Agenda

Locality Board – Meeting in Public

Date: 4th December 2023

Time: 5.00 pm – 6.00 pm

Venue: Bury Training and Safety Centre, Hinds Lane, Bury BL8 2AL

Chair: Cllr O'Brien/Dr Fines

Full agenda pack begins on next page.

Date and time of next meeting
Monday, 8 January 2024, 4.00-6.00pm at Bury Town Hall

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 27 November 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.

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Agenda Item 1

BURY INTEGRATED CARE PARTNERSHIP

Agenda

Locality Board – Meeting in Public

Date: 4 December 2023

Time: 5.00 pm – 6.00 pm

Venue: Bury Training and Safety Centre, Hinds Lane, Bury BL8 2AL

Chair: Cllr. E O'Brien

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.	5.00 – 5.05	5 mins	Welcome and apologies	Verbal	Information	Chair
2.			Declarations of Interest	Paper	Information	Chair
3.			Minutes of previous meeting held on 6 November 2023	Paper	Approval	Chair
4.			Public Questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.	5.05	5.10	Key Issues in Bury	Paper to follow	Discussion	Lynne Ridsdale
Locality Board Priorities						
6.	5.10	5.15	Update on Locality Board Priorities	Paper	Discussion	Will Blandamer
7.	5.15	5.35	Locality Board Priority 3 – fuller report on primary care –	Paper	Discussion	Dr Kiran Patel
Integrated Delivery Collaborative Update						
8.	5.35	5.40	Integrated Delivery Collaborative Update	Paper	Discussion	Kath Wynne-Jones
9.	5.40	5.45	Fairer Health for All – Locality Engagement	Paper	Discussion	Jon Hobday
'Quadruple Aims' Updates						
10.	Take as read		Strategic Finance Group Update	Paper to follow	Information	Simon O'Hare
11.	Take as read		Performance Framework	Presentation	Information	Will Blandamer
12.	Take as read		Population Health & Wellbeing	Paper	Information	Jon Hobday
13.	Take as read		System Assurance Committee	Paper	Information	Catherine Jackson

Closing Items						
14.	5.55 – 6.00	5 mins	Any Other Business	Verbal	Information	All

Date and time of next meeting in public

Monday, 8 January 2024, 4.00-6.00pm at Bury Town Hall

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 **27 November 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.

Meeting: Locality Board			
Meeting Date	4 December 2023	**Action**	Consider
Item No.	2	**Confidential**	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Corporate Affairs and Governance (Bury)		
Clinical Lead	N/A		

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 4 December 2023 and
- 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		

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
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Voting Members (in relation to Pooled Budget (between Bury Council & NHS GM) AND in relation to aligned and non-pooled budget)										
Cllr Eamonn O'Brien	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor	X			Direct	Councillor			•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Young Christian Workers – Training & Development Team	X			Direct	Development Team			
		Labour Party		X		Direct	Member			
		Prestwich Arts College		X		Direct	Governor			
		Bury Corporate Parenting Board		X		Direct	Member			
		No Barriers Foundation		X		Direct	Trustee			
		CAFOD Salford		X		Direct	Member			
		Prestwich Methodist Youth Association		X		Direct	Trustee			
		Unite the Union		X		Direct	Member			
Cllr Tamoor Tariq	Deputy Leader and Executive Member for 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); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Health Watch Oldham	X			Direct	Manager	Aug-20	Present	
		Pretty Little Thing				Indirect	Spouse		Present	
		Action Together CIC	X			Direct	Employed	Present		
		The Derby High School			X	Direct	Governor	Apr-18	Present	
		St Lukes Primary School		X		Direct	Member		Present	
		Unite the Union		X		Direct	Community Member	May-12	Present	
		Labour Party		X		Direct	Member	Jun-07	Present	
Cllr Lucy Smith	Executive Member of the Council for Children and Young People	Business in the Community	X			Direct		Jul-22	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		The Christie NHS Foundation Trust				Indirect	Related to spouse	Jul-22	Present	
		Labour Party		X		Direct	Member	Oct-92	Present	
		Community the Union		X		Direct	Member	2016	present	
		Socialist Health Association		X		Direct	Member	2018	present	
		Catholics for Labour		X		Direct	Member	2018	present	
		GMB Union		X		Direct	Member	2016	present	
Dr Cathy Fines	Senior Clinical Leader	GP Federation	X			Direct	Practice is a member	2013	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Tower Family Health Care	X			Direct	Member practice is part of Tower Health	2017	Present	
		Horizon Clinical Network	X			Direct	Practice is a member	2019	Present	
		Greater Manchester Foundation Trust				Indirect	Husband is employed		Present	
Catherine Jackson	Executive Nurse	NCA				Indirect	Partner is the Director of Patient Safety & Professional Standards at the NCA.	25.10.2021	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
Lynne Ridsdale	Chief Executive for Bury Council & Place Based Lead (GM ICS) Bury	Together Trust		X		Direct	Vice Chair	Jan-20	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting

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
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Sam Evans	Joint Executive Director of Finance/GM ICP Bury and Bury Council	Bury Council	X			Direct	Joint Role Held	05/05/2021	Present	Declaration of interest as per policy, declare in meetings where relevant. Actions required then to be agreed at the meeting by the Chair.
Warren Heppolette	Chief Officer for Strategy & Innovation, NHS GM	Greater Sport			X	Direct	Trustee	2018	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		FC United			X	Direct	Director	2021	Present	
Voting Members (in relation to aligned and non-pooled budget										
TBC	Chair - IDCB									
Dr Vicki Howarth	Medical Director NCA (Bury)	Unilabs Ltd - Private Histopathology Service	x			Direct	Providing services as Consultant Histopathologist to the Alexandra Hospital,	2011	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Tameside and Glossop Integrated Care NHS Foundation Trust	x			Direct	Bank Consultant Histopathologist performing Coronial Post-Mortems for Manchester South Coroner	2015	Present	
Joanna Fawcus	Director of Operations, NCA	None Declared					Nil Interest			Declaration of interest as per policy
Heather Caudle	Chief Nurse, NCA	Joint Royal College of Physicians Training Board					Member of the Specialist Advisory Committee in Palliative Medicine. – 4 days per year		Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		National Mental Health Nurse Directors Forum					Alumi – Attendance at the annual conference		Present	
		The Shuri Network					Steering Group Member – Monthly 2 hour meeting		Present	
		Kingston University, London					Visiting professor		Present	
		University of Surrey					Visiting professor		Present	
David Thorpe	Director of Nursing NCA									
Dr Kiran Patel	Medical Director IDCB	Tower Family Health Care	X			Direct	GP Partner	Jul-18	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Bury GP Federation - Enhanced Primary Care Services	X			Direct	Medical Director	Apr-18	Present	
		Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments	X			Direct	Medical Director	1994	Present	
		Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments				Indirect	Spouse is a Shareholder	2012	Present	
		Tower Family Health Care				Indirect	Spouse is a Director	Jul-18	Present	
Sarah Preedy	Chief Operating Officer Pennine Care Foundation Trust									
Sophie Hargreaves	Manchester Foundation Trust	Manchester & Trafford LCO				Indirect	Spouse employed			•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting

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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Helen Tomlinson	Chief Officer Bury VCFA	Bury One Commissioning Organisation			X	Indirect	Close family member is an employee at Bury One Commissioning Organisation	Nov-21	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
Will Blandamer	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford			X	Direct	Chairman	2018	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Manchester Football Association			X	Direct	Board Champion for Safeguarding	2018	Present	
		Manchester Foundation Trust (Trafford) & St Anne's Hospice (Cheadle)				Indirect	Spouse is a Community Nurse & Qualified Nurse	2022	Present	
		Liverpool University				Indirect	Daughter is a medical student	2022	Present	
		Leeds University				Indirect	Daughter is a medical student	2022	Present	
Jeanette Richards	Executive Director of Children and Young People, Bury Council	None Declared					Nil Interest		Present	Declaration of interest as per policy
Jon Hobday	Director of Public Health, Bury Council	None Declared					Nil Interest		present	Declaration of interest as per policy
Adrian Crook	Director of Adult Social Care and Community Services, Bury Council	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); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
Non Voting Members										
Kath Wynne-Jones	Chief Officer, Bury IDC	KWJ Coaching and Consulting	X			Direct	Owner	09/06/2021	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
Ruth Passman	Chair of Bury Healthwatch	None Declared					Nil Interest			Declaration of interest as per policy
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); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
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); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing
		Anodising Colour				Indirect	Spouse is a lab technician	Jul-05	Present	
		Radcliffe First		X		Direct	Leader	2019	Present	
		Radcliffe Litter Pickers		X		Direct	Member	2019	Present	

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
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
		Growing Older Together		X		Direct	Member	2019	Present	asked to leave the meeting
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 decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Philips High School			X	Direct		Sep-19	Present	
		Bury and Whitefield Jewish Primary			X	Direct		May-21	Present	
		Conservative Party		X		Direct	Councillor	Jul-19	Present	

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	04 December 2023	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 6 November 2023 and action log		
Presented By	Cllr Eamonn O'Brien, Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead			

Executive Summary

The minutes of the Locality Board meeting held on 6 November 2023 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed.

Recommendations

It is recommended that the Locality Board:-

- Approve the minutes of the previous meeting held as an accurate record;
- Provide an update on the action listed in the log.

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**

Minutes

Date: Locality Board, 6 November 2023

Time: 4.00 p.m.

Venue: Microsoft Teams

Title	**Minutes of the Locality Board**		
Author	Emma Kennett		
Version	0.1		
Target Audience	Locality Board		
Date Created	November 2023		
Date of Issue	December 2023		
To be Agreed	December 2023		
Document Status (Draft/Final)	Draft		
Description	Locality Board Minutes		
Document History:			
Date	**Version**	**Author**	**Notes**
			Draft Minutes produced
			Submitted to Mr Blandamer for review.
Approved:			
Signature:			..... **Add name of Committee/Chair**

BURY INTEGRATED CARE PARTNERSHIP

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public 6 November 2023 4.00 pm until 6.00 pm **Chair – Dr Cathy Fines**

ATTENDANCE

Voting Members
Dr Cathy Fines, Senior Clinical Leader in the Borough **(Chair)** Cllr Eamonn O'Brien, Leader of Bury Council Cllr Lucy Smith, Executive Member of the Council for Children and Young People Ms Lynne Ridsdale, Place Based Lead Ms Heather Caudle, Group Chief Nursing Officer, NCA Mr David Thorpe, Director of Nursing, Bury Care Org (NCA) Dr Kiran Patel, Medical Director IDCB Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care Mr Jon Hobday, Director of Public Health Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Non-Voting Members
Ms Kath Wynne Jones, Chief Officer, Bury IDC
Invited Members
Cllr Russell Bernstein, Conservative Opposition Party Jane Case, Programme Manager, Bury IDC Ruth Whittingham, Head of Legal, Bury Council Simon O'Hare, Associate Director of Finance – Bury IDC Andrea Stone, Interim Director Children and Young People, Bury Council Rachel Davis, Public Health Specialist, Bury Council Sandra Bruce, Assistant Director (Early Help and School Readiness), Bury Council

MEETING NARRATIVE & OUTCOMES

1.	Welcome, Apologies And Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Cllr Tamoor Tariq, Sam Evans, Warren Heppolette, Jeanette Richards, Sophie Hargreaves, Ruth Passman and Cllr Mike Smith.
1.3	The meeting commenced but was declared inquorate.
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 2 October 2023** No declarations to note.
2.9	**Declarations of interest from today's meeting 6 November 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/11/01	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 2 October 2023 were considered as a true and accurate reflection of the meeting. It was noted that the ratification of the Section 75 agreement would be deferred to the next meeting, owing to inquoracy. Simon O'Hare advised that the Bury Locality had supported the GM submission to extend S75 and a national response was now awaited.

ID	Type	The Locality Board	Owner
D/11/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting.	

4.	Public Questions
4.1	There were no public questions received or members of the public present at the meeting.

ID	Type	The Locality Board	Owner
D/11/03	Decision	Noted that there had been no public questions received and no members of the public were present at the meeting.	

5.	Place Based Lead Update
5.0	• Key issues in Bury Lynne Ridsdale introduced her item, noting the 10 year celebration of the strategic clinical networks in Bury, the launch of the first of the family hubs in Bury East, the launch of the GM Primary Care Blueprint, and the successful first meeting of the Executive Committee of the ICB, formed from ICB

	Execs and Place Based Leads. Lynne thanked colleagues for their work on the Medium Term Financial Plan, noting the GM MTFP was awaiting formal publication, and noted the continuation of work on inspection readiness for a potential CQC inspection of Adult Care Services.
5.1	• GM 6 monthly assurance Will Blandamer presented the report which provided confirmation of the completion of next steps post establishment, an overview of highlights and challenges during the six month period April to September 2023, points of escalation to NHS GM Integrated Care Board, and Bury Locality Board priorities for the next six months. It was noted that this would be reported to the NHS GM Integrated Care Board in November, who would receive assurance from all localities.
5.2	• Locality Board Terms of Reference It was noted that the Terms of Reference had been updated to reflect the updated policy context, including feedback received as part of the GM assurance and due diligence process.

ID	Type	The Locality Board	Owner
D/11/04	Decision	Received the update.	
D/11/05	Decision	Reviewed and approved the draft 6 monthly Assurance report for presented to NHS GM Integrated Care Board in November 2023. (To be ratified at the next meeting)	
D/11/06	Decision	Received the Terms of Reference and approved the changes. (To be ratified at the next meeting)	

6.	Update on Locality Board priorities
6.1	• Update on Locality Board priorities Will Blandamer updated the Board on progress made against the agreed 5 priorities, and it was noted that update papers would be brought in due course.
7.1	• Locality Board Priority 1 – The first 1001 days of a child's life Sandra Bruce and Rachel Davis gave a presentation on the first 1001 days of a child's life, a model and pathway to ensure that from conception to age two, parents had a wraparound service which ensured that children got the best start in life. The Board noted that changes in Bury had resulted in a reduction in the availability of the universal offer to families at a neighbourhood level, both from the health economy and Council, but the offer from midwifery through to health visiting was fundamental to the pathway and a review in 2021 had identified six Action Areas for renewed focus. Members discussed the presentation, noting that the Ages and Stages (ASQ) data was a significant pillar to understanding need and target delivery and that the lack of available data means that we are unable to fully understand and respond to emerging need at a neighbourhood level; this was being discussed further to find a way forward that was consistent across the wider service footprint. It was noted that some work had been done into linking with the primary care offer, and the need for physical space was now being addressed through family hubs to co-locate teams and key partners, bringing together both universal and targeted support for families and developing services linked to local demographics in order to enable a strength based whole family approach to address needs and tackle inequalities. The Board thanked Sandra and Rachel for their presentation and their work on this service.

ID	Type	The Locality Board	Owner
D/11/07	Decision	Received the update and presentation.	

8.	Integrated Delivery Collaborative Update
8.1	• Integrated Delivery Collaborative Update

	Kath Wynne Jones presented the item outlining progress made with the key programmes of work within the IDC, and providing assurance that system risks were being managed. In response to member discussion, it was noted that a workshop was taking place to get a tighter focus on patients treated out of borough, days kept away from home, and flow back to A&E. With regards to why the usual seasonal drop had not been observed in A&E, it was noted that this was being investigated, but numbers had been higher across the Trust footprint and repeat attendances were referred into the neighbourhood team. Members noted that the year to date has seen the highest average number of Active Care Management referrals per month since ACM started.
9.1	• SEND Items - NHS waiting times report Jane Case gave a presentation providing an overview of waiting times as they pertain to SEND, highlighting the work done to date, increased activity and support secured, as well as work undertaken across the children's system to get back to pre-covid activity. • Core CAMHS - Waiting times have reduced from 6 months to 5.2 weeks in 9 months. • Neuro (CAMHS) - Waiting times to assessment was 104 weeks – now 52 weeks. • Community Paediatric - Reduced waiting times longest wait not booked from 79 to 29 weeks. • Speech Language and Communication - Waiting times have gone up; this was understood and tolerated, whilst development work has been undertaken. The number of Children waiting for assessment is decreasing due to initiatives but not necessary the wait time. • Occupational Therapy - Priority 3 CYP was 50 week wait – now 47, up on last Quarter (40). • Physio Therapy - Overall waiting times reduced from 25 weeks to 13 weeks. Members discussed the presentation, noting that waiting list data had informed how services were structured, including a shift away from medicalised response, and 'you said we did' feedback. The Board thanked Jane and her team for the great results so far, with the trajectory from the last nine months continuing to drive down waiting times significantly.
9.2	• SEND Items - Overview of mental health arrangements for CYP in the borough Jane Case gave a presentation on the mental health provision for young people, including the successful pilot of My Happy Mind in primary schools, Wellbeing Through School (physical activity), Thriving in Bury digital platform and padlets, Kooth online counselling, Mental Health Support Teams in schools, Early Break service, First Point Family, TLC (Talk Listen Change), LGBT+ youth support The Proud Trust, as well as CAMHS support for young people and parents and Hope and Phoenix T 4 inpatient facilities. Jane also detailed the CYP Dynamic Support Register and Care Education & Treatment Reviews (CETRs). The Board discussed the comprehensive presentation, noting the system pressures in Bury, next steps and further pilots planned. In response to members' questions, it was noted that demographics and breakdown of protected characteristics could be established for the schools pilots, and metrics to see success in reaching all demographics (included Children in Care and Care Leavers) would be further developed as this was expanded. Members praised the work which responded to the child's voice, had been largely co-designed, connected carers, engaged with the voluntary sector, and sought to default to social rather than medical, with an appreciation for the wider life circumstances of young people. The Board thanked Jane for her presentation and the ongoing work in this area, and it was agreed that an update on this work should be come back to the Locality Board in due course.

ID	Type	The Locality Board	Owner
D/11/08	Decision	Received the presentations.	

	"Quadruple Aims" Updates
10.	• Strategic Finance Group Update

	Simon O'Hare gave a verbal update, advising that all system partners were reporting a challenging financial position. As of Quarter 2 the Council was forecasting an overspend of £9m (an improved position from Q1), NHS GM had appointed a turnaround director and was at a deficit of £149.7m at month 5 against a £20m forecast. NCA were at £64m overspend against £32m forecast, Pennine Care were at £1m overspend against a breakeven forecast, and MFT were reporting £65m overspend against £36m forecast. Work continued to clarify budgets, identify savings and efficiencies, as GM proposals were being developed to ensure savings that would maintain continuity of services across all localities.
11	• Performance Framework Will Blandamer presented the performance data, noting the challenging position in elective care and the high performance for IAPT. It was noted that this data provided a snapshot, and work continued to reflect on the data and refine it further.
12.	• Population Health & Wellbeing Jon Hobday gave an update on the last meeting of the Health and Wellbeing Board in September, including the Cultural Strategy's impact on health inequalities, the Food & Health Strategy, Bury's successful application to be an Age Friendly community, and work in Bury West on primary and secondary prevention services. He advised that the next meeting would look at national smoking guidelines to create a smokefree generation, including vaping.
13.	• System Assurance Committee Will Blandamer presented the summary report from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in October 2023.

ID	Type	The Locality Board	Owner
D/11/09	Decision	Noted the updates.	

	Closing Items
14.	• Any Other Business The Chair thanked everyone for their attendance and formally closed the meeting in public at 18.02

ID	Type	The Locality Board	Owner
D/11/10	Decision	Noted that there was no other business to report and the meeting in public was closed at 18.02	

BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	04 December 2023	**Action**	Receive
Item No.	6	**Confidential**	No
Title	Update on Locality Board priorities		
Presented By	Will Blandamer – Deputy Place Based Lead		
Clinical Lead	Dr Cathy Fines		

Executive Summary
To provide a high-level overview of priorities identified for the the Locality Board.
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		

Background

1. In the July meeting of the Locality Board, the Board considered a paper proposing a small set of key priorities for the locality board over the year 23/24.

2. The Locality Board recognised that it tasks the Integrated Delivery Board with holding to account the work of each of its 11 programmes that together describe the operation of the Health and Care System in Bury. However, the Locality Board should do only what it can uniquely do, in the knowledge that the IDCB is doing its work, assured by not only the IDCB Chief Officer report but also the performance, quality assurance, and finance reports to the Locality Board

3. The locality board wished to concentrate on a small number of key areas of focus and against which progress will be measured and around which the partnership will gather at a senior and strategic level.

4. This paper reconfirms the agreed 5 priorities, highlights the work being undertaken on each, and will provide an overview of reporting back to the Locality Board.

5 Priorities

The following were the agreed priorities

	Priority	Strategic Forum
1.	**The first thousand and one days of a child's life,** including the alignment of multi-agency working on a neighbourhood footprint working with family hubs, and addressing capacity requirements in early years services in council and NHS provision.	Childrens Strategic Partnership Board
2.	**Right sizing and scoping Intermediate Care Capacity and wider community capacity** across the heath and care system, connected to the implementation of national front runner programme on complex discharge and maximisation of independence.	Urgent Care Board
3.	**Sustainability of primary care provision,** particularly GP services but also understanding and working with others to mitigate the risks to dental, community pharmacy and optometric provision	GP Leadership Collaborative and Primary Care Commissioning Committee
4.	**Ensuring Services are delivered as efficiently** as possible, including reducing duplication. Streamlining processes, adopting technology	Locality Savings Operational Group
5.	**Exploring opportunities to recruit and retain workforce capacity** in Bury organisations by demonstrating the opportunity for development and progression within the Bury Integrated Care Partnership – utilising the strengths of all organisations and in the context of NHS Work	Strategic Workforce Group

5. Updates

The following steps have been taken in addressing the key programmes identified.

1) First 1001 days of a child's life

- This was the subject of a comprehensive update to the November locality board. Feedback related to the need to ensure the role of the GP was recognised in the pathway, and the ambition to create multi-agency teams in neighbourhoods connected to family hubs. These points will be reflected in further workshops of system partners facilitated by AQUA - an NHS improvement agency, and a further update will be presented to the locality board in due course.

2) Right Sizing Intermediate Care and Wider Community Capacity

Overview

- The health and care system wide Project Delivery Group continues to meet bi-weekly updating the delivery plan across all partners as it meets.
- Service mapping, activity, and costings workbook in draft form with capacity/demand model to be further developed.
- The Tameside Stamford IMC Unit visit was completed successfully. The visit was very helpful in observing the manner and scale of integration across professional health care professionals and how this enabled patient outcomes from having services working hand in hand in one large scale IMC facility. A visit report was written and approved by the Project Delivery Group and the intelligence contained within will be used in pathway design going forward.
- The system wide workshop was held on 14th November 2023 and focussed on pathway improvements, enhancing local integration and the potential role and functionality of any new potential IMC resource.

Reporting to Locality Board

- An interim report will be presented to the Locality Board in January 2024.

Expectations of Locality Board Partners

- To engage and participate in the project to develop new pathways and enable the best possible Bury Intermediate Care provision.

Key Contacts

Ian Mello – ian.mello@nhs.net

3) Sustainability of Primary Care

- A full report has been provided as part of the main agenda.

4) Ensuring Services are delivered as efficiently possible

Overview

- The weekly savings task and finish group has completed and has been replaced by a weekly savings group focused solely on the budgets delegated to the locality from NHS GM due to the deterioration of the position on these budgets. The focus of these schemes is to identify cashable savings in both 2023/24 and in 2024/25.
- A line-by-line budget review has taken place in November, to inform savings opportunities which will be prioritised and agreed by a senior multi-disciplinary group in December.
- This line-by-line budget review will also inform contract renewals for 2024/25
- 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, which is still to be defined.
- The presentation on GP services on this agenda will reference work on referrals and thresholds

Reporting to Locality Board

- A monthly update will be provided to the Locality Board through the IDC Chief Officer's update and through the monthly finance report

Expectations of Locality Board Partners

- To proactively engage in the development and implementation of efficiency schemes
- To support the alignment of system capacity to deliver the key schemes
- To ensure organisational support of the key schemes, and unblock risks as they arise during implementation

Key Contacts

Simon O'Hare – s.ohare@nhs.net
Kath Wynne-Jones – kathryn.wynne-jones1@nhs.net

5) Exploring opportunities to recruit and retain workforce capacity

Overview

- The Bury Locality workforce strategy has been signed off at the Strategic Workforce Group following its return to the October 2023 board.

- The six priorities have been identified and are as follows:

    - Workforce integration
    - Good employment charter
    - Workforce wellbeing
    - Addressing inequalities
    - Growing the workforce
    - Developing the workforce

- A system wide lead for each of the priorities has been identified and appropriate groups are being established to deliver in their respective areas with cross sector membership.

- Whilst each of the six priorities are inextricably linked the latter two of "Growing the workforce and Developing the workforce" are particularly relevant to the locality board's priority in respect of opportunities to recruit and retain workforce capacity. There are a number of recruitment initiatives being undertaken amongst a variety of organisations across the locality and each of these will be aligned to the workforce strategy. The workforce hub, through the direction of Adrian Crook and Matt Logan, has supported the potential redeployment of care workers following the closure of two care homes in the borough. This has taken place in partnership with Unique Training Solutions who are offering 1-1 support to those who are displaced and coordinating the link between candidates and those organisations who have vacancies. It is anticipated that we will be able to retain these highly skilled and valued workers within the Bury care sector.
- The workforce SRO is canvassing HR directors and workforce leads within partner organisations to identify the two priorities to be focused on for the first 12 months. The strategic workforce group has been temporarily suspended and a new reporting and governance structure for workforce is being designed through collaborative working system wide.

Reporting to Locality Board

- Progress of workforce strategy priority areas will be reported monthly to IDC BOARD once new governance arrangements are in place.

Expectations of Locality Board Partners

- To note collaborative working in the design and development of the Bury Locality Workforce strategy and its progress through the workforce governance process.

Key Contacts

Kat Sowden, SRO for workforce: kat.sowden@personasupport.org
Kath Wynne-Jones: kathryn.wynne-jones1@nhs.net
Caroline Beirne, AD Workforce: Caroline.Beirne1@nhs.net
Emma Arnold, Workforce Transformation lead: Emma.Arnold1@nhs.net

Meeting: Locality Board			
Meeting Date	4 December 2023	**Action**	Consider
Item No.	7	**Confidential**	No
Title	Primary Care Strategy Update		
Presented By	Dr Kiran Patel, Medical Director IDCB		
Author	Will Blandamer, Deputy Place Based Lead		
Clinical Lead	N/A		

Executive Summary

Recommendations

It is recommended that the Locality Board:-

- Receive and note the Primary Care Strategy Update

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	
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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	☐
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If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						

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

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

BURY INTEGRATED CARE PARTNERSHIP

Primary Care Strategy Update

Part of Greater Manchester Integrated Care Partnership

General Practice Strategy

Purpose: To look specifically at general practice and describe a clear vision of the future, shaped to meet ever-increasing demands.

Vision:

- A strong, resilient collaborative general practice that interacts effectively as a partner across the health and care system.
- To provide holistic care across the neighbourhood in which the Practices operate, with the aim of reducing inequity & variation in access, quality of care, & outcomes.
- To be open to innovative ways of working.
- To embrace collaboration with other Practices when opportunities present.
- To work effectively with system partners.
- To provide a workplace that is satisfying, safe & inclusive to employees.
- To contribute to the offer of Bury being the best place to live, work & study.
- To provide a quality learning environment to trainees of all health & care disciplines as well as opportunities for mentoring, coaching & lifelong learning.

Goals:

Develop & promote a new model of general practice

Have a resilient workforce & an attractive place to work

Increase capacity within general practice & meet appropriate demand

Strengthen the relationship between provider partners across the Bury system

Improve outcomes for patients by reducing inequity & variation in access & quality of care

Example Measures:

Reduce inappropriate demand on general practice by increasing self referral options for patients

Reduce the carbon footprint of prescribed inhalers

Reduce the % of patients waiting over 28days (all modes all HCPs)

Reduce in the % of inconsistent categorisation mapping

Increase utilisation of Enhanced Access capacity across Bury

Increase the % of patients enabled to order repeat prescriptions online

Increase the % of patients enabled to view their detailed coded record online

Increase in the % of appointments where time from booking to appointment was <2wks

Programmes:

- Alternative at Scale Solutions
- Communication & Engagement
- Data & Digital Ambition
- Effective Pathway Navigation
- Estates, Current & Future Need
- Integration Wider PC, PSR, Neighbourhood
- Quality & Assurance
- System Leadership
- Workforce, Recruitment, Development & Retention

Bury General Practice Strategy Alignment

BURY INTEGRATED CARE PARTNERSHIP

Delivery Plan for Recovering Access to Primary Care

Greater Manchester Primary Care Blueprint

- 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
- Form 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
- Help to create fairer health and tackle the root causes of inequalities, working in partnership with our communities to create healthier, greener and fairer places
- Help people to stay well and focus on the prevention and early detection of ill health, and the effective management of long-term conditions
- Be viable for the long term, ensuring that services are available when and where needed
- Play a full part in achieving a Net Zero NHS GM Integrated Care Carbon Footprint by 2038
- Empower citizens and providers with high quality, digitally enabled Primary Care
- Be delivered from facilities which are appropriate for the provision of 21st century Primary Care
- Deliver safe, effective services, 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.

Bury General Practice Strategy

- A strong, resilient collaborative general practice that interacts effectively as a partner across the health and care system.
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- To contribute to the offer of Bury being the best place to live, work & study.
- To provide a quality learning environment to trainees of all health & care disciplines as well as opportunities for mentoring, coaching & lifelong learning.

Bury General Practice Strategy Alignment

BURY INTEGRATED CARE PARTNERSHIP

Delivery of the GM Primary Care Blueprint is focused around 9-chapter areas:

1. Demand, access and capacity
2. Integrated working in neighbourhoods
3. Health inequalities
4. Prevention
5. Sustainability
6. Digital
7. Estates
8. Quality, improvement and innovation
9. Workforce

Delivery of the Bury General Practice Strategy is also focused around 9 programmes

Alternative at Scale Solutions	Communication & Engagement	Data & Digital Ambition
Effective Pathway Navigation	Estates, Current & Future Need	Integration Wider PC, PSR, Neighbourhood
Quality & Assurance	System Leadership	Workforce, Recruitment, Development & Retention

Programmes of work

At Scale Solutions

- Women's Health Hub
  - GM pump priming funding established
  - Phased implementation plan produced
- Community Diagnostics
  - Conversations are on-going at both GM and Locality Level
  - Interim QAS arrangements being explored
- Acute respiratory hubs running for 16wks (four sites 5days a week)
- Resilience Capacity – awaiting formal approval from GM
- Diabetes Early Onset Programme – Funding and EOI approved by GM, now looking at implementation
- MMR and Shingles uptake
- Bids currently in for Flu/COVID Call and recall and nasal flu

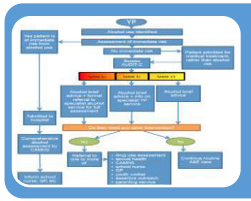
Estates, Current & Future Need

- PCN Toolkits completed, outputs anticipated shortly
- Regeneration/improvement plans in development for Prestwich and Whitefield
- Small number of improvement grants approved subject to receiving appropriate quotations and expected completion by 31/03/23

GAPs

- No clear strategy which hampers future delivery and expansion of great delivery at scale

Programmes of work



Effective Pathway Navigation

- Recovering access in General Practice
  - Care Navigation Training Sourced and now needs to be rolled out
  - Implementation of Cloud Based Telephony
  - Working with PCNs to ensure full utilisation of ARRS funding
  - GAP - Increase in Self-referral options for patients
- Primary/Secondary Care Interface - embedding adoption of the principles/deflection of inappropriate asks. From the 1st January we will no longer be doing:
  - Blue badges/DWP/Schools
  - Consultant to Consultant requests/onward referrals
  - Your test your responsibility
  - Expedite requests from referral secretaries
- Datix and process around it

Communication and Engagement

- We are Primary Care Family (who's who in general practice toolkit developed)
- Directory of Services to be developed
  - Training on existing DOS arranged for Nov
- Communications around the General Practice Strategy in development, for promotion via GM ICB (Bury) website
- Fortnightly General Practice webinars in place
- Quarterly face to face member meetings re-established
- SharePoint provides regular up to date information for general practice and acts as a central repository for service information

Programmes of work

Data & Digital Ambition

- Creation of real time searching and reporting across practices to provide targeted prevention/intervention data (benchmarked where possible)
- Increased uptake of the NHS App (13+)
- The ability to book/cancel appointments online (was 15.5% currently 19.5%)
- Increase in the % of patients enabled to order repeat prescriptions online (was 28.7% currently 32.8%)
- Increase the % of patients enabled to view their detailed coded record online (was 5.29% currently 8.89%

GAPs

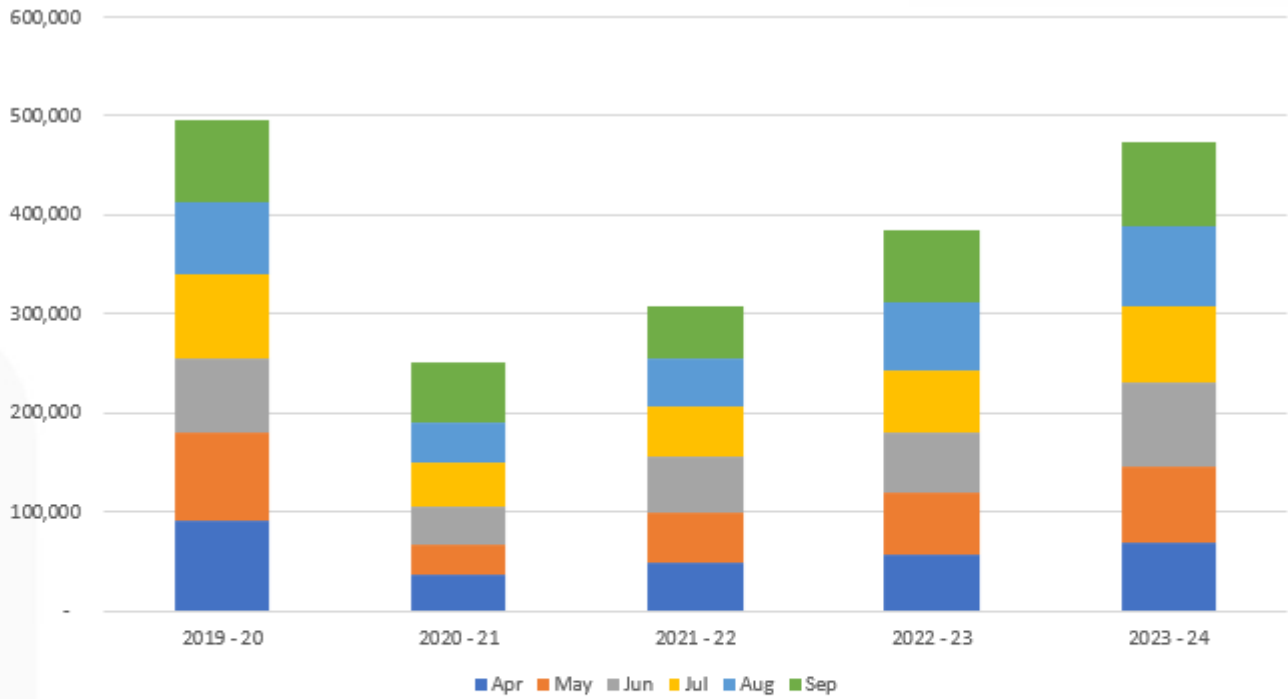
- All bar one practice has signed the data sharing agreement for EMIS enterprise
- GM PC Dashboards road mapped but not aligned to local need/timelines

Quality & Assurance

- PCN Capacity and Access Plans developed (focus's on improving patient experience of access and will be measured through the GPPS)
- Transitional and transformation funding in 24/25 will support practices to move to the Modern General Practice Access Model
- Improve utilisation of Enhanced Access (was 70%, currently at 73%)
- Re-established PCQVs (76% completed) to identify areas of good practice but also address unwarranted variation
- 3 out of 4 PCNs have provided assurance against the DES requirements
- Bury LCS – under review for 24/25 (in alignment with BeCCoR)
- Practices working towards Military Vet RCGP Accreditation (was 12% now 32%)

Access

Number and Mode of Appointments Apr23 – Sep23



Average Mode Split (Apr23 – Sep23)					
	F2F	Tel	Unknown	HV	V/Online
Bury	66.7%	29.7%	2.3%	1.1%	0.3%
GM	68.7%	27.0%	1.1%	1.7%	1.5%
National	69.3%	25.9%	2.3%	1.0%	1.5%

- Does not include non-compatible Online/video consultation platforms

Programmes of work

Integration Wider PC, PSR, Neighbourhood

- Bury LCS contains a range of neighbourhood improvement indicators aimed at aligning the priorities of providers
  - Bowel screening
  - Trauma informed practice /Adverse childhood experience
  - Dementia (HinM funding to digitise care plans)
  - Mental Health
  - Frailty
- PCNs representatives now attend NCAG (will be looking at personalised care as part of ARRS funding)
- Prestwich has a joint PCN/Neighbourhood meeting and Whitefield looking to mirror that

GAP - Wider awareness and closer alignment of PCN and Neighbourhoods plans needed

System Leadership

- General practice strategy developed in collaboration with practices (ensuring linkages with blueprint and recovering access requirements)
- GPLC well established and feeds into the PCCC architecture, membership includes all PCN CDs, 1 GP Neighbourhood Lead, the GP Federation, a PM Lead the LMC and Locality Representation
- Coordination of Bury wide bids e.g. Resilience Monies and Diabetes Early onset

GAP

- Wider Primary Care Forum needed (risks and opportunities across Dental, Optoms and Pharmacy less known)

Programmes of work

Workforce Recruitment, Development & Retention

- Workforce Strategy in development
- Expansion of Bury HIVE and education programme
  - Over 15 CPD courses offered out across Bury
  - Fortnightly education webinars
  - Practice nurse forum re-established
  - Funding to implement Training Pods approved
  - Dedicated education/vacancy pages on SharePoint
- Workforce
  - Working with practices to accurately and regularly update NWRS
  - First 5 group established supporting new recruits
- GM workforce leadership group looking at retention this month

Bury FTE by roles	Sept'22	Sep'23	Trend
All staff	443	400	↓
GP's	121	103	↓
Nurses	52	47	↓
Admin	237	217	↓
Direct Patient care	33	33	→

GM Workforce Comparison

BURY INTEGRATED CARE PARTNERSHIP

FTE per 100,000 Patients Sept '23	Bury	Bolton	Oldham	HMR	Salford	Stockport	Tameside & Glossop	Trafford	Wigan	England
All staff	178	212	210	210	226	220	207	191	223	216
GP's	37	44	39	45	46	56	37	43	44	43
Nurses	22	27	25	23	25	22	26	18	29	27
Admin	103	118	123	122	132	126	116	118	131	120
Direct Patient care	16	23	23	20	23	16	28	12	19	26

% of staff per 100,000 Over 55yrs by FTE	Bury	Bolton	Oldham	HMR	Salford	Stockport	Tameside & Glossop	Trafford	Wigan	GM	England
GP's	30.1	20.1	19.4	21.9	20.6	13	23.9	20.4	27.6	13	23
Nurses	44.7	31.9	30.6	37	23	31.8	30.9	49.4	21.2	21.2	33.7
Admin	41	33.8	28.6	29	30.6	37.3	30.5	40.5	31.1	28.2	35
Direct Patient care	13.6	17.7	17	17	24.8	38.5	24.7	37.2	12.3	12.3	25.4

Measuring Improvement

BURY INTEGRATED CARE PARTNERSHIP

Examples of measures being used to assess improvement and delivery against plan:

Measurable Indicators	Target	22/23 Baseline	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Increase in the % of patients who found it easy to get through to someone at their GP on the phone (Q1)	↑	44%	N/A	N/A	N/A	61%	N/A	N/A	N/A
Increase in the % of patients who found it easy to use their GP Practices website to look for information or access services (Q4)	↑	61%	N/A	N/A	N/A	72%	N/A	N/A	N/A
Increase in the % of patients who were satisfied with the appoint/s offered (Q16)	↑	72%	N/A	N/A	N/A	71%	N/A	N/A	N/A
Increase in the % of patients describing their experience of making an appointment as good (Q21)	↑	52%	N/A	N/A	N/A	51%	N/A	N/A	N/A
Increase in the % of patients describing their experience of their GP practice as good (Q32)	↑	67%	N/A	N/A	N/A	65%	N/A	N/A	N/A
Increase the Friends and Family (F&F) response rate	↑	0.4%	0.7%	0.9%	1.0%	1.0%	0.90%		
Increase in the % of patients who would recommend their practice to their F&F	↑	89.0%	89.1%	89.2%	89.8%	90.7%	89.30%		
Increase utilisation of Enhanced Access capacity across Bury	↑	70%	79%	79%	73%	71%	72%	69%	73%
Increase the number of referrals via Community Pharmacy Consultation Service	↑	1475	91	166	238	334	429	518	
Increase in the % of appointments where time from booking to appointment was <2wks	UT90% LT85%	86.1%	85.60%	85.70%	86.40%	87.60%	86.70%	87.00%	
All practices/PCNs check & update the Northwest Reporting System each mth	100%		24%	8%	8%	20%	80%	44%	8%
Increase WTE staff per 100,000 patients	↑	175		178			180		178
Increase the WTE ARRS staff working across general practice (Bury)	↑								
Increase the no. of practices who are accredited as a clinical learning environment	↑	29%	32%	32%	32%	32%	32%	32%	28%

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	04 December 2023	**Action**	Receive
Item No.	8	**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 Board of progress with the work of the IDC , and progress with the delivery of programmes across the Borough

Recommendations

The Board are asked to note the progress of the strategic developments,and progress of the programmes

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	Yes	☐	No	☐	N/A	☒

Implications						
report?						
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**

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. Key strategic developments

Key developments over the past month include:

- Undertaking work to restructure the former LCO team in the context of the current operating environment of the IDC
- Reviewing programme structures to improve connectivity and communication across the Borough, that ensure that the efficiency opportunities identified through the Primary Care engagement events, conversations with FGH Clinical Directors and requirements of the clinical interface recommendations are implemented through existing programme boards
- Scoping programmes of work that will deliver efficiencies in 24/25. These are primarily of a long term condition focus, where there are gaps in understanding and integration across the system
- We have been giving a specific focus to the elective programme and how we have a focus on the system architecture we need to have in place to support effective demand management, and the implementation of the national and GM clinical interface guidance .The first product will be to produce a summary for GP's of referral processes in place at specialty level for the NCA and NMGH
- Developing the communication plan to support embedding of the neighbourhood model. We are developing a suite of videos describing our neighbourhood working approach, alongside developing the 'Bury family' to describe how our health and care system will be different in the future
- Developing the approach to define key success metrics for the Borough: we are compiling a list of key obsessions through the SRO's
- Workshop prepapration for the 13th December to review our model of neighbourhood working for health and care teams, and understanding the further clarity we need to give to this through engagement with stakeholders over the coming months.
- Establishing risk management processes as agreed at the IDC and Locality Boards. This is outlined further in the risk management paper
- Continuing to support the work to redesign the North Manchester General Hospital site. A stocktake of offers available to the NMGH site has been undertaken.
- Work continues to deliver confirmed and potential effiency schemes .

3. November IDC Programme highlights:

Urgent and Emergency Care: Locality Agreement to extend GPOOHs contract confirmed and being enacted through GM STARS process. From 1.1.24 will need to follow the new NHS Provider Selector Regime to determine next steps for GP OOHs commissioning locally.

Elective Care and Cancer: Continued development of framework to enable systematic of implementation of processes across speciality groups. Bury locality representation at the GM Integrated Care Pillar Group.

Adult Social Care: The Council will need support from system partners to contribute to its self-assessment that will be shared with the CQC as part of Bury's assessment. The first cohort of 20 local authorities to be assessed are now expected to be contacted by the CQC

in December. Partners will be invited to preparation events over December /January .

Mental Health:
Workforce model for Living Well model phase 1 finalised and Living Well MDT prototype now live.
CYP mental health hub design proposals developed in line with national guidance.
The position regarding demand for inpatient beds and resulting numbers of out of area placements remains challenging.

LD & Autism
We continue to try and make people's lives better, by developing more choices and improving services for our service users

Complex Care
Transforming Care is performing the best GM. Fast tracks data cleanse is now complete with accurate reporting. We are now reporting 19/50,000 population which is less that the GM mean.

Neighbourhoods:
The year to date has seen the highest average number of Active Care Management referrals per month since ACM started. There has been relatively good progress in delivering the Locally Commissioned Services [LCS] Framework targets in each Neighbourhood.

Primary Care:
Work continues to ensure recruitment can be evidenced against all relevant AARS roles, to prevent national/GM money being lost from the economy. System wide discussion to ensure principles of neighbourhood working are being adhered to in line with locality plan ambitions. A stocktake paper will be brought to IDC Board for consideration.

Community Health Services: The Community Health Services Senior Leadership Team have identified a range of opportunities to support efficiencies, which are currently being scoped alongside the elective care.

Palliative and EoL Care: A new strategy for palliative & EoLC care in Bury is being developed. A bid has been submitted to MacMillan for social investment to develop an Integrated Specialist Palliative Care Hub

4. Performance

The dashboard has been shared to demonstrate current performance against key ICS indicators.

Summary:

- In September 23, the total number of GP appointments increased by 5% on the previous month.
- A&E attendances remain high (6,952) and have not seen the usual seasonal drop. The high attendances impacted on A&E 4 Hour performance, decreasing by 0.4% in October and an increased number of patients experiencing 12 hour waits. We are currently undertaking an analysis of reasons for attends and aiming to reintroduce streaming by the end of the month.

- UCR 2 hour response was below the target of 70% in October at 67%, this was previously 56% in September. Total referrals increased by 21.2% to 446 in October from September.
- IMC Occupancy for Killelea – Bed occupancy was up to 96% in October which is the highest since May 23.
- The total patient snapshots in Virtual Wards at the end of October decreased by -55.1% on September to 92 patients from 205 (NCA wide).
- Elective waits have slightly decreased, with 31,362 patients currently waiting. Patients waiting over 78 weeks increased by 47% compared to August, with 56 patients remaining.
- Cancer 2WW has seen an increase in performance in September by 2.6%, 28 Days has decreased by 2% on performance in August, this is despite less referrals in September to August.
- IAPT patients seen within 6-week timeframe has increased in September, however still within target and Bury is currently performing better than GM.
- The percentage of the Bury population on the palliative care register has remained the same in October from September.
- MH out of area placements – the number of out of area placements in August has increased by 48.5% since July. Compared to August 22 this has increased by 58.1%.
.

Key indicators are scrutinised with action plans implemented through our programme boards.

5. 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 relating to the areas of:

- Workforce availability: challenges in recruitment exacerbated by guidance in place to support financial recovery, both clinical and non-clinical
- Estates availability
- Financial challenges of the Borough and resources unavailable to support additional investment in community and mental health service developments
- Performance challenges
- IT and data systems to support transformational change
- Connectivity between the PCN's and neighbourhoods, and utilisation of AARS monies
- High levels of demand across services.
- PCN ARRS investment and risk to the staffing model
- Risk around UEC recovery schemes due to savings required by GM
- GM funding issues and effects on a number of pilots/schemes in the locality

There is further work to do to ensure consistency of scoring and reporting which is being progressed via a subgroup of the IDC Board.

6. Recommendations

The Board are asked to note the progress and risks outlined within the paper

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
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December 2023

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	04 December 2023	**Action**	Receive
Item No.	9	**Confidential**	No
Title	Fairer Health For All		
Presented By	Jon Hobday, Director of Public Health		
Author	Jon Hobday, Director of Public Health		
Clinical Lead	N/A		

Executive Summary

This paper outlines opportunities for partners to input and shape priorities for co-ordinated action on health inequalities across Greater Manchester, responding to the proposed principles, priorities, targets and metrics in the Greater Manchester Fairer Health for All Framework.

It also outlines plans to co-design intelligence and leadership tools and resources that will enable neighbourhood and locality partners to create Fairer Health for All and support delivery of Bury's Health Inequality plans.

Recommendations

The Locality Board is asked to:

- Review and comment on the Fairer Health for All framework engagement draft and the engagement questions outlined in section 2.2 of this report.
- Champion Fairer Health for All and opportunities for partners engagement

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	☐
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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	☐
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Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

BURY INTEGRATED CARE PARTNERSHIP

Fairer Health For All

1.0 BACKGROUND

What is Fairer Health for All?

1.1. Fairer Health for All (FHFA) is a system-wide commitment and framework for reducing health inequality and tackling inequalities across the wider, social, and commercial determinants of health, leading to a greener, fairer, more prosperous city-region.

1.2. The Fairer Health for All framework is a blueprint that sets out a collaborative approach priority action across the system, aimed at advancing equity, inclusion, and sustainability whilst delivering health and care services that better meet the needs of the communities we serve.

1.3. FHFA has been co-produced through extensive locality and community participation and engagement over the past fifteen months, which has taken place alongside the development of NHS Greater Manchester's Integrated Care Partnership strategy and our Five Year Joint Forward Plan. It prioritises coordinated action to deliver against the six strategy missions and a roadmap for how we will:

- Work together to fulfil statutory NHS responsibilities such as unlocking social and economic potential and delivering against Core20Plus5 inequalities targets.
- Enhance and embed prevention, equality, and sustainability into everything we do as a health and care system.
- Tackle the discrimination, injustice and prejudice that lead to health and care inequalities.
- Create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region.

1.4. The full engagement draft of the **Fairer Health for All framework** (see attached) outlines core principles and priorities, aligned to two new tools central to workforce development, leadership and strategic intelligence that can be adapted to local contexts.

2.0 ENGAGEMENT

2.1. The Engagement Draft of the Fairer Health for All framework sets out the process of engagement to date as well as initial outputs of work. Its purpose is to provide as much opportunity as possible for the final version to be informed and shaped

by our colleagues from the VCFSE sector and our service users, partner agencies, practitioners, staff and leaders from across all ten localities, in the way it has been co-produced over the fifteen months to date.

2.2. We welcome all comments and will be engaging directly with all stakeholders to provide a space for feedback on the following 4 key lines of enquiry:

a) *What are your thoughts on the key goals, targets, and metrics we have identified in chapter 9? Are there any headline ambitions or key metrics that are missing or that require different emphasis?*

b) *Have we correctly identified the priorities – are there any that are missing or require a different emphasis*

c) *If we collectively implement the proposals set out in the framework, how will this make a positive difference to your experience of achieving Fairer Health for All either as a provider, service user or delivery partner? What could be added to framework to improve on this?*

d) *Do you have any other views on the framework?*

2.3. The intention is to socialise the framework locally through asking partners to share the engagement documents within their teams and relevant forums and by raising awareness across the system in the Team Bury Event in December 2023.

2.4. To provide direct feedback, please get in touch with gmhscp.adminpopulationhealth@nhs.net with any comments, suggestions or queries.

3.0 FAIRER HEALTH FOR ALL IN ACTION

3.1. The framework has focused initially on supporting the development and scaling of a range of work programmes already underway to:

• Reduce variation in care across major system programmes with a particular focus on CORE20PLUS5 priority areas
• Focus on targeted prevention through delivery of upstream models of care
• Maximise the role of the NHS and social care as anchor institutions to create a greener, fairer, healthier and more prosperous GM
• Comprehensives approaches to prevention and the leading modifiable causes of inequalities in health

3.2. Local examples of work within Bury include the proactive work Primary Care is doing around CVD prevention, targeted bowel screening in low uptake areas and the focused immunisation catch up programmes with targeted communities.

4.0 FAIRER HEALTH FOR ALL TOOLS

4.1. The Fairer Health for All 'tools' are being iteratively developed over the coming 6 months to enable co-ordinated action across neighbourhoods, localities and at system level and to capture stories of change and examples of Fairer Health for All in action. The 'tools' under development are:

a) Fairer Health for All Academy

b) Health and Care Intelligence Hub

Culture Change and Leadership

4.2. We recognise that achieving Fairer Health for All requires a step change in the ambition, measurement, resourcing and workforce proficiency to tackle inequalities. Creating the conditions for diverse leadership, workforce and talent to flourish across our public and VCSE sectors will ensure we have the insight and ability to deliver to our diverse communities' tackling those unwarranted health disparities resulting from institutional discrimination.

4.3. The Fairer Health for All Academy facilitates shared learning, innovation and collaborative approaches to prevention and upstream models of care. Hosting a range of leadership and workforce development tools and resources, the Academy also provides a dedicated space to share lived experience from across the system. The academy will build capacity and capability for distributed leadership to enable health equity, equality, inclusion and sustainability into health and care commissioning, governance, and leadership at every level.

4.4. Existing and emerging leadership and workforce development opportunities will be accessible through the Academy, alongside new collaborations later in 23/24. An intentional co-creation process will create spaces for lived experience to be heard across systems and communities and acknowledge and value the diverse leadership and behaviours required to create Fairer Health for All.

Population Health Management

4.5. The Health and Care Intelligence Hub is part of our Fairer Health for All approach to enable adaptive capability for population health management in relation to our people, systems and analysis. Access to the hub can be requested via https://www.gmtableau.nhs.uk/gmportal/new_Request and is open to all VCSE and public sector partners.

4.6. Hosting a range of web-based intelligence tools, the hub has been co-designed to consolidate data and insights from public and VCFSE sector partners across the city-region into a single portal, enabling people and partners the opportunity to:

• Bring data to life, understanding how health inequalities and variations in care change throughout a person's life

• Focus on 'names not numbers' by capturing the insight and stories of change from different communities

• Share wisdom and learning about which interventions work and why

• Understand which communities have fewer opportunities to live healthily and are more likely to develop poor health by exploring the interactions between individual, family, and community factors

• Ensure resources are targeted where needed, so policies and programmes can super-serve prioritised communities

• Proactively work with communities to offer more opportunities to stay well and find and treat illnesses early

• Measure progress, evaluate outcome indicators for different communities across various clinical pathways, and combine service data with community insights to understand reasons for poor access, unmet needs, and hidden harm

• Model the anticipated impact of policies/interventions on different communities, protected characteristics, and environmental sustainability as well as costs vs benefits

4.7. NHS Greater Manchester is working with key stakeholders, including VCSE partners, to develop a comprehensive data and intelligence function capable of delivering actionable intelligence to support population health, planning and service design and front-line clinical decision making.

4.8. Building a shared understanding of inequalities through insight, as well as data is essential, and can drive and sustain improvements in tackling inequalities in health outcomes. Interactive Impact Assessment Tools which combine health equity, equality and sustainability are under development which can help inform commissioning, policy and partnership approaches.

Jon Hobday
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Greater Manchester Integrated Care Partnership

Fairer Health For All

Framework for Delivery

July 2023 — Engagement Draft

Framework Contents

1. Introduction To Engagement Draft

This Engagement Draft of our Fairer Health for All framework sets out our process of engagement to date as well as initial outputs of work and will be used to support a programme of detailed engagement across our system from August to November.

Its purpose is to provide as much opportunity as possible for the final framework to be informed and shaped by our colleagues from the VCFSE sector as well as our service users, partner agencies, practitioners, staff and leaders from across all ten localities, in the way it has been co-produced over the fifteen months to date.

Our approach to engagement comes in the context of:

- A unique tripartite agreement on housing and health with Fairer Health for All pilot activity building relationships across localities and housing providers.
- A system wide agreement with the VCFSE sector, GM Combined Authority (GMCA), and NHS GM Integrated Care –which has secured a strong role for people and communities in prevention and community engagement across service planning and commissioning.
- Integrated neighbourhood working and a move from the medical model towards the social model, with examples across every locality of transforming health through integrated partnerships with residents and a resultant shift towards place and person-centred approaches to care.
- Investment in upstream models of prevention, including improving school readiness, health and employment support for those at risk of falling out of work and the newly unemployed and an integrated approach to violence prevention with a whole system approach to preventing adverse childhood experiences and developing trauma responsive care.

We welcome all comments and will be engaging directly with all stakeholders to provide a space for feedback on the following 4 key lines of enquiry:

1 What are your thoughts on the key goals, targets, and metrics we have identified in chapter 9? Are there any headline ambitions or key metrics that are missing or that require different emphasis?

2 Have we correctly identified the priorities – are there any that are missing or require a different emphasis?

3 If we collectively implement the proposals set out in the framework, how will this make a positive difference to your experience of achieving Fairer Health for All either as a provider, service user or delivery partner? What could be added to framework to improve on this?

4 Do you have any other views on the framework?

2. Summary

Fairer Health for All is GM's response to 'Build Back Fairer' – a set of national and city-region ambitions and recommendations by the **Institute of Health Equity and the Independent Equality Commission** in the aftermath of Covid-19 **to address root causes of ill health and inequalities**, as well as advance equalities across our city-region.

More than a mantra or a rally cry, Fairer Health for All is a system-wide commitment and framework for reducing health inequality and tackling inequalities across the wider, social determinants of health, as well as creating a greener, fairer, more prosperous city-region.

It has been co-produced through extensive locality and community participation and engagement over the past fifteen months, alongside the development of **NHS Greater Manchester's Integrated Care Partnership strategy** and our **Five Year Joint Forward Plan** for delivery of that strategy and prioritises co-ordinated action to deliver against the six strategy missions.

The framework (see page 9) sets out our ambition for doing things differently; building a society based on the principles of social justice, to reduce inequalities of income and wealth, to build a wellbeing economy and achieve greater health equity. Our Fairer Health for All framework provides tools and resources for how we can collaborate, share, and learn across the system to ensure people have the best possible health as well as wellbeing, no matter who they are or where they live.

"Challenging the whole of Greater Manchester to go further and faster on reducing health inequalities and inequalities in economic, social, environmental, and cultural circumstances"
Marmot Report

3. The Picture Of Health Inequalities In GM

GM can be an amazing place to grow up, get on and grow old, but not everyone has the same opportunities to be healthy and well and to reach their full potential to live good lives. **The conditions we are born, grow, live, work and age in — affect our chance of having a long, healthy life.** Widening the preventable gaps between the people with the worst health and the people with the best health.

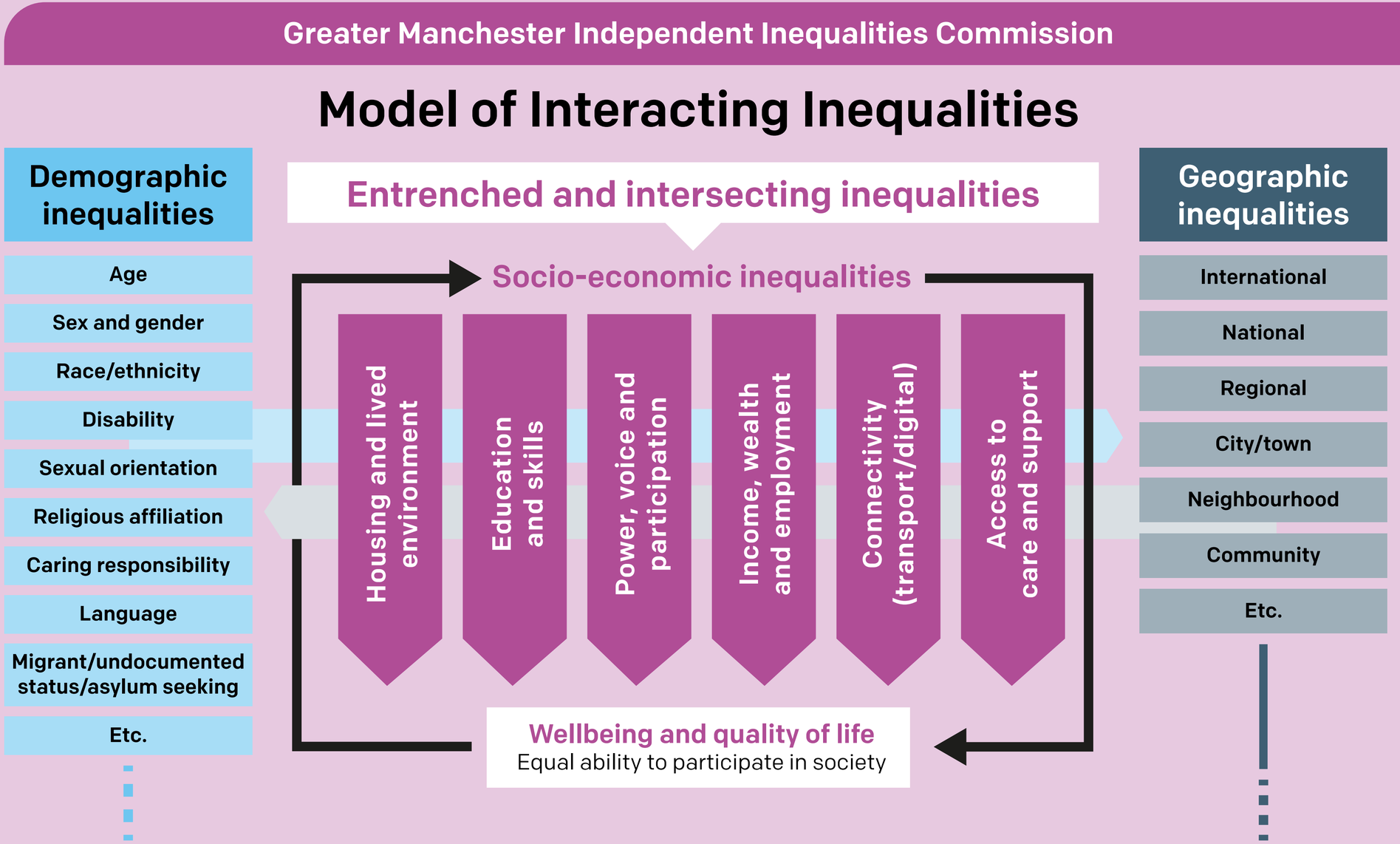
Factors like our income, housing, jobs, education, relationships, access to green spaces and air quality all impact on our health. Sharing certain protected characteristics or belonging to vulnerable or excluded groups in society can also impact how we experience health and wellbeing. These are the "causes of the causes" of poor health – also called the wider determinants of health. It is how these factors are distributed across different groups of people that lead to health inequalities. These factors often overlap, meaning people can fall into combinations of these categories and compound the severity of inequalities experienced.

What are the effects of health inequalities?

Health inequalities can be seen and measured through differences in:

- prevalence of conditions and mortality
- behavioural risks to health such as smoking
- the wider determinants of health such as housing and employment
- access to care
- the quality and experience of healthcare services

The diagram to the right developed by the GM Independent Inequalities Commission illustrates the entrenched and intersecting inequalities experienced in GM – highlighting how different communities have unequal opportunities to be healthy. The Commission was established during the Covid-19 pandemic to develop ideas, providing expert opinion, evidence and guidance to reshape GM's economy and society for the future.



Inequalities At A Glance In GM

There are

2.8

million people
in GM

1.1 million of these residents live in the **most 10% deprived areas** of the UK

Female healthy life expectancy in GM is 60.9 years

Vs England average of 63.9

A female born in Salford could expect to live **9.5 years less** in good health than a female born in Trafford.

There are differences within localities too:

A woman living in Salford in the **most deprived neighbourhoods** can expect to live

11.1 years less

than a woman living in the wealthier neighbourhoods.

Male healthy life expectancy in GM is 61.4 years

Vs England average of 63.1

A male born in Oldham could expect to live **10.3 years less** in good health than a male born in Trafford.

There are differences within localities too:

A man living in Salford in the **most deprived neighbourhoods** can expect to live

11.7 years less

than a man living in the wealthier neighbourhoods.

68,200 people in GM are unemployed

5% compared to 3.5% UK average.

117,400 residents

are economically inactive due to long term sickness. 30% of our productivity gap is due to ill health.

1/3 of the GM population are children and young people (CYP)

around 1 in 4 live in poverty

40% of children

living in poverty in GM **live in a smoking household**. Children living in a smoking household are **4 times more likely to start smoking**.

Asthma-related hospital admissions for CYP is consistently high in GM. **And 50% higher for CYP from disadvantaged GM communities.** Twice the rate of the national average.

4. A Partnership Approach: Supporting The GM Integrated Care Partnership Strategy

Our Vision

The GM Integrated Care Partnership Strategy sets out how we, as an Integrated Care Partnership, comprising the NHS, local authorities, and partners across the VCFSE, Healthwatch and the trade unions, will improve health and care for the people of GM, playing a key role in delivering the ambitions of the GM Strategy to **create a fairer, greener, more prosperous city-region.**

Missions

Our strategy sets out six missions, which are our priority actions in response to the current challenges. These are:

Strengthening our communities

Helping people get into, and stay in, good work

Recovering core NHS and care service

Helping people stay well and detecting illness earlier

Supporting our workforce and our carers

Achieving financial sustainability

Embedding Our GM Model For Health

Our Model for Health sets out how we will work together, with our communities, to enable the conditions for good lives and reduce health inequalities across our city-region. Realising a social model for health offers more than medicine, to positively address the full range of health determinants, including a focus on population health and prevention.

The GM Model for Health is based on core principles of co-production, working with partners, people and communities, and using insight and innovation to maximise health outcomes as well as provide, consistent high-quality care for all.

This illustration describes the core characteristics of the Model

5. A Partnership Approach: Equity, Inclusion And Diversity

Central to delivering Fairer Health for All is tackling injustice and advancing equality in our workforces, alongside addressing existing inequality, in our health and care delivery. These are symbiotic actions that will strengthen our ability to evidence a reduction in unwarranted disparities for our diverse communities in health and care access, experiences, and outcomes.

NHS GM has a statutory responsibility to address inequalities and advance equalities. We have prioritised three overall Equality Objectives to cover the period to March 2026.

Our People

Our Communities and Insight

Improving our Outcomes

NHS GM's equality objectives support our system to respond to urgent priorities we face in health and care. Creating the conditions for diverse leadership, workforce, and talent to flourish, we can generate the insight and ability to deliver to our diverse community's needs. Delivering effective interventions at the right place and level to improve health outcomes for all that will help tackle long waiting lists and excessive accident and emergency presentations.

There is now ample evidence of how policies and practices can inadvertently, adversely affect the health, wellbeing and outcomes for communities that experience discrimination and disadvantage (systemic discrimination). Integrated Care Systems are expected to deliver effective interventions at the right place and level so that they can make a difference to our diverse population's unequal outcomes. We can now take systemic practical actions to address and remove unhelpful 'baked in adverse bias'.

Removing System Bias

Our focus is on understanding and developing practical solutions to removing bias from systems and processes that tackle the underlying causes of inequalities. Creating greater equity for and within our GM population, we can reduce unnecessary and excessive costs to individuals and communities and to system resources. Developing more robust and systematic approaches to engaging our communities, supporting them to have influential voices, especially those from marginalised parts of our system, we can more effectively meet their needs.

Equality, diversity and inclusion is at the heart of everything we do. This includes an extensive and intensive review of our culture, to ensure that our commitment and actions are aligned. Lived experience is central to the way we plan and operate as a public body, an employer, and a planner of healthcare services in line with our Fairer Health for All principles outlined in Chapter 8.

6. Fairer Health For All: What Is It?

The Fairer Health for All framework is a blueprint that sets out how we can work together to tackle inequalities.

It provides a shared approach and consensus of priority action across the system, to advance equity, inclusion, and sustainability and deliver health and care services that better meet the needs of the communities we serve.

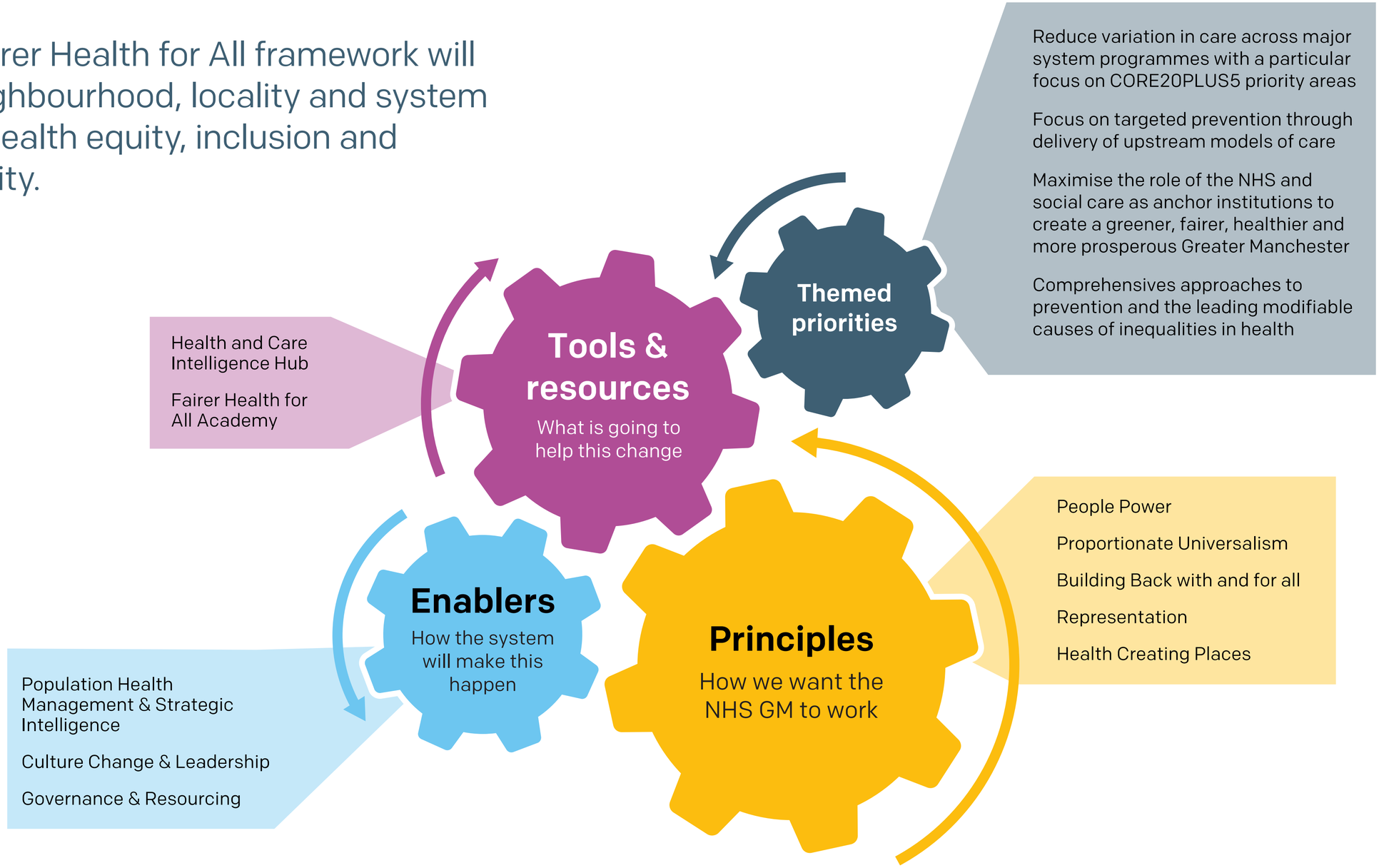
Supporting the six key missions from the **Integrated Care Partnership strategy** as well as delivery of the **Five Year Joint Forward Plan**, the framework provides a roadmap for how we will:

- ✓ **Work together to fulfil statutory NHS responsibilities such as unlocking social and economic potential and delivering against Core20Plus5 inequalities targets**
- ✓ **Enhance and embed prevention, equality, and sustainability into everything we do as a health and care system**
- ✓ **Tackle the discrimination, injustice and prejudice that lead to health and care inequalities**
- ✓ **Create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region**

The Fairer Health for All framework outlines core principles and priorities, aligned to two new tools central to workforce development, leadership and strategic intelligence, that can be adapted to local contexts. A **Fairer Health for All Academy** and **Health and Care Intelligence Hub** will foster shared learning and collaboration and collate vast and diverse intelligence, data and insights from across public and VCFSE partners.

These tools will build capacity – for people, systems and places – and provide strategic insights and collaborative approaches for integrated working for everyone planning, commissioning and delivering health and care. This will transform, guide and enable our systems governance to develop co-ordinated plans to reduce inequalities, deliver greater equity and sustainability.

The GM Fairer Health for All framework will enable neighbourhood, locality and system action on health equity, inclusion and sustainability.



7. Fairer Health For All: Where Did It Come From?

In 2020, the **Institute of Health Equity** (IHE), led by Professor Sir Michael Marmot, published an update on the 2010 Marmot Review of Health Inequalities in England, which included a parallel report published in 2021 – **Build Back Fairer in Greater Manchester**: Health Equity and Dignified Lives. The report highlights how levels of social, environmental, and economic inequalities in society are damaging health and wellbeing. It explores how these inequalities have been exposed and magnified by the Covid-19 pandemic and its impacts. It also provides a blueprint for how GM can 'Build Back Fairer' to achieve Fairer Health for All and signified the establishment of GM as the first Marmot city-region.

The report calls for health equity to be placed at the heart of governance in GM, including resource allocation, and for all policies in the region to be geared towards achieving greater health equity. The report has a particular focus on 'future generations', with children and young people disproportionately, and inequitably, harmed by the impacts of coronavirus restrictions and lockdowns.

The Independent Inequalities Commission (IIC) showed the main socioeconomic inequalities in GM to be centred on housing and the lived environment; education and skills; power, voice and participation; income, wealth and employment; connectivity and access to care and support. In a bid to address these inequalities, the IIC recommended that GM focus its energy and resources on attaining two main goals: **equality and wellbeing.**

Professor Sir Michael Marmot also argued that tackling social inequalities in health and tackling climate change must go together and noted that much of what we recommend for reducing health inequalities – active travel, for example walking or cycling or public transport, energy-efficient homes, access to green spaces, healthy eating, reduced carbon-based pollution – will also benefit the sustainability agenda.

As a result, the Fairer Health for All framework aims to **embed equity, equality and sustainability** within the DNA of the GM NHS Integrated Care system and its constituent parts at all levels.

"The City-Region has made great strides in unifying public services and fostering collaborative work over geographic areas sectors, and this has been enhanced durin pandemic. This kind of collaborative work essential for action on the social determin of health and, even without further devolu of powers, can be extended."

Marmot Report

8. Fairer Health For All: What Are The Principles?

Our **Fairer Health for All framework** outlines collective priorities for co-ordinated action to reduce inequalities across the lifecourse. It provides a shared language for how we will work together as a system with communities and people power at its heart to deliver the Integrated Care Partnership Strategy vision to tackle inequalities.

The Fairer Health for All principles were co-designed by GM partners from across the public and VCFSE sectors in Spring 2022 and have been tested and further co-produced through the delivery of Fairer Health for All activity in 22/23. These principles speak to how we will share risk and resources in a way that considers a strengths-led approach to resource allocation, building on the needs and strengths of individuals, communities and partnerships and to collaborative decision making, so that resource can be targeted and tailored for different communities and places to achieve good health.

"Proportionate universalism is an important principle. Funding should be proportionate to the scale of the problem, but universal in reach: more funding should be given to areas of greater deprivation and to communities experiencing high levels of poverty and exclusion."
Marmot Report

Fairer Health For All Principles

People power

We will work with people and communities, and listen to all voices – including people who often get left out.

We will ask 'what matters to you' as well as 'what is the matter with you'.

We will build trust and collaboration and recognise that not all people have had equal life opportunities.

Proportionate universalism

We will co-design universal services (care for all) but with a scale and intensity that is proportionate to levels of need (focused and tailored to individual and community needs and strengths).

We will **change how we spend resources** – so more resource is available to keep people healthy and for those with greatest need.

Fairer Health for All is everyone's business

We will think about **inclusion and equality** of outcome in everything we do and how we do it.

We will make sure how we work makes things better, and makes our environment better, for the future.

We will tackle structural racism and systemic prejudice and discrimination.

Representation

The mix of people who work in our **organisations will be similar to the people we provide services for.** For example, the different races, religions, ages and sexuality and including disabled people.

We will create the space for people to share their unique voice and be involved in decision making.

Health creating places

As anchor institutions we will build on the strengths of our communities and leverage collective power – to support communities and local economies.

We will focus on place and **work collaboratively** to tackle social, commercial and economic determinants of health.

9. Fairer Health For All: The Difference We Want To Make

What We Will Do:

1 **Improve health and wellbeing to narrow the gap in life expectancy and healthy life expectancy**
Between men and women living in GM, between all ten localities, as well as the England average, by at least 15% by 2030.

2 **Reduce unwarranted variation in health outcomes and experiences**
Leading to significant reductions in health inequalities between and within localities in avoidable mortality by 2030. Reducing avoidable mortality will also require us to eliminate the fivefold difference between the highest and lowest social groups in the experience of having 3 or 4 multiple health harming behaviours such as smoking and excess alcohol consumption, through whole system approaches.

Note: the specific targets above are currently subject to further analysis to ensure they are sufficiently ambitious, robust and stretching and will be subject to change during the engagement process.

3 **Increased social and economic activity because of reduced ill health**
Narrowing the 15-year gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population to 5 years by 2030.

4 **Reductions in preventable or unmet health needs leading to reductions in demand**
Evidenced in part by closing the health inequalities gap of smoking prevalence England by 2030. Smoking is our single greatest cause of preventable inequalities and 1 in 4 hospital patients' smoke.

5 **Reduce the difference in life expectancy for those with serious mental illness and incidence of physical health conditions, narrowing the gap with England by 15%, by 2030.**

6 **Reducing infant mortality through measures including narrowing the gap with England by 15% by 2030 and closing the school readiness gap within the same period.**

How We Will Do It:

1 Continue to develop GM as a **Population Health System**, including shaping an Integrated Care Partnership that takes a population health approach, uses population health management, actively values and includes the contribution and challenge of public health and sees itself as an active participant in shaping the four domains of the GM Population Health model and the overlaps between them.

2 Take action to embed **a strategic approach** to improving health outcomes and tackling inequalities across NHS GM, including through the implementation of the **Integrated Care Partnership Strategy** and the **Fairer for All framework** and the iterative implementation of an **upstream model of care**, supported by key tools including:

- **Fairer Health For All Academy** – supporting workforce and leadership development
- **Health and Care Intelligence Hub** and development programmes – supporting the building of population health management capability including people, systems and analysis
- **Fairer Health For All assurance framework** – supporting governance and resourcing

Strengthen and scale our approaches to **primary and secondary prevention** by building upon our preventive work to date, fulfilling the NHS long term plan commitments, and taking additional **comprehensive action on the leading modifiable causes of poor health** in GM.

3 **Shape GM as a place conducive to good health** by increasing the role of NHS GM in **social and economic development** across GM, by enhancing the role of the Integrated Care Partnership as an **anchor system** in levering change, and by **shaping the wider, social, economic and commercial determinants of health in GM.**

4 Invest in the potential of people and communities to create happy healthy lives and places through the continued expansion of **person and community centred approaches**, including social prescribing, and personalised care and support.

5 Strengthen our strategic approach to contributing to the national **sustainability** ambition for the NHS, through delivery of our **Green Plan** via a collaborative multi-stakeholder approach which maximises delivery of co-benefits such as clean air, improved health and efficient use of resources.

The 160 actions to deliver these strategic objectives are detailed within our recently published Joint Forward Plan | Greater Manchester Integrated Care Partnership

How We Will Measure Progress:

Our framework for Prevention reflects the high-level ambitions that we will achieve through delivering Fairer Health for All:

- **Improved health and wellbeing leading to a narrowing of the gap in healthy life expectancy between men and women living in GM and between all ten Localities and the England average**
- **Reductions in unwarranted variation in health outcomes and experiences leading to reductions in health inequality in the onset of multiple morbidities**
- **Increased social and economic activity as a result of reduced ill health**
- **Reductions in preventable or unmet health needs measured through reductions in demand**

In addition, a suite of 24 **Marmot Beacon Indicators (MBI)** have been developed as part of the Marmot Build Back Fairer review to monitor progress against the overall ambition to reduce health inequalities. The Institute for Health Equity (IHE) team worked closely with local GM stakeholders to explore the types of data available to help provide progress assurance. These indicators are available to view at GM and locality level on the Health and Care Hub and will form an important way of assessing our progress as we go forward.

Work is ongoing to develop a wider measurement framework to effectively assure and assess delivery aligned to the **Joint Forward Plan** performance framework including NHS England (NHSE) Statutory Reporting requirements. We will use the measures described above to assess progress but will also add others to enable a balanced view of performance across the whole health and care system and its wider context.

Additional measures will be assessed through the NHS England Health Inequalities Improvement Dashboard, which provides key strategic indicators relating to healthcare inequalities. It covers the five priority areas for narrowing healthcare inequalities in NHS England planning guidance and covers data relating to the five clinical areas in our **Core20PLUS5** approach.

10. Fairer Health For All: In Action

Fairer Health for All is part of our response to urgent priorities outlined in the ‘Marmot’ and GM Independent Inequalities Commission reports, national planning priorities and the Integrated Care Partnership strategy.

The framework has focused initially on supporting the development and scaling of a range of work programmes already underway to:

- Reduce **variation in care** across major system programmes with a particular focus on CORE20PLUS5 priority areas
- Focus on **targeted prevention** through delivery of upstream models of care
- Maximise the role of the NHS and social care as **anchor institutions** to create a greener, fairer, healthier and more prosperous GM
- Comprehensives approaches to prevention and the **leading modifiable causes of inequalities** in health

Reducing Health Inequalities

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

COMING SOON...

Click here
to watch our stories of change across COREPLUS5

Key clinical areas of health inequalities

1. **Maternity**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **Severe mental illness (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3. **Chronic respiratory disease**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **Early cancer diagnosis**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **Hypertension case-finding**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Smoking Cessation
positively impacts all 5 key clinical areas

Reducing Unwanted Variation: Core20Plus5 Clinical Priority Areas

Core20Plus5 is NHS England's approach to drive targeted action in healthcare improvement, focusing on the most deprived 20% of the national population and on 'Plus' groups that experience disadvantage, discrimination and poor access, experience, and outcomes of care.

The pilot activity described below based on the CORE20PLUS5 model was commissioned as part of Fairer Health for All in partnership with the VCFSE sector. This work is already beginning to embed scalable models for long-term sustainable VCFSE and Primary Care Network (PCN) partnerships and to support co-production of resources and tools to inform future planning and commissioning:

Test and learn pilots – Five pilots running to June 2023 including a range of localities, conditions, and communities across GM to explore how long-term, sustainable VCSFE and PCN partnerships can drive targeted action using the CORE20PLUS5 model to reduce health inequalities. A diverse range of work has been delivered from addressing barriers to maternity care for Eastern African women in Manchester to supporting people with severe mental illness to engage with their physical health needs in Stockport. **Click for more details on the focus on each site**.

Caribbean African Health Network (CAHN) community connectors – The Core20PLUS5 connector roles recognise and value the lived experience, connecting that lived experience with those making decisions in primary care services. The connectors work with key leads in CAHN to explore tailored solutions, better engaging our communities to help address the health inequities. Connectors continue to use their learning to apply it to their own lives or that of others they care for across the 5 clinical conditions. 30 community connectors have been trained to work with PCNs to co-design CORE20PLUS5 adult clinical programmes. **Click for further information**.

Excess Winter Death, integrated housing and health pilot – Five localities have reviewed the effectiveness of housing interventions as a mechanism to signpost and refer people into screening/health checks as part of CORE20PLUS5 and reduce winter excess deaths from cold, damp housing. An evaluation by the University of Manchester is due to be published in July 2023.

Targeted Prevention Through Upstream Models of Care

We recognise that specific communities face greater challenges concerned with prevention, early detection, and early treatment. These include people with severe mental illness, disabilities and communities facing disadvantage or discrimination because of race, gender, age and poverty. To improve health outcomes for everyone, we will work together to implement more upstream models of care, built on a social model of health and integrated public services approaches that better address the needs of those at higher risk of illness, and those not currently in contact with services.

Fairer Health For All Upstream Models Of Care

We will co-design upstream models of care, focusing on CORE20PLUS5 clinical pathways for children and adults, that relate to the context of people's lives;

Care that provides opportunities for people to access good food, stay active, connect and receive support to live well through universal and targeted well being support.

Care that is targeted and proportionate to need, focusing on super-serving neighbourhoods and communities with the greatest needs.

Care that is integrated with broader welfare and social support, ensuring people have access to social, financial and emotional support as well as warm, dry, safe and secure housing.

Care that recognises and responds to patients' experiences of violence, trauma and adversity.

Care that is environmentally sustainable, maximising the positive impact on the environment, access to green spaces and active travel.

Care that involves patients in decision-making and planning their health and social care through social prescribing, personalised budgets and asset-based, community approaches.

COMING SOON...

Click on each upstream model of care to watch our stories of change from around the system or read about our areas of focus below

Live Well – Our Neighbourhood Social Prescribing Offer

Only by working alongside people and communities to create healthier happier lives will we see sustainable improvements in the health of our population. Live Well is our programme to support this across GM, as a key component of the person-centred neighbourhood model. Every day, people help each other, and take part in activities that keep them moving, creative, and sociable – improving their physical health and mental wellbeing. Many people, particularly those experiencing inequalities, do not have the same chances to access these opportunities - this is where Social Prescribing can help.

Social Prescribing is a way for local organisations, services and professionals to refer people to a worker who acts as a 'link' between the health and care system or wider public services and the community. There are now over 250 Social Prescribing Link Workers in GM working alongside GPs and other community organisations. Over 45,000 people a year directly access this. Through Live Well, we are committed to expanding this offer, and to ensuring it makes a targeted difference to people who experience inequalities.

A Trauma Responsive City-Region – Protecting Children From Adverse Childhood Experiences

Our vision to become a trauma responsive city-region and adopt a community-led approach to violence reduction is being realised through a range of innovative programmes in schools, communities and health settings that are enabling a social movement for change. This includes novel partnerships using sport as a medium for young women involved in violence to connect with health professionals and to co-design solutions (**UNITE-HER**); and development of new systems in health care to identify and respond to Adverse Childhood Experiences, trauma and adversity including community-navigator pilots and in Urgent and Primary care.

The GM Gender Based Violence Strategy outlines our commitment to minimum standards for identification, referral and support for victims of domestic violence and abuse in health settings. In 2022, we were the first ICB to pilot the ADVISE programme in sexual health clinics across 4 localities, providing a dedicated pathway for identification of victims of domestic violence or abuse (including historic sexual violence and abuse). We are also establishing system wide intelligence systems to monitor identification and referral of victims of domestic abuse in primary care and ensure equity of victim support across GM.

Comprehensive Approaches To Prevention

We know that unhealthy behaviours are a symptom of the presence of deep-seated societal and commercial causes of poor health. We also recognise there are stark disparities in the prevalence of healthy and unhealthy behaviour and variance in terms of the support that is available to people, which in turn drives unacceptable levels of health inequality culminating in demand for health and care services.

Since 2017, GM has been investing in delivery of nationally acclaimed, comprehensive whole system approaches to prevention which include supporting people to move more and stop smoking through our GM Moving and Make Smoking History social movements. Additional activity has included work around tackling the harms associated with alcohol consumption in pregnancy.

GM Moving is delivering physical activity, health and care integration across the whole life course, in every place in GM, including to support Early Years and School Readiness, Active Children and Young People, Active Adults and Active Ageing. Through **Make Smoking History** we have championed 66,000 fewer smokers and 3,500 more smokefree babies and families. And while a quarter of patients coming into our hospitals are smoking, through our CURE treating tobacco dependency service, 1 in 4 patients are smokefree 12 weeks after leaving hospital saving lives and reducing hospital re-admissions.

GM Health Anchor System

Anchor partnerships and networks include large public sector and VCFSE organisations which are rooted in place and connected to their communities, such as universities, local authorities, VCFSE infrastructure organisations and hospitals. Together, these Anchor partnerships have significant assets and spending power and can consciously use these resources to benefit communities and reduce health inequalities.

What makes the NHS an anchor institution?

NHS organisations are rooted in their local communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health and care. The NHS can make a difference to local people by:

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there.
But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.

Using buildings and spaces to support communities

The NHS occupies 8,253 sites across England on 6,500 hectares of land.

Widening access to quality work

The NHS is the UK's biggest employer, with 1.6 million staff.

Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.

Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.

Supporting the NHS in realising its contribution to social and economic development is now a core remit for an ICS. Institutional NHS anchor strategies have played a significant role in deepening our understanding of where and how the NHS can make an impact locally and now more than ever, the health and care sector's scale, values and coverage matter is recognised as a key priority in developing thriving communities.

Building on the successes of our NHS Trust organisational and placed based approaches, the next stage of GM's journey is developing a more strategic and aligned focus on what the ICS wants to change, in partnership with the range of anchors across the system, all pulling and participating in the same direction for the economy.

To this end a GM Health Anchor network has been established to enable shared learning, develop an overarching coherent vision and a focus on core collaborative programmes.

As well as facilitating stronger relationships between locality-based strategies and ICS anchor priorities, the network also helps to underpin key elements of the GM Model of Care and Fairer Health for All ambitions. Mechanisms are also in place to ensure agreed anchor principles and priorities are embedded within strategies and plans, with clear accountability across all spatial levels.

Significant work has already taken place to support the NHS GM Integrated Care commitment to be **Real Living Wage** accredited and a full member of the **Good Employment Charter**; further work is required to ensure all future health and care commissioning also supports this including implementing co-ordinated plans for local supply chain opportunities and enhanced local employment pathways.

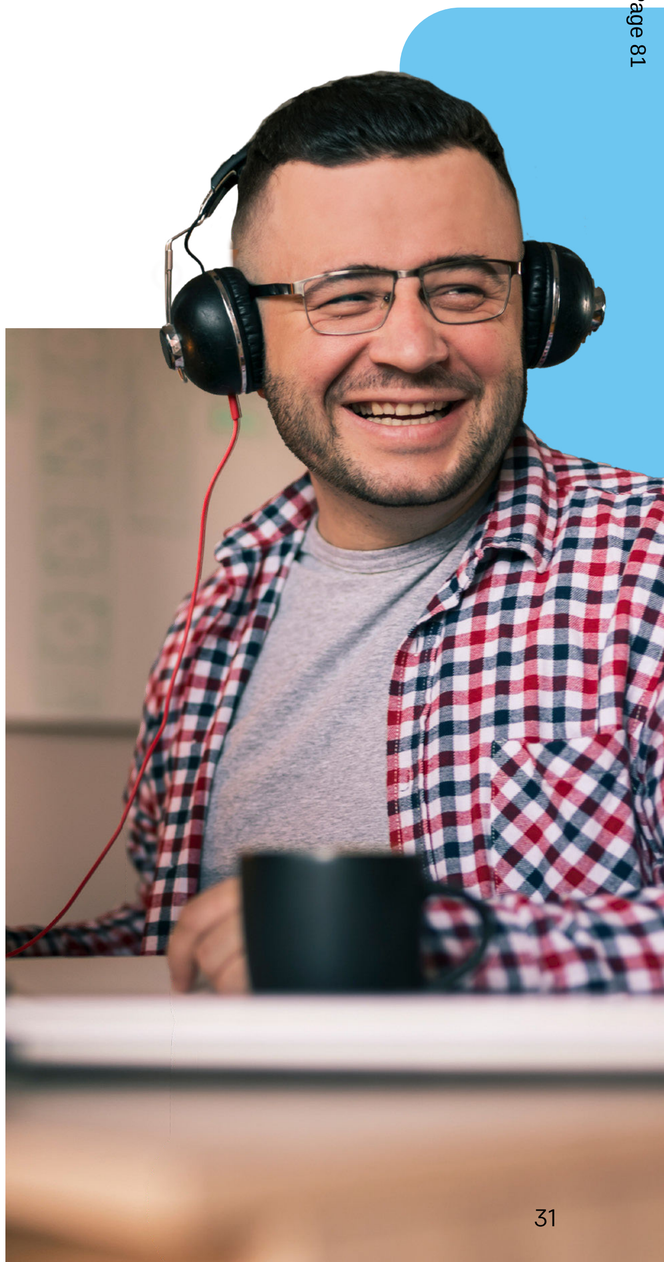
11. Fairer Health For All: Support For Delivery

We are committed to utilising our unique data architecture, and pan system intelligence, infrastructure, and innovation to give us a better understanding of inequality across the city-region. In order to facilitate delivery of the framework's ambitions and embed new ways of working as we shift towards a social model of health we will focus on three key enablers:

Culture Change And Leadership

We recognise that achieving Fairer Health for All requires a step change in the ambition, measurement, resourcing and workforce proficiency to tackle inequalities. Creating the conditions for diverse leadership, workforce and talent to flourish across our public and VCFSE sectors will ensure we have the insight and ability to deliver to our diverse communities' tackling those unwarranted health disparities resulting from institutional discrimination.

The Fairer Health for All Academy facilitates shared learning, innovation and collaborative approaches to prevention and upstream models of care. Hosting a range of leadership and workforce development tools and resources, the Academy also provides a dedicated space to share lived experience from across the system. The academy will build capacity and capability for distributed leadership to enable health equity, equality, inclusion and sustainability into health and care commissioning, governance, and leadership at every level. See page 33.



Population Health Management

NHS GM is working with other key stakeholders within the GM system including VCFSE partners to develop a comprehensive data and intelligence functionality capable of delivering actionable intelligence to support population health, planning and service design and front-line clinical decision making. Building a shared understanding of inequalities through insight, as well as data is essential, and can drive and sustain improvements in tackling inequalities in health outcomes. Interactive Impact Assessment Tools which combine health equity, equality and sustainability are under development which will inform commissioning, policy and partnership approaches.

Governance and Resourcing

Work is underway to co-produce a Fairer Health for All Assurance framework with a test and learn approach being taken with the new Maternity System Board, supported by the NHS GM Organisational Development team and the Royal College of Physicians, and prior to agreement of the final assurance process via the NHS GM executive.

As part of this work an Assurance Tool is under development.

- A Fairer Health for All advisory group will be established to support the broader governance arrangements for the Integrated Care Partnership to:
- Support the development of a consistent and joined up strategic health inequalities narrative across the Integrated Care Partnership
- Provide strategic leadership for the development and implementation of the Fairer Health for All framework and assurance process
- Support interpretation and dissemination of health inequalities data and intelligence
- Provide expert advice into NHS GM plans and strategies
- Facilitate building capacity and capability to embed a health equity approach across NHS GM including via the Fairer Health for All Academy and the GM Health and Care Intelligence hub programme
- Enable access to the latest health inequalities evidence, technical expertise and national products

Fairer Health For All tools

The Fairer Health for All resources described overleaf have been subject to extensive and diverse co-production with partners from the VCFSE sector playing a critical role and engagement across NHS GM including Maternity, Children's, Mental Health, Primary Care and Cancer, Equality and Inclusion, Workforce and Organisational Development, the Strategic Clinical Network and including the Public Health Leadership Network, GMCA and local authorities. This teamwork has helped create practical resources to support all those planning and delivering health and care across the system.

Fairer Health For All Academy

The Fairer Health for All Academy facilitates shared learning, innovation and collaborative approaches to workforce development and leadership. The Academy provides access for VCFSE and public sector partners to:

- **Cross-sectoral, co-produced leadership approaches** which support the culture and behaviour changes needed to embed the Fairer Health for All principles into practice. Existing and emerging leadership and workforce development opportunities have been identified and will be accessible through the Academy, alongside new collaborations later in 23/24 aligned with Good Lives GM. An intentional co-creation process will create spaces for lived experience to be heard across systems and communities and acknowledge and value the diverse leadership and behaviours required to create Fairer Health for All.
- **Fellowship programme, open to people working across VCFSE, primary care and secondary care, including mental health.** The Fellowship programme will enable cross-sectoral learners from a non-public health background to develop their knowledge and skills in population health, equality and sustainability and to put their learning into practice in their workplace with guidance from professional mentors. A limited scheme is underway as proof of concept, with learnings intended to build out a more substantive scheme across the next 3 years increasing capacity for up to 30 GM fellows. This will substantially build workforce capacity and capability to deliver our Fairer Health for All ambitions.
- **Communities of Practice:** will deepen our understanding of the links between inequality, discrimination, climate change, and participatory democracy. These community-learning spaces are capturing shared insight from across the system, focused on priority areas such as:
  - **Women's Health**
  - **Integrated Neighbourhood Working**
  - **Co-production with Communities**
  - **Population Health Management**
  - **Live Well**
  - **Poverty Proofing Pathways**

COMING SOON...

Click here to access the Fairer Health for All Academy

Health And Care Intelligence Hub

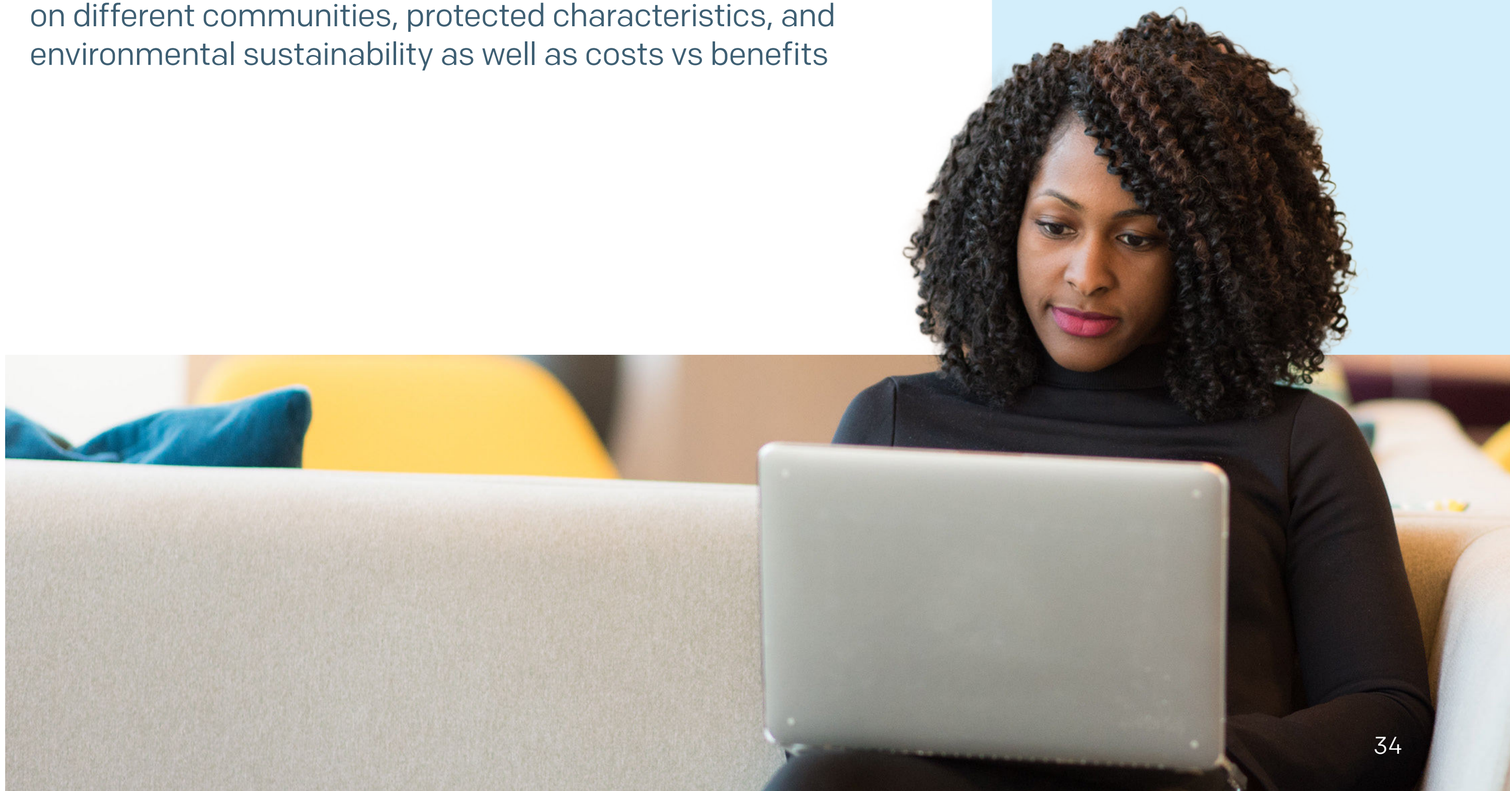
The Health and Care Intelligence Hub is part of our Fairer Health for All approach to enable adaptive capability for population health management in relation to our people, systems and analysis.

Hosting a range of web-based intelligence tools, the hub has been co-designed to consolidate data and insights from public and VCFSE sector partners across the city-region into a single portal, enabling people and partners the opportunity to:

- Bring data to life, understanding how health inequalities and variations in care change throughout a person's life
- Focus on 'names not numbers' by capturing the insight and stories of change from different communities
- Share wisdom and learning about which interventions work and why
- Understand which communities have fewer opportunities to live healthily and are more likely to develop poor health by exploring the interactions between individual, family, and community factors
- Ensure resources are targeted where needed, so policies and programmes can super-serve prioritised communities
- Proactively work with communities to offer more opportunities to stay well and find and treat illnesses early
- Measure progress, evaluate outcome indicators for different communities across various clinical pathways, and combine service data with community insights to understand reasons for poor access, unmet needs, and hidden harm
- Model the anticipated impact of policies/interventions on different communities, protected characteristics, and environmental sustainability as well as costs vs benefits

COMING SOON...

Click here to access the Health and Intelligence Care Hub



Greater Manchester Integrated Care Partnership

We want to hear from you

COMING SOON...

Click on the links below to access more information on the Fairer Health for All framework, including access to strategic intelligence tools, best practice population health management and stories of change from across the system:

- Health and Care Hub
- Fairer Health for All Academy
- Stories of Change
- Hear from our System Leaders

To find out more, hear about upcoming opportunities to get involved and collaborate across Fairer Health for All, or if you require this framework in easy read or an alternative format email:

gmhscp.adminpopulationhealth@nhs.net

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	4 December 2023	**Action**	Consider
Item No.	11	**Confidential**	No
Title	Locality Performance Report – November 2023		
Presented By	Will Blandamer, – Deputy Place Based Lead		
Author	Will Blandamer, – Deputy Place Based Lead		
Clinical Lead	N/A		

Executive Summary
The Locality Performance Report for November 2023 is presented for information
Recommendations
It is recommended that the Locality Board:- • Receive and note the Locality Performance Report for November 2023

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		

BURY INTEGRATED CARE PARTNERSHIP

Locality Performance Report November 2023

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Contents

BURY INTEGRATED CARE PARTNERSHIP

Headlines

Please note that unless stated, all intelligence relates to Bury registered patients at all providers.

In September 23, the total number of GP appointments increased by 5% on the previous month.

A&E attendances remain high and have not seen the usual seasonal drop. The high attendances impacted on A&E 4 Hour performance, decreasing by 0.4% in October and an increased number of patients experiencing 12 hour waits.

Elective waits have slightly decreased, with 31,362 patients currently waiting. Patients waiting over 78 weeks increased by 47% compared to August, with 56 patients remaining.

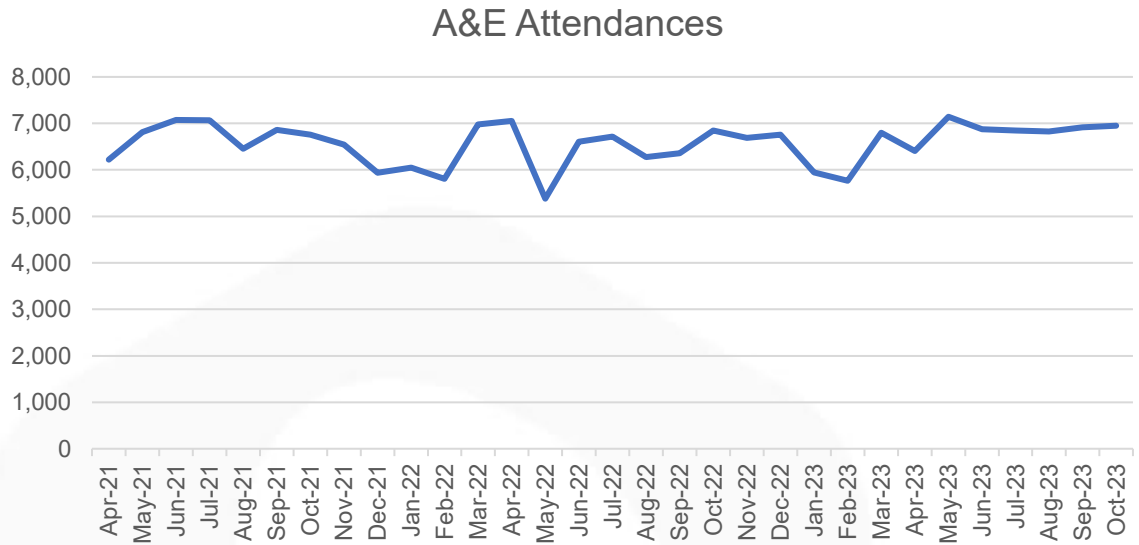
Cancer 2WW has seen an increase in performance in September by 2.6%, 28 Days has decreased by 2% on performance in August, this is despite less referrals in September to August.

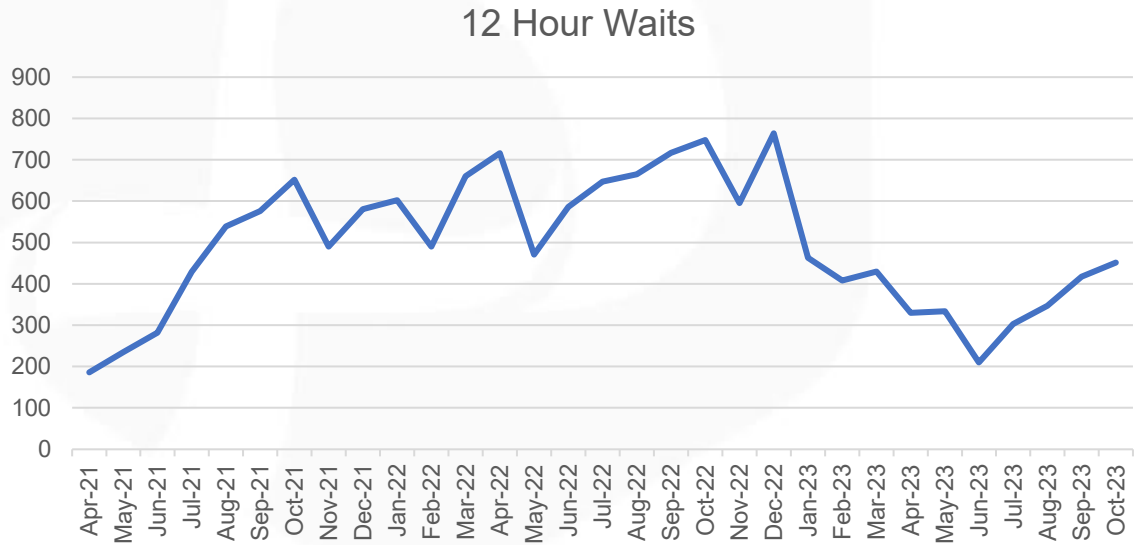
IAPT patients seen within 6-week timeframe has increased in September, however still within target and Bury is currently performing better than GM.

The percentage of the Bury population on the palliative care register has remained the same in October from September.

UCR 2 hour response was below the target of 70% in October at 67%, this was previously 56% in September.

Urgent Care

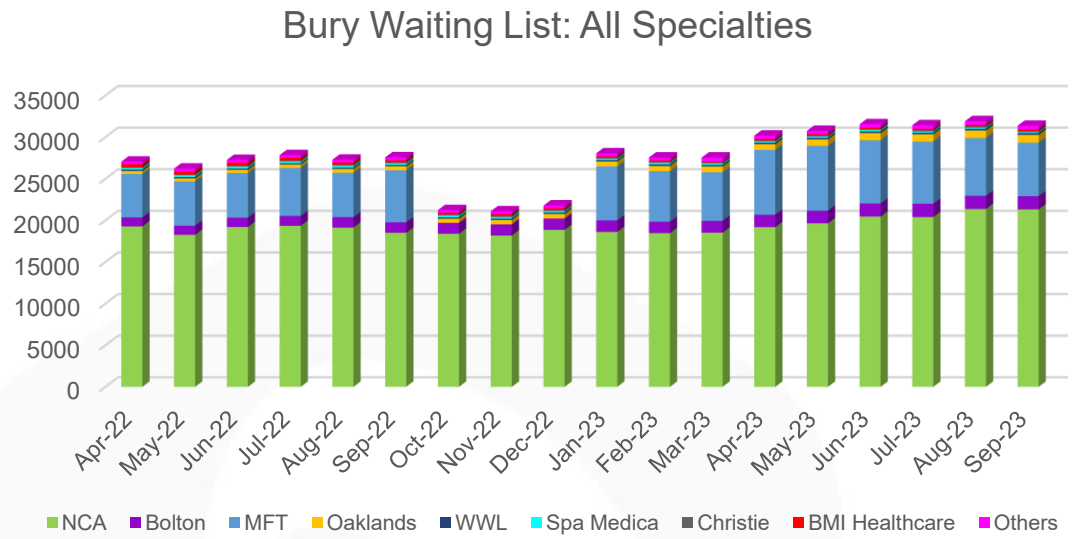


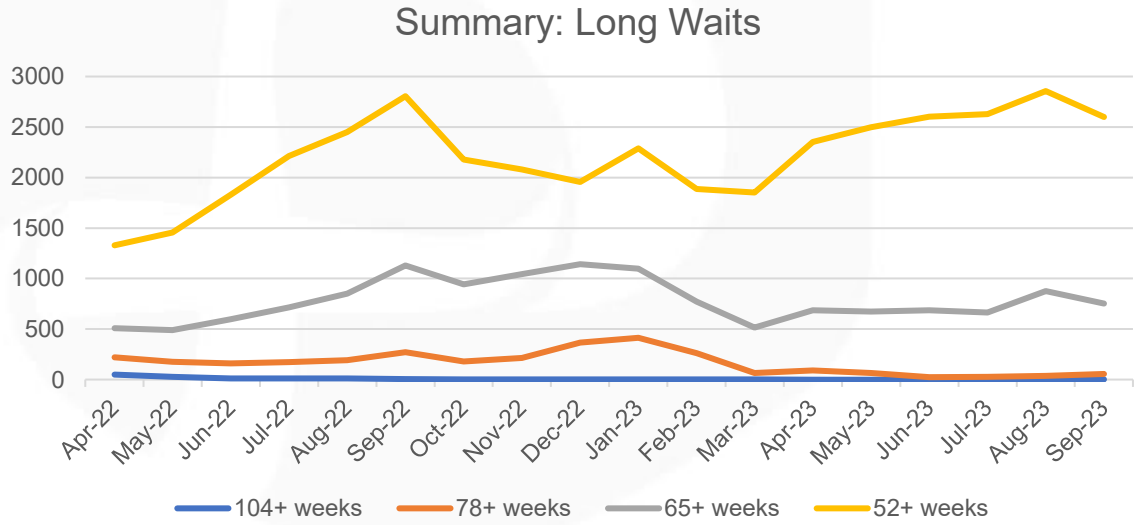


- There were 6,952 A&E attendances from Bury registered patients in October 23, slightly higher than October 22 (6,843). The proportion of Adult attendances reduced slightly to 73% of attendances this year compared with 75% in October last year.
- 4-hour performance in October was 64.4%, a slight decrease on the previous month's performance of 64.8%. Higher than October 22 which was 60.3%.
- The number of patients experiencing 12-hour waits (from arrival) increased in October to 451 from 417 in September. 12-hour waits are still significantly lower than October 22 (748).
- A&E attendances for mental health conditions have stayed static in the last few months, however these increased in October to 205 from 177 in September.

https://curator.gmtableau.nhs.uk/dashboard/uec-metrics

Elective Care

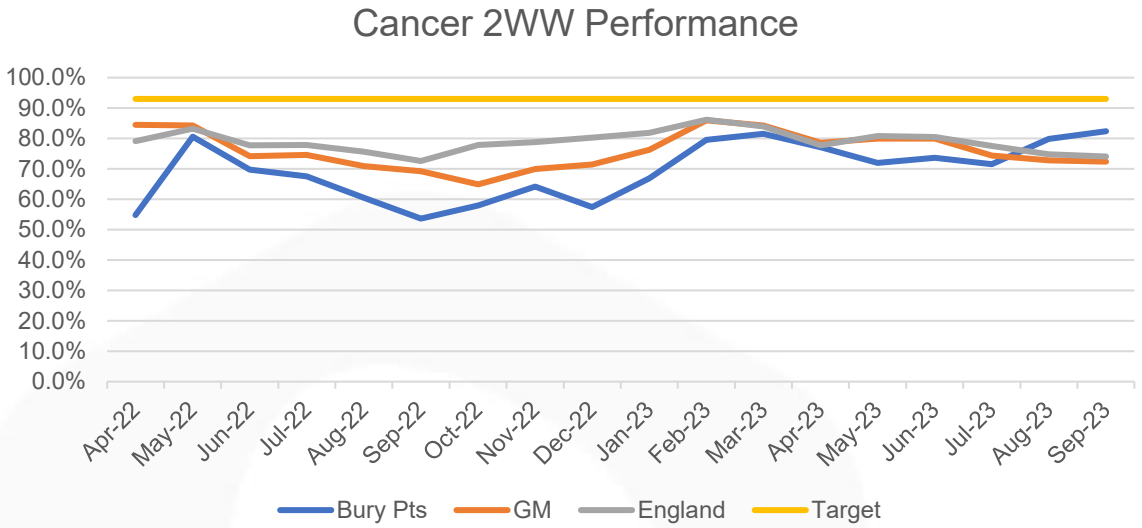


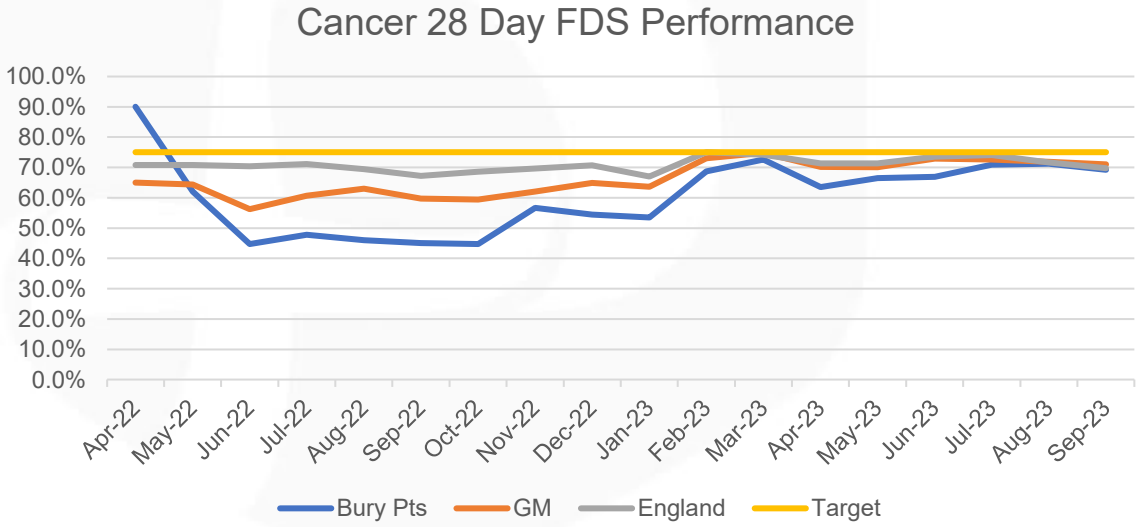


- Oct, Nov & Dec 22 elective waits impacted by lack of MFT data. Published data since January 23 now includes MFT.
- Published September data shows a slight decrease on August 23 (-1.7%, -555 pathways). Since August 23 there have been minor increases across some specialties, with Ophthalmology and Gastroenterology showing increases of 2.9%.
- Small reductions seen across several specialties in September, Oral Surgery (-8.4% since August) and Other-Surgical (-9.2% since August).
- Immediate target was to eliminate 78+ week waits by Apr 23. These have increased on August's figure by 47.4% (+18 pathways) in September. Primarily the increase is in Oral Surgery (+10 Pathways). GM expected there to be approx 675 78+ week waits at end of March 23, figures show there were 1054.

https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/

Elective Care





Cancer 2WW:

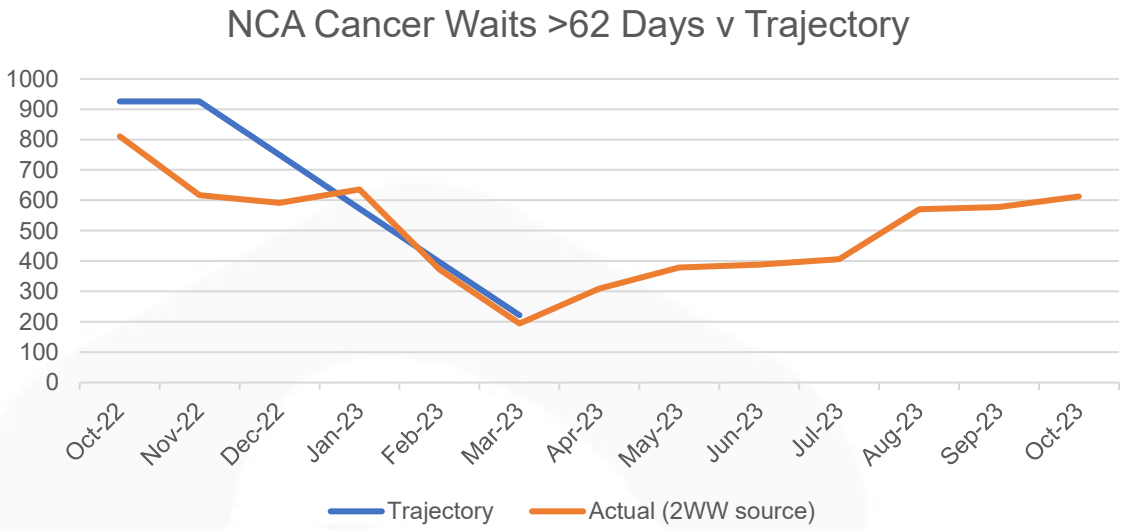
- Increase in performance in September to 82.4% from 79.8% in August for Bury patients, GM performance decreased from 72.8% to 72.3% in September.
- Decrease in number of breaches to 172 breaches in September for Bury patients, 65% of which were in Skin (111) , up from 40% in August.
- Next highest were Head and Neck (19) and Gynae (16).

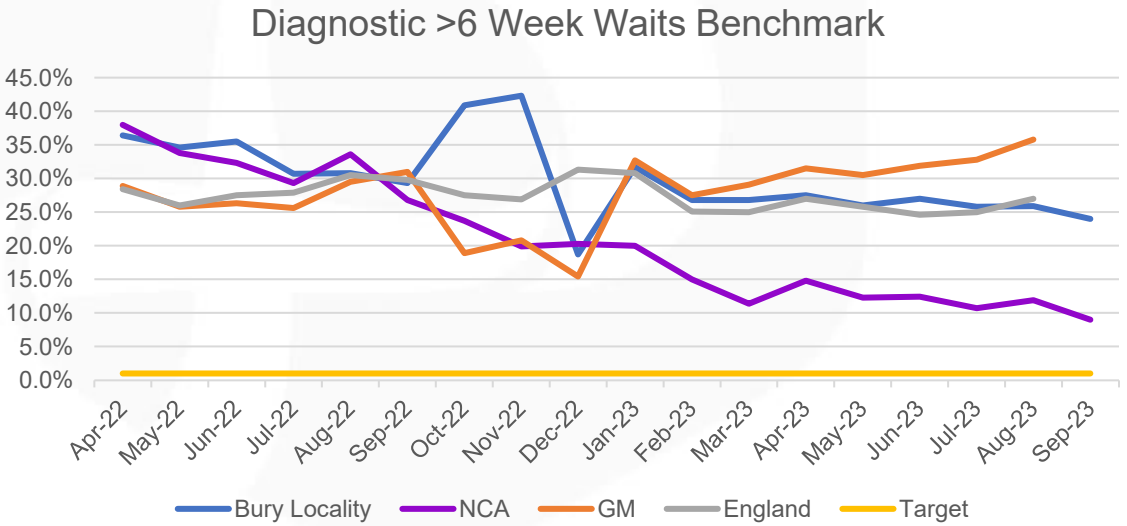
Cancer 28 days FDS:

- Decrease in performance in September to 69.2% for Bury, this is still slightly below GM where the performance decreased to 71.0%.
- Haematological performance was at 38% in September, with 5 out of 8 not meeting standard.
- Gynaecology's performance is 55% for September which is an increase on 43% in August.
- Skin Cancers Performance for September has decreased to 56% from 65% in August and accounted for 13.5% or those not meeting standard.
- 23/24 guidance has restated the requirement to meet the 75% target by March 2024.
- Guidance also sets requirement to increase the % of cancers diagnosed at stages 1&2. Latest data (2020) shows Bury as 3rd best in GM at 53.6% compared to GM at 51.4%.

https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Elective Care





Cancer 62 day waits:

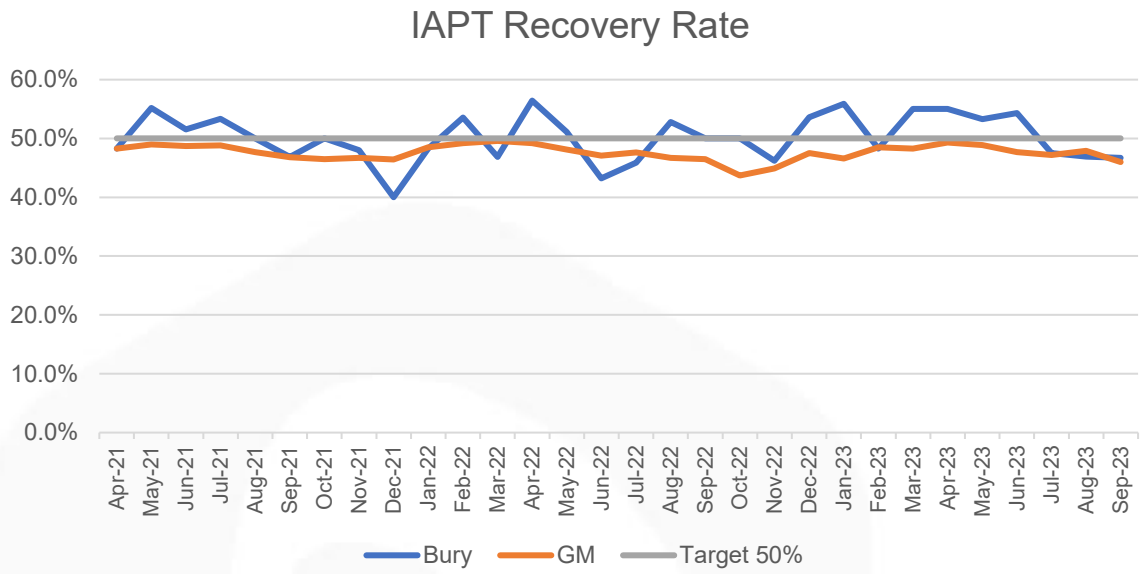
- 23/24 guidance sets the requirement to continue to reduce the number of patients waiting over 62 days.
- Current NCA target is 222 patients waiting >62 days by March 23. NCA was below the trajectory but has increased again through the start of 23/24. NCA has a weekly cycle of improvement in place in dermatology, colorectal, urology and gynae with a view to recovering against the trajectory.

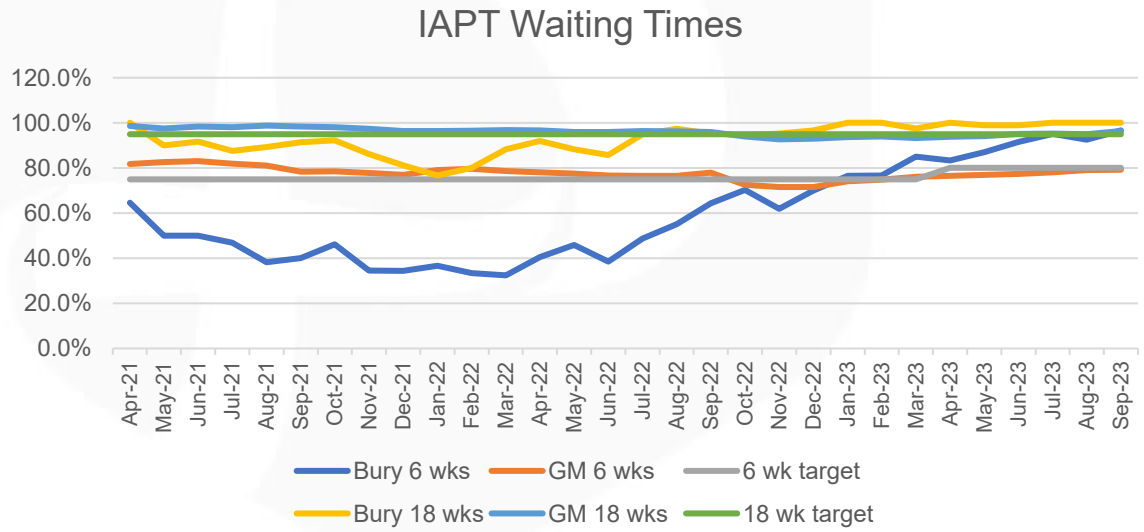
Diagnostic Performance:

- MFT Data is now included from Jan 23.
- September's performance of 24.0% of patients waiting more than six weeks is a slight increase on the August figure (25.9%).
- Across November to January NCA performance has remained steady, but has seen increases and decreases since. Performance increased from 11.9% in August to 9.0% in September.
- 23/24 requirement is to continue to work towards 95% of patients receiving diagnostic test <6 weeks by March 2025.

https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/PTL-TrustVersion/PTLWeeklySummaryReport?:iid=1
https://tabanalytics.data.england.nhs.uk/views/DiagnosticsWaitingTimesandActivityDashboard/PerformanceSummary?%3Aembed=y&%3Aiid=4&%3AisGuestRedirectFromVizportal=y#1

Mental Health





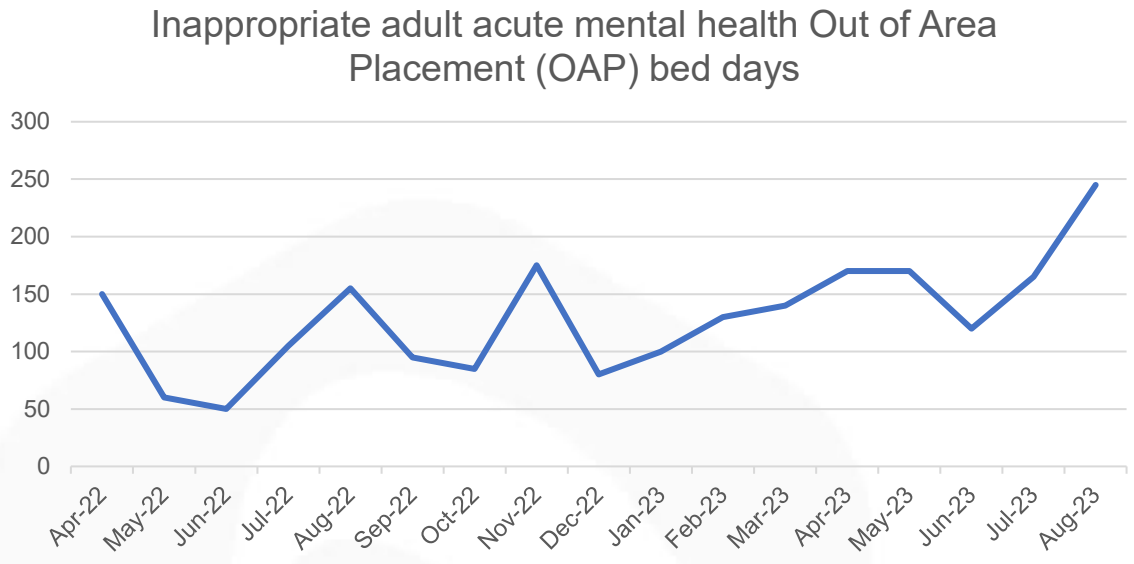
- IAPT: recovery rate – the rate for Bury has slightly decreased from August to September to 46.7% from 46.9%. The GM rate decreased by 1.9% in September and is currently at 46.0%.

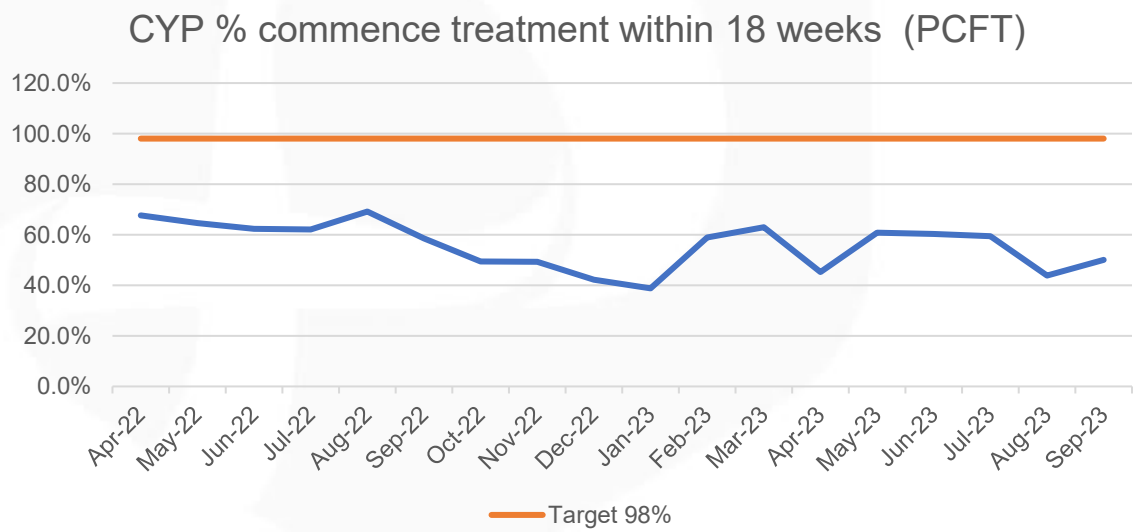
- IAPT: Seen within 6 weeks – the rate for patients seen within 6 weeks has increased by 4.1% in September with the current rate being 96.7%. This is significantly higher than the GM rate of 79.2%.

- IAPT: Seen within 18 weeks - the rate for patients seen within 18 weeks has remained the same as August in September, with the current rate being 100%. This is higher than the GM rate of 96.3%.

https://curator.gmtableau.nhs.uk/dashboard/iapt-dashboard

Mental Health

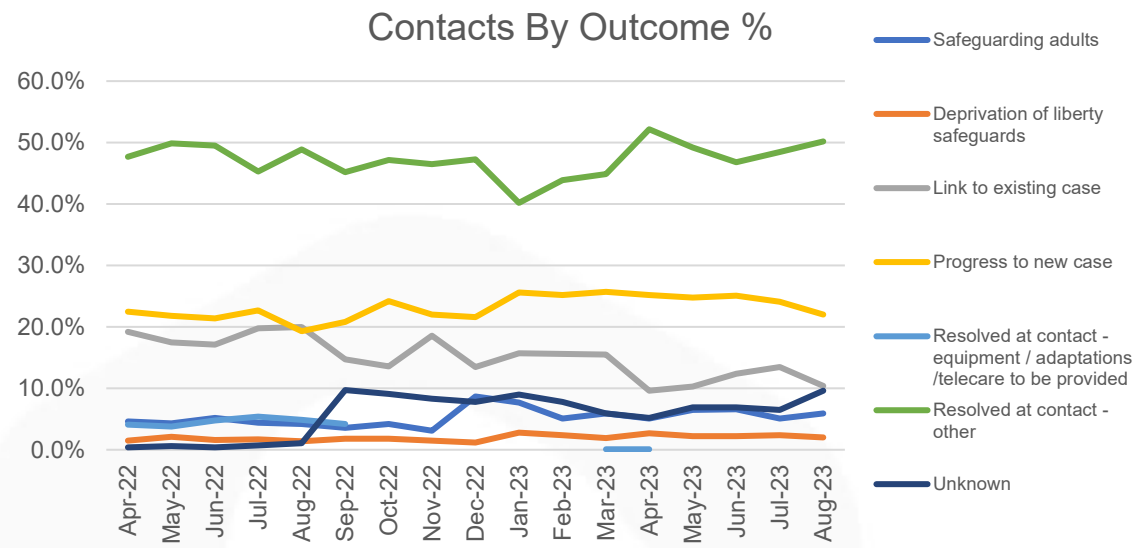


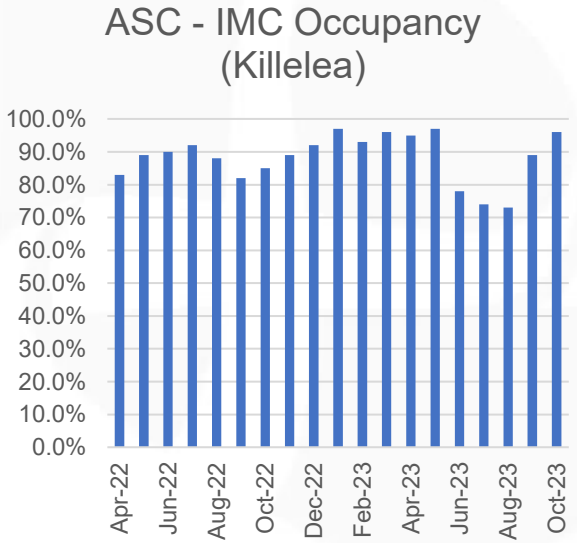


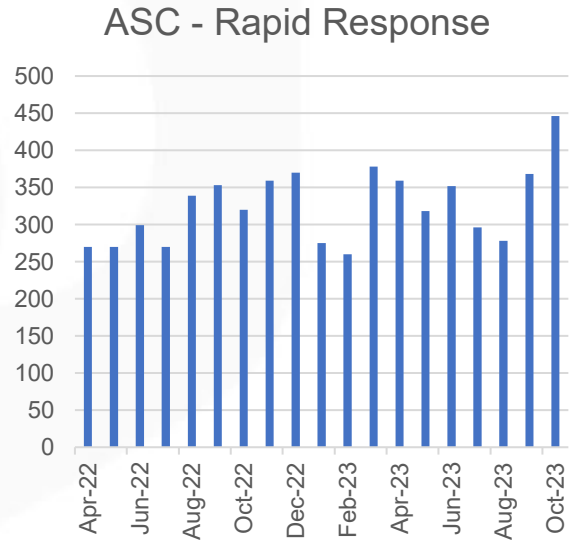
- MH out of area placements – the number of out of area placements in August has increased by 48.5% since July. Compared to August 22 this has increased by 58.1%.

- Access rate to Children and Young People's Mental Health Services – 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. September has seen an increase by 6.2% on August's figure, with 50% commencing treatment within 18 weeks.

Adult care



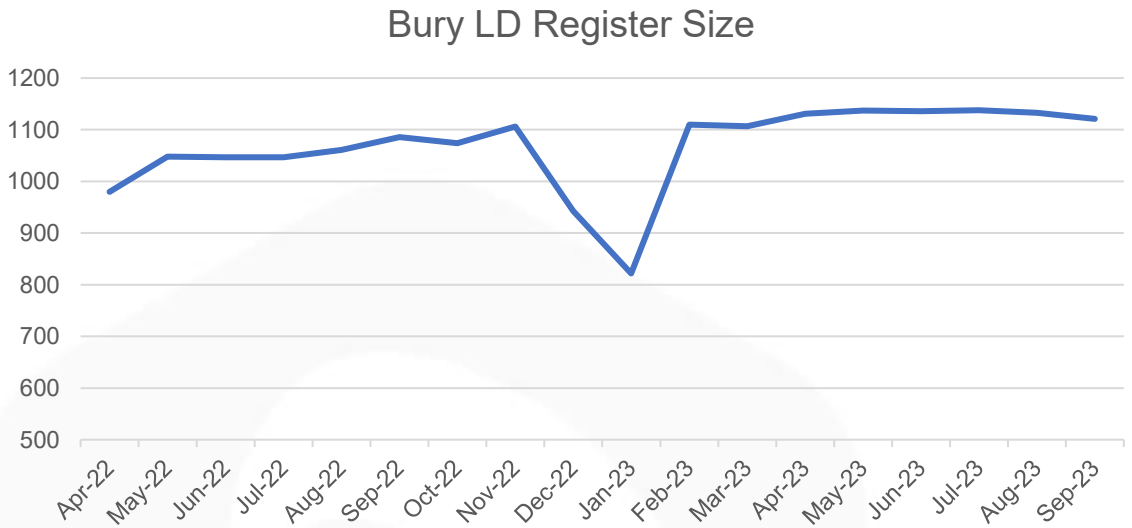


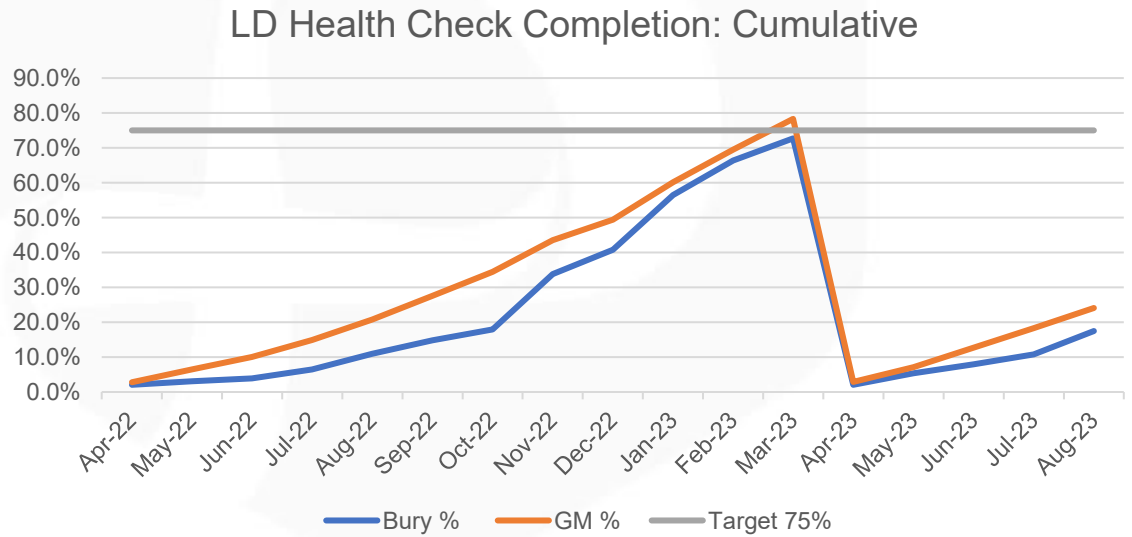


- The contact rate per 1000 population is not currently available from Aug 22.
- Contacts by outcome – 22% of contacts progressed to a new case in August, which is a decrease on 24.1% in July. 5.9% of contacts resulted in safeguarding in August, compared to 5.1% in July. The percentage of unknown outcomes increased to 9.6% in August from 6.5% in July.
- IMC Occupancy for Killelea – Bed occupancy was up to 96% in October which is the highest since May 23.
- ASC rapid response – Total referrals increased be 21.2% to 446 in October from September.

https://curator.gmtableau.nhs.uk/dashboard/gm-horizon-contacts-contacts

Learning Disabilities





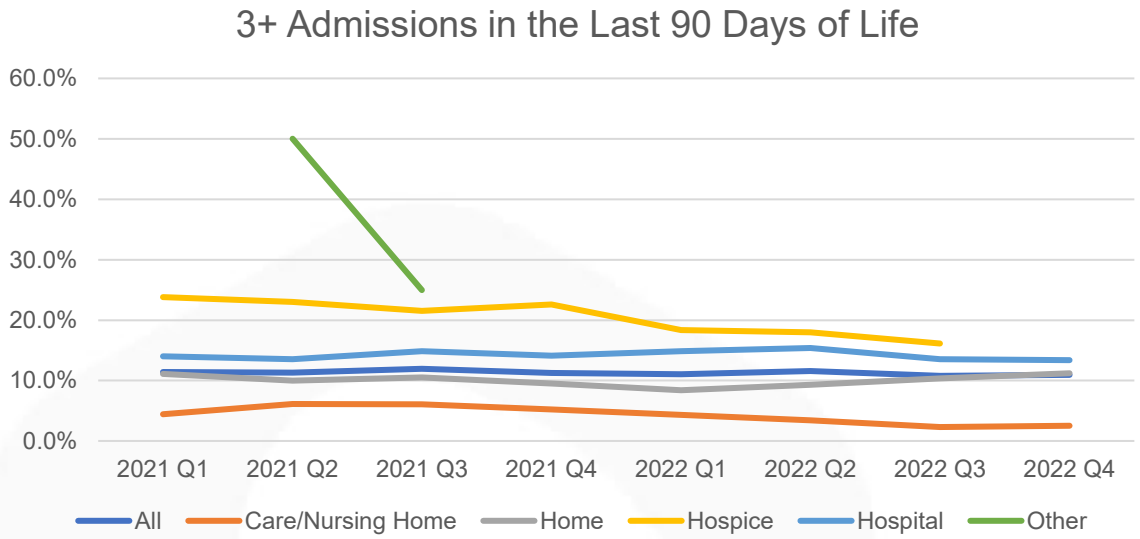
- LD Register: Requirement to increase the LD register size. Register has increased by 15.4% in the 12 months to Apr 23 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been highlighted to the primary care team. Register size has decreased by 12 in September 23.

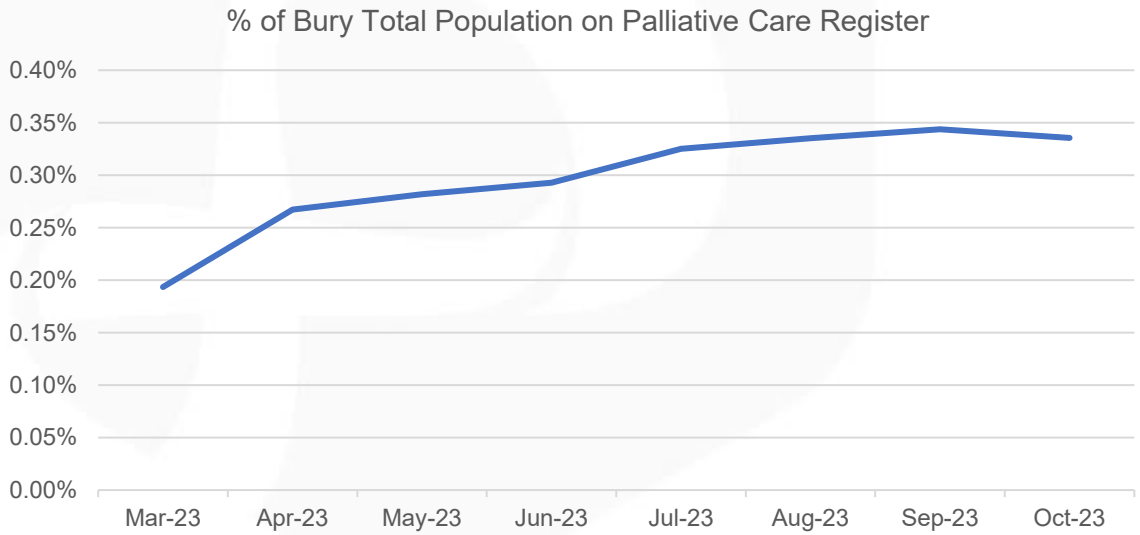
- LD Health checks: The cumulative position in 23/24 to September shows 22.0% of Bury patients have received an AHC. This compares to 29.6% for GM. Most AHC tend to take place in Q4. In September 22 the cumulative position was 14.8% for Bury patients.

- Inpatients – Transforming Care Numbers: Current position shows that Bury are below the Q3 target of 4 with 3 inpatients. GM currently above target.

https://future.nhs.uk/MHRH/view?objectID=44149552

End of Life





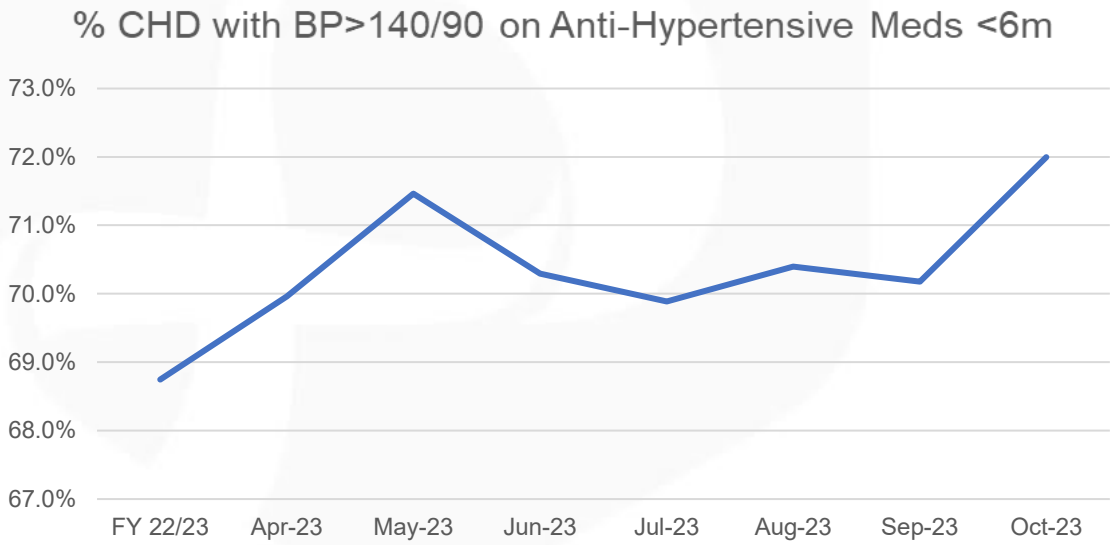
- Percentage of patients with 3+ admissions in the last 90 days of life – 11.0% of all deaths in Q4 of 2022 had three or more admissions in the last ninety days of life. Of those patients that died at home, 11.2% had three or more admissions, which was an increase from 10.4% on Q3.

- The percentage of the Bury population on the palliative care register has remained the same from September to October at 0.34%.

https://curator.gmtableau.nhs.uk/dashboard/place-of-death-dashboard

Long Term Conditions

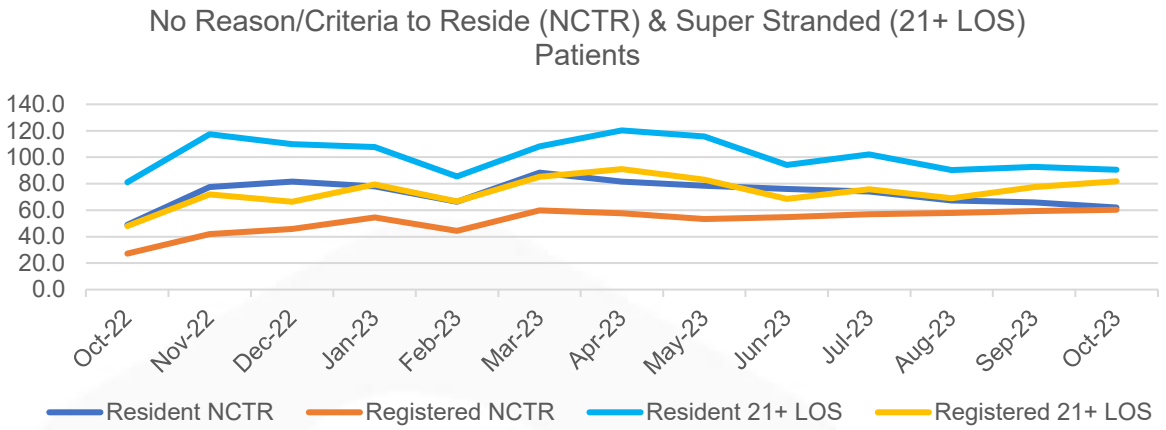
Diabetes Type 1	All Eight Care Processes		
Bury	355	895	39.70%
England	107,795	265,910	40.50%
DiabetesType 2 and other	All Eight Care Processes		
Bury	6,205	12,045	51.50%
England	1,985,545	3,436,315	57.80%

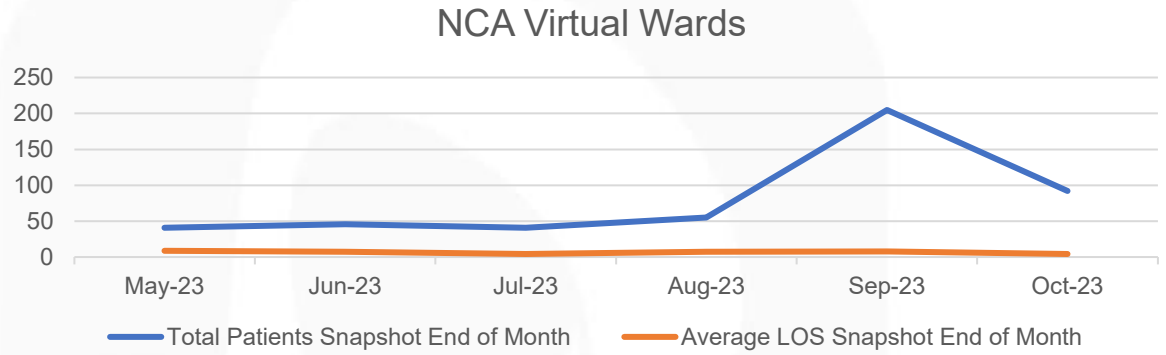


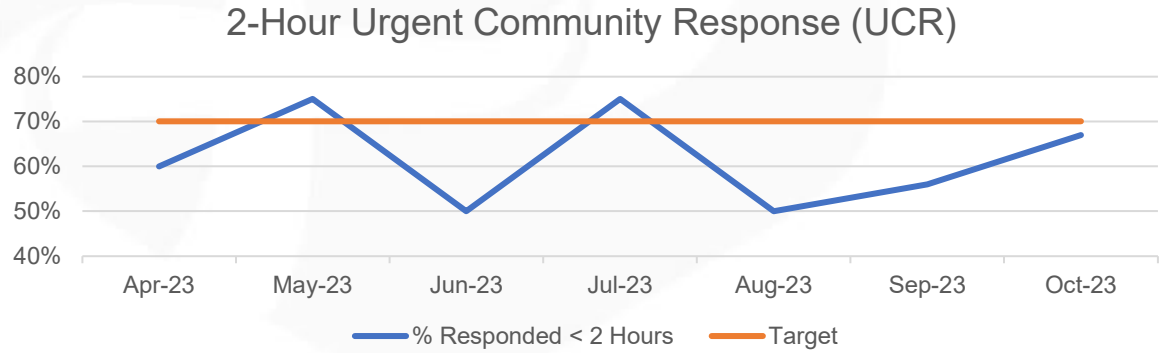
- Diabetes – For the period January 22 to March 23 39.7% of Bury patients with Type 1 diabetes had all eight care processes compared to 40.5% for England. 51.5% of those with Type 2 diabetes had all eight care processes compared to 57.8% for England.

- % of hypertension patients who are treated to target as per NICE guidance – 72.0% of patients were treated within target for October, which is an increase on September which was 70.2%, however the YTD figure of 70.7% for 23/24 is still above to 22/23 figure of 68.7%

Community Services







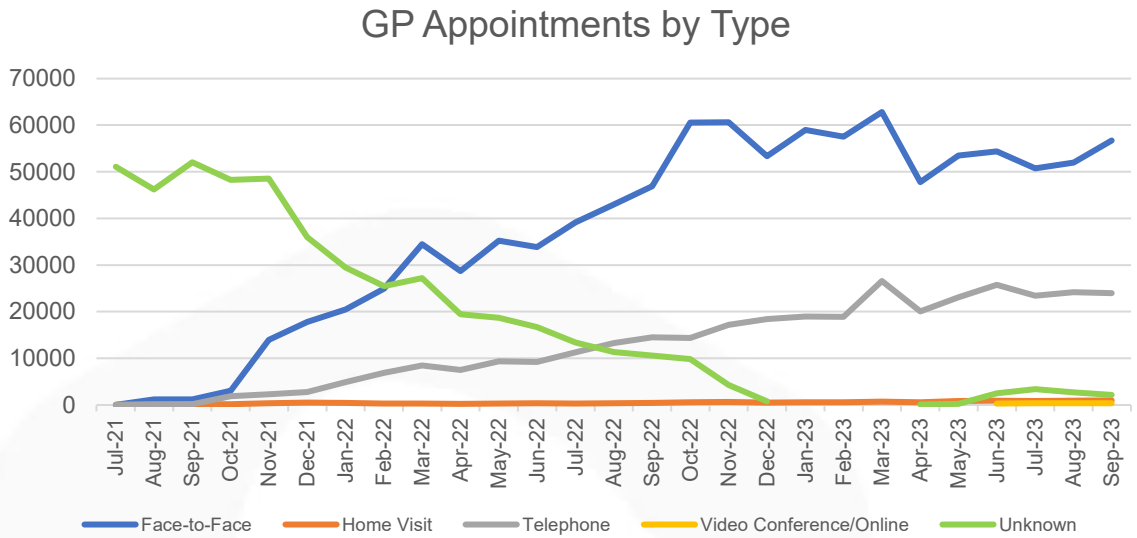
- NCTR monthly average for October was down by -6% for Bury residents to 62.0 from 65.9 in September. The monthly average for registered patients increased by 1.9% to 60.4 from 59.3 in September.
- The average monthly length of stay since NCTR for residents has increased from September to October, and the average for registered has also increased. The average LOS for October for resident was 13.2 days and registered 14.3 days.
- The Super Stranded monthly average decreased in October from September for resident from 92.8 to 90.5. Registered increased by 5.7% from 77.5 in September to 81.9 in October.

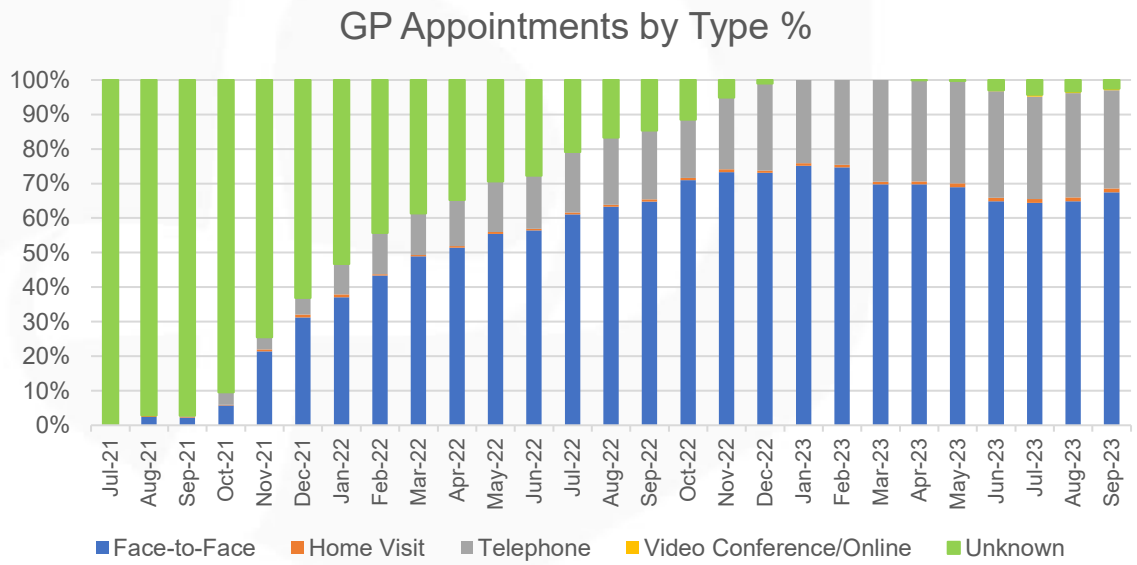
- The total patient snapshots in Virtual Wards at the end of October decreased by -55.1% on September to 92 patients from 205. The LOS decreased by -44.4% to an average LOS of 4.5 days at the end of October.

- UCR 2 hour response was below the target of 70% in October at 67%, this was previously 56% in September.

https://curator.gmtableau.nhs.uk/UrgentFlow

Primary Care





- In September 23 the total number of GP appointments has increased by 5% on August 23.
- 67.4% of GP appointments were Face-to-Face in September 23 compared to 64.9% in August.
- Home visits have increased by 7.4% in September but the percentage split by type remains at 1.1% of all appointments which was the same in August 23.
- The number of Unknown appointments types has decreased by 20.6% in September to 2138 appointments from 2694 in August.

https://https://curator.gmtableau.nhs.uk/dashboard/gp-appointments

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	4 December 2023	**Action**	Consider
Item No.	12	**Confidential**	No
Title	Population Health and Wellbeing Update		
Presented By	Jon Hobday, Director of Public Health		
Author	Jon Hobday, Director of Public Health		
Clinical Lead	N/A		

Executive Summary
The attached report provides a Population health and Wellbeing Update
Recommendations
It is recommended that the Locality Board:- • Receive the Population Health and Wellbeing Update

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** ☐		

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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?	☒

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

Population Health and Wellbeing update

Jon Hobday – Director of Public Health

Key areas of work?

Covid Vaccination
Winter planning
MMR work
The Wellness Model development
CHD programme
The Bury Directory / Self Care
JSNA

Covid Vaccination

- From spring 2023 COVID-19 vaccines have been delivered by Bury's four primary care networks (PCNs) using general practice venues and by community pharmacies.
- The number of community pharmacies offering vaccination in Bury this winter has increased to 19 from 8 in the spring programme.
- Both PCN and community pharmacies offering COVID-19 vaccines can also offer flu vaccines at the same time
- Ongoing monitoring of performance in all cohorts
- preparing a bid for 'access and inequalities' funding from NHS Greater Manchester. This is intended to support activity to reduce inequalities in vaccine uptake

Winter Planning

- Winter wellbeing packs (links with most vulnerable) to include hats, scarfs, blankets draft excluders, info and advice
- Cost of Living payments and support
- Weekly sessions with Live Well service
- The Bury Directory (TBD) updated
- Pop up vaccinations (flu) in North coordinated through Public Service Leadership Team (PSLT)
- Social media winter wellbeing / Comms to staff
- Packs from art gallery – mindfulness

MMR

- Uptake of the MMR vaccine has been falling, both in Bury and nationally since around 2015/16.
- Coordinated a focused approach
- Sharing communications with GPs and schools and early years settings
- Briefing local GPs on the situation
- Working with the Bury GP Federation to provide practices with lists of patients whose records suggest they have missed one or both MMR doses;
- A wide range of work led by the school-aged immunisations team to offer catch-up MMR vaccination to secondary school children, including outreach work with local faith communities and gypsy and traveller communities;
- 28 MMR catch-up clinics offered through primary care networks at four sites across Bury with the Bury GP Federation supporting three of the four sites. This resulted in 429 people being vaccinated, many from deprived and under-served communities.
- Submitted a bid to NHS Greater Manchester to continue this work. If successful, we plan to start focusing on those aged 19-30 along with younger cohorts

The Wellness model development

- Shift from old model of supporting individuals who come forward with specific needs to a more holistic approach, which is person centred and community focused
- A shift to population level impacts
- Idea is to make an eco-system across neighbourhoods with wellness teams working in collaboration
- First steering group set up 27th November

CHD Programme

- Why the focus – CHD biggest killer, biggest cause of gap in LE
- Primary prevention delivered through work of Wellness model
- CHD programme – secondary prevention minimising inequalities in CHD through health care system
- Effective evidence-based interventions in primary care
- Programme of work written into locality services (Financial incentives)
- Grounded in neighbourhoods
- £300k over 3 years to enable support (data quality, searching, programme support, performance monitoring)
- Process measures – increase diagnosis, increase those diagnosed on best treatment, reduction in hospital admissions
- Some elements potentially cost saving

The Bury Directory / Self Care

- Dementia hub been developed
- Training with Care Navigator and Age UK
- Infection control section under development
- Self-care tool forum
- CoL info and warm hubs info
- Updating adult social care side – LD section
- Working with Libraries about health literacy
- Menopause work (menopause training 104 attended)

The JSNA

- Now complete (https://theburydirectory.co.uk/jsna)
- Everything you need to know to plan, design or commision services
- Broken down into life course, wider determinants, neighbourhood profiles, interactive tools, needs assessments, census data and key documents
- Where possible we have automated data updates
- Working with individual teams to promote usage
- Continuing to actively encourage feedback

Priority 1:

Reducing the life expectancy gap by focusing on preventing and reducing the impact of the 3 key contributors

- **CVD**
- **Cancer**
- **Liver Disease**

What

- Influence the system using data and intelligence to ensure priorities are focused on those experiencing the worst outcome
- Support role out of CVD secondary prevention neighbourhood work
- Promote community led approaches within neighbourhoods
- Ensure resources and support available to enable self care
- Support the QA of screening services
- Lead and coordinate health improvement plans and strategies
- Lead and coordinate the anti-poverty work
- Actively contribute to influencing wider agendas which influence health and health behaviours

How

- Use data and evidence on inequalities to influence IDC, Clinical Senate, Locality Board and other relevant boards
- Work with PCNs to provide data and insight into what works around secondary prevention
- Work closely with the VCFA and other VCSE organisation to create engagement and feedback mechanisms to inform service delivery
- Create robust online and physical resources in collaboration with partners to promote and support the self care agenda
- Lead the screening assurance group utilising evidence and data to influence and inform local approaches
- Develop, lead and deliver the PA, smoking, food, mental wellbeing and substance misuse plans
- Lead the anti-poverty steering group using evidence and insight to influence how we support those most in need
- Provide PH input into wider strategies including housing, economic development, transport etc

Priority 2:

Narrow the school readiness gap

What

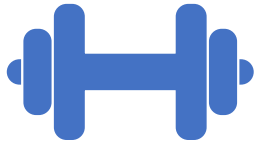
- Ensure adequately designed delivered and resourced health visiting and school nursing service
- Ensure effective commissioned services linked to oral health
- Lead the Starting Well Partnership
- Influence the wider system to ensure equitable evidence based speech and language and perinatal mental health services

How

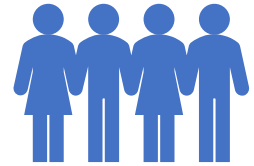
- Work in close collaboration with HV and oral health providers to ensure data led approaches are used to understand demand and inequalities and inform service developments
- Use data and insight to shape and influence partners through the early years board to shape the system response
- Lead on campaigns and initiatives to reduce alcohol and drug exposed pregnancies
- Work closely with maternity services to reduce the numbers of mothers smoking at the time of delivery

System characteristics of how we work

Focus on neighbourhoods

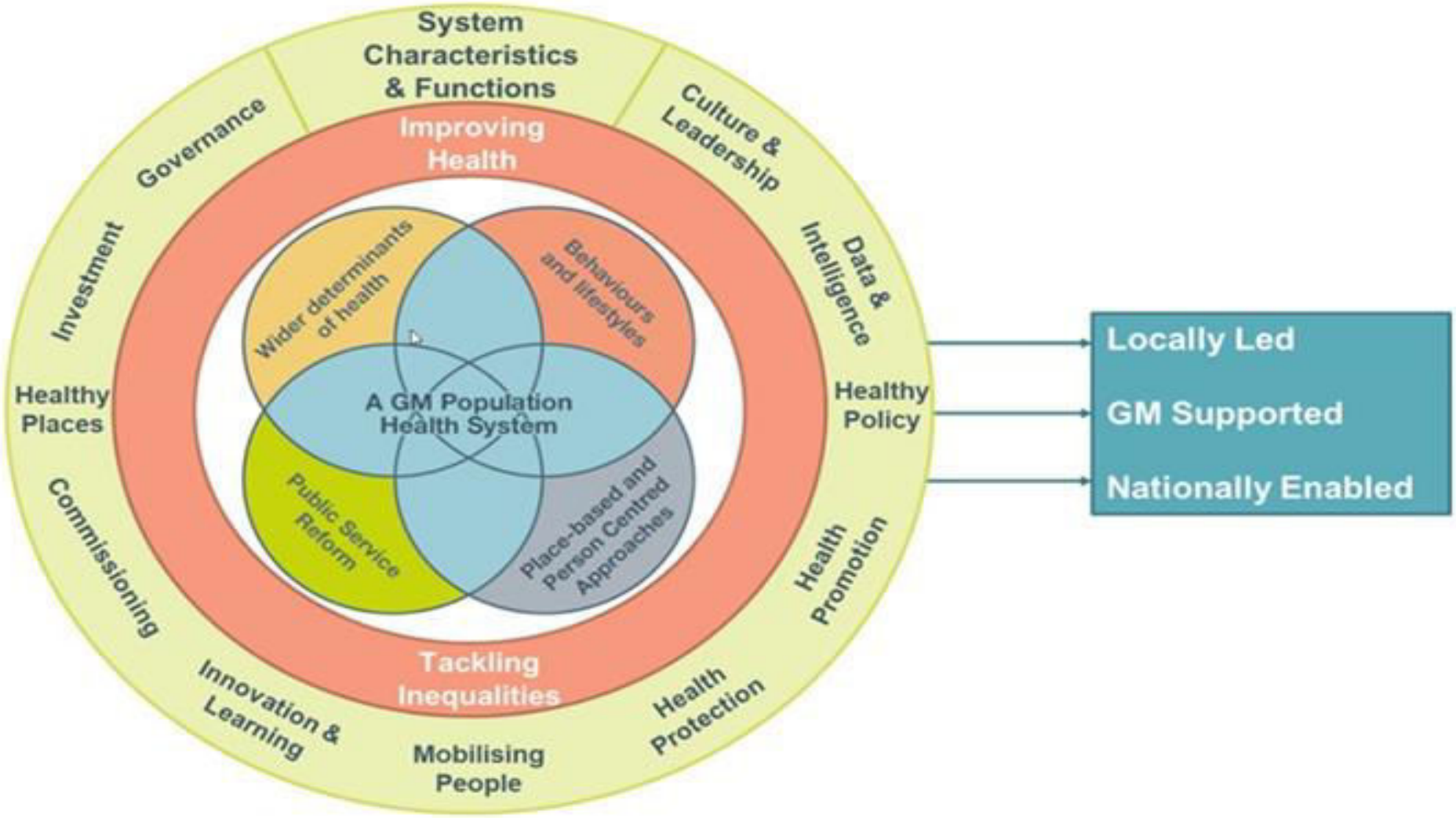


Strength based



Supporting communities

GM Population Health Model



AIMeeting: Locality Board			
Meeting Date	04 December 2023	**Action**	Receive
Item No.	13	**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 November 2023.
Recommendations
The Locality Board is asked – - to receive the report - note the recommendation for the creation of a Risk Performance and Scrutiny Group - 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	15/11/2023	Summary to be provided to Locality Board

BURY INTEGRATED CARE PARTNERSHIP

System Assurance Committee Highlight Report – November 2023

1. Introduction

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

2. Background

2.1. This report is a summary of the System Assurance Committee held on 15th November 2023.

3. Headlines from the System Assurance Committee

3.1 GM Quality Strategy

- Oversight of the GM Quality Assurance and Improvement function works across the Greater Manchester (GM) Integrated Care Board (ICB) working together with wider systems recognising that this is a one size fits all framework.

- Describes how Quality can be achieved across the GM footprint and what the locality requirements are; where things can be done once and well in a positive and valued way. The importance is how intelligence is shared and bought together.

- GM Provider Oversight Committee brings together quality, performance, contracts, finance, workforce and intelligence data for larger providers to have a collective view on levels of scrutiny.

- Quality oversight roles and responsibilities. NHS England has delegated responsibility to the ICB for oversight of NHS System Outcome Framework (SOF) ranging from 1 – 4 dependent on providers CQC rating.

- GM System Quality Group receive locality flash reports on a bi-monthly basis which enables assurance and escalation.

- Mandy Philbin, GM Chief Nurse has overall accountability for quality and where/how learning is shared and disseminated.

- Resourcing concerns in the Bury locality were highlighted as a constraint to enabling the required oversight to be maintained for smaller providers.

3.2 Risk Oversight and Reporting

- A number of discussions have taken place about risk management, monitoring and the

pulling together of a comprehensive list across the Integrated Delivery Collaborative (IDC) and Bury Integrated Care Partnership (BICP), to be clear on where priorities for the locality need to be.

- The plan is to ensure all the risks have been captured that are held by the IDC, SAC, other committees across the BICP. It is proposed to establish a Risk, Performance and Scrutiny Group.

- There will be an initial meeting taking place in December with a formal launch in January. The Group will look at how the risks are scored to ensure there is commonality around the likelihood and impact so that this is consistent, and how these are then escalated into the IDC, Locality Board and wider into GM (where appropriate).

- Terms of Reference (ToR) will be shared when developed.

- There are around 50 risks currently across all of the IDC Programme Boards and BICP committees.

- Partners across Bury need to be able to a sense check and raise any concerns about risks that are captured accurately.

- The Locality Board is asked to support the proposal by the IDC and SAC to establish a Risk Performance and Scrutiny Group which Catherine Jackson has agreed to Chair initially.

3.4 Bury Community Safety Partnership (CSP)

- The Bury CSP is part of a local multi-agency group with statutory requirements which brings together colleagues from across policing and the Council, including public health.

- There are also sub-groups of the Board that reach out further into education and broader community organisations.

- The CSP receives some core funding from the GM combined authority although for Bury this is the lowest amount in Greater Manchester. This issue has been raised as whilst Bury might be the smallest borough, its crime and rates are not always the lowest. Bury is generally a safe borough, but within that the borough there are pockets of crime.

- Bury has undertaken a strategic needs assessment of service which then be converted into a local delivery plan with many aspects of the work having a huge impact on physical and mental health, inequalities and demand on services.

3.5 Risk Report

- One risk remained unchanged during the period -

- **Learning from Life and Death reviews of people with a learning disability or autistic people (LeDeR) reviews** – delay in being able to evidence learning due to on-going capacity in the GM Bury locality and Council Teams. Score 16.

3.6 Quality Report

- Burrswood Care Home was inspected by the CQC in August and rated as inadequate in all of the domains. There has been a huge amount of work ongoing to support the home for the last year; some improvements are starting to be made. The home is still in a very fragile position but patients have all been reviewed

- Focus on mental health out of area placements where there isn't a suitable bed available in the borough to ensure quality assurance of service to patients both in and out of borough and facilitate repatriation.

- There is a huge national crisis in mental health beds and people are being placed out of area a long way from home quite frequently still; this is escalated via the ICB. There is the locality Mental Health Programme Board and a GM Mental Health Quality Board; all are cited on the issues, but there is no immediate solution to the lack of beds.

- Limited ADHD/ASD service provision was still a significant issue across GM both for adults and children and is a risk held in GM and at the locality MH Programme Board. Locally we are trying to support people that are already on medication and require access to shared care.

- CQC oversight across Bury is comprehensive with support offered where it can be for those providers that are rated as requires improvement or inadequate.

- Two improvement pieces of work that the NCA Community Teams are doing around physiotherapy and speech and language in-reach that they provide to improve care in schools for young children.

3.7 Awards/achievements

- Bury People First have been awarded the Kings Voluntary Award 2023

- NCA nominated for a HSJ awards – 'Embedding strengths-based approaches for a safe, person-centred experience from the point of admission, during and following hospital discharge'

- Nigget Saleem – HSJ award winner - Midlands and Lancashire CSU, Specialist Pharmacy Service, NHS England: Learning Disabilities and/or Autism: Developing a Community of Practice. national recognition for the work she has done on reducing the

unnecessary prescribing of anti-psychotic medication in people with a learning disability (STOMP – stop over medication of people with a learning disability, autism or both).

4 Associated Risks

4.1 Ongoing work with GM to resolve the provision on ADHD/ASD services in Bury locality.

5 Recommendations

5.1 The Locality Board is asked to note the recommendation by the SAC to establish a Risk Performance and Scrutiny Group to provide oversight of risks across the BICP.

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
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November 2023

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