

## HEALTH SCRUTINY COMMITTEE

3 SEPTEMBER 2014

### PRESENT

Councillor J. Lloyd (in the Chair).

Councillors P. Young (Vice-Chairman), J. Brophy, A. Bruer-Morris, R. Chilton, J. Harding, K. Procter, S. Taylor and V. Ward

#### In attendance

Diane Eaton	Joint Director for Adult Social Care
Jo Maloney	Senior Democratic Services Officer
Rhys Hughes	Democratic Services Officer

#### Also in attendance

Linda Devereux	Service Specialist, NHS England Cheshire, Wirral and Warrington Area Team
Claire Yarwood	Director of Finance, NHS England (Greater Manchester).
Madeline Edgar	Senior Communications Manager, North West Ambulance Service NHS Trust
Pat McFadden	Central Sector Manager, North West Ambulance Service NHS Trust
Dr John Crampton	Medical Director, University Hospital of South Manchester NHS Trust
Ann Day	Chair of Trafford Healthwatch

### APOLOGIES

Apologies for absence were received from Councillors D. Higgins, B. Shaw and A. Mitchell

### 14. DECLARATIONS OF INTEREST

The following declarations of personal interests were reported to the meeting:

Councillor Brophy in relation to her employment by the Pennine Acute Hospitals NHS Trust.

Councillor Bruer-Morris in relation to her employment within the NHS.

Councillor Chilton in relation to his employment by General Medical Council.

Councillor Harding in relation to her role with the Save Trafford General campaign.

Councillor Lloyd in relation to the Stroke Association.

Councillor S. Taylor in relation to her employment within the NHS.

### 15. MINUTES

RESOLVED: That the Minutes of the meeting held on 23 July 2014 be agreed as a correct record and signed by the Chair.

**Health Scrutiny Committee  
3 September 2014**

**16. SPECIALISED CANCER SERVICES**

The Committee received a presentation on the proposed redesign of NHS specialised cancer services from Linda Devereux, the Service Specialist for NHS England's Cheshire, Wirral and Warrington Area Team who commission cancer services for the North-West region, and Claire Yarwood, the Director of Finance for NHS England (Greater Manchester). The presentation set out plans to improve outcomes of treatment and bring services in line with national standards by concentrating complex diagnostic and surgical expertise with a smaller number of specialist providers in centres of excellence.

It was explained that the existing arrangements were inefficient, with too many hospitals providing similar specialised services resulting in issues including inconsistent distribution of patients between providers, some providers not having adequate numbers of specialist staff and core quality standards not being met in some centres. The Committee was informed that the concentration of specialist cancer services under the plans would address these issues and improve clinical outcomes and patient experience.

It was emphasised that the changes related specifically to specialist surgery and that most cancer treatment would remain the same. It was anticipated that the changes to service delivery would affect less than 700 patients undergoing this type of surgery, so the scale of change was relatively minimal.

The Committee asked a series of questions on the impact that proposals might have on patients' travel requirements, the existing specialist teams and the hospitals affected. Linda Devereux stated that the effect on patients having to travel further would be revealed through the consultation but acknowledged that some patients will inevitably have to travel further when specialised services are reorganised. It was confirmed that specialists were expected to transfer to new sites and that providers would be required under the contracting framework to ensure that specialist expertise was retained. It was further stated that patient numbers handled by surgeons would comply with national guidelines following the adoption of the plans and that an emphasis was being placed on maintaining the stability of the service.

The Committee asked that comparative figures be provided to illustrate the impact on service delivery in areas where the model had already been implemented. It was also requested that the Committee were kept up to date with developments in the procurement process, particularly in relation to specialist urological cancer treatment.

The Chair thanked Linda Devereux and Claire Yarwood for their presentation and for addressing the Committee's concerns.

**RESOLVED:**

- 1) That the presentation be noted;
- 2) That the Committee's comments be fed in to the consultation;
- 3) That information be provided to the Committee to show how the implementation of the model for delivering specialised cancer services in other areas had affected clinical performance and patient experience; and

**Health Scrutiny Committee  
3 September 2014**

- 4) That the Committee be kept informed of the result of the procurement process.

**17. NORTH WEST AMBULANCE TRUST - FIVE YEAR PLAN AND PERFORMANCE**

Madeline Edgar, Senior Communications Manager, and Pat McFadden, Central Sector Manager, of the North West Ambulance Service NHS Trust (NWAS) delivered a brief summary of the Service's 5 Year Plan and gave an update on the performance of NWAS in the Trafford area.

Statistics had been submitted to the Committee which showed that ambulance response times in Trafford were significantly slower than those in the other council areas of Greater Manchester. The Committee expressed their concerns in respect of this, asking why performance was comparatively weak in Trafford and whether measures were being taken by NWAS to improve this.

The Central Sector Manager said that he shared the Committee's concerns and attributed the performance levels to NWAS experiencing resource challenges in respect of meeting increasing public demand. Greater demands on the Service had caused response time statistics to decline recently, and the quieter period anticipated over the summer months, which usually allowed statistics to level out, had not materialised. It was explained that the comparative statistics for Trafford may also be affected by the virtue of Trafford's large geographic area and the natural concentration of available ambulances picking up calls as they leave the acute hospitals in more central locations.

It was emphasised that it was necessary to be prudent in the use of the limited resources available to deliver ambulance services in the most effective way possible, and the success of a GP referral scheme in reducing the number of patients requiring ambulance attendance was cited. The development of integrated pathways had also been expected to ease the pressure on the Service, but increasing demands on resources had led to this mitigating the extent of Service pressure, rather than generating an improvement in performance statistics. Measures had also been taken to identify frequent callers and an information exercise had led to a reduction in calls from some addresses.

The Committee requested that NWAS provided a statistical breakdown of ambulance response times in Trafford in order to help identify potential differences in results between the North and South of the borough. It was also requested that statistical information be provided to quantify the impact of ambulances being delayed, if possible.

**RESOLVED:**

- 1) That the update be noted;
- 2) That a breakdown of ambulance response times in Trafford, categorised by postcode, be submitted to the Committee; and
- 3) That information be provided to the Committee showing the practical impact of increased ambulance response times.

**18. UPDATE - UNIVERSITY HOSPITAL OF SOUTH MANCHESTER**

**Health Scrutiny Committee**  
**3 September 2014**

Dr John Crampton, Medical Director of the University Hospital of South Manchester NHS Foundation Trust, attended the Committee meeting to give an update of the current issues facing the Trust and the proposals that the Trust had developed in response. The Medical Director informed the Committee that Nora Ann Heery, the Trust's Deputy Chief Executive, had been due to attend the meeting but had been called away at short notice and wished to pass on her apologies for being unable to attend.

It was explained that the Trust's main challenges were in securing the Trust's financial stability, and ensuring that the Trust was assigned the status as a centre of excellence for delivering specialist services following the changes to commissioning arrangements under the Healthier Together programme. The Medical Director specified the financial pressures that the Trust faced and set out a recovery plan that the Trust's leadership was confident would deliver financial stability, and which had been endorsed by Monitor, the sector regulator for health services in England.

The Healthier Together proposals (Minute 19 refers) to reduce the number of specialist providers and to concentrate expertise in a small number of centres of excellence were identified as a potential risk to the continuation of specialist services provided by the Trust. The Trust was said to have significant expertise in heart, lung and vascular treatments, and the importance of securing specialist status to enable the continuation of these services was emphasised to the Committee. The Medical Director expressed that the Trust's expertise in these areas and its strong portfolio of secondary and tertiary services meant that the Trust was well placed to bid for the commission of these services, and the Committee offered its full support to the Trust in securing specialist status.

In response to concerns raised by the Committee of delays in patient discharges, the Medical Director said that this was largely due to pressures on the availability of hospital beds, but confirmed that measures had been taken to address delays such as attention being given to the effective timing of ward rounds to promote timely discharges and avoid unnecessary delays. This was said to have halved the number of delayed discharges in the last 6 months.

The Committee identified an issue with low staffing levels for nurses, with concern that a freeze on recruitment would exacerbate the problem. The Medical Director stated that staffing levels complied with national guidelines and reiterated the importance of the Trust operating services as efficiently as possible.

Members also discussed with the Medical Director ongoing concerns regarding pressures on A+E services at University Hospital of South Manchester, Wythenshawe.

The Chair thanked the Medical Director for giving a very clear and helpful presentation and reiterated the Committee's support for the Trust's bid for specialist status, which would be reflected in the Committee's response to the ongoing Healthier Together consultation.

RESOLVED: That the update be noted.

**19. HEALTHIER TOGETHER - CONSULTATION**

## **Health Scrutiny Committee 3 September 2014**

Following the presentation of the Healthier Together consultation at the Committee's meeting on 23 July 2014, members had agreed to collate their views in advance of the September meeting to form a formal response on behalf of the Committee.

In relation to the consultation process, the Committee raised concerns in respect of complexity of the consultation and the rationality of the questioning. The Committee was also concerned that three hospitals had already been designated speciality status in advance of the consultation, pre-judging the outcome to a certain extent and limiting the range of options available. It was observed that the University Hospital of South Manchester was not one of the three hospitals that had been given speciality status, and given the clinical and geographical advantages of the hospital, sought assurances that due consideration would be given for these factors.

The Committee noted that the Healthier Together consultation was taking place at the same time as consultations in respect of the 'New Health Deal' and the South Sector Review, and submitted that an integrated approach to these consultations would have given a better opportunity for a more holistic view of the potentially very significant implications for local providers.

RESOLVED: The Committee agreed a number of key issues to be incorporated in to its final response to the consultation, and agreed that authority to finalise this be delegated to the officers in consultations with the Chair and Vice-Chair.

### **20. HEALTH SCRUTINY WORK PROGRAMME**

The Committee had been asked in advance of the meeting to consider issues that they believed merited consideration for inclusion in the Committee's work programme. Three proposals were outlined by members of the Committee which concerned addressing childhood obesity, district nursing services and mental health provision in Trafford.

The officers emphasised the importance of developing a work programme which would maximise effective outcomes with close regard for the resources available to the Committee, and the Chair specified that any potential topics should be clearly focused and specify attainable outcomes. In consideration of this the Chair requested that the officers re-circulate the assessment form to members of the Committee, accompanied by enhanced guidance to help with the formulation of potential study areas, with forms to be returned to officers promptly.

RESOLVED:

- 1) That officers circulate an updated form accompanied by enhanced guidance on criteria for consideration in the proposal of potential work programme areas; and
- 2) That members wishing to propose a topic complete and return the form to the officers.

### **21. JOINT HEALTH SCRUTINY COMMITTEE**

**Health Scrutiny Committee**  
**3 September 2014**

The Chair provided an update of the matters discussed at the meeting of the Joint Health Scrutiny Committee on 2 September 2014.

RESOLVED: That the update be noted.

The meeting commenced at 6.30 pm and finished at 9.12 pm