

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 25<sup>th</sup> April 2019

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

**Also in attendance:** Councillor Andrea Simpson, Cabinet Member, Health and Wellbeing.  
Julie Gonda, Interim Executive Director, Communities and Wellbeing  
Jon Hobday, Public Health Consultant  
Cath Tickle, Commissioning Programme Manager  
Howard Hughes, Clinical Director Bury CCG  
Jo Stephens, Representing Pennine Care Foundation Trust  
Marcus Connor, Corporate Policy Manager  
Julie Gallagher, Principal Democratic Services Officer

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

**Apologies for Absence:** Councillor N Jones

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**HSC.465 DECLARATIONS OF INTEREST**

Councillor Joan Grimshaw declared a personal interest in all matters under consideration due to her membership of the Patient Cabinet.

**HSC.466 PUBLIC QUESTION TIME**

There were no questions received under this item.

**HSC.467 MINUTES**

**It was agreed:**

That the minutes of the meeting held on 5<sup>th</sup> March 2019 be approved as a correct record.

**HSC.468 DEVELOPMENT OF THE NEURO REHABILITATION SERVICE IN BURY**

Cath Tickle, Commissioning Programme Manager, Howard Hughes, Medical Director, Bury CCG and Jo Stephens, Representing Pennine Care Foundation Trust attended the meeting to provide members with an overview of the development of the community rehabilitation services

serving Stroke and Neuro patient groups. The presentation contained information with regards to the following areas:

- GM Community Neuro Rehab Provision Review
- GM Acute Service Reconfiguration
- Current GM Model of Neuro Rehab
- Proposed model of care – NHS CCG Commissioning intention
- Rationale for a Local Service, benefits and next steps.

The Commissioning Manager reported that at the October (2018) meeting of the Clinical Cabinet a business case was approved for the development of a Community Neuro Rehabilitation Service. Building on the existing well performing Bury Stroke Service, commissioned from Pennine Care Foundation Trust (PCFT). It was reported that an integrated Stroke and Neuro Rehabilitation Service will support, an initial target cohort of the most complex neuro patients from Floyd Unit Rochdale and those in an acute settings that require rehabilitation; this will be approximately 100 patients.

The Commissioning Manager reported that the capacity of the new local service will be enhanced over a period of time, based on levels of actual local need, as opposed to estimated levels of need.

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

Responding to a Member's question in respect of how service delivery will be measured, the Commissioning Manager reported that quarterly performance monitoring reports will be provided to the GM operational delivery network as well as local internal monthly CCG reports. Examples of key performance indicators will include response time, and physiotherapy waiting times. It is envisaged that integrated services will enhanced outcomes for Bury Neurology patients, improve patient experience and drive up quality.

The Commissioning Manager reported that the data collected from the initial phase of delivery will be collated and will influence how subsequent services are developed. Data collated will include patient flow information, length of stays and waiting times.

Responding to concerns raised by members in respect of this cohort of highly complex patients receiving the right and appropriate support in the community; the Pennine Care representative acknowledged that previously there had been some issues with care in the community. These proposals will ensure that there is a co-ordinated timely and meaningful input from a specialist co-located MDT team that will now include a clinical psychologist.

The facilitated discharge from an inpatient unit would mean the patient could have a shorter and less intense care package with less likelihood of becoming institutionalised.

Responding to a Member's question, the Clinical Director, CCG reported that the third sector will be an important partner in the Locality Care

Organisation, service delivery will be devolved in its entirety to this organisation, this will result in an increased role from some of the third sector organisations that currently support and provide smaller scale projects.

The CCG Clinical Director reported that an additional 400,000 pounds has been made available to support the establishment of this service.

**It was agreed:**

Representatives from the CCG and Pennine Care be thanked for their attendance and a further update in respect of performance against key performance indicators, the impact of the new service and the role out of the service to a wider cohort be considered.

**HSC.469 SUBSTANCE MISUSE SERVICE**

Jon Hobday, Public Health Consultant attended the meeting to provide members of the committee with an update with regards to the Greater Manchester drug and alcohol strategy as well as the approach taken in the Borough to address the issues raised.

This will be the first ever Greater Manchester Drug and Alcohol Strategy setting out a collective ambition to significantly reduce the risks and harms caused by drugs and alcohol and help make Greater Manchester one of the best places in the world to grow up, get on and grow old.

The Public Health Consultant reported that it is estimated that expenditure on alcohol related crime, health, worklessness and social care costs amount to £1.3bn per annum - approaching £500 per resident.

Alcohol places a significant burden on public services, causes health problems such as cancer, liver cirrhosis and heart disease, affects the well-being of families, and is a major contributor to domestic abuse, violent crime and public disorder.

The Public Health Consultant reported that there has been a long term downward trend in drug and alcohol use amongst adults and young people. Locally treatment services are more recovery focused than they used to be and more people are successfully completing treatment, but the Public Health Consultant reported that there is much more to be done.

Questions were invited from those present and the following issues were raised:

Responding to a Member's question, the Public Health Consultant reported that the decision to progress to an all age delivery model for substance misuse service was following discussions with a range of stakeholders. It is envisaged that this will help service delivery, particularly supporting the service users transitioning from young people to adult services. In addition it will generate efficiency savings from the adoption of a single line management structure.

In response to a Member's question, the new model of service delivery is based on a neighbourhood approach, this approach will allow the service to be tailored to a range of challenges that exist in the different townships in the Borough.

The Public Health Consultant reported that model will be based on building on existing capacity in the communities, looking at assets that already exist and building a model that is recovery focused.

This is not a stand-alone strategy and will form part of ongoing work with complex needs, child sexual exploitation and domestic violence.

Responding to a question with regards to the recently undertaken Borough wide Children and Young People Survey, the Public Health Consultant reported that the survey produced some interesting data with regards to young people's drug use and in particular young people purchasing legal prescription drugs from internet sites. This data from this survey is currently being analysed and will be used to inform future service planning.

**It was agreed:**

The Public Health Consultant be thanked for his attendance and the Substance misuse tender document be shared with members of the Committee.

**HSC.470 ADULT CARE ANNUAL COMPLAINTS REPORT**

Andrea Simpson, Cabinet Member for Health and Wellbeing, Interim Executive Director Communities and Wellbeing and Marcus Connor, Corporate Policy Manager attended the meeting to present the Adult Care Annual Complaints Report.

The report provided an overview with details of information relating to Adult Social Care Services. The report relates to the periods 2016/17 and 2017/18, and provides comparisons between the two years noted and previous years, as well as detailing the nature, scope and scale of some of the complaints received.

The total number of complaints received over the last two years has remained relatively static at 68 in 2016/17 and 67 in 2017/18. Although service pressures have increased for the department, the figures indicate that customers are generally happy with the services they have received.

The majority of complaints received are made by a family member, advocate or solicitor of service user, rather than the service user themselves. In 2016/17, this represented 50 (74%) of the 68 complaints received, and, in 2017/18, this represented 45 (67%) of the 67 complaints received.

Of the complaints received in 2016/17 and 2017/18, 26 (38%) and 36 (54%) respectively were not upheld, this compares to 32% in 2015/16. The

increasing proportion of complaints not upheld demonstrates the quality and accuracy with which services are initially delivered.

The number of complaints referred to the Local Government Ombudsman (LGO) has similarly remained stable, at 5 (7%) and 4 (6%) cases being considered.

In 2016/17 and 2017/18, 291 and 265 compliments were received respectively.

Members requested that complaints relating to Persona be considered by the Committee at the same time as the Adult Care Complaints report.

Councillors reported that they are receiving an increase in complaints in relation to charges for day care services. The Interim Executive Director reported that following the 2014 Care Act, the Council agreed to introduce charging for day care services, this is undertaken following a financial assessment. Bury was one of the last local authorities to introduce charging for day care services.

**It was agreed:**

A briefing note will be circulated to Elected Members providing details of the charges introduced following implementation of the Care Act.

**Councillor S Smith**  
**In the Chair**

**(Note: The meeting started at 7pm and ended at 8.35pm)**