

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 6<sup>th</sup> September 2018

**Present:** Councillor S Smith (in the Chair)  
Councillors J Grimshaw, S Haroon, T Holt, N Jones, Susan Southworth, R Walker and S Wright

**Also in attendance:** Geoff Little, Chief Executive, Bury Council  
Dr Schryer, Chair of Bury Clinical Commissioning Group  
Dave Latham, Programme Director, Bury Clinical Commissioning Group  
Lesley Jones, Director of Public Health  
Marcus Connor, Head of Corporate Policy  
Julie Gallagher, Principal Democratic Services Officer

**Public Attendance:** 1 member of the public was present at the meeting.

**Apologies for Absence:** Councillors O Kersh and L Smith

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#### **HSC.139 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

#### **HSC.140 PUBLIC QUESTION TIME**

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

#### **HSC.141 MINUTES**

**It was agreed:**

That the minutes of the meeting held on 21<sup>st</sup> June 2018 be approved as a correct record.

#### **HSC.142 UPDATE FROM THE CHIEF EXECUTIVE, GEOFF LITTLE**

Geoff Little, Bury Council Chief Executive attended the meeting to provide members with an update in respect of the delivery of the Locality Plan - "Transforming Health and Social Care in Bury".

The presentation contained information in respect of the two key areas of organisational changes for Bury:-  
Locality Care Alliance (LCA); and  
Single Commissioning Organisation (OCO)

The Chief Executive outlined the key components of the LCA and the OCO:

The LCA, will include five neighbourhood teams with staff co-located with a single line management system as well as a joined up case management system. Borough-wide integrated services will provide intermediate services and manage patient flows into and out of hospitals.

The purpose of creating a Single Commission Organisation is to align the Council's commissioning of social care and public health with the CCG commissioning of acute, primary, community and mental health services. The key components of the One Commission Organisation (OCO) will be:-

- Pooled budgets
- Single budget processes
- A single commissioning strategy
- Shared performance data and intelligence driving commissioning and decommissioning decisions
- New approaches to commissioning based on outcomes.

A single executive team will be created with combined roles covering both the CCG and Council responsibilities. This will require significant organisational development and staff engagement.

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

Responding to a Member's question the Chief Executive reported that the proposals contained within the Locality Plan will help to address the CCG's 75 million pound funding gap by providing joined up services and shifting resources in to early intervention.

Responding to Member's concern in respect of lack of progress; the Chief Executive reported that there has been some slippage in the development of the OCO and the LCA. The Council has been informed that the transformation monies will not be released until further detailed information in respect of the Locality Plan is received. The proposals will require full consultation with staff.

The Chief Executive reported that the current fragmentation of commissioning has made it difficult to focus resources on the priorities set out in the Locality Plan. By working jointly with the CCG via the one commissioning organisation and taking a more holistic approach to the delivery of services this will help to address some of the Borough's health inequalities.

With regards to the implementation timelines, the Chief Executive reported that they are realistic and align with Greater Manchester and specific financial targets.

In response to a Member's question, the Chief Executive reported that the flow of patients is very complex and any changes across the Acute sector will need to be coordinated at a Greater Manchester level. Work is underway to improve services and outcomes as well as reduce costs within the Acute Trusts.

The Chief Executive reported that the way healthcare services are delivered will need to change and work will need to be undertaken with the public and other stakeholders to manage that change.

**It was agreed:**

The Chief Executive be thanked for his attendance and be invited to attend a subsequent meeting of the Committee, date to be confirmed. Future presentation will include information in respect of an updated transformation timeline, staffing implications, financial monitoring including transformation monies, managing risk/risk register and governance.

**HSC.143 BURY CLINICAL COMMISSIONING GROUP – CONSULTATION ON PROPOSED CHANGES TO IN-VETRO FERTILISATION**

Representatives from Bury's Clinical Commissioning Group attended the meeting to inform members of the proposed changes to the provision of IVF across the Borough.

Members considered the proposed changes, this followed an informal briefing undertaken by representatives from Bury CCG with the Committee Chair prior to the commencement of the consultation.

Members were reminded of their duties as prescribed in the Health and Social Care Act. Members were satisfied that the Chair had been engaged early in the process and by undertaking this engagement, the Chair was able to influence the consultation process. Members discussed the consultation documentation and were satisfied that sufficient information had been provided as to the reasons for the proposed change and adequate time had been allowed for the public consultation.

The committee discussed the rationale for the proposed changes in particular the wider financial pressures facing the CCG and the inability of the CCG to continue to address the financial gap through the use of non-recurrent monies.

Members sought assurances that responses to the public consultation would be taken into account when the CCG Governing Body convene to decide on the future provision of ICF services on 26<sup>th</sup> September 2018.

Member discussed the number of cycles offered across the other Greater Manchester areas; neighbouring authorities in Heywood, Middleton and Rochdale; Oldham and Tameside and Glossop currently all provide 3 cycles. Only four of the 195 CCG's currently offer three cycles of treatment, all four areas are in Greater Manchester.

**It was agreed:**

1. Members of the committee agreed unanimously that a reduction in the number of IVF cycles, would still allow safe, sustainable and accessible services for the local population.

2. In light of the financial pressures, members resolved not to specify a preference with regards to the number of IVF cycles stating only, that a service must still be provided (not option 4)
3. The principal democratic services officer would provide a response on behalf of the health overview and scrutiny committee for consideration at the CCG Board meeting due to be held on the 26<sup>th</sup> September 2018.

**HSC.144 WORK PROGRAMME**

**It was agreed:**

That the principal democratic services officer and the Chair would meet to review and update the work programme.

**Councillor S Smith  
In the Chair**

**(Note: The meeting started at 7pm and ended at 8.10pm)**