

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 28 July 2016

Present: Councillor Kerrison (in the Chair)
Councillors P Adams, N Bayley, M D'Albert, J Grimshaw,
S Haroon, K Hussain, O Kersh, J Mallon, A McKay,
Susan Southworth and R Walker

Also in attendance:

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence:

HSC.181 DECLARATIONS OF INTEREST

Councillor Joan Grimshaw declared a personal interest in respect of all items under consideration as a member of the Patient Cabinet.

HSC.182 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

HSC.183 MINUTES

It was agreed:

The minutes of the meetings held on 20th June 2016 be approved as a correct record.

HSC.184 MATTERS ARISING

Julie Gallagher, Principal Democratic Services Advisor reported that she would liaise with Karen Whitehead, Strategic Lead in respect of minute number HSC.55 Speech Therapy Millwood Primary School

HSC.185 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Jon Hobday, Public Health Consultant and Helen Smith Public Health and Social Care Intelligence Manager attended the meeting to provide members of the Committee with an update in respect of recent developments with the JSNA.

A JSNA is defined as an assessment of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCGs, or the NHS Commissioning Board. The JSNA will act as a broader support for all services related to supporting residents around the wider determinants of health such as housing, education, business, planning and employment

The Public Health Consultant reported that the new JSNA will be an online, dynamic and iterative suite of documents. The document will be more up to date

and accessible for users and will support policy and strategy makers as well as commissioners in making effective decisions to ensure the best use of resources.

The JSNA is currently still at the soft launch phase, the official launch is scheduled for the 25th August 2016. Following the official launch the JSNA will be promoted through a number of mechanisms; in addition training on how to effectively use the JSNA will be available for all council staff, members and partner agency staff.

The Public Health and Social Care Intelligence Manager provided members of the Committee with a demonstration of the JSNA site.

The Chair invited questions from those present and the following points were raised:

In response to a member's question in respect of involvement of Black and Minority ethnic groups in the development of the JSNA, the Public Health Consultant reported that he had met with representatives from ADAB to discuss how they could share information. There are further plans to broaden engagement with BME community as the JSNA develops.

With regards to statistical data, the Public Health and Social Care Intelligence Manager reported that comparative data is included on the website; there are a variety of different reporting methods including comparisons with statistical neighbours.

In response to a Member's question the Public Health Consultant reported that the JSNA will be of most value to commissioners and policy officers and will assist in the shaping and redesigning of services. There is no statutory guidance as to what a JSNA should or should not include. In respect of reconfiguration of hospital services, the JSNA may be used to provide data with regards to disease prevalence, life expectancy etc but will not be able to identify what hospitals are required where.

With regards to the availability of health and social care services, the Social Policy Manager reported that the Bury Directory has been developed to provide members of the public with information in respect of services/courses and support available.

The Public Health Consultant reported that a JSNA governance structure has been established with identified leads to ensure that no information will be included on the website that could breach data protections or patient confidentiality.

It was agreed:

The Principal Democratic Services Officer will circulate to Members of the Committee a copy of the link to the JSNA and Bury Directory websites.

HSC.186 HEALTH AND WELLBEING BOARD ANNUAL REPORT

Councillor Trevor Holt, Chair of the Health and Wellbeing Board and Heather Crozier, Social Development Manager attended the meeting to provide members with an overview of the Health and Wellbeing Board Annual Report. The report contained the following information:

Councillor Holt reported that during the municipal year 2015/16 a number of key improvements were made to the HWB which included:

- Strengthened governance arrangements
- Developed a performance framework
- Identified leads for each priority area
- Additional members on the Board including two extra elected members and a representative from Greater Manchester Fire and Rescue Service
- The Board has overseen the development and creation of the new JSNA and the Bury Directory

Councillor Holt reported the Board has also been responsible for signing off the Better Care Fund, Bury's Locality Plan and Pharmaceutical Needs Assessment.

The Chair invited questions from those present and the following points were raised:

In response to a Member's question, the Social Development Manager reported that the Strategy performance reports will be presented for consideration to the Board, information will be collected from a variety of sources including data from the public outcomes framework. The Board have set a number of ambitious targets in respect of the Strategy including targets to improve air quality.

Councillor Mallon raised concerns in respect of the decision to move equipment that monitors air quality from its position adjacent to the M60 motorway. The Principal Democratic Service Officer reported that she would liaise with Lorraine Chamberlain, Head of Environmental Protection to provide the committee with further information in respect of the decision.

With regards to the reliance on self prevention and care to produce the required cost savings to the health and social care economy, the Social Development Manager reported that a number of schemes have been developed/are being developed. This will include the "Helping Yourself to Wellbeing Programme, the neighbourhood working trailblazer sites and healthy lifestyle advice via the Bury Directory.

Members of the Committee expressed concern that targeting services to the most deprived wards may result in some of the more affluent wards, with only small pockets of deprivation being overlooked. The Social Development Manager reported that it is envisaged that neighbourhood working would eventually be rolled out to all wards across the Borough.

It was agreed:

1. Councillor Trevor Holt and Heather Crozier, Social Development Manager be thanked for their attendance.
2. Democratic services will liaise with the Head of Environmental Protection and provide members of the Committee with information with regards to the movement of the M60 Motorway Air Lab

Copies of the health and wellbeing strategy info graphic performance reports will be circulated to the Health Overview and Scrutiny Committee.

HSC.187 NON URGENT PATIENT TRANSPORT SERVICE

Andy Hickson, Assistant Director of Commissioning, North West Ambulance Service; Chris O'Neal, Blackpool Clinical Commissioning Group; Sue Lock, North Manchester Clinical Commissioning Group attended the meeting to provide members of the committee with an update in respect of the new provider of the non urgent patient transport service. The presentation contained the following information:

The new five year contract was awarded to North West ambulance service as of the 1st July 2016. The service will be provided to Greater Manchester CCG registered patients only, to and from any NHS treatment centre for NHS funded treatment.

The new contracts contains revised and simplified Key Performance Indicators (KPIs) as well as three service specifications

- Enhanced Priority Service - renal dialysis and oncology
- Planned - advanced bookings & appointments
- Unplanned - 'on the day'

The Assistant Director of Commissioning reported that the service has been future proofed to enable seven day operating and service reconfiguration.

The Chair invited questions from those present and the following points were raised:

In response to a Member's question, the Assistant Director of Commissioning reported that a non eligible patient would be signposted by a representative from the booking centre to either an information line, alternative provider or if appropriate another CCG.

With regards to the types of vehicles predominately used by NWAS; the Assistant Director of Commissioning reported that the majority of the service will be provided by traditional Ambulance vehicles; volunteer drivers and St. John Ambulance service will also provide additional support and capacity. The Assistant Director of Commissioning reported that if required NWAS has up to 400 ambulances at its disposal, providing flexibility if there is ever a serious untoward incident and extra support is required.

Members of the Committee sought assurance from Blackpool CCG that the issues that arose in respect of Arriva miss reporting performance data, would not be repeated with a new provider. The representative from Blackpool CCG reported that new stringent KPI's will improve the quality of the services provided. The quality element will be incentivised as well as improving the availability of service by extending the service through the weekend. The data collection system has also been improved to enable the CCG to better compare and contrast data that is presented. The Assistant Director reported that NWAS is a NHS organisation therefore the performance reporting information provided to Blackpool CCG is validated and open to scrutiny and must also complete a thorough internal auditing process.

In response to a Member's question, the Blackpool CCG representative reported that commissioners have contributed an extra £1 million pounds towards the new non urgent patient transport service.

The Assistant Director of Commissioning reported that there are a number of challenges in providing the new service and there is no room for complacency, it is envisaged that within the first 100 hundred days the NWAS Trust will be in a position to accurately say how they are performing. The Assistant Director reported that he was concerned that activity may increase once patients are aware that NWAS are back providing the service.

The North Manchester CCG representative reported that a great deal of work has been undertaken to ensure that patient feedback in respect of provision of the new service is captured and if necessary acted upon.

HSC.188 CITY OF MANCHESTER SINGLE HOSPITAL SITE

Stuart North, Chief Operating Officer, Bury CCG attended the meeting to provide members of the Committee with an update in respect of the decision of Manchester's Health and Wellbeing Board to recommend proceeding to a single hospital service across Manchester.

The Chief Operating Officer reported that at the last meeting of the Manchester HWB the Board agreed that Central Manchester NHS Foundation Trust and South Manchester NHS Foundation Trust will join together from the 1st April 2017 and that the process of North Manchester General Hospital separating from the Pennine Acute NHS Trust will not now take place until October 2018.

Members of the Committee expressed their concerns in respect of the proposals, particular concern was expressed in respect of the lack of consultation, a lack of data to justify the decision, lack of accountability and a lack of information in respect of the sustainability of the Pennine Acute NHS Trust, following this decision.

In responding to those concerns; the Chief Operating Officer reported that health and social care is not sustainable in its current form and there will have to be fundamental changes in how service will be delivered. The proposals do not include a determination as to what services will be provided where, but rather a recommendation that it would be better if the hospitals within Manchester worked together. The proposals are at this stage are organisational changes not service changes.

The Chief Operating Officer reported that if there is to be changes to the way services are to be provided that can only be undertaken if there has been consultation with the public and relevant stakeholders including the local scrutiny committees.

In response to a Member's question, the Chief Operating Officer reported that it is not for Manchester's HWB to decide whether to proceed to a Single Hospital Service. A recommendation from the Board will need to be considered by NHS Improvement and the Competition and Collaboration Panel.

With regards to the decision to restructure the organisations, Councillors expressed their concerns that they had not been involved in the discussions, particular concerns were expressed with regards to the possible closure of North Manchester General Hospital which includes a maternity provision for Bury residents. The Chief Operating Officer sought to re-assure Councillors and reported that the current maternity provision at North Manchester oversaw the delivery of 5000 live births last year, there is not the capacity within the city of Manchester hospital sites to accommodate these births.

It was agreed:

1. The Chief Operating Officer Bury Clinical Commissioning Group, be thanked for his attendance.
2. Sir David Dalton, Interim Chief Executive Pennine Acute NHS Trust will be invited to a special meeting of the Health Overview and Scrutiny Committee, date to be confirmed, to discuss concerns in respect of the Pennine Acute NHS Trust, including the CQC report and the City of Manchester Single Hospital Service.

HSC.189 URGENT BUSINESS

There was no urgent business reported.

COUNCILLOR KERRISON
Chair

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)