

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 17 March 2016

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

**Also in attendance:** Linda Jackson, Assistant Director of Operations (Adult Care)  
Julie Gonda, Assistant Director, Strategy, Procurement and Finance  
Stuart North, Chief Operating Officer, Clinical Commissioning Group (CCG)  
Julie Gallagher, Democratic Services Officer

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

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

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## **HSC.829 DECLARATIONS OF INTEREST**

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

Councillors Kerrison, Mallon and Walker declared personal interests in respect of agenda item HSC.832 Healthier Radcliffe as patients of associated practices.

Councillor Fitzgerald declared a personal interest in respect of all items under consideration in view of her appointment as a non-executive director at Persona.

## **HSC.830 PUBLIC QUESTION TIME**

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

## **HSC.831 MINUTES OF THE LAST MEETING**

### **It was agreed:**

The minutes of the meetings held on 26<sup>th</sup> January 2016 be approved as a correct record.

## **HSC.832 HEALTHIER RADCLIFFE UPDATE**

Julie Gonda, Assistant Director Strategy procurement and Finance, attended the meeting to provide members of the Committee with an update in respect of the Healthier Radcliffe programme. The presentation contained the following information:

The Healthier Radcliffe schemes were rolled over in November 2015 to 31 March 2016 this was to allow for a more detailed evaluation and review extended data to understand the real value of the schemes.

A decision will be made by Integrated Health & Social Care Board which is being held on 17 March 2016. Of the 4 schemes, it is proposed that 2 are decommissioned; Domiciliary Medication Optimisation and the Frail Multi Disciplinary Team (MDT) and Targeted Frail Elderly Care Co-ordination.

It is proposed to continue with the Radcliffe & Whitefield Paramedic scheme and the Staying Well service, but to roll it out across Bury with the systematic identification of appropriate patients in place

The Assistant Director Strategy Procurement and Finance reported that learning from the healthier Radcliffe scheme has identified a number of themes including:

- more focus is need to consider evaluation up front, what we think is 'good' and how we measure it, before schemes or services are put in place
- Engagement with, and from, partners and GPs needs to be undertaken differently and much earlier in design
- A different approach is needed rather than the piecemeal approach to schemes, and separate project management has not been as effective as it could have been
- An out of hospital approach / model should be defined that we can commission as one 'out of hospital' service

The Chair invited questions from those present and the following points were raised.

In response to a Member's question the Assistant Director Strategy Procurement and Finance reported that 400 reviews were requested in respect of the domiciliary medication optimisation scheme. In respect of the frail MDT scheme 289 service users were identified of those 98 completed the assessment.

In response to concerns raised by Members, the Assistant Director reported that some of the issues that have led to the services not being recommissioned will be successfully addressed via pooled budgets and the better care fund. The Better Care Fund will allow for greater integration of services and will alleviate some of the problems that have arisen in respect of the recruitment and the retention of staff.

With regards to the decommissioning of the multi disciplinary team, the Assistant Director reported that this is not about how care is delivered but rather the professionals that support the service and the assessment process.

In response to a question from the Chair, the Assistant Director reported that liaison and engagement with GPs could have been better. A GP engagement event has recently taken place in respect of working with the primary care workforce which has provided some learning as to how to engage differently.

With regards to the planned extension of the rapid response vehicles, partners are in negotiation with Northwest ambulance service in respect of providing additional resources.

**It was agreed:**

The Assistant Director, Strategy procurement and Finance and be thanked for their attendance.

**HSC.833 DEVOLUTION MANCHESTER**

Stuart North, Chief Operating Officer, Bury CCG attended the meeting to provide members with an update in respect of the devolution proposals. The presentation contained the following information:

Greater Manchester Devolution Agreement settled with Government in November 2014; the agreement delegates powers over areas such as transport, planning and housing – and a new elected mayor with £22 billion to be handed to Greater Manchester.

Memorandum of understanding for Health and Social Care devolution signed February 2015 by NHS England plus the 10 Greater Manchester councils, 12 Clinical Commissioning Groups and 15 NHS and Foundation Trusts. Local health and social care decision makers take control of estimated budget of £6 billion from April 2016.

The Chief Operating Officer Bury CCG reported that the devolution is necessary to address some of the poor health outcomes across Greater Manchester;

- more than two thirds of premature deaths in GM are caused by behaviours which could be changed;
- on any day there are 2,500 people in a hospital bed who could be treated at home or in the community
- Four out of ten GM children are not ready to start school when they're five-years-old; and four out of ten leave school with less than five GCSEs
- By 2021 there will be 35,000 people in GM living with dementia; more than 10,000 will have severe symptoms and need 24 hour care

The Chief Operating Officer reported that work is already underway, by the end of December, hubs are operational in each CCG area, providing 7-day access for patients who need medical help across Greater Manchester with further hubs opening early 2016.

£450m has been earmarked to fund improvements known as the Transformation Fund. In response to a Member's question in respect of the transformation fund, the Chief Operating Officer reported that the Local Authority/CCG and partners will bid for the money; the money will be divided into two pots; an innovation fund and a separate amount for time limited dual running of services. Effective and independent management of the Transformation Fund will be critical in ensuring the right projects are funded to deliver the agreed strategy.

In response to a Member's question the Chief Operating Officer reported that Devolution will provide clearer more locally determined decision making. Devolution will allow for the development of common standards across Greater Manchester.

Members expressed concern regarding the need to make 2 billion pounds of savings while at the same time devolving power to Greater Manchester. The Chief Operating Officer reported that the devolution agenda will help to tackle the funding challenge.

The Elected Mayor will not be responsible for health and social care, he/she will be accountable to the ten Council leaders. The commissioning of health and social care will be much more streamlined. Services will be developed in collaboration with partners and stakeholders.

**It was agreed:**

That a Devolution Manchester update will be considered at a future meeting of the Health Overview and Scrutiny Committee.

**HSC.834 PROPOSED LIFESTYLE CHANGE SCHEME**

The Chief Operating Officer Bury CCG attended the meeting to provide members of the Board with an update in respect of the proposed changes to the life style scheme.

The aim of the scheme, is to encourage patients who smoke or are above their healthy weight to make a positive lifestyle change before a non-urgent planned surgery, to help them become as fit for possible for their operation (and beyond). There is good evidence that stopping smoking or reaching a healthier weight before surgery reduces complications such as infections, breathing problems and it can also reduce length of stay in hospital.

For appropriate patients, their GP will recommend that they consider delaying their planned non-urgent operation to allow them time to make a lifestyle change and to get them as fit as possible in advance of their operation. Support would be provided by the Council's 'Bury Lifestyle Service'.

The CCG will provide GP Practices with the communications resources needed to support and promote this conversation with patients.

The Chief Operating Officer reported that there is already a limited number of conditions when clinic risk is determined by doctor.

In response to a Member's question, the Chief Operating officer reported that Bury's lifestyle service will offer weight management and smoking cessation support to members of the public.

**It was agreed:**

That the Chief Operating Officer be thanked for his attendance.

### **HSC.835 ALTERNATIVE PROVIDER MEDICAL SERVICES**

NHS Bury Clinical Commissioning Group (CCG) and NHS England are jointly responsible for local contracting arrangements for GP Practices in the borough. In March 2017, two Alternative Provider Medical Services (APMS) GP contracts are due to end; these relate to the contracts for Rock Healthcare in Bury and The RLC Surgery in Radcliffe.

All registered heads of household for these two GP Practices received a letter at the start of February 2016 to inform them that the contracts were due to come to an end and that as part of a review of the needs of the local population there was a need for us to understand, and for patients to help shape, what should be provided in the future. The period of engagement closed on 29<sup>th</sup> February 2016.

Over 300 patient responses were received to the survey. We are reviewing all available feedback and options prior to making a decision at our joint Primary Care committee which meets in public.

The contracts aren't due to come to an end until the March 2017 and therefore, no immediate changes will take place, and patients have been reassured that their Practice will remain open and there will be no immediate changes to the services they currently access.

Based on the work the CCG have done to date, there is still a requirement for a GP practice in both of these areas. However, the way that patients access GP services in the evening and at the weekend may change.

#### **It was agreed:**

The Health Overview and Scrutiny Committee will be kept informed of the outcome of the period of engagement and any decision in respect of the Alternative Provider Services contracts at the Rock Healthcare and the RLC surgery in Radcliffe.

### **HSC.836 NOTE OF THANKS**

On behalf of the Committee, the Chair thanked Councillor Fitzwalter for her contribution and wished her well in the future.

**COUNCILLOR SARAH KERRISON**  
**Chair**

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