

**Minutes of: JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
FOR PENNINE ACUTE NHS TRUST**

Date of Meeting: 13 September 2016

Present: Councillor (in the Chair)
 Councillors S Smith and R Walker

**Also in
attendance:**

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

Apologies for Absence: Councillor , Councillor Collins, Councillor Kerrison and
 Councillor Williamson

5 APPOINTMENT OF CHAIR AND VICE CHAIR

It was agreed:

1. That Councillor Colin McLaren (Oldham MBC) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2016/17.
2. That Councillor Stella Smith (Bury MBC) be appointed vice Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2016/17.

6 DECLARATIONS OF INTEREST

No declarations of interest were made.

7 PUBLIC QUESTIONS

There were no public questions.

8 MINUTES

It was agreed:

That the minutes of the meetings held on 22nd March 2016 and 7th September 2016 be approved as a correct record.

9 MATTERS ARISING

Members of the Committee discussed the Attendance Management Report. The report contained the following updates;

- Sickness absence report
- Actions taken to reduce sickness absence and increase attendance

It was agreed:

1. A workforce themed item would be included on the agenda at the December meeting of the JHOSC.
2. A task and finish group will meet to discuss the Care Quality Commission Action Plan.

10 POLITICAL BALANCE REPORT

It was agreed:

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust be politically balanced, be waived for the municipal year 2016.2017.

Councillor Linda Robinson declared a prejudicial interest in item PAT.16/17-11 and therefore left the meeting during consideration of this item.

11 PALLIATIVE AND END OF LIFE CARE UPDATE REPORT

Alice Davies, Macmillan Associate Lead Cancer and Palliative Care Nurse attended the meeting to update the Joint Committee on current palliative and EOLC initiatives across the Trust. The report contained the following information:

There are a number of palliative Care and EOLC initiatives within the PAHT, these include:

- Individual plan of care and support for the dying person plan and communication diary
- Palliative and EOLC (incorporating bereavement) Strategy
- PAHT palliative and EOLC Steering Group
- National Hospitals EOLC Audit
- National EOLC transformation programme
- Seven day week working
- Electronic palliative care co-ordination systems
- Personalised sympathy card

Those present were given the opportunity to ask questions and make comments and the following issues were raised:

In response to a Member's question in respect of funding; the Macmillan Associate Lead Cancer and Palliative Care Nurse reported that funding for specialist palliative care is sufficient but EOLC is not always adequately resourced. PAHT are not the only providers of palliative care other services are provided by the Hospices and GPs. A review of palliative care services is ongoing which may result in some of the services being redesigned.

The Macmillan Associate Lead Cancer and Palliative Care Nurse reported that links have been established with representatives from the Muslim and Jewish communities to provide information, advice and assistance in respect of the support and services provided by the Trust.

Members of the Committee raised concerns with regards to the problems highlighted in respect of the inability to provide seven day working due to inadequate staffing. Dr. Patel reported that there are inconsistencies in care provided over the weekend.

In response to a Member's question, Dr Patel reported that there is some good palliative support and EOLC in primary care. Commissioners must ensure that this is provided consistently and good practice is embedded so that each person nearing the end of life receives an individualised care package.

The recent CQC inspection rated palliative care and EOLC as Good in the majority of areas but requires improvement in some areas. The Macmillan Associate Lead Cancer and Palliative Care Nurse reported that in response to the issues raised an action plan has been developed with the main focus on achieving consistency across the Trust footprint.

It was agreed:

A further palliative and end of life care update report will be considered at a future meeting of the Joint Health Overview and Scrutiny Committee.

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SINGLE HOSPITAL SERVICE UPDATE REPORT

Professor Matt Makin, Executive Medical Director, Pennine Acute NHS Trust attended the meeting to provide members of the committee with an update in respect of the Single Hospital Service. The presentation contained the following

Professor Makin, Executive Medical Director Pennine Acute NHS Trust, reported that Manchester City Council Health and Wellbeing Board (MCCHWB) had appointed Sir Jonathon Michael as an Independent Review Director with a commission to produce a report on the proposed SHS. The review was set out in two phases:-

Phase 1 – Benefits Assessment (completed April 2016)

Phase 2 – Governance and Organisational Arrangements (recommendations submitted to the Manchester City Council Health and Wellbeing Board on 8 June 2016. A copy of the report had been circulated.)

The review has recommended the creation of a new NHS Trust to encompass the three hospitals in Manchester (UHSM, CMFT and PAT). This would deliver a Local Care Organisation and enable a single commissioning function that would also support the Manchester Locality Plan. The MCCHWB agreed to request CMFT, UHSM and PAT to enter into discussions to consider the creation of a new single organisation and to provide an initial assessment on implementation requirements and timescale.

The outcome of the discussions would be reported back to the MCCHWB within 6 weeks. In addition, the review also highlighted that further discussions were required on the strategic alignment between the Manchester Single Hospital Service review and the North East sector review. This would include minimising any adverse impact from the realignment of North Manchester General Hospital on the sustainability of either the remaining clinical services provided by Pennine Acute Trust or the proposed new City wide Hospital Trust.

Members of the Committee discussed the implications for the three remaining hospital sites as well as issues with patient pathways and patient flows into NMGH.

Members expressed their concern that uncertainty around the future of the Trust would not help alleviate the problems identified within the CQC report.

Those present were given the opportunity to ask questions and make comments and the following issues were raised:

Members of the committee raised concerns about the proposals, the pace and amount of change ongoing with in the Greater Manchester area at the present time.

Members expressed concern that the proposals would not help services already identified as fragile within the Trust.

In response to a Member's question, the Executive Medical Director reported that money has previously been spent in the wrong places within the Trust, including £19 million on locum medical staff in the previous financial year. Money needs to be re-invested working in partnership with CCGs and the Local Authorities in the right places which may include public health and community based projects.

The Executive Medical Director reported that the Healthier Together reconfiguration will result in all high risk surgery being transferred to Oldham Royal Infirmary. These proposals will improve the outcomes of those suffering major trauma by combining expertise in designated centres. Dr Patel reported that there is too much duplication in the health service and Health service Leaders need to be brave about making future decisions in respect of health service reconfiguration.

The Executive Medical Director reported that there may be issues with the viability of low risk surgery at Fairfield Hospital, including concerns with regards to emergency services for children.

A new governance structure is being developed in respect of the north east sector, led by Martin Farrar.

The proposals will result in a whole system changes to how services are provided; this will include the ambulance service, to avoid un-necessary admittance and improve access to GP services.

Members of the Committee discussed the devolution monies available via the Transformation Fund, Dr Patel reported that each locality will bid for money from the fund. Salford Royal have also be awarded a £10 million additional funding for support IT project within the Trust and it is hoped some of that funding will be spent within the Pennine Acute NHS Trust.

It was agreed:

1. The Executive Medical Director, Pennine Acute NHS Trust be thanked for his attendance.

The update report being developed at part of the North east sector governance review will be shared with members of the Joint Health Overview and Scrutiny Committee.

13 CORPORATE PRIORITIES

Gavin Barclay, Assistant Chief Executive, Pennine Acute NHS Trust attended the meeting to update members of the Joint Committee on the Trust's Corporate Priorities. The update contained the following information:
The Trust Priorities for 2016 / 2017 were approved by the Trust Board at its meeting on 30 June 2016.

The Corporate Priorities for 2016/17 flow on from the key issues identified in previous years and also reflect the main issues identified in the CQC Report and in the Salford Diagnostic of the Trust.

Corporate Priorities include:

1. Pursue Quality Improvement to assure Safe, Reliable and Compassionate Care
2. Deliver Financial Plans to assure sustainability
3. Support High Performance and Improvement
4. Improve Care and Services through Integration and Collaboration
5. Demonstrate Compliance with Mandatory Standards

The Assistant Chief Executive reported that the corporate priorities will provide a clearer focus for staff.

The Executive Medical Director responded to members concerns in respect of the information that had been presented to members in previous years. He understands that members may feel sceptical in respect of this information and more reliable data will be presented in the future which will provide a more honest and transparent account of what is going on at the Trust.

It was agreed:

The Assistant Chief Executive, Pennine Acute NHS Trust be thanked for his attendance.

14 URGENT BUSINESS

COUNCILLOR Chair

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