Item 03

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 14 NOVEMBER 2018 AT CHURCHGATE HOUSE

Present:

Bolton	Councillor Stephen Pickup
Bury	Councillor Stella Smith
Manchester	Councillor Eve Holt
Oldham	Councillor Colin McLaren
Rochdale	Councillor Ray Dutton
Stockport	Councillor Keith Holloway
Tameside	Councillor Gill Peet
Wigan	Councillor John O'Brien (Chair)
Derbyshire County Council	Councillor Linda Grooby

Also in attendance:

Steve Pleasant	GMCA Lead Chief Executive for Health
Warren Heppolette	GM HSC Partnership
Rob Bellingham	GM H&SC Commissioning
Susan Ford	GMCA
Nicola Ward	GMCA
Diane Whittingham	Associate Lead for Theme 3, GM HSCP
Krystyna Walton	Consultant in Neurorehabilitation, SRFT
Morcos Fayez	Consultant in Rehabilitation of Medicine
Harry Golby	Commissioner Lead, SCCG
Pat McFadden	NWAS
Leigh Cartwright	NWAS

HSC/32/18 APOLOGIES

Apologies were received from Councillor Margaret Morris (Salford), Councillors Sophie Taylor and Anne Duffield (Trafford).

HSC/33/18 DECLARATIONS OF INTEREST

Councillor Keith Holloway declared a personal interest in any relevant item on the agenda in respect of the fact that his daughter works for Oldham CCG.

HSC/34/18 MINUTES OF THE MEETING HELD 14 SEPTEMBER 2018

The minutes of the meeting held 14 September 2018 were presented for consideration.

Members discussed the action (minute HSC/28/18 refers) in relation to the register of locations of community defibrillators across GM. At the last meeting, NWAS had agreed to circulate a pro-forma to all elected members, to capture their knowledge and this action was still outstanding. Pat McFadden agreed to take this forward.

The Chair also raised concern that there was some disparity across GM that some areas did not have First Responder Teams. Pat McFadden offered to raise this with colleagues at NWAS who were leading on a recruitment programme for First Responders to ensure equity across all areas of GM.

In relation to this, a member raised concern about a local care home which was refusing to have a defibrillator. Pat McFadden offered to pick this up with Cllr Dutton directly to gain a greater understanding of the issue.

RESOLVED/-

1. To approve the minutes of the meeting held 14 September 2018.
2. NWAS to circulate a pro-forma to all elected councillors in GM to capture the location of all community defibrillators.
3. NWAS to consider a fair geographical spread of First Responder Teams across GM.
4. Pat McFadden to make contact with Cllr Dutton in relation to a local nursing home refusing a community defibrillator and assist where possible.

HSC/35/18 STANDARDISING ACUTE AND SPECIALIST CARE – NEURO-REHABILITATION SERVICES (THEME 3)

Diane Whittingham, GM Lead for Acute Transformation introduced members to the proposals to reform the Neuro-Rehabilitation Service. The report offered an outline of the design process and specific details of the stakeholder engagement process. She reminded the Committee that the introduction of the Greater Manchester Devolution Deal in 2015 gave an opportunity for GM to manage their own Health and Social Care budget of £6billion and support the ambitions of the Partnership Plan 'Taking Charge'.

One of the key themes of the plan was entitled 'Theme 3' the standardisation of acute hospital care, ensuring the best patient care, whether that be in the community or hospital. This would ensure that service changes were not made in isolation. Furthermore, the review of any model of care would take into account any potential wider impacts such as increased demand, shortage of staff or any variation of services across GM.

The programme of change for acute services builds on the previous transformation work undertaken within this sector. Neuro-Rehabilitation is just one of a number of services being reviewed whose challenges would be best addressed on a sub-regional footprint.

Harry Golby, Assistant Director of Commissioning at Salford CCG offered further detail on the proposed programme of change for Neuro-Rehabilitation Services. He

informed members that this service was required by a few hundred people per year in GM, and therefore in relation to other services this was a low number of service users.

Krystyna Walton, a Consultant in Neuro-Rehabilitation at Salford Royal Hospital and Morcos Fayez, a Post-Acute Consultant explained how Neuro-Rehabilitation services supported patients to transition from the acute care facilities into community care. It was reported that there was a group of patients who were in independent placement, often outside of GM, and this was because the supported facilities they require were not available within the sub-region.

The Committee were made aware that the current model had a number of issues, including disparate access routes, blockages to patient flow, disjoined management structures, low staffing levels and inadequate care offer for certain groups for example, tracheostomy patients.

The proposed new model of care would include a complex discharge team to specifically support patients with more complex needs. A single commissioner and provider, and a clear set of service specification standards would also ensure the best outcomes. Officers have engaged with a number of decision making and advisory groups (including the Neurological Alliance) to check that the proposed model is right for GM, and sought external assurance from ECAP.

Members of the Committee commented that the proposals seem strong in terms of their potential for improving patient care through the best use of the available provision. However the Committee's view on the proposed service changes for Neuro-rehab services were specifically in relation to Neuro-Rehabilitation Services and all other service model changes in Theme 3 will be considered separately.

Some concern was raised in relation to the wider impact of these planned changes, to buildings, staff and transport in the challenging financial restraints of the NHS. Members asked how this work would improve the care for all patients, and it was confirmed that trialling a single provider model would give evidence as to how similar models of care for other services could be successful with one provider. It was also anticipated that the collaborative approach to commissioning would have significant reductions on future lifetime costs of these patients and therefore may reduce financial pressures on other departments. Clinicians added that consultation on these proposals had been systematic and had continually involved patient groups and clinicians. However, they recognised that the success of the standardised programme of care was dependent on the integration of community services.

Steven Pleasant, GM Lead Chief Executive for Health and Social Care welcomed the proposals and the provision of specialist care for tracheostomy patients within Greater Manchester. He added that the improved flow of patients offered by the new model would allow these proposals to better meet the demand.

Members commented that they were confident that the right level of engagement activity had taken place, but that officers should be mindful about using the terminology used as 'co-production' which means something different to 'in consultation with'. Subject to the views of the Committee it was confirmed that the service model would go to the JCB on the 18 December and implemented in 2019-20,

assurance would be given through a single clinical leadership structure, a Business Case Coordinator and a Programme Board to ensure that the governance of this work involves all stakeholders. Clinicians added that there was ongoing engagement at every level including patient representatives on the Network Board and Alliance in addition to a separate bi-monthly meeting with patient/carers. The service design group had mixed representation and had scored all proposed options at an early stage.

Members suggested that the service area could give further consideration to the use of technology in reducing patient travel and time for appointments, particularly if they can be done virtually. Other Members added that there should be more effective use of beds within the control of GM, and joined up appointments to improve patient care.

Members asked whether the demand on neuro-rehabilitation services had the potential to increase. It was confirmed that there had been improved outcomes for neuro-rehabilitation patients over recent years, through the introduction of the trauma centre and centralised services. People are also living longer with complex conditions which has also increased demand.

The Committee highlighted that in appendix 1 there are three areas without community provision, including Bury and asked whether there were plans to extend provision and ensure that all residents have equitable access to services. Officers reported that the picture was ever changing and improving and that over recent months there had been new service specifications approved and individual localities were currently approving their business cases. The GM Health and Social Care Partnership were in discussion with each Local Authority as to implementation and approving funding changes. The requirement to have a single set of standards for community provision was also progressing, however there was further assurance was sought by the Committee.

Members asked whether the new model of care would give flexibility and adaptability for the flow of staff and resources across the system. Clinicians reported that although the current model was established in 2001, it had been continually adapted. The new model would be required to have the same level of flexibility to improve staff retention and progression through a truly integrated service and which meets the health care needs of the population.

Steven Pleasant, GM Lead Chief Executive for Health and Social Care added that it may be helpful to engage Committee Members, about the proposed standardisation of acute services across Theme 3 and that workshops could assist members in develop their understanding. The Chair suggested that if members had any specific questions that these could be emailed to officers directly, and that if officers wished to share information with members outside of the meeting cycle that this could be done so via email.

RESOLVED/-

1. That the JHSC agree that scale of change to the service is not substantial in view of the low numbers of patients.

2. That the JHSC note that the new model of care was designed and developed in consultation with patient and their families and clinicians.

3. That the JHSC agree the proposed new model of care will meet the needs of patients and significantly improve patient outcomes.

4. That the level of public and patient engagement has been proportionate and therefore the JHSC agree that there is no need for wider public consultation. That it also be noted that the details of public engagement as set out in the report will continue as the model is taken forward to implementation.

5. That it be agreed that the GM JHSC will receive a report on the progress in relation to travel analysis (initial travel analysis circulated on Monday 12th November) and equality impact assessment.

6. That the GM JHSC receive a report on Neuro-Rehab Community Services at their next meeting.

7. That the GM JHSC receive further regular updates on this theme 3 either formally in meetings or via email, and members are invited to a workshop to give the opportunity to increase their wider understanding of theme 3.

HSC/36/18 LORD CARTER'S REVIEW INTO UNWARRENTED VARIATION IN NHS AMBULANCE TRUSTS

Pat McFadden, Head of Service for Greater Manchester North West Ambulance Service (NWAS) introduced a report which gave details of the operational productivity of NWAS in line with the Lord Carter Review and its recommendations. The report detailed disparities in ambulance provision across GM and looked to address these variances. He reported that the sub region had a complex environment with a number of acute service providers, a governance makeup including CCGs and Local Authorities and a GM Fire Service.

In 2017, NWAS took part in a pilot for the Ambulance Response Programme (ARP) to improve standards and ensure that they were adhering to 'every patient counts'. The Carter Report builds on from this, and looked specifically at ambulance standards for each category of emergency patient.

In January 2018, commissioners of the ambulance service asked NWAS to develop a Performance Improvement Plan to identify current and future demand challenges, current a future resource requirements and the changes required to the current model to support the delivery of ARP. This included the realignment of the fleet, the recruitment of 20 additional ambulances and the appointment of staff to the current 90 vacancies.

Other issues raised included the delay to call pick up targets, the requirement for a greater skill mix amongst the fleet and the length of time taken to deliver handovers at most GM hospitals.

Members recognised that the access and flow issues within A&E was undermining the availability of NWAS and therefore the localised service re-design was imperative to improving these issues. Officers also added that the GM Local Care Organisations were opening up community care avenues for NWAS to offer alternative options than A&E.

The Chair commented that NWAS were a victim of a poor handover process at A&E, and triage services at the hospital door should be pursued. It was suggested that there be a further discussion at the next meeting in relation to primary care's response to A&E improvements.

Members raised concern that transporting patients to and from hospital was often an unnecessary use of NWAS resources. Officers confirmed that this was to be reviewed under the ARP, as there was the potential that category 3 and 4 calls could be dealt with through alternative routes.

On this subject, members further asked how triaging calls to 999 was currently being managed and the numbers of unnecessary calls. Officers from NWAS reported that the urgent care desks were providing an effective filtration service on calls creating a much more sophisticated system that had indicated in recent figures that 33% of calls did not warrant an emergency response.

RESOLVED/-

1. That the report be noted.
2. That there be a further discussion in relation to Primary Care's response to improvements for A&E departments at the next meeting.

HSC/37/18 JOINT GM HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

A report was presented that set out the Committee's work programme noting it had been developed following consideration and discussion by Members at the meeting in September.

Members were asked to contact the Governance and Scrutiny Officer with any suggested items for inclusion in the work programme.

RESOLVED/-

1. That the report be noted;
2. That any further suggestions to the work programme be submitted to the Governance and Scrutiny Officer.
3. That there should be additional meetings scheduled to look at theme 3 in January/February 2019.

HSC/38/18 DATES OF FUTURE MEETINGS

All meetings will take place in the Boardroom at GMCA Offices, Churchgate House. Further briefing session dates will be advised separately.

Wednesday 16 January 2019	10:00 am – 12 noon
Wednesday 13 March 2019	10:00 am – 12 noon