

## AGENDA FOR

## HEALTH SCRUTINY COMMITTEE

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**To: All Members of Health Scrutiny Committee**

**Councillors:** C Cummins, J Grimshaw, S Haroon,  
K Hussain, O Kersh, C Morris, L Smith, S Smith (Chair),  
C Tegolo, R Walker and S Walmsley

Dear Member/Colleague

### Health Scrutiny Committee

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

<b>Date:</b>	Wednesday, 15 January 2020
<b>Place:</b>	Meeting Rooms A&B
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	<b>A pre-meeting for Elected members, will be held at 6.45pm in Meeting Rooms A&amp;B</b>

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

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

### **3 PUBLIC QUESTION TIME**

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

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

Minutes of the meeting held on 07<sup>th</sup> November 2019 are attached.

### **5 DEATHS AND BURIALS IN THE BOROUGH**

Ms Kearsley, HM Senior Coroner, Manchester North, Mark Dalzell and Jon Hobday, Consultant in Public Health will provide a verbal update at the meeting.

### **6 UPDATE ON DEVELOPMENT OF THE OCO** *(Pages 7 - 20)*

Warren Heppolette, Executive Lead, Strategy and System Development and Nicky O'Connor, Chief Operating Officer, Health and Social Care Partnership will provide an update at the meeting. Covering report and presentation attached.

### **7 URGENT CARE REVIEW (FOR INFORMATION)** *(Pages 21 - 32)*

Nicky Parker, Programme Manager, Urgent Care Review will update at the meeting. Presentation attached.

### **8 INTERMEDIATE TIER REVIEW (FOR INFORMATION)** *(Pages 33 - 50)*

Julie Gonda, Interim Executive Director, Communities and Wellbeing will report at the meeting. Presentation attached.

### **9 LEARNING DISABILITY RESPITE REVIEW (FOR INFORMATION)**

Julie Gonda, Interim Executive Director Communities and Wellbeing will provide a verbal update at the meeting.

### **10 UPDATE ON THE NOTICE OF MOTION – TACKLING OBESITY (FOR INFORMATION)** *(Pages 51 - 54)*

Lesley Jones, Director of Public Health, will provide an update at the

meeting. Covering report attached.

**11 URGENT BUSINESS**

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

**12 \*FOR INFORMATION WORK PROGRAMME UPDATE** (*Pages 55 - 62*)

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**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 07 November 2019

**Present:** Councillor S Smith (in the Chair)  
Councillors, K Hussain, C Morris, R Walker, S Walmsley, C Tegolo, O Kersh and J Grimshaw.

**Also in attendance:** Julie Gonda, Interim Executive Director Communities and Wellbeing  
Karen Whitehead, Strategic Lead, Bury Council  
Jemma Billing, Bury Clinical Commissioning Group  
Nicola Grey, Healthy Young Minds Operations Manager  
Freya Kirk, Healthy Young Minds  
Councillor A Simpson, Cabinet Member for Health and Wellbeing, Bury Council  
Dr Jeffrey Schryer, Bury CCG Chair  
Nicky O'Connor, Chief Operation Officer Health and Social Care Partnership  
Nicky Parker, Programme Manager  
Lesley Jones, Director of Public Health, Bury Council  
Marcus Connor, Corporate Policy Manager, Bury Council  
Chloe McCann, Democratic Services, Bury Council

**Public Attendance:** There were no members of the public present at the meeting.

**Apologies for Absence:** Councillors S Haroon, L Smith and C Cummins

## **HSC.2 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

## **HSC.3 PUBLIC QUESTION TIME**

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

## **HSC.4 MINUTES**

Clarification around the number of health visitors was provided following the last meeting. It was confirmed that there are three Health Visitors for Complex Needs but there are more that provide universal work across the Borough.

**It was agreed:**

That the minutes of the meeting held on 18 September 2019 be approved as a correct record.

### **HSC.5 CHILDREN'S MENTAL HEALTH UPDATE**

Karen Whitehead, Strategic Lead Inclusion & Partnerships, Jemma Billing, Bury Childrens Clinical Commissioning Lead and Nicola Gray, Health Young Minds Operational Manager submitted a report for information updating on children and young people's mental health services in Bury. It was reported that a single point of access is established that can direct young people to the best services to support their needs. There has been an upward trend in referrals to Healthy Young Minds over the last seven years and therefore it has been acknowledged that waiting times must be managed well to ensure needs are met. Currently Healthy Young Minds offer four types of assessment and they are determined by risk or clinical need; Emergency (within 24 hours), Urgent (within 7 days), Priority (within 14 days) and Routine (within 12 weeks). The majority of young people's needs are met within 4-6 sessions however, it is acknowledged some individuals may require much longer interventions and should this occur evidenced interventions would continue.

It was discussed that around 25% of cases are re-referrals and themes for access to the service include exam stress, social media pressures, cyber bullying and loss. The importance of increasing accessibility across many faith groups, ethnicities, religions, LGBTQ+ was raised. There were discussions around the invaluable support that Bury third sector and other voluntary and charity based groups provide to support young people who may not meet the threshold for Healthy Young Minds but are signposted to the right service for support..

The report concluded that Bury is consistently meeting all key performance indicators however this data does not adequately represent the young persons and their family's experience. Therefore, to support transition services further investment will be provided so young people have well managed transition pathways. It was reported that the success of a unified approach will remain a key priority for the success of this service and to stop young people reaching crisis. It was reported that Bury perform 3rd nationally due to a collaborative approach to service delivery.

#### **It was agreed:**

1. That the report be noted.
2. A further update be provided in the next municipal year. This update will include information in respect of key performance indicators and national benchmarks.

### **HSC.6 RESIDENTIAL CARE TOP-UP FEES**

Julie Gonda, Interim Executive Director Communities and Wellbeing and Councillor A Simpson, Cabinet Member for Health and Wellbeing submitted

an update report on residential care top-up fees established as part of the Care Act 2014. At the conception of the charges a public consultation was held along with a helpline to engage with those directly affected to ensure as many people as possible are aware of the charges.

The report set out the main focus for change related to Residential Care Home top-up fees and the introduction of a Day Care attendance charge. There are currently 108 top-up arrangements across 22 care homes, representing approximately 15% of the total value of residents. The value of fees range from £5-£496.95 per week with an average of £85.17 per week. There are currently five people in arrears with their third party top-up invoice payments however these people have been supported and received a financial assessment to organise payment plans. Since the introduction of the scheme six people have declared charges as a reason for stopping their care service. From the six that have cancelled all have and will receive welfare checks to ensure that the individual is receiving the correct support.

Julie Gonda and Councillor Simpson discussed the importance of family preference when choosing a care home. The committee were informed that top-up fees are only applicable when families opt for one that charges additional fees. This is a choice as the Council always has vacancies at the Local Authority rate. Should a family decide to opt for a care home that charges a top-up staff will explain the fees they will be liable for. Bury Council own 723 beds and care homes are distributed amongst each township to ensure a care home close to their social networks can be established however staff also provide information on care homes on bus routes or within close proximity to public transport to support social interaction with loved ones.

Members of the committee raised questions about why five care homes have still not engaged with the Council regarding top-up fees and it was concluded that in these circumstances negotiations lie directly between the care home and the family regarding fees.

### **It was agreed:**

That the report be noted.

### **HSC.7 URGENT CARE**

Nicky Parker, Programme Manager, Urgent Care Review and Dr Jeffrey Schryer, Bury CCG Chair provided a verbal update on urgent care which is an important service for the most vulnerable people in the Borough. Challenges encountered are an increasing workload and managing patients and services to fit the needs of the population. So far the services that have been redesigned are extended working hours for GP's, GP Quality Scheme, expansion of the Green Car Scheme and development of a local integrated service.

It was acknowledged that all these services are correct for meeting the needs of residents however, Bury residents are not navigating through

service integration of the above initiatives and therefore not accessing support that is available to them. 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.

Members discussed the scope of the urgent care review and it was concluded that all urgent care services would be reviewed these will include; Fairfield General Hospital, urgent treatment centres, walk in centres, GP out of hours, GP extended access, green car and same day emergency service. 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:

- October – Shareholder Engagement
- November – 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 – Engage in a public consultation with the public including Health Watch and the voluntary sector.
- February/March – Design the reviewed service
- April – Begin Implementation.

The committee raised concerns in respect of governance arrangements for overseeing the Urgent Care Review process. The Chair of the Clinical Commissioning Review reported that a steering group comprising of clinicians, politicians, Pennine Acute, Pennine Care and the OCO has been established to oversee this process. Further discussions took place in relation to GP screening and in particular the recently published statistics that 60% of people stated they gave up trying to get a GP appointment and attended walk in centres instead. It was reported that GP accessibility as well as a public information campaign will be central to the review. The Chair of the CCG acknowledged that expectations will need to be managed throughout the process this will include highlighting areas of good practice.

The committee concluded with discussions on the importance of having an urgent care service that will support and grow to meet the needs of the growing population and anticipated population from new houses.

**It was agreed:**

1. That the update be noted.
2. A further update will be considered at the next meeting scheduled to take place on the 15<sup>th</sup> January 2020.
3. Members also agreed that the Urgent Care Review will be considered at further appropriate meetings within the council.

**HSC.8 HEALTH AND SOCIAL CARE REFORM**

Nicky O'Connor, Director of Transformation and Dr Jeffery Schryer, Bury CCG Chair provided members with a verbal update regarding health and social care reform.

It was reported that the purpose of the reform is to bring together services by looking at an organisational development programme to develop people's skills and help with organisational cultural differences. Discussions took place regarding the importance of exercise for individual's mental and physical health and wellbeing. Members discussed the importance of working with representatives from the Planning and Licensing Departments in respect of the numbers of takeaways and premises selling alcohol across the Borough.

**It was agreed:**

1. That the update be noted.
2. An update provided at the next meeting in relation to the notice of motion –Tackling Obesity agreed at the September 2018 meeting of full Council.
3. The Minimum Unit briefing discussed at the most recent meeting of the Health and Wellbeing Board be circulated to all members of the Committee.

### **HSC.9 SCHOOL MEALS**

An elected member raised concerns about food portion sizes in Primary Schools.

**It was agreed:**

1. The Senior Democratic Services Officer would provide a response and circulate to all committee members.

(**Note:** This item, which did not appear on the agenda for the meeting, was allowed by the Chair to be considered as a matter of urgency, to enable the Committee to look into this update prior to the next meeting).

### **HSC.9 WORK PROGRAMME**

#### **DIGITAL AUTOPSY AND MRI SCANNING**

A committee member raised concern around a previous request for local residents having access to the option of a Digital autopsy. The importance of this was discussed due to the multitude of faiths in the Borough that do not wish to have invasive autopsies. There has also been a Council motion passed in relation to this so an update should be sought.

**It was agreed:**

1. It was acknowledged this is a matter the Board could consider. The Coroner will be invited to a subsequent meeting of the Committee.

**Councillor S Smith**  
**In the Chair**

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

**Health Overview &  
Scrutiny Report**

**REPORT TO :** **HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPORT**

**DATE:** **11/12/19**

**SUBJECT:** **Formation of the Bury One Commissioning Organisation update**

**REPORT FROM:** **Nicky O'Connor**

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**TYPE OF DECISION:** **To note the contents of the presentation.**

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**FREEDOM OF INFORMATION/STATUS:** **For publication.**

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**SUMMARY:**

The attached presentation describes the local and Greater Manchester context for the creation of the Bury One Commissioning Organisation, including the risks 'burning platform' issues that Bury is currently facing, and the conditions that will support a new way of working to improve health and care for the people of Bury.

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**1.0 SUMMARY**

The Bury OCO has been forming since April of 2019. A staff consultation process has been underway between October and December 2019 on the structure of the OCO and proposed Corporate Core. Both departments will sit across the council and the CCG and have employees from both organisations.

An organisational development programme is in place to support staff, and enable better outcomes based, commissioning decisions to support health and care across Bury. The presentation describes the local context for the creation of the OCO, the current risks both organisations are facing and how the OCO might address these, and the details of the organisational development programme in place.

**2.0 MATTERS FOR CONSIDERATION/DECISION**

The progress to date of the development of the OCO.

## 3.0 BACKGROUND

3.1 The OCO has been under development since April 2019 and considerable progress has been made including the definition and consultation on new structures that bring together council and CCG functions, the governance that supports joint decision making, and the organisational development programme that supports staff.

## 4.0 BODY OF THE REPORT

The update is given in the form of a presentation



Health Scrutiny Dec  
2019.ppt

## 5.0 CONCLUSION

Progress has been made on the formation of the OCO, with full functionality expected by April 2020. New structures have been consulted on which will support the commissioning of improved and more effective health and care for the people of Bury.

## TRACKING/PROCESS

### DIRECTOR:

Chief Executive/ Strategic Leadership Team	Executive Member/Chair	Ward Members	Partners
Scrutiny Committee	Committee	Council	

# DEVELOPMENT OF THE BURY ONE COMMISSIONING ORGANISATION

NICKY O'CONNOR  
INTERIM DIRECTOR OF  
TRANSFORMATION

# Bury 2030 Strategy

One overarching 10 year strategy for Bury “the Place” in development; public consultation in early 2020

Will also comprise the local Industrial Strategy where we will describe:

Happy People

A thriving place

Creative Ideas

Advanced Infrastructure

Enterprising Business

Strategy to be implemented by one Local Delivery Plan which will include the refreshed Locality Plan

# Refreshed Locality Plan “Thriving Communities”

Builds on well received, population health focussed 2017 Plan  
We recognise our burning platform

Latest IMD confirms Bury is less deprived than other similar places

BUT – the direction of travel has changed – we are now getting worse relative to others

Deprivation in Bury remains highly concentrated and in the same neighbourhoods as in 2010 and 2015

# Refreshed Locality Plan

Burning Platform .....

## **ACTUAL AND PROJECTED CCG FINANCIAL POSITION**

- £14.5M Gap in 20/21 £40m cumulative over 5 yrs.

## **ACTUAL AND PROJECTED COUNCIL FINANCIAL POSITION**

- £7-7m gap 20/21 £29 cumulative over 5 yrs.

## **NHS PERFORMANCE**

- **ELECTIVE WAIT TIMES** – increase of 3k waiters since March 18
- **CANCER PERFORMANCE** - 2 wk. wait 85%, 62 days 72%
- **URGENT CARE PERFORMANCE** – nationally and locally poor against the 95% standard

# WHAT WILL MAKE A DIFFERENCE

CREATING A POPULATION HEALTH SYSTEM FOCUSSED ON REDUCING INEQUALITIES

HAVING HEALTH AS A PRIMARY CONSIDERATION IN ALL POLICIES E.G. HOUSING, TRANSPORT, NEIGHBOURHOOD AND TOWN DEVELOPMENT, GREEN SPACES ETC.

REDUCING THE LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY GAP

ENSURING CHILDREN HAVE THE BEST POSSIBLE START IN LIFE

IMPROVING PHYSICAL ACTIVITY RATES

IMPROVING DELIVERY OF CANCER WAITING TIMES, EARLIER DIAGNOSIS AND IMPROVED SCREENING RATES

# WHAT WILL MAKE A DIFFERENCE

FINALISING THE ONE COMMISSIONING ORGANISATION  
INCLUDING THE POOLING OF BUDGETS

ADDRESSING AREAS OF WORKFORCE SHORTAGE AND  
CREATE INNOVATIVE WORKFORCE SOLUTIONS

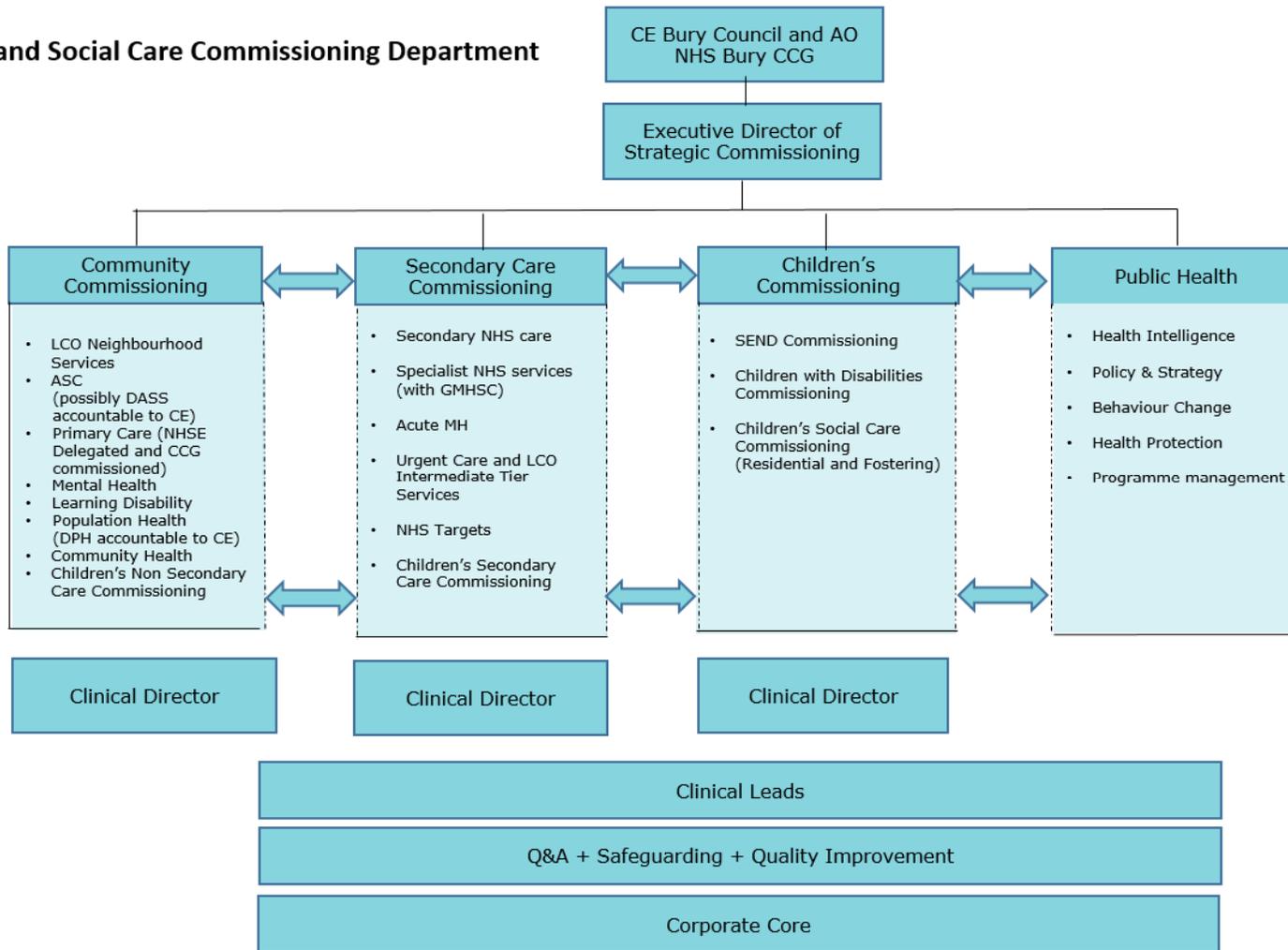
CREATE DIGITAL SOLUTIONS THAT SUPPORT PATIENT  
CARE AND INTEGRATION OF SYSTEMS, INCLUDING THE  
ROLL OUT OF ON-LINE CONSULTATIONS

Working with Partners including the LCO to improve NHS  
performance across Bury

# Health & Social Care Commissioning Department

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## Health and Social Care Commissioning Department



31/7/19

# OCO FORMATION TIMELINE

**March 2020**- development of:  
Common brand / identity  
Introduction  
Marketing and talent plan

**January 2020**- Development  
of systems/process/governance

**December 2019**- Structure  
consultation ends

**April 2020** – OCO  
operational  
Implementation of 2030  
Bury strategy

**January / February 2020**- Executive  
team formation  
Development of joint strategy and  
values

**October 2019**  
Strategic  
Commissioning Plan  
in Place

Our intention a  
fundamental  
organisation  
development plan

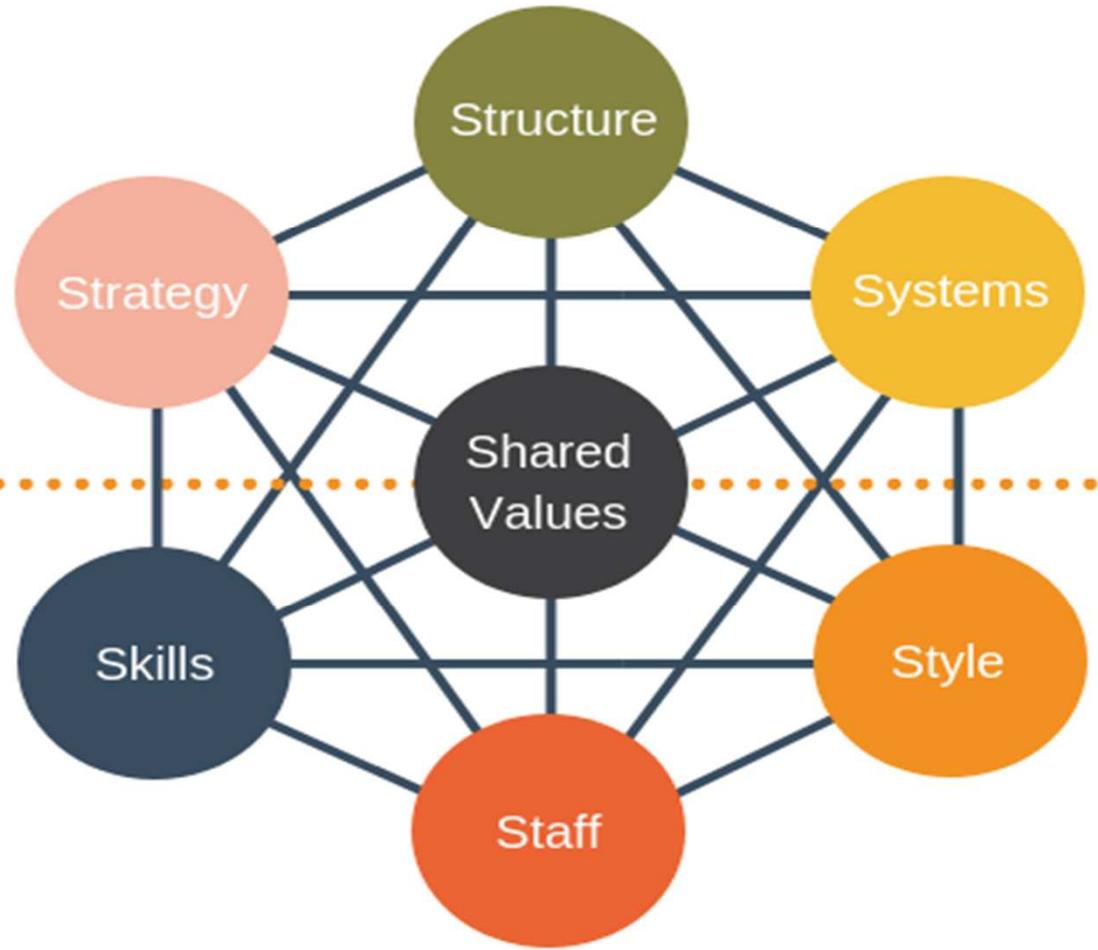
# McKinsey 7S Framework

LR

Hard S

Soft S

N O'C



We  
are  
here  
!

Compliance

Performance

Transformation

# The Journey

Compliance

- Common values
- Clear procedures
- Integrated structure with defined responsibilities: Leaders; managers; councillors/clinicians/lay members; support services
- Good governance: risk management; resources; decision making; health & safety; Information

Performance

- Outcomes driven with service Key performance Indicators
- Strategic & service plans in place
- Skills baseline & development plans: technical skills & ethnography
- Strengths-based staff appraisal & development plans
- Leadership development: Elected Members; senior officers; clinicians & committees
- Clear staff engagement framework

Information

- Led by communities
- Managers who coach not tell
- Flexible working
- Strengths-based culture – people doing jobs they are good at; empowered; listening; freedom to act

# Transformation Plan – next 6 months

	Lead	Sept	Oct	Nov	Dec	Jan	Feb	March
<b>Structure</b> Performance	CEO MO & ED- SC	Structure consultation - everyone clear where they fit? Governance re-stated; applied & monitored incl SCB established Defined responsibilities: Leaders; managers; Members; Clinic Ld				New structure agreed	New structure implemented	
<b>Strategy:</b> Budget Corporate Community	151 DCE DCE	19/20 budget delivered; 20/21 plan & MTFS consult Joint delivery plan for 3 strategic priorities agreed Bury strategy community conversation & plan drafted				Consult on Bury 2030 Service plan fwk	Budget set Corporate plan drafted	Action plan Bury 2030 governance
<b>Systems</b>	CIO	Council ICT stabilised Common procedures Records update & IG management				Joint mgt tools developed: perf mgt; digital; service plans		New commissioning systems
<b>Shared values</b> We stand	ED-SC DCE	OD plans shared for comment	Council & CCG values "harmonised" Board dev't: Council Members & SCB			New Exec Team building; vision & style Wider Bury Leadership "proposition" At-scale leadership apprenticeships		
<b>Staff &amp; Members / Non- cs)</b>	ED-SC	Mandatory skills review	Collaborative skills self- assessment: technical/asset		Skills plan: role-specific technical & ethnographic		Roll out 2020 training prog begins	Talent st
	DCE	Joint leadership networks	Staff engagement model System speed-dates? Change Agent development			Revisit staff survey & action plan engagement		New join induction
	DCE (KJ)					Behaviours & resident engagement		Common brand/ identity

# Skills Proposed Future Systems Leadership Capabilities (TB)

Functional Capabilities Required	Cultural/Behavioural Capabilities Required
and effective health and wellbeing needs analysis, strategic performance management and Outcomes definition and measurement functions	Holding sustained focus and drive on the mission of population health and wellbeing improvement as the end goal
authentic and effective patient, customer, community and stakeholder engagement; 2 way communications and influencing functions	Taking a system wide, community benefit perspective alongside the statutory organisational perspective
and effective “subject matter experts” including research capability to interpret and evaluate policy and evidence in relation to: design, development, policy and service solutions information and change management methodology	Behaving collaboratively to optimise system Outcomes, avoiding competitive compromising and accommodating behaviours where possible
evidence based prioritisation tools and methodology	Collaborating and engaging authentically; being prepared to lead, allow others to lead, engage others, understand them, to influence, to be influenced and to collaboratively co-produce, revise and adjust goals and solutions
and effective capability to source, interpret and evaluate policy and evidence in relation to best practice contractual and collaborative models to Outcomes delivery in the local context	Being prepared to collaboratively mitigate and to share residual risk
to operate the new style of contract effectively	Ability to operate simultaneously in a collaborative and a contractual/accountability relationship with partner organisations
activities which are not relevant to the new goals and approach	Capability to make clear and explicit prioritisation decisions, including competitive decisions
time and project leadership and management capability	Leading through and operating in change, transition and uncertainty

# Bury Urgent Care Review

Health Scrutiny  
January 2020

Nicky Parker  
Programme Manager

## Transformation journey over the last 3 years:

- Establishment of a Local Care Organisation (LCO)
- Development of Integrated Neighbourhood Teams
- Establishment of four Primary Care Networks in Bury, all providing extra appointments via extended hours
- Urgent Care Transformation:
  - Redesign of Primary Care Extended Working Hours
  - Development of GP Quality Scheme which increased access to GPs
  - Community Wound Care Services
  - Commissioning of NHS111
  - Launch of NHS111 Online
  - Enhancement of Ambulatory Care on acute sites
  - Scaling down of Walk-In Centre Service due to capacity and attendances levels
  - Expansion of the North West Ambulance Service (NWAS) Green Car Scheme
  - Development of Local Integrated Clinical Hub
  - Urgent Treatment Centre at Fairfield General Hospital

## Bury Urgent Care Review

We've made a good start to transform the urgent care system in Bury but we have not yet managed to integrate service delivery into a single, seamless, easy to navigate system able to cope with the rising demands on urgent care. The Urgent Care Review will:

- Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at Fairfield General Hospital (FGH) by March 2020
- Reduce Non-Elective Admissions at FGH
- Deliver £2.6m savings from current spend from Urgent Care Services “in scope” by April 2020
- Redesign to simplify access points to improve patient experience
- Work towards achievement of the GM Urgent and Emergency Care (UEC) Improvement and Transformation Plan

## Bury Urgent Care Review

### The National Picture – The NHS Long Term Plan (January 2019)

#### Milestones for urgent and emergency care

- In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.
- All hospitals with a major A&E department will:
  - Provide Same Day Emergency Care (SDEC) services at least 12 hours a day, 7 days a week by the end of 2019/20
  - Provide an acute frailty service for at least 70 hours a week. They will work towards achieving clinical frailty assessment within 30 minutes of arrival;
  - Aim to record 100% of patient activity in A&E, Urgent Treatment Centre (UTC) and SDEC by March 2020
  - Test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review, by October 2019
  - Further reduce Delayed transfers of care (DTC), in partnership with local authorities.
- By 2023, CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.

## Bury Urgent Care Review

A review of previous transformation work on Urgent Care in Bury was completed in October, looking at the following:

- Issues arising out of previous reviews of UC services
- Public consultations in 2016 and 2018
- Feedback from HealthWatch
- GP Patient Survey July 2019
- MP Survey 2019
- Utilisation Management Team (Health Innovation Manchester) Patient Review in Aug 2019
- Urgent Treatment Centre Review
- Wound Care and Lymphoedema Service Review
- Green Car Review
- Telephone triage services reviews
- GM Capacity and Demand Review 2019

## Bury Urgent Care Review

What are the consistent messages?

- The urgent care system in Bury has evolved piecemeal into the fragmented collection of services we have today.
- The evolution of the system is as a result of national must do's, national reported incidents in other areas, patient feedback, local need, available physical and financial resource.
- The system today is too complicated for Bury people, providers and stakeholders to navigate.
- This complicated system means some Bury people choose the wrong option.
- There are too many access points across Bury.
- People like to have a walk in option
- There is a perception that GP appointments are not available.
- There are multiple points over the week where similar services are operational at the same time.
- There is an inequity of access to services often depending where services are located.
- People when confused defer to ED
- Not all services are able to access a full patient record.
- Open access services in Bury are often heavily used by patients from other areas.

## Bury Urgent Care Review

A cost analysis of Urgent Care was undertaken in November:

- The CCG is forecast to spend £61m on Urgent Care in 2019/20.
- This is broken down:
  - £10.7m A&E
  - £44.9m Emergency Admissions
  - £3.0m GP Out of Hours and GP extended hours
  - £2.1m Urgent Treatment Centre (UTC) & Walk in Centres (WiCs)
  - £0.4m Miscellaneous
- Of this £61m, £31m is within the Bury Locality. £25.5m at Fairfield General Hospital, £3m for GP Out of Hours and Extended Access and £2.5m on UTC, WiCs and Transformation.
- The remaining £30m is split £21m at other Pennine Acute sites and £9m at other Greater Manchester hospitals.

## Bury Urgent Care Review

- The costs of Urgent Care have been increasing across a number of years but this increase has been particularly acute in the past 18 months. Part of this is driven by increasing demand (please see slides 17 – 19) and part is also due to national pricing increases for hospital activity.
- In 2017/18 the cost of hospital related Urgent Care activity for Bury residents was £44m, in 2018/19 this rose to £47.2m and in 2019/20 this is forecast to rise to £55.6m. The impact of this at Fairfield General Hospital for Bury residents has been £21m in 2017/18, £21.7m in 2018/19 and a forecast of £25.5m in 2019/20.

## Bury Urgent Care Review

### Meeting Demand

- Increasing demand for services, particularly in Urgent Care is an issue not just in Bury but across the country. This issue has been particularly stark in the past 18 months with activity growth in A&E attendances and Urgent Care Admissions being more than over this time frame.
- This increasing demand is placing further strain on already stretched services and is having a significant financial impact
- A&E attendances at Fairfield account for 63% of the total for Bury residents at Greater Manchester hospitals and for emergency admissions this is 43%. The values of Bury residents at all Pennine Acute sites are 89% and 80% respectively.

## Bury Urgent Care Review

### Bury Urgent Care Review, what's in scope

- ED at Fairfield General Hospital
- Urgent Care Treatment Centre
- Walk in Centres at Moorgate and Prestwich
- GP Out of Hours Service (BARDOC)
- GP Extended Access
- GP Extended Working Hours
- Green Car Service
- Same day Emergency Care
- GM UEC Improvement and Transformation Delivery Plan including the roll out of GM CAS

# Bury Urgent Care Programme - draft

## Project 1 Hospital UC

Develop a new UTC, biz case and estates work

Develop new First Response service model for hospital front door

Develop new services to stream to from new front door

OD programme

Implement GM Frailty model

Develop new diagnostic triage and streaming model for Reception

## Project 2 Improving access to Community UC

Extend GM CAS as Bury Triage Service. Tel and f2f

Develop new Health Care Professionals role for walk in and tel triage

Online appointments

Online consultations

Review of extended working hours and benchmark across GM

Wounds (dependency to wics)

## Project 3 Community engagement

Stakeholder mapping

Public consultation

Public information campaign including DOS Nicola Appleby

## Project 4 Enablers

Create an UC live dashboard.

Forensic analysis of costs and contracting arrangements across UC system

Work with Vision to implement integration capability or consider change to EMIS Progress Graphnet  
Develop Adastra as part of GM Programme to manage face to face triage and streaming

Fill Bury wic space. Estates tbc

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BURY  
**LOCAL CARE**  
ORGANISATION

Improving lives in Bury



**Bury**

Clinical Commissioning Group

# Bury System Intermediate Care Review and Rebalance

January 2020 update for Strategic Commissioning Board





BURY  
**LOCAL CARE**  
ORGANISATION

Improving lives in Bury

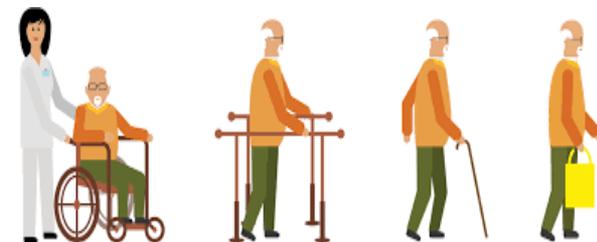
# Improving

Document Pack Page 34

- Outcomes
- Activity
- Experience
- Effectiveness and Efficiency

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## Intermediate care services provide support for a short time to help recover and increase independence

Teams work with individuals to achieve the support they want help with:

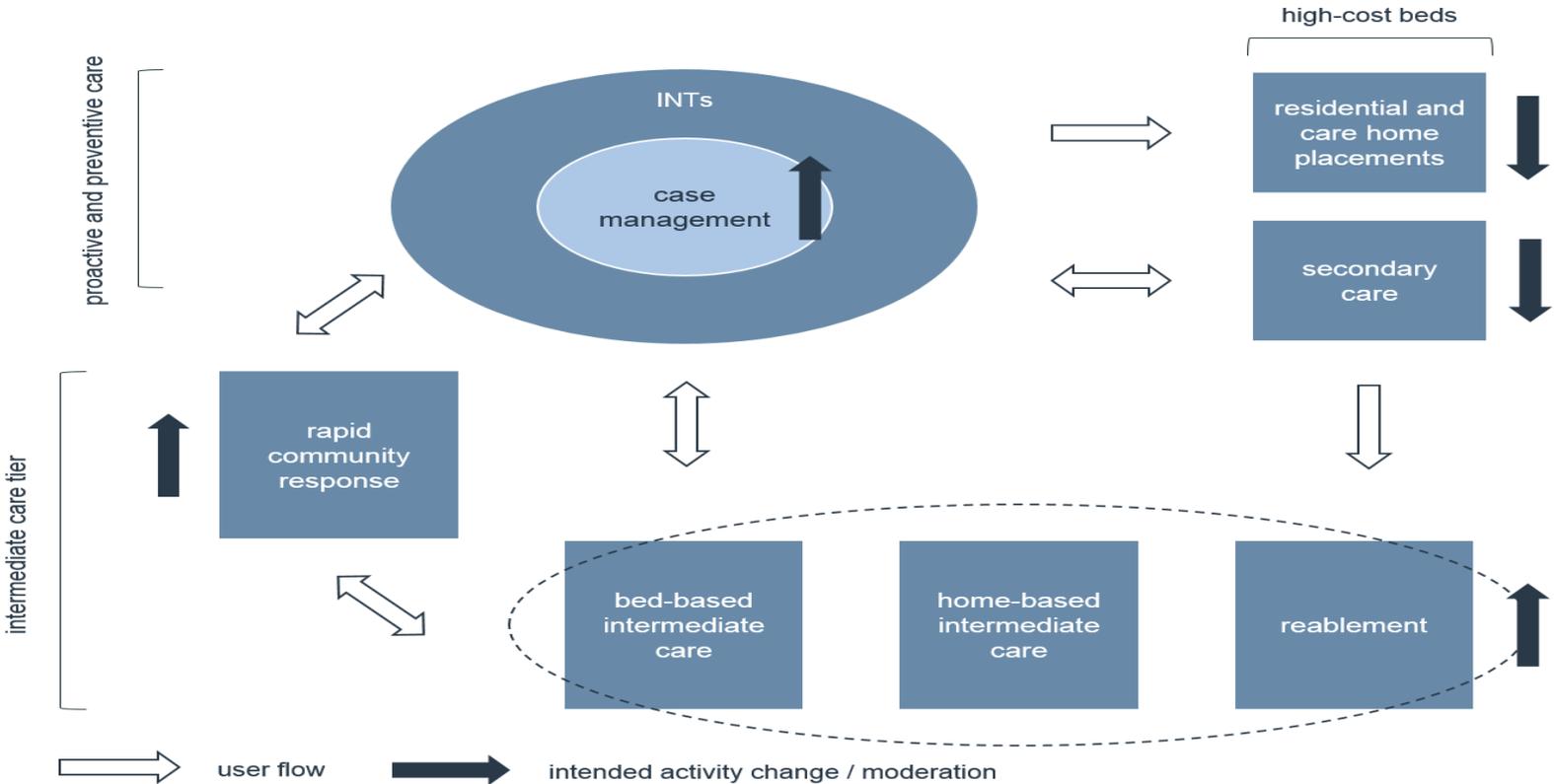
- **Remaining** at home when things become difficult,
- **Recovering** after a fall, an acute illness or an operation
- **Avoiding** going into hospital unnecessarily
- **Returning** home more quickly after a hospital stay



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# Burys neighbourhood approach working with Intermediate Care



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# WHAT BURY'S CARE PROFESSIONALS AND MANAGERS HAVE SAID ABOUT LOCAL INTERMEDIATE CARE AND RAPID RESPONSE SERVICES

Our current capacity is too focused on step-down provision rather than preventing admissions through step-up care

Our intermediate care model is too focussed on care delivered in beds and must be shifted dramatically towards more home care

Eligibility criteria too often hamper flow through the system and the use of capacity to best effect

We need to increase the complexity of care and level of clinical risk that we can hold within the intermediate care tier



We can't meet the demand coming through the doors

Because the rapid response service cannot meet demand, many care professionals have stopped referring to it and instead default to 999 or A&E

There isn't enough discrete medical cover and therapy provision

We still work in silos without a common culture and the sharing of skills and information that would deliver better care we need to become a single service

Greater acute in reach to intermediate care could improve flow and share skills



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Bealey Intermediate Care Unit  
Killelea Intermediate Care Unit  
Discharge to Assess Beds  
Reablement  
Intermediate Care at Home  
Rapid Response Service

## Our System

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19 beds  
36 beds  
19 beds  
60 places at home  
0 places  
45 people per month





# Episodes and Occupancy 2018/19

Data from April 2018	Killelea	Bealey	D2a Beds	Reablement		Total IMC
Average No of Admissions each month	38	14.5	13	60		126
Total No of admissions each year	456	174	158	725		<b>1513</b>
Occupancy	71%		78%			

**Target** - Maintain or improve

**126** admissions per month

**1513** episodes of care per year



	Benchmark	Episode Cost
Bealey	£5,780.00	£7,461.50
Killelea	£5,408.00	£3,460.00
Reablement	£1,560.00	£2,787.00*
D2a	£750 (not benchmarked)	£1000

\*Potential to reduce to £2,213 by efficiency alone.  
21 day length of stay delivers unit cost of £1,660



- **Over** reliance on beds
- **Wasted** capacity – average 29% of beds not used
- **Inefficiency** – 22% improvement possible in Reablement
- Some building assets of **poor quality**
- Some services **expensive** when compared to others
- Provision of services **not aligned** to Best Practice
- **No** Intermediate Care at Home Service and Very **small** Rapid Response Service



# Our Principles for Redesign

We will

- **Align** our services to Best Practice and Evidence
- Deliver services **efficiently** and **remove all waste**
- Deliver **Value for Money**
- Protect **high quality** estate
- **Improve** experience
- **Increase** the activity delivered
- **Extend** the reach of our services



# Intermediate Care Episodes Target

Data from April 2018	Killelea	Bealey	D2a Beds	Reablement		Total IMC
Average No of Admissions each month	38	14.5	13	60		126
Total No of admissions each year	456	174	158	725		<b>1513</b>

**Target** – Must Maintain or Improve

**126** admissions per month

**1513** episodes of care per year



	Bed Based	Reablement	Total
Admissions per month	54	82	136
No of Episodes	653	983	<b>1636</b>
Number of Beds/Places	49	70	119

	Intermediate Care at Home	Total
Admissions per month	100	236
No of Episodes	1200	<b>2836</b>
Number of Beds/Places	85	204



# Future Projection

	National Benchmark		New model	Difference from Benchmark	% Difference
Rapid Response	882		2500	1618	183%
Bed Based	436		653	217	50%
Intermediate Care at Home	811		1200	389	48%
Reablement	829		983	154	19%

This demonstrates that our new model will deliver more activity than the UK average



## Changes required

Reduce beds from 74 to 49 whilst delivering 658 admissions per year and a average length of stay of 26 days

Increase capacity of reablement to 70 and delivering 983 admissions per year whilst delivering an average length of stay of 26 days



- A **reduction of 25** beds means that some beds will close and locations may move.
- A **reduction of 25** beds may be perceived as a large reduction in service provision despite the new model delivering **123 more** episodes of care per year.
- **Just under 3** people per week will have to be supported in home based services rather than bed based services, however our new Intermediate Care at Home service will support an additional **1200 people** per year
- To achieve an **average length of stay of 26 days** may be considered to be **ambitious** despite the service currently achieving 28 days and the national average being 26 days



**More Engagement** - to inform the future delivery model that will be proposed

- Stakeholder Workshop
- Public Survey
- Workforce and Stakeholder Survey
- Briefings across the Borough with Older Adults who are users or may be users in the future



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<b>REPORT TO HEALTH SCRUTINY COMMITTEE</b>
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<b>TITLE:</b>	<b>Update from obesity actions agreed at council</b>
<b>DATE OF MEETING:</b>	<b>Health Scrutiny Committee</b>
<b>REPORT FROM:</b>	<b>Lesley Jones – Director of Public Health</b>
<b>CONTACT OFFICER:</b>	<b>Jon Hobday – Consultant in Public Health – (<a href="mailto:j.hobday@bury.gov.uk">j.hobday@bury.gov.uk</a>)</b>

## 1. PURPOSE AND SUMMARY

The purpose of this paper is to provide an update on the progress on agreed actions to address obesity locally following a motion which was passed by Council in September 2018.

## 2. INTRODUCTION AND BACKGROUND

It was highlighted in Council in September 2018 that in Bury 64.3% of the adult population are living with excess weight. High levels of excess weight are also prevalent amongst the children of Bury with 24% of Bury reception children are overweight or obese and 36.2% of year 6 children. These worrying trends are increasing and the prevalence of overweight children is correlated to areas of higher deprivation

It was acknowledged that obesity is a complex issue and requires a multifaceted approach. One element of the approach is working together to limit the over proliferation of hot food takeaways but other action must also be considered. Between 2010 and 2018 Bury saw a significant increase in the numbers of fast food outlets, rising from 90 to 215 with a greater concentration in more deprived areas.

Whilst acknowledging the work already done by the Public Health Team and Planners within the authority, it was highlighted that Bury must consider the development of policies and planning guidance to be included within the Bury Local Plan and Greater Manchester Spatial Framework:

As a result of these discussions

The Council resolved:

1. To include within the emerging Bury Local Plan a 400m restriction zone for new hot food takeaways surrounding secondary schools – limiting children's access to unhealthy food and recommend this measure be included in the GMSF.

2. To include within the emerging Bury Local Plan a requirement that applications for new hot food takeaways within wards where more than 15 % of year 6 pupils and 10 % of reception pupils are classed as obese be refused and recommend this measure be included within the GMSF.
3. To include within the emerging Bury Local Plan a duty that Bury planners must prevent the clustering of hot food takeaways in deprived neighbourhoods and recommend such a duty be included in the GMSF.
4. To support the GM Moving Strategy by instructing the Chief Executive to write to all Headteachers and Chair of Governors within the Borough asking all schools that have not signed up already to the Daily Mile to do so by December 31st 2018.
5. To request the appropriate cabinet member and officers work with schools and voluntary organisations to ensure all children within the Borough have access to high class sporting facilities, coaching and equipment to encourage an active lifestyle.
6. To encourage residents no matter their age or background to start walking as part of active lifestyle and as part of this strategy each Councillor will publicise and lead at least one Health Walk in their respective wards before the end of the municipal year.
7. To build upon the success of the Bury East Healthy Eating Project and Healthy Voucher Scheme, instructing the Leader to report back to the next Full Meeting of Council with proposals to extend the scheme to other areas within the Borough.

Below is a summary of what the council have put in place to address these points

*(In response to point 1, 2 and 3)* The potential of including the proposed detailed policies in the Greater Manchester Spatial Framework (GMSF) was discussed but these were considered too detailed to be included in a strategic plan like the GMSF. The GMSF deals with large strategic issues across the Greater Manchester conurbation and the policy would not be deemed appropriate for inclusion in that level of detail. However, the GMSF will aim to include some high level policies aimed at encouraging access to healthy food and some restrictions.

Instead, it was agreed such policies would be more appropriate for inclusion within the Bury Local Plan when local policies are drafted. The policies will be consulted on in 2020 as part of the draft Local Plan consultation.

*(In response to point 4)* A letter was circulated January 2018 and again in January 2019 from Bury's Health Improvement Specialist which highlighted the results from the national childhood measurement programme (NCMP) and encouraged schools to sign up for the daily mile. Correspondence was sent out by our lead Member for Health and Wellbeing to all lead school governors and head teachers in March 2018. In addition, a letter was sent out to all Bury schools from Andy Burnham in October 2018, again encouraging schools to sign up.

*(In response to point 5)* Through the Sport And Physical Activity Service (SAPAS) team there are a number of programmes that have been developed to support children and their families to lead healthy and active lifestyles. In Bury 56 % Primary Schools have adopted

the Daily Mile and there is a target to get 75 % of primary schools signed by as part of the GM Moving Strategy by 2021.

SAPAS have also secured some investment from Sport England and have in partnership with the Supporting Communities Improving Lives (SCIL) team developed the Active Families programme to engage with inactive families in and across areas of deprivation in Bury. The Fuel and Move Programme which is now being delivered in Bury primary schools offers nutrition and physical activity support to young people. The SAPAS team are also developing a young person's referral programme which will signpost children identified in the 99th Centile of National Childhood Obesity Programme.

In Bury through the governments School Sports Premium £1,146,890 was allocated directly to school budgets to make additional and sustainable improvements to the quality of PE, physical activity and sport offered. All young people should have the opportunity to live healthy and active lives. A positive experience of sport and physical activity at a young age can build a lifetime habit of participation, and is central to meeting the government's ambitions for a world-class education system.

*(In response to point 6)* Each Bury locality has a "Graded", volunteer led, Walking for Health accredited health walk. A selection of localities have targeted Nordic walking (Long Term Condition specific such as Parkinsons) and Buggy friendly (start well) walks. A variety of system wide partners contribute to the Bury offer including Bury Hospice, Macmillan and Greenmount Medical centre. BEATS offers two led walks a week, both from the leisure centre (Bury East) with one contributing to the daily mile.

Bury's Walk with Me programme also offers a set of tiered walks in partnership with countryside guided walking network, these can include seasonal specific walks.

For those wanting something a little different, Live Well's Active Travel officer is in the later stages of producing a self-led walk booklet for a range of community walks that will be distributed on completion.

*(In response to point 7)* Learning from the Bury East project has informed the development of project brief inviting "Expressions of Interest", to community providers.

The expected outcomes of the project are:

- increased confidence in cooking skills in adults across different age groups and settings.
- Increases in self -consumption of fruit and vegetables
- Wider benefits: for example, people reporting less social isolation, feelings of increased wellbeing.

There is scope for third sector organisations to work together to maximise outcomes, and opportunities for learning built into the scheme review.

We have been actively reviewing budgets (e.g. funding streams from partners) to ensure project scope is correct, pending procurement.

**List of Background Papers:-**

**Contact Details:-** Jon Hobday (j.hobday@bury.gov.uk)

DRAFT

# Scrutiny Report

Agenda  
Item

**MEETING:** HEALTH AND OVERVIEW AND SCRUTINY COMMITTEE  
**DATE:** June 2019  
**SUBJECT:** DEVELOPMENT OF A WORK PROGRAMME FOR 2019/2020  
**REPORT FROM:** Principal Democratic Services Officer  
**CONTACT OFFICER:** Julie Gallagher

## 1.0 SUMMARY

This report sets out details of potential items to assist in the development of a Work Programme for 2019/2020.

## 2.0 MATTERS FOR CONSIDERATION/DECISION

Members of the Health Scrutiny Committee are requested to:

Agree and set an Annual Work Programme for the 2019/20 Municipal year.

## 3.0 HEALTH OVERVIEW AND SCRUTINY COMMITTEE – TERMS OF REFERENCE.

The terms of reference state that the primary purpose of the Health Scrutiny Committee is:

- To carry out the Council's statutory obligations in relation to reviewing and scrutinising any matters relating to the planning provision and operation of health services in the area of the Council.
- To oversee the health and wellbeing of the Borough's population.
- To Scrutinise the provision, planning and management of Adult Care Services.
- To monitor the implementation of any scrutiny recommendations accepted by the Cabinet.

#### **4.0 WORK PROGRAMME 2019/2020**

4.1 The Health Scrutiny Committee is required to set a work programme for 2019/2020 which it will monitor throughout the year.

4.2 The Work Programme of the Health Scrutiny Committee will need careful consideration, bearing in mind the resources available, time constraints of Members and also the interests of the local community.

4.3 Work undertaken in the municipal year 2018/19

- Proposed Changes to In-vetro fertilisation
- Transformation
- Autism Spectrum Disorder
- Persona Care
- Delayed Discharge
- Urgent Care Redesign
- Transformation
- North east sector clinical transformation
- GP extended hours service

#### **5.0 TOPICS IDENTIFIED**

The topics identified have been split into two categories:

1. Topics that the Health O&S Committee may wish to re-visit
2. Topics not previously scrutinised by the Health O&S Committee

Suggested item	Context	Methodology	Outcome
<b>Topics to be revisited or for further consideration:</b>			
<b>Delayed Discharge</b>	<ul style="list-style-type: none"> <li>Monitor Bury's Performance against GM performance criteria.</li> </ul>	Interview representatives from the Local Authority and the Acute Trust – Julie Gonda to lead	
<b>North East Sector Clinical Transformation Update</b>	<ul style="list-style-type: none"> <li>Implementation of the proposals</li> <li>Proposals paused once re-started, report to scrutiny</li> </ul>	Interview Representatives from the CCG/Acute Trust/GM Margaret O'Dwyer/Geoff Little to lead	Receive assurance in respect of the changes
<b>Residential Care Top Up Fees</b>	<ul style="list-style-type: none"> <li>Following discussions in respect of changes as a Result of the Care Act, Members raised concerns with regards to the impact of the introduction of top up fees</li> </ul>	Interview representatives from LA - Julie Gonda to lead	Receive assurances in respect of casework concerns members have raised.
<b>Neuro Rehabilitation Update</b>	<ul style="list-style-type: none"> <li>Following discussions at a previous meeting in respect of a new proposals for service delivery, members wanted further information in respect of how the service has been embedded, performance against KPIs</li> </ul>	Interview representatives from the CCG – Cath Tickle, Commissioning Programme Manager Howard Hughes, Clinical Director Bury CCG	Review KPIs
<b>Additional items for consideration....</b>	<ol style="list-style-type: none"> <li><b>Adults Complaints Report</b></li> <li><b>Items as identified on the Cabinet forward plan/HWB</b></li> </ol>		

New topics			
<b>Health and Social Care reform</b> <ul style="list-style-type: none"> <li>• OCO</li> <li>• LCA</li> <li>• JSNA</li> </ul>	Will be proposed that this is a standing agenda item for this year in light of the large scale proposed changes.	Present at the first meeting will be: Geoff Little Kath Wynne Jones Chris O’Gorman Lesley Jones	Standing agenda item, members will need to be regularly updated
<b>Update from the CCG in respect of the Pennine Care Foundation Trust</b>	Update from the CCG in respect of the Trust	Interview representatives from the CCG and the Trust – Margret O’Dwyer to lead	Members to receive assurances in respect of the commissioning and the provision of Community and mental health services
<b>Health Visitors (September 2019)</b>	Update on transfer into LA	Lesley Jones and Petra Hayes Bower to present.	Inform Councillors of the implications and changes of the transfer of Health visitors into the LA
<b>GP Extended Hours and Access to Primary Care – GP Contract Changes</b>	Roll out of the extended access to primary care and changes to the GP contracts	Clinical Representatives (GP) (Martin Clayton) CCG representative (Marie Clayton)	Members to receive assurances that the extended hours align with the urgent care proposals and the development of the LCO.
<b>Persona Update (September 2019)</b>	Update following the transfer of staff from the LA to new company. Members have asked for further information in respect of complaints and also staff sickness levels	Invite representatives from Persona and the LA to update – Kat Sowden to lead	Members to receive assurance with regards to the progress and performance since the establishment of Persona.
<b>Carers Update (TBC)</b>	Update members on the services and support currently provided and future plans	Julie Gonda to lead with other officers	
<b>Mental Health Update (TBC)</b>	Inform members of the joint work been undertaken with the OCO	Julie Gonda to lead with other officers	
<b>Improving Specialist</b>	Inform members of the work been undertaken	Margaret O’Dwyer to lead	

<b>Care Programme (TBC)</b>			
<b>Learning Disability (TBC)</b>	Update regarding the Bury Plan and local delivery	Julie Gonda to lead with other officers	

## 6.0 CONCLUSION

A well thought out and effective Work Programme, focused on outcomes will strengthen the role of Health Scrutiny within the Council and more widely with partners and stakeholders.

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Officer Contact Details: Julie Gallagher  
[Julie.gallagher@bury.gov.uk](mailto:Julie.gallagher@bury.gov.uk)

<b>Item</b>	<b>Officer</b>	<b>Date</b>	
<b>September</b>			
<b>Adults Complaints Report</b>	<b>Marcus Connor</b>	<b>19.9.2019</b>	
<b>Persona Update</b>	<b>Kat Sowden</b>	<b>19.9.2019</b>	
<b>Abuse Allegations in Care Homes</b>	<b>Julie Gonda/Adrian Cook</b>	<b>19.9.2019</b>	
<b>Health Visitors</b>	<b>Lesley Jones</b>	<b>19.9.2019</b>	
<b>Health and Social Care reform</b> <ul style="list-style-type: none"> <li>• OCO</li> <li>• LCA</li> </ul>	<b>Heather Moore/Geoff Little</b>	<b>19.9.2019</b>	<b>Standing agenda item – briefing note only – officer need not attend</b>
<b>November</b>			
<b>Residential Care Top Up Fees</b>	<b>Julie Gonda/Adrian Cook</b>	<b>7.11.2019</b>	
<b>Urgent Care Review</b>	<b>Nicky parker</b>	<b>7.11.2019</b>	
<b>Mental Health Update (including information in respect of waiting times/in particular for HYM)</b>	<b>Karen Whitehead</b>	<b>7.11.2019</b>	
<b>Health and Social Care reform</b> <ul style="list-style-type: none"> <li>• OCO</li> <li>• LCA</li> </ul>			<b>Standing agenda item – briefing note only – officer need not attend</b>
<b>January</b>			
<b>Update from the Coroner</b>			
<b>Update on the notice of motion – Tackling Obesity (For Information)</b>	<b>Lesley Jones</b>	<b>15.1.2020</b>	<b>Update</b>
<b>Health and Social Care reform</b> <ul style="list-style-type: none"> <li>• OCO Development</li> </ul>	<b>Nicky O'Connor/Warren Heppolette</b>	<b>15.1.2020</b>	<b>Presentation</b>
<b>Urgent Care Review</b>	<b>Nicky Parker</b>	<b>15.1.2020</b>	

<b>Intermediate Tier Review</b>	<b>Julie Gonda</b>	<b>15.1.2020</b>	
<b>Learning Disability Respite Review</b>	<b>Julie Gonda</b>	<b>15.1.2020</b>	
<b>March</b>			
<b>Update from the CCG in respect of the Pennine Care Foundation Trust</b>	<b>Margaret O'Dwyer</b>	<b>3.3.2020</b>	
<b>Neuro Rehabilitation Update</b>	<b>Catherine Tickle</b>	<b>3.3.2020</b>	
<b>Carers Update</b>	<b>Julie Gonda</b>	<b>3.3.2020</b>	
<b>Learning Disabilities, scale and scope of services provided</b>	<b>Julie Gonda/Tracy Minshull/Margaret O'Dwyer</b>	<b>3.3.2020</b>	
<b>Delayed Discharge - Update from Pennine Acute re: winter pressures</b>	<b>Julie Gonda/Adrian Cook/Steve Taylor</b>	<b>3.3.2020</b>	
<b>Health and Social Care reform</b> <ul style="list-style-type: none"> <li>• OCO</li> <li>• LCA</li> </ul>	<b>Heather Moore/Geoff Little/Nicky O'Connor</b>	<b>3.3.2020</b>	<b>Standing agenda item – briefing note only – officer need not attend</b>
<b>April</b>			
<b>Children's Mental Health Update</b>	<b>Karen Whitehead/Jemma Billing and Nicola Gray</b>	<b>28.04.2020</b>	<b>Requested at November 19 Meeting.</b>
<b>GP Extended Hours and Access to Primary Care – GP Contract Changes</b>	<b>Martin Clayton/Amy Lepiorz</b>	<b>28.4.2020</b>	
<b>Healthwatch Update</b>	<b>Barbara Barlow</b>		
<b>TBC</b>			
<b>Improving Specialist Care Programme</b>	<b>Margaret O'Dwyer</b>	<b>???</b>	
<b>North East Sector Clinical Transformation Update</b>		<b>On hold</b>	

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