

HEALTH SCRUTINY COMMITTEE

9 JANUARY 2013

PRESENT

Councillor J. Lloyd (in the Chair).

Councillors J. Brophy, Mrs. A. Bruer-Morris, D. Butt, J. Harding, J. Holden, J. Lamb (Vice-Chairman), K. Procter, S. Taylor, Mrs. V. Ward and Mrs. J. Wilkinson

In attendance

Deborah Brownlee	Corporate Director Children and Young People's Services
Peter Forrester	Democratic Services Manager
Helen Mitchell	Democratic Services Officer

Also in attendance

Dr. George Kissen	NHS Trafford
Jessica Williams	NHS Greater Manchester

19. MINUTES

RESOLVED: That subject to an amendment to minute number 14, indicating that the Committee were to receive information relating to the costs of the New Health Deal for Trafford consultation, the minutes of the meeting held on 17 October 2012 be agreed as a correct record.

20. DECLARATIONS OF INTEREST

The following declarations of Personal Interests were reported to the meeting:

Councillor Lloyd, in relation to the Stroke Association;
Councillor Brophy, in relation to her employment within the NHS;
Councillor Taylor, in relation to her employment within the NHS;
Councillor Mrs. Bruer – Morris, in relation to her employment within the NHS.

RESOLVED: That the Declarations of Interest made to the meeting be noted.

21. URGENT BUSINESS (IF ANY)

There was no Urgent Business brought to the Chairman's attention.

22. NEW HEALTH DEAL FOR TRAFFORD - POST CONSULTATION

The Committee welcomed representatives from NHS Greater Manchester to the meeting. They were in attendance to update the Committee with the outcome of the consultation in respect of the New Health Deal for Trafford and the recommendations of the Strategic Programme Board (SPB) from its meeting on the 19th December 2012 on the next steps.

The Assistant Director – Service Transformation for NHS Greater Manchester stated that the SPB had considered the consultation responses and had made

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recommendations for the proposals to proceed. However, they had identified a number of issues that needed to be met ahead of implementation. The SPB had agreed that the four tests for service reconfiguration had been met and had noted that agreement for the proposed changes had been secured from a wide range of commissioners, providers and organisations. The SPB also set out their response to the comments of the Joint Health Scrutiny Committee and the Trafford and Manchester Health Scrutiny Committees.

The Chairman also made reference to an open letter covering a number of themes which had been submitted by the Save Trafford General campaign group to the Committee in advance of the meeting. The Committee's Chairman thanked the Campaign Group for bringing these issues to the meeting but highlighted that part of the letter referred to a number of issues which were beyond the Committee's remit and therefore, they would be unable to investigate at the present time.

The Chairman stated that the purpose of the meeting was to prepare a response that would be fed into the Joint Health Scrutiny Committee meeting on the 14th January 2013. These would be considered by a meeting of the SPB on the 15th January and they would submit recommendations to the Board of NHS Manchester at its meeting on the 24th January.

The Committee asked a number of questions of NHS representatives at the meeting. In addressing the issues of governance, the Assistant Director – Service Transformation advised the Committee that the five voting Members of the Strategic Programme Board were the Chairmen of the three affected Clinical Commissioning Groups, the Chief Executive of NHS Greater Manchester and the Vice Chairman of NHS Greater Manchester.

Members stated that they were not assured that the deflection of emergency activity from Trafford General Hospital would be achieved without an adverse effect on patients and that the clear interdependencies with Healthier Together meant that the proposals should be considered within the Greater Manchester review of services.

In response to Members' concerns, NHS representatives stated that robust tests would be in place to ensure that progressing to model 3 would not affect patient outcomes and that only a very small number of patients would be deflected from Trafford General Hospital to other acute centres.

In response to the issue of Healthier Together, they stated that a prompt decision on the New Health Deal proposals was needed to ameliorate the financial and clinical issues at Trafford General Hospital. They said that it was not possible to wait until the formal consultation stage of Healthier Together to incorporate all the proposals contained within the New Health Deal because of this. Furthermore, it was highlighted that no other part of Greater Manchester has three teaching hospitals within close proximity and that the proposals present a sustainable future for health services in the Borough.

Further questions were asked of NHS representatives in respect of the speed in which the vision of Integrated Care could be implemented, how competition and the choice agenda could impact upon the viability of the Centre of Excellence for

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elective orthopaedic services and how issues of transport for both Trafford and Manchester residents could be addressed.

In response to these questions, NHS representatives highlighted that work on the issue of Integrated Care was being progressed. The Committee were advised that patients would be able to elect to receive treatment at a number of other centres across Greater Manchester but higher risk patients would be required to receive treatment from Manchester Royal Infirmary. It was however stated that the commissioners expect that 5,000 patients will elect to use the Centre which would establish a sustainable source of income for the Trust. With regard to transport, a bureau would be established to enable patients to book transport to the hospital and that funding of £10,000 would be allocated to support this.

Members were very concerned at the amount of choice which patients would have in relation to elective orthopaedic work. They were specifically concerned about the likely effect that this may have on patients choosing to have their surgery at other sites which would lead to a reduction in the numbers attending Trafford General Hospital and ultimately a loss of income. Furthermore, Members were alarmed at the apparent lack of investment in a transport bureau to facilitate patients to access the Hospital.

Members further questioned NHS representatives in respect of the detail around Integrated Care, the health issues specific to Partington and Carrington and the efforts made by the commissioners in relation to patient engagement and the establishment of a Community Geriatrician.

In responding, NHS representatives noted that the commissioners were not consulting on Integrated Care as it was already in operation and support for the proposals and Integrated Care broadly has been secured by the Local Medical Committee. It was noted that the issues in Partington and Carrington formed the basis of a very recent meeting between the Clinical Director – Service Transformation and local GP's. In relation to patient engagement, NHS representatives acknowledged that they had hoped for more responses to the consultation but had received independent assurance that the responses formed a statistically significant return and that efforts had been made to engage the community in its widest sense. Finally, Members were informed that the geriatrician post would need to be in place before the changes from model 2 to model 3 were implemented and that the NHS were currently engaged in drafting a set of criteria to suggest the safe implementation to the nurse-led minor injuries unit.

In concluding their discussions, the Committee requested assurances that no further sites of accident and emergency provision were set to close in Greater Manchester and the need for information to be provided to the Committee and the public in a transparent fashion. The Assistant Director –Transformation advised the Committee that there were no plans to close accident and emergency sites across Greater Manchester and acknowledged the Committee's request in respect of openness in communication.

Members welcomed the suggestion that a presentation be delivered to Members on Integrated Care within a local context.

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Following the withdrawal of NHS representatives, Members deliberated the issues raised and considered a draft response which was tabled at the meeting and was subsequently amended to fully reflect the discussion which had taken place. At this stage, Members agreed to a delegated arrangement in which to finalise the submission to the Joint Health Scrutiny Committee to consider at its meeting on 14th January 2013.

RESOLVED –

- (1) That the reports be noted;
- (2) That the Committee receive a presentation on Integrated Care at the earliest opportunity;
- (3) That a delegated arrangement between the Chairman and Vice Chairman and the Democratic Services Manager be agreed in which to finalise the submission to the Joint Health Scrutiny Committee.

23. HEALTH OVERVIEW AND SCRUTINY PROTOCOLS

The Committee received a refreshed Health Scrutiny Protocol for their consideration and agreement. The changes to the Overview and Scrutiny function in May 2012 had it provided an opportune time to refresh the protocols and the approach to substantial variations.

The issue of Members requesting information from health bodies was discussed and the Committee were advised that it was important that the Chairman and Vice Chairman possess an overview of the health scrutiny work programme and ensure that requests for information are reasonable.

Members were advised that as the Protocols represented a change to the Council's Constitution, they would be submitted to the Executive and Standards Committee prior to their eventual agreement at Council. Given the number of opportunities for Members to submit further comments prior to their agreement, it was requested that any further comments be provided to the Democratic Services Officer as soon as practicable.

RESOLVED –

- (1) That the Health Scrutiny Protocol be recommended to Council for approval;
- (2) That any comments on the content of the Protocol be forwarded to the Democratic Services Officer as soon as practicable.

24. BUDGET SCRUTINY REPORT

The Committee received for their information, the report arising from Budget Scrutiny which had received prior agreement in the form of a delegated arrangement between the Chairmen and Vice Chairmen of the Scrutiny and Health Committees. The report documented the findings and recommendations of the budget scrutiny exercise which took place during November 2012.

RESOLVED – That the report be noted.

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The meeting commenced at 6.30 pm and finished at 9.30 pm