Mike Kelly FCIOB MCIM
Chief Executive

Our Ref	AJT
Your Ref	HSC/AJT
Date	1 October 2014
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Legal & Democratic Services Division

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Solicitor
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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, 8 October 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.

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 - 6)

The Minutes of the last meeting held on 11 September 2014 are attached.

4 **MATTERS ARISING**

5 **PUBLIC QUESTION TIME**

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

6 **PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION**

The Pharmaceutical Needs Assessment Consultation Document will be available at the meeting and can be accessed via the online agenda.

7 **CLINICAL COMMISSIONING GROUP - QUALITY STRATEGY**

The Clinical Commissioning Group Executive Nurse will report at the meeting.

8 **BETTER CARE FUND** (Pages 7 - 18)

A presentation is attached for background and an update will be given 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.

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Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 11 September 2014

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

Also in attendance: Tom Henderson, Healthier Together
Lesley Jones, Director of Public Health, Bury Council
Stuart North, Chief Officer at Bury CCG
Dr Kiran Patel, Chair of Bury CCG, and;
Dr Martin Vernon, Healthier Together

Public Attendance: Four members of the public were present at the meeting.

Apologies for Absence: Councillor T Pickstone

HSC.245 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.246 PUBLIC QUESTION TIME

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

HSC.247 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the last meeting held on 22 July 2014 be approved as a correct record and signed by the Chair.

HSC.248 MATTERS ARISING

Councillor Walker reported that the Dentistry Sub Group had held its first meeting and had met with a Greater Manchester representative from Public Health England. The meeting had set the scene in relation to NHS dentistry provision across Bury but there were more in depth statistics required.

Councillor Walker referred to Minute HSC.175, Infection Control and stated that he would like to receive more information about Intra-health, the company that were providing the Infection Control service in the interim period.

Councillor Walker also asked if it would be possible to have a breakdown of funding for Public Health.

HSC.249 APPOINTMENT OF DIRECTOR OF PUBLIC HEALTH

It was reported that Lesley Jones the Interim Director of Public Health for Bury Council had recently been appointed the Director of Public Health on a permanent basis.

It was agreed:

That Lesley be congratulated on her appointment.

HSC.250 HEALTHIER TOGETHER UPDATE

Stuart North, Chief Officer at Bury CCG, Dr Kiran Patel, Chair of Bury CCG, Tom Henderson, Healthier Together and Dr Martin Vernon, Healthier Together attended the meeting to answer questions in relation to the Healthier Together consultation which was currently taking place across Greater Manchester.

It was explained that the Committee had already received presentations and reports relating to Healthier Together in the lead up to the consultation commencing.

The Members of the Committee received the consultation pack which set out the need for change across Greater Manchester, proposed changes to primary care, Community based care and hospital services.

Work had already started in relation to extended GP opening hours with Radcliffe residents having access to their GP from 8am to 8pm weekdays and weekend appointments to 6pm. This was also due to be rolled out across Bury from December 2014.

Dr Martin Vernon explained that the Healthier Together consultation was clinically led and had been developed following input from Doctors, Nurses and other clinicians across Greater Manchester who were concerned that there was not a consistent service across the conurbation. It was also explained that no hospital in Greater Manchester met all of the standards set out in relation to acute medicine or surgery.

It was explained that there had been many factors considered when coming up with the proposals contained within the consultation document;

- The amount of money needed to set up and run a local General and a Specialist Hospital;
- The number of doctors and nurses available to work in each single service;
- The travel time to get to Specialist Hospitals and how it will affect patients; and
- The hospital buildings, wards and operating theatres that are available.

The consultation document contained eight options. There were 12 hospitals across Greater Manchester and of these 12 three had already been designated as specialist hospitals due to their location and the services they currently offered, they were;

Manchester Royal Infirmary (MRI)
Salford Royal Hospital

Royal Oldham Hospital.

MRI and Salford Royal must be specialist hospitals to continue to provide services that are not provided anywhere else – specialised paediatric at Royal Manchester Children's Hospital (Located within the MRI) and the adult neuroscience service at Salford Royal.

Trafford General Hospital and Rochdale Infirmary do not provide any of the services that are being considered within the review so they will not be considered within the review.

Three had been identified as local General hospitals; North Manchester General Hospital, Fairfield General Hospital and Trafford General Hospital. These sites had already been designated as Local Generals due to the service provision already agreed with their local CCGs.

This leaves four hospitals to be considered; Royal Bolton Hospital, Royal Albert Edward Infirmary (Wigan), Stepping Hill Hospital (Stockport) and Wythenshawe Hospital. The options within the consultation document were whether one or two of the remaining four are chosen to become Specialist Hospital Sites.

The consultation document included tables setting out specific factors relating to each option and scoring that had been undertaken in relation to these options.

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

- Councillor Bury asked whether there was a difference between mortality rates at different times of the day and week.

It was explained that the days of the week, critical care capacity and the seniority and experience of staff all had an effect on the standard of care received. By ensuring that all relevant people were at one site this would ensure that the best care was available when it was required.

- Councillor Mallon referred to the £20m shortfall and asked whether this should be taken up as a regional issue.

- Councillor Mallon also highlighted that fact that public transport could not be relied upon. There was work being carried out to upgrade the Metrolink network and this one issue was causing problems across the whole network. There had also been concerns raised with Arriva who were providing the Patient Transport Service.

Stuart explained that Healthier Together was across Greater Manchester and not just Bury. Some GM authorities were funded appropriately.

The Patient Transport Service would not be used to transport the patients to the specialist sites that were being discussed. The patients concerned would be taken by emergency ambulance provided by NWAS. These types of emergencies would

only affect a very small number of the population. The rest would see no change or improved services.

- Councillor Walker referred to the Primary Care Standards set out within the consultation document as being fundamental to the plans. Councillor Walker asked where the funding for this would be coming from and where this was set out within the document.

The funding for Community Services would be coming from the hospital sector as this is where the services were currently carried out. It was explained that there would a better care fund submission, pre consultation exercises had been undertaken and all hospital sites had been reviewed. This information was available on the Healthier Together website.

- Councillor Cassidy asked how Doctors would be monitored in relation to the standards.

It was explained that joined up working and sharing of information (which patients will be able to access) would help with this as well as all GP practices performance being measured alongside local and national measurements.

It was also explained that new technologies would make access to some services and patients much easier.

- Councillor Fitzwalter explained that a lot of work had been done in previous years to help people learn how to use the internet, it seemed that this sort of provision had reduced and Councillor Fitzwalter asked what was being done about this.

Councillor Bury explained that the Councils Digital Inclusion Group were working on this area and there were a lot of projects being rolled out.

It was also explained that back office technologies will be able to monitor and track health and social care data and show where any variances are and where more work is required.

- A question was asked in relation to the amount of consultation that had been carried out with the staff concerned.

It was explained that all staff had had input into the consultation document and the proposals within it. The consultation was clinically led from the outset and there were regular meetings with all involved.

- It was asked how long it would take to implement the changes once they had been agreed.

Stuart explained that it would be a gradual process some of which had already started which would take up to 2 years.

- Councillor Grimshaw asked who would make the final decision on whether there will be four or five specialist hospitals.

It was explained that the Committees in Common would make the final decision. This was a group representing all of the CCGs across Greater Manchester and they would meet to discuss the feedback from the consultation. The meeting would be held in public.

- Councillor Walker stated that he felt that Cheshire and Rossendale should also be consulted on the proposals.

Dr Patel explained that representatives from Cheshire, Derbyshire and East Lancashire had been formally invited to attend the meetings as it was recognised that any decisions would affect some of their population.

- Councillor Mallon asked whether the implementation plan could be shared with Health Scrutiny.

Dr Patel explained that the pre consultation business case was already available on the Healthier Together website and that the process map could be shared once the decision had been confirmed.

- It was asked whether every residence in Greater Manchester would receive a consultation pack.

It was explained that this had been discussed but it had been agreed not to do so.

COUNCILLOR
Chair

(Note: The meeting started at 6.00 pm and ended at 7.30 pm)

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Better Care Fund

Presentation to Health & Wellbeing Board

September 2014

Bury Clinical Commissioning Group NHS

Bury COUNCIL

Better Care Fund (BCF) description

- Joint pooled budget for health & social care implemented from April 2015
- Plans have to be agreed between Local Authorities & CCG's
- Plans have to be agreed with & signed off by Health & Wellbeing Boards
- National Conditions to be met:
  - Protection of social care services
  - Seven day services to support discharge
  - Data sharing
  - Joint assessment
  - Accountable lead professional for high-risk populations
  - Agreed impact on the acute sector

BCF aims to

- be a catalyst to kick start the changes
- accelerate local integration of health & social care
- ensure people receive joined up personalised care closer to home
- deliver better outcomes for people
- accelerate collaborative process between LA's, CCG's and providers

BCF - note

- Deliberately ambitious & challenging timescales
- Clear that pooled health & social care budgets - enduring feature of future settlements
- Not new money – pools resources in a different way
- Need shift soon – scale & pace
- **Reductions in unplanned admissions to hospital – biggest driver of cost in health services**
- BCF has to demonstrate how this will be reduced locally

BCF - reason for setting it up

- Need a sustainable health and social care system
- Shift to integrated care seen as way to achieve this
- People living longer with long term conditions and complex needs
- Challenging financial times
- Need to organise services around people to enable them to receive care & support in their own homes
- Need to ensure organisations are working better together to support people's health & independence in the community

BCF timescales

- First BCF plans submitted 4th April 2014
- Key national areas of concern re risks
- hiatus since April 2014
- new guidance issued 25th July 2014
- HWBB development day 4th September 2014
- BCF plan to HWBB by latest 12th September 2014
- HWBB – 18th September 2014
- submission date 19th September 2014

BCF – Bury finance

	£m
Better Care Fund - CCG top slice	11.70
Local Authority - capital allocations	1.24
Total Better Care Fund Resource	**12.94**
Summary of Categorisation of Better Care Fund resource	**£m**
Social care	5.80
Performance linked element	3.40
New investment - unrestricted element	2.50
Local Authority - capital allocations	1.24
	12.94

BCF Financial Breakdown for Bury

Better Care Fund Schemes	2014/15	2015/16
	£000	£000
Care of vulnerable people LES		405
Integrated intermediate care	315	1,135
Extended GP hours		1,240
Integrated health and social care team pilot		2,827
Crisis response	370	654
Discharge liaison		354
Reablement service	1,150	2,300
Care Act requirements		460
Protection of social care	1,908	2,352
	3,743	11,727

BCF metrics – payment and performance

September 2014 metrics:

Total non-elective admissions (general & acute) only underpins the payment of performance element

National supporting metrics underpinning delivery 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

	Level today	Target range 1 – 5 yrs	% change 1 – 5 years	Rationale for change
NEL admissions	19713			
Patient Experience - Were you involved as much as you wanted to be in decision about your care and support/treatment?			No baseline established	
Admissions to Residential homes	720.7	Yr 1: 666.3 Yr 2: 630.7	Yr 1: -3.1% Yr 2: -3.2%	1 year target – to achieve the current England average, based on the 13/14 figures from the ASCOF. 2 year target – to achieve the same % reduction as year 1.
91 days post discharge	81.4%	Yr 1: 82.4% Yr 2: 83.6%	Yr 1: 1% Yr 2: 1.3%	1 year target – to achieve the current average for the North West, based on the 13/14 figures from the ASCOF. 2 year target – to achieve the same % reduction as year 1.
DTOC	639.4	Yr 1: 1527.7 Yr 2: 1443.7	Yr 1: -5% Yr 2: -5%	1 year target - to reduce the average number of delays days each quarter over the past 3 years by 5% 2 year target - to reduce the average number of delays days each quarter over the past 4 years by 5%
Local Metric falls	2056	Yr 1: 1871 Yr 2: 1703	Yr 1: -9% Yr 2: -9%	

BCF –assurance process

- Pre 19th September -3 checkpoints
- Post 19th September – 2 week national assurance process
- Input from NE London CSU commissioned process along with area & regional teams
- Input from regional & local leads re challenging context of place i.e. relationships, planning, finances
- Pre-arranged meeting with local HWB reps
- Further week of moderation

Will then issue set of recommendations:

- category 1 – plan approved
- category 2 – approved with support
- category 3 – approved with conditions
- category 4 – not approved

Decision for Health and Well Being Board

- Note the contents of the Better Care Fund plan as required
- Approve the financial breakdown regarding transfer of funds and Better Care Fund for 2014/15 and 2015/16
- Approve the vision and direction of travel for the Better Care Fund in Bury