GM HEALTH SCRUTINY PANEL

DATE: Wednesday, 14 May 2014
TIME: 10:00am – 12 noon
VENUE: The Conference Suite, Stretford Fire Station
Park Road, Stretford, Manchester, M32 8RJ.

AGENDA

1. APOLOGIES

2. CHAIR’S ANNOUNCEMENTS AND URGENT BUSINESS

3. DECLARATIONS OF INTEREST - attached

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the GMIST officer at the start of the meeting.

4. MINUTES OF THE MEETING HELD ON 9 APRIL 2014 - attached

To approve as a correct record the minutes of the meeting held on 9th April 2014.

5. CHRISTIE QUALITY STATEMENT

Presentation from Jackie Bird, Director of Nursing and Quality and Marie Hosey, Director of Performance, The Christie NHS Foundation Trust.

6. HEALTHIER TOGETHER

a) Approach to consultation - outline consultation plan (presentation)
b) Scrutiny requirements pre-consultation and during consultation (discussion)
c) Specialised Commissioning Operational Plan (presentation)

7. DATES OF FUTURE MEETINGS

Wednesday, 18th June 2014, 10am – 12pm.
GM HEALTH SCRUTINY MEETING ON 14 MAY 2014

Declaration Of Councillors’ Interests in Items Appearing on the Agenda

NAME OF COUNCILLOR ______________________________

<table>
<thead>
<tr>
<th>Minute Item No. / Agenda Item No.</th>
<th>Nature of Interest</th>
<th>Type of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Personal / Prejudicial / Disclosable Pecuniary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal / Prejudicial / Disclosable Pecuniary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal / Prejudicial / Disclosable Pecuniary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal / Prejudicial / Disclosable Pecuniary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal / Prejudicial / Disclosable Pecuniary</td>
</tr>
</tbody>
</table>
ASSOCIATION OF GREATER MANCHESTER AUTHORITIES

MINUTES OF THE GREATER MANCHESTER HEALTH SCRUTINY PANEL HELD ON 9 APRIL 2014 AT GMFRS TRAINING CENTRE, MANCHESTER

PRESENT

Members:

Bury Council           Councillor Peter Bury
Manchester CC           Councillor Eddy Newman
Rochdale MBC           Councillor Linda Robinson
Salford CC            Councillor Valerie Burgoyne
Stockport MBC         Councillor June Somekh
Wigan MBC            Councillor John O’Brien (Chair)

Associate Members:

Cheshire East           *Councillor Jos Saunders

Advisors/Officers

GM NHS              Martin McEwan
GM NHS              Dr Chris Brookes
JHOSC for Pennine Acute Trust Alice Rea
GMIST              Andrew Burridge
GMIST              Julie Gaskell

* Denotes attending as a substitute

HSP/14/08. APOLOGIES

Apologies were received from Councillor Lamb (Trafford) and Councillor Gaddum (Cheshire East).
HSP/14/09. CHAIR’S ANNOUNCEMENT AND URGENT BUSINESS

None.

HSP/14/10. DECLARATIONS OF INTEREST

None were received.

HSP/14/11. MINUTES

The Minutes of the meeting held on 12 March 2014 were approved as a correct record.

HSP/14/12. HEALTHIER TOGETHER UPDATE

The Panel received two presentations from Martin McEwan, Engagement and Partnership, NHS and Dr Chris Brookes, Medical Director, Healthier Together which gave an overview on the Healthier Together Pre- Consultation Business Case (PCBC) and Options Appraisal Process.

Pre- Consultation Business Case Part 1

Members were advised that the PCBC was made up of two parts. Part 1, to be agreed on 16 April 2014 by the Committees in Common and Part 2, which will provide the technical and analytical analysis to support the final decision to proceed, details of which will be published at the end of May 2014.

An outline was then given on Part 1 of the PCBC and Members were informed that this will focus on the case for change, vision and proposed solutions to achieve the best health and care for all GM residents. It was advised that a document detailing this had been published on 9 April 2014 and available via the Healthier Together website. Members noted the context of the PCBC had previously been in the public domain but that this was an important step for this in the assurance process.

Members were informed that the PCBC Part 1 stated the overall vision of the initiative which was to deliver the best health and care in the country and described the models of care for Community Based, Hospital and Women & Children’s Services. Assurances were given that no women or childrens services were to be closed from this review.

Dr Chris Brookes notified the Panel that that the key aspect of the proposed Models of Care was the Single Shared Service concept; hospitals delivering Specialist Services and providing care for patients from both the immediate and surrounding localities. The aim is for a group of hospitals (including Urgent, Emergency and Acute) sharing staff and knowledge giving complete comprehensive care. Dr Brookes explained that this concept would not only change how hospitals would work but would ensure services are safeguarded.
In summary, Members were advised of a plan of proposed future extensive communications and engagement which included Clinical Staff, Primary Care and Statutory Partners, along with wider political and media engagement. The presentation mapped out a projected timeline which included a NHS Assurance Framework being signed off in May and a decision on whether to proceed to consultation in June 2014; details of which to be brought to the Panel’s meeting in June. It is anticipated that a decision business case will be produced for early 2015.

In response to a concern raised by a Member regarding costing issues, the Panel were advised that it is intended that any risk would be shared across the single service and that intensive discussions were currently ongoing regarding how the finance model described in the PCBC could be shared and undertaken, taking into consideration NHS regulations.

Queries were raised regarding issues linking foundation hospitals with non foundation hospitals, allocation of specialist surgery and the tendering process involved. Martin McEwan advised of a Leadership meeting on 25 April 2014 involving the regulators at which any regulation issues involved in the process could be raised.

Members stressed the importance of quality and accessible primary care, particularly weekend and evening access to GP’s and suggested that this would feature heavily in any public response to a future consultation. Members suggested exploring the use of salaried GP’s.

Options Appraisal Process

There then followed a short presentation on a complex 9 stage process for the development of proposed options for the consultation and next steps.

Members were advised that the first 4 stages, which explored the different models of care, had now been completed. The final 9th stage will explore stakeholder criteria covering 4 themes; quality & safety, transition, access and efficiency. The process is now currently at stage 5, which refers to the development of site configuration options. The Panel was informed that overall 31 options were being looked at. This number would need to be reduced to less than 8.

In conclusion, the Panel was then informed of the following next steps:

- A stakeholder criteria development session to be held on 11 April.
- Committees in Common (CiC) of the CCG’s to agree the criteria in order to determine a short list of options.
- This is to be agreed in public on 4 June 2014.
- Intention that the criteria for final decision making will be part of consultation questions.
- CiC to determine the final criteria for decision making following consultation.

A discussion arose regarding issues surrounding future patient transport and travel times. Members were advised that these issues would are being considered as part of the options appraisal process, and would be a basic requirement in the final configuration.
Some concern was broached relating to the actual consultation document. It was felt that this needed to be of a simple format, easy to read and be understood. A Member queried detail of the consultation itself and what activities the Panel would need to carry out as the proposed Joint Overview Scrutiny Committee. It was agreed that an outline of this approach would be brought to the next meeting of the Panel on 14 May.

RESOLVED/

1. That both presentations be noted.

2. That further details on the proposed consultation approach to be brought to the next meeting of the Panel on 14 May 2014.

3. That an outline of activities required by the Panel as the proposed Joint Overview and Scrutiny Committee of Healthier Together be brought to the next meeting on 14 May 2014.

HSP/14/13. DATES OF FUTURE MEETINGS

Dates of meetings for the 2013/14 municipal year were confirmed as:

14 May 2014
18 June 2014.
Greater Manchester Joint Scrutiny Panel

Wednesday 14th May

Leila Williams
Martin McEwan
Our Vision

For Greater Manchester to have the best health and care in the country

#Bestcare

High Quality • Safe • Accessible • Sustainable
Aim

To have an **open**, comprehensive, **informed** and **transparent** discussion involving **Greater Manchester residents** about how to get the **best care** for them and their families.
WHAT CARE WOULD YOU WANT FOR YOUR...

Just imagine the unthinkable - your wife has just been diagnosed with breast cancer.
Key messages

The best health and care for you and your family

Better access to GPs

Improving quality and saving more lives

Help us improve our ideas by telling us what you think

Healthier Together
A review of health & care in Greater Manchester

High Quality • Safe • Accessible • Sustainable
How will we do this?

Inspiring
- Telling stories
- Using narrative

Listening
- Open-minded
- Transparent

Talk about and discuss
- Community-based care
- GP and primary care
- Hospital care

Focus on localities
- Use patient voices
- Community champions
- Working with partners

External assurance

i.e. not simply a “traditional NHS consultation”

High Quality • Safe • Accessible • Sustainable
Consultation phase will cover

- All THREE new models of care
  - Community-based care
  - GP and primary care
  - Hospital care

- Single shared service
  - Urgent and Emergency care
  - Acute General Surgery
  - Children's and Women’s services

- Locality and GM wide

- Site based options for configuration of hospital services

High Quality • Safe • Accessible • Sustainable
Strategy

- Targeted communications & marketing
- Insight-led materials tested with focus groups (people from vulnerable, economically disadvantaged groups to resonate with GM public)
- Testing informed the programme’s key messages
- Extensive engagement on the ground
Creative Development

• Create a movement to:
  – Alert
  – Mobilise
  – Motivate

• Develop campaign brand to help GM citizens:
  – Understand
  – Identify with;
  – Support the movement
Advertising, Marketing PR - draft creatives

• Real people have been sourced to represent the marketing strategy. Models will not be used.

Best care for me?
"My little girl being treated at home and not in a hospital."

Tell us what you think:
healthiertogethergm.nhs.uk
healthiertogether
0161 XXXXXXXX

Healthcare in Greater Manchester is changing

Right care / Right place / Right time.

High Quality • Safe • Accessible • Sustainable
Advertising, Marketing PR - draft creatives

‘Best care’ to carry through all adverts - all have different scenarios

Best care for me?
“Knowing the council and the NHS will work together to look after mum.”

Tell us what you think:
healthiertogthergm.nhs.uk
healthiertogther
0161 XXXXXXX

Healthcare in Greater Manchester is changing
High Quality • Safe • Accessible • Sustainable

Right care / Right place / Right time.
Best care for me?

“Being treated at my local clinic instead of having to travel to hospital.”

Tell us what you think:

healthiertogethergm.nhs.uk
healthiertogether
0161 XXXXXXXX

Right care / Right place / Right time.

High Quality • Safe • Accessible • Sustainable
Consultation Document

What does best care mean to you?
Tell us what you think

www.healthiertogethergm.nhs.uk
#Bestcare

High Quality • Safe • Accessible • Sustainable
Media Partnerships

- Key 103 & Magic 1152 to deliver ‘A Movement for Change’
- 4 week radio advertising campaign
- Promotional trails and live reads from May end
- Search for ambassadors to help spread the word
- Encourages listeners to visit consultation microsite, complete document and download online pack
- 4 week media bus campaign across key commuter routes in GM
Media Partnerships

MEN Media to promote consultation and include:
• 15 Manchester Evening News inserts (Thursday or Friday)
• 10 insertions in City Life, the Manchester Evening News entertainment supplement
• 10 insertions in Metro
• 4 insertions in each of the nine MEN Weekly Newspapers
• Distribution of the consultation document within the MEN x 2 (Thursday or Friday) during the campaign
• Facilitate set-piece debates across GM boroughs
PR & Media Engagement

• Proactive PR from May end
• GM media reach pre consultation
• Local media reach towards consultation
• Stronger local/weekly media reach during consultation so support local activity
• Focused digital campaign using Healthier Together Twitter, Facebook accounts and website
Engagement Activity

• Programme team to work closely with CCGs to deliver local activity providing expert insight
• Programme to support/ dovetail local activity
• Public meetings in every locality
• Targeted events across the 10 GM trusts
• Road shows (drop in sessions) and large meetings planned
• Key 103 GM wide media bus road show
Healthier Together – Key milestone timeline

2014

From Feb 2012

Jan > Feb > Mar > Apr > May > June > July > Sept > Oct > Nov > Dec

Phase 1 – 6
Pre – Consultation

25-28th March
OGC Gateway review

May
NHS Assurance Framework sign off

18th June
Decision to go to Consultation
CIC and JSP

Phase 7
Website live – 2nd June
Consultation Live – 23rd June – 14th Sept
Focus groups/Street events – 16th June – 30th Aug
Also: MP Briefings
Twitter weekend
Direct mailing
Bus campaign

Phase 8
Post – Consultation analysis

2nd legislative
order/Amendment to become law

Labour Party conference
(21st – 24th Sept)
Conservative Party conference
(28th Sept – 1st Oct)
Liberal Democrats Party conference
(4-8th October)

2015

Jan > Feb > Mar > Apr > May > June > July > Sept > Oct > Nov > Dec

Phase 9
Decision:
Decision Making
Decision Making Business Case
Thank You