

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 18th January 2018

Present: Councillor S Kerrison (in the Chair)
Councillors P Adams N Bayley, M D'Albert, J Grimshaw S Haroon, K Hussain, O Kersh, J Mallon, and R Walker

Also in attendance: Dr K, Patel, Chair Bury Clinical Commissioning Group (CCG)
Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group (CCG)
Deborah Yates Provider Relationship Manager
Lesley Jones, Director of Public Health
Marcus Connor, Head of Corporate Policy
Julie Gallagher, Principal Democratic Services Officer

Public Attendance: 4 members of the public were present at the meeting.

Apologies for Absence: Councillors A McKay and Susan Southworth

HSC.340 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.341 PUBLIC QUESTION TIME

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

HSC.342 MINUTES

With reference to minute number HSC.237 Adults Safeguarding Board Annual Report, Councillor Mallon enquired if progress has made with regards to the future scrutiny arrangements of the Adult's Safeguarding Board. The Principal Democratic Services Officer reported that a new Chair of the Adults Safeguarding Board had recently been appointed. A meeting will be arranged between the Chair of the Health Overview and Scrutiny Committee and the Board Chair in the near future to discuss scrutiny arrangements going forward.

It was agreed:

That the minutes of the meeting held on 14th November 2017 be approved as a correct record.

It was agreed that further to the published agenda the items will be re-arranged.

HSC.343 URGENT CARE UPDATE

Dr Patel, Chair Bury CCG and Stuart North, Chief Operating Officer, Bury CCG attended the meeting to provide an overview of the proposed plans for a new model of Urgent Care within the Borough. An accompanying report had been circulated to members prior to the meeting and contained information about the context, the engagement and consultation already undertaken, the original proposal, the new proposal, the preferred model and the next steps.

The CCG Chair provided members with an overview of the proposals, proposals will include plans for a new Urgent Treatment Centre located at Fairfield General Hospital in Bury, running alongside the accident and emergency department; initially three integrated health and social hubs in Bury, Radcliffe and Prestwich, to offer a range of services, including GP led walk-in services. NHS 111 service will remain and patients requiring urgent care will be advised to contact the GP in the first instance.

The integrated health and social care hubs will provide a range of services, initially it is propose that they will deliver:

- GP-Led (including nurse) Walk-In Services
- Urgent GP appointment requests
- Access to Bury patient notes (currently not available in WICs)
- GP Extended Working Hours appointments
- Wound Care Services
- Sign posting advice to other services
- Social Care advice and services
- Co-ordination of the other services to support patients in the community

Those present were invited to ask questions and the following issues were raised.

Members sought assurances in respect of mental health provision the CCG Chair reported that it is envisaged there will be access to mental health services within the new hubs.

Responding to a Member's question, the Chief Operating Officer acknowledged that the CCG have responded to public concerns with regards to the NHS 111 service. The 111 centre is operated by Northwest Ambulance Service, the nearest call centre is based at the Middlebrook, near Bolton, clinical triage will be undertaken in Bury and calls will be forwarded to Bardoc, a Bury service.

In response to a Member's question, the Chief Operating Officer reported that it is the CCGs intention to expand the number of HUBs from three to five to include sites in the north of the Borough and appropriate accommodation/premises is currently being sourced. The CCG Chair reported that the HUBs will offer a holistic range of services, which will include, social workers, nurses, doctors and pharmacy services; staff will also be able to access patient notes. The HUBs will be able to triage and

treat patients with long term conditions, it is envisaged this will relieve pressure from over-stretched A&E departments.

Following feedback from the initial Urgent Care engagement exercise; the CCG Chair reported that there will remain a "walk in" facility at the HUBs in Prestwich and Radcliffe.

In response to a Member's question the Chief Operating Officer reported that any member of the public can access the walk in facility at the HUBs and access treatment, however if follow up treatment or additional treatment is required if they are registered with a GP out of Borough they will be referred back to their registered GP.

The CCG Chair reported that existing services will remain operational until the new HUBs are established. The staffing issue at the Prestwich walk in centre has now stabilised. The CCG Chair reported that proposals rely on GPs identifying resources within their practices, working together to share staff, to help change and shape how services are delivered.

The Chief Operating Officer reported that the Urgent Care Centre at FGH is currently staffed by locums and out of area GPs, conversations are ongoing with GPs within the Borough in respect of them providing the support to provide the service.

Members of the Committee expressed their concern that the changes are proposed at a time of financial constraint and dire staff shortages in the NHS. The Chief Operating Officer reported that there is a large financial challenge across the NHS, doing nothing is not an option, these proposals coupled with the development of the Local Care Organisations will be the most effective and efficient use of resources.

The CCG Chair reported that newly qualified GPs want more variety in their workload and want to work in wider teams with more opportunities to develop their talents and research skills; these new proposals will provide greater opportunities and will help to retain and recruit GPs.

It was agreed:

- 1 Stuart North, Chief Operating Officer, Bury CCG and Dr Kiran Patel, Chair Bury CCG be thanked for their attendance.
- 2 The Urgent Care Redesign public consultation will commence on the 29th January 2018, for six weeks.
- 3 Representatives from Bury CCG will attend the next meeting of the Health Overview and Scrutiny Committee scheduled to take place on the 5th March and will provide an update with regards to the progress of the Urgent Care Redesign consultation.

HSC.344 CARE AT HOME SERVICE

Deborah Yates, Provider Relationship Manager, Bury Council, attended the meeting to provide members with an update with regards to the recently procured Care at Home Contract. An accompanying report was circulated

to members prior to the meeting, the report contained the following information:

- Why the change in Care at Home services is necessary
- Previous Contract
- New Care at Home Contract
- Progress made so far
- What is working well?
- What needs to work better and actions in place to address this?
- Future plans and priorities

Those present were invited to ask questions and the following issues were raised:

In response to a Member's question the Provider Relationships Manager reported that all providers are required to pay the National Living Wage, as well as an annual uplift amount. The contracts negotiated with the providers specify the monies that are to be paid for travel and mileage. Regular audits are undertaken to ensure that staff receive these monies.

Responding to a member's question, the Provider Relationship Manager reported that the Council has a very robust Quality Assurance team that undertakes an annual programme of visits as well as cause for concern visits. The staff work as part of a neighbourhood team and operate in that locality. To help facilitate an improved partnership working between providers and localities less formal visits will also be undertaken.

The Provider Relationship Manager reported that there has been an introduction of six zoned areas of work, with two providers per zone. Work is to be allocated on an 80%/20% split on a rotating two week basis. This enables providers to concentrate their resources in that zone and reduce travel time and costs. As providers in each zone are required to pick up no less than 80%/20% of work depending on which week delays when placing packages in the community should be reduced which will also lead to a reduction in the number of delayed discharges and unnecessary placements in respite.

The Provider Relationship Manager reported that all commissioned providers must be at least CQC inspected good. A client may still choose to remain with a previous provider if their services are procured as part of a personal budget.

In response to a Member's question, the Provider Relationship Manager reported that once a client is assessed they will be re-assessed six weeks later and then routinely re-assessed every 12 months. The service is provided to all ages, if the client deteriorates and requires a different package of care, a complex package of care can be commissioned, these will be provided by a different providers and can be spot purchased.

The new model of care as detailed, will help to facilitate hospital discharge and patient flows through the system. Previously if a patient was in

hospital for 24 hours a re-assessment of their care package would need to be undertaken, this has now been extended to 72 hours.

It was agreed:

1. The Provider Relationships Manager would provide members of the committee with additional information in respect of:
 - a. What percentage of the overall budget is the identified savings amount of between £80 and £580?
 - b. The number of hours commissioned previously compared with those commissioned as a result of the new contract arrangements.
 - c. A list of all providers.
2. Deborah Yates, Provider Relationships Manager be thanked for her attendance.
3. A further update will be provided in respect of the care at home contract in 12 months.

HSC.345 URGENT BUSINESS

There was no urgent business reported.

**Councillor S Kerrison
In the Chair**

(Note: The meeting started at 7pm and ended at 8.55pm)