Director of Strategic Development, Central Manchester University Hospitals NHS Foundation Trust
Jonathan Berry	(JB)	Chair, Trafford Primary Health Ltd.
Ann Day	(AD)	Chair, Trafford LINK
Stephen Gardner	(SG)	Director of Strategic Projects, Central Manchester University Hospitals NHS Foundation Trust
Nigel Guest	(NG)	Accountable Officer Designate, Trafford Pathfinder Clinical Commissioning Group
Anthony Hassall	(AH)	Associate Director, University Hospital of South Manchester NHS Foundation Trust
Claire Heneghan	(CH)	Chief Nurse, Trafford Provider Services
George Kissen	(GK)	Medical Director, NHS Trafford
David McNally	(DM)	Associate Director Delivery PMO & Service Reconfiguration, NHS North of England
Bill Tamkin	(BT)	Chair, South Manchester Clinical Commissioning Group
Jess Williams	(JW)	Associate Director, NHS Greater Manchester
Leila Williams	(LW)	Director of Service Transformation, NHS Greater Manchester
Michael Young	(MY)	Executive Member, Adult Social Services and Wellbeing, Trafford Council

In attendance:

Jill Boardman	(JB)	Business Support Officer, NHS Greater Manchester (Minutes)
Matthew Finnigan	(MF)	Save Trafford General Campaign Group
Councillor Jo Harding	(JHa)	Save Trafford General Campaign Group
Ruth Walkden	(RW)	Trafford LINK
Jayne Greenop	(JG)	RCN
Margaret Roberts	(MR)	UNISON
Pete Goodier	(PG)	Staff Side

Action**1. Welcome and Apologies**

Apologies for absence were received from Tim Barlow, Mike Burrows, Matthew Colledge, Michael Eeckelaers, Kate Fallon, Theresa Grant, Gill Heaton, Andy Hickson, Anne Higgins, Karen James, Alison Starkie and Claire Yarwood.

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John Schultz (JS) Chair, extended a warm welcome to members of the Board, members of the public, representatives of the Public Reference Group and to representatives of three major stakeholder groups – Save Trafford General Group, Trafford LINK and staff side. He expressed the hope that the Chair and Vice-Chair of the Joint Overview and Scrutiny Committee would be able to attend. He reiterated that the meeting is a meeting in public and it is opportunity for members of the public to witness the Board meeting but not take part in it.

2. Minutes of the last meeting held on 24 October 2012

The notes of the previous meeting held on 24 October 2012 were approved as a correct and accurate record. There were no matters arising.

3. Report from Save Trafford General Group

Matthew Finnigan and Councillor Jo Harding were invited to present the Save the Trafford campaign group response to the New Health Deal for Trafford public consultation.

Matthew Finnigan (MF), Chair, and Councillor Jo Harding (JHa), Campaign Co-ordinator Save Trafford General campaign group thanked the Board for the opportunity to present the paper to members.

MF presented the New Health Deal for Trafford – response to public consultation from Save Trafford General community campaign report which informed members of the background to the campaign and included their response to the consultation document. He outlined the support which the campaign group had received following its launch in June 2011 and the questions the campaign group had asked the commissioners during the consultation. MF informed members that the campaign group welcomed the plans to expand orthopaedic surgery, outpatient services and day case surgery, but expressed concern that no evidence had been provided to support these proposals.

MF informed members that everyone supports the vision of the integrated care service but questioned how the service would be delivered given the current economic circumstances. MF also condemned the consultation process commenting that it was inconsistent, biased, rigged and one sided.

Councillor Jo Harding (JHa) informed members of the strength of feeling for the future of Trafford General Hospital held by the members of the Save Trafford General community campaign group. JHa questioned the figures regarding the A&E attendances, downgrading of this service to an urgent care centre and where patients will be treated when the unit is closed overnight.

JHa raised the issue of transport, the time it will take patients accessing other A&E units and the cost involved for both patients and carers. She expressed concern for the whole of Trafford General Hospital in the future should the consultation proposals be implemented as hospital services are interdependent on each other.

MF made two final points in conclusion to the presentation:

- 1 The review of health services in Greater Manchester and the Trafford health service consultation should be carried out together and for Trafford's future to be decided as part of a coherent and co-ordinated review of hospital services across Greater Manchester.
- 2 Over the last 18 months, MF stated on behalf of the campaign group, there is a huge public mistrust about what commissioners and clinicians are doing to the local health service. MF expressed the need for NHS Trafford to be open, accountable and engage with them transparently.

John Schultz informed everyone that all Board members had received a copy of the full response to the public consultation by the Save Trafford General community campaign group and asked if members of the Board had any questions. There were no questions.

The Board noted the contents of the response and presentation.

4. Report from Trafford and Manchester LINK

Ann Day (AD), Chair – Trafford LINK presented the Trafford LINK Committee response to the New Health Deal consultation paper and presentation.

AD thanked the Board for giving Trafford LINK the opportunity to present their consultation response and reiterated that the response is the view of the Trafford LINK committee and not that of individual LINK members.

AD informed members that throughout the public consultation Trafford LINK have had many discussions regarding the service redesign, attended clinical workshops, have members on the Public Patient Reference Group and the Transport Stakeholder Review Group and as Chair of Trafford LINK have membership of the Trafford Strategic Programme Board.

AD informed the Board that Trafford LINK have supported the long term vision for an integrated care system in Trafford since 2009 and commented that the LINK would expect the integrated care system to be fully established before the proposed urgent care centre becomes a nurse led minor illness and injuries unit.

AD reported that Trafford LINK supported the following proposals with the reservations contained in the paper: orthopaedics, intensive and emergency surgery, and accident and emergency; and they fully supported the proposals regarding outpatients and day case surgery.

AD informed members that Trafford LINK has concerns regarding transport, travel times and costs.

AD reported that Manchester LINK have not been made aware of any strong feeling from Manchester residents against the move of services to Trafford General Hospital from the MRI. The only concerning issue is that of transport to Trafford General Hospital for Manchester patients, carers, friends and relatives.

AD emphasised the importance of improving primary care services in Trafford and requested that the Board ensure the effective development of the proposed

integrated care service.

John Schultz informed everyone that all Board members had received a copy of the full response to the public consultation by the Trafford and Manchester LINKs and asked if members of the Board had any questions.

Leila Williams (LW) commented that the public are finding it difficult to understand integrated care and asked LINK for their view on how integrated care could be explained to the public. AD commented that the proposed integrated care system needs to be discussed in the public domain with appropriate meetings/workshops scheduled. AD stated that the reinstatement of the Trafford Public Reference Group would enable people to be kept informed regarding what is happening within NHS Trafford.

The Board noted the contents of the report and presentation.

5. Report from staff side representative

Peter Goodier (PG), Staff Side Secretary, CMFT, gave background information relating to the staff side within CMFT.

Jayne Greenop (JG), RCN representative, Trafford General Hospital, presented the RCN North West comments on the consultation. JG informed members that along with other trade unions at CMFT, RCN North West were keen to engage in the consultation and encouraged its members to participate. She stated that the joint trade unions have reached a consensus that Trafford should be sustainable in the future and in order to achieve this, there is little alternative to the proposals within the consultation.

Margaret Roberts (MR), UNISON Staff Side Lead, Trafford General Hospital informed members that UNISON members have been kept fully informed at each stage of the consultation process and actively encouraged to attend the arranged forums around the health economy with Trafford. MR stated she had been closely involved since the proposals were first discussed and stated that over the years, Trafford General had lost services but these proposals could allow the potential for staff development.

MR confirmed the process as open and transparent and that the Trade Unions were and remain committed to the proposals as it was the long term view that this would be the best way to safeguard jobs. MR commented that most staff in the hospital also live locally and so it is vital to have a hospital viable in the future. She has spoken to many of the A&E and ITU staff who are looking forward to the new challenges.

MR asked for assurances that there would not be any further cuts in the future.

John Schultz informed everyone that all Board members had received a copy of the full response to the public consultation by RCN North West and UNISON and asked if members of the Board had any questions. There were no questions.

The Board noted the contents of the paper.

6. Update on Integrated Care

Dr George Kissen (GK) stated

1. Integrated Care System (ICS) is a realistic vision about the co-ordination of care around the individual patient
2. ICS is about meeting care deficits present in current primary/ community care provision and also about investment in community services
3. ICS is a move from reactive care to anticipatory care, identifying unwell patients and treating them in the community.

GK commented that he would be happy to take the ICS presentation made to Trafford LINK to other organisations to help engage with members of the public about the ICS.

GK informed members that the unscheduled care proposals which have predicted 17% deflection of activity have been looked at again and NHS Trafford believe this deflection of activity away from hospital services is correct.

Gina Lawrence (GL) presented the Implementation of the Integrated Care Service (ICS) in Trafford presentation which updated members on:

- Background of the ICS from 2010
- Proposed programme arrangements
- Outcomes of test of change
- ICS high level programme – whole system reform
- Update on unscheduled care – system reform
- Update on nursing/residential home schemes – joint system reform
- Update on mental health – service reform
- Focus on Primary Care – Productive Practices
- Focus on RBMS transformation – Co-ordinated Care Centre

John Schultz commented that the presentation was quite appropriately aimed at the members of the Trafford Strategic Programme Board and that organisations could request the generalised public ICS version to be presented at one of their meetings.

**Dr George
Kissen**

A discussion took place regarding the objectives and output of each of the areas and how activities and success could be measured. GK informed the Board of a workshop for ICRB members which will focus on setting quality and service outputs and ensure objectives match the ICS vision.

Dr Bill Tamkin (BT) asked what action is being taken to ensure that integration means the same thing between South Manchester CCG and Trafford CCG. A discussion ensued and members were informed that there is cross fertilisation of members attending ICS meetings between the two organisations and work is ongoing with UHSM and CMFT supporting pathways of care, for example, in developing services across the Aspire COPD programme and supporting the IV therapy services.

Councillor Michael Young (MY) informed Members that the Council are encouraged with the progress of ICS and confirmed the Council Executive has agreed the physical integration of social and health care services.

Ann Day (AD) requested the reinstatement of the Public Reference Group to keep the public informed and up to date with the ICS, a discussion ensued and GL assured members that this will be taken forward and incorporated in to the governance of the ICS and will be discussed at the ICRB workshop.

Jessica Williams (JW) expressed concern about the impact of ICS on Section 136 and requested confirmation that GL is liaising with the police services throughout the development of the ICS. GL confirmed that Ric Taylor is the link working with the police services.

John Schultz thanked GL and GK for the presentation and asked that the Board be kept up dated on the progress of the ICS model.

The Board noted the contents of the presentation.

7. Update on Estates Issues

Stephen Gardner (SG) presented the report 'CMFT Update for Trafford Strategic Programme Board on Estates issues' which updated members on the current position of the three estates related issued:

Altrincham Hospital redevelopment – CMFT has reached agreement with the developer on acquiring the additional accommodation. On this basis, contract sign off is expected by 7 December 2012.

Trafford General Hospital – Urmston Group Practice: all parties are happy with the proposal to utilise the vacant Greenway Building to accommodate the Urmston Group Practice. A high level business case will be developed for further consideration.

Stretford Memorial/Shrewsbury Street development: this development is still in the early concept stages and the proposal is for a multi use development on Shrewsbury Street, the proposal will be progressed with or without central funding.

The Board noted the contents of the paper.

8. Performance Report and Risk Register

Jessica Williams (JW) presented the performance report and risk register, the purpose of which is to show progress over the previous month on key milestones and identify what key tasks are for the following month.

The Board noted the contents of the paper.

9. Any other business

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There was no other business.

10. Date and Time of Next Meeting

The next Trafford Strategic Programme Board meeting will take place on Wednesday 19 December 2012 at 9.30am – 5.00 pm, The Ball Room, Flixton House, Flixton Road, Urmston.

DRAFT