

Our Ref JG
Your Ref HSC/JG
Date 9 April 2018
Please ask for Julie Gallagher
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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:-

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| Date: | Tuesday, 17 April 2018 |
| Place: | Meeting Rooms A&B Bury Town Hall |
| 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 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 from the meeting held on the 5th March are attached.

5 SEXUAL HEALTH SERVICES UPDATE (Pages 7 - 16)

A report from Shenna Paynter, Public Health Programme Lead (Population Healthcare and Sexual Health) is attached.

6 PENNINE ACUTE NHS TRUST UPDATE * ITEM DEFERRED*** (Pages 17 - 38)**

Steve Taylor Chief Officer and Tyrone Roberts, Director of Nursing will be in attendance. Report attached.

7 AUTISM UPDATE (Pages 39 - 40)

Representatives from Bury Clinical Commissioning Group will report at the meeting. A report will be sent to follow.

8 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 SCRUTINY COMMITTEE

Date of Meeting: 5th March 2018

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

Also in attendance: Dr K, Patel, Chair Bury Clinical Commissioning Group (CCG)
Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group (CCG)
L Chamberlin, Head of Health and Environmental Protection
A Whittington, Public Health Register
Lesley Jones, Director of Public Health
Marcus Connor, Head of Corporate Policy
Julie Gallagher, Principal Democratic Services Officer

Public Attendance: 1 member of the public was present at the meeting.

Apologies for Absence: Councillors P Adams and J Grimshaw

HSC.416 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.417 PUBLIC QUESTION TIME

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

HSC.418 MINUTES

It was agreed:

That the minutes of the meeting held on 14th November 2017 be approved as a correct record.

HSC.419 URGENT CARE UPDATE

Dr Patel, Chair Bury CCG and Stuart North, Chief Operating Officer, Bury CCG attended the meeting to provide an overview of the proposed plans for

a new model of Urgent Care within the Borough. An accompanying report had been circulated to members prior to the meeting.

The CCG Chair provided members with an overview of the proposals, proposals will include plans for a new Urgent Treatment Centre located at Fairfield General Hospital in Bury, running alongside the accident and emergency department; initially three integrated health and social hubs in Bury, Radcliffe and Prestwich, to offer a range of services, including GP led walk-in services. NHS 111 service will remain and patients requiring urgent care will be advised to contact the GP in the first instance.

The integrated health and social care hubs will provide a range of services, initially it is propose that they will 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

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

Members discussed the lack of public confidence in the 111 national phone triage service. Dr Patel reported the use of the 111 number is encouraged nationally, however following feedback from the engagement phase, the proposals have been altered to include a local GP number.

The Chief Operating Officer clarified that the new health and social care integrated hubs will be staffed by a multi-disciplinary team and still include a walk in service.

Responding to members concerns in respect of navigating the new system, the CCG Chair reported that the Integrated Hubs will benefit those in the Borough that are elderly or living with a long term conditions. A number of different services will be provided in the same place thus reducing the need to attend multiple appointments at multiple venues.

In response to a Members question, the CCG Chair reported that it is envisaged that between 30 and 40% of patient traffic will be diverted from A&E to the new Urgent Treatment Centre. Similar facilities will be available at North Manchester General Hospital and Bolton Hospital.

The CCG Chair reported that the services provided at the Integrated Hubs will be different to those currently provided at the Walk in Centres, information will be provided to those patients that could have been seen

elsewhere (eg a pharmacy) as to the most appropriate facility for their condition.

Members expressed their concerns in respect of problems with GP recruitment and availability of GP appointments. Responding to those concerns the Chief Operating Officer reported that GPs will be encouraged to work differently and collaboratively. The CCG Chair reported that the service needs to be delivered differently and as part of Multi-disciplinary teams to create resilience in the system.

In response to a question from the Chair, the Chief Operating Officer reported that some capital monies will be required to deliver the changes to the Urgent Care system.

The Chief Operating Officer reported that the measure of the success of the urgent care redesign proposals will be reduced attendances at A&E and consistent achievement of the 4 hour waiting target.

The proposed changes were part of the Locality Plan submission which were submitted to the GM devolution team.

It was agreed:

1. That Dr Kiran Patel, Chair of Bury Clinical Commissioning Group and Stuart North, Chief Operating Officer Bury Clinical Commissioning Group be thanked for their attendance.
2. That the Health Overview and Scrutiny Committee support the Urgent Care Redesign proposals as presented by Bury Clinical Commissioning Group.

HSC.420 HEALTH PROTECTION ANNUAL REPORT

Lorraine Chamberlin Head of Health and Environmental Protection
A Whittington, Public Health Register attended the meeting to provide members with an overview of the health protection annual report.

The Head of Health and Environmental Protection reported that this is the first Health and Environmental Protection Annual Report for Bury and aims to provide a means of assurance for the Council in relation to its Health and Environmental Protection Duties. The report covers work being undertaken to safeguard the people of Bury from the hazards presented by communicable diseases and the environment. The report highlights many areas of achievement and excellence in Bury and also provides recommendations for areas of focus in the coming year and beyond, to ensure we maintain a high standard.

Health protection is an essential part of achieving and maintaining good public health. It involves planning, surveillance and response to incidents and outbreaks. Health protection prevents and reduces the harm caused by communicable diseases and minimises the health impact from

environmental hazards such as chemicals and radiation. It also includes the delivery of major programmes such as national immunisation and screening programmes and the provision of health services to diagnose and treat infectious diseases.

Key areas of achievement:

- MRSA bacteraemia infections were lower than national rates and there none were assigned to Bury CCG in 2016/17.
- Bury is performing well both regionally and nationally with regards to uptake of the flu vaccine
- Uptake of other vaccines is also generally good, particularly for the childhood vaccinations of MMR and 5-in-1.
- Coverage of the cervical screening programme is above regional and national levels, which is good.
- HIV late diagnosis has reduced significantly in recent years and is now below national levels.
- Neighbourhood working embraced by assigning two Environmental Health officers to the trailblazer Radcliffe and Bury East Hubs
- Digital mobile working introduced in Pest Control to be rolled out to all Environmental health services
- 87% of our Food businesses are broadly compliant and 68% have been awarded the highest Food Hygiene rating of 5 with only 5% having a rating of 2 or less

Recommendations for action:

- Bury has not yet achieved the cervical screening 80% uptake target. We will continue to work with PHE and Bury CCG to increase uptake.
- We need to develop a better understanding of our local TB prevalence and ensure prevention and treatment are optimised.
- There have been issues with data collection for HIV diagnosis in women and this needs further exploration.
- Environmental quality issues around fly tipping, accumulations and nuisance continue to dominate the reactive workload and a new Environmental Quality strategy is to be implemented.
- Food hygiene inspections are increasingly being carried out by consultants as a result of job cuts within environmental health - there was a drop in total interventions in 2016 which has come to the attention of the Food Standards Agency for monitoring in 2017/18. We will continue to monitor and manage the situation as effectively as possible within available resources.

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

In response to a Member's question the Head of Health and Environmental Protection reported that the Food Standards Agency is in the process of changing the regulatory system in respect of food hygiene ratings. It is

envisaged a system of self-regulation for those premises at low risk will be developed freeing up officer time to concentrate on premises that are deemed high risk.

In respect of failure to meet air pollution targets, the Head of Health and Environmental Protection reported that the pollution results from the monitoring sites are not meaningful at the moment. The solutions however will depend on members of the public using their cars less, future charging to enter the town but these solutions are not political palatable at the current time.

In response to a Member's question the Public Health Register reported that the national guidance would dictate who within the population receives cancer screening as well as other defined vaccinations.

The Head of Health and Environmental Protection reported that the members of her team are in the process of putting together a pack for Councillors with regards to how to deal with fly tipping.

Responding to a concern raised by the Chair in respect of the higher than average rates of Tuberculosis (TB) in the Borough, the Head of Health and Environmental Protection reported that the rates of TB in Greater Manchester are high, work is underway at a GM level to identify the reasons why.

In response to a Member's question in respect of infection and prevention control audits within Care Homes; the Head of Health and Environmental Protection reported that her officers would work with other partner agencies including the Care Quality Commission and quality assurance staff within the Council to address these issues.

In response to a Member's question, the Public Health Register reported that there are a number of reasons as to why parents do not vaccinate their children. This could be due to chaotic lifestyles, allergies, worries about links to autism and religious reasons.

The Director of Public Health reported that the Annual Health and Environmental Protection Report highlights many areas of achievement within the Borough and provides recommendations for areas of focus that may be of interest to members of the Committee going forward.

It was agreed:

1. Lorraine Chamberlin Head of Health and Environmental Protection A Whittington, Public Health Register be thanked for their attendance.
2. The Head of Health and Environmental Protection would provide updated figures for members of the Committee in respect of the percentage of those premises that score a food hygiene rating of 3, 4, or 5.
3. Recommendations contained within the Health and Environmental Protection report will be reviewed by the Health Overview and Scrutiny Committee in twelve months.

**Councillor S Kerrison
In the Chair**

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

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| REPORT TO HEALTH SCRUTINY COMMITTEE |
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|-------------------------|---|
| TITLE: | Sexual Health Services |
| DATE OF MEETING: | Health Scrutiny Committee – 17th April 2018 |
| REPORT FROM: | Shenna Paynter |
| CONTACT OFFICER: | Shenna Paynter s.paynter@bury.gov.uk |

1. PURPOSE AND SUMMARY

This paper seeks to update on the current situation, challenges, and plans in sexual health services in Bury. It includes the narrative behind the key sexual health outcomes and performance indicators. There is an overview of the Local Authority commissioned integrated Sexual Health Service which was tendered in partnership with Oldham and Rochdale councils (known as ORBISH). There are also updates on other sexual health services including RU Clear GM STI testing service, Locally Commissioned Services in primary care, and STI/HIV prevention and support services.

2. INTRODUCTION

Sexual health is an issue that concerns the majority of the population. The World Health Organization (WHO) defines sexual health along these main parameters: -

- enjoyment of sexual relations without exploitation, oppression or abuse;
- safe pregnancy and childbirth, and avoidance of unintended pregnancies;
- absence and avoidance of sexually transmitted infections, including human immunodeficiency virus (HIV).

To ensure these parameters can be achieved, a comprehensive and high-quality sexual healthcare service, as well as health promotion campaigns and educational opportunities (especially for young people) are required. In addition, good surveillance of trends in key measures of sexual health, such as rates of sexually transmitted infections (STIs), should be used to

measure this. Under the Public Health Outcomes Framework (PHOF) the main areas of focus for sexual health are HIV and chlamydia.

3. KEY INDICATORS

HIV

HIV is a virus that attacks the immune system and weakens its ability to fight infections and disease. It is most commonly caught through unprotected sex. It can also be passed on by sharing infected needles and other injecting equipment, and from a HIV-positive mother to her child during pregnancy, birth and breastfeeding.

A high HIV prevalence rate is 2-5 diagnosed cases of HIV per 1,000 people aged 15-59 years, per year. In 2016, Bury had a HIV prevalence of 1.83 per 1000. There is an upward trend in prevalence which can largely be attributed to the increased life expectancy of individuals with HIV, meaning numbers are increasing cumulatively. Nationally, it is thought that 17% of people living with HIV are unaware of their status.

In Bury in 2015/16, 95.9% of MSM accepted HIV testing when offered during an eligible new episode of sexual health care. This is higher than both the GM (75.3%) and national (94.2%) uptake rates. The trend for this data has remained relatively stable at these levels over the last 7 years.

However, only 38.9% of women accepted HIV testing when offered it as part of an eligible new episode. This clearly is substantially lower than the uptake rates for MSM and lower than both GM (47.3%) and national (69.2%) rates. The data shows that uptake is significantly lower in Bury compared to England and has decreased by more than 40% in the last four years. The HIV testing coverage is from uptake among people attending specialist sexual health services. Women attending for standard contraceptive and sexual health (CASH) services only, should not be included in the denominator figures; however it is highly likely that this has been the case. The HIV testing uptake in women looks low for most of Greater Manchester; however it is higher for MSM and men in general. This is currently being investigated as a long term coding error related to the CASH patients and a look back exercise is taking place by the Providers involved.

Late diagnosis for HIV is associated with increased morbidity and mortality and therefore early diagnosis is a priority. As a consequence, HIV late diagnosis has been made an indicator on the PHOF. LAs are monitored against the percentage of people presenting with HIV at a late stage of infection. Using 3 year rolling averages, the rate of late diagnosis in Bury has decreased from 69.7% to 39.1% in the last 8 years and is now lower than the England and GM averages.

Pre exposure prophylaxis (PrEP) IMPACT trial

PrEP is a course of HIV drugs taken by HIV negative people before sex, to reduce the chance of getting HIV. Results in trials have been very successful, with PrEP significantly lowering the risk of becoming HIV positive, and without major side effects.

PrEP will be available to 10,000 people in England as part of the IMPACT trial which commenced on 1 October 2017 for 3 years. NHS England wants to get an idea about the numbers of people who could benefit from using PrEP; how people will choose to use PrEP and for how long; and if it is cost-effective. NHS England will also look at the impact on incidence (new cases) of HIV and other STIs.

340 trial places have been allocated to Greater Manchester. These places are being shared across the sexual health clinics in our region. Virgin Care Bury genitourinary (GU) clinic will be partaking in this national trial (start date tbc by national trial team). Clinic attendees aged 16 and over considered to be at high risk of acquiring HIV will be eligible to participate in the trial. Heterosexual, transgender individuals and gay men will be clinically risk-assessed and those at high risk offered PrEP. [Link to Impact trial.](#)

Chlamydia

Chlamydia trachomatis is one of the most common sexually transmitted infections (STIs) in the UK. It's a bacterial infection passed on from one person to another through unprotected sex (sex without a condom).

The PHOF includes an indicator to assess progress in controlling chlamydia in sexually active young adults. This recommends local areas achieve an annual chlamydia detection rate of at least 2,300 per 100,000 15-24 year old resident population, to detect and treat sufficient asymptomatic infections to effect a decrease in incidence.

The chlamydia detection rate reflects both screening coverage levels and the proportion of tests that are positive at all testing sites, including primary care, sexual and reproductive health and specialist sexual health services. Areas achieving or above the 2,300 detection rate should aim to sustain or increase, with areas achieving below it aiming to increase their rate.

Bury currently has a chlamydia detection rate of 1,862 per 100,000, which is significantly below the target goal of $\geq 2,300$. However it appears to be following the national trend and is currently at a similar rate, but much lower than the GM rate of 2,207 per 100,000.

Bury is currently part of a GM framework contract for STI screening for young people (U25's). Manchester FT deliver this service and it is known as 'R U Clear'. This includes online testing kits, postal kits and treatment, initiation training for community or healthcare staff, treatment pathways,

safeguarding, partner notification, and follow up. Bury Council are billed at tariff on a 'pay as you go' basis.

In addition, chlamydia screening is offered through the Virgin Care ISHS. It is also offered by GP practices and pharmacies.

Bury Public health has recently worked with Public Health England and all the local providers delivering or promoting chlamydia screening; to explore the reasons behind the low detection rate. One such finding was that the rate is adequate for females U25 (2,856 per 100,000) but very low for males (923 per 100,000). Our partner notification rate is 61% offered testing; compared to a standard of 97% and national audit of 94%. In particular it is noted that GP practices who use internal chlamydia testing processes cannot discuss or treat non-patients. However partners have a 60% positivity rate when tested.

An action plan is being produced by the main ISHS provider (Virgin Care) and this involves elements such as staff training, primary care signpost to screening service (GP and pharmacy), re-design of partner notification and treatment pathway, and re-testing protocols.

Teenage pregnancy

The U18's conception rate has been falling in Bury and has more than halved in the last ten years; currently the rate is 23.8 per 1,000 females aged 15-17; which is lower than the regional and GM rate, but higher than the England rate of 20.8.

4. SERVICE UPDATES

Integrated Sexual Health Service (ISHS)

Since 2013 the responsibilities for commissioning sexual and reproductive health services are split over three key groups of organisations [see table 1 below]: Local Authorities, Clinical Commissioning Groups, and NHS England (known locally as GM Health & Social Care Partnership). Local Authorities are mandated to provide confidential, open access STI testing and treatment services and contraception services, including free supply of any STI treatment and reasonable access to all methods of contraception.

The Integrated Sexual Health Service (ISHS) provides both GUM (genito-urinary medicine) and contraception and sexual health services (CaSH) in the community, commissioned by Bury Council, through funding held in the Public Health budget. In 2015 the service was re-procured in a collaboration with Oldham and Rochdale councils (Rochdale council are co-ordinating commissioner). Virgin Care were awarded the contract on Jan 1st 2016, Brook was subcontracted by Virgin Care to provide the young

person's SH support services (up to 25 years). The service went live in Bury on 29th Feb 2016.

The integrated service Hub is located in the centre of Bury, within Townside Primary Care Centre, which offers walk in clinics and bookable appointments including evening sessions. There is one spoke clinic; a weekly walk in clinic offered at Radcliffe Primary Care Centre in an evening. (Previous spokes held in Whitefield and Prestwich were underutilised by patients, with high DNA rates. After a review by public health both spokes were closed early 2017).

In 2016 Virgin Care launched the ORBISH virtual Hub. One of the overarching aims of the Hub is to reduce people's reliance on physically visiting services, and promote an increase in access to self-care and computer based triage and risk assessment.

Service users can now access one national website www.thesexualhealthhub.co.uk for all sexual health & wellbeing information including videos, FAQs, quizzes, easy-read formats etc. Service pages provide local information including where to find clinics with opening and walk-in times, where to get urgent help and emergency contraception, how to get free tests and condoms, and signposting to support groups in the area.

Service users can now book new appointments and amend existing appointments online, enabling them to self-serve 24/7 (90% of appointments are available online). There are reminders for; appointments, repeat testing, contraception expiry, medication adherence. There is also a 'text to cancel' element which is contributing to reducing DNA rates.

Home testing kits for STI and HIV can be ordered online (there are safeguarding triggers and U15's would need to attend a clinic in person, but they would be a priority patient). Clients can also call out of hours (24 hours a day Mon–Fri) for appointment bookings, advice and signposting.

Virgin Care record approximately 10,000 activity episodes for Bury residents every year. Bury Public health receive key performance reports every quarter, and attend a quarterly performance meeting, chaired by lead commissioner Rochdale MBC. The service is compliant with the majority of KPI's set by commissioners, where they are not performing there is an improvement plan in place; often these are changes to a pathway, or a training or data quality issue.

The service has a Health Equity Audit and Outreach plan in development; this will highlight any inequity and inequalities, the service will then be required to produce an action plan to show how they intend to engage with any groups that are experiencing inequalities or the service is not reaching.

A CQC visit in 2017 to Bury ISHS (as part of Virgin Health Care) rated the service 'Good' overall, including 'outstanding' in leadership. [Link to CQC Report](#)

Brook are performance managed by Virgin Care, however Bury PH do receive KPI's, updates and Case Studies from Brook through Virgin Care. Bury PH do meet directly with Brook to discuss opportunities in Bury. Brook deliver the Condom Distribution Scheme in Bury with a CDS card scheme. Brook work with Phoenix Team, Young mums group, schools, colleges, pupil referral centres and youth services to ensure that they can engage with young people, including the most vulnerable.

Prevention Services

There is continued investment in preventative services that support a reduction in STI levels. It is also essential to recognise groups that, for a variety of reasons, find that their choices around sexual health are subject to additional pressures and influences. These groups include people involved in sex work, or who are exchanging sex for housing, food or drugs. They can also include people who have particular cultural beliefs regarding sex and sexuality. These groups are extremely diverse with similarly diverse needs, and in many cases, we are still learning about these needs and how best to meet them.

Bury public health recently co-commissioned 'Passionate About Sexual Health' (PASH) <https://gmpash.org.uk> sexual health improvement programme, provided by an alliance of Black Health Agency, LGBT Foundation and George House Trust. The locality-specific action plan for Bury is awaited for 2018. This will include targeted work around early identification in populations at highest risk of HIV and STI infection – for example the MSM and transgender populations, BME and new and emerging communities. Point of Care testing will be offered in community settings.

To further reduce the percentage of late HIV diagnosis PH will be working with the sexual health service providers in Bury and the GM sexual health system reform agenda, to promote early diagnosis through primary and secondary care. Part of this will be around identifying indicator conditions where HIV testing should be considered, the new emerging locality care models will be an opportunity to embed this locally.

MASH- sex workers

Bury public health contributes a small amount of funding towards the role of a sexual health nurse employed by Manchester Action on Street Health (MASH) to provide outreach to Sex workers in the massage parlours in Bury. The full MASH Manchester led Sex worker contract has a holistic approach which includes tackling substance misuse, mental health, housing support etc. The intention with this element of the wider contract

is that MASH will work with Virgin Care to provide support in their outreach service to this cohort of our population.

Primary Care

Long-acting reversible contraception (LARC) methods are much more effective at preventing pregnancy than other hormonal methods (NICE CG30, 2014). Local Authorities have the responsibility to commission contraception (where not provided under the NHS GP contract) including LARC- implants and intrauterine contraception, known as 'coils'. Where this is provided outside of Sexual health Services in Bury, it is a PH Locally Commissioned Service (LCS). 24 of the 31 GP practices in Bury are signed up to deliver LARCs in 2017/18. Bury's total prescribed LARC rate in 2016 PHOF indicators (excluding injections) is 50.1 per 1,000; higher than the regional or England rate and is the highest rate in GM.

Emergency Hormonal Contraception (EHC- known as the 'morning after pill') is also provided by Pharmacies, and is also a PH LCS. 17 pharmacies across the borough have signed up and delivered the EHC service in 2017/18.

Tottington Sexual Health Service

Within the GP contract for Tottington Medical practice (TMP) there is funding from NHSE for the provider to deliver a small sexual health service. A review by public health in 2016 found the service was efficient, flexible and accessible borough wide with referrals accepted from Bury ISHS, self-referrals and other GP's.

There are 1719 patients registered at the practice as 'contraception only', although the practice will see approx. 170 patients per year. TMP offer LARC fitting for patients wanting to access this service from a general practice setting, who would not be able to access it through their own practice (a mapping exercise found two surgeries in the North of Bury that do not offer LARC).

In addition, the higher numbers of procedures in TMP for both TMP and non-TMP patients within the service, means that the provider is able to offer training opportunities for other primary care clinicians in Bury. Bury public health recommended that this service continue to be funded by NHSE.

OoA GUM

All local authorities have a mandated responsibility for commissioning Sexual Health Services. On occasion, the residents of one authority will access Sexual Health Services in the area of another- for instance those who live near boundaries or who choose to visit venues closer to work or place of study, or simply patient choice.

Greater Manchester commissioners of sexual health services at the 10 local authorities have reached a net cross charging agreement for both CaSH and GUM out of area (OOA) attendances. Previously, only GUM attendances were reimbursed. All GM authorities have agreed to cooperate to meet the objective of ensuring that Sexual Health Services are accessible and free at the point of delivery.

A new GM attendance fee is being introduced, to pay for any GM OOA attendance. This will be a single figure per attendance (£65) and will not differentiate between GU and CASH attendances (Current local tariff for CASH is £45 and national tariff for GUM is £140).

Recharges within GM are done on a commissioner to commissioner basis, based on start of year estimates of likely usage. Annual end of year reconciliations will be carried out to ensure that activity is in line with budgeted spend. Bury PH has signed up for the CASH element but due to contracted commitments within the ISHS, will likely be able to commence with this new arrangement for GUM in April 2019.

National tariff for GUM will continue to apply to people attending services out of Greater Manchester. This is an identified pressure on the Public Health budget.

5. FUTURE PLANS AND PRIORITIES

Bury PH has been part of the GM Sexual Health Network for a number of years. There are currently a number of system changes across GM affecting healthcare and public health, in particular the emergence of Local Care Organisations, and Integrated Commissioning Organisations. Work will need to be done in Bury to consider how the local community offer can best meet the local population's needs in relation to sexual and reproductive health.

The emerging developments in Bury, and the work on primary care standards across GM, gives us an opportunity to engage primary care (and particularly general practices and pharmacies) with sexual and reproductive health in a way that has never before been possible. There is variation in primary care provision within the borough. This is particularly evident in the provision of reproductive health services. Improving the quality and consistency of this offer will improve pathways through the system and will better meet patient expectations and outcomes.

As previously mentioned, the responsibilities for commissioning sexual and reproductive health services nationally are split over three key groups of organisations: Local Authorities, Clinical Commissioning Groups, and NHS England. Greater Manchester has an ambition to create a unified public health system to support local place-based working. This will

ensure that services are commissioned at the right spatial level. Where appropriate this will include approaches such as:

- Pooling budgets and commissioning together on a GM footprint in order to extent good practice and achieve economies of scale
- Standard commissioning specifications for commissioning at borough levels to ensure consistency of approach
- Working on a cluster of local areas in order to commission more specialist services effectively.

Table 1; Sexual Health Commissioning Responsibilities from April 2013

| Local Authorities commission:- | Clinical Commissioning Groups commission:- | NHSE/ GMHSCP commission:- |
|---|---|--|
| <p>comprehensive sexual health services, including:</p> <ul style="list-style-type: none"> • Contraception, including LESs (implants) and NESs (intrauterine contraception) – but excluding contraception provided as an additional service under the GP contract) • STI testing and treatment, including post-exposure prophylaxis after sexual exposure, chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing) • sexual health aspects of psychosexual counselling • Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies | <p>fully integrated and comprehensive termination of pregnancy services</p> <p>sterilisation</p> <p>vasectomy</p> | <p>contraception provided as an additional service under the GP contract</p> <p>HIV treatment and care</p> <p>promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs</p> |

Bury and Rochdale Care Organisation: Improvement Journey

From **REQUIRES IMPROVEMENT** to **GOOD** for Fairfield
General Hospital & maintained **GOOD** Rochdale Infirmary

Team Talk: MARCH 2018_FINAL.pdf - Adobe Reader
File Edit View Window Help
169%
Sign Comment

Ratings for Fairfield General Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------------------|----------------------------------|------------------|----------------------------------|----------------------------------|----------------------------------|
| Urgent and emergency services | Requires Improvement Aug 2016 | Good Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 |
| Medical care (including older people's care) | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 |
| Surgery | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Good Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 |
| Critical care | Requires Improvement Aug 2016 | Good Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 |
| End of life care | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 |
| Outpatient and Diagnostic imaging | Good Aug 2016 | N/A | Good Aug 2016 | Good Aug 2016 | Good Aug 2016 | Good Aug 2016 |
| Overall | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 |

55% rated 'Good'

Ratings for Fairfield General Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------------|----------------------------------|
| Urgent and emergency services | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 |
| Medical care (including older people's care) | Good Feb 2018 | Good Feb 2018 | Outstanding Feb 2018 | Outstanding Feb 2018 | Good Feb 2018 | Outstanding Feb 2018 |
| Surgery | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 |
| Critical care* | Requires Improvement Aug 2016 | Good Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 |
| End of life care* | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 | Good Aug 2016 | Good Aug 2016 | Requires Improvement Aug 2016 | Requires Improvement Aug 2016 |
| Outpatient and Diagnostic imaging* | Good Aug 2016 | N/A | Good Aug 2016 | Good Aug 2016 | Good Aug 2016 | Good Aug 2016 |
| Overall | Requires Improvement Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 | Good Feb 2018 |

*Not inspected 83% rated 'Good' or 'Outstanding'

Together we will be one of the largest NHS organisations in the country.



17,000+
Staff members



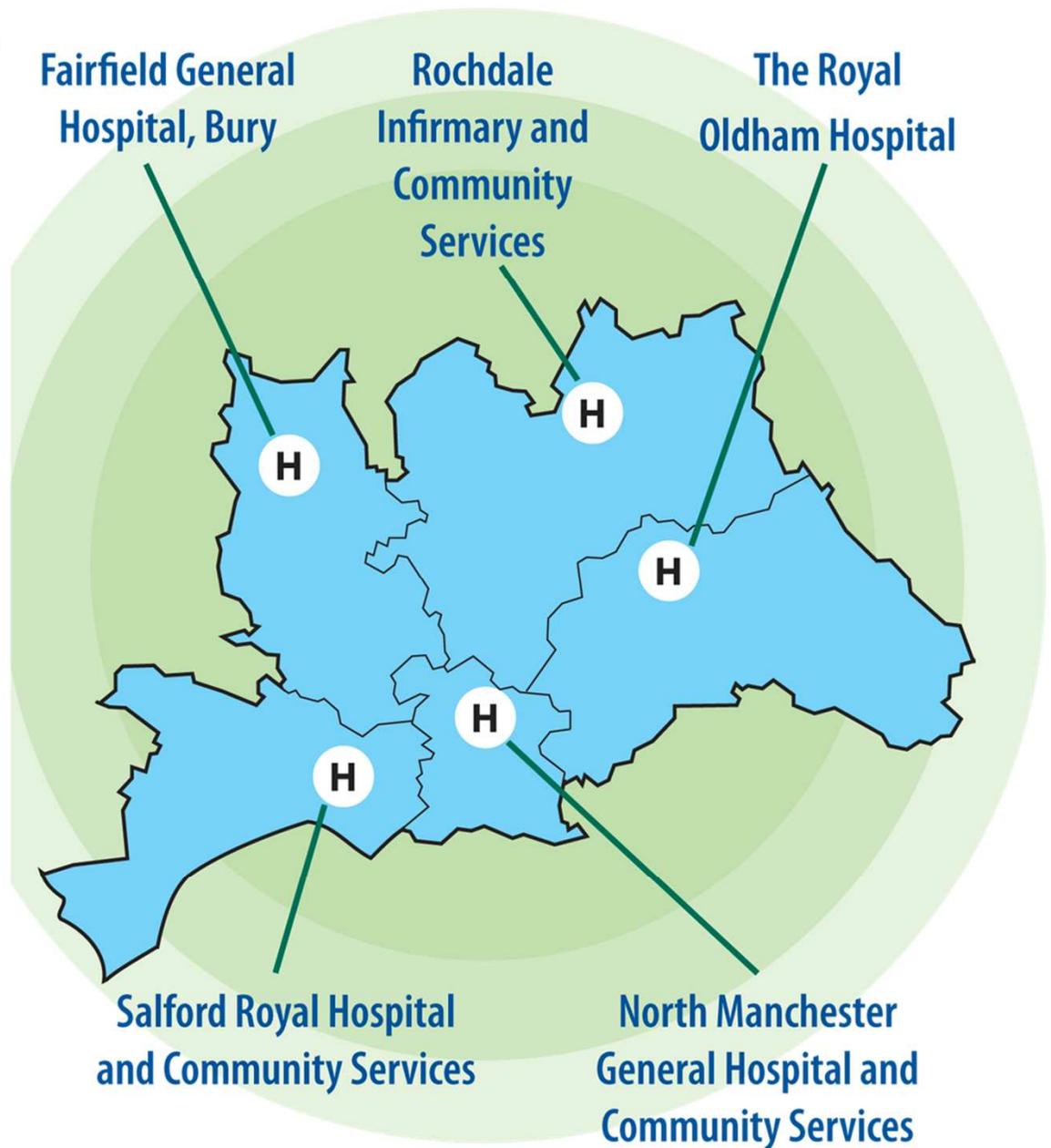
£1.8bn
Income



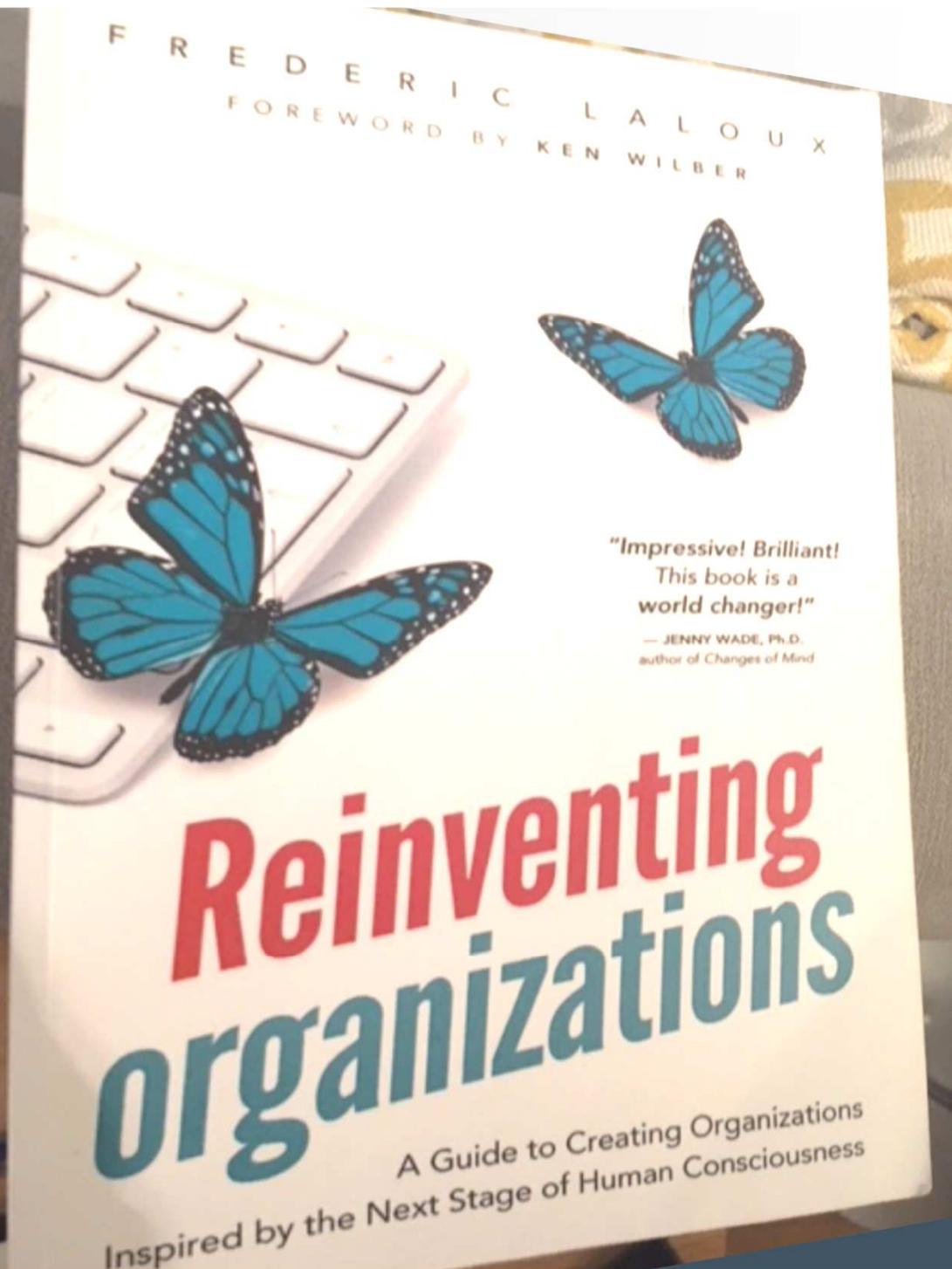
2,000+
Beds across the four
Care Organisations



1 million+
Population served
by Group



Saving lives
Improving



**Bury & Rochdale
Care Organisation**
Northern Care Alliance NHS Group

Hope is not a plan
Some is not a number
Soon is not a timeframe

Tasks

Most leaders charged with accomplishing 'something'.
'Selection' of tasks was critical

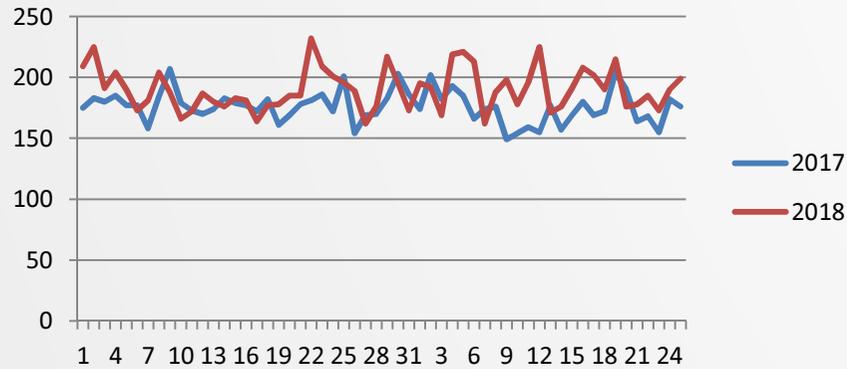
1. Improvement plan (1 meeting)
2. ED
3. Mortality
4. *Underpinned by new Governance structure (& NAAS) & NEW behaviours*

Fragile Services; Investing in people

- £1.9M investment – 14 HCAs and 30 HCAs Medical wards and 20 wte staff A&E
- Dedicated Quality Improvement Team
- Increased Nursing leadership to wards
- Increased Senior Nurses (Associate Directors of Nursing)
- Accountability at the 'top'

FGH Attendances

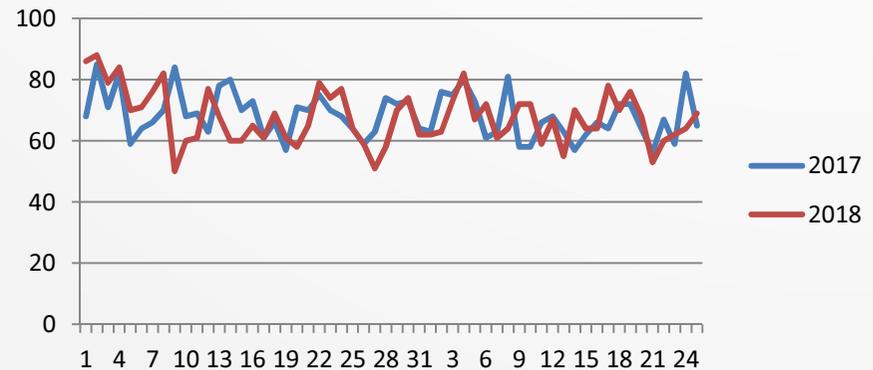
1st Jan - 25th Feb 18 compared to 2017



A&E Attendances have risen by 8.1% during January 18 and February 18 to date, this equates to an additional 799 patients.

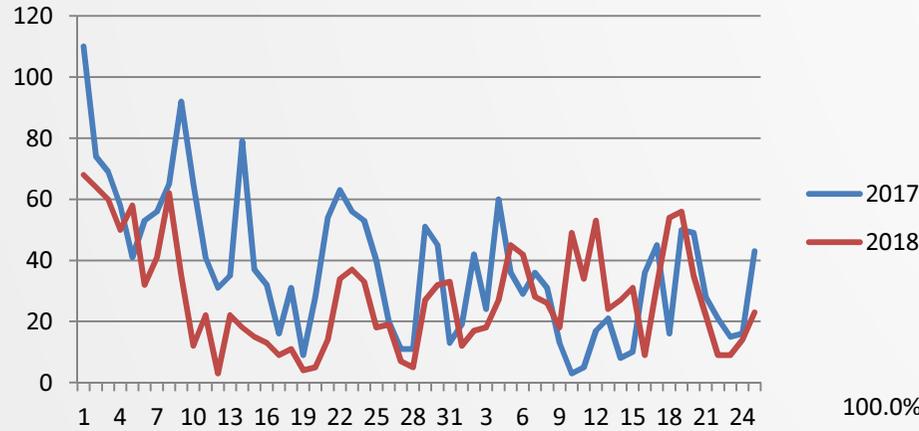
FGH Ambulance Arrivals

1st Jan - 25th Feb 18 compared to 2017



FGH 4 Hour Breaches

1st Jan - 25th Feb 18 compared to 2017

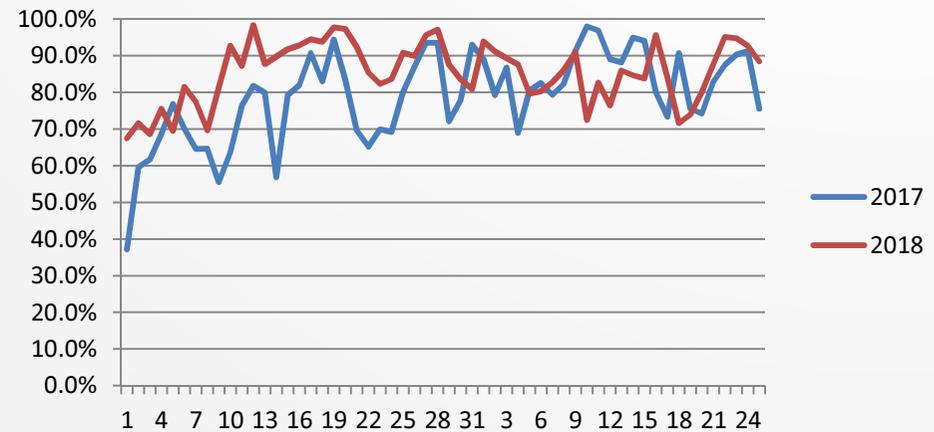


Breaches in the period have significantly reduced from 2112 down to 1577, a reduction of 535.

Performance has consistently improved in the comparison period, equating to a performance increase of around 7%

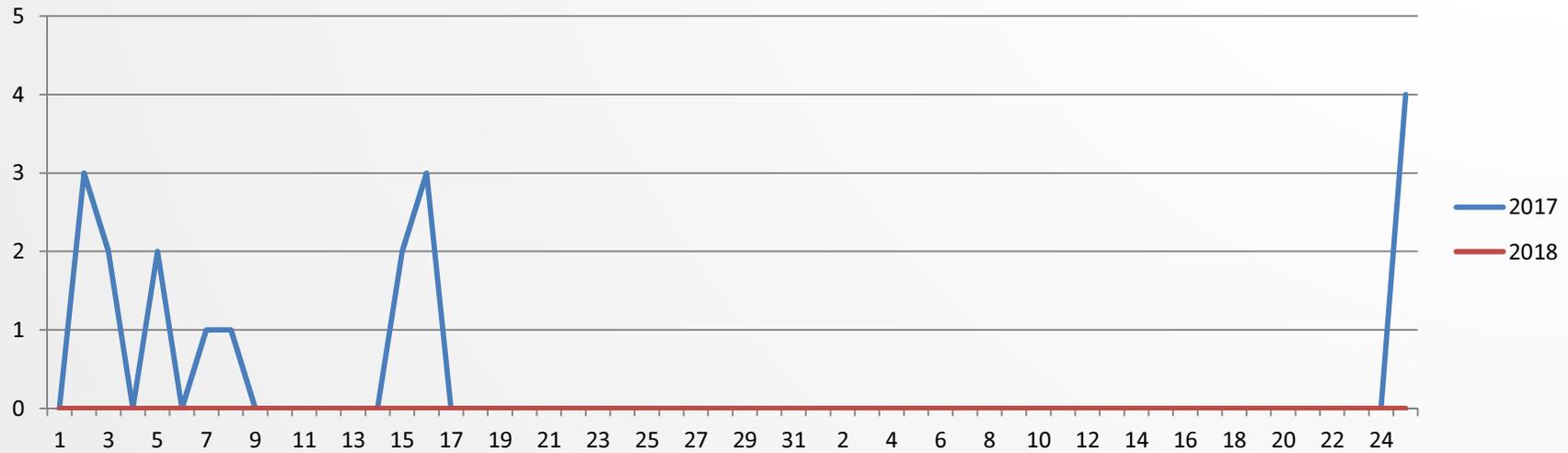
FGH 4 Hour Performance

1st Jan - 25th Feb 18 compared to 2017



FGH 12 Hour Trolley Waits

1st Jan - 25th Feb 18 compared to 2017



There have been zero 12 hour trolley waits in the comparison period, a reduction of 56 patients.

A&E from RI to GOOD

- Perfect Fortnight complete and outputs reviewed
- Bury System Leaders Forum established weekly
- 7 day working and speciality In reach for Frail Elderly patients
- Continued zero 12 hour trolley waits
- Director led daily oversight of performance and required actions
- Original Trajectory to remain with inclusion of WiC activity
- Multi agency escalation calls

Type 1

| | Financial Year to Date 2018/29 | Quarter to Date - Q1 2018/29 | Month to Date - Apr-18 | Daily 4hr Performance - 11/04/2018 | Performance Direction Compared with Previous Day and Target | Performance Direction Based on Site Daily Average Only | A&E (Type 1) Attendances | % A&E Attendances Admitted | % Medical Outliers | NWAS Turnaround Time | NWAS Ambulance Attendances |
|--|--------------------------------|------------------------------|------------------------|------------------------------------|---|--|--------------------------|----------------------------|--------------------|----------------------|---|
| Bolton | 76.50% | 76.50% | 76.50% | 85.55% | ↑ | ↑ | 263 | 29.28% | 1.35% | 34.65 | 92 |
| Bury | 95.62% | 95.62% | 95.62% | 96.63% | ↓ | ↑ | 208 | 35.10% | 1.95% | 28.75 | 65 |
| Central Manchester (MRI) | 73.90% | 73.90% | 73.90% | 75.45% | ↑ | ↓ | 277 | 34.30% | | 31.18 | 76 |
| Central Manchester (Children's) | 93.39% | 93.39% | 93.39% | 95.65% | ↓ | ↓ | 115 | 38.26% | | | |
| North Manchester | 64.17% | 64.17% | 64.17% | 86.29% | ↑ | ↑ | 197 | 35.03% | 3.09% | 25.75 | 67 |
| Oldham | 77.96% | 77.96% | 77.96% | 82.51% | ↑ | ↑ | 263 | 35.36% | 3.56% | 29.23 | 81 |
| Salford | 73.06% | 73.06% | 73.06% | 83.09% | ↑ | ↓ | 278 | 35.97% | | 29.24 | 73 |
| South Manchester | 76.82% | 76.82% | 76.82% | 86.04% | ↑ | ↓ | 265 | 0.00% | | 34.87 | 88 |
| Stockport | 66.06% | 66.06% | 66.06% | 66.67% | ↑ | ↓ | 204 | 36.76% | 0.87% | 34.90 | 77 |
| Tameside | 73.30% | 73.30% | 73.30% | 67.60% | ↑ | ↓ | 250 | 25.60% | 2.26% | 38.54 | 83 |
| Wigan | 66.20% | 66.20% | 66.20% | 75.51% | ↑ | ↓ | 196 | 35.71% | 2.34% | 42.03 | 60 |
| A&E Type 1 performance based on SitRep reporting dates | | | | | | | | | | | Ambulance data for MRI and Children's reported against MRI as not split by site by NWAS |
| Target | 95.00% | 95.00% | 95.00% | 95.00% | | | Site Upper Control Limit | Site Upper Control Limit | 2.00% | 30.00 | Site Upper Control Limit |

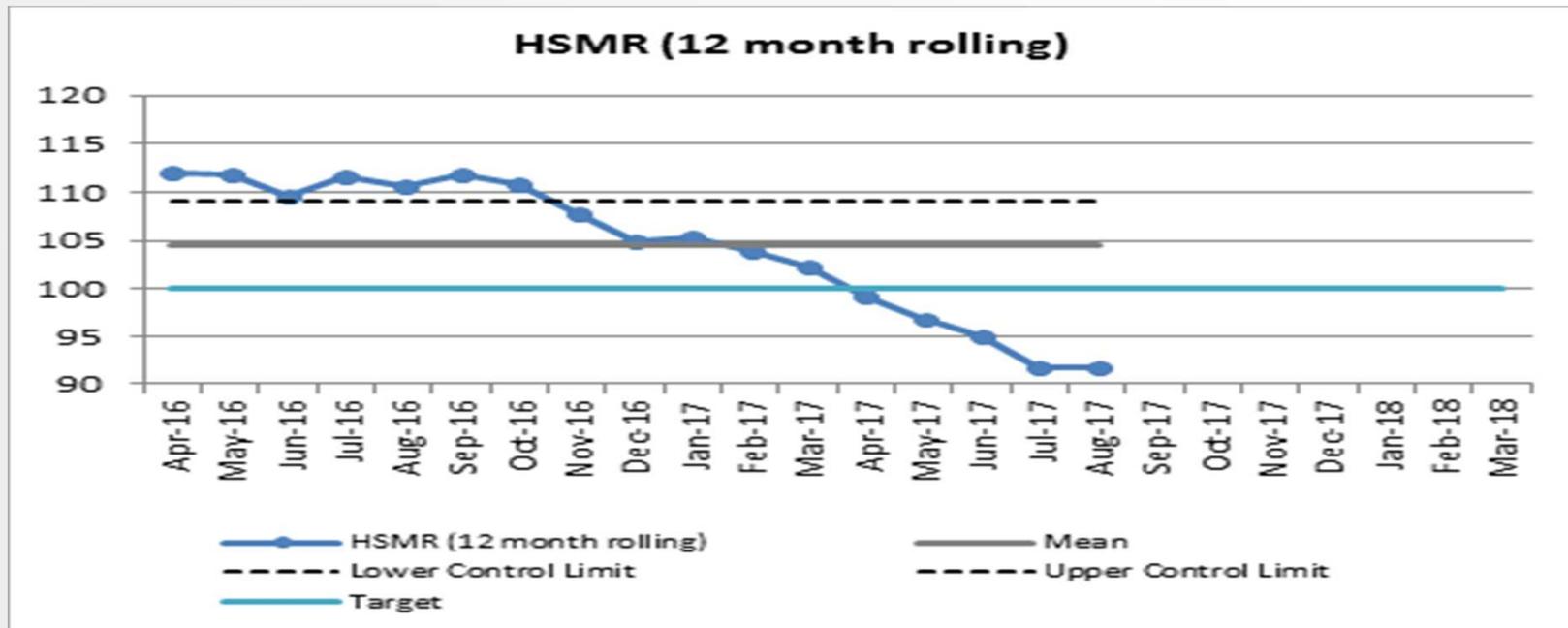
Fragile Services – Medicine

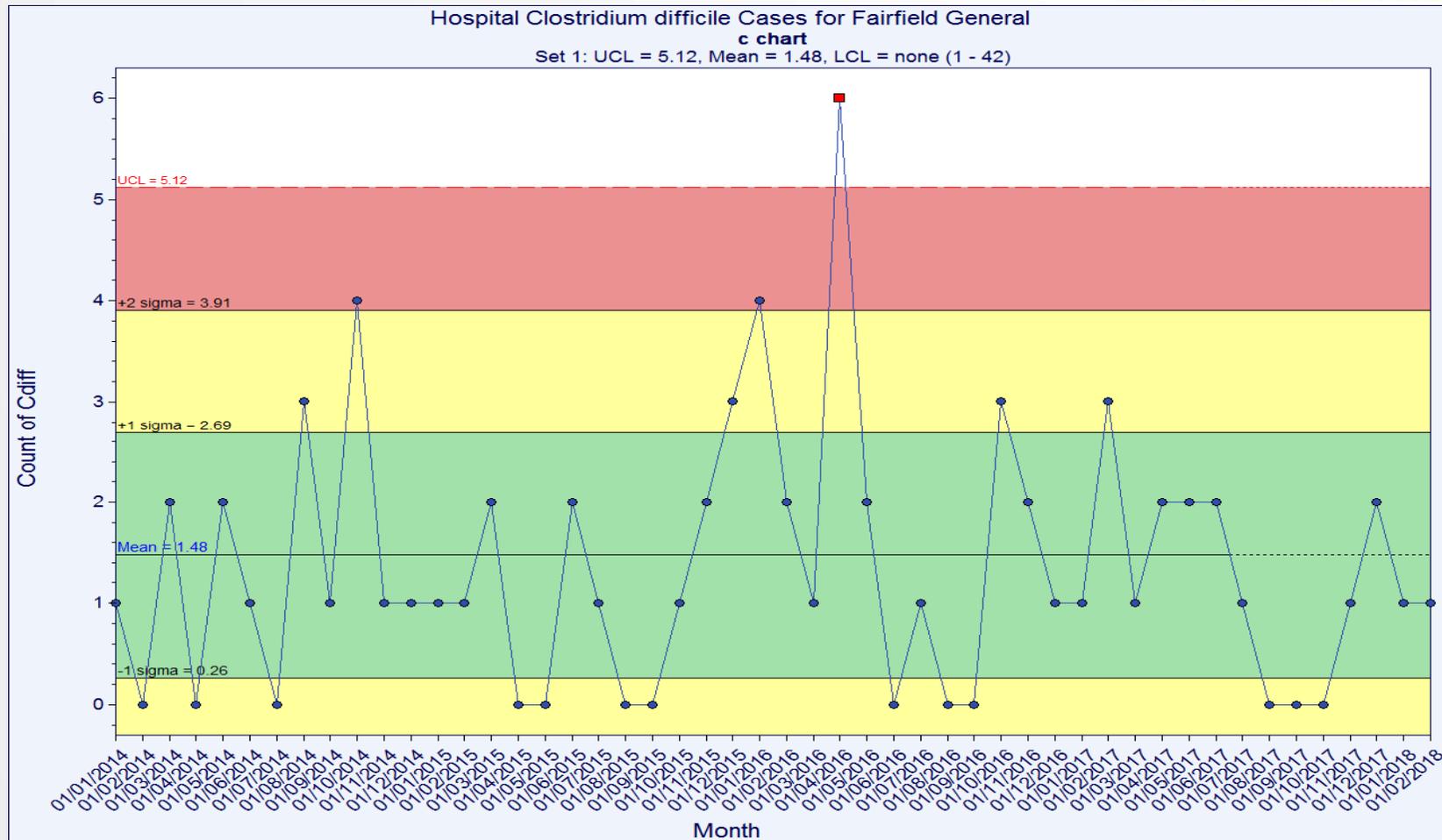
- From **Requires Improvement** to **OUTSTANDING**



- 47% GREEN NAAS by February 2018
- Serious falls – on track to exceed reduction target of 20%
- Stage 2 Pressure Ulcers (30% reduction) Stage 3/4 pressure ulcers – on track to achieve ZERO
- **EMPOWERMENT & ACCOUNTABILITY**

Harm Free Care Improvements





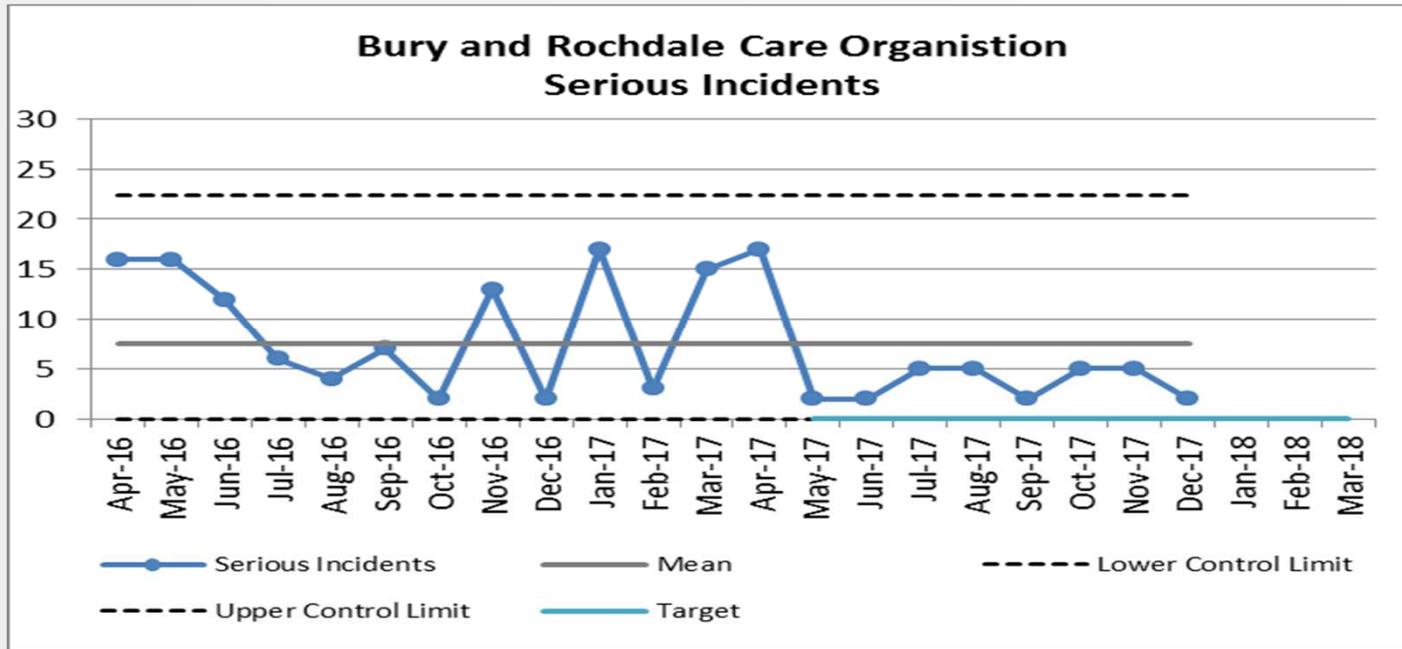
Data shows 'special cause' in April 2016 with an astronomical data point. The other data points are within statistical control. There are an average of 1.48 cases per month

Risk & Governance

- Reporting of No Harm incidents is at 87% which demonstrates a good culture of reporting patient safety incidents
- Serious incidents managed in timeframe has improved and is now statistically significant. All SI's are now being investigated within 45 working days
- As of 19th February 2018 no overdue complaint responses and clear process to monitor continued compliance
- There has been over 390 days since the Bury and Rochdale Care Organisation has had a Never Event

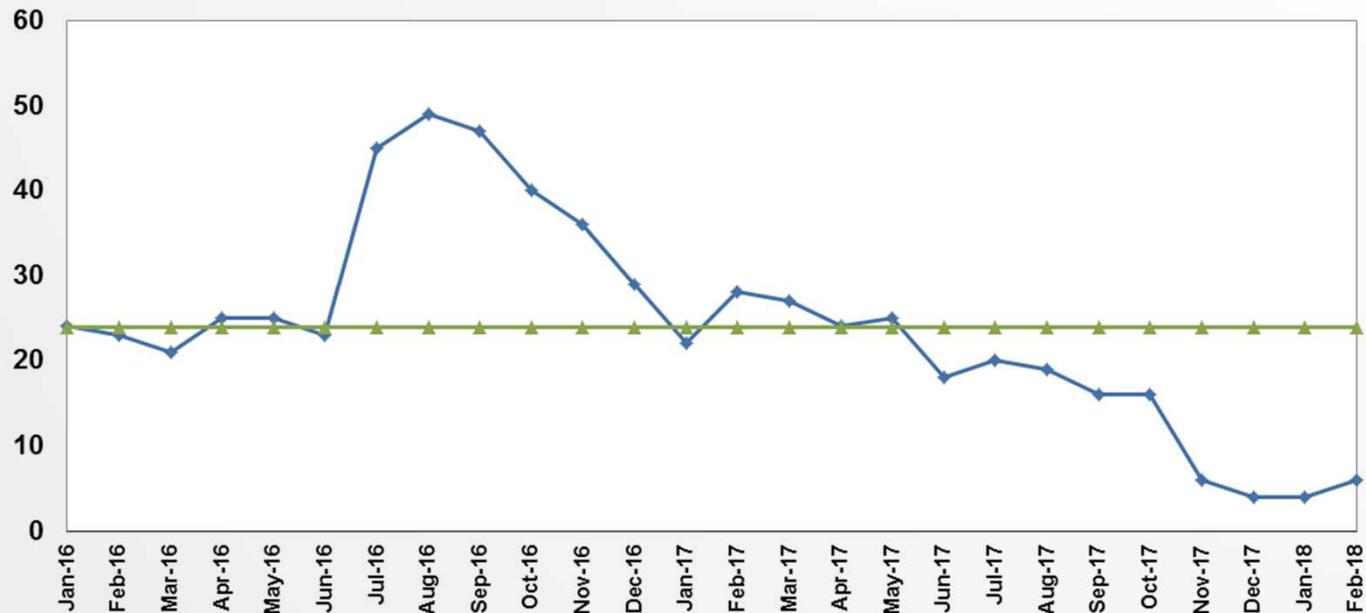
Risk & Governance

Bury and Rochdale SI Numbers



Reduction overdue SIs

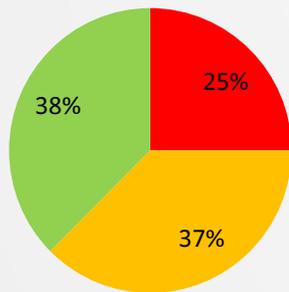
Bury and Rochdale - Overdue Serious Incidents (SIs) per month



NAAS

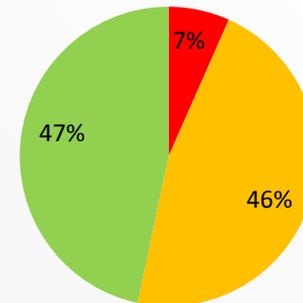
1st NAAS results prior to
reassessments
FGH / RI
16 areas in total assessed

■ Red ward ■ Amber ward ■ Green ward



Current NAAS results
20/02/18
FGH / RI (15 areas)
11 reassessments undertaken

■ Red ward ■ Amber ward ■ Green ward



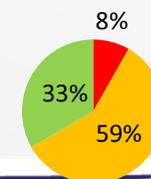
Current NAAS results 20/02/18
FGH / RI
Surgery (3 areas)
0 reassessments undertaken

■ Red ward ■ Amber ward ■ Green ward



Current NAAS results 20/02/18
FGH / RI
Medicine (12 areas)
11 reassessments undertaken

■ Red ward ■ Amber ward ■ Green ward



Focus

- Reliable processes
- NAAS 100%
- Unplanned care
- *endp/jparalysis*
- LCO developments

Saving *lives*,
Improving *lives*

Questions?

NHS
Bury & Rochdale
Care Organisation
Northern Care Alliance NHS Group

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Bury

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Health Scrutiny Committee – 17th April 2018

Autism Spectrum Disorder (ASD) Assessment Services

Dear Councillor Kerrison,

Thank you for the invitation to attend the committee meeting in April to present around ASD commissioned services.

The CCG is aware of raised concerns around ASD waiting times and it is fair to say that waits for some families are not currently at the level we would expect. The CCG has been working collaboratively with both of our commissioned providers and other partners throughout the system to address these and ensure an effective and efficient service for local children and their families.

Additionally, an external review of ASD assessment services provided by the community paediatrics team was undertaken in late 2017 and the findings of this review are currently under review.

As previously agreed with yourself and Stuart North; to ensure appropriate representation from the CCG and our commissioned providers, we would like to present a full update at the committee meeting in June.

This presentation will include:

- A summary of service performance including wait times from referral to first assessment and assessment outcome.
- A trajectory of performance improvement where required.
- A full improvement action plan, to include the recommendations of an external review into ASD services at PAHT, which concluded in November 2017.

I hope that this is satisfactory. If there are any queries or concerns in the meantime I would be happy to discuss.

Yours sincerely,

Michael Hargreaves

Michael Hargreaves

Senior Commissioning Manager

Michael.hargreaves@nhs.net

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