

**Report of the Health Select
Committee
March 2005**

**Preliminary research to inform the
statutory consultation on the
reconfiguration of Greater Manchester,
High Peak and East Cheshire Children's
health services.**

**The impact of the reconfiguration on
Wigan Borough's patients and families
and health and local authority services.**

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Introduction

The Children and Young People's Network was set up to review, redesign and develop health services for children and young people across of Greater Manchester, East Cheshire and High Peak and South Lancashire to ensure they meet the needs of the 21st century.

A comprehensive package of proposals to modernise and develop health services for children in Greater Manchester, East Cheshire and High Peak will form the basis of a public consultation later this year. Primarily these proposals involve a major shift of the focus of care from hospital to community and home settings.

Local Primary Care Trusts will lead on this consultation which in our case will be Ashton, Wigan and Leigh PCT.

NHS bodies have the duty to consult the overview and scrutiny committees on any proposals it may have in consideration for any substantial development of the health service in the area of the committees' jurisdiction. This is in line with the legislation and guidance set out in section 11 of the Health and Social Care Act 2001.

Wigan is a member of the Greater Manchester Joint Committee which has been constituted in accordance with sections 7 and 8 of the Health and Social Care Act 2001 and associated regulations and guidance. They act as the statutory consultee for the NHS consultation on the future of children's, neonatal and maternity services across the geographical area covered by the Greater Manchester local authorities and parts of Cheshire, Derbyshire and Lancashire County Councils. It is constituted for a limited time period, ending when the NHS formally reports its decision on the consultation outcome to the Committee.

Unless the Committee wishes to refer the service reconfiguration to the Secretary of State, in which case it will remain constituted until such a time as the matter is brought to a close.

In order to prepare for this consultation which was, during the course of this review postponed until summer 2005, the Health Select Committee has considered the views of those individuals and organisations likely to be affected by the proposals.

Terms of Reference

Context

During 2005 there will be a consultation into proposals to reconfigure children's services in Greater Manchester, East Cheshire and High Peak.

In order to prepare for this the Health Select Committee will consider the views of those affected or potentially affected.

This will include: Ashton, Leigh and Wigan PCT, Wrightington, Wigan and Leigh NHS Trust, Greater Manchester Strategic Health Authority, voluntary and community organisations and local people.

Scope of the Review

- The review will examine previous consultation with parents, carers, young people and children to identify and understand their preferences for service delivery.
- Identify how the proposals will affect local service delivery from the point of view of the PCT and Acute Trust.

- Identify how the proposals may affect people that are frequent users of acute hospital services. Particularly in relation to access to services, transport, overnight stays, etc.

Outcomes Sought

- A comprehensive understanding of the issue from a local perspective to equip members to respond effectively to the forthcoming consultation and fully represent the interests of local residents and other stakeholders.
- To have identified the key local bodies to be involved in the formal consultation process.
- To make recommendations to ensure there is effective involvement of local people in the consultation process.

Background to the review

Current hospital services for children and young people are coping but are in drastic need of improving and modernising.

- Services are at least 30 years old and need to take account of the latest medical knowledge and techniques as well as changing lifestyles, which have brought different health needs.
- A structure is required which provides a concentration of enough patient numbers to enable the development of clinical expertise and the environment where clinicians are able to specialise and consequently clinical care and better quality services can flourish.
- More cases can now be treated on a day or outpatient basis, in the community or at home. This leads to under occupancy of in-patient units due to shorter hospital admissions
- Hospitals need to meet the requirements of the Kennedy Report – which sets standards around clinical competence and skills. In the past there were no national standards: different levels of care and services were provided in different parts of the country. And there was uncertainty about where clinical and managerial responsibilities began and ended. As a result there were confused accountabilities and a lottery of care for the individual patient. Patients, faced with poor services locally, had no choice other than to wait for treatment or to opt to pay for treatment instead of it being provided by the NHS.

The proposals are based on over a year's analysis of how current services need to change and include over 100 research projects involving over 6000 children,

parents, carers and staff. They also include an analysis of best practice in other parts of the country.

Reconfiguring children's hospital services – the proposals.

1. Boosting Community Services

A comprehensive children's community nursing team to be in place within the next two years developing as part of wider community children's teams encompassing health, social care, education and so on.

2. Enriching Nursing Experience

Rotation of the children's nursing team through Accident & Emergency, community, observation and assessment facilities and the ward.

3. An Area-Wide Approach

- Doctors, nurses and other healthcare professionals who care for children would work together in teams across traditional district boundaries. This could mean access to a much larger group of children. In turn this would help doctors and nurses to develop special areas of expertise, benefiting patients, and providing a more challenging and satisfying career path. It is believed this would also enhance the recruitment and retention of nursing and medical staff.
- An area-wide perspective would be applied to the care of chronic conditions as asthma and diabetes, again to ensure the best highly specialised care locally. With bigger services, new specialists – nurses, dieticians and therapists – could be employed to provide high quality services to children.
- PCTs would take a stronger role in designing and delivering secondary healthcare service for children within their locality.

4. Centres of Excellence for Neonatal Intensive Care

Improved neonatal intensive care conforming to the latest guidelines on best practice by concentrating neonatal intensive care at four centres of excellence.

1. Supra regional centre – St Mary's
2. East – Royal Oldham Hospital
3. West – Royal Bolton Hospital or Hope Hospital
4. South – Wythenshawe and further options

5. Monitoring and Improving A & E

More doctors and nurses with skills in working with children in A&E. Each district hospital would have observation and assessment facilities for children, wherever possible these would be linked to A & E.

6. Surgery and anaesthesia developments

Increasing day case surgery from an average across Greater Manchester by 25%.

To meet the recommendations from the Kennedy Report (which investigated the deaths of children following heart surgery in Bristol) and guidance from the Royal College of Surgeons, surgeons and anaesthetists should meet volume guidelines when operating on children. This means for example that they should be performing surgery at least every fortnight and preferably once a week. Clinicians want to ensure that these high standards are met and if possible surpassed. So the proposals include:

- Nominated surgeons and anaesthetists from district hospitals having regular working sessions at the specialist children's hospitals to ensure they maintain the requisite experience and expertise.
- Recruiting doctors for joint appointments, which cover both a district hospital and the specialist children's hospitals.
- Surgery requiring an overnight stay would be carried out by hospitals with 24-hour paediatric cover.

7. Changes in Overnight Care- Overnight accommodation in some District General Hospitals (DGH's).

The expectation is that the need for overnight beds, and consequently overnight sites, will continue to fall. But it is proposed that, "No changes should be made to arrangements for overnight accommodation for children until comprehensive community nursing teams looking after acutely ill children are in place in relevant localities" (Peter Rowe, Chief Executive Ashton, Leigh and Wigan PCT, Change for Children Conference, 7th November 2004).

8. Maternity and Special Care

Proposals so far include the provision of midwife units to ensure more choice for women when giving birth and cutting the maternity services at Fairfield General Hospital, Bury, closing the special care baby unit. Money from shutting the specialist baby unit and reducing maternity services would, along with extra funding, be redirected into setting up community-based children's health services.

Funding

- Additional investment in children's healthcare service of £6m per annum.
- A capital investment in children's services of up to £25m.

To support these changes the Children and Young People's Network has requested £25million from the Strategic Health Authority, to be spent on new and upgraded women's and children's facilities such as new observation and assessment facilities – ideally linked to A & E over the next five years. This money won't necessarily be spent on hospital buildings. As well as this capital investment, the Network is seeking investment from PCT's to invest an additional £6million each year to fund the new staffing developments.

The issues raised by these proposals are complex and have a high profile both within the NHS and amongst the general public especially those within communities where the changes would be most marked.

Methodology

To gather information to inform this review we,

- Looked back at previous consultations with children and young people and their parents and carers that had asked their views on hospital services
- Interviewed key people working in these areas from Wrightington, Wigan and Leigh NHS Trust and Ashton, Leigh and Wigan PCT and Wigan Council.
- Collaborated with our colleagues in other Local Authority areas through AGMA.
- Attended the Managing Change for Children conference (November 2004) which highlighted how Government calls for a dramatic change in the design and delivery of children's services as a whole. The conference provided an opportunity to network with other authorities, to gain an understanding of the origins of the proposals and to share consultation that had been undertaken with key stakeholders so far.

Challenge

As part of the Scrutiny process we interviewed key people to identify and clarify issues around these proposals. They were asked to highlight the implication of these changes for their services and how they would affect the local community.

This included:

- Peter Rowe Chief Executive ALWPCT and chair of Children and Young Peoples Network
- Tom Pickering, Director of Service Development WWL NHS Trust
- Mel Pickup Director of Nursing WWL NHS Trust
- Kath Nelson Assistant Director of Children's Social Services Wigan Council. Telephone interview followed up with a written statement.
- Helen Hand Patient and Public Involvement Co-ordinator, WWL NHS Trust & ALW PCT
- Martin Farrier, Consultant Paediatrician WWL Trust

We asked them for:

- Their views on the proposals
- Service and policy rationale for proposals including the likely impact on service delivery
- Programmes to involve patients and the public
- Other consultation on children's services carried out to date
- Operational pressures
- How the Council can develop its relationship with both the PCT and the Trust on these proposals
- Developing joint working between any NHS consulting body and ourselves.

This table shows a summary of those responses with links to the Committees comments and recommendations.

Challenge	Comment/recommendation
<p>Links to local developments on Children, Young Peoples and Families services.</p> <p>All witnesses welcomed the proposals for change in children’s hospital services.</p> <p>Witnesses highlighted the links to the local CYPF strategy and stressed that the changes arising from the proposals in health will directly link to any proposed changes in children’s services in general. This will enable government drivers such as the Children’s Act 2004 to be met.</p>	<p>Interagency working on children’s services locally is well established.</p> <p>Formal consultation with key agencies such as social services on the proposals and their delivery is essential.</p> <p>Recommendations 1 & 2</p>

Challenge	Comment/recommendation
<p>Geographic impact</p> <p>WWL NHS Trust will not be affected as much as other authorities. Services are likely to be enhanced rather than reduced. The clinicians view was that Wigan has a sufficient neo-natal unit for the area in terms of the numbers of patients and types of cases presented.</p> <p>The area wide approach fits into the area-based approach of the council's CYPF model. This will encourage a stronger role for the PCT in designing and delivering health care for children. It will complement the overall planning for Children's Services by delivering a balance of local and more specialised regional services.</p> <p>Capital issues should be addressed through LIFT and other projects.</p>	<p>Wigan is on the edge of the Greater Manchester area; it will therefore be essential that any planning for the relocation of services does not disadvantage children and families in Wigan borough.</p> <p>The greatest impact if it was to occur would be the change in the level of neo-natal care from a level 2 to level 1. Our witness felt this could have a detrimental effect to Wigan. Any change to this level would be based on deprivation levels, population and the isolation of that population in relation to travelling time to other units.</p> <p>Recommendation 3</p>

Challenge	Comment/recommendation
<p>Viability and sustainability of services</p> <p>The clinical viability and effectiveness of surgical services is linked to achieving the targets of the working time directive and ensuring an attractive and varied range of work for employees and surgical units.</p> <p>Occupancy levels in Wigan’s children’s wards are falling. There are huge peaks and troughs in the numbers of children requiring in patient treatment . The numbers of paediatrics cases are difficult to predict. If these wards are to be sustainable and work efficiently there needs to be a reduction in the number of beds with a mixed medical and surgical ward.</p> <p>Our witness proposed an ideal of 38 beds, a mixed medical and surgical paediatric ward. Wigan now has 48 beds. The make up of these would need careful consideration.</p>	<p>Whilst there might be a need for surgical centres there was little evidence to show whether they would give value for money. This should be reflected in the final proposals.</p> <p>Recommendation 4</p> <p>We need to be aware of any change in the reduction in the number of beds and the resulting shorter periods of in patient care provided. This is likely to impact on social care provided in the home.</p> <p>Recommendation 1</p>

Challenge	Comment/recommendation
<p data-bbox="215 353 687 389">Quality of specialised services</p> <p data-bbox="215 465 799 667">Relationships are being developed with Bolton and Salford to ensure that specialist services are of high quality and access can be shared.</p> <p data-bbox="215 743 746 945">A greater emphasis will be placed on preventative services, increased partnership working and more specialised services.</p> <p data-bbox="215 1021 794 1330">Every hospital will have designated A & E areas for Children and Young People. There is also a move to Children and Young People orientated clinic services which will promote a smoother transition for in and out patient care.</p>	<p data-bbox="831 353 1433 613">Members require to be kept up to date on progress. With consideration being given by service providers to the transport and overnight stay needs of patients being treated far from home.</p> <p data-bbox="831 743 1423 891">Witnesses recognise the importance of developing specialised support and good services locally.</p> <p data-bbox="831 967 1206 1003">Recommendation 1, 2 & 3</p>

Challenge	Comment/recommendation
<p data-bbox="217 353 751 443">Impact on Primary Care and Social Care Services</p> <p data-bbox="217 521 762 723">There is a recognised need for a more efficient community service, which will provide more care at home and will reduce the length of time in hospital.</p> <p data-bbox="217 797 762 943">Currently more children are presenting for services at hospital but they are staying for shorter periods if at all.</p> <p data-bbox="217 1016 807 1218">However there may be an impact on the availability of primary and social care services within the home if in-patient care becomes shorter.</p>	<p data-bbox="833 353 1414 499">Planning is required to address and fund increased expectations and demand for primary and social care.</p> <p data-bbox="833 573 1374 719">Consideration must be given to redirecting resources into primary and social care services.</p> <p data-bbox="833 792 1169 831">Recommendation 1 & 2</p>

Consult

The members of the Select Committee felt that an important outcome from this review was for them to understand and examine any previous consultation with different stakeholder groups. This next section summarises relevant consultation.

Locally

Wigan Councils Citizens' Panel was consulted in December 2003 to find out resident's opinions on hospital services for children and young people. These

comments are summarised in the table below and have been used to inform the service reconfiguration proposals.

Across the Greater Manchester, East Cheshire and High Peak Children's Network

Consultation has been undertaken by the regional Patient and Public Involvement programme from August 2003. To date over 100 separate projects have taken place, with more than 6500 people involved across the region.

Other regional activity

Another 100 projects have taken place with over 5000 people. These have included people of all age groups and within many diverse communities. A wide range of work, relevant to the communities and geographical areas, has taken place. Children and young people, parents, carers and staff have been involved through a number of innovative methods. These have included things like:

- 1-1 interviews
- children writing their ideas on post-it notes
- writing stories about experiences
- teenagers and children using disposable cameras to take pictures of things they liked or disliked about hospitals
- drama, art & interactive play
- a therapeutic puppet
- focus groups
- text messaging to send ideas about health services
- workshops
- Citizens' panels
- focus groups
- surveys

Children, young people and families with experience of acute and chronic conditions have been involved, and methods have been appropriate to reach the views of children and young people with non-verbal communication, partial hearing, learning difficulties, and families with English as a second language. The cultural and ethnic diversity of the areas has been reflected in work with groups of Asylum Seeker families and children from black and ethnic minority communities.

A number of themes have emerged consistently from these consultations. In particular, strong messages were heard from the Citizens' Council that reflected findings from the MORI survey, and the joint projects on A&E and day case surgery. These are highlighted in the tables on the next few pages.

Consult	Comment/recommendation
<p>Communication and information</p> <p>Communication and up to date information relating to the care of a child was seen as the most important factor in ensuring any hospital stay is a positive one.</p> <p>Effective communication of the reasons for change is essential. We need child friendly environments and staff who have respect for children and young people's views. One size does not fit all!</p>	<p>Residents need to be informed of the potential changes and their views sought.</p> <p>Recommendations 3 & 5</p>

Consult	Comment/recommendation
<p data-bbox="215 318 890 407">Links to local developments on services for Children, Young People and their Families</p> <p data-bbox="215 488 922 631">General consultation has highlighted the need for better inter-agency working and information sharing.</p> <p data-bbox="215 705 922 907">Links will be developed with the voluntary sectors through use of the Township programme, local press. Education and Connexions will also be key stakeholders.</p>	<p data-bbox="949 376 1417 577">This has been a consistent theme in our local developments on services for Children, Young People and their Families.</p> <p data-bbox="949 761 1225 795">Recommendation 1</p>

Consult	Comment/recommendation
<p>Access and quality</p> <p>Local and regional consultation tells us people feel its important for a child to get the best specialist care not just care close to home from a general surgeon.</p> <p>They would be willing to travel up to 20 miles for their child or grandchild to receive treatment at a regional specialist centre.</p> <p>They felt that an out patient clinic in their local area would be the most effective way of providing after care to children.</p> <p>They feel that providing the opportunity for parents or carers to stay and sleep at the hospital was helpful in all the family having a positive experience.</p> <p>Citizens Councils have endorsed the development of community paediatric nursing Choice is important including different models of care for maternity services.</p> <p>Appointment & waiting times need to be flexible</p>	<p>Access, travel and parking regular issues that emerge. But overwhelmingly people will put up with travelling to get the best specialist care</p> <p>Recommendation 3</p>

Collaborative work

Consultation on the proposals continues informally across the region. Section 11 of the Health & Social Care Act makes it clear that involvement is a continuous process, from pre-planning stages through formal consultation to implementation. This includes things like

- A Maternity Citizens' Council looking at how maternity services can be developed
- Joint development of criteria to assess the changes to the distribution of services, working with the two Citizens' Councils, PCTs and clinicians
- Public workshops recorded by an independent body to test ideas
- The formalisation and strengthening of the role for the Patient & Public Reference Group and the relationship with local PPI Forums
- Checklists and an audit tool for involvement and consultation

The Greater Manchester Health Scrutiny Panel is preparing to respond to the consultation and the Chair of the Health Select Committee is a member of the AGMA panel.

The development of a strong relationship with the Joint OSC and Scrutiny Officers Group around the process and programme for PPI is vital to ensure that involvement and consultation is appropriate and effective.

Meetings have been scheduled with officers and members, which will be the start of a beneficial and practical relationship that will include:

- Joint meetings, briefings and discussions
- Provision of consistent and accurate information from witnesses

- Discussion and involvement in the planning of continuing involvement, consultation and the fulfilment of Section 11 of the Health and Social Care Act and good practice requirements
- Implementing an effective mechanism for joint consultation.

Conclusion

This report has provided Elected Members with information on the proposals for changes for children's health services in Greater Manchester and surrounding areas.

We now understand the potential impact on local service providers and commissioners of services and have a clearer view of what patients and their carers require from children's health services. From the information presented to the Select Committee thus far there does not appear to be any radical changes proposed for the Borough. However there may well be smaller, less significant changes such as more community based care with some services restructuring or redeveloping. But again these views are based on draft proposals and will need to be revisited if the consultation document differs significantly from the original proposals.

As the proposals have not yet been finalised it is not yet possible for us to make definitive judgements on them. However we are now in a strong position to respond to the consultation when it does take place. We will also ensure that within our role and responsibility as a Health Scrutiny Committee that the people of the Borough have the full opportunity to comment on the proposals.

The formal consultation is due to take place in late summer 2005 and we understand will include updated proposals.

On behalf of the Select Committee I would like to offer my thanks to all those agencies and individuals that took part in this review.

Cllr J O'Brien

Chair of the Health Select Committee

Recommendations

1. From what we have heard the delivery of these proposals is placing a greater emphasis on primary and social care services. This will have financial implications. As a consequence all relevant agencies need to be fully involved in the consultation. We therefore recommend that the CYPF partnership consider the implications of the reconfiguration of children's services, once announced and prepare a response for inclusion in the Select Committees formal consultation response.
2. The Children and Young People's network (the body set up to undertake the review of Children and Young Peoples services) needs to ensure that services on the periphery such as CAMHS are considered when producing the consultation document.
3. Access and travel to specialist services are key issues that emerged from consultation. We need to clearly state the case in responding to the consultation that our particular location on the edges of Greater Manchester may present difficulties for some residents.
4. To inform the formal consultation process we recommend that the Borough Health Partnership pursue on our behalf enquiries relating to the economic viability of the proposed surgical centres and the impact of payment by results.
5. Communication and up to date information is vital in ensuring that local residents are fully represented in the consultation. We recommend that the Wigan Borough Health Partnership task the multi agency Patient and Public Involvement officer group with developing an approach to ensure that all relevant organisations and individuals have the opportunity to be consulted.