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, L Smith, 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:	Wednesday, 23 January 2019
Place:	Meeting Rooms A&B, Bury Town Hall, Knowlsey Street, Bury BL9 0SW
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 - 6)*

The minutes of the meeting held on 7th November 2018 are attached.

5 TRANSFER OF PENNINE CARE COMMUNITY SERVICES *(Pages 7 - 10)*

Representatives from Bury CCG, Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer and Dr Schryer will report at the meeting. The presentation is attached.

6 URGENT CARE TRANSFORMATION UPDATE *(Pages 11 - 14)*

Kath-Wynne Jones, Chief Executive Locality Care Alliance will report at the meeting. Report will be sent to follow.

7 HEALTH SCRUTINY UPDATE

Chair Councillor Stella Smith will provide members with an update on the items considered at meetings of the Joint Health Overview and Scrutiny Committee for Pennine Acute and the Greater Manchester Joint Health Scrutiny Committee.

8 WORK PROGRAMME UPDATE *(Pages 15 - 18)*

Work programme attached.

9 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Agenda Item 4

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 8th November 2018

Present: Councillor S Smith (in the Chair)
Councillors S Haroon, T Holt, O Kersh, N Jones, Susan Southworth, L Smith, R Walker and S Wright

Also in attendance: Geoff Little, Chief Executive, Bury Council
Dr Schryer, Chair of Bury Clinical Commissioning Group
Chris O'Gorman, Independent Chair, Locality Care Alliance
Moneeza Iqbal, Clinical Service Strategy Programme Director, Northern Care Alliance NHS Group & North East Sector CCGs
Shirley Allen, Project Lead, Bury Council
Helen Marrow, Personalisation and Support Business Manager
Marcus Connor, Corporate Policy Manager
Julie Gallagher, Principal Democratic Services Officer

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

Apologies for Absence: Councillor J Grimshaw

HSC.215 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.216 PUBLIC QUESTION TIME

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

HSC.217 MINUTES

It was agreed:

That the minutes of the meeting held on 6th September 2018 be approved as a correct record.

HSC.218 LOCALITY PLAN UPDATE

Geoff Little, Chief Executive, Bury Council, Dr Schryer, Chair, Clinical Commissioning Group and Chris O'Gorman, Independent Chair, Locality Care Alliance attended the meeting to provide members with an update in respect of the Locality Plan.

A report had been circulated to members prior to the meeting, the report was supplemented by a verbal presentation which provided information with regards to:

- Locality Care Alliance
- Bury's Single Commissioning Function
- The Financial implications of the Locality Plan for the health and social care system overall and for the Council in particular, and
- Bury's position in relation to standardisation of hospital services across Greater Manchester and the future of the Pennine Acute NHS Trust.

Members also considered the Bury Locality Risk Register.

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

Responding to members' concerns with regards to life expectancy figures across the Borough; the Chief Executive reported that work to tackle this problem will need to begin in pregnancy/early years. These changes will result in different types of relationship between the public and public services going forward.

This work will be supported by the development of the integrated neighbourhood teams (INT) of which there will be 5. These teams will consist of community health professionals, district nurses, adult social workers, GPs and others. The Independent Chair, LCA reported that initial work will be undertaken to assess those service users that are at the greatest risk of a care arrangement breaking down, once identified, then to intervene early to prevent this. The underpinning goals will be to organise care based on anticipated need and coordinate care so that it interacts as effectively as possible.

Responding to concerns raised by Councillors in respect of the governance arrangements and timelines for implementation, the CCG Chair reported that commissioners would take into account the voice of the patient when designing services.

The Chief Executive reported that governance is currently under developed at a neighbourhood level. Work will be undertaken to enable employees to share casework management systems as well as developing a single line management structure. A single commissioning board will be developed this will report in to both the Council's and CCG's decision making structure.

During discussion of this item concern was raised as to whether the development of the OCO and the LCA would result in the duplication of Management positions across the different organisations. The Independent Chair reported he would want to assure Members, that another additional layer of management will not be created as a result of these changes. The majority of appointments will be covered internally and will not then be subsequently backfilled within the respective organisations. There will be 5 new posts created as part of the INT, these will be recruited to shortly.

Comment [M]: Role of the voluntary sector was also flagged by GL at this point

The CCG Chair reported that it is imperative that working together the CCG and the LA review where and how health money is spent across the Borough.

The Chief Executive responding to a member's question with regards to the role of clinicians in the process, reported that the newly established Single Commissioning Board will be made up of Political and Clinical representatives advised by officers from the respective organisations. The INT will also include clinicians.

With regards to the cost associated with this area of transformation, Dr Schryer reported that there is an expectation that the local system/organisations will provide monies to support this work.

It was agreed:

Members will continue to monitor the progress of the establishment of the Integrated Neighbourhood Teams and other transformation projects as well as the risk register.

HSC.219 NORTH EAST SECTOR CLINICAL SERVICES TRANSFORMATION

Moneeza Iqbal, Clinical Service Strategy Programme Director and Dr Schryer presented a report updating Members on the work being undertaken in relation to the North East Sector Transformation.

It was explained that there are three linked programmes of work ongoing across Greater Manchester; NES Clinical Services Transformation; Pennine Acute Transaction and GM Theme 3. The aim of the NES Transformation is to reduce demand on urgent care and provide more services locally.

The review is commissioner led and clinically driven and will look at providing services that are sustainable for the future as well as how services will be provided when NMGH is no longer part of Pennine Acute Hospital Trust. A governance structure has been agreed and this was set out within the presentation and included Council Chief Executive.

The Case for Change is in the process of being developed and is being reviewed from a clinical, workforce and financial perspective and which services will be most impacted.

An evaluation criteria has been developed by clinicians and has 5 key areas Clinical leads will review the clinical models to consider and develop preferred options.

Consultation will be undertaken as widely as possible at every step of the process and this will include working with patients, local Healthwatch and patient groups, local Health O & S Committees.

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

Members discussed the poor condition of the estate at North Manchester General Hospital. The Clinical Service Strategy Programme Director reported that there is a backlog of outstanding maintenance work on this site. Part of this review work will look at the different estates across the footprint and may include adding extra capacity at the Fairfield Hospital (FGH) Site.

Councillor Walker expressed concern in respect of the following statement contained within the locality plan which states that the proposals will "shift activity away from FGH". The CCG Chair reported that there is a commitment from all of the GM CCGs that activity will transfer from the Acute sector into the community sector, this will not result in the closure of FGH. The Chief Executive reported that activity will transfer from the Acute sector when appropriate, this will not be done in isolation and will mirror work being undertaken at Greater Manchester in respect of theme three transformation – Acute and Specialised Care in Hospitals.

The proposed changes will result in a series of organisational changes with a focus on how services are streamlined from Greater Manchester and the more localised prevention and neighbourhood agenda.

It was agreed:

The committee will receive regular updates in respect of the North east sector clinical service transformation agenda.

HSC.220 CARE ACT POLICIES

Shirley Allen, Project Lead and Helen Marrow Personalisation and Support Business Manager provided a verbal presentation setting out details of changes to key operational policies following the Care Act 2014. This legislation was brought in to offer clearer more equitable access to social care and services. Operational policies to be amended will include changes to the Assessment and Eligibility Policy; Charging and Financial Assessment Policy and the Personal Budget Policy. The Residential Care Top Up Policy is a new policy that has been developed as a result of the legislation and will require processes and pathways to be established prior to implementation.

The Project Lead reported that care and support will be clearer and fairer and will promote people's wellbeing while at the same time preventing delays in the need for care and support.

The Project Lead outlined the current activities and next steps:

- Recruit 2 new temporary financial assessment officers
- Establish who attends day care and contact details and check details in support plan and Protocol
- Establish who already has a current valid financial assessment and/or do a DWP CIS check
- Notify customer of any new charges and amount to be paid
- Arrange for a new financial assessment to be carried out if needed
- Remove DLA allowance/charge against 100% of package

- Charge for 2nd carer if required and any cancelled visits
- Write to affected customers with details of new personal charges
- Update all leaflets, booklets, print, circulate and publish on Bury Directory

The Personalisation and Support Business Manager reported that work is already underway to ensure that irrespective of what support a client receives, the payments system operates fairly and consistently. For example some clients in receipt of ongoing care, pay for day care, others do not. There is also a lack of consistency in monies paid in residential top-up fees. Additional work will be undertaken in respect the fees which will include what support is the client receiving, is it appropriate and is it for an assessed care need?

Responding to a member's question the Project Lead reported that there is a statutory requirement that the support/package provided to the client is reviewed every three years, if there is a change in circumstances this would trigger a review.

With regards to concerns about the fragility of care homes, the Personalisation and Support Business Manager reported that this has been a problem nationally, with some care homes expressing concerns about their financial sustainability, as of yet this has not be raised as an issue in Bury.

It was agreed:

That the Personalisation and Support Business Manager and the Project Lead be thanked for their attendance and a further update report in respect of the work being undertaken with regards to residential care top up fees be considered at a future meeting.

Councillor S Smith
In the Chair

(Note: The meeting started at 7pm and ended at 9.20pm)

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NHS
Bury
Clinical Commissioning Group

Transfer of Pennine Care Community Services

- **PCFT deliver both community and mental health services to a range of commissioners across GM.**
- **In December 2018, their Board approved "Trust Strategy 2019-22: Maximising Potential".**
- **Future focus on mental health and well-being.**
- **Community services to be fully divested by April 2020.**

Healthy lives strong communities

- Bury approach:
  - Invitation to the Locality Care Alliance to identify preferred Partner.
  - Northern Care Alliance (NCA) identified.
  - Procurement considerations

- Collaboration with North East Sector commissioners to oversee the transfer.
  - Due diligence done once

- Transfer date; Quarter 2 of 2019/20.

- Issues under consideration;
  - Resources for NCA to undertake the transfer.
  - Current process underway for community staff to work as part of neighbourhood teams under single line management.
  - Communications to all Bury Community Staff continue to be issued to provide assurance and be supportive.

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Agenda Item 6

SCRUTINY REPORT

MEETING: **Health Overview and Scrutiny Committee**

DATE: **23 January 2019**

SUBJECT: **Urgent Care Transformation Update**

REPORT FROM: **Kath Wynne-Jones, Interim Executive Lead LCA**

CONTACT OFFICER: **Helen Smith – Head of Assurance**

1.0 BACKGROUND

At the previous Health Overview and Scrutiny Committee on 7 November, members of the meeting were provided with an update on progress of the Locality Plan. Details of the Urgent Care Transformation Plans were shared.

The latest progress on Urgent Care Transformation was also presented and discussed at the Health and Wellbeing Board in November.

This report provides a recap on the key points presented at Health and Wellbeing Board and a progress update since that point.

2.0 ISSUES

The transformation of Urgent Care is a key programme within the Locality Plan for Bury.

The challenges in Bury echo that in most other health systems with rising demand for urgent care services marked by increasing numbers of 999 calls, A&E attendances and non-elective admissions. The urgent care system has multiple entry points and it can be confusing to patients with a tendency to default to A&E.

Bury Locality Care Alliance providers have been working with commissioners to develop a more integrated urgent care system for Bury. This is a long term programme but three projects were identified as priorities:

1) **A paramedic Green Car** – NWAS is the provider and the aim of the Green Car is to provide an expanded local see, treat and connect response to lower acuity 999 calls. The service operates 7 days a week 12 hours a day.
2) **An Integrated Virtual Clinical Hub [IVCH]** – to provide local telephone based clinical assessment and where required direct booked access to GP and OOH appointments. The provider is BARDOC and the service operates 7 days a week during the out of hours period.
3) **An Urgent Treatment Centre** at Fairfield General Hospital. The UTC operates as a minor injury and illness unit and is a partnership between Northern Care

Alliance, BARDOC and Bury GP Federation. It operates 7 days a week, 12 hours a day – 08.00 – 20.00.

Since the mobilisation of initial phases of each of these projects in 2018 the following results have already been achieved:

1) Green Car: This was successfully mobilised with 12 hours a day 7 days a week operation in September 2018. It has been exceeding expectations both in terms of numbers of incidents attended and proportion of patients supported to remain at home..
2) Integrated Virtual Clinical Hub: This was successfully mobilised in September 2018 with a higher than expected call volume over the first two months of operation. Over 90% of patients calling the IVCH have receid self-care advice or a primary care appointment or visit.
3) Urgent Treatment Centre: The UTC opened on 5th November 2018 with mobilisation of the full operating model being phased over November and December. The numbers pf patients seen in the UTC has increased steadiliy as the service has been embedded with up to 60 patients per day seen in the UTC.

Each of the projects are being continually evaluated and monitored to understand any lessons learnt and apply these lessons over future mobilisation phases. Lesson's learnt so far include:

- Relationships are the key – The Green Car's success in enabling a high proportion of patients to be safely treated and cared for at home is down to the work put in by the paramedics in developing positive relationships with GP practices and community health and social care providers. In contrast some of the challenges in developing the UTC have resulted from the limited time and opportunities for engagement with and the development of relationships between the UTC and A&E clinical teams. It is worth noting that the Green Car was operational in Bury prior to its expansion and therefore enabled the existing relationships be built upon, where as the UTC was a newly developed service that became operational in a short time period.
- Be pragmatic – Develop the ultimate vision but be clear about what can be realistically delivered within the timeframe.
- Develop early clarity about organisational roles and responsibilities – This is especially important in a complex project with multiple partners.
- Develop a core project team – having a consistent, committed membership is essential to delivery.

3.0 WHAT IS WORKING WELL?

November and December have continued to demonstrate good results from the Urgent Care Transformation programmes:

Green Car
November and December achieved 176 and 173 calls respectively with 144 per month staying at home achieving 83% non -conveyance. This means the Green Car scheme is enabling significantly more people to be treated and looked after at home. This can be attributable to the dedicated paramedics developing relationships across the Health and Social Care system. Further changes to the original model are:-

- Pathways developed and agreed for direct referrals into Bealeys community hospital;
- Discussions are taking place with doctors in the Ambulatory Care Unit [ACU] at Fairfield Hospital to look at the option of a direct referral pathway so that

suitable patients do not have to be first assessed in A&E before being transferred to the ACU;
- Discussions with wound care within District Nursing to assess if training can be given to the paramedics to alleviate unnecessary referrals to this team.

A workshop has been arranged in February to explore these and other enhancements to the current model.

IVCH
Calls are triaged and directed to various outcomes as follows:
- Self-Care
- Pharmacy
- Treatment centre appointment
- GP appointment
- GP home visit
- A&E attendance
- 999

The continuous high call volume is achieving significant benefits when compared to NHS 111. In November 2018 NHS 111 directed 9% of their calls from Bury patients to A&E whilst the IVCH referred 8.6% of callers to A&E. 17% of 111 calls resulted in an ambulance despatch compared to 0.0023% for IVCH, therefore significantly improving patients experience by not being unnecessarily directed to the Emergency Department.

UTC
The Phase 1 pilot of the UTC opened on 5 November 2018. It is open 08.00 – 20.00 seven days a week and is staffed by a GP, Advanced Nurse Practitioner and Emergency Nurse Practitioner. All patients who attend the FGH A&E department are clinically assessed and those with a minor injury or illness are streamed to the UTC. Up to 60 patients a day have been seen and treated in the UTC. This has eased the pressures over Winter within the ED for this cohort of patients.

4.0 WHAT NEEDS TO WORK BETTER AND WHAT ACTION IS IN PLACE TO ADDRESS THIS?

The monitoring and evaluation described above is providing continuous improvement and lessons learnt which are being applied to the projects through future phases.

2.0 CONCLUSION

The next steps planned for the Urgent Care Transformation Programmes include:

Green Car
- A provider workshop [February 2019] designed to identify gaps in community pathways for paramedics and plan the development of these pathways to enable more people to be looked after at home.

Integrated Virtual Clinical Hub [IVCH]
- Evaluation of the booking pathway that enables direct booking of patients calling the Integrated Virtual Clinical Hub [IVCH] into Extended Working Hours GP appointments.

Urgent Treatment Centre:

- Implement and test a pathway enabling pre-bookable appointments to be offered in the UTC from other parts of the Urgent Care system;
- Link to the development of the GM Clinical Assessment Service [CAS]. This would enable patients triaged through the Integrated Virtual Clinical Hub [IVCH] to be booked into an appointment in the UTC where this is the most appropriate clinical response to their presenting condition;
- Providing investigations and diagnostics including X-Ray by utilising what is currently available through FGH, enabling more patients to be streamed to the UTC and ease ED pressures;
- Enabling access to the full GP patient record for Bury patients attending the UTC;
- Full evaluation of the UTC [April 2019]

List of Background Papers:-

Contact Details:-

Kath Wynne-Jones – Interim LCA Executive Lead

Scrutiny Report

Agenda Item	

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 2018/2019

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 (April 2019)	• Monitor Bury's Performance against GM performance criteria.	Interview representatives from the Local Authority and the Acute Trust	
Urgent Care Redesign and Integrated Care Teams (January 2019)	• Implementation of the proposals	Interview Representatives from the CCG	Receive assurance in respect of the changes
Additional items for consideration....	**1. Adults Complaints Report (March 2019)** **2. Items as identified on the Cabinet forward plan**		
2. New topics			
Update from the CCG in respect of the Pennine Care Foundation Trust (January 2019)	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
GP Extended Hours and Access to Primary	Roll out of the extended access to primary care	Clinical Representatives (GP) CCG representative	Members to receive assurances that the extended hours align with the urgent care proposals and the development of

Care (March 2019)			the LCO.
Persona Update (March 2019)	Update following the transfer of staff from the LA to new company	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.
Substance misuse (April 2019)	Contract renewal date imminent		Following previous consideration of this item, Members to receive an update in respect of the tendering process.
Health Visitors (April 2019)	Update on transfer into LA		Inform Councillors of the implications and changes of the transfer of Health visitors into the LA

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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