

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 18 June 2014

Present: Councillor P Bury (in the Chair)
Councillors Adams, E Fitzgerald, J Grimshaw, S Haroon,
K Hussain, Kerrison, Mallon, T Pickstone, S Smith and
R Walker

Also in attendance:

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

Apologies for Absence:Councillor L Fitzwalter

HSC.43 DECLARATIONS OF INTEREST

Councillor FitzGerald declared a personal interest in any item relating to the NHS as she was employed by an NHS joint venture.

Councillor Grimshaw declared a personal interest in any item relating to the NHS as she was a member of the Patients' Cabinet.

Councillor Mallon declared a personal interest as his relative was Head of Safeguarding for an NHS organisation.

Councillor Pickstone declared a personal interest as his partner was employed by the NHS locally.

HSC.44 PUBLIC QUESTION TIME

No questions were asked by the members of public present at the meeting.

HSC.45 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the last meeting held on 20 March 2014 be agreed subject to the following amendments:-

HSC.909 on page 626, that the word 'shred' be changed to 'shared'.

HSC.910 on page 629, that the following sixth transformational area be included:-

'a step-change in the productivity of elective care'.

HSC.46 MATTERS ARISING

- With reference to Minute HSC.909, GP Federation introduction. Members asked whether the Prime Ministers Challenge Fund bid that was referred to had been successful.

Stuart North reported that the bid had been successful and that the GP Federation had secured £2.8m to help roll out the Radcliffe Demonstrator Pilot across the borough.

- Councillor Bury referred to Minute HSC.909 and the question that had been asked in relation to patients moving from one GP practice to another. Councillor Bury asked whether patients could move to a practice in another geographical area from where they reside as he had been advised that this was not possible.

Stuart North stated that as far as he was aware it was possible to move to a surgery in another geographical area. GPs were nationally commissioned and it was common for people to be registered with a GP in another town.

- Councillor Mallon referred to Minute HSC.910 and asked when the Committee would be updated on the CCGs Strategic Plan.

It was explained that the CCG reported regularly to the Committee to keep them updated on CCG issues.

- Councillor Walker referred to Minute HSC.910 and the fact that Dr Schryer was lead for all mental health. Councillor Walker asked whether mental health should have a number of leads as it was such a large area. Councillor Walker referred to dementia as an example and the fact that this area would warrant a lead of its own.

Stuart North explained that Bury CCG was a lean organisation and wouldn't be able to have a large number of leads. Dr Schryer was an excellent lead for mental health. Stuart explained that Pat Jones Greenhalgh was national lead on dementia for adult care services.

HSC.47 HEALTHIER TOGETHER UPDATE

Stuart North, Chief Officer at NHS Bury Clinical Commissioning Group attended the meeting to report on the Healthier Together pre consultation business case that would soon be available on the Healthier Together website.

The Committees in Common had met earlier in the day with a view to agreeing to pre consultation business case and recommending that the consultation commence on 8 July for 90 days.

It was explained that the Committees in Common had received guidance from NHS England in respect of the consultation and that NHS England required the business case to meet 96 standards before consultation could begin.

Stuart explained the case for change and the need to change the way that services were provided;

- Variation in patient outcomes, quality and safety standards
- Rising demand on services
- Workforce availability

- Many patients using hospital rather than primary and community services
- More care needs to be provided within the community

The future model of care was set out;

- Deliver care locally for the majority of patients – Local Services
- Upgrade Local Services so all attain standards
- Create a smaller number of Specialist Services for the few patients with 'once in a lifetime' life threatening illness and injury delivered in line with GM standards
- Create Single Services – multi-disciplinary teams responsible for Specialist and Local Services for a population of GM
- Work with the Ambulance Service to direct patients to the right place at the right time
- Consultant led care delivered to best practice standards
- Effective clinical leadership and decision making

It was explained that local services would remain and provide care locally, specialist services would be provided at either 4 or 5 sites depending on the outcome of the consultation

Stuart explained that the consultation would be looking at where services should be provided. There were 8 options available with Manchester, Oldham and Salford already being identified as specialist sites and Bolton, Wigan, South Manchester and Stockport being considered as the possible other sites.

The key elements to appraise were explained:

- Capital Estate Capacity
All options reviewed to understand the capital estate requirement. Every option is possible, however the cost of the options varies dependent on existing estate capacity and quality
- Workforce Capacity
Analysis of the standards identifies a consultant requirement for 4 and 5 site options
This is then compared to the current number of consultants to determine a deficit
- Travel and Access Standards developed:
Standard 1: 20 minute emergency access to a hospital (general or specialist)
Standard 2: 45 minute emergency access to a specialist site
Standard 3: 75 minute public transport access to a specialist site
All options are compliant with Standards 1 and 2
There is a range between the options when meeting Standard 3 (Access by Public Transport)
The lowest compliance of any CCG area is 97%

4. Financial Revenue Implications

Plus, understanding different ways Single Service could be developed.

Stuart explained that all existing sites are included within these options and there is no preferred option.

Options were proposed as a way forward to achieve Quality & Safety Standards, however consultation response may provide alternative suggestions.

The next steps were explained:-

- NHS England will review PCBC documentation and submitted evidence against their 96 Assurance Criteria
- Greater Manchester Joint Overview & Scrutiny Panel will review the consultation material
- No change is not an option and the challenge is immediate
- Significant improvements in Community and Primary Care before Hospital changes
- No District General Hospital will close
- No A&Es will close
- All existing sites included within options; no preferred option

- Launch of the consultation to gain people's input and opinions of these proposals.

Members were given the opportunity to ask questions and make comments and the following points were raised:-

Councillor Bury explained that he was a member of the Joint Overview and Scrutiny Panel that had been tasked with reviewing the consultation material. Councillor Bury stated that he was impressed with the document that had been produced as he felt that it was set out well and easy to understand.

Councillor Bury referred to specialist services and the fact that Stroke Services were already situated at Fairfield Hospital in Bury. Councillor Bury asked whether this would continue to be the case.

Stuart North explained that not all specialist services were being considered within the consultation and as far as Bury CCG were concerned there were no plans to move the stroke services from Fairfield Hospital.

Councillor Walker referred to Pennine Acute NHS Hospital Trusts indication that A & E at Fairfield Hospital would remain open. Councillor Walker stated that he always felt uncomfortable when such statements were made and asked that confirmation be given that Fairfield A & E was safe.

Stuart explained that the consultation document stated that the plan was to retain all 10 sites but to use them differently than currently. All options to be considered included 10 hospital sites.

Councillor Smith referred to the specialist hospitals working jointly and asked whether this would have implications in relation to the different trusts across Greater Manchester. Councillor Smith asked whether the trusts would need to reorganise to accommodate the changes in service provision?

Stuart explained that the provider reference group would be reviewing this issue.

Councillor Smith referred to Wythenshawe Hospital as being included as a possible option for a specialist site and the fact that the Metrolink network was planned to be extended. Councillor Smith asked whether any decisions on specialists services would impact on this.

Councillor FitzGerald referred to transport issues and asked that all transport issues be reviewed to ensure that patients' and visitors' access to hospitals was straightforward.

Councillor Pickstone asked the committee to recognise that North Manchester General Hospital was the 'local' hospital for residents in the south of the borough and as such should be considered by the Committee when looking at the possible options.

Councillor Mallon referred to the 20, 45 and 75 minute access requirements and asked when the timing started, would it be when the patient called or when the ambulance left?

Stuart explained that he would seek clarification on this.

It was agreed:

1. That Stuart be thanked for his attendance at the meeting.
2. That Members would receive regular updates on the consultation process.

HSC.48 DEVELOPMENT OF A WORK PROGRAMME

Members of the Committee were asked to discuss items to be included on the work programme for the 2014/2015 municipal year.

The Committee were also asked to discuss topics that could be considered for task and finish/sub group work.

The Committee discussed the following agenda reports:-

- Drug and Alcohol Team – introduction from new service provider
- Patient appointment
- Public Health – the work of and future work programme
- Care Quality Commission
- Legal highs
- Update from the Integrated Community Diabetes Service
- Complaints report
- Adults and Children’s Safeguarding update
- Update on the Radcliffe Demonstrator

Sub Groups would be established to look at the following areas:-

- Dentistry provision across the borough to include the number of children and adults without access to an NHS dentist.
- Transport issues relating to Healthier Together.
- Supporting Carers or Dementia

It was also discussed that Members needed to receive information in relation to the recent reviews that had been undertaken – Francis, Winterbourne, Keogh etc and the implications from these.

COUNCILLOR P BURY
Chair

(Note: The meeting started at 7 pm and ended at 9.10 pm)