

## AGENDA FOR HEALTH SCRUTINY

*Contact:* Chloe Ashworth  
*Direct Line:* 0161 253 5030  
*E-mail:* C.Ashworth@bury.gov.uk  
*Web Site:* www.bury.gov.uk

**To: All Members of Health Scrutiny**

**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

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

<b>Date:</b>	Tuesday, 16 November 2021
<b>Place:</b>	Council Chamber, Town Hall, Bury, BL9 0SW
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **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 5 - 16)*

The minutes from the meeting held on 16<sup>th</sup> September 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 MENTAL HEALTH UPDATE** *(Pages 17 - 24)*

Report from Adrian Crook, Director Adult Social Service and Community Commissioning attached.

### **7 SUBSTANCE MISUSE UPDATE** *(Pages 25 - 32)*

Report from Jon Hobday, Consultant in Public Health attached.

### **8 BURY ELECTIVE CARE UPDATE AND WAITING WELL INITIATIVE** *(Pages 33 - 38)*

Will Blandamer Executive Director of Strategic Commissioning will update at the meeting.

### **9 SPURR HOUSE CLOSURE UPDATE** *(Pages 39 - 42)*

Report from Adrian Crook, Director Adult Social Service and Community Commissioning attached.

### **10 COVID-19 UPDATE**

Will Blandamer Executive Director of Strategic Commissioning will update at the meeting.

## **11 URGENT BUSINESS**

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

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**Minutes of:** HEALTH SCRUTINY COMMITTEE

**Date of Meeting:** 16 September 2021

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

**Also in attendance:** Will Blandamer - Executive Director of Strategic Commissioning, Simon Neville – Northern Care Alliance, Jon Hobday – Public Health Consultant

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

**Apologies for Absence:** Councillor S Haroon, Councillor J Lewis and Councillor A Simpson

**HSC.10 APOLOGIES FOR ABSENCE**

Apologies for absence are listed above.

**HSC.11 DECLARATIONS OF INTEREST**

Councillor Pilkington declared an interest in the Northern Care Alliance transaction update due to being employed by Manchester Foundation Trust.

**HSC.12 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 22<sup>nd</sup> July 2021 were agreed as an accurate record.

There were no matters arising.

**HSC.13 PUBLIC QUESTION TIME**

There were no public questions.

**HSC.14 MEMBERS QUESTION TIME**

There were no members questions.

**HSC.15 COVID-19 UPDATE**

Will Blandamer, Executive Director provided an update on Covid-19.

Case rates continue to be around 300 in 100,000. It is too early to tell if children returning to school at the start of September have had an impact on case rates. Case rates in Bury are similar to the England average, which is considered as high.

There continues to be 25-30 patients with Covid-19 at Fairfield General Hospital

and a number of Bury residents in other hospitals. Sadly, 3 more Bury residents died last week, from Covid-19.

Vaccination rates in Bury were explained:

- There has been an 81.7% vaccination uptake for a first dose of the vaccine in cohorts 1-12, which is positive.
- There is over an 85% first dose vaccination uptake in the over 50 year olds.
- There has been a 62.6% first dose vaccination uptake within the 18-29 year olds.
- The uptake from the younger cohorts in Bury is lower than expected, particularly within the 16-17 year olds. Insight work is being completed to understand the motivations and reasons for not taking the opportunity of the vaccines, with work being carried out with colleges to try to improve this.
- 95% of the people who should have received a second dose of the vaccine, have done, which is positive.
- Plans are being made to deliver the booster programme and the delivery mechanisms are being considered for the 12-15 year olds vaccination programme.

Will Blandamer invited questions and comments from the committee members.

- Councillor Grimshaw questioned what will happen to staff who work within care homes if they refuse the vaccination.

Will Blandamer explained that the vaccine is compulsory for staff within care homes. The uptake with the vaccination programme in care homes in Bury is the best in Greater Manchester. Staff who are reluctant to be vaccinated are not allowed to work in care homes.

- Councillor Tegolo questioned if Covid-19 data can be broken down to the areas within Bury.

Will Blandamer explained that information is available at a neighbourhood and locality level, cases are reasonably consistent across the borough.

Pop up clinics are being provided in areas of low uptake of the vaccine. Six community pharmacists within Bury have agreed to support the delivery of the vaccination programme.

- Councillor Tegolo questioned how the vaccination programme for 12-15 years will be delivered.

Will Blandamer explained that it will be primarily delivered through schools. It is hoped that all 12-15 year olds will be vaccinated before the October half term.

- Councillor Birchmore questioned if younger age groups are being hospitalised with Covid-19.

Jon Hobday explained that there had been no specific information to suggest a shift in age range; those who are hospitalised, are predominately over 60 years

old.

- Councillor Tegolo questioned if the 3 people that had recently died of Covid-19, had been double vaccinated.

Will Blandamer explained that the Council and the CCG do not hold that information.

## **HSC.16 NORTHERN CARE ALLIANCE - TRANSACTION UPDATE**

Simon Neville, Transaction Director at the Northern Care Alliance provided an update on the transaction.

In 2016, the Salford Royal Trust was invited to advise and operate services for the Pennine Acute Trust. The Pennine Acute Trust was rated as an inadequate trust by the Care Quality Commission and the Salford Royal Trust was rated as an outstanding trust. In 2017, the Northern Care Alliance was established, which consisted of the Salford Royal Trust and the Pennine Acute Trust.

In 2019, the Pennine Acute Trust's, Care Quality Commission rating had improved to 'good'. The improvement suggested that the model was making a difference to patients and could help other struggling organisations in the future. It was decided that the model needed to be consolidated and integrated further. It was decided that by operating across a larger footprint, the Northern Care Alliance would be able to invest more in digital innovations, that can further drive both quality and productivity gains.

As a part of the consultation, it was agreed that there should be a single hospital service for the city of Manchester, it was agreed that the North Manchester General Hospital component of the trust will be consolidated into the Manchester University Foundation Trust. The Pennie Acute Trust had developed some integrated services across its hospitals such as joint clinical services across Fairfield General Hospital and North Manchester Hospital. It was decided, to ensure the services remain sustainable and safe for patients, the transition would be completed in two phases.

On 1 April 2021, North Manchester General Hospital was separated from the rest of the Pennie Acute Trust. The second phase of the merger is planned to happen on 1 October 2021 where Oldham, Rochdale and Bury Care Organisations will join the Northern Care Alliance. During the interim period, Salford Royal Trust has continued to provide services from Bury, Oldham and Rochdale hospitals, pending the formal merger.

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 Pennine Acute Trust footprint
- Support acute hospital services
- Strengthen the delivery of both acute and community-based services

To conclude the transaction, the NHS Improvement Oversight Committee agreed that the transaction should go ahead. A letter was received from the Secretary of State who was in agreement with the transaction and was prepared to dissolve the Pennine Acute Trust. Letters are due to be issued to staff to formally notify them of the change and the date of change. Staff members have been through a consultation process.

Beyond 1 October 2021, services will not change. There is a series of service level agreements between Manchester Foundation Trust and the Northern Care Alliance that underpins the separation of services but keeps them in the form that they already are. There will be changes going forward, those service agreements will gradually be unravelled over the next 2 years in a way that doesn't destabilise services. Indications of where the changes need to take place have been identified, if any of the changes require the relocation of a service it will be subject to a consultation. Patients should not see any changes in the services that they have currently.

Scrutiny arrangements are being discussed; going forward the Northern Care Alliance are keen to maintain their links with local scrutiny committees and proactively engage with local authorities to focus on developing services in each locality.

Simon Neville invited questions and comments from the committee members.

- Councillor Birchmore questioned who will deal with patient complaints.

Simon Neville explained that patient complaints will get dealt with locally. The Local Care Organisations of Bury, Rochdale and Oldham have the capacity and competence to deal with governance issues. The agreed governance arrangements are broadly driven by which site clinicians are working from. Clinicians are clear which governance arrangement they are operating under.

Will Blandamer explained that the CCG has a good working relationship with the management team at Fairfield General Hospital, which is responsible for both acute services on the site and community services.

- Councillor Pilkington questioned if patients would notice the difference with their care once the transaction has been finalised.

Simon Neville explained that patients should not notice a difference with their care.

- Councillor Pilkington questioned if provisions based at North Manchester General will be built across the Northern Care Alliance sites in the future.

Simon Neville explained that if a service is operating effectively and is in a convenient location for the population, then there would be no need to provide it elsewhere. Over time the Northern Care Alliance may choose to invest in equipment to deliver services in Bury, Rochdale or Oldham rather than referring patients to North Manchester Hospital, but these are decisions for the future.

- Councillor Holt questioned if there was a need for the ICT investment.

Simon Neville explained that the Pennine Acute digital systems were underinvested which resulted in poor performance and consequences for patients, in terms of delays. The Northern Care Alliance are spending around £20 million this year to stabilise the Pennine Acute system. The next phase will be to integrate with the Salford Royal Trust and provide a better digital system.

- Councillor Tegolo questioned if it would be the patient's choice to attend a certain hospital.

Simon Neville advised that it would be the patient's choice, this could be discussed with your GP for any hospital referral.

- Councillor Tegolo questioned if there was an appeal to work at certain hospitals.

Simon Neville explained since the Northern Care Alliance was formed some of the hard to fill vacancies in Bury, Oldham and Rochdale have been recruited to. Generally, people want to work in successful organisations, there are far less vacancies now across the whole group, than in 2016.

Simon Neville explained that being digital is important as this makes more of an attractive working environment.

- Councillor Holt questioned if staff agree with the transaction.

Simon Neville explained that to most staff it is a change of name. It was explained that staff members think the organisation is better now than it was. The transaction is more of an interest to regulators, than staff members working in the service.

## **HSC.17 BURY'S APPROACH TO TACKLING OBESITY**

Jon Hobday, Public Health Consultant provided information on how Bury is tackling obesity.

Obesity was described as a huge public health issue due to the financial costs and the years of life lost over the population. Poor physical health and mental health are linked to obesity. Over the last 6 decades the changes in how people live have contributed to obesity, due to changes with jobs being less physical, transport, food availability and food density that increases an obesogenic environment.

Obesity doesn't affect groups equally and causes significant inequalities. People who are in the most deprived groups are significantly more likely to be overweight and obese and are twice as likely to go into hospital as a result of an obesity related condition.

Statistical information was shared on the percentage of adults and children who are classified as overweight or obese.

In Bury, 63% of adults are overweight or obese which equates to 84,000 adults. 34.9% of year 6 aged children and 23.6% of reception aged children are classed as overweight or obese; an obese child is more likely to grow into an obese adult.

A map was shared showing where the inequalities are within Bury, the most deprived areas show the highest levels of overweight and obesity.

Addressing the issues of obesity was described as complex. The vision is to create the healthy choice being the easiest choice by encouraging a positive food environment and a positive physical environment.

It was explained how Bury is supporting people who are overweight and obese and the activities that are available to reduce inequalities in physical activity.

The work that is being done to address food inequalities, as part of the food strategy was explained.

The next steps that are taking place to tackle obesity in Bury are:

- To continue to create a whole systems approach to working collaboratively for the implementation of the physical activity and food strategies.
- 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-19 and those with the highest levels of inactivity and the poorest diets.

Jon Hobday invited questions and comments from the committee members.

- Councillor Walmsley raised concerns about the levels of obesity in the reception and year six cohorts. Concerns were raised in relation to the inequalities of obesity within the areas of Bury. Councillor Walmsley questioned what work had been done on the Bury's food strategy to tackle the number of takeaways. Discussions took place around take away outlets and challenging planning decisions.

Jon Hobday explained that Francesca Vale who leads on the food strategy is liaising with the planning department to create a supplementary planning document.

- Councillor Tegolo questioned what the exercise and referral programme does.

Jon Hobday explained that this is an adult service, aimed at people with a range of medical conditions, that will benefit from losing weight. A GP can refer to the BEATS service who can put together a structured exercise programme which will take into consideration their medical conditions and review goals.

- Councillor Tegolo questioned if a child would be referred to the G.P through the healthy weight programme.

Jon Hobday explained that the family would be signposted to resources and information as it would be too resource intensive to refer families to a particular service.

- Councillor Birchmore raised issues around parents who rely on convenience foods due to time constraints and raised issues around people who are relying on food banks, where donated foods tend to be less nutritious.

Jon Hobday explained that it was important to look at environments outside of the home such as in schools, ensuring children are physically active and they have a healthy school meal. It was explained work can be done with parents in terms of healthy eating and physical activity, to make small changes that could make a difference to the family.

- Councillor Hussain explained the dark kitchen concept where a portion of an industrial kitchen is rented out to businesses who produce food for delivery. It was suggested that this is happening in other areas and questioned if this was happening in Bury.

Jon Hobday explained that he hadn't heard of this concept and suggested that he will look at this to make sure that it does not impact on communities.

- Councillor Hussain questioned if there was anything that could be done to tackle the perceptions of young people who think fast food is interesting compared to home cooked food.

Jon Hobday explained that the perception of fast foods being interesting is due to expensive marketing.

- Councillor Walmsley asked if there was statistics that explained the link of alcohol intake to adult obesity.

Jon Hobday explained that he does not have these statistics. Sarah Turton the lead for substance misuse has been exploring different models of working in relation to alcohol licences. A model that Leeds Council is using was explained, which works out statistics based on postcodes looking at alcohol related harm.

- Councillor Birchmore raised a point about the importance of local green space for physical activity.
- Councillor Brown raised a point about the importance of eating home cooked foods.
- Councillor Holt questioned how to communicate the message of healthy eating and physical activity to families.

Jon Hobday explained that there is ongoing work with communities such as getting peers to explain to others how they do something, using their own experiences as examples.

- Councillor Holt asked for more information on the Food Partnership.

It was explained that the Food Partnership is a meeting chaired by Councillor Simpson. Francesca Vale, Community Nutritionist is the Lead Officer for the meeting. There are numerous partners that attend the meeting such as health colleagues and colleagues from community services.

**It was agreed:**

1. Councillor Walmsley, as the Chair of Licencing would like to look at what Leeds Council are doing in terms of alcohol licencing, with a view to replicate the model in Bury.
2. Obesity to be added to the work plan. The Health Scrutiny Committee to work positively with the licencing and planning departments, to tackle fast food density in Bury.

**HSC.18 GREATER MANCHESTER INTEGRATED CARE SYSTEM UPDATE**

Will Blandamer provided an update on the Greater Manchester Integrated Care System (GM ICS).

It was explained that an NHS England consultation took place in November 2020 and a White Paper was published in February 2021, proposing the disestablishment of Clinical Commissioning Groups (CCGs). The legislation was presented to the House of Commons in July 2021, subject to the legislation being approved, there will be no more CCGs in the country from 1 April 2022. There will be an aggregation of CCGs transferred into an Integrated Care System (ICS), in Greater Manchester all 10 CCGs will be a part of the GM ICS.

The Council has worked closely with the CCG, as the agency in the borough that is responsible for commissioning health and care services. There are joint appointments between the Council and the CCG to enable integration.

The ICS legislation focuses on removing barriers for integration, improving data sharing, removing competition and promoting collaboration. It has a focus on population health and health outcome values for taxpayers and refers to health inequalities. It contains new powers for the secretary of state to have direction over some hospital reconfiguration proposals.

Greater Manchester has been essentially working as an ICS for the last five years, with strong working partnerships between health and social care and the voluntary sector. The legislation describes the balance of doing things once at a higher level such as at a Greater Manchester level and also operating locally and at neighbourhood levels.

There is a significant body of work taking place across Greater Manchester to plan for the closures of the CCGs and the creation of the GM ICS.

Key elements of the operation model were explained. At the moment, monies from the NHS services come through the CCG, in the future monies will come through the GM ICS. Bury remains committed to combine the money from the NHS and Council budget, which brings political leadership and clinical leadership together, to try and spend the health and care budget in the borough once. There

is still lots to understand in terms of financial flows and what the partnership arrangements will look like in the borough. All CCG staff below board level will transfer to the GM ICS as a new organisation, most staff members will be deployed back into Bury to continue to work on transformation programmes. Bury is committed to maintain partnerships with other organisations to focus on population health and gain better service outcomes for residents.

Bury's objectives from the locality plan was shared with the committee. The objectives outlined that the solution to making the health and care system sustainable, is to support residents to be well, independent, and connected.

A chart was shared that showed the health, care and wellbeing partnership system. A Locality Board is being created to set strategy and hold a budget for health and care. Money will come into the Locality Board from the GM ICS and the Council. The Locality Board will feed into the Integrated Delivery Collaborative Board which will create the conditions for integrated neighbourhood working. The Health and Wellbeing Board is a standing commission to focus on health inequalities.

The timeline of the GM ICS was explained:

- There is a process in place to recruit to the IC Board Chair and Chief Executive posts.
- From October 2021 the GM ICS will be operating in shadow form.
- In December 2021, all Integrated Care Board appointments will be made. This will form the leadership team for the new organisation.
- Up until March 2022, work will continue at pace to prepare for the creation of the new Integrated Care Board and Integrated Care Partnership.
- 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 is work to be done to develop the GM and locality functions. It is expected that colleagues will experience minimal changes on 1 April 2022.

Will Blandamer invited questions and comments from the committee members.

- Councillor Pilkington questioned what the advantages or complications are for Bury, as the CCG and Bury Council have already merged operationally, operating under one Chief Executive.

Will Blandamer explained that in Bury there are joint senior leadership appointments and integrated teams which is an advantage in understanding our place and the way we work. The ability to create opportunities to build joined up teams has been positive. There is still work to be done in terms of the financial flows. A main concern for Bury is not to lose focus on delivering integrated, quality services which focus on prevention, early intervention, and health inequalities.

- Councillor Tegolo questioned if there would be a consultation on the locality plan.

Will Blandamer explained that the locality plan was produced in 2019 and was subject to a lot of consultation including workshops and public engagement. There

has been a refreshed plan created with some of the learning which has been developed throughout the pandemic, integration, and a focus on inequality.

- Councillor Hussain asked for the reasons why the GM ICS is being created, questioning if it was based around efficiency savings or the system being more Manchester centric.

Will Blandamer explained that it is not a Greater Manchester proposal, it is national legislation that Greater Manchester is implementing. The purpose of the ICS is to reduce some of the competition and move towards a model of collaboration; it is not about a reduction in efficiency saving. There is work being completed on the governance structure to ensure that the GM ICS has locality working at its heart, so it isn't dominated by Manchester centric. It is important to continue to make sure the governance of the ICS plays due consideration to all localities.

- Councillor Grimshaw questioned what will happen with the Chief Executives for the 10 authorities, once the GM ICS is established.

Will Blandamer explained that Bury has a situation where the CCG and the Council have a joint Chief Executive, which is the same in other parts of Greater Manchester. The employment commitment for CCG staff does not include executive level roles, including the Chief Executive.

There needs to be a focal point of health and care in each locality and there is a proposal in the guidance document about place-based leads. There is further work to complete around the understanding on who the place-based lead is and what it means for staff members who are jointly appointed. The management structure is a matter for the incoming Chief Executive of the GM ICS.

- Councillor Brown referred to an article in a newspaper which described the system as not working in Greater Manchester, in terms of performance data on health care integration. It was questioned if the GM ICS could overcome the problems.

Will Blandamer explained that the article was referring to comments on the model of the health and care devolution. Greater Manchester was challenged on some of the key performance indicators and did not deliver as well as it should have done. Although there were some key ambitions of the health and care devolution programme where Greater Manchester did make a significant difference such as public health, school readiness, mental health, and physical activity.

Greater Manchester was described as a complex health and care system, it was thought that it would be unlikely to resolve some of the endemic challenges in a short period of time. The metrics described should not dissuade Bury to drive a closer integration of health and care services, and focus on prevention, and better-quality outcomes from hospital services through Fairfield General Hospital and North Manchester Hospital.

### **It was agreed:**

1. The refreshed locality plan be added to the Health Scrutiny Committee work

programme.

**HSC.19 URGENT BUSINESS**

The Health Scrutiny work programme was discussed.

**It was agreed:**

1. The next Health Scrutiny meeting should focus on mental health including addiction and treatment for addiction, elective care and an update on the Persona proposed savings.

**COUNCILLOR T HOLT**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9.20 pm)**

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**SCRUTINY REPORT**

**MEETING: Health**      **Health Scrutiny Committee**

**DATE:**                      **16<sup>th</sup> November 2021**

**SUBJECT: Mental**      **Mental Health Update**

**REPORT FROM:**      **Adrian Crook & Ian Mello**

**CONTACT OFFICER:** **Jane Case (Commissioning Programme Manager – Children & Young People), Kez Hight (Commissioning Programme Manager – (Adult Mental Health))**

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**1.0 SUMMARY**

This report highlights the current pressures and demands across the mental health system and also details the work that has been done over the last 10 months to support the Bury Mental Health system during the Covid Pandemic including a range of propositions for Adults and Children and Young People's services to support the current pressures, utilising investment from non-recurrent monies and future Mental Health Investment Standard funding to meet the growing demands. This is done within the backdrop of the national and Greater Manchester funding streams and maximises investments to support innovation and system working to better support the delivery of the outcomes within Mental Health long term plan and the Bury "Let's Do it Strategy".

The briefing seeks to address the step change needed to re balance the all-age Mental Health provision in Bury so that there is a wider community offer to meet the growing need. Adopting the principles of the Thrive model and building capacity highlights the need for more early intervention and prevention and the longer-term development of a strategy and investment plan.

These proposals are phased over 3 years to make use of the additional yearly investment required by the Mental Health Investment Standard national policy with ensures growth each year and is a significant contribution to Burys commitment to meeting the Mental Health Long-term Plan.

## **2.0 MATTERS FOR CONSIDERATION/DECISION**

### **3.0 BACKGROUND**

3.1 The impact of the pandemic has influenced Adult and Children and Young people's (CYP) emotional wellbeing and mental health nationally, regionally, and locally. This has brought to light system pressures that were previously being managed. This briefing is to update on the developments over the last 10 months regarding mental health provision for Adults and CYP in Bury and the proposed series of interventions that will start to address the system redesign in accordance with the Bury Mental Health Thrive framework.

### **4.0 BODY OF THE REPORT**

4.1 We want the population of Bury to have good positive mental health and we recognise that promoting and supporting positive emotional health and wellbeing is everyone's business. The aim is to move away from a system defined by services and organisations to one built around the needs and lived experience of adults, children, young people, and their families, offering increased choice and control, intervening early, and building long term resilience. In achieving this we must work differently as a system and jointly own all our Bury adults and children; to support this, we will develop a single shared vision for adults and CYP in Bury to expect and receive the very best services and support, advice and guidance from Schools and local health and care agencies including VCSE partners.

4.2 We also need to be building more capacity across other parts of the system to meet increased need and build a stronger system. The COVID 19 pandemic significantly impacted upon the delivery of acute services across the NHS.

4.3 Despite Bury having high quality health services across primary, community, secondary care and the third sector, the scale and the depth of the impact of COVID means that the current models of care can't address the problem and support the recovery required. Added to this the exacerbation of pre-existing access and waiting time pressures have caused a considerable increase in the time adults and children are waiting to receive non-urgent treatments.

4.4 Within this work we will always maintain a key focus on addressing health inequalities and inclusion at a neighbourhood level and becoming trauma informed in our approaches is needed as we progress.

4.5 There has already been significant progress made in both the Adults and CYP mental health provision in Bury over the last 10 months.

4.6 The establishment of the Children's Mental Health Charter group has reinforced a system wide approach to working to support CYP emotional health and wellbeing and mental health. This is well attended by system partners and parent forum representatives. This has supported the progress of adopting the iTHRIVE approach, which has included support for schools upon return from lock down in March. With the children going back to school there was a need to provide schools and the wider system with a range of support materials so that they could access quality assured materials that we had to reinforce our system, as well as providing support to families in managing through COVID.

4.7 Adult Mental Health commissioners have continued to work with system partners on delivering the key priorities identified through its Mental Health Thrive Programme. Acute, Community and VCFE partners have been supported through the Covid pandemic to remain operational and provide Mental health wellbeing and support to those already in the system as well as the emerging cohort of people whose mental wellbeing has been affected through the Covid pandemic.

4.8 The Adult Mental Health Programme is currently engaging with system partners in undertaking a review of its Mental Health Thrive Programme. This is to ensure that its priorities are refreshed to reflect the emerging Mental Health and Wellbeing needs post Covid and also address the significant pressures within services whilst ensuring that the programme is aligned to the local, regional and national priorities and inequalities as we build back better. The refresh of the Bury Mental Health transformation programme will be ambitious in its scope and vision in order to transform Mental Health wellbeing and clinical provision for Bury in line with the Bury “Let’s Do It” Strategy.

4.9 Other developments over the last 10 months include:

### **Children’s and Young Peoples Mental Health**

- The establishment of a digital offer for children and young people’s wellbeing (Kooth) providing online counselling provision and support
- The standing up of emotional health and wellbeing practitioners in 9 of the 13 High schools delivering in Bury. Offering 1-1 support and guidance
- Launched the Bury early attachment service
- Utilised the creative care kits from GM
- Established a waiting list initiative to support the early years neurodevelopmental pathway
- Linking into the wider Youth participation BEE Heard Children’s and Young Peoples Voice At the Circle of Influence \* session Children and Young People told us that:
  - They wanted more provision
  - They didn’t want long waiting lists
  - They wanted more visible support, preferably in school

\*This is the annual engagement event for Children’s and young people in Bury to shape and influence the Children’s agenda

### **Adult Mental Health**

- Development of the “**Thriving In Bury**” Mental Health brand and a dedicated Mental Health and Wellbeing directory of services on the Bury Local Authority directory website along with a communications plan.
- Launch of the Bury “**Getting Help Line**” via a local VCFE provider (Early Break) which has supported over 500 people with their Mental Wellbeing and provided person centred resource packs and established pathways into universal primary, community and secondary care services.
- Development of a Mental Health education programme.
- Mobilisation of the “**Urgent Emergency Care by Appointment Service**” to support the wider urgent care pathway and is operational 7 days per week from 8am – 9pm. Based at Fairfield General Hospital and excepting direct referrals from GP’s.
- Launch of the “**Bury Peer Led Crisis Service**” in April 2021, delivered by a local VCFE provider (BIG) and is operational Monday, Thursday and Friday 6pm-11pm. The service has made a real difference to the lives of those experiencing Mental

Health Crisis and is projected to support over 200 people by the end of March 2022.

- A review of the **Community Mental Health Team** led to a number of changes to improve operations and links with wider pathways.
- The Launch of a number of Mental Health and Wellbeing digital services in partnership with Greater Manchester Health & Social Care Partnership (GMHSCP) to support vulnerable groups such as BAME, LGB. The Silver Cloud digital therapy is now offered with support from Healthy Minds therapists in Bury.
- Local VCFE partner “The Creative Living Centre” made **1424** welfare calls during lockdown.
- Launch of the Pennine Care Foundation Trust (PCFT) 24/7 Crisis Helpline to support known and unknown service users who are experiencing a crisis. Pathways have been established with emergency services via the GM Clinical & Assessment Service (CAS).

### Ongoing Developments

With an increase in pressures being experienced across the Adults and Children’s Mental Health pathways, Bury OCO explored the system pressure points and set out to secure additional investment to alleviate the service demands. In September 2021 additional investment was secured to provide additional capacity into the Bury Mental Health system along with further ongoing developments for both adults and CYP:

- 2 Community-based emotional health and wellbeing practitioners supporting CYP 14- 25. This will support those young people who do not have a diagnosable mental health condition, but who are at high risk of developing one. Posts have been recruited to and November start date confirmed.
- 2 Transition EHWB - serving 16-25-year old’s and specialising in community support and dual-diagnosis. Referral pathways established with Early Break Advocacy Service, PCFT Access Team, CAMHS Transition Service and wider mental health network. Individuals also able to self-refer. Special focus on transition aged young people with mental health needs and substance use who do not meet threshold for statutory service offers. Role includes broader engagement with young people’s transition services such as health, housing, finances, employment and education, relationships etc. (recruited to and November start date confirmed).
- Bereavement support – capacity within the Early Break bereavement and loss and general counselling service has been increased to accommodate demand. Capacity of existing posts has been increased to accommodate a further 50 young people this year and a further 2 part time posts are currently being recruited to. Interim support provided to the families via the Getting Help Line and provision of digital support materials. Plans to explore parental and family support in the context of bereavement, including peer-support and facilitated sessions.
- The Proud Trust - additional capacity for the delivery of youth groups (including drop-in and psychoeducation sessions), training, trans-care navigator, outreach support for children and young people who identify as LGBTQ to feel more connected and experience less isolation and loneliness. Therefore, reducing the emotional distress and mental health pressures this cohort of young people can experience. Post recruited and will be linked to the Streetwise Team and CAMHS to ensure robust pathways and appropriate accessibility for CYP and families.

- ASC Development of a pre diagnosis pathway to meet needs earlier and additional capacity to meet demand within the post diagnostic pathway. Families will be able to access support and advice and will be able to better support their children's needs. (Staff trained and the model is in development, this will be linked with a wider piece of work regarding the redesign of the Neurodevelopmental pathway).
- Physical Health and Wellbeing - Wellbeing through Sport Pilot aims to equip senior mental health leads in schools to implement a whole school approach to mental health and wellbeing through sport. Offer is currently being advertised to schools for sign up and will include provision for 48 primary schools and a secondary school pilot.
- CAMHS Additional investment of 3 staff in Pennine with 2 x Mental Health Practitioners' and 1 Psychologist post, (posts currently out to advert).
- Wider system developments include -CAMHS School Link workers are now established and up and running and a school wide training needs analysis has been initialised.
- Over the course of the last 2 months, Bury has also initialised the Greater Manchester, Trauma training offer for staff. This has so far seen nearly 100 frontline staff across the bury system engage in becoming trauma aware and informed, with more training planned. This is part of a more substantial piece of development work across Bury within the Public Service Reform Board. Plans are being developed to progress this workstream through schools looking at Trauma and Resilience.
- Investment for an additional 15 Mental Health Practitioners has been agreed in order to bolster the Community Mental Health team (CMHT) and ensure demand can be met and deliver the ability to restructure the CMHT ensuring improved links with our neighbourhood system (See further update below)
- PCFT are currently working with the Bury Primary Care Networks (PCN) to recruit 5 Mental Health Practitioners (1 per PCN) to support individuals in primary care and prevent people escalating to community and acute Mental Health needs. The plan is to increase the number of MH practitioners within PCN's to 2 per PCN in 2022/23 and to 3 per PCN by 2023/24. There is an expectation that by 2023/24 Bury will have 15 Mental Health Practitioners supporting people with serious mental illness within a PCN setting with links into Community and acute pathways.
- Evaluation of pilot services that are supporting the community, acute and crisis pathways - VCFE led "Peer Crisis Service", "Getting Help Line" and the PCFT clinical "Urgent Emergency Care by Appointment Service".
- Working with partners to mobilise an "All Age Mental Health Liaison Service" to support acute Mental Health presentations.
- Review of the IAPT pathway to provide faster access to individuals waiting for Psychological therapy and to manage future demand.
- Community Mental Health Transformation and the development of the Bury Adult Mental Health "Living Well Model". Additional funding has already been provided to PCFT to start developing and recruiting against some of the existing gaps and priorities identified such as Personality Disorder, Rehabilitation, Serious Mental Illness for those cohort of people who fall between Primary and Acute care and who's needs are not currently being met by Community Mental Health services.

This work aligns with the Bury place-based neighbourhood approach linking universal clinical services, VCFE, Physical health, Social Care, PCN's, INT's and wider public sector partners.

- Working with the Housing Learning & Improvement Network (HLIN) who are currently undertaking a review of the supporting housing accommodation for Bury and will help to inform the Bury supported housing strategy, including recommendations for accommodation needs of people with enduring mental health support needs and placements as well as step up and step-down provision from acute settings.
- Supporting system partners in ensuring that there is access to Mental Health support built into the development of the Bury Long Covid Pathway.
- Continued working to achieve the priorities in established Bury partnership groups such as Suicide Prevention, Homelessness, Drug & Alcohol, Police Partnership.

### **Adult Community Mental Health Team update**

#### **Progress towards implementation**

Despite the additional investment by the Clinical Commissioning Group to fund 15 new staff to alleviate some of the service pressures, the current situation has not yet resulted in the lasting changes that are needed to make the difference to the local CMHT service.

The service is still facing high caseloads, there are too many on long waiting lists and there are a large number who are being managed via a duty system which impacts on their ability to respond to crises in a timely manner resulting in increased crises in the community which can lead to increased hospital admissions.

High caseloads have also led to an increase in the numbers on the waiting list and the length of time people are waiting to be accepted and access treatment, leading to poorer outcomes for patients. There has been a significant rise in demand for assessment, access to care coordinators and treatment and there is a limited provision to meet growing demand.

But what is now different, however, is a much greater sense of hope that the situation is now in a position to improve.

Changes, like the Trust pushing on and advertising for the first round of vacancies, developing a trajectory to see the improvements that it wants to make given the recent agreement for investment provided by the CCG and a renewed sense of purpose about the CMHT, all demonstrate how the service is much better placed to making a difference to turn around and address some of the difficulties it has faced. Likewise, using recognised techniques to better manage the improved flow of patients through the service; initiatives like caseload cleansing, providing regular supervision and regular staff supervision for its staff, are other examples where the additional investment will help the service address some of the underlying current difficulties.

Add to these, the active commitment by those who involved in the commissioning of services through their role in the monitoring of these and working together with the health and care community, to better support the needs of local people, and there is a shared determination to ensure that critical services like the CMHT will not allow it to slip back to where it once was.

**Governance**

Governance and oversight of the CYP Mental Health work is through the Mental Health charter group which feeds directly to the newly established Children's Integrated System Board, which is a formal subgroup of the Children Strategic Partnership board (Executive level leaders).

The governance and oversight for the Adult Mental Health work is currently being reviewed as part of the Programme refresh through the Mental Health Executive Gold Meetings. The Delivery Partnership Committee is the forum for system wide partners to come together. The PCFT Contract Quality and Performance meet monthly and is the forum where scrutiny and oversight of service pressures, recruitment and service redesign is discussed.

**5.0 CONCLUSION**

This report demonstrates a step change in how Bury will move to redesign its mental health adults and children and young people pathways moving forward as we build back better from Covid to mitigate service pressures and impact of Covid on Emotional Health and Wellbeing and Mental Health of the Bury population.

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**List of Background Papers:-**

**Contact Details:-**

**Jane Case (Commissioning Programme Manager – Children & Young People),  
Kez Highet (Commissioning Programme Manager – Mental Health)**

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**SCRUTINY REPORT**

**MEETING: Health Scrutiny**

**DATE: 16/11/21**

**SUBJECT: Substance Misuse**

**REPORT FROM: Jon Hobday (Consultant in Public Health) / Sarah Turton (Public Health Practitioner)**

**CONTACT OFFICER: Jon Hobday – [j.hobday@bury.gov.uk](mailto:j.hobday@bury.gov.uk) / Sarah Turton – [s.turton@bury.gov.uk](mailto:s.turton@bury.gov.uk)**

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## **1.0 Summary**

**1.1** People with untreated drug and alcohol dependencies have a disproportionate impact on our communities, nationally, regionally and locally. Parental substance misuse affects children, their lives, and prospects. Drugs and alcohol affect the homeless and their chances of recovery, as well as causing an increase in homicides, crime, deaths, and unemployment. Inequalities are also a large issue, as drug and alcohol use is usually higher in deprived communities. Due to how cross cutting substance misuse is with other areas, no one organisation can address this issue and collaborative and partnership working is key within this sector.

**1.2** Recent investment into this sector, as well as the newly published Dame Carol Black Review of drugs, have cast light on substance misuse and increased the awareness of the need for drugs, alcohol and inequalities to be addressed further and current practices reviewed. Within Bury, we are currently reviewing our Substance Misuse Action Plan and continuing with the important work we do focusing on prevention, recovery and a holistic approach to tackling issues within this area.

## **2.0 Recommendation(s)**

**2.1** To continue to support the ongoing work around drugs and alcohol and reducing inequalities.

### 3.0 Key Considerations:

#### 3.1 Introduction / Background

**3.1.1** The harm caused by drugs and alcohol affects individuals, families, communities, and places pressure on many public services. Therefore, it is extremely important to address this public health field and work towards decreasing this harm within Bury, using a holistic, collaborative approach.

**3.1.2** In January 2021, the government announced a new package of funding to tackle drug related crime. This included an additional £80 million for drug treatment in the form of universally available grants. This comprised of funding to support the collaborative commissioning of medically managed inpatient detox programmes, helping to stabilise or stop drug (or alcohol) use in those with the most complex health needs.

**3.1.3** Drug and alcohol treatment reduces the burden on local authority services in many ways. Dame Carol Black's independent review estimated the costs of drug use to social care at £630 million a year and noted that treatment for dependent drug users can reduce the cost of drug related social care by 31 per cent. [1] Public Health England estimate that most people are not being treated for their addiction – about half of opiate and crack users and only one in five dependent drinkers. Being in treatment reduces offending behaviour, drug and alcohol related deaths, and the spread of blood borne diseases.

Below is a link to a publication from the Local Government Association (LGA), aimed at elected members:

[1] [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](#)

#### 3.2 Our position in Bury

**3.2.1** In Bury, we saw an increase in drug related deaths due to drug poisoning in 2018, with 27 deaths recorded. However, in 2019, 13 deaths were recorded and 8 in 2020, showing a decrease over this timeframe. The same pattern can be seen with the number of deaths related to drug misuse, with 23 deaths recorded in 2018, 12 in 2019 and 5 in 2020.

The age-standardised mortality rate for deaths relating to drug poisoning stood at 8.8 per 100,000 for 2018-20, which was a decrease from 10.6 per 100,000 recorded in 2017-19. For 2018-20, the Northwest rate was higher than Bury, at 10.4 per 100,000. However, Bury is above the national average in this category with the rate being 7.6 per 100,000 for England during this time period.

Similarly, reductions were seen in Bury regarding the age-standardised mortality rate for deaths relating to drug misuse, from 8.6 per 100,00 in 2017-19 to 7.3 per 100,000 in 2018-20. However, in the period of 2018-20, Bury (7.3 per 100,000) was higher than both the regional and national rates, with the Northwest at 7.1 per 100,000 and England at 5.0 per 100,000.

**3.2.2** Looking at the data around people currently in treatment for alcohol and drugs in Bury, there seems to have been a general decrease from previous years, except for opiate service users. In terms of people receiving treatment for opiates, this has increased in 2019/20 (475) from 2018/19 (465). In contrast, when looking at non-opiate (125 in 2017/18 and 85 in 2019/20), alcohol (315 in 20017/18 and 275 in 2019/20) and non-opiate plus alcohol (125 in 2018/19 and 110 in 2019/20) service users, numbers have decreased. Nationally, a reduction in people in substance misuse treatment services has been seen over the past few years, with a significant drop in service users in treatment relating to alcohol. There has also been a noticeable decrease in the number of men and women in treatment regarding alcohol. A PHE Inquiry into the fall in treatment numbers indicated that perceptions of services as drug services, a lack of alcohol specialist expertise and alcohol specific interventions as probable barriers. [2]

In terms of treatment outcomes, successful completions in 2019-20 (47%) have reduced slightly from 2018-19 (51%) and the number of people who dropped out or left stayed relatively stable (from 33% to 34%). This slight drop in successful completions appears to be due to the male cohort, with the female figures remaining the same for successful completions between 2018-19 (52%) and 2019-20 (52%). While the overall proportions of individuals dropping out of service remained stable, when comparing by gender the number of females that dropped out or left decreased during this time period (from 41% to 33%), in contrast the males increased (from 31% to 34%). Regarding overall successful completions for 2019-20, Bury was the same as the national average (47%) and below the regional average (51%).

**3.2.3** With regard to people who are not currently accessing treatment, data from the Public Health Dashboard shows that the proportion of dependent drinkers not in treatment as of 2018/19 in Bury stands at 78.8%. This is slightly below the regional and national averages, with the North West at 81.7% and England at 82.4%. On the other hand, the proportion of opiates and/or crack cocaine users not in treatment are slightly above the regional and national averages for 2018/19, with Bury standing at 54.6%, the North West at 47.9% and England at 52.1%. [3] Further research is needed to fully understand these cohorts of people not currently accessing treatment and the reasons behind this. In the meantime, raising awareness of the current support that is available and trying to reach these harder to engage populations is key.

### **3.3 Dame Carol Black Review of drugs - phase 2 report**

The report suggested that significant changes need to be made in four areas, including: radical reform of leadership, funding, and commissioning, rebuilding of services, an increased focus on prevention and early intervention and improvements to research and how science informs policy, commissioning, and practice. [4]

Dame Carol Black suggested funding is to be allocated to local authorities based on a needs assessment and then protected. The review concluded, based on current evidence of prevalence, that an additional £552 million is needed from DHSC by year 5 on top of the baseline annual expenditure of £680million from the public health grant, for drug treatment and recovery services. An additional £15 million by year 5 is needed for employment support.

In terms of commissioning, the review recommends a National Commissioning Quality Standard to be set up, to help specify the full range of treatment services that should be

available in each local area. Commissioners should work collaboratively with providers and have longer commissioning cycles of at least 5 years, to encourage stability and quality improvements.

The review also emphasised the importance of rebuilding and improving services and their links to substance misuse services, such as: workforce, treatment, recovery support, criminal justice system, employment, housing, mental health, and physical healthcare. As well as the importance of prevention and early intervention; thinking about schools and age-appropriate services.

Overall, there were 32 recommendations set out by the Dame Carol Black, based on the main categories mentioned above. An initial government response has been issued; however, we are still awaiting the formal response from the government, which should provide more information and further direction. The spending review, which will hopefully be released soon, will also aid with further direction on this report.

### **3.4 What we do in Bury currently**

**3.4.1** In Bury, we have commissioned services for alcohol, drugs, with 'Achieve Bury' (Greater Manchester Mental Health Trust) providing our substance misuse service. As Part of the service 'Achieve Bury' provide they subcontract 'Early Break' to provide the family and children and young people elements of the service and 'Big Life' to provide the assertive outreach and prison in reach components of their work. Bury's commissioners work in close partnership with our providers, regularly reviewing performance, strategy, and our system approach.

Prevention is a key part of reducing harm from drugs and alcohol and both our Adult (Achieve) and Young People (Early Break) substance misuse services carry out an abundance of work around this. Early Break have good links with local schools and can deliver sessions to students and staff around drugs and alcohol. Early Break also have an Outreach team, who engage with young people wherever they are in the community i.e., parks, youth clubs, streets or events. Part of this role is to safeguard young people, raise awareness of substance misuse issues, and offer any support needed to help them make positive decisions, thus minimising risks to their physical and emotional health and wellbeing. Achieve offer a range of training and awareness sessions to external organisations such as primary care and educational settings. The Big Life Group work alongside Achieve to support service users to rebuild their lives and work towards an optimistic future. The Big Life group have an assertive outreach team where peers and volunteers identify and target at risk individuals and engage with vulnerable people, as well as those who are poor engagers, with a robust missed appointment pathway in place. The Big Life team attend various neighbourhood meetings to enable targeted work where needed, as well as multi-disciplinary meetings to enable a holistic approach to drug and alcohol treatment. In terms of prevention work, The Big Life group carry out drug and alcohol awareness sessions and drop-in sessions at various organisations and community venues including Manna House (food bank) and ABEN (A Bed Every Night). Work is also in progress to expand these sessions in to other community venues and organisations.

Lived experience is an important aspect of drug and alcohol treatment services and plays a pivotal role. It was also referenced in Dame Carols Black's report, where she recommends that 'Services should include people with lived experience of drug dependence working as recovery champions and recovery coaches.' [4] Achieve incorporates lived experience into

their treatment and recovery model by having both volunteer and paid opportunities, including peer mentor schemes, available for people with lived experience. There is a robust volunteer workforce development pathway in place, to support and encourage volunteers to develop workforce readiness skills. Furthermore, service user and carer feedback are reported on as part of performance every month. Having people with lived experience is beneficial, as it is a form of visible recovery that current service users can see and relate to.

Recovery work is just as important as the treatment itself when it comes to drugs and alcohol and our substance misuse services incorporate this into their treatment models. Achieve's community development team do a lot of work around recovery. They have a social recovery group called Kaleidoscope, as well as focused groups around areas such as education, training and employment (ETE). Achieve also support and link with mutual aid groups, such as Alcoholics Anonymous (AA), and have recovery fund grants available to service users to aid with many aspects of recovery. Early Break offer the 'Holding Families' programme, which provides whole family support for children and family members affected by parental substance misuse, working with parents and carers at any stage of their recovery from drugs and alcohol use. Furthermore, Early Break also offer the 'Holding Families+' programme, working with children and families of alcohol and substance dependent parents who are in prison.

**3.4.2** The Bury Substance Misuse Action Plan is currently being refreshed, based around the Greater Manchester Drug & Alcohol Strategy, which includes 6 key priorities:

1. Prevention and early intervention
2. Reducing drug and alcohol related harm
3. Building recovery in communities
4. Reducing drug and alcohol related crime and disorder
5. Managing accessibility and availability to drugs and alcohol
6. Establishing diverse, vibrant and safe night-time economies

This process involves ongoing engagement between treatment providers, GMP, GMFRS, DWP, community safety, primary care representatives, licensing, and housing, to name a few. Once the action plan is finalised, it will be launched, and action points tracked and continuously reviewed. In addition, our service providers do a lot of work with people who have lived experience. We are currently looking at ways that lived experience could be further incorporated into the action plan and our approach to recovery, as this is essential in supporting individuals through treatment and back into housing and employment.

**3.4.3** From a system perspective Bury Council works collaboratively with Greater Manchester (GM) and regularly discusses collaborative work and bids. In addition, Bury have a Substance Misuse Partnership Delivery Group meeting every month. This brings together many of the services and teams involved (directly and indirectly) with substance misuse within Bury. This is where we focus on our system response and work to reduce inequalities.

**3.4.4** Furthermore, we are doing work around Alcohol-Exposed Pregnancies (AEP) and Foetal Alcohol Spectrum Disorder (FASD). A recent prevalence study [5] conducted within GM found that FASD may affect 1-3.6% of children, with a crude prevalence rate of 1.8% identified. Therefore, using the finding of a 1.8% prevalence rate, based on live births, potentially 40 children are born every year in Bury with FASD and there are potentially

3438 people with FASD (undiagnosed and diagnosed) based on our population. Therefore, we have been working to increase awareness of FASD and the harms that drinking alcohol during pregnancy can cause. This has involved a communications strategy to raise awareness, which included, social media ads, liaising with relevant teams and services to spread the message and an advertisement in our local magazine (Your Local Bury). In addition, we are working with services, such as probation, to provide FASD training to staff members, so that they can have discussions around alcohol during pregnancy and FASD, and signpost people to the relevant services if needed.

A link to the FASD Health Needs assessment, where the GM AEP programme is cited as good practice, is below:

[6] [Fetal alcohol spectrum disorder: health needs assessment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/fetal-alcohol-spectrum-disorder-health-needs-assessment)

**3.4.5** At Bury Council we ensure we are part of all the relevant campaigns to help raise awareness of issues around drugs and alcohol. For example, we had various communications go out for FASD Awareness Day on the 9<sup>th</sup> September and organised a range of communication for Stoptober, Go sober for October, and are arranging activities for Alcohol Awareness Week in November.

The Bury Directory is a large resource which contains information pages and referral details linked to our substance misuse treatment providers and lifestyle service (Live Well), as well as many mutual aid groups, which anyone (professional or general public) can access.

**3.4.6** The work that is underway around drugs and alcohols contributes to the Public Service Reform agenda and the neighbourhood working model, as well as the 'Let's do it' Strategy for 2030. The vision for 2030 has been developed and tested with our communities. Local people have said this vision will achieve a better future for the children of the borough and a better quality of life. The work ongoing around substance misuse will contribute to these achievements, both directly and indirectly. There are also links with the Community Safety Partnership Agenda, with drug related offending listed as one of their priorities for the next 3 years. Furthermore, links can be seen to the 'Thriving in Bury' mental health strategy, due to the prevalence of dual diagnosis.

### **3.5 What we are doing to reduce inequalities**

**3.5.1** When it comes to drugs and alcohol, certain groups and populations are often disproportionately affected, and therefore inequalities need to be addressed within these areas.

Local data shows how inequalities play a role within these fields. For the year 2019/20, when looking at service users who began treatment for drugs or alcohol, 195 were unemployed / economically inactive and 115 were long-term sick / disabled, compared to 140 being in regular employment. The numbers being higher for unemployed, versus employed, is a trend that has been constant since 2009/10.

In addition to this, in terms of ethnicity, the figures for the year 2019/20 are listed below:

- White: 955
- Mixed / multiple ethnic group: 20
- Asian / Asian British: 30
- Black/African/Caribbean/Black British: 10
- Other ethnic group: 10

The trend regarding people of white ethnicity in treatment being substantially higher than other ethnicities has been a continuous trend since 2009/10, which may suggest other ethnicities may be underrepresented within drug and alcohol treatment services. Since 2009/10, there has always been more males starting drug and alcohol treatment within Bury, with the figures for 2019/20 showing 700 males accessed our adult drug and alcohol treatment service, compared to 240 females.

There have been links made between having a mental health condition and misusing drugs and alcohol (dual diagnosis), and some people that are dependent on alcohol or drugs often have underlying mental health illnesses. [7]

Opiate and crack use is also strongly linked to deprivation. In England, we saw 58% of people in treatment for crack and 57% of those in treatment for opiates living in areas ranked in the 30% most deprived areas (2018-19). Similarly, to the opiate and crack prevalence rates, the higher prevalence rates of alcohol dependency are concentrated in the north of England. Nearly half of alcohol only clients in treatment (47%) were living in areas ranked in the 30% most deprived areas (2018-19). [3]

In light of these inequalities, we are reviewing our provision and doing engagement work to better understand why certain groups are underrepresented in services. We will then look to shape services appropriately to make them as accessible and appealing to those groups who are less likely to engage e.g., BAME community, those in the most deprived community, women and those with mental health issues.

**3.5.2** We are currently reviewing our Shared Care model, which previously saw substance misuse workers seeing clients within GP practices. We are looking at producing more of a community approach by looking at community venues in deprived areas with high need, which would have easy access and feel comfortable for the clients. The new model aims to provide care for all drug and alcohol patients and reduce inequalities.

A key focus of our action plans will be how we effectively reduce inequalities in those that misuse substances and the impact of substance misuse.

## 4.0 Conclusion

By the end of the year, we hope to have finalised the refreshed Bury Substance Misuse Action Plan for release. In addition, we plan to continue with the work mentioned above and aim to improve provision around drugs and alcohol, whilst reducing inequalities.

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### List of Background Papers:-

1. Local.gov.uk. 2021. Must Know: Treatment and recovery for people with drug or alcohol problems. [online] Available at: <https://www.local.gov.uk/publications/must-know-treatment-and-recovery-people-drug-or-alcohol-problems>
2. Nih.ac.uk. 2021. Policy Research Programme - Unmet need for substance misuse treatment Research Specification. [online] Available at: <https://www.nih.ac.uk/documents/policy-research-programme-unmet-need-for-substance-misuse-treatment-research-specification/27632>
3. GOV.UK. 2021. Adult substance misuse treatment statistics 2018 to 2019: report. [online] Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2018-to-2019/adult-substance-misuse-treatment-statistics-2018-to-2019-report>

4. GOV.UK. 2021. Review of drugs: phase two report. [online] Available at: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>
5. McCarthy, R., Mukherjee, R. A. S., Fleming, K. M., Green, J., Clayton-Smith, J., Price, A. D., Allely, C. S., & Cook, P. A. (2021). Prevalence of fetal alcohol spectrum disorder in Greater Manchester, UK: An active case ascertainment study. *Alcoholism: Clinical and Experimental Research*, 00, 1– 11. <https://doi.org/10.1111/acer.14705>
6. GOV.UK. 2021. Fetal alcohol spectrum disorder: health needs assessment. [online] Available at: <https://www.gov.uk/government/publications/fetal-alcohol-spectrum-disorder-health-needs-assessment/fetal-alcohol-spectrum-disorder-health-needs-assessment>
7. GOV.UK. 2021. Adult substance misuse treatment statistics 2019 to 2020: report. [online] Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2019-to-2020/adult-substance-misuse-treatment-statistics-2019-to-2020-report>

### Contact Details:-

- Jon Hobday (Consultant in Public Health) – [j.hobday@bury.gov.uk](mailto:j.hobday@bury.gov.uk)
- Sarah Turton (Public Health Practitioner) – [s.turton@bury.gov.uk](mailto:s.turton@bury.gov.uk)

**SCRUTINY REPORT**

**MEETING:** Health & Social Care Scrutiny Panel

**DATE:** 14<sup>th</sup> November 2021

**SUBJECT:** Bury Elective Care Update and Waiting Well Initiative

**REPORT FROM:** CCG Commissioning Team

**CONTACT OFFICER:** Damian Aston, Senior Commissioning Manager and Catherine Tickle, Commissioning Programme Manager

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## **1.0 BACKGROUND**

- 1.1** This paper highlights the current position for Bury patients waiting for Elective Care appointments/procedures. It provides a high-level overview of the on-going work being undertaken through the Elective Care Transformation and Improvement Programme, delivered by Bury CCG in partnership with Northern Care Alliance (NCA), to recover from the changed environment that has resulted from the impact of the COVID 19 pandemic.
- 1.2** This includes the completion of a locality review of the Bury Orthopaedic pathway, which has a focus on addressing inequalities for patients waiting, and redesigning care pathway to reduce the burden on secondary care through integrated working across primary, acute, community and 3<sup>rd</sup> sector services.
- 1.3** Through the Orthopaedic work Bury will deliver a series of 'test of change' projects, that if successful, will be rolled out to other specialties and scaled up across NCA.
- 1.4** The implementation of the Greater Manchester (GM) *Waiting Well* initiative within Bury is a key element of the Orthopaedic work and the wider recovery of Elective Care waiting lists. The work undertaken to date on the GM *Waiting Well* and Bury locality framework is outlined within this paper.

## **2.0 ISSUES**

- 2.1** Bury currently has the second highest number of patients waiting for Elective Care appointments within GM, with 23761 Bury patients currently waiting to start treatment. Without a fundamental change in how Elective Care Services are provided, and without access to support whilst they wait, the situation will continue to worsen having a negative impact on the health and social care outcomes for Bury patients.

## **3.0 CONCLUSION**

- 3.1** The Panel is asked to note the content of the paper and receive future updated as the work progresses.

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**List of Background Papers:- N/A**

**Contact Details:-**

*Damian Aston, Senior Commissioning Manager and Catherine Tickle, Programme Manager*

Executive Director sign off Date: \_\_\_\_\_

JET Meeting Date: \_\_\_\_\_

## **Bury Elective Care Update and Waiting Well Initiative**

### **1. Introduction**

- 1.1 The reduction of patient waiting list backlogs in secondary care continues to be a focus for the health and care system within Bury. More people are being seen and treated. However, there are still some limitations in the amount of operations and other procedures that can be undertaken by secondary care.
- 1.2 The number of people waiting to start treatment continues to increase in Bury, though the number of people waiting over 52 weeks has reduced.
- 1.3 To support the recovery of waiting list backlogs and address the growing waits across Elective Care specialities, Bury One Commissioning Organisation (OCO) and Northern Care Alliance (NCA) are working with system partnership, including patients, on a transformation and improvement programme of work.
- 1.4 An evolving joint work programme defines an approach and principles to 'build back better' in Elective Care and recover from the changed environment that has resulted from the impact of the COVID 19 pandemic.
- 1.5 The Bury locality is acting as an initial 'test bed' to trial new and innovative ways of working, with an initial focal on Orthopaedic pathways.
- 1.6 It is intended that the locality work/learning can then be scaled at pace across the NCA footprint to support transformation and recovery of Elective Care.
- 1.7 This includes approaches to co-production, tackling inequalities and barriers to inclusion.
- 1.8 Supporting patients to 'Wait Well' is a key element of the work programme both within Orthopaedics at a locality level, and in response to a Greater Manchester mandate for all localities to have general information to support patients waiting for any elective appointments/procedures.

### **2. Purpose of the paper**

- 2.1 To provide Health and Social Care Scrutiny Panel with a high level overview of the current position of the Elective Care waiting lists for Bury patients.
- 2.2 To update the Panel on the implementation of the GM *Waiting Well* initiative within Bury and the locality focus on patients waiting for Orthopaedic appointments. Both of which form part of the wider programme of Elective Care Transformation and Improvement work in Bury.

### **3. Strategic Context**

- 3.1 The Elective Care Transformation and Improvement Programme of work is aligned to the National Planning Guidance 2021/22, supporting delivery of key priorities outlined in the plan.
- 3.2 A key focus of the Bury programme is addressing health inequalities and inclusion. The 2021/22 Priorities and Operating Plan Guidance states that COVID 19 has highlighted the urgent need to prevent and manage ill health in groups experiencing health inequalities, as outlined in the Long Term Plan. This is also congruent with the Bury Inclusion Working Group objectives and wider Bury Inclusion Strategy.
- 3.3 The programme also reflects the core purposes of the Integrated Care System (ICS) and the move to fully integrated working breaking down barriers across organisations and delivering quality health and care services that meet the needs of the locality.
- 3.4 The Elective Care work supports delivery of the Bury 'Let's Do It' Strategy and Corporate Plan, putting patients and neighbourhoods at the heart of transformation, to improve health and wellbeing and to provide good quality services for the Bury population.
- 3.5 The OCO and NCA approach promotes system alignment and integration, plays a role in the recovery agenda, as well as longer term sustainable transformation and supports financial sustainability of the Bury health and care system.
- 3.6 To support recovery, NCA has produced a trust wide strategy for the recovery of Elective Care services. The Elective Care work programme, of which *Waiting Well* is a key component, supports deliver of the ambitious outcomes set out in the strategy, including achievement of the constitutional targets for waiting times by 2025.

#### **4. National Waiting List**

- 4.1 Within the next year NHS waiting lists could rise to 14 million in England. The Pandemic has adversely impacted on health inequalities and patient experience.
- 4.2 The Coronavirus pandemic has had a big impact on the NHS trying to resume routine services and keep patients safe, in some instances at the same time continue to treat Coronavirus cases.
- 4.3 Hospitals are reviewing patients who have been waiting a long time, to understand their current position and treatment wishes, and to prioritise those in most urgent need based on a national prioritisation criteria.

#### **5. Greater Manchester and Bury - Elective Care Patients Waiting**

- 5.1 There are 337,241 patients across GM currently on Elective waiting list with 22,555 patients having waited over 52 weeks. Bury has the second highest waiting list, with 112.31 patients waiting per 1000 population.
- 5.2 The patient waiting list increased in August 2021 with 23761 Bury patients waiting to start treatment. This is 26.0% (4908 patients) above the March 2021 baseline and reflects an increase of 399 pathways in-month when compared to July 2021.
- 5.3 However, this is the smallest monthly increase in 2021-22 to date with the most significant in-month increases were seen in Dermatology, Gynaecology, ENT, Ophthalmology, Paediatrics and 'Other Medical'. Although there were some specialty level improvements in August 2021 e.g. Gastroenterology and Respiratory, there have been no significant decreases.

#### **6. Elective Care Transformation and Improvement Programme - Work to Inform Waiting Times**

- 6.1 Through the work of the Elective Care Transformation Group, NCA partners have led an exercise to map the journey of the last 10 patients on the arthritic knee pathway, as part of the Orthopaedic service at Fairfield General Hospital.
- 6.2 The review included interviews with patients by a senior clinician to discuss their experience of waiting on the pathway.
- 6.3 This Last 10 Patient approach, including the experience calls, identified variations in pathways, indicated causes of variations and highlighted potential solutions to improve pathways and outcomes for patients.
- 6.4 Several themes emerged from the patient experience calls, with the main area being communication and patients not feeling informed, or empowered, whilst waiting for the next stage of their journey.
- 6.5 This patient feedback has been reported into the Bury Patient Involvement and Participation (PIP) Group, established to support the delivery of the Elective Care Recovery and Transformation Programme.
- 6.6 The role of the PIP is to ensure that the patient is at the core of the transformation and improvement work.
- 6.7 Another key 'test of change' is looking at inequalities and the impact of patients waiting on their socioeconomic circumstances, as well as the clinical impact.
- 6.8 As part of the work feedback on the experiences of Bury patients and the impact of waiting on their physical/mental health and social-economic factors has been collated via telephone interviews.
- 6.9 NCA and the CCG is working in partnership with Tower Group Practices on a 'test of change' to revise the GP referral template to highlight at the point of referral into secondary care Orthopaedics any inequalities.
- 6.10 The aim is to ensure inequalities are visible to the triaging clinician and equity is factored into decisions and prioritisation of treatment, taking a more holistic view of the patient. The referral template will help to 'advocate' for patient, some of whom may not be able to do this for themselves.

- 6.11 If the test of change is successful the intention is to roll out a new referral template across all GPs in Bury within Orthopaedics, as part of a revised pathway, and then look to replicate this across other specialities such as Respiratory.
- 6.12 The PIP group has a pivotal role in ensuring that the patient feedback is maximised and informs the development of the Bury locality 'offer' for patients waiting. The feedback will also help to inform the pathway redesign to reduce demand in secondary care through integrated pathways between Primary Care, Community, Acute and the 3<sup>rd</sup> Sector.

## **7. *Waiting Well* Initiative – Greater Manchester (GM)**

- 7.1 The GM Elective Recovery and Reform Programme have developed a '*Waiting Well*' framework; a repository of information for patients containing resources available to them while they are waiting for their outpatient appointment and/or procedure. This includes signposting to national and regional resources.
- 7.2 The GM *Waiting Well* website was launched on the 11<sup>th</sup> October 2021 and through patient engagement has now been re-named *While you Wait*. Through further consultation the website will be going through further development to meet the needs of patients.
- 7.3 A GM *While You Wait* Communication Plan has been developed and is currently being implemented within the localities to raise awareness of the *While You Wait* website.
- 7.4 Through an increased awareness within primary and secondary clinical staff patients will be directed into the GM *While You Wait* Website before moving through into the Bury locality web pages then onto the speciality pages.

## **8. *Waiting Well* Initiative - Bury**

- 8.1 The CCG with NCA colleagues is coordinating a North East Sector response to *Waiting Well*. This will ensure a consistent approach to communicate the *Waiting Well* initiative across staff and patients.
- 8.2 To ensure a co-productive approach the PIP Group is coordinating this work and has developed a *Waiting Well* Task Group. The *Waiting Well* Task Group has members from the CCG, NCA, Voluntary, Community, Faith Alliance (VCFA) and Public Health, to ensure cohesion with the design, development, and implementation of the *Waiting Well* initiative.
- 8.3 The Bury *Waiting Well* Task Group has been working alongside the GM Programme Manager to support the development of the GM platform, as well as developing a local *Waiting Well* platform to include a bespoke local offer with pathways to support patients waiting.
- 8.4 This local *Waiting Well* platform is now sited on the Bury Directory and has been co-designed with patients and community members. The platform will give options for patients, one of which will be one to one support and the other a self-management wellbeing questionnaire (under construction) that will then direct patients into supportive services.
- 8.5 This will enable patients to access services such as the Staying Well, Beacon and Live Well Service to address any concerns (debt, housing etc.) and increase their health and well-being.
- 8.6 The CCG co-ordinates a NES Integrated Health and Wellbeing Group, members include Public Health, CCG and NCA from across the NES. The group shares learning and good practice on health and wellbeing initiatives within acute settings, this includes *Waiting Well*.
- 8.7 The GM *Waiting Well* Communications plan has been rolled out, this includes links to GP Practices and Primary Care Networks (PCN). Further Communications will need to be designed and implemented for the acute trust including embedding *Waiting Well* within patient letters.
- 8.8 Through the Bury Care Organisation (BCO) Orthopaedic Improvement Programme, the *Waiting Well* Task Group is working with colleagues from BCO Orthopaedics Team to develop a bespoke *Waiting Well* page for Orthopaedic patients as a 'test of change.' The learning from the Orthopaedic Improvement work will be cascaded and scaled up to support a more tailored approach to patients waiting across other specialities.
- 8.9 Bury has been recognised by GM as being ahead in their local plans to implement *Waiting Well* and was invited to speak at a recent GM led learning event.

## 9. Next Steps – Supporting Patients Waiting

- 9.1 Work is currently underway with NCA to explore risk stratifying patients on all waiting lists (based on the Stockport *Waiting Well* risk stratification model). This approach would identify patients on the waiting list who may benefit from a higher level of support while they wait.
- 9.2 Monitoring and evaluation of the *While You Wait* website will be achieved through hits on the web page and with working alongside providers to collate outcome data from patients accessing supportive services.
- 9.3 On the completion of the Orthopaedic *Waiting Well* page a template will be developed that will enable other specialist services to produce their own *Waiting Well* page, which will help to develop the locality offer at a greater pace.

## 10. Elective Care and Cancer Governance

- 10.1 A review of the current governance for the Elective Care and Cancer Programme is taking place, which includes the transformation and improvement work outlined in this paper and the Cancer Programme.
- 10.2 The aim is to bring together a focus on Elective Care and Cancer from the point of view of recovery, transformation, performance, and 'Business as Usual' operational elements, under one Elective Care and Cancer Board that represents the Bury system.
- 10.3 The Board will work to develop a shared vision for Bury, that feeds into the NCA Elective Care Recovery Strategy, Cancer Plans and Bury OCO strategic plans.
- 10.4 The work of the Elective Care Transformation Group and the BCO Orthopaedic Improvement Group, including *Waiting Well*, will be accountable to the newly formed Board.

## 11. Recommendations

Health and Social Care Scrutiny Panel to:

- note the content of the paper and the work undertaken to date.
- receive further updates as required.

**SCRUTINY REPORT**

**DATE: 16<sup>th</sup> November 2021**

**SUBJECT: Spurr House closure update**

**REPORT FROM: Adrian Crook, Director Adult Social Service and Community Commissioning**

**CONTACT OFFICER: Matthew Logan, Strategic Lead Integrated Commissioning**

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## **1.0 SUMMARY**

- 1.1 Following a period of public and staff consultation, on 21<sup>st</sup> July 2021, Council Cabinet supported the recommendation to close Spurr House as part of a wider saving and transformation programme with the Council's Local Authority Trading Company; Persona Care and Support Ltd. Savings achieved by this action will support delivery of the savings required by the Council.
- 1.2 Spurr House will close on 31<sup>st</sup> October 2021 and this report provides an update to Health and Scrutiny Committee on that closure and the process that has been followed.

## **2.0 MATTERS FOR CONSIDERATION/DECISION**

- 2.1 Report is an update on decisions already taken and approved by Council Cabinet.

## **3.0 BACKGROUND**

- 3.1 Persona provide several services supporting people with learning disabilities, dementia and physical disabilities. Services provided include day care, supported living, extra care, respite and shared lives. Due to the challenging financial situation, Bury Council worked with Persona to reduce the value of their contract by £2.5 million over the next 2 years. To achieve the savings required it was proposed to change some services, develop new ways of working to realise efficiencies, and in some cases, reduce or close services, especially those that are no longer used or needed.
- 3.2 Whilst the focus was on minimising any impact on customers and staff as far possible, given the size of the savings it was recognised that they may have some impact on existing customers, potential customers, and staff. Therefore, the proposals went out to public consultation to understand the views of those people who may be impacted both now and in the future.

- 3.3 The public consultation focussed on five elements, however, for the purposes of this report we will focus on those pertinent to Spurr House. This proposed:
- Reducing the number of unused places in the short stay residential care service, close Spurr House leaving Elmhurst open for short stay residential care.
- 3.4 A six-week public consultation was undertaken starting Monday 24<sup>th</sup> May 2021 concluding on Friday 2<sup>nd</sup> July 2021.
- Surveys were made available both online and via hard copy,
  - A council press release was issued on 24<sup>th</sup> May 2021
  - The consultation was published on all the Council's social media platforms
  - Healthwatch Bury supported the process by signposting people to the consultation, publicising the consultation on their website, with their members and through their mailing list.
- 3.5 Information on the consultation launch was shared with all local councillors, all social care workforce, all care providers who themselves employ over 5,000 staff, all Persona staff, all voluntary sector and faith alliance partners and a wide range of stakeholders and via several engagement networks.
- 3.6 Five council led public consultation sessions were also open for anyone to attend and advertised.
- 3.7 Following completion of the consultation, report to Council Cabinet on 21<sup>st</sup> July 2021 proposed the reduction in number of unused places in the short stay service and the closure of Spurr House. This was agreed.

#### **4.0 CLOSURE UPDATE**

- 4.1 At the time of receiving Council Cabinet approval to close Spurr House there were 14 customers in the service receiving short stay.
- 4.2 Staff contracts to work at Spurr House came to an end on 31<sup>st</sup> October 2021 so aim was established to move all customers onto permanent residences before this time.
- 4.3 Task group was established with representatives from Spurr House, Persona management, Adult Social Care Operational Teams and Community Commissioning Team to manage the appropriate move on of all customers.
- 4.4 All customers had reviews of their care needs, were supported to move onto permanent residences and had all moved out by 8<sup>th</sup> October 2021.
- 4.5 At all times Persona management kept staff up to date on the move on of customers and the likelihood of achieving the closure for 31<sup>st</sup> October 2021.
- 4.6 After move on of customers, separate meetings were arranged with Persona and Bury Council Property Services to arrange formal closure of Spurr House and management of the building during the closure and post 31<sup>st</sup> October 2021.

- 4.7 With all customers gone, Persona staff emptied the building of all necessary equipment and documents. Secure temporary alarms were fitted and security staff from Bradley Fold were instructed to mind the building up to 31<sup>st</sup> October 2021. At this point the building would return back to the Council and management would be taken over by Property Services.

### **5.0 CONCLUSION**

- 5.1 Acknowledging the difficult and sensitive nature of managing the closure of Spurr House, all stakeholders, and especially Persona, have ensured that it has been as smooth a process as possible. This includes for the staff and the customers.
- 5.2 All customers have moved to permanent residences.
- 5.3 All staff who wanted to remain in work at Persona were found an alternative role through redeployment.
- 5.4 Spurr House will now return to the Council on 31<sup>st</sup> October 2021.

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### **List of Background Papers:-**

### **Contact Details:-**

*Matthew Logan, Strategic Lead Integrated Commissioning [m.logan@bury.gov.uk](mailto:m.logan@bury.gov.uk)*

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