Item 2

Minutes of the Trafford Strategic Programme Board
Held on Thursday 19 December 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
Tim Barlow	(TB)	Director of Finance, Trafford Clinical Commissioning Group
Jonathan Berry	(JB)	Chair, Trafford Primary Health Ltd.
Deborah Brownlee	(DB)	Corporate Director for Children and Young Peoples Service, Trafford MBC
Mike Burrows	(MB)	Chief Executive, NHS Greater Manchester
Ann Day	(AD)	Chair, Trafford LINk
Mike Eeckelaers	(ME)	Chair, Central Manchester Clinical Commissioning Group
Stephen Gardner	(SG)	Director of Strategic Projects, Central Manchester University Hospitals NHS Foundation Trust
Nigel Guest	(NG)	Interim Chief Clinical Officer, Trafford Clinical Commissioning Group
Janet Hall	(JH)	Associate Director of Operations, Trafford NHS Provider Services
Anthony Hassall	(AH)	Director of Business Development, University Hospital of South Manchester NHS Foundation Trust
Claire Heneghan	(CH)	Divisional Director, Chief Nurse, Trafford NHS Provider Services
Andy Hickson	(AH)	Assistant Director of Commissioning, North West Ambulance Service
George Kissen	(GK)	Clinical Director, NHS Trafford
Gina Lawrence	(GL)	Director of Commissioning, Trafford Clinical Commissioning Group
David McNally	(DM)	Associate Director Delivery PMO & Service Reconfiguration, NHS North of England
Simon Musgrave	(SM)	Clinical Director, (Trafford Division), Central Manchester University Hospitals Foundation Trust
Bob Pearson	(RP)	Medical Director, Central Manchester University Hospitals Foundation Trust
Bill Tamkin	(BT)	Chair, South Manchester Clinical Commissioning Group
Jessica Williams	(JW)	Associate Director, NHS Greater Manchester
Leila Williams	(LW)	Director of Service Transformation, NHS Greater Manchester
Claire Yarwood	(CY)	Director of Finance, 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)
Alison Starkie	(AS)	Assistant Director, NHS Greater Manchester
Gemma Watts	(GW)	Project Manager, NHS Greater Manchester
Imogen Blood	(IB)	Imogen Blood and Associates
Erin Portsmouth	(EP)	Communications Lead, NHS Trafford
Stephen Travis	(ST)	Transport for Greater Manchester
Dr Janelle Yorke	(JY)	Independent Analyst

Action

1. Welcome and Apologies

Apologies for absence were received from:

Councillor Matthew Colledge, Leader of the Council, Trafford MBC
Kate Fallon, Chief Executive, Bridgewater Community Healthcare NHS Foundation Trust
Theresa Grant, Chief Executive, Trafford MBC
Gill Heaton, Director of Patient Services/Chief Nurse, Central Manchester University Hospitals NHS Foundation Trust
Karen James, Chief Executive, University Hospital of South Manchester NHS Foundation Trust.

John Schultz (JS) Chair, extended a warm welcome to members of the Board, members of the public and representatives of Trafford LINk and the Public Reference Group. He reiterated that the meeting is a meeting held in public and it is an opportunity for members of the public to witness the Board meeting but not take part in it. He outlined the business of the meeting and informed the members that aim of the meeting is to reach some preliminary conclusions on what the Board will be recommending to NHS Greater Manchester subject to the final views of the Joint Health Overview and Scrutiny Committee.

JS reiterated that any formal decisions made today would be made by the five voting members.

2. Minutes of the meeting held on 29 November 2012

The minutes of the previous meeting held on 29 November 2012 were approved as a correct and accurate record of the meeting subject to the following amendments:

Gina Lawrence, Janet Hall and Ian Williamson to be added to the list of members present at the meeting.

There were no matters arising from the minutes.

Action

Add Gina Lawrence, Janet Hall and Ian Williamson to the list of members present at the meeting on 29 November 2012. **Jill Boardman**

3. The Clinical Rationale

John Schultz (JS) acknowledged the input of the wide range of clinicians who have been involved in the process to date and reiterated that the clinical case for change and the proposed clinical model is contained within the consultation documents.

JS confirmed that members had received the documents below which form the written documentation to the clinical rationale:

- Integrated Care Redesign Board (ICRB) report
- National Clinical Assessment Team's (NCAT) report
- Consultation documents
- Pre-consultation business case

Dr George Kissen (GK) presented in summary form the background information to the clinical case for change and Mr Bob Pearson (BP) presented an overview of the proposed clinical model.

GK reported that the ICRB had considered the feedback from the public meetings, organisational responses and the preliminary analysis of the consultation and confirmed that the ICRB:

- Believed the clinical case for change outlined in the public consultation document was still valid.
- Supported the clinical model proposed in the public consultation and believed this offered the best viable opportunity to provide high quality services to the residents in Trafford
- Was not recommending any changes to the proposed model or any alternative models.

Key areas of response:

ICRB considered the public suggestion that staff could be rotated between hospital sites to allow all services to remain at Trafford General Hospital (TGH):
BP informed members that the Central Manchester Foundation Trust (CMFT) anticipate that a number of clinicians and allied healthcare professionals will work across both hospital sites, where appropriate, to maintain expertise on both sites. However, BP reiterated that, from a clinical perspective, focusing patients where there is sufficient critical mass to maintain expertise gives the best outcomes for patients and so in certain clinical areas rotation would not be possible.

Public concern regarding increased ambulance journey times:
GK informed members that the IRCB firmly believe that getting patients to the right hospital to receive the best possible treatment is the right thing to do and is already taking place with a number of critical conditions and there is no evidence

to support the idea that small increases in journey times would have an adverse effect on patient outcomes.

Public concerns regarding the safe provision of orthopaedic/day case surgery without an ICU:
BP reported that there will be facilities in place at TGH to care for patients who unexpectedly require level 3 support. BP described what level 3 intensive care support is and informed members there are a lot of hospitals who work with a high dependency model (HDU) to support level 2 patients, for example, Wrightington Hospital.

GK highlighted the following issues which the IRCB asked to be brought to the attention of the Board:

- Capacity in local secondary care providers and the North West Ambulance Service (NWAS) in order to manage the proposed changes
- Transport issues need to be addressed
- The model of level 2 HDU delivery at TGH should be described in more detail
- The pathway for mental health patients should be developed further before any service changes are made.
- A set of clinical criteria/parameters which outline the conditions for the safe move from model 2 to model 3 should be articulated and met before the proposed change to model 3 is made.

JS asked members if they had any questions regarding the presentation.

Terry Atherton (TA) commented there is public concern regarding the perceived increase in risk that patients will face as a result of increased ambulance journey times to receive care at an alternative location. He asked for a clinical view. GK responded that this had been discussed in detail at the ICRB meeting with NWAS in attendance. He informed members that certain critically ill patients were already being transferred to other centres and stated that there is no evidence that the distances relating to those in the Trafford health economy would have an adverse effect on patients. He reported that the view of ICRB is that there is no evidence to suggest an adverse effect and that these changes would have a positive effect on patients. A discussion ensued regarding the transport of patients between hospital sites.

Ann Day (AD) asked for clarification on the management of patients for the mental health 136 unit between midnight and 8.00 am when the proposed urgent care centre is to be closed. GK informed members that a wider discussion about the provision of the mental health 136 units across Greater Manchester has commenced with the mental health trust and other organisations. GK stated he is confident provision for these patients will be in place before implementation of the proposals.

Jessica Williams (JW) asked whether assurance be given that the general pathways for mental health patients would be in place before the implementation of the proposals as well as those with a Section 136. GK responded that the

mental health commissioning team are strengthening these pathways and they would be in place before any implementation of the proposals.

Jonathan Berry (JB) sought clarification on the provision of Day Case Surgery and Orthopaedics in the absence of a Level 3 ICU. BP responded that a level 2 HDU will be in place for patients who require that added level of support either post operatively or because they are acutely ill. He added that patients who may require level 3 support could be safely transferred to an alternative site and that any elective patient with a predicted high likelihood of complex need would be treated at Manchester Royal Infirmary (MRI). GK informed members work is taking place with NWAS on their paramedic pathfinder model to ensure patients are taken to the appropriate hospital and this pathfinder model is already operating in other parts of the North West. Discussions are ongoing regarding the setting of the threshold of activity to ensure patients access the appropriate hospital.

JW acknowledged the success of the elective orthopaedic centre will be dependent on patients travelling from outside Trafford to access this service. JW asked GK/BP whether they were confident that this movement of patients will take place? BP informed members that there has not been any opposition from patients or the public in Manchester to travelling to access the service.

Leila Williams asked for further clarification regarding the ICRB view that the rotation of staff between hospital sites to maintain all services at TGH, as suggested in some consultation responses, would not offer a practicable solution. BP commented that staff rotate already between MRI and TGH A&E departments; and the length of stay for staff in these jobs is a lot less than staff who are full-time on one site, therefore it is not an attractive proposition for long term recruitment. With regard to the critical care unit, these need to see a throughput of patients to maintain competence, and so staff rotation for certain grades of staff would not allow skills and competence to be maintained.

Deborah Brownlee stated that one of the consequences of the proposals is the closure of the paediatric observation and assessment unit at TGH and asked what steps are being taken to ensure that the needs of children accessing the urgent care unit would be met. BP explained the DoH guidelines/pathways regarding children attending A&E/urgent care unit departments.

The Chair asked the following formal questions:

Does the Board reaffirm its support for the clinical rationale for the case for change relating to the New Health Deal proposals?

The five voting members unanimously reaffirmed their support for the clinical rationale for the case for change relating to the New Health Deal proposals.

Does the Board accept that 'do nothing' is not an option for Trafford General Hospital?

The five voting members unanimously accepted that 'do nothing' is not an option for Trafford General Hospital.

How does the SPB wish to respond to the ICRB view that a delay in decision making will have an adverse effect on the services currently provided at TGH?

The Board favoured making explicit reference in its recommendations to NHS Greater Manchester that a delay in the decision making will have an adverse effect on the services currently provided at TGH.

How does the Board wish to respond to the issues outlined by the ICRB?

The Board agreed to respond to the issues outlined by the ICRB:

- Provider capacity
- Transport issues
- Mental Health pathways
- Clinical parameters from model 2-3

in its recommendations to NHS Greater Manchester.

4. The Consultation Process

John Schultz (JS) confirmed that members had received the following documents:

- Report on the Consultation Process
- Equality Analysis Report
- Public Reference Group report

and links to 2010 Equality Act and Section 242/244 NHS Act.

JS extended thanks to the Public Reference Group members and explained that representatives of the Group had attended all the public meetings in order to reach an independent view on the consultation process.

Erin Portsmouth, Communications Lead, Trafford Clinical Commissioning Group (CCG) presented the Report on the Consultation Process carried out for the new health deal for Trafford project, including a review and evaluation.

Imogen Blood, Imogen Blood & Associates, presented the Equality Analysis Report presentation which focussed on the process of the consultation and identified and assessed evidence to answer: was the consultation accessible to all? Was the engagement experience positive? Do those who responded reflect the diversity of the Borough?

Helen Bidwell, Independent Chair, Public Reference Group presented the Public Reference Group report which outlines the approach taken by the Public Reference Group in scrutinising the consultation process, outlined key themes and issues arising, and made recommendations for the future.

JS invited comments and questions from members of the Board.

David McNally (DMcN) made reference to the SHA's role in the consultation process and informed members that the SHA approved the proposals before they went out to public consultation. DMcN reported that part of this process considered the New Health Deal communications and engagement plans to ensure they met best practice and the relevant legislation. He commented that this had been an excellent piece of work.

JS reiterated that the Equality Analysis was an analysis of the consultation process and reminded members that there had been an equality analysis of the consultation proposals which was set out in Appendix J of the Pre Consultation Business Case. He informed members that the analysis in the pre consultation business case will be revisited when a final decision has been made on the consultation and should be taken forward as part of the implementation process.

JS brought members' attention to the recommendations made within the Public Reference Group and Equality Analysis reports, in both cases in the context of conclusions that were very supportive and favourable overall:

<u>Equality Analysis recommendations:</u>

- More publicity of the fact that this is part of a longer engagement process
- Need to demonstrate and feedback how response has shaped decision/ implementation

<u>Public Reference Group recommendations:</u>

- Some issues relate to timescales; a longer lead-in period will allow for adequate planning.
- Establish a public reference group as part of the pre-consultation phase; benefit earlier from independent scrutiny.
- Seek to use one delivery body to distribute materials, building in adequate timescales.
- Aim to receive the highest number of public responses via the least cost.
- Ensure health and social care staff, and others working to deliver public services are briefed and able to raise awareness/signpost to consultation documentation.
- Consider the submission of 'written' questions as part of a public meeting; avoid repetition, enabling fair distribution of question content and delivery of more considered responses.
- Ensure 'meeting rules' are made clear and understood.
- Where possible use one 'chair' to ensure continuity and provide an appropriate briefing.

Darren Banks (DB) reminded members of the processes the Board went through to come up with a single option to consult on, and comments made during the

consultation that the rationale for this had not been explained and communicated with sufficient clarity to the public.

Leila Williams (LW) commented that the rationale should be incorporated into the final report to NHS Greater Manchester Board, thereby proactively acting on one of the recommendations from the Public Reference Group. **Leila WIlliams**

Ann Day (AD) commented that many members of the Public Reference Group had also previously been members of the reference group for the acquisition of Trafford Healthcare Trust. She stated that if the acquisition reference group had continued to meet during the pre engagement period of the consultation there would have been a better understanding of the pre consultation process and therefore the Public Reference Group should have formed earlier.

The Board accepted the recommendations made within the PRG and Equality Analysis reports and agreed to draw these to the attention of those in the NHS who undertake future public consultations.

DMcN informed the Board that policies regarding consultation are being drawn up nationally within the Policy Directorate of the NHS Commissioning Board and he agreed to feed the learning from this consultation into the national process. **David McNally**

The Chair asked the following formal questions:

Is the Board satisfied that the consultation process has adhered to Section 149 of the Equality Act 2010 which promotes due regard to people who may be disadvantaged due to characteristics including age, race, disability, religion or belief?

The five voting members unanimously confirmed that they were satisfied that the consultation process had adhered to Section 149 of the Equality Act 2010 which promotes due regard to people who may be disadvantaged due to characteristics including age, race, disability, religion or belief?.

Is the Board satisfied that the consultation process has adhered to Section 242 of the NHS Act 2006 which relates to public involvement and consultation and includes a requirement by NHS bodies to ensure those who are affected by service changes are involved and consulted on the development and consideration of proposals for change?

The five voting members unanimously confirmed that they were satisfied the consultation process had adhered to Section 242 of the NHS Act 2006 relating to public involvement and consultation and included a requirement by NHS bodies to ensure those who were affected by service changes were involved and consultated on the development and consideration of proposals for change.

Is the Board satisfied the consultation process has adhered to Section 244 of the National Health Service Act 2006 which relate to the functions of overview and scrutiny committees, as well as when NHS bodies must

consult the committee and the information they must provide to the committee?

The five voting members unanimously confirmed that they were satisfied that the consultation process had adhered to Section 244 of the National Health Service Act 2006 which related to the functions of overview and scrutiny committees, as well as when NHS bodies must consult the committee and the information they must provide to the committee.

Is the Board satisfied that the consultation was conducted in a manner which was fair, objective, accessible and transparent?

The five voting members unanimously confirmed that they were satisfied that the consultation was conducted in a manner which was fair, objective, accessible and transparent.

5. Public Consultation Responses

John Schultz (JS) reminded members this item related to what came out of the process as distinct from the conduct of the process itself. He confirmed that Board members have received the Analysis of Responses report.

Dr Janelle Yorke, Independent Analysist, presented the A New Health Deal for Trafford Public Consultation which outlined the analysis of the responses to the consultation.

JS reminded members that the five voting members have received the full pack of stakeholder responses and that other members were given the opportunity to see these responses. He informed members that organisational responses include responses from Trafford CCG, Central Manchester CCG and South Manchester CCG, Joint Overview and Scrutiny Committee (between Manchester and Trafford), provider organisations, Trafford Primary Health, Trafford LINk, Save Trafford General, and staff organisations. He reminded members that at the last meeting on 29 November 2012 the Board received feedback from three key interest groups – Trafford LINk, Save Trafford General and Staffside organisations including RCN and UNISON.

JS reminded members that petitions had been received from the Save Trafford General campaign group as described within the consultation report. Erin Portsmouth (EP) outlined the size and content of the petitions, and reported that information is detailed on pages 47/48 of the consultation process report. EP reported that this information was sent to the Save Trafford General campaign group for response and that no response had been received. She reiterated that the information from the petitions had been made available to Dr Janelle Yorke.

JS commented on the public attachment to Trafford General Hospital as the symbolic birthplace of the NHS that had been highlighted in Dr Yorke's report.

GK responded that NHS Trafford recognise the importance of Trafford General

in this respect and the proposals being brought forward offer the best opportunity for Trafford General Hospital to have a viable and secure future. He reiterated that it is a very important part of the community and they want to see it continue to provide health services.
Stephen Gardener (SG) commented that CMFT wish to keep Trafford General Hospital as a local hospital serving the local community but at the same time serving a bigger role in Greater Manchester by putting in services such as the orthopaedic centre. A discussion ensued regarding securing the future of the symbolic birthplace of the NHS.

JS commented that there were a number of comments that the public have made about the current administration of outpatient services at T GH. DB responded that access to outpatients is monitored by organisations to deliver against national targets and outpatient clinics will continue to be delivered there.

SG outlined CMFT's proposals regarding delivering outpatient services at Altrincham and Stretford.

JS commented that the public had expressed some concerns regarding the capacity within primary and community services. GK responded this is being considered as part of the integrated care strategy and in particular the GP work stream are working to increase the capacity that GP practices have to care effectively for patients. GK reminded members that a presentation on integrated care had been given to the meeting on 29 November 2012. A discussion ensued.

JW asked for an update regarding the redevelopment of Altrincham General Hospital and how this fits in with Trafford General Hospital. SG responded informed members of the background to the proposals for Altrincham General Hospital. He informed members that the site does allow for expansion of capacity and CMFT Board have approved the proposal to expand the site and negotiations are ongoing with the developer. He added that discussions are taking place regarding the range of service to be provided at Altrincham General Hospital.

LW responded to the suggestion made by some in the consultation responses that the Trafford proposals should be part of the Healthier Together programme of work. She stated that Healthier Together is in its early stages and is a review of healthcare across Greater Manchester, with as yet no proposals, plans or decisions. Prior to the consultation commencing, NHS Greater Manchester were clear that the clinical advice received strongly indicated that changes need to be made at Trafford General Hospital as quickly as possible and could not wait for the proposed Healthier Together consultation next year. She then outlined the governance behind the work for the Healthier Together programme.

Mike Burrows (MB) commented that the clinical and financial position of services in Trafford are unique in Greater Manchester, but it is not inconsistent with the broader vision of Healthier Together which focuses on the quality and safety of services.

AD asked for an update on Stretford Memorial Hospital. SG responded that CMFT planned to maintain the existing services but on an alternative site in Old Trafford and a proposal is being looked at with partner organisations to deliver these services in a community setting at Shrewsbury Street.
Deborah Brownlee (DBr) confirmed that discussions are taking place with the local authority and Trafford Housing Trust regarding an extra care facility in the local area which would continue the existing services.

TA asked that a proper communication and engagement strategy be put in place to ensure robust communication to the public responding to the general and specific issues raised during the consultation. JS concurred with the request.

SG responded regarding the doubts cast expressed by some members of the public regarding the activity information and the analysis of data. He explained how activity is recorded on hospital sites, how the data is analysed, what the information is used for, assurance processes in place and external auditing of the information. A discussion ensued regarding the activity data.

The Chair asked the following formal questions:

Is the Board satisfied that the consultation responses have been independently collated and analysed objectively and that the key themes/public concerns have been identified?

The five voting members unanimously confirmed that they were satisfied that the consultation responses have been independently collated and analysed objectively and that the key themes/public concerns have been identified.

The Chair thanked the presenters.

It is noted that Gina Lawrence and Anthony Hassall left the meeting.

It is noted that Stephen Downes, Deputy Director of Finance at University Hospital of South Manchester NHS Foundation Trust, and Claire Yarwood, Director of Finance, NHS Greater Manchester, joined the meeting.

6. Summary from Work streams

John Schultz (JS) confirmed that members had received the following documents:

- Non-emergency Transport reports – report regard transport implications and TfC Final Report
- Provider Capacity Report

6.1 Transport

Andy Hickson, North West Ambulance Service (NWAS) gave a presentation entitled New Health Deal for Trafford – the NWAS perspective. This outlined

- NWAS involvement

- Work to date
- Implications
- The way forward

Alison Starkie, NHS Greater Manchester, and Stephen Travis, Transport for Communities, gave the Transport Analysis presentation which outlined the key issues raised throughout the pre consultation and consultation process regarding transport and car parking.

JS asked members if they had questions regarding the NWAS presentation or the presentation on non emergency transport.

Discussions took place regarding:
- The transport of very sick patients from Trafford General Hospital to MRI
- Ambulance turnaround times at hospital sites
- Transport solutions for patients from M31 postcodes
- Local link subsidy

GK commented that Trafford CCG were supportive of a local link subsidy and indicated that the Health Transport Bureau proposal would dovetail well with the transformed Trafford hospital appointments booking and management service, creating a patient co-ordination system incorporating transport. JS commented this is very important in view of the significance of transport issues in the consultation responses.

JS thanked Alison Starkie for her work on the programme, and wished her well with her imminent maternity leave.

6.2 Provider capacity

Jessica Williams informed members that responses have been received from all key stakeholder providers, these responses were broadly supportive and indicate that the A&E departments can cope with the move from the current position to Model 2, but there are various caveats around moving on to Model 3.

6.3 Finance

Tim Barlow (TB) gave a finance presentation which addressed the following areas of concern raised during the public consultation :
- How has the £19m deficit arisen?
- How is the £19m deficit currently being covered/financed?
- How will the proposals contained in the consultation document address the £19m deficit – managing provider risk?
- What financial plans does Trafford CCG have for investing in Integrated Care?

Discussions took place regarding:

- Ensuring a transport model is in place to allow access from patients out of Trafford area to support the financial model being proposed.
- Cash flow implications

The Chair asked the following formal question:

Is the Board content that the financial pressures outlined in the pre-consultation business case are reflective of the current financial situation in Trafford Hospitals and that the clinical model outlined in the consultation process will largely resolve the £19m deficit?

The five voting members unanimously confirmed that they are content that the financial pressures outlined in the pre-consultation business case are reflective of the current financial situation in Trafford Hospitals and that the clinical model outlined in the consultation process will largely resolve the £19m deficit.

7. DH Tests for Service Reconfiguration

John Schultz (JS) confirmed that Board members had received the excerpt from the presentation provided by David McNally and Claire Swithenbank regarding the Department of Health's four tests.

Test 1 – Clinical Commission Support

JS asked the CCG Chairs to respond on behalf of their organisation on the new health deal for Trafford proposals.

NG responded that the Trafford CCG Board fully supported the new health deal for Trafford proposals and they had been signed off by the CCG Board.

ME responded that Central Manchester CCG Board fully endorsed the proposals and is further reassured from today's meeting regarding:

- the investment in the integrated care system which is critical for the implementation of the proposed model;
- the capacity of the providers to incorporate the increased workload following implementation of the proposed model;
- the proposed transport solutions to allow patients to travel from Manchester to Trafford General Hospital.

ME confirmed he is satisfied that their original comments have been addressed.

BT responded that the South Manchester CCG is supportive of the proposals. BT commented that for integration to work, everyone must mean the same thing by integration so there is a consistent offer from primary care to all patients, and acute trusts then know what can be carried out in the community.

JS commented that support for the proposals had formally been received from CCG Boards but during the consultation process it had been suggested that a wider number of GPs were not supportive.

In response, NG informed members that Trafford GPs had had numerous opportunities to discuss the proposals, these proposals were endorsed by the GP Board and written support had been received from the Trafford Local Medical Committee. NG confirmed that there had been broad support across Trafford GPs for the proposals. JB reiterated Trafford Primary Health Ltd were in support of the proposals with the caveats previously mentioned.

The Chair asked the following formal question:

Is the Board satisfied that the proposal relating to the New Health Deal for Trafford has the support from GP commissioners and that the consultation has therefore met the requirements of Test 1 of the DoH Revision to the Operating Framework for the NHS in England 2010/11?

The five voting members unanimously confirmed that they were satisfied that the proposal relating to the New Health Deal for Trafford has the support from GP commissioners and the consultation had met the requirements of Test 1 of the DoH Revision to the Operating Framework for the NHS in England 2010/11.

JS confirmed that it is therefore the view of the Board that Test 1 had been met.

Test 2 – Strengthened Patient Engagement

JS acknowledged the contributions made under agenda item 4 regarding the consultation process, equality analysis and the view of the Public Reference Group. He invited Board members, Erin Portsmouth and Helen Bidwell to add any further comments – there were no further comments.

The Chair asked the following formal question:

Is the Board satisfied that an effective programme of patient engagement and consultation has been carried out in relation to the New Health Deal for Trafford and that the public, patients and staff have been involved in the planning, development, consultation and decision making in respect of this proposal and that the consultation has therefore met the requirements of Test 1 of the DoH Revision to the Operating Framework for the NHS in England 2010/11?

The five voting members unanimously confirmed that they were satisfied that an effective programme of patient engagement and consultation had been carried out in relation to the New Health Deal for Trafford and that the public, patients and staff had been involved in the planning, development, consultation and decision making in respect of this proposal and that the consultation had

therefore met the requirements of Test 2 of the DoH Revision to the Operating Framework for the NHS in England 2010/11.

JS confirmed that it is therefore the view of the Board that Test 2 had been met.

Test 3 – Clarity on Clinical Evidence Base

JS acknowledged the contributions made under item 3 – the clinical rationale. He invited George Kissen and Bob Pearson to add any further comments – there were no further comments.

The Chair asked the the following formal question:

Is the Board satisfied that clinicians have led in gathering the clinical evidence base for the New Health Deal proposal, considering current services and how they fit with the latest development in clinical practice, and current and future needs of patients and that the consultation has therefore met Test 3 of the DoH Revision to the Operating Framework for the NHS in England 2010/11?

The five voting members unanimously confirmed that they were satisfied that clinicians had led in gathering the clinical evidence base for the New Health Deal proposal, considered current services and how they fit with the latest development in clinical practice, and current and future needs of patients and that the consultation had therefore met Test 3 of the DoH Revision to the Operating Framework for the NHS in England 2010/11.

JS confirmed that it is therefore the view of the Board that Test 3 had been met.

Test 4 – Consistency with current and prospective patient choice

The Chair asked Nigel Guest on behalf of local commissioners: 'Are local commissioners content that proposals do not limit choice and will improve patient outcomes?' Nigel Guest confirmed that local commissioners are content that the proposals do not limit choice and will improve patient outcomes.

The Chair asked Stephen Gardner to remind the Board of the conclusions relating to choice of the Competition and Cooperation Panel when Trafford Healthcare Trust was acquired by CMFT. Stephen Gardner reminded the Board that the Competition and Cooperation Panel concluded that patient choice would not be reduced by the acquisition of Trafford Healthcare Trust by CMFT.

The Chair asked the following formal question:

Is the Board satisfied that local commissioners have considered how the proposed service reconfiguration affects choice of provider, setting and intervention? Specifically, that the service model offers patients the right treatment, in the right place, with appropriate access to transport, at the right time and that the consultation has therefore met the requirements of

Test 4 of the DoH Revision to the Operating Framework for the NHS in England 2010/11?

The five voting members unanimously confirmed that they were satisfied that local commissioners had considered how the proposed service reconfiguration affected choice of provider, setting and intervention. Specifically, that the service model offered patients the right treatment, in the right place, with appropriate access to transport, at the right time and that the consultation had therefore met the requirements of Test 4 of the DoH Revision to the Operating Framework for the NHS in England 2010/11.

JS confirmed that it is therefore the view of the Board that Test 4 had been met.

JS reiterated that it is the conclusion of the Board that Test 1 – Clinical Commission support, Test 2 – strengthened patient engagement, Test 3 – clarity on the clinical evidence base, and Test 4 – consistency with current and prospective patient choice have all been met.

8. Summary of Board Responses and Agreed Proposals for the New Health Deal for Trafford

JS asked members what the key issues are which need to be discussed to formulate recommendations and proposals.

TA responded there are issues of implementation and conditions which are applicable before implementation can commence:

1 Health Transport Bureau – should be a condition and should be set up to include patients who are residents of Trafford and Manchester.
2 Appropriate and robust mental health service (including the 136 unit) pathways and procedures in place before any proposals are implemented.
3 Improved integrated care system to be in place in Partington to address the needs to patients/residents in this area prior to the proposals being implemented.
4 It is essential to have assurance that there is appropriate provider capacity in place to safely manage any changes.

NG responded by outlining the commitment for the provision of an integrated care service to Partington patients by Trafford CCG. NG also committed to ensuring very clear pathways/provision are in place and are widely understood for mental health patients during the proposed hours of A&E closure.

LW commented that the main affected acute providers have stated within the consultation that they accept there is sufficient capacity for implementation of Model 2 and are making plans to accommodate this. However, LW wishes to see a robust assurance process in place should the proposals/recommendations be accepted by NHS Greater Manchester to ensure provider capacity is sufficient prior to any service implementation.

MB informed members that clarity is needed from the new system arrangements which will come into the NHS from 1 April 2013 and which will have responsibility for exercising the assurance processes.

He indicated a broad recommendation could be put in place, alongside the conditions, to ensure that there is an assurance process exercised by the NHS National Commissioning Board to oversee the discharge of these conditions after 1 April 2013.

LW stated that it is important that the Board give a commitment to support the cost of Dial a Ride and this should be in place before any changes take place.

JS asked if there were any other elements which need to be incorporated into the recommendations. JW commented that the recommendations from the Public Reference Group should be incorporated.

Discussions took place regarding the development of the integrated care system; and it was reiterated that the description of the criteria for moving from Model 2 to Model 3 would be the responsibility of the ICRB Board and would be aligned with the strategies of the CCG.

JS summarised the key pre-conditions which the Board believes need to be satisfied before implementation of the proposals. These are around the following themes:

1. Progress towards integrated care across Trafford Borough but specifically in and around Partington
2 Appropriate mental health pathways in place
3 Transport arrangements substantially in place – particularly the Healthy Transport Bureau available to Manchester residents accessing the specialist orthopaedic centre as well as Trafford residents; together with the subsidising of the Dial-A-Ride service
4 Provider capacity; provider assurance being given regarding capacity to move from status quo to model 2 and from model 2 to model 3
5. Local clinicians 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 Injuries Unit (Model 3) can be made. These will need to be endorsed by the Integrated Care Redesign Board.

JS asked if members were happy with the above summary. DB summarised the discussion: to implement Model 2, specific actions need to be completed around transport, Partington, mental health pathways, and the conditions which must be met around integrated care to move from the status quo to Model 2 and from Model 2 to Model 3.

The Chair asked the following formal questions:

Does the Board agree that the proposals should be subject to the above five pre-conditions and the recommendations in the Public Reference

Group and Equality Analysis reports (agenda item 4)?

The five voting members of the Board unanimously agreed that the proposals should be subject to the above five pre-conditions and the recommendations in the Public Reference Group and Equality Analysis reports (agenda item 4).
Taking into account the previous consideration of, and decisions on, the clinical rationale and subsequent recommendations from the ICRB, the consultation process, the consultation results, the reports from the work streams, and the consideration of the four tests, is the Board minded to move forward with the redesign proposals set out in the consultation process, but subject to the above conditions and recommendations and to considering the final views of the Joint Overview and Scrutiny Committee?

Before answering the question, JS reminded members that this is not, cannot be and must not be seen as a final decision of the Board Any decision made today will be put to the Joint Overview and Scrutiny Committee for comment.

The five voting members unanimously agreed that it was minded to recommend the redesign proposals set out in the consultation process, but subject to the above conditions and recommendations and to considering the final views of the Joint Overview and Scrutiny Committee.

The Board agreed to delegate to JW responsibility for the report to the Joint Overview and Scrutiny Committee due to meet on 14 January 2013. **Jessica Williams**

9. Any Other Business

There was no other business.

The next meeting of the Trafford Strategic Programme Board will take place on Tuesday 15 January 2013, 9.30 am, Flixton House, Flixton Road, Urmston.