AGENDA FOR

HEALTH SCRUTINY COMMITTEE

Contact:: Chloe Ashworth
Direct Line: 0161 253 5030
E-mail: C.Ashworth@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Health Scrutiny Committee

Councillors : J Grimshaw, K Hussain, C Birchmore, R Brown, N Bayley, E FitzGerald, J Harris, E Moss, M Walsh, M Hayes and I Rizvi

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, 22 June 2022
Place:	The Learning Hub, Town Hall, 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 MINUTES OF THE LAST MEETING *(Pages 3 - 8)*

The minutes from the meeting held on 22 June 2022 are attached for approval.

4 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

5 MEMBER QUESTION TIME

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee. This period may be varied at the discretion of the chair.

6 OVERVIEW PAPER - CURRENT CHANGES AND THE PRIORITIES IN THE HEALTH AND CARE SYSTEM *(Pages 9 - 20)*

Will Blandamer, Executive Director of Strategic Commissioning will provide an overview.

7 HEALTH SCRUTINY OVERVIEW *(Pages 21 - 24)*

Report attached.

8 HEALTH SCRUTINY PLANNER *(Pages 25 - 26)*

Attached for discussion.

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 3

Minutes of:	**HEALTH SCRUTINY COMMITTEE**
Date of Meeting:	21 March 2022
Present:	Councillor T Holt (in the Chair) Councillors J Grimshaw, M Hayes, C Tegolo, S Walmsley and T Pilkington
Also in attendance:	Christine Seymour, Contact Centre Manager, Adrian Crook, Director of Adult Social Care, Cathy Fines Chair of Bury CCG, Will Blandamer Executive Director of Commissioning, Cath Tickle.
Public Attendance:	No members of the public were present at the meeting.
Apologies for Absence:	Councillor S Haroon, Councillor K Hussain, Councillor C Birchmore, Councillor R Brown and Councillor J Lewis

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HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.2 DECLARATIONS OF INTEREST

Councillor Pilkington declared an interest due to being an employee for Manchester Foundation Trust.

HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on the 18th January 2022 were agreed as an accurate record.

There were no matters arising.

HSC.4 PUBLIC QUESTION TIME

There were no public questions.

HSC.5 MEMBERS QUESTION TIME

There were no Member questions.

HSC.6 ADULT SOCIAL CARE COMPLAINTS REPORT

Christine Seymour, Contact Centre Manager was welcomed to the Health Scrutiny Committee and provided a brief introduction of herself and her role in the complaints process.

Adrian Crook, Director of Adult Social Care provided an overview of the Adult Social Care Complaints Report. Adrian accredited the report and hard work to Louise Carroll, Customer Complaints Co-ordinator.

The report covers the period April 2020-March 2021 and is a statutory annual requirement. The report shows that whilst service use has remained whilst the occurrence of complaints has reduced. The nature of complaints has changed to be about the quality-of-care services, particularly relating to infection control services and to finances as the rules relating to this have changed. One thing that has been noted is we are answering more complaints faster and due to answering more efficiently the number that went through to the ombudsman has reduced. Compliments have also increased which is testament to the service teams.

Members were invited to ask questions and the following themes emerged:

Assurances were sought regarding the nature of the complaints which did take longer than the usual timeframe. In response Adrian Crook, Director of Adult Social Care advised that the reason for the complaints that took longer was due to them needing a multiagency approach and therefore partners such as the NHS or CCG may be contacted to contribute to the complaint. The Committee were informed that the service/department that receives the complaint is then the responsible department to lead on the response.

The drop in complaints from the local MP's was raised; in response Adrian Crook, Director of Adult Social Care advised that the change in local MP is the reason for a decrease in complaints from the local MP. Further clarification on the method for MP or Elected Member complaints was questioned; it was confirmed that the root for these types of complaints is enhanced to be efficient for responses.

The celebration of compliments to staff was encouraged by the Committee and in response the Committee were advised that compliments were appreciated by staff and the Director of Adult Social Care writes to each member of staff following one.

It was agreed:

1. The report be noted
2. Adrian Crook, Director of Adult Social Care be thanked for the report.

HSC.7 PRIMARY CARE UPDATE

Cathy Fines Chair of Bury CCG introduced herself and an update on Primary Care and General Practice waiting times.

Cathy Fines provided an overview of the General Practice Leadership Collaborative; the purpose is to be the body through which practices in the borough are represented via their membership of Primary Care Networks, Bury GP Federation and the Local Medical Committee (LMC).

Key issues raised by Cathy Fines, Clinical Director, NHS Bury CCG were:

- There is a workforce crisis regarding GP's due to an ageing workforce
- Contacts in General Practice's are now above what has been previously received
- Issues following unmet need following 2 years of working differently through the pandemic

The Committee sought assurances on face-to-face appointments. In response Cathy Fines advised the plan for a digital offer was planned before the Pandemic as an additional offer.

Whilst some members of the public want a face-to-face appointment it my be clinically determined that this is not required.

Councillors raised concerns that complaints they receive as elected members regarding General Practices have significantly increased during the pandemic. In response Cathy Fines advised members that General Practice working practices have changed, and people where possible are encouraged to wait outside until their appointment time. The Committee were informed that Practices are unlikely to ever go back to a full waiting area as from an infection control point of view it is counterproductive. A Committee Member highlighted that most constituents raising the concerns are elderly and not computer literate as Bury has a higher ageing population the concerns were worrying.

Concerns were raised around the operation of the 'ask my GP' service and the implications it has from shift workers or those who cannot access the service during its short opening hour. Even with enhanced services and online options there is a worry from members that people with health inequalities may not get access to the GP. In response Cathy Fines stated she accepted there is still problems with resources, and it is a national problem. Half of the current GP's could retire over the coming years and work is taking place to retain and recruit additional capacity. In response to the query about the 'ask my GP' system Cathy fines informed the Committee that the service gives an option of clinically triaging individuals. Although people may not want to wait for a response their request will have been triaged and although it is uncomfortable knowing people may wait it is safer as we know who these people are. Cathy also assured the Committee that if individuals do not have access to the online service they can call and have a receptionist put through their request. The Committee were informed that current activity in primary care is higher than we can currently meet and to solve this the Primary Health Care Team needs to be bigger than GP's only. First contact may change from GP's to Advanced Nurse Practitioners or Mental Health Practitioner for example.

A Committee Member questioned if practices approaches to services and the digital offer could be standardised across the Borough and how the promotion of alternative support via 'Care at the Chemist' and holistic practitioners could be improved. In response Cathy Fines stated this work will take a long time to embed but neighbourhood working should help with this, especially on how to improve digital offers.

It was agreed:

3. The report be noted
4. Dr Cathy Fines, Chair of Bury CCG be thanked for the report.

HSC.8 MENTAL HEALTH UPDATE

Will Blandamer introduced the item covering Mental Health which provided an update following the report in November which detailed the investment plan for the adult community mental health system and developments and investment into the children's mental health system.

It highlights provision to deliver the Long-Term Plan deliverables against the backdrop of the impact of the COVID pandemic for adults and children and young people (CYP

The report outlined the investments in the following areas:

- Community mental health teams
- Mental health support capacity
- Community Eating Disorders
- Tier 2 children's mental health
- Getting help phone line

- Pilot of peer lead crisis help line

The report also highlighted the key challenges

- Workforce challenges
- Recruitment is challenging
- Challenges around Child & adolescent MH services

Committee members sought assurances on how prepared Bury is for Refugees. Adrian Crook advised that we are ready, and the community hub's will be the first point of help and support.

It was agreed:

1. The report be noted

HSC.9 ELECTIVE CARE WAITING LISTS UPDATE

Will Blandamer provided an overview of the report on Elective Waiting Lists including the 52 week and 104 week wait challenge. In outlining the paper he advised the body of work is being overseen by Bury Elective Care Board and gives an update on the following:

- While you Wait Programme
- Work with providers NCA MFT and other providers of secondary care
- Reducing unnecessary follow-up's
- Independent sector capacity
- Work with partners across GM
- Work with NCA in genecology
- And new models of dermatology

It was agreed:

1. Will Blandamer to get a response to Councillor Pilkington regarding 'ending painful historectomie'.
2. The report be noted.

HSC.10 COVID-19 UPDATE

Will Blandamer, Executive Director provided a brief verbal update on Covid-19. He advised that locally and Nationally case rates and prevalence are rising. This rise has been sharpest in sharpest in the South East & London, though the North West is increasing too.

Case data is less reliable than it was and likely to be a significant under-representation of the true case rate, but Bury's rate is 466.2 per 100k.

Confirmed case rates are up sharply across all age groups – unusually synchronised compared to previous waves.

Vaccination is offering good protection against the most severe impact of Covid-19 but there is likely to be increased impact on the health and care system due to:

- care home outbreaks
- Staff sickness absence, and absences relating to childcare
- More with Covid-19 in hospitals

It was requested by Committee Members that it is placed on record that individuals with known positive Covid results are not asked to work in care homes as another authority has.

It was agreed:

1. The report be noted.
2. Will Blandamer be thanked for his update.

HSC.11 URGENT BUSINESS

Councillor Holt, thanked the committee, Will Blandamer and reporting officers with particular thanks to Adrian Crook, John Hobday and Lesley Jones.

Councillor Walmsley, said thank you to Councillor Holt for Chairing Health Scrutiny and it has been a pleasure to work with him on behalf of the Committee. It has been an interesting year and this year saw the set-up of a Task and Finish Group and shining example of positive work the Committee has achieved.

COUNCILLOR T HOLT
Chair

(Note: The meeting started at 7.00 pm and ended at 8.40 pm)

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Health Scrutiny

22nd June 2022

Transitioning to the new Integrated Care System, And Bury Integrated Care Partnership priorities.

Will Blandamer - Executive Director Health and Adult Care – Bury Council
- Deputy Accountable Officer - Bury CCG
- Designate Deputy Place Based Lead

1. Health and Care Partnership Working in Bury - current

- Joined up working between Council and CCG – the commissioners – joint appointments, shared budget, integrated teams
- Joined up working between NHS providers, voluntary sector, and adult care – e.g neighbourhood teams
- Our key NHS providers are:
  - Northern Care Alliance – particularly Fairfield and also community health services
  - Pennine Care – specialist mental health provider
  - Manchester Foundation Trust – particularly North Manchester Hospital
  - GP services
- We also work closely with the voluntary and community sector, the Hospice, Healthwatch and building strong partnerships with providers of adult social care.
- The quality of the partnership work was demonstrated in the pandemic
- Across GM the Councils and the NHS have a long history of GM wide working, formalised through the health and care devolution agreement in 2016

2. NHS Changes
Kings Fund Animation

- https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

3. So…

- On 1st July NHS Bury CCG ceases to exist and its (and the other 9 CCG) duties are taken on by NHS Greater Manchester
- The leadership team of NHS GM is being assembled, including Chair (Sir Richard Lees), Chief Executive (Mark Fisher), and Medical Director (Dr Manisha Kumar – GP from Rusholme)
- NHS GM is one organisation in what will be the wider GM Integrated Care System – including provider trusts, councils, voluntary sector, the Combined Authority and others.
- Nearly all CCG staff will transfer employment to the new organisation on 1/7/22.
- The new organisation is committed to working at 3 levels – GM wide, locality, and neighbourhood working.

Operating at 3 levels to

- Help the NHS to support broader social and economic development
- Improve population health and healthcare
- Tackle unequal outcomes and access
- Enhance productivity and value for money

How does our Greater Manche

1 Across Greater Manchester system

2.8 million people

- Greater Manchester Integrated Care Partnership Board
- NHS Greater Manchester Integrated Care
- Provider Collaboratives - All NHS Trusts (Provider Federation Board) and all Primary Care (Primary Care Board)
- Greater Manchester Combined Authority
- Health Innovation Manchester
- Social care providers
- Voluntary, community and social enterprise sector

2 Local place

1 of 10 places

- Local Integrated Care Partnership Board
- Council
- Social care providers
- NHS Trust(s)
- Primary Care
- Healthwatch
- Voluntary, community and social enterprise sector

3 Neighbourhoods

1 of 66 areas

- Local Primary Care Network (all GP practices)
- Dentists, pharmacists and opticians
- Social care teams
- NHS therapists and community teams
- Other public services e.g. schools & housing providers
- Voluntary, community and social enterprise sector

5. Place Based Lead

- Convening the place based integrated care partnership, facilitate priority setting, strategic alignment and decision making between organisations across multiple sectors
- Being the accountable officer for delegations from GM NHS Integrated Care to the place-based partnership
- Being a member of the wider system leadership team, and therefore have influence over NHS financial resource allocation across Greater Manchester and specifically within the locality
- Lead the GM NHS IC employed team, and work with partner organisations to develop and support a ‘one team’ approach including purposeful arrangements for effective clinical and professional care leadership across place
- Listening to the voice of our communities
- Being responsible for the management and deployment of people that are allocated from both GM NHS IC and wider partners to form the place based integrated care team
- Ensuring that partners work together to deliver on required outcomes and agreed ambitions

6. Bury Integrated Care Partnership

- We have been in transition to a new set of working arrangements

The Bury Integrated Care Partnership - System Arrangements

Team Bury and Neighbourhood Boards

Health and Well Being Board

Borough Wide Partnerships

Let's Do It – Strategy for the Borough to 2030

Bury Council

Health Scrutiny

The Bury Locality Plan

Bury Locality Board

NHS Partners including providers and GM Integrated Care Board

System Strategic Finance Group

Population Health System Board

System Quality, Assurance Committee

Strategic Workforce Group

Bury Childrens Strategic Partnership Board

Bury Integrated Delivery Collaborative Board

Operational Assurance Committee

Neighbourh'd Working Development Group

5 Integrated Neighbourhood Teams

Transfo'mat'n Portfolio

Borough Wide Clinical and Professional Senate

Bury GP Collaborative

System Enabling Groups

- IM&T
- IG
- Estates
- Business intelligence and analytics
- Communication and engagement

8. Bury's objectives: Bury 2030 ('Lets Do It') and Bury Locality Plan

- Step Change in Population Health and in addressing health inequality
- Residents in control of their health and well being, and connected to communities
- People in control of how health and care services are organised around them
- Services delivered closer to home/in home where possible – home first
- Focus on services that are planned and preventative rather than unplanned and reactive
- Front line staff working together in 5 Neighbourhood teams in health & care, and on the same spatial footprint with wider public services, and with communities
- Clinical/professional leadership, political and managerial leadership working together for the residents of Bury
- Collaboration at a NE Sector & across GM where required to transform hospital wide services
- Timely and effective access pathways for more specialist health and care services
- Costs controlled by earlier intervention, prevention, and the strengths within people, families, communities

9. Neighbourhood Working and Public Service Reform

Let's Do It – The Strategy for the Borough to 2030.

*"achieving **faster economic growth than the national average, with lower than national average levels of deprivation"***

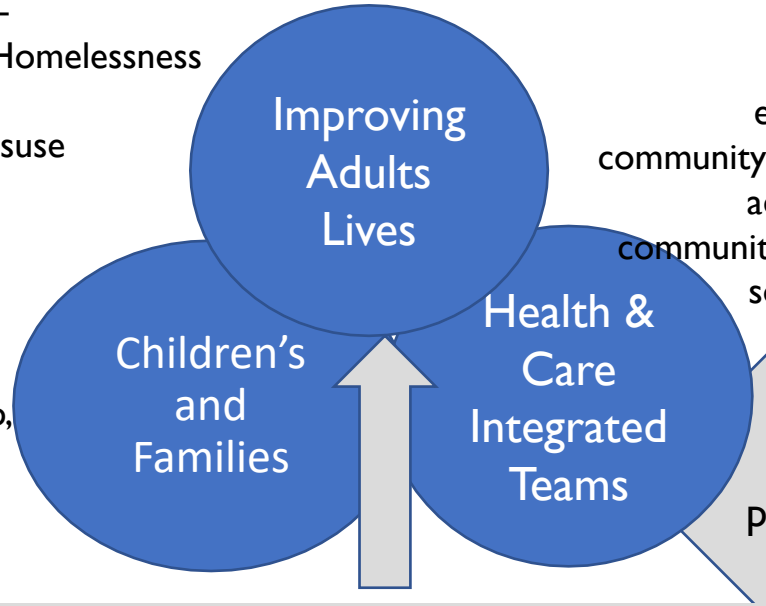
*"**we** will work collectively to give everyone the **encouragement and support** to play their part (and) joining together the delivery of all **public services as one***

The way we organise ourselves for case management

Neighbourhood Team/System Working

e.g Housing –
STH; PRS & Homelessness
GMP
Substance misuse

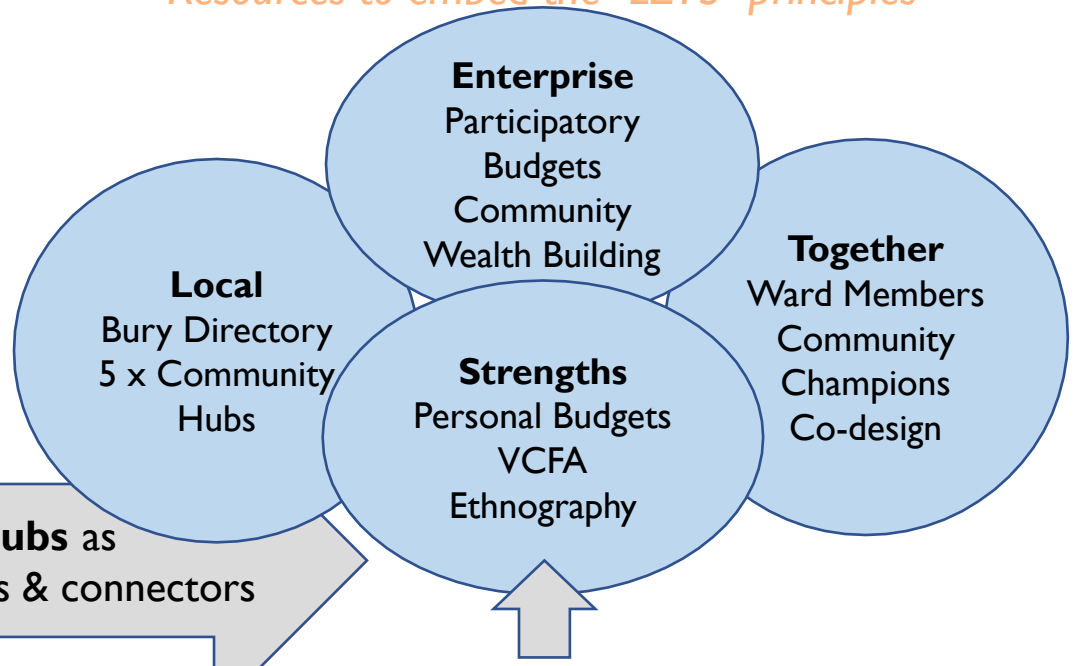
e.g Early Help,
Schools,
Social Care
Youth Justice



e.g primary care, community health services, adult social care , community mental health, social prescribing

The way we engage people & communities in a place

Resources to embed the "LETS" principles



Community Hubs as place-based co-ordinators & connectors

Led by neighbourhood data profiles & case risk stratification:

- Join up of universal and targeted public services
- Unlocking multi-agency cases of discrete cohorts of risk
- Targeted intervention to prevent spiralling risk/demand

Led by neighbourhood asset maps & community fora:

- A focus on socio, economic, and health inequalities
- Nurturing local assets / resources eg residents groups
- Co-design with & engagement of communities

10. Key priorities

- Key Strategic Boards
  - Urgent Care Board
  - Elective Care Recovery/Cancer Care Board
  - Mental Health and Well Being Board
  - Childrens Strategic Partnership Board
  - Learning Disabilities Partnership
  - Health and Well Being Board

- Community/Neighbourhood Services;
  - Primary Care sustainability
  - Community Services
  - Adult social Care
  - Neighborough working and connection to wider public services and economic opportunity

- New pathways e.g frailty. Virtual wards etc

- Key enablers – Digital, workforce, estate

- Key characteristics – asset based, inclusive, inequalities

- Key outcomes - Financial sustainability – NHS and Council, improved outcomes

- New secondary care pathways

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Agenda Item 7

SCRUTINY REPORT

Bury COUNCIL

MEETING:	Health Scrutiny Committee Overview
DATE:	22nd June 2022
SUBJECT:	Health Scrutiny in Bury
REPORT FROM:	Julie Gallagher – Statutory Scrutiny Officer / Head of Democratic Services
CONTACT OFFICER:	Chloe Ashworth – Democratic Services C.Ashworth@bury.gov.uk

1.0 BACKGROUND

The Local Government Act 2000, introduced a requirement for local authorities with Executive arrangements to have one or more overview and scrutiny committees. It placed minimum requirements as to the power of those committees, their ability to appoint sub-committees, membership, access to information and provided them with the power of 'call-in.'

The current overview and scrutiny structures, stem from this legislative requirement and has been in place for 2 years, following an internal review. The review reflected on the learning of the previous five years and put forward suggested amendments to ensure an integrated, thematic overview and scrutiny function moving forward. The main change was the establishment of a third scrutiny committee with a focus on Children and Young People.

Moving to a model of themed scrutiny panels, with the work managed and co-ordinated by a the Scrutiny Chairs meeting regularly, has allowed individual panels to build up expertise and subject knowledge of particular areas of the Council's work. This new system does also allow (following consultation with the Monitoring Officer and the Statutory Scrutiny Officer) for cross cutting themes to be looked at jointly and also the establishment of task and finish groups.

- **Membership of Scrutiny Panels**

Overview and scrutiny is a good arena for new councillors to learn about the Council and develop skills. However there is a need for membership to be balanced with the involvement of experienced members who have the ability and skills to lead or contribute to overview and scrutiny work.

Scrutiny should be led by councillors who can put personal interests to one side and commit the time needed to the role. To be effective in holding the Cabinet to account, the Chair and Scrutiny Panel needs to have a constructive relationship with their respective

Cabinet portfolio holders and Executive Directors. Unless this is underpinned by effective communication and planning, scrutiny will be unable to effectively exercise the power of influence over decisions to be made, as required by the Local Government legislation.

The membership of the Health Scrutiny Committee will consist of the Committee Chair, Councillor FitzGerald (Labour) and 11 other elected Members, in line with political balance calculations. The exception to this will be the Children's Scrutiny Panel which will include statutory religious and parent governor representative where education matters are under discussion.

With regard to sub groups and taks and finish groups, political balance will be sought where possible, but balance requirements will not be mandatory as any findings/recommendations will be reported back to the balanced "parent" body for approval.

The Chair of the Health Scrutiny Committee shall not be members of the corresponding partnership bodies such as the Health and Wellbeing Board.
Deputy Cabinet Members are permitted to be members of individual scrutiny panels, for which the remit does not conflict with their portfolio responsibilities.

2.0 EFFECTIVE OVERVIEW AND SCRUTINY

The key components of overview and scrutiny work would fall broadly into the categories below:

Pre decision scrutiny - providing an opportunity for non-executive councillors to influence proposed decisions before they are made. If the Council increases the number of scrutiny panels, this will enable more councillors to have the opportunity to develop an understanding of the changing nature of the Council provision and contribute to and challenge the development of proposals in key areas.

Performance monitoring - Scrutiny has a role in asking searching questions, drilling down into information and data, ensuring targets are kept to and agreed actions implemented. Included in this will be monitoring the implementation of any agreed Scrutiny recommendations.

Service delivery - at the current time of change across the Council, Scrutiny Panels will largely focus on plans to review how services are delivered, the impacts on citizens, consultation and engagement, decision making processes, the implementation of change and evaluating outcomes and impacts. Scrutiny should encourage forward planning and communication that provides councillors with the opportunity to be better informed and clear on how proposed change affects their role.

Policy Review - If capacity is added to the current scrutiny arrangments through the addition of the proposed new panels, then there would be the opportunity for the scrutiny process to undertake some policy review work and contribute to policy development.

Partnerships and Regional Working - Where appropriate Scrutiny Panels will also look to scrutinise partners and regional working.

Holding decision makers to account – this cuts across all strands of overview and scrutiny work. In establishing a panel structure, Scrutiny Panels and the whole scrutiny process can build on practice over recent years with Cabinet portfolio holders and other decision makers, attending panel meetings and being held to account in a public arena for the decisions they are making, thereby enhancing transparency and accountability. It is

also important that the scrutiny process considers the impact of significant decisions and whether the Cabinet achieves the anticipated outcomes.

3.0 HEALTH SCRUTINY COMMITTEE

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe. The new legislation extends the scope of health scrutiny and increases the flexibility of local authorities in deciding how to exercise their scrutiny function.

Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working. At the same time, health scrutiny has a legitimate role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service

The following specific functions have been delegated to the Health Scrutiny Committee:

To review the policies and performance of the Council and external organisations in relation to the following areas:

- Adult social care (including adult safeguarding)
- Health and wellbeing board
- Housing
- Public health
- Adults and Communities budget and policy framework
- Statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services for children and young people, including transitional health care services, affecting the area and to make reports and recommendations on these matters

The Committee discharges the statutory health scrutiny functions of the council (excluding referrals to the Secretary of State, but including receipt of referrals from the local Healthwatch) and scrutinises local health services. The Committee also considers the work and policies of the Health and Wellbeing Board, and also the services provided by the council's Adult Services and Children's Services Directorates.

The Committee also holds responsibility for the scrutiny of partners or key contractors relevant to the work of the Committee; and service performance monitoring. The Committee may also undertake its own studies and reviews.

- Power to review and review and scrutinise any matter relating to the planning provision and operational of health services

Where there are concerns about proposals for substantial developments or variation in health services (or reconfiguration as it is also known) local authorities and the local NHS should work together to attempt to resolve these locally if at all possible. If the decision is ultimately taken to formally refer the local NHS's reconfiguration proposals to the Secretary of State for Health, then this referral must be accompanied by an explanation of all steps taken locally to try to reach agreement in relation to those proposals. In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operates and should therefore take into account

the effect of the proposals on sustainability of services, as well as on their quality and safety.
The Health Scrutiny Committee may refer NHS substantial reconfiguration proposals to the Secretary of State if a local authority considers:

- The consultation has been inadequate in relation to the content or the amount of time allowed.
- The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff.
- A proposal would not be in the interests of the health service in its area.

4.0 HOW DOES THIS WORK IN PRACTICE

The Health Scrutiny Committee may identify topics for study and review to be undertaken. The committee may wish to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services.

The Committee can

- Require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny.
- Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions.
- Make reports and recommendations to certain NHS bodies and expect a response within 28 days.
- Set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority.

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Local Healthwatch organisations and contractors have specific roles which complement those of health scrutiny bodies. For example, they can “enter and view” certain premises at which health and social care services are provided. This can enable local Healthwatch to act as the “eyes and ears” of patients and the public; to be a means for health scrutiny to supplement and triangulate information provided by service providers; and to gain an additional impression of quality of services, safety and issues of concern around specific services and provider institutions. Health scrutiny bodies and local Healthwatch are likely each to benefit from regular contact and exchange of information about their work programmes. It may also be helpful in planning work programmes, to try to ensure that certain aspects are aligned.
Representtives from Healthwatch are invited to all meetings of the Health Scrutiny Committee.

As well as the Local Health Scrutiny Committee the Council appoints to the Greater Manchester Scrutiny Committee. This body compliments the work of individual Council Scrutiny Committees Reviews and scrutinises health services and acts as a consultative body to local health providers when they have a duty to consult.

If you would like more information on how Scrutiny Operates within Bury, contact the Councils Statutory Scrutiny Officer, Julie Gallagher – Julie.gallagher@bury.gov.uk or the Senior Scrutiny Officer, Chloe Ashowrth – C.Ashworth@bury.gov.uk

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List of Background Papers:-
Health Scrutiny Committee - Terms of Reference
Annual Report 2020.21

Health Scrutiny - Work Programme 2022-2023

Date of Meeting	Deadline for submission of advance questions from Members	Agenda Publication Date	Deadline for reports to DS	Agenda Set Meeting (TBC)	Items for the Meeting/Theme	Officers/Cabinet Member
22.06.2022	20.06.2022 (10AM)	14.06.2022	10.06.2022 (12 NOON)	06.06.2022	Lead Officer Overview Health Scrutiny Overview	
21.07.2022	19.07.2022 (10AM)	13.07.2022	07.07.2022 (12 NOON)	04.07.2022		
20.09.2022	16.09.2022 (10AM)	12.09.2022	09.09.2022 (12 NOON)	05.09.2022		
09.11.2022	07.11.2022 (10AM)	01.11.2022	28.10.2022 (12 NOON)	24.10.2022		
25.01.2023	23.01.2023 (10AM)	17.01.2023	13.01.2023 (12 NOON)	09.01.2023		
16.03.2023	14.03.2023 (10AM)	08.03.2023	03.03.2023 (12 NOON)	27.02.2023	Adult Care Annual Complaints Report	Adrian Crook

To be added:

1. Dentistry
2. Update on the adult social care transformation programme
3. Overview of elective care waiting position
4. Urgent care system
5. plans to deliver single gender mental health wards within the Pennine footprint
6. update on the ICS implementation
7. papers on hospital service reconfiguration – particularly around the shift of services within the NCA footprint and with North Manchester. (Include NCA colleagues – Moneeza and Jack)

8. Mental health strategy and delivery plan (end of July)
9. late autumn Adult Social Care reforms
- Fair cost of care
- Preparing for the Care Account
- Preparing for CQC assurance

10. Staff Wellbeing and retention of staff