# **Geoff Little OBE Chief Executive**

Our Ref LW

Your Ref HSC/AJT Date 1 April 2021

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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:	Tuesday, 13 April 2021
Place:	Virtual 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**

The Agenda for the meeting is attached.

Reports are enclosed only for those attending the meeting and for those without access to the Council's Intranet or Website.

The Agenda and Reports are available on the Council's Intranet for Councillors and Officers and also on the Council's Website at <a href="https://www.bury.gov.uk">www.bury.gov.uk</a> – click on **Agendas**, **Minutes and Forward Plan**.

Copies of printed reports can also be obtained on request by contacting the Democratic Services Officer named above.

**Yours sincerely** 

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**Chief Executive** 

#### **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 **MINUTES** (Pages 5 - 8)

To approve as a correct record, the minutes of the last meeting held on 2 March 2021.

## 4 PUBLIC QUESTION TIME

A period of 30 minutes has been set aside for members of the public to ask questions on matters considered at the last meeting and set out in the minutes or on the agenda for the meeting. Questions must be submitted in advance to democratic.services@bury.gov.uk no later than 5pm on Friday 9 April 2021.

# 5 **COVID 19 UPDATE**

A presentation will be given at the meeting providing the latest information and statistical details.

# 6 **UROLOGY RECONFIGURATION - NCA SINGLE SERVICE MODEL** (Pages 9 - 12)

Report attached.

# 7 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 March 2021

**Present:** Councillor S Smith (in the Chair)

Councillors D Gunther, S Haroon, T Holt, K Hussain, O Kersh,

B Mortenson, C Tegolo, R Walker and S Walmsley

Also in

**attendance:** W Blandamer and L Jones

**Public Attendance:** No members of the public were present virtually at the

meeting.

Apologies for Absence: Councillor J Grimshaw, M Hayes & Councillor A

Simpson.

#### **HSC.001 APOLOGIES FOR ABSENCE**

Apologies for absence submitted from Councillor J Grimshaw, Councillor M Hayes and Councillor A Simpson (as Cabinet Member).

#### **HSC.002 DECLARATIONS OF INTEREST**

No declarations of interest were submitted.

### **HSC.003 PUBLIC QUESTION TIME**

There were no pre submitted questions and no Members of the public were in virtual attendance at the meeting.

#### **HSC.004 MINUTES**

The minutes of the meeting held on the 3 December 2020 were submitted for approval.

## It was agreed:

That the minutes be approved as a correct record.

#### **HSC.005 MATTERS ARISING**

In respect of Minute HSC.382, relating to Bereavement Services, Councillor Walker reported that the advice service had now launched in Bury.

## **HSC.006 COVID UPDATE**

Lesley Jones, Director of Public Health provided the committee with a verbal update and the latest information related to Covid 19.

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A presentation was given setting out the latest statistics were provided on the number of deaths and positive cases in the borough along with information on the vaccine programme.

With regard to the factors driving transmission, the presentation identified the following issues:

- Household transmission remains a significant driver of overall numbers. Contact tracing data shows that the vast majority of contacts fall into exposure groups 'household', 'household visitor' or 'visiting family or friends'.
- Care home outbreaks remain a challenge and are an important contributor to case numbers in the over 60s.
- The period when case numbers began to plateau coincided with an increase in cases reporting workplace or educational setting as possible sources of infection.
- Most cases (68%) identified as 'British', with around 10% from Asian backgrounds. The Asian community represents around 7% of the Bury population.
- There is a pattern of slight overrepresentation of areas of higher deprivation.
- Cases are concentrated among people aged 20-59 accounting for 66.5% of all cases. This may suggest a role for workplace transmission.

An update was provided in respect of vaccination rates which highlighted that 66k first doses had been administered. It was reported that Bury had developed an Action Plan which focussed on the following areas;

- Vaccinations
- Communications and Engagement
- Testing
- Outbreak Management
- Provision of Humanitarian Aid
- Compliance and Enforcement

Questions and comments were invited from the Committee and the following issues were raised:

- Councillor Walmsley highlighted the importance of the Committee examining the issue of mental health in the context of Covid on an ongoing basis.
- With regard to vaccine hesitancy within the South Asian population, Lesley
  Jones reported on the positive work being undertaken with local GPs and
  community groups and organisations. Reference was made to the pop up
  vaccination centre at the Jinnah Centre.
- In response to a question concerning pressure on intensive care units, Will Blandamer explained that the healthcare system had operated well, working in conjunction with a strong community response. It was acknowledged that there were waiting list challenges for delayed elective surgery as a result of Covid. Councillor Walker suggested a future breakdown of people who were unable to get treatment for serious non covid conditions.
- With regard to the issue of long covid, Lesley Jones reported that a local needs assessment had been started in respect of the issue.

• The Chair, Councillor S Smith, highlighted the issue of transmission being driven by those in low paid insecure employment who were reluctant to self isolate.

#### It was agreed:

That the update be noted.

#### **HSC.007 PERSONA CONTRACT EXTENSION**

The Committee received a report which outlined the proposal to renew the contract between Bury Council and Persona Care and Support Limited from 1st April 2021 for a 10-year tenure until 31st March 2031.

It was noted that an outcome based 10-year contract will set out the status of existing services provided by Persona and will capture our future ambition to innovate service delivery and meet the changing needs of the partners and customers. The benefit of this approach will give the Council, Persona, and our wider partners a more sustainable commissioning platform on which to develop new and innovative services, sustain a quality and committed workforce and allow opportunities for external funding, broader business development and build on community assets, realising social value, which in turn will benefit the customers and the people of Bury.

The contract will also be flexible enough to allow for national policy change which may result in local changes in direction and/or financial restrictions that may be required in response to any such change. The overarching principles in the agreement between partners will minimise any emerging risks and provide reassurance to all parties.

During discussion of this item Councillor Walker commented that the report was fairly vague and lacked detail in respect of the contract.

In response to a question concerning budgetary challenges within Adult Care, Will Blandamer acknowledged the funding issues but highlighted the opportunities to transform how adult social care is delivered to focus on it becoming more person centred. With regard to the issue of prevention it was stated that early intervention was important as a means of keeping residents well and therefore reducing the numbers requiring a stay in institutional care settings.

The Chair, Councillor Smith, highlighted the importance of improving individual care packages which would enable people to remain in their own home.

#### It was agreed:

That the report be noted.

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## **HSC.008 FUTURE MEETINGS**

It was noted that the next scheduled meeting of the Committee was due to be held on 27 April. The date had been arranged prior to the pandemic and had assumed no elections would be taking place. As a result of the postponed 2020 elections, Members agreed that a short meeting should be arranged in early April to provide an update in respect of Covid-19.

# It was agreed:

- 1. That arrangements be made to reschedule the next meeting of the Committee.
- 2.That issues relating to the effects of Covid on mental health; domestic abuse; hospital staff morale; and learning disability services be considered for retention on the 2021/22 work programme of this committee.

# COUNCILLOR S SMITH Chair

(Note: The meeting started at 7.00pm and ended at 8.20pm)





**MEETING:** Health Overview and Scrutiny Committee

**DATE:** 13 April 2021

**SUBJECT:** Urology Reconfiguration – NCA Single Service Model

REPORT FROM: Will Blandamer, Executive Director of Strategic Commissioning

**CONTACT OFFICER:** Catherine Tickle, Commissioning Programme Manager, Bury CCG

#### 1.0 BACKGROUND

- 1.1 A GM Model of Care (MoC) for Benign Urology was developed through the Improving Specialist Care (ISC) programme.
- 1.2 A hub and spoke configuration for the delivery or Benign Urology services has been endorsed by the Greater Manchester (GM) Joint Commissioning Board (JCB), though implementation has been delayed due to COVID-19.
- 1.3 North Manchester General Hospital (NMGH) is currently the main delivery site for North East Sector (NES) inpatient Urology services, servicing patients from Bury.
- 1.4 Through the Pennine Acute Hospital Trust (PAHT) and NMGH disaggregation, responsibility for the majority of the NES Urology service will transfer to Manchester Foundation Trust (MFT) in April 2021.
- 1.5 Around 80% of this activity is from Bury, Oldham and HMR. Currently 1 in 5 new patient pathways ends in an operation and a minority of these require an in-patient stay.
- 1.6 In anticipation of the GM MoC being approved, and as a response to the imminent disaggregation, the NCA clinical Urology teams at Salford and Pennine have developed a vision and MoC for a single Urology service across the NCA footprint.
- 1.7 The MoC will minimise patient movement between providers along their pathway. By delivering a patient's journey from referral through diagnosis to treatment within NCA Locality Care Organisation's (for those not requiring an in-patient stay), only a small number will require an inter-provider transfer, thus reducing administrative inefficiencies and maximising patient safety through continuity of care.

- 1.8 Key features of this NCA model of care are:
  - A single comprehensive Benign Urology Service delivered within the NCA.
  - 'Hub and Spoke' delivery model -
    - Oldham and Salford as inpatient hubs and Rochdale and Bury as spokes.
    - Virtual corridors running from Bury to Salford and Rochdale to Oldham.
  - Single workforce within two integrated functional teams NCA West & NCA East.
  - A disaggregation of the activity from North Manchester, which will align to MFT, and the activity for Bury, Oldham, Salford and HMR which will align to the NCA.
  - Expansion and enhancement of clinic & diagnostic capacity at each site in the form of Urology Investigation Units (UIUs) - increasing local access to urology services.
- 1.9 A three phased implementation of the NCA MoC is proposed. The final endstate MoC for the NES, includes decommissioning of NES services at NMGH and having a full hub services operational at Royal Oldham Hospital (ROH) site.
- 1.10 Bury CCG commissioners are working closely with colleagues across the NCA footprint, through the Urology Reconfiguration Programme Board, to ensure the endorsed model delivers high quality and accessible services for patients.

#### 2.0 ISSUES

- 2.1 There are immediate service sustainability concerns with the existing service model and performance access inequalities that needs to be addressed. Implementation of the first 2 phases of the new NCA MoC will start to address these issues.
- 2.2 The alternative to the proposed 'hub and spoke model' and proposed 'end state' of a full hub at ROH would see patients across the NCA footprint continuing to move between providers, impacting upon continuity of care, as the disaggregation would result in patients requiring an inpatient stay going to NMGH.
- 2.3 The final phase is contingent on full approval of the GM Benign Urology MoC and the completion of capital works on the ROH.
- 2.4 The proposal to move to a full hub service operational at ROH will mean that based on the Bury geography some patients that currently access services at NMGH may have to travel further e.g. patients in the South of the borough. However, having a single urology service managed by one provider, will facilitate an improved service integrated in one place therefore creating a more efficient pathway.

#### 3.0 CONCLUSION

#### 3.1 The committee is asked to note:

• the proposed changes to the current MoC for the delivery of Benign Urology services across NCA.

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- $_{\odot}\,$  the benefits of a single Benign Urology Service delivered by NCA for continuity of care for Bury patients.
- the joint work of commissioners and providers across the NCA footprint through the Urology Reconfiguration Board, to ensure high quality, person centred, accessible care for patients.

List of Background Papers: -

