

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 24 September 2020

Present: Councillor S Smith (in the Chair)
Councillors J Grimshaw, D Gunther, T Holt, K Hussain,
O Kersh, B Mortenson, C Tegolo, R Walker and S Walmsley

Also in attendance: B Barlow, W Blandamer, L Darley, L Jones, K Patel,
T Roberts, Dr J Schryer and C Woodhouse

Public Attendance: One member of the public was present virtually at the meeting.

Apologies for Absence: Councillor M Hayes

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence submitted from Councillor M Hayes.

HSC.2 DECLARATIONS OF INTEREST

No declarations of interest were submitted.

HSC.3 PUBLIC QUESTION TIME

There were no pre submitted questions or issues raised from the member of the public in attendance.

HSC.4 MINUTES

The minutes of the meeting held on the 2nd July 2020 were submitted for approval.

It was agreed:

That the minutes be approved as a correct record.

HSC.5 HEALTH AND CARE RECOVERY & TRANSFORMATION

A presentation was made at the meeting by Will Blandamer (Executive Director, Strategic Commissioning, Bury Council and Bury CC) who provided an overview of Health & Care Recovery and Transformation.

This report was intended to identify areas that the committee may want to focus their attention on at future meetings.

The presentation provided information on the refreshed Bury locality plan for health and care reform (2019-2024).

An un-transformed health and care system was projecting a financial deficit of £86m by 2024 due to anticipated growth in demand.

Work was required to:

- Significantly improve population health and tackle health inequalities.
- To support people to take charge of their health and care and lives.
- To have access to integrated out of hospital services that promote independence, prevention of poor health, and early intervention.
- To access good quality hospital services where required.
- To reduce dependence on institutional care –hospitals and care homes.

A whole system approach was required because the health and care system was unaffordable unless there was reduced demand and costs due to:

- Many of the determinants of health and wellbeing along with the demand for health and care services are found within the council and other partner services.
- There was a need to join health and care services together to provide a better service to patients/residents, and it is a precondition for spotting opportunities to prevent poor future poor health.
- Need to support patients/residents to be in control, and not only look at them from our own individual organisational perspective.
- Bury residents access hospital services across other boroughs and we need to have a shared view of how to transform those.

Conditions were being created to work as effectively as possible in a system and these included:-

- Joint appointments between the Council and CCG, two organisations working as one.
- Joined up commissioning, Strategic Commissioning Board, clinical and political leadership having a single view of the money available and aligned.
- Joined up provision of out of hospital services with the Bury Local Care Organisation.
- Building strong relationships with care providers in the borough as part of the system not outside it.
- Part of the GM arrangements, particularly in relation to the reconfiguration of some hospital services to be clinically and financially viable.
- Working with Oldham, Rochdale and Salford, because the hospital services most of Bury residents access are organised by a hospital trust on that footprint.
- Making a clear strategic alignment between the health and care transformation programme and the emergent Bury 2030 vision.

A diagram of the partnership system in Bury, Health & Care Recovery and Transformation Programme Structure was presented to Members.

Details on SCB budgets and 2020/21 savings plans (pre Covid) mapped to work programmes were also highlighted at the meeting.

Big issues coming forward from the recovery and transformation programme which the committee may want to list on future meetings, included:-

- Urgent care system reform, alternatives to attending A&E and reduction of unplanned admissions to hospital and urgent care by appointment.
- Planned care system reform, different ways of delivering outpatient services.
- Community Based services, focus on neighbourhoods.
- Intermediate care, to support people to recover or to stay out of institutional care.
- Changing nature of primary care (GP and others).
- Learning Disabilities service transformation (all age and integrated).

- End of Life Care.
- Children's Health and Care Commissioning (SEND).
- Mental Health (Children's and young people).
- Population health, wider determinants, lifestyle issues and community connections.

Councillor Walker questioned if more concentration should be aimed at Covid and Dr Schryer added the crisis had provided an opportunity of closer working partnerships with systems changed for the better within the last 6 months. There was a challenge but feedback had been positive and opportunities presented to move forward different health problems in Bury.

Tyrone Roberts, Director of Nursing at Fairfield Hospital felt it was an exciting vision for Bury and not being reactive was a good way forward for public health. He added that the circumstances of Covid had made organisations and departments work closer together than ever before.

Councillor Walmsley commented on health inequalities and life expectancy along with examples of mental health services. Will Blandamer stated that the presentation was aimed at the committee to provide a framework and opportunity to focus on topics over time and that the right people will attend and report.

Health inequalities would be in the Bury 2030 strategy and mental health services waiting times were a real challenge at the moment with Covid. Other mental health factors would be considered by engaging with local communities on items such as loneliness although there was real concern on the impact of mental health and wellbeing due to the current pandemic.

The Chair, Councillor Stella Smith understood the current situation was hard to place timescales on the plans and what strategies were in place to achieve the required goals.

Again under challenging times there were huge demands on some reduced services which may continue with a second wave. The aim was for operational arrangements to be in place pre Covid levels with a transformation programme set and embracing the use of digital technology within the health and care sector.

The focus has to be on delivering a transformation programme to achieve the required outcomes and be financially viable.

Frontline staff were praised along with their managers in doing an amazing job and there was a need to continue and keep supporting transformation.

Councillor Walker talked about Government grants to join up health work across an area and it was explained that there were rules in place which prevented some pooled budgets in the NHS.

The structure in Bury provided an opportunity for both political and clinical leadership in a joint approach.

Councillor Grimshaw gave an example of a local resident contacting her having severe fears of Covid and how it was affecting their OCD mental health condition but could not access any health service support.

It was acknowledged that mental health would be affected and the Chair commented that this topic would be covered again on the Health Scrutiny work programme at future meetings.

It was agreed:

That the report and presentations be noted.

HSC.6 URGENT AND EMERGENCY CARE

Will Blandamer introduced Dr Kiran Patel who was a local GP leader on behalf of local care organisations in Bury along with Lindsey Darley who was Director of Transformation and Delivery.

Information was presented which had been to the Greater Manchester health overview and scrutiny committee. The local content for Bury was highlighted with information such as the Moorgate walk in being moved to Fairfield Hospital.

A more digital workflow was being conducted with wider clinical assessment services linked to the 111 service.

The presentation on urgent and emergency care by appointment was titled as right place at the right time. This information detailed the principles and benefits along with a flow chart of a patient's journey through the service.

There was ambition to maintain ED attendances at 25% less than historic pre-Covid levels and this would equal about 14,500 for Fairfield and North Manchester Hospitals.

Dr Patel added that there was good management teams in place to work well together with clinical colleagues across the sector to provide a more effective pathway.

Improvements to the 111 service had been made with clinical support such as nurse practitioners and GP's which had provided a better response to serve patients.

Councillor Walker commented on one patient only being allowed in A&E without any family or friend support.

It was reported at the start of Covid there was restricted visiting and there had been discussions on how to relax this in a safe way and environment. If a waiting room was overcrowded then extra people would be asked to leave.

The Chair had attended the GM Health Scrutiny and raised the matter of how qualified are staff taking calls at the 111 service. If there was a greater strain on the service would the public not hang up after a certain amount of time and visit their local A&E department.

It was reported that national communications were released last week for the service and extra finance had been allocated to boost capacity levels. Information would be looked at for measurable risks and increased usage so demand could be measured and predicted.

It was agreed:

That the report be noted.

HSC.7 UPDATE ON COVID 19

Lesley Jones, Director of Public Health provided the committee with a verbal update and the latest information related to Covid 19.

Infection rates were high with a rapid rise at the end of August per head of population with 25 per 100,000 now increased to 174 per 100,000.

Will Blandamer reported that at a recent gold meeting there was a high positive rate for the area and Bury was the second highest across all the GM authorities. The latest Government interventions wont impact on reducing figures for some time whilst hospital admission rates grow across GM although that has not been the case in Fairfield.

Councillor Gunter asked if it was possible to identify the reason for an increase in cases as Bolton had an incident with one person returning from holiday and not isolating.

There was no incidents linked to the increase and rates had been generally persistent across the borough.

Councillor Walmsley commented on examples of testing at centres and home testing kits when people had not been able to register them in the system.

It was acknowledged that there had been a range of problems with testing and the capacity of national laboratory testing. Pop up walk in centres would help with testing and there were a few teething problems linked to the national portal. Two walk in centres were available with a third site to open in Radcliffe next week with others to follow.

The turnaround of test results was a national priority and data would still be an underestimate due to the time delay of results.

The Chair commented on the testing process and in some cases with home kits they then needed registering online. The pilot saliva testing in Salford was mentioned and had this been a success.

It was reported that people can now register their details at the site as one of the objectives was to help people who may not have digital access. Turnaround times had caused problems along with void results. Laboratory testing was increasing but could not meet the demand and the saliva testing was very recent so no results were known although this would in due course be evaluated.

Councillor Walker had been following the statistics across the country and were GM's figures so much higher due to testing more than other areas.

The figures across the North West accounted for around 25% of cases in the country. When lockdown was first lifted the rates in Bury were still a little higher and with returning back to work and social interactions this had caused the trend

to continue. Even in Wigan which had one of the lowest rates, once cases start to double the figures increase on a rapid basis.

The current situation was endemic and embedded across all sectors of the local community in the borough.

The Chair commented on the control of the virus in the education sector and will any new restrictions help stop the spread. Schools already had safe environments although many groups had been sent home since September related to cases within their bubbles.

It was anticipated that their return in September would see rates pushed up a little but evidence suggests that it was communities bringing the virus into schools rather than the other way around. There had been no large scale outbreaks in schools or care homes so it was more community transmissions.

It was clear that arrangements in place were not enough as rates were still going up but introducing stronger measures can have a negative impact on other things so it was a balance of risks.

The Chair and Councillor Kersh asked for figures on positive test results and they were currently being recorded from 10% of tests conducted.

Councillor Holt commented on phone calls he was receiving from local residents about mental health services and asked was there anywhere to direct questions or seek guidance on this topic. The Government website was pointed out as a good source for support and information, although this can sometimes be hard to interpret. Lesley Jones stated that if Councillors were struggling to make the right contacts her team would try and help out.

Councillor Walmsley discussed death rates by infection and those who had passed away due to lack of treatment for other conditions or had an unconfirmed case of Covid.

Over time and with the process involved this information would be available further down the line. Excess deaths would be judged and a report made known in the future.

Councillor Kersh added that secondary measures to combat Covid could cause more deaths than the pandemic itself and pointed out mental health conditions and possible suicides.

It was a balance of risks that needed to be considered and one was people not being able to get the treatment they need due to a fear of visiting hospital or not being able to access the services they need.

It was agreed:

That the report be noted.

Chris Woodhouse provided Members with a verbal report on the Greater Manchester Health Authority update.

Key points highlighted included a report which went to the GM Joint Health Scrutiny Committee with an overview of the work done by the Greater Manchester Health and Social Care system in response to the Covid-19 pandemic.

The Greater Manchester Living with Covid Resilience Plan was tabled at the GM Combined Authority and was a one year delivery document, which considered the impacts arising from Covid and captured the actions to be taken in the short term to build resilience and begin to respond to those impacts.

The next monthly meeting of the GM Combined Authority will see two reports on this agenda. The Housing Tripartite agreement was a GM Housing Providers agreement outlining their commitment, plans and intentions of working with the Combined Authority. The focus was on growth and reform and shortly afterwards developed a health and housing work stream.

VCSE Accord was a review agreed by GMCA Members of Combined Authority investment in the Voluntary, Community and Social Enterprise (VCSE) sector, including the grant funding which goes into VCSE leadership and infrastructure organisations at a GM level. The scope of the review had been expanded to include the GM Health and Social Care Transformation Fund allocation under the Memorandum of Understanding with VCSE Leaders.

At the GM Health and Social Care Partnership there was previously an executive linked to localities. In the case of Bury this was Warren Heppolette, Executive Lead for Strategy & System Development. An option therefore would be to invite him to a future meeting in relation to regional updates.

The Chair requested if any reports were available could these be circulated to Members of the Committee for their information.

It was agreed:

That the report be noted.

HSC.9 URGENT BUSINESS

No urgent business was reported at the meeting.

COUNCILLOR S SMITH
Chair

(Note: The meeting started at 7.00 pm and ended at 9.10 pm)

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