

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members : Penny Martin, Geoff Little, Lesley Jones, Councillor Andrea Simpson (Chair), Councillor Eamonn O'Brien, Councillor Roger Brown, Councillor Debbie Quinn, Will Blandamer, Adrian Crook, Kath Wynne Jones, Ruth Passman, Tyrone Roberts, Sharon McCambridge, Councillor Tamoor Tariq, Dr Cathy Fines, Supt Arif Nawaz, Helen Tomlinson and James Willmott

Non-Voting Members :

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Monday, 28 March 2022
Place:	Microsoft Teams
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board 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 PREVIOUS MEETING *(Pages 5 - 14)*

The minutes from the previous meeting held on 3 February 2022 are attached.

4 MATTERS ARISING

5 PUBLIC QUESTION TIME

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

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 WIDER DETERMINATION OF POPULATION HEALTH - EDUCATION *(Pages 15 - 70)*

Attached report on Special Educational Needs and Disability (SEND) and appendices to be presented by Isobel Booler, Director of Education and Skills. The report was presented at the Children and Young People's Scrutiny Committee on 17th March 2022.

7 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH - TOBACCO *(Pages 71 - 78)*

Attached report to be presented by Sarah Turton, Public Health Practitioner.

8 THE EFFECTS OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING - HEALTHWATCH *(Pages 79 - 84)*

Attached report to be presented by Ruth Passman, Chair of Healthwatch.

9 HEALTH AND CARE - FRAILTY *(Pages 85 - 94)*

Attached report to be presented by Steven Senior, Consultant in Public Health.

10 POPULATION HEALTH SYSTEM REFORM - SUSTAINABLE INVESTMENT IN PREVENTION

Presentation to be presented by Lesley Jones, Director of Public Health – presentation to follow.

11 GREATER MANCHESTER POPULATION HEALTH BOARD FEEDBACK

Lesley Jones, Director of Public Health to give a verbal update.

12 COVID-19 UPDATE

Lesley Jones, Director of Public Health to give a verbal update.

13 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 and Wellbeing Board

Date of Meeting: 3 February 2022

Present: Councillor A Simpson (in the Chair)
Councillors T Tariq, S McCambridge, K Wynne Jones, J Richards, H Tomlinson, L Jones

Also in attendance: S Paynter, S Senior, C Horth

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

Apologies for Absence: P Martin, S Downey, V Hussain, G Little, Councillor E O'Brien, Councillor R Brown, Councillor D Quinn, W Blandamer, A Crook, R Passman, T Roberts and D C Fines, A Webb

HWB.388 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.389 DECLARATIONS OF INTEREST

Councillor Simpson declared an interest in the NHS due to being an NHS employee in Salford.

Councillor Tariq declared an interest in the Health and Wellbeing Board due to being a member of Oldham's Health and Wellbeing Board.

HWB.390 MINUTES OF PREVIOUS MEETING

It was agreed:

1. The minutes of the previous meeting be approved as a correct record.

HWB.391 MATTERS ARISING

There were no matters arising.

HWB.392 PUBLIC QUESTION TIME

There were no public questions.

SELF ASSESSMENT WORK AGAINST THE POPULATION HEALTH SYSTEM CHARACTERISTICS

Further to the published agenda, the Chair agreed that the agenda would be re-ordered and agenda items 15, 16 and 17 would be considered first.

Further to consideration of the self-assessment work and implementation plan against the population health system characteristics at a previous meeting, and members approving the work in principle when the Board met virtually, the item

was presented to members to be formally approved.

It was agreed:

1. That the self-assessment work and implementation plan against the population health system characteristics be approved.

HWB.394 POPULATION HEALTH DELIVERY PARTNERSHIP MANDATE

Further to consideration of the Population Health Delivery Partnership mandate at a previous meeting, and members approving the work in principle when the Board met virtually, the item was presented to members to be formally approved.

It was agreed:

1. That the Population Health Delivery Partnership mandate be approved.

HWB.395 BETTER CARE FUND PLANNING

Further to consideration of the Better Care Fund Planning at the previous meeting, and members approving the work in principle when the Board met virtually, the item was presented to members to be formally approved.

It was agreed:

1. That the Better Care Fund 2021/2022 and the decision to submit to the national Better Care Fund Team for assessment be approved.
2. That the Better Care Fund Narrative plan for 2021/2022 and the decision to submit to the national Better Care Fund Team for assessment be approved.

HWB.396 OUTCOME AND PERFORMANCE REPORT (10 MINUTES)

Lesley Jones, Director of Public Health provided an update.

The Outcome and Performance data is being developed and built into Tableau. All Members of the Board have been invited to have a look at the dashboard and provide feedback.

Included in the agenda pack is an Outcomes Summary. The summaries show that generally, preventable mortality is improving, other than for those with severe mental illnesses which is getting worse. The summaries show that Bury is generally improving against statistical neighbours but there is still work to do to reduce inequalities between Bury and other areas and within Bury. These summaries will be built into the Tableau dashboard.

It was noted that further refinement work is needed around the inequalities data.

In response to a member's questions around how this piece of work can shape services, it was explained that there is an intention to build in an inequalities dimension to the dashboard and to support the development of performance measures at programme and service level which will contribute to the overall

outcomes.

It was agreed:

1. Members to continue to feed back on the Tableau dashboard.
2. Members who haven't got access to Tableau who wish to view the dashboard, contact Michelle Foxcroft or Lesley Jones.
3. Kath Wynne Jones and Lesley Jones to share this work with the transformation programmes. Kath Wynne Jones to add the work to a future agenda.

HWB.397 HEALTH AND CARE SERVICES - PRIMARY CARE (20 MINUTES)

Steven Senior, Consultant in Public Health gave a presentation on the inequalities in Primary Care in Bury. A detailed report and PowerPoint slides were included in the agenda pack.

The focus of the presentation was on Coronary Heart Disease (CHD) which is a major cause of illness and death in Bury and can be reduced by good quality primary care. Intervention decay describes how the number of people who could benefit from a healthcare treatment gets eroded by gaps and barriers that stop people accessing care. The importance of linking intervention decay to service resourcing, structures, processes, and outcomes was explained. More deprived populations experience higher rates of CHD deaths. Most parts of Bury are above the England average for CHD deaths.

In response to a member's question around using innovative ways to ensure that patients with cardiovascular disease are accessing services, it was explained that the data shows where to look but not necessarily what to do with it. Suggestions were made to help patient access services. It was suggested that the Neighbourhood Teams and Community Champions could help with patients accessing services. It was suggested that connections are to be made with services who connect with the community more often.

Kath Wynne Jones gave examples of work taking place within neighbourhoods, INT leads have neighbourhood plans which have different indicators depending on the need of that area, the leads are working with Community Hub Managers. The indicators are for health and care. There has been work done with the VCFA around using volunteers to help with community engagement.

A member suggested that health services in areas of deprivation struggle to recruit staff and therefore cannot deliver everything that they would like to due to staff shortages.

Members discussed issues around deprivation getting worse due to the cost of living rise, it was explained that work is being done within communities and integrated neighbourhood teams around health inequalities.

Implementation decay and co-production work is being addressed at the next Partnership Meeting. There is ongoing work around how to engage different people in the community to get their voices shared. The Partnership Meeting has a wide range of stakeholders involved.

It was agreed:

1. Cardiovascular disease is the initial focus for work to address health inequalities through primary care.
2. Further analysis should be done to look at equity in other aspects of primary care for people with coronary heart disease.
3. Bury CCG should support PCNs to analyse inequalities in health and care (starting with cardiovascular disease) within practice and PCN populations with the aim of identifying aspects of care that vary according to patient characteristics such as deprivation and ethnicity and to identify clustering of aspects of care that might help identify those patients who are potentially missing out on the most effective interventions.
4. Data on skill mix across practices is collected to allow a fuller assessment of equity of distribution of the clinical workforce relative to deprivation and health need and support PCNs' workforce strategies.
5. Council and CCG speak to counterparts at the Greater Manchester level and propose analysis to understand the relationship between general practice workforce supply and composition and key outcomes.
6. Bury CCG and Council and GP Federation to support the Primary Care Networks to develop their health inequalities plans drawing on the frameworks outlined in this paper.
7. The Health and Wellbeing Board to be updated on progress against these recommendations in September 2022.

HWB.398 HEALTH RELATED BEHAVIOUR - SEXUAL HEALTH (20 MINUTES)

Shenna Paynter, Public Health Programme Lead gave a presentation on the inequalities in sexual and reproductive health in Bury. A report and a PowerPoint presentation were included in the agenda pack.

Key issues were highlighted in terms of HIV, reproductive health and sexual transmitted infections (STI's). It was explained that Bury is a high HIV prevalence area, HIV is concentrated among men who have sex with men and black African men and women. In terms of reproductive health, it was explained that poor reproductive health outcomes are more likely in women who may already be experiencing disadvantage. The impacts of STI's remain greatest in young people aged 15 to 24 years old and in certain minority ethnic groups, and gay, bisexual and other men who have sex with men.

The commissioning arrangements were explained. There has been a new contract and re-branding of Virgin Care (now known as HCRG Care Group). The new contract will begin in Bury, Oldham and Rochdale on 1st April 2022 and it will be a 5-year developmental contract working with local residents to reduce inequalities. Early Break will be supporting young people with assertive outreach, offering services such as 'clinic in a backpack'.

A member suggested using GP data to send a general text to people regarding testing for Chlamydia, to try to reduce rates in Bury.

A member explained that sexual health and reproductive health services were fragmented post 2013, when commissioning responsibilities were split over three

key groups of organisations. Work has been done to help organise and embed capacity for sexual health within primary care.

In response to a member's question around interacting with schools, it was explained that work with schools needs strengthening. Pre-pandemic links with schools were good.

It was agreed:

1. A Bury Sexual Health Strategy (including Reproductive Health and HIV) is to be developed and co-produced with multi organisational stakeholders, this must link to the Greater Manchester strategic plan and the new national strategy. A range of representatives from populations most at risk of poor sexual health are to be engaged in the development and delivery of this strategy to improve sexual health and in the development and evaluation of local services.
2. Primary Care to pull together a HIV multi-partner task group to undertake a stocktake for Bury against each of the objectives in the Towards Zero Plan and identify local actions.
3. Primary Care to support HCRG to develop an equitable, accessible, high quality LARC offer through PCNs/GP fed, and beyond LARC to include wider women's health services. Primary Care to facilitate provider relationships.
4. Once strategic manager is in post, PH provide support to HCRG to convene a multi organisational partnership board to mobilise and develop the new contract.
5. The local system and partnership board should use robust population health data, SHNA and service data to identify inequalities in access and uptake of services across the local system, and to maximise effectiveness of resources. Inequalities must be a standing agenda item.
6. The delivery of targeted work to address inequalities in sexual health, reproductive health and HIV, with a focus on key populations and appropriately targeted services to meet their needs should be evaluated, and outcomes should feed into partnership group.
7. Consideration given to using the Primary Care Women's Health Forum Toolkit to assess the need for smarter commissioning and development of women's health hubs.
8. Consider commissioning MASH (Manchester Action on Street Health) with the cluster commissioners, and sexual health provider HCRG, to target women working in the sex industry who are at risk of sexual ill health.
9. Shenna Paynter to explore using GP's lists to reach more people regarding Chlamydia testing.
10. Shenna Paynter to strengthen sexual health links within schools.

HWB.399 COMMUNITY AND PERSON CENTRED APPROACHES - HEALTHWATCH - INVOLVING PEOPLE WITH LIVED EXPERIENCES (20 MINUTES)

It was agreed:

1. The item be deferred to the next meeting.

HWB.400 WIDER DETERMINANTS - CLIMATE CHANGE/CARBON REDUCTION (20

MINUTES)

Chris Horth, Unit Manager, Environment Team gave a presentation on climate change and health. The PowerPoint presentation was included in the agenda pack. Climate change was described as a serious health issue which is felt most by the vulnerable.

A 10-week consultation on the Climate Strategy took place, which resulted in 400 responses. The consultation took place both online and in person, and public concerns shaped the climate change agenda.

In response to the implementation of the Greater Manchester Clean Air Zone, a Clean Air Zone plan will be produced in May 2022. It was suggested that the Greater Manchester Clear Air Zone could be difficult for local businesses. Andy Burnham, Mayor of Greater Manchester has written to the government to try to safeguard local businesses and communities.

There have been 19 community bids for funding for a number of projects which involve health improvements, improving biodiversity and greenspace.

It was explained that there will be two E-cars, one in Bury and one in Prestwich as part of the pilot car club scheme. The scheme offers people to drive an electric car or use a car hub. A member thought that the E-car club was a good idea due to the high price of electric cars.

A discussion took place around the importance of having local companies who can install and maintain environmentally friendly equipment such as retrofit accelerators.

In response to a member's question around how to get property developers to produce environmentally friendly affordable houses, it was explained that developers tend to look for the cheapest option when building properties although the team will try to encourage carbon neutral developments in planning.

A discussion took place regarding the NEDO Smart Communities Project, which was a project in Greater Manchester, that replaced 30 inefficient heating systems in Bury, with a range of electrical hybrid Air Source Heat Pumps. In response to a member's questions around an opportunity to bring back the Greater Manchester NEDO project, Chris Horth agreed to explore this.

In a response to a member's question around how climate change measures can make a difference to people's health, it was explained that this can be measured through the Outcomes Framework, indicators of wider determinates of health will be monitored.

A member advised that different pieces of work are being joined up through different strategies such as the food strategy and climate strategy.

A discussion around the Health and Care System Estate Group took place. The NHS providers' climate change plans were completed at the end of January, Greater Manchester will publish a plan in April 2022.

It was agreed:

1. That the update be noted.
2. Chris Horth to explore if the NEDO project could be brought back to Greater Manchester.
3. Kath Wynne Jones to ask NHS providers to share their climate change plans at the Health and Care System Estate Group.

HWB.401 POPULATION HEALTH SYSTEM REFORM

Lesley Jones, Director of Public Health referred to the population health system reform plan in the agenda pack. The Kings Fund Model is used in Greater Manchester through the Delivery Partnership against the characteristics in the implementation plan.

A key area of the plan is culture and leadership, it was explained that this work would be led through the strategic workforce with a view to build on population health.

In relation to the sustainable investment in the population health characteristics, it was explained that strategic finance group is undertaking a mapping exercise of spend against population health outcomes, beginning with cardiovascular disease. They will be analysing the cost of spend between treatment and prevention.

It was agreed:

1. To bring the population health system reform work back to each meeting.
2. To share the work with the transformation programmes.

HWB.402 GREATER MANCHESTER POPULATION HEALTH BOARD FEEDBACK

Lesley Jones, Director of Public Health provided an update to the Board.

The Greater Manchester Population Health Board's draft terms of reference were included in the agenda pack for information.

Since the last Health and Wellbeing Board meeting, the Greater Manchester Population Health Board has not formally met, although members have had a development session to look at the role of the Board and oversee the transformation money spend.

The Board will focus on population health at a Greater Manchester level which will act as a mutual vehicle for sharing work between Bury's Health and Wellbeing Board and the Greater Manchester Population Health Board.

HWB.403 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) TIMEFRAME DECISION

Lesley Jones, Director of Public Health explained that the PNA is a statutory responsibility of the Health and Wellbeing Board. Last year, due to pressures that Covid-19 caused across all sections, the requirement to publish renewed PNAs was suspended until October 2022.

Due to ongoing service disruption and capacity in teams there was a conversation requesting a deferment to publish the PNA until next year. The North East have recently requested a deferment and this was rejected. Therefore, the alternative option is to carry on with the PNA, with members being aware that it would be unlikely that the PNA would be published by the statutory deadline.

It was agreed:

1. To carry on with the PNA work.
2. To note that the statutory deadline for publishing the PNA may be missed.

HWB.404 COVID-19 UPDATE

Lesley Jones, Director of Public Health provided an update on Covid-19.

Covid-19 case rates are falling but remain high, especially in primary school aged children.

There has been an increase in Covid-19 cases in the South West and South East, therefore there is a potential for cases to increase again in Bury.

With the Omicron variant and the vaccine programme, there has been fewer people requiring hospital treatment, intensive care and fewer deaths.

The Omicron variant has a higher re-infection rate compared with other variants, around 10-15% of cases are re-infections, meaning that it is possible to catch the virus again.

Approximately 80% of eligible cohorts have received both doses of the vaccine and the booster. There are inequalities in the vaccine uptake which services are focussed on addressing.

England has moved from Plan B measures to Plan A, although people need to continue to be vigilant as a new variant could emerge.

In response to a member's question around people reporting Covid-19 lateral flow tests via the NHS app, it is thought that NHS case rate data is an underestimate, other data sources are also showing a downward trend in infections rates therefore it is thought that infections rates overall are falling. It was suggested that generally, people are reporting positive lateral flow tests via the NHS app but less people are reporting their negative tests.

The impact of reducing isolation days on the workforce was discussed. It was hoped that more people could return to work after 5 days if they had two negative lateral flow tests, but many people are still testing positive for Covid-19 on day 10.

HWB.405 URGENT BUSINESS

There was no urgent business.

COUNCILLOR A SIMPSON
Chair

(Note: The meeting started at 6.00 pm and ended at 7.40 pm)

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SCRUTINY REPORT

MEETING: Children and Young People Scrutiny Committee

DATE: 17th March 2022

SUBJECT: Update Report on Special Educational Needs and Disability (SEND)

REPORT FROM: Councillor Tariq Tamoor, Cabinet member for Children and Education Services

CONTACT OFFICER: Isobel Booler, Director of Education and Skills
Jane Case, Commissioning Programme Manager for Children's Services Bury CCG

1.0 BACKGROUND

1.1 Bury Council and Clinical Commissioning Group (CCG) are committed to ensuring that all of our children are safe, have the best start in life, fulfil their potential, and are independent; this commitment extends to all, including our children with a disability and/or learning need.

1.2 This report provides an update following the detailed Annual Report on Special Educational Needs and Disabilities (SEND) submitted at the Children and Young Persons' Scrutiny Committee meeting on the 7th September 2021. <https://councildecisions.bury.gov.uk/ieListDocuments.aspx?CId=328&MId=2958&Ver=4>

1.3 This report provides a mid-year summary of actions and progress across the SEND provision. A comprehensive SEND annual report will be provided again in the Autumn. A summary of the quarterly update on the Project Safety Valve programme which was submitted to the Department for Education on 1st March 2022 is detailed in Appendix I.

2.0 Introduction

2.1 This report provides a further update on Bury's progress in embedding the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014.

2.2 Local areas are subject to inspection by Ofsted and the Care Quality Commission (CQC) on their effectiveness in identifying and meeting the needs of children and young people with SEND. These inspections focus on:

- evaluating how well local areas understand their strengths and areas for development

- how local areas demonstrate that provisions are improving outcomes for children and young people with SEND
- understanding how local areas are improving the experience of families in accessing services and support.

2.3 The inspection outcomes remain an ongoing key priority with actions which are encapsulated in the Local Area Strategic Action Plan. Senior managers have ownership of the actions and there is director oversight with challenge and the monitoring of progress against priorities.

2.4 However, although there are still challenges to address in Bury's provision for SEND, particularly around parental experience of pathways, progress has been made. Sections 3 to 8 of the report detail the progress the local area has made towards achieving our aspirations to embed the SEND Reforms and improve outcomes and experience for children and young people with SEND.

2.5 Specifically, we are working with parents, families, schools and other stakeholders to build relationships focused on outcomes for the child and deliver a more joined up approach.

2.6 Officers and partners meet monthly to review the actions in the Local Area Strategic Action Plan. There are 10 outcomes in the Action Plan:

1. Parents'/carers' and children's/young people's views impact on strategic decisions and shape and inform all work across the Local Area
2. Excellent local offer, understood and accessible to all, leading to improved life outcomes.
3. Integrated and transparent pathways allows parents/carers and young people to access services across education, health, and care.
4. High quality individualised Education Health and Care Plans and reviews drive improvements across the Local Area
5. Children and young people with SEND have needs met through local sufficient excellent education, health, and care services, jointly commissioned where appropriate
6. Earlier intervention and prevention to offer help and meet needs at the earliest opportunity, reducing the demand on high cost and sometimes ineffective interventions.
7. Improved standards across education and training ensures that there are high quality outcomes for children and young people with SEND
8. Preparing for Adulthood (PfA) is embedded from early years including high quality transition to adult social care
9. A highly skilled workforce across all stakeholders improves outcomes for children and young people.
10. The local area has embedded robust accountability and governance structures

2.7 This report sets out a summary of actions from all the partner agencies against the plan. Agencies are committed to working together to ensure that the experience of children with SEND and their parents continue to improve.

3.0 Our aim is that Parents'/carers' and children's/young people's views impact on strategic decisions and shape and inform all work across the Local Area and that we have an excellent local offer, understood and accessible to all, leading to improved life outcomes.

Co-production with parents and carers

3.1 Bury2gether (B2G), Bury's Parent Carer Forum, receives national grant funding to act as the strategic voice of parents/carers of children and young people with SEND in Bury. Bury2gether plays an important role in ensuring the voice and experiences of families are influencing service improvements. The Forum is represented on the Local Area SEND Board, and their members are involved in a wide range of co-production activities with health, education, and social care services.

3.2 Examples of co-production with B2G include the recruitment processes for new roles in the EHCP team. Board members have also joined recruitment panels for key posts on the Commissioning, SEN and Children with Disability Teams. Parent representation has been in place on the SEND Joint Commissioning Group for several years. Parents co-produced the themes to be included in the SEND Joint Strategic Needs Assessment (JSNA) and the SEND Parental Survey.

3.3 Inclusion Services have two fully co-produced projects underway this academic year with parents/carers as key partners: School Inclusion Quality Mark (with a co-production strand) and Graduated Approach (part of Project Safety Valve).

3.4 We are developing engagement networks with all parent groups, including in recent months the SEN Reform/protest Group. We are focused on building a culture of mutual respect and working together towards shared goals, so that we can develop a robust informal network. This work is being facilitated by the recently appointed parent/carers engagement officer. We are issuing monthly Local Offer newsletters which have been well received, and inviting local SEND groups to support the Parent/Carers SEND conference, which is being co-produced with B2G.

3.5 On 28th February 2022 Bury2gether hosted a multi-agency co-production event focused on the revised Local Area Strategic Action Plan.

3.6 Bury2gether are leading on draft proposals on a memorandum of understanding on co-production across the Local Area and on further Governance proposals.

3.7 Members of Bury2gether have formed a not-for-profit community interest group, Bee Inclusive, to enable them to lease a building for delivery of a SEND hub and enhance funding opportunities for the benefit of the SEND community. B2G retains its role as the parent/carers forum for Bury.

Local Offer

3.8 There are now regular sessions with services and parents/carers using the Bury2gether SEND hub as a venue. An event calendar has been developed with the parent forum for drop-ins, surgeries, and Q and A sessions offered both virtually and face to face. The first drop-in was a telephone consultation on the employment pathway for Preparing for Adulthood. This included a workshop provided by Bury SEND Information, Advice and Support Service (SENDiass) on preparing for adulthood and how this supports children and young people with SEND. Seventeen contacts were made, and the feedback was positive. We will apply the learning from this event to plan future drop-ins.

- 3.9 A monthly Local Offer newsletter has been introduced. The most recent newsletter has been attached as Appendix III.
- 3.10 Bury Together are advisers and advocates on the Local Offer working group. This group gives oversight of the forward plan to ensure that improvements are made to the Local Offer, including the potential for a Local Offer telephone line.
- 3.11 B2G have set up an SEND hub in the building they have leased. The hub will support the following: co-production opportunities, consultation opportunities, a hireable voluntary/community accessible space, a place to deliver social opportunities for children and young people with SEND, and a place to deliver support to parent/carers. The building is now open and operational. Details of the venue can be viewed here <https://www.beeinclusive.co.uk/contact-4>. The Bury Living Well Centre also provides a community facility.

Young Person's Voice in Bury

- 3.12 In the last report we explained that the Inclusion Ambassador/ SEND Advocate had set up a number of activities during Covid to mitigate loneliness for children and young people and has been proactive with a wide range of engagement tools/mechanisms to promote the voice of the child at a strategic level so central to children's services work.
- 3.13 The post is currently vacant and recruitment is underway. The post will sit within the Integrated Youth Support Services (IYSS) team, whose focus is on youth participation and engagement; this aligns with the priorities of the Inclusion Ambassador/SEND Advocate's work.
- 3.14 We continue to listen and respond to young people's views of services. Inclusion Services have posted staff profiles onto the Local Offer as young people have identified that they would welcome knowing those staff and their background in advance of any contact. This is to be rolled out across other teams as good practice.

Bury SEND Information, Advice and Support

- 3.15 The Bury SEND Information, Advice and Support Service (BURYSENDiass) is a contracted-out service which provides information, advice and support on: local policy and practice; the Local Offer; EHCPs, Personalisation; the Law as applied to an individual's situation; LA's processes for resolving disagreements, tribunals, complaints etc.
- 3.16 SENDiass is a partner in the parent carer drop-in sessions.

4.0 Our aim is that Bury's local area is committed to ensuring young people with SEND have their needs met through improving Education, Health and Care services, jointly commissioned where appropriate

The Graduated Response

- 4.1 Bury is making good progress to develop a Graduated Approach which sets out the provision schools would be expected to put in place for pupils at universal and SEN Support levels, and the provision schools, the Council and other agencies need to put in place for pupils with an EHCP. This tool helps schools

understand when to request a statutory assessment and helps parents to have informed discussions with schools and settings about the support being provided for their child and expectations about a graduated response.

- 4.2 A lot of work has been carried out in the last six months to develop the Graduated Approach and is on track for launch in the autumn term of 2022. This has involved establishing a steering group and eight task and finish groups. These involve schools, SENCOs, colleges and parents with co-production activity at the core. The first two sections are being drafted now; the next will begin in March. Additional events with parents/ carers, children and young people will complement the work of the Task and Finish Groups.
- 4.3 There are bi-monthly Steering Group meetings to set the direction of the work stream. Work with web developers is underway to make the information accessible for the 0-25 age range, with versions for Early Years, School Age and Post-16. Also, the development of a special school specific supplement.
- 4.4 We are on track to align Early Help Locality Teams and Inclusion Partnerships. This will enable schools to access a wider range of support in a streamlined way across the whole set of SEND services, with the intended outcomes that fewer EHCPs will be required.
- 4.5 Examples of progress with the alignment of Early Help Locality Teams and Inclusion Partnerships include:
- Bury has completed an initial successful consultation with the Headteacher Reference Group to share proposals in November 2021. Further successful consultation with primary head teachers took place through the Inclusion Partnership meetings across the autumn term to launch proposals in principle.
 - Co-production activity with primary head teachers (February/March 2022) to design operational plans (3 of 4 meetings completed). Final proposals will be circulated to primary head teachers by the end of March 2022 for trial in the summer term 2022.
 - A review is planned for the end of the summer term and full operation is planned to take place from September 2022.

Early Years

- 4.6 The Early Years delivery model is an integrated pathway for all children from pre-birth to five years of age, supported by health care and early years professionals, leading to earlier identification of need for an increasing number of children.
- 4.7 Some of the activities in the last six months include:
- co-producing a sector-led project in partnership with early years settings, parents/carers, education, social care, and health colleagues.
The aims of the project are to:
 - upskill practitioners and SENCOs in maintained and non-maintained settings to better meet the needs of children with SEND
 - develop inclusive practice within settings across Bury and build an additional layer of support for the early years sector through peer-to-peer support to better meet the needs of children with SEND.
 - improve support available for children with complex needs and their outcomes and develop parental confidence in mainstream early years settings.

- We have also developed an Early Years SEND transition document to ensure children and their families make a meaningful contribution to their planning and next steps, and SENCOs can better advocate for children with SEND
- Bury have also been accepted to take part in the Special Approach to Making it REAL National Children's Bureau (NCB) project - Home Learning Environment support for families of children with SEND. Bury will benefit from training for 60 Early Years practitioners in the 'Special Approach to Making it REAL', plus the provision of an adapted workshop for 40 parents of children with SEND.
- NCB have worked with Bury to deliver two Local Action Learning Sets which have brought together key LA, SEND and health stakeholders
- We have a budget from NCB to order treasure bags and contents, to support families to engage in fun activities with their child to support their learning and development, which are linked to the four strands of Literacy.

4.8 Since the last report Bury has continued to deliver a project with the Behavioural Insight Team (BIT) through the work with GMCA aimed at raising the level of take up of free places for two-year-olds. In those areas in Bury which have the lowest take up, namely Sedgley, St Marys and Holyrood:

- Sedgley has now seen an increase from the summer term from 39.8% to 42.7% (Autumn term).
- St Marys has seen a **very** small decrease in take up from the summer term 50% to 48.4% (Autumn term).
- Holyrood has seen an increase in take up from the summer term 50% to 66.7% (Autumn term).

Our next priority will be to increase the take up in the Bury East area.

4.9 We are making good progress in delivering a GMCA project to raise the standards in speech language and communication. Bury now has 134 Communication Champions working across Early Years, including in schools, who can carry out Wellcomm assessments; Wellcomm is a tool used to identify children who may benefit from a speech and language assessment. Our EY Advisor Team/SLC Pathway Lead continues to deliver Wellcomm Training online, as well as in house to support those early years settings with high % of 2-year funded children.

4.10 Bury has also been partnered with a programme called Early Talk Boost- with I CAN. 46 early years providers, including schools, settings and childminders have been involved with this intensive programme, and continue to use the tools and resources to support children's Speech Language Communication development, and enhance the children's home learning environment. 66 practitioners have been trained across both early years providers and schools to deliver Early Talk Boost. Early assessment of impact shows that 80% of practitioners trained in Bury reported improvements for children in speech and communication.

Bury Schools Continuum of Provision

4.11 Bury's strategic ambition is for our children and young people with SEND to have their needs met in their local community. However, with only two special schools and limited resourced provisions in mainstream schools this means that currently a number of children with EHCPs are placed in special schools out of borough.

4.12 There has been progress over the last six months to develop the continuum of provision for school pupils with SEND. This includes:

- As part of the PSV work-stream on the Dedicated Schools Grant, the funding methodology has been reviewed and proposals went out for consultation on the model of top-up bandings in October 2021
- An additional Resource Provision, Vision House, has been developed in the borough which has been operational from summer 2021
- Options appraisals have been undertaken on a number of resource provision proposals and we are working with a number of primary schools and one secondary school on SEMH (Social Emotional and Mental Health) Resourced Provision including an outreach offer.
- Within Bury's sufficiency plan to meet the increased demand for school places and to reduce the reliance on out of borough schools, an 80 place ASD Special School is planned for 2023; and a 60 place SEMH Special School is to open in 2024; in addition, the opening of the new secondary free school in Radcliffe means that Spring Lane Pupil Referral Unit will be moving location.

4.13 Special Educational needs and Disabilities education sufficiency is a key workstream within Project Safety Valve and a more detailed update will be provided in the accompanying Project Safety Valve update report.

Outreach and School Support

- 4.13 The Local Authority Inclusion team offers support for mainstream primary and secondary schools and early years settings. This support is highly regarded and helps mainstream staff identify need, develop strategies and practices to better support their pupils with SEND.
- 4.14 The Local Authority Educational Psychology Service (EPS) has over the last six months offered a range of support functions:
- Developed and advertised the Recently Qualified Educational Psychologist Academy to attract EPs to working across the partnership of Salford, Tameside and Bury through offering an enhanced induction package and bespoke CPD to meet any covid impacted training experiences. Through this offer, a Senior EP and 4-5 main grade EPs have been recruited over a two-year period.
 - Support for SEND caseworkers through training, a team development day and drop-ins to support for example, managing and responding to difficult meetings or conversations and problem solving around challenging or complex cases.
 - Developed and launched Bury's Emotionally Based School Avoidance (EBSA) Pathway. This has involved localised resources, and training for professionals and school staff and the establishment of a multiagency support pathway via Team Around Schools, bringing together Educational Welfare, Early Help and CAMHS. Training is also being targeted at secondary schools, to offer support to establish early in-school responses to need.
 - Childrens Rights to Play training developed and ready to be launched for primary, secondary and special school staff.
 - 2nd cohort of the Headteacher peer supervision programme is running involving two workshops and the buddying of heads across the three services partnerships (Salford, Tameside and Bury)
 - Continuing Professional Development: developed a virtual training programme for early years professionals, working with the SEND lead to contribute to further capacity building for the Inclusion First Award and to ensure any pre-statutory work is targeted most effectively.

Short Breaks

- 4.15 It is a priority to develop the Short Breaks/Local Offer for families in the borough so that there is a broader more comprehensive offer of universal targeted and specialist provision. The goal is to deescalate cases where a child/young person does not initially meet the social care threshold, but subsequently behaviours escalate so that at the edge of care. Work is underway to map Short Breaks in the borough including the third sector offer. The newly tendered Short Breaks services have been available since September 2021); referrals are being made into the provision by the Children with Disability (CwD) team. There is a commitment to review pathways into short breaks and to enable access to a greater and universal and targeted short break offer.
- 4.16 There are two new time limited (up to 12 weeks) programmes to enhance the learning of skills in children and young people, and also to increase participation in community activities so that both programmes increase independence and positive outcomes. The CwD team continue to discuss with families the most appropriate package of support for their child. In consultation and agreement with families, there have been positive examples of children moving from an existing package of support to a new service where there will be improved outcomes.
- 4.17 The new Positive Behaviour Support service is directed to meeting the needs of complex high-end cases where behaviours are such that the child/young person is on the cusp of residential care. There have been a couple of edge of care cases where this new service has been used successfully by the social worker in order to deescalate behaviours through a therapeutic model of support.
- 4.18 Currently as Bury has a limited universal offer. In support of developing a richer universal offer, Bury is part of a GM consortium bid to the DfE Respite Innovation Fund. Two groups are identified where there is an unmet need in Bury:
- Under 6's where access to more soft play facilities is needed
 - Teenagers aged 14 to 18 with autism and learning difficulties (not necessarily with a diagnosis of autism or vice versa) where access to more pastime/leisure facilities and venues is needed.

Children With Disabilities Team

- 4.19 As detailed in the last report, Bury Children's Services offer a specialist service to children and young people with disabilities and their families through the Children with Disabilities [CwD] team. Since the last report the CwD team is now fully staffed with a Team Manager, seven social workers and three family support workers. The service currently meets the need of 265 children and young people and their families residing within the Local Authority.
- 4.20 In the last six months progress has been made in the following areas:
- Two transition social workers have been successfully recruited to work with those 16-18 years old to ensure that updated assessments and My Adult Care Assessments are completed to support transition to adult services

- Work on transitions pathways continues
- Improvements have been made to the parent carer referral process through the MASH
- A revised parent carer assessment process in consultation with parents is under review; the next phase will look at the local offer for parent/carers in Bury
- Review of personal budgets and the outcomes for the child

4.23 Following the ILACs Ofsted judgement improvements within the Children with Disabilities [CwD] team have been incorporated within the improvement plan and have focussed on training and development and workforce stability.

Joint Commissioning

4.21 As in the last report, the Joint Commissioning Group is well established with Bury2gether representation at all meetings. In the last six months the following activities in the work-plan have been completed or started:

- Re-tendered SENDIASS with new specification co-designed with parents
- A service review is underway of the family support services contract (for social care)
- Investment in the Neurodevelopmental Waiting List Initiative has resulted in additional capacity to reduce the historical backlog of under 5's waiting to access the pathway
- A pilot of pre-diagnosis support and the development of a single point of access for ASC and ADHD services is underway
- 12-month review of the Sensory Pilot completed
- External review of speech and language therapy commissioned

4.23 A significant piece of work that the Joint Commissioning Group oversees is the SEND Parental Survey. The Group has developed the content as a multi-disciplinary survey with input from Bury2gether steering group on gaps and key questions. The survey was launched 18 January 2021 for 6 weeks to collect feedback on SEND services and is to close 11th March 2021.

4.24 Work is underway on developing the parent/carers offer. The next phase is to map the parent carer offer in other local authority areas and review in order to co-design the parent/carers offer in Bury.

Health

4.25 Since the last SEND report, the Children's Health agenda has progressed.

Due to the impact of Covid, on staffing and acuity of need and the lack of face-to-face delivery during lockdown. The waiting times within Speech and Language and Occupational therapy have generally increased. At present the Speech and Language team have a wait time of 19 weeks for those with a known speech communication issue (SCDDG) and a wait of 48 Weeks for Assessment with an occupational therapist and ongoing plan. There is also a growing wait time for Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder assessments. These are being addressed at a local, and GM level. Services with extensive wait times as highlighted above have monthly Directorate meetings which include Trajectories and action plans with the Senior leadership team to ensure operational and clinical oversight is maintained.

- 4.26 The Health Senior leadership team and Service leads are working closely together to ensure that those currently waiting are seen within the appropriate clinic as timely as possible, which include those children known with SEND. All Children are appropriately triaged in line with the national prioritisation.
- 4.27 Speech & Language Therapy (SALT) Is a service supporting 324 children and young people with EHCPs with a further 150 children and young people currently being assessed or likely to be referred for statutory assessment. All students in the local authority special school provisions have EHCPs have access to the SALT service, provided in the settings. The SALT service offers universal / targeted support and training to staff that benefits all students, and specialist intervention for individual students if needed. There is a community Dysphagia service delivered face to face in clinic or setting / home visits, or remotely.
- 4.28 As per the proposal within the previous report a system wide review of speech language and communication has been initialised. This is progressing well and will look to take a whole system approach to understanding need in Bury and progressing joint commissioning arrangements.
- 4.29 Children Community Nursing Team and Special School Nursing
There has been significant increase in support/activity from the complex nurse for children with complex needs, palliative and end of life care, which has sustained and met the challenge ensuring our most vulnerable children and families have had support and continuity during pandemic. This has in part been done virtually but again where patient requires face to face this is always undertaken.
- 4.30 Health Visiting (HV) - All babies and Children 0-5 have open access to the service inclusive of those children with SEND, the service provides, developmental assessment. As well as the mainstream HVs there is a dedicated SEND HV post, which carries a case load of 30 complex children. The Service works with a much larger number of families on a, 'step on' basis, Delivering short term outcome-based interventions. These families have an identified specific need/s that can be met by the SEND HV service over a period of time, this can be anything from 6 weeks up to 6 months depending on the individual needs of the family. This has seen the development of facilitating parent drop ins at the SEND Hub alongside SEND Engagement officer. This is Planned for 1st March, with a view to engage parents and families, and aid coproduction. Currently the post holder is developing a SEND early years group in conjunction with Portage to be delivered monthly at the SEND Bee Inclusive HUB.
- 4.31 The physical therapy team have a total of 119 children on their caseload with EHC's. Physiotherapy prioritise all children referred with development delay. Children will predominantly be seen face to face, as well being offered virtual assessment to support child and family need. In addition the Occupational Therapy team provide sessions at our two special schools. Additional OT capacity is being recruited to support the children's long covid pathway.

4.32 Key Challenges in Health. The health system recognises challenges within the system in relation to SEND and are working actively with system partners to ensure that SEND Children continue to receive priority care and support in relation to their health need. The recognised challenges are as follows

- Addressing waiting lists and understanding the longer-term impact of Covid on children's health
- Increasing access to system wide data to better understand and plan services
- Population led capacity building, as staffing as levels do not always reflect the growing number of children with complex physical difficulties attending special schools
- National and regional shortage of specialist staff. Unfilled vacancies impacting on caseloads and resources, in particular speech and language, where this is a national shortage of therapists.

5.0 Bury's aim is that preparing for adulthood (PFA) is embedded in Bury from the earliest years

Transition

- 5.1 The SEND employment officer continues to work closely with local colleges and those students with high needs who are in the last year of a vocational course or on a workability/employability programme. This is a targeted service to match students to employment supported opportunities. In 2020/21 (contact was limited due Covid restrictions) 54 students were on the SEND employment officer's caseload with 16 moving into a positive outcome and 38 continuing in education.
- 5.2 Covid has limited the work with local businesses but slowly there is an increase in aspirations for young people as lockdown restrictions are lifted and more employment opportunities can be seen. Supported Internships have taken a dip though job fairs are now starting up again and the SEND employment officer is actively engaging with employers to source vacancies.

Destinations

- 5.3 The percentage of Bury pupils with SEND in education, employment or training (EET) and not in education, employment or training (NEET) was reported on in the last report. There is no new validated data with national comparators. Progress will be reported in the next Annual Scrutiny Report September 22. However in a snapshot from January 2022 92% of young people aged 16-18 identified as SEND support and 89% of young people with an EHCP were in Education, Employment or Training.

Post 16 opportunities

- 5.4 A new £10m European Social fund (ESF) project for Greater Manchester for 15-24-year-olds started in January 2022. The project has been allocated in two lots:

- Lot 1 15–18-year-olds to Career Connect for whom Bury Council are the sub-contractor for the borough. Connexions are doing the bulk of the starts assisted by Curriculum & Language Access Service.
- Lot 2 for 18–24-year-olds is being delivered by Ingeus with a base in Bury. Young people with SEND are a priority group for both lots.

6.0 Bury's aim is that transparent pathways allow parents/carers and young people to access services across Education, Health and Care

- 6.1 Progress on the pathways workstreams is ongoing and progress will be reported in the next Annual Scrutiny Report September 22.

7.0 Bury's aim is to have highly effective Education, Health and Care Plans (EHCP) and reviews improve life outcomes for children and young people

- 7.1 Parents' experience of the EHCP process has been inconsistent. We are committed to improving both experience and outcomes. A more detailed analysis of the key indicators for the EHCP processes is in the Project Safety Valve Report attached as Appendix I.
- 7.2 However it is pleasing to note that the backlog of cases waiting over 20 weeks has been cleared for the first time with a significant increase in plans being finalised in the last 4 months. In January 2021 there were more than 250 EHCP plans in progress; in February 2022 there are currently fewer than 150 new plans are in progress with a much-improved trajectory on timeliness. Additional data is attached as Appendix II.
- 7.3 Improving the experience, quality and timeliness of plans remains a key priority. Although there has been an increase in positive feedback to the EHCP team there is clearly much still to do. In a challenging February Q+A session held by Bury2gether it was clear that many parents still found the experience challenging and adversarial. Although several individual cases have subsequently been followed up there remains a key piece of improvement work to do which is a priority workstream within Project Safety Valve. To enable this to take place there are planned a series of workshops to co-design the advice; review the plan itself; review the process map including panel and also to include parents within the QA of anonymised plans.

8.0 Bury is working towards improved outcomes and standards across education and training

- 8.1 Bury has high expectations and aspirations for children and young people with SEND. The educational outcomes for children and young people in Bury continue to show an inconsistent picture across age ranges and across different types of need. The last validated Data is from 2019 due to the disruption on assessments from COVID-19.
- 8.2 Improving outcomes for children at SEND Support and for those with an EHCP is a priority for Bury. Bury's inclusion team provides outreach support to mainstream schools and early years settings. Though no validated data for 2020 or 2021 will be available, the next report will include some local performance analysis of student attainment in 2020 for SEN Support and with EHCPs at the key stages of education.

9.0 CONCLUSIONS

- 9.1 Bury is committed to a programme of transformation and is determined to continue its work on co-production with parents to improve both outcomes and the experiences of children, young people with SEND and their families. This mid-year report provides evidence of the progress made towards that goal.
- 9.2 We are revising our Local Area Strategic Action Plan with governance through the Local Area SEND Board. There is a strong commitment from Bury2gether to the priorities, outcomes, and actions in the Local Area Strategic Action Plan. This was evidenced in a joint workshop held on 28 February 22 with Bury2gether. The Action Plan has now been adopted as meeting the needs of parents/carers and delivering improved outcomes for children and young people. The plan will be an iterative process.
- 9.3 The Project Safety Valve Transformation Delivery Plan complements the Local Area Strategic Action Plan with agreed priorities, joint working on integrated pathways and continued work on quality and timeliness of EHCPs; improving outcomes for children with SEND support and improving the experience of families. Progress is reported on in the PSV Progress Report.
- 9.4 The Terms of Reference and membership of the Local Area Board for SEND has been reviewed and going forward it will be responsible for driving the SEND strategy and providing assurance of the SEND system. The Local Area SEND Board will:
- Provide sufficient scrutiny and effective monitoring on the progress and impact of the Local Area SEND Strategic Action Plan; and
 - Identify, facilitate, and deliver additional support and resource as and when required to ensure delivery of the Local Area SEND Strategic Action Plan
- 9.5 The Local Area SEND Board receives reports on progress of the Project Safety Valve SEND Transformation Plan.
- 9.6 Committee members are asked to consider and comment on the information in this report, identified priorities and the next steps detailed in Appendix I.

List of Background Papers:

September 2021: Bury Council Annual Report on Special Educational Needs and Disabilities.

<https://councildecisions.bury.gov.uk/ieListDocuments.aspx?CIId=328&MIId=2958&Ver=4>

School Forum Reports on Project Safety Valve.

Summary slide deck: [PowerPoint Presentation \(bury.gov.uk\)](#)

Report: [Item 6 - Project Safety Valve - Schools' Forum report - January 2022 \(bury.gov.uk\)](#)

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Executive Director sign off Date:

JET Meeting Date:

APPENDIX I



MEETING: Children and Young People Scrutiny Committee

DATE: 17th March 2022

SUBJECT: Update on Project Safety Valve and the Special Educational Needs and Disability Transformation Delivery Plan

1.0 BACKGROUND

- 1.1 Project Safety Valve (PSV) was reported on within Special Educational Needs and Disabilities Annual report, September 2021, <https://councildecisions.bury.gov.uk/ieListDocuments.aspx?CId=328&MId=2958&Ver=4> and will again be included in the 2022 annual report.

This appendix focuses on providing an update on both plans and progress on Project Safety Valve, including how Bury is addressing the financial challenge of eliminating the cumulative DSG deficit by 2024/25.

- 1.2 Bury Council has entered into a formal agreement with the DfE on Project Safety Valve which is focused on:
- improving SEND services and the experiences and outcomes for children, young people and their families with identified Special Educational Needs and Disabilities
 - an agreement to eradicate the High Needs Block Deficit by 2024/25.

There are five conditions against which progress and performance are measured in quarterly reports to the DfE:

- **Agreement Condition 1:**
Strengthen Special Education Needs assessment and placement process
- **Agreement Condition 2:**
Ensure robust planning for future provision, including reducing the use of independent school placements by increasing the availability and suitability of local provision within Bury. This should include developing a model for forecasting future needs by March 2022.
- **Agreement Condition 3:**
Improve quality and timeliness of management information to enable evaluation of impact of central services.
- **Agreement Condition 4:**
Support and drive schools in Bury to meet a higher level of need in a more cost effective way within mainstream settings, while maintaining the quality of provision. Develop a culture in which demand is more effectively managed throughout the authority

- **Agreement Condition 5:**
Remodel financial practice to ensure accurate contributions from appropriate funding sources by Dec 2021.

We use these conditions as the basis for our delivery plans.

1.3. The Project Safety Valve Delivery programme is comprised of six interdependent workstreams. They are:

- Workforce - recruitment to key roles and performance development
- Practice and process - revising the processes of the EHCP team
- Strategy and finance - consultation and changes to top-ups
- Future Provision - planning and implementation of capacity
- Technology and data - development of systems and reporting capabilities
- Graduated approach - development and launch of approach.

1.4 The governance of the PSV programme sits within the wider partnership arrangements for children and young people in Bury. We are also working closely with schools through the Schools Forum and High Needs Funding sub-group, in addition to regular communication through existing programme meetings between Bury Officers and Headteachers. Informal and formal dialogue is being undertaken with relevant Trades Unions and staff representatives.

1.5 Progress against the Project Safety Valve Delivery Plan has been made. Recent examples include:

1. Cleared the backlog of cases waiting over 20 weeks for the first time.
2. Meet the 6-week timescale to enable panels to make informed decisions at pace.
3. Implementing person centred planning meetings; this will grow over the next quarter
4. Co-produced processes including recruitment and selection
5. Co-produced the Graduate Approach document
6. Developed sufficiency plan that identifies the need for additional and/or re-designated RP and SP.
7. Work across partnerships to establish the Free School project, which is on track for pupil admission in September 2023. Capital Programme plans are in place.
8. Implemented LiquidLogic EHM system, including a comprehensive data review and cleansing exercise.
9. Improved data reporting, including visualisation and analysis.
10. Improved governance arrangements to enable development of technology and data,
11. New banding scheme for mainstream top-ups agreed, to take effect from April 2022. Savings are on target.
12. Agreement with special schools to abolish band D+. Projected savings are on track.
13. Reported the review of High Needs Block back to Head Teachers
14. Co-production with Primary Head Teachers to design operational plans to deliver alignment of Early Help locality teams and Inclusion Partnerships
15. After consultation, the Schools Forum has agreed to the maximum 0.5% transfer (£715k) from Schools to HNF block for 2022/23.

PROGRESS AGAINST THE TRANSFORMATION PLAN AND FINANCIAL DEFICIT PLAN

This section of the report details the progress made against each of the agreement conditions

2.1 Agreement Condition 1:

Strengthen Special Education Needs assessment and placement process

2.2 Clearing the backlog of cases

The team manager reported a backlog of seven cases on 21st February 2022. This performance improvement needs to be sustained through staff training and support to the decision-making process. The impact on overall performance is considerable: we expect to see a reduction in complaints and Quality Assurance concerns, which will enable staff to focus on their current caseload. The impact of this can be seen in the reduction of plans in progress from 258 in January 2021 to 143 in January 2022.

2.3 Improvements to the Education Health and Care Plan service

The team has produced 107 plans within the initial six-week timeframe, 103 of which went to panel on time and with correct and accurate information; this has led to a significant improvement in the pace of the process. The implementation of LiquidLogic has made it easier to monitor and report on progress. Parents are given the required timescale to review and comment on the draft plans. The next priority is to work with parents and stakeholders to review the process so that we can understand the high levels of plan approval.

2.4 Transition arrangements

The Education Health and Care Plan (EHCP) team has successfully implemented the review arrangements for children in transition from nursery to reception and from year 6 to year 7. This was completed on 15th February. The reviews for young people transitioning from year 11 to post 16 will be completed by 15th March. Caseworkers have been involving parents, families and educational stakeholders in the reviews.

2.5 Capacity

The new Education Health and Care Plan (EHCP) team structure has been implemented. Since December four new staff have joined. Another eight are expected to start by the end of April 2022. Effective support has been provided by agency workers. The additional roles we have introduced are focused on managing the planning process, including quality control and family engagement. The aim is to ensure that the experience of children and families is positive, and the number of complaints will be reduced as a result. However, our parents continue to report concerns over caseworker changes and the lack of a key contact. Therefore, workforce stability and workforce development remain a key priority.

LiquidLogic makes it possible to track each case and the progress team members are making. This will help us to foresee delays and address them proactively.

The team will undertake extensive training and development to establish the professional approach that parents and stakeholders should expect. This will include introducing the professional qualification that supports the SEN service.

2.6 Children, young people and families: experience and engagement

Person centred planning meetings are taking place for all new assessments as part of the six-week timetable for gathering information. The emphasis is on co-producing the plan, which will reduce the number of complaints and tribunal cases.

Parents have been involved in the recruitment to posts in the Education Health and Care Plan (EHCP) team. This has included co-designing roles, shortlisting and interviewing candidates. Further work is planned to co-produce induction and onboarding so that the perspective of children and families is foremost in the training.

We have received positive anecdotal feedback from parents who are describing an improvement in their experience of engagement with the team; they report being given information more quickly and with higher levels of accuracy.

However, it is still an inconsistent experience and we are committed to co-producing a pilot to improve the EHCP Process which will include co-producing; advice proformas; revising the plan; revising the process; and involving parents in QA. The aim is to ensure the EHCP process has co-production at its heart and that parents' experience improves and that the EHCP demonstrates person centred multi- agency planning.

2.7 Graduated Approach

The Graduated Approach is on track for launch in the autumn term of 2022 and is detailed in the accompanying SEND update report.

2.8 Priorities

Over the next quarter the priorities are:

- to develop and implement co-production of induction and onboarding arrangements to improve standards and build confidence in the services
- to complete the work on two new sections of the Graduated Approach programme
- to maintain performance standards regarding the backlog of cases
- to build competence in LiquidLogic and start to use it to make decisions
- to review the way panels are working so that they can be supported more effectively
- to invest in the EHCP team, including professional skills
- to review and simplify the EHC planning process.

3. Agreement Condition 2:

Ensure robust planning for future provision, including reducing the use of independent school placements by increasing the availability and suitability of local provision within Bury. This should include developing a model for forecasting future needs by March 2022.

3.1 Sufficiency model

The sufficiency modelling process has been completed and gaps in provision have been identified. This identified the need to develop capacity of Resourced Provision for children and young people with identified Autism Spectrum Condition(ASC) as their primary area of need and those with identified Social Emotional Mental Health (SEMH) needs, and additional specialist provision for SEMH at Key Stage 3 and 4 (secondary aged pupils). The sufficiency plan developed identifies the need for additional and/or re-designated Resourced Provision and Specialist provision

3.2 Resourced Provision development

The specification for Autism Spectrum Condition Resourced Provision and Social Emotional Mental Health Resourced Provision has been produced. The RP Specification was shared with an initial shortlist of six primary schools (previously identified in the capital funding submission).

Detailed delivery plans for the establishment of Resourced Provision will be developed on a school by school basis, with roll-out between September 2022 and March 2023. All schools will be informed of the Resourced Provision specification to enable identification of further host schools for Resourced Provision to meet any remaining gaps, including geographical distribution.

3.3 Free Special Schools

The project to develop a Free Special School (80 place secondary Autism Spectrum Condition) is making good progress, involving the Council, Shaw Trust and the DfE delivery team. The project is on schedule for pupil admission in September 2023. Discussions are pending between the Council and the Shaw Trust to identify the first cohort of pupils to the new school in September 2023.

In addition, a specification has been produced for a further Free Special School (60 places secondary Social Emotional Mental Health). A shortlist of sites has been identified, with further work necessary to confirm preferred location. The target date for opening this school is September 2025.

3.4 Capital programme

Capital programme plans have been developed to support the delivery of these schools and services, alongside the relocation of Spring Lane School, Bury's Pupil Referral Unit from its existing site by September 2023, and the delivery of a Free Secondary School for Radcliffe located on the Spring Lane site, to open September 2024.

4. Agreement Condition 3:

Improve quality and timeliness of management information to enable evaluation of impact of central services.

4.1 Case management

On 1st February 2022 all active case management record-keeping for the SEN service was migrated onto the LiquidLogic EHM system to provide a single source of case management and case reporting data. Previous spreadsheet case management systems have been archived and retired following data migration and assurance. All members of the ECHP team staff have been fully trained on LiquidLogic, with ongoing one to one support provided. A comprehensive data review and cleansing exercise was undertaken prior to systems migration to update the accuracy of core case data fields, including ethnicity, establishment type, gender, SEN primary and secondary needs and assigned caseworker.

LiquidLogic workflows and forms have been updated and improved to help ensure that core case data is captured consistently and can be monitored through exception reporting. This includes making some fields mandatory, as well as adding additional fields.

Automated dashboards, work trays and report views are now available to all staff on an individual basis to help visualise progress and prioritise effort. Senior team leads, managers and SEN data analysts now have automated live reporting across the team within LiquidLogic to manage the collective cases, identify issues and opportunities and monitor performance.

4.2 Data reporting

The new SEN Data analyst helped prepare the SEN2 and AP census statutory returns for timely analysis, assurance and submission with senior leads. The work involved in data assurance also positively contributed to the systems migration meaning core case notes data is the most accurate and complete that it has been for several years.

The latest monthly data pack (and the final one to use data sourced from multiple spreadsheets) was successfully produced at the start of February. See Appendix C. The improved visualisation and analysis have helped provide valuable new insight to senior service leadership which has directly informed conversations and actions with staff, families and partners. All future data packs will be produced more efficiently using data sourced from LiquidLogic.

4.3 Leadership and governance

A new fortnightly "SEN Data Analysis and Action Forum" has been established. This brings together the new SEN data analyst and service leadership to review information about a) data quality and systems usage b) performance and c) forecasting. The forum began meeting in February and is proving a valuable dedicated space to discuss, decide and evaluate decisions that are informed by data.

A new SEN Data and Technology Systems Governance Group was established in November to bring together leads from SEN Services, the corporate performance team and Children's IT leads to ensure joined-up analysis and action regarding maintaining and improving core systems and

data sets, such as LiquidLogic and statutory returns. This group meets monthly and helps coordinate the successful systems migration.

4.4 Next steps

The next priority steps regarding improving the quality and timeliness of management information are:

- Upgrading LiquidLogic EHM to include the newly updated SEN2 module to support the service to generate personal level SEN reporting in line with the 2022/23 requirements at any point during the year (aiming for completion by end of March 2022, with records being backdated to Jan 2022)
- Creating and piloting live digital performance dashboards to bring consolidated, real-time insight about key performance indicators to the service (aiming to pilot by April 2022)
- Developing trusted predictive analysis and forecasting reports for individual and team level performance in relation to service strategy. Using the foundation of LiquidLogic data and improvements to demand and financial forecasting modelling frameworks. (aiming to launch and refine by May 2022)

5. Agreement Condition 4:

Support and drive schools in Bury to meet a higher level of need in a more cost-effective way within mainstream settings, while maintaining the quality of provision. Develop a culture in which demand is more effectively managed throughout the authority.

5.1 Top ups and banding.

A new banding scheme for mainstream school top-ups has been agreed following consultation with all schools and a review by Schools Forum. Assimilation arrangements are in place for implementation from April 2022. All new mainstream school top-ups will be applied via the new banding scheme from April 2022 and existing top-ups will be allocated to the appropriate band. Projected savings are on track.

A review of AP and RP top-ups will start in March 2022. Implementation is planned for September 2022. Top-up values for new RPs will be on the new banding arrangements. Agreement has been reached with Special Schools to abolish Band D+. Interim moderation arrangements will be in place for April 2022. Projected savings are on track. Special schools are completing revised banding allocations. These will be used for budget allocations for April 2022. Projected savings are on track.

5.2 Alignment of Early Help Locality Teams and Inclusion Partnerships.

Bury completed an initial successful consultation with the Headteacher Reference Group to share proposals in November 2021. Further successful consultation with primary head teachers took place through the Inclusion Partnership meetings across the autumn term to launch proposals in principle.

Co-production activity with primary head teachers is underway (February/March 2022) to design operational plans (3 of 4 meetings completed). Final proposals will be circulated to primary head teachers by the end of March 2022 for trial in the summer term 2022.

A review is planned for the end of the summer term and full operation is planned to take place from September 2022.

The intended impact of this alignment will be in terms of schools being able to access a wider range of support across Education and Social Care more quickly with an outcome of fewer requests for EHC Assessment being submitted by schools.

6. Agreement Condition 5:

Remodel financial practice to ensure accurate contributions from appropriate funding sources by Dec 2021.

6.1 High Needs Funding Block

The review of the High Needs Funding Block is complete and the outcomes were reported to the Schools Forum on 18th January 2022. Report: [Item 6 - Project Safety Valve - Schools' Forum report - January 2022 \(bury.gov.uk\)](#)

The Schools Forum has agreed to the maximum 0.5% transfer (£715k) from Schools to HNF block for 2022/23.

6.2 Inclusion Hubs and Partnerships

Primary and Secondary Inclusion Hubs and Partnerships funding has been reduced by £348k.

6.3 Non-statutory support services

Non-statutory support services will be reduced by £400k from Sept 22, saving £233k in 2022/23. Other non-statutory services have been moved to the General Fund, saving £694k and moving forward will be reviewed.

6.4 Top-ups: A review of top-ups for AP and RPs is underway. The changes are due to be implemented from September 2022.

The volume top-up scheme, which supports schools with a higher proportion of children and young people with EHCPs than the national average, is under review. New proposals will be worked up with the Bury Schools Forum sub-group for implementation from Sept 2022.

7.0 CONCLUSION

Improving Special Educational Needs and Disability Services remains a key priority for Bury Council and Project Safety Valve is a key vehicle to drive that change.

Although challenges remain in the Education Health and Care Planning process progress has been made within formal agreement with the DfE on Project Safety Valve which is focused on both improving SEND services and the experiences and outcomes for children, young people and their families with identified Special Educational Needs and Disabilities and an agreement to eradicate the High Needs Block Deficit by 2024/25.

Progress has been made around ensuring more robust planning for future provision, improved quality and timeliness of management information to enable evaluation of impact of central services. Progress has also been made through the work on the Graduated Approach, the development of Resourced Provision to expand the continuum of provision and the re-evaluation of the Education Health and Care Plan funding arrangements to support schools in Bury to meet a higher level of need in a more cost effective way within mainstream settings. In addition progress has been made on the remodelling of financial practice to ensure accurate contributions from appropriate funding sources

The key priorities for the next phase of Project Safety Valve remain improving the experience and effectiveness of the Education Health and Care Plan process and also ensuring that the challenging financial targets are met.

List of Background Papers:-

September 2021: Bury Council Annual Report on Special Educational Needs and Disabilities. .
<https://councildecisions.bury.gov.uk/ieListDocuments.aspx?CId=328&MId=2958&Ver=4>

School Forum Reports on Project Safety Valve.

Summary slide deck: [PowerPoint Presentation \(bury.gov.uk\)](#)

Report: [Item 6 - Project Safety Valve - Schools' Forum report - January 2022 \(bury.gov.uk\)](#)

Contact Details:-

Isobel Booler, Director of Education and Skills
i.booler@bury.gov.uk

Executive Director sign off Date:

JET Meeting Date:

Bury Data Pack

Updated 1st of February 2022

Key Notes

The data represents children and young people aged 0-25 years who are in receipt of an Education, Health and Care Plan or going through the assessment process (this does not include those under school SEN support)

- Early January 2022 and 1st February 2022 baseline extracted from A List. Data is recorded in line with SEN2.
- January/February DfE data refresh:
 - Summary slide added highlighting key movements in the data
 - Slide added on Data and System Developments
 - January/February data cut added where appropriate
 - Projections of EHCP's up to June-22
 - Analysis against regional and national baselines and trends
- For the next data pack we will be looking at projections and a graduated response going forward

•EHCP demographics

- Overall EHCP number compared to projections
- Any national comparisons to Bury e.g.
 - EHCP by gender breakdown – Key stand out data * **Consistently over time around 72% of EHCPs are for boys within Bury. This is consistent with national figures, with boys representing 73.1% nationally of all pupils with an EHC plan.**
 - EHCPs by education stage breakdown – Key stand out data * **There is a reduction in EHCP's in education post 16 in Feb-22 whereas all other education stages are showing an increase – This is due to post-16's being the majority of recent ceased plans**
 - EHCP by category of need – Key stand out data * **ASD, SEMH and SLCN show an positive increasing pattern yearly and also by the most recent months Jan 22 & Feb 22 . Most other primary need cohorts are relatively stable or declining**

•Process

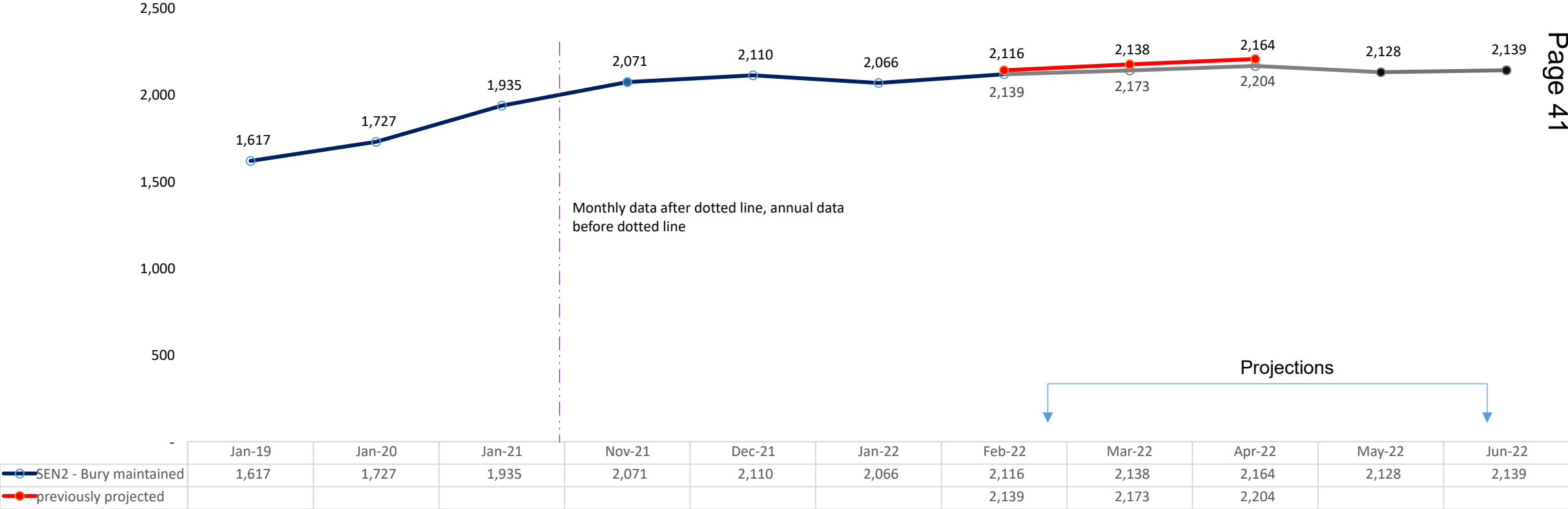
- SEN requests year on year – Key stand out data * **Burys increase is +10%, whereas National figures down -8% for initial requests in 2020**
- Drafts/Issued within timescales – Key stand out data * **Current EHCP drafts, we see an improvement from Nov-21 with 58 over timescales compared to Feb-22 where we now have 22 EHCP drafts over timescales, which represents a 62% reduction**
- 20 week timeliness – Key stand out data * **Increase in Jan-22, where we have 36% of EHCP'S issued in time. There have been points in the last 12 months where demand has been higher, but our timeliness has also been better.** In February 22, 60% have been issued in time
- Number of assessments snapshot – Key stand out data * **Since the last submission in Dec-21 there has been a reduction in the amount of assessments going through the 20 week process by -44% (-111), this is due to the clearance of the backlog and blockages throughout the process.**

•Mediation and complaints

- Appeals and mediation – Key stand out data * **The number of appeals lodged peaked in 2017 and have since dropped to 13 in 2021**

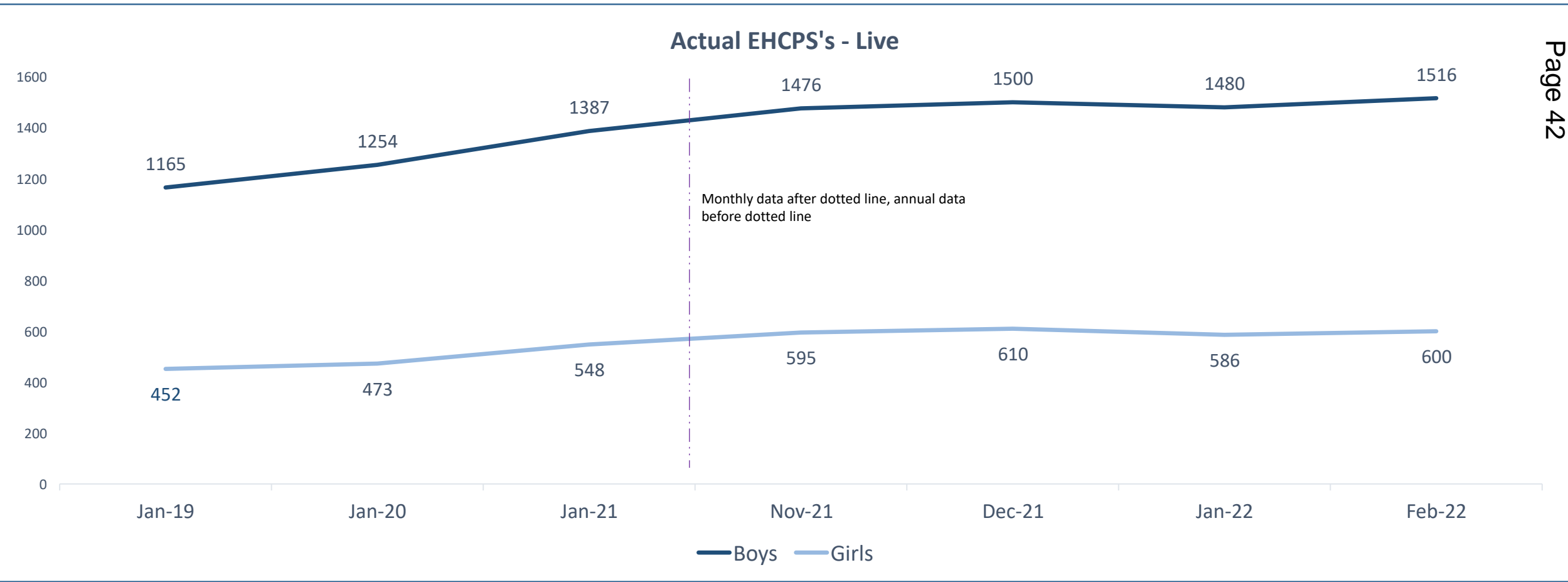
EHCP's & Demographic Breakdown

1. Total EHCPs & Projected EHCPs: Bury Maintained | This slide contains National Comparisons (Please see notes section)



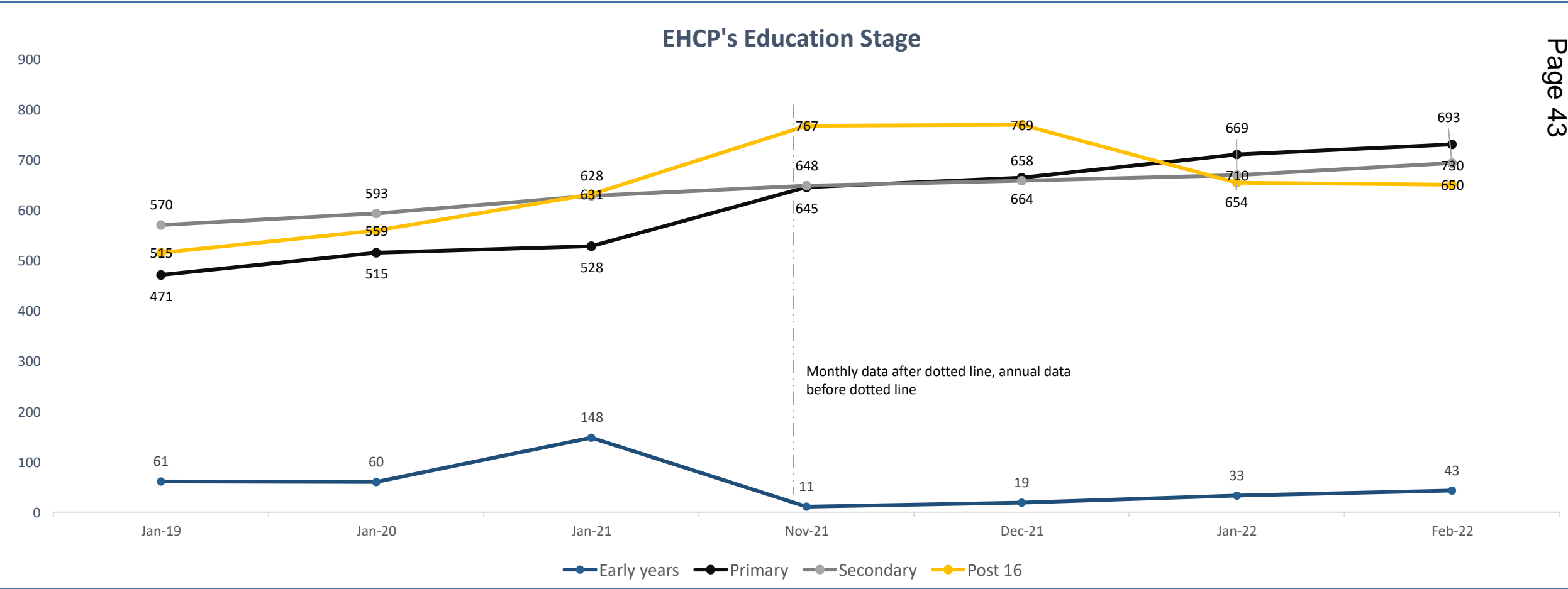
- March-22 to June-22 is a projection, based on EHCPs due in those months
- 70+ ceased letters are due to be sent in Feb-22, meaning they will be ceased in April, this will reflect in the dataset in May-22.
- The number of plans in Feb 22 was slightly below projected figures due to a number of plans being ceased in January, further expected ceases have been accounted for in new projections.
- We’ve had an increase of 6.7% in EHC plans compared to the national figure of 10%, thus Bury’s rate of increase has been slower than national trends (*% calculated Bury: Jan-21 to Jan-22 and National figures updated October-21*). [Education, health and care plans, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)
- Figures for plans for which Bury are financially responsible, are available on request.
- There have been more school submissions than ever, following the COVID pandemic. Anecdotal intelligence also suggests more children have regressed over lockdown, which could have affected the increase. It is anticipated that the trend of increase will continue, however, more support is being added earlier in the pathway to support this.

2. Actual EHCPs: Demographic Breakdown | This slide contains National Comparisons (*Please see notes section*)



- Consistently over time around 72% of EHCPs are for boys within Bury. This is consistent with national figures, with boys representing 73.1% nationally of all pupils with an EHC plan. [Explore our statistics and data – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)
- The % change from Jan-21 to Jan-22 is **6.7%** for boys and **6.9%** for girls, indicating a slightly higher increase in the figure for girls
- Note: Graphs show annual data (Jan-19, Jan-20, Jan 21) leading on to more recent monthly figures i.e. Nov-21 – Feb 22.
- There was a process change to identify potential Early Years EHCPs to the LA earlier, which resulted in a peak in January 2021. This impacted the figures in the following year's data, as these children transitioned to Primary School over the Summer 2021.

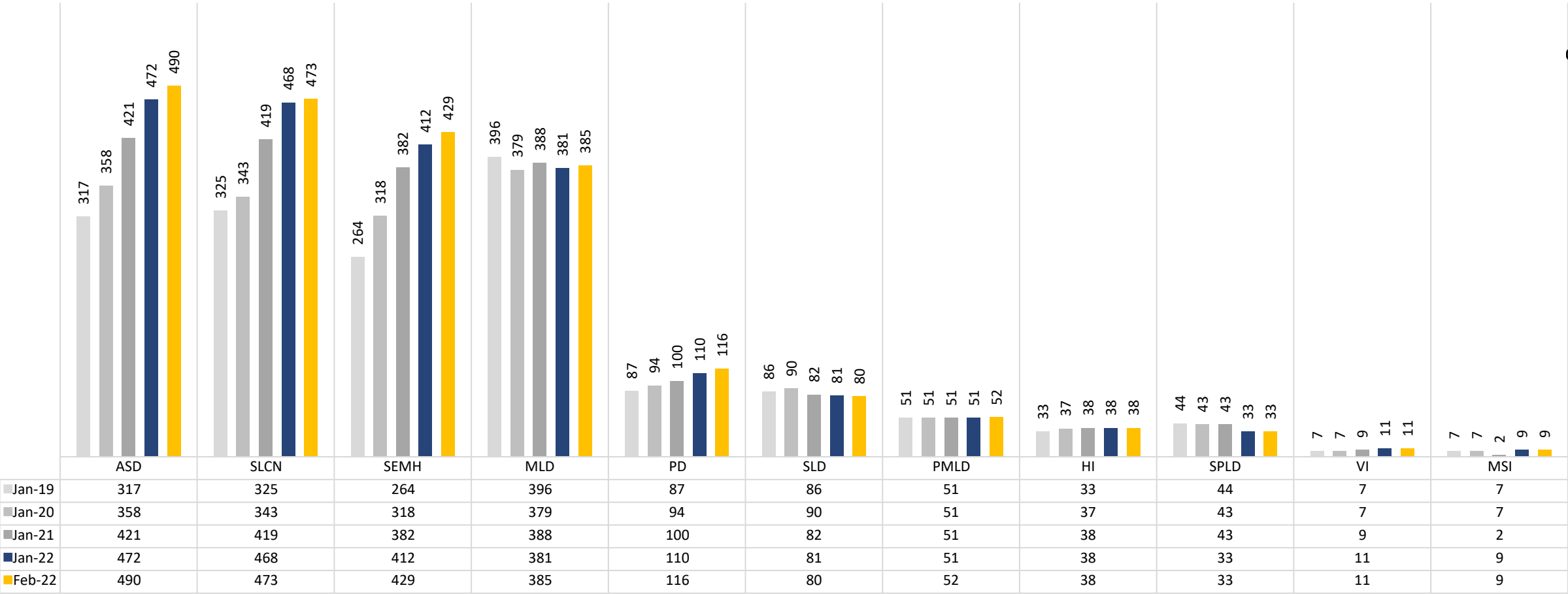
3. Actual EHCPs: Bury Education Stage Breakdown | This slide contains National Comparisons (*Please see notes section*)



- Note: Graphs show annual data (Jan-19, Jan-20, Jan 21) leading on to more recent monthly figures i.e. Nov-21 – Feb 22.
- There is a reduction in EHCP's in education post 16 in Feb-22 whereas all other education stages are showing an increase – This is due to post-16's being the majority of recent ceased plans
- [Education, health and care plans, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

- Bury had a higher percentage share of Post 16 ECHP's at 34% compared to the national average of 28%
- [Education, health and care plans, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

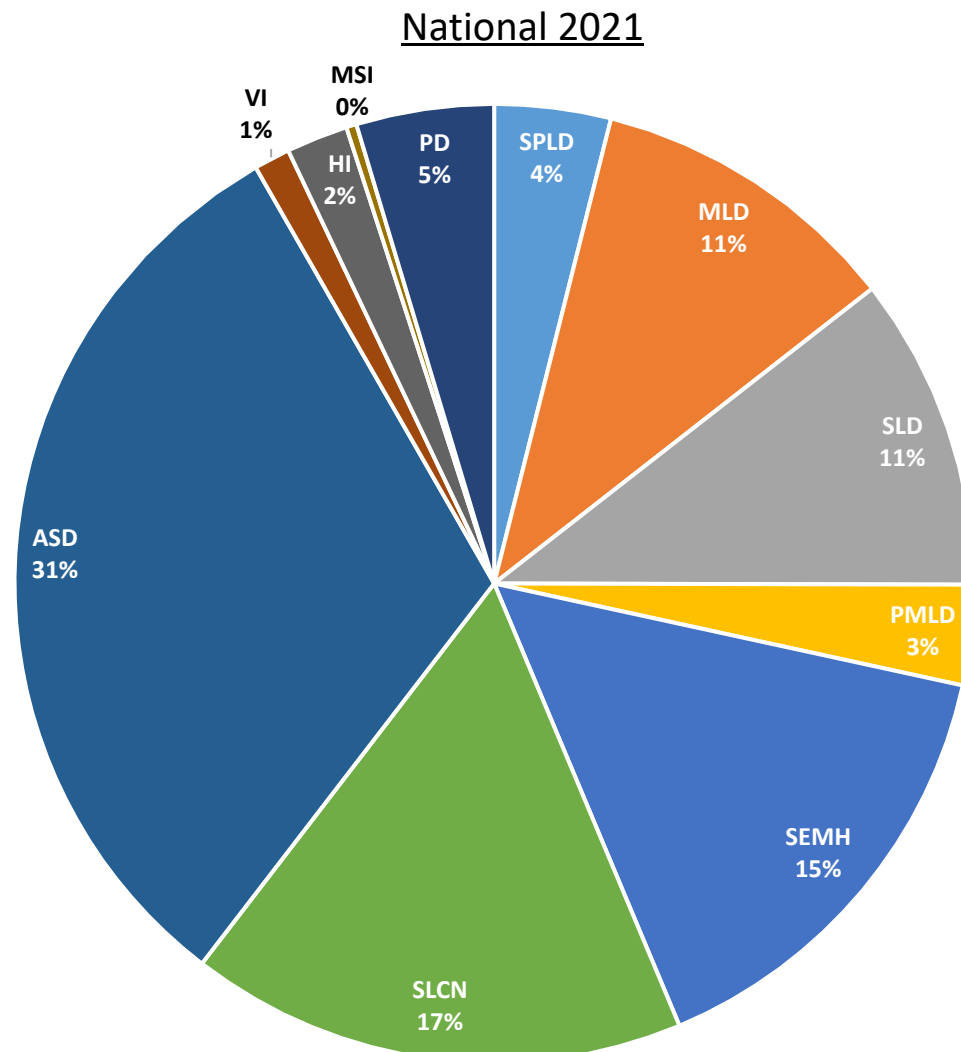
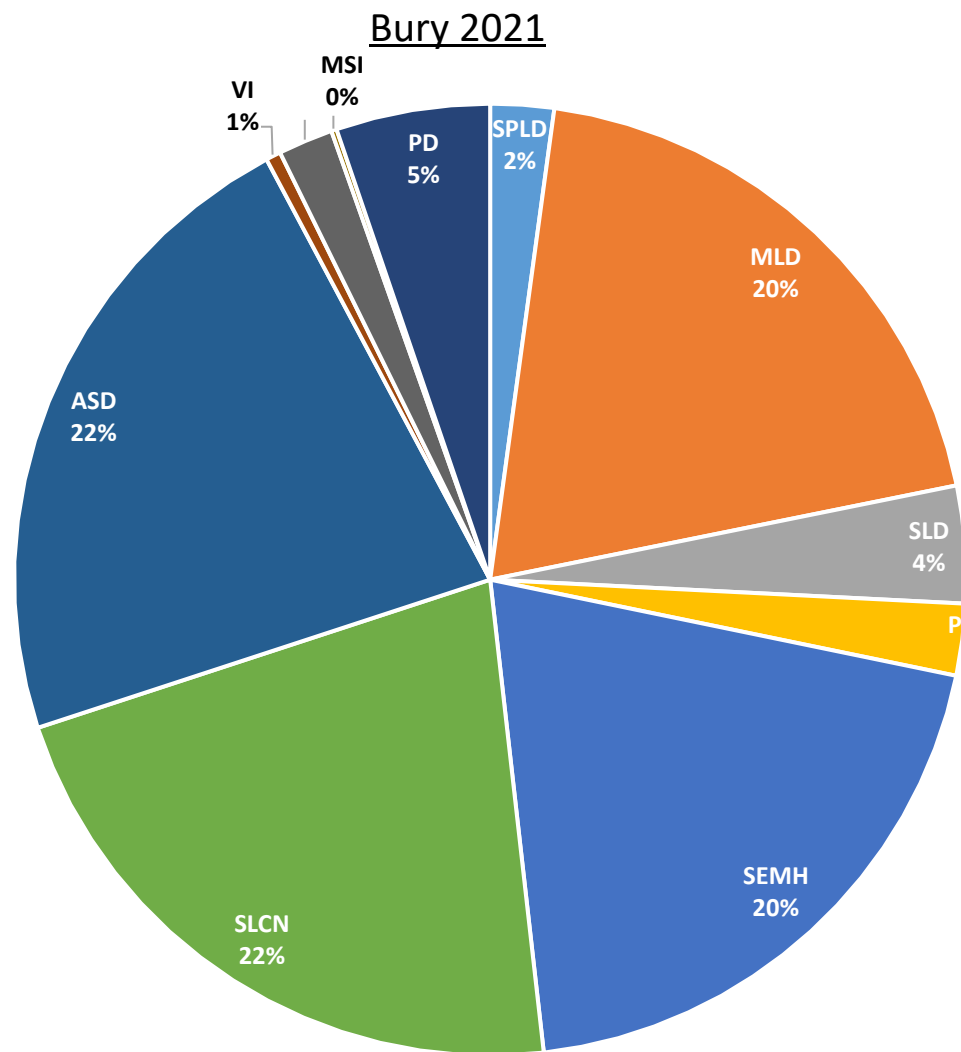
6. Actual EHCPs: Category of Need



•ASD, SEMH and SLCN show an positive increasing pattern yearly and also by the most recent months Jan 22 & Feb 22 . Most other primary need cohorts are relatively stable or declining.

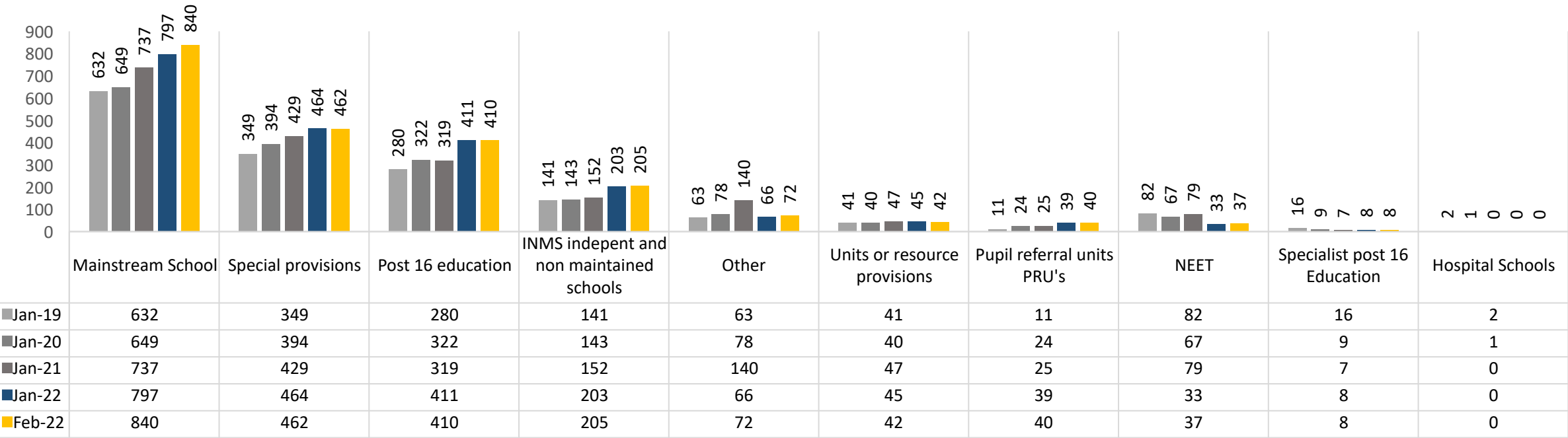
Previous commentary from Dec-21 submission which still holds true:

- SLCN increase – correlation with ASD increase. Pathway and diagnosis around ASD is improving and resulting in increases. Plans without formal diagnosis of ASD will be categorised as SLCN – as SLCN will be the primary need before ASD diagnosis.
- SEMH – relationship to ACE’s (adverse childhood experiences) through the pandemic. This pattern is similar to what is seen across the country. Demand for SEMH support – gap in provision generally.
- SEMH Pathways are improving so we have seen an increase in diagnosis in conditions such as ADHD, which impacts on the SEMH figures.
- Schools have national budget to support some primary needs such as hearing and visual impairments where needs will be supported without an EHCP through education provision – hence the numbers of HI and VI appearing low.



- ASD & SLCN accounts for the largest share of category of need for Bury in 2021 with both at 22%. In comparison with the National figures in 2021 ASD is correspondingly has the largest % share of need at 31%, with SLCN second at 17% and SEMH at 15%. The three largest categories of need are in line with Bury’s % breakdown as seen above.
- [Explore our statistics and data – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

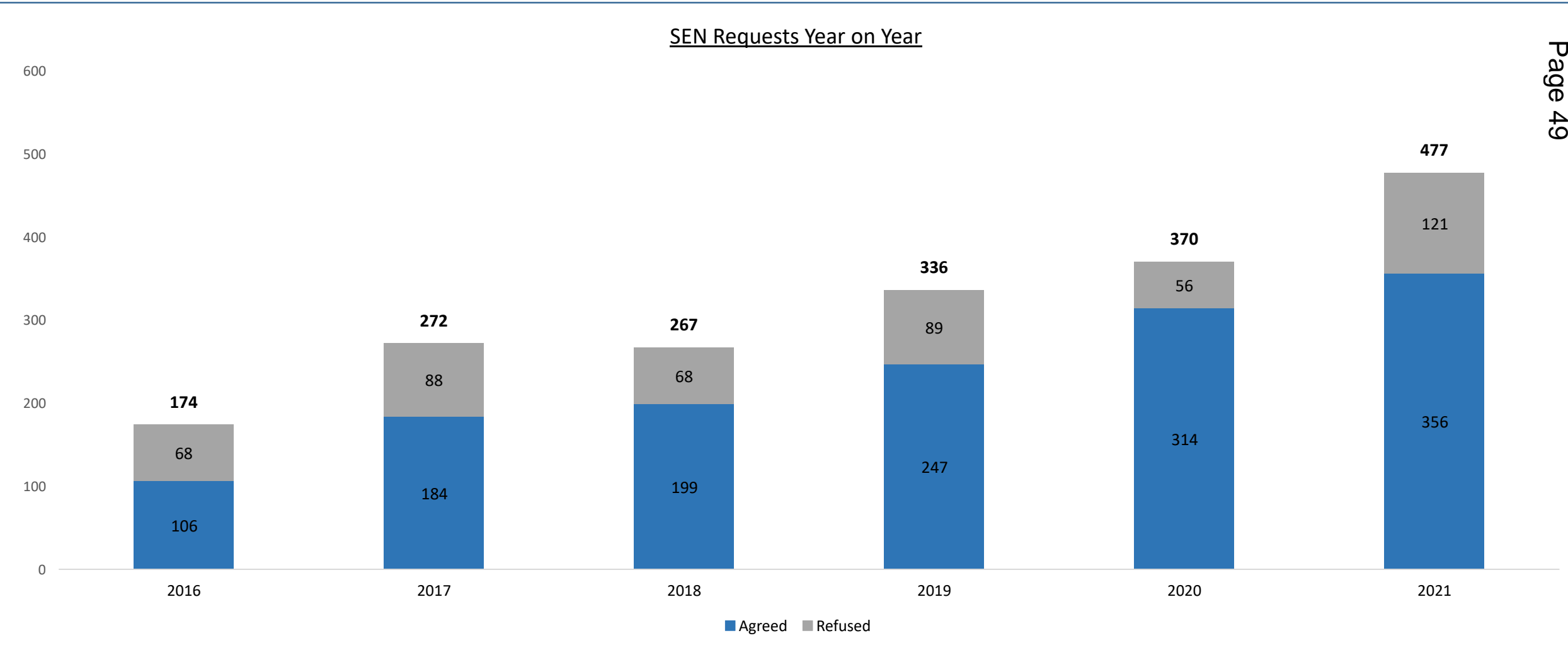
14. Actual EHCPs: Schools and OOA | This slide contains National Comparisons (Please see notes section)



- A consistent increase can be seen in mainstream schools Jan 19 to Dec-21 and in the months Jan-22 & Feb-22
- Nationally the proportion of children and young people with an EHC plan in mainstream schools has increased from 39% in 2020 to 40% in 2021, compared to Bury’s figure which has remained consistent at 38% in both 2020 and 2021
- In this same year within Bury we had a minimal increase in the proportion of children and young people with an EHC Plan in mainstream schools from 37.5% to 38% and this stayed in line with the national figure.
- NEET for 2021 National figures is at 2.5% compared to Bury at 4%
- We are aiming to reduce our INMS figures, however we have seen a slight increase year on year
- [Education, health and care plans, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

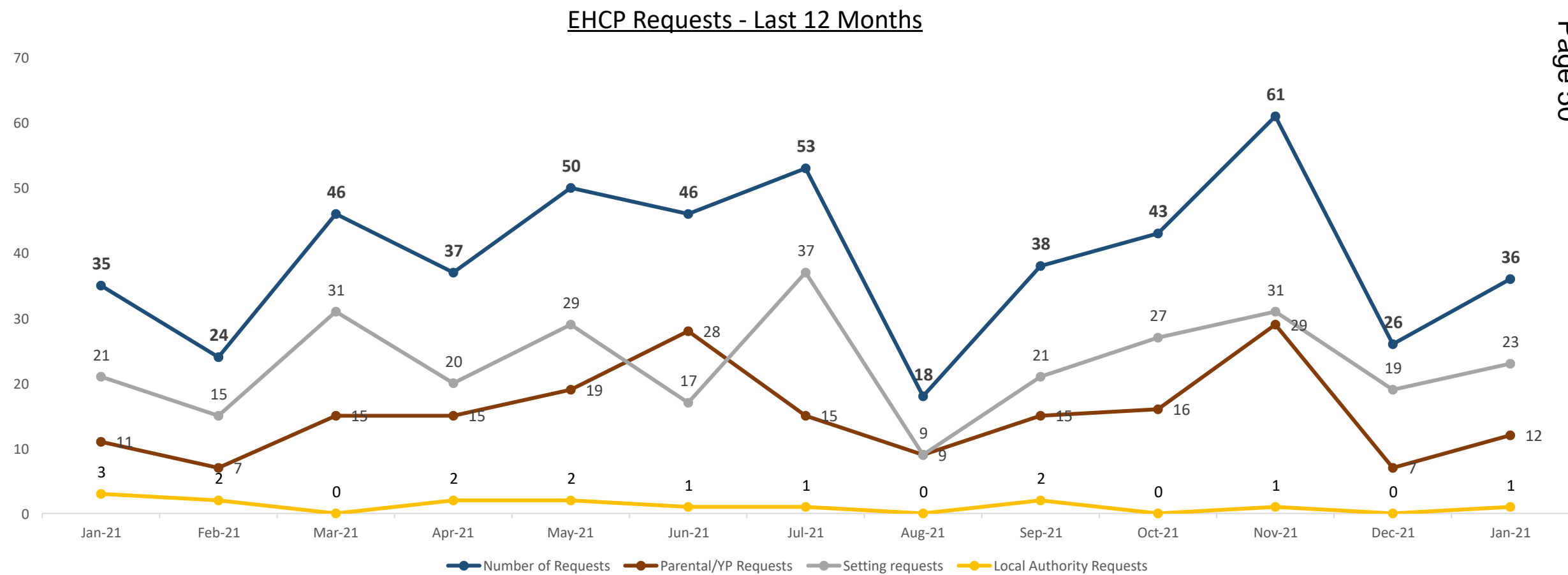
Process: Request to EHCP's

15. SEN Requests Year On Year | This slide contains National Comparisons (*Please see notes section*)



- Increase in SEN requests YOY, peak requests of 477 in 2021
- 29% increase in requests from 2020(370) to 2021 (477)
- Burys increase is +10%, whereas National figures down -8% for initial requests in 2020
- [Education, health and care plans, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

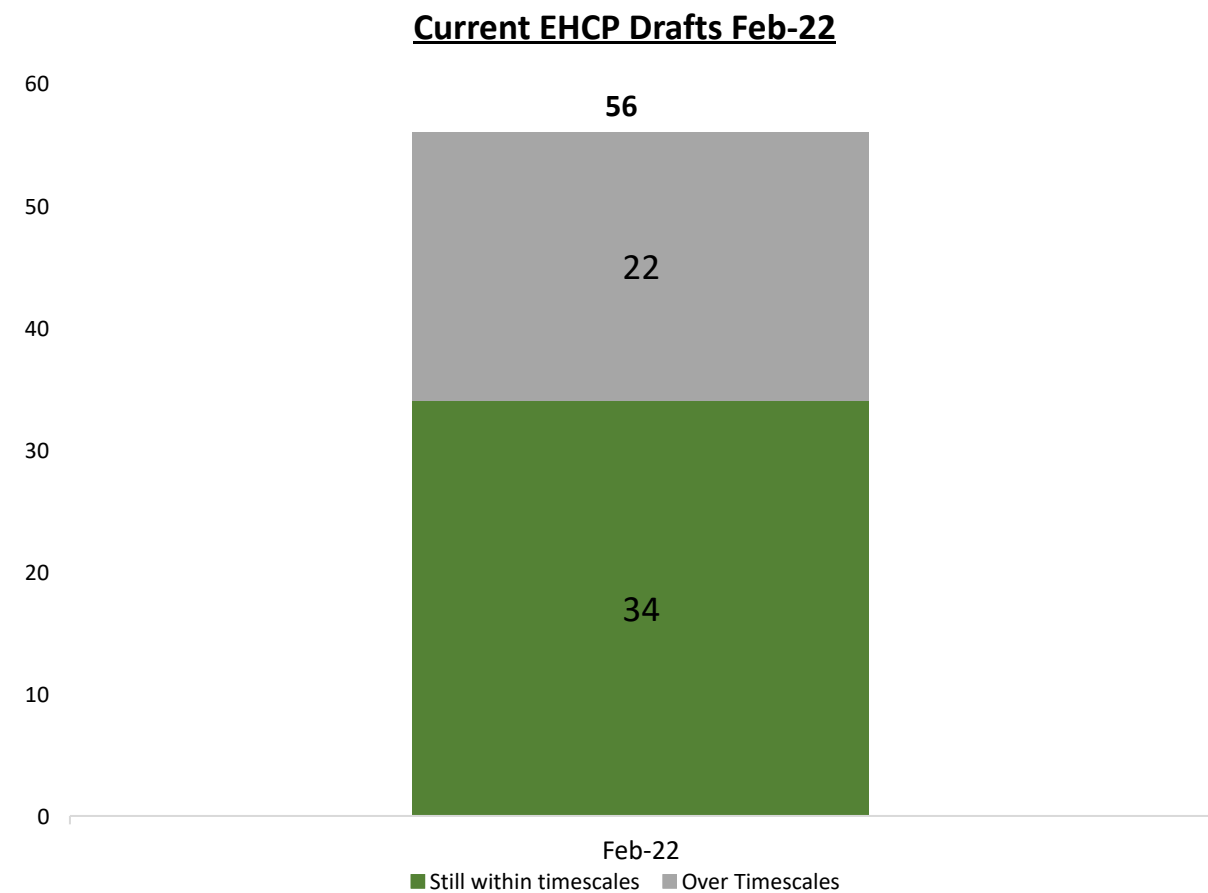
16. Number of Requests for Plans



- Generally, there are more requests from settings than parents/young person, but there is still a significant number from parents/young person. There has been a steady increase through the pandemic of requests from parents/young people.
- Anecdotally this may be because some schools are encouraging parents to make their own requests.
- Bury has a higher than average level of parental requests.

Process

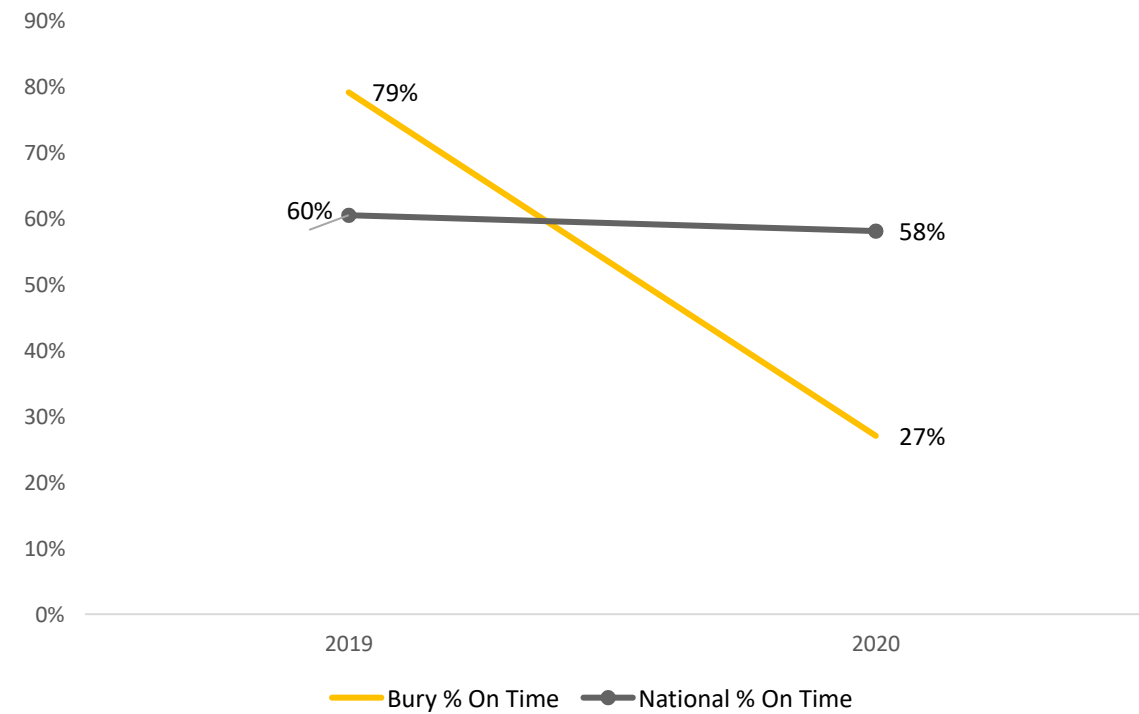
27. Actual EHCPs: Drafts



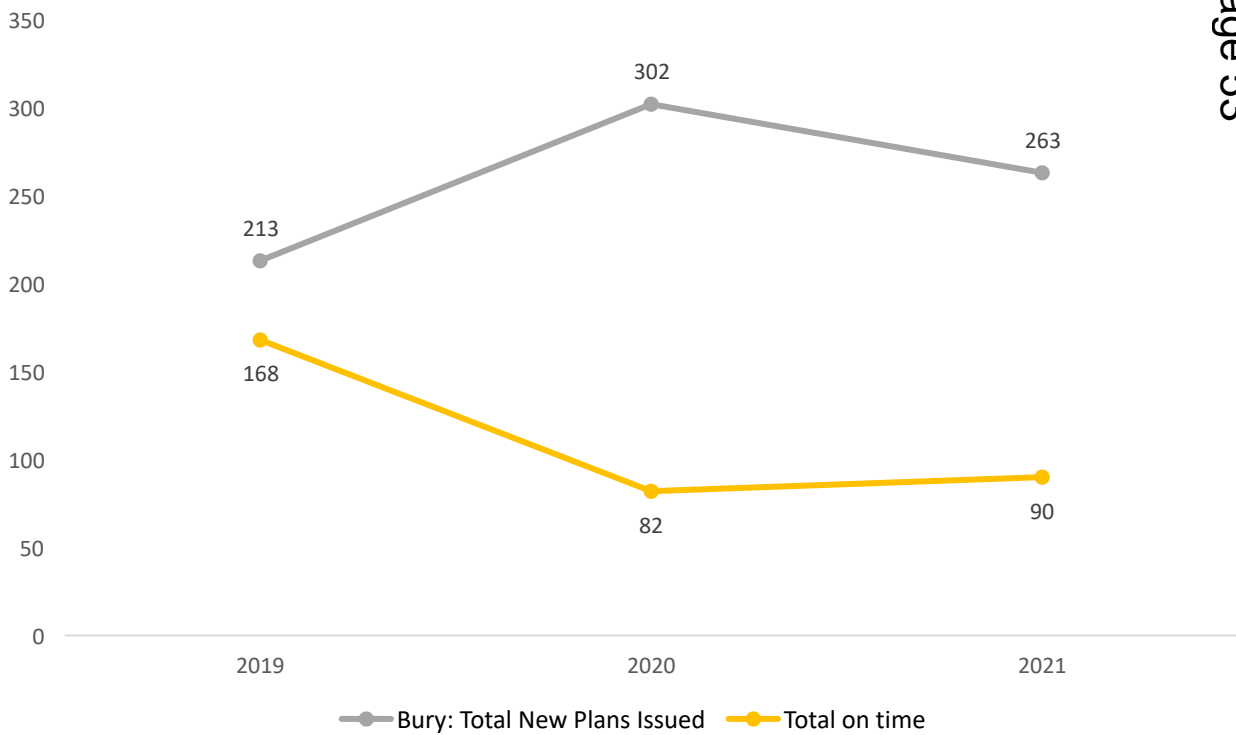
- Current EHCP drafts, we see an improvement where we now have 34 EHCP drafts within timescales, which 60% issued on time with a trajectory of continued improvement.

30. New EHCP's & Timeliness at 20 Weeks | This slide contains National Comparisons (*Please see notes section*)

New EHCP's Timeliness Bury compared to National %



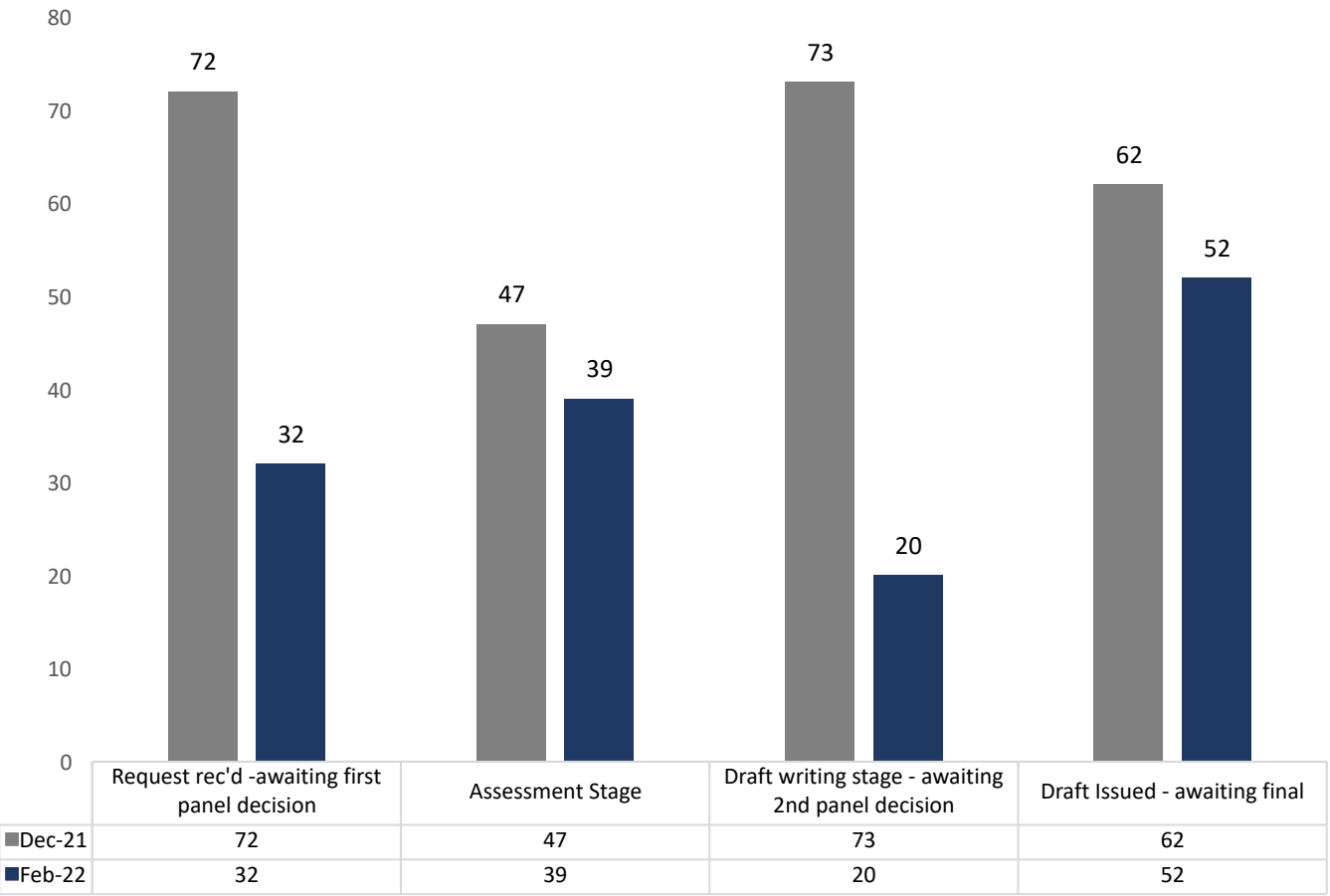
Bury's Timeliness



- Bury has had a steep drop in timeliness performance in 2020, the data suggests that as the number of EHCP's have increased performance has declined. Nationally there has been a slight drop, indicating that as the number of EHCP's have increased nationally performance has decreased too.
- Bury aims to match or be above the National % of timeliness for 20 weeks
[Education, health and care plans, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)
- National 2021 data has not yet been released; however Bury issued 33% of EHCPs on time which will be significantly below national. However over the last three months there has been a significant increase in plans being finalised (111) this reducing the backlog and therefore 60% were issued on time in February 2022 with a trajectory of continued improvement

35. Number of Assessments: Snapshot – February 22

Number of Assessments by Report Stages

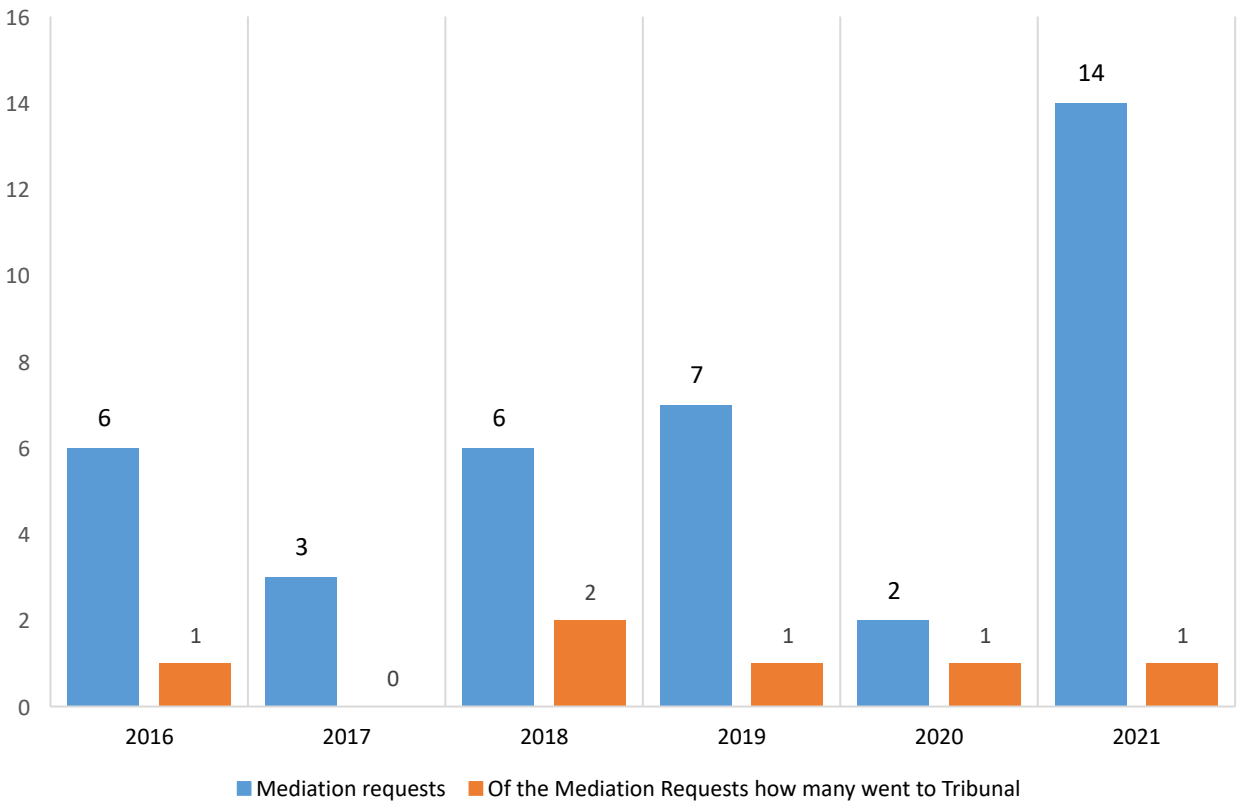


- Most pressure appears to be around writing and issuing draft reports stages.
- Since the last submission in Dec-21 there has been a reduction in the amount of assessments going through the 20 week process by -44% (-111), this is due to the clearance of the backlog and blockages throughout the process.

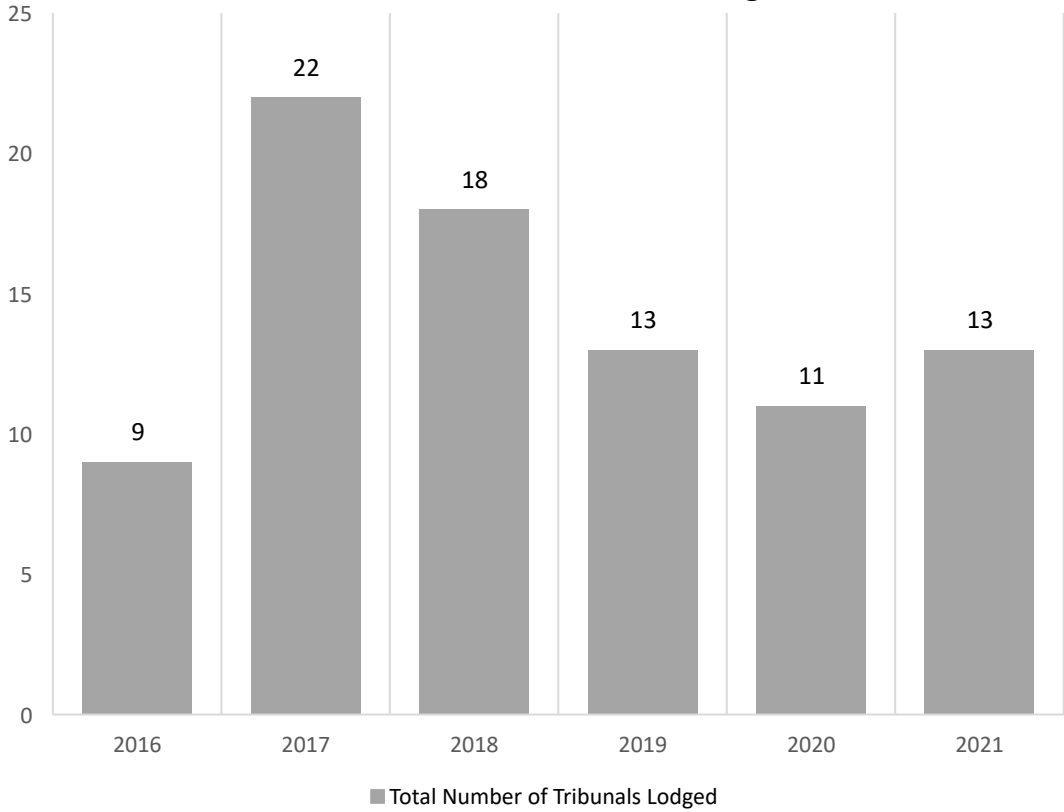
Complaints and Appeals

37. Effectiveness of mediation

Appeals since new appeal process started



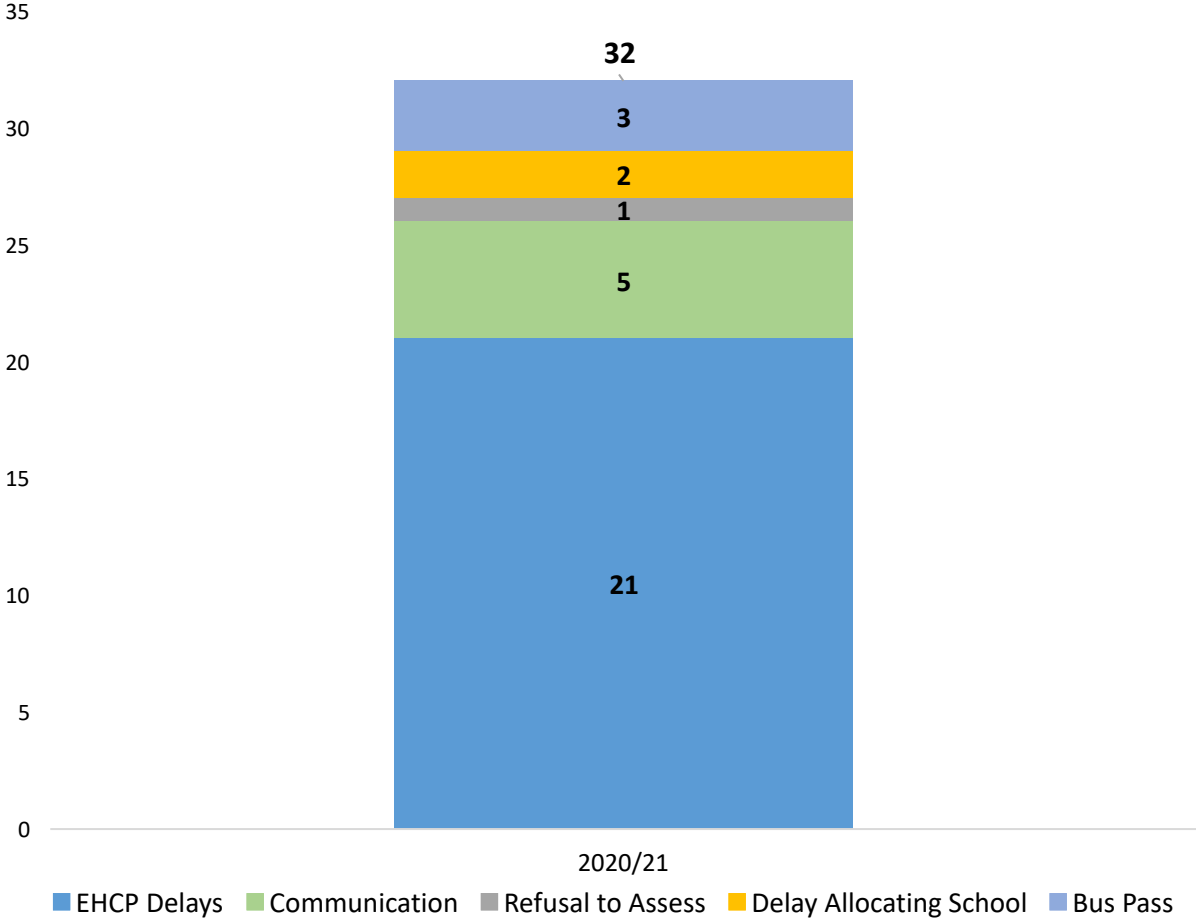
Total Number of Tribunals Lodged



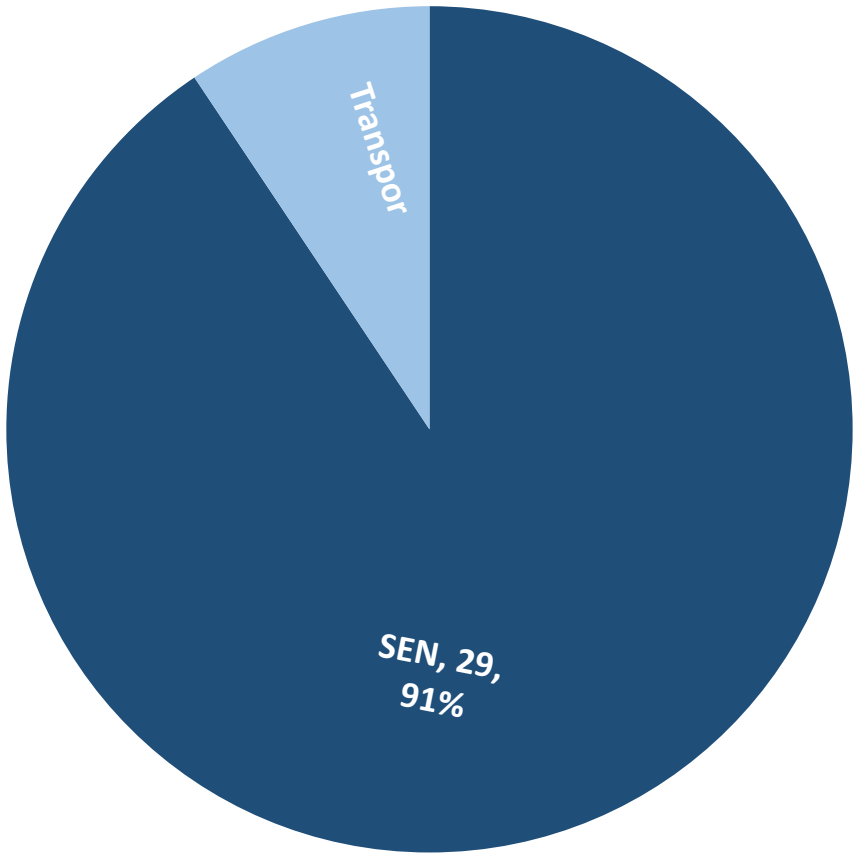
- The number of appeals lodged peaked in 2017 and have since dropped to 13 in 2021
- They have remained fairly consistent last 3 years
- Although there was a high number of mediation requests in 2021, the figures show that mediation has been successful as only 1 of the 14 requests made went on to a Tribunal appeal being lodged.

38. Number of Complaints & Reasons for Complaints

Reasons for Complaints

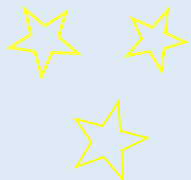


Number of complaints



- 29 (91%) of the complaints were SEN.
- The largest reason for complaints was due to EHCP delays of there were 21 (65%). As the 20-week process improves this should reduce the number of complaints around delays. This will be monitored.
- The next update will be in April to coincide with the FY

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Local Offer Newsletter

March 2022

LOCAL OFFER

CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES
0-25

www.sendlocalofferbury.com

SEND Communications and Engagement:

Please **subscribe** to the Local Offer mailing list by:

Email: Kasia.Taylor@bury.gov.uk

Tel: 07581020879 or 0161 253 6087

SEND Local Offer website:

www.sendlocalofferbury.com

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OUR NEXT DROP IN

Drop-in & Chat



Tuesday 15th March 2022 11.30-1.00pm

Bury SEND Hub, Bury2Gether Centre, Coronation Road Library, Westminster Ave, Radcliffe,
M26 3WD

INCLUSION SERVICES

Do you want to find out more how about the Section Six guidance in the Code of Practice for schools? This will help you to understand how schools can support your child if they receive SEN support. Cath Atherden Head of the Inclusions Team will be available to talk through what support is available for your child, followed by a Q&A session'.

Partnership working across Education, Health and Social Care

SEND - Have your say...



2nd Survey of Parents and Carers of Children and Young People with Special Educational Needs (SEND) in Bury 2022

From 12 December 2019 to 1 February 2020 we launched our first survey for parents and carers of children and young people with SEND to give them the opportunity to have their say about education, health and social care services in Bury.

These views informed Council and CCG service improvement and parents/carers were advised of the actions taken by us in a "You Said We Did" response produced in summer 2020.

We are hoping that you will participate again so we can compare your feedback with the last survey to hopefully evidence improvement, or if you are new to services that you will give your feedback on your experiences to date.

THE SURVEY IS NOW LIVE AND WILL BE AVAILABLE FROM 25TH JANUARY 2022 UNTIL 21ST MARCH 2022.

We will keep you updated on the survey through the One Community page and will keep you informed as to how your feedback will be used.

Your voice really matters to us –help make our SEND services better in Bury!

www.onecommunitybury.co.uk



In partnership with Bee Inclusive, BURY2GETHER have opened a brand new SEND Hub in Bury. The Hub is a place for co-production, consultation and a space where SEND organisations can utilise in order to deliver their services. Additionally the Hub will be a base for social opportunities for children and young people with SEND and a place to deliver support to parent/carers such as Local Offer drop-in sessions and parent surgeries with service representatives.

The SEND Hub boasts a fully equipped disabled changing facility and a private carpark with an accessible ramp to the building. The Bury SEND Hub is now open and available for all SEND families. Details of upcoming events can be found on BURY2GETHER's website www.bury2gether.co.uk and Bee Inclusive website [Bury SEND Hub](#)



Service Updates

CHILDREN WITH DISABILITIES TEAM

Getting to know you 😊

We know how important it is for our families to feel they have a social worker who understands their needs and is able to progress plans. We have been focussing on getting to know our children and families as well as we can to support you better. We are helped in this as we are fully staffed with 13 team members. Please visit our page on the Local Offer to see links to staff profiles.

<https://theburydirectory.co.uk/services/children-with-disabilities-team>

Everyone on the team is very committed to professional development and have a programme of learning that aims to build on new skills and competencies. We have been working with Millwood and Elmsbank school to support our relationship building and direct work with the children and young people on our caseload. We also have basic Makaton training up and coming which will be new to our students and a useful refresh for experienced workers.

INCLUSION SERVICES

In the January newsletter, I promised some more detailed feedback in respect of the Parent/Carer response to the Inclusion Service pages on the Local Offer.

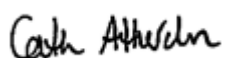
Thank you for the positive feedback you gave, particularly in respect of the professional profiles used by our service members to introduce themselves to you and your children.

You identified some technical issues that could be improved such as the amount of text on the Inclusion Service home page, a lack of organisation to support navigation and the confusing picture of elderly people for a service which supports children! Also, you identified a need to explain some of the terminology that has been used which may not be familiar to parents and carers. We are working with the Family Information Service to resolve these issues and will be able to send further updates as soon as they are fixed.

Some of your comments were in respect of parent and carer access to the teams within Inclusion Service. Unfortunately, the specialist teams within the service are funded by schools so only schools can refer into the services. This would apply to the Sensory Needs Team, the Additional Needs Team (Cognition and Learning Team and Social Communication Difficulties Team) and the Primary SEMH (Social, Emotional and Mental Health) Team. However, if parents felt that specialist advice was needed to support their child's inclusion in school, then the best course of action would be to contact your school Senco to chat with them about a possible referral.

There are some elements of Inclusion Service that are open to parents and carers. Parents very often contact me directly as service manager and my contact details can be found on the Local Offer page. I can then direct the query to the right person, or sometimes will return a call or email myself, especially if it is in respect of a child or young person who is not able to attend school. Parents and carers can also use the Educational Psychology helpline to speak to an Educational Psychologist and I have asked for the details of the helpline to be made clearer on the Educational Psychology Service page to be sure that parents/carers can locate them. Your support is proving to be invaluable in ensuring our pages are helpful and clear.

With many thanks,



SEN SERVICES

Welcome to this month's SEND newsletter. This month we have been focusing on reducing the backlog of EHC cases so that families who have been waiting for more than 20 weeks can receive an outcome and we can work with them on what happens next. We are really pleased to say we have reduced the number of backlog cases to zero-you may remember that was the target for February. We are not relaxing though. We will be monitoring progress with all the cases so that we can address the situation if there is any deterioration in performance. We are determined to make sure that we meet all our targets, including the requirement to respond within 6 weeks of receiving a request.

Where are we now?

1. We are going to review the EHC planning processes with parents over the next four-six weeks. Look out for opportunities to get involved.
2. New EHCP caseworkers are starting at the moment. Three are joining in the next three weeks. We aim to have a complete team by the end of April.
3. We have held a number of Person Centred meetings and have six more planned for the coming weeks.

Our priorities

Over the next few weeks we will be working to introduce regular surgeries: opportunities for families to book in slots to talk through any concerns or queries regarding their plans. We are also proposing to introduce a weekly evening callback service, for anyone who can't usually make a call during the day. We are planning to look at how we communicate with parents, partners and other stakeholders. This is an important area where we will be seeking your participation.

We are going to implement the outcome of the EHC planning process review.

YOU SAID... WE DID...

You said	We did
We need updated information of services.	We are producing regular Local Offer newsletters
It would be helpful to have Local Offer Drop'ins	We have started to set these up.
The relationship with the Council is adversarial	We are planning to hold regular sessions with parents face to face to build better relationships
You have to keep repeating your story	We are moving to a "Tell it once" culture. This will take some time because we are recruiting and training staff.
We need more staff in the SEND Team.	We have recruited 8 staff and have further vacancies to fill. We expect to be fully staffed by the end of April.

Bury Educational Psychology Service

Does your child worry about attending school?

Emotionally Based School Avoidance (EBSA) describes children and young people who experience difficulty attending school due to emotional factors, often resulting in absences from school. Information and resources about how to support children and young people who experience EBSA can be found on the Bury Directory, alongside the support currently available through Bury's EBSA Pathway: [Support for Children & Young People | The Bury Directory](#)

A parent and carer information session (delivered in December 2021) explored some of the factors which can trigger and maintain anxiety about attending school, alongside core approaches and strategies which are recommended to support a successful return to school. The session was delivered by Bury's Educational Psychology Service and CAMHS (Child and Adolescent Mental Health Service). **A recording of the session can be found here** <https://youtu.be/zqNo2k7LiT4>

Do you and your child want to be part of developing Bury's approach to SEND?

What is involved? Bury's Inclusion Service and Educational Psychology Service are working to develop Bury's graduated approach document. This is a guidance toolkit to support settings and schools in Bury to confidently identify and support children and young people's SEND. **To ensure the toolkit includes the experiences of people living in Bury, we want to meet with parents, carers, children and young people.**

What will happen?

- Opportunity to hear about the project.
- Opportunity to share your views and experiences.
- Your child will be invited to join a craft activity and to share their experiences of school if they wish.
- Refreshments will be provided and a free MAX discount card (for members of BURY2GETHER) and Hidden Disability Sunflower lanyards will be available to collect.



When and where?

Thursday 10th March 2022
at the Bee Inclusive Centre in
Radcliffe, M26 3WD

11am-12.30pm for parents and carers
4.30-5.30pm for parents, carers and their children



Parent Surgeries with the SEN Team

The Bee Inclusive Centre, Coronation Road Library, Westminster Ave, Radcliffe, M26 3WD

Do you have concerns regarding your child's EHC Plan and want to speak to the SEN Team? There is an opportunity for you to have a private appointment to talk through your child's plan and any problems you have come across. The one to one appointments will be half hourly based on a first come first served basis. The sessions will be held on:

March 15th, March 22nd and March 29th between 6.00pm and 8.00pm. Please contact the Communications and Engagement Officer on **07581020879** or email Kasia.Taylor@bury.gov.uk to book a time slot.



School & College Transport Team

The team manages travel assistance and home to school transport provision for children and young people with special educational needs and disabilities (SEND) to support attendance at schools and colleges both in Bury and outside of the borough. The team also fulfils the Council's statutory duties in relation to travel assistance and free school travel passes.

Over the past few months, the team have been busy with the day to day running of transport whilst dealing with the challenges the coronavirus pandemic has presented. Unfortunately, due to self-isolating requirements several drivers and pupil escorts have recently been unavailable for work which has resulted in transport being cancelled. Cancellation of transport is only ever as a last resort as we fully appreciate the impact this has. However, as you can appreciate, it has been a difficult period when there have not been enough spare drivers and members of staff to provide the cover that is needed.

February to September is an exceptionally busy period for the team as we plan travel arrangements for the new academic year. We are continuing to work remotely and are available from 7:30am to 4:45pm, Monday to Friday during the school term. During school holidays the team are available from 9am to 4pm.

Our School and College Travel Assistance webpage holds information regarding the service, SEND travel policy and the relevant application forms that are available for you to download; www.bury.gov.uk/index.aspx?articleid=10420

There may be occasions when it is difficult to reach us by telephone as we are all on calls, please do leave a voice message and we will get back to you as soon as possible or you can email schoolandcollegetransport@bury.gov.uk.

We appreciate some parents are anxious about their children travelling on dedicated home to school transport. As an alternative to transport, we are also able to offer a mileage reimbursement or a personal travel budget to support attendance at school.

If you would like to take your child to and from school yourself using your own vehicle, we are able to reimburse the mileage between your home address and school. Mileage reimbursements are based on two return journeys per day.

It is also possible for us to provide you with a Personal Travel Budget to make your own bespoke arrangements to support travel to and from school.

If you would like to discuss any of the travel options available to you or have any queries, please get in touch.

Nicola Hudson – Transport & Contracts Manager

HEALTH UPDATE



CAMHS Bury have been experiencing ongoing increased demand on the service resulting in longer waiting times for both assessment and treatment appointments.

We are also seeing an increase in urgent mental health/crisis presentations. In order for the service to safely meet the current demand for urgent mental health support we have cancelled all routine appointments for the time being.

In addition to current pressures outlined we also have a number of vacancies and sickness levels have increased significantly due to the current covid situation. We are working closely with commissioners regarding this and are welcoming new staffs over the coming weeks/months.

All families who have been effected have been sent out a letter advising of support available whilst waiting for an appointment.

If parents/young people require any non-urgent wellbeing advice/support; the Bury getting help line offers an all-age free telephone service for residents of Bury experiencing difficulties with their wellbeing: 0161 464 3679. Further details can be found on their website: <https://earlybreak.co.uk/what-we-do/emotional-health-wellbeing-services/getting-help-line/>

We also have a number of self-help resources available for children/young people, parents and professionals available on our website: <https://www.penninecare.nhs.uk/burycamhs>

During office hours if you have urgent concerns regarding your child's mental health please contact the department on **0161 716 1100** and ask to speak with a member of the duty team.

Unfortunately, we are unable to provide a specific time frame for appointments at this time however will provide a monthly update via the newsletter.

Community Offer

The Enterprise Centre is running a series of 'live well with nature' activity sessions. All activities are free and include refreshments and snacks. Each programme runs between 4 and 6 weeks. The programmes include

- 'Together Tuesday' – small group meet and eat with a community self-taught artist who will share art therapy in nature
- 'Wellbeing Wednesday' – looks at a range of holistic therapies including a walk on the wild side, the power of trees and interesting facts about crystal and reiki healing
- 'Toddler Trails Thursday' – encourages young mums, dads or grandparents with toddlers to get outside for an hour and then return to hot snacks and drinks whilst they explore natural craft projects

Numbers are limited to 6 per group to ensure quality of delivery and experience, so early booking is essential. Please contact Dannielle@theenterprisecentre.co.uk with name, address, date of birth and telephone and one of the team will get back to you as soon as possible.

Bury College is holding **Apprenticeship Information Evenings** on 7 February, 16 March and 21 April from 6.00-7.30pm. The events will provide short presentations along with the opportunity to speak with members of staff from the apprenticeship team. The events will take place in the Jim Cartwright Theatre, Beacon Centre, Bury BL9 0AT. You can find more information here: [Bury College Events](#)



JIGSAW Bury are having a Ladies fashion show and pop-up shop. Saturday 7th May 2022 at Our Lady of Grace Church Hall. 11 Fairfax Road, Prestwich M25 1AS. Tickets £5 Doors open at 6.30pm, show starts at 7pm. Tickets to be purchased in advance by email jigsaw@bury.gov.uk or telephone: 0161 253 6853

SEND Family swim sessions- Organised in partnership with BURY2GETHER for families of children with Special Educational Needs and Disabilities, aged 0-17. £7 per family. Discounts for Bury Leisure members. Venue/Date- Ramsbottom pool, every Sunday.

Time- 12.15pm-1.15pm please do not arrive before 12.10pm.

Limited spaces, booking is essential: 0161 253 7000 (Ask for SEND swim)



Bury Youth Services offers a range of youth groups for young people with Special Educational Needs & Disabilities at the New Kershaw Centre. For further information please contact Siobhan tel: 07583072683 email: s.whelan@bury.gov.uk or Cat tel: 07909915389 or email cath.reynolds@bury.gov.uk



Bee Inclusive are hosting Children Inspired Yoga Manchester, for an introductory session on Wednesday 2nd March, at 5pm for 40 minutes.

Bee Inclusive does have a portable hoist available for Wheelchair users, however please bear with us as we are trying to get it serviced before the session - we will keep you informed!

This taster session is initially for Primary School aged children. However, we are looking for different age group sessions, such as a daytime Early Years group. Please let us know if this is something you would be interested in!

To book on, please click on the link below:

<https://portal.childreninspiredbyyoga.com/.../Course.../...>

The next Bee Inclusive session at Jump Xtreme, Bolton is on Wednesday 2nd March at 6 pm for young people with SEND and their families.

The cost per child is £8 for an hour on the trampolines (6pm-7pm) or £10 for an hour on the trampoline plus an hour in the soft play area (6pm-8pm).

Spaces are limited to 30 and must be booked in advance. To book email hellobeeinclusive@gmail.com stating number of children attending - siblings are welcome. Parent/carer goes free and music and lights will be turned down.



**a social and sports group
for young disabled people**

About Jigsaw: Jigsaw is a sports and social group for young disabled people aged 13+, based in Bury. Our aims are to promote fun, freedom and independence; support people to enjoy an active social life, help people reach their sporting potential and maintain a healthy lifestyle.

Jigsaw, Unit 28, Bury Business Centre, Kay Street, Bury, BL9 6BU

Phone: 0161 253 6853 **Email:** jigsaw@bury.gov.uk **Website:** www.jigsawbury.org



Bee Inclusive

Bee Inclusive is a 'not for profit', Community Interest Group, founded in Greater Manchester and based in Bury.

We provide social opportunities for children and young people with SEND (Special, Educational Needs and Disabilities).

We have moved into a community centre in Radcliffe, complete with a new changing facility/disabled toilet, to ensure that we are as accessible as possible.

We are currently pitching for funding to install a sensory room.

Our organisation is run by SEND parent/carers, to ensure that the opportunities we provide are appropriate, safe and enjoyable for our children and young people.

What we do

As a parent/carer led organisation, we want to ensure that our children and young people have the best possible access to inclusive, social opportunities.

We are an independent organisation, that self-funds to provide activities.

These may be delivered in our centre, facilitated by external providers or take place at other venues in the community.

We embrace everyone, including those that are neurodiverse, have additional needs and those that are disabled.

Community Links

We encourage SEND organisations to get in touch with us and link in. We are looking for other organisations to collaborate with.

We also have opportunities for other SEND organisations to hire our rooms.

Social Opportunities

We have been very lucky to have been awarded a grant from Bury's 'Let's do it' - Health Fund. We have lots of Social Opportunities planned going forward.

How to keep up to date

- Sign up to our newsletter at:
<https://docs.google.com/forms/d/e/1FAIpQLSej8Pfwgqbv7qoQw8JeNAM29RsToqZ-7D9KQb6AzSyQsIPYhQ/viewform>
- www.instagram.com/bee_inclusive
- www.facebook.com/beeinclusiveuk
- www.twitter.com/bee_inclusive

Find out more at beeinclusive.co.uk

Or get in touch at hellobeeinclusive@gmail.com



Upcoming Events 2022
(for PARENT/CARER'S ONLY)

Please email or telephone us to book a place

IASS Independent Advice Service around Education and SEND

Facilitator: Bury SENDIASS Service, **Date:** Wednesday 2nd March (between 10am – 4pm)
Individual appointments ONLY (please email for available times)

Coffee and Catch Up

Facilitator: Lisa Joynson, **Date:** Wednesday 2nd March 6:30pm-8pm
(THIS EVENT IS VIRTUAL)

Sensory Processing Seminar

Facilitator: Rehab For Independence, **Date:** Tuesday 8th March: 10am – 11.30pm
(THIS EVENT IS GOING TO BE FACE TO FACE ONLY at the address below)

Coffee and Catch Up

Facilitator: Lisa Joynson, **Date:** Monday 21st March: 10am – 11.30am
(THIS EVENT IS VIRTUAL)

IASS Independent Advice Service around Education and SEND

Facilitator: Bury SENDIASS Service, **Date:** Wednesday 6th April (between 10am – 4pm)
Individual appointments ONLY (please email for available times)

Sensory Processing Seminar

Facilitator: Rehab For Independence, **Date:** Tuesday 19th April: 6pm – 7.30pm
(THIS EVENT IS GOING TO BE VIRTUAL ONLY)

Sensory Processing Seminar

Facilitator: Rehab For Independence, **Date:** Tuesday 3rd May: 1pm – 2.30pm
(THIS EVENT IS GOING TO BE FACE TO FACE ONLY at the address below)

IASS Independent Advice Service around Education and SEND

Facilitator: Bury SENDIASS Service, **Date:** Wednesday 4th May (between 10am – 4pm)
Individual appointments ONLY (please email for available times)

Sensory Processing Seminar

Facilitator: Rehab For Independence, **Date:** Tuesday 7th June: 10am – 11.30pm
(THIS EVENT IS GOING TO BE VIRTUAL ONLY)

SPEAK ENQUIRE KNOW DISCUSS



Local Offer events

Event	Date	Time	Details
Information workshop with Children with Disability Team on Short Breaks	8 th March	1.30pm-2.30pm	Online workshop presentation on 'Short Breaks' Please email Bury2Gether@gmail.com to be added to the attendee list.
Inclusion Service and Educational Psychology Service	10 th March	11am-12.30pm and 4.30pm-5.30pm	An opportunity to find out about the 'Graduated Approach' and to share yours and your child's views and experiences of school. Held at the Bee Inclusive Centre.
Information workshop and a discussion with the Head of Inclusion Services.	15 th March	11.30am-1.00pm.	Cath Atherden will be holding a face to face information session for parents at the Bee Inclusive Centre. Drop-in and visit the Centre to find out more from the Head of Inclusion Services how schools can support your child if they have a Special Educational Need.
Parent Surgeries with the SEN Team	15 th March 22 nd March 29 th March	6.00pm-8.00pm	Do you have concerns about your child's EHC Plan. An opportunity to book a private appointment to talk through the plan and any issues you may have. Book a time slot with the SEND Communications and Engagement Officer on 07581020879 or email: Kasia.Taylor@bury.gov.uk for a designated time slot. It will be based on a first come first served.
Local Offer Drop-in	20 th April	10.00am-12.00pm	Held at the Bee Inclusive Centre. SENDiass will be available to give information and advice.

For services, information, advice and news for Children and Young People with Special Educational Needs and Disabilities in Bury please visit www.sendlocalofferbury.com or click the icon on The Bury Directory.



Classification	Item No.
Open / Closed	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	
Title of report:	Health related behaviour: Smoking
Report by:	Sarah Turton (Public Health Practitioner) and Jon Hobday (Consultant in Public Health)
Decision Type:	For information
Ward(s) to which report relates	All wards

1.0 Executive Summary

Smoking is the primary cause of preventable illness and premature death, harming nearly every organ of the body and dramatically reducing both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease, and heart disease, as well as numerous other cancers. In England, it is estimated that in 2019-20, among adults aged 35 and over, around 506,100 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group. The cost of smoking to the National Health Service in England is estimated to be £2.5 billion a year. [1]

Even though smoking rates have fallen locally in recent years, there is still further work that can be done, especially regarding tobacco and inequalities and targeting cohorts where smoking prevalence is highest. In Bury Council, we have a Live Well Service which has Health Trainers, who provide stop smoking support to our community and a hub for which people can be signposted to. In addition, we are part of the Smokefree Pregnancy Programme, the CURE programme and other GM wide approaches to tackling smoking. We endeavour to continue with the great work going on around smoking and build on our existing platforms to reduce smoking rates even further.

2.0 Recommendation(s)

That the Bury Health and Wellbeing Board continue to support the ongoing work around smoking and reducing inequalities.

3.0 Key Considerations:

3.1 Introduction / Background

Smoking rates have fallen significantly locally, regionally, and nationally, but smoking still accounts for more years of life lost than any other modifiable risk factor. Our ambition is to inspire a Smokefree generation and improve the health and wellbeing of all Bury residents. We will continue working to reduce the harm caused by tobacco and support the National and Greater Manchester ambition of achieving a Smokefree generation. Together, we will support population cohorts where smoking prevalence is highest, such as routine and manual workers, residents with mental health illnesses and residents living in areas of deprivation. This will help to reduce the number of smokers, improve health outcomes, reduce inequality, and drive down the number of Bury families living in poverty.

Periodically, the Government sets targets to reduce smoking prevalence in the population. Most recently, in July 2019, the Government announced its ambition for a Smokefree 2030 (where the overall percentage of the population who smoke is 5% or below) through its consultation document 'Advancing our health: prevention in the 2020s'. [1] The NHS Long Term Plan (LTP) published in 2019 covers smoking and prevention is a core component. The LTP commitments that set out the NHS's contribution to tackling tobacco dependence include:

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will be adapted for pregnant women and their partners, with a new smokefree pregnancy pathway including focused sessions and treatments.
- A new universal smoking cessation offer [for higher risk outpatients] will also be available as part of specialist mental health and learning disability services. [2]

Bury Council aim to help contribute to these long-term plan goals by continuing our valuable local tobacco work and also working collaboratively with GM colleagues within this field.

3.2 Our Position in Bury and England

In Bury, our smoking prevalence (18+) numbers have decreased, as of 2019, and we are currently lower than both the regional (14.5%) and national (13.9%) average, at 12.8%. These values for Bury have continuously decreased since 2015. However, according to a recent University College London (UCL) online study [3], the number of 18 to 34-year-olds in England who classed themselves as smokers increased by a quarter (21.5% to 26.8%) during lockdown. Smoking is

estimated to kill 252 people in Bury every year, and accounts for 1358 years of life lost annually.[4] Although rates have fallen, in 2019 12.8% of adults continued to smoke in Bury that is 18,859 people. [7] Evidence suggests people from lower socio-economic backgrounds and young adults have been disproportionately affected by the covid pandemic when it comes to smoking. This will need to be monitored to see if this will be sustained. [4]

Regarding smokers who have successfully quit at 4 weeks, Bury stands at 1447 per 100,000 smokers ages 16+, which has increased from 2018/19 (1365 per 100,000). However, this value is lower than both the regional (1986 per 100,000) and national (1808 per 100,000) values for 2019/20. [4] It is important to note these statistics are based on those who utilise the commissioned stop smoking support service. We know a high proportion of individuals quit successfully outside of these services through a range of other means.

In terms of smoking and pregnancy, our smoking status at the time of delivery (SATOD) value (9.2%) is lower than the regional (12.2%) and national (10.4%) values, as of 2019/20. This value has decreased since the previous year where it stood at 11.6% for 2018/19. [4] Smoking in pregnancy is 5 times more common in the most deprived groups compared to the least. Latest figures show that in Bury 192 women a year are smokers when they give birth, and 8503 children live in households with adults who smoke. Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold. [7]

Smoking is disproportionately higher in lower socioeconomic groups and those with other comorbidities. The use of tobacco is known to be more prevalent amongst mental health patients than in the general population. In Bury, smoking prevalence in adults (18+) with a long-term mental health condition stands at 22.1%, as of 2019/20. This value is lower than both the regional (27.8%) and national (25.8%) values. It is reported people with long-term mental health conditions are almost 2.5 times more likely to smoke. There is a high prevalence of smoking in people who use drugs and alcohol, and this is a major cause of illness and death. Whilst smoking rates in the adult general population are below 14% in England, we know that smoking rates are typically much higher in people with multiple dependencies. Based on 2020/21 data, adults identified as smoking tobacco at start of alcohol treatment for Bury is 21%, which is lower than the England value of 43%. In addition, adults identified as abstinent from tobacco at review stands at 46% in Bury, compared to 30% for England, in 2020/21. However, adults identified as starting to smoke tobacco at review, who were abstinent from tobacco at start of treatment, for Bury stands at 17%, which is higher than England (11%). [4]

In regard to ethnicity - Nationally, the proportion of current smokers ranged from 7.9% among Chinese respondents (and 9.2% among Asian respondents), to 20.4% among respondents from the Mixed ethnic group. Those who were born in Poland had the highest proportion of current smokers (25.9%), whereas people born in India had the lowest proportion (5.3%). The proportion of current smokers was lowest in Sikh people (4.7%); smoking prevalence in other religions varied by sex, for example, the proportion of current smokers among Muslim men (20.5%) was over four times higher than among Muslim women (4.6%).

Evidence also shows there was a significantly lower proportion of current smokers in those who owned their property outright (8.3%) or with a mortgage (10.7%), compared with those who rented (31.0% in local authority or housing association renters, and 22.6% in private renters). In 2017, the proportion of current smokers was significantly higher in people who identified as gay or lesbian (23.1%) or bisexual (23.3%), than heterosexual (straight) people (15.9%). [6]

Smoking attributable mortality for 2017-19 within Bury stands at 240.3 per 100,000, which is lower than the regional value (247.5) but higher than the national value (202.2). In terms of smoking attributable hospital admissions, the Bury value stands at 1460 per 100,000, as of 2019/20, which is lower than the regional value (1540 per 100,000) but higher than the national value (1398 per 100,000). This value has decreased since the previous year, where it stood at 1512 per 100,000. Emergency hospital admissions for COPD in Bury, stand at 500 per 100,000 (for 2019/20), which has increased from previous years and is progressively getting worse.[4] It is important to note there is a significant time lag between smoking rates and attributable mortality. Therefore, it will take a significant number of years for any reduction in smoking prevalence to start to correspond with a reduction in smoking attributable mortality.

In Bury there is a gap in life expectancy for men of 12.4 years mapped between the most and least deprived areas, and 7.9 years for women. Tobacco is still the largest preventable cause of these differences. Smoking is responsible for half of the difference in life expectancy between rich and poor in Bury.

3.3 Smoking and Young People

It is estimated that each year around 207,000 children in the UK start smoking. The proportion of children who have ever smoked continues to decline. In 2018, 16% of 11–15-year-olds (23% in 2012) had smoked at least once; the lowest proportion since the annual Government survey of smoking among secondary school pupils in England began in 1982, when 53% had tried smoking. In the past decade, the proportion of children who have ever smoked has halved from 32% in 2008 to 16% in 2018. The prevalence of regular smoking also increases with age, from 0% of 11-year-olds to 5% of 15-year-olds.[5] In Bury, it is estimated that 379 11-15 year olds start smoking annually, and that two thirds of adult smokers started before they reached 18 years old. Smoking is highly addictive, with two thirds of those who try smoking going on to become daily smokers. [7]

Smoking initiation is associated with a wide range of risk factors including parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peer group members, socio-economic status, exposure to tobacco marketing, and depictions of smoking in films, television, and other media. Children who live with parents or siblings who smoke are up to three times more likely to become smokers themselves than children of non-smoking households. Therefore, by having effective strategies to reduce smoking in adults we are also having a direct impact on reducing smoking in children. The younger the age of uptake of smoking, the greater the harm is likely to be, because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality. [5]

Locally, we have our Live Well service, as well as our children's and young people substance misuse service, Early Break, who can support young people regarding smoking.

3.4 What we do in Bury Currently

3.4.1. Our LiveWell service see clients who have either self-referred or been referred. The LiveWell service provide a free, confidential provision offering information and one-to-one behaviour change support to help people stop smoking. The service is available to anyone who has decided to stop or is thinking about stopping smoking. The service can advise on all Nicotine Replacement Therapy (NRT) products and are able to recommend a prescription for Zyban. During the quitting process LiveWell can offer motivational support and advice to help clients reduce their reliance on medication, such as NRT. This support can be accessed via a face-to-face consultation, via the telephone or a combination of what best suits the client's needs and lifestyle. Due to covid, face-to-face consultations were ceased but are gradually being re-introduced into the offer, to meet client needs where appropriate. We also have a children's and young people substance misuse service, Early Break, who can support young people regarding educating on the harms of smoking and supporting them to quit.

3.4.2. The CURE programme operates in Bury, which is an evidence-based programme whereby all smokers who are admitted to local hospitals are offered NRT and specialist support while in hospital. Then when discharged they are referred to the local LiveWell service for continued stop smoking support. The CURE specification is currently being reviewed in line with a GM approach.

3.4.3. Bury is part of the GM wide Smokefree Pregnancy programme. This programme is focused on the midwifery stop smoking service within the community and offers support to women during all stages of their pregnancy. As mentioned in a previous section, our SATOD rates are currently below the regional and national rates.

3.4.4. Bury commissioners regularly attend tobacco meetings such as the Northwest Tobacco Control Commissioner Network, Smokefree Pregnancy Programme and Making Smoking History Partnership meetings, to ensure we are up to date with national and regional agendas, guidance, and campaigns. We take part in national and local campaigns such as Stoptober and Smokefree campaigns, led by the Office for Health Improvement and Disparities (OHID). Resources are shared with our teams and partners, to encourage services to partake in the campaigns and widen the reach locally. Furthermore, we discuss smoking updates within our monthly Substance Misuse Delivery Partnership meetings. This encourages discussion amongst many partners such as our substance misuse treatment providers, Greater Manchester Fire & Rescue Service, Housing, Employment and many more where smoking may be relevant to service users.

3.4.5. Through our licensing and public protection teams and partners we promote, assure and enforce smoke free environments both in indoor and outdoor venues. Which in turn creates smoke free norms supporting the culture shift to all environments being non-smoking.

3.5.6. Bury council public protection team work with trading standards and other key partners to enforce tobacco regulation and reduce the availability of illicit tobacco products. Which ensures the cost of tobacco remains high acting as a barrier for purchasing.

3.5 Planned future work

Some of the key activities planned for the coming year 2022/2023 include

1. Auditing the current provision we have in Bury around smoking support to identify any gaps.
2. Developing more assertive outreach, engagement and support with the groups we know have highest rates of smoking including
 - a. Those with severe and enduring mental health needs
 - b. Those engaged within substance misuse services
 - c. Those with routine and manual jobs
 - d. Those living in areas of high deprivation
 - e. Those from the LGBT community
3. Continue to work with the public protection team, GMP and other key partners through the substance misuse partnership to ensure a system approach is taken to promote smoke free environments and tackle illicit tobacco.
4. Continue to support young people to understand the dangers of smoking, ensure they have access to smoke free environments and provide support to assist them to quit should they need it.

4.0 Conclusion

Although smoking rates have fallen significantly locally, regionally, and nationally, smoking still accounts for more years of life lost than any other modifiable risk factor and is an area that needs continued and further investment and development. We will continue working to reduce the harm caused by tobacco and support the National and Greater Manchester ambition of achieving a Smokefree generation.

The benefits of stopping smoking are not only to the health and wellbeing of individuals and families, but also to the systems and organisations that support them, whether those are informal caring relationships, housing-based services, or social care. As such we intend to build on our current stop smoking activities to proactively target groups where we know smoking rates are highest, which in turn should reduce inequalities.

Community impact/links with Community Strategy

- Let's Do It strategy

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

Report Author and Contact Details:

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

Background papers:

- [1] [SmokingStatistics.pdf \(ash.org.uk\)](#)
- [2] [PowerPoint Presentation \(ash.org.uk\)](#)
- [3] [Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England - Jackson - - Addiction - Wiley Online Library](#)
- [4] <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/ati/402/are/E08000002>
- [5] [190913-ASH-Factsheet Youth-Smoking.pdf](#)
- [6] [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](#)
- [7] [ASH – 'Up in smoke: how tobacco drives economic and health inequalities' document – Bury profile](#)
- [8] ['10 high impact actions for local authorities and their partners': https://ash.org.uk/information-and-resources/reports-submissions/reports/10-high-impact-actions/](#)

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
ASH	Action and Smoking and Health
LTP	Long Term Plan
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
SATOD	Smoking at the time of delivery



Classification	Item No.
Open / Closed	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	3 rd February 2022
Title of report:	Report on Community and Person-Centred Approaches - involving people with lived experience Understanding and tackling inequalities and promoting inclusion
Report by:	Ruth Passman (Chair of Healthwatch Bury) and Adam Webb (Chief Officer of Healthwatch Bury)
Decision Type:	For Information
Ward(s) to which report relates	All Wards

1.0 Executive Summary:

- 1.1. Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We exist on a national and local level, working towards the same goal of enabling people to have a voice about their health and social care systems.

- 1.2 The Care Act 2014 statutory guidance offers the following definition: "Co-production" is when groups of people get together to influence the way that services are designed, commissioned and delivered.
- 1.3 The Co-Production Model, developed by NHS England and NHS Improvement and Coalition for Personalised Care (formerly Coalition for Collaborative Care), outlines the following: 'Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a

positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.'

- 1.4 The COVID-19 pandemic has starkly highlighted inequalities in access to, outcomes from and experience of health and care. With data suggesting that if you live in a deprived area, you are twice as likely to die from COVID-19, the pandemic has both shone a light on and amplified long-standing health inequalities. This has strengthened the conviction that society must not accept that some people face worse health outcomes simply because of where they live, their income, their disabilities, and or their ethnicity.

2.0 Recommendation(s)

- 2.1 That the Bury Health and Wellbeing Board continue to support Healthwatch Bury Community and Person-Centred Approaches - involving people with lived experience focussing on understanding and tackling inequalities and promoting inclusion.

3.0 Key considerations:

- 3.1 Introduction/ Background:** Community and Person-Centred Approaches - involving people with lived experience focussing on understanding and tackling inequalities and promoting inclusion

- 3.1.1** Healthwatch Bury, with the support of stakeholders and local voluntary sector organisations, continue to listen to patients to understand the current health and social care system and experiences of those who use it.

The ambition is to empower more people who share views with us report that they are confident that services will use their experiences to improve care. We can demonstrate nationally and locally how people's views have helped reduce health inequalities.

- 3.1.2** We engaged with 833 people face to face during 2021 and in addition to this supported and/or signposted over 300 people in the same period to numerous health and social care services.

3.2. Established activity across Bury

To support these priorities the following activities/initiatives have been started in the Bury area.

3.2.1. Health Access Assistance weekly drop in sessions

- Following the need that was identified in the community for asylum seekers and refugees by Eagle's Wing, Healthwatch Bury applied for a grant to hold weekly drop in sessions in partnership with Eagle's Wing – friendship group for asylum seekers and refugees.
- The need was to assist with a growing number of requests that were received on health and social care matters concerning residents, specifically from asylum seekers, refugee and non-English speaking residents in the Borough.

- The growing numbers of queries and requests for help concerning access to health and social care services, online form filling e.g. for free prescriptions and more complex queries regarding assistance to health services such as mental health and psychological support services for trauma based CBT.
- In the future Healthwatch would like to identify individuals who are interested in training courses to become interpreters and would be able to support with any health related enquiries. It would also signpost to various training courses to help people with employment opportunities.

3.2.2 Communic8te and communication barriers

- Communic8te is a community group for people who are deaf or have a hearing impairment. The group members have identified numerous barriers to health and social care services.
- Following the session arranged a meeting with the NCA and NWAS to highlight these issues and act as an intermediate between the patients and hospital/ambulance trusts.
- Planning to arrange a focus group/workshop in the near future to bring service providers and patients together to come up with solutions for service improvements.

3.2.3 Young People's Involvement

- Provide work experience placements and mini projects for young volunteers inc. designing HW 100 survey.
- Provide flexible voluntary opportunities e.g., Instagram team and video filming/editing for Carers Roadshow.
- Update website to include more resources for young people. Invite young people to consult and create content
- Provide further sexual health workshops similar to LGBT Foundation workshop. Include more sexual health info on website.
- Establish a regular drop-in activity for young people in Bury hosted at the HW Bury office or community centre/library.
- Continue to promote mental health organisations such as Kooth.
- Follow up piece of work from our 2019 report into children's mental health services.

3.2.4 Healthwatch Bury Virtual Roadshow

- The virtual roadshow was set up to fulfil the statutory obligation to provide information about health and social care services. The aim was to create an easy access online video directory for local carers and disability support services.
- In addition to above the roadshow will include carers and disabled people's stories and lived experiences.
- Will be working in collaboration with a Butterfly Initiative to interview and record these experiences and stories.
- The aim is to raise awareness about the unpaid carers and people with disabilities and offer them any information and support that is available locally and nationally.

- Empowering people with disabilities and unpaid carers by involving them in this project from the planning stage to completed videos.

3.4 Future Plans and programmes

3.4.1. Accessible Information Standard

- We will be working with local community groups and patients to identify the key issues for various groups.

3.4.2. Core 20 Plus

- NHS England and Healthwatch England have a new joint programme to address inequalities targeting the 20% of most deprived areas and the five pathways in localities which are currently evidencing the most significant inequalities.

3.4.3 Locality Board Lived Experience

- Healthwatch Bury has committed to identifying patients who have experience with local health and social care services and are willing to share their story with the Locality Board.
- The feedback will be used to share good practice and for improve existing services where necessary. The lived experiences will also help to raise awareness of various health conditions and highlight any barriers that patients might be facing.

3.4.4 Primary care provision and inclusion groups

- Further initiative to evaluate primary care access for Inclusion Health groups and those with protected characteristics including members of the Gypsy, Traveller and Roma communities, vulnerable migrants, patients from minority ethnic backgrounds and homeless people.

4.0 Key Issues for the Board to consider:

4.1 Meaningful co-production requires strong partnership working with stakeholders and takes both time and resource.

- Fine grained co-production initiatives require significant expertise, resource and time. The Board may wish to consider this in their commissioning strategies.

Community impact/links with Community Strategy

Full links with Let's Do It Strategy 2030.

The Health Champion training (RSPH) proposal, co-owned by Healthwatch Bury would be of great benefit to the co-production agenda, if resourced and delivered in partnership

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Co-production initiatives are designed and tailored to address all sections of the Equality Act 2010 pertaining to all protected characteristics</i>

Background papers:

[A Co-Production Model – Coalition for Personalised Care](#)

[The health of people from ethnic minority groups in England | The King's Fund \(kingsfund.org.uk\)](#)

[Accessible Information Standard: Specification v1.1](#)

[NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
HWB	Healthwatch Bury
NCA	Northern Care Alliance
NWAS	North West Ambulance Service



Classification: Official	Item No.
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Meeting:	Health and Wellbeing Board
Meeting date:	28 March 2022
Title of report:	Frailty: burden of illness, inequalities, and transformation plans
Report by:	Samantha Merridale, Lindsey Darley, Steven Senior
Decision Type:	No decision
Ward(s) to which report relates	All

Executive Summary:

1. The purpose of this paper is to give the Bury Health and Wellbeing Board an overview of the current Frailty programme, and the rationale for taking forward this programme of work in Bury.
2. The Bury Frailty programme commenced in January 2022 following a process of self-assessment and a gap analysis across the whole system during 2021. The paper outlines emerging key themes and objectives for how we manage those who are deemed to be frail, with a focus on reducing health inequalities associated with frailty, prevention of deterioration of their condition, and maintaining their health and independence for as long as possible.
3. The paper describes the emerging areas of work, which specifically are focussing on:
 - a. Older people's mental health – improving the management of people with cognitive impairment caused by either dementia or delirium;
 - b. Establishing a virtual hospital for admission avoidance and early supported discharge;
 - c. Establishing "Frailty hubs", managed by INTs/MDT across Bury;

- d. Developing key competencies for upskilling our workforce, across the whole system, with consistent training material and methods;
 - e. Exploring new and innovative digital solutions aimed at keeping patients healthy, avoiding falls, and sharing care records across the wider system;
 - f. Pathways and pilots in the following areas:
 - i. Developing a single assessment and scoring process for identification of frailty;
 - ii. A programme to improve falls prevention and prevention of fractures;
 - iii. Developing new pathways and provision for patients with respiratory conditions e.g. COPD / community acquired pneumonia / Long-COVID-19;
 - iv. Early identification and management of patients with cardiovascular disease, including preventative initiatives with public health;
 - g. Anticipatory care
 - i. Ageing Well;
 - ii. Enhanced health at home;
 - iii. Two-hour crisis response / Urgent Community Response;
 - h. Links to end-of-life programme
 - i. Establishing good networking and sharing of good practice with other localities in Greater Manchester (GM) and nationally.
4. The paper also describes the expected quality and population health outcomes which will be achieved by improving the way we deliver services for patients who are frail across the whole health and care system.

Recommendation(s)

That:

- 5. the HWBB note the commencement of this programme, and specifically the links with the Integrated Neighbourhood Team development plans.

Background

6. The British Geriatric Society describes frailty as “Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves.”¹ There are multiple competing tools for measuring frailty and definitions vary. Although the BGS argues that frailty is different from long term conditions and multimorbidity, NHS England guidance on responding to frailty remains largely described in terms of existing public health and healthcare services
7. NHS England guidance² refers to mild, moderate, and severe frailty. It claims that around 12% of people aged 65 and over are living with moderate frailty and 3% with severe frailty. Local data on frailty is not available, but Bury’s numbers are likely to be worse: life expectancy at 65 is worse than the English average for men and women, and indicators for some age-related conditions linked to frailty are worse than average when compared to similar areas.³
8. The lack of local data on frailty means that we cannot measure inequalities in frailty or related conditions directly. However, national data on a range of age-related conditions show inequalities by both deprivation, ethnicity, and gender. Local data exists on some aspects of frailty, such as emergency hospital admissions for hip fractures in older people highlights patterns of inequality within Bury (see figure below). These data highlight that although some neighbourhoods have particular challenges, there are inequalities in this aspect of frailty within all neighbourhoods.

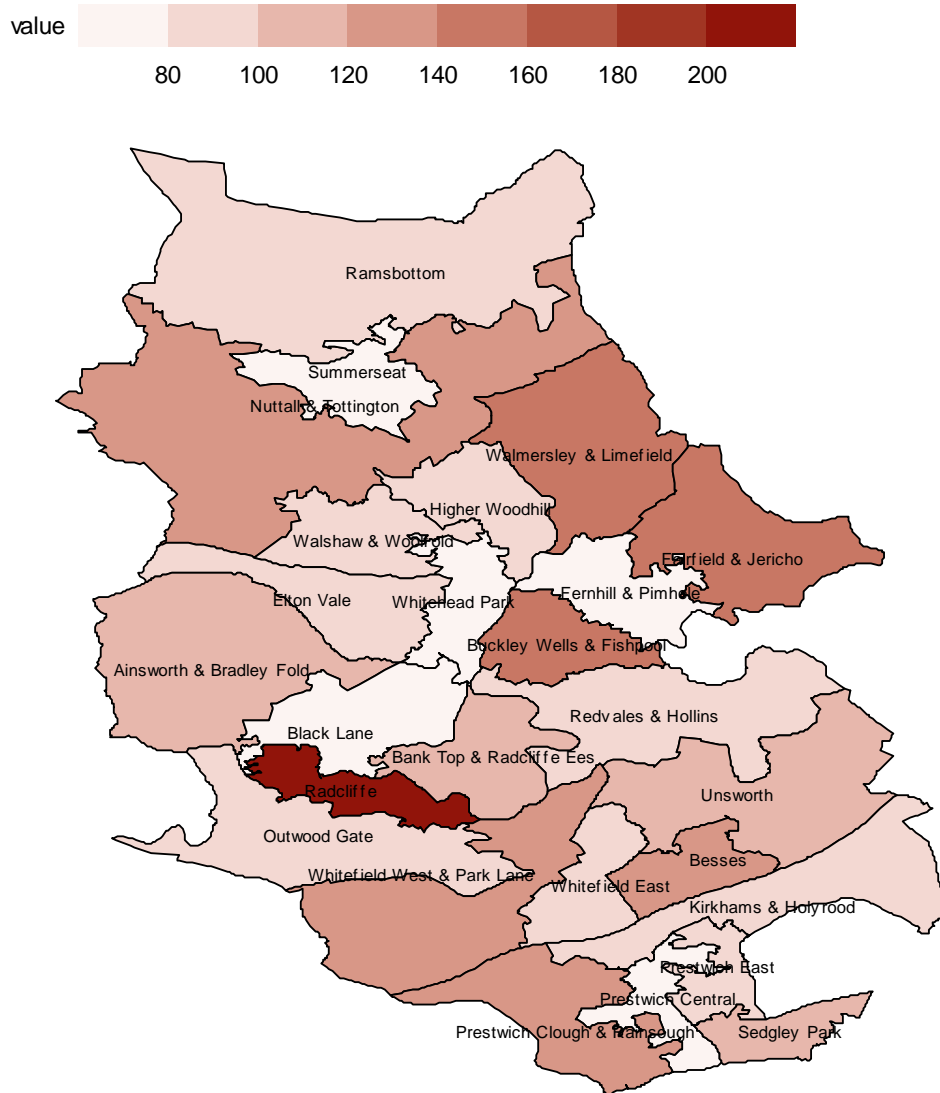
¹ <https://www.bgs.org.uk/resources/introduction-to-frailty>

² <https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2019/07/frailty-toolkit-june-2019-v1.pdf>

³ Emergency admissions for COPD and dementia and % reporting two or more long-term conditions at least one of which is musculoskeletal.

Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio

Bury MSOAs. Data from 2015/16 - 19/20



Standardised admission ratios represent the number of admissions relative to what would be expected if the local rate was the same as the national average, adjusting for different demographics. Areas with values higher than 100 are above the national average. MSOAs - middle-super output areas - are small geographic areas used by the Office for National Statistics and others.

9. The concept of intervention decay which has been discussed at previous meetings is harder to apply to a broader issue like frailty. The lack of good data measuring frailty directly and the many different types of illness linked to frailty make applying this approach more difficult. A frailty performance and data subgroup exists which is responsible for defining and developing better local measures. This is likely to depend on access to patient-level data, such as GP records.

10. This does not mean that frailty cannot be prevented. NHS England guidance suggests for healthy older people and those with mild frailty, a focus on physical activity, healthy weight, nutrition, and hydration, is recommended. This is part of our core public health offer.

Tackling health inequalities associated with frailty

11. Primary prevention of frailty is largely common to prevention of other aspects of illness. This is addressed in wider public health work to promote good health in adulthood. The focus of the frailty programme therefore is on early identification and effective management of frailty. Within this there needs to be a focus on minimising inequalities in identification and management of frailty. The aims for the Bury Frailty programme are:

- Reduce health inequalities by ensuring equitable access to early intervention and effective frailty pathways in all parts of the borough;
- Using a “making every contact count” approach – improving access to self-care advice, preventative and health promotion services following a care intervention; and
- Take a particular focus on improving outcomes for those patients deemed to be frail suffering long term respiratory and cardiovascular disease.

12. The programme will build on the principles in the GM Population Health Framework.



13. It has been recognised that the development plans for the Bury Integrated Neighbourhood Teams (INTs) are closely linked to the emerging frailty programme of work. Among the priorities described for the INT plans are specifically:
- Recognise that tackling health needs and reducing health inequalities requires a collaborative, systematic approach;
 - Focus resources at a Bury-wide and Neighbourhood level on reducing inequalities in access and outcome using evidenced based interventions
14. Two of our neighbourhoods (Prestwich and North) have listed frailty specifically as an area of focus for the coming year, with strong links across all neighbourhoods supporting the PCN DES for anticipatory care.

Why do we need to focus on the management of frailty in Bury?

15. A stocktake in 2021 identified that, across the whole system, there were several professional groups who were attempting to progress initiatives around managing frailty, for example the acute frailty network, the community frailty network, integrated neighbourhood teams, primary care initiatives, work being led by Bury Council and work taking place in the independent sector.
16. Due to COVID-19 the GM frailty programme had paused which had created a gap in the sharing of information and good practice regionally, resulting in some silo working. It was apparent in Bury that the management of frailty was a priority across several of our transformational programmes, particularly Urgent Care and end-of-life care. The GM Frailty programme was re-established early in 2021.
17. System wide stakeholder engagement, including with neighbourhoods, determined that we need to baseline what our current programmes are, our approach to managing frailty, and the gaps in our service provision. It was acknowledged that there are some examples of good practice – but that all parts of the system are not particularly connected, and that we often have inconsistencies in approach and a lack of “joined up” planning. There was a lot of enthusiasm to formulate a Bury Frailty Strategy.
18. To identify service gaps and areas of good practice, we performed a self-assessment benchmarking exercise in the summer of 2021.
19. A self-assessment tool was created, using measures from Right Care and the GM Frailty Standards. Due to the large number of stakeholders, we organised a series of meetings with different parts of the system, namely:
- Acute
 - Primary Care
 - Mental Health
 - Community
 - BARDOC (out of hours)
 - Care home sector
 - NWAS

20. In each meeting, we worked through the self-assessment tool, and noted the responses and comments at each stage. The meetings were very well received, and show cased the effective work already taking place across Bury. However, there is still a large amount of work required to strengthen, develop and align services across the Bury footprint, to improve the way that we manage patients who are frail, and improve patient experience and outcomes when living with frailty.
21. We also worked extensively with the GM Frailty programme team, the Ageing Well Programme, Health Innovation Manchester and experts from surrounding localities, e.g. Tameside and Glossop, to get a systematic view of what a “best practice” frailty strategy for Bury would look like.
22. We have also aligned our discussions with the Ageing Well Programme, led by Deb Yates at Bury Council, as there are overlapping priorities and opportunities for developing or improving provision and pathways of care.

Key findings from the self-assessment:

- We do not have a single, joined up borough wide strategy for Frailty in Bury which meets GM and national guidance;
- We have multiple “networks” but no single approach;
- We do not have consistency in the way that data is shared across the system – e.g. community teams, INTs who cannot access the electronic frailty index (EFI) as this is primary care;
- Different key performance indicators and outcome measures are in place in different parts of the system particularly in care homes;
- We need to develop the concept of “Making Every Contact Count” across all parts of the system;
- Social prescribing is not routinely used in care home settings, and there is no standardization of approach across the 5 INTs;
- A standard validated tool – Clinical Frailty Score – has recently commenced, but needs embedding in community, and there is no standardised information or data available to share from acute to community / primary care. This needs development. Discharge data back to care homes needs urgent improvement;
- We need to take a multi-disciplinary team (MDT) approach to Comprehensive Geriatric Assessments in all settings, to ensure consistency;
- There is no single care plan which is visible across the whole system. Often, numerous care plans are put in place;
- We are not using our 2-hour crisis response (Rapid Response) team effectively enough to manage patients with frailty particularly in care homes;
- No real awareness of the Enhanced Health in Care Homes Framework in the care home setting, although this was about to be commenced by primary care networks (PCNs) pre-COVID but paused. There could be an opportunity to provide in-reach geriatric care into care homes;
- The Directory of Services is not always as up to date as it could be and care homes have no access to it;
- Lack of understanding about the current falls team in Bury, and what the BEATS team can offer;

- Dementia diagnosis is generally good, but we need to separate dementia from delirium. We need an agreed standardized, single assessment tool for identifying patients with cognitive impairment in both acute and community settings;
- No formalized standardised system for Advanced Care Planning for patients at end-of-life, and advance care plans should be visible across the whole system; and
- We need to undertake more education and awareness around system wide recognition of the signs of, and managing patients with frailty, and needs embedding into competency frameworks.

Emerging Key themes

23. Below is a summary of the 8 key themes that emerged from the feedback obtained, which has formed the basis of our Frailty Programme:



Bury Frailty transformation programme

24. In November 2021 the Bury Transformation Board agreed to establish a formal programme of work around frailty. This has emerged into a complex programme of work consisting of several areas of priority, namely:

- Older people's mental health – improving the management of people with cognitive impairment caused by either dementia or delirium;
- Establishing a virtual hospital for admission avoidance and early supported discharge;
- Establishing “frailty hubs”, managed by INTs/MDT across Bury, commencing with south Bury (Prestwich/Whitefield)
- Developing key competencies for upskilling our workforce, across the whole system, with consistent training material and methods;
- Exploring new and innovative digital solutions aimed at keeping patients healthy, avoiding falls, and sharing care records across the wider system;
- Pathways and pilots in the following areas. (Note that this is a new programme of work and the anticipated timelines for these pathways are not yet established). Commencing in Q1 2022/23:
 - Developing a single assessment and scoring process for identification of frailty
 - A programme to improve falls prevention and prevention of fractures
 - Developing new pathways and provision for patients with respiratory conditions e.g. COPD / community acquired pneumonia / Long COVID
 - Early identification and management of patients with cardiovascular disease, including preventative initiatives with public health
- Anticipatory care
 - Ageing Well
 - Enhanced health at home
 - 2 hour crisis response / Urgent Community Response
- Links to End Of Life programme
- Establishing good networking and sharing of good practice with other localities in GM and nationally.

25. Much of this work will lend itself to co-production and the newly established Bury Frailty Steering Group will be responsible for leading this work through specialty subgroups.

26. The work has commenced in early Spring 2022 and will be widely rolled out during 2022/23.

Quality Drivers

- Improve population segmentation, identification and stratification of frailty;
- Improve support for patients with mild, moderate and severe frailty and encouraging patients to age well;
- Reduction in hospital length of stay;
- Reduction in falls and fragility fractures;
- Improve management of patients with delirium, dementia and cognitive disorders;
- Improve personalised care;
- Improve experience of care; and
- Improve workforce experience.

Expected Quality Outcomes

- Improved clinical outcomes achieved by easier access to early interventions for the management of frailty within the Borough, with care closer to home;
- Access to defined clinical pathways for patients with escalation of chronic disease (e.g. COPD, CVD, mental health);
- Improved clinical outcomes through early supported discharge to patient's usual place of residence (Virtual Hospital);
- Delivery of coordinated MDT approach to prevent hospital admissions and through step-up Virtual Hospital model;
- Promoting the use of innovative digital solutions (e.g. Safe Steps, shared care plan, single assessment for cognitive impairment) as part of early identification and primary prevention / anticipatory care; and
- Improving medicines optimisation for patients with frailty.

27. A whole system Frailty Steering Group has been established, with a consultant clinical lead and professional leads from all parts of the system. The group meets monthly. Subgroups have been established to take forward specific pieces of work.

28. The Frailty Steering Group sends regular reports to the Bury Transformation Board, and the ICB, as well as the Clinical Reference Group and the GM Frailty Care Group.

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17th March 2022
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