

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 22 July 2014

Present: Councillor P Bury (in the Chair)
Councillors Adams, L Fitzwalter, J Grimshaw, S Haroon,
K Hussain, Kerrison, Mallon, T Pickstone, S Smith and
R Walker

**Also in
attendance:**

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

Apologies for Absence: Councillor E Fitzgerald

HSC.171 DECLARATIONS OF INTEREST

Councillor Pickstone declared a personal interest in any item relating to the NHS as his partner was employed by the NHS locally.

HSC.172 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the Last Meeting held on 18 June 2014 be approved as a correct record and signed by the Chair.

HSC.173 MATTERS ARISING

1. Councillor Bury referred to Minute HSC.47 – Healthier Together Update and explained that a lot of information had been sent to Members of the Committee in relation to a number of consultation events that were due to take place across Greater Manchester. Councillor Bury also explained that the next meeting of the Committee due to be held on 11 September 2014 would be focussing on the Healthier Together Consultation and he suggested that all Councillors should be invited to this meeting as the proposals and reconfiguration would affect all Bury residents.
2. Councillor Walker asked if any progress had been made to arrange the sub group which would look at dentistry issues.

It was explained that Public Health England had been contacted in relation to this but as yet no information on who to contact had been received. This would be followed up.

3. Councillor Fitzwalter referred to minute HSC.47 and the question raised about ambulance response times. Councillor Fitzwalter asked if an answer had been received.

It was stated that this would be followed up.

HSC.174 PUBLIC QUESTION TIME

There were no members of the public present at the meeting to ask questions under this item.

HSC.175 INFECTION CONTROL

Lesley Jones, Interim Director of Public Health and Councillor Andrea Simpson updated Members on the Infection Prevention Control Service that the Council was required to provide.

It was explained that the Infection Prevention Control Service had been commissioned through Pennine Care up until the end of June 2014 when the contract had come to end. Following a review of the provision it had been decided that it would be possible to bring the Infection Prevention Control Service in house and place it within the Health and Environmental Protection Unit which was also the responsibility of Public Health.

It was reported that work had started on producing a model, preparing job descriptions in order to recruit staff and training the current Environmental Protection Team in relation to Infection Prevention Control. It was anticipated that this process would be completed within six months when the in house service would be established.

The service was being provided currently by IntraHealth who had been commissioned to provide the service in the interim whilst the in house service was being established.

Lesley explained that IntraHealth were the providers that the Council commissioned for the school flu inoculations and they had a good track record in relation to the provision of clinical services.

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

- Councillor Bury asked for how long IntraHealth had been commissioned to provide the service.

Lesley reported that IntraHealth had been commissioned for six months.

- Councillor Walker asked how the service would be funded.

Lesley explained that the money for the service was within the Public Health grant that had transferred when the Public Health function had.

- Councillor Walker asked whether there was any cross authority relationships in the area of infection control.

Lesley explained that Public Health England would have the lead role if there were

ever any public outbreaks of infection and they would link with the local teams in such an instance. There was however a network of the 10 authorities who met regularly to share thoughts on policy and best practice and to offer support.

It was agreed

1. That Lesley Jones and Councillor Simpson be thanked for their presentation.
2. That an update on the Infection Prevention Control Service would be brought to this Committee after it had been established in house for at least six months.

HSC.176 RECENT REVIEWS AND REPORTS INTO CARE STANDARDS AND SAFEGUARDING - LOCAL IMPLICATIONS

Sharon Martin, Deputy Chief Officer and Director of Commissioning at Bury CCG attended the meeting to update Members on the work that was being undertaken and policies that had been implemented by the CCG and partners following the Winterbourne, Francis and Keogh reviews.

It was explained that the CCG's Executive Nurse had wanted to attend the meeting but had been unable to due to work commitments. It was anticipated that she would attend a future meeting to present the CCG Quality Strategy.

Sharon explained that the Winterbourne View Review had been carried out following issues raised relating to standards of care of patients with a mental health need or learning disability.

Bury CCG had reviewed all patients which fell into that category and mapped them on a register.

The CCG's review had ensured that all patients had:

- A personalised care plan which was produced and reviewed with input from the patients' families
- Discussions about whether there was a need to move them to a more appropriate local setting by a specific date.
- A named care co-ordinator
- An identifies lead to support them in the CCG

Sharon explained that there were currently nine patients from Bury placed in in-patient settings. Three funded by the CCG and the remaining six by Specialised Commissioning.

The patients funded by the CCG had a named worker that visits every four months to carry out a care plan review.

One of the patients was on active discharge, another had a discharge plan in progress and the remaining patient was in a clinically appropriate setting.

The CCG also provides quarterly updates to NHS England on the status of the

patients within these settings.

Following the review a concordat: A Programme of Actions, had been produced by the Department of Health which required a Local Action Plan for Learning Disabilities and Challenging Behaviour to be produced.

A joint action plan had been developed with the Local Authority outlining how the two organisations and key partners will respond to the immediate requirements of the Winterbourne View Concordat.

The plan was separated into:

- Operational actions which focus on ensuring care services are appropriate, that people are safe from harm, and that effective monitoring processes are in place.
- Strategic actions to be considered as part of the refresh of the Learning Disability Strategy which is scheduled for 2014-2015. It was explained that the refresh will ensure that the Strategy is an all age strategy covering health, education and social care needs of all people with low, moderate and complex learning disabilities in Bury.

It was explained that the CCG would be working with the Local Authority to develop the Learning Disability Strategy.

Sharon went on to explain the implications following the Keogh review into hospital mortality rates and the Francis Review which had been carried out following serious concerns of standards of care at Mid Staffordshire Hospital. The Francis report had been published in 2013 and contained 290 recommendations which were split into the following categories:-

- Prevention
- Detection
- Taking prompt action
- ensuring robust accountability
- Ensuring staff are trained and motivated.

Sharon explained that of those 290 there were 40 that were relevant to the CCG as commissioners.

It was explained that the CCG has a strong governance structure which includes the CCG constitution, quality reporting within the Governing Body, a Quality and Risk Committee, Executive Management Team, a Primary Care Quality Improvement Group, regular Clinical Quality North East Sector Meetings with key providers, Safeguarding Team and a Communications and Engagement Strategy.

There was regular engagement with both member practices and patients and public which included Patient Cabinet members presence at provider walkarounds.

The CCG also has increasing access to high level data about quality, safety and serious incidents through NHS England's Area Team and the CCG were also members of the following Greater Manchester Committees:

- Quality Surveillance Group
- Quality Collaborative
- Direct Commissioning Collaborative
- Infection Control and Prevention Collaborative
- CCG Nurses Collaborative
- Practice Nurse Collaborative

Sharon reported that of the 40 standards, 28 were currently rated green and 12 amber.

Sharon explained that the Keogh Action Plan had highlighted 8 standards, 6 were currently green and 2 were amber. The two that needed strengthening were:-

Standard 3 'Patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others'.

Standard 6 'Nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness of the patients they are caring for and be transparently reported to trust boards'.

It was explained that standard 3 was progressing and was a key part of Bury CCG quality strategy moving forward and that standard 6 was being monitored nationally for acute providers from April 2014. This included the requirement to report staffing in detail as part of the contract; staff friends and family test: and the requirement to report any concerns regarding staffing to commissioners promptly. This standard also includes training and development, workforce analysis and planning for both nursing and medical staff.

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

- Councillor Mallon referred to the requirement to keep people in settings as local as possible and asked how local was local.

Sharon explained that this would depend on the availability of appropriate services but they would be as local as possible to enable family support and input.

- Councillor Mallon referred to Quality Management and the requirement to have staff which was trained and motivated and asked if the necessary training requirements were built in.

Sharon explained that the CCG worked closely with the providers and the delivery of training was built into contracts as well as the requirement to report incidents and near misses and ensure that a robust whistleblowing policy was in place. There was also the possibility of providing training with the use of additional payments to offer support to providers where this was a requirement.

- Councillor Walker referred to the walkarounds that were carried out and asked if patients' family members were asked questions during these visits.

Sharon explained that if they were there at the time they would be included as part of the visit.

- Councillor Grimshaw explained that when a person is first admitted to a clinical setting if they have their medication in a dose box the staff will refuse to administer it. This can cause problems as the patients' relatives will have to get a prescription which is not always possible at weekends or evenings.

Sharon explained that this was normal practice as there could be a clinical risk issue. Bardoc was always available to issue prescriptions during out of hours.

- Councillor Fitzwalter explained that not all patients or their families would raise concerns or complain and asked how this was factored in.

Sharon explained that there was the friends and family test within the quality management policies and GPs and nurses were also asked if they had any concerns to raise. Monitor also highlighted issues and looked at trends as did the Care Quality Commission.

- Councillor Pickstone referred to the issue at Mid Staffordshire being around too much emphasis on money and statistics and not enough on care and asked how the CCG could ensure a culture change during a time when there were major pressures on finance and targets.

Sharon explained that the CCG works with providers to look at why the issues are there and help to implement systems and working partnerships to ensure that the changes in culture are implemented and work. There was a lot of work being carried out in this area to ensure that the emphasis was on care and care standards and that this was embedded within the providers policies and ways of working. Sharon explained that the clinicians had been given the lead in these areas.

It was agreed

1. That the contents of the presentation be noted.
2. That Sharon be thanked for her presentation.
3. That the CCG Executive Nurse be invited to attend the 8 October meeting of this Committee to present the Quality Strategy.

HSC.177 ANNUAL COMPLAINTS REPORT - ADULT SOCIAL CARE SERVICES

Sharon Wells, Customer Services Manager and Linda Jackson, Assistant Director of Communities and Wellbeing presented the Annual Complaints report - Adult Social Care Services.

It was explained that it was a statutory requirement to produce an annual complaints report.

The report updated Members and provided current information in respect of complaints relating to Adult Social Care Services between 1 April 2013 and 31 March 2014.

The report set out statistical data in relation to complaints received and provided information in relation to the numbers of complaints received, the nature, time taken to resolve, team concerned, concerns raised by local Councillors and MPs and the number of compliments received.

The report also included evidence of learning and improvements made as a result of complaints.

It was reported that the number of complaints had decreased by 12% when compared to the previous year and 17% when compared to 2011/2012 from 89 complaints in 2011/2012 to 74 during the same timeframe in 2013/2014.

Members of the Committee were invited to ask questions and the following points were raised:-

- Councillor Mallon asked whether statistics showed how many of the complaints were from the same complainant.

Sharon explained that there were very few repeat complaints received but some people did complain on more than one occasion and records were kept regarding this.

- Councillor Fitzwalter asked what the difference was between a complaint and a concern.

It was explained that a complaint was an official complaint that had been submitted which was then logged and referenced and responded to. A concern could be where a person makes contact to report an incident or ask for assistance. There were differences between complaints, concerns and signposting issues.

- Councillor Fitzwalter asked if it would be possible to provide some analysis relating to concerns raised by Councillors as this may highlight issues in signposting.
- Councillor Pickstone asked if there were other mechanisms in place to monitor the standards of services provided as 74 wasn't a large number when considering the number of service users.

Linda Jackson explained that every service user had an annual review where they were given the opportunity to raise any concerns that they may have.

The new Electronic Care Service was also a tool that could be used to extract information and highlight any areas of concern.

- Councillor Walker referred to the need to gain consent from a person when complaining on their behalf and explained that he had produced a consent for that he used in such situations.

Sharon explained that this was standard practice and something that Adult Care Services expected from an advocate. There was a standard for available that she would ensure all Members were in receipt of.

It was agreed:

1. That the contents of the report be noted
2. That Sharon and Linda be thanked for their attendance.

HSC.178 LOCAL AUTHORITY HEALTH SCRUTINY GUIDANCE

The Committee were presented with the new Health Scrutiny Guidance that had recently been published by the Department of Health.

Members were asked to forward their comments to Democratic Services which would be collated and reviewed and fed into the Committee's Terms of Reference.

Councillor Bury suggested that an independent review of the Health Scrutiny Committee be requested to be undertaken.

It was agreed:

1. That the contents of the report be noted

COUNCILLOR P BURY
Chair

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