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:	Tuesday, 20 September 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 5 - 8)*

The minutes from the meeting held on 21st July 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 SINGLE GENDER MENTAL HEALTH WARDS WITHIN THE PENNINE FOOTPRINT *(Pages 9 - 16)*

Dr Nilika Perera, Associate Medical Director, Pennine Care NHS Foundation Trust to provide an update at the meeting. Report attached.

7 MENTAL HEALTH STRATEGY AND DELIVERY PLAN *(Pages 17 - 62)*

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

8 SUPPORT FOR CARERS *(Pages 63 - 80)*

Report from Hayley Ashall Strategic Lead, Integrated Commissioning, Carers, Physical Disabilities and Prevention One Commissioning Organisation attached.

9 SOCIAL ISOLATION AND LONELINESS

A discussion to take place led by the Chair, Councillor FitzGerald regarding areas of social isolation and loneliness that should looked into by the Committee.

10 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may

be considered as a matter of urgency.

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Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 21 July 2022

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

Also in attendance: Adrian Crook, Kath Wayne-Jones
Adam Webb, Bury Healthwatch
Steve Taylor, Chief Officer
Ben Squires, Head of Primary Care (Greater Manchester)
Chloe Ashworth, Democratic Services.

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

Apologies for Absence: Councillor J Harris

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.2 DECLARATIONS OF INTEREST

Councillor Tariq declared an interest due to being employed as a Manager for Healthwatch Oldham and a member on Oldham Health and Wellbeing Board.

HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 22nd June 2022 were agreed as an accurate record.

Matters arising: Councillor Moss requested an update on the training that was proposed at the last meeting. In response Chloe Ashworth, Democratic Services advised that training is being planned to take place prior to the next meeting with the LGA. In addition to further training on Health Scrutiny power's will be scheduled with members.

HSC.4 PUBLIC QUESTION TIME

There were no public questions.

HSC.5 MEMBER QUESTIONS

There were no Member questions.

HSC.6 HEALTHWATCH UPDATE

It was agreed that the agenda will be re-arranged from the published agenda pack and Healthwatch Bury be taken first.

Adam Webb, Chief Officer Healthwatch Bury provided an overview of the presentation contained within the agenda pack.

Adam Webb, advised Healthwatch propose to play an ongoing part with the Health scrutiny committee, offering to share reports and intelligence on an ongoing basis, and to use their 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.

In addition, Councillor Tariq, Cabinet Member for Health and Wellbeing added that mental health, primary care including GP Services and health inequalities are key areas that he as Cabinet Member will be working on.

Councillor Birchmore sought clarification on why Bury East had 42 events noted and other areas had considerably less. Adam Webb, assured the committee this is being looked at but the reason this year is because Bury Town Centre had more pre-existing events scheduled and up until February 2022 the Office was situated in that area.

Adam Webb assured members that topics that will be considered over this municipal year included, urgent care, walk in centres and patient flow to and from them.

Members questioned if a breakdown of compliments, comments and complaints could be provided; in response Adam Webb advised this can be done but compliments will only be a small number. He did advise that most people who choose to feedback when there is an issue as opposed to feeding back when they are happy.

Adam Webb, Healthwatch provided assurance to the Committee that the BAME Community are engaged with and their voices and barriers to care are heard. Adam advised that consultation takes place with BAME Communities and the Groups that represent them. A key area for improvement would be around communication to patients and the interpretation of services.

In summary the Chair, Councillor Fitzgerald concluded, that a periodic update from Healthwatch at a future meeting would be beneficial, this could include benchmarking against other areas.

HSC.7 BURY CARE ORGANISATION AND THE NORTHERN CARE ALLIANCE

Steve Taylor Chief Officer provided the Committee with a presentation on Bury Care Organisation and the Northern Care Alliance. A copy of the presentation is in the agenda pack.

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.

In response to a member question regarding the phone system and publication of it; Steve Taylor confirmed calls regarding Rochdale and Bury will be centralised through the switchboard system at Oldham Hospital.

Members also pointed out the importance of parking for patients at Rochdale hospital.

In response to a member's question regarding life expectancy in different areas Steve Taylor confirmed there is many variable factors for this; typically deprivation, diet, exercise, lifestyle factors and occupational differences.

Steve Taylor provided an overview in the areas that staff cover, this was inclusive of; school nurses, midwifes, community nurses, research staff and quality improvement staff.

Councillor Tariq, Cabinet Member for Health and Wellbeing raised a concern relating to a resident. Following a discussion, the Chair agreed the matter would be dealt with outside the meeting.

Councillor Rizvi asked for assurance of services provided at hospital that will be more prominent in the needs of BAME communities. In response Steve Taylor assured the committee that services listed are not an exhaustive list and the access to these services is regularly reviewed.

Councillor Moss advised that 30% of the Care Organisation live in Bury and therefore questioned where are the other 70% from. In response Steve Taylor advised specialist may need to come from further afield but the goal is to increase the staff force to be residents where possible.

Councillor Brown raised a specific question regarding a resident who was prescribed nicotine patches at hospital, but the prescription was then not upheld by the GP. It was agreed that a response to this matter will take place with public health colleagues outside the meeting and Adrian Crook, Director of Adult Social Care will facilitate this.

Councillor FitzGerald asked that it is noted that it is great that women and children's health was mentioned and the digital offer by using college courses as using statistics well can often be crucial to improving inequalities.

In Summary Chair, Councillor FitzGerald raised a request to pick up lessons learnt, safeguarding and broader issues in a later meeting and Councillor Tariq to meet separately outside the meeting. Want to note that Health inequalities should be included on the workplan going forward.

The Chair, Councillor FitzGerald thanked Steve Taylor on behalf of the committee for attending and providing an overview.

HSC.8 DENTISTRY UPDATE

Ben Squires, Head of Primary Care (Greater Manchester) attended to provide an overview and update on access to dentistry services in the Borough. A copy of the presentation is attached to the agenda pack.

Councillor Hussain questioned if those in receipt of a state pension can access discounted or free access to dental care. Ben Squires advised that this is directed by national policy and effects other cohorts of people who have limited income or no income, such as asylum seekers. Councillor Hussain asked if the barriers outlined could be sent to a member of Democratic Services, then raised with a Bury MP. The Committee agreed that clarification of what options are available for people who do not access qualifying benefits for free dental care is sought.

Councillor Whitby questioned how patients who have long term conditions and/or live in a nursing home and access remote oral health provide patient feedback. Ben Squires advised there is an initiative titled 'mouth care matters' and a number of care homes who have engaged with this in Greater Manchester have subsequently been rated as outstanding with the CQC. Dental service access and provision of dental treatment in care homes is limited as some procedures cannot be done due to infection control.

Following comments from Councillor Tariq, Cabinet Member for Health and Wellbeing, Ben Squires advised he will take back an action and look into how local Councillors can effectively engage and support local dentists.

Councillor FitzGerald thanked all guests, officers and member for their attendance.

HSC.9 URGENT BUSINESS

There was no urgent business.

COUNCILLOR FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.50 pm)

Pennine Care
NHS Foundation Trust

Single Gender Accommodation for Older Adults

Situation

1.1 Following the SGA (Single Gender Accomodation) paper presented to Trust Board in September 21, the Board were asked to pause the implementation of Single Gender Accommodation in Older Adult Services, and consider an alternative configuration. The previously agreed configuration indicated insufficient capacity to manage the gender split, specifically for female functional patients. As a result the clinical and operational team requested an alternative configuration be considered that continues to deliver single gender, single function, however allows for a functional and organic ward in each care hub in the South Division.

1.2 The following paper sets out the new proposed ward configuration in Older Adult Services.

1.3 Bury Council Health Scrutiny Commitee has asked to note this update from Pennine Care NHS Foundation Trust aon the implimentation of Singular Gender Wards for Older People. This builds on the update to the joint health overview and health scutinty panel from Clare Parker, Executive Director Of Nursing, Professional Leadership & Quality Governance.

Background

The NHS Operating Framework confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

Following an extensive programme of work, all Adult Inpatients wards across Pennine Care had successfully completed the transition to Single Gender Wards by January 2021.

The next phase of the reconfiguration will focus on ensuring compliance for the Older Adult wards across Pennine Care. A full review of the learning from the Adult Ward transition has been carried out and the learning will be taken forward into the Older Adult transition, especially recognising the the importance of staff buy-in, effective gatekeeping processes and efficient flow through the wards.

An earlier proposal of the configuration was done, however, this highlighted insufficient capacity to manage our largest co-hort of patients, Female Functional. Following the agreement to pause the implementation, further detailed analysis has been carried out. This proposal has been developed by looking at the profile of historical demand for beds, against bed availability.

The Older People's Delivery Group is responsible for overseeing the transition to Single Gender Accommodation for Older Adult Wards. A workshop has taken place to engage the MDT staff; ward mangers, service managers and medics and Paul Lumsden and Sian Schofield has visited all the wards the week commencing 14/3/2022. All staff were supportive of the below recommended approach to establishing single gender accomodation in old age awrds. There is a task and finish group reporting to the old er adult delivery group.

Assessment

Current Ward Configuration and Proposed Configeration

Current Ward Configuration

Location	Ward name	Bed number	Gender		Functionality	
			Male	Female	Organic	Functional
Bury	Ramsbottom	10				
Oldham	Rowan	12				
Oldham	Cedars	10				
Tameside	Hague	14				
Tameside	Summers	11				
Rochdale	Beech	16				
Stockport	Davenport	20				

Stockport	Rosewood	10				

There is also Saffron ward – which is the Delirium ward at Stockport which has 23 beds and is mixed gender.

Proposed Configuration:

Location	Ward name	Bed number	Gender		Functionality	
			Male	Female	Organic	Functional
Bury	Ramsbottom	10				
Oldham	Rowan	12				
Oldham	Cedars	10				
Tameside	Hague	14				
Tameside	Summers	11				
Rochdale	Beech	16				
Stockport	Davenport	20				
Stockport	Rosewood	10				

Single gender accommodation: our plans

Updated March 2022

NHS
Pennine Care
NHS Foundation Trust

Bury – Fairfield General Hospital

Ramsbottom ward (older people):
- Women with organic
- 10 beds

Heywood, Middleton and Rochdale – Birch Hill Hospital

Beech ward (older people):
- Women with functional conditions
- 16 beds

Oldham – The Royal Oldham Hospital

Rowan ward (older people):
- Men with functional conditions
- 12 beds

Cedars ward (older people):
- Men with organic conditions
- 10 beds

Stockport – Stepping Hill Hospital

Davenport ward (older people):
- Women with functional conditions-
- 20 beds

Rosewood ward (older people):
- Females with organic conditions -
- 10 beds

Tameside and Glossop – Tameside General Hospital

Hague ward (older people)
- Men with functional conditions
- 14 beds

Summers ward (older people)
- Men with organic conditions
- 11 beds

Note: Davenport is the largest ward and the aim will be to reduce the bed base
Note: The function of the ward (organic/functional) have been kept the same as current -no change to staff roles

The total number of beds have not changed
The bed numbers are to meet the current and historical bed number requirements.
The ward finctionality has not changed and therefore staff job roles and expertise does not change.

Benefit / Risk Analysis

The analysis has identified a number of benefits and risks to the new proposed configuration:

Benefits

- Improved saftey, privacy and dignity for patients
- Specialist staff skills (dementia and functional illness) are retained
- Functional and Orgnaic Wards in each site (apart from Bury and HMR due to single ward sites)
- Improved utilisation of spaces on the wards for gender specific and functionality specific ward activities – single gender lounges no longer required.
- Reduced 1:1 observations due to wards being sengle gender.

Risks

- Increase in out of borough placements
- Delayed discharges – due to inter-borough discharge planning / care home assessments and local athourities not having patients locally.
- Loss of flexibility with bed base
- Staff apprehension regarding the change process
- Challenges with S17 leave and graded discharge process for patients and carers
- Visiting for family / carers

Risk Mitigation

- Review patient flow, gatekeeping and Home Intervention Teams.
- Reason to Reside governance structures with discharge coordinators at each borough
- Consultantion with CCGs and Local Athourities prior to implementation.
- Keeping ward functions the same (Functional / Orgnaic) should mitigate staff concerns – achieved in this proposal

- Task and finish groups and the staff engagement session has mitigated risks around staff apprehension.
- Estates – Safety Alarms
- Reviwew transport arrangements
- Engage voluntary sector to support patient and carer transport.
- PMVA training to be uplifted – this is also due to rising complexity and fitness of patients who are above 65 years.
- Safer staffing review
- We have evaluated in-patient numbers over the last 2 years to establish adequate capacity.

Implementation Plan

A phased implementation plan is outlined below.

No.	Milestone	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
1	**Pre-Implementation**						
1.1	Board Agreement						
1.2	Consultation and engagement with ward staff through a series of workshops						
1.3	Consultation with Patients and Carers						
1.4	Information Sharing with Community MH Services						
1.5	External communication with CCG's and LA's - External Stakeholder workshop						
1.6	Establish Effective Gatekeeping Processes						
1.7	Estates - Safety Alarms (Male Organic)						
1.8	Inpatient Staffing Review						
2	**Implementation**						
2.1	Patient admission and transfer process – information for ongoing in-patients regarding change of ward and Responsible Clinician						
2.2	Transition to the proposed ward configuration						
2.3	Inpatient Staffing Review Continued						
2.4	HTT / CMHT Review, identify gaps in provision						
2.5	Investment Proposals Developed						
3	**Post Implementation - Outcome Monitoring**						
3.1	Patient Satisfaction						
3.2	Staff Satisfaction						
3.3	Ongoing monitoring of SGA compliance						
3.4	Ongoing monitoring of Gatekeeping compliance						
3.5	Ongoing Monitoring of Out of Area Placements for Functionlal Patients						
3.6	Length Of Stay						
3.7	Readmission Rates						
3.8	DTOC Rates						
3.9	72 Hour Follow Up Standards						
3.1	Monitoring of Diagnosis on Functional and Organic Wards						

Recommendations

- Agree the move to the described bed configuration for Older Adults Wards
- Agree to the Implementation Plan

The ask from the Executive Directors are asked to consider the information provided and agree to the following recommendations:

- The proposed ward configuration for Older Adults
- The proposed Implementation Plan
- Bury Council Health Scrutiny to note progress

Agenda Item 7

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	20 September 2022	Action	Approve
Item No.		Confidential	No
Title	Mental Health Strategy and associated Delivery Plan		
Presented By	Adrian Crook and Donan Kelly		
Author	Sarah Ives and Jane Thorpe		
Clinical Lead	Maxine Lomax		

Executive Summary

The Mental Health Strategy offers a series of recommendations with a supporting evidence base, further to a review of Bury's mental health services. The associated Delivery Plan provides guidance and the required actions to deliver the strategy's recommendations along with a timescale for doing so.

The development of the Mental Health Strategy and Delivery Plan for the Bury Locality has been set against the establishment of NHS Greater Manchester Integrated Care. The strategy and plans are one part of the complex landscape in GM, where many parts are brought together and will require the system to work together, differently than in the past in order to to transform whole pathways of care to deliver better care for local populations.

Recommendations

The Bury Locality Board are recommended to receive and approve these documents, the implementation of which will be overseen by the Bury Integrated Delivery Collaborative.

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	☐
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	☐
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☒
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☐
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	☐

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Papers outline strategic priorities and associated delivery plans, an Equality, Privacy or Quality Impact Assessment will be carried out as part of agreeing appropriate implementation plans.						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

Mental Health Strategy and associated Delivery Plan

1. Introduction

1.1. The attached mental health strategy and associated delivery plan are shared with the Locality Board for noting and approval.

1.2. The documents have been developed collaboratively with a range on Bury mental health partners including voluntary sector and NHS providers and have been shared with the GM ICS mental health programme team.

2. Background

2.1. The development of the Mental Health Strategy and Delivery Plans for the Bury Locality has been set against the establishment of NHS Greater Manchester Integrated Care. The strategy and plans are one part of the complex landscape in GM, where many parts are brought together and will require the system to work together, differently than in the past.

2.2. NHS Led Provider Collaboratives, (LCP) for mental health services, will be expected to transform whole pathways of care to deliver better care for local populations. The LPC's will lead on:

- Delivery of NHS mental health Long Term Plan (LTP) and GM Plans – including any evidence-based service reviews/improvement programmes and integrating work across CYP/Adult community and crisis specific care pathways – which may include managing relationships with other local/ regional providers
- Design, development and reporting on delivery of any required performance improvement and/or Recovery Action Plans
- Supporting clinical/professional leads, networks and their active engagement/ review of evidence-based care pathways
- Driving out unwarranted service variations across localities and providers for Core and Specialist mental health services.

2.3. The role of the ICB (through commissioners both in the locality and at a GM level), will be to lead on:

- Setting the strategic direction for transformed service pathways to meet the needs of patients, to improve experience and outcomes, and providing care closer to home
- Agreeing strategic planning and investment plans based on National/ICS-wide/locality needs assessments for improving mental health and wellbeing in GM – and focusing on addressing inequalities and improving population health outcomes aligned to national/local priorities
- Ensuring accountability for delivery – through clear established assurance and system oversight responsibilities – including reporting upwards to NHSE and ICP structures on system performance (as well as safety and quality) and supporting relationships with GM/regional/national colleagues
- Allocation of baseline and transformation funding for mental health (together with accompanying contract management/reviews) of integrated care pathways/teams and discrete services to NHS MHLDA Trusts/lead VCSEs
- Ensuring system connectivity with wider partners through the ICS and localities (ie VCSE, LAs, Police, Ambulance, Acute Hospitals, Community Services Primary Care, lived experience) to improve population health outcomes and wider public service reform interface work.

2.4. The establishment of the Bury Mental Health Programme Board (MHPB) will support the locality to work as a system to enable this, providing assurance to the wider Locality Board, IDC and ICB Accountable Officer and support the Provider Collaboratives in the delivery of improved services. This recognises that for the ICS to work effectively, and be successful in carrying out these functions (thereby transforming service pathways to meet the needs of patients, to improve experience and outcomes, and providing care closer to home) they will need to be supported in partnership and collaborative working by Providers, localities, VCSE and other partners across the system – enhancing integration and

removing fragmentation of care.

2.5. The Bury MHPB will receive, review and support delivery plans and the progress against them. This is in line with the national move towards a 'provider-led, commissioner-assured' national working framework that requires shared ICB/LPC/locality place-based integrated team working to co-design, co-develop and ensure joint stewardship/oversight of mental health service models/delivery plans.

2.6. Commissioners may still need to intervene if the providers are failing to deliver and work in this regard will operate through the refreshed GM performance and quality system oversight arrangements – including supporting the clear role for localities to assure quality and safety of local service offers/gaps/outcomes - and reporting these to NHS GM ICB.

3. The Mental Health Strategy and associate delivery plan are attached below

4 Actions Required

4.1 The Bury Locality Board is required to:

- Approve the strategy and associated delivery plan.

Sarah Ives/Jane Thorpe
Interim Programme Managers
s.ives@bury.gov.uk / j.thorpe@bury.gov.uk
August 2022

Bury Mental Health Strategy (3rd draft)

Contents

1 Introduction

1.1 Bury recently carried out a review of mental health services, and where the locality was in relation to the Five Year Forward View (FYFV) and NHS Long Term Plan (LTP) requirements. The review also took into account local requirements (including those resulting from the pandemic) and recognised the need for all mental health stakeholders in Bury, to work in partnership. The result of the review led to the creation of this mental health strategic plan, which as well as looking at national priorities, leans heavily on the ambitions and direction of the Bury Let's Do It! Strategy.

1.2 Both locally and nationally there has been an acknowledgement that a lot has been achieved in terms of implementing the FYFV and LTP, however there is still more to do. Bury aims to have high quality mental health services that can be accessed in a timely way by everybody who needs them and will focus on tackling inequality of access, experience and in outcomes.

1.3 The focus of this mental health strategic plan is that of mental ill health, also identified as mental disorder or mental illness rather than mental wellbeing. That is not to detract from the importance of mental wellbeing but it is not the focus of this strategy and is picked up in other Bury workstreams and planning guidance.

1.4 The strategy is all age and recognises that there is a separated governance structure for children and young people's services. There is also a recognition of the need for adult and older adult services (age 65+) to be equitable. Any ambitions included within this document that relate to adults should be read as relating to all adults and not just those of a working age.

1.5 A set of delivery plans have also been written to accompany this strategy and they will enable local planners to implement the recommendations that have been made within this document.

2 Summary

2.1 As of 1 July 2022, the provider/commissioner split within the English NHS was fundamentally changed with the abolition of clinical commissioning groups (CCGs). The requirement now is one of collaboration across the health system. The expertise for planning, managing and running mental health services sits across the system and is not just in one place. Therefore, new ways of collaborative system working are required.

2.2 The approach that Bury Locality has taken is to set up a joint Mental Health Programme Board with representation from the Local Authority, Mental Health Trust, VCSE and GM NHS (both those working with a locality focus and a regional focus). The Board will oversee the development of this mental health strategic plan and associated delivery plans. Doing this means Bury will be taking a collaborative working approach with partners to agree a set of principles and key outcomes for how Bury mental health services should develop.

2.3 Using evidence from national, regional and local sources this strategy aims to move the Bury mental health system to become a system that works in a unified way, rather than being fragmented and inefficient. Recommendations have been agreed with all partners who are clear that they need to work together to achieve them.

2.4 There are specific overarching problems that will impact the Bury system and to some extent are outside of the Locality's power to resolve. These include workforce shortages that are being seen at a national level, increased demand on health and social care services as a result of the global Coronavirus pandemic and the impact of the cost of living crisis that is impacting many people in Bury and the rest of the country.

2.5 The following **recommendations** have been grouped under four strategic rationales and have the economic impact of doing them identified. The associated delivery plans provided detail the actions and considerations for how each recommendation can be implemented. The strategic rationales are

a. Understanding the future needs and planning requirements of Bury locality
b. Developing and improving system working to support the prevention agenda and reduction in health inequalities
c. Redesigning services in line with national policies and proven evidence base

d. Creating the right processes to support planning decisions and enable more integrated and efficient ways of working

Recommendations	
Strategic rationale: Understanding the future needs and planning requirements of Bury locality **Links with other strategic plans:** The Bury Let's Do it Strategy aims to ' build *'…a fairer society that leaves no-one behind'* and plans to address inequality of opportunity within the borough. **Timeline:** 12- 36 months **Economic impact:** Cost Effectiveness – understanding what is needed and what is working well will support reductions in service duplication, identify poor outcomes and help to better target the right interventions to neighbourhoods and communities that need them	
1	A specific mental health needs assessment is not available for Bury currently and it is recommended that this is carried out to support the identification of assets and resources available that can be used and targeted appropriately. The JSNA should also be used to identify population changes so as to adapt recommendations in this and future strategies.
3	As part of a Bury mental health JSNA, include a current picture of health inequalities experienced by Bury residents and use as a baseline for ongoing monitoring of services (so to understand equality of access and outcomes for the 5 Bury neighbourhoods and their residents)
9	Create a system of service user and carer partnerships to co-produce service development and planning
16	Review data collection requirements and consider aligning performance and activity data to the Thrive quadrants within neighbourhoods. Ensure there is clarity regarding data requirements and move to a transparent and intelligent review and collection of data
Strategic rationale: Developing and improving system working to support the prevention agenda and a reduction in health inequalities. **Links with other strategic plans:** The Bury Locality Plan which aims to create *'…a population health system which embraces housing, education, environment, and policing, with citizens in communities taking control and identifying local prioritoes which are going to make the biggest difference for them* **Timeline:** 24-36 months **Economic impact:** Cost Efficiency – aligning plans across a system at a locality level can reduce the number of people accessing multiple services and services at a more intense/specialist level, as well as using system resources more efficiently. AND Cost saving – reproviding services locally and reducing gaps in provision can reduce overall spend	
2	Cross working between different Local Authority departments and VCSE organisations should be considered and plans developed to strengthen collaborative approaches aimed at reducing/minimising the risk factors known to impact negatively on mental health.
8	Consider how working arrangements could and should change post 1 July and identify the best locality arrangement for Bury. For the Mental Health

	Transformation programme and its commissioning and programme management resource to sit within Bury's Integrated Delivery collaborative (IDC)
14	Work with Primary Care colleagues to identify what is needed to improve the number of physical health care checks carried out for people with SMI and devise an appropriate plan
17	Consider implementing regular networking opportunities between providers and planners to improve the interconnectivity between services and sharing of information to facilitate working as a system so there is 'no wrong door' for accessing mental health support.
19	Identify opportunities for services (statutory and VCSE) to better align and review options for drop-ins and out of hours provision e.g. crisis cafes
Strategic rationale: Redesigning (and/or developing) services in line with national policies and proven evidence base **Links with other strategic plans**: The NHS Long Term Plan implementation plan provides a clear description of how services should be delivered. The Bury Let's Do it Strategy seeks to use an evidence-led approach to understanding risk and impact to ensure the right interventions are delivered at the right time. **Timeline:** 12-36 months **Economic impact:** Cost effectiveness – ensuring people access the right services early on and that those services provide evidence based interventions reduces the need for more expensive specialist interventions and escalation	
4	Develop and share plans for the Bury Living Well Model
5	Develop and share plans for Bury's CMHT transformation ▪ And include plans for specific Personality Disorder and Eating disorder pathways and Care Act compliance
6	Review the dementia care pathway to ensure it is NICE compliant
7	Review the CAMHs care pathway to ensure there is no gap in provision between CAMHs and AMHs and to ensure processes are put in place to support smooth transitions with consideration to the creation of 0-25 pathways where appropriate and linked in with GM plans
10	Agree an IAPT recovery plan that ensures the service is NICE compliant and has a clear trajectory identified to meet all access and recovery targets and ▪ Consider how the service better integrates with PCNs and acute providers in order to deliver the LTC IAPT LTP requirements and enables increased referrals to IAPT services for the people of Bury
11	Review the EIP service to ensure it is NICE compliant and 14-18 year olds are being referred as appropriate
12	Identify funding to make the CRHTT a 24/7 service and ensure that as a team (and not as part of a wider system) it meets core fidelity ▪ Review options to add appropriate (specialist) resource to ensure the service can deliver to 65+ age group
13	Devise and share the plan for implementing CORE 24 at Fairfield hospital. The plan should focus on linking in with other locality services (both statutory and VCSE e.g. peer-led crisis support) to ensure that there are clear pathways out of and into mental health crisis services provided within acute emergency department settings.
15	Review existing mental health OAPs to identify people who can be repatriated and review DToCs to identify what locally commissioned resource is required to keep people within Bury/GM and reduce DToCs

Strategic rationale: Creating the right processes to support planning decisions and enable more integrated and efficient ways of working **Links with other strategic plans:** The Bury ethos is be enterprising and to do things in a way that works best for local communities and neighbbourhoods **Timeline:** 12-36 months **Economic impact:** Cost efficiency – ensuring the mental health system and care pathways are joined up and streamlined to ensure that more people can be seen when needed and gaps in and between services are closed	
18	New workforce solutions to be proposed which mitigate some of the workforce issues and challenges in service delivery, including opting for peer support and other VCSE workers to be more integrated within statutory service
20	Develop a CAMHs investment plan to increase service capacity and close any identified gaps
21	Use CYP MH Charter Group to agree and design processes for achieving a joined up system wide approach of support for CYP
22	Get and maintain clarity about what is delivered at neighbourhood, locality and GM (noting this will change over time)
23	Agree specific finance reporting process to ensure clarity at a borough/locality level so that service developments can be planned and delivered within realistic timescales
24	Establish what is needed at a locality level re finance to implement all the above recommendations and wider strategy/delivery plans. I.e. How is money released and distributed in accordance with agreed plans and who monitors?
25	Establish and secure a shared strategic accountant within the Integrated Delivery Collaborative (IDC) (with has access to all stakeholder finance plans) for the implementation of recommendations 22-24 of this MH strategy

	Enablers
	Getting Help/Getting More Help
	Acute Risk and Crisis

3 Who we are

3.1 About Bury

3.1.1 Bury is a vibrant and dynamic place to live and aims to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation. By 2030 the local ambition is for the borough of Bury is to have made the fastest improvement in reducing levels of deprivation than any post-industrial northern locality.

3.1.2 Bury has a population of approximately 200,000 people and is comprised of 6 Towns: Bury, Prestwich, Radcliffe, Ramsbottom, Tottington and Whitefield, each of which has a distinct identity and diverse community. There are also five Primary Care Networks – East, North, Radcliffe, Prestwich and Whitefield.

3.1.3 There are seventeen wards: Besses, Church, East, Elton, Holyrood, Moorside, North Moor, Pilkington Park, Radcliffe East, Radcliffe West, Radcliffe North, Ramsbottom, Redvales, Sedgley, St Mary's, Tottington and Unsworth.

3.1.4 Although Bury is less deprived than some of its statistical neighbours, deprivation is highly concentrated and was reported to be getting worse in both 2015 and 2019.

3.1.5 The highest levels of deprivation are around the centre part of Bury with the highest levels of poverty identified in the Central and Eastern parts of the borough.

3.1.6 The more affluent parts of the borough include the North, West and Southern parts of Bury where household income is higher than elsewhere.

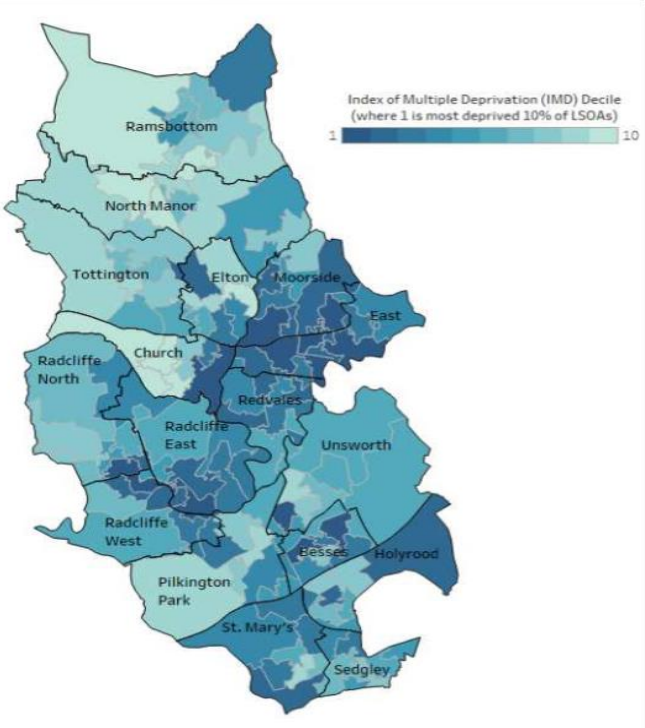


Figure 1: Bury, Index of Multiple deprivation

3.2 Mental Illness

3.2.1 Mental illness is the leading cause of disability in the UK and represents significant inequalities in terms of outcomes for those suffering from mental ill-health. When compared to the general population, people with a mental illness have a greater risk of poorer physical health, reduced life expectancy, poorer educational and employment outcomes and face discrimination.

3.2.2 It is essential that people who need treatment for mental illness receive the best care needed for their condition and can access that care when they need it. For many people, the more time that passes before they access the treatment they need, the more likely it is that their condition will become more severe, resulting in the need for more specialist interventions.

3.2.3 In Bury levels of depression and anxiety are higher (15.3%) than the national average (13.7%). Levels of long term mental illness are also higher in Bury (10.8%) when compared to the England average (9.9%)

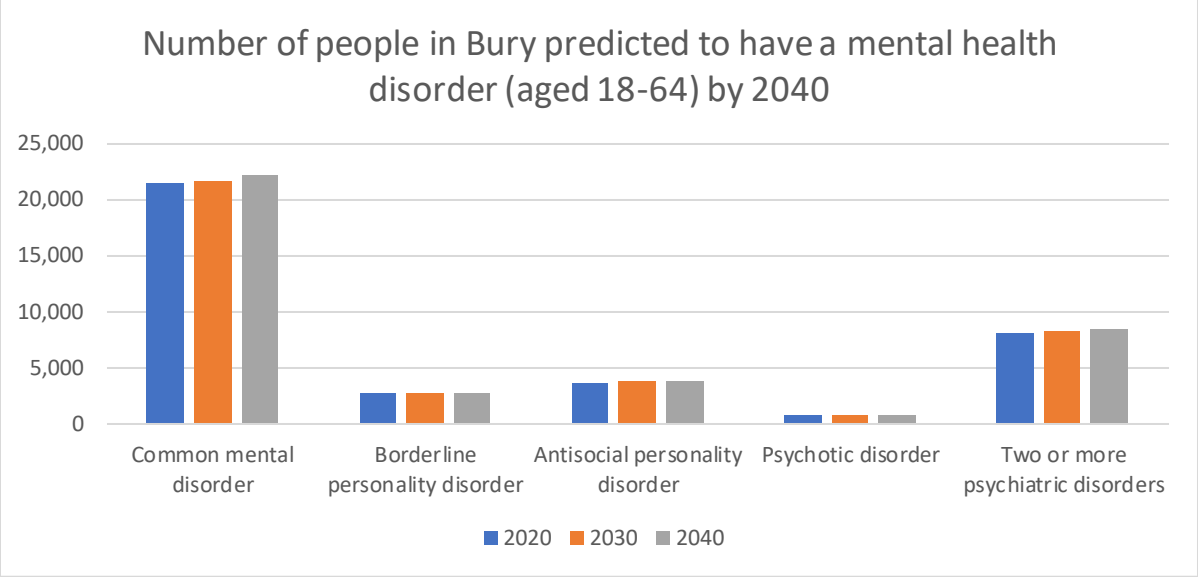
3.2.4 For children and young people (CYP) estimated prevalence rates of mental illness is 9%. With 1.98% of children in Bury primary schools estimated to have an emotional and mental health need rising to 2.88% in secondary school

3.2.5 Data for 2016/17 shows that Bury had a much higher than national or regional average of CYPs admitted to Tier 4 inpatient wards.

3.2.6 For older people with dementia Bury does well in terms of recorded prevalence and had the fifth highest recorded rate in the country in 2020/21. 4.63% of all over 65s registered with a GP practice against an England average of 3.9%. Diagnosis rates for dementia in 2021 were good as was the quality rating for residential care and nursing home beds. However, annual reviews of people's dementia care plans is poor - only 26% of plans are annual reviewed (England average is 39.7%). Bury also had the 12th worst direct standardised mortality rate in England in 2020/21.

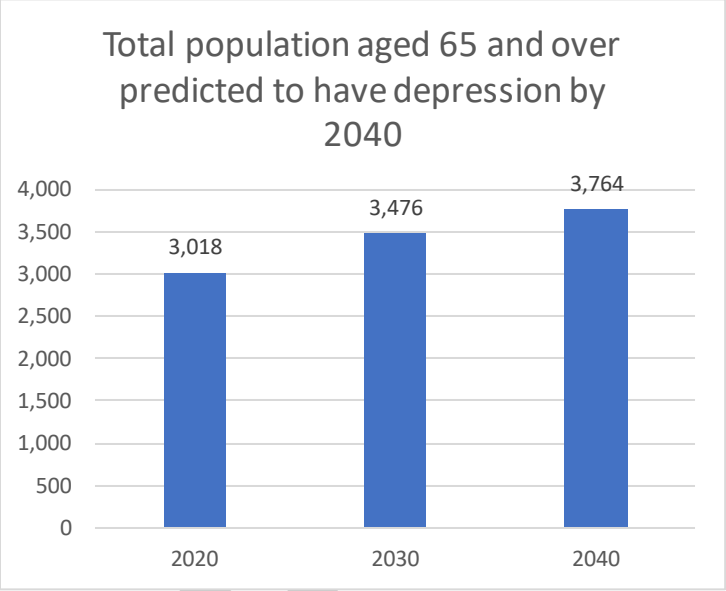
3.2.7 Bury has a higher than average number of people who claim Employment support allowance as a result of their main condition being mental and behaviour disorders

3.2.8 The predicted number of people aged 18-64 with a mental health disorder in Bury by 2040 will increase by 3.5% across all disorders. This equates to around 20% (37,660) of Bury's total population.



Source: Projecting Adult Needs and Service Information (PANSI) website

For older adults predictions are that 3,764 people will have depression, which is an increase of almost 25%.



Source: POPPI website

3.2.9 The latest prevalence study for Children and young people's mental health identifies that (nationally) one in six children and young people aged 5 to 16, had at least one type of mental health disorder which is an increase from one in nine in 2017. Among children of primary school age (5 to 10), 14.4% had a probable mental disorder in 2020, an increase from 9.4% in 2017. This increase was particularly evident in boys, with the rate rising from 11.5% in 2017 to 17.9% in 2020.1

[1] Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

3.2.10 For secondary school aged children (11 to 16), 17.6% were identified as having a probable mental disorder in 2020, which is an increase from 12.6% in 2017. For young adults (17 to 22), one in five (20.0%) were identified with a probable mental disorder in 2020. Approximately one in four (27.2%) young women were identified with a probable mental disorder, compared with one in eight (13.3%) young men. (Mental Health of Children and Young People in England, 2020)

3.2.11 During the Covid-19 pandemic mental ill health deteriorated across all age groups. However, the deterioration had started prior to the pandemic. Evidence from national studies showed that the longer containment measures were in place the worse mental health became. Greater Manchester experienced longer periods of restrictions in 2020, which is likelier to have had a bigger toll on people's mental health than other regions in the UK.

3.3 Demographics

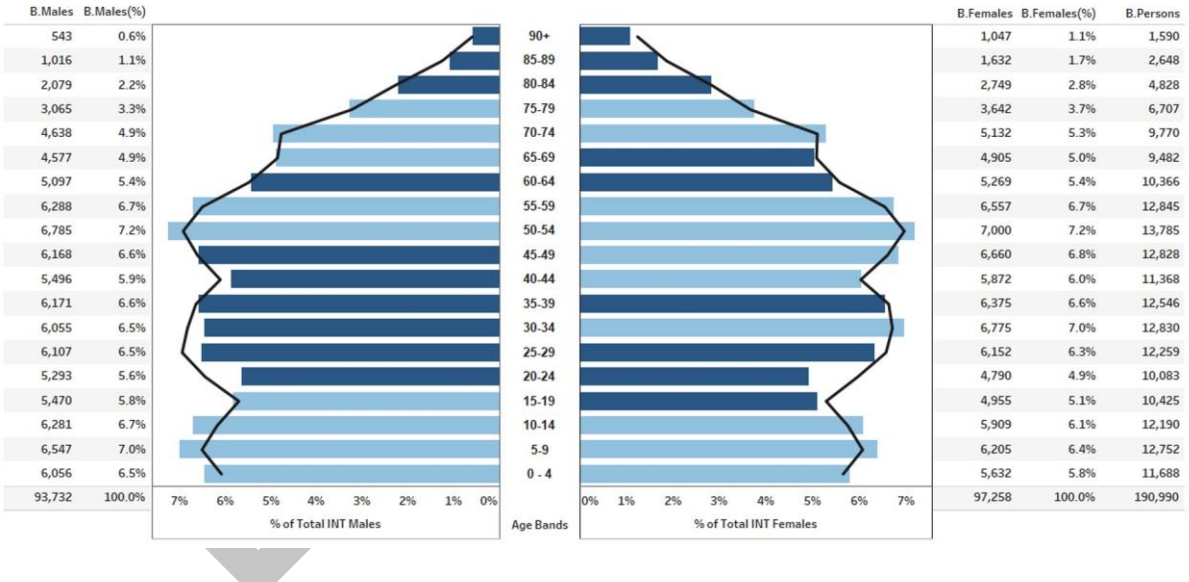
3.3.1 Who we are, in terms of sex, gender, ethnicity, age, sexuality, socio-economic status etc has a major impact on how we experience health and care services. This is both in terms of access and outcomes. Our wider life experiences are also impacted by these factors and in turn have a significant impact on our mental health and wellbeing.

3.3.2 Of the 190,990 people living in Bury 93,732 are male and 97,258 are female. For men Bury has a higher percentage of males aged 0-19, 50-59 and 65 -79 than the overall percentage in England. For females, Bury has a higher percentage of 0-14, 30-34, 40-59 and 70-79 than the rest of England.

3.3.3 89.2% of Bury residents are from a white ethnic group (compared to 85.42% for England). 7.2% are from an Asian/Asian British group (compared to 7.8% for England). 1% are from a Black/African/Caribbean/Black British group (compared to 3.48% for England). 1.8% are from a Mixed/multiple ethnic group (compared to 2.25% for England and 0.7% are from An Other ethnic group (compared to 1.03% for England)

Bury population by National Identity Categories

Ethnic Group	Background/Identity	Bury	England
White	English/Welsh/Scottish/Northern Irish/British	157,897	42,279,236
	Other White	4,706	2,430,010
	Irish	2,357	517,001
	Gypsy or Irish Traveller	72	54,895
Asian/Asian British	Pakistani	9,002	1,112,282
	Other Asian	1,607	819,402
	Indian	1,387	1,395,702
	Chinese	1,100	379,503
	Bangladeshi	311	436,514
Mixed/ multiple ethnic groups	White and Black Caribbean	1,307	415,616
	White and Asian	1,005	332,708
	Other Mixed	609	283,005
	White and Black African	444	161,550
Black/ African/ Caribbean/ Black British	African	1,116	977,741
	Caribbean	593	591,016
	Other Black	184	277,857
Other ethnic group	Any other ethnic group	898	327,433
	Arab	465	220,985



3.4 Mental health prevalence

3.4.1 There are a range of biological, genetic and social factors that are associated with mental illness and mental wellbeing. The prevalence of mental illness is determined by how such factors interact and impact us. Specific factors increase our risk of mental illness and poor mental wellbeing and disproportionately affect certain groups of people who are exposed to a higher numbers of risk factors (at the same time) than the general population.

3.4.2 Risk factors include; childhood adversity (accounting for approx. 30% of all adult mental disorders), socioeconomic inequalities (such as low income, poverty, financial difficulties, job insecurity, unemployment, insecure accommodation etc), stigma and exclusion, conflict and environmental factors among others.

3.4.3 Nationally rates of child poverty have increase since 2010 affecting workless families the most – estimates suggest 70% of this group experience child poverty. Food poverty among children and young people has increased significantly during the pandemic and is set to increase further. Rates of unemployment amongst young people has also risen.

3.4.4 At the time of writing this strategy the UK is experiencing the worst cost of living crisis for 30 years as a result of multiple factors including high levels of inflation. The effects of which will impact levels of mental illness as a result.

Recommendations	
1	A specific mental health needs assessment is not available for Bury currently and it is recommended that this is carried out to support the identification of assets and resources available can be used and targeted appropriately. The JSNA should also be used to identify population changes so as to adapt recommendations in this and future strategies.
2	Cross working between different Local Authority departments and VCSE organisations should be considered and plans developed to strengthen collaborative approaches aimed at reducing/minimising the risk factors known to impact negatively on mental health.

3.5 Health inequalities

3.5.1 In large part, health inequalities are a result of the conditions we are born, grow, live, work and age in. As health inequalities are a result of social inequalities, there is a need to ensure we work collectively in order to reduce inequalities and build a fairer society.

3.5.2 In 2019 Greater Manchester Health and Social Care Partnership worked with UCL Institute of Health Equity to establish a Marmot City Region, to focus on reducing health inequalities and inequalities in the social determinants of health. This work was reoriented as a result of Covid-19 to evidence the health inequality challenges across GM and make recommendations to reduce them2

[2] https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives/build-back-fairer-in-greater-manchester-main-report.pdf

3.5.3 The 2020 NHS England, Advancing Mental Health Equalities Strategy stated that

- Different groups access services differently, with underrepresentation in some services and overrepresentation in others. This is an **inequality in access**.
- Different groups report having different levels of satisfaction with the healthcare they receive. This is an **inequality in experience**.
- Different groups receiving the same treatment also have different recovery outcomes. This is an **inequality in outcomes.**

3.5.4 Evidence available currently demonstrates a range of inequalities such as

- Evidence from the Royal College of Psychiatrists shows older people who have self-harmed or are depressed are much less likely to be referred to specialist mental health service than younger people.
- The *Modernising the Mental Health Act* final report identifies that black adults are more likely than adults in other ethnic groups to have been detained under a section of the Mental health Act and are also more likely to have come into contact with mental health services via the criminal justice system.
- The Women's Mental Health Taskforce report showed that on average, women have longer lengths of stay in mental health secure care and struggled to receive adequate aftercare.
- Rates of suicide are higher in the LGB population compared to their heterosexual counterparts.
- Lesbian, gay and bisexual people along with people from black, Asian and other minority ethnic groups report lower levels of satisfaction with community mental health services than their heterosexual and white-British counterparts.

Recommendation	
3	As part of a Bury mental health JSNA, include a current picture of health inequalities experienced by Bury residents and use as a baseline for ongoing monitoring of services (so to understand equality of access and outcomes for the 5 Bury neighbourhoods and their residents)

3.6 Current service provision

3.6.1 As described in the diagram below (page 14), broadly speaking adult mental health services in Bury are split into

- Coping and Thriving
- Getting Help
- Getting More Help
- Risk and Crisis
- Acute Care

3.6.2 **Coping and Thriving** includes help lines, community support groups and digital support services.

3.6.3 **Getting Help** services include, self help and lifestyle programmes, GPs and PCNs and the single point of contact for psychological therapies, single point of access for the community crisis teams.

3.6.4 **Getting More Help** includes secondary care mental health services such as community mental health teams (CMHTs), nursing and residential care and the urgent care by appointment service.

3.6.5 **Risk and Crisis** includes the mental health liaison service, AMPs and the emergency duty team (EDT), the peer-led crisis service and the section 136 suite.

3.6.6 **Acute Care** includes inpatient services and specialist placements.

3.6.7 Each level of provision is interdependent and does not operate in isolation. It is important to understand that changes in the community services within getting more help or risk and crisis, will have a direct impact on acute services and vice versa. Therefore the aim should be to create a more integrated approach to the management of mental ill health.

3.7 The context and evidence for mental health service delivery

3.7.1 Problems such as depression and anxiety are commonly experienced alongside physical health problems such as COPD, diabetes and/or neurological disorders. The Long Term Plan has set specific targets for IAPT and long term conditions in recognition of this. Plans for IAPT services should clearly align them with PCNs and GPs, and with the acute and general healthcare providers.

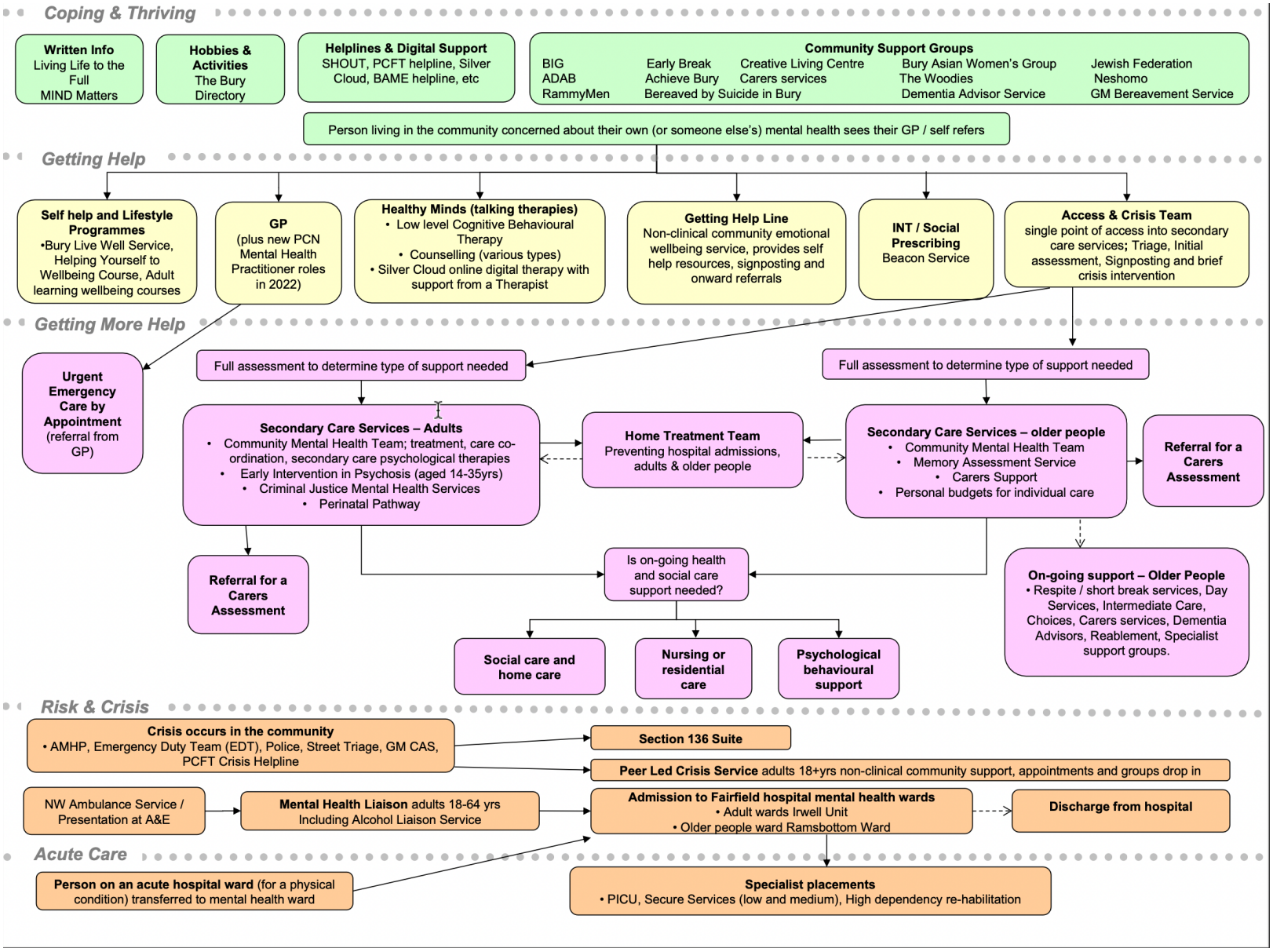
3.7.2 The evidence for early intervention in psychosis (EIP) has long been established and whilst the service sits within adults it works with people from 14 years upwards. The 14 – 25 year old population who experience their first psychotic episode can have their risk of future episodes significantly reduced by receiving NICE compliant interventions within 2 weeks of being referred into the EIP service. Ensuring that there is an integrated approach to working with CAMHs colleagues and GPs to ensure referrals are made at an early stage to the right service needs to be prioritised.

3.7.3 Risk, crisis and acute services deal with the most serious of mental illness. Such illnesses can cause a high levels of distress to service users, their families and sometimes the wider community. Therefore, it is a priority to ensure these services work effectively. In 2016 *the commission to review the provision of acute inpatient psychiatric care for adults* identified eight key national problems in acute care:

a) *"Inadequate availability of inpatient care or alternatives to inpatient admission when needed.*
b) *Many patients remain in inpatient beds for longer than is necessary in significant part because of inadequate residential provision out of hospital*
c) *Variable quality of care in inpatient units, reflecting the environment, the interventions available and the number and skills of health and care workers*
d) *Variation in terms of access to evidence-based therapies across the entire acute care pathway*
e) *A lack of clarity as to the quality of outcomes expected and how these should be reported in a transparent way*
f) *Variable involvement of patients and their carers in both the care received and in the organisation of services*
g) *Significant differences in the quality of leadership and the culture of organisations*
h) *A fragmented approach to the provision of services providing inpatient care."*

3.7.4 PCFT is already part of wider GM work looking at where it stands against the eight problems identified and how they can be remedied. However, it is already clear that in terms of Bury, there is a gap in terms of CRHTTs not operating on a 24/7 basis and not being equitable as there is an absence of provision for over 65s. There is also a gap in terms of alternatives to inpatient care in the form of a crisis house and/or safe haven.

3.7.5 There are also issues with the accommodation based services available locally to discharge people to – developing local (and/or GM) plans to address this would support inpatient services to discharge people in a timely way. The Bury Housing Strategy acknowledges the need to address this and states that *'[There is] a great need to focus on mental health housing solutions both as a step down from the hospital setting and in supported living'*


Coping & Thriving
Written Info
Living Life to the Full
MIND Matters
Hobbies & Activities
The Bury Directory
Helplines & Digital Support
SHOUT, PCFT helpline, Silver Cloud, BAME helpline, etc
Community Support Groups
BIG
ADAB
RammyMen
Early Break
Achieve Bury
Bereaved by Suicide in Bury
Creative Living Centre
Carers services
Bury Asian Women's Group
The Woodies
Dementia Advisor Service
Jewish Federation
Neshomo
GM Bereavement Service
Person living in the community concerned about their own (or someone else's) mental health sees their GP / self refers
Getting Help
Self help and Lifestyle Programmes
•Bury Live Well Service, Helping Yourself to Wellbeing Course, Adult learning wellbeing courses
GP
(plus new PCN Mental Health Practitioner roles in 2022)
Healthy Minds (talking therapies)
• Low level Cognitive Behavioural Therapy
• Counselling (various types)
• Silver Cloud online digital therapy with support from a Therapist
Getting Help Line
Non-clinical community emotional wellbeing service, provides self help resources, signposting and onward referrals
INT / Social Prescribing
Beacon Service
Access & Crisis Team
single point of access into secondary care services; Triage, Initial assessment, Signposting and brief crisis intervention
Getting More Help
Urgent Emergency Care by Appointment
(referral from GP)
Full assessment to determine type of support needed
Full assessment to determine type of support needed
Secondary Care Services – Adults
• Community Mental Health Team; treatment, care co-ordination, secondary care psychological therapies
• Early Intervention in Psychosis (aged 14-35yrs)
• Criminal Justice Mental Health Services
• Perinatal Pathway
Home Treatment Team
Preventing hospital admissions, adults & older people
Secondary Care Services – older people
• Community Mental Health Team
• Memory Assessment Service
• Carers Support
• Personal budgets for individual care
Referral for a Carers Assessment
Referral for a Carers Assessment
Is on-going health and social care support needed?
On-going support – Older People
• Respite / short break services, Day Services, Intermediate Care, Choices, Carers services, Dementia Advisors, Reablement, Specialist support groups.
Social care and home care
Nursing or residential care
Psychological behavioural support
Risk & Crisis
Crisis occurs in the community
• AMHP, Emergency Duty Team (EDT), Police, Street Triage, GM CAS, PCFT Crisis Helpline
Section 136 Suite
Peer Led Crisis Service adults 18+yrs non-clinical community support, appointments and groups drop in
NW Ambulance Service / Presentation at A&E
Mental Health Liaison adults 18-64 yrs
Including Alcohol Liaison Service
Admission to Fairfield hospital mental health wards
• Adult wards Irwell Unit
• Older people ward Ramsbottom Ward
Discharge from hospital
Acute Care
Person on an acute hospital ward (for a physical condition) transferred to mental health ward
Specialist placements
• PICU, Secure Services (low and medium), High dependency re-habilitation

3.7.6 Feedback from people who have used Bury **inpatient services** has been good. Inpatient staff are known to build trusted relationships with their patients. However, Bury inpatient admissions are higher than other GM boroughs and people have longer stays, which indicates deficits elsewhere in the pathway.

3.7.7 Referral rates per capita relative to other GM boroughs for **community teams** are higher, however length of episode profiles show relatively short stays for many community teams. CMHT pathways have good outcomes but evidence suggests people could be stepped down to other services within the community if there was a better understanding of what was available. Feedback from service users shows they would like more therapeutic treatment options to be available to them.

3.7.8 Referrals into **CAMHS** are high when compared to other GM boroughs and throughput is high. There is evidence that the neuro development pathway provides good outcomes for patients.

3.7.9 In terms of **crisis** support, service users have fed back that there are limitations to the support available and a lack of knowledge about what they should do, who they should contact or where they should go. It is important therefore to ensure the crisis pathway link in with the rest of the health and care system so as to be able to signpost to specific Bury support options that are available once a person's crisis has been resolved.

3.8 Required mental health transformation work

3.8.1 There is currently a lot of work happening to change and develop the community services offer in Bury. CMHTs are being redesigned alongside the development of a *Living Well* model to improve the primary and secondary mental health care interface. This approach is based on the Lambeth model in South London and more recently the Salford model in Greater Manchester.

3.8.2 Further redesign/development of CMHTs to enable an improved interface between community and inpatient services and with specialist provision is also required. This, overtime will support a rebalancing of inpatient and community provision within Bury and improve treatment pathways for personality disorders and eating disorders in line with Long Term Plan requirements.

3.8.3 There is also a requirement to review the whole of the dementia pathway to ensure that people diagnosed with Dementia have access to the post diagnostic support they require (e.g. Cognitive stimulation therapy, cognitive rehabilitation, occupational therapy) and that ongoing enhanced annual reviews (including reviewing, behaviour, risk and social circumstance, Physical health check, care plan and medication) takes place in line with NICE guidance. People with a diagnosis of dementia must also be provided with a named coordinator of care who will support partnership working with other agencies as required to support the development of a holistic personalised care plan.

3.8.4 In addition, there is a need to resolve issues within the CAMHs pathway and ensure that services are provided until transition into adult services in line with NICE guidance. This will include reviewing transitions for 16–18-year-olds and reviewing whether some services should be provided on a 0-25 basis as per national guidance and in line with existing GM plans.

3.8.5 Feedback from service users and carers along with other stakeholders has indicated that information on where to get help outside of statutory services is limited and that people are not routinely signposted to relevant accessible information. Partners and stakeholders across the Bury system have also identified that services appear fragmented and difficult to navigate.

3.8.6 Bury mental health providers and planners have already begun identifying issues and transforming the mental health system and are seeking to ensure that this work is done in a coherent way.

3.9 Thriving in Bury Framework

3.9.1 As part of the mental health transformation work, the Thriving in Bury Framework brought Bury stakeholders together to work on redesigning mental health services in the borough. A quadrant approach to looking at services was adopted and stakeholders are working together to transform services within this context. The quadrant approach mirrors the iThrive model used in Children and Young People (CYP) services.

3.9.2 With programmes of work and anticipated outcomes being identified as

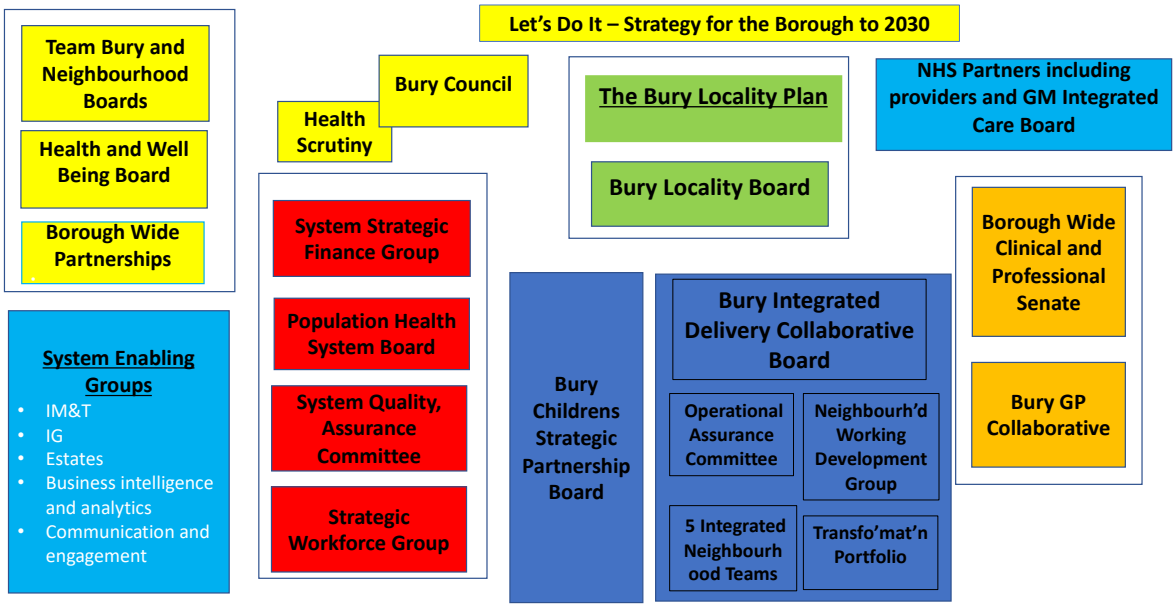
Bury Mental Health Transformation Programme Plan (adults)

	Outcomes	Key Programmes of work
Coping & Thriving (population)	People are motivated to stay well and in control of their own mental health. People are living happy lives.	Deliver targeted communications campaigns to connect people with support for early intervention and prevention. Provide mental wellbeing support, linking with Connect 5 and LLTTF.
Getting Help ↓ Living Well	People are offered short term, goal focused interventions which help them to manage. Those in at risk groups in our neighbourhoods are offered targeted support.	Increase access to IAPT, achieve waiting times and recovery targets. Develop an IAPT Long Term Conditions pathway. Establish PCN Mental Health Practitioners in each Neighbourhood. Develop the Getting Helpline offer.
Getting More Help	People are supported to recover from an episode of mental ill health, allowing them to live well in the community with their condition.	Develop the **Living Well Model**, integrating VCSE, primary and community care, including Personality Disorder Pathway, Eating Disorder Service and MH Rehab. Ensure people with SMI receive physical health checks. Ensure people with SMI have access to Individual Placement & Support (IPS).
Risk & Crisis	All people have access to timely crisis management support 24/7. People who have been ill are supported to live well with a risk management and crisis plan.	Implement MH Liaison Core 24 provision at Fairfield. Expand alternatives to crisis provision in the Peer Led Crisis Service. Develop Home Treatment Team to the core fidelity model. Eliminate all inappropriate adult out of area placements.

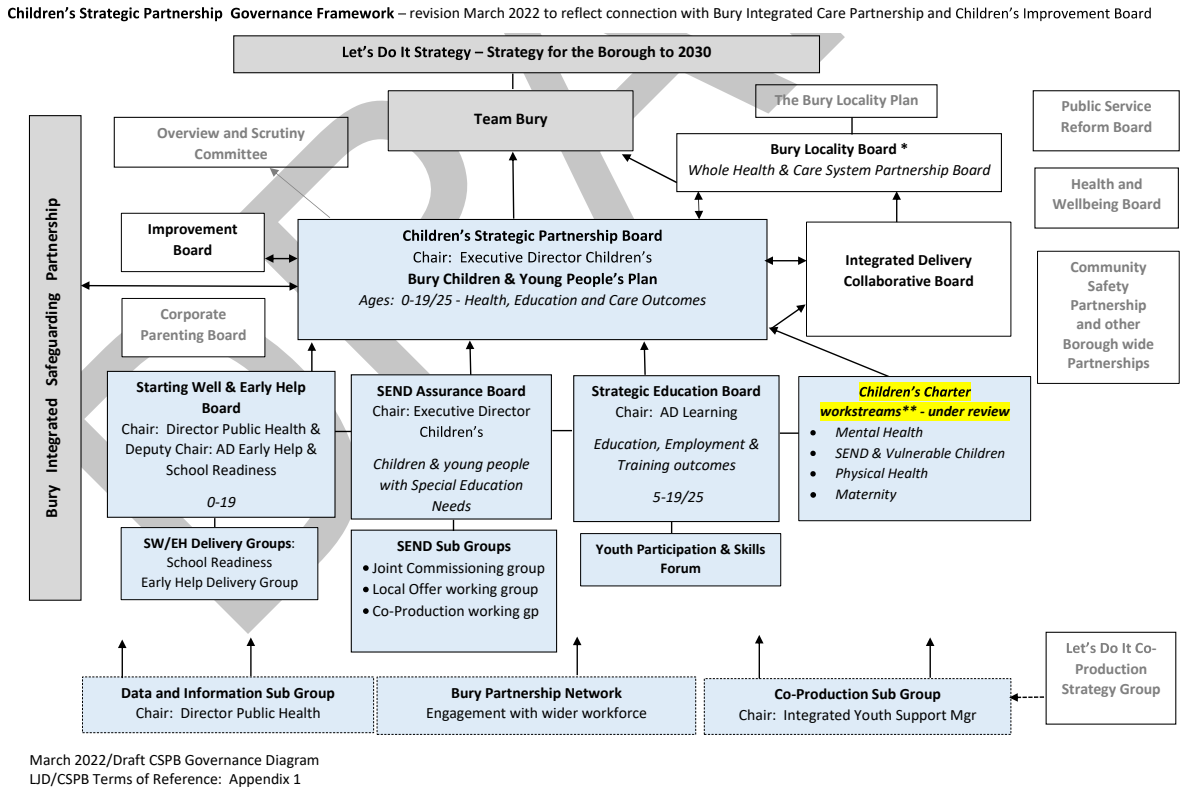
3.10 New Governance Arrangements

3.10.1 Governance structures in Bury are evolving in response to the wider national NHS reorganisation which will see CCGs abolished and replaced with Integrated Care Systems (ICS). As a locality Bury will operate as an Integrated Care partnership (ICP) under the following governance arrangements

The Bury Integrated Care Partnership - System Arrangements



3.10.2 For Children and Young People (CYP) governance arrangements are as follows



March 2022/Draft CSPB Governance Diagram
LJD/CSPB Terms of Reference: Appendix 1

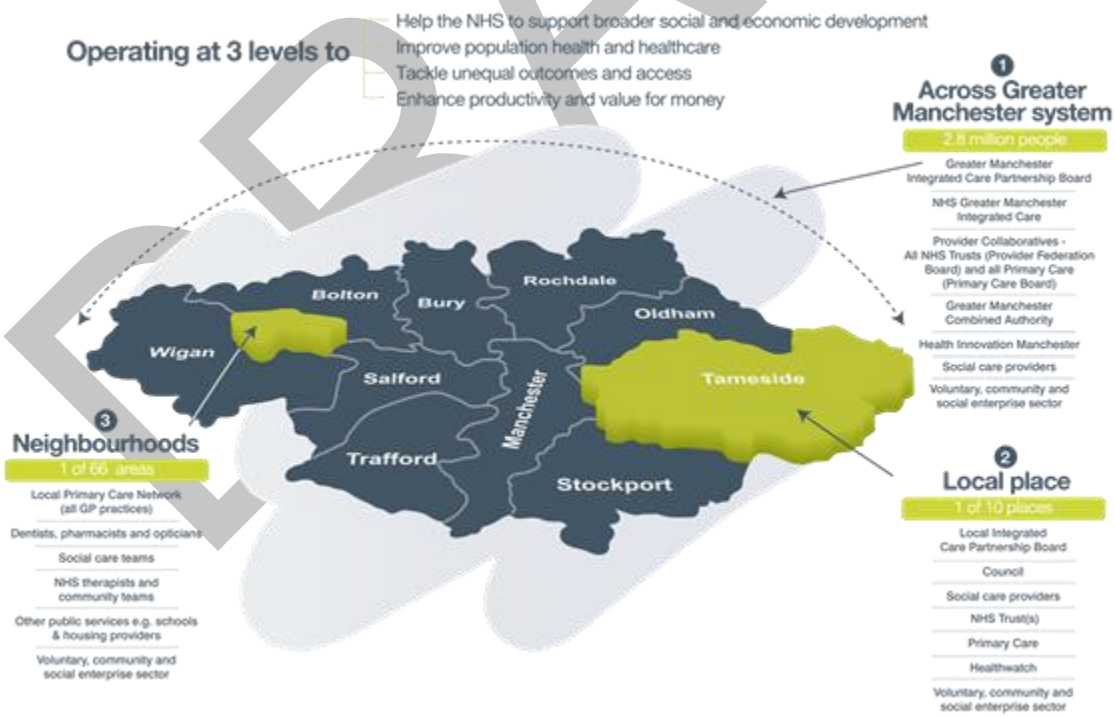
3.11 Greater Manchester (GM) arrangements

3.11.1 Within GM there has been a simplification of the national language used to describe Integrated Care Systems (ICS)

Description	National name/description	GM name
The whole system in an area, made up of all the organisation who support people with health and care	Integrated Care system (ICS)	GM Integrated Care Partnership
The meeting representing the whole system	Integrated Care Partnership (ICP)	GM Integrated Care Partnership Board
The new NHS organisation taking on the functions and staff of the CCGs	Integrated Care Board (ICB)	NHS GM Integrated Care, abbreviated to NHS GM

3.11.2 In addition, a Greater Manchester Provider Federation Board (PFB) has been created to provide a structured provider voice in the region and to take a strategic approach to transformation and provider quality and efficiency. There is also a Primary Care Board (PCB) that provides a primary care perspective on work programmes.

3.11.3 Working alongside the GM system are the 10 localities (ICPs)) that currently operate as locality boards.



3.12 Collaborative working

3.12.1 A Mental Health Programme Board (MHPB) was set up in Bury in April 2022, it is a partnership of mental health stakeholders from across the locality working together. There are representatives from statutory and VCSE providers and Bury locality commissioners and planners. Work is also happening concurrently (as part of the strategy work) to develop processes that enable co-production and engagement with service users and carers

3.12.2 With the removal of the provider/commissioner split there is a requirement for systems to take collaborative approaches to planning, recognising that the expertise to do this and to manage and run mental health services sits across the system. Agreeing a set of principles and key outcomes for how Bury mental health services should develop is the foundation for ensuring the system works in a unified way, rather than being fragmented and inefficient.

3.12.3 Notwithstanding regional GM workforce plans, in Bury there is an opportunity to further consider how best commissioners and providers work together to develop local mental health transformation plans. This has already begun in part under the Thriving in Bury Framework approach but there are further opportunities to integrate teams and to mitigate some of the wider workforce issues.

3.13 Working with service user and carers

3.13.1 There is a range of information currently available to people planning mental health services that comes from users of those services and the people that care for them. Often information such as complaints and serious incident reports highlight gaps and failures which is then backed up by investigations and other performance indicators. Service planners react to this information but would like to put in a place a system that allows for a more proactive approach to planning.

3.13.2 Bury mental health service providers and planners want to be able to meaningfully and effectively, co-design, and co-produce mental health services with people who currently or will in the future use those services. As well as ensure that there is a system of mutual aid in the borough. There is also a need to check back with people on a regular basis about their experience of using services – what could be improved and what is working well.

3.13.3 Ideally the approach to do this would be to create a system that supports the development of equal service user and carer partnerships. With people who use Bury mental health services being intrinsically involved in the planning and management of services. Creating a tiered approach to this would see

- Board level responsibility whereby a dedicated role/person would ensure that co-production including hearing the service user and carer voice was considered, designed and supported as part of all board level discussions

- Structures were in places to pull together existing service user and carer networks or develop new approaches to co-production and design as each situation required
- Processes for engaging and receiving feedback from wider groups on services and plans were facilitated as needed

Recommendations	
4	Develop and share plans for the Bury Living Well Model
5	Develop and share plans for Bury's CMHT transformation (non-Living Well) ▪ And to include plans for specific Personality Disorder and Eating disorder pathways and Care Act compliance
6	Review the dementia care pathway to ensure it is NICE compliant
7	Review the CAMHs care pathway to ensure there is no gap in provision between CAMHs and AMHs and to ensure processes are put in place to support smooth transitions (noting that people should only being transitioned once stable enough to do so) with consideration to the creation of 0-25 pathways where appropriate and linked in with GM plans
8	Consider how working arrangements could and should change post 1 July and identify the best locality arrangement for Bury. For the Mental Health Transformation programme and its commissioning and programme management resource to sit within Bury's Integrated Delivery collaborative (IDC)
9	Create a system of service user and carer partnerships to co-produce service development and planning

4 What are we working to

4.1 Long Term Plan (LTP)

4.1.1 The NHS Mental Health Implementation Plan was published in July 2019 and offered a framework for delivering the national Long Term Plan (LTP) commitments, using 'fixed, flexible and targeted' approaches. Implementation was to be from 2019/20 – 2023/2024 and clear performance, finance and workforce target were included to ensure the transformation of mental health care in England. LTP commitments focussed on

Long Term Plan Ambition	Fixed/Targeted/ Flexible	Bury position
Children and young people		
345,000 additional CYP aged 0-25 accessing NHS-funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21)	Fixed	
Achievement of 95% CYP Eating Disorder standard in 2020/21 and maintaining its delivery thereafter	Fixed	
100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24	Fixed	
Joint agency Local Transformation Plans (LTPs) aligned to STP plans are in place and refreshed annually	Fixed	GM requirement with locality support
CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice	Fixed	
Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all STPs/ICSs by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020]	Flexible	
Mental Health Support Teams (MHSTs) to cover between a quarter and a fifth of the country by 2023/24	Targeted	
Perinatal Mental Health		
At least 66,000 women in total accessing specialist perinatal mental health services by 2023/24	Fixed	GM requirement

Maternity Outreach Clinics in all STPs/ICSs by 2023/24 [following a piloting phase in select sites commencing in 2020/21]	Flexible	with locality support
Extended period of care from 12-24 months in community settings, and increased availability of evidence-based psychological therapies by 2023/24	Flexible	
Evidence-based assessments for partners offered and signposting where required by 2023/24	Flexible	
Mental Health Crisis Care and Liaison		
100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24	Fixed	
100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice by 2020/21 and maintaining coverage to 2023/24	Fixed	
All acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages by 2020/21	Fixed	Funding agreed move to green once plans in place
100% coverage of 24/7 age-appropriate crisis care via NHS 111	Flexible	
Complementary crisis care alternatives in place in each STP/ICS by 2023/24 [drawing from a menu of approaches to be made available in 2019]	Flexible	
100% roll-out of mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators	Flexible	
70% of Liaison Mental Health Teams achieving 'core 24' standard by 2023/24	Targeted	Funding agreed move to green once plans in place
Adult Common Mental Illness (IAPT)		

A total of 1.9m adults and older adults accessing treatment by 2023/24	**Fixed**	
IAPT-LTC service in place (maintaining current commitment) year-on-year	**Fixed**	
Achievement of existing IAPT referral to treatment time and recovery standards	**Fixed**	
Adult Severe Mental Illnesses (SMI) Community Care		
370,000 people receiving care in new models of integrated primary and community care for people with SMI, including dedicated provision for groups with specific needs (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)	**Fixed**	
390,000 people with SMI receiving physical health checks by 2023/24	**Fixed**	
55,000 people with SMI accessing Individual Placement and Support services by 2023/24	**Fixed**	
Delivery of the Early Intervention in Psychosis standard: **- Achieve 60% EIP access standard by 2020/21 and maintain its delivery thereafter** **- Achieve 95% Level 3 EIP NICE-concordance by 2023/24**	**Fixed**	
Therapeutic Acute Mental Health Inpatient Care		
Maintain ambition to eliminate all inappropriate adult acute out of area placements	**Fixed**	
Improved therapeutic offer to improve patient outcomes and experience of inpatient care, and reduce average length of stay in all in adult acute inpatient mental health settings to the current average of 32 days (or fewer) by 2023/24	**Flexible**	
Suicide Reduction and Bereavement Support		

Localised suicide reduction programme rolled-out across all STPs/ICSs by 2023/24			**Targeted**	
Suicide bereavement support services across all STPs/ICSs by 2023/24			**Targeted**	
Problem Gambling Mental Health Support				
Establishing a total of 15 new NHS clinics for specialist problem gambling treatment by 2023/24			**Targeted**	
Rough Sleeping				
Funding at least 20 areas to deliver new mental health provision for rough sleepers by 2023/24			**Targeted**	

4.2 Bury specific requirements

4.2.1 Locally Bury stakeholders wants to improve the quality and performance of all services. For mental health services it is important to streamline access and referral processes to support people getting the support they need in a timely way. Feedback from stakeholders has identified concerns about the mental health system being fragmented and difficult to navigate.

4.2.2 Work is already underway locally to bring people together to meet and work in a partnership approach under the Thrive framework. Adding to this some ongoing networking and learning events can further improve how the wider system works together and understands what support is available outside of their direct service provision. Reviewing access and waiting time targets should be used as proxy indicators to take a view of the success/impact of doing this.

4.2.3 In respect of where Bury is in delivering the Long Term Plan there are a number of gaps and areas that need further development, these have been RAG rated above.

Recommendations	
10	Agree an IAPT recovery plan that ensures the service is NICE compliant and has a clear trajectory identified to meet all access and recovery targets and ▪ Consider how the service better integrates with PCN and acute providers in order to deliver the LTC IAPT LTP requirements and which enables increased referrals to IAPT services for the people of Bury
11	Review the EIP service to ensure it is NICE compliant and 14-18 year olds are being referred as appropriate
12	Identify funding to make the CRHTT a 24/7 service and ensure that as a team (and not as part of a wider system) it meets core fidelity ▪ Review options to add appropriate (specialist) resource to ensure service can deliver to 65+ age group
13	Devise and share the plan for implementing CORE 24 at Fairfield hospital the focus of which being the pathways in and out that link with and can be supported by other Bury locality services/providers e.g. peer-led crisis support
14	Work with Primary Care colleagues to identify what is needed to improve the number of physical health care checks carried out for people with SMI and devise an appropriate plan
15	Review existing mental health OAP to identify people who can be repatriated and review DToCs to identify what locally commissioned resource is required to keep people within Bury/GM and reduce DToCs

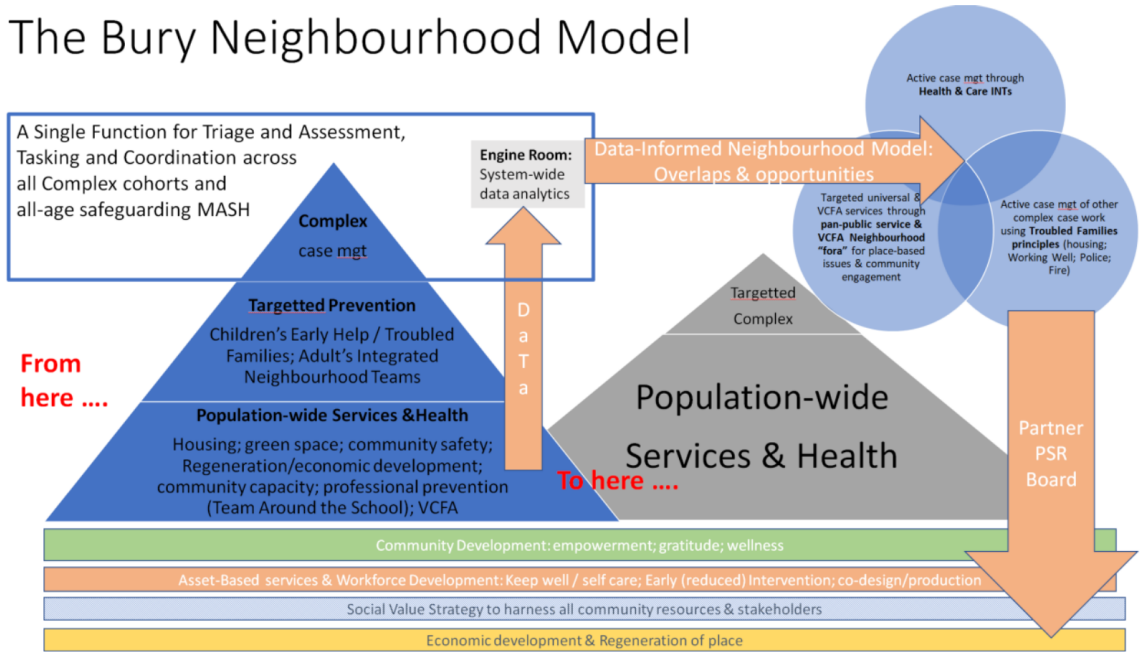
16	Review data collection requirements and consider aligning performance and activity data to the Thrive quadrants within neighbourhoods. Ensure there is clarity regarding data requirements and move to a transparent and intelligent review and collection of data
17	Consider implementing regular networking opportunities between providers and planners to improve the interconnectivity between services and sharing of information to facilitate working as a system so there is no wrong door

5 Our story so far

5.1 Bury was rated as the happiest place to live in Greater Manchester place in 2017 by Rightmove and Prestwich was described as *Manchester's funkiest family suburb* by the Sunday Times in their 2022 *Best Place to Live* list.

5.2 The vision in Bury's Locality Plan 'is to *ensure that people have a good standard of living, a decent place to live and meaningful relationships with others as active members of society.'*

5.3 To support this vision and the creation of a better integrated health and care economy Bury is taking a neighbourhood approach that brings together relevant health, care and services which contribute to the wider determinants of health.



5.4 This way of working focusses on a whole system approach and recognises the need to 'untangle' the complexity of accessing services and reduce the number of unnecessary contacts with services as a result of that complexity. As this model evolves and embeds plans and recommendations for mental health services must align with this approach.

5.5 Mental health investments

5.5.1 A series of investments into mental health services have also been made over the last two years. These investments were in response to identified gaps in service provision and made to ensure that people could get timely mental health support when they needed it. There is a new

- peer-led crisis support service, that provides an alternative to A&E and/or inpatient admission. The service delivers bio-social support to de-escalate crisis in a non-clinical environment.
- a getting help phone line that operates outside of working hours, offering the public non-clinical mental health support, advice, guidance and signposting
- a new community eating disorders service and
- increased investment into CMHTs to significantly increase their capacity.

6 Future goals and ambition

6.1 The LTP aims to establish integrated primary care and community services which enable patients to access the support they require at the earliest point of need as this will enable them to continue living in their communities and neighbourhoods. To do this well services will need to be cohesive and properly resourced.

6.2 There also needs to be an understanding of the interdependencies across the wider health and social care economy and clarity about how services interact with each other. If people are to receive help when they need it and before they have reached a crisis, there needs to be enough capacity in the system to step people up and step them down based on the level of care they need. If this is achieved and maintained it can reduce the numbers of people requiring inpatient treatment enabling more people to 'stay in their lives' within their communities and neighbourhoods.

6.3 Locally Bury stakeholders have already identified the need to ensure that individual services (both statutory and non-statutory) work well together and do not appear to create gaps, that people seeking help/support can fall through. Individual services will need to move away from focussing only on their own access criteria but consider their role in a wider pathway/system. Services must no longer turn people away without thought for what will happen next for the person.

6.4 Crisis and Acute care - National evidence

6.4.1 The Getting It Right First Time Mental Health – Adult Crisis and Acute Care team identified three core pathways that people access and receive mental health services

- ***Route 1.*** *At-risk people who enter the service via a preventative referral (typically via their GP or through self-referral) and remain within the service (mostly under the care of CMHTs, IAPT or EIP services) until the purpose of accessing the service has been achieved.* ***This is the best-case scenario****, and the pathway that most patients follow.*
- ***Route 2.*** *People try to access Route 1 services, but systemic barriers impede that access and/or there are lengthy waits for assessment or essential interventions required after assessment. Some people's conditions then deteriorate without them receiving the necessary intervention. This results in them falling out of Route 1, thus leaving them* ***more likely to present at a late stage in crisis****.*
- ***Route 3.*** *Some people either do not think they have a mental health condition that will benefit from mental health interventions or have significant worries about accessing mental health services. Such people are at high risk of presenting at a very late stage – often in crisis presentations, which sometimes take place in A&E or via emergency services including the police –* ***raising the potential of secondary and tertiary complications****.*

6.4.2 Whilst the majority of people will access and receive services via route 1, there are still too many people accessing services in crisis. Bury mental health services therefore must focus on reducing the systemic barriers (including long waiting times) that push people away from route 1. In addition, there is also a piece of work required to ensure that people seek help earlier about their mental health problem. This will require working with local communities to show the benefits of accessing support early, and to understand and address the issues that stop people seeking help from statutory health and care services.

6.4.3 Working towards this goal will not only achieve better outcomes for people but will create a more efficient system where resources are used effectively to support more people.

6.5 Adult mental health - Locality position

6.5.1 Within the newly designed Thriving in Bury Framework there is clarity regarding care pathways and what should happen for people trying to get support from services.

- Within the Getting Help and Getting More Help quadrants
    - people are offered short term, goal focussed interventions which help them manage and recover from episodes of ill health. They should be able to live well in their community and neighbourhoods with their condition

    - at risk groups should be offered targeted support to enable them to keep well and living in their communities
- Within the Risk Management and Crisis Support quadrant
    - people are able to access support 24/7 in a crisis to prevent escalation or further harm

6.5.2 This clarity is helpful and has also led to increased investments in mental health services as a result of realising gaps in provision. However, it is worth noting that some people may need on going support to remain well and that recovering from episodes of ill health does not always equate to being symptom free, so the focus should be on supporting people to stay in their communities and have the best quality of life possible.

6.5.3 Also, with so much change happening (both in terms of mental health transformation and health service reconfiguration) there is a need to ensure that developments and changes are implemented as a part of a wider system/pathway. Any changes that are agreed and implemented must be done knowing what their impact on the wider system/pathway will be. If this cannot be known in advance, ongoing monitoring should take place so that any unintended negative consequences can be identified and managed.

6.5.4 As part of the quadrant approach Bury partners should begin to understand and share the interdependences between services and identify any gaps. This has begun to happen within the Getting Help and Getting More Health quadrants as VCSE providers came together to agree and develop approaches to the reorganisation and delivery of community based services. Some key principles they agreed included

- Creating immediate access for people who needed it – drop-ins that deflect from universal services
- Ensuring there were a variety of offers to meet different individual needs
- Delivering 'out of office hours' support
- Developing a community 'front door' to reduce multiple referrals and people falling through gaps
- Having a strong peer/lived MH involvement ethos
- Inclusion rather than exclusion focus – saying 'yes'

6.5.5 There is a willingness and opportunity to build on this work and for VCSE and statutory services to work together in their approach to delivering mental health community services. Such an approach can also mitigate some of the effects of current workforce pressures as well.

6.5.6 **Service specific developments** identified include:

- **Include peer support workers (PSW) within statutory community services** – CMHTs CRHTT and EIP teams can benefit form including peer support workers as part of their skill mix. There is clear evidence that being supported by someone who has had a similar experience to you (and is further along in their own recovery) can aid recovery and has a positive impact on the wider team. In addition, PSW can add additional capacity and

bring complementary skill sets to community teams. PCFT have already recruited PSWs to work in their CMHT so reviewing the job description and evaluating the impact of the role should be included. There is also an option where by PSWs are not directly recruited into mental health trusts but work in VCSE organisations and join statutory team meetings holding a caseload and carrying out specifics tasks with the wider support and infrastructure of the organisation they work with.

- **VCSE led drop-in sessions with input from statutory services** – Provided by the VCSE these drop-in sessions could be supported by social care sessions including benefits/welfare or housing advice, CMHT input to support people with clinical issues and PCN workers to support people with physical health checks. Drop-in sessions provide a specific place and time where people can go when they need support and can be of benefit for people with longer term rehabilitation needs as well as those unsure of how to navigate a complicated mental health system. There are a range of approaches to how these are provided and they may not always be mental health focussed. Thinking about working with communities that statutory services have traditionally not linked in with before, there are opportunities for representatives from mental health statutory services to themselves 'drop-in' to community led groups to share information and create links.

- **Out of** office **hours support –** There is already a Getting Help Line that operates between 8am – 8pm Monday – Saturday (which has formal links with the PCFT statutory 24/7 crisis line) and a peer-led crisis service that operates 6pm – 11pm three evenings per week. However other areas operate crisis cafes and/or crisis houses/safe havens that support people struggling socially or emotionally with life challenges or who are in crisis. There are a range of models run either by statutory services or the VCSE or a combination of both. Whether Bury would benefit from something similar would need to be based on a review of activity data of the existing services (included NHS community services and social work duty).

- **Community front door –** There is clear evidence that reducing the number of referrals made in relation to an individual is beneficial and can reduce waiting times, improves access to services and ensure appropriate services are accessed early. There are a range of approaches to reducing referrals often termed single point of access, however they can range from being a coordinated approach for referrals triaged by an admin team to a team of practitioners reviewing referrals in order to identify the best support package. It is certainly recommended that a review of referral pathways takes place with the aim of reducing the complexity of getting into services and improving equity of access. Adding the VCSE offer to this community front door should be included in Bury.

6.6 Children and Young People – National Evidence

6.6.1 It is vital that people experiencing mental illness receive the right treatment in a timely way close to home. For children and young people (CYP) there is the added requirement of ensuring that their educational networks do not break down either. Therefore there should be a clear focus on services for CYP that are aimed at avoiding crisis and that there are good evidenced based alternatives to admissions. Pathways of care for CYPs should be seamless and enable people to be stepped up and stepped down in terms of treatment intensity as required.

6.6.2 Even more so than adult services, there is a significant amount of complexity in providing services for CYPs. There is a need for a wide range of partners from education, children's social care, acute hospitals, mental health services, paediatrics, families, VCSE, the police and other emergency services, to work collaboratively. In Bury, there are already strong partnerships supporting and developing collaborative and holistic ways of working. However, there are still a range of gaps that need to be understood and addressed.

6.6.3 As with adult services there is clear evidence that accessing good quality effective community services can lead to better outcomes for young people, such services include, early intervention in psychosis, personality disorder community-based services and eating disorder services amongst others. Where there is no alternative but to admit a young person to an inpatient ward, there should be a clear plan in place to ensure length of stays are kept to a minimum and that the inpatient therapeutic offer is of good quality and is safe. It is worth noting that the cost of a single inpatient care episode equates to approximately 100 CYPs treated in the community.

6.6.4 Evidence obtained from the Getting Right First Time, children and young people's mental health team found that, with regard to general adolescent units, forensic and learning disability units *….young people are exposed to restrictive interventions which risk re-traumatisation, decreased therapeutic engagement, and subsequent increased time in service.*

6.6.5 It is therefore important that CYP mental health is developed within a system wide approach which aims to support resilience, emotional health and wellbeing. And, with the acknowledgement that demand for services has significantly increased as a result of the covid pandemic. Therefore there is clear need to identify additional investment in order to achieve this.

6.7 What needs to be prioritised – short, medium and longer term

There are a number of considerations to take into account when agreeing what needs to be done in the short, medium and longer terms. The delivery plans associated with this strategy go into more detail but the overarching principles behind prioritisation are as follows

- Ensuring that services are safe
- Closing any gaps in provision that impacts on patient safety
- Making necessary changes to provision that free up resources that can be invested elsewhere

6.8 Objectives/What needs to be achieve

Services are needed in a way which:

- Reduces the current fragmentation between services and encourages a more integrated and partnership approach to service delivery, 'no wrong front door'.
- Focusses on improving the outcomes which services achieve, rather than on the detail of how they are structured
- Provides for clear pathways through services, so that, irrespective of how people come into services, there is a shared understanding as to how people will be supported to move through those services and into recovery – without being blocked or delayed by organisational boundaries
- Improves access and reduce any inequity of access

The outcomes which we would want mental health services to achieve, are:

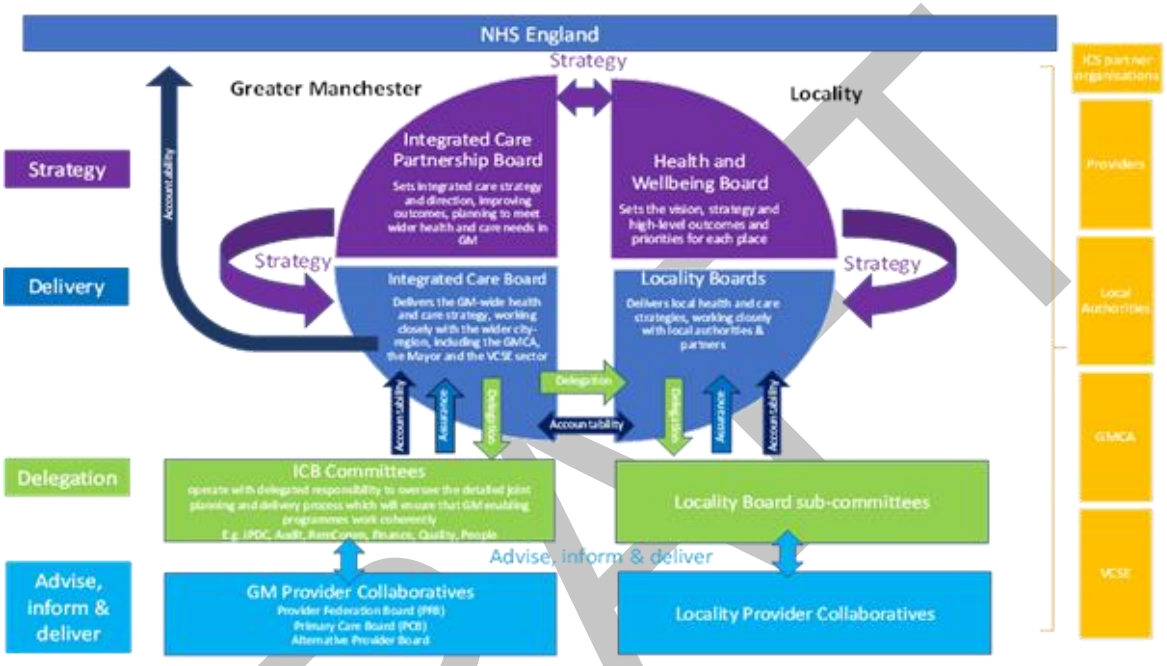
- **Health outcomes** – reductions in symptoms, and/or maintenance of the best possible quality of life despite continuing illness
- **Social outcomes** – good relationships, stable housing, contributions to the community through work, education, or family
- **Risk and harm outcomes** – the lowest possible risk of suicide, deliberate self-harm, or self-neglect; and minimisation of the risk which a very small minority of patients present to others. Minimisation of the risk of stigma arising from contact with mental health services
- **Choice and relationship outcomes** – respecting patients' choices and preferences, and working well with other agencies
- **Physical health outcomes** – supporting patients to access services they need, and to maintain or achieve healthy lifestyles despite mental illness
- **Fair and straightforward access** – clear communications, and equity across Bury's communities
- **Value for money** – costs comparable with the typical cost of good quality mental health services

Recommendations	
18	New workforce solutions to be proposed which mitigate some of the workforce issues and challenges in service delivery, including opting for peer support and other VCSE workers to be more integrated within statutory service
19	Identify opportunities for services (statutory and VCSE) to better align and review options for drop-ins and out of hours e.g. crisis cafes
20	Develop a CAMHs investment plan to increase service capacity and close any identified gaps
21	Use CYP MH Charter Group to agree and design processes for achieving a joined up system wide approach of support for CYP

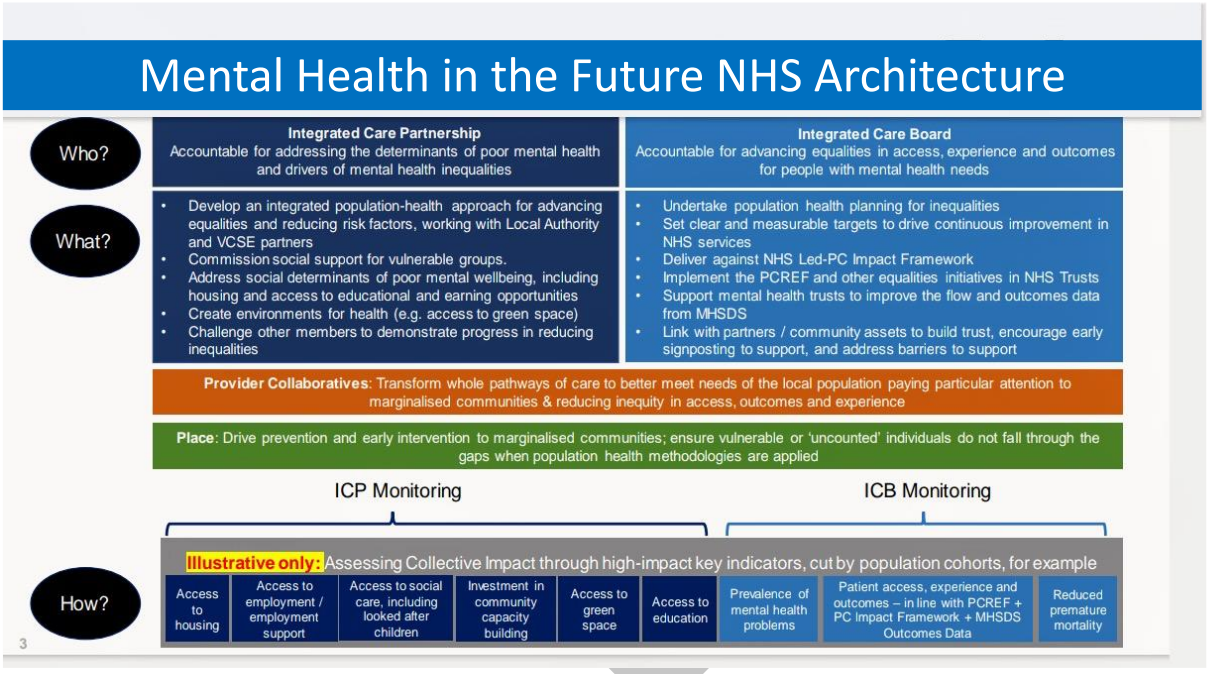
7 Governance

7.1 From 1 July, delivery of the NHS Long Term Plan for MH/LDA priorities will be transferred to the GM Provider Federation Board and MH LPCs, overseen by the system GM Mental Health, Learning Disability and Autism Partnership Board.

7.2 The national decision making map below shows the flow of decisions and accountability within an integrated care system:

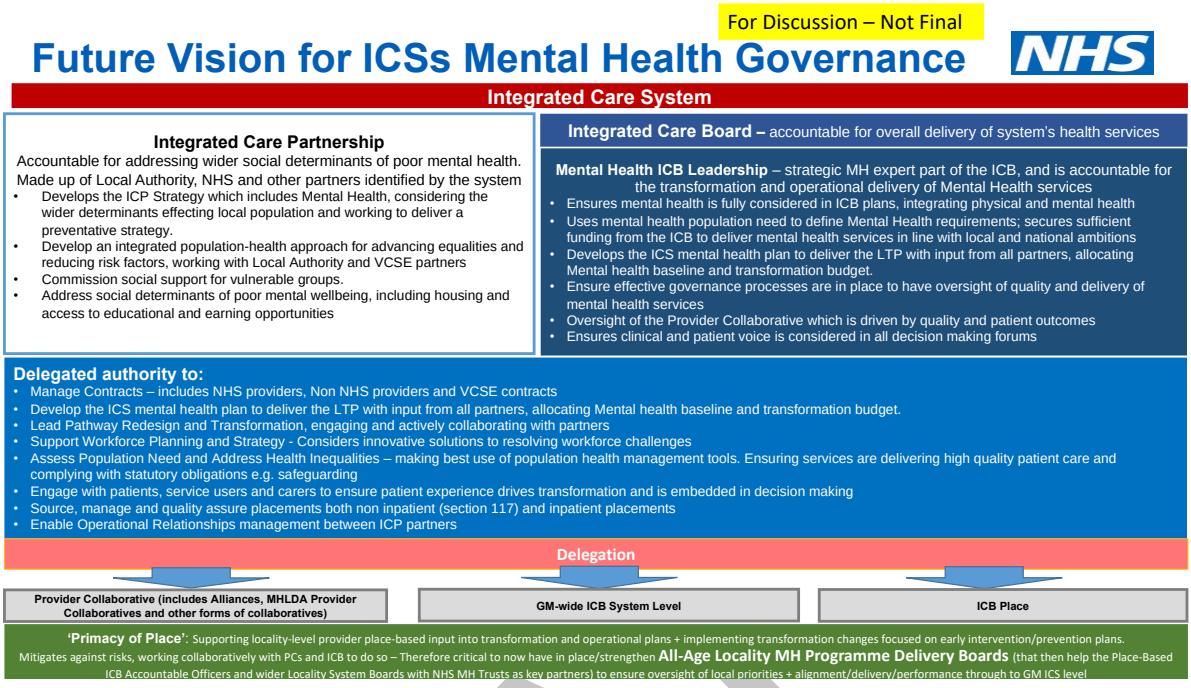


7.3 The proposed future NHS architecture for mental health is likely to be similar to the following diagram

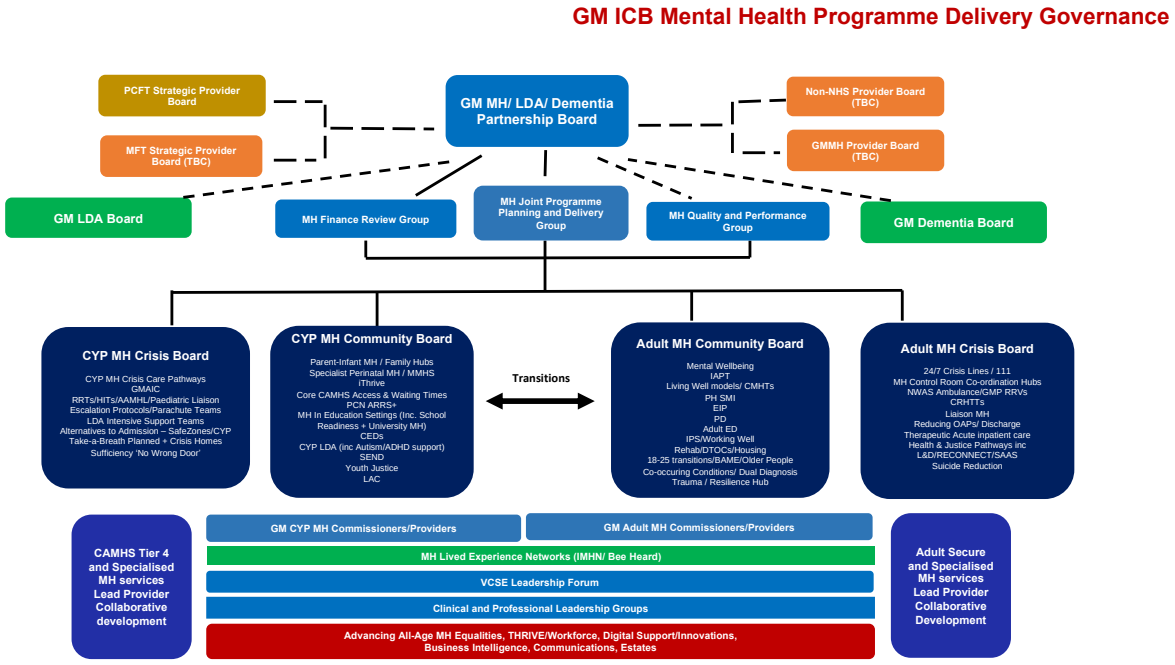


7.4 The details for where mental health decisions will be made are still being worked through, however it seems clear that decisions will be made at the most appropriate level. Decisions that require a Bury specific response as there will be an impact on the borough as a whole or specific neighbourhoods in particular will be made at the Bury Locality Board. Decisions on the configuration of statutory mental health services are likely to be made by providers at a GM level. However, given the integration of Bury social workers within some of these services Bury's locality board will need to be a partner in decision making at the GM level. 2022 - 2023 will be a transition year and governance arrangements will evolve and change during this time.\

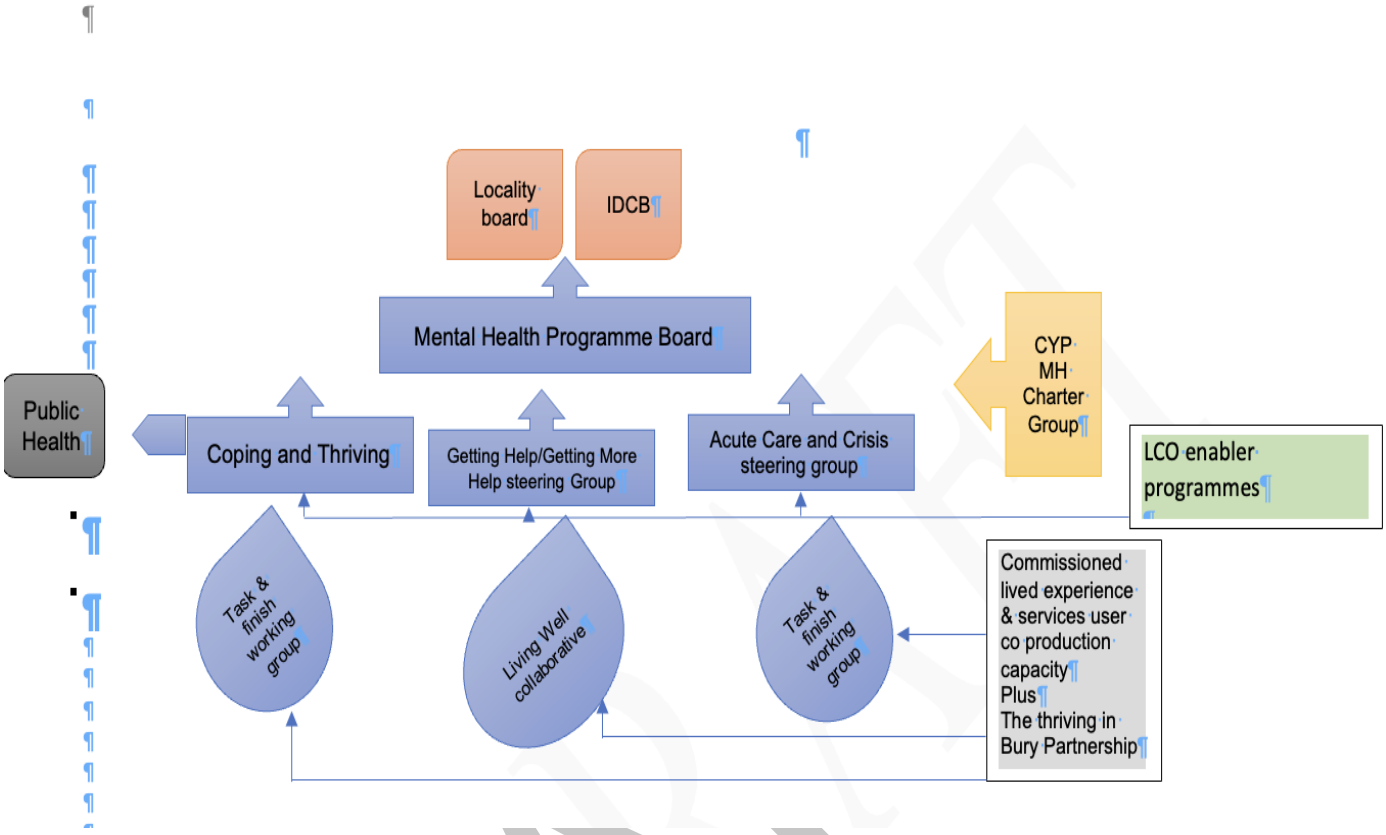
7.5 Currently the future vision for GMICS mental health governance is being describes as below, however this is still be discussed and may change over the next 12 months:



7.6 There have also been a range of boards and meetings set up to oversee the delivery of the GM mental health programme, which is shown below



7.7 A Mental Health Programme Board (MHPB) has been set up in Bury with the aim of overseeing the delivery plans that will be developed as a result of this strategy. The MHPB is a collaboration of partners from across Bury, including local NHS, Bury Local Authority, VCSE representatives and representatives from Pennine Care Foundation NHS Trust (PCFT).



Recommendations	
22	Get and maintain clarity about what is delivered at neighbourhood, locality and GM (noting this will change over time)

8 Financial Plan

8.1 With the establishment of the GM ICS, NHS funding will go directly to NHS providers based on their existing budget allocations. Additional monies, (some of which are already available) will also be made available to providers with details included as to what the money can be used for. Examples include system development funding (SDF) and additional roles reimbursement scheme (ARRS). Within Localities there will still be funding from the Local Authority and possibly other charitable funding from both national and local sources.

8.2 There is a need to develop a financial plan that will allocate resources to the proposed service developments that have been recommended within this strategy. Some proposals will be made within the individual service development plans where feasible, but these will need to be agreed and included within a wider plan. It is understood that there are no new funding streams available, and conversations will need to be had as to whether doing things differently will release funding that can be invested elsewhere and/or what might need to be decommissioned/stopped.

8.3 Available/existing budget

The agreed total NHS budget for mental health in Bury for 2022/23 is £39,336,424 and broken down accordingly

Ref:	Mental Health Investment Standard Categories	22/22 Plan
1	Children & Young People's Mental Health (excluding LD)	4,545,875
2	Children & Young People's Eating Disorders	202,138
3	Perinatal Mental Health (Community)	489,208
4	Improved access to psychological therapies (adult and older adult)	3,872,395
5	A and E and Ward Liaison mental health services (adult and older adult)	1,233,836
6	Early intervention in psychosis 'EIP' team (14 - 65yrs)	770,997
7	Adult community crisis (adult and older adult)	1,544,487
8	Ambulance response services	0
9a	1. Community A – community services that are not bed-based / not placements	7,385,504
9b	2. Community B – supported housing services that fit in the community model, that are not be delivered in hospitals	761,135
20	Mental Health Inpatient Re-hab (Complex Placements)	3,823,707
10	Mental Health Act	1,498,997
11	SMI Physical health checks	0
12	Suicide Prevention	7,383
13	Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	7,402,701
14	Adult and older adult acute mental health out of area placements	653,090
	Sub-total - MHIS (exc CHC, Prescribing, LD & Dementia)	**34,191,454**
16	Mental health prescribing	0
17	Mental health continuing health care (CHC)	0
	Sub-total - MHIS (inc CHC, Prescribing)	**34,191,454**
	Learning Disability	15,091
	Autism	300,582
18	Learning Disability & Autism - not separately identified	3,112,529
	Learning Disability & Autism (LD&A) (not included in MHIS) - total	**3,428,202**
19	Dementia	290,849
	Sub-total - Learning Disability and Autism & Dementia	**3,719,050**
	Total - Mental Health Services	**37,910,504**
	Non-MHIS MH Allocations excluded on non-ISFE	0
	Non-MHIS Non recurrent funding/balancing fig	1,425,920
	Sub-total - non -MHIS	**1,425,920**
	Total - Mental Health Services	**39,336,424**
	Budget setting	**39,336,424**

In 2020/21 Bury Local Authority spent approximately £5,430,607 on mental health provision [awaiting updated figures]

Type of Spend	Council Expenditure
Residential Care	£2,226,092
Nursing Care	£269,656
Supported Living	£1,838,858
Direct Payments / Personal Health Budgets	£388,031
Residential Respite Care	£278,229
Residential Respite Nursing Care	£3,006
Care at Home – complex / community support	£188,610
Domiciliary care	£59,334
Employment Support and Training	£13,220
Day Care	£2,829
Advocacy Services	£155,000
Other community services	£7,742
Total for FY2020/21	**£5,430,607**

SDF monies

Funding for the three years to 2023/24

Programme	21/22 SDF +SR Actual	22/23 SDF Actual	23/24 SDF TBC
CYP incl ED & 18-25 Adults	£8,881	£5,880	£9,688
MH Support Teams	£5,590	£8,670	£10,528
Adults Community SMI	£10,126	£16,678	£20,656
Other Adults -including Hubs + Crisis	£5,601	£4,720	£5,191
LD & Autism SDF	£4,786	£5,128	TBC
Discharge Planning, IAPT, Dementia	£10,167	TBC	TBC
Sub Total	**£45,151**	**£41,076**	**£46,063**
Additional confirmed MH SDF- Feb 22	£0	£1,585	TBC
Total	**£45,151**	**£42,661**	**£46,063**

Notes

1. Programmes are grouped to allow a more meaningful comparison across years.
2. SR funding in 21/22 was to bring forward 22/23 SDF. Programmes funded by SR will be funded recurrently through SDF and MHIS in 22/23 and subsequent years.
3. In 21/22 GM received £1.8m SR for IAPT. Funding after 21/22 is through MHIS. The NHS Analytical Tool requires additional funding to deliver LTP

IAPT Ambitions through CCG/ICS baselines of £5m in 22/23 and a further £7m in 23/24.

4. Further national Discharge Planning funding may be available in 22/23, but the quantum will not be known until later in the year.
5. SDF income will flow from NHSE to Trafford CCG.
6. MHSTs is still to be confirmed - discussions are in process with NHSE to agree GM "fair-share" percentage allocation. However, the amount in dispute is not material enough to impact on 22/2 mobilisation plans.
7. GM recently received an additional £1,585k: CYPED-£283k, CYP acute support-£331k, SMI Outreach-£678k, CYP ARRS/Primary Care-£283k, and Perinatal-£10k.
8. A reconciliation at Q1 will support the CCG transfer to the GM ICS. Reporting will be to FRG, Partnership Board and other relevant governance groups.

Summary of 2022/23 funding allocation to providers

Programme Areas SDF	GMMH	PCFT	MFT	Non-NHS / TBC	Total
CYP MHLDA Community & Crisis/18-25	£1,032	£2,929	£2,509	£1,300	**£7,770**
MH SDF Adult MH Community Transf'n	£6,661	£4,258	£0	£6,934	**£17,853**
Other MH SDF	£792	£1,831	£0	£12,141	**£14,764**
Support & Infrastructure Costs @ 2.5%	£0	£0	£0	£906	**£906**
TOTAL ALL	**£8,485**	**£9,018**	**£2,509**	**£21,281**	**£41,293**

1. This first plan does not take account of recently confirmed additional SDF of £1,585k.
2. The £21.3m identified as "Non-NHS/TBC" includes funding not yet allocated. For example, the £8.67m for MHSTs, which are currently progressing cost plans for 22/23 and subsequent years.

Recommendations	
23	Agree specific finance reporting process to ensure clarity at a borough/locality level so that service developments can be planned and delivered within realistic timescales
24	Establish what is needed at a locality level re finance to implement all the above recommendations and wider strategy/delivery plans. I.e. How is money released and distributed in accordance with agreed plans and who monitors?
25	Establish and secure a shared strategic accountant within the Integrated Delivery Collaborative (IDC) (with has access to all stakeholder finance plans) for the implementation of recommendations 22-24 of this strategy

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COMMUNITY COMMISSIONING DEPARTMENT

BRIEFING NOTE FOR HEALTH SCRUTINY	
Contact Officer:	Hayley Ashall, Strategic Lead, Integrated Commissioning (Carers, Physical Disabilities and Prevention)
Date of Update:	12 September 2022
Subject:	Support for Carers in Bury

Reason for Briefing Note	Information	Discussion	Decision
	X	☐	☐

Introduction:

Over the past few years, the Community Commissioning team have been working closely with our carers and those who support carers in Bury. An extensive engagement exercise with over 400 carers and those who support carers was undertaken and from that we co-produced the Bury Carers Strategy (2021 – 2024) see appendix 1, a Bury Carers Strategy Action Plan (to ensure the strategy outcomes were achieved), see appendix 2. Along with an emerging set of 8 key themes that everything carer related in Bury centres around, were all developed from the engagement activity.

The below highlights the 8 key emerging themes:

- Carers are clear on what is important to them (4 Priority Statements)
- Information & Advice
- Local community support; more activities & support
- Respite
- Available support isn't right
- Disjointed systems
- Befriending and peer support
- Identification

Four Key Priority Statements:

Carers are clear on what is important to them

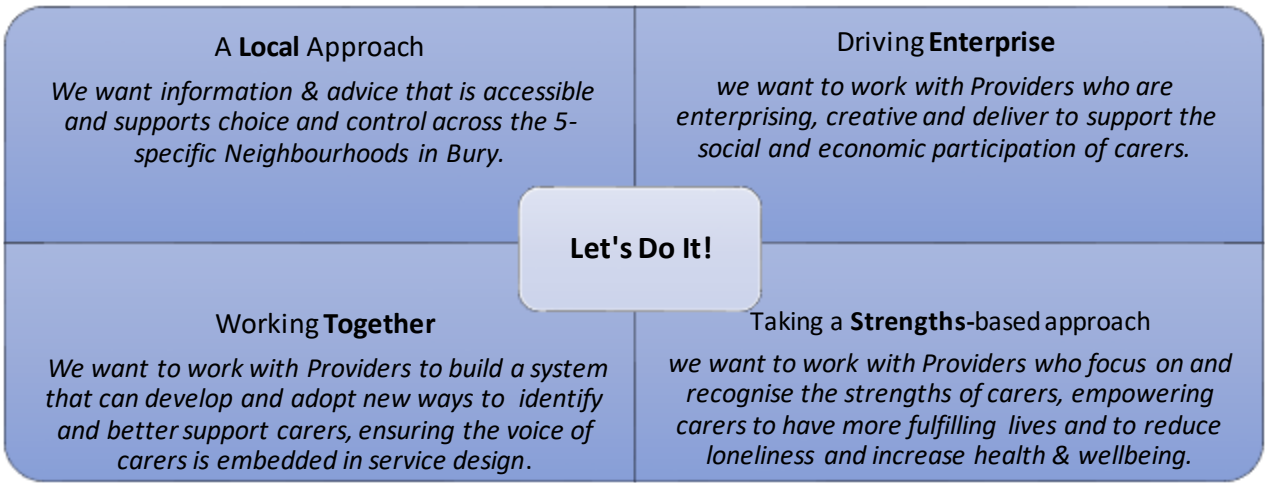
- **'Balancing my own life with my caring role'**
- **'Improving and maintaining my personal health and wellbeing'**
- **'Being recognised, acknowledged and valued as a carer'**
- **'To be socially active and not become isolated or lonely'**

The strategy in appendix 1, holds the 8 key themes and priority statements at its core. The wording and narrative were developed by carers themselves and we are proud that the carers strategy and action plan has been co-produced.

The carers action plan and strategy are reviewed monthly at a cross system meeting, 'the Carers Strategy Core Delivery Partnership Group'. Members of the Bury Carers Strategy group come together to monitor progress against the Bury Carers Strategy Action Plan ensuring partners take

responsibility and ownership for strategic development and action delivery. The group is well attended, and we are currently recruiting four carer representatives to ensure the voice of carers is heard and included in all carers activity.

The below diagram shows how the carer principals, themes and feedback of carers links to the Lets strategy.



A market position statement (MPS) for carers is currently being developed and will be made public in the coming weeks, this marks the start of conversations with Providers and potential Providers, to encourage new ideas and to welcome any proposals of doing things differently. The Carers MPS is intended to supplement our 2021 – 2024 Bury Carers Strategy and Action Plan.

Core carer support and services:

As you will see from the key themes above and the appendix, one of the core focusses is supporting carers in the best way possible in Bury. We know from speaking with our carers, carers access a range of support and tools. This ranges from accessing our commissioned carers services, attending voluntary community and faith groups and community assets through to utlising technology enabled care systems to provide additional support and peace of mind for carers.

The below is a snapshot of the core carers offer currently available in Bury.

The Bury Carers' Hub
The Bury Carers' Hub is commissioned by the Community Commissioning team and is the primary resource for adult carers in Bury to provide information, advice and a wide range of specialist support services designed to help adult carers caring for another adult to continue in their caring role for as long as they choose and reduce the impact the caring role can have on their own health and wellbeing.

The service is shaped on the main themes identified, following the significant engagement with carers, the community, providers and partners.

Bury now has a model that delivers a service direct to carers as a 'One Stop Shop / Pop-Up' approach, in each of the 5-neighbourhoods of Bury, so that carers receive all the support they require via a single point of contact that is recognised and local to them Making it easier for carers to connect with others, to both offer and receive a range of support and to come together to influence service delivery.

- The Bury Carers' Hub offer volunteering opportunities for carers; fully supported by a Volunteer Co-ordinator.
- 1-2-1 support delivered by method and in location of carers choice.

- Holistic assessment, outcome tools, and support planning employing a strengths-based approach.
- Newsletter – designed by carers.
- Carers Community Network Platform with 1,600+ carer members from across the providers' carer services. Also, digital groups and activities delivered through the platform, including evening offer.
- Carers Help and Talk (CHAT) line available 24/7, 365 days, manned by volunteers.
- Outgoing calls to carers through CHAT Line. Carers are matched to volunteers who offer regular wellbeing calls.
- Carers UK Digital Resource for Carers including Jointly App can be accessed by a code provided by the GP. Supporting GP Practices and carers to deliver this.
- Digital groups and activities delivered on Zoom, including evening offer.
- Closed Facebook group for peer support.
- PenPal scheme.
- Carers clinics, coffee & chats and other activities delivered borough wide.
- Monthly community based walks in partnership with the Stepping Out Project and Manchester & Salford Ramblers.
- Information, advice and signposting to other more appropriate, specific and skilled services, organisations, groups and support networks.
- Service briefings and Carers Awareness Training to professionals across all sectors.

The Northern Care Alliance & The Bury Carers Hub:

- Hospital Discharge Check In and Chat project launched in collaboration with Northern Care Alliance on 1st July 2022.
- Initial 9-month funding.
- 3 hospital wards identified to deliver the service.
- Purpose to identify carers at point of discharge of the patient.
- Project includes a volunteer led check in and chat service for up to 6 weeks, outcome tools, assessment, and support planning, 121 support from a Carers Information and Support officer and a full community and digital based wraparound service.

General Practice

- Practices have access to a range of information via SharePoint site to support them in ensuring carers are identified and supported consistently.
- Carers UK Digital Resource for Carers including Jointly App can be accessed by a code provided by the GP.
- Carers Hub are promoting carers services and support currently with our General Practice to best support carers.

Carers Personal Budgets

Carers Personal Budgets are part of the statutory Carers Assessment process delivered by Bury Council.

Carers Personal Budgets are a response to meet needs identified in the Carers Assessment which cannot be met otherwise and are about giving the carer choice and control over the way that their support is provided, to enable carers to achieve recognised quality of life outcomes which they are unable to achieve due to their caring role.

The FED Volunteer Service – Time for You Project

The Time For You project, based within The Fed's Volunteer services, supports carers in the Jewish Community. This project has been providing this culturally appropriate service to carers for over 20 years.

The service aims to provide carers with a much-needed break from their caring role. They recruit, train and support volunteers who sit with or take out the person being cared for, enabling the carer to have some time away from their caring responsibilities.

The Bury Directory

The Bury Directory is Bury's one-stop information point for advice, support, activities, services and more. Following a number of workshops with carers of all ages, a dedicated carers section is being developed which brings together information, advice and services for carers all in one place. The aim is for this element to be maintained by the Carers Hub and likeminded caress.

Next steps:

We need to identify and support more carers in Bury by embedding 'carer awareness' into the community. We acknowledge that this work must be wide ranging and varied in order to fit the profile of the borough and we will need to tailor the support to meet the needs of the five specified Neighbourhoods in Bury (North, West, East, Prestwich & Whitefield), based on the views and wishes of the carers in those localities utilising co-design and co-production.

To achieve our vision, the Bury Carers Strategy builds on what carers told us is important to them and sets out the local position in Bury; identifying local priorities and how to achieve the priorities. As we are around the mid-point of our strategy we are collectively looking at the strategy and action plan, to identify any gaps or areas for development that will generate the core focus over the coming months. Also recognising we are now at a different time to that when it was written, identifying with carers and partners if there are other priorities and actions that should be added to the action plan.

Bury Carers Strategy 2021-2024

To identify and appropriately support as many carers in Bury as possible. Providing a range of localised early intervention and preventative services and support across the Bury footprint that are shaped by and with carers. For partners across the system to come together, to provide a joined up offer to carers that responds to the eight key themes that carers identified as important to them.

Key Priority Statements:
Carers are clear on what is important to them and should be centric to the Bury Carers Strategy and Action Plan:

- **'Balancing my own life with my caring role'**
- **'Improving and maintaining my personal health and wellbeing'**
- **'Being recognised, acknowledged and valued as a carer'**
- **'To be socially active and not become isolated or lonely'**

How we will monitor success:

- Bury Carers Strategy action plan
- Carers register
- Referrals into the Bury Carers Hub (referrer & number of referrals made)
- Monitoring returns
- Clear Impact (performance tool)
- NHS Quality Markers
- Annual carers survey (local)
- Survey of adult carers (statutory)

The key themes carers identified as being important to them

- **Carers are clear on what is important to them (four Priority Statements)**
- **Local community support; more activities & support**
- **Respite**
- **Available support isn't right**
- **Disjointed systems**
- **Befriending and peer support**
- **Identification**
- **Information & Advice**

The outcomes we want to achieve

- Consistent & timely information & advice that is easy to access
- Access to a range of befriending & peer support activities
- Carer support is joined up, easy to navigate & delivers positive outcomes
- A variety of support & activities available across communities/ neighbourhoods enabling carers to take a break
- Ensure all carers are identified, equally recognised and supported at an early stage

What success will look like

- Increase in the number of carers registered with the Bury Carers Hub
- Improved ability to maintain relationships
- Improved ability to connect to others
- Improved ability to manage the caring role
- Increase in the number of carers assessments undertaken
- Levels of satisfaction amongst carers
- Levels of carers who have find it easy to find information
- Carers priority statements are centric to carers work and documents

- Carer awareness - increase understanding across all sectors and communities
- All to address the carers agenda to improve carer support, including holistic carer health & wellbeing needs and ensure carers become everyone's business in their own organisation
- GP's actively registering, supporting and directing carers
- Ensure the needs of carers are recognised in relevant strategies' and policies provided by all sectors
- Improved information sharing on the opportunities available for carer-led &

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Bury Carers Strategy Action Plan

Key Priorities Statement:

What is important to carers is the focus of the Bury Carers Strategy and Action Plan, the key priorities identified by carers are:

- **'Balancing my own life with my caring role'**
- **'Improving and maintaining my personal health and wellbeing'**
- **'Being recognised, acknowledged and valued as a carer'**
- **'To be socially active and not become isolated or lonely'**

The focus of this Bury Carers Strategy Action Plan is on the emerging themes from the feedback of the carer's consultation. To help achieve these outcomes, it is important that everyone plays their part and contributes to the outcomes aspired for carers in Bury by working in partnership.

The eight key themes that carers identified as important to them are highlighted below, also showing which strategy outcome they align to. In addition to the eight key themes, identification has been adopted as a strategy outcome:

- ✓ **Carers are clear on what is important to them** – Key Priorities Statement
- ✓ **Information & advice** – –Strategy Outcome 1
- ✓ **Local community support** – Strategy Outcome 2
- ✓ **More activities and support for carers**- Strategy Outcome 2
- ✓ **Respite** – Strategy Outcome 2
- ✓ **Available support isn't right** – Strategy Outcome 3
- ✓ **Disjointed system** - Strategy Outcome 3
- ✓ **Befriending and peer support** – Strategy Outcome 4
- ✓ **Identification of carers –** Strategy Outcome 5

Key:

Short Term due date June 2021

Medium Term due date June 2022

Long Term due date June 2023

Strategy Outcome 1 – Information & advice					
Ensuring consistent and timely information and advice that is easily accessible					
	Priority	**How delivery will be undertaken**	**By who**	**Times cale**	**Achievement to date / work underway:**
1.	Information for carers is accessible, up to date and consistently communicated	**1a)** Improve the online offer for carers in Bury. • Appropriate carer links to be promoted through CCG website	ABE JH		Development of a dedicated carers section on the Bury Directory; the offer is user friendly – considering colours, size of text, language used One Community hosts a Bury Carers Information & Engagement section Carer information available on Bury Councils' website The Bury Carers' Hub offer: • Opportunity to join a closed group via their Facebook page • The Digital Carers Community Network: an online forum where carers can meet other carers, share experiences, ideas, sources of information and talk about the topics that are most important to them • Weekly evening Coffee & Chat on Zoom for all n-compass carers • Weekly Bury Coffee Morning on Zoom • Carers UK Digital Resource free to carers to access a range of resources and information • Information, training & activities events via Zoom • E-bulletins
		1b) We will promote the information available for carers and professionals	ABE JH TT		• Bury Carers' Hub leaflet containing all contact/referral details • Bury Carers' Hub poster for use in GP Practice and other waiting areas, and community venues • Hard copy Bulletin for Carers informing them of the current offer of services, including all Zoom links • Bury Carers' Hub Newsletter twice a year – October and May • Expression of interest pads for professional referrals • Bury Directory

		1c) Use national campaigns to raise awareness and highlight information	JH TT		• The Bury Carers Hub: Carers Rights Day – Thursday 26th November 2020 – 2 workshops for carers on Zoom – topics Money Matters and Legal Matters
2.	Carers want information on how best to care for the cared for	**2a)** Ensuring there is information about caring for the cared for including conditions and illnesses of the cared for	JH SP TT		• Included on the Bury Directory https://theburydirectory.co.uk/nhs-health-wellbeing • The Bury Carers' Hub offer the Digital Carers Community Network – carer type specific topics
Strategy Outcome 2 – More activities and support for carers, including local community support & respite					
Ensuring a variety of support & activities are available across neighbourhoods, meeting the local needs of carers; enabling carers to take a break from their caring role					
	Priority	**How delivery will be undertaken**	**By who**	**Times cale**	**Achievement to date/ work underway:**
3.	Provision of a Pop up' or 'drop in' facility in each neighbourhood in Bury	**3a)** Bury Carers' Hub – to develop: • Carers drop ins in all 5 neighbourhoods, utilising local venues/community assets • Re-establish the Weekly coffee morning in Bury East and explore whether to introduce regular Carer Coffee & Chats in all the neighbourhoods, utilising local venues/community assets • Exploring opportunities with the Community Hub's and in other local venues/community assets	ABE JH	Dependent on Covid-19	• Carers Information and Support Officers complete non-statutory Carers Assessments, co-produced with carers individual support plans and refer and signpost to local and national services • SWEMWEBS and the Get the Most Out of Life (GMTOOL) are used with carers at the beginning and end of 1-2-1 support • Weekly evening Coffee & Chat on Zoom for all n-compass carers • Weekly Bury Coffee Morning on Zoom
4.	Promote community resources where support, activities and services are provided which	**4a)** Information sharing between professionals, services and providers	NG JH CM KG		

	could meet the needs of local carers		JG SR SP TT		
		4b) Developing the role of the local VCF sector in delivering services within local communities	NG		
		4c) Ensuring there are volunteering opportunities for carers	NG GMN JH		• Bury Carers' Hub offer opportunities to volunteer as a 'Friend of Bury Carers'
	Work with carers and key stakeholders to develop a program of training	**5a)** Training plan, to be developed in consultation with carers, responding to needs and interest	JH ABR JK SJ TT		• Quality of Life Conversational tool (under development) • HY2W open to all carers to access • Carers can register on the Carers UK Digital Resource using n-compass free access codes. This resource provides access to information on a range of topics, online training, and a care coordination app • Bury Carers' Hub promote PROMAS free training for carers • Promote support available in local colleges and in the Bury Adult Learning Centre • Link in with the Strategic Planning and Economic Development team to explore potential GM opportunities • Link in with the Northern Care Alliance to explore potential opportunities • Recover Academy GMMH
6.	Ensure that carers are aware of their right to a Carers' Assessment and a Needs Assessment for the cared for person	**6a)** Universal services are being offered as standard to support the health and wellbeing of carers. Carers' Personal Budgets are agreed only when all other options have been explored and exhausted, and when the Carers' Personal Budget will meet identified needs	AC BJ		

Strategy Outcome 3- Disjointed system & available support isn't right					
Carer support is joined up, easy to navigate and delivers outcomes. We will work with carers to ensure that carers support and services is right for carers including working carers.					
	Priority	**How delivery will be undertaken**	**By who**	**Times cale**	**Achievement to date/ work underway:**
7.	Services to be flexible to meet the needs of local carers, including carers who are in education, employment or training	**7a)** Develop innovative and technological solutions to accessibility.	ABE JH HA CM ZA ABR JK		• Community Network available 24/7 • Weekly evening Coffee and Chat on Zoom • Carers activities and training on Zoom including some evenings • Facebook page and closed group available 24/7 • CHAT Line available 24/7 • 1-2-1 appointments available evenings and weekends to suit individual needs and preferences • Bury Directory • Provide 15 hours of bid writing support annually to local groups (Bury Carers' Hub) Bury Carers' Hub looking at how they can innovate and adapt working practices to respond to the challenges of COVID to develop : • Carers drop ins, Coffee & Chats, activities, and training to include some evenings and weekends in all 5 neighbourhoods
8.	Engage with employers to support people in their caring role	**8a)** Raise awareness of the working carer agenda	SJ AG		• Free access for small & medium businesses to the Employers for Carers digital resource to implement carer friendly practices EfC • GM Working Carers Toolkit for Employers - Link
9.	Support for carers will positively support the needs of carers and their cared for person's lifestyle, sexual orientation, age, disability, gender, racial origin, cultural, religious or linguistic background	**9a)** Collect demographic data	CM JC SF JH ABR SR SP		• Bury Council leads on contract monitoring for commissioned carers' services and ensures that data is collected, analysed and reported on. Bury Council also monitors internal performance using their own social care database
		9b) Undertake Equality Impact Assessments			

		9c) Produce a risk/mitigation plan to sit alongside the carers action plan			
10.	Raising awareness of carers and supporting/ shaping how professionals can work together to support carers	**10a)** Members to work together to create sustainable solutions to improve carers experience	SP TT LC KG BG		• Bury Carers' Hub is delivering service briefings on Zoom/Teams • Bury2gether, the Young Carers Service & the Bury Carers Hub to understand what all 3 Carers services offer and can work together to support all aged carers The Carers Strategy Group members could use: • Press releases • Social media campaign • Nominate carers for annual Greater Manchester Health and Care Champion Awards – Recognising our Unwaged Carers category • Annual carers recognition awards/event
11.	Improve support for young carers transitioning to adult services	**11a)** Review the information, advice and support currently available. Understand the gaps and the needs of young adult carers. Evidence this and agree a forward plan.	ABR JH		Links have been created with Bury Young Carers and Bury Carers' Hub to look at transition for young adult carers
12.	Carers are encouraged to make a positive contribution to the design and evaluation of services.	**12a)** Developing a service offer with young adult carers for young adult carers	ABR JH		Collaborative partnership between the Bury Carers Hub & Bury Young Carers Team at how best to engage with young adult carers
		12b) Undertake the annual carer survey	JH		Bury Carers' Hub – already in place: • n-compass Citizens Involvement Board has carer members (currently no one from Bury) • 1-2-1 case closure process collects outcomes data, feedback, suggestions, and ideas • Open door and encouragement by staff for feedback, suggestions, and ideas Bury Carers' Hub – to develop: • Annual carers survey to go out with newsletter to collect feedback, suggestions, and ideas

		12c) Bury Carers Forum delivering opportunities for carers to contribute	NG JG ABE JH	Dependent on Covid-19	Bury VCFA, the Bury Carers Hub and current Executive Bury Carers Forum members representatives working together with input from carers across all 5 neighbourhoods
Strategy Outcome 4- Befriending and peer support					
Enabling a range of befriending and peer support activities					
	Priority	**How delivery will be undertaken**	**By who**	**Times cale**	**Achievement to date/ work underway:**
13.	Peer support, mechanisms and opportunities to meet other carers and supporting each other emotionally and reduce isolation	**13a)** Publicise, support and deliver peer support networks and community groups within the local community	JH SR KG SJT NG	Dependent on Covid-19	Bury Carers' Hub – already in place: • Community Network available 24/7 • Facebook page and closed group available 24/7 • CHAT Line available 24/7 • Carers can receive regular calls from volunteers through the CHAT Line • SWEMWEBS and the Get the Most Out of Life (GMTOOL) are used with Carers at the beginning and end of 1-2-1 support Bury Carers' Hub – to develop: • Carers drop ins • Coffee & Chats • The Bury Directory Link The Carers Forum
		13b) Social prescribing initiatives	GMN	Dependent on Covid-19	

Strategy Outcome 5- Identification of carers					
Identifying carers is the first step to ensuring that every person caring for someone is supported. It is vital that we get this first step right.					
	Priority	**How delivery will be undertaken**	**By who**	**Times cale**	**Achievement to date/ work underway:**
14.	Ensure all carers are equally recognised and supported	• **14a)** Increasing identification and support for carers through Primary Care to ensure carers are better prepared for caring and can get support early to look after their own health and wellbeing and ensure commitment from all GP practices. • **14b)** Using carers health checks & flu clinics to identify carers, passing their details (with permission) to the Bury Carers' Hub • **14c)** Referring carers to the Bury Carers' Hub and other relevant services • **14d)** GP surgeries to have a Carers Register to help understand and identify carers in the borough • **14e)** Carer awareness training to be explored with GP surgeries	FMC ZA JH GMN		**14a)** Work has taken place to improve awareness and proactive identification of carers within general practice at part of embedding the GM Standards. Due to contractual changes as a result of Covid-19 this proactive work has been paused. **14**b) Practices do refer carers through to carers services but this data is not recorded **14c)** as above **14d)** All GP surgeries have a Carers Register however this data isn't currently being extracted **14e)** All practices completed carer awareness training within 2019/2020
		14 f) Increasing identification and support for carers through social care to ensure carers are better prepared for caring and can get support early to look after their own health and wellbeing	AC HA CM JH ABR BG		The Community Commissioning Management Group (OCO) agreement to support the carers agenda and raise the profile of carers in meetings, discussions and areas of work Bury Carers' Hub to :

					• Share details with the Integrated Neighbourhood Teams ASC staff to identify and support carers appropriately
		14 f) Influencing initiatives and partnerships in Bury so that they include carers and are better meeting the needs of carers	FMC ZA HA SR SP GMN NG TT BG		
		14g) Raising public awareness of carers and caring and reaching people who do not identify themselves as carers	SP JH TT LC KG SR BG SJT JK AG		

'By who' glossary:

ABE	Asher Beever	Senior Services Manager, Carers, n-compass
ABR	Andy Bradburn	Bury Young Carers Team Manager, Children Services
AC	Adrian Crook	Assistant Director of Adult Social Care (Operations)
AG	Anne Gent	Partnership Manager, DWP
BG	Bernie Garner	Director of Community Services, The Fed

BJ	Bev Johnson	Principle Social Worker – Adult Social Care (Operations)
CM	Caroline Malvern	Carers Engagement Coordinator, Bury Council
FMC	Fin McCaul	NHS Bury Clinical Commissioning Group (CCG) Long-Term Conditions
GMN	Georgina McNulty	Social Prescribing Manager, The Beacon Service
HA	Hayley Ashall	Strategic Planning & Development Manager, One Commissioning Organisation
JC	Jeanette Church	Provider Relationship Officer, One Commissioning Organisation
JG	Cllr.Joan Grimshaw	Chair – The Bury Carers Forum
JH	Jayne Harrison	Service Manager, Bury Carers Hub
JK	Julie Kenrick	Head of Service, Bury Adult Learning Centre
KG	Kim Gibson	Family Support Officer, Community Mental Health Team
LC	Lesley Cutts	Social Care Officer, Bury Council
NG	Neil Gibson	Strategic Partnership & Network Officer, VCFA
RW	Rhiannon Walton	BURY2GETHER
SF	Sandy Firth	Performance Lead, Bury Council
SJ	Simon Joos	Employment, Skills and Business Engagement Officer
SJT	Sarah-Jane Truman	Community Development Lead, Achieve Bury (GMMH)
SP	Shenna Paynter	Programme Lead, Public Health
SR	Safina Rashid	ADAB
TT	Trudy Taylor	Patient / Service User Experience, Northern Care Alliance
ZA	Zoe Alderson	Head OF Primary Care, NHS Bury Clinical Commissioning Group (CCG)

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