

Publication Date: 16th September 2020
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TO: All Members of Health Scrutiny Committee

Councillors : S Smith (Chair), J Grimshaw, D Gunther, S Haroon, M Hayes, T Holt, K Hussain, O Kersh, B Mortenson, 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, 24 September 2020
Place:	Virtual meeting via MS Teams
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 (Either pre submitted) or present virtually at the meeting on any matters for which this Committee is responsible.

4 MINUTES (Pages 1 - 6)

Minutes of the meeting held on the 2nd July 2020 are attached.

5 HEALTH AND CARE RECOVERY & TRANSFORMATION (Pages 7 - 22)

Attached.

6 URGENT AND EMERGENCY CARE (Pages 23 - 26)

Attached.

7 UPDATE ON COVID 19

8 GREATER MANCHESTER HEALTH AUTHORITY UPDATE

9 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: 2 July 2020

Present: Councillor S Smith (in the Chair)
Councillors J Grimshaw, D Gunther, M Hayes, T Holt,
B Mortenson, C Tegolo, R Walker and S Walmsley

Also in attendance:

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

Apologies for Absence: Councillor K Hussain

HSC.49 APOLOGIES FOR ABSENCE

Apologies for absence submitted from Councillor K Hussain.

HSC.50 DECLARATIONS OF INTEREST

Councillor Gunther declared a personal interest as she was a patient at Garden City Medical Practice in Bury.

HSC.51 PUBLIC QUESTION TIME

There were no pre submitted questions from members of the public.

HSC.52 MINUTES

The minutes of the meeting held on 14th May 2020 were submitted for approval.

It was agreed:

That the minutes be approved as a correct record.

HSC.53 MENTAL HEALTH - UPDATE ON SERVICE PROVISION IN LIGHT OF COVID-19

A presentation was made at the meeting by Karen Whitehead (Strategic Lead Inclusion & Partnerships) and Jemma Billing (Senior Children's Commissioner CCG) to give an update on children's mental health services during the Covid outbreak and the recovery plans.

An introduction was made to Members that in response to the current pandemic Bury OCO had worked in partnership with all providers to design a graduated approach to support schools and parents to access the right support at the right time.

Currently referrals into all mental health services have significantly reduced. As a consequence of this they currently had no waiting times and were in a position to respond to the changing needs the pandemic will bring.

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Health Scrutiny Committee, 2 July 2020

Details were presented on the Multi-Agency Graduated Response.

Bury Child and Adolescent Mental Health Services (Healthy Young Minds – previously CAMHS) offered specialist services to children and young people who were experiencing mental health difficulties. The service was delivered by Pennine Care Foundation Trust and is the core Children and Young People (CYP) mental health service in Bury.

Figures were also given on Mental Health Access Standards, Waiting Time Standard's and information on the CCG Assurance / Recovery Planning phase.

Data would be reviewed at GM level post Covid and it was expected there would be around a 20% increase on pre Covid levels. Members asked if there were the resources and funding to cope with the anticipated extra demand on the service.

Councillors commented and supported the Bury Youth Cabinet together with Bury Grammar school inviting children and young people to write letters to people in communities that are isolated during the covid-19 pandemic.

The Chair stated that not all schools had returned and was there anything extra being offered between now and the end of the academic term.

The Multi-Agency Graduated Response provided a number of support mechanisms to schools and this included an anxiety course which had been developed by HYM's. Places would be available for schools and they had been encourage to book places to upskill their staff in supporting their students.

Julie Gonda, Director of Community Commissioning also presented update information to the committee about Mental Health services for adults.

An overview was detailed on the Bury Mental Health Snapshot Pre-Covid along with a performance report for May 2020.

The presentation provided a summary on:

- Delayed Transfers of Care
- High risk groups for mental health issues from the impact of Covid
- Mental Health revised services
- PCFT changes to their services
- New mental health services in response to covid19
- Community Support
- New Bury Voluntary Sector Mental Health Service from Earlybreak
- Bury Digital Services
- Communications work
- Voluntary Community Support
- Mental Health Recovery Work

The Greater Manchester Health and Social Care Partnership (GMHSCP) requested support from Health Innovation Manchester (HInM) to develop and carry out a quick snapshot review to help inform the Greater Manchester (GM) Mental Health (MH) recovery planning and prioritisation process.

The following themes have emerged from stakeholder engagement across the system.

- More people experiencing mental health issues in the general population who do not meet clinical thresholds
- COVID-19 has exacerbated existing inequalities
- Organisations and communities have worked together in response to COVID-19 and there is a desire to further build on this
- The response to COVID-19 has accelerated innovation particularly in the digital field

Next steps of the process included:-

- Establish the Bury MH Recovery Group
- Desktop review of MH Support/Need in Covid Recovery Phase over the coming months
- Refresh of MH THRIVE project plans and milestones based on MH Covid needs analysis review
- Work with LCO and Bury People to influence recovery plans
- Review BAME needs and support
- Review MH homeless support

Members asked about older people shielding who were becoming isolated and lonely. Whilst they may not be diagnosed with any mental health issues was there some form of service available such as phone call or buddy scheme and were these cases being recorded in the system.

It was reported that the community hubs had worked closely with clinical services and the approach had been positive although Councillors should refer any concerns for individuals to the service. More research would be conducted to investigate if further outreach support could be provided.

A Member commented that churches had closed and these used to be a good meeting point for people to talk at coffee mornings.

Another Councillor on the committee enquired how people with learning disabilities had been coping. It was confirmed that services were in place to check that people have contact with a key care worker.

A Councillor enquired what measures were in place for homeless people.

It was reported that homeless people were classed as one of the at risk groups and further information on this subject including the statistics would be sent to the Councillor directly.

The Chair thanked all the Officers involved for their attendance at the meeting and the detailed information they had provided in the presentations.

It was agreed:

That the report and presentations be noted and that further details could be presented at a future meeting to explain how all customer groups had been catered for.

HSC.54 UPDATE ON COVID RESPONSE AND RECOVERY PLANNING INCLUDING TEST & TRACE

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Health Scrutiny Committee, 2 July 2020

Geoff Little, Chief Executive and Accountable Officer delivered a presentation on Bury's Health and Care Recovery plan.

The latest infection figures and cases in the local population were detailed along with the total numbers of deaths.

The risk of a second wave and infections increasing if restrictions were not followed was detailed.

Information was provided on how lifting the lockdown safely would be conducted which included the hospitality sector from the 4th July.

The presentation provided a summary on:

- National NHS Position and Challenges
- Resuming activity
- Black Asian and Minority Ethnic Communities
- Recap on Recovery Phasing
- Recovery Principles
- Work so far
- Recovery Themes and Priority Programmes

A Councillor had been to shop in Bury and commented that some parts of the town centre were not social distancing.

It was advised that a one way system was in place with a number of stewards to help and advise people on their behaviours to social distance although there were no enforcement powers.

A Member stated that with pubs reopening could the health service cope with the extra demands and can PPE be cleaned so it could be used more than once.

Accident and Emergency departments had concerns for the upcoming weekend and executives at Bury North Care Alliance had planned provision similar to a bank holiday weekend.

PPE guidance would continue to be monitored with changes made in the past from 20 minutes to a single session. Simon Featherstone added that there was no risk of running out of PPE supplies.

The Chair had seen a news report of an outbreak at a food processing plant and asked if certain industries were at a higher risk of infection.

Lesley Jones, Director of Public Health stated it could be a case that these factories were more at risk with overcrowding of employees and lower temperatures in the workplace. There were none of these in Bury although businesses would be identified that may be at a higher risk and work would be conducted with environmental health colleagues.

A Member commented that if come winter time would the risk of infection be twice as high in the refrigeration industry.

A question was posed on how you define local boundaries when neighbouring districts had higher figures.

The Director of Public Health then provided a presentation to Members on the Local Outbreak Plan.

Background information was communicated that all upper tier authorities were required to publish COVID-19 Local Outbreak Plans by 30th June.

These plans were to be led by a Covid-19 Health Protection Board chaired by the Director of Public Health and overseen by a member led board. In Bury, this would be the Council Cabinet.

The Covid-19 Outbreak Plan was circulated to Members for information and had been developed in accordance with national guidance and outlines our local approach to preventing and managing outbreaks in the borough as part of the National Test, Trace, Contain and Enable Programme.

The plan was approved on the 29th June under Emergency Powers rules.

Members of the committee asked how many staff would be working in the trace and testing department and it was reported that there were 3 at present with planned recruitment to make a total of 8 staff.

It was agreed:

That the report, presentations and Bury Covid-19 outbreak control plan be noted.

HSC.55 CARE UPDATE (INCLUDING IMPACT OF COVID IN RELATION TO WINTER PRESSURES IN 19/20 AND PLANNING FOR 20/21)

The Director of Community Commissioning presented information to the committee on winter planning for 2020-2021.

A summary of the key points of the presentation included:

- System wide winter planning will be co-ordinated through the Bury UC Delivery Group.
- Closer links to the established to Bury Urgent Care Recovery Group
- The Bury System will review the learning from Winter 2019-20, with support from the Utilisation Management Team, to inform plans for 2020-21.
- Specific for winter Panning 2020-21 will be the ongoing COVID pandemic status and associated national and regional guidance.
- Predictive modelling will be used for planning assumptions.
- The Bury system will engage at a NES and GM level on winter planning as required.

It was reported that Fairfield General Hospital 4 hour performance was the best in GM for 2019-20 (excluding Royal Manchester Children's Hospital who have lower numbers and only deal with children).

For Quarter 1, 2020-21 (April/May up to June 15th) FGH is currently the second best performing site in GM

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Health Scrutiny Committee, 2 July 2020

Other data and figures communicated to the committee included the total users of Adult Social Care and users of Home Care & Direct Payments.

HSC.56 URGENT BUSINESS

No urgent business was reported at the meeting.

COUNCILLOR S SMITH
Chair

(Note: The meeting started at 7pm and ended at 9.02pm)

Health and Care Recovery and Transformation – Overview

Health Scrutiny Meeting
24th September 2020

Will Blandamer – Executive Director, Strategic Commissioning, Bury Council and Bury CCG

The Refreshed Bury Locality Plan for Health and Care Reform (2019-2024) said....

- There has been some good progress in transforming health and care services in previous years in Bury
- But an un-transformed health and care system is projecting a financial deficit of **£86m** by 2024 due to anticipated growth in demand
- Recently life expectancy and health life expectancy improvements have stalled, and the inequality in outcomes remains stark
- Work was required therefore to:
 - significantly improve population health and tackle health inequalities,
 - to support people to take charge of their health and care and lives
 - to have access to integrated out of hospital services that promote independence, prevention of poor health, and early intervention
 - To access good quality hospital services where required
 - To reduce dependence on institutional care – hospitals and care homes.

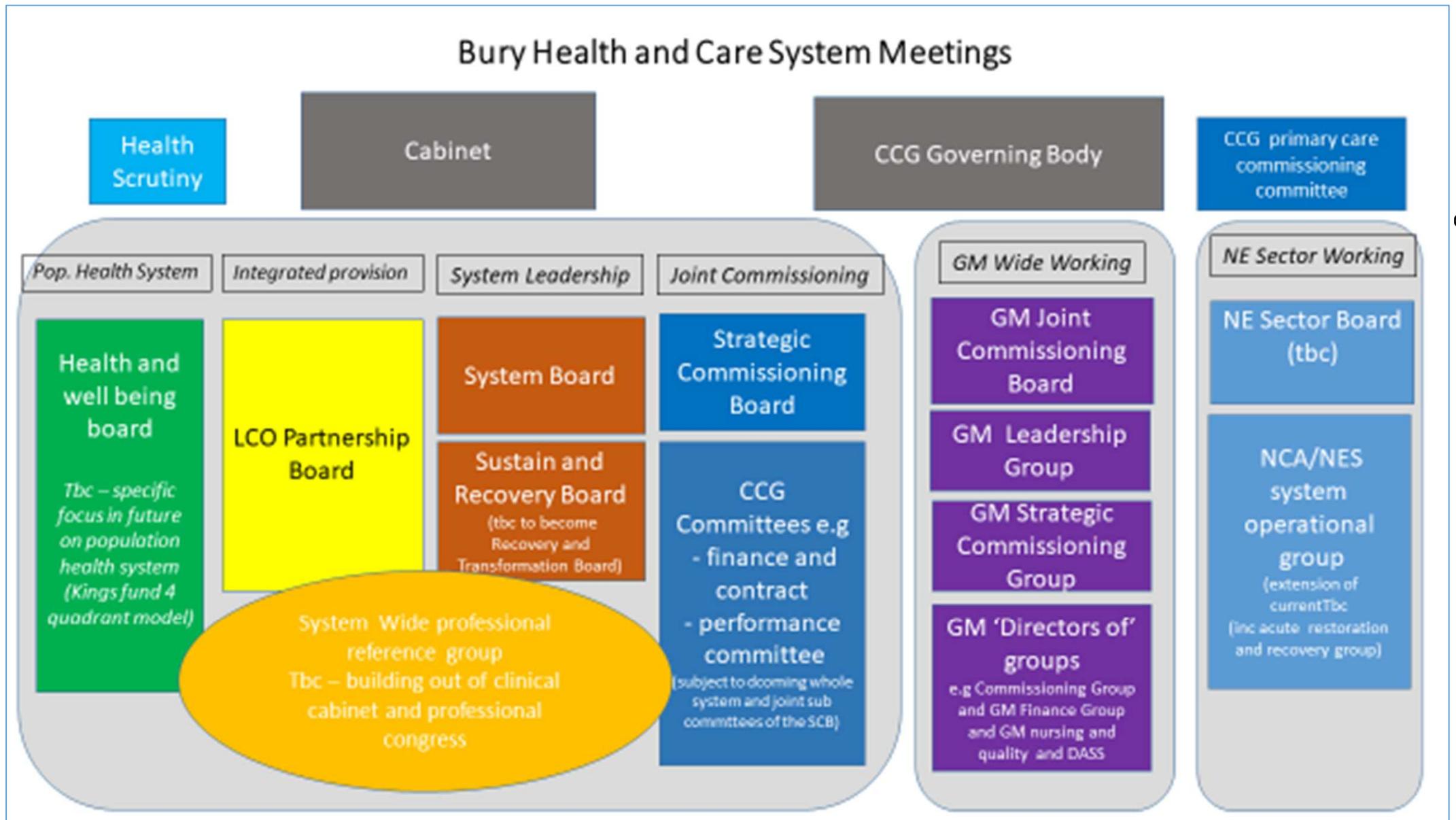
This requires a whole system approach..

- Because the health and care system is unaffordable unless we significantly reduce demand and cost
- Because many of the determinants of health and well being, and the demand for health and care services, are found in the council and other partners – housing, work, safe communities, social connectedness, air quality
- Because we need to join health and care services together – it gives a better service to patients/residents, and it is a precondition for spotting opportunities to prevent poor future poor health
- Because we need to support patients/residents to be in control, and not only look at them from our own individual organisational perspective
- Because Bury residents access hospital services across other boroughs and so we need to have a shared view of how to transform those

So we are creating the conditions for us to work as effectively as possible as a system

- Joint appointments between Council and CCG – two organisations working as one in the place
- Joined up commissioning - Strategic Commissioning Board – clinical and political leadership having a single view of the money available - pooled, aligned and in view
- Joined up provision of out of hospital services – the Bury Local Care Organisation
- Building strong relationships with care providers in the borough – part of the system not outside of it
- Part of the Greater Manchester arrangements – particularly important in relation to the reconfiguration of some hospital services to be clinically and financially viable.
- Working with Oldham, Rochdale and Salford, because the hospital services most of Bury residents access are organised by a hospital trust on that footprint.
- Making a clear strategic alignment between the health and care transformation programme and the emergent Bury 2030 vision

Our partnership system in Bury is complicated.



Briefly...

- The System Board has all partners on it – intended to drive strategy and transformation and shared commitment to the work.
- The Strategic Commissioning Board has to make decisions about the priorities and the money available (NB some decisions are out of scope of the SCB formally but we still seek consensus)
- The Health and Well Being board will really focus on the wider population health system
- The Local Care Organisation board will drive the joined up services in out of hospital service
- We are connected to GM wide partners and NE Sector partners particularly around hospital service transformation

The SCB particularly

.....makes decision on a pooled budget, has a consensus on the aligned budget, and notes the in view budget

S75 POOLED BUDGET £312m

- All CCG healthcare allowed per legislation
 - Community Services
 - Mental Health and LD services
 - Acute non-surgical services
 - CHC and Intermediate Care
 - Primary care services (Prescribing & LES)
- Transformation and Better Care funded services
- Adult social care expenditure
- Care in the community budgets
- Public Health budgets
- All health and care related children's services
- CCG staffing budgets
- Council commissioning staff budgets

ALIGNED BUDGET £139m

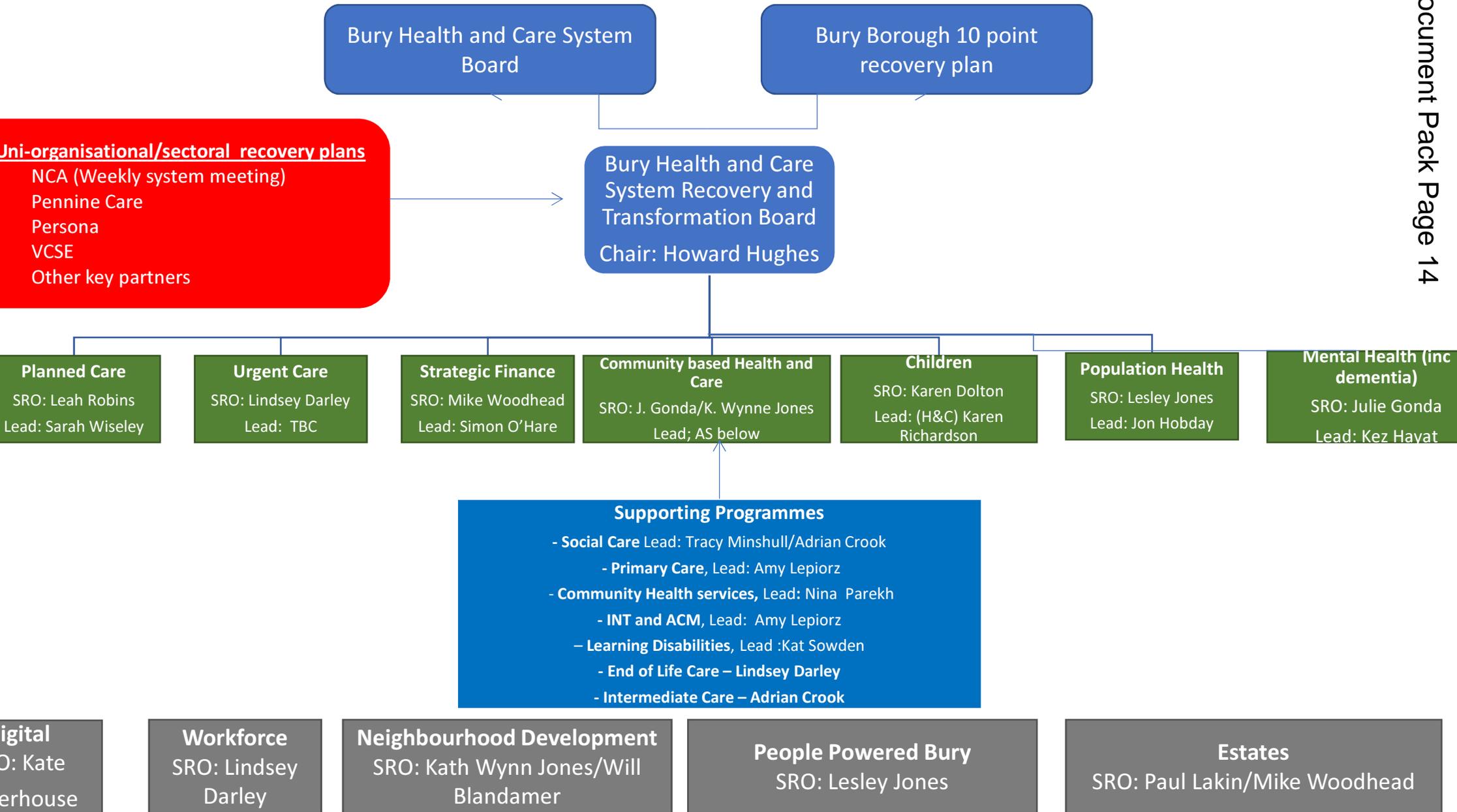
- Cannot be pooled
 - Acute surgical services
 - Primary Medical Services
 - Adoption & fostering services
 - Accommodation of children
 - Charging of accommodation and recovery of client costs.
- Could be pooled but recommended for alignment
 - Reserves
 - All Council directorates outside Adult Social Care, Children's Social Care and Public Health (excludes DSG and HRA)

Σ
£490m

IN VIEW BUDGET £38m

- GP Core Contract
- Emergency Ambulance Services
- Central Drugs

Health and Care Recovery and Transformation Programme Structure

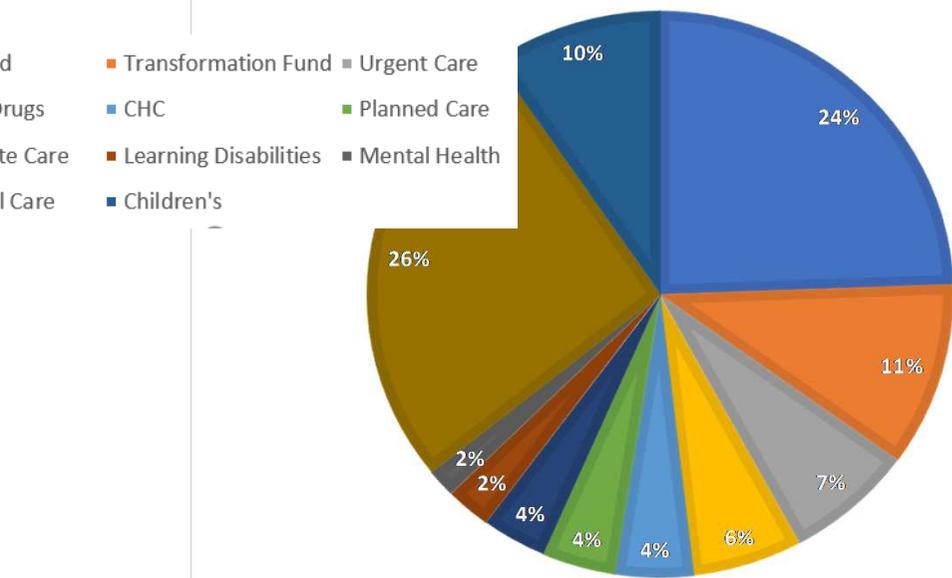


2020/21 savings plans pre COVID mapped to work programmes

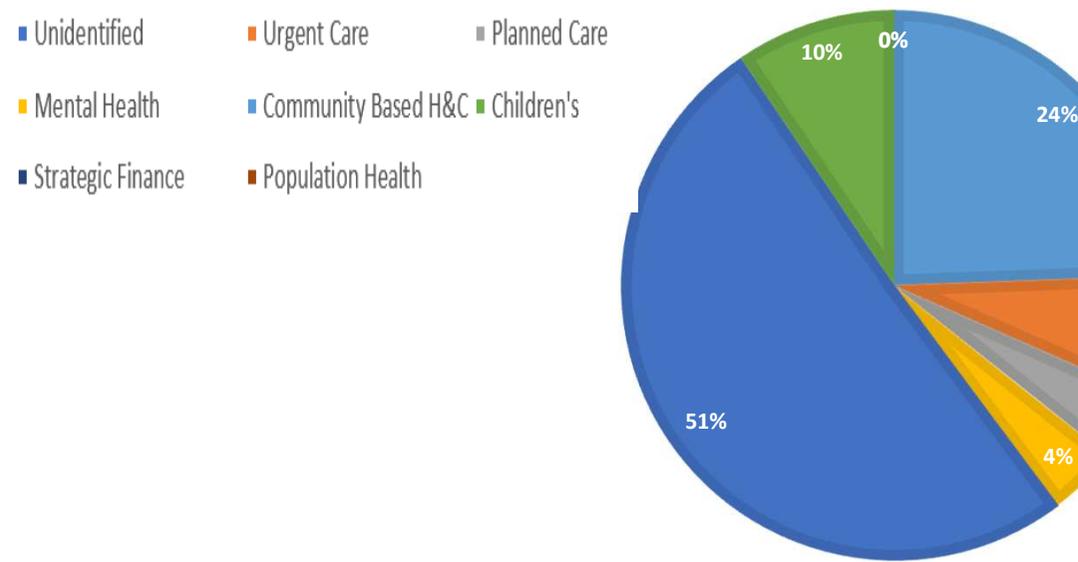
Original		
Savings	CCG	LA
Unidentified	£3,425	
Transformation Fund	£1,474	
Urgent Care	£1,000	
Prescribing & HCD	£855	
Community Based H&C	£600	
Intermediate Care	£570	
Transformation Fund	£500	
Learning Disabilities	£350	
Mental Health	£226	
Adult Social Care		£3,684
Children's		£1,332
Total	£9,000	£5,016

Remapped Transformation & Recovery		
QIPP / Savings	CCG	LA
Unidentified	£3,424	
Urgent Care	£1,000	£0
Planned Care	£571	£0
Mental Health	£576	£0
Community Based H&C	£3,429	£3,684
Intermediate Care	£500	
Transformation Fund	£1,474	
Prescribing & HCD	£855	
Continuing Health Care	£600	
Adult Social Care	£0	£3,684
Children's	£0	£1,332
Strategic Finance	£0	£0
Population Health	£0	£0
Total	£9,000	£5,016

2020/21 HEALTH & CARE ORIGINAL SPLIT



2020/21 HEALTH & CARE ORIGINAL REMAPPED



So you will see some big issues coming forward from our recovery and transformation programme

- Urgent care system reform – e.g. alternatives to attending A&E, and reduction of unplanned admissions to hospital, urgent care by appointment
- Planned care system reform – e.g. different ways of delivering outpatient service
- Community Based services – focus on neighbourhoods
 - Intermediate care – i.e. care support to support people to recover or to stay out of institutional care
 - Community
 - Changing nature of primary care (GP and others)
 - Learning Disabilities service transformation (all age and integrated)
 - End of Life Care
- Children's Health and Care Commissioning (e.g. SEND)
- Mental Health (e.g. children's and young people mental health)
- Population health – wider determinants, lifestyle issues, community connections,

....and some of these may be challengi

Key principles

From

Organisational silos
Deficit based
Passive recipients of services
Institutional based care
Crisis Response
Reactive
Episodic events
Treating illness

To

- Residents as active participants in their health – in control
- Promoting wellness
- Joined up/integrated services
- Focused on prevention and early intervention
- Proactive rather than reactive
- Integrated pathways
- Community rather than institutional care
- Neighborhood working as ‘the currency of interaction’.
- Reducing health inequalities
- Recognising the assets of individuals and communities

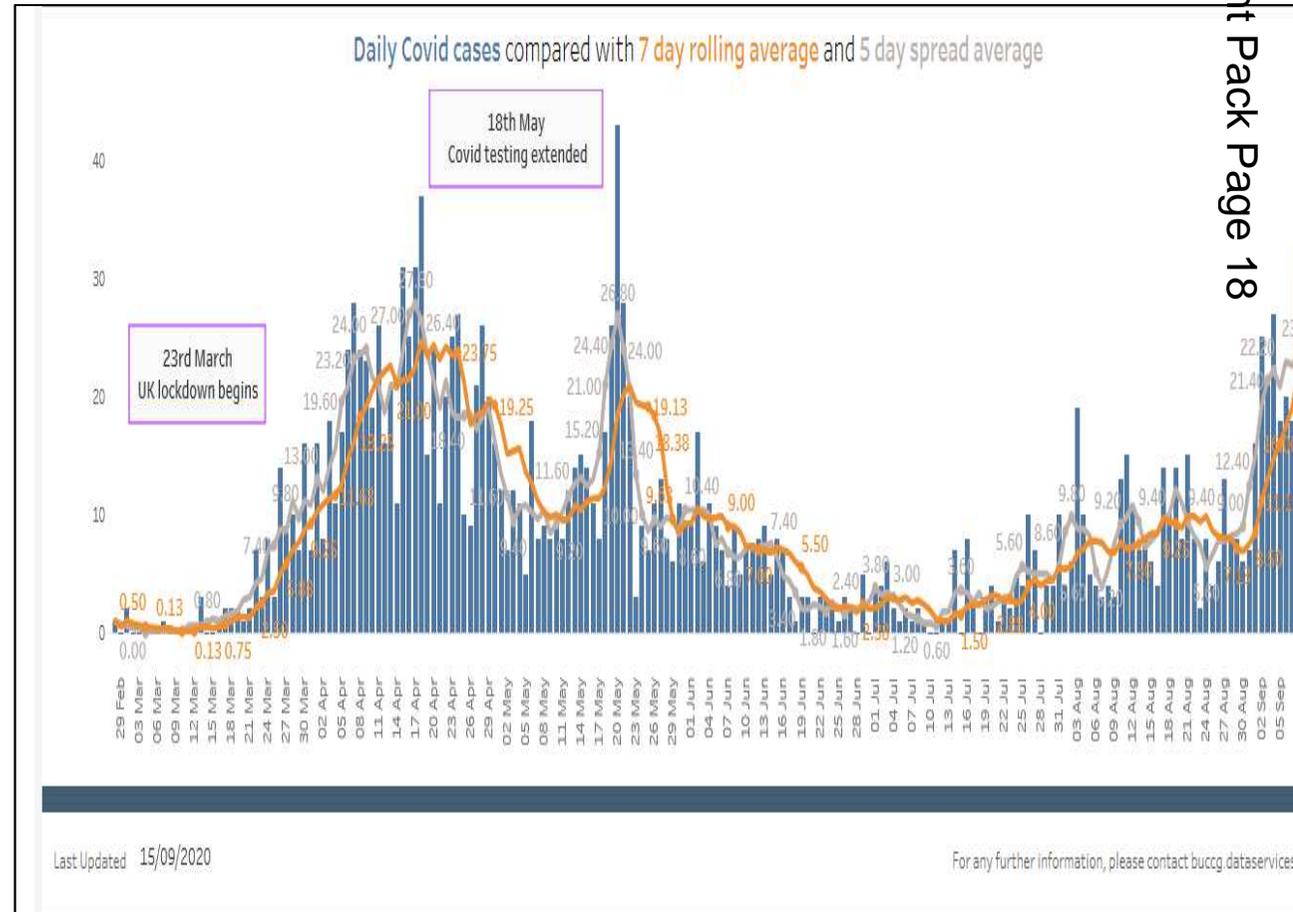
... and delivering cashable/realisable savings

HS Service Phase 3 planning guidance

Phase 3 guidance

standing up NHS services to pre-covid levels
preparing for winter
G configuration

ect to COVID 19 epi-curve.



Questions and Comments?

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Programme	Health and Care System Recovery and Transformation	Status:	Amber	Lead	Howard Highes	Date	09 September 2020
				Programme Lead	Matt Wright		

Key actions this period	Activity
Programme	<p>Programmes developing implementation plans to support delivery of finalised programme charters, supported by PMO</p> <p>Programme audit continued to ensure robust approach is maintained and provides level of assurance and confidence for delivery. Feedback directly given to SRO's and leads</p> <p>New programme framework agreed to include transformation as next step of recovery and include new programmes (Children, Community Based Health and Care)</p> <p>Community based Health and Care charter drafted for approval, feedback provided. Community transformation board established to oversee and coordinate delivery</p> <p>LD interim transformation board established to align previous transformation work with updated approach</p> <p>Planned Care transformation board established and met for first time to oversee and drive delivery</p> <p>Childrens charter drafted and audited</p> <p>Evaluation of existing financial efficiency schemes underway with SRO's</p> <p>Evaluation underway with feedback report to be delivered in October.</p> <p>APEX performance measures drafted for discussion</p> <p>Workshop planned for 16th Sept to understand estates opportunities within transformation programme and to align with overall estates strategy</p> <p>System wide workforce group established to coordinate requirements across system.</p>

Key actions next period	Activity
Programme	<p>Finalisation of all programme documentation and central support to be given to programmes as required</p> <p>All programmes to move to highlight report by exception, template and guidance supplied</p> <p>Complete programme audit checklist, provide detailed feedback and ensure robust documentation is finalised and in place</p> <p>Develop and align financial efficiencies to programme of work, SROs to agree and sign off. To be included in outcome measures.</p> <p>Finalise APEX outcome measures and work with SRO's to develop reporting framework</p> <p>Provide direct programme support to digital programme</p>

Key Issues and Risks that require escalation
<p>1) Impact of escalating COVID response on delivery of programme</p> <p>2) Completion of phase 3 response</p> <p>3) Financial position impacts on transformation opportunities as a system</p>

Programme KPIs

Programme	SRO	Lead	Robust Delivery Documentation			
			Charter	Plan	Risk/Issue Log	Highlight report
Planned Care	Leah Robins	Sarah Wiseley				
Urgent Care	Lindsey Darley					
Strategic Finance	Mike Woodhead	Simon O'Hare				
Community Based Health and Care	Julie Gonda and Kath Wynne-Jones	TBC				
Children	Karen Dolton	Karen Richardson				
Population Health	Lesley Jones	Jon Hobday				
Mental Health	Julie Gonda	Kez Hayat				
Enablers	SRO	Lead				
Digital	Kate Waterhouse					
Workforce	Lindsey Darley					
Neighbourhood Development	Will Blandemer and Kath Wynne-Jones					
Estates	Mike Woodhead	Paul Lakin				

Key	
	Complete and audited as robust
	In development
	Outstanding

Audit Scores				
Programme	Charter (48)	Plan (16)	Risk (30)	Total (94)
Population Health	48	0	30	78
Strategic Finance	48	0	30	78
Mental Health	48	0	30	78
Planned care	45	0	30	75
Urgent care	48	16	30	94
Community Health and Care	46	0	30	76
Children	46	0	30	76
				Not yet audited
				Total 555
				Max Total 658

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URGENT & EMERGENCY CARE

UEC BY APPOINTMENT- 'RIGHT PLACE-RIGHT TIME'

- Already part of GM UEC Transformation Plan
- Ambition to maintain ED attendances at 25% less than historic, pre-COVID 19 levels.
- Model that comprises of:
 - 'Call before you go to ED' or 111 First
 - Hospital-based pre-ED triage and streaming
 - Clinical Assessment Service (GM and locality-level)
 - Locally agreed referral pathways (community-based and acute-based)
 - Digitally linked across GM

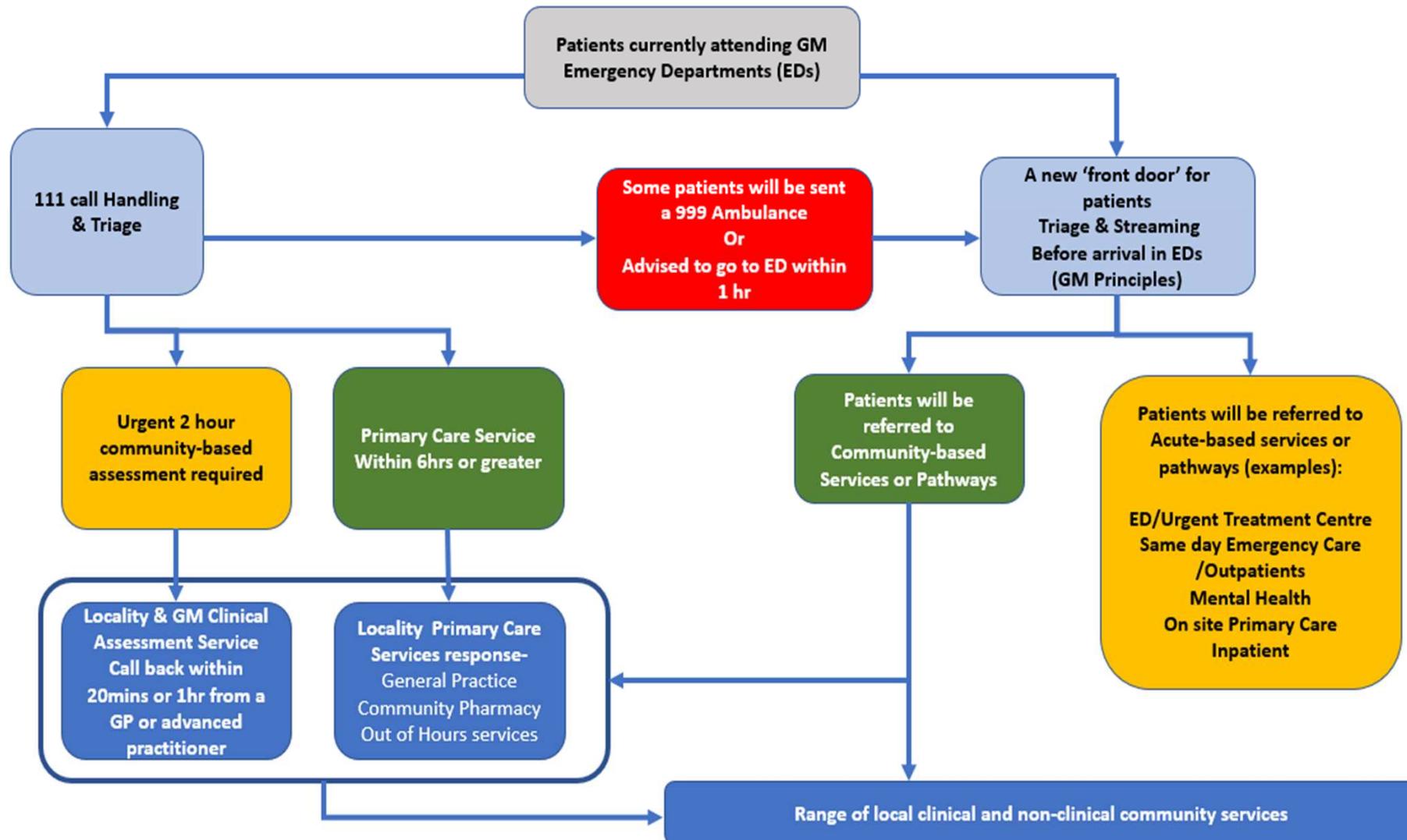
BENEFITS

- Already part of GM UEC Transformation Plan
- Ambition to maintain ED attendances at 25% less than historic, pre-COVID 19 levels.
- Model that comprises of:
 - 'Call before you go to ED' or 111 First
 - Acute-based pre-ED triage and streaming
 - Clinical Assessment Service (GM and locality-level)
 - Locally agreed referral pathways (community-based and acute-based)
 - Digitally linked across GM

principles

- Call first for advice, triage or assessment
- Answer the call and triage
- Local as early as possible – where clinically appropriate, connect patients with local clinicians or services quickly by eliminating non-value adding steps or delays
- Book patients into appointments wherever possible – to site/service or response to place of residence
- Consistent 24/7 service offer

UEC BY APPOINTMENT (INCLUDING 111 FIRST)



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