

Agenda Item: 12.0

<p>Governing Body <i>Held in public</i></p>	<p>Report</p> <p>Date of Meeting: 3 May 2018</p>
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Report Title	Urgent Care and the Walk In Centre		
Report Author	Presented By	Responsible Director	
Sally Adams, Director of Out of Hospital and Primary Care Commissioning	Sally Adams, Director of Out of Hospital and Primary Care Commissioning	Sally Adams, Director of Out of Hospital and Primary Care Commissioning	
Purpose for presenting report	To Update the Governing Body on the latest position with regards to		
Action Required:	For information and note		
Approval Route:	CCG Executive Committee		
Further Assurance:	NA		
Which Strategic Objectives does this report provide evidence for?			
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice	Y		
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.	Y		
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.	Y		
We will operate and manage our Governing Body to the highest standards of accountability and transparency.	Y		
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?	Y		
Have any quality implications been signed off by the Director of Nursing & Quality?	Y		
Have any privacy implications been signed off by the Head of Information Governance?		N	
Have any conflicts of interest implications been signed off by the Corporate Office?		N	
Have any public engagement implications been signed off by the Head of Communications & Engagement?	Y		
Has an Equality Impact Assessment been carried out?		N	
Key Risks	The outcome of public consultation and key finances are as yet unknown and may provide a future risk		
Executive Summary	This paper seeks to provide an update with regards to the latest position resulting from a meeting with the Bedford		

	Borough Overview and Scrutiny Committee held on 17 April 2018 in relation to the Putnoe Walk in Centre. The recommendation from this meeting was that that changes to a Walk in Centre provision at Putnoe Medical Centre constituted a substantial variation of service and that Bedfordshire CCG should enter into a period of formal consultation with the public.
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Introduction

The purpose of this paper is to:

- Update the Governing Body in relation to the outcome from the Bedford Borough Overview and Scrutiny Committee (OSC) held in public on 17 April 2018 in relation to Walk in Centre at Putnoe and subsequent conversations.
- To clarify the implications for Bedfordshire CCG and its residents as a result of entering into a process of public consultation.

Background

In March 2017, NHS England set out new guidelines in the Five Year Forward View, which outlined that Urgent Treatment Centres should be established in place of Walk in Centres. Following due process and a clinical options appraisal, it was agreed that the only available site was at Cauldwell Medical Centre, on Bedford Hospitals south wing. Delays to capital funding adversely affected the refurbishment, which meant that the opening of the Centre was pushed back to late 2018.

It was understood that there would be no further extensions to NHS Englands existing walk in centre contract with Putnoe Medical Centre and as such, the CCG entered into negotiations with partners to secure a new six month contract. This would ensure that there would be continuity of care for residents in Bedford until 30 Sept 2018.

As such, like for like services were being planned with the development of the new Urgent Treatment Centre, with the only variation in delivery being location.

Engagement

However, concerns were raised by the local community, in relation to:

- A service north of the river
- Access to parking
- Free parking
- Access to mental health pathways

As such, an additional proposal was developed and discussed at the Governing Body meeting of 5 April 2018. This proposal was to create a walk in centre service at Gilbert Hitchcock House, on the north wing of Bedford Hospital from 1 October 2018. This was approved in principle by the Governing Body pending further discussion and advice regarding formal consultation from the Overview and Scrutiny Committee meeting of 17 April 2018.

Putnoe Medical Centre

Sarah Thompson, Accountable Officer attended a meeting with the Putnoe Medical centre Practice on the evening of 11th April to thank them for agreeing to extend the walk in centre service until September 2018 with the clear understanding that the practice did not want to extend past this date and that a clause had been put in to the contract expressly stating this.

However, at the meeting the Putnoe Medical Centre GPs unexpectedly expressed an interest in providing the service past this point and were therefore requested to formally put this in writing within two weeks of the meeting.

Bedford Borough Overview and Scrutiny Committee

Sarah Thompson, Accountable Officer Bedfordshire CCG presented a paper to the Overview and Scrutiny Committee (Appendix A) on 17 April 2108 which detailed the following two potential options:

- That a 'like for like' walk in centre service be established north of the river at Gilbert Hitchcock House.
- That Putnoe Medical Centre had potentially declared an interest in continuing to provide a walk in centre service from October 2018 onwards, subject to their confirmation on 25 April 2018.

Direction was sought on the following point:

- Whether the proposal to have a like for like service at Gilbert Hitchcock House constituted a substantial variation of service and as such whether the CCG could proceed without full and formal consultation.

Although the Accountable Officer explained that full consultation would negate any further walk in centre services being developed at either Putnoe or Gilbert Hitchcock House, the view of the Overview and Scrutiny committee was unanimous that a consultation should be undertaken. However, the CCG is awaiting formal feedback in relation to the specific nature of the consultation given that two credible options were put forward. (See appendix B for draft minutes of the Bedford Borough Overview and Scrutiny Committee meeting of 17 April 2108)

Subsequent Actions

Following the OSC meeting:

- Further discussions regarding a walk in centre facility with Bedford Hospital Trust and Putnoe Medical Centre were stood down.
- Governing Body members were made aware of the unanimous decision of the OSC.
- The CCG started to take action to plan a process of public consultation.

Implications

Undertaking a public consultation has implications for the CCG as follows:

- There will be no replacement walk in centre services from October 2018 onwards pending outcome of the formal consultation the process for which may take until November 2108
- The timescales for the consultation are currently being developed and outputs may not be evidenced until end of 2018
- Members of the governing body should expect the outcome of the consultation to be available late 2018.

Recommendation

The Governing Body is asked to note the following:

- That the view of Bedford Borough Overview and Scrutiny committee was that a public consultation would be needed and further information has been sought to clarify this point.
- That under the terms of a public consultation, the CCG will be unable to enter into commercial discussions with potential providers and as a result, there will be no replacement walk in centre services from 1st October 2018 although the Urgent Treatment Centre and extended access continue as per plan to commence October 2018.

Bedford Borough Overview and Scrutiny Committee

Date: 17 April 2018

Subject: Putnoe Walk in Centre and Urgent Treatment Centre

Purpose

The purpose of this paper is to:

- Describe the process that the CCG has undertaken to date to provide continuity of care in establishing new nationally mandated urgent and emergency care services in Bedford;
- To describe in detail the provision of services available to residents and set out the new medium term solution to provide like for like walk in services at a location north of the river;
- To seek approval from Members of the Overview and Scrutiny Committee to proceed without formal consultation, while engaging extensively with the local community from April – June, to test the location of the proposed service with residents.

Background

In March 2017, NHS England set out new guidelines in the Five Year Forward View, which outlined that Urgent Treatment Centres should be established in place of Walk In Centres. The Principles and Standards document, which was published in July last year outlined that by December, 2019, patients and public would:

- Be able to access a GP led Urgent Treatment Centre that is open 12 hours a day, 7 days a week, and staffed by GPs, nurses and other clinicians, who have access to simple diagnostics including urinalysis, ECG, blood tests and x-ray.
- Have a consistent route to access urgent appointments, offered within four hours and booked through NHS111, ambulance services and general practice. The specification also highlighted that a walk in service would also be available.
- Have access to general practice from 8am – 8pm, 7 days a week and that this must be available to 100% of the population by October 2018.

Given the national specification and after a clinical options appraisal, it was agreed that the only available site where the national mandate could be delivered was at Cauldwell Medical Centre, on Bedford Hospital's south wing. Delays to capital funding however adversely affected the refurbishment of Cauldwell Medical Centre, which meant that the opening of the Centre was pushed back to late 2018.

With no further extensions to NHS England's existing walk in centre contract Putnoe Medical Centre possible, we took the decision to postpone engagement with the Overview and Scrutiny Committee and members of the public on the closure of the walk in centre and enter into negotiations with Partners at Putnoe Medical Centre, to secure a new six month contract. This would ensure we could deliver continuity of service for patients in Bedford until 30 September, 2018 and allow for appropriate engagement with the Overview and Scrutiny Committee and the local community.

Bedfordshire Clinical Commissioning Group is cognisant of its statutory responsibilities and has been working to blend national policy with the needs of the local population in Bedford. As such, like for like services were being planned for the new Urgent Treatment Centre – with the only variation in delivery being location.

An engagement plan, which set out how we aim to engage with the local population on the introduction of the Walk in Centre and GP Extended Access was provided to the Overview and Scrutiny Committee for input, but with local interest spiking and a campaign set up to retain services north of the river, the CCG has listened to local views and taken the opportunity to review its approach.

Who uses the walk in service?

As part of the commissioning process, analysis has been undertaken to understand who uses the current walk in service. Data from Putnoe shows that frequent users of the Walk in Centre are:

- 0-4 year olds
- 20 – 29 year olds
- Over 65s

The main reasons for attendances at the Walk in Centre are:

- Coughs, Colds
- Respiratory infections
- Advice and treatment

A significant number of the patients using Putnoe Walk in Centre are patients from the Putnoe and Goldington area, and more than 30% of patients using the service are registered with Putnoe Medical Centre.

The majority of the patients using the service present on Saturday, Sunday and Monday, when patients traditionally struggle to secure an appointment with their registered GP.

A new model for 2018

With the Walk in Centre contract finishing on 30 September 2018, the following services were proposed:

Service	Current provision	Provision from 1 October 2018
Hospital A&E Departments	✓	✓
999 Ambulance Services	✓	✓
Integrated Urgent Care (111 and GP Out of Hours)	✓	✓
A&E Streaming to Primary Care	✓	✓
Walk in Centre	✓	
Urgent Treatment Centre (to include walk ins)		✓
GP Extended Access		✓

The detail of current services include:

Service	Detail
Integrated Urgent Care	111 Operational 24 hours, 7 days a week – accessible to all urgent healthcare needs and will book patients into see or speak to a clinician during the out of hours period.
Clinical Advisory Service provided through NHS111	Operational from 6pm – 11pm weekdays and 8am – 11pm weekends and Bank Holidays.
GP Out of Hours Base visits	Patients who have called 111 and are considered to need an urgent face to face appointment will be booked in to see a GP at one of the base sites (Bedford Hospital, Priory Gardens in Dunstable and Biggleswade Hospital).

GP Out of Hours Home Visits	As above, but for patients who are unable/too unwell to attend a vase site.
In hours streaming provided by Virgin	Operational 8am – 6.30pm Monday – Friday Patients presenting at A&E with primary care needs are streamed to Cauldwell Medical Centre (excluding babies under 3 months).
Out of Hours streaming provided by HUC	Operational 6.30pm – 11pm Monday – Friday 8am – 11pm weekends and Bank Holidays. Patients presenting at A&E with urgent primary care needs are streamed to HUC (excluding babies under 3 months)
Putnoe Walk in Centre (until 30 September 2018)	Operational 7 days a week for patients to walk in with urgent healthcare needs. Monday – Friday – 8am – 6pm and weekends and Bank Holidays from 8am – 5pm
A&E Departments	Operational 24-Hours a day, 7 days a week
999 provided by EEAST	Operational 24-hours a day, 7 days a week for patients with life threatening conditions or major injuries.

Services to be added to the above framework from 1 October include:

GP Extended Access	To be accessible for routine and urgent healthcare needs. Monday – Friday 6.30pm – 8pm Weekends and Bank Holidays – To be confirmed The location of these services have yet to be determined. However, it is expected that there will be one centre north and south of the river in Bedford Borough.
Urgent Treatment Centre	Operational 12 hours a day, 7 days a week (11am – 11pm) For patients with urgent healthcare needs. <ul style="list-style-type: none"> • The service will be available through pre-bookable NHS 111 appointments • For patients who walk in to the Centre (including those streamed from A&E) • By direct referral from GPs and ambulance services.

With walk in appointments available at the Cauldwell Medical Centre between 11am – 11pm, the CCG considered that this would be like for like services, albeit at a different location, which would be subject to extensive engagement with the local community and Members of the Overview and Scrutiny Committee.

An engagement plan has been developed and shared with the Overview and Scrutiny Committee for input.

The proposed medium term model

Since the announcement of the new Walk in Centre contract with Partners at Putnoe Medical Centre in January, the CCG has listened to the concerns expressed by elected members and the local community.

We understand that residents are concerned about:

- A service north of the river
- Access to parking
- Free parking
- Access to mental health pathways

In order to support the views being expressed by the public, an additional proposal was developed and discussed at Governing Body on 5 April 2018. This proposal, is to create a walk in service at Gilbert Hitchcock House, on the north wing of Bedford Hospital from 1 October 2018.

This medium term option would:

- Deliver a like for like walk in service
- Operate as a satellite service to the Urgent Treatment Centre, which is being provided on the south wing at Cauldwell Medical Centre.
- Be provided by Bedford Hospital NHS Trust.
- Maintain the same walk in hours as Putnoe Walk in Centre

This service would cost £1million pounds to deliver and would run for 12 months, pending a full review, which would be undertaken in 2019 to evaluate the effectiveness of the walk in service, as part of the urgent and emergency care system, in line with the national mandate.

The Governing Body approved this proposal on 5 April, pending engagement with the local community, to test the location of the service.

The engagement plan, which was presented to the Overview and Scrutiny Committee on 6 March is currently being updated to reflect the proposal and will be finalised following discussion with Members of the Overview and Scrutiny Committee on 17 April 2018.

Has this been approved by NHS England?

The national mandate outlines that urgent and emergency care should be delivered through Urgent Treatment Centres, which would provide enhanced care for patients. NHS England has approved this model, pending engagement with the local community; the model is to be tested pending a full review in 2019.

Why not Putnoe?

The original contract for the Walk in Centre at Putnoe Medical Centre was run by NHS England. With guidance from the Five Year Forward View mandating the establishment of an Urgent Treatment Centre, Partners at Putnoe Medical Centre entered into a new contract with NHS England to provide an enhanced service at Putnoe Medical Centre for registered patients.

The new contract means that GPs will deliver a six day service at the surgery for those registered and this service will use all the available space and consulting rooms they have available.

As part of the proposal to create a medium term solution, the CCG did explore the possibility of using the facilities at Putnoe Medical Centre, but partners were unable to accommodate this request. This means that the CCG has no alternative but to move the Walk in Centre to an alternative location after 30 September 2018.

How will this change affect patients after 1 October 2018?

From 1 October 2018, this will mean that patients will no longer be able to access walk in appointments at Putnoe Walk in Centre. Instead, they will be able to:

- Access walk in appointments at Gilbert Hitchcock House on the north wing of Bedford Hospital – during the same hours as Putnoe Medical Centre;
- Access walk in appointments from 11am – 11pm at the Urgent Treatment Centre on the south wing of Bedford Hospital, with access to simple diagnostics.

- Access a GP Extended Hours service – with locations north and south of the river in Bedford.
- Access a range of out of hours services, as highlighted in this document, which are unchanged.

For patients registered with Putnoe Walk in Centre, they will be able to access a six day service with their GPs at Putnoe Medical Centre.

Whilst this is an enhanced service, we recognise that there is some concern about access to parking and the cost of parking. Gilbert Hitchcock House was the only location available to the CCG, north of the river that could provide the facilities required to deliver this service.

The surgery is on a bus route and there is parking around the site. There is also free parking available on some of the roads in the vicinity. We are currently exploring opportunities to address parking concerns with Bedford Hospital NHS Trust.

Next steps

This proposal has been approved by both NHS England and Bedfordshire Clinical Commissioning Group's Governing Body. Following discussion with the Overview and Scrutiny Committee, this proposal will be tested with residents to involve them in decision making.

The CCG believes that the proposal does not constitute substantial variation, with like for like services continuing to be delivered, albeit at a different location. However, the proximity of Gilbert Hitchcock House to Putnoe means that patients will only be required to travel a short distance to the new service. Patients who are registered with Putnoe Medical Centre will continue to access a six day service in Putnoe with their registered GP.

To take this forward, we would seek approval from Members of the Overview and Scrutiny Committee on the following:

- Proceed without public consultation on implementation plans for the UTC and extended access in line with national NHS guidance.
- Agree an engagement plan for walk-in services north of the river in Bedford?
- Do you consider this proposal to be substantial variation of service?
- Can we proceed without full and formal consultation – but undertake good engagement with residents to involve them in the process?

Timescales

Pending the outcome of discussions with Overview and Scrutiny and engagement with the local community, we expect to reach a decision at the end of June / beginning of July 2018.

Agenda Item 5

For publication

MEMBERS' BRIEFING NOTE

Date: 17 April 2018

Subject: Putnoe Walk-in Centre

To: All Members of the Adult Services and Health Overview and Scrutiny Committee

From: Jacqueline Gray, Service Manager (Health and Policy Support)

1. Summary

The Committee Chair and group spokespersons have requested that this is added to the Committee's agenda in order for the Committee to consider whether the proposed changes to Putnoe Walk-in Centre are a 'substantial variation' to local health services.

2. Options

- 2.1. That the Committee considers whether it regards the changes proposed to Putnoe Walk-in Centre services to be 'substantial' as per the Health Scrutiny Regulations 2013;**
- 2.2. Subject to 2.1 above, that the Committee considers whether it has any recommendations in relation to public engagement and consultation by Bedfordshire Clinical Commissioning Group on the changes to Putnoe Walk-in Centre.**

3. Detail

3.1. The Adult Services and Health Overview and Scrutiny Committee, as the Council's health scrutiny committee, has powers to consider the delivery of any health services that serve local residents.

3.2. In addition to these powers, there are additional powers in relation to a proposed change to health services delivered to the public.

When considering the options set out at Section 2 above, the Committee may find it useful to review the information presented below:-

- Guidance to health commissioners and to council committees on the health scrutiny process for changes to health services;
- Minutes of previous meetings where the Walk-in Centre has been discussed;
- Recent consideration by the Independent Reconfiguration Panel.

3.3. At Appendix A, an extract of NHS England guidance for NHS Commissioners and Providers regarding health scrutiny has been included for information.

In summary, this is the process where a change to health services is being considered by either the commissioners or providers of the service:

1. Where a change to services is proposed, the commissioner (and/or provider in some cases) should make the local Health Overview and Scrutiny Committee (HOSC) aware of the proposal and whether or not the commissioner considers it to be substantial. The HOSC should consider whether it considers the proposal to be substantial. The decision on whether the change is substantial is one for both the commissioners and the HOSC to take. There is no legal definition of what constitutes a substantial change, and is a matter for mutual agreement between the commissioners/providers and the HOSC.
2. Where it is agreed that the change is substantial then it may be that a full public consultation is required, to be carried out by the Commissioner/provider. The HOSC is also a statutory consultee in any public consultation.

3. Health Scrutiny has the power to make a referral regarding a proposed change to health services to the Secretary of State for Health and Social Care (SoSHSC) on two grounds:
 - (i) Where a commissioner makes a change to a service and fails to consult with the relevant HOSC, and that HOSC considers the change to be substantial, then the HOSC may refer to the matter on the grounds that there has been no consultation with the HOSC to the SoSHSC who will then send this on to the Independent Reconfiguration Panel (IRP).
 - (ii) Where the HOSC, having taken into account the proposed change, evidence presented for it, and any outcomes from consultation, considers that the changes proposed are not in the interests of local health services, and a process of local resolution has been undertaken with the relevant commissioners, then it may also refer the matter to the SoSHSC. This type of referral usually takes place at the end of the process of considering a change to services.
4. The only exemption to this process is where a service is temporarily stopped for safety reasons. In this case, the HOSC must be notified in writing and the commissioners/providers must explain to the HOSC the steps being taken to address the situation. Commissioners/providers must set out the timetable for the restoration of the service, or, where changes are proposed, the plan for the changes and the same process as above would apply.

Members of the Committee may also find it useful to refer to the Department of Health's Guidance to Health Scrutiny Committees, specifically Chapter 4 on consultation.

The Regulations can be found here:-

<http://www.legislation.gov.uk/uksi/2013/218/contents/made>

and the Department of Health Guidance (specifically Chapter 4: Consultation) can be found here:

<https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

- 3.4. At Appendix B, the previous minutes relating to Putnoe Walk-in Centre, GP Extended Access and the Urgent Treatment Centre have been included for the Committee's information.

- 3.5.** At Appendix C there is a recent extract from an IRP report on a recent referral. The IRP considers any referrals from Health Scrutiny committees to the SoSHSC. In this case, Oxfordshire Joint HOSC referred a decision by its local Clinical Commissioning Group (CCG) to close a local medical centre. The key points from this referral report are that:-
- The CCG should have consulted with the health scrutiny committee about whether the change could be considered substantial;
 - That where the commissioners and health scrutiny committee differ on whether a change is substantial, that the view of the health scrutiny committee 'should prevail';
 - That there should be consideration of the nature of engagement and consultation required where a change is proposed, commensurate with the scale and nature of the proposals.

Appendices:

- A. NHS England: Planning and Delivering service changes for patients – extract re health scrutiny**
- B. Adult Services and Health OSC: Minute extracts re Putnoe Walk-in Centre, GP Extended Access and the Urgent Treatment Centre**
- C. Independent Reconfiguration Panel – extracts of outcomes from referrals**

Contact: *Jacqueline Gray*
Service Manager (Health and Policy Support)
Ext: 42486

Minutes: *Adult Services and Health OSC:-*

- *31 January 2017*
- *6 February 2018*
- *6 March 2018*

Background Papers: *Nil*

Extract from NHS England “Planning and delivering service changes for patients”

Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities may:

- review and scrutinise any matter relating to the planning, provision and operation of the health service in their area;
- require information to be provided by relevant NHS bodies (e.g. commissioners) and providers of health services about the planning, provision and operation of health services – in relation to the local authority’s area which the authority may reasonably require in order to discharge health scrutiny functions;
- require attendance of any member of employee of a responsible person (such as a clinical commissioning group) before them to answer questions necessary for discharging health scrutiny functions;
- make reports and recommendations to certain NHS bodies and expect a response within 28 days;
- set up joint overview and scrutiny committees with other local authorities;
- refer NHS substantial development or variation proposals (e.g. reconfiguration proposals) relating to the health service to the Secretary of State.

Local authorities have flexibility in how they discharge their health scrutiny functions – which may be through an overview and scrutiny committee (OSC) or through another structure. Where a proposal crosses local authority boundaries, the Regulations require authorities to form a joint overview and scrutiny committee for the purposes of consultation on the proposal.

Health scrutiny is relevant to service reconfigurations as relevant health service commissioners and providers (referred to in the Regulations as ‘responsible persons’) are required to consult with the relevant local authority scrutiny body on proposals for:

- 1) a substantial development of the health service in the area of a local authority or
- 2) for a substantial variation in the provision of such service.

The Regulations do not define ‘substantial development’ or ‘substantial variation’. The responsible person and the relevant health scrutiny body should discuss locally which proposals they consider will fall within these definitions. The term ‘proposal’ - in the context of the health scrutiny regulations – can mean both an overarching proposal that contains a package of configuration options within it or a single specific configuration option that a commissioner may be considering following engagement and consultation.

The legal duty to consult local authority health scrutiny bodies is distinct from the separate duties in the NHS Act 2006 (as inserted by the Health and Social Care Act 2012) on clinical commissioning groups and NHS England to involve service users in the development of proposals for service change. Engagement of patients and the public – whether through public consultation or through other means – is a separate activity in legislation from consultation by the NHS with local authority health scrutiny bodies; and it is important that the two duties are not confused or conflated.

Where the 'responsible person' is a service provider and the proposal relates to services which a clinical commissioning group(s) or NHS England is responsible for arranging the provision of, functions relating to consultation with the local authority must be discharged by the NHS England or clinical commissioning group(s) on behalf of the provider. The Regulations do not specify who should lead in carrying out this function (e.g. who should attend and engage local authority health scrutiny). However, it is good practice that this should be led by an appropriate senior clinical commissioning representative(s). This also does not preclude managers or clinicians from provider organisations involved in the proposal from giving additional support or evidence alongside the commissioner.

The responsible person (in most cases a NHS commissioner), is required to notify the local authority of:

- the proposed date by which the responsible person intends to decide whether to proceed with the proposal (for example, this could be the date of a CCG Governing Body meeting to review the outcome of a public consultation) and,
- the date by which the responsible person requires the authority to provide any comments.

If the local authority health scrutiny functions are not content a substantial service change proposal is in the interests of the local health service, or are content that consultation by the responsible person with the local authority has been inadequate, the Regulations allow for the proposal to be referred to the Secretary of State (see pages 40 and 41).

This is a brief summary of health scrutiny and is not intended to be a definitive guide to the Regulations.

Adult Services and Health Overview and Scrutiny Committee: Minute extracts

31 January 2017 – GP Practice Provision – Minute Extract 68

“In response to questions, Clare Steward advised that the walk-in element of the contract was not yet fully developed. However, it was envisaged that the walk-in centre would be accessed by non-registered patients and that they would have the opportunity to register with the practice if they so wished. Regular meetings were being held with representatives of the CCG and Bedford Hospital regarding this provision. Work was ongoing to develop protocols and the impact on Putnoe Walk-in Centre was being considered. It was hoped that this service could be provided within the next six months.”

6 February 2018 – Minute 56: Urgent Treatment Centre and Putnoe Walk-In Centre

To receive a briefing note from BCCG on plans for the local urgent treatment centre (copy enclosed).

Minutes:

The Chair welcomed Caroline Kurzeja, Director of Strategy and Transformation, Dr Ratan Das, Bedford Locality Vice-Chair, Dr Alvin Low, Chair, BCCG and Sarah Thompson, Accountable Officer, BCCG who provided a summary regarding the Urgent Treatment Centre and Putnoe Walk-in Centre.

The Director of Strategy and Transformation advised that this report had previously been submitted to the BCCG Governing Body meeting held on 25 January 2018. National figures showed that each year the NHS provided approximately 110 million urgent same day appointments – 85 million of which were urgent GP appointments. The remainder included A&E or minor injury attendances.

In line with the national mandate, BCCG had reviewed its urgent care services in Bedfordshire to ensure that it continued to provide the right care, in the right place for its population. Under the core standards published by NHS England, the Urgent Treatment Centre should:

- Be GP-led, staffed by GPs, nurses and other clinicians with access to simple diagnostics (e.g. urinalysis, ECG and in some cases X-ray 12 hours a day);
- Provide urgent appointments, booked through NHS 111, ambulance services and general practice within four hours;
- Provide a “*walk-in*” option;
- Provide same day appointments and out of hour’s general practice for both urgent and routine appointments at the same facility, where geographically appropriate; and
- Form part of a local integrated urgent and emergency care service – working in conjunction with the ambulance service, NHS 111, local GPs, and hospital A&E.

The Director of Strategy and Transformation, BCCG confirmed that the Putnoe Walk-in Centre’s contract was coming to an end and had previously been rolled over a number of times. She also emphasised that normal GP services at Putnoe Medical Centre would continue for its registered patients.

Following an extensive engagement process with more than 1,300 patients, BCCG had been informed that residents would like to see access to general practice increase with extended hours being provided. 64% of respondents said that they would be happy to visit any practice to access extended GP hours. The following comments were also noted:

- The vast majority of patients would like a face to face appointment, although telephone consultations and e-consultations would be used by some people;
- Just over half would like to see a GP/Nurse that they knew;
- Just under half were happy to see a professional they did not know;
- Saturday and Sunday mornings were the most popular times at weekends;
- Appointments during the evening were also popular, with most patients keen to see a clinician on Mondays; and
- Appointments with GPs were most popular, but some people happy to see those in other roles.

The current urgent care pathway in Bedfordshire was fragmented, overly complex and caused some confusion for patients. At present, patients' access included:

- Urgent GP appointments (if there was availability during practice hours);
- Out of Hours GP via NHS 111;
- The Walk-in Centre in Putnoe (which covered a small percentage of the total population and was available until the end of September 2018);
- A&E streaming at Bedford Hospital;
- A&E department; and
- Emergency 999.

BCCG's ambition was to create a new Urgent Treatment Centre at Cauldwell Medical Centre on the Bedford Hospital site, which would provide clinically safe and competent Urgent Primary Care services which was accessible for both registered and unregistered patients in Bedfordshire, and also for those who were transient in the community.

The Director of Strategy and Transformation, BCCG emphasised that the move towards urgent treatment centres was also about promoting and sending a clear message about how and where residents could go for emergency medical assistance, and for increasing different access points to such services. She also reported that it had been indicated through NHS England that GP extended access needed to be delivering at 100% capacity before the 1 October 2018 deadline.

In response to Members' questions and comments, the Director of Strategy and Transformation, Bedford Locality Vice-Chair, Chair of the BCCG Management Team and Accountable Officer, BCCG provided the following responses:

- In terms of parking at the current hospital site a health needs assessment had been undertaken. Cauldwell Medical Centre already had designated parking and five additional car parks were within walking distance. Parking at the Urgent Treatment Centre would be available to those with an urgent treatment need;

- Hospital car parking, including fees, was a challenge. It was hoped that with the introduction of extended hours it would help to alleviate some of the parking issues being experienced. Two project plans were also currently being worked on and aligned ready to be implemented on 1 October 2018;
- BCCG did not necessarily require additional doctors however it would need to consider how their time was utilised in order to provide the proposed extended access. Some work would also been required to consider how nurse practitioners were utilised as the BCCG was fully committed to providing extended services to its patients by 1 October 2018;
- A number of patients would be invited to see Nurse Practitioners and Doctors where required. Some investigations/tests for patients would also be undertaken prior to receiving emergency care (if required);
- It was a nationwide issue for patients being able to see their own GP, however various other members of staff including clinical pharmacists, paramedics and nurse practitioners were also part of the wider medical team able to offer medical assistance;
- There had been a significant amount of redistribution of a GPs workload through other work streams in order to release Doctors' capacities to see patients. An element of the workforce was to provide more in the right conditions, maximising what services and staff were currently in place. There was also capacity to improve patient care;
- The Putnoe Walk-in Centre would be closed as the BCCG needed to introduce and implement new models of care in order to meet urgent needs and standards. It was therefore necessary that the new Urgent Treatment Centre would be located at the hospital site;
- The complexity of NHS funding was difficult and not easy to understand. Part of the budget related to the Putnoe Walk-in Centre had effectively ran out of opportunities to renew its services, and did not comply with the urgent needs and standards for the new models of care;
- BCCG was working on a delivery plan to ensure that it was delivered on 1 October 2018. Extended hours on-line would seek to ensure that patients would be able to secure an appointment at the UTC when they needed it the most. BCCG and its' partners were working hard to deliver the plan within seven months;
- Approximately 35,000 patients used the Putnoe Walk-in Centre annually with one third being Putnoe registered patients using the centre to access their own GP services;

- Although the BCCG had been formally notified that it would be placed in special measures on 16 January 2018, BCCG had been working as if it had been in special measures since August 2017, and met with NHS England on a monthly basis;
- In terms of engagement with the public, additional work was required regarding the proposed extended hours and accessing diagnostics. A significant amount of investment was also being made to Primary Care Services on the hospital site, which was considered to be a challenge to deliver it on time;
- GP surgeries would be arranged into clusters and would consider workforce changes, other services which could be provided and work with BEDOC Services for organisational support;
- BCCG would need to consider what services it would be commissioning. The focused challenge was for extended access and the delivery of such services within the given deadline;
- In relation to the potential distance some patients may need to travel for medical assistance, this would be considered as part of the clusters extended access. Some further consideration may also be required in certain practice areas in terms of service delivery;
- A link to the list of questions from the public following the Governing Body meeting on 25 January 2018 would be sent to Members of the Committee for information^[1]; and
- BCCG always considered their practices and no concerns had been identified regarding Virgin Care's models of care. BCCG often visited its' service providers in order to discuss Care Quality Commission matters.

A Member wished to record that there was significant public opposition to the closure of the Putnoe Walk-in Centre particularly in terms of its lack of consultation, public engagement and not being brought to this Committee for any public scrutiny. A petition of 5,000 names opposing the centre's closure was also not considered to be an accurate figure.

The Director of Strategy and Transformation, BCCG expressed concern regarding any potential delays to the development of the Cauldwell Medical Centre and that it be permitted to continue. She also confirmed that a project plan was being developed and would be considered by the Governing Body on 1 March 2018. NHS England was also part of the discussions and was aware that

the Walk-in Centre was a well utilised service. It was anticipated that the GP extended hours would assist with this matter and that it was important to introduce a model of care in order to meet urgent needs and standards.

It was suggested that an update regarding the GP Extended Access Project Plan/Engagement Schedule and Urgent Treatment Centre be considered at the next meeting of this Committee scheduled to take place on 6 March 2018, and for any other updates regarding this matter be circulated to Members in-between meetings (if required).

RESOLVED:

- i) That the report on the Urgent Treatment Centre and Putnoe Walk-In Centre be noted.
- ii) That the Director of Strategy and Transformation, Bedford Locality Vice-Chair, Chair of the BCCG Management Team and Accountable Officer, BCCG be thanked for their attendances.
- iii) That an update regarding the GP Extended Access Project Plan/Engagement Schedule and Urgent Treatment Centre be considered at the next meeting of this Committee scheduled to take place on 6 March 2018, and for any other updates regarding this matter be circulated to Members in-between meetings (if required).

6 March 2018 – Minute 67: Urgent Treatment Centre and GP Extended Access Service

To provide assurance that a robust communications engagement plan is underway to involve local communities in the establishment of a new nationally mandated Urgent Treatment Centre and the co-design of new models of care for the new GP Extended Access (copy enclosed).

Minutes:

The Chair welcomed Sarah Thompson, Accountable Office, Bedfordshire Clinical Commissioning Group (BCCG) Michelle Summers, Head of Communications and Engagement, BCCG and Dr Ratan Das, Bedford Locality Vice-Chair who presented a

report which sought to provide assurance to the Committee that a robust communications and engagement plan was underway, to involve local communities in the establishment of a new nationally mandated Urgent Treatment Centre, and the co-design of new models of care for the new GP Extended Access.

The Head of Communications and Engagement advised that BCCG had listened to the concerns of the public particularly regarding the closure of the Walk-in Centre at Putnoe, as well as the development of the new Urgent Treatment Centre and GP Extended Access. She advised that BCCG would be considering how it engaged with local residents by getting out into the community to gather a diverse range of views, and to meet with GPs in order to help shape and co-produce health services moving forward. The Communications and Engagement Plan would also seek to include working with vulnerable people and hard to reach groups.

It was noted that BCCG would be meeting later this week to consider GP Extended Access including possible locations, services and timings - a three month period of engagement regarding this matter would then commence in March 2018.

In response to a question, the Head of Communications and Engagement advised that BCCG had not considered attending this year's River Festival event as part of its' engagement plan, however acknowledged that such an event would be a good example of engaging with pre-existing communities and groups.

A member also suggested that BCCG engaged with all elected Members, including Town and Parish Councillors as they were considered to be important stakeholders. Members were keen to learn more information from BCCG about how local GP Extended Access and Urgent Treatment Centre services would be provided in the future so that they could advise their constituents, perhaps through the use of a newsletter.

Emma Freda commented that markets were pre-dominantly frequented by the elderly, therefore suggested using supermarkets (.e.g. Lidl in Kempston and Sainsburys at Clapham), and the bus station in order to gain a more diverse range of views regarding BCCG's engagement events. She also suggested contacting local food banks. It was also recommended that the new facilities

should include hearing loops and paging systems for those with hearing disabilities. It was also noted that people's views about travel to the new services would be sought.

Members noted that qualitative data would be collated through surveys, a social media campaign for young people, mental health groups, faith groups and older people's community services.

In response to Members' questions and comments, the Head of Communications and Engagement, Bedfordshire Clinical Commissioning Group (BCCG) and Bedford Locality Vice-Chair provided the following responses:

- A rigorous communication plan would be in place and kept up to date regarding the views of what the public wanted out of its local health services. The process of the engagement plan had been designed to incorporate the views of the general public. There was also a need to provide evidence regarding what the public wanted and to blend such information into available options;
- The Putnoe Medical Centre would remain open six days a week and would and continue to provide services to those residents who were registered at the centre. The nationally mandated Urgent Treatment Centre would be provided at the Cauldwell Medical Centre, based at the Bedford Hospital site, which was therefore closer to A&E services in terms of greater clinical safety, and would also be able to provide simple investigations within the proximity of A&E if assistance was required;
- In autumn 2017, BCCG embarked on a process to build resilience in primary care in Bedford and sought to engage with local communities by means of a survey to gauge whether patients would like to access GP Extended Access services. The information collated by this survey and from future engagement events needed to be analysed in order to meet the needs of the public in terms of extended access requirements;
- Locations were being considered both north and south of the river. ;

- The NHS required BCCG, through a nationally mandated policy, to engage with the public in order to try and provide the health services they wanted. It was acknowledged that additional communication and/or explicit advertisements regarding this work would have been more helpful to the public; and
- BCCG had a national specification to work towards therefore it was not considered best practice to have a formal public consultation, however the end result would be enhanced health services for the residents of Bedford.

A suggestion for BCCG to put some information together for a roadshow and for the Borough Council to advise them of any relevant events for them to attend and present such information in the coming months was noted. The Head of Communications and Engagement acknowledged that attendance at such events would be extremely helpful in terms of networking and engaging with different groups within the Borough.

RESOLVED:

- i) That the update and report regarding the Urgent Treatment Centre and GP Extended Access Service, be noted.
- ii) That the Committee recommend to BCCG that the following groups and places are added to the Engagement plan including, Bedford Food Bank, the bus station, local supermarkets and the River Festival.
- iii) That the Committee recommend to BCCG that BCCG contact councillors for further details of local events that BCCG could attend in order to promote and engage with a diverse range of groups within the Borough regarding the shaping of future GP Extended Access services within the Borough.
- iv) That the Head of Communications and Engagement BCCG and Bedford Locality Vice-Chair be thanked for their attendance.

Independent Reconfiguration Panel

Independent Reconfiguration Panel initial assessment of Deer Park Medical Centre referral, published 3 July 2017, extracts of report at p5 onwards

The 2013 Regulations require NHS bodies to consult a local authority on any proposal under consideration for a substantial development of the health service in its area or a substantial variation in the provision of such a service. Evidence submitted by Oxfordshire CCG indicates that it entered into the tendering exercise in the expectation that a new contract would be awarded. On that basis, there was no reason at that time to believe that a substantial development or variation would take place. Nor is there any indication that, prior to the commencement of the tendering exercise, OJHOSC deemed the matter to be substantial though the extent to which the Committee was aware of the issue at that point is unclear. Nevertheless, when the OJHOSC was notified of the outcome of the tendering exercise, it was reasonable at that point to consider whether the CCG's decision to close DPMC constituted a substantial variation.

The Regulations do not define what constitutes a substantial development or variation. Well established good practice is that joint consideration through protocols agreed locally between HOSCs and the NHS can help in this respect. It is disappointing that in this instance, despite the existence and use of an established toolkit for determining whether or not the matter should be considered substantial, agreement could not be reached. The unilateral determination by the Oxfordshire CCG that the matter was not substantial was not helpful and undermined ongoing dialogue. The IRP considers that determining whether or not a proposal or action is substantial is a matter for joint agreement. In cases where agreement cannot be reached, the parties concerned should reflect on the fact that it is local authorities that were given the powers of scrutiny. The logical conclusion of this is that the local authority's view (or that of its delegated scrutinising body) should prevail.

The evidence submitted to the IRP by the NHS asserts that, were the commissioning arrangements relating to a 4,300 patient practice to be viewed as substantial, this would indicate a significant lowering of the threshold for the need for public consultation. This is misguided on two counts. First, the requirement to consult with a local authority scrutiny body does not automatically mean that a full, three month, public consultation is necessary. This is a matter for discussion depending on the nature of the subject matter and the circumstances pertaining locally. Secondly, where a full public consultation is not deemed necessary, the NHS is still

required to fulfil obligations around public and patient involvement^[1]. Evidence prepared by the Deer Park PPG suggests that little, if any, work was undertaken either to inform or to seek the views of Deer Park patients or Witney residents before the tendering exercise began or once the outcome of the exercise was known. The IRP would have expected more to have been done, indeed evidence provided by the Oxfordshire CCG as part of its disclosure documentation for the judicial review application shows a considerable amount of public and patient involvement work undertaken to ascertain the views of residents affected by a parallel exercise in Banbury.

<https://www.gov.uk/government/publications/irp-deer-park-medical-centre-witney-initial-assessment>

^[1] Continuous engagement should be built into all practice relating to the strategic planning of services. NHS England has published new guidance *Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England* “to support staff to involve patients and the public in their work in a meaningful way to improve services, including giving clear advice on the legal duty to involve”. <https://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-guidance.pdf>

17 April 2018

AT A MEETING

of the

**ADULT SERVICES AND HEALTH
OVERVIEW AND SCRUTINY COMMITTEE**

held at 6.30pm on the 17th day of April 2018

PRESENT: Councillor Mingay (Chair)
Councillors Bootiman, Corp, Masud, Rider and Uko

In attendance: Emma Freda, Healthwatch Bedford Borough (Observer)

Also Present: Councillors Carofano, Gerard, Nawaz, Walker and Wheeler
Helen O’Neal (Parent Governor Representative on the Children’s Services Overview and Scrutiny Committee)

73. QUESTIONS

The Chair wished to clarify at the beginning of the meeting that the Committee’s role was to hold local decision makers to account, and that the Committee could make recommendations to those bodies. The Committee did not have powers to make decisions about local health services.

Graham Tranquada – Question

In relation to page 5(5) the CCG seeks approval from this Committee. It seems to me, that since this process began last year, that the procedures and legislation have somewhat been skilfully used by the CCG to exclude the public from being involved in this process. Procedures that are laid out by the NHS that the public must be consulted – you know that process had not happened. You know we’ve been offered something called engagement, which I have not got a clue what that is because it certainly didn’t involve me or the members that I represent, and that’s many thousands of people who live in this town and use the Health Services. I mean there’s a major omission there on a group of people who have got something important to say, which includes

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incidentally, many people who work at the Hospital. Now it seems to me that the public have followed this event, somewhat with confusion to start with, because it seems fairly complex and difficult to grasp and know where it's going, but they've picked up on a lot of detail so now they've got an understanding about where we're going. They are dissatisfied with the way the process has been handled. They are not happy with the direction that we're going in. So my question to this Committee, because you're one of the few public bodies that we've got that can call the CCG to account, can you please start scrutinising and acting on our behalf and not let these people get away with what they've got so far. Thank you.

Gary Lloyd - Question

I'm a Parish Councillor from Harrold and I'm also a member of the '*Hands-off Bedford Hospital Pressure Group*'. I would just like to back up what Mr Tranquada said about proper scrutiny of what the CCG are attempting to do and, effectively excluding the public from their process, and ask that the Council get some assurances from the CCG, that the services provided by the Walk-in Centre that is closing in Putnoe and moving to Gilbert Hitchcock House. Firstly, I believe that period is limited to 12 months and I'm just concerned that those services are guaranteed beyond that 12 month period and that you ask the questions to make sure that those services are continued after the 12 month period. Also that I believe that the closure of the Putnoe Walk-In Centre constitutes a significant change in service, for example with charged parking and limited public transport, and that I believe that a public consultation should be held and I would like you to make sure that those questions are asked please.

Dr Bharat Mehta, GP at the Putnoe Medical Centre was permitted by the Chair of the Committee to read a letter on behalf of the Putnoe Medical Centre Partnership

The Putnoe Medical Centre Partnership wish to correct some errors and inaccuracies in relation to this Paper being presented to the Committee for consideration before any decision is made about the future of the provision of the local Walk-In Centre Services.

This is the context behind the information on Page 5(1) Paragraph 4('With no further extension'):

Historically, the Partnership was in discussion with the Bedfordshire Clinical Commissioning Group (BCCG) regarding the closure of the Walk-In Centre and development of an UTC since 2015. The BCCG informed the Partnership that it could not have a Walk-In Service running in parallel to an Urgent Treatment Centre and that it was nationally mandated to open the Urgent Treatment Centre as it had to offer access to diagnostics.

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In November 2017 the Partnership asked the BCCG at their Locality Board meeting about progress on the UTC which was due to open on the 1 April 2018. Reassurance was given this was on track but in December it was apparent no plans were in place and the BCCG ignored any enquiries from the Partnership about this. In order to ensure the public were aware that potentially there would be no provision when the Walk-In Centre closed on the 31 March 2018, the Partnership informed Councillor Anthony Forth. Subsequently these concerns were discussed with him, Councillors Jade Uko and Mohammed Yasin. After that, increased political pressure including the involvement of the Bedford Mayor which resulted in the BCCG requesting the Partnership to extend the Walk-In Centre contract until 30 September 2018. If the Practice had not instigated these discussions it is extremely unlikely that Bedford would have retained the Walk-In Centre after 31 March 2018 for 6 months when the UTC does not exist. The Partnership were pressurised into agreeing to continue to provide a Walk-In Centre, as the alternative may have been the BCCG facing an expensive judicial review which could then force the Walk-In Centre to remain open with significant and damaging legal costs to the local health economy.

Correction Page 5(2) – Who uses the Walk-In Service?:

The information in the paper gives a very limited view of the service provided and diminishes its importance. The Walk-In Centre sees a wide range of minor illnesses and injuries but also deals with serious acute emergency conditions including meningitis, chest pain (facility to do ECGs) and acute asthma attacks as well as serious unwell young children.

The registered patients at Putnoe Medical Centre do use the Walk-In Service, but to clarify the Partnership does not get paid for any registered patient attendances.

Correction to Medium Term Solution Page 5(4) Paragraphs 1 & 9:

The Partnership had a planned meeting with the BCCG representatives in February (Caroline Kurzeja, Nicky Wadeley, Tony Medwell) where they provided assurance that the plans to open the UTC were on schedule. At no time did they indicate their plans to run a Walk-In Centre alongside the UTC so it was surprising to learn the BCCG Governing Body on the 5 April 2018 received a proposal to create a Walk-In Centre at Gilbert Hitchcock House from 1 October 2018.

At no point has the BCCG approached the Partnership to ask if they would be interested in providing this medium term solution.

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Please note – What the Partnership actually said was that it could not accept another 6 month extension should the BCCG not have an UTC in place on the 1 October 2018. The Partnership is actively involved to ensure the BCCG meets this important timescale.

In summary, the BCCG has never discussed the medium term approach to extend a Walk-In Service alongside the UTC with the Putnoe Medical Centre Partnership. The Partnership requests they are given the option to consider the contract on offer alongside any other providers about any future Walk-In Service, as it meets all the requirements and has a proven track record for providing an excellent service since 2009.

The Partnership request that the Committee defers any decision of approving the current plans about a Walk-In Service at Gilbert Hitchcock House until it is presented with factually correct information.

Councillor Forth – Question

I'm here to ask a couple of questions on behalf of Councillor Jackson, the Portfolio Holder for Public Health, who unfortunately can't be with us tonight. As hopefully the Committee may have had a chance to see, Councillor Jackson has written to the Members this afternoon expressing in particular, her concern about the work that is currently being done to create a more integrated structure for the CCGs in the Bedford, Luton and Milton Keynes STP area including a single Accountable Officer and a single Finance Officer as we understand. Councillor Jackson expresses her concerns that this will lead to greater distance between elected representatives on this Committee and the organisations which this Committee is partially responsible for scrutinising. Councillor Jackson suggests that the Committee could give some serious consideration to requesting an urgent update on proposals to approve a draft single system operating plan across the Bedford, Luton and Milton Keynes STP area which would make it harder to hold NHS partners to account in the future. Papers for the next meeting on that were published on the 11th of April with very little fanfare and do not deliver sufficient detail to allay potential concerns, distancing Commissioners from the people they serve and elected representatives. Urgent clarity is required on who will be accountable to whom under any new structure and who will report to the Scrutiny Committees, including this Scrutiny Committee. How a Chief Officer operating under the whole footprint, Accountable Officer, with little local knowledge would achieve financial balance without losing local services and who is going to make viable large scale commissioning decisions. Councillor Jackson requests that you consider an update from the STP on that area.

74. MINUTES

RESOLVED:

That the Minutes of the meeting held on 6 March 2018 be confirmed.

75. DISCLOSURE OF LOCAL AND/OR DISCLOSABLE PECUNIARY INTERESTS

There were no disclosures of local and/or disclosable pecuniary interests.

76. PUTNOE WALK-IN CENTRE

The Chair welcomed Dr Ratan Das, Bedford GP and Urgent Care Lead, Bedfordshire Clinical Commissioning Group (BCCG), Sarah Thompson, Accountable Officer, BCCG, Sally Adams, Director of Out of Hospital and Primary Care Services, BCCG, Charlie Wood, Director of Commissioning for Planned and Unplanned Services and Michelle Summers, Head of Communications Engagement, BCCG to the meeting. The Accountable Officer explained that the purpose of the report was three fold: i) to describe the process that the CCG had undertaken to date to provide continuity of care in establishing new, nationally mandated urgent and emergency care services in Bedford; ii) to describe in detail the provision of services available to residents and to set out the new medium term solution to provide like for like Walk-In services at a location north of the river; and iii) to seek support from the Members of this Committee to proceed without formal consultation for the walk-in component, while engaging extensively with the local community from April – June, to test the location of the proposed service with residents.

With a focus on the walk-in centre's services BCCG had carefully listened to residents' concerns in recent weeks, and at the public BCCG Board Meeting held on 5 April 2018, the governing body agreed to support the continuation of a walk-in service at Gilbert Hitchcock House to be provided by Bedford Hospital for a medium term period, whilst the Urgent Treatment Centre and the extended access services started to have an impact. The definition of medium term for BCCG was to operate from 1 October 2018 to 31 March 2019 to complete the current financial year, then from 1 April 2019 to 1 September 2019. It was believed that public consultation would then be required as all the elements of the new Urgent Care model would be in place – therefore it was considered to be appropriate to formally ask the public of their views.

The Accountable Officer confirmed that she had personally met with her Putnoe clinical colleagues on two previous occasions, once in March 2018 to ask them to undertake a six month contract, and then again in April to thank them for undertaking the

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contract which had commenced on 1 April 2018. The Accountable Officer believed that they had accepted the contract in some respects under pressure from the BCCG, and acknowledged their request that they wanted written into the contract that they did not expect BCCG to ask them to continue with the service. At a meeting last week with Putnoe clinical colleagues, the Accountable Officer had advised them that the Governing Body had made a new decision based on public response whereby Putnoe colleagues had indicated that they would wish to consider expressing an interest - a period of two weeks to consider the proposal was mutually agreed. Further to Minute 73 above and with particular reference to Dr Mehta's letter, the Accountable Officer believed that Putnoe Medical Centre was interested in responding to the new proposal. It was noted that should Putnoe Medical Centre be minded to submit a formal expression of interest to BCCG, then there would potentially be two providers (i.e. Bedford Hospital and Putnoe Medical Centre) wishing to continue with the walk-in services as described in the report.

The Accountable Officer emphasised that if this Committee was minded to request BCCG to publicly consult on this proposal, such wishes would be respected and be undertaken however, under the terms of public consultation, BCCG would be required to cease any conversations with both Bedford Hospital and potentially Putnoe Medical Centre as it must not prejudge any outcomes. It was also believed that the report set out a sensible and responsive way forward for the residents in terms of a walk-in medical service.

In response to Members questions and comments, the Bedford GP and Urgent Care Lead, BCCG, Accountable Officer, BCCG, Director of Out of Hospital and Primary Care Services, BCCG, Director of Commissioning for Planned and Unplanned Services and Head of Communications Engagement, BCCG provided the following responses:

- When a report was presented to BCCG's Governing Body on 5 April 2018, a place holding figure of £1million was submitted and was based upon knowledge and experience of the largest figure however it was hoped that this amount was not required as other additional savings would need to be identified. Best value conversations would also need to be held with the two potential providers of the service;
- BCCG had attempted to act honourably based on the national steer, guidance and expectations placed upon them by NHS England to whom they had to account to. It was believed that the evidence, as provided at the Governing Body Meeting held on 5 April 2018, had been persuaded by the arguments of the public and that the Governing Body was content to offer an alternative and continuation of a walk-in service;
- BCCG had taken the view that the walk-in component of the Urgent Care model could be offered to the public in two ways: primarily through the urgent treatment centre and extended access. However the debate which had materialised provided the view for an absolute like-for-like service which had now been responded to;

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- Money would be used for either a contract with services at Bedford Gilbert Hitchcock House or alternatively potentially at Puntoe Medical Centre;
- Car parking concerns were the responsibility of the individual. BCCG understood that from a meeting held with Putnoe clinical colleagues that they did not have an option at the Putnoe Walk-in Centre, therefore it had considered where else it could respond north of the river knowing that a location was not available in the Putnoe area. BCCG was seeking to positively respond to the ask from its public and which was presented to its Governing Body. Two possible service providers had now been identified whereby no contractual discussions had been entered into - BCCG looked forward to receiving Putnoe Medical Centre's formal response in due course;
- Previously, BCCG had acted in good faith and truly believed that Putnoe Medical Centre was not an option from 1 October 2018 onwards. This position had now changed, therefore BCCG's approach had changed and were happy to engage should Putnoe Medical Centre wish to submit a formal expression of interest to provide walk-in services moving forward;
- Car parking fees were acknowledged as potentially being high, however as the proposals included a change in services the public may need to be required to pay for parking in terms of a viable site option;
- As the proposal was for a limited period and not the continuation of a longer term relationship and the need to provide a responsive solution from 1 October 2018, BCCG was not bound by procurement rules to tender on car parking services. This would also have introduced a further delay to the overall process;
- The offer for patients appeared to be more confusing, however the ultimate aim was to provide a full service, 24/7 access for patients which would seek to include routine access, urgent access and emergency care. The ultimate aim as mandated by NHS England was that BCCG provide an urgent treatment centre that contained an element of the walk-in centre service. The long term vision was that patients could access advice, 1-2-1 consultations and multiple opportunities to gain clinical advice and support;
- GP Extended Access would be an arrangement with the three practices which was separate from other arrangements should the proposed walk-in services be provided at Gilbert Hitchcock House;
- In terms of securing the required number of GP's to be able to provide extended hours, this was a working progress. By 1 October 2018 there would be 3 or 4 hubs which were being proposed, one of which may be at the North Wing site;

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- There was a plan for three practices to come together at the Gilbert Hitchcock House site which may also be the site of the walk-in centre, however this was yet to be confirmed going forward;
- Work was continuing with GPs as independent contractors and BCCG could not tell practices what they could/could not do, but continued to work collaboratively with them. Conversations were ongoing, however practices clearly needed to come to their own decisions about their futures;
- Bedford Hospital Trust was responsible for the premises and allocation of accommodation at Gilbert Hitchcock House;
- It was acknowledged that BCCG was currently in special measures and that their Governing Body had agreed that the importance of this issue meant that an additional £1million would be added to the savings plan for the current financial year;
- In terms of a 12 month timescale being a sufficient time to assess the effectiveness of the walk-in provision, BCCG had considered this matter internally. The Urgent Treatment Centre and Extended Access services would commence as from 1 October 2018 , therefore it was felt that a public consultation from June 2019 would provide a reasonable amount of time to draw on experiences in primary care and of the public - a good consultation period was minded to be 2-3 months;
- The implementation date for the Urgent Treatment Centre was set by NHS England. BCCG was working closely with Bedford Hospital Trust who fully understood the timescales required and were comfortable with such dates moving forward. In terms of the walk-in centre, the Chief Executive of Bedford Hospital had been kept informed of dates and expressions of interest, including Putnoe Medical Centre. BCCG's role was to oversee and performance manage services moving forward;
- A tender procurement would not be undertaken as the contract would operate from 1 October 2018 to 1 September 2019 which was considered to be a relatively short period of time and required continuity. If two providers expressed an interest to provide such services, then discussions would need to be held with BCCG to evaluate where they thought that the best value was for the public;
- BCCG sought to review and reflect any of their decisions. If all knowledge and facts were available at the beginning of such proposals it was inevitable that a different set of decisions may have been taken. The Accountable Officer had sought to honourably convey her experience of meeting partners and navigating a complex path;

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- The walk-in centre was operating today on a contractual basis with clinical colleagues at Putnoe Medical Centre providing services 7 days a week until 30 September 2018. After this date, the Governing Body had an opportunity to work with Bedford Hospital to continue the terms and operating arrangements for that service on the Gilbert Hitchcock site until 1 September 2019; and
- The national policy of having a mandated Urgent Treatment Centre required BCCG to implement and evidence that the walk-in component was sufficient for the public it served. The Accountable Officer was obliged to evidence to NHS England that through the national mandated model, that BCCG could move away from the walk-in model as it current stood, and were seeking to do so in a phased way with a combination of walk-in access to the Urgent Treatment Centre, and extended access across general practices in Bedford and Bedfordshire.

Members also made the following comments:

- It was not believed that this proposal could be isolated from previous wider issues and that such matters should also be taken into account;
- It was felt that there was an original failure to consult with the public and this Committee – there had also clearly been a lack of consultation and communication;
- The views of the public were missing from the proposal and they had made their feelings clear through petitions and campaigning – however there had been no formal consultation with them; and
- Members unanimously concurred that the proposals represented a substantial change to service, including patients' access to parking, paying for parking, costs of moving and providing such services using public funds to do so, the costs associated to the continuation of the walk-in centre services and a change of location for both the users of Putnoe Walk-In Centre and the patients of Putnoe Medical Centre.

The Service Manager (Health and Policy Support) introduced her briefing note which had been written and circulated prior to the proposed changes regarding the offer of Gilbert Hitchcock House, and the potential offer from Putnoe Medical Centre expressing an interest to continue providing walk-in medical service being known, and requested the Committee to consider whether the proposed changes to the Putnoe Walk-in Centre were a 'substantial variation' to local health services. She also reiterated the previous comments made by the Accountable Officer should the Committee be minded to request a public consultation regarding

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the proposals and emphasised that BCCG would be unable to proceed with any discussions with either Bedford Hospital or Putnoe Medical Centre at this time. It was acknowledged that current timescales were tight and that BCCG had also committed to a full public consultation once all of the proposed systems had been put into place.

Members considered the options of the briefing note and unanimously voted in agreement that the proposed changes to the Putnoe Walk-in Centre services were considered to be “substantial” as defined in the Health Scrutiny Regulations 2013. The Committee therefore recommended that BCCG undertook a full public engagement and consultation in relation to the changes proposed at the Putnoe Walk-in Centre.

The Accountable Officer acknowledged and respected the Committee’s decision, and re-iterated that no further conversations would be held with either Bedford Hospital or Putnoe Medical Centre until after a full public engagement and consultation process had been completed.

RESOLVED:

- i) That the report and briefing note, be noted.
- ii) That the Committee determined that the changes proposed to the Putnoe Walk-in Centre are a substantial variation to local health services.
- iii) That the Bedfordshire Clinical Commissioning Group be recommended to undertake a full public engagement and consultation in relation to the changes proposed at the Putnoe Walk-In Centre.
- iv) That the Bedford GP and Urgent Care Lead, BCCG, Accountable Officer, BCCG, Director of Out of Hospital and Primary Care Services, BCCG, Director of Commissioning for Planned and Unplanned Services and Head of Communications Engagement, BCCG be thanked for their attendance.

77. CHILDREN'S AND YOUNG PEOPLE'S MENTAL HEALTH

The Chair welcomed Karlene Allen, Head of Children and Maternity Services, Bedfordshire Clinical Commissioning Group (BCCG), Jo Meehan, CAMHS General Manager for Bedfordshire, East London NHS Foundation Trust (ELFT), Dr Graeme Lamb, Clinical Director – Children’s Services, ELFT and Dr Cathy Lavelle, Associate Clinical Director, Bedfordshire Child and Adolescent Mental

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Health Services (CAMHS) who provided an overview of the services available for the delivery of local Children and Adolescent Mental Health Services (CAMHS).

The Head of Children and Maternity Services, BCCG advised that in 2015 new guidance was published entitled “*Future in Minds*” which highlighted the need for prioritising mental health - particularly children and adolescent mental health. BCCG was currently in its third year of a five year programme to deliver on the ambitions of the visions set by “*Future in Minds*”, working as a multi-agency system to look at all levels of emotional and mental well-being. A local joint transformation plan for Luton and Bedfordshire, partner agencies and the guidance had been developed to identify key priorities, which included the following:

- Parity of esteem and making sure that physical and mental health were equally managed;
- Upskilling early intervention work and early intervention and prevention services;
- To develop and embed a clear criteria regarding the provision of a seven days a week crisis service;
- Develop a specialist eating disorder service in order to reduce the number of patients being admitted to Tier 4 in-patient unit beds; and
- Access and waiting times: 35% of the children’s population would suffer from mental health conditions therefore new access and waiting times targets, which the BCCG were mandated to meet and monitored by NHS England, were in place to ensure that such targets were achieved. BCCG were required to meet a 35% target by 2020 – this year’s ambition was 32% and good progress had been made to date.

In addition to the reports, BCCG had also undertaken a re-procurement of mental health services, whereby ELFT colleagues had assisted with this work by embedding children and adolescent mental health services, strengthening leaderships within services and changing teams to ensure that they were meeting the needs of the local population group. BCCG was also working closely with Bedford Borough Council social care early years and health colleagues to ensure that pathways would be strengthened across schools work and specialist services.

The Clinical Director – Children’s Services, ELFT provided further clarification regarding the tiered levels of services. He advised that Tier 2 had recently been retendered in Bedfordshire and was now provided by CHUMS, who worked closely with Tier 3 services which were more specialist services provided by ELFT. He confirmed that a single point of entry was being operated to ensure that all referrals came into the same place and were allocated to the most appropriate team accordingly.

The Senior Early Help Professional, Bedford Borough Council advised that early help officers attended weekly single point of entry meetings with ELFT colleagues to ensure that families were supported with other needs (i.e. social friendship, parenting or

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wellbeing issues), it had embedded child and adolescent mental health services and strengthened ties by training staff in IAPT (Increased Access to Psychological Therapies). The CAMHS General Manager for Bedfordshire, ELFT added that they offered clinical supervision services which also seemed to be working well.

The Chief Officer for Children's Services, Bedford Borough Council advised that the Council significantly benefitted from the services provided by the Early Help team and their close working relationship with CAMHS. The Council, as a corporate parent to the Borough's Looked After Children had a CAMHS co-located worker who visited on a weekly basis to provide consultation, advice, guidance and case discussions to Social Workers when Looked After Children were involved. It was felt that the Council provided a well-integrated service which met the needs of most of the children which it cared for.

In response to Members' questions and comments, the Head of Children and Maternity Services, BCCG, CAMHS General Manager for Bedfordshire, ELFT, Clinical Director – Children's Services, ELFT and Associate Clinical Director, Bedfordshire CAMHS, Director of Children's Services, Chief Officer for Children's Services and Senior Early Help Professional provided the following responses:

- In terms of the estimated data, there had been a misunderstanding around how the data was being collated. When the guidance first came out, it was not clear which data was being counted, therefore such data was revisited and refreshed. BCCG were aware that the numbers were higher than of those which were originally estimated;
- Educational Psychology services were removed from local authorities' directly funded remit therefore schools effectively had to fund Educational Psychologists themselves. Bedford Borough Council had built up a traded model for Educational Psychologists as schools were reporting that they were unable to find such services in the open market – it was noted that this offer was only introduced last term and was still being embedded. Schools which had bought into the model were now able to access Educational Psychologists if required;
- Last year 3,000 young people had been engaged with through mental health assemblies at school. The next stage was to consider how it could improve wider consultation and access for psycho-education for the young people themselves, for example, managing exam stress, exam anxiety etc. When the programme was launched a meeting with every secondary school was held and attended by school nurses, head teachers, pastoral leads, early help professionals and the CAMHS school programme lead. Staff training for the whole school was also being explored so that the young people could turn to people who they felt they could trust, and not necessarily only those who had been trained. A key piece of work anticipated

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to be launched in approximately one month's time was for a whole school approach toolkit to improve schools' training and ensuring referral pathways were clear;

- ELFT offered training for peer support, drop-in sessions and had assisted with the engaging assemblies. It also held young people and stakeholder forums which were well attended;
- There were currently 11 Bedfordshire young people at in-patient adolescent units. Bedfordshire did not currently have any in-patient adolescent unit facilities. An in-patient tender was currently being considered whereby a service of up to nine beds was currently being considered, and as to whether or how it was to be bid for. At present, young people either went to a unit within the NHS England area for the East of England or to the ELFT in-patient unit which was the Coben Unit in East London and was of an excellent standard;
- A significant amount of work was being undertaken for crisis support for young people with a crisis team being available at the weekend - specific therapeutic programmes were also being considered to reduce and prevent the number of young people going into hospitals. Admission to hospital was considered to be a last resort for some young people when all other options had been exhausted;
- The term "*infant mental health*" related to the IAPT course which referred to 0-5 year olds - therefore practitioners would be trained in toddlers (1-3 year olds), infants (3-5 year olds) and PIP (0-5 year olds). Mind the Bump and Mind the Baby groups for parents with mental health difficulties had also been created;
- With regard to Tier 2, a range of interventions were available, including 1-2-1 intervention work which would help to address some of the gaps. Part of the Tier 2 tender recognised there was possibly a gap in terms of accessing services – as part of the tender, some CHUMS services would be based in Primary Schools or Primary School Hubs which sought to build upon the current CHUMS offer which focused schools and primary schools on consultation and training;
- It was recognised that some areas were a working progress in Early Help, ELFT and BCCG whereby they had been identified as continued priorities for the next three years. It was felt that a continued focus on adolescent services was correct and that early intervention to support children in primary schools was also important and would feature greatly in the revised Early Help Strategy;

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- Bedfordshire CAMHS staff sickness levels were low. Some consideration had been given to redesigning the CAMHS model in order to strengthen the clinical leadership offered across the local area. Identified staff sickness would be raised at a meeting with the clinical team to ensure that all cases were being safely managed, transferred or worked through the system. Unplanned sickness would follow the same procedure. A system of flagging issues was also in place and would be identified at weekly meetings;
- Children's transition into adult mental health services was a national Commissioning for Quality and Innovation (CQUIN) quality improvement target for all services, therefore ELFT was held to account for how young people were transitioning to adult services - ELFT was being monitored during 2018 and 2019 to see how successful it had been. The process included identifying whether a young person needed to be transferred to adult mental health services. Wherever possible, ELFT would seek to finish a care episode so that the young person did not need to be transferred to a different set of clinicians. It was not common for many people to be transitioned from children to adults' Mental Health (MH) services, however when they did there was a clear protocol in place which involved talking to young people, getting their agreement to proceed into adult care, informing them of the services they would be transitioned to, arranging a transition meeting with representatives from Adults MH Services and to undertake pre and post transition questionnaires with young people to see whether ELFT was getting the process right. It was acknowledged that this area was not one which had worked as well as it should have done in the past, however ELFT was confident that matters were being addressed with additional systems now in place;
- Some mental health conditions required ongoing care into adulthood, however most young people who attended CAMHS presented with an episode during which it provided an intervention and they no longer required treatment and were discharged from CAMHS;
- During a model of episodes in care, it was discussed with the young person about what they may want to happen when they were approaching their 18th birthday - some would be transferred to adult MH services in they required intensive CHMT levels of involvement from acute adult MH services. Some young people may require ongoing counselling or therapeutic inputs, some of which may be provided through access in schools or engaged with Bedford Wellbeing Services – there was no pressure to close all cases by the time the young person reached their 18th birthday. Transition was undertaken very much in negotiation with the young person and their families to consider what they felt may/may not still be required;
- Learning difficulties or learning disabilities were different – it was about whether an individual was not able to learn and develop accordingly and was usually picked up in the educational checks. Such children were often more susceptible and

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vulnerable to mental health problems. However having a learning disability was not a reason to have a mental health intervention;

- A dedicated Looked After Children's team was in place. When a referral was received and raised at a Single Point of Entry meeting, lots of information would be available and discussed with colleagues to see whether any mental health support was required. Bedford Borough Council's Looked After Children team, with CAMHS tried to take care of such young people in order to meet their needs with as little intervention as possible;
- 48 of the 72 Bedford Borough schools had brought into the Educational Psychologist offer provided by Bedford Borough Council to date; and
- Only one quarter of children nationally with some sort of mental health problem had accessed mental health services. There was a drive by government to increase that proportion from 25% to 35%. Therefore there was an increased expectation on services to ensure that such young people received interventions when required. It was also important to get other young peoples' needs met at school or in other settings because the direction moving forward was not to rely on one specialist mental health service, but to share out the knowledge and expertise regarding child mental health as far as possible in order to treat things as early as possible wherever they were occurring before they developed into more severe problems.

Members also made the following comments:

- The reports were comprehensive and informative; and
- It was worrying for young people that there were no in-patient facilities locally, as parents/siblings/carers etc would want to visit their child - it was also important to have similar services for adults.

The Chair of the Children's Services Overview and Scrutiny Committee, on behalf of her Committee wished to record her thanks to the members of Adults' Services and Health Overview and Scrutiny Committee for hosting this particular important item. She also commented that it was encouraging to hear about young peoples' improved access to mental health services, and that she was comforted from the responses and data she had heard from Mental Health colleagues.

In response to a comment, the Service Manager (Health and Policy Support) advised that as this was the last meeting of the Committee for this Municipal Year, the Overview and Scrutiny Committees would be discussing their future work programmes for

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2018/19 at the Overview and Scrutiny Workshop scheduled to take place on 10 May 2018. It was therefore suggested that Members may wish to consider more focused areas of mental health and to raise/discuss such items at the workshop. She also reminded Members that the Adult Services and Health Overview and Scrutiny Committee was the Council's health scrutiny body and that any health services for local residents, regardless of age group fell within this Committee's terms of reference.

RESOLVED:

- i) That the reports and briefing note be noted.
- ii) That a further report on Primary Age Group Mental Health Services be considered at the Overview and Scrutiny Committee Workshop.
- iii) That the Head of Children and Maternity Services, BCCG, CAMHS General Manager for Bedfordshire, ELFT, Clinical Director – Children's Services, ELFT, Associate Clinical Director, Bedfordshire CAMHS, Director of Children's Services, Chief Officer for Children's Services, Senior Early Help Professional and Manager for Early Help and Intervention be thanked for their attendance.
- iv) That the members of the Children's Services Overview and Scrutiny Committee be thanked for their contributions and attendance at the meeting.

78. EXECUTIVE

(a) Call-ins

The Committee noted that there were no "*call-ins*" to consider.

(b) Extract from Records of Decisions of the Executive – 7 March 2018

RESOLVED:

That it be noted that no decisions of the Executive falling within the remit of the Committee had been made since the Committee's last meeting.

79. POST DECISION SCRUTINY - INDIVIDUAL EXECUTIVE DECISIONS

RESOLVED:

That it be noted that no individual Executive Decisions falling within the remit of the Committee had been made since the Committee's last meeting.

80. NOTICE OF FORTHCOMING DECISIONS TO BE TAKEN BY THE EXECUTIVE

The Committee received a summary of items included in the Notice of Forthcoming Decisions for the period May to August 2018 which came within its purview. It was noted that the item listed in the report, which fell within the remit of the Committee was already included on the Work Programme.

RESOLVED:

That the briefing note and extract of the latest Notice of Forthcoming Decisions to be taken by the Executive, be noted.

81. COMMITTEE WORK PROGRAMME 2017/2018

The Committee considered a briefing note relating to their Work Programme for 2017/2018 and agreed that the following items be scheduled for their next meeting to be held on 22 May 2018 as follows:

- Quality Accounts
- Bedford Day Care Hospice;
- Urgent Treatment Centre; and
- Putnoe Walk-in Centre - consultation.

Members also suggested that the following items be considered as part of their Work Programme in 2018/2019:

- Bedford Hospital and Luton and Dunstable Hospital Merger;
- Mental Health In-patient Bed Review;
- BCCG Governance Arrangements; and

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- Ambulance Performance and Categories of Response.

The Chair wished to record his thanks to his fellow members of this Committee and supporting staff for all their hard work and efforts during the last twelve months

RESOLVED:

- i) That the Work Programme 2017/2018 be noted.
- ii) That, subject to the above, the Work Programme for 2018/2019, be updated.

The meeting closed at 8.20pm.