Item 03

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 13 SEPTEMBER 2017 AT GMCA, CHURGATE HOUSE

Present:

Bolton Council
Councillor Shafaqat Shaikh
Bury MBC
Councillor Sarah Kerrison
Oldham Council
Councillor Colin McLaren
Rochdale BC
Councillor Patricia Sullivan
Salford CC
Councillor Margaret Morris
Tameside MBC
Councillor Gill Peet
Trafford MBC
Councillor Patricia Young
Wigan Council
Councillor John O’Brien (Chair)

Also in attendance:

GMCA, Governance Officer
Lindsay Dunn
GMCA, Scrutiny Officer
Susan Ford
GM H&SC Partnership
Diane Whittingham
NHS Transformation Unit Deputy Director
Kelly Bishop
NHS Transformation Unit Director of Service
Leila Williams
NWAS Chief Executive
Derek Cartwright
NWAS Director of Strategy and Planning
Salman Desai
Rochdale BC Democratic Services
Peter Thompson

HSC/27/17 APOLOGIES

Apologies were received from Councillor Laura Booth (Stockport MBC) Steven Pleasant and Councillor Sara Rowbotham (Rochdale Council).

HSC/28/17 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to any item on the agenda.
MINUTES OF THE MEETING HELD 12 JULY 2017

The minutes of the meeting held 12 July 2017 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held 12 July 2017.

STANDARDISING ACUTE AND SPECIALIST CARE “THEME 3” OVERVIEW

Diane Whittingham, Associate Lead for Theme 3, Greater Manchester Health and Social Care Partnership (GMHSCP), introduced a report that provided an overview of standardising acute and specialist care.

The proposed approach and process for delivering a GM strategy for hospital based services, a revised governance structure and how this is achieved so that all the work under Theme 3 is brought together and standardised, was highlighted to the Committee.

Members were informed that Theme 3 is a programme of work looking at the standardisation of acute and specialised care and addresses the need to improve outcomes for patients as documented in the Greater Manchester Health and Social Care Partnership Plan, “Taking Charge”. It brings together hospitals in GM to work together across a range of clinical services, to make sure expertise, experience and efficiencies can be shared widely so that everyone can benefit equally from the same high standards of specialist care. The current transformation priorities for Theme 3 were developed with clinicians, providers and commissioners, these are:

- Paediatrics (including specialised children’s services), and maternity;
- Respiratory and cardiology;
- Benign urology;
- MSK and orthopaedics;
- Breast services;
- Neuro-rehabilitation;
- Vascular.

It was noted that a number of acute and specialised projects were previously underway, some of which were at implementation stage; these have also been brought within the oversight and leadership of Theme 3:

- A&E, Acute Medicine and General Surgery (Healthier Together);
- OG cancer;
- Urology cancer.

The standardisation of GM hospital services was highlighted as one part of a much larger system change driven by each of the 10 localities delivering improved
primary, community and social care services, with the interface between the two
critical to delivering improved care.

The hospital based services strategy will not only need to describe the impact of
changes on GM hospital based services as a whole, but also what this means in
each of the 10 localities. The transformation priorities in Theme 1 (population
health and prevention), Theme 2 (the transformation of community based
care) and Theme 4 (standardisation of clinical support and corporate
functions) will also drive changes that will impact in some way on hospital based
services and vice versa.

A member asked whether patient and public involvement had contributed to the
development of the strategy as concerns are currently raised with regards to
transport issues, re-patronisation after hospital discharge and problems
experienced with patient records.

Kelly Bishop, Deputy Director, Transformation Unit explained that an engagement
strategy and plan is being developed to involve patients in the design of individual
services. It was confirmed that these would be identified and build on existing work
carried out by Healthwatch and further strategies would be developed by project
leads to ensure they were connected with Directors of Nursing in order to gain
exposure to patients. An engagement plan had been developed for the design of
Specialist Cancer Services and this would be replicated to ensure patients were
involved in the future co-design of services.

It was recognised that digital capabilities are not currently adequate and work
continues to develop a digital strategy across GM to support the flow of information
within and beyond organisation and boundaries. It was noted that Salford Royal
Foundation Trust has been identified by NHS England as a Global Digital
Exemplar and its associated fast follower Pennine Acute Hospitals NHS Trust.
Funding of £15m has recently been released to support Digital Exemplars and their
associated fast followers.

Members raised concern with regard to the associated costs of travel where bus
routes do not support access to healthcare for residents across GM. It was
confirmed that financial help is available to patients and this will be highlighted
and promoted during implementation.

A member of the Committee asked for reassurance that the Theme 3 strategy was
not delivered in isolation and consideration is given to the improvement plan being
undertaken in Pennine. It was confirmed that the Theme 3 strategy and supporting
governance structure provides a collective framework for hospital based services
across GM. The essential role of Primary Care in delivery and connectivity with the
hospital strategy was discussed.

Members asked how the progress under Theme 3 would be evaluated and
whether or not there would be external independent scrutiny. It was suggested that
this could be done by one of the local Universities or the Kings Fund. It was agreed
that this would be given consideration by the GM Health and Social Care Partnership.

In summary the Chair requested that members receive a copy of the reports that were presented at the Strategic Partnership Board in July 2017 for dissemination and consideration at local Health Scrutiny Committee meetings. The Committee requested regular feedback on how patient engagement and response was being considered to influence and shape hospital based services. It was also agreed that the Committee would receive an update on Primary Care and the digital strategy in support of developments under Theme 3.

RESOLVED/-

1. To note the content of the report;
2. To circulate copies of Theme 3 Approach to the Hospital Based Services Strategy and Revised Governance to Deliver the Strategy for Hospital Based Services;
3. To provide regular updates to the Committee on patient engagement to develop Hospital Based Services;
4. To receive update on the Primary Care and Digitalisation strategies to support Theme 3.

HSC/31/17 NORTH WEST AMBULANCE SERVICE

Derek Cartwright Chief Executive Officer, North West Ambulance provided an update to the Committee on the following;

- Information regarding how NWAS are dealing with persistent callers and data to evidence how numbers of callers are reducing;
- The impact of the newly appointed call-handlers with a non-clinical role but who signpost to other services and reduce the number of A & E admissions;
- Local data from each hospital in relation to handover times;
- Further commentary regarding Patient Transport Service.

The majority of individuals who access the 999 system do so with legitimate healthcare requirements. Analysis of those who access emergency healthcare at an abnormally high level, leads to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs. NWAS has a dedicated team in place to identify frequent callers and Greater Manchester has the highest number of frequent callers, compared to the other four counties within the NWAS footprint.

Following identification of a frequent caller, a staged approach is taken to support the individual’s identified needs. Frequent caller data for GM was provided and broken down per CCG to illustrate how the level of interventions was split and the call volumes. Members requested frequent caller data and presenting complaints for each locality. Salman Desai, Director of Strategy and Planning, NWAS agreed to obtain this information and disseminate to the Committee.
Members requested an overview of the collaboration to support individuals. It was explained that NWAS carry out multi agency working and share data with GM Police (GMP), GM Fire and Rescue (GMFRS), Local Authorities and other partner agencies to identify those at risk and avoid duplication.

A member asked if analysis was carried out on frequent callers from Care Homes and if this data was shared with CQC. It was confirmed that the frequent caller support team carry out triage support and have carried out work with the top 20 care homes that have the most frequent callers to help manage patients appropriately. This is reported to local commissioners and any concerns are reported to the CQC.

Local data from each hospital in relation to NWAS handover times was summarised for the Committee. Hospital handovers were highlighted as challenging and one which can have a marked impact on overall performance.

N WAS is currently working with NHS Improvement (NHSI), leading a 90 Day Programme to improve hospital handover at the Royal Bolton & Stockport Hospitals. In addition to the 90 Day Programme, NWAS is fully engaged with each hospital and through Accident & Emergency Improvement Boards working with stakeholders to maximise right care, right time, right place, which includes identifying schemes within the community which patients can access for care instead of attending A & E.

An overview of Patient Transport Services and performance in line with the current contract commissioned to NWAS was detailed in the report. Members offered their support and requested further information on the recruitment of additional volunteer car drivers. An overview of a recent initiative introduced called Fit to Sit was highlighted to the Committee, a short summary of which will be provided for distribution.

It was suggested that a future meeting of the GM Joint Health Scrutiny Committee could be held at NWAS Emergency Control Centre at Parkway, Manchester. This could be combined with a tour of the facility for those Members that are interested.

**RESOLVED/-**

1. To note the update provided;
2. To provide frequent caller data and a breakdown of complaints for each locality to Members;
3. To provide a short summary of the Fit to Sit initiative to Members of the Committee;
4. To explore the option of holding a future meeting of the GM Joint Health Committee at NWAS, Parkway, Manchester combined with a tour of the facility.
Susan Ford, Governance and Scrutiny Officer, GMCA provided the Committee with a draft work programme for 2017-18 for review. Members were asked to identify potential items for inclusion in the Committee’s Work Programme for the 2017/18. Members made the following suggestions, in addition to the items noted in the document:

- Primary Care with specific focus on General Practice;
- Digitalisation update.

RESOLVED/-

That the work programme be updated in light of comments made at the meeting and considered at the next meeting.