Minutes of:	**HEALTH SCRUTINY COMMITTEE**
Date of Meeting:	8th November 2018
Present:	Councillor S Smith (in the Chair) Councillors S Haroon, T Holt, O Kersh, N Jones, Susan Southworth, L Smith, R Walker and S Wright
Also in attendance:	Geoff Little, Chief Executive, Bury Council Dr Schryer, Chair of Bury Clinical Commissioning Group Chris O'Gorman, Independent Chair, Locality Care Alliance Moneeza Iqbal, Clinical Service Strategy Programme Director, Northern Care Alliance NHS Group & North East Sector CCGs Shirley Allen, Project Lead, Bury Council Helen Marrow, Personalisation and Support Business Manager Marcus Connor, Corporate Policy Manager Julie Gallagher, Principal Democratic Services Officer
Public Attendance:	1 member of the public was present at the meeting.
Apologies for Absence:	Councillor J Grimshaw

HSC.215 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.216 PUBLIC QUESTION TIME

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

HSC.217 MINUTES

It was agreed:

That the minutes of the meeting held on 6th September 2018 be approved as a correct record.

HSC.218 LOCALITY PLAN UPDATE

Geoff Little, Chief Executive, Bury Council, Dr Schryer, Chair, Clinical Commissioning Group and Chris O'Gorman, Independent Chair, Locality Care Alliance attended the meeting to provide members with an update in respect of the Locality Plan.

A report had been circulated to members prior to the meeting, the report was supplemented by a verbal presentation which provided information with regards to:

- Locality Care Alliance
- Bury's Single Commissioning Function
- The Financial implications of the Locality Plan for the health and social care system overall and for the Council in particular, and
- Bury's position in relation to standardisation of hospital services across Greater Manchester and the future of the Pennine Acute NHS Trust.

Members also considered the Bury Locality Risk Register.

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

Responding to members' concerns with regards to life expectancy figures across the Borough; the Chief Executive reported that work to tackle this problem will need to begin in pregnancy/early years. These changes will result in different types of relationship between the public and public services going forward.

This work will be supported by the development of the integrated neighbourhood teams (INT) of which there will be 5. These teams will consist of community health professionals, district nurses, adult social workers, GPs and others. The Independent Chair, LCA reported that initial work will be undertaken to assess those service users that are at the greatest risk of a care arrangement breaking down, once identified, then to intervene early to prevent this. The underpinning goals will be to organise care based on anticipated need and coordinate care so that it interacts as effectively as possible.

Responding to concerns raised by Councillors in respect of the governance arrangements and timelines for implementation, the CCG Chair reported that commissioners would take into account the voice of the patient when designing services.

The Chief Executive reported that governance is currently under developed at a neighbourhood level. Work will be undertaken to enable employees to share casework management systems as well as developing a single line management structure. A single commissioning board will be developed this will report in to both the Council's and CCG's decision making structure.

During discussion of this item concern was raised as to whether the development of the OCO and the LCA would result in the duplication of Management positions across the different organisations. The Independent Chair reported he would want to assure Members, that another additional layer of management will not be created as a result of these changes. The majority of appointments will be covered internally and will not then be subsequently backfilled within the respective organisations. There will be 5 new posts created as part of the INT, these will be recruited to shortly.

Comment [M]: Role of the voluntary sector was also flagged by GL at this point

The CCG Chair reported that it is imperative that working together the CCG and the LA review where and how health money is spent across the Borough.

The Chief Executive responding to a member's question with regards to the role of clinicians in the process, reported that the newly established Single Commissioning Board will be made up of Political and Clinical representatives advised by officers from the respective organisations. The INT will also include clinicians.

With regards to the cost associated with this area of transformation, Dr Schryer reported that there is an expectation that the local system/organisations will provide monies to support this work.

It was agreed:

Members will continue to monitor the progress of the establishment of the Integrated Neighbourhood Teams and other transformation projects as well as the risk register.

HSC.219 NORTH EAST SECTOR CLINICAL SERVICES TRANSFORMATION

Moneeza Iqbal, Clinical Service Strategy Programme Director and Dr Schryer presented a report updating Members on the work being undertaken in relation to the North East Sector Transformation.

It was explained that there are three linked programmes of work ongoing across Greater Manchester; NES Clinical Services Transformation; Pennine Acute Transaction and GM Theme 3. The aim of the NES Transformation is to reduce demand on urgent care and provide more services locally.

The review is commissioner led and clinically driven and will look at providing services that are sustainable for the future as well as how services will be provided when NMGH is no longer part of Pennine Acute Hospital Trust. A governance structure has been agreed and this was set out within the presentation and included Council Chief Executive.

The Case for Change is in the process of being developed and is being reviewed from a clinical, workforce and financial perspective and which services will be most impacted.

An evaluation criteria has been developed by clinicians and has 5 key areas Clinical leads will review the clinical models to consider and develop preferred options.

Consultation will be undertaken as widely as possible at every step of the process and this will include working with patients, local Healthwatch and patient groups, local Health O & S Committees.

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

Members discussed the poor condition of the estate at North Manchester General Hospital. The Clinical Service Strategy Programme Director reported that there is a backlog of outstanding maintenance work on this site. Part of this review work will look at the different estates across the footprint and may include adding extra capacity at the Fairfield Hospital (FGH) Site.

Councillor Walker expressed concern in respect of the following statement contained within the locality plan which states that the proposals will "shift activity away from FGH". The CCG Chair reported that there is a commitment from all of the GM CCGs that activity will transfer from the Acute sector into the community sector, this will not result in the closure of FGH. The Chief Executive reported that activity will transfer from the Acute sector when appropriate, this will not be done in isolation and will mirror work being undertaken at Greater Manchester in respect of theme three transformation – Acute and Specialised Care in Hospitals.

The proposed changes will result in a series of organisational changes with a focus on how services are streamlined from Greater Manchester and the more localised prevention and neighbourhood agenda.

It was agreed:

The committee will receive regular updates in respect of the North east sector clinical service transformation agenda.

HSC.220 CARE ACT POLICIES

Shirley Allen, Project Lead and Helen Marrow Personalisation and Support Business Manager provided a verbal presentation setting out details of changes to key operational policies following the Care Act 2014. This legislation was brought in to offer clearer more equitable access to social care and services. Operational policies to be amended will include changes to the Assessment and Eligibility Policy; Charging and Financial Assessment Policy and the Personal Budget Policy. The Residential Care Top Up Policy is a new policy that has been developed as a result of the legislation and will require processes and pathways to be established prior to implementation.

The Project Lead reported that care and support will be clearer and fairer and will promote people's wellbeing while at the same time preventing delays in the need for care and support.

The Project Lead outlined the current activities and next steps:

- Recruit 2 new temporary financial assessment officers
- Establish who attends day care and contact details and check details in support plan and Protocol
- Establish who already has a current valid financial assessment and/or do a DWP CIS check
- Notify customer of any new charges and amount to be paid
- Arrange for a new financial assessment to be carried out if needed
- Remove DLA allowance/charge against 100% of package

- Charge for 2nd carer if required and any cancelled visits
- Write to affected customers with details of new personal charges
- Update all leaflets, booklets, print, circulate and publish on Bury Directory

The Personalisation and Support Business Manager reported that work is already underway to ensure that irrespective of what support a client receives, the payments system operates fairly and consistently. For example some clients in receipt of ongoing care, pay for day care, others do not. There is also a lack of consistency in monies paid in residential top-up fees. Additional work will be undertaken in respect the fees which will include what support is the client receiving, is it appropriate and is it for an assessed care need?

Responding to a member's question the Project Lead reported that there is a statutory requirement that the support/package provided to the client is reviewed every three years, if there is a change in circumstances this would trigger a review.

With regards to concerns about the fragility of care homes, the Personalisation and Support Business Manager reported that this has been a problem nationally, with some care homes expressing concerns about their financial sustainability, as of yet this has not be raised as an issue in Bury.

It was agreed:

That the Personalisation and Support Business Manager and the Project Lead be thanked for their attendance and a further update report in respect of the work being undertaken with regards to residential care top up fees be considered at a future meeting.

Councillor S Smith
In the Chair

(Note: The meeting started at 7pm and ended at 9.20pm)