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Date 2 December 2013
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TO: All Members of Health Scrutiny Committee

Councillors: A Audin, D Bailey, P Bury (Chair), L Fitzwalter, S Haroon, T Holt, K Hussain, D O'Hanlon, N Parnell, A Simpson, S Smith and R Walker

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 10 December 2013
Place:	Peel Room, Town Hall, Bury
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

The Agenda for the meeting is attached.

Reports are enclosed only for those attending the meeting and for those without access to the Council's Intranet or Website.



Electronic service of legal documents accepted only at:

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Town Hall Knowsley Street Bury BL9 OSW www.bury.gov.uk The Agenda and Reports are available on the Council's Intranet for Councillors and Officers and also on the Council's Website at www.bury.gov.uk – click on **Agendas**, **Minutes and Forward Plan**.

Copies of printed reports can also be obtained on request by contacting the Democratic Services Officer named above.

Yours sincerely

Chief Executive

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 MINUTES OF THE LAST MEETING (Pages 1 - 8)

The Minutes of the last meeting held on 22 October 2013 are attached.

4 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

5 BURY CLINICAL COMMISSIONING GROUP - COMMISSIONING AND COMMISSIONING INTENTIONS

Representatives from the Clinical Commissioning Group will report at the Meeting.

6 INTRODUCTION FROM THE INTERIM DIRECTOR OF PUBLIC HEALTH (Pages 9 - 14)

Lesley Jones, Interim Director of Public Health will give a presentation at the Meeting.

Joint Strategic Needs Assessment – Report attached.

7 HEALTHWATCH BURY

The Chair, Andrew Ramwell and Vice Chair, Carol Twist will report on the Healthwatch Action Plan and the progress made on it.

8 INTEGRATION TRANSFORMATION FUND PLAN (INTEGRATED CARE PLAN)

Julie Gonda, Assistant Director of Adult Care will report at the Meeting.

9 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.



Agenda Item 3

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 22 October 2013

Present: Councillor P Bury (in the Chair)

Councillors D Bailey, L Fitzwalter, T Holt, K Hussain, D O'Hanlon, A Simpson, S Smith and R Walker

Also in Julie Gonda – Assistant Director, Adult Care Services. Stuart

attendance: North – Bury CCG, Councillor R Shori, Dr Schryer.

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

Apologies for Absence:Councillor A Audin, David Hanley, Councillor S Haroon,

Councillor N Parnell and Kiran Patel - Bury CCG

HSC454 DECLARATIONS OF INTEREST

Councillor D Bailey declared a personal interest as she was employed by BARDOC.

Councillor Simpson declared a personal interest as she was employed by the NHS in Salford.

Councillor Bury declared a personal interest in any item that referred to Bury College as he was a Governor at the College.

HSC455 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the Last Meeting held on 28 August 2013 be approved as a correct record and signed by the Chair.

HSC456 MATTERS ARISING

• Councillor Walker referred to Minute HSC.294, Carers Strategy for Bury and the question that he had raised regarding the possibility of working alongside Bury Hospice to provide respite care.

Stuart North explained that he had met with the hospice and they had committed themselves to the work stream relating to integrated care.

• Councillor O'Hanlon referred to Minute HSC.294, Carers Strategy for Bury and the comment he made in relation to the possibility of working with other local authorities. Councillor O'Hanlon asked whether this had been taken up.

Councillor Shori explained that partners were currently in the process of drawing up the ancillary work plan in relation to the action plan. It was something that

would be considered as sharing experiences with other authorities was a good exercise to carry out.

Councillor Shori also reported that work had been carried out in relation to working with private businesses. The carers discount card offered special offers to carers from a number of different providers. Councillor Shori reported that a number of local businesses had signed up for the scheme and were offering discounts or special offers to card holders.

HSC457 PUBLIC QUESTION TIME

Mrs Brenda Headley referred to recent cases that had been reported in the media of people with mental health issues being taken into police custody and the police not being aware of how to deal with them. Mrs Headley asked what work was being done to ensure that people with mental health issues are dealt with appropriately.

It was explained that a RAID pilot was currently being carried out at Fairfield General Hospital which was working well.

It was also reported that the Clinical Commissioning Group were working with Greater Manchester Police on this issue and it was hoped that mental health providers would come on board also.

HSC458 INTRODUCTION FROM COUNCILLOR SHORI AS CHAIR OF HEALTH AND WELLBEING BOARD

Councillor Shori reported that at the last meeting of the Health and Wellbeing Board he had been appointed Chair of the Board.

Councillor Shori thanked Dr Audrey Gibson who had served as Chair to the group before him and as Chair to the Shadow Health and Wellbeing Board prior to that.

It was explained that the Board would work closely with the Health Scrutiny Committee as well as linking in with other partners and providers.

Councillor Shori also explained that the Board would be looking at wider determinants of health and wellbeing such as the Borough's economic policies and housing and employment.

It was agreed

That Councillor Shori be welcomed to the Health Scrutiny Committee in his new role of Chair to the Health and Wellbeing Board.

HSC459 ADULT AUTISM STRATEGY AND ADULT MENTAL HEALTH STRATEGY - ACTION PLAN UPDATE

Further to Minutes HSC.878 and HSC.879 of the Health Scrutiny Committee meeting held on 21 March 2013, Councillor Shori, Cabinet Member for Adult Care, Health and Housing and Dr Jeffrey Schryer, GP Lead, Mental Health, Bury Clinical

Commissioning Group presented the Committee with the updated Action Plans for the Adult Autism Strategy and the Mental Health Strategy. It was explained that the strategies were owned jointly by the local authority and the NHS Bury Clinical Commissioning Group and aimed to improve services and support for all residents in Bury.

The actions plans were attached to the reports and Members were given the opportunity to ask questions and make comments and the following points were raised:-

• Councillor Simpson referred to the Mental Health Strategy and work that was being done in relation to crisis management and life events and asked what would happen at these times.

Dr Schryer explained that work was being undertaken by a number of different partners and agencies and more data was being collected which mapped these services. A steering group was in the process of being established which would take ownership of the Mental Health Strategy and the implementation of the Action Plan.

• Councillor Simpson also referred to the possibility of increasing the amount of self help available and asked whether this would be considered.

Dr Schryer explained that engagement was being carried out with the voluntary sector in relation to self help provision.

• Mrs Headley asked what work was being carried out to improve the rate of diagnosis of mental health conditions.

Dr Schryer explained that the CCG were working with providers and commissioners including the police to look at the bigger agenda. From April 2014 the work programme would be developed across Greater Manchester and would require input from a wide range of partners.

Councillor Shori explained that there was no other option but to change the way of working in matters regarding mental health. Recent figures had shown that 1 in every 4 people would be diagnosed as having a mental health condition at some point in their lives.

• Councillor Stella Smith referred to the Autism Strategy and the need to build confidence before reducing support.

Councillor Shori explained that providers were aware that they had to be more flexible in the support they provided and the way in which they worked.

 Councillor Bury referred to the figures available in relation to actions and outcomes and asked if there were any measurable outcomes that the Committee could monitor.

Dr Schryer explained that it was very difficult due to a lack of available data. A database would be developed and the information from this would be available when it was ready.

Councillor Fitzwalter asked at what age a person becomes an adult.

Dr Schryer explained that there was a review being carried out regarding the Children and Adult Mental Health Service looking at services.

Councillor Shori explained that there was already work ongoing between Children's and Adult's services looking at what was available regarding support and transition.

- Councillor Fitzwalter also asked that the Autism Strategy include the transition from school to work.
- Councillor O'Hanlon referred to the lack of measurable targets within the Action Plans and asked how cost and benefits could be measured if there were no figures on people being signposted.

It was explained that figures would be collected to give more of an understanding of what the need was across the borough regarding support for both Mental Health and Autism.

 Councillor O'Hanlon asked whether there should be an individual point of contact so that customers did not feel like they were being passed from pillar to post when making contact.

It was explained that all comments would be taken on board.

Councillor Walker referred to people taking recreational drugs regularly
which can lead to mental health issues further down the line which could
lead to a stay in a mental health facility. Councillor Walker asked what was
being done about this issue and whether there were mental health workers
in each GP surgery. Councillor Walker also referred to the need for good
quality mental health workers.

Councillor Shori explained that Bury ILD were an excellent service that promoted independent living and offered support.

Dr Schryer agreed that there were links between taking recreational drugs and mental health issues and explained that the Community Drug and Alcohol Strategy looks at work around this issue.

It was also reported that 60% of the borough's GP practices had mental health workers based at the surgeries as it was easier for patients to access the services closer to home.

• Councillor Holt referred to the Dementia Advisory Service that was referred to within the Mental Health Action Plan and asked how this would work and how would a person be recognised as suffering from dementia.

It was explained that a new specification had been developed for the Dementia Advisory Service which was more robust and not just about health and caring but also issues such as power of attorney. It was also reported that Bury was a 'Dementia Friendly Borough' and was working on promotion, support and raising awareness of dementia.

It was agreed:

- 1. That Councillor Shori and Dr Schryer be thanked for their input and attendance at the meeting.
- 2. That an update on the progress made be brought to this Committee at its October 2014 meeting.

HSC460 SAFEGUARDING ADULTS - ANNUAL REPORT 2012/2013

Julie Gonda, Assistant Director of Commissioning and Procurement - Adult Care Services presented the Committee with the Safeguarding Adults Annual Report 2012 – 2103.

The Annual Report was set out as a newsletter and contained an introduction to safeguarding, case studies, updates on news and policies and facts and figures relating to safeguarding issues.

It was explained that the intended audience was anybody that had an interest in safeguarding and the newsletter was also a tool for raising safeguarding awareness.

The newsletter was produced by the Bury Adult Safeguarding Board but had input from partner agencies.

Julie asked for comments and questions from those present and the following points were raised:-

• Councillor O'Hanlon referred to the figures relating to abuse that were set out within the report and asked if there were any strategies that the Council was using either individually or alongside other AGMA authorities to deal with this issue.

It was explained that Adult Care Services had established a Quality Assurance Team who reviewed the quality of service provision across the borough. There were also regular visits to different premises and private homes from social workers, district nurses, GPs as well as clients and their carers/families.

• Councillor Walker asked what action would be taken if a care home received a higher number of complaints than was deemed normal.

It was explained that every complaint would be looked into and if there was reason for the complaint, action would be taken. Julie reported that care settings had had their places removed in the past.

• Councillor Fitzwalter referred to people who were receiving care in their own homes and made a complaint. What could be done in such situations.

Julie reported that the Quality Assurance Team covered home care as well as Care Homes.

It was agreed:

- 1. That the report be accepted.
- 2. That the Bury Safeguarding Board be thanked for the report

HSC461 HEALTHIER TOGETHER UPDATE

Stuart North, Chief Executive at Bury Clinical Commissioning Group attended the meeting to update the Committee on the progress made in relation to the Healthier Together programme, the Paediatric Observation and Assessment Unit at Fairfield General Hospital and the work of the Clinical Commissioning Group.

It was reported that the work relating to Healthier Together was ongoing and focussing on the outline models of care for integrated care, primary care, models of care for hospitals – Urgent and emergency, acute medicine, general surgery, children's services and women's services. The need for change was required because of the budgetary pressures facing the NHS alongside the fact that demand for services was increasing and the clinical workforce is limited.

Stuart reported that he had attended a meeting with the Leader of the Council Councillor – Mike Connolly, the Chief Executive of the Council – Mike Kelly and Dr Kiran Patel from the CCG, they had met with John Saxby – Chief Executive at Pennine Acute NHS Trust, Martin Roe – Acting Chief Executive at Pennine Care NHS Trust and Michael McCourt – Director of Operations at Pennine Care. Stuart explained that this meeting had been held to discuss the future of health provision in Bury and for the CCG and Council to set out what their requirements were. The meeting had enabled the CCG and Council to make the point that services at Fairfield General Hospital need to be provided at a similar level to what they are currently.

It was anticipated that there would be a change in what services were provided at the hospitals across the region as it was likely that some hospitals would lose some general services whilst retaining specialist ones. A level of basic provision would be maintained at all hospital sites.

Stuart also reported that the Radcliffe Pilot had been announced which would provide better access to health and social care services in Radcliffe by providers working together to provide enhanced services for longer periods of time across the town. The service would be that all practices would take turns to open out of hours on a rota and they would have access to shared records. The opening hours would give access from 8am to 8pm on weekdays and 8am to 6pm on weekends. It was explained that this would be rolled out across all localities with different solutions being researched for different areas.

Stuart also explained that the target allocations for CCGs had been published in September with the calculations showing that Bury was £20m under funded. Stuart stated that he had written to Sir David Nicholson to ask that this situation be rectified.

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

• Councillor Smith referred to the Healthier Together programme and the 'red' and 'green' hospitals and asked whether this concept had now been dropped.

Stuart reported that the concept was still being used it was just the terminology that had been dropped.

 Councillor Bury explained that he had attended a meeting where Healthier Together had presented and they had stated that it would be a long movement from one system to another so some services would be double running at some point.

Stuart explained that this was not the understanding that he had and he would request an answer from Healthier Together in relation to this issue.

• Councillor Smith asked what safety nets would be in place when the systems/service provision changed.

Stuart explained that risk was a factor that needed to be considered and these would be looked at during the implementation planning processes.

Stuart reported that the Paediatric Observation and Assessment Unit at Fairfield General Hospital had been temporarily closed during winter 2012/2013 and had been reopened in May 2103. The reason for the closure had been to disperse staff to other sites at Royal Oldham Hospital and North Manchester General Hospital where extra winter beds had been opened.

Since the unit had reopened in May there had been an average of 2 patients per day being treated. A recruitment exercise had taken place where 19 posts had been advertised but only 3 had been filled successfully.

There was now a need to open extra winter beds across the region and it was proposed that this could be facilitated by dispersing staff to the Oldham and North Manchester Sites as was done last winter to allow for the 5 extra beds to be opened and staffed sufficiently.

Stuart explained that this would be a temporary measure but could possibly become permanent in the future. If this was the case the Committee would be consulted.

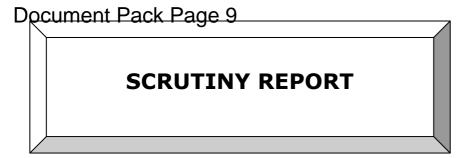
It was agreed:

That Stuart be thanked for his presentation.

COUNCILLOR P BURY Chair

(Note: The meeting started at 7.00 pm and ended at 9.50 pm)

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MEETING: Health Scrutiny Committee

DATE: 10 December 2013

SUBJECT: Joint Strategic Needs Assessment

REPORT FROM: Lesley Jones, Director of Public Health

CONTACT OFFICER: Diane Halton, Service Manager

1.0 BACKGROUND

Bury Council and Bury CCG have an equal and joint duty to prepare a Joint Strategic Needs Assessment (JSNA), through the Health and Wellbeing Board. The JSNA is a strategic assessment of current and future health and social care needs of the local community to inform planning and evidence-based commissioning priorities principally of the local authority, CCG and NHS England in order to improve the public's health and reduce inequalities. It is intended the JSNA will inform the priorities within the Joint Health and Wellbeing Strategy.

This report introduces the draft refresh of Bury's JSNA. The JSNA has been produced in accordance with the Statutory Guidance on JSNA's and has been overseen by the Community Health and Wellbeing Assessment Task & Finish Group of Bury's Health and Wellbeing Board. The Health and Wellbeing Board has approved the draft JSNA for consultation in January 2014. The Interim Director of Public Health and the Service Manager for Public Health will present key findings from the JSNA refresh. The Committee is asked to note and consider these key findings and to note the plans for consultation.

2.0 ISSUES

A summary of key findings from the JSNA is attached for further information.

Risk Management

Responding to key findings, within available resources.

Equality and Diversity

Equality and diversity are integral to the JSNA. Any equality and diversity implications have been noted within the key findings.

Consultations

The statutory guidance around the production of JSNAs states that the views of key stakeholders should be gathered as part of the JSNA. The consultation

process will be coordinated from within the Policy and Improvement Team of the Council. The consultation will aim to make as many people aware of the consultation via websites, targeted emails and existing meeting agendas. The consultation will run from the end of January 2014 for a three-month period and will focus on a leaflet style document to highlight the main priorities identified in the JSNA. A report on the consultation will be presented to the Health and Wellbeing Board in May 2014.

3.0 CONCLUSION

The Committee is asked to note the findings from the refreshed JSNA and proposals for consultation.

List of Background Papers:-



Contact Details:-

Diane Halton Service Manager – Public Health 0161 253 6828 D.Halton@bury.gov.uk

JSNA Priorities

Pregnancy and early y	ears (p13)					
Priority	Worse than comparat ors	Getting worse (trend)	Geograp hic inequaliti es within Bury	Other inequaliti es	Data Gaps/fur ther research	Unmet need
Pregnant women accessing maternity services within 12 weeks						
Low birth weight						
Breastfeeding						
Immunisations						
Smoking at time of delivery						
Drinking in pregnancy						
Drug misuse in pregnancy						

Children and Young	g People (p29)				
Priority	Worse than comparators	Getting worse (trend)	Geographic inequalities within Bury	Other inequalities	Data Gaps/furthe r research	Unmet need
5 GCSEs at A-C						
Attainment at Key Stage 2 and Foundation						
NEETs						
Looked after children						
Child obesity – reception year						
Dental hygiene						
Teenage pregnancy						
Repeat abortions						
Chlamydia						

Lifestyle and the Li	ving Envi	ronment	(p41)			
Priority	Worse than comparators	Getting worse (trend)	Geographic inequalities within Bury	Other inequalities	Data Gaps/furthe r research	Unmet need
Smoking related deaths						
Smoking rates						
Asthma emergency admissions for under 19s						
Binge drinking						
Drinking more than 5 days a week						
Substance misuse						
Regular exercise						
Sexually transmitted infections						
Obesity						

Work and welfare (p 52)					
Priority	Worse than comparators	Getting worse (trend)	Geographic inequalities within Bury	Other inequalities	Data Gaps/furthe r research	Unmet need
Lower numbers of higher Standard Occupational Classes						
Incapacity benefit						
Deprivation						
Benefits - LGBT						

Vulnerability (p80)						
Priority	Worse than comparators	Getting worse (trend)	Geographic inequalities within Bury	Other inequalities	Data Gaps/furthe r research	Unmet need
Physical and learning difficulties						
Health checks – people with learning difficulties						
Alcohol misuse among older people						
Fractured neck of femur						
Deprivation – older people						
Dementia						
Flu vaccination ("should remain a priority")						

Family homelessness			
Military veterans			
Asylum seekers			
Carers			
Fear of crime			
Fuel poverty			
Barriers to housing			
Living alone - LGBT			

III Health and Morta	lity (p97)					
Priority	Worse than comparators	Getting worse (trend)	Geographic inequalities within Bury	Other inequalities	Data Gaps/furthe r research	Unmet need
Breast and cervical screening						
Screening - LGBT						
HPV Vaccine						
Disease prevalence						
Cancer						
Mortality rates for circulatory disease, CHD, stroke, diabetes						
Deprivation – health and disability domain						

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