

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 27<sup>th</sup> January 2015

**Present:** Councillor P Bury (in the Chair)  
Councillors P Adams, E FitzGerald, L Fitzwalter, J Grimshaw, S Haroon, K Hussain, S Kerrison, J Mallon, and R Walker

**Also in attendance:** Stuart North, Chief Officer at Bury CCG  
Linda Jackson, Assistant Director, Operations,  
Julie Gonda, Assistant Director, Strategy, Procurement and Finance, Department for Communities and Wellbeing.  
Susannah Rowles, Director for Diabetes and Endocrinology, Pennine Acute NHS Trust.  
Steven Taylor, Pennine Acute NHS Trust.  
Louise Palmer, Pennine Care NHS Foundation Trust.  
David Latham, Programme Manager, Northwest Clinical Support Unit.  
Amanda Symes, Safeguarding Adults Manager

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

**Apologies for Absence:** Councillors T Pickstone and S Smith

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#### **HSC.640 DECLARATIONS OF INTEREST**

Councillor E. Fitzwalter declared a personal interest in respect of minute HSC.645 as her daughter is diabetic.

#### **HSC.641 PUBLIC QUESTION TIME**

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

#### **HSC.642 MINUTES OF THE LAST MEETING**

##### **It was agreed:**

That the Minutes of the last meeting held on 8<sup>th</sup> October 2014 be approved as a correct record and signed by the Chair.

#### **HSC.643 MATTERS ARISING**

Further to Minute HSC.368 of the last meeting held on 8<sup>th</sup> October 2014, Julie Gallagher, Democratic Services Officer reported that a response to the Pharmaceutical Needs Assessment (PNA) consultation had been submitted on behalf of the Health Overview and Scrutiny Committee. The Democratic Service Officer reported that the PNA, which is due to be considered by the Health and Wellbeing Board on 29<sup>th</sup> January 2015, had identified a need for a pharmacy in the Besses/M45 post code area.

In response to a Member's question, the Chief Operating Officer, CCG reported that the document only identifies the need for a pharmacy in the Besses ward area. If a pharmacy provider wishes to operate in the area they must submit an application to NHS England.

#### **HSC.644 ADULT SAFEGUARDING PEER REVIEW RESULTS**

Amanda Symes, Adult Safeguarding Manager, gave a presentation providing an overview of the adult safeguarding peer review results. The aim of the presentation is to give assurance to the health overview and scrutiny committee that Bury Council is providing a quality service to those adults who are in need of a safeguarding service.

The Peer Challenge process provides an opportunity for Bury to be benchmarked against a modified version of the Local Government Association model for Standards in Adult Social Care.

The objectives centred on the following key themes and the peer reviewers identified a number of strengths and best practice as well as areas for development:

- Outcomes for people who use services
- Participation
- Vision, Strategy & leadership
- Working together
- Resource and workforce management
- Service delivery and effective practice
- Commissioning
- Improvement and innovation

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

In response to a Member's question, the Adult's Safeguarding Manager reported that although the Peer review had identified areas for development, overall the comments and feedback was very positive.

The Adult's Safeguarding Manager reported that going forward, there will be a focus on prevention and an emphasis on using local knowledge to identify people who may be vulnerable before a safeguarding issue occurs. As well as, greater working with partner agencies to share knowledge and the development of safeguarding processes in other organisations.

In response to a Member's question, the Assistant Director, Strategy, Procurement and Finance, reported that, it is mandatory for all care staff in all social care settings to undertake safeguarding training.

The Adult Safeguarding Manager reported that the Clinical Commissioning Group has agreed to employ a Data Manager to act as an interface between organisations with particular responsibility for sharing intelligence/information.

In response to a Member question the peer review results have been considered by the Adults Safeguarding Board and a review is ongoing.

**It was agreed:**

1. That the Adult Safeguarding Manager be thanked for her attendance.
2. The Adults Safeguarding Manager will provide members of the Health Overview and Scrutiny Committee with regular updates in relation to the Adult's Safeguarding Peer Challenge Action Plan.
3. Elected members will be provided with a briefing in respect of the Ambassador scheme.

**HSC.645 INTEGRATED DIABETES UPDATE**

Members of the Committee considered a verbal presentation from Susannah Rowles, Clinical Director for Diabetes and Endocrinology, Pennine Acute NHS Trust in relation to the Integrated Diabetes team.

The new service is a cross-borough, consultant-led, multi-disciplinary team comprising of consultant diabetologists, a GP with Special Interest, diabetes specialist nurses (both community and hospital-based), specialist dieticians and special podiatrists. As well as specialist podiatrists and psychologists.

There are three main areas of focus:

1. Direct delivery of specialist clinical services
2. Organisation and delivery of patient education using a variety of approaches to suit the population needs
3. Delivery of education for health care professionals

The Clinical Director reported that the key benefits of the service will be better patient experience, better quality and outcomes, better co-ordination of care, reduced risk of hospital admission and faster access to specialist teams.

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

With regards to retinal screening, the Clinical Director reported that this is not part of the integrated diabetes team. If a patient suffers an eye problem due to poorly controlled diabetes the GP would make a referral to the integrated diabetes service.

In response to a Member's question, the Clinical Director reported that the majority of diabetes care takes place outside of the Acute hospitals. If the Integrated Diabetes team is successful acute admissions will reduce.

The Clinical Director reported that the integrated diabetes service has been commissioned for three years. As part of the commissioning process the integrated diabetes team are monitored against very tightly measured key performance indicators.

In response to concerns raised by members, the Clinical Director reported that her team would work with colleagues within Public Health in relation to diabetes preventative work.

With regards to concerns raised about best use of clinicians time, the Clinical Director reported that resources could be diverted away to providing out of hours support to GPs and focused on decreasing Acute presentations; shortening patient length of stay and diabetic specialist nurses providing advice and support on general medical wards.

With regards to diabetic pumps, the Clinical Director reported that Pennine Acute is the fourth largest provider of pumps nationally, this service is not however part of the integrated diabetes team.

The Clinical Director reported that a GP reference pack has been produced entitled "how to diagnose type two diabetes" to assist those working in general practice.

**It was agreed:**

1. That the Clinical Director for Diabetes and Endocrinology be thanked for her attendance.
2. A briefing note prepared by the Integrated Diabetes Team, providing information on the performance of the team, including key performance indicators will be considered at a future meeting of the Health Overview and Scrutiny Committee.

**HSC.645 BETTER CARE FUND SUBMISSION**

Stuart North, Chief Operating Officer CCG and Julie Gonda Assistant Director, Strategy, Procurement and Finance, Bury Council attended the meeting to provide members of the committee with an update in relation to the Better Care Fund. An accompanying report had been circulated to members.

The Better Care Fund Schemes focus on integrated care delivery for the frail elderly and children with complex needs. The aim of the fund is to provide better support for people at home with the provision of coordinated services in their own communities to prevent people needing emergency care in hospital or being inappropriately admitted to care homes in order to achieve the cultural shift that will be necessary we will have to utilise our workforce more effectively, considering skill mix, reorientation and training opportunities for staff.

To lay the foundations for a much more integrated system of health and social care we have worked with our partners to achieve an agreed definition of integration, aims and shared design principles. We do understand that collaborating with all of our partners in the health, social care, housing and voluntary sector is vital in developing more innovative solutions to the challenges that we face.

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

In response to concerns raised by Members of the Committee; the Chief Operating Officer reported that the money from the BCF is not new money but top sliced from the CCG budget. The fund provides an opportunity to distribute money differently and to protect the local authority against having to make cuts to social care.

The BCF has forced partners from the Local Authority, the Acute sector and social care to work together to properly integrate services. The Chief Operating Officer reported that the CCG is significantly underfunded. NHS England has committed to increase funding to those CCGs that are significantly underfunded.

With regards to fuel poverty, the CCG Chief Operating Officer reported that work had been undertaken as part of the refresh of the health and wellbeing strategy by the Health and Wellbeing Board, to address concerns raised.

In response to a Member's Question, the Chief Operating Officer reported that there is not a shortage of GPs within Bury. Problems may however arise as access to GP services widen and it may then be necessary to recruit more GPs and increase the use of specialist nurses.

**It was agreed:**

1. The Health Overview and Scrutiny Committee will be provided with a Better Care Fund update at a future meeting.
2. The Health Overview and Scrutiny Committee will be provided with an update in relation to actions taken by the Council and strategic partners to address fuel poverty.

**HSC.646 URGENT BUSINESS**

There was no urgent business reported.

**HSC.647 HEALTH AND WELLBEING MINUTES \*FOR INFORMATION\***

**It was agreed:**

The Minutes of the Health and Wellbeing Board held on 30<sup>th</sup> October 2014 be noted.

**COUNCILLOR PETER BURY**  
**Chair**

**(Note: The meeting started at 7pm and ended at 9.05pm)**