

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** Tuesday 29 January 2013

**Present:** Councillor P Bury (in the Chair); Councillors A Audin, J Columbine, L Fitzwalter, K Hussain, M James, D O'Hanlon, S Smith, and R Walker

**Public in attendance:** There were three member of the public present

**Also in attendance:** Jane Gethin - Adult Care Services  
Julie Gonda - Adult Care Services  
Linda Jackson - Adult Care Services  
Keith Lowe - Compliance Manager - Care Quality Commission  
  
Stuart North – Chief Executive – Bury CCG  
Councillor Rishi Shori – Cabinet Member, Adult Care, Health and Wellbeing.  
Rachael Stringfellow - Adult Care Services

**Apologies for absence:** Councillors D Bailey, T Holt and T Tariq.  
Dr Kiran Patel

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**HSC.690 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

**HSC.691 MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2012**

**It was agreed:**

That the Minutes of the meeting of the Health Scrutiny Committee held on 28 November 2012 be agreed as a correct record and signed by the Chair.

**HSC.692 MINUTES OF THE LAST MEETING**

**It was agreed:**

That the Minutes of the last meeting of the Health Scrutiny Committee held on 13 December 2012 be agreed as a correct record and signed by the Chair.

**HSC.693 MATTERS ARISING**

Further to Minute HSC.606 of the meeting of the Health Scrutiny Committee held on Thursday 13 December 2012, Stuart North attended the meeting to update Members on the status and work of the Clinical Commissioning Group.

It was explained that over the next few weeks the Healthier Together Team would be working alongside the CCG to undertake the consultation into health and care services across Greater Manchester. Stuart explained that at a future meeting of the Health Scrutiny Committee the CCG and Healthier Together would be sitting alongside side each other to answer questions.

Stuart reported that there was due Communication Workshop on the 20th February which would bring together a number of different organisations involved in the provision of health and care services.

It was reported that a briefing would be given on the services provided at the Prestwich Walk in Centre. Members would be briefed prior to a consultation being undertaken. It was explained that the consultation would be carried out during and after the CCG was established in April 2013.

Improvements to the building at Ramsbottom Health Centre had been approved but had been put on hold due to the discovery of pipistrelle bats roosting in the building. Stuart would provide an update on the situation when it had been resolved.

Councillor Columbine asked if the CCG had received its financial settlement and Stuart reported that the CCG would receive £220m to go forward from April 2013. This would mean a required saving of around £5m for the 2013/2014 financial year.

Councillor Bury referred to the Patients' Cabinet and asked for clarification on the function and issues around accountability.

Stuart explained that the Patients' Cabinet had a representative on the CCG and that Health Watch would have responsibility for scrutinising the work of the Cabinet.

Councillor O'Hanlon explained that there were so many different new bodies carrying out different functions it was becoming confusing. He asked if information and diagrams could be sent to Members to assist with their knowledge in this area.

Councillor Bury asked where the transition of Public Health into the local authority was up to and it was explained that there was still work ongoing to ensure that the contracts were signed off and that resources were allocated accordingly.

#### **HSC.694 PUBLIC QUESTION TIME**

There were no questions asked under this item.

**HSC.695 CARE QUALITY COMMISSION**

Keith Lowe, the Care Quality Commission (CQC) Compliance Manager covering Bury, Oldham and Rochdale attended the meeting to give the Committee an overview of the work of the CQC and information on how the Health Scrutiny Committee and the CQC could build up a good working relationship.

It was explained that the Care Quality Commission regulate care across the health and social care system covering more than 900 primary medical services, 1500 independent healthcare providers, 200 independent ambulance providers, 12500 adult social care providers and 800 primary dental providers.

It was reported that there were 146 separate locations providing services in Bury;

- 67 Care/Nursing Homes
- 28 Home Care Agencies
- 36 Dentists
- 1 hospice
- 2 independent hospitals
- 3 independent clinics
- 2 out of hours GP surgeries, and;
- 7 locations where services are provided by Pennine Acute NHS Trust and Pennine Care NHS Foundation Trust

The Care Quality Commission's role was explained as register - inspect and enforce.

The CQC registers care provider and checks whether they are meeting essential standards. If not they must put the problems right or face enforcement action. The CQC publish what they find as soon as possible and share what they know with their partners.

The CQC do not make assessments of commissioning, they do not assess quality above essential standards and will only promote improvement by focussing on non-compliance. Inspectors are encouraged to comment on good practice.

Keith explained that across Bury, Oldham and Rochdale there were 10 inspectors. The Bury area would predominantly have 3 inspectors but this could change depending on workload etc.

Some providers would be inspected annually and other such as dentists biannually.

Keith explained that there were a number of publications available for the public as well as specific guides for Scrutiny Committees and

Councillors.

The Members of the Scrutiny Committee were given the opportunity to ask questions and make comments and the following points were raised.

- Councillor Audin asked whether the CQC used lay people when carrying out their inspections.

Keith explained that they would use 'Experts by Experience' who were recruited by the CQC to join the inspectors. Keith was aware of one such person being recruited from Age Concern.

- Councillor Walker asked how the CQC would share information with the relevant local authority.

Keith explained that they CQC could make a referral to the Safeguarding Team and as soon as any information was validated it would then be shared.

- Councillor O'Hanlon referred to the premium on whistleblowers and asked how this worked.

Keith explained that there was a track and chase team within the CQC who ensured that all reports from whistleblowers were followed up and were being investigated. The team also chased up the investigation every 7 days to get an update from the investigator. The whistleblower would be kept up to date at every stage.

- Councillor Columbine referred to the regular meetings that Keith had with the Council's Quality Assurance Team and asked whether there would be something similar with healthcare.

Keith explained that the CQC were still awaiting national agreement in this area but it was anticipated that it would be something very similar that worked both ways.

- Councillor Bury referred to the regulation of GPs which would commence in April 2013 and asked whether the CQC had envisaged how this would be achieved.

Keith explained that there was a strategic review being undertaken that would look at extra capacity.

- Councillor James referred to the guide for Scrutiny Committees that Keith had reported on and referred specifically to the issue of regular meetings and information sharing with the Chair of the Scrutiny Committee and asked whether this was something that would be done in future.

Keith stated that he would be more than willing for this to happen.

- Councillor Walker asked what the CQC's relationship would be with the Health Watch when it was established.

Keith explained that he hoped the two organisations would share information as much as possible.

- Councillor Columbine referred to local safeguarding services and asked where the CQC fitted in with this.

Keith reported that the CQC attend the Safeguarding Board Meetings regularly and had a good relationship with the Board.

- Councillor Bury asked how the CQC worked with Ofsted.

Keith explained that the CQC inspectors would join Ofsted inspectors on visits but would be looking purely at health related issues.

**It was agreed:**

That Keith Lowe be thanked for his attendance at the meeting.

**HSC.696 REABLEMENT**

Jane Gethin, Head of Older Adults and Rachel Stringfellow, Senior Economist attended the meeting to update Members on the role of the reablement service and the crisis response service.

It was explained that in-house home care service had been reviewed in 2010 and following the review, restructured through 2010/2011.

The service went live on 3rd May 2011 and operated 7 days a week from 7am to 10pm.

Reablement builds individual confidence. Breaks down tasks into smaller achievable goals and targets, intervenes to halt decline and loss of independence by supporting timely discharge from hospital or by improving skills and confidence of those struggling to remain living at home and, delays or reduces need for customers to receive commissioned home care.

It was explained that the service had supported 1385 customers between May 2011 and January 2013. 60% of the customers completing the programme did not require any further home care and 34% required a reduced package of care.

Rachel Stringfellow explained that the value of the reduction in demand for home care as a result of the Reablement service's activity in its first year would be close to £1.8m over three years.

The Crisis Response Service went live on the 5<sup>th</sup> September 2011 for a 12 month pilot. This was then extended to March 2013. The aim of the service is to support vulnerable people in crisis and prevent unnecessary admissions to hospital or residential care, maintaining them at home as far as possible.

The team is multi disciplinary and includes nurses, social workers and therapists and their response time is within 2 hours. They will assess the customer's needs and if required will mobilise a rapid support package including home care and night sitters. The service is jointly funded as well as being jointly provided.

Since the service had started there had been 743 referrals with 90% being from a healthcare professional. 92% were aged 65 and over with the average age being 81.

410 hospital admissions and 84 residential care admissions were avoided and it was estimated that value to the CCG that was avoided was £768,000 and to ACS was £167,000.

Members were given the opportunity to ask questions and make comments and the following points were raised:-

- Councillor Audin referred to the Crisis Response Service and asked if it was known whether the pilot would be extended further.

It was explained that it was hopeful that the Service would be extended as it was a very worthwhile service. It was explained that Adult Care Services were currently in negotiation with NHS Bury regarding the Service.

- Councillor O'Hanlon referred to both of the services and asked if information was available in relation to the geographical split of users.

Rachael stated that this information would be available.

- Councillor Smith asked whether checks were made regarding the need for future care once the assistance from the teams had ceased.

It was explained that all service users were checked at 90 days, 180 days and 270 days after their discharge from the service to monitor their requirements for care and evaluate how the benefits of the service had lasted.

- Councillor Walker asked that Adult Care Services be congratulated on the implementation of the Reablement service.

**It was agreed:**

1. That the Committee support the implementation of Reablement and Crisis Management Services.
2. That Jane and Rachael be thanked for their attendance.

**HSC.697 SAFEGUARDING ADULTS ANNUAL REPORT 2011 – 2012**

Julie Gonda, Assistant Director of Commissioning and Procurement presented the Safeguarding Adults Annual Report 2012/2012 to the Committee.

The Independent Chair of the Safeguarding Adults Board, Mr David Hanley had been invited to present the report on behalf of the Board but was unfortunately unable to attend.

The report had been produced as a partnership document and had been produced as an easy read document.

Julie explained that it was hoped that the report would be well accepted and help to highlight the issues relating to the abuse of vulnerable adults.

Members of the Committee were given the opportunity to ask questions and make comments and the following points were raised:

- § Councillor O'Hanlon stated that he felt the report was a refreshing document that was easy to read, well set out and useful. He asked whether organisations were encouraged to give more information than they had, as some statements seemed more in-depth than others.

Julie explained that all contributions to the report were greatly appreciated.

- § Councillor Audin asked whether the Adults Safeguarding Board had any involvement or links with the Children's Safeguarding Board.

Julie explained that there were strong links between the two and that cross referrals were carried out if necessary. It was also reported that front line workers were trained to be aware of cross over issues.

- § Councillor Walker referred to the increase in reporting of abuse and what the reason behind this was and what would happen if this

continued year on year.

Julie explained that the Safeguarding Board was encouraged by the increase of incidents being reported and concerns being raised as this meant that people were more aware of how to report concerns.

Julie also reported that out of the 649 referrals made, around 60 to 70 of those were substantiated which worked out at 11%.

§ A member asked about the work of the prevention sub committee and whether the Health Scrutiny Committee could review their work.

**It was agreed:**

1. That all contributors of the Annual Report be thanked for their valuable input.
2. That Julie be thanked for attending the meeting to present the report.
3. That a report on the work of the prevention Sub Committee be brought to a future meeting of the Health Scrutiny Committee.

**HSC.698 HEALTH SCRUTINY COMMITTEE - EXTRA MEETING**

It was explained that due to the deadlines and consultation periods in relation to the future Health Watch provision, it had been difficult to meet with the Health Scrutiny Committee at one of its scheduled meetings.

Following consultation with the Leader of the Council it had been agreed that a special meeting of the Committee would be held as follows:-

Thursday 21 February 2013 – 6.00pm

**COUNCILLOR P BURY**

**Chair**

**(Note: The meeting started at 7.00 pm and ended at 8.45pm)**