

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 24 January 2024

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

**Also in attendance:** Councillor N Boroda  
Will Blandamer, Executive Director (Health and Adult Care),  
Adrian Crook, Director of Adult Social Services and Community  
Commissioning  
Michael Cunliffe, Democratic Services  
Sue Massel, Assistant Director (Adult Social Care)  
Emma Arnold, Workforce Transformation Lead- Bury Integrated  
Delivery Collaborative  
Zoe Alderson, Head of Primary Care (Bury)  
Caroline Beirne, NHS  
Kat Sowden MD Persona  
Kathryn Wynne Jones, NHS

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

---

**HSC.1 APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**HSC.2 DECLARATIONS OF INTEREST**

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

**HSC.3 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 9<sup>th</sup> November 2023 were agreed as an accurate record.

The Chair reported that a matter arising would involve the committee escalating the query made by Councillor Boles about homosexual women having to pay for IVF cycles when NHS policy was to all be treated the same.

**HSC.4 PUBLIC QUESTION TIME**

There were no public questions.

**HSC.5 MEMBER QUESTION TIME**

There were no member questions.

**HSC.6 WORKFORCE PRESENTATION**

Kat Sowden, provided an overview of the Bury Locality Workforce Strategy 2023-25 presentation which had been included in the agenda packs.

The presentation included:-

- Our Journey so far
- Scope of Our Strategy
- One Workforce Strategy – Plan on a Page
- Our Shared Workforce Challenges
- Our Shared Ambition
- Our Values
- What we will deliver - Our Outcomes
- Our Success Measures
- Our Strategy in Action
- Assurance Framework

The strategy described the why, outcomes, approaches and direction of travel needed to ensure development of a genuine 'One Workforce' approach across Bury. This was essential to transform services and the demands they face.

The workforce needed to be supported given the demands they are facing and must now maximise the real opportunities to address challenges, that genuine system focused workforce solutions will enable.

Support must continue and maximise across the system workforce, to do the best for communities.

Councillor Boroda placed on record his thanks to the NHS workforce coping with capacity issues and demand for services.

Members enquired about volunteers and what role they would provide in the workforce and what new recruitment opportunities are being explored.

Training opportunities had been opened up to the voluntary sector and Emma Arnold added schools and colleges would be engaged with in relation to healthcare careers. Social media would also be used to attract younger people and tap into local communities.

Members discussed an ageing population, a backlog of work due to Covid and what strategies were in place to keep existing NHS staff from leaving the workforce. A retention strategy was in place across the health care service and good practice was shared along with resources into the voluntary sector.

Members asked about best practice and was there anything to help staff with stress.

Discussions took place regarding agency staff covering sickness and the Chair asked if feedback on all the work undertaken was having an impact. It was deemed too early to report on any impacts around vacancy rates but these may shift over time.

It was agreed:

1. Members of the Committee noted the report.
2. That the item be included on a future committee agenda for an update and to share any case studies and see the impact.

## **HSC.7 PRIMARY CARE NETWORK- OVERVIEW AND NEW SERVICES INCLUDING ARRS**

Zoe Alderson, presented an update on Primary Care to the committee with a slide deck included in the agenda packs.

General practice is one part of Primary Care, the others being Community Pharmacy, Optometry and Dentistry which together support more patients every working day than any other single part of the health system.

Like many parts of the NHS, general practice is under intense pressure. Demand and complexity in general practice are increasing, and practices are facing a widening gap between patient demand and the capacity available to meet that demand.

All practices have pressures and workforce challenges, with these often felt most acutely in practices working in areas of high need and deprivation, and in rural areas

The presentation covered:

- Accessibility
- Appointments
- Staffing
- Modern access model
- Alternative solutions

A Member asked about the number of appointments available daily and Zoe Alderson also stated that there was no data available to provide reasons behind the number of no show appointments.

A Member asked about the purpose of the NHS app and how the success of it would be measured. It was reported that repeat prescriptions could be utilised and help the pharmacy communicate with the practice.

It was agreed:

1. Members of the Committee noted the report.
2. That a short briefing note be produced to share with elected Members on the number of roles in primary care, promotion of the NHS app and the modern general practice access model.

## **HSC.8 PROPOSED NEW COMMITTEE OF 4 BOROUGHES - JHOSC**

Councillor FitzGerald reported that attached to the agenda packs were the terms of reference and working principals for the joint health overview and scrutiny committee (JHOSC) for the Northern Care Alliance (NCA).

Following the establishment of NCA which covers the Salford Royal, Fairfield General, Royal Oldham and Rochdale Infirmary hospitals, it had been proposed that the 4 councils establish a Joint Health Scrutiny Committee.

Historically we have had these committees when we have one Trust delivering across a number of different locations. We had thought this would be covered at a GM level but it has been confirmed this will not happen.

As the terms of reference state, it is to scrutinise the generic services provided by the Northern Care Alliance relating to the health of the population in Bury, Oldham, Rochdale and Salford and contribute to the development of policy to improve health and reduce health inequalities in respect of services provided by the hospitals.

Its membership will be made up of three Councillors from each of the four constituent local authorities (Bury, Oldham, Rochdale and Salford).

The establishment of this committee will enable the authorities to improve accountability and support NCA as it moves from requires improvement by working with all the local authorities at one place and time to move forward quickly on resolving issues rather than taking the same presentation to 4 different meetings.

The Chair drew Members attention to, "Improving health and health services through scrutiny is most likely to be achieved through cooperation and collaboration between representatives of local Councils, the Northern Care Alliance, representatives of Health Watch and the clinical commissioning groups commissioning hospital services."

The committee would be hosted by Oldham and Bury will contribute c£5,000 pa to support the committee.

It was stated that this would not take away on powers from the Health Overview and Scrutiny Committee.

Members discussed the quorum of the new Committee, was political representation involved and substitute rules.

The committee supported the proposals with a couple of suggestions around the draft terms of reference for Members quorate, as it could be possible all 3 Members in attendance could be from one single authority. Suggested amends included a minimum of 5 Members with a least 3 authorities represented.

It was agreed:

1. Members of the Committee noted the report.
2. That Members of the Committee approved the proposed Committee and the suggested TOR amends would be communicated, this would then be taken to a future full Council meeting to make the relevant constitutional changes that will allow the committee to start in April 2024.

## **HSC.9 ADULT SOCIAL CARE PERFORMANCE REPORT**

Adrian Crook, Director of Community Commissioning reported on the Adult Social Care Department Quarter 1 and 2 Report for 2023-24. The report outlined delivery of the Adult Social Care Strategic Plan, preparation for the new CQC Assessment regime for local authorities and provides an illustration and report on the department's performance framework.

Councillor Borada added the report illustrates the high demand on Adult Social Care being felt here in Bury but also across the whole of England, compounded by multiple years where additional funding has not kept pace with demand.

It showed that this demand is causing some pressure with keeping pace with people waiting to see a social worker and those in need of an annual review. Where this is the case it can be seen that Bury is performing on average when compared to Greater Manchester and the North West meaning this effect is being felt widely across our region, not just here in Bury.

Despite this pressure the department is delivering on its improvement plan by not only preparing for forthcoming CQC inspection but also in its priorities to improve services.

Where pressure is seen the department is utilising recent government funding to address these issues, these include reducing waiting lists and a forthcoming plan to reduce the number of overdue reviews. Progress is already being seen in the numbers waiting to see a social worker where overall numbers waiting have dropped to 171 which must be seen the context of 9200 people per year requesting our support compared to 6500 before the pandemic.

Adrian Crook clarified the primary means of public contact to request support, information and advice is through our care, connect and direct office (CAD). A higher proportion of contacts resolved by CAD means that people's enquiries are being dealt with straightaway and not passed on to other teams.

Local Authorities have a duty to carry out an assessment of anyone who appears to have needs for care and support, regardless of whether those needs are likely to be eligible. The focus of the assessment is on the person's needs, how they impact on their wellbeing, and the outcomes they want to achieve. Assessments where there was no further action are where there were no eligible needs identified or a person with eligible needs declined services. A lower number means that operation teams are able to focus their time on those people with identified needs.

Adult Social Care services may be short-term or long-term. Short-term care refers to support that is time-limited with the intention of regaining or maximising the independence of the individual so there is no need for ongoing support. Long-term care is provided for people with complex and ongoing needs either in the community or accommodation such as a nursing home. It is preferable to support people in their own homes for as long as it is safe to do so.

Adult Social Care reviews are a re-assessment of a person's support needs to make sure that they are getting the right support to meet their needs. Needs may change and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned reviews means that people are supported through scheduled reviews of their support needs rather than when a significant event has occurred requiring a change in support. Support packages should be reviewed every 12 months.

A chart included in the report showed the quality ratings of care homes in Bury compared to the rest of Greater Manchester showing the % of beds rated good or outstanding. The second chart showed Greater Manchester compared to the other regions in England and the Northwest. The final chart shows the rating of home care agencies operating in Bury.

The proportion of services users in Bury that are extremely or very satisfied with the care and support they receive, 63.2%, is comparable to the England average and has stayed the same since the previous survey in 21/22. 39.7% of service users have as much social contact as they would like, which is below the England average of 44.4% and has dropped 5 percentage points from last year. This placed Bury 5<sup>th</sup> out of 10 in Greater Manchester.

A Member asked about the inclusion of resident adults living with learning disabilities and it was reported that additional staff have now been recruited to work on policy and processes involved.

A Member queried why Radcliffe was linked into data figures for Bury West and a discussion also took place on reducing the number of people living in permanent residential care and increasing the number living well at home.

It was agreed:

Members noted the content of the report.

## **HSC.10 GENERAL PRACTICE PATIENT SURVEY (GPPS)**

The Chair informed the committee that this presentation had only been circulated earlier in the day and if Members required a paper copy, these were available.

Zoe Alderson, presented an update on General Practice Patient Survey to the committee

The General Practice Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

The GPPS measures patients' experiences across a range of topics, including:

- Local GP services
- Making an appointment
- Patient's last appointment
- Overall experience
- COVID-19
- Patient health
- When your GP practice is closed
- Demographics

Each year, the surveys are sent out in January and the results cover the period of January to December the previous year.

In Greater Manchester Integrated Care Partnership (GM ICP), 202,165 questionnaires were sent out, and 46,871 were returned completed. This represents a response rate of 23%, a 1% decrease on 2022.

In Bury Integrated Care Partnership, 10,524 questionnaires were sent out, and 2,905 were returned completed. This represents a response rate of 28%, which, whilst a decrease of 2% on the response rate for 2022, it remains higher than the GM return rate for the survey.

A table in the report provided a summary of the main questions within the survey alongside the results for Bury ICP compared to national results and wider GM results.

The Bury General Practice Strategy has been structured to support both patients and practices to improve their experience. The 5 goals of the General Practice Strategy relate to, reinforce and support overall improved access and patient satisfaction, these are:-

- Develop and Promote a new model of general practice
- A resilient workforce and an attractive place to work
- Increase capacity within general practice and meet appropriate demand
- Strengthen the relationships between provider partners across the bury system
- Improve outcomes for patients by reducing inequity and variation in access and quality of care

Members asked about the decrease in patient satisfaction levels and this was probably due to linked to the old way of walking in and booking an appointment. It was also noted that this was a national policy shift pattern across the UK.

Members talked about the level of engagement undertaken and all practices had engaged.

The growth in demand for mental health services was discussed with Will Blandamer adding increased budgets to tackle waiting times and ease pressure on services was taking place.

**Adrian Crook would provide a link to compare GP practice results with national and ICS results after a Member questioned that information provided only included a small snapshot.**

Councillor FitzGerald advised that Members would do what they can to help signpost services to the public.

It was agreed:

Members of the Committee noted the report.

**HSC.11 URGENT BUSINESS**

No urgent business was reported.

**COUNCILLOR E FITZGERALD**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9.10 pm)**