Scrutiny Report

Agenda Item

MEETING: HEALTH AND OVERVIEW AND SCRUTINY COMMITTEE

DATE: June 2016

SUBJECT: DEVELOPMENT OF A WORK PROGRAMME FOR 2015/2016

REPORT FROM: Democratic Services Officer

CONTACT OFFICER: Julie Gallagher

1.0 SUMMARY

This report sets out details of potential items to assist in the development of a Work Programme for 2015/2016.

2.0 MATTERS FOR CONSIDERATION/DECISION

Members of the Health Scrutiny Committee are requested to:

Agree and set an Annual Work Programme for the 2016/17 Municipal year.

3.0 HEALTH OVERVIEW AND SCRUTINY COMMITTEE – TERMS OF REFERENCE.

The terms of reference state (appendix 1), that the primary purpose of the Health Scrutiny Committee is:

- To carry out the Council's statutory obligations in relation to reviewing and scrutinising any matters relating to the planning provision and operation of health services in the area of the Council.
- To oversee the health and wellbeing of the Borough's population.
- To Scrutinise the provision, planning and management of Adult Care Services.
- To monitor the implementation of any scrutiny recommendations accepted by the Cabinet.

4.0 WORK PROGRAMME 2014/2015

- 4.1 The Joint Health Scrutiny Committee is required to set a work programme for 2016/2017 which it will monitor throughout the year.
- 4.2 The Work Programme of the Health Scrutiny Committee will need careful consideration, bearing in mind the resources available, time constraints of Members and also the interests of the local community.
- 4.3 Work undertaken in the municipal year 2014/15
 - Healthier Together
 - Infection Prevention Control
 - Drug and Alcohol Service Update
 - Adult Care Complaints Report
 - Infection Control update
 - Arriva Patient Transport Service update
 - Delayed Discharge Report
 - Pennine Acute Maternity Services
 - Health and Wellbeing Strategy and Annual Report
 - Director of Public Health Annual Report
 - Activity and Finance Report I Will if You Will
 - Proposed changes to the Deferred Payment Scheme
 - Fuel Poverty Update
 - Oral Health Strategy
 - Quality Assurance Annual Report

Working Groups (Health Scrutiny)

Physiotherapy Overview Project Group

5.0 TOPICS IDENTIFIED

The topics identified have been split into two categories:

- ${\bf 1.} \quad {\bf Topics\ that\ the\ Health\ O\&S\ Committee\ may\ wish\ to\ re-visit}$
- 2. Topics not previously scrutinised by the Health O&S Committee

Suggested item	Context	Methodology	Outcome
1. Topics to be revisited or for further consideration:			
Patient Transport Service	 Arriva Transport Solutions were awarded the contract to provide non-emergency patient transport services in Greater Manchester from 1st April 2013 after undercutting the NHS Northwest ambulance service by £3.5 million. A Manchester Evening News investigation in December 2013 reported that there had been 400 complaints between April and September, four times higher than in other parts of the Northwest where NWAS still provides the service. In January 2014 the Lead Commissioner (NHS Blackpool CCG) issued the transport provider ATSL a Performance Improvement Notice because of the Provider's on-going failure to achieve the standards of performance expected as measured by the Key Performance Indicator. ATSL submitted a performance improvement 	 Interview representatives from the NWAS in relation to how the organisation plans to improve performance, from the go live date on 1st July 2016. Interview a representative from Blackpool CCG in relation to their commissioning intentions in respect of the proposals. 	Improve Member's understanding of the service Improved Patient Experience Representatives attend in July 2016

Pennine Acute NHS Trust Further reconfiguration proposals	 plan within 5 days of the commissioner issuing the notice. The Plan identified each area and how they planned to improve it. Healthwatch produced a report across Greater Manchester which was very critical of the service provided. The Healthier Together reconfiguration proposals relate to only a small percentage of the necessary reconfiguration proposals. Pennine Acute Trust in line with the Devolution Manchester Proposals will need to review and reconfigure the other services provided Review PAT service transformation strategy. 		
Devolution Manchester	 Greater Manchester Devolution Agreement settled with Government in November 2014, building on GM Strategy development. Powers over areas such as transport, planning and housing – and a new elected mayor. Ambition for £22 billion handed to GM. MoU Health and Social Care devolution signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts MoU covers acute care, primary care, community services, mental health services, social care and public health. To take control of estimated budget of £6 billion each year from April 2016. 	The Strategic Plan and locality plan working groups have proposed that a single framework for locality plans is created and that this should mirror the GM Strategic Plan framework, to enable an aggregate GM position to be collated and enable effective benchmarking.	The Health Overview and Scrutiny Committee reviews the DevoManc Locality plan. Representatives attend in June 2016
Director of Public Health Annual Report			To receive the Director of Public Health's Annual Report.

			Representatives attend in September 2016
Health and Wellbeing Board Annual Report			To receive the Annual Report from the Chair of the HWB Councillor Trevor Holt.
			Representatives attend in September 2016
Adult Care Complaints Report			Representatives attend in June 2016
Additional items for consideration			
2. New topics			
Child and Adolescent Mental Health Services	 A recently published House of Commons report found: "There are serious and deeply ingrained problems with the commissioning and provision of Children's and adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people. The Committee draws conclusions and makes recommendations for action in the following areas: The lack of reliable and up to date information about children's and adolescents' mental health and CAMHS focus of funding should be early intervention Increase waiting times and problems with 	Interview representatives from the following partners/stakeholder groups: Local Authority Pennine Care NHS Foundation Trust School Early Break	First representative Karen Whitehead Strategic lead, Bury MBC will attend in June 2016

	 referral thresholds Parents have described battles in order to get access to CAMHS particular in some areas of CAMHS provision Struggling to access Tier 4 services and the young person's safety being compromised while awaiting an inpatient bed. 	
Eating Disorder Service Provision		
The Role of the Care Quality Commission (CQC)		

6.0 CONCLUSION

A well thought out and effective Work Programme, focused on outcomes will strengthen the role of Health Scrutiny within the Council and more widely with partners and stakeholders.

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