Present:

Bolton Council       Councillor Champak Mistry
Bury MBC             Councillor Annette McKay
Manchester CC        Councillor Basat Sheikh
Oldham Council       Councillor Colin McLaren
Rochdale BC          Councillor Sara Rowbotham
Salford CC           Councillor Margaret Morris
Stockport MBC        Councillor Laura Booth
Tameside MBC         Councillor Gill Peet
Trafford MBC         Councillor Patricia Young
Wigan Council        Councillor John O’Brien (Chair)

Also in attendance:

Lord Peter Smith     GMCA Portfolio Holder for Health
Susan Ford           Scrutiny Officer, GMCA
Nicola Ward          Governance Officer, GMCA
Rebecca Patel        Head of Engagement, Christie
Steve Hynes          Deputy Director of Operations, NWAS
Pat McFadden         Head of Service, NWAS
Matthew Calderback   NWAS

HSC/17/17 APOLOGIES

Apologies were received from Councillor Kerrison (Bury Council).

HSC/18/17 ELECTION OF CHAIR

RESOLVED/-
That Councillor John O’Brien be appointed as Chair for the municipal year of 2017-18.

HSC/19/17 ELECTION OF VICE CHAIR

RESOLVED/-
That Councillor Colin McLaren be appointed as Vice Chair for the municipal year of 2017-18.

HSC/20/17 MEMBERSHIP 2017-18

Members were informed of the membership of the committee for 2017-18.

RESOLVED/-
To note the membership and further appointments of Councillor Sammie Bellamy as substitute for Salford Council and Councillor Annette McKay as substitute for Bury Council.

HSC/21/17 TERMS OF REFERENCE

Susan Ford, Scrutiny Officer for the GMCA informed members that the terms of reference for the committee had been amended slightly from last year to reflect changes to the Health and Social Care governance arrangements across GM.

RESOLVED/-
To approve the revised terms of reference for 2017-18.

HSC/22/17 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to any item on the agenda.

HSC/23/17 MINUTES OF THE MEETING HELD 5 APRIL 2017

The minutes of the meeting held 5 April 2017 were presented for consideration.

RESOLVED/-
To approve the minutes of the meeting held 5 April 2017.

HSC/24/17 CHRISTIE: A STRATEGIC OVERVIEW

Rebecca Patel, Head of Engagement at the Christie gave a verbal presentation which provided an overview of the Christie NHS Foundation Trust.
Members were informed of the recent outstanding rating by the Care Quality Commission (CQC) and the current vision of the Christie which focusses on leading cancer care, offering ‘the Christie experience’, providing local and specialist care and the best outcomes for patients. Moving to integrated service provision was another key priority for the Trust allowing patients to experience seamless treatments under one roof. Recent news stories from the Christie had included the installation of the precision beam therapy centre to offer precision beam radiotherapy and the expansion of chemotherapy services across ten sites in Greater Manchester. The research and prevention work remains integral to the Christie with many clinical trials and partnerships being delivered.

A member asked whether the patient and public involvement had contributed to the excellent recent CQC assessment. Rebecca reported that there are a range of partnership and alliance work to support the ongoing patient and public engagement and particularly highlighted a recent art project which had been a good example of the approach.

Members asked how the Christie supports conversations about those cancers which are more difficult to talk about. Officers explained that there were a number of large scale events to open these kind of discussions as part of a series of campaigns. Rebecca offered to provide Councillor Rowbotham further details about this work.

In respect of the recent reorganisation of Pennine Acute NHS Trust, members asked whether there had been any significant impact on the Christie. Rebecca confirmed that the Christie were committed to providing local services but that the Christie at Oldham was a separate entity. However, she offered to provide further information direct to Councillor McLaren.

Further to this, members asked what the impact of devolution to Greater Manchester had had on the Christie Trust. Officers reported that the Christie were very much involved in the Health and Social Care Partnership, and specifically the delivery of the cancer vanguard. However, it was important to recognise that it was different from other hospitals as it provides a very specialist service. For the Christie, devolution predominately would mean increased levels of partnership working and potential development of the estate.

Members asked whether there was any long term effect of the recent fire at the Christie Hospital. Rebecca reported that there were many samples rescued from the fire and staff relocated to ensure service continuation but that she could provide Councillor Peet with further details of the impact.

Members raised concern that there still needs to be improvements regarding patient pathways and specifically the improved use of patients’ electronic information. Rebecca confirmed that the role of the Clinical Nurse Specialist is to help provide a seamless pathway of treatment, and offered to provide specific information in relation to the Christie’s pathways to Councillor Morris.

The Chair reminded members that residents can be supported to access cancer services via their local councillors and that there was also a cancer champion
scheme for community champions. Rebecca to circulate further information on the community champion scheme to all members.

RESOLVED/-

1. To provide Cllr Rowbotham further details around the work being undertaken to open discussions about those cancers which are more difficult to talk about.
2. To provide information to Cllr McLaren regarding the impact of the Pennine Acute NHS Trust reorganisation on the Christie services.
3. To provide Cllrs Peet and Young further data regarding the impact of the recent fire in the Paterson building.
4. To provide details of the Christie patient pathways to Cllr Morris.

HSC/25/17 NORTH WEST AMBULANCE SERVICE (NWAS)

Steve Hynes, Deputy Director of Operations at NWAS gave a presentation to the committee which gave an overview of the work undertaken by the ambulance service, and in particular shared performance data from the past three months. Members attention was drawn to the continued increase of service demand, introduced urgent care desks to ensure patients receive the best pathway of care from as soon as the ambulance reaches them and newly introduced measures to deal with frequent callers.

The committee were informed of work being undertaken with the GM Health and Social Care Partnership to review patient flow between agencies that culminates in autumn 2017. Handover time at hospitals remains an issue, the NHS Standard Contract requirements state that this process should be undertaken in 15 minutes, however currently the average turnaround time in GM is 32 minutes. This figure has been worse in recent months, so the figure is improving it is anticipated that greater improvements will be secured once the work of the Partnership’s assessment programme is complete.

Officers also gave a short report on the involvement of NWAS following the Manchester Arena Incident on 22 May 2017. There were 300 staff involved and within 4 hours all casualties were cleared from the scene which was attributed to the hard work of the staff involved.

The Chair asked that his thanks be passed to all staff for their involvement with the Arena attack and urged that they be offered support to help them in dealing with their experiences.

In response to the presentation, members asked whether there was data available to measure which area of Greater Manchester has the most calls in relation to social care. It was reported that there was increased activity across all areas, but that often social care issues were of significant concern to proficient callers and offered to include some area data in future reports to scrutiny.
A member of the committee asked whether there had been improvements to patient handover at Stepping Hill Hospital (SHH) specifically. Officers reported that SHH fully engaged with the GM-wide Director of Operations Group which were working with NWAS around strategic direction for emergency care. All localities were also developing A&E Improvement Boards to look at a multi-organisational approach to tackling the wider issues impacting on emergency care. Both of these interventions had already resulted in improvements with NHS Trusts across GM. Members further asked that handover data specific to their area could be shared in future reports.

Members suggested that all elected members should be trained in CPR and the use of a defibrillator as part of their wider role as community activists. Some members reported that this had already happened within their local authority and that contacts for training would be shared.

A member reported that there had been a consultation undertaken in Bury regarding the future of walk-in centres which had raised some concerns regarding the 111 service. Officers reported that there had been some challenges with the 111 service over the past 18 months regarding the delivery of contracts and availability of staff which had resulted in the 90% call pick up target not being met. In response, an additional non-clinical role to signpost and prioritise calls had been introduced which had already begun to indicate improvement. Officers agreed to bring further information on this area to a future meeting of the committee.

Members asked for further details regarding the HART (Hazardous area response team) and were informed that there were two such teams that were trained in tackling complex and hazardous incidents.

Members also asked for further information regarding the Patient Travel Service (PTS) with specific regards to the challenges faced to this service and how they were being addressed. It was also suggested that it would be beneficial to have some operational staff attend the next meeting to impress to members their daily experiences working for the ambulance service.

Resolved/-

1. That NWAS be invited to attend the next meeting of the GM Joint Health Scrutiny Committee.
2. That area data in relation to proficient callers be included in future reports to the committee.
3. That local data in relation to handover times at A&E be shared in future reports.
4. That information on the additional staff available to signpost and prioritise calls to 111 be brought to a future meeting of the committee.
5. To consider inviting operational staff to attend the next meeting to report their experience of delivering ambulance services to GM.
Lord Peter Smith, GMCA Portfolio Holder for Health gave a verbal presentation regarding the work of the GM Health and Social Care Partnership. He reported that this was the second year of unique partnership working across all health and social care providers in a sub-region which had seen major shifts of devolution including a £450m Transformation Fund to introduce new ways of working and look at accountability of spend in the future.

The current ways that health and social care are commissioned are complex, duplicated and bureaucratic and devolution gives further opportunities for GM to make better decisions about the way these services are chosen and funded.

A patient-driven review of Acute Trust provision of specialised services is currently underway which aims to ensure that GM can offer high level specialist care for all issues. Additional there is work around integrated service provision being progressed to look at how all sectors including community and voluntary services can support early intervention especially in relation to mental health services.

Another key area of focus for the partnership is regarding long term solutions for adult social care patients to ensure that resources are used most effectively to keep people out of hospital and well looked after.

Across all of these workstreams is the need for highly developed workforce planning to ensure that the right clinical staff are in the right places to deliver the services needed.

The Chair added that the changes to EU workforce regulations may have impacted staffing levels across the NHS and resulted in the additional use of locum doctors. He suggested that the committee may want to look at these areas further at future meetings.

Members asked what work was being undertaken with further education providers to support NHS workforce development as currently support workers are unable to progress to nursing qualifications through the routes available to them.

Members also wanted to look at the re-patronisation of patients at a future meeting, as they felt that moving patients back to their home areas for rehabilitation was a key part of their effective recovery.

Members were concerned about how the sub-contracted services were being scrutinised and whether they were being held to account effectively, and if so by whom.

Members also wanted to ensure that the committee were given the opportunity to scrutinise social care provision across GM.

A member requested that the committee be kept informed of the work undertaken by the GM Mayor in relation to the contaminated blood scandal.
It was suggested that a report on the impact of the re-organisation of Pennine Acute Trust would be a useful item for the committee as it will have wide reaching implications.

Members asked that the Acute Hospital Review be brought to the next meeting and it was suggested that Diane Whittingham as lead for Theme 3: Standardising Acute and Specialised Care should be invited to update members on work being undertaken across this thematic area.

A member further suggested that a review of how third sector organisations contribute to the delivery of health and social care services in GM would be a useful future report.

RESOLVED/-

1. That the Governance Officer update the work programme to reflect comments and include the following potential scrutiny areas –
   a. The impact of EU workforce regulations on NHS staffing levels
   b. Further education opportunities for progression of staff
   c. The re-patronisation of patients
   d. Holding sub-contracted service delivery to account
   e. Social care provision across GM
   f. The impact of the Pennine Acute Trust re-organisation
   g. Third sector health and social care delivery

2. That Diane Whittingham be invited to attend the next meeting of the committee to provide an update on Theme 3: Standardising Acute and Specialised Care.