

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 21 June 2018

**Present:** Councillor S Smith (in the Chair)  
Councillors J Grimshaw, S Haroon, T Holt, O Kersh, A McKay,  
R Walker and S Wright

**Also in attendance:** Stuart North, Chief Operating Officer, Bury Clinical  
Commissioning Group (CCG)  
Steve Taylor, Director of Operations, Bury & Rochdale Care  
Organisation  
Tyrone Roberts, Director of Nursing, Bury & Rochdale Care  
Organisation  
Dr Cathy Fines, Clinical Lead, Bury CCG  
Kim Marshall, Healthy Young Minds  
David Latham, Programme Manager, Bury CCG  
Penny Martin, Pennine Acute  
Josh Bainbridge, Pennine Acute  
Dr Merijam Kikic, Paediatrician, Pennine Acute  
Lesley Jones, Director of Public Health  
Julie Gallagher, Principal Democratic Services Officer

**Public Attendance:** 1 member of the public were present at the meeting.

**Apologies for Absence:** Councillor K Hussain, Councillor N Jones and Councillor  
Susan Southworth

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**HSC.48 APOLOGIES FOR ABSENCE**

Councillors N Jones, K Hussain and Susan Southworth

**HSC.49 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

**HSC.50 PUBLIC QUESTION TIME**

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

**HSC.51 MINUTES**

**It was agreed:**

That the minutes of the meeting held on 17<sup>th</sup> April 2018 be approved as a correct record.

**HSC.52 UPDATE FROM THE PENNINE ACUTE NHS TRUST**

Steve Taylor, Chief Officer and Tyrone Roberts, Director of Nursing attended the meeting to provide members with an update in respect of Bury and

Rochdale's organisational journey from the Care Quality Commission rating of requires improvement to good. The presentation contained information in respect of the following areas:

- Improvement Plan
- New governance structure
- Fragile services, investing in people
- FGH attendances, Ambulance arrivals, 12 hour trolley waits, 4 hour breaches and performance
- Accident and Emergency
- Serious Incident Reports

The Chief Officer reported that A&E attendances have risen by 8.1% during January and February 2018, this equates to an additional 799 patients. Four hour breaches have significantly reduced from 2112 to 1577 compared to the 12 months previously.

The Chief Officer and the Director of Nursing reported that the key factors in the improvements witnessed were as a result of the changes to the site management arrangements as well as the empowerment of staff.

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

Responding to a Member's question the Director of Nursing reported that the CQC would target areas at the highest risk during a re-inspection visit. Good practice would be shared with other sites within the Northern Care Alliance.

In response to a Member's question the Chief Officer reported that an IT strategy is being developed across the Northern Care Alliance to address the IT problems.

The Director of Nursing acknowledged that patient falls still remain a problem within the Northern Care Alliance. There has been a 20% reduction in the number of falls on Fairfield General Hospital site. All falls will be reviewed there continues to be a number of recurring factors, work is being undertaken in respect of learning from these incidents. Falls will continue to be a primary area of focus going forward.

With regards to the Northern Care Alliance, the Chief Officer reported that Salford Royal Foundation Trust has a management contract to support the hospitals of the Pennine Acute Trust. A committee in common has been established. The issues are two fold, firstly the acquisition of the Pennine Acute Trust by Salford Royal and the disaggregation of the North Manchester General Hospital in to the City of Manchester Hospital.

Responding to a concern raised in respect of zero, 12 hour trolley waits, the Chief Officer reported that the Trust do collect information in respect of patients waiting between 4 and 12 hours although this does not need to be reported to the Department of Health. This information can be made available to the Committee.

The Chief Nurse reported that workforce issues still remain a pressure point for the Trust, in particular spend on agency staff. A great deal of work is underway to address recruitment and retention issues within the Trust.

Vacancy rates in some areas remain high, this is a national problem and the Trust are looking at innovative ways to try and address these issues, including; recruiting from overseas and the south-east, recruiting to alternative roles to ease the pressure on nursing and middle grade doctor vacancies as well as using the recent positive CQC re-inspection to entice staff to the Trust.

**It was agreed:**

Representatives from the Northern Care Alliance be thanked for their attendance.

**HSC.53 BURY CLINICAL COMMISSIONING GROUP - AUTISM UPDATE**

Commissioner and provider representatives from Bury Clinical Commissioning Group, Pennine Acute, and Pennine Care attended the meeting to provide members with an overview of the services provided to diagnose and assess people with Autism Spectrum Disorder. The presentation contained the following information:

Bury CCG currently commissions services from two providers:

- Pre-school - managed by Pennine Acute
- Age 4-9 – managed by Pennine Acute
- Over 9s – managed by Pennine Care (Healthy Young Minds)
- Over 18s – managed by LANC (Learning, Assessment and Neurocare Centre)

The number of children and young people requiring review at the Multi-Disciplinary Team (MDT) case review meeting has increased year on year from 75 2012/13 to 144 in 2017/18. Referral to First Assessment waits – average wait is 8-9 weeks, significant improvement seen since July 2017. Referral to Diagnosis Outcome waits – some CYP waiting up to 18 months for consideration at the MDT meetings.

The Programme Manager, Bury CCG acknowledged that an 18 month wait is too long, a number of changes have been implemented to ease the pressure on the system:

- New service description set up within the electronic referral service to ensure accurate streamlining of referrals and children booked into the correct clinics from the outset
- Improved triage of referrals
- Improved information provided prior to referral
- Environmental changes and improved patient information at PAHT resulting from CYP and family engagement

The Directorate Manager (Acting), reported that some of these changes have contributed to a reduced waiting time from referral to first appointment to well below 12 weeks.

The Directorate Manager (Acting), PAHT reported that changes planned but not yet implemented will include a full Pennine Acute ASD improvement plan developed following external review of ASD assessment services.

The Directorate Manager (Acting), reported that further Multi-disciplinary team meetings have been scheduled to clear the current backlog.

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

Responding to a Member's question, the Directorate Manager (Acting), reported that it is expected that the increase in the number of multi-disciplinary meetings will reduce the backlog by increasing the services capacity by 50%.

Dr Merijam Kikic, Pennine Acute reported that the employment of a neuro-development nurse to work alongside the paediatricians will help to relieve pressure by assisting with assessment and paperwork.

**It was agreed:**

Representatives from the Clinical Commissioning Group, Pennine Acute and Pennine Care be thanked for their attendance.

**HSC.54 WORK PROGRAMME**

**It was agreed:**

That the Health Overview and Scrutiny Committee Work Programme be agreed for 2018/19 with the addition of the Locality Plan Risk Register and Transformation Monies.

**HSC.55 URGENT BUSINESS**

There was no urgent business reported.

**COUNCILLOR S SMITH**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 8.50 pm)**