

HEALTH SCRUTINY COMMITTEE

Meeting: 20 February 2007
At: 6.00 pm

PRESENT

Councillor Bryan Leck (Chair) in the chair; Councillor Roy Driver (Vice-Chair);
Councillors Walter Brett, Sylvia Humphreys, Sue Ingham and John Smith.

Mike Lappin (Adviser – Stockport Foundation Trust Patient’s Forum)
John Leach (Adviser – PCT Patient’s Forum)

1. MINUTES

The Minutes (copies of which had been circulated) of the meeting held on 9 January 2007 were approved as a correct record and signed by the Chair.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. CALL-IN

There were no items to consider.

RESOLVED – That the report be noted.

4. DEVELOPING AND IMPROVING NON-ACUTE SERVICES FOR OLDER PEOPLE IN STOCKPORT

A representative of the Assistant Chief Executive (Strategy, Performance and Governance) submitted a report (copies of which had been circulated) setting out background information to assist the Committee in making its response to the current Stockport Primary Care Trust (PCT) consultation on non-acute services for older people in Stockport.

The Committee also received supporting information in the form of slides accompanying the PCT’s presentation on the consultation, a written submission from Stockport PCT’s Patients’ Forum; a written submission from the Corporate Director, Adults and Communities and a written submission from the Director of Modernisation (Stockport Foundation Trust).

In addition, oral representations were received from the Stockport Patient’s Forum (John Leach), Age Concern Stockport (Margaret Brade); Executive Councillor (Adult Services) (Councillor Maggie Clay) and the Corporate Director, Adults and Communities (Ged Lucas); Stockport Foundation Trust (Chris Burke and Jill Byrne); Stockport Pennine Care NHS Trust (Tony Day); Unison Northwest (Chris Parker); Councillor Tony Johnson; and The Royal College of Nursing (Janine Dowson).

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The Committee asked questions and made a number of comments with particular regard to the following:-

- The financial implications of the proposals with particular regard to the estimated increased cost of approximately £900k to be met by the Council and the PCT.
- The management of the 'model of care' and the arrangements for its delivery to the community.
- A risk assessment in order to evaluate the proposals.
- Greater integrated services requiring integrated budgets.
- The loss of beds as a result of the potential closure of Cherry Tree Hospital and the possible resulting increase in "bed blocking".
- The loss of expertise from existing specialist doctors and nurses at Cherry Tree Hospital.
- The need to clarify the difference between specialist care and care for older people in general.
- Lack of consultation between Stockport PCT and Unison with particular regard to the future of existing staff at Cherry Tree Hospital.
- The need to carefully consider standards of service provision by residential and nursing care homes with particular regard to psychiatric patients.
- Lack of consultation between the Stockport PCT and the Royal College of Nursing, with particular regard to future delivery of nursing care.
- The risks regarding pushing the proposals through too quickly without proper consultation with all the relevant interested parties involved.

Richard Popplewell, Chief Executive, Stockport PCT attended the meeting and commented in general on the proposed joint arrangements with the Local Authority, the commitment to funding and commencement of new services whilst the old services were in progress in order to provide a comparative assessment of their effectiveness. He also commented on joint commissioning arrangements with the Local Authority and the potential new services which could be introduced. Both the PCT and the local authority had recognised that a Joint Commissioning Strategy needed to be progressed and developed, which included consideration of the introduction integrated budgets.

Jane Rossini (Stockport PCT) commented that the existing arrangements for patient care at Cherry Tree Hospital were of good quality, safe and secure but were rigid and not risk taking and that the existing service offered no choice to the patient with regard to living at home with care provision. She further commented that there was a need to ensure maximum flexibility in order to create wider significant change. As a greater proportion of the population of Stockport aged and new technologies were made available, it was right to develop a system which would offer greater choice to patients, particularly by providing care closer to home.

Councillors then asked further questions with particular regard to:-

- The carrying out of medical assessments by the multi-disciplinary ICRAS team.
- Ongoing financial arrangements between the PCT and Stockport Council.

The PCT assured the Committee that consideration had been given to similar successful models which had been developed at Hounslow, Liverpool and Kent

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which contained many of the main of the elements of the proposals now submitted. It was also acknowledged that there was a need to develop GPs with a “special interest” as this had been a key component in similar models which had been successfully developed elsewhere.

With regard to a suggestion on the possible introduction of inspectors to regularly check the quality of service provision, the Committee was informed that the PCT intended to introduce the development of quality standards for service provision and that these would be monitored with the introduction of a robust monitoring tool.

Richard Popplewell then gave an assurance that the overall service provision would not be reduced if the proposals were to proceed and that the Committee would receive regular bi-monthly updates in respect of progress. The PCT gave an absolute commitment that new services would be provided before the old services had been decommissioned, thus ensuring that they would be able to test and measure success and quality as they progressed. The PCT also assured the Committee that they could cope with double running costs for intermediate care for 2007/08.

In respect of a question regarding the 14 less places allocated within the new model, and not 26 more, the PCT stated that the proposals were intended to increase capacity in residential and nursing care homes by offering greater stability of funding, and that some of the local care homes had made it clear that they would welcome their new role.

With regard to consultation, the PCT acknowledged that despite sending out the consultation document as early as possible, staff in external organisations may have received the document at a later date. For this reason he agreed to submit a request to the Stockport PCT Board to extend the process to Thursday, 5 April 2007, with particular regard to the concerns expressed in respect of consultation with staff.

RESOLVED – That the Committee’s response to the consultation be deferred in order to consider the full consultation results from Stockport PCT should the Board agree to put back the consultation deadline to 5 April 2007 and that the Scrutiny Officer be requested to draft an initial response based on the above questions and comments made by the Committee.

5. GREATER MANCHESTER ‘EARLY HOURS’ STROKE SERVICE

This item was referred to the Committee by Cheadle Area Committee at its meeting held on 1 August 2006 (Minute 13 refers).

Cllr Derek Whitehead attended the meeting, presented a report (copies of which had been circulated) and gave a detailed presentation, which focused upon a new early intervention stroke service for Greater Manchester. The report had been presented to the Association of Greater Manchester PCTs with the recommendation that proposals within the paper be approved.

Councillor Whitehead commented on the magnitude of the numbers of people who suffered strokes locally and worldwide, and on the resulting loss of quality of life for

both the sufferer and their carers. He outlined the two types of strokes which could be experienced and commented on the need to speed up existing screening/ scanning procedures to within three hours of the stroke being suffered, in order to prevent potential irreparable damage. In addition, he commented on the availability of improved treatments and the need for a change in attitudes towards strokes from health services and GPs. He further commented on the need for regular checks on blood pressure for individuals, which could prove to be lifesaving.

Councillor Whitehead recognised the limitations on care provision for stroke patients which most hospitals could provide and advocated centralised care provision in large areas such as Greater Manchester. He requested that the Committee should consider writing to the Greater Manchester Ambulance Service requesting that stroke victims be given “Blue Light” transportation to hospitals and that GPs be contacted in a bid to raise awareness of the urgent need for scanning of a patient within three hours of suffering a stroke.

Professor M. Datta Choudhuri (Stockport NHS Foundation Trust) commented on the existing stroke service provision within Stockport, which although having its limitations, compared favourably with similar sized areas throughout the country. He emphasised the need for both a global approach to treatment of strokes and to raise awareness with GPs with regard to sending potential stroke victims to hospital more urgently. Furthermore, he commented on the need for general recognition of the devastating effect strokes had on both victims and carers.

RESOLVED – That the report be noted and that Councillor Whitehead be thanked for his informative presentation.

6. PENNINE CARE NHS TRUST FOUNDATION TRUST APPLICATION

Pennine Care NHS Trust was currently consulting on proposals to become a Foundation Trust. Pennine Care provided mental health services to people in Bury, Rochdale, Oldham, Stockport, High Peak, Tameside and Glossop. The Committee received a report and presentation of the trust’s application and a copy of consultation document was circulated.

RESOLVED – That the Pennine Care NHS Foundation Trust’s application be supported so far as this Committee is concerned.

7. SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH AUTISTIC SPECTRUM DISORDER

With the consent of the Committee, this item was withdrawn.

8. JOINT COMMISSIONING OF OLDER PEOPLE’S HEALTH AND SOCIAL SERVICES SCRUTINY REVIEW

A representative of the Assistant Chief Executive (Strategy, Performance and Governance) submitted a report detailing the final report of the Scrutiny Panel carrying out the review of older people's social care and health services.

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The review had been carried out at the same time as Stockport Primary Care Trust (PCT) had led a review of non-acute services for older people. This had been a major piece of work which had led to proposals for a new model of delivery which increased the level of care provided in the community, and replaced services currently provided from three wards at Cherry Tree Hospital.

The Panel had recognised that the timing of the review created an additional demand on workload across the Council, PCT and Foundation Trust. Accordingly, the work of the Panel took the form of evidence-gathering about the existing structures and rationales for commissioning of older people's health and social care services, rather than a comprehensive attempt to redesign the whole system.

This report addressed the following topics:

- Demographic changes and increased pressures upon social care and health systems.
- National policy context.
- Joint commissioning of older people's social care and health services in Stockport.
- Stockport PCT's proposals for Developing and Improving Non-Acute Services for Older People.
- Future challenges for joint commissioning.
- Conclusions made by the Panel.

RESOLVED – That the report and findings of the review be noted and that a further report be submitted setting out proposals for improving joint commissioning in Stockport.

9. AGENDA PLANNING

A representative of the Assistant Chief Executive (Strategy, Performance and Governance) submitted a report (copies of which had been circulated) setting out planned agenda items for the Committee's next three meetings, forward plan items which fell within the remit of the Committee and progress with the resolutions made by the Committee at previous meetings during the current municipal year.

RESOLVED – That the report be noted.

The meeting closed at 8.53 pm.