

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 12 September 2017

**Present:** Councillor Kerrison (in the Chair)  
Councillors P Adams, N Bayley, M D'Albert, J Grimshaw,  
S Haroon, K Hussain, O Kersh, J Mallon, Susan Southworth  
and R Walker

**Also in  
attendance:**

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

**Apologies for Absence:** Councillor A McKay

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#### **HSC.148 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

#### **HSC.149 PUBLIC QUESTION TIME**

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

#### **HSC.150 MINUTES**

The Principal Democratic Services Officer confirmed that a meeting of the Suicide Action Plan Task and Finish Group had taken place and the Chair of the Group will an update at a future meeting.

**It was agreed:**

That the minutes of the meeting held on 16<sup>th</sup> March 2017 be approved as a correct record.

#### **HSC.151 DELAYED DISCHARGE**

Julie Gonda, Interim Executive Director, Communities and Wellbeing attended the meeting to provide members with an update in respect of delayed discharge within the Borough. The Presentation contained the following information:

Delayed discharge is a high profile issue and key measure for the Greater Manchester Health and Social Care Strategic Partnership Board, the number of patients that's discharge is delayed is reported weekly.

There has been a steady increase in delayed discharge patients, from a low in May 2017. Quarter four 4 reporting in 2016.17 showed Bury had nearly 1600 patients who experienced a delay in being discharged from Pennine Acute NHS Trust.

The Interim Executive Director reported that trajectories are being developed for this year to assure the GM team that they can be achieved. Delayed

transfer of care targets have been established which would hopefully see the reduction in numbers by half by quarter 4, 2018/19. The GM Hospital Discharge Standards will underpin the operations of how these targets can be achieved. GM HSCP have agreed 3 Hospital Discharge Standards that all 10 areas are expected to implement, Discharge to Assess, Patient Choice, Trusted Assessment.

The Interim Executive Director reported that the following schemes have been put in place to reduce the number of delayed discharges;

- Integrated discharge teams at FGH and NMGH
- Additional re-ablement capacity is in place, focussed on the south of Bury to support issues at NMGH
- Implementation of the Care at Home tender on a neighbourhood basis
- In discussion with agencies re D2A beds for social care assessments
- D2A beds have been put in place for Continuing Health Care Assessments

Members discussed concerns in respect of patient choice and problems this causes with regards to delayed discharge. The Interim Director reported that it costs over £1000 per night to keep a patient in a hospital bed, not only is this not the most effective use of resources, it is not the most appropriate place for a patient who is ready to be discharged. Together with partners, the Council are looking to provide some interim beds to ease the pressure on the acute hospital.

In response to a Member's question in respect of new targets for reducing the numbers of delayed discharges, the Interim Executive Director reported that the reduction targets were not achieved in 2016.17 and the targets will continue to be difficult to achieve going forward.

The Interim Executive Director reported that she would expect discharge planning to begin from the date of admission. The discharge must be appropriate to the patient, the support received needs to be standardised and of a high quality. Social workers are now employed in the Trust seven days a week and will assess patients from neighbouring Boroughs to assist the discharge process.

In response to a Member's question, the Interim Director reported that NMGH does see patients with more complex long term conditions than FGH, NMGH serves an area of high deprivation this combined can make discharge planning more problematic.

In response to a question from the Chair, the Interim Director reported that delays in discharge for children operate under different guidance, problems in delayed discharge are few and usually occur when children have complex medical conditions.

With regards to more beds and services provided in the community, the Interim Executive Director reported that monies from the Transformation Fund will enable the development of services in the Community. The

direction of travel across all of Greater Manchester is to smaller hospitals with more services provided in a non-acute setting.

The Interim Director reported that providers will only be contracted to provide work in the community if they have been assessed at good or above by the Care Quality Commission.

In response to a Member's question, the Interim Executive Director of Resource and Regulation reported that a new tender process for the provision of adult social care is being devised, the revised tender will see a move away from a task focused service to a more person centred focused approach.

**It was agreed:**

That a further update in respect of delayed discharge will be considered at the next meeting of the Health Overview and Scrutiny Committee scheduled to take place on the 14<sup>th</sup> November 2017.

**HSC.152 TRANSFORMATION UPDATE**

David Boulger, Programme Director, Devolution, attended the meeting to provide members with an update in respect of the Transformation agenda. The presentation contained information on the following; GM Transformation Fund, Financial Sustainability, Governance, Risk Management and Pooled Budgets.

The Programme Director reported that the following investment of £19.23 million from the Greater Manchester Transformation Fund has been agreed:

- 2016/17 .995 million
- 2017/18 7.031 million
- 2018/19 6.311 million
- 2019/20 4.893 million

The Programme Director reported that in regards to financial sustainability the transformation plans should result in a shift from a projected £75.6million financial gap by 2020/21, to a £4.6million projected surplus in 2020/21, increasing to a projected surplus of £5.6million in 2021/22. This will be achieved via cost improvement plans, productivity savings, provider divestment and the impact of GM wide savings. The Transformation Programme Board will oversee the transformation work and would report into the Council's Health and Wellbeing Board.

The Programme Director reported that there are a number of key risks associated with the project which include:

- Lack of system capacity to mobilise proposed changes;
- Inability to recruit staff into required roles;
- Inability to mobilise required IMT requirements;
- Cuts to existing services undermine transformation
- Level of provider restructuring/ reconfiguration required
- Risk share agreements non-existent or are insufficient

The Programme Director reported that key measures of success will include financial and clinical sustainability, improved health outcomes for local people, reduced health inequalities as well as local people actively involved in their own health and wellbeing.

In respect of the pooled budget arrangements the Programme Director reported that a one commissioning plan is being developed, budget mapping and due diligence is under way, provider pooled budget – Early adopter approaches as well as risk share agreements are under development across providers.

Those present were invited to ask questions and the following issues were raised.

Members of the Committee expressed concern that there is a great deal of risk associated with the transformation project.

In response to a Member's question with regards to risk management, the Programme Director reported that work has been undertaken to mitigate the risk. A comprehensive programme management framework is being mobilised and due diligence is being undertaken in respect of pooled budgets.

With regards to auditing of the Transformation monies received from Greater Manchester this is primarily undertaken by the Greater Manchester Health and Social Care Partnership Board. If the outcomes aren't achieved GM can withhold funding. The Health Overview and Scrutiny Committee have a role to play in scrutinising how the transformation monies are being spent and whether the Council are achieving its measures of success and mitigating the risks identified.

The Director of Public Health responding to a Member's question confirmed that it is essential that work undertaken as part of the Locality Plan, Health and Wellbeing Strategy, Starting Well Partnership and Public Service Reform all link together and is not done in isolation.

With regards to the workforce, the Cabinet Member Health and Wellbeing reported that tackling the workforce and persuading the public to self-care are the two key factors in enabling the delivery of the Locality Plan. A workforce workshop has been arranged to discuss the implications of the proposals the challenge is services will be delivered differently and the workforce is needed to mobilise the change.

**It was agreed:**

1. The Chair of the Health Overview and Scrutiny Committee would be invited to the workforce workshop.
2. Dave Boulger, Programme Director be thanked for his attendance and the Chair wished him well in his new role within Greater Manchester Devolution.

The Cabinet Member for Health and Wellbeing and the Policy Lead and Head of Social Engagement presented the Health and Wellbeing Annual Report for approval. The report contains an overview of the Health and Wellbeing Board from the period April 2016 to March 2017 and reflects the key achievements, challenges and activities.

Those present were invited to ask questions and the following issues were raised.

With regards to the data, the Policy Lead and Head of Social Engagement reported that together with the information provided in the Joint Strategic Needs Assessment, the Board will look at the performance information and ascertain what the issues are and look at what the Council, CCG and wider partners are doing to tackle the problem and what more could be done.

In response to a Member's question, the Social Development Manager reported that the work of the Health and Wellbeing Board should not be seen in isolation. A single outcomes framework is being developed for use by all partners.

The Board membership and the governance structure is currently being reviewed to ensure that it is fit for purpose.

#### **HSC.154 WORK PROGRAMME UPDATE**

Julie Gallagher, Principal Democratic Services Officer, submitted a report setting out the terms of reference for the Committee along with a Work Programme Prioritisation Protocol to assist members in the development of a Work Programme for 2017/2018.

#### **It was agreed:**

That the work programme be agreed allowing additional items to be considered by the Committee as and when required.

#### **HSC.155 URGENT BUSINESS**

There was no urgent business reported.

**Councillor S Kerrison  
In the Chair**

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