

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 28 January 2014

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

Also in attendance: Julie Gonda – Assistant Director – Adult Care Services
Linda Jackson - Assistant Director – Adult Care Services
Lesley Jones – Interim Director of Public Health
Stuart North – Bury CCG
Dr Kiran Patel- Bury CCG
Andrew Ramwell – Chair - Healthwatch Bury

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

Apologies for Absence: Councillor D Bailey and Councillor L Fitzwalter
Councillor R Shori – Cabinet Member - Adult Care,
Health and Housing

HSC.702 DECLARATIONS OF INTEREST

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

Councillor Simpson declared a personal interest in any item relating to the NHS as she was employed by a medical practice in Salford.

HSC.703 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the Last Meeting held on 10 December 2013 be approved as a correct record and signed by the Chair.

HSC.704 MATTERS ARISING

1. Councillor Walker referred to Minute HSC.601 – Matters Arising and referred to the question he had raised regarding the Drug and Alcohol Team and the fact that this service 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 Smith referred to Minute HSC.601 – Matters Arising and the question raised in relation to the paediatric unit at Fairfield General Hospital

and asked whether the unit had now closed.

Stuart North explained that the unit had been temporarily closed on and off and no decision to close it permanently had been made as yet. If the unit was to be closed permanently, this would be reported to the Scrutiny Committee for their input.

3. Councillor O'Hanlon referred to Minute HSC.601 - Matters arising where he had asked about a meeting that had been attended by the Leader rather than the Cabinet Member and stated that he felt that the Cabinet Member should attend such meetings as he was the Councillor who would be expected to answer questions concerning the services discussed.

HSC.705 HEALTHIER TOGETHER UPDATE

Stuart North, Chief Executive at Bury CCG and Dr Kiran Patel Chair of the CCG gave an update on the progress of the Healthier Together reconfiguration that was currently being developed across Greater Manchester.

The Healthier Together consultation had been due to commence across Greater Manchester in January 2014. Following a review of the work required it had been decided that the consultation would start later in the year to allow for the model options to be developed fully whilst working with all partners involved including patients and professionals. It was anticipated that the consultation would start toward summer 2014 but conversations were already underway regarding the options.

It was widely recognised that there was a need to the way that health and social care services were provided with people living longer and many with multiple long term conditions, expectations growing and services being fragmented. It was anticipated that there would be both local services and specialist services with patients at the centre. Expertise would be pooled to develop centres of excellence which would improve outcomes and patient experience.

The Healthier Together reconfiguration plan would also need to consider wider services such as Primary Care, Community Services and Integrated Care to ensure that all changes to service provision complemented any other changes happening across the whole health and social care landscape.

It was reported that views were being gathered and communities updated on the issues of joining up health and social care services, enhancing GP and community services and transforming hospital services. The

There would be a number of events held across the borough to enable engagement with as many people as possible including attendance at each Township Forum meeting.

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

- Councillor Bury referred to the fact that Healthier Together was just one

part of service redesign and that a lot was also being done at a local level and asked how the two would work together.

Stuart North agreed that the situation was challenging and explained that due to the current financial situation some providers were having to make changes to the way that they worked. The CCG was asking them to go along the same direction of travel as Healthier Together. The challenges were the same for everybody and all were working towards the same end goal with the patient central.

- Councillor Simpson referred to the 5 year plan and explained that it was difficult to envisage this due to the lack of finances.

Stuart explained that it was challenging. NHS England had published information in relation to funding that CCGs should receive and this had shown that Bury was the lowest/worst funded CCG in the north West region. Work was being carried to try and rectify this situation with NHS England being lobbied and the situation being highlighted as much as possible.

- Councillor Walker explained that he had recently attended a Joint Health Scrutiny Meeting where it had been reported that pre operation assessments and gynaecological services would be moved to Royal Oldham Hospital and asked what had happened to the 2 corridors of care model that had been discussed some time ago.

Stuart reported that no decision had been made about the two services mentioned being provided at Royal Oldham Hospital, this was just a proposal at the moment. The decision on this would be reviewed in February. Stuart stated that he would take any concerns raised in relation to this issue back to John Saxby, Chief Executive at Pennine Acute NHS Trust.

- Councillor Parnell referred to the funding gap and the formula used and asked how funding was calculated.

Stuart explained that funding was worked out based on the population mix but there are a number of different formulae available and depending on which is used can make a difference.

- Councillor O'Hanlon asked once the changes are in place and specialist areas are based in one or two locations across the region, how many people from Bury will have a condition that won't be served by their local hospital.

Dr Patel explained that there are currently 10 acute surgical services across Greater Manchester, this would be reduced to 4 or 5. Acute medicine would still be available at all sites and it was anticipated that stroke services would be served at 3 and cardio at 1. It would not be possible to determine at this point how many Bury residents would be affected as there were no clear options set out as yet.

- Councillor Bury stated that it was difficult when discussing changes in service provision as it was automatically assumed that it would lead to hospital closures.
- Councillor Walker referred to patients being discharged more quickly from

hospital than they would previously have been and would therefore be relying on rehabilitation and support services provided by the council. Councillor Walker asked how this would be co-ordinated if a patient was at a hospital in another town.

Linda Jackson reported that a group from all of Adult Care Services across Greater Manchester was in the process of looking at a solution to this issue and a report with their findings and recommendations was due to be presented to the Greater Manchester CCG in February 2014.

Dr Patel also explained that this type of discharge was already undertaken where services had already been centralised.

- Councillor O'Hanlon asked what would happen if the model didn't deliver the desired outcomes and whether there were any other plans to fall back on if this was the case.

It was explained that as services were being developed there would be the opportunity to change anything that wasn't working as well as expected. The clinical outcomes would show lives saved and there would also be other factors such as length of stay in hospital and patient satisfaction.

- Councillor Bury asked when there would be feedback available from the Radcliffe Demonstrator.

Stuart reported that some early statistics would be available from April or May 2014.

It was agreed

That Dr Patel and Stuart be thanked for their presentation.

HSC.706 INTEGRATED HEALTH AND SOCIAL CARE PARTNERSHIP/BETTER CARE FUND PLAN

Julie Gonda - Assistant Director, Adult Care Services, Linda Jackson - Assistant Director, Adult Care Services and Lesley Jones, Interim Director of Public Health gave a joint presentation on the work that was being carried out in relation to the Integrated Health and Social Care Partnership and also in relation to the Better Care Fund Plan.

It was explained that the integrated care model will include all partners across health and social care working together and with people to support them to maintain their own health and manage their own care as much as possible. A partnership approach with an emphasis on prevention and early intervention which will be primary care centred with access to services 7 days a week co-ordinated and provided by integrated/multi disciplinary neighbourhood teams. It will focus on people at higher risk such as people with long term conditions and frail older people as well as having an emphasis on prevention to stop or slow down the long term conditions.

The partners and stakeholder identified include Bury CCG (GP practices and pharmacies), Bury Council (Adult Care, Public Health, Education Services and providers, Housing services and providers) Pennine Care NHS Foundation, Pennine Acute NHS Trust, mental health services, GP Federation, North West Ambulance Service, Care Homes, Home Care providers and the Department of Health plus others.

It was explained that the strategy was a 5 year strategy and would identify key deliverables across a continuum of need. 3 key deliverables had been identified:- Staying well, Re-ablement and intermediate care and integrated community based care.

The project would be able to take lessons from the Radcliffe Demonstrator and produce a joint outcomes framework.

The Governance Structure was explained and it was reported that the Integrated Health and Social Care Partnership Board was chaired jointly by The Director of Adult Care Services and The Chief Executive of the Clinical Commissioning Group and was accountable to the Bury Public Service Reform Board which in turn reported to the Greater Manchester Public Service Reform Leadership Team.

The work of the partnership Board had been to identify the key deliverables and the key enablers and task groups to carry out specific work in the requirements around these areas with a lead officer for each group.

Achievements around partnership provision were already being identified from work already being undertaken - operating 7 day opening GP practice in Radcliffe, a pilot integrated care team in Radcliffe would be rolled out wider within the next two months, the crisis response service for adults had been implemented, the integrated health and social care discharge team were in place and complex care arrangements were being co-ordinated.

Julie Gonda reported that the Draft Better Care Fund was due to be submitted to the Health and Wellbeing Board at its meeting on the 30 January 2014. The Fund required a 15% reduction in emergency activity by 2015/2016. The Fund would be made up of an NHS resource transfer of £11.7m of which £8m was from the CCG and the remaining £3.7m from other NHS resources. £3m of this will be directly related to performance and is dependent on joint working. The budget will be pooled and managed jointly between the CCG and local authority.

The Main aims of the better Care Fund were explained as:-

- to protect adult social care services; and
- to invest in new and re-shaped services which help integration and benefit both health and social care.

The Better Care Fund Plan is being produced jointly by Bury CCG and Adult Care Services with the final plan being submitted on 4 April 2014.

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

- Councillor Simpson referred to the partnership and asked where education would fit in.

Lesley explained that she was leading on a piece of work focused on community engagement for health which would include promoting self care and suggested that the Committee receive an update on this work.

- Councillor Simpson referred to the Radcliffe Demonstrator and how when capacity is created the demand would meet it and asked what would happen if this stopped.

It was explained that services wouldn't be stopped they would look at how they could be changed to meet the desired requirements.

- Councillor O'Hanlon referred to the housing needs that were mentioned within the presentation and stated that Bury didn't have enough smaller properties currently.
- Councillor O'Hanlon also stated that transport issues should be considered as the roads become very busy and trying to visit patients within their homes could be problematic because of this.

Linda explained that all partners would be co-ordinating the way that they work and make changes where required. It was explained that somebody may currently receive 3 home visits from 3 different professionals in one day by working together in an integrated way one worker could provide a range of support for people reducing duplication, also we are looking to work in localities which will reduce the need for travel.

- Councillor Smith referred to the required 15% reduction in emergency activity and asked whether this was against existing or future need.

Stuart North explained that this was against existing activity.

- Councillor Smith also referred to the implementation of the different services and the possibility that some people may 'fall through the cracks' during that time.

Linda explained that all of the strategic issues were being reviewed to ensure that this doesn't happen. It was also important to look at other areas of risk such as how services will be funded from other providers such as Pennine Acute.

Dr Patel reported that risk profiling in GP practices had been reviewed with a plan to move from a reactive to a proactive way of working.

It was also explained that Social Care providers will be able to use NHS numbers to assist with sharing information as is currently being done in the Radcliffe Demonstrator. There was also work relating to data sharing being carried out at a national level.

- Councillor Parnell asked whether the reduction in emergency activity can realistically be reduced.

Dr Patel explained that 30 - 40% of people who currently attend A & E don't need to and some admissions could be treated at home. If services were available closer to home and more accessible this would lessen the need to attend A & E.

Julie Gonda explained that not all of what is to be implemented will be new, it will just be done differently.

- Councillor Walker referred to communication and the way that this would be carried out and asked that this be an area that is looked into as it has to be done right to ensure that as many people are aware of what is happening as possible.
- Andrew Ramwell, Chair of Healthwatch Bury asked what work was being carried with regards to social outcomes and organisational health issues.

Lesley reported that work around these areas would be undertaken as part of a wider plan.

- Mrs Brenda Headley stated that she felt that the presentations given had been very informative and interesting and that the new ways of joint working being planned would lead to exciting times ahead within health and social care.

It was agreed

1. That the contents of the presentation be noted.
2. That comments would be accepted up until 5 February 2014.
2. That Julie, Linda and Lesley be thanked for attending the meeting.

COUNCILLOR P BURY
Chair

(Note: The meeting started at 7.00 pm and ended at 8.50 pm)