

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 10 December 2013

Present: Councillor P Bury (in the Chair)
Councillors L Fitzwalter, S Haroon, T Holt, K Hussain,
D O'Hanlon, N Parnell, S Smith and R Walker

Also in attendance: Julie Gonda – Assistant Director – Adult Care Services
Lesley Jones – Interim Director of Public Health
Sharon Martin – Bury CCG
Stuart North – Bury CCG
Andrew Ramwell – Chair - Healthwatch Bury
Carol Twist – Vice Chair – Healthwatch Bury

Public Attendance: There was one member of the public present at the meeting.

Apologies for Absence: Councillor A Audin, Councillor D Bailey and Councillor A Simpson.

Dr Kiran Patel- Bury CCG
Councillor R Shori – Cabinet Member - Adult Care,
Health and Housing

HSC.599 DECLARATIONS OF INTEREST

Councillor Parnell declared a personal interest in any item relating to NHS as his wife was employed by the NHS.

HSC.600 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the Last Meeting held on 22 October 2013 be approved as a correct record and signed by the Chair.

HSC.601 MATTERS ARISING

1. Councillor Walker referred to Minute HSC.459 - Adult Autism Strategy and Adult Mental Health Strategy - Update and referred to the question he had raised regarding the issue of people taking recreational drugs. Councillor Walker explained that he had recently been made aware of the fact that the Drug and Alcohol Team would be provided by a new provider and asked whether the Committee could look at this issue.

Councillor Bury explained that he had met with The Executive Director of Adult Care Services and had discussed this issue. It had been agreed that it would be discussed at a future meeting of the committee and then the service reviewed after an adequate amount of time operating.

2. Councillor Fitzwalter referred to Minute HSC.460 - Safeguarding Adults Annual Report and the reference made to the Adult Care Services Quality Assurance Team. Councillor Fitzwalter asked that the Committee be provided with more information about this team as she was unaware of what service they provided.

It was explained that a review of this service had been carried out by a sub group of this Committee in a previous years' cycle. The current Members would be provided with this information.

3. Councillor O'Hanlon referred to Minute HSC.461 - Healthier Together Update and the reference to the fact that Councillor Connolly and the Chief Executive had met with representatives from Pennine Acute and Pennine Care. Councillor O'Hanlon asked whether it would have been more appropriate for the Cabinet Members to have been in attendance that the Leader of the Council.

Stuart North, Chief Executive of the CCG explained that all of the GM Councils and CCGs had met with the Acute and Care trusts and had been represented by their Council Leaders at these meetings.

4. Councillor Smith referred to Minute number HSC.461 Healthier Together Update and the reference made to the paediatric unit at Fairfield Hospital. Councillor Smith asked whether the unit had been closed temporarily.

Stuart North reported that the unit had been closed and he would be able to update the Committee on the situation at the next meeting in January.

HSC.602 PUBLIC QUESTION TIME

There were no questions asked by the public present at the meeting.

HSC.603 BURY CLINICAL COMMISSIONING GROUP - COMMISSIONING AND COMMISSIONING INTENTIONS

Sharon Martin, Director of Commissioning at Bury CCG gave a presentation setting out the work currently being undertaken by the CCG in relation to the commissioning of services.

It was explained that the commissioning intentions were set out well in advance of them being provided to ensure that providers were aware of what was being planned and able to prepare.

It was explained that there were a number of factors to consider when looking at the commissioning of services including demand and cost.

Sharon reported that the Radcliffe Demonstrator Pilot was in the process of being rolled out. The pilot included all Radcliffe GP surgeries as well as the Mile Lane surgery in Bury and would provide access to medical advice and assistance within Radcliffe from 8am to 8pm and during weekends. The pilot was aimed at reducing

presentations at A & E and providing services locally.

Work was being carried out in relation to long term conditions early intervention and risk profiling for people with these to hopefully recognise long term conditions earlier before they become more severe.

Work was being done around referrals within Pennine Acute and the hope that consultant to consultant referrals would be minimised.

The work that had been undertaken in establishing the integrated Diabetes Team was now being rolled out to other medical teams including cardiology.

Service provision around Cancer services and End of Life pathways and diagnostics were being reviewed.

There was also work being carried out in relation to reablement, urgent care and emergency care development, Mental Health and learning disabilities and a future review of the CAMHS strategy.

The next steps would involve working with clinicians, partners and patients to look at current services and produce an overarching plan for the coming 2 years.

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

- Councillor Walker referred to the Radcliffe demonstrator pilot and the fact that his would incorporate Mile Lane Surgery and asked how this had been promoted as he was a regular attendee of the surgery and he wasn't aware of it.

It was explained that the Clinical Commissioning Group had been working with the Patient Cabinet to promote the roll out. There had been a soft communication campaign that had been run prior to the pilot going live this week and a much harder campaign would be launched next week.

- Councillor O'Hanlon referred to the Radcliffe pilot and asked whether figures would be available setting out projections and actual savings as well as demand.

It was explained that this would be available and would allow for the project to be changed if required. Patients would be consulted throughout the pilot to ensure that the service was what was required and fit for purpose.

It was suggested that the presentation that had been given to the Radcliffe Township Forum should also be presented to Bury West Township Forum.

- Councillor O'Hanlon also referred to alcohol dependency of residents in their 30s and 40s and the fact that this had been recognised as an issue. Councillor O'Hanlon asked what work was being carried out or planned in relation to this.

Sharon explained that alcohol dependency was a priority area and work was being

undertaken in partnership with Public Health.

- Councillor Parnell referred to the reablement service and explained that he had first hand experience with the service as a close relative of his had used it recently. Councillor Parnell explained that he felt it was a very good service.
- Councillor Parnell also referred to the anticoagulant service that had been mentioned within the presentation and asked for more information on this.

Sharon explained that work was being carried out to look at the possibility of bringing the anticoagulant service into the community at local health provision sites rather than at hospital sites as is currently.

- Councillor Smith referred to the Radcliffe demonstrator Pilot and asked what the indicators of success would be.

Stuart North explained that measurable indicators would be financial, reduced presentations to A & E, reduced activity in hospitals, under 75 mortality rates, patient feedback and the measured use of the service. It was explained that statistics on use would be recorded and reviewed in relation to patient use of the pilot service when compared to the use of other services.

- Councillor Fitzwalter asked what training GPs were required to undertake in relation to refreshing and updating their skills and knowledge.

It was explained that training was regularly offered and taken up by all GP surgeries across Bury and the Clinical Commissioning Group were committed to raising standards across the board.

- Councillor Walker asked whether statistics in relation to hospital readmissions were reviewed.

Stuart explained that the statistics were reviewed and all service providers were committed to reducing readmissions and to make discharge as straightforward as possible.

- Councillor Bury referred to recent media reports that some procedures weren't being commissioned such as cataract operations and knee and hip replacements and asked whether this was the case in Bury.

Stuart reported that the recent Dr Foster Review had made reference to Bury as being one of the biggest reducers in procedures offering limited clinical value.

Sharon Martin explained that the Clinical Commissioning Group would be more than willing to work with the Committee in any reviews that they may want to undertake in relation to the provision and commissioning of services.

It was agreed

That Sharon and Stuart be thanked for their presentation.

HSC.604 INTRODUCTION FROM THE INTERIM DIRECTOR OF PUBLIC HEALTH

The Interim Director of Public Health, Lesley Jones attended the meeting to introduce herself to the Committee and explain her role as Interim Director.

Lesley thanked the Committee for the invitation to attend and reported that she had received a warm welcome within her new role at Bury Council.

It was explained that Lesley had been appointed to the post in August and come into position in October on a 12 month contract. Lesley had previously been employed at Bolton's Public Health Department for 20 years, most recently as Assistant Director of Public Health. Lesley had a non - clinical background but had achieved qualifications relating to public health and management and had gained a lot of experience working within the public health arena.

The role of Director of Public Health was a statutory position within all councils and was tasked with understanding the needs of the population across the life course and acting on these needs alongside colleagues within the Council but also wider partners such as commissioner and providers as well as regulators.

Lesley explained that her focus would be on driving improvements in health outcomes and reducing health inequalities whilst ensuring the delivery of mandated services and further develop the Joint Strategic Needs Assessment.

- Councillor Walker asked whether Public Health officers were able to inspect hospitals and other medical premises in connection with infection control issues.

Lesley explained that the role of Director of Public Health was to seek assurances that effective prevention was in place. If there were concerns around these areas there were ways in which the DoPH could ask for the reviews of premises to be carried out.

Lesley introduced Diane Halton, Public Health Service Manager. Diane explained that the Joint Strategic Needs Assessment (JSNA) was a strategic assessment of current and future health and Social Care needs of the local community to inform planning and evidence based commissioning priorities. The JSNA will inform the priorities within the Joint Health and Wellbeing Strategy.

It was explained that the JSNA refresh had been overseen by the Community Health and Wellbeing Assessment Task and Finish Group and had been approved by the Health and Wellbeing Board for consultation beginning late January 2014 and running for 3 months. Following the consultation a presentation of the findings will be brought back to this Committee for input.

Committee Members made reference to the priorities and how these were identified in particular dementia and mental health issues.

Lesley reported that the Mental Health Needs Assessment had recently been carried out and stated that the information related to this would be forwarded to the Committee.

It was agreed:

1. That Lesley Jones be welcomed in her role as Interim Director of Public
2. That a report informing members of the outcome of the consultation be brought to this Committee at its June/July 2014 meeting.

HSC.605 HEALTHWATCH BURY

Andrew Ramwell, Chair of Healthwatch Bury and Carol Twist, Vice Chair attended the meeting to introduce themselves and update Members on the work that had been carried out in relation to the establishment of Healthwatch Bury.

Healthwatch was explained as being the new people's champion for health and social care services and will have the following aims:-

- Become an influential and effective organisation that represents local people who use health and social care services.
- Provide communities with a stronger voice to influence and challenge how health and social care services are provided in their area.
- Provide information to help people access and make choices about services.

It was explained that currently Healthwatch was operating in a shadow form until it becomes incorporated as a proper established legal entity by April 2014 at the latest.

During the shadow period the Shadow Healthwatch Board will develop the legal form and governance in order for it to be set up as a non-profit making social enterprise.

The Chair and Vice Chair of the Shadow Board had been elected and approved and working groups had been established with a task and finish approach to support the Board.

It was explained that the organisation was a members led organisation with the board acting on behalf of those members. The membership had been redesigned to include voting and non-voting members which would ensure that all interested parties can be involved.

There was a membership growth plan in place which will allow Healthwatch Bury to engage with hard to reach groups and capture individual voices.

The board had inherited a skeleton staff structure and had recently recruited a new manager. It was also explained that there would be two further members of staff recruited on a part time basis to support the manager.

The board were currently working on finalising the governance structures as well as looking at and establishing working protocols, banking and finance protocols, a business plan and other policies and procedures.

The challenges ahead had also been recognised and these included the continued austerity measures during a time when demand for health and social care was increasing, the ongoing consultations in relation to service reconfiguration, member organisations feeling the pressure and the high expectations of Healthwatch.

It was explained that the next steps were to continue the recruitment drive members and board members, finalise the staffing structure and appoint where necessary, complete the work on outstanding governance areas, transfer to new premises and finally, incorporation - then Healthwatch proper.

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

- Councillor O'Hanlon referred to the members that Healthwatch had inherited and recruited and asked how the hard to reach members would be recruited in the future.

It was explained that specific groups had been contacted and their contacts had been invited to join. There was also ongoing work in relation to the recruitment of an engagement officer who would look at driving up the numbers of members.

- Councillor Walker asked how many members there were to date.

It was reported that there were currently 28 organisations and then individuals on top of that.

It was agreed:

1. That the contents of the presentation be noted.
2. That Andrew and Carol be thanked for their attendance at the meeting.

HSC.606 INTEGRATION TRANSFORMATION FUND PLAN (INTEGRATED CARE PLAN)

Julie Gonda, Assistant Director of Commissioning and Procurement - Adult Care Services attended the meeting to report on the development of a plan to support the integration of health and social care services.

It was explained that the fund had been renamed and would now be known as the Better Care Fund.

The Integrated Health and Social Care Partnership Board had been tasked with developing the plan which will be signed off by the Health and Wellbeing Board at the end of January.

Members of the Health Scrutiny Committee were asked how they would like to engage with the production of the draft plan.

It was agreed:

1. That a sub group of the Health Scrutiny Committee will meet in early January 2013 to be briefed and comment on the draft plan.
2. Following the meeting in Early January, the full committee will then receive copies of the draft plan to comment on before it is presented to the Health and Wellbeing Board.

HSC.607 JOINT HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE

The Committee were presented with the updated Terms of Reference for the Pennine Acute Joint Health Scrutiny Committee and the Pennine Care Joint Health Scrutiny Committee.

There were no comments made in respect of the terms of reference.

It was agreed:

That the terms of reference be accepted

COUNCILLOR P BURY
Chair

(Note: The meeting started at 7.00 pm and ended at 9.20 pm)