AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of Strategic Commissioning Board

Councillors : 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

Dear Member/Colleague

STRATEGIC COMMISSIONING BOARD

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

Date:	Monday, 2 November 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 3 - 12)*

3 MINUTES OF THE LAST MEETING AND ACTION LOG *(Pages 13 - 30)*

Minutes of the Meeting held on 5 October 2020

4 PUBLIC QUESTIONS

5 CHIEF EXECUTIVE AND ACCOUNTABLE OFFICER UPDATE

6 NHS HEALTH CHECKS AND COVID-19 *(Pages 31 - 38)*

7 COVID REHAB PATHWAY *(Pages 39 - 50)*

8 SUPERVISED CONSUMPTION *(Pages 51 - 56)*

9 COVID +VE COMMUNITY BED CAPACITY *(Pages 57 - 70)*

10 PROPOSAL FOR MENTAL HEALTH PROVISION AS PART OF THE URGENT AND EMERGENCY CARE BY APPOINTMENT MODEL AT FAIRFIELD GENERAL HOSPITAL *(Pages 71 - 100)*

Report attached

Agenda Item 2

Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	02 November 2020	**Action**	Receive
Item No	2	**Confidential / Freedom of Information Status**	No
Title	Declarations of Interest Register		
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

Introduction and background

- The CCG and Local Authority both have statutory responsibilities in relation to declarations of interest as part of their respective governance arrangements.
- The CCG has 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.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives the latest Declarations of interest Register;
- Considers whether there are any interests that may impact on the business to be transacted at the meeting on the 2 November 2020; and
- Provides any further updates to existing Declarations of Interest includes within the Register.

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
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
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	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☐	N/A	☒

Implications						
Register?						
Additional details	Conflicts of Interest not being declared in line with statutory obligations					

Governance and Reporting		
Meeting	**Date**	**Outcome**

Declarations of Interest

1. Register for the Strategic Commissioning Board

1.1 This report includes a copy of the latest Declarations of Interest Register for the Strategic Commissioning Board.

1.2 Strategic Commissioning Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on meeting agendas or as soon as a potential conflict becomes apparent as part of meeting discussions.

1.3 There is a need for Strategic Commissioning Board Members to ensure that any changes to their existing conflicts of interest are notified to the Business Support Unit, via either the CCG Corporate Officer or Council Democratic Services team within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.

1.4 The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Strategic Commissioning Board with an accurate record of the action being taken captured as part of the meeting minutes.

Emma Kennett
Head of Corporate Affairs and Governance
November 2020

Register of Interests for Strategic Commissioning Board

Members - Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest direct or indirect?		From	To	
Cllr Jane Black	Councillor	Bury Council	X				Councillor	Sep-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Essity UK Ltd			X	Indirect	Spouse: Senior IT Business Analyst			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Sedgley Park Community Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich	X				Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich				Indirect	Spouse: Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Reform Synagogue		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Jewish Museum		X			Friend			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unison		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Muslim Jewish Forum		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jewish Labour Movement		X			Chair of NW Branch			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Will Blandamer	Executive Director of Strategic Commissioning	Ashton on Mersey Football Club (Trafford)			X		Director (Chairman)	2018		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Football Association (MFA)			X		Board Champion for Safeguarding	2018		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Fiona Boyd	Registered Nurse	NHS Heywood, Middleton & Rochdale CCG		X			Employed (substantive) as Quality & Safety Lead	Apr-13	22-Sep-20	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Tameside Hospital		X			Seconded to Head of Nursing - Urgent Care	Sep-19	22-Sep-20	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		DWF Law		X			Medical Assessor	03/08/2020		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		NHS England / NHS Improvement (Cheshire & Merseyside)					23/09/2020			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Peter Bury	Lay Member Quality & Performance	Labour Party		x			Member	1979		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury College		x			Member - Board of Governors	2008		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Member	1974		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Daniel Cooke	Clinical Director	Whittaker Lane Medical Centre	X				GP Partner	01/04/2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X			Undergraduate Tutor	Aug-16		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X				Practice is a member	Aug-16		Specific arrangements in respect of potential conflicts arising be given further consideration when situation arises.
		Prestwich Primary Care Network	X				Practice is a member	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Clare Cummins	Councillor Bury Council	Mental Health	X				Deputy Manager			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		JCI			X	Indirect	Spouse / Civic Partner: Salespearson			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Cathy Fines	Clinical Director	Greenmount Medical Centre	X				GP (Member practice is part of Tower Family	Apr-18		Needs to be excluded from any discussions and decisions that are related to possible primary care procurement in respect of Greenmount Medical Centre / Tower Family
		Bury GP Federation	X				Member	2013		Specific arrangements in respect of potential conflicts arising from Bury GP Federation to be given further consideration when situation arises.
		Horizon Clinical Network	X				Practice is a member	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Central Manchester Foundation Trust				Indirect	Spouse works as a Consultant			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Howard Hughes	Clinical Director	Prestwich Pharmacy LTD	X			Indirect	Spouse is a Director	1996		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Greater Manchester Mental Health Foundation Trust		X		Indirect	Sister is Performance Manager	2014		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Prestwich Pharmacy LTD	X				Director	1996		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X			Indirect	Spouse is a Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X				Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Voting

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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest direct or indirect?		From	To	
Cllr David Jones	Councillor Bury Council	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Association of Retired Police Officers		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Spouse Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Institute Educational Fund		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Vision Multi-Academy Trust		X			Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		United Reformed Church			X		Elder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		International Police Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury South CLP		X						General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Geoff Little	Chief Executive, Bury Council, Accountable Officer Bury CCG	Ratio Research a Community Interest Company				Indirect	Close family member is a Director of Ratio Research	Apr-19		Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
David McCann	Lay Member - Patient & Public Involvement	PCL (CIP) GP LTD - Nature of Business Asset Management	X				Director	Jul-15		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Capital LTD - Nature of Business Asset Management	X				Director & Majority Shareholder	Jul-14		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Real Estate Management LTD, Manchester	X				Director, General / Legal Counsel & Chief of Staff	Nov-11		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Law Ltd	X				Managing Director & 50% Shareholder	Feb-18		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Facilities Management Ltd	X				Director	Nov-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Airfields Commercial Management Company Limited	X				Director	Feb-20		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Airfields Residential Management Company Ltd	X				Director	Oct-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Aldermaston Estate Management Company Ltd	X				Director	Oct-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Council				Indirect	Daughter - Employee	2012		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Eamonn O'Brien	Councillor	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Young Christian Workers	X				Training & Development Team			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Arts College		X			Chair of Governors			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Corporate Parenting Board		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		No Barriers Foundation		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		CAFOD Salford		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Methodist Youth Association		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Alan Quinn	Councillor	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		BAE Systems - Military Aircraft	X				Skilled Aircraft Fitter			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Harrogate and District NHS Foundation Trust			X	Indirect	Son and Daughter in Law			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Citizens Advice Bureau					Spouse - Trainee Advisor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Waste Disposal Authority		X			Member / Council Representative			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Voting

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Cllr Alan Quinn (cont)		Trees of Greater Manchester		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Co-Operative Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		North West Rivers Floods and Coastal Committee								General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		GM Green City Partnership (via the Waste Authority)								General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Downs Sysndrome Association					Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Permanent UK Mission to UN in Geneva					Daughter works for UK Government in Switzerland			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tahir Rafiq	Councillor Bury Council	Juris Solicitors	X							General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Grundy Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Vision Multi-Academy Trust		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Institute Educational Fund		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Law Society (England & Wales)		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Law Society (Ireland)		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Punjab Bar Council Pakistan		X			Member / High Court Advocate			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Jeffrey Schryer	CCG Chair	Whittaker Lane Medical Centre	X			Indirect	Wife receives income from Practice	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Whittaker Lane Medical Centre	X				Managing Partner	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		NHS GP Trainer		X				1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X			Undergraduate Tutor	1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Primary Care Network	X				Practice is a member	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X				Practice is a member	2018		Specific arrangements in respect of potential conflicts arising from Bury GP Federation to be given further consideration when situation arises.
		Bury LCO	X				Bury Federation is a member	2018		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Andrea Simpson	Councillor	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Silverdale Medical Practice	X				Practice Manager			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community Union		X			Spouse / Civil Partner - Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jo Hague Photography				Indirect	Spouse / Civil Partner: Owner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Parrenthorn High School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Ribble Drive Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Salford LMC Subcommittee		X			Neighbourhood lead for Swinton			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Greens	X				Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Medical Defence Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Lucy Smith	Councillor Bury Council	The Christie NHS Foundation Trust			X	Indirect	Spouse / Civic Partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community the Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Socialist Health Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Voting

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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest direct or indirect?		From	To	
Cllr Lucy Smith (cont)	Councillor Bury Council	Catholics for Labour		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tamoor Tariq	Councillor	Bury Council	X				Councillor	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		GM Health & Social Care Partnership	X				Children & Young People Access & Waiting Time			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lancashire BME Network				Indirect	Spouse / Civil Partnership: Senior Project Officer			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tamoor Tariq (cont)		GM Police & Crime Panel		X			Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Domestic Violence Steering Group		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		St Lukes Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Derby High School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community Safety Partnership		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Community Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Peter Thompson	Secondary Care Clinician	Medico-legal work carried out for both claimants and defendants in the field of obstetrics	X				Could involve cases in Bury	Jun-20	23/09/2020	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Shrewsbury and Telford Hospitals	X				Seconded for 2 days a week as a Consultant Obstetrician giving advice on their Maternity Services	Sep-20		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Chris Wild	Lay Member - Finance & Audit	Secure Generation Limited	X				Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Efficient Generation Limited	X				Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		McNally Wild Limited	X				Shareholder / Director	Jul-14		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Capitas Finance Limited	X				Shareholder / Director	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lower 48 Energy Limited	X				Shareholder / Director	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Close Brothers PLC	X				Retained Advisor	Sep-14		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury College	X			Indirect	Wife employed by Bury College	Feb-20		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Mike Woodhead	Joint Chief Finance Officer	Heads in the Woods (designs and produces environmentally friendly items for wholesale and retail)	X			Indirect	Partner owns business	Nov-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		CFO/s 151 Officer for Bury MBC	X	X				Jun-19		Transparent in decision making. Adherence to professional codes and regulations. Audit.

In Attendance - Non-Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest direct or indirect?		From	To	
Donna Ball	Bury Council Executive Director of Operations	Oldham Pathology (Pennine Acute)			X	Indirect	Husband works for Oldham Pathology	2010	2020	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Karen Dolton	Executive Director, Children & Young People, Bury Council						None Declared	Jun-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Julie Gonda	Director of Community Commissioning Bury Council						Nothing to declare			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Catherine Jackson	Director of Nursing and Quality Improvement	Marple Cottage Surgery (Stockport CCG)		X			Role as Advanced Nurse Practitioner	Aug-05		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Lesley Jones	Director of Public Health, Bury Council						None Declared	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Nick Jones	Councillor	Arum Systems Ltd (Arum)	X				Account Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Elms Bank			X		Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Friends of Israel			X		Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		PLC Flats Management Limited	X				Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		RNLI					Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Anglo-Swedish Association					Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Friends of the British Overseas Territories					Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury North & South Conservative Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Conservative & Unionist Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Councillors Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Michael Powell	Councillor Bury Council	St Thomas Primary School	X				Teacher - Employed by Stockport Council	Nov-19	03/08/2020	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Elms Bank School	X			Indirect	Spouse / civic partner: Teacher - employed by Oak Learning Partnerhsip	Sep-17		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Liberal Democrats		X			Member	Jan-12		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Educaton Union (NEU)		X			Member	Sep-17		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Lynne Ridsdale	Executive Director of Transformation & Strategy, Bury Council						None Declared	Feb-20		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Nicky Parker	Programme Manager	Youth Focus North West (they have a contract to run the GMCA Youth Cabinet and funding for MH projects)		X		Direct	Director	Sep-10		General arrangements for declaring Conflicts of Interest to be followed.
		Common Purpose GM Advisory Group		X		Direct	Member	Sep-18		General arrangements for declaring Conflicts of Interest to be followed.

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Agenda Item 3

Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	02 November 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

Introduction and background

The attached minutes reflect the discussion from the Strategic Commissioning Board held on 5 October 2020.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the Minutes of the Meeting held on 5 October 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
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
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	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Title	**Minutes of the Strategic Commissioning Board Virtual Meeting on 5 October 2020**
Author	Julie Gallagher, Head of Democratic Services
Version	0.1
Target Audience	Strategic Commissioning Board Members / Members of the Public
Date Created	06 October 2020
Date of Issue	October 2020
To be Agreed	2 November 2020
Document Status (Draft/Final)	Draft
Description	Minutes of the Strategic Commissioning Board on 5 October 2020

Document History:

Date	Version	Author	Notes
	0.1	Julie Gallagher	Forwarded to Chair for review.
Approved:			
Signature:			..... **Dr J Schryer**

Strategic Commissioning Board Virtual Meeting

MINUTES OF MEETING
Strategic Commissioning Board Virtual Meeting 5 October 2020 16.30 – 18.30 **Chair – Dr J Schryer**

Voting Members	
Dr Jeff Schryer	NHS Bury CCG Chair (Chair)
Cllr Eamonn O'Brien	Leader, Finance & Growth, Bury Council
Cllr Jane Black	Cabinet Member Corporate Affairs & HR, Bury Council
Mr Will Blandamer	Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG
Fiona Boyd	Registered Lay Nurse of the Governing Body, NHS Bury CCG
Mr Peter Bury	Lay Member Quality & Performance, NHS Bury CCG
Dr Daniel Cooke	Clinical Director, NHS Bury CCG
Dr Cathy Fines	Clinical Director, NHS Bury CCG
Mr Howard Hughes	Clinical Director, NHS Bury CCG
Mr Geoff Little	Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG
Mr David McCann	Lay Member Patient & Public Involvement, NHS Bury CCG
Cllr Tahir Rafiq	Corporate Affairs & HR, Bury Council
Cllr Andrea Simpson	First Deputy Leader, Health & Wellbeing, Bury Council
Cllr Lucy Smith	Transport & Infrastructure, Bury Council
Cllr Tamoor Tariq	Deputy Leader, Children, Young People & Skills, Bury Council
Mr Chris Wild	Lay Member, NHS Bury CCG
Others in attendance	
Mrs Catherine Jackson	Director of Nursing and Quality Improvement, NHS Bury CCG
Ms Lesley Jones	Director of Public Health, Bury Council
Cllr Nick Jones	Council Opposition Member, Bury Council
Ms Nicky Parker	Programme Manager, Bury Council
Lisa Kitto	Section 151 Officer, Bury Council
Mrs Carrie Dearden	Communications and Engagement Manager, NHS Bury CCG
Mrs Julie Gonda	Director of Community Commissioning (DASS), Bury Council
Mrs Lynne Ridsdale	Deputy Chief Executive, Bury Council
Ms Janet Witkowski	Interim Monitoring Officer and Data Protection Officer, Bury Council
Mrs Carol Shannon-Jarvis	Associate Chief Finance Officer, NHS Bury CCG – attending on behalf of Mike Woodhead, Joint Chief Finance Officer
Mrs Julie Gallagher	Head of Democratic Services (minutes)

Public Members	
Ms Barbara Barlow	Public Meeting

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed those present to the meeting and noted apologies had been received from:

	• Councillor David Jones, Communities & Emergency Planning, Bury Council; • Mr Mike Woodhead, Joint Chief Finance Officer, Bury Council & NHS Bury CCG; • Councillor Michael Powell, Council Opposition Member, Bury Council.
1.2	The Chair advised that the quoracy had been satisfied.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/01	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. • **Declarations of interest from today's meeting**
2.5	The Deputy Leader, Children, Young People & Skills reported that there had been an update in his declaration of interest and he was now employed by Healthwatch, Oldham.
2.6	The Cabinet Member, Transport & Infrastructure reported an update in her declaration of interest, as she is now a school governor and a member of the Trade union the GMB. • **Declarations of Interest from the previous meeting**
2.7	There were no declarations of interest from the previous meeting raised.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/02	Decision	Noted the published register of interests.	
A/10/01	Action	The Deputy Leader, Children, Young People & Skills reported that there had been an update in his declaration of interest and he was now employed by Healthwatch, Oldham.	Mrs Kennett
A/10/02	Action	The Cabinet Member, Transport & Infrastructure reported an update in her declaration of interest, as	Mrs Kennett

		she is now a school governor and a member of the Trade union the GMB.	

3	**Minutes of the last Meetings and Action Log**
3.1	• **Minutes** The minutes of the Strategic Commissioning Board meeting held on 7 September 2020 were agreed as an accurate record.
3.2	• **Action Log** Responding to the action arising from the previous meeting (A/09/01) the Associate Chief Financial Officer reported that further clarity will be provided in the next weeks in respect of the pooled budget arrangements.

ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/10/03	Decision	Approved the minutes of the meeting held on the 7 September 2020.	

4	**Public Questions**
4.1	There were no public questions raised.

ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/10/04	Decision	Noted there were no public questions raised.	

5.	**Chief Executive and Accountable Officer Update**
5.1	The Chief Executive and Accountable Officer provided an update in respect of the current increase in Covid rates across the Borough. The update included information in respect of ongoing work to support children to remain in schools and plans to support those residents adversely affected by Covid.
5.2	Collaborative work is underway with the Northern Care Alliance to plan and prepare for a potential increase in the numbers and volume of Covid patients while at the same time preparing to accelerate a return to near-normal levels of non-COVID health services.

ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/10/05	Decision	Noted the update.	

6.	**System Financial Outlook and Update**
6.1	In the absence of the Joint Chief Financial Officer, the Associate Chief Finance Officer provided members with an update in relation to the financial outlook for the One Commissioning Organisation, as well as information in respect of the CCG financial position in light of the recent NHSE&I guidance and notification of funding elements in the next 6 months. The report also provided details of the Council financial position including details of the Council deficit.
6.2	The report provided details of the CCG's deficit as of March 2020, the changes to contract payments as well as the CCG financial position at the end of month 5. The Associate Chief Finance Officer reported that the CCG has received a baseline allocation of £139 million for the 5 month period which reflects the new temporary regime.

6.3	The CCG allocation for the first five months of the year was £148.3m with an anticipated allocation of £0.3m for month 5, bringing the CCG to breakeven in line with the temporary national financial regime.
6.4	The Associate Chief Finance Officer reported that NHSE&I issued financial envelopes for each Integrated Care System (ICS) on 15th September, along with supporting guidance. Clarifications on aspects of that guidance and on remaining separate allocation streams have continued iteratively over the subsequent two weeks and there are several areas where clarification is still required including transformation funding and Strategic Development Funds.
6.5	Subject to agreement at the Partnership Executive Board, GM will be reporting a very significant deficit for the second half of the year. The deficit arises from: • Overall increased costs of 'living with COVID-19', together with the forecasts of extra costs of Phase 3 Recovery plans (above 2019/20 spending); • Increased exit run-rate spending, together with further new cost commitments included in organisations' plans and forecasts for 2020/21.
6.6	There is no definitive guidance relating to the NHS financial regime for 2021/22 and beyond. That, along with confirmation of next year's funding allocations, is unlikely to be published before January 2021.
6.7	The following comments/observations were made by members of Strategic Commissioning Board: • The Council Leader asked that he be sighted and consulted on the revised financial plan. • Responding to a question from the Cabinet Member for Health and Wellbeing, the Joint Executive Director of Strategic Commissioning reported that no further guidance from central government has been issued in respect of the phase three, recovery planning or incentive schemes.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/06	Decision	Noted the in-year financial position of the CCG and Council, including the financial pressures and high level of uncertainty and risk.	
D/10/07	Decision	Noted the new NHS financial regime and funding allocations, including the financial gap and the work required to manage pressures and resource allocation at a GM level.	
D/10/08	Decision	Noted the need for Bury CCG to submit a financial plan to NHSE&I on 22nd October.	
D/10/09	Decision	Noted the importance of progressing local plans for transformation, savings and cuts at pace.	
D/10/10	Decision	Agreed the importance of working as "One Commissioning Organisation" to optimise the overall financial health of the locality for the greater benefit of Bury residents and registered patients.	

A/10/03	Action	Agreed that the revised financial plan should be approved by the Joint Chief Finance Officer and the Joint Accountable Officer in consultation with the Joint Chairs of the Strategic Commissioning Board, Dr Jeffrey Schryer and Council Leader, Eamon O'Brien.	Mr Woodhead / Mr Little

7.	**Performance Report**
7.1	The Executive Director Strategy and Commissioning presented a report, the purpose of which was to provide an overview of performance in the key areas of urgent, elective, cancer and mental health care, along with an overview of the impact of the COVID-19 response to these areas as the locality moves through the phases of the COVID response.
7.2	It was reported that:- • With regards to planned (elective care); in terms of waiting list management, the target changed in April to an expectation that there will be no more patients waiting in January 2021 than there were in January 2020. This sets the target for Bury for there to be no more than 15,800 patients waiting to commence treatment by January 2021. • Bury's Phase 3 plan predicts the waiting list will increase to 19,318 by March 2021. If realised, this would be 22.3% above the January 2020 threshold. • Bury's Phase 3 plan shows a significant increase in the number of patients waiting in excess of 52 weeks with a prediction that this figure will reach 982 by March 2021. The June figure stood at 200 for Bury with an increase to 371 noted in July data. • Phase 3 guidance is for suspected cancer referrals (2WW) and cancer treatment to be restored to their pre-COVID levels and this ambition has been reflected in the CCG plan. • At 88.8%, A&E performance at PAHT in June remained below the constitutional standard of 95%. • As anticipated, published data to May shows the Improving Access to Psychological Therapies (IAPT) prevalence and 6 week wait measures remaining a challenge despite strong performance in previous years.
7.3	Dr Cooke, expressed concern in relation to the performance data for the IAPT service, saying this was in part due to difficulties to contract manage the service.

ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/10/11	Decision	Received the performance update, noting the areas of challenge and action being taken.	

8.	**Risk Report**
8.1	The Deputy Chief Executive presented an updated risk register. The register reflects those risks which have been identified as having the potential to impact on delivery of the agreed strategic objectives and are assigned to the Strategic Commissioning Board, as a sub-committee of the Governing Body for oversight.
8.2	The report presents the risk position and status as at 31st August 2020.
8.3	The report contained details of two risks that have declined in score during this reporting period:

	• Lack of effective working with key partners which influence the wider determinants of health; • Assuring decisions are influenced by all staff including clinicians.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/12	Decision	Received and reviewed the information presented.	

9.	Covid Update
9.1	The Chief Executive and Accountable Officer provided members with a Covid 19 pandemic update and reported that: • the Borough of Bury has the second highest rate in Greater Manchester; • a simplified set of instructions for the public in relation to restrictions would be helpful; • financial support for those required to self-isolate is being developed; • the ten point recovery plan includes measures to assist schools and those made redundant as a result of the pandemic.
9.2	Responding to a member's question, the Chief Executive reported that greater resources are being deployed locally to support track and trace but further support in terms of staffing and resources is required.
9.3	The Chair and Councillor O'Brien asked that the thanks of the Strategic Commissioning Board be placed on record to the Director of Nursing and Quality Improvement and the Director of Public Health, Bury Council for all their hard work in supporting and developing the Borough's testing facilities.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/13	Decision	Noted the update	

10.	Recovery Update
10.1	The Joint Executive Director of Commissioning provided members with a recovery and transformation overview report, no questions were asked under this item.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/14	Decision	Noted the Report.	

11.	Intermediate Tier Review
11.1	The Director of Community Commissioning (DASS) presented a further update in respect of the intermediate tier review.
11.2	The report highlights progress against the review of Intermediate Tier Services in Bury and makes recommendations for changes to the nature of service provision.
11.3	The Director of Community Commissioning reported that at present, people don't have the same opportunity to access home based intermediate care in Bury, when compared to other areas in the country. The Director of Community Commissioning reported we want people to have the option to receive personalised care in their own home where it

	is safe and appropriate to do so. The growth in home based services means that fewer bed based services will be required in future. This report therefore seeks permission to undertake a public consultation on the proposed reduction of bed based services within the intermediate tier.
11.4	By considering our aims of delivering more care at home, of focussing our care to maximise recovery and of providing high quality accommodation when it is needed, we are led to the outcomes of this report and seek permission to undertake consultation.
11.5	Those present were invited to comment and the following issues were raised: • The First Deputy Leader, Health & Wellbeing commented that although she agreed in principle with the proposal she expressed her concern in relation to the financial sustainability of the project given the rising demands for the service. • Mr Hughes reported that the length of stay at this service were longer than they should be and this will ultimately affect the speed and the extent to which patients recover. These proposals are not a reflection on the staff working in this service~~s~~, and they should be commended for their work, it is more a result of poor estate that is not fit for purpose. • The Leader and Cabinet Member for Finance & Growth reported that he supports the clinical case and the necessity to review how and where these services are provided, this review should include credible alternatives for use of the estate, and be undertaken in partnership with work ongoing in respect of the Radcliffe Strategic Regeneration framework. • Dr Fines reported that these proposals promote better care outcomes and will have long term benefits for the patients.
11.6	The Chief Executive Bury Council and Accountable Officer reported that the final report should include proposals for the future and long term use of this site; that this is an opportunity to accelerate the process by providing clear options and options appraisal.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/15	Decision	Considered the Report.	
A/10/04	Action	The Director of Community Commissioning and/or the report author will liaise with the Chair of the Health Scrutiny Committee to agree the proposed length of the consultation, the length of the consultation will therefore be agreed in consultation with the Chair of the Health Scrutiny Committee.	Mrs Gonda and Cllr Stella Smith
A/10/05	Action	A paper containing recommendations for implementation will be brought to the December Strategic Commissioning Board meeting for implementation as dictated by notice and recommissioning periods which will be by the end of June 2021 at the latest. The updated paper will provide details of an options appraisal for the future use of the site.	Mrs Gonda

A/10/06	Action	Once agreed public consultation will commence on the recommendation to decommission Bealey Intermediate Care Facility and re-provide Intermediate Care beds in the Independent Care Sector.	Mrs Gonda

12.	**Strategic Approach to All Age Learning Disabilities**
12.1	The Joint Executive Director of Strategic Commissioning gave an update on the Learning Disability "all age" Health and Care – Recovery and Transformation.
12.2	The Joint Executive Director of Strategic Commissioning reported that the strategic vision is for an all age service to remove the trend towards over protection of young adults as well as streamlining services and ensuring value for money in respect of full life costs
12.3	The new approach will improve outcomes for young people with learning disabilities and their families and help their understanding on how becoming an adult will impact their life, while ensuring a joined up approach regarding health with a focus on reducing health inequalities for people with learning disabilities and co-production / co-design at the heart of transformation.
12.4	Members discussed the strategic approach and the following issues were raised: • Dr Cooke sought assurances that there would be clinical involvement in the proposals going forward. • The First Deputy Leader and Cabinet Member for Health & Wellbeing asked that any new proposals would be co-produced to include those with a learning disability. • The Lay Member Patient & Public Involvement reported that any future proposals should not be undertaken in isolation and be part of a wider housing strategy.

ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/10/16	Decision	The update was noted	
A/10/07	Action	Further information on the Learning Disability "all age" Health and Care – Recovery and Transformation to be presented to the Strategic Commissioning Board meeting in December.	Mrs Gonda

13.	**Adult Community Crisis Service**
13.1	The Director of Community Commissioning (DASS), presented a report setting out the requirements for a community support service for people experiencing mental health crisis and are at risk of self-harm or suicide. The funding will allow the service to operate 3 evenings a week and provide daytime aftercare. The service would be for adults (18 years+) and a 12 month pilot is proposed, with thorough evaluations to determine future plans.
13.2	The rationale for this approach is to support the Bury Mental Health Recovery & Transformation work, which aims to ensure that support for people with mental health illness is as non-clinical as possible, whenever this is safe. The proposed service will

13.3	operate a person-centred peer led crisis support model, in a therapeutic environment, providing local people with a choice of non-clinical community based crisis care. The Director of Community Commissioning (DASS) reported that: • It was a national requirement in the NHS Long Term Plan to provide a range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) within all local mental health crisis pathways. • Localities across GM have Safe Haven crisis provision (Oldham, HMR, Tameside & Glossop and Stockport). • Engagement with local community providers, clinical providers and service users supports the need for this type of service. • Clinical Cabinet had previously signed off the approval of a Mental Health Safe Haven crisis service in August 2018 (paper attached for information). • Bury admission data for adult and older people's mental health wards confirms the highest number of admissions are Monday to Friday, with Friday having the highest number of admissions. Over 45% of people are admitted between 6pm and midnight. • In depth discussions have been held with the VCFA, BIG, Beacon Service, Earlybreak and PCFT, all agree there is a need for this type of service. • Detailed evaluation will inform future commissions and the shape of a future service. • The expenditure is within the original approved budget. This project will be funded from Greater Manchester Mental Health Transformation Fund already allocated to Bury CCG (GM CCGs share of the £10.8 million). • It will support the wider Urgent Care redesign underway at Fairfield Hospital. • It supports the local and national priorities identified as part of the response to COVID-19 and building back better.
13.4	Members discussed the proposals and the following issues were raised: • Dr Cooke reported that it will be necessary to ensure that there is a robust offer to patients going forward. • The Chair expressed concern about the ownership (Council/CCG) of the procurement route for this matter.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/17	Decision	Approves the commissioning of a Bury Adult Community Crisis Safe Haven evening service pilot for 12 months, operating 3 days a week, subject to confirmation that the correct procurement process had been undertaken.	
D/10/18	Decision	Approve a 5 days a week daytime follow up aftercare support service, to provide additional support to people who have accessed the Safe Haven, with a view to preventing future crisis situations.	

14.	Bury 2030 Strategy
14.1	The Deputy Chief Executive reported that an updated and revised Bury 2030 strategy had been circulated for information and discussion.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/19	Decision	Noted the update.	

15.	SRFT – PAT Transaction Business Case
15.1	Representatives from the Northern Care Alliance updated members on the PAT transaction business case. The presentation contained information in respect of: • The case for change; • The Northern Care Alliance journey so far; • Areas of focus and benefits to date; • Why the Transaction matters; • The financial challenge and programme risks; • The impact of Covid.
15.2	The Chair sought assurances that patients would not suffer any detriment as a result of these changes.
15.3	The Chief Executive Bury Council & Accountable Officer reported that a number of patients from the Borough receive their care at North Manchester General Hospital, the transactional work needs to be undertaken jointly with commissioners and other stakeholders.
15.4	Dr Fines commented that patients need to be involved and understand the transaction and its impact.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/20	Decision	Noted the update.	

16.	Equality Strategy - Implementation Plan Update
16.1	The Deputy Chief Executive reported that in June 2020 Bury Council and Bury CCG proposed undertaking an Equalities Review, to inform a joint Equalities Strategy and Outcomes Framework. This report provides an update on the work of the Review.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/21	Decision	Noted the report.	
A/10/08	Action	A further report on the Equalities Strategy and Outcomes Framework will be considered at the next meeting of the Strategic Commissioning Board.	Mrs Ridsdale

17.	Form and Function of LCO
17.1	The purpose of this paper is to consider the organisational form for the Local Care Organisation (LCO) in Bury.
17.2	The LCO has been operating as an alliance partnership in Bury for some time and have made a valuable contribution in bringing a focus on the integration of community based health and care services in the borough, and taking lead responsibility for a number of the recovery and transformation programmes of work.
17.3	Leadership from both Care Organisation (CO) and LCO in Bury consider it important to clarify for the medium term, the form of the LCO, in order to provide certainty and to

	allow the LCO to focus on delivery. Likewise, partners within the LCO have recognised the need to address the LCO's organisational form at various points since its inception but only recently has there been a consensus that the sustainability and effectiveness of the LCO require a conclusion to be drawn on organisational form.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/22	Decision	Noted the report	
A/10/09	Action	Agreed a further report on the form and function of the LCO will be considered at the next meeting of the Strategic Commissioning Board meeting.	Mr Blandamer

18.	Feedback from Greater Manchester Joint Commissioning Board
18.1	The Joint Executive Director Commissioning reported that the main focus of discussions at the most recent meeting of the Greater Manchester Joint Commissioning Board was the proposals to reconfigure Future Direction of the GM Health and Social Care Partnership.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/23	Decision	Noted the update.	
A/10/10	Action	The Future Direction of the GM Health and Social Care Partnership to be considered at future meetings of the Strategic Commissioning Board.	Mr Blandamer

19.	Minutes of Meetings
19.1	• Bury System Board Meetings: ➢ 18 June 2020 ➢ 21 July 2020 ➢ 19 August 2020

ID	Type	The Strategic Commissioning Board:	Owner
D/10/24	Decision	Noted the minutes of the Bury System Board meetings held on the 18 June, 21 July and 19 August 2020.	

20	Any Other Business and Closing Matters
20.1	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/10/25	Decision	Noted the information.	

Next Meetings in Public	**Strategic Commissioning Board Meetings:** • Monday, 2 November 2020, 4.30 p.m , Formal Public meeting via Microsoft Teams (Chair: Cllr E O'Brien / Dr J Schryer) • Monday, 7 December 2020, 4.30 p.m., Formal Public meeting via Microsoft Teams (Chair: Cllr E O'Brien / Dr J Schryer)
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance emma.kennett@nhs.net

Strategic Commissioning Board Action Log – October 2020

Status Rating - In Progress - Completed - Not Yet Due - Overdue

A/09/01	It was agreed that the Joint Chief Finance Officer would review the funding for this area once the exact costs were known and assess whether any additional national funds have been provided. The governance for this would need to be in line with existing Pooled Budget arrangements/ agreed delegations to ensure no *Ultra Vires* decisions were being made	Mr Woodhead		October 2020	Further clarification to be provided at the next SCB meeting.
A/10/01	The Deputy Leader, Children, Young People & Skills reported that there had been an update in his declaration of interest and he was now employed by Healthwatch, Oldham.	Mrs Kennett		November 2020	To be picked up as part of the COI process
A/10/02	The Cabinet Member, Transport & Infrastructure reported an update in her declaration of interest, as she is now a school governor and a member of the Trade union the GMB.	Mrs Kennett		November 2020	To be picked up as part of the COI process
A/10/03	Agreed that the revised financial plan should be approved by the Joint Chief Finance Officer and the Accountable Officer in consultation with the Joint Chairs of the Strategic Commissioning Board, Dr Jeffrey Schryer and Council Leader, Eamon O'Brien.	Mr Woodhead/Mr Little		October 2020	

A/10/04	The Director of Community Commissioning and/or the report author will liaise with the Chair of the Health Scrutiny Committee to agree the proposed length of the consultation, the length of the consultation will therefore be agreed in consultation with the Chair of the Health Scrutiny Committee.	Mrs Gonda and Cllr Stella Smith		October 2020	
A/10/05	A paper containing recommendations for implementation will be brought to the December Strategic Commissioning Board meeting for implementation as dictated by notice and recommissioning periods which will be by the end of June 2021 at the latest. The updated paper will provide details of an options appraisal for the future use of the site.	Mrs Gonda		December 2020	
A/10/06	Once agreed public consultation will commence on the recommendation to decommission Bealey Intermediate Care Facility and re-provide Intermediate Care beds in the Independent Care Sector.	Mrs Gonda		December 2020	
A/10/07	Further information on the Learning Disability “all age” Health and Care – Recovery and Transformation to be presented to the Strategic Commissioning Board meeting in December.	Mrs Gonda		December 2020	
A/10/08	A further report on the Equalities Strategy and Outcomes Framework will be considered at the next meeting of the Strategic Commissioning Board.	Mrs Ridsdale		December 2020	Report to be submitted to the Formal Meeting in December 2020
A/10/09	Agreed a further report on the form and function of the LCO will be considered at the	Mr Blandamer		December 2020	

	next meeting of the Strategic Commissioning Board meeting.				
A/10/10	The Future Direction of the GM Health and Social Care Partnership to be considered at future meetings of the Strategic Commissioning Board.	Mr Blandamer		Ongoing	Further discussion scheduled for the Strategic Commissioning Board Development Session in November 2020

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Meeting: Strategic Commissioning Board			
Meeting Date	02 November 2020	**Action**	Approve
Item No	6	**Confidential / Freedom of Information Status**	No
Title	NHS Health Check payments & Covid-19.		
Presented By	Lesley Jones, Director of Public Health, Bury Council		
Authors	Shenna Paynter, Programme Lead & Lindsey Mooney, Project Manager, Public Health, Bury Council		
Clinical Lead	Jeff Schryer		
Council Lead	Lesley Jones		

Executive Summary

The NHS Health Check programme has been paused during the COVID-19 pandemic. This paper reports on how this affected GP practices in 2019/20 and also outlines a financial proposal to practices for Quarters 1-2 of 2020/21, whilst taking into account the targets and structure underpinning the programme, but ensuring that practices are not unduly impacted financially.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Agree to the proposed changes to the calculation used to award a nominal payment (based on 6 months activity at 75% of a practices invite target.)

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.
Add details here.	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒

Implications						
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☒	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

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

NHS Health Checks payments and COVID-19

1. Introduction

The NHS Health Check programme is a public health programme in England for people aged 40-74 which aims to keep people well for longer. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke. NHS Health checks are a statutory Public Health responsibility, funded through the Public Health budget.

2. Background

General practice have been significantly affected by taking necessary actions in regard to COVID 19. Many, if not all practices, cancelled all routine appointments with both GPs and Nurses mid March 20. This had a substantial effect on the delivery of NHS Health Checks programme in the final month of the financial year 19/20.

A fair resolution was proposed by public health for the payment of activity in 19/20 (Appendix A). All financial payments have been made to GP Practices and the information was submitted on the Public Health England (PHE) portal for quarter 4. The NHS Health Check programme was then paused from April 2020.

3. NHS Health Checks in 2020/21

As in previous years, the eligible population and distribution of invite targets is calculated at the beginning of April, once the year end information has been submitted. Figures for total eligible population are obtained from the Informatica system (Health Check IT system) and checked against the calculated figures sent from PHE. The figures with PHE have now been agreed and submitted for 20/21.

In April most of the GP locally commissioned services were paused and the CCG proposed a financial remuneration package to GP practices. The table in Appendix B shows a column “Budget 20/21”. Unfortunately for NHS HC’s this suggestion is unworkable as does not take into account the updated eligible population per practice and so Public Health have developed a proposal to rectify this situation.

PHE are working with Local Authorities in regard to how they expect areas to reintroduce the NHS HC programme as the pandemic continues from Q3 onwards. Communication will be disseminated to practices once this is received.

In the meantime, and so as not to create unduly cash flow situations within practices, it is

proposed that a nominal amount be paid to practices in respect of expected performance of NHS Health Checks throughout 20/21.
A payment rate of £12 per check is usually paid each quarter based on activity completed, for Quarters 1-3. The final payment is calculated based on the uptake rate achieved of their individual invite targets, (using a sliding scale of payment ranging from £12 to £25).

4 Recommendations

A suggestion is proposed for Q1 and Q2 of 2020-21. In the Appendices is a calculation based on 3 months activity of 75% of a practices invite target (75% is the national target) at a payment per check of £12 (AppendixC). This is within budget. The total payment made to practices for Quarter 1 in 2019/20 was £22,284. This calculation method will then be repeated for Q2 also.

5 Actions Required

The SCB is required to:

- Agree to the proposed changes to the calculation used to award a nominal payment (based on 6 months activity at 75% of a practices invite target)

Shenna Paynter
Public Health Programme Lead
s.paynter@bury.gov.uk
October 2020

Appendix A – Schedule of 19/20 Final yearly payment

Practice Code	Practice	Target Invites 19/20*	Health Checks completed as at 15.03.2020	Realistic 31.03.2020 figure based on attending practices	Increase	Uptake rate as at 15.03.2020 (proportion of target who have received a check)	Realistic uptake rate based on expected end of year performance	On target to achieve "£" uptake rate	Realistic payment as at 31.03.2020
P83001	Fairfax Group Practice	599	424	455	31	71%	76%	£25	£11,375
P83004	The Uplands MC	485	188	220	32	39%	45%	£12	£2,640
P83005	Townside Surgery	217	191	195	4	88%	90%	£25	£4,875
P83006	Ramsbottom HC	452	360	365	5	80%	81%	£25	£9,125
P83007	Radcliffe MP	466	294	320	26	63%	69%	£22	£7,040
P83009	Blackford House MC	404	271	295	24	67%	73%	£24	£7,080
P83010	Monarch MP	155	98	105	7	63%	68%	£21	£2,205
P83011	Unsworth MC	345	268	275	7	78%	80%	£25	£6,875
P83012	Tower Family Healthcare	2066	1094	1125	31	53%	54%	£14	£15,750
P83015	Ribblesdale MP	252	192	195	3	76%	77%	£25	£4,875
P83017	Woodbank Surgery	321	210	230	20	65%	72%	£23	£5,290
P83020	Tower – Minden	809	449	475	26	56%	59%	£17	£8,075
P83021	Peel GPs	658	326	350	24	50%	53%	£14	£4,900
P83024	Knowsley St MP	281	180	190	10	64%	68%	£21	£3,990
P83025	St Gabriels MC	483	361	365	4	75%	76%	£25	£9,125
P83027	Greyland MC	117	63	70	7	54%	60%	£17	£1,190
P83603	Redbank GP	525	359	385	26	68%	73%	£24	£9,240
P83605	Whittaker Lane MC	417	255	275	20	61%	66%	£20	£5,500
P83608	The Elms MC	166	136	140	4	82%	84%	£25	£3,500
P83609	The Birches MC	219	193	195	2	88%	89%	£25	£4,875
P83611	Walmersley Rd Surgery	234	213	215	2	91%	92%	£25	£5,375
P83612	Mile Lane HC	220	191	195	4	87%	89%	£25	£4,875
P83620	Garden City MC	283	213	225	12	75%	80%	£25	£5,625
P83621	Huntley Mount MC	126	92	100	8	73%	79%	£25	£2,500
P83623	Longfield MP	268	201	205	4	75%	76%	£25	£5,125
Y02755	Rock Healthcare	434	303	320	17	70%	74%	£24	£7,680
		11002	7125	7485					£158,705

Appendix B – Received from the CCG

The value to be paid to practices during this time is outlined in the table below (20/21 budget) as signed off by the Urgent Decisions process in April (the source of this calculation has not been identified to date):

Practice Code	Practice	Target Invites 19/20*	Health Checks completed as at 15.03.2020	Realistic 31.03.2020 figure based on attending practices	Increase	Uptake rate as at 15.03.2020 (proportion of target who have received a check)	Realistic uptake rate based on expected end of year performance	On target to achieve "£" uptake rate	Realistic payment as at 31.03.2020	Budget 20/21	%
P83001	Fairfax Group Practice	599	424	455	31	71%	76%	£25	£11,375	£9,031	79%
P83004	The Uplands MC	485	188	220	32	39%	45%	£12	£2,640	£2,096	79%
P83005	Townside Surgery	217	191	195	4	88%	90%	£25	£4,875	£3,870	79%
P83006	Ramsbottom HC	452	360	365	5	80%	81%	£25	£9,125	£7,245	79%
P83007	Radcliffe MP	466	294	320	26	63%	69%	£22	£7,040	£5,589	79%
P83009	Blackford House MC	404	271	295	24	67%	73%	£24	£7,080	£5,621	79%
P83010	Monarch MP	155	98	105	7	63%	68%	£21	£2,205	£1,751	79%
P83011	Unsworth MC	345	268	275	7	78%	80%	£25	£6,875	£5,458	79%
P83012	Tower Family Healthcare	2066	1094	1125	31	53%	54%	£14	£15,750	£12,504	79%
P83015	Ribblesdale MP	252	192	195	3	76%	77%	£25	£4,875	£3,870	79%
P83017	Woodbank Surgery	321	210	230	20	65%	72%	£23	£5,290	£4,200	79%
P83020	Tower – Minden	809	449	475	26	56%	59%	£17	£8,075	£6,411	79%
P83021	Peel GPs	658	326	350	24	50%	53%	£14	£4,900	£3,890	79%
P83024	Knowsley St MP	281	180	190	10	64%	68%	£21	£3,990	£3,168	79%
P83025	St Gabriels MC	483	361	365	4	75%	76%	£25	£9,125	£7,245	79%
P83027	Greyland MC	117	63	70	7	54%	60%	£17	£1,190	£945	79%
P83603	Redbank GP	525	359	385	26	68%	73%	£24	£9,240	£7,336	79%
P83605	Whittaker Lane MC	417	255	275	20	61%	66%	£20	£5,500	£4,367	79%
P83608	The Elms MC	166	136	140	4	82%	84%	£25	£3,500	£2,779	79%
P83609	The Birches MC	219	193	195	2	88%	89%	£25	£4,875	£3,870	79%
P83611	Walmersley Rd Surgery	234	213	215	2	91%	92%	£25	£5,375	£4,267	79%
P83612	Mile Lane HC	220	191	195	4	87%	89%	£25	£4,875	£3,870	79%
P83620	Garden City MC	283	213	225	12	75%	80%	£25	£5,625	£4,466	79%
P83621	Huntley Mount MC	126	92	100	8	73%	79%	£25	£2,500	£1,985	79%
P83623	Longfield MP	268	201	205	4	75%	76%	£25	£5,125	£4,069	79%
Y02755	Rock Healthcare	434	303	320	17	70%	74%	£24	£7,680	£6,097	79%
		11002	7125	7485					£158,705	£126,000	79%

Appendix C – Proposal £12 per check

Identifier	Practice	Invite Target 20/21	75% Target	Qtr1 proposed figures (/12*3)	Proposed Qtr1 at £12
P83001	Fairfax Group Practice	585	439	110	£1,320
P83004	The Uplands MC	471	353	88	£1,056
P83005	Townside Surgery	171	128	32	£384
P83006	Ramsbottom HC	512	384	96	£1,152
P83007	Radcliffe MP	450	338	84	£1,008
P83009	Blackford House MC	356	267	67	£804
P83010	Monarch MP	173	130	32	£384
P83011	Unsworth MC	346	260	65	£780
P83012	Tower Family Healthcare	1617	1213	303	£3,636
P83015	Ribblesdale MP	186	140	35	£420
P83017	Woodbank Surgery	266	200	50	£600
P83020	Tower - Minden	872	654	164	£1,968
P83021	Peel GPs	578	434	108	£1,296
P83024	Knowsley St MP	185	139	35	£420
P83025	St Gabriels MC	401	301	75	£900
P83027	Greyland MC	173	130	32	£384
P83603	Redbank GP	485	364	91	£1,092
P83605	Whittaker Lane MC	365	274	68	£816
P83608	The Elms MC	230	173	43	£516
P83609	The Birches MC	221	166	41	£492
P83611	Walmersley Rd Surgery	265	199	50	£600
P83612	Mile Lane HC	288	216	54	£648
P83620	Garden City MC	263	197	49	£588
P83621	Huntley Mount MC	221	166	41	£492
P83623	Longfield MP	274	206	51	£612
Y02755	Rock Healthcare	365	274	68	£816
		10319	7739	1932	£23,184

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Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 November 2020	**Action**	Approve
Item No	7	**Confidential / Freedom of Information Status**	No
Title	COVID 19 follow up pathways project		
Presented By	Ian Mello – Director of Secondary Care Commissionin		
Author	Zena Shuttleworth - Commissioning Manager		
Clinical Lead	Dr Richard Deacon		
Council Lead			

Executive Summary

- This is a Bury version of the GM guidance requiring each locality to develop best practice guidance to support the short, medium, and long-term recovery and rehabilitation of people with confirmed or suspected COVID-19in the GM localities.
- This work is subject to on going review and development through the working group established

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the progress to date
- Support the further iteration of the work as evidence and best practice emerges.

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.
Add details here. Presented as part of the COVID 19 Response	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☐

Implications						
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☐
Are there any financial implications?	Yes	☐	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☐	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☒	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☐	N/A	☐

Implications						
Register?						
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

Governance and Reporting		
Meeting	**Date**	**Outcome**
Add details of previous meetings/Committees this report has been discussed.	14/10/2020	Health and Care Silver Meeting
	16/10/2020	Council Executive Team
	16/10/2020	CCG Clinical Directors - circulated

Bury Locality: COVID –19 Follow Up Pathways Project

Introduction

In June 2020, GMCA released best practice guidance to support the short, medium, and long-term recovery and rehabilitation of people with confirmed or suspected COVID-19 in the GM localities. The objective of the guidance was to ensure there is a systematic, proactive step-up / step down pathway which support people to receive the right support at the right time.

Broadly there are 3 cohorts to consider:

- The safe follow-up of acutely unwell people who have presented at hot clinics, GP surgeries and emergency departments, who are of clinical concern but not admitted.
- The follow-up of people discharged from hospital following admission with severe pneumonia or pneumonitis and/or severe non-respiratory complications of COVID-19.
- The recovery and rehabilitation of people who received critical care.

In August 2020, GMCA asked that localities reviewed their current local arrangements against the guidance and complete an assurance framework outlining their position. Bury reported initial progress against this framework and is now aiming to confirm our final position.

The overarching principles of the pathways are that:

- They are timely.
- They consider the wider health needs of the patient.
- They promote easy access to diagnostics and treatment.
- They enable the follow up and safe discharge of a person back to routine care.

It is important to note that these pathways do not need the creation of a new delivery model. Instead, they build on the skills and resources already available within the system.

Whole System Approach

A project group was set up to oversee the development of Bury's follow-up pathways. This group ensured wide representation from Bury Council, Bury CCG, Primary Care, the Northern Care Alliance and the Voluntary, Community and Faith sector.

It was agreed that three task and finish groups were needed to draft different elements of the pathways: holistic pathway, community pathway and the clinical pathways (out of hospital and secondary care). It was also agreed that understanding the data was integral to each of these pathways.

One of the positive elements to come out of this approach was that colleagues attending were not always aware of the interventions and support available through different teams in the system. By promoting this understanding, we can ensure that people are directed to the right support at the right time.

Locally Agreed Key Principles

In addition to the principles promoted by GMCA, agreement was made to adopt these further principles in Bury:

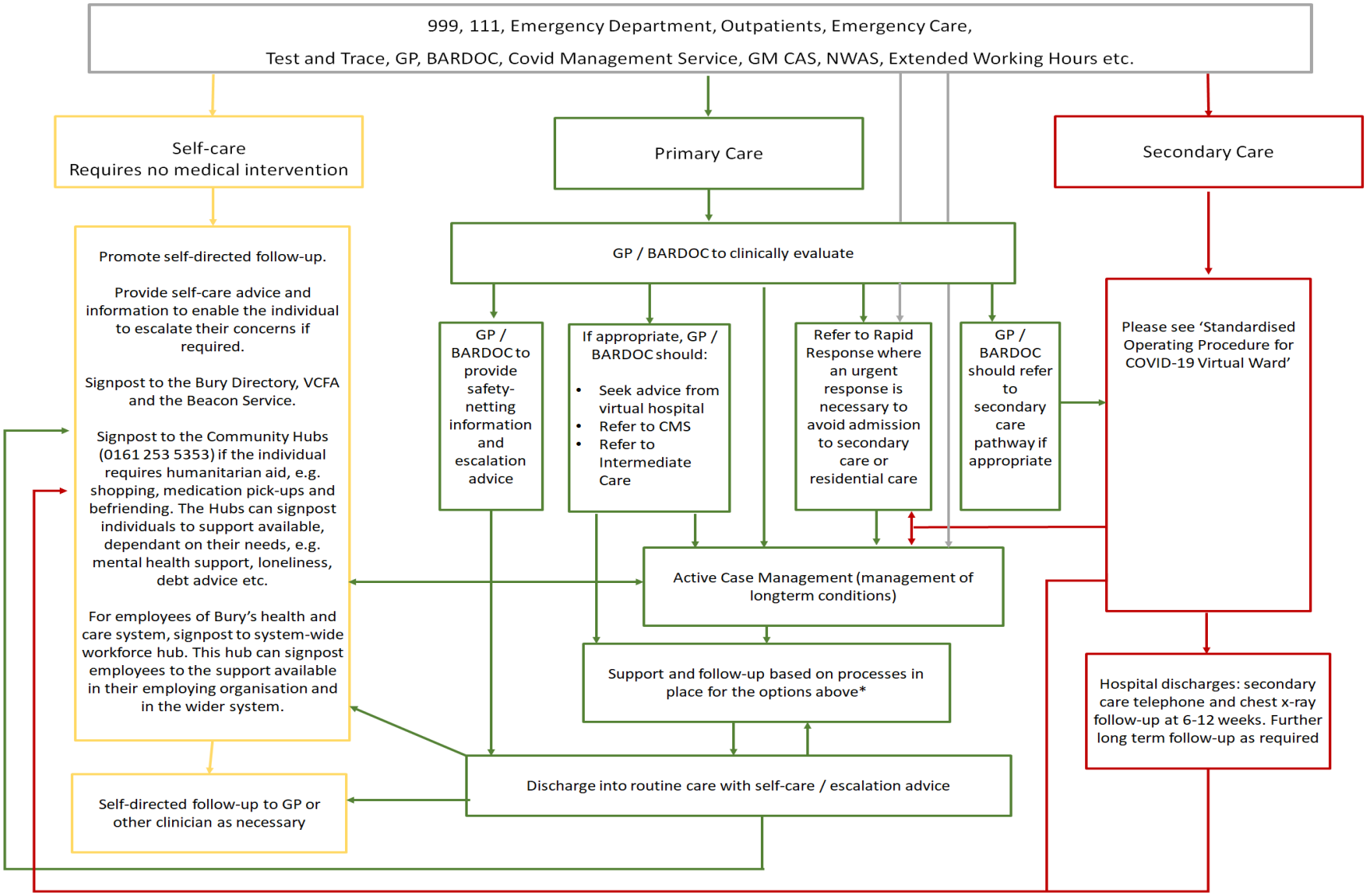
- People are enabled to self-care.
- People are enabled to confidently undertake self-directed follow-up.
- Follow-up and signposting is as essential for families and carers as for the person diagnosed with COVID-19.
- Support for staff and their families is crucial to ensure wellbeing in the workplace.
- Person centred conversations and holistic support are integrated to the pathways.
- Existing services are integrated and work together seamlessly.
- Skill sets and capacity across teams in the system are maximised, e.g. Respiratory and Rapid Response.

These further principles demonstrate Bury's commitment to incorporate holistic, wrap-around care and support to clinical care; thus enhancing the GMCA pathways with our local priorities.

The pathways can act as a 'test for change' and a potential blueprint for system integration in other areas.

Draft Pathway

Pathways outlining the recovery and rehabilitation of adults with confirmed or suspected COVID-19 in Bury



Timelines

<u>August 2020</u>

- Submission of Bury's position against the GM assurance framework.

<u>September 2020</u>

- Establishment of project group and task and finish groups.
- Pathways drafted and shared with partners.

<u>October 2020</u>

- Pathways presented in final draft.
- Pathways signed off through system governance structures.
- 12th October Virtual Ward to 'go live'.
- Development of a communication plan and associated papers.

<u>November 2020</u>

- Pathways communicated throughout the system.
- The respiratory clinic will start the follow-up of individuals after admission.

<u>December 2020</u>

- Establishment of a 'hot' Ambulatory Care Unit clinic at Fairfield General Hospital (support A&E pressures)

Risks/Mitigations

Risk: Unknown levels of demand/uncertainty about follow-up requirements
Mitigation: Data will be made available to monitor demand at each stage of the pathway.

Risk: Increasing system pressures/existing waiting lists. Will this create a two-tiered system and further inequalities?
Mitigation: Capacity and demand modelling taking place across the system. The transformation in the delivery of the pathways will build capacity across the system.

Risk: Diagnostic Capacity in Secondary Care
Mitigation: Identify with Primary and Secondary Care diagnostic requirements and most appropriate point of delivery

Risk: Potential to over-medicalise the pathway
Mitigation: One pathway does not fit all - holistic wrap-around care and support offered at every step.

Risk: Duplication in the system
Mitigation: Partners working as a system to align pathways e.g. COVID Ambulatory Care Unit and COVID Management Service.

Risk: Consistent adoption of the pathway.
Mitigation: Communication plan to be agreed and delivered consistently across the system.

Risk: Lack of clarity re: clinical accountability/responsibility for test results/follow up of patients
Mitigation: Pathways/ guidelines to make clear lines of accountability – agreed with primary/secondary care clinicians.

Risks/Mitigations

Risk Sharing of information.

Mitigation: Graphnet to be explored further.

Risk: Winter Pressures.

Mitigation: Winter pressures will exacerbate already stretched capacity across the system. COVID rehab pathway work to link into winter Planning group.

Risk: Workforce resilience and system impact from self-isolate, caring responsibilities, redeployment.

Mitigation: A system-wide Workforce Hub has been created and will enable the signposting of staff employed within the Bury system to the support available to them if it is required. This will include support for health and wellbeing, caring responsibilities and any other issue affecting that person. A central inbox has been set up for this purpose.

Next Steps – Key Actions

- Finalise Pathways
- Development of guidelines/criteria to support pathway delivery and clinical accountability
- Data flow/monitoring – process(es) to be agreed
- Communications plan - developed/implemented
- Governance:
  - System partners sign off internally
  - Health and Care Recovery Board sign off
- GMCA assurance – Localities to update on progress mid-October

Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 November 2020	**Action**	Approve
Item No	8	**Confidential / Freedom of Information Status**	No
Title	Supervised Consumption – proposed changes		
Presented By	Lesley Jones – Director of Public Health		
Author	Jon Hobday - Consultant in Public Health		
Clinical Lead	Dr Daniel Cooke		
Council Lead	Cllr Andrea Simpson Chair of the Health and Wellbeing Board		

Executive Summary

A key element of supporting individuals with substance misuse is the provision of supervised consumption (of opiate substation medication) through pharmacies. As a result of COVID supervised consumption has changed from mostly daily to almost exclusively weekly or fortnightly pickups of medications.

No negative patient outcomes have occurred as a result of these changes over the last 6 months.

Pharmacies who receive payments for supervised consumption have been supported through these changes which have resulted in significantly reduced activity and income. Pharmacies have received average pay for the months of April to June based on national guidance.

It is proposed from October 1st 2020 Pharmacies no longer receive average pay and receive payment for activity only in line with Greater Manchester (GM). It is also proposed that these changes to move to a model of weekly and/or fortnightly medication are made permanent.

This will result in significant savings to Bury Council, and will reduce existing budget pressures within the substance misuse budget by approximately £20,250 for 20/21, and £40,500 annually after that.

In addition this will align with the GM approach.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Agree to fund supervised consumption on an activity only basis from October 1st

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.
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?	Health and Wellbeing is a priority within the LP					
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	This will reduce the need for daily travel to pharmacies and potentially open up opportunities to those with substance misuse issues to obtain and hold down jobs.					
Is there any scrutiny interest?	Yes	☐	No	☒	N/A	☐
What are the Information Governance/ Access to Information implications?	None at this stage					

Implications						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☒	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

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

Supervised Consumption Payments

1. Introduction and Background

1.1 A key element of supporting individuals with substance misuse is the provision of supervised consumption through pharmacies. Supervised consumption is when individuals who are opioid dependent regularly attend pharmacies to receive opioid substitution medication (usually methadone or buprenorphine). This is an important service provided by pharmacies to target misuse of illicit substances and prevent withdrawal symptoms and reduce risk to the patient. Before deciding to prescribe, a full assessment of the patient will be undertaken by the clinician in combination with the substance misuse service and a care plan will be put in place and agreed with the patient and they will be assigned to a pharmacy.

1.2 Since the start of the lock down in March 2020 supervised consumption rates have fallen dramatically as a result of our service users complying with social distancing, shielding and isolation as well as in response to availability of this service in community pharmacies and new working practices. This has been achieved predominantly through reduced daily supervised consumption in a move to either weekly or fortnightly pickups of medication (to avoid face to face contacts). In addition safe boxes (to store medications) and naloxone (a drug to be used in the event of overdose) have been issued as part of the adapted response to ensure safety.

1.3 There were initial concerns that providing weekly or fortnightly medications rather than providing daily doses may have additional risks i.e. service users may use all the drugs at one time increasing the risk of overdose. As part of the new way of working the drug related incidents have been monitored closely through the number of serious untoward incidents and the number of drug related death. To date there has been no negative implications to patient outcomes as a result of the change in practices and the situation continues to be reviewed on an ongoing basis. There has been positive feedback through engagement from service users expressing that by not having to go to the pharmacy daily it has allowed them to get their lives back on track without their days having to revolve around drug pickups.

1.4 Prior to COVID Bury council spent approximately £54,000 per year on supervised consumption with community pharmacies. Since COVID the amount of supervised consumption has reduced by around 75% across Greater Manchester. On this basis projected savings to Bury Council would be in the region of £40,500 per year. This money could be used to offset other pressures within the substance misuse budget including the substantial increase in medication costs over the last 18 months.

1.5 The implications for this new way of working are

- Substantially less service users accessing daily supervised consumption
- Pharmacies who get paid for supervised consumption will potentially see a significant reduction in their incomes from supervised consumption.
- Significant savings to councils who pay pharmacies for supervised consumption as part of the local substance misuse offer

1.6 In line with the national guidance - to ensure the business continuity of local pharmacies a decision was made to pay the equivalent of the average of our supervised consumption

spend for October 2019 to March 2020, in May 2020 the equivalent of the average of our supervised consumption spend for November 2019 to April 2020 and in June the average of our supervised consumption spend for December to May. This has meant that to date local pharmacies have not seen an impact on their income.

2 Associated Risks

2.1 There is a potential risk for an increase in serious untoward incidents and drug related deaths due to increased amounts of medication being provided at visits (close monitoring over the last 6 months has highlighted this has not occurred and a number of safety measures have been put in place)

2.2 The potential risk that some pharmacists may be heavily dependent on the income of supervised consumption and the business may become destablised as a loss of income (this is much more relevant for the smaller pharmacies).

3 Recommendations

3.1 In line with Greater Manchester approach to addressing this issue it is recommended that Bury continues to pay the average of the previous 6 months spend on supervised consumption to pharmacies until the 30th September 2020, after which pay Bury Council will pay for activity only.

3.2 That Bury moves to a permanent model of weekly/ and fortnightly medication pickups as default rather than daily supervised consumption.

4 Actions Required

4.1 Agree to fund average pay (based on previous 6 months) to pharmacies for supervised consumption up until September 30th 2020, after which to fund activity only payment of supervised consumption costs to pharmacies.

4.2 Agree to move to a model of weekly/ and fortnightly medication pickups as default rather than daily supervised consumption.

Jon Hobday
Consultant in Public Health
j.hobday@bury.gov.uk
September 2020

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Agenda Item 9

Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 November 2020	**Action**	Approve
Item No	9	**Confidential / Freedom of Information Status**	No
Title	Commissioning of Services required to deliver ongoing COVID-19 Hospital Discharge Guidance – COVID +ve Designated Units		
Presented By	Adrian Crook – Assistant Director Adult Social Care		
Author	Adrian Crook – Assistant Director Adult Social Care		
Clinical Lead			
Council Lead			

Executive Summary

The paper explains the additional arrangements for hospital discharge updated on 12th October 2020 to respond to the COVID-19 pandemic which mandates the delivery of designated COVID +ve units.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Bury's Strategic Commissioning Board is asked to approve retrospectively the commissioning of designated units for COVID +ve patients at Gorsey Clough Nursing Home and Killelea Intermediate Care Home in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.
- Bury's Strategic Commissioning Board is asked to support the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval.

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.
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐

Implications						
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☐
• Finance Associate Chief Finance Officer • Commissioning Acting Assistant Director – Adult Social Care Commissioning						
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
• Additional expenditure as detailed in 10.3 will be required from NHSE funding available to support the COVID-19 Hospital Discharge Guidance						
Are there any legal implications?	Yes	☐	No	☐	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☒	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒

Implications						
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

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

Commissioning of Services required to deliver ongoing COVID-19 Hospital Discharge Guidance – COVID +ve Designated Units

1. Background

1.1. On 12th October the Department of Health and Social Care (DHSC) issued all Clinical Commissioning Groups (CCG) and Local Authorities (LA) a letter mandating the delivery of designated schemes for people who are leaving hospital or are transferring to a care home who have tested positive. Previously these were proposed as guidance in the Adult Social Care Winter Plan. A copy of this letter is appended to this report

1.2. Each scheme must meet standards set out by the Care Quality Commission which include a completely separate unit or area, separate staffing teams and adherence to a range of infection prevention control standards.

1.3. The number and size of these units must also be sufficient to meet demand all over the winter period, from now until the end of March.

1.4. Each CCG and LA must provide the names of these designated units to the DHSC and CQC by Friday 16th October.

1.5. At the beginning of the pandemic Bury showed foresight and delivered a number of settings able to support people with the virus. These were

- 27 beds at Spurr House
- 7 beds at Killelea Intermediate Care Home
- 11 beds at Gorsey Clough Nursing Home

1.6. All of these were set up to the standards now mandated by the DHSC and CQC and this approach proved successful in reducing the impact of the virus on our existing care homes and their residents.

1.7. As the number of people with the virus subsided these beds were turned into discharge to asses units to support the ongoing flow out of hospital.

2. Update to Strategic Commissioning Board September 2020

2.1. In September 2020 a paper presented to Strategic Commissioning Board detailed Bury's response to the newly implemented hospital discharge guidance [1]

2.2. It made clear our need to maintain capacity in the system to facilitate hospital discharges and be able to turn this capacity into COVID + ve capacity if required.

2.3. The following recommendation relating to maintaining some capacity to support hospital discharges was supported by the Strategic Commissioning Board in September:

For the period from October to April 2021 it is recommended that the preferred option is supported subject to funding being available within the new finance regime and fit with the new Bury business as usual model. A further paper will be bought forward when funding is confirmed.

This will see

- *Spurr House will stop admitting hospital patients from 1st September. Remaining patients will continue to be funded, their care will be free and they will have their long term needs assessed within 6 weeks. Spurr House will return to delivering respite*
- *The 11 COVID beds at Gorsey Clough will transition to NON-COVID beds and deliver nursing discharge to assess and end of life care*
- *Heathlands will continue to deliver 19 D2A nursing beds*
- *We will continue to purchase home care from the independent sector, it will be provided free of charge for the patient for up to 6 weeks and delivered with a reablement focus during which time the patients will have their long term needs assessed.*
- *We will continue to spot purchase care homes beds where patients will stay for up to six weeks for end of life care or to have their future care needs assessed*
- *Continuing Health Care and Funded Nursing Care Assessments will restart on 1st September, these assessments will be carried out in the community and will be completed within the 6 weeks of free care. They will not take place in the hospital*
- *Hospital discharge pathways will continue and MOATS continue to be minimised.*
- ***If COVID beds are needed in the future the Intermediate Care services will lead a review and rapid discharge programme to convert either 1 corridor at Killelea or the Gorsey Clough beds back to a COVID unit.***

2.4. Due to the rise in number of people with the virus in our hospitals and community and the mandated requirement from the DHSC it is now necessary to return our designated units back to COVID +ve units.

[1] https://www.buryccg.nhs.uk/download/strategic_commissioning_board/2020/2020-09-07/AI-8-Hospital-Discharge-Arrangements.pdf

2.5. 11 beds at Gorsey Clough and 7 beds at Killelea will now be designated COVID +ve units, delivering separate units with separate staff teams to the required infection prevention control standards.

2.6. These units and their extra requirements will be put in place during the week commencing 12th October.

3. Financial Requirements

3.1. The 4 weekly costs of these units are

	4 weekly cost
11 beds at Gorsey Clough	£54,677
Additional Staffing for 7 beds at Killelea	£20,000
Total	**£74,677**

3.2. If these beds are required until the end of March **£448,000** will be required.

3.3. All costs incurred in discharging patients from hospital under the updated hospital discharge guidance [2] in place during the pandemic is being reimbursed by £588m of hospital discharge funding made available by central government.

3.4. This guidance was issued on 21st September, however the request to deliver designated COVID beds was made on 12th October.

3.5. The finance guidance that supports the hospital discharge guidance allows CCGs to reclaim the full cost of care for up to 6 weeks for each patient discharged. It does not yet allow claiming for a dedicated unit, only the individual patients who use it and only for a 6 weeks stay.

3.6. Under this current payment regime it cannot be assured that we can reclaim the full cost of a designated unit, to be assured of this we would need to ensure the unit was always full and due to the nature of the pandemic this is something we cannot do.

3.7. As a separate unit with a separate staffing team is required to meet the standards set then a payment per occupied bed to a provider does not facilitate the delivery of a dedicated unit. If a provider was to accept such a payment method they would not be able to cover the cost of a dedicated unit and we could not are assured the unit and its residents would be kept separate with its own team of staff.

3.8. We have pointed out this misalignment of the request and the finance guidance to the DHSC, however until the guidance is revised there remains a risk we will not be able to reclaim the costs of these dedicated units.

3.9. If no patients were to require these unit then we would close them again and they would revert to ordinary discharge to assess, therefore the risk would be **£74,677**

[2] https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model

3.10. If we need to continue to commission them, but cannot keep them full and be assured we can reclaim the full cost then assuming 50% occupancy the monthly risk is **£37,000** and the risk till March **£224,000**

3.11. We expect the misalignment in guidance to be resolved and will present a further paper clarifying the commissioning and funding requirements when this occurs.

3.12. All other hospital discharge schemes will remain operating as normal, we can be assured that these are compliant with the current finance guidance and for the period now until the end of March the likely costs at current activity levels of these hospital discharge services is shown in the table below. These are in addition to the designated units.

Hospital Discharge Service	
Heathlands (19 beds)	£490,000
Additional care at home provided free of charge for up to 6 weeks	£216,000
Spot purchase of up to 10 care home admissions per week across the independent sector (60 beds, 6 weeks length of stay)	£1,186,185
Total	**£ 1,892,185**

4. Sufficiency

4.1. The request from the DHSC asks we ensure we have sufficient designated COVID + ve capacity for the whole of winter

4.2. This predication is difficult as it depends on the rate of spread of the virus, the age of the people it affects and the success of lock down measures

4.3. Currently a review of hospital and community demand indicates this is sufficient

4.4. However if transmission continues and subsequent hospital admissions rise further we will need to commission more, we have additional beds on standby and are working with home care providers for further capacity.

4.5. We will keep our capacity under review and if we need to commission further capacity we will present further papers to SCB, however due to our need to be rapid and responsive this may be retrospective

5. Timeliness

5.1. The request to deliver designated unit was made on the evening of 12th October and assurance was required by Friday 16th October that this capacity was in place.

5.2. As a result it has not been possible to present this request to Bury's Strategic Commissioning Board in advance of the need to commission the service. This paper asks for retrospective permission to commission this service.

5.3. In advance of the commissioning decision being made this week members of Bury Council and NHS Bury Clinical Commissioning Group have been briefed including Bury Gold Command and Informal Cabinet.

5.4. The service at Gorsey Clough will start to admit patients from 9am on Thursday 15th October and 6 patients will be transferred from Fairfield Hospital

5.5. The service at Killelea started this week and is full

5.6. Primary care services supporting these 2 units are aware and in support of these plans

6. Recommendation

6.1. Bury's Strategic Commissioning Board is asked to approve retrospectively the commissioning of designated units for COVID +ve patients at Gorsey Clough Nursing Home and Killelea Intermediate Care Home in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.

6.2. Bury's Strategic Commissioning Board is asked to support the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval and members of Bury Council and Bury Clinical Commissioning Group briefed beforehand.

Appendix 1

To: Directors of Adult Services;

Cc: Local Authority Chief Executives; CCG CEOs; Directors of Public Health; Acute Trust CEOs

12th October 2020

Dear Directors and Chief Executives

Winter Discharges - Designated Settings

COVID-19 presents an unprecedented challenge for social care. There is an extraordinary amount of work underway up and down the country, with local authorities and care providers at the forefront of this vital response, working in partnership with the NHS. Thank you for all that you and your teams are doing to provide care and support for the many people who need it, and for helping to keep people safe during the pandemic.

The Adult Social Care Winter Plan was published on 18th September, setting out our plan for the next phase of the COVID-19 response and how we will achieve this, working alongside Local Authorities, social care providers and the NHS. In doing all we can to protect the vulnerable from Covid-19, the plan includes a commitment to deliver a designation scheme with the Care Quality Commission (CQC) of premises for people leaving hospital who have tested positive for COVID-19 and are transferring to a care home.

This joint letter sets out:

1. an overview of the requirement for designated care settings for people discharged from hospital who have a COVID-19 positive status; and

2. an instruction for Local Authorities to commence identifying and notifying CQC of local designated accommodation and to work with CQC to assure their compliance with the Infection Prevention Control (IPC) protocol.

We have worked closely with ADASS in the development of this letter, alongside colleagues from LGA, NHSE, CQC and PHE.

What is the new requirement?

The new requirements are the following:

- Anyone with a Covid-19 positive test result being discharged into or back into a registered care home setting[3] must be discharged into appropriate designated setting[4] (i.e., that has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents) and cared for there for the remainder of the required isolation period.

- These designated accommodations will need to be inspected by CQC to meet the latest CQC infection prevention control standards.

- No one will be discharged into or back into a registered care home setting with a COVID-19 test result outstanding, or without having been tested within the 48 hours preceding their discharge.

- Everyone being discharged into a care home must have a reported COVID test result and this must be communicated to the care home prior to the person being discharged from hospital.

The commitment builds on existing guidance on admission to care homes published on 2nd April 2020 (updated 16th September) that already includes a requirement, in line with the Hospital discharge service guidance, that if appropriate isolation or cohorted care is not available with a local care provider, the individual's local authority will be asked to secure alternative appropriate accommodation and care for the remainder of the required isolation period. **The costs of the designated facilities are expected to be met through the £588 million discharge funding.**

Residents who contract COVID-19 within the care home setting should be treated and managed in line with the Admission of Residents in a Care Home during COVID-19 policy. This guidance still requires all patients discharged from hospital, even with a negative test, to be isolated safely for 14 days to ensure any developing infections are managed appropriately.

Which people will this affect?

The designation scheme is intended for people who have tested positive for COVID-19 and who are being admitted to a care home. This applies to care homes who provide accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for older people, people with dementia, and people with learning disabilities, mental health and/or other disabilities and older people.

[3] Some registered residential settings might also be designated CQC assured alernative settings, where people may be discharged to designated accommodation within a registered residential setting. For example, a care home with a designated safe zone for COVID-19 positive people.
[4] Some people will be able to go back to their residential care home, where they are usually resident, **if** that care home is assured as designated accommodation.

Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into an appropriate designated setting[5] and cared for there for the remainder of the required isolation period.

The designation scheme does not apply to the following cohorts:

- People who have contracted COVID-19 within the care home setting – there is no requirement to transfer COVID-19 positive residents from a care home into designated accommodation, as long as safe isolation and care is being maintained.

- People using emergency departments who have not been admitted to hospital do not need to be transferred into designated accommodation.

- People living in their own home, including sheltered and extra care housing or living in Supported Living do not need to be transferred from hospital into designated accommodation.

How the CQC assurance process will work?

The CQC process would operate by providing assurance that each 'designated accommodation' has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents. Once this assurance is received, premises would be able to receive COVID-19 positive people discharged from hospital, prior to their admission to a care home[6].

Emphasis should be on commissioning stand-alone units or settings with separate zoned accommodation and staffing. Given the diversity of existing provision and arrangements, it is acknowledged that there needs to be flexibility to meet local circumstances. The accommodation must meet CQC registration requirements, and additionally adhere to the CQC inspection guidance in the IPC protocol.

What action is required?

In time for winter, CQC has the necessary capacity and is ready to deploy to deliver 500 assurances by the end of November.

We seek local authorities (as the lead agency) and CCGs to identify sufficient designated accommodation to meet current and future demand over Winter in their local area and notify CQC of the details of these facilities **as soon as possible and ideally by Friday 16th.** Details of this process are below. Following notification of the facilities to CQC, local authorities will be asked to work with CQC to assure their compliance with CQC's revised Infection Prevention Control (IPC) protocol.

[5] Some people will be able to go back to their residential care home, where they are usually resident, **if** that care home is assured as designated accommodation.
[6] This approach applies to hospital discharges only, and does not apply to admissions from people's own homes to residential care homes.

In order to meet this potential demand across England as quickly as possible, we aim for every local authority to have access to at least one CQC designated accommodation by the end of October. Local authorities will also be able to identify more than one facility to be CQC assured, if needed to respond to geographical spread and size, and to take into account the specific needs of particular cohorts, and increasing demands. We anticipate, for obvious reasons, that CQC will prioritise inspections in Local Authorities in Tier 2 or Tier 3. Please notify CQC as soon as a facility is available for assurance and return to CQC as and when further facilities come online. Local authorities should continue to use the existing regional structures and support systems that are in place which may be necessary to provide resilience across local boundaries.

In the longer term, CQC's IPC protocol will be rolled into their planned programme of non-IPC focused inspections, which should increase the volume of 'designated' capacity even further over the coming months.

In implementing these requirements, we provide a full list of actions below:

- **Local Authorities:**

    - Following consultation with care providers, identify a sufficient number of facilities[7] within their local area to meet likely demand over the winter months.

    - Working with **local system leaders,** should ensure that the designated accommodation identified adheres to the standards set out in the CQC IPC protocol and wider requirements for registration. They should also ensure that there is repeat testing, PPE, arrangements for staff isolation or non-movement, protection from viral overload, sickness pay and clinical treatment and oversight.

    - Notify **CQC** – **as soon as possible and ideally by Friday 16th** - by completing a proforma which includes all information required for CQC to progress to inspection, sent to ASCGovernance@cqc.org.uk. (Local Authorities might choose, for expediency, to identify an initial premises, and follow up subsequently with details of further premises). Once notified of premises selected by local authorities the CQC will inspect against the IPC protocol, report their findings and publish them on their website as part of a provider page that summarises the outcomes of inspection. Once assurance is received, premises would be able to receive COVID-19 positive people discharged from hospital, prior to their admission to a care home. CQC regulatory mechanisms, to prevent non-designated care homes from accepting COVID-19 positive people from hospital, will not apply.

    - Communicate to **CCGs and providers** when the new designation scheme is in place to commence its operation.

- **CCGs and Local NHS Providers** should**:**

- Support **local authorities** to ensure that patients who receive a COVID-19 positive test result and are to be discharged to a care home, are discharged to assured accommodation[8].

- Ensure that all COVID-19 test results are provided prior to discharge to enable the smooth operation of discharge, zoning, staffing and isolation, and for subsequent transfer of care. They should also ensure that patients being discharged follow the Discharge to Assess. pathways outlined in the hospital discharge service guidance.

CQC will monitor and share data regarding where these services are being commissioned across the country. **DHSC, ADASS and PHE** will then work together to identify any particular localities in England that require additional designated accommodation, and a prioritised roll out for CQC inspection based on local prevalence rates or population size.

What will happen next

Once local facilities have been designated and assured by CQC, Director of Adult Social Services communicate to providers and Clinical Commissioning Groups (CCGs) that the new designation scheme is in place. Current discharge guidance using the 'Discharge to Assess' (D2A), HomeFirst model, should continue to be prioritised. Current discharge arrangements, including notification of the person's COVID-19 status to care providers and 14 day isolation of all residents discharged into care homes, should continue to apply until CCGs are notified that designated premises are available.

We are currently working with system leaders to co-design further detailed guidance, and resolve what we recognise are practical concerns. We aim to provide more detailed information to local systems shortly.

This will include further information on:

- Clinical pathways for patients being discharged from hospitals to care homes.
- Further details on working with providers, and the operation of funding.
- Further details on data management.
- Caring for people with particular care needs, in line with line with the COVID-19 ethical principles the relevant requirements of the Care Act 2014 and hospital discharge service guidance.
- Further support available to implement these new arrangements.

[8] Some care homes may also be designated CQC assured alernative settings.

Yours Sincerely,

Tom Surrey – Director for Adult Social Care Quality, DHSC

NHS
Bury
Clinical Commissioning Group

Strategic Commissioning Board

Meeting Date	02 November 2020	**Action**	Approve
Item No.	9	**Confidential**	No
Title	Commissioning of Services required to deliver ongoing COVID-19 Hospital Discharge Guidance – COVID +ve Designated Units – Additional Beds		
Presented By	Adrian Crook – Assistant Director Adult Social Care		
Author	Adrian Crook – Assistant Director Adult Social Care		
Clinical Lead			

Executive Summary

The paper explains the additional arrangements for hospital discharge updated on 12th October 2020 to respond to the COVID-19 pandemic which mandates the delivery of designated COVID +ve units and is updated to include the commissioning of additional COVID +ve beds to respond to increasing demand

Recommendations

The Strategic Commissioning Board is asked to: -

(i) approve retrospectively the commissioning of designated units for COVID +ve patients at Spurr House in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.

(ii) continue to support the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval.

Links to CCG Strategic Objectives

SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	☒
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	☐

SO3 Budget To deliver a balanced budget	☐
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☒
< *If you have ticked yes,* Insert details of the people you have worked with or consulted during the process : Finance Associate Chief Finance Officer Commissioning Acting Assistant Director – Adult Social Care Commissioning						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. <Include details of any conflicts of interest declared> <Where declarations are to be made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these will be managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action> *Delete this text if you have ticked No or N/A*						
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
If you have ticked yes provide details here. Additional expenditure as detailed in 10.3 will be required from NHSE funding available to support the COVID-19 Hospital Discharge Guidance						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including	Yes	☐	No	☒	N/A	☐

Conflicts of Interest?						
Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☒
If you have ticked yes provide details here. If you are unsure seek advice from Lisa Featherstone, Email - lisafeatherstone@nhs.net *about the risk register.*						

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

1. Background

1.1. On 12th October the Department of Health and Social Care (DHSC) issued all Clinical Commissioning Groups (CCG) and Local Authorities (LA) a letter mandating the delivery of designated schemes for people who are leaving hospital or are transferring to a care home who have tested positive. Previously these were proposed as guidance in the Adult Social Care Winter Plan. A copy of this letter is appended to this report

1.2. Each scheme must meet standards set out by the Care Quality Commission which include a completely separate unit or area, separate staffing teams and adherence to a range of infection prevention control standards.

1.3. The number and size of these units must also be sufficient to meet demand all over the winter period, from now until the end of March.

1.4. Each CCG and LA must provide the names of these designated units to the DHSC and CQC by Friday 16th October.

1.5. At the beginning of the pandemic Bury showed foresight and delivered a number of settings able to support people with the virus. These were

- 27 beds at Spurr House
- 7 beds at Killelea Intermediate Care Home
- 11 beds at Gorsey Clough Nursing Home

1.6. All of these were set up to the standards now mandated by the DHSC and CQC and this approach proved successful in reducing the impact of the virus on our existing care homes and their residents.

1.7. As the number of people with the virus subsided these beds were turned into discharge to asses units to support the ongoing flow out of hospital.

2. Update to Strategic Commissioning Board September 2020

2.1. In September 2020 a paper presented to Strategic Commissioning Board detailed Bury's response to the newly implemented hospital discharge guidance [1]

2.2. It made clear our need to maintain capacity in the system to facilitate hospital discharges and be able to turn this capacity into COVID + ve capacity if required.

2.3. The following recommendation relating to maintaining some capacity to support hospital discharges was supported by the Strategic Commissioning Board in September:

For the period from October to April 2021 it is recommended that the preferred option is supported subject to funding being available within the new finance regime and fit with the new Bury business as usual model. A further paper will be bought forward when funding is confirmed.

This will see

- *Spurr House will stop admitting hospital patients from 1st September. Remaining patients will continue to be funded, their care will be free and they will have their long term needs assessed within 6 weeks. Spurr House will return to delivering respite*
- *The 11 COVID beds at Gorsey Clough will transition to NON-COVID beds and deliver nursing discharge to assess and end of life care*
- *Heathlands will continue to deliver 19 D2A nursing beds*
- *We will continue to purchase home care from the independent sector, it will be provided free of charge for the patient for up to 6 weeks and delivered with a reablement focus during which time the patients will have their long term needs assessed.*
- *We will continue to spot purchase care homes beds where patients will stay for up to six weeks for end of life care or to have their future care needs assessed*
- *Continuing Health Care and Funded Nursing Care Assessments will restart on 1st September, these assessments will be carried out in the community and will be completed within the 6 weeks of free care. They will not take place in the hospital*
- *Hospital discharge pathways will continue and MOATS continue to be minimised.*
- ***If COVID beds are needed in the future the Intermediate Care services will lead a review and rapid discharge programme to convert either 1 corridor at Killelea or the Gorsey Clough beds back to a COVID unit.***

2.4. Due to the rise in number of people with the virus in our hospitals and community and the mandated requirement from the DHSC it is now necessary to return our designated units back to COVID +ve units.

[1] https://www.buryccg.nhs.uk/download/strategic_commissioning_board/2020/2020-09-07/AI-8-Hospital-Discharge-Arrangements.pdf

2.5. 11 beds at Gorsey Clough and 7 beds at Killelea have been designated COVID +ve units, delivering separate units with separate staff teams to the required infection prevention control standards.

2.6. These units and their extra requirements came into place during the week commencing 12th October.

2.7. During October we have seen the numbers of people with the virus in our hospitals rise and today it is over 100 in Fairfield General which is 40% more than at the height of wave one.

2.8. Our existing COVID +ve beds have filled up quickly and it is necessary to increase the numbers we have available, therefore we need to return some of the beds commissioned the first time in Spurr House back to COVID + ve beds

2.9. We will take a cautious approach and initially commission 9, not the original 27

2.10. The beds will be available at the beginning of the second week in November

3. Financial Requirements

3.1. The 4 weekly costs of these units are

	4 weekly cost
9 beds at Spurr House	£37,260
Total	**£37,260**

3.2. If these beds are required until the end of March **£186,300** will be required.

3.3. All costs incurred in discharging patients from hospital under the updated hospital discharge guidance [2] in place during the pandemic is being reimbursed by £588m of hospital discharge funding made available by central government.

3.4. This guidance was issued on 21st September, however the request to deliver designated COVID beds was made on 12th October.

3.5. The finance guidance that supports the hospital discharge guidance allows CCGs to reclaim the full cost of care for up to 6 weeks for each patient discharged. It does not yet allow claiming for a dedicated unit, only the individual patients who use it and only for a 6 weeks stay.

3.6. Under this current payment regime it cannot be assured that we can reclaim the full cost of a designated unit, to be assured of this we would need to ensure the unit was always full and due to the nature of the pandemic this is something we cannot do.

[2] https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model

3.7. As a separate unit with a separate staffing team is required to meet the standards set then a payment per occupied bed to a provider does not facilitate the delivery of a dedicated unit. If a provider was to accept such a payment method they would not be able to cover the cost of a dedicated unit and we could not are assured the unit and its residents would be kept separate with its own team of staff.

3.8. We have pointed out this misalignment of the request and the finance guidance to the DHSC, however until the guidance is revised there remains a risk we will not be able to reclaim the costs of these dedicated units.

3.9. If no patients were to require these unit then we would close them again and they would revert to ordinary discharge to assess, therefore the risk would be **£37,260**

3.10. If we need to continue to commission them, but cannot keep them full and be assured we can reclaim the full cost then assuming 50% occupancy the monthly risk is **£18,630** and the risk till March **£93,150**

3.11. We expect the misalignment in guidance to be resolved and will present a further paper clarifying the commissioning and funding requirements when this occurs.

3.12. All other hospital discharge schemes will remain operating as normal, we can be assured that these are compliant with the current finance guidance and for the period now until the end of March the likely costs at current activity levels of these hospital discharge services is shown in the table below. These are in addition to the designated units above and the additional designated beds commissioned in an earlier paper at Gorsey Clough and Killelea

Hospital Discharge Service	
Heathlands (19 beds)	£490,000
Additional care at home provided free of charge for up to 6 weeks	£216,000
Spot purchase of up to 10 care home admissions per week across the independent sector (60 beds, 6 weeks length of stay)	£1,186,185
Total	**£ 1,892,185**

4. Sufficiency

4.1. The request from the DHSC asks we ensure we have sufficient designated COVID + ve capacity for the whole of winter

4.2. This predication is difficult as it depends on the rate of spread of the virus, the age of the people it affects and the success of lock down measures

4.3. Currently a review of hospital and community demand indicates this is sufficient but if the rate of infection and hospital admissions continues to rise this cannot be assured

4.4. However if transmission continues and subsequent hospital admissions rise further we will need to commission more, we have additional beds on standby and are working with home care providers for further capacity.

4.5. We will keep our capacity under review and if we need to commission further capacity we will present further papers to SCB, however due to our need to be rapid and responsive this may be retrospective

5. Timeliness

5.1. The requirement to deliver designated unit was reviewed by Bury's Silver command on 28th October and a need to deliver this capacity as soon as possible was identified.

5.2. As a result it has not been possible to present this request to Bury's Strategic Commissioning Board in advance of the need to commission the service. This paper asks for retrospective permission to commission this service.

5.3. In advance of the commissioning decision being made this week members of Bury Council and NHS Bury Clinical Commissioning Group have been briefed including Bury Gold Command and Informal Cabinet.

5.4. The service at Spurr House will start to admit patients from the second week in November.

5.5. Primary care services supporting these 2 units are aware and in support of these plans

6. Recommendation

6.1. Bury's Strategic Commissioning Board is asked to approve retrospectively the commissioning of designated units for COVID +ve patients at Spurr House in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.

6.2. Bury's Strategic Commissioning Board is asked to continue to support the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval and members of Bury Council and Bury Clinical Commissioning Group briefed beforehand.

Appendix 1

To: Directors of Adult Services;

Cc: Local Authority Chief Executives; CCG CEOs; Directors of Public Health; Acute Trust CEOs

12th October 2020

Dear Directors and Chief Executives

Winter Discharges - Designated Settings

COVID-19 presents an unprecedented challenge for social care. There is an extraordinary amount of work underway up and down the country, with local authorities and care providers at the forefront of this vital response, working in partnership with the NHS. Thank you for all that you and your teams are doing to provide care and support for the many people who need it, and for helping to keep people safe during the pandemic.

The Adult Social Care Winter Plan was published on 18th September, setting out our plan for the next phase of the COVID-19 response and how we will achieve this, working alongside Local Authorities, social care providers and the NHS. In doing all we can to protect the vulnerable from Covid-19, the plan includes a commitment to deliver a designation scheme with the Care Quality Commission (CQC) of premises for people leaving hospital who have tested positive for COVID-19 and are transferring to a care home.

This joint letter sets out:

1. an overview of the requirement for designated care settings for people discharged from hospital who have a COVID-19 positive status; and

2. an instruction for Local Authorities to commence identifying and notifying CQC of local designated accommodation and to work with CQC to assure their compliance with the Infection Prevention Control (IPC) protocol.

We have worked closely with ADASS in the development of this letter, alongside colleagues from LGA, NHSE, CQC and PHE.

What is the new requirement?

The new requirements are the following:

- Anyone with a Covid-19 positive test result being discharged into or back into a registered care home setting[3] must be discharged into appropriate designated setting[4] (i.e., that has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents) and cared for there for the remainder of the required isolation period.

- These designated accommodations will need to be inspected by CQC to meet the latest CQC infection prevention control standards.

- No one will be discharged into or back into a registered care home setting with a COVID-19 test result outstanding, or without having been tested within the 48 hours preceding their discharge.

- Everyone being discharged into a care home must have a reported COVID test result and this must be communicated to the care home prior to the person being discharged from hospital.

The commitment builds on existing guidance on admission to care homes published on 2nd April 2020 (updated 16th September) that already includes a requirement, in line with the Hospital discharge service guidance, that if appropriate isolation or cohorted care is not available with a local care provider, the individual's local authority will be asked to secure alternative appropriate accommodation and care for the remainder of the required isolation period. **The costs of the designated facilities are expected to be met through the £588 million discharge funding.**

Residents who contract COVID-19 within the care home setting should be treated and managed in line with the Admission of Residents in a Care Home during COVID-19 policy. This guidance still requires all patients discharged from hospital, even with a negative test, to be isolated safely for 14 days to ensure any developing infections are managed appropriately.

Which people will this affect?

The designation scheme is intended for people who have tested positive for COVID-19 and who are being admitted to a care home. This applies to care homes who provide accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for older people, people with dementia, and people with learning disabilities, mental health and/or other disabilities and older people.

[3] Some registered residential settings might also be designated CQC assured alernative settings, where people may be discharged to designated accommodation within a registered residential setting. For example, a care home with a designated safe zone for COVID-19 positive people.

[4] Some people will be able to go back to their residential care home, where they are usually resident, **if** that care home is assured as designated accommodation.

Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into an appropriate designated setting[5] and cared for there for the remainder of the required isolation period.

The designation scheme does not apply to the following cohorts:

- People who have contracted COVID-19 within the care home setting – there is no requirement to transfer COVID-19 positive residents from a care home into designated accommodation, as long as safe isolation and care is being maintained.

- People using emergency departments who have not been admitted to hospital do not need to be transferred into designated accommodation.

- People living in their own home, including sheltered and extra care housing or living in Supported Living do not need to be transferred from hospital into designated accommodation.

How the CQC assurance process will work?

The CQC process would operate by providing assurance that each 'designated accommodation' has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents. Once this assurance is received, premises would be able to receive COVID-19 positive people discharged from hospital, prior to their admission to a care home[6].

Emphasis should be on commissioning stand-alone units or settings with separate zoned accommodation and staffing. Given the diversity of existing provision and arrangements, it is acknowledged that there needs to be flexibility to meet local circumstances. The accommodation must meet CQC registration requirements, and additionally adhere to the CQC inspection guidance in the IPC protocol.

What action is required?

In time for winter, CQC has the necessary capacity and is ready to deploy to deliver 500 assurances by the end of November.

We seek local authorities (as the lead agency) and CCGs to identify sufficient designated accommodation to meet current and future demand over Winter in their local area and notify CQC of the details of these facilities **as soon as possible and ideally by Friday 16th.** Details of this process are below. Following notification of the facilities to CQC, local authorities will be asked to work with CQC to assure their compliance with CQC's revised Infection Prevention Control (IPC) protocol.

[5] Some people will be able to go back to their residential care home, where they are usually resident, **if** that care home is assured as designated accommodation.

[6] This approach applies to hospital discharges only, and does not apply to admissions from people's own homes to residential care homes.

In order to meet this potential demand across England as quickly as possible, we aim for every local authority to have access to at least one CQC designated accommodation by the end of October. Local authorities will also be able to identify more than one facility to be CQC assured, if needed to respond to geographical spread and size, and to take into account the specific needs of particular cohorts, and increasing demands. We anticipate, for obvious reasons, that CQC will prioritise inspections in Local Authorities in Tier 2 or Tier 3. Please notify CQC as soon as a facility is available for assurance and return to CQC as and when further facilities come online. Local authorities should continue to use the existing regional structures and support systems that are in place which may be necessary to provide resilience across local boundaries.

In the longer term, CQC's IPC protocol will be rolled into their planned programme of non-IPC focused inspections, which should increase the volume of 'designated' capacity even further over the coming months.

In implementing these requirements, we provide a full list of actions below:

- **Local Authorities:**

    - Following consultation with care providers, identify a sufficient number of facilities[7] within their local area to meet likely demand over the winter months.

    - Working with **local system leaders,** should ensure that the designated accommodation identified adheres to the standards set out in the CQC IPC protocol and wider requirements for registration. They should also ensure that there is repeat testing, PPE, arrangements for staff isolation or non-movement, protection from viral overload, sickness pay and clinical treatment and oversight.

    - Notify **CQC** – **as soon as possible and ideally by Friday 16th** - by completing a proforma which includes all information required for CQC to progress to inspection, sent to ASCGovernance@cqc.org.uk. (Local Authorities might choose, for expediency, to identify an initial premises, and follow up subsequently with details of further premises). Once notified of premises selected by local authorities the CQC will inspect against the IPC protocol, report their findings and publish them on their website as part of a provider page that summarises the outcomes of inspection. Once assurance is received, premises would be able to receive COVID-19 positive people discharged from hospital, prior to their admission to a care home. CQC regulatory mechanisms, to prevent non-designated care homes from accepting COVID-19 positive people from hospital, will not apply.

    - Communicate to **CCGs and providers** when the new designation scheme is in place to commence its operation.

- **CCGs and Local NHS Providers** should**:**

- Support **local authorities** to ensure that patients who receive a COVID-19 positive test result and are to be discharged to a care home, are discharged to assured accommodation[8].

- Ensure that all COVID-19 test results are provided prior to discharge to enable the smooth operation of discharge, zoning, staffing and isolation, and for subsequent transfer of care. They should also ensure that patients being discharged follow the Discharge to Assess. pathways outlined in the hospital discharge service guidance.

CQC will monitor and share data regarding where these services are being commissioned across the country. **DHSC, ADASS and PHE** will then work together to identify any particular localities in England that require additional designated accommodation, and a prioritised roll out for CQC inspection based on local prevalence rates or population size.

What will happen next

Once local facilities have been designated and assured by CQC, Director of Adult Social Services communicate to providers and Clinical Commissioning Groups (CCGs) that the new designation scheme is in place. Current discharge guidance using the 'Discharge to Assess' (D2A), HomeFirst model, should continue to be prioritised. Current discharge arrangements, including notification of the person's COVID-19 status to care providers and 14 day isolation of all residents discharged into care homes, should continue to apply until CCGs are notified that designated premises are available.

We are currently working with system leaders to co-design further detailed guidance, and resolve what we recognise are practical concerns. We aim to provide more detailed information to local systems shortly.

This will include further information on:

- Clinical pathways for patients being discharged from hospitals to care homes.
- Further details on working with providers, and the operation of funding.
- Further details on data management.
- Caring for people with particular care needs, in line with line with the COVID-19 ethical principles the relevant requirements of the Care Act 2014 and hospital discharge service guidance.
- Further support available to implement these new arrangements.

[8] Some care homes may also be designated CQC assured alernative settings.

Yours Sincerely,

Tom Surrey – Director for Adult Social Care Quality, DHSC

Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 November 2020	**Action**	**Approve**
Item No	10	**Confidential / Freedom of Information Status**	No
Title	Proposal for Mental Health provision as part of the Urgent and Emergency Care by appointment model at Fairfield General Hospital.		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Kez Hayat , Commissioning Programme Manager Nasima Begum, Commissioning Manager		
Clinical Lead	Dr Daniel Cooke, Clinical Director		
Council Lead	Councillor Andrea Simpson, First Deputy, Cabinet Member Health and Wellbeing		

Executive Summary

This paper is seeking approval to commission mental health provision as part of the Urgent and Emergency Care (UEC) by appointment model at Fairfield General Hospital (FGH). The attached business case which has been received from Pennine Care Foundation Trust (PCFT) outlines a proposal for providing a sustainable, effective and financially viable UEC by appointment service at FGH.

In light of the current COVID-19 pandemic and wider impact on the urgent and emergency system, this PCFT proposal is replacing the Core 24 Business Case that was developed in March 2020 (Pre Covid-19) to mobilise a Mental Health Liaison service across Bury and Heywood Middleton and Rochdale (HMR).

The implementation of the Greater Manchester (GM) UEC by Appointment model from December 2020, will introduce significant changes to how patients access urgent and emergency care services. It is therefore, important to ensure potential anticipated demand for Mental Health services can be resourced and managed in a coordinated way. This proposal has been developed with Urgent Care redesign colleagues and outlines the liaison service covering FGH and UCC managing all MH attendances at ED/ UCC with opportunity to stream out to alternative provision.

The proposed business case from PCFT is requesting funding to develop a mental health UEC by appointment model for Bury which will be situated at FGH and be part of the wider front-end UEC streaming service.

Staffing & Hours of Operation

The service will require the following staffing:

- Provision of 4 WTE Band 6 Nurses
- Provision of 1 WTE Administrator
- Provision of 0.4 Band 7 Management

The Hours of Operation will match the streaming hours at the ED department – for 12 hours per day.

Wider system impact

This is a new proposal to support the GM UEC by Appointment model at front end of Fairfield General Hospital. As part of the Urgent Care Redesign, it has requested that there is a mental health provision within the front end of UC. This would mean a wider Multidisciplinary team to support initial assessment and sign posting. This would bring added benefits for mental health patients during a crisis to ensure that an MDT response is provided alongside Acute physical health.

It is important to acknowledge that the current RAID team will remain the same within the Hospital to support patient needing mental Health intervention in the pathway. This new model is for 12 months and it is anticipated that learning of the streaming function would allow better understand of mental health support needed to develop/remodel in RAID/CORE24 service in the future.

As part of the GM Strategy for the implementation of Core 24 standards, Fairfield General Hospital is part of Phase 3 (2019/20 onwards). A business Case was developed following review of the of the old RAID service in order for the services to meet demands towards a Core 24 Compliant services. This has been put on hold due to COVID 19 and wider cost pressures but may be prioritized in the future to ensure GM CCG's are CORE 24 compliant by 2023/24).

In response to covid-19, GM has bolstered crisis services with a number of 24/7 phone lines such as the GM expanded Clinical Assessment Service (CAS) and Trust helplines for patients and carers. These services are part of a GM wide plan to facilitate a centralised 24/7 crisis response for urgent mental health needs with the aim of trying to diverts activity away from hospital A&E and into the most appropriate mental health provision for service users.

Bury CCG have commissioned a Bury Community mental health Safe Haven. It is an alternative to the clinical approach that is currently being operated in the other PCFT footprint safe havens. The Bury model will focus more on delivering a peer led bio-social support to de-escalate crisis in a non-clinical environment with a solution focused approach.

The Bury Community Safe Haven model and pathway is supported by and has been developed in conjunction with the PCFT lead consultant for Bury and service leads from the A&E Liaison, Home Treatment, Access & Crisis and Community Mental Health teams. It will strengthen existing local crisis pathways, link in with the wider GM crisis pathways and the local social prescribing team to offer person centered support to prevent further episodes of crisis.

Heywood Middleton and Rochdale CCG

This is a joint proposal for UEC and mental health streaming in both Rochdale Urgent Care Centre and Fairfield General Hospital. This proposal will have cost implication for both CCGs. As of 26th October, this is still awaiting Governance sign off from HMR CCG.

Finance

The full year recurrent cost of the service model is £260,717 with an additional £12,958 non-recurrent set up costs. This cost would be the same for HMR CCG.

Rather than return the CQUIN underperformance for 19/20 PCFT have requested if this funding of **£122k** which was part of the overall 19/20 PCFT contract value can be used to support the proposed service model for the remainder of 20/21. This is a non-recurrent financial envelope for the remainder of 2020/21. However, future recurrent funding decisions will need to be considered as part of 2021/22 MHIS priorities before April 2021.

Any financial approval to fund the recurrent costs of the service model beyond the end of the current financial year (March 2021) will need to be made as part of the overall Bury OCO Mental Health Investment Standard (MHIS) budget and priorities. As such, it is important that an evaluation as to the effectiveness of the service is ascertained in January/February 2021/22 to determine recurrent funding decisions as part of future MHIS funding priorities.

In order to support Mental Health Winter Pressures, PCFT have also submitted this proposed bid to Greater Manchester Health and Social Care Partnership (GM HSCP) to access non-recurrent funds to the value of £110,996 to support the proposed Mental Health UEC by appointment service at FGH for the remainder of 20/21.

As part of the Mental Health Winter Pressures, another bid has been submitted by PCFT to support 136 pressure across the Pennine footprint. Divisional service offer £359,298 (2 teams, 1 north and 1 south). This is for staffing for S136 suites. The investment would provide 24/7 dedicated staffing for each division (1 North Bury, Oldham and HMR and 1 Stockport and Tameside and Glossop) ensuring timely access, assessment, observation and onward referral. (1 qualified member of staff 1 unqualified). The staffing would deliver a peripatetic service to support the delivery of a consistently high quality, timely S136 service

supporting urgent care and broader system efficiencies. S136 staffing would ensure resources commissioned to provide liaison services in ED can remain in ED meeting the presenting demand

A decision to approve the PCFT winter pressures bid has had initial support from the GM HSCP however; a final decision for approval of the PCFT bid and associated costs will not be made by GM HSCP until 2nd November 2020.

Recommendations

Strategic Commissioning Board is asked to note the content of the paper and approve Option 2 as the recommended option which is to:

Develop a Mental Health UEC by appointment model in Bury as part of the Urgent and Emergency Care (UEC) by appointment model at Fairfield General Hospital (FGH). A Mental Health Urgent care team will provide urgent support outside of A&E to prevent unnecessary attendance and admission into acute services and also pilot urgent care streaming for those patients who do not need immediate Mental Health intervention.

The rationale for the recommendation is that:

- It is in the Long-Term Plan ambition - a fully functioning A&E with Mental Health Service
- Bury One Commissioning Organisation (OCO) will be meeting the National and GM requirements in relation to Mental Health Urgent Care and wider Urgent Care.
- Bury OCO will be meeting the Mental Health anticipated demands coming through to A&E post COVID -19 and it is a clinically sustainable model developed with engagement with stakeholders.
- The service will provide urgent support outside of A&E to prevent attendance and also pilot urgent care streaming for those patients who do not need immediate Mental Health intervention.
- Urgent and Emergency Care by appointment is an alternative to the CORE 24 model and the existing commissioned RAID service model.
- It supports the Mental Health Thrive in Bury model and is an integral part of the current Urgent Care Redesign Model at FGH.

In the event that PCFT do not secure the Mental Health Winter pressures monies from GMHSCP, Strategic Commissioning Board is also asked to approve for PCFT to utalise non-recurrent funding from CQUIN 19/20 underperformance to fund the provision needed for a Mental Health Urgent care team as outlined in the proposal until the end of the 2020/21 financial year.

Any decisions to fund recurrent service costs beyond March 2020/21 are made following an evaluation of the effectiveness of the service and as part of the overall 2021/22 Bury OCO

MHIS priorities to be outlined to SCB for approval in due course.

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.
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☐	No	☒	N/A	☐
What are the Information Governance/ Access to Information implications?						

Implications						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☒	No	☐	N/A	☐
If yes, please give details below:						
EA attached to report						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☒	N/A	☐
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Funding Request

For the GM Urgent and Emergency Care by appointment

Sign-Off Information

Business Case Details	
Title	Funding Request in support of GM- Urgent and Emergency Care by Appointment
Date	October 2020
Version Number	0.10
Status	**DRAFT/FINAL** (delete as applicable)
Document Prepared By	

The following parties can confirm that appropriate engagement with all stakeholders (clinical and corporate, internal and external) has taken place to provide assurance that, to the best of their knowledge, the proposal provides a true and accurate reflection of risks and benefits (financial and non-financial.)

Function	Name	Job Title	Date (DD MMM YYYY)
Core			
Borough Lead			
Finance*			
Estates			
Health Informatics			
Business Development			
Additional			
[add as required]			

* The Finance Lead will sign on behalf of all other corporate teams not specifically identified)

Abstract

The purpose of this paper is to request funding to meet the GM - Urgent and Emergency Care (UEC) by Appointment across Bury and HMR requirement by GM

The implementation of the GM UEC by Appointment model from September/October 2020, will introduce significant changes to how patients access urgent and emergency care services. It is therefore, a priority for each locality and GM to establish processes that will help provide assurance that patients:

- can access services easily,
- are kept safe and that we reduce existing inequalities.

The NHS 111 First Programme will deliver a new approach to the radical streaming and direction of non-urgent patients away from Emergency Departments into other urgent care settings and promote this to the public as the best route to care.

In support of this, NHS 111 will maintain its place as the 'first line of defence' for the Urgent and Emergency Care (UEC) system by:

- Becoming the single universal point of access for people experiencing mental health crisis by 2023/24, ensuring that anyone experiencing mental health crisis can call NHS 111 and have 24/7 access to the mental health support they need in the community.

GM Urgent and Emergency Care (UEC) by appointment has set out principles for Mental Health as indicated below and the following proposal identifies how this model will meet these principles

- Mental Health patients, vulnerable adults and their families should be streamed prior to ED registration in an accessible compassionate and safe way.
- All streaming practitioners across the UEC system should utilise the UK Mental Health triage Tool, already operational in GM CAS to provide standardisation of practice and a shared language of mental health clinical prioritisation across the UEC system.
- To achieve parity of esteem with physical health. Emergency Departments should have mental health streaming pathways in place to refer more clinically stable patients to either community-based alternatives or appropriate on-site alternatives or specialities. Ideally this will be 24/7 but at least 12 hours a day, 7 days a week from any point in their journey of care, such as the advocated mental health urgent care areas within acute trusts.
- Ensure where mental health and vulnerable adults and children present at an ED they are treated and/or referred to the on-site mental health speciality for treatment in agreed and safe time scales. The mental health speciality should be involved with all mental health patients streamed away from ED and the front door 24 hours a day, 7 days a week.
- The quality of care of mental health patients, vulnerable adults and children should be measured and acted upon to ensure continuing improvement.

Contents

Strategic fit: the strategic case

The purpose of this document is to enable a decision to be made on the preferred option for commissioning a sustainable, effective and financially viable Urgent and Emergency Care by appointment service across Bury and HMR.

Background

An options paper to fund core 24 was taken to the Commissioners in January 2020 and a decision was made by Bury CCG to revisit the requirements in line with the new GM– Urgent and Emergency Care (GM-UEC)

The proposals within this document will aim to work towards meeting the requirements of the GM-UEC by appointment, by enabling the Bury and Rochdale mental health teams to provide bookable appointments for the clients who have been appropriately streamed away from the urgent care system.

In January 2020, prior to the current Covid 19 Crisis, the GM UEC Improvement and Transformation Board approved a high-level urgent care by appointment model as a refreshed priority for UEC integration with two primary ambitions:

- To reduce attendances to Emergency Departments by improving access to, and utilisation of, primary and community-based services by rapidly developing and testing a GM 'UEC by Appointment' model.
- By April 2022, we will reduce:
    - Ambulance attendances by 100 per day across GM
    - ED walk in attendances by 300 per day across GM

Current Service Provision

The Liaison Mental Health (LMH) service was developed using the historical investment in A & E liaison services. Further investment through a CQUIN, supported the development of A and E RAID services using the principles of the RAID service in Birmingham. The service was developed based on an available financial envelope rather than developed based on an assessment of demand/need, it is acknowledged by all partners that the level of service available for crisis care does not meet the population need nor reflect the staffing profiles in the national guidance.

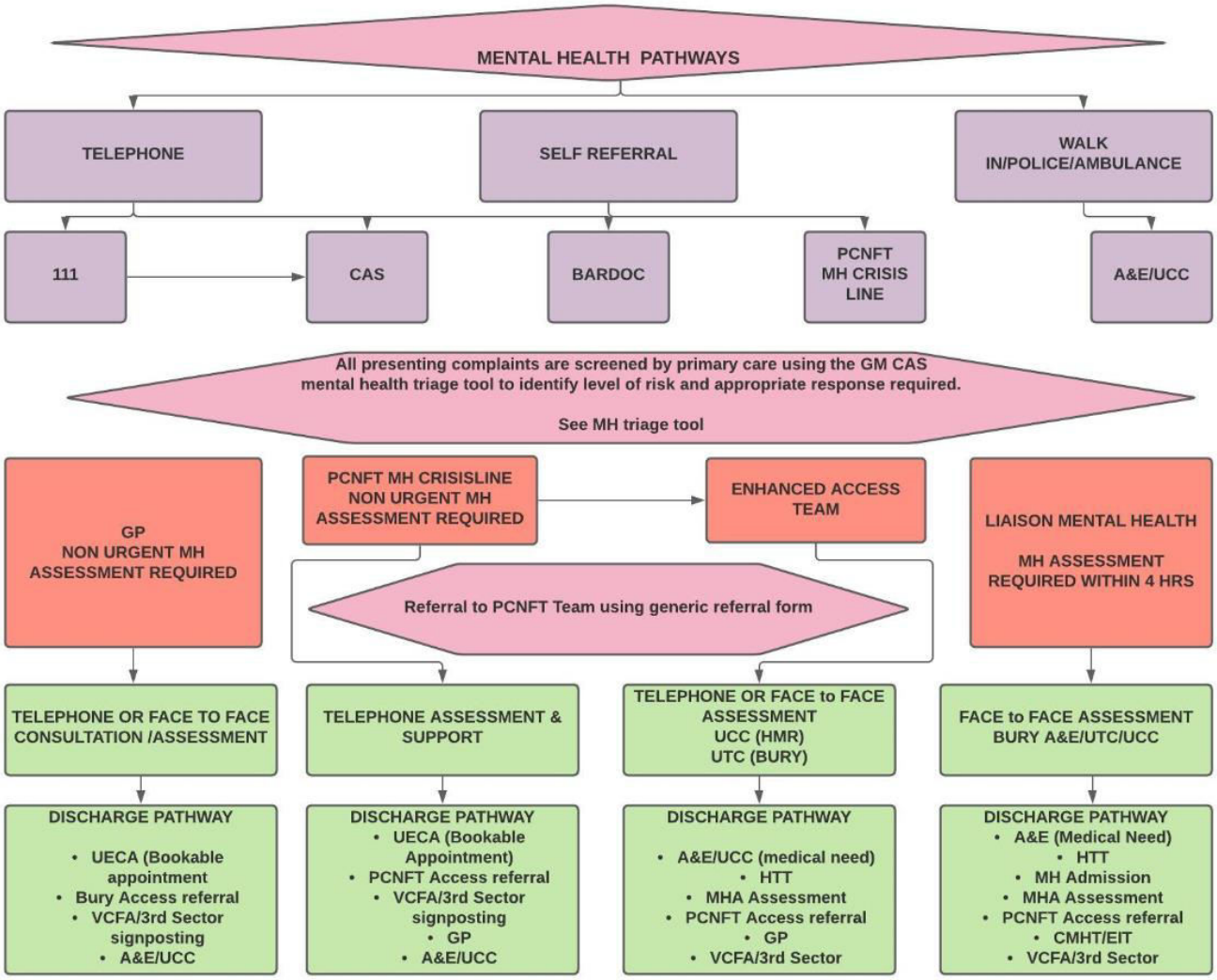
The current level of investment in liaison services does not afford opportunity for service transformation supporting service delivery outside of the Emergency Department whilst maintaining a core but minimal service in ED for those patients presenting.

To respond to the GM-UEC by appointment requirements, a pathway has been developed which enables the deflection from the Emergency Department in Fairfield Hospital to suitable appointments. To support the deflection and service the appointments, there is a need for 4 x Band 6 Nurses with additional management input of 0.4 band 7 and 1 WTE admin. This will be required in each of the two boroughs, Bury and HMR.

Proposed Pathway to support GM-UEC by Appointment

The following diagram shows the points of entry to Mental Health Services and indicates the proposed pathway to the UEC by appointment team

The intention is to provide this new pathway to the UEC by appointment teams a test bed/pilot until March 2021. This will enable the service to capture actual demand to enable a review of this model in both Boroughs.

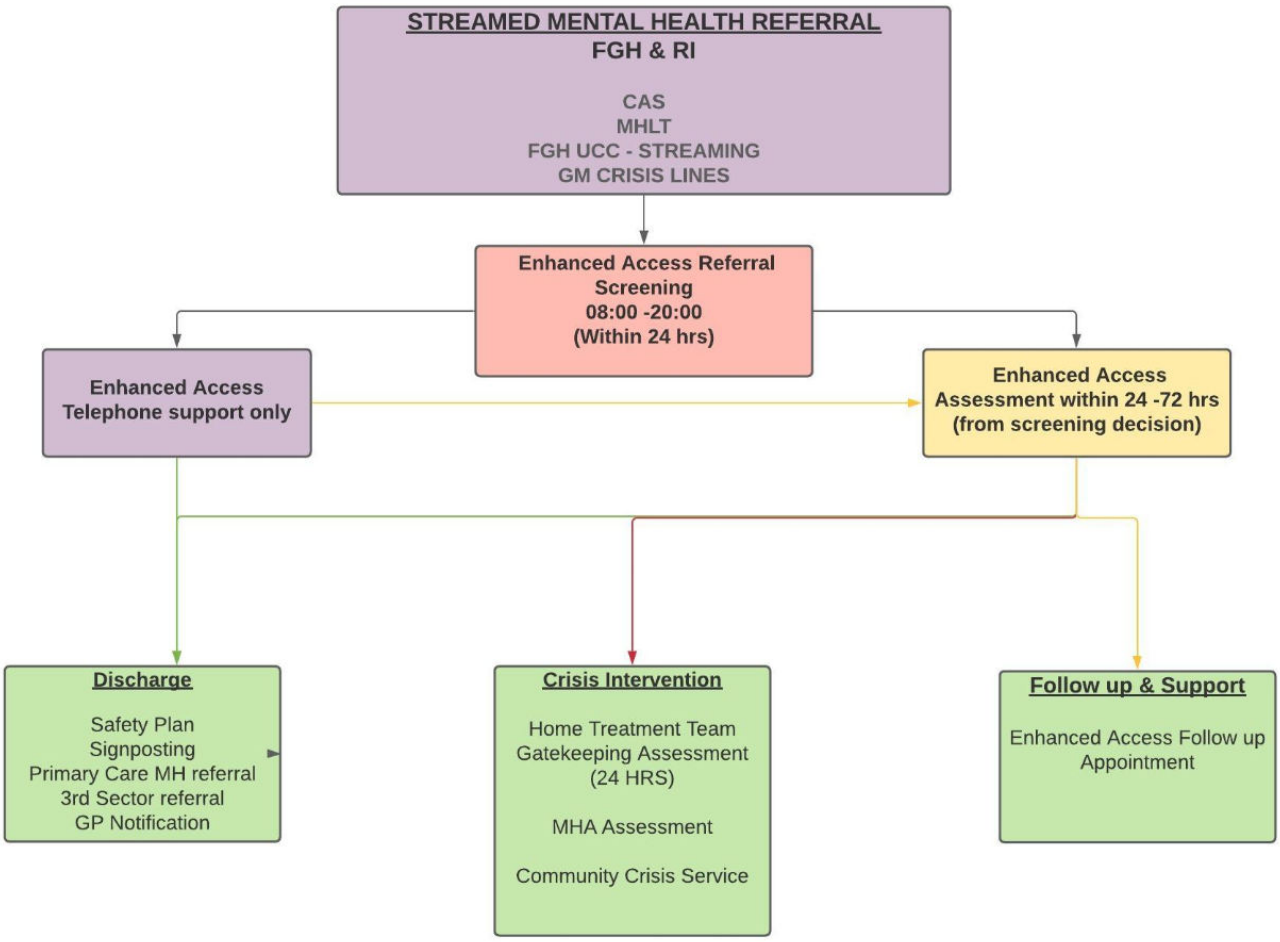


Access teams (Single Point of Access)

- The Access teams in Bury and HMR provide the Single Point of Access to services for GP's and provide one urgent appointment per day. The teams will screen all referrals from primary care services and offer a non-urgent appointment dependant on the risk of the individual.
- Both teams have to respond to the NCA acute wards for non-self-harm assessments increasing the demand and reducing the capacity.

- The Bury team have representation into the 5 integrated neighbourhood teams enabling a multidisciplinary approach to managing complex clients in the community.
- The proposed UEC by appointment team, which will be managed across both sites, and will sit alongside the existing Single Point of Access team to provide the additional appointments for Urgent and emergency care by appointment.
- The Access service in HMR is currently managing significantly more demand than capacity with daily urgent appointments oversubscribed with primary care referrals

Proposed Referral Process streamed by a non-MH professional



Proposed staffing model for Urgent Care by Appointment Team

This staffing model is per Borough

Staffing Model		
Staff Group	Band	WTE
Team Manager	7	0.4
Access Practitioner	6	4
Team Administrator	3	1

4 WTE will provide:

Each practitioner will provide 3 assessment slots and 1 follow up appointment per day

Options Appraisal

Option 1 (Do nothing)	**Brief Description:** Without investment the risks identified below will remain
Advantages: None	
Disadvantages: Unable to provide urgent and emergency care by any appointment to reduce activity in the Urgent Care Centre (UCC) and the Emergency Department	
Opportunities, Risks and Issues: **Risk:** • Inability to offer any Urgent and emergency care by appointments to divert from the ED or UCC • 1 liaison service covering FGH and UCC managing all MH attendances at ED/ UCC as no opportunity to stream out to alternatives • Inequality in service provision for people attending ED with MH problems • Inability to offer Urgent and emergency care by appointment to reduce the activity in the ED and UCC departments. • Lack of capacity to provide practitioner cover to ED, UCC and all ward patients especially overnight. • The team have one room in each borough to complete assessments. The FGH room 10 is specifically adapted to the mental health team with alarms on each wall, ligature free and two access points for staff, patients, family to exit in the event of an incident. There is currently only one dedicated assessment room in both A & E and UCC, this has an impact on capacity to undertake assessments in the appropriate environment and will often result in the use of	

medical cubicles if the service is busy reducing the capacity for physically unwell patients to be seen and increasing pressure on the ED and UCC department

- Inability to meet the Key Performance indicators of 1 hour, 2 hour and 4 hour.
- The pressures of responding to the high demand of section 136 presentations further reduces the ability to respond to the Wards, ED and UCC
- Undertaking a 136 assessment on average is 8 hours per patient which accounts for 92 days per year, during this time the Liaison service is unable to perform their primary duties.
- There are no paediatric beds within Fairfield or Rochdale infirmary hospitals. In the event that a CAMHS patient requiring a TIER 4 assessment they would require transfer to NMGH or ROH to be admitted until this assessment could take place
- Inability to provide an appropriate and timely service to clients
- The service only provides assessments on the wards for persons with self-harm behaviours for patients aged 16 – 65, all other non-self-harm assessments are to be carried out by either HMR or Bury access teams reducing their capacity to respond to urgent referrals.
- The older people's team provide in reach for over 65 within the Bury borough. There is no service line agreement to provide older peoples assessment in the ACU in Rochdale infirmary, these assessments are then referred to the older people's psychiatrist can only attend once they have concluded their existing pre-booked clinics.
- Negative impact on patient outcomes and experience. Patients often have a long wait to be seen in the ED and UCC departments due to the demand and the split site. This can lead to patients leaving before being seen.
- Increased clinical risk while patients wait for assessments, patients waiting with mental health crisis can often present with risky behaviours and due to the small team and high demand there is often nowhere to wait apart from the public waiting area and this can lead to increased distress and deterioration in their mental health
- Poorer patient experience and outcomes
- Impact on staff morale and stress levels

Capital Costs:	Revenue Costs:	Other Comments:

Option Request 2	**Brief Description:** Develop an UEC by apt model in each of Bury and HMR Boroughs <u>Each Borough</u> will require the following staffing: • Provision of 4 WTE Band 6 Nurses • Provision of 1 WTE Administrator • Provision of 0.4 Band 7 Management Hours of Operation will match the streaming hours at the ED department – for 12 hours per day.

Advantages:

- Improved patient experience and outcomes
- Effective use of resources
- Avoid unnecessary admissions
- This additional provision will deliver the GM UEC by appointment requirement
- The 4 nurses would be able to provide 16 appointment sessions equalling 48 assessments and 16 follow up appointments per week in each Borough
- Develop a close working relationship with the community safe haven as another divert opportunity
- The service in each borough could offer assessments to the patients on the wards who have not self-harmed and could in HMR offer support to the ACU for mental health and age-related assessments this would allow the Liaison Mental Health to respond to the ED, UCC and future UTC in a timelier manner
- Following robust triage/screening the service will accept referrals from GM and Locality CAS teams, the Pennine Care 24/7 Helpline, the LMH team, the front door at A & E, the UCC and the new UTC being developed in Bury. This will enable a reduction in the presentation at the urgent and emergency care services
- The Bury and HMR LCOs are keen to include Mental Health Services as part of the new UTC development.
- Ability to provide follow-up appointments for all patients presenting with serious self-harm in timely manner.
- Improved staff and team morale for a team that can respond in a timely manner for MH Patients in crisis and refer to appropriate onward services as required.

Disadvantages:

- The LMH service covering the ED, UCC would still have the responsibility to manage any section 136 presentations and presentations streamed for immediate specialist assessment in ED within current resources reducing their availability at the front door services.

Opportunities, Risks and Issues:

Risks

- This model does not provide an All age service and the remaining requirements to meet a Core 24 standard
- The pressures of responding to the high demand of section 136 presentations, further reduces the ability to respond to the Wards, ED and UCC.
- Undertaking a 136 assessment on average is 8 hours per patient during which time the LMH service is unable to perform their primary duties.
- MH UTC staffing is not considered in this option. The Urgent Care Group are reviewing the staffing model required for the MH Service to input into a future UTC.
- Recruitment to any vacancies will take 2 – 3 months. There are existing vacancies within the mental health services which have historically proved recruit to

Capital Costs:	Revenue Costs:	Other Comments:

Costings

Please note the following costs is provided per Borough

Urgent and emergency care by appointment (per locality)	WTE	12 months
Team Manager	0.40	20,703
MH Practitioner	4.00	166,878
Admin	1.00	25,007
Non Pay		15,629
Estate Contribution		nil
Corporate clinical delivery support costs and Surplus		32,498
CQUIN		
Total		**260,717**

IT setup costs (Non recurrent)	**12,958**

Recommendation

The recommendation is that PCFT request funding for Option Request 2.

Equality 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:	Nasima Begum (Commissioning Manager)
2	Directorate/ Corporate Area	Commissioning
3	Head of or Director (as appropriate):	Julie Gonda (Director of Community Commissioning
4	Who is the EA for?	NHS Bury CCG
4.1	Name of Other organisation if appropriate	Pennine Care Foundation Trust
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.	Development of Urgent and Emergency Care (UEC) by Appointment across Bury and Heywood, Middleton and Rochdale. This is a new proposal to support the Greater Manchester UEC by Appointment model at front end of Fairfield General Hospital. As part of the Urgent Care Redesign, it has requested that there is a mental health provision within the front end of Urgent Care. This would mean a wider Multidisciplinary team to support initial assessment and sign posting. This would bring added benefits for mental health patients during a crisis to ensure that a Multi-Disciplinary Team response is provided alongside Acute physical health.
6	Why is it needed? Please give a brief description of the activity.	This is a requirement of Greater Manchester UEC by Appointment model. A Mental Health Urgent care team will provide urgent support outside of A&E to prevent unnecessary attendance and admission into acute services and also pilot urgent care streaming

		for those patients who do not need immediate Mental Health intervention. This Business case focuses the Mental Health input at front door. For mental health, the streaming function would have: • additional nurses who would be able to provide more appointment sessions and assessment and follow up appointments per week in each Borough • Develop a close working relationship with the community safe haven as another divert opportunity • The service in each borough would offer assessments to the patients on the wards who have not self-harmed and could in HMR offer support to the ACU for mental health and age related assessments this would allow the Liaison Mental Health to respond to the Emergency Department, Urgent Care Centre (UTC) and future Urgent Treatment Centre in a more timely manner • Following robust triage/screening the service will accept referrals from GM and Locality Clinical Assessment Service (CAS) teams, the Pennine Care 24/7 Helpline, the Liaison Mental Health team, the front door at A&E, the UCC and the new UTC being developed in Bury. This will enable a reduction in the presentation at the urgent and emergency care services.
7	What are the intended outcomes of the activity?	This is a GM ambitions to reduce attendances to Emergency Departments by improving access to community provision. As part of the wider GM target, the intention is By April 2022, it will reduce: ○ Ambulance attendances by 100 per day across GM ○ Emergency Department walk in attendances by 300 per day across GM
8	Date of completion of analysis (and date of implementation if different). Please explain any difference	Date of completion of EIA: 27th October 2020 Implementation date: December 2020

9	Who does it affect?	All patients coming through to A&E front door.
	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	**All** Mental Health patients, vulnerable adults and their families should be streamed prior to Emergency Department registration in an accessible compassionate and safe way. This will eliminate any unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010
	To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	All streaming practitioners across the Urgent Emergency Care (UEC) system should utilise the UK Mental Health triage Tool, already operational in GM CAS to provide standardisation of practice and a shared language of mental health clinical prioritisation across the UEC system. This in essence should allow equality of opportunity between people who share a protected characteristic and those who do not.
	To foster good relations between people who share a protected characteristic and those who do not	Yes	Ensure where mental health and vulnerable adults and children present at an ED they are treated and/or referred to the on-site mental health speciality for treatment in agreed and safe time scales. The mental health speciality should be involved with all mental health patients streamed away from ED and the front door 24 hours a day, 7 days a week.

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	Yes		All age group will be assessed using UK mental Health Triage Tool
	Disability	Yes		Ensure where mental health and vulnerable adults and children present at an ED they are treated and/or referred to the on-site mental health specialty for treatment in agreed and safe time scales
	Gender	Yes		Ensure where mental health and vulnerable adults and children present at an ED they are treated and/or referred to the on-site mental health specialty for treatment in agreed and safe time scales Mental Health patients, vulnerable adults and their families should be streamed prior to ED registration in an accessible compassionate and safe way.
	Pregnancy or maternity	Yes		
	Race	Yes		
	Religion and belief	Yes		
	Sexual Orientation	Yes		
	Other vulnerable group	Yes		
	Marriage or Civil Partnership	Yes		
	Gender Reassignment	Yes		
	Human Rights **(refer to Appendix 1 and 2)**	Yes		
	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**		
	In January 2020, prior to the current Covid 19 Crisis, the GM UEC			

	Improvement and Transformation Board approved a high-level urgent care by appointment model as a refreshed priority for UEC integration with two primary ambitions: • To reduce attendances to Emergency Departments by improving access to, and utilisation of, primary and community-based services by rapidly developing and testing a GM 'UEC by Appointment' model. • By April 2022, we will reduce: o Ambulance attendances by 100 per day across GM o ED walk in attendances by 300 per day across GM	
11.1	**Are there any information gaps, and if so how do you plan to address them**	No
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?	Improve access to A&E and more urgent cases can be seen in a timely manner. this will apply to equality groups
	What recommendations are in place to mitigate any negative effects identified in 10.1?	None
	What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	This from door streaming would allow Ability to provide follow-up appointments for all patients presenting with serious self-harm in timely manner. Establish relationship with wider community team to divert patient who are clinically non-urgent. Improved staff and team morale for a team that can respond in a timely manner for MH Patients in crisis and refer to appropriate onward services as required.
	What steps are to be taken now in relation to the implementation of the activity?	The intention is to provide this new pathway to the UEC by appointment teams a test bed/pilot until March 2021. This will enable the service to capture actual demand to enable a review of this

	model in both Boroughs

	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.
This new model is for 12 months and it is anticipated that learning of the streaming function would allow better understand of mental health support needed to develop/remodel in RAID/CORE24 service in the future. Robust monitoring criteria will be agreed between Commissioners and Providers to ensure a sustainable and cost-effective model of urgent and emergency care can be commissioned for the populations of Bury.	

Protected Group	**Explanation**
Race	There is currently no data in relation to Race collected nationally for this service. JSNA data for Bury CCG: According to the 2001 Census, 93.9% of Bury's population is white with 'White British' representing 90.7% (compared to 87% nationally). The remaining 6.1% is made up of ethnic communities with the largest group being Pakistani at 3% of the population. Indians are the second largest group representing 1.4% of the population. The largest concentration of non-white residents is in East Ward where ethnic groups make up over 20% of residents. The Census however was produced in 2001 recent estimates (2006) suggest that the white population has fallen to 87.9% (compared to 84% nationally), with the largest proportional increase being in the Bangladeshi community. This data shows a decreasing white population and a substantial increase in the Asian heritage community although it has to be considered that the Pakistani community is predominantly young (with 65% of the population aged under 30) and that many of the migrant workers settling in Bury may not be represented. Local Area Profile (Rochdale) 2011 for HMR CCG: Population Profile Rochdale (HMR CCG) 2011 vast majority of people in Rochdale Borough are from a White British ethnic background, equivalent to 83.5% of the total population. People of a Pakistani background make up the largest minority ethnic group, with 17,200 people (8.3%). A significant proportion of the Bangladeshi, Pakistani and Mixed ethnic groups are aged between 0-15 years old. In comparison to the White British ethnic group, the minority ethnic groups have a much younger age structure, with fewer older people (Irish and White Other are the exceptions). The 2011 Census revealed that in Rochdale Borough 166,481 people identify as White British which makes up 78.6% of the local population. The largest ethnic minority group is Pakistani which makes up 10.5% of the local population (22,265), and the second largest is Bangladeshi with 2.1% of the population (4,342). *Source: 2011 Census.*
Disability	Data from Bury BC gives a comparator between residents who are disabled compared to their non-disabled neighbours:

	<table><tr><th>Area</th><th>All people in thousands</th><th>disabled based on the DDA definition</th><th>work-limiting disabled</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>Bury</td><td>12.7%</td><td>4.8%</td><td>2.9%</td></tr><tr><td>ONS da</td><td></td><td></td><td></td></tr></table> Data from Rochdale Borough (HMR CCG) indicates: The number of Rochdale Borough residents reporting a long-term health condition or disability is 44,359 (21%). *Source: 2011 Census*
Gender	Bury CCG: In the 2011 census the population of Bury was 185,060 and is made up of approximately 51% females and 49% males. HMR CCG: According to the 2015 Mid-Year Estimates there are slightly more women than men in the Rochdale borough; with approximately 108,841 people identifying as female compared with 105,354 of the local population identifying as male.
Gender Reassignment	*At present, there is no official estimate of the trans population. The England/Wales Census and Scottish Census have not asked if people identify as trans…"* Equality and Human Rights Commission. The GIRES (2009) report on Gender Variance in the UK estimated that around 20 in every 100, 000 people had sought medical care for gender variance. Using 15+ ONBS data of current list size of 163,013 (ONS 2015-16) the Gender Reassignment figure for Bury would be approximately 33 Bury Residents and 34 Residents in HMR CCG.
Age	**BURY CCG:** The Bury population can be split by the following c ategories(JSNA 2015): <table><tr><th>Year</th><th>0-4</th><th>5-15</th><th>16-24</th><th>25-44</th><th>45-64</th><th>65+</th><th>85+</th></tr><tr><td>2015</td><td>12,430</td><td>25,630</td><td>18,910</td><td>48,100</td><td>49,420</td><td>33,410</td><td>3,950</td></tr></table>JNSA for Bury CCG: Bury has an estimated resident population of 182,600 (ONS 2009 mid year population estimates) but a registered (with a Bury general practice) population of 194,350 as at 31st March 2010. The resident population of Bury is expected to increase to 193,000 by 2022 (5.5% increase) mainly due to more births than deaths. By 2022, the number of people aged under 25 years old is expected to increase by only 2,600 so that their proportion of the population will decrease by 4%, whereas there will be 9,000 more people aged over 65 (29% higher proportion of the population) with 2,000 more people aged over 85 (54% higher proportion of the population).
Sexual Orientation	In 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). More males (2.0%) than females (1.5%) identified themselves as LGB in 2015. Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015. The population who identified as LGB in 2015 were most likely to be single, never

	married or civil partnered, at 68.2%. In 2015, the majority (93.7%) of the UK population identified themselves as heterosexual or straight, with 1.7% identifying as LGB, the remainder either identifying as “other”, “don’t know” or refusing to respond. Young adults (16 to 24 year olds) 3.3% are more likely to identify as LGB compared with older age groups, and a higher proportion of males identify as LGB than females. Of those they were most likely to be single, never married or civil partnered, at 68.2%. There are no accurate statistics available regarding the profile of the lesbian, gay and bisexual (LGB) population either in the UK as a whole. Sexuality is not incorporated into the census or other official statistics. It's acknowledged that approximately 6-10% of any given population will be LGB. *Source: MYE 2015 and Stonewall*
Religion or Belief	Bury CCG: 88.9% of people living in Bury were born in England. Other top answers for country of birth were 1.9% Pakistan, 1.2% Scotland, 1.0% Ireland, 0.6% Wales, 0.5% Northern Ireland, 0.4% India, 0.3% Iran, 0.2% Hong Kong , 0.2% South Africa. 95.1% of people living in Bury speak English. The other top languages spoken are 0.9% Urdu, 0.8% Polish, 0.7% Panjabi, 0.2% Persian/Farsi, 0.2% Pashto, 0.2% Arabic, 0.1% All other Chinese, 0.1% Italian, 0.1% French. Religion is given as The religious make up of Bury is 62.7% Christian, 18.2% No religion, 6.1% Muslim, 5.6% Jewish, 0.4% Hindu, 0.2% Buddhist, 0.2% Sikh. 11,069 people did not state a religion. 476 people identified as a Jedi Knight and 42 people said they believe in Heavy Metal.
Pregnancy and Maternity	Public Health England March 16 Child Health Profile gives a live birth figure for Bury (2014) as 2,329. Children and young people under the age of 20 years make up 24.9% of the population of Bury. 23.6% of school children are from a minority ethnic group. The health and wellbeing of children in Bury is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is better than the England average with 17.1% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average. Children in Bury have better than average levels of obesity: 7.8% of children aged 4-5 years and 17.2% of children aged 10-11 years are classified as obese. There were 295 children in care at 31 March 2015, which equates to a higher rate than the England average. A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.
Married/ Civil Partnership	Bury CCG: 46.6% of people are married, 11.5% cohabit with a member of the opposite sex, 0.8% live with a partner of the same sex, 24.3% are single and have never married or been in a registered same sex partnership, 9.4% are separated or divorced. There are 10,162 widowed people living in Bury.
Other Groups:	Asylum Seekers/ Refugees - **Asylum seeker:** a person who enters a country to claim

Asylum Seekers Travellers Military Veteran Carers	asylum (under the *1951 UN Convention and its 1967 Protocol*).2 Individuals undergo the asylum process to have their claim assessed. **Refugee:** "… *a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country*...". (5) Refugee status, or temporary 'leave to remain' (sometimes granted on humanitarian grounds) is awarded by the Home Secretary and affords the same welfare rights as other UK citizens. Entitlement to health and social care for asylum seekers and refugees is complex and dependent on their stage in the asylum process. Rules on entitlement are also subject to review and up to date advice should therefore be sought (see also footnote). However, there are some principles that generally apply: • necessary or urgent medical treatment should never be denied to any person, regardless of whether or not they are resident in the UK, or are able to pay in advance; • for life-threatening conditions and for the purpose of preventing any conditions from becoming life-threatening the appropriate treatment is normally given regardless of ability to pay; • maternity services should always be classed as 'immediately necessary treatment Whilst many asylum seekers do arrive in the UK in relatively good physical health, health problems can rapidly develop whilst they are in the UK.7 Reasons for this include: • difficulty in accessing healthcare services; • lack of awareness of entitlement; • problems in registering and accessing primary and community healthcare services, particularly if their claim has been refused; • language barriers. However, some asylum seekers can have increased health needs relative to other migrants. There are several reasons for this: • a number have faced imprisonment, torture or rape prior to migration, and will bear the physical and psychological consequences of this; • many may have come from areas where healthcare provision is already poor or has collapsed; • some may have come from refugee camps where nutrition and sanitation has been poor so, placing them at risk of malnourishment and communicable diseases; • the journey to the UK can have effects on individuals through the extremes of temperatures, length of the journey, overcrowded transport and stress of leaving their country of origin; • health needs of asylum seekers can be significantly worsened (and even start to develop in the UK) because of the loss of family and friends' support, social isolation, loss of status, culture shock, uncertainty, racism, hostility (eg. from the local population), housing difficulties, poverty and loss of choice and control. <u>Travelers</u> - The literature specific to the Gypsy and Traveller population indicates that, as a group, their health overall is poorer than that of the general population and poorer than that of non-Travellers living in socially deprived areas (Parry *et al*., 2004; Parry *et al*., 2007). They have poor health expectations and make limited use of health care provision (Van Cleemput *et al*., 2007; Parry *et al*., 2007). Van Cleemput *et al*. (2007) refer to many Gypsies and Travellers sense of fatalism with regard to treatable health conditions and low expectations of enjoying good health (particularly as they age). They also mention the commonly held belief that professionals are unable to significantly improve patients health status and may in fact diminish resilience by imparting bad news, such as a diagnosis of cancer. The impact of such beliefs is a heightened

	suspicion of health professionals and a reluctance to attend for screening or preventative treatment. The report by Parry *et al*. (2004), entitled *The Health Status of Gypsies and Travellers in England*, shows that both men and women often experience chronic ill health, frequently suffering from more than one condition; that carers experience a high level of stress; and that secrecy about depression keeps it hidden and increases the burden on both the individual and the family as they try to manage. Many Gypsies and Travellers face high levels of bereavement, which is also a precipitating factor of depression. Poor psychological health is often found in the context of multiple difficulties, such as discrimination, racism and harassment, as well as frequent evictions and the instability caused by this. <u>Military Veterans</u> A veteran is someone who has served in the armed forces for at least one day. There are around 2.6 million veterans in the UK as a Regular or Reservist or Merchant Navy serving in an active theatre of war. Estimates for the Bury population by the British Legion are 12,000-14,000 Veterans currently resident within the Borough. This figure does not include the Spouses or close family members of those who have served who may have specific needs due to service life. Taken as a whole, the ex-Service population, which has been estimated at around 3.8 million for England, has comparable health to the general population. The current generation of UK military personnel (serving and ex-serving) have higher rates of heavy drinking than the general population. However, this difference may attenuate with age. The most common mental health problems for ex-Service personnel are alcohol problems, depression and anxiety disorders. In terms of the prevalence of mental disorders, ex-Service personnel are like their still-serving counterparts and broadly like the general population. Military personnel with mental health problems are more likely to leave over a given period than those without such problems and are at increased risk for adverse outcomes in post service life. The minority who leave the military with psychiatric problems are at increased risk of social exclusion and on-going ill health. The British Legion 2012 gave estimates of the Military Veteran population of circa 12,000 (Bury) and 14,000 (HMR). <u>Carers</u> The role of the carer is especially important when the person who receives care (the care recipient) is unable to live independently without the carer's help. A young carer is a child or young person under the age of 18, carrying out significant caring tasks and assuming a level of responsibility for another person that normally would be undertaken by an adult. Underpinning the caring role may be life-long love and friendship, together with an acceptance of the duty to provide care. Carers can derive satisfaction and a sense of well-being from their caring role, receive love and affection from the care recipient, gain a sense of achievement from developing personal attributes of patience and tolerance, and gain satisfaction from meeting cultural or religious expectations (Cassell *et al*, 2003). Caring responsibilities may arise at any time in life. Carers may have to adapt and change their daily routine for work and social life, perhaps incurring personal and financial costs. They may become isolated from other members of their family, friends and work colleagues. In an ageing population, family members are expected to undertake complex care tasks, often at great cost to their own well-being and health (Schulz & Matire, 2004). The role of carer can be demanding and difficult, irrespective of whether the care recipient has a mental disorder, learning disability or a physical

	disability, either separately or combined. A survey of over 1000 carers in contact with carers' organisations found that just less than 50% believed that their health was adversely affected by their caring role (Cheffings, 2003). Mental health problems included stress and tension (38%), anxiety (27%) and depression (28%). Physical health problems included back injury (20%) and hypertension (10%). Back injury was associated with caring for individuals with physical disabilities. Similar figures were found in a survey by Carers UK (2002), in which the most frequently experienced negative emotions in carers were: feelings of being mentally and emotionally drained (70%), physically drained (61%), frustration (61%), sadness for the care recipient (56%), anger (41%), loneliness (46%), guilt (38%) and disturbed sleep (57%). Carers who are more vulnerable to health problems are women, elderly or very young people, those with pre-existing poor physical health, carers with arduous duties and those with few social contacts or support. Carers may attribute symptoms of an illness to their work as a carer and fail to recognise the onset of an illness. In Bury alone, we currently know of 3,320 adult carers but we acknowledge that there may be many more who do not receive any support to undertake their caring role (6). References (1) Gender, age, society, culture, and the patient's perspective inthe functional gastrointestinal disorders." *Gastroenterology* (April 2006): 130-35. Web. 17 July 2007 (2) Epidemiology, demographic characteristics and prognostic predictors of ulcerative colitis." *World J Gastroenterol* (2014): 20-28. Web. 17 July 2017. (3) Matthews, Z. (2008). *The health of gypsies and travellers in the UK*. London: Race Equality Foundation. (4) Parry, G., Van Cleemput, P., Peters, J., Walters, S., Thomas, K. and Cooper, C. (2004) *The Health Status of Gypsies and Travellers in England*, Sheffield, University of Sheffield. (5) The Health Needs of Asylum Seekers , Briefing Paper, The Faculty of Public Health (May 2008) (6) Bury Adult Carers Strategy Caring for Carers 2013-18

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