Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: Wednesday 10 July 2013

Present: Councillor P Bury (in the Chair); Councillors A Audin L Fitzwalter, K Hussain, A Simpson, S Smith and R Walker

Public in attendance: There were no members of the public present

Also in attendance: Hemlata Fletcher - Adult Care Services
Linda Jackson – Assistant Director of Operations ACS
Pat Jones - Greenhalgh - Executive Director, Adult Care Services
K Patel – Chair of the CCG
Councillor Rishi Shori
Lorraine Gundy, Pennine Care NHS Trust

Apologies for absence: Councillors D O'Hanlon T Holt, N Parnell and

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HSC.196 DECLARATIONS OF INTEREST

Councillor Andrea Simpson declared a personal interest as she was employed by the NHS in Salford.

HSC.197 PUBLIC QUESTION TIME

There were no members of the public present to ask questions under this item.

HSC.198 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the Meetings of the Health Scrutiny Committee held on 19 June 2013 be agreed as a correct record and signed by the Chair.

HSC.199 PUBLIC SERVICE REFORM – DRAFT IMPLEMENTATION PLAN

Dr Kiran Patel and Linda Jackson gave a presentation setting out the future of integrated care in Bury. The presentation covered the Delivery Plan, the Concept Model, Progress and Plans for enablers, Achievements and Challenges.

The aim of integrated care was explained:-

To ensure that people take responsibility for their own health and wellbeing through self care, ownership and accountability of their lifestyles.

- Provision of information and access to advice to help people understand what's available in the community to facilitate them taking ownership and accountability for their lifestyles.
- Where someone requires support; the support will involve the person's/family's natural circle of support and maximise the use of the community assets.
- Integration will help facilitate this approach by providing the right workforce in localities in the right place at the right time.

It was explained that the shared vision would be seven days a week, 365 days a year in appropriate locations. The re would be more self care with patient information being shared across provider and support agencies and partner groups.

The partners involved were reported as Bury Clinical Commissioning Group and member practices, Bury Council, Pennine Care NHS Foundation Trust, Pennine Acute Hospital NHS Trust, GP Federation, GP Out of Hours, Third Sector Development Agency.

The Governance Arrangements were set out and it was explained that the Partnership Board was responsible for overall direction and management of the Project. The Board was jointly chaired by Pat Jones Greenhalgh, Executive Director of Adult Care Services and Stuart North, Chief Executive, Bury Clinical Commissioning Group and with key partners, accountable to the Team Bury Wider Leadership Group (BWLG) and reporting to the AGMA Wider Leadership Group.

Bury Integrated Health and Social Care Partnership Board had been established and was chaired jointly by Pat Jones-Greenhalgh and Stuart North.

Linda explained the Concept Model of providing services and explained that different services would have to be delivered differently across each area. Some services could be clustered into localities but as each township had different demographics there would be different needs which would mean different services. Each Township area's needs would have to be regularly mapped to ensure that the needs of the population within those areas were being met.

It was explained that to prevent people from being admitted to hospital it was crucial to ensure that education and prevention was promoted as much as possible before support became an issue.

It was explained that it was not just health and Social care providers that provided care and support, individuals received this from a range of agencies including; Primary Care; Secondary Care;

Community Services, Social Care; Third Sector; Department of Works and Pensions; Hospice; mental health services; Housing services and Education.

An example snapshot of the timescales involved for the implementation of the Concept model was set out within the presentation. An update on the work carried out to date would be presented to AGMA at a meeting in September.

It was reported that as the move to integrated care progressed it was expected that the workforce would follow with the shift into primary, social and community services.

Pilot work had been carried out jointly with NWAS around Falls and there had also been a Complex Care Pilot. Work around Crisis Response and Urgent treatment had also been undertaken.

The roll out of Social Care budgets would continue.

It was acknowledged that data sharing between different partners and agencies would be challenging but had to be established and work was being carried out in this area and being led by Team Bury to define solutions.

The achievements to date were set out and included:-

- Crisis response for adults
- Integrated Health and Social Care Discharge Team
- Pilot integrated care team 'Radcliffe' with wider roll out to another area over the following two months
- Children's Trust Board
- Partnership Boards
- Complex care arrangements
- Existing links between CCG, Council and some providers are strong
- Adults and Children's Safeguarding Boards
- Successful Public Health integration into the Council.

The possible barriers were explained as:-

- Integrated records
- Quality Assurances Processes
- The ability to maintain stable acute services whilst investing in community services.
- Changing cultures required in partner groups and with other professionals
- People's expectations increasing, need to change public attitude towards taking ownership of their own health and wellbeing.

Current contracting arrangements make it difficult to break

- down spend
- Registered v resident

Those present were given the opportunity to ask questions and make comments and the following points were raised:-

- Councillor Shori referred to the fact that the population was growing rapidly and with larger numbers of elderly people. Councillor Shori asked how services would change compared to what is currently in place.

Dr Patel explained that it would not be possible to continue with what was currently in place, the current bed-stock would have to be cut and the money released into primary care. The level of resource to be moved had been identified but it was paramount that there was no dual services running and for this to be the case there had to be confidence in the systems in place. All current services would be looked at to identify any duplication and spending cultures needed to be reviewed.

- Councillor Simpson referred to the need to educate service users so that the changes had the buy in from them and the need for a budget to facilitate this. She also referred to the fact that primary services were already stretched which then affected services such as A & E and the Walk in centres and it would be a mistake to reduce this provision.

Dr Patel explained that it was essential that the changes had patient buy in to ensure that the integration of services ran smoothly. He also stated that it wasn't an exercise to get rid of services; it was about working differently to achieve more value.

- Councillor Smith stated that she was afraid that during the interim stages people may fall through the gaps. She also asked how long the transition period would be.

It was explained that the project was due to take place over the coming 3 – 5 years. Money had already been identified to invest in primary care. All partners were sharing the vision and it was accepted across the board that the changes would be done in large steps.

- Councillor Fitzwalter explained that she had personal experience as well as constituent complaints relating to communication and correspondence across the NHS. She stated that this was an issue that really needed to be sorted out before any integration would be successful.

Councillor Walker also stated that communication between the Health different partners and agencies needed to be improved. He had first hand experience of poor communication to the point where he now took his own records.

Councillor Walker referred to the possibility of consultants working on communities and asked how this would work.

Dr Patel explained that not all specialists would be suited to work in the community but it would be suitable for some areas.

It was also explained that there were a lot of good examples of communication being used such as text messages and e-mails which would be supported across the integrated system.

It was agreed

1. That a sub group would be established to review the integration of services in more detail.
2. That the possibility of establishing a sub group to look at appointments be considered.

COUNCILLOR P BURY

Chair

(Note: The meeting started at 7.00 pm and ended at 8.35pm)