

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 19 March 2015

Present: Councillor P Bury (in the Chair)
Councillors P Adams, E FitzGerald, J Grimshaw, S Haroon,
K Hussain, S Kerrison, N. Parnell, T Pickstone, S Smith and R
Walker

Also in attendance: Linda Jackson; Assistant Director, Department of
Communities and Wellbeing.
Tracy Minshull; Strategic Lead, Strategy and Development,
Department of Communities and Wellbeing.
Ann Norleigh Noi; Senior Partnership Implementation
Officer, Department of Communities and Wellbeing.
Pam Lievesley; Service Delivery Director, Bury, One
Recovery.
Anita McWilliam; Team Manager, One Recovery Bury.
Debbie Chadwick; Drug and Alcohol Strategy lead, Forest
Bank, Sodexo Justice Services.
Dr Kaushai; Lead Consultant, Addiction Dependency
Solutions.
Ian Bruty, Peer Mentor
Dr Gillian Fairfield; Chief Executive Officer, Pennine Acute
NHS Trust.
Gavin Barclay; Assistant Chief Executive, Pennine Acute NHS
Trust
Nadine Armitage; Head of Partnerships, Pennine Acute NHS
Trust.

Public Attendance: 3 members of the public were present at the meeting.

Apologies for Absence: Councillors: L Fitzwalter and J Mallon

HSC.841 DECLARATIONS OF INTEREST

Councillor N. Parnell declared a personal interest in respect of minute HSC.572 as his partner is employed by Pennine Acute NHS Trust.

Councillor T. Pickstone declared a personal interest in respect of all matters under consideration as his partner works for the NHS.

Councillor J. Grimshaw declared a personal interest in respect of all matters under consideration as a member of the patients cabinet.

HSC.842 PUBLIC QUESTION TIME

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

HSC.843 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the last meeting held on 10th February 2015 be approved as a correct record and signed by the Chair.

HSC.844 MATTERS ARISING

There were no matters arising.

HSC.845 DRUG AND ALCOHOL SERVICE UPDATE

Tracy Minshull, Strategic Lead, gave a presentation providing an overview of Bury's drug and alcohol service. The aim of the presentation is to give assurance to the health overview and scrutiny committee that the new service provider, Addiction Dependency Solution is providing a quality service.

The Strategic Lead reported that it has been necessary to systematically transform the way drug and alcohol services are provided. The transformation will aim to break the service users cycle of dependency. The new service model will be different and will be based on a recovery care pathway.

The Senior Partnership Implementation Officer reported that as part of the procurement process an assessment of the current service was undertaken. As a result of the assessment, a vision was developed which formed part of the service specification;

"Our vision is to commission a drug and alcohol service which is based on local need; adopts a whole system approach to provision; is outcome focused and recovery orientated; and, is responsive to both the needs of individual service users and emerging local trends."

The Service specification stated that the new provider will:

- provide the provision of drug and alcohol service for adults in Bury
- Age range: 18 years and over
- Substances: Drugs: including 'legal highs', over the counter/ prescribed medications and alcohol.
- Contract duration: 3 years (with the provision to extend for further 12 months)
- Procurement process from: July 2012 to April 2014

The Service Delivery Director reported that there had been a number of challenges in managing the new service and implementing the new service model; the challenges have included, reviewing and adjusting the service model, transfer of staff, data and a change to a recovery model of service provision.

The Drug and Alcohol Strategy Lead, Forest Bank reported that the new system is

working well. Drug and Alcohol workers are able to get involved in treatment at an earlier stage, provide a single point of entry into the service and peer mentors.

Members of the Committee considered a verbal presentation from an ex service user, who had received help and support from the service to tackle his drug and alcohol addiction. The service user provided members of the committee with details of his experience of being an addict and the support he had received from the service. The service user is a peer mentor and helps other service users.

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

In response to a question from Councillor Walker, the Senior Partnership Implementation Officer reported that due to changes in relation to the National Drug Treatment Monitoring System and a transfer of data to Public Health England, there has been a delay in providing up to date performance information.

The Strategic Lead reported that drug and alcohol services for those service users under 18 would be provided by Early Break.

In response to a Member's question, the Service Delivery Director reported that there is a monthly meeting held at the Carers Centre to provide support for carers of service users.

The Drug and Alcohol Strategy Lead reported that after care will be provided through the Recovery hub as well as via service user meetings, "bridging the gap" course and with support from Bury Employment and Skills.

In response to a Member's question, the Service Delivery Director reported that staff numbers have stabilised and the number of agency staff employed has reduced to one.

It was agreed:

1. Ian Bruty ex service user and Peer Mentor be thanked for his attendance and be commended for his recovery and support provided as a Peer Mentor.
2. The Strategic Lead will provide members of the Health Overview and Scrutiny Committee with an update in September in relation to the Drug and Alcohol Services Performance Data.

HSC.846 INTRODUCTION FROM THE CHIEF EXECUTIVE OF THE PENNINE ACUTE NHS TRUST

Members of the Committee considered a verbal presentation from Dr Gillian Fairfield, Chief Executive Officer, Pennine Acute NHS Trust, the purpose of her attendance will be to provide members of the committee with an update with regards to the Acute Trust.

The Chief Executive reported that the Trust will spend roughly £1.5m per day on providing healthcare services for local people. In the financial year 2014/15 the Trust saw 637,843 outpatients, 121,118 total inpatients and 72,511 day cases; delivered 9,899 babies made 148,340 visits to patients in their own homes; issued over 1 million items from the pharmacy and provided over 1.6 million patient meals.

The Chief Executive reported that in the same period there has been a significant reduction in the Trust's mortality ratio and it is now the second lowest in the North West of England, with a level of performance which means that statistically 20% fewer patients than expected died in our hospitals in 2013/14.

The Chief Executive reported that she has been in post almost twelve months and in that time she has reviewed the senior leadership and the clinical leadership team, as well as reviewing the governance structures and clinical care pathways.

The Chief Executive reported that the Trust had struggled to meet the four hour target for A&E in quarter three. A number of issues have coincided that have resulted in additional pressures on A&E. The Chief Executive reported that there are a number of patients (120) that are currently occupying beds that are fit to be discharged. A number of those patients are residents of Bury.

The Chief Executive reported that partners need to work together to ensure that services are properly integrated, this has worked very well in North Manchester General Hospital where multi-disciplinary teams are co-located.

The Chief Executive reported that the Trust would want to ensure that they are very much involved in the development of the Manchester devolution proposals.

The Healthier Together proposals are only part of the Trust's reconfiguration plan. The Trust plan to review all other services provided and will hold a second workshop event to discuss with partners the service provision going forward.

It was agreed:

1. That the Chief Executive of the Pennine Acute NHS Trust be thanked for her attendance.
2. Delayed discharge will be an agenda item at a future Health Overview and Scrutiny Committee.

HSC.847 HEALTH SCRUTINY EVENT UPDATE

Members of the Committee considered the Centre for Public Scrutiny Health Overview and Scrutiny Evaluation report.

It was agreed:

That future Health Overview and Scrutiny Committee reports, where appropriate, contain performance information.

HSC.848 THANK YOU TO COUNCILLOR BURY

Councillor Walker on behalf of the Committee thanked the Chair, Councillor Bury, for his hard work and commitment during the Municipal year.

COUNCILLOR PETER BURY
Chair

(Note: The meeting started at 7pm and ended at 8.45pm)