

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 9 November 2022

Present: Councillor E FitzGerald (in the Chair)
Councillors J Grimshaw, K Hussain, C Birchmore, E FitzGerald,
J Harris, E Moss, M Walsh, M Hayes and I Rizvi

Also in attendance: Will Blandamer, Executive Director of Strategic Commissioning,
Adrian Crook, Director of Community Commissioning, Cath
Tickle, NHS Bury, Kath Wynne-Jones, NHS Bury, Ian Mello,
NHS Bury, David Latham, NHS Bury, Chloe Ashworth,
Democratic Services, Councillor Lancaster

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

Apologies for Absence: Councillor R Brown and Councillor N Bayley

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.2 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 20th September 2022 were agreed as an accurate record.

HSC.4 MATTERS ARISING

Matters arising:

1. The Task and Finish Groups for Carers and the Social Isolation and Loneliness have met and will be reported on later in the meeting.

HSC.5 PUBLIC QUESTION TIME (Pages 7 - 10)

Notice had been received of 1 question. The Chair advised that copies of the questions had been circulated to all Councillors. The Chair also gave an undertaking to make these available on the Council Web Site.

Questioner	Topic	Responding
Robin Ward	Patient/Carer involvement	Will Blandamer

HSC.6 MEMBER QUESTION TIME (Pages 11 - 12)

Notice had been received of 1 question. The Chair advised that copies of the questions had been circulated to all Councillors. The Chair also gave an undertaking to make these available on the Council Web Site.

Questioner	Topic	Responding
Councillor Lancaster	SEND Services	Will Blandamer

HSC.7 OVERVIEW OF ELECTIVE CARE WAITING POSITION

Catherine Tickle, Commissioning Programme Manager presented an overview of Elective Care and Cancer Recovery and Reform Board Update.

Catherine Tickle advised the Committee that there is a specific focus on long waiters across all elective care specialties (72+ week waits) and cancer long waits (62+ day waits), as the key priority areas identified by Greater Manchester Integrated Care Board, for the next phase of recovery following the pandemic. Catherine Tickle also advised the range of initiatives in place to support recovery at a Northern Care Alliance Group level and Bury Locality level are outlined in the presentation slides.

A member acknowledged that waiting lists were not good prior to the pandemic, therefore for context can members be provided with an outline of pre-pandemic waiting times in comparison to now. In response Catherine Tickle advised she will provide a response to the committee on pre-pandemic waiting times. Prior to the pandemic there were programmes of work to address the waiting duration however most of the increased demand is in Mental Health support.

In addition, Councillor Tariq, Cabinet Member for Health and Wellbeing stated that a number of elective operations are being cancelled. In assurance to the Committee Catherine Tickle confirmed that the utilisation of surgical hubs are being considered and we need to keep appointments and procedures happening by ringfencing the site and time. A further way of reducing cancelations it though theatre utilisation.

A member questioned what contingency plans are in place for the workforce risk identified within the presentation. Catherine Tickle advised Committee Members that there are certain specialties where we have seen a reduction in the workforce, an example is in dermatology. There is a Greater Manchester workforce strategy which links to training programmes including developing staff along with considering how services can deliver care in different places at different times. Kath Wynne Jones advised there is a Strategic Workforce group that has been set up and bury is facing similar issues to those nationally. The Group is looking into what makes Bury attractive to work in, methods such as recruitment fairs in central bury venues and parts of the community have taken place to start to identify people.

Discussions took place regarding dermatology and the transformation programme. Catherine Tickle advised that at a locality level General Practitioners have been equipped to help provide some treatments and triaging. In addition, there is a pathway in place so people are triaged, and this is about to be piloted in Salford Royal by EDERMA and will mean there will be a clinician between primary and Secondary care. In addition, at a Greater Manchester Level there is a reduction in the number of referrals. It was requested the Councillor Grimshaw be sent the total number of beds at Salford and if dressings can be done in the unit.

In response to questions regarding pre-operation to surgery time waiting and cancelations members were informed there is improvement. Whilst Covid is still an issue effecting or posing risk to service delivery including still being the largest contributor of staff time. Committee members asked if it is possible to try and obtain data on cancelled operations.

It was agreed that members note the report and thank you to officers who provided the update.

HSC.8 URGENT CARE SYSTEM

Kath Wynne-Jones Chief Officer, Bury Integrated Delivery Collaborative and David Latham, Programme Manager provided an overview of the presentation within the agenda pack. Members were informed Bury performs typically well compared to Greater Manchester. Work is currently being undertaken on resilience, community-based care, Fairfield General Hospital have an internal improvement plan, and the implementation of care which is part of the filiality model is all underway.

The Committee were informed about system meetings that are in place to discuss pressures and plans for the delivery of services.

Councillor FitzGerald, Chair highlighted and asked for comment on the recent death of a patient in an ambulance at Fairfield General Hospital. In response Will Blandamer, Executive Director advised this was an incident that occurred on the 18th October. It is subject to a serious incident review being led by the Director of Nursing for the Bury Care Organisation which is part of the Northern Care alliance that runs Fairfield General Hospital and local community services.

The patient had been referred for ambulance transfer from a care home to Accident and Emergency at Fairfield General Hospital. There was a queue of ambulances waiting to unload due to pressures in the department. The patient however was regarded as clinically stable with close monitoring not only by the paramedics but a nurse, 2 A&E doctors, and a nursing Sister who provided IV antibiotics. The patient then rapidly deteriorated and despite further attention from senior paramedics on site, and an A&E doctor, sadly passed away.

There will be a system learning event, including in particular colleagues from Rochdale as the deceased was a resident of Rochdale and was known to services in that locality. The event will seek to understand if there is anything that could have been done differently and what changes may be required.

It is not clear whether the ambulance queue was a contributory factor in death of the patient although it is clear A&E nursing and medical staff, as well as paramedics were involved in the monitoring and pro-active care of the patient. Nevertheless, we recognise the circumstances of ambulances queuing to offload patients at the Hospital is not ideal. Like other urgent care systems, the Bury system is under very significant pressure and this is manifest most obviously in the pressures at the front door of the Emergency Department. The report later in the meeting will describe the actions being taken to address these pressures. On behalf of the health and care system in Bury we would like to extend our sympathy to the family of the deceased. We would like to assure the Scrutiny Committee that colleagues at Fairfield General Hospital have maintained close contact with the family at this difficult time and we understand that the family were very appreciative of the care that delivered.

A member thanked officers for increased communication and another member complimented the rapid response team.

Discussions took place regarding the understanding officers had on re-admission rates. Members were informed that data is not shared well across Greater

Manchester, and this is a national issue which effects officer awareness of re-admissions.

Members questioned the details of what the 'Virtual hospital' offer is, in assurance members were informed it is about giving care in people's own home that is appropriate and managed virtually by a consultant team.

Discussions took place regarding walk in centers in helping stem the pressure on Accident and Emergency from not being able to access General Practitioner appointments. Members were informed that Prestwich walk in center has not operated for a number of years, but officers are committed to looking at the role and function of the service and no decision has yet been made. Members were informed that the proportion of GP patients in Bury being seen out performs the National average and there is no direct correlation between difficulty getting GP appt and A&E and the correlation is between how near you live to A&E and attending.

It was agreed:

1. Members note the progress made in the urgent care system
2. Will Blandamer to speak with Cllr Birchmore about the vaccination programme for booster vaccinations and flu immunisations

HSC.9 LATE AUTUMN ADULT SOCIAL CARE REFORMS

Adrian Crook, Director of Community Commissioning provided an update on the Adult social care reforms. On 1st December 2021, a White Paper on the future of adult social care was published. The policy components of the reform reflect the transformation currently underway in Bury: improved housing options, assistive technology, a commitment to the workforce, sustainability of the care sector and greater choice and control for our residents.

Bury awaits further updates but will plan and prepare for what the paper sets out which is ambitions in technology, housing and adaptations. None of us want to be dependent on it.

Discussions took place regarding plans for more staff with the budget constraints, in response members were informed there is still modelling taking place regarding the number of staff required but the additional money should be able to fund the staff required.

Councillor FitzGerald, Chair asked for a further update to come back in July 2023.

HSC.10 UPDATE ON TASK AND FINISH GROUPS

EdenfieldThe Chair, Councillor FitzGerald thanked Andrea Tomlinson for the support she has provided to the task and finish groups.

The two groups have now had their first meeting which set the scope of the group. One of the groups is about Carers and following the first meeting it was felt young people were missing from the conversation therefore the plan is for the next session to invite the chair of Children and Young People Scrutiny and the Cabinet Member for Children and Young People. The meeting also covered discussions about the positive effects of Communities identifying support needs and how to engage with people who do not have a community network.

The second group covered Social Isolation and Loneliness and it was evident following discussion that young people are not considered much under this topic. There is a current steering group that has Councillor involvement which is currently being reviewed. It was discussed how often, faith-based groups are better at spotting signs of social isolation and loneliness and it may be useful to invite some groups to meet with the task and finish group.

Councillor Tariq, Cabinet Member for Health and Wellbeing informed the Committee that recently a Greater Manchester Integrated Care Partnership took place in Bury and the discussion was loneliness and isolation. It reported that each locality needs to have a scoping exercise to pick up the signs of vulnerable residents.

HSC.11 EDENFIELD

Councillor FitzGerald also updated members following the private briefing members received on Edenfield. Councillor FitzGerald did advise a further update will be organised as and when necessary. In addition, members were informed that Councillor FitzGerald did discuss this matter with the Chair of the GMCA Health Scrutiny and it was agreed that it won't be reviewed on a GM level until there is a conclusion to the police enquiry.

COUNCILLOR FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.45 am)

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Question 1

Mr. Robin Ward

Will gives an indication of how the future patient representation will be accomplished in the locality, but it is all in the future and, from my experience of representing the views of Bury Patients for almost forty years, I have heard it all before and rarely, if ever, comes to fruition and what happens in the interim?

This strategy was published in January 2020 which, in two months, will be three years ago. Since then, there has been little, or no, Patient or carer involvement in NHS decision making within the BMBC catchment area.

My thoughts, for what they are worth are that effective Patient, and Carers, consultation in the NHS arena needs to have a strong commitment from the providing organisation to involve patients in decision making at all stages by having a range of patients who are able to understand the issues, represent the views of their peers and speak on the issues to be decided whilst maintaining confidentiality [just like councillors]. It is not something that every patient or carer can do as many issues to be decided, and commented upon, are complex and often highly contentious.

That commitment was sadly lacking in Bury CCG during 2018, when recruitment to the Patients' Cabinet was stopped, despite the number of members falling, as it had become a 'talking shop' due to agenda items being presented for discussion only after they had been discussed and voted on by the Clinical Cabinet and the Governing body.

All I can hope for is that the commitment to involve patients and carers in decision making, before decisions are made, and not afterwards is present in Bury ICS.

Answer 1:

In response Will Blandamer advised the following:

Apologies that my use of the future tense suggested that there is little or no patient / carer involvement at present. It was intended to reflect a new organisation who are refreshing its strategy in that context but are absolutely continuing to develop the community led approach that has been developed in recent years. To show our commitment to inclusive approaches I'm outlining here some of our recent or current work:

- Cancer – the answer cancer project is being led by the voluntary sector and specifically involved targeted outreach with ethnic minority groups to encourage uptake of national screening programmes but also include engagement and gathering feedback on barriers to uptake of screening programmes to inform future initiatives. The outcome is a co-produced cancer inequalities action plan for Bury, held by the Elective Care and Cancer Recovery and Reform Board and accountable to the Integrated Delivery Collaborative Board.

- People with lived experience and carers have been engaged in the development of neighbourhood health and care plans especially in the North of the borough where the focus is on improving dementia care and in Whitefield where the focus is on improving services for people with dual diagnosis (MH and drug /alcohol problems). In both cases we are looking at opportunities to strengthen the voice of people with lived experience e.g in Whitefield looking at the opportunity to involve people with prior MH and substance misuse problems in designing and delivering training to health care professionals
- Working with the VCFA, Bury's Wellbeing Service and NCA Cardio team to explore reasons for non-acceptance and compliance with cardiac rehabilitation particularly in marginalised communities. We are now six months into the project and have carried out almost 50 1-2-1 consultations with patients as well as a number of awareness days within Bury's communities.
- Children and young people also shape provision through ongoing involvement including the annual circles of influence event – at the last one young people told us they wanted more mental health support and in response we secured additional funding to increase provision of early intervention services. This year we have launched our mental health in schools programme and give online support via Kooth which offers counselling and the Getting help line. Through our ongoing involvement with the Youth Council we're co-producing a mental health campaign. We also work closely with our Parent Carer Forum and wider parents' network, which has been instrumental in developing service pathways and provision. We recently started a review of a pathway which was started by engaging with parents, understanding their experiences and listening to their ideas about how it could be better. Parents are part of the review and remain involved. Finally, parent representatives sit on our strategic meetings and been integral to our speech and language review and progressing our Autism in School project, to name but two.

As outlined previously, we have moved away from limiting representation through a panel to community led approaches at a neighbourhood level that build community capacity for change and co-production (because we know it's important to work with communities to understand them in their everyday lives and then help them to find their own solutions with their own communities). Ultimately this will support the public sector workforce to shift how it works with communities. Collaborate Out Loud have been specifically commissioned to work across health and care services to do this by creating new opportunities for local people, especially marginalised groups whose voices may not often be heard by public voices. They have recruited several community connectors and are undertaking a public consultation exercise around what matters most to people about health and care services which will inform the project as it progresses. This work is being led by people with lived experience. We would welcome your experience and you can get involved in the community conversations or any other aspect by contacting Claire Haigh at Claire@collaborateoutloud.org. It is being supported by the council, public health, VCFA, Healthwatch and the Integrated Delivery Collaborative.

Question 2 (Supplementary)

Mr Ward thanked Will Blandamer for his response and asked if the Citizens Panel been convened yet?

Answer 2 (supplementary)

Will Blandamer, Executive Director for Strategic Commissioning advised no, the Citizens Panel is currently work in progress with Collaborate Out Loud and they would be very keen to discuss this with you further. In addition Will Blandamer advised the Committee he is committed to meeting with Mr. Ward outside of the meeting to discuss further opportunities.

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Question 1

Councillor Lancaster

Why is Bury Health Department still not communicating with Children's Services?

Our SEND children are still being left behind in Bury.

We do not have an epilepsy nurse, there is still no Irlens Screening being done in Bury, we have no SPD or Arfid therapists in Bury.

Since the amalgamation with GM - Bury SEND children still appear to not have benefited from these services. The services I've listed above are available to other local authorities in GM but Bury Children are still without.

What is being done to ensure our children are not without these services and could the Council please give a timeframe of when we will be able to start to access these services?

Answer

In response Will Blandamer advised the following:

The NHS in Bury is committed to working with Children's services to improve circumstances for SEND children in the borough.

NHS GM (Bury) are key members of the Bury Strategic SEND Board and colleagues from health, social care and education meet weekly to ensure a timely partnership approach to issues as and when they arise.

As part of the wider Bury SEND improvement plan, we have a joint commissioning group attended by council children's services, NHS GM (Bury) representatives, Bury 2gether and others. We have met recently to review the whole joint commissioning programme and to identify gaps in service provision. NHS GM (Bury) also attend the Children's Strategic Partnership Board meeting.

We are aware of the gap in Bury for a specialist epilepsy nurse. This is a recommendation from NICE and we are keen to address this gap as quickly as possible. A business case has been developed and we are working with NHS GM colleagues centrally to secure the funding. This is recognised as a priority by the Leader of the Council, by the GM Mayor, and by NHS GM and I would like to pay tribute to the advocacy being undertaken to publicise this gap.

At the recent joint commissioning group meeting we recognised the issues of Irlens screening and Arfid therapists. Our understanding is that these services were not routinely commissioned by CCGs and are not subject to NICE recommendation.

However, with regards to Arfid the Community Eating Disorder (CEDS) service take low weight and poorly ARFID cases. Those who are not low weight are signposted to community dietetics. They always offer consultation to professionals. If patients are older (teens) and appropriate, they will offer a course of CBT and dietetic support.

Recently a business case has been pulled together from commissioners from Rochdale and Bury to increase the community eating disorder service to provide increased capacity and meet growing

demand. The service will be able to offer support within the family home/community within each locality to improve access and engagement for this cohort of young people who can be difficult to engage in treatment.

There will be a focus on awareness raising, prevention and early identification to reduce the number of very poorly young people entering the service and an additional £361,952 from Greater Manchester has been agreed for the Pennine footprint to increase community capacity. There is an intent to grow the additional therapeutic posts needed to have a more robust Pennine Arfid offer, recognising that there is a national shortage of these posts.

We do have a sensory processing service and are one of a few in Greater Manchester areas to commission a bespoke service. Over the last quarter over 104 families have been supported to understand their Child's needs and many have gone on to have swift assessments and support. Training has also been developed and offered to the wider workforce system across schools and early support services.

Question 2 (Supplementary Question)

Councillor Lancaster

Thanked Will for his response. Councillor Lancaster advised that many people who need Arfid therapy are autistic children with sensory difficulties and most of these treatments are offered only as in-patients services. Parents are reporting that when they are out-patients, and they have autism they are struggling to get help. Also, the CAMHS waiting list is two years to wait for assessment and is another issue parents are facing.

Answer 2 (Supplementary Question)

Will Blandamer advised he will go back and check on the Arfid work because my understanding is that we are doing our best to provide the service through the community eating disorder services and not through an in-patient service. In relation to CAMHS service, it is true the waiting time is high, whilst not all people are waiting two years, we have had some people who have waited a long time. We are looking to increase additional capacity in the service and to invest in interventions below the CAMHS service to stem the flow into the service to improve waiting times and we will be bringing a paper back to this committee.