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TO: All Members of Health Scrutiny Committee

Councillors : C Cummins, J Grimshaw, S Haroon, K Hussain, O Kersh, C Morris, L Smith, S Smith (Chair), C Tegolo, R Walker and S Walmsley

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, 14 May 2020
Place:	Online via MS Teams
Time:	6.30 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 in advance of the meeting on any matters for which this Committee is responsible.

4 MINUTES (Pages 1 - 4)

Minutes of the meeting held on the 15th January 2020 are attached.

5 BURY HEALTH AND CARE SYSTEM UPDATE ON RESPONSE TO COVID19 (Pages 5 - 8)

Update to be provided at the meeting and covering report attached to the agenda outlines key work that the Health & Care system in Bury have undertaken in the response to the COVID-19 pandemic. As the response continues efforts are now focussed on the sustain and recovery phases.

A presentation will be made at the meeting.

6 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:	15 January 2020
Present:	Councillor S Smith (in the Chair) Councillors J Grimshaw, S Haroon, K Hussain, O Kersh, C Morris, L Smith, C Tegolo, R Walker and S Walmsley
Also in attendance:	Ms Kearsley – HM Coroner, Manchester North Mark Dalzell – Supporting HM Coroner Catherine McKenna – Supporting HM Coroner Jon Hobday – Consultant in Public Health, Bury Council Warren Heppolette – Executive Lead, Strategy and System Development Nicky O'Connor – Chief Operating Officer, Heath and Social Care Partnership Dr Jeffrey Schryer, Bury CCG Chair Julie Gonda, Interim Executive Director Communities and Wellbeing Neil Long, Assistant Director, Bury Council Nicky Parker, Programme Manager Lesley Jones, Director of Public Health, Bury Council Marcus Connor, Corporate Policy Manager, Bury Council Adrian Crook, Assistant Director, Bury Council
Public Attendance:	Two members of the public were present at the meeting.
Apologies for Absence:	Councillor C Cummins

HSC.1 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.2 PUBLIC QUESTION TIME

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

HSC.3 MINUTES

The minutes of the meeting held on 07 November 2020 be approved as a correct record.

Point HSC 5 – it was agreed that the report on performance indicators be brought in the next municipal year.

Point HSC 9 – was to be covered on the agenda.

HSC.4 DEATHS AND BURIALS IN THE BOROUGH

Ms Kearsley, HM Senior Coroner, Manchester North, Mark Dalzell and Jon Hobday Consultant in Public Health provided a presentation on non-invasive post mortems.

Ms Kearsley stated that Manchester had led the way in this area. This service can be offered but at a cost of £500 and are not suitable in all cases. It was also noted that there are a limited number of scanners available and these required specialist radiographers and radiologists, which are limited in number.

Members of the committee raised questions on literature available to families on non-invasive post mortems, and it was confirmed that there is limited information available due to changing situation with regards the availability of the service.

It was also stated that costs of storage of the deceased while waiting for a non-invasive post mortem to be carried out are not passed on to the families but met by the coroner.

Members of the committee raised questions about the availability and suitability of the service and it was confirmed that although there were around 2,300 requests for non-invasive post mortems each year, around 1,400-1,500 were still subject to a regular post mortem. Even if non-invasive post mortems were used, the pathologist would still have to carry out an external examination of the body.

It was suggested that a task and finish group be set up following the Motion to Council last April. However, Ms Kearsley stated a meeting was already arranged in the next few weeks to discuss a business case for non-invasive scanning for Rochdale, Oldham and Bury.

Members of the committee also raised questions on the costs of Muslim and Jewish burials, as these seemed to be higher than in other areas; also the role of councillors out of hours. Neil Long attended the meeting and stated that systems were in place for burials for every day of the year, so members of the public could contact the Council directly. The costs charged were only the costs of the vault, the specification of which had been developed in conjunction with the community.

It was agreed:

That the report be noted.

HSC.5 UPDATE ON DEVELOPMENT OF THE OCO

Warren Heppolette, Executive Lead, Strategy and System Development and Nicky O'Connor, Chief Operating Officer, Health and Social Care Partnership provided a presentation to members. The presentation covered issues such as meeting social care delivery at a local level; recognising the important of population health; and reducing smoking.

Members of the committee noted the issues raised with the lack of radiologists and radiographers raised in the previous presentation. Warren Heppolette agreed to raise this in Greater Manchester.

Questions were also asked about if occupational therapists were a less expensive alternative to nurses. However, it was confirmed that there was no salary differential and training was very similar. It was also confirmed that work was done with schools and universities around training and with employers over apprenticeships to attract young people to the workforce.

The Chair thanked Warren Heppolette and Nicky O'Connor, especially for providing the wider Greater Manchester picture.

It was agreed:

That the update be noted.

HSC.6 URGENT CARE REVIEW (FOR INFORMATION)

Dr Jeff Schryer, Bury CCG Chair and Nicky Parker, Programme Manager, Urgent Care Review provided a verbal update and presentation on the Urgent Care Review.

Members of the Committee noted the difficulties with sharing information and patient confidentiality. It was confirmed that this is something being worked on as it applies across Greater Manchester.

Questions were also asked about online booking of appointments, and it was confirmed that this is a service offered by all practices to patients registered to do so. The walk-in centre option as part of the consultation was also applauded as it was noted that people often had a perception at least of having to wait a long time for a GP appointment. Dr Schryer offered to provide some more data on this matter. The successes of a triage system run by some practices was noted, however, Dr Schryer stated this was not universally provided as all practices operate as businesses and it is up to them to develop their own service delivery models, although he believed all surgeries in Bury did offer this.

It was agreed:

That the update be noted.

HSC.7 INTERMEDIATE TIER REVIEW (FOR INFORMATION)

Adrian Crook, Assistant Director, Communities and Wellbeing and Julie Gonda, Interim Executive Director Communities and Wellbeing provided an update on the review.

Members of the committee raised a number of questions and it was confirmed that this review would only reduce capacity where the service was currently not fully utilised. It was also noted that while pressures remained

on the service, it was about managing this and balancing service delivery options to be the most effective; for example intermediate care at home was seen as a most beneficial, allowing people to recover faster. It was also confirmed that the quality of accommodation was also regularly assessed.

It was agreed:

That the update be noted.

HSC.8 LEARNING DISABILITY RESPITE REVIEW (FOR INFORMATION)

Julie Gonda, Interim Executive Director Communities and Wellbeing provided an update on the review. It was confirmed this was the third of three significant reviews being undertaken, especially for learning disabilities and respite services. The service is provided to a very small customer group, around eighty customers, and so the review will focus on individual needs.

More detail is expected in the future and a further report will be presented.

It was agreed:

1. That the update be noted.
2. A further update be presented to a future meeting.

HSC.9 UPDATE ON THE NOTICE OF MOTION – TACKLING OBESITY (FOR INFORMATION)

Lesley Jones, Director of Public Health presented a report on progress on tackling obesity, since the Motion of Notice at Council. A range of initiatives are currently in place, including the Daily Mile in school and healthy eating.

Members of the committee noted the positive actions in the report, but also stressed the important of building on the success of things like the London Olympics and promotion of local facilities, such as the Manchester Velodrome.

It was agreed:

That the update be noted.

COUNCILLOR S SMITH
Chair

(Note: The meeting started at 7.00 pm and ended at 9.15 pm)

Health Scrutiny Committee

Meeting Date	14 May 2020	Action	Note
Item No.	5	Confidential	No
Title	Bury Health and Care System update on response to COVID19		
JET Sponsor	Nicky O'Connor		
Author	Matt Wright		

Executive Summary

This paper outlines key work that the Health and Care system in Bury have undertaken in the response to the COVID-19 pandemic. As this response continues efforts are now focussed on the sustain and recovery phases.

Recommendations: N/A for information only.

1. Introduction

- 1.1. This paper outlines the Bury Health and Care system response to the COVID19 (coronavirus) pandemic.
- 1.2. As at 11th May, in Bury the pandemic has:
 - 590 individuals infected
 - 100 individuals have died, 55 within a hospital setting and 38 within a care home

2. Background

- 2.1. The ever-changing situation regarding the response to COVID19 has seen a co-ordinated response across Health and Care. This has been achieved by the development of one clear and consistent governance structure supported by robust programme planning aligned to a more formal emergency planning response. This co-ordination has also extended into the planning for the sustain and recovery phases.

3. Health and Care System Response to COVID19

- 3.1. The response to COVID19 from Health and Care services focussed on 3 key areas:

1) Supporting the hospitals (Fairfield) to cope with the extra demand for critical care services.

- Increasing critical care capabilities up to 46 within the Fairfield site.
- Triaging non COVID patients to other services in the community.
- Reducing demand for planned care services including out-patients, diagnostics and planned care procedures.
- The establishment of a system wide strategic planning group held on a daily basis.

2) Reducing the risk of transmission – delaying pressure on the hospitals

- Reiterating the government message across the borough and with staff.
- All non-essential council services closed to reduce the risk.
- CCG services reviewed and adopted a prioritised approach.

3) How we co-ordinated social care/primary care/community health services?

- In Bury, both the Local Care Organisation and our One Commissioning Organisation which are joint ventures between social care/health care and wider community services, worked together to support all efforts. This puts us at a significant advantage when supporting the people of Bury.
- Emergency planning governance structure across the Health and Care system was put in place and met daily.
- Put in place new services to support people who have COVID19 (Prestwich COVID management service). This is a place people can go to have proper

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GP access with the route either into hospital if needed or to be cared for at home as required.

- Put in place a new rapid response services for assessing people discharged from hospital so they can properly be supported in their own home or in the community. This is delivered through seamless pathways and MDT hub.
- Continued to support care homes with daily contact and linking GP practices to care homes.
- Continued to support GP practices by co-ordinating staffing, helping practices to work together in hubs so they can continue to provide services, linking GPs to particular care homes and domiciliary care providers and developed community hubs which will provide services to the most vulnerable.

- 3.2. The establishment of the Health and Care system meeting, which fed into the Bury Gold response supported new levels of integrated working. The group also co-ordinated the development of the systems phased escalation response and the associated triggers of these phases. These plans are stress tested monthly to provide assurance to the wider borough and to ensure that the Health and Care system is flexibly responding to the changes in the pandemic.

4. Sustain and Recovery Phases

- 4.1. With the national database predicting a flattened sustained phase with the peak not expected until possibly late May 2020, it was agreed that this 'quiet' period be used to prepare, as a system, for the sustainability and recovery phases. It has also been acknowledged that there is work taking place both nationally and regionally and this approach will complement this work and will build on the COVID-19 Exit Strategy: Building a Better Borough paper, with a more detailed focus on health and care.
- 4.2. In line with GM thinking there will be 3 main phases to the recovery plan although these will merge and overlap depending on circumstances.
- Phase 1: release of lockdown (0-8 weeks)
 - Phase 2: living with Covid19 (0-1 year)
 - Phase 3: building back better (beyond 1 year)
- 4.3. The Approach: In building the approach, associated design and plan we must not lose sight of our original system intentions and ambition contained within the draft Bury 2030 Strategy. This emergency can be used as a way of enhancing the positive changes to the system, building upon the co-ordinated system approach and becoming a more effective and efficient partnership

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Health and Care System Recovery Group: The establishment of a task group to co-ordinate and manage the approach will be key to delivery. The task group was formed from the strategic planning group mentioned earlier and suggested that the recovery work be based alongside a framework of principles:

- Whole system working
 - **One** plan for Bury Health and Care
 - Organisationally agnostic
 - Streamlined decision making
 - Clear and concise governance
- Fundamental shift in how we deliver Health and Care
 - Radical shift away from hospital care
 - Prevention and early intervention as a drive for service redesign
- Positive Behaviours
 - Strengths based
 - Enterprising
 - Collaborative
 - Empowering

The role of the group will be to manage the response and will report directly into the Bury Borough Gold Recovery meeting. The group is currently collating baseline information in order to undertake an evaluation exercise. Implementation will be supported by a robust delivery plan.

5. Conclusion

The Bury Health and Care system has responded in a robust and integrated way to the COVID-19 pandemic. As the response continues, focus has now been put onto the sustain and recovery phases to ensure the Health and Care system supports the health and care needs of the population.

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12th May 2020