Our Ref JG
Your Ref HSC/JG
Date 10 January 2018
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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, 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:	Thursday, 18 January 2018
Place:	Meeting Rooms A&B, Bury Town Hall, Knowsley Street, Bury
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:	

Electronic service of legal documents accepted only at:
E-mail:
legal.services@bury.gov.uk
Fax: 0161 253 5119

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 **PUBLIC QUESTION TIME**

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

4 **MINUTES** (Pages 1 - 6)

Minutes of the meeting held on the 14th November are attached.

5 **CARE AT HOME SERVICE** (Pages 7 - 12)

Tracy Evans and Deborah Jones will attend the meeting to provide an update. Report is attached.

6 **URGENT CARE UPDATE** (Pages 13 - 20)

Representatives from Bury Clinical Commissioning Group, Dr K Patel CCG Chair and Stuart North, Chief Operating Officer will report at the meeting. Report will be sent to follow.

7 **URGENT BUSINESS**

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

Agenda Item 4

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 14th November 2017

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

Also in attendance: Julie Gonda, Interim Executive Director Communities and Wellbeing
Charlotte Walker, Operations Manager, Fairfield Hospital
Mike Hynes, Bury Sector Manager, North West Ambulance Service
Amanda Fisher, Urgent Care Development Manager, North West Ambulance Service
Dan Smith, Paramedic Consultant, North West Ambulance Service
Amanda Symes, Adults Safeguarding Manager
Julie Gallagher, Principal Democratic Services Officer

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

Apologies for Absence: Councillor P Adams and Councillor J Grimshaw

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HSC.232 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.233 PUBLIC QUESTION TIME

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

HSC.234 MINUTES

It was agreed:

That the minutes of the meeting held on 12th September 2017 be approved as a correct record.

HSC.235 DELAYED DISCHARGE

Julie Gonda, Interim Executive Director, Communities and Wellbeing and Charlotte Walker, Operations Manager, Fairfield Hospital attended the meeting to provide members with an update in respect of delayed discharge within the Borough. The Presentation contained the following

information; update on progress with regards to the flow improvement journey; performance reporting on delayed transfer of care and implementation of the GM Standards.

The Operations Manager reported that progress has been made with regards to the implementation of a true and effective discharge to assess pathway for patients going home and into temporary 24 hour care with an aim for only essential assessments taking place in the acute setting. The development of a 7 day Integrated Discharge Team function on the FGH site.

The Interim Executive Director reported that formal agreements have been developed with Integrated Discharge Teams on other acute sites to support the discharge of Bury patients. In order to develop a truly responsive community pathway, work is underway with community partners to support the flow of patients from secondary care, coupled with a 'Home First' principle.

Those present were invited to ask questions and the following issues were raised.

In response to a Member's question the Integrated Discharge Team Manager reported that there are pressures on acute inpatient beds throughout the year. Attendances at A&E have increased to 200/220 patients per day. Work is underway to try to ascertain the reasons for the high demand and where appropriate, divert patients to other appropriate services.

The Integrated Team Discharge Manger reported that moving a patient to a temporary placement in order to free up an acute bed would always be carefully managed and only be undertaken if it was in the best interest of the patient. Patients would be able to access re-ablement services whilst in a temporary placement.

The Interim Executive Director reported that the DofH reporting structure only requires the Pennine Acute Trust to provide information across the whole of the Acute Trust footprint and not site specific. Following the establishment of the new site management arrangements discussions are ongoing with the CCG to ascertain whether the information could be reported differently. In response to a Member's question, the Interim Executive Director reported that a further break-down providing reasons for specific health delays, can be provided to members of the Committee.

The Integrated Team Discharge Manager responding to a Member's question, reported that the publicity surrounding the possible closure of the walk in centres did affect A&E attendances.

The Integrated Team Discharge Manager reported that there has been a great deal of work undertaken with partners in the Acute Trust, the CCG and nursing homes, in respect of discharge planning.

With regards to the development of integrated IT systems across partner organisations, the Interim Executive Director reported that Pennine Care and Community health services already have an integrated IT system. A bid for additional GM monies was recently submitted to help support the further development of IT infrastructure.

The Interim Executive Director reported that monies from the Transformation Fund will be spent on developing the Home First initiative.

Currently a Bury social worker would visit any hospitals where a Bury Resident is an in-patient. Part of the GM devolution agreement will include the development of the GM trusted assessor system. This will enable and allow any social worker to assessor any patient, this arrangement already exists within Pennine Acute NHS Trust.

It was agreed:

1. Further updates in respect of delayed discharge will be considered at future meetings of the Health Overview and Scrutiny Committee.
2. Information in respect of the break-down of the reasons for the delayed discharge attributed to health delays will be reported at a future meeting.

HSC.236 NORTH WEST AMBULANCE SERVICE (NWAS) CARE HOME WORK

Mike Hynes, Bury Sector Manager, (NWAS) Amanda Fisher, Urgent Care Development Manager, (NWAS), Dan Smith, Paramedic Consultant, (NWAS) attended the meeting to inform members of the work being undertaken by the service in relation to local care homes.

Care homes have always been one of the highest callers of 999 and this is understandable considering the profile of the residents. Some 999 calls however are for minor conditions or incidents which do not require an emergency ambulance and a way of managing these for the benefit of the patient and the Service needs to be established.

Figures for 999 calls from Bury care homes are as follows:

Year	**No. of 999 calls**
2014/15	1,947
2015/16	1,949
2016/17	1,746

The NWAS Trust has received CQUIN (commissioning for quality and innovation) funding to establish an internal working group whose aim is to; 'reduce the number of calls originating from nursing and residential care homes through training and education of care home staff, and to ensure those needing a response are managed with a resource that is commensurate with their presenting needs.

The initial pilot conducted over the Christmas period (late last year/early this year) was for 50 care homes region wide and this resulted in a 50 per cent reduction of calls from those homes trained with ongoing support

Four care homes within Bury have been identified and are taking part in the initiative. They are:

Home	**Managed by**
Killelea House	Bury Council
Nazareth House	Nazareth Care Charitable Trust
Abbeycliffe Care Home	Abbeycliffe Ltd
The Heathlands	Federation of Jewish Services

Those present were invited to ask questions and the following issues were raised.

Responding to a member's question, the Urgent Care Development manager reported that the most recent figures for ambulance call outs are as follows; 112 calls, Killelea House; 106 calls, Nazareth House; 109 calls Abbeycliffe Care Home and 161 calls from Heathlands. Staff at these nursing homes have undertaken training in the NWAS tool kit to be able to best assist the residents and to avoid un-necessary 999 calls.

The Bury Sector Manager reported that work is underway in other local authorities to embed the new NWAS tool in their organisations, some are considering making it part of their procurement process when commissioning care home providers.

The Urgent Care Development Manager reported that a culture shift is required within care homes. Staff are naturally risk averse and often the easy option is to make a 999 call.

In response to a member's question, the Urgent Care Development Manager reported that feedback from the initial pilot areas highlighted problems with high staff turnovers in some care homes and ongoing training is an issue. As well as the ability to access ongoing help, advice and support from paramedics.

The Urgent Care Development Manager reported that by piloting this work, further issues have been identified and work is underway to try and alleviate the risk, reduce falls etc.

It was agreed:

Representatives from the North West Ambulance Service be thanked for their attendance.

HSC.237 ADULTS SAFEGUARDING BOARD ANNUAL REPORT

Amanda Symes, Adult's Safeguarding Manager, attended the meeting to report on the work of the adults safeguarding board. A copy of the annual report had been circulated to members in advance of the meeting and contained the following information:

The Report has been produced in line with the statutory requirements set out in the Care Act 2014. The report provides an opportunity to look back

on the achievements of the previous year and plan for the challenges of the forthcoming year.

The report sets out the strategic priorities for the Adult Safeguarding Board for the forthcoming year:

- To prevent the abuse of adults at risk
- To protect adults at risk from being victims of abuse.
- To ensure wider understanding about Adult Safeguarding and the role everyone can play in preventing adult abuse.
- To be assured that in Bury Adults are safe from abuse.

Those present were invited to ask questions and the following issues were raised:

The Adults Safeguarding Manager reported that the process for recruiting a new Board Chair has commenced. Following a recently undertaken peer review process it has been recognised that greater scrutiny of the work of the Adults Safeguarding Board is required, how best to achieve this will be discussed with the new Chair, once in post.

In response to a Member's question, the Adult's Safeguarding Manager reported that members from the Safeguarding team regularly meet and liaise with staff from Care homes across the Borough and will provide safeguarding information and advice.

Responding to a Member's question, the Adult's Safeguarding Manager reported that a great deal of work is undertaken to ensure that safeguarding referrals are appropriate and proportionate.

The Adults Safeguarding Manager reported one of the biggest challenges facing the Council is the increase in the number of Deprivation of Liberty (DoL) cases. This year, over 1100 applications have been processed (compared to 835 last year and 224 in 2014-2015). DofL orders has affected a high number of care home residents.

It was agreed:

Discussions will be ongoing with regards to the relationship between the Adult's Safeguarding Board and Health Overview and Scrutiny Committee going forward.

HSC.238 UPDATE FROM THE PENNINE ACUTE AND PENNINE CARE JHOSC

Councillor Walker provided members of the Committee with an update in respect of the work undertaken by the JHOSCs for Pennine Acute and Pennine Care.

Both Trusts have recently been inspected by the Care Quality Commission and as a result action plans have been drawn up to address the problems identified. Financial problems continue; Salford Royal have taken over the

Management of the Pennine Acute Trust and Pennine Care have approached Jon Rouse at the GM Strategic partnership for assistance.

It was agreed:

Regular updates in respect of the JHSOC for Pennine Acute and Pennine Care will be provided at future meetings.

HSC.239 URGENT BUSINESS

There was no urgent business reported.

Councillor S Kerrison
In the Chair

(Note: The meeting started at 7pm and ended at 8.55pm)

Agenda Item 5

REPORT TO HEALTH SCRUTINY COMMITTEE

TITLE:	**Care at Home Service – New Model**
DATE OF MEETING:	**Health Scrutiny Committee – 18th January 2018**
REPORT FROM:	**Communities & Wellbeing - Strategic Development Unit**
CONTACT OFFICER:	**Tracy Evans – Ext 5881**

1. PURPOSE AND SUMMARY

1.1 The department of Communities and Wellbeing has completed the re-tender of the Care at Home Service and is in the process of implementing the new contract. The purpose of this report is to provide an update on the work that has been completed so far and detail the next steps to take the project forward.

2. INTRODUCTION

2.1 Bury Communities & Wellbeing commissioned care at home services on a spot contract basis with twelve independent care providers. The contract was in place for over ten years and was very task focused with specific times and durations of visits. Over the past few years the number of complaints and quality issues had increased around record keeping, management of medication, safeguarding and safety of customers.

2.2 There is growing pressure on Adult Social Care due to the increasing number of dependent older people and less money being available, therefore the cost of services must either be reduced or become more efficient.

2.3 The introduction of Electronic Care Monitoring and the Care Act have provided an opportunity for Bury Council to re-tender the care at home service and to re-shape the contractual specification to provide the highest service standards to meet the needs of customers in the future.

3. BACKGROUND

3.1 Why the change in Care at Home services is necessary

In line with the Care Act 2014, the key principles behind Bury's new Care at Home service is to promote the new statutory principle of individual wellbeing and introduce positive behavioral change to encourage independence where possible. This will support Bury Council to reduce, prevent or delay the need for further care and support by promoting a preventive approach to care, e.g. loss of independence and tackling social isolation.

3.2 Previous Contract

There were a number of issues identified with the Care at Home service, the main ones are detailed below**:**

Quality – a consultation took place with all existing customers receiving care at home which highlighted a number of issues around short duration visits, early/late visits without any communication, continuity of care and lack of flexibility. This is backed up by the complaints received by the Provider Relationship Team who's role it is to performance manage Care at Home providers.

Value for Money – under the previous contract providers were paid on commissioned time regardless of actual time spent with a person, so we were in essence paying for care that has not been delivered.

Capacity – providers have reported that they have difficulty recruiting and retaining staff due to competition from other employers, such as supermarkets and also rates of pay, as staff are not always paid for travel time, which in some cases can result in staff not being paid the minimum wage.

This lack of capacity has a knock on effect with hospital delayed discharge costs and also unnecessary admissions to respite, intermediate care and reablement.

3.3 New Care at Home Contract

The consultation with customers and providers identified a number of key areas and these have been addressed in the new specification, see below:

Flexibility - there is flexibility around the amount of service provided to a person within defined parameters. These parameters are that the provider works with customers to agree a more flexible, person centered approach based on the individuals needs and agreed hours over a four week period. For instance; week 1 a person requires 20 hours support, however week 2 only 10 hours support as they have family, carers or day care services to help facilitate their unmet needs. Week 3 may again be 20 hours and week 4 10 hours etc. This flexible plan is then assessed with the care plan / service order updated internally to reflect the agreed service delivery.

Contingency - a contingency element can be built into the plan for certain people who regularly need to have additional hours authorised due to their condition. These hours will be assessed and allocated as part of the care plan and cannot be used for services not assessed for. They will only be used for exceptional circumstances.

Neighbourhood Zones – introduction of six zoned areas of work with two providers per zone. Work is to be allocated on an 80%/20% split on a rotating two week basis. This enables providers to concentrate their resources in that zone and reduce travel time and costs. It also facilitates improved partnership working between providers and localities. As providers in each zone are required to pick up no less than 80%/20% of work depending on which week delays when placing packages in the community should be reduced which will also lead to a reduction in the number of delayed discharges and unnecessary placements in respite/IMC.

Finance – providers have received an increased hourly rate, based on UKHCA model which includes an element of travel and mileage costs. This should help providers with recruitment and retention of support workers.

Savings / Efficiencies –between £80k - £580k could be achieved under the new contract as we will be paying providers for the care they actually deliver rather than on commissioned hours and will improve value for money for the authority. Not all savings will be cashable as experience in other authorities has shown that contact time will increase as we start to pay on contact time so providers / workers do not lose income.

The new service specification reinforces our move towards commissioning for outcomes. In line with this, each service provider will be expected to demonstrate against the following outcomes:

- Improved quality of life;
- Supported with their physical and mental wellbeing;
- Customers and those around them feel safe as a result of the intervention;
- Supported with day to day living and the practical aspects of daily living;
- Feel part of the community around them;
- Feel supported to live independently and access meaningful activities;
- Can control the service around them and their views are listened to.

As part of the service delivery, the new service specification makes it clear that care at home services will:

- Develop a strong relationship with customers, recognising signs of improved wellbeing and deterioration;
- Provide a care at home service that will enable individuals to receive personalised support whilst remaining in their own homes for as long as possible;
- Achieve individual outcomes for the customer to ensure they retain their independence, choice and control;
- Support the customer maintain their current support networks;
- Involve unpaid carers in the design and delivery of the service (where the customer consents to this);
- Recognise and respond to conditions such as dementia;
- Consider the individual 'holistically' and signpost to supportive community services and technologies which meet the individual's existing and emerging needs.

3.4 Progress made so far

The invitation to tender was advertised on the Chest in February 2017 with a go live of 11th September 2017 following tender evaluation. A detailed action plan was put in place and the Project Team have been working very closely with all the stakeholders to transition the service with minimal disruption.

Work is progressing well, but we are still in early stages of contract implementation and will continue to work closely with the outgoing providers and new providers to monitor staff to be transferred (TUPE), recruitment and capacity levels to ensure transfers are as smooth as possible for all customers.

Some of the new providers have been experiencing recruitment issues, this is partly due to the lead time from contract award to start date and also the length of time taken to obtain references and DBS checks so will hopefully be a short term problem.

Strategic transfers of customers have started to take place for the successful providers to ensure that they are operating within their zoned areas. All transfers are expected to take place by the end of November 2017 and are currently on schedule to achieve this deadline.

4 WHAT IS WORKING WELL

Communication - the transfer to the new contract has gone very smoothly with minimal disruption and complaints. This is mainly due to the relationships developed between the project team and the new and outgoing providers early on in the process. There has also been excellent communication between the departments involved who are all situated in the same office. Weekly meetings have been essential in the communication process and ensuring that the project is delivered on schedule.

Support - we are working with outgoing providers to help with business development once the contract has terminated. We are also providing support via provider events which cover – travel, recruitment, training, business growth, benefits, HR and work trials.

Review Team – based within the Strategic Development Unit has played a major part in ensuring that the reviews/assessments have been completed within the timescales.

Planning - the project plan and structure in place has ensured that all members of the project team having a good understanding of what their role is and what tasks have to completed by when.

Quality – the new contract stipulates that all providers must have a CQC rating of good or excellent and this is helping to ensure that customers are received a better quality provision. We have already noticed a reduction in complaints and have even received compliments for the new providers following transfer.

Savings – to date we have achieved savings of around £160k, this is mainly due to customers who have cancelled their care as it is no longer required or who are making a private arrangement. There has also been a reduction in the number of packages awaiting care whilst in hospital.

Environment – the introduction of zones has helped to reduce the carbon footprint as it allows walkers and cyclists to be recruited rather than just car drivers.

Benefits for Bury – new businesses are moving into the borough. Also an increase in the hourly rate has meant that providers are able to offer an enhanced hourly rate which is attracting more workers and also reducing unemployment in the borough.

5 WHAT NEEDS TO WORK BETTER AND ACTIONS IN PLACE TO ADDRESS THIS

ICT - infrastructure is an issue with systems slow to operate or the time taken to process confidential e-mails due to the systems in place. This is an on-going issue for our ICT department who are working with system providers to find a solution suitable for all.

Monitoring - ongoing provider relationship meetings need to be scheduled and structured to ensure providers continue to deliver a quality service going forward.

Hospital Discharge – social work and discharge liaison to work with brokerage to get a better understanding of the process to be followed when discharging from hospital to care at home or residential care. This has being addressed by proving guidance and an initial meeting at North Manchester. A further meeting and possible trial with co-working of brokerage and discharge team for a short period.

Costs – there have been a small number of increased care package costs with customers moving from a commissioned service to a personal budget with increased needs. We are reviewing the charging policy and sending information to all outgoing and new providers with details of the cost of services.

6 FUTURE PLANS AND PRIORITIES

The main priority is to support the current providers to establish and develop a stable market for care at home. An analysis of any gaps in service provision will be completed early in 2018 once the market has stabilised to determine when a second tender will be completed.

The future priority is to have a second tender for lot 2 providers once the first phase has been completed and all customers and staff have been transferred to the new providers. This will help to stabilize the market and ensure support staff do not move to lot 2 providers before the first phase is complete. The lot 2 tender is aimed at small business and outgoing providers who were unsuccessful in the first round of tenders and will limit them to no more than 600 hours per week.

List of Background Papers:-

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Agenda Item 6

NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body			
Meeting Date	24 January 2018	**Action**	Recommend
Item No.	8	**Confidential**	No
Title	Bury Urgent Care Redesign		
Presented By	Dr K Patel		
Author	David Latham – Programme Manager		
Clinical Lead	Dr K Patel		

Executive Summary

The CCG's current position with regards to urgent care redesign was considered at the November 2017 Governing Body meeting. At this meeting it was noted that the CCG had reviewed the new national guidance on urgent care, had received confirmation of the Greater Manchester Health and Social Care Partnership (GMHSCP) approach for out of hospital primary care and had reflected on the feedback received to date from local people on its proposals. It was confirmed that a new proposed approach would be the subject of a more detailed paper to the January 2018 CCG Governing Body meeting.

This paper describes a new blended model for urgent care that takes into account national and GMHSCP guidance along with feedback received from local people in earlier engagement and consultation phases.

Recommendations

The Governing Body is recommended to approve a period of consultation on the preferred model as described in this paper.

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	☒
To deliver system wide transformation in priority areas through innovation	☒
To develop Primary Care to become excellent and high performing commissioners	☒
To work with the Local Authority to establish a single commissioning organisation	☐
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	☒
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	☐
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	☐
Supports NHS Bury CCG Governance arrangements	☐

*Images taken fromhttps://www.freepik.com/

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:
GBAF *[Insert Risk Number and Detail Here]*

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
The aim is to improve the Bury Urgent Care System for patients.						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Full financial implications will be modeled at a later stage in the development of the proposals.						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☒	No	☐	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
Are there any associated risks?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☒
Initial work on the Equality, Privacy and Quality Impact Assessment has begun but further work will be required if the proposed model is approved for consultation.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Governing Body	24/01/2018	These boxes are for recording where the report has also been considered and what the outcome was. This will include internal meetings like SMT.
		If the report has not been discussed at any other meeting, these boxes can remain empty.

Bury Urgent Care Redesign

1 Context

Both nationally and locally it is recognised that the urgent care system is under considerable pressure. The Royal College of Emergency Medicine reports a steady deterioration in emergency and urgent care, facing the worst A&E four hour target performance in almost 15 years. They recognise this is a national problem but highlight that at a local level there is a case for better service planning and design to facilitate health care delivery.

2 Engagement and Consultation

In August 2016 NHS Bury CCG's Governing Body received a paper entitled, "Bury CCG Urgent Care Redesign". The paper detailed proposals and rationale for the redesign of urgent care services in Bury. The recommendations in the paper were accepted which triggered a 2 month public and stakeholder engagement period. The 2 month period ran from 1st September 2016 to 31st October 2016 and the CCG Governing Body received a report with further recommendations on 18th January 2017.

Proposals for change were supported in the January 2017 meeting subject to further discussion with the Local Authority Overview and Scrutiny Committee with regards to formal consultation requirements. The CCG was also mindful of the publicly voiced opposition to some aspects of the proposals. The Overview and Scrutiny Committee requested a further 8 weeks formal consultation on proposals.

3 Consultation Pause

During the formal 8 week consultation (commenced February 2017), the CCG was alerted to pending new national guidance which in turn would require a Greater Manchester Health and Social Care Partnership (GMHSCP) interpretation. It was decided to pause the formal consultation to ensure that the direction of travel in Bury was reflective of pending National and GMHSCP directives.

4 Commitment to Consultation

It is a legal requirement in the public sector to consult on significant proposals, however, far too often these exercises are criticised as being a 'tick box' process for decisions that are have already been made. NHS Bury CCG takes its commitment to public and stakeholder engagement/consultation seriously and commits to taking views and opinions onboard to help shape service redesign proposals. With regards to the urgent care redesign proposals the CCG is proud of the approach taken which, at each step, has sought to listen to views of all stakeholders. These views and feedback received, together with the additional guidance have helped to shape the new amended proposals described in this paper.

5 Current Position

The CCG's current position was considered at the November 2017 Governing Body meeting. At this meeting it was noted that the CCG had reviewed the national guidance on

*Images taken fromhttps://www.freepik.com/

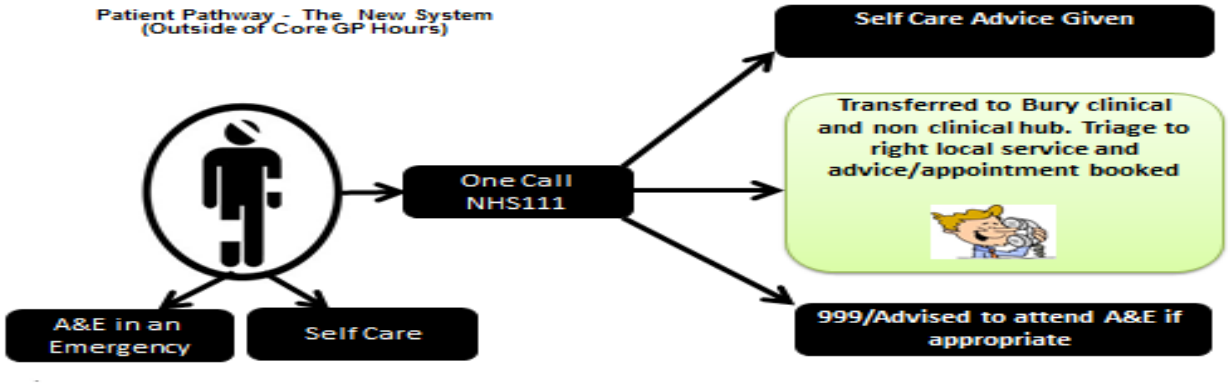
urgent care, had received confirmation of the GMHSCP approach for out of hospital primary care and had reflected on the feedback received to date from local people on its proposals. It was noted that the initial next steps had been discussed through the emerging shadow integrated commissioning arrangement with the Local Authority. Discussions had taken into account the published guidance and feedback received, with a view to developing an appropriate urgent care solution for Bury.

It was confirmed that the proposed approach would be the subject of a more detailed paper to the January 2018 CCG Governing Body meeting.

6 The Original Proposal

The original proposal was diagrammatically presented as follows:

Diagram 1: The Original Proposal



The model above represents the original proposed pathway for patients out of hours. To simplify the process for the patient, if they do not have an obvious 'A&E condition' or were suitable for self-care, the patient would be requested to ring NHS111. This call would result in self-care advice or transfer to a local clinician for clinical advice or other treatment options. The third outcome from a call, if clinically required, would be advice to attend A&E.

The above model contained within it a range of services which in theory would be accessible in part, or in whole, via the proposed Bury Clinical and Non Clinical Hub. The Hub would staffed by local practitioners able to direct you to the best local response for your need. These services included, GP Extended Working Hours (evening and weekend appointments), Wound Care Services, Vulnerable Patient Services, NWAS Green Car Service to avoid where appropriate an A&E attendance, A&E GP Streaming to avoid where appropriate an A&E attendance, Pharmacy and an enhanced level of GP access for appointments via a local GP Quality Scheme.

Whilst there was general acceptance of the concept, as shown in the model above, there were strong local views voiced with regards to retaining a 'walk-in' level access via the current Walk-In Centres (WICs) at Moorgate Primary Care Centre in Bury and Prestwich. With the above range of services in situ and year on year WIC attendance reductions, it had been recommended within the original proposals that there was a valid commissioning case

*Images taken fromhttps://www.freepik.com/

to discontinue the current WIC services.

7 New Proposal Options

The new national and GMHSCP guidance has required a shift in emphasis. Nationally it has been acknowledge that patients are confused as to which to service to access and when. This same specific feedback was identified in Bury in the earlier engagement and consultation phases. Whilst the A&E brand is strong, other forms of urgent, not emergency care have evolved across the country. These urgent care offers are often providing similar services at varying times and under locally evolved names. The NHS England, Urgent and Emergency Care Delivery Plan, April 2017, states nationally that: '*The system is too complicated and fragmented leading to patients not getting the best care and large variations in performance across the country*'.

WICs have never been a nationally mandated service. The new national guidance does not mandate the provision of WICs across the country. It does, however, mandate that by December 2019 patients and the public will be able to access Urgent Treatment Centres which nationally will all deliver against the same core criteria. The ability to walk-in to an Urgent Treatment Centre without the need to have booked an appointment is one of the core required criteria.

GMHSCP interpretation confirms that each CCG in Greater Manchester is required to ensure it has an Urgent Treatment Centre as per the national guidance. The core requirements for an Urgent Treatment Centre far exceed those being delivered by the current WICs. The Delivery Plan states that, '*Not all existing services described as Medical Investigation Unit, (MIU) or WIC will meet Urgent Treatment Centre criteria, however local commissioners will want to align provision of other facilities such as GP Access Hubs – i.e. change of usage, not necessarily closure of service*'.

National guidance requires all Urgent Treatment Centre's to be:

- clinically led by primary care staff
- open for 12 hours a day (specific hours to be determined locally)
- able to provide pre-booked appointment
- able to provide same day appointments
- able to provide walk-in appointments
- able to accept appointments from A&E
- able to accept appointments from NHS111
- able to accept appointments from Ambulance services
- able to accept appointments from general practice
- able to provide access to diagnostics
- co-locate in the community or with a hospital
- able to access to GP clinical records

- **What does this means for Bury?**

There are two clear options for urgent care redesign in Bury. The first is to simply follow national guidance and GMHSCP guidance to the letter. This would require Bury to establish a single Urgent Treatment Centre and to decommission the two current WIC services.

*Images taken fromhttps://www.freepik.com/

However, as previously stated, the CCG is minded to respond to the feedback received from local people that they value and want to retain walk-in access to primary care services at a local level. As such, the CCG is proposing a preferred option as described below.

All details presented below are preferred proposals, moving forward, the CCG will liaise with the Overview and Scrutiny Committee to ensure that all the required consultation and engagement duties are met in advance of any decision being made on the future model for urgent care.

Bury currently has two WICs which do not meet the newly mandated Urgent Treatment Centre criteria, by a significant margin. Bury also has three GP access hubs, through which extended hours GP services are currently delivered during the evening and at weekends. These GP access hubs do not at present interlink with wider parts of the urgent care system.

Proposals for Bury will include plans for a new Urgent Treatment Centre located at Fairfield General Hospital in Bury, running alongside the accident and emergency department. In addition, it is initially proposed that three Integrated Health and Social Care Hubs (IHSCHs) be developed, located in Bury, Radcliffe and Prestwich to offer a range of services, including GP led walk-in services.

- Initial discussion with partners identified Fairfield General Hospital as a preferred site for a single Urgent Treatment Centre for Bury (Manchester CCG is implementing an Urgent Treatment Centre model at North Manchester General Hospital).
- Bury is proposing to change/evolve the current WICs and three GP Access Hubs, initially creating three IHSCHs. This would represent an additional level of access for Bury above and beyond the single Urgent Treatment Centre which is mandated and is a direct response to feedback received during the earlier engagement and consultation phases.
- The IHSCHs would offer a range of services, including GP led walk-in services.
- The name ‘Walk-In Centre’ would eventually be changed so as to not be confused with the newly mandated Urgent Treatment Centre.
- Access to the Urgent Treatment Centre would be open to all people/patients.
- Services via the IHSCHs would be for Bury registered GP practice patients only.
- Whilst NHS111 will remain part of the national and local system, GMHSCP has decided that patients requiring urgent care should be advised to contact their GP practice telephone number in the first instance.
- The majority of the other less contentious elements of the original urgent care proposal have been implemented and would form part of the wider urgent system as now.

- **What is an Integrated Health and Social Care Hub (IHSCH)?**

In the new model it is planned to have a single Urgent Treatment Centre, as GM mandated, which will form part of the unified national offer for walk-in access to GP led services. This service will see any patient that walks in. However, Bury wishes to provide an enhanced level of access via three initial IHSCHs. The three initial hubs will represent a level of service for Bury GP practice registered patients above and beyond the level mandated. By providing GP led walk-in services at the three hubs, NHS Bury CCG is responding to prior

engagement and consultation feedback which clearly highlighted that Bury patients want to retain access to walk-in services at the current WIC sites.

During 2017/18 it is proposed to continue to build up the model for an IHSCH to be piloted in 2018/19. Initially it is proposed that IHSCHs would deliver:

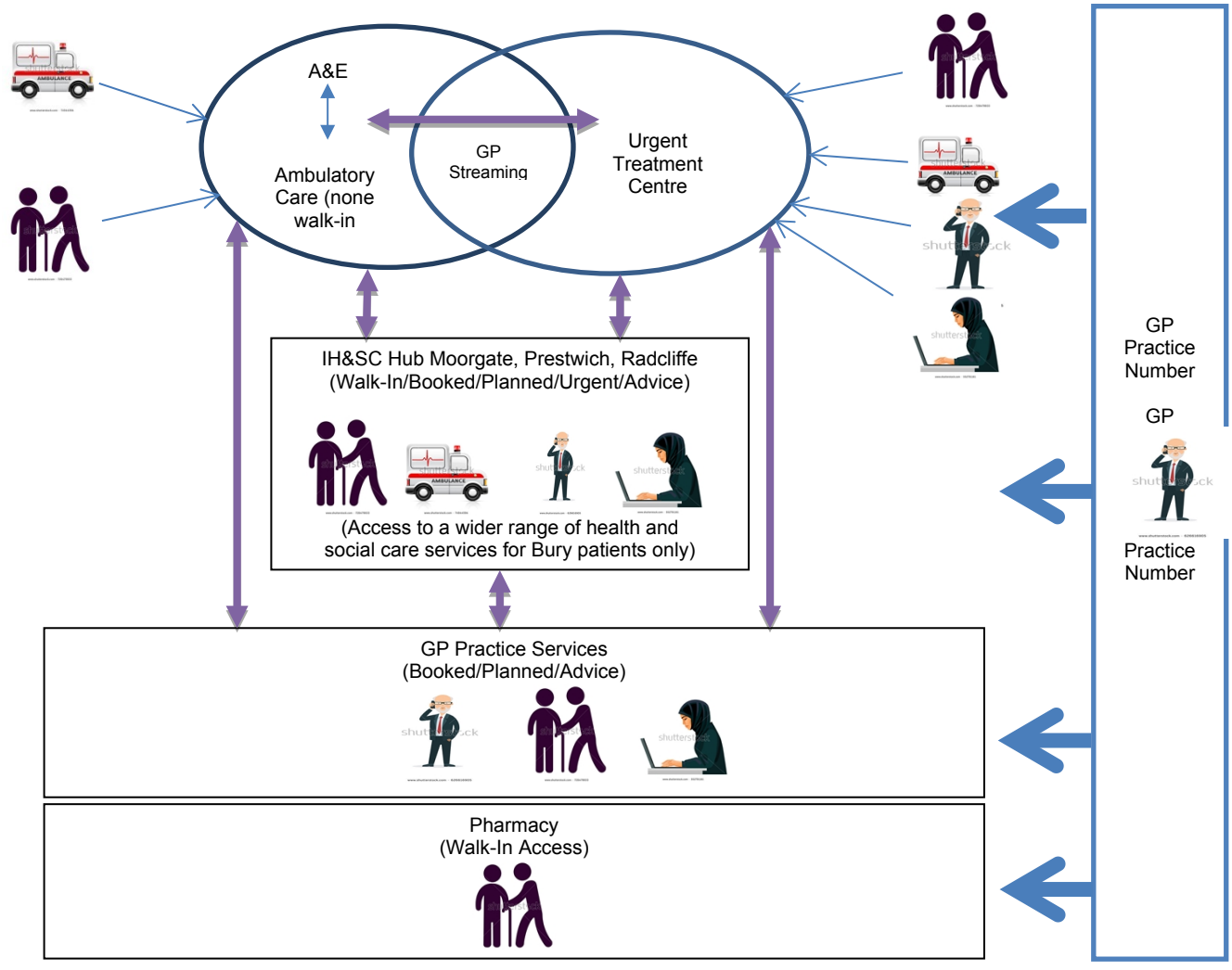
- GP-Led (including nurse) Walk-In Services
- Urgent GP appointment requests
- Access to Bury patient notes (currently not available in WICs)
- GP Extended Working Hours appointments
- Wound Care Services
- Sign posting advice to other services
- Social Care advice and services
- Co-ordination of the other services to support patients in the community.

8 The Preferred Model

Drawn simplistically, the proposed new model looks as follows:

Preferred Model For A Bury Integrated Urgent Care System

Diagram 2: The New Proposal*



*Images taken fromhttps://www.freepik.com/

The above model represents a blended approach mixing national and GMHSCP guidance, but most importantly retains local walk-in to GP led services as per feedback during the recent engagement and consultation phases. The concept of the single point of access for urgent primary care is centered on the GP telephone number as per the GMHSP preferred approach, NHS111 will remain linked to this.

9 High Level Next Steps

The following is a high level timeline for next steps. It should be noted that these timescales are not confirmed and will be dependent upon the outcomes from the CCG Governing Body and the Overview and Scrutiny Committee meetings in January 2018. As the outcomes to any agreed consultation are also yet to be determined all medium to long term timescales remain subject to further modification.

Short Term Action	**Possible Date**
Present new model proposal to NHS Bury CCG Governing Body	January 2018
Discuss consultation requirements with the Overview and Scrutiny Committee	January 2018
Consult on the proposed model as required by the Overview and Scrutiny Committee	TBD
Public Consultation period	TBD
Consultation outcomes and recommendations reported to CCG Governing Body	TBD
Medium Term Action	When
Further develop the IVCH model	Q1 18/19
Pilot IHSCH to commence	Q2 18/19
Introduce 12 hour GP streaming model at Fairfield General Hospital	Q1/Q2 18/19
Develop plans for Urgent Treatment Centre	Q1/Q2 18/19
Review IHSC Hub Pilot	Q4 18/19
Longer Term Action	When
Rollout IHSCHs across Bury	Q1 19/20
Open UTC (December 19)	Q3 19/20

10 Recommendation

The Governing Body is recommended to approve a period of consultation on the preferred model as described in this paper.

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January 2018

*Images taken fromhttps://www.freepik.com/