

AGENDA FOR

HEALTH SCRUTINY COMMITTEE



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To: All Members of Health Scrutiny Committee

Councillors : J Grimshaw, K Hussain, C Birchmore,
R Brown, N Bayley, E FitzGerald, J Harris, E Moss,
M Walsh, M Hayes and I Rizvi

Dear Member/Colleague

Health Scrutiny Committee

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

Date:	Thursday, 21 July 2022
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTES OF THE LAST MEETING *(Pages 3 - 6)*

The minutes from the meeting held on 22nd June 2022 are attached for approval.

4 PUBLIC QUESTION TIME

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

5 MEMBER QUESTIONS

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

6 BURY CARE ORGANISATION AND THE NORTHERN CARE ALLIANCE *(Pages 7 - 50)*

Steve Taylor, Chief Officer to present at the meeting. Presentation and the Northern Care Alliance Vision document attached.

7 HEALTHWATCH UPDATE *(Pages 51 - 98)*

Adam Webb, Chief Operating Officer, Healthwatch Bury CIC to provide an update at the meeting. Report attached.

8 DENTISTRY UPDATE *(Pages 99 - 126)*

Ben Squires, Head of Primary Care (Greater Manchester) NHS Greater Manchester Integrated Care to provide an update.

9 URGENT BUSINESS

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

10 **FOR INFORMATION ONLY HEALTH SCRUTINY FORWARD PLAN *(Pages 127 - 130)*

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 22 June 2022

Present: Councillor E FitzGerald (in the Chair)
Councillors J Grimshaw, K Hussain, C Birchmore, R Brown,
N Bayley, E Moss, M Walsh, M Hayes and T Pilkington

Also in attendance: Will Blandamer, Executive Director of Commissioning
Chloe Ashworth, Senior Scrutiny Officer

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

Apologies for Absence: Councillor J Harris, Councillor I Rizvi and Councillor T Tariq

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

Councillor FitzGerald, Chair of Health Scrutiny began by welcoming all members to the first meeting of the municipal year. All Councillors and officers then introduced themselves.

HSC.2 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.3 MINUTES OF THE LAST MEETING

Document Pack Page 6 of the minutes should be amended to hysteroscopy.

Subject to the above amendment the minutes of the meeting held on 21st March 2022 were agreed as an accurate record.

Matters arising: In relation to Councillor Pilkington's request on hysteroscopy, Will Blandamer reported that he has been in touch with the divisional manager and a response is still to be received.

HSC.4 PUBLIC QUESTION TIME

There were no public questions.

HSC.5 MEMBER QUESTION TIME

There were no member questions.

HSC.6 OVERVIEW PAPER - CURRENT CHANGES AND THE PRIORITIES IN THE HEALTH AND CARE SYSTEM

Will Blandamer, Executive Director of Strategic Commissioning provided an overview of the current changes and priorities in the Health and Care System.

A copy of the presentation is attached.

Questions and comments were then received from members of the Committee.

Discussions took place regarding the new structure of the partnership, in response Will Blandamer advised it is not one organisational structure and it is a partnership function that includes representatives from many services together with shared approaches.

Discussions about the Coroners Service were received, in response Will Blandamer advised that the Coroners Service is not within the structure presented. However, the Coroners service does continue to be involved and contributes to processes.

Questions took place regarding the locations of the five neighbourhood teams as there are six townships in Bury. Will Blandamer reassured the committee that no township will miss out, four of the teams cover each township and one covers two townships (the teams reflect the 6 towns, Prestwich, Whitefield, Bury, Radcliffe, and Ramsbottom and Tottington).

Members questioned the reasoning for linking the most deprived and affluent township together. Will Blandamer, did assure members that the Radcliffe model is the most developed team and is working well but will return to Committee with an answer.

Members were assured that other Greater Manchester Authorities had similar architecture to what was presented as 'Bury's' Version'. Members discussed the importance of similar architecture as many residents use out of borough services for Health and care, an example being, attending Manchester or Bolton Hospital for Maternity Services.

The Committee sought assurances on how Bury will be fairly represented in the Greater Manchester framework. Will Blandamer, assured members that the Greater Manchester framework has supported investments in previously underfunded areas in Bury such as Mental Health Services. It was emphasised that work will only be done at a Greater Manchester level, each District has a place based lead with an accountability to the Greater Manchester Integrated Care Board (ICB). This means the locality is part of the formality of the decision making of the Greater Manchester ICB and for Bury this is Geoff Little, Chief Executive.

Councillor Moss questioned about GPs and access for residents of Bury some of who attend GP's in different Boroughs. In response Councillor Pilkington, Deputy Cabinet Member for Health and Wellbeing advised the Committee that there is a difference between registered and resident population in relation to GP practices. Most services, for example, community services are provided on a resident basis regardless of where their General Practice is located.

It was agreed:

1. Will Blandamer to provide the detail for why the two townships have been placed together.
2. Will Blandamer, Executive Director of Strategic Commissioning be thanked for his update and presentation.

HSC.7 HEALTH SCRUTINY OVERVIEW

Councillor FitzGerald, Chair of Health Scrutiny introduced the report and opened to members to any questions.

Members raised that Health Watch would be welcome and should be invited to future Committees as outlined in the outline report.

Members agreed that some small training sessions and/or sharing of documents to develop learning to be shared with members.

It was agreed:

1. Following the next meeting a survey to identify training requirements to be circulated.
2. For documents to be shared with the Committee and where possible the offer of lunchtime learning sessions.
3. Health Watch to be invited to the next meeting to provide an update.

HSC.8 HEALTH SCRUTINY PLANNER

Councillor Fitzgerald invited comments from members of the Committee to be included in the forward planner and is attached.

It was agreed that:

1. Items will be split between areas for regular review (which will link to previous reports) and one-off activities.

HSC.9 URGENT BUSINESS

There was no urgent business.

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 8.40 pm)

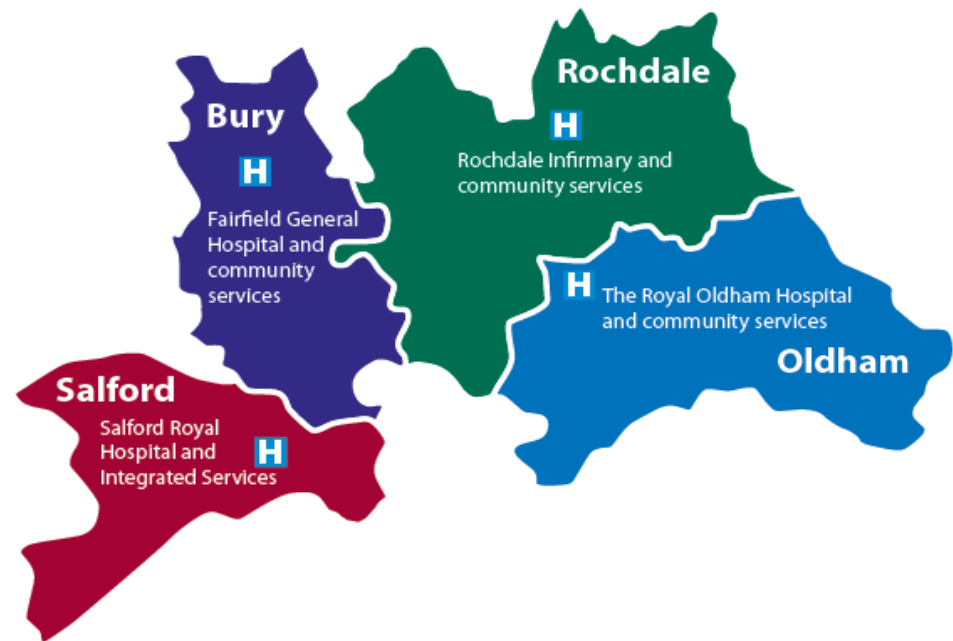
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Bury Care Organisation and the Northern Care Alliance

Bury Health Scrutiny Committee
21st July 2022
Steve Taylor, Chief Officer

The Northern Care Alliance – who are we and what do we do?

- Northern Care Alliance FT created on 1st October 2021.
- Brings Bury, Oldham, Rochdale and Salford hospital and community services together formally.
- The way we work is intrinsically linked to each Locality, not forgetting that we also operate some regional and national services.
- Each locality has a Care Organisation which runs the hospital and community services in that place.





The Northern Care Alliance – who we are and what we do?


Our Populations and Services


NCA provides a wide range of hospital, community health and care services to over one million people across Bury, Oldham, Rochdale and Salford boroughs, as well as specialist care to patients from Greater Manchester and beyond.


Patients and service users may receive health and care at home, in the community or at one of our four main hospital sites: Fairfield Hospital in Bury, The Royal Oldham Hospital, Rochdale Infirmary and Salford Royal. To illustrate the scale and range of our services, each year we provide:

 **850k** Contacts with people in the community

 **270k** Urgent Care attendances, including A&E

 **1m** Outpatient appointments


 **700k** Diagnostic scans (X-ray, CT, MRI and ultrasound)

 **1m** Prescriptions given to inpatients, outpatients, patient discharges and wards


 **5000** Babies delivered


Our People

Across our hospitals and community services we employ over 20,000 people – our “NCA family” – including:

 **5000** Nurses and midwives

 **1400** Doctors


 **1500** Community colleagues, including more than 400 social care professionals

 **1000** Colleagues working in our A&Es and Urgent Care Centres

 **1400** Allied health professionals

 **6200** Health care support workers

 **1100** Estates and facilities professionals

 **3400** Corporate support colleagues, including research, digital, and patient safety teams

Northern Care Alliance Executive Leadership Team:

Dr Owen Williams, Chief Executive

Dr Chris Brookes, Chief Medical Officer

Ian Moston, Chief Financial Officer

Jacqui Burrow, Interim Chief Nursing Officer

Jude Adams, Chief Delivery Officer

Jack Sharp, Chief Strategy Officer

Nicky Clarke, Chief of People

John Llewelyn, Interim Chief Digital and Information Officer

The NCA Mission, Vision and Ambitions

Explaining our Mission, Vision and Ambitions

VISION

Our Mission

**Saving Lives,
Improving Lives**

We have a shared purpose and are committed to improving safety and effectiveness, giving an excellent experience, and promoting inclusion and equality.

Our Vision

**Safest and most effective
organisation**

**Excellent outcomes and
experience**

**Improve health and
tackle inequalities in all
our places**

**The place where people
want to work**

Our Ambitions

Population Health

Improving Population Health in all our Places, working with Partners



Our People

Caring for and Inspiring our People



Improving Quality

Improving Quality – safety, experience, outcomes



Transforming Performance

Improving Performance – meeting and exceeding standards



Supporting Development

Supporting Social and Economic Development in all our Places



Financial Sustainability

Financial sustainability – of our Organisation and Places



Ambition 1



Improving Population Health in all our places, working with Partners

What this means

We will help improve our population's health and reduce inequalities, both through the services we provide and by collaborating with Partners. Together we aim to reverse the effects of poverty and disadvantage on health and quality of life.

Many factors influence someone's health and wellbeing – health and care services are part of a bigger picture. With a clear focus on our places, the NCA will work with partners to create and take opportunities to improve our population's health. This includes identifying and reducing health and care inequalities.

We will 'make every contact count', helping people access healthy living advice and support. All of our ambitions support Population Health in some way, such as by making access more equal (in Performance) and addressing wider determinants of health (in Social and Economic Development).

We recognise the need to collect, analyse and use good quality data to drive improvements in awareness and performance, to reduce unwarranted variation in all of our ambitions. We will challenge our current practices to identify causes of inequalities in care. We aim for fairness and equality of access and outcomes across diverse populations. Collaborating with partners, in each of our places, we will improve the lived experience, opportunities and health outcomes of the people we serve.

What we will measure – to 2025

With partners we have identified a suite of measures important to our four localities, where collectively we can make the greatest improvements to population health, with each partner galvanised behind and contributing to achieving the measures. This is built around a whole life course model, used across the GM ICS. For each measure we will aim to be amongst the best of our statistical neighbours, by locality;

Start Well

- Increasing % of children at or above expected level of development at age 5.
- Sustained reduction in infant mortality, including a reduction in low-birth-weight babies.

Live Well

- >75% cancers diagnosed at an early stage.
- Reduction in under 75s mortality from conditions considered preventable.
- Reduction in health-related worklessness, focusing on musculoskeletal disorders and mental health.

Age Well

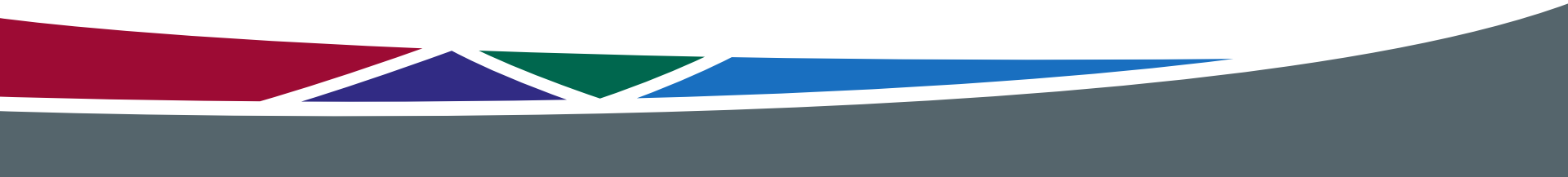
- Reduction in emergency hospital admission numbers.
- Reductions in falls and fragility fractures.
- Reduction in excess winter mortality.

Future measures – ten years

- Trajectories to be agreed, with partners in our localities, for 2025 and beyond.

Bury Care Organisation provides acute and community services within the Bury locality:

- Fairfield General Hospital provides medical care and elective surgery, with some specialties serving either all / other Care Organisations within the NCA, such as Specialist Elective Orthopaedics.
- Bury community health services include a range of Universal Children's services and also Children's Targeted services. In addition there are 5 integrated neighbourhood teams of which District Nursing forms a part as well as combining and hosting Adult Social Care within these areas.



Bury Care Organisation in Numbers

• Care Organisation staff*	1,862 (30%, 568 live in the borough)
• Out-patient attendances**	101,435
• ED/Urgent care attendances**	61,652
• Day cases**	5,826
• In-patient episodes**	21,989
• In-patient beds**	316

*Q4 2021/22

**Figures for year 20/21 and will therefore reflect activity changes experienced over Covid-19

Key services on the Fairfield Site

A&E

service also receives
attendances from the
population of Rochdale

Cardiology

service covers
populations of Bury,
Rochdale and Oldham

Care of the Older Person

Critical Care

service networked to
Salford

ENT

service covers
populations of Bury,
Rochdale and Oldham

Elective Orthopaedics
service covers the whole
of the NCA population
(Bury, Rochdale, Oldham
and Salford)

Respiratory Medicine
service covers
populations of Bury,
Rochdale and Oldham

Stroke

service covers
populations of Bury,
Rochdale and Oldham

Bury Care Organisation Leadership Team:

Steve Taylor, Interim Chief Officer

Dr Vicki Howarth, Medical Director

Catherine Wilkinson, Director of Finance

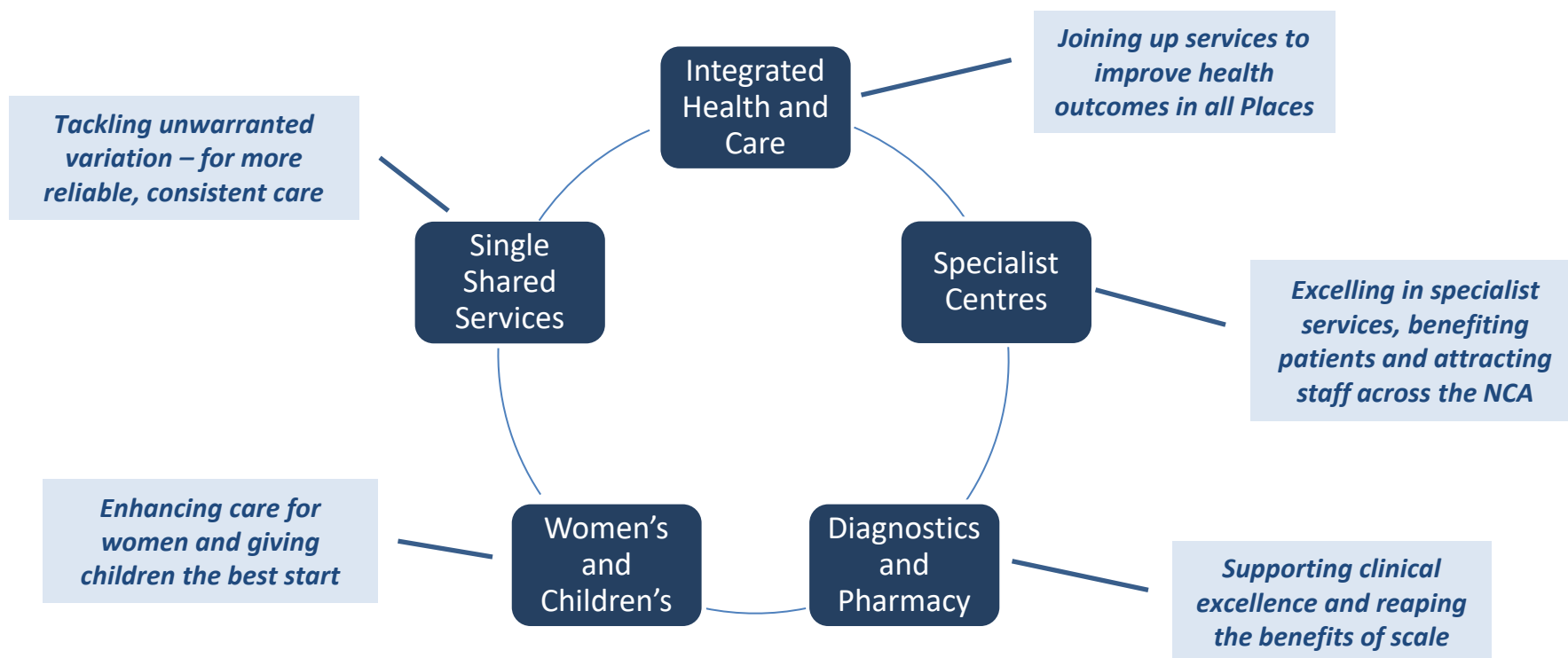
Penny Lloyd-Martin, Director of Operations

Emma Shooter, Director of HR

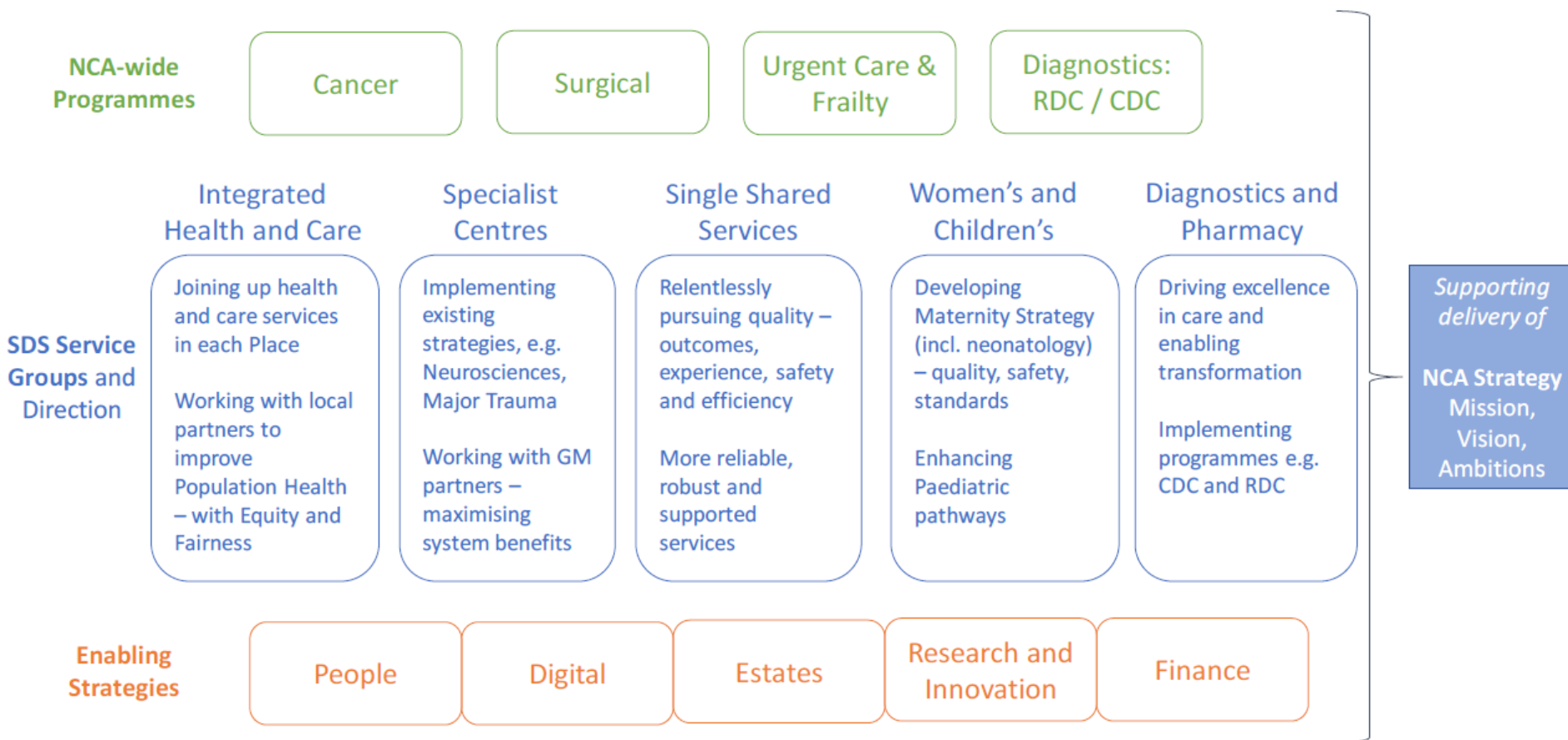
Kath Wynne-Jones, Chief Officer, Bury Integrated Delivery Collaborative

What approach are we taking with our services?

We have grouped our range of services into five categories in order to identify common themes and opportunities for improvement, as well as core standards, summarised below.



NCA Programmes, Enablers and Service Direction



Social Value

Social Value Mission – “the deliberate and purposeful use of our people to support the economic development of place to improve population health and well-being”
Enabled by Group – Delivered in Place

»»» NCA Futures



PLACE

Supporting place based initiatives to overcome structural inequalities and anchor our economic, social and human capital into our communities.



PEOPLE

As the largest employer increase by 5% local people being employed by creating pipelines to employment. Inspire and support children and young people.



PURCHASING

To increase our local influenceable spend by 10% focusing on food, social care, capital and local business



ANCHOR

To influence the local and national economic debate post COVID & share our learning wider. Inter-connect with our ED & I ambitions.

Placed based conversations – linked to LCO development, workforce transformation, economic strategies, post COVID recovery.
Twice a year **NCA Community of Practice** – to support and challenge

Social Value

- The Northern Care College Alliance has been established between NCA, Bury, Oldham, Salford City Colleges and Hopwood Hall (Rochdale).
- The NCA currently support 58 T level adult nursing, digital, healthcare scientist and construction students.
- Plans are underway to support the next 80-90 T level students from the colleges commencing Sept 2022.
- NCA aims to increase local employment so that 60% of our staff are from our localities from 2025 (for Bury Care Org this is currently 30% in locality and 32% across the NCA footprint)

VISION

Vision 10: NCA's long-term strategy

VISION

Vision 10: NCA's long-term strategy

PART 1

Our Mission, Vision and Ambitions – at a glance

PART 2

NCA – who we are and what we do

PART 3

Introducing our Places

PART 4

Explaining our Mission, Vision and Ambitions

PART 5

Making it happen – our plan for delivery

Vision 10 at a glance

Our Mission is **Saving Lives, Improving Lives**, which means:

We have a shared purpose and are committed to **improving safety and effectiveness**, giving an **excellent experience**, and **promoting inclusion and equality**.

Our Vision for the next 5 to 10 years is:

to be the **safest and most effective organisation** in the NHS and the **place where people want to work**. We are passionate about **tackling inequalities**, and **improving health outcomes and experiences** in all our Places.

Our Ambitions: to achieve our Vision we will focus relentlessly on:



Improving **Population Health** in all our Places, working with Partners



Caring for and Inspiring our **People**



Improving **Quality** – safety, experience and outcomes



Improving **Performance** – meeting and exceeding standards



Supporting **Social and Economic Development** in all our Places



Financial Sustainability – of our Organisation and Places



NCA – who we are and what we do

Northern Care Alliance NHS Foundation Trust (NCA) is one of the largest NHS providers in the country. In 2020/21 we spent over £1.8bn, around about £5m per day, providing health and care services. Formally created on 1st October, 2021, the NCA was launched as the amalgamation of Salford Royal NHS Foundation Trust (SRFT) and Pennine Acute Hospitals NHS Trust (PAT) – which had been working together as a group since 2017.

Over the last five years, we have significantly improved the quality of care and standards, as recognised by the Care Quality Commission (CQC). Patients and service users in local communities have benefited, such as by improving hospital mortality rates, reducing falls and pressure ulcers and our nationally recognised work to prevent and treat sepsis.

The improvements we have made over the last five years in outcomes such as hospital mortality rates, the reduction of falls and pressure ulcers, and the prevention and treatment of sepsis have been recognised by the Care Quality Commission (CQC). Plans are in place to improve outcomes even more.

£1.8bn

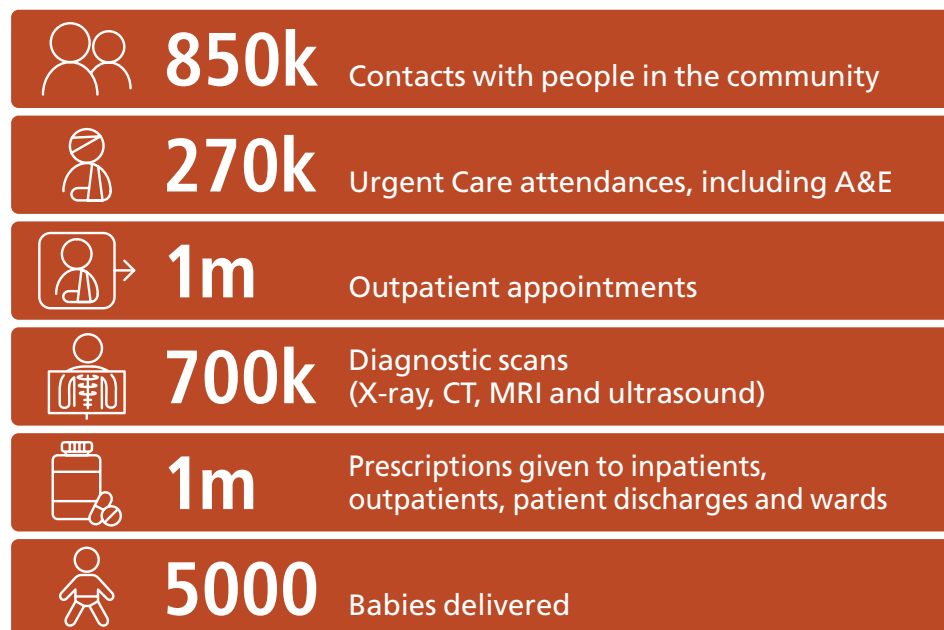
Spent in 2020/21 providing health and care services, around about £5m per day

NCA – who we are and what we do

Our Populations and Services

NCA provides a wide range of hospital, community health and care services to over one million people across Bury, Oldham, Rochdale and Salford boroughs, as well as specialist care to patients from Greater Manchester and beyond.

Patients and service users may receive health and care at home, in the community or at one of our four main hospital sites: Fairfield Hospital in Bury, The Royal Oldham Hospital, Rochdale Infirmary and Salford Royal. To illustrate the scale and range of our services, each year we provide:



Our service offer varies by locality according to local provider context and commissioners. For example, in Salford we provide Adult Social Care services to local people.

Our People

Across our hospitals and community services we employ over 20,000 people – our “NCA family” – including:



As explained later in our Ambitions, supporting our People (colleagues) and helping them deliver the best care is critical to delivering our Vision.

NCA – who we are and what we do

Our Ways of Working

We work closely with many partners in the NHS. To deliver the best, joined up care we collaborate with colleagues in primary care, mental health, local authorities and the VCSE sector (Voluntary Community and Social Enterprise). While many pathways and services are directed specifically at adults or children, we work with our partners to ensure 'all age' approach is adopted wherever possible. Furthermore, we serve a diverse population which requires tailored approaches to ensure that our patients and services users can access the right support for them, regardless of age, disability, ethnicity, gender, marital status, religious belief, sexual orientation and gender identity. Across our footprint, we recognise the need supporting, the mental health as well as physical health needs of our population.

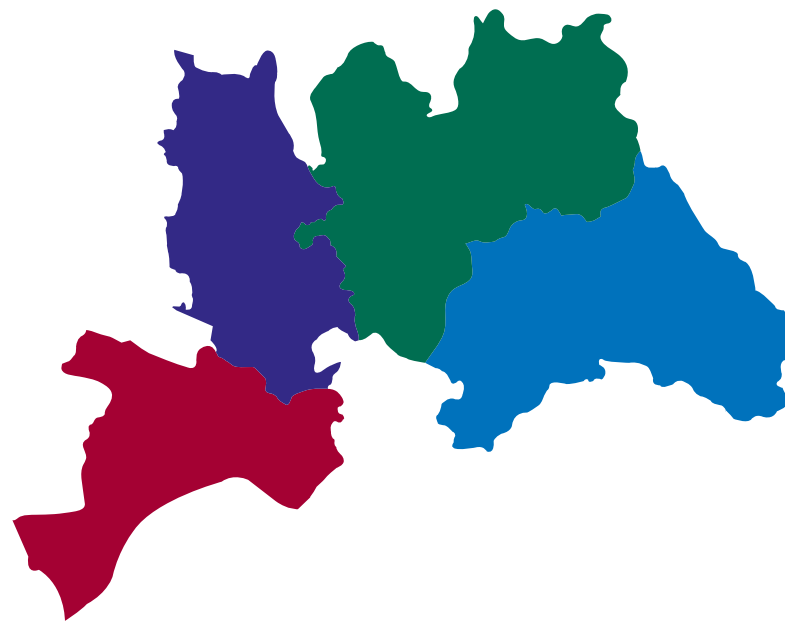
We are part of the Greater Manchester Integrated Care System, collaborating with other Trusts, on areas such as specialist cancer care, elective surgery and diagnostics.

Within the NCA we give colleagues opportunities to contribute to our future development in many and varied ways, such as through Research and Innovation, Digital, Education and Leadership Development.

In March 2021 we created a new Collaboration Strategy, recognising the importance of working productively with our system partners. Collaboration is a skill which can be improved through feedback, reflection and learning. We emphasised that:

- NCA is wholly committed to collaborating with partners in the health and care system. We have worked well across GM in the past and are even more committed today in the spirit of NHS reform and in response to increased system pressures.
- We will always be driven by the best interests of our patients and service users, and by supporting our people.

Helping us listen to and reflect the views of local people, we have more than 25,000 public members, just under 20,000 colleague members and our services and users are supported by around 500 volunteers.



25k

Public members



20k

Colleague members



500

Services and users support volunteers

 = 500 people



Introducing our Places

Most of the care we provide is to local people in the four boroughs of Bury, Oldham, Rochdale and Salford, whose status we summarise on the next page¹. Some of our services provide care for people across Greater Manchester, the North West of England, and some receive national and international referrals.

In summary, across the NCA footprint:

The health of people in Oldham, Rochdale and Salford is generally worse than the England average, with all areas being in the 20% most deprived districts / unitary authorities in England, with over 20% of children living in low-income families. The health of people in Bury is more varied compared with the English average and has about 15% of children living in low-income families. Life expectancy and healthy life-expectancy for men and women across all our localities is lower than the England average. Note: all references to the 'average' below are comparisons with the rest of England.

Within each of the four boroughs, life expectancy can vary by around ten years, for people living in the most and least deprived areas. This is a stark statement of health inequality.

These profiles provide powerful evidence to support our Vision giving even greater attention to improving Population Health and reducing inequalities.

¹ Office for Health Improvement & Disparities, Public Health Outcomes Framework, Area profiles, data accessed January 2022.

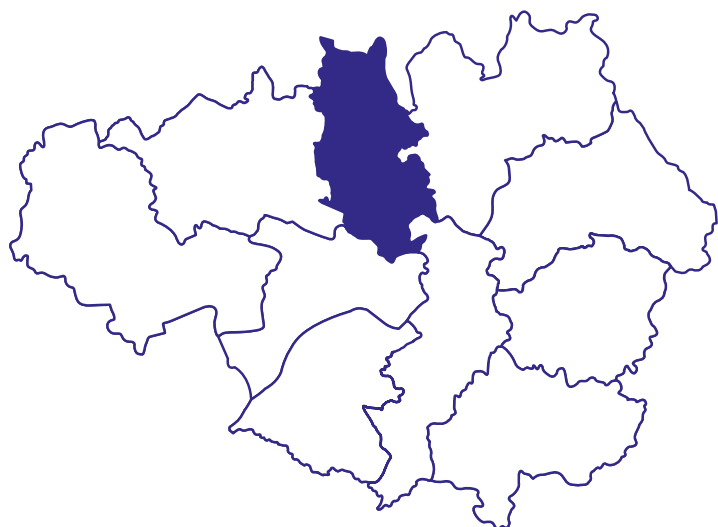
Note: all references to the 'average' are comparisons with the rest of England.










Introducing our Places

Bury

Bury has a population of c.191,000 and around 11% of the population are from BAME communities. It is a large market town on the River Irwell best known for its 'world famous' traditional open-air market. It was the Greater Manchester Town of Culture for 2021, and had a special programme of events throughout the year.

The health of people in Bury is varied compared with the English average. About 15% of children (5,615) live in low-income families (which is better than the average for England). Life expectancy for both men and women is lower than the national average.



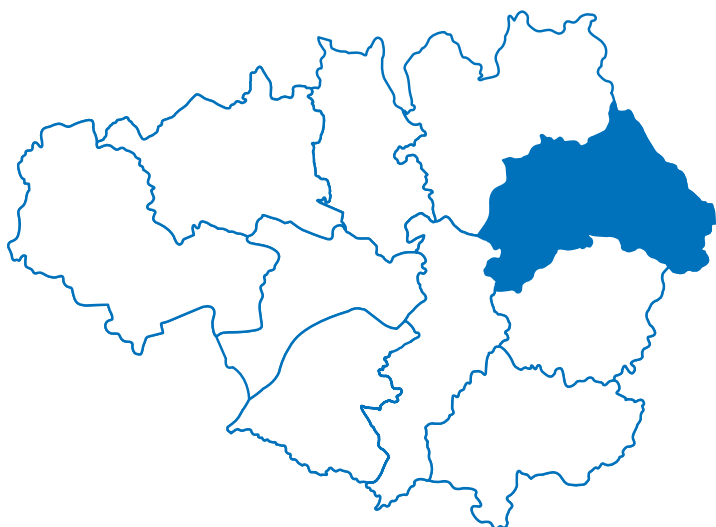
	c.191k	Population
	11%	From BAME communities
	15%	Children in low-income families
	78.4yrs	Men life expectancy Worse than average
	82yrs	Women life expectancy Worse than average
	55.6%	Cancers diagnosed at early stage
	10.3%	Adults that smoke Around the average
	37.4%	Obese Year 6 children Around the average
	20%	Most deprived districts in England

Introducing our Places

Oldham

Oldham has a population c.238,000, encompassing several former mill towns, which saw population growth from the Victorian era due to the location of a burgeoning cotton industry. With the demise of that industry in modern times growth reversed and unemployment and poverty rose. Today Oldham is the most diverse of the communities served by the NCA in its mix of ages, incomes, ethnicities and cultures. For example, nearly 23% of the population identify as black, Asian or ethnic minorities (BAME).

The health of people in Oldham is generally worse than the English average. Oldham is one of the 20% most deprived districts / unitary authorities in England and about 22% (11,755) children live in low-income families (worse than the average for England). Life expectancy for both men and women is lower than the national average.



c.238k

Population



23%

From BAME communities



22%

Children in low-income families



77.2yrs

Men life expectancy
Worse than average



80.5yrs

Women life expectancy
Worse than average



54%

Cancers diagnosed at early stage



12%

Adults that smoke
Around the average



40.7%

Obese Year 6 children
Around the average



20%

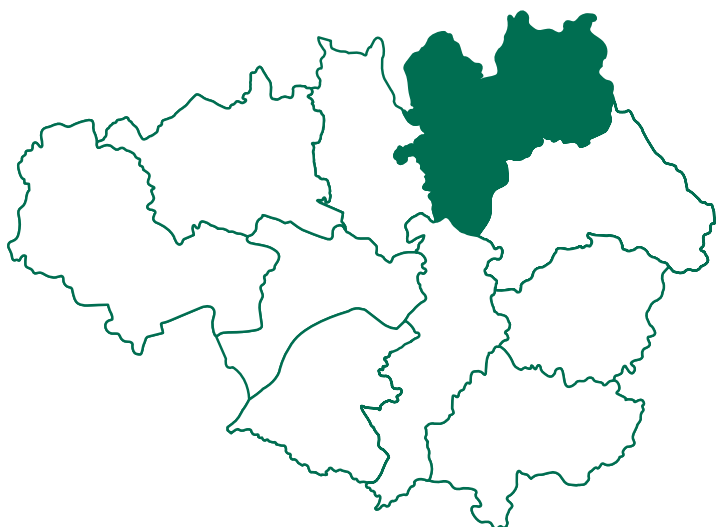
Most deprived districts in England

Introducing our Places

Rochdale

Rochdale has a population of c.224,000 and is ethnically diverse, with close to 20% of the population from BAME communities. It is a former mill town located at the foothills of the South Pennine and is known as the birthplace of the modern Cooperative Movement. It has a rich history and heritage and has benefitted from public and private sector investment in recent years helping to improve and regenerate some areas.

The health of people in Rochdale is generally worse than the England average. Rochdale is one of the 20% most deprived districts / unitary authorities in England and about 21% (9,745) children live in low-income families (worse than average). Life expectancy for both men and women is lower than the English average.


c.224k

Population


20%

From BAME communities


21%

Children in low-income families


76.7yrs

 Men life expectancy
Worse than average

80.9yrs

 Women life expectancy
Worse than average

54%

Cancers diagnosed at early stage


16%

 Adults that smoke
Around the average

38.8%

 Obese Year 6 children
Around the average

20%

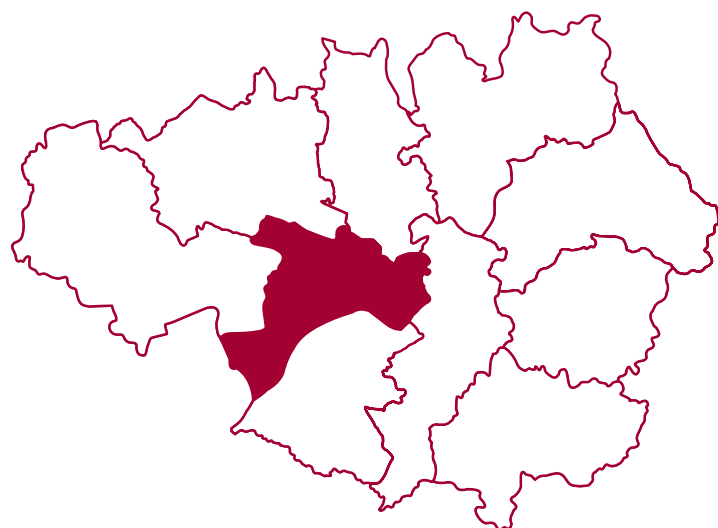
Most deprived districts in England

Introducing our Places

Salford

Salford has a population of c.263,000, with around 10% of the population from BAME communities. It is located in a meander of the River Irwell which forms part of its boundary with Manchester. The MediaCityUK development at Salford Quays has changed the face of the city, creating a globally important home for creative, digital and media industries.

The health of people in Salford is generally worse than the English average. Salford is one of the 20% most deprived districts / unitary authorities in England and about 21% (10,460) of children live in low income-families (worse than average). Life expectancy for both men and women is lower than the England average.



c.263k

Population



10%

From BAME communities



21%

Children in low-income families



77.1yrs

Men life expectancy
Worse than average



80.5yrs

Women life expectancy
Worse than average



38.9%

Cancers diagnosed at early stage



12.7%

Adults that smoke
Around the average



38.9%

Obese Year 6 children
Around the average



20%

Most deprived districts in England

Explaining our Mission, Vision and Ambitions

VISION

Our Mission

Saving Lives, Improving Lives

We have a shared purpose and are committed to improving safety and effectiveness, giving an excellent experience, and promoting inclusion and equality.

Our Vision

Safest and most effective organisation

Excellent outcomes and experience

Improve health and tackle inequalities in all our places

The place where people want to work

Our Ambitions

Population Health

Improving Population Health in all our Places, working with Partners



Our People

Caring for and Inspiring our People



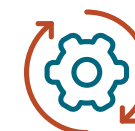
Improving Quality

Improving Quality – safety, experience, outcomes



Transforming Performance

Improving Performance – meeting and exceeding standards



Supporting Development

Supporting Social and Economic Development in all our Places



Financial Sustainability

Financial sustainability – of our Organisation and Places



Explaining our Mission, Vision and Ambitions

Explaining our Mission

Saving Lives, Improving Lives

which means:

We have a shared purpose and are committed to **improving safety and effectiveness, giving an excellent experience, and promoting inclusion and equality.**

- Our Mission is the enduring purpose of the organisation, what we exist to do. This is our clear, elevating goal.
- We must balance:

'Saving Lives' – treating illness and disease, and

'Improving Lives' – supporting better health, enabling self-care and wellbeing.

- We aim to shift the balance: from services often responding to problems (deficits) and crises, to being more proactive – building on the strengths of users, carers, families and neighbourhoods.
- Improving Lives also means supporting our People to be healthy and happy.

Explaining our Vision:

Our aim is to be the **safest and most effective organisation** in the NHS and the **place where people want to work**. We are passionate about **tackling inequalities, and improving health outcomes and experiences** in all our **Places**.

- This our strategic direction for the next five to ten years.
- It is based on the reflections of our People (colleagues), Senior Leaders and listening to our Populations and Partners (especially Local Authorities and Commissioners).
- In setting and pursuing our Vision we are both:

Ambitious, optimistic and hopeful.

And well aware of the extremely challenging and changing context our People and Populations face.

- We will work with others to make the biggest difference, such as improving population health.

Explaining our Mission, Vision and Ambitions

In a nutshell, our Vision statement has four elements



Safest and most effective organisation

Using the most important measures, such as hospital infections, mortality and productivity to compare ourselves with other similar NHS organisations. We will learn from others, adopting best practice from the UK and beyond.



Tackling inequalities

Our local populations face stark inequalities, and in some cases these are getting worse. Inequality can be experienced in many ways, such as differences in: accessing services; receiving care and support; and outcomes such as life expectancy and healthy life-expectancy.

Inequality is also relevant to our People, who should be treated fairly and equally in their employment, training and career progression, regardless of race, religious beliefs, sexuality and gender.



Improving outcomes and experience

What matters most is the perspective of our patients and users. How they feel is reflected in clinical outcomes, specific to diseases and procedures, and measures of care quality and the experience of receiving NCA services.



The place where people want to work

Only by attracting the best people to work at the NCA can we deliver the best care. We know that reputation and the experience of working at the NCA are key. We will create an environment where we listen to and value colleagues' contribution and support their development.

To help achieve our Vision, and know we are making a difference, we have six ambitions explained in the following pages. All are supported by internal and external enablers:

Our plans (strategies), including those for: Our People; Equality and Diversity; Digital; Research and Innovation; Estates and Procurement; Environment; and our Finances.

The strategies and support of others, including: Greater Manchester and Locality Plans and developments led by the Greater Manchester Provider Collaborative.



Ambition 1

Improving **Population Health**
in all our places, working with
Partners

Explaining our Mission, Vision and Ambitions

Ambition 1



Improving Population Health in all our places, working with Partners

What this means

We will help improve our population's health and reduce inequalities, both through the services we provide and by collaborating with Partners. Together we aim to reverse the effects of poverty and disadvantage on health and quality of life.

Many factors influence someone's health and wellbeing – health and care services are part of a bigger picture. With a clear focus on our places, the NCA will work with partners to create and take opportunities to improve our population's health. This includes identifying and reducing health and care inequalities.

We will 'make every contact count', helping people access healthy living advice and support. All of our ambitions support Population Health in some way, such as by making access more equal (in Performance) and addressing wider determinants of health (in Social and Economic Development).

We recognise the need to collect, analyse and use good quality data to drive improvements in awareness and performance, to reduce unwarranted variation in all of our ambitions. We will challenge our current practices to identify causes of inequalities in care. We aim for fairness and equality of access and outcomes across diverse populations. Collaborating with partners, in each of our places, we will improve the lived experience, opportunities and health outcomes of the people we serve.

What we will measure – to 2025

With partners we have identified a suite of measures important to our four localities, where collectively we can make the greatest improvements to population health, with each partner galvanised behind and contributing to achieving the measures. This is built around a whole life course model, used across the GM ICS. For each measure we will aim to be amongst the best of our statistical neighbours, by locality;

Start Well

- Increasing % of children at or above expected level of development at age 5.
- Sustained reduction in infant mortality, including a reduction in low-birth-weight babies.

Live Well

- >75% cancers diagnosed at an early stage.
- Reduction in under 75s mortality from conditions considered preventable.
- Reduction in health-related worklessness, focusing on musculoskeletal disorders and mental health.

Age Well

- Reduction in emergency hospital admission numbers.
- Reductions in falls and fragility fractures.
- Reduction in excess winter mortality.

Future measures – ten years

- Trajectories to be agreed, with partners in our localities, for 2025 and beyond.



Ambition 2
Caring for and Inspiring
our **People**

Explaining our Mission, Vision and Ambitions

Ambition 2



Caring for and Inspiring our People

What this means

We want to be the place where people want to work. We want all of our people to feel supported, developed, valued and cared for every time they come to work.

This will mean:

- Supporting wellbeing, development and career opportunities.
- Treating everyone with kindness and compassion, recognising their contribution.
- Being inclusive in everything we do, treating people fairly.
- Creating an environment where people feel safe to speak up.

Our brilliant leaders will create a positive culture to develop high performing teams, actively involving them in developing and improving our services. It will need us to ensure we have the right number of People in teams so everyone feels able to deliver the care they aspire to, with better longer term planning and an innovative approach to skill and role development. We will also work with partners across our localities to ensure we are taking a system wide view of the skills and capabilities we need.

A positive experience for our people will help to improve retention and the physical and mental wellbeing of our people. Most importantly it will ensure that our colleagues enjoy being at work so they are always able to be at their best and provide the best care to patients and service users. We want everyone to fulfil their career ambitions with the NCA and recommend us to others.

What we will measure – to 2025

- Top 20% of NHS employers for colleague engagement by 2025.
- In the top 10% of NHS Employers, by 2025, for taking positive action on health and wellbeing.
- Reach the top 75 in the national Social Mobility Index.

Future measures – ten years

- Top 10% of NHS employers for colleague engagement by 2030.
- Data for Workforce Race Equality and Disability Equality standards will demonstrate that, by 2030, everyone within the NCA has equal access to career opportunities and people feel they are being treated equally at work.
- Freedom to Speak up (FTSU) index score of 87% by 2030.



Ambition 3

Improving **Quality** – safety, experience and outcomes

Explaining our Mission, Vision and Ambitions

Ambition 3



Improving Quality – safety, experience and outcomes

What this means

We want to be the safest organisation in the NHS, providing high quality care for all those who need us. We want our people to be able to deliver the best outcomes and our service users to have an excellent experience.

We will be relentless in reducing harm and mortality. If errors are made, we will learn across the organisation and spread best practice at pace. Using our well-established Quality Improvement method, we will continue developing our culture of safety and provide our people with the skills and capability to improve the quality of care.

We will develop a Maternity Strategy, through a process of co-production with our locality communities, which clearly articulates how the specific needs, as well as quality and safety priorities, for our population will be addressed.

We will roll-out our established Assessment and Accreditation System across the rest of our Community Services, and extend this model to Theatres, Maternity, Outpatients by 2023 (ensuring 100% of areas are covered by 2025).

We want the NCA to be the place that our colleagues would recommend to their friends and family as a place to receive care should they need it. Our ambition is to deliver safe and reliable care for every patient and service user, every time.

What we will measure – to 2025

- All care organisations to achieve 'better than expected' for HSMR (Mortality indicators) by 2025.
- Deliver year-on-year improvements in our Assessment and Accreditation System, with all areas achieving a green or better standard by 2025.
- All Care Organisations to achieve a year-on-year improvement for avoidable harm.
- Year on year improvement in patient / service user experience measures meaning we are in the top 10% of organisations by 2025.
- Year on year improvement to stillbirth rates.

Future measures – ten years

- NCA to be in top 10% within the NHS (below the standardised ratio baseline of 100 for all trusts) for HSMR by 2030.

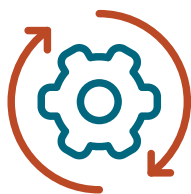


Ambition 4

Improving **Performance** –
meeting and exceeding
standards

Explaining our Mission, Vision and Ambitions

Ambition 4



**Improving Performance –
meeting and exceeding
standards**

What this means

We will deliver NHS Constitutional Standards for access, improve cancer outcomes and reduce health inequalities. We recognise timely care is critical to patient safety, outcomes, experience and broader socio-economic wellbeing.

We will redesign elective and non-elective care pathways and enhance our capacity to deliver sustainable performance improvement. Our focus will be not only on 'doing more' but 'doing differently'.

We will create best practice 'standard operating models' for our services, ensuring they reliably and consistently meet the needs of our population. We will adopt new technology and innovation to support improved productivity, remote patient monitoring and deliver more care out of hospital. We will develop 'diagnose to refer' pathways, enabled by new Community Diagnostic Centres and driven by primary care clinical teams.

What we will measure – to 2025

Cancer

- Move towards top quartile performance on cancer access.
- Each year improve our numbers of patients diagnosed at stage one / two.

Planned Care

- Demonstrate year-on-year recovery towards meeting NHS Constitutional Standards.
- Eliminate access inequalities for patients in our most deprived communities.

Urgent Care

- Reliably deliver the new clinical standards for urgent care.
- % of people returned to their usual place of residence.

Future measures – ten years

- >75% of all cancers diagnosed at early stage (one / two).
- NCA performance 3% better than relevant national targets for planned and urgent care.



Ambition 5
**Supporting Social and
Economic Development in
all our Places**

This is the place where we help recruit local young people into the NHS. NCA is a Kickstart employer, creating new jobs for 16-24 year olds on Universal Credit who are at risk of long-term unemployment.

Explaining our Mission, Vision and Ambitions

Ambition 5



Supporting Social and Economic Development in all our Places

What this means

We will purposefully and intentionally use of our economic and social power to improve health and wellbeing across Bury, Oldham, Rochdale and Salford.

We will help reduce poverty through employment and job creation, connecting wealth to place, including through procurement. We will challenge current economic and regeneration policies and practices which do not necessarily support the most vulnerable in society. As a large organisation, employing nearly 20,000 people and an income of £1.8bn we can and will make a difference to our local economies and communities, through:

Employment: We will create a wide range of employment opportunities for local people through, for example, place-based employment and volunteering programmes. We will strengthen our links with vocational and technical colleges through the Northern Care College Alliance.

Environmental: We recognise that every choice we make, every decision we take can contribute towards a net zero NCA. We have developed an NCA-wide Green Plan, aiming to deliver net zero controllable emissions by 2040 (and net zero influenceable emissions by 2045).

Procurement: By incorporating Social Value into our procurement activities, we will help our suppliers and their supply chain make a positive contribution to our Places and wider society.

Social Capital: We will reach out into, build connections with, and work with local communities and the local voluntary sector and community sector in each of our places.

What we will measure – to 2025

- Secure agreement to a GM-wide approach to becoming a Living Wage Employer, accredited by the Living Wage Foundation.
- Leverage local employment opportunities, increasing to 60% by 2025 (baseline is 45%).
- 70% Net zero reduction by 2025.
- 10% increase in our local non-pay influenceable spend by 2025, from £8.4m baseline.

Future measures – ten years

- Progress to deliver net zero emissions by 2040.
- Further increase our local workforce balance across the NCA and that this is represented across all pay bands through our 10-year intentional inclusion plan.



Ambition 6
Financial sustainability –
of NCA and our Places

Explaining our Mission, Vision and Ambitions

Ambition 6



Financial sustainability – of NCA and our Places

What this means

We want to be one of the most financially sustainable organisations in the NHS, contributing to the overall financial sustainability of our Places and the Greater Manchester health system.

Financial sustainability is essential to ensure we have the resources to deliver high quality care and an excellent experience to our service users, and to improve our population's health.

Across the breadth and depth of our organisation and Places we will need to find innovative ways of operating that are highly efficient and reliable, achieving amongst the best levels of productivity. We will ensure our colleagues have access to the best equipment and technology, that our facilities are high quality, and that our people are supported through access to the highest quality training and education. By developing strategic partnerships that support our ambition, we will extend our sources of income and funding. Working with our partners, we are committed to contributing to the overall financial sustainability of the Greater Manchester health system and improving the quality of financial reporting at a locality level.

What we will measure – to 2025

- Model hospital £/Weighted Activity Unit upper quartile by 2025.
- In each year delivering against our component part of the ICS control total.
- By 2025 to have 2% of our annual revenue spend available for invest to save or non-recurrent investment.

Future measures – ten years

- Model hospital £/Weighted Activity Unit top decile by 2030.
- By 2030 generate £400m cash flow to support investment in our existing assets and provide the investment needed to deliver our wider ambitions.
- By 2030 to have 5% of our annual revenue spend committed to providing a digital mature and technology innovative service.

The final section of this strategy explains, at a high-level, how we will deliver our Vision.

PART 5

VISION

Making it happen –
our plan for delivery

Making it happen – our plan for delivery

What we are doing now

- Being clear on our Mission, Vision and Ambitions, as explained in this document.
- Communicating our strategy, to guide our leadership and work on improvement.
- Having a set of measures for 2025, to help us monitor and support progress – to know we are making a positive difference, and if not, where we need to focus attention.
- Working hard to support our Vision through enablers such as Digital, Estates, Quality Improvement, Leadership Development and Research & Innovation.

What will we do in the future?

- Talking to others (Populations, Partners, People) about longer-term plans, where should we be in ten years? What are their expectations and aspirations?
- Our Partners include Local Authorities, Commissioners, Primary and Mental Health Care, VCSE and colleagues in other Trusts and the Greater Manchester Integrated Care System.
- This will involve listening deeply, learning and exploring how best to make progress.
- We will engage with our People to develop a set of NCA values and behaviours.

How we will lead change and make improvements

- Our leaders can make significant change, inspired by a Vision and shared purpose. It is at the level of local teams that our leaders and People can make the most difference, improving relationships and care. We will support teams to influence and embrace change.
- We will work with partners in each of our localities to determine where differential targets or support are needed to reflect local context and the needs of the populations we serve.
- NCA Board has a crucial role, including:

- Monitoring progress of Vision 10.
- Refreshing the organisation's strategy.
- Challenging us to do even better.

- We have a clear governance approach which includes:

- An Annual Planning process, where we set more specific goals and improvement measures.
- Regular review of measures (monthly, quarterly), including a set of 'deliverables' linked to our Ambitions.
- A cycle to review and refresh what we are measuring and how we know we are making a difference, including how people with different protected characteristics that are often underserved and face inequalities are impacted.



To find out more about this Vision and how you can help please contact ncastrategy@nca.nhs.uk

www.northerncarealliance.nhs.uk



VISION

February 2022

SCRUTINY REPORT

MEETING: Health Scrutiny Committee
DATE: 21/07/2022
SUBJECT: General Health and Social Care
REPORT FROM: Healthwatch Bury
CONTACT OFFICER: Adam Webb, Chief Officer Healthwatch Bury

1.0 BACKGROUND *[brief]*

1.1 Healthwatch Bury have published our annual report, and it includes information that will be relevant and of interest to Health scrutiny.

2.0 ISSUES *[brief]*

2.1 Patient experience of services – the issues we are contacted about the most include Dentistry, access to GP services and Mental Health.

2.2 Our reports evaluate patient experience of specific services, or explore where issues and barriers might exist for certain groups. We are looking to improve services and address inequalities, as well as scrutinise delivery and commissioning of future services.

3.0 CONCLUSION *[brief]*

3.1 We propose to play an ongoing part with the Health scrutiny committee, offering to share our reports and intelligence on an ongoing basis, to use our independent status to investigate issues (where appropriate) as raised by the committee and be a conduit for patient experience to feed in directly to highlight the reality of the systems delivery for those that use them.

List of Background Papers:-

Healthwatch Bury Annual Report
Healthwatch Bury Insight map

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Healthwatch Bury – Annual report

Adam Webb, Chief Officer
July 2022

healthwatch

Our 2022 Annual Report

Championing what matters to you

Healthwatch Bury
Annual report
2021-22



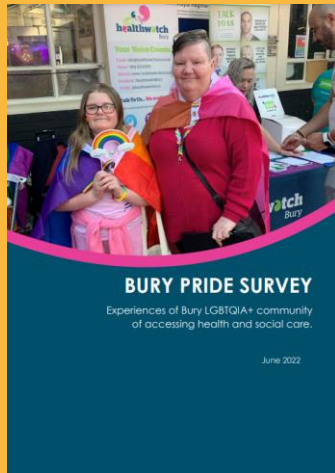
Our report on the work we have undertaken over the last year

Available on our website or from our office.

Includes:

- 📄 Case studies of our work
- 📄 Case studies of people we have worked with
- 📄 What we have heard from the public
- 📄 Our plans
- 📄 Organisational information

Our reports



Key issues we have heard about

What the people of Bury tell us needs improvement

NHS Dentistry

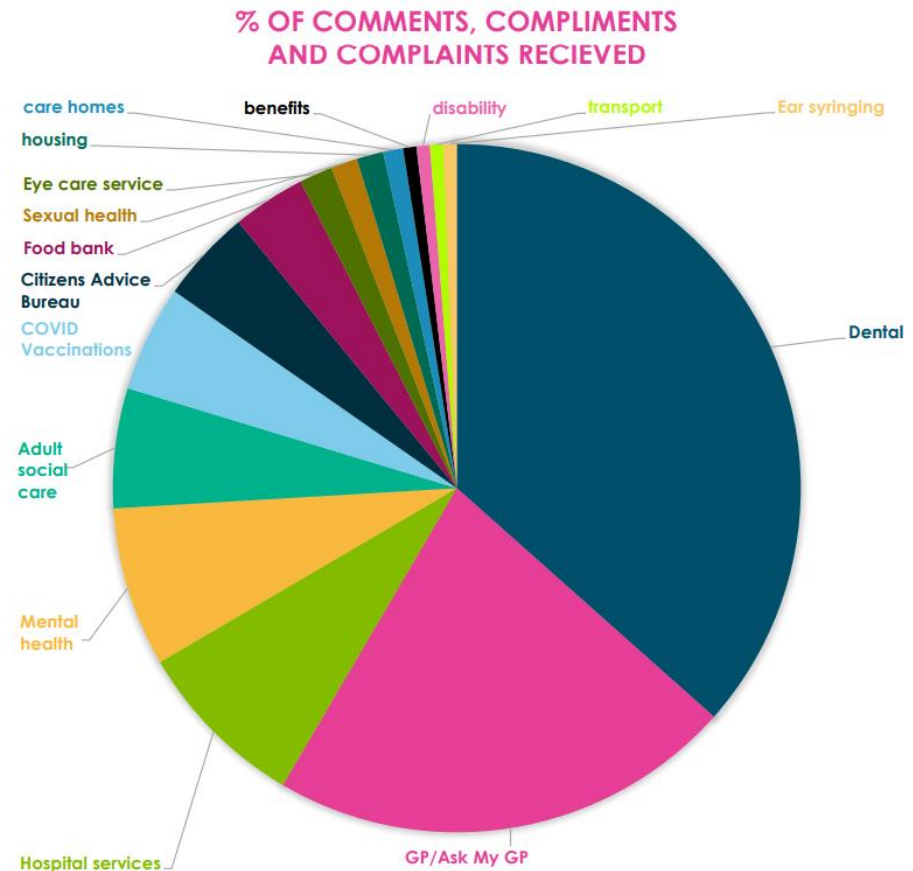
- Severe shortage in availability of NHS Dentists and appointments.

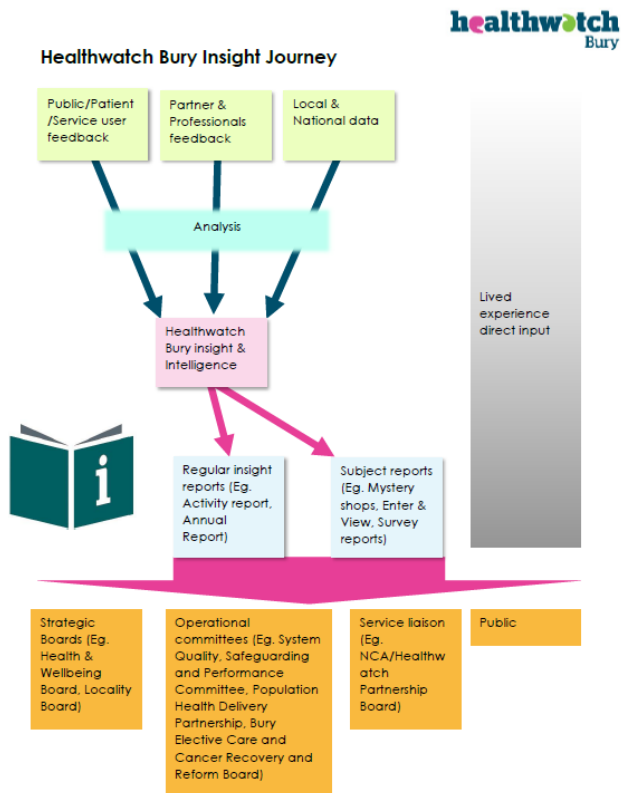
GP services

- People struggling to access GP services in a way that suits them.

Mental Health Services

- Long wait times, lack of adequate communication and high bar on qualifying for services





How we gather our information

In-person engagement

Virtual groups, interviews etc.

Via our helpline/email/social media


Surveys (including The Bury Healthwatch 100)

Research – mixed methods

Gathering of data from partners & national sources



Our offer

- Q We can bring our intelligence to inform the Health Scrutiny committee of our findings
 - Q We can share our reports & recommendations
 - Q We can be reactive and delve deeper into areas the committee would like more information on using research or Enter & View
 - Q Our independence allows us to see things from outside the system, but be a conduit into specific workstreams
- 

For more information

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Championing what matters to you

Healthwatch Bury
Annual report
2021-22



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Message from our Chair



Last year, the Chair's statement reported a doubling in both our staff complement and numeric reach during the final quarter of 2020-21, as we stepped up in preparedness to support local communities and services through a global Pandemic. This year, we face difficult times once again and pledge to work alongside all those who live, work and volunteer in Bury, meeting local challenges with additional resolve and resource.

Covid 19 continues to place pressure upon our healthcare system and Doctors have reported the effects that they are seeing of the squeeze in living standards upon peoples' health.

The risk that poverty presents to wellbeing has been confirmed by a recent national survey, conducted by the Royal College of General Physicians (RCP), with the RCP President cautioning;

"The fact that one in two people is already experiencing worsening health should sound alarm bells, especially at a time when our health service is under more pressure than ever before,"

Against this backdrop, Bury leaders are reinforcing local efforts to tackle health inequalities. I am relieved to be able to report that Healthwatch Bury has doubled the staff complement again, with a team of eight in post as I write. Going from strength to strength, yesterday we appointed six new volunteers to our Board of Directors, adding valuable expertise and capacity to assist us in strategically navigating the challenges that local people and services will face throughout next year and beyond. There is no room for complacency. These extra resources are in great demand and will be put to good use.



Reflecting back, this report charts our collaboration with local stakeholders and leaders, resulting in enhanced strategic impact with representation secured at all levels, in preparedness for the infrastructural changes ushered in by the move to an Integrated Care System.

Raising awareness of and involvement with Healthwatch Bury has been a key priority in 2021-22, during which time period we reached out to over a thousand people and had presence at 85 community events

With over 850 people responding over the last year to our questionnaires, we strove to ensure that the experiences and views of the public were both heard and taken into account as services were reconfigured or when decisions, with the potential to impact local services, were being made.

Our case studies illustrate a wealth of support provided to those at risk of experiencing a raw deal and poorer outcomes from healthcare. From January to March 2021, we launched a pilot, in partnership with Eagles' Wing, supporting over fifty issues through to a positive resolution, in regard to access to services or episodes of care for vulnerable migrants. This work has continued and identified much unmet healthcare need in marginalised communities.

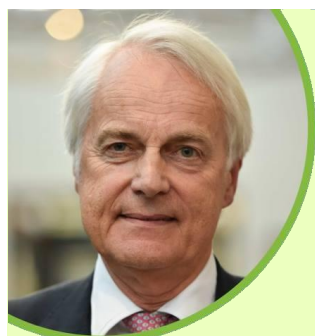
Insight gathered throughout the year, however, confirms that the need for basic advocacy and system navigation prevails and is growing within all the communities of Bury, not least due to the legacy of the Pandemic coupled with long waiting lists, increased demand and extreme pressures on local healthcare services.



An early in principle commitment to mainstreaming this cutting-edge approach has been given by local leaders and we look forward to securing the resource to upscale and roll this out across our communities. The benefits to patients of our Health Advocacy and System Navigation approach are self-evident, bolstered by a reduction in clinician time spent on non-medical matters, coupled with increasing system efficiencies.

Another highlight of the year for me has been empowering people to directly share their experiences of healthcare. Constructive feedback, shared by a patient at a senior leader's board highlighted the barriers that she and other members of the deafened community face when accessing local healthcare services. This led to a pledge from service leads to work with Healthwatch and "experts by experience" to identify barriers and solutions. A dedicated officer has been appointed by Healthwatch Bury to conduct an access audit of local healthcare services in 2022-3 and to support the implementation of any adjustments that may be required in accordance with the Public Services Equality Duty.

There is much to be done and I'm looking forward to the challenges of this coming year, knowing that the need and support for our work is greater than ever. Finally, our programmes of work would not be possible without the dedication and hard work of our staff team. Thank you. Your tireless work does not go unnoticed. I'm also thankful to our statutory colleagues with whom we have close and trusted relations. Your support is appreciated, as is the opportunity to be heard and to challenge appropriately.



"The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."

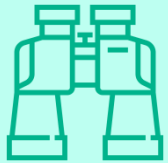
Sir Robert Francis QC, Chair of Healthwatch England



About us

Your health and social care champion

Healthwatch Bury is your local health and social care champion. From Ramsbottom to Prestwich, Whitefield to Radcliffe and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where people in Bury can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better in Bury.



Our values

- 🔊 **Listening** to people and making sure their voices are heard.
- 🗣️ **Including** everyone in the conversation – especially those who don't always have their voice heard.
- 🔍 **Analysing** different people's experiences to learn how to improve care.
- 👉 **Acting** on feedback and driving change.
- 🤝 **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our Team

In 2021, we grew our staff team from three people to five, and in 2022, we grew to seven. We are able to listen to more people now than we ever have, and with our volunteer team now growing too we will have the more capacity to assist local people to get the health and care they need and to help make services become as good as they can be.

Adam Webb – Chief Operating Officer

'This coming year, I am looking forward to building on the great work we have been doing so far, and playing a positive role for the people of Bury in the move to integrated care systems in the area and in Greater Manchester. Whenever there are major changes to a system like the NHS and social care, there is a need for us to inform, explain and guide people through it so they can continue to access the care they require, and that is what I see as being a big part of 2022-23 for us.

I am also looking forward to working ever more closely with our partners and stakeholders, to make sure that patients and service users are part of the continuing development and evolution of services in Bury, to make sure it is as good as it can be.'



Annemari Poldkivi – Senior Research and Public engagement officer



'My goal for the coming year is to help to reduce barriers for people accessing health and social care services and supporting people from deprived backgrounds to thrive.

I envisage achieving this by improving the quality of our research and reporting systems to ensure that system leaders come to Healthwatch as a first point of contact locally for patient feedback and including patients in care planning.'

Andrea Wilson – Administration and Social Media Officer

'As the member of staff responding to most of the information and signposting enquiries, I have a passion for helping people have their say over local health and social care services.

Sometimes it can be hard to know where to look to find support. In our signposting, we try to help members of the public understand what they can expect from health and



care services. We often direct people to information that is hard to find, this includes information to help people understand any choices they may have regarding these services.

Where local people have issues, concerns or problems with health and care services, we signpost them to other services that might support them and if we don't know the answer, we'll try our hardest to find someone that does.

One of our objectives is to do more to seek the views of those who are not being heard. I will strive to continue delivering a quality signposting service and contribute to the wealth of online resources and guidance we provide'.

Shirley Waller – Engagement Officer



I joined Healthwatch Bury as a part time Engagement Officer in July 2021. My background is as a Manager in Leisure Services and for the last 10 years, I have worked on health prevention and rehabilitation contracts for Public Health and Pennine Acute NHS Foundation Trust.

I have thoroughly enjoyed my first year in my new post and have focused on raising awareness of Healthwatch locally and getting out and about in parks and open spaces, visiting Community and Voluntary sector organisations and talking & consulting with local people on a wide range of local health issues and concerns.

I worked on local surveys carried out over the past 10 months by Healthwatch Bury which included digital access to healthcare, urgent care and AskMyGP, as well as a signage audit at Fairfield Hospital to evaluate how patients negotiate their way around the site.

I have attended lots of local open days and boroughwide events, and I hope I have helped local people to access information, advice and assistance on a wide range of issues over the past few months.

Charlotte Foster – Volunteer Coordinator

'I have loved working for Bury Healthwatch and seeing the important work that is taking place in the local borough. We have a lot of plans to develop and work in a range of areas and I find it very exciting and rewarding to be a part of it!'



Fay Almond – Project Officer (Disabilities and Carers)



'I have personal experience of the difficulty and guilt experienced as a carer for a family member whilst trying to juggle with all the other aspects daily life (which do not disappear).

In 2020 I had a life changing experience which meant that I am embracing life as a disabled person. I hope that these experiences will give me empathy and assist me to help others.

In my role as project officer, I intend to focus on listening to the voices of carers and disabled service users in our local community especially those who do not have a voice. This year I would like my focus to be on several projects and I have begun the process by arranging meetings, designing survey questions based on the experiences of service users and attending project planning training to aid my knowledge:

- Q The communication barriers faced by the deaf and hard of hearing community while accessing GP appointments
- Q The quality of life and mental health issues faced by disabled people in our community following their Assessment of Needs
- Q The long-term physiotherapy follow up of stroke victims in the Bury area with regards to the signposting of services that could help with rehabilitation eg accessible exercise'

Katherine Warburton Gibb – Engagement Officer

Katherine left her post in April 2022 having been transformative in our online presence and the way we communicate via social media, as well as doing some fantastic work with young people, community groups and improving our reach and representation with diverse and often under-represented people.

We wish her enormous success in her future career and say a big thank you for all that she accomplished with us.



Our board

Ruth Passman – Chair

'My pledge for this year is to lead Healthwatch Bury in supporting those facing health challenges to access help, information and advocacy at a time when the healthcare system has never been more stretched. I am deeply committed to working in partnership with local leaders and stakeholders in improving health and care services in Bury. I have over twenty years of experience of working at a senior level in the Department of Health and the NHS. This knowledge and experience is of tremendous value to me in this role.'

Alan Norton – Treasurer

'I am an experienced and charismatic leader with great credibility as an expert in disabled living. I have had a successful business career and brought commercial acumen into my roles in the voluntary sector and I am now a respected champion of disabled people with an excellent national network of experts. I marry a passion for improving the lives of disabled people with realism and a pragmatic approach to delivering practical solutions to difficult challenges for people living with disability. As a result I am respected and valued by the disabled community, policy makers and politicians.'

Tan Ahmed

'Having been Chief Officer of ADAB for over 10 years, I have a track record of engaging with people from the minority ethnic communities. Our overall vision is to support people from black, Asian and minority ethnic communities, including new and emerging refugees and asylum seekers. We help to build their confidence and independence to enable them to access vital services and to become more active in the community. We aim to broaden their knowledge and skills and assist them to move into education, training or employment; improve their health and wellbeing and develop their sense of belonging as a responsible and valued citizen of Bury.

In fact, we have a similar remit to Healthwatch Bury, aiming to provide a service to all the residents of Bury MBC which is why that combined knowledge and experience can help me in assisting to drive Healthwatch Bury forward.'

Steve Treadgold

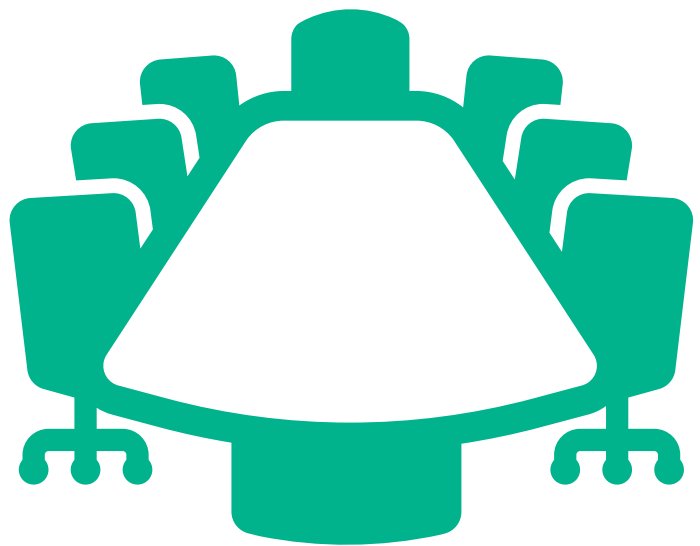
'I am a firm believer that the physical environment can promote healing in healthcare. I am a former Mayor of Bury and supporter of several Bury based charities. I want to make sure that the public in Bury has access to the first-class healthcare services they deserve.

Currently working in NHS temporary roles, a former substantive NHS Director of Estates and Facilities and a Chartered Electrical Engineer with a range of experience (40 years) in NHS estate and strategic functions at Board level. I am dedicated to maintaining high quality standards and excellent customer care.'

Having just completed a thorough recruitment process, we are pleased to announce six new directors will be joining the Healthwatch Bury board in July 2022. Bringing with them a wealth of very relevant skills, experience and expertise, we are very excited to get them involved and up to speed with our ambitious plans for the future.

We would like to give a warm welcome to:

- 👤 Jeff Glasser
- 👤 Florence Sokol
- 👤 Mahmoud Sanii
- 👤 Gita Bhutani
- 👤 Caron Blake
- 👤 Alison Slater



Case study – Helping people in times of real need

Healthwatch Bury provide an Access Assistance drop-in service with the volunteer run service Eagle's Wing, to support asylum seekers and refugees to access vital health and social care services.

In our work at one of these sessions we came into contact with a lady who was homeless and needed urgent help. A 'refused asylum seeker', she had been told to move out from her current address. The lady, in her late 50's, spoke very little English, and was staying with her friend in another area but couldn't stay there indefinitely and needed rehousing urgently. This was impacting her health and wellbeing, and due to the lack of a permanent address, she faced barriers in accessing health and care services.

Healthwatch Bury spoke to the Bury Council Homelessness team on her behalf and was told that due to her destitute status she is unable to access any Bury Council support. They advised the lady to visit Bury Town Hall to check her immigration paperwork so they could see if there is anything they might be able to help with.



Our engagement officers visited the Town Hall with the lady to assist, but there we were advised to ring the Homelessness Team who had already stated that they were unable to help her. We then made contact with Booth House, and they gave us some options to try, and also made a referral to Boaz Trust for her. She was also receiving support via British Red Cross, but due to lack of evidence and complex background of this case, it was very hard for her to challenge her destitute status legally.

We were able to provide information about how to access health services even without any permanent address or proof of address so she could get any treatment she was in need of.

Two months later we received an update from the Boaz Trust to say that accommodation had become available for the lady, and she had now been housed.

Despite now residing outside of the Bury area, the lady still attends the Eagle's Wing sessions on a regular basis and is thankful for the assistance our team was able to provide.

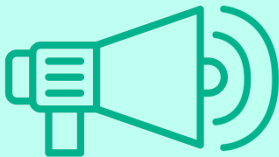


Our access assistance sessions at Eagle's Wing drop-ins' take place on Thursday Mornings at Bury United Reformed Church (Parsons Lane, Bury, Greater Manchester). If you would like to know more, please get in touch.

Our year in review

Find out how we have engaged and supported people.

Reaching out



1000+ people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

350 people

came to us for clear advice and information about topics such as mental health and COVID-19.

Making a difference to care



We published

4 reports

about the improvements people would like to see to health and social care services.

Our most popular report was our

Bury GP service Mystery Shopping report

which highlighted the struggles people have registering with a GP, especially when they have no proof of address or ID documentation.

Health and care that works for you



We're lucky to have

9

outstanding volunteers, who gave up **6 days** to make care better for our community.

We're funded by our local authority. In 2021-22 we received:

£122,000

Which is **the same as** the previous year.

We also currently employ

6 staff

who help us carry out this work, which is one more than we ended last year with.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



From running advice lines to helping people get vaccinated, our team helped combat COVID-19.



Our GP Mystery Shopping report alerted our commissioners and local system to issues with people being unable to access GP services without ID or proof of address.

Summer



We launched our new website, containing lots of information, guidance and advice for the people of Bury, as well as making it easier than ever to get in touch with us.



We began our programme of 'Facebook Live' sessions, engaging with services and providing information to the public around key issues. All sessions were made available on our YouTube channel.

Autumn



We visited Fairfield Hospital to evaluate signage and wayfinding on the site and produced a report with recommendations for improvement.



We contributed to GM wide and national reports, sharing Bury people's experiences of struggling to register with or be seen by an NHS dentist.

Winter

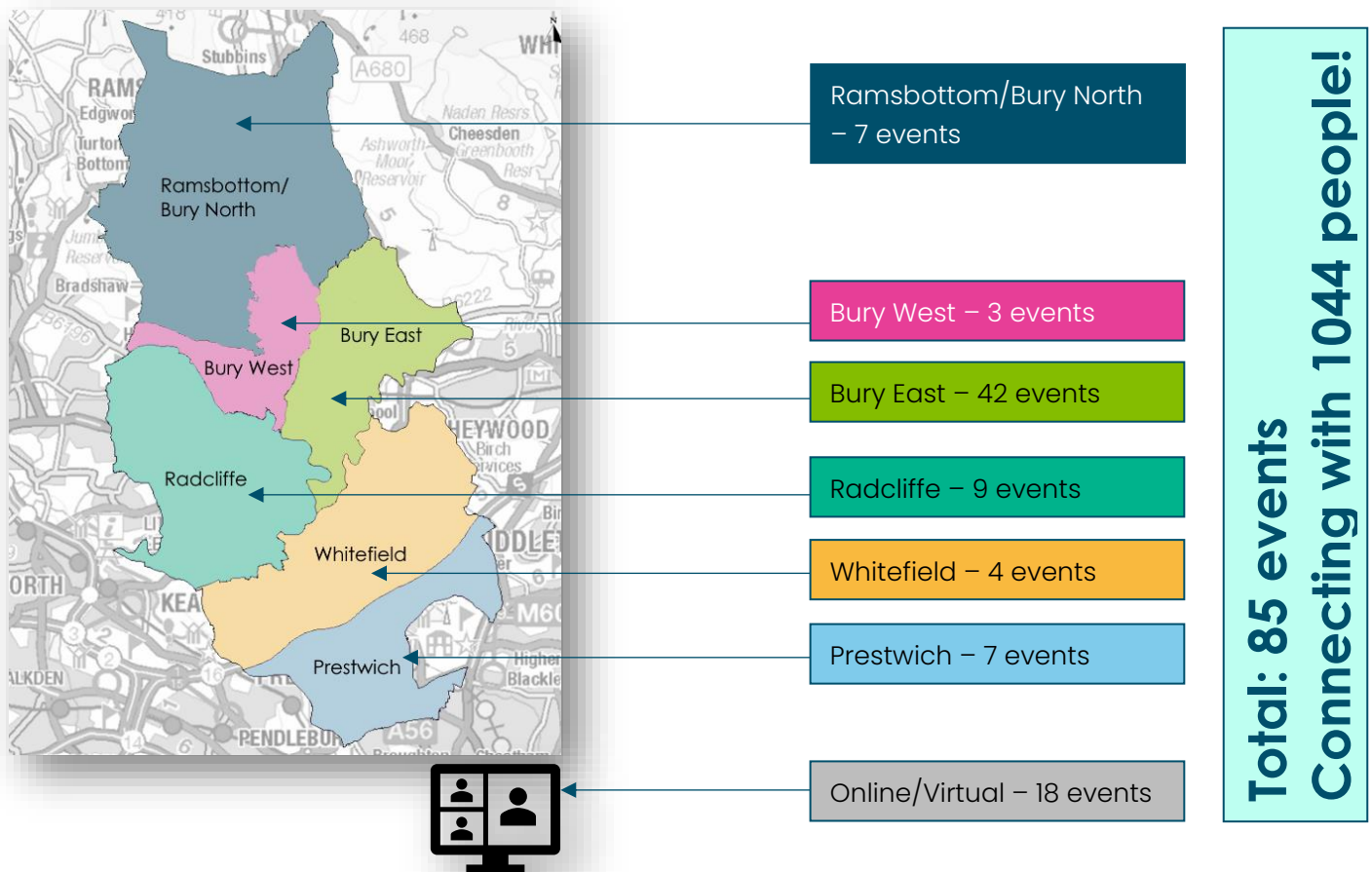


We began delivering our 'Access Assistance drop-in' sessions to help asylum seekers and refugees in Bury access the care they need.



A team of young people from Holy Cross came and developed a survey with us. They asked about young peoples' mental health during the pandemic and received more than 350 responses.

Where have we been this year?



Some of the organisations and networks representing 'seldom heard' groups we have visited this year:



Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve



Making GPs accessible for all

Many people can find themselves in a situation where they need to see a doctor, but don't have any proof of address – those who are homeless, fleeing domestic abuse, visiting friends or relatives, those who have lost their documentation or any one of many other scenarios. In England, anyone is entitled to access a GP, and NHS England is clear that you do not have to be in possession of identification or proof of address to do so.

Having heard from people in Bury that were struggling to get registered with a GP practice without proof of address, we decided to see what the reality of the situation was, so we carried out a 'mystery shop' of all (but one) of our local practices.



Just over half of GP practices

In Bury initially said that some form of ID is required to register with them.

Practices can have a policy in place to ask patients to provide identification, *but they cannot insist* on seeing it to register them. Seeing some form of ID can however help to correctly match a patient to the NHS central patient registry and enable quicker access to any previous medical notes.



"Once I said the patient is not a permanent resident in Bury and from the EU country the GP receptionist didn't think the EU residents can register with the GP practice due to Brexit unless they have an indefinite leave to remain in the UK and they would have to access private healthcare."

Healthwatch Bury volunteer mystery shopper.



NHS England states:

"all asylum seekers and refugees, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if those visitors are not eligible for secondary care (hospital care) services."

So we produced a report of our findings complete with four recommendations to improve information given to staff assisting people with no proof of address and to ensure that they are kept up to date with information around vaccinations etc.

What difference did this make

Local GP surgeries are now aware of their duties as part of the NHS constitution, and our partner agencies such as the CQC will be continuing to monitor that practices are making their reception staff aware of the requirements.



Top areas that people have contacted us about

Dentistry

More than any other aspect of health and care, we have heard most about people's inability to register with an NHS dentist, or to be able to get an appointment with an NHS dentist.

We have provided information to both our regional (Greater Manchester Healthwatch Network) and national (Healthwatch England) partners which have fed into reports picked up by national media. Our helpline has signposted many people to help them find information, whether it be on how to access emergency dental care, what might be needed to register with a practice or how to make a complaint.



Foodbanks

Our helpline continues to regularly help and signpost people in need of foodbanks to feed themselves, their family or people they care for. Numbers are increasing, perhaps in relation to what is being described as a 'cost of living crisis' as prices of food, fuel and other essentials continue to climb, affecting the most deprived communities the hardest.



GP services

From finding GP services nearby and helping people understand online access, to complaints about waiting times or lack of face-to-face appointments, GPs continue to be one of the services we are contacted about most often.

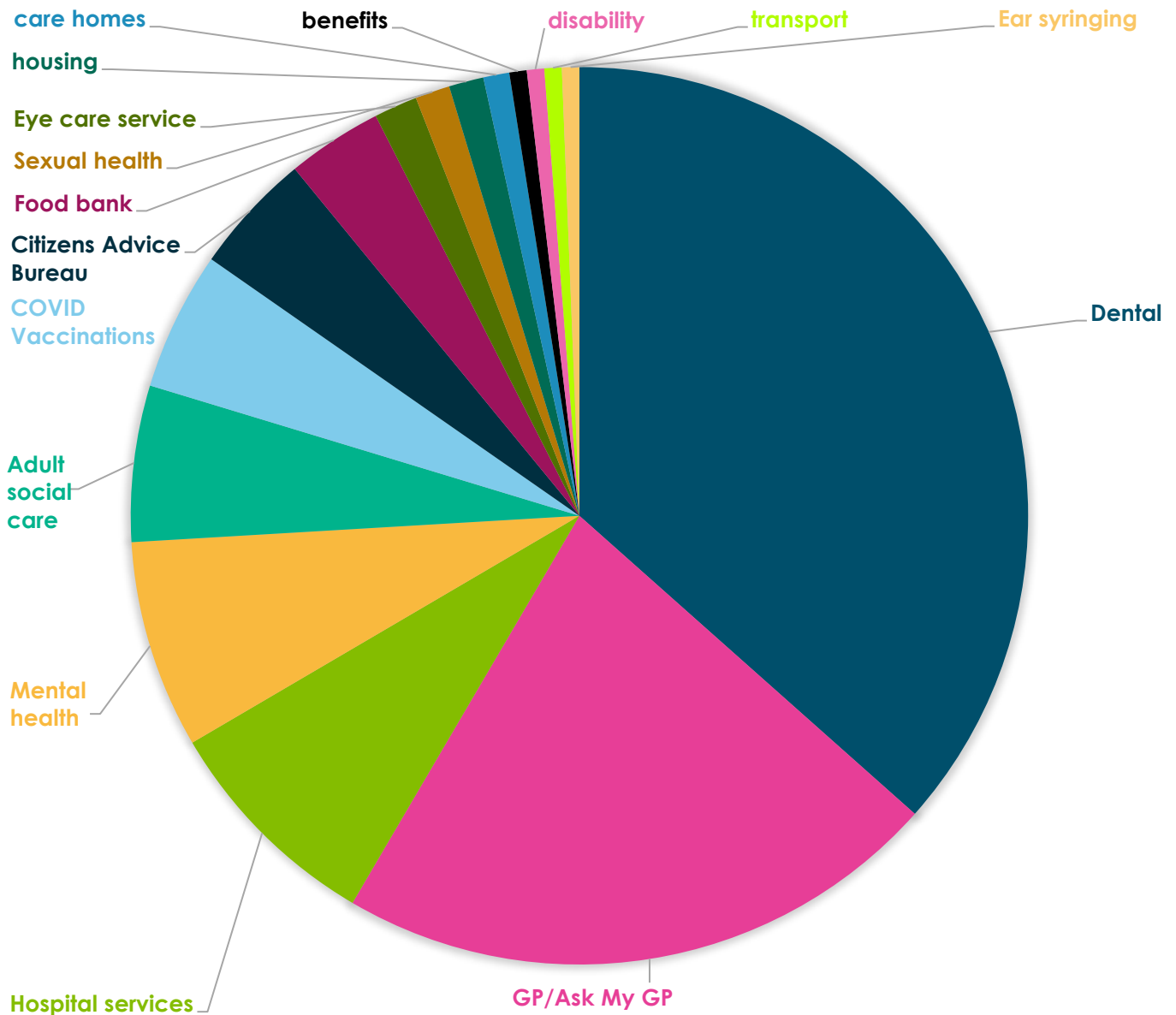


Mental Health services.

Long waiting lists, lack of communication to those awaiting services and lack of options and continuity for people that have been through the system are all complaints we have heard. This includes CAMHS, where both parents as well as young people themselves have told us that the waits are an issue that need to be addressed.



% OF COMMENTS, COMPLIMENTS AND COMPLAINTS RECIEVED



Notes.

Hospital services covers many service types and provision. They are together here in the table as one, however when we carry out our analysis, there have not been any strong patterns around particular service areas.

COVID-19 vaccination enquiries, comments and complaints have tailed off over the course of the year as the number of people eligible for the vaccine shrank following a strong delivery push.

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives. This provides a deeper understanding than using data alone, can challenge assumptions and motivate people to think and work more creatively.

As part of our Healthwatch Bury Carers Roadshow project, we used a case study video from Alan, one of our board members, who experienced difficulties in recruiting carers to help him to highlight the difficulties many people face when trying to get assistance to allow them to live independently. This video helps to convey the struggles people face on a daily basis which will help decision makers take a step back and see the people behind the statistics and decisions.



Getting services to involve the public

Many services are under pressure following the covid pandemic, and the increasing waits for elective care services are a prime example.

We worked to include the experiences of patients on waiting lists or that had recently received surgery to produce a report with our partners at VCFA's social prescribing team the Beacon Service, to include experience in the local transformation programme. We also worked together to assist with the creation of the 'Waiting well' website and information resource, designed to help inform and improve outcomes for those on waiting lists.



Showcasing lived experience

We have brought people to the Bury Locality Board to share their lived experience of the health and care system.

Commissioners and local decision makers get the chance to hear directly from people whose life has been directly affected by the care they have received and highlighting the importance to individuals of making a care system that works for everyone that needs it.

We have had people share experiences of disability in social care and how services deal with someone with hearing loss, and we plan to continue showcasing real lived experience at this and other important forums in the coming year.

Advice and information

If you feel lost and don't know where to turn, Healthwatch Bury is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Q Providing up to date information on COVID-19
- Q Linking people to reliable information they could trust
- Q Supporting the COVID-19 vaccination and booster programme
- Q Helping people to access the services they need



Signposting people who needed additional support

Our information and signposting service has continued throughout the pandemic helping people navigate the health and care system.

We have helped people access vaccinations, understand how to use online systems to book appointments, assisted with accessing prescriptions and many more scenarios.

Between April 2021 and March 2022, we provided information, guidance and signposting to over 300 people.

We also worked with our partners to help people with issues outside of health and social care when necessary, such as accessing foodbanks, housing help, benefits advice and more.



Helping vulnerable people access the care they need

In January we began hosting a new weekly health advice and assistance drop-in session in East Bury to provide practical hands-on support on health and social care queries and issues—specifically aimed at residents of the Borough who can't speak English well or at all, refugees, immigrants and asylum seekers. We assist them to access services, help them to solve problems they have in finding the way through the system and signpost them to the most appropriate services to get them what they need.



The aim is to provide them with advice, information and assist with practical support to contact the right services or complete online application forms and help to provide long term improvements to their physical health and mental wellbeing.

The sessions have already proved to be hugely popular, and we have already assisted many with serious and complex problems, where their vulnerable status has led to them falling through the gaps in the systems. We are discovering where the issues within accessing services lie for those that are not familiar with things or who face communication barriers and we will work to minimise and improve these with our partners and stakeholders in the local care system.



This is a project funded by the *LET's do it!* community health fund.

Improving information online

Facebook live & YouTube

We recognise that these days information is often found in different ways for some people than we might have been used to in the past. The rise of social media like Instagram and YouTube have shown that many people are more comfortable with learning about news and developments and gaining knowledge from visual sources like video. So to ensure we take advantage of this and not get left behind, as well as to ensure that people who might otherwise not be able to attend events and presentations following the Covid-19 pandemic, we launched our Facebook live programme.

It is an opportunity to showcase local services and organisations that help people with health and wellbeing in Bury, as well as providing people with a platform that they can engage with 'live' by asking questions, making comments and sharing info as they happen.

Once the sessions are complete, we load them onto our YouTube channel. This gives anyone who missed it live a chance to catch up, but also for us to build a library of informative videos covering a diverse range of services: From Sexual Health services, Bury Hospice and young people's mental health to breastfeeding help and Long Covid support.



[Follow our YouTube Channel](#) to see the whole collection of our live sessions and to be informed when new ones are added.

New Healthwatch Bury website

In the Summer of 2021, our website was completely redesigned and rebuilt. Working with Healthwatch England, we created a more comprehensive online resource for people wanting to find information about health and social care in Bury.

At the heart of the redesign was a desire to make providing feedback about experiences of services as easy and clear as possible, and to make finding information and signposting simpler. We ensured that it is as easy to access as possible – offering many languages with the translate feature, full compatibility with screen-readers and a simple to follow navigation system.

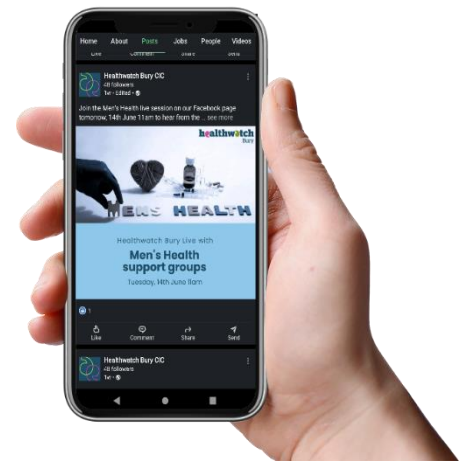
We also transferred hundreds of news stories and updates from the old site and added all of the reports we have produced in recent years.

We have had plenty of positive feedback, and we hope everyone that needs it will find it really useful. [Healthwatchbury.co.uk](https://healthwatchbury.co.uk)

Keeping LinkedIn with our partners

We have begun reporting on our engagement, research and other work that we are undertaking on our LinkedIn organisation page.

The idea is to keep an ongoing feed of where we are and what we are involved in updated, so our partner organisations, key individuals and funders can be kept up-to-date. It also gives other organisations another channel to communicate with us, in a more professional manner, where our focus isn't on the wider public like it is on our other social media channels.



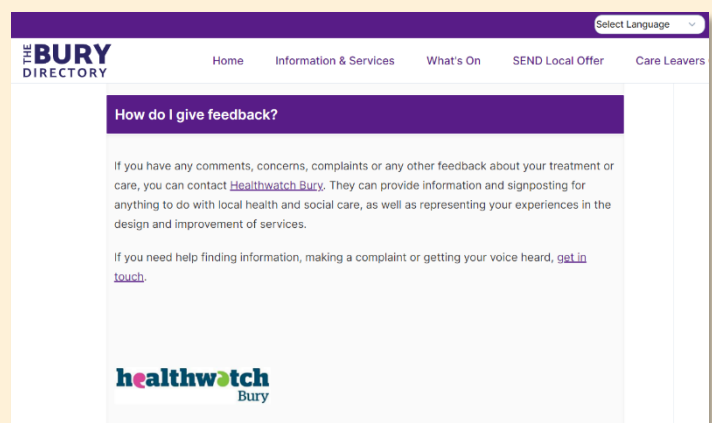
Follow us at <https://www.linkedin.com/company/healthwatch-bury>, where you will be able to see what we have been doing, where we will be and see our reports as soon as they are published.

Waiting well website work

In Bury, waiting times for elective operations have grown sizeably during the Covid-19 pandemic. More people are facing longer waits, which can potentially negatively impact peoples outcomes or risk factors for undergoing surgery. It can also leave people feeling out-of-the-loop, not knowing what to do whilst they await their operation.

The NHS in Bury decided they wanted to provide a resource to provide reassurance to people waiting, with information about their procedures, waiting times locally, support groups and organisations that can help with factors around the issues caused by the need for the surgery and information about how to use their wait to improve their chances of a positive outcome.

This waiting well website was created in collaboration with us at Healthwatch Bury, where we provided feedback on patient experience to assist on the design, as well as reviewing its accessibility and providing recommendations to how to let people know about it. It also includes our details for if people wish to provide feedback or need support if they want to make a complaint.



The resource went live last year and was the first in Greater Manchester. You can see it on the Bury Directory at:

<https://theburydirectory.co.uk/whileyouwait>

Case study

Access to services for deaf people and those with hearing loss.

Healthwatch Bury held a session with the charity Communic8te, the local organisation that provides support and representation for deaf people in Bury, so we could understand any issues deaf people were facing in accessing essential services.

Many of their members told us about their experiences of accessing health and social care services and barriers they have faced. One of the members said how they had a heart attack, but his wife was unable to ring an ambulance due to her hearing impairment and instead had to run to their neighbour and ask them to call emergency services.

This also highlighted some issues faced by people with hearing loss who don't consider themselves to be deaf.

To begin with we contacted the Northern Care Alliance NHS Foundation Trust and arranged a meeting to highlight some of the issues raised during the session. They welcomed the opportunity and arranged a focus group in the future to hear about people's experiences.

In addition, we contacted the North West Ambulance Service NHS Foundation Trust (Nwas) to find out what they have in place for people with communication issues. Nwas sent us an extensive list of different communication options they have put in place, including emergency text service, which we then shared with Communic8te and their members. Nwas also put out an offer to participate in the future focus group for any accessibility information standard discussions with patients who have experienced any barriers.

As part of this work, we organised for someone with hearing loss to speak to our local locality board to talk to commissioners and providers directly about their experiences and barriers they had faced. Organising that in itself showcased some of the issues people with hearing loss face regularly, with no face-to-face meetings available, and all the online options offered lacking captioning/subtitling options.

We will in this coming year add to this work by beginning a long-term project looking at service delivery and deaf awareness in Bury as part of our wider work addressing accessibility of information from healthcare and social care providers.



Talking to people in their own environment

As part of our regular engagement work, we have been holding 'park bench surgeries' all around the borough to talk to people who otherwise wouldn't necessarily take the opportunity to speak to us.

In addition to our work engaging specific groups and talking to people about particular issues that have been raised or that they have complaints about, we also want to hear from people that have experienced care but didn't feel it was worth making a special effort to share.

We have found out lots of really useful feedback, and also helped people access some services they otherwise wouldn't have been able to – such as registering people with their GP surgeries online system or giving information about support services they didn't even know existed.

Our programme will continue over this coming year, and you can find out where we will be and when on our website, or via our social media.



Helping services listen more effectively

We were contacted by the management of Bury's intermediate care facilities and the rapid response team to talk about how we could assist them in gathering feedback from their service users and their families, and how they can use that more effectively in improving the experience they offer patients.

Healthwatch Bury met with them regularly and assessed their current methods, information and processes and looked at where there were opportunities to make experience gathering easier.

We also looked at how that experience data could be reviewed and shared to ensure that the whole team had the ability to learn and understand it, share ways of improving and make sure that there was a process to ensure lessons were learned when appropriate.

This has seen the use of improved surveys, QR codes and more formalised discussion at team meetings implemented so far, and more self-evaluation and improvement to follow.



Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Q Helped people have their say, carrying out surveys online, in person, over the telephone and over social media.
- Q Created digital content on our website and social media.
- Q Continued to help with the local volunteering efforts supporting those who were self-isolating
- Q Gathered information for and wrote reports on the findings of surveys and events.
- Q Helped us at events and drop-ins, engaging with people and providing info.



Bury pride survey report

We conducted a survey about the experiences of health and social care for LGBTQI+ at the Bury pride event, and the survey data was collected together.

Our volunteer Hannah analysed the information and presented the findings in a report, which we have since published.

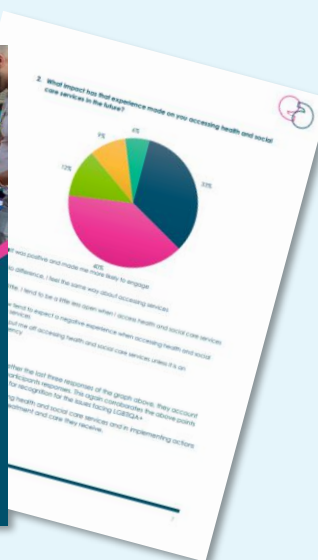
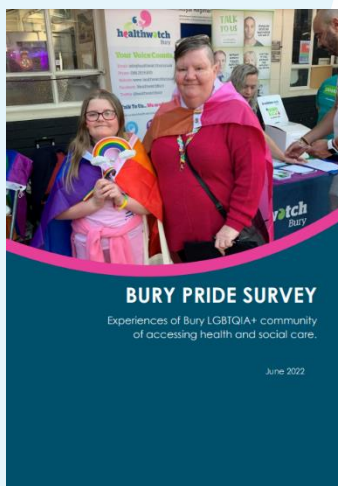
You can the full Bury Pride Survey report on our website at healthwatchbury.co.uk/news-and-reports



'It has been really useful to use my research background to volunteer for Healthwatch Bury.

The work experience is very valuable to me and it has been very rewarding to learn about Healthwatch and the work that they do and to be part of it'

- **Hannah**



Outreach with asylum seekers and refugees

As part of our project providing assistance accessing health and social care via the drop-in at Eagle's Wing, our volunteer Adediwura has helped people communicate with services, understand their rights and find ways to get the help they need.



'I have been looking for work experience in health and social care to help me develop skills and gain employment. I have really enjoyed the outreach work with Eagles Wing and can see how it really helps vulnerable people'

- **Adediwura**



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch with our engagement officer Charlotte today.



www.healthwatchbury.co.uk

0161 253 6300

Charlotte.foster@healthwatchbury.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Core funding received via Bury Council	£122,22	Staff costs	£79,229
Additional funding	£6,000	Operational costs	£21,783
		Support and administration	£7,506
Total Income	£128,000	Total expenditure	£108,518

Top three priorities for 2022–23

1. Reducing inequalities in health and social care experience
2. Improving the accessibility of communications for patient and the public from health and care services
3. Investigating unmet care needs

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, your income or race.

Statutory statements

About us

Healthwatch Bury, Bridge House, Yeargate Industrial Estate, Heap Bridge, Bury, BL9 7HT.

Companies House number: 08886952

Registered in England and Wales.

Healthwatch Bury uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board currently consists of 4 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. This number will increase to 10 once our newly recruited directors take up their positions. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met 6 times and made decisions on matters such as deciding to invest in additional dedicated engagement staff to work on specific projects areas, and upon our areas of focus, such as working with young people at Holy Cross, a local 6th form college.

We ensure wider public involvement in deciding our work priorities. Our priorities are informed by intelligence we collect and analyse to show where people are facing barriers, difficulties or poor experiences, and we look at ways these can be addressed. Our intelligence is made up of feedback that we collect ourselves (such as via surveys, face-to-face at events, via our helpline, from social media etc.), as well as that we collect from other external sources (such as from Healthwatch England and other Greater Manchester Healthwatch, Partner Organisations, Regulatory bodies, services themselves, published statistics and reports from various sources and the media/social media). We analyse what we have and look for patterns and trends, which we then investigate. We then look at what we can do to positively influence change and decide on our plan of work.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, attended virtual and actual meetings of community groups and forums, provided our own virtual and in-person activities and engaged with the public through social media.



We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, working with organisations representing the interests of people with disabilities, LGBTQI+, Carers, Dementia, Long-term conditions, different ethnic minority and community groups. We

have engaged with them and their service users, given platforms for them to share information and to bring concerns they are hearing to us.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website, distribute it to our partners and stakeholders and can provide printed copies and alternative formats upon request.

Responses to recommendations and requests

We have not had any providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Bury is represented on the Bury Health and Wellbeing Board by Ruth Passman, Chair, Healthwatch Bury. During 2021/22 our representative has effectively carried out this role by championing the experience of patients and the public.



Message from our Chief Operating Officer



This past 12 months has been one of many changes throughout the landscape of health and social care in Bury, in Greater Manchester and across the entire country. Following new waves of coronavirus causing further lockdowns, more extreme pressures on services and giving staff across the NHS and care sector little respite.

But easing of restrictions, the relative success of the vaccination programme and the slow return of a sort of normality to life has brought us to a point where we need to learn from our experiences and use them to make services as good as they can be in the 'new normal'.



We again have to say a huge thank for the hard work, persistence and kindness of the NHS, local authority and social care staff who have continued to battle staffing shortages, demand pressures and disrupted lives while providing care. Their ongoing efforts are greatly appreciated.

Our team at Healthwatch Bury has grown and we are going to build on this last year where we returned to engaging with the people of Bury in person, at events and groups that have returned following the

pandemic hiatus. Our plans are to hear from more people, from more areas and different backgrounds than we have ever done before this year.

We will continue to build on the information and signposting service we provide, bringing more to our online offering we have worked hard to create this year. This will include more video information via our Facebook Live/YouTube channel where we showcase local services, more news and information on our website, as well as making it easier to feedback your experiences in more ways than before.

We are also very excited to build our volunteer capacity, which will enable us to achieve even more and help us to involve more of the people of Bury in what we do. We are particularly excited to relaunch our Enter and View programme, which

will give us first-hand insight into services in the area and let us share what we learn via reports which will be made available to the public.

This coming year brings many changes to the health and social care infrastructure in the shape of Integrated Care Systems replacing Clinical Commissioning Groups and Local Care Organisations. We want to make sure we are represented at every level of the system in Bury to ensure that the experiences and views of the public are listened to in the decision making processes, to provide quality assurance and accountability and to inform the public of developments that will affect them. We will also represent the people of Bury at a Greater Manchester level via our GM Healthwatch Network, which has new and robust ways of working and a reporting structure that will enable transparency in everything we do.



We have lots of important pieces of work underway, from focussing on accessibility of information provided to patients and service users, unmet care needs and access to GP's to addressing inequalities, engaging with and representing seldom heard groups, and listening to the needs of young people.



So we look forward to working hard as a team, with our volunteers, our partner organisations, our stakeholders, patients, service users and the public to make a really positive difference to the health and care system in Bury.

Adam Webb, Chief Officer Healthwatch Bury





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📘 [Facebook.com/Healthwatch.Bury](https://www.facebook.com/Healthwatch.Bury)

Healthwatch Bury Insight Mapping

This exercise is to determine two things:

- Where do we get our insight?
- Where does our insight go?

Insight we collect

Feedback direct from patients/service users/the public

Survey responses

Feedback forms via website

In person – Park bench surgeries/events

Telephone calls to our helpline

Emails

Social media

Interviews

From drop-in sessions (assistance provided)



External sources of Healthwatch Bury Insight

Healthwatch England

GM Healthwatch network

Advocacy service

CQC

Health and social care network

VCFA

Services via meetings & representation

Partners & stakeholders

Media & social media



Wider sources of insight:

Improvement bodies, eg. AQUA, The King's Fund, The Health Foundation, The Nuffield Trust, Wellcome Trust etc.

JSNA

Census Data

NHS England (Inc things like the GP practice satisfaction survey)

Department of Health and Social Care

Ombudsmen eg. LGO, Parliamentary & Health Ombudsmen



Where does our insight go:

Structures our insight is formally a part of

Health and Wellbeing Board

Locality Board

Team Bury

System Quality, Safeguarding and Performance Committee

Population Health Delivery Partnership

Bury Elective Care and Cancer Recovery and Reform Board

Healthwatch/NCA Partnership Board

Healthwatch/Pennine Care Liaison meeting



Mechanisms for sharing insight

Public Reports

Unpublished/internal reports

Activity Reports

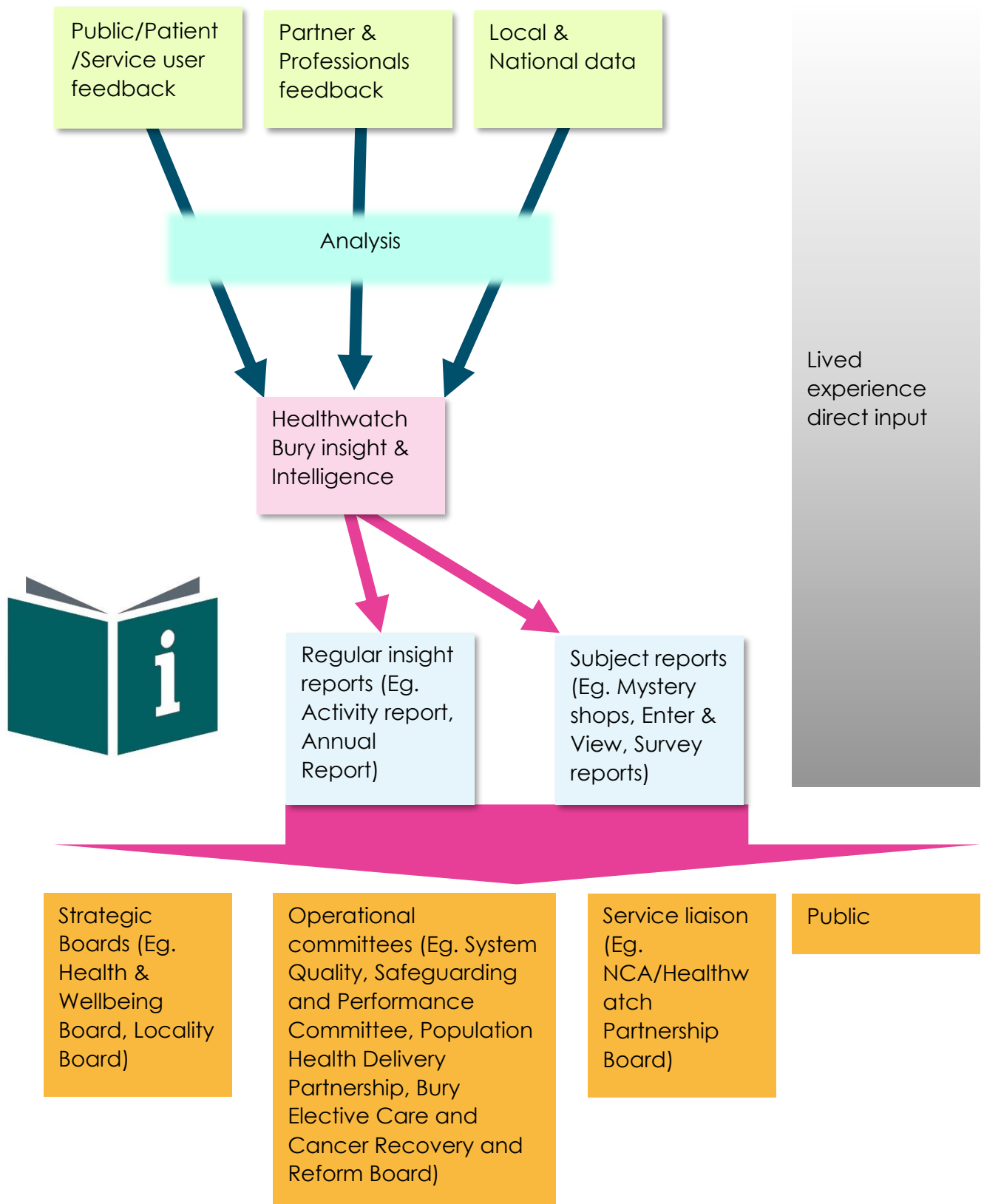
Funded project reports

Coproduction workstreams

Lived experience input – eg. Patient stories



Healthwatch Bury Insight Journey



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BURY

Provision & Access to NHS Dentistry

July 2022

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INTRODUCTION

1. This paper provides an update on the provision of, and access to, NHS Primary, Secondary, and Community Dental services and delivery of Oral Health Improvement activity across the locality of Bury from March 2020.
2. It will highlight the actions taken to address health inequalities and to improve access to dental services to ensure patients are able to receive dental care and oral health improvement in a safe way.

DENTISTRY ACROSS THE LOCALITY OF BURY

Primary Care Dental Service

Patients are not registered with a GDP in the same way as they are with a GP. Any patient may access dental services from any practice. In Bury there are:

- 31 (8.1%) General Dental Services providers with contracted activity of 287,812 units of dental activity per annum
- 1 Urgent Dental Care provider (linked to networked provision across Greater Manchester)
- 1 Urgent Dental Care Hubs – providing additional urgent dental care capacity in response to COVID pressures

Specialist Dental Services in the community

- Community Dental Services clinics delivered by Bridgewater Community Healthcare NHS FT - A single service provider commissioned to provide specialist dental services to children and adults with additional needs on referral.
- 2 Orthodontic providers
- 1 Specialist Tier 2 Oral Surgery provider (10 across GM)

Secondary Care Dental Services

12 dental specialities (including Oral Surgery, Maxillofacial Surgery, Restorative Dentistry, Paediatric Dentistry, Periodontics) available through hospital services. These services for Bury are delivered by Northern Care Alliance and Manchester Foundation Trust (including the Manchester Dental Hospital).

BACKGROUND (1)

1. Dental services have been significantly impacted by the COVID pandemic. Risk of cross-infection is significantly increased for services operating in and around the mouth.
2. On 25 March 2020, dental practices across the Greater Manchester received national instruction to suspend routine, non-urgent dental care as part of the national response to limit transmission of COVID-19.
3. All practices were required to provide remote telephone triage services delivering the “triple A” approach, ensuring that patients had access to advice, analgesia and anti-microbials if appropriate. Where patients needed face to face dental treatment in addition to the “triple A” service, dental practices could refer their patients to Urgent Dental Care (UDC) hubs across GM.
4. From 8th June 2020, the second phase of the pandemic response began, as infection rates dropped, all practices reopened for provision of both routine and urgent dentistry under COVID-specific infection prevention and control guidance to ensure patient safety and access steadily increased. It should be noted that during this period due to infection prevention and control guidance and required time intervals between patients, the number of patients seen on a daily basis reduced from 25-30 patients per day to 6-8 patients per day (depending on patient and need).

BACKGROUND (2)

5. The reduction in capacity resulted insignificant pressures across the system. There was a whole system reduction of approximately 70% across all Dental Services capacity, including Secondary Care, specialist community services and specialist primary dental care services such as Minor Oral Surgery.
6. Services are now working hard on recovery to pre-pandemic levels. Reducing backlogs and waiting lists.

PLANNING AND RECOVERY

The Greater Manchester Dental Commissioning Team, including the Consultant in Dental Public Health and the Local Dental Network Chair, are implementing a Roadmap to Recovery.

This plan outlines the stages leading to recovery for dental services across the whole system. The purpose being to standardise the approach across Greater Manchester, to strategically plan a range of dental services, and to support opportunities for locally responsive transformational change thus reducing health inequalities.

The purpose of the plan:

- Ensure capacity is in place for on-going activity
- Return critical services to agreed standards
- Address backlog of services
- Retain changes and innovations from the pandemic that we wish to keep

IMPROVING ACCESS TO NHS DENTAL SERVICES

IMPROVING ACCESS – GM URGENT DENTAL CARE SERVICE

In 2019 the GM Dental Commissioning Team procured a new Urgent Dental Care service for the population of GM. This service is available for all patients in GM who require to access urgent dental care.

This service can be accessed by calling 0333 332 3800.

There are 14 Urgent Dental Care sites across GM. 1 of these is in Bury.

In response to the pressures caused by the COVID pandemic additional capacity has been commissioned from both the telephony and clinical providers of this service. This additional capacity is in place until March 2023.

IMPROVING ACCESS – URGENT DENTAL CARE (URGENT DENTAL CARE HUBS)

From April 2020, Urgent Dental Care (UDC) Hubs were established across Greater Manchester offering face-to-face dental treatment after remote triage. UDC Hubs are linked with the GM Urgent Dental Care call handling service to receive referrals for patients in pain. The UDC Hubs provide extractions and extirpations (first stage of Root Canal Treatment) to save the tooth that get patients out of pain.

In GM there are currently 42 UDC Hubs. 1 of the UDC Hubs are situated within the Bury locality.

On calling the GM Urgent Dental Care Service patients are able to attend the most convenient urgent dental care provider and are not restricted by local authority or CCG boundaries within Greater Manchester.

IMPROVING ACCESS – GENERAL DENTISTRY

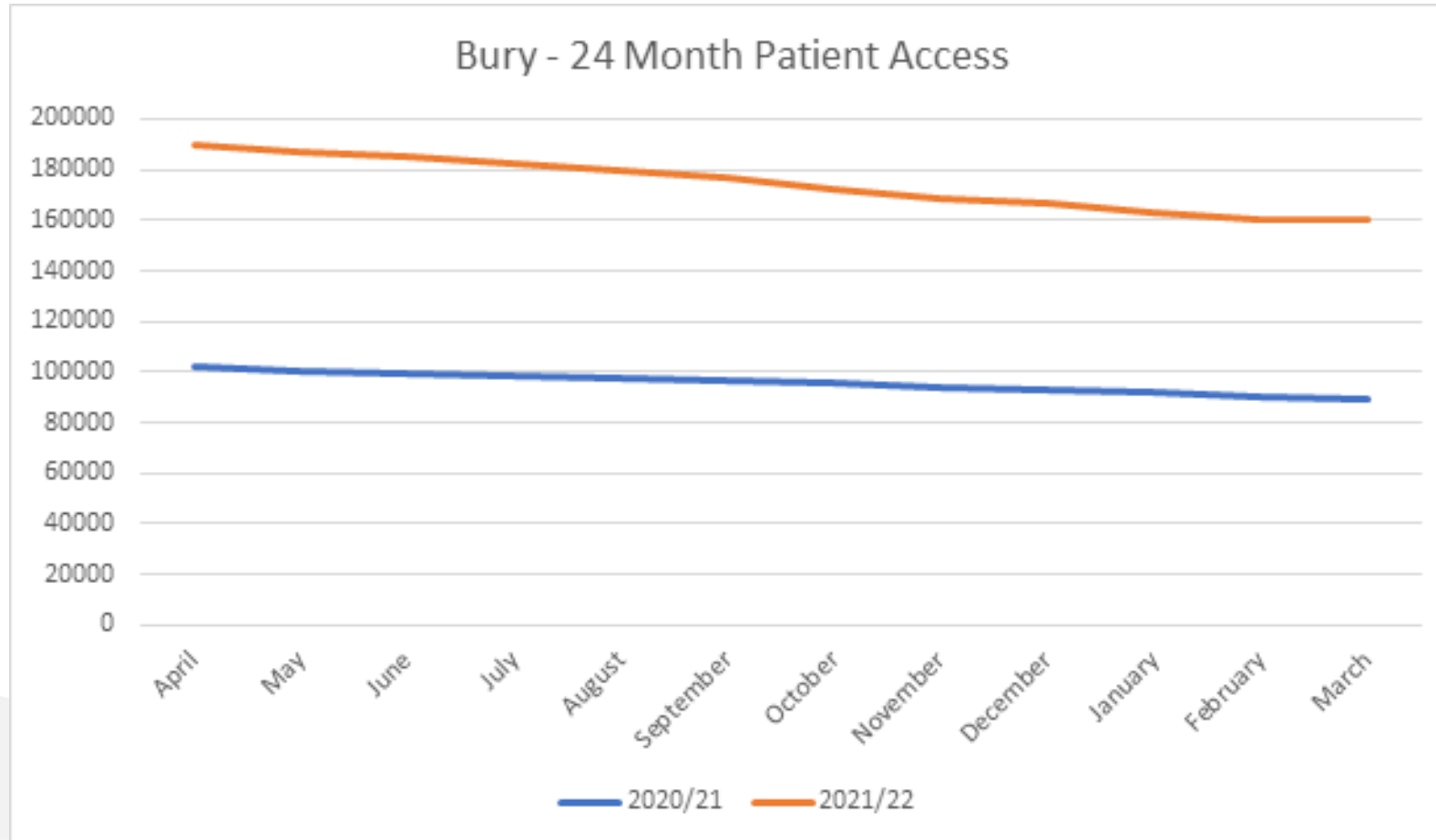
In Bury there are:

- 31 (8.1%) General Dental Services providers
- 1 Tier 2 Oral Surgery provider (10 providers across GM)
- 2 Orthodontic providers (43 providers across GM)

All NHS General Dental Practices continue to prioritise patients in pain, children, patients who are deemed as high risk – such as those receiving treatment for cancer, and those who are mid way through a course of treatment.

Access is still steadily increasing but has not yet returned to pre-pandemic levels.

FIGURE 1: NHS ACCESS TO GENERAL DENTAL SERVICES – 24 Month Patient Access 20/21 & 21/22



RESTORATION OF ELECTIVE CARE – SECONDARY CARE DENTAL SERVICES

Specialist Dental Hospital and also specialist dental services delivered within secondary care.

A key NHS priority is the restoration of all services with a view to returning to a “normal” position as quickly and as safely as possible. Paediatric and Oral Surgery Clinical Reference Groups have been established to lead recovery of elective surgical cases supported by five GM Managed Clinical Networks. The work programme is to ensure patients can receive elective care at the right time, in the right setting and reduce wait times. This includes:

- Population oral health needs assessment and support for the correct coding of specialist activity so it can be monitored and appropriately commissioned.
- Continue to develop e-referral management system with robust clinical triage to direct referrals to the right setting at the right time, including referrals from non-dental professionals with potential use of virtual consultations
- Workforce and training for dental professional are being reviewed to meet current and future needs
- Referrals are made with complete treatment plans so that shared care can be planned and waiting lists validated and care prioritised with patients are seen in the right setting for their dental care need

ADDRESSING INEQUALITIES THROUGH ACCESS TO NHS DENTAL SERVICES

ADDRESSING INEQUALITIES – CHILD FRIENDLY DENTAL PRACTICE (CFDP) SCHEME

- Service development pilots initiated in November 2020. Rolled out to across GM following the successful pilot. To date have 9 providers across GM.
- Children who have been referred for an oral health assessment to a specialist setting (including those referred for dental extractions under general anaesthesia) are instead offered evidence-based treatment at a general dental practices.
- Treatment includes:
 - Prevention – Oral Hygiene Instruction, diet advice, fluoride varnish application, fissure sealants
 - Stabilisation – Silver Diamine Fluoride, Temporary Fillings
 - Restoration – Hall Crowns, Definitive Fillings
 - Extractions
- This primary care service supports our specialist community services for children and reduces referrals and pressures into secondary care.
- Unfortunately, due to unforeseen circumstances and COVID challenges, the practice in Bury which intends to deliver CFDP has had to delay its implementation. Children are however able to be referred into the GM network of CFDP and continue to be referred into specialist services. The Bury practice will be 'live' by the end of July 2022.

ADDRESSING INEQUALITIES – HEALTHY LIVING DENTISTRY PROJECT

The Healthy Living Dentistry (HLD) project continues to be developed and delivered.

There are 70 Practices across GM (currently 1 in the Bury locality) signed up to deliver this quality assured scheme where Dental practices undertake national & local health campaigns, often linked to local GPs & Pharmacies. Plans are in place to begin a further recruitment campaign to encourage all Practices to sign up to this scheme.

All practices have access to training and development which is supported by Health Education England North West and available to be accessed online.

- Practices who sign up to HLD deliver targeted health promotion to specific groups such as:
 - Dementia Friendly Dentistry
 - Baby Teeth DO Matters
 - Mouth Cancer Awareness
 - Sugar free diet and medicines
 - Flu awareness



ADDRESSING INEQUALITIES – A DENTAL HOME FOR LOOKED AFTER CHILDREN

Led by the GM Dental Commissioning Team and Consultant in Dental Public Health linking with Local Authority Teams supporting health care for Looked After Children (LAC), a new referral service has been developed that will support all LAC in Greater Manchester and Cheshire & Mersey to **find a dental home**.

The objective is to seamlessly connect referrals for any child who is looked after with a LAC provider within their locality. In GM we currently have 58 Practices accepting referrals for LAC, 2 of these are in Bury.

The child will be seen and treated and offered regular appointments and re-calls dependent on their oral health risk.

The long-term objective will be to strengthen the links of the Bury Safeguarding Team with Child Friendly Dental Practices to ensure that there is ease of access for all Looked After Children to find a dental home.

FIGURE 2: PERCENTAGE OF 5 YEAR OLD CHILDREN WITH OBVIOUS DENTAL CARIES 2018/19 IN GM

Area	%
England	23.4
CA-Greater Manchester	
Bolton	32.7
Bury	35.2
Manchester	38.3
Oldham	43.2
Rochdale	40.7
Salford	39.0
Stockport	22.0
Tameside	33.1
Trafford	26.0
Wigan	31.9
Compared with England	<div>Better</div> <div>Similar</div> <div>Worse</div>

ADDRESSING INEQUALITIES – GM ACCESS PLUS SCHEME

Following urgent treatment patients are encouraged to seek definitive care at a high street dentist. Unfortunately, the pandemic has led to a reduction in capacity and patients were struggling to access routine dental care, such as check-ups and the treatment indicated to restore dental health. As a result, patients were then returning to the urgent service with the same problem or worsening problem.

In response to the unmet need as a result of the ongoing challenges we face within NHS Dental services we developed the Greater Manchester Access Plus Scheme which improves access and delivers continuation of care to patients who have received urgent care but who require further care and treatment within an NHS Dental practice. This scheme was rolled out on 1st February 2022.

The GM Access Plus Service will provide a minimum of a one off courses of treatment for adults (18+ years) who have been seen by the GM Urgent Dental Service / UDC Hubs for urgent care that requires further treatment.

Across GM we have 59 practices providing this service, 2 of these are within the Bury locality.

ADDRESSING INEQUALITIES – NATIONAL NON-RECURRENT URGENT ACCESS SCHEME

Nationally £50 million was released to support non-recurrent service capacity between during the last quarter of 2021-2022. This funding was for urgent access.

Across Bury, 5 practices signed up to the National Non-Recurrent Urgent Access Scheme and provided 290 additional sessions between 1st February and end of March 2022. A total of 794 patients were seen at these additional sessions (approximately 9.5% of the additional capacity across Greater Manchester).

FIGURE 3: NATIONAL NON-RECURRENT URGENT ACCESS SCHEME (TOTAL NUMBER OF PATIENTS SEEN & TOTAL NUMBER OF SESSIONS BY AREA)

	Total Sessions	Total Patients Seen
Bolton	126	598
Bury	290	794
Heywood, Middleton & Rochdale	201	624
Manchester	575	2400
Oldham	95	464
Salford	306	1110
Stockport	119	444
Tameside & Glossop	168	632
Trafford	200	741
Wigan Borough	152	599
Greater Manchester	2232	8406

ORAL HEALTH IMPROVEMENT

ORAL HEALTH IMPROVEMENT – GM TRANSFORMATION PROGRAMME

- Initial programme support to seek reduction of health inequalities across four original priority oral health areas Bolton, Rochdale, Salford and Oldham.
- Daily supervised toothbrushing in all nursery and reception Early Year settings for children aged 2-5 years.
- Deliver Health Visitor 0-3 years training; support fluoride dental packs distribution at 1 year and 2-2 ½ year checks.
- With the closure of earlier settings and schools during lock down there was a suspension of community based oral health improvement programmes.

ORAL HEALTH IMPROVEMENT – ONLINE TRAINING

In response to the cessation of the delivery of face to face training during the COVID response, the oral health team in the localities, supported development of open access online training packages.

Mouth Care Matters in the community - training material suitable for the wider care team, including care managers and care staff carrying out admissions, assessments and provision of daily mouth care. It ensures dignity and comfort.

Mouth Care Matters in the acute sector – developed to support NHS Nightingale North West and for all nurses and care staff providing and supporting effective mouth care for all hospitalised patients during COVID. Daily mouth care in hospital reduces the risk of infection such as Hospital-acquired pneumonia (HAP), which in turn reduces the length of a hospital stay.

Supervised Toothbrushing in Early Years and Educational Settings - training material intended for early years and education staff who are working with their local health teams to deliver a supervised toothbrushing programme.

ORAL HEALTH IMPROVEMENT – GM TRANSFORMATION PROGRAMME

- Over 58,000 children participated in Supervised Daily Toothbrushing Programme in Greater Manchester since October 2018:
 - 33,307 children in 645 early years settings take part (88.4% of population, in 88% of settings)
 - Engagement highest in most deprived areas - 79% of settings in IMD 1, compared to 72% in IMD 10.
- With VCSE partners, 120,000 most vulnerable children received take home fluoride dental packs during lockdown.
- Programme now planning roll-out across wider Greater Manchester

PATIENT FEEDBACK

PATIENT FEEDBACK – RESPONDING TO FEEDBACK

The national NHSEI Customer Contact Centre (CCC) has received a large number of general enquiries about dentistry, with Greater Manchester area receiving the largest reported numbers of patient enquiries. The main themes include not being able to get an appointment, patients being told that they must pay for PPE on top of the NHS banding, or patients being told that they cannot be seen in the NHS but can be seen the same week privately.

Although a large number of enquiries are being received, these are not being taken forward as formal complaints and are generally dealt with informally. It is also recognised that the reported regional areas are not comparable in size or service provision.

The GM Dental Commissioning Team is working in conjunction with the Local Dental Committees to ensure adherence to national guidance in service delivery; and NHS Greater Manchester Communications Team to develop a suite of communications assets shared across all our partner organisations detailing what is currently available, how patients can access services, and what to expect when attending.

The GM Dental Commissioning Team continues to support the GM Complaints team with advice and written responses to all patient enquiries, complaints, MP enquiries, and enquiries from the Mayoral Office.

PATIENT FEEDBACK – HEALTHWATCH

All Greater Manchester Local Dental Committee (LDC) Chairs have committed to engaging with local Healthwatch Officers to ensure that there is clear communication and understanding of any issues that are highlighted by clients.

LDC Chairs have agreed to attend local Healthwatch meetings, and it has been agreed that a Healthwatch representative from GM is invited to attend the Dental Provider Board to provide a report on behalf of the 10 Healthwatch organisations.

Questions?

Health Scrutiny - Work Programme 2022-2023

Date of Meeting	Deadline for submission of advance questions from Members	Agenda Publication Date	Deadline for reports to DS	Agenda Set Meeting (TBC)	Items for the Meeting/Theme	Officers/Cabinet Member
22.06.2022	20.06.2022 (10AM)	14.06.2022	10.06.2022 (12 NOON)	06.06.2022	Lead Officer Overview Health Scrutiny Overview	
21.07.2022	19.07.2022 (10AM)	13.07.2022	07.07.2022 (12 NOON)	04.07.2022	Dentistry ® Healthwatch overview Northern Care Alliance overview	
20.09.2022	16.09.2022 (10AM)	12.09.2022	09.09.2022 (12 NOON)	05.09.2022	Mental health and Wellbeing Theme: Health and Care staff wellbeing and retention Mental health strategy and delivery plan including plans to deliver single gender mental health wards within the Pennine footprint Support for Carers (Potential Task and Finish Group) Neurology service	
09.11.2022	07.11.2022 (10AM)	01.11.2022	28.10.2022 (12 NOON)	24.10.2022	Adult Social Care:	

					<p>Social Isolation and Loneliness</p> <p>Overview of elective care waiting position ®</p> <p>Update on Access to services including access to GP's and care. ®</p> <p>Urgent care system ®</p> <ul style="list-style-type: none"> 1. late autumn Adult Social Care reforms <ul style="list-style-type: none"> • Fair cost of care • Preparing for the Care Account • Preparing for Care Quality Commission assurance 	
25.01.2023	23.01.2023 (10AM)	17.01.2023	13.01.2023 (12 NOON)	09.01.2023	<ol style="list-style-type: none"> 1. Update on the adult social care transformation programme update on the Integrated Care System implementation ® 2. papers on hospital service reconfiguration – particularly around the shift of services within the Northern Care Alliance (NCA) footprint and with North Manchester. (Include NCA colleagues – Moneeza and Jack) 	
16.03.2023	14.03.2023 (10AM)	08.03.2023	03.03.2023 (12 NOON)	27.02.2023	Adult Care Annual Complaints Report	Adrian Crook

® = Reoccurring item

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