

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 26 January 2016

Present: Councillor S Kerrison (in the Chair)
Councillors A Adams, E FitzGerald, J Grimshaw, S Haroon, K Hussain, J Mallon, S Smith, and R Walker

Also in attendance: Councillor Andrea Simpson, Cabinet Member, Health and Wellbeing
Linda Jackson, Assistant Director of Operations (Adult Care)
Julie Gonda, Assistant Director, Strategy, Procurement and Finance
Dr Patel, Chair Bury Clinical Commissioning Group (CCG)
Stuart North, Chief Operating Officer, Clinical Commissioning Group (CCG)
Nadine Armitage, Head of Partnerships, Pennine Acute NHS Trust
Lesley Molloy, Senior Quality Assurance and Development Officer
Julie Gallagher, Democratic Services Officer

Public Attendance: Two members of the public were present at the meeting.

Apologies for Absence: Councillor L Fitzwalter, R Skillen and T Pickstone

HSC.671 DECLARATIONS OF INTEREST

Councillor Joan Grimshaw declared a personal interest in respect of all items under consideration as a member of the Patient Cabinet.

HSC.672 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting

HSC.673 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meetings held on 8th December 2015 be approved as a correct record.

HSC.674 MATTERS ARISING

In respect of minute number HSC.398 Gluten Free Prescribing; Dr Patel Chair of the CCG provided members with a verbal update in respect of the engagement undertaken by the CCG as to whether they should continue to prescribe gluten free products.

Included in the engagement were members of the Clinical Cabinet and the Patient's Cabinet as well as members of the public.

The CCG have reviewed all those patients currently entitled to free prescriptions, 55% of those entitled do not receive their prescription; the proposed changes will generate £79,000 savings for the CCG.

In response to a Member's question; the CCG Chair reported that if a patient suffers from Coeliac's disease, the clinician would recommend that the patient does not have any wheat products.

Councillor Walker commented that he had received only one letter of objection in relation to the proposed withdrawal of prescriptions for wheat free products.

Dr Patel reported that the final decision in relation to gluten free prescribing would be taken by the CCG in March 2016.

It was agreed

The decision in respect of Gluten Free Prescribing would be reported at a future meeting of the Health Overview and Scrutiny Committee.

HSC.675 DELAYED DISCHARGE

Linda Jackson, Assistant Director of Operations, presented members of the committee with an update in respect of the delayed transfers of care for Bury. The presentation contained the following information:

A patient is ready for transfer when:

A clinical decision has been made that the patient is ready for transfer and,
A multi-disciplinary team decision has been made that the patient is ready for transfer and,
The patient is safe to discharge/transfer.

639 bed days were lost due to delays in October for Bury Local Authority area, a 3.4% increase on the previous month. 222 days were lost due to delays awaiting a care package in the patient's own home and 197 days were lost due to delays in waiting for further NHS non-acute care.

Reasons for those patients that were medically fit for discharge were as follows:

- Increase in those awaiting a social work assessment
- Increase in those awaiting continuing health care screening and transfer to community teams
- Reduction in those waiting to go into a residential and nursing home
- Issues resulting from the Mental Capacity Act.

The Assistant Director of Operations, reported that there is no one single project designed to improve the situation for Bury but a range of initiatives which include; Bury Urgent Care Partnership Group, further data collection review, deeper local dive into the National Data Categories, discharge tracker and the north east sector discharge group.

Members present were given the opportunity to ask questions and make comments and the following points were raised:

The Chief Operating Officer Bury CCG reported that the number of emergency bed days lost in Bury is one of the lowest in the country. The readmission rates following discharge at Fairfield is the best in the North of England.

The Assistant Director of Operations reported that she chairs the North East Sector Discharge Group, the model at North Manchester is different to that which operates at other sites. The Group is reviewing how the service is provided on that site and any good practices/lessons learnt will be shared within the group.

In response to a query raised in respect of onsite social worker assessments, the Assistant Director of Operations reported that the onsite social worker would undertake the assessment initially, the information would then be transferred to the Local Authority Social worker where the patient is a resident.

In response to concerns raised by members in respect of a greater number of patients being treated further from their home as a result of the Healthier Together proposals and the impact this would have on delayed discharges; the Assistant Director of Operations reported that a Greater Manchester Discharge Group will look and track all patients. A scheme is being piloted within the Pennine Acute footprint in respect of "discharge to assess" if successful this would be rolled out across Greater Manchester.

Members of the Committee discussed staffing issues within social care including problems with capacity, job progression, working with service users with multiple conditions and the impact of the living wage.

In response to a Member's question the Assistant Director of Operations agreed with the comments that discharge planning needs to begin from the day the patient is admitted. The Trust Development Agency as part of review work undertaken at Pennine Acute has identified areas of improvement in respect of discharge.

It was agreed:

The Health Overview and Scrutiny Committee will continue to monitor incidents of delayed transfers of care and in particular the work undertaken in respect of the recommendations from the Trust Development Agency report.

HSC.676 QUALITY ASSURANCE ANNUAL REPORT

Julie Gonda, Assistant Director Strategy Procurement and Finance and Lesley Molloy Senior Quality Assurance and Development Officer attended the meeting to provide members with an update in respect of the Quality Assurance Annual Report 2014/15. The presentation contained the following information:

- An outline of the Quality Assurance Team and the Quality Assurance Framework
- A summary of the Social Care Market Quality Assurance activity
- The current quality of the Social Care the Local Commission including any specific quality issues that are being addressed to improve the quality of the services

The top three areas of non-compliance across all service areas were; staffing, medication and care planning.

The Senior Quality Assurance and Development Officer reported that all outcomes with the exception of staffing showed a significant reduction in non-compliance in the latest review. Since September 2013 it has been evidenced that the quality of services has significantly improved, with an increase of 72% of services becoming fully compliant.

Members present were given the opportunity to ask questions and make comments and the following points were raised:

In response to a Member's question in respect of safeguarding concerns, the Senior Quality Assurance and Development Officer reported that the Local Authority would work with the providers in areas in which they are found to be non-compliant. The providers will be asked to develop an action plan addressing the concerns highlighted.

Members of the Committee highlighted concerns in respect of the number of providers that were non-complaint due to staff training issues. The Senior Quality Assurance and Development Officer reported that staff turnover is a significant issue in respect of training.

In response to a Member's question in respect of the differences in levels of compliance reported by the Local Authority compared to the Care Quality Commission. The Senior Quality Assurance and Development Officer reported that the CQC changed the way they inspect and report in April 2015. The inspection process has become more robust and has resulted in a higher number of non-compliant providers.

In response to a Member's question, the Assistant Director of Strategy, Procurement and Finance reported that the Local Authority has de-commissioned four providers in the last 12 months due to quality issues.

It was agreed:

The Assistant Director, Strategy procurement and Finance and the Senior Quality and Assurance and Development Officer be thanked for their attendance.

HSC.677 LOCALITY PLAN AND DEVEOLUTION MANCHESTER UPDATE

Julie Gonda, Assistant Director Strategy Procurement attended the meeting to provide members of the committee with an update in respect of the Locality Plan.

An accompanying report had been circulated to members prior to the meeting containing the following information:

The Locality Plan sets out the five year vision for improving health and social outcomes across Bury. The strategic vision is to ensure that the population is as healthy, happy and independent as possible, living with minimal intervention in their lives. This will be achieved through targeted strategies of self help, prevention and early intervention, reablement and rehabilitation.

The Bury Locality Plan forms part of the Greater Manchester Strategic Plan: *" To produce during 2015/16, a comprehensive GM Strategic Plan for health and social care aligned to the NHS 5 forward view describing how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent five years."*

The Greater Manchester Plan will aim to deliver fundamental change for Greater Manchester:

1. Radical upgrade in population health prevention
2. Standardising Community Care
3. Standardising Acute Hospital Care
4. Standardising Clinical Support and Back Officer Services
5. Enabling Better Care

Bury's Locality Plan will set out a local "place view" and key focus on an integrated care approach. Bury Council and Bury CCG have committed to work towards establishing one single commissioning function.

The Assistant Director Strategy, Procurement and Finance reported that there is a financial challenge in Bury that needs to be taken into consideration. The Financial gap within Bury will be £125 million by 2021; this equates to £85 million in the NHS; £40 million within Social Care.

Members discussed the locality plan, greater integration of services, care closer to home and the proposed single commissioning unit. The Assistant Director Strategy, Procurement and Finance reported that the Locality Plan was subject to change and it is a document produced with key stakeholders and partners.

The Chief Operating Officer reported that money is available from the Devolution budget to support the implementation phase and dual running.

It was agreed:

HSC.678 URGENT BUSINESS

There was no urgent business reported.

COUNCILLOR SARAH KERRISON
Chair

(Note: The meeting started at 7pm and ended at 8.50pm)