Agenda

Locality Board – Meeting in Public

Date: 3rd July 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 5th June 2023	Paper	Approval	Chair
4.			Public Questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.	4.05-4.15	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
6.	4.15-4.25	10 mins	Operating model of Bury Integrated Care Partnership	Presentation to be given at the meeting	Discussion	Will Blandamer
7.	4.25-4.35	10 mins	Draft response to GM ICB Joint Forward Plan	Paper	Discussion	Will Blandamer
Integrated Delivery Collaborative Update						
8.	4.35-4.45	10 mins	Chief Officer's Update Report	Paper	Discussion	Kath Wynne-Jones
9.	4.45-4.55	10 mins	Population Health Board and Health Inequalities	Paper	Discussion	Jon Hobday
10.	4.55-5.05	10 mins	Primary care blueprint	Verbal	Discussion	Mark Beesley
11.	5.05-5.15	10 mins	Primary Care Recovery and Transformation	Presentation	Information	Zoe Alderson
'Quadruple Aims' Updates						
12.	5.15-5.25	10 mins	Strategic Finance Group Update	Paper	Discussion	Sam Evans
13.	5.25-5.35	10 mins	System Assurance Committee	Paper	Information	Catherine Jackson

14.	5.35-5.45	10 mins	Strategic Workforce	Paper	Information	Kath Wynne-Jones
15.	5.45-5.55	10 mins	Population Health & Wellbeing	Minutes of meeting attached	Information	Jon Hobday
16.	5.55-6.00	5 mins (for all)	Performance Framework	Paper	Discussion	Will Blandamer
17.			PCCC Chair's Highlight Report	Verbal	Information	Zoe Alderson
18.			Clinical & Professional Senate	Verbal	Information	Dr Kiran Patel
Closing Items						
19.	6.00-6.05	5 mins	Any Other Business	Verbal	Information	All

Date and time of next meeting
Monday, 7th August 2023 at 4.00 pm to be held in person – propose to cancel
Monday, 4th September 2023 at 4.00 pm via Microsoft Teams

If you wish to attend this meeting, please contact the Bury Corporate Team at; gmicb-bu.corporateoffice@nhs.net
If you would like to ask a question of the Bury Locality Board, please submit it by **email to** gmicb-bu.corporateoffice@nhs.net **no later than 28 June 2023 at 12 noon.** Questions received after this time will be taken to the following meeting.

Please note that due to the limited time we have, we cannot respond to public questions within the Locality Board meeting. We will acknowledge all the questions we receive and will respond to them formally in writing within 20 days.

Agenda Item 2

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	03 July 2023	**Action**	Consider
Item No.	2	**Confidential**	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Philippa Braithwaite, Principal Democratic Services Officer		
Clinical Lead			

Executive Summary

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).

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.

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.

Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.

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.

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.

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.

Recommendations

It is recommended that the Locality Board:-

- 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 July 2023 and

BURY INTEGRATED CARE PARTNERSHIP

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

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

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

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); •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
		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 Health and Wellbeing	Bury Council - Councillor	X			Direct	Councillor	May-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); •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
		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	May-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); •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
		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 Heppolette	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); •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
		FC United			X	Direct	Director	2021	Present		Y
Dr Cathy Fines	Associate Medical Director & Joint Chair	GP Federation	X			Direct	Practice is a member	2013	Present	•Declaration of interest as per policy, •Declare in meetings	Y

	of the Locality Board	Tower Family Health Care	X			Direct	Member practice is part of Tower Health Care	2017	Present	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
		Horizon Clinical Network	X			Direct	Practice is a member	2019	Present		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
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	Owner	6/9/2021	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	May-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	May-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	Y
		Philips High School			X	Direct		Sep-19	Present		Y

										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	
		Bury and Whitefield Jewish Primary			X	Direct		May-21	Present		Y
		Conservative Party		X		Direct	Councillor	Jul-19	Present		Y

Agenda Item 3

BURY INTEGRATED CARE PARTNERSHIP

Minutes

Date: Locality Board, 3rd July 2023

Time: 4.00 pm

Venue: Council Chamber, Bury Town Hall

Title	**Minutes of the Locality Board**		
Author	Philippa Braithwaite		
Version	1a		
Target Audience	Locality Board		
Date Created	June 2023		
Date of Issue			
To be Agreed	July 2023		
Document Status (Draft/Final)	Draft		
Description	Locality Board Minutes		
Document History:			
Date	**Version**	**Author**	**Notes**
6/6/2023	1	Philippa Braithwaite	Draft Minutes produced
7/6/2023	1	Philippa Braithwaite	Submitted to Mr Blandamer for review.
7/6/2023	1a	Will Blandamer	Minor amendments incorporated.
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING

Locality Board
Meeting in Public
5th June 2023
4.00 pm until 6.00 pm
Chair – Dr C Fines

ATTENDANCE

Voting Members

Dr Cathy Fines, Associate Medical Director **(Chair)**
Cllr Tamoor Tariq, Executive Member of the Council for Health and Wellbeing
Cllr Lucy Smith, Executive Member of the Council for Children and Young People
Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GMIC)
Ms Lynne Ridsdale, Place Based Lead
Dr Vicki Howarth, Medical Director, NCA
Dr Kiran Patel, Medical Director, IDCB
Ms Joanna Fawcus, Director of Operations, NCA
Mr Donan Kelly, Chief Officer, Pennine Care Foundation Trust
Ms Catherine Jackson, Senior Nurse Lead for the Borough
Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise)
Ms Sophie Hargreaves, Chief Officer, MFT
Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care
Ms Sam Evans, Joint Executive Director for Finance

Non-Voting Members

Ms Jeanette Richards, Director of Children's Services
Mr Jon Hobday, Director of Public Health
Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Mr David Thorpe, Director of Nursing, Bury Care Org (NCA)

Invited Members

Cllr Russell Bernstein, Conservative Opposition Party
Ms Karen Richardson, Deputy Director of Commissioning, ICB
Ms Catherine Tickle, Commissioning Programme Manager
Mr Mark Beesley, Chief Officer – Bury GP Federation
Ms Philippa Braithwaite, Democratic Services, Bury Council **(Minutes)**

BURY INTEGRATED CARE PARTNERSHIP

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Jacqui Dennis and Kath Wynne Jones.
1.3	The meeting was declared quorate and commenced.

2	Declarations Of Interest
2.1	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).
2.2	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.
2.3	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.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	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.
2.6	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	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.
2.8	**Declarations of interest from last meeting held on 3rd April 2023** No declarations to note.
2.9	**Declarations of interest from today's meeting 5th June 2023** None to declare other than what was detailed on the Declarations of Interest register submitted within the meeting pack.

ID	Type	The Locality Board	Owner
D/06/01	Decision	Received the declaration of interest register.	

3	Minutes Of The Last Meeting And Action Log
3.1	The minutes from the Locality Board meeting held on 3rd April 2023 were considered as a true and accurate reflection of the meeting.

3.2	In regard to the outstanding actions, these was confirmed as closed as Board Members had shared the GM Primary Care Blueprint within their networks, and information regarding the PWC report was included in updates later in the agenda.

ID	Type	The Locality Board	Owner
D/06/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and agreed the outstanding actions could be closed.	

4	Public Question
4.1	There were no public questions received and one member of the public was present at the meeting.

ID	Type	The Locality Board	Owner
D/06/03	Decision	Noted that there had been no public questions received and one member of the public was present at the meeting.	

5	Place Based Lead Update
5.1	Ms Lynne Ridsdale introduced her item which covered a wide range of updates but could be characterised into two main themes: that of staffing and workforce, and planning and performance. She advised that the ICS consultation had now closed and implementation would now take place, thanking Will Blandamer for his support to the NHS GM (Bury) team during this challenging time. She also congratulated Joanna Fawcus on her appointment as Chief Operating Officer of Bury Care Organisation in the NCA.
5.2	Ms Ridsdale advised of updates locally and across GM and welcomed Warren Heppolette's later item on the Joint Forward Plan. She reported that GM was now classified as a Tier 1 area for its Urgent Care Performance, based on indicators such as A&E waits and ambulance response times. This also meant we would be offered the highest level of support, advice, and guidance.
5.3	Locally there was strong performance across our programmes of work and progress with strategy translating to operational proposals. The IDCB was leading on work to identify two or three key priorities for each of the 11 programmes of work, and Ms Ridsdale advised that the challenge remained for the Locality Board to strengthen the narrative around what its priorities are and where its focus could be of the most benefit.
5.4	Members discussed this challenge, noting the need for a shorter term roadmap aligned within a longer term system financial plan, and agreed quarterly reporting of progress alongside objectives and targets. Members spoke of the importance of workforce and for any priorities to be digestible and understandable at all levels of the system. Members noted the need for long term impact, not just the issues currently being faced, and agreed that the Board needed to retain a line of sight on the breadth of the health and care system in order to understand its interdependencies as well as clarifying its priority areas.

ID	Type	The Locality Board	Owner
D/06/05	Decision	Received the update.	

6	Chief Officer's Update Report
6.1	Mr Will Blandamer introduced this item on behalf of Kath Wynne Jones which provided an update on the development programme for the IDC and progress with the delivery of programmes across the Borough.
6.2	Mr Blandamer advised that work had continued to mobilise new arrangements for programme leadership with SRO's and Clinical Leadership, and to identify capacity available to support the various

	programmes of change. At the IDC meeting in May, the Board received four deep dive presentations on the Mental Health Programme, the graduated approach in SEND, Urgent Care, and the Primary Care programme. Mr Blandamer also advised that an engagement event was scheduled for 21 June to support further connectivity and communication and ensure that programmes of change that meet local, GM and national requirements were being delivered in a coordinated way, reflective of national guidance.
6.3	Members noted the updated and congratulated the IDC on the breadth of work and positive outcomes.

ID	Type	The Locality Board	Owner
D/06/06	Decision	Received the update.	

7	GM QIPP : Finance, Performance and Outcomes Standards 2023/24
7.1	Mr Will Blandamer presented the agenda item regarding the Bury Locality Finance, Performance and Outcomes Standards 2023/24 submission made to NHS Greater Manchester on the 19th May 2023. It was noted that these trajectories will be monitored on a monthly basis as part of the performance report received by the IDC Board, and they would receive in depth scrutiny through the following governance routes: • Elective Care Programme Board: Outpatient Referrals; • Urgent Care Programme Board: A&E Attendances, Non-Elective Admissions and No Criteria To Reside patients; • Mental Health Programme Board: Mental Health Out of Area Placements and Clinically Ready for Discharge patients; • Bury Locality Savings Group: QIPP.
7.2	Mr Blandamer advised that this was part of the NHS GM response to the PWC analysis, with each of the 10 localities invited to make submissions indicating targets on key metrics. The programme selected for Bury that are intended to contribute to the achievement of the overall targets are those which have seen good practice or a system-way of working and targets were considered achievable.

ID	Type	The Locality Board	Owner
D/06/07	Decision	Endorsed the submission made and supported the proposed approach to manage delivery.	

8	Elective Care and Cancer Recovery and Reform
8.1	Ms Karen Richardson and Ms Catherine Tickle presented the item, providing an overview of the GM Elective Care Recovery and Reform Programme, which facilitated faster pathways for patients, improved patient experience and reduced the overall size of the elective waiting list, and highlighted some examples of work including respiratory, gynaecology, dermatology and paediatric services.
8.2	The Board discussed the presentation, noting the widespread support for the approach and drawing attention to patient voice and experience, and Members discussed the importance of delivery, regardless of where services would traditionally be delivered from. Examples mainly stemmed from joint working with NCA colleagues, and it was noted that similar conversations to facilitate shared understanding were taking place with MFT colleagues. This would ensure confidence that the same standard of care was being delivered across the locality, regardless of provider.

		The Locality Board	
D/06/08	Decision	Received the update and noted the detailed work that had been undertaken.	

9	Joint Forward Plan
9.1	Mr Warren Heppolette presented the draft Joint Forward Plan. This was the delivery plan for the Integrated Care Partnership Strategy and was based on its six missions; the actions to deliver them; the measures for tracking delivery; and where accountability is held.
9.2	Board Members discussed the Joint Forward Plan, raising the following points: • Connecting localities would enable sight of best practice across GM and implementation elsewhere; less about scale and more about right methods for supporting spread of best practice. • Metrics for monitoring success to drive activity but challenge as to whether they were the right metrics to support the delivery of services in a different way. Also noted that metrics were not necessarily meaningful to those they represented. These metrics would be further developed to enable interdependencies between them and to highlight when producing unwelcome outcomes in the system. • Noted the lack of a shared view across the system, and how this affects the balance of resources. • Consistent metrics and delivery through every Locality Board – aim for this to drive system performance and course correction across GM but able to provide meaningful outcomes for localities and specific populations. • Financial operation on a system level hampered by continuation of individual contracts; those in place to provide ability to address issues on a neighbourhood level - don't want to remove agency from individual teams but still want to be able to move resources around to address need. • Further clarity over Core 20 PLUS; focus on health inequalities and driving understanding of which populations are facing barriers to treatment. Noted that support needed not just for those with vocal demand but also populations that are less able to advocate as successfully.
9.3	The Chair advised that these discussions would continue, and reminded the Board that the draft plan was open for consultation until30th June. It was agreed Will Blandamer would submit a response to the Forward Plan based on the discussion in the meeting to date.

ID	Type	The Locality Board	Owner
D/06/09	Decision	Received the Joint Forward Plan.	

10	System Finance Group Update
10.1	Ms Sam Evans advised that this update provided the National and GM context, and locality focus would be given at the next meeting. This update set out the position both pre- and post-Covid and covered the changes to the funding regime during that time. It was noted that 22/23 outturn produced a balanced budget, but this left no flexibility for 23/24.
10.2	After multiple deficit positions submitted to NHS England which were not accepted, a further submission was made with a deficit of £45m, which was to be supported to deliver a break even position through retention of surge funding £19m and NHS England support £26m. This was deemed to be acceptable by NHS England but no guarantees were given on the retention of the £19m and £26m. Within this position there was an assumed savings delivery of £400m and a system risk of £115m, which has since increased to £130m due to a shortfall on inflation funding to be received and other risk mitigations.
10.3	Ms Evans advised that the delivery of this plan will be incredibly challenging, both in terms of financial delivery and concerns with regard to performance against other metrics, and to this end the CFO of NHS England plans to visit NHS GM organisations in June to understand these plans in greater detail and receive greater assurance on delivery.

ID	Type	The Locality Board	Owner

D/06/10	Decision	Considered the information within this paper, the level of savings required for NHS GM to deliver a break even position in 2023/24 and the risks to delivery and noted that a Bury locality position will be brought to the next meeting, encompassing NHS partners and the council.	

11	System Assurance Committee update
11.1	Ms Catherine Jackson provided at update form the most recent Partnership System Assurance Committee meeting, which had reported an increased performance for Learning Disability Annual Health Checks and options for future resilience utilising Additional Roles Reimbursement Scheme (ARRS) resources being pursued with Bury Primary Care Networks. Ms Jackson also advised of three awards to Persona, Gorsey Clough Nursing Home, and to Bury Council. With regards to the Greater Manchester Quality Strategy, it was noted this was still going through governance routes.
11.2	Members discussed health checks, noting that Quality and Outcomes Framework (QOF) waiting lists were back on target, while data on checks for over 40s was being verified and work to deliver checks outside primary care was in development.

ID	Type	The Locality Board	Owner
D/06/11	Decision	Received the update.	

12	Strategic Workforce
12.1	Mr Will Blandamer presented the update on ongoing workforce initiatives including system wide organisation development and producing the Bury workforce strategy, and thanked Kat Sowden, Managing Director at Persona Care and Support, for taking forward the SRO role for workforce.

ID	Type	The Locality Board	Owner
D/06/12	Decision	Received the update.	

13	Population Health & Wellbeing
13.1	Mr Jon Hobday presented the update on the work of the Health & Wellbeing Board (HWBB) and Population Health Delivery Partnership. He advised that at their last meeting, the HWBB had discussed the Anti-Poverty Strategy update, Age Well Agenda, Screening Programmes update, Public Sector Reform - Improving Adult Lives, Serious Violence Duty, and Joint Strategic Needs Assessment (JSNA).
13.2	In response to a query, Mr Hobday advised that figures on newborn hearing screenings were being looked into.

ID	Type	The Locality Board	Owner
D/06/13	Decision	Noted the update.	

14	Performance Framework
14.1	Mr Will Blandamer presented the performance update, which provided a high level summary as well as the detailed analysis underneath. It was noted that the Joint Forward Plan would change the nature of this reporting in future meetings.

ID	Type	The Locality Board	Owner
D/06/14	Decision	Noted the update.	

15	PCCC Chair's Highlight Report
15.1	Mr Adrian Crook presented the Primary Care Commissioning Committee highlight report, which set out two decisions made.

ID	**Type**	**The Locality Board**	**Owner**
D/06/15	Decision	Noted the update.	

16	**Clinical & Professional Senate**
16.1	Dr Kiran Patel gave a verbal update on the work of the Clinal and Professional Senate, including discussions regarding: • Ongoing issues with adult ADHD diagnoses and the impact on patients and practitioners; • How the challenging financial position could and should be translated to frontline staff; • Gender diversity and accessing existing expertise to improve outcomes for gender diverse patients; • Clinical leadership and the impact of locality.
16.2	It was noted that the difficulties around ADHD were being considered by the IDC and the ICB Board. This was a serious risk for us and for patients, and this had therefore been escalated.

ID	**Type**	**The Locality Board**	**Owner**
D/06/16	Decision	Received the update.	

17	**GP Leadership Collaborative - NHS GM Primary Care Blueprint**
17.1	Mr Mark Beesley presented the NHS GM Primary Care Blueprint which set out nine key areas setting out a vision for a Greater Manchester Primary Care system. It was noted that feedback was requested by the end of June, and Mr Beesley offered to collate this for the Locality Board.
17.2	It was agreed that this come back to a future meeting for further, detailed discussion.

ID	**Type**	**The Locality Board**	**Owner**
A/06/01	Action	Agreed that this item come back to a future meeting for further discussion.	Mark Beesley

18	**Any Other Business**
18.1	There was no other business to report. The Chair advised that a workshop style meeting would be arranged to discuss system pressures and priorities in more detail, and she formally closed the meeting in public at 18.03.

ID	**Type**	**The Locality Board**	**Owner**
D/06/17	Decision	Noted that there was no other business to report and the meeting in public was closed at 18.03	
A/06/02	Action	Agreed that a workshop style meeting be arranged to discuss system pressures and priorities in more detail.	Will Blandamer

Locality Board Action Log

Status Rating  - In Progress  - Completed -

Title	Action	Lead	Status	Due Date	Update
A/06/01	Bring the NHS GM Primary Care Blueprint back to a future meeting for further discussion.	Mark Beesley			
A/06/02	A workshop style meeting be arranged to discuss system pressures and priorities in more detail.	Will Blandamer			

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Agenda Item 5

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	03 July 2023	Action	Receive
Item No.		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.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						

Implications						
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	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

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

1. **NHS GM Staff consultation and locality budgets.**

By 30th June Localities were required to confirm the final locality structure for NHS GM staff in locality functions, and confirm the structure was within a locality allocation. The revised structures take into account the outcome of the consultation and will be circulated as soon as possible. The consultation relating to the mechanism by which posts are allocated to people concluded on 30th June. Thanks to Julie Kernaghan from HR and Simon O Hare from finance who have co-ordinated the Bury submissions and it is anticipated the revised staffing arrangements can start to be completed in July.

2. **Palliative and End of Life Care Summit**

Our palliative and End of Life Care programme is jointly let by Helen Lockwood – CEO Bury Hospice, and David Thorpe – Director of Nursing NCA Bury. Building on the outcomes of the preceding 5-year strategy a summit was held on 28th June to frame the next steps in the transformational of palliative and end of life care services in the borough. The outcome of the summit will be shared with Integrated Delivery Board in due course.

3. **GM Operating Model, GM Joint Forward View, and Locality Partnership and Prioritization.**

At the June locality board, the meeting discussed the emergent Carnell Farrar report and the work required to clarify the operating model for NHS GM and the GM ICP. Many colleagues will have been involved in subsequent conversations to develop the GM operating model and the focus is on the mechanisms to allow the Joint Forward View to be delivered. This locality board meeting will receive a draft response from the Locality Board to the consultation on the Joint Forward View for consideration.

The key priority for the Locality board is to ensure the work of the Bury Integrated Care Partnership is as effective as possible and, in this context, Will Blandamer will present an overview of the BICP arrangements and initial work on prioritisation.

4. **Financial Position.**

Following the overview of the GM financial position at the last locality board, this meeting will receive an update from our Bury Strategic Finance Group on the very challenging position of all partners to the Bury Integrated Care Partnership. All partners are facing significant financial pressures. It is essential that we continue to work together to both understand the system consequences of individual organisational efficiency programmes, but also together exploit opportunities to work more effectively together in accelerating the work on prevention, early intervention, and the efficient operation of our system.

5. **GP Services in Bury.**

This Locality Board meeting will have further time to consider the GM primary care blueprint, and also the outcome of a Bury workshop held on 21st June. The workshop focused specifically on opportunities to address inefficiency and duplication in flows of patients and information between GPs and other services. There were numerous examples of information flows that were ineffective at the interface of services – between GPs and community services, and between primary care and secondary care. A key priority for the locality board is proposed to be work to simplify and declutter.

6. **Statutory Meetings:**

6.1 The Health and Well Being Board met on 14th June and considered the following items in its capacity as operating as a standing committee on health inequalities. Papers can be found at https://councildecisions.bury.gov.uk/ieListDocuments.aspx?CId=151&MId=3404&Ver=4

- An update on the Anti-Poverty Strategy and an overview of the Household support Fund
- Annual Report from the Bury Integrated Safeguarding Partnership
- Annual Report from the Child Death Overview Panel
- Review of progress and next steps on addressing Tobacco related harm in the borough
- Consideration of the role of HWBB in context of wider Team Bury Partnerships

6.2 The First meeting of the health scrutiny committee is Tuesday 18th July.

7. DfE Visit - 6 monthly review visit – Safeguarding Arrangements

DfE will be conducting a further 6 monthly review visit on 19th July, with a particular focus upon our Safeguarding arrangements. The review team will be meeting with key partners to the multiagency partnership arrangements in the borough including the Safeguarding Executive, Education leads, police, Independent Chair of Safeguarding Board, and health partners. Jeanette Richards as DCS is confirming requirements for attendance and participation.

It is also expected that Ofsted will be undertaking a review of complex safeguarding practice on the 1st and 2nd of August, with a focus on partnership working in Bury on risks of exploitation of children who are vulnerable in the borough - for example criminal exploitation and child sexual exploitation.

8. Recognition for Bury Population Health Team

The public health team, and Bury council work with partners on health inequalities was recognised on 23rd June at the Municipal Journal Awards event. Bury was shortlisted as a finalist from over 30 applications and although we did not win the award, we are thrilled to have the work recognised. This locality board will receive a further update on the comprehensive implementation plan for a population health system.

9. Neighbourhood Working

The model of neighbourhood working in health and care is well established in the form of integrated neighbourhood teams with medical, nursing and adult care participation in each of the 5 neighbourhoods in Bury. This is being supplemented by two key initiatives:

- The model of family hubs - a focal point for partnership working around the circumstances of children and families – is being developed in Bury East and intended to be rolled out to another neighbourhood in the next few months. An update on family hubs will come to a future locality board meeting.
- All neighbourhoods are developing public service leaderships teams – where partners from the health and care system are meeting with other partners such as GMP, Six town housing, DWP and others to have a shared sense of the assets and risk cohorts in places.

10. Joint Strategic Needs Assessment

The public health team have developed and released a detailed repository of key information about health needs in the borough with information on demographics, health needs of particular cohorts, and neighbourhood profiles. This is invaluable in terms of supporting future decisions and business cases.

The JSNA can be accessed at https://theburydirectory.co.uk/jsna

Lynne Ridsdale
Place Based Lead
July 2023

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Agenda Item 7

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	03 July 2023	Action	Receive
Item No.		Confidential	No
Title	Draft response to GM ICB Joint Forward Plan		
Presented By	Will Blandamer, Executive Director for Strategic Commissioning		
Clinical Lead			

Executive Summary
To provide an update on the response to GM ICB Joint Forward Plan.
Recommendations
The Locality Board is asked to note the update.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						

Implications						
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	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

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

GM ICB Joint Forward Plan Response

At the June Locality Board meeting, Warren Heppolette presented a draft Joint Forward View for consideration. This is essentially proposed to be the GM delivery plan for the wider ICS strategy, including the specific NHS GM obligations to NHSE. The full document is in your papers from the last Locality Board, and a high level summary slide deck has been circulated by email for ease of reference.

Comments have been invited by 27th of June, in advance of the GM submission to NHSE on 30th June. The update on the Joint Forward View was received at the last Locality Board in the context of a helpful conversation about the progress of our Bury Integrated Care Partnership, the context afforded by the significant financial challenge of NHS partners and council, our work across 11 programmes overseen by the Integrated Delivery Board, and the need for the Locality Board to identify a smaller number of key areas of focus.

Conversations had taken place with colleagues in the past few weeks about prioritisation and focus. Importantly there is a strong commitment to the core principles of the way we are working together in Bury – the quality of the partnership and relationships between partners, the focus on neighbourhood working, the work of the programme boards (e.g. in urgent care, the palliative care summit next week etc.) and the work of some of the key enabling structures (or example the spirit of joint working in the Strategic Finance Group). We are seeing the benefit of our joint working in many key performance indicators – urgent care, cancer, transforming care, adult care transformation, new models of elective care, new investment in mental health services and others.

Colleagues also flagged there are however many opportunities to improve the way we work. For example:

- concerns about the extent to which the scale of the financial challenge facing us is understood by all,
- the need for evidence of performance achievement on key indicators across the breadth of our plan,
- our need to particularly concentrate the work of the Locality Board on a few key areas of focus commensurate with the financial challenge we face,
- the extent to which our shared work on workforce and new ways of working between partners is sufficiently equipped.

In the context of the work described above, and of our collective ambition, set out below are the suggested comments from the Locality Board on the Joint Forward View document. These reflect the initial conversations at the June Locality Board, embellished by subsequent discussions:

Draft Comments

1) We welcome the suite of metrics proposed although we would like to ensure they are reflective of the need for transformation in the way services are delivered. In addition we would suggest there is a risk that some of the metrics proposed are not meaningful (at least in their description) to patients and residents.

2) In delivering the Joint Forward plan there does need to be assessment of equity of resources across GM. There is a historic inequity of resource allocation (Bury CCG historically some distance from target) and our collective ability to address the priorities of the forward view will be determined by this work.

3) We welcome the clarity afforded by the Joint Forward View on the focal point for responsibility for delivery of key indicators. A recommendation from the Carnell Farrar report was that GM needed to be much clearer on accountability for delivery and we welcome the recognition of the Locality Boards in each of 10 places, as holding that place-based partnership level accountability for very many of the indicators proposed.

4) We welcome therefore the distinction described on slide 7 between a locus of delivery (e.g. through providers and from a partnership perspective the Locality Boards, and GM provider collaborative) , and functions that provide system leadership - creating the system-wide conditions, frameworks, and standards to enable delivery. We would particularly welcome the role of System Boards in supporting the dissemination of best practice as it pertains to achievement of key indicators.

5) Given the focus on the Locality Boards for delivery against key indicators, we do need to ensure that they are equipped to discharge that duty. This means they need to have the relevant capacity and capability around them, and that the work of GM wide teams and functions needs to be deliberately orientated to a significant degree to support the Locality Board working – consistency of reporting on key performance, finance and quality indicators at locality and indeed neighbourhood level where possible needs to be a priority.

6) The Locality Boards also need to be supported in their duty by a clear and consistent understanding of the ICB centrally in terms of their role and value. The Locality Boards are partnership structures of which one key partner is NHS GM so that organisation cannot dominate the agenda, but at the same time we should explicitly ensure consistent input from ICB centrally where appropriate across each months' roster of Locality Board meetings.

7) We would note that the specific role of the Health and Well Being Board is not recognised in Joint Forward View. This is less of an issue for us in Bury than elsewhere in GM. We have deliberately established the Locality Board as the focal point/apex of our joint working in the health and care system – essentially the 'board' of the Bury Integrated Care Partnership. We have established the Health and Well Being Board as a standing commission on health inequalities, challenging and supporting all elements of the Team Bury partnership on their contribution to health inequalities - including the Bury integrated care partnership but also the Community Safety partnership, the business leadership group, the children's strategic partnership board and others. However given the wider ambition of the Joint Forward View the recognition of this board and its role would be helpful.

8) We welcome the clarity afforded by the articulation of the key indictors described in the joint forward view. We do as a Locality Board need confidence and certainty in the presentation of business information into the Locality Board that is reflective of the breadth of the ICS strategy (is not just NHS indicators). There are a number of performance frameworks in development across GM at the moment and this duplication must be addressed quickly.

9) There remains a big question about whether the delivery of the joint forward view is commensurate with the scale of the financial challenge faced by NHS GM and indeed partners such as Councils. The forward view is light on this point and needs much further analysis and confidence. Essentially, if we deliver the forward view, is it enough. In addition we need a clear understanding of how the current configuration of contract arrangements (e.g. in relation to community health services) aids or hampers the capacity of localities to address GM and local priorities.

10) The Joint Forward View is also light on the issue of workforce capacity and capability, and new models of working. Our shared workforce, both formal and informal is of course critical to the ambition.

11) We would welcome further clarity over Core 20 PLUS; focus on health inequalities and driving understanding of which populations are facing barriers to treatment. We note that support needed not just for those with vocal demand but also populations that are less able to advocate as successfully. Essentially what safeguards are there; achievement of joint forward view priorities could mask inequalities of access, treatment, and outcome.

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Agenda Item 8

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	03 July 2023	**Action**	Receive
Item No.		**Confidential**	No
Title	Integrated Delivery Collaborative Update		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

Executive Summary

This paper is intended to provide an update to the Locality Board of progress with the next stage of the development programme for the IDC , and progress with the delivery of programmes across the Boorough

Recommendations

The Board are asked to note the progress with the development plan of the IDC, and progress of the programmes and consider the next steps outlined within the paper

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☒	**Information** ☐
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

Implications						
Are there any quality, safeguarding or patient	Yes	☒	No	☐	N/A	☐

Implications						
experience implications?						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
Once achieved, the ambition of the IDC will have a positive impact on the quadruple aim domains of population health ,experience, workforce and economics						
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	☐	No	☒	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**
IDC Board	24/05/2023	Proposal supported , recognising there are risks with making further commitments to reduce demand

Bury Integrated Delivery Collaborative Update

1. Context

This report is intended to outline to the Board progress which has been made with the key programmes of work within the IDC

2. Programme structures and leadership

An initial workshop was held for SRO's and Clinical Directors on the 16th May, the outcomes of which were shared with the Locality Board in June.

As an IDC Board we still needed to determine the weight of importance we will give the quadruple aims of:

- Population health
- Efficiency
- Outcomes and Effectiveness
- Workforce

However since this time, the financial challenges have become more significant, therefore we have asked all SRO's to turn their attention to potential economic savings within programme areas.
These ideas are currently being collated in preparation for a discussion on the 5th July. It is likely that the most efficiencies will be delivered by reducing deplication in services, simplifying the system and rationalising and making more efficient single points of access.

There is also a significant programme of work to be undertaken to empower patients and support behaviour change such as utilisation of technology and improving processes for ordering repeat prescriptions.

In addition to this, all members of the clinical and professional senate have been asked for their ideas on how to reduce beuraucracy and improve efficiency.

3. June IDC Programme updates:

Programme highlights:

Elective Care: Work has been progressing in elective care and cancer to support recovery of elective performance and the GM systems financial sustainability. A system level focus on developing future work at pace and at scale will be required to deliver against the reduction in GP referral trajectories submitted to GM and any agreed local savings plans.
End of Life and Palliative Care: Successful summit held on the 28th June to engage all key partners and stakeholders in the refresh of the strategy and delivery plan
Urgent Care: A&E 4 hour performance has improved in 2023/24. FGH are the third best performing adult site in GM. YTD performance has reached 66% and continues to improve, last month was at 62%. This is however 10% below target so remains a priority focus
Mental Health: There continues to be good progress in implementing the Bury MH strategy. However, unless all the PCNs invest ARRS funding in the in new posts in line with guidance the Living Well model will not be implemented with the required staffing model across all parts of the Borough.
Adult Social Care: Initial social work assurance board planned
Complex Care: Q1 Current performance to date is 85% with no assessment waits greater than 12 weeks
Neighbourhood development: The lack of alignment of PCNs and Neighbourhoods creates a risk to the delivery of equitable and integrated Neighbourhood-based health and care provision.

Community Services: Scoping work commenced to support the development of a rehabilitation hub and to rationalise single points of entry to the system across the Borough
Primary Care: GP membership engagement session held to consider ways in which primary care could operate more efficiently. Ideas will be considered through the next clinical and professional summit with ideas from all partner organisations
Learning Disabilities: Learning Disabilities & Autism continues to deliver challenging workplan.
Workforce: Workshop planned for the 6th July to agree priorities and work plans. 2 recruitment events planned for July and September

4. Risks

Following agreement of the proposed Bury system risk reporting process at April's IDC Board, all programmes and relevant committees were asked to submit any risks of 12+ using the GM risk reporting template.

Key risks have been submitted from programme areas. A total of 51 risks have been identified relating to the areas of:

- Workforce availability: clinical and managerial support arrangements
- Estates availability
- Financial challenges of the Borough and resources unavailable to support additional investment in community and mental health service developments
- IT and data systems to support transformational change
- Connectivity between the PCN's and neighbourhoods
- Lack of adult ADHD and Autism service provision

These risks and appropriate risk management arrabngements will be considered in detail by the IDC Board in July.

5. Recommendations

The Board are asked to note the progress of core programmes and to note the next steps outlined within the paper

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
kathryn.wynne-jones1@nhs.net
July 2023

Agenda Item 9

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	03 July 2023	Action	Receive
Item No.		Confidential	No
Title	BURY'S APPROACH TO ADDRESSING HEALTH INEQUALITIES		
Presented By	Jon Hobday		
Author	Jon Hobday & Steve Senior		
Clinical Lead	N/A		

Executive Summary

Health inequalities are differences in health between groups of people that are avoidable and unfair. Reducing health inequalities is one of the main aims of Bury's 2030 LET'S Do It! Strategy. Health inequalities are caused by lack of access to the basic building blocks of health, such as money, housing, education, and food. Because of this tackling health inequalities needs the whole system to act.

This paper outlines ongoing and future work in Bury to reduce health inequalities. This is overseen by Bury's Health and Wellbeing Board using the Greater Manchester Population Health System Framework. This framework aligns well with the LET'S principles.

A wide range of work has already been done to address health inequalities. This includes a comprehensive refresh of Bury's Joint Strategic Needs Assessment; a position paper to frame the problem; and a range of projects and programmes organised under the four pillars of the Greater Manchester Population Health System Framework.

Immediate priorities include work to tackle the main contributors to the gap in life expectancy in Bury (cardiovascular disease, cancer, liver disease), and to promote health early in life. Next steps will be to review corporate plans to identify which areas have the greatest potential to improve health and reduce inequalities in health, and to support those areas to maximise their benefits to health and health equity.

Recommendations

That the board:

- Notes the contents of the paper; and
- Endorses the continued work to address health inequalities.

OUTCOME REQUIRED *(Please Indicate)*	Approval ☐	Assurance ☐	Discussion ☐	Information ☐

APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

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

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

BURY'S APPROACH TO ADDRESSING HEALTH INEQUALITIES

Author: Jon Hobday & Steve Senior

Date: 22 June 2023

Issue: A deep dive into work ongoing across system partners in Bury to address health inequalities

Recommendations

1. That the board:
    a. Notes the contents of the paper; and
    b. Endorses the continued work to address health inequalities.

Summary

2. Health inequalities are differences in health between groups of people that are avoidable and unfair. Reducing health inequalities is one of the main aims of Bury's 2030 LET'S Do It! Strategy.
3. Health inequalities are caused by lack of access to the basic building blocks of health, such as money, housing, education, and food. Because of this tackling health inequalities needs the whole system to act.
4. This paper outlines ongoing and future work in Bury to reduce health inequalities. This is overseen by Bury's Health and Wellbeing Board using the Greater Manchester Population Health System Framework. This framework aligns well with the LET'S principles.
5. A wide range of work has already been done to address health inequalities. This includes a comprehensive refresh of Bury's Joint Strategic Needs Assessment; a position paper to frame the problem; and a range of projects and programmes organised under the four pillars of the Greater Manchester Population Health System Framework.
6. Immediate priorities include work to tackle the main contributors to the gap in life expectancy in Bury (cardiovascular disease, cancer, liver disease), and to promote health early in life.
7. Next steps will be to review corporate plans to identify which areas have the greatest potential to improve health and reduce inequalities in health, and to support those areas to maximise their benefits to health and health equity.

Context: health inequalities in Bury

8. Health inequalities are differences in health between groups of people that are avoidable and unfair. This means people are dying years early and spending more of their lives ill.

9. Health inequalities are caused by differences in access to the basic building blocks of health. These include good jobs and enough money to live well, safe affordable homes, healthy food, healthy environments, and access to high-quality healthcare.

10. The gap between the ward with the highest life expectancy and the ward with the lowest life expectancy was 7.1 years for males and 7.3 years for females for 2016-2020. The gap in life expectancy is caused by higher rates of death from several major killers in more deprived areas including heart disease, stroke cancers, liver disease, and (in 2020 and 21) COVID-19.

11. There are also stark inequalities in illness and disability across Bury. Inequalities in work-limiting illness and disability are especially pernicious because they limit employment, and through that access to building blocks of health like money, housing, and quality food. The major causes of illness and disability in Bury are low back pain and musculoskeletal conditions, migraines, mental illness particularly anxiety and depression, and diabetes.

12. This hurts individuals, households, and communities. It is also a barrier to economic growth: around a third of the gap in economic productivity between the North and South of England has been attributed to higher levels of poor health in the North.

13. Although health inequalities are most often described in terms of deprivation and ethnicity, there are systematic differences in health between groups of people defined in other ways. It is important to note that some smaller populations experience the starkest health inequalities. These include people with learning disability or severe mental illness, sex workers, people in contact with the criminal justice system, homeless people, refugees and asylum seekers.

14. The Bury LET'S Do It strategy is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Its other aims address the most important building blocks of health. A wide range of action across the whole council and its partners on health inequalities flows from this.

Our approach to addressing health inequalities

15. Our approach begins with data. We have completely re-worked Bury's Joint Strategic Needs Assessment (JSNA). The JSNA provides a thorough overview of population health in Bury,

including inequalities in health.

16. We have also produced a health inequalities position paper that summarises the evidence and our plans in an accessible format. This paper uses an evidence-based framing of the problem of health inequalities in a way that promotes a systems-thinking approach. Our aim is to make it clear that health inequalities exist because of a complex web of interconnected causes, and therefore the only solutions are those that engage the full range of system partners in our response.

17. Recognising this, we need a strategic framework that can accommodate the wide range of responses to health inequalities, from improving access to quality healthcare to addressing poverty and inequality. We are using the Greater Manchester Population Health System Framework, which was adapted from the King's Fund's 'vision for population health'. This model uses four 'pillars' to describe areas of work that are necessary for improving population health and reducing health inequalities, as well as emphasising the importance of areas of overlap between them. In the Greater Manchester framework these are described as:

    a. Wider determinants of health;

    b. Behaviours and lifestyles;

    c. Public service reform; and

    d. Place-based and person-centred approaches.

18. This model will inform a refresh of Bury's public health outcomes framework (in progress), which will reflect the four pillars above.

19. This model is used by Bury's Health and Wellbeing Board to set its agenda. The Health and Wellbeing Board is constituted as Bury's standing commission on health inequalities. The Health and Wellbeing Board is supported by a Population Health Delivery Partnership. This board is a working-level meeting which is intended to be the place where practical problem-solving and systematic thinking about solutions is done.

20. These structures exist to bring the widest possible range of partners into the work of tackling health inequalities. This includes partners in planning; environmental health; housing; business, growth, and investment; transport; education; law enforcement and emergency services; healthcare commissioners and providers; voluntary, charity, community, and faith organisations.

21. Although not all of the work to reduce health inequalities is directly overseen by the Health and

Wellbeing Board, it does have a responsibility where necessary to challenge partners and to hold them to account for doing what they can to reduce health inequalities.

22. As well as supporting key outcomes in the LET'S Do It! Strategy, the approach above connects directly to the principles that underpin that strategy:

    a. **Local**: the emphasis on place-based and person-centred approaches puts the 'local' principle at the heart of all our work on health inequalities, much of which is delivered through or with the neighbourhoods. Public health team members are supporting each of the neighbourhood public service leadership teams with data and advice around health and health inequalities in each neighbourhood, drawing on the JSNA and refreshed neighbourhood profiles.

    b. **Enterprising**: effective use of evidence and evaluation is central to all our work. The public health team provides advice on evidence, evaluation, and research to ensure that our actions are evidence-based, make best use of available resources, and are focused where we can have the biggest impact.

    c. **Together**: The approach described above is based on partnership working across the whole system. We have put particular emphasis on engaging and working with voices that tend to be marginalised, for example by working with Collaborate Out Loud. Healthwatch and the Bury Voluntary, Community, and Faith Alliance are represented on the Health and Wellbeing Board and Population Health Delivery Partnership and provide important insights into public and service users' experiences and views.

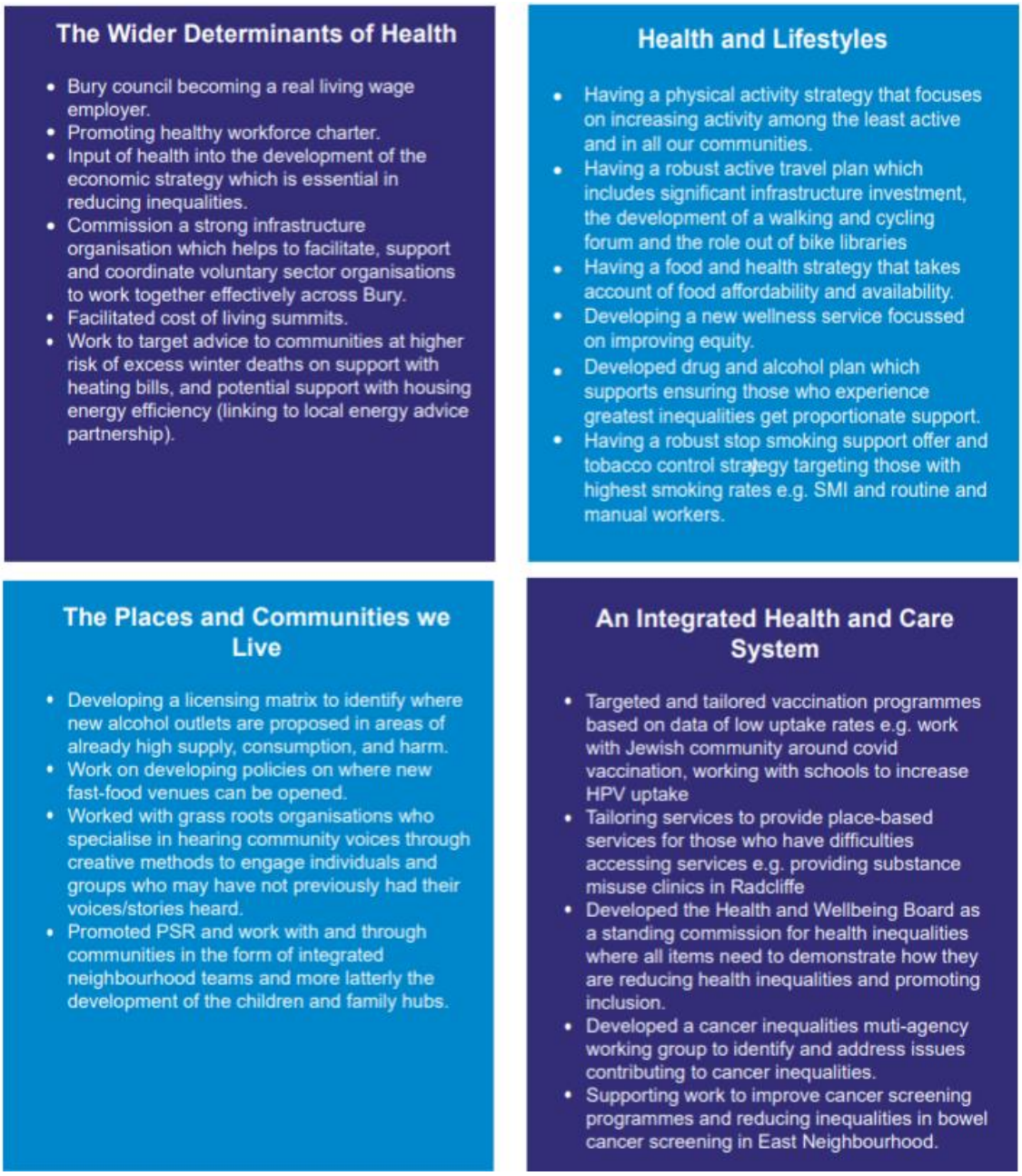
    d. **Strengths**: as with the 'local' principle, the work is based on building of the strengths and assets of our communities. Again, much of this is achieved by working through the neighbourhoods, and through voluntary, community, and faith sector partners.

Work to date

23. The Bury LET'S Do It strategy is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Its other aims such as improving early years development, educational outcomes, and adult skills; inclusive economic growth; and carbon neutrality address many of the most important building blocks of health.

24. Given the breadth of the challenge, there is a wide range of work already ongoing to reduce health inequalities in Bury. The table below summarises some of this work under the four pillars

from the Greater Manchester Population Health System Framework.



25. One specific area of focus is coronary heart disease. Coronary heart disease is the leading cause of death in Bury and one of the biggest causes of the gap in life expectancy between the most and least deprived. The public health team has worked with NHS commissioners and primary care on a programme of work designed to reduce coronary heart disease and reduce inequalities by improving diagnosis rates across deprived and ethnic minority communities and be ensuring that effective interventions reach everyone who can benefit. This has been included as a priority in each of the neighbourhoods, and the public health team is in the process of commissioning extra programme support to the neighbourhoods from the Bury GP Federation. This is on top of the public health team's work on primary prevention of cardiovascular disease through smoking cessation, promoting physical activity and healthy diets, and its work with system partners to minimise risks to people with cardiovascular diseases and other long-term illnesses from hot and cold weather.

Future plans

26. The public health team has set priorities on reducing inequalities and overall levels of cardiovascular disease, cancer, and liver disease. These are three of the biggest contributors to the gap in life expectancy, a major outcome for the LET'S Do It! Strategy.

27. We are also prioritising early years, as the evidence shows that health inequalities accumulate from the point of conception and compound through life, and that the greatest gains to health are to be had from improving the health of children. This also supports the aim in LET'S Do It! to improve early years development and educational outcomes, both important building blocks of health.

28. Beyond these initial priorities, we plan to have a clear outcomes framework for our Health and Wellbeing Board, which measures the impact of the work taking place which we know contribute to reducing inequalities. In addition, we intend to review the wider corporate plans to understand which areas of current work have the greatest potential to reduce health inequalities. Tools like Health Impact Assessment and Health Equity Assessment exist to help organisations maximise the health and health equity benefits of projects and policies and to minimise harms. We have identified and are investing in training in these methods with the aim of using them to support partners across the system to maximise their benefits to health and health equity.

29. We will continue to use the governance structures above to engage partners across the system.

Jon Hobday

Director of Public Health

j.hobday@bury.gov.uk

Steve Senior

Consultant in Public Health

s.senior@bury.gov.uk

June 2023

BURY INTEGRATED CARE PARTNERSHIP

GM - Primary Care Blueprint
3 July 2023

Part of Greater Manchester Integrated Care Partnership

Presentation by:
Cathy Fines/Kiran Patel

BURY INTEGRATED CARE PARTNERSHIP

Primary Care Blueprint

Engagement draft - April 2023

GM Primary Care Blueprint Engagement draft

BURY INTEGRATED CARE PARTNERSHIP

Background and intent

- Document co-created by leaders drawn from GM Primary Care Provider Board and NHS GM Integrated Care's locality and central teams
- Each chapter must reflect all parts of our Primary Care system (Dental, General Practice, Pharmacy and Optometry)
- Response to GM Integrated Care Partnership Strategy (March 23) and Fuller Review of Primary Care (May 22)
- Engagement draft intended to provide an opportunity for primary care, health and social care partners, VCSE and others to inform and shape the final version
- Aims to generate a healthy response and give a sense of the ambition and vision for primary care
- Views requested by 30 June 2023

GM – Primary Care Blueprint Engagement draft

Overarching issues (1 of 2)

- Primary Care must be viewed as an integral part of each of our 10 localities, including via formal representation on Locality Boards and other locality governance
- Completion of the implementation of the financial flows model previously agreed where money flows to Primary Care providers as directly and smoothly as possible
- Securing full implementation and visibility of our Primary/ Secondary Care and GP/ Community Pharmacy interface principles which will be important in managing pressures in our system but also in cementing the joint working which will be crucial to the delivery of the Blueprint

Overarching issues (1 of 2)

- The implementation process will need to be supported by:
  - An agreed programme delivery approach
  - Clinical leadership engagement and development
  - An organisational development process
- We will work to ensure some “early wins” to move forward on a series of issues which have been in train for some time, including but not limited to:
  - Occupational Health provision
  - Phlebotomy Services
  - Implementation of an updated “Sitrep” pressures management process

Summary (1 of 2)

BURY INTEGRATED CARE PARTNERSHIP

Split across 9 areas, the Blueprint sets out a vision for a GM Primary Care system that will:

1. Provide timely appropriate access to care delivered by a system which has sufficient capacity to meet the needs of service users, where processes are simple and straight forward
2. Be 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
3. Ensure that we do not exacerbate health inequalities and takes practical steps to tackle these inequalities wherever we can
4. Help people to stay well and focuses on disease prevention, early detection and effective management of long-term conditions

Summary (1 of 2)

BURY INTEGRATED CARE PARTNERSHIP

5. Be viable for the long term, ensuring that services are available when and where needed

6. Empower citizens and providers with gold-standard, digitally enabled Primary Care

7. Be delivered from facilities which are appropriate for the provision of 21st century Primary Care

8. Be standards based, with a focus on quality improvement

9. Be recognised as a career destination for a happy, healthy and engaged workforce, trained to a consistent standard with knowledge and expertise to meet the needs of our population and provide timely, exemplar services

Feedback submitted from the Bury system

Verbal update

BURY INTEGRATED CARE PARTNERSHIP

Primary Care Recovery and Transformation
3 July 2023

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Cathy Fines/Kiran Patel

Access to General Practice

BURY INTEGRATED CARE PARTNERSHIP

TWO KEY AMBITIONS

- **To tackle the 8am rush and reduce the number of people struggling to contact their practice**
  - Patients should no longer be asked to call back another day to book an appointment
- **For patients to know on the day they contact their practice how their request will be managed.**
  - If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. (or next day)
  - If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks
  - Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

Department of Health & Social Care

NHS England

Delivery plan for recovering access to primary care

May 2023

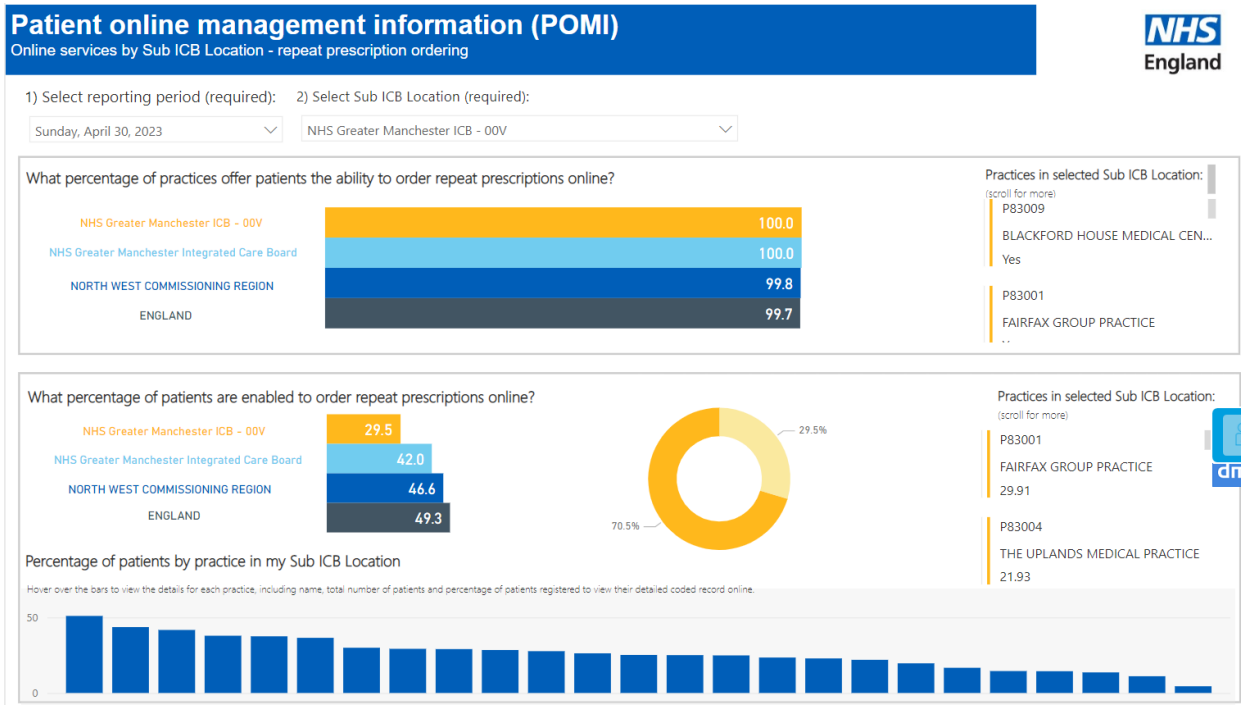
Access to General Practice

BURY INTEGRATED CARE PARTNERSHIP

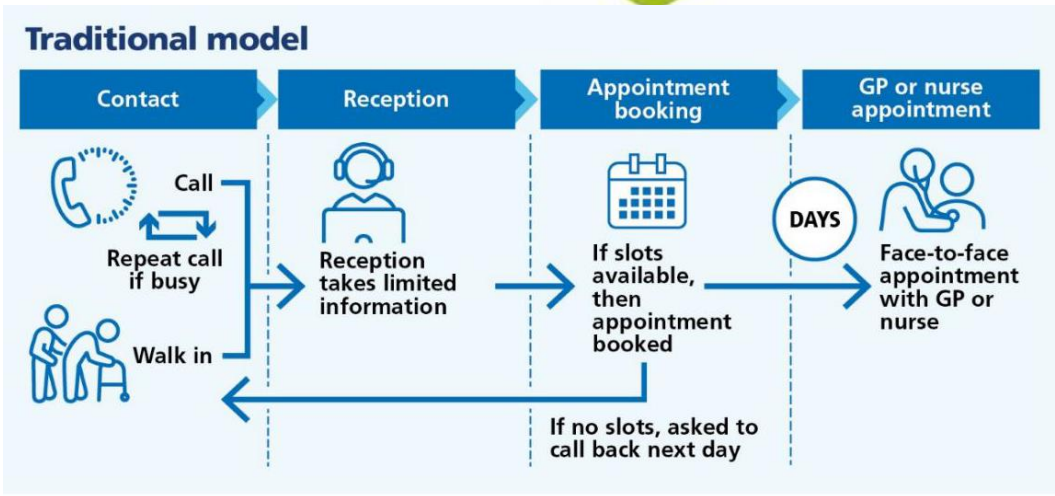
FOUR KEY COMMITMENTS

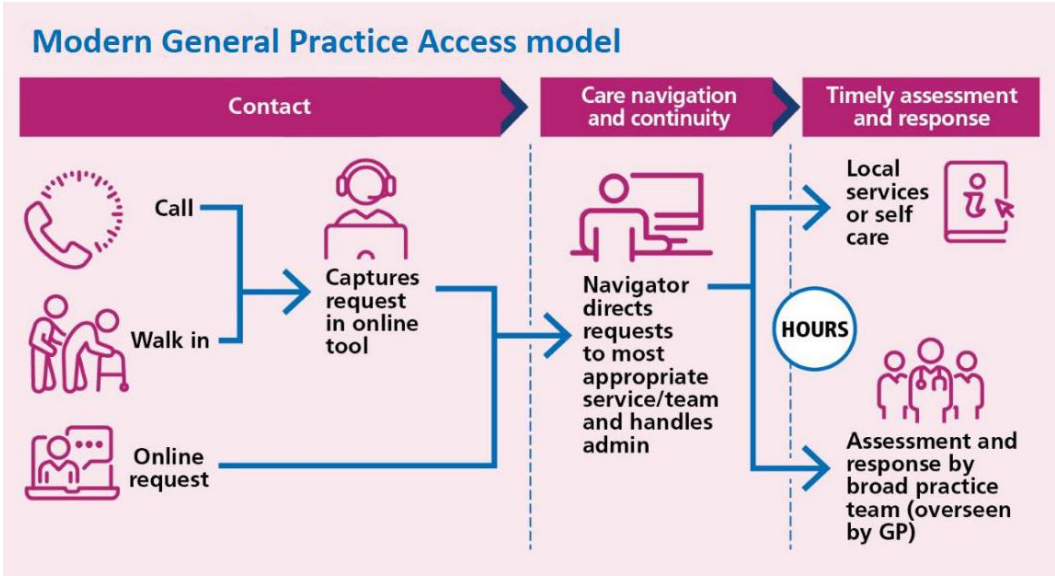
- Empower patients
- Implement Modern General Practice
- Build Capacity
- Cut Bureaucracy

- Improving information for patients
  - The NHS.uk website
- NHS app Functionality
  - View records
  - Make appointments
  - Order repeats
- Increasing self-directed care – where clinically appropriate
  - MSK
  - Audiology
  - Podiatry
  - Equipment
- Expanding community pharmacy Services
  - Expanding oral contraception and blood pressure services
  - Pharmacy first Across 7 common conditions inc prescribing POM
    - ✓ sinusitis, Sore throat, earache, bites, impetigo, shingles and UTI

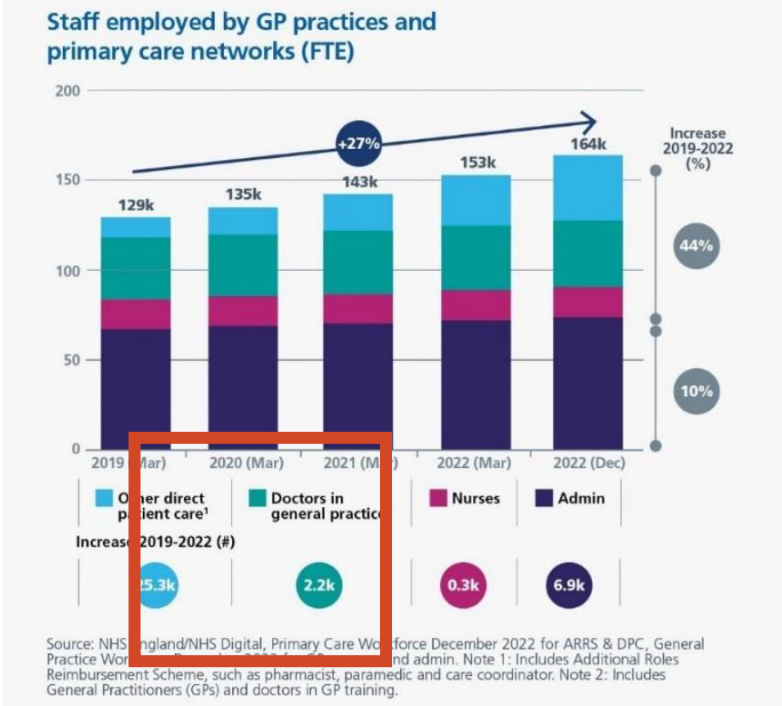


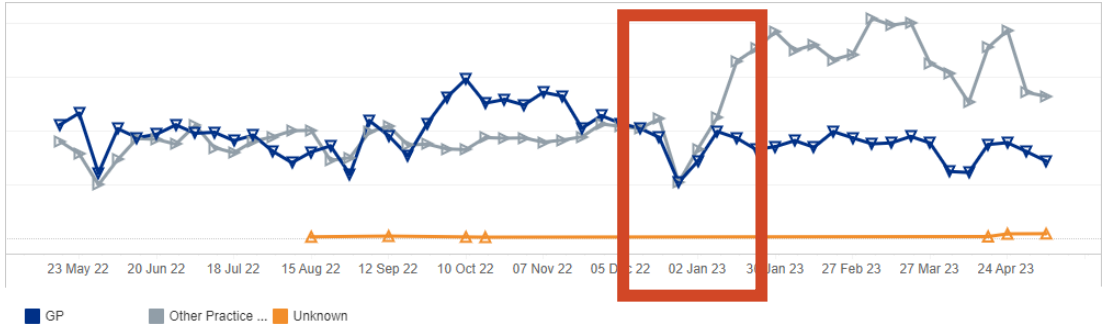
- Better digital telephony
  - Call back
  - Call routing
- Simpler Online requests
  - Easier for patients but overwhelming
  - Single tool to be developed
- Faster navigation, assessment and response
  - Same day for clinically urgent
  - Within 2 weeks for others that need an assessment (F2F or virtual)
  - With the right person





- Larger multidisciplinary teams
  - ARRS spending
- More new doctors
  - Review training and placements
  - Portfolio offers
- Retention and return of experienced GPs
  - Roles and activities that help retain
- More estates (especially new developments)





Reducing recording targets

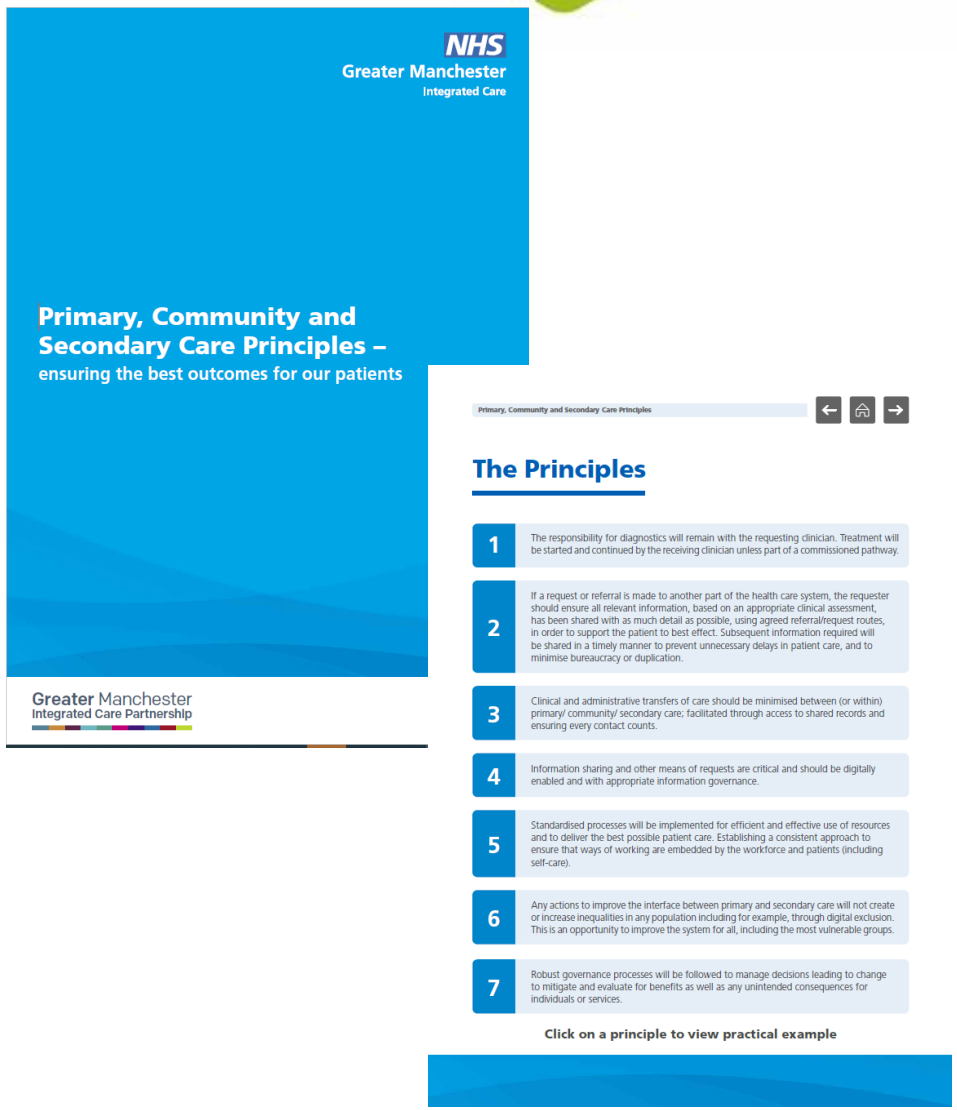
- IIF streamlined from 36 to 5 indicators
  - Flu x 2; LD; FIT; Appointment within 2 weeks
- Reduction in QOF indicators

Improving the primary – secondary care interface

- Onward referral
- Complete care – fit note, prescriptions
- Call and recall – follow tests and review interventions
- Clear points of contact – for practice and patients

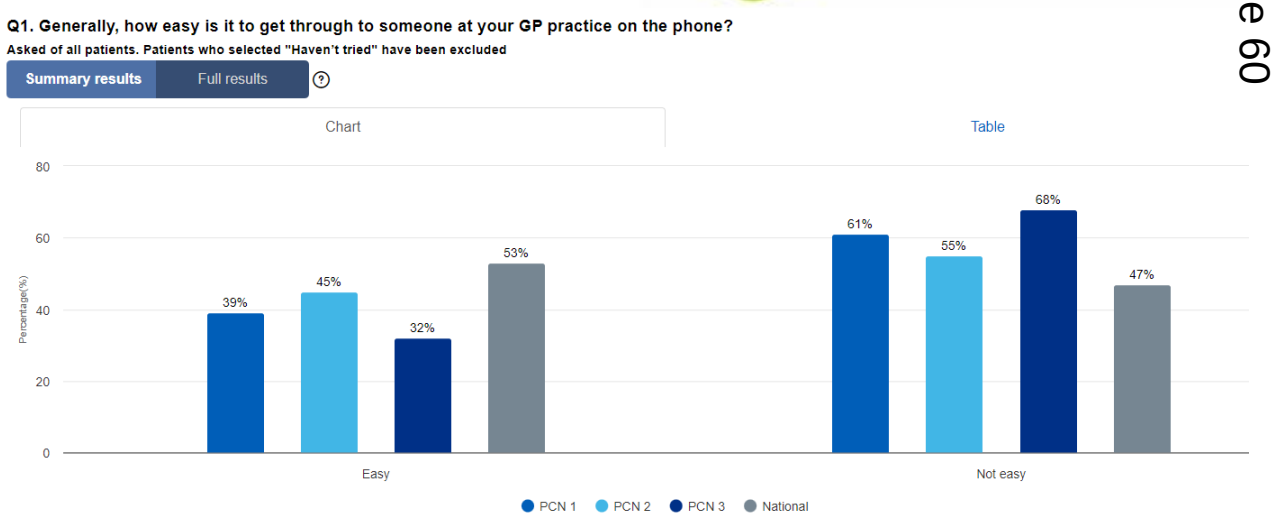
Bureaucracy busting concordat

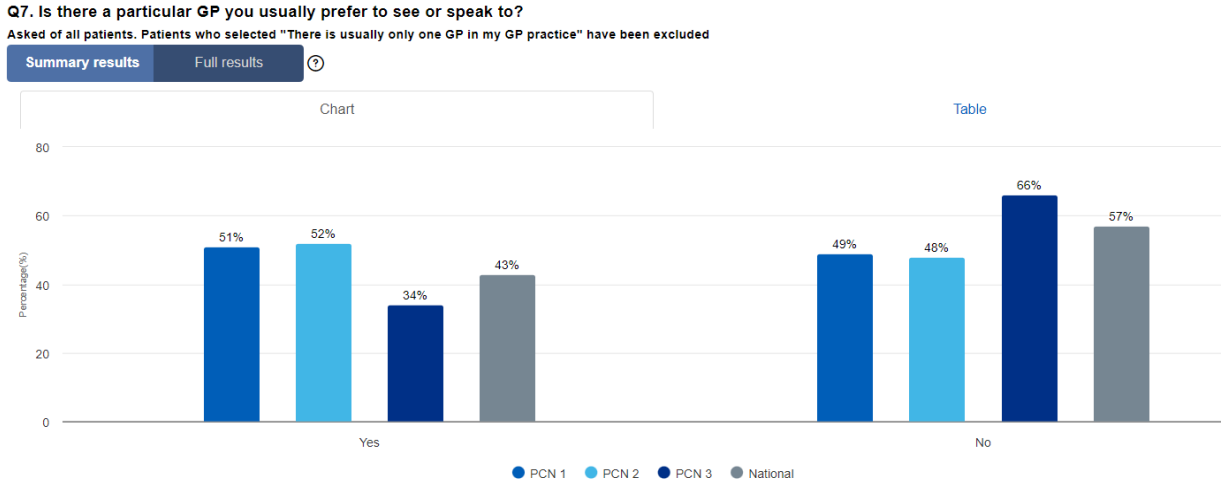
- Reducing the need to ask for factual information or opinion
- digital standardised forms

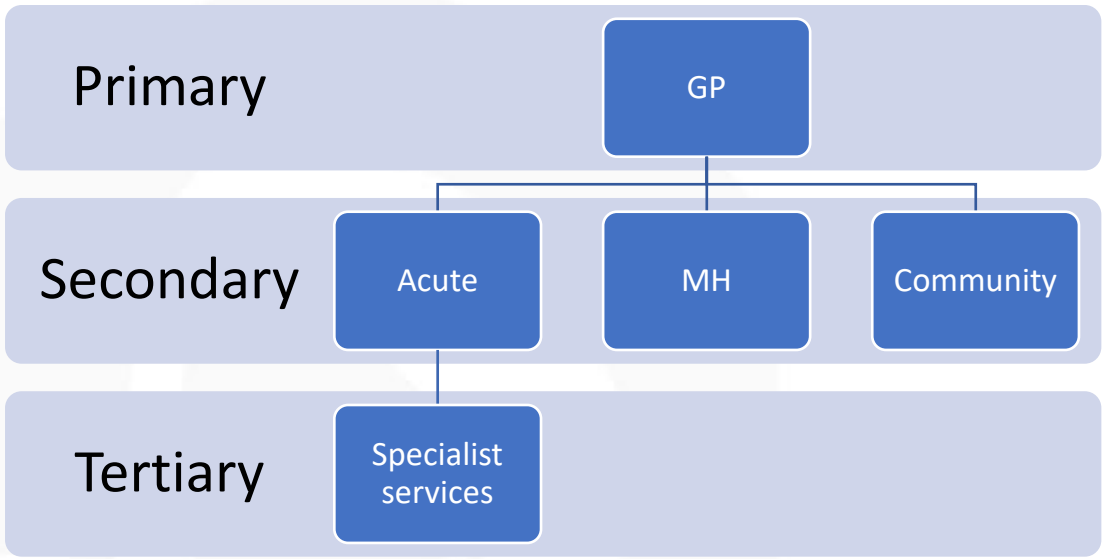


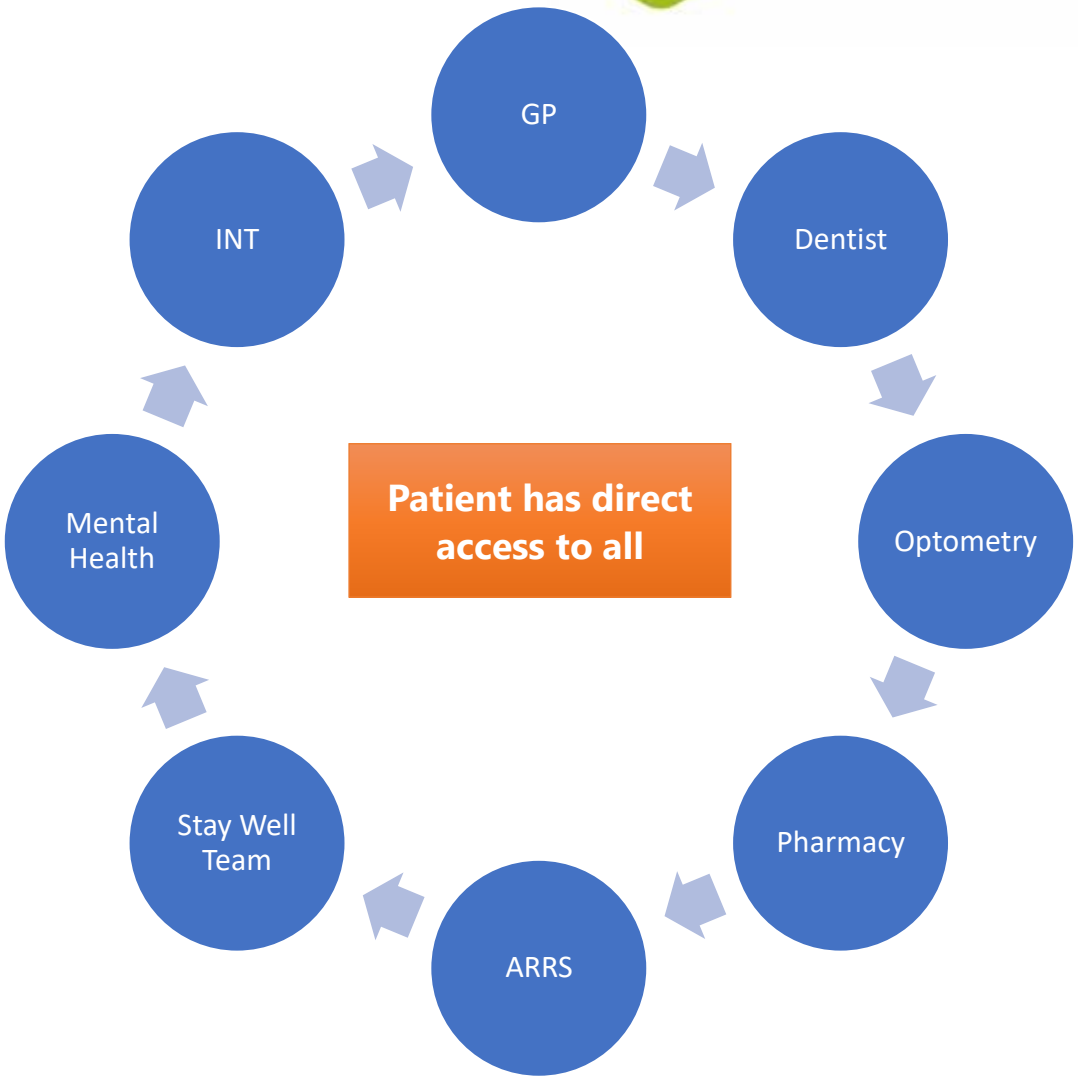
Via PCNs – redirecting IIF payments

- 70% provided unconditionally (£2.76)
- 30% - Capacity and Access Improvement Plan (£1.18) - based of improvements in:
  - Patient experience of making an appointment – patient surveys
  - Ease of access and demand management
    - Digital telephony
    - Online consultation, messaging and booking facility in place
    - Online consultation usage per 1000 patients
  - Recording activity accurately
    - Accurately recording appointments
    - GPAD Dashboard






Primary
GP
Secondary
Acute
MH
Community
Tertiary
Specialist services


GP
Dentist
Optometry
Pharmacy
ARRS
Stay Well Team
Mental Health
INT
Patient has direct access to all

Primary Care Access Improvement Plan

BURY INTEGRATED CARE PARTNERSHIP

By Friday 23rd June - PCNs submit their baseline assessment as part of their CAIP submission to enable virtual sign off by GM PCCC by 30th June – sign off will be based on assurance of process in terms of the baselining exercise

By 30 June 2023 – PCNs to submit their capacity and access improvement plans to the ICB as part of the Network DES

30 June –update to Primary Care System Board

By 21 July – submission of PCN Access Improvement Plans to be incorporated into the NHS GM Improvement Plan for virtual sign off by **PCCC w/c 24 July** to present to **PC System Board on 28 July**

By 31st July 2023 - Complete PCN/practice access improvement plan with committed offers

By 31st July 2023 – for those practices already on digital telephony, ensure call-back functionality and queuing is enabled **and by 31 March 2024 for all other practices**

October / November 2023 – present NHS GM Primary Care Access Improvement Plan including primary / secondary care interface to ICB Board (public)

Ongoing 2023/24 – optimise full use of ARRS; improving primary/secondary care interface; update websites, promote online tools, enhance care navigation

Early insight

BURY INTEGRATED CARE PARTNERSHIP

Patient Experience of Contact	Ease of Contact and Demand Management	Accuracy of Recording in the Appointment Book
Ensure all practices submit FFT data to CQRS on monthly basis: look at plan around improving Friends and Family Test responses, improving uptake from patients and submissions from practices	Improve ease of access - all PCN practices to meet England average of 53% in this area	Improve recording of ARRS appointments, utilising single instance of clinical system i.e. GP Fed instance of EMIS, to create shared appointment book, thus more accurately recording GP practice activity
	EPS - increase number of patients enabled for online access and electronic prescription requests	
Cloud-based telephony to be implemented across all PCN practices, to reduce wait times on hold to practices/help practices to better utilise resources at busier times of the day	Examine current utilisation data of ARRS staff and services and ensure equity of use across all PCN practices, with the aim of providing greater access in each	Explore possibilities to make Extended Access appointments 'online bookable' as a way of increasing patient access to online-bookable appointments
All patients will be encouraged to use the NHS app and practices will promote the usage of this by enabling prescription requesting, messaging and appointment booking	Care Navigation – The PCN practices will engage with training programmes and support to upskill staff in care navigation	
	Enhanced Access – All practice staff will be trained to book patients directly into enhanced access, roles available in enhanced access and what they can do.	Appointments to be directly bookable through GP connect – allowing better access as patients can attend other practices if appropriate.
Engagement sessions with all member practices to identify best practice and share ideas.	Establish how many call handlers each practice uses and identify what times of the day more or less are deployed.	

Bury General Practice Strategy Alignment

BURY INTEGRATED CARE PARTNERSHIP

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

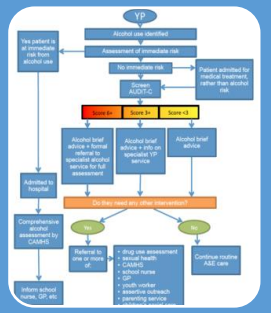
1 Empower patients	✓ Provide timely appropriate access to care delivered by a system which has sufficient capacity to meet the needs of service users, where processes are simple and straight forward
2 Implement new Modern General Practice Access approach	✓ Be part of a wider neighbourhood team, where 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
	✓ Ensure that we do not exacerbate health inequalities and takes practical steps to tackle these inequalities wherever we can
	✓ Help people to stay well and focuses on disease prevention, early detection and effective management of long-term conditions
3 Build capacity	✓ Be viable for the long term, ensuring that services are available when and where needed
	✓ Empower citizens and providers with gold-standard, digitally enabled Primary Care
	✓ Be delivered from facilities which are appropriate for the provision of 21st century Primary Care
4 Cut bureaucracy	✓ Be standards based, with a focus on quality improvement
	✓ Be recognised as a career destination for a happy, healthy and engaged workforce, trained to a consistent standard with knowledge and expertise to meet the needs of our population and provide timely, exemplar services.

General Practice Strategy – Chosen Actions

BURY INTEGRATED CARE PARTNERSHIP

At Scale Solutions

- Women's Health Hub
- Suite of Central Back Office Functions
- Minor Surgery at scale



Effective Pathway Navigation

- Triage and Navigation Training
- Primary Secondary Care Interface (embedding adoption of the principles)
- Datix and process around it
- Deflection of inappropriate asks

Workforce Recruitment, Development & Retention

- Workforce Strategy
- Bury HIVE programme
- Implementation of Workforce Strategy

Data and Digital Ambition

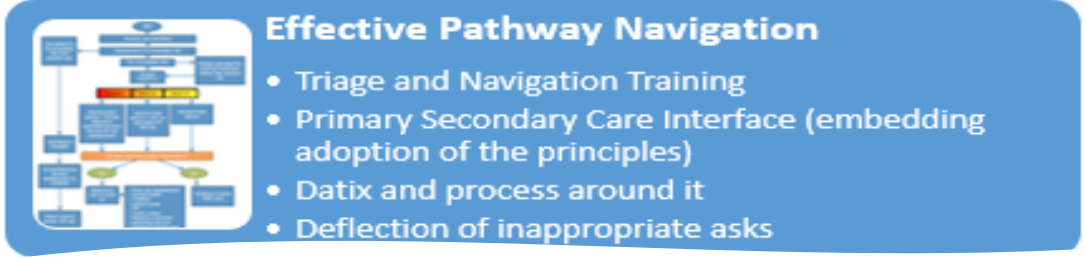
- Real time searching and reporting
- Data driven inequality identification

Communication and Engagement

- Primary Care Family
- Directory of Services

Quality & Assurance

- Identify key interventions to target and reduce inequalities identified through the data and digital ambition work.



BURY INTEGRATED CARE PARTNERSHIP

Reducing Bureaucracy	Care Navigation
Reduce referrals going via the practice e.g. C2C policy (review needed), increase self referral and inter referral options in community services	Provide customer service/resilience training
Reduce f/up actions from A&E attendance. Current wordings set expectations of timeframes and outputs (further exploration needed)	Provide Care Navigation Training (on a regular basis)
Education and training of the public to navigate benefits, housing queries etc these should not be coming to the GP	Develop a DOS for clinical use (with professional contact phone numbers/remits)
Make Datix less complicated so practices can raise issues in a timely manner (and improve feedback process)	EMIS quick launch navigation template to digitally facilitate the process for navigators
Instructions to GP to carry out treatments without a shared care/prior agreement (including unclear or inappropriate requests)	Identify and promote alternative services available to patients
Ensure your test your responsibility is followed	Improve links with housing/financial services
Referral secretaries being aware of the impact of suggesting patients contact their GP to escalate referrals where long waits are known	Communication – standard messages to educate patients/ carers, manage patient expectations
Stop schools requesting that a GP Sick note is needed	
Communications between system partners to be clear, relevant, concise with GP actions/recommendations clearly shown	

Agenda Item 12

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	03 July 2023	Action	Receive
Item No.		Confidential	No
Title	System Finance Group Update – Bury Locality 2023/24 Finance position		
Presented By	Sam Evans – Executive Director of Finance Bury Council and NHS Greater Manchester Integrated Care (Bury)		
Author	Simon O'Hare – Locality Finance Lead NHS Greater Manchester Integrated Care (Bury)		
Clinical Lead			

Executive Summary

The financial position of public services in Bury and across Greater Manchester is very challenging in 2023/24. As was presented in the July System Finance Group update, this is a position that has been building for some time but was delayed by the finance regimes introduced during the Covid-19 pandemic. From 2022/23 onwards funding regimes across the public sector are returning to their pre-pandemic formulae and it is 2023/24 that this is crystalising into significant issues across all partners. Since the June 2023 paper the NHS GM forecast deficit for 2023/24 has worsened from £530m to £606m and the aim of this paper is to show the current finance positions of locality statutory partners, the size of savings targets and to stimulate debate on what actions can be taken to support the delivery of financial targets in 2023/24.

Budgets for 2023/24 have been set for locality statutory partners and for the former CCG budgets, delegated to the locality, the Bury Care Organisation as part of the Northern Care Alliance (NCA) and Bury Council, these budgets total £422.5m, with a savings target of £39m. Month 2 positions are not available for all of the statutory partners but for those where it is available all partners are currently overspent. The key drivers of this overspend are varied but there is a consistent theme of increased demand, across both adults and childrens services, and also the costs of bank and agency staffing as recruiting to substantive posts is not possible in all instances.

Partners are undertaking individual actions to seek to improve financial positions and the Locality Savings Group is triangulating all organisation savings schemes to identify areas of synergy and potential joint wins, alongside potential areas of opposing priorities to understand these and ensure that cost transfer between partners is not the result.

Recommendations

As can be seen the financial position of all statutory partners is very challenging and the potential for central regulatory involvement is very real. Therefore the Locality Board is asbked to:

- Consider the information within this paper, the level of savings required to deliver a break even position in 2023/24 and the risks to delivery
- Note the month 2 position and the distance from plan
- Suggest any savings opportunities to be investigated or other action that members wish to support

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☒	**Information** ☒
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

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

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

System Finance Group Update

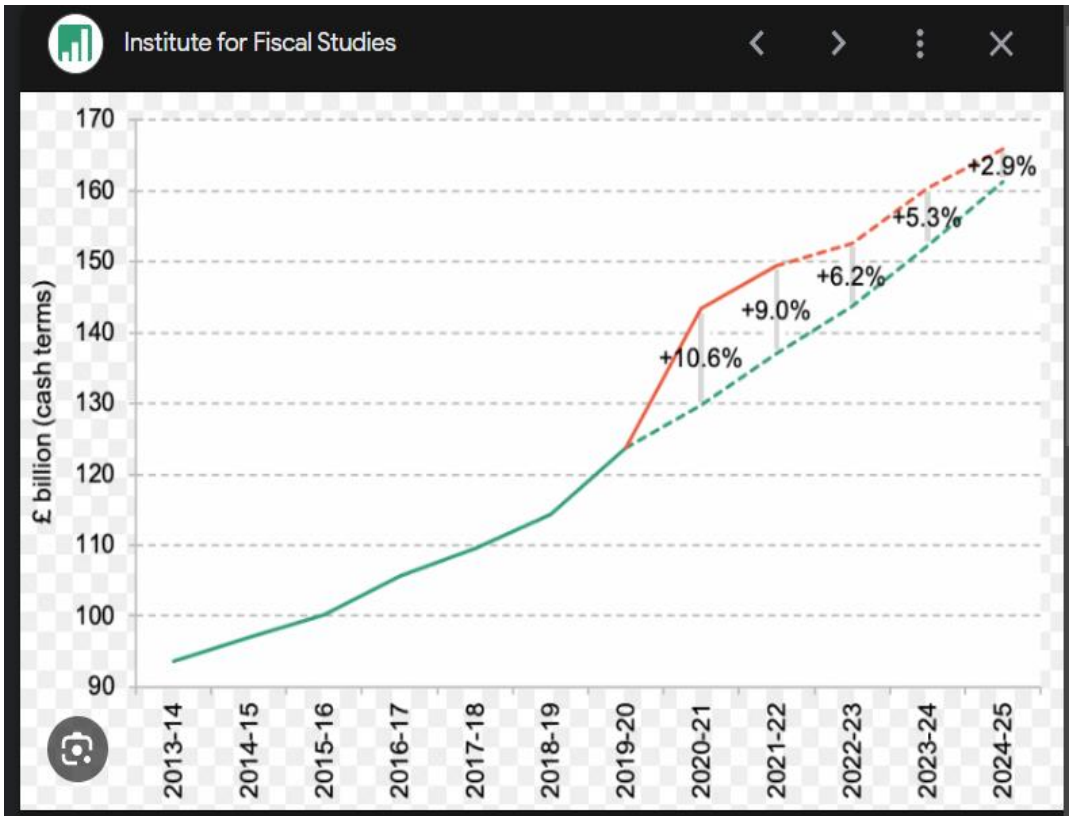
1. Introduction

1.1. The financial position of public services in Bury and across Greater Manchester is very challenging in 2023/24. As was presented in the July System Finance Group update, this is a position that has been building for some time but was delayed by the finance regimes introduced during the Covid-19 pandemic. From 2022/23 onwards funding regimes across the public sector are returning to their pre-pandemic formulae and it is 2023/24 that this is crystalising into significant issues across all partners. Since the June 2023 paper the NHS GM forecast deficit for 2023/24 has worsened from £530m to £606m and the aim of this paper is to show the current financial positions of locality statutory partners, the size of savings targets and to stimulate debate on what actions can be taken to support the delivery of financial targets in 2023/24.

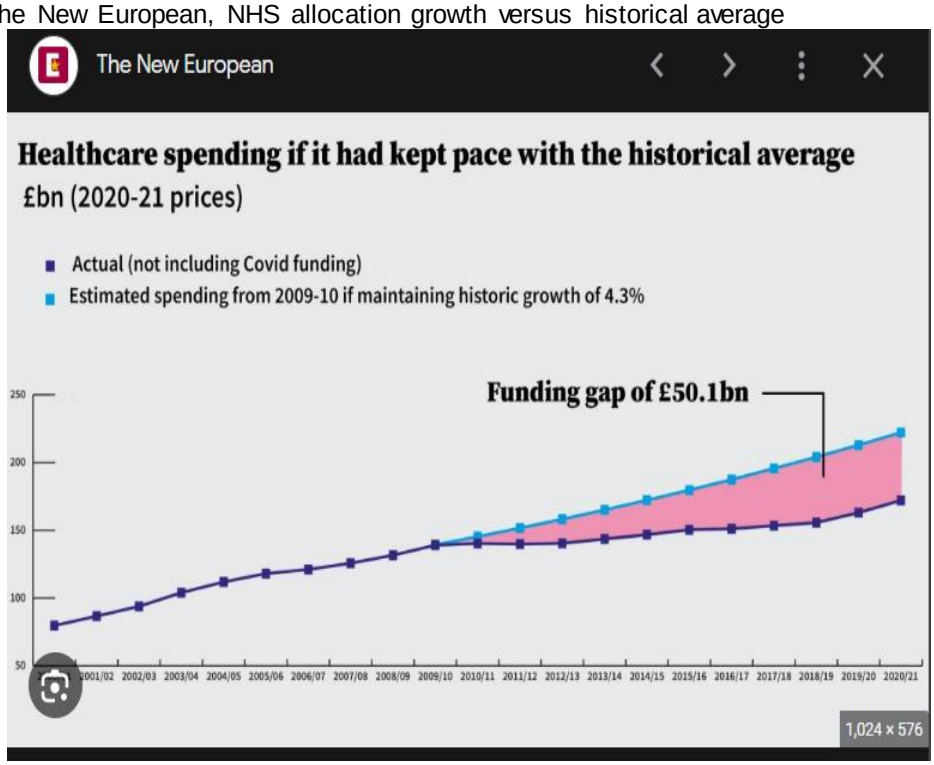
2. Background

2.1. In the decade following the global financial crisis in 2008, the NHS faced the most prolonged spending squeeze in its history: between 2009/10 and 2018/19 health spending increased by an average of just 1.5% per year in real terms, compared to a long-term average increase of 3.6 per cent per year. This is shown in the 2 graphs below, the first from the Institute of Fiscal Studies and the second from the New European. Whilst the values are not completely aligned, due to the significant differences in the ideology of the 2 publishers, their agreement upon the lack of resources available demonstrates the scale of the challenge.

Graph 1 – Institute for Fiscal Studies



Graph 2 – The New European, NHS allocation growth versus historical average



2.2. Council budgets have not been protected in the same way as NHS organisations and consequently have had to make significant cuts since 2010. In an October 2020 report to Parliament, the Health and Social Care Committee stated that an additional £7bn per year was required by 2023/24 to resolve the size of the social care funding gap, which it described as a "starting point". The Health Foundation has suggested that an additional £14.4 billion a year would be required by 2030/31 to meet future demand, improve access to care, and pay more for care[1].

2.3. These pressures on budgets are clear to see in 2023/24 budget setting and required savings targets for the statutory organisations of the Bury Locality.

3. Bury Locality statutory partners opening position 2023/24

3.1 NHS Greater Manchester Integrated Care (NHS GM) came into being on 1st July 2022 as the successor organisation to CCGs, as part of the reorganisation of NHS bodies, governance and reporting. NHS GM is responsible for all NHS activities in Greater Manchester and is the largest Integrated Care System (ICS) in the country.

3.2 The former CCG budgets that are part of NHS GM and have delegated responsibility to the Bury locality are shown as Bury Locality (exc CCG), with the Northern Care Alliance (NCA) and Pennine Care (PCFT) being part of the NHS Greater Manchester Integrated Care System but remain statutory bodies in their own right. The opening financial positions for these organisation and the council are shown in the table and graph overleaf:

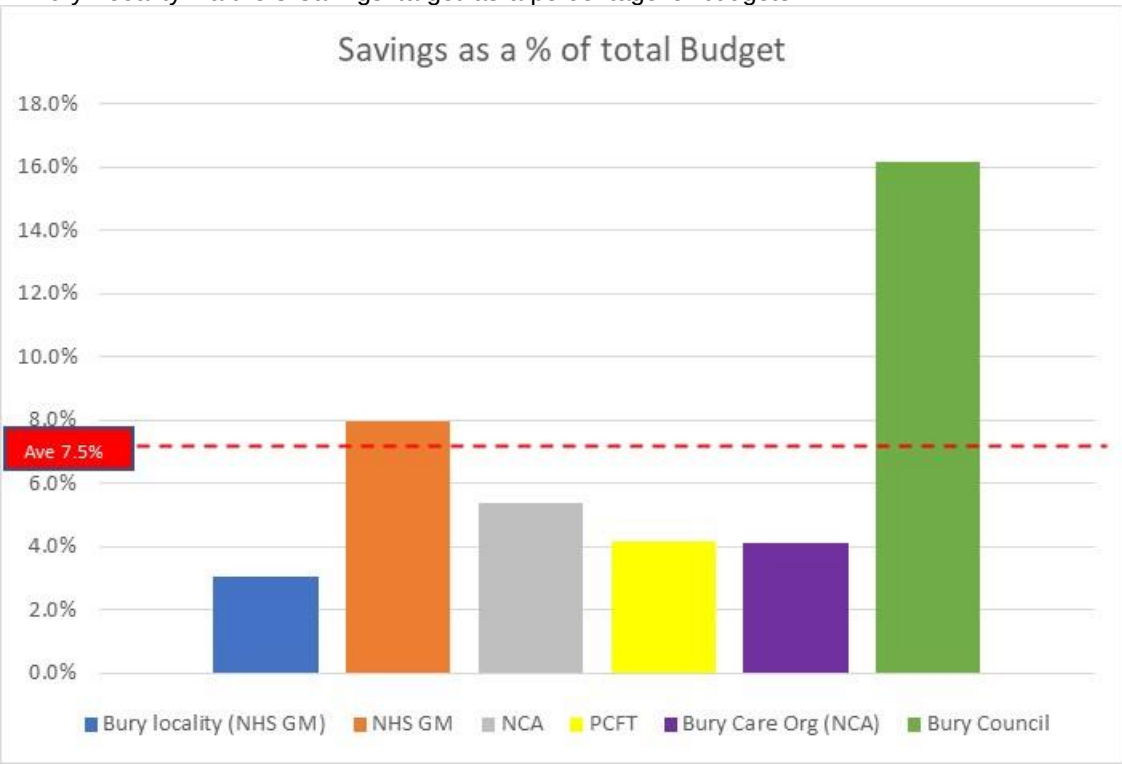
[1] House of Commons Library – Adult Social Care Funding (England). January 2023

Table 1 – Bury Locality Statutory Partners 2023/24 budgets and savings targets

Partner	2023/24 budget £'000	2023/24 Savings Target £'000
Bury Locality (exc CCG)	£98,000	£3,000
NCA - Bury Care Organisation	£132,500	£5,000
Bury Council – General Fund	£192,000	£31,000
Bury Locality Total	**£422,500**	**£39,000**
NCA - Whole Organisation	£1,640,000	£87,900
Pennine Care (PCFT) **	£277,400	£11,500
NHS GM - Whole Organisation (For information)	£7,600,000	£606,000

** PCFT split to locality level not possible

Graph 3 – Bury Locality Partners savings target as a percentage of budgets



4 Bury Locality partners month 2 2023/24 position

4.1 The month 2 positions for all statutory partners is shown in table 2 overleaf. Month 2 is too early in the

year to produce reliable forecasts and therefore the year to date position at month 2 is being shown, however it is clear that this indicates a very worrying position already. All organisations report slightly differently and the locality (former CCGis shown as overspends versus plan at month 2. The Bury Care Organisation (NCA) position is showing a slight over recovery of income but with significantly more expenditure than planned and the NCA whole organisation position is showing a significantly greater deficit than planned.

4.2 The Council does not report its month 2 position to Cabinet and is currently in the process of reviewing it accounts were only completed at the end of March. Early indications are that there are significant forecast overspends within childrens services, health and adult care and operational services. It is also recognised that the Council had to use reserves to balance its in year budget as part of budget setting.

Table 2 – Bury Locality Partners month 2 position

Partner	2023/24 month 2 plan	2023/24 month 2 actual	Variance
Bury Locality (exc CCG)	£15,855	£16,029	£174
Bury Council	Information not yet available		
Bury Care Org - Expenditure	£21,356	£23,326	£1,970
NCA - Whole Organisation			
NCA **	£1,600	£8,200	£6,600
Pennine Care (PCFT) ***	£951	£1,013	£62

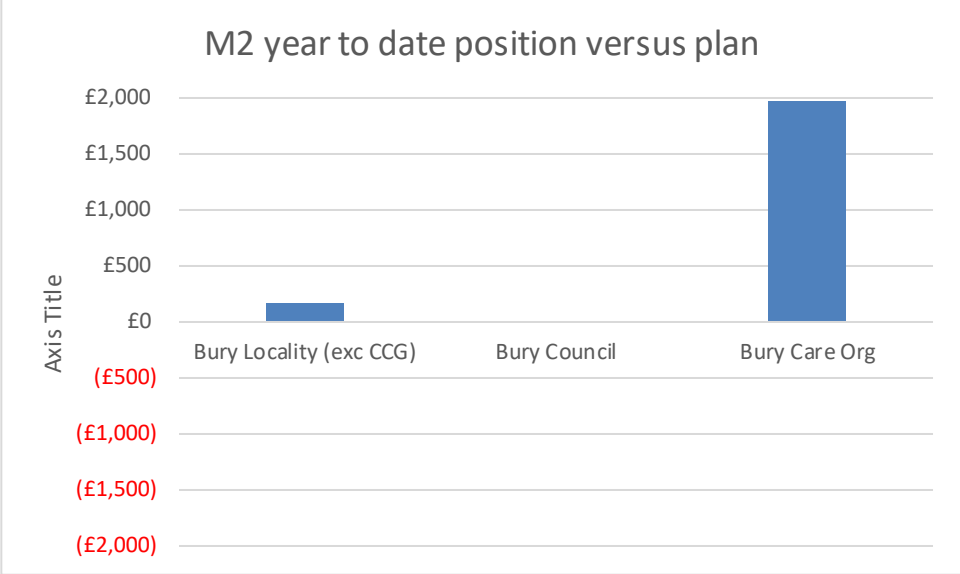
* All values in thousands

** NCA whole organisation is shown as distance from plan for income and expenditure

*** PCFT whole organisation is shown as distance from plan for income and expenditure

4.3 Alternatively this is shown graphically below in graph 4, with anything below the horizontal axis being an underspend againt plan and anything above being an overspend.

Graph 4 – Bury Locality performance versus finance plan



5 Drivers of the overspend

Bury Care Organisation

5.1 The key drivers of the Bury Care Organisation position at month 2 are as follows:

- Financial Impact of the junior doctors strike
- Bank and agency costs
- Additional discharge beds that need to be kept open but are not substantively staffed and funded
- WLI and LLP rates paid to reduce the elective backlog
- One to one care required due to the complexity and co-morbidities of patients, in particular mental health patients in acute beds
- Increased non pay costs such as ICD/Pacemakers due to backlogs and catching up on activity that has more than trebled in costs to £164k in month 2 alone

It should be noted that the expenditure position is net of £2m of expected additional income to support the costs of creating intermediate care beds in order to reduce the number of discharge beds and Same Day (SDEC) Frailty unit which prevents admission. If all of this income is not forthcoming, which appears in doubt, then the position would worsen by this shortfall and the provision of intermediate care on the Fairfield site and the SDEC frailty model would be under threat, therefore increasing pressure and creating a false economy.

Bury Council

5.2 The key drivers of the Bury Council position at month 2 are as follows:

- Premium costs through use of agency to fill key posts
- Utilities costs
- Increased home care packages with Adult social care
- Increased activity within childrens SEND and social care

Bury locality of NHS GM (exc CCG)

5.3 The key drivers of the Bury NHS GM position at month 2 are as follows:

- Prescribing – Pressure brought forward from 2022/23 as costs in the final 2 months of the financial year were greater than anticipated.
- Independent Sector Mental Health placements

Pennine Care

5.4 The key drivers of the Pennine Care position at month 2 are as follows:

- The 2023/24 pay award is driving the adverse variance to plan although offset by non-recurrent underspends

6 Action already taken

6.1 Actions have already been taken by partners with all locality Programme Senior Responsible Officers (SROs) asked to report back savings opportunities within their areas. This was received on 23rd June and is currently being analysed and a verbal update will be available in the meeting.

6.2 The Council will be undertaking a zero based budgeting approach to a number of high cost and volume budgets as part of its medium term financial plan refresh over the summer.

6.3 Bury Care Organisation is working with the wider NCA functions to develop savings programmes including workstreams relating to people, procurement, pharmacy and clinical utilisation.

6.4 Pennine Care is developing a medium term financial plan alongside the delivery of the in year savings programme, to understand the actions required to address the medium term financial sustainability of the Trust

7 Conclusion

7.1 As can be seen the financial position of all statutory partners is very challenging and the potential for central regulatory involvement is very real. Therefore the Locality Board is asked to:

- Consider the information within this paper, the level of savings required to deliver a break even position in 2023/24 and the risks to delivery
- Note the month 2 position and the level of overspend that is within this
- Suggest any savings opportunities to be investigated or other action that members wish to support

Simon O'Hare
Locality Finance Lead
s.ohare@nhs.net
June 2023

Agenda Item 13

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	03 July 2023	**Action**	Receive
Item No.		**Confidential**	No
Title	Bury Integrated Care Partnership System Assurance Committee summary report		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Carolyn Trembath, Head of Quality (Bury)		
Clinical Lead	Cathy Fines		

Executive Summary
This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in June 2023 and the Greater Manchester Quality Strategy
Recommendations
The Locality Board is asked to receive the report and share any feedback to the System Assurance Committee for action

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
System Assurance Committee	21/06/2023	Summary to be provided to Locality Board

BURY INTEGRATED CARE PARTNERSHIP

System Assurance Committee Highlight Report – June 2023

1. Introduction

1.1. This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in June 2023.

2. Background

2.1. This report is a summary of the System Assurance Committee held on 21st June 2023.

3. Headlines from the System Assurance Committee

3.1 JSNA and Health Inequalities

- The new JSNA describes the health, social care and wellbeing needs of local communities in Bury. The core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
- The JSNA is used to help in determining what actions local authorities, the local Integrated Care Board (ICB) and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing locally.
- It can be used for business cases and bids by organisations across Bury to ensure that needs and opinions of the local population are represented by service providers to aid in the expansion of their offerings in the future.
- The primary audience for the JSNA are health and social care commissioners and planners, who use it for service developments and planning
- The general public can also use the JSNA to examine local health and wellbeing data, strategies, and commissioning recommendations.
- To further support the JSNA a local health inequalities position paper has been created for Bury.
- The inequalities paper outlines the framing of our approach to how we address inequalities across 4 domains - health behaviours, wider determinants, place based approaches and public sector reform.
- The paper along side the JSNA also supports partners to think about their contributions to reducing inequalities.

3.2 GM Antimicrobial Resistance (AMR) Priorities

- One of the national requirements for ICB's this year is to have a functional AMR group or board. This will take forward work going on around national objectives and provide infrastructure to look at both a Greater Manchester and locality level drive through improvements relating to antimicrobial stewardship.
- There are 3 subgroups that support this work
  - GM Infection Prevention and Control Group

- GM Antimicrobial Stewardship Group
- GM Deterioration Group (Sepsis).

- The 3 priorities for the Infection Prevention and Control Group are –
  - To reduce urinary tract infections (UTIs) in adults and children focussing on what activities will have the biggest impact across the GM population
  - To reduce Gram Negative Blood Stream Infections (GNBSIs) by improving education and training in all care settings by adopting and spreading best practice
  - To reduce the use comprehensive investigations of Health Care Associated Infection cases and introduce a rapid investigation process focussed on capturing process indicators which will improve clinical practice

3.3 Quality Performance Report

- Work is ongoing with the GM and locality BI teams to develop a dashboard for the Systems Assurance Committee that captures the quality metrics to be able to demonstrate what we are achieving in relation to the assurance of the systems and services that we have in place across the Bury population.
- Data shared shows some of the metrics that have been identified and reported on previously.
- What also needs to be captured is data from other sources and other providers across Bury in order to report robustly linking to the triple aims.
- The Dashboard will be developed to capture Quality metrics from all partners and link to the JSNA and health inequalities previously discussed.

3.4 Patient Services Report

- Patient Services covers a vast remit including coordinating Freedom of Information (FOI) requests, managing the complaints process including Parliamentary and Health Service Ombudsman (PHSO) enquiries, overseeing responses to MP queries, recording and acknowledging compliments.
- Patient Services also handle complex queries which cannot be resolved within the 3-day PALS timeframe.
- The report provides information on the 213 Patient Services enquiries that was received by NHS GM (Bury locality) between 1 April 2022 and 31 March 2023 broken down –
  - 78 FOI requests
  - 81 PALS (Patient Advice and Liaison Service) contacts
  - 11 Complaints
  - 40 MP enquiries
  - 1 Mayor of Great Manchester enquiry
  - 0 Parliamentary and Health Service Ombudsman reviews
  - 2 Compliments

- 11 complaints were received and following investigation one complaint was not upheld, 5 complaints were withdrawn, and 9 cases are ongoing.

- 40 MP enquiries were received and following investigation 32 were closed and 8 cases are ongoing.
- It is noted that Complaints and PALS data between January - March 2023 appears incomplete due to changes in resources in the Patient Services Team.
- Responses to FOI requests continue to be dealt with at a consistently high level with 72 of the 78 enquiries being responded to within 20 working days.
- Further guidance on future reporting/governance requirements is expected from Greater Manchester in the coming months following the consultation on locality and pan-GM structures and the establishment of the GM Corporate Services Team.

3.5 Burrswood House Residential and Nursing Care Home

- The home owners, Advina Health Care, has given notice recently in relation to changes that they are planning to make in relation to how they run the units that they offer in Bury.
- At the end of May, Advina Health Care contacted the local authority to say that they were looking at closing one of the four units at Burrswood.
- This will impact 21 residents in the Nursing Unit.
- A health and social care Multi-Disciplinary Team (MDT) has been established to look at how to manage the closure proposed and support residents and families/carers during this time as follows –
  - Send out comms to families/residents/relatives on behalf of the CHC and Council
  - Continue with review of residents by CHC and Social Work colleagues.
  - Work with in-borough nursing homes to release capacity.
  - Potentially put a hold on other teams placing people in nursing homes until such a point that all Burrswood residents that have to move, have done so. This will be agreed with the Director of Adult Social Care
  - Work through Provider Failure checklist for entire Burrswood site given concerns that further closures may occur.

4 Associated Risks

4.1 Issues around the impact of the closure of the nursing unit at Burrswood are being managed by the health and social care MDT in Bury.

5 Recommendations

5.1 None.

6 Actions Required

6.1 The Locality Board is asked to note the contents of the report and to raise any issues for the System Assurance Committee to address.

Carolyn Trembath
Head of Quality (Bury)
carolyntrembath@nhs.net
June 2023

Agenda Item 14

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	3rd July 2023	Action	Receive
Item No.		Confidential	No
Title	Workforce update		
Presented By	Kath Wynne - Jones		
Author	Kath Wynne Jones/Kat Sowden, SRO Workforce		
Clinical Lead	n/a		

Executive Summary
Update on ongoing programmes of work within Workforce workstream – OD and workforce strategy development
Recommendations
For information

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Not required. Report for information only. Due process will be followed when workforce strategy is completed						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

Governance and Reporting		
Meeting	**Date**	**Outcome**
Strategic Workforce Group	01/05/2023	Update only on developing workforce strategy

BURY INTEGRATED CARE PARTNERSHIP

Workforce Update

1. Introduction

1.1. This paper provides an update on ongoing workforce initiatives including system wide organisation development and producing the Bury workforce strategy

2. Background

Following the launch of the Greater Manchester People and Culture Strategy on 9th March 2023, Bury is required to produce a system wide workforce strategy aligned with the GM document bespoke to Bury locality

2.1. Workforce workstream continues to support the transformation programmes as an enabler. The workforce hub enables delivery of system wide OD programmes, system wide national training initiatives and locality based ethnography and strength based training.

2.2. The Bury Workforce Team are facilitating the development of a Bury Workforce Strategy based around the five priorities of the GM strategy:

1.2.1. Workforce Integration
1.2.2. Good Employment
1.2.3. Workforce Wellbeing
1.2.4. Addressing Inequalities
1.2.5. Growing and Developing our Workforce

3. Workforce update

3.1 A workforce workshop is scheduled for 6th July to progess the workforce priorities, agreeing the key outcomes, metrics, actions and workstream representation to progress the priorities, prior to presentation at the Strategic Workforce Group and subsequently the IDC board. Once the strategy is completed, it will be submitted to Greater Manchester People Committee by Kat Sowden, SRO for Workforce on behalf of the locality. It is anticipated that this will occur by the end of August 2023.

3.2 The workshop has been designed to take account of the financial pressures being faced across GM and prioritisation of actions will include a consideration of the financial benefit which each can contribute. There will also be a reminder of the financial context as part of the workshop to enable people to appreciate the wider operating environment.

3.3 A development programme has commenced to support the SROs and Clinical Leaders for the transformation programmes and enabling functions in clarifying roles and responsibilities and understanding support/development requirements. This session was also design to support the SROs to understand the requirements to undertake a baselines assessment of their programmes, identify their key priorities and metrics. The next event will occur on 5th July 2023

3.4 The workforce hub continues to support the transformation programmes providing expert HR knowledge, advice and guidance including the diagnosis, design and delivery of a number of OD programmes system wide. A number of programmes are currently being supported with key session design and delivery to support the West Neighbourhood Plan Priorities in determining improvement areas for Trauma/ACES services. Also an Independent Provider event (approx. 30 attended) was delivered in partnership with UTS and Bury MBC on the 18th May to identify collective workforce challenges which impact on the provision of their service delivery in the system. The next step is to

propose/implement collaborative support offers to assist the Providers in addressing their workforce challenges. Currently progressing through Bury MBC processes.

3.5 A system wide promotional/ recruitment event for entry level health and social care practitioners will take place in September 2023. A generic health and social care employment event scheduled for 5th July 2023 in Bury Town Hall will promote careers in all disciplines.

4 Associated Risks

4.1 Reduction in workforce hub resources by 1 WTE (FTC ending in August 2023) plus current 1WTE vacancy (progressing via NCA governance arrangements) with remaining 1 WTE postholder supporting the workforce requirements with support from AD of Workforce.

4.1.1 Increased requirements for support from transformation programmes.

4.1.2 Specific requirement for dedicated resource to support system wide Oliver McGowan training.

4.1.3 Delivery against the commitment to take a more distributed leadership approach.

4.1.4 Availability of workforce data across the system to monitor impact and outcomes.

5 Recommendations

5.1 For information only at this stage.

6 Actions Required

6.1.1 To continue to encourage commitment to the workforce programme from partner organisations and active engagement with a more distributed leadership approach.

Kat Sowden/Kath Wynne-Jones
June 2023

Agenda Item 15

Minutes of: Health and Wellbeing Board

Date of Meeting: 14 June 2023

Present: Councillor T Tariq (in the Chair)
Councillors E O'Brien, N Boroda, L Smith and J Lancaster,
Will Blandamer, Adrian Crook, Cath Farrell, Cathy Fines, Joanna Fawcus, Jon Hobday, and Kath Wynne-Jones

Also in attendance: Lee Buggie, Maxine Lomax, Heather Moore, Steven Senior, Sarah Turton, and Marie Wilson

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

Apologies for Absence: L Ridsdale, R Passman, A Nawaz, H Tomlinson, J Willmott, J Richards and Councillor A Arif

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HWB.1 APOLOGIES FOR ABSENCE

Apologies were received from Helen Tomlinson and Marie Wilson was attending in her place.

HWB.2 DECLARATIONS OF INTEREST

Councillor Tamoor Tariq advised that he was a member of Oldham's Health and Wellbeing Board and Locality Board, and was employed as the manager of Healthwatch Oldham.

HWB.3 MINUTES OF PREVIOUS MEETING

It was agreed:

That, subject to an amendment to the attendance, the minutes of the meeting held on 28 March 2023 be approved as a correct record.

HWB.4 MATTERS ARISING

There were no matters arising.

HWB.5 TERMS OF REFERENCE - HEALTH AND WELLBEING BOARD

The Board received its Terms of Reference, noting the statutory requirements and the Board's elective focus on health inequalities. Members discussed measures by which to monitor performance and Jon Hobday advised that these were being worked up and could come to the next meeting.

It was agreed:

1. That the Terms of Reference be noted; and
2. Performance measures be considered at the next meeting.

HWB.6 PUBLIC QUESTION TIME

There were no public questions asked at the meeting.

HWB.7 WIDER DETERMINANTS OF POPULATION HEALTH

a ANTI-POVERTY STRATEGY

Jon Hobday, Director of Public Health, gave a verbal update on the on the Anti-Poverty Strategy and the work that had been done to date. This included three anti-poverty summits which had facilitated cross-partnership working to agree the way forward to get the biggest impact and support the most vulnerable people.

Cath Farrell queried how information was publicised and offered to feed back information to education colleagues. Jon advised that education links attended the fortnightly steering group meetings and fed back accordingly but undertook to share details to see if she could help publicise more widely.

Jon was commended on his work in this area and his leadership on the anti-poverty summits, and Cath was thanked for her offer to help with dissemination of information.

It was agreed:

1. That Jon Hobday liaise with Cath Farrell regarding the sharing of information with education colleagues; and
2. That the information be noted.

HWB.8 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a BURY INTEGRATED SAFEGUARDING BOARD (BISP) ANNUAL REPORT 2021-2022

Maxine Lomax, Chair of Bury Integrated Safeguarding Board, presented the Adult's section of the Combined Annual Review published by the Bury Integrated Safeguarding Partnership (BISP), which focused on the work undertaken by the BISP and its partners in relation to Adults in the period April 2021 to March 2022. Members received the report, noting that this report predated considerable work to the structure and support and the 2022-23 should be available in September.

It was agreed:

That the report be received.

b CDOP ANNUAL REPORT 2020-2021 & 2021-22

Steven Senior, Chair of the Child Death Overview Panel (CDOP) for Oldham, Bury and Rochdale (ORB), presented the annual report for April 2020 – March 2021 and draft annual report for 2021-2022.

He advised that the CDOP reviewed all deaths of those under 18 who were resident in Bury, Oldham or Rochdale at the time of their death to identify common and modifiable factors and make recommendations to help prevent deaths from the same causes. It was noted the Panel did not check whether recommendations were implemented, and reviews were carried out at the end of a long process with the deaths not necessarily from that year.

Board Members noted that pandemic measures had reduced child mortality rates e.g. from traffic accidents, but that key risk factors for deaths in children in ORB remained, including :

- Parental smoking including maternal smoking in pregnancy;
- Unsafe sleeping;
- Genetic conditions;
- Other risk factors for sudden, unexpected, and unexplained deaths including drug and alcohol use, poor housing and low rates of breastfeeding;
- Barriers to healthcare access including translation services.

He advised that the implementation of the e-CDOP system would provide more granular and standardised information, which will be beneficial moving forwards. Data was analysed on a socio-economic basis and highlighted inequalities and areas of deprivation. It was noted that data suggested BME child deaths were over-represented and therefore there was a health inequality associated with ethnicity. To mitigate for limitations in analysis due to small datasets, the report recommended looking at data over a three-year period. This would increase the ability to identify any patterns and themes.

Members thanked Steven for his presentation and discussed the report, noting the significance of the role of family hubs and querying public health messaging. Family hubs were a crucial intervention, bringing together multiagency expertise informed by neighbourhoods and place. It was noted that data from longer time periods would help inform more meaningful conclusions regarding child deaths, and identifying factors could then be assessed as to which were more prevalent for BME communities.

The Board discussed public health messaging, noting that these were consistent at all levels of staffing and were being shared, but that messages weren't always heard or taken forward in certain families or communities and more work was needed to engage with them. Members discussed the role Six Town Housing could play, and noted their neighbourhood access and intelligence could be fed through Housing Partnership meetings.

It was agreed:

That the reports be received.

HWB.9 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a REDUCE SMOKING LEVELS IN BURY

Sarah Turton, Public Health Practitioner, and Lee Buggie, Public Health Specialist, gave a presentation on initiatives to reduce smoking levels in Bury. They advised that smoking rates had fallen locally in recent years, but outlined further work to tackle cohorts where smoking prevalence is highest (such as those with long term mental health issues). They detailed the Live Well Service and Swap to Stop pilot, and advised on the GM-led initiatives such as the Smokefree Pregnancy Programme and the CURE programme.

The Board discussed the presentation, noting the influence of wider determinants, environment and community. Smoking was entrenched for many people and widened existing health inequalities. Sarah advised that targeted interventions were a priority for the coming year, in particular those with long term mental health issues.

Sarah and Lee were thanked for their presentation, and it was noted that an update would be brought back in due course.

It was agreed:

That the report be noted.

HWB.10 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

Jon Hobday and his team were thanked for his ongoing work in relation to reducing health inequalities, an update on which had been circulated via email.

HWB.11 TEAM BURY

Will Blandamer, Executive Director of Strategic Commissioning, positioned the Health and Wellbeing Board in the wider partnership arrangements in the borough, and advised that the Board had a role in challenging other parts of the infrastructure.

The Board noted that a Team Bury event on health inequalities was taking place in Autumn and discussed the Board's role in ensuring development of systems, services and regeneration had a focus on health and wellbeing. It was agreed that an update on regeneration and growth plans be presented at a future meeting.

It was agreed:

1. That an update on regeneration and growth plans be presented at a future meeting; and
2. That the report be noted.

HWB.12 GM POPULATION HEALTH BOARD FEEDBACK

Jon Hobday, Director of Public Health, provided an update from the Greater Manchester Population Health Board. It had last met on 10 May 2023 and had considered the Fairer Health for All framework, proposed areas of focus and strategic priority areas, and deep dives for 2023/24. The Board noted that papers could be shared on request.

It was agreed:

That the update be noted.

HWB.13 URGENT BUSINESS

There was no urgent business.

COUNCILLOR T TARIQ
Chair

(Note: The meeting started at 4.30 pm and ended at 6.06 pm)

Agenda Item 16

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Bury Locality Board			
Meeting Date	3 July 2023	**Action**	Receive
Item No.		**Confidential**	No
Title	Bury Health and Care Outcomes and Performance Report		
Presented by	Will Blandamer, Deputy Place Based Lead		
Author	Helen Smith, Head of Strategic Intelligence and Performance		
Clinical Lead	-		

Executive Summary

This paper is a trial of new reporting for Locality Board during 2023 following feedback at the end of last year. A review of products that are provided across the refreshed Health and Care Governance in the locality which has identified where reporting can be either streamlined, aligned with GM reporting or where there are gaps for new products to be produced. This report will 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 Childrens Strategic Partnership Board.

Recommendations

It is recommended that the Locality Board:

- Acknowledge the current performance across the system
- Provide feedback on the new style of reporting
- Agree to this new style of reporting going forward

Links to Strategic Objectives

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

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☐

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

Governance and Reporting		
Meeting	**Date**	**Outcome**

Bury Health and Care Outcome and Performance Report

1. Introduction

This paper is a trial of new reporting for Locality Board during 2023 following feedback at the end of last year. It provides a summary of the activity around reviewing the performance products available through alignment of reporting with NHS GM ICS. It also provides a high level summary of current demand and activity across health and social care.

2. Product Review Update

Further work has taken place with the IDC attending a programme workshop to support further development of programme measures. These measures will be included in the placeholders below alongside reporting for the IDC.

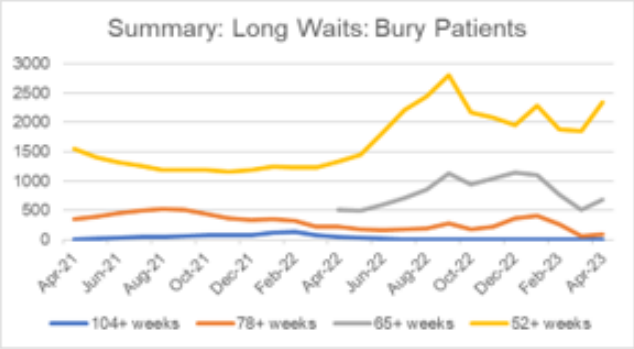
An initial draft of the GM Performance Framework has been sighted and will be circulated separately for consultation across the health and care governance system.

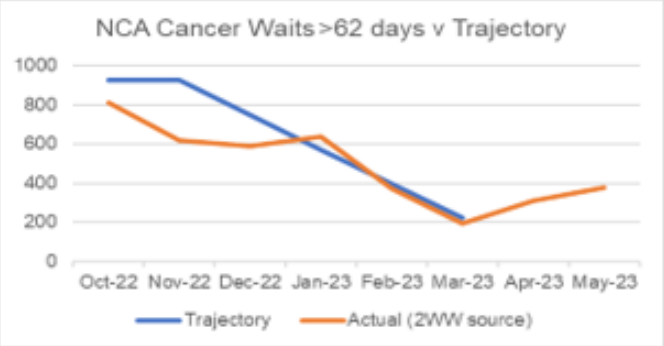
The refreshed internal dashboard for this month is attached below.

Performance Dashboard_2023_24_

3. Locality Board Performance Overview

Elective Care and Cancer



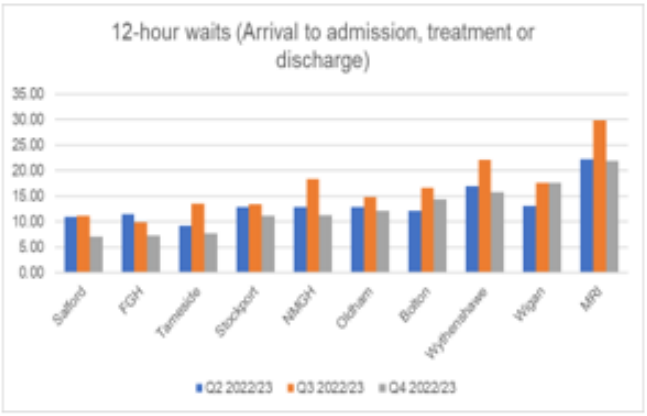


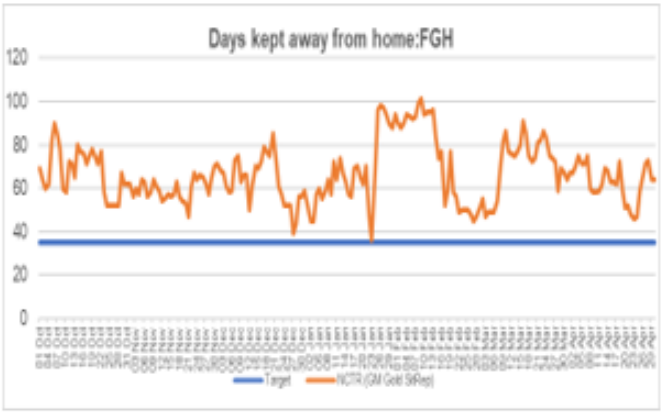
Source: Local Integrated Care Dashboard

Source: Locality Board data source

- Oct, Nov & Dec elective waits impacted by lack of MFT data. Published Apr data now includes MFT and does show a 9.59% increase in wtg list compared to Mar 23.
- Immediate target is to eliminate 78+ week waits by Apr 23. These have increased on Mar figure by 34.3% in Apr. Primarily the increase is across ENT and 'Others' specialties GM expected there to be approx 675 78+ week waits at end of March, figures show there are 1054.

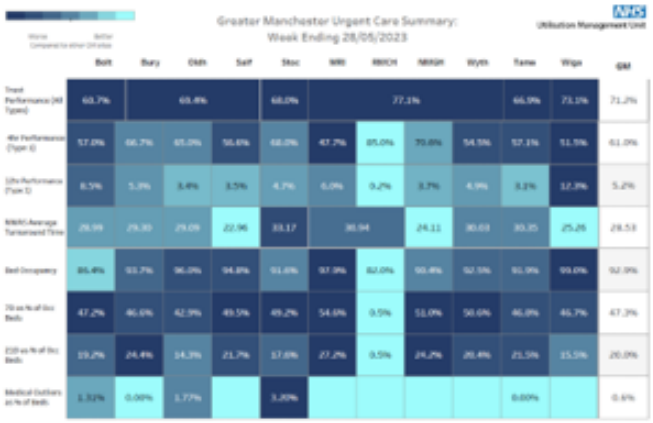
Urgent Care





Source: Local Urgent Care reporting

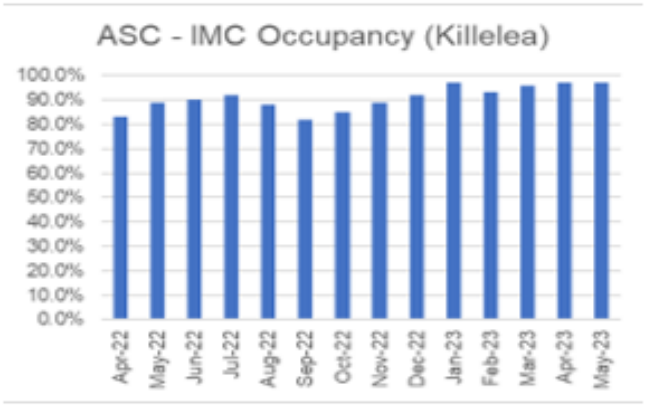
Source: Local Urgent Care reporting



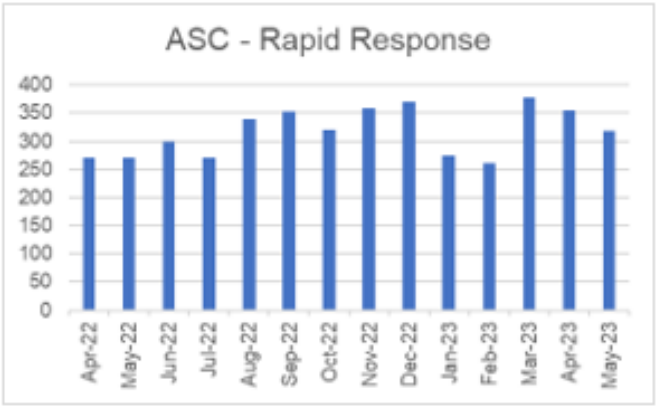
Source: Bury UM Weekly Dashboard

- Reg for <2% of A&E waits to exceed 12 hours. FGH best adult site in GM in Q3. In Q4, FGH is 2nd best behind Salford.
- DKAFH target of 35 for FGH achieved just once in 22/23. Average in Apr decreased slightly to 63 per day from 70 in Mar. Most DKAFH assigned to pathway 1 (care in own home) or 2 (residential care).
- Type 1, 4 Hour performance at 66.7% (4th best in GM), Bed occupancy at 93.7% and 0% medical outliers at the end of May.

Adult Social Care



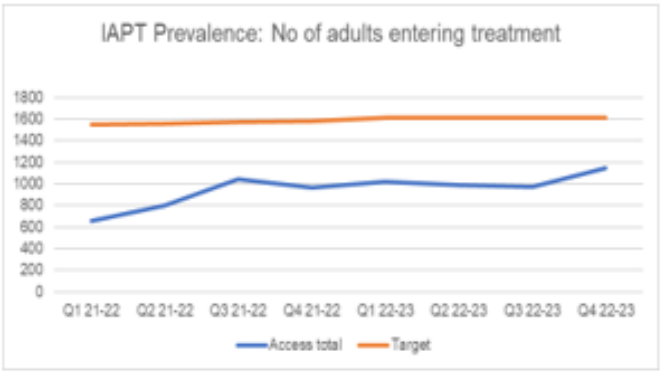
Source: Locality Board data source



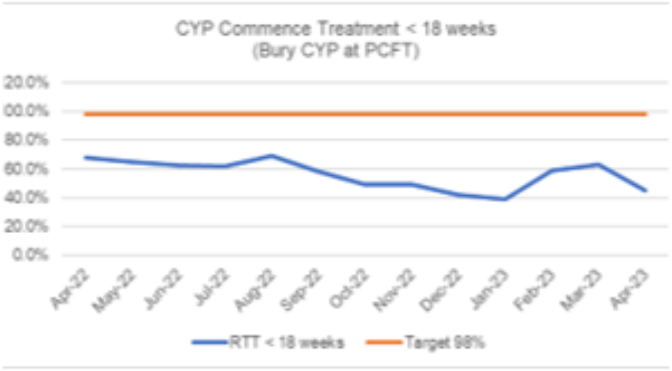
Source: Locality Board data source

- IMC bed occupancy has returned to normal levels following reduction linked to COVID-19 related closures, with a current length of stay of 47 days.
- Bury's Rapid Response team has seen a reduction in May (318) from Apr (354).

Mental Health (Adults and Children)



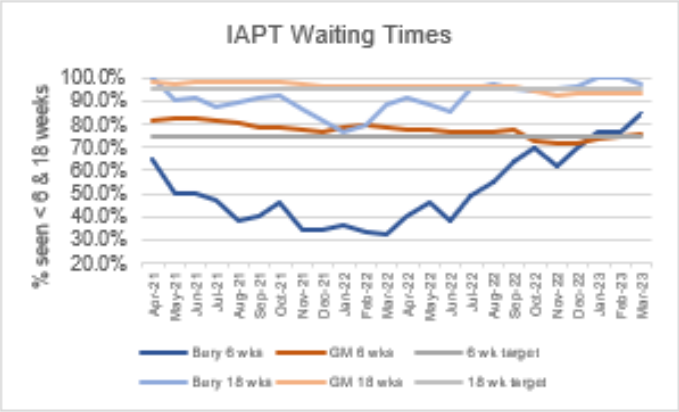
Source: Locality Board data source



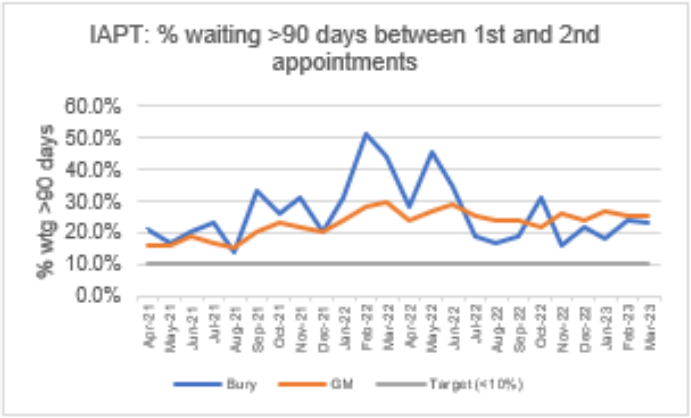
Source: Locality Board data source

- Indicative PCFT IAPT data used for Q2 due to national data issues following transition to ICS structure. Bury's IAPT access continues to be significantly below required level, although Q4 has seen an increase on Q3. System Maturity Tool has been completed and recommendations are currently under review.
- A decline in the proportion of CYP commencing treatment within 18 weeks has been seen at PCFT across 2022/23 and reflects the increasing demand seen since COVID-19. A joint proposed investment plan has been developed for the Bury system which, if approved, would see increased clinical capacity within the core CAMHS service. April has seen a decrease from Mar.

Mental Health (Getting Help/Getting More Help)



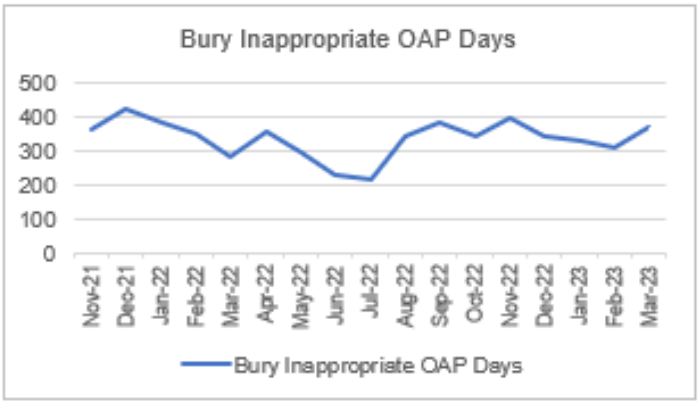
Source: Locality Board data source

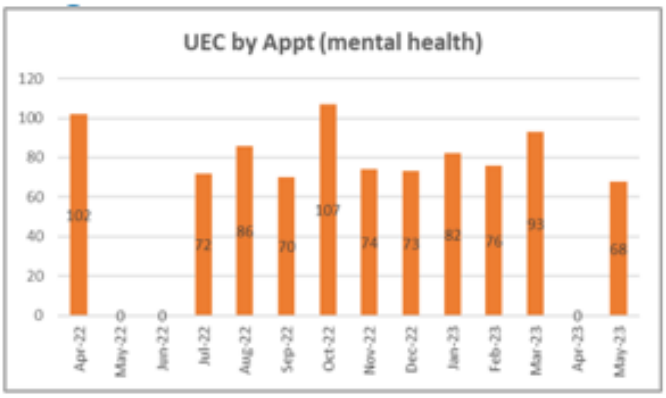


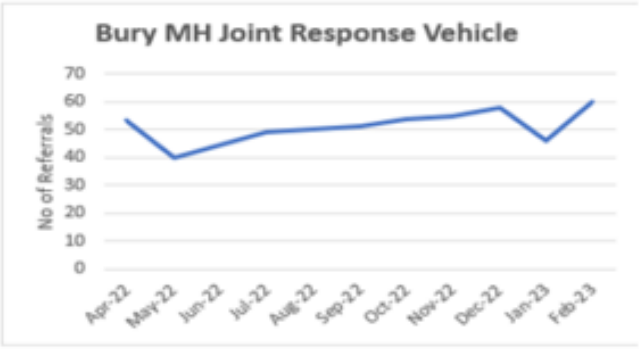
Source: Locality Board data source

- IAPT Waiting times: Both 6 and 18 week waits usually worse than GM though signs of improvement in recent months. Bury 6 wks performance (85.0%) was better than GM (76.1%) in Mar and the 18 wk target was achieved for the third time in 22/23 (Jan/Feb/Mar).
- IAPT Secondary Waits: With the exception of Oct & Dec, significant improvement for Bury patients since July and now largely tracking better than GM.

Mental Health (Acute Risk and Crisis)

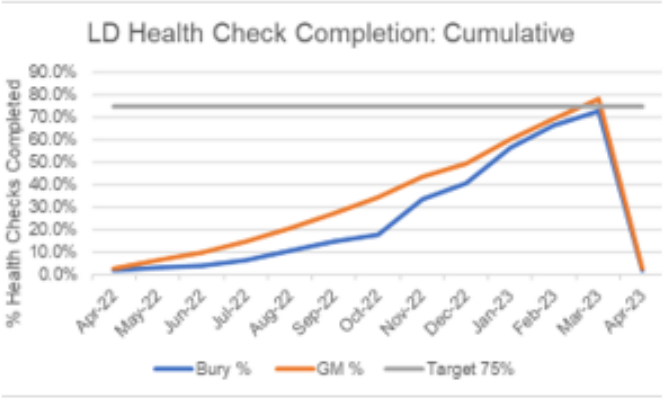


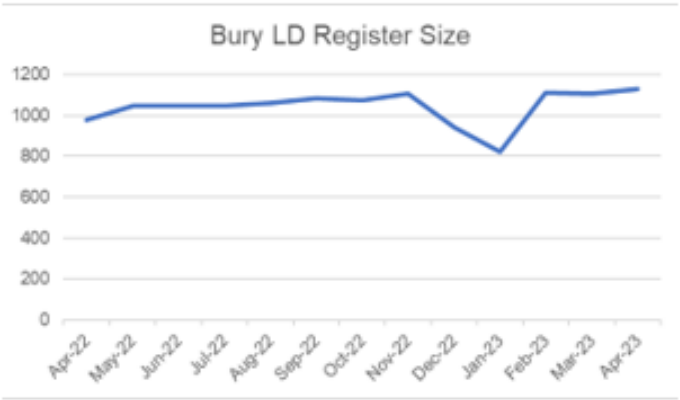




- Out of Area Placements (OAP): Bury has the 2nd highest number of reported inappropriate out of area placement days in GM in 22/23, accounting for 94.5% of the borough's total OAP.
- UEC by Appt continues to offer an alternative to ED presentation, allowing planned appointments for individuals who would otherwise be assessed by the MH Liaison Team. The service continues to divert suitable service users safely away from ED for a community-based appointment.
- MH Joint Response Vehicle: 64 referrals in May - 10 diverted from LMHT,1 diverted from MHJRV,0 diverted via GMCAS, Remainder Primary Care, Local Authority and Police. Commissioned until the end of July. A full time MH Liaison practitioner is seconded to the service currently. A full evaluation of the trust wide initiative has been completed and presented to the board. This includes service user feedback, frontline staff feedback and an analysis of s136 data.

Learning Disabilities



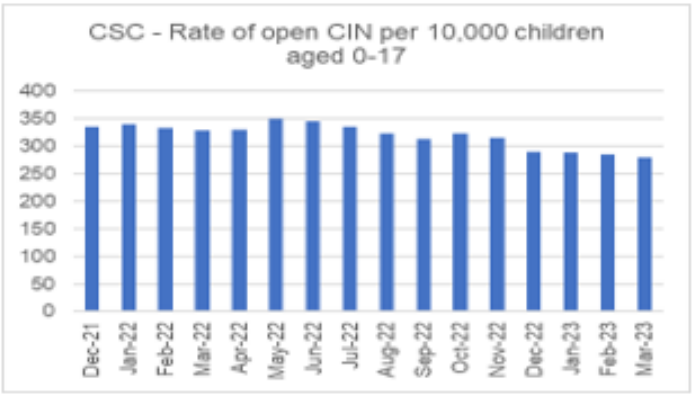


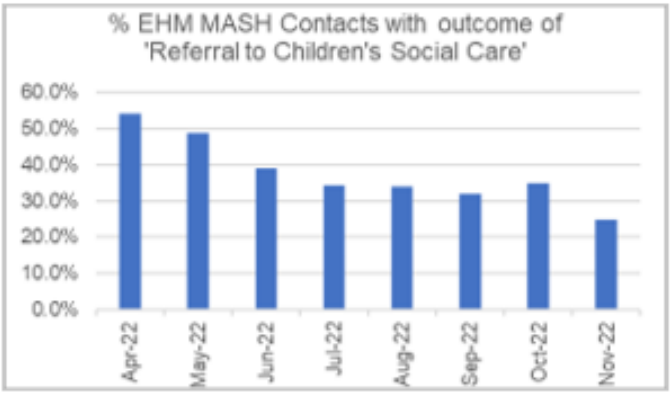
Source: Locality Board data source

Source: Locality Board data source

- LD Health checks: The cumulative position in 23/24 to Apr shows 2.0% of Bury patients to have received an AHC (though this is based on an incomplete register size as noted in the point below). This compares to 2.9% for GM. Most AHC tend to take place in Q4.
- LD Register: Requirement also to increase the LD register size. Register has increased by 15.4% in the 12 mths to Apr 23 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been highlighted to the primary care team. Register size has increased from Mar.

Children's Social Care Services





Source: Locality Board data source

Source: Locality Board data source

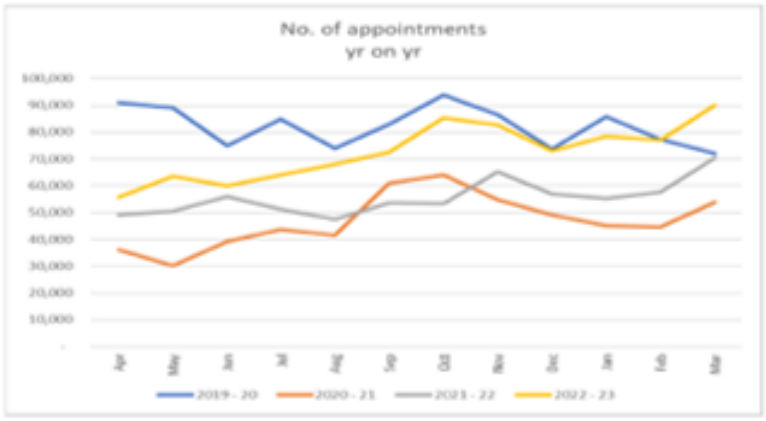
- Rate of open CIN's has decreased since Nov each month up to Apr.
- % EHM MASH contacts decreased to 24.9% in Nov from 34.8% in Oct.

Complex Care

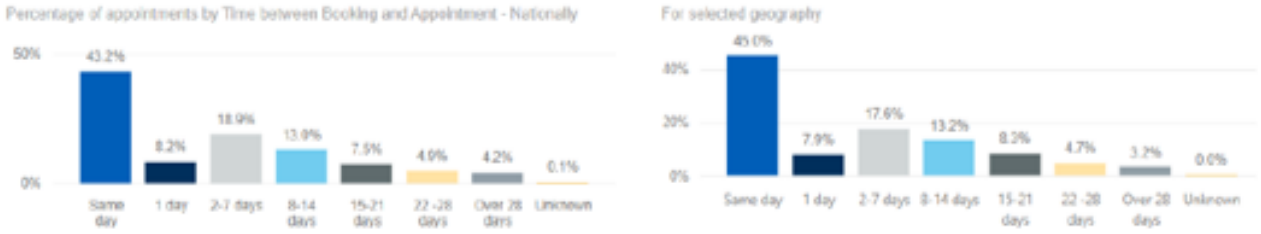
Neighbourhood Health and Care

Community Health Services

Primary Care



Appointment status (all)
Appointment mode (all)
Healthcare Professional (all)



GM = 43% Same day, 8.6% 1, 18.5% 2-7, 12.9% 8-14, 7.7% 15-21, 5.2% 22-28, 4% Over 28 days, 0.1% unknown

Source: GP Performance Report

- As a borough we continue to see a rise in appointment numbers being captured through GPAD. This month practices offered 19,627 more appointments than in the same month during 2021/2022, even before taking into consideration online consultations which are not yet captured through GPAD.
- As of March 2023, Bury was offering 69.7% of appointments face to face, (a decrease of 5% on February) compared to 70.1% nationally (who saw a 0.2% increase on the previous month) and 70.2% GM (who saw a decrease of 0.7%)

Palliative and EOL

Frailty

Diabetes

4. Escalations from IDC Board and CSPB – Placeholder

Board	Escalation	Mitigation	Actions

5. Recommendations

The Board are asked to note the contents of this report.

Helen Smith
Head of Strategic Performance and Intelligence, Bury Council
h.smith@bury.gov.uk
June 2023

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