

Our Ref JG
Your Ref HSC/AJT
Date 30 January 2017
Please ask for Julie Gallagher
Direct Line 01612536640
Direct Fax
E-mail julie.gallagher@bury.gov.uk

Legal & Democratic Services
Division

Jayne Hammond LLB (Hons)
Solicitor
Assistant Director of Legal &
Democratic Services

TO: All Members of Health Scrutiny Committee

Councillors : P Adams, N Bayley, M D'Albert, J Grimshaw, S Haroon,
K Hussain, S Kerrison (Chair), O Kersh, J Mallon, A McKay,
Susan Southworth and R Walker

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 7 February 2017
Place:	Peel Room, Bury Town Hall, Knowsley Street, Bury BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 MINUTES (Pages 1 - 6)

Minutes of the meeting held on the 8th December are attached.

4 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

5 URGENT CARE REDESIGN - CONSULTATION (Pages 7 - 18)

Representatives from Bury CCG will report at the meeting. Presentation is attached.

6 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Minutes of: **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Date of Meeting: 8 December 2016

Present: Councillor S Kerrison (in the Chair)
Councillors K Hussain, A McKay, S Haroon, M D'Albert, Susan Southworth and R Walker

Also in attendance: Mike Owen, Chief Executive, Bury Council
Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group
Dr K Patel, Chair Bury Clinical Commissioning Group
Stefan Verstraelen, Inspection Manager, Care Quality Commission (CQC)
Lesley Jones, Director of Public Health
Marcus Connor, Corporate Policy Manager
Julie Gallagher, Principal Democratic Services Officer

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

Apologies for Absence: Councillor J Grimshaw, Councillor N Bayley, Councillor P Adams, Councillor O Kersh and Councillor J Mallon

HSC.376 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.377 PUBLIC QUESTION TIME

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

HSC.378 MINUTES

With regards to Minute number HSC.355, the Principal Democratic Service Officer reported that she had liaised with a representative from NHS England in respect of the proposed cuts to Community Pharmacy Budgets. The representative reported that the Department of Health had announced cuts to the budget however it will be up to individual pharmacies to ascertain if it is commercially viable to continue to operate.

In respect of Minute number HSC.356 Annual Adult's Social Care Complaints Report, the Principal Democratic Services Officer reported that the Customer Engagement Officer reported that the department were unable to provide data in respect of the age range of the complainants as a comparison to the age range of the service user.

It was agreed:

That the minutes of the meeting held on 20th October 2016 be approved as a correct record.

HSC.379 CARE QUALITY COMMISSION UPDATE

Members of the Committee considered a verbal presentation from Stefan Verstraelen, Inspection Manager, CQC. The verbal presentation contained the following information:

The purpose of the CQC is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. The role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

The CQC ask five key questions of all services:

Is it safe?

Is it effective?

Is it caring?

Is it responsive?

Is it well lead?

There are three phases to the inspection process; Pre-inspection, which includes provider information returns, intelligence monitoring and recruitment of the inspection team. The Inspection; which will include core services, five key questions, key lines of inquiry and visits to clinical areas as well as focus groups and interviews. Thirdly, post inspection, which includes the report, the regulatory (enforcement arm) and rating.

There is a four point scale for rating core services and providers: Outstanding, Good, requires Improvement and Inadequate. The CQC will consider taking enforcement action if providers are not meeting the regulations, for example: issuing requirement notices or warning notices, imposing conditions, placing a provider in special measures, issuing simple cautions and/or fines and prosecuting cases where people are harmed or placed in danger of harm.

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 Inspection Manager reported that the CQC can, where deemed appropriate to do so, carry out a focused inspection visit, concentrating on one area or core service. In deciding to do a focused visit the CQC would weigh up, the concerns raised, the purpose of the visit and the impact or consequences of any such visit. The Inspection Manager reported that the CQC can, if required, be in attendance within hours of concerns being raised.

With regards to the key question, is an organisation caring? The Inspection Manager reported that the CQC would gather evidence via a variety of methods, such as; using intelligence from the Family and Friends test, feedback from focus groups, speaking with patients and their relatives/carers, as well as observing how the staff interact with patients while conducting the inspection visits.

Health Scrutiny Committee, 8 December 2016

In response to concerns raised with regards to the CQC identifying any themes or trends, the Inspection Manager reported that the biggest theme at the current time is a seemingly national shortage of staff/recruitment problems.

If a provider is found to have breached a regulation, the CQC will raise their concerns with the provider immediately and ask them to confirm how they plan to address the issues raised. The CQC works with providers and partnership organisations, such as NHS Improvement, to resolve any statutory breaches and encourage improvement.

In response to a Member's question with regards to timescales, the Inspection Manager reported that if a breach is highlighted during an inspection visit then the inspector would inform the staff involved and the Senior Leadership at the Trust immediately. The timescale for implementation would vary dependent on the issue. If patient safety is found to be compromised, immediate actions will be implemented to assure patient safety, whilst if, for example, not all staff have received mandatory training then the CQC would allow a longer period for the Trust to become compliant.

The Inspection Manager reported that each provider will have a Registered Manager that is in contact for the CQC within the Trust. The CQC will liaise with the provider on a periodic basis (for example: monthly weekly or even daily basis), dependent on the severity of the issues identified.

If a provider begins to show significant improvement, then the CQC may decide to re-inspect, for example, three, six or nine months after an initial inspection visit, to re-evaluate the Trust's rating.

In response to a Member's question, the CQC Inspection Manager reported that the principles that underpin an inspection visit would be the same for any institution. While inspecting a nursing home the inspection team would pay particular attention to the caring and safeguarding elements of the provision. The CQC will look at providers as a whole and can identify specific issues that may be specific to providers that may operate several homes.

In conclusion, the Inspection Manager reported that he would like to continue to work with and meet with the scrutiny committee and would be happy to attend meetings on a regular basis.

It was agreed:

1. The CQC Inspection Manager be thanked for his attendance.

HSC.380 PHYSIOTHERAPY UPDATE

Dr K. Patel, Chair Bury CCG, attended the meeting to provide members of the Board with an update on the provision of physiotherapy services across the Borough following a review and changes to the service in 2015.

Dr Patel reported that the musculoskeletal physiotherapy team provide a service to prevent, treat and manage a wide range of musculoskeletal conditions. Referrals are received electronically by a dedicated physiotherapy administration team based at Fairfield General Hospital.

The standard waiting time for urgent referrals is within 7 days and routine referrals within 6 weeks. The do not attend rate is 10%.

The service is provided in community locations as well as Fairfield General and North Manchester General Hospitals. The service is provided in the following community settings:

- Radcliffe Primary Care Centre – 16 sessions per week
- Townside Primary Care Centre – 10 sessions per week
- Elms medical Centre – 1 session per week
- United Reform Church, Parsons Lane – 1 session per week
- Our Lady of Grace Fairfax Road, Prestwich – 1 session per week

A physiotherapy patient experience survey has recently been conducted which shows levels of satisfaction with the service, to be in excess of 95%.

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 CCG Chair, reported that the patient satisfaction survey was unable to identify previous patients/the old cohort within the survey.

The number of urgent referrals is very small as a percentage of the overall number of referrals.

The CCG Chair reported that the service model is slightly different in Radcliffe, the service puts greater emphasis on self care.

In response to a Member's question, the CCG Chair reported that there has been difficulties in identifying sites for Clinics in Ramsbottom and Tottington.

It was agreed:

Dr K Patel be thanked for his attendance.

HSC.381 LOCALITY PLAN, ONE COMMISSIONING ORGANISATION (OCO) AND THE LOCALITY CARE ORGANISATION (LCO) UPDATE

Mike Owen, Chief Executive, Bury Council and Stuart North, Chief Operating Officer Bury CCG attended the meeting to provide members with a verbal presentation in respect of the Locality plan, the OCO and the LCO. The presentation contained the following information:

The proposed changes will result in a new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. He stressed that they involve treating communities as assets and doing with them, not to them. Individuals will have greater responsibility, ownership and control of their own health and wellbeing including their environment within the community. The proposals are seen as the right thing to do and are not driven by the need to make cost savings although they should lead to a reduction

in the number of avoidable contacts and demand for specialist, higher cost, services.

The One Commissioning Organisation will bring together the commissioning functions of Council and CCG. The CCG will transfer into the Councils structure on 1 April 2017 and operate as a virtual commissioning organisation with integrated meeting structures and decision making.

Functions of the OCO:

- Oversee flow of resources in and out of Borough
- Define standards and outcomes
- System leadership and leaders for transformation
- Local assurance body
- Shapes the market

A Programme Initiation Document approved by Joint Leadership Team, programme structure being established and work being undertaken to scope quick wins

The Locality Care Organisation will bring together five key provider partners and GP representatives from the 4 Sectors and will operate as an Alliance from April 2017. With two high level outcomes:

- Well-being (long term)
- Urgent care – stabilising the system

As well as an all age, out of hospital model, focused around Neighbourhoods and the establishment of a Programme Board.

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

The Chief Executive reported that the CCG will continue to exist as a legal entity, these plans are concerned with the allocation of resources for health and social care and ensuring that this is undertaken jointly, taking into account, clinical, political and managerial input.

The Chief Operating Officer, Bury CCG reported that the Locality Care Organisation will be the delivery arm of the proposed changes; urgent care provision is severely under strain and it is imperative that these proposals will help to stabilise the health and social care economy. The organisation will operate via quasi-contractual arrangements, some budgets will be brought together others will be legally pooled.

The Chief Executive reported that these proposals will be about a whole system approach to the issues affecting the health and social care economy in the Borough. The Chief Operating Officer reported that working together will help to improve outcomes and maximise opportunities.

The Chief Operating Officer reported co-commissioning services across health and social care that this is a genuine attempt to work collaboratively with partners, key stakeholders and the third sector. There will be a number of challenges including, encouraging members of the public and staff to buy in to a new way of delivering services, as well as a greater emphasis on self care and prevention.

With regards to the Programme Board, the Board is will operate as the Executive arm of the Locality Care Organisation. There is already discussions underway in respect of other providers being involved in the organisation. It may be that specific organisations for example, pharmacy may be involved in particular projects.

It was agreed:

1. Mike Owen, Chief Executive Bury Council and Stuart North Chief Operating Officer Bury Clinical Commissioning Group be thanked for their attendance.
2. The Health Overview and Scrutiny Committee will receive regular updates on the progress of the Locality Plan, the Locality Care Organisation and the One Commissioning Organisation.

HSC.382 URGENT BUSINESS

There was no urgent business reported at the meeting.

HSC.383 WORK PROGRAMME FOR INFORMATION

Members considered an updated work programme.

COUNCILLOR SARAH KERRISON
Chair

(Note: The meeting started at 7pm and ended at 9pm)



Bury Clinical Commissioning Group

Urgent Care Service Redesign in Bury

Tuesday 7th February 2017

Healthy lives strong communities

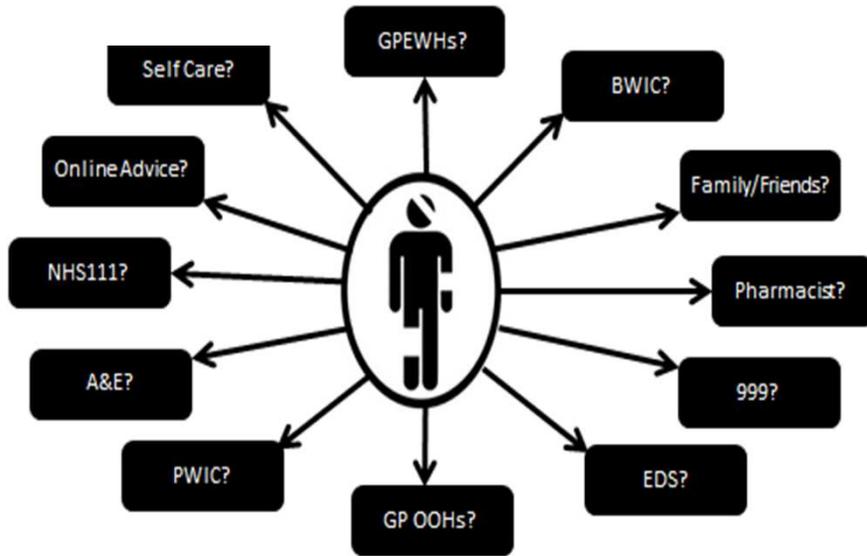
Urgent Care Service Redesign in Bury

Introduction

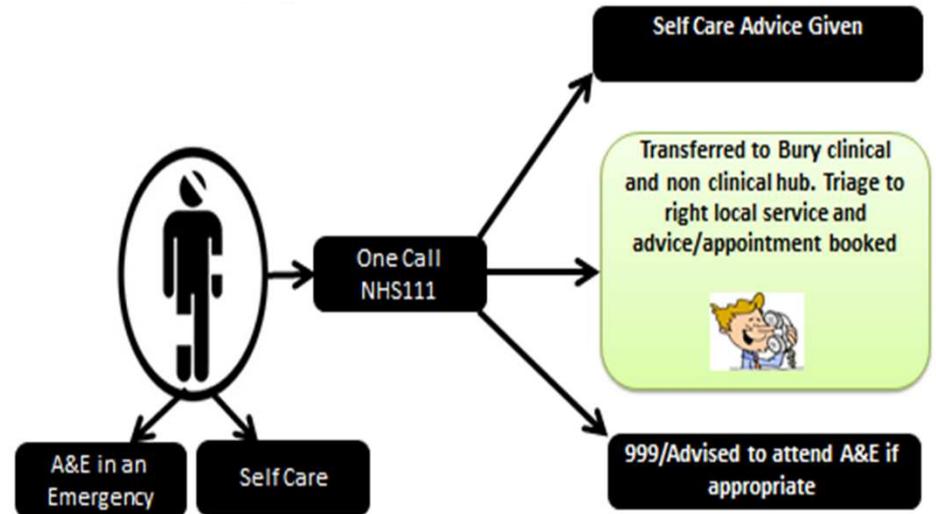
- Where did the journey in Bury begin?
- Both nationally and locally it is recognised that the Urgent Care systems are under considerable pressure.
- In Bury it has been recognised that there is a need for better service planning and design to facilitate urgent care services.
- There is already local evidence of shift in urgent care trends as services continue to evolve.

Urgent Care Service Redesign in Bury

Current Model



New Model



Current Model Key:

- Self Care = Patient feels able to deal with condition
- Online Advice = Internet
- NHS111 = Free self care telephone number
- A&E = Accident and Emergency Department
- PWIC = Prestwich Walk – In Centre
- GP OOHs = BARDOC provider of full GP services evenings and weekends

- 999 = Emergency Telephone Number
- Pharmacist = Option for clinical advice
- Friend/Family = Patient options for advice
- BWIC = Bury Walk-In Centre
- GP EWHs = Access to GP appointments at local hubs evening and weekends
- EDS = Emergency Dental Service

Healthy lives strong communities

Urgent Care Service Redesign in Bury

- In August 2016 the Bury CCG Clinical Lead presented proposals to the Governing Body for the redesign of Urgent Care service across Bury as supported by the Bury Urgent Care Partnership Group.
- The object being to realise a more integrated service building on the innovation of NHS 111 in simplifying access for patients and ensuring local services are delivering high quality clinical assessment, advice and treatment.

Urgent Care Service Redesign in Bury

The Public and Stakeholder Engagement Process

The engagement period comprised of three elements:

- Face to Face Engagement
- Written Correspondence 'Received' Engagement
- Urgent Care Redesign Survey Engagement

Urgent Care Service Redesign in Bury

Urgent Care Redesign Survey Findings

Q3: When thinking about future urgent care services, please tell us which of the following elements are important to you? (range of options where patient could select more than 1)

79% a service that is easy to understand and access

77% A service where I can receive clinical advice from qualified staff

Q7: Do you agree with the proposal to not renew the contract for the Walk-in Centres?

83% Disagree or strongly Disagree

Q10: Do you believe the Walk-in Centres provide a service or care now, that isn't provided anywhere else for patients in Bury?

90% Yes

Healthy lives strong communities

Urgent Care Service Redesign in Bury

Urgent Care Redesign Survey Findings

Q11: If the Walk-in Centre contracts were not renewed from April 2017, would you like alternative health and social care services still delivered from the two locations?

87% Yes

Q12: Are you aware of the following services? Please tick all that apply (respondents were given a range to choose from)

87% NHS 111 service (signposting telephone service 24 hours a day)

72% GP Practice appointments available in the evening, at the weekend and bank holidays

71% Community pharmacies who are experts in medicines and can provide self-care advice

64% NHS Choices (internet based service 24 hours a day)

Urgent Care Service Redesign in Bury

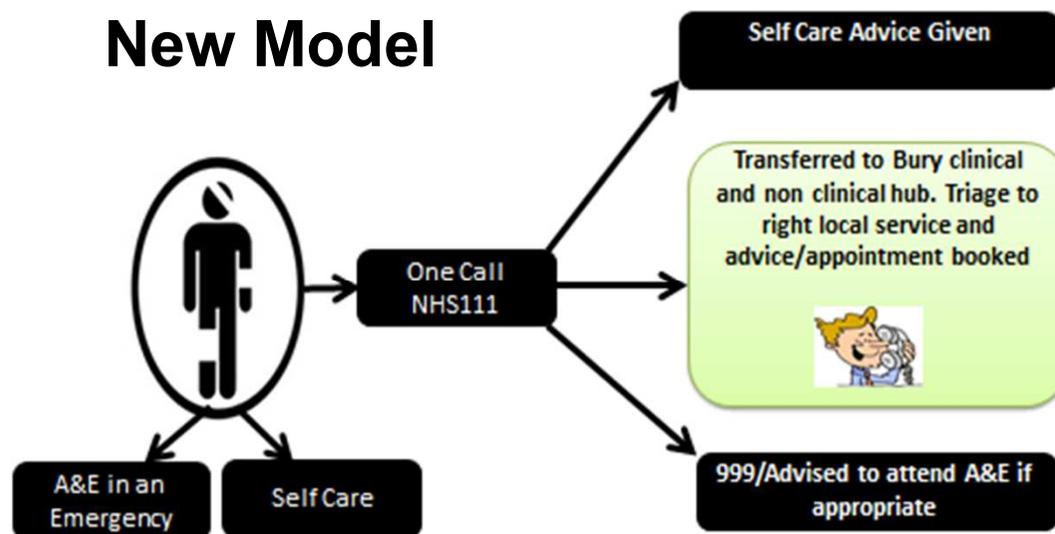
Public and Stakeholder Engagement Redesign Key Themes

- Patients and professionals do find the current urgent care system confusing
- Patients want to get the right care from the right place at the right time
- The CCG need to focus further on communication and the reassurance to patients and stakeholders that the services they require are responsive to their need
- Patients and stakeholders wish to maintain local service provision of healthcare

Urgent Care Service Redesign in Bury

How has the engagement process changed the original proposals

- Much greater emphasis to be placed on the communication of Urgent Care options
- To continue to develop the Integrated Clinical Hub providing a local response to NHS 111 calls enabling patients and professionals access to clinical advice and assessment



Urgent Care Service Redesign in Bury

How has the engagement process changed the original proposals

- To develop the Primary Care integrated model of care with our local A&E departments at Fairfield General Hospital and North Manchester General Hospital
- An acknowledgement of the importance placed on the local delivery of care
- A phased implementation of proposals reflective of opinions expressed during the engagement period. Proposals to be implemented in full by 1.10.17

Urgent Care Service Redesign in Bury

Recommendation

Governing Body is advised by the Urgent Care Clinical Lead to support Option 1:

The clinical model for urgent care as now presented after consideration of the findings of the Urgent Care Redesign engagement process.

This page is intentionally left blank