

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 8 October 2014

**Present:** Councillor P Bury (in the Chair)  
Councillors Adams, E Fitzgerald, L Fitzwalter, S Haroon,  
Kerrison, Mallon, S Smith and R Walker

**Also in attendance:** Linda Jackson - Assistant Director - Strategic Support Services.  
Jimmy Cheung – Senior Medicines Optimisation Pharmacist, North west Commissioning Support Unit.  
Lesley Jones, Director of Public Health, Bury Council  
Sharon Martin – Deputy Chief Executive, Bury Clinical Commissioning Group.  
Catherine Jackson – Executive Nurse Bury CCG/Nurse Clinician  
Julie Gallagher – Democratic Services

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

**Apologies for Absence:** Councillor J Grimshaw, Councillor K Hussain and Councillor T Pickstone

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**HSC.363 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

**HSC.364 PUBLIC QUESTION TIME**

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

**HSC.365 MINUTES OF THE LAST MEETING**

**It was agreed:**

That the Minutes of the last meeting held on 11th September 2014 be approved as a correct record and signed by the Chair.

**HSC.366 MATTERS ARISING**

The Chair reported that he had attended a meeting of the Greater Manchester Health Scrutiny Committee to discuss the Healthier Together consultation. The Chair reported that more than 10,000 people had attended consultation events and 12,000 responses had been received, the last date for submission is 24<sup>th</sup> October 2014.

The Deputy Chief Officer responded to concerns raised by Members in relation to the proposals recently submitted by the hospital Trust's in Bolton, Salford and Wigan; the Deputy Chief Executive reported that the recent developments would not alter the consultation proposals.

In response to a question from Councillor Walker; the Director of Public Health confirmed that a report in relation to Intra-health, will be considered at a future meeting of the Health Scrutiny Committee.

**It was agreed:**

That the Director of Public Health will produce a briefing note for consideration by members of the Health Scrutiny Committee that provides them with information on public health funding and the intra health contract

**HSC.367 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION**

Jimmy Cheung, Senior Medicines Optimisation Pharmacist, North West Commissioning Support Unit gave a presentation providing an overview of the PNA consultation document. An accompanying report had been submitted to the Committee providing an evaluation of the pharmaceutical need across the Borough and included information relating to:

- Context of the PNA
- Public Health services
- Population Demography
- Local Identified health need
- Current pharmacy provision and services
- Future matters

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

In response to a Member's question, in relation to the need for a pharmacy in Besses ward; the Senior Medicines Optimisation Pharmacist reported that the PNA is of particular importance to NHS England, the PNA is a key document when making decisions with regards to pharmacy applications.

The Senior Medicines Optimisation Pharmacist reported that pharmacy services would be monitored firstly by NHS England via the pharmacy contract and secondly by the General Pharmaceutical Council (GPH), the GPH will register and visit all pharmacies.

Members discussed the need to ensure that pharmacies collaborate with each other and with other healthcare professionals, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support.

Members of the Committee expressed concern that members of the public are not always aware of the additional services available in each pharmacy and it may necessary for a piece of work to be undertaken to re-educate and inform the public.

In response to a Member's question the Senior Medicines Optimisation Pharmacist reported that it is the pharmacists' responsibility to self-declare their level of competence when providing enhanced pharmacy services. The Pharmacist is supported by training and education from the GPC on an ongoing basis.

**It was agreed:**

That the Chair on behalf of the Health Scrutiny Committee will collate a response to the Pharmaceutical Needs Assessment consultation taking in to account the points raised in the discussion. The response will be submitted prior to the consultation deadline on 31<sup>st</sup> October 2014.

**HSC.368 CLINICAL COMMISSIONING GROUP - QUALITY STRATEGY**

Catherine Jackson; Executive Nurse Bury CCG/Nurse Clinician Unit gave a presentation providing an overview of Bury's Clinical Commissioning Group (CCG) quality compliance and quality strategy. The presentation contained the following information:

The Executive Nurse reported that the CCG wanted to provide members of the committee with assurance that they are meeting the statutory obligations to ensure that services for local people are of a good quality. This is done via a variety of means:

NHS Constitution (2011) – Outcomes framework  
Quality Domains of the NHS England Assurance Framework  
Local assurance – Monitor, CQC, Healthwatch, Patient Cabinet, review patient experience, visits and performance data.  
North east sector assurance – NES Commissioning Board, Serious incidents panel, dedicated Continuing Health Team.

The Executive nurse reported that the CCG have developed a quality strategy that includes five priority areas:

- Patients will receive quality health care because all commissioning decisions will be quality assessed and approved
- The quality and safety of care will be improved by *consistent* scrutiny and challenge of *all* health care providers by the CCG and by working collaboratively with all stakeholders
- Health outcomes will improve through quality improvement measures and monitoring of outcomes
- Patients will have a better experience of healthcare by ensuring providers are compliant with national recommendations
- 'No decision about me without me'. Patient experience will meet expectations by improved engagement with patients, partners and stakeholders

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

In response to a Member's question, the Executive nurse reported that some visits to Care Homes may be conducted jointly with the adult safeguarding nurse and or representatives from the Local Authority.

The Executive Nurse reported that the complaints system can be very difficult to navigate; the CCG provides a complaints helpline to assist members of the public. The Executive Nurse reported that she attends regular meetings to discuss complaints within the Pennine Acute and Pennine Care NHS footprint to identify trends/share information.

In response to a Member's question, the Executive Nurse reported that the CCG do not collate complaints in relation to nursing homes. However, some nursing homes do produce an annual complaints report.

Members of the Committee expressed concerns in relation to changes within the health service this has resulted in members of the public struggling to navigate patient pathways in respect of their care.

The Executive Nurse reported that staff in the NHS are highly motivated, fully support the quality agenda and sickness absence levels are low.

In response to a Member's question, the Executive Nurse reported that, the Quality Strategy is not a document that sits alone but will sit alongside the CCG's Strategic Development Plan and would form part of any contract negotiations.

**It was agreed:**

Catherine Jackson; Executive Nurse Bury CCG/Nurse Clinician Unit be thanked for her attendance.

**HSC.369 BETTER CARE FUND**

Members of the Committee considered a verbal presentation from the Deputy Chief Officer, Sharon Martin in relation to the Better Care Fund.

The Better Care fund is a joint pooled budget for health & social care implemented from April 2015 which will have to be agreed between Local Authorities and CCG's and then signed off by Health & Wellbeing Boards.

The Better Care Fund will develop a sustainable health and social care system

The CCG Deputy Chief Officer reported that it will be necessary to organise services around people to enable them to receive care & support in their own homes.

The total Better Care Fund resource is £12.97 million and will be categorized as follows; Social care spend, £5.8 million; Performance care element £3.43million, new investment £2.5 million; Local Authority capital allocations 1.24 million.

The CCG Deputy Chief Officer reported that there are national supporting metrics underpinning delivery these are not linked to payment & performance but still need to set ambition & measure:

- Permanent admissions of older people to care homes
- Proportion of older people- still at home 91 days after discharge to reablement & rehabilitation services
- Delayed transfers of care
- Local metric – emergency hospital admissions for injuries due to falls
- Patient /service user experience – local or national metric

The CCG Deputy Chief Officer reported that the Fund was signed off by the Health and Wellbeing Board on Thursday 18<sup>th</sup> September, some initial feedback has been received.

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

Members discussed the financial risks associated with the Better Care Fund. The Deputy Chief Officer reported that the performance element of the Fund which equates to 3.4 million pounds in monetary terms, is a financial risk for the Local Authority and the CCG. To secure this money the CCG will need to ensure that there is a 5% reduction in activity within the acute sector. The Pennine Acute Trust will need to be assured that if they take capacity out of the acute system as a result of a predicated drop in the level of funding, that there is an increased capacity within primary care..

In response to a Member's question, the Deputy Chief Officer reported that in order for the integration of services to be successful, all partners need to develop effective data sharing. The Healthier Radcliffe pilot has developed a system for data sharing across the six GP practices and representatives from the CCG within the north east sector have compiled a bid to develop a system to integrate patients health and social care data.

The Deputy Chief Officer reported that the Better Care Fund is money that is being top sliced from the CCG budgets and equates to 4.8% of the CCGs total budget.

In response to a members' question, the Deputy Chief Officer reported that it will be necessary for Pennine Acute NHS Trust to reconfigure services as a result of changes within the health service. Accident and Emergency departments are costly, a number of elderly patients end up there because there is nowhere else safe within the community. The Better Care Fund will ensure money is directed in to community services to prevent unwanted and un-necessary hospital admissions.

Linda Jackson, Assistant Director; Operations, reported that the Better Care Fund will result in partners within the acute sector, primary care and the local authority having to work differently and this will result in the reconfiguration and re-modelling of some services.

In response to a member's question, the Assistant Director reported that the reablement monies identified within the fund is a funded by the Local Authority.

The Assistant Director reported in the recently published quality and efficient scorecard for frail and elderly locality benchmarking standards, Bury were the highest performing CCG/Local Authority. This is an excellent achievement, despite the CCGs underfunding and funding constraints place on the Local Authority.

**It was agreed:**

The Deputy Chief Officer be thanked for her attendance.

**HSC.370 URGENT BUSINESS**

There was no urgent business reported.

**COUNCILLOR P BURY**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9.10 pm)**