AGENDA FOR

HEALTH SCRUTINY COMMITTEE

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To: **All Members of Health Scrutiny Committee**

Councillors : E FitzGerald (Chair), C Boles, R Brown, D Duncalfe, J Grimshaw, S Haroon, M Hayes, J Lancaster, L Ryder, I Rizvi and M Walsh

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Wednesday, 24 January 2024
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	https://councilstream.com/burycouncil/3193

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 MINUTES OF THE LAST MEETING *(Pages 5 - 8)*

The minutes from the meeting held on the 9th November 2023 are attached for approval.

4 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

5 MEMBER QUESTION TIME

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee.

6 WORKFORCE PRESENTATION *(Pages 9 - 34)*

Presentation attached and delivered in conjunction with Emma Arnold, Caroline Beirne, Kat Sowden and Kathryn Wynne-Jones (NHS Bury CCG).

7 PRIMARY CARE NETWORK- OVERVIEW AND NEW SERVICES INCLUDING ARRS *(Pages 35 - 44)*

8 PROPOSED NEW COMMITTEE OF 4 BOROUGHS - JHOSC *(Pages 45 - 48)*

To present new TOR of the Committee

9 ADULT SOCIAL CARE PERFORMANCE REPORT *(Pages 49 - 74)*

Report from the Director of Adult Social Services and Community Commissioning is attached.

10 GENERAL PRACTICE PATIENT SURVEY (GPPS) *(Pages 75 - 88)*

Update from Katie Heselwood, Primary Care Manager (Bury) NHS Greater Manchester Integrated Care.

11 URGENT BUSINESS

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

be considered as a matter of urgency.

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Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 9th November 2023

Present: Councillor E FitzGerald (in the Chair)
Councillors: M Hayes, I Rizvi, C Boles, D Duncalfe, S Haroon, L Ryder and R Bernstein.

Also in attendance: Karen Richardson, Assistant Director Transformation (Bury),
Joanna Fawcus, BCO, NCA,
Catherine Tickle, Senior Programme Manager (Bury)
Will Blandamer, Executive Director (Health and Adult Care),
Adrian Crook, Director of Adult Social Services and Community Commissioning and
Chloe Ashworth Democratic Services

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

Apologies for Absence: Councillors J Grimshaw, R Brown, M Walsh, J Lancaster and T Tariq.

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

Councillor Bernstein attended on behalf of Councillor Lancaster.

HSC.2 DECLARATIONS OF INTEREST

Councillor FitzGerald declared a prejudicial interest due to being employed as the Head of Finance at Health Innovation Yorkshire and Humber.

HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 07th September 2023 were agreed as an accurate record.

There were no matters arising.

HSC.4 PUBLIC QUESTION TIME

There were no public questions.

HSC.5 MEMBER QUESTION TIME

There were no member questions.

HSC.6 ELECTIVE WAITING TIMES UPDATE

Karen Richardson, Assistant Director Transformation (Bury), Joanna Fawcus, BCO, NCA and Catherine Tickle, Senior Programme Manager (Bury) provided an overview of Elective waiting times.

Councillor FitzGerald wished for the Committee to note that 32 thousand people waiting in Bury is 16% of the population.

A member sought assurances on the voice of the patient being heard in discussions. Members were assured that two mechanisms currently exist:

1. Group at Fairfield General
2. Bury Elective Care, Cancer and recovery Board

A member queried the success of the patient initiative of opting-in after 40 weeks. The committee was informed this is still being rolled out.

Members were informed that patients are prioritised on a waiting list due to clinical urgency. Patients can also be expedited by a general practitioner should their associated condition deteriorate.

Dermatology is a challenging specialty across Greater Manchester due to demand and workforce. Greater Manchester have sustainable services programmes as this is a pressurised service across Greater Manchester. Bury currently has a pilot regarding tele-dermatology and patients who are on a two week wait pathway.

Discussions took place regarding the effects on staffing due to Brexit and industrial action.

Members were informed that the NHS planning guidance confirming plans for next year and targets is usually received towards the end of December.

Discussions took place regarding translation support services and methods for those where English is not their first language.

Members highlighted the good recruitment recently, members were informed that the training and recruitment package used is being shared to support other sector development.

It was agreed:

1. Members of the Committee note the report
2. For officers to report back annually and include an update on how the Children and Young People's voice is being heard and Stroke Wards

HSC.7 **ADULT SOCIAL CARE UPDATE AND WHITE PAPER REFORMS**

Adrian Crook, Director of Adult Social Services and Community Commissioning provided an overview of the presentation contain within the published agenda pack. Members were informed of the progress for various funding opportunities, the Fair Cost of Care Exercise, Charging Reform and CQC Inspection of local authority. Members were also provided with an overview of the Care Quality Commission (CQC), assessment duties, The Care Act 2014 and key dates.

Members were informed deficits are informed through the CQC and policy from the minister areas raised are:

- Waiting Lists
- Unpaid carers
- Evidence (Strategies and documents)
- Outstanding annual reviews
- Waits for major adaptations

Members sought assurance regarding the recruitment of good care staff. Members were informed it is not to the same success as the NHS as conditions cannot be matched, however the rate of pay has been increased to the real living wage, which has 7000 care worker posts and there are 700 vacancies.

Members were informed the Council has a provider failure duty under the care act. The two care homes in Elton had been in liquidation for a while, however due to the small amount of 30 residents, all of which were found new care home beds across the borough.

It was agreed:

1. Performance report to be brought back early in the new year
2. Self-assessment report to be brought back in the new year.

HSC.8 GM WOMEN'S HEALTH PROGRAMME

Will Blandamer, Executive Director (Health and Adult Care) advised the Women's Health Strategy for 2022 is brought before the committee to begin discussions around the Greater Manchester Women's Health Strategy.

Professor Dame Lesley Regan was appointed by the Government as the Women's Health Ambassador who attended a meeting in Manchester along with Will Blandamer and Dr Cathy Fines to help construct a Greater Manchester Women's Health Strategy. Councillor Arif, Deputy Cabinet Member for Health and Wellbeing advised she is looking forward to this piece of cross party work with Councillor Lancaster also.

Councillor FitzGerald commented on women's health, especially IVF which will need to be resolved now there is one GM NHS.

A member raised a question on behalf of a member of the public; they asked why people who are gay are unable to access IVF through the NHS. Will Blandamer advised he would report back to the Cllr regarding this.

It was agreed:

1. The Committee would like to hear back on progress of the Women's Health Strategy Group.

HSC.9 ADULT CARE ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2022 -2023

Adrian Crook, Director of Community Commissioning advised it is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints. This report is to provide members of Health Scrutiny Committee with details of information relating to Adult Social Care Services. The report relates to the period 1st April 2022 – 31st March 2023, and provides comparisons between previous years, as well as detailing the nature, scope and scale of some of the complaints received.

A member questioned if there are any financial implications as a result of the Ombudsman complaints. Members were informed that the Ombudsman is know to award a penalty for the Council that is given to the person as recompense. The maximum received this year was £3,500, however ordinarily it is around £500 so in total this year it is around £5000.

It was agreed:

1. Members note the content of the report.

HSC.10 UPDATE FROM TASK AND FINISH GROUPS

Councillor FitzGerald advised there were two task and finish groups established last year, which had final actions to discuss with the Cabinet Member for Health and Wellbeing and the Cabinet Member for Children and Young People.

Adrian Crook, Director of Community Commissioning advised members that an action from on of the task and finish groups was regarding carers services has been delivered and now when you search 'carers in bury' the site comes up as one of the top websites. In addition services appreciated the coffee mornings and a priority going forward will be on unpaid carers.

It was agreed:

1. The Committee note the report and an update is brough in March 2024.

HSC.11 GREATER MANCHESTER HEALTH SCRUTINY COMMITTEE

In addition to the published agenda the Chair agreed an item of urgent business an update on the Greater Manchester Health Scrutiny Committee. At the last Greater Manchester Health Scrutiny there was a joint GMCA Health Scrutiny and Overview and Scrutiny Committee to look at the health planning in Manchester until 2027-2028 which included the financial plans.

It was agreed:

1. A schedule from the health planning in Manchester 2027-28 was to be circulated to the Committee with Members advised to look at page 31 of the link which was a helpful insight to understand the cost of poor health.
(Public Pack)Agenda Document for Greater Manchester Joint Health Scrutiny Committee, 08/11/2023 10:00 (greatermanchester-ca.gov.uk)

COUNCILLOR FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.15 pm)

Bury Locality Workforce Strategy – "One Workforce" 2023-2025

Part of Greater Manchester Integrated Care Partnership

Contents

1. Introduction: Our Journey so far
2. Scope of Our Strategy
3. One Workforce Strategy – Plan on a Page
4. Our Shared Workforce Challenges
5. Our Shared Ambition
6. Our Values
7. What we will deliver - Our Outcomes
8. Our Success Measures
9. Our Strategy in Action
10. Assurance Framework
11. Summary
12. Appendices inc Glossary

Introduction: Our journey so far

This strategy coalesces the need for locality and system workforce alignment, positioning Bury Locality's identity and workforce within the context of the wider Greater Manchester workforce ambition.

Creating the strategy, to have value and impact for Bury has required genuine co-creation and engagement of stakeholders from all relevant sectors across Bury. This has enabled us to develop the foundations for collective implementation and delivery of this strategy, through adopting our partnership values of: Collaboration, Courage, Creativity, Integrity, Trust and Making a Difference.

The key engagement/co-development activities undertaken to ensure alignment included:

- Mapping each of our Bury partners workforce strategies/sector workforce plans against the 5 GM workforce priorities
- Comprehensive stakeholder engagement with our partners (detailed in slide 5) to understand Bury's collective workforce challenges, priorities, strengths and gaps (contained in appendix slide pack)
- Workforce Workshop on 6th July to develop a shared ambition, creation of shared priorities/outcomes and success measures
- Desktop data review, identification of system quick wins, identified areas for collaboration and alignment of transformation programmes to 5 workforce priorities (contained in appendix slide pack)

This strategy will continue to be closely aligned with the Greater Manchester Integrated Care Strategy (GMICP) and the Let's Do It 2030 Strategy for the Borough

Developing our Bury Locality Workforce Strategy

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Greater Manchester Integrated Care Partnership Strategy

People & Culture Strategy 22-25 for our Greater Manchester workforce

Shared ambition, aims and objectives

Bury Locality Workforce Strategy

Sector workforce plans and strategies, including primary care and social care

ICP Partner Organisations Workforce strategy/plans/ambitions

Clinical pathway and network workforce plans

Delivering for our health and care workforce and providing joined up care for our population.

Engagement in developing the strategy

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- 1-1 diagnostic meetings with each partner as listed (next slide)
- Regular input/updates via WAS/SWG and WEF
- Workforce Workshop 6th July – 30 attended with representation from each partner including:
  - Workforce leaders/experts (HRDs, BPs, EDI leads, Wellbeing leads)
  - Clinical leaders
  - Enabler colleagues e.g. IT, finance
  - Staff side colleagues

Engagement in developing the strategy – Partner Diagnostics

Partner Org	People/Groups
Voluntary Care and Faith Alliance (VCFA)	Helen Tomlinson VCFA Leadership Group
Hospice	Helen Lockwood
Adult Social Care	Vanessa Brockbank - HRBP Catherine King, Liam Johnson, Jenna Saide Sam McVey - HRD
Independent Providers	Matt Logan Registered Managers/Owners engagement event 18th May
Persona	Laura Wolstenholme – Head HR
Northern Care Alliance (NCA)	Clair Norton – HRBP Yasmin Bukhari, Julia Marshall, Sharon Lord, Amy Goodale, Emma Shooter - HRD
Pennine Care FT (PCFT)	Juliette Rosser - HRBP, Nikki Littler - HRD
GP Fed	Mark Beasley and Kiran Patel GP Engagement Event 8th March

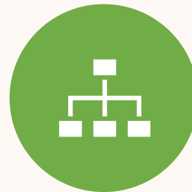
Scope of Our Strategy

This is a **shared vision** for where we are, why/what we want to achieve and how we will achieve this together.

Collaborative/partnership working approach to underpin everything we do in line with our values for the benefit of our one workforce and the people of Bury.

Theme to our strategy is "**One workforce"** this includes all our people working in health, care, our volunteers and unwaged carers and this strategy is for every member of our Bury workforce.

Share our individual strengths, resources/expertise for the benefit of our one workforce and **co-ordinate our efforts** to gain maximum impact to address our challenges.



This does not attempt to replace organisational strategies just align our shared challenges/priorities to our collaborative work to **reduce duplication/silo working.**

Delivery of this strategy will be through connecting/co-ordination of a number of plans, being **delivered at different spatial** levels i.e. at GM level, at sector level (eg social care, primary care), locality level and organisation level.

Locality Workforce Strategy on a page

Shared Ambition	Our 'One Workforce' will meet the needs of our Integrated Care System by providing the best possible care, improving population health, reducing health inequalities and will be enabled to do so by being: valued, recognised and empowered.
Shared Values	Collaboration Courage Creativity Inclusion Integrity Trust Making a Difference

Priorities

Workforce Integration	Good Employment	Workforce Wellbeing	Addressing Inequalities	Growing & Developing our Workforce
Effective utilisation of organisational spanning roles, delivered against consistent professional standards and aligned governance. Development accessible Locality Toolkit/ Induction programme. Improve volunteer opportunity, experience, attraction, and retention through implementation of employment/ development pathways.	Improve employment experience/practices across our health and care sectors. Create clarity of locality status through mapping provider commitment and membership journey. Increase the number of providers to achieve supporter/member status through a peer network, to sharing resources, learning and insight.	Address access barriers to wellbeing toolkits/support/ developmental resources. Model effective wellbeing conversations by all leaders, advocating the creation of a wellbeing culture across the locality.	Work collaboratively to address shared EDI challenges for our workforce and communities. Aligned to the wider Bury inclusion ambition to address health inequalities and improve representation. Establish a Partner EDI collaborative network to share expertise/resources/developmental resources, and model inclusive leadership.	Co-ordination of Pre-employment, 'One Workforce' Induction, prioritising 'work ready' system programmes with our local communities. Collaborative partnerships with schools/colleges with clear pathways into health and care careers. Leadership development and strength based approaches programme for our one workforce.

Partnership delivery model, led and co-ordinated by the Bury Locality Workforce Team

Our Locality workforce Challenges

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Gap in aligned support/governance for roles spanning organisations impacting on utilisation/workforce experience/retention

Lack of understanding of locality/Integrated working etc impacting on system working

Lack of understanding/support for volunteers - impacting on retention/attraction/ utilisation of the sector.

Inability to produce locality workforce reports due to lack of uptake/utilisation of shared workforce system e.g. VWIZ

Inequity/Inconsistencies in employment practices/resources/workforce support across our locality impacting on employee experience

Our locality workforce challenges

Lack/no development for our leaders/managers in wellbeing conversations with burnout workforce

Largest proportion of our workforce does not have access to/limited wellbeing resources/support (VCFA/Providers/Practices)

A number of partners do not have EDI strategies, action plans, toolkits, resource and expertise impacting on the employment experience of our people.

Lack of knowledge and understanding in our management/leadership teams in our partners who have gaps in provision.

Slio approaches/duplication on shared challenges in addressing inequalities in our current workforce

Large proportion of our workforce experiences a reactive and sickness/ill health driven policies/approaches to their wellbeing.

Our Locality workforce Challenges

Lack of connectivity/ co-ordinated approach with our local communities in supporting engagement/access to work in bury

Lack of clear/accessible pathways for our local population into health and social care jobs in Bury to support grow our own.

Lack of connectivity/ co-ordinated approach and capacity challenges in locality to work with our schools/colleges on raising profile of health/care careers and building our pipeline.

High number of vacancies in some of our health and Social Care services increasing pressure on our workforce/impacting on flow

Our Primary Care sector has aging workforce/gaps and retention issues esp with trainee GPs impacting on workload pressures/retaining workforce

Our locality workforce challenges

Challenges in Primary Care in utilising ARRS funding and MDT working across practices.

Gap in leadership development programme (inc system leadership) across our locality. Gap in knowledge/behaviours re system thinking/working.

Financial challenges with high sickness/agency/Locum spend, hidden costs of inefficient recruitment system/processes, retention challenges.

Strength Based Practice training delivery to locality requires infrastructure support for full roll out to enable the mindset/behaviour change in workforce/population culture

Our Shared Ambition

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Our 'One Workforce' will meet the needs of our Integrated Care System by providing our population with the best possible care, improving population health and reducing health inequalities.

Our One workforce will be enabled to do so by being:

- Valued and recognised within a culture of wellbeing and compassionate, inclusive system leadership.
- Empowered to grow professionally and personally, representing the communities we serve, with a sense of identity and belonging at all levels.

Our Partnership Values for Operating in System Spaces – further information available in appendix)

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Courage - *Pushing past our comfort zone to take risks, challenge each other, have the hard conversations, and take the difficult decisions.*

Collaboration **-** *Working cooperatively to achieve a common purpose, sharing responsibility and accountability.*

Creativity - ***t****rying new things together that we know will add value/improve outcomes.*

Integrity - *Consistently to do what we say we are going to do in accordance with our purpose, principles, values and behaviours.*

Inclusion - *We will be inclusive in everything we do and address any potential barriers to this.*

Making a difference - *By doing together what no one partner can achieve on their own.*

Trust - *To be vulnerable with one another by being willing to admit our mistakes, share our struggles, or ask for help/support from others*

Summary of Our Outcomes (full details in appendix)

BURY INTEGRATED CARE PARTNERSHIP

Workforce Integration

- Effective design, development and utilisation of roles spanning organisational boundaries by ensuring consistent professional standards, removal of barriers and misaligned governance e.g. ACPs
- Development of 'One Workforce' accessible Locality Toolkit/Induction for all the workforce
- Improve volunteer opportunity/experience, improving attraction and retention, including employment/ development pathways.
- Address the challenges in workforce data to enable us to monitor our programme progress inline with our metrics.

Good Employment Charter (GEC)

- Improve the employment experience across our health and care system. Map provider commitment to the GEC, to provide clarity of locality status and membership journey.
- Increase the number of providers supporting/attaining membership by provision of a peer network, sharing resources, learning and insight.

Workforce Wellbeing

- Address barriers to access, sharing toolkits/support resources.
- Development in wellbeing conversation is enabled and modelled by all leaders, advocating the creation of a wellbeing culture across the locality.

Summary of Our Outcomes (full details in appendix)

BURY **INTEGRATED CARE** PARTNERSHIP

Addressing Inequalities

- Alignment of individual partner challenges within a framework of the wider Bury inclusion ambition to address health inequalities, improve representation of our workforce and meet the needs of Burys diverse communities.
- Establishment of a Partner EDI network of collaboration; sharing and modelling expertise, inclusive leadership development, collaborative working/resources to enable consistent EDI strategies to be developed/implemented.

Growing Our Workforce

- Establish clear pathways aligning pre-employment, development programmes and ‘One Workforce’ Induction.
- Provision of coordinated support for ‘work ready’, work experience/placements,
- Engagement with schools and colleges to create a system approach to work experience/ placements/ apprenticeship programmes.
- Creation of a Primary Care workforce strategy to addressing workforce challenges utilising ARRS roles and strengthening MDT working across practices.

Developing our workforce & ‘our workforce’ culture

- Maximise accessibility to existing Leadership/System Leadership development opportunities, collaborating to benefit from economies of scale where external expertise is required
- Build wellness culture within institutions and communities transitioning from a culture of "What's wrong with you" to "What matters to you“ with greater utilisation of community assets in wellness/ recovery.

Our Success Measures by Priority

BURY INTEGRATED CARE PARTNERSHIP

Priority	Success Measures	Enablers
Workforce Integration	• No. of roles spanning organisational boundaries are identified including headcount/ location. No. of new roles co-designed, implemented and recruited to. • No. of partners accessing and utilising and aligning 'Our Workforce' Induction Tool kit to their own induction • No. Volunteers in Bury provider orgs, measuring access to opportunities, levels of job satisfaction, and transitions from unpaid to paid work. • No. of partner forums VCFA effective members of to ensure holistic locality lens and VCFA engagement • No of partners utilising VWIS/providing workforce data to enable progress reporting	• Workforce new starter survey reporting increased understanding of locality working and perceived ability to effectively work across organisational boundaries." • Workforce Pulse survey to provide clarity on shared barriers to effective integrated roles and 12-month evaluation survey to gather interventions and impact. • Addressing access to IT, VWIS delivery plan
Good Employment Charter	• No. of Bury providers with Supporter/Member status • 100% of Providers understand the GMGEC and its benefits. • No. of provider meetings/forums attended to engage partners/present on GEC standards/process • Community of Practice Members attending/ accessing support/mentors available. • Improved response rate reported for those with gaps in employment practice/resources	• Workforce pulse survey for those with gaps in provision reporting improved experience (inc new recruits), Workforce feedback against the GEC criteria is improving (universal survey across the sector). • Local GEC network group and connectivity to GM
Workforce Wellbeing	• No. of partners/providers who have wellbeing resources/toolkits available for their *workforce • No. of leaders completed wellbeing conversation training and holding wellbeing conversations. • No. of Workforce having regular conversations regarding wellbeing with line manager/lead - linked to above • Levels of sickness absence and bank/agency spend • Focussed interventions with corresponding metrics e.g. mental health offers linked to measuring mental wellbeing/absence.	• Workforce pulse survey for those with gaps in access/wellbeing provision and utilisation of resources. exploring wellbeing improvement, perception of wellbeing culture, effectiveness of wellbeing resources, leadership modelling wellbeing practices. • Agreed list of org policies/processes/resources focussed on keeping people well (inc flexible working policy/approaches)

Our Success Measures by Priority

Priority	Success Measures	Enablers
Addressing Inequalities	• No. partners with EDI strategy/plans in place • No. of partners/providers engaged/contribute in the Bury Inclusion group. • No. of leaders/managers completed EDI training by provider • An agreed shared EDI challenges, priorities/collaboration deliverables, specifying target for improvements and increased representation. • Increased representation levels in accordance with strategy/plans to address all equality groups e.g. BAME, disability.	• Establish a Community of Practice to enable sharing resources/expertise. • Workforce pulse survey exploring experience of inclusive leadership. • Baseline workforce equality data sets from partners (ideally via VWIS) • Bury Inclusion Workforce Group • EDI strategies/plans/resources in orgs/GM
Growing Our Workforce	• Connections/attendance at local community groups to promote health and care opportunities in Bury • Co-design a work-ready programme with VCFA/community groups. • No people supported via work ready/locality rotation work experience/placement programmes. • Increased engagement/representation with schools/ colleges improving pipeline access and opportunities. • No of vacancies for ARRS roles, No practices engaged with ARRs roles	• NCA Social Value plans, VCFA community groups, GM actions to address growing health/care workforce e.g. care academies, Trafford model re pipeline, Gorsey • Partner workforce Strategies/vacancy data
Developing our workforce & 'Our workforce' culture	• No. of leaders by partner organisation undertaking/completed leadership development inc system leadership • Review/Reduction in system spend on externally commissioned leadership development programmes. • No trained per provider organisation in Oliver McGowan • No Trained per provider in Strength Based Training Practice • Reduction in spend in services from case studies of those adopting SBTP • Improved quality of life, reduced support and increased take up of community assets with those adopting the SBTP approach	• NCA ALD development programme, Digital systems • Workforce pulse survey indicating overall less time spent with individuals when adopting the SB approach etc. • Case studies codeveloped on impact of SBP, improvement of quality of life, reduction of support, increased engagement with community assets.

Monitoring Progress/Review

BURY INTEGRATED CARE PARTNERSHIP

- **Data sharing commitment**: In order to monitor/report progress against our workforce programme's all partners are committing to sharing their data inline with the listed metrics.

- The **lack of data/inconsistencies in data is a risk** to evidence the progress of the strategy. Addressing these challenges forms part of programme one (workforce integration)

- **Reporting/monitor progress** for the 6 programmes via Strategic Workforce Group (SWG) – reporting to IDCB/Locality board
  - Reporting schedule/tools to be agreed with programme leads in line with key milestones for delivery of programme outcomes (reporting commencing Jan/Feb)

- **Strategy Timeframe/Review**: This 2 year strategy (September 2023-September 2025) will be reviewed with partners at the end of 2024.

Workforce Assurance Framework (until Oct 23)

IDC Board ↔ Locality Board

IDC Board ↕ Strategic Workforce Group (SWG)

Workforce Engagement Forum (WEF) ↔ Strategic Workforce Group (SWG) ↔ Finance Strategy Group

Strategic Workforce Group (SWG) ↕ Workforce Across the System (WAS)

Workforce Delivery Assurance Framework (post Oct 23)

GM Assurance

IDC Board

Locality Board

Strategic Workforce Group (SWG)

Finance Strategy Group

Workforce Integration programme delivery group

Good Employment programme delivery group

Workforce Wellbeing programme delivery group

Addressing Inequalities programme delivery group

Growing our Workforce programme delivery group

Developing our Workforce programme delivery group

Change assessment using 6 conditions of system change tool

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Current Position	Desired Position	Key change support
Leadership: System workforce leadership is **limited to capacity/expertise** resource of two system workforce colleagues (AD Workforce/Transformation Lead) with SRO leadership.	**Leadership of system workforce programmes by workforce colleagues** with strengths/desire to lead/modelling system leadership behaviours for their programmes. Enabled by system workforce team.	**Building capacity/capabilities for system leadership** of workforce programmes inc **clear roles/remit** for programme leaders with **support conditions** to lead across system.
Delivery: by the system workforce team with limited capacity across system workforce agenda. **Silo working in partner orgs on shared workforce challenges** with opportunities to share via workforce forums (WAS/SWG)	**Delivery by system programme groups** with system workforce colleagues who are engaged/empowered to **work collectively on shared challenges/**Removing duplication of effort by alignment of work, collective action **for the benefit of our one workforce.**	**System Workforce Strategy** sign up to direction/plan with what delivering (**programme outcomes/success measures**) with autonomy and flexibility for how the group deliver the outcomes.
Resources: System and Organisations with **limited/gaps in workforce resource/expertise** to address the size and scope of our workforce challenges.	**Shared expertise/resources** to address our workforce challenges for our one workforce maximising our workforce capacity with collaborative working.	Collaborative working/sharing of organisational resources for the benefit of the system **enabled by commitment/support from Senior workforce leaders to their teams**.

Change assessment using 6 conditions of system change tool

Current Position	Desired Position	Key change support
Culture: "One workforce" ethos driven/modelled by our system workforce team	"One Workforce" is **embedded by workforce colleagues** across the system in way we lead and work at both organisation/system levels.	Culture programme to **enable understanding/shift in mental model/behaviours with priority delivery** for our workforce programme leaders/programme group members/Senior workforce leaders/BPs/wider workforce teams.
Governance: evolved system workforce groups (WAS/SWG) led by system workforce team with open membership and lack of focus/remit for groups and ability to progress issues together in the absence of strategy.	Structures that enable and empowers programmes to deliver the outcomes with minimal/ streamlined reporting requirements for assurance to IDCB/Locality Board e.g. Programme leaders to develop reporting schedules against their programme milestones and lead discussions with support from members of SWG to address risks/issues enabled by system workforce team.	Review/update TORs and membership roles/remit for SWG Reporting templates/schedules for programme groups. **Enabling programme leaders/groups to build relationships across system**. Coaching/mentoring support for programme leaders in system leadership/challenges, culture shifting and holding system to account.

Our Strategy In Action - Delivery

BURY INTEGRATED CARE PARTNERSHIP

- **6 Workforce Programme Delivery Groups**
  - Direction set for “what” is to be delivered with co-developed programme outcomes/success measures
  - Roles/remits produced for both programme leadership and membership
  - Connectivity/alignment/representation from partners and GM for each group
  - Ways of working
    - In line with values inc empowered to decide the how and when for delivery of outcomes
    - Utilising workforce project management tools/frameworks inc highlight/risk reporting
- **Locality Programme Delivery Group Leadership**
  - SRO Workforce and Locality Workforce Team
  - Provision of development Support for our Programme Leadership Team inc formation of peer network, system leadership.
  - 1-1/group coaching/support to address challenges in delivery etc
  - Produce/Co-ordinate Strategy reporting - internal/external inc GM, using workforce assurance structures

Summary

BURY INTEGRATED CARE PARTNERSHIP

This strategy has described the why, outcomes, approaches and direction of travel needed to ensure we develop a genuine 'One Workforce' approach across Bury. This is essential if we are to transform our services and the demands they face.

Our workforce needs to be supported given the demands they are facing and we must now maximise the real opportunities to address challenges, that genuine system focused workforce solutions will enable.

We must continue to support and maximise on that support across our system workforce, as we do our best for our communities.

Appendix

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PARTNERSHIP

1. Locality Strategy Development - detailed slide pack including full engagement data/analysis

2. Full list of workforce programme outcomes/metrics

Glossary

BURY INTEGRATED CARE PARTNERSHIP

- ARRS (Additional Roles, Reimbursement Scheme): Enables Primary Care Networks (PCNs) to recruit additional roles to work across practices to assist to manage demand and improve access for patients in Primary Care.
- ALD – Accelerated Leadership Development Programme by the Northern Care Alliance.
- EDI – Equality Diversity and Inclusion
- IDCB – Integrated Delivery Collaborative – Our Bury partnership Board.
- SWG – Strategy Workforce Group meeting
- VWIS – Virtual Workforce Information System
- WAS – Workforce Across the System meeting
- WEF – Workforce Engagement Forum meeting

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Primary Care

Part of Greater Manchester Integrated Care Partnership

Presentation by:

John Smith

Introduction

BURY INTEGRATED CARE PARTNERSHIP

- General practice is one part of Primary Care, the others being Community Pharmacy, Optometry and Dentistry which together support more patients every working day than any other single part of the health system.
- Like many parts of the NHS, general practice is under intense pressure. Demand and complexity in general practice are increasing, and practices are facing a widening gap between patient demand and the capacity available to meet that demand.
- All practices have pressures and workforce challenges, with these often felt most acutely in practices working in areas of high need and deprivation, and in rural areas.

https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/#why-we-need-a-plan-to-recover-access-to-primary-care

Accessibility

Core

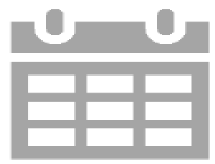
- All practices are open 8.00am - 6.30pm M-F (except during an agreed Learning Time Initiative)
- All practices are currently accepting new patient registrations
- All practices operate a care navigation model
- Community Pharmacy/Dental and Optom
- Community Self Referral Services

Additional

- Enhanced Access (hubs) 6.30pm – 8.00pm M-F & 9am - 5pm on Sat (some practices offer over and above this)
- Out Of Hours (6.30pm – 8.00am)
- 111 online or telephone 24/7
- Community Urgent Eye Service

Time Limited

- Respiratory hubs (open 7 days a week, including Bank Holidays)
- Surge hubs (additional on the day flexed capacity)



Appointments

BURY
INTEGRATED CARE
PARTNERSHIP

Core General Practice

As at Nov'23

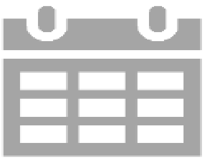
- 10,309 appointments per 1000 patients
- 67.3% of all appointments F2F (67.6% GM)
  - 34.6% F2F appointments seen on the day (36.9% GM)
- 58% F2F appointments with GP seen on same day (53.4% GM)
  - Only 1.5% F2F appointments with GP ≥ 28 days (2.4% GM)
- Around 4k booked appointments lost to DNAs every month
- Additional 30k online consultations est. each month

Additional

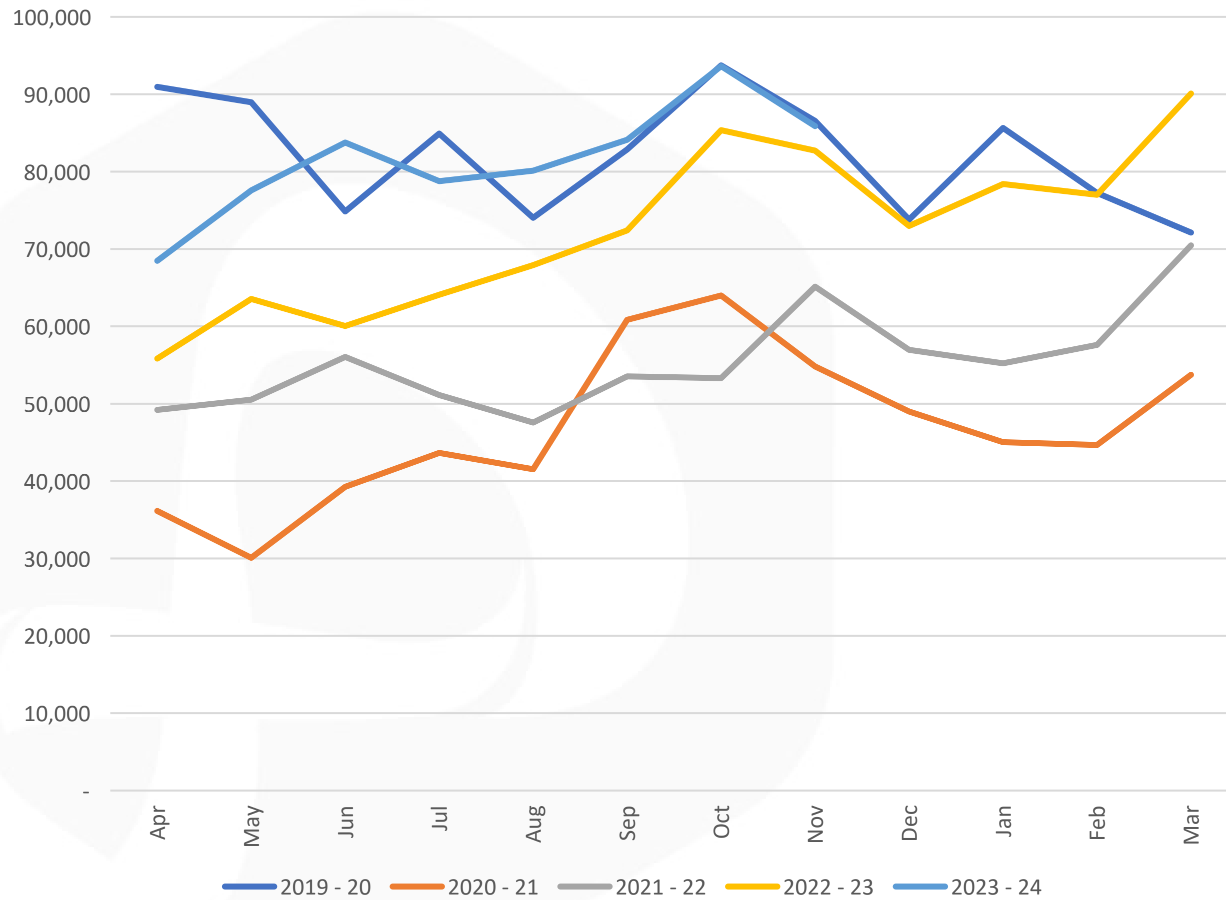
- Enhanced Access (as at Oct'23)
  - 930 additional hrs provided
  - 73% utilisation rate
- Out of hours (as at Nov'23)
  - 165 contacts per 1000 patients
  - 65% of contacts given advice
  - 26.3% seen in treatment centre
  - 7.9% receive home visit
  - 35.13% of contacts led to a prescription

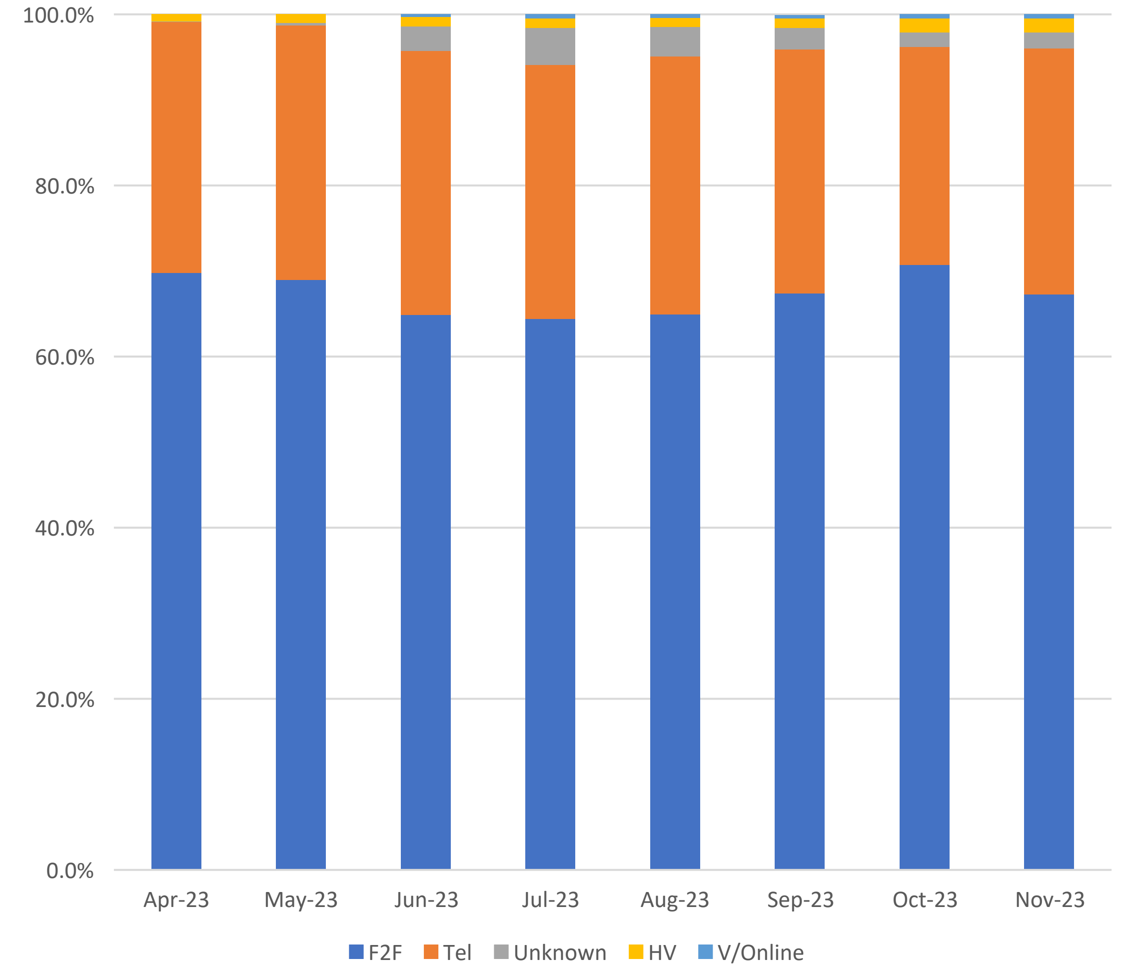
Time Limited

- Services commissioned to provide additional capacity during winter pressure period:
  - Respiratory hubs (appointments are made via patients own GP practice)
  - Surge hubs (appointments are made via patients own GP practice)

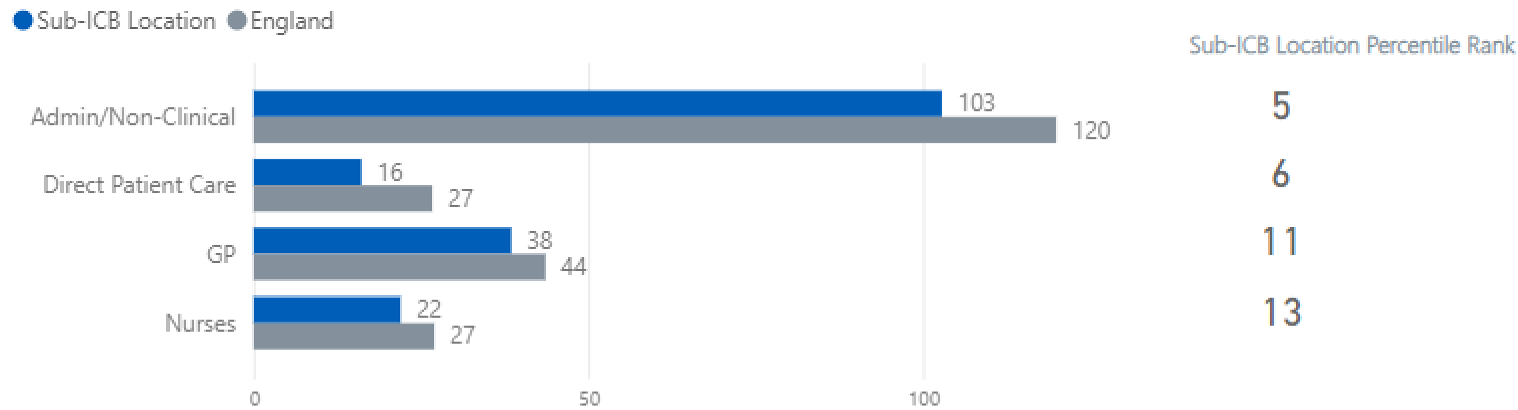


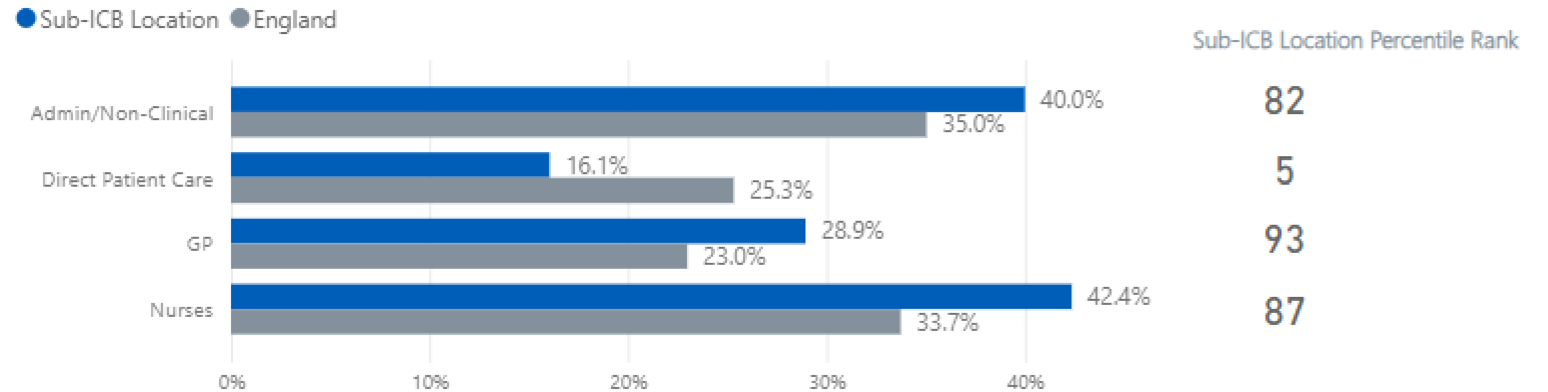
General Practice Appointments

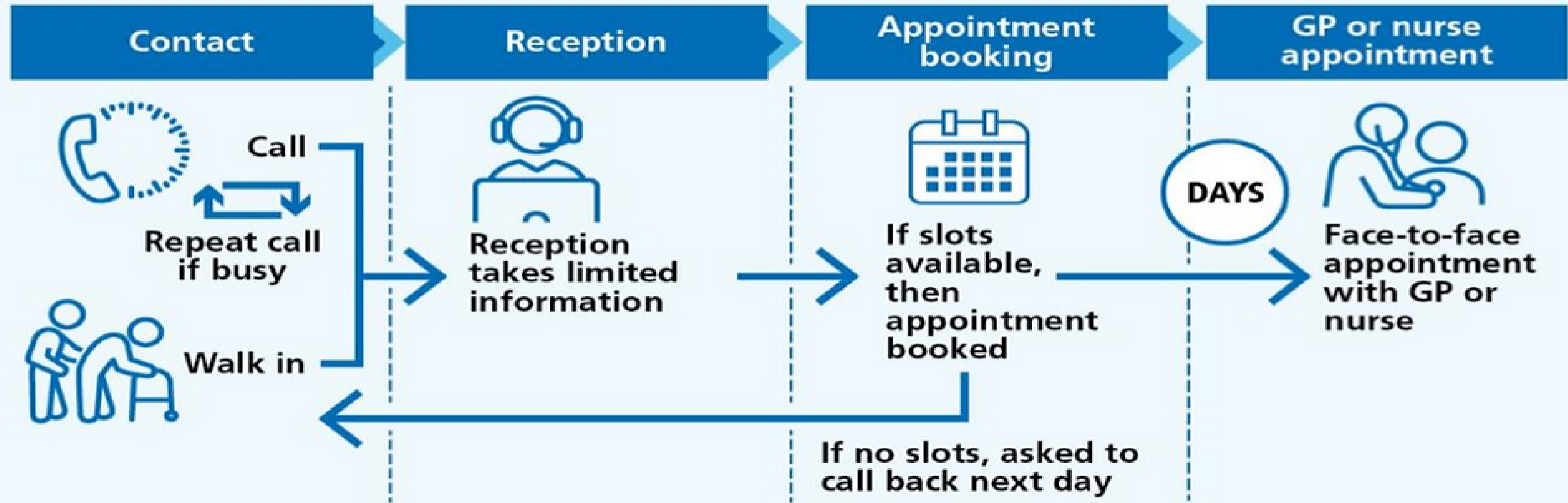


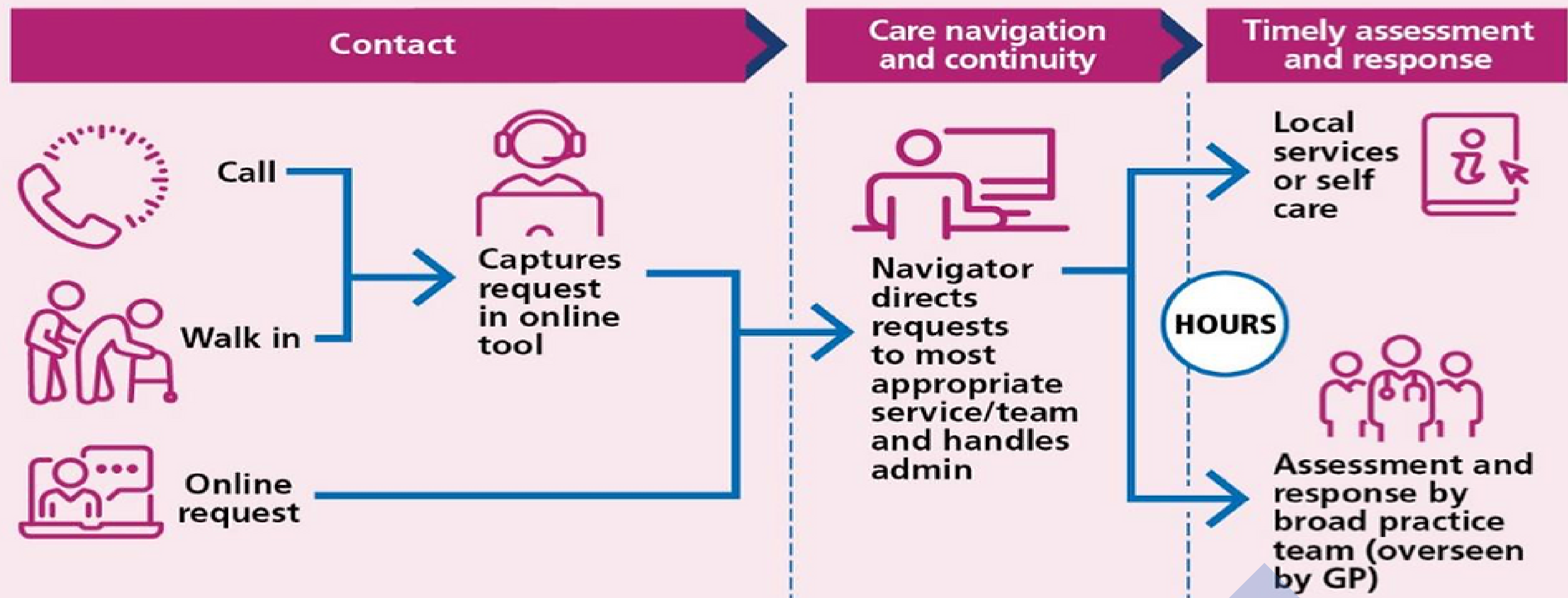


Staffing (General Practice)






Traditional model
Contact
Reception
Appointment booking
GP or nurse appointment
Call
Repeat call if busy
Walk in
Reception takes limited information
If slots available, then appointment booked
DAYS
Face-to-face appointment with GP or nurse
If no slots, asked to call back next day


Modern General Practice Access model
Contact
Care navigation and continuity
Timely assessment and response
Call
Walk in
Online request
Captures request in online tool
Navigator directs requests to most appropriate service/team and handles admin
Local services or self care
HOURS
Assessment and response by broad practice team (overseen by GP)

Alternative Solutions

Pharmacy

- 7 enhanced care pathways available through Pharmacy First from 31st January 2024 (sinusitis, sore throat, acute otitis media, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women)
- In addition to contraception and blood pressure services

General Practice

- Introduction of cloud-based telephony (increased functionality)
- Patients encouraged to download and use NHS App
- Greater focus on navigating people to the correct contact type
- Delivering services differently e.g. hub/collaborative type working (examples include - enhanced access, resilience/respiratory clinics, quality assured spirometry)
- Recruitment of additional roles such as Physio, Paramedics, Social Prescribers, Mental health practitioners, Physician Associates etc.

Who's Who At Your GP Practice

BURY
INTEGRATED CARE
PARTNERSHIP

Social Prescribing Link Workers are professionals who specialise in non-medical treatment. They focus on your health and wellbeing providing a plan tailored to suit your needs.

Julie explains more ☞ https://youtu.be/NYdcA-fAB6s

A First Contact Physiotherapist is a musculoskeletal expert and can help support you with muscle and bone problems, in your knees, shoulders and hips

Watch Chris explain more ☞ https://youtu.be/LuKZoDHlAA4

A Health Care Co-ordinator is a professional who helps support with social care needs like mental health problems, loneliness, and dementia. They will make a care plan to suit your needs.

Demi tells us more ☞ https://youtu.be/8RgMJ0Ipsho

www.gmintegratedcare.org.uk/whoswhoatyourGP

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TERM OF REFERENCE AND WORKING PRINCIPALS FOR THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC) FOR THE NORTHERN CARE ALLIANCE

TERMS OF REFERENCE

PURPOSE

To scrutinise the generic services provided by the Northern Care Alliance relating to the health of the population in Bury, Oldham, Rochdale and Salford and contribute to the development of policy to improve health and reduce health inequalities in respect of services provided by the hospitals.

Membership

The membership of the JHOSC will be made up of three Councillors from each of the four constituent local authorities (Bury, Oldham, Rochdale and Salford).

Key Objectives and Responsibilities

1. The JHOSC has the delegated powers of the four local authorities, Bury, Oldham, Rochdale and Salford to undertake all the necessary functions of health scrutiny in accordance with part 4, Health Scrutiny by Local Authorities, of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, relating to reviewing and scrutinising health service matters provided by the alliance.

Hospitals

Such matters to include:

a) Receipt and consideration of performance information relating to the Northern Care Alliance.
b) Receipt and consideration of any annual reports and quality accounts of the alliance or outcomes of official inspections eg the Care Quality Commission, Monitor, Place (Patient Lead Assessments of the Care Environment) Inspections, National Clinical Audit and Patients Outcome Programme.
c) Improving access to NHS services.
d) The review proposes for the implementation of new initiatives which affect people in Bury. Oldham, Rochdale and Salford in respect of patients and public involvement.
e) Review proposals for consideration of items relating to proposed substantial development/substantial variations to services provided by the alliance which affect the authorities referred to. This could include:

- Changes in accessibility of services and the rational for those changes,
- The impact of proposals on the wider community and on other services including economic impact, transport and regeneration,
- The number of patients affected and the impact of the changes on the patients,
- Changes in the method of services delivery, for example, moving a particular service in to community settings rather than being entirely hospital based.

2. To review the procedural outcome of consultation referred to in 1(e) above, particularly the rational behind contested proposals.

3. To undertake indepth thematic studies in respect of services to which the alliance contributes where such studies can be undertaken on a alliance wide area basis.

4. To take account of relevant information available and in particular relevant information provided by Health Watch under their powers of referral.

5. To maintain affective links with Health Watch in the four local authority areas of Bury, Oldham, Rochdale and Salford and give consideration to the co-option of appropriate patient representatives at the appropriate time.

6. To co-opt people on to the joint committee in order to provide appropriate expertise.

7. To commission pieces of research as and when the need arises from within the JHOSC budget.

8. To promote a joint scrutiny function in the constituent authorities and raise public awareness.

9. To refer locality based issues to the respective local authority for investigation.

NB Each authority reserves the right to undertake individual scrutiny of the alliances proposals/performance that specifically individually affects their local communities.

Working Principals

The working principals have been developed to provide a framework for scrutiny to take place.

Membership

Each constituent local authority (Bury, Oldham, Rochdale and Salford) shall appoint three Councillors to the Joint Overview and Scrutiny Committee (JHOSC) each municipal year. The JHOSC shall, therefore, have twelve members.

If a member of the Joint Health Overview and Scrutiny Committee for the Northern Care Alliance is unable to attend a committee meeting that member may ask a substitute member to attend on his/her behalf in accordance with the conventions of their Council. Substitute members may attend meetings to take place of the ordinary member for whom they are the designated substitute where the ordinary member may be absent for the whole of the meeting. The Chair of the Joint Health Scrutiny Committee for the Northern Care Alliance should be notified via the Joint Health Overview and Scrutiny Officer for the Northern Care Alliance.

Meetings

The Joint Health Overview and Scrutiny Committee (JHOSC) is a committee established by the four constituent local authorities of Bury, Oldham, Rochdale and Salford.

A schedule of meetings will be agreed by the committee at the beginning of each municipal year.

Addition meetings may be convened by the committee.

A chairman and a vice chairman will be elected by the committee at the first meeting of each municipal year.

A quorum of three of the appointed members will apply.

Any personal, prejudicial or pecuniary interests held by members should be declared on any items of business at the meeting, either under the agenda item declarations of interest or as soon as it becomes apparent. Decisions will be taken by consensus. Where it is not possible to reach a consensus, a decision will be made by a simple majority of those members present at the meeting. Where there are equal votes, the Chairman of the meeting will have the casting vote.

The agenda and supporting papers will be circulated at least five working days in advance of meetings. The minutes will be circulated to those with actions as soon as possible. Minutes, agendas and papers will be published on the JHOSCs website pages.

Meetings shall be held in public with specific time allocated for public question time.

Work Programme

A Work Programme will be developed annually by the committee. The Work Programme will take in to account the priorities of the Northern Care Alliance, national and local areas of concerning the above, , health priorities and health inequalities.

Principals for Effective Scrutiny

Scrutiny undertaken through the joint committee will be focused on improving health services for residents in areas served by the committee through the provision of acute hospital services for those residents.

Improving health and health services through scrutiny will be open and transparent to members of the local authority, health organisations and members of the public.

All members, officers, members of the public and patient representatives involved in improving health and health services through scrutiny will be treated with courtesy and respect at all times.

Improving health and health services through scrutiny is most likely to be achieved through co-operation and collaboration between representatives of local Councils, the Northern Care Alliance, representatives of Health Watch and the clinical commissioning groups commissioning hospital services.

Co-operation and joint working will be developed over time through mutual trust and respect with the objective of improving health and health services for local people through effective scrutiny.

All agencies will be committed to working together in mutual co-operation to share knowledge and deal will requests for information and reports for the JHOSC within the timescales set down. The JHOSC will give reasonable notice of requests for information, reports and attendance at meetings.

The JHOSC, whilst working within a framework of collaboration, mutual trust and co-operation, will always operate independently of the NHS and have the authority to hold view independent of other members of representatives Councils and their executives.

The independence of the Joint Committee must not be compromised by its members, by other members of the Council or any of the Council's Executive or by any other organisation it works with.

Those involved in improving health and health services through scrutiny will always declare any particular interest that they may have in particular pieces of work or investigation being undertaken by the Joint Health Overview and Scrutiny Committee and thus may withdraw from the meeting as they consider appropriate.

The Joint Health Scrutiny Committee will not take up and scrutinise individual concerns or individual complaints.

Where a wider principal has been highlighted through such a complaint or concern, the Joint Overview and Scrutiny Committee should consider if further scrutiny is required. In such circumstances it is the principal and not the individual concern that will be subject to scrutiny.

Agenda Item 9

Bury Council

Classification:	Decision Type:
Open	Non-Key

Report to:	Health Scrutiny	Date: 24 January 2024
Subject:	Adult Social Care Performance Quarter One and Quarter Two Report 2023/24	
Report of	Deputy Leader and Cabinet Member for Health and Wellbeing	

Summary

1. This is the Adult Social Care Department Quarter 1 and 2 Report for 2023-24. The report outlines delivery of the Adult Social Care Strategic Plan, preparation for the new CQC Assessment regime for local authorities and provides an illustration and report on the department's performance framework.

Recommendation(s)

2. To note the report.

Reasons for recommendation(s)

3. N/A.

Alternative options considered and rejected.

4. N/A.

Report Author and Contact Details:

Name: Adrian Crook
Position: Director of Adult Social Services and Community Commissioning
Department: Health and Adult Care
E-mail: a.crook@bury.gov.uk

Background

5. This is the first Adult Social Care Department Performance Report, covering Quarters 1 and 2 of 2023-24.

Links with the Corporate Priorities:

The Adult Social Care is Department is committed to delivering the Bury 'LETS' (Local, Enterprising, Together, Strengths) strategy for our citizens and our workforce.

Our mission is to work in the heart of our communities providing high-quality, person-centred advice and information to prevent, reduce and delay the need for reliance on local council support by connecting people with universal services in their local communities.

For those eligible to access social care services, we provide assessment and support planning and where required provide services close to home delivered by local care providers.

We aim to have effective and innovative services and are enterprising in the commissioning and delivery of care and support services.

We work together with our partners but most importantly together with our residents where our intervention emphasises building on individual's strengths and promoting independence.

We ensure that local people have choice and control over the care and support they receive, and that they are encouraged to consider creative and innovative ways to meet their needs. We also undertake our statutory duties to safeguard the most vulnerable members of our communities and minimise the risks of abuse and exploitation.

Equality Impact and Considerations:

6. In delivering their Care Act functions, local authorities should take action to achieve equity of experience and outcomes for all individuals, groups and communities in their areas; they are required to have regard to the Public Sector Equality Duty (Equalities Act 2010) in the way they do carry out their work. The Directorate intends to drive forward its approach to EDI, ensuring that equality monitoring information is routinely gathered, and consider how a realistic set of S/M/L-term objectives may help to focus effort and capacity.

Environmental Impact and Considerations:

7. N/A

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
N/A.	N/A.

Legal Implications:

8. There are no legal implications however this report provides Members with details of performance reporting alongside an update on preparation for the CQC assessment.

Financial Implications:

9. N/A.

Appendices:

Appendix - Data sources and what good looks like.

Background papers:

Adult Social Care Strategic Plan 2023-2026

Bury Adult Social Care Assurance Preparation Challenge, February 2023

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
CQC	Care Quality Commission

Adult Social Care Performance Report for Quarter One and Quarter Two, 2023/24

1.0 Executive Summary

1.1 This report provides a summary of the performance of the Adult Social Care Department during Quarters 1 and 2 of 2023-24. The report outlines delivery of the Adult Social Care Strategic Plan, preparation for the new CQC Assessment regime for local authorities and provides the first illustration and report on the department's performance framework.

The report illustrates the high demand on Adult Social Care being felt here in Bury but also across the whole of England, compounded by multiple years where additional funding has not kept pace with demand.

It shows that this demand is causing some pressure with keeping pace with people waiting to see a social worker and those in need of an annual review. Where this is the case it can be seen that Bury is performing on average when compared to Greater Manchester and the North West meaning this effect is being felt widely across our region, not just here in Bury.

Despite this pressure the department is delivering on its improvement plan by not only preparing for forthcoming CQC inspection but also in its priorities to improve services.

Where pressure is seen the department is utilising recent government funding to address these issues, these include reducing waiting lists and a forthcoming plan to reduce the number of overdue reviews. Progress is already being seen in the numbers waiting to see a social worker where over all numbers waiting have dropped to 171 which must be seen the context of 9200 people per year requesting our support compared to 6500 before the pandemic.

Our safeguarding processes evidence that we are keeping people safe but the outcome measures in safeguarding show room for improvement in ensuring the process is personalised. This is a key priority in our business plan and we expect to see considerable improvement in the next quarter.

The availability of services remains good and we are now supporting 400 more people than 18 months ago, there has been a considerable improvement in the number of people able to be supported in their own homes due to our strengths based approach, our work with hospital partners and the effectiveness of our intermediate care services.

The quality of the borough’s care services, despite some struggles with a small number of care homes remains above the GM and England average.

Feedback from our users remains in line with the rest of England in the recently published Adult Social Care User survey and the number of complaints has dropped when compared to last year.

2.0 CQC Assessment of Local Authorities

2.1 From April 2023, the Care Quality Commission (CQC) gained a new duty to independently review and assess how local authorities are delivering their Care Act functions. All local authorities are to be assessed over two years. Local authorities will be rated as 'outstanding', 'good', 'requires improvement' or 'inadequate'. An intervention framework has been published by the Government.

CQC Themes and Quality Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice			**Providing Support**: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes	Care provision, integration and continuity	Partnerships and communities
We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this	We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care		**Leadership**: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability	
Safe systems, pathways and transitions	Safeguarding	Governance	Learning, improvement and innovation
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.	We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

2.2 As part of its preparations, Bury Council hosted a Peer Challenge Day and Case File Review in February 2023 with a team from other local authorities, NW ADASS and the LGA. A Peer Challenge Report was shared which contained a number of findings and recommendations.

2.3 The report noted several strengths in Bury:

- Visible leadership and staff are proud to work for Bury.
- New Care Act Assessment documentation which supports practitioners to use a strengths-based approach is good.
- Services over which Adult Social Care has direct management control as part of the integrated care partnership arrangements are seen to be working well.
- Effective work with partners in the production of market sustainability plans.
- Finance governance is well-developed.
- Acknowledgement of Bury's well-managed response to the Edenfield Centre abuse allegations.

2.4 The report also identified that significant improvement may be required in some areas but planning and delivery is already underway. Areas for improvement included:

- Driving a department approach to equality, diversity and inclusion.
- Strengthening performance management and use of intelligence.
- Embedding the new strengths-based assessment approach.
- Re-designing the 14-25 transitions process (with Childrens).
- Reviewing the delivery of statutory local authority mental health functions.
- More regular reporting to Elected Members.

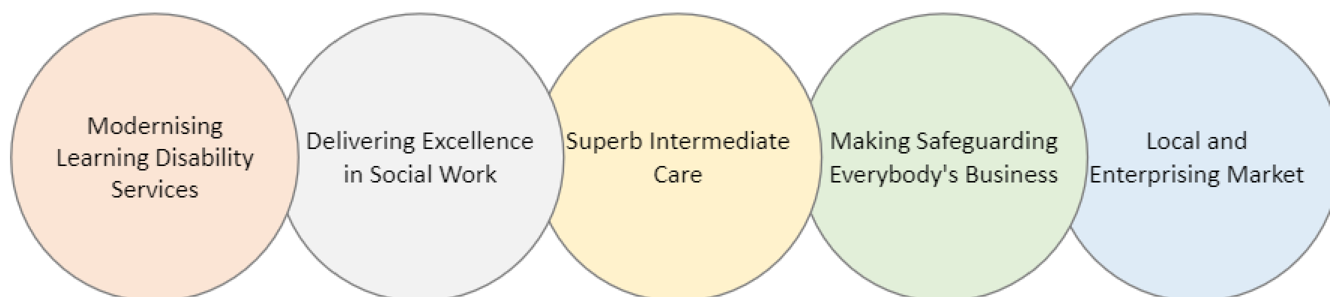
2.5 Since the Peer Challenge report:

- The Adult Social Care Strategic Plan was finalised in March and risk registers have been prepared for the Department and for service areas.
- A new policy portal Bury Adult Social Care APPP has been launched in May.
- This ASC performance report has been prepared for Cabinet to strengthen member engagement going forward.
- A monthly performance report for Social Work teams and a safeguarding dashboard have been developed, with Power BI to be introduced to allow easier manipulation of data.
- Strengthened assurance governance is being put in place for Performance and Improvement, Workforce and Quality, and Finance.
- Preparation of an Adult Social Care self-assessment is underway, and an evidence repository is being compiled.

3.0 The Adult Social Care Strategic Plan

3.1 Adult Social Care are committed to delivering the Bury 'LETS' (Local, Enterprising, Together, Strengths) strategy for our citizens and our workforce. Our mission is to work in the heart of our communities providing high-quality, person-centred advice and information to prevent, reduce and delay the need for reliance on local council support.

3.2 The Adult Social Care Strategic Plan 2023-26 sets out the Department's roles and responsibilities on behalf of Bury Council. It explains who we are, what we do, how we work as an equal partner in our integrated health and social care system and identifies our priorities for the next three years:



3.3 This three-year plan is released at a time of great challenge and pressure within the social care sector. The current population of Bury totals 193,851 with 25.7% of people identifying themselves as living with a long-term condition or disability (ONS, Census 2021). The growing proportion of our population aged 50 or over indicates that we are likely to see increasing demand for care and support in coming years as more people live longer but with potentially increased need due to ill health and disability. The Adult Social Care department is accountable for the expenditure of the largest portion of Bury Council's available funds and our duty to exercise financial responsibility will be at the forefront of the decisions we make over the next three years.

3.4 For those eligible to access social care services, we provide assessment and support planning with an emphasis on building on individuals strengths and promoting independence in line with our statutory responsibilities to all people over the age of 18 resident in the borough. We ensure that local people have choice and control over the care and support they receive, and that they are encouraged to consider creative and innovative ways to meet their needs. We also undertake our statutory duties to safeguard the most vulnerable members of our communities and minimise the risks of abuse and exploitation.

3.5 The 2023-26 Strategic Plan includes an annual delivery plan to deliver the service priorities, this is monitored on a quarterly basis. Highlights include (see overleaf):

3.5.1 Priority – Modernising Learning Disabilities

Successful disability confident event at Millgate (August), aimed at all disabled people. 14-25 Transitions Programme Board has been established, and a 14-25 Transitions policy has been drafted for consultation with system partners and practitioners. A Transitions clinic is in place and meeting fortnightly. The 'Towards Independence' project is renegotiating high-needs support packages and fees levels to improve support in line with strengths-based approach and achieve savings where possible. The project has realised savings of £113,175.93 for ASC (and £111,597 for Health) to date.

3.5.2 Priority – Delivering Excellence in Social Work

A system-wide evaluation of the new 'My Life, My Way' strengths-based care assessment is underway with the Principal Social Worker and Teams. A draft DESW Training Plan 2023/24 has been produced. A dashboard for training performance will sit alongside the plan to provide real time reporting on training uptake. Audit reporting has commenced, and a Workforce Board and Quality Board has been established to provide assurance.

3.5.3 Priority – Superb Intermediate Care

Review Intermediate Tier and assess requirements. A test of change is due to commence on bespoke IMC panel meetings to reduce the requirement for formal funded care, therefore, increasing more people leaving services independently. Providing more capacity by increasing efficiency across the IMC Tier is being closely managed by a new flow manager. Flow has improved and is expected to improve further in the next quarter. The Technology Enabled Care' (TEC) Project is working with operational teams to identify service users that will benefit from technology to be purchased to replace care elements in packages.

3.5.4 Priority – Making Safeguarding Everybody's Business

A safeguarding process has been drafted, awaiting being finalised and then shared with all staff. A Court of Protection (CoP) Deprivation of Liberty Safeguards triage tool has completed. A safeguarding dashboard is now in place to support teams around this and reduce the length of S.42 enquiries. Reviews of the MARM (single agency) and PIPOT processes have been completed.

3.5.5 Priority – A Local and Enterprising Care Market

Development of Adult Social Care Housing for those with additional needs. LD accommodation target met/exceeded- including schemes- St Marys Place, Willow Street, Kemp Heaton and GM projects. Mental Health accommodation on target- including schemes Blackburn Street, The Rock, Topping Mill. £1.7m of external capital money brought in for ASC accommodation needs. Development of Adult Social Care Housing for those with additional needs. The production of a Quality Strategy with review quality assurance framework, contract monitoring, and escalation process is in development. A Quality Assurance Audit tool, Quality Assurance Audit schedule, Risk Escalation Process, Draft Performance Management Tool and Risk Stratification Matrix and draft governance process have all been completed.

4.0 Highlight Report for Quarters 1 and 2, 2023

Obsessions	Performance Measures	Frequency	Polarity	Sparkline	Lastest Data	Direction of Travel	Rank (higher is better) CIPFA (16) 21/22	NW (22) Q4 22/23
Reduce the number of people living in permanent nursing and residential care	Long-term support needs (65+) are met by admission to residential and nursing care homes (per 100,000 population)	A	L		584	✔	7	7
	Number of individuals (65+) in a Permanent Residential placements (per 10,000 population)	Q	L		173	✖		21
	Number of individuals (65+) in a Permanent Nursing placements (per 10,000 population)	Q	L		43	✔		11
Increase the number of people living well at home	Quality of life of people who use services (composite survey metric out of 20)	A	H		18.8	✖	1	15
	The proportion of people who use services who have control over their daily life	A	H		79%	✖	1	7
	Proportion of services users in receipt of long-term community based services	Q	H		72%	✔		14
Increase the number of people who have their safeguarding outcomes met	Proportion of people who have their safeguarding outcomes fully met	Q	H		39%	✖		21
	Proportion of people who use services who feel safe	A	H		66%	✖	1	18
Increase the number of people leaving intermediate care services independently	The proportion of people who received short-term services during the year where no further request was made for ongoing support	Q	H		81%	✔	12	11
	The proportion of older people (65+) who were still at home 91 days after discharge from hospital	A	H		87%	✖	5	
Increase the number of people with a learning disability and/or autism who have their own front door and in paid employment	Proportion of adults with a learning disability in paid employment	Q	H		2.6%	✖	7	7
	[Measure to be developed for recording people with their own front door]							
Increase the number of people accessing care and support information and advice that promotes people's wellbeing and independence.	The proportion of people and carers who use services who have found it easy to find information about services and/or support	A	H		64%	✖	3	18
	The proportion of people who use services, who reported that they had as much social contact as they would like	A	H		40%	✖	1	19

Annual Measures: updated Q4 22/23
Quarterly Measures: updated Q2 23/24

The Department has adopted an outcome-based accountability framework to monitor performance and drive improvement. Several outcomes have been chosen that will change if the objectives of our strategic plan are met, we call these our obsessions.

Reduce the number of people living in permanent residential care.

Reducing those that live in permanent residential or nursing care as a share of the numbers we support in total and increasing those that are living well at home demonstrates that the objectives set within our delivering superb intermediate care which provides rehabilitation and recovery to our older adults is working as more are able to be supported at home.

Improving personalisation, diverting people from unnecessary and care and support and maximising use of a person's strengths through the adoption of our new strength-based assessments as part our delivering excellence in social work programme will also increase the numbers able to live well at home and reduce those living in care homes.

Overall, this indicator is 584 per 100,000 of population. The indicator is measured annually over the financial year and the trend line shows a steady drop for a number of years. Bury performs overall on average and 7th out of 16 stat neighbours the last time this comparison was made.

Measuring residential home and nursing home use individually is available more frequently. This shows a reducing pattern of residential use at 173 per 100,000, however there was a small increase in quarter 2 when most recent data was available, and a small decrease in nursing home use. Care Home use increased dramatically after the pandemic as use of care home beds to facilitate hospital discharge continued, this led to a number of people entering care homes prematurely. Following the ending of funding, a refocus on recovery and personalisation as part of our planning and our partnership with the NCA in the Discharge Front Runner Programme we are beginning got see these numbers drop again.

Increase the number living well at home.

The quality of life of people who use services should change if their experience of our care services improves as part of our development of a Care Quality Strategy. If peoples experience of social work also improves as part of our work to deliver excellence in social work, they are also likely to report a higher quality of life when using services. This is an annual measure and is collected via the national adult social care survey. The most recent results have been published in October 2023 and are featured later in the report.

Safeguarding outcomes

Asking people what outcomes they want to achieve and whether they have them during a safeguarding intervention is a central component of making safeguarding personal.

The making safeguarding personal framework was developed to provide a means of promoting and measuring practice that supports an outcomes focus and person led approach to safeguarding adults The framework aims to enable councils and SABs to better identify how practice is impacting on outcomes, indicate areas for improvement, enable bench marking, and share best practice and learning.

This indicator shows some recent improvement but at only 39% shows us as the second worst performing local authority in the NW, for this reason this was chosen as a key priority in our plan, and we expect to see this indicator move rapidly as we implement these improvements.

Increase the number of people living intermediate care independently.

Intermediate Care is a range of services aimed at preventing, reducing and delaying the need for care, helping people recover after hospital or avoid being admitted.

Rarely do we find people keen to be dependent upon adult social care, so it is important we have services available that aim to prevent this. This is why continuing to improve these services are a key priority in our plan. This indicator is available quarterly and shows that 81% of the people who use our intermediate care services which although very high was ranked 12 out of 16 at the end of 21/22. The numbers using intermediate care services are shown later in the report.

People with learning disabilities or autism with their own front door and numbers in paid employment

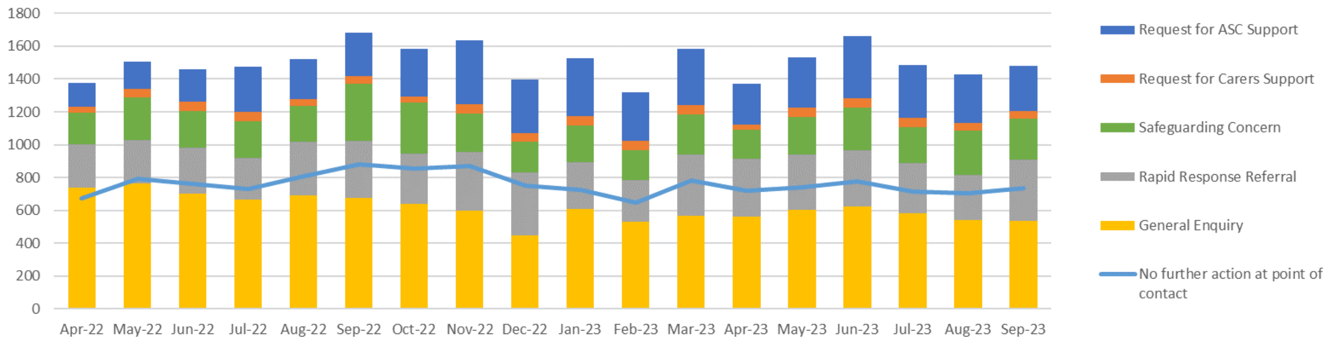
These 2 simple outcomes demonstrate if the borough is being successful in improving the inclusion of our resident adults living with learning disabilities. A key priority of our plan is to modernise our services and improve outcomes of those living with learning disabilities and the priorities chosen by our learning disability partnership board include good jobs and better homes.

This data is available quarterly and we currently score 2.6% which means 2.6% of the adults living with learning disabilities who receiving adult social care support are in paid employment, we are ranked 7 out of 22 in the Northwest.

4.1 Contacts

The primary means of public contact to request support, information and advice is through our care, connect and direct office (CAD). A higher proportion of contacts resolved by CAD means that people's enquiries are being dealt with straightaway and not passed on to other teams.

Number of Adult Social Care (ASC) Contact Forms recorded each month.



How does Bury Compare?

Contacts by Outcome | August 2023

	Safeguarding adults	Deprivation of liberty safeguards	Link to existing case	Progress to new case	Resolved at contact - equipment / adaptations /telecare to be provided	Resolved at contact - other	Unknown
Bolton	14.8%	7.0%	23.2%	27.0%	10.9%	17.0%	0.0%
Bury	5.9%	2.0%	10.4%	22.0%		50.2%	9.6%
Manchester	11.8%	9.3%	37.8%	16.7%	0.9%	23.4%	0.1%
Oldham	14.3%		1.3%	39.1%		45.2%	0.2%
Rochdale		9.1%	36.4%	18.2%		36.4%	
Salford	0.0%	0.3%	65.7%	0.0%		34.0%	
Stockport	12.8%	7.3%	23.0%	25.5%	4.0%	27.4%	
Tameside	16.7%		58.3%			25.0%	
Trafford	2.1%	9.9%	39.8%	14.6%		31.9%	1.7%
Wigan	16.1%	3.2%	12.9%	32.3%	9.7%	25.8%	

Contacts - commentary

This shows the number of contacts the department receive each month and what they were about. It also illustrates the number resolved by our contact centre.

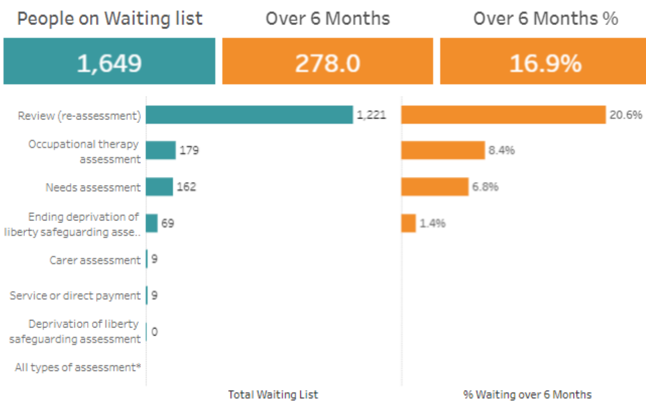
The pattern of contact shows little variation of over the seasons and a consistent pattern of increasing demand for intervention, this is shown by grey, green, orange and blue portions increasing whilst the general enquiries are dropping.

Current Bury is the top of Greater Manchester for resolving contacts in our contact centre.

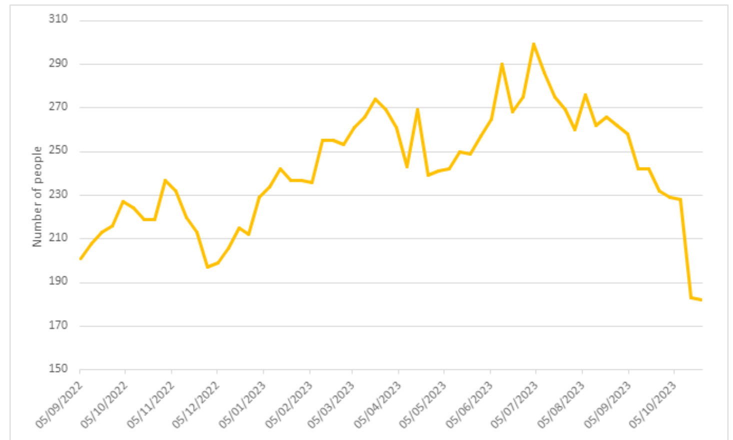
4.2 Waiting Times for Assessments and Reviews

People awaiting an assessment or review of their needs by social workers, occupational therapists or deprivation of liberty safeguards assessors. Reduced waiting times lead to improved outcomes for people because they are receiving a timelier intervention.

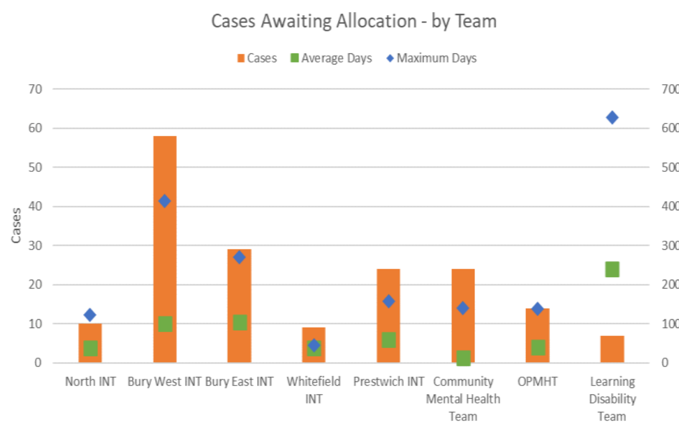
Total number waiting for all interventions

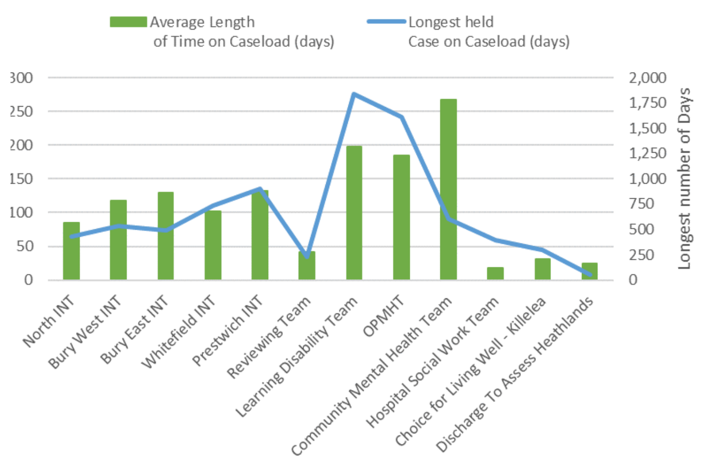


Needs & Carers Assessments: No. of Cases Waiting for Allocation.



Number of cases awaiting allocation by team





How does Bury Compare?

	Days on waiting list				
	Median Days	Maximum Days	Total Waiting List	Wait list per 100,000	% Waiting over 6 Months
Bolton	39.4	998	1,423	493.7	22.0%
Bury	78.7	821	1,649	864.7	16.9%
Manchester	47.9	4,196	2,122	381.8	31.1%
Oldham	199.8	3,035	2,587	1,088.7	49.2%
Rochdale	14.6	63	1,206	539.2	6.9%
Stockport	94.2	1,253	2,142	728.1	42.8%
Tameside	179.9	1,829	2,800	1,232.8	65.0%
Trafford	162.8	2,897	2,114	889.8	31.5%
Wigan	87.4	952	2,060	622.9	43.3%
Greater Manchester	95.4	4,196			

Waiting list - commentary

This shows the number of people waiting for the different types of assessments provided by the department. Where people are waiting for a social worker to be allocated, we also show this by team.

These charts illustrate the level of demand here in Bury and across Greater Manchester and the pressure the system is under whilst it recovers from back logs since COVID, struggles to keep pace with population growth with limited increases in resources and workforce challenges.

Whilst our overall number waiting is slightly below the average for Greater Manchester, we have some teams particularly affected these being Bury West Integrated Neighbourhood Team and our Disability Services

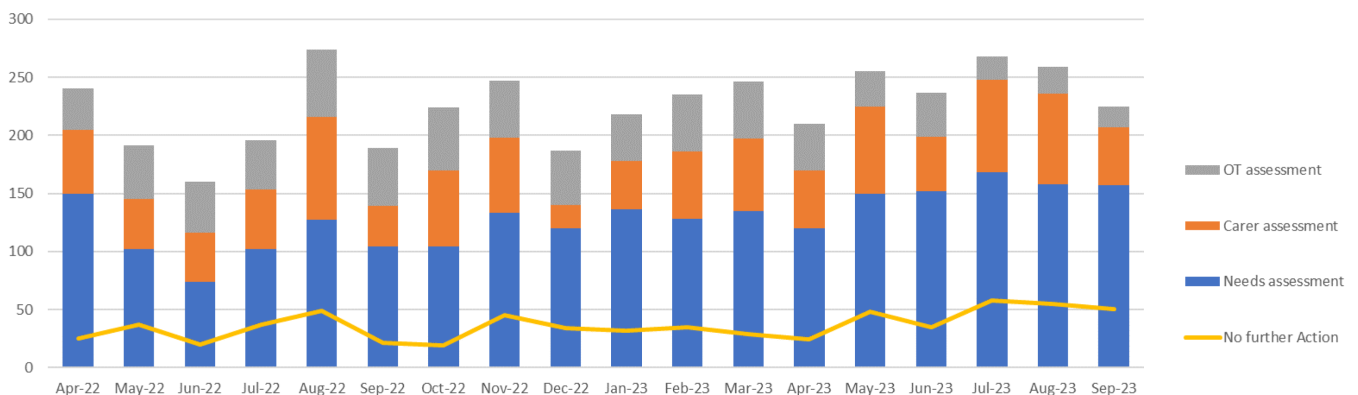
Most other teams are performing well and as can be seen the numbers waiting for assessment from a social worker is dropping.

A proposal utilising government grants is currently progressing through governance which will see investment in staff to address our challenges in those waiting for reviews, those waiting for assessment under the Care Act and those waiting for assessment by an OT.

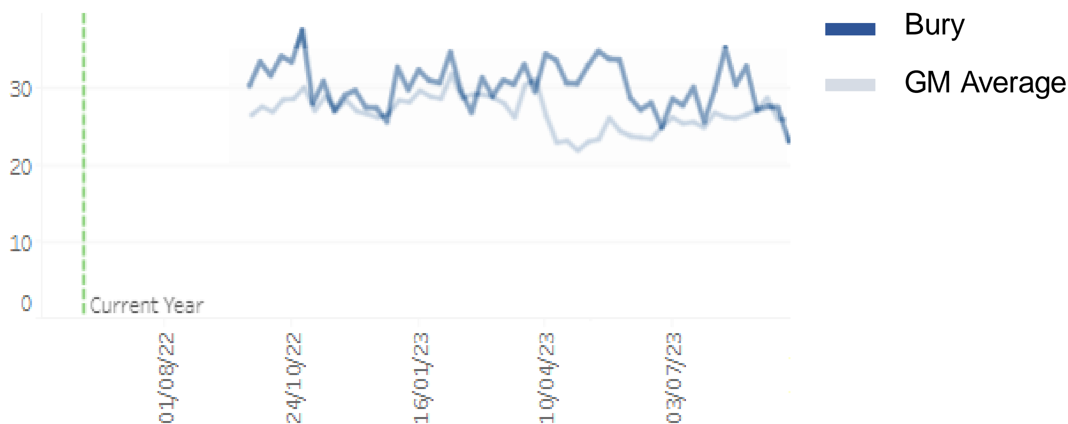
4.3 Assessments

Local Authorities have a duty to carry out an assessment of anyone who appears to have needs for care and support, regardless of whether those needs are likely to be eligible. The focus of the assessment is on the person's needs, how they impact on their wellbeing, and the outcomes they want to achieve. Assessments where there was no further action are where there were no eligible needs identified or a person with eligible needs declined services. A lower number means that operation teams are able to focus their time on those people with identified needs.

Number of Adult Social Care (ASC) Assessments Completed each month.



How does Bury Compare?
Average number of Days between contact and Assessment



Updated: Aug 23

Assessments - commentary

This shows the number of assessments and the type of assessment we complete each month.

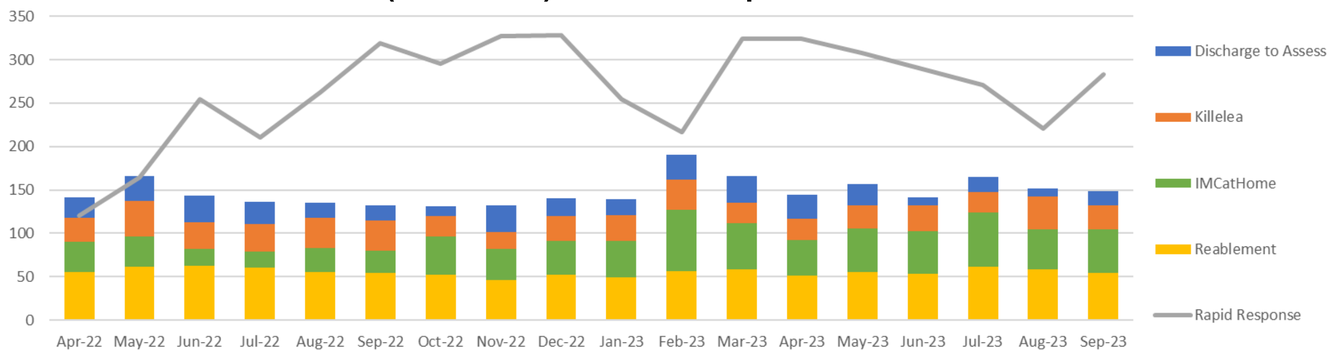
It illustrates a growing demand for needs assessments where we have seen an increase of nearly 50% growing from an average of 100 per month to 150 per month. This growth in demand is partly responsible for the increase in wating lists.

Despite this extra demand the time taken to complete an assessment is improving and now matches the GM average.

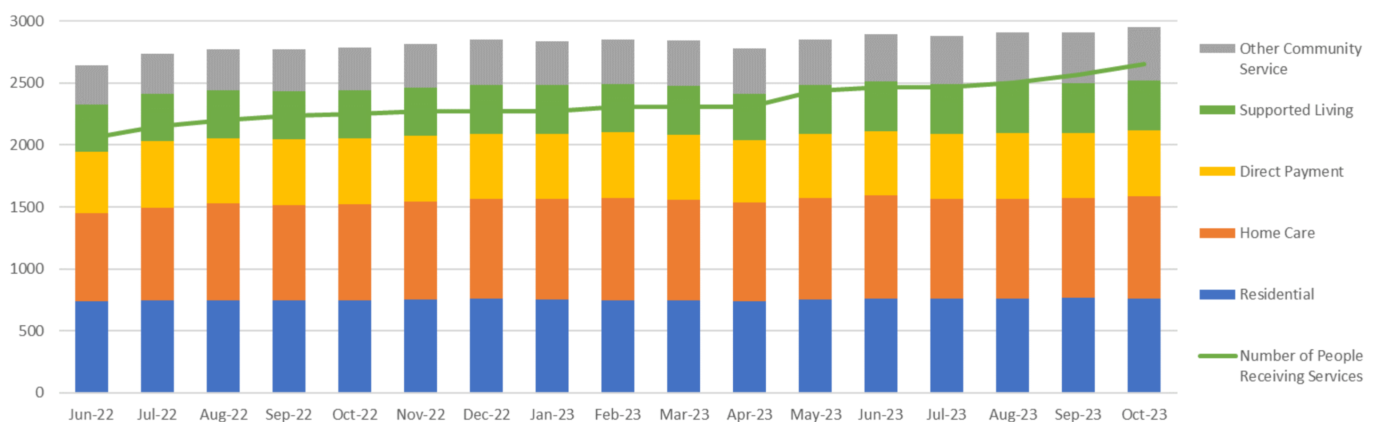
4.4 Services

Adult Social Care services may be short-term or long-term. Short-term care refers to support that is time-limited with the intention of regaining or maximising the independence of the individual so there is no need for ongoing support. Long-term care is provided for people with complex and ongoing needs either in the community or accommodation such as a nursing home. It is preferable to support people in their own homes for as long as it is safe to do so.

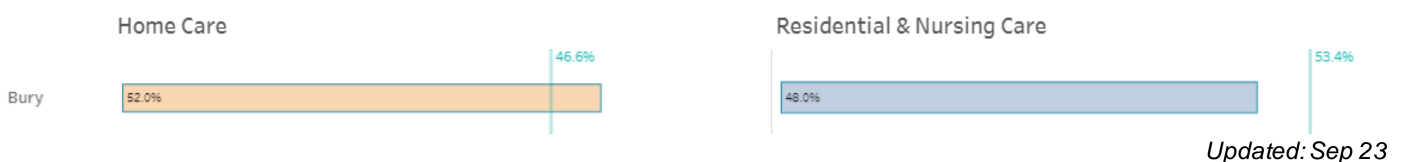
Number of Intermediate Care (short-term) services completed each month.



Number of Long-term Adult Social Care services open on the 1st of each month.

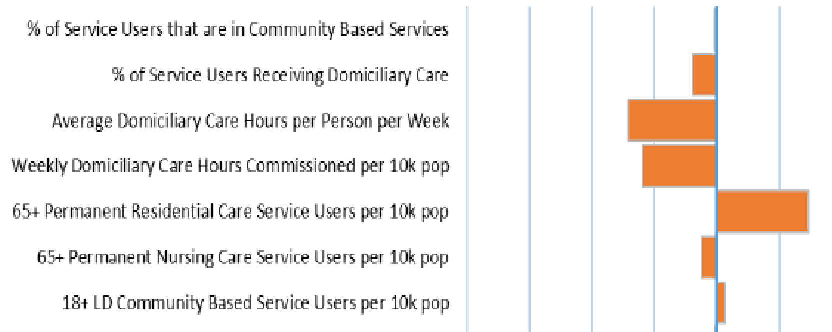


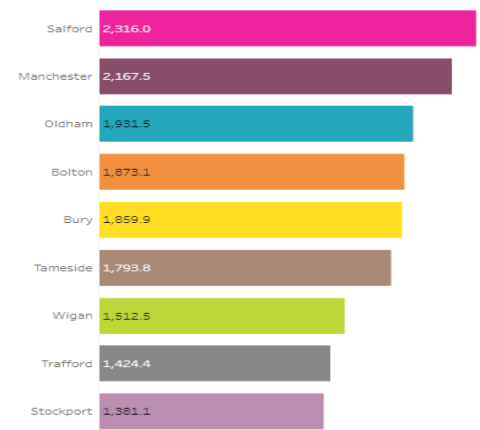
Proportion of Home Care vs Nursing and Residential Care Services compared against 2 years ago.



Updated: Sep 23

How does Bury Compare?





Services - commentary

This shows the number of people we support in our various service types.

The first chart shows the number of people supported in our intermediate care services. These services aim to prevent, reduce and delay the need for long term care and support so the busier they are the better.

The second chart shows the number we support with long term care services which has grown by nearly 400 or 18% in one year. However, this needs to be seen with the context of how many extra assessments have been completed which is considerably more. This shows our strength-based approach is helping keep people independent but despite this, additional services are still being provided albeit at a much lower rate of increase.

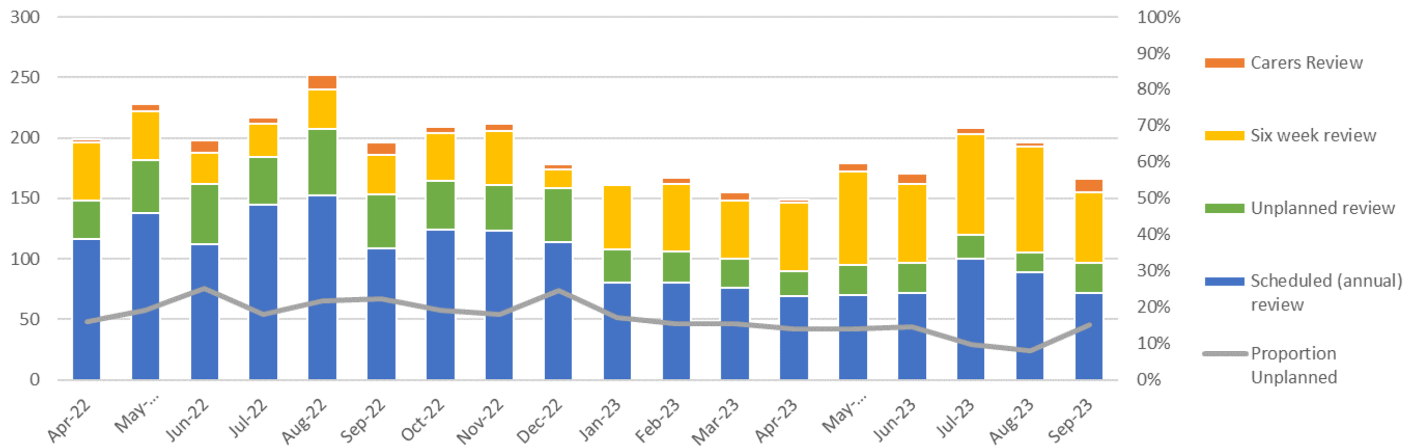
The third indicates the split between residential and home care and our position 2 years ago. We now support more at home showing we are being successful in supporting people at home which is where most people want to be supported.

The final 3 charts are comparisons with the Northwest and Greater Manchester. It shows good performance in managing demand with us now being in the middle for supporting people in care homes compared to the rest of Greater Manchester but still higher than average when compared to whole of the Northwest.

4.5 Reviews

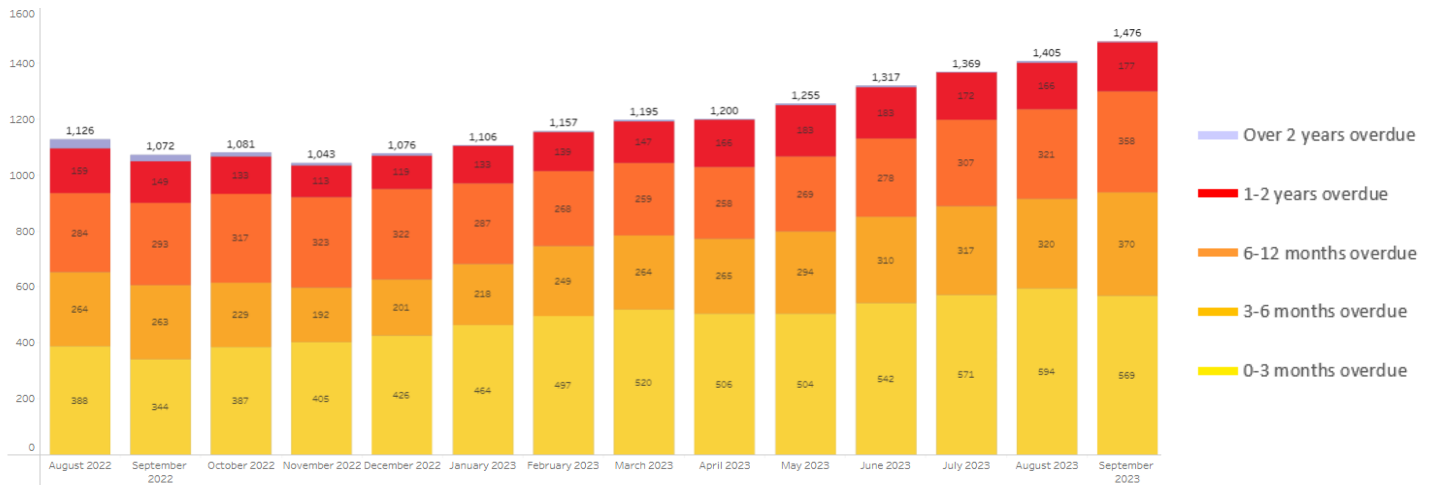
Adult Social Care reviews are a re-assessment of a person's support needs to make sure that they are getting the right support to meet their needs. Needs may change and new services and technology may give someone more independence and improve their wellbeing. A lower proportion of unplanned reviews means that people are support through scheduled reviews of their support needs rather than when a significant event has occurred requiring a change in support. Support packages should be reviewed every 12 months.

Number of Adult Social Care Reviews Completed each month.



Note - the % axis references the grey line which is the proportion of unplanned reviews.

Number of Overdue Adult Social Care Reviews on the last day of each month



How does Bury Compare?

Metric	Bury	Northwest Average	Rank in Northwest (out of 22)
% of service users with a completed annual review	51.6%	55.1%	12th
% of service users with a review 2 years overdue	0.5%	9.3%	2nd

Last Updated: Q4 2022/23

Reviews - commentary

This shows the number of people who have had a review of their care and support and those who are overdue an annual review. All the 3000 people receiving long term services should receive and annual review each year and those new or in short term services should receive a review in the first 6 to 8 weeks.

A review is an opportunity to ensure someone's care and support is meeting their needs and personalised to them. It is also an opportunity to ensure care is not resulting in dependence and reduce care to increase independence. This also releases care back into the market to be used by others.

These 2 charts evidence the symptoms of a department experiencing high new demand. 6-to-8-week review numbers have increased as we review new people entering our system, but this is at the expense of the annual review where the numbers overdue increase.

Comparisons with the Northwest are included which shows us being 12 out of 22 for overall overdue reviews which demonstrate a whole system under pressure. We perform better on making sure people do not go 2 years without a review with our performance being 2nd highest in the Northwest.

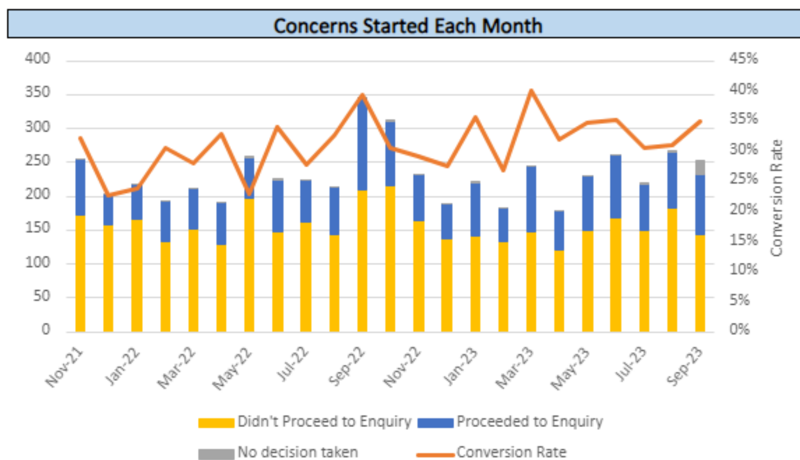
An investment proposal has been developed using the Market Sustainability and Improvement Fund to address this and is due to start implementation soon

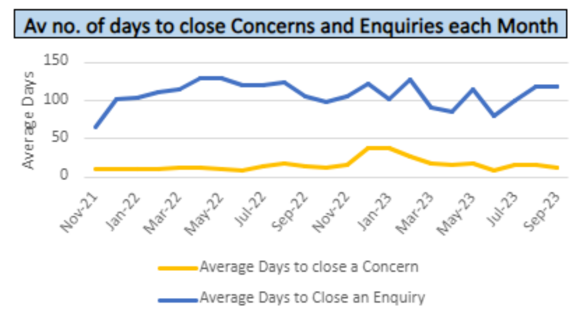
4.6 Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Obsession	Increase the number of people who have their safeguarding outcomes met		Sep-23
	Percentage of people who were asked what outcome they would like		71%
	Were outcomes achieved?	Not Achieved	12%
		Partially Achieved	28%
		Fully Achieved	60%

Open Safeguarding Enquiries	Number	Av. Days	Max Days
ACS Safeguarding Team	165	67	277
Hospital Social Work Team	3	518	802
Learning Disability Team	4	91	224
OPMHT	17	48	141
Community Mental Health Team			
Strategic Adults Safeguarding Team	6	115	386
Discharge To Assess Heathlands			
Total	**195**	**128**	**802**





Active DoLS Requests	Urgent	Standard	Total
Waiting for Assessment	4	84	**88**
Processing	8	20	**28**
Total	**12**	**104**	**116**

How does Bury Compare?

Metric	Bury	Rank in Northwest (out of 22)
Conversion Rate	25%	11th
Making Safeguarding Personal	54%	21st
Making Safeguarding Personal - Outcomes		15th

Last Updated: Q4 2022/23

Safeguarding - commentary

The data above shows some important trends and an improving picture for Adults Safeguarding in Bury. The measurements "How does Bury Compare?" was taken before the completion and rollout of the safeguarding dashboard and the data in the graphs above is taken directly from the safeguarding dashboard in October 2023.

A good conversation rate, according to our Head of Adult Safeguarding should sit between 30% - 40% which means around 3 – 4 safeguarding concerns are proceeding to an S.42 enquiry. If the rate is low (<20%) then Bury Council is probably receiving too many inappropriate safeguarding concerns; too high (>50%) then Bury Council is probably not receiving enough safeguarding concerns and abuse may be taking place but not being reported. The rationale for the 25% (which is lower than ideal) is due to an ongoing organisational safeguarding in which may safeguarding concerns have been linked to the organisational safeguarding rather than investigated as individual S.42 enquiries. This is acceptable practice, and has been discussed with individuals, families and representatives. Currently out conversation rate sits at 36%.

Ensuring we are asking outcomes during the safeguarding process is our obsession and is key to the strategy of making safeguarding everyone's business. We have improved from the low rate of 54% to 71% through data analysis, improvement work and communications across the adult social care system. There is further work to do in this area, including some work on the recording system to support front line practitioners to record outcomes more effectively.

There is no statutory timeframe for S.42 enquiries under the Care Act 2014. However, our average time for completion of S.42 enquiries was far more than 100 days, which without rationale does raise questions around timely completion. Over the last 6 months we have worked with the staff to understand why this is and set up some Key Performance Indicators to support the staff in the expectations of the Senior Leadership Team. We have seen a good reduction in time to complete S.42 enquiries with most teams now averaging under 100 days apart from the Hospital Social Work Team (which is due to administration and is being rectified). These are positive first steps in an improvement plan for adult safeguarding.

4.7 Complaints and Compliments

Complaints

Period 2023/24	Number of complaints received	Decision			20 working day timescale	
		Upheld	Partially Upheld	Not Upheld	Within	Outside
Q1	15*	5	4	5	9	5
Q2	19	1	9	9	9	10

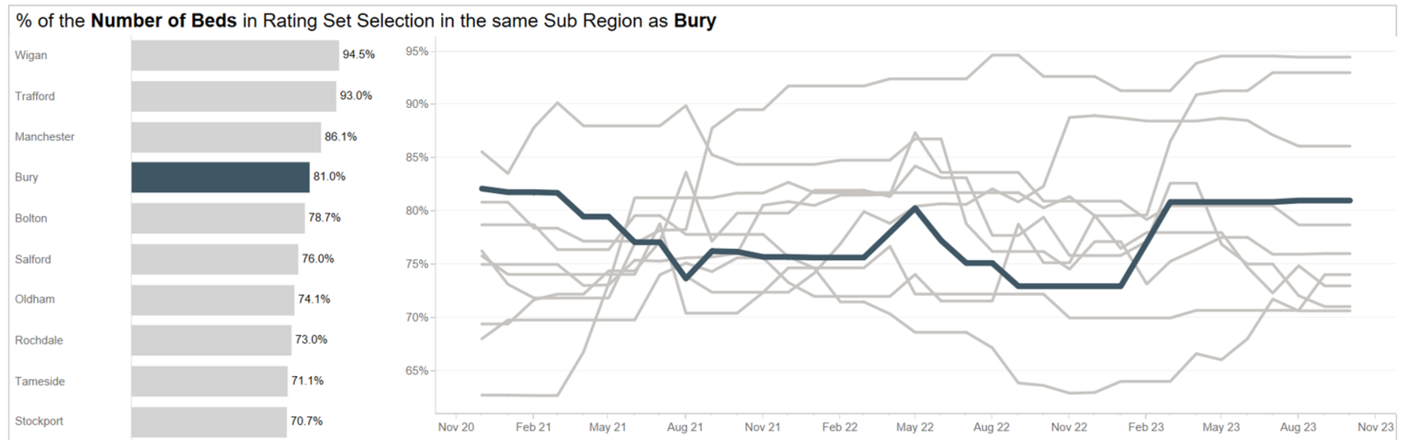
*1 complaint was withdrawn.

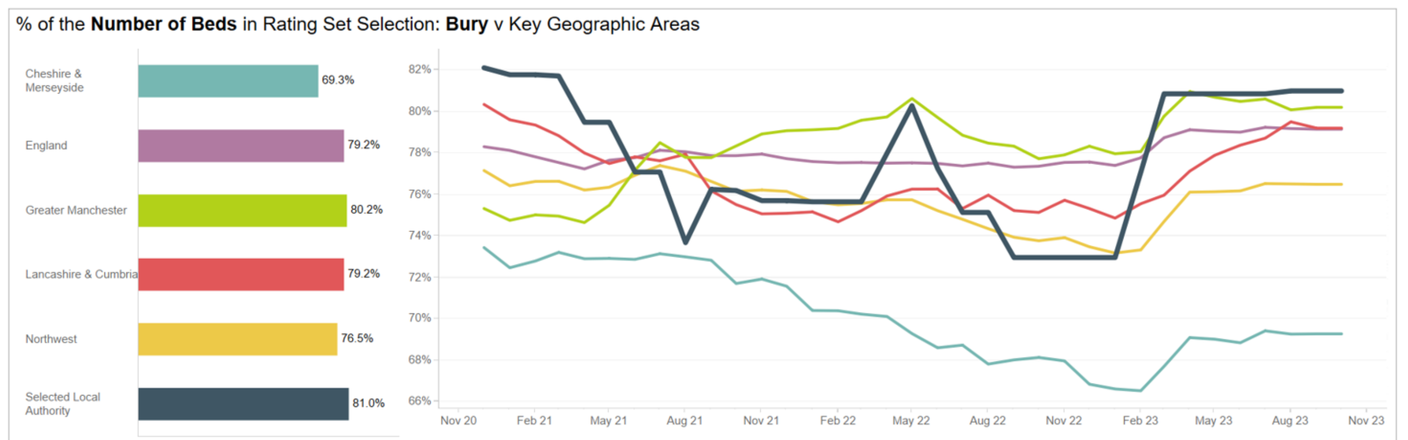
Compliments

Period 2023/24	Source		
	Person receiving or had received services	Relative of person receiving or had received services	Other (incl. various survey responses)
Q1	7	20	148
Q2	16	12	183

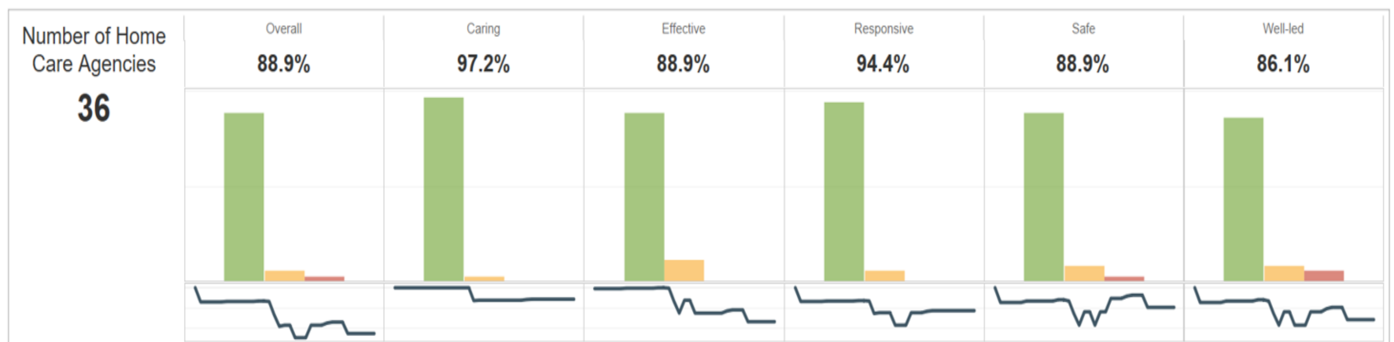
4.8 State of the Care Market

Number of care home beds rated good or outstanding.





Quality Ratings of Bury's Home Care Agencies



Last Updated: Q4 2022/23

State of the Care Market - commentary

The top charts show the quality ratings of care homes in Bury compared to the rest of Greater Manchester showing the % of beds rated good or outstanding. The second chart shows Great Manchester compared to the other regions in Egland and the Northwest. The final chart shows the rating of home care agencies operating in Bury. For both charts the nearer to 100% the better.

Adult Social Care Providers in Bury have historically performed well compared to neighbouring authorities in achieving Good and Outstanding CQC ratings. In 2019 Bury was joint top of Greater Manchester Local Authorities in Good and Outstanding Care providers. Since the outbreak of the COVID pandemic, a noticeable drop in quality has been identified within care providers, with care homes especially being particularly affected. This resulted in a number of care homes being rated Inadequate by CQC, however, as

the data shows, the Local Authority have worked hard to support those homes back to compliance while proactively identifying other providers in need of improvement support. This has seen the overall quality picture in Bury improve greatly while the work being carried out on the Council's Quality Assurance and Improvement Framework will only enhance this further.

We continue to work with at risk providers and those with poor ratings from CQC and are currently focused on Burrswood Nursing Home which has received an Inadequate rating. A robust response by the Local Authority and Health colleagues, including funding additional resources into the home, has already resulted in improvements to the service being recognised.

The Local Authority has a clear and effective Provider Failure process which is being utilised with Burrswood but has also been required to support the closure of two Residential homes in the borough. Following the parent company of the two homes going into administration, the Local Authority worked quickly with residents, families, and the provider to facilitate moves to alternative accommodation. This was done successfully within 27 days of notice being given and is a testament to the teams involved in what was an incredibly difficult situation.

The Provider Failure process has also been used to support the turnaround of providers, with Nazareth House who were issued an Inadequate rating last year, a prime example. Through a formal improvement programme with support by the Local Authority commissioning team and Medicines Management, the home was re-rated Good with CQC noting that an improvement from 'Inadequate' to 'Good' has never before happened in the area.

4.9 Adult Social Care User Survey for England for 2022 to 2023

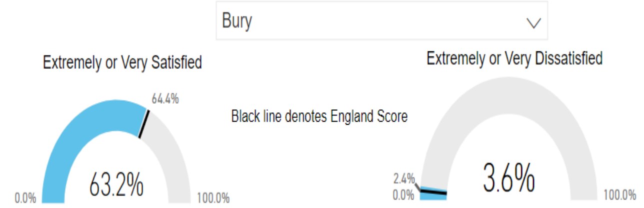
Published on 19th October 2023.

England

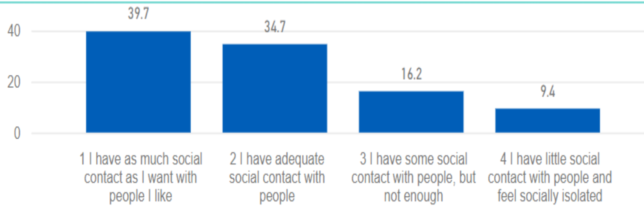
Key Findings

right (by scrolling through the councils) to see the comparative figures for the selected council.

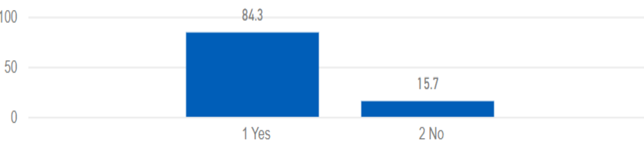
64.4% of service users were very or extremely satisfied with the care and support they received. 2.4% of service users were very or extremely dissatisfied with the care and support they received. The percentages were not statistically different to 2021-22.



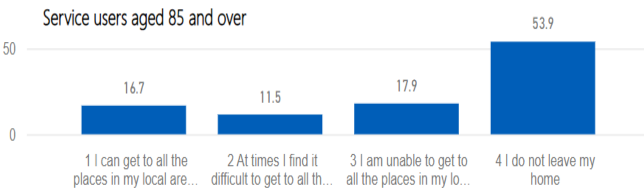
The percentage of service users that felt they have as much social contact as they want with people they like increased to 44.4% from 40.6% in 2021-22. The percentage of service users that reported they have little social contact and feel socially isolated decreased to 6.7% from 8.3% in 2021-22. The impact of COVID-19 should be considered when reviewing this data. The responses in 2022-23 are more in line with pre COVID-19 years.



The percentage of service users that felt care and support services help them in feeling safe increased to 87.1% from 85.6% in 2021-22.



Over half of service users aged 85 and over (52.8%), report that they do not leave the home.



NHS-E Adult Social Care Survey 22-23 - Interactive Report

Adult Social Crae Users Survey Commentary

The proportion of services users in Bury that are extremely or very satisfied with the care and support they receive, 63.2%, is comparable to the England average and has stayed the same since the previous survey in 21/22. 39.7% of service users have as much social contact as they would like, which is below the England average of 44.4% and has dropped 5 percentage points from last year.

This places us 5 out of 10 in Greater Manchester

Appendix - Data sources and what good looks like

Section	Chart	Data Source	What does good look like?
Contacts	Number of Adult Social Care (ASC) Contact Forms recorded each month.	Contact Records in LiquidLogic: Contact Type Contact Outcome	Six Steps to Managing Demand in Adult Social Care: ≈ 25% of contacts go on to receive a full social care assessment.
	GM Comparison		
Waiting Lists	Waiting List Summary	Professional Involvement in LiquidLogic: Awaiting allocation work trays Brokerage Work trays Overdue Review Tasks DoLS data from the database.	Lower is better
	Needs and Carers Assessments: No of Cases Waiting for Allocation		
	GM Regional Comparison		
Assessments	Number of Adult Social Care (ASC) Assessments Completed each month	Assessment forms in LiquidLogic	
	GM Regional Comparison	Av. number of days from the contact start date to the assessment end date	Lower is better
Services	Number of Intermediate Care (short-term) services completed each month	All IMC Service data from 4 data sources	
	Number of Long-term Adult Social Care services open on the 1st of each month.	Service data from Controcc Grouped by Service Type Count of service types, not people	
	Proportion of Home Care vs Nursing and Residential Care Services compared against 2 years ago		Lower Residential & Nursing Care is better
	Northwest Regional Comparison		
Reviews	Number of Adult Social Care Reviews Completed each month	Review forms completed in LiquidLogic	Higher number of completed reviews. Lower proportion of Unplanned reviews.
	Number of Overdue Adult Social Care Reviews on the last day of each month	Review Tasks in LiquidLogic past the due date	Lower is better
	Regional Comparison	As above	
Safeguarding	Percentage of people who have their safeguarding outcomes met	Completed safeguarding enquiries: Making Safeguarding Personal questions	Higher is better
	Outcomes were achieved		
	Open Safeguarding Enquiries	Safeguarding enquiry forms on LiquidLogic and CMHT/EIT spreadsheets	Target: Enquiries closed in 56 days or less
	Concerns Started Each Month	Contact Forms on LiquidLogic: form type safeguarding concerns	
	Average number of days to close Concerns and Enquiries each month	As above	Targets: Concerns closed in 3 days or less. Enquiries closed in 56 days or less
	Regional Comparison	As above	Higher is better

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General Practice Patient Survey

Part of Greater Manchester
Integrated Care Partnership

What is the General Practice Patient Survey

- The General Practice Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

- The GPPS measures patients' experiences across a range of topics, including:
  - Local GP services
  - Making an appointment
  - Patient's last appointment
  - Overall experience
  - COVID-19
  - Patient health
  - When your GP practice is closed
  - Demographics

Bury Integrated Care Partnership (Bury ICP) Results

- Each year, the surveys are sent out in January and the results cover the period of January to December the previous year

- In Greater Manchester Integrated Care Partnership (GM ICP), 202,165 questionnaires were sent out, and 46,871 were returned completed. This represents a response rate of 23%, a 1% decrease on 2022

- In Bury Integrated Care Partnership, 10,524 questionnaires were sent out, and 2,905 were returned completed. This represents a response rate of 28%, which, whilst a decrease of 2% on the response rate for 2022, it remains higher than the GM return rate for the survey

Results

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Table 1 provides a summary of the main questions within the survey alongside the results for Bury ICP compared to national results and wider GM results.

	Bury Locality 2021	Bury Locality 2022	Bury Locality 2023	GM ICS 2023	National 2023
Q1. Ease of getting through to GP practice by phone	66%	43.7%	**61%**	51%	50%
Q2. How helpful do you find the receptionists at your GP practice	90%	83.1%	**88%**	81%	82%
Q4. How easy is it to use your GP practice's website to look for information or access services	77%	61.2%	**72%**	63%	65%
Q16. Satisfaction with appointment offered	70%	71%	**71%**	72%	72%
Q21. Overall experience of making an appointment	88%	51.8%	**51%**	55%	54%
Q28. Confidence and trust in healthcare professional saw or spoke to	96%	92.5%	**91%**	93%	93%
Q30. During your last general practice appointment, did you feel that the healthcare professional recognised and / or understood any mental health needs that you might have had	87%	79.8%	**77%**	81%	81%
Q32. Overall experience of GP practice	73%	67.3%	**65%**	71%	71%

Patient Satisfaction

The information below displays the main questions in the survey relating to patient satisfaction

GPPS Question	Bury Locality 2021	Bury Locality 2022	Bury Locality 2023	GM ICB 2023	National 2023
Q16. Satisfaction with appointment offered	70%	71%	71% 90% Knowsley Street 53% Peel GPs	72%	72%
Q21. Overall experience of making an appointment	88%	51.8%	51% 75% Townside 23% Ramsbottom	55%	54%
Q32. Overall experience of GP practice	73%	67.3%	65% 87% Townside 37% The Uplands	71%	71%

The results show that Bury Locality are slightly below both GM ICB and National average for all 3 questions, but as you can see there is vast variation in practice level scores which will be impacting the overall average

Access

The information below displays the main questions in the survey relating to patient access

GPPS Question	Bury Locality 2021	Bury Locality 2022	Bury Locality 2023	GM ICB 2023	National 2023
Q1. Ease of getting through to GP practice by phone	66%	43.7%	61% 91% Greylands 19% The Uplands	51%	50%
Q4. How easy is it to use your GP practice's website to look for information or access services	77%	61.2%	72% 79% Woodbank 40% The Elms	63%	65%

The results show for both questions Bury Locality average is higher than both GM ICB and National average which should be noted a positive result

Next Steps

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To improve GPPS results in 2024 we need patients to see and feel the difference in the way they access and receive care

The following progammes of work are taking place in Bury to ensure this happens

Bury General Practice Strategy

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The Bury General Practice Strategy has been structured to support both patients and practices to improve their experience. The 5 goals of the General Practice Strategy relate to, reinforce and support overall improved access and patient satisfaction:

- Develop and Promote a new model of general practice:
  - looking at new and different ways of working - moving general practice out of silos and into partnership with our wider system via neighbourhood integration, delivering services at scale, providing greater access for patients, embracing a digital first approach whilst tackling inequities for our patients on a borough wide footprint

- A resilient workforce and an attractive place to work
  - formulating a General Practice Workforce Strategy
  - the strategy articulates how we will support our member practices, both in terms of training and education but also with resilience, including support on how to attract and retain the best workforce

Bury General Practice Strategy

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- Increase capacity within general practice and meet appropriate demand
  - focuses on communication and engagement with practices and wider system partners and has an element of effective pathway navigation in terms of triage training to ensure patients are triaged and directed to the most appropriate professional

- Strengthen the relationships between provider partners across the bury system
  - focuses on effective pathway navigation across the Bury system to improve the patient journey and the relationships between professionals in the system to ensure wrap around care, with the patient at the centre is achieved

- Improve outcomes for patients by reducing inequity and variation in access and quality of care
  - focuses on data and digital provide targeted prevention/intervention data, quality and assurance and effective pathway navigation to identify work that does not need to be done in general practice and develop solution

Modern General Practice

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A Modern General Practice model is a way of organising work in general practice to help enable practices to provide fair and safe care, while also supporting the sustainability of services and an improved experience for both patients and staff. The model involves practices:

- having a full understanding of demand and available capacity;
- providing easy to use access routes to patients;
- collecting consistent information from the patient at the point of contact;
- improving management of non-patient facing workload to help release capacity;

All of this information will be used to give the most appropriate help to patients based on need, improving the patient journey and improving their overall experience in General Practice. The points above link in to the outcome measures and performance dashboard the Primary Care Team monitor (slide 12)

Capacity and Access Improvement Plan

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Capacity and Access Improvement Plans aim to provide space, funding and license for PCNs to improve patients' access to care and reduce variation. The focus is on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need

As part of those plans, the key areas of focus for the PCNs are:

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

Outcome measures

The Primary Care Team have a performance dashboard, measuring a suite of outcomes throughout the year. The data displayed shows some of the indicators believed to be associated with positive patient satisfaction which demonstrate improvements in 23/24.

In addition to this, across the winter period, the Acute Respiratory Hub is operational and providing additional capacity 5 days per week as well as the GM surge hubs providing additional face to face capacity 7 days per week.

Measurable Indicators	Target	22/23 Baseline	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Increase in the uptake of the NHS App (13+)		55.26%	55.54%	55.85%	56.28%	56.62%	56.85%	57.01%	57.40%	57.64%
100% of practices offering patients the ability to book/cancel appointment online	100%	68%	72%	72%	72%	72%	76%	76%	76%	80%
Increase the % of patients who are enabled to book/cancel appointments online		15.50%	16.10%	16.60%	17.10%	17.60%	19.10%	19.50%	20.10%	29.50%
100% of practices offer patients the ability to order repeat prescriptions online	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%
Increase the % of patients enabled to order repeat prescriptions online		28.70%	29.50%	30.40%	31.10%	31.70%	32.30%	32.80%	33.70%	34.20%
Increase in the % of patients who would recommend their practice to their F&F		89.00%	89.10%	89.20%	89.80%	90.70%	89.30%	91.20%	90.50%	89.50%
Increase monthly utilisation of Enhanced Access capacity across Bury		70%	79%	79%	73%	71%	72%	69%	68%	76%

* December data pending

2024 Survey

BURY INTEGRATED CARE PARTNERSHIP

- As is usual process, the 2024 survey is sent out in January and the results will be publish in July 2024
- The GPPS questionnaire is reviewed every year to ensure it remains relevant and the questionnaire has been re-developed for 2024
- The redevelopment is aligned with the evolving primary care landscape and takes into account the Delivery plan for Recovering Access to Primary Care, while meeting the requirements of data users
- There have been new questions added to the survey and previous questions revised, for example, there is a new question to capture main reason for contacting GP practice, which included options to identify whether this was for a new or existing health issue. In relation to access, the following changes have been implemented - Changed 'Making an appointment' section to 'Your last contact' to capture triage process, with some of the 'Making an appointment' questions moving to the 'Your last appointment' section
- Due to changing models of access, the majority of stakeholder comments focused on the first two sections of the existing questionnaire, including the need to understand patient journeys and how patients interact with their practice in order to support implementation of these changes
- Full details on the redevelopment can be found here GPPS_2024_Questionnaire_redevelopment_report_PUBLIC (gp-patient.co.uk)
- The Primary Care Team will analyse the results and continue to work with general practice on any future areas of development, based on the survey results

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