

Agenda

Locality Board

Date: 3rd April 2023

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams

Chair: Cllr O'Brien

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion / Information	By Whom
1.	4.00-4.05	5 mins	Welcome and apologies	Verbal	Information	Chair
2.			Declarations of Interest	Paper	Information	Chair
3.			Minutes of previous meeting held on 6 th February 2023	Paper	Approval	Chair
4.			Matters Arising <i>Locality Board Formalisation</i>	Verbal	Information	Chair
5.			Public Questions	Verbal	Discussion	Chair
Place Based Lead Update						
6.	4.05-4.15	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
7.	4.15-4.20	5 mins	Feedback from Development Session to agree actions moving forward	Paper	Discussion	Will Blandamer
Integrated Delivery Collaborative Update						
8.	4.20-4.25	5 mins	Chief Officer Update Report	Verbal	Information	Kath Wynne-Jones
9.	4.25-4.40	15 mins	GM Primary Care Blue Print and GP Strategy	Paper	Discussion	Rob Bellingham
10.	4.40-4.45	5 mins	Retrospective approval of Urgent and Emergency Care	Verbal	Approval	Will Blandamer /

			Pressures submission			Simon O'Hare
Updates						
11.	4.45-4.55	10 mins	SEND Graduated Approach Toolkit	Paper	Discussion	Jeanette Richards
12.	4.55-5.00	5 mins	NHS operational planning round for 2023-24	Paper	Discussion	Will Blandamer/ Susan Sawbridge
13.	5.00-5.10	10 mins	SFG Update; Budget Setting	Verbal	Discussion	Simon O'Hare/ Sam Evans
14.	5.10-5.15	5 mins	Any Other Business and formal close of meeting in public	Verbal	Discussion	All Chair

Date and time of next meeting

No meeting in May (due to elections) – next meeting 5th June 2023 to be held in person

Meeting: Locality Board			
Meeting Date	03 April 2023	Action	Consider
Item No.	2	Confidential	No
Title	Declarations of Interest		
Presented By	Cllr O'Brien, Chair of the Locality Board		
Author	Lindsay Johnson, Committee Secretary		
Clinical Lead			

Executive Summary
<p>NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).</p> <p>NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.</p> <p>The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.</p> <p>Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.</p> <p>In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.</p> <p>The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.</p> <p>There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.</p>
Recommendations
<p>It is recommended that the Locality Board:-</p> <ul style="list-style-type: none"> • Receive the latest Declarations of interest Register; • Consider whether there are any interests that may impact on the business to be transacted at the meeting on 3rd April 2023 and

- Provide any further updates to existing Declarations of Interest within the Register.

OUTCOME REQUIRED (Please Indicate)				
	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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 checked="" 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 checked="" type="checkbox"/>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" 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 checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
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:						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Committees and Sub-Committees - Locality Board

Name	Current Position	Declared Interest - (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments	Consent to Publish Information
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Voting Members											
Cllr O'Brien	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor	X			Direct	Councillor			*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting). oRemaining present at the meeting but withdrawing from the discussion and voting capacity. oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting	Y
		Young Christian Workers – Training & Development Team	X			Direct	Development Team				Y
		Labour Party		X		Direct	Member				Y
		Prestwich Arts College		X		Direct	Governor				Y
		Bury Corporate Parenting Board		X		Direct	Member				Y
		No Barriers Foundation		X		Direct	Trustee				Y
		CAFOD Salford		X		Direct	Member				Y
		Prestwich Methodist Youth Association		X		Direct	Trustee				Y
		Unite the Union		X		Direct	Member				Y
Cllr Tamoor Tariq	Executive Member of the Council Adult Care and Health	Bury Council - Councillor	X			Direct	Councillor	Mar.10	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting). oRemaining present at the meeting but withdrawing from the discussion and voting capacity. oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting	Y
		Health Watch Oldham	X			Direct	Manager	Aug.20	Present		Y
		Pretty Little Thing				Indirect	Spouse		Present		Y
		Action Together CIC	X			Direct	Employed		Present		Y
		The Derby High School			X	Direct	Governor	Apr.18	Present		Y
		St Lukes Primary School		X		Direct	Member		Present		Y
		Unite the Union		X		Direct	Community Member	Mar.12	Present		Y
		Labour Party		X		Direct	Member	Jun.07	Present		Y
Cllr Lucy Smith	Executive Member of the Council for Children and Young People	Business in the Community	X			Direct		Jul.22	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting). oRemaining present at the meeting but withdrawing from the discussion and voting capacity. oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting	Y
		The Christie NHS Foundation Trust				Indirect	Related to spouse	Jul.22	Present		Y
		Labour Party		X		Direct	Member	Oct.92	Present		Y
		Community the Union		X		Direct	Member	2016	present		Y
		Socialist Health Association		X		Direct	Member	2018	present		Y
		Catholics for Labour		X		Direct	Member	2018	present		Y
		GMB Union		X		Direct	Member	2016	present		Y
Warren Heppollette	Chief Officer for Strategy & Innovation	Greater Sport			X	Direct	Trustee	2018	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting). oRemaining present at the meeting but withdrawing from the discussion and voting capacity. oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting	Y
		FC United			X	Direct	Director	2021	Present		Y
Dr Cathy Fines	Associate Medical Director & Joint Chair of the Locality Board	GP Federation	X			Direct	Practice is a member	2013	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting). oRemaining present at the meeting but withdrawing from the discussion and voting capacity. oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting	Y
		Tower Family Health Care	X			Direct	Member practice is part of Tower Health Care	2017	Present		Y
		Horizon Clinical Network	X			Direct	Practice is a member	2019	Present		Y

		Greater Manchester Foundation Trust				Indirect	Husband is employed		Present			Y
Catherine Jackson	Associate Director for Nursing, Quality and Safeguarding (Bury)	NCA				Indirect	Partner is the Director of Patient Safety & Professional Standards at the NCA.	25.10.2021	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Lynne Ridsdale	Chief Executive for Bury Council & Place Based Lead (GM ICS) Bury	Together Trust	X			Direct	Vice Chair	Jan.20	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Sam Evans	Joint Executive Director of Finance/GM ICS Bury and Bury Council	Bury Council	X			Direct	Joint Role Held	05.05.2021	Present	Declaration of interest as per policy. declare in meetings where relevant. Actions required then to be agreed at the meeting by the Chair.		Y
Dr Vicki Howarth	Medical Director NCA (Bury)	Unifabs Ltd - Private Histopathology Service	x			Direct	Providing services as Consultant Histopathologist to the Alexandra Hospital, Cheadle.	2011	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Tameside and Glossop Integrated Care NHS Foundation Trust	x			Direct	Bank Consultant Histopathologist performing Coronial Post-Mortems for Manchester South Coroner	2015	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Dr Kiran Patel	Medical Director (DCB)	Tower Family Health Care	X			Direct	GP Partner	Jul.18	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Bury GP Federation - Enhanced Primary Care Services	X			Direct	Medical Director	Apr.18	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Laserasse Bolton - Provider of a range of cosmetic laser and injectable treatments	X			Direct	Medical Director	1994	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Laserasse Bolton - Provider of a range of cosmetic laser and injectable treatments				Indirect	Spouse is a Shareholder	2012	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Tower Family Health Care				Indirect	Spouse is a Director	Jul.18	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Heather Caudle	Chief Nurse, NCA	Joint Royal College of Physicians Training Board					Member of the Specialist Advisory Committee in Palliative Medicine. - 4 days per year		Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		National Mental Health Nurse Directors Forum					Alumni - Attendance at the annual conference		Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		The Shuri Network					Steering Group Member - Monthly 2 hour meeting		Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Kingston University, London					Visiting professor		Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		University of Surrey					Visiting professor		Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Doran Kelly	Chief Officer, Pennine Care Foundation Trust	Greater Manchester CYP Crisis Board	X		Direct	Chair		Jan.21	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Sophie Hargreaves	Director, Manchester Foundation Trust	Manchester & Trafford LCO			Indirect	Spouse employed			Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Helen Tomlinson	Chief Officer Bury VCFA	Bury One Commissioning Organisation		X	Indirect	Close family member is an employee at Bury One Commissioning Organisation		Nov.21	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Will Blandamer	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford		X		Direct	Chairman	2018	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Manchester Football Association		X		Direct	Board Champion for Safeguarding	2018	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Manchester Foundation Trust (Trafford) & St Anne's Hospice (Cheadle)				Indirect	Spouse is a Community Nurse & Qualified Nurse	2022	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Liverpool University				Indirect	Daughter is a medical student	2022	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
		Leeds University				Indirect	Daughter is a medical student	2022	Present	*Declaration of interest as per policy. *Declare in meetings where relevant. *Not to be sent papers where conflicted. *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemain present at the meeting but withdrawing from the discussion and voting capacity; oRemain present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting		Y
Joanna Fawcus	Director of Operations, NCA	None Declared					Nil Interest			Declaration of interest as per policy		Y

Non-Voting Members

Jeanette Richards	Executive Director of Children and Young People, Bury Council	None Declared					Nil Interest		Present	Declaration of interest as per policy		Y
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Jon Hobday	Director of Public Health, Bury Council	None Declared					Nil Interest		present	Declaration of interest as per policy	Y	
Adrian Crook	Director of Adult Social Care and Community Services	Bolton Hospice			X		Trustee	Jul.05	Present	•Declaration of interest as per policy. •Declare in meetings where relevant. •Not to be sent papers where conflicted. •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity. •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y	
Kath Wynne-Jones	Chief Officer, Bury IDC	KWJ Coaching and Consulting	X				Direct	09.06.2021	Present	•Declaration of interest as per policy. •Declare in meetings where relevant. •Not to be sent papers where conflicted. •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity. •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y	
Ruth Passman	Chair of Bury Healthwatch	None Declared					Nil Interest			Declaration of interest as per policy	Y	
Catherine Wilkinson	Director of Finance, NCA	Age UK Lancs			X		Direct	Trustee and Treasurer for Age UK Lancs	Mar.18	Present	•Declaration of interest as per policy. •Declare in meetings where relevant. •Not to be sent papers where conflicted. •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity. •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y
TBC	Representative from the Primary Care Network (Lead)											

In attendance

Cllr Mike Smith	Leader of Radcliffe First	Angles and Arches	X				Direct	Director	2009	Present	•Declaration of interest as per policy. •Declare in meetings where relevant. •Not to be sent papers where conflicted. •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity. •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y
		Anodising Colour					Indirect	Spouse is a lab technician	Jul.05	Present		Y
		Radcliffe First		X			Direct	Leader	2019	Present		Y
		Radcliffe Litter Pickers		X			Direct	Member	2019	Present		Y
		Growing Older Together		X			Direct	Member	2019	Present		Y
Cllr Russell Bernstein	Cllr Bury Council, Conservative Leader	Bury Council	X				Direct	Councillor	Mar.21	Present	•Declaration of interest as per policy. •Declare in meetings where relevant. •Not to be sent papers where conflicted. •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity. •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y
		Philips High School				X	Direct		Sep.19	Present		Y
		Bury and Whitefield Jewish Primary				X	Direct		Mar.21	Present		Y
		Conservative Party		X			Direct	Councillor	Jul.19	Present		Y

Meeting: Locality Board			
Meeting Date	03 April 2023	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Locality Board meeting held on 6 th February 2023		
Presented By	Cllr O'Brien, Chair of the Locality Board		
Author	Lindsay Johnson, Committee Secretary		
Clinical Lead			

Executive Summary
The minutes of the Locality Board meeting held on 6 th February 2023 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed.
Recommendations
It is recommended that the Locality Board:- <ul style="list-style-type: none"> Approve the minutes of the previous meeting held on 6th February 2023 as an accurate record; Review the action captured.

OUTCOME REQUIRED (Please Indicate)	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	

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 checked="" 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 checked="" type="checkbox"/>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Minutes

Date: Locality Board, 6th February 2023

Time: 4.00 pm

Venue: Microsoft Teams

Title	Minutes of the Locality Board		
Author	Lindsay Johnson		
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14/2/2023	1	Lindsay Johnson	Draft Minutes completed.
24/2/2023	1	Lindsay Johnson	Submitted to Will Blandamer to review
28/2/2023	1a	Will Blandamer	Minor changes incorporated.
28/2/2023	1a	Lindsay Johnson	Emailed to all the Locality Board members for their review.
Approved:			
Signature:			
		 Add name of Committee/Chair

Locality Board

MINUTES OF MEETING

Locality Board

6th February 2023

4.00 pm until 6.00 pm

Chair – Dr Cathy Fines

ATTENDANCE

Members

Dr Cathy Fines, Senior Clinical Leader in the Borough (**Chair**)
 Cllr Eamonn O'Brien, Leader of Bury Council
 Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health
 Cllr Lucy Smith, Executive Member of the Council for Children and Young People (part meeting)
 Mr Chris O'Gorman, Chair of the Integrated Delivery Collaborative Board
 Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GM ICS representative)
 Dr Vicki Howarth, Medical Director (NCA)
 Dr Kiran Patel, Medical Director of the Integrated Delivery Collaborative Board
 Mr Geoff Little, Place Based Lead
 Mr Simon O'Hare, Deputy Locality Finance Lead (**Deputising for Ms Sam Evans**)
 Ms Sophie Hargreaves, Director of Strategy, MFT
 Ms Heather Caudle, Group Chief Nursing Officer, NCA
 Ms Joanna Fawcus, Director of Operations, NCA
 Mr Donan Kelly, Pennine Care Foundation Trust

Others in attendance

Ms Helen Tomlinson, CO Bury VCFA
 Ms Ruth Passman, Chair, Healthwatch
 Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care
 Ms Catherine Wilkinson, Director of Finance, NCA
 Ms Lindsey Darley

Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
 Ms Jeannette Richards, Director of Children's Services
 Mr Jon Hobday, Director of Public Health

Cllr Russell Bernstein, Conservative Group Leader
 Cllr Mike Smith, Leader, Radcliffe First

Ms Jacqui Dennis, Head of Legal Services
 Mrs Lindsay Johnson, Committee Secretary (minutes)

Clare Postlethwaite, Associate Director of Finance (GM Estates) and Governance for agenda item 5
 David Latham, Commissioning Programme Manager – for agenda item 7
 Barney Schofield and Anand Iyer - for agenda item 8
 Mark Beesley and Zoe Alderson – for agenda item 10

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Catherine Jackson, Kath Wynne-Jones and Sam Evans.
1.3	The meeting was declared quorate and commenced.
2	Declarations Of Interest
2.1	The GM ICS (Bury) and Bury Council have responsibilities in relation to declarations of interest as part of their respective governance arrangements.
2.2	For other partners, we understand also that conflicts of interest are recorded locally within their respective (employing) NHS and other organisations as part of their own governance arrangements and processes.
2.3	The GM ICS (Bury) has a requirement to keep, maintain and make publicly available a register of declarations of interest under Section 140 of the national Health Service Act 2006 (as inserted by section 25 of the Health and Social Care Act 2012).
2.4	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.
2.5	As described in the Locality Board Terms of Reference (under Conflicts of Interest Section), the members of the Locality Board must refrain from actions that are likely to create any actual or perceived conflicts of interests. Taking this into consideration, a Register of Interests is included within the meeting papers which details the Declaration of Interests for the Locality Board Members.
2.6	In terms of agreed protocol, the Locality Board should ensure that they declare any relevant interests as part of the Declaration of Interest standing item on meeting agendas or as soon as a potential conflict becomes apparent or as part of meeting discussions. The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	Declarations of interest from last meeting held on 5th December 2022 With this being the first Locality Board meeting attendance, Ms Hargreaves – declared the following interest; Indirect - Manchester & Trafford LCO – Spouse Employed.
2.8	Ms Fawcus was also attending her first Locality Board meeting and as such advised that she had no declarations of interest to record. These were recorded on the register and COI forms have been completed and returned accordingly.
2.9	Declarations of interest from today's meeting 6th February 2023
2.10	No declarations to note.

ID	Type	The Locality Board	Owner
D/02/01	Decision	Received the declaration of interest register and noted that there were no other declarations to make that were not already included.	

3 Minutes Of The Last Meeting And Action Log			
3.1	The minutes from the Locality Board meeting held on 5th December 2022 were considered and agreed as a true and accurate reflection of the previous meeting.		
ID	Type	The Locality Board	Owner
D/02/02	Decision	Agreed the minutes from the meeting held on 5 th December 2022 as a true and accurate reflection of the meeting.	

4 Place Based Lead Update	
4.1	Mr Little presented the item to the Locality Board.
4.2	He gave tribute to staff from all sectors for their work on behalf of Bury patients and residents over the Christmas period commenting that the period had seen unprecedented pressures on all services as a consequence of enormous demand, workforce availability and the strike action. Mr Little referred to the demand faced by GPs also along with the pressures being experienced surrounding workforce. Mr Little gave an update on data relating to GPs face to face appointments for December confirming that for Bury this was 66% compared to 60% nationally.
4.3	Reference was made in regard to the GM Cancer Network Visit to Bury which had taken place on 1 st February 2023. The Bury contribution was co-ordinated by Cancer Clinical Lead Dr Liane Harris and programme lead Damian Ashton, and very many Bury partners were connected to the work including NCA locally and group wide, PCN cancer leads, Public Health and the VCFA. Work surrounding the implementation of the eDerma scheme was commended. It was noted that the outcome of the report was anticipated.
4.4	The Locality Board was informed of the visit by Michelle Dyson (Director General, Adult Social Care) Michelle Dyson which had taken place on 31 st January 2023 at Heathlands in Prestwich. This visit presented the opportunity to discuss the intermediate care provision, the connection to integrated neighbourhood teams, the deployment of winter pressure and monies including Discharge to assess along with the wider opportunities Bury has as part of the national front runner scheme on discharge arrangements.
4.5	With respect to the financial position, Mr Little outlined the significant pressure and challenges being experienced by all partners include NHS GM. Mr Little advised that he had met with Mark Fisher and Sam Simpson to review the likely end of year position of NHS GM (Bury) locally and as a consequence was working with ICB colleagues GM wide on behalf of GM place based leads.
4.6	The Locality Board noted that on the 11 th January, the DfE visited Bury to conduct a further review on the progress of the Children's Services Improvement Plan. Mr Little shared that this was a positive visit and that the letter of formal feedback from the visit was received on 2/2/23 and had also been shared to the Locality Board members on the 6/2/2023.
4.7	Mr Little concluded by saying he was pleased to share that Lynne had been appointed as Chief Executive of the Council, and by virtue of that position and with the full endorsement of NHS GM, also Place Based Lead for NHS GM (Bury).
4.8	It was recognised that this was Mr Little's last Locality Board meeting and as such thanks were given to Mr Little on behalf of the Locality Board for all his efforts and work over the many years.

4.9	Cllr O'Brien expressed that Bury was one of the best in terms of integration and ways of working and that it was down to Mr Little for his personal work and drive in getting Bury to this point.		
4.10	The Chair also thanked Mr Little and said he would be greatly missed. In terms of the future, she welcomed the support and of working with Ms Ridsdale.		
ID	Type	The Locality Board	Owner
D/02/03	Decision	Received the update.	

5	Locality Board Formalisation		
5.1	The paper was introduced by Mr Blandamer. He explained that at the Locality Board meeting in December 2022 it was recognised that the partnership should take steps to formalise the operation of the Locality Board and in response to the requirement of NHS Greater Manchester to secure the formality of devolved decision making and management of the Section 75 agreement between two partners to the Locality Board – the Council and NHS Greater Manchester.		
5.2	The suite of papers submitted to the Locality Board meeting demonstrated a statement of confidence which had been built upon to continue to deliver the work and further develop the partnership relationships that had been in place in shadow form since October 2021. It recognised also the ongoing commitment in Bury surrounding; prevention, earlier intervention, health inequalities and neighbourhood working which would be expected to further evolve as the Locality Board continued to achieve its ambition. The information as presented at the meeting, unified the need for the Locality Board's strong partnership working across organisational boundaries serving as the apex of the Bury Integrated Care Partnership.		
5.3	Mr Blandamer confirmed to the Locality Board that the papers presented today included the following; <ul style="list-style-type: none"> • A Locality Plan • A Terms of Reference for the operation of the Locality Board • A partnership agreement for the members of the Locality Board • An initially revised section 75 agreement for the council and NHS Greater Manchester 		
5.4	In regard to the Locality Plan, it had been noted that partners in Bury had jointly agreed a refreshed Locality Plan for health and care reform in January 2022 and that they had been operating revised partnership arrangements for health and care in Bury throughout 2022. The Locality Plan shared at the meeting had been refreshed to reflect the work of the Bury Integrated Care Partnership and the establishment of the Greater Manchester Integrated Care System. The Locality Plan however maintained a clear set of (as previously agreed) objectives and priorities in relation to the local agreement.		
5.5	The Terms of Reference (ToR) presented outlined the operation of the Locality Board. The ToR had been expanded from the previously agreed ToR that had been in place for the Shadow Board. The ToR included a number of additional elements that reflected key inclusions that all Greater Manchester localities were required to incorporate (from the nationally defined 'boiler plate' ToR and local government constitutional requirements). It was important to note also that the formalised ToR did not fundamentally change either the responsibilities of the Locality Board or the requirements of its members (as previously set out and agreed whilst working in shadow form).		
5.6	A Partnership Agreement had been included which acted an integral document that underpinned the local commitment to strong neighbourhood and partnership working. It articulated how the partnership working across the locality was governed by the Locality Board and related		

	governance structures in order to help strengthen and embed the strong working arrangements across the Borough.
5.7	In relation to the S75, the Locality Board, agreed to work under a hybrid arrangement meaning that the Locality Board was a Joint Committee of the Local Authority for the s75 and pooled budget decisions and a Committee of the ICB in order to receive and act on ICB delegations along with the making of decisions collectively on aligned and non-pooled budgets. It was confirmed that work had been carried out with Bury Council colleagues around the S75 and the financial schedule provided within the report supported this work.
5.8	<p>It was advised also that the revised section 75 agreement did not change any of the Local Authority inclusions and instead amended the health elements to reflect current funds delegated to the locality which were as follows:-</p> <ul style="list-style-type: none"> • Continuing Health Care • Mental Health • Prescribing (primary care) • Better Care Fund
5.9	The Locality Board was also informed that the section 75 Agreement itself was a lengthy and legally binding document and as such a summary covering report had been included to allow the Locality Board members to more easily review the proposed changes to current section 75 arrangements. The principles outlined in the report demonstrated the changes to the working section 75 full document and in particular included amended finance schedules. In respect of future work, it was suggested that a further review and refresh of the S75 document be undertaken within the next 3-6 months, however the Locality Board noted that it was not anticipated that the review would impact on the GM ICB approval and that it would continue to support the development of the S75 key document for the locality to continue to work fully as a partnership.
5.10	<p>Finance Schedule – relating to 2022/23 budgetary limits</p> <p>It was explained that it was important to share to the Locality Board that as a condition of the ICB formally constituting the Locality Board, there was a requirement for localities to formally approve the 2022/23 budgetary limits and related finance schedule. Work to confirm formal approval of those budgetary limits continued with no material issues reported as this stage.</p>
5.11	It was proposed therefore, that final amendments to reach agreement on the schedule be delegated to the Executive Director of Finance, recognising that the agreement reflected the current year budgetary working arrangements and as such this was a request for approval from the Locality Board which was agreed.
5.12	<p>Mr Blandamer outlined to the Locality Board that they were therefore asked to confirm approval of the following key documents and that those documents would then form part of the GM ICB approvals process. He explained that approval would enable Locality Boards to formally adopt decision making powers from 1st April 2023 onwards.</p> <p>The documents for approval were;</p> <ul style="list-style-type: none"> • Locality Board terms of reference. • Bury Integrated Care Partnership Agreement. • Section 75 agreement – principles included within covering report. • 2022/23 Budgetary Limits – delegated to the Executive Director of Finance
5.13	Mr Blandamer gave thanks to Ms Hargreaves from MFT, Mr Kelly and Mr Hassall from PCFT, Mr Sharp from the NCA for their support so far and Ms Wilkinson from the NCA for her wording in

	regard to the Partnership Agreement. He confirmed that the comments provided had been taken on board.
5.14	Mr Blandamer also gave thanks to Ms Postlethwaite, Mr O'Hare and Mrs Johnson for their work involved in the preparation of the documentation.
5.15	The agenda item was opened up for comments.
5.16	Dr Patel said he would welcome a review of the Partnership Agreement to include a section surrounding the work of primary care and the role of the GP Leadership Collaborative.
5.17	He also said he wished for clarity around the roles of the Senior Clinical Leader in the Borough and Medical Director of the IDCB/Chair of Clinical Senate specifically being a GP in order to represent the GP perspective as well as the constituency.
5.18	<i>Post meeting note; the above suggestions have been incorporated and it has been written into the ToR that each of the two roles (as described above) are presumed to be a GP and the relevant representative will represent the GP perspective as well as the constituency and that in the event of those roles not being a GP, the ToR will be reviewed accordingly. A dedicated section on Primary Care was also incorporated into the Partnership Agreement and the GP Federation had been made a partner to the agreement.</i>
5.19	Mr Kelly commented on the pooled and aligned budget, making reference to what had been described in the covering report. It was acknowledged there were opportunities of investment agreements for particular priorities and it would be important to understand double running in an interim period and the need for exit strategies.
5.20	Ms Wilkinson commented on the process and task involved in achieving this set of documents deemed suitable for a number of different statutory arrangements. She said it was essential to recognise as we enter into this new world, the scope around integration which was now in place. Ms Wilkinson also acknowledged the involvement of the partners in shaping the wording in the documents as submitted.
5.21	Mr Heppolette commented from a GM perspective that although it was limited at this stage to receive delegations associated with allocations from GM ICB, the ambition for Locality Boards to realise their wider remit remained. He acknowledged the proposed workshop planned for March commenting that it was important to have that wider discussion and development in order reflect and translate into outcomes for Bury.
5.22	Mr Little supported the documentation as outlined and said he agreed with the comments raised about the continued trajectory of travel in order to collectively make decisions and scale up change.
5.23	Ms Postlethwaite recognised the comments made too around the overall ambition and future aspiration. She said it was expected that a review would take place to develop the comments made over the next few months and that appropriate wording had been included in the covering reports which demonstrated the aspiration and longer term aim.
5.24	The Locality Board, subject to inclusion around Primary Care approved the suite of papers, (as delegated to the Bury PBL until formally established) and therefore recommended 'the suite of documentation' for approval to NHS GM ICB for review and approval to establish the Locality Board as a sub-committee of the ICB and the S75 Committee as a Joint Committee of both the ICB and Bury MBC for relevant business.

ID	Type	The Locality Board	Owner
D/02/04	Decision	Recognised the requirement to commit to the 2022/23 finance schedules as part of the GM ICB approvals process and agreed that this final decision to approve be delegated to the Executive Director of Finance.	
D/02/05	Decision	Noted the ongoing commitment of partners to work across neighbourhoods in order to continue to deliver the locality plan.	
D/02/06	Decision	Noted the principles included within the Section 75 report and agreed that they would form the basis of detailed updates to the full section 75 working document along with the financial schedules.	
D/02/07	Decision	Noted the commitment to further strengthen the Section 75 legal documentation and agreed a further iteration of the document be proposed within the next 3-6 months.	
D/02/08	Decision	Noted the contents of the updated locality plan that underpinned all the work taking place across the borough.	
D/02/09	Decision	Approved the revised ToR – subject to the clarification around the role of the GP representing GP perspective as well as the wider constituency.	
D/02/10	Decision	Approved the Partnership Agreement – subject to the inclusion of a Primary Care section and the role of the GP Leadership Collaborative.	
D/02/11	Decision	Approved the suite of papers, (as delegated to the Bury PBL until formally established) and therefore recommended them for approval to NHS GM ICB for review and approval to establish the Locality Board as a sub-committee of the ICB and the S75 Committee as a Joint Committee of both the ICB and Bury MBC for relevant business.	

6	IDC Overview Report
6.1	Mr O’Gorman presented the report on behalf of Ms Wynne-Jones.
6.2	The update provided was a comprehensive report which covered the following; <ul style="list-style-type: none"> • IDC Task and Finish Group and the role of the IDC • Programme Leadership and Capacity • System Governance and decision making • SRO Leadership
6.3	Mr O’Gorman outlined that the SRO Leadership was being reviewed following some internal changes and departures.
6.4	There were also a number of appendices included that accompanied the report, these appendices outlined the following information:- <ul style="list-style-type: none"> • Scope of the IDC Development Group • Proposed SRO Membership • Existing SRO and clinical director role descriptions • Draft Programme Plan
6.5	The IDC Programme/Project Highlight Report was also included which detailed a synopsis on each programme.

6.6	The Locality Board was asked to note the 3 key strands of work for the development plan of the IDC and the proposals for the SRO leadership arrangements. They were also asked to consider the progress, plans, risks and mitigations highlighted for each of the programmes of work. Common risks across programmes related to the availability of finance, workforce and increasing wait times.		
6.7	The Locality Board also noted that from April 2023 the report would be accompanied by a system risk register and performance scorecard.		
6.8	Mr O’Gorman also made reference and thanks to Ms Darley for her last Locality Board meeting as Ms Darley was taking up the role of Programme Lead for the national discharge programme initiative cross the 4 localities of the NCA, including Bury. The Locality Board also gave thanks to Ms Darley for the impact that she has had across the system.		
ID	Type	The Locality Board	Owner
D/02/12	Decision	Received the update report, noted the 3 key strands of work for the development plan and the proposals for the SRO leadership arrangements.	
D/02/13	Decision	Considered that from April 2023 the report would also be accompanied by a system risk register and performance scorecard.	

7	Deep Dive Report – Urgent Care		
7.1	Mr Latham was present at the meeting and provided a deep dive urgent care update.		
7.2	The Locality Board was advised that it would inform them of the current NHS Planning Priorities for urgent care for 2023-24 as well as a review of current urgent care performance through a comparative look at local performance against GM Partners.		
7.3	The update also described that improved performance in part is due to the range of GM Winter and SORT schemes established across Bury. These schemes were highlighted with an initial review of how the Bury systems coped over the Christmas Bank Holiday period.		
7.4	The Board was also reminded of some of the other ongoing priority work streams in the urgent care programme.		
7.5	<p>A number of slides were presented with the following key points highlighted;</p> <ul style="list-style-type: none"> • NHS Planning Guidance 2023-24 which detailed the 2023-24 three national key tasks • Urgent Care NHS National Objectives and Urgent Care NHS National Key Actions • System Performance which detailed the A&E attendance levels and A&E performance figures • Length of stay and no criteria to reside (NCTR) was mentioned with Mr Latham commenting that whilst the NCTR figures remain high at Fairfield General Hospital this needed to be offset by an understanding of the length of stay position • 12 hour wait figures were commented on with the Locality Board being informed that Year to date FGH was the best performing adult acute trust site for 12 hour performance • Ambulance performance had improved following intensive work between North West Ambulance Service, Fairfield General Hospital and the wider system on whole system flow the situation improved greatly. 		
7.6	In regard to the SORT update, the Locality Board received a summary slide which detailed the investment received across a number of schemes (including green schemes, primary care schemes, virtual wards, VCSE schemes). They were informed that through some of the		

	investment additional capacity had been received at Fairfield General Hospital, increased input in acute visiting services, respiratory hub, virtual ward and hospital at home.	
7.7	In regard to initial feedback from winter and over the Christmas period, the general feeling was that the Bury system did perform well and Fairfield General Hospital was one of the sites to not declare OPEL 4. System pressure was felt particularly in Primary Care, GP practices and GP Out of Hours however system plans over the period were felt to have worked well. On call arrangements remained in place and daily calls took place with on call managers across the system.	
7.8	Mr Latham had also in his set of slides, provided some information around learning which had been taken from a session on 18 th January 2023.	
7.9	Thanks were provided for comprehensive set of information and the agenda item was opened up for comments.	
7.10	It was commented that although system support had been in place over the winter and Christmas period which was welcomed, the patient experience was still not where it should be and although the positives were taken, it was felt it was important to not lose sight of poor patient experience and to recognise that the 4 hour performance at 59.49% is a lower target set nationally and that the aim should always be higher.	
7.11	Ms Caudle talked about some of the language used in particular referring the No Criteria to Reside. She highlighted that testing was underway in helping to change the mindset as part of a cultural change and for example using Days Kept Away From Home (DKAFH) as an alternative to no criteria to reside. The Locality Board welcomed this proposal and said this was about a critical change in thinking something in which they would like to adopt in Bury.	
7.12	The Chair closed the agenda item commenting that she had felt the Bronze meetings were working well demonstrating good leadership across the Bury locality.	
D/02/14	Decision	Noted the content and local system performance as provided in the presentation slides.

8	NCA Community Diagnostic Centre: Bury Spoke Site Development Plans – Update	
8.1	Barney Schofield, Director of Planning and Delivery from the NCA was present along with Anand Iyer, Portfolio Manager – Service Transformation (Cancer RDC and CDC Programmes).	
8.2	The Locality Board were informed that the NCA had developed a CDC Hub in Oldham that launched in December 2022, and a second hub will go live in the summer of 2023 in Salford. The Oldham Hub serves patients from the Northeast Sector, including Bury, and Bury patients will also be able to access the Salford Hub where this is more convenient.	
8.3	The Locality Board were informed that there was an intention that the Hub and Spoke model of CDCs across the NCA localities would ensure all localities have access to routine diagnostic tests (e.g., blood pressure, spirometry etc.) via spoke sites, and non-routine or more complex diagnostics via purpose-built CDC Hubs (e.g., MRI scans, blood gases, endoscopy).	
8.4	The NCA and Bury system partners established a Task Group in November 2022. The aim of the group was to co-produce plans to develop two spoke sites in Bury, as satellite sites from the NCA CDC Hubs, to serve the populations of Bury and provide access to routine low-level diagnostics close to home. The spokes will sit alongside a range of other diagnostics already available to Bury residents in primary, community and secondary care.	

8.5	The current proposition that has been supported by Clinical and Professional Senate and the Integrated Delivery Collaborative Board (IDCB) is to apply for funding for 2 spokes in Bury - Radcliffe with a cardiorespiratory focus and Prestwich a Frailty focus. Spoke provision in both these locations would support the strategic approach outlined in the Bury 'Let's Do It' strategy.			
8.6	The Local Authority Public Health team has completed analysis that supports the proposal to locate the spokes in Radcliffe and Prestwich to address the populations health needs, to support work to tackle inequalities, and maximise the available resources, now and into the future.			
8.7	NCA is leading the completion of the business case to secure capital and revenue funding to establish the spokes in Bury and is aiming for submission of the business case, subject to Bury system support and NCA finance sign off, by the end of February 2023.			
8.8	It should be noted that at this stage of the funding application process the requirement is for high level activity assumptions in the initial business case, with opportunity to refine the activity plans each year. However, to ensure that delivery of diagnostics at a locality level is cost effective and minimise any risk of creating future financial pressures when the national funding comes to an end in 2024, the locality will need to ensure the projections are sufficiently robust.			
8.9	The Locality Board noted that once the Business Case is approved it should secure capital investment and once submitted it was confident that rapid response would be received from NHSE with approval to support the Business Case.			
8.10	The Locality Board therefore received the update and presentation that accompanied this executive summary, outlining the current proposal for the spokes had been shared with Clinical and Professional Senate and IDCB.			
8.11	The Locality Board supported the direction of travel outlined in the presentation and the required next steps for NCA to secure the funding from NHSE to mobilise the spokes in 23/24.			
	ID	Type	The Locality Board	Owner
	D/02/15	Decision	Received the update and noted the work undertaken to date to co-produce the plans with system partners for the Bury CDC spokes	
	D/02/16	Decision	Supported the direction of travel outlined in the presentation, to include the spoke locations and range of modalities to be delivered in the first year.	
	D/02/17	Decision	Acknowledged the opportunity to expand the hub and spoke model beyond the two proposed sites through future funding bids with NCA to further increase diagnostic provision in Bury.	
	D/02/18	Decision	Supported the NCA submitting the business case, subject to IDCB support and NCA governance sign off, by end February 2023.	

9	Investing in local infrastructure to enable the growth and development of the VCSE sector in Bury.
9.1	Ms Tomlinson introduced the paper outlining that it provided the Locality Board with a rationale, options and a number of recommendations for a system-wide approach to investment in VCSE local infrastructure. The paper described the aim of creating the right conditions for the VCSE sector to mature, flourish and be recognised as an equal partner within the integrated systems in Bury.
9.2	Ms Tomlinson gave an acknowledgement to Bury Council who had committed to initial investment in 2019 for the establishment of a new VCSE sector infrastructure body for the borough – which became Bury VCFA.
9.3	Ms Tomlinson referred to section 2.2 in her report which gave more detail around the VCSE Local Infrastructure in Bury. She advised that the presence of local infrastructure in Bury had been inconsistent over the past 20 years as investment had come and gone. This had contributed to a VCSE sector which was relatively immature in its growth and development compared to areas such as Salford, Bolton, Oldham and Manchester where there was a strong local infrastructure body, in some cases established over 30+ years.
9.4	<p>The Locality Board were informed that Bury VCFA strategic priorities were underpinned by a set of four key functions (which align to national membership body NAVCA -National Association of Voluntary and Community Action).</p> <ul style="list-style-type: none"> • Leadership and advocacy • Partnerships and collaborations • Capacity building • Volunteering
9.5	There were a series of recommendations for consideration by the Locality Board which supported the ambitions as well as identifying new ways to scale up good models for implementation in Bury.
9.6	Ms Tomlinson did comment that recommendation 5.6 was important which asked for commitment from Locality Board in terms of representation at the GM Accord Forum on 15 th March in Tameside to share the work already started in Bury to embed the VCSE sector as a key partner in the Let's Do It Strategy as well as understanding what more we could do following learning from other GM areas.
9.7	The agenda item was opened up for discussion.
9.8	The Chair said that section 2.1 in the report was extremely powerful which detailed that there were over 26,000 volunteers in Bury donating over 131,000 hours per week of time, equating to £65m (based on the Real Living Wage). This included those that hold governance positions such as management committee members, trustees and directors. The workforce of the VCSE sector in Bury is estimated to be 4019 employees (2452 full-time equivalent).
9.9	Ms Ridsdale commented that Bury Council fund the VCFA and currently work was underway in reviewing continuation of some contribution going forward. Ms Ridsdale said it was essential for the Locality Board and wider partners to be mindful and consider making a contribution on the basis of that the work the VCFA deliver is central to locality plan objectives. It was expressed that there was a need to support to continuation on that as without it the objectives as detailed in the Locality Plan would not be achieved.

9.10	Cllr Tariq said the report detailed vital information and commented on the value of the VCFA work that was being carried out across the system. He said that it was important to recognise the journey the voluntary sector has been on in Bury too, however more could be done. Cllr Tariq suggested that the detail as outlined in the paper should be built upon in order to continue to link into the strategies as well as reducing of inequalities.		
9.11	Ms Wilkinson advised that SFG have a set of financial principles that they are signed up to as well as an ambition of a commitment to the VCFA in order for it to grow and develop. It was advised that there was an element of a spend to save initiative along with better value for money however there was a need to find a way of delivering on this ask collectively. Ms Wilkinson therefore suggested that the SFG review the recommendations as described in the paper however wider system support was required in terms of investment/commitment.		
9.12	The Locality Board agreed therefore that SFG should pick up an action around discussions for the financial ask and suggested that Ms Tomlinson also continue the discussions with the multi agency partners.		
9.13	It was also outlined that a mapping and scoping exercise take place creating those spaces where discussions can take place with commissioners in terms of what is being delivered in order to understand the scope and scale and what could be further developed and how we enable that to progress.		
ID	Type	The Locality Board	Owner
D/02/19	Decision	Received the paper and considered the recommendations.	
A/02/01	Action	Agreed for SFG to pick up the actions around the financial ask in regard to contribution to the VCFA as outlined in the report.	SFG

10	Primary Care Strategy		
10.1	Mr Beesley was present, along with Ms Alderson and a number of slides were shared to the Locality Board in regard to the Primary Care Strategy.		
10.2	<p>The slides covered the following:-</p> <ul style="list-style-type: none"> • Vision – along with 5 Goals to help realise the vision • Goal 1 - Develop and promote a new model of general practice • Goal 2 - A resilient workforce and an attractive place to work • Goal 3 - Increase capacity within general practice and meet appropriate demand • Goal 4 - Strengthen the relationship between provider partners across the Bury system • Goal 5 - Improve outcomes for patients by reducing inequity and variation in access and quality of care • Support that is required to deliver the goals which included associated risks • Next Steps 		
10.3	The Locality Board was informed that since the disestablishment of Clinical Commissioning Groups (CCGs) the Primary Care Team and the GP Federation have, where possible been working closely to align programmes of work, with a view to having a single coordinated work programme determined by a Primary Care (General Practice) Strategy.		
10.4	The purpose was to provide the Locality Board with an update around developing strategy along with sharing the programme and delivery plan. The slides shared presented a vast amount of information.		

10.5	Mr Crook acknowledged the work that had been carried out commenting on the massive move forward. The work of the Primary Care Team and colleagues was highly noted with the Locality Board recognising the need to understand the lived experience of patients along with ensuring their voice when further developing the strategy.
10.6	Cllr Tariq spoke about the scrutiny that Primary Care had been under which had faced a lot of criticism, following misinformed information quoted, along with the pressures that had been experienced and continue to be experienced. He said that it was felt that Bury was moving forward as a system in a positive way in rebutting incorrect information. In terms of the future, Cllr Tariq commented that work should continue around the behavioural changes and support should be given around the pressures in order to Bury to continue to lead the way.
10.7	Other comments received were that the Strategy was a great piece of work that highlighted the discussions around breaking down barriers and of the continued creation of a seamless package of care. Further comments were also welcomed from system partners in order to incorporate that wider view.
10.8	The Chair gave thanks for the paper and confirmed that the action plan would be brought to a future meeting.

ID	Type	The Locality Board	Owner
D/02/20	Decision	Received the update in regard to the local strategy and delivery plan.	
D/02/21	Decision	Provided feedback as detailed above.	
D/02/22	Decision	Noted the work taking place at a GM level.	
D/02/23	Decision	Considered the risks as presented.	

11	Strategic Finance Group Update		
11.1	It was highlighted to the Locality Board that the Strategic Finance Group had supported the CDC work along with the work surrounding virtual wards and approved a series of monies. Work continued in planning for 23/24.		
ID	Type	The Locality Board	Owner
D/02/24	Decision	Noted the verbal update provided.	

12	Strategic Workforce Group Update		
12.1	Ms Darley was present at the meeting and gave an update on this item.		
12.2	She informed the Locality Board that there were two papers submitted to the meeting which were detailed as follows;		
12.3	Paper A – IDC Workforce Team update The presentation outlines; <ul style="list-style-type: none"> • The current IDC system Workforce team • The key priorities of the revised GM Culture and People Strategy • Existing alignment of work undertaken by the Bury IDC Workforce Team to scope current activities and strategies locally, against the GM strategy • Outline of next steps towards completion of a Bury health and car system wide workforce strategy 		
12.4	Paper B – System Wide Workforce Retention and Wellbeing The paper seeks to;		

12.5	<ul style="list-style-type: none"> share the key themes from the system wellbeing workshops that have informed the development of the proposed actions/activities outline how key partners/stakeholders and specialists can shape the system work in its developmental stages. enable the Board to appraise the proposed actions/activities and support work on to collaborate on as a system/organisational aligned priority basis. <p>Ms Darley also confirmed that the SRO for Workforce would be Kat Sowden.</p>		
ID	Type	The Locality Board	Owner
D/02/25	Decision	Noted the paper submitted as Paper A and of the work to date.	
D/02/26	Decision	Noted the content of paper B in regard to the report to the Health Overview and Scrutiny Committee for information.	

13	System Assurance Committee – update report		
13.1	Mr Blandamer presented the report on behalf of Ms Jackson. The report provided the Locality Board with a summary of the Bury Integrated Care Partnership System Assurance Committee from the January 2023 meeting.		
13.2	The Locality Board was asked to note the contents of the report and to raise any issues for the System Assurance Committee to address.		
ID	Type	The Locality Board	Owner
D/02/27	Decision	Noted the report as provided.	

14	Population Health and Wellbeing Update		
14.1	The report was introduced by Mr Hobday which provided an update on the work of the Health and Wellbeing Board and Population Health Delivery Partnership.		
14.2	Mr Hobday encouraged members to read the Annual Report.		
ID	Type	The Locality Board	Owner
D/02/28	Decision	Noted the update provided.	

15	Performance Framework		
15.1	Mr Blandamer introduced the report highlighting that the paper submitted was a trial of a new reporting for Locality Board during 2023 following feedback at the end of last year.		
15.2	The report detailed that a review of products that were provided across the refreshed Health and Care Governance in the locality identified where reporting could be either streamlined, aligned with GM reporting or described gaps for new products to be produced.		
15.3	With regard to the report, it was detailed that it would provide a high level activity and demand summary of the key work areas along with a placeholder and opportunity to escalate issues from both the IDC Board and the Children's Strategic Partnership Board.		
15.4	The report was submitted to the Locality Board to demonstrate to them the different ways of how to manage/share performance data, however Mr Blandamer confirmed that further was required to fully capture this.		

15.5	The Chair requested that consideration was taken around the presenting of primary care data commenting that there were large numbers of those accessing primary care however Bury did not appear to be as well as could be in presenting and sharing it.		
ID	Type	The Locality Board	Owner
D/02/29	Decision	Acknowledged the current performance across the system.	
D/02/30	Decision	Provided feedback on the new style of reporting – in particular around primary care	
D/02/31	Decision	Agreed to this new style and reporting going forward.	
16	Clinical and Professional Senate		
16.1	The Locality Board noted that there had not been a January Clinical and Professional Senate meeting and as such a written update would be provided after the next meeting.		
ID	Type	The Locality Board	Owner
D/02/32	Decision	Noted that a written report would be provided after the next Clinical and Professional Senate meeting.	
17	Any other Business		
17.1	<p>Mr Blandamer touched on the development workshop planned for 6th March 2023. He highlighted some key points;</p> <ul style="list-style-type: none"> • Opportunity to have development space • Opportunity to understand good examples of work in the Place • Opportunity to understand the scale, money, workforce and what the future holds. • Review the scale of reform and response, through neighbourhood model, focus on prevention and intervention. • Review what does the future ambition tell us. • Look at the wicked issues in order to challenge and address. • Have some space to explore some of those things further in the context of the Locality Plan looking at what we know is working well and what is required to develop further. 		
ID	Type	The Locality Board	Owner
D/02/33	Decision	Noted the item shared under AOB.	

Locality Board Action Log

Status Rating




- In Progress



- Completed

-

Title	Action	Lead	Status	Due Date	Update
A/02/01	Agreed for SFG to pick up the actions around the financial ask in regard to contribution to the VCFA as outlined in the report.	SE			This has been included on the Strategic Finance Group agenda for the meeting on 30 th March 2023

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Meeting: Locality Board			
Meeting Date	04 April 2023	Action	Receive
Item No.	6	Confidential	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale, Place Based Lead		
Clinical Lead	Dr Cathy Fines		

Executive Summary
To provide an update on key issue of the Bury Integrated Care Partnership.
Recommendations
The Locality Board is asked to note the update.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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 checked="" 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 checked="" type="checkbox"/>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
affected been consulted?						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

1. Place Based Leadership

I would like to thank all colleagues for the warm welcome as I commence my role as Place Based Lead for NHS GM (Bury) and also Bury Council Chief Executive. I have had the opportunity to visit a number of health and care services in the borough, and also to meet with senior leaders and I am grateful for the time. I am hugely impressed by the services I have seen and the commitment of all partners in the borough to work together for the benefit of patients and residents. It is also clear though that we have some significant headwinds – the financial position of the NHS in Greater Manchester and the challenging financial position of the Council, significant pressures on the delivery of key performance indicators such as elective care, and challenging workforce issues. I am however clear that these are system challenges at a GM and a local level, and I confirm my commitment to work closely with partners across the Bury Integrated Care Partnership to give us the best possible opportunity to achieve the ambitions of the Locality Plan.

2. NHS GM Consultation

To confirm that last week Mark Fisher launched the formal consultation with NHS GM staff about staffing structures at both GM and locality level. This is a 65-day consultation process and is hugely complex. I would like to thank NHS GM (Bury) staff for their work during a period of uncertainty and look forward to positively concluding the consultation process, finalising the nature of the working between GM functionality and local functionality, and being able to focus collectively on the transformational ambition of our partnership.

3. Chair of Integrated Delivery Collaborative

I would like to formally place on record my thanks to Chris O Gorman for his chairmanship of the Integrated Delivery Collaborative Board, and before that the Bury Local Care Organisation. Chris has been a wise and inspirational leader in our system, and we thank him for this work. From April, the Chair of the Integrated Delivery Collaborative will be Will Blandamer as Deputy Place Based Lead.

4. GM Integrated Care System Strategy

Colleagues will be aware that the GM ICS strategy has recently been approved and this has been circulated to all Locality Board members. The strategy complements our own refreshed locality plan. In addition, the role of primary care is clearly stated in the strategy, and we therefore welcome the opportunity to receive an overview at this meeting of the work on the GM primary care blueprint.

5. Locality Board Workshop

Thanks to colleagues for the contribution to the Locality Board workshop last month facilitated by Mike Farrar. The report of the workshop is on the agenda, and we will reflect on the steps and learning as we develop the locality board agenda moving forward. In the meantime, we welcome the opportunity this month of working with Carnall Farrar (CF) as part of the NHS GM wide review of governance and leadership, and we have a closed session of the locality board later this afternoon to work with CF colleagues.

CF colleagues are working on organisational and leadership arrangements across the GM ICS as a complementary piece of work to work with PWC on the financial position of the NHS in GM. We will look to bring key themes from both to the Locality Board in due course.

6. NHS Planning Guidance

Thanks to colleagues across the partnership for their organisational and collective work on NHS Planning Guidance. The meeting will recall the guidance sets out the key priorities for the 2023/24, which consists of three key tasks below and outlines the approach to planning for 2022/23.

- recover our core services and productivity.
- as we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP) and.
- continue transforming the NHS for the future.

2023/24 NHS Planning Guidance that can be found here: [NHS Priorities and Planning Guidance 2023/24](#).

A paper on the NHS planning assumptions as they pertain to Bury Integrated Care Partnership is later on the agenda, with the intent of ensuring each programme in our partnership – e.g urgent care, elective care, mental health, is very clear on the targets and priorities required.

7. Childrens Services and SEND

The locality board workshop in March considered the need to particular recognise and prioritise services for childrens and families in the work of the Locality Board, and to that end I am very pleased Jeanette Richards is bringing forward some work on our graduated approach around SEND and EHCPs. This is a key priority for the council and for the families of children in the borough and I would welcome the concerted contribution of all partners to this agenda.

8. Health and Adult Care Scrutiny Committee -14th March

To confirm the Scrutiny committee on 14th March received an update on the operation of the urgent care system over the winter period, an updated on the steps taken on the recovery and transformation of CAMHS services, and feedback from Healthwatch on two reports - on dementia diagnosis and on the work of colleagues in community pharmacy. We are taking forward the work on both.

9. Health and Well Being Board – 28th March.

The Health and Well Being Board for the borough met on 28th March. Colleagues will recall the Health and Well Being Board provides a focal point for the work in Bury on creating a population health system and operates as a standing committee on Health Inequalities. The meeting received comprehensive updates Ageing Well, on the inequalities dimensions to our performance on screening and immunisation, on PSR work on supporting adults with a complex relationship to public services, and on the Serious Violence Duty for public services.

Lynne Ridsdale
Place Based Lead
April 2022



Meeting: Locality Board			
Meeting Date	03 April 2023	Action	Consider
Item No.	7	Confidential	No
Title	Feedback from Development Session with Mike Farrar		
Presented By	Will Blandamer, Deputy Place Based Lead		
Author	Mike Farrar		
Clinical Lead			

Executive Summary
Attached is the report of findings created by Mike Farrar following the Development Session of the Locality Board held on 6 th March 2023.
Recommendations
The Locality Board is asked to consider the information as presented and discuss next steps/actions.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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 checked="" 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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input 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 type="checkbox"/>	N/A	<input checked="" 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:						
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 checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Bury Locality Integrated Health and Care Partnership Board - Development Session

6th March - 4-6pm - Bury Town Hall

From Intention to Action

Background

The Bury Locality Health and Care Partnership Board met on 6 March for a development session with the following objectives -

- To take stock of the current operating context and establish a shared understanding of the external and internal expectations that will govern its forthcoming programme
- To consider how best the Board could fulfil its potential to deliver transformation of the population health, and health and care services
- To consider how to balance national and local legitimately set priorities within its available resources and management capacity
- To reflect on what would be the implications of a renewed locality plan for the way in which the Board goes about its work

This is the action note from this first development session -

Section 1 - Understanding the strategic operating context

Following two brief presentations, the Board made a series of important observations about the operating context -

- the Board should focus its work on only that which the Board can do, but, in parallel should be clear about its expectations of its individual constituent members, the provider collaboratives and any relevant GM wide programmes
- the Board need to balance and calibrate the delivery of national 'priorities/must be done' (largely emanating through the NHS route), with local priorities (largely emanating through the Local Authority)
- the Board is in good shape with a real sense of joint working and desire to operate as a highly effective place based leadership group

- the Board currently has a locality plan but this has 8 'all-encompassing' priorities which may be too many and too broad to allow the Board to deliver and measure real impact. It may be better to focus its energy on a smaller set of measurable key priorities
- there is a tendency which the Board wish to avoid to concentrate solely on adult services rather than considering the value of focusing more resource and priority on the earlier years of life/children and young peoples services
- the Board must be mindful of the key constraints it faces. These include: - the need to recognise staffing levels, morale, energy and capacity; the need to find savings and efficiencies in both spend on services and it's own operating expenditure (which is subject to a 30% reduction) in order to live within its means; the need to dovetail with programmes of work undertaken at GM level and by other groups such as PFB GM's provider collaborative
- the reality that in a world of little or no growth money, the Board may have to take bold decisions to move resources around within existing spend, in particular if there is an agreed view as to how this might add value to the existing focus of that expenditure

Section 2 - Implications for the work programme

Taking into account the earlier discussion of how the Board could increase its effectiveness and operate successfully within the given constraints, members split into small working groups to consider the implications for their work programme ahead. Following a plenary discussion of their work, a summary of key points would be as follows -

Areas of focus - activity areas/priorities

- 1) Double down on the strengths based community assets approach by boosting and empowering the neighbourhoods in the patch. This might include redesigning the model if it could lead to enhanced capability and capacity
- 2) Undertake an exercise with the public and staff in Bury to engage them in priority setting, community engagement and a renewed commitment to health and well being
- 3) Put in place a clear strategy to address the health of children and young people (mental, physical and social), linked to education, family support and housing etc

- 4) Use data and business intelligence to create a process for selecting priority programmes, target inequalities and achieve the greatest impact with the resource available

Areas of focus - required ways of working

- 1) Be prepared to move money around within the existing spending to fund effective approaches to managing demand - taking a collective risk to support this approach, but evaluating its impact as it rolls out
- 2) Above all else keep the Board's programme of work, simple, manageable, impactful and confined to the areas of activity that only it can do
- 3) Use the agreed work programme based on 1-6 above to set out clear expectations of what the other component parts of the ICS need to do alongside the Board's work (eg GM, PFB, Primary Care, Individual Trusts and Providers)
- 4) Seek to standardise pathways, structures and processes where appropriate and learn from best practice elsewhere in GM

Conclusion

The Board agreed to receive and consider the action notes at a future meeting

The Board were urged to consider how adopting a tighter more focused work programme and the application of the required ways of working would impact on the conduct and agenda of the Board and its sub committees. This could be done once the Board settles on its work programme and ambition.

Mike Farrar
March 2023

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Meeting: Locality Board			
Meeting Date	03 April 2023	Action	Consider
Item No.	9	Confidential	No
Title	Greater Manchester Primary Care Blueprint February 2023		
Presented By	Rob Bellingham, Director of Primary Care and Strategic Commissioning, NHS GM		
Author	Rob Bellingham, Director of Primary Care and Strategic Commissioning, NHS GM Dr Tracey Vell, Chief Officer Primary Care Board /Chair GP Board		
Clinical Lead			

Executive Summary
We are writing to update you on the development of our Greater Manchester Primary Care Blueprint .
Recommendations
That the Locality Board considers the detail of the information as outlined and provides their feedback accordingly.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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 checked="" 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input 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 type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input 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:						
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 checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Greater Manchester Primary Care **Blueprint** February 2023

We are writing to update you on the development of our **Greater Manchester Primary Care Blueprint**.

Many of you have been involved in this work so far but we know that some of you will not yet be aware.

What is the **blueprint**?

This is our collective plan for primary care in Greater Manchester. We first started talking about it back in September at our Primary Care Summit which was attended by over 350 primary care colleagues. The session provided us with a rich source of ideas, issues and themes to take forward for the blueprint.

These are the themes that were agreed:

- Capacity
- Integrated working in neighbourhoods
- Tackling and reducing inequalities
- Prevention
- Delivering a sustainable primary care system in GM

We have also established some 'enabler' themes for digital, workforce, estates, quality and standards.

We are aiming for the blueprint to be complete by the end of June and we will have a draft version ready for colleagues to review by the end of March.

Principles of the **blueprint**

We have agreed a set of principles for the development of the blueprint:

- Each chapter must reflect all parts of our primary care system (Dental, GP, Pharmacy and Optometry)
- It must align with the **Greater Manchester Integrated Care Partnership strategy** (launching at the end of March) and other related strategies or plans, i.e. Estates, People and Culture, Digital, etc
- The content should align with relevant national strategies, specifically the Fuller Report

Who is involved in the work?

We have put in place a 'triumvirate' leadership approach for each of the nine themes within the plan.

This means that we have leads for each one from:

- Primary Care Provider Board
- Locality Teams
- GM Primary Care Team

The leads meet regularly to progress plans for each of the themes. They also all meet together every two weeks to ensure that the plans are consistent and complementary to each other.

We have also established a Primary Care Assembly, drawn from the wider system (eg. Hospitals, social care, VCSFE, GMCA etc). This Assembly meets monthly and provides an invaluable broader context to our work, with the aim of ensuring that the Blueprint is visible and relevant across all of our GM Health and Care partners.

How can I get involved?

If you would like to get involved or find out more about the work please contact Info.gmpcb@nhs.net

We will be getting out to as many groups and committees as possible to discuss the work and we have agreed via the Deputy Place Based Leads Group to attend Locality Board meetings at the next available opportunity. Our Primary Care Provider Board ran two successful sessions in February and are continuing to engage with members on an ongoing basis. PCPB will also provide ongoing updates in their newsletter.

If you don't want to be involved directly you will have an opportunity to comment on the draft document at the end of March.

We will continue to keep you updated as the plan develops either by email or in the Primary Care Provider Board newsletter.

Rob Bellingham

Director of Primary Care and Strategic Commissioning, NHS GM

Dr Tracey Vell

Chief Officer Primary Care Board /Chair GP Board

The Greater Manchester Primary Care Blueprint Update to Bury Locality Board Meeting

April 2023

Developed in partnership by NHS GM Integrated Care
and the GM Primary Care Provider Board

**Greater
Manchester
Integrated Care
Partnership**



About Primary Care and our Integrated Care System in Greater Manchester

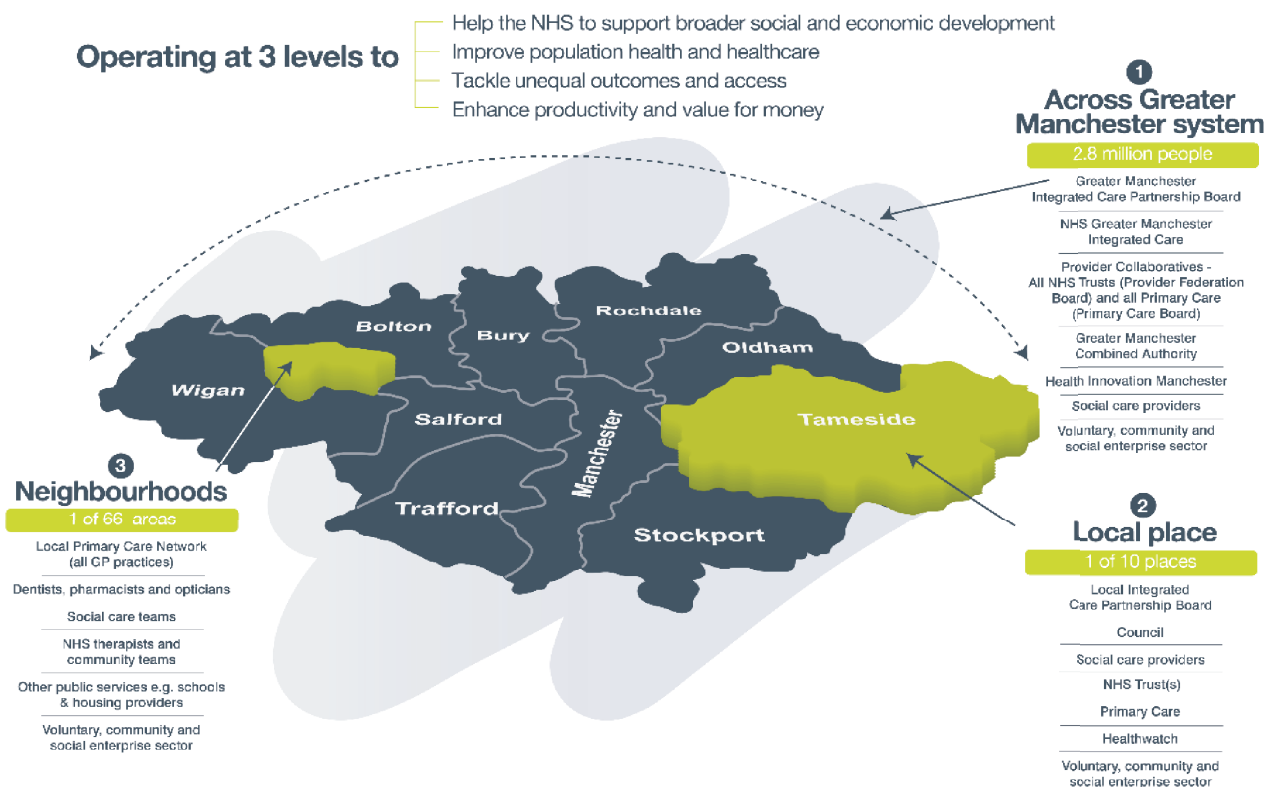
About Primary Care In Greater Manchester

- In Greater Manchester there are circa 1,800 primary care providers, with a workforce of around 22,000. This comprises:
 - 658 Community Pharmacies
 - 382 Dental Practices
 - 416 GP Practices
 - 303 Optometry Providers



About Greater Manchester's integrated care system

How does our Greater Manchester system fit together?



Developing the Blueprint and setting out Our Ambitions for Primary Care

Developing the Blueprint

We have established a triumvirate leadership approach for each of the Blueprint's nine chapters, with leads drawn from the following areas:

- Primary Care Provider Board
- Locality Teams
- GM Primary Care Team

We have developed a series of principles for production of the Blueprint, with some of the key points set out below:

- Each chapter must reflect all parts of our primary care system (Dental, GP, Pharmacy and Optometry)
 - It must align with the NHS GM Integrated Care Partnership strategy and other related strategies/plans, i.e. Estates, People and Culture, Digital, etc
 - The content should align with relevant national strategies, specifically the Fuller Report
 - We have established a Primary Care Assembly, drawn from the wider system.
-

Blueprint Steps:

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
<p>What is the problem and the current position?</p>	<p>What would good look like if we solved the problem?</p>	<p>What will we do to achieve this and what is within our gift?</p>	<p>What are the benefits ICS, organisational, individual and patient?</p>	<p>What are the risks and potential barriers?</p>
<p>Set the scene nationally and GM supported by data (where available)</p>	<p>Describe the goal / ambition and outcomes</p>	<p>Overview of how we will do this but appendices to describe potential programmes aligned to the themes</p>	<p>Describe the benefits for the</p> <ul style="list-style-type: none"> • Population • Patients • Employees • Contractors / employers • Localities • GM 	<p>Describe any National, GM and local factors and interventions required to ensure mitigation; and highlight high risk areas.</p>

The Blueprint Chapters:

- Capacity and Access
- Integrated working in neighbourhoods
- Tackling and reducing inequalities
- Prevention
- Delivering a sustainable primary care system in GM
- Digital
- Workforce
- Estates
- Quality and Improvement



In Greater Manchester, we aim to deliver a Primary Care system which:



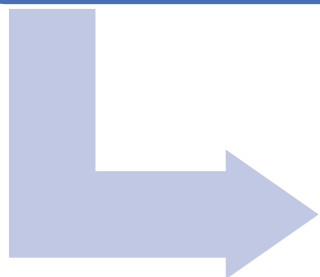
- Provides timely appropriate access to care delivered by the system in sufficient capacity to meet the needs of service users, where the process is simple and straightforward
- Is part of a wider neighbourhood team, where individuals and communities are supported to take more control over their own health and where providers work together with the shared aim of improving the health of the population
- Ensures that we do not exacerbate health inequalities and takes practical steps to tackle these inequalities wherever we can
- Focusses on prevention, early detection and support in managing long term and other conditions
- Is viable for the long term, ensuring that services are available when and where needed
- Empowers citizens and providers with gold-standard, digitally enabled primary care.
- Is delivered from facilities which are appropriate for the provision of 21st century Primary Care
- Is standards based, with a focus on quality improvement
- Is a popular career destination, with a happy and healthy workforce trained to a consistent, high standard



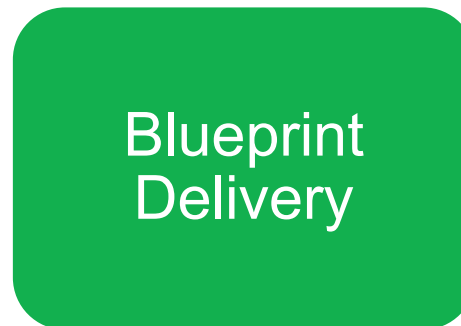
The Blueprint in Context



- Duration: 5 years
- Informed by: GMS; National Guidance; Locality Plans; Sector Plans
- Purpose: strategy for broad health and social care needs of the population including determinants of health
- Ready by: 24th March 2023



- Duration: 5 Years
- Informed by: ICP Strategy; National NHS Plans, (notably Fuller Review), Primary Care Summit Outcome, related GM strategic documents, eg People Plan, Estates Strategy
- Purpose: Vision and delivery approach for PC
- Ready by: End of March 2023 (draft); June 2023 (final)



- Duration: 2023 - 2028
- Led by: Primary Care System Board, working closely with PC Provider Board, GM System Boards and other leadership groups

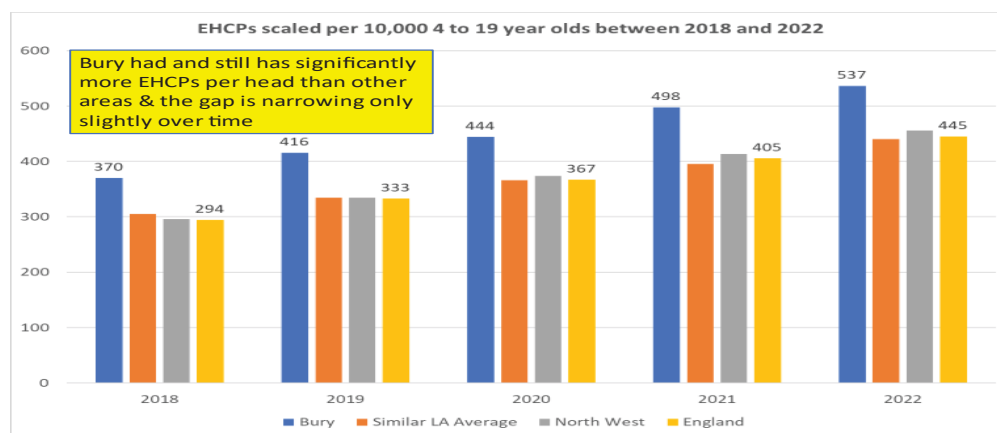


Meeting: Locality Board			
Meeting Date	03 April 2023	Action	Receive
Item No.	11	Confidential	No
Title	Graduated Approach		
Presented By			
Author	M.Kemp		
Clinical Lead	Rachel Lyons EP / M Kemp Strategic Lead SEND & Inclusion		

Executive Summary

Please see attached power point for fuller details pf the graduate Approach

Bury currently has a disproportionate number of more Education Health and Care Plans.



This would suggest that we are not identifying the need of children earlier enough and that we are potentially not supporting enough children at SEND Support that could be.

It could also suggest that because we are not supporting the Children/Young People early enough are we at risk that interventions are potentially more costly because they commence at a later stage greater and has greater.

Alongside this within the SEND Code of Practice it set out the need for setting, school, and colleges to be evidencing how they use the Graduated Approach to support children in terms of them meeting their full potential.

Bury has been relatively slow in terms of developing its own Graduated Approach but we are now at the stage of rolling out our own Graduated Approach tool kit as well as the association training and awareness.

We have been fortunate that we have been able to develop our Graduated Response by building the learning from the Salford and Tameside ones. The development of the Graduated Response was a good example of affective collaborative working with parents, carers and a range of relevant professional. It was led by our Education Psychology lead Rachel Lyons.

The Graduated Approach is a tool kit for professionals as well as a tool for parents. It set out what provision, intervention, and techniques that we would expect at the universal and target level of need prior to the need for more specialist intervention.

The element of the toolkit are strengths based and it is intended that it will grow overtime as we include examples of good practice examples.

The Graduated Approach is divided up into the early years, schools age and college age children.

It does need to equally include what is expect that school, setting and college offer in terms of therapeutic intervention as it does learn approaches and interventions.

In summary the Graduated Approach set out in one place what a parent / child can expect to be on offer to meet need at the universal and targeted level.

Through the better access and provision of support at the earlier point it should;

- reduce demand for more intensive and more costly provision
- reduce demand for more specialist service
- reduce impact for families thought earlier provision of support
- reduce the need for EHCP
- Increase number of children supported at SEND Support
- Increase number of children supported in Mainstream setting and schools

Recommendations

That the board supports and promotes the roll out of the Graduate Approach.

That the board support and promotes the roll out of the training and awareness around the local offer.

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

Links to Strategic Objectives

SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input checked="" type="checkbox"/>

Links to Strategic Objectives	
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 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input 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"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input 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 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:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input 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
N/A		

SEND Graduated Approach Co-Production Project

SEND Solution Meetings
January 2023

Dr Geoff Morgan, Senior Educational Psychologist

Dr Rachel Lyons, Deputy Principal Educational Psychologist

Bury and Salford Educational Psychology Services





Overview

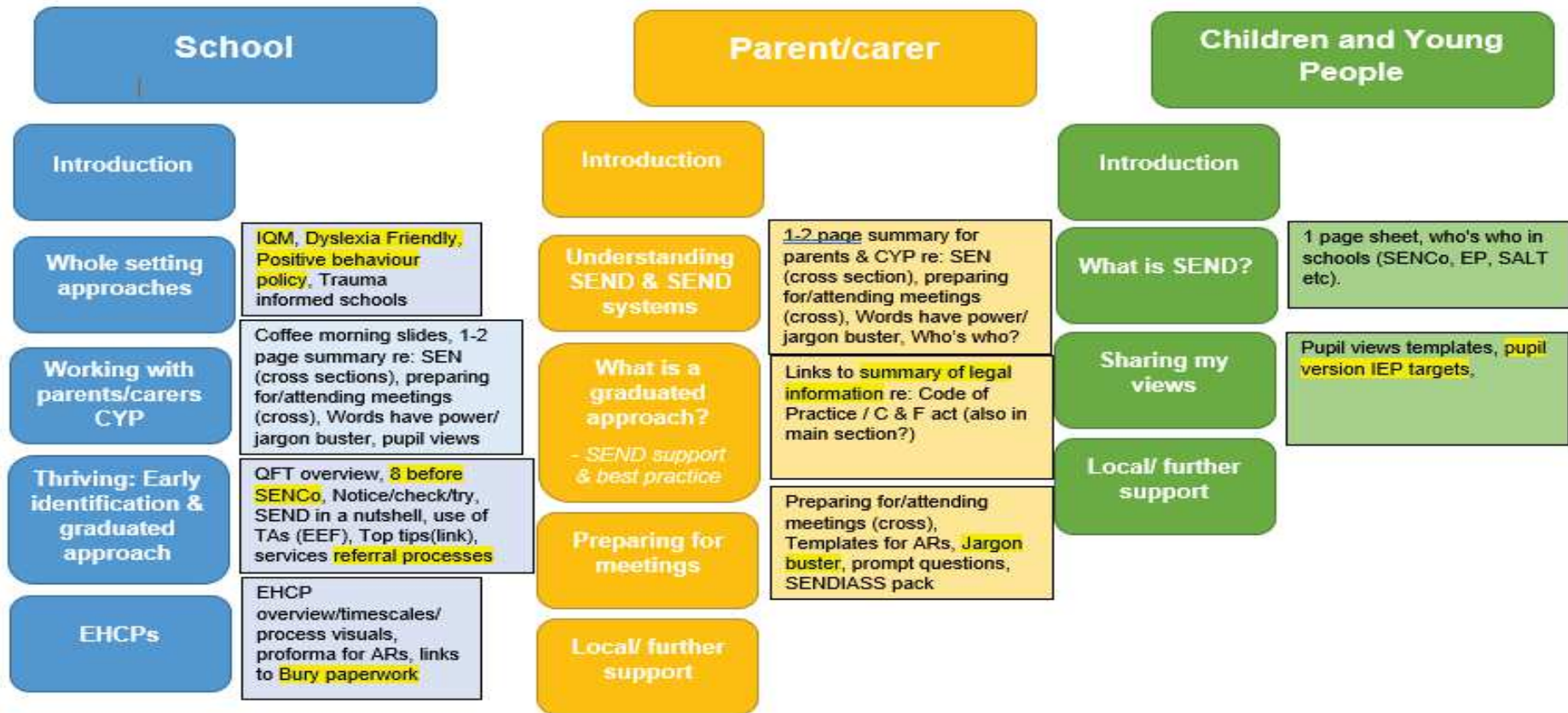
- **Aim:** To develop a **local SEND guidance toolkit to support Early Years settings, schools and colleges** in Bury to confidently identify and support children and young people's SEND . A video clip explaining the project can be found here: <https://youtu.be/q4cDgXwndZc>
- **SENCO Best Practice:** covering SENCO role and SEND processes inc. EHC Assessment & EHCP processes
- **Areas of Need:** 'Top Tips' for an inclusive learning environment. Recommended interventions across each of the four broad areas of need: Getting Advice (whole class/school), Getting Help (small group) and Getting More Help (individual)
- **Getting Risk Support:** covering topics such as self harm, exploitation, eating disorders, distressed behaviours
- Early Years, School Age (KS1-4) and Post 16 versions



Where we are up to....

- Building the website and getting the content online. Prioritised school age version as has been a very lengthy process! (thank you for your patience)
- Example sections :
 - [Bury SEND Graduated Approach Toolkit | The Bury Directory](#)
 - [Cognition and Learning \(School Age KS1\) | The Bury Directory](#)
 - [Graduated Approach Toolkit – Resources for Parents and Carers | The Bury Directory](#)
 - [Person Centred Planning | The Bury Directory](#)
- Collating training dates so these are all listed in one place
- Web testing with parents/carers and SENCOs
- Amending EY Best Practice section to align with changes to paperwork/funding requests

Best Practice Overview

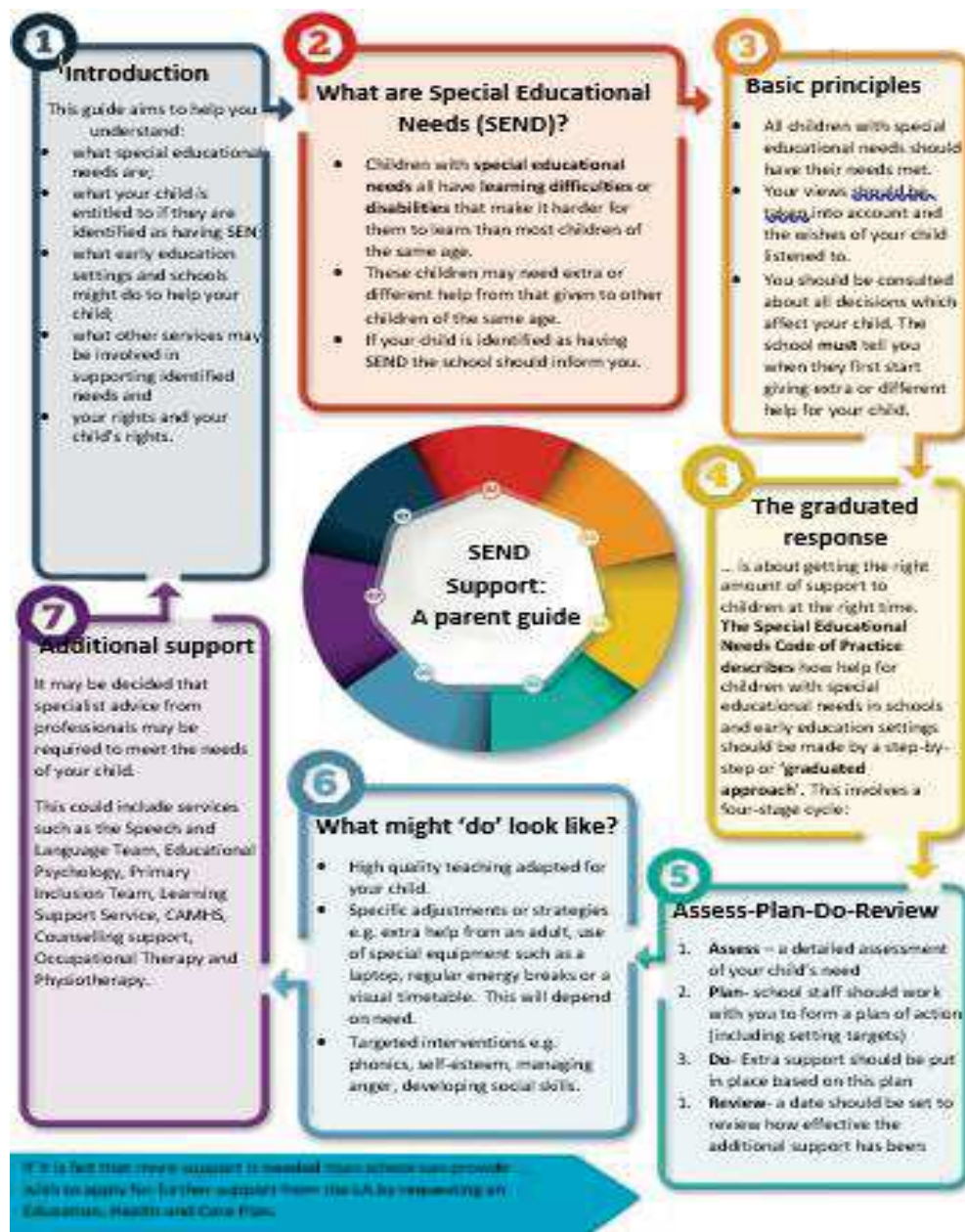


Areas of Needs



- Each area of need is broken down into Key Stage 1-4 and covers:
 - Identifying needs
 - Assessment tools
 - Top Tips
 - Overview of needs in this area (version for parents/ carers and for children and young people)
 - Getting Advice (whole class approaches)
 - Getting Help (group interventions)
 - Getting More Help (individual support)
 - Intervention overview (list of all interventions inc. cost and where to find further information)
- [Cognition and Learning \(School Age KS1\) | The Bury Directory](#)
- Also, additional areas within **KS4 and 5**: Transition and Preparation for Adulthood





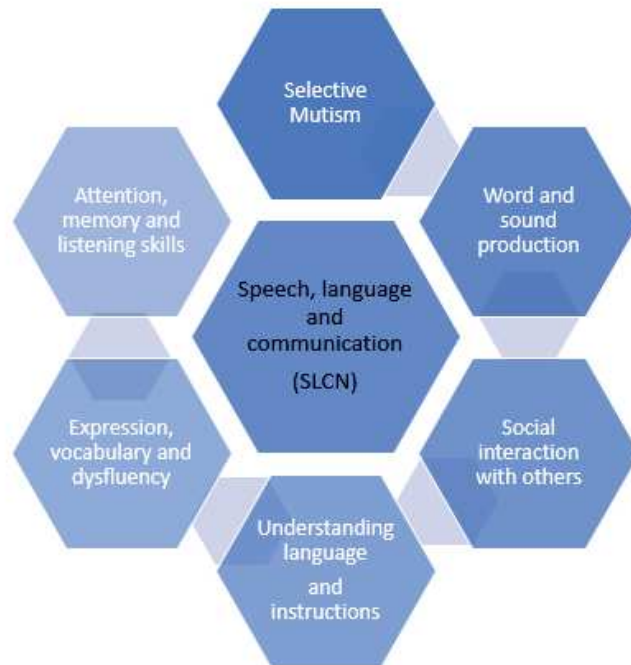
Parent/ carer section

Explains SEND Processes and systems & linked resources:

- One page summary of SEND Support (7 Minute Briefing)
- Two page document explaining the Graduated Approach Document
- A summary/ overview section of each broad area of need (C&L and C&I examples)
- Padlets for Early Years (online links)
- Questions to support SEN Support discussions
- Flow chart and timescales for EHC Assessments
- Words have Power document
- Video clips
- [Graduated Approach Toolkit – Resources for Parents and Carers | The Bury Directory](#)

Parent/ Carer – Need Overviews (x4)

SLCN Overview for Parents and Carers



Helpful strategies

All of these strategies will help to support speech, language and communication needs in your child and support their development. Your child may need support in more than

Receptive Language - Difficulty understanding language and following instructions

- ✓ Get your child's attention first by saying their name.
- ✓ Show and tell through objects, pictures and gestures.
- ✓ Keeping your sentences short.
- ✓ Use the contexts and familiar routines to embed instructions.
- ✓ Using the positive, e.g. 'Good walking' rather than 'don't run'.

Expressive language and vocabulary strategies

- ✓ Offering choices.
- ✓ Vocabulary games.
- ✓ Specific questions- Who? What? Where? How and Why can be tricky.
- ✓ Extending what your child has said by expanding and repeating.

Dysfluency - Disruption to the flow and timing of speech

- ✓ Model slowing down your own speech and pause between phrases.
- ✓ Give processing time and don't overuse questions.
- ✓ Maintain eye contact and show you are listening by giving your full attention.

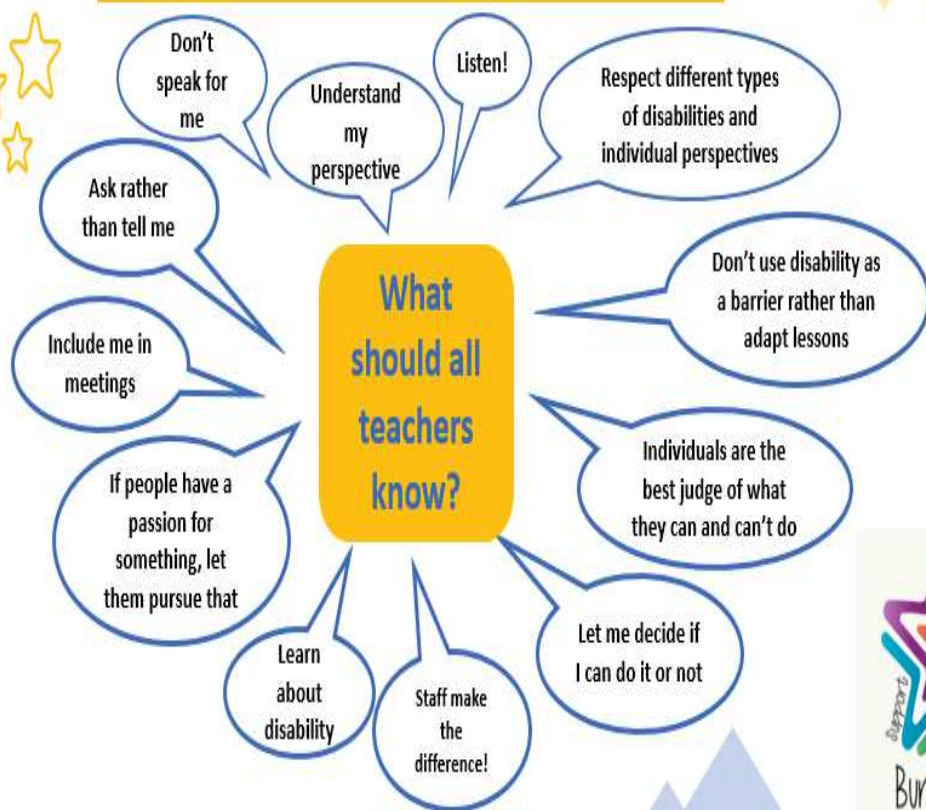
Attention, memory and engagement

- ✓ Try to use a quiet environment to increase attention.
- ✓ Follow your child's lead and talk about their interests.
- ✓ Praising and emphasise what they have done right.

Selective Mutism

- ✓ Avoid pressuring your child to speak and reassure them you know they find it hard.

BURY STARS – Views on the Graduated Approach



Children and young people's section

Area of the website for children and young people

- Key messages from Bury Stars
- A summary or overview section of each broad area of need – editable so it can be personalised (x 8: primary and secondary versions)
- Documents to support the sharing of views in meeting
- Person Centred Planning Tools

Working document

- Once launched, a **working group** will continue to review and update the content on the website.
- This is will be a continual process as the toolkit will remain a **'working document'**.
- Feedback on it's use will help to further improve it over time.
- **Who needs to be part of the working group?**



Launch and roll out....

- SEND Practice Learning Event – Two virtual sessions where toolkit will be demonstrated (both are the same):
 - 10th February 1-2pm
 - 15th February 1-2pm
 - To book a place email: edpsych@bury.gov.uk
- **What else will you find helpful in terms of the launch and roll out?**
- **What will help you to become familiar with the content and feel confident to use it in your schools?**





Share your views!

If you haven't already completed the project feedback form on your experience of the process – there is still time 😊

[Graduated Approach Co-Production. Project participation feedback \(July 2022\) - Google Forms](#)



Your time and ideas have been very valuable and much appreciated



Meeting: Locality Board			
Meeting Date	3 April 2023	Action	Receive
Item No.	12	Confidential	No
Title	Summary of Bury's NHS Operational Plan for 2023-24		
Presented by	Will Blandamer, Deputy Place Based Lead for Health and Care, NHS GM (Bury) Susan Sawbridge, Head of Performance, NHS GM (Bury)		
Author	Susan Sawbridge with input from programme leads		
Clinical Lead	-		

OUTCOME REQUIRED (Please Indicate)				
	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

Executive Summary

Guidance to support the NHS Operating Plan for 2023-24 was published in late-December and sets out the key priorities for the year ahead. The guidance sets out three key priorities:

- Recover core services and improve productivity;
- Make progress in delivering the key NHS Long Term Plan (LTP) ambitions; and
- Continue transforming the NHS for the future.

To determine progress against the plan, performance will be monitored against 31 metrics and this represents a lower number than in previous years in order that focus is retained on the priorities outlined above.

Under the previous NHS structure, each Clinical Commissioning Group (CCG) and provider would develop activity, finance and workforce plans. Under the Integrated Care System (ICS) structure, however, plans are set at an Integrated Care Board (ICB) level and these are developed in conjunction with NHS providers. It remains important, however, for each locality to understand its contribution to the achievement of the ICB plan and to ensure that locality work plans are aligned to the requirements of the guidance. This report aims to outline Bury's contribution along with highlighting key risks and challenges.

The draft GM ICB plan was submitted to NHS England (NHSE) on 23rd February following a period of triangulation between activity, finance and workforce data. The draft plan submission was followed by a period of internal (GM) 'check and challenge' alongside engagement with NHS England. The deadline for final plan submission is 30th March 2023.

This report is laid out in sections that reflect Bury's key programme areas of:

- Elective care, cancer and diagnostics;
- Urgent Care;
- Community Services;

- Primary Care;
- Maternity Services;
- Mental Health (MH);
- Learning Disabilities (LD);
- Children and Young People; and
- Health Inequalities and Population Health.

For each programme area, there are four sub-sections within the report. The first outlines the objectives and requirements of the plan, the second provides some baseline data, where available, to show how Bury is currently performing against some key metrics. This section also includes GM ICB assumptions or aspirations against key measures. In some cases, GM has, for example, set a trajectory to reach the national target by year-end whilst in other areas the draft plan does not show achievement. The third sub-section outlines ways in which Bury's work plans are or will be aligned to the requirements of the planning guidance whilst the final section highlights potential challenges and risks.

The report seeks to provide assurance that each of Bury's programme teams not only takes ownership and understands the NHS operating requirements for 2023-24 but also has knowledge of current performance against key standards and areas in which this needs to improve.

There are many risks and challenges to achievement identified within the report and these can be grouped into the following themes:

- Workforce: all programme areas identified workforce challenges which range from national shortages among some clinical specialties, recruitment and retention, creating gaps in some services when staff take on other opportunities and the potential impact of ongoing industrial action;
- Organisational structure: risks highlighted include the maturity of the GM ICB, the ongoing impact of the North Manchester General Hospital (NMGH) disaggregation, the limited ability for the Bury system to influence multi-borough providers such as the wider Northern Care Alliance NHS FT (NCA), Pennine Care FT (PCFT), the North West Ambulance Service (NWAS) and maternity services;
- Data issues: ongoing issues at Manchester University NHS FT (MFT) following the electronic patient record implementation limit the visibility to Bury's full waiting lists, some data is not readily available at a Bury or neighbourhood level and there can be a lack of consistency in the way that primary care data is recorded;
- Capacity: most programme areas highlighted capacity constraints across many services, including within the independent sector. In some services, such as children and young people's MH services, post-COVID demand has increased exponentially. Estates capacity issues are also referenced for some programme areas.
- Financial issues: risks highlighted include historic short term funding which creates uncertainty in service provision, particularly for Voluntary, Community and Social Enterprise (VCSE) sector organisations. Historic under-funding in some areas also means that significant investment is required to 'level up'.
- COVID-19/seasonal factors: the potential for further pandemic outbreaks or particularly difficult flu and winter periods also brings about risk to achievement of set objectives.

Recommendations

It is recommended that the Locality Board receives this report and acknowledges the work of the programme areas to ensure alignment with the NHS operating plan for 2023-24.

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 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Are there any conflicts of interest arising from the proposal or requested decision?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Integrated Delivery Collaborative Board (IDCB)	22/03/2023	Discussed and content noted




Summary of Bury’s NHS Operational Plan for 2023-24

1 Introduction

- 1.1 The NHS operating plan is updated on an annual basis for the financial year ahead. Within this process there are plans that cover activity levels, performance against key measures, finance and workforce. Guidance is also issued which sets the requirements and expectations in each of these areas.
- 1.2 In previous years, each NHS provider and former CCG submitted its own plan. However, since the transition to the ICB structure, plans are created and submitted at that level, ie Bury’s plan is part of the aggregated Greater Manchester (GM) ICB plan.
- 1.3 Planning guidance for 2023-24 sets out the following three core priorities that are informed by three underlying principles:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the “why” and “what”, not the “how”		

- 1.4 The following are the headline ambitions related to the ‘recovering core services and improving productivity’ priority.

	Improve ambulance response and A&E waiting times.
	Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.
	Make it easier for people to access primary care services, particularly general practice.

- 1.5 The planning guidance is, however, wider than the ambitions included above and this report aims to outline the plans that Bury system partners will mobilise to address the requirements within the key programme areas of:
 - Elective care, Cancer and Diagnostics;
 - Urgent Care;
 - Community Services;
 - Primary Care;
 - Maternity Services;
 - Mental Health;
 - Learning Disabilities;
 - Children and Young People; and
 - Health Inequalities / Population Health.

2 Programme Areas

2.1 Elective Care, Cancer and Diagnostics

Plan Objectives and Requirements

Elective Care:

- Deliver an appropriate reduction in outpatient follow-up (OPFU) (25% by March 2024 v 19/20 baseline).
- Increase productivity to 85% day case and 85% theatre utilisation, using Getting It Right First Time (GIRFT) and moving procedures to most appropriate settings.
- Offer meaningful choice at point of referral and subsequent points in pathway (including alternative providers for long waiters).

Diagnostics:

- Maximise pace of diagnostic roll-out & deliver 2nd year of Community Diagnostic Centre (CDC) investment programme.
- Deliver a minimum 10% improvement in pathology and imaging network productivity by 2024-25 through digital investment.
- Increase General Practitioner (GP) direct access in line with national rollout and develop plans for further expansion in 2023-24.

Cancer:

- Implement & maintain priority pathway changes:
 - Lower Gastrointestinal (LGI) (at least 80% of LGI referrals to be accompanied by a Faecal Immunochemical Test (FIT) result);
 - Skin (teledermatology);
 - Prostate (best practice timed pathway).
- Increase and prioritise diagnostic and treatment capacity. New CDC capacity to be prioritised for suspected cancer referrals. Increase of 25% more diagnostic capacity and 13% increase in treatment capacity required for cancer.
- Expand Targeted Lung Health Checks (TLHC) programme including sufficient diagnostic and treatment capacity.
- Commission services to underpin early diagnosis, including Non Specific Symptom (NSS) pathway (100% population by March 2024), surveillance services for Lynch syndrome, BRCA and liver. Increase colonoscopy capacity linked to expansion of bowel screening.

Baseline Position against Key Metrics

g

	Requirement	2023-24 Target	2023-24 GM ICB Draft Plan	Current Performance
Elective Care	Eliminate 65+ week waits by March 2024 (<u>exc pt choice</u>)	Zero by March 2024	12082 (Mar 24)	Bury pts: Jan 23: 1099 <i>Source: Published RTT data</i>
	Deliver the system specific elective activity target (agreed through operational planning process)	105.8%	TBC	n/a
Cancer	Continue to reduce the number of patients waiting over 62 days	Continue to reduce	632 (Mar 24) Ind trust targets TBC	NCA: 420 at 27 th Feb (2ww source). Trajectory achieved in Oct-Dec but not Jan or Feb though gap reduced. <i>Source: GM Tableau weekly PTL</i>
	Meet the cancer Faster Diagnosis Standard (FDS) by March 2024	75% by March 2024	Trajectory: Q1: 67.5%; Q2: 67.5%; Q3: 70.0%; Q4: 75.0%	Bury pts: Q1: 53.9%; Q2: 46.3%; Q3: 52.3% <i>Source: Published data</i>
	Increase the % of cancers diagnosed at stages 1 & 2	75% by 2028	54.6% (Mar 24)	Bury pts: 2020 (latest data): 53.6% (3 rd best in GM). GM: 51.4%. <i>Source: GM Tableau Stage at Diagnosis</i>
Diagnostics	Increase the % of patients receiving diagnostic test within 6 weeks in line with March 2025 ambition of 95%	95% by March 2025	87% by March 2024 95% by March 2025	Bury pts: Q1: 64.4%; Q2: 69.7%; Q3: 35.9% (Jan 23:31.7%) <i>Source: Published data</i>
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic <u>wtg</u> time ambition	120%	133%	n/a

Bury Plan for 2023-24

- A high level mapping exercise has been carried out, using the national objectives in the NHS 2023-24 Operational Planning Guidance and the deliverables and metrics from the NHS national recovery plans, to identify where in the Bury system there is work taking place at a locality level, NCA Pan-Locality level, or GM level, which will support delivery of the objectives.
- The output of the mapping exercise is being developed into single system plans for elective care, cancer and diagnostics and is being done through a co-production exercise with system partners. The single plans were shared with IDCB in March for system agreement.
- The Bury Elective Care and Cancer Recovery and Reform Board (ECCRRB) will have oversight of the Bury led projects, e.g. e-Derma, Cardiac Rehabilitation, Cancer Inequalities and, where appropriate, will be accountable for delivery of these projects through regular reporting to the board.

- NCA pan-locality programmes and projects, e.g. CDC and Being Well, will be reported into the ECCRRB. This will be via regular update if on track but also by exception if the project is not on track and will have an impact on the achievement of the objectives. The role of the ECCRRB will be to galvanise the system to see if collectively partners can do anything to help the programme or project and identify any interdependencies and potential impact in other parts of the system.
- The GM programmes and projects are included in the plan to give the ECCRRB an understanding of the total programme and what the asks are or could be of the locality to ensure the Bury system is prepared and responding appropriately.
- The ECCRRB members will work in partnership to identify any gaps in the plans that may impact the achievement of the objectives and agree, where required, programmes and projects to address these gaps.
- Examples of key programmes of focus in the plans are the CDC Hub and Spoke model implementation, a reduction in outpatient activity through delivery of the NCA Being Well Programme and initiatives such as Specialist Advice and Patient Initiated Follow-up (PIFU).

Challenges and Risk to Achievement

- The NCA is now classified in Tier One of the most challenged providers and meets with NHSE on a weekly basis.
- The impact of NMGH disaggregation on cancer pathways affecting mainly breast, gynaecology, urology and Ear Nose and Throat (ENT).
- Ongoing data issues at MFT affecting the trust's ability to submit referral to treatment (RTT), diagnostics and most cancer waiting times data has impacted the visibility of Bury's waiting lists, including those waiting the longest.
- The backlog of patients waiting over 62 days at NCA is reducing but higher than the pre-covid baseline position, with skin and colorectal pathways particularly challenged.
- Diminishing capacity within Independent Sector Providers (ISP) to support pressured specialities, e.g., Oaklands (Ramsey Healthcare) has served notice to cease gynaecology services in March 2024.
- Clinical workforce shortages in several key areas including clinical nurse specialists, radiologists and primary care.
- Sustainability of posts and programmes funded through short term funding, e.g. Additional Roles Reimbursement Scheme (ARRS) and the e-Derma pilot.
- Diagnostic capacity remains a key challenge across radiology, pathology and endoscopy. The NCA is not yet achieving a maximum 10-day request to report turnaround time.
- Risk of NCA not being successful in the business case to NHSE to secure funding to establish diagnostic spokes in Bury to increase capacity and improve patient flow.
- Expansion of screening programmes and new testing programmes in cancer could lead to further capacity and demand issues, e.g., BRCA gene mutation.
- Impact of financial challenges across parts of the health and social care system may result in greater demand on elective care.

2.2 Urgent and Emergency Care (UEC)

Plan Objectives and Requirements

- Increase physical capacity & permanently sustain the equivalent of 7000 beds funded through winter 2022-23.
- Reduce the number of medically fit to discharge patients, addressing NHS causes & working with the Local Authority (LA).
- Increase ambulance capacity.
- Reduce handover delays to support the management of clinical risk in line with the NHSE letter circulated in November 2022.
- Maintain clinically led System Control Centres (SCCs) to manage risk.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance								
Improve A&E wtg times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	76% by March 2024	74.0% (Mar 24)	NCA: Q1: 60.0%; Q2: 59.6%; Q3: 57.0%; Jan: 64.9% Source: Published monthly data FGH (type 1 only): Q1: 61.8%; Q2: 60.5%; Q3: 56.1%; Jan: 59.3% Source: UM Daily Pressures Report								
Improve category 2 ambulance response times to an average of 30 mins across 2023/24 with further improvement towards pre-pandemic levels in 2024/25	30 mins across 23/24 (avg)	NWAS measure so no specific GM plan. North West plan: 53 mins	NWAS: <table border="1"> <thead> <tr> <th>Measures</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> </tr> </thead> <tbody> <tr> <td>Ambulance clinical quality, Cat 2 - 15 minute response time (average)</td> <td>44.16</td> <td>72.11</td> <td>29.17</td> </tr> </tbody> </table> Signif improvement in Dec 22 to an average of 29 mins. Source: Published data (Bury dashboard)	Measures	Nov	Dec	Jan	Ambulance clinical quality, Cat 2 - 15 minute response time (average)	44.16	72.11	29.17
Measures	Nov	Dec	Jan								
Ambulance clinical quality, Cat 2 - 15 minute response time (average)	44.16	72.11	29.17								
Reduce adult general and acute (G&A) bed occupancy to 92% or below	=<92%	<=93.4% adult G&A	FGH: Nov: 98.2%; Dec: 98.1%; Jan: 97.7% Feb (to 21 st): 97.2% Source: GM Tableau Daily Hospital SitRep								
Reduce number of medically fit to discharge patients in our hospitals	TBC for FGH	Reduce to 650 across GM. Locality split to be agreed through Discharge & Flow group	FGH (current target is max 35 per day): Q1: 54; Q2: 57; Q3: 63 Jan: 67; Feb (to 21 st): 79 (has reduced to avg of 53 per day in w/c 20 th Feb) Source: GM Tableau Daily Hospital SitRep								

Bury Plan for 2023-24

The Bury UEC system is fully briefed on the requirements within the new NHS planning guidance and the subsequent follow up guidance for urgent care. Bury has a well-established Integrated UEC Improvement Board chaired by a local GP lead and with Senior Responsible Officer (SRO) leadership from system partners. The Bury UEC system is well connected to the GM UEC system. The wider urgent care plan for Bury is currently being redefined and there are a range of local priorities above and beyond the four mentioned above. With specific reference to the requirements outlined above, Bury is making good progress.

• **A&E Waiting Times**

- Currently Bury is second best performing (all age) acute trust site in GM and as such will begin the year in a stronger position than most localities across GM. Bury is currently running at a year-to-date performance figure of 59.6% though it is acknowledged that significant further improvements will be required.
- Reflect on 2022-23 and seek to extract the learning from the period to inform future plans.
- Evolve and modify Bury’s range of Alternative to Admission schemes across the UEC system. This in part is a contributory factor to the current reducing trend in the number of A&E attendances.
- The current build work to redesign the A&E Department at Fairfield General Hospital (FGH) should help to improve flow through the department. Build work is expected to be completed in early 2023-24.
- Move towards a fully accredited Urgent Treatment Centre (UTC) on the FGH site.
- Continue to evolve its Pre-Emergency Department (ED) Streaming service, helping to facilitate pathways away from A&E as appropriate. The Pre-ED service will be accommodated in the new build at FGH to help forge closer links.
- Forge closer links with MFT’s NMGH site and the Bury South GPs to promote further the alternatives to admission and to clarify further the NMGH pathways.
- Ensure continued engagement at a GM level to ensure the learning from other systems is filtered into the locality as appropriate.
- Continue to view this requirement as a system measure and review performance on a daily basis.

• **Ambulance Response Times**

- Remain connected to GM and Regional ambulance commissioning arrangements in the pursuit of this target locally and seek to support improvements at both FGH and NMGH as appropriate.
- Remain connected to the local NWAS leads.
- In addition to improving flow through the site, the ED build at FGH will support ambulance turnaround times.

- Currently Bury is performing at or around the target measure, therefore starting at a strong position.
- **Reduce Adult G&A Bed Occupancy**
 - Continue to evolve the Hospital @ Home model (Virtual Ward) and increase focus on Home First.
 - Review of community bed capacity.
 - Continued development of the Same Day Emergency Care (SDEC) and frailty pathways.
 - Continue monthly Discharge to Assess (D2A) review meetings.
 - Bury will continue to view this requirement as a system measure and review performance on a daily basis.
- **Reduce the number of medically fit for discharge**
 - Bury is rebranding this measure locally to 'Days Kept Away From Home'.
 - As a discharge integration frontrunner, The Four Localities Partnership covering Bury, Oldham, Rochdale and Salford will look at new innovative ways to discharge patients as quickly as possible. This will include a concerted effort on mobilisation and independence of patients with a focus on 'home first'.
 - Continued redesign of the Integrated Discharge Team (IDT).
 - Focus on 'Purple' patients.
 - Build links into GM support mechanisms for Out of Area (OOA) patients.
 - Bury will continue to view this requirement as a system measure and review performance on a daily basis.

Challenges and Risk to Achievement

- Potential impact of ongoing industrial action.
- Potential impact of further increases in COVID-19 and the impact of the Flu season in 2023-24.
- Potential impact of the cost of living crisis.
- Potential impact of a bad weather winter in 2023-24.
- NCA collective A&E performance more difficult to influence by the Bury system.
- Staff retention and recruitment an increasing issue across all UEC partners.
- NWAS performance at GM and Regional level more difficult to influence by the Bury system.
- Inter-connectivity with other programme areas and their particular challenges.

2.3 Community Health

Plan Objectives and Requirements

- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999 and create a single point of access where not already in place.
- Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, to put in place:
 - Direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations;
 - Self-referral routes to falls response services, MSK, physiotherapy, audiology (including hearing aid provision), weight management services, community podiatry, and wheelchair and community equipment services.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Consistently meet or exceed the 70% 2-hour UCR standard (rapid response)	70%	TBC	Q1: 75.9%; Q2: 74.1%; Q3: 61.9% <i>Source: Local Authority raw data</i>
Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	n/a	TBC	Some self-referral pathways already in place with others planned during 2023-24

Bury Plan for 2023-24

- 2-hour Urgent Community Response (Rapid Response) standard:
 - The Bury Rapid Response team is successfully providing a 2-hour response service with an average response time of 1.8 hours over the last 12 months.
 - Referrals are received via a Single Point of Access (SPOA) and are triaged by a skilled professional. An average of 75% require no ongoing formal support following intervention by the team.
 - The service is currently expanding to include Hospital@Home (Virtual Ward) and is bringing in additional staff for this.
- Direct access community pathways:
 - The Bury locality embarked on a journey to refresh all community health service specifications in February 2022. Each specification will be underpinned by a strategic delivery framework linked to transformation opportunities. These transformation opportunities are linked to developing and supporting services to meet increasing demand, to work differently across a neighbourhood footprint and to improve the patient journey and outcomes. Streamlining referral pathways, including offering self-referral opportunities, form part of this transformation work.
 - Some self-referral pathways are already in place for Bury patients. These include:
 - Community Eye Service which covers a range of conditions via a multi-disciplinary team approach. In addition to self-referral, a range of partners can refer patients into this service, including community optometrists, pharmacists and 111;
 - Weight Management Services where self-referrals are accepted to the Tier 1 and Tier 2 service whilst Tier 3 and 4 are based on clinical assessment;
 - Community Equipment where service users of any age can request an assessment via the Bury Directory;
 - Paediatric Audiology.
 - Linked to the transformation journey outlined above, work is underway within the NCA Community Services to implement further self-referral pathways across 2023-24. These include the Falls service, Physiotherapy, MSK and Podiatry, all of which are scheduled to start to receive self-referrals during 2023-24.
 - In some other services, the feasibility to offer self-referral has been considered though this is not always possible. In adult audiology, for example, the service is bound by the GM Any Qualified Provider (AQP) contract for age-related hearing loss which sets a requirement for a referral to come from a GP. The process has, however, been streamlined where possible, eg appointments are directly bookable. For non-AQP audiology services, referral is via GP or other health care professional in order that other medical causes can be ruled out first. Once accepted by the service, patients can then self-referral in the future if further input is required.

Challenges and Risk to Achievement

- Urgent Community Response:
 - Recruitment is a risk due to staff shortages in general. Timescales to onboard new staff also creates a challenge.
- Direct access community pathways:
 - There is a risk that demand could increase following the implementation of self-referral pathways. For those services where demand is already high, this could impact on waiting times. To mitigate this, referral rates and the impact of these on waiting lists and RTT will be closely monitored.
 - Further investment will be required to fully transform community health services beyond the implementation of self-referral pathways.

2.4 Primary Care

Plan Objectives and Requirements

- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).
- Transfer lower acuity care away from general practice and NHS111 by increased pharmacy participation in the Community Pharmacist Consultation Service.
- Continue to recruit 26,000 ARRS roles by the end of March 2024.
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Continue on the trajectory to deliver 50 million more appointments in General Practice by the end of March 2024	TBC	TBC	22/23 plan was to restore activity to 19/20 level. Plan for Oct 22: 100,487 appts Actual for Oct: 115,072 appts (Inc AskMyGP) (+14.5% v plan) Plan (YTD to Oct): 698,624 Actual (YTD to Oct): 689,866 (inc AskMyGP) (-1.3% v plan)
Continue to recruit 26000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	TBC	TBC	

Bury Plan for 2023-24

- Reduce Demand:
 - Work with system partners to change narrative of “see your GP if...”.
 - Empower patients to be ‘proactive’ in their own health and wellbeing.
 - Ensure websites provide the necessary information/direction for patients to be able to self-care.
 - Increased use of approved NHS Apps for condition monitoring and management.
 - Increase the number of people using the NHS App for repeat prescription requests.
 - Reduce the number of pathways requiring GP referral (where their involvement adds no benefit).
- Capacity:
 - Fully utilise the ARRS monies by 2024.
 - Public communications programme regarding the wider primary care family of which a number of ARRS roles form part.
 - Support recruitment and retention of workforce.
 - Fully understand current capacity and gaps across practices in order to ensure a consistent and safe offer.
 - Deflect activity to alternative professions, where appropriate, through care navigation, e.g. increase CPCS usage and VCSE services.
 - Continue to collaborate with practices, when possible, to create and deliver additional capacity on a neighbourhood footprint.
 - Use data to inform and target the most vulnerable and those in most need.
 - Ensure all practices are providing a consistent digital offer.

Challenges and Risk to Achievement

- Sufficient premises to house additional staff.
- Recruitment and retention of all staff.
- Adherence to the British Medical Association (BMA) recommendations on safe practice when demand outstrips this.
- Consistent recording of activity within general practice.
- The balance of access expectation rather than clinical need.

2.5 Maternity

Plan Objectives and Requirements

- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.
- Increase fill rates against funded establishment for maternity staff.
- Continue to deliver the actions from the final Ockenden report as well as those that will be set out in the single delivery plan for maternity and neonatal services).
- Ensure all women have personalised and safe care through every woman receiving a personalised care plan and are being supported to make informed choices.
- Implement the local equity action plans to reduce inequalities in access and outcomes for Black and Minority Ethnic (BAME) groups and those living in the most deprived areas.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	n/a	Reduction in still births to a rate of 3.85 per 1000 births Reduction in serious intrapartum brain injury to rate of 1.0 per 1000 live births	Stillbirth (rate per 1000): GM: 4.167; NMGH: 5.276; Oldham: 6.201 HIE Grade 2 or 3 (rate per 1000): GM: 1.377; NMGH: 1.751; Oldham: 1.217
Increase fill rates against funded establishment for maternity staff	n/a	Increase fill rates against funded establishment for maternity staff by 30% and reduce attrition by 10% in <u>2024-25</u>	

Bury Plan for 2023-24

- Bury has an established Maternity Programme Board which is currently expanding to ensure engagement with Public Health colleagues. With no maternity unit within the locality of Bury, we will seek to develop relationships with midwifery and hospital-based service leads through engagement with GM and regional forums and via the Bury Maternity Programme Board.
- Maternity performance and assurance for the above measures is co-ordinated through the GM and Eastern Cheshire (GMEC) Maternity Network and The Local Maternity System (LMS). The Bury locality will remain connected to GM and regional systems to track the progress at the Bury Maternity Programme Board.
- Where information can be disaggregated to a Bury Level, the Bury Maternity Programme Board will monitor progress.

Challenges and Risk to Achievement

- As the locality does not host a Maternity Unit, Bury’s activity is spread across a number of hospital sites and more than one midwifery service.
- Measurement for much of the information is not currently available at a Bury level.
- Site specific measurement for Bury ladies is difficult to obtain.
- Bury needs to maintain connections to GM and Regional networks.
- Potential impact of ongoing industrial action.
- Potential impact of further increases in COVID-19.
- Inter-connectivity with other programme area and their particular challenges.

2.6 Mental Health (MH)

Plan Objectives and Requirements

- Continue to achieve the Mental Health Investment Standard (MHIS) by increasing expenditure on MH services by more than allocations growth.
- Develop workforce plan to support delivery, working closely with ICS partners, including VCSE sectors.
- Improve MH data to evidence expansion and transformation of MH services.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Improve access to MH support for CYP in line with the national ambition for 345000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	3274 (6.5% population share of ICB target)	49351 (GM)	Dec 22: 2790 v Q3 target of 2763 (rolling 12 mths). Source: MHSDS Monthly Statistics
Increase the number of adults and older adults accessing IAPT treatment	6553 (1638 per quarter) (Bury LTP target)	86043 (GM)	Q1: 1020 ; Q2: 985 ; Q3: 990 v quarterly target of 1604 Source: Monthly IAPT Statistics
Achieve a 5% year on year increase in the number of adults and older adults supported by community MH services	1335 (Bury LTP target)	21000 (GM)	Rolling 12 mths to Dec 22: 1130 (2+ contacts) Source: MHSDS Monthly Statistics
Work towards eliminating inappropriate adult acute out of area placements (OAP)	TBC	11800 (GM)	Bury has the 2 nd highest level of inappropriate OAP bed days in GM. 94% of Bury's OAP have been reported as inappropriate. Source: NHS Futures Out of Area Placement Report
Recover the dementia diagnosis rate to 66.7%	66.7%	66.7%	Consistently achieved in Bury. Jan 23: 76.1% Source: NHS Futures Dementia Diagnosis Report
Improve access to perinatal MH services	240 (Bury LTP target)	2600 (GM)	160 in rolling 12 mths to Dec v 22/23 target of 235. Access rate of 6.7% v 10% target. (GM: 6.2%). Source: Perinatal MH Dashboard

Bury Plan for 2023-24

- **Overview**
 - Bury has a three-year locality MH Strategy and delivery plan developed in consultation with commissioners, NHS providers, the Local Authority, VCSE organisations and other stakeholders. The strategy focused on the delivery of the NHS LTP requirements and Operational Planning Guidance. Implementation of the strategy is led by an integrated MH Programme Board whose membership includes GM ICB and VCSE representation and this is reflected in the delivery sub-groups.
 - A Bury Locality Workforce Strategy is being developed in partnership with all health and care system partners (including VCSE) to identify the key workforce priorities in line with the GM People and Culture workforce strategy. This will cover the five GM key priority areas of: Integrated Working, Good Employment, Wellbeing, Inclusion, Recruitment and Development.
 - The Bury MH Programme Board routinely reviews a dashboard of key activity, performance and quality metrics. This will be further developed over the coming year to evidence firstly that the strategy is being implemented and, secondly, the impact on services and patients.
- **Improve access to MH support for children and young people (CYP):**
 - Working with key VCSE providers, Bury Child and Adolescent Mental Health Service (CAMHS) has recently implemented a SPOA for referrals with routine triage.
 - The intention is to work over 2023-24 to:
 - Improve the provision of self-help and signposting information for children and families.
 - Develop a more integrated service offer across PCFT CAMHS and VCSE CYP MH providers so that more young people receive support at an earlier stage.
 - Progressively expand capacity and skill mix across the services where new investment will enable this.
 - Review the Neurodevelopmental pathways to identify opportunities to intervene earlier.
 - Improve the interface between CAMHS and primary care.
 - Implementation and performance will be monitored locally through the Bury CYP Bury Mental Health Strategy Group and MH Programme Board.

- **Increase the number of adults and older adults accessing Improving Access to Psychological Therapies (IAPT) treatment:**
 - This is one of the priorities in the Bury Mental Health Strategy and Delivery Plan.
 - A review of Healthy Minds, Bury's IAPT Service, has recently been completed (as part of a wider GM review) using IAPT system maturity and workforce tools.
 - PCFT have developed an improvement plan in response to the findings with a focus on supervision, training, case recording and looking at opportunities for redeployment of staff into core IAPT delivery to increase capacity.
 - It is acknowledged that Increasing capacity in Healthy Minds will be essential to achieving an improvement in access and referrals.
- **Increase in the number of adults and older adults supported by community MH services:**
 - A proposal for the redesign of Community Mental Health Services in the context of a Living Well model has been developed and a prototype of the Living Well model will be implemented in 2023-24. There will be additional staff appointed with an expanded skill mix including peer support workers. This work is being designed and co-ordinated in a collaborative way through the Living Well Collaborative and a Getting Help & Getting More Help Steering Group which includes the involvement of a lived experience partner.
 - The locality will continue to work closely with the GM ICB to develop and mobilise new models of care.
 - Implementation and performance will be monitored locally via the Bury MH Programme Board.
- **Work towards eliminating inappropriate adult acute out of area placements:**
 - PCFT have introduced revised gatekeeping criteria across their footprint.
 - PCFT Delayed Transfer of Care (DTC) workers are in post and focus on supporting timely discharge from acute wards. The trust will continue to work closely with the NW Bed Bureau.
 - Work will continue on progressively developing the capacity and capability of the Crisis Resolution and Home Treatment Team (CRHTT), with the aim of achieving compliance with the CORE Crisis Resolution Team Fidelity Scale – Version 2.
 - Work will continue on developing crisis resolution and alternatives to admission provision involving both PCFT and VCSE partners.
- **Recover the dementia diagnosis rate to 66.7%:**
 - Bury has consistently achieved or exceeded the required diagnosis rate. This will continue to be closely monitored by the MH Programme Board with a focus on practice exception reporting and supporting remedial action and the reduction of unwarranted variation across practices.
 - Further consideration will be given to where additional training may be required to maintain skills in the GP workforce to sustain this performance.
 - Bury has established an integrated Dementia Steering Group which will be developing a work plan for 2023-24. The focus will be on improvement in line with the Bury MH Strategy, including improvement of the dementia care pathway in line with NICE guidelines and the NHSE Well Pathway for Dementia.
 - Continuing throughout 2023-24, there is an initiative running in the North Neighbourhood of Bury on improving dementia care. This includes improving advanced care planning for people with dementia in the last year of life, the implementation of an electronic dementia care record and promoting the use of the 'This is Me' resource.
 - The locality will continue to work closely with GM ICB in improving dementia care.
- **Improve access to perinatal MH services:**
 - In line with the LTP, there will be capacity expansion to include all women with moderate to severe or complex needs, including those associated with a diagnosis of 'personality disorder', eating disorders, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and trauma history. The service will also extend to 24 months after birth with Maternal Mental Health Services (MHHS) offering care to women who have experienced birth trauma or loss.
 - Increase in psychological professions staffing, delivering evidence-based psychological interventions, including parent-infant work and couples and family work.
 - Increasing access by reducing health inequalities will be a key consideration of plans to expand perinatal MH services.

- The Bury Perinatal MH service will work across wider GM MMHS to ensure the Bury population is supported to access the right service for each individual.

Challenges and Risk to Achievement

- **CYP:** Bury saw a 165% increase in CAMHS referrals in 2021-22 with the highest referral rate (per head of population) in GM. The recently completed gap analysis shows that 22 additional CAMHS practitioners would be required to meet demand. There is insufficient investment to expand the service to this extent and even if additional investment were secured recruitment of qualified CAMHS practitioners is likely to be a challenge.
- **Improving Access to Psychological Therapies (IAPT):** The recent audit of Bury IAPT services identified a shortfall of circa 9.9 WTE High Intensity Therapists (HIT). While some increased capacity could be achieved through redeployment and training, this is likely to continue to leave a gap to enable significantly more people to be seen by the service in a timely way. This is likely to require additional investment and there is a risk that the improvement target will not be met without this investment in additional capacity. There is an option to redeploy practitioners currently delivering the Enhanced Service in order to create more capacity within the Healthy Minds though this would leave a gap in provision for this group of patients.
- **Community MH Services:**
 - Additional investment in 2023-24 to support the implementation of Living well with some additional posts will not permit the implementation of the model across the whole Borough for which additional investment will be required.
 - A shortage in qualified practitioners is a limiting factor in service expansion. This also brings a risk of staff moving between services, thus creating new gaps.
- **Dementia:** While performance in Bury in relation to dementia diagnosis has traditionally exceeded the national target, it is recognised that there are significant capacity pressures in primary care with very high levels of demand. This has the potential to create a delivery risk.
- **Out of Area Placements:**
 - Recognised lack of capacity in acute MH inpatient beds and specialist care beds in GM.
 - Funding for some current DTOC support initiatives is scheduled to end in March 2023.
 - Additional investment will be required to significantly expand existing CRHTT provision and implement CRHT for older people. The shortage of qualified practitioners is also likely to be a limiting factor to delivering expanded capacity and creates the risk of leaving gaps in other service areas.

2.7 Learning Disabilities (LD)

Plan Objectives and Requirements

- Continue to improve the accuracy and increase size of GP LD registers.
- Develop integrated workforce plans for LD and autism workforce.
- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Ensure 75% of people aged over 14 on GP LD registers receive an annual health check (AHC) and health action plan by March 2024	75% by March 2024	28.3% (GM) <i>Figure to be reviewed</i>	Bury patients: 22/23 (Apr-Dec): 40.8% had AHC (GM: 49.4%). 36.3% had Health Action Plan (GM: 43.8%). Issue with register size noted below will impact these figures. Source: NHS Digital LD Data
Increase accuracy and size of GP LD Registers	N/A	TBC	Bury's LD register has increased by 6.8% between Dec 21 (1036) and Nov 22 (1106). Reporting issue noted in Dec and Jan with some GP practices omitted from published figures. Source: NHS Digital LD Data
Reduce reliance on inpatient care whilst improving quality	<30 adults per million <12-15 under 18s per million	12.6 per million (GM)	Adults: 3 x NHSE Commissioned (2 in active discharge planning) 2 x Local Commissioned (both in active discharge planning) Children: 1 (discussion underway through MALM)

Bury Plan for 2023-24

- Ambition to:
 - Improve take up of annual health checks (AHC), Vaccinations programme and cancer screening across the LD community.
 - Work collaboratively with GP practices with the support of the LD champions programme to improve accuracy of LD registers.
 - Effectively implement and evaluate the ‘Learning from lives and deaths of people with LD and autistic people’ (LeDeR).approach and ensure system wide commitment and ownership of action learnings and outcomes.
- The following shows key actions within Bury’s LD programme in 2022-23 and 2023-24:

2022-23	2023-24
Vaccination programme including seasonal flu and COVID-19 vaccination	Increasing uptake of cancer screening
Implementing LeDeR policy	Implementing and evaluating GM LeDeR approach
Implementing AHCs and ensuring quality of these	Hospital passports
Focus on health inequalities facing people from BAME communities	Healthy weight

Challenges and Risk to Achievement

- Bury’s Community Commissioning LD and/or Autism Team is a small but efficient team, generating cost savings and improvements across Bury for people with LD and/or Autism.
- Current recruitment freeze within GM ICS creating key risk due to vacant Commissioning Manager post. If this position is not filled, there will be negative impacts on vulnerable people in Bury and this will also lead to a reduction in output (including costs savings, achievement against local and national targets and quality improvement of services) and achieving NHS 5 year plan targets outlined above.
- In not recruiting, this creates an unmanageable workload which adds increased system pressure. It is essential to have appropriate staff resource in place to continue the good work and maintain system relationships established to deliver against the set priorities.

2.8 Children and Young People (CYP)

Plan Objectives and Requirements

- In the 2023/24 guidance, key CYP actions come from the interconnections with other programme areas, namely MH and LD and Prevention and Health Inequalities.

Key Actions: Mental Health

- Continue to achieve the MHIS by increasing expenditure on MH services.
- Develop workforce plan to support delivery.
- Improve MH data to evidence expansion and transformation of MH services.

Key Actions: Learning Disabilities

- Continue to improve the accuracy and increase size of GP LD registers (14 years and above).
- Develop integrated workforce plans for LD and autism workforce.
- Test and implement improvement in autism diagnostic assessment pathways.

Key Actions: Prevention and Health Inequalities

- Consider specific health inequality needs of CYP and reflect Core20PLUS5 in plans.

Baseline Position against Key Metrics

Mental Health

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Improve access to MH support for CYP in line with the national ambition for 345000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	3274 (6.5% population share of ICB target)	49351 (GM)	Dec 22: 2790 v Q3 target of 2763 (rolling 12 mths). Source: MHSDS Monthly Statistics

Learning Disabilities

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Ensure 75% of people aged over 14 on GP LD registers receive an annual health check (AHC) and health action plan by March 2024	75% by March 2024	28.3% (GM) <i>Figure to be reviewed</i>	Bury patients: 22/23 (Apr-Dec): 40.8% had AHC (GM: 49.4%). 36.3% had Health Action Plan (GM: 43.8%). Issue with register size noted below will impact these figures. Source: NHS Digital LD Data
Increase accuracy and size of GP LD Registers	N/A	TBC	Bury's LD register has increased by 6.8% between Dec 21 (1036) and Nov 22 (1106). Reporting issue noted in Dec and Jan with some GP practices omitted from published figures. Source: NHS Digital LD Data
Reduce reliance on inpatient care whilst improving quality	<30 adults per million <12-15 under 18s per million	12.6 per million (GM)	Adults: 3 x NHSE Commissioned (2 in active discharge planning) 2 x Local Commissioned (both in active discharge planning) Children: 1 (discussion underway through MALM)

Bury Plan for 2023-24

Although CYP is included within the MH section of this report to align with planning guidance, MH is just one of the key priority areas in CYP services that the Bury system will address over the coming year. A summary of the four priorities is included below:

- Mental Health:
 - Support system pressures, maximising investment opportunities, and ensure links exist with adult services.
 - Increase the THRIVE offer. This includes community based services, earlier intervention, prevention and increasing resilience.
 - MH campaign development to include engaging with CYP, parents and staff.
 - Oversee the Mental Health Support Teams (MHST) implementation and expansion.
- Special Educational Needs and Disabilities (SEND):
 - Preparation for OFSTED inspections.
 - Pathway reviews, including neurodevelopmental and transformation agenda.
 - Quality assurance of health input into Education, Health and Care (EHC) plans.
 - Manage cases with increased risk.
 - Early Years review, eg for those affected by COVID-19.
 - Work with parents and carers.
 - Ensure there is an Epilepsy Specialist Nurse and increase access to support alongside ensuring that those with LD or autism have support in the first year.
- Physical Health Inequalities, particularly those affected by COVID-19:
 - Respiratory (winter pressures).
 - Work with the NCA to review and manage system pressures and waiting lists.
 - Ensure recruitment to specialist long-term condition Nurses in Epilepsy and Asthma.
 - Review of Speech, Language and Communication Needs (SLCN) and manage obesity provision.
- Integration and Transformation to address health inequalities:
 - Implement the Core20Plus5 model to reduce healthcare inequalities for CYP and remain connected to the GM work which has a focus on primary and secondary prevention themes.
 - Identify the vulnerable groups across Bury and GM.
 - Family Hub pilot in East Bury. Wider integration between neighbourhood and locality working.
 - Expand direct access provision and pathways.

Challenges and Risk to Achievement

The Children’s Strategic Partnership Board and Children’s governance support wider integration though further progress is needed. Key challenges and risks to achievement of Bury’s plan include:

- Further integration and transformation work needs to progress. System pressures in one area could hinder this approach.
- GM system maturity and decision making could be a challenge.
- Capacity and limited resource in Children’s services means that the opportunity to effect change is reduced.
- Historical decisions mean that the Bury system needs more investment to become ‘level-up’.

2.9 Health Inequalities / Population Health

Plan Objectives and Requirements

- Update plans for the prevention of ill-health and incorporate into joint forward plans, including continued focus on Cardio Vascular Disease (CVD) prevention, diabetes and smoking cessation. Plans should:
 - Build on the successful innovation and partnership working that characterised the COVID vaccinations programme and consider best use of new technology, eg home testing.
 - Have due regard to the government’s Women’s Health Strategy.
 - Continue to deliver against the five strategic priorities for tackling health inequalities and:
 - Take a quality improvement approach to addressing health inequalities and reflect Core20PLUS5.
 - Consider specific needs of CYP and reflect Core20PLUS5 in plans.
 - Establish High Intensity Use services to support demand management in UEC.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Increase % of patients with hypertension treated to NICE guidance to 77% by March 2024	77% by March 2024	TBC	
Increase % of patients aged between 25 and 84 yrs with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	60%	TBC	
Continue to address health inequalities and deliver on the Core20PLUS5 approach	n/a	TBC	

Bury Plan for 2023-24

- Support Primary Care and Primary Care Networks (PCN) in the development and delivery of secondary prevention plans which will identify and support people with or at risk of CVD with evidence-based interventions. This will include improving diagnosis rates across deprived and ethnic minority communities.
- Support Primary Care and PCNs to improve screening uptake for cervical cancer (all PCNs) and Bowel Cancer (Bury PCN). Improve provision of NHS health checks.
- Continued oversight and coordination of all the diabetes groups. Agreed plans to spend recovery money on identified priority care processes. Increase referrals to the National Diabetes Prevention Programme (NDPP).
- Provide focused interventions promoting smoking cessation including targeted support for groups experiencing inequalities e.g., offering those with severe and enduring MH issues behavioural support including e-cigarettes, and targeted outreach to communities and groups with known high smoking rates e.g. large employers with significant numbers of staff in routine and manual labour.
- Continue to work closely with FGH on the delivery of the CURE programme and provide a robust pathway into community stop smoking support.

- Work closely with NHS GM commissioners and local vaccine providers to make sure inequalities are central to all our vaccination programmes going forward and utilise learning from our experience of COVID-19 vaccinations (including using localised data and community insight to shape our response). Roll out COVID-19 spring and autumn boosters. Plans to improve uptake of shingles, pneumococcal, MMR, and polio vaccines.
- Ensure our family and young people services e.g. health visiting and holding families programmes, are delivered in a proportionate way to ensure the needs of our communities experiencing inequalities are adequately met.

Challenges and Risk to Achievement

- Primary Care are extremely busy with reactive work which could impact their ability to deliver the proactive primary and secondary prevention work.

3 Escalations from Locality Board and CSPB – Placeholder

Board	Escalation	Mitigation	Actions

4 Recommendations

It is recommended that the Locality Board receives this report and acknowledges the work of the programme areas to ensure alignment with the NHS operating plan for 2023-24.

Susan Sawbridge
Head of Performance
March 2023