

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 13 April 2021

Present: Councillor S Smith (in the Chair)
Councillors D Gunther, S Haroon, T Holt, K Hussain,
C Tegolo, R Walker and S Walmsley

Also in attendance: W Blandamer, L Jones, Dr Schryer and I Mello

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

Apologies for Absence: Councillor A Simpson

HSC.001 APOLOGIES FOR ABSENCE

Apologies for absence submitted from Councillor A Simpson (as Cabinet Member).

HSC.002 DECLARATIONS OF INTEREST

No declarations of interest were submitted.

HSC.003 PUBLIC QUESTION TIME

There were no pre submitted questions and no Members of the public were in virtual attendance at the meeting.

HSC.004 MINUTES

The minutes of the meeting held on the 2 March 2021 were submitted for approval.

It was agreed:

That the minutes be approved as a correct record.

HSC.005 MATTERS ARISING

There were no matters arising from the minutes.

HSC.006 COVID UPDATE

Lesley Jones, Director of Public Health provided the committee with a verbal update and the latest information related to Covid 19.

A presentation was given setting out the latest statistics on the number of deaths and positive cases in the borough along with information on the vaccine programme.

An update was provided in respect of vaccination rates that had been administered.

Questions and comments were invited from the Committee and the following issues were raised:

- In response to a question from Councillor Hayes, it was confirmed that a GM bid had been made in respect of self isolation funding.
- Councillor Holt highlighted the issue of staff fatigue within the health and social care sector. Lesley Jones highlighted the priority being placed on staff wellbeing within the Council and Health Service.
- In response to a question concerning variants, it was reported that variants were constantly being discovered and monitored with the ability to tweak vaccines if necessary.
- With regard to the issue of long covid, Lesley Jones reported that a local needs assessment had been started in respect of the issue.
- The Chair, Councillor S Smith, highlighted the issue of transmission being driven by those in low paid insecure employment who were reluctant to self isolate.

It was agreed:

That the update be noted.

HSC.007 UROLOGY RECONFIGURATION – NCA SINGLE SERVICE MODEL

Will Blandamer, Executive Director of Commissioning, submitted a report providing an update in respect of plans to develop a single service model for urology Services. A GM Model of Care (MoC) for Benign Urology was developed through the Improving Specialist Care (ISC) programme. A hub and spoke configuration for the delivery of Benign Urology Services has been endorsed by the Greater Manchester (GM) Joint Commissioning Board (JCB), though implementation has been delayed due to COVID-19.

The report highlighted that North Manchester General Hospital (NMGH) is currently the main delivery site for North East Sector (NES) inpatient Urology Services, servicing patients from Bury. Through the Pennine Acute Hospital Trust (PAHT) and NMGH disaggregation, responsibility for the majority of the NES Urology Service will transfer to Manchester Foundation Trust (MFT) in April 2021.

Around 80% of this activity is from Bury, Oldham and HMR. Currently 1 in 5 new patient pathways ends in an operation and a minority of these require an in-patient stay. In anticipation of the GM MoC being approved, and as a response to the imminent disaggregation, the NCA clinical Urology teams at Salford and Pennine have developed a vision and MoC for a single Urology Service across the NCA footprint.

The MoC will minimise patient movement between providers along their pathway. By delivering a patient's journey from referral through diagnosis to treatment within NCA Locality Care Organisation's (for those not requiring an in-patient stay), only a small number will require an inter-provider transfer, thus reducing administrative inefficiencies and maximising patient safety through continuity of care.

The report outlined the following key features of this NCA model:

- A single comprehensive Benign Urology Service delivered within the NCA.
- 'Hub and Spoke' delivery model –
 - Oldham and Salford as inpatient hubs and Rochdale and Bury as spokes.
 - Virtual corridors running from Bury to Salford and Rochdale to Oldham.
- Single workforce within two integrated functional teams – NCA West & NCA East.
- A disaggregation of the activity from North Manchester, which will align to MFT, and the activity for Bury, Oldham, Salford and HMR which will align to the NCA.
- Expansion and enhancement of clinic & diagnostic capacity at each site in the form of Urology Investigation Units (UIUs) - increasing local access to Urology Services.

It was reported that a three phased implementation of the NCA MoC is proposed. The final end-state MoC for the NES, includes decommissioning of NES services at NMGH and having a full hub services operational at Royal Oldham Hospital (ROH) site. Bury CCG commissioners are working closely with colleagues across the NCA footprint, through the Urology Reconfiguration Programme Board, to ensure the endorsed model delivers high quality and accessible services for patients.

The proposal to move to a full hub service operational at ROH will mean that based on the Bury geography some patients that currently access services at NMGH may have to travel further e.g. patients in the South of the borough. However, having a single Urology Service managed by one provider, will facilitate an improved service integrated in one place therefore creating a more efficient pathway.

During discussion of this item, Councillor Walmsley raised the issue of issuing antibiotic prescriptions to women and the effects this has on health inequalities, disadvantaging poorer families who inevitably have to pay for a second dose. Dr Schryer acknowledged the concerns over costs to those with recurrent infections and agreed to look into the issue and provide a response to Councillor Walmsley.

It was agreed:

1. That the proposed changes to the current MoC for the delivery of Benign Urology Services across NCA be noted.
2. That the benefits of a single Benign Urology Service delivered by NCA for continuity of care for Bury patients be noted.
3. That the joint work of commissioners and providers across the NCA footprint through the Urology Reconfiguration Board, to ensure high quality, person centred, accessible care for patients be noted.

HSC.008 VOTE OF THANKS

On behalf of the Committee, Councillor Holt thanked the Chair, Councillor Stella Smith, for her hard work and commitment during her time as Chair. Tributes were paid to all retiring Councillors including Councillors Walker, Gunther, Kersh and S Smith.

COUNCILLOR S SMITH

Chair

(Note: The meeting started at 7.00pm and ended at 8.05pm)