

Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: 14 February 2018

Present: Councillor (in the Chair)
Councillors R Walker, S Briggs, R Shori and A Simpson

Also in attendance:

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

Apologies for Absence: Walker, Stuart North and Taylor

HWB.377 APOLOGIES FOR ABSENCE

Steve Taylor; Pennine Acute NHS Trust
Keith Walker; Pennine Care NHS Foundation Trust
Stuart North; Chief Operating Officer, Bury Clinical Commissioning Group

HWB.378 DECLARATIONS OF INTEREST

Councillor R Shori declared a personal interest in respect of all items to be considered as his partner is employed by the NHS.
Councillor A Simpson declared a personal interest in respect of all items to be considered due to her appointment as Lord Peter Smith assistant at the Greater Manchester Health and Social Care Partnership Board.

HWB.379 MINUTES OF PREVIOUS MEETING

It was agreed:

The minutes of the meeting held on the 23rd November 2017 be approved as a correct record.

HWB.380 MATTERS ARISING

Councillor Walker referred to an ongoing Science and Technology Parliamentary Select Committee review into the potential harmful risks associated with electronic cigarettes.

The Director of Public Health reported that the most recent advice from Public Health England in respect of E-cigarettes is that they are a safer alternative to smoking, the longer term effects still remain unknown.

Councillor Shori asked for an update with regards to the Council's response to the Wood review and the future role of the Children's Safeguarding Board. The Interim Director of Children's Services reported that membership of the safeguarding Board remains the same, work is underway at GM to assess the current arrangements and in particular how the local safeguarding boards are held to account. There is no requirement that the Chair be independent and a process as to what the Board will look like going forward commenced recently.

It was agreed:

Following a request from Councillor Walker the Local Transformation Plan (Children's Mental Health) will be considered at a future meeting of the Health and Wellbeing Board.

HWB.381 PUBLIC QUESTION TIME

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

HWB.382 PHARMACEUTICAL NEEDS ASSESSMENT

Stephen Woods, Senior Medicines Optimisation Pharmacist, Greater Manchester Shared Services attended the meeting to present the final version of Bury's Pharmaceutical Needs Assessment. The Assessment is a legal document which details services which be desirable and necessary in a locality based on the local health needs and population demographics. There is a requirement for the Bury PNA to be refreshed by 31st March 2018.

It was agreed:

That the Pharmaceutical Needs Assessment 2018 to 2021 be approved and be published on the Council's website.

HWB.383 URGENT CARE REDESIGN

Dr Patel, Chair Bury Clinical Commissioning Group attended the meeting to provided members with an overview of the Urgent care redesign proposals. The presentation contained the following information:
The proposals build on national and Greater Manchester guidance and focus on the delivery of services with the locality and integrated hubs. The proposals have been influenced by the previously undertaken engagement phase and will now include; the promotion of the GP telephone number, available 24 hours a day seven days a week; retained walk-in service and a new Urgent Treatment Centre. The aim of the proposals will be to reduce the utilisation of emergency services, promote self-care and encourage initial phone contact. As well as the development of integrated services at hubs, which will include multidisciplinary teams; staff at these centres will be able to access a patient's medical records.

Dr Patel reported that the 6 week consultation will run from 29th January until 11th March 2018. The CCG governing Body will meet on the 28th March to consider the proposals.

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

Responding to a Member's question, Dr Patel reported that the proposed integrated hubs will be sustainable if NHS staff work differently. GPs do not want to work in the current system, the proposed new system it is hoped, will be an attractive alternative for them.

Concerns were raised that the new system will put a great deal of emphasis on GPs (and their staff) staffing the Urgent Treatment Centre and the integrated

hubs. General Practice is stretched as it is and this will add to the pressures already faced in primary care. Dr Patel reported that between 30% and 40% of patients he sees daily within GP, do not need to be seen by a GP and may be seen by another NHS professional freeing up his time to support the Integrated Hubs.

Dr Patel reported that a greater emphasis needs to be placed on self-care and prevention, as well as a consistent offer from Pharmacies in respect of the services they offer. The CCG is working with partners in GM to develop a healthy living offer across the footprint. Education is key in respect of the proposals.

With regards to the roll out and the addition of further Hubs, Dr Patel reported that this will be based on the outcomes within the initial facilities as well as also the local resource and the specific need in each area.

The Urgent Treatment Centre will be open for 12 hours a day, based at Fairfield hospital and will be clinically led by primary care staff including GPs and nurses. Staff will have access to patients' medical records to help with their care and will include pre-booked, same day appointments accessible by health care professionals as well as walk-in appointments for A&E streamed patients. The centre will have access to diagnostic tests including x-ray facilities. A similar facility will be available for residents in the South of the Borough at North Manchester General Hospital.

Members expressed concerns that there was no consistent offer across the Integrated Hubs and no clear timescales for the roll out of the additional hubs. Dr Patel reported that what services will be delivered and where will be dependent on how the LCO responds and also how as a Board the self-care agenda is supported.

It was agreed:

1. That the Health and Wellbeing Board supports the Urgent Care Redesign proposals as presented.
2. That at a future meeting of the Board information is considered in respect of:
 - a. Timescales for the future roll out of the additional Integrated Health and Social Care Hubs
 - b. The make-up and scope, including staffing, of all the Integrated Health and Social Care Hubs and the Urgent Care Treatment Centre, and
 - c. Further information in respect of how the CCG in partnership with Public Health will develop and expand the self-care agenda.

HWB.384 PENNINE ACUTE NHS TRUST WINTER PRESSURES UPDATE

Dr Shona McCallum, Medical Director, Bury and Rochdale attended the meeting to present an overview of the winter pressures faced by Fairfield Hospital. The presentation contained information in respect of the number of attendances, averaging 200 plus and the number of four hour target breaches.

Dr McCallum reported that a Bury System Leaders Forum has been established weekly, as well as 7 day working and speciality in-reach for Frail Elderly patients.

Responding to a member's question the Medical Director reported that the Trust had prepared for potential pressures, all elective surgery for orthopaedics, Ear nose and throat were cancelled to enable medical staff to be released to provide support in A&E and on the wards.

With regards to the stress and sickness levels amongst staff, the Medical Director reported that there had not been an increase in sickness levels. Most services have been operational seven days a week in order to deal with the increase workload, staff have been able to take time off in the week to make up for the additional hours worked.

The Medical Director reported that NWS have diverted a greater number of ambulances to the Fairfield site as a result of the planning they had put in place to deal with the winter pressures.

Dr Patel reported that the solution is not urgent care or increasing urgent care capacity, work must be undertaken to address care planning in particular for those living with long term conditions and complex needs to avoid escalation in their conditions.

The Medical Director reported that de-brief sessions with staff will be held in March to discuss lessons learned and inform future winter pressures planning.

It was agreed:

Dr S McCallum, Medical Director be thanked for her attendance.

HWB.385 PENNINE CARE NHS FOUNDATION TRUST WINTER PRESSURES UPDATE

A representative from Pennine Care NHS Foundation Trust attended the meeting to provide an update in respect to winter pressures within the Trust. The representative reported that there had been delays in packages of care, walk in centres however had remained open and fully staffed during this period. Staff have been under severe pressure during this period and sickness levels have increased. This has been particularly problematic across the district nursing teams and the Trust has had to rely heavily on agency staff.

The problems within district nursing has been further exacerbated by the acuity levels of patients being discharged in to the community, staff are not always adequately able to deal with these patients.

As well as staff sickness the Pennine Care representative reported high levels of sickness at a management level, which adds further pressure. Challenging times still remain and the Trust would like to see additional funding from the Commissioners. Additional funding has been made available as a result of the devolution agenda but this has not been apparent in community services.

HWB.386 ASYLUM MATTERS

Estelle Worthington, Asylum Matters attended the meeting to provide a verbal update in respect of healthcare charging and the impact on refugees and people seeking asylum. The presentation contains the following information:

New rules came into force on 23 October 2017 affecting those not 'ordinarily resident' in the UK. These extend charging into community healthcare services, includes community midwifery, community mental health services, termination of pregnancy services, district nursing, support groups, advocacy services, drug and alcohol services, and specialist services for homeless people and asylum seekers. Excludes health visitors and school nurses, introduce up-front charging. If a patient cannot prove that they are entitled to free care, they will receive an estimated bill for their treatment, and treatment will be withheld until the patient pays in full, unless it is deemed 'urgent' or 'immediately necessary.' The Home Office will be notified of any unpaid bills over £500.

It was agreed:

That the health and wellbeing board would support:

- The promotion of a clear message in Bury and across Greater Manchester that GPs have a duty to register any patient, regardless of immigration status or ability to show supporting paperwork
- The promotion the 'Safe Surgeries Toolkit' to prevent patient data being shared.
- A call on Greater Manchester Health and Social Care Partnership to invest in a specialist healthcare service for people seeking asylum across Greater Manchester, addressing primary care and mental health needs, and delivered in partnership with voluntary sector.
- A call on Greater Manchester Health and Social Care Partnership to invest in a specialist advocacy service to help patients challenge erroneous charges.
- The contribution of an impact assessment of charging and data-sharing in Greater Manchester.

HWB.387 LOCALITY PLAN AND BETTER CARE FUND UPDATE

Phil Thomas, Programme Director attended the meeting to provide an update on the Better Care Fund Metrics. Localities are required to provide quarterly BCF updates, signed off by the Health and Wellbeing Board. The following metrics have been identified

- Non-elective admissions - reduction in non-elective admissions
- Permanent admissions - rate of permanent admissions to residential care per 100,000 population (65+)
- Effectiveness of reablement - proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (DToC) - delayed transfers of care (delayed days) from hospital

Managerial leads have been identified for each metric.

It was agreed:

Phil Thomas Programme Director be thanked for his attendance.

HWB.388 FUTURE DIRECTION OF THE HEALTH AND WELLBEING BOARD

It was agreed:

That the Items Future direction of the Health and Wellbeing Board and Devolution Update would be deferred to the next meeting of the Board, scheduled to be held on the 28th March 2018.

HWB.389 DEVOLUTION UPDATE

It was agreed:

That the Items Future direction of the Health and Wellbeing Board and Devolution Update would be deferred to the next meeting of the Board, scheduled to be held on the 28th March 2018.

HWB.390 URGENT BUSINESS

Dave Bevitt informed the meeting that he was stepping down from the Board to be replaced by a new voluntary service representative, the independent chair of the voluntary community and faith alliance. The Chair thanked Dave Bevitt for the support and commitment he has shown to the Board and wished him well for the future.

HWB.391 *FOR INFORMATION - MINUTES OF THE HWB SUB GROUPS**

The following minutes were included for information:

Children's Trust; Housing Strategy Board; Adult Safeguarding Board; Climate Change Board.

**COUNCILLOR
Chair**

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)