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Chief Executive

Our Ref AJT
Your Ref HSC/AJT
Date 10 June 2014
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Department for Resources and
Regulation

Jayne Hammond LLB (Hons)
Solicitor
Assistant Director of Legal &
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TO: All Members of Health Scrutiny Committee

Councillors : P Adams, P Bury (Chair), E Fitzgerald, L Fitzwalter,
J Grimshaw, S Haroon, K Hussain, Kerrison, Mallon, T Pickstone, 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:	Wednesday, 18 June 2014
Place:	Peel Room (Elizabethan Suite) Town Hall, Knowsley Street 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.



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Bury BL9 0SW
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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

A handwritten signature in black ink that reads "Mike Kelly". The signature is written in a cursive style with a horizontal line underneath the name.

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 PUBLIC QUESTION TIME

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

4 MINUTES OF THE LAST MEETING (Pages 1 - 10)

5 HEALTHIER TOGETHER UPDATE

An update will be given at the meeting.

6 DEVELOPMENT OF A WORK PROGRAMME (Pages 11 - 16)

7 URGENT BUSINESS

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

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Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 20 March 2014

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

Also in attendance: Linda Jackson - Assistant Director – Adult Care Services
Councillor R Shori – Cabinet Member - Adult Care,
Health and Housing

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor N Parnell

HSC.906 DECLARATIONS OF INTEREST

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

Councillor D Bailey declared a personal interest in any item relating to BARDOC as she was employed by them.

HSC.907 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.908 MATTERS ARISING

- Councillor Walker referred to Minute HSC.705 – Healthier Together Update and referred to the issue he had raised regarding pre operation assessments and gynaecological services being moved to Royal Oldham Hospital. At the last meeting Stuart North had explained that this had not been agreed by Bury Clinical Commissioning Group and Councillor Walker explained that he had attended a meeting where this statement had been confirmed. Councillor Walker explained that he was happy that the pre - operation assessments would not all be carried out at Oldham as was originally reported.

Sharon Martin, Head of Commissioning at Bury CCG reported that the

gynaecological services would be provided at Oldham but the pre operation assessments would be kept locally. The CCG were actively working to ensure that services would be retained at Fairfield General Hospital.

HSC.909 GP FEDERATION - INTRODUCTION

Michelle Armstrong, Chief Officer and Dr Simon de Vial Chair of the Bury GP Federation gave a presentation explaining what the Federation was and the services it provided.

It was explained that the GP Federation was a company Limited by shares which was incorporated in November 2103. There were originally 26 GP practice members who jointly invested £250 000 to establish the federation and a further 4 had expressed an interest in joining which if successful would mean that 30 out of the 33 practices across Bury would be members.

It was explained that the Federation had a shared ethos and core beliefs which are aimed to provide an equitable standard of healthcare for all users across Bury.

The accountability of the Federation was set out and it was explained that when bidding for a contract there were clear guidelines in relation to any conflicts of interest and the requirement for all members to declare these interests upon becoming members this was to ensure that no conflicts arose.

It was also explained that each GP Practice still held their contract with NHS England with regards to the provision of GP services

Michelle explained that the GP Federation had been commissioned to work with the Radcliffe GP practices to help set up and operate the Radcliffe Demonstrator Pilot which provides extended access to GP surgeries 7 days a week from 8am to 8pm on weekdays and 8am to 6pm on weekends. The extra appointments available would provide an additional 19, 500 appointments a year. The project had been successful during stage one of its implementation and was now moving onto the next stage which would incorporate other services such as social care.

Work had also been carried out to assist with the winter pressures that GP surgeries were under during the winter season and had seen surgeries providing extra hours to assist with this. The scheme was due to end on 31 March and had been well received.

It was reported that the Federation had recently submitted a bid to the Prime Minister's Challenge Fund and if successful this would see extended services provided on a wider scale across the borough.

Members of the committee were given the opportunity to ask questions and

make comments and the following points were raised:-

- Councillor Simpson stated that she liked the idea of the organisation and asked what would happen to the profits.

It was explained that the membership was practised based and not individuals. The plan aims to pay back the initial investment to all partners after 10 years and any profits made would be shared back to the member practices.

- Councillor Simpson also asked what would happen to the practices that had opted out of the federation and would their patients be excluded?

It was explained that the practices that hadn't joined would always have the option of becoming members if they wished and the patients within those practices would not be excluded. The services that the federation was looking to provide would be available across the borough.

- Councillor Fitzwalter asked whether the Federation would be assisting its member practices to negotiate better contracts with NHS England?

It was explained that the practices' contracts would not be something that the Federation would get involved with. There was the benefit of having pooled resources which could be both staff and skills.

- Councillor Fitzwalter also asked how patients would hold the GP Federation accountable.

Michelle reported that patients are consulted and have the options of complaining directly to their practice if need be. There are also other channels available to hold providers to account. Michelle also explained that she had been employed by the Clinical Commissioning Group to help establish the Patients' Cabinet in Bury and the GP federation worked with the Cabinet to look at service provision.

- Councillor Walker asked whether this was just another tier of administration and asked whether the GP federation would place any restrictions on patients moving from one practice to another.

Michelle explained that patients would always have the right to move to an alternative practice if that was what they wanted to do.

- Councillor O'Hanlon referred to the fact that the majority of Bury's GP practices were members of the Federation and asked whether this was something that could be used to their advantage when looking at suppliers etc.

Councillor O'Hanlon also stated that not all practices were as

accessible as others, some didn't have internet access for appointments and only a few had the facilities to send a text reminder, what was the plan around this?

Michelle explained that if the bid was successful, the Prime Ministers Challenge Fund would help with technology to bring practices up to date and this would be something that was done with assistance from patients helping to build the services around what they want.

- Councillor Stella Smith explained that there were a lot of questions around transparency and accountability and asked whether there was a code of practice that the Federation members signed up to.

Michelle reported that there was requirement for all members to complete a declarations of interests form and a code of practice that all members were expected to adhere to. It was also explained a member cannot be on the Board of the federation if they are a on the Clinical Commissioning Group Board. Michelle also suggested that Health Scrutiny Members be invited to attend a future Governance meeting if the Federation.

It was agreed:

That Michelle Armstrong and Dr de Vial be thanked for their presentation.

HSC.910 BURY CLINICAL COMMISSIONING GROUP STRATEGIC PLAN 2014 - 2019

Sharon Martin Head of Commissioning and Howard Hughes Clinical Cabinet Chair at NHS Bury CCG gave a presentation setting out the CCGs Strategic Plan for 2014 – 2019.

It was explained that the Vision of Bury CCG was to continually improve Bury's health and wellbeing by listening to you and working together across boundaries".

The strategic aims were reported as:-

- Deliver through the Health and Wellbeing Board; improved population health, reduction in inequalities and, improvement in outcomes for patients.
- Deliver transformational change through service redesign models.
- Develop CCG and primary care capability as commissioners and leaders
- Deliver improvements in Quality, Innovation, Prevention and Productivity to endure high quality and sustainable Health and Care services are provided.
- Work with partners to ensure citizenship, self-care and prevention is

at the heart of all service transformation.

The plan contained 7 outcome ambitions which had been reported to the Health and Wellbeing Board and were included within the presentation.

It was also reported that work was being undertaken to identify the priority areas for Bury and information has been reviewed from the following:-

- Commissioning for Valuepack for Bury MBC Programme Budgeting information from the Bury CCG Spend and Outcome Factsheet 2011/2-12
- Business Intelligence Commissioning Support Unit
- Public Health Gap Analysis

It was explained that a number of possible priorities were under consideration and these included:-

- Cardio Vascular Disease – Coronary Heart Disease and Stroke
- Cancer
- Chronic Obstructive Pulmonary Disease
- Liver Disease/Alcohol
- Mental Health and Learning Disability Mortality
- Reducing unplanned activity

Some of the priorities are being considered based on information provided by Public Health and the CCG must also consider the ambitions and national direction of the NHS. It was also explained that there were six Transformational Areas that need to be addressed within the plan;

Citizen inclusion and empowerment
Wider primary care, provided at scale
A modern model of integrated care
Access to the highest quality urgent and emergency care
Specialised services concentrated in centres of excellence

The process for agreeing and delivering the Strategic Plan was also set out as follows:-

- The Clinical Commissioning Group is working in collaboration with Public Health to outline the current situation in Bury and identify the priority areas for a joined up approach going forward.
- The priorities will be agreed through the Health and Wellbeing Board.
- There will be engagement with the public, service users and partner organisations on the priorities and how they should be addressed.
- The plans will be agreed through the Health and Wellbeing Board and Bury CCG's Governing Board prior to submission on the 20 June 2014.

Those present were given the opportunity to make comments and ask

questions and the following points were raised:-

- Councillor Ann Audin referred to the work highlighted around alcohol but also pointed out that drugs were an area where work needed to continue.

Sharon reported that work around drug use and abuse would continue to be carried out in preventative and treatment work. The priorities were just there to highlight where there could be the biggest improvement to the population and alcohol was felt to be one of those areas.

- Councillor Shori asked how the plan would be delivered with the current constraints on budgets.

It was explained that the 5 year financial plan was in place, the first two years would be targeting non - elective admissions and then looking to deliver services in a more efficient way.

- Councillor O'Hanlon referred to the 7 outcomes that were highlighted within the presentation and then the previous outcomes that had been targeted in the old strategic plan and asked whether these had been met. Councillor O'Hanlon also asked whether baseline figures were available in relation to the new outcomes.

Sharon stated that she would provide this information to the Committee.

- Councillor Fitzwalter referred to patient records and asked whether the model for future provision included co-ordinating patient records across Greater Manchester.

It was explained that work was already being carried out across the North East Sector with the technical solution being confirmed currently. It was anticipated that this would allow for a clinical portal and a patients portal. It was anticipated that something would be in place by 2016.

It was also explained that the Radcliffe Demonstrator Pilot meant that GPs were already sharing patient records successfully.

- Councillor Simpson asked whether transferring services into the primary sector would still be on the national tariff.

It was explained that each individuals' pathway would be considered as well as different ways of contracting.

- Councillor Walker referred to dementia and the effects that it had, not just on the patient but also their families and carers. Councillor Walker asked if there was a named Doctor in relation to Dementia.

It was reported that Dr Schryer was the named doctor for all mental health

related illnesses and their strategies. Work around dementia and support for all involved was a major area for both the CCG and the Council as well as other related partners.

It was agreed

1. That the contents of the presentation be accepted.
2. That Sharon Martin and Howard Hughes be thanked for their presentation
3. That progress on the plan be reported at a suitable time.

HSC.911 COMMUNITY SERVICES

Sharon Martin Head of Commissioning and Howard Hughes Clinical Cabinet Chair at NHS Bury CCG gave a presentation explaining the future procurement of community services across Bury.

It was explained that Bury Clinical Commissioning Group served a population of approximately 185,000 people (196,017 GP registered).

The emerging priorities for the CCG in tackling health inequalities and reducing the life expectancy gap will be:-

- Coronary heart disease and stroke.
- Cancer
- Chronic Obstructive Pulmonary Disease
- Liver Disease/Alcohol
- Mental Health and Learning Disability Mortality
- Reducing unplanned activity

Bury CCGs vision was:-

“Continually improve Bury’s Health and wellbeing by listening to you and working together across boundaries”.

The vision is set within the context of

An integrated health and social care model of delivery
 Reduced dependency on hospital care
 Reduced health inequalities
 Improved patient outcomes
 Promotion of self care and shared decision making
 Placing people and carers at the heart of their care
 GPs at the centre of community/primary care model
 Access to services 7 days a week 8.00am – 8.00pm

The Provider Landscape was explained as being broken down into 6 areas:

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- Primary Care (Mostly commissioned by NHS England), Secondary Care (most costly to provide) , Tertiary Care , Mental Health Services, Third Sector providers and Community Services.

Pennine care had been the successful bidder when Community Services had first been commissioned. The contract was due to run out in 2014 but could be extended for a further year if required.

Howard explained that proposed Community Service Redesign meant that some services were being reviewed and changes in provision could be made.

The following services would be tendered for commencement in 2015:-

- Core Podiatry Service
- Core Audiology Service
- Community Eye Service
- Treatment Room Service
- Tissue Viability Service
- Lymphoedema Service
- Anticoagulation Service

It was explained that Pre Qualification Questionnaires would be advertised on Supply2Health and service specifications would be available at that point. Successful providers would be informed December 2014/January 2015. Service development /mobilisation January – March 2015 and the commencement of new services from 1 April 2015.

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

- Councillor Audin referred to a recent Township Forum Meeting that she had attended where Healthy Futures was being discussed. Councillor Audin explained that she had asked a question relating to service provision at certain GP practices and what could be done around standards.

Sharon explained that GP contracts were with NHS England and completely separate from the CCG but it was hoped that if the PF federation were successful with their bid for the Prime Ministers Challenge Fund it would help with looking at minimum standards across all GP practices.

- Councillor Smith referred to District Nurses and asked where they would fit in with the procurement process.

It was explained that District Nurses would be within the procurement process planned to commence in 2015 as currently there was quite a lot

happening within this service and it would also feed into integrated care.

- Councillor Fitzwalter referred her own experiences with the district nurse service and the fact that it had not been very flexible and did not fit her requirements. Councillor Fitzwalter asked that these issues be reviewed when looking as procuring a service which was fit for purpose and equitable.

It was agreed

1. That the contents of the presentation be accepted including the proposed timetable set out.
2. That Sharon Martin and Howard Hughes be thanked for their presentation
3. That progress on procurement of the services discussed be reported at a suitable time.

HSC.912 UPDATE ON STROKE SERVICES

Attached to the agenda was a letter from Alan Campbell and Khalil Kawafi setting out the plans to improve equity of access to stroke services in Greater Manchester

It was explained that a new service had been implemented starting in 2010 where patients are taken to one of three hospitals specially equipped to deal with emergency stroke patients. Under the new services all three centres will be open 7 days a week with Salford continuing to be open 24 hours a day, 7 days a week.

HSC.913 EXTRA MEETING OF THE HEALTH SCRUTINY COMMITTEE

It was explained that it was hoped that a further meeting of the Health Scrutiny Commission would be arranged to be held sometime in early April. The suggested date of 8 April was discussed but it was felt this was unsuitable.

It was agreed:

That an alternative date would be suggested.

COUNCILLOR P BURY
Chair

(Note: The meeting started at 7.00 pm and ended at 9.15 pm)

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Scrutiny Report

MEETING: HEALTH SCRUTINY COMMITTEE

DATE: 18 JUNE 2014

SUBJECT: DEVELOPMENT OF A WORK PROGRAMME FOR 2014/2015

REPORT FROM: ANDREA TOMLINSON, DEMOCRATIC SERVICES OFFICER

CONTACT OFFICER:

1.0 SUMMARY

This report sets out details the remit of the Health Scrutiny Committee along with a Work Programme Prioritisation Protocol to assist in the development of a Work Programme for 2014/2015.

2.0 MATTERS FOR CONSIDERATION/DECISION

Members of the Health Scrutiny Committee are requested to:

Agree and set an Annual Work Programme for the 2014/2015 Municipal Year, in accordance with Committee's remit, previous work and the Work Programme and Prioritisation Protocol.

3.0 HEALTH SCRUTINY COMMITTEE

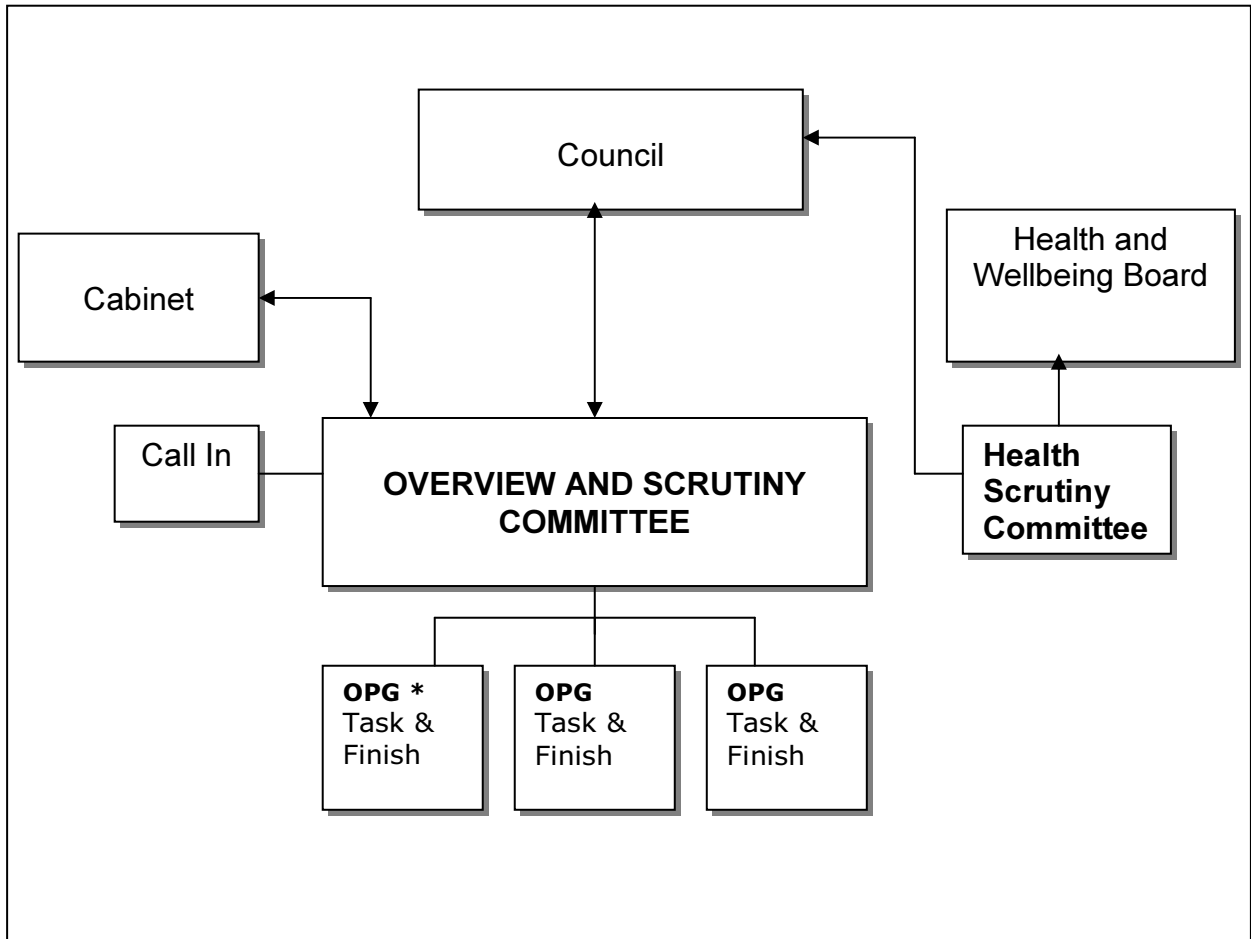
3.1 Terms of reference

A dedicated Health Scrutiny Committee was set up to scrutinise partner organisations on issues relevant to the residents of the Borough. Full terms of reference are:

- To carry out the Council's statutory obligations in relation to reviewing and scrutinising any matters relating to the planning provision and operation of health services in the area of the Council.
- To oversee the health and well being of the borough's population.
- To scrutinise the provision, planning and management of Adult care services.
- To monitor the implementation of any scrutiny recommendations accepted by the Cabinet.

3.2 Scrutiny Structure

The current scrutiny structure was adopted by Full Council on 28 March 2012, based on the findings of a review carried out by the Overview Management Committee. The structure makes provision for the setting up of time-limited task and finish Scrutiny Panels to carry out detailed work into specific topics. These Panels will be set up and monitored by the Overview and Scrutiny Committee, with membership drawn from all backbench Councillors. The diagram below sets out the current scrutiny structure.



* Overview Project Group

4.0 WORK PROGRAMME 2014/2015

- 4.1 The Health Scrutiny Committee is required to set a work programme for 2014/2015.
- 4.2 A well thought out and effective Work Programme will allow work to be time-tabled to ensure completion and help determine when and what resources may be needed.
- 4.3 Within the Programme it is important to ensure that there is the capacity to provide an urgent response to issues that arise during the year and need to be dealt with at short notice.
- 4.4 To assist in the development of an outcome focussed, measurable, realistic and timely Work Programme, a Prioritisation Protocol is set out below. The

Protocol sets out some initial questions to be asked of proposed topics and includes further questions and filters to help achieve a prioritised and deliverable work programme.

4.5 The 2014/2015 scheduled meetings are:-

22 July 2014
11 September 2014
8 October 2014
9 December 2014
27 January 2015
19 March 2015

5.0 SUGGESTED ITEMS ARISING FROM LAST YEAR

5.1 During last year's work, the following items were included on the work programme but were not considered or reported on any of the 2013/2014 agendas:

- Dentistry provision across the borough
- Smoking cessation

5.2 Other areas to be considered are the current Healthier Together consultation in relation to the reconfiguration of health provision across Greater Manchester; the work of the Care Quality Commission and the Radcliffe Demonstrator pilot.

4.0 CONCLUSION

The information contained in this report provides an outline of the terms of reference for the Health Scrutiny Committee along with a Work Programme Prioritisation Protocol to assist in setting an outcome based, focussed, balanced and deliverable work programme based on the priorities of Bury Council and its residents.

CONTACT DETAILS:

Contact Officer: Andrea Tomlinson, Democratic Services
Telephone number: 0161 253 5133
E-mail address: a.j.tomlinson@bury.gov.uk
Date: 9 June 2014

Appendix 1

Prioritising Topics for Scrutiny

When deciding which items to include on the Scrutiny Work Programmes it can sometimes become confusing and difficult to identify the topics which are most important or worthy of scrutiny.

Section 1 - At the outset

When topics have been identified as possible Scrutiny Work Programme items, Members and their support Officers should ask the following of each topic identified;

- **Does the issue have a potential impact for one or more sections of the population?** Yes – Leave on Work Programme
- **Is the issue strategic and significant?** Yes – Leave on Work Programme
- **Is there a clear objective for scrutinising this topic?** Can objective be identified – Yes leave on Work Programme
- **Is there evidence to support the need for scrutiny?** Yes – Leave on Work Programme
- **What are the likely benefits to the Council and its customers? What do we hope to achieve?** If identifiable – Leave on Work Programme
- **Are you likely to achieve a desired outcome?** Can benefits to Council and customers be achieved?
- **What are the potential risks?**
- **Are there adequate resources available to do the activity well?**
- **Is the Scrutiny activity timely?** Yes – Leave on Work Programme

Section 2 – Criteria to Reject

Once the questions above have been answered and the topics are still included on the Work Programme, Members should move onto the following rejection filters:-

Reject if;

- The issue is being examined elsewhere e.g. officer group, other Councillor group.
- Issue was reviewed less than 2 years ago
- New legislation or guidance expected within the year
- No scope for scrutiny to add value/make a difference
- The objective cannot be achieved in the specified timescale
- Changes are currently being /have recently been implemented

Section 3 – Prioritisation of Topics

The following questions should be asked when looking to prioritise potential work programme items.

Public interest

- Has the issue been identified by Members through surgeries and other contact with constituents?(on how many occasions – more occasions warrants a higher score).
- Has a user dissatisfaction with the service been identified? (complaints).
- Topic identified through Market Surveys/Citizens Panel.
- Has the issue been covered in the local media?

Internal priority

- Council Priority area?
- There is a high level of budgetary commitment to the service/policy area (as percentage of total expenditure)
- There has been a pattern of budgetary overspends
- The service is a poor performer (evidence from performance indicators/benchmarking).

External Factors

- Central Government priority area
- Issues raised by External Audit Management Letter/External Audit Reports.
- Key reports or new evidence provided by external organisations on key issue.

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