

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 7 September 2023

Present: Councillor E FitzGerald (in the Chair)
Councillors J Grimshaw, E FitzGerald, M Hayes, I Rizvi,
C Boles, D Duncalfe, J Lancaster and L Ryder

Also in attendance: Moneeza Iqbal, Director of Strategy
Chloe Ashworth Democratic Services
Adrian Crook, Adrian Crook, Director of Community
Commissioning
Councillor Tariq, Cabinet Member for Health and Wellbeing
Sophie Hargreaves, Manchester University MFT
Professor Matthew Makin
Ruth Passman, Bury Healthwatch
Warren Heppollette, NHS Greater Manchester Integrate Care

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

Apologies for Absence: Councillor R Brown, Councillor M Walsh and Councillor
S Haroon

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.2 DECLARATIONS OF INTEREST

Councillor Tariq declared an interest due to being a member of the Health Scrutiny and the Health and Wellbeing Board in Oldham and employed as the Manager of Healthwatch Oldham.

Councillor FitzGerald declared a prejudicial interest due to being employed as the Head of Finance at Yorkshire and Humber Academic Health Science Network.

HSC.3 MINUTES OF THE LAST MEETING

The task and finish group item is to be picked up on the 09th November Health Scrutiny Committee and this should be stated in the minutes.

Subject to the above change the minutes of the meeting held on 18th July 2023 were agreed as an accurate record.

There were no matters arising.

HSC.4 PUBLIC QUESTION TIME

There were no public questions.

HSC.5 MEMBER QUESTION TIME

There were no member questions.

HSC.6 SERVICE PATHWAYS OF THE FORMER PENNINE ACUTE TRUST FOOTPRINT - UPDATE

Adrian Crook, Director of Community Commissioning provided an introduction to the Service Pathways of the former Pennine Acute Trust. The update provides a follow up from the last update given in 2022.

Moneeza Iqbal, Director of Strategy advised the Committee that in March this year the Committee were informed about phase two of the disaggregation. In summary in 2016 it was determined that Pennine Acute would be disbanded to create sustainable services for North Manchester to become part of Manchester Foundation Trust and the creation of a single service across the City of Manchester and for the Northern Care Alliance to be created. We are now six years later and heading towards the end of the process.

The update focuses on four clinical specialties to improve quality and sustainability in:

- Ears nose and throat pathways
- In-patient urology
- trauma and orthopaedic services and;
- DEXA bone density scanning.

The new process taken is to come up with best clinical options and inclusive of patient travel and choice.

Members were invited to ask questions.

Councillor Duncalfe asked for further clarification regarding the orthopaedic transfer. In response Moneeza Iqbal, Director of Strategy advised that both elective orthopaedic and trauma orthopaedic surgery are included in this new pathway. In addition patient engagement has taken place with previous patients and an assessment of support is currently available to assist with travel and for some patients scheduling start times for when and how patients are traveling to us is also considered. Members were informed that the aim is to diagnose people and provide rehabilitation as close to home as possible but for once in a life time operations patients get much better outcomes if the procedure is performed at units who preform high volumes of the procedures.

Councillor Rizvi, questioned if traveling would it be closest specialised service. In response members were informed by Sophie Hargreaves, Manchester University NHS Foundation Trust, that for Ears Nose and Throat services are currently provided at Fairfield and Oldham but we want to leave services there but to create a service at North Manchester too so choice is increased.

Councillor Rizvi asked why teenagers are not mentioned in the report, members were informed we have two cohorts children and young people and adults but the Children and Young People cohort covers up until eighteen years old however the consideration of needs for teenagers does need special consideration.

Councillor Hayes questioned if the public will be receptive to the plans or just attend where they want to go. Moneeza Iqbal, Director of Strategy advised patient choice means the publics

General Practitioner will have a conversation with the public as they may know the clinician or a pathway. There is however a risk they may not want to choose the new services.

Councillor Rizvi questioned if the effects of covid and delays impact on the service. Members were informed that having once in a lifetime services concentrated in one area rather than having lists improves quality, efficiencies and theatre productivity.

Councillor Tariq, Cabinet Member for Health and Wellbeing asked about the thirteen members of the public who engaged with the trauma and orthopaedic service proposals. Members were informed that a number of routes for engagements were used. A wide group of people were invited to provide feedback in focus groups. Sophie Hargreaves Manchester University NHS Foundation Trust, advised surveys were done in outpatient clinics and 300 surveys were completed.

Councillor Boles questioned if there has been an evaluation over phase 1, what is the main learning and how has it developed. Moneeza Iqbal, Director of Strategy advised phase 1 covered changes to clinical haematology foetal medicine and sleep services. One of the main learning was the level of patient engagement and lots of discussions, in particular for the clinical haematology pathways those patients were long term condition patients and we learnt how important it was to communicate with the patients prior to changes being implemented, this has been brought in for the rheumatology. Healthwatch were beneficial in communicating the language used previously was too technical for patients to understand. Professor Mathew Makin advised close attention post change to the migration of data is essential so both organisations are clear there is no delay or lack of clarity on waiting list management.

In summary Councillor FitzGerald advised it would be good to have a follow up to how the new service has gone in the next municipal year.

Members thanked officers for their report, update and attendance at the Committee.

HSC.7 HEALTHWATCH UPDATE

Ruth Passman, Chair of Healthwatch provided a presentation to the Health Scrutiny Committee. Health Watch is now 10 years old and their core function is to reflect and generate feedback on the services and ensuring local voices are heard and acted upon. Key highlights are highlighted throughout the presentation.

Ruth Passman, Chair, Bury Healthwatch opened to questions from members.

Councillor Lancaster asked a question regarding the highlighted key issues of:

- accessing NHS dentist
- Food banks
- Asylum seekers and refugees

In response Ruth Passman, Bury Healthwatch Chair advised she is not fully aware however, Dentistry is a major concern currently and meetings have taken place to start to look at the NHS contract and commissioning in various areas. In terms of food banks it has two factors issue if you search for food banks Healthwatch comes up so they receive a large amount of queries. In relation to asylum seekers and refugees it relates to a fact that Healthwatch held a weekly session with up to 60 people attending and GP access is a large issue and a mystery shopper exercise with GP surgeries and around 70% gave incorrect advice about entitlement to GP care services as you do not require an ID to register or due to immigration status.

In addition Adrian Crook, Director of Community Commissioning provided reassurance to the Committee advising that the Committee have previously had a presentation from Ben Squires from Greater Manchester and previously dentistry was wholly commissioned by NHS England and now in Greater Manchester we receive a degree of delegation from the Devolution deal and not the Integrated Care System (ICS) has been able to make changes to the contract. Now on google via find a dentist you put your postcode in and there is more capacity available now thanks to the ICS. In relation to people who are homeless or seeking asylum if there are any residents and primary care team will remind local GP's of their obligations.

Councillor Lancaster asked for clarity of the top three highlight points and if the data can be made available on what the helpline issues are.

In addition Councillor Lancaster asked who are the services of Healthwatch aimed for and where are the services advertised. In responses members were advised they are provided across a range of social media and they are for all. Healthwatch want to raise awareness and work out of the townships and will widen out the pilot to everyone.

Councillor Rizvi asked about charges for asylum seekers for primary care. In response Ruth Passman, advised the mystery shopper exercise did highlight issues the British medical association and the do encourage transparency regarding this.

Councillor Boles advised the consultation with Children and Young People is welcomed and asked for thoughts on expanding further to primary school children. In response members were informed Healthwatch would be keen to engage with schools to gather information however some vulnerable children feel cautious in certain settings and safeguarding would need to be taken into account.

In addition Councillor Boles asked what assurances can be given to the Committee that the voice of Children and Young People as a whole will be heard and reflective of the community of Bury as a whole. In response Ruth Passman advised she will take this back and feed into Healthwatch's work.

A discussion took place regarding ways Healthwatch can raise concerns if trend and reports show there may be issues with any service.

Councillor FitzGerald, Chair sought assurances on the funding for Healthwatch. In response members were informed that Healthwatch Bury is solely funded by Bury Council. Adrian Crook, Director of Community Commissioning advised Bury received a small grant from the Government which is a statutory requirement under the Health and Social Care Act. Bury Council does proportionate contract monitoring to ensure value for money. Bury believes we have good engagement around projects and welcome health watch identifying their own projects. The organisation of Healthwatch is clearly defined in law and is an independent board we therefore cannot influence them.

Councillor Tariq wished to note that there is a national report on funding and over the next two to three years there are Healthwatch's that are not going to be able to sustain the level of delivery. There is now a new relationship with the Integrated Commissioning Service, a Greater Manchester Healthwatch network and a Greater Manchester chief co-ordinating officer employed to pull together Greater Manchester networks.

Warren Heppolette, NHS Greater Manchester, when NHS Greater Manchester was established it was noted there will be a value in a relationship with Healthwatch to deliver and deepen access to patient experience and insight. The ten local authorities are able to combine

efforts to tackle systemic issues across the board, such as Dentistry and Children and Young People's Mental health through a collaborative model.

Ruth Passman, Healthwatch Bury added that Bury will be hosting the Greater Manchester Board in Bury.

It was agreed:

1. Members note the update.

HSC.8 GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP UPDATE

Adrian Crook, Director of Community Commissioning provided an overview of the report. Members were reminded that Will Blandamer, Executive Director (Health and Adult Care) provided an overview of how the Integrated Care Partnership operates in Bury, which includes primary care, NHS provider Services, commissioners and adult social care services. Members were informed Bury is an integrated care partnership within an integrated care system of ten other local authorities.

Warren Heppolette, Chief Officer for Strategy & Innovation for NHS Greater Manchester advised the arrangements that came into effect in 2022 comprised of two additional elements, this included the establishment of forty two integrated care boards across England and one of the large ones is NHS GM and that body assumes the responsibility for 2.9 million residents in Greater Manchester. It has the additional responsibility and is required to drive a support the processes of health and social care integration and covers some responsibilities of NHS England and the previous Clinical Commissioning Group.

The integrated care partnership ran at a Greater Manchester level and the 10 individual integrated care partnership boards that operate through the locality board. It is the responsibility of the integrated care partnership for GM to set a strategy for the integrated care system overall. The joint forward plan is a statutory requirement to produce and develop a joint forward plan for the strategy.

Six key missions have been designed to deliver the strategy to be relevant and connect the whole of the system.

1. Strong communities
2. Successful economies (including economic participation)
3. Prevention and early detection
4. Recovering core services
5. Workforce and effectiveness of current workers including attract and retain including family carers
6. Long term financial sustainability overall

Members were invited to ask questions.

Councillor Boles questioned what scrutiny of the Greater Manchester Integrated Care Partnership to look like going forward. In response Warren Heppolette, Chief Officer for Strategy & Innovation for NHS Greater Manchester advised focus should be on bringing the system together and how integration is working and locating a set of measures relevant to residents from Bury to improve outcomes. Adrian Crook, Director of Community Commissioning advised there is a range of measures set by the integrated care partnership that relate to the missions with the overarching one being improving population health (20+5). The integrated commissioning service is in process of building a dashboard where we can see the measures.

Councillor Rizvi sought assurance regarding governance to ensure continued quality improvement. Warren Heppolette, Chief Officer for Strategy & Innovation for NHS Greater Manchester advised the new arrangements incorporate clinical governance, clinical oversight and quality assurance.

It was agreed:

1. The Committee thanked Warren Heppolette, Chief Officer for Strategy & Innovation for NHS Greater Manchester for his attendance and update
2. To bring back this item to the Health Scrutiny Committee in one – two years to update on progress.

HSC.9 ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS REPORT

Adrian Crook, Director of Community Commissioning provided an overview of the report. The Adult Social Care Complaints and Compliments report for 2021/22 and is a statutory report covering only adult social care.

There was an increase from 52 to 80 complaints that the Council received regarding adult social care during that year the council provided contact and support to 7896 people which is the highest ever so up 10% on usual figures. There was an increase of 20 regarding the integrated commissioning team as a different approach was taken to complaints to improve customer service. Responsiveness has decreased which is due to the higher volume of complaints being received. Adrian Crook, Director of Community Commissioning wished to acknowledge thanks to Lousie Carroll, Customer Complaints Co-ordinator who does the whole process and writes up the report.

Councillor Lancaster, asked how are Age UK involved in the social care system in Bury. In response Adrian Crook, Director of Community Commissioning advised that Age UK are part of Bury Council's system and they are aimed at preventative and wellbeing and Bury Council do provide them with a grant for befriending, daycare, handy person and home from hospital services and they are a vital part of the system.

Councillor Rizvi sought assurances on the delays in providing assessments and services. In response Adrian Crook, Director of Community Commissioning advised that this covers many elements, including the time taken for a social worker to conduct an assessment or occupational therapy to carry out an assessment or from contacting us to the assessment.

It was agreed:

1. The Committee notes the report and thanks to Louise Carroll.

HSC.10 URGENT BUSINESS

There was no urgent business.

COUNCILLOR FITZGERALD
Chair

(Note: The meeting started at 7.02 pm and ended at 9.15 pm)