

**MAKING IT BETTER FOR CHILDREN, YOUNG PEOPLE,
PARENTS AND BABIES IN GREATER MANCHESTER,
EAST CHESHIRE, HIGH PEAK AND ROSSENDALE
CONSULTATION DOCUMENT JANUARY 2006**

**RESPONSE OF THE MAKING IT BETTER JOINT
HEALTH SCRUTINY COMMITTEE**

April 2006

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1. Introduction

- 1.1 This is the report of the Statutory Joint Health Scrutiny Committee (from now on called “the Scrutiny Committee”) established to respond to the NHS consultation on proposed changes to healthcare services for children, young people, parents and babies in Greater Manchester, East Cheshire, High Peak and Rossendale (from now on called “the Review area”). Formal consultation is undertaken by the Joint Committee of Primary Care Trusts comprised of the 17 Primary Care Trusts (PCTs) commissioning services in Greater Manchester.
- 1.2 The reforms proposed in this consultation are substantial and the consultation process is the largest in the country at the present time. Hence, this report is probably the first report of a Joint Health Scrutiny Committee with so many affected local authority areas. The Scrutiny Committee comprises Members from 14 local authority areas, including 3 county councils, 10 metropolitan councils and 1 borough council, across Greater Manchester, Cheshire, Derbyshire and Lancashire.
- 1.3 The Scrutiny Committee has considered the proposed changes and local evidence over 6 meetings and makes this response, which is reflective of the Scrutiny Committee’s collective thoughts and concerns as well as those of the 13 local health overview and scrutiny committees (OSCs).

2. Statutory Powers of Joint Health Scrutiny Committees

- 2.1 This Scrutiny Committee has been established in accordance with sections 7 and 8 of the Health and Social Care Act 2001, associated regulations and guidance, and specifically under the terms of a Direction issued by the Secretary of State for Health in July 2003. This Direction requires local authorities consulted by a local NHS body on a proposal for a substantial development of the health service or a substantial variation in the provision of such service to appoint a Joint Committee for the purpose of responding to the consultation. It was accepted that the proposed changes to healthcare services for children, young people, parents and babies constituted both a substantial development of health services and a substantial variation in the provision of services. Therefore, the local authorities with health scrutiny powers affected by this substantial variation in services in Greater Manchester, East Cheshire, High Peak and Rossendale have appointed Members to this Scrutiny Committee for the purpose of this NHS consultation.
- 2.2 This Scrutiny Committee has carried out its work as a Regulation 4 study under the 2002 regulations¹. The statutory role of this Scrutiny Committee in responding to NHS consultation has therefore been to consider;
1. Whether the Committee has been properly consulted within the consultation process.
 2. Whether the local health organisation concerned has taken into account the public interest through appropriate public and patient involvement and consultation.
 3. Whether a proposal for change is in the interests of the local health service.

These questions are addressed in Section 5 of this report.

¹ HMSO (2002), *The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002*, Statutory Instrument 2002, No. 3048

3. Methodology

Members

- 3.1 The Joint Health Scrutiny Committee comprises Members from Greater Manchester, Cheshire, Derbyshire and Lancashire as follows;

Authority	Representative
Bolton MBC	Cllr Margaret Clare
Bury MBC	Cllr John Smith
Cheshire County Council	Cllr Bert Grange
Derbyshire County Council	Cllr Alan Jones
Lancashire County Council	Cllr Tim Ormrod Cllr Gladys Sandiford (Rossendale BC)
Manchester CC	Cllr Tony Parkinson
Oldham MBC	Cllr Jean Jones
Rochdale MBC	Cllr Pauline MaGuire
Salford CC	Cllr Joe Kean
Stockport MBC	Cllr June Somekh
Tameside MBC	Cllr Michael Smith
Trafford MBC	Cllr John Lamb (Vice-Chair)
Wigan MBC	Cllr John O'Brien (Chair)

Meetings

- 3.2 The Scrutiny Committee met twice during the pre-consultation 'discussion and engagement' phase to consider the initial proposals and its views. The Committee's formal response to the Discussion Document raised a number of queries that the Committee asked to be resolved prior to formal consultation (see Appendix 1). The Committee has borne these points in mind during its consideration of the proposals contained in the Consultation Document and refers back to them in this report.
- 3.3 One meeting was held following the response to the Discussion Document and prior to the formal consultation period commencing and the Committee used this to prepare for the consultation (15th November 2005). During the period of formal consultation the Committee has met 6 times. A table setting out the written evidence received and NHS attendance at each meeting is attached at Appendix 2.

- 3.4 The Scrutiny Committee used these meetings to consider the proposals and issues relating to all local authority areas. The broad themes of these meetings were as follows;
1. Presentation of the proposals
 2. Exploring the impact of proposals - delivery and resourcing
 3. Exploring the impact of proposals - patient pathways
 4. Exploring the impact of proposals – further information on delivery and resourcing
 5. Exploring the impact of proposals - local government and local areas
 6. Conclusion
- 3.5 In addition to this and in order for the Scrutiny Committee to reflect the range of views it asked local OSCs to specifically respond to the issues in Appendix 3. A standard template was used by the majority of local OSCs to frame their responses which has made comparisons, and analysis, of this local evidence more manageable.

Support Mechanisms

- 3.6 In order for the Scrutiny Committee to function smoothly and effectively a number of provisions were made;

Project Plan

- 3.7 The work of this Committee has been carried out broadly in accordance with an agreed project plan. A project plan was originally agreed by the Committee in April 2005 and has subsequently been through numerous revisions to take account of NHS timetabling and the Committee's own requirements.

Officer Support

- 3.8 Stockport Council has acted as the co-ordinating authority in terms of initiating information requests and drawing together the final report. The Association of Greater Manchester Authorities (AGMA) Policy Unit has been responsible for administering the Committee. This has established clear lines of communication between the Committee and the NHS.

Officer Meetings

- 3.9 Officers supporting the elected Members forming the Scrutiny Committee met on an ad hoc basis throughout the pre-consultation and consultation phase. This acted as a mechanism for ensuring that all officers were appraised of any developments, involved in planning agendas, satisfied with

the process and able to brief their respective Members in advance of meetings.

Briefings for Councillors

- 3.10 In addition to officers briefing their respective Members, on occasion a briefing paper guiding Members through the agenda items was circulated. This was intended to give Members a summary of the purpose and content of reports and suggest additional lines of enquiry.

4. Commentary in Response to Consultation Questions

- 4.1 This section of the report is the Scrutiny Committee's response to the questions posed by the Joint Committee of PCTs in their Consultation Document.

The Need for Change

Does the Committee agree that services need to change?

- 4.2 The need for change to provide safe, effective, high quality healthcare services for children, young people, parents and babies in the Review area is generally accepted. This Scrutiny Committee formed this view at an early stage in discussions about the proposed changes and further examination of the need for change has not been required.
- 4.3 This support for the need for change is based on the acceptance of the rationale within the Consultation Document but with varying emphasis on the different reasons. Reasons noted and understood are as follows;
- Changing needs of the population
 - Changing patterns of illness among children and young people
 - Medical evidence for the benefits of fewer, larger units
 - Need for modernisation
 - More choice about the setting where care is received.
- 4.4 However, it is accepted that some doubts about the need for change exist among local communities. It is recognised that although 76% of respondents to the Discussion Document agreed with the need for change this is an average that undoubtedly disguises varying degrees of unanimity within localities.

The Vision for Services in the Future

Does the Committee agree with proposals for the way that services will be provided in future?

- 4.5 The principles upon which the proposed changes are based are appreciated and the vision for the way that services will be provided in future is generally welcomed. Clearly this Scrutiny Committee wants to see new and improved health services for all children, young people, parents and babies in the Review area.
- 4.6 However, there is some concern about the ability to achieve the vision in light of the information presented to the Scrutiny

Committee and local evidence. This concern will be detailed in the Committee's response to the question of whether "the proposals for change are in the interests of the local health service" in section 5 of this report.

The Criteria for Selecting Options

Does the Committee agree with the criteria for selecting options? If not, why not and what other criteria would be suggested?

- 4.7 The Scrutiny Committee agrees that the criteria for selecting options for change are sound.
- 4.8 The Committee's principal concerns in relation to the criteria are about how and when they have been applied and not about their relevance or suitability. Firstly, it appears that a complete assessment of each option against the criteria has only been attempted after the options were selected and the consultation commenced. Secondly, the evidence of option appraisal presented to this Committee was patchy and incomplete, particularly at the beginning of the consultation process.
- 4.9 This Committee believes that the evidence base should have been used to fully inform the process of option generation ahead of consultation. In the absence of a complete and compelling evidential base for selecting the options some Members are not persuaded that the options being consulted on meet the selection criteria or that there is justification for the 'preferred option'.

Options for Change

Does the Committee have a view on what is the 'best option'?

- 4.10 Some Members and their respective local OSCs felt able to conditionally endorse a specific option for change whilst other Members could not support any of the proposed options. A number of Members were inclined to support the preferred option (option A); however, this was balanced by the number of Members who believed that another option was better or needed to be persuaded that any of the options would provide improved healthcare services for residents in their part of the Review area.

- 4.11 A number of factors were considered by the Scrutiny Committee and local OSCS in coming to a view on this question;
- Geographical spread of units
 - Optimum number of in-patient units for the workforce available, skill maintenance and patient care (7 or 8)
 - Case for location of 24 hour in-patient paediatrics with neonatal intensive care units
 - Accessibility of units for communities with the greatest need
 - Implications for other hospital services where a service is withdrawn
 - Performance ratings and expertise where services are currently delivered
- 4.12 The Scrutiny Committee's comments in response to the consultation questions are supplemented and qualified by a wide range of concerns and considerations set out in subsequent sections of this report. Whilst the Committee does not have a definite view on which option is the 'best option' the concerns that need addressing will suggest which options of those consulted on, or another option suggested by the consultation, are likely to be acceptable to Members of this Committee and their respective local OSCs.

5. Commentary in Relation to the Scrutiny Committee's Health Scrutiny Function (Regulation 4)

- 5.1 This section of the report sets out the Scrutiny Committee's comments on whether the proposals for change are in the interests of the health service and the adequacy of the consultation.

Are the proposals for change in the interests of the local health service?

- 5.2 This Committee has endeavoured to scrutinise the issues under review objectively and has found that the work they carried out in considering whether the safety, feasibility and equity criteria were met in the proposed options for change has helped them in that scrutiny. Therefore, the Scrutiny Committee's comments on whether the proposed options for change are in the interests of healthcare services across the review area are summarised against these criteria.

The **criteria used to evaluate the reconfiguration options** were;

Feasibility

- Ability of units to cope with increased numbers of patients
- Whether the overall scale of change is manageable
- Degree of financial risk

Safety

- Medical workforce available for the number of units in the options (units to stay open at all times and not rely on locum staff)
- Critical mass of patients using the services (ensuring staff work in units with enough patients to maintain their skills)

Equity

- Population now and in the future
- Deprivation
- Access to transport

Source: Consultation Document, page 47

Feasibility Criterion

- 5.3 The main areas of concern in relation to satisfying the feasibility criterion in the options chosen are set out below.
- 5.4 It is understood that the effective management of change to healthcare services has many interdependencies with the ability of local authority services to adapt to support growing community based care. The Committee has 3 main concerns in terms of the impact of change on **local authority services**.
- 5.5 Firstly, there has been insufficient information provided to this Committee or local OSCs for the Committee to make a judgement on the impact of proposed changes on local authority services. In the absence of detailed financial information this Committee is uncertain about the extent of the impact and whether any costs incurred by new models of care can be met by local authorities. The Committee has heard that it is not anticipated that the proposed changes will require further investment in local authority children's services. Members of this Committee are not persuaded of this and recommend that local authorities continue to monitor the impact on children's social work teams, especially where increased patient inflows to the local hospital are expected.
- 5.6 Secondly, risks in relation to child protection are an expressed concern. Particular concerns relate to the potential increased risk anticipated during the transition period and in areas where there may no longer be co-terminosity between local authority and health service provision due to the closure of in-patient paediatric services. In some areas children will receive hospital care outside their area followed by community nursing care closer to home requiring patient information to be swiftly and easily accessible to medical staff following transfer. The Committee is concerned that action is taken to ensure that problems of engaging with local authority children's services where the child is in hospital outside the local authority area are not exacerbated by new service arrangements. Furthermore, this point about swift provision of information applies to communications between hospitals and all services closer to home and all children, not just those at risk, upon discharge from hospital and re-admission to hospital.
- 5.7 Thirdly, the possible detrimental impact on development of services and working relationships across local authority and

health services in support of community based care is highlighted. This Committee needs assurance that action will be taken to mitigate any negative effects of change on the relationship between local authorities and health services in terms of the delivery of the Every Child Matters Change for Children Programme and information sharing across social care and health.

- 5.8 It is noted and understood that additional investment will be required to move to a new configuration of services. The Committee has 6 main concerns in relation to **financing the delivery of the proposals and the wider financial implications**.
- 5.9 Firstly, the Scrutiny Committee was frustrated that it did not find it easier to obtain financial information earlier in the consultation period; however, some confidence was restored amongst Members by evidence presented in the Report of Teamwork Management Services on *Financial Assessment for the Network and Joint Committee of PCTs*. On the other hand, many local OSCs felt unable to make informed judgements on the financing of the proposals as they felt that they had had limited information and time to consider the issue.
- 5.10 Secondly, there is concern that PCT's financial impact assessments are incomplete and without this information the Committee cannot be assured of the availability of resources to develop services sufficiently to effectively implement the proposals. The onus is on PCTs to invest to expand services outside of hospitals and whilst their investment intentions remain unconfirmed this remains a significant concern for Members of this Scrutiny Committee in terms of the level of community service provision and the implications that this investment priority might have for other primary care spending plans.
- 5.11 Thirdly, the question of finance during the transitional period is a particular concern for Members of this Scrutiny Committee. Additional costs are anticipated in the form of 'double running costs' during the implementation of the 'Making It Better' proposals. Members have concerns that these costs have not been specified and that it is unclear how they will be funded. Members also need assurances that funding for current hospital based services will not be reduced whilst community based services are being developed.

- 5.12 Fourthly, the Consultation Document states that the chosen option will not cause financial difficulties for the hospitals; however, some Members have concerns that the future financial viability of the local acute trust would be compromised by one or more of the options proposed. The impact of the chosen option on the wider range of healthcare services at hospitals where in-patient paediatrics and obstetrics or neonatal intensive care facilities may be lost should be considered and action taken to mitigate financial disadvantage for any trust. Dependent on the option chosen the evidence gathered by local OSCs would suggest that this might have the most acute effects on; Tameside General Hospital (options B, C and D), Macclesfield District General Hospital (options A, B and C) Trafford General Hospital (all options) and Salford Hope Hospital (options A, B and D).
- 5.13 Fifthly, some Members of this Scrutiny Committee feel that capital investment in new services rather than development of existing services does not make financial sense and that the cost differentials between options should be a factor in decision making. Dependent on the option chosen the evidence gathered by local OSCs would suggest that this is most strongly felt by; Bury – Fairfield Hospital (all options) and Salford Hope Hospital (options A, B and D).
- 5.14 Sixthly, Members of this Scrutiny Committee have concerns about the impact of increased demand on Ambulance Services and their ability to respond to increased operational demand without any guarantees of increased investment. Dependent on the option chosen this is of greatest concern to Eastern Cheshire (options A, B and C) in relation to the Mersey Regional Ambulance Service in the light of a record of poor performance.
- 5.15 It is noted and understood that the transfer of care from hospitals to the community is the essential first step in implementing the proposed changes. The Committee has 2 primary concerns in relation to the development of **community health services**.
- 5.16 Firstly, the Committee finds the indication that local PCTs have not costed the impact of developing community based services worrying. It is acknowledged that community nursing services are at differing stages of development across the Review area and that significant investment and development is required in some areas. However, the Committee has not had any evidence that this investment has

been costed or guaranteed in some cases. This is an issue that must be addressed before implementation begins, to avoid these existing inequities being exacerbated.

- 5.17 Secondly, the Committee remains to be convinced that it will be possible to fulfil the pledge made in the Consultation Document that no hospital services will be reduced until services provided outside hospitals are in place. The Scrutiny Committee has heard that a 'Care Closer to Home Strategy' will be developed and will outline the development of community children's health services across the Review area. However, Members feel that a principal weakness of the Consultation Document has been the lack of detail on how community services will be developed and improved. This uncertainty about the community services that will replace hospital services is particularly potent for North East Manchester, Trafford, Derbyshire and Eastern Cheshire.
- 5.18 This Scrutiny Committee has some concerns about **capacity levels** at hospitals across the Review area and the ability of units to cope with increased numbers of patients. Members of this Committee have expressed concerns about changes in patient flows during the transitional phase whilst hospital services are being reduced and once the newly configured services are in operation in terms of the increased pressures on some units. Clearly, where units will close, resources will need to be made available to expand the neighbouring units to cope with inflows of patients. Dependent on the option chosen the evidence gathered by local OSCs would suggest that this might be of greatest consequence to East Lancashire Hospitals and the Royal Oldham Hospital (due to the proposed closure of in-patient obstetric and paediatric facilities at Fairfield and Rochdale Hospitals in all options), Wythenshawe (due to the proposed closure of in-patient facilities at Trafford in particular) and St Mary's Hospital (in the event that the option chosen did not include North Manchester General Hospital).
- 5.19 This Scrutiny Committee has some concerns in relation to the impact of proposals on **Child and Adolescent Mental Health Services (CAMHS)**. It considers that there is limited evidence of further thought being given to the needs of CAMHS service users in the Consultation Document. Evidence presented to this Committee suggests that there are currently a number of issues for the CAMHS service and particularly the out of hours service. In line with the Children's National Service Framework Standard 9, investment will be targeted at

the out of hours service. However, the Making It Better proposals will require further resources to be made available to develop CAMHS generally, for example, new practitioners to link CAMHS practitioners to the area of origin and develop community nursing for CAMHS. Members of this Committee have concerns that issues are not being addressed particularly where the local hospital may lose its in-patient paediatric facilities.

Safety Criterion

- 5.20 The principle of delivering safety of services and rationale for determining what constitutes a safe service, to include unit size and 'critical mass' of staff and patients, is generally agreed and understood. However, the Committee does have some concerns. The 4 main areas of concern in relation to satisfying the safety criterion in the option chosen are set out below.
- 5.21 Firstly, this Scrutiny Committee has concerns about the **recruitment and retention of staff** to support newly configured services. The Committee has been presented with information on what safe staffing levels would be for the number of units proposed. However, it remains to be wholly convinced that this is achievable. Members of this Committee have reservations about the ability to recruit qualified staff in the numbers needed, particularly in midwifery, and feel uncertain of whether this has been fully appreciated and how it would be addressed.
- 5.22 Secondly, it is generally accepted that there is evidence to suggest that 8 in-patient obstetric and paediatric units is a manageable number. However, a small number of Members are of the opinion that 7 rather than 8 units may be the **optimum number of units** in terms of staffing considerations. This is linked to concerns about staffing shortages in many of the medical, nursing and midwifery groups and the 'critical mass' of children using the service in the long term to maintain the specialist skill base of clinicians.
- 5.23 Thirdly, a potential **recruitment and retention problem for hospitals losing their in-patient paediatric and obstetric services** has been highlighted. There are doubts about the ability to attract staff or retain staff to work in hospitals with limited services and the impact of this, particularly for residual services, has raised some concern. This Committee needs to be assured that steps will be taken to prevent this potential

effect interfering with planned implementation of change thereby causing services to close at short notice and compromising patient safety.

- 5.24 Fourthly, this Scrutiny Committee has concerns about the ability of all PCTs to **build community teams within the timescales required**. Members need assurance that sufficient time and resources will be invested in developing these staff before changes to services are made.

Equity Criterion

- 5.25 The Committee acknowledges that travel to hospital is the primary way that service users will experience the changes proposed and a small number will find it more difficult to access newly configured hospital services. However, the Scrutiny Committee maintains that patients and public in all parts of the Review area should not be disadvantaged by the reconfiguration of in-patient obstetric and paediatric facilities. There are 4 main areas of concern for this Committee in relation to satisfying the equity criterion in the option chosen and these are set out below.
- 5.26 Firstly, many constituent local area OSCs are concerned that the **distribution of in-patient obstetric and paediatric services across the Review area** will have a detrimental impact on access to healthcare services for their residents. Information has been presented to the Committee on calculated 'equity scores' for each of the hospital catchment populations, using data on deprivation, population size and travelling distance. This report, *Making It Better Making It Real Analysis of Public Health Issues*, highlighted but did not address the fact that there would be a significant impact of the removal of 24/7 paediatric and maternity services for the catchment populations of Fairfield (Bury) and Rochdale (this includes residents in the Rossendale BC area). This would suggest that serious consideration needs to be given to the impact on this population given that neither Fairfield nor Rochdale feature in any of the options.
- 5.27 Secondly, Members of this Committee are concerned that disadvantaged areas could be further disadvantaged by the proposals where they are not well served by **public transport systems or have low levels of car ownership**. Small pockets of deprivation exist in most boroughs or local areas and there is particular concern about the impact of extended travelling distances to hospital services and the cost

of this for these residents and also the general population. Some local OSCs also have concerns that public transport links to alternative hospitals, where the local facility may no longer be available, are not currently in operation. Within this there is a need to consider the particular needs of visiting relatives as travelling may also present problems for them. Evidence gathered by local OSCs would suggest that the communities that will face extra difficulties owing to travelling distances and access to transport are in Bury, Rochdale and Rossendale (affected by all options), rural Eastern Cheshire (under options A, B or C), Tameside (under options B, C or D) and Salford (under options A, B and D) owing to low levels of car ownership in particular and the impact of congestion on travel times in and around central Manchester. The Joint Committee of PCTs must give further consideration to how inequity issues for North East Manchester can be mitigated as it is not clear to Members of this Committee that any of the current options addresses this issue.

- 5.28 Thirdly, whilst Members of this Committee note and understand the rationale for 3 **Neonatal Intensive Care Units (NICU)**, there are differing views about the proposed location of the units in terms of their accessibility to all parts of the sub-region within reasonable travelling times. Evidence gathered by local OSCs would suggest that the communities most affected by the proposed changes to NICU location will be Salford (under options A, B and D) and Trafford (all options with particular consideration for residents South of Manchester).
- 5.29 Fourthly, Members of this Committee have concerns about the **capacity of car parks** at some local hospital sites to withstand increased inflows of patients. It is not clear whether the impact of increased car journeys to fewer hospital sites has been taken account of in evaluating the options.

Consultation

- 5.30 In dealing with this consultation under Regulation 4 of the 2002 Regulations this Committee has sought to satisfy itself of the adequacy of the consultation in terms of consultation with this Scrutiny Committee, patient and public involvement in developing the proposals (Health and Social Care Act, Section 11) and the formal consultation process.
- 5.31 The Children Young People and Families Network have managed the consultation on the Making It Better proposals at a regional level and have engaged with this Scrutiny Committee. Primary Care Trust's Consultation teams, with support, training and development from the Network, have been responsible for local consultation and engagement with local OSCs.

Has the Committee been properly consulted within the consultation process?

Consultation with the Scrutiny Committee

- 5.32 In order for Members to be able to satisfy themselves that proposed changes are in the interests of the local health service they need to be presented with information that allows them to do this. Information made available to the Committee ought to be comprehensive but accessible. It is felt that the Network have satisfied this requirement to the best of their ability in most instances in terms of their duty to respond to the information requests of this Scrutiny Committee. However, there are some caveats to this particularly with regard to the fact that comprehensive information on the financing of the proposals and evaluation of the options against the equity criterion was only available in the latter stages of the consultation. It has been difficult for Members or their respective local OSCs to be assured that the feasibility and equity criterion are satisfied in the options being consulted on. The Committee believes that the evidential base for option selection should have been established before the consultation opened and that evidence of this should have been presented to this Scrutiny Committee earlier in the process.

Consultation with Local OSCs

- 5.33 It has been incumbent on local OSCs to provide the local evidence to this Scrutiny Committee in relation to the

proposals as they affect constituent local authority areas. Here the Committee has been concerned about the adequacy of NHS consultation with local OSCs. Some participating local authority OSCs have been unable to obtain comprehensive information from their local NHS Trusts and local authority children's services departments in relation to the planned services in their area and feel that this prevented them from effectively scrutinising the impact on the local area and making an evidenced and robust contribution to this joint response.

Has involvement activity shaped the proposals coming forward?

5.34 The Committee has been presented with information regarding how its own and other stakeholder involvement has influenced the proposals coming forward and is broadly satisfied that links can be made between the responses to the Discussion Document and the proposals in the Consultation Document. As the 'discussion and engagement' stage focussed on initial proposals rather than location of services, the same links cannot easily be made between the responses and the options for where services should be sited. However, the criteria used to recommend options for change were selected using stakeholder involvement and therefore this Committee's comments on the extent to which these criteria are satisfied in the options are relevant to this question. To this end Members of the Committee remain unconvinced that they have received evidence of a robust evaluation of the options against the criteria and therefore cannot be clear that involvement activity has been a key factor in the process for selecting options for change to date. The Committee expects to see evidence of how the consultation process has influenced the option chosen in the decision-making documentation reported to this Committee.

Has the NHS fully and effectively consulted on the proposals?

5.35 The Committee has some reservations about the approach taken to consultation. An extended period of time and considerable effort has been invested by the Network and others in pieces of consultation work looking at the design of services rather than the location of services. It is noted and understood that this approach meets with the principles outlined in Department of Health Guidance on planning and developing service configurations (*Keeping the NHS Local*,

February 2003). However, Members of this Committee believe that this approach has meant that patients and the public did not have a real understanding of the impact of change until the options for where services should be sited were known and that the 12 week period of consultation (even though it was subsequently extended to 16 weeks) has allowed too little time to examine the real issues. This is a sentiment also shared by Members of this Committee in relation to their own involvement in the consultation.

5.36 The Scrutiny Committee broadly agrees that consultation organised locally by the Primary Care Trusts has been rigorous and inclusive. The Scrutiny Committee response to the Discussion Document recorded concerns about the adequacy of consultation in some local areas but it seems that a more consistent approach, meeting with the approval of most Members and respective local OSCs, has been managed in this formal consultation phase. Members are generally agreed that efforts to engage widely and specifically with hard to reach groups have been considerable.

5.37 However, the Committee notes that there are some significant exceptions;

- There are concerns in East Cheshire that the launch of the public consultation initially failed to engage the public due primarily to inadequacies with the Consultation Document, both as regards its availability and accessibility, and also the presentation of information particularly the focus on the town of Macclesfield rather than the extensive area covered by the PCT. More latterly, the PCT has taken active steps to remedy the situation.
- There has been an apparent lack of interaction and engagement with Directors of Children's Services in developing and consulting on the proposals for change and this Committee recommends that this work is taken forward urgently.
- There are some doubts about whether staff providing children's services in hospitals have been fully involved in discussing the proposals, despite the efforts of Acute Trusts. Evidence submitted to the Scrutiny Committee by Bury Council's Healthier Communities Scrutiny Commission, following interviews with key staff, suggests that not all staff feel that they have been properly informed or consulted on the proposed changes.
- There is some uncertainty about whether engagement activity has included NHS Trusts outside of the Review area that are

likely to be affected by changes in patient flows, for example, East Lancashire Hospitals and Warrington General Hospital.

- There is some concern that all relevant transport operators may not have been consulted in view of the likely need for service changes to reflect passenger flows.
- There is some feeling that more could have been done to engage with children appropriately and their parents generally.

5.38 The Committee makes the following points about the readability and content of the Consultation Document;

- It is felt by some local OSCs that the length, content and language used in the Consultation Document made it inaccessible to some members of the public.
- An Executive Summary in plain language might have been helpful to all readers.
- It is felt that the consultation document is a hospital focused document and includes little information on developing community based services.
- Some local OSCs felt that the Consultation Document could have spelt out more clearly the impact of each option for each area.
- Some areas such as Eastern Cheshire felt that information specific to their area was lacking.

6. Conclusion

- 6.1 This Scrutiny Committee generally supports the need for change, the vision for change and the criteria for change but this does not translate into a shared support of any of the options for where services should be sited in the future.
- 6.2 It is apparent that a Joint Health Scrutiny Committee comprised of 14 local authority Members, whose local areas will be affected in different ways by the proposals under consideration, is unlikely to establish a shared view on which of the options for change is in the interests of the Review area as a whole. The Committee discussed whether it had a preferred option and, in the absence of unanimity on a preference, this report has sought to reflect the variation in views and give a balanced picture of local impacts as its health scrutiny powers require.
- 6.3 Whilst the Committee appreciates the Network's commitment to engagement with overview and scrutiny and has been broadly satisfied with the level of information it has received, there is some consensus among Members that they have not been presented with the compelling evidence needed to be persuaded that any particular option is the 'best option', satisfying all of the criteria, for patients using services across the whole Review area.
- 6.4 Members of this Committee will not be able to satisfy themselves completely on whether the proposed changes can be viewed as a positive development for their local area and the Review area as a whole until the many concerns raised in this response have been thoroughly addressed.

7. Recommendations

The Scrutiny Committee recommends that:

Feasibility Criterion

Local Authority Services

- 7.1 Local authorities monitor the impact of changes on children's social work teams, especially where increased patient inflows to the local hospital are expected.
- 7.2 The Joint Committee of PCTs take action to ensure that problems of engaging with local authority children's services where the child is in hospital outside of the local authority area are not exacerbated by new service arrangements.
- 7.3 The Joint Committee of PCTs ensures that action is taken to mitigate any negative effects of change on the relationship between local authorities and health services in terms of the delivery of the Every Child Matters Change for Children Programme and information sharing across social care and health.

Financing the Delivery of Proposals and Wider Financial Implications

- 7.4 The Joint Committee of PCTs guarantees that the proposals for change are backed by the necessary financial commitments to maintain quality of service across the Review area during the transition and sustain implementation over the long term.

Community Health Services

- 7.5 The Joint Committee of PCTs ensures that levels of community nursing coverage consistent with demand are funded and in place across the Review area before any hospital services are reduced.

Capacity Levels

- 7.6 The Joint Committee of PCTs give consideration to the geographical spread of units across the Review area in order that undue pressures are avoided in respect of the associated operational and financial pressures of anticipated patient flows.

Child and Adolescent Mental Health Services (CAMHS)

- 7.7 The Joint Committee of PCTs give consideration to the development and resource needs of the CAMHS service, in terms of hospital based and community based provision, in order to mitigate any negative effects for service users especially in areas where the local hospital may lose its in-patient paediatric facilities.

Safety Criterion

- 7.8 That the Joint Committee of PCTs has a robust strategic workforce plan in place to support recruitment and retention of staff and maintain safety of services through the transition and beyond.

Equity

- 7.9 The Joint Committee of PCTs ensures that the decision on which hospitals will provide services minimises the numbers affected in terms of extended travelling distance particularly where children are from lower income families or are without access to personal transport.
- 7.10 The Joint Committee of PCTs give further consideration to how inequity issues for North East Manchester can be mitigated.

Consultation

- 7.11 The consulting body fully establishes the evidential base for option selection before the formal consultation opens in future consultation exercises on substantial developments or variations of health services.
- 7.12 The Joint Committee of PCTs and local PCTs ensure that a dialogue is established or continued with other affected NHS Trusts (Acute Trusts and Ambulance Services) and Directors of Children's Services to address the issues arising out of the consultation process and implementation of the newly configured services.
- 7.13 The Joint Committee of PCTs present evidence of how the consultation process has influenced the decision on where services will be sited in their response to this Committee.

Other

- 7.14 The Joint Committee of PCTs take account of the outcomes of further financial assessment and equity scoring in making their final decision on an option for where services should be sited.
- 7.15 The Joint Committee of PCTs and local PCTs ensure that the announcement of a decision on the option for where services will be sited is accompanied by a communication plan addressing the concerns of the public and staff and making clear what the associated immediate and longer term arrangements are.
- 7.16 The authorities who are party to this report make it available to key stakeholders, probably including local OSCs, the Executive and local MPs, in accordance with the advice set out in paragraph 5.5.5 of the Department of Health's Overview and Scrutiny of Health Guidance.
- 7.17 The Joint Committee of PCTs, in considering the report and recommendations from this Committee, address each of the main points and evidence, in their response to this Committee and in the final decision taken, that they have done so.
- 7.18 The Greater Manchester Health Scrutiny Panel monitors the implementation of the changes to healthcare services for children, young people, parents and babies in the Review area and particularly monitors the outcomes of any actions agreed in the NHS response to recommendations made by this Scrutiny Committee at appropriate stages.

The Scrutiny Committee resolves that;

- 7.19 This Committee reconvenes at the appropriate time to receive the NHS response to the report and recommendations of this Committee and consider the final decision of the Joint Committee of PCTs.

Appendix 1

Issues Raised in the Scrutiny Committee Response to the Discussion Document (September 2005)

1. How has pre-consultation involvement and engagement activity shaped detailed proposals?
2. What steps have been taken to ensure a more consistent approach to involvement and engagement during this formal consultation period?
3. What efforts have been made to consult with the diverse population of the review area? Including;
 - Different languages
 - Sensory impairment
 - Rural communities
 - Beyond the known 'health community'
4. Is more information on how community services will be developed and improved included in the consultation document? Does the consultation document spell out what is new as well as what will be lost?
5. Is there evidence that further thought has been given to how CAMHS might be developed and supported where the local hospital no longer has children's wards?
6. Is there evidence that more thought has been given to the impact of proposals on the wider children's care workforce? Are proposals for the corresponding development of this workforce included in the consultation document?
7. Does the consultation document spell out, in as much detail as possible, the investment that is to be made and how proposals are to be financed and resourced?
8. Is there evidence in the consultation document that further work has been done in terms of considering the Every Child Matters five outcomes for children and the relationship between the health service and other public services?
9. Does the consultation document provide information about travel times from various localities to hospitals? Is any

indication given of where community services might be located?

10. Is there any evidence that the NHS has considered how changes in location of services will affect;
 - People and families on low incomes
 - Those without access to personal transport
 - Those that live in rural locations
 - The geographical relationship between public transport networks and infrastructure and health service locations
11. Has detailed information about arrangements in emergency situations been included in the document? Is the Committee assured that the performance of the Greater Manchester Ambulance Service will support these arrangements?

Appendix 2

Evidence and Attendance at the Committee's Meetings

Dates	Evidence considered	NHS Attendance
31 st January 2006	<p>Report on 'Impact of Engagement Activity on Formal Consultation Content'</p> <p>Report on 'Making It Better, Making It Real Formal Consultation – Engagement Strategy'</p> <p>Presentation of the proposals in the Making It Better, Making It Real Consultation Document</p>	<p>Peter Rowe (Chair, CYPF Network)</p> <p>Diane Davies (Network Director, CYPF Network)</p> <p>Tony Gick (Consultation Manager, CYPF Network)</p> <p>Cath Broderick (Patient and Public Involvement Manager, CYPF Network)</p>
14 th February 2006	<p>Reports on financing and delivering the proposals;</p> <p>Making It Better, Making It Real Update and Position Statement</p> <p>Assessment of Feasibility of Configuration Options, Report to Joint Sub Committee Overseeing Making It Better, 7 December 2005</p> <p>'Delivering Healthcare for the 21st Century'</p>	<p>Tony Gick (Consultation Manager, CYPF Network)</p> <p>Cath Broderick (Patient and Public Involvement Manager, CYPF Network)</p> <p>Halcyon Edwards (Associate Network Director, CYPF Network)</p> <p>Dr Carol Ewing (Consultant Paediatrician, Clinical Workforce Lead, CYPF Network)</p> <p>Matthew Bluck (Workforce Development and</p>

	covering workforce implications and development	Change Manager CYPF Network) Mike Burrows (Chief Executive, Salford PCT)
28 th February 2006	5 case study 'patient pathways' used to consider the impact of Making It Better proposals for healthcare services across the review area	Tim Meadows (Consultant Orthopaedic Surgeon, Manchester) Gerald Meehan (Deputy Director of Children's Services, Wigan MBC) Mike Maresh (Consultant Obstetrician, Manchester) Julia Estcourt (Deputy head of Midwifery/Head of Gynaecology Nursing, Stockport) Richard Campbell (Consultant Paediatrician, Trafford) Peggy Keating (Manager Community Children's Nursing Team, Manchester) Patricia Hamilton (NHS Direct, Manchester) Tim Butcher (General Manager, Service Modernisation, Greater Manchester Ambulance Service) Mary Eminson (Consultant Psychiatrist, Bolton) Raj Patel (General Practitioner

		and PEC Chair, Tameside and Glossop PCT)
21st March 2006	<p>Various reports demonstrating how the options for change meet the safety, feasibility and equity criteria;</p> <p>Neonatal and High Dependency Care: Greater Manchester Neonatal Network Area</p> <p>Report on Greater Manchester Maternity and Children's Population, Deprivation and Access 'Analysis of Public Health Issues'</p> <p>Briefing Document with Respect to 'Delivering Safety of Services'</p> <p>Report on 'Care Closer to Home Strategy'</p> <p>Report of Teamwork Management Services on 'Financial Assessment for the Network and Joint Committee of PCTs' (Interim Report, 14 March 2006)</p> <p>Report on 'Consultation Process Update'</p>	<p>Diane Davies (Network Director, CYPF Network)</p> <p>Halcyon Edwards (Associate Network Director, CYPF Network)</p> <p>Tony Gick (Consultation Manager, CYPF Network)</p> <p>Cath Broderick (Patient and Public Involvement Manager, CYPF Network)</p> <p>Dr Anthony Emmerson (Consultant Neonatologist, St Mary's Hospital, Manchester)</p> <p>Dr Eleanor Roaf (Director of Public Health, North Manchester PCT)</p> <p>Matthew Bluck (Network Workforce Development and Change Manager)</p> <p>Jill Beaumont (Associate Director of Clinical Services, Children, Oldham PCT)</p> <p>Dr Mike Burrows (Chief Executive, Salford PCT)</p> <p>Debra Batchelor (Director of Teamwork Management Services Ltd)</p>

4th April 2006	Further information on 'equity scoring' the options and local overview and scrutiny committee submissions considered	<p>Tony Gick (Consultation Manager, CYPF Network)</p> <p>Cath Broderick (Patient and Public Involvement Manager, CYPF Network)</p> <p>Jan Hutchinson (Director of Public Health, Bolton)</p> <p>Leslie Klein (Director of Public Health and Clinical Effectiveness, Eastern Cheshire)</p>
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Appendix 3

Template for Local OSC Responses to the Making It Better Joint Committee

Local Authority:

Considering the Proposals
(OSC comments in relation to the questions posed in the consultation document)
The Need for Change (Do you agree that services need to change?)
The Vision for Services in the Future (Do you agree with our proposals for the way that services will be provided in the future?)
The Criteria for Selecting Options (Do you agree with our criteria for selecting options? If not, why not and what other criteria would you suggest?)
Options for Change (Are the proposed options for change supported? If not, must provide reasons and evidence; see below)

Local Evidence

(general issues/ concerns that the OSC has expressed in relation to the proposals as they affect the local authority area)

Impact on local authority services**Financial impact****Long term impact on the future of local NHS services****Implications for the workforce****Accessibility and transport issues****Other**

<u>Consultation Activity</u>
(OSC comments on planned local consultation activity – will it be rigorous and inclusive?)

Abbreviations

Network	Greater Manchester, East Cheshire and High Peak Children, Young People and Families Network
Scrutiny Committee	"Making It Better" Joint Health Scrutiny Committee
NHS	National Health Service
NICU	Neonatal Intensive Care Unit
OSC	Overview and Scrutiny Committee
PCT	Primary Care Trust

Reference Materials

Department of Health (2003), *Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Function)*, Health and Social Care Act 2001

Department of Health (2003), *Overview and Scrutiny of Health - Guidance*

Department of Health (2003), *Keeping the NHS Local*

HMSO (2002), *The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002*, Statutory Instrument 2002, No. 3048

HMSO (2002), *Health and Social Care Act 2001*