

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Members : Councillor A Simpson (Chair), Councillor D Jones, K Dolton, L Jones, S Downey, J Gonda, Councillor T Tariq, Councillor R Walker, S Hashmi, Dr J Schryer, B Barlow, K Walker, S Taylor and G Little.

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Thursday, 20 February 2020
Place:	Bury Town Hall
Time:	5.30 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 the Health and Wellbeing Board 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 MATTERS ARISING

4 MINUTES OF PREVIOUS MEETING *(Pages 1 - 6)*

The minutes of the meeting held on 20th November 2019 are attached.

5 PUBLIC QUESTION TIME

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

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 MENTAL HEALTH UPDATE *(Pages 7 - 14)*

Kez Hayat, Bury CCG to discuss at the meeting. Report attached.

7 INTERMEDIATE CARE REVIEW *(Pages 15 - 30)*

Adrian Crook, Assistant Director of Adult Social Care will update at the meeting. Report Attached.

8 CHILD DEATH OVERVIEW PANEL - ANNUAL REPORT RECOMMENDATIONS *(Pages 31 - 36)*

Lesley Jones, Director of Public Health will report at the meeting. Report attached.

9 THE BURY SYSTEM URGENT CARE REVIEW AND RE-DESIGN BRIEF *(Pages 37 - 48)*

Nicky Parker, Programme Manager, Urgent Care Review will report at the meeting.

10 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 AND WELLBEING BOARD

Date of Meeting: Wednesday 20th November 2019

Present: Chair, Bury Clinical Commissioning Group, Dr Jeff Schryer; Interim Executive Director Communities and Wellbeing, Julie Gonda; Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Healthwatch Chair, Barbara Barlow; Director of Public Health, L Jones and Representing the Voluntary, Community and Faith Sector Alliance, S Hashmi

Also in attendance:

Wendy Meston, Consultant in Public Health, Rochdale Borough Council
Nicky Parker, Programme Manager, Bury CCG
Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer
Chris Woodhouse, Executive Officer, Bury Council
Chloe McCann, Democratic Services

Apologies: Councillor David Jones, Leader of the Council, Geoff Little, Chief Executive
K Walker, Pennine Care NHS Foundation Trust
V Hussain, GMFRS; representing Northern care alliance, Steve Taylor

Public attendance: 1 member of the public was in attendance

HWB. DECLARATIONS OF INTEREST

Councillor Simpson declared a personal interest in all matters under consideration as an employee of the NHS.

HWB. PUBLIC QUESTION TIME

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

HWB. MINUTES OF PREVIOUS MEETING

It was agreed:

1. The minutes of the meeting held on the 21st October 2019 be approved as a correct record.
2. The letter on MUP to exchange Bury Metropolitan Borough Council to the Borough of Bury prior to submission.

HWB. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT

Wendy Meston, Consultant in Public Health, Rochdale Borough Council introduced the Child Death Overview Panel's Annual Report. The report includes data from closed cases from April 2018 to 31 March 2019. The purpose of the Bury, Rochdale and Oldham Child Death Overview Panel is to undertake a review of all child deaths up to the age of 18 years, normally resident in Bury, Oldham and Rochdale, irrespective of the place of their death.

There was a total of 204 closed cases in 2018/19 with 217 notified deaths. The large majority of child deaths in Greater Manchester occurred in the first year of life; 42% of closed cases occurred within the first 28 days and 60% in the first 12 months. Smoking was still the most common modifiable factor (24) followed by obesity (19). Access to health care or poor care management was the third largest modifiable factor (11) followed closely by substance misuse (10).

Following presentation of this item a Member raised questions around consanguinity. Wendy Meston, Consultant in Public Health assured the Health and Wellbeing Board that whilst this occurrence can result in an increased risk of child death's, services have been put in place, dedicated to providing preconception advice. It was requested that pre-relationship advice may be more effective and processes should be put in place to help the public understand this message. During discussion of this item, question were raised around costs of staff time and resources to deliver services the report discussed. It was clarified that the services are already commissioned and no additional funding or responsibilities are require to continue delivery.

A Member raised concerns around the age ranges covered (0-18) and made a request to consider providing services from 0-25. It was clarified that national guidance dictates the age range covered currently however, the SEND Code of Practice does cover children and young people up to the age of 25. The importance of flexibility in services was discussed and the Board requested that this be considered in the delivery of support.

It was agreed:

1. A follow-up report is to be produced on the recommendations outlined in the report.
2. That the Health and Wellbeing Board approve the contents of the report.

HWB. LOCALITY PLAN

Margaret O'Dwyer, Director of Commissioning and Business Delivery/Deputy Chief Officer and Lesley Jones, Director of Public Health, provided members with an update of work being undertaken with regards to the Locality Plan. The presentation proposed a 10 year long term plan and covered areas of progress. The update was supplemented by a presentation which outlined where we are now and our ambition for the future.

Themes covered within the Locality Plan are as follows:

- Our approach to population health and the strategic themes
- Neighbourhood Hub

- New Models of Care
- Building a Sustainable System
- Unlocking Economical Potential

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

A Member requested consideration of transport and infrastructure to support accessibility to required services. Responding to the question Chris Woodhouse, Executive Officer reported that the recent consultation on Traffic and Transport will be inclusive in the Locality Plan to consider wider determinants of health.

The Board discussed the importance of engagement with communication channels to facilitate a power shift and individuals having the knowledge to access the correct services.

It was agreed:

1. The report will be circulated to the Health and Wellbeing Board by Friday 22nd November.
2. That final comments on the report are to be sent by Wednesday 27th November.
3. Delegated sign off of the final plan is to be given to the Chair of Health and Wellbeing Board prior to submission.
4. The final plan is to be submitted to Greater Manchester Health and Social Care Partnership on Friday 29th November.

HWB. BURY SYSTEMS BOARD – TERMS OF REFERENCE

Dr Jeff Schryer, Chair Bury Clinical Commissioning Group, presented Bury System Board Terms of Reference. The Health and Wellbeing Board were advised that the Bury System Board replaced the Health and Social Care Transformation Board. The agreed goal of the Bury Systems Board is to improve the life chances for the Bury population, by maximising the use of the 'Bury Pound'.

The key issues for the Health and Wellbeing Board to consider are:

- The Terms of Reference reflect the existing governance arrangements in place
- The Terms of Reference will be reviewed again in November 2020 in line with OCO/LCO governance structures.

Following presentation of this item a Member requested the Bury Systems Board considers a representative from the Voluntary, Community and Faith Sector.

It was agreed:

Note: Councillor Walker abstained from the vote.

1. That membership is looked at to consider representation from the Voluntary, Community and Faith Sector

2. That the Health and Wellbeing board approve the revised Terms of Reference for the Bury System Board

HWB. URGENT CARE REVIEW

Nicky Parker, Programme Manager, Urgent Care Review provided a verbal update on urgent care an important service for the most vulnerable people in the Borough. Members were advised that the services that have been redesigned so far are extended working hours for GP's, GP Quality Scheme, expansion of the Green Car Scheme and development of a local integrated service.

Areas pointed out for improvement under the review of urgent care is to improve four hour wait at the hospital, reduce admissions to hospital, make efficiencies and savings in services, redesign and simplify services. The aim of the review is to empower and support people to access the correct services.

The current schedule for the review is as follows:

- Now– Shape what services may look like and gather further information on urgent care in the Borough.
- December – Determine the pieces of work required to deliver the review
- January – Develop a new model and engage in a public consultation
- February/March – Design the reviewed service
- April – Begin Implementation.

The members raised concerns in respect of on the day accessibility and how to manage demand and an ageing workforce. After discussions it was confirmed that steps are being taken to support individuals to choose the correct service to access depending on their needs. Dr Schryer, CCG Chair advised Members that the Primary Care Access Team are doing some audit work to check when the next appointments are and what their waiting times are. It was stated that there appears to be a miss match between public perception and accessibility. Furthermore it was clarified that the Primary Care Workforce Strategy is seeking to support staff to pass on knowledge and train them to best support the needs of the Borough.

It was agreed:

1. That the update be noted.
2. The item to continue as a standing item

HWB. COMMISSIONING REVIEW – INTERMEDIATE CARE

Julie Gonda, Interim Executive Director Communities and Wellbeing informed the meeting a scoping paper has been developed to take forward the Bury System Intermediate Care review and rebalance. A core aim of the review is to establish integrated discharge services and a communication and engagement plan.

It was agreed:

- That the Health and Wellbeing Board notes the content of the report.

HWB. COMMISSIONING REVIEW – LEARNING DISABILITIES RESPITE

Julie Gonda, Interim Executive Director Communities and Wellbeing informed the meeting a scoping paper has been developed to take forward the Bury Learning Disability Respite Review. The aim of the project is to undertake a review and redesign of services in Bury for people with a Learning Disability. This is with a view to commissioning an equitable and sustainable borough wide Learning Disability respite provision that meets the needs of service users.

The review aims to:

- Ensure that it meets the needs of service users in terms of capacity, performance and quality
- Identify areas for development and improvements to benefit service users and enhance their experiences and inform future commissioning
- To commission an equitable and sustainable service
- Improve outcomes for Service Users and their family where possible
- Achieve financial savings

It was agreed:

- That the Health and Wellbeing Board notes the content of the report.

**Councillor Andrea Simpson– Cabinet Member Health and Wellbeing
Chair**

(Note: The meeting started at 6pm and finished at 7.35pm)

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Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Receive
Item No	6	Confidential / Freedom of Information Status	No
Title	Mental Health Update		
Presented By	Julie Gonda, Interim Executive Director for Communities and Wellbeing		
Author	Julie Gonda, Kez Hayat, Jannine Robinson		
Clinical Lead	Dr Dan Cooke,		
Council Lead	Cllr Andrea Simpson, Portfolio Holder Health & Wellbeing		

Executive Summary
<p>This report highlights progress against the delivery of the Bury Mental Health Framework developed in October 2019, following a stakeholder engagement event.</p> <p>A community engagement project was commissioned from the VCF sector, to inform the priorities of the framework, a summary of the findings are included in the report.</p> <p>It also provides an update on existing pieces of work and key areas for development in 2020.</p> <p>The report outlines the next steps in the delivery of the framework.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Note progress against the delivery of the Mental Health Framework

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The Mental Health framework is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Mental health is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Mental health is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The implementation of the Mental Health framework will reduce health inequalities and improve the mental, physical and wellbeing of the Bury population.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
Add details of previous meetings/Committees this report has been discussed.		

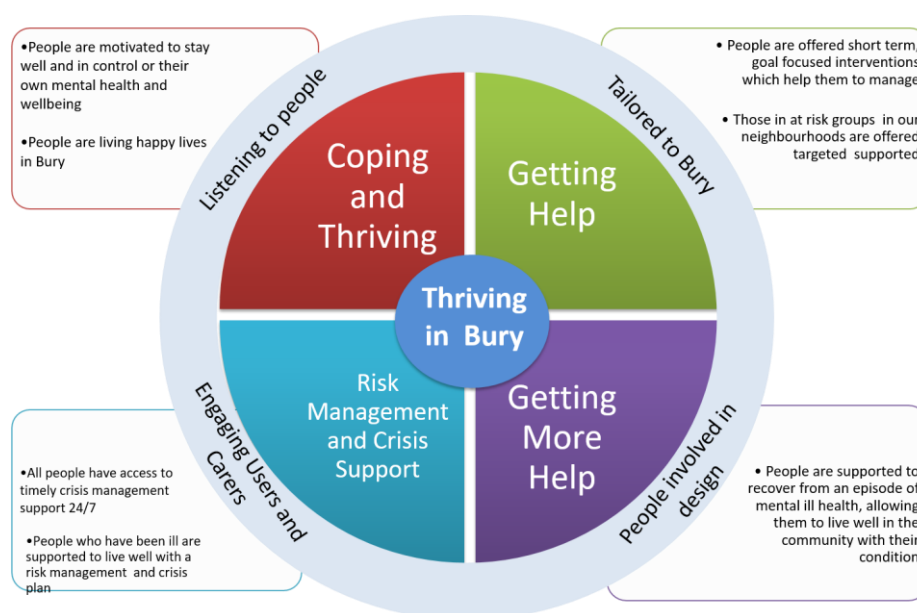
Mental Health Update

1. Introduction

- 1.1. This paper provides an update on the development of the Bury Mental Health framework, it summarises the outcomes from the engagement work that has been undertaken and highlights the next steps, with timelines until the end of March 2020.

2. Background

- 2.1 Developing integrated approaches to mental health is a key priority for Bury. Historically, mental health care has been disconnected from the wider health and care system, and as a result, people have not always receive coordinated support for their physical health, mental health and wider social needs. In October 2019, following a stakeholder engagement event, the new Thriving in Bury mental health framework was adopted for developing this integrated approach to mental health in Bury. The event included commissioners and providers from both adult and children's & young people's services.



- 2.2 The outputs from the event in October were summarised into priority actions for each of the 4 needs-led groupings displayed above. To ensure the priorities align to the needs of Bury people, the Bury Mental Health Delivery Group agreed that an extensive piece of community engagement work was needed. At this point, the Children & Young People's iThrive offer for Bury, had already progressed and

gathered engagement intelligence, therefore the community engagement work focused on adults.

3. COMMUNITY ENGAGEMENT

- 3.1 In December 2019, Bury CCG and Bury Council commissioned, Bury Involvement Group (BIG) to lead a community engagement project to inform the priorities of the Thriving in Bury mental health framework. BIG worked in collaboration with the Asian Development Association of Bury (ADAB), the Creative Living Centre (CLC) and EarlyBreak (EB).
- 3.2 Each organisation undertook specific work to build a picture of the mental health pathway as it is experienced by people within our community. ADAB led the work regarding the experiences of the BAME community; BIG the experiences of present mental health service users and people affected by homelessness through IT'S TIME4CHANGE (a VCF sector club supporting people with homelessness and other related issues); CLC focused on the wider views of people within Bury; and EB the views of young people in the area.
- 3.3 The report was presented on 8 January 2020 to the Bury Mental Health Delivery Group. It is thorough and details the engagement work undertaken, in terms of focus groups and wider online survey, it breaks down the issues experienced, the areas of value, and the identified areas of improvement.
- 3.4 Each group had particular issues and areas of development which were specific to them; however, broadly the issues of accessibility to services was a consistent theme across all groups, with people noting the Healthy Minds service as a hotspot for issues faced when seeking mental health support. It should be acknowledged that some of the pressure on this service are as a result of the identified gaps in the Coping & Thriving and Getting Help offers currently available in Bury. The framework priorities will work to address this.
- 3.5 The high level themes raised by each group can be summarised as follows:
- 3.6 **Mental Health Service Users:** Need to increase the accessibility and availability of robust community based mental health services, ranging from options targeted at preventative level to crisis level; a reduction in the waiting times for services, particularly Healthy Minds; and improved support for people discharged from the inpatient unit.
- 3.7 **Wider Public:** Improve the availability of information both within communities and across mental health services, making people more aware of what support is available when needed; a need for flexible services, individual choice and more non-medical options.
- 3.8 **People affected by homelessness:** Expand and improve the Bed For A Night service offer to include an outreach mental health model focused on delivering whole person support to this group, within spaces they are accessing in the community; and develop a more flexible and accessible Healthy Minds pathway for this group to reduce barriers they experience when seeking talking therapies.

- 3.9 **Young People:** Increase the provision of services designed to meet the needs of young people experiencing mental and emotional distress, with a particular emphasis on increasing the provision of support aimed at providing social support towards isolated young people; develop more support aimed at young people on the autistic spectrum; develop a focused transition offer for young people moving from children's services to adults age services; decrease the barriers which young people face when seeking mental health support, particularly for those presently using substances.
- 3.10 **BAME:** Develop more cultural awareness around mental health within the community through events to decrease stigma associated with mental health in BAME community; increase the availability of culturally sensitive mental health services, with an increased focus on staff training; make the mental health pathway clearer to those within the BAME community experiencing mental and emotional distress, through greater signposting, accessible information which accounts for language and terminology barriers
- 3.11 The report indicates that the people experiencing mental and emotional distress within our community have a clear understanding of what is presently working and what needs improving. It is the intention of Bury mental health partners; Bury CCG, Bury Council, Pennine Care Foundation Trust and the Voluntary Community and Faith Alliance, to continue to build relationships within the community, and with people who use mental health services, to ensure their voice is integral within the conversation around how the Thriving in Bury model develops using a co-production approach.
- 3.12 Bury CCG and Bury Council are already in the process of progressing pieces of work, prioritised at part of the NHS 10 Year Plan and GM Mental Health Strategy, and the Bury Locality Plan that will address some of the gaps identified from the Engagement Report.
- 3.13 NEXT STEPS**
- 3.14 PROJECT GROUPS**
- 3.15 In the first quarter of 2020, four project groups will be established, with a Lead and Supporting Officer for each area of the framework. The group members will be key stakeholders linked to the actions already outlined in the framework. The groups will review the Community Engagement findings and agree from the list of actions which are priority to develop.
- 3.16 The group membership will include people with lived experience, co-production will be a golden thread throughout the review of services and development of new actions.
- 3.17 The role of the group Leads and Supporting Officer are outlined below.
- 3.18 Thrive delivery Leads will:
- Be responsible for defining the programme of work against the objectives outlined in the Thriving in Bury plan.
 - Ensure there is a clear plan for delivering the projects in the assigned 'Thriving in

- Bury' need group, including timescales, managing risks and issues.
- Accurate and timely reporting to the Mental Health Delivery Group.

3.19 Thrive Supporting Officers, will work closely with the delivery Leads to:

- Ensure the projects are in line with and informed by / inform the Thrive direction and strategic commissioning.
- Support the Leads to progress workstreams / projects with Project Plans.
- Ensure all appropriate stakeholders are mapped and are appropriately involved in each project (including people with lived experience and other system partners)

	ACTION	TIMESCALES
1	Establish the Project Groups, with clear Terms of Reference and membership.	End of January 2020
2	Each Group to review all intelligence, including the Engagement Report to agree short and long term priorities.	Mid February 2020
3	Each Group to develop a detailed 12 month Action Plan with timelines and finance plan.	End of February 2020
4	Sign off overarching Action & Finance Plan.	Mid March 2020

3.20 MENTAL HEALTH DELIVERY PLAN

- 3.21 The focus of the framework is a whole system approach to mental health, working with service users and wider partners, with a clear focus on early intervention and prevention.
- 3.22 An overarching Communications Strategy will be developed to inform the public, and health and social care partners of the new framework. As work develops in each of the Project Groups, progress will be communicated both internally and externally.
- 3.23 The outcomes of the mental health framework will align to the objectives of the Bury 2030 Plan.
- 3.24 The focus will be to enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life, by enabling happy people, a thriving place, creative ideas, advanced infrastructure and enterprising business.
- 3.25 The following is progress on existing and key areas of work that have already been identified following the initial scoping exercise.

3.26 Coping and Thriving

- Develop targeted on and off line information and resources for those seeking mental health and wellbeing support, with details of the local offer, targeted for carers / schools / care leavers / SEND families and workplaces.

- Develop a communications campaign with messages about resilience and promoting wellbeing, and reducing the stigma. Building on national and GM plans to deliver local messages across a range of platforms.
- Promote the principles of Connect 5 to Bury communities, to empower people to take proactive steps to build resilience as individuals and within their communities and to look after themselves.
- Targeted work for suicide prevention and bereavement support; the Bury Suicide Prevention Group has refreshed the Action Plan for 20/21 and in December 2019 a new peer support group for those bereaved by suicide started in Tottington and Prestwich.

3.27 Getting Help

- Working with LCO partners to develop an integrated neighbourhood mental health support offer, and an MDT offer for those with complex needs. Feedback from the engagement has highlighted that this a gap and needs to be prioritised for development at the next phase, moving away from a solely clinical offer and working closely with VFCA organisations.
- Review the current IAPT service model to improve performance, improve the experience of those on waiting lists, reach out to underrepresented cohorts and introduce a digital therapy offer. An IAPT working group has already been formed to take this piece of work forward.
- Development of an Early Attachment Service as part of specialist community perinatal mental health. This new service will go live in 2020.
- Develop, in-line with GM plans, a mental health support offer for problem gambling and rough sleepers. Linked in with work undertaken at GM, workshop scheduled for the end of January, local priorities and plans will be developed following this.

3.28 Getting More Help

- Redesign the Community Mental Health provision to meet the needs of Bury patients, initial scoping work has been undertaken for the Bury CMHT, a PCFT footprint wide workshop is scheduled for the end of January to discuss the remodelling of this service with commissioners.
- Review of inpatient flow, including the inpatient DTOC and Out of Area escalation procedure, this has been included in 2020/21 commissioning intentions.
- Review the Early Intervention in Psychosis service to achieve access and waiting times targets, the EIP service is working towards achieving level 2 NICE Concordance by 20/21 and level 3 by 21/22.
- Implement a dedicated Transition Service to enhance the core Children and Young Peoples Mental Health service to ensure safe and supported transition of 16 to 18 year olds to adult services. This service will go live from March 2020.
- Development of the Bury iThrive model, at part of the Children and Young Peoples programme of work.

3.29 Risk Management and Crisis

- Develop the Home Treatment Team core fidelity to the national model, additional investment has been made into this service with an improve offer which includes a Primary Care GP Connect, additional Therapists to expand the team, and a dedicated consultant. A detailed review of this service will be conducted in 2020.

- An Options paper to develop CORE 24 all age Mental Health Liaison service standards in partnership with HMR CCG, has been prepared and is going through the governance process. Further conversations are taking place with colleagues to make sure the project is aligned with the Bury Urgent Care Programme.
- Development of an out of hour's community crisis support service, with daytime aftercare support, this project will be a 12 month pilot and is currently at the procurement phase and expected to go live in May 2020.
- Conduct qualitative interviews with service users presenting in crisis leading to an admission to establish what could have made a difference. Discussions are taking place with main provider PCFT, to establish how this can be built into the discharge process.

4 Associated Risks

- 4.1 There are several risks identified at this stage to meet the outcomes of the delivery of the framework. The main risks are highlighted as:
- Staff capacity to meet the needs of the framework
 - Maintaining wider stakeholder engagement
 - Deliver change at pace
 - Potential financial challenges

5 Recommendations

- 5.1 The Strategic Commissioning Board is asked to note progress against the mental health framework.

6 Actions Required

- 6.1 The Strategic Commissioning Board is required to:
- Note the progress made against the mental health framework;
 - Receive further updates as required.

Julie Gonda

Interim Executive Director for Communities and Wellbeing

J.gonda@bury.gov.uk

January 2020

Meeting: Strategic Commissioning Board

Meeting Date	03 February 2020	Action	Recommend
Item No	7b	Confidential / Freedom of Information Status	No
Title	Intermediate Tier Review Update		
Presented By	Julie Gonda, Interim Executive Director Communities & Wellbeing		
Author	Adrian Crook, Julie Munn		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	Cllr Andrea Simpson, Portfolio Holder Health & Wellbeing		

Executive Summary

This report highlights progress against the review of Intermediate Tier Services in Bury.

Recommendations

This report recommends that Strategic Commissioning Board:

- Note ongoing engagement with the public around intermediate tier services. The feedback will inform detailed proposals for consultation at a later date.

This report recommends that Strategic Commissioning Board supports further work as follows:

- Development of a detailed business case, based upon the feedback of the engagement work currently under way to include:
 - A detailed review of intermediate tier beds in the system covering quality of care, quality of estate and cost, building upon the benchmarking work already undertaken to date;
 - Review of estate within intermediate tier of services, with a view to understanding the impact and opportunity that may arise from future detailed proposals;

A detailed timeline is included within the recommendations at the end of this paper, in Section 10 of this report.

Links to Strategic Objectives/Corporate Plan

Choose an item.

Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:					No	
Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Development of Intermediate Tier falls within the remit of developing health and care services in Bury and is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Intermediate Tier is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Intermediate Tier is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Intermediate Tier Services will reduce health inequalities and improve the mental, physical and wellbeing of the Bury population.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
Add details of previous meetings/Committees this report has been discussed.	15/01/2020	High level principles of the intermediate tier rebalance discussed at Clinical Cabinet and Health Scrutiny Committee. Request for final proposals to be reviewed.

Intermediate Tier Service Rebalance Update

1. Introduction

- 1.1. Intermediate care services support people in the community, helping to promote independence and providing care, therapies and rehabilitation on a short term basis only. Intermediate Tier:
- provides short-term rehabilitation to enable service users to regain their optimal levels of independence;
 - prevents people from being admitted to hospital, supports people to return home after a recent hospital admission, and enables people to live at home rather than in a care home, if they choose; and
 - provides multi-disciplinary teams that support people and their carers when they are in transition between hospital and home or have entered some kind of health and/or social care crisis at home.

At present, people in Bury don't have the same opportunity to access home based intermediate care, compared to other areas in the country. We want people to have the option to receive personalised care in their own home where it is safe and appropriate to do so.

Providing more care at home will mean we don't need as many bed based facilities in the future. Where individuals do need care in an individual facility rather than at home, we want this to be in fit for purpose and cost effective settings where a team of health and social care professionals co-ordinate care and support that is personalised to their needs.

By reorganising our intermediate care services, providing more home based care and consequently less care in separate facilities, more Bury residents will benefit from the opportunity to recover and rehabilitate with the support of our services, reducing the likelihood of a hospital admission.

The following services will be included in the scope of this project

- Intermediate Care Nursing (bed based);
- Intermediate Care Social care (bed based);
- Reablement (non-therapy social care, home based);
- Discharge to Assess (social care PVI sector bed based).

The report also demonstrates the additional capacity that will be delivered by our enhanced Rapid Response service and our new Intermediate Care at Home service which are funded through Bury's Greater Manchester Transformation Fund, however they are not in scope of any changes recommended as a result of this project.

2. Background and context

The Bury Locality Plan and its Refresh in November 2019 highlights intermediate care as one of the priorities, recognizing that transformation of intermediate care services is crucial to enabling more people to be looked after in the community – preferably in their own home with the aims of achieving admission avoidance and safe, early supported discharge.

Bury is experiencing unprecedented demands on its health and social care services. Bury's Locality Plan Refresh describes the compelling case for change, upon which current transformation work is based. It highlights that:

- healthy life expectancy is significantly lower than the national average – meaning that people become ill earlier than they should;
- there will be a dramatic increase in the number of older people in Bury as well as an increase in the overall complexity of care needs – with which current services are not equipped to cope;
- the care system is financially unsustainable without radical transformation of how care is delivered – with a current do-nothing scenario of a financial deficit of £86m by 2023/24;
- transformation funding is only available for 2 years and sustainable methods of funding services need to be identified.

The Local Care Organisation (LCO) is leading on the delivery of intermediate tier, bringing together health and social care service delivery into an integrated whole, under single line management arrangements.

Now more than ever there is an urgent need to deliver services more cost effectively whilst ensuring activity levels, so important to managing demand in our Adult Social Care and Urgent Care system, are maintained or enhanced.

Benchmarking, as referenced below, clearly illustrates that Bury is too reliant on bed-based services delivering too much of its intermediate tier activity in Bealey, Killelea and its Discharge to Assess beds. This rebalance will see the location of where intermediate care is delivered focused more on people's own homes rather than beds and where beds are used, they will be delivered in locations that are the most cost effective and deliver the best experience and quality of care.

This rebalance will see clear activity expectations for our newly enhanced Intermediate Care at Home and Rapid Response services set and with it an increase in support to our Urgent Care system.

The rebalance will therefore be based on an in-depth analysis of episodic cost data to ensure that the budget available delivers the greatest number of episodes of care of the greatest effectiveness. Performance and budget data from the last 15 months will be used to inform this review, including comparison to Best practice from the National Audit of Intermediate Care¹, NICE, The Social Care Institute for Excellence², LGA Social Care Efficiency Programme³ and IPC Brookes Managing Demand in Adult Social Care⁴.

3. Definition and Legal Framework for Intermediate Tier Services

Section 2 of the Care Act 2014 and its associated guidance⁵ places a statutory duty on a local authority and its NHS partners to 'Prevent, Reduce and Delay' the need for Care and Support and encourages authorities and their NHS partners to deliver targeted interventions to do so, recommending Intermediate Care and Reablement as a core component of this range of interventions.

Intermediate Care was first developed in 2001 in response to the government's National Service Framework for Older People⁶ which saw the government reset the priorities of the NHS and local authorities towards helping older adults stay well, by helping older people to stay as healthy, active and independent as possible, for as long as possible.

It stated together we must:

- ensure that older people are treated with respect;
- prevent unnecessary hospital admission, and support early discharge;

¹ <https://www.nhsbenchmarking.nhs.uk/naic>

² <https://www.scie.org.uk/prevention/independence/intermediate-care/>

³ <https://www.local.gov.uk/our-support/efficiency-and-income-generation/care-and-health-efficiency>

⁴ https://ipc.brookes.ac.uk/publications/Six_Steps_to_Managing_Demand_in_Adult_Social_Care_Exec_Summary.pdf

⁵ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-2>

⁶ [National Service Framework for Older People 2001](#)

- reduce long term illness by providing specialist care;
- promote healthy lifestyles and independence for those in older age.

Later this guidance was updated in the Department of Health's guidance 'Intermediate Care - Halfway Home' published in 2009.⁷

Intermediate Care and Reablement are also further defined with the Care and Support (Charging and Assessment of Resources) Regulations 2014⁸.

"Intermediate care and reablement support services" means care and support, or support provided to an adult by the local authority which –

- consists of a programme of care and support, or support;
- is for a specified period of time; and
- has as its purpose the provision of assistance to an adult to enable the adult to maintain or regain the ability needed to live independently in their own home.

This statute states a local authority must not make a charge for meeting needs under section 14(1) of the Care Act where the care and support, or support which is provided to an adult, is covered by the definition above.

The National Audit of Intermediate Care, which is now the country's largest health and care audit, defines intermediate care as "*a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. Intermediate care services are usually time limited, normally no longer than six weeks and frequently as little as one or two weeks. Intermediate care should be available to adults age 18 or over.*"⁹

There are four primary categories of intermediate care:

- Rapid Community Response (crisis response);
- Home-based intermediate care;
- Bed-based intermediate care; and
- Reablement.

4. Current Service Provision in Bury

As previously described, the LCO is leading on the delivery of intermediate tier services, including the transformation work to ensure more of the intermediate tier support is delivered in people's own homes. The current structure of services in Bury is as follows:

⁷ [Intermediate Care - Halfway Home 2009](#)

⁸ http://www.legislation.gov.uk/ukxi/2014/2672/pdfs/ukxi_20142672_en.pdf

⁹ [National Audit of Intermediate care Report 2017](#)

Rapid Response

Bury has an existing Rapid Community Response service which primarily offers rapid social care support to individuals, with the aim of preventing non-elective admissions to hospital or residential or care homes. The rapid community response team currently has a staffing model of:

- Nursing;
- social work;
- occupational therapy;
- physiotherapy;
- night-sitting

Home Based Intermediate Care

Despite being a core component of intermediate care, empowering individuals to maintain their independence and helping to prevent unnecessary admissions to hospital and care homes, there is currently no home-based intermediate care offered in Bury. This is being addressed by the Greater Manchester Transformation Funding and will begin operating during quarter four of 2019/20, delivered through the LCO. Intermediate Care at Home comprises of Occupational Therapy and Physiotherapy delivered in a person's own home for a short period to aid recovery.

Reablement

Reablement is the assessment and interventions provided to people in their home aiming to help them to recover skills and confidence and maximise their independence. Bury's current reablement service, supports individuals after a recent hospital admission or crisis at home with up to six weeks of intensive support in their own home. A wide range of services are now offered as part of Bury's Choices for Living Well service. Unlike intermediate care at home, reablement meets people's daily personal care needs such as washing, dressing and making meals in addition to any therapy needs.

The recent combination of the Killelea unit with the reablement team has provided a more streamlined and integrated service to support flow of users through rehabilitation and reablement, from bed-based to home-based. However, feedback from local stakeholders is that there is further requirement to supplement these services with more robust and consistent support from pharmacy, therapy, nursing and medical cover.

Intermediate Care based in separate facilities which are bed based

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 1 below.

Location	Beds	Description
Bealey Intermediate Care Facility	19	<ul style="list-style-type: none"> • Bealey is a 19-bed intermediate care facility which provides adult intermediate care; • The unit has access to a small multi-disciplinary team which is primarily nursing led but has access to local GPs, Occupational Therapy and Physiotherapy. Provided until recently by Pennine Care NHS Foundation Trust it has recently transferred to the Northern Care Alliance; • The current patient cohort for the hospital is individuals requiring symptom management for chronic disease; palliative and end-of-life comfort care; rehabilitation and tissue viability management.
Killelea House Intermediate Care Facility	36	<ul style="list-style-type: none"> • A newly redeveloped adult rehabilitation unit consisting of 36 beds to support individuals following illness or injury; • The unit contains four 'rehabilitation flats' designed to allow assessment of an individual before they return home following a hospital or care home admission.
Discharge to Assess (D2A)	19	<ul style="list-style-type: none"> • Within Bury, there are 19 discharge-to-assess beds available for assisting individuals to leave hospital in a supported manner; • Previously, these were located across three care homes (Burrswood, Rose Court, Carders Court); • As of November 2018, these beds are now entirely located at Heathlands Village.

This reliance on beds has resulted in the lack of development of home-based services that has happened over recent years in many areas in the UK. The development of home-based services is now underway in Bury and will be fully operational from April 2020 onwards. This provides the basis on which the changes to the facility based set of services can be proposed.

5. Bury Performance Headlines

Rapid Response

Currently Bury's Rapid Response service responds to 51 referrals a month, assessing 48 of them and providing a short service to 28. In 2014/15 it assessed 61 people per month and provided a short service to 49. The number of referrals made over the last 2 years shows a reducing trend and anecdotal evidence from care professionals across Bury suggests that the service has struggled to meet demand and this may have led to professionals referring to alternative services.

If Bury was to provide a Rapid Response service the average size of other local authorities in England it would provide a service to **73** people per month and respond to many many more.

Home Based Intermediate Care

Bury currently delivers no Intermediate Care at home. If Bury was to provide an Intermediate Care Service the average size of other Clinical Commissioning Groups in England it would provide a service to **67** people per month.

Reablement

Reablement currently provides a service to 60 new people per month on average each user receives 1.28 hours per day and remains on the service for 25 days.

If Bury's reablement service delivered activity in line with England averages it would provide a service to **69** new people per month and they would stay on average 34 days.

Intermediate Care delivered in beds

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 2 below.

Table 2 – Summary of the bed based activity delivered in Intermediate Tier

Beds	Activity per month		Occupancy	Avg. LOS
74	65.5	20264	75%	34

Utilising only 75% of the available bed nights means on average 18 beds were not used.

The average length of stay in an Intermediate Care bed in Bury is 34 days. The average in England is 26.7 days showing in addition to not fully utilising its capacity, Bury's productivity is lower than most areas in England.

If Bury was to provide the average number of Intermediate Care beds as commonly available across England it would have **49** Intermediate Care beds. Currently we have **74** beds, delivering the England average would be a reduction of **25** beds.

Table 3 demonstrates the activity that would be delivered if Bury performed at the average levels of other Clinical Commissioning Groups and Local Authorities in the United Kingdom. It shows that Bury over delivers on the number of beds, and needs to expand its services delivered through the teams delivery care in people's own home.

Table 3 – Bury's Intermediate Care Activity compared with National Average

Annual Admissions by Service Type	Bury Performance	National Average	Difference
Rapid Response	377	882	505
Bed Based	788	436	-352
Intermediate Care at Home	0	811	811
Reablement	725	829	104
Total	1890	2958	1068

6. Bury's Symptoms

Table 4 shows that unlike other Clinical Commissioning Groups and Local Authorities Bury has not developed its home-based intermediate care services with either no service provision available in Bury or the amount delivered by reablement being lower than elsewhere.

Table 4 also shows that Bury is more reliant on beds and provides more of its services in beds than others, 352 more episodes of intermediate care are delivered in beds in Bury than would ordinarily be in other parts of the UK.

Table 2 shows that the average length of stay in Bury's Intermediate Care services is 34 days. This compares with a national average of 26.7 days. Reducing the length of stay each person remains in a service increases the number of people who can

benefit from the service and also reduces the cost of each episode of care. This table shows that Bealey and our Discharge to Assess beds are particularly inefficient and is one of the reasons why the costs also expensive.

Table 2 also shows that despite having a lot of beds only 75% of the bed capacity was used throughout the year meaning Bury is paying for beds that are empty. This represents nearly £1.5m a year spent on beds that no one used.

Intermediate Care and Reablement in people's own homes is considered an essential element of an efficient and effective intermediate care system. Services delivered in people's own homes are ordinarily more cost effective than delivery solely in a separate bed based facility and can cost up around 1/3 of the cost, meaning that the same budget that supports one person can support over 3 if the balance between care at home and care in a care home or hospital bed is correct.

It's also important to deliver intermediate care at home as this is an essential component to make sure that the people who use these services make the most progress possible. Care in a care home or hospital environment can greatly aid the recovery and rehabilitation of very dependent adults, but after a degree of progress is made their abilities plateau. If once home they are able to access ongoing rehabilitation from a reablement and/or intermediate care at home service, their abilities make further progress increasing their independence and reducing or preventing their need for care.

If an adult is cared for in a bed-based service when they could actually be cared for in their own home because services are not available, this can actually increase their dependence and reduce their resilience making a return to independence far less likely.

As a result of this over reliance on beds Bury is delivering less intermediate care to its residents than is commonly available in other areas and this care will be overall less effective in its aim of increasing independence and preventing, reducing and delaying the need for care.

7. Rebalance Principles and consideration of doing nothing

This project's aims are therefore to:

- Rebalance Intermediate Care services to deliver an equal if not greater number of episodes across Intermediate Care services for an overall reduced cost;
- Redesign to simplify service offer and pathways;
- Improve effectiveness and user experience.

It will do this by

- Aligning our services to best practice and evidence to ensure the services provided are available to as many people as possible within the budget available;

- Ensuring services are delivered more efficiently and all waste is removed and value for money is assured;
- Protecting our high-quality estate and removing estate that is of poorer quality;
- Increasing the activity delivered and improving people's experience whilst receiving the service.

The option of doing nothing poses a significant risk to the system, both in terms of finances and in terms of paying and delivering inappropriate activity in the intermediate tier of services: The implications are that

- If no change is made, intermediate tier services will continue to provide on average 1500 episodes of care each year. If the changes are made this would rise to over 1600 meaning more people will benefit;
- Bury will continue to pay £2m a year more than it needs to in order to deliver a greater volume of care. This is inefficient and does not deliver value for money. In addition it will mean that £2m of saving will have to be delivered elsewhere which could see services cut and activity reduced elsewhere;
- Changing Bury's Intermediate care will deliver these savings whilst at the same time increasing the number of people who can benefit from these services;
- If no changes were made to Intermediate Care our residents would continue to receive the majority of care in beds. Whilst care in beds is important there comes a point where recovery and progress plateaus and further recovery is only possible with further therapy and rehabilitation at home. By not making any changes our residents will not have the opportunity to make further progress and our services will not be as effective as they could be or as they are in neighbouring boroughs

8. Conclusion

It can be seen from the findings of this analysis that Bury delivers too much of its intermediate care in bed-based services; benchmarking shows that many of these bed-based services are more expensive than others and also less efficient. Some are also delivered in buildings that are no longer aligning to modern standards.

Bury must consider reducing the number of beds it delivers and where it does use bed-based services make sure they run as efficiently and effectively as many others do in the UK and that they are delivered as cost effectively as others.

It is evident also that the capacity of home-based services must increase, both reablement and intermediate care at home, where far fewer Bury residents have opportunity to benefit from compared to if they lived elsewhere in the UK.

Intermediate Care at Home services, therapy in a person's own home, are currently being developed as part of Bury's Greater Manchester Health and Social Care Transformation plan but work is needed on increasing the efficiency of Reablement to

ensure this recovery focused home care is delivered to a greater number of Bury residents and as a result its cost effectiveness and value for money also increased.

The following table 7 shows the activity that can be delivered if Bury had the average number of intermediate care beds as other areas of the UK and delivers them as effectively as others do.

Benchmarking available from the National Audit of Intermediate Care demonstrates, using NHS weighted population figures, the median number of beds for a population the size and demographic of Bury would be 49.

Table 4 below shows the activity that can be delivered by these beds assuming 95% occupancy is delivered, which removes all the previous waste and they function effectively by delivering an average length of stay of 26 days, which is the national average and commonly achieved in other parts of the United Kingdom.

The table also shows the activity that can be delivered in reablement by releasing underused capacity. An in-depth analysis of the hours of direct care delivered and those available and not used shows an additional 8161 hours of care are available which would support an additional 258 people per year and increase the size of the caseload by 10. This can be delivered by making changes to the effectiveness of rota systems and scheduling, increasing the responsiveness of the service to rapid changes and removing downtime and waste.

Table 4 – activity regarding the recommended configuration of intermediate tier services

	Recommended			18/19			
	Bed Based	Reablement	Total	Bed Based	Reablement	Total	Difference
Places	49	70	119	74	60	134	-15
Admissions per month	54	82	136	66	60	126	+10
Annual admissions	653	983	1636	788	725	1513	+123

This modelling demonstrates that despite a reduction in beds of 25 using bed-based and reablement more efficiently delivers an extra 10 episodes of care a month and 123 over the course of a year. This achieves one of the principle aims of this project; to maintain or increase the number of episodes on intermediate care delivered.

These changes would mean 135 people receiving their intermediate care at home instead of a bed, or 11 per month. However, the number receiving care in a bed would still be greater than commonly found in other areas of the UK where the number for a population the size of Bury would only be 436, rather than the 653 delivered by this model.

In addition to making these changes Bury is also delivering its Intermediate Care at Home service as part of Bury's Greater Manchester Health and Social Care transformation plans. This will see the following additional activity delivered as illustrated in table 5.

Table 5 – summary of care delivered in re-shaped intermediate tier, if Bury was average

	New Intermediate Care at Home	Total all Intermediate Care Services
Places	85	204
Admissions per month	100	236
Annual admissions	1200	2836

In total, changes to the bed based and reablement services plus the new Intermediate Care at home service will see 2836 people have the opportunity to receive a service providing the support needed to Prevent, Reduce and Delay the need for care and support. This is 1323 more per year than currently achieved.

A further 250 episodes of care per month will also be delivered by Bury's newly enhanced Rapid Response service, increasing the total number of episodes to 5,836.

9. Engagement and consultation

Proactive engagement is currently underway to ensure that the public and staff influence and shape the design of intermediate tier services moving forward. This engagement focusses on the proposal to deliver more intermediate care in people's own homes, and less in bed based services. There are two questionnaires currently live on the internet, and face to face engagement with various groups is planned during February.

The feedback from this engagement will be used to inform detailed proposals moving forward, which will then form the basis of the detailed business case.

10. Recommendations

This model shows that by removing waste, aligning our services to best practice and evidence and delivering services efficiently and effectively Bury only requires 49 beds and therefore must reduce its number of beds from 74 to 49, this is a reduction of 25.

This reduction must be done with regard to the remaining principles of this project; to protect high quality estate improving people's experience of care and ensure we deliver value for money.

It is therefore recommended that the following work is undertaken to support the development of detailed recommendations to fulfil the changes needed to Bury's bed based services:

- Ongoing engagement with the public around intermediate tier services to continue;
- A detailed review of intermediate tier beds in the system covering quality of care, quality of estate and cost, building upon the benchmarking work already undertaken to date;
- Review of estate within this Tier of services, with a view to understanding the impact and opportunity that may arise from future detailed proposals;
- Further engagement with the public and other stakeholders on the principle of reducing the bed base within Intermediate tier Services to inform detailed proposals for consultation at a later date.

The timeline for the next steps is expected to be as follows:

- Engagement questionnaires and face to face engagement conversations to be completed by end of February;
- Engagement feedback to be collated 1st to 15 March;
- Final business case for detailed proposals to be produced by 31 May 2020 to come to Strategic Commissioning Board for permission to consult;
- That consultation on the detailed proposals will be undertaken for a period of 4 weeks, from 1 June 2020 to 30 June 2020;
- Analysis of consultation and final report in respect of detailed proposals to be presented to Commissioning Board 3 August;
- Any staff consultation required would therefore be implemented from 4 August to 4 September 2020.

End

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Bury Health and Wellbeing Board

Title of the Report	Update from the recommendations within the Child Death Overview Report
Date	29/01/20
Contact Officer	Jon Hobday – Consultant in Public Health
HWB Lead in this area	Lesley Jones – Director of Public Health

1. Executive Summary

Is this report for?	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	As an update and for information		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	Starting Well		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	Starting Well		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	To acknowledge the update		
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No		

2. Introduction / Background

At the Health and Wellbeing Board in November 2019 the Child Death Overview Panel (CDOP) annual report findings were presented. Following the presentation of the report, the board identified a number of actions that should be followed up on. The board has requested an update on how these have been progressed to date.

The board has requested assurance on the following.

1. That plans are in place to address potential modifiable factors of infant mortality including smoking in pregnancy, obesity, drug and alcohol misuse, domestic abuse, safe sleeping, and consanguinity

2. That suicide prevention plans are in place in line with the Greater Manchester Suicide Prevention Strategy

3. That good quality services are in place to support families and others affected following the death of a child or young person

The local response to these requests are included below:

Smoking in pregnancy

Bury is part of the GM Baby Clear Programme. This is a targeted offer to all pregnant women who smoke. Bury has their own local Midwife Support Worker (MSW) who works with all Bury pregnant women to offer behavioural support. All pregnant women are automatically referred in to the programme where they are offered behavioural support interventions and financial incentives to quit. Smoking At Time of Delivery (SATOD) Rates in Bury are currently 10.9% (slightly less than GM which is 11.4%). The target for GM is for all areas to achieve 6% by 2021.

Obesity

A range of support is offered to women who are identified as having a high Body Mass Index (BMI). They are signposted to the Integrated Wellness Service where they can be supported via health trainers in numerous ways to improve their health and wellbeing including getting down to a healthy weight through healthy eating and appropriate levels of physical activity.

In addition Bury has just produced its local physical activity strategy which aims to get 75% of the population physically active by 2025. These potential

increases in physical activity levels should help to ensure a larger proportion of women are a healthy weight both before and during pregnancy.

Lots of additional work more generally is going on to increase healthy eating including training provided to upskill the integrated wellness services on family focused nutrition, leisure staff being trained on the body tracks machines and the fuel me module and fuel and move programme delivered in schools for year 5 children, which is a 6 week programme around achieving a healthy weight and parents can attend one of the sessions to speak with health trainers.

Drug and alcohol misuse

Both locally and across GM there has been a large push on reducing alcohol and drug consumption, specifically targeting women at child bearing age or pregnant women. Locally in Bury we have been raising awareness of Foetal Alcohol Spectrum Disorder and working with women at risk of alcohol exposed pregnancies. We have been working with partners including Achieve Bury, Early Break and Adult Learning to identify women at risk and support them to either change their drinking behaviour or commit to using Long Acting Reversible Contraceptives.

In addition there has been large marketing campaigns across Greater Manchester aimed at pregnant women emphasising that there are no safe limits to drinking when pregnant (<https://www.drymester.org.uk/>) .

Further to this all our midwives in Bury have received training about the risks of drug and alcohol during pregnancy and all offer advice and support to mothers to assist in behaviour change.

Domestic Abuse

Bury has a local multi agency Domestic Violence and Abuse (DVA) Steering Group which is a sub group of the Community Safety Partnership. The group has a robust plan to try and reduce domestic abuse. Work is being done in collaboration with the 'engine room' to improve sharing of data to improve early identification of cases of domestic abuse and provide early interventions. Bury also has three full time Independent Domestic Violence Advisor (IDVAs) whose role it is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. In addition the current offer also includes housing related support and outreach work. Linked to this Bury have also recently opened a three bed Refuge for families fleeing from domestic violence and abuse. Finally, all health professionals are trained around DVA and information sheets with tear off phone numbers are often displayed in most women's toilets in health and care settings.

Safe sleeping

This is an integral element of child wellbeing and part of both the midwives and health visitor's role is to routinely promote safe sleeping messages and give advice and guidance to new parents to reduce the risk of Sudden Infant Death Syndrome (SIDS). Routine questions and checks are also completed as part of the usual home visits to support new parents with adhering to safe sleeping criteria. The advice provided is in line with the lullaby trust which gives advice on

- Best sleeping position for the baby
- Sharing a room with your baby
- Co-sleeping with your baby
- Safest room temperature
- Smoking around your baby
- The best mattresses
- Dummies
- Swaddling
- Keeping a clear cot
- Safer sleeping for twins

Consanguinity

In the last 5 years there has been no reported deaths in Bury where consanguinity was reported as a modifiable factor. As such limited work over and above general information giving has been done in this area.

Suicide Prevention Plans

Bury has a detailed multi-agency suicide prevention plan that was last updated in October 2019. The suicide prevention groups meet quarterly to discuss progress and to receive assurance from partners that the plan is being progressed. The plan is fully aligned with the GM suicide strategy taking into account the local needs of Bury. The Chair of Bury suicide prevention group sits on the GM Suicide Prevention Steering Group and the GM Suicide Prevention Programme Board.

In addition locally a significant amount of training is taking place to both raise awareness, give local information and context and to provide practical advice on how front line staff and community members can support those with suicidal ideation. This training was commissioned through public health and is being delivered through the VCFA.

Support for families following the death of a child

Quality support services are in place to support families following a bereavement of a child. There are a number of national organisations which local people can access but in addition we have a robust local offer including the SWAN service provided by Pennine Acute Trust, this is offered to all families following and unexpected death of a person/child in Bury. In addition Bury has the Bury bereavement service (which is a local branch of Child Bereavement UK) and Bury Hospice bereavement support service – which can support anyone who has died within any of the hospice services.

We also now have a specific suicide bereavement peer support groups. This is to support adults who have been bereaved by suicide (including young people) and are looking for non-medical peer support. These sessions are provided twice per month in both the North (Tottington) and South (Prestwich) of the Borough.

3. key issues for the Board to Consider

Child deaths are a key public health issue and have far reaching consequences and implications. Therefore effective prevention and bereavement support provision is essential to support our residents.

4. Recommendations for action

The board should note the response to the recommendations.

The board is requested to endorse the ongoing work to prevent and address child deaths and to support those bereaved.

5. Financial and legal implications (if any)

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

N/A

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

N/A

CONTACT DETAILS:

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E-mail address: **j.hobday@bury.gov.uk**

Date: **29/01/20**

Improving urgent care services in Bury

Dr. Jeff Schryer, NHS Bury CCG Chair
Nicky Parker, Programme Manager



Our vision for Bury's future

- We are developing a plan for what Bury will be like in 2030
- We want Bury to be a place to live the good life that people want for their family
- A borough known for its beautiful scenery and green space
- Carbon neutral by 2030
- Connecting services with neighbourhoods and communities that people tell us they identify with
- Build a sense of pride and belonging

Working differently

- We have already started to reorganise ourselves locally to secure better care for you, in the right place at the right time
- Bury Council and the CCG are working together in a formal partnership to deliver quality outcomes and best value for money
 - One Commissioning Organisation
- At the same time, local providers are working together to deliver more co-ordinated frontline health and care services
 - Local Care Organisation





What is urgent care?

- Urgent care services are for things that are not an emergency, but at the same time can't wait
 - e.g. You might be looking for some urgent advice, an urgent GP appointment or a walk in service to help with a minor ailment or injury
- Urgent care covers a wide range of services including those at the hospital, in the community, on the telephone and online



Why change?

- The current arrangements for urgent care are **confusing**
- As a result, **people often don't know where to go** for the most appropriate care
- **Many people go to A&E or a Walk-in Centre** and wait a few hours to be seen, when another service would have been more suitable for their needs
- **A&E struggles** to meet this extra demand and **waiting times get longer**
- We need to make improvements to the **whole** of the urgent care system to provide the right service in the right place, first time and closer to home



What targets have we set ourselves?

- Redesigning our urgent care system to simplify how services are accessed when you need them, improving the patient experience
- Speeding up how soon patients are seen in A&E
- Reducing the number of unplanned hospital admissions
- To deliver a better urgent care system and better value for the money we invest in our health services

Proposal: assessment and triage



We want to introduce a community triage service helping people access the most appropriate service, best place, right time:

- The opportunity to speak to a local health care professional by phone
- If you ring 999, 111 or if the Ambulance Service feel you don't need to go to hospital
- The team will put you through to the GP out of hours service (24/7)



We want to improve the way you access a GP:

- Through face to face appointments, telephone and online consultations as well as booking online
- Linking everything up using technology so that you or a health professional can book an appointment



We have been piloting a consultation service at community pharmacies:

- Support patients in the community rather than visiting an out of hours GP or A&E
- Accessed via NHS111
- For patients needing access to medicines urgently or for minor illness queries
- Plan to expand this so your GP Practice can book you a pharmacy appointment in the AM
- The pharmacist will be able to escalate you back to your GP for a guaranteed same-day appointment that PM if needed

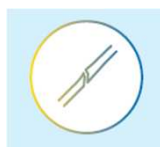
Proposal: Urgent Treatment Centre

Develop a new Urgent Treatment Centre (UTC) at Fairfield General Hospital =



- Relocating Bury Walk-in Centre to work with mental health services, GP out of hours and other services
- A new purpose-built urgent care facility, providing an enhanced service open **24 hours a day with a walk in** option

This means that when you arrive and register at reception:



- You will receive a primary care or mental health assessment
 - Unless you need to go straight to A&E / same day emergency care
- You will be directed to the most appropriate care
- You will be cared for by a team of nurses, GPs, mental health professionals and staff who can manage wounds
- The team will have **access to blood tests and X-rays**



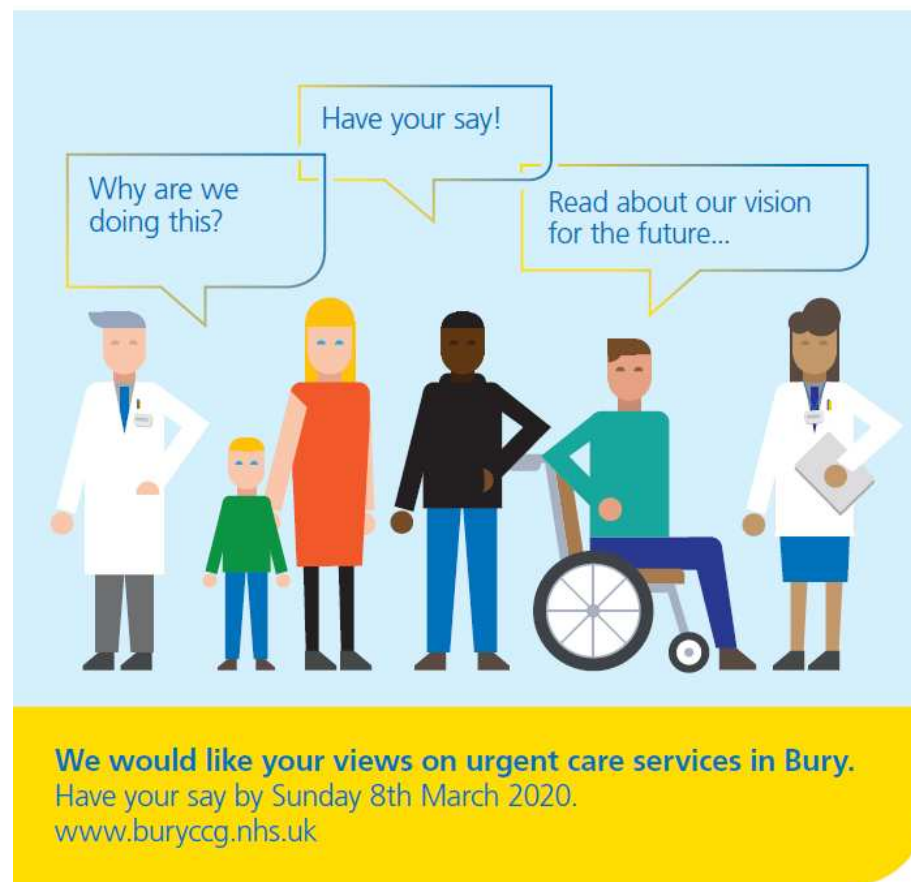
What we've heard

We've heard	In the future
Urgent care is complicated and sometimes you go to more than one place before you get the right treatment	<ul style="list-style-type: none"> We want to make it easier to find your way around services We will provide clear information about your choices
You have to wait a long time to be seen	<ul style="list-style-type: none"> We want to provide you with the right service in the right place, first time and closer to home Offer you the opportunity to speak to a local health care professional by phone who can book you an appointment
You value a 'walk in option'  	<ul style="list-style-type: none"> We want to redesign urgent care at Fairfield General Hospital including building a new and enhanced Urgent Treatment Centre open 24/7 with a walk in option
It's difficult to get a GP appointment on the day / in advance	<ul style="list-style-type: none"> We want to simplify GP access at all times through community triage You'll be able to access the most appropriate service, best place, right time New technology will make it easier for you to get an appointment



What do you think about the proposals?

- We have listened to your previous feedback and analysed recent reviews
- We have developed five options for you to consider - **no decisions have been made**
- We want to hear from as many people as we can so we make the best decision
- Read our consultation document and complete our survey to share your feedback
- All responses will form a final report to our Strategic Commissioning Board (a joint (public) Council and CCG committee) to make a decision on **23rd March 2020**
- All responses must be received by noon, Monday 9th March 2020
- Complete a survey today, take it home and post it back or visit www.buryccg.nhs.uk to get involved



**Do you have any
questions?**

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