MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 3rd SEPTEMBER 2014 AT GMFRS, STRETFORD FIRE STATION

Present:
Bolton Council                  Councillor Asif Ibrahim
Manchester CC                  Councillor Glynn Evans
Salford CC                     Councillor Val Burgoyne
Stockport MBC                  Councillor Tom McGee
Tameside MBC                   Councillor Claire Reynolds
Trafford MBC                   Councillor Patricia Young
Wigan Council                  Councillor John O’Brien (in the Chair)

Advisors/Officers:
Tameside MBC                   Steven Pleasant
AGMA                           Warren Heppolette
GM NHS                         Rachel Volland
GM NHS                         Alex Heritage
Stockport CCG                  Ranjit Gill
NHS England GM                 Rob Bellingham
Opinion Research Services      Kester Holmes
External Reference Group       Ken Griffiths
GMIST                          Andrew Burridge
GMIST                          Julie Gaskell

HSC/14/50 APOLOGIES
Apologies were received from Councillor Brian Ames, Oldham Council, Councillor Linda Robinson, Rochdale Council and Councillor Peter Bury, Bury Council.

HSC/14/51 DECLARATIONS OF INTEREST
None were received.

HSC/14/52 MINUTES
That the Minutes of the meeting held on 6 August 2014 were approved as a correct record subject to minor amends in relation to minute reference HSC/14/48.
HSC/14/53 CONSULTATION UPDATE

The Committee received a presentation from Kester Holmes of Opinion Research Services (ORS) giving background to the independent social research organisation and an overview of initial findings on the current consultation results.

The Committee were informed that part of ORS’s role was to alleviate any risk of legal challenges and help to ensure that the consultation process is managed in an impartial manner. The presentation also drew attention to the role, during the process, of the Committees in Common (CiC) of the Clinical Commissioning Groups (CCGs). It was stated that this was to assess the logic of responses/views using a range of criteria including; feasibility, resilience, priorities, value for money and governance. That during the process, the CiC should not disregard any response or view but will review content, suggested different options and comments to make decisions.

An update was also received on the common key themes arising from the public meetings hosted by the Healthier Together team.

These were:-

- Although support was given for joined up health and social care plus GP 7/7 access, concern was being raised regarding the feasibility of recruitment and access to patient records
- That proposals were driven by financial necessity as opposed to clinical needs
- Concerns about travel and access to specialist hospitals in relation to visitor access.
- Clarification of terminology was required in respect of General and Specialist hospital/"Specialisms"
- Training and support for GPs and hospitals involved in order to meet the needs of patients with hearing, learning disabilities etc
- The practicalities and costs of staff working and moving across multiple sites.

In response to a query raised by a Member, the meeting was informed that the responses received were split across the GM CCG areas and it was believed that current initial trends indicated support of a 5 rather than a 4 specialist site option.

It was advised that in respect of the quantity of responses received to the consultation; that there was a split between paper and online replies. That scrutiny was given to avoid and identify duplicate responses.

The Committee recognised that indication of support for a particular option should not be seen as a ‘numbers game’. Although the CiC should note the outcome, one hospital receiving the most responses would not necessarily mean that it was the best option.

That the consultation be understood as the full range of meetings and conversations, not just responses to the formal consultation paper.

The Chair raised concern of a response currently numbering 6,000 out of a 2.8m GM population. In answering this, it was felt that the amount of responses depended upon and reflected the degree of significance given by the public to the proposals.
There then followed a verbal update from Ken Griffiths, Chair of the External Reference Group (ERG) who’s members are providing feedback and assurance to the core HT team following the centrally run events. The meeting was made aware of current progress which included:

That the group had observed a number of public and staff events bringing local knowledge in an advisory capacity. It was also noted that these events were being better managed than earlier ones and framed in the correct areas.

That a Health Impact Assessment (IIA) was taking place as a mapping tool in order to assess the possible impact of the proposals. Representatives from stakeholder groups have been contacted giving an outline of the proposals and inviting participation in order to achieve a more balanced view.

That there would be engagement with transport colleagues in order to address issues. The Chair noted that since its previous meeting, TfGC colleagues were to advise the Committee of revised figures which included peak hour times and he advised that ERG ensured it received these updated statistics.

Some success had been noted in public engagement via “Question Times” and Media Bus initiatives, therefore helping to widen awareness.

That there was a general feeling by ERG that a lot of issues raised relating to service quality and patient care could be dealt with promptly and not necessarily on completion of the consultation. That certain standards could easily be applied and resolved at the present time.

A discussion followed around public perception and negative assumptions/press coverage. It was believed that it was important to ensure that clear messages were made on the gains to be achieved, in particular, that standards in GM hospitals would be raised and no accident & emergency service would close. A Member felt, that in relation to current negative press and social media on A&E services, colleagues from NHS England should take up this issue and deal with it outside of the consultation process.

RESOLVED/-

That the presentation and comments made by the Committee be noted.

HSC/14/54 HEALTHIER TOGETHER AND PRIMARY CARE

The Committee considered a presentation from Rob Bellingham, Director of Commissioning, NHS England GM and Dr Ranjit Gill, GP and Chair, Stockport CCG which gave an update and overview on primary care reform.

Progress reported that, since approval by NHS England and formal sign off by the 12 CCG’s of the Primary Care 2 – 5 year Strategy, six demonstrator sites were now up and running covering a population of 377,000 with a total budget of £2m. Four of which having specific emphasis on extended GP access over 7 days, with the remaining two sites focusing on integrated service models for vulnerable patients. It was stressed to Members of the importance of the collaborative working undertaken by the demonstrator sites which had helped deliver the benefits and success of these pilots.
The meeting was advised by Dr Gill of the 4 areas of the reform programme; multidisciplinary care, involvement in care, access & responsiveness and out of hospital services. However, he also emphasised 6 areas of importance of primary care reform that he felt needed to be addressed and focus placed upon:

- Mental Health – that plans needed to deliver a more efficient service
- Patients with established conditions and the large number of patients receiving optimal treatment
- Patients with conditions that they are unaware they have and attending accident and emergency services too late
- Patients on the “cusp” of developing conditions and although accessible via data bases there is currently an inability to focus on these individuals
- Individuals who do not take up free analysis i.e. bowel cancer screening
- The current disjointed services provided to vulnerable people i.e. the elderly.

In conclusion, Members were informed of the proposed next steps which included Dr Gill, with nominated individuals from the other 11 Greater Manchester CCG’s taking the lead on the decision making process to undertake the work of the models described at scale and pace.

The meeting then discussed possible issues concerning hospital funding/budgets due to the proposed switch of resources. It was thought that it was essential that funding/monies and staff flows were handled in a correct manner. That primary care enablers needed to ensure a “one system” approach with a “one single” agenda for change.

The Committee recognised the interdependencies of primary care, integrated care and hospital reform. It was felt that the partners are not used to governing the system as a whole system in partnership, but there was increasing appetite to work in this way.

A member asked whether the South Sector developments needed to be understood. The Committee was advised by NHS colleagues present that it was expected South Sector developments would wait until the Healthier Together outcome is known.

RESOLVED

An update and further progress report in relation to the demonstrator pilot sites to be provided at a future meeting of the GM Joint Health Scrutiny Committee.

HSC/14/55 TERMS OF REFERENCE AND SCRUTINY PROCEDURE

Andrew Burridge advised the Committee that since its last meeting, officers had been in discussion with Derbyshire County Council and were awaiting confirmation of a nominated representative to the GM Joint Health Scrutiny Committee for the purpose of the scrutiny of the Healthier Together consultation. This would be reflected in the term of reference.

In response to a query raised by a Member regarding possible confusion with Derbyshire County Council and High Peak Borough Council, it was confirmed that engagement was necessary with Derbyshire County Council during the consultation process. Steven Pleasant agreed to verify this with High Peak colleagues.
Members were also informed that a response to the consultation would be made by GM Joint Health Scrutiny Committee in the current month (September) with a detailed report being provided in January 2015.

RESOLVED:

1. That Steven Pleasant will confirm with High Peak Borough Council that it is Derbyshire County Council which is required to delegate powers and nominate a representative to the GM Joint Health Scrutiny Committee for the purposes of the Healthier Together consultation.

2. That a response to the Healthier Together consultation will be made in September 2014 by the GM Joint Health Scrutiny Committee.

3. That a final report from the GM Joint Health Scrutiny Committee on the Healthier Together consultation will be provided in January 2015.

HSC/14/56 DATES OF FUTURE MEETINGS

Dates of the next meetings of the Greater Manchester Joint Health Scrutiny Committee were confirmed as follows:

Wednesday, 8 October 2014

Chair.................