AGENDA FOR

HEALTH SCRUTINY COMMITTEE

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To: All Members of Health Scrutiny Committee

Councillors : J Grimshaw, S Haroon, M Hayes, T Holt (Chair), K Hussain, C Tegolo, S Walmsley, C Birchmore, R Brown, J Lewis and T Pilkington

Dear Member/Colleague

Health Scrutiny Committee

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

Date:	Thursday, 16 September 2021
Place:	Council Chamber, Town Hall
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTES OF THE LAST MEETING *(Pages 3 - 16)*

The minutes from the meeting held on 22nd July 2021 are attached for approval.

4 PUBLIC QUESTION TIME

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

5 MEMBERS QUESTION TIME

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee. This period may be varied at the discretion of the chair.

6 NORTHERN CARE ALLIANCE - TRANSACTION UPDATE *(Pages 17 - 32)*

Simon Neville, Northern Care Alliance to provide a verbal update. Presentation attached.

7 BURY'S APPROACH TO TACKLING OBESITY *(Pages 33 - 52)*

Jon Hobday, Public Health Consultant to provide a verbal update. Report and presentation attached.

8 GREATER MANCHESTER INTEGRATED CARE SYSTEM UPDATE *(Pages 53 - 62)*

Will Blandamer – Executive Director Strategic Commissioning Health and Care to provide a verbal update. Presentation attached.

9 URGENT BUSINESS

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

Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 22 July 2021

Present: Councillor T Holt (in the Chair)
Councillors J Grimshaw, M Hayes, K Hussain, S Walmsley, C Birchmore, R Brown, J Lewis and T Pilkington

Also in attendance: Councillor A Simpson, Cabinet Member for Health and Wellbeing

Public Attendance: There were 2 members of the public were present at the meeting.

Apologies for Absence: Councillor S Haroon and Councillor C Tegolo

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HSC.1 DECLARATIONS OF INTEREST

Councillor Pilkington declared a personal interest in any item relating to Manchester Foundation Trust as he was employed by them as a fundraiser for Royal Manchester Children's Hospital.

HSC.2 MINUTES OF THE PREVIOUS MEETING

It was agreed:

That the Minutes of the last meeting held on 13 April 2021 be approved as a correct record and signed by the Chair.

HSC.3 MATTERS ARISING

Councillor Walmsley referred to a question that had been asked of Dr Schryer in relation to prescription charges for women who required two courses of antibiotics to treat water infections. Councillor Walmsley asked whether an answer was available.

Will reported that an answer had been received and would be circulated to the Members of the Committee.

HSC.4 PUBLIC QUESTION TIME

Debbie Walker, a Bury resident and mother of a young adult with complex needs asked in relation to the all age disability service that was being proposed whether there was a working group for parents/carers of young people who were transitioning from Children's Social care into Adults Social Care that would take on board the views of a young person. Debbie explained that the transition that her family had experienced hadn't been good and had been difficult.

Adrian Crook, Director of Adult Social Services and Community Commissioning explained that he was aware that there was room for improvement and a recent consultation exercise had been undertaken to look into this issue. Adrian explained that the Council had been exploring co production and if the

consultation work highlighted that this was desirable then work would be undertaken to bring together options for improving services, one of which may be integrating the assessment and social work functions. It was explained that this would be done working alongside colleagues from Children with disabilities services, the CCG, adult social work and their CCG equivalents. Adrian stated that there would be working groups looking into what should be done better or differently.

Debbie also explained that she had attended a meeting recently where an officer, Jon Hobday had been listening into the meeting, Jon had picked up on some issues that she had raised and had taken those issues and had set up some reasonable adjustments to help. Debbie stated that this was just from a comment and sometimes all that was lacking was communication. She had asked that Jon be thanked for the help he had provided.

HSC.5 MEMBER QUESTION TIME

Councillor Pilkington referred to the Autism Strategy for England and asked whether this had been launched yet.

Adrian reported that the strategy had not yet been launched.

Councillor Lewis asked whether there had been any further discussion in relation to the decision taken around Spurr House.

It was reported that this issue was on the agenda for this evening's meeting.

HSC.6 COVID-19 UPDATE

Lesley Jones, Director of Public Health reported that case rates of covid within the borough were rising again after plateauing with the most recent figures being just under 600 per 100,000 which was high. The ranking against Greater Manchester and England was falling but this was because case rates in other areas were going up faster.

Evidence was showing that the current spile could be attributed back to the Euro 2020 football tournament and also due to restrictions being lifted in England.

Transmission was linked to a wide range of settings and distributed across the borough and mostly among young adults.

Lesley reported that hospital admissions were rising, and this was expected to continue. The system was already highly pressured with non covid related illnesses and backlog. It was likely that there would be better outcomes and shorter stays. There had been no Covid related deaths reported over the last week.

Lesley stated that it would be hard to predict what will happen next, but it was anticipated that there would be a peak in cases towards the end of July with hospital admissions up by mid August. The case rates would come down more slowly as previously as when there had been a surge in the past this had been

quickly followed by a lockdown. A further surge in cases was also expected in Autumn.

It was also reported that the potential for long covid should be recognised and the impact that this will have on the communities across the borough as well as other issues such as business continuity.

Lesley asked that everybody continue to be cautious and wear masks where possible and carry on with hand washing and social distancing and undertaking regular testing.

The vaccination uptake was at 80% amongst adults for first dose and 64% for second doses.

Uptake for the over 40's age group was good but not so good for younger age groups.

Work was being carried out to help people feel motivated to have the vaccination. Convenience was an issue that had been considered so evening sessions had been put in place as well as pop up sessions.

Those present were given the opportunity to ask questions and the following points were raised:

- Councillor Birchmore asked about deaths in care homes and the figures relating to Bury being higher that some larger boroughs in Greater Manchester and asked what the reason for this was.

Lesley Jones explained that Gorsey Clough Care Home had established a dedicated unit within the home that supported Covid patients following discharge from hospital and allowed them to see their families at the end of their life and prevent discharge into other care homes. This provision helped prevent onward transmission in other care homes and provide a comfortable end of life with their family around them.

Adrian Crook explained that this was a decision that was made very early on in the pandemic to commission care for Covid positive people that had been identified as being at the end of life. There were 34 deaths in the care home at beginning of pandemic and this was seen as a vital service.

Adrian reported that if those numbers were taken out then the deaths in care homes for the population size of Bury was average for Greater Manchester.

Bury has slightly more care home beds per population than other towns such as Salford.

- Councillor Holt referred to recent legislation stating that all care home staff had to be vaccinated against Covid and asked how this would work in Bury care homes.

Adrian explained that the law that Councillor Holt was referring to hadn't been passed yet therefore he hadn't received the details relating to this or any

guidance. It was anticipated that the legislation would come in at the end of autumn and care homes would be given a 16-week grace period in which to get their staff vaccinated. Adrian explained that the timescales had been considered and staff would need to begin receiving vaccinations in September to ensure compliance in time.

The Vaccine Task Force are currently holding individual meetings with the care home staff who are reluctant. Progress is being made. Bury are currently at 90% of care home staff have had first or first and second dose. This is the highest figure in Greater Manchester. Business continuity plane were being drawn up in relation to staff that refused to receive the vaccination.

It was agreed:

That the update be noted and Lesley Jones and Adrian Crook be thanked.

HSC.7 ADULT CARE ANNUAL COMPLAINTS REPORT FOR 2019 - 2020

Adrian Crook presented the Adult Care Annual Complaints Report which provided members of the Health Scrutiny Committee with details of information relating to Adult Social Care Services.

The report relates to the period 1st April 2019 – 31st March 2020, and provides comparisons between previous years, as well as detailing the nature, scope and scale of some of the complaints received.

It was explained that the council is required to operate a separate Statutory Complaints and Representations procedure, in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which was laid before Parliament on the 27th February 2009 and came into effect on 1st April 2009.

The complaints mentioned in this report typically relate to issues where customers, their families or carers feel that the service they have received have not met their expectations. In these cases, the Council will always have endeavoured to resolve any concerns or dissatisfaction before a formal complaint has been received. Complaints, therefore, usually arise when the customer does not agree with the Council's interpretation of events or, in some cases, where policy delivers an outcome which they do not agree with.

Within the regulations which govern the complaints process, the Council adopts a flexible approach which prioritises local resolution. However, where complainants remain dissatisfied, they have the option to take their case to the Local Government & Social Care Ombudsman.

The Complaint Procedure is not intended for dealing with allegation of serious misconduct by staff. These are covered by and dealt with through the Council's separate disciplinary procedures.

Adrian had sent a summary in a presentation form to all Committee Members. It was explained that timescales had been moved by Government and therefore the report related to 2019/2020 before the pandemic.

Adrian asked that thanks to Louise Carroll be recorded for her hard work and dedication in supporting the complaints procedure.

The total number of complaints received in 2019/2020 has slightly reduced from the previous two years - 67 in 2017/18 and 74 in 2018/2019. Therefore, although the way services are being delivered has changed significantly and service pressures have increased for the department, the figure for 2019/2020 indicates that customers have complained less about the services they have received.

Common themes were highlighted including struggles with communication and the quality of care/services.

212 compliments had been received mostly relating to Choices for Living Well, Intermediate Care Reablement/Killelea
Those present were given the opportunity to ask questions and make comments and the following points were raised: -

- Councillor Brown referred to paragraph 8.1 of the report and the increase in the figures relating to Choices for Living Well, Intermediate Care Reablement/Killelea.

It was explained that this figure referred to the number of compliments received. Complaints relating to this service had been recorded as 7 this year and 6 the previous year. The service works wit on average over 300 customers per month.

- Councillor Lewis asked whether access to services remained the same throughout the pandemic?

Adrian Crook explained that the period of the report ended in March 2020 which was before the pandemic. The complaints report relating to the time period following the start of the pandemic was currently being worked on. Adrian reported that there was a spike at the start of the pandemic relating to the quality of care, particularly anxiousness caused by the need for PPE and whether care staff had the correct equipment.

- Councillor Hayes referred to the fact that one complaint to the Local Government Ombudsman had been upheld and asked what this was in relation to.

Adrian Crook explained that there had been confusion in regard to explaining the charges to somebody and then they hadn't done very good job of apologising afterwards.

- Councillor Pilkington referred to the fact that following changes in service provision no complaints had been received, Councillor Pilkington asked how this cross referenced with how many changes there had been at the same period of time.

Adrian explained that this report related to Adult Social Care and things such as care packages where there could be the possibility of a change of provider at short notice or a required move to a different provider. For the time scale that this report related to there had been no provider failures, so no complaints had been received.

- Councillor Birchmore stated that the number of complaints received had reduced but the number of those complaints upheld had increased and asked whether there was a reason for this.

Adrian explained that the culture in complaints processing had changed following feedback and the service was more minded now to apologise.

- Councillor Birchmore explained that she was currently going through the complaints procedure with Salford Council and it had been a long and drawn out process which was now going through the Local Government Ombudsman and communication throughout had been terrible. Councillor Birchmore asked what Bury had in place to ensure that complainants were kept updated on progress and that information was provided in a timely fashion.

Adrian explained that there was a dedicated Complaints Officer, who as soon as a complaint was received would allocate a manager to investigate. All responses would then be tracked to ensure a timely response. Adrian reported that he held weekly meetings with the Complaints Officer where he reviews the responses.

- Councillor Hussain asked whether the change in culture and apologising more would open up the service to litigation.

Adrian reported that there had be no change in relation to litigation.

- Councillor Holt referred to compliments received in relation to the Rapid Response Team and the number of compliments decreasing by almost a third. He also referred to the Older People Staying Well Team and the compliments decreasing by more than half compared to the previous year. Councillor Holt asked if there was any information as to why?

Adrian explained that the Rapid Response Team was a very busy service so maybe didn't remember to ask for feedback. The Team's workload had increased from 50 customers to 250 customers per month.

Adrian explained that the Staying Well service was excellent, and he never received negative comments in relation to the service.

It was agreed:

1. That the contents of the report be noted.

2. That Adrian be thanked for the report

3. That the hard work of Louise Carrol be recognised.

HSC.8 PROPOSED SAVING OPTIONS FOR ADULT SOCIAL CARE: OUTCOMES OF THE PUBLIC CONSULTATION

Adrian Crook presented a report setting out the outcomes of the public consultation in relation to the proposed saving options for Adult Social Care.

It was explained that as a result of the reductions in public spending and the impact of the recent pandemic, Bury Council must reduce its spending significantly over the coming years. The council's overall aim is to keep providing the current level of service but find less expensive and better ways of doing this.

Over the next three years Adult Social Care (ASC) propose to make savings of just over £12 million out of the current ASC budget of £52 million. This will be achieved in a number of ways: looking at what and how ASC buy care and support for those who need it, transforming services and working towards a multi-generational disability service.

As a large part of the Adults Social Care budget (£12,393,409 per annum) is spent on Persona Care and Support Limited (Persona), this contract has had to be reviewed and reduced to help achieve the savings. The current savings target for Persona is £2.5m over two financial years 2021/22 and 2022/23, which equates to just over 20% of the Persona budget. Adults Social Care are working with Persona to address the consequences of the financial challenge

Given some of the proposals may have a direct impact on current and future Persona customers, a public consultation was undertaken. This report outlines the details, findings, and recommendations from the public consultation.

The public consultation focussed on five elements.

- Reduce the number of unused places in the day care services, close Pinfold Lane Centre and relocate the dementia day service to a designated area at Grundy.

- Reduce the number of unused places in the short stay residential care service, close Spurr House leaving Elmhurst open for short stay residential care.

- Develop a multigenerational disability service therefore providing one assessment and care management service for all customers whatever their age, concentrating on the needs and strengths of the individual, not their disability and offering seamless transition to adulthood.

- Questions about participants use of Adult Social Care transport to inform future policy development.

- An opportunity for people to suggest any alternative saving suggestions they may have.

A six-week public consultation was undertaken starting Monday the 24th May 2021 concluding on Friday 2nd July 2021. Several methods were used to try to

maximise the opportunity to capture views of people who use Persona services, their families and carers, our partners, along with the public and future users.

It was reported that the report had been presented to Cabinet on 21 July and the following proposals had been approved:

Proposal 1 – day care
• As proposed reduce the number of unused places in the day care service. Close Pinfold Lane Centre and relocate the dementia day service to a designated area at Grundy.

Proposal 2 – short stay/ respite
• As proposed reduce the number of unused places in the short stay service, closing Spurr House leaving Elmhurst open for short stay care.

Proposal 3 – all age disability services
• As proposed further explore a multigenerational disability assessment and care management service and if co-production indicates bring forward an options paper

Those present were given the opportunity to ask questions and make comments and the following points were raised:

- Councillor Simpson, Cabinet Member, Health and Wellbeing explained that this was not something that the Council wanted to do but there were no other options as the Government would not provide the funding for Adult Social Care to enable that the services are provided in their current form.

- Councillor Lewis referred to that fact that the aging population was only going to rise and asked what would happen in 5 to 10 years with regards to care provision. Councillor Lewis mentioned that the number dementia diagnoses were increasing and that social isolation was more common and also increasing.

Councillor Simpson explained that the Council had a duty of care to provide care services but more people were looking to receive that care in their own homes. Grants have recently been distributed to every ward in Bury to help deal with social isolation and different ways of working were being considered particularly within community groups.

Adrian Crook explained that 20 years ago as people got older they might choose to move into a care home where they would stay for the last 10 years of their lives. The demand to live in care homes has continued to reduce year on year and was not now the popular choice as a care option in older age. People were now choosing to stay in their own homes with support and may only require the use of a care home facility at the very end of their life. This type of care would be very specialist nursing and more complex and this type of provision is not something that could be given at Spurr House

- Councillor Lewis asked if the data relating to this could be sent to him.

- Councillor Birchmore explained that she had telephoned Spurr House to find out about the services they provided.

Councillor Birchmore explained that she had first-hand experience of care services as her mother had been diagnosed with dementia. Councillor Birchmore explained that her mother had been stick in hospital as there was nowhere for her to be moved to and had she been a Bury resident she could have been moved into Spurr House and not had to spend Christmas in hospital.

Councillor Birchmore also asked whether it was possible that people did not know about Spurr House?

Adrian explained that all respite care unless self-funding is accessed and arranged through the social worker teams who are all aware of Spurr House. Adrian explained that the emergency admissions had been changed in Bury over the last 18 months and all emergency placements went to intermediate care facilities where there were doctors, nurses, physiotherapists, and occupational therapists. This was the best practice model and had further reduced the demand for Spurr House as this was a standard residential care home.

- Councillor Brown referred to paragraph 2.4 of the report relating to Grundy Day Care Centre and Spurr House and reducing the number of unused places in the day care services and reducing the number of unused places in the short stay residential care service. Councillor Brown asked for assurance that what would be left would cover the needs of the residents in this borough.

Adrian reported that the capacity that Adult Care would continue to buy from Persona which was 27 beds would be able to consume all of the respite activity that was previously provided by Elmhurst and Spurr House.

- Councillor Birchmore referred to the statement that Councillor Simpson had made in relation to 77% of the respondents that had voted against the recommendation had actually been multiple votes from the same people. Councillor Birchmore asked how this could be identified. Councillor Birchmore also stated that multiple respondents could live together at the same address.

Councillor Simpson explained that this could be identified by the users IP addresses. The IP addresses were anonymous, but it could be shown that small number of devices answered the survey multiple times and more that twice.

- Councillor Hayes asked whether the other GM boroughs were experiencing similar reductions in the use of these type of facilities and were they also making closures?

Adrian explained that Adult Care Services had a duty to make sure that the provision of care was sustainable. There were currently a large number of standard residential care vacancies across the whole of Greater Manchester which was resulting in home closures as a response to under occupancy.

Other boroughs don't provide in house respite services in the same way that Bury do as Bury purchase from our own provider rather that from private providers.

- Councillor Brown referred to short stay residential care homes and asked whether residents crossed borough boundaries to move into them?

Adrian explained that this would be a personal choice. If a resident from Bolton wanted to stay in a home in Bury they could do, but most of the time the placements were made by social workers so they were more likely to look in their local borough.

- Councillor Lewis referred to the consultation process and the statement that the consultation process was carried out in a way that would maximise the responses received but there were only 117 responses which seems very low. Councillor Lewis asked how the consultation was carried out as he hadn't heard about it. He also asked whether packs were posted out to residents?

It was explained that 701 consultation documents were posted by hand to Persona customers, engagement was carried out with Healthwatch, Age UK Bury and all health providers, all Bury Councillors were sent an email setting out the consultation, the information was available in the Bury Times on the Council website and social media. Focus groups were held and Zoom conferences.

- Councillor Lewis explained that he was concerned by the low level of responses that were received.

Councillor Simpson explained that despite all of the work done to promote the consultation she was not surprised by the low number of responses as it was generally unusual to get high responses to consultations relating to social care.

- Councillor Birchmore stated that the email to Councillors was sent before the bank holiday so this could have meant that it was missed.

- Councillor Holt referred to Bury People First and asked what this was.

It was explained that Bury People First is an organisation that was commissioned to carry out the consultation sessions with people with a learning disability and they provide an excellent service and captured some really good feedback.

- Councillor Pilkington stated that it was regrettable that a decision like this had to be made but given that the numbers of people accessing the facilities were decreasing it was something that had to be done, Councillor Pilkington stated that it was vital that there was a joined-up approach and that there was a quality offer from the voluntary sector across the authority.

It was agreed:

1. That the contents of the report be noted.

2. That all those present be thanked for their input.

3. That regular updates be brought back to the Scrutiny Committee.

HSC.9 MENTAL HEALTH UPDATE

Kez Hayat introduced himself and explained that he was the Mental Health Programme Lead at Bury CCG/OCO and lead on Mental Health provision in Bury. Kez explained that the last time he had attended the Health Scrutiny Committee was just before the pandemic had hit. At that time the Thriving in Bury Strategy had been drafted and was about to be implemented, this didn't happen at that time as priorities changed significantly in relation to the effect that the pandemic was having on mental health both locally and nationally. Guidance from NHS England in relation to the pandemic was integrated into the services offered and provided. Support and guidance was sought from a number of different partners including the voluntary and faith sectors.

It was reported that all mental health services including clinical and voluntary and faith services continued to operate during the pandemic and despite the pressures on the staff no services shut during this period which was a testament to the staff supporting them.

The digital services and support that was available was well received and worked well.

As lockdown restrictions had begun to be lifted, services were starting to see an increase with mental health related issues, but it was felt that the mental health service provision in Bury was in a good position to be able to cope. Work was being carried out in partnerships across Greater Manchester to provide support.

Work was ongoing to develop pathways and it was reported that the next six months will be challenging, and additional resources may be required to support services and to provide more help.

Kez reported that he would be more than happy to attend a future meeting to provide an update,

Those present were given the opportunity to ask questions and make comments and the following points were raised:

- Councillor Pilkington referred to inequalities in services provided by the voluntary sector that there may be across the borough between areas of affluence and deprived neighbourhoods and asked what was being done to ensure that services were accessible and equitable across the whole borough.

Kez explained that information was available in relation to neighbourhoods. He reported that services weren't commissioned at a place based level rather than neighbourhoods. Going forward the work that hade been carried out in relation to localities and neighbourhoods would allow for services to be commissioned closer to neighbourhoods. The Living Well Model will be the bridge between those that are doing well and thriving and those that need support. This will be provided by

specialist community teams and not just clinical but socioeconomic support as well.

- Carol Birchmore asked how a person was referred to then receive support.

Kez explained that there were a few referral processes, most would be through a GP into secondary care and community services. There were also direct referrals which would be low level support which could be accessed over the phone.

Adrian also explained that if someone Googled Bury Mental Health or Bury Healthy Minds all of the different routes to access support and services were there also self-referral.

Kez also stated that this information was available on the online Bury Directory.

- Councillor Lewis asked whether different age groups were looked at differently in relation to mental health service provision and whether they were targetted differently.

- Councillor Lewis also asked whether there was early prevention services available which could help with lifestyle issues such as better sleep advice or exercise referral.

Kez explained that there was a CYP lead that worked with 0 – 16/17 and then adults services which are 18 +. There were issues with transitioning from Children's services to adults and work was ongoing around working together to make it more streamlined. Data was collected and broken in relation to age groups and different services required so that priorities could be targetted.

Will Blandamer reported on the work that was being carried out by the integrated neighbourhood teams to better understand their communities and to recognise vulnerabilities and bring together services. This gives staff across different teams and providers the opportunity to know each other, connect and work together. This is in the 'Let's Do It Strategy' across the five footprints. This work allows for shared understanding and capacities.

- Councillor Lewis referred to the strategy and asked that the support would be tailored for each individual as one size does not fit all. Councillor Lewis also expressed his worry that there seemed to be a reliance on anti-depressants and asked if enough preventative work was being undertaken.

Kez referred to the Strategy and the initial approach which focused on coping and thriving which would look at alternatives to clinical support. The strategy looks to identify the determinants of poor mental health and what solutions were needed such as lifestyle changes and wellbeing support without clinical intervention.

- Councillor Hayes asked about Police involvement in mental health incidents and asked if the training that the Police received was aligned with the work that the CCG and Council were doing.

Kez stated that there was the Bury Police Partnership Group that he attended along with other partners and Mental Health Leads. There were a lot of pressures

on Police Services as well as other services, but it was about working together in partnership. Work would continue to ensure that support was there.

Adrian explained that there were Section 136 suites which were located across the borough, and these could be used as required.

It was agreed:

1. That Kez be thanked for his presentation.

2. That all of the officers be thanked for their input.

COUNCILLOR T HOLT
Chair

(Note: The meeting started at 6.00 pm and ended at 8.00 pm)

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Northern Care Alliance
NHS Group

Transaction Update

19th September 2021

Photo: Future Royal Oldham Hospital Site


Manchester Evening News
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JOBS MOTORS PROPERTY DIRECTORY FAMILY NOTICES BUYSELL DATING
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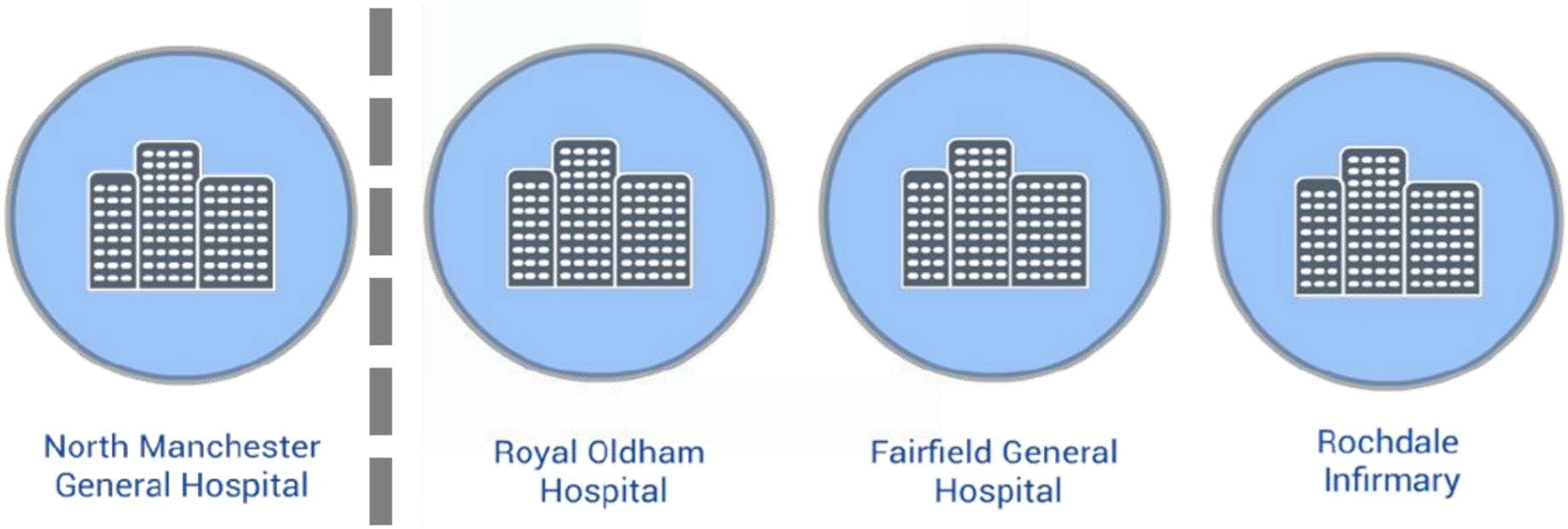
News UK News Babies
Premature baby left in sluice room to die alone as report reveals shameful neglect at hospitals
News Greater Manchester News NHS
Family slams hospital trust after coroner rules there were 'gross failings' in care of mental health patient
"The phrase 'lessons learned' is used too much - it has to start to mean something", says sister.
News Health North Manchester General Hospital
A system close to breaking point - what is really going on at North Manchester General Hospital?
A damning Care Quality Commission inspection and a high-level risk summit amid failings in A&E and maternity

Pennine Acute Formal Transactions: A new ownership model

- Two legally separate but intrinsically linked transactions.
- To support the future clinical, financial and workforce sustainability of acute hospital services in the NE sector and across GM.



Key Update on Progress with Pennine Transaction

- In February 2021 it was determined that the transactions should be implemented in two phases.
- Phase 1 of the Transaction was completed on 1st April 2021. This saw services being disaggregated as planned, and MFT acquiring NMGH by a commercial transfer.
- Phase 2 of the Transaction i.e. the legal aspects of the transfer of Oldham, Rochdale and Bury Care Organisations to SRFT is due to be completed on 1 October 2021. Simultaneously SRFT will be renamed the Northern Care Alliance NHS Foundation Trust and the Pennine Acute Trust will be dissolved.
- In the period from April 2021 to October 2021, SRFT has continued to manage Bury, Oldham and Rochdale services on behalf of Pennine Acute through a management agreement.

Why are we doing this?

- The Transactions are being delivered in order to:
  - Help support and complement local integrated healthcare plans
  - To better meet the population health needs of local communities
  - Strengthen community support
  - Deliver more care closer to home
  - Maximise the use of estates on the PAT footprint
  - Support acute hospital services
  - Strengthen the delivery of both acute and community based services

In achieving this we aim to see:

- Improved population health
- Improved patient experience
- Improved quality of care
- Improved finances
- Improved staff experience
- Improved education and training
- Improved operational performance

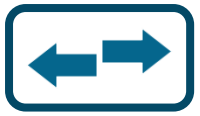
The reduced risk to transaction delivery

- As a result of the transaction being phased, there have been additional opportunities to reduce any remaining risks prior to transaction taking place.
- There remain no significant risks to transaction completion. There is one risk scored at 10 as follows:
  - Financial and operational performance falling across both SRFT and PAT may fall further before the transaction takes place; mitigation of continuing QI programmes and Oldham CQC improvement plan
- In terms of operational risks following transaction, there remains one risk rated at 10:
  - Capital funding for transformation; discussions are ongoing between NCA and NHSEI NW / other system stakeholders. We expect this risk to be closed as part of the agreement of the ICS capital control total for 2022/23.
- The current risk position is described in the table below.

	Open risk position: August 2020 (at BC submission)				Open risk position: end August 2021			
Type	12+	11-10	9-5	>5	12+	11-10	9-6	>5
Risk to Transaction	7	6	13	0	0	1	2	0
Operational	1	5	15	0	0	1	16	0

Case for change

- The transaction is just as important for Salford as it is for Oldham, Rochdale and Bury Care Organisations.
- Salford has been a high performing organisation for a number of years in both quality and finance. In 2015, looking forward, the board came to the conclusion that in order to continue operating as an outstanding organisation we would need to invest in digital innovations to drive further quality and productivity gains.
- The Group approach is what will allow us to continue our improvement journey, due to the following key areas:

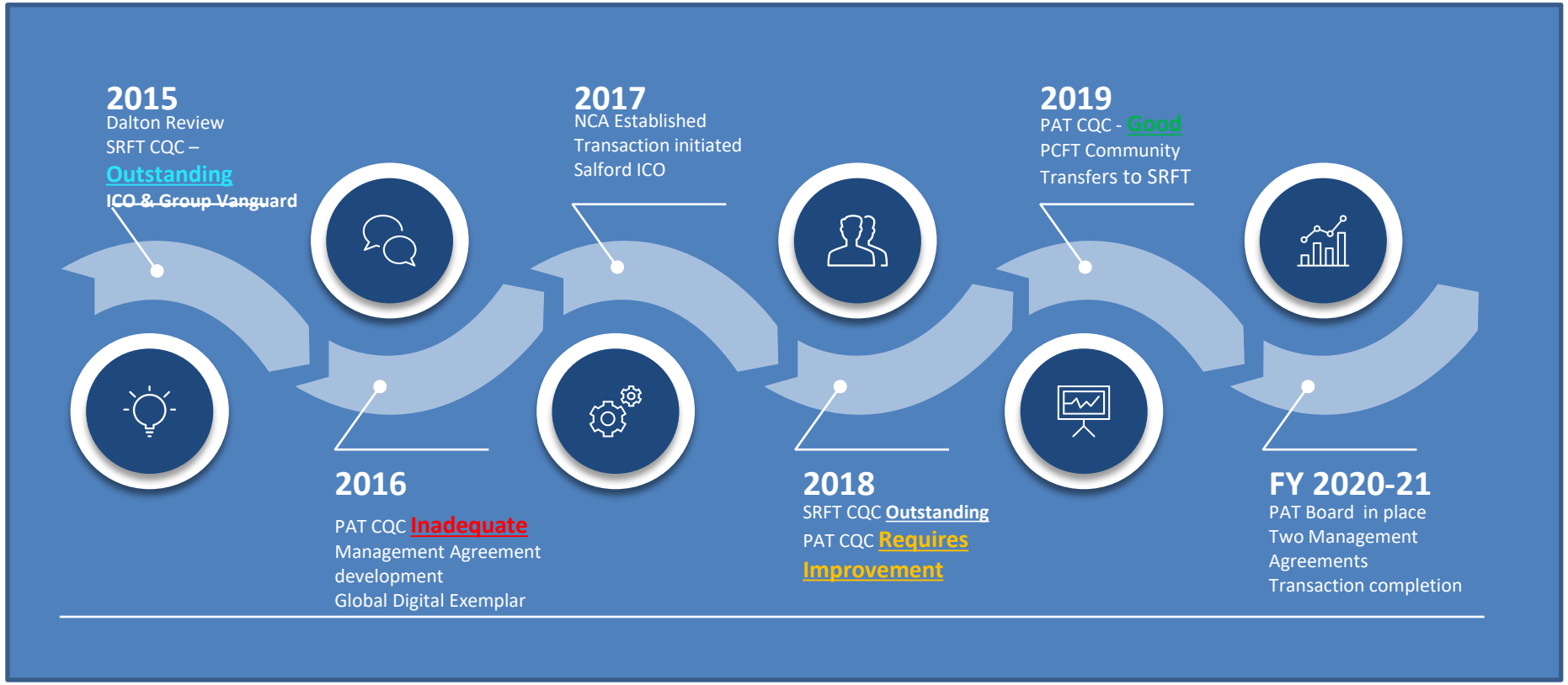


Horizontal integration – enables economies of scale in non patient facing areas (corporate services), and ability to deliver clinical services to a larger footprint meaning that we can offer more sub specialty services which in turn helps us recruit the best clinical staff.

Vertical integration – allows us to realise economies of scale for the system by adopting a more population focussed approach to health, meaning that overall cost of care should be lowered. This also drives an integrated locality and place based approach.

Digital & innovation – this is a key area for our future sustainability. By operating across a larger footprint we are able to invest more into digital and other innovations we can further drive both quality and productivity gains

The NCA's Journey So Far
There's been significant work to get us here



The Improvement has been dramatic

The CQC's assessment means that Pennine Acute's rating and standards of care have improved, year on year, from 'Inadequate' in 2016 to overall 'Good' in just three years. Of the PAT service areas inspected across the CQC domains, 90% are now Good or Outstanding. The CQC rated 15 services, 3 as outstanding, 11 as good and one as requires improvement.

Key

Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings

Ratings for acute services / acute trust

2016

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
The Royal Oldham Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Fairfield General Hospital	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Rochdale Infirmary	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall trust	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016

2019

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Requires Improvement Feb 2020	Good ↑ Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Good Feb 2020	Requires Improvement Feb 2020
The Royal Oldham Hospital	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Good Feb 2020	Requires Improvement Feb 2020
Fairfield General Hospital	Good ↑ Feb 2020	Good Feb 2020	Outstanding ↑ Feb 2020	Outstanding ↑ Feb 2020	Good Feb 2020	Outstanding ↑ Feb 2020
Rochdale Infirmary	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Overall trust	Requires Improvement Feb 2020	Good ↑ Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Good ↑↑ Feb 2020	Good ↑ Feb 2020

Actions to Conclude the Transaction

- Formal consideration by NHS Improvement on 14 September
- Signature of the Transfer and Dissolution Orders by the Secretary of State
- Transfer letters issued to staff

Beyond 1 October

- Transaction being implemented on an “as is” basis – no changes to services on Day 1.

- The transactions were undertaken because Pennine Acute was seen as unsustainable. Therefore, it has always been understood that post transaction the successor Trusts (MFT and NCA) will seek to reconfigure some services, drawing on the strength of their wider organisations.

- Existing service provision is currently being maintained through service level agreements between MFT and SRFT

- Plans to gradually exit from many of these service level agreements, which will require further disaggregation of former Pennine Acute services, are being developed by the end of September.

Post-Transaction Changes and Impacts on Patients

There will be limited changes post-transaction

- Immediately following transaction, **there will be no changes to any services**. Our key focus will be the delivery of a "safe landing" for all services and for patients in order to ensure a seamless transition to the new organisation.
- SLA exit timetables have been agreed between NCA and MFT. Exit plans have been agreed for the SLAs concluding in September 2021 following the NCA transaction completion, with plans for the rest in development. There may be some changes as services disaggregate, and relevant partners will be engaged as appropriate.
- The key visible change will be the organisational name change from SRFT / PAT to Northern Care Alliance NHS Foundation Trust. A new email address will be put in place for all staff as of transaction, ending @nca.nhs.uk rather than @srft.nhs.uk or @pat.nhs.uk. Existing email addresses will continue to operate for an extended period of time.
- Our new NCA website (www.northerncarealliance.nhs.uk) will be launched on 1 October and PAT and SRT old websites decommissioned. Public, patients and external stakeholders will be able to access all information as before in one place and updated content and guidance.
- The four Care Organisations (Bury, Oldham, Rochdale, Salford) will continue to have distinct identities, and with no changes to the leadership or clinical teams.

Disaggregation Plan beyond September 2021

Service Disaggregation and SLA Exit at 1 April 2022	Service Disaggregation at 1 October 2022	Service Disaggregation Beyond 12 months (timing dependent on external factors)	Service where Nature / Timescale / whether to Disaggregate needs Further Consideration
Exit Plan developed by Sept 2021	*Exit Plan developed by Sept 2021*	*Plan on a Page developed by Sept 2021*	*Statement of Intent developed by Sept 2021*
Diabetes / Endocrin	IT / Informatics	Vascular Surgery	Gastroenterology (Disagg March 23)
Cardiology (ex Cath Lab)	Pathology	Gynaecology	General Surgery
Palliative Medicine & Chaplaincy	Pharmacy (Some staff transfer at March 22)		Urology
Cancer Trackers etc	Therapies (Audiology)		Trauma and Ortho
Ophthalmology	Switchboard		ENT
Interp / Translation			Cardiology Cath Lab
Laundry & Linen			Clin Haematology
			Rheumatology

Organisational Capacity

- As part of routine assessment processes in preparation for a transaction, NHSEI asked the question “how does the Board ensure that it has the right bandwidth to deliver BAU and the busy strategic agenda the organisation has, including the transaction?”. This question has been posted particularly in the context of COVID and COVID recovery
- A paper was considered by Group Board on 26th July outlining how the Board assesses bandwidth against objectives & requirements, and what is being put in place to deliver these, so that it can assure NHSEI that appropriate oversight and risk assessment is undertaken to match bandwidth to objectives & requirements.
- This will ensure that there is enough capacity to deliver patient benefits through existing programmes of work alongside dedicated programme management capacity for disaggregation.
- Contingencies are able to be quickly set up in case of capacity gaps.

Scrutiny Arrangements

- It is not anticipated that there will be any changes to the overall scrutiny arrangements between NCA and local authority partners as a result of transaction completion. The NCA will continue to proactively engage with local authorities and scrutiny committees as valued partners.
- There will however inevitably be a reduction in focus on the transaction itself and increased attention on the disaggregation of services and their impact on patients / local residents.
- The Pennine-wide scrutiny arrangements are due to be discussed at the Joint Health Overview & Scrutiny Committee on 6th September.

Agenda Item 7

SCRUTINY REPORT

MEETING: **Health Scrutiny**

DATE: **16th September**

SUBJECT: **Bury's approach to tackling obesity**

REPORT FROM: **Jon Hobday – Consultant in Public Health**

CONTACT OFFICER: **Jon Hobday – Consultant in Public Health**

TRACKING:

JET	Cabinet Member	Executive Director	Partners
Scrutiny Committee	Committee	Council	

1.0 SUMMARY

1.1 Obesity is a major public health issue that has significant associated impacts and costs locally and nationally. Obesity does not impact society equally, with people in the most deprived groups much more likely to be obese and to be admitted to hospital for obesity related health problems. Evidence these inequalities have been growing in recent years and are further exacerbating wider health inequalities. In Bury around 63% of adults are overweight and obese and around 34% of year 6 children. While this is slightly lower than regional levels this is still a huge problem and no significant improvement in rates have been seen in recent years. Bury has developed a food and a physical activity strategy both of which aim to support Bury residents to achieve and maintain a healthy weight and reduce the risk of obesity. Significant steps have been taken locally to try and take a system approach to address this issue, and we continue to monitor our impact and tailor our approach for maximum impact locally.

2.0 MATTERS FOR CONSIDERATION

2.1 Key questions for consideration are

- Are we doing enough locally to address obesity?
- What more could we be doing?
- How do we reduce obesity inequalities?

3.0 BACKGROUND

3.1 The World Health Organisation defines overweight and obesity as 'Abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) of over 25 is considered as overweight, and over 30 is obese.' It's very important we take steps to tackle obesity because as well as causing physical changes, it can put individuals at an increased risk of a number of serious and in some cases potentially life-threatening conditions including type 2 diabetes, coronary heart disease, some types of cancer (including breast and bowel), stroke and musculo-skeletal issues. There is also evidence to show that obesity can also affect quality of life and lead to psychological problems, such as depression and low self-esteem.

3.2 Obesity is generally caused by consuming more calories, particularly those in fatty and sugary foods, than you burn off through physical activity. The excess energy is stored by the body as fat. At a population level the causes of obesity are complex and multifaceted: however it is now generally accepted by health and other professionals that the current prevalence of obesity is caused by energy imbalances primarily created by changing environments that include more sedentary lifestyles and increased dietary abundance.

3.3 The 2007 foresight report stated that "People in the UK today don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales."

3.4 Another key public health consideration is that obesity does not impact society equally. Analysis from the Kings Fund (2021) highlights a significant increase in obesity in the most deprived communities in England in recent years, leading to a widening gap between the richest and poorest parts of the country. The anaysis found people in the most deprived areas are also more than twice as likely to be admitted to hospital for obesity-related health problems. The obesity prevalence gap between women from the most and least deprived areas is currently 17 percentage points and for men it is 8 percentage points, up from 11 percentage points for women and 2 percentage points for men in 2014.

3.5 Childhood obesity has followed a similar pattern. For children in year six there was a 13-percentage-point gap in obesity rates between the most and least deprived children in 2019, up by 5 percentage points since 2006. In addition differences in obesity rates translate to worse health outcomes for people in more deprived areas and contribute to health inequalities. Rates of obesity-related hospital admissions in the most deprived areas of England are 2.4 times greater than in the least deprived areas.

4.0 BODY OF THE REPORT

What is the picture in Bury

4.1 The most recent figures from 2019/2020 suggest the percentage of adults who are overweight and obese in Bury is 63% (this equates to around 84,000 adults who are overweight or obese in Bury). This is an increase of 4% when compared to 2018/2019. Bury does have lower levels of overweight and obesity than the North

West region where the average is 66.5% with some areas within the North West are as high as 78%.

4.2 In regards to children the most recent data available from the national childhood measurement programme (NCMP) from 2018/2019 shows the percentage of overweight and obese children in reception and year 6 is 23.6% and 34.9% respectively. This is a small increase in both from 2017/2018 data. In general levels of overweight and obesity have remained relatively stable over the last 5 years with some small fluctuations.

What are we currently doing to prevent and address obesity

4.3 The evidence from both the foresight report and subsequent research has shown that to effectively address the issue of obesity, local and national responses need to be centred around two key drivers – abundant diets and sedentary lifestyles. Our local approach aims to focus on abundant diets through the food strategy and the sedentary lifestyles through the physical activity strategy.

Addressing obesity through the food strategy

4.4 In November 2020, following around 12 months of engagement with key partners Bury launched its first food strategy. This was formally approved and adopted by the Health and Wellbeing board. The Bury Food Strategy aims to dovetail with the national and regional approaches to the food system and tailor these to suit our local population, it has a focus on a collaborative working to improving our food environment.

4.5 The Bury Food Strategy Vision is:

'For Bury to be at the forefront of promoting and celebrating good food for all, through a knowledgeable, connected, supported and vibrant food culture.' The priorities of the Bury Food Strategy are that food in Bury is:

- Promoted and Celebrated
- Accessible to All
- Built on Education
- Vibrant and Resilient
- Resourced and Sustainable
- Connected and Collective

4.6 These priorities are based on the Sustainable Food Places Framework identifying 6 key areas across the whole food system. The full strategy can be found here (https://councildecisions.bury.gov.uk/documents/s25025/Bury%20Food%20Strategy.pdf)

4.7 One of the first key developments following the food strategy launch was the set up a Food Partnership in Bury. This was formed from a wide range of stakeholders to drive the food agenda forward and deliver on the Action Plan. This was an essential step to ensure a system wide approach to addressing the food agenda - some of the key actions being worked on include

- Working towards the food for life catering award in schools
- Working with planners around policies which support healthy environments
- Working with adult learning to promote healthy eating information and support in developing community cooking skills courses

- Working with families as part of the 'fit and fed' programme to educate around healthy eating and physical activity
- Working with Bury art museum creating bags for adults and younger people with creative activities around themes of food and health

Addressing obesity through the physical activity strategy

4.8 In September 2020 we launched the Bury Moving Strategy, which is a strategy outlining our vision for getting people in Bury moving more (https://councildecisions.bury.gov.uk/documents/s20020/Bury%20physical%20activity%20strategy%20FINAL%20VERSION%202%20for%20SCB%20PDF.pdf). The overarching aim of the strategy is to get 75% of the population active by 2025. The strategy outlines the four strategic objectives which will help us to achieve this, these include;-

1. Create and active society
2. Create active environments
3. Enable active people
4. Create active systems

4.9 The strategy outlines how we need to take a whole system approach. It also reinforces that to make meaningful changes in the amounts of physical activity people in Bury do we need to influence change at a number of levels including individual, social environments, organisations and instituitions, physical environments and policy.

4.10 Since the launch of the strategy a a range of work has been taking place including;-

- Adapting the live well service offer to provide online lessons and support
- Refreshing the Bury Directory to ensure key information on all types of physical activites available is up to date along with ensuring positive health messages around physical activity had been promoted
- Delivery of our Local Pilot to increase the physical activity levels of those out of work
- Creating a walking a cycling forum
- Obtaining funding and investing in a range of infrastructure changes to promote active travel with a focus on walking and cycling

4.11 These developments are in additional to all our business as usual work which currently goes on at a community level to get people active, including;-

- Health and social care professionals consistently promoting physical activity
- Physical activity promoting school and educational settings
- Extensive local sport and leisure offers
- Ongoing investment in transportation infrastructure which promote walking and cycling
- Excellent parks and green spaces
- Support for organisations to become physical activity promoting workplaces
- Strong local communications and marketing promoting the benefits of physical activity

What are we doing to support those who are overweight and obese

4.12 As the statistics support the majority of adults in Bury are already overweight or obese and for those individuals it is essential support is available to assist people to lose weight should they want to. Bury offers a range of provision to support those who are overweight or obese and have or at risk of health problems. This allows individuals to receive appropriate support to get them back to a healthy weight. Specific support in Bury includes

- Young person weight management offer
- Exercise on referral
- Tier 2 weight management support
- Health Trainer service
- National Diabetes Prevention Programme

4.13 It is worth noting that while the National Institute for Health and Care and Excellence (NICE) guidance broadly supports the use of weight management, programmes which include addressing diet, physical activity and behaviour change - the evidence is mixed. It is broadly acknowledged through the evidence that the long term effectiveness of these programmes is limited. In addition due to the nature of the courses and how resource intensive they are, only small numbers usually benefit from the programmes therefore these programmes will have a limited impact on obesity at a population level.

5.0 CONCLUSION

5.1 Obesity is a key public health issue that has a huge impact on mortality and morbidity both locally and nationally. In addition obesity disproportionately affects some groups more than others, and for those groups they are much likely to have obesity related ill health. To effectively address obesity locally and reduce inequalities we need to continue to take a system wide approach which creates local environments which make it easier for people to eat healthily and be more physically active. In addition we need to target our resources proportionately to ensure those groups most at risk of obesity and obesity related illness are supported most. By working towards our local food and physical activity strategy we are moving in the right direction to both prevent and address obesity.

List of Background Papers:-

Bury Food Strategy
Bury Moving Strategy
Foresight Report (2007)
Kings Fund Report (2021)

Contact Details:-

Jon Hobday – j.hobday@bury.gov.uk

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Bury's Approach to tackling obesity

Background

Obesity is a major PH issue

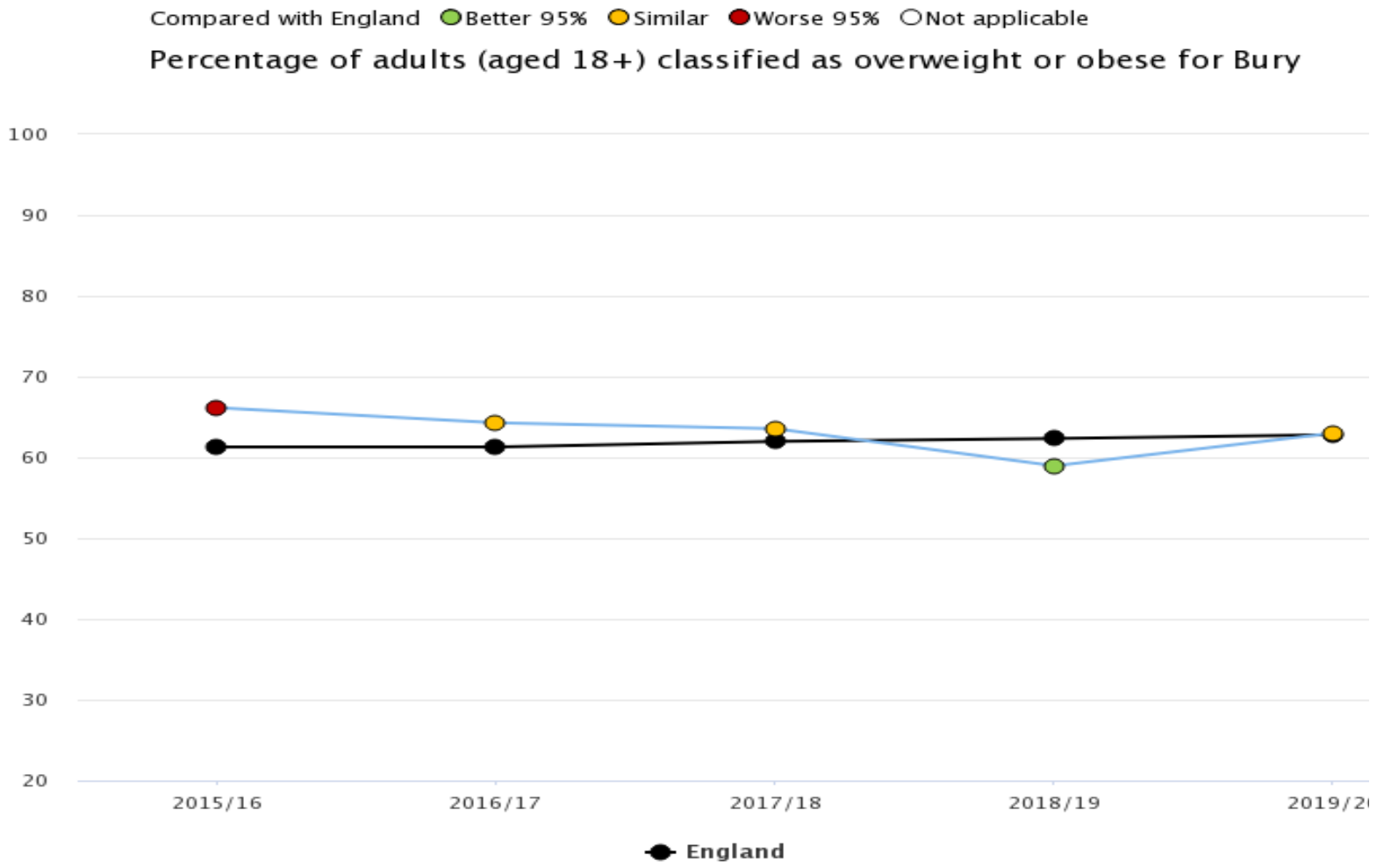
Society has had a huge impact

Does not impact people and groups equally

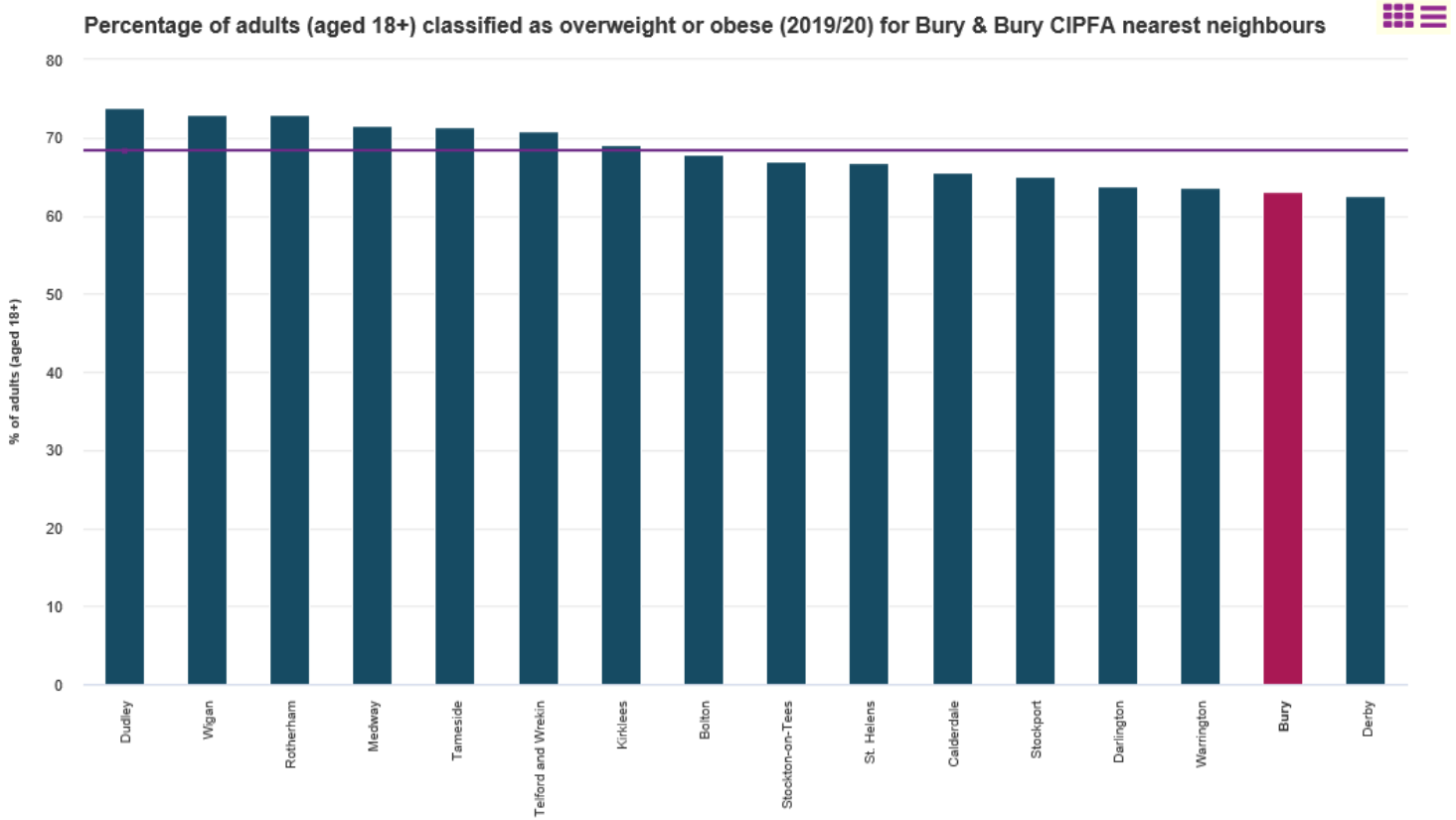
In Bury (the proportion overweight and obese)

- 63% adults
- 34.9% year 6 obese
- 23.6% Reception

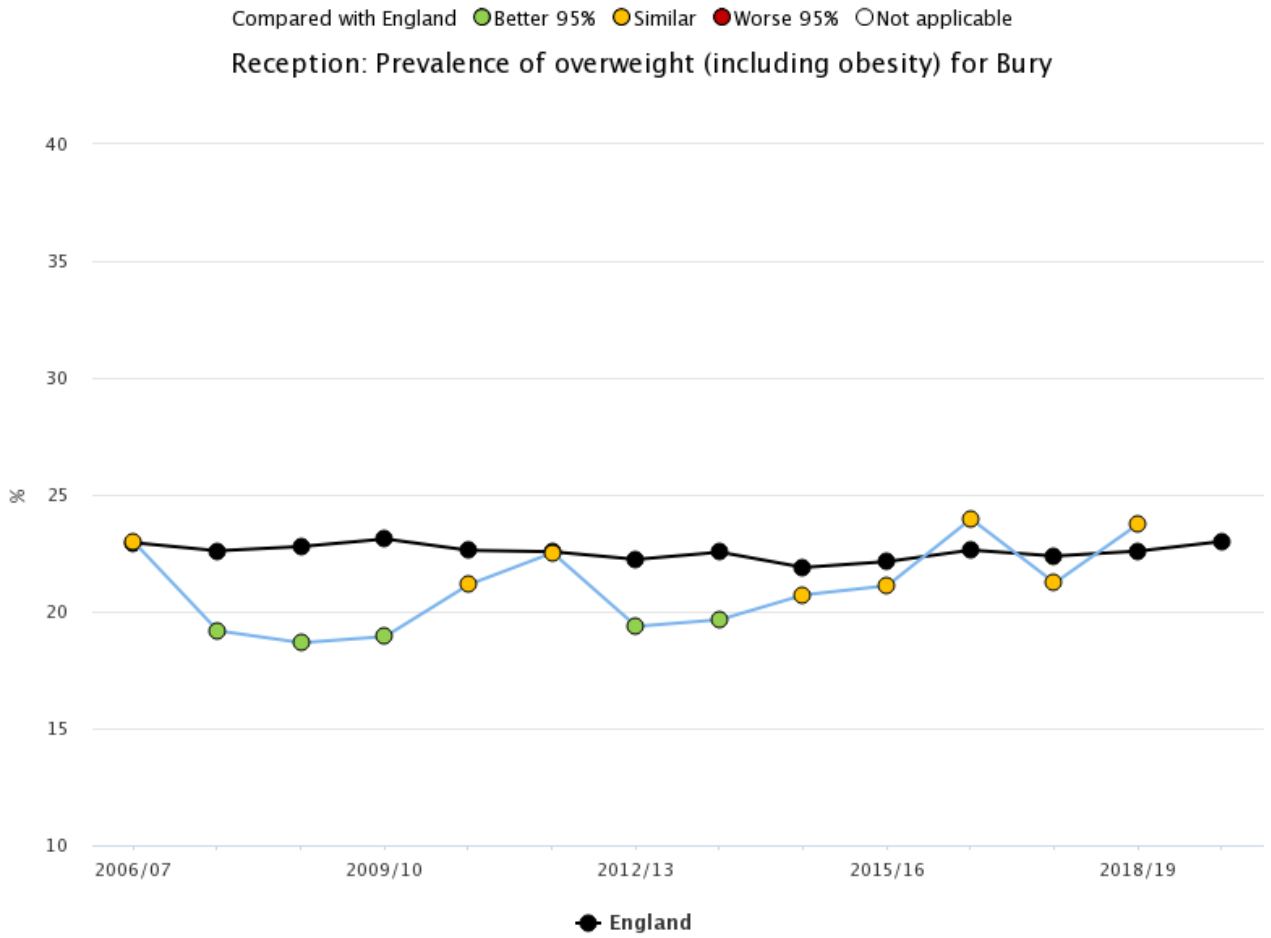
What are the trends adults?



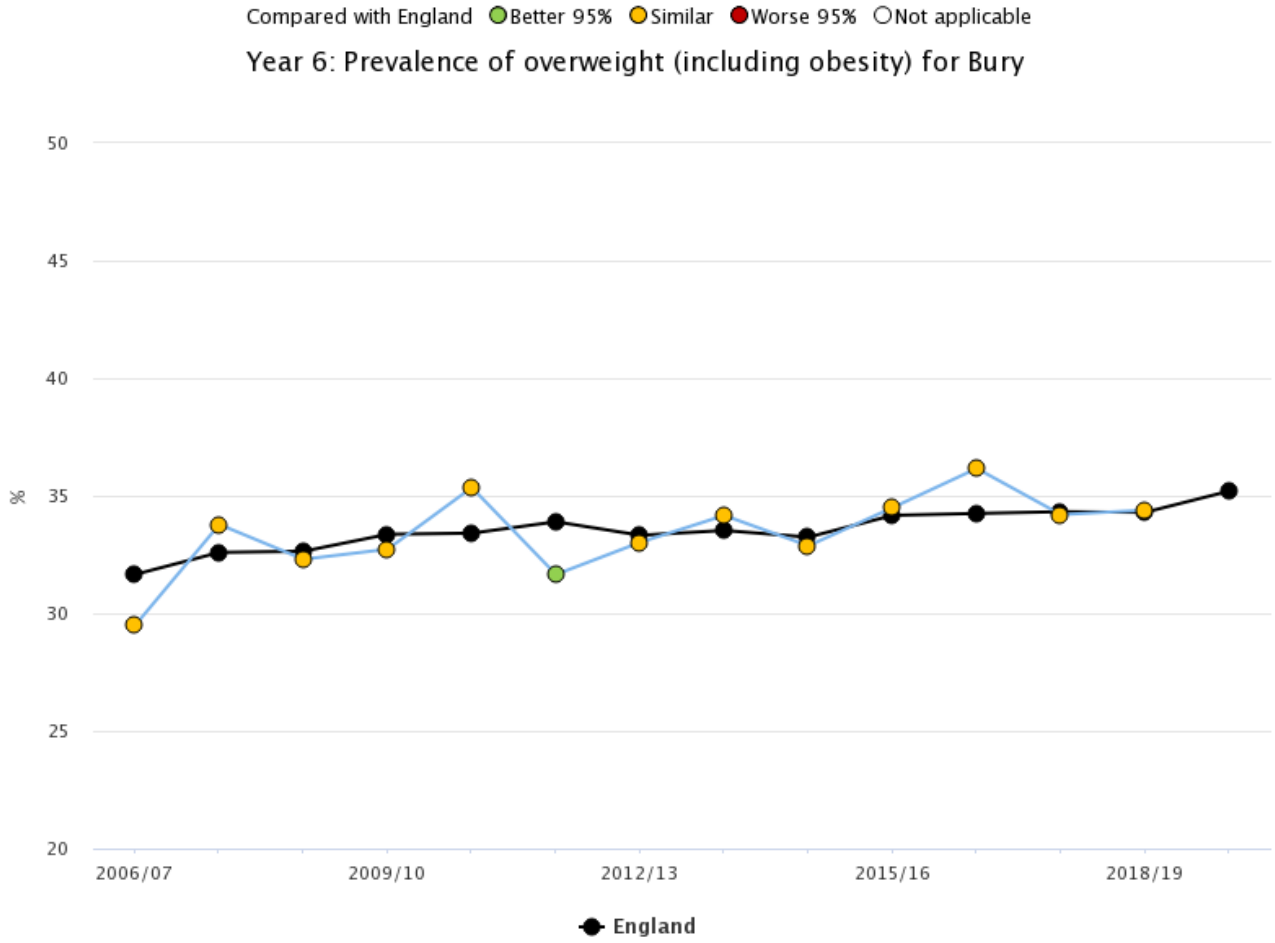
How do we compare?



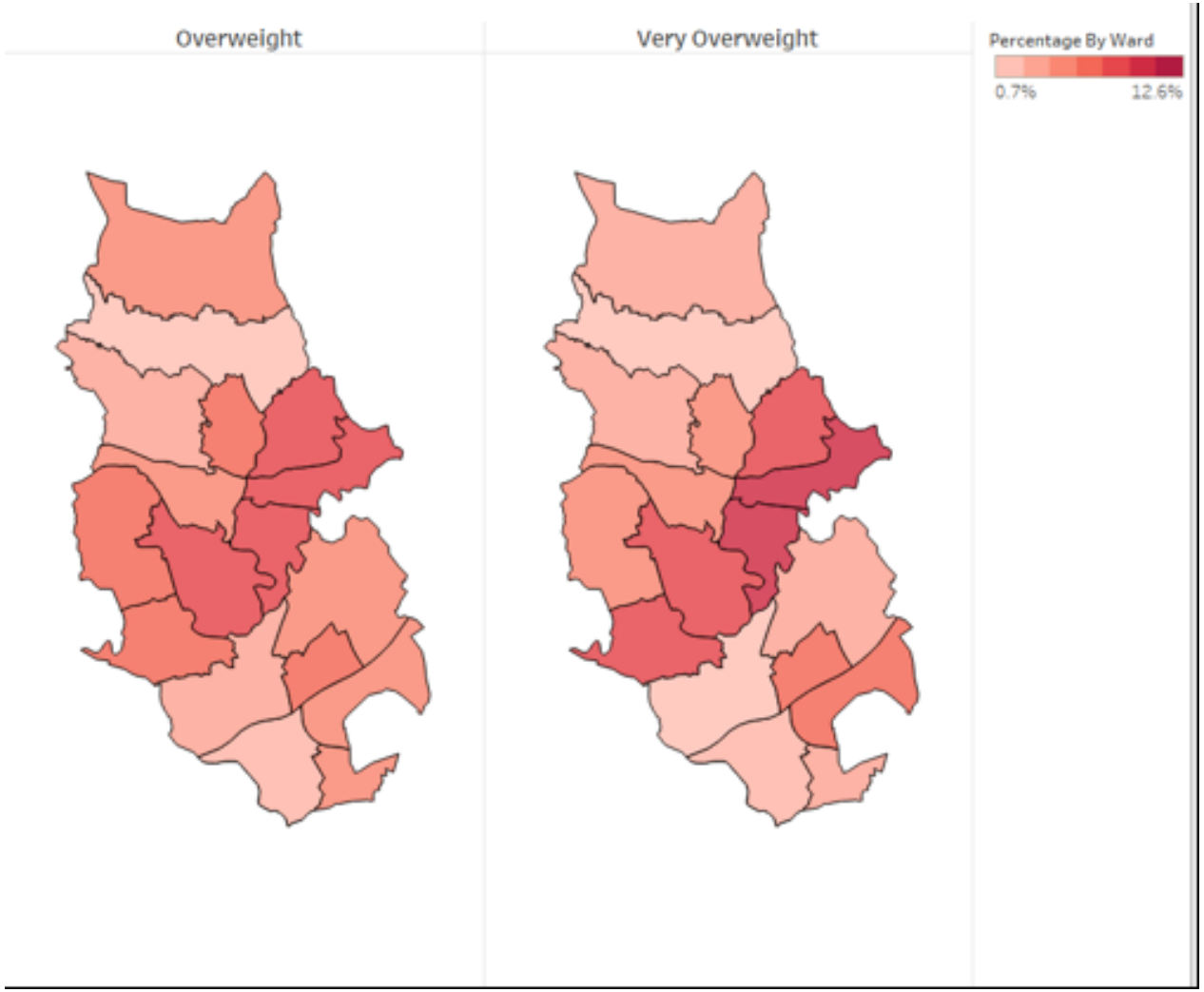
What are the trends in Reception children?



What are the trends in YR 6 children?



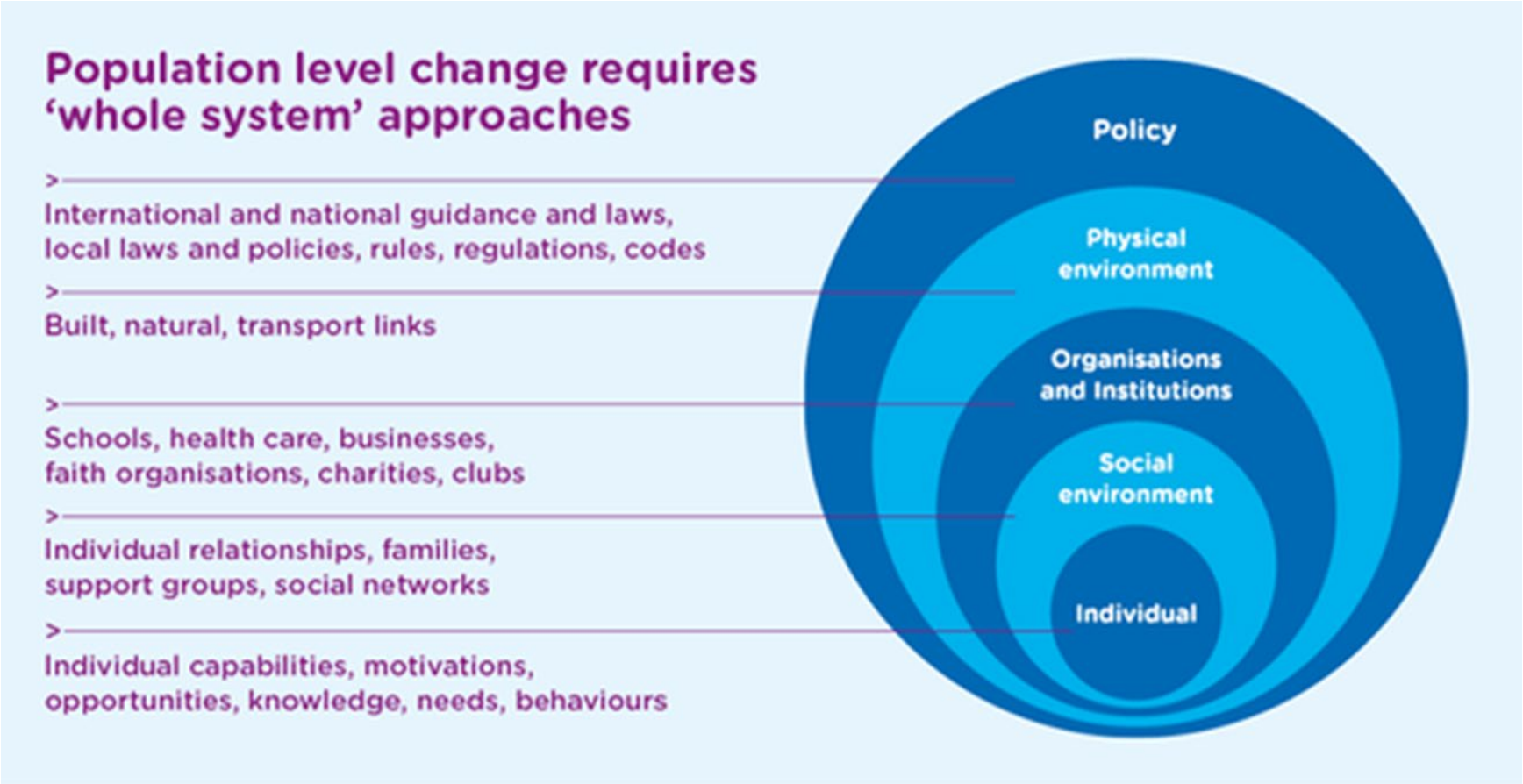
Where are the inequalities



Addressing the issue

- **Create conditions for people where the healthy choice is the easy choice**
- **Positive food environment**
- **Positive physical environment**

Whole System Approach



What are we doing to support those who are overweight and obese?

- Young person weight management offer
- Exercise on referral
- Tier 2 weight management support
- Health Trainer service
- National Diabetes Prevention Programme

Physical Activity and reducing inequalities

What we are doing

- *Community consultation (walking and cycling forum)*
- *LDP programme targeting people in areas of high level of deprivation, young people and those experiencing worklessness (identifying enablers, barriers and opportunities)*
- *Health Improvement Plans for neighbourhoods (community engagement and partnership work)*
- *Targeted support for those with disabilities (wheels for all)*
- *Focus on walking and cycling (accessible opportunities)*
- *Families Active*
- *Female only swims*
- *Bury Active Leisure Lifestyle Discount Card*
- *BEATs*

Food and reducing inequalities

What we are doing

- *Working towards the food for life catering award in schools*
- *Working with planners about healthy environments*
- *Working with adult learning to promote health eating and cooking skills to most deprived groups*
- *Fit and Fed holiday programmes*

Next Steps

- *Continue to create a whole systems approach to working collaboratively for the implementation of the physical activity and food strategy's*
- *Build on existing successes and continue to strengthen delivery and engagement*
- *Utilise new funding streams and refocus existing resources and provision following the pandemic to build on innovation and* ***reduce inequalities*** *particularly targeting those most affected by COVID and those with highest levels of inactivity and the poorest diets*

Questions

- *For further information on obesity please contact:*

- *Jon Hobday, Consultant in Public Health, j.Hobday@bury.gov.uk*

GM Integrated Care System

Update to Health Scrutiny Meeting September 16th

Will Blandamer – Executive Director Strategic Commissioning Health and Care

Bury Council and Bury CCG

1. Background

- NHS England Consultation Next Steps for Integrated Care Systems: Nov 2020
- Bury response agreed the GM Submission to the Consultation at the Strategic Commissioning Board - 4 January
- White Paper published and 11 February the creation of statutory Integrated Care Systems (ICSs) Significantly it proposed replacing CCGs with a GM ICS.
- Legislation presented to House of Commons 6/7/21, second reading 14/7/21.
- National HR guidance released 26/8/21
- Changes expected to commence from 1/4/22 – subject to legislation

2. White Paper and Legislation Objectives (examples)

- Every part of England to be covered by an **integrated care system** (ICS) - This means CCGs responsibilities will be taken over by an ICS as a statutory body
- **A Duty to Collaborate** for all NHS bodies
- **Focus on Triple Aim** - to support joint working through shared aims around population health, patient outcomes and value for taxpayers
- **Removing Barriers to integration** - through joint committees, collaborative commissioning approaches and joint appointments
- **Improve Data sharing** - to ensure more effective data use across the health and care system
- **Reduce competition in favour of collaboration**
- **Procurement** – create a bespoke health services provider selection regime
-
- **SoS Power of Direction** over NHS England (the newly merged body) and reconfiguration powers

3. GM has been working like this for some time

As part of Government's Health and Care Bill, we are working to create a statutory Integrated Care System (ICS) in Greater Manchester (GM).

This will include the creation of a statutory Integrated Care Partnership (ICP), which will be a joint committee, and an Integrated Care Board (ICB).

It will operate on three levels: neighbourhood, locality and Greater Manchester.

In Greater Manchester we have been essentially working as an ICS for the last five years – with strong working partnerships between health and social care and the voluntary sector.

Greater Manchester Health and Care has also worked for many years on balancing the importance of placed based working – in each of 10 places, building relationships between partners locally especially between local authorities and the NHS – and doing things once that need a conurbation wide perspective.

5. GM ICS Transition Work Programme

The GM Statutory ICS Transition programme, oversees the creation of the statutory ICS and has two phases:

(1)Design phase - to September 2021 and (2) **Implementation phase** – September 2021- April 2022

And 14 programmes..

Workstream	System lead
GM Operating Model	Sarah Price (GMHSCP
Establishing the GM ICS	Sarah Price (GMHSCP) and Eamonn Boylan (GMCA)
The locality approach	Geoff Little (Bury CCG)
CCG safe transition of functions	Su Long (Bolton CCG)
GM and locality spatial levels	Su Long (Bolton CCG)
Financial framework and funding flows	Steve Wilson (GMHSCP/GMCA and Ian Williamson (MHCC)
People and culture	Janet Wilkinson (GMHSCP) and Craig Harris (Wigan CCG)
GM Provider Collaboratives	Tracey Vell (GM Medical Executive/HInM) and Martyn Pritchard (Trafford CCG)
Place-based Provider Collaboratives	Karen James (T&G IC NHS FT), Geoff Little (Bury CCG) and Tracey Vell (GM Medical Executive/HInM)
Clinical and care professional leadership	Tom Tasker (GM Medical Executive/Salford CCG)
Population health	Joanne Roney (MCC) and Jane Pilkington (GMHSCP)
Developing the GM Strategic Plan	Warren Heppolette (GMHSCP)
Health innovation, data and digital	Ben Bridgewater (HInM)
Communications and engagement	Claire Norman (GMHSCP/GMCA) and Craig Harris (Wigan CCG)

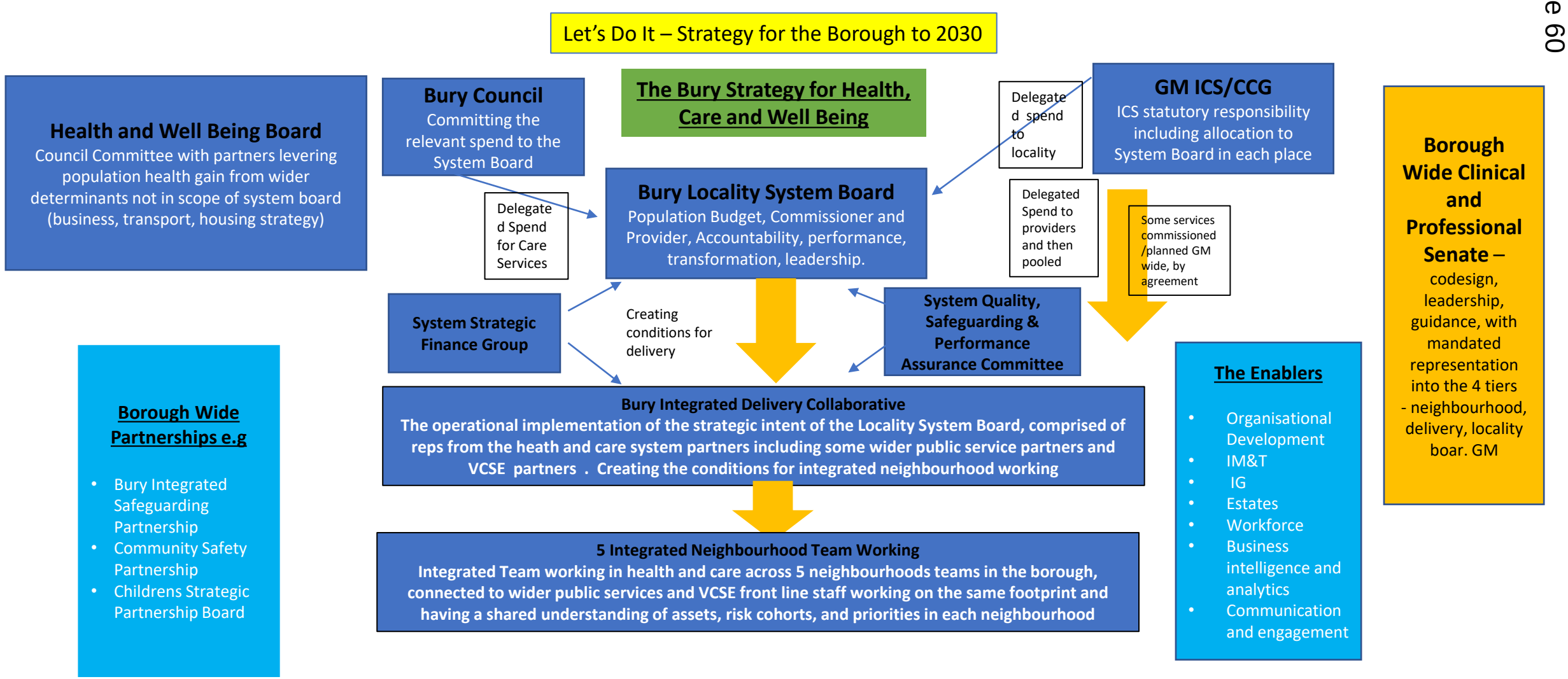
6. Key Elements of the Operating Model

- Spatial Levels – what is planned and delivered locally and what is planned and/or delivered GM wide
- Financial Flows – the balance of funding from the GM ICS into localities and directly to providers
- The operating of locality working, including the nature of pooled budget working in a place
- The accountability agreement between a GM ICS and place based working
- The employment and deployment of CCG staff
- Maintaining our local partnership working

6. Bury's objectives: Bury Locality Plan

1) We will seek to **influence the factors that improve population health** and well being and reduce health inequalities and foster inclusion
2) We will **support residents to be well, independent, and connected** to their communities and to be in control of the circumstances of their lives
3) We will support **residents to be in control of their health and well being**
4) We will **support people to take charge of their health and care and the way it is organised around them, and to live well at home**, as independently as possible
5) We will **support children to 'start well'** and to arrive at school ready to learn and achieve
6) We will ensure all residents **have access to integrated out of hospital services** that promote independence, prevention of poor health, and early intervention, focused on neighbourhood team working
7) We will secure **timely access to hospital services where required**
8) We will work to **reduce dependence of people on institutional care** – hospitals and care homes.
9) We will work to ensure **high quality responsive services** where people describe a good experience of their treatment

7. The Bury Health, Care, and Well Being Partnership System from 1/4/22



8. Key Messages

1. The legislation around NHS re-organisation is progressing through parliament and is likely to be passed, to be effective from 1/4/22
2. We expect all CCG staff will transfer employment to the Greater Manchester ICS from 1/4/22.
3. Greater Manchester guidance says “we expect minimal changes on 1st April itself”
4. We expect the bulk of staff (by which we mean the significant majority) will continue to be deployed locally.
5. There is some work GM wide that may result in a small number of Bury CCG staff being deployed at a GM level. We do not have clarity on this currently but will keep everyone informed.
6. We have a good plan in Bury to continue to transform our system for Bury residents - the locality plan
7. We are building our new partnership arrangements now to operate in shadow form during this transition and be ready from 1/4/22.
8. The new arrangements allow us to continue to blur the lines between organisations and between commissioning and provision – and to work more and more as one system.
9. Because of our integrated management arrangements, we expect to provide continuity of management leadership through the transition and past 1/4/22.
10. Because we are developing a clinical and professional senate, we expect to provide continuity of clinical leadership.
11. There is still a lot to work out – we are awaiting the legislation, the national HR framework, and the finalisation of the GM operating model. We will keep you informed.
12. A GM wide staff briefing is due this week (w/c 19/7/21) and will be widely circulated.
13. We know the uncertainty is challenging, particularly when everyone is working so hard. Look after yourself and we will provide as much information as we can.

GM ICS Transition Work Programme - Timeline

September

Recruitment to IC Board Chair and Chief Executive posts and confirm proposed governance arrangements for the new board.

October

Begin running the GM ICS (on all three levels) in shadow form, so it runs as we expect it to operate from April 2022.

December

All Integrated Care Board appointments made. This will form the leadership team for our new organisation.

December 2021 – March 2022

Work will continue at pace to prepare for the creation of the new Integrated Care Board and Integrated Care Partnership.

April 2022

It is planned that staff will move into the new organisation from 1 April 2022. From April those staff that transfer will have a new employer – but there'll still be work to be done to develop our GM and locality functions. We expect colleagues to experience minimal changes on 1st April itself.