

AGENDA FOR

HEALTH SCRUTINY COMMITTEE

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To: All Members of Health Scrutiny Committee

Councillors : J Grimshaw, S Haroon, T Holt, K Hussain,
N Jones, O Kersh, A McKay, S Smith (Chair),
Susan Southworth, R Walker and S Wright

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, 21 June 2018
Place:	Meeting Rooms A&B, 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:	

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 - 4)*

Minutes from the meeting held on 17th April 2018 are attached.

5 UPDATE FROM THE PENNINE ACUTE NHS TRUST *(Pages 5 - 26)*

Representatives from Pennine Acute, Steve Taylor, Chief Officer and Tyronne Roberts, Director of Nursing will be in attendance. Presentation attached.

6 BURY CLINICAL COMMISSIONING GROUP - AUTISM UPDATE *(Pages 27 - 36)*

Representatives from Bury Clinical Commissioning group will report at the meeting. A report will be sent to follow.

7 WORK PROGRAMME *(Pages 37 - 40)*

A report from Julie Gallagher, Principal Democratic Services Officer is attached.

8 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:** 17th April 2018**Present:** Councillor S Kerrison (in the Chair)
Councillors P Adams, M D'Albert, J Grimshaw, K Hussain and R Walker**Also in attendance:** Marcus Connor, Head of Corporate Policy
Shenna Paynter, Public Health Programme Lead (Population healthcare and Sexual Health)
Julie Gallagher, Principal Democratic Services Officer**Public Attendance:** 1 member of the public was present at the meeting.**Apologies for Absence:** Councillors N Bayley, A McKay O Kersh, J Mallon, Susan Southworth

HSC. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC. PUBLIC QUESTION TIME

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

HSC. MINUTES**It was agreed:**

That the minutes of the meeting held on 5th March 2018 be approved as a correct record.

HSC. SEXUAL HEALTH SERVICES UPDATE

Shenna Paynter, Public Health Programme Lead (Population Healthcare and Sexual Health), attended the meeting to provide an overview of the sexual health service. The presentation contained information on the current situation, challenges, and plans in sexual health services in Bury; the key sexual health outcomes and performance indicators. As well as an overview of the Local Authority commissioned integrated Sexual Health Service which was tendered in partnership with Oldham and Rochdale councils. There are also updates on other sexual health services including:

- RU Clear
- GM STI testing service
- Locally Commissioned Services in primary care
- STI/HIV prevention and support services.

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

In response to a Member's question the Public Health Programme Lead reported that information is held on under 18 conception. With regards to the high rates of teenage pregnancy amongst Looked After Children, the Public Health Programme Lead reported that specialist support and monitoring would be provided across a range of agencies, including the family nurse practitioner and a specialist teenage pregnancy midwife.

Members discussed the decision to award the integrated sexual health service to Virgin Care. The Public Health Programme Lead reported that as part of the assurance process there are a number of high level performance indicators. These KPIs will be used to monitor Virgin Care and any work sub contracted. Work is underway to develop a Greater Manchester response/offer to coincide with the expiry of the virgin care contract (March 2019). Going forward some aspects of sexual health services may be provided across the GM footprint.

With regards to the morning after pill, this can be prescribed at certain pharmacies within the Borough as well as by the GP. It can and is prescribed to girls under 16, there will be safeguarding checks carried out to ensure that the child in question is not vulnerable/at risk of child sexual exploitation. Virgin Care is commissioned to provide a telephone helpline, the helpline will provide advice and support in respect of accredited pharmacies, opening times etc.

The Public Health Programme Lead reported that work is underway to develop a sexual health needs assessment that will look at specific needs in the Borough. The assessment will include the needs of the Jewish population, the new and emerging communities.

It was agreed:

Shenna Paynter, Public Health Programme Lead (Population healthcare and Sexual Health) be thanked for her attendance.

HSC. PENNINE ACUTE NHS TRUST UPDATE

It was agreed:

This item will be deferred for consideration at the next scheduled meeting of the Health Overview and Scrutiny Committee scheduled to take place on the 21st June 2018.

HSC. AUTISM UPDATE

Members of the Board considered a letter received from the Senior Commissioning Manager, Bury CCG.

It was agreed:

At the next meeting of the Health Overview and Scrutiny Committee scheduled to take place on 21st June 2018 members will receive a presentation in respect of the following issues:

- A summary of service performance including wait times from referral to first assessment and assessment outcome.
- A trajectory of performance improvement where required.
- A full improvement action plan, to include the recommendations of an external review into ASD services at PAHT, which concluded in November 2017.

HSC. VOTE OF THANKS

Councillor Walker on behalf of Members of the Health Overview and Scrutiny Committee thanked Councillor Kerrison for her support in her role as Chair of the Committee and passed on the Committee's best wishes for the future.

**Councillor S Kerrison
In the Chair**

(Note: The meeting started at 7pm and ended at 7.45pm)

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Bury and Rochdale Care Organisation: Improvement Journey

From **REQUIRES IMPROVEMENT** to **GOOD** for Fairfield
General Hospital & maintained **GOOD** Rochdale Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Medical care (including older people's care)	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Surgery	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Critical care	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
End of life care	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Medical care (including older people's care)	Good ↑ Feb 2018	Good ↑ Feb 2018	Outstanding ↑ Feb 2018	Outstanding ↑↑ Feb 2018	Good ↔ Feb 2018	Outstanding ↑↑ Feb 2018
Surgery	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018
Critical care*	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Intensive care*	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging*	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Requires Improvement ↔ Feb 2018	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018

*Not inspected **83% rated 'Good' or 'Outstanding'**

Together we will be one of the largest NHS organisations in the country.



17,000+
Staff members



£1.8bn
Income



2,000+
Beds across the four
Care Organisations



1 million+
Population served
by Group

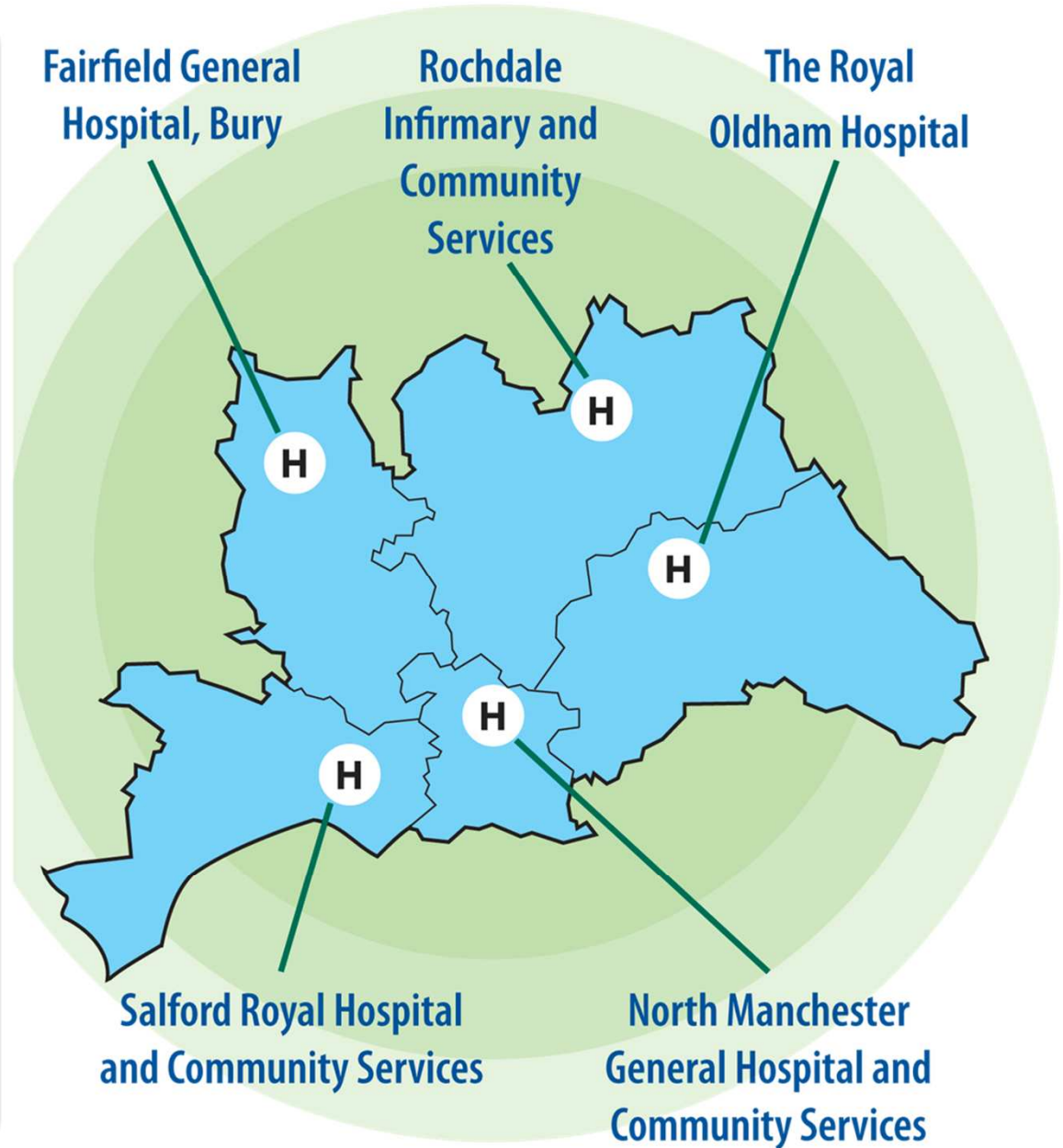
Fairfield General
Hospital, Bury

Rochdale
Infirmary and
Community
Services

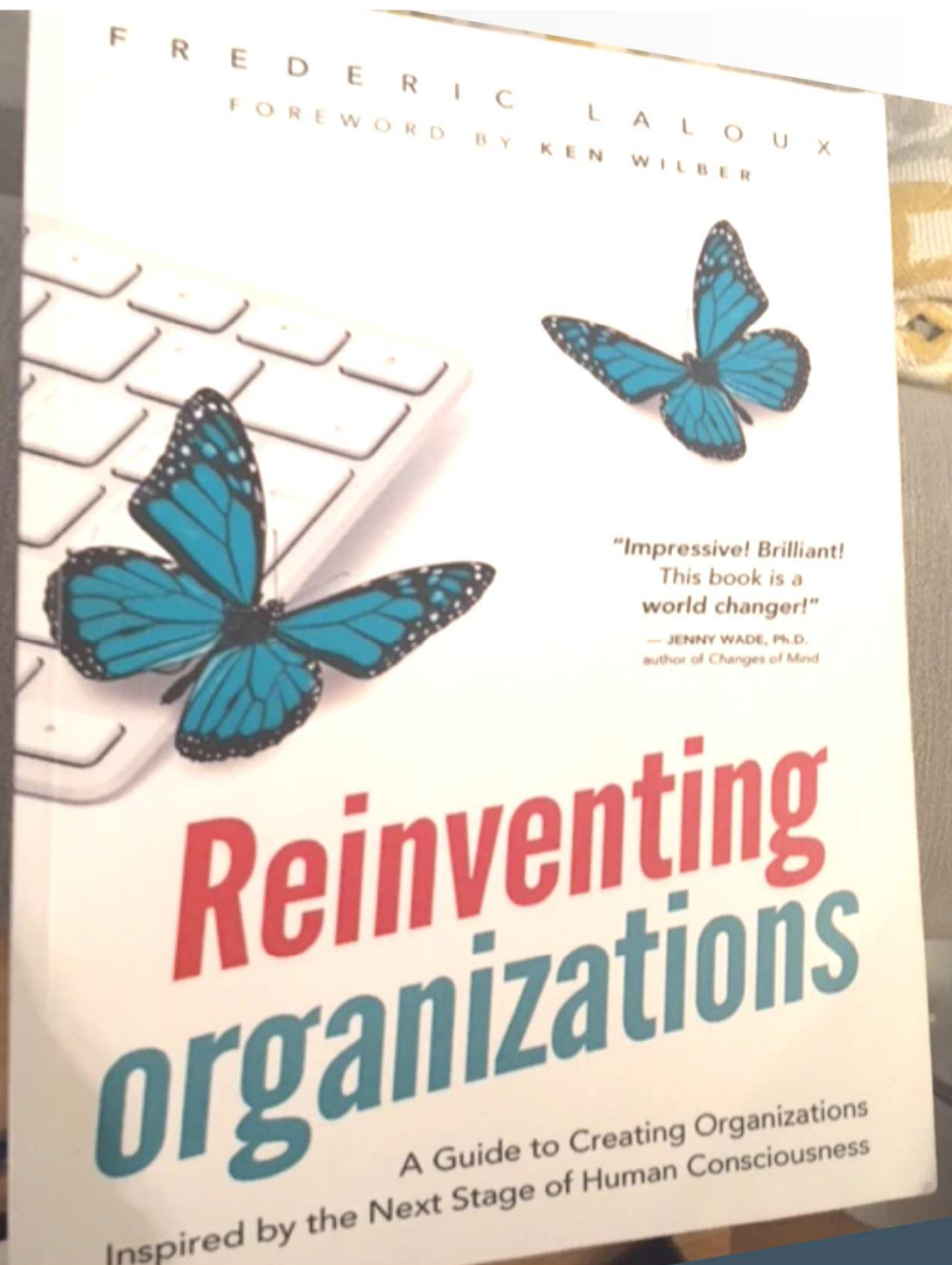
The Royal
Oldham Hospital

Salford Royal Hospital
and Community Services

North Manchester
General Hospital and
Community Services



Saving lives
Improving



NHS

**Bury & Rochdale
Care Organisation**
Northern Care Alliance NHS Group

Hope is not a plan
Some is not a number
Soon is not a timeframe

Tasks

Most leaders charged with accomplishing 'something'.
'Selection' of tasks was critical

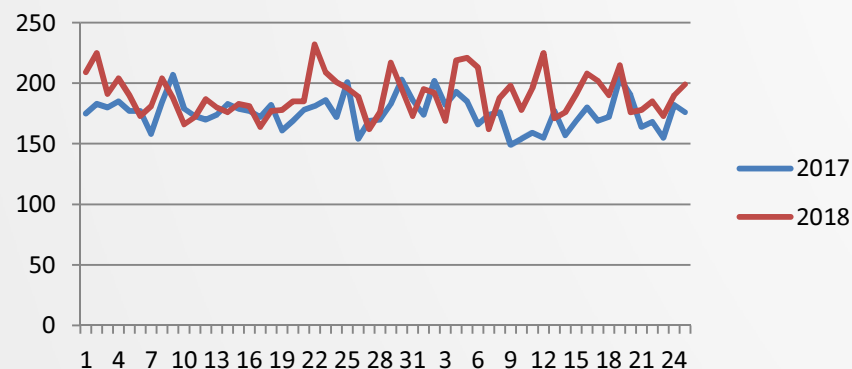
1. Improvement plan (1 meeting)
2. ED
3. Mortality
4. *Underpinned by new Governance structure (& NAAS) & NEW behaviours*

Fragile Services; Investing in people

- £1.9M investment – 14 HCAs and 30 HCAs Medical wards and 20 wte staff A&E
- Dedicated Quality Improvement Team
- Increased Nursing leadership to wards
- Increased Senior Nurses (Associate Directors of Nursing)
- Accountability at the 'top'

FGH Attendances

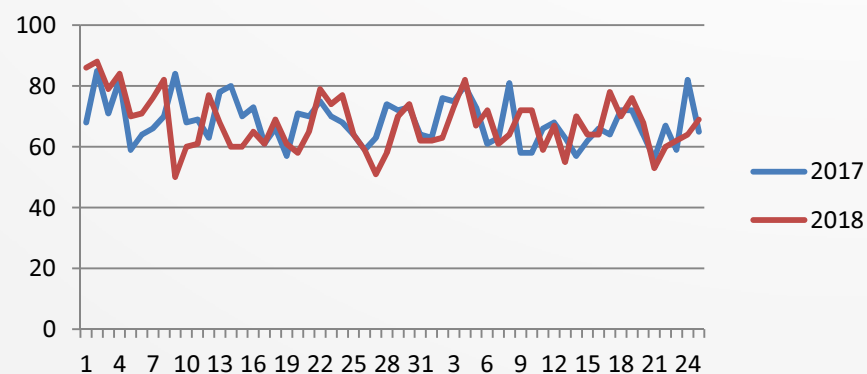
1st Jan - 25th Feb 18 compared to 2017



A&E Attendances have risen by 8.1% during January 18 and February 18 to date, this equates to an additional 799 patients.

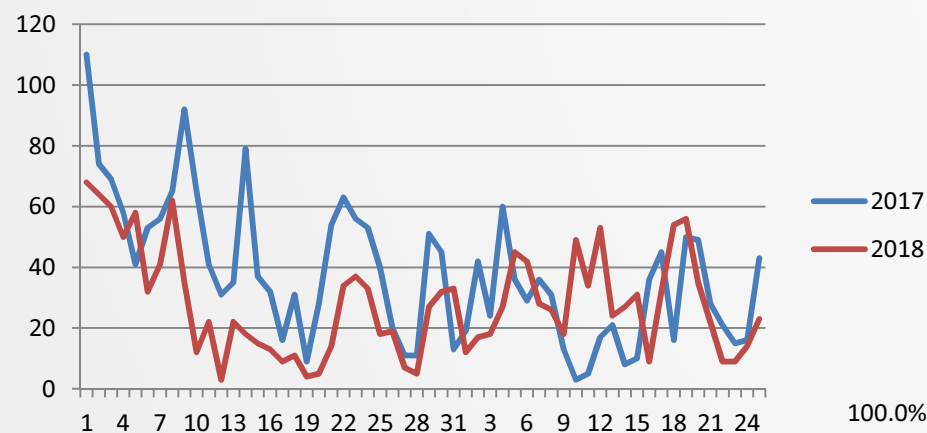
FGH Ambulance Arrivals

1st Jan - 25th Feb 18 compared to 2017



FGH 4 Hour Breaches

1st Jan - 25th Feb 18 compared to 2017

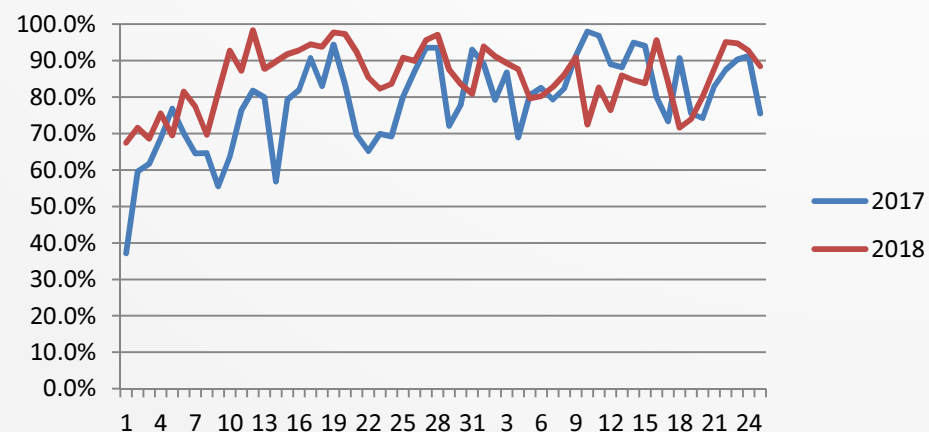


Breaches in the period have significantly reduced from 2112 down to 1577, a reduction of 535.

Performance has consistently improved in the comparison period, equating to a performance increase of around 7%

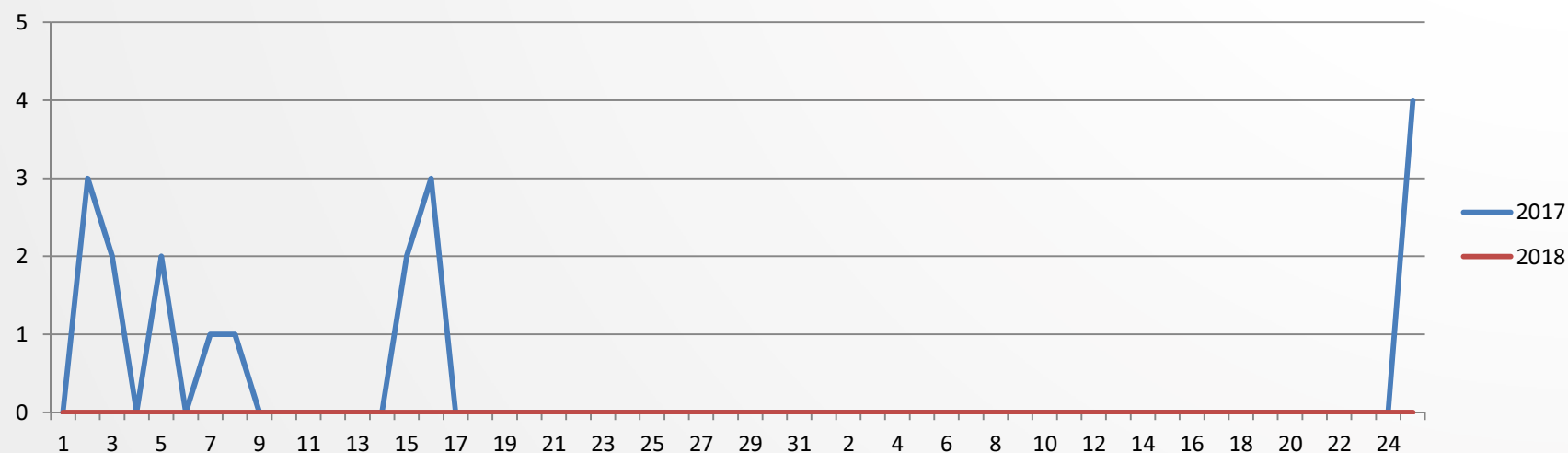
FGH 4 Hour Performance

1st Jan - 25th Feb 18 compared to 2017



FGH 12 Hour Trolley Waits

1st Jan - 25th Feb 18 compared to 2017



There have been zero 12 hour trolley waits in the comparison period, a reduction of 56 patients.

A&E from RI to GOOD

- Perfect Fortnight complete and outputs reviewed
- Bury System Leaders Forum established weekly
- 7 day working and speciality In reach for Frail Elderly patients
- Continued zero 12 hour trolley waits
- Director led daily oversight of performance and required actions
- Original Trajectory to remain with inclusion of WiC activity
- Multi agency escalation calls

**Greater Manchester UM Gold Summary Tables:
Type 1**

	Financial Year to Date 2018/19	Quarter to Date - Q1 2018/19	Month to Date - Jun-18	Daily 4hr Performance - 10/06/2018	Performance Direction Compared with Previous Day and Target	Performance Direction Based on Site Daily Average Only	A&E (Type 1) Attendances	% A&E Attendances Admitted	% Medical Outliers	NWAS Total Turnaround Time	NWAS Ambulance Attendances
Bolton	81.04%	81.04%	83.07%	80.06%	↑	↓	326	24.54%	0.34%	31.35	90
Bury	95.27%	95.27%	96.97%	97.74%	↓	↑	221	21.27%	5.45%	26.04	71
Central Manchester (MRI)	74.41%	74.41%	73.36%	79.86%	↑	↓	278	25.90%		29.43	101
Central Manchester (Children's)	93.40%	93.40%	94.92%	90.65%	↓	↓	139	30.94%			
North Manchester	80.80%	80.80%	82.88%	90.22%	↓	↑	276	26.09%	1.40%	24.04	87
Oldham	80.47%	80.47%	79.40%	90.00%	↑	↑	270	29.63%	3.29%	30.51	77
Salford	86.47%	86.47%	91.40%	86.79%	↓	↑	265	27.55%	0.00%	31.71	80
South Manchester	81.31%	81.31%	80.76%	95.22%	↑	↑	272	26.47%		33.57	81
Stockport	81.97%	81.97%	77.65%	60.00%	↓	↓	245	37.55%	2.33%	36.93	76
Tameside	87.13%	87.13%	91.14%	98.10%	↑	↑	210	26.67%	1.58%	30.25	85
Wigan	84.83%	84.83%	95.90%	96.11%	↓	↑	257	35.02%	3.62%	31.02	81
A&E Type 1 performance based on SitRep reporting dates										Ambulance data for MRI and Children's reported against MRI as not split by site by NWAS	
Target	95.00%	95.00%	95.00%	95.00%			Site Upper Control Limit	Site Upper Control Limit	2.00%	30.00	Site Upper Control Limit

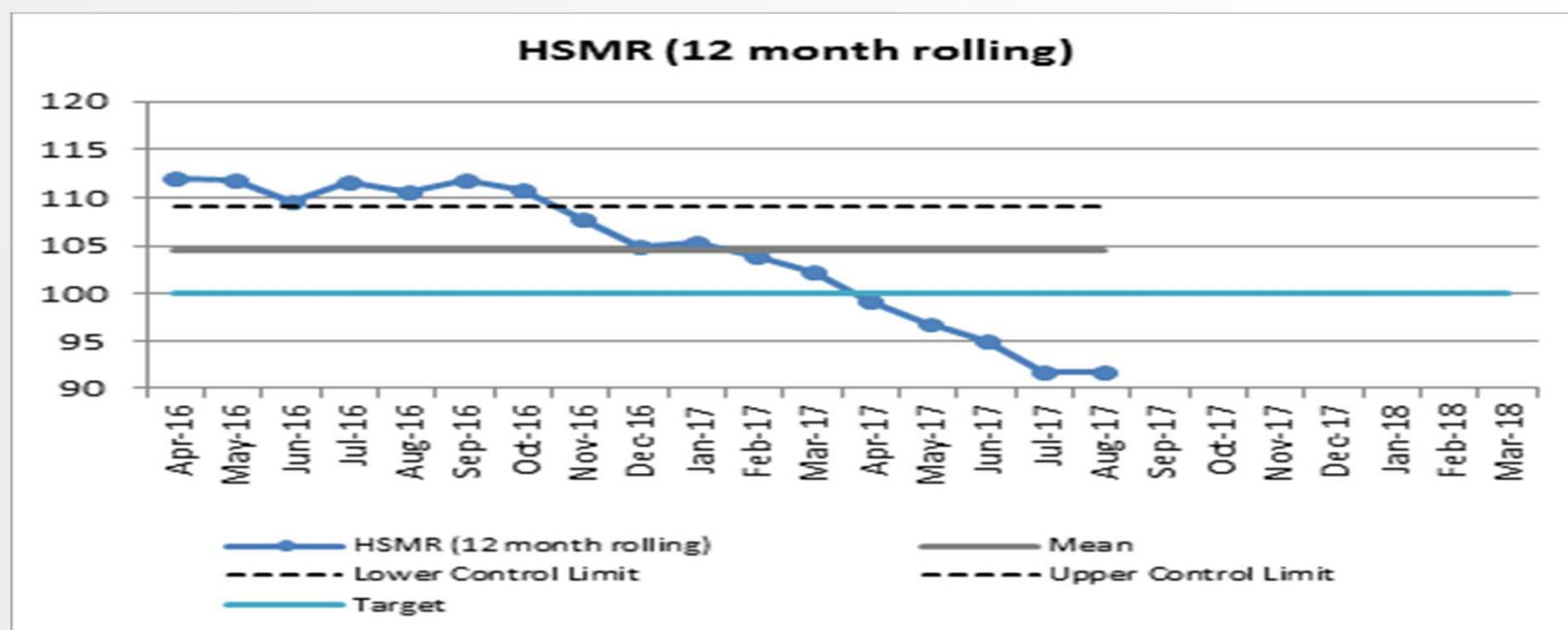
Fragile Services – Medicine

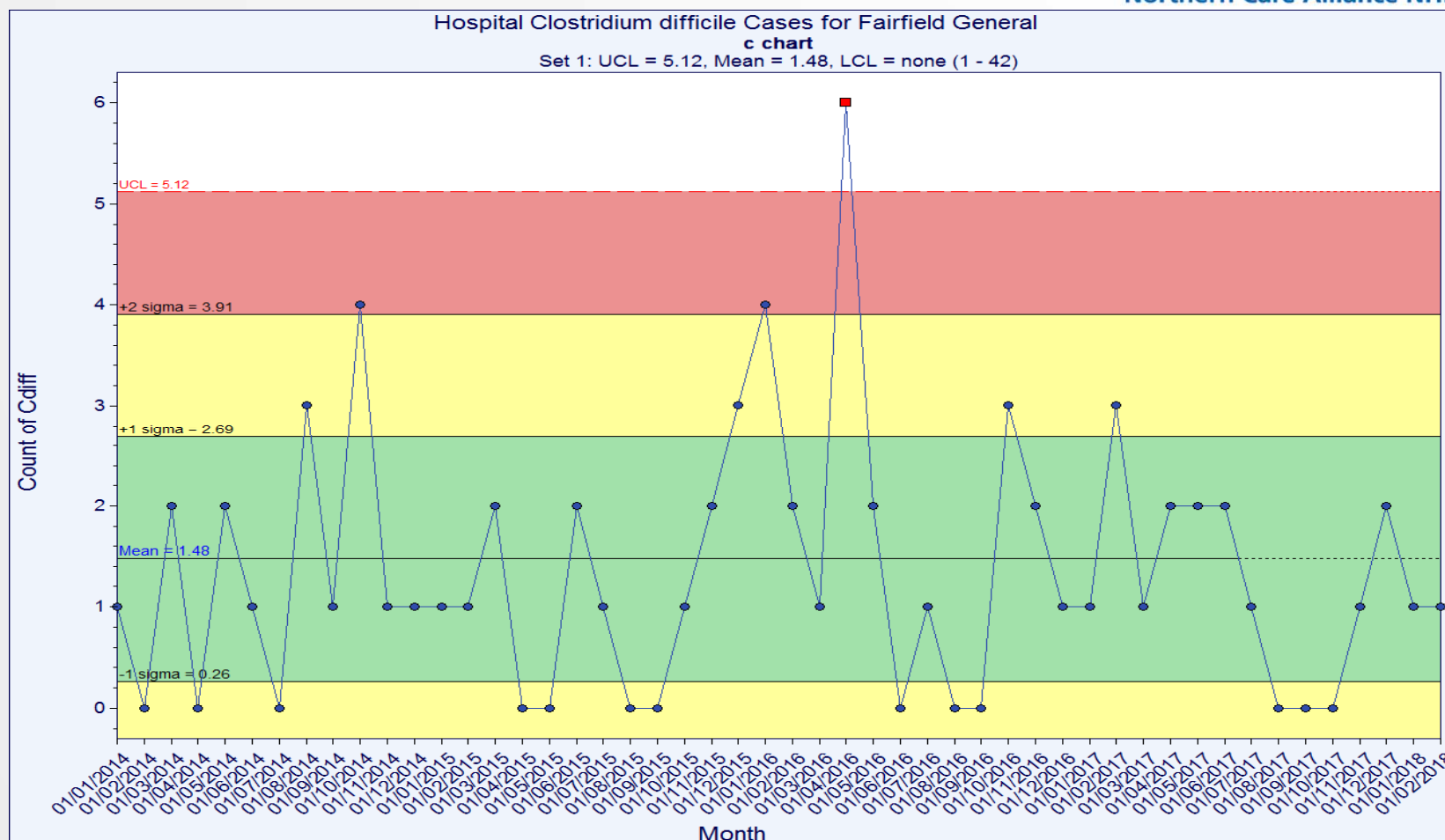
- From Requires Improvement to **OUTSTANDING**



- 47% GREEN NAAS by February 2018
- Serious falls – on track to exceed reduction target of 20%
- Stage 2 Pressure Ulcers (30% reduction) Stage 3/4 pressure ulcers – on track to achieve ZERO
- **EMPOWERMENT & ACCOUNTABILITY**

Harm Free Care Improvements



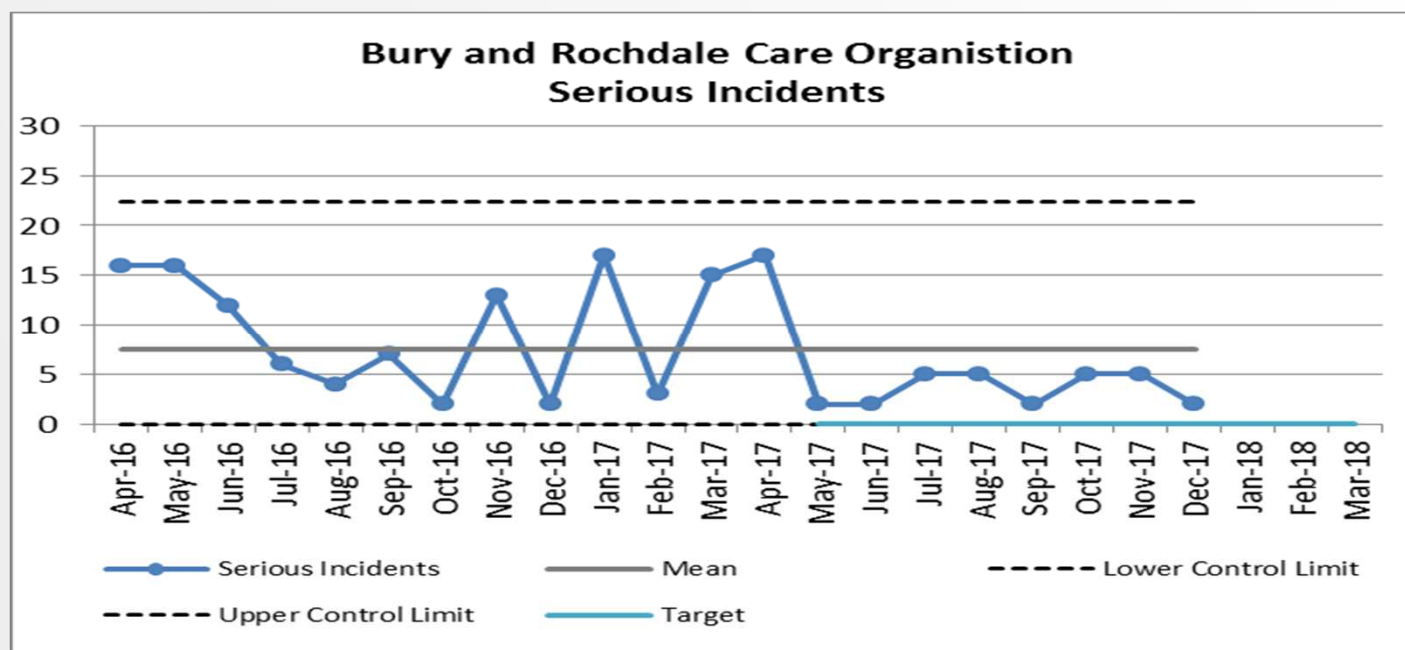


Data shows 'special cause' in April 2016 with an astronomical data point. The other data points are within statistical control. There are an average of 1.48 cases per month

Risk & Governance

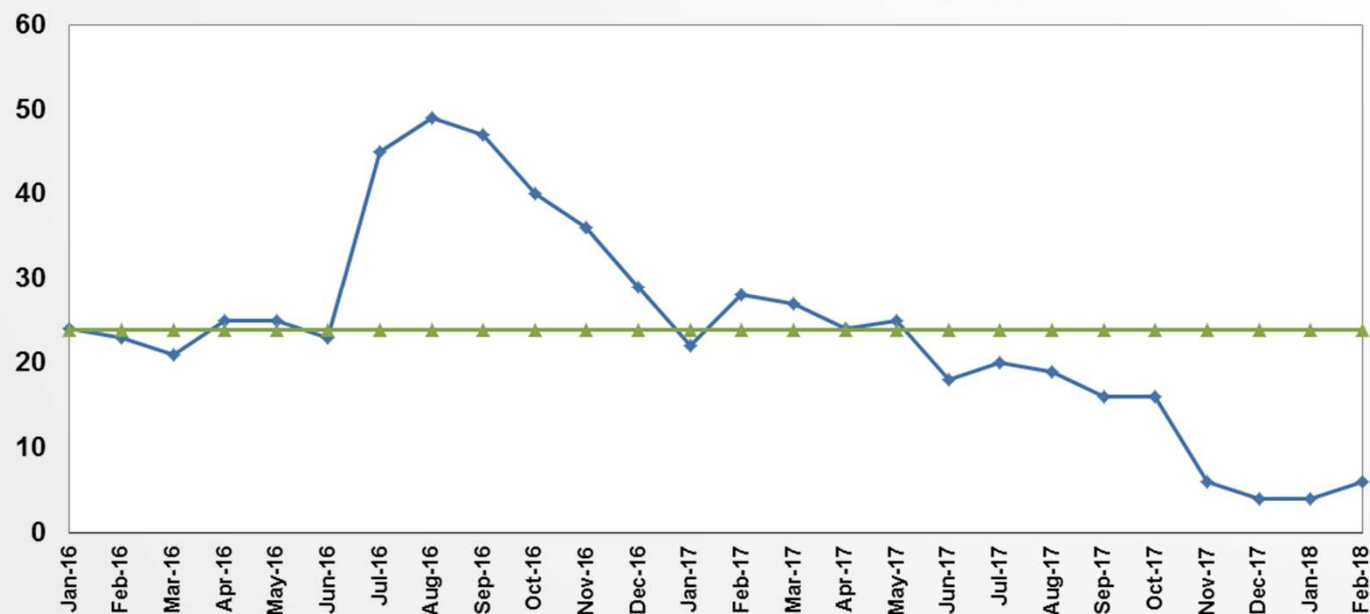
- Reporting of No Harm incidents is at 87% which demonstrates a good culture of reporting patient safety incidents
- Serious incidents managed in timeframe has improved and is now statistically significant. All SI's are now being investigated within 45 working days
- As of 19th February 2018 no overdue complaint responses and clear process to monitor continued compliance
- There has been over 390 days since the Bury and Rochdale Care Organisation has had a Never Event

Bury and Rochdale SI Numbers



Reduction overdue SIs

Bury and Rochdale - Overdue Serious Incidents (SIs) per month



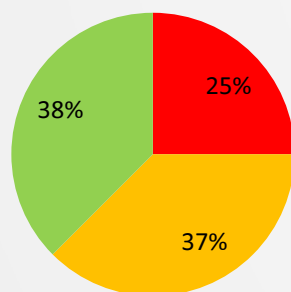
NAAS

1st NAAS results prior to reassessments

FGH / RI

16 areas in total assessed

■ Red ward ■ Amber ward ■ Green ward

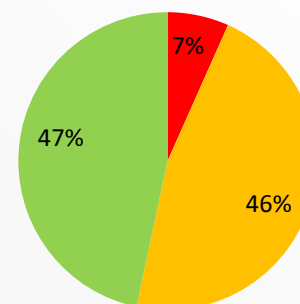


Current NAAS results 20/02/18

FGH / RI (15 areas)

11 reassessments undertaken

■ Red ward ■ Amber ward ■ Green ward



Current NAAS results 20/02/18

FGH / RI

Surgery (3 areas)

0 reassessments undertaken

■ Red ward ■ Amber ward ■ Green ward



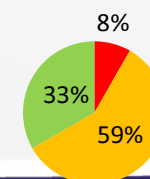
Current NAAS results 20/02/18

FGH / RI

Medicine (12 areas)

11 reassessments undertaken

■ Red ward ■ Amber ward ■ Green ward



Focus

- Reliable processes
- NAAS 100%
- Unplanned care
- *endp/jparalysis*
- LCO developments

Questions?

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REPORT TO HEALTH SCRUTINY COMMITTEE



TITLE:	Social communication disorder waiting times
DATE OF MEETING:	Health Scrutiny Committee – 21 st June 2018
REPORT FROM:	Michael Hargreaves, Senior Commissioning Manager, Bury CCG David Latham, Programme Manager, Bury CCG
CONTACT OFFICER:	Michael Hargreaves, Bury CCG Michael.hargreaves@nhs.net

1. PURPOSE AND SUMMARY

Following a query from a member of the public to Councillor Mallon, the CCG was invited to present an update around Autistic Spectrum Disorder services at the Health Scrutiny Committee in April. The CCG requested to defer this item to the June meeting to allow a full update to be prepared jointly with service providers. This request was accepted by the Committee Chair.

This attached presentation outlines the current local service provision for the assessment and diagnosis of Autism Spectrum Disorders. The presentation will detail positive aspects of the current provision, identify specific areas requiring improvement; including wait times to diagnosis and will highlight to the committee recently made improvements and those planned for the short and longer term.

The presentation will be followed by opportunity for questions and an open discussion with the Committee.

2. PRESENTATION



ASD Waiting Times -
v3.0 - slides only.ppt

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Health Scrutiny Committee

Presentation - Autism Spectrum Disorder (ASD) Assessment Services

Introduction and Background

1. Introductions
2. Background to presentation
3. What will be covered?
4. Discussion/Questions

What is ASD and National Guidance

1. What is ASD?
2. NICE Guidance
 - a) Referral to Assessment – recommends that all children have their first assessment to take place within 12 weeks.
 - b) Multidisciplinary input to assessment pathways
 - c) Referral to Diagnosis – NICE does NOT recommend a specific time to diagnosis. Why?
 - d) Post-diagnostic and other support

Local Responsibilities and Service Delivery

1. What are our responsibilities as a local health system (commissioners and providers of commissioned services)?
2. How are these responsibilities currently delivered locally?
 - Commissioning arrangements – block contract with 2 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)

Current Activity and Wait Times - School Age Under 9s pathway

1. **Referral trends** – the number of CYP requiring review at the SCDDG (MDT case review meeting) has increased year on year from 75 2012/13 to 144 in 2017/18. – David Latham, with providers jumping in if needed.
2. **Wait times**
 - a) Referral to First Assessment waits – average wait is **8-9 weeks**, significant improvement seen since July 2017.
 - b) Referral to Diagnosis Outcome waits – some CYP waiting up to **18 months** for consideration at the SCDDG.
 - c) It should be noted that support for children (under SEND guidance) is based on need and not diagnosis.
3. **National benchmarking** – Based on a survey of over 1000 parents, it has been reported that nationally the average wait from referral to diagnosis is 3.6 years¹.

¹ <http://www.autismdiagnosis.info/parents-results>

Improvement Plans – Short and Medium Term - Josh

Changes implemented already:

- 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

Some of these changes have contributed to a reduced waiting time from referral to first appointment to well below 12 weeks.

Changes planned but not yet implemented:

- Full PAHT ASD improvement plan developed following external review of ASD assessment services.
- Proposed scheduling of 6 further SCDDG meetings to clear current backlog.

Improvement Plans – Longer Term

Longer term wider pathway redesign including the potential for further investment via the Local Transformation Plan for CYP mental health:

- Sensory Assessment – new service for Bury
- Specialist Neurodevelopmental Nurse roles – being considered
- Redesign Workshop, planned for Sept-Oct 2018 with a focus on implementation of:
 - Single Point of Access
 - Implementation of Streamlined Single Service
- The workshop will ensure input from, and co-production with, local CYP and family representatives.

Questions?

Healthy lives strong communities

Scrutiny Report

Agenda Item	
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MEETING: HEALTH AND OVERVIEW AND SCRUTINY COMMITTEE

DATE: June 2018

SUBJECT: DEVELOPMENT OF A WORK PROGRAMME FOR 2018/2019

REPORT FROM: Principal Democratic Services Officer

CONTACT OFFICER: Julie Gallagher

1.0 SUMMARY

This report sets out details of potential items to assist in the development of a Work Programme for 2018/2019.

2.0 MATTERS FOR CONSIDERATION/DECISION

Members of the Health Scrutiny Committee are requested to:

Agree and set an Annual Work Programme for the 2018/19 Municipal year.

3.0 HEALTH OVERVIEW AND SCRUTINY COMMITTEE – TERMS OF REFERENCE.

The terms of reference state that the primary purpose of the Health Scrutiny Committee is:

- To carry out the Council's statutory obligations in relation to reviewing and scrutinising any matters relating to the planning provision and operation of health services in the area of the Council.
- To oversee the health and wellbeing of the Borough's population.
- To Scrutinise the provision, planning and management of Adult Care Services.
- To monitor the implementation of any scrutiny recommendations accepted by the Cabinet.

4.0 WORK PROGRAMME 2014/2015

4.1 The Health Scrutiny Committee is required to set a work programme for 2018/2019 which it will monitor throughout the year.

4.2 The Work Programme of the Health Scrutiny Committee will need careful consideration, bearing in mind the resources available, time constraints of Members and also the interests of the local community.

4.3 Work undertaken in the municipal year 2017/18

- Health and Wellbeing Board Annual Report
- Care at Home Service
- Health Protection Annual Report
- Sexual Health Services Update
- North West Ambulance Service Care at Home Update
- Delayed Discharge
- Urgent Care Redesign
- Transformation

5.0 TOPICS IDENTIFIED

The topics identified have been split into two categories:

1. Topics that the Health O&S Committee may wish to re-visit
2. Topics not previously scrutinised by the Health O&S Committee

Suggested item	Context	Methodology	Outcome
1. Topics to be revisited or for further consideration:			
Delayed Discharge	<ul style="list-style-type: none"> Monitor Bury's Performance against GM performance criteria. 	Interview representatives from the Local Authority and the Acute Trust	
Urgent Care Redesign	<ul style="list-style-type: none"> Implementation of the proposals 	Interview Representatives from the CCG	Receive assurance in respect of the changes
Additional items for consideration....	<ol style="list-style-type: none"> Director of Public Health's Annual Report Health and Wellbeing Board Annual Report Adults Complaints Report Items as identified on the Cabinet forward plan 		
2. New topics			
Update from the CCG in respect of the Pennine Care Foundation Trust	Update from the CCG in respect of the Trust	Interview representatives from the CCG and the Trust	Members to receive assurances in respect of the commissioning and the provision of Community and mental health services
Integrated Neighbourhood Teams (and links with Neighbourhood Working wider PSR)	Development of the Neighbourhood Teams(Autumn)		Members to develop an understanding of the development of neighbourhood teams.

Substance misuse	Contract renewal date imminent		Following previous consideration of this item, Members to receive an update in respect of the tendering process.
GP Extended Hours and Access to Primary Care	Roll out of the long working hours	Clinical Representatives (GP) CCG representative	Members to receive assurances that the extended hours align with the urgent care proposals and the development of the LCO.
Persona Update	Update following the establishment	Invite representatives from Persona and the LA to update	Members to receive assurance with regards to the progress and performance since the establishment of Persona.
Health Visitors	Update on transfer into LA		Inform Councillors of the implications and changes of the transfer of Health visitors into the LA
Interim Chief Executive of LA and CCG – Integration of services	Future direction of travel with regards to the integration of services, the establishment of the OCO and the LCO	Invite Stuart North and Geoff Little to present.	Expand the Councillors knowledge of the proposals and examine the future governance arrangements

6.0 CONCLUSION

A well thought out and effective Work Programme, focused on outcomes will strengthen the role of Health Scrutiny within the Council and more widely with partners and stakeholders.

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