

**MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY
COMMITTEE HELD ON 8 OCTOBER 2014 AT GMFRS, TRAINING CENTRE,
CASSIDY CLOSE, MANCHESTER.**

Present:

Bury Council	Councillor Peter Bury
Derbyshire CC	Councillor Caitlin Bisknell
Manchester CC	Councillor Glyn Evans
Oldham Council	Councillor Brian Ames
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:

AGMA	Warren Heppolette
GM NHS	Sophie Hargreaves
GM NHS	Dr Martin Smith
JHOSC Pennine Acute	Alice Rea
Derbyshire CC	Jackie Wardle
GMIST	Andrew BurrIDGE
GMIST	Julie Gaskell

HSC/14/57 APOLOGIES

Apologies were received from Councillor Linda Robinson, Councillor Asif Ibrahim and Steven Pleasant.

HSC/14/58 DECLARATIONS OF INTEREST

None were received.

HSC/14/59 MINUTES

RESOLVED/-

To approve the minutes of the meeting held on 3 September 2014 as a correct record.

HSC/14/60 HEALTHIER TOGETHER – RESPONSE TO QUESTIONS FROM THE PREVIOUS MEETING OF THE COMMITTEE

A report was submitted by GM NHS Healthier Together team giving further details to questions raised by the Committee at its previous meeting. This gave an update on peak period travel times.

RESOLVED/-

Report noted.

HSC/14/61 HEALTHIER TOGETHER - REPORT OF WIGAN COUNCIL HEALTH & SOCIAL CARE SCRUTINY COMMITTEE

A report was presented of the Wigan Council Health and Social Care Scrutiny Committee on its consideration of Healthier Together at its meeting on 11 August 2014.

RESOLVED\-

Response noted.

HSC/14/62 RESPONSES FROM HEATHWATCH BOLTON AND MANCHESTER CITY COUNCIL ON HEALTHIER TOGETHER

Responses received by the Committee from Healthwatch Bolton and Manchester City Council on Healthier Together were tabled at the meeting.

RESOLVED\-

1. That the responses be noted.
2. That further submissions from Healthwatch and local Scrutiny Committees would be circulated to the members. It was clarified that these bodies need to submit consultation responses to Healthier Together, and may provide these to the Joint Health Scrutiny for information.

HSC/14/63 HEALTHIER TOGETHER – COMMITTEE SUBMISSION TO THE CONSULTATION

A paper was presented by Andrew Burridge to the Committee which set out the GM Joint Health Scrutiny Committee's draft response to the NHS consultation on Healthier Together. Members were asked to consider and give comments to the response.

The meeting was informed that the draft response was captured from the minutes of the previous meetings of the Committee. The responses received by the Committee from Healthwatch Bolton, Manchester City Council along with any further submissions would be shared with members for information. The Committee may wish to consider all of these as evidence for its Final Report. .

A discussion followed during which Members highlighted their concern for public misconceptions surrounding the Healthier Together programme. It was felt that inaccurate messages had been received through incorrect language and confusing terminology used throughout the consultation. The Committee felt that this encouraged scepticism. The negative and incorrect public perceptions surrounding the programme

could have been addressed by making basic and clear statements, and Healthier Together had not been successful in achieving this. Officers advised the meeting that “bitesize” documents explaining the programme, together with updated FAQs, had been produced to address this and had received good public feedback.

Members also believed that, in some cases, messages not giving the correct information had been issued by some Chief Executives of hospital trusts.

The Committee recognised its own role and responsibility for providing an accurate and balanced public statement on Healthier Together. Its own consultation response, and later Final Report, should be seen as important documents helping to ‘bust myths’ and increase public confidence.

A Member raised concern in relation to the wording in the draft response concerning transport. The Member felt that the emphasis in the Committee’s response was on patient rather than family/relative transport. The wording needed to reflect the Committee’s opinion on both aspects of the issues around transport. It was agreed that this would be taken on board in the final response.

Questions were raised regarding the understanding that hospitals within the conurbation had already begun to work collaboratively in respect of shared services, or that they may begin to do so as an inevitable consequence of the consultation. The Committee expressed concern on how this could impact negatively with the proposals for the Healthier Together initiative. The Committee felt that in principle this should be supported. However, the Committee stressed that Healthier Together was a statutory consultation on very specific hospital services. Collaboration between two or more hospital providers would also need consultation and public discussion or the public and partners would feel missed.

The Committee raised the following issues that were not being picked up in Healthier Together’s presentation of the proposals:

- 1) The strategic context of CCGs and Local Authorities planning for less activity in acute settings. There needs to be a clearer presentation of the challenges facing hospitals.
- 2) The primary and integrated care models that need to be impact prior to changes to the hospital network.
- 3) Healthier Together needs to make better sense of how 1) and 2) are specifically related to the proposed changes in the consultation document.
- 4) The impact on patients out of the Greater Manchester, in particular within High Peak.
- 5) There was not a clear enough description of what will happen in specialist hospitals and what remains in the non-specialist hospitals. The Committee felt that ‘specialist hospital’ had proved to be confusing terminology, given the existence of services across GM understood as ‘specialisms’. The Committee recognised that within its own meetings, and at public engagement events, Healthier Together had been able to make this clarification.

In conclusion, the Committee was of the opinion that its response to the NHS consultation required more robust statements around its anxiety of public understanding of the Healthier Together programme proposals. That clear statements should be made to give clarity around the case for change of standards within hospitals, the need for change in neighbourhood community services and better understanding of a shared single service.

RESOLVED\-

That a further draft response, to include observations raised as above, be circulated to Members for any additional comments.

HSC/14/64 UPDATE ON THE COMPLETION OF THE CONSULTATION

Sophie Hargreaves, GM NHS, gave a brief verbal overview to Members on details regarding the completion of the consultation.

Initial statistics included:

- Consultation completed on 30 September 2014 - online and paper responses would still be received until 24 October 2014.
- Over 200,000 consultation documents distributed.
- 400,000 leaflets distributed to households during the first two weeks of the consultation period.
- Over 183 public consultation events and 200-300 CCG held events.
- Over 40,000 unique uses of the Healthier Together website.
- A leaflet drop to every household undertaken within the last few weeks of the consultation.
- 12,700 (reported two weeks prior to the meeting) completed consultation documents and increasing. A final figure (broken down geographically) will be reported on 24 October 2014.

The Committee was informed that next steps included full analysis of the consultation results. That the Committees in Common (CiC) would meet to agree a staged decision making process based upon criteria, other models of care/options proposed, the number of specialised hospitals and identification of which sites would collaborate together.

In response to a query raised by a Member, it was advised that it was difficult to determine a timescale for implementation of the Healthier Together programme. This was mainly due to how long the evaluation procedure would take and whether or not a procurement process would be required. It was envisaged that a decision by the CiC would not be achieved until 2015 and that, if agreed, implementation of the programme would be incremental.

In respect of the reported household leaflet drop, Members from Manchester, Trafford, Bury and Stockport stated that they were not aware of their residents receiving this information. The Chair asked that this would be investigated and addressed by the Healthier Together team.

RESOLVED\-

1. To note the update.
2. That the Healthier Together team would investigate the household leaflet distribution in Manchester, Trafford, Bury and Stockport.
3. That a final report summarising the consultation be brought to the next meeting of the GM Joint Health Scrutiny Committee.

HSC/14/65 ACUTE HOSPITAL PROVIDERS

Item deferred to the meeting of the GM Joint Health Scrutiny Committee on 26 November 2014.

HSC/14/66 SINGLE SERVICE MODEL

Dr Martin Smith, GM NHS, verbally presented to the Committee key aspects of the proposed single service model recommended for some aspects of care (Accident and Emergency, Acute Medicine and General Surgery) to achieve improved hospital standards.

The Committee was reminded that at present hospitals work in different ways, some working in silos, and that the standard of care received can vary greatly. There are currently not enough trained specialist doctors and nurses to meet the quality standards at every GM hospital.

Dr Smith confirmed that a single service model helping staff to work better together and share senior staff would achieve an enhanced quality standard of care.

In summary, Dr Smith gave an outline of proposals stating:

- That all accident and emergency services will remain as present and be upgraded.
- That all outpatient departments will remain as present and be upgraded.
- That moderate to low risk surgery would be undertaken locally.
- Those only changes would be made with regard to acute general (not cardiac, plastic etc) and highly specialised/complex elective surgery.

The Committee thanked Dr Smith for his comments as this was felt to be the simplest and clearest descriptions of the proposals that it had received. There was a view that the need to describe the proposals in the context of overall public service reform, and the integrated and primary care dimensions, had unhelpfully complicated the narrative.

The Committee reiterated its concern regarding the lack of clear messages and terminology used when describing the single service model. The Chair felt that the simple explanation of patients being taken to where they would be best treated and achieve the best medical outcome with clinicians being placed where they were required, was not being delivered to the public. It was suggested that a basic low cost explanation leaflet be produced by the team on explaining the fundamental principles of Healthier Together would be useful. The Committee recognised that the decisions arising from Healthier Together could be taken after the General election, or potentially later if the work requires a procurement exercise. As a result, the Committee wished to see further communication to the public and partners following the consultation period. The Committee suggested a “You said : We did” approach.

RESOLVED\-

1. That the update be noted.
2. That the possibilities of producing a low cost leaflet explaining the basic principles of Healthier Together be investigated by the Healthier Together team.

HSC/14/67 DATES OF FUTURE MEETINGS

Wednesday, 26 November 2014, 10am, GMFRS, Stretford Fire Station

Wednesday, 21 January 2015, 10am, GMFRS, Stretford Fire Station

Chair.....