MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 5 APRIL 2017 AT MANCHESTER TOWN HALL

Present:

Bolton Council
Manchester CC
Oldham Council
Rochdale BC
Stockport MBC
Tameside MBC
Trafford MBC
Wigan Council

Councillor Champak Mistry
Councillor Basat Sheikh
Councillor Colin McLaren
Councillor Sara Rowbotham
Councillor Laura Booth
Councillor Gill Peet
Councillor Patricia Young
Councillor John O'Brien (Chair)

Advisors/Officers:

Central Manchester University Hospitals FT
GM Health & Social Care Partnership Team
GMCA

Dr John Moore
Warren Heppolette
Lindsay Dunn
Susan Ford
Rebecca Patel
Leila Williams
HSC/10/17 APOLOGIES
Councillor Caitlin Bisknell (Derbyshire CC) and Councillor Margaret Morris (Salford).

HSC/11/17 CHAIR’S ANNOUNCEMENTS AND URGENT BUSINESS
There was no urgent business introduced by the Chair. The new member for Manchester City Council, Councillor Basat Sheikh was introduced to the Committee and welcomed. It was noted that Councillor Glyn Evans had stood down. The Chair reminded members that this meeting would be the last one of the municipal year.

RESOLVED-
To note and update the membership to reflect Councillor Basat Sheikh has now replaced Councillor Glyn Evans for Manchester City Council. To note that this meeting would be the last of current municipal year.

HSC/12/17 DECLARATIONS OF INTEREST
There were no declarations of interest received at the meeting.

HSC/13/17 MINUTES OF THE MEETING HELD ON 17 JANUARY 2017
RESOLVED-
To approve the Minutes of the meeting held on 17 January 2017 as a correct record.

HSC/14/17 STANDARDISING ACUTE CARE IN GM: ENHANCED RECOVERY AFTER SURGERY AND GM PATHWAY FOR MAJOR SURGERY
Leila Williams, Director of Service, Transformation Unit, introduced Dr John Moore, Clinical Care Director at Central Manchester University Hospitals NHS Foundation Trust to provide the Committee with an update on enhanced recovery for patients after major surgery.

Dr John Moore introduced a presentation that provided an overview of the Enhanced Recovery After Surgery (ERAS) team and the values and standards of the pathway. It was explained that this has been developed by multi professional colleagues across GM to enhance the recovery and long term survival of patients.

The six standards of the pathway support pre admittance prior to having major surgery by preparing patients and families better. Once in hospital, best practice enhanced surgery care is received and then a rehabilitation recovery programme ensures patients receive the best possible care while recovering.

A member asked what the empirical evidence of the prehab advice being actively taken reflects and whether or not this is ignored by many patients. Dr Moore explained that research conducted illustrates that more patients are engaged in the prehab and rehabilitation of the pathway. The rehabilitation programme is available more locally rather than hospitalised to ensure patients have access to support and information in the communities that they live.
The Committee made reference to the wider context of Public Health and how this message is promoted for the benefit of potential patients. It was suggested that lifestyle issues that contribute to health problems and result in surgery illustrates lifestyle changes are required. It was confirmed that Public Health are linked in with this area of work.

A member asked if the ERAS pathway was for any other major surgery or whether or not it was specific to cancer surgery and if it was available across the whole of GM. Dr Moore explained that a GM Steering Group has been established and all hospitals in the conurbation are signed up to the pathway. Furthermore, it applies to all planned major surgery for example, transplant and cardio, however in GM, approximately 80% of planned surgery is cancer surgery.

The Chair asked for clarification that if all patients are to be treated locally prior and post-surgery as highlighted, then has this information been disseminated to the districts and how this has be done. The Committee were informed that local relationships have been established along with the GM Cancer Board and material is being developed on the web site and promoted to GP’s in order to support and develop resources.

The practice of repeat tests, scans and blood tests at hospitals was discussed and it was considered as being an inconvenience to patients and a waste of resources. Members were assured that more is being done at the pre operation assessment at local level. This will be a staged process that will benefit from the standardised IT support that is being developed. Radiology is an example of an area that is being tested which was an area identified under Healthier Together.

Members agreed that the public health in GM is now improving. It was suggested that some of the ill health in the conurbation in the past was down to the fact that most of the area was industrial and this was a major contributor.

A member of the committee mentioned that the pathway seemed to concentrate on the physical factors and asked if the effects on mental health associated with major surgery had been considered.

It was confirmed that has been considered along with other issues to support patient engagement. For example, different ways to offer support to patients that may suffer from autism or language barriers. The aim is for the patients to become advocates of the pathway and develop the opportunities for patient forums.

The cost benefit of implementation and digital supporting tools for prehab and rehab for patients was discussed by the committee. Warren Heppolette, Executive Lead, Strategy and System Development, GM Health and Social Care Partnership Team explained that the pathway demonstrated a tested and developed framework that is complimentary to improving health outcomes and contributes to closing the current financial gap and improves quality for patients.

Members were supportive of the technological developments but asked for reassurance and consideration that alternatives were available for those who want to engage but are resistant to technological inclusion.
The Committee were supportive of the pathway and discussed methods of promoting it throughout the districts. It was proposed that the details of the presentation should be shared with the Chairs of Local Health Scrutiny Committees by the members of the Joint Health Scrutiny. Members suggested that in order to provide quality feedback to the Joint Committee that consideration should be given to the forthcoming election and changes to various committees locally and across GM. The Chair suggested that all organisation within the health and social care system in GM should be aware of the pathway and suggested that a concise report should be presented to the Strategic Partnership Board for dissemination of Standardising Acute Care in GM.

On behalf of all members the Chair thanked Dr Moore and the ERAS team for the presentation and the work which demonstrates that Greater Manchester is taking a big step forward and leading the way with the opportunities provided under devolution.

**RESOLVED**

1. To note the presentation and progress across GM on the development of the ERAS pathway;
2. To note feedback form the Committee on more localised development of prehab and rehab support for patients;
3. To note the comments from Members to ensure that all patients are offered the same level of support regardless of technological abilities;
4. To disseminate to Local Health Scrutiny Committees/Health and Wellbeing Boards for consideration and feedback;
5. To provide comments to the GM Health and Social Care Partnership Team on the value of providing an update to the GM Health and Social Care Partnership Board.

**HSC/15/17  GM JOINT HEALTH SCRUTINY MEETINGS GOING FORWARD**

Members discussed the future structure of the Committee and the potential to meet more than four times in the year. In order to maximise the value of the work of the Committee and to be effective, it was suggested that scrutiny of decisions should continue across GM and then at local level.

Members discussed the development of a Joint Health Scrutiny work plan and taking into consideration the proposed business plan for the GMHSCP for 2017/18. It was suggested that the Committee should meet six times a year instead of four.

**RESOLVED**

1. To note the feedback provided;
2. To provide feedback of the frequency and proposed work plan at the next meeting.
**HSC/16/17 DATES OF FUTURE MEETINGS**

Date for the forthcoming meeting of the Joint Health Scrutiny Committee were noted as follows:

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<tr>
<td>Wednesday 12 July</td>
<td>10:00</td>
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