

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 8 December 2015

Present: Councillor S Kerrison (in the Chair)
Councillors E FitzGerald, J Grimshaw, S Haroon, K Hussain,
J Mallon, R Skillen, T Pickstone and R Walker

Also in attendance: Councillor Andrea Simpson, Cabinet Member, Health and Wellbeing
Julie Gonda, Assistant Director, Strategy, Procurement and Finance
Michelle Stott, Housing Development and Policy Officer, Bury MBC
Ann Norleigh Noi, Strategic Planning and Development Lead
Pam Livesey Service Delivery Director, Bury, One Recovery
Julie Gallagher, Democratic Services Officer

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

Apologies for Absence: Councillor S Smith(clash) L Fitzwalter and P Adams

HSC.532 DECLARATIONS OF INTEREST

Councillor Tim Pickstone declared a personal interest in respect of all items under consideration as his partner is employed by the NHS.

Councillor Joan Grimshaw declared a personal interest in respect of all items under consideration as a member of the Patient Cabinet.

HSC.533 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting

HSC.534 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meetings held on 20th October 2015 be approved as a correct record.

HSC.535 MATTERS ARISING

In respect of minute number HSC.338 Public Question Time; Physiotherapy Project Overview Group. The Democratic Services Officer reported that a meeting of the group had taken place with representatives from the Clinical Commissioning Group and Douglas Galvin, Patient Advocate. Members considered the proposals and sought assurances in relation to transitional arrangements, waiting times, communication and consultation. Members resolved to meet again in six months to monitor the impact of the proposals as well as the attendance rates.

In respect of minute number HSC.223 non-emergency transport service, the Principal Democratic Services Officer reported that a communication had been received from Blackpool Clinical Commissioning Group confirming Arriva's decision not to re-tender for the contract. The decision not to re-tender was as a result of:

"A level of management failure with the reporting of performance against its contract in Greater Manchester.... this means they had previously provided incorrect information, which shows a higher level of performance than is the case. These reports are one of the sources of intelligence used to assess ATSL's performance against the contract."

Members discussed the proposals and the attendance of Arriva representatives at a previous meeting of the Committee. Member's expressed concern that the Committee had received assurances from Arriva representatives and that information presented to the Committee had been inaccurate and misleading.

With regards to a larger number of contracts being allocated to private sector companies; Members discussed the need to be assured that there are proper and sufficient audit processes in place to monitor performance.

It was agreed

Once the announcement has been made in respect of a new provider of the Non-emergency transport service, their representatives as well as representatives from Blackpool CCG would be invited to attend a future meeting of the Health Overview and Scrutiny Committee.

HSC.536 FUEL POVERTY UPDATE

Michelle Stott, Housing Development and Policy Officer, Bury MBC attended the meeting and provided members with an overview of the work undertaken within the Borough to tackle fuel poverty. The presentation contained the following information:

- Improving housing efficiency
- Health consequence of fuel poverty
- Temperature effects on health
- Costs to the health service
- Fuel poverty strategy for Bury

The Housing Development and Policy Officer, reported that inadequate room temperatures can cause or exacerbate; cardiovascular problems; respiratory infections; mobility problems and mental health conditions.

Fuel poverty and living in a cold home can lead to excess winter death. In Bury there were 130 Excess Winter Deaths in 2012/13.

There can be significant costs to the NHS for cold related illness e.g. repeat GP visits, A&E admissions due to stroke, heart attack, respiratory and falls, extra bed days and repeat admissions.

Total cost to the health service for A&E admissions attributable to cold related illness, based on the Department of Health reference costs for this time period is £11,247,990.

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

The Housing Development and Policy Officer reported that funding to assist residents in making houses more fuel efficient is means tested, however fuel efficiency advice from members of the team is available to all.

The Council has targeted seven wards most likely to have vulnerable residents advising them of schemes and assistance available to help make their properties more energy efficient.

The Housing Development and Policy Officer reported that the Greater Manchester Collective Switch initiative had now ended.

It was agreed:

The Housing Development and Policy Officer would provide democratic services with comparative data for all the Greater Manchester authorities regarding energy works including: Green Deal Communication installs and Greater Manchester collective switch auctions.

HSC.537 BURY'S IN-HOUSE INFECTION CONTROL SERVICE

Lorraine Chamberlain, Head of Health and Environmental Protection attended the meeting to provide members with an update in respect of the infection prevention and control service. The presentation contained the following information:

- From June 2014 to May 2015 Intrahealth provided the infection control service managed by the Bury Council's Health and Environmental Protection team
- Their work included root cause analysis of all C difficile cases, post infection reviews of all MRSA cases, serious untoward incidents, outbreak management. Lessons learned from the investigative work undertaken was fed back via Bury CCG Quality and Risk Committee.
- A business case was subsequently prepared for a wholly in-house service, comprising a lead health protection nurse and health protection nurse – recruitment to the post has proved difficult.
- In October 2015 the Bury Tattoo Hygiene Rating scheme was launched.

- A Greater Manchester wide sector improvement review led by the Public health network across the 10 local authority areas has been concluded and the review outcomes are currently being addressed.

Members reviewed an anonymised performance report on the type of work undertaken to date.

Members 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 Head of Health and Environmental Protection reported that Councils across Greater Manchester did consider establishing one infection control service across the ten local authorities. This however was not feasible; the Council therefore took the decision to provide the service in-house.

The Head of Health and Environmental Protection reported that concerns raised in relation to Tattoo premises could emanate from a variety of sources including GPs, and concerns raised by customers.

In response to a Member's question the Head of Health and Environmental Protection reported that if antibiotics are required and the care home operates a single GP unit then the GP can prescribe for all staff and patients affected. This is a model (one prescribing unit) within care homes that the Head of Health and Environmental Protection would want to see across the Borough to prevent the spread of contagious diseases/illnesses.

The Head of Health and Environmental Protection reported that the in-house Council run infection control service would work with the infection control staff in the Acute sector, share advice and best practice.

It was agreed:

The performance of the In-house Infection Control Service will be reviewed in 12 months.

HSC.538 ORAL HEALTH STRATEGY

Members of the Committee considered the Oral Health Strategy. Steph Mitchell, the Health Improvement Specialist reported that improving oral health is both a priority and challenge in Bury.

Bury rate for teeth that are decayed, missing or filled in children at age 5, although similar to the North West average, it is significantly worse than the national average, with many young children facing dental extractions under anaesthetic as a result of poor dental health. In addition to this, Bury has wide in-borough oral health inequalities, with those living in more deprived wards more likely to have poor oral health.

- Bury has a higher rate of decayed, missing or filled teeth and Early childhood carriers in three year olds – 18%, compared to a national average of 12% and a regional average of 14%

- At 5 the figure is 33.4% compared to a national average of 27.9%
- In 2012/13 484 children in Bury aged 19 or under had dental extraction under general anaesthetic.

As a result of poor dental health, many young Bury children face dental extractions under general anaesthetic.

The action plan will focus on preventative efforts for the first 12 months and instil positive oral health. The Health Improvement Specialist reported that increasing preventative activities and promoting healthy behaviours and healthy relationships in the early years has been evidenced to have a lasting affect into adulthood.

Members considered a table of current practice against the range of interventions for primary care teams across the Borough of Bury.

In response to Members comments, the Health Improvement Specialist reported that the children centres will be the main driver for much of the preventative work. The Health Improvement Specialist reported that the Council are looking to re-introduce the Healthy Schools Programme.

In response to a Member's question, the Health Improvement Specialist reported that there was no additional money available to support the delivery of the action plan. Some actions will be achieved via collaborative work across Greater Manchester and making best use of current resources.

In response to a Member's query, the Health Improvement Specialist reported that she is able to provide Members with oral health work already undertaken in specific schools.

It was agreed:

A further update in respect of the Borough's Oral Health will be provided at a future meeting of the Health Overview and Scrutiny Committee.

HSC.539 DRUG AND ALCOHOL UPDATE

Members considered a verbal presentation from Ann Norleigh Noi, Strategic Planning and Development Lead, Pam Livesey Service Delivery Director, Bury, One Recovery and a current service user in respect of Bury's drug and alcohol service. An accompanying report had been circulated prior to the meeting which contained the following information:

A comprehensive review of the new service was undertaken and as a result it was necessary to systematically transform the way drug and alcohol services were provided. The transformation aimed to break the service users cycle of dependency. Key to this transformation was the new service model which was significantly different and based on a recovery care pathway. The new provider was tasked with carrying out a full caseload audit.

Success so far:

- The recovery hub
- Benzodiazepine workers role
- Gateway programme

- Key lifestyle Outcomes
- STRIVE team
- Task and finish group established to develop a response to the increasing use of new psychoactive substances NPSs

Members considered the performance data provided by One Recovery, Bury. The completions for opiates have remained steady; non-opiate use continues to rise. Alcohol and opiate use showed a decrease in successful completions but performance is now starting to increase.

Bury are currently operating at mid-point within the Greater Manchester in terms of completions. The Strategic Development and Planning Lead reported that in taking into account that the service has undergone a period of significant change, including a change in provider as well as a different operating model, performance continues to improve.

Members of the Committee received evidence from a current service user, a recovering alcoholic. The service user explained the support and assistance he had received from One Recovery and commended in particular, the holistic approach he had received via the "bridging the gap" project.

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

In response to a Member's question, the Strategic Development and Planning Lead reported that the caseload audit has highlighted circumstances in which the package of support offered to service users had been over medicalised, the new approach is to offer a holistic recovery approach.

In response to a member query in respect of the make up of users of the service; the Service Director reported that the majority suffer with mental health problems and misuse substances to disguise the problem.

The Strategic Development and Planning Lead reported that there is a high level of recreational cocaine use in Bury, predominately at the weekend by people who do not think they have a problem with substance misuse.

In response to a Member query; the Service Director reported that there has been an increase in the numbers of drug related deaths, across the Borough.

It was agreed:

1. The officers and in particular the One Recovery service user be thanked for their attendance.
2. A further update in respect of the Drug and Alcohol service be provided in 12 months and will include information relating to the demographic make-up of the service users.

HSC.540 URGENT BUSINESS

There was no urgent business reported.

COUNCILLOR SARAH KERRISON
Chair

(Note: The meeting started at 7pm and ended at 9.10pm)