

Our Ref JG
Your Ref HSC/JG
Date 9 March 2016
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TO: All Members of Health Scrutiny Committee

Councillors : P Adams, E Fitzgerald, L Fitzwalter, J Grimshaw, S Haroon, K Hussain, S Kerrison (Chair), J Mallon, T Pickstone, R Skillen, 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:	Thursday, 17 March 2016
Place:	Peel Room Bury Town Hall
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:	*** Please note there will be a pre-meeting briefing commencing at 6pm in the Peel Room



Electronic service of legal documents accepted only at:

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**Town Hall
Knowsley Street
Bury BL9 0SW
www.bury.gov.uk**

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 (Pages 1 - 6)

Minutes of the last meeting held on the 26th January are attached.

5 HEALTHIER RADCLIFFE UPDATE (Pages 7 - 10)

The Assistant Director Strategy, Procurement and Finance will report at the meeting. Presentation attached.

6 DEVOLUTION MANCHESTER (Pages 11 - 24)

Stuart North, Chief Operating Officer, Bury CCG will report at the meeting. Presentation attached.

7 PROPOSED LIFESTYLE SCHEME

Stuart North Chief Operating Officer Bury CCG will report at the meeting.

8 ALTERNATIVE PROVIDER MEDICAL SERVICES

Stuart North Chief Operating Officer Bury CCG will report 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.

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 26 January 2016

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

Also in attendance: Councillor Andrea Simpson, Cabinet Member, Health and Wellbeing
Linda Jackson, Assistant Director of Operations (Adult Care)
Julie Gonda, Assistant Director, Strategy, Procurement and Finance
Dr Patel, Chair Bury Clinical Commissioning Group (CCG)
Stuart North, Chief Operating Officer, Clinical Commissioning Group (CCG)
Nadine Armitage, Head of Partnerships, Pennine Acute NHS Trust
Lesley Molloy, Senior Quality Assurance and Development Officer
Julie Gallagher, Democratic Services Officer

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

Apologies for Absence: Councillor L Fitzwalter, R Skillen and T Pickstone

HSC.671 DECLARATIONS OF INTEREST

Councillor Joan Grimshaw declared a personal interest in respect of all items under consideration as a member of the Patient Cabinet.

HSC.672 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting

HSC.673 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meetings held on 8th December 2015 be approved as a correct record.

HSC.674 MATTERS ARISING

In respect of minute number HSC.398 Gluten Free Prescribing; Dr Patel Chair of the CCG provided members with a verbal update in respect of the engagement undertaken by the CCG as to whether they should continue to prescribe gluten free products.

Included in the engagement were members of the Clinical Cabinet and the Patient's Cabinet as well as members of the public.

The CCG have reviewed all those patients currently entitled to free prescriptions, 55% of those entitled do not receive their prescription; the proposed changes will generate £79,000 savings for the CCG.

In response to a Member's question; the CCG Chair reported that if a patient suffers from Coeliac's disease, the clinician would recommend that the patient does not have any wheat products.

Councillor Walker commented that he had received only one letter of objection in relation to the proposed withdrawal of prescriptions for wheat free products.

Dr Patel reported that the final decision in relation to gluten free prescribing would be taken by the CCG in March 2016.

It was agreed

The decision in respect of Gluten Free Prescribing would be reported at a future meeting of the Health Overview and Scrutiny Committee.

HSC.675 DELAYED DISCHARGE

Linda Jackson, Assistant Director of Operations, presented members of the committee with an update in respect of the delayed transfers of care for Bury. The presentation contained the following information:

A patient is ready for transfer when:

A clinical decision has been made that the patient is ready for transfer and,

A multi-disciplinary team decision has been made that the patient is ready for transfer and,

The patient is safe to discharge/transfer.

639 bed days were lost due to delays in October for Bury Local Authority area, a 3.4% increase on the previous month. 222 days were lost due to delays awaiting a care package in the patient's own home and 197 days were lost due to delays in waiting for further NHS non-acute care.

Reasons for those patients that were medically fit for discharge were as follows:

- Increase in those awaiting a social work assessment
- Increase in those awaiting continuing health care screening and transfer to community teams
- Reduction in those waiting to go into a residential and nursing home
- Issues resulting from the Mental Capacity Act.

The Assistant Director of Operations, reported that there is no one single project designed to improve the situation for Bury but a range of initiatives which include; Bury Urgent Care Partnership Group, further data collection review, deeper local dive into the National Data Categories, discharge tracker and the north east sector discharge group.

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

The Chief Operating Officer Bury CCG reported that the number of emergency bed days lost in Bury is one of the lowest in the country. The readmission rates following discharge at Fairfield is the best in the North of England.

The Assistant Director of Operations reported that she chairs the North East Sector Discharge Group, the model at North Manchester is different to that which operates at other sites. The Group is reviewing how the service is provided on that site and any good practices/lessons learnt will be shared within the group.

In response to a query raised in respect of onsite social worker assessments, the Assistant Director of Operations reported that the onsite social worker would undertake the assessment initially, the information would then be transferred to the Local Authority Social worker where the patient is a resident.

In response to concerns raised by members in respect of a greater number of patients being treated further from their home as a result of the Healthier Together proposals and the impact this would have on delayed discharges; the Assistant Director of Operations reported that a Greater Manchester Discharge Group will look and track all patients. A scheme is being piloted within the Pennine Acute footprint in respect of "discharge to assess" if successful this would be rolled out across Greater Manchester.

Members of the Committee discussed staffing issues within social care including problems with capacity, job progression, working with service users with multiple conditions and the impact of the living wage.

In response to a Member's question the Assistant Director of Operations agreed with the comments that discharge planning needs to begin from the day the patient is admitted. The Trust Development Agency as part of review work undertaken at Pennine Acute has identified areas of improvement in respect of discharge.

It was agreed:

The Health Overview and Scrutiny Committee will continue to monitor incidents of delayed transfers of care and in particular the work undertaken in respect of the recommendations from the Trust Development Agency report.

HSC.676 QUALITY ASSURANCE ANNUAL REPORT

Julie Gonda, Assistant Director Strategy Procurement and Finance and Lesley Molloy Senior Quality Assurance and Development Officer attended the meeting to provide members with an update in respect of the Quality Assurance Annual Report 2014/15. The presentation contained the following information:

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Health Scrutiny Committee, 26 January 2016

- An outline of the Quality Assurance Team and the Quality Assurance Framework
- A summary of the Social Care Market Quality Assurance activity
- The current quality of the Social Care the Local Commission including any specific quality issues that are being addressed to improve the quality of the services

The top three areas of non-compliance across all service areas were; staffing, medication and care planning.

The Senior Quality Assurance and Development Officer reported that all outcomes with the exception of staffing showed a significant reduction in non-compliance in the latest review. Since September 2013 it has been evidenced that the quality of services has significantly improved, with an increase of 72% of services becoming fully compliant.

Members 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 respect of safeguarding concerns, the Senior Quality Assurance and Development Officer reported that the Local Authority would work with the providers in areas in which they are found to be non-compliant. The providers will be asked to develop an action plan addressing the concerns highlighted.

Members of the Committee highlighted concerns in respect of the number of providers that were non-complaint due to staff training issues. The Senior Quality Assurance and Development Officer reported that staff turnover is a significant issue in respect of training.

In response to a Member's question in respect of the differences in levels of compliance reported by the Local Authority compared to the Care Quality Commission. The Senior Quality Assurance and Development Officer reported that the CQC changed the way they inspect and report in April 2015. The inspection process has become more robust and has resulted in a higher number of non-compliant providers.

In response to a Member's question, the Assistant Director of Strategy, Procurement and Finance reported that the Local Authority has de-commissioned four providers in the last 12 months due to quality issues.

It was agreed:

The Assistant Director, Strategy procurement and Finance and the Senior Quality and Assurance and Development Officer be thanked for their attendance.

HSC.677 LOCALITY PLAN AND DEVEOLUTION MANCHESTER UPDATE

Julie Gonda, Assistant Director Strategy Procurement attended the meeting to provide members of the committee with an update in respect of the Locality Plan.

Health Scrutiny Committee, 26 January 2016

An accompanying report had been circulated to members prior to the meeting containing the following information:

The Locality Plan sets out the five year vision for improving health and social outcomes across Bury. The strategic vision is to ensure that the population is as healthy, happy and independent as possible, living with minimal intervention in their lives. This will be achieved through targeted strategies of self help, prevention and early intervention, reablement and rehabilitation.

The Bury Locality Plan forms part of the Greater Manchester Strategic Plan: *" To produce during 2015/16, a comprehensive GM Strategic Plan for health and social care aligned to the NHS 5 forward view describing how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent five years."*

The Greater Manchester Plan will aim to deliver fundamental change for Greater Manchester:

1. Radical upgrade in population health prevention
2. Standardising Community Care
3. Standardising Acute Hospital Care
4. Standardising Clinical Support and Back Officer Services
5. Enabling Better Care

Bury's Locality Plan will set out a local "place view" and key focus on an integrated care approach. Bury Council and Bury CCG have committed to work towards establishing one single commissioning function.

The Assistant Director Strategy, Procurement and Finance reported that there is a financial challenge in Bury that needs to be taken into consideration. The Financial gap within Bury will be £125 million by 2021; this equates to £85 million in the NHS; £40 million within Social Care.

Members discussed the locality plan, greater integration of services, care closer to home and the proposed single commissioning unit. The Assistant Director Strategy, Procurement and Finance reported that the Locality Plan was subject to change and it is a document produced with key stakeholders and partners.

The Chief Operating Officer reported that money is available from the Devolution budget to support the implementation phase and dual running.

It was agreed:

HSC.678 URGENT BUSINESS

There was no urgent business reported.

COUNCILLOR SARAH KERRISON
Chair

(Note: The meeting started at 7pm and ended at 8.50pm)

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Healthier Radcliffe Update

Julie Gonda
17 March 2016

Better Care Fund – Healthier Radcliffe Schemes

Process to date

- Healthier Radcliffe schemes were rolled over in November 2015 to 31 March 2016
- This was to allow for a more detailed evaluation and review extended data to understand the real value of the schemes
- Report was taken to Clinical Cabinet held on 2 March 2016 to make recommendations
- Decision will be made by Integrated Health & Social Care Board which is being held on 17 March 2016

Recommendations

- Of the 4 schemes, it is proposed that 2 are decommissioned
Domiciliary Medication Optimisation
Frailly MDT and Targeted Frail Elderly Care Co-ordination
- It is proposed to continue with the Radcliffe & Whitefield Paramedic scheme
- It is proposed to continue with the Staying Well service, but to roll it out across Bury with the systematic identification of appropriate patients in place

Learning from Healthier Radcliffe

- Significantly more focus is need to consider evaluation up front, and what we think is 'good' and how we measure it, before schemes or services are put in place
- Engagement with, and from, partners and GPs needs to be undertaken differently and much earlier in design
- A different approach is needed rather than the piecemeal approach to schemes, and separate project management has not been as effective as it could have been
- An out of hospital approach / model should be defined that we can commission as one 'out of hospital' service....
- Further discussion to follow....



Taking charge of our health and social care in Greater Manchester

January-March 2016

Our collective ambition for Greater Manchester

- GM has a history of ambition and cooperation
- City region to become a place which sits at the heart of the Northern Powerhouse
- Skilled, healthy and independent people are crucial to bring jobs, investment and prosperity to GM
- We know that people who have jobs, good housing and are connected to families and community stay healthier
- We need to take action not just in health and social care but across the whole range of public services so people can start well, live well and age well

GM Devolution – Background

- Greater Manchester Devolution Agreement settled with Government in November 2014. Powers over areas such as transport, planning and housing – and a new elected mayor
- Ambition for £22 billion to be handed to GM
- MOU Health and Social Care devolution signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and 15 NHS and Foundation Trusts
- Greater Manchester is taking charge and taking responsibility – in a historic first, devolution is handing the power and responsibility over to the people and the 37 local authorities and NHS organisations, primary care and other partners
- Local H&SC decision makers take control of estimated budget of £6 billion from April 2016

Devolution – Taking Charge in Greater Manchester

- We are all taking charge of a huge opportunity – we will have the freedom and flexibility to focus on our place and our people, making our own decisions in GM over some of the most important things in our lives, not just health
- At the same time we are all taking responsibility for a huge challenge – people who live in parts of GM are out of work longer, die younger and suffer far more illness than in other parts of GM and other parts of the country – and we'll have a £2 billion gap by 2021
- Our goal is to see the fastest and biggest improvement to the health, wealth and wellbeing of the 2.8m people of GM so we have skilled, healthy and independent people
- Our vision is that we become a place where we take charge and responsibility to look after ourselves and each other. There's a role for everyone, from the individual to the family, the community, the voluntary sector and the public bodies to work together

Why do this – some GM facts

- More than two thirds of premature deaths in GM are caused by behaviours which could be changed
- More than a fifth of GM's 50-64 age group are out of work and on benefits, many because of ill health
- Bringing the employment rate for this age group up to the UK average would boost GM earnings by £813m and result in 16,000 fewer GM children living in poverty
- Nearly 25 per cent of the GM population have a mental health or wellbeing issue which can affect everything from health to employment, parenting and housing
- We spend more than £1 billion in GM on long term conditions linked to poor mental health and life expectancy for people with severe mental illness is 10-15 per cent shorter
- On any day there are 2,500 people in a hospital bed who could be treated at home or in the community
- Four out of ten GM children are not ready to start school when they're five-years-old; and four out of ten leave school with less than five GCSEs
- By 2021 there will be 35,000 people in GM living with dementia; more than 10,000 will have severe symptoms and need 24 hour care

Potential benefits

- We are aiming for some big benefits for the people of GM by 2021, including the following (and more will be developed in the coming months):
 - 1,300 fewer people dying from cancer
 - 600 fewer people dying from cardiovascular disease
 - More children reaching a good level of social and emotional development with 3,250 more children ready for the start of school aged five
 - Improvement in school readiness rates by 5% in 5 years
 - A 9% uplift in employment outcomes for the long-term workless in GM
 - Parity of esteem for mental and physical health sufferers
 - Supporting people to stay well and live at home for as long as possible, with 2,750 fewer people suffering serious falls

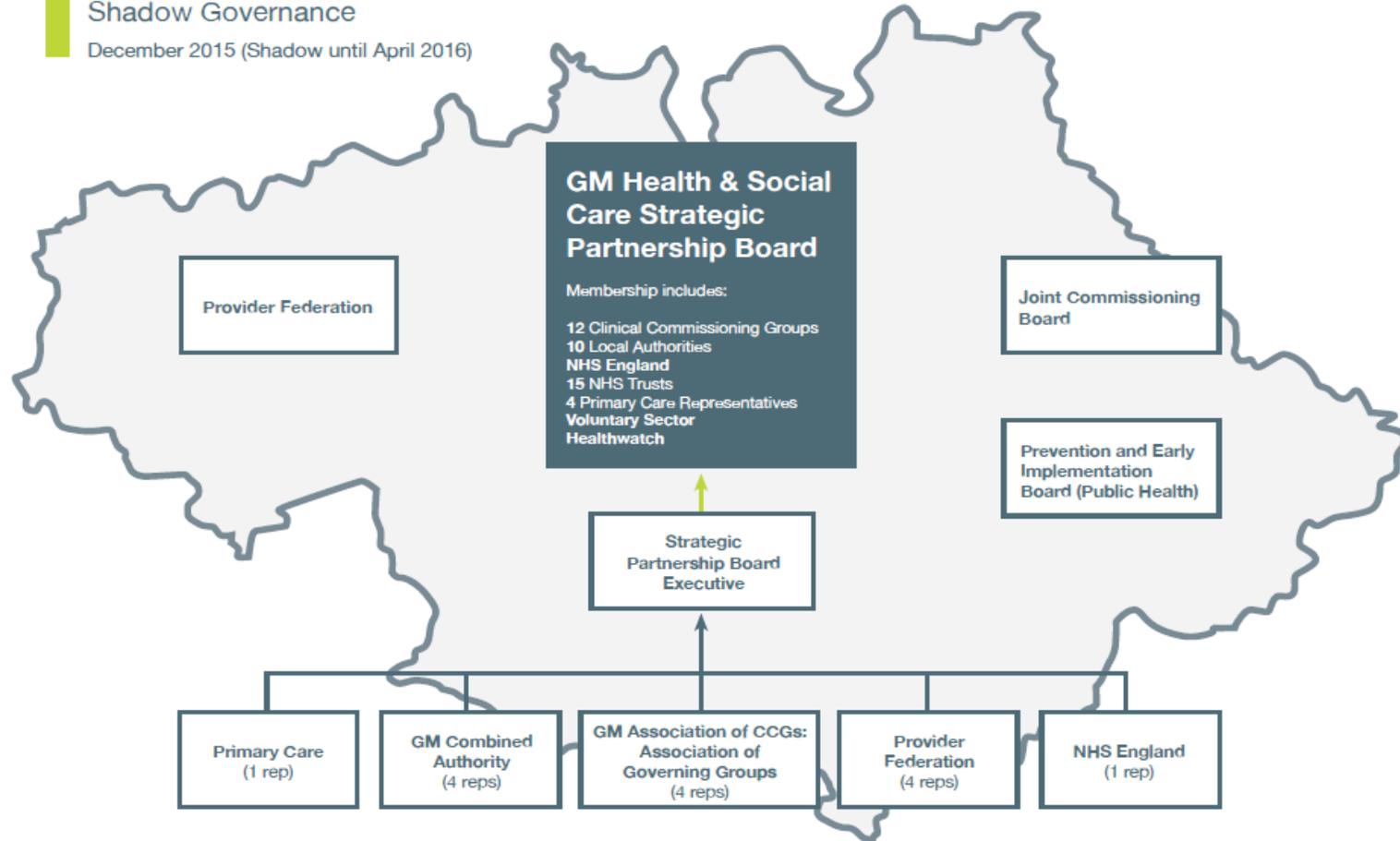
2015 – much already achieved

- Some notable successes:
 - By the end of December, hubs are operational in each CCG area, providing 7-day access for patients who need medical help across Greater Manchester with further hubs opening early 2016
 - Launched a new model of public health leadership – placing more emphasis on prevention and early implementation
 - Health Innovation Manchester – an innovative partnership with university/science experts
 - Healthier Together – Unanimous decision by 12 CCGs for four single services in GM
 - New vision to improve independence for people with learning disabilities across GM
 - New partnership, Dementia United, set to make whole of Greater Manchester more dementia-friendly.

Our shadow governance

Greater Manchester (GM) Health and Social Care Devolution Shadow Governance

December 2015 (Shadow until April 2016)



Where are we focussing our efforts – our Strategic Plan

A fundamental change in the way people and our communities take charge of, and responsibility for, their own health and wellbeing



The development of **local care organisations**, where doctors, nurses and other health professionals come together with social care in teams, so when people do need support from public services it's largely in their community, with hospitals only needed for more specialist care

Hospitals across GM working together to make sure expertise and experience can be shared widely so that everyone in GM can benefit equally from the same high standards of care

Other changes which will make sure **standards are consistent and high quality** across GM, as well as saving money, for example sharing some functions across lots of organisations, sharing and consolidating public sector buildings, investing in new technology, research and innovation

Ten Locality Plans

Plans are being finalised locally... Contact your SRO for details



...within a GM wide framework.
These will include

- Financial plan
- Governance
- Enable implementation of locality plans
- Assure delivery of health and social care
- Commissioning
- Sponsor transformational projects
- Population involvement
- GM wide performance
- GM wide risk
- Working with regulators
- Public and political engagement

Where are we focussing our efforts?

A fundamental change in the way people and our communities take charge of, and responsibility for, their own health and wellbeing



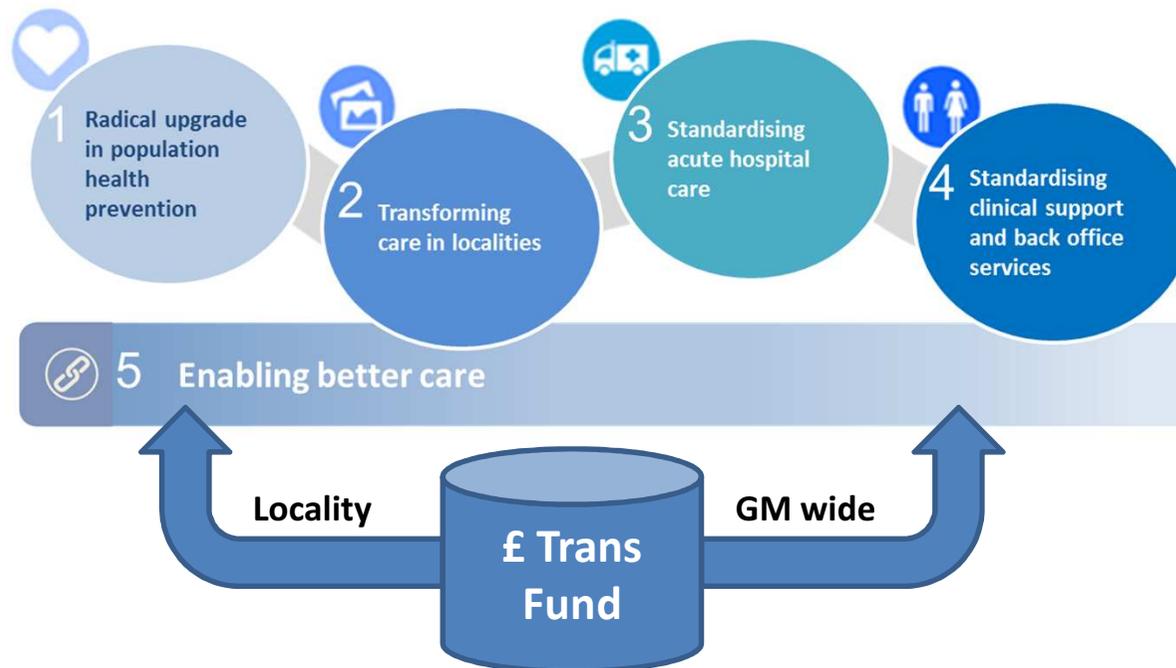
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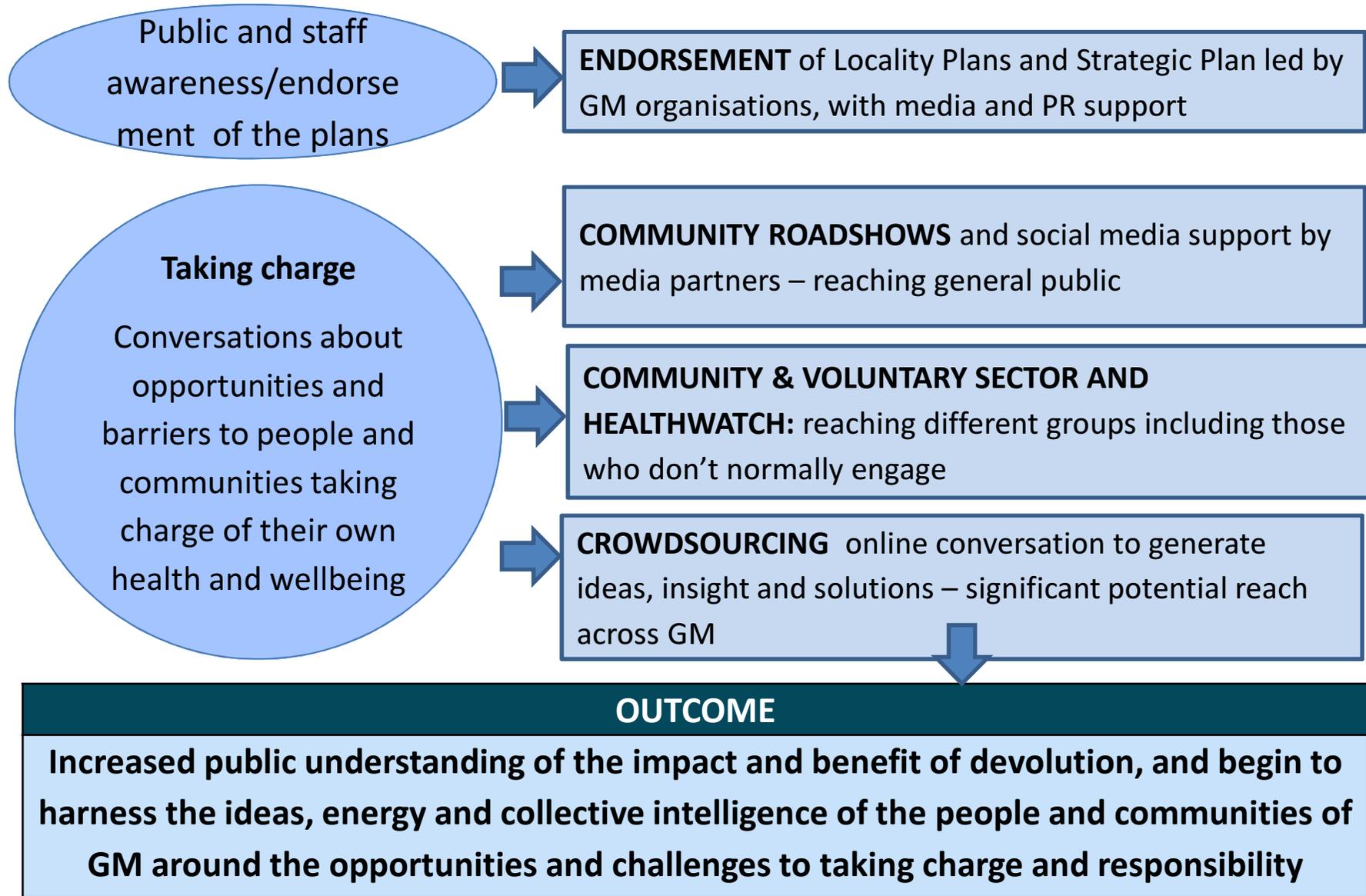
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How will we pay for the changes?

- £450m has been earmarked to fund improvements in the big areas we are focusing on – known as the Transformation Fund.
- Effective and independent management of the Transformation Fund will be critical in ensuring the right projects are funded to deliver the agreed strategy.
- We are developing the process, but the guiding principle is that funding will be aligned to our strategic imperatives.



How will we engage with staff and the public?



April 1st 2016 – Go live

- Do you support the direction of the plan?
- How can you and your localities drive implementation?

E-mail: gm.devo@nhs.net

Website: www.gmhealthandsocialcaredevo.org.uk

Twitter: @GMHSC_Devo #takingcharge