

AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of SCB

J Black, F Boyd, Dr D Cooke, C Cummins, D C Fines,
H Hughes, D Jones, N Jones, G Little, D McCann,
E O'Brien, A Quinn, T Rafiq, Dr J Schryer (Chair),
A Simpson, L Smith, T Tariq, P Thompson, C Wild and
M Woodhead

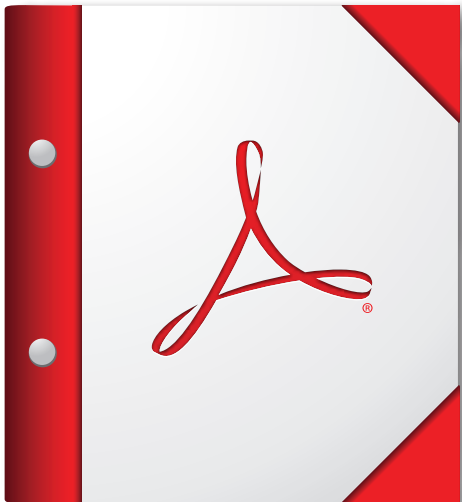
STRATEGIC COMMISSIONING BOARD

You are invited to attend a meeting of the STRATEGIC COMMISSIONING BOARD which will be held as follows:-

| | |
|-----------------------------|---|
| Date: | Monday, 8 June 2020 |
| Place: | Microsoft Teams |
| Time: | 4.30 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 WELCOME, APOLOGIES & QUORACY**
- 2 DECLARATION OF INTERESTS** *(Pages 1 - 2)*
- 3 MINUTES OF THE LAST MEETING AND ACTION LOG** *(Pages 3 - 12)*
4th May 2020
- 4 PUBLIC QUESTIONS**
- 5 CHANGES TO SCB MEMBERSHIP/VOTING ARRANGEMENTS**
- 6 UPDATE ON COVID-19 RESPONSE/RECOVERY & HEALTH AND CARE RECOVERY PLANNING**
- 7 PHYSICAL ACTIVITY STRATEGY UPDATE**
- 8 URGENT CARE REVIEW** *(Pages 13 - 74)*
- 9 RADCLIFFE STRATEGIC REGENERATION FRAMEWORK (SRF)**
(Pages 75 - 86)
- 10 EMERGING FINANCIAL ARRANGEMENTS**
- 11 SUMMARY OF ROUTINE SCB BUSINESS**
- 12 AOB AND CLOSING MATTERS**



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| Meeting: Strategic Commissioning Board (Public) | | | |
|--|---|---|---------|
| Meeting Date | 08 June 2020 | Action | Approve |
| Item No | 3 | Confidential / Freedom of Information Status | No |
| Title | Minutes of Last meeting and Action Log | | |
| Presented By | Cllr E O'Brien, Co-chair of the SCB and Bury Council Leader / Dr J Schryer, Co-Chair of the SCB and CCG Chair, NHS Bury CCG | | |
| Author | Emma Kennett, Head of Corporate Affairs and Governance | | |
| Clinical Lead | - | | |
| Council Lead | - | | |

| Executive Summary |
|---|
| <p>Introduction and background</p> <p>The attached minutes reflect the discussion from the Strategic Commissioning Board held on 4 May 2020.</p> |
| <p>Recommendations</p> <p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Approve the Minutes of the Meeting held on 4 May 2020 as an accurate record; and Note progress in respect to agreed actions captured on the Action Log. |

| 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: | N/A |
| <i>Add details here.</i> | |

| Implications | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|-------------------------------------|
| Are there any quality, safeguarding or patient experience implications? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Have any departments/organisations who will be affected been consulted? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |

| Implications | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|-------------------------------------|
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" 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 type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any health and safety issues? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| How do proposals align with Health & Wellbeing Strategy? | N/A | | | | | |
| How do proposals align with Locality Plan? | N/A | | | | | |
| How do proposals align with the Commissioning Strategy? | N/A | | | | | |
| Are there any Public, Patient and Service User Implications? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| How do the proposals help to reduce health inequalities? | N/A | | | | | |
| Is there any scrutiny interest? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| What are the Information Governance/ Access to Information implications? | N/A | | | | | |
| 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 type="checkbox"/> | N/A | <input checked="" 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 | | | | | | |

| Governance and Reporting | | |
|--------------------------|------|---------|
| Meeting | Date | Outcome |
| | | |



| | | | |
|--------------------------------------|---|------------------------------|--------------------------------|
| Title | Minutes of the Strategic Commissioning Board Virtual Meeting on 4 May 2020 | | |
| Author | Emma Kennett, Head of Corporate Affairs and Governance | | |
| Version | 1.0 | | |
| Target Audience | Strategic Commissioning Board Members / Members of the Public | | |
| Date Created | May 2020 | | |
| Date of Issue | May 2020 | | |
| To be Agreed | 8 July 2020 | | |
| Document Status (Draft/Final) | Final | | |
| Description | Minutes of the Strategic Commissioning Board on 4 March 2020 | | |
| Document History: | | | |
| Date | Version | Author | Notes |
| | 0.1 | Emma Kennett | Forwarded to Chair for review. |
| | | | |
| | | | |
| | | | |
| | | | |
| Approved: | | | |
| Signature: | | Dr J Schryer | |

Strategic Commissioning Board Virtual Meeting

| MINUTES OF MEETING |
|---|
| Strategic Commissioning Board Virtual Meeting |
| 4 May 2020 |
| 16.30 – 17.30 |
| Chair – Dr J Schryer |

| Voting Members | |
|-----------------------|---|
| Dr Jeff Schryer | NHS Bury CCG Chair (Chair) |
| Cllr Jane Black | Cabinet Member Corporate Affairs & HR, Bury Council |
| Cllr Sharon Briggs | Cabinet Member – Communities, Bury Council |
| Dr Daniel Cooke | Clinical Director, NHS Bury CCG |
| Dr Cathy Fines | Clinical Director, NHS Bury CCG |
| Mr Howard Hughes | Clinical Director, NHS Bury CCG |
| Cllr David Jones | Leader of the Council, Bury Council |
| Mr Geoff Little | Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG |
| Mr David McCann | Lay Member Patient & Public Involvement, NHS Bury CCG |
| Cllr Eamonn O'Brien | Cabinet Member Finance & Housing, Bury Council |
| Cllr Alan Quinn | Cabinet Member Environment, Bury Council |
| Cllr Andrea Simpson | Deputy Leader, Cabinet Member Health & Wellbeing, Bury Council |
| Cllr Tamoor Tariq | Cabinet Member Children & Families, Bury Council |
| Mr Chris Wild | Lay Member, NHS Bury CCG |
| Mr Mike Woodhead | Joint Chief Finance Officer, NHS Bury CCG and Bury Council |
| Non-Voting Members | |
| Mrs Fiona Boyd | Registered Lay Nurse of the Governing Body, NHS Bury CCG |
| Others in attendance | |
| Ms Donna Ball | Executive Director of Operations, Bury Council |
| Mr Peter Bury | Lay Member Quality & Performance, NHS Bury CCG |
| Ms Karen Dolton | Executive Director of Children and Young People, Bury Council |
| Mrs Lisa Featherstone | Deputy Director of Business Delivery, NHS Bury CCG |
| Mrs Julie Gonda | Interim Executive Director – Communities & Wellbeing, Bury Council |
| Mrs Catherine Jackson | Director of Nursing and Quality Improvement, NHS Bury CCG |
| Ms Lesley Jones | Director of Public Health, Bury Council |
| Cllr Nick Jones | Conservative Leader & Shadow Cabinet Member Transport and Economic Growth, Bury Council |
| Ms Nicky O'Connor | Interim Director of Transformation, Bury Council |
| Ms Margaret O'Dwyer | Deputy Chief Officer/Director of Commissioning, NHS Bury CCG |
| Ms Nicky Parker | Programme Manager, Urgent Care Review, Bury Council |
| Cllr Tim Pickstone | Council Opposition Member, Bury Council |
| Ms Lynne Ridsdale | Deputy Chief Executive, Bury Council |
| Ms Kate Waterhouse | Chief Information Officer, Bury Council |
| Ms Janet Witkowski | Head of Legal Services, Deputy Monitoring Officer and Data Protection Officer, Bury Council |
| Ms Rachel Everitt | Executive Assistant |
| Mrs Emma Kennett | Head of Corporate Affairs Governance, NHS Bury CCG/Business Support |

| Public Members | |
|-----------------|------------|
| Mr Joseph Timan | Bury Times |

MEETING NARRATIVE & OUTCOMES

| | |
|----------|--|
| 1 | Welcome, Apologies And Quoracy |
| 1.1 | <p>The Chair welcomed those present to the meeting and noted apologies had been received from: -</p> <ul style="list-style-type: none"> • Mrs Julie Gonda, Interim Executive Director – Communities & Wellbeing, Bury Council • Ms Jayne Hammond, Assistant Director of Legal and Democratic Services, Bury Council • Mrs Catherine Jackson, Director of Nursing and Quality Improvement, NHS Bury CCG • Mrs Lisa Kitto, Interim Deputy Chief Finance Officer • Mr Peter Thompson, Secondary Care Clinician, NHS Bury CCG |
| 1.2 | The Chair reported that Dr Al Dubbaisi, a single handed GP from Garden City Surgery had sadly passed away at 59 years old. It was noted that Dr Dubbaisi was married with 2 daughters and ran a traditional GP Practice where Practice was family. |
| 1.3 | The Chair commended the article in the Bury Times which had paid tribute to Dr Dubbaisi in terms of being a beautiful, warm and friendly GP. It was noted that the funeral was taking place tomorrow and a drive by of the surgery was planned and being arranged by BARDOC. |
| 1.4 | A one minute's silence was going to be arranged and there was also an opportunity to pay tribute via the Practice website. |
| 1.5 | The Chair advised that the quoracy had been satisfied. |

| ID | Type | The Strategic Commissioning Board: | Owner |
|---------|----------|------------------------------------|-------|
| D/05/01 | Decision | Noted the information. | |

| | |
|----------|--|
| 2 | Declarations Of Interest |
| 2.1 | The Chair reported that the CCG and Council both have statutory responsibilities in relation to the declarations of interest as part of their respective governance arrangements. |
| 2.2 | It was reported that the CCG had a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 14O of the National Health Service Act 2006 (as inserted by Section 25 of the Health and Social Care Act 2012). The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. |
| 2.3 | The Chair reminded the CCG and Council members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Strategic Commissioning Board. |
| 2.4 | Declarations made by members of the Strategic Commissioning Board are listed in the CCG's Register of Interests which is presented under this agenda and is also available from the CCG's Corporate Office or via the CCG website. |

| 2.5 | <ul style="list-style-type: none"> • Declarations of interest from today’s meeting <p>There were no declarations raised.</p> | | |
|---------|---|--|-------|
| 2.6 | <ul style="list-style-type: none"> • Declarations of Interest from the previous meeting <p>There were no declarations of interest from the previous meeting raised.</p> | | |
| ID | Type | The Strategic Commissioning Board: | Owner |
| D/05/02 | Decision | Noted the published register of interests. | |

| 3 | Minutes of the last Meetings and Action Log | | |
|---------|---|--|-------|
| 3.1 | <ul style="list-style-type: none"> • Minutes <p>The minutes of the Strategic Commissioning Board meeting held on 2 March 2020 were agreed as an accurate record.</p> | | |
| 3.2 | <ul style="list-style-type: none"> • Action Log <p>The Action Log was not discussed and was noted that this would be picked up at the next Strategic Commissioning Board (SCB) meeting.</p> | | |
| ID | Type | The Strategic Commissioning Board: | Owner |
| D/05/03 | Decision | Approved the minutes of the meeting held on the 2 March 2020 | |

| 4 | Public Questions | | |
|---------|---------------------------------|--|-------|
| 4.1 | There were no questions raised. | | |
| ID | Type | The Strategic Commissioning Board: | Owner |
| D/05/04 | Decision | Noted that there were no questions raised. | |

| 5. | Update on Covid-19 Response/Recovery | | |
|-----|---|--|--|
| 5.1 | <p>The Chief Executive, Bury Council / Accountable Officer, Bury CCG and the Deputy Chief Executive, Bury Council provided an update on the Covid-19 response/ recovery and shared a set of PowerPoint slides with members. It was reported that:-</p> <ul style="list-style-type: none"> • The CCG Governing Body and Council Cabinet have been briefed separately on the response plans. • In terms of the context, the Pre-Coronavirus Strategic Planning, the Bury 2030 Outcomes had been defined, the Refreshed Locality Plan for Health & Care had been developed and Bury had been named Town of Culture for the year. • In relation to the Coronavirus Response Phase, on 31st January 2020 the first confirmed cases of Covid-19 were recorded in the UK. The first confirmed case in Bury was reported on the 1st March 2020. The Local Resilience Forum within the borough of Bury have enacted the measures from Government to delay the spread of infection, including school closures and cessation of non-critical services, plus local responses as appropriate. A wider lockdown of society was | | |

put in place in March 2020. A Bury GOLD response and supporting structures have been established to formalise and better support the partnership working that has already been occurring between local councils, health partners, emergency services, business and the voluntary, community and faith sectors.

- The emergency response was accelerating the Bury 2030 delivery in the context of the Bury Neighbourhood model.
- The Bury Borough Recovery: governance arrangements were set out which linked to the national and regional governance structures.
- The Recovery Phases for Health and Care included Sustain (Reset) where it was expected that there will be a more flattened out peak of activity which would require a sustaining of services phase before a full recovery phase. The phase would also require flexibility of services to react to peaks and troughs of Covid-19 activity. There was a need to understand what had changed and how it was evaluated and also which services could be ramped up during troughs (e.g. preventative services) and Recovery (renewal) post Covid-19 activity, understanding what the new 'normal' looks like, managing the backlog of routine care stood down during response, continue with new principles and ways of working and managing longer term impacts on workforce.
- In terms of principles and focus, there would be a whole system approach which would involve one plan for Bury Health and Care that forms part of the Borough recovery plan. There would be a simple, clear and consistent approach that aligned to both national and local direction, this would need to be evidence based and flexible to adapt. There was a need not to lose the opportunities presented and 'Build Back Better' for residents and staff. The methodology to support the approach was outlined.
- To date there were 457 infections and 95 deaths related to Covid-19 in Bury. The north of England was behind the curve and slightly through the peak which was below capacity of the core system.
- The key opportunities were outlined which included improved partnership and collaborative working across primary, secondary and community care, improved neighbourhood working and improved end to end digital technology.
- The key risks and challenges were discussed which included dealing with the backlog, dealing with the after-effects of the pandemic and reversion to old behaviours. There were particular challenges in respect of PPE, testing, contact tracing and workforce etc.

5.2 The following comments/queries were raised by Strategic Commissioning Board members: -

- The strong OCO/LCO leadership and the unique relationship that Primary Care has with Care Homes has supported the Covid-19 response within Bury. The development of Community Hubs had been a key element of the local response and the continuation of this neighbourhood future model was supported.
- The issues experienced with PPE from a supply perspective had been of concern on both a local and national basis.
- There was a need to increase testing in care home settings going forward.
- A query was raised as to what the biggest challenge had been for the OCO as part of the Covid-19 response. It was noted that the strong relationships within the locality had been a key factor as part of the response. There had been difficult challenges faced in late March 2020 in the context of the worst case scenario of the peak of the virus being projected at that time. The Lock Down had eased the effects on the peak of the virus and the associated impact on the acute system from a capacity perspective. The initial distribution of food to the

shielded had been a challenge in ensuring there was harmonisation between the local, Greater Manchester and national approaches. PPE and testing had also been challenging. The Chair commented that there was a need to learn from any issues encountered and ensure this was factored into future plans.

- In terms of the neighbourhood approach locally, there had been evidence to suggest that Covid-19 had significantly impacted on areas of deprivation within the country and BME Groups. There was a need to ensure that neighbourhoods were empowered to take local action which was outcome focused. A newspaper article in the Guardian had highlighted the Broughton area of Salford as being a hot spot for Covid-19 with a high number of deaths being seen in this community. There was a need to assess how this was impacting on the Prestwich community from a health and social care perspective. The Deputy Chief Executive reported that a Place Based approach was being adopted which would ensure that the local needs of populations was being taken into account. It was noted that the Public Health Team had produced a data set for each neighbourhood which would assist with the risk stratification. There were also plans to undertake a full evaluation of the Community Hubs which would link into the future neighbourhood approach.
- There was a window of opportunity for empowering the neighbourhoods to make a real difference in the context of the required targets and outputs.
- In terms of the public sector ability to divert staffing as a result of the Covid-19 response and recovery requirements/change of focus, a query was raised as to whether resources would be sustainable going forward. The Deputy Chief Executive commented that staff would need to be re-prioritised based on the Recovery Plan which may be challenging.
- In relation to funding during the Covid-19 pandemic, an issue was raised in relation to the locality potentially not being able to recover all of the cost pressures during this period. The Chair commented that there was a need to have a separate discussion in relation to finances as part of the recovery work. The key opportunities outlined as part of the slides would need to link into this area.
- Positive effects had been seen on the environment as a result of the Lock Down with less traffic on the road and less air pollution.
- Community spirit/new networks developed had been positive and it would be beneficial for this to continue into the future as part of the neighbourhood model.

| ID | Type | The Strategic Commissioning Board: | Owner |
|---------|----------|------------------------------------|-------|
| D/05/05 | Decision | Noted the update. | |

| | | | |
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| 6 | Any Other Business and Closing Matters | | |
| 6.1 | The Chair summarised the main discussion points from today's meeting and thanked members for their contributions. | | |

| ID | Type | The Strategic Commissioning Board: | Owner |
|---------|----------|------------------------------------|-------|
| D/05/06 | Decision | Noted the information. | |

| | |
|--------------------------------|---|
| Next Meetings in Public | Strategic Commissioning Board Meeting: <ul style="list-style-type: none"> • Monday, 8 June, 2020, 4.30 p.m. |
| Enquiries | Emma Kennett, Head of Corporate Affairs and Governance emma.kennett@nhs.net |

Strategic Commissioning Board Action Log – May 2020

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

| | | | | | |
|---------|---|---------------|--|-------------------|--|
| A/12/08 | It was agreed that the Director of Commissioning & Business Delivery would pick up with Cllr Quinn outside of the meeting in relation to the specific health requirements and discuss this further via the Governing Body as appropriate. | Ms O'Dwyer | | March 2020 | The Director of Commissioning & Business Delivery had met with Cllr Quinn and this matter would be picked up via the Governing Body once Business as Usual is resumed. |
| A/03/02 | A more detailed action plan in relation to the Environmental Policy to be submitted to the Strategic Commissioning Board in May/June 2020. | Ms Ball | | May/June 2020 | Added to Forward Plan |
| A/03/03 | Homelessness and Housing Strategy Action Plan to be brought back to the Strategic Commissioning Board in July/August 2020. | Ms Carroll | | July/August 2020. | Added to Forward Plan |
| A/03/04 | A copy of the Bury Strategy to be submitted to the Strategic Commissioning Board in June 2020. | Ms Ridsdale | | June 2020 | Added to Forward Plan |
| A/03/05 | The Chief Information Officer circulated the link for the Happy Festival outlining any support that may be required from the Strategic Commissioning Board in relation to these developments. | Ms Waterhouse | | March 2020 | The Festival has been postponed until 2021 therefore this action has been superseded by other developments. |

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| Meeting: Strategic Commissioning Board | | | |
|---|--|---|---------|
| Meeting Date | 08 June 2020 | Action | Approve |
| Item No | 8 | Confidential / Freedom of Information Status | No |
| Title | Urgent Care Review, outcome of public consultation | | |
| Presented By | Dr Jeff Schryer | | |
| Author | Nicky Parker | | |
| Clinical Lead | Dr Jeff Schryer | | |
| Council Lead | Geoff Little | | |

Executive Summary

This report sets out the outcome of the urgent care public consultation exercise, the Quality Impact Assessment the Equality Impact Assessment and an update since the outbreak of Covid-19.

The proposals set out in the public consultation exercise received overall support from the people that responded. Concerns about parking at Fairfield General Hospital and access to the site by public transport and car have been noted and some mitigating actions are proposed. There were no adverse impacts shown in the quality or equality impact assessments that have been completed and it is recommended that the proposals are implemented.

Some of the proposals have been partially implemented due to the impact of the Covid-19 pandemic and the report sets out the desired next steps including implementation of a programme of work by the Local Care Organisation.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the outcome of the Urgent Care Public Consultation and broad support for the proposals from the respondents.
- Note the preferred option for progression is option 5
- Note that there are no detrimental impacts in terms of quality or equality
- Acknowledge the impact of Covid-19 has had on the implementation plan
- Agree to the next steps set out in the 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: | Choose an item. |
| <i>Add details here.</i> | |

| 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 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 checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input 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? | | | | | | |
| How do proposals align with Locality Plan? | yes | | | | | |
| How do proposals align with the Commissioning Strategy? | Proposals align with the urgent care priorities in the NHS Long Term Plan and with the GM UEC Plan | | | | | |
| 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? | By improving access to services for all residents and patients | | | | | |
| 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 checked="" type="checkbox"/> | No | <input 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 | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |

| Implications | | | | | | |
|--------------------|---|--|--|--|--|--|
| Register? | | | | | | |
| Additional details | <p>Note the financial risk of not implementing the recommendations</p> <p>Note that investment will be required- capital investment for the new UTC and ICT requirements for remote consultation in Primary Care and developing an integrated approach to sharing data.</p> | | | | | |

| Governance and Reporting | | |
|-------------------------------|------------|--|
| Meeting | Date | Outcome |
| Strategic Commissioning Board | 03/02/2020 | Approval to proceed to public consultation |
| Health and Wellbeing Board | 20/02/2020 | Broad support for the proposals with some concern expressed about parking and public transport |
| Health Scrutiny | 19/03/2020 | Meeting postponed due to Covid-19 |

Urgent Care Review; outcome of the public consultation

1. Introduction

The CCG Governing Body requested a strategic review of the Urgent Care system in Bury. The January meeting of the Strategic Commissioning Board received an update on progress and the February meeting considered a draft Business Case and approved the commencement of a four week public consultation exercise. A four week consultation period in relation to improving urgent care services in Bury ran from 10th February to 8th March 2020 inclusive.

This report sets out the outcome of the public consultation exercise, the Quality Impact Assessment the Equality Impact Assessment and an update since the outbreak of Covid-19.

2. Background

2.1. The objectives of the Urgent Care Review were to:

- Redesign to simplify access points to improve patient experience.
- Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund.
- Mitigate growth and reduce the percentage of the budget spent on Urgent Care.
- Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”.
- Work towards achievement of the GM UEC Improvement and Transformation Plan.

2.2. The following services were in scope for the Urgent Care Review in Bury:

- Urgent Care Treatment Centre.
- Emergency Department at Fairfield General Hospital.
- 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 Urgent and Emergency Care Improvement and Transformation Delivery Plan including the roll out of GM Clinical Assessment Service.

3. The case for change – Pre Covid-19

The pre Covid-19 arrangements for urgent care were regarded by many as confusing and as a result, people said they often didn'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 may have been more suitable to meet their needs.

Previous consultation exercises about urgent care showed that people said that services were complicated to find their way around and they sometimes have to go to more than one place or make more than one call before they get the right care. People also said they value the option to 'walk in' to a service.

Following the review of urgent care services that began in September 2019, a number of options were put forward in a public consultation for people to express their views on.

4. The public consultation proposal

4.1 A number of proposals were set out in the public consultation documents and people were asked for their view.

4.2 There were five proposals for an urgent care operating model:

- Option One proposed no change to the current model
- Option Two proposed redesigning urgent care at Fairfield General Hospital without building a new purpose built urgent care facility and embarking on a patient education/information campaign
- Option Three built on Option Two and proposed an additional simplification of in and out of hours primary care access through community triage across the locality
- Option Four built on Option Three and proposed the additional use of technology to support the new delivery model with access to appointments or advice
- Option Five built on Option Four and proposed building a new purpose built urgent care facility in addition, including moving the walk in centre from Moorgate.

4.3 Additionally, people were asked if they supported

- the implementation of online access to GP appointments to sit alongside current appointments
- the development of an enhanced Urgent Treatment Centre at Fairfield General Hospital, located in front of the Accident and Emergency Department.
- the development of a community triage service to help people get an appointment in the most appropriate service.

4.4 People were asked what support they might need for each of the options proposed.

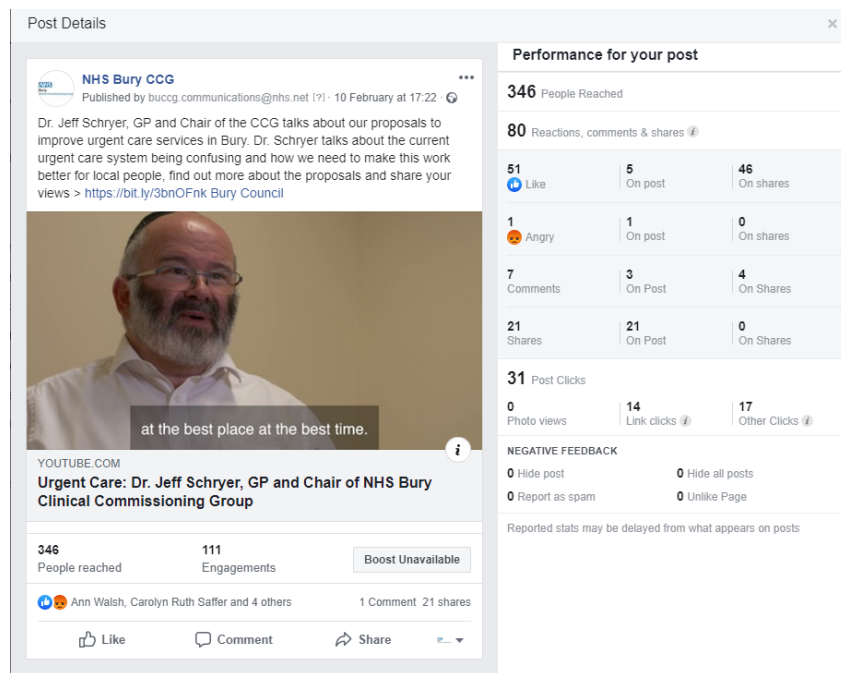
4.5 The survey also collected equality monitoring data, a question about location of their registered GP and postcode data.

5. The public consultation process

- 5.1 Throughout the four week consultation process the CCG and Bury Council, working as Bury One Commissioning Organisation, aimed to capture views from local people, Bury health care professionals and other local interested parties on proposals to improve urgent care services in Bury, before a formal decision was made at an extraordinary meeting of the Strategic Commissioning Board on 23rd March 2020. That meeting was postponed until 8th June due to the outbreak of Covid-19.

The purpose of the consultation exercise was:

- To inform local people, stakeholders and health care professionals about proposals to improve urgent care services in Bury.
 - To capture the views and feedback from all identified stakeholders including local people, health care professionals, local third sector organisations and groups.
 - To identify any concerns about the proposals.
 - To answer any questions about the proposals.
- 5.2 A press release was issued to the media to launch the consultation and posted online and on social media platforms. Media coverage was secured in the Bury Times and online, BBC Radio Manchester also referenced the consultation as did the daytime local news (TV).
- 5.3 An online survey was prepared with hard copies of the consultation document and survey (return by freepost) made available in GP practices, Walk-in Centres, A&E, the Urgent Treatment Centre, the CCG and Council reception areas, libraries and to Healthwatch Bury. Copies were also available on request by phone. Healthwatch shared the consultation documents during their engagement work including at the Outpatient's Department at Fairfield General Hospital and during an outreach session at a local supermarket.
- 5.4 A helpline number was included in the consultation document to provide support to complete the survey. Information was posted on the CCG website homepage with a link to the consultation document and the 'Listening to your feedback page' was updated to mark the timeline for the consultation. Information to promote the consultation was posted on the One Community engagement platform. An issue of the CCG's public E-newsletter 'Health Matters' was issued with information about the consultation.
- 5.5 A schedule of social media ran throughout the consultation period, tagging key partners, with the call to action to view the consultation document, complete the online survey and to come along to a public meeting.
- 5.6 Two short videos were filmed with local clinicians and promoted on social media highlighting the case for change and encouraging people to share their views. The insights for one of the video posts on Facebook is highlighted below, 346 people were reached and there were 80 reactions, comments and shares.



5.7 Information about the opportunity to share views was cascaded electronically via the Voluntary, Community and Faith Sector Alliance, Healthwatch Bury, Bardoc, the GP Federation, the Northern Care Alliance, Pennine Care NHS Foundation Trust, Bury Local Care Organisation and through GP Practices to reach patients and members of Patient Participation Groups.

5.8 A poster promoting the consultation was posted on GP Practice reception information screens, hard copies were also offered to GP Practices and the Walk-in Centre in response to a request at a public meeting. Reception and PALS teams were given a briefing note to enable them to help signpost enquiries.

5.9 A presentation to describe the case for change and proposals was prepared for public and stakeholder meetings. Two public meetings took place, one in the day time and one in the evening and requests for presentations to specific groups or meetings were welcomed. Individuals could book a place or come to the event without booking. An Eventbrite booking page received 319 views. Views could also be sent by letter or by e-mail.

6 Scrutiny

6.1 Healthwatch Bury were asked to review a draft of this report as a critical friend. They found that the report largely reflects the comments of people responding to the consultation. They felt the 4-week fieldwork period was limiting. They also queried whether the responses were reflective of the population as a whole given the gender, age profile and ethnicity of respondents.

6.2 A paper was produced for the Bury Health Scrutiny Committee meeting on 19th March to give Members the opportunity to scrutinise the process of the public consultation. The meeting was postponed due to Covid-19 so comments from the committee are unavailable at this time.

7 The proposal

The options set out in 4.2 were put forward for people to share their views on. A proposed future model for urgent care in Bury was described as follows:

- The redesign of urgent care at Fairfield General Hospital including building a mandated new and enhanced Urgent Treatment Centre open 24/7 to sit physically in front of the Accident and Emergency Department. This would mean relocating Bury Walk-in Centre (currently open 7am – 3pm), to be part of an integrated and enhanced service to preserve a walk in option. The Urgent Treatment Centre would also include access to mental health services, GP out of hours services and the treatment of less serious cases that are currently seen in A&E. The service would be run by a team of nurses, GPs, mental health and other health and care professionals who can manage wound care, and there would be access to tests like bloods and X-rays, which are currently not available at Bury Walk-in Centre.
- Simplifying access to primary care (GP) during the day and out of hours through a technology led community triage process so that people can access the most appropriate service, in the best place at the right time, whilst using new technology to make it easier to get an appointment or advice, whichever is the most appropriate.
- Offering patients the opportunity to speak to a local Bury health care professional by phone if they have rung 999, NHS 111, if the North West Ambulance Service triage determined they don't need to go to hospital.
- Providing clear public information so that people know what their choices are and where is best to go to meet their needs.

8. Outcome of the public consultation

8.1 Summary:

201 individuals completed the consultation survey. Of those that responded to the survey:

- 85% described themselves as a patient or member of the public.
- 89% said they were registered with a Bury GP practice.
- 57% said they supported the development of an enhanced urgent treatment centre at Fairfield General Hospital, 12.5% said they didn't know and 31% said they did not.
- 80% said they supported the development of a community triage service to help them get an appointment in the most appropriate setting.
- 78% said they supported the implementation of online access to GP services.
- Of the options put forward, 42% of respondents preferred Option five, 39% said they had no preference or didn't know. The other options did not receive much support and the next most popular choice was to make no changes (less than 10%)
- Three emails from individuals were received and their feedback is incorporated into the findings documented in this report.
- 28 people attended two public meetings. An Eventbrite booking page for the two events received 319 views.
- 69% of respondents said yes they or their family would be affected by the proposals.
- The majority of the impacts noted related to concerns around difficulty parking at the Fairfield site, additional distance to travel and adequacy of public transport. Whilst there was support for the preferred option which would include relocating

Bury Walk-in Centre to a brand new purpose built Urgent Treatment Centre at Fairfield General Hospital (42%), there was a strength of feeling to invest in local services including Bury and Prestwich Walk-in Centres (hours, staffing and facilities) and GP services; to simplify access to services and to provide public information about local service choices.

- There was feedback that the survey could have been easier to complete i.e. including a reminder of the scope of each Option, along with a description of what redesign without a new building might look like, what community triage and online access is.

8.2 Demographics.

Responses were received from the following postcode areas in the Bury locality:

- BL9 - 62 responses
- BL8 – 42 responses
- M25 – 27 responses
- M26 – 27 responses
- M45 – 16 responses
- BL0 – 12 responses

Postcodes outside the Bury locality:

- BL2 - 1 response
- M24 - 1 response
- M40 - 1 response
- OL11 - 2 responses
- OL12 - 2 responses

I am responding to this survey as:

| Answer Choices | Responses | |
|---|-----------------|------------|
| A patient/member of the public | 85.07% | 171 |
| A carer | 2.49% | 5 |
| A member of staff (health or social care) | 9.95% | 20 |
| A representative of an organisation or group (please specify below) | 1.00% | 2 |
| Other (please state) | 1.49% | 3 |
| | Answered | 201 |
| | Skipped | 0 |

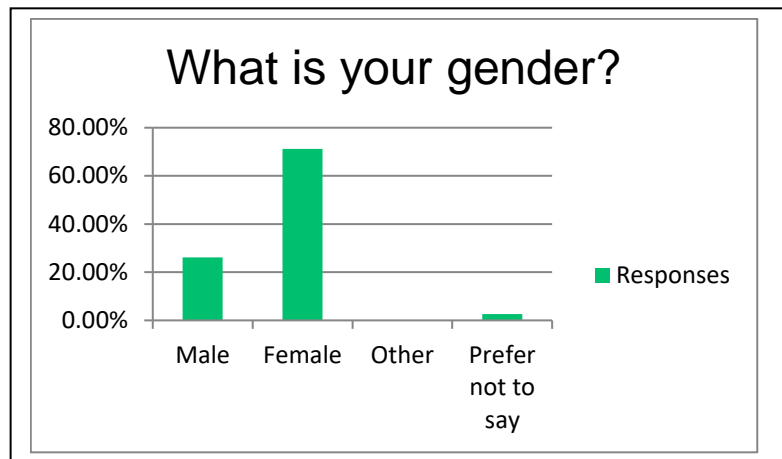
GP registration in Bury

Are you registered with a GP practice in Bury?

| Answer Choices | Responses | |
|----------------|-----------------|------------|
| Yes | 89.00% | 178 |
| No | 11.00% | 22 |
| | Answered | 200 |
| | Skipped | 1 |

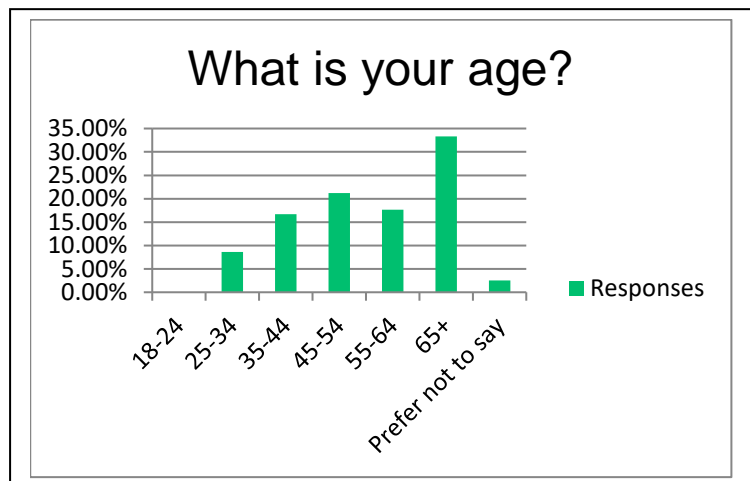
Q: What is your gender?

| Answer Choices | Responses | |
|-------------------|-----------|------------|
| Male | 26.18% | 50 |
| Female | 71.20% | 136 |
| Other | 0.00% | 0 |
| Prefer not to say | 2.62% | 5 |
| Answered | | 191 |
| Skipped | | 10 |



Q: What is your age?

| Answer Choices | Responses | |
|-------------------|-----------|------------|
| 18-24 | 0.00% | 0 |
| 25-34 | 8.59% | 17 |
| 35-44 | 16.67% | 33 |
| 45-54 | 21.21% | 42 |
| 55-64 | 17.68% | 35 |
| 65+ | 33.33% | 66 |
| Prefer not to say | 2.53% | 5 |
| Answered | | 198 |
| Skipped | | 3 |



Q: What is your sexuality?

| Answer Choices | Responses | |
|---------------------------|-----------|------------|
| Heterosexual/ Straight | 85.35% | 169 |
| Bisexual | 1.52% | 3 |
| Gay/Lesbian | 3.03% | 6 |
| Other | 0.00% | 0 |
| Prefer not to say | 10.10% | 20 |
| Answered | | 198 |
| Skipped | | 3 |

Q: What is your religion or belief?

| Answer Choices | Responses | |
|-------------------|-----------------|------------|
| Buddhist | 1.02% | 2 |
| Christian | 53.81% | 106 |
| Hindu | 0.00% | 0 |
| Jewish | 7.11% | 14 |
| Muslim | 1.02% | 2 |
| Sikh | 0.00% | 0 |
| Other religion | 2.54% | 5 |
| No religion | 23.86% | 47 |
| Prefer not to say | 10.66% | 21 |
| | Answered | 197 |
| | Skipped | 4 |

Q: Please tell us what you consider your ethnicity to be:

| Answer Choices | Responses | |
|---|-----------------|------------|
| Arab | 0.00% | 0 |
| Asian or Asian British – Indian | 0.00% | 0 |
| Asian or Asian British – Pakistani | 0.51% | 1 |
| Asian or Asian British – Bangladeshi | 0.00% | 0 |
| Asian or Asian British – any other Asian background | 0.51% | 1 |
| Black or Black British – Caribbean | 0.00% | 0 |
| Black or Black British – African | 0.00% | 0 |
| Black or Black British – any other Black background | 0.00% | 0 |
| Chinese | 0.00% | 0 |
| Mixed – White and Black Caribbean | 0.00% | 0 |
| Mixed – White and Black African | 0.51% | 1 |
| Mixed – White and Asian | 0.00% | 0 |
| Mixed – Any other mixed background | 0.51% | 1 |
| White – British | 81.31% | 161 |
| White – Irish | 1.52% | 3 |
| White – any other White background | 4.04% | 8 |
| Any other ethnic origin group | 0.51% | 1 |
| Prefer not to say | 10.61% | 21 |
| | Answered | 198 |
| | Skipped | 3 |

Q: The Equality Act 2010 regards a person as having a disability if he/she has a physical or mental impairment (including sensory impairment) which has both a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Do you consider yourself to be disabled according to this definition?

| Answer Choices | Responses | |
|----------------|-----------|-----|
| Yes | 18.18% | 36 |
| No | 75.25% | 149 |

| | | |
|-------------------|-------|------------|
| Prefer not to say | 6.57% | 13 |
| Answered | | 198 |
| Skipped | | 3 |

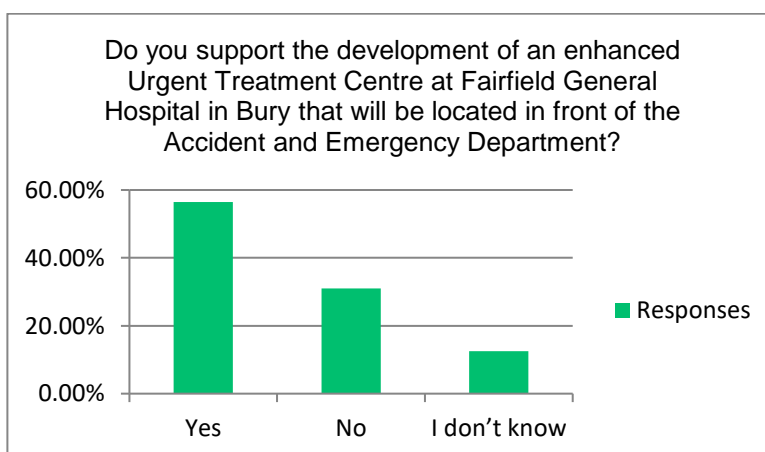
Q: Is there anyone who relies upon you for care and attention and that you assist with their daily routine?

| Answer Choices | Responses | |
|-------------------|-----------|------------|
| Yes | 22.73% | 45 |
| No | 70.20% | 139 |
| Prefer not to say | 7.07% | 14 |
| Answered | | 198 |
| Skipped | | 3 |

9 Outcomes of the consultation exercise:

9.1 Do you support the development of an enhanced Urgent Treatment Centre at Fairfield General Hospital in Bury that will be located in front of the Accident and Emergency Department?

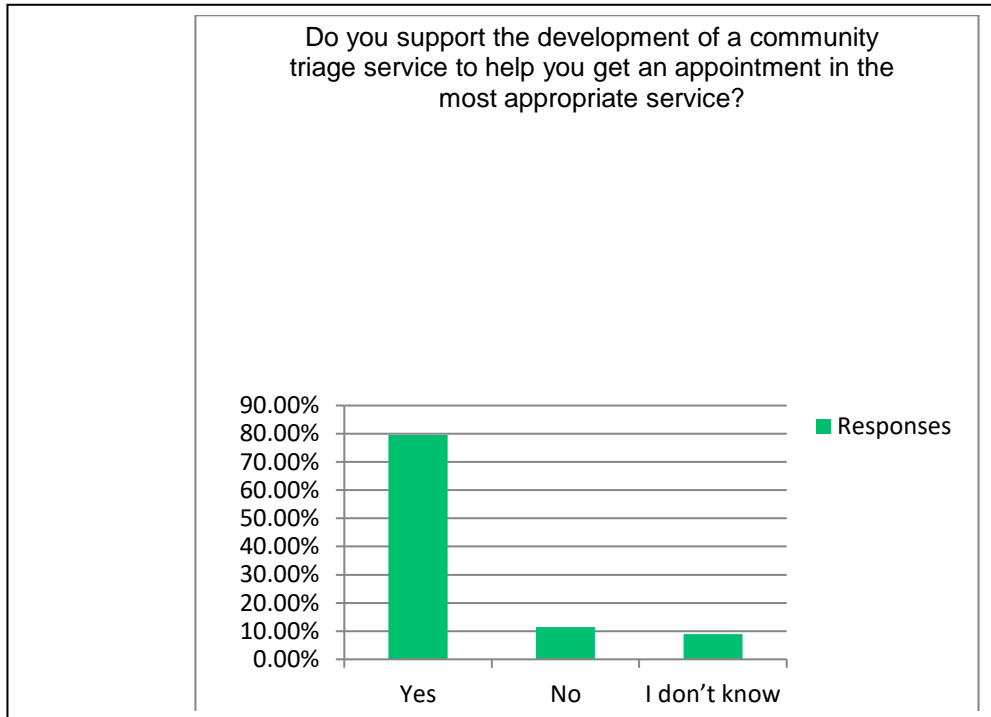
| Answer Choices | Responses | |
|-----------------|-----------|------------|
| Yes | 56.50% | 113 |
| No | 31.00% | 62 |
| I don't know | 12.50% | 25 |
| Answered | | 200 |
| Skipped | | 1 |



9.2 Do you support the development of a community triage service to help you get an appointment in the most appropriate service?

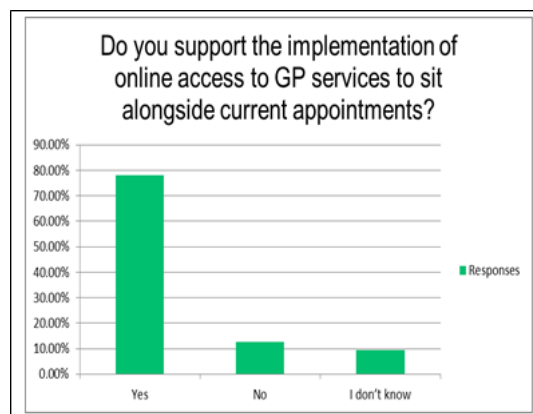
| Answer | Responses |
|--------|-----------|
|--------|-----------|

| Choices | | |
|-----------------|--------|------------|
| Yes | 79.50% | 159 |
| No | 11.50% | 23 |
| I don't know | 9.00% | 18 |
| Answered | | 200 |
| Skipped | | 1 |



9.3 Do you support the implementation of online access to GP services to sit alongside current appointments?

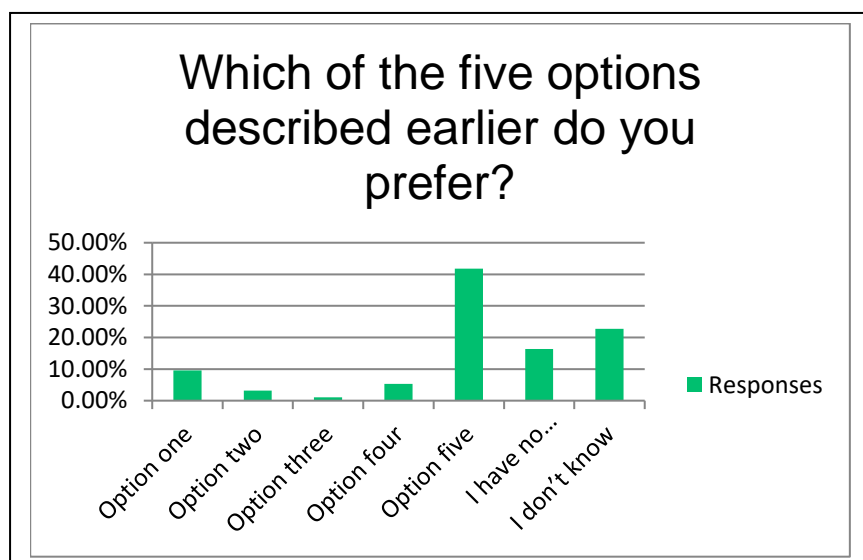
| Answer Choices | Responses | |
|-----------------|-----------|------------|
| Yes | 78.00% | 156 |
| No | 12.50% | 25 |
| I don't know | 9.50% | 19 |
| Answered | | 200 |



9.4 Preferred option:

Which of the five Options do you prefer?

| Answer Choices | Responses | |
|----------------------|-----------|------------|
| Option one | 9.52% | 18 |
| Option two | 3.17% | 6 |
| Option three | 1.06% | 2 |
| Option four | 5.29% | 10 |
| Option five | 41.80% | 79 |
| I have no preference | 16.40% | 31 |
| I don't know | 22.75% | 43 |
| Answered | | 189 |
| Skipped | | 12 |



- Option One proposed no change to the current model
- Option Two proposed redesigning urgent care at Fairfield General Hospital without building a new purpose built urgent care facility and embarking on a patient education/information campaign
- Option Three built on Option Two and proposed an additional simplification of in and out of hours primary care access through community triage across the locality
- Option Four built on Option Three and proposed the additional use of technology to support the new delivery model with access to appointments or advice
- Option Five built on Option Four and proposed building a new purpose built urgent care facility in addition, including moving the walk-in centre from Moorgate

9.5 Impact of the proposals

Q. Will you or your family be affected by these proposals? E.g. parking or public transport?

| Answer Choices | Responses | |
|---|-----------|------------|
| Yes | 68.66% | 138 |
| No | 19.40% | 39 |
| I don't know | 11.44% | 23 |
| If you said yes, please use the space below to tell us how? | | 136 |
| Answered | | 201 |

Themes to emerge from this open ended question are included in the table below:

| Theme | Public Comments | Our Response |
|----------------------------------|---|---|
| Parking at Fairfield | <ul style="list-style-type: none"> Concerns that relocation of the Walk-in Centre will make the parking situation at Fairfield worse, including availability of disabled bays. | The most consistent feedback received was about transport, parking at the hospital and the road infrastructure at the entrance to the hospital. |
| Throughout all of the open ended | | |

questions, the word 'parking' was mentioned 224 times 'car park' was mentioned 27 times and 'multi storey' was mentioned nine times.

- Lack of parking already leads to missed appointments, and as a result undue stress.
- Consider parking improvements i.e. a multi storey car park, designated spots for Urgent Treatment Centre patients or a drop of area, free parking.
- Parking at Fairfield is perceived to be expensive.
- The proposal will further impact residents close to Fairfield.

We believe the proposals would enable us to filter out some of the demand through providing community based advice and information and booking people into an appointment locally using the proposed triage service (Community Assessment Service) and online GP triage using technology.

Currently people wait 4 to 5 hours in A&E to be seen, if we change the system as in the proposal to appointments in the Urgent Treatment Centre we think people could be seen in around 1 to 2 hours, and then we would start to get the flow through the services better, which should improve parking demand. Through the triage and assessment service, less people should need to go to A&E, some patients only need reassurance.

Fairfield General Hospital have committed to developing a new master plan for the site which would include improved car parking facilities and payment on exit machines.

Bury Council have committed to reviewing the access to the site at the junction on the main road.

Walk-in Centre investment

Throughout all of the open ended questions, the word 'Moorgate' was mentioned 57 times and 'Walk-in Centre' was mentioned 52 times.

- Concern that money has been wasted on the Moorgate site.
- A preference for facilities to be centrally located and accessible i.e. investment in the Moorgate Walk-in Centre with more staff, longer hours, diagnostics as originally intended i.e. X-ray and the ability to book.
- Service is often available when GP appointments are not.
- More investment in Prestwich (Fairfield is too far) to provide an equal, accessible service, more staff and longer hours.
- Consider Radcliffe Primary Care Centre as a potential site, free parking, accessible.

Facilities such as X-ray and blood tests are not available at Moorgate.

NHS England has set out standards for the roll out of standardised new Urgent Treatment Centres. Bury does not currently meet those standards and we would be able to work towards these by building a new integrated UTC at the front door of Fairfield Hospital. The standards include a requirement for a walk in option. The Standards set out that the UTCs should be primary care led and co-located with other community services to allow the most efficient flow of patients and is advantageous if sited alongside hospital A and E Departments

We couldn't afford to have an X-ray facility in the Moorgate site, it was built with that idea, however, at the time thought wasn't put into the specialist staff needed i.e. a radiologist.

We would maintain the walk in facility in Prestwich including weekend opening, until we understand the impact of the new service at the Urgent Treatment Centre located at Fairfield, and reflect

on what that would mean for services at Prestwich. We would consult again if we propose make changes to Prestwich Walk-in Centre further down the line.

Healthier Radcliffe was a brilliant project, and national work in Neighbourhoods has been informed by it. We have GP extended hours appointments in Radcliffe, but they aren't fully utilised and there are spare appointments. The triage and assessment service will help people to be seen more locally. There just isn't the additional funding that would be required to relocate services from FGH to Radcliffe,

GP services

Throughout all of the open ended questions, the phrase 'GP' was mentioned 54 times.

- The proposal may make it more difficult to access urgent/same day GP/walk in appointments.
- More weekend GP appointments including telephone or e-mail consultations (alternatives to face to face), evening and weekend appointments, better online services including email and Skype options, along with improved triage/not having to call at 8am

Through these plans we want to improve the way you get access to a GP through face to face appointments, telephone and online advice and consultations as well as booking an appointment online.

We would like to link everything up using technology, so for example, the walk in facilities or Clinical Assessment Service (on the phone) could book you a pharmacy or GP appointment directly using their ICT system. Some of this is currently possible using the CAS Adastra system but more work and investment is required with some of the ICT systems in the future.

Through the triage and assessment service, less people should need to go to A&E, some patients only need reassurance and this should help with the flow through all urgent care services.

We hear people can't get GP appointments, but we know that appointments are available, especially between 6pm to 8pm.

Public transport

Throughout all of the open ended questions, the word 'bus' was mentioned 51 times and 'public transport' was mentioned 45 times.

- Proposal needs to be underpinned with redesigned transport.
- Some people need to take two buses to reach Fairfield, Bury town centre is more accessible, for some by foot.
- Lack of public transport out of hours and taxis are expensive, consider a free/low cost shuttle service for patients/staff including those on low income.
- A risk some patients will call an ambulance, or may seek no help if the journey is too difficult.
- Can be unreliable i.e. in bad weather, sometimes no seats.

We will provide public transport information as part of our ongoing commitment regular public information campaigns about urgent care

We have looked at the public transport options and will set them out in the SCB paper and have produced a heat map showing where people travel from to use the Moorgate WiC.

| | | |
|---|---|--|
| <p>Further distance/travel</p> <p>Throughout all of the open ended questions, the word 'distance' was mentioned 10 times, 'too far' was mentioned 10 times and 'travel' was mentioned nine times.</p> | <ul style="list-style-type: none"> • Fairfield isn't the easiest place to get to (too far for some) if you do not drive or need to park. • Fairfield is further to travel i.e. with a poorly child. • The access road to Fairfield is busy and narrow with restricted traffic flow. • Impact on air quality. • A feeling patients may choose A&E if the Walk-in Centre is relocated to Fairfield leading to increased costs and waiting times. | <p>Bury Council will review the road access to Fairfield General Hospital</p> <p>The proposed new model at Fairfield Hospital will mean that everyone is routed through the new Urgent Treatment Centre rather than through A and E. People who need access to A and E will receive it as one of several appropriate options to be streamed to.</p> <p>The proposal is for walk in patients to be triaged at the Urgent Treatment Centre, a patient will only be seen in A&E if their situation is life threatening or there is severe trauma.</p> <p>As well as a walk in option, we would like to offer people appointments at the UTC so that would reduce waiting times.</p> |
|---|---|--|

9.6 What support is required?

Q: If we go ahead with one of the various options, please tell us how we can support you.

The following themes were reflected in all free text boxes, only new points are included:

| Theme | Public Comments | Our Response |
|--|--|---|
| <p>Access points</p> <p>Throughout all of the open ended questions, the word 'access' was mentioned 95 times (this will have been used in a number of different contexts).</p> | <ul style="list-style-type: none"> • Simplify access points to services, make them less confusing. | <p>One of the main objectives of this work was to make the current arrangements for urgent care less confusing so that people know where to go for the most appropriate care.</p> <p>We would like to simplify, streamline and standardise what happens at the various access points- telephone, online, NHS 111, walk in centre, UTC – so that the same triage and streaming process takes place.</p> <p>We have also launched the new Greater Manchester Service Finder App which is available to download on your phone, tablet or desktop. It is live and tells you which services are currently open in your postcode.</p> |
| <p>Triage*</p> <p>Throughout all of the open ended questions, the word 'triage' was mentioned 28 times.</p> | <ul style="list-style-type: none"> • A front end triage at A&E makes sense; patients directed quickly to specialised services/minor injuries etc. | <p>The plans to develop the Urgent Treatment Centre would mean that people would receive a primary care or mental health led assessment, unless a suitably qualified professional thinks that you need to go straight to the A&E department or the same day emergency care service.</p> |
| <p>Public information</p> | <ul style="list-style-type: none"> • Public information needed so people know their choices, targeted to different | <p>A campaign has commenced to raise awareness of local services and we will</p> |

| | | |
|--|--|---|
| Throughout all of the open ended questions, the word 'campaign' was mentioned nine times, 'communication' was mentioned three times. | communities i.e. use of local paper / leaflet for your fridge. | build on this, we need different approaches for different people. |
|--|--|---|

9.7 Other themes to emerge

Other themes to emerge from the Options in relation to how people could be supported are highlighted below, with the options they relate to in brackets:

| Theme | Public Comments | Our Response |
|--|---|---|
| <p>Triage*</p> <p>Throughout all of the open ended questions, the word 'triage' was mentioned 28 times.</p> <p><i>(Option two, three, four and five)</i></p> | <ul style="list-style-type: none"> • Freephone access to health care professionals with same day local appointments. • Concern around centralising systems where patients have long term conditions and value continuity of care. • Concerns about the NHS111 service and how the proposed phone offer will be different. | <p>Our plan is to offer you the opportunity to speak to a local health care professional by phone if you ring 999, NHS 111 or if North West Ambulance Service determine you don't need to go to hospital. This is called the Clinical Assessment Service. The team would put you through to the GP out of hours service who will operate 24/7.</p> <p>We also propose to improve the way you get access to a GP through advice, face to face appointments, telephone and online consultations as well as booking an appointment online.</p> <p>We would like to link everything up using technology, so for example, the walk in facilities or CAS could book you a pharmacy, UTC or GP appointment directly using their ICT system called Adastra.</p> <p>Continuity of care is important but there will be some occasions when your named GP is not available. You would have the choice of waiting until they are available or speaking to someone else straight away. The CAS would be able to make appointments for you out of hours at a time that is convenient.</p> |
| <p>Urgent Treatment Centre</p> <p>Throughout all of the open ended questions, the phrase 'UTC' was mentioned 16 times and 'Urgent Treatment Centre'</p> | <ul style="list-style-type: none"> • The ability to self-refer to the urgent treatment centre (you can't do this now). • A good idea but doesn't need to be 24/7. • Quick access to diagnostics i.e. X-ray reduces waiting times and the chance of further problems i.e. infections. • Concerns money will be wasted on an inaccessible building. | <p>The plan is for patients to be able to book an appointment at the Urgent Treatment Centre so that would be an improvement to the current service.</p> <p>We believe that our plans for the Urgent Treatment Centre would provide an enhanced service compared to what we have in place now, alongside improvements across other urgent care</p> |

was mentioned nine times.

(Options two, four and five)

services to provide the right service in the right place, first time, closer to home.

Not all services would be available 24/7 but the new UTC would include the out of hours GP service that is available when GP practices are closed

Technology

Throughout all of the open ended questions, the word 'technology' was mentioned four times, internet was mentioned three times.

(Option four and five)

- Not everyone has access to technology or the internet, other access points needed.

We will absolutely bear this in mind to ensure our communications and public information campaigns are accessible to everyone including non-technology options.

Technology is one option for those people who would like to go online to book an appointment or would like to have an online consultation. But face to face appointments would still be available and having the ability to ring your practice would remain.

Self care (Option five)

Throughout all of the open ended questions, the phrase 'self-care' was mentioned once.

- By providing a 24 hour service for minor conditions, people may be discouraged to self-care.
- Pharmacies provide same day services.

We are planning a public information campaign to let people know about the range of local services to meet their needs, along with self-care messages to ensure people make the best choice for their situation.

9.8 Are there any alternative solutions that you can think of to make the changes we need?

In this section only points not previously mentioned are included:

| Theme | Public Comments | Our Response |
|--|--|---|
| <p>Children</p> <p>Throughout all of the open ended questions, the word 'children' was mentioned four seven times.</p> | <ul style="list-style-type: none"> • Dedicated paediatric services similar to in Rochdale. • Consider a triage service, advice and treatment for under 5s who account for a lot of urgent care activity. | <p>This review has focused on service reconfiguration and redesign. Children accessing these services should benefit from the improvements made. However, it is proposed to further review urgent care services specifically for children in the next phase of our improvement journey.</p> |
| <p>Patient pathway/accessability</p> <p>Throughout all of the open ended questions, the word 'access' was mentioned 95 times.</p> | <ul style="list-style-type: none"> • Example of where a patient has attended the Walk-in Centre only to have to go to A&E due to lack of diagnostics i.e. the relocation is a positive move (however, cross reference parking issues). • Better discharge and co-ordination between services. • A pharmacist escalating a patient back to a GP is doubling time and cost. • Individuals with a hearing impairment would need call handlers to use an appropriate | <p>These points are noted and we will consider in our planning. We need the whole range of services to work better together and as we continue to integrate our teams, this will be at the centre of our thinking.</p> |

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| | <ul style="list-style-type: none"> phone. Patients from Rochdale access services at Bury Walk-in Centre and Fairfield General Hospital, people don't recognise borders, they recognise the NHS. | |
| Record sharing | <ul style="list-style-type: none"> Sharing medical notes, avoiding having to repeat information and better links between services i.e. prescriptions, linked between the practice and pharmacy, but not the hospital. | We would need to develop new ways of working to implement these proposals. There are some things we would need to do to make sure different services can access information in other parts of the system and this is at the heart of what we want to do. Even making appointments between services is quite challenging but that is one of the first things we would tackle. We would need to seek some additional investment to do some of this work too. |
| Throughout all of the open ended questions, the words 'record' or 'notes' was mentioned twice. | | |

10. Feedback from public meetings and engagements with stakeholders.

10.1 Public meetings

Public meetings took place on 25th February, 12.30pm and 4th March at 6pm

19 individuals attended the first public meeting and 9 attended the second public meeting which both took place at Bury Town Hall. Attendees were welcomed and listened to a presentation before a question and answer session.

Questions, points and themes raised at the meetings included:

| Theme | Public Comments | Summary of the response provided at the meeting |
|--------------|---|---|
| Parking | Concern from residents near Fairfield Hospital about the impact of parking. | The most consistent feedback we are hearing is about transport, parking and the infrastructure getting into Fairfield. We will factor this into our thinking and report your concerns to the Strategic Commissioning Board. |
| | Concerns around parking problems now, and a new service would make this a bigger problem. Also for people without transport, with young poorly children etc, that can't afford a taxi, buses aren't 24/7. There was supposed to be a multi storey car park at Fairfield, this is the only answer. | Parking is a challenge that we need to feed back. We would be able to filter out some of the demand through advice and information and booking people into an appointment locally. Currently people wait 4 to 5 hours in A&E to be seen, if we have appointments in the Urgent Treatment Centre we think people would be seen in around 1 to 2 hours, and then we would start to get the flow through the services better, which would improve parking demand. Through the triage and assessment service, less people would need to go to A&E, some patients only need reassurance. |
| | | The hospital are about to commence a |

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| | | <p>master planning exercise which will include looking at the provision for better parking on the site and Bury Council have committed to looking at the road junction into the hospital.</p> |
| Fairfield site | <p>Concern regarding access to the Urgent Treatment Centre at Fairfield for an older person at i.e. 2am.</p> | <p>The CAS would be able to find the right service for each specific case including home visits by Bardoc or an appointment the next day at the UTC.</p> |
| | <p>Has the site at Fairfield been secured, will it be funded and what are the timescales.</p> | <p>We have started to develop a proposal to build the new UTC on the Fairfield Hospital site, pending the outcome of the public consultation and the decision made by the Strategic Commissioning Board. We would need to submit an investment request, work up a scheme to have elements ready for Winter 2020.</p> |
| | | <p>Comment from a colleague working on the project: There are challenges at Fairfield with the average number of attendance at A&E being 220 and on some occasions this can be over 280 per day. The current department isn't configured or big enough to manage the number of patients that go there and so we have to make changes. We have an opportunity do some redevelopment at the front door of A&E</p> |
| Walk-in Centres | <p>Example from a person who has been very impressed by the services provided at Prestwich Walk-in Centre, will there be a knock on effect? A question about any plans to boost Prestwich services.</p> | <p>We intend to maintain the walk in facility in Prestwich for the time being; including weekend opening, until we understand the impact of the new service at the Urgent Treatment Centre located at Fairfield, and reflect on what that means for services at Prestwich. We will consult again if we propose make changes to Prestwich Walk-in Centre further down the line.</p> |
| | <p>Why are we keeping the Prestwich Walk-in Centre building when it isn't fit for purpose compared to Moorgate.</p> | <p>The biggest improvement people would notice is the triage and assessment service. We hear people can't get appointments, but we know they exist (confirmation from the room that there are urgent GP appointments when you need them). At present if you attend the Walk-in Centre with something that they can't deal with, you are sent to A&E anyway. The new triage and assessment service will improve that.</p> |
| | | <p>There is a real urgency to look at the Fairfield site and the urgent treatment centre as per national guidance. When we started this review there were some staffing challenges at the Bury site and so a focus on that and Fairfield to start with made sense. The relationship with the Prestwich Walk-in Centre is more complicated with many patients coming</p> |

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| | | from other areas (Salford and Manchester). We would want to get the Bury model right before we look at Prestwich in a second phase, subject to further public consultation. |
| | Moorgate is a perfectly good building and accessible, why can't we put 24/7 facilities into Moorgate without building at the hospital. | We have facilities such as X-ray and blood tests at the Fairfield site. One of the things we have learnt around staffing of the Bury site is there is some transfer between the Moorgate and Fairfield sites, and so putting them together, staffing them becomes less of an issue. We couldn't afford to have an X-ray facility in the Moorgate site. |
| | Concern around Bury Walk-in Centre staff having to work shifts to cover the proposed 24/7 service, we may lose staff. | Some services are already 24/7 at the Fairfield site i.e. GP out of hours service and nurses doing minors in the majors part of A&E We are working with the Northern Care Alliance in this respect. There is a real potential for staff development. Any proposed changes for staff would need to be consulted on. |
| Radcliffe | People from the Radcliffe area feel undervalued by the CCG, the Primary Care Centre in Radcliffe is a lovely building and is underused. People were assured they would be treated locally. | Healthier Radcliffe was a brilliant project, and national work in Neighbourhoods has been informed by it. We have GP extended hours appointments in Radcliffe, but they aren't fully utilised and there are spare appointments. The triage and assessment service would help people to be seen more locally by the most appropriate service, first time. |
| Public information and communications | The need for a co-ordinated approach to public information and to make this accessible, not just digital, eg leaflets to every home such as the refuse service. | A campaign has commenced to raise awareness of local services and we would build on this, we need different approaches for different people and we are exploring opportunities to talk to people in different ways. |
| | Patient representative that has been involved in the urgent care work, communications does often fall to a small number of people, they do their best and do consider communications. | N/A |
| | Concerns that the numbers attending the meeting is a reflection of awareness of the consultation/public events. | Communications is a big challenge whatever we do. Sometimes it is difficult to judge if we have got this right. In a future phase there would be a public communication and education campaign about what services are available (to note post meeting, the Eventbrite booking page received 319 views). |
| Duration of the consultation | A four week consultation is not long enough. | We took advice about the appropriate length of time needed for a public consultation. |
| Sharing records | Access to medical records is crucial. | We don't have this system in place yet and this is something we are working towards across Greater Manchester. |
| Mental health | Will there be any expansion of mental health | The proposals for the new Urgent |

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| | services, capacity is an issue, waiting times. | Treatment Centre would include mental health services |
| Triage | Feedback of a good experience of the NHS111 Service. | In the new system NHS111 will remain an option available nationally and to Bury patients however an increasing number of Bury calls to NHS111 will receive a response from a local Bury clinician. |
| Other | Why do you need to wait for an appointment if your need is urgent? | Practices tend to book 50% of appointments in advance and 50% on the day. Most urgent care isn't an emergency and needs to be dealt with in 24 to 72 hours. The proposals include making it easier to get a GP appointment, telephone advice from your GP and the retention of walk in facilities for urgent cases. |

10.2 Health care professional / service provider engagement

Local Medical Committee

The Local Medical Committee (LMC) received an update about the consultation at a meeting on 24th February 2020.

Themes to emerge from the meeting included:

- Being broadly positive about the proposals and general principles.
- Some concerns about parking at Fairfield and the narrow access road.
- A query about how the proposal links to Heywood, Middleton and Rochdale CCG as a significant proportion of patients attending Fairfield come from that locality.
- No awareness of the national pharmacy scheme mentioned in the consultation document.

Workforce Engagement Forum

The Workforce Engagement Forum received an update about the consultation at a meeting on 26th February 2020.

All Unison representatives from both the Council and the NHS, including the regional Co-ordinator from NHS Unison and the Unison staff side representative from Pennine Acute attended.

Themes to emerge from the meeting included:

- A very positive meeting, positive feedback this is about a whole system review including a more robust triage system.
- Very supportive of a more robust approach to triage both in the community and at the hospital, the clinical assessment service and the new Urgent Treatment Centre.
- A current issue is getting a GP appointment and waiting to get through on the phone and so supportive of online consultation or similar.
- Relocating existing staff parking to make room for the Urgent Treatment Centre may be an issue.
- Further information sought on savings targets.

GP (Member) Practices

The CCG's Member Practices were advised of the launch of the consultation and encouraged to share their views as local providers of services that might be impacted by the proposals.

An offer was made to attend team or Primary Care Network meetings and a drop-in session to find out more, ask questions and share views took place on the 5th March 2020.

Organisations directly affected

A communication requesting views from directly affected organisations including the Northern Care Alliance; GP practices; the GP Federation; Pennine Care, wider Primary Care, Bury Local Care Organisation and BARDOC was issued at the start of the consultation period. No individual responses were received.

Political parties / correspondence

Both Bury MPs were updated in relation to the consultation.

A communication reached all Bury Councillors to inform them of the start of the consultation and to offer to meet with individuals or groups to discuss this further.

Health and Wellbeing Board

The Health and Wellbeing Board received an update about the consultation at a meeting on 20th February 2020. A theme to emerge from the meeting was that parking might be an issue.

11 Use of remote consultations by primary care

Part of the proposed model is to introduce more technology in GP practices to enable telephone and online triage by the GP practice staff and remote consultations. In many cases, experience from other localities where this has been introduced has demonstrated that an appointment is not always necessary and that often, patients just need a quick bit of advice or some reassurance. Where appointments are required, the experience from elsewhere in Greater Manchester has been that this approach frees up more appointments for people who really need them, including more same day appointments. We tested out the appetite for this in the Urgent Care consultation and there was broad support for it with 78% of respondents saying this was something they wanted to see. If we can free up more same day appointments we believe this will stop people going to A&E because they were unable to get a same day appointment. The changes that were required across the system in response to the COVID-19 pandemic have since meant that the whole system has had to adapt to change much more quickly and that remote consultations are very popular. This is picked up in section 15 of this report. Some additional funding has been made available by GM to implement this but more will be required to roll out to 100%.

12. Parking, public transport and access to the hospital site by road

The public meetings demonstrated concern about the lack of parking at Fairfield General Hospital, the wish for payment on exit at the car park, public transport and access concerns from the main road. The hospital, as part of the Northern Alliance has commenced a master planning exercise for the Fairfield site and the CCG Urgent Care Programme Manager has attended the first site-planning meeting. The master planning team has acknowledged the on-going issues around car parking and the likely impact of some service changes within the trust including the change to some outpatient appointments and the development of the proposed new Urgent Treatment Centre. The Trust has committed to review car parking provision on site.

In a statement to support the Urgent Care Review, the Trust said,

'A review of travel and access to the Fairfield General Hospital site is being undertaken to take into account the increased activity expected following a number of proposed changes including an Urgent Treatment Centre, Orthopaedic Theatre extension and general ward increases. This review will include considerations for the provision of additional parking spaces along with other travel schemes to help patients, visitors and staff reach the hospital.

We are already in the process of improving the parking payment machines and parking management on the hospital site, including new payment methods which once complete will enable parking payments to be made on departure for the time parked rather than in advance. This will both improve the parking experience for users and parking utilisation. We have also recently introduced schemes to encourage the use of bus services and in conjunction with Bury Council and Transport for Greater Manchester (TfGM) to encourage the use of cycling routes which are being promoted within the Bee network.

The intention being where ever possible to develop the Travel and Access changes so that they coincide with the expected site activity changes in order that the new developments commence with the improved arrangements and infrastructure in place.



Bury Council have committed to review the road access to the Hospital site.

The Urgent Care Review Team have also looked at bus routes and timetables to the hospital and considered a heat map of where current users of the Moorgate walk-in centre have travelled from. These are set out in the appendices.

13 Quality Impact Assessment and Equality Impact Assessment.

13.1 A Quality Impact Assessment and Equality Impact Assessment is included in the appendices

- 13.2 There are no quality or equality issues that require modification to the proposal for the Urgent Care operating model.

14. Conclusion

- A four week consultation period in relation to improving urgent care services in Bury ran from 10th February to 8th March 2020 inclusive.
- 201 individuals completed the consultation survey.
- More than half (57%) of respondents said they supported the development of an enhanced Urgent Treatment Centre at Fairfield General Hospital, and 12.5% said they did not know.
- More than three quarters (80%) said they supported the development of a community triage service to help them to get an appointment in the most appropriate setting; and a similar number (78%) said they supported the implementation of online access to GP services.
- Of the options put forward, the preferred Option (5) was chosen by 42% of respondents and a further 39% said they had no preference or didn't know, 19% chose options one to four inclusive.
- Concerns to emerge from feedback related mainly to difficulty parking at the Fairfield site, additional distance to travel and adequacy of public transport. Whilst a large proportion of respondents chose Option 5 which would see the redesign urgent care at Fairfield General Hospital including building a brand new purpose built urgent care facility where Bury Walk-in Centre would be relocated, there was a strength of feeling around retaining and bolstering the services at Bury Walk-in Centres current base, and other community sites.

15. Impact of Covid-19 Pandemic on the Urgent Care Review

- 15.1 COVID-19 has speeded up the implementation of many parts of the Urgent Care Review. GP consultations have mainly moved to video and telephone consultation, with Ask My GP, a digital solution rolled out across the majority of GP practices. 90% of consultations are currently undertaken in this way, in order to minimize contact due to Covid-19. This is expected to reduce as primary care commences picking up work that they have had to suspend over the past few months, however the level of face to face contacts are not expected to rise to previous levels due to the current digital solutions being in place. In addition further work has been undertaken to support alternative triage methods and management as outlined in the review across primary care, community services and out of hours.
- 15.2 Walk in and drop-in services of all types across the borough have been suspended throughout Covid in line with national guidance. Prestwich WiC has been temporarily suspended to provide an alternative COVID-19 service. Moorgate WiC has also been suspended due to Covid-19 and the workforce re-deployed to support other essential services such as the Urgent Treatment Centre at Fairfield General Hospital, and the Community Rapid response Service.
- 15.3 The new Clinical Assessment Service (CAS) has seen a speeded up implementation and this is widely seen as positive step forward, so much so that the next phase of development of a phone and book approach to appointments at A&E is being designed and piloted in June at Fairfield General Hospital.
- 15.4 The Department of Health and NHS Digital are urging organisations to put in place a Digital First system to enable frontline services to reduce footfall to (and manage demand across)

individual practices, Primary Care Networks (PCN's) and the CCG. The AskmyGP system is accepted as an approved solution. As part of the Urgent Care Redesign proposals there is a recognition that across Bury we need to modernise the way GP practices manage appointments and consultation in a redesigned urgent care system. Prior to COVID 19 the AskmyGP system was being considered.

AskmyGP is NHS Digital supported and enables practices to manage workforce issues real-time and release doctors to work elsewhere.

GP practices in Bury are rolling out digital technology to allow patients to receive virtual or telephone appointments quickly and at their convenience. More than 70% of GP practices have begun to use the new systems, with feedback from patients overwhelmingly positive. The technology enables patients to access the most appropriate care and provides GPs with the capacity to care.

Early results in Bury demonstrate:

- 76% of patient queries are now online.
- 99% of requests completed on same day.

As a response to COVID 19 the CCG asked for an urgent emergency options appraisal paper relating to Digital First Primary Care to best address patient need during the pandemic. As a result the CCG Clinical Lead for IT, Dr Sanjay Kotegaonkar and the CCG Chief Technology Officer / Chief Information Officer, Nia Pendleton-Watkins produced a business case and successfully received funding via GM for the roll out of AskmyGP across Bury.

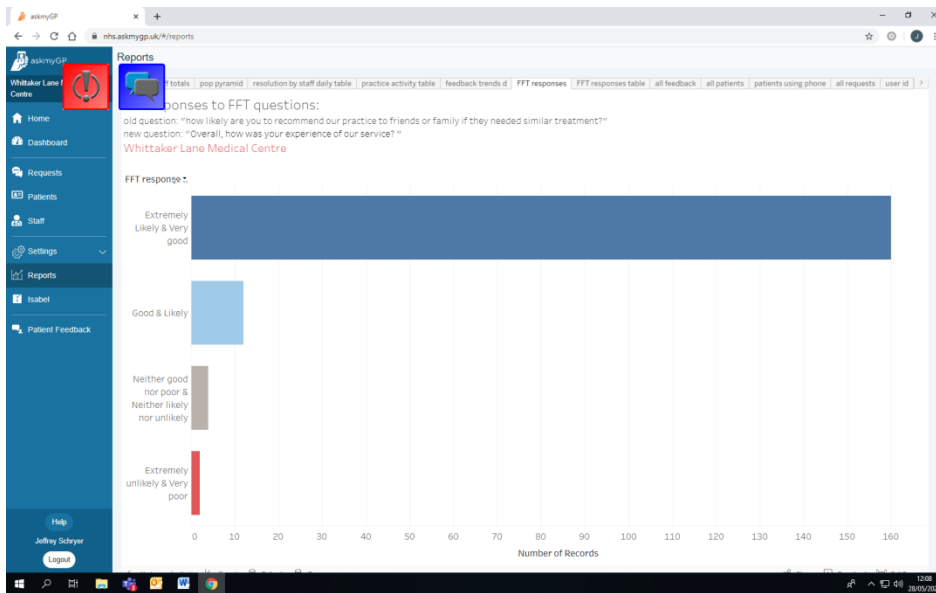
AskmyGP is already making a significant impact across Bury with 77% of the registered population able to access and ongoing discussions with the remaining GP practices. Another 2 practices are scheduled to commence in the next few days moving this figure to 80%.

Quotes from the Tower Practice group the first to trial the system in Bury include:

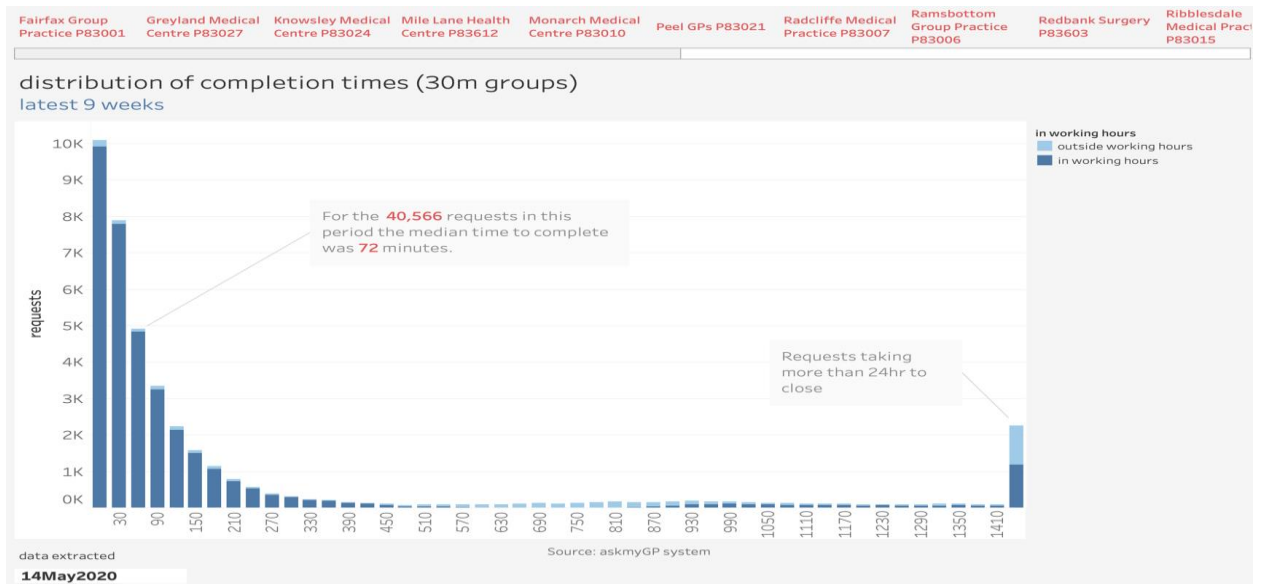
- *'Ability to truly understand demand and therefore plan capacity to match that – the Holy Grail of General Practice'.*
- *'Staff and clinicians love it'.*
- *'We do believe it will positively affect access for patients, not only during this pandemic but the future as well'.*

Dr de Vial said: "This has been the most transformational change to the way we work that I've seen in 28 years as a GP. Patients are able to send a request online or by phone and receive the right care much quicker than they would have done previously. It saves patients time and hassle of waiting in telephone queues and it enables us to treat patients quicker as they have already briefed us on their symptoms online, meaning we can provide more time for patients with complex conditions. It is also having benefits for patients who are not online as our telephone lines have been opened up, allowing them to get through to the surgery quicker and easier than before."

Rock Practice asked how was your experience of our service in relation to Ask my GP and received an 84% satisfaction rate and patients from Whittaker Lane Practice showed very high satisfaction rates



The graph below shows over 40,000 requests across Bury in the 9 weeks to 14.5.20



- 15.5 The Green Car service which has been funded through Transformation Funding has now been commissioned formally by the OCO. Whilst there has been a temporary re-deployment of the Green Car staff to staff ambulance crews during Covid-19, in order to backfill paramedic staff effected by the disease, the service will be resumed as soon as possible. Prior to Covid-19, referrals from the Green Car to community rapid response had seen a rise, in diverting people away from a hospital attendance.
- 15.6 Impact of Covid-9 has meant that NHSE have indicated a ceasing of capital spending for NHS Trusts. Further work will be required to understand this in detail, and the impact on timescales for delivery of changes to the estate at FGH to support the changes to urgent care. Work will continue on planning the estate and development of a business case in preparation for the release of funding. Further consideration will need to be given to the requirement of separating Covid and non-Covid access routes through the urgent care department and this will be incorporated into the planning.

16 Next steps pending the approval of the recommendations by the SCB

- Feedback will be provided on the decision to stakeholders through all existing mechanisms, including the press and media, social media and the internet, through local third sector organisation networks and other networks, and through the Health, Overview and Scrutiny Committee
- Provision of a public information campaign about urgent care services in Bury as part of the Recovery Phase of #Buildbackbetter
- Develop the next stage of the Clinical Assessment Service including the design and piloting of a new model for 'phone and book' triaged appointments in A and E at Fairfield Hospital and to make this replicable across the walk in centres.
- Further roll out the use of primary care remote triage and consultation services, 'AskmyGp.
- Development of the new Urgent Treatment Centre at Fairfield General Hospital as part of the wider master planning exercise for the site and to develop an interim new front door arrangement if residents have not chosen the phone and book approach to A&E.
- Working closely with the GM Urgent Care Review to align the work in Bury to other localities that share borders with Bury particularly Rochdale, Manchester and Salford and to contribute to the joint work on Urgent and Emergency Care COVID-19 Response Recovery.
- To enable a smooth handover of the work from the Review Team to the Local Care Organisation to implement the review. This would include:
 - the development of a programme plan and timeline to come back to a future meeting of this Board
 - the recruitment of an interim project manager
 - the development of a system wide urgent care financial plan

17. Recommendations

17.1 The Strategic Commissioning Board is asked to:

- note the outcome of the Urgent Care Public Consultation and support for the proposals from the respondents.
- Note the preferred option for progression is option 5
- Note that there are no detrimental impacts in terms of quality or equality
- Acknowledge the impact of Covid-19 has had on the implementation plan
- Agree to the next steps set out in the report

Nicky Parker
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June 2020

Appendix 1 Questionnaire

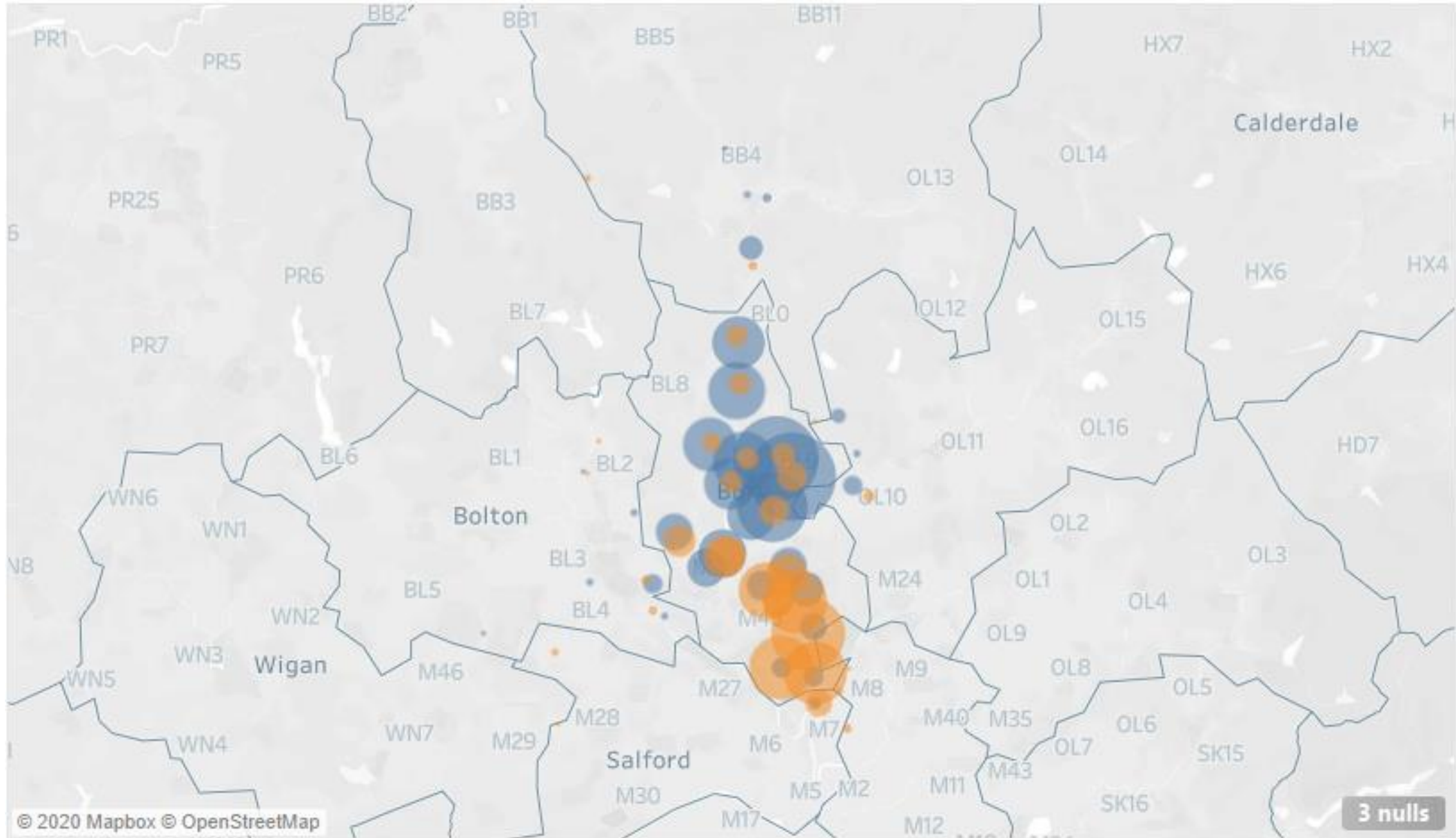
- Appendix 2** Quality Impact Assessment
- Appendix 3** Equality Impact Assessment
- Appendix 4** Bus routes
- Appendix 5** Travel map to Moorgate

Bury & Prestwich WIC heatmaps

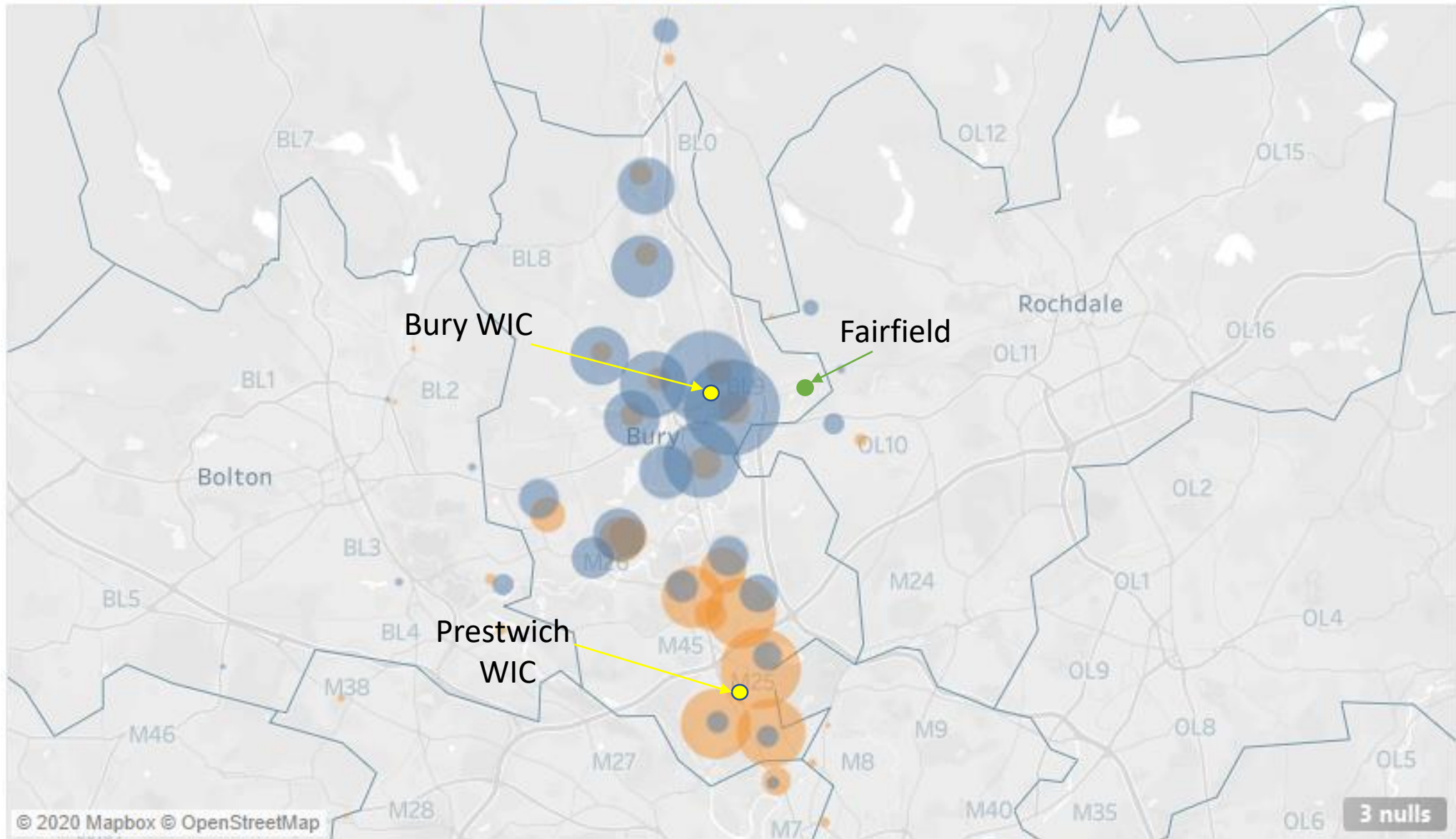
Contents

1. Bury & Prestwich Heatmap – Ward level
2. Lower level Bury & Prestwich Heatmap – Ward level
3. Bury Heatmap – Ward Level
4. Bury Heatmap – LLSOA Level
5. Lower level Bury & Prestwich Heatmap – LLSOA Level

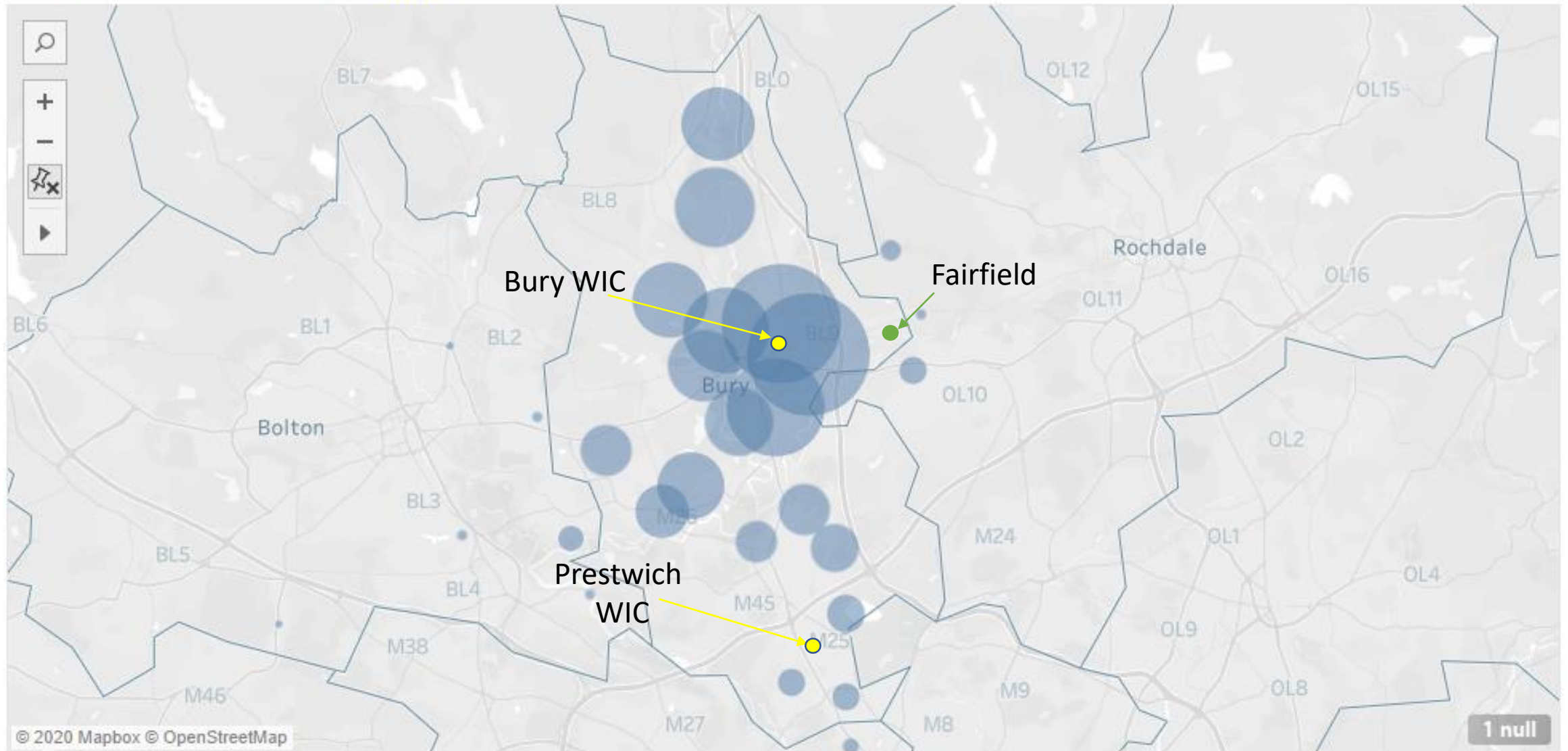
Registered patients for **Prestwich** and **Bury** WIC in Dec 2019



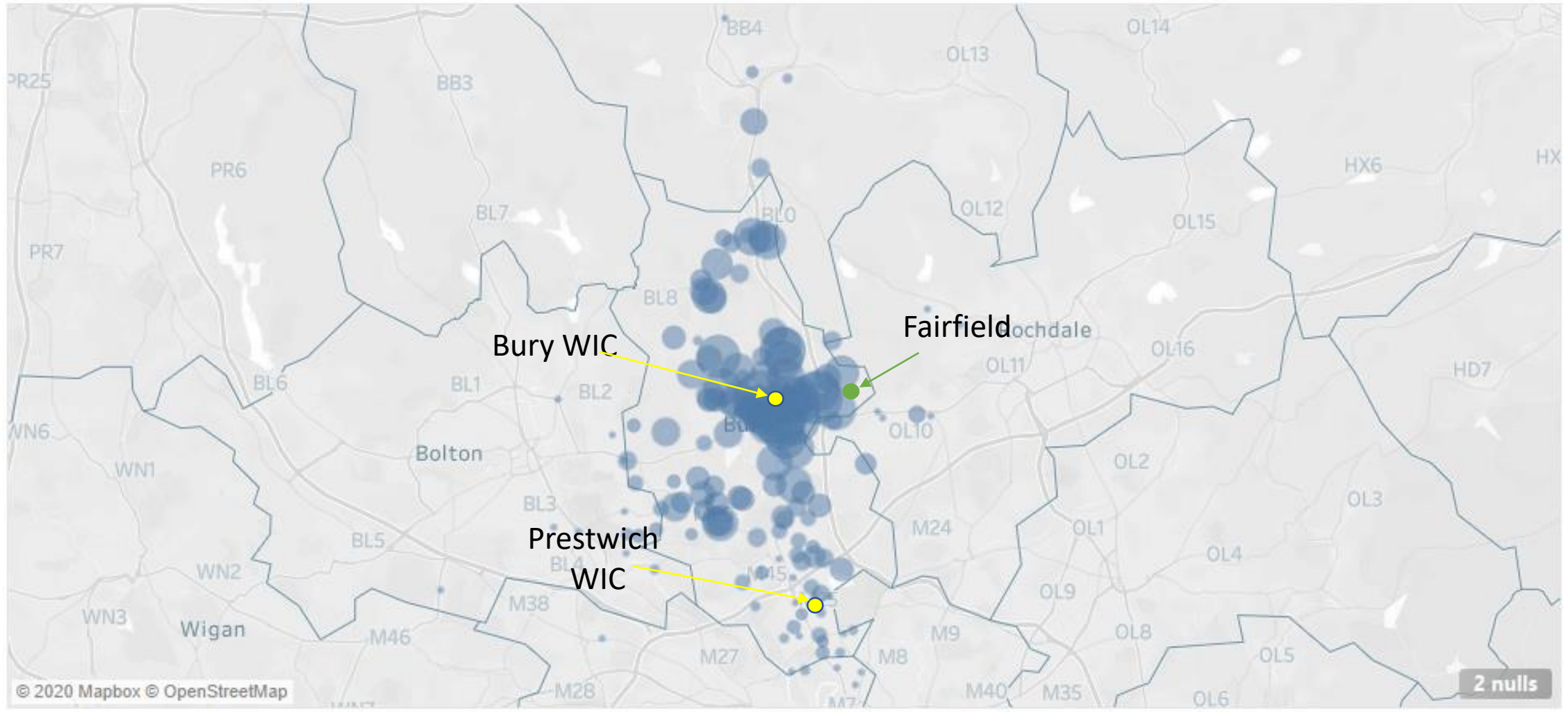
Registered patients for **Prestwich** and **Bury** WIC in Dec 2019



Registered patients for **Bury** WIC in Dec 2019



Bury CCG Registered patients for **Bury** WIC in Dec 2019
Lower Level Super Output Area



Buses to Bury Walk-in Centre area - Journey time circa <five minutes

| Bus route | Arrivals to Derby Way area <u>from Bury</u> | Departures from Derby Way area <u>to Bury</u> | Arrivals to Derby Way area <u>from Bury</u> | Departures from Derby Way area <u>to Bury</u> | Arrivals to Derby Way area <u>from Bury</u> | Departures from Derby Way area <u>to Bury</u> | Frequency |
|--|--|--|--|--|--|--|---|
| | Mon - Fri | Mon - Fri | Saturday | Saturday | Sunday/public holidays | Sunday/public holidays | |
| 474 Ramsbottom circular via Holcombe Brook, Walmersley | No service | 6.14 until 23.29 | No service | 7.19 until 23.29 44 | No service | 9.19 until 23.29 | Frequency As frequent as every 15 mins (varies) Monday to Saturday and 30 minutes on a Sunday |
| 472 Ramsbottom circular via Walmersley, Holcombe Brook | 5.09 until 23.43 | No service | 6.33 until 23.43 | No service | 8.03 until 23.43 | No service | Frequency As frequent as every 15 mins (varies) Monday to Saturday and 30 minutes on a Sunday |
| 467 Bury to Rochdale and back | 7.13 until 23.17 | 7.33 until 22.37 | 9.18 until 23.17 | 8.42 until 22.37 | 10.17 until 23.17 | 9.32 until 22.37 | Frequency (mins) Mon - Sat daytime - 20 Evening/Sun & Pub hols - 60 |

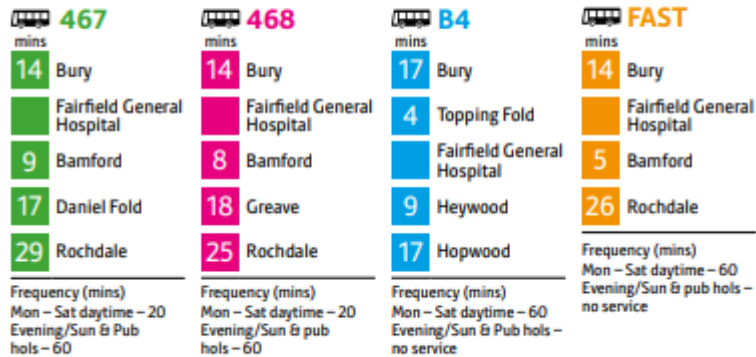
| | | | | | | | |
|--|--|-------------------|------------------|-------------------|-------------------|------------------|---|
| 468 Bury to Rochdale and back | 6.07 until 23.47 | 5.55 until 23.07 | 6.38 until 23.47 | 6.27 until 23.07 | 8.17 until 23.47 | 7.32 until 23.07 | Frequency (mins) Mon – Sat daytime – 20 Evening/Sun & pub hols – 60 |
| FAST Bury to Rochdale and back | 9.23 until 16.23 <i>Caveat that some of the times only run on a Thursday and Friday</i> | 10.05 until 17.05 | 9.23 until 16.23 | 10.05 until 17.05 | No service | No service | Frequency (mins) Mon – Sat daytime – 60 Evening/Sun & pub hols – no service |
| B2 Bury to Nangreaves and back | 9.12 until 18.21 | 7.18 until 18.48 | 9.12 until 17.27 | 8.55 until 17.54 | No service | No service | Frequency Varies but generally once an hour |
| 483 Bury to Rawtenstall and back | No service | No service | No service | No service | 10.03 until 18.03 | 9.57 until 17.57 | Frequency Varies but up to every 15 minutes |
| 483 Bury to Burnley and back | 6.31 until 21.16 | 6.20 until 21.05 | 7.52 until 21.16 | 7.06 until 21.05 | No service | No service | Frequency Varies but up to every 15 minutes |
| 481 Bury to | 7.02 until 16.53 | 8.37 until 18.24 | 7.22 until 16.22 | 8.36 until 19.02 | No service | No service | Frequency Varies but up to every 15 minutes |

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| Blackburn and back | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|



Buses to Fairfield General Hospital area - Journey time circa 14 – 17 minutes

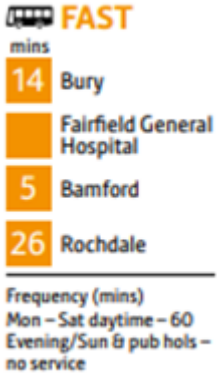

Approximate travelling time to

Fairfield General Hospital



| Bus route | Arrivals to Fairfield area from Bury | Departures from Fairfield area to Bury | Arrivals to Fairfield area from Bury | Departures from Fairfield area to Bury | Arrivals to Fairfield area from Bury | Departures from Fairfield area to Bury | Frequency |
|-----------|---|---|---|---|---|---|-----------|
| | Mon - Fri | Mon - Fri | Saturday | Saturday | Sunday/public holidays | Sunday/public holidays | |

| | | | | | | | |
|--|-------------------------|--------------------------|-------------------------|-------------------------|--------------------------|-------------------------|--|
| <p>467</p> <p>Bury to Rochdale and back</p> | <p>7.19 until 23.21</p> | <p>7.22 until 22.30</p> | <p>9.24 until 23.21</p> | <p>8.32 until 22.30</p> | <p>10.23 until 23.21</p> | <p>9.22 until 22.30</p> | <p> 467 mins</p> <p>14 Bury</p> <p>14 Fairfield General Hospital</p> <p>9 Bamford</p> <p>17 Daniel Fold</p> <p>29 Rochdale</p> <hr/> <p>Frequency (mins) Mon – Sat daytime – 20 Evening/Sun & Pub hols – 60</p> |
| <p>468</p> <p>Bury to Rochdale and back</p> | <p>6.12 until 23.51</p> | <p>05.48 until 23.00</p> | <p>6.44 until 23.51</p> | <p>6.17 until 23.00</p> | <p>8.23 until 23.51</p> | <p>7.22 until 23.00</p> | <p> 468 mins</p> <p>14 Bury</p> <p>14 Fairfield General Hospital</p> <p>8 Bamford</p> <p>18 Greave</p> <p>25 Rochdale</p> <hr/> <p>Frequency (mins) Mon – Sat daytime – 20 Evening/Sun & pub hols – 60</p> |

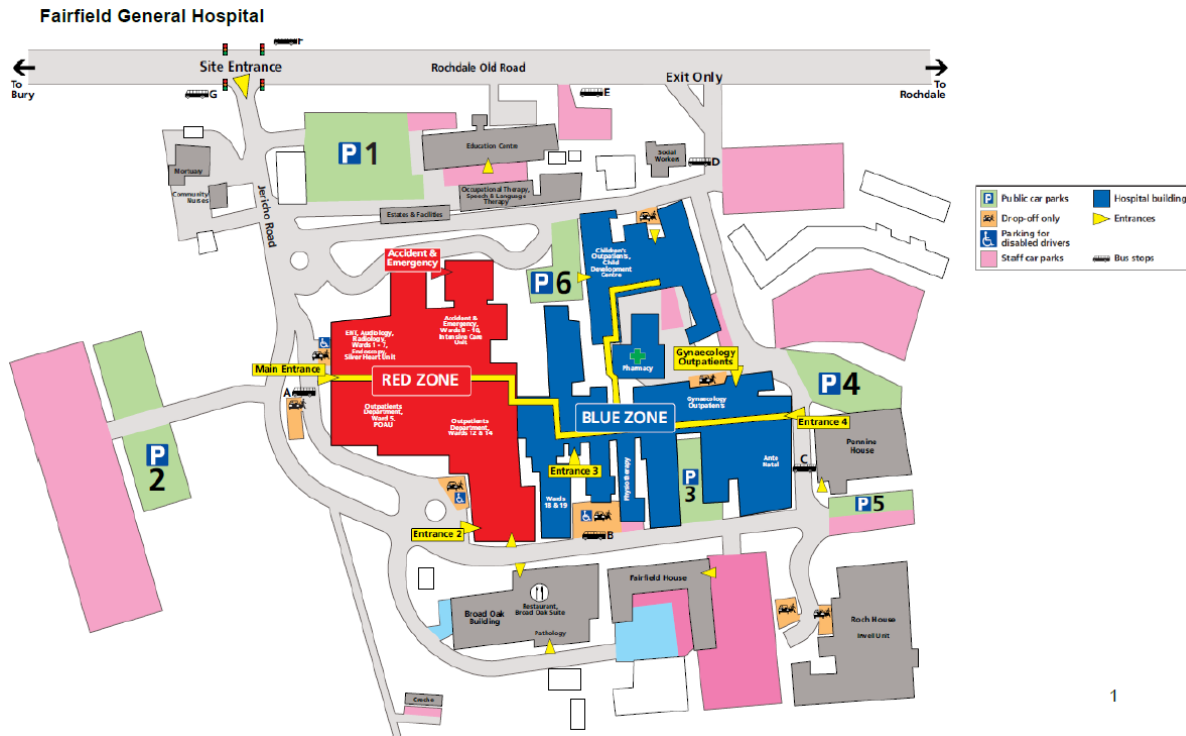
| | | | | | | | |
|---|--|-------------------------|-------------------------|-------------------------|-------------------|-------------------|--|
| <p>FAST</p> <p>Bury to Rochdale and back</p> | <p>9.29 until 16.29</p> <p>Caveat that some of the times only run on a Thursday and Friday</p> | <p>9.55 until 16.55</p> | <p>9.29 until 16.29</p> | <p>9.55 until 16.55</p> | <p>No service</p> | <p>No service</p> |  |
| <p>B4</p> <p>Bury to Heywood and back</p> | <p>9.59 until 16.59</p> | <p>9.36 until 17.36</p> | <p>9.54 until 16.54</p> | <p>9.36 until 16.36</p> | <p>No service</p> | <p>No service</p> |  |

Parking at Bury Walk-in Centre

Volume: Circa 20 spaces plus 5 disabled bays

Cost: £1.50 for 1 hour 15 mins, and then it is £10 for all day which serves as a deterrent for all day parkers not using the services at Moorgate. If patients are delayed at the WIC and have paid the initial £1.50 charge, a permit is issued they can display in their car so that they are not ticketed.

Parking at Fairfield General Hospital



Cost: See below

| Time period | Charge details |
|---|---|
| Up to 30 minutes | Only free in designated drop off/ pick up areas with orange parking signs |
| Up to 1 hour | £1 |
| Up to 2 hours | £2 |
| Up to 6 hours | £3 |
| Up to 8 hours | £4 |
| Up to 12 hours | £6 |
| Up to 24 hours | £8 |
| Weekly ticket, up to 7 consecutive days | £15 |
| Monthly permit | £25 |

| Equality Impact Analysis Form | |
|---|--|
| The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form. | |
| To be completed at the earliest stages of the activity and before submitted to any decision making meeting and returned via email to GMCSU Equality and Diversity Consultant for NHS Bury CCG akhtar.zaman4@nhs.net for Quality Assurance: | |
| Section 1: Responsibility (Refer to Equality Analysis Guidance Page 8) | |
| 1 | Name & role of person completing the EA: David Latham – Programme Manager |
| 2 | Directorate/ Corporate Area Commissioning |
| 3 | Head of or Director (as appropriate): Margaret O'Dwyer |
| 4 | Who is the EA for? Bury CCG |
| 4.1 | Name of Other organisation if appropriate |
| Section 2: Aims & Outcomes (Refer to Equality Analysis Guidance Page 8-9) | |
| 5 | What is being proposed? Please give a brief description of the activity. The redesign of Urgent Care across Bury. |
| 6 | Why is it needed? Please give a brief description of the activity. The CCG is currently out to public consultation. The consultation documents can be found on the CCG website. https://www.buryccg.nhs.uk/download/document_library/were here to help/get involved/Final-consultation-doc-for-WEB.pdf There are five options being put to the public. Option One (A) Do nothing. Option Two (B) Redesign urgent care at Fairfield General Hospital without building a brand new purpose built urgent care facility. (C) Embark on a patient education / information campaign. Option Three (B) Redesign urgent care at Fairfield General Hospital without building a brand new purpose built urgent care facility. |

| | |
|---|---|
| | <p>(C) Embark on a patient education / information campaign. (D) Simplify In and Out of Hours Primary Care access through community triage across the locality.</p> <p>Option Four (B) Redesign urgent care at Fairfield General Hospital without building a brand new purpose built urgent care facility. (C) Embark on a patient education / information campaign. (D) Simplify In and Out of Hours Primary Care access through community triage across the locality. (E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.</p> <p>Option Five (C) Embark on a patient education / information campaign. (D) Simplify In and Out of Hours Primary Care access through community triage across the locality. (E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this. (F) Redesign urgent care at Fairfield General Hospital including building a brand new purpose built urgent care facility.</p> <p>Option Five is the preferred option and is the option that would have the greatest impact. Option Five encompasses most of the elements of option 2,3,4 but significantly see the development of a new facility at FGH.</p> |
| <p>7 What are the intended outcomes of the activity?</p> | <p>We want to make it easier to access high quality urgent care if you need it. We are setting out a vision for the future of urgent care in Bury that includes all the local providers working together to this common goal.</p> <p>All urgent patients will be seen in a new unit open 24/7 placed in front of A&E at Fairfield General Hospital, functioning as a primary care facility and bringing together the best of the current Urgent Treatment Centre, Bury Walk-in Centre, 'minors', mental health and the GP out of hours service.</p> <p>They will have access to a wider range of skills, resources and diagnostic tests such as X-ray, and be able to access Intermediate Care and move patients directly into same day emergency care services. Whilst patients can self-refer, they will also take patients by appointment. Only patients with life-threatening conditions and severe trauma will be seen in A&E.</p> <p>The disadvantage of this option is that walk-in facilities would move 1.5 miles to Fairfield General Hospital from the current location at Moorgate Primary Care Centre.</p> <p>Within the last few years other urgent care services (GP Out of Hours) have moved from Moorgate to FGH without any reportable impact identified.</p> |

| | | | | |
|---|--|---|--|--|
| | | | | |
| 8 | Date of completion of analysis (and date of implementation if different). Please explain any difference | <p>This EIA has been completed in February 2020 at the same time as the five options for change have been shared for public consultation.</p> <p>The implementation date will be different as the final selected option, or hybrid option will not be known until the public consultation findings have been analysed and decisions made on next steps. At this point an implementation plan will be developed. It is likely this implementation plan will run throughout 20/21 although it is hoped to have major changes implemented before Winter 2020 where possible.</p> | | |
| 9 | Who does it affect? | The proposed changes will affect anyone how accesses urgent care services in Bury. | | |
| Section 3: Establishing Relevance to Equality & Human Rights (Refer to Equality Analysis Guidance Page 9-10) | | | | |
| 10 | What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason. | | | |
| | General Public Sector Equality Duties | Relevance (Yes/No) | Reason for Relevance | |
| | To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010 | Yes | This service is open to all protected characteristics and all other population groups. | |
| | To advance equality of opportunity between people who share a protected characteristic and those who do not. | Yes | This service is open to all protected characteristics and all other population groups | |
| | To foster good relations between people who share a protected characteristic and those who do not | Yes | This service is open to all protected characteristics and all other population groups | |
| 10.1 | Select and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right | | | |
| | Protected Equality Characteristic | Positive (Yes/No) | Negative (Yes/No) | Explanation |
| | Age | Y | N | Changes seek to improve the urgent care system for all |
| | Disability | Y | N | Changes seek to improve the urgent care system for all |
| | Gender | Y | N | Changes seek to improve the urgent care system for all |
| | Pregnancy or maternity | Y | N | Changes seek to improve the urgent care system for all |

| | | | | |
|--|--|---|---|--|
| | Race | Y | N | Changes seek to improve the urgent care system for all |
| | Religion and belief | Y | N | Changes seek to improve the urgent care system for all |
| | Sexual Orientation | Y | N | Changes seek to improve the urgent care system for all |
| | Other vulnerable group | Y | N | Changes seek to improve the urgent care system for all |
| | Marriage or Civil Partnership | Y | N | Changes seek to improve the urgent care system for all |
| | Gender Reassignment | Y | N | Changes seek to improve the urgent care system for all |
| | Human Rights (refer to Appendix 1 and 2) | Y | N | Changes seek to improve the urgent care system for all |
| | If you have answered No to all the questions above and in question 10 explain below why you feel your activity has no relevance to Equality and Human Rights. | | | |
| Section 4: Equality Information and Engagement (Refer to Equality Analysis Guidance Page 10-11) | | | | |
| 11 | What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details. (Refer to Equality Analysis Guidance Page 11-12) | | | |
| | Details of Equality Information or Engagement with protected groups | Internet link if published & date last published | | |
| | As part of the consultation there is a questionnaire that will be widely promoted. Within the questionnaire is an Equality Monitoring section that will help to identify the views of protected groups. There are two public events planned and a helpline is available 9am – 5.00pm Monday to Friday if assistance is needed to complete the questionnaire | Public consultation has gone live: https://www.buryccg.nhs.uk/download/document_library/were_here_to_help/get_involved/Final-consultation-doc-for-WEB.pdf | | |
| 11.1 | Are there any information gaps, and if so how do you plan to address them | There are no identified information gaps however over the course of the consultation the CCG will engage with ranges of groups, organisations and hold two public events one in the day time and one in the evening. | | |
| Section 5: Outcomes of Equality Analysis (Refer to Equality Analysis Guidance Page 12) | | | | |

| | |
|---|---|
| 12 | |
| Complete the questions below to conclude the EA. | |
| What will the likely overall effect of your activity be on equality? | FGH is already a recognized and accessible location for the delivery of health services. The aim is to improve urgent care services for all. |
| What recommendations are in place to mitigate any negative effects identified in 10.1? | N/A |
| What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations? | There will be full consideration given to the physical accessibility of the proposed new unit at FGH. |
| What steps are to be taken now in relation to the implementation of the activity? | Public consultation in February 2020. |
| Section 6: Monitoring and Review | |
| 13 | If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed. |
| Access to services by all protected characteristics will continue to be monitored and reviewed on a regular basis, however precise monitoring arrangement/mechanism will be determined later. | |

Quality Impact Assessment Tool – Bury CCG

Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive, neutral or adverse) on quality from any proposal to change the way services are delivered. Where potential adverse impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially adverse risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

| LIKELIHOOD | | IMPACT | |
|------------|---------------------|--------|----------------------|
| 1 | RARE | 1 | INSIGNIFICANT |
| 2 | UNLIKELY | 2 | MINOR |
| 3 | MODERATE / POSSIBLE | 3 | MODERATE |
| 4 | LIKELY | 4 | MAJOR |
| 5 | ALMOST CERTAIN | 5 | FATAL / CATASTROPHIC |

| | IMPACT | | | | |
|--------------|--------|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 |
| LIKELIHOOD 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 5 | 5 | 10 | 15 | 20 | 25 |

| Risk score | Category |
|------------|------------------------|
| 1 - 3 | Low risk (green) |
| 4 - 6 | Moderate risk (yellow) |
| 8 - 12 | High risk (orange) |
| 15 - 25 | Extreme risk (red) |

A fuller description of impact scores can be found at appendix 1.

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 6 areas of delivery in relation to Quality. Each proposal will need to be assessed whether it will impact positively, adversely or have a neutral impact on patients / staff / organisations. Where adverse impacts score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Safeguarding and Quality team.

Title of the scheme/project being assessed: Bury Urgent Care Redesign

Brief overview of the scheme: Key questions to consider

– **What is the specific change that the scheme will deliver?**

We want to make it easier to access high quality urgent care if you need it. We are setting out a vision for the future of urgent care in Bury that includes all the local providers working together to this common goal. The CCG is currently out to public consultation. The consultation documents can be found on the CCG website.

[https://www.buryccg.nhs.uk/download/document library/were here to help/get involved/Final-consultation-doc-for-WEB.pdf](https://www.buryccg.nhs.uk/download/document%20library/were%20here%20to%20help/get%20involved/Final-consultation-doc-for-WEB.pdf)

There are five options being put to the public.

Option One

(A) Do nothing.

Option Two

(B) Redesign urgent care at Fairfield General Hospital without building a brand new purpose built urgent care facility.

(C) Embark on a patient education / information campaign.

Option Three

- (B) Redesign urgent care at Fairfield General Hospital without building a brand new purpose built urgent care facility.
- (C) Embark on a patient education / information campaign.
- (D) Simplify In and Out of Hours Primary Care access through community triage across the locality.

Option Four

- (B) Redesign urgent care at Fairfield General Hospital without building a brand new purpose built urgent care facility.
- (C) Embark on a patient education / information campaign.
- (D) Simplify In and Out of Hours Primary Care access through community triage across the locality.
- (E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

Option Five

- (C) Embark on a patient education / information campaign.
- (D) Simplify In and Out of Hours Primary Care access through community triage across the locality.
- (E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.
- (F) Redesign urgent care at Fairfield General Hospital including building a brand new purpose built urgent care facility.

Option Five is the preferred option and is the option that would have the greatest impact. **Option Five** encompasses most of the elements of option 2,3,4 but significantly see the development of a new facility at FGH. This QIA focus on the impact of implementing **Option Five**.

– **What are the outcomes that will be delivered by the change?**

All urgent patients will be seen in a new unit open 24/7 placed in front of A&E at Fairfield General Hospital, functioning as a primary care facility and bringing together the best of the current Urgent Treatment Centre, Bury Walk-in Centre, ‘minors’, mental health and the GP out of hours service.

They will have access to a wider range of skills, resources and diagnostic tests such as X-ray, and be able to access Intermediate Care and move patients directly into same day emergency care services. Whilst patients can self-refer, they will also take patients by appointment. Only patients with life-threatening conditions and severe trauma will be seen in A&E.

The disadvantage of this option is that walk-in facilities would move 1.5 miles to Fairfield General Hospital from the current location at Moorgate Primary

Care Centre.

Specific outcomes are – the 4 objectives in the UC Review – budget, simplification, reduced admissions etc

– **What is the impact of the scheme from a financial and workforce perspective?**

The proposal represents a suit of measures targeting a QIPP saving of £2.6m.

From a workforce perspective some staff may have to relocate from Moorgate WIC to FGH. A large piece of organisational development will be required as services at FGH will be integrated. That will require a new staffing structure, new working hours, new triage and streaming models and closer working with primary care and SDEC

Answer positive, neutral or adverse (P/N/A) against each area. If A score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

| Area of Quality | Impact question | P/N/A | Impact | Likelihood | Score | Full Assessment required |
|---------------------------------|--|-------|--------|------------|-------|--|
| Duty of Quality | Could the proposal impact in a positive, neutral or adverse way on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality? | P | | | | |
| Patient/Staff Experience | Could the proposal impact in a positive, neutral or adverse way on the following - positive survey results from patients and staff, patient choice, personalised & compassionate care? (Some people may not be happy with the relocation of the WIC this may have an impact on survey results and be perceived as reducing patient choice. However, the relocation would enable an enhanced level of clinical service to be delivered which is better integrated with other parts of the urgent care system). | N | 3 | 2 | 6 | No Disadvantage is some people may not want WIC re-locating Advantage is the new UTC will be open longer than the current WIC, will have access to diagnostics such as xray and blood test and will be integrated with other services. There will be streaming to the most appropriate part of the urgent care system, not just A and E as present. All of this is a better service than current offer BUT it requires a relocation of the current WIC by 1.5miles |

| | | | | | | |
|------------------------------------|---|---|--|--|--|--|
| Patient Safety | Could the proposal impact in a positive, neutral or adverse way on the following – safety, systems in place to safeguard patients to prevent harm, including infections? | P | | | | |
| Clinical Effectiveness | Could the proposal impact in a positive, neutral or adverse way on evidence based practice, clinical leadership, clinical engagement and high quality standards? | P | | | | |
| Prevention | Could the proposal impact in a positive, neutral or adverse way on the promotion of self-care and improving health equality? | P | | | | |
| Productivity and Innovation | Could the proposal impact in a positive, neutral or adverse way on - the best setting to deliver the best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway? | P | | | | |

Please describe the rationale for any positive impacts here:

Duty of Quality – Proposals will help towards delivery of the NHS Constitutional standard for the 4-hour A&E target. All proposals have been developed in partnership with local stakeholders. The delivery of the urgent care redesign once agreed will be driven through the Bury LCO. New services will have a service specification that ensures safeguarding for children or adults and the promotion of equality.

Patient Safety – Proposals aim to improve the urgent care pathways ensuring the patients are seen in the right place by the right person the first time. Several services will focus onto the FGH site which is already geared towards patient safety. In the recent CQC inspection results, released in February 2019, FGH was rated as outstanding overall and good for safety.

Clinical Effectiveness – Proposals have been developed with full clinical engagement from across partner agencies in Bury, proposed new services will be evidenced based and clinically led. A service specification will be developed to ensure the delivery of high clinical standards.

Prevention – Central to the proposals is the promotion of self-care and patient education as to how to navigate a simplified urgent care system. The proposals will help to reduce the health inequality as it is made easier to access high quality urgent care.

Productivity and Innovation – the proposals seek to save £2.6m whilst improving significant access to the right health care and improved pathways.

Approval

| Signature: | Designation: | Date: |
|------------|---------------------------------------|-------|
| | Project Manager/Commissioning Manager | |
| | Clinical Lead | |
| | Deputy Head/Head of Commissioning | |

Stage 2

| Area of quality | Indicators | Description of impact (Positive, Neutral or Adverse) | Risk (5 x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------|---|--|-------------------------|------------|---------------|---|
| | | | Impact | Likelihood | Overall Score | |
| DUTY OF QUALITY | What is the impact on the organisation’s duty to secure continuous improvement in the quality of the healthcare that it provides; in accordance with ‘NHS Outcomes Framework 2015-16’ | P | | | | |
| | Does it impact on the organisation’s commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution? | P | | | | |
| | Does it impact on the organisation’s commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution? | P | | | | |
| | What is the impact on strategic partnerships and shared risk? | P | | | | |
| | What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual access to services and experience of using the NHS (Refer to Trust Equality Impact Assessment Tool)? | P | | | | |
| | Will this impact on the organisation’s duty to protect children, young people and adults? | N/A – this review is for adults only | | | | |

| | | | | | | |
|---------------------------|---|--|--|--|--|--|
| PATIENT EXPERIENCE | What impact is it likely to have on self reported experience of patients and service users? (Response to local surveys/complaints/PALS/incidents) | N (should increase satisfaction but there may be some resistance to moving the WIC) | | | | |
| | How will it impact on patient choice? For example choice being influenced by wait times, access to services and clinical outcomes. | P | | | | |
| | Does it support the compassionate and personalised care agenda? | P | | | | |

| | | | | | | |
|-----------------------------|--|----------|--|--|--|--|
| PATIENT/STAFF SAFETY | How will it impact on patient safety? | P | | | | |
| | How will it impact on preventable harm? | P | | | | |
| | Will it maximise reliability of safety systems? | P | | | | |
| | How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced? | P | | | | |
| | What is the impact on clinical workforce capability care and skills? | P | | | | |
| | How will it impact staff safety incidents? | P | | | | |
| | How will it impact staff satisfaction? | P | | | | |

| | | | | | | |
|------------------------------------|--|----------|--|--|--|--|
| CLINICAL EFFECTIVENESS | How does it impact on implementation of evidence based practice? | P | | | | |
| | How will it impact on clinical leadership? | P | | | | |
| | Does it reduce/impact on variations in care? | P | | | | |
| | Are systems for monitoring clinical quality supported by good information? | P | | | | |
| | Does it impact on clinical engagement? | P | | | | |
| PREVENTION | Does it support people to stay well? | P | | | | |
| | Does it promote self-care for people with long term conditions? | P | | | | |
| | Does it tackle health inequalities, focusing resources where they are needed most? | P | | | | |
| PRODUCTIVITY AND INNOVATION | Does it ensure care is delivered in the most clinically and cost effective way? | P | | | | |
| | Does it eliminate inefficiency and waste? | P | | | | |
| | Does it support low carbon pathways? | P | | | | |
| | Does it lead to improvements in care pathway(s)? | P | | | | |

Appendix 1

| | Consequence score (severity levels) and examples of descriptors | | | | |
|--|---|---|---|--|---|
| | 1 | 2 | 3 | 4 | 5 |
| Domains | Negligible | Minor | Moderate | Major | Catastrophic |
| Impact on the safety of patients, staff or public (physical / psychological harm) | Minimal injury requiring no/minimal intervention or treatment. No time off work | Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days | Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients | Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects | Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients |
| Quality / complaints / audit | Peripheral element of treatment or service suboptimal Informal complaint/inquiry | Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety | Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report | Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards |

| | Consequence score (severity levels) and examples of descriptors | | | | |
|---|--|---|--|---|--|
| | 1 | 2 | 3 | 4 | 5 |
| | | | implications if findings are not acted on | | |
| Human resources / organisational development / staffing / competence | Short-term low staffing level that temporarily reduces service quality (< 1 day) | Low staffing level that reduces the service quality | Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training | Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training | Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis |
| Statutory duty / inspections | No or minimal impact or breach of guidance/ statutory duty | Breach of statutory legislation Reduced performance rating if unresolved | Single breach in statutory duty Challenging external recommendations/ improvement notice | Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report | Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report |

| | Consequence score (severity levels) and examples of descriptors | | | | |
|---|---|--|--|---|--|
| | 1 | 2 | 3 | 4 | 5 |
| Adverse publicity / reputation | Rumours Potential for public concern | Local media coverage short-term reduction in public confidence Elements of public expectation not met | Local media coverage – long-term reduction in public confidence | National media coverage with <3 days service well below reasonable public expectation | National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence |
| Business objectives / projects | Insignificant cost increase/schedule slippage | <5 per cent over project budget Schedule slippage | 5–10 per cent over project budget Schedule slippage | Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met | Incident leading >25 per cent over project budget Schedule slippage Key objectives not met |
| Finance including claims | Small loss Risk of claim remote | Loss of 0.1–0.25 per cent of budget Claim less than £10,000 | Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 | Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time | Non-delivery of key objective/Loss of >1 per cent of budget Failure to meet specification/slippage Loss of contract / payment by results Claim(s) >£1 million |
| Service / business interruption Environmental impact | Loss/interruption of >1 hour Minimal or no impact on the environment | Loss/interruption of >8 hours Minor impact on environment | Loss/interruption of >1 day Moderate impact on environment | Loss/interruption of >1 week Major impact on environment | Permanent loss of service or facility Catastrophic impact on environment |

I am responding to this survey as:

- Options (Please tick one)
- patient/member of the public
 - carer
 - member of staff (health or social care)
 - representative of an organisation or group (please specify) _____
 - Other, please state _____

Are you registered with a GP practice in your area?

- Options (Please tick one)
- Yes No

What is the first part of your postcode (i.e. the first three digits)? (please specify): _____

Do you support the development of an enhanced Urgent Treatment Centre at Buryfield General Hospital in Bury that will be located in front of the Accident and Emergency Department?

- Options (Please tick one)
- Yes No I don't know

Do you support the development of a community triage service to help you get an appointment in the most appropriate service?

- Options (Please tick one)
- Yes No I don't know

Do you support the implementation of online access to GP services to sit alongside current appointments?

- Options (Please tick one)
- Yes No I don't know

Which of the five options described earlier do you prefer?

- Options (Please tick one)
- Option one
 - Option two
 - Option three
 - Option four
 - Option five
 - I have no preference
 - I don't know

a. Will you or your family be affected by any of the proposals? E.g. parking or public transport?

- Options (Please tick one)
- Yes No I don't know

Q8b. If you said yes to Q8a, please use the space below to tell us how?

Q9. If we go ahead with Option one, please use the space below to tell us how we can support you:

Q10. If we go ahead with Option two, please use the space below to tell us how we can support you:

Q11. If we go ahead with Option three, please use the space below to tell us how we can support you:

Q12. If we go ahead with Option four, please use the space below to tell us how we can support you:

Q13. If we go ahead with Option five, please use the space below to tell us how we can support you:

Q14. Are there any alternative solutions that you can think of to make the changes we need? Please tell us in the space below:

Equality monitoring

To make sure we plan and provide the right services it is important for us to find out some information about you. We use this information to understand if we have reached enough people and if people from different groups have different views. All questions are optional. We will ensure your responses are kept secure and confidential.

What is your gender?

- Options (Please tick one)
- Male Female Other Prefer not to say

What is your age?

- Options (Please tick one)
- 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65+
 - Prefer not to say

What is your sexuality?

- Options (Please tick one)
- Heterosexual/Straight
 - Bisexual
 - Gay/Lesbian
 - Other
 - Prefer not to say

What is your religion or belief?

- Options (Please tick one)
- Buddhist
 - Christian
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - Other religion
 - No religion
 - Prefer not to say

Please tell us what you consider your ethnicity to be:

- Options (Please tick one)
- Arab
 - Asian / Asian British – Indian
 - Asian / Asian British – Pakistani
 - Asian / Asian British – Bangladeshi
 - Asian / Asian British – any other Asian background
 - Black / Black British – Caribbean
 - Black / Black British – African
 - Black / Black British – any other Black background
 - Chinese
 - Mixed – White & Black Caribbean
 - Mixed – White & Black African
 - Mixed – White & Asian
 - Mixed – Any other mixed background
 - White – British
 - White – Irish
 - White – any other White background
 - Any other ethnic origin group
 - Prefer not to say

The Equality Act 2010 regards a person as having a disability if he/she has a physical or mental impairment (including sensory impairment) which has both a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Do you consider yourself to be disabled according to this definition?

- Options (Please tick one)
- Yes No Prefer not to say

Is there anyone who relies upon you for care and attention and that you assist with their daily routine?

- Options (Please tick one)
- Yes No Prefer not to say

Thank you for taking the time to complete this survey.

Please cut on the dotted line, fold and stick, and return using pre-paid address on the reverse of this page.

Meeting: Strategic Commissioning Board

| | | | |
|----------------------|---|---|----------|
| Meeting Date | 08 June 2020 | Action | Consider |
| Item No | 9 | Confidential / Freedom of Information Status | No |
| Title | Radcliffe Strategic Regeneration Framework – Consultation Draft | | |
| Presented By | Cllr Eamonn O'Brien, Leader of the Council | | |
| Author | Paul Lakin, Director of Economic Regeneration & Capital Growth | | |
| Clinical Lead | _____ | | |
| Council Lead | Paul Lakin, Director of Economic Regeneration & Capital Growth | | |

Executive Summary

The Council commissioned Deloitte to undertake a Strategic Regeneration Framework (SRF) for Radcliffe in February 2020. After an extensive period of engagement with key stakeholders, a draft of the Framework SRF has now been produced.

The attached report is being submitted to the Council's Cabinet on the 10th June 2020 to approve the draft SRF for a six-week period of consultation before being brought back to Cabinet in September 2020 for formal approval.

Cabinet are also asked to approve the authorisation of any necessary minor amendments to the SRF prior to consultation as well as the authorisation of any necessary spend on consultation to be delegated to the Director of Economic Regeneration & Capital Growth in consultation with the Leader (as portfolio holder for Finance and Growth).

If approved, the SRF will become a material planning consideration in the determination of planning applications and help to shape the regeneration of Radcliffe.

It should be noted, that the SRF recommends some short, medium and longer-term interventions and that it is the longer-term intention of the Council to create a Council Investment Fund. This will help to deliver the large scale regeneration proposals.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the report which will be submitted to the Council Cabinet on the 10 June 2020

| | |
|---|-----------------|
| Links to Strategic Objectives/Corporate Plan | Yes |
| Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below: | Choose an item. |
| <i>Add details here.</i> | |

| Implications | | | | | | |
|--|------------|-------------------------------------|----|--------------------------|-----|-------------------------------------|
| Are there any quality, safeguarding or patient experience implications? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" 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 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 type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any financial implications? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Are there any legal implications? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any health and safety issues? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| How do proposals align with Health & Wellbeing Strategy? | See report | | | | | |
| How do proposals align with Locality Plan? | See report | | | | | |
| How do proposals align with the Commissioning Strategy? | See report | | | | | |
| 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? | See report | | | | | |
| Is there any scrutiny interest? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| What are the Information Governance/ Access to Information implications? | | | | | | |
| Has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

| Implications | | | | | | |
|---|--|--------------------------|----|--------------------------|-----|-------------------------------------|
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | <input 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 type="checkbox"/> | N/A | <input checked="" 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 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 |
| | | |
| | | |

REPORT FOR DECISION



| | |
|---------------------------------------|--|
| DECISION OF: | CABINET |
| DATE: | 10 June 2020 |
| SUBJECT: | Radcliffe Strategic Regeneration Framework – Consultation Draft |
| REPORT FROM: | Eamonn O’Brien – Leader of the Council |
| CONTACT OFFICER: | Paul Lakin, Director of Economic Regeneration and Capital Growth |
| TYPE OF DECISION: | CABINET (NON-KEY DECISION) |
| FREEDOM OF INFORMATION/STATUS: | This paper is within the public domain. |
| SUMMARY: | <p>The Council commissioned Deloitte to undertake a Strategic Regeneration Framework (SRF) for Radcliffe in February 2020. After an extensive period of engagement with key stakeholders, a draft of the Framework SRF has now been produced.</p> <p>Cabinet are asked to approve the draft SRF for a six-week period of consultation before being brought back to Cabinet in September for formal approval.</p> <p>Cabinet are also asked to approve the authorisation of any necessary minor amendments to the SRF prior to consultation as well as the authorisation of any necessary spend on consultation to be delegated to the Director of Economic Regeneration & Capital Growth in consultation with the Leader (as portfolio holder for Finance and Growth).</p> <p>If approved, the SRF will become a material planning consideration in the determination of planning applications and help to shape the regeneration of Radcliffe.</p> <p>It should be noted, that the SRF recommends some short, medium and longer-term interventions and that it is the longer-term intention of the Council to create a Council Investment Fund. This will help to deliver the large scale regeneration proposals.</p> |

| | |
|--|--|
| <p>OPTIONS & RECOMMENDED OPTION</p> | <p>It is recommended that Members:</p> <ul style="list-style-type: none"> • Approve the draft SRF, the proposed consultation process and the identified delegated requests - and to note the longer-term intention to create a Council Investment Fund to support interventions during the SRF delivery programme: or • Identify any amendments to the SRF or the consultation process before the consultation starts. |
| <p>IMPLICATIONS:</p> | |
| <p>Corporate Aims/Policy Framework:</p> | <p>Do the proposals accord with the Policy Framework? Yes</p> |
| <p>Statement by the S151 Officer: Financial Implications and Risk Considerations:</p> | <p>There are no direct financial implications as a result of the report and any future funding requirements will be considered as part of the development of the Council's capital programme. Costs will not be known until the consultation is completed and the proposals finalised.</p> <p>Funding in the 2020/21 capital programme has been made available to support some early development work and therefore the use of up to £10,000 to support the work outlined in the report is fully funded.</p> |
| <p>Equality/Diversity implications:</p> | <p>No</p> <p>An initial screening has been undertaken (see attached assessment) and as there were no negative impacts identified for affected groups, there is no requirement to proceed to a Full Impact Assessment.</p> |
| <p>Considered by Monitoring Officer:</p> | <p>The SRF will provide the context for future development and the proposals for consultation on it are reasonable in the current pandemic. It is important that any future capital expenditure position is regularly monitored to ensure that the priorities of the Council are being delivered and ongoing legal input will be required.</p> |
| <p>Wards Affected:</p> | <p>All Radcliffe wards</p> |
| <p>Scrutiny Interest:</p> | |

TRACKING/PROCESS

DIRECTOR:

| | | | |
|----------------------|------------------------------|-----------------------------|----------|
| Joint Executive Team | Cabinet Member/Chair Briefed | Ward Members (if necessary) | Partners |
| 19/05/20 | 28/05/20 | | |
| Scrutiny Committee | Other Committee | Council | Comms |
| | | | |

1. BACKGROUND

- 1.1 The continued regeneration of Radcliffe remains a priority for the Council and this commitment is evident in the public realm improvements recently implemented in the town centre.
- 1.2 These projects were only the beginning of a much wider aspiration to transform the attractiveness and vibrancy of Radcliffe town centre. To aid this, the Council appointed Deloitte LLP to prepare a Strategic Regeneration Framework (SRF), which is a comprehensive plan that pulls together the key regeneration components elements to help drive this aspiration forward.
- 1.3 As reported to Cabinet in March, it is important that the Council puts this framework in place for Radcliffe to direct the future growth and development of the town in a coherent and joined-up manner.

2. STRATEGIC REGENERATION FRAMEWORK (SRF)

- 2.1 Deloitte have now produced a draft SRF and it is proposed that this is subject to consultation. Following consultation and once it is fully approved, the SRF will play a pivotal role in underpinning the way the Council deploys its own resources and discharges its regulatory functions, including the determination of planning applications. It will also provide the necessary evidential base to guide the investment decisions of third parties.
- 2.2 Crucially, as the national Government indicated that it is looking to invest in northern towns, it is vital that we have a document in place that sets out a clear vision with investable projects that we can use to secure funding - particularly those which are geared to support town centre transformation. This is particularly important as we emerge and attempt to recover from the economic impacts arising from the current pandemic situation.
- 2.3 Early and extensive engagement has been a main feature in the preparation of the draft SRF and this includes feedback from previous workstreams, such as the Radcliffe Action Plan. A number of meetings and workshops with a range of stakeholders have taken place, including:
 - Elected local Members;
 - Bury South MP;
 - Radcliffe Task Group;

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- Business and community groups (two business and two community workshops);
- Additional one-to-one meetings with a number of businesses that operate in the town centre;
- Key landowners and tenants (e.g. Homes England, Canal and River Trust);
- Statutory partners (e.g. Environment Agency, TfGM); and
- Key Council Officers.

2.4 This engagement has helped to shape the content of the draft SRF but, as set out below, there will continue to be dialogue right through the consultation period to help finalise the approach to be taken in the final SRF.

2.5 In line with the wider objectives of the SRF, as reported to Cabinet in March, the draft SRF:

- sets out a range of opportunities for transforming the town centre and the key interventions which the Council and key partners should address to support the process of change including effective place management arrangements;
- reflects the views of local Members, residents and other key stakeholders from the extensive engagement to date to ensure that the programme of renewal fully reflects their priorities;
- defines a clear vision for Radcliffe town centre, which reflects the aspiration to become a place where residents will be able to access the widest range of services and amenities and where the business base of the town centre can be encouraged to diversify and flourish;
- defines a programme of action over the short, medium and longer term to support transformation;
- provides an overview of the role of public services and how these relate to place and people;
- sets out the parameters for creating an attractive environment that will include widening the demand for community facilities and amenities, helping to create confidence for business growth and an improved housing offer in and around the town centre; and
- explores the potential for creating hubs for creative talent and emerging business activities.

2.6 The key interventions recommended in the draft SRF include:

- **Creation of a central public hub within the town centre** – this could accommodate a range of functions, including office accommodation, flexible civic space, café and some retail;
- **Creation of new leisure facilities** – this could sit alongside the public hub and would complement the Council’s drive to create wellness centres to help improve the health of the town’s residents;
- **Refurbishment of Market Chambers building** – the aim would be to re-purpose this building to provide flexible working space for local activities and

community groups, along with flexible office accommodation for start-up businesses;

- **Opening up of the river** – the proposals include improvements to the river walkway and a new riverside public space, exploiting opportunities to create river frontages where possible;
- **Focussed retail strategy** – this would be likely to involve consolidating retail floorspace over time and ensuring that the daytime function of the town extends into the night time economy;
- **Cultural initiatives** – this could include a permanent base for cultural initiatives, perhaps as part of the Market and Hub buildings. This could host a diverse cultural programme to celebrate Radcliffe's heritage;
- **Revised car parking strategy** – this would include creating opportunities for sustainable travel options, with bus, tram, walking and cycling being promoted in and around the town. There are opportunities to develop or re-purpose some of the town's surface car parks;
- **Public realm improvements** – it is proposed that a series of distinctive public open spaces should be central to the vision, to help with movement through the town and improve the visitor experience / create investor confidence. This would include key focal points, such as the Piazza and civic spaces, and key routes, such as Blackburn Street;
- **Marketing strategy** – building on the recent Branding of Radcliffe, this needs to form an integral part of the wider regeneration strategies to create a real local distinctiveness for the town and to attract investment;
- **Secondary school** – the proposals for a new secondary school in Radcliffe will be key to helping to improve educational attainment in the town and providing a sense of pride in the town. The provision of a new secondary school in Radcliffe will also reduce the need for existing and potential future Radcliffe residents from having to travel to schools outside of the town;
- **Brownfield development** – as part of the housing delivery it is proposed that there are a number of key brownfield sites that should be utilised to deliver a range of different housing types in and around the town, including affordable homes for young families;
- **Infrastructure improvements** – the draft SRF proposes a range of infrastructure interventions, including transport and movement opportunities, digital infrastructure to ensure that the technology is there to sustain economic growth and proposals to make use of renewable energy and low carbon solutions; and
- **Employment growth** – it is proposed that employment opportunities are created in the town centre, from smaller start-up businesses to larger employment users in the hub. This could involve the consolidation and improvements to the town's existing industrial space to make it attractive to modern day employment.

2.7 These key interventions will help to drive forward new public and private investment into the town centre core, helping to drive footfall into the town

during the day and evening. Importantly, these proposals will be linked with the various proposals on the fringe of the town, including residential developments at the former East Lancs Paper Mill site, the new secondary school and improvements to the tram stop. Key routes and linkages into the town will help to attract and encourage people to use the town and its new facilities.

- 2.8 Cabinet is requested to approve the draft Radcliffe SRF for consultation purposes and to also approve the authorisation of any necessary minor amendments to the SRF prior to consultation to be delegated to the Director of Economic Regeneration & Capital Growth in consultation with the Leader (as portfolio holder for Finance and Growth).

3. SRF ENGAGEMENT STRATEGY

- 3.1 As indicated, Deloitte have already undertaken comprehensive early engagement with a range of key stakeholders during the preparation stage of the SRF. This has been crucial in gaining valuable information and insight into the different concerns of groups and understanding key challenges.
- 3.2 Now that the SRF is in a draft format, this stakeholder engagement needs to continue in order to seek the views and inputs from the wider public, key businesses and other key partners to ensure that the final framework is fit for purpose.
- 3.3 It was the intention to undertake a number of stakeholder consultation events as 'drop-in' sessions and face to face meetings. Clearly, with the current restrictions on social gathering this will not be possible and this means that there will be a much greater emphasis on online and digital engagement. Nevertheless, it is important that all stakeholders are able to have their say and the following consultation methods will be used to ensure that this is the case:
- The Council website will be used as the main point of contact for the formal consultation. The SRF online consultation will be promoted via social media (Facebook, Twitter and Instagram) to raise awareness of the SRF and to issue reminders of the consultation closing date. These should direct residents to the formal consultation website. Targeted social media is also being considered to increase the awareness of the consultation across the local area.
 - Virtual 'meetings' involving the following:
 - Elected local representatives (All Radcliffe Ward Members)
 - Bury South MP
 - Key businesses
 - Key partners and stakeholders - including statutory bodies (TfGM, Homes England, Highways Agency/Environment Agency), landowners
 - Key community groups
 - It is proposed to undertake a leaflet drop to all Radcliffe households to ensure that residents are aware of the proposals and have their say;

- Promotional banner stands / posters will be used in various locations in and around Radcliffe Town Centre (such as ASDA and Lidl). These would not be accompanied by any printed materials and would only direct to SRF webpage.

- 3.4 Plans to make printed copies of the SRF available are currently on-hold but will be considered in the event that key public buildings (e.g. libraries) were to be re-opened and if this is considered to be possible within Covid-19 guidelines.
- 3.5 The consultation process will be kept under review in the event that there is a further easing of the restrictions during the six-week consultation period that would enable additional forms of stakeholder engagement other than those mentioned above.
- 3.6 As indicated, these consultation methods go beyond the approach that was envisaged at the start of the SRF process and they will incur additional costs (particularly the proposed leaflet drop). As such, this report is seeking approval for the authorisation of necessary spend on SRF consultation to be delegated to the Director of Economic Regeneration & Capital Growth in consultation with the Leader (as portfolio holder for Finance and Growth). A budget of £10,000 is estimated and this will be drawn from the existing budget attributed to Radcliffe regeneration.
- 3.7 It is proposed that the SRF is brought back to Cabinet in September for formal approval, highlighting the responses received during consultation and any amendments made as a result.

4. COUNCIL INVESTMENT FUND

- 4.1 Given the projects emerging through the SRF and the Council's continued commitment to the ongoing regeneration of Radcliffe, it is anticipated that significant funding will be required to ensure that key regeneration projects are progressed and delivered.
- 4.2 As reported to Cabinet in March, the Chief Executive will bring forward an analysis of the interventions which are considered necessary to facilitate delivery of the transformation programme. This will include an outline business case for the creation of a Council Investment Fund that would be used to leverage third party funding to support appropriate interventions in key investment areas including Radcliffe Town Centre.
- 4.3 Cabinet are asked to note this intention and a further report detailing the Investment Fund requirements will be brought to Cabinet once the SRF proposals are firmed up after the proposed consultation period.

5. TIMESCALES

- 5.1 It is proposed that the SRF consultation starts on week commencing 22nd June until week commencing 3rd August (six week period).
- 5.2 This would allow for consideration of comments received and for any amendments to the SRF to be made before the final SRF is taken back for formal Cabinet approval in September.

6. CONCLUSION

6.1 The recommendations are contained in the front of this report.

Contact Details:-Paul Lakin, Director of Economic Regeneration and Capital Growth

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