

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 (Chair), 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, 14 March 2023
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 - 12)*

The minutes from the meeting held on 25th January 2023 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 QUESTION TIME

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

6 HEALTHWATCH UPDATE REPORT *(Pages 13 - 76)*

A representative from Bury Healthwatch to provide an update.

7 URGENT CARE *(Pages 77 - 96)*

Will Blandamer, Executive Director of Strategic Commissioning, Kath Wynne-Jones, Chief Officer - Bury Integrated Delivery Collaborative and David Latham, Programme Manager to provide an update.

8 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE *(Pages 97 - 108)*

Jane Case, Programme Manager (Bury), NHS Greater Manchester Integrated Care to provide an update.

9 ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT

Report to follow.

10 HEALTH SCRUTINY TASK AND FINISH GROUPS *(Pages 109 - 118)*

Update reports on the two task and finish groups attached.

11 URGENT BUSINESS

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

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Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 25 January 2023

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

Also in attendance: Councillor Tariq, Cabinet Member for Health and Wellbeing
Will Blandamer, Executive Director, Health and Adult Care
Adrian Crook, Director of Adult Social Care
Moneeza Iqbal, Director of strategy
Heather Caudle, Chief Nursing Officer from the Northern Care Alliance
Joanna Fawcus, Chief Officer/Director of Operations
Andrew Maloney, Deputy Chief Executive
Sian Wimbury Programme Director
Lindsey Darley, Director of Transformation and Delivery
Caroline Beirne, Assistant Director of Workforce
Jacqui Dennis, Monitoring Officer
Chloe Ashworth, Democratic Services

Public Attendance: 1 member of the public was present at the meeting.

Apologies for Absence: None

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.2 DECLARATIONS OF INTEREST

Councillor Taiq declared an interest due to being the Manager at Healthwatch in Oldham.
Councillor Grimshaw declared an interest due to a family member working at the Greater Manchester Combined Authority.

HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 09th November 2022 were agreed as an accurate record subject to the following clarification; the Edenfield item is reflected to demonstrate it will not be reviewed by GMCA until police investigations conclude.

HSC.4 MATTERS ARISING

There were the following matters arising:

Councillor Brown requested follow up to questions previously submitted regarding hospitals and pharmacies communication.

HSC.5 PUBLIC QUESTION TIME

Notice had been received of 1 question.

Questioner	Topic	Responding
Mrs Proctor	Prestwich Walk in Centre	Will Blandamer

In addition, one member of the public attended and asked one question.

Mr Rubinstein asked what plans are in place to help get people out of hospital and what more is needed to get the Government to help with this.

Adrian Crook, Director of Adult Social Care explained that the answer to this question will be addressed under the Winter Pressures update on the agenda this evening and asked to cover the response under this item.

HSC.6 MEMBER QUESTION TIME

Notice had been received of 1 question.

Questioner	Topic	Responding
Councillor Peel	Diagnostic Hub	Will Blandamer

HSC.7 WINTER PRESSURES UPDATE

Will Blandamer, Executive Director, Health and Adult Care provided a verbal update on the operation of the urgent care system over the recent winter period. The Committee is sited on the current pressures which include, ambulance waiting times, access to emergency services, and recognising that the number of NHS patients across the country declared critical incidents. As background, Bury will have further information provided in the March Health Scrutiny, however, the operation and transformation of our urgent care system is overseen by an urgent care Board Chaired by Dr Kiran Patel with all partners attending. In addition operationally, there is a daily system wide bronze command meeting at 8:30am and all relevant agencies and departments are connected to this.

Overall Bury's position as viewed by the emergency department and colleagues from the Northern Care Alliance there has been a continued reduction of levels of attendances of admissions at Fairfield General Hospital compared to historic trends which is believed to be attributed to the operation of neighbourhood team working, urgent treatment centre at the hospital and frailty arrangements offering same day emergency care. This demonstrated our attendance avoidance schemes are working well, however, at times Fairfield General Hospital were stretched and resulted in beds on corridors and ambulances waiting outside however, emergency beds were planned and used. Ambulance turn-around times at Fairfield General Hospital are consistently good and are some of the best in Greater Manchester as is colleagues tremendous effort in the emergency department at Fairfield on the percentage waiting in Accident and Emergency.

There is a current focus on the no reason to reside numbers or those who are medically fit in hospital and are waiting discharge. We have a relatively good average length of stay and have been able to move patients along appropriately and quickly, but there is still more work to be done.

Whilst there has been and continues to be challenges Will Blandamer was pleased to report that Fairfield General Hospital was never at an opal 4 level (agreed emergency level) over the Christmas period.

Bury continues to work with Greater Manchester to support demand and Will wished to thank the work of the Northern Care Alliance have done in the Emergency Department and across the Hospital to support the quality of the services available. In Bury the greatest pressures were felt across the community, and specifically in primary care. To mitigate the worst effect of this we stood up an acute visiting service working across both groups of primary networks to provide additional support to colleagues and a paediatric respiratory clinic was also stood up seeing up to 90 patients a day and has more recently been extended to all patients. Bury also accessed some Greater Manchester wide surge monies to increase primary care capacity in the Borough.

Finally Will Blandamer wanted to recognise that Fairfield Hospital is not the only Hospital that supports Bury residents, we have connections with North Manchester and Manchester MFT and work with them to discharge to Bury appropriately.

Adrian Crook, Director of Adult Social Care provided an overview of the current pressures in his service. The system as a whole including social care remains very pressured and demand is extremely high, especially to support discharges and workforce is not in abundance. We are an integrated care partnership which means the NHS and its partners are working with the Council. We have more than doubled the size of our step-down capacity which is our home care provision. We have built recovery focused services to try and get people as rehabilitated as possible and we now have 120 recovery-based beds as opposed to previously having 60 one year earlier. We had previously 70 people support on our rehabilitation care at home which is now over 100 people. Our rapid response unit is now seeing 370 people a month where previously this was around 50. Despite this, admissions to hospital are lower however the needs mean that they are staying longer. The Government has announced 500 million pounds in November 2022 300 of this will go to local NHS systems and 200 to the Council which equates to 1.9 million for Bury. From this we bought more recovery beds, recovery home care and we expect around 300 additional people to benefit from that care between now and the end of March 2023. In addition, we have enhanced primary care which is under huge pressure, in November 2021 they did 65,000 appointments whereas November 2022 they did 8500 appointments. We have invested in the acute visiting service who visits people who are housebound to try and keep them well and stop them needing hospitals. We have also partnered with Oldham Hospital to do same day emergency care for older adults.

Adrian Crook advised that more details on what he has updated on will go to the Health and Wellbeing Board on the 26th January 2023 and this can be circulated to Committee members and the member of the public in attendance.

Councillor Tariq, Cabinet Member for Health and Wellbeing wished to highlight the funding around discharge. On the 17th November members will be aware that the government announced a 500 million pound discharge fund to be spent on patient charge and free up hospital beds. Of this, 300 million pounds was allocated to integrated care boards, so in our case that is NHS Greater Manchester and 200 million pounds was allocated to local authorities. We were allocated 1.9 million pounds which needs to be spent by the end of March 2023 which also has conditions from the department of Health and Social Care and specific around this fund is that it is to be held in a pooled budget and must be agreed by the Health and Care Partners and signed off by the Health and Wellbeing Board. Councillor Tariq highlighted that he felt care workers need a pay boost and a long term fully funded plan by the government, urgent national attention on this matter to ensure social care is sustainable moving forward, support for unpaid carers as we have an aging population and workforce

challenges to be addressed. Councillor Tairq wished to applaud social care workers for the work they do to support vulnerable people.

Councillor Birchmore asked who the same day discharge is aimed at. In response Will Blandamer confirmed this is about where appropriate, supporting older residents to not be admitted to hospitals by using other support instead.

Councillor Moss asked if our links to Manchester, with North Manchester moving into another trust would be affected. Will Blandamer assured member the next item on service reconfiguration will pick up the relationships with different hospitals and Bury residents.

Councillor Hayes asked for clarity on where the 120 recovery beds are based. Adrian Crook, Director of Adult Social Care advised the beds are in a care home, but the care home has staffing and therapy inputs that are focused on people recovering. We buy them in blocks and these are all over and have doubled recently. In addition, we do also do care in hospitals and people's home.

Councillor Walsh questioned the average waiting time for discharge from hospital to intermediate care support. In response Adrian Crook advised that depending on the level of care needed the wait increases, if you need no support, it's the same day, if you need a reablement package its 1-3 days, if its to a care home bed 3-5 days this figure does change depending on demand and flow, but these are the average. However, if a person requires a nursing home provision that deals with cases such as dementia, then sadly it is longer.

Councillor Harris questioned the process for the reablement team and Salford Hospital discharge. Adrian Crook did advise more work needs to be done with Salford to avoid cases needing to be referred through Salford Social Services then to Bury.

Discussions took place regarding the placement of the recovery beds. Members were advised that existing space in care homes have been bought to use as rehabilitation beds.

In conclusion Councillor Tariq Cabinet Member thanked the Northern Care Alliance for their dedicated and hard work over the winter period.

Councillor FitzGerald thanked officers for their contribution to the meeting.

HSC.8 SERVICE RECONFIGURATION

Will Blandamer introduced the report which covers the disaggregation of clinical services from the previous Pennine Acute Hospitals Trust footprint

Moneeza Iqbal, Director of strategy advised that in 2021, Manchester Foundation Trust acquired the North Manchester General Hospital (NMGH) site, and Salford Royal Foundation Trust (SRFT) acquired the remaining sites of Pennine Acute Hospitals Trust, creating the Northern Care Alliance. Since then, due to the way in which digital systems and clinical rotas operate, there are some services which operate across the two providers which have not yet been 'disaggregated'. This means that the services still need to be split between the two organisations using an agreed set of principles: including splitting of the workforce, budget and waiting lists.

Questions took place regarding hospital preference for Bury residents. Members were informed this is a conversation with your general practitioner, the

consideration of patient preference, waiting times at local hospitals for the treatment required and distance.

Councillor Hussain asked a question regarding the medical certificate for cause of death (MCCD). He reported a large number of people who have passed away in hospital and hospital doctors being reluctant to issue a medical certificate for cause of death because of lack of information or connectivity with hospital doctors and General Practitioners and has caused problem in the Christian, Muslim and Jewish community. This is because it is a religious duty for all faiths to bury the deceased as soon as possible. Moneeza Iqbal, Director of Strategy asked if this discussion can take place following the meeting. In addition, Heather Caudle, Chief Nursing Officer from the Northern Care Alliance added one of her main duties is servicing is user and patient experience and the end of life and palliative care team. She advised there have been reasonable adjustments to the processes described to expedite burials in line with patients' cultural norms. Heather Caudle advised that she will be involved in these discussions and work can be done to make the cultural adjustments stronger to ensure a difference experience. Councillor Hussain outlined he would like to meet with officers and the Jewish community to discuss this further.

Councillor Moss advised he has reports of Prestwich residents being referred to an outpatient clinic in Radcliffe but suggested it may just be for dermatology. Councillor Moss advised he has reports of Prestwich residents being referred to an outpatient clinic in Radcliffe but suggested it may just be for dermatology. Moneeza Iqbal, Director of Strategy advised Dermatology is a Salford Royal service and arrangements have been put in place, so patients do not have to travel to Salford for an appointment. Councillor Hayes, asked about the consultation process especially the patient surveys and opportunities of a wider consultation. In response Moneeza Iqbal, Director of Strategy advised currently patient feedback and other options and clinical team views. Following this it will be pulled into a substantial variation document and considered by the integrate care system.

Councillor FitzGerald thanked Moneeza Iqbal for her attendance and update to the Committee.

HSC.9 NORTHERN CARE ALLIANCE CQC REPORT

Dr Heather Caudle, Chief Nurse Northern Care Alliance provided an overview of the CQC Report. It was reported that an unannounced inspection commenced on 8th August 2022 and concluded following the well led element of the inspection on 26th September 2022.

Prior to the inspection in July 2022, the Northern Care Alliance had carried out a detailed self-assessment against the key lines of enquiry and had rated ourselves as requires improvement. The CQC Inspection was carried out using a risk-based approach based on data and intelligence gathered. Areas of concerns had flagged with CQC based on information from external reporting (STEIS, waiting times, quality and performance indicators), enquiries they had received from the public and staff, and from themes they had become aware of through Incidents, complaints and RCAs. In particular a focus of the inspection in Fairfield General was the treatment and care of people with disordered eating, following a PFD order issued to the organisation in November 2021.

Members were informed that under regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC have asked for a written report of the action we are going to take to meet the associated regulations and any other legislation. This is currently in development and due for submission with the CQC by 31st January 2023.

Discussions took place regarding the report and members expressed shock following the rating. Helen Caudle, reciprocated the shock and advised of the various barriers faced and advised the nurse accreditation scheme has been stood up again to look at key lines of enquiry in line with the CQC.

Councillor Rizvi asked what elements of the must and should do sections of the report have been addressed. In clarification Heather Caudle advised the action plan must be submitted by 31st January. In terms of the actions work is already happening.

Councillor FitzGerald thanked Heather Caudle for her attendance and update and welcomed a further update as work progresses.

HSC.10 GREATER MANCHESTER MENTAL HEALTH TRUST UPDATE

Andrew Maloney, Deputy Chief Executive and Sian Wimbury Programme Director provided a presentation to the Committee which gave an overview of work since Greater Manchester Mental Health declared a critical incident on 12th September 2023 following serious concerns raised regarding care and treatment at the Edenfield Centre, Prestwich. A copy of the presentation delivered can be found in the agenda papers.

Members sought reassurances on what work has now taken place since the findings and why it did not flag sooner for an in-depth review. Andrew Maloney, Deputy Chief Executive advised that ensuring patient and staff voice is at the heart of any governance within the organisation is crucial to ensuring this cannot happen again. Culture and staffing is also seen as how they will improve the environment for staff and patients.

Councillor Walsh asked for clarification as to what areas of the trust the update report covered. In clarification, members were informed the report relating to Edenfield is the CQC Well Led report published in November. An inspection was done over the whole of June - July which included Edenfield and other parts and ahead of that the CQC raised concerns around different parts of the organisation which started in April last year which started with community-based services in Manchester the issues in relation to fire and ligature safety, in patient services, safe staffing and Governance which ranges across all the trust. The trust has now been moved into Segment 4 as it is not just Edenfield it is about the wider organisation, but work is ongoing to embed these improvements trust wide.

Councillor Tariq, Cabinet Member for Health and Wellbeing thanked officers for the regular dialogue and discussion that has been maintained with the Local Authority. Councillor Tariq asked what quality assurance mechanisms are in place to monitor the improvement plan. In response Andrew Maloney, Deputy Chief Executive advised there are plans for accreditation of services, models of care and setting clinical standards that will be built in. In addition, there are clinical related actions that will have a bespoke level of assurance too.

It was agreed:

1. Members note the report
2. Members thanked Andrew Maloney, Deputy Chief Executive and Sian Wimbury Programme Director for their update.

HSC.11 SYSTEM WIDE WORKFORCE WELLBEING AND RETENTION

Lindsey Darley, Director of Transformation and Delivery and Caroline Beirne, Assistant Director of Workforce provided an overview of the system wide workforce wellbeing and retention.

Health Scrutiny made a request for an update on Workforce Wellbeing and Retention programs currently system wide. All partners in the health and care system in Bury recognise the pressures on workforce wellbeing currently, following Covid and with enormous demand pressures in the system.

The Strategic Workforce group brings together workforce leads from health and care organisations to address issues of common concern. There is a newly developed People and Culture Strategy which is due to be launched in March 2023.

Workforce wellbeing is a Greater Manchester and shared Bury systemwide workforce strategic priority. It was agreed with workforce colleagues at the system wide workforce group to hold workshops on wellbeing to assist and develop a shared understanding of what our current position is and start to consider how value can be added, address any gaps and work through the challenges by working together.

Councillor Birchmore asked if there are statistics of staff leaving for comparisons and trends. Lindsey Darley, Director of Transformation and Delivery advised different organisations hold different policies and data and they are using different statistics. We are awaiting a date for Greater Manchester to participate in a new system called 'VWis' Virtual workforce information systems to centralise this data. Manchester and Bolton are currently involved in this and Bury hopes to join soon and is part of the strategy going forward.

Councillor Rizvi asked about training and progression; Lindsey Darley, Director of Transformation and Delivery advised there is lots of work needed. The Care sector has now made links with Bury College and Job Centre Plus to look at employment, training, and development.

Further discussions took place regarding offers wider than training and getting people into jobs to improve retention, an example of which is affordable car parking for staff.

It was agreed:

1. that members note the report; and
2. a further update be brought back to the committee on all wellbeing and retention offers in the new municipal year.

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.45 pm)

Healthwatch Bury update for Health Scrutiny Committee

Adam Webb.

We are well into a project looking at access to GP services for people with sensory loss and physical disabilities. A small-scale mystery shop, interviews and focus groups have taken place so far, and visits to services will follow shortly. We would invite any interest in participation to get in touch with us, as well as sharing any experiences you may have received concerning this subject.

We have had brought to our attention issues surrounding access to GPs at weekends for families of people that have passed away. Problems with accessing services can delay burial, and in Muslim and Jewish faiths it is essential to bury someone as fast as is possible, with delays causing further suffering. We are looking to gather information and experiences to inform our action and would again welcome any input members of the committee may have on this.

Our Enter and view programme is now underway with our initial focus on care homes. We have undertaken our first visit and the report is due out shortly. Our programme of future visits is being prepared, and we also plan to start looking at day care and extra care facilities in the borough.

There are two Healthwatch Bury reports included with papers we have recently published, one on Dementia diagnosis and one on Pharmacy services. Any feedback is appreciated.

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THE BURY PHARMACY SURVEY REPORT

Survey November 2022

Report February 2023



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Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.





Executive Summary

Community pharmacies play an integral part of primary care and are the most accessible health professionals to the public. Pharmacies are often situated in the heart of the community and, in addition to their core duties of dispensing prescription medicines, they are ideally placed to help with minor ailments and support the management of long-term health conditions, as well as preventing ill health.

The purpose of carrying out the Bury Pharmacy Survey was to understand patients experiences of pharmacies and to contribute to the Pharmaceutical Needs Assessment document in Bury that was published in October 2022.

There were 28 responses to the survey. Although a small sample size, the findings indicate that there are mainly positive experiences when residents are trying to access the local pharmacy services.

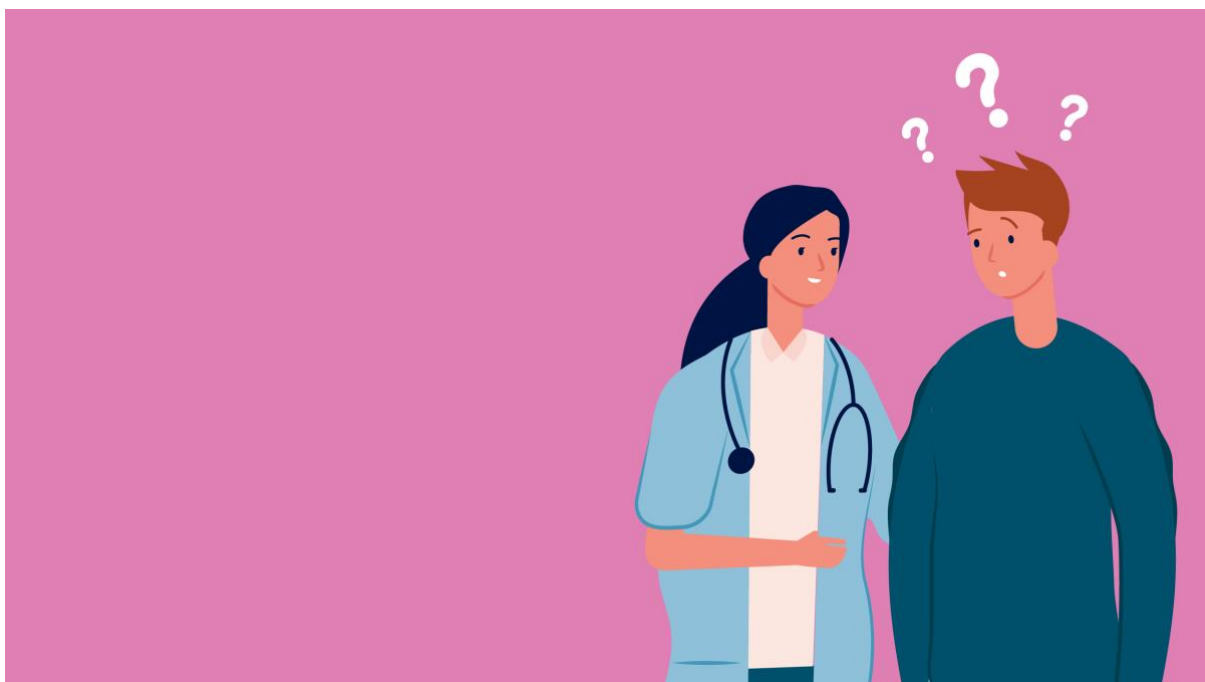
Key findings

- **67% of the patients were satisfied with the time it took to access the service.**
- **89% patients are happy with the location of their pharmacy.**
- **Majority of respondents (86%) stated they use the pharmacy to collect the prescription for themselves or for someone else.**
- **96% patients are happy with the location of their pharmacy.**
- **The pharmacy having the things I need' was considered most important when accessing services.**



Our recommendations

- **Raise awareness about what pharmacists can do** - The main reason people use pharmacies is to get their medication. But not everyone understands the full range of services and support on offer, such as preventative advice and health tests for cholesterol and blood pressure.
- **Provide more accessible information** about pharmacies that have extended opening hours. Websites should clearly display information, and details should be available to GPs locally.
- **Ensure communication with patients** is key throughout the process of ordering and collecting medications. Patients need to be part of the communication loop to enable them to plan and manage their own health. This includes communication between GPs and pharmacies.
- **More consistent commissioning** across pharmacy services would allow targeted national campaigns which would help the public to know what services on offer.
- **Make every contact count** – Use interactions with the public as an opportunity to listen to them and inform them of services you deliver that might help them.





Background

A Pharmaceutical Needs Assessment (PNA)¹ is a comprehensive assessment of whether current and future pharmaceutical services meet the needs of the local population. Bury's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Bury. The PNA for Bury presents a picture of community pharmacy need and provision in Bury and links to Bury's Joint Strategic Needs Assessment (JSNA).

The PNA includes information on:

- Pharmacies in Bury and the services they currently provide including dispensing, providing advice on health, medicines reviews and local public health services.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Bury and providers of pharmaceutical services in the HWB area.
- Potential gaps in provision that could be met by providing alternative pharmacy services, or through opening more pharmacies, and likely future needs.

Healthwatch Bury representative has a seat on the Health and Wellbeing Board and were able to contribute to the local PNA by collecting patients' feedback about local pharmacy services.

Further context

[Bury Pharmaceutical Needs Assessment 2022-25](#)

[Pharmacy information leaflet](#)

[Don't wait until it gets worse, ask your pharmacy team first \(BSL\) - YouTube](#)

[Community pharmacy explained | The King's Fund](#)

[Pharmacy: a way forward for public health](#)

[Community pharmacies: promoting health and wellbeing](#)

[NHS England » Community pharmacies to be at the forefront of NHS efforts to save lives](#)

¹ [Bury Pharmaceutical Needs Assessment 2022-25](#)



Methodology

The survey was created as an amalgam of the Bury Pharmaceutical Needs Assessment (PNA) public survey and a Healthwatch Bury experience and service evaluation questionnaire. Built in Smart Survey to be completed quickly and easily online (including 'skip-logic' which only allowed participants to answer the questions appropriate to them). Distribution was via social media and promoted mainly via Healthwatch Bury's website and direct emails to contacts and organisations.

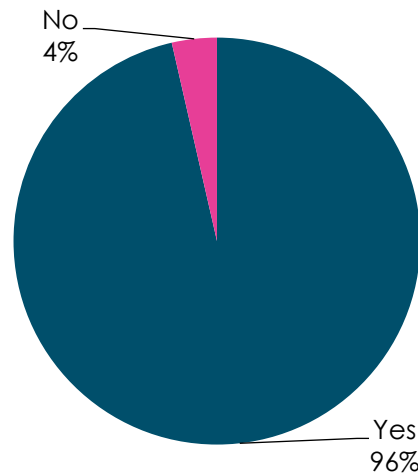
In person engagement encouraged people to take part, including those working with elderly and vulnerable people, with assistance available to complete it if necessary.





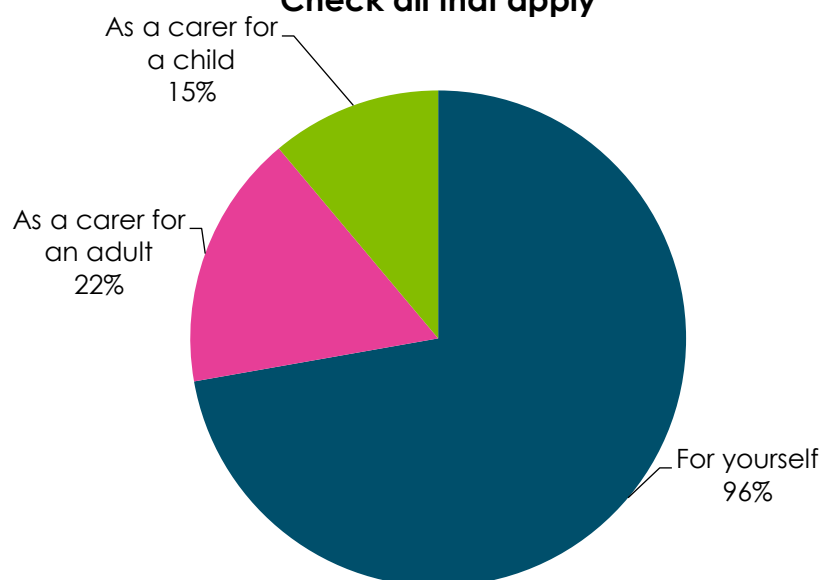
Results

1. Do you use a pharmacy?



96% (27) of the respondents answered 'Yes' and only 4% (1) said 'No'

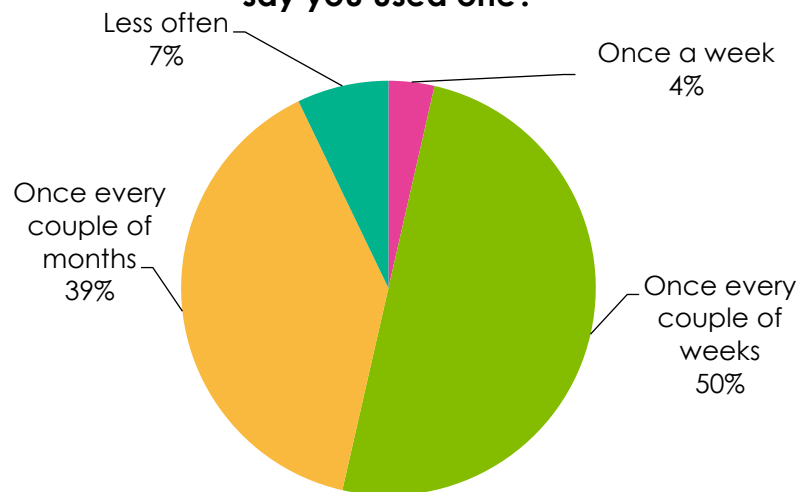
2. Why do you use a pharmacy? Check all that apply



96% (26) of the respondents answered they use pharmacy for themselves, 22% (6) stated 'As a carer for an adult' and another 15% (4) answered 'As a carer for a child'

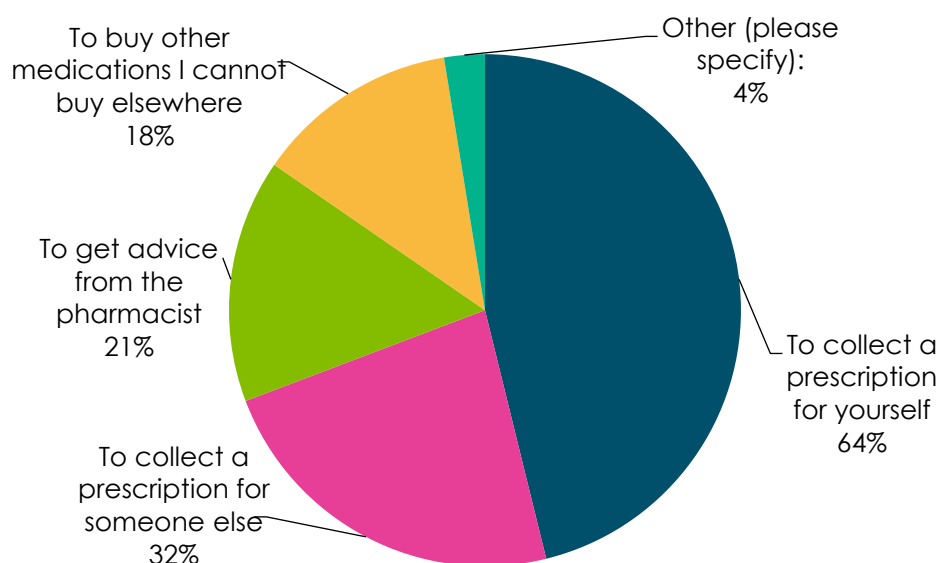


3. If you do use a pharmacy, how often would you say you used one?



Half the respondents (14) answered they use pharmacy once in every couple of weeks, 39% (11) stated 'Once every couple of months' 4% (1) answered 'Once a week'

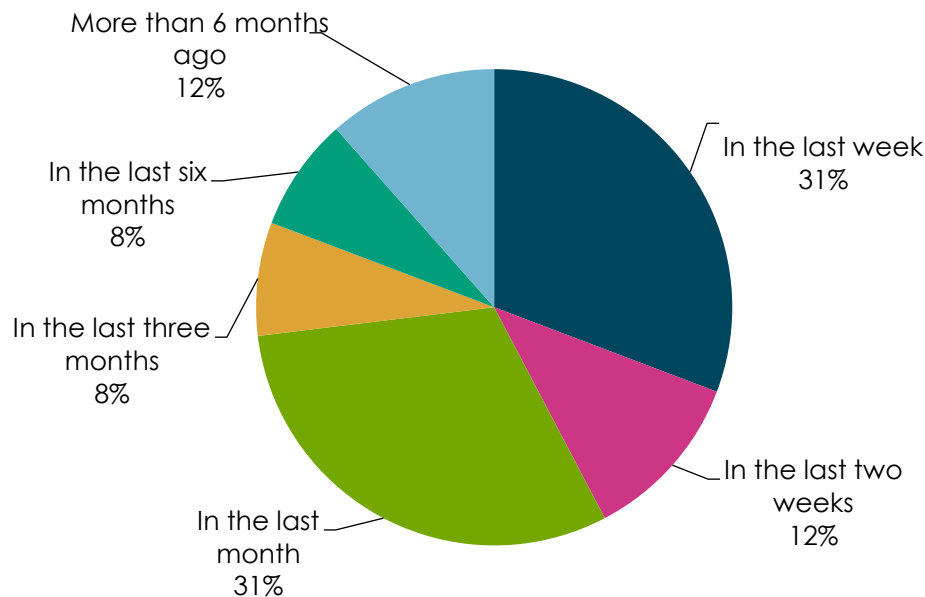
4. Why did you last visit the pharmacy?



64% (18) of respondents stated that they last visited the pharmacy to collect a prescription for themselves and 32% (9) stated 'To collect a prescription for someone else'. 21% (6) stated they visited to get advice from the pharmacist and 18% (5) wanted to buy medications they can't buy elsewhere. One respondent said they went to visit 'To deposit a few months' worth of used asthma inhalers.'

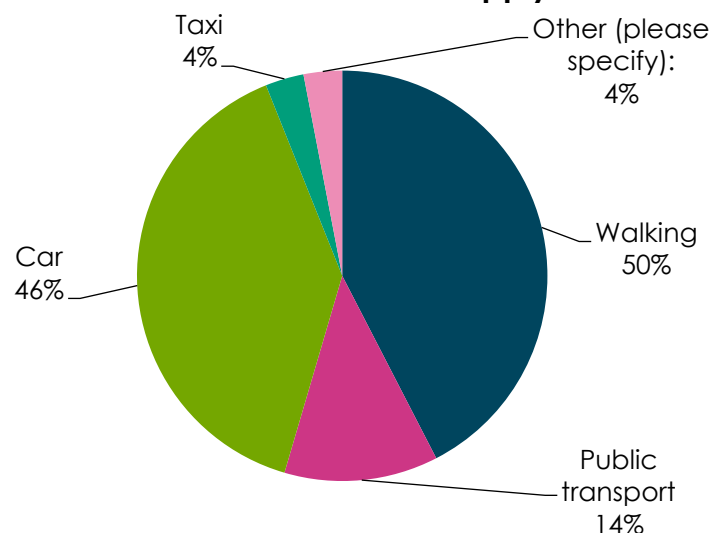


5. When did you last visit the pharmacy to get a prescription, buy medicines or get advice?



31% (8) of respondents said they last visited the pharmacy in the last month and another 31% (8) said they visited their pharmacy in the last week. 12% (3) said their last visit was in the last two weeks. 8% (2) stated their last visit was in the last three months and another 8% (2) said their last visit was in the last 6 months. 12% (3) visited their pharmacy more than 6 months ago.

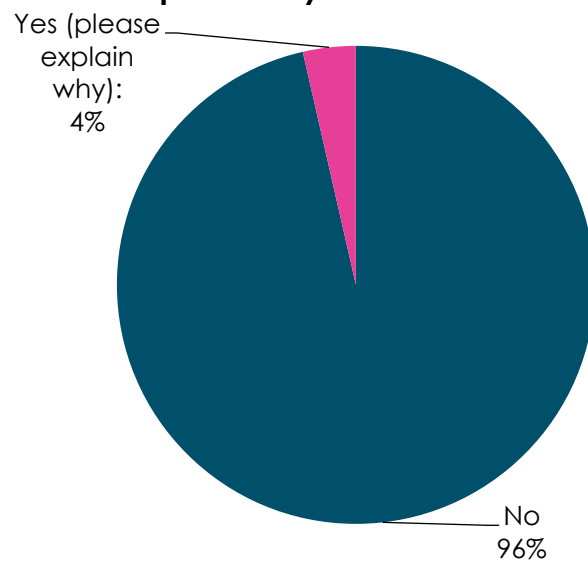
6. How did you get to the pharmacy? Please select all that apply



50% (14) of respondents stated that last time they visited their pharmacy they walked there and 46% (13) used their car. 14% (4) used public transport and 4% (1) travelled by taxi. One person (4%) said they visit 'When they have an appointment with the doctor at hospital.'

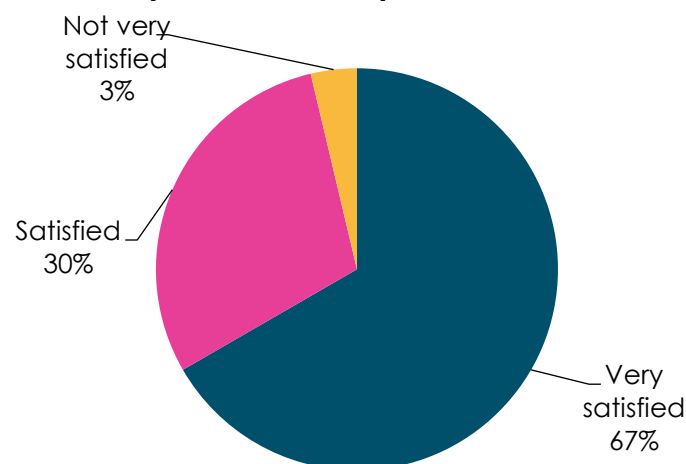


7. Do you have problems accessing a pharmacy due to location?



96% (27) of respondents said they have no problems accessing their pharmacy in terms of its location. 1 person said the pharmacy is too far for the patient and his wife who are feeble.

8. How satisfied were you with the time it took to provide the required service?



97% (26) of the respondents were 'Very satisfied' or 'Satisfied' with the time it took to provide the service. Only 3% (1 person) stated they were 'Not very satisfied'



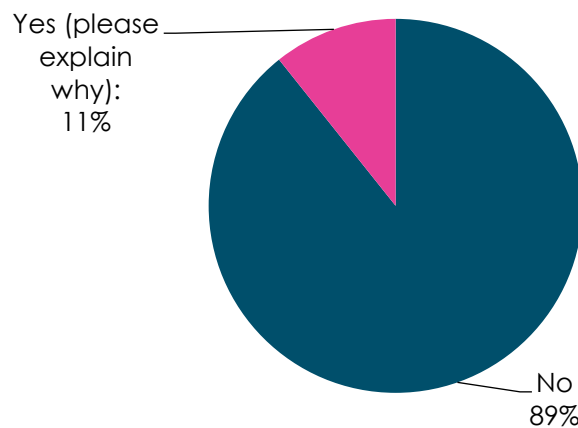
89% (24) stated they are happy with their pharmacy opening hours and 11% (3) said they weren't happy. Please see the reasons for patients being unsatisfied with the opening hours below:

Reasons why respondents were unsatisfied:
<ul style="list-style-type: none">• 'Could be open longer and later.'• 'Closed at weekends (Saturday).'• 'It is not open on Saturdays.'





10. Do you have problems accessing a pharmacy due to opening hours?

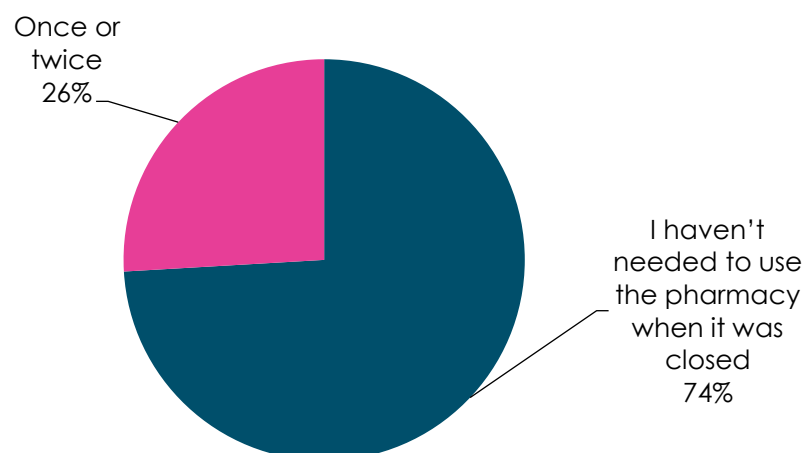


89% (24) of respondents said they have no problems accessing their pharmacy due to opening hours and another 11% (3) said they had experienced some problems, the reasons for these are outlined below.

Reasons why respondents had problems accessing pharmacy:

- 'Sometimes I am not able to get to the pharmacy when it is open.'
- 'No Saturday opening.'
- 'It is not open on Saturday.'

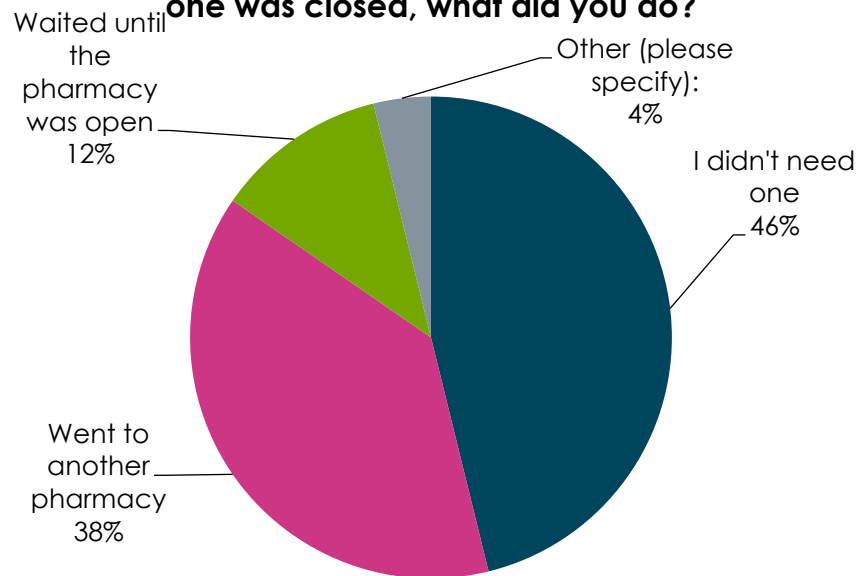
11. How many times recently have you needed to use your usual pharmacy (or the pharmacy closest to you) when it was closed?





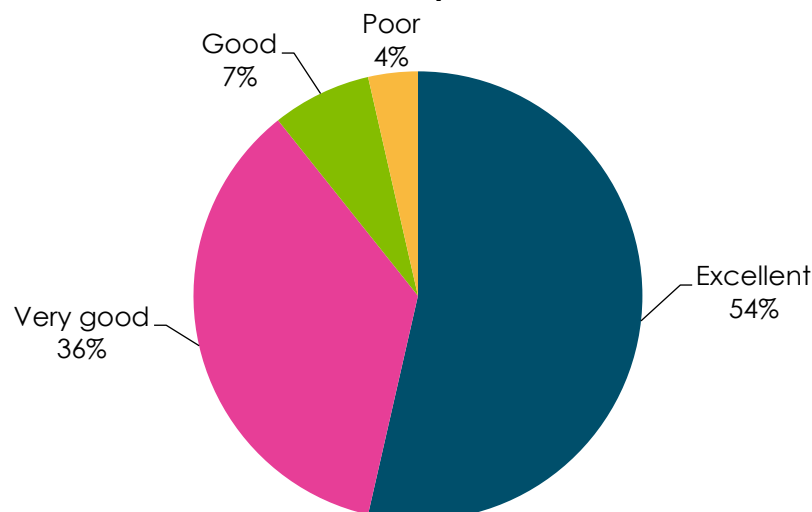
74% of respondents stated that they had not needed to use the pharmacy when it was closed and 26% said they had needed it once or twice.

12. If you needed a pharmacy when your local one was closed, what did you do?



46% (12) of respondents said they didn't need one, 38% (10) stated they went to another pharmacy, 12% (3) waited until the pharmacy was open and 4% (1) said they asked someone to go to another pharmacy for them.

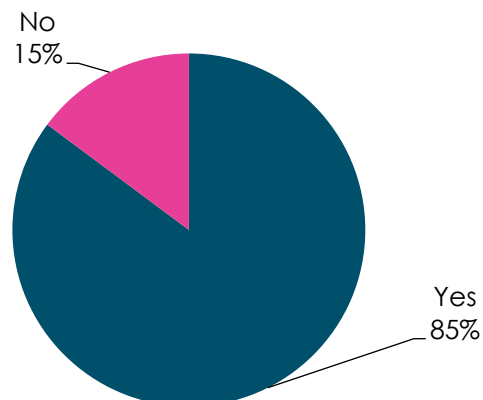
13. How would you rate the experience of your local pharmacy considering the staff, environment and service provided?



54% of respondents rated their experience with their local pharmacy as 'Excellent' and another 43% stated that their experience had been 'Very good' or 'Good'. Only 4% (1 person) said they had a 'Poor' experience.

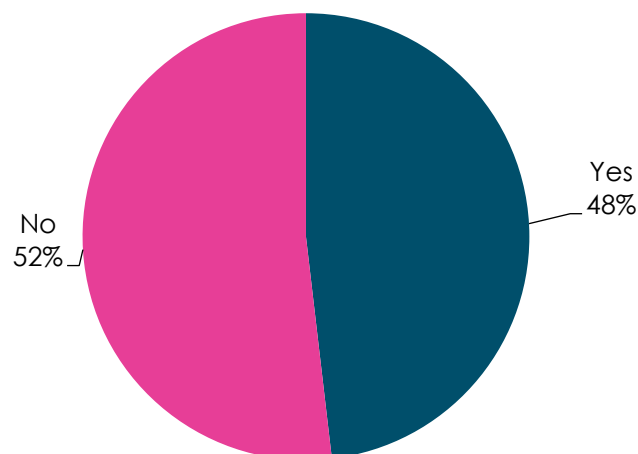


14. Did you know that there are pharmacies in Bury that are open extended hours (e.g. early morning, late night, weekends and bank holidays)?



85% (23) of respondents said they knew there are pharmacies in Bury that have extended opening hours and 15% (4) said they didn't know that.

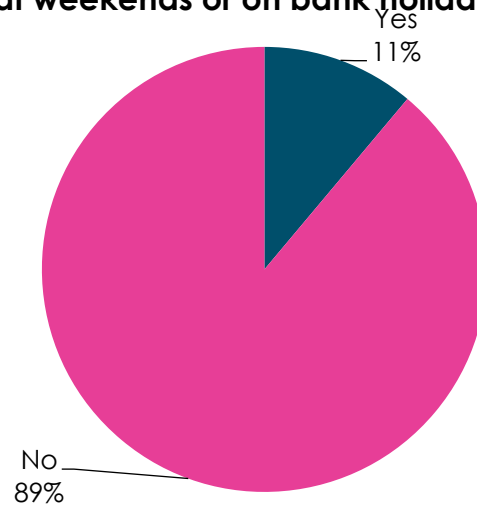
15. Do you know where these pharmacies are located?



48% (13) of respondents said they knew where the pharmacies that have extended opening hours are located and 52% (14) said they didn't know where they were located.

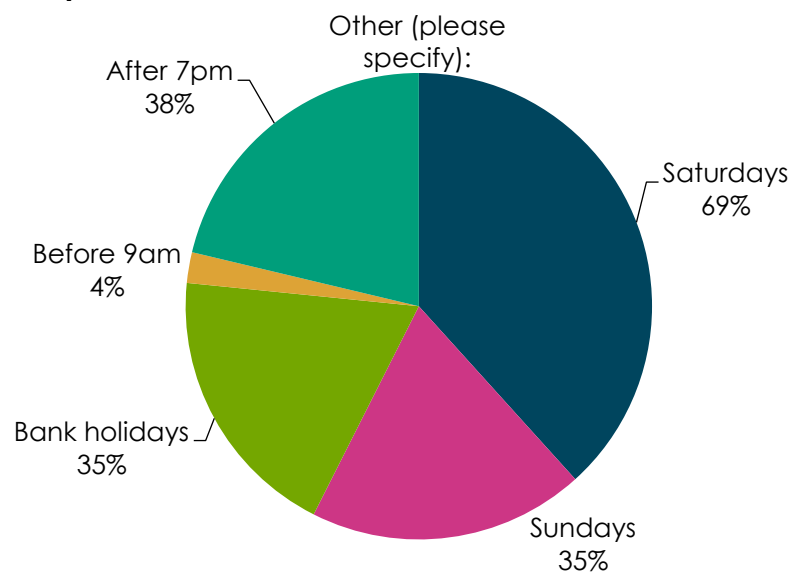


16. Have you used these pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?



89% (24) said they have not used extended opening hours pharmacies and 11% (3) stated they had used the pharmacies outside of usual opening hours.

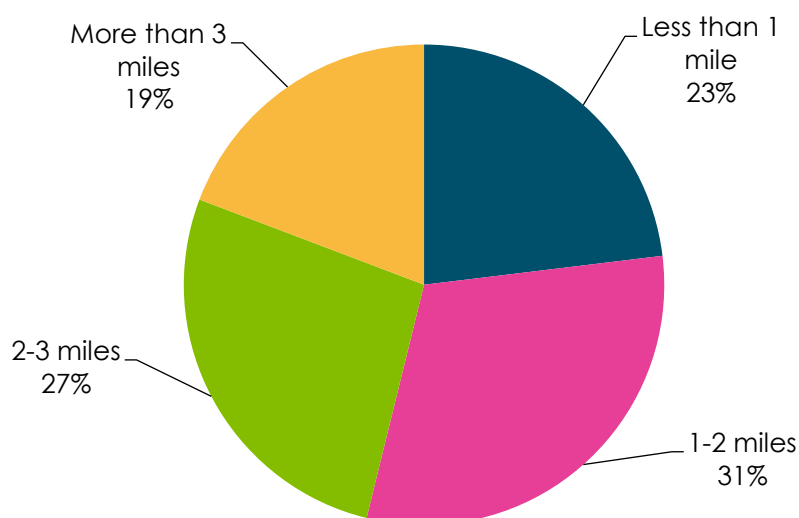
17. At what time would you, or do you, find pharmacies with extended hours most useful?



Most people said they would find it most useful if pharmacies with extended hours were open on Saturdays (69%; 18), after 7pm (38%; 10), Sundays (35%; 9), Bank Holidays (35%; 9) and before 9am (4%; 1).

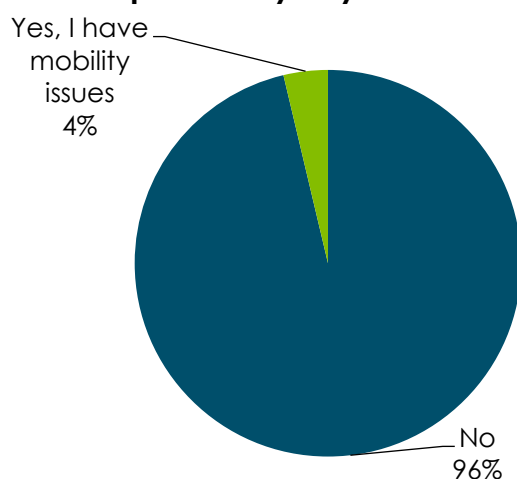


18. How far from your home or place of work would you be willing to travel to a pharmacy?



19% (5) of respondents would be willing to travel more than 3 miles to a pharmacy, 27% (7) would be willing to travel 2-3 miles, 31% (8) 1-2 miles and 23% (6) less than 1 mile.

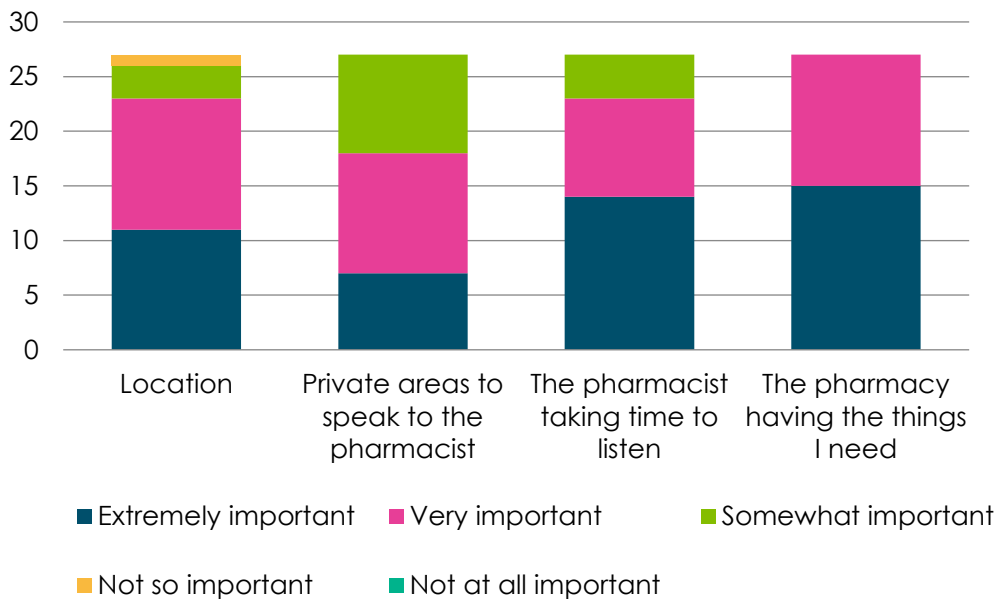
19. Do you have any difficulties accessing a pharmacy of your choice



Majority of respondents (96%; 26) have no difficulties accessing a pharmacy of their choice. One patient (4%;1) stated they have difficulties due to their mobility issues.

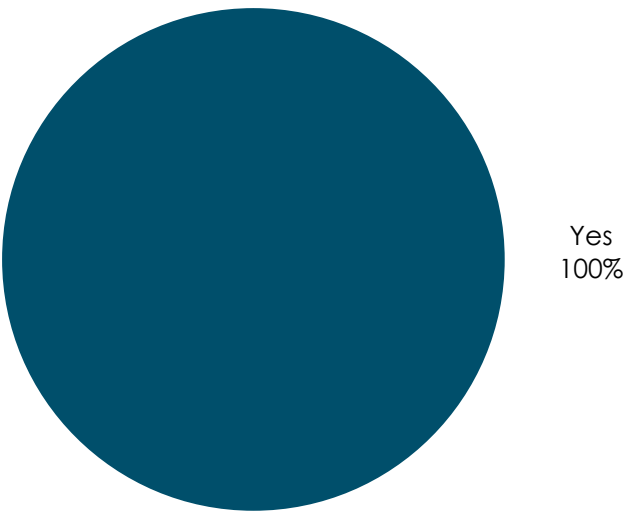


20. How important are the following aspects of pharmacy services?

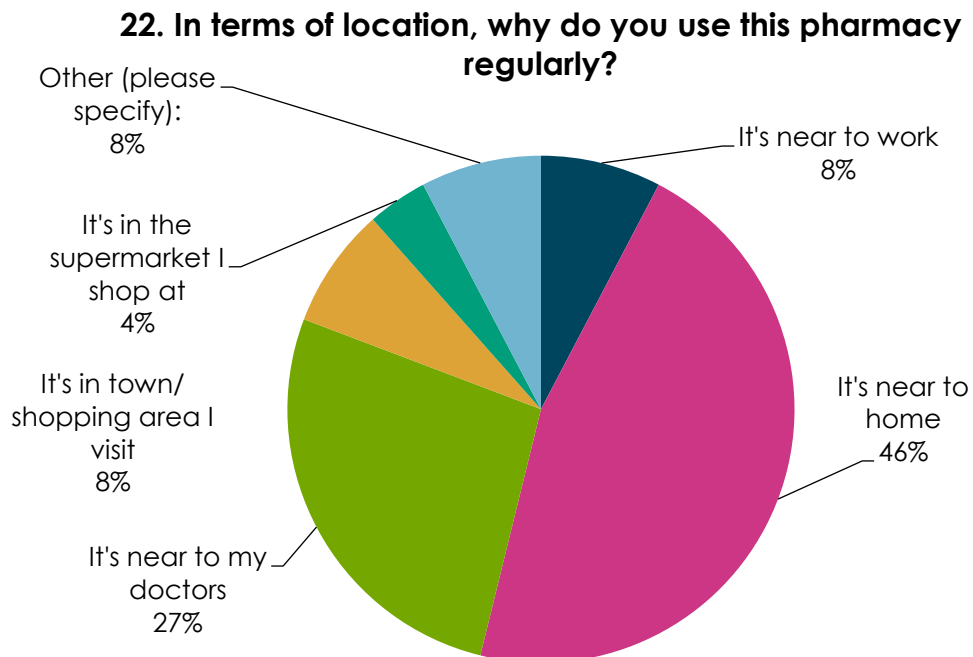


The pharmacy having the things I need was considered the most important aspect for the pharmacy services. Other important aspects for the pharmacy services were ‘The pharmacist taking time to listen’ and ‘location’. Private area was also considered important but less so than other aspects of the service.

21. Do you have a pharmacy you use regularly?



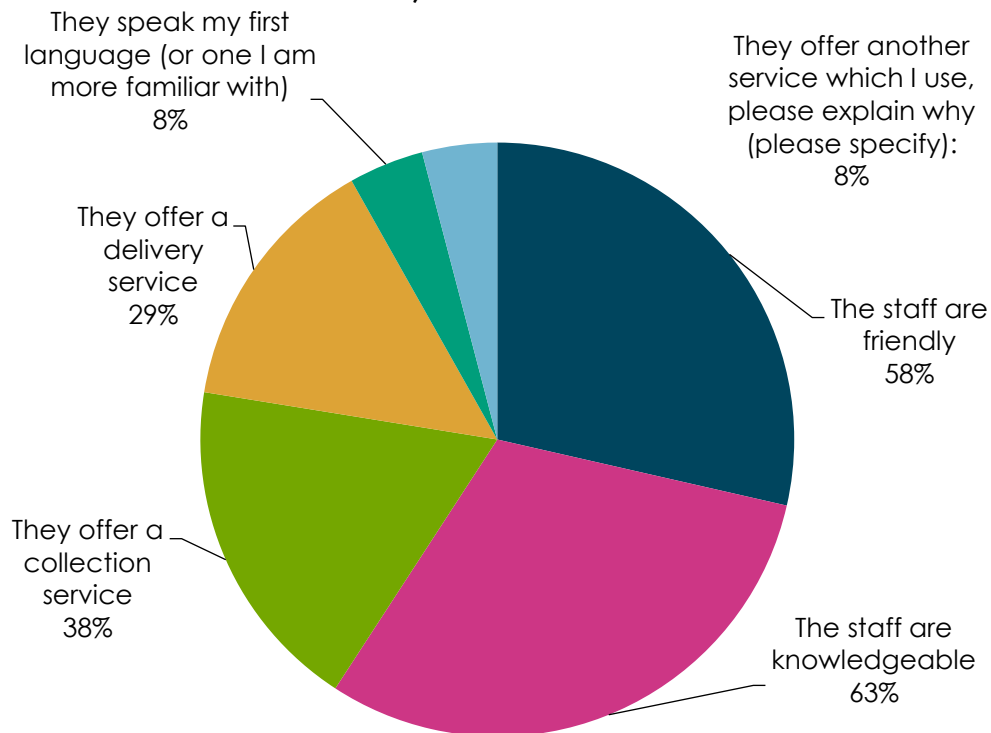
All 27 respondents said they have a pharmacy they use on a regular basis.



When asked why patients use their pharmacy on a regular basis, 46% (12) said it is near to home, 27% (7) said it is near to their doctors, 8% (2) said it is near to work and another 8% (2) said it is in town/near the shopping area they visit. 4% (1) said it is in the supermarket they shop at and other responses included 'It is one we have always used.' And 'It is one I have used for a long time.'



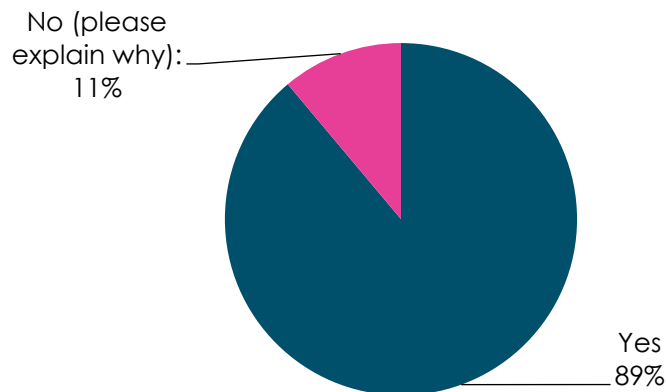
23. If you use a particular pharmacy on a regular basis, is this because:



Over half the respondents (63%;15) said the reason why they use a particular pharmacy on a regular basis is because the staff are knowledgeable and another 58% (14) said because the staff are friendly. 38% (9) said it is because they offer a collections service and 29% (7) said they offer a delivery service. 8%(2) said it is because they speak my first language and another 8% (2) said they offer another service they use (Ear syringing and repeat prescription service).

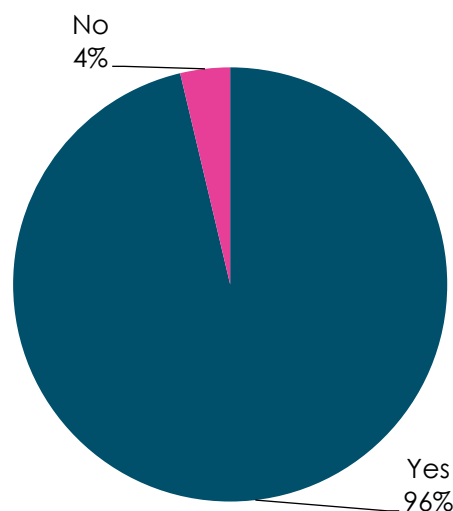


24. Do you feel that pharmacy staff provide you with sufficient information about your prescribed medication or medicines purchased over the counter e.g. dose, possible side effects, any warnings?



89% (24) of respondents said their pharmacy staff provided them with sufficient information regarding their medication and 11% (3) said they did not provide with sufficient information. One patient said this is because 'It's all in the leaflet' and another patient stated 'They never explain anything.'

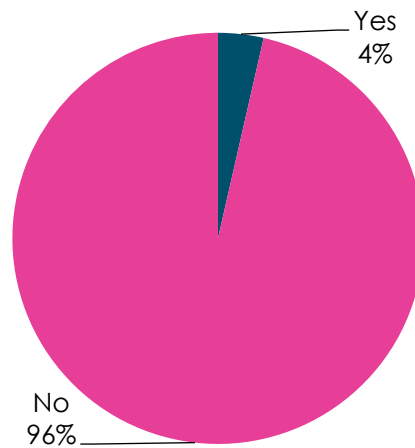
25. Did you know staff at your regular pharmacy could provide advice of treating minor ailments such as viral infections, mild skin conditions, minor cuts, aches and pains, hay fever and allergies etc



96% (26) were aware that pharmacies can provide advice of treating minor ailments and 4% (1) had not heard of it.

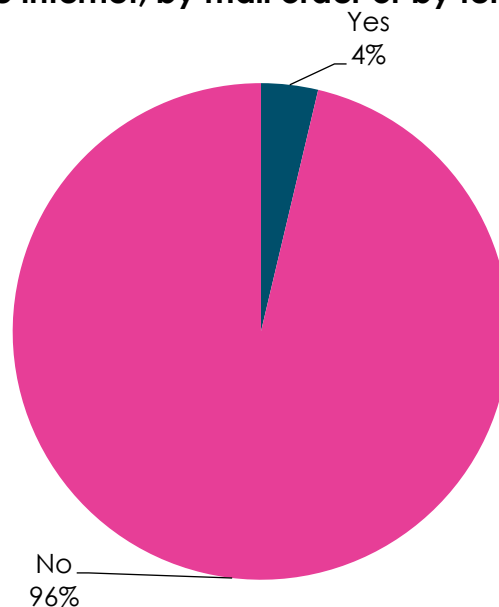


26. Do you use a dispensing appliance contractor (which isn't a pharmacy) for items such as continence or stoma products?



96% (26) of respondents said they do not use a dispensing appliance contractor and 4% (1) said they do use this service.

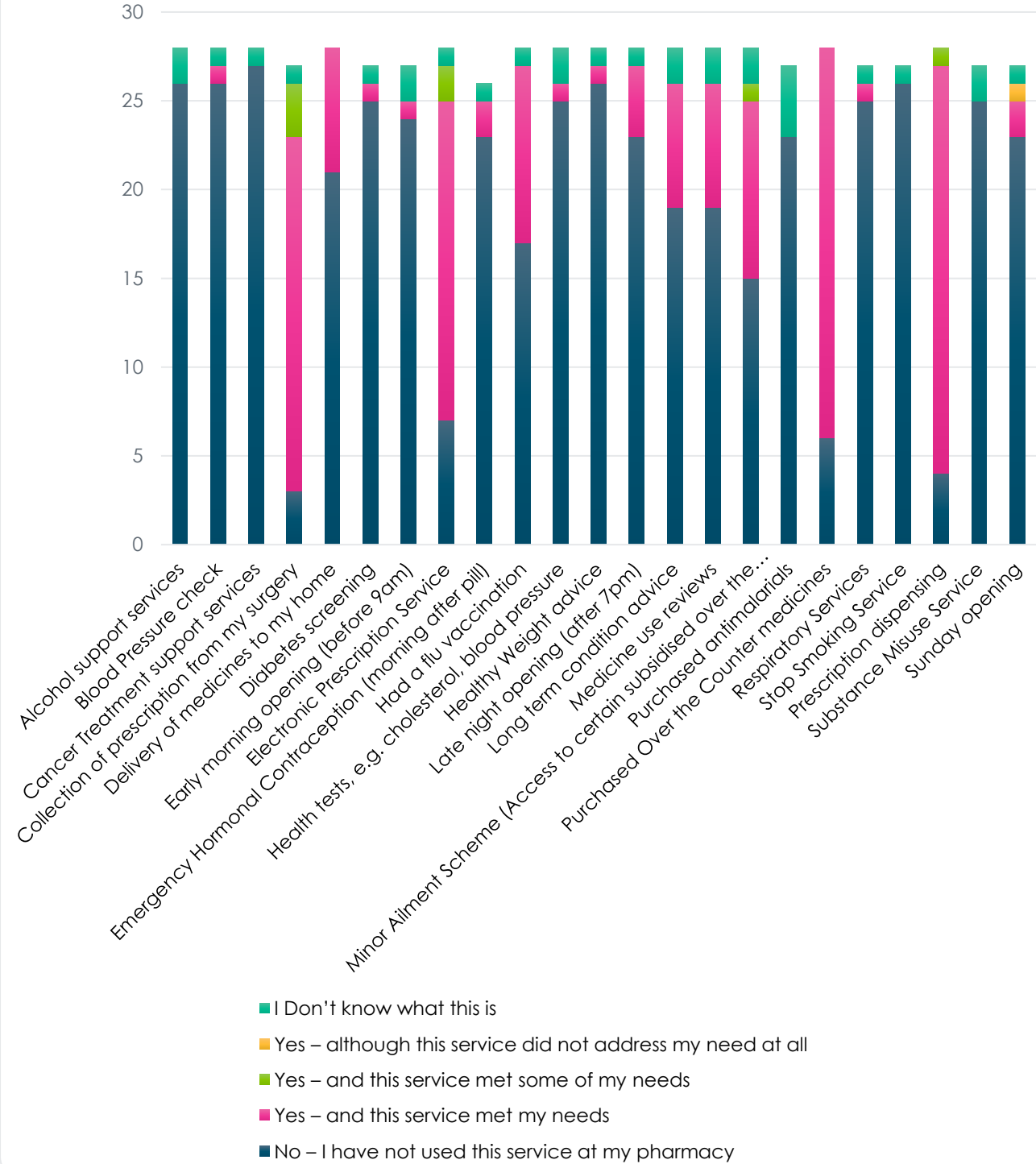
27. Do you use a distance selling pharmacy where you have ordered medicines/appliances over the internet, by mail order or by telephone?



96% (26) of respondents said they do not use a distance selling pharmacy and 4% (1) said they do use this service.



28. Have you have ever paid for or used any of the following services from your pharmacy

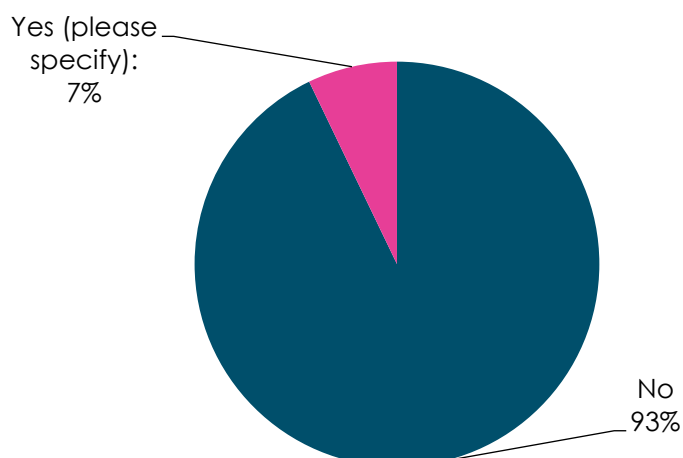


Prescription dispensing service, collection of a prescription, electronic prescription service and purchasing over the counter medicines were most frequently selected as the service that patients have used and has met their needs.

Minor ailment scheme, flu vaccine and delivery of medication to home were the next most frequently used services that had met patients' needs.

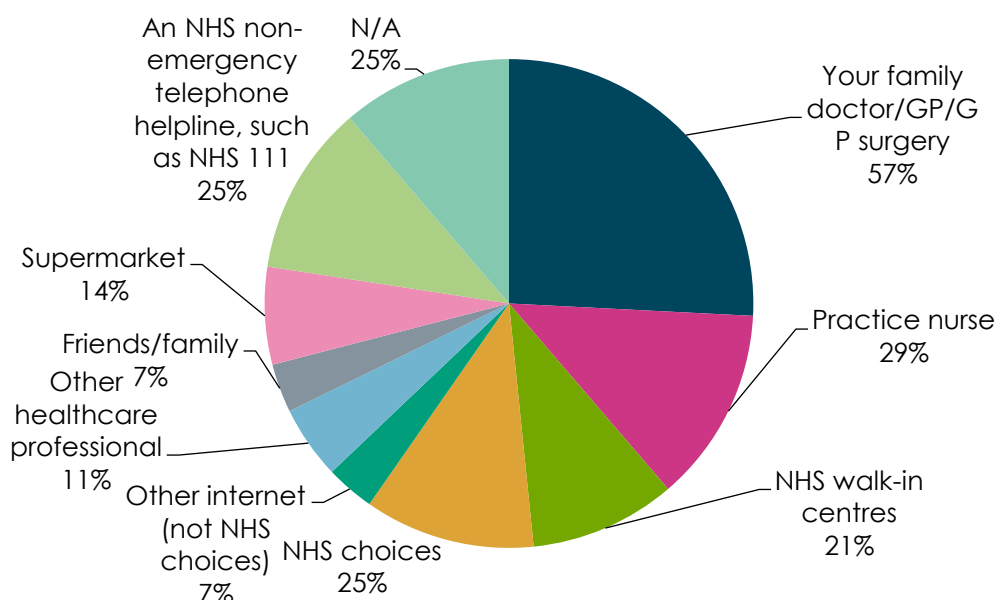


29. Are there any other services you would like your pharmacy to offer?



93% (26) said 'No' and 7% (2) said 'Yes'. Both patients said they'd like their pharmacist to be able to prescribe medication so they wouldn't have to go and see their GP.

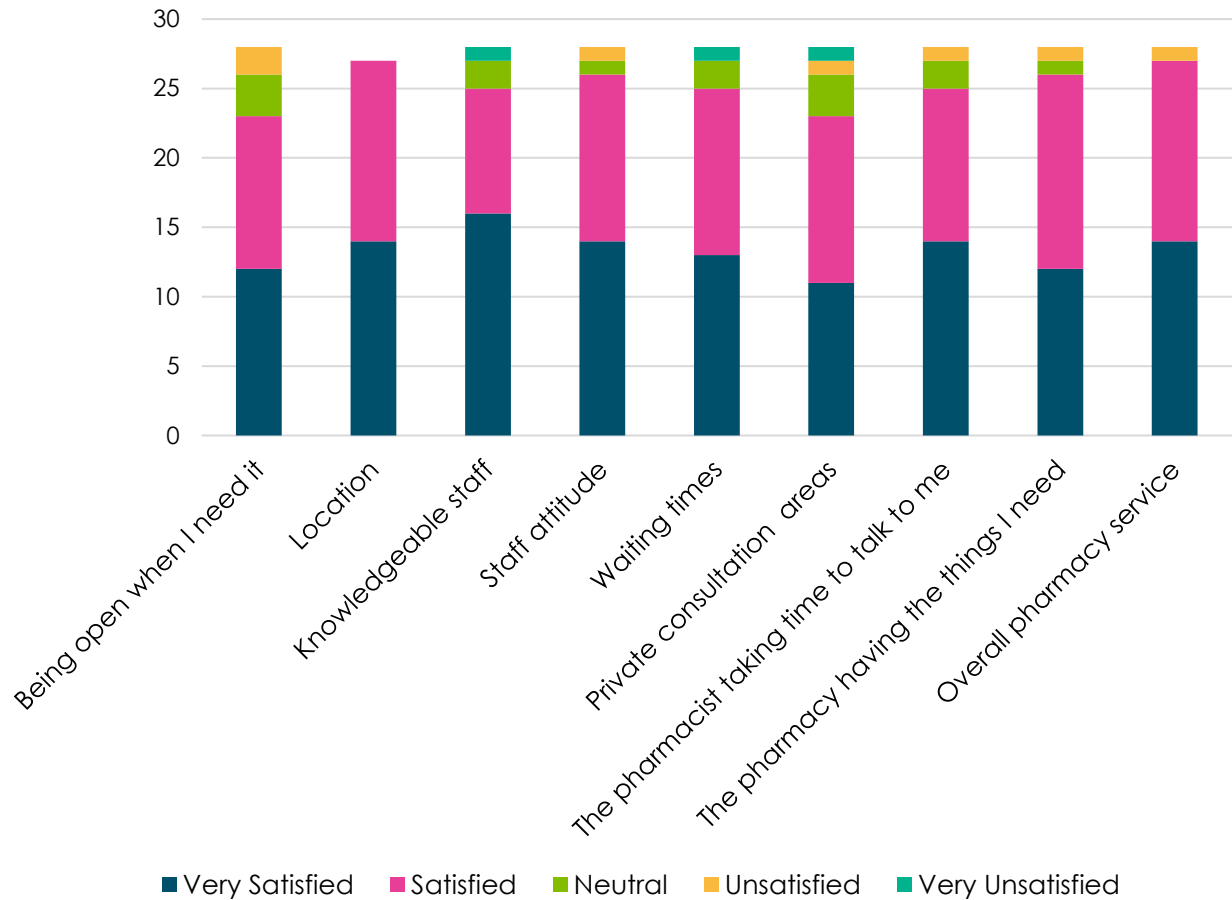
30. If you don't go to a pharmacist for any of the services listed above, who or which organisation, if any, would you contact if you wished to get information:



57% (16) of respondents would go to their GP, 29% (8) to their practice nurse, 25% (7) NHS choices, another 25% (7) to an NHS non-emergency helpline, 21% (6) to a walk-in centre, 14% (4) to a supermarket, 11% (3) would go to another health professional and 7% (2) would go to their friends/family. 7% (2) said they would access another internet page.



31. How satisfied are you with the following aspects of service provided by pharmacies?

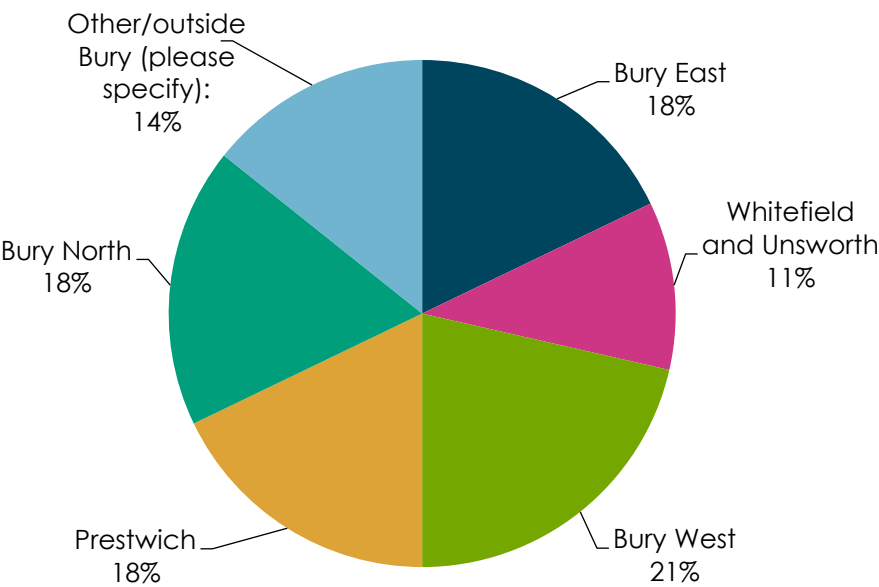


Most respondents were most satisfied with the location of the pharmacy and with an overall service of pharmacies.



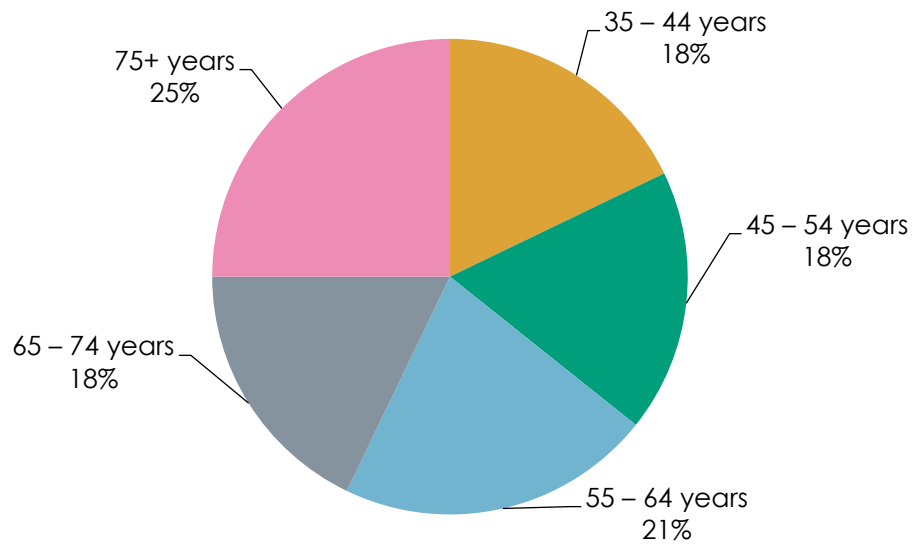
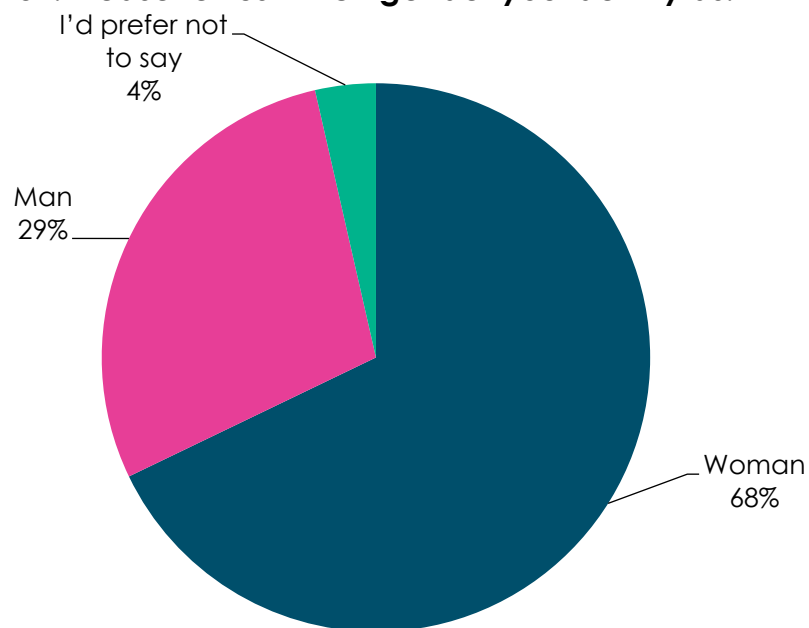
Demographics

32. Please tell us which township you currently reside in?



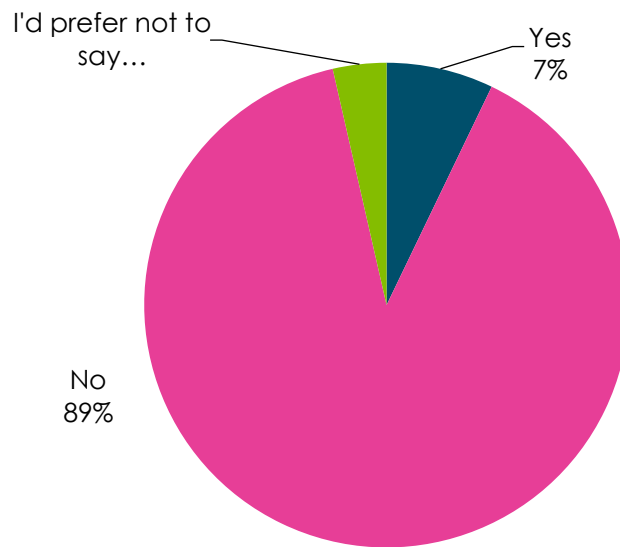
Other:

- Radcliffe
- Middleton, I work in Bury
- Radcliffe
- Radcliffe

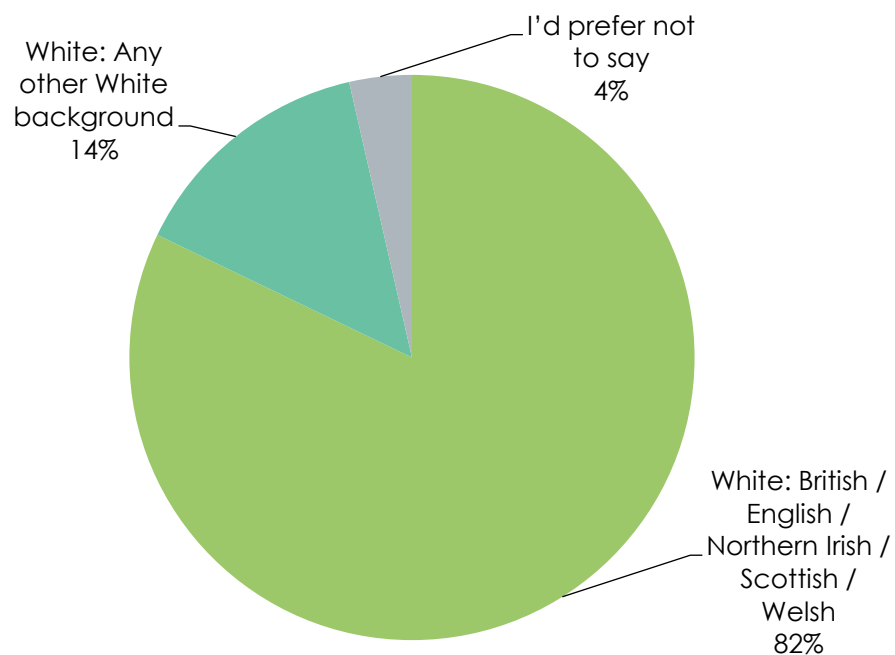
**33. Please tell us which age category you fall into:****34. Please tell us which gender you identify as:**



35. Is your gender different to the sex that was assigned to you at birth?

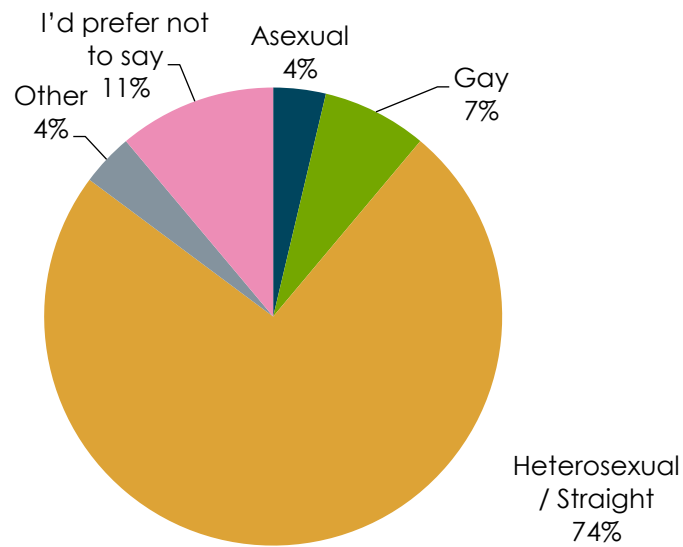


36. Please select your ethnic background

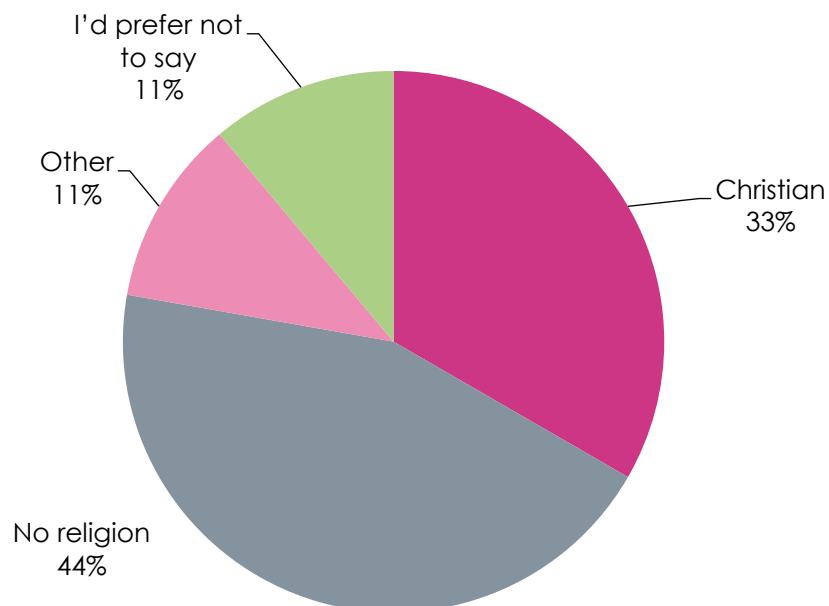


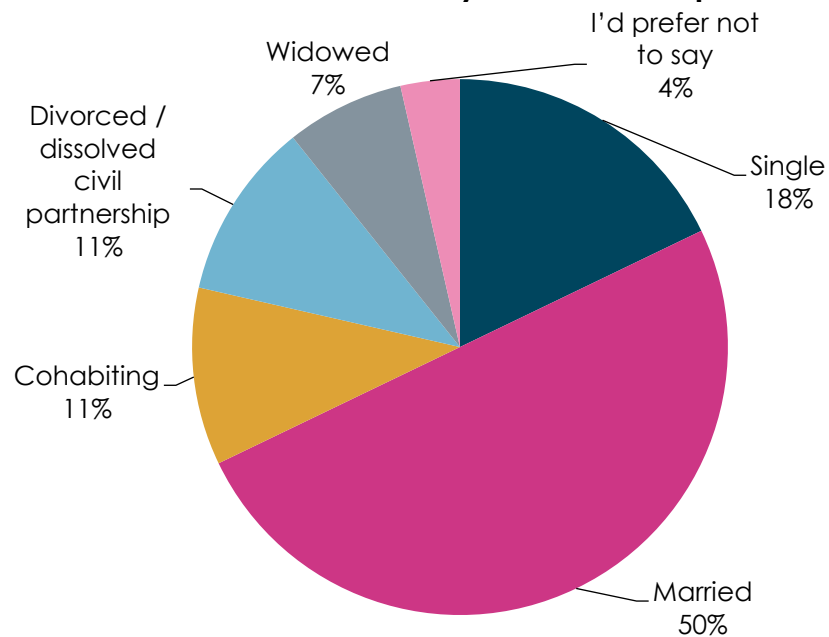
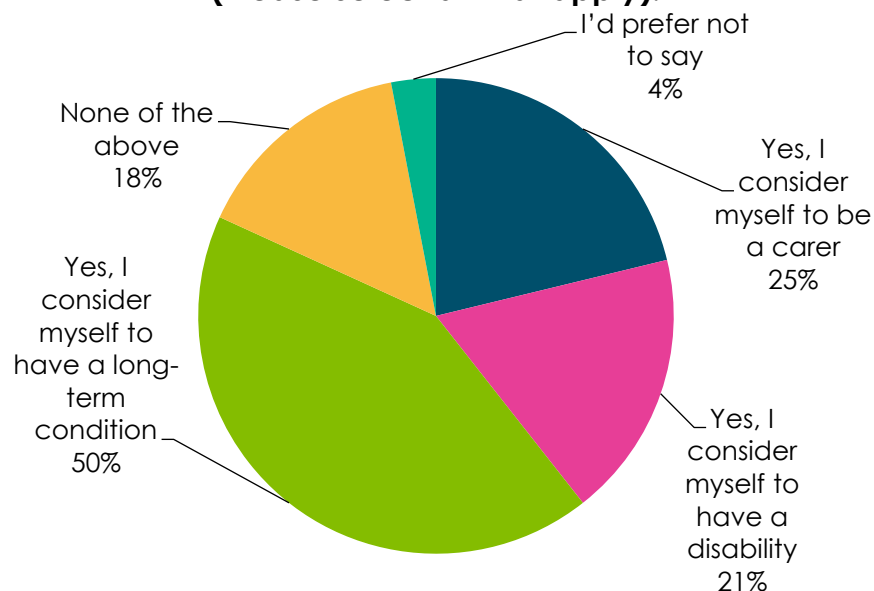


37. Please tell us which sexual orientation you identify as:



38. Please tell us about your religion or beliefs:



**39. Please tell us about your relationship status:****40. Do you consider yourself to be a carer, have a disability or a long-term health condition?
(Please select all that apply):**



Acknowledgements

Many thanks to everyone who were able to share their feedback with us, to our volunteers and thanks to Public Health in Bury for supporting this survey.

References

1. Bury Pharmaceutical Needs Assessment 2022-25
<https://www.bury.gov.uk/CHttpHandler.ashx?id=23714&p=0> (Accessed in November 2022)





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Dementia Survey Report

Healthwatch Bury

February 2023





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Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.





Executive Summary

Over Summer (July to September) 2022 Healthwatch Bury ran a research project into the experience of individuals living with dementia. This was done through a questionnaire, which was completed by 46 service users. The data gathered was both qualitative and quantitative data for a more comprehensive overview of their experience.

We wanted to learn about experiences of people living with dementia in Bury, their diagnosis and the role services play in supporting people with dementia and the experiences of their families and carers.

Our aims were to:

- understand the experiences of carers of people living with dementia and those they care for.
- understand and learn from their experiences of diagnosis and accessing care and support for themselves and the person they care for, in order to shape service improvement and provision locally

Key findings

- Diagnosis of Dementia in Bury is generally undertaken by GP Practices with a limited number of more complex cases referred to the Memory Clinic
- Experience of diagnosis was generally good although it could take years from initial raising of concerns to a confirmed diagnosis
- Referrals to support services provided by Alzheimer's Society were ad hoc and there were no consistent actions taken around advice and support at the point of diagnosis
- Results of memory tests and scans were often given by phone over the last two years causing greater upset and distress to patients and their families
- Little follow up contact by GP Practice after diagnosis with patients with families feeling they had been abandoned
- Little evidence of post diagnostic treatment such as cognitive stimulation therapy available in Bury



Our recommendations:

- **Review diagnostic services and ensure a clear, effective, and consistent service is available to all residents in Bury.** Include review of best practice and other models of service delivery to ensure a robust, comprehensive, and equitable service is available to all residents of the Borough with updated guidelines and diagnostic tools.
- **Ensure everyone involved in diagnosis of dementia has received appropriate and up to date training.** This will be dependent on the model of delivery but should include Memory clinic, GP Practice staff and frontline staff in Adult Care, Community services & Dementia support groups. Training should also be offered to patients, carers and family members to better understand the illness and its progression.
- **Ensure all services dealing with people getting a diagnosis and their families have access to the most current information and guidance to make sure there is consistency of information across the borough.** Inconsistencies and differences in what people are told causes additional stress, waiting and wasted resources, as well as harming trust in the system.
- **Information on local support and advice to be available at point of diagnosis.** Clear and up to date information needs to be available at the time of diagnosis for carers and family members as this is key to addressing the feeling of abandonment and isolation felt by patients and carers. This should include details of Dementia support team, Alzheimer's advice and local community support groups for carers and patients.
- **Improve communication with family members and carers and record any wishes they may have regarding communication with the patient/family.** Ensure patients, carers and family have the information they need to help the patient live a quality life. It is important to ensure access to support and information as needs change as the illness progresses. Medical professionals should discuss and record the preferences/ wishes of primary carers regarding communication needs as evidence collected indicates that patients may be in denial about their symptoms and abilities, may minimise difficulties and may get aggressive or violent if the Carer tries to correct, redirect or provide their own observations or experiences about the patient's condition, causing distress to both patient and carer.



- **Provide Patient and Carers with clear information about treatment, annual reviews and progression of the illness.** This should include information about types of dementia, what happens next, referral to Alzheimer's support workers, who is responsible for ongoing care, crisis support, common infections such as delirium, ongoing tests, medication and planned reviews.
- **Ensure appropriate diagnostic and support services are available for all forms of dementia and for patients with early onset dementia.** Evidence gathered from the survey indicated that family members felt that some patients (especially from a professional or education background) were able to complete the diagnostic tests more easily and delay diagnosis. Evidence or observations from family members should be taken into account when concerns are raised & this could allow treatment to commence at an earlier stage. Concerns were also raised that diagnostic tests, advice, support and treatment appeared to be focused around Alzheimer's and that support and advice was not readily available for less common forms of dementia.
- **Ensure all communications are accessible to the people that need them.** In line with the Accessible information Standard and in a format that is most suited to them. This includes large print, simplified English, Easy read and translations where applicable.





Background

Dementia describes a group of symptoms that include problems with memory, thinking or language, and changes in mood, emotions, perception and behaviour.

Dementia is a progressive disease, which means symptoms may be relatively mild at first, but they get worse over time. Over 850,000 people live with dementia in the UK. Carers are often family members, a relative or friend. They play a critical role in caring for people living with dementia, including with day-to-day life, personal care, practical help, and making health care and financial decisions on their behalf.¹

Dementia is a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world. In England it is estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000.

Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some dementia can develop earlier, presenting different issues for the person affected, their carer and their family.

There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.

There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.²

For older people with dementia Bury does well in terms of recorded prevalence and had the fifth highest recorded diagnostic 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 are poor - only 26% of plans are reviewed annually (England average is 39.7%). Bury also had the 12th worst direct standardised mortality rate in England in 2020/21.³

There is also a requirement to review the whole of the dementia pathway in Bury 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, a physical health check, care

¹ [What is dementia? | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/what-is-dementia/)

² [NHS England » Dementia](https://www.nhs.uk/conditions/dementia/)

³ [Bury Mental Health Strategy Draft August 2022.pdf](#)



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.⁴

A Dementia Steering group has been established in Bury and work is underway to review services in line with NICE guidance and the GM Dementia Care Pathway. A National Audit of Dementia (NAD) assessment has been undertaken and the findings of this report will be forwarded to the Bury Dementia Lead for consideration.

Further context:

NHS England profile of dementia: [NHS England » Dementia](#)

World Health Organisation profile of dementia: <https://www.who.int/news-room/fact-sheets/detail/dementia>

National Institute for Health and Care Excellence (NICE) Guideline:

[Dementia: Assessment, management and support for people living with dementia and their carers: https://www.nice.org.uk/guidance/ng97](https://www.nice.org.uk/guidance/ng97)

Alzheimer's society [factsheet on Dementia](#)



⁴ [Bury Mental Health Strategy Draft_August 2022.pdf](#)



Methodology

Survey questions were produced based on patient and carer feedback about local dementia services and the aim was to gather more in-depth feedback about local services in Bury.

Following its official launch in June 2022, the survey was distributed and promoted in a range of ways, including:

- Q Promotion via Healthwatch Bury's website and social media channels (Twitter and Facebook)
- Q Promotion via face-to-face engagement, including, park bench surgeries and stalls at local community events.
- Q Promotion via Dementia Steering Group
- Q Promotion via visiting local groups. We visited Dignifying Dementia group; Bury Carers Hub coffee mornings; Brandlesholme Coffee Mornings, Church groups, Rekindle support group.
- Q Asking statutory organisations, health and social care providers, local businesses, voluntary sector partners and community groups to promote the survey.
- Q Direct emails to existing contacts and organisations.
- Q Hard copies were available on request.
- Q People were invited to arrange a one-to-one telephone call, face to face interview or participate in a focus group if preferred.
- Q We have included comments from respondents in detail as part of this report as we feel their words are more powerful than a generic summary.





Findings

Please see the survey findings below:

Question 1 - Have you or someone you care for had a diagnosis of dementia?

The vast majority of people we heard from (89%) had already had a formal diagnosis. This is likely due to the networks and partners we work with and shared this project with will be predominantly working with people that have had that first diagnosis.

Question 2 - Please tell us about your experience getting a diagnosis

Positive comments	Negative comments	Standout comments
Diagnosis was simple ///	Wrong scan arranged	
Memory clinic helped	Long wait for diagnosis //////////	6 months – 3 years (one 10 years)
Medication made a difference	No direction or advice after diagnosis ////	“felt very much on my own”
Face to face GP appointment	Diagnosis included unnecessary travel /	
Offered a range of tests	No physical observation for diagnosis	
GP was good //	Not enough help post diagnosis	
Mental health service was good	Results of scan never given to us /	
	Difficult to contact GP or get appointments ///	
	Difficult to contact social worker	
	All done over the phone in a few minutes, not thorough or didn't feel listened to /	
	Left suffering whilst waiting for diagnosis //	
	Had to chase up results of scan after months	
	No consistency from GPs //	“Passed from pillar to post”
	No contact to check on you	
	Difficult to get diagnosis from GP /	“Lots of chasing and no support”



	Need a new referral if medication needs changing	
	Took a long time to get into memory clinic /	
	Referrals not made /	
	Better communication between GP and patients	

Question 3: How easy was it to access the help and support you needed?

Around 60% of respondents had found accessing the help and support they needed 'Difficult' or 'Very Difficult'. 15% had found it 'Easy' or 'Very easy' to access the required support. This indicates that more awareness raising is required to ensure all patients have the right information about accessing services should they need to use the help and support.

Question 4: Have you been referred to support services (Alzheimer's Society/Carers Hub etc.)

Nearly half the respondents (48%) stated that they had been referred to support services, another 16% said they had made a self-referral. 36% had not been referred to any further support.

Question 5: How did you feel about the treatment, care or support that you were offered?

32% of the respondents said they were 'Satisfied' or 'Very Satisfied' with the care or support they had been offered; 34% said they were 'Dissatisfied' or 'Very dissatisfied' with the offered care and support.

Question 6: Are you aware of 'This is Me' booklet?

64% of the respondents stated that they were not aware of the booklet. 13% said they were aware of it but had not yet used it and 22% stated they were aware of it and were using it.

Question 7: Are you aware of 'Dementia Friends' training?

67% of the respondents were not aware of 'Dementia Friends' training, 11% said they were aware of it had not completed the training and 22% had completed the Dementia Friends training.

Question 8: If you have completed the training, how did you access it?

Out of those (8) who had completed the training 5 had accessed it through their work. One respondent had completed the training online after they'd been a carer



for 9 years and one person had been signposted through the Bury Carers Centre. This indicates that employers are great at raising awareness about the condition but more work may be required for making the training accessible for those who are no longer in employment to make sure they have an opportunity to become more informed.

Question 9: What is working well and what improvements could be made to dementia services in Bury?

What works well	What improvements suggested	General comments
Bury Carers Hub is exceptional in its support for carers //	Getting more information at first signs from medical practitioners. More information about local services. ///	'A one stop shop doesn't suit everyone with dementia.'
Unpaid volunteers who strive to help people.	More advice and guidance for carers. More understanding of needs of carers. More support and training for carers //	/If I have a medical problem, looking after someone's personal care and other needs can be or become extremely difficult.'
The Memory Clinic staff helpful and friendly	Respite	
Decaff Greenmount	More support for people who have no family nearby.	'I get no support for my father, who lives alone. I do not live near him. He needs to socialise with people but unless I take him (which I am severely limited to be able to do) then he sees no one.'
Merrie Melodies/Musical Memories/Singing for the Brain ///	More social groups and activities for people who are profoundly deaf and have dementia on all days of the week. ///	
Family support	More contact from relevant services. Dementia registers that's used to contact families to check in on them on a regular basis. ///	'There have been times when I have been desperate for help due to changes in behaviours which I did not understand. I did not get the support I needed, and no one has bothered to follow up my calls.'
Dementia café	More connection between GPs and services after diagnosis/ Referrals. Easier access to a consultant. ///	
Social worked arranged care leave and respite care.	Designated contact for a primary carer – what to expect and what can be accessed. //	'Lots of services, got lots of numbers but confusing as to who does what. Could do with one adviser/one point of contact.'
Bury lending library for equipment, rails etc. very good.	Designated GPs for dementia care //	



	More of a person-centred approach to enable the individual to received the personalised care. //	'My mum even before dementia didn't like going to new places, which she didn't like or thought they were spying on her and trying to possess her. My anxiety wasn't good trying to get her to places and this was never acknowledged or taken into consideration in any help suggested.'
	Speed of access to mental health team and diagnosis	
	More support from social workers – Adult Care	
	More face to face and less over the phone.	
	Dementia plan in place as soon as told about dementia.	
	More understanding about different types of dementia.	

Additional investigations findings.

From discussion with 2 Carers who wanted to talk to Healthwatch Bury in more detail about their experiences, we conducted a more detailed face to face discussion and found their experiences at the diagnostic stage and ongoing care management were extremely distressing for themselves and the Patients.

- The experience of diagnosis with GP was unsatisfactory and distressing, hurried and unsympathetic. Little support offered.
- Diagnosis given over the telephone in a short phone call. Difficult to have a conversation or for the Carer to contribute. **Very** little information given about assistance: "An appalling process. I felt left to get on with it myself. Had to self-navigate the system".
- Carers are not able to talk to the GP or medical professionals about the issues they are experiencing. "No one would listen to me".
- Not enough information and consideration given to less common forms of dementia, at diagnosis and for ongoing advice and support. Early onset dementia support networks not available and many groups mainly cater for older dementia patients (80+) not for people in their 60's. Carers own



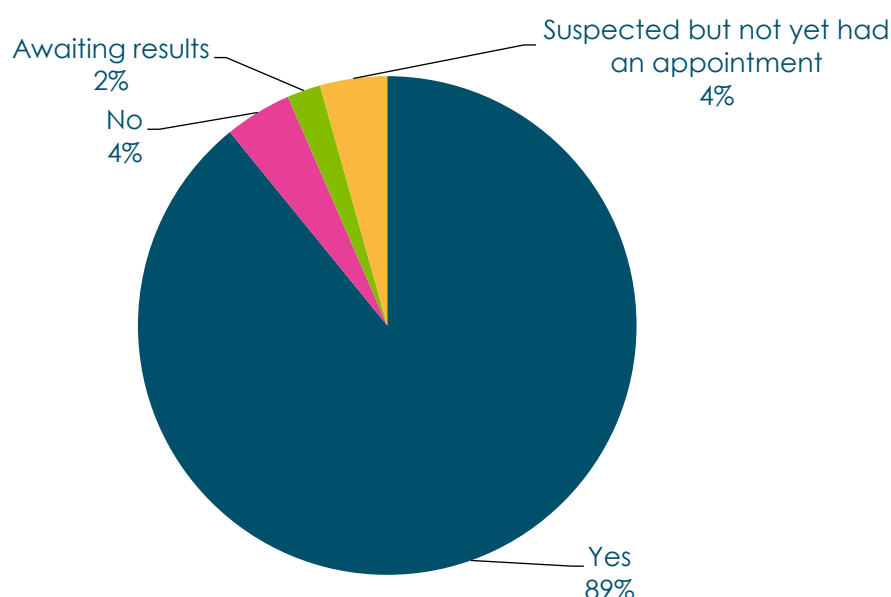
experience of Frontotemporal dementia (FTD) with behavioral variant (a rare form of dementia) is exhausting and extremely challenging. Carer has managed to find a FTD Partner support group himself based in Stockport which has been crucial to understanding this progressive degenerative variation. No information was made available to the Carer locally. Fortunately was able to research this himself but not all Carers would be able to do this.

- Dementia review meetings do not seem to have much of a purpose and specific requests eg to the Memory team & Salford Royal Cerebral Function Unit for a separate Carers review meeting, were ignored. Meeting with both Patient and Carer may result in distress, aggression and abuse to the Carer or the Carer may not feel able to give an accurate description of the condition in front of the Patient.
- We found that there was often a lack of information on the results of the MRI scans, prognosis and progression given to the Carer.
- A general 'induction to practicalities' for Carers of dementia patients would be helpful at an early stage of illness.



Results

1. Have you or someone you care for had a diagnosis of dementia?



2. Please tell us about your experience getting a diagnosis (For example: What worked well? What could have been better?)

Default table grid

Diagnosis was quite simple despite being early in the pandemic.

Failed memory test, face to face with doctor, referral for scan but wrong one arranged, still waiting for alternative test.

Quite straightforward once the request for a memory test was made to the GP

Just appointments at the memory clinic

I spoke to Annemari (Healthwatch Bury) at the recent Bury Carers' Coffee Morning and mentioned the following letter and note etc that I have copied here. (Something I didn't mention is that my wife, with her type of dementia, easily passed the standard test(s) for dementia which seem to be more geared up for Alzheimer's).

The letter resulted in a meeting and invitation to be a member of the Dementia United Bury Delivery Group. The last meeting, I went to was shortly before the pandemic (February 2020) and neither myself or the Bury Carers' representative have heard anything more since then.

We had to wait a long time to get a diagnosis and start my husband medication

Dr diagnosed after scan and test, sent to memory clinic for retest and tablets, review after 6 months then discharged. No direction advice or help given other than a blue written folder.

Only negative was that it took a year to complete and involved travel, which took a lot of time and effort. Also, I think it would be better if people were assessed by observation not paper tests.

It being done over the phone felt incomplete. No physical observation could be made.



The diagnosis was given by the doctor after completing a list of standard questions. That was it. No signposting to agencies etc was given. Have had to learn what is and what isn't available.

My husband had a memory test by the GP in June 2019 and was told to repeat it a year later but due to Covid this couldn't take place. He had another memory test with the GP in 2021 following an MRI scan (scan was ok). I think the GP would have left it at that, but we were both concerned about his deteriorating condition, and I asked for suggestions of a way forward. The GP then referred him to the Memory Clinic, and he had a lengthy memory telephone assessment, involving both of us. In October of 2021 we had a telephone consultation with a lovely junior (I think) doctor who spoke to the consultant - he then gave who a diagnosis of Mild Cognitive Impairment. Then in 2022 we had a telephone appointment with a nurse from the Memory Clinic who initially was going to discharge my husband. However, after discussion she spoke to the consultant. He agreed to see him/ us(?) after a further memory test (which was face to face) and MRI scan. These took place in May and June 2022. He has an appointment with the consultant in August 2022.

I feel that the process seems to be taking a long time, though I understand that the pandemic has caused a delay. We were hoping that early intervention would hopefully help to reduce his deterioration, but we are more than 3 years since first approaching the GP. The gentleman who did both memory tests offered some useful advice. However, we are really anxious for more help and support.

It was straightforward although dad went for a brain scan, and we were never given the results of this. It was his GP that said he had dementia, but we don't know if this was based on symptoms or evidence from scan.

Find it difficult at times to contact social worker and doctors

Nothing worked well, took a very long time to get response. Then a diagnosis was given and confirmed over the phone in a 5-minute call, then felt left and abandoned. No appropriate history taken from either of us.

I had to go to the doctor several times about loss of memory before I was sent for MRI. Probably took over 6 months before I was diagnosed with Alzheimer's Disease.

We knew something wasn't right with my mum after lockdown. The GP's have been supportive and helpful. The doctor gave a diagnosis of dementia In December and referred my mum to the memory clinic she was not seen until May. She suffered for many months with sleepless nights and worrisome confused days for all these months. The memory clinic prescribed her with anti-anxiety medication which helped straightaway, and mum is now doing quite well. Very frustrating to have to wait so long to see the specialist team.

My mother-in-law was given a face-to-face GP appointment and offered a range of tests however I had to chase up the results of her brain scan which had been received by the surgery almost two months earlier.

Family have known Mum probably had dementia for 10 years. Had first memory test 9 years ago & was just above the threshold.

Second 3 years later & was just below threshold, MRI scan was inconclusive.

She was a former primary school teacher so we felt she could cover it quite well.

Third test October 2021 and score had dropped quite a bit, MRI scan was again inconclusive as she became very agitated and moved about but GP concluded she probably had Alzheimers. Took a long time & she lived alone so couldn't get any help without the diagnosis.

Early diagnosis would have helped, got passed from pillar to post and different GPS all the time, no consistent care from GP

Through pandemic so all over the phone, never saw anyone. Sent for a brain scan mum had vascular dementia. Never saw a person but they did their best.

Once diagnosis received, we heard nothing so one service finished and we didn't know where to go.

There was no contact to check in on you.

Very difficult to get diagnosis from GPS, lots of chasing and not much support



Terrible. Took very long to get dad diagnosed as he was under threshold on test. Inconsistent GP visits and hard to get appointments

When I brought up my concerns in a consultation with the GP, we were required to book an appointment with a nurse to do a preliminary assessment. That showed that there was something but needed further assessment from a doctor in the practice that has more experience in this area. We were told we would get a phone call with an appointment within 2 weeks. While waiting we found out that my mother had cancer which is incurable. After the 2 weeks I contacted the doctors to find that nothing had even been put on the system about needing that appointment. But they couldn't do it anyway as the doctor is off at the moment with covid and is retiring at the end of this month and they don't know who is taking over that role. When I asked what we do now then I was told phone next month then we might know who is taking over. Its very hard to get a normal doctor's appointment at any time let alone an extended one so what help is there for us to get a diagnosis?

I raised concerns with my mother's GP and a memory test was arranged. An MRI at Fairfield and a diagnosis given. About three months from start to finish

Difficult getting diagnosed. Sisters in a care home and we have been trying for a while to get her a diagnosis and get a regular gp

It took far too long and too many visits to the GP

It was bad because my husband was diagnosed during lockdown, we received diagnosis over the phone which was hard At the time o couldn't think of questions to ask.

Its very difficult to get a diagnosis of Dementia quickly. Because of the complexity of the disease.

Took a long time to get to memory clinic. Sorted medication out now discharged if medication needs changing must go to doctors and be referred again!!!

My wife was diagnosed before I came to Bury. Tadcaster York is where she was diagnosed. Noticed going in all cupboards looking for things. GP did the diagnosis test with her/memory test/copy shapes etc. She passed for months but failed one after a while they sent her for scan. Diagnosed mixed dementia.

GP - good

Relative spent 5 weeks in hospital following deterioration in mental health at home. No diagnosis forthcoming in hospital but relative not deemed well enough to go home. Family told a 6-week assessment from community mental health team would be in place on discharge to a care home (temporarily). Hospital failed to make a referral. When family eventually contracted mental health team directly told it could be 'months' before she was seen due to backlog. Family left in limbo unsure what in her best interests and what would be affordable. Really needed her to be somewhere where her capability or otherwise to manage to live alone could be assessed.

The NHS Mental Health Service was good. Assessments were timely and referral to her doctor worked well.

Several years ago. Referred by GP to specialist and got diagnosis though specialist.

NHS referral - hospital visit

Easy to get diagnosis.

I was told Mum had dementia but not sent for tests for another 3 years. At that stage asking the questions wasn't good and made her worse. Wouldn't go to Memory Clinic after that first experience. Eventually had a nurse, came to visit from the clinic and tablets given to help, but then referred to own doctors. However, tablets needed to be changed as not good. Dr referred to the clinic but 6 monthly waiting list. However, i rang them and I was lucky as they dealt with me and came out to Mum. This was back in 2013. Eventually back to my GP who used to ring me every 2 weeks to measure her medication and alter.

Diagnosis was fine, GP diagnosed her. Realised she wasn't reading as much not remembering what read.

GP went through an agility type test questions for dementia testing. Diagnosed 12 years ago. (Mum)



Went to doctors, first diagnosed with mild cognitive impairment. It got worse. Had a scan and diagnosed later.

More information re: groups, felt very much on my own.

We went to Salford Royal - which was a trek. They monitored my husband for some time - with memory tests etc. He was diagnosed seven years ago - we stopped going to Salford Royal because of the journey involved and he was getting frustrated with the tests.

Now we are under our doctor now and my husband attends a day centre twice a week. It would have helped to go to our local hospital instead of all the travelling.

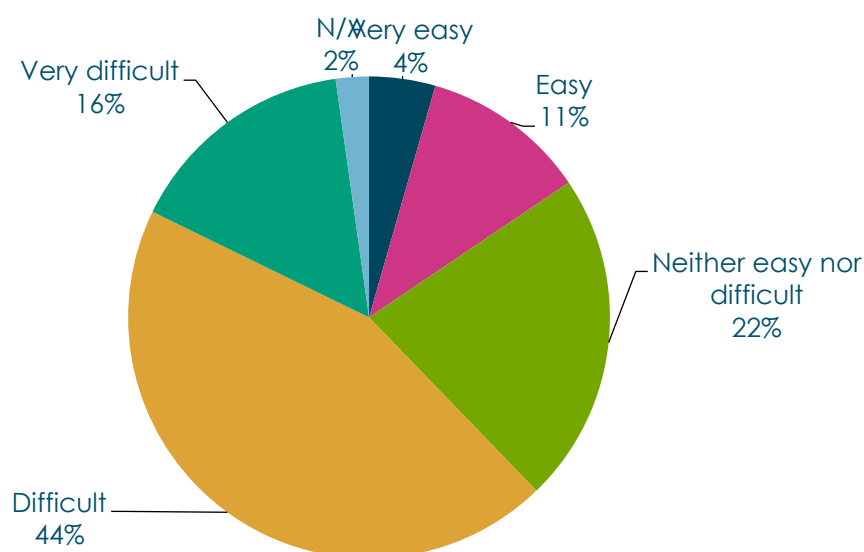
My husband was diagnosed a while ago because he was forgetting things. We went to see doctor for memory test. He diagnosed mild cognitive behaviour, which he said could develop into dementia. He had a brain scan and was diagnosed with Alzheimer's.

Better communication between GP and patients

After going to the doctor for a memory check and then getting appointments with memory clinic in Bury September 2014 discharged 2015 - I then felt we were here on our own - I just carried on looking after my husband - we both just carried on until sadly he started to deteriorate. - getting in touch with the Bury Carers Hub was really a godsend. Wish I had known about Admiral nurses too. This is just a very brief outline of what went on.

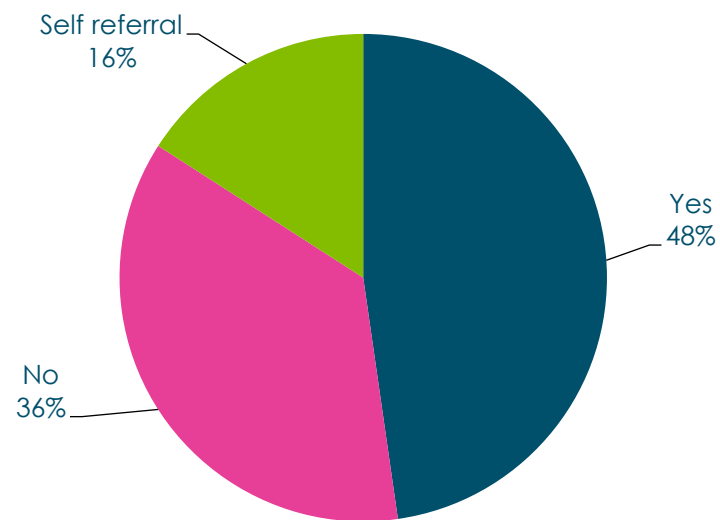
If I could have seen someone face to face, it would have been better. I'm fed up with the Covid excuses! If it hadn't been for the mental health Liaison Team. I would not have had any support at all. I was disappointed with both my GP Practice and my husband's consultant no help at all.

3. How easy was it to access the help and support you needed?

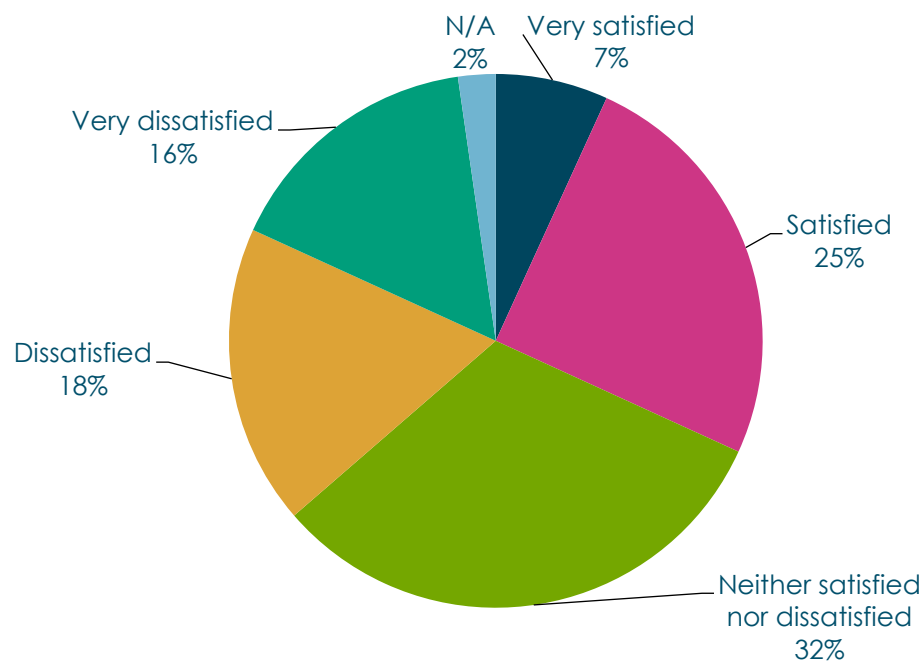




4. Have you been referred to support services (Alzheimer's Society / Carers Hub etc?)

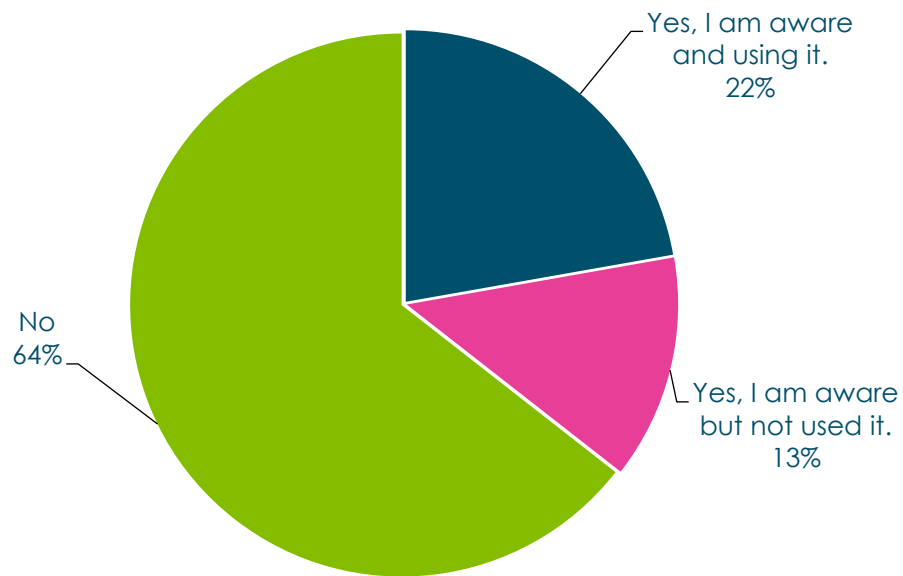


5. How did you feel about the treatment, care or support that you were offered?

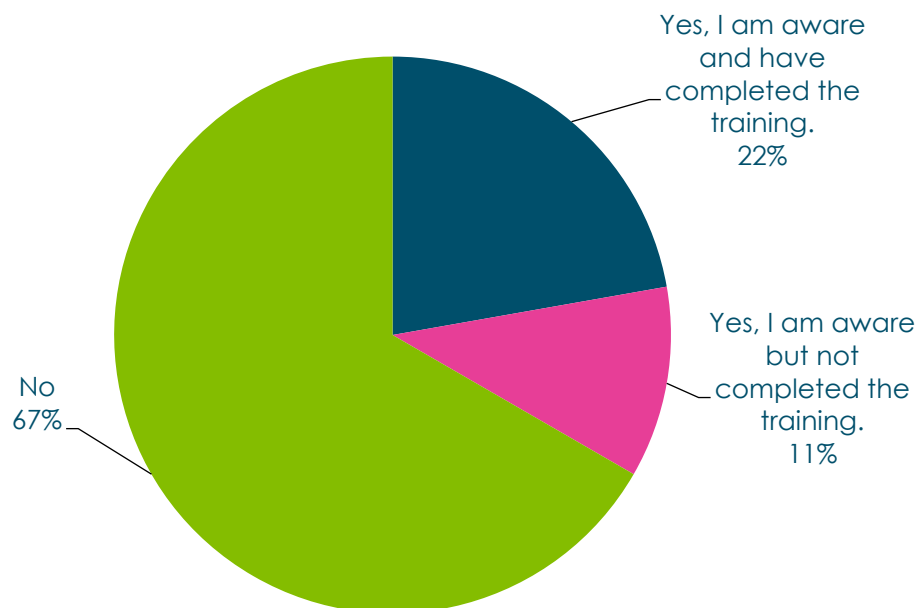




6. Are you aware of 'This is Me' booklet?



7. Are you aware of 'Dementia Friends' training?





8. If you have completed the training, how did you access it?

No. I don't think it was available at the time of the diagnosis when it might have been most useful.
Online and later face to face. Online/postal not much help. The online was after I'd been carer 9 years
Through my employer.
Through work, before mums' diagnosis
Former work role many years ago. Also, through an Alzheimer Society & Sport England Initiative around Dementia Friendly Swimming I set up in my former role
I work for council
Through work
Went on training course.
Bury Carers

9. What is working well and what improvements could be made to dementia services in Bury?

Getting more information at first signs from medical practitioners
More advice and guidance for carers Respite
What's working well Bury Carers' Hub is exceptional in its support for carers. The activities they provide, advice and advocacy are helpful, and I don't know what I'd do without them. Improvements – in addition to those indicated in Section 2 Services available and signposting. Something that states what the dementia services in Bury are or what needs can be provided for doesn't exist. In my experience, it's often several services that might need to be accessed according to circumstances, e.g., GP, Memory Team, Hospital, Incontinence & Stoma, Occupational Therapy, Community Dental Service, Bury Council Adult Care. The key issue then is trying to ensure that they understand the needs of someone who can't articulate their symptoms and rely on their carer to do this and understand their patterns of behaviour. I've had contact with The Alzheimer's Society and Dementia UK Admiral Nurses, mainly on helplines when I've needed more immediate advice on specific issues. Experienced carers are sometimes better 'qualified' and more accessible than GPs and others to advise on a range of matters and that's where on-line communities and social media groups come in. Therefore, 'signposting' to relevant services is essential (although there is the obvious difficulty of raising expectations beyond what can be delivered and when). But who does this and how detailed because as symptoms develop different or varied solutions are needed? Referrals. Confirmation of a referral being in the system is needed with an estimate of timescales involved for an appointment, with contact details for checking if overdue. When long waits are involved, this is essential. For example, I've had experience of a



referral for an Occupational Therapist lost in system and where numerous phone calls were needed to sort out. With the Community Dental Service, I was concerned that the referral was overdue, and potentially lost but was assured it was in hand, the process involved and an idea of timescales. For the Incontinence & Stoma Service a referral was made by Bury Adult Services that I backed up with a letter 4 months later and shortly afterwards got a home visit. In all these instances it's the 'not knowing' of timescales that is frustrating notwithstanding that the pressures on the NHS now and into the future. However, I must say that I have found the staff to be very helpful at appointments.

Type of dementia. Most services seem to be geared up to Alzheimer's, which is quite understandable given its prevalence, but consideration should be given to rarer and early onset dementias because they are less understood and provided for by services.

Carers and the NHS system. We are told to register as being a carer with our GP. I have done this but have not been able to find out what this means in practice by a GP or the CCG. There should be a CCG and/or national guidelines. In simple terms I'd like to see a policy whereby some priority is given to carers who need a GP consultation, including for possible referral. The point being is that if I have a medical problem, looking after someone's personal care and other needs can be or become extremely difficult. (I can give examples if you'd like to hear about them).

Again, I am quite happy to discuss to issues raised.

There are none !!! with the exception of unpaid volunteers who strive to help people but have little support or funds and have set up own groups

I get no support for my father, who lives alone. I do not live near him. He needs to socialise with people but unless I take him (which I am severely limited to be able to do) then he sees no-one. He cannot do telephone chats as he is profoundly deaf.

Accessible groups available on all days through the week. Activities for those with a diagnosis.

There are lots of different 'types and varieties' of Dementia. A one stop shop doesn't suit everyone with Dementia. There needs to be a lot more understanding of needs of carers.

The Memory Clinic staff have been helpful and friendly, but I feel easier access to a consultant would have been useful. It will have been over 3 years since we first raised concerns before we see a consultant. We are not complaining, however. I just want to help my husband in every way I can.

No support or training given to family trying to care for the person with dementia. We were given booklets to read but they didn't help with the day-to-day tasks such as best techniques to help dad stand or what to do when he refused medication etc.

Initially we were told he would be under the 'memory clinic' but we have no idea what this is. He did not have regular assessments with GP and the consultant only ever did telephone appointments, so we had no idea if/when medication needed tweaking, what symptoms were dementia or likely to be caused by infections. We were not told what to look out for and dad ended up with Suspected Deep Tissue Trauma to the heels of his feet. We had no idea what this was and what signs to look out for. Trying to get short term emergency care support was impossible. When dad got urine or chest infections his dementia needs dramatically increased meaning, we needed care support. We couldn't afford financially to cover the hours we needed and were unable to get any help over a bank holiday weekend. Dad had to be admitted to hospital as we were unable to meet his care needs at home without assistance. The timescales for social services to carry out the financial assessments to enable an increase in carers hours meant he had to go to hospital instead. Being allocated a new social worker every time there was a change in circumstances was frustrating. It felt like no one really understood our family situation and my dad's needs. There was no consideration for my mum's needs or wellbeing (officially his carer), other



than being offered a card to have treats like hair apts etc. No one seemed to consider that mum might need regular time off to maintain her own health and wellbeing.

More information

Would need a full discussion to explain.

My dad also has dementia that was diagnosed 8 years ago, and we started to send him to Pinfold Lane. Sadly, this centre has closed, and he is unable to get to the Grundy centre as easily. Pinfold lane was a small group, and it suited my dad. Now we must send him to the Grundy which seems much bigger, and we can't really use ring and ride as getting him on time for ring and ride taxi is unpredictable.

There is the Nicky alliance centre which has been amazing for my dad we have managed to get him there with the help of carers but now that my dad's disease is progressing, they cannot cater for him at the Nicky.

More contact from relevant services would be appreciated.

Clear pathways so family & friends can understand the diagnosis, who does it & what happens next

Access to information at diagnosis & likely timescales (it took 4 months from diagnosis to first contact with support with no information from GP other than she had been referred - but no information on where she had been referred to)

GP involvement was fine but she was told over the telephone & not face to face & family was left unclear as to what to expect next.

Alzheimer's worker information was clear and helpful when we did get a visit but left to family to follow up to access services.

GP did put her on medication & this was reviewed twice after one & 2 months.

Greater involvement from Alzheimer's Society with regular drop in sessions for support would be useful & also a course for Carers to learn more about what to expect.

Rochdale services were good & I expected similar services in Bury but this was not the case.

Dcaf works well, merry melodies is very good, could do with more throughout Bury

Should be a dementia register where it's used to contact families on a regular basis to check in and offer services

There seems to be very little connection between GPS and services after diagnosed

No support for carers once diagnosed. Didn't get told about any services that could help us

A contact that calls and talks to the primary carer about what to expect and what can be accessed.

Have designated GPS for dementia care

There have been times when I have been desperate for help due to changes in behaviours which I did not understand I did not get the support I needed, and no one has bothered to follow up my desperate calls

When first diagnosed you don't really need a lot of help or even know what you will need. Could do with being contacted later as often carers are elderly themselves and maybe forget help first offered

More of a person-centred approach is needed, to enable the individual to receive the care needed for their own personal needs.

The doctor could be more helpful. I have accessed groups for carers but nothing really from Bury dementia services

We had a stairlift/downstairs toilet we put in ourselves. We had carers come in when I was recovering from stroke through council from Killelea (3 years ago). She is now in a home 'Alexandra' Used to use De-Caff services with wife when I could, daughter found it. The social worker arranged care leave and respite for us, that was great. 10 years caring for



wife alone before social worker.

Daughters were very active to make sure the care chased for us.

Had a social worker and in touch with Bury Council. Daughters helped a lot as worked for the NHS. Had a dedicated social worker and helped us get a home for my wife.

I had a lot of support

Singing for the Brain

Musical Mem

Dementia Cafe

At present no evidence anything working well!

Need improvement in speed of access to mental health team and diagnosis. Also, more support for family members advice.

Once a diagnosis is made, there is little support from the social workers on Adult Care. You feel you are on your own. I am appalled at Persona's reduction in services for people living with dementia.

Managed by herself until several falls and then GP advised she needed a care home - Minden Health Centre.

More concerns now about services not being face to face - GP Access.

My mum even before dementia didn't like going to new places and this gave her anxiety. This was never acknowledged, and everything is around going to places, which she didn't like or thought they were spying on her and trying to possess her.

My anxiety wasn't good trying to get her to places and this was never acknowledged or taken into consideration in any help suggested. Didn't always feel people understood my Mum's dementia. Also, everything always seemed to be in Bury and Whitefield but not in Ramsbottom.

Very difficult to access the help needed for myself as a carer. Card from Bury Council to access money for carer activities, didn't go or left alone as no support.

Got into contact with Alzheimer's Society through the Fire Station at Whitefield. Moved to Tottington became too far to travel. Nobody gave us support services. Mum's support was very good, district nurses, doctors, mediation supply social workers. Bury lending library for equipment, rails etc. very good.

Me as a carer received no respite, not suitable as I would not leave house. I needed at home support - not available, asked for the day centre - told need to pay.

I was given a card to access carers activities to give me a break. Got no support with looking after mum so could not use these services. No carer support for adult support. Even asked Jigsaw but as I lived with the person could not come in.

'This is Me' booklet was completed but not followed by staff. No support for carer (daughter) even after mum passed away. Support needed mentally, with benefits and housing. Still on carers allowance for 8 weeks. Caused rent arrears.

Lots of services, got lots of numbers but confusing as to who does what could do with one adviser one point of contact

More information re: services. I had to find out myself or friends.

We like to go to the Carers Hub. Trying to fit everything in with no-one to look after my husband is a challenge, not enough hours in a day. I have been thinking of contacting the wellbeing team to see if that helps me - someone face to face would be good.

I think it would be helpful if someone could maybe once a week come to our home and ask how things are going between carer and the one who is being cared for.

I think the services are good.

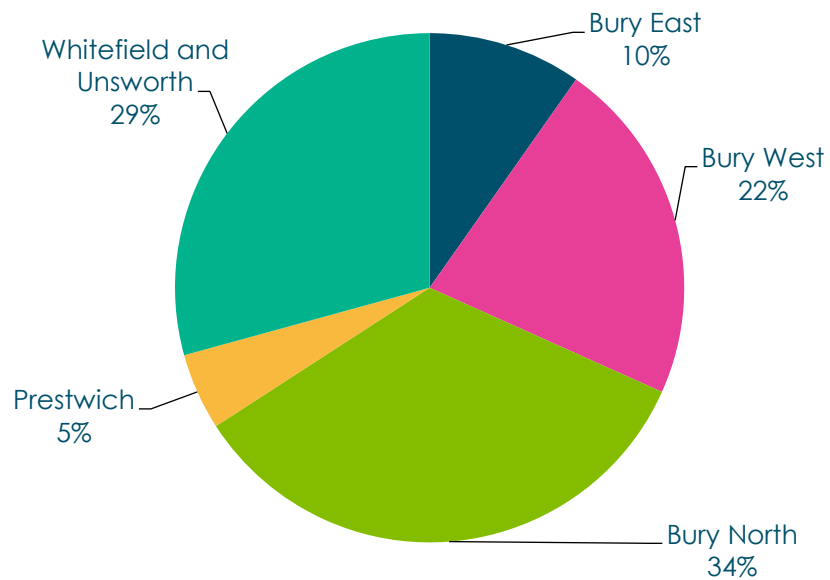
As soon as told about Alzheimers/Dementia a plan should be put in as soon as possible.

More face to face and less over the phone.

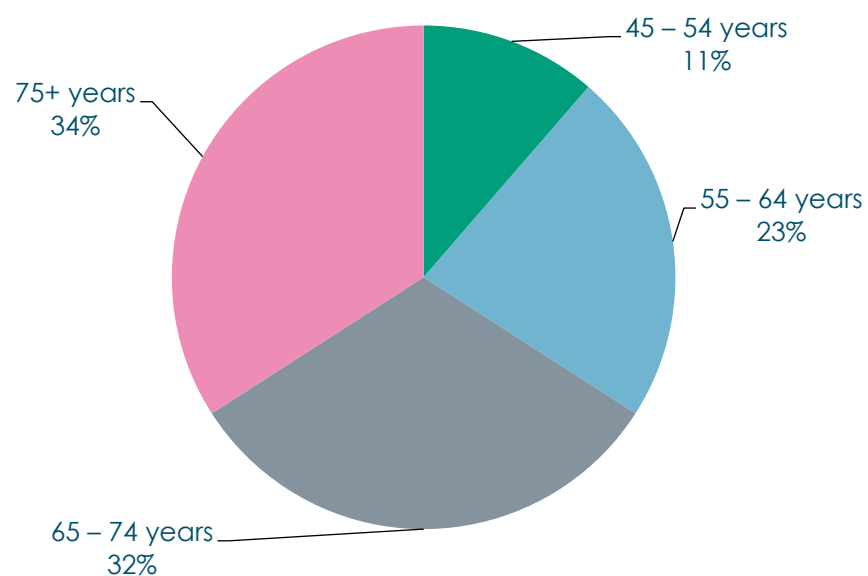


Demographics

10. Please tell us which township you currently reside in?

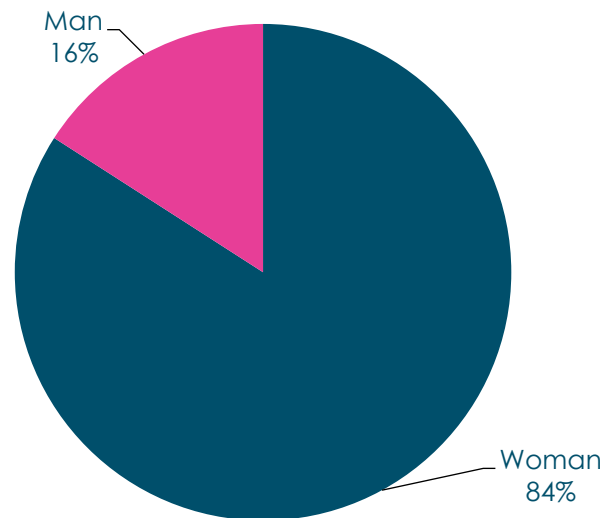


11. Please tell us which age category you fall into:

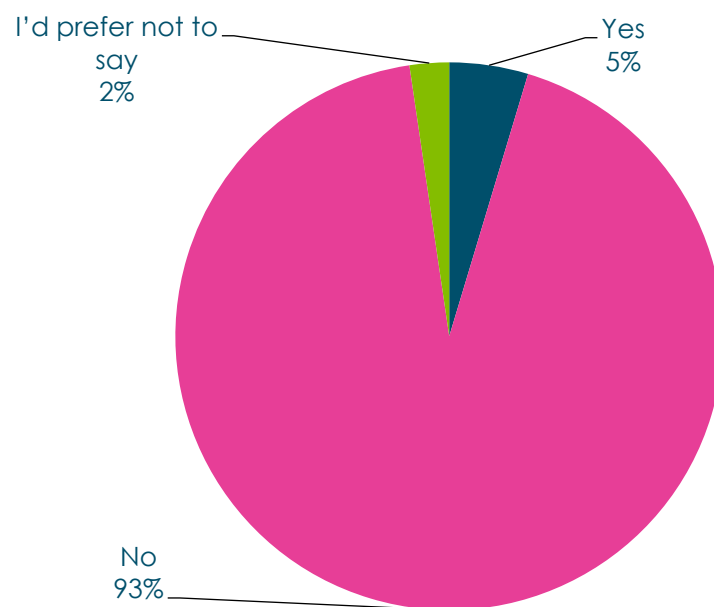




12. Please tell us which gender you identify as:

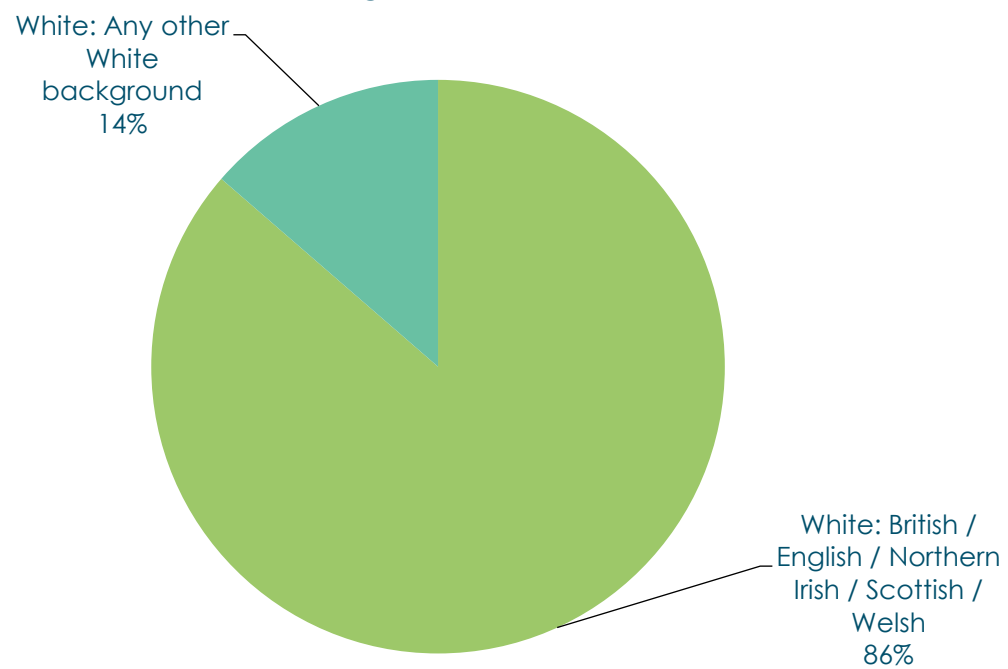


13. Is your gender different to the sex that was assigned to you at birth?

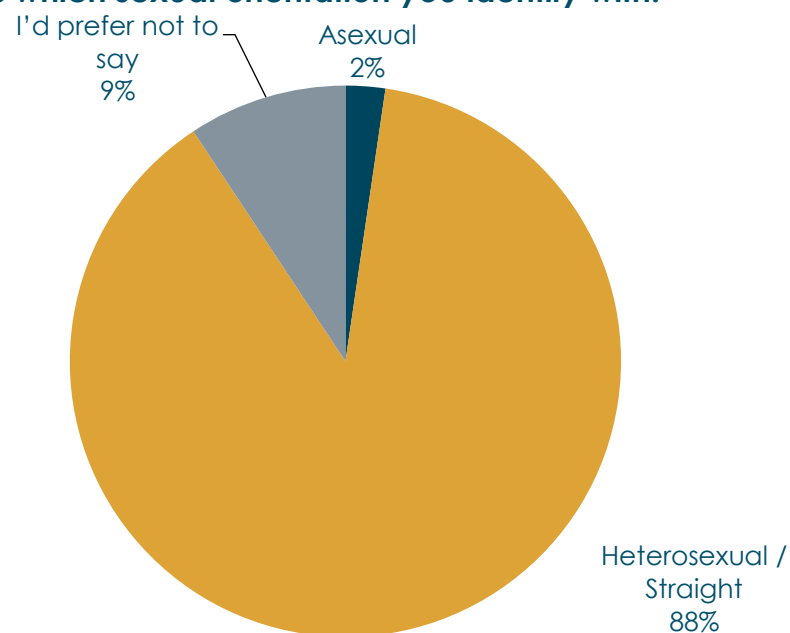




14. Please select your ethnic background:

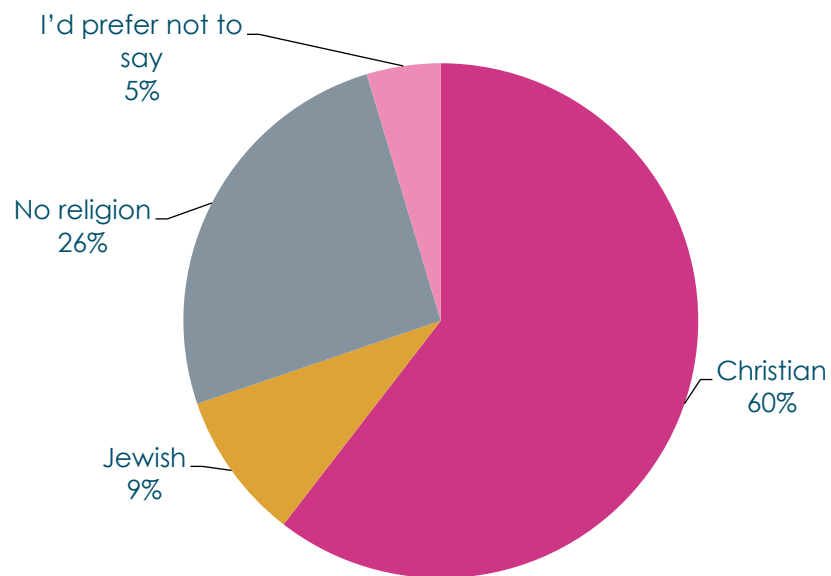


15. Please tell us which sexual orientation you identify with:





16. Please tell us about your religion or beliefs:





Acknowledgements

Many thanks to everyone who were able to share their feedback with us, to our volunteers, and thanks to Dementia Steering Group for supporting this project.

References

1. What is dementia? Symptoms, causes and treatments. [What is dementia? | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/what-is-dementia/) (Accessed December 2022)
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 3. Bury Mental Health Strategy – Draft August 2022 [Bury Mental Health Strategy Draft August 2022.pdf](#) (Accessed December 2022)
 4. Bury Mental Health Strategt – Draft August 2022 [Bury Mental Health Strategy Draft August 2022.pdf](#) (Accessed December 2022)
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Meeting: Health Scrutiny Committee			
Meeting Date	14 March 2023	Action	Receive
Item No.		Confidential	No
Title	Urgent Care Update		
Presented By	Kath Wynne-Jones/David Latham		
Author	David Latham		
Clinical Lead	Kiran Patel		

Executive Summary
This paper is intended to provide an update to the Health Scrutiny Committee of progress within the Urgent Care programme, with particular emphasis on NHS Planning Guidance for 2023-24.
Recommendations
The Committee are asked to note and support the approach

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
This report focusses on system wide improvement work and preparations for Winter 2022/23						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Bury UEC Board	15/03/2023	Discussion

Urgent Care Update

1. Introduction

- 1.1. A great deal of work has already commenced to ensure that Bury as a system is prepared for winter 2022/23. This paper (attached presentation) provides an overview of improvement work and assurance as to the local infrastructure in place Winter.

2. Background

- 2.1. The Bury locality operates a single Urgent and Emergency Care System. The system works collectively from late summer to prepare for winter. Improvement and resilience work is continuous throughout the year which supports winter preparations.

3. Urgent Care Update

- 3.1 This paper is intended to provide an update of progress within the Urgent Care programme with particular emphasis on Winter Planning Arrangements.

4 Associated Risks

- 4.1 Associated risks are identified in the accompanying presentation on slide 21.

5 Recommendations

- 5.1 That the Committee receive and note the update with regards to urgent care and winter preparations locally.

6 Actions Required

- 6.1 The Committee is required to:
- Receive and note the update as provided.

David Latham

Programme Manager
David.latham@nhs.net

Kath Wynne-Jones

Chief Officer - Bury Integrated Delivery Collaborative
Kathryn.wynne-jones1@nhs.net

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BURY
INTEGRATED CARE
PARTNERSHIP

Urgent Care Update For The Health Scrutiny Committee

Part of Greater Manchester
Integrated Care Partnership



Presentation by:

Will Blandamer

Kath Wynne-Jones

David Latham

This presentation is intended to provide members with an update on the following areas:

1. 2023-24 NHS Planning Guidance (Urgent Care)
2. Current Urgent Care System Performance
3. Winter, GM SORT, Primary Care Schemes Summary
4. Initial feedback from Winter and the Christmas Holiday Period
5. Ongoing Priorities



1. 2023-24 NHS Planning Guidance (Urgent Care)

National Delivery Plan for Recovering Urgent and Emergency Care Services Summary

- The NHS 2023-24 Priorities and Operating Planning Guidance was released on 23rd December 2022 and can be found at: <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>
- This identified 3 national objectives for urgent and emergency care as shown below:



National NHS objectives 2023/24	
Area	Objective
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below

- Significantly however the plan made referred to further guidance in the form of a delivery plan for urgent and emergency services as pending. This document is a summary of the further guidance received.
- The NHS England, Delivery plan for recovering urgent and emergency care services was released on Monday 30th January 2023. The plan can be found at: <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-urgent-and-emergency-care-services/>
- The plan is 46 pages long and encompasses the further guidance promised, across 5 themes, on the delivery of the urgent and emergency care national NHS objectives, as shown above, for 2023-24.
 1. Increase Capacity
 2. Grow the workforce
 3. Speed up discharge from hospital
 4. Expand new services in the community
 5. Help people access the right care first time
- This summary shows a plan on a page summary and then identifies the key aims and delivery plans for each of the five key themes in more detail. Also identified is where further supportive guidance is still expected.





2. Current Urgent Care System Performance

Urgent Care Update

NCA Site Level Comparison – Type 1 Attendances				
Site	Year	Attendances Apr 22 – Feb 23	Variance to 2021-22	% Variance to 2021-22
FGH	2021-22	68217 (avg 204 / day)		
	2022-23	67813 (avg 203 / day)	-404	-0.6%
Royal Oldham	2021-22	100102 (avg 300 / day)		
	2022-23	101414 (avg 304 / day)	+1312	+1.3%
Salford Royal	2021-22	95623 (avg 286 / day)		
	2022-23	90881 (avg 272 / day)	-4742	-5.0%
NCA	2021-22	263942		
	2022-23	260108	-3834	-1.5%

A&E Attendance levels

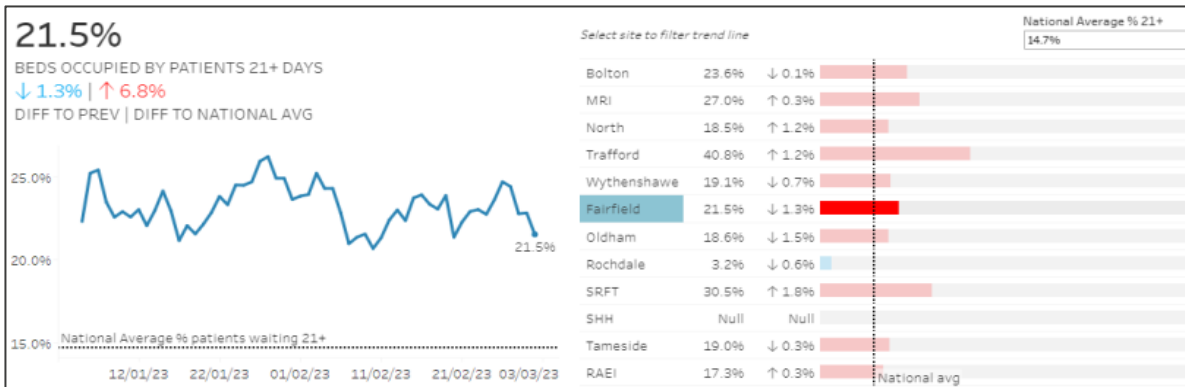
- Have not increased beyond previous year levels. This in part maybe due to co-ordinated system working, neighbourhood approaches and alternative to admission schemes

4hr Performance Summary: Type 1				
	YTD Performance	QTD Performance	MTD Performance	Daily Performance
Bolton	53.10%	56.64%	64.54%	64.54% ↑
Bury	59.83%	61.78%	67.13%	67.13% ↑
MRI	25.72%	24.23%	29.05%	29.05% ↓
North Manchester	48.03%	46.21%	57.14%	57.14% ↑
Oldham	45.13%	49.34%	61.32%	61.32% ↑
RMCH	62.68%	58.53%	80.45%	80.45% ↑
Salford	47.87%	51.24%		→
Stockport	59.82%	60.47%	60.26%	60.26% ↑
Tameside	52.63%	53.45%	53.75%	53.75% ↓
Wigan	51.18%	48.33%	50.55%	50.55% ↑
Wythenshawe	35.79%	36.37%	31.39%	31.39% ↓

A&E 4 Hour Performance

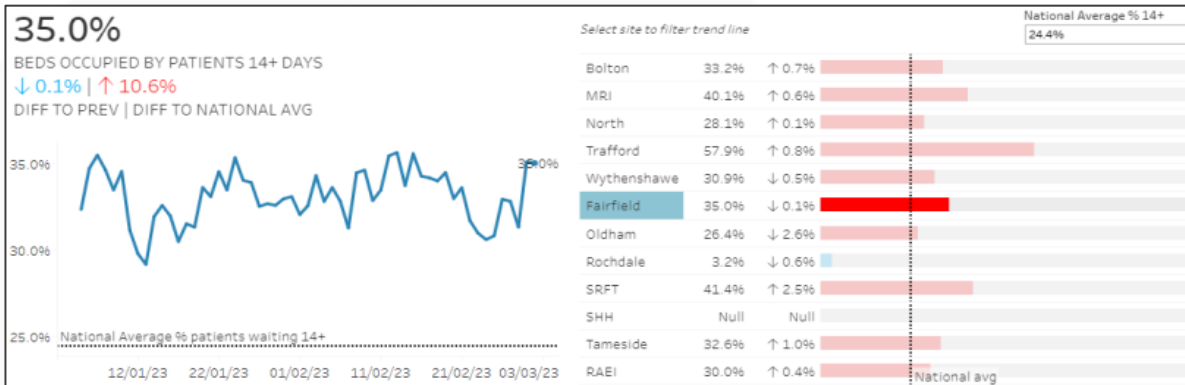
- Bury is currently the best adult site in GM for A&E 4 hour performance with year to date performance (as at 1.3.23) (NMGH YTD is 48.03%)
- New target of 76% to be achieved by March 2024 (Bury hit 76% performance on 2.3.23)

Urgent Care Update



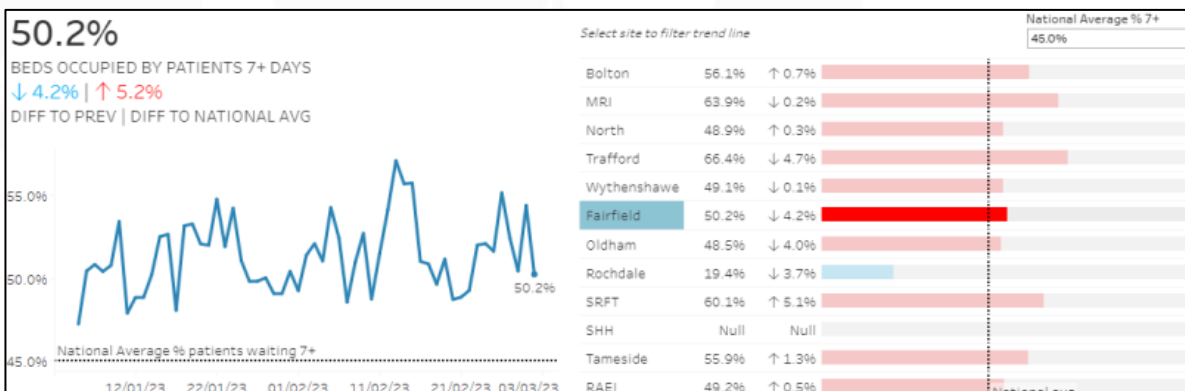
FGH LOS 21+

FGH Average 21.5%
GM Average 23.2%
(NMGH 18.5%)



FGH LOS 14+

FGH Average 35%
GM Average 34.7%
(NMGH 40.2%)

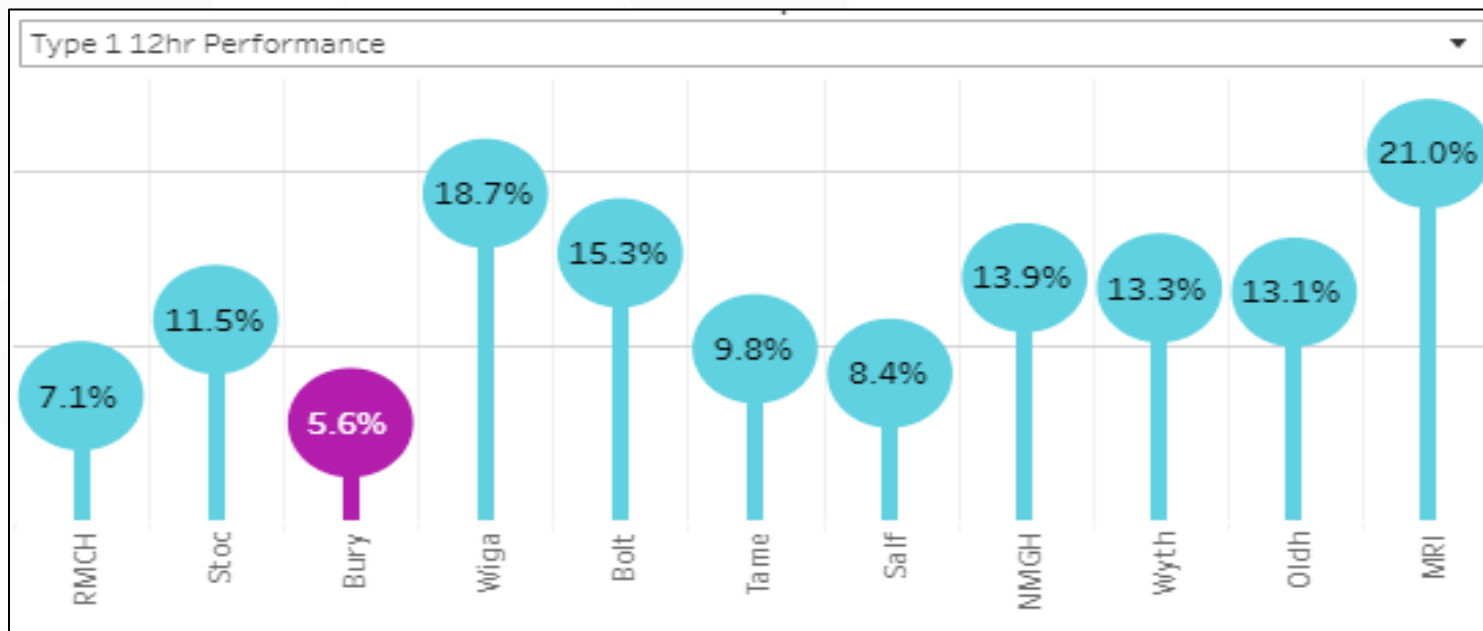
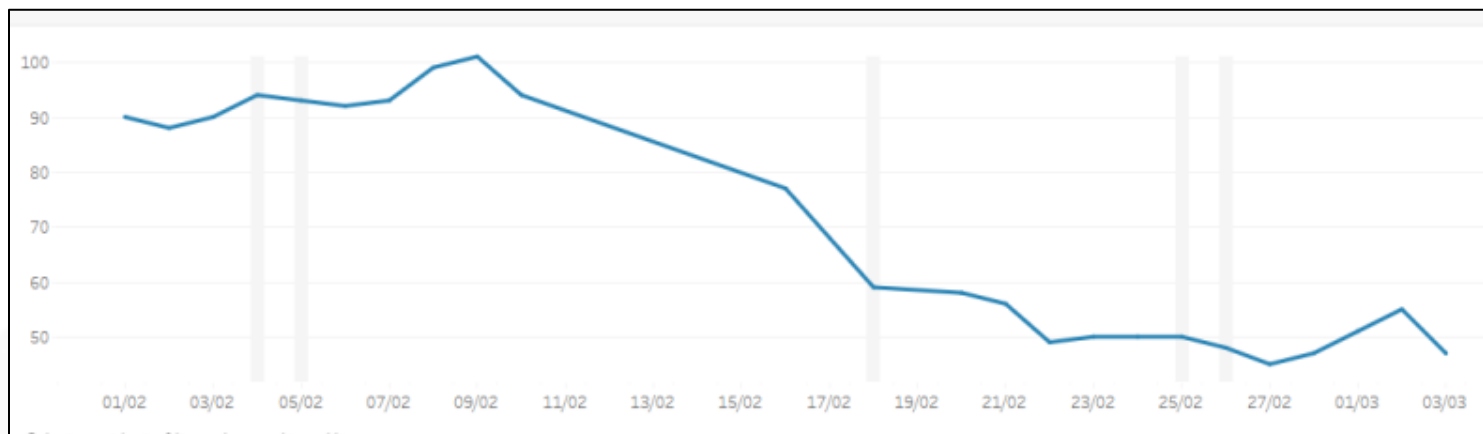


FGH LOS 7+

FGH Average 50.2%
GM Average 54.9%
(NMGH 58.7%)

Urgent Care Update

FGH Days Kept Away From Home (FGH)



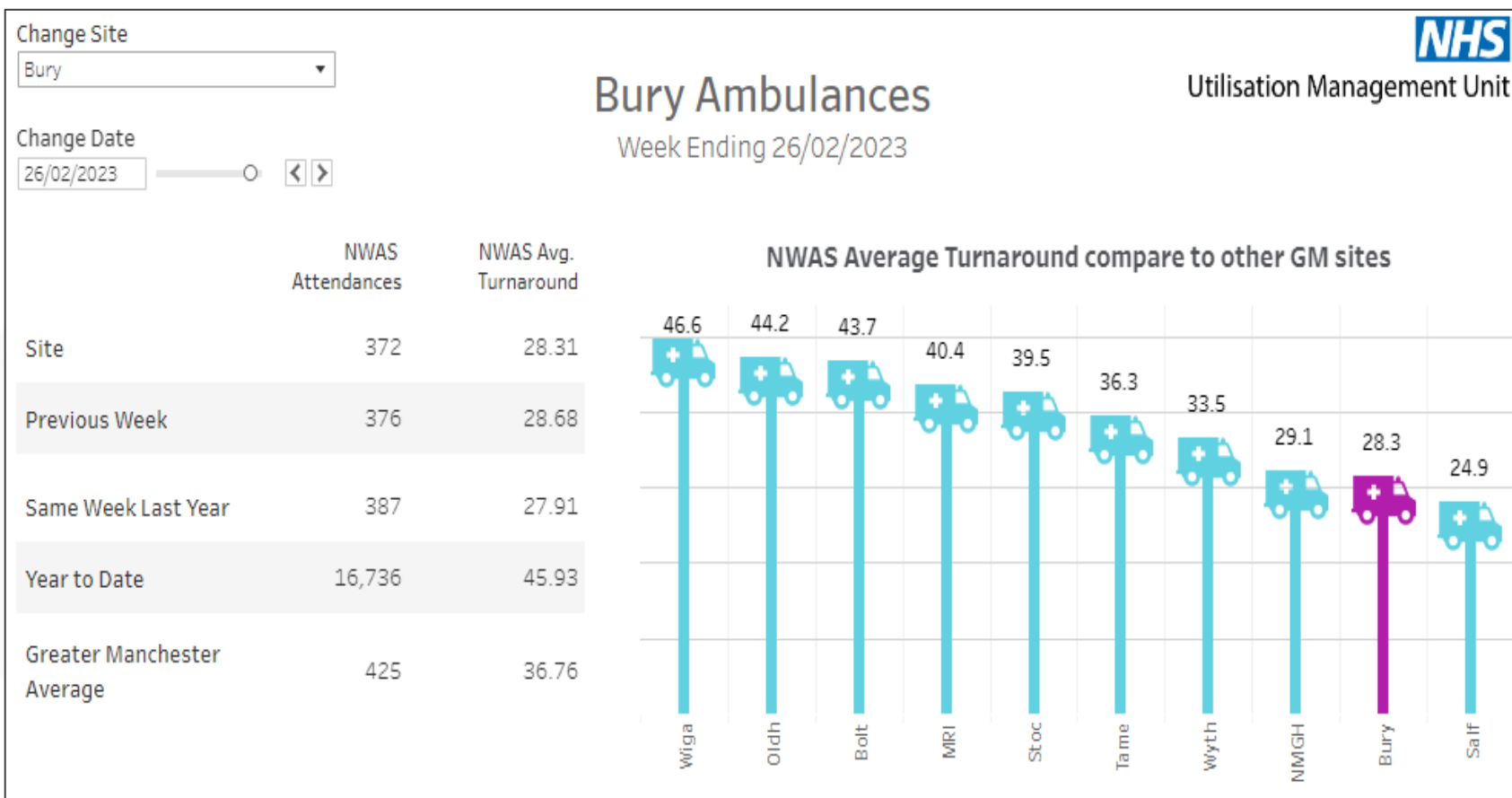
Length of Stay & NCTR

- Whilst the NCTR figures remain high at FGH this needs to be offset by an understanding of the LOS position
- The position since February is improving but the target is 35.

12 Hour Performance

- Year to date FGH is the **best performing** adult acute trust site for 12 hour performance
- Figures shown are for the week ending 26.2.23

Urgent Care Update



Ambulance Performance

- In the months prior to Christmas FGH ambulance handover was highlighted a priority for action. After intensive work between NWAS, FGH and the wider system on whole system flow the situation improved greatly.
- FGH is now regularly the best or one of the best performing GM sites for ambulance handover.



3. Winter, GM SORT, Primary Care Schemes Summary

Schemes and Funding Streams 2022 -23



BURY
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National Allocation ASC (BCF) £500m

National Allocation

National Allocation
£200m

GM Allocation

GM Allocation

GM Allocation

GM Allocation

GM Allocation

GM Allocation
£11m

ASC Bury SORT 1
£900,00 (R)

ASC Bury SORT 2
£955,000 (R)

Virtual Wards
£720,000 (R)

Winter Pressures
£1,417,00 (NR)

Primary Care Surge
£255,000 (NR)

January Discharge
£304,000 (NR)

- Additional D2A Beds £507K
- Additional Reablement £169K
- SDEC Frailty £167K
- Additional AVS £46,500
- Additional AVS £19,500

- Additional home care and placements (D2A) overspill £440
- Workforce Hub £30K
- 2 Hospice Beds £36K
- D2A IMC Flo Manager £17K
- Ad Care at Home Packages £124
- Ad SDEC Hours £78K
- Private Transport £60K
- Additional AHP/Phrm on wards £60K
- GP in reach on IMC ward £60K
- One off purchases to support reablement environment on IMC wards £25K
- Other reablement purchases to speed discharge

- Virtual Ward £720K

- Additional D2A Beds until May 23 £611K
- Ad Capacity FGH £606K

- Clinician input into AVS
- Proactive Respiratory reviews
- Management of acute respiratory infections (adults and children) £255K

- Additional D2A beds £274K
- Reviewing Team £30k

Additional Notes

- Allocations came in 5 times
- Allocations totalled £4,511,000
- Over 20 schemes mobilised
- Schemes delivered by:
 - NCA - FGH
 - LA
 - BARDOC
 - GP Federation
 - PCNs
 - IMC
 - Hospice
 - VCSE - Age UK

4. Initial feedback from Winter and the Christmas Holiday Period

Urgent Care Update

Initial feedback from Winter (to date) and the Christmas Holiday Period

Summary

- General feeling is that the Bury system has been able to manage the system pressures well
- FGH (to date) has not declared OPEL Level 4
- NCA did declare OPEL level 4 including NMGH at OPEL 4
- Bury system rallied to support NMGH
- System pressure felt particularly in Primary Care, GP practices and GP Out of Hours
- Additional support for Primary Care
- System plans over the Christmas period are considered to have worked well
- On call arrangements were in place and locality daily calls took place across system on call managers
- Bury system has mobilised GM SORT schemes which has assisted
- Stood up at very short notice a paediatric respiratory clinic – currently seeing 90 a day. This was extended after Christmas to be an adult's clinic too.

Learning (taken from a session on 18.1.23)

- Need to strengthen escalation routes into neighbourhood models
- Consider developing a SPOA for LA and Health Services
- Need earlier sight of pressures in Primary Care and stronger reporting
- Need to consider the weighting afford to different parts of the system when establishing OPEL levels
- Need to support MH discharge arrangements more
- Need to flex criteria where appropriate



5. Ongoing Priorities

Other ongoing UEC priorities include:

- Response to planning guidance
- 4 localities footprint national discharge front runner project (National Planning Guidance Project)
- Continued focus on mobilisation and independence of patients and the focus on home first.
- Key task for us in relation to reducing the pathway status of DKAFH, and reducing our dependence on community bed capacity.
- Mental Health DTOC
- SDEC Pathways
- D2A patient reviews
- Continued resilience management
- Review of GP Out of Hours Arrangements
- Continued focus on Ambulance handovers

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Children and Young Peoples Mental Health in Bury

Assurance report on CAMH service



The impact of the pandemic has been felt across all of the children's pathway and system

- All services have been impacted and overwhelmed during the pandemic. With lock down measures in force, services were able to be maintained at a varying levels with online and virtual clinics and support , however for those that needed face to face appointments the backlog grew.
- Since moving out of lock down the NHS is dedicated to addressing waiting times. This overview will highlight the work that has been done to date with mental health services for children and detail the increased activity and support that has been secured, as well as looking at what has been undertaken across the children's system to address long waiting lists.

Emotional wellbeing and mental health

Pressures:

- One in six children aged 5-16 may develop some form of probable mental health problem. Referrals to GM's CAMHS services rose by 124% over the first two years of the pandemic, and the total population of young people in contact with mental health services overall grew by 13%. In some cases, this has been considerably more extreme.
- GM Community eating disorder services have seen a 400% increase in referrals since the start of the pandemic
- Impact of family stress and trauma
- Most vulnerable cohorts of young people most severely negatively impact by covid: SEND, Cared For and Care Leavers
- National CAMHS vacancy rate of approx. 11% (Bury in a better position with very minimal vacancies over last 12 months)



Over the last year we have continued to support CYP MH system by bolstering the offer across all areas of the iThrive Model

Examples of New Service models and reformed pathways across all elements of ithrive model

- **iTHRIVE Getting advice and guidance** - myHappyMind and developing a MH campaign.
- iTHRIVE developments (silver cloud, CVSE) Kooth – QWELL .
- Suicide prevention training now offered and being taken up in Schools
- **iTHRIVE Getting help** - Mental Health Supports Teams (MHSTs) in schools and Bury College
- Increased DA offer building on the LA offer , this now provides much needed support for children aged 5 and up , this also includes an offer for children who use harm in their relationships .
- Evidenced based interventions pre and post diagnosis
- **iTHRIVE Getting more help** - Single Point of Access (SPoA) and investment in Practitioners for further services to support CYP, is already improving access to the right provision. Key worker model role out. SAL therapist in the neuro team
- **iTHRIVE Getting risk support** - Dynamic Support Register - improved monitoring and targeting
- support for vulnerable CYP- Development of the Intensive be Specialist Behaviour Support team



Mental Health Support Teams

Current Progress –update

- 2 new teams supporting 32 settings
- Phased approach to delivery commenced Sept 2022 we have practitioners physically in 18 of the 19 phase 1 schools and we are live (taking consultation/referrals etc) in 14 out of the 19. We will be live in 18 of the 19 schools by the end of January/beginning of Feb 2023 with the final phase 1 school (Summerseat) going live mid-February.
- Phase 2 will start late February-April in line with recruitment at the end of mobilisation we will be live in 32 schools covering a population of approximately 18,000.
- Ongoing developments at a GM level with funding for 10 new teams coming



GM Crisis work Community Based Crisis Support

- 24/7 crisis line for CYP and their families staffed by CYP specialist practitioners
- VCSE Thrive Navigators co-located in CAMHS to offer CYP and families to thrive once therapeutic support has ended(Step down support)
- Introducing CYP practitioners in PCNs and GPs with highest CAMHS referrals

Transforming Crisis Services

Expansion of Home Intervention Team Service opening up to referrals from RRT and Mental Health programme schools and Liaison services.

Development of multi-agency response for children and young people to prevent a mental health crisis, provide assessment and support on paediatric wards. Accelerating to implementation with RRT and HIT oversight and leadership.

Core 24 all age Liaison



Trust Comparison

Borough:	Oldham	% Increase	Bury	% Increase	HMR	% Increase	Stockport	% Increase	T&G	% Increase
Number on Waiting List:	235	78%	1016	36%	540	28%	156	-71%	1494	7%
Distinct Patients on Waiting List:	223	70%	928	28%	522	27%	156	-71%	1425	33%
Waits over 18 Weeks:	41		561	30%	262	51%	43	-90%	1008	-6%
Average Wait in Weeks:	10.41	81%	24.21	23%	18.82	21%	15.85	-56%	31.29	0%
Maximum Wait in Weeks:	38.14	175%	112	60%	61.71	57%	63.71	-42%	93	-34%

Correct on 3/11/22

PCFT response

- All young people waiting have been clinically triaged.
- Review of the 25 longest waiters each week
- Well-being checks, case load reviews and duty contacts include a data quality review of waiting list status
- Issues escalated via the formal Operations and Performance and Quality governance structures.
- Waiting well initiatives in place
- Helpline offer for CYP evenings and weekends
- Exploration around neuro –development pressures, exists across GM and other ICS

Bury CAMHS waiting list initiative and outcomes

2 weeks in December and a week early in January this year, CAMHS have run 3 focus Blitz weeks.

Further to this, for those children assessed, from March, CAMHS will start up a range of group based support, including -

- An under 12s anxiety program, Worry Wizard ([The Worry Wizard - Help children and young people move from Worries to Wellbeing](#))
- There will also be an anxiety group work for 12- 15-year-olds.
- 12 – 15-year-olds group on a managing emotions
- Group work for those young people experiencing low mood
- Autism and Anxiety group



Impact on waiting times

- Core CAMHs waiting time is now approximately 6 months from 13 months
- Neuro, still faces challenges with waits of up to 2 years but more work is being explored to progress a system wide approach to support. ND is still around 2 years in total due to MDT, ADOS , QB etc but the wait time for the initial assessment aspect has reduced to 16 months (down from around 20 months)



Moving forward

- Whole system response
- Levelling up with additional investment a priority (would also broaden therapy offer)
- Comprehensive CAMHS
- SPOA showing impact already
- Continued implementation of the NHS long term plan.



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SCRUTINY REPORT

MEETING: Health Scrutiny Committee

DATE: 14th March 2023

SUBJECT: Loneliness and Social Isolation Sub-Group Update Report

REPORT FROM: Councillor E FitzGerald

CONTACT OFFICER: Chloe Ashworth, Senior Scrutiny Officer

1.0 PURPOSE OF REPORT

To inform Members of the Health Scrutiny Committee of the work of the newly established Loneliness and Social Isolation Sub-Group over the last Municipal year.

2.0 BACKGROUND

As part of its work programme for 2022/23 the Health Scrutiny Committee requested that the Loneliness and Social Isolation Sub-Group be established to discuss the topics raised and seek assurances on matters raised in Committee meetings.

The Membership of the Group comprised of Councillor E FitzGerald (Chair), Councillors Grimshaw, Walsh, Moss and Rizvi.

Due to the detail the Health Scrutiny wanted on groups effected social isolation and loneliness it was agreed that the sub-group be established to give time and space to have detailed briefings on current work to reduce social isolation and loneliness.

3.0 METHODOLOGY

The Group has met on the following occasions:-

03/11/2022
23/01/2023
06/03/2023

Councillor FitzGerald attended Youth Cabinet on 14/02/2023 and Councillor Moss visited the Nicky Alliance.

Members were supported in their work by Deb Yates, Strategic Lead for Integrated Commissioning, Older People, Karen Grant from the Nicky Alliance Centre and Dan Howe from Andy's Man Club.

During this municipal year the Committee agreed that the focus for 2022/23 should include the following:

- **Which demographics of people now identify as socially isolated or lonely -** Following on from the pandemic what work needs to take place on people who may feel lonely or socially isolated as there was a worry of people being withdrawn from society.
- **Schemes to prevent social isolation and loneliness -** For Members to discuss the good schemes which are run by different groups to see what they could learn from these groups.

Members sought assurances on the work being undertaken to identify and support the reduction of residents who identify as socially isolated or lonely.

4.0 WORK UNDERTAKEN BY THE GROUP

- **UPDATE ON THE LONELINESS AND SOCIAL ISOLATION STEERING GROUP**

Members considered the work of the established Loneliness and Social Isolation Steering Group. In addition Members were advised there is an older peoples network which is from age 50+ also. Members were informed that Lots of work was done by the Hubs during Covid, much of which has now stopped. Members noted that following the pandemic more people are identifying as lonely and there is importance in identifying these groups such as new parents / young families to see what is being offered. Members also provided examples of a reduction in attendance following the pandemic.

- **NICKY ALLIANCE CENTRE**

Members were informed about the service provision that the Nicky Alliance centre provide within the Jewish community. It was recognised that faith based communities may be better at tackling social isolation due the community aspect of religion. The group were interested in what lessons could be learnt from the centre and the work it was doing. Their work is aimed at all ages from thirty years plus and they provide classes, transport, activities and food. These services are heavily subsidised but there are payments from users and transport. One key lesson is that whilst the Jewish community and the person's family and friends can identify the risk of loneliness and the need for support, however, without engagement from the individual there will not be a successful outcome.

- **YOUTH CABINET**

Cllr FitzGerald attended Youth Cabinet explaining that 2021 report by Harvard University had found that 61% of young adults feel serious loneliness. Their feedback on this, how we can encourage young people to reach out and their 'ask' of us as a council and the wider healthcare system was: there has been a reduction in public spaces and activities for young people to be themselves, together and in real life – outcomes from the cuts were explicitly mentioned; parents are worried about young people being online but this can be a support from friends; they would like to see other young people talking about their experiences of being lonely rather than being told about it by adults in assemblies; they feel lonely and isolated if they don't have quality friendships (not quantity); it can be hard to come out of their shells post pandemic and even some aspects remain (classrooms not set up for group working). There was an overwhelming theme of a need for a better

generational understanding of their predicament and how they have been effected by our decisions.

- **ANDY'S MAN CLUB**

Members were informed about the work of Andy's Man Club. Members noted the statistic that suicide is the biggest cause of death for men under 50 and one man dies every two hours in the UK. The biggest cause of suicide are economic worries so they are concerned about the Cost of Living Crisis (not the pandemic). Their focus is not to tell people what to do or give advice, but to share experiences, give them a space to come together and take responsibility to make change. The group in Bury has been very successful at attracting and retaining members by giving them a sense of community and being part of something. The main group is 40-60 although this can change depending on location. Their view is men only have a small number of quality friends and are not good at asking for help. Whilst members come from a variety of sources most are told to come by a female partner, friend or relative. 90% of the comments on social media are from women supporting the positive experience of their partner. Members noted the successful of the club, the engagement of members and how it had increased additional new friendships and activities with others outside of the meeting.

5.0 ACTIONS TAKEN AS A RESULT OF THE GROUP

1. Engage with young people through Youth Participation workers/Youth Cabinet/Schools to discuss issues and work being done for young people in the area.
2. To have a meeting with Cabinet Members for Children and Health to discuss the work of the T & F Group and next steps which could include ensure Councillor representation on the social isolation and loneliness Steering Group
3. Visit the Nicky Alliance Centre to see provision and meet with users.
4. Investigate what offer there is for new mothers and their toddlers who are socially isolated following the Covid19 pandemic. We were unable to meet with this group during the current municipal year.

6.0 CONCLUSION

Members of the group supported by Strategic Leads within the Department have met on three occasions and interviewed and sought assurances 2 different partners.

The conclusion is that the general assumption that only older people are lonely is too narrow and we should recognise and support other groups.

That all the groups spoken to said the opportunity to be part of something was important. It could be online but real life was better.

The pandemic had created some problems but was not the main issue. It had impacted the Young People more significantly than the experience at the Nicky Alliance, and Andy's Man's Club cautioned against media reports saying it was a driver of suicide.

7.0 RECOMMENDATIONS 2023/2024

Members of the Carers Sub-Group wished to put forward the following recommendations:

1. For members of the Health Scrutiny Committee to note the progress made by the task and finish group
2. For a councillor to become part of the Social Isolation and Loneliness Steering Group
3. For the Council to consider the impact of further cuts to Youth Services and how they can be increased.
4. To review the Steering Group's Terms of Reference and to understand what cohorts are being supported and considered.

List of Background Papers:-

Harvard Report on Loneliness <https://mcc.gse.harvard.edu/reports/loneliness-in-america>

Andy's Man Club <https://www.burytimes.co.uk/news/23063966.bury-andys-man-club-sees-another-record-breaking-turnout/>

[Andy's Man Club | #ITSOKAYTOTALK | Andy's Man Club \(andysmanclub.co.uk\)](#)

Verbal Report to Youth Cabinet by Councillor FitzGerald (text):

Hi everyone, as I said before I am Cllr Liz FitzGerald and I am Chair of the Health Scrutiny Committee. Thanks for allowing me to come here today to listen to your contributions as young people to our committee that is looking at Social Isolation and Loneliness.

I'll just take a couple of minutes to take you through what we are doing, the issue and what we would like to ask you about before I take your feedback.

It is this committee's job to scrutinise everything relating to health so our review goes beyond the council to the wider healthcare system in Bury to ensure it is working well for the residents.

Feeling lonely isn't always a mental health issue but it can become one. And feeling social anxiety can make it difficult to engage in everyday activities which could lead to a lack of meaningful social contact and cause feelings of loneliness.

When we first discussed this as a committee and started looking into it there was a tendency to see loneliness and a lack of social contact as something that mainly impacted older people. Searching for it on the internet we found that the NHS & government advice is generally based on this cohort and Age UK will be one of the first websites that comes up. And when you get to that website it just seems to say join a group which doesn't seem massively helpful.

However, analysis of the issue shows that - especially after the pandemic - other large cohorts of the population are finding themselves isolated and lonely. That despite all the ways we can engage with each other it is difficult to connect. It was children's mental health week last week and the School where I am Chair of Governors focused on the importance of good connections for good mental health.

A 2021 report by Harvard university found that 36% of all Americans - including 61% of young adults and 51% of mothers with young children - feel serious loneliness. It also talked about the steep costs of loneliness, including early mortality and a wide array of

serious physical and emotional problems, including depression, anxiety, heart disease, substance abuse, and domestic abuse.

So we have decided to try and speak to a wide group of people in Bury. These include yourselves, adult social care, faith based groups and next we will be speaking to Andy's man club.

So I am here today to ask - what are your thoughts on loneliness and social isolation for young people and how we can encourage them to reach out? And what would be your 'ask' of us as a Council and that wider healthcare system. We will report your voice back to challenge those institutions and try and make improvements.

Scrutiny Annual Report

Contact Details:-

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1.0 PURPOSE OF REPORT

To inform Members of the Health Scrutiny Committee of the work of the newly established Carers Sub-Group over the last Municipal year.

2.0 BACKGROUND

As part of its work programme for 2022/23 the Health Scrutiny Committee requested that the Carers Sub-Group be established to discuss the topics raised and seek assurances on matters raised in Committee meetings.

The Membership of the Group comprised of Councillor E FitzGerald (Chair), Councillors Walsh and Birtchmore

The Health Scrutiny Committee noted that some Carers were not aware of the Bury offer or may not think they are a carer. Therefore, it was agreed that the sub-group be established so Councillors could work together on exploring all pathways for carers and what elected Members could do to help promote the services available. It was agreed that a formal sub committee of the Health Scrutiny Committee would be established. It was agreed that the Committee would meet at least twice a year.

3.0 METHODOLOGY

The Group has met on the following occasions:-

02/11/2022

10/01/2023

Members were supported in their work by Asher Ayres, Head of Service for Carers, n-compass, Jayne Harrison, Service Manager, The Bury Carers Hub, Caroline Malvern, Integrated Commissioning Officer, Bury Council, Sandra Bruce, Assistant Director (Early Help and School Readiness) Children and Young People and Andy Bradburn, IYSS Team Manager.

During this municipal year the Committee agreed that the focus for 2022/23 should include the following:

- **Promotion of the Adult Hub** - The group agreed that the work of the Hub and n-compass and the services and support offered should be promoted as much as possible. They also noted that not everyone accesses this information digitally.
- **Promotion of the volunteer offer** - The group agreed that the role of volunteers within the service should be promoted to help grow the volunteer offer for both early help and young carers services.

Members sought assurances on the work being undertaken to support carers including specifically the work surrounding young carers.

4.0 WORK UNDERTAKEN BY THE GROUP

- **UPDATE FROM BURY CARERS HUB**

Members noted the work of the Bury Carer's Hub and how this is a commissioned services from n-Compass by Adult Social Care. That the number of carers currently referred in Bury (683 unique and 76 re-referrals in Nov 22), that the majority of carers are women the main client groups, and were taken through the current service offer. Members considered the work that should be undertaken by them as a group and agreed to visit a coffee morning/ listening café to meet with carers and have photographs taken for a press release which will highlight and promote the services. All Members discussed the proposal of awareness training of the service and for Elected Members to recommend and promote the offer to their constituents.

- **YOUNG CARERS SERVICE**

Members discussed Bury Young Carers and the offer to young carers in the Borough. Bury Young Carers work with 7-18 year olds and their families, helping to identify and assess young carers and offer them support. A young carer is a young person under 18 and helps to look after a relative with a physical illness or disability, mental health condition, or substance misuse issue. Bury Young Carers works in partnership with the Youth Service, who provide respite activities for young carers through weekly group and activities during the holiday periods which are funded through the Charity Friends of Bury Young Carers. Questions were asked around how young carers were referred to the service. The committee noted that often these carers were being supported by social workers and through the schools. The committee also noted that focus should also be on children thriving alongside just coping.

Members were told about the 'Wigan Model' of volunteering, 'befrienders' to support families and the role of the School Governor.

5.0 ACTIONS TAKEN AS A RESULT OF THE GROUP

1. To visit a coffee morning or listening café to meet with carers and have photographs taken for a press release which will highlight and promote the services
2. To have a meeting with the Cabinet Members for Adult and Children's Services to discuss the work of the T & F Group and next steps which could include:

- a. All Councillors to undertake awareness training of the service and what it can offer. This will enable Councillors to be able to recommend and promote the offer to constituents.
 - b. All Councillors to be invited to become 'Friends of Bury Carers' which will then give them access to regular information and news.
 - c. To discuss how the offer is communicated to those who are digitally excluded.
 - d. To look at the widening of a befriending service in Bury to support families where children are carers but to consider for both cohorts.
3. All schools be asked to provide their governors with information relating to young carers within their schools.

6.0 CONCLUSION

Members of the group supported by Strategic Leads within the Department have met on two occasions, interviewed and sought assurances 2 different partners and three internal officers.

7.0 RECOMMENDATIONS 2023/2024

Members of the Carers Sub-Group wished to put forward the following recommendations:

1. For members of the Health Scrutiny Committee to note the progress made by the task and finish group
2. For members to agree that the suggestions are taken forward to the Cabinet Members for Adult and Children's services.

List of Background Papers:-

Bury Carers Hub Presentation



Burys Carers Hub
Presentation BCH O'

Young Carers Presentation



Young Carers
Presentation Jan 23.

Scrutiny Annual Report

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