

AGENDA FOR
HEALTH SCRUTINY COMMITTEE



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To: All Members of Health Scrutiny Committee

Councillors : J Grimshaw, R Brown, E FitzGerald,
M Walsh, M Hayes, I Rizvi, C Boles, D Duncalfe, S Haroon,
J Lancaster and L Ryder

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, 9 November 2023
Place:	Council Chamber, 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 5 - 10)*

The minutes from the meeting held on 07th September 2023 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.

6 ELECTIVE WAITING TIMES UPDATE *(Pages 11 - 20)*

Karen Richardson, Assistant Director Transformation (Bury), Joanna Fawcus, BCO, NCA and Catherine Tickle, Senior Programme Manager (Bury) to present at the meeting. Presentation attached.

7 ADULT SOCIAL CARE UPDATE AND WHITE PAPER REFORMS *(Pages 21 - 34)*

Presentation from Adrian Crook, Director of Adult Social Services and Community Commissioning attached.

8 GM WOMEN'S HEALTH PROGRAMME

Will Blandamer, Executive Director (Health and Adult Care) to provide a verbal update.

9 ADULT CARE ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2022 -2023 *(Pages 35 - 48)*

Report attached.

10 UPDATE FROM TASK AND FINISH GROUPS *(Pages 49 - 50)*

Report attached from Councillor FitzGerald, Chair.

11 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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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)

Elective Care and Cancer Recovery and Reform Board – Elective Waiting Times Update

Health Scrutiny Committee

09th November 2023

Presented by

Karen Richardson, Assistant Director Transformation (Bury)

Joanna Fawcus, BCO, NCA

Catherine Tickle, Senior Programme Manager (Bury)

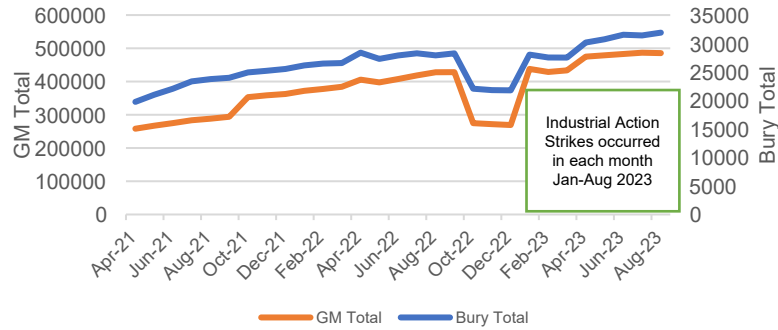
GM Elective Recovery Strategy

- Strategy is focused on 6 key Pillars of Recovery:
 - **Integrated Elective Care** – looking at the front end of the pathway, referral variation, use of advice and guidance and outpatient transformation including the use of patient initiated follow ups.
 - **Productivity and Efficiency** – ensuring we get the most out of the capacity we have through increased use of theatres, reductions in did not attend (DNA) rates, length of stay following key procedures
 - **Independent Sector** – working in partnership with the independent sector to ensure capacity supports those key groups of patients such as long waiters particularly in pressured specialties
 - **Wait List Management** – development of a single access policy and principles across GM, implementation of the national patient choice programme, piloting the use of wider data sets to risk stratify our wait list and identify patients who are more likely to deteriorate and reprioritise them
 - **Surgical Hubs** – development and utilisation of surgical hub capacity to protect elective activity even during periods of high system pressure such as winter
 - **Children and Young People** - nationally recovery for children and young people is behind that of adults. This recovery pillar is focused specifically on the needs of children and young people, recognising the disproportionate impact long waits have on development
- Each recovery pillar has a health impact assessment which is reported on at GM Elective Board
- There is a GM Elective Locality Group which brings together the Elective Leads from each Locality to support the implementation of the strategy
- The GM Elective Board have agreed the establishment of a Lived Experience Panel which is currently in development
- Information for patients is available on our GM While You Wait web site to support them while they are waiting. This contains general information for all patients and GM are increasing the information on specific specialties (<https://whileyouwait.org.uk/>)

RTT Waiting List – GM and Bury Locality

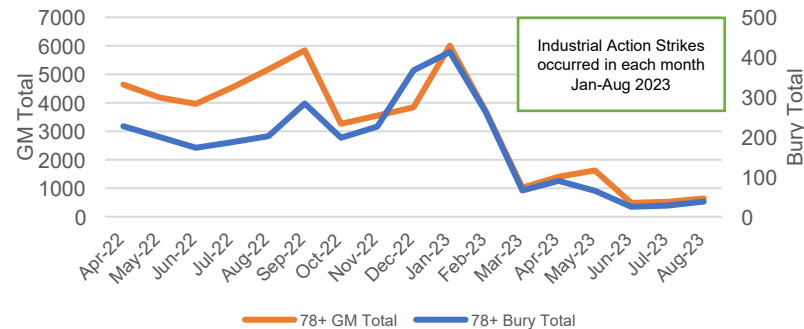


Total Waits

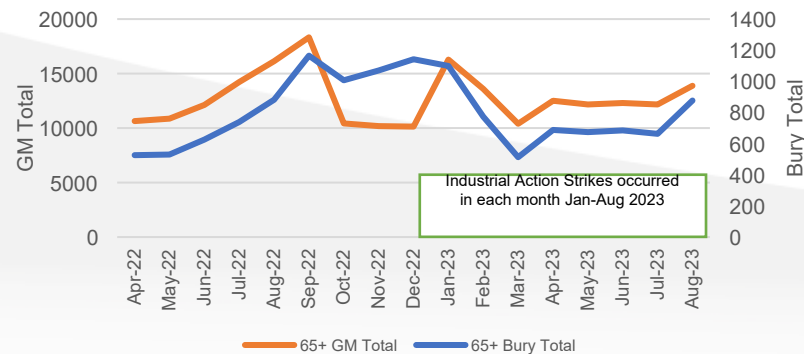


	No. of Strike Days
Jan-23	4
Feb-23	3
Mar-23	3
Apr-23	4
May-23	2
Jun-23	3
Jul-23	9
Aug-23	6

78+ Week Waits



65+ Week Waits



- **Total GM waiters - started to stabilise, with the current position at 485,531 (Aug-23).**
- **Bury waiters - currently at 31,917 in August, accounting for 6.6% of GM's total.**
- **Dip from Oct to Dec 22 is attributed to missing MFT submissions.**
- **78+ Week Waits –decreasing in GM since June with 640 currently waiting. Bury has been decreasing since April with 38 currently waiting, 5.9% of the GM total 78+ Week Waits. Both GM and Bury have had slight increases in August.**
- **65+ Week Waits –stabilised in GM and Bury Since April, with 13,881 currently waiting in GM and 877 in Bury. Bury accounts for 6.3% of the GM total 65+ Week Waits. Both the GM and Bury waiters over 65 Weeks have increased in August.**
- **Overall GM position impacted by industrial action - most recently the joint industrial action.**
- **Long wait position – ambition to eliminate 78+ week waits asap and 65+ week waits by 31st March 2024.**
- **Post Industrial Action - Prioritisation of cancer and Priority 2 patients ahead of long waits due to clinical need, pushing out the timescale for delivery of the long wait position.**

GM Locality - RTT Waiting List (Aug 23)

GM Locality	Total All	Plus 65 week waits	Plus 78 week waits
Greater Manchester Total	485,531	13,881	640
NHS MANCHESTER	94,501	3,958	150
NHS STOCKPORT	58,371	1,926	135
NHS TRAFFORD	38,481	1,718	64
NHS OLDHAM	36,602	963	63
NHS HEYWOOD, MIDDLETON AND ROCHDALE	37,682	857	51
NHS SALFORD	49,856	1,230	46
NHS BURY	31,917	877	38
NHS BOLTON	47,406	665	33
NHS TAMESIDE	31,438	458	31
NHS WIGAN BOROUGH	59,277	1,229	29

Bury Locality Waits : All Providers (Aug 23)

Bury Locality Waits By Provider (Aug-23)	Total Waiting List		Plus 65 week waits		Plus 78 week waits	
	Volume	% of Bury Total	Volume	% of Bury Total	Volume	% of Bury Total
Bury Locality Total All Providers	31,917	100%	877	100%	38	100%
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	21,362	67%	340	39%	10	26%
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	6,943	22%	473	54%	23	61%
BOLTON NHS FOUNDATION TRUST	1,595	5%	42	5%	1	3%
Other GM NHS Trusts	424	1%	2	0%	0	0%
Other Providers	1,593	5%	20	2%	4	11%

RTT Performance: NCA and Bury Patients (Aug 23)



Total Waits

Specialty	Total
Dermatology Service	17286
Trauma and Orthopaedic Service	16664
Neurology Service	15530
Ear Nose and Throat Service	14692
Gynaecology Service	11149
Neurosurgical Service	10819
Other - Surgical Services	10796

- In **August NCA** had a **total of 159,193 waiters** - **Dermatology and T&O** being the **top two specialties**.

- Total **Bury** waiters at **NCA** is **21,362** - **Dermatology and ENT** being the **top two specialties**.

19.8% of Dermatology waits and **13.0% of T&O** waits at **NCA** are for **Bury** registered patients.

Bury ENT waiters account for **17.7%** of **NCA** waiters.

78+ Week Waits

Specialty	Total
Trauma and Orthopaedic Service	27
Neurosurgical Service	20
Gynaecology Service	13
Dermatology Service	9
Ear Nose and Throat Service	7

- In **August NCA** had a **total of 98 78+ Week waiters** with **T&O and Neurosurgical** being the **top two specialties**.

- Total **Bury** waiters at **NCA** is **10**.

The **top specialties** for **Bury** waiters is **Urology**.

42.9% of Urology waits at **NCA** are for **Bury** registered patients.

65+ Week Waits

Specialty	Total
Neurosurgical Service	1208
Dermatology Service	772
Ear Nose and Throat Service	322
Trauma and Orthopaedic Service	286
Other - Paediatric Services	223

- In **August NCA** had a **total of 3715 65+ Week waiters** with **Neurosurgical and Dermatology** being the **top two specialties**.

- Total **Bury** waiters at **NCA** is **340**.

The **top two specialties** for **Bury** waiters are **Dermatology and ENT**.

22.9% of Dermatology waits at **NCA** are for **Bury** registered patients.

Bury ENT waiters account for **9.3%** of **NCA** waiters.

Drivers include demand returning to pre-pandemic levels, and reduced elective capacity due to industrial action

NCA RTT Performance: All Localities (Aug 23)



NCA Trust RTT Waiting List (Aug-23)						
RTT Specialty	Total Waiting List		Plus 65 Week Waits		Plus 78 Week Waits	
	Volume	% of Trust Total	Volume	% of Trust Total	Volume	% of Trust Total
Trauma and Orthopaedic Service	16,664	10%	286	8%	27	28%
Neurosurgical Service	10,819	7%	1,208	33%	20	20%
Gynaecology Service	11,149	7%	153	4%	13	13%
Dermatology Service	17,286	11%	772	21%	9	9%
Ear Nose and Throat Service	14,692	9%	322	9%	7	7%
Urology Service	8,509	5%	88	2%	7	7%
Other - Surgical Services	10,796	7%	102	3%	6	6%
Oral Surgery Service	3,258	2%	161	4%	3	3%
General Surgery Service	5,705	4%	150	4%	2	2%
Plastic Surgery Service	656	0%	13	0%	2	2%
Other - Medical Services	6,977	4%	52	1%	1	1%
Other - Paediatric Services	8,510	5%	223	6%	1	1%
Cardiology Service	5,681	4%	5	0%	0	0%
Cardiothoracic Surgery Service	15	0%	0	0%	0	0%
Elderly Medicine Service	330	0%	1	0%	0	0%
Gastroenterology Service	8,894	6%	17	0%	0	0%
General Internal Medicine Service	65	0%	0	0%	0	0%
Neurology Service	15,530	10%	102	3%	0	0%
Ophthalmology Service	7,779	5%	55	1%	0	0%
Other - Other Services	135	0%	1	0%	0	0%
Respiratory Medicine Service	2,197	1%	0	0%	0	0%
Rheumatology Service	3,546	2%	4	0%	0	0%
Grand Total	159,193	100%	3,715	100%	98	100%

- The main specialties driving current NCA RTT performance are **Neurosurgery, Spinal Surgery** (which is counted under Trauma & Orthopaedics), **Dermatology, and ENT**.
- **Dermatology** has experienced a large increase in seasonal urgent suspected cancer pathway demand (48% higher than in 2019-20) which has **reduced capacity to treat lower clinical urgency long waits**
- **Specialist Neurosurgical and Spinal Surgery** services are subject to **capacity constraints**
- **ENT** is a service that is experiencing **capacity constraints across GM providers**

- NCA Clinical teams are working with national clinical leads from the NHS GIRFT (Getting It Right First Time) programme to adopt best practice so that we can see more patients sooner. This includes improving efficiency and streamlining clinical pathways.
- Extra capacity from other providers is being used in Dermatology, Neurosurgery & Spinal Surgery, ENT and Gynaecology to address backlogs. Mutual aid from the Walton Centre to treat Neurosurgical patients started in late October.
- Our Outpatient Transformation programme links to GIRFT work and includes improvements to the ways we invite patients for their appointments so that a higher proportion of patients are supported to attend clinics through clearer information and reminders. By doing this we will be able to see more patients sooner.
- Development of Clinical Diagnostic Hubs, which streamline and speed up pathways from referral to diagnosis.
- Increasing the availability of specialist advice to GPs to reduce demand.

Total Waits

Specialty	Total
Other - Medical Services	25479
Oral Surgery Service	18947
Other - Paediatric Services	18442
Gynaecology Service	17392
Other - Surgical Services	15296

- In August MFT had a total of **193,554 waiters** with **Other-Medical Services** and **Oral Surgery** Service being the **top two specialties**.
- **Total Bury waiters at MFT is 6943, 3.6% of total waiters at MFT.**

The **top two specialties** for **Bury waiters** are **Other-Medical Services** and **Oral Surgery Service**.

4.9% of Other-Medical Services waits and **9.3% of Oral Surgery Service** waits at MFT are for **Bury registered patients**.

78+ Week Waits

Specialty	Total
Oral Surgery Service	129
Plastic Surgery Service	52
Ear Nose and Throat Service	40
General Surgery Service	40
Urology Service	29

- In August MFT had a total of **426 78+ Week waiters** with **Oral Surgery** Service and **Plastic Surgery** Service being the **top two specialties**.
- **Total Bury waiters at MFT is 23, 5.4% of 78+ Week Waiters at MFT.**

The **top specialty** for **Bury waiters** is **Oral Surgery Service**.

13.2% are for **Oral Surgery Service** waits at MFT Bury registered patients.

65+ Week Waits

Specialty	Total
Oral Surgery Service	1434
General Surgery Service	955
Other - Medical Services	911
Ear Nose and Throat Service	774
Urology Service	747

- In August MFT had a total of **9519 65+ Week waiters** with **Oral Surgery** Service and **General Surgery** Service being the **top two specialties**.
- **Total Bury waiters at MFT is 473, 5% of 65+ Week Waiters at MFT.**
- The **top two specialties** for **Bury waiters** are **Oral Surgery** Service and **Other - Surgical Services**.
- **13.2%** of **Oral Surgery Service** at MFT are for **Bury registered patients**.
- **Bury Other - Surgical Services** waiters account for **13.1%** of MFT waiters.

Summary – Key Take Aways

- GM has a robust strategy focusing on 6 pillars of recovery.
- Bury represented on the GM Elective Board, GM Elective Locality Group and GM Integrated Care Pillar.
- GM waiters started to stabilise despite the impact of the industrial action.
- Prioritisation of Cancer and 'Priority 2' patient's over longest waits post-industrial action – impacting timescale to deliver 78+ ww/65+ww position.
- Now need to focus on driving down the overall wait list size.
- Bury 78+ Week Waits
 - 5.9% (38) of the GM total.
 - 10.2% (10) of the NCA total
 - 5.4% (23) of the MFT total
- Bury 65+ Week Waits
 - 6.3% (877) of the GM total
 - 9.1% (340) of the NCA total
 - 5% (23) of the MFT total
- Top Specialties for Bury Waiters
 - NCA - Urology, Dermatology and ENT.
 - MFT - Oral Surgery Service and Other - Surgical Services.
- Trusts are working with the NHS GIRFT Team to adopt best practice to improve waits.
- Digital Mutual Aid System (DMAS) detailed within the 23/24 Planning Guidance to support the provision of mutual aid for long waiting patients being rolled out across all NHS trusts.
- Patient Initiated Digital Mutual Aid System (PIDMAS) will enable GM patients the ability to 'opt-in' to move provider, when they have been waiting over 40 weeks for care and meet the right criteria.
- GM While You Wait web site – support for patients while they are waiting.

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Adult Social Care Reforms Update

9th November 2023

White paper published 1st December 2021

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Main Components:

- Workforce Strategy - £500m – reduced
- Housing - £300m – a steering group set up
- Disabled Facilities Grant - £570m - delivered
- Specialist Housing - £71m – yet to see
- Technology fund - £150m – yet to see
- Innovation Fund - £30m – yet to see
- Deconditioning Inequality fund - £3m – yet to see
- Unpaid Carers - £30m – yet to see

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White paper published 1st December 2021

Fair Cost of Care Exercise

- Delivered along with funding that enabled us to move towards the fair cost of care

Charging Reform

- Delayed

CQC Inspection of local authority

- Started and progressing

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The Care Quality Commission (CQC)

Page 24

- The CQC is the independent regulator of health and adult social care in England.
- Their role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care.
- They monitor, inspect and regulate services and publish what they find.
- They have powers to act where they find poor care.

Let's embrace LET'S do it!

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CQC assessment duties

- The CQC already inspect care homes, home care agencies, hospitals, ambulance services, GP and dental practices, mental health and community services.
- The CQC acquired new duties to assess local authorities and integrated care systems from April 2023.
- This has not been done to Councils for nearly 15 years!

CQC assessment of local authorities

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- New duty on CQC to independently review and assess how local authorities are delivering their Care Act functions.
- All local authorities are to be assessed over two years.
- Local authorities will be rated as 'outstanding', 'good', 'requires improvement' or 'inadequate'.
- Intervention framework now published.

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The Care Act 2014

- The Care Act 2014 represented the most significant reform of care and support in more than 60 years.
- The Act combined various existing pieces of legislation which previously shaped how social care was arranged in Britain.
- The Care Act changed many aspects of how support is arranged, and aimed to give greater control and influence to those in need of support.
- The next slide outlines key duties and powers.

NB: The scope of CQC assessment of local authorities is confined to our responsibilities under the Care Act 2014.

CQC Themes & Quality Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice

Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working

Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes	Care provision, integration and continuity	Partnerships and communities
We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this	We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care

Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

Safe systems, pathways and transitions	Safeguarding	Governance	Learning, improvement and innovation
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.	We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

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Key dates

**Apr to Sep
2023**

- CQC to review data and published documentary evidence across all local authorities.
- Pilot assessments with five local authorities (Birmingham, Lincolnshire, North Lincolnshire, Suffolk and Nottingham).

**Sep to Dec
2023**

- CQC aims to carry out 20 formal assessments (slightly delayed and a moving feast – 9 weeks advance notice to be given in October with assessments through to January).

**Early 2024
onwards**

- CQC carrying out further formal assessments, all to be completed within 2 years
- Publish individual ratings of local authorities following the pilots and assessments

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Local Assessments

Notice

- 4 weeks' advance notice of assessment (9 weeks for first cohort).

Duration

- Assessments 'taking around 20 weeks' end-to-end.

On-site

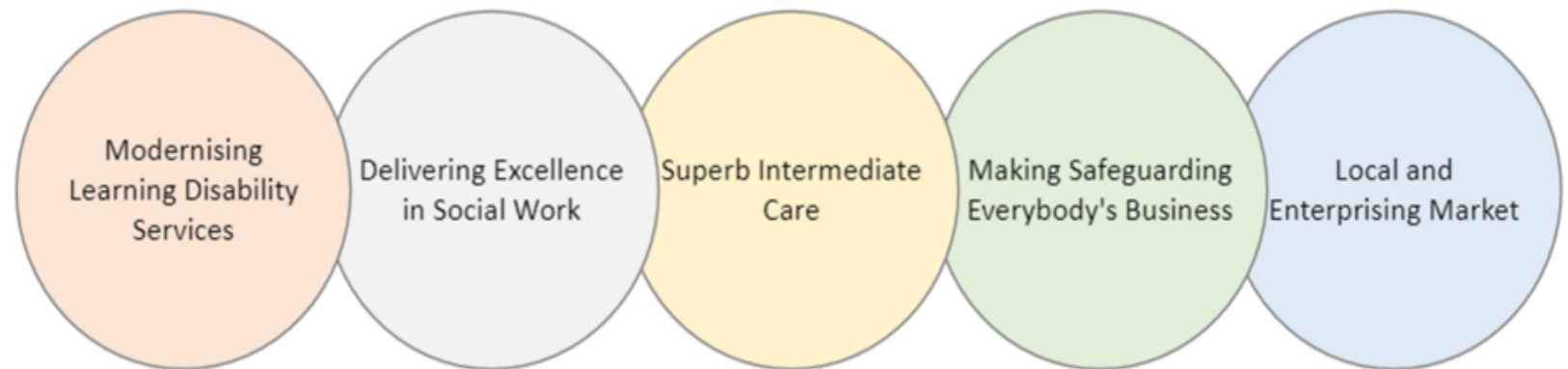
- 'Potentially no more than 3 days' on-site.

Assessment preparation, planning and management will place an ongoing burden on Adult Social Care. Government to provide £27k pa new burdens funding.

Assurance preparation

- ASC Strategic Plan, Risk Registers and Transformation Programme.

'The people of Bury will have independent and fulfilling lives, involved and connected to their local communities'.



My life, my way. Let's do it!

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Assurance progress

- NW ADASS Peer Case File Review and Peer Challenge Day held in February 2023.
- ASC Strategic Plan 2023-26 and risk registers in place.
- Social Work Assurance Board now established.
- Regular case file audit being implemented.
- New Quality Assurance for Care Services is being developed.
- Self-assessment report being drafted and evidence repository being compiled.
- ASC Quarterly report for Cabinet and Scrutiny being develop to strengthen member engagement.
- ASC Transformation Board continues to meet monthly to oversee progress.

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Final thoughts

- CQC assessment is not just an Adult Social Care issue; engagement with political leadership and corporate support is required.
- Significant improvement may be required in some areas but planning and delivery is already underway.

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Questions?

**ADULT SOCIAL CARE
SERVICES**

**ANNUAL COMPLAINTS &
COMPLIMENTS**

APRIL 2022 – MARCH 2023

September 2023

1.0 PURPOSE AND INTRODUCTION

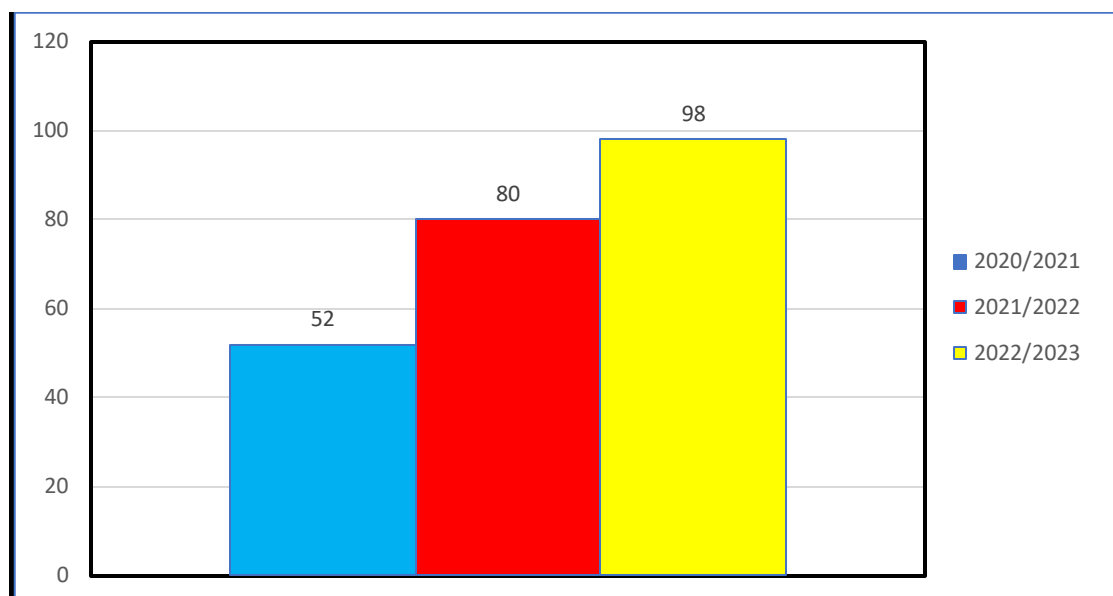
- 1.1 It is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints, received by the Corporate Core Department, Bury Council.
- 1.2 This report is to provide members of Health Scrutiny Committee with details of information relating to Adult Social Care Services.
- 1.3 The report relates to the period 1st April 2022 – 31st March 2023, and provides comparisons between previous years, as well as detailing the nature, scope and scale of some of the complaints received.

2.0 BACKGROUND

- 2.1 The council is required to operate a separate Statutory Complaints and Representations procedure, in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which was laid before Parliament on 27th February 2009 and came into effect on 1st April 2009. From 1st April 2009 there has been a single approach to dealing with complaints to ensure consistency in complaints handling across health and social care organisations. This procedure is based on the Department of Health's guidance, 'Listening, Responding and Improving' which supports the statutory requirements for the handling and consideration of complaints. Its intention is to allow more flexibility when responding to complaints and to encourage a culture that uses people's experiences of care to improve the services provided by Bury Adult Care Services.
- 2.2 The complaints mentioned in this report typically relate to issues where customers, their families or carers feel that the service they have received have not met their expectations. In these cases, the Council will always have endeavoured to resolve any concerns or dissatisfaction before a formal complaint has been received. Complaints, therefore, usually arise when the customer does not agree with the Council's interpretation of events or, in some cases, where policy delivers an outcome which they do not agree with.
- 2.3 Within the regulations which govern the complaints process, the Council adopts a flexible approach which prioritises local resolution. However, where complainants remain dissatisfied, they have the option to take their case to the Local Government & Social Care Ombudsman.
- 2.4 Members of Parliament cannot make a complaint on behalf of a constituent using the statutory process. However, MP's can raise a 'Concern' on behalf of a constituent with the Council and these are then managed accordingly.
- 2.5 The Complaint Procedure is not intended for dealing with allegation of serious misconduct by staff. These are covered by and dealt with through the Council's separate disciplinary procedures.

DATA ANALYSIS OF COMPLAINTS RECEIVED

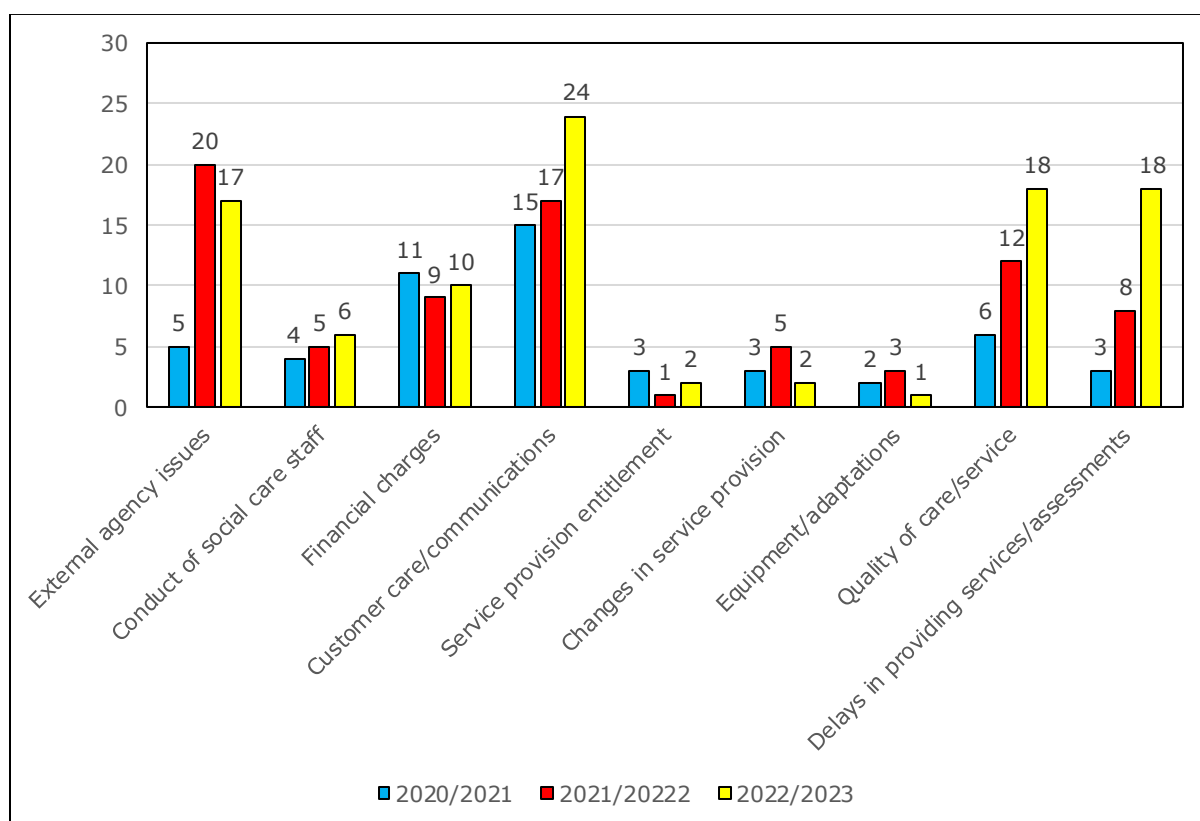
3.0 ADULT SOCIAL CARE COMPLAINTS



- 3.1 The total number of complaints received in 2022/2023 has increased from the previous years.
- 3.2 The number of complaints received should be considered in context with the number of people actually having direct contact with Adult Social Care Services (excluding their relatives, friends or carers who might make complaints on their behalf). The number of people to have direct contact with Adult Social Care Services during 2022/2023 was 6,103. It is positive that the proportion of people wanting to make a complaint about the services received from the department is still relatively low at 98.
- 3.3 Out of the 98 complaints received, 15 complaints came back to the department to advise they remained dissatisfied, meaning 83 complaints were initially resolved. A further review of these complaints was carried out by a senior manager of the service.
- 3.4 As would be expected when dealing with complaints from predominantly vulnerable groups, a large number of complaints received are made by a family member, advocate or solicitor of a service user, rather than the service user themselves.

	Complaints raised by a service user	Complaints raised on behalf of a service user	%
2020/2021	52	33	63%
2021/2022	80	64	81%
2022/2023	98	63	64%

4.0 NATURE OF COMPLAINTS

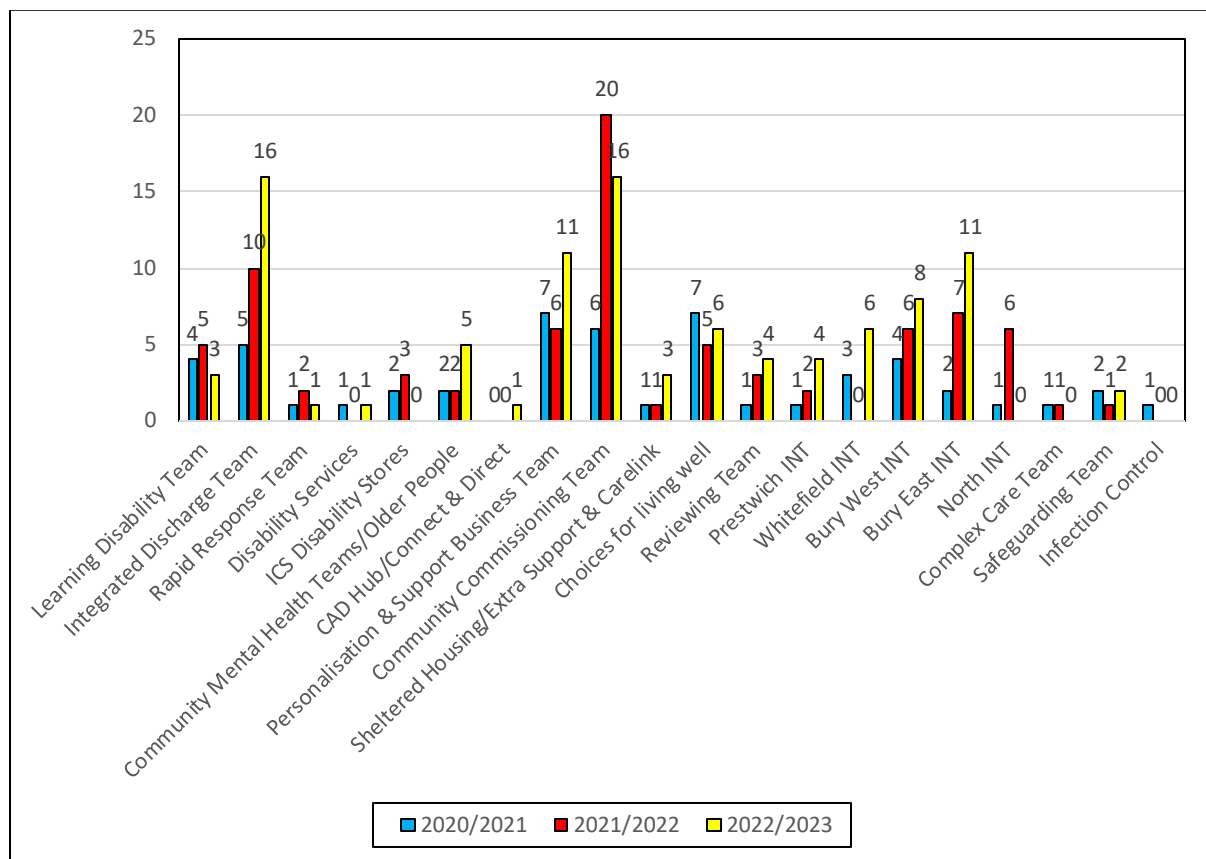


4.1 On the whole, the nature of complaints has shown no real noticeable increases. There has been a slight increase in complaints relating to 'customer care/communications' (from 17 to 24), and 'delays in providing services/assessments' (from 8 to 18), representing 70% & 44% increases respectively. As the department has emerged from the pandemic, we have seen the number of people waiting for an assessment from a social worker increase. The department is currently developing a programme to reduce the numbers waiting that will start in autumn 2023.

4.2 During the period 2022/2023 it has shown the number of complaints upheld/partially upheld has shown a slight decrease from the previous year 2021/2022. In all cases when complaints are received, learning is drawn from the comments received and the subsequent investigation.

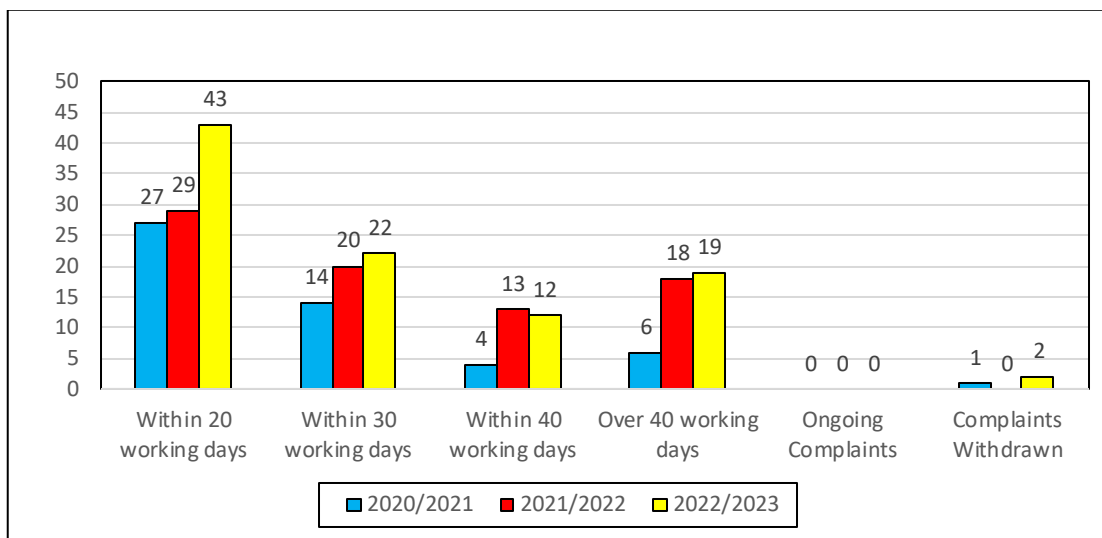
	Number of Complaints Received	Complaints Upheld / Partially Upheld	Complaints Not Upheld	Complaints Withdrawn
2020/2021	52	24 (47%)	27 (53%)	1
2021/2022	80	63 (79%)	17 (21%)	0
2022/2023	98	63 (66%)	33 (34%)	2

5.0 COMPLAINTS PER TEAM



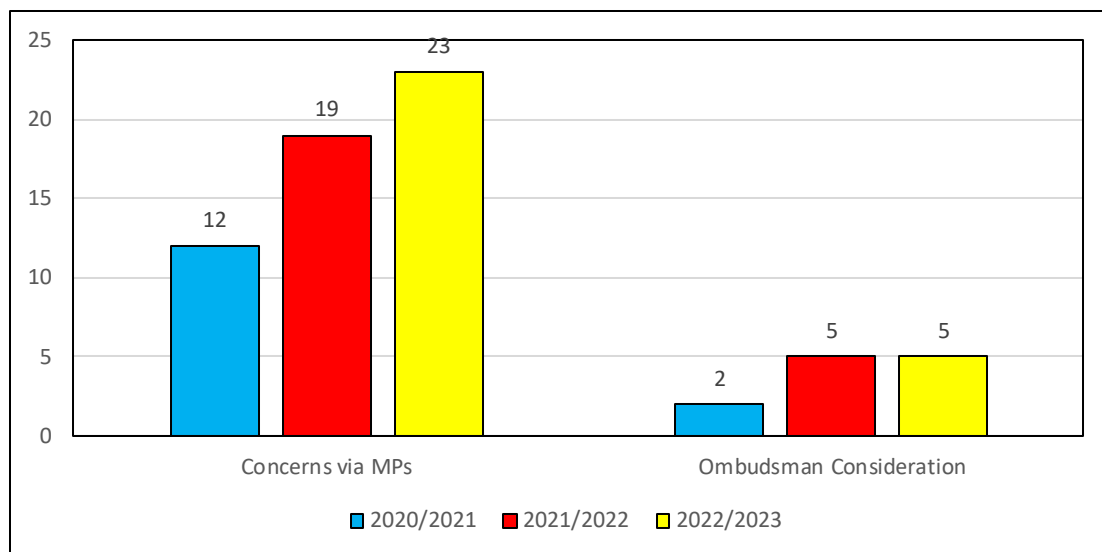
- 5.1 In comparison the overall number of complaints within teams has remained steady.
- 5.2 The report has highlighted an increase from previous years in complaints for the Integrated Discharge Team and Personalisation & Support Business Team. It has also highlighted a slight increase in complaints from the previous year relating to Integrated Neighbourhood Teams, namely Whitefield INT and Bury East INT. Complaints for the Integrated Discharge Team and Personalisation and Business Support Team relate to charges for services. Rules relating to charging for adult social care returned to normal this year following a long period of care being provided free as part of the government’s response to the pandemic and pandemic recovery. Confusion in the hospital systems resulted in miscommunication and a subsequent increase in complaints.
- 5.3 All complaints are considered in terms of the learning that they can provide on how to improve the services and help us to make sure our staff are trained to give the correct advice and support.

6.0 TIMESCALES



- 6.1 Whilst there are no statutory timescales with which the department must comply in responding to complaints, we do aim to resolve complaints within twenty working days on receipt of complaint. For more complex complaints which involve different service areas, 3rd party organisations, NHS for example, timescales will exceed the twenty working days.
- 6.2 It is for the council and complainant to agree how the complaint will be handled, the likely duration of the investigation and when the complainant can expect to receive a response.
- 6.3 In 2022/23, 43 of complaints were responded to within the 20 working day timescales, 22 of complaints were responded to outside of the 20 working day timescales, 12 of those were over 40 working days. Complaints responded to over 40 working days has remained steady from the previous year. Of the complaints responded to outside of the 20 working day timescales all complainants were kept updated on the delay, the reason for the delay and provided with a new response date.
- 6.4 It is pleasing to see nearly half of the complaints received were responded to within 20 working days. Which is a significant improvement from the previous years.
- 6.5 Towards the end of the year The Local Government & Social Care Ombudsman's office will be carrying out a training session with key members of staff on effective complaint handling, how to investigate complaints, decision making and remedy recommendations. Previously sessions have been well received and had a positive impact, staff felt more confident when investigating and responding to complaints.
- 6.6 In the summer of 2023 a new Adult Social Care Complaints Policy will be launched, staff and service users will have access to this via Bury Council's Website.

7.0 MP CONCERNS AND LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN CONSIDERATIONS / ENQUIRIES



- 7.1 As has been previously mentioned, concerns raised on behalf of constituents by Members of Parliament are recorded separately. There has been a slight increase from 19 in 2021/2022 to 23 in 2022/2023.
- 7.2 The number of complaints investigated by the Local Government and Social Care Ombudsman (LGSCO) has not increased and remained as the previous year of 5 cases in 2022/2023. It is positive that 95% of the complaints received were resolved to the satisfaction of the complainant with only 5% remaining dissatisfied and approaching the LGSCO.
- 7.3 Of the five cases received the LGSCO closed one case after initial enquiries, as they could not add to the Council's response or make a different finding. On the other cases fault was found with recommended action to be taken in the form of a written apology and financial recompense.

8.0 COMPLIMENTS

8.1 In addition to complaints, the department also records the number of compliments received.

Total number of Compliments received 2021/2022	Total number of Compliments received 2022/2023
515	601

Service Area	2021/2022	2022/2023
Integrated Hospital Discharge/Discharge to Assess Team	0	5
Choices for Living Well Intermediate Care, Reablement, Killelea, IMC @ Home	240	220
Sheltered Housing / Carelink / Support at Home	41	64
Integrated Community Equipment Services	11	59
Learning Disability Team	5	0
Older People's Community Mental Health Team	3	5
CAD Hub/Connect & Direct	4	1
Personalisation and Support Business Team	40	41
Rapid Response Team	44	57
Disability Services	65	58
Older Peoples Staying Well Team	31	52
Prestwich INT	1	3
Whitefield INT	0	6
Bury East INT	3	3
Bury North INT	2	6
Bury West INT	2	0
Integrated Commissioning Team	3	0
Reviewing Team	18	21
Bury Employment Support and Training	2	0
Safeguarding Team	1	0

8.2 The number of compliments received has shown an increase from the previous year. Team Managers are reminded and encouraged to record and share all compliments received.

- 8.3 It is pleasing to see the increase in compliments received, especially when those services are front line, for example there has been a noticeable increase in compliments for the Integrated Community Equipment Services, Sheltered Housing/Carelink/Support at Home, Rapid Response Team, and Older Peoples Staying Well Team. Staff have continued to work tirelessly during the most challenging of times and it is pleasing to see that their hard work is being acknowledged and recognised.
- 8.4 When a compliment is received that acknowledges the efforts of an individual member of staff a personal thank you letter is sent by the Director - Adult Social Services and Community Commissioning. A copy is also placed on the individual's personnel record.
- 8.5 Here are some examples of positive feedback received from people receiving a service:

➤ **Discharge to Assess Team**

I wish to comment on the very able, and capable services provided to my husband during his stay at Heathlands! The team, including the physiotherapy personnel worked hard to achieve safety and quality of the rehabilitation of his complex needs, especially mobility. I would like to personally thank the social worker for all his professional help in the outcome.

I can truly commend and recommend the whole unit, as a very useful and necessary provision in the realms of health care and the national health service.

➤ **Choices for Living Well - Killelea IMC**

In this day and age, people are all too ready to criticise and complain when things go wrong, so it's gives me great pleasure to compliment the therapists from Killelea. They have both been absolutely brilliant, they have advanced me from not being able to walk to now walking with a walking stick in two weeks something I thought would take much longer. I cannot praise them highly enough.

➤ **Whitefield INT**

I just wanted to say a proper thank you for your help with my Mum. Your professionalism and genuine care for her has been so appreciated by me and the rest of the family.

The way you assessed the situation with mum at Heathlands and the advice you were able to offer really helped me understand Mum's needs and how to keep her safe.

I am totally happy with the decision to make Mum permanent at Heathlands and the nurse responsible for her and all the carers are so lovely with her. Many thanks once again for all your help.

➤ **Rapid Response Team**

Each and every one of the staff who have visited me, carers, physios, nurses have been excellent with me. They are caring, helpful and very friendly. They have advised me on caring for myself and without them I would not be in the position I am today. Much more mobile. Thank you everyone.

➤ **Choices for Living Well – Reablement Team**

Of all my NHS related services I have received since my fall, this was by far the best. All carers were helpful, cheerful, and seemed to love their work. I have improved so much in the last few weeks with this wonderful help.

➤ **Choices for Living Well – IMC at Home**

I was extremely lucky to have someone so caring to teach me how to walk again after hip surgery. I cannot suggest any improvements to such a wonderful service and physio instructor.

➤ **North INT**

The professionalism and dedication from the social worker were second to none. She listened and was realistic with the package of care which has significantly impacted upon the wellbeing of my daughter.

➤ **Older Peoples Staying Well Team**

Just a message to say a very big thank you for all the work you have done on behalf of my Mum. We are quite astounded at how much you have managed to achieve in such a short space of time!! She's especially pleased with her new steps & handrails which now means she can access outside safely. Many thanks for your help, patience and understanding, it is greatly appreciated by us both.

➤ **Personalisation and Support Team**

I really wanted to say thank you for everything you have done. You have been a great help throughout what was a difficult time. You have answered all my questions, you have shown empathy, you have delivered on your promises, and you have done it all without hesitation. I cannot thank you enough. You have been an absolute god send. I will be forever grateful.

➤ **Integrated Discharge Team**

Feedback from family members re hospital discharge support following a very difficult discharge. Just had a phone call from the daughter of a patient that was discharged yesterday. She wanted to say that the social care officer was indeed right with her assessment and wanted to say a massive thanks for all her commitment and hard work. She said that we do an amazing hard job and just wanted to make sure that she knew that it was appreciated.

➤ **Older People's Mental Health Team**

I just wanted to let you know how amazing the social worker is and how she has assisted my parents. For months now she has been at the end of the phone when they or I needed her. There have been a couple of situations where my mum has needed to contact her, and she is always there to give advice and help.

She goes above and beyond which shows she really cares about the people she looks after. Nothing is ever too much trouble, and I can't put into words the amount of help she has given us. I will never be able to repay her for all the emotional and practical support she has given and continues to give to my parents and myself. Dedicated staff deserve to be recognised, and I just wanted you to know what a special person she is. Truly 'An angel without wings'

➤ **Integrated Community Equipment Services**

The service received over the last few weeks has been amazing, from calling to arrange deliveries, from staff delivering and removing. Immeasurable support at a very hard time in our journey with mum. Thank you.

➤ **Carelink**

Customer fell last night suffering a head injury. Her son telephoned and wanted to pass on his thanks to the duty controller for her prompt actions in contacting son and requesting an ambulance. He was very complimentary of both the duty controller and the service.

➤ **Support at Home**

Number of compliments received from the tenants at Moorfield re the darts evening and sandwiches that had been arranged. The tenants really enjoyed it, it started at 7.30pm and went on till 11pm, the tenants are now going to have a darts evening weekly.

➤ **Reviewing Team**

I'd like to say how much we appreciated your visit, she was resistant to, and anxious about a visit from a Social Worker, but you really put her mind at rest. She told us, after your visit, that she felt included in all decisions and believes that you have her best interests at heart. That is massive for us.

Thank you too for all the information you gave us. My sister, who is Mum's main carer is happy with the plan and reassured that more support is at hand.

Throughout the visit you had a positive and respectful attitude, please pass on to your manager how pleased we all were!

9.0 LEARNING FROM COMPLAINTS

- 9.1 While complaints highlight where customers are dissatisfied with the services they have received, they are also beneficial in helping to develop lessons learned to improve services and ensure any mistakes are not repeated.
- 9.2 Examples of action taken in response to investigation findings to improve services:

Complaint	Lessons Learnt
Communication regarding discharge procedures.	<p>The team have been reminded of the importance of communicating with key family members.</p> <p>Improvements made to documentation to make it much easier to identify any nominated family members, ensuring it is documented who to liaise with on their behalf or keep updated on any developments relating to their stay.</p> <p>At quality monthly meeting experience discussed with senior management. The current discharge process has been reviewed to ensure our systems are robust enough to avoid this happening again.</p> <p>All staff will be reminded in the next team meeting of the importance of clear communication with patients and family members to ensure that a smooth transfer of care takes place.</p> <p>Across the service we will be developing documentation to ensure that key contacts for each customer is identifiable.</p>
Fall and missing items of equipment following a respite stay.	<p>All staff reminded of the importance of completing full incident reports where a customer falls or staff support the customer to the floor to avoid a fall.</p> <p>Increase spot checks and observations of night staff.</p> <p>Label and photograph all equipment brought in by customers.</p> <p>Implement new care management system to provide managers with greater oversight of incidents and time stamped activities.</p>
Not receiving actual care hours specified on care plan.	<p>Carried out a review of care at home providers actual contact time against the planned time. This will ensure we are able to monitor where calls are potentially being rushed in order to reduce these issues occurring in the future.</p>

10.0 SUMMARY AND CONCLUSIONS

- 10.1 Despite an increase on service demand, the number / proportion of complaints received still remains relatively low.
- 10.2 Similarly, the number of concerns raised directly to Members of Parliament has remained stable.
- 10.3 Positively, only five cases escalated to the LGSCO out of 98 complaints.
- 10.4 The Council will continue to seek to learn from complaints, concerns and compliments raised with them.
- 10.5 Complaints and compliments provide valuable information to the department on how well it is performing, where resources need to be used, and where improvements need to be made. Details of all complaints, concerns and compliments are provided to senior officers on a monthly basis, enabling them to identify any trends or issues within the services they are responsible for.

SCRUTINY REPORT

MEETING: Health Scrutiny Committee

DATE: 09th November 2023

SUBJECT: Update on the Social Isolation and Loneliness Task and Finish Group and the Carers Task and Finish Group

REPORT FROM: Councillor FitzGerald, Chair of Health Scrutiny

CONTACT OFFICER: Chloe Ashworth, Democratic Services

1.0 BACKGROUND

- 1.1 To inform Members of the Health Scrutiny Committee of the work going forward from the Loneliness and Social Isolation and Carers Task and Finish Group.
- 1.2 A meeting has now taken place with the Cabinet Member for Children and Young People and the Cabinet Member for Health and Wellbeing to discuss next steps.

2.0 ISSUES**2.1 Social Isolation and Loneliness Task and Finish Group**

- 2.1.1 Visit the Nicky Alliance Centre to see provision and meet with users.
- 2.1.2 Investigate what offer there is for new mothers and their toddlers who are socially isolated following the Covid19 pandemic. We were unable to meet with this group during the current municipal year.
- 2.1.3 Engage with young people through Youth Participation workers/Youth Cabinet/Schools to discuss issues and work being done for young people in the area.
- 2.1.4 The Cabinet member for Health and Wellbeing to reengage with the Council's Social Isolation & Loneliness steering group, and to ensure there is councillor representation on the body.
- 2.1.5 Discussions took place with officers and the Cabinet Member for Children and Young people about how we could avoid the unintended consequences of some of the Council's policies and cuts to services exacerbating loneliness and increasing mental health issues. A further discussion about whether this should be focused on positive wellbeing checks on policies as proforma took place. The 'Let's Do it' assessment on Council policies and the work of the Locality Board were suggestions of how this could be achieved.

2.2 Carers Task and Finish Group:

- 2.2.1 To visit a coffee morning or listening café to meet with carers and have photographs taken for a press release which will highlight and promote the services
- 2.2.2 All Councillors to undertake awareness training of the service and what it can offer. This will enable Councillors to be able to recommend and promote the offer to constituents.
- 2.2.3 All Councillors to be invited to become 'Friends of Bury Carers' which will then give them access to regular information and news.
- 2.2.4 All schools be asked to provide their governors with information relating to young carers within their schools.
- 2.2.5 To look at the widening of a befriending service in Bury to support families where children are carers but to consider for both cohorts.

3.0 CONCLUSION

The Health Scrutiny Committee is asked:

- To note and support the actions going forward within the report.
- To inform Democratic Services if they wish to attend the following:
 - Visit the Nicky Alliance Centre
 - Visit a coffee morning or listening café
- To attend carer awareness training and promote to other Councillors
- To become 'Friends of Bury Carers'
- To await an update from the Cabinet Member about the Social Isolation & Loneliness Steering group.
- To highlight to cabinet members and other councillors when scrutinising policy to ensure the impact on wellbeing is included as part of the 'Let's do it' considerations.
- To write to the Locality Board about the T&F group's findings and that we understand one aspect of their role is to monitor the impact of the Council's work on Wellbeing across Bury.

4.0 SAFEGUARDING IMPLICATIONS

None.

List of Background Papers:-

Social Isolation and Loneliness Highlight Report
Carers Highlight Report
Scrutiny Annual Report 2022-23

Contact Details:-

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