
Report To:	Health and Social Care Committee	Date:	20 October 2016
Report By:	Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)	Report No	SW/52/2016/HW
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Subject:	Cross-Party Working Group to Explore NHS Greater Glasgow and Clyde Service Changes		

1.0 PURPOSE

- 1.1 To propose terms of reference for a cross-party working group to explore potential impacts and opportunities arising from the NHS Greater Glasgow and Clyde Service Changes that were agreed by the NHS Board in August of this year, and moving forward, to provide a forum to develop more meaningful discussions that inform the Council's contributions to future health service consultations.

2.0 SUMMARY

- 2.1 At the 25th August 2016 meeting of the Health and Social Care Committee, Members discussed service changes that had been agreed by the NHS Greater Glasgow and Clyde Board on 16th August 2016. The service changes of greatest interest to Inverclyde Council related to:
- Paediatric services at the Royal Alexandra Hospital;
 - Delivery Services in the Community Maternity Units.
- 2.2 The NHS Board paper highlights that the proposal to move the Paediatric Inpatient Services in Ward 15 at the Royal Alexandra Hospital to the Royal Hospital for Sick Children had been agreed in 2012. Following engagement on the proposal, the preferred option was that the service should move, but this should be after the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospital's Campus.
- 2.3 Changes to the delivery services in the Community Maternity Units mean that Inverclyde women will continue to receive antenatal and postnatal care at the local hospital, but intrapartum services (i.e. services to enable the actual delivery) will no longer be available.
- 2.4 These changes will have implications for Inverclyde residents, and have highlighted the need for the Council to be able to develop considered responses to health service proposals, so that the implications of future proposals can be fully explored, and any potential opportunities can be maximised. The Health and Social Care Committee therefore agreed that a Cross-Party Health Working Group be established comprising the Provost as Chair, the Convener and Vice-Convener of the Health and Social Care Committee, Councillors MacLeod, Rebecchi, Jones and Ahlfeld to work with officers to review the proposals which are the basis of the consultation, engage with appropriate bodies, including the Scottish Government, as required, seek the views of

the local community and consider the implications in the short and longer term of any further service changes to Inverclyde Health Services.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee approves the proposed terms of reference for the Cross-Party Health Working Group.
- 3.2 It is further recommended that the Health and Social Care Committee establishes the working group on the basis of these terms of reference.

4.0 BACKGROUND

- 4.1 At the August 2016 meeting of the NHS Board, four service changes were agreed. These related to:
- Paediatric services at the Royal Alexandra Hospital;
 - Rehabilitation services at Lightburn Hospital;
 - Delivery Services in the Community Maternity Units;
 - Inpatient care at the Centre for Integrative Care.
- 4.2 Of these four areas of change, two are likely to have implications for Inverclyde residents, namely the move of paediatric services from the Royal Alexandra Hospital, and the changes to delivery services in the Community Maternity Unit at the Inverclyde Royal Hospital.

5.0 REVIEW OF PAEDIATRIC INPATIENT SERVICES AT ROYAL ALEXANDRA HOSPITAL

- 5.1 The latest NHS Board paper highlights that the proposal to move the Paediatric Inpatient Services in Ward 15 at the Royal Alexandra Hospital to the Royal Hospital for Sick Children was agreed in 2012. Following engagement on the proposal, the preferred option was that the service should move, but this should be after the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospital's Campus.
- 5.2 The clinical case for change is predicated on the quality of the facilities of the new Royal Hospital for Children (RHC), the quality of clinical practice, and the enhanced opportunities for training, to support an environment of continuous improvement and clinical excellence.
- 5.3 Outpatient clinics will not be affected by the move to the RHC, however daycases, elective inpatient admissions and emergency inpatient admissions will be to the new hospital. There is no planned change to neonatal or wider maternity services provided in the RAH as a result of this proposal. The neonatal service at RAH will become consultant led by the amalgamation of the workforce across the neonatal units at the QUEH maternity unit and RAH to provide a joint workforce model of patient care.
- 5.4 Proposed Engagement

The NHS Board Paper (August 2016) sets out a two-phase approach to engagement.

- Establish an extensive programme of communication with all stakeholders to describe the proposed change and give visibility to all elements of the previous process, particularly the option appraisal. The purpose of this phase is to ensure that all of the key interests have an opportunity to understand the proposal and make further comment. This process will run from the beginning of September until mid-October with a report going to the October NHS Board for a decision on proceeding to public consultation and the approach to consultation. The Council, as an important stakeholder, might wish to contribute to that discussion.
- If the NHS Board proceeds to consultation that process will run from the end of October for 3 months with a report back to the February NHS Board for decision. Again, if such a consultation is put in place, it is likely that the Council will wish to form and submit a view.

5.5 The proposed Cross-Party Working Group will provide a forum for Elected Members to discuss issues, concerns and opportunities arising from the service changes, and thus support effective engagement of the Council with the consultation process. The Group, once established, will provide a cross-party forum to discuss the delivery of health services in Inverclyde, taking account of the views of the local people that Elected Members represent. Such a forum will allow a more considered discussion about health services provision in the round, enabling more meaningful discussion that supports a positive contribution to consultation, with an approach focuses of changes that bring about service improvement.

6.0 PROPOSED TERMS OF REFERENCE

6.1 Remit

The Cross-Party Working Group will:

- provide a cross party forum for considering response to NHS Greater Glasgow and Clyde service changes currently the subject of engagement and consultation;
- examine the case for change for current and future service changes;
- be apprised of current service delivery arrangements and changing patterns of demand for acute services in the Inverclyde area;
- be apprised of the current and future financial framework for Acute Health services;
- gain an understanding of the implications of the National Clinical Service Strategy proposals on Inverclyde Acute Health Services;
- be updated on the implications of the Greater Glasgow and Clyde Clinical Services Strategy implementation plans on Health Services in Inverclyde;
- be updated on current and longer term capital investment requirements of the local hospital;
- understand the relationship between acute hospital provision and developments in local primary care services;
- take a strategic approach to developing contributions that will improve health care and reduce health inequalities in the longer term;
- consider any performance issues regarding the provision of Health Services in Inverclyde and the health outcomes of Inverclyde residents;
- receive reports from HSCP officers regarding any of the above issues;
- report with the views and conclusions on the matters above to the Health and Social Care Committee so that consideration of the Council's formal position on any future service changes may be decided upon.

Membership

The Cross Party Working Group will be chaired by Provost Moran, and membership will include:

- the Convener and Vice-Convener of the Health and Social Care Committee
- Councillor MacLeod
- Councillor Rebecchi
- Councillor Jones and
- Councillor Ahlfeld.

The Cross Party Working Group members will work with officers to review the proposals which are the basis of consultations, engage with appropriate bodies, including the Scottish Government, as required, and seek the views of the local community and consider the implications in the short and longer term of any further service changes to Inverclyde Health Services.

Operating Principles

The Group will invite officers from the Inverclyde HSCP and Greater Glasgow and Clyde Health Board to attend the Working Group as required.

The Group will be advised of any national policy initiatives that may impact on provision of local Health Services.

The Group will be updated and advised on the role and function of the Integration Joint Board.

Frequency of Meetings

The Cross Party Working Group will meet bi-monthly for the first 12 months, subject to review thereafter.

7.0 IMPLICATIONS

FINANCE

- 7.1 Financial Implications: There are no financial implications arising from the proposals in this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

- 7.2 There are no legal issues within this report.

HUMAN RESOURCES

- 7.3 There are no human resources issues within this report.

EQUALITIES

- 7.4 There are no equalities issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

7.5 REPOPULATION

There are no repopulation issues within this report.

8.0 CONSULTATION

8.1 Inverclyde Council contributed to the NHS consultation on its Clinical Services Strategy prior to its approval by the NHS Board in January 2015.