

# AGENDA FOR

## HEALTH SCRUTINY COMMITTEE



*Contact::* Chloe Ashworth  
*Direct Line:* 0161 253 5132  
*E-mail:* C.Ashworth@bury.gov.uk  
*Web Site:* www.bury.gov.uk

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

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

Dear Member/Colleague

### Health Scrutiny Committee

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

<b>Date:</b>	Tuesday, 5 March 2024
<b>Place:</b>	Council Chamber, Town Hall, Bury, BL9 0SW
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	

## **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 3 - 10)*

The minutes from the meeting held on 21<sup>st</sup> January 2024 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 BURY HEALTHWATCH UPDATE** *(Pages 11 - 32)*

Attached. Adam Webb, Chief Operating Officer, Bury Healthwatch to update.

### **7 HEALTH INEQUALITIES** *(Pages 33 - 42)*

Jon Hobday, Director of Public Health to provide an update. Presentation attached.

### **8 OVERVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING** *(Pages 43 - 66)*

Jane Case, NHS Bury to provide an update. Presentation attached.

### **9 GMCA HEALTH SCRUTINY COMMITTEE UPDATE**

Councillor FitzGerald, Chair to update the Committee.

### **10 URGENT BUSINESS**

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

**Minutes of:** **HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 24 January 2024

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

**Also in attendance:** Councillor N Boroda  
Will Blandamer, Executive Director (Health and Adult Care),  
Adrian Crook, Director of Adult Social Services and Community  
Commissioning  
Michael Cunliffe, Democratic Services  
Sue Massel, Assistant Director (Adult Social Care)  
Emma Arnold, Workforce Transformation Lead- Bury Integrated  
Delivery Collaborative  
Zoe Alderson, Head of Primary Care (Bury)  
Caroline Beirne, NHS  
Kat Sowden MD Persona  
Kathryn Wynne Jones, NHS

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

---

**HSC.1 APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**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 9<sup>th</sup> November 2023 were agreed as an accurate record.

The Chair reported that a matter arising would involve the committee escalating the query made by Councillor Boles about homosexual women having to pay for IVF cycles when NHS policy was to all be treated the same.

**HSC.4 PUBLIC QUESTION TIME**

There were no public questions.

**HSC.5 MEMBER QUESTION TIME**

There were no member questions.

**HSC.6 WORKFORCE PRESENTATION**

Kat Sowden, provided an overview of the Bury Locality Workforce Strategy 2023-25 presentation which had been included in the agenda packs.

The presentation included:-

- Our Journey so far
- Scope of Our Strategy
- One Workforce Strategy – Plan on a Page
- Our Shared Workforce Challenges
- Our Shared Ambition
- Our Values
- What we will deliver - Our Outcomes
- Our Success Measures
- Our Strategy in Action
- Assurance Framework

The strategy described the why, outcomes, approaches and direction of travel needed to ensure development of a genuine 'One Workforce' approach across Bury. This was essential to transform services and the demands they face.

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

Support must continue and maximise across the system workforce, to do the best for communities.

Councillor Boroda placed on record his thanks to the NHS workforce coping with capacity issues and demand for services.

Members enquired about volunteers and what role they would provide in the workforce and what new recruitment opportunities are being explored.

Training opportunities had been opened up to the voluntary sector and Emma Arnold added schools and colleges would be engaged with in relation to healthcare careers. Social media would also be used to attract younger people and tap into local communities.

Members discussed an ageing population, a backlog of work due to Covid and what strategies were in place to keep existing NHS staff from leaving the workforce. A retention strategy was in place across the health care service and good practice was shared along with resources into the voluntary sector.

Members asked about best practice and was there anything to help staff with stress.

Discussions took place regarding agency staff covering sickness and the Chair asked if feedback on all the work undertaken was having an impact. It was deemed too early to report on any impacts around vacancy rates but these may shift over time.

It was agreed:

1. Members of the Committee noted the report.
2. That the item be included on a future committee agenda for an update and to share any case studies and see the impact.

## **HSC.7 PRIMARY CARE NETWORK- OVERVIEW AND NEW SERVICES INCLUDING ARRS**



Zoe Alderson, presented an update on Primary Care to the committee with a slide deck included in the agenda packs.

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

The presentation covered:

- Accessibility
- Appointments
- Staffing
- Modern access model
- Alternative solutions

A Member asked about the number of appointments available daily and Zoe Alderson also stated that there was no data available to provide reasons behind the number of no show appointments.

A Member asked about the purpose of the NHS app and how the success of it would be measured. It was reported that repeat prescriptions could be utilised and help the pharmacy communicate with the practice.

It was agreed:

1. Members of the Committee noted the report.
2. That a short briefing note be produced to share with elected Members on the number of roles in primary care, promotion of the NHS app and the modern general practice access model.

## **HSC.8 PROPOSED NEW COMMITTEE OF 4 BOROUGHES - JHOSC**

Councillor FitzGerald reported that attached to the agenda packs were the terms of reference and working principals for the joint health overview and scrutiny committee (JHOSC) for the Northern Care Alliance (NCA).

Following the establishment of NCA which covers the Salford Royal, Fairfield General, Royal Oldham and Rochdale Infirmary hospitals, it had been proposed that the 4 councils establish a Joint Health Scrutiny Committee.

Historically we have had these committees when we have one Trust delivering across a number of different locations. We had thought this would be covered at a GM level but it has been confirmed this will not happen.

As the terms of reference state, it is 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.

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

The establishment of this committee will enable the authorities to improve accountability and support NCA as it moves from requires improvement by working with all the local authorities at one place and time to move forward quickly on resolving issues rather than taking the same presentation to 4 different meetings.

The Chair drew Members attention to, "Improving health and health services through scrutiny is most likely to be achieved through cooperation and collaboration between representatives of local Councils, the Northern Care Alliance, representatives of Health Watch and the clinical commissioning groups commissioning hospital services."

The committee would be hosted by Oldham and Bury will contribute c£5,000 pa to support the committee.

It was stated that this would not take away on powers from the Health Overview and Scrutiny Committee.

Members discussed the quorum of the new Committee, was political representation involved and substitute rules.

The committee supported the proposals with a couple of suggestions around the draft terms of reference for Members quorate, as it could be possible all 3 Members in attendance could be from one single authority. Suggested amends included a minimum of 5 Members with a least 3 authorities represented.

It was agreed:

1. Members of the Committee noted the report.
2. That Members of the Committee approved the proposed Committee and the suggested TOR amends would be communicated, this would then be taken to a future full Council meeting to make the relevant constitutional changes that will allow the committee to start in April 2024.

## **HSC.9 ADULT SOCIAL CARE PERFORMANCE REPORT**

Adrian Crook, Director of Community Commissioning reported on the Adult Social Care Department Quarter 1 and 2 Report for 2023-24. The report outlined 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.

Councillor Borada added 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 showed 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 overall 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.

Adrian Crook clarified 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.

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.

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.

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 supported 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.

A chart included in the report showed 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 showed Greater Manchester compared to the other regions in England and the Northwest. The final chart shows the rating of home care agencies operating in Bury.

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 placed Bury 5<sup>th</sup> out of 10 in Greater Manchester.

A Member asked about the inclusion of resident adults living with learning disabilities and it was reported that additional staff have now been recruited to work on policy and processes involved.

A Member queried why Radcliffe was linked into data figures for Bury West and a discussion also took place on reducing the number of people living in permanent residential care and increasing the number living well at home.

It was agreed:

Members noted the content of the report.

## **HSC.10 GENERAL PRACTICE PATIENT SURVEY (GPSS)**

The Chair informed the committee that this presentation had only been circulated earlier in the day and if Members required a paper copy, these were available.

Zoe Alderson, presented an update on General Practice Patient Survey to the committee

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

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.

A table in the report provided a summary of the main questions within the survey alongside the results for Bury ICP compared to national results and wider GM results.

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, these are:-

- Develop and Promote a new model of general practice
- A resilient workforce and an attractive place to work
- Increase capacity within general practice and meet appropriate demand
- Strengthen the relationships between provider partners across the bury system
- Improve outcomes for patients by reducing inequity and variation in access and quality of care

Members asked about the decrease in patient satisfaction levels and this was probably due to linked to the old way of walking in and booking an appointment.

It was also noted that this was a national policy shift pattern across the UK.

Members talked about the level of engagement undertaken and all practices had engaged.

The growth in demand for mental health services was discussed with Will Blandamer adding increased budgets to tackle waiting times and ease pressure on services was taking place.

**Adrian Crook would provide a link to compare GP practice results with national and ICS results after a Member questioned that information provided only included a small snapshot.**

Councillor FitzGerald advised that Members would do what they can to help signpost services to the public.

It was agreed:

Members of the Committee noted the report.

**HSC.11 URGENT BUSINESS**

No urgent business was reported.

**COUNCILLOR E FITZGERALD**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9.10 pm)**

This page is intentionally left blank

# Activity Report

Report of the Healthwatch Bury activities in Quarter 3  
(October – December 2023)

For the Bury Heath  
Scrutiny Committee



# Contents

Contents .....	2
Current work streams .....	3
Governance updates .....	7
Public feedback .....	9
Issues raised in Bury .....	10
Issues found and highlighted .....	11
Where we have been .....	12
Online and social media statistics .....	13
Website analytics .....	14
Public engagement .....	15
Engagement events .....	16
Feedback and signposting enquiries .....	18
Case studies .....	19



# Current work streams

Quarter 3 2023/24



## Greater Manchester

### Greater Manchester (GM HW) Healthwatch Network

The Greater Manchester Healthwatch Network is the formalised arrangement of the 10 local Healthwatch organisations, enabling us to work across a regional footprint and allowing us to work on topics that span multiple local authority areas.

The GM network has begun delivery of some work on priorities, including work on Children's mental health services, as well as some cross boundary work on Menopause services. We have also worked together addressing issues that have come out of the Edenfield investigation and around the proposed Right Care Right Person programme. Plans are being drawn up for the coming year to fit in with local Healthwatch work-planning, but the network has a team of 3 staff now to coordinate and develop the work of the 10 local Healthwatch.

## Bury

### Enter and View

Our Enter and View (E&V) programme is underway, coordinated by our E&V panel who use our intelligence to decide on our target priorities. We conducted a visit in July to Holt House Care Home and, the report from that visit and the previous visit to Burrswood Care Home were published in Q2.

The focus in Q3 was delivering Enter and View training to expand our volunteer team's capacity and on preparation for our visit to Killelea intermediate care facility, as well as planning the future programme.

The next Enter and View visit to Killelea House took place in January, to fit in with the current work looking at intermediate care provision in Bury. Healthwatch representatives attend the Risk Escalation Group to contribute to current evidence and to keep up to date with local updates to inform us of any need for future visits.

### Access Assistance Drop-in sessions.

Let's Do It funding for our health and social care access drop-in sessions came to an end in the end of September 2022. However Healthwatch Bury has continued to hold a monthly drop-in sessions for asylum seekers and refugees in Bury East Township. The cases we have continued to support with include making GP appointments, assisting with housing issues housing, translating patient letters, providing information on women's health and booking interpreters. The sessions have been extended to other groups in the community to ensure we reach out to most vulnerable. A session was held with the Bury and Rochdale African Community

Support Group and plans are being put in place to arrange a session at the BIG in Mental Health new premises.

## **Pharmacy Research Project**

We were successful in our application to Healthwatch England for a small amount of funding to carry out some research around pharmacy. The aim of the project was to speak to pharmacy staff and pharmacy users about their experiences of using community pharmacies and carry out in depth semi structured interviews.

Healthwatch Bury spoke to a community pharmacy staff and patients who are under 25, from ethnic minority background or living on a low income. The interviews were carried out and transcripts and summary document were submitted to Healthwatch England that will form part of the national report into pharmacy services. A local report is being prepared.

## **Women's Health and Menopause**

Feedback received from patients has indicated there is an issue around women getting support and awareness around menopause in Bury. Department of Health and Social Care has also just published their 10-year Women's Health Strategy for England.

Healthwatch Bury has started looking into Women's Health issues, particularly with the development of local Health Hubs in mind. We are collecting feedback and targeting diverse and representative groups in Bury to ensure all voices have an opportunity to participate. We will also be working with neighbouring Healthwatch and focusing on issues around menopause and its links to prescriptions and mental health.

## **Prescriptions Project**

Numerous patients have shared their experiences of prescriptions and difficulties they have experienced. There also seems to be inconsistency across board of getting a prescription depending on which GP practice patient is registered with.

Healthwatch Bury has started a project analysing patients' feedback to look more into issues around prescriptions, provision and how they may affect inequalities. We plan to share our findings to look at ways of improving the system locally as well as to develop some information and guidance for the public to help them understand prescribing better, their rights and what to do if they are worried or have a problem.

## **Children and Young People's Project**

We are looking to develop a programme of volunteering for young people – Youthwatch – to involve young people in the Healthwatch Bury work programme.

We will be recruiting participants who could find out about topics that are important for young people and support with writing articles to create a website where young people could find reliable and trustworthy information about health and social care issues. We also envisage young people becoming more involved in our social media channels.

There are to be many additional strand to this work, tying into representation of young people in commissioning, oversight and development of local services and also in using their experiences to improve knowledge and understanding of the local system.

## **Volunteer Programme**

Our volunteer coordinator has recruited numerous volunteers who have been able to assist us with Facebook Live sessions, analysing data for various reports, carrying out Enter and View visits and supporting with general research.

We will be shifting our focus to young people for some of our new volunteering roles, but are always happy to involve people that want to make a positive difference to health and social care.

### **Facebook Live**

Three further sessions were held in Q3. Topics covered were CABB and Macmillan support service, Staying Well Team and Breast Cancer awareness session. All sessions are being recorded and can be seen on the YouTube channel: [Healthwatch Bury - YouTube](#)

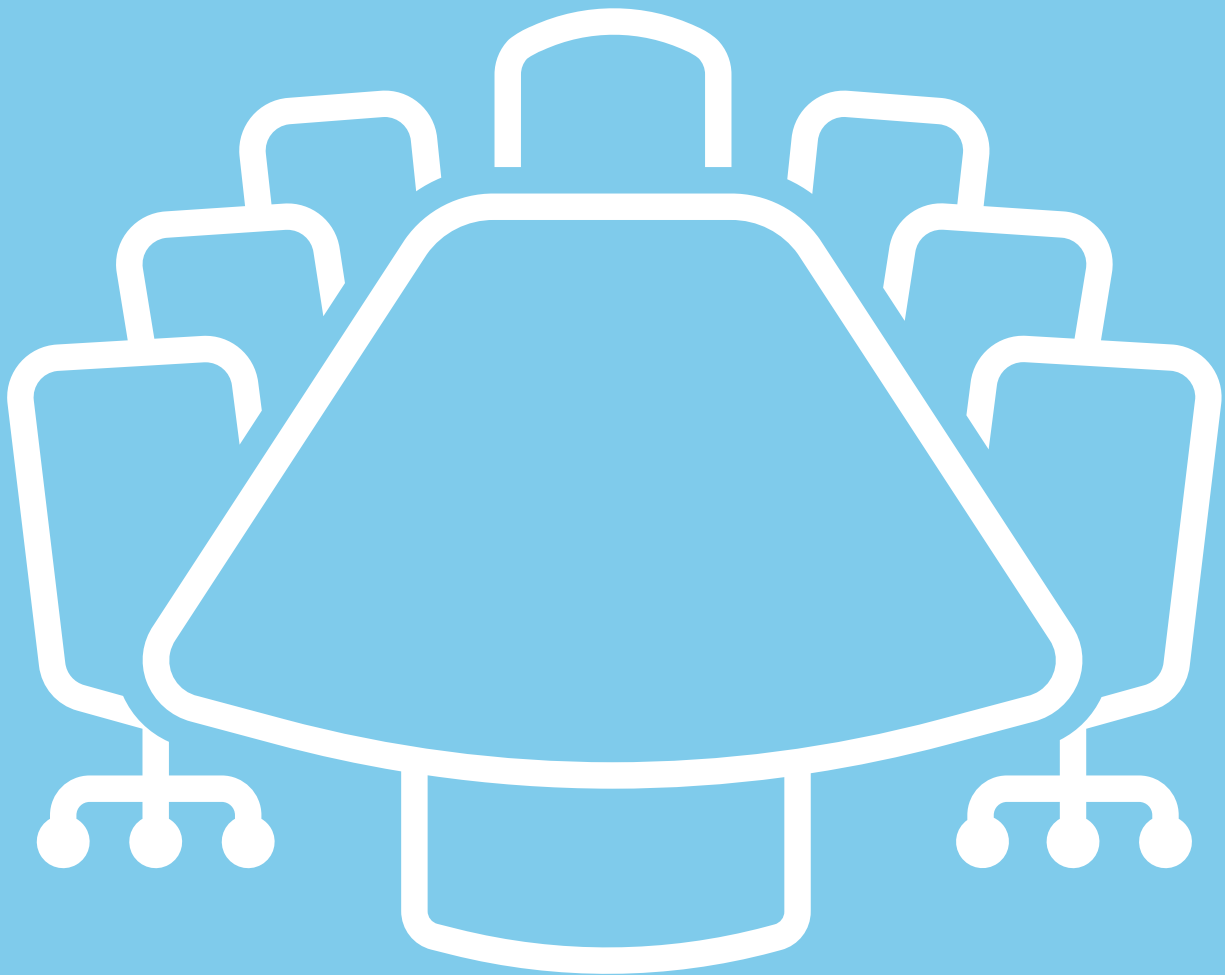
## **Board Recruitment**

As some of our board members move on to pastures new, we are looking for people that would be interested in bringing their skills, knowledge and enthusiasm to our board of directors.

If you feel you, or someone you know would be interested, please get in touch with us and we can send details and a recruitment pack.

# Governance updates

Quarter 3 2023/24



## Quarter 3 Highlights

- Board Meeting held on 25<sup>th</sup> October 2023
- See the previous Board meetings minutes here: [Board minutes | Healthwatch Bury](#)
- Healthwatch Bury AGM was held on 28<sup>th</sup> November 2023 at Elizabethan Suite, Bury Town Hall. This was our first hybrid meeting with attendees having the option to join by MS Teams if preferred.
- We asked those present to join the discussion about access to healthcare in Bury, and what matters to them. This was an interactive experience using Mentimeter to gather real – time feedback.
- Regular monthly meetings with Care Quality Commission have been taking place and have scheduled them to occur monthly for the coming year.
- Regular monthly Board bulletins circulated.

# Public feedback

Quarter 3 2023/24



# Issues raised in Bury

## ○ ● Women's Health and Menopause

We have received feedback around women's health especially enquiries relating to menopause and getting support from their GP when presenting with symptoms. Getting a right medication can take a while and it has become apparent that doing your research prior to the visit is important. Healthwatch Bury is aware of the issue and is hoping to find out more details by talking to local groups about their experiences as part of the wider project.

## ● Prescriptions

Feedback received around prescriptions services. We are currently looking into prescriptions project and asking for patients' feedback around this topic. We have signposted patients to right services wherever appropriate and have started talking to local people about their experiences. We have also liaised with the Local Pharmaceutical Committee and Medicines Optimisation Team to make them aware of this project.





## Issues found and highlighted

- **Supporting patients to access the NHS app** promoting the NHS app regarding the leaflets and posters we are taking out now.

We have successfully helped patients to set it up at Eagles Wing (where some took several attempts re verification) but are now able to use it for ordering repeat prescriptions and our engagement team is promoting its use with older people in response to issues raised on engagement. We have also started some work with Tower Family Health via their Patient Participation Group (Where we think this could alleviate some telephone issues) where we engaged with 46 people around educating them on how to use the app. We are aware of certain groups suffering due to digital isolation and will be stepping up our efforts to help people that are struggling to access services.

- **Access to Sexual Health services.** We received numerous queries from patients who have tried to access local sexual health services in Q3 but have been struggling to get seen. We arranged a meeting with the service provider to discuss the issues that have been brought to us by patients and the provider explained about their workforce and capacity and offered a direct referral route. Sexual Health Partnership has recently been set up and Healthwatch Bury is represented at the Partnership meetings.

- **Access to NHS Dentistry.** An ongoing issue, with focus on difficulty in being able to register with a practice, waiting times for an appointment and lack of clarity around what is being offered as treatments : are they NHS or private?






- **Autism & ADHD.** We are contacted regularly by people who are unable to access ADHD and Autism services. Even private providers now have long waiting lists and we are told some GPs are reluctant to refer to them.

- **Medicines shortages.** We have heard of some people struggling to access certain prescription medicines. HRT medicines, ADHD prescriptions and several others have been reported as either difficult or impossible to get hold of. Neighbouring Healthwatch have reported some are resorting to going abroad to get prescriptions, or travelling hours across the country to pharmacies that have stock. Additional interest in this since a Bury pharmacy was featured on an ITV documentary in January.

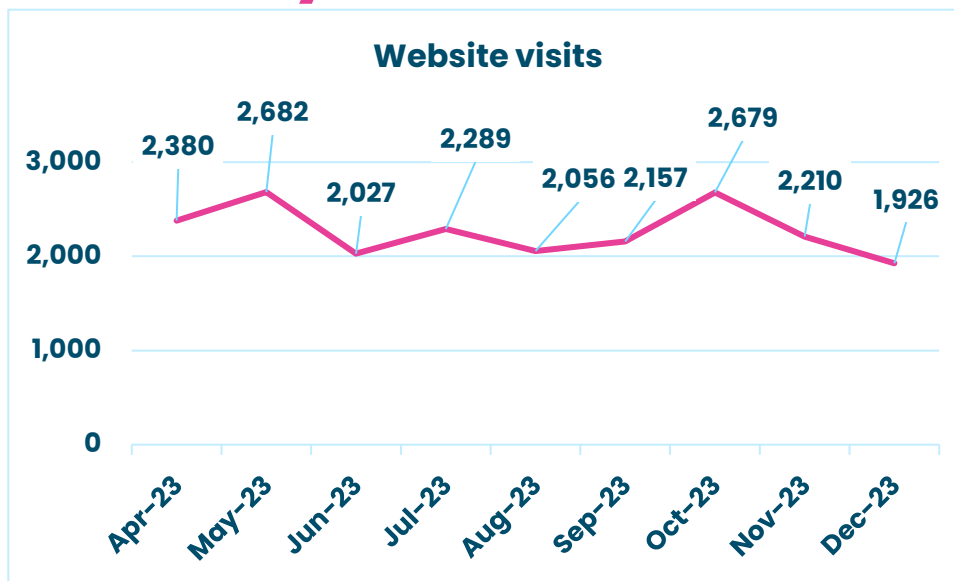
## Where we have been

	2023/24 to date	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	March-24
<i>Engagement activities -total</i>	84	7	10	6	9	10	8	8	16	10			
<i>-Bury East</i>	33	2	3	4	4	5	4	4	7	6			
<i>-Prestwich</i>	10	0	4	0	3	0	1	1	1	1			
<i>-Bury West</i>	11	2	1	2	0	2	2	0	2	0			
<i>-Bury North</i>	7	0	1	0	2	1	1	0	2	2			
<i>-Whitefield</i>	7	0	1	0	0	2	0	1	3	1			
<i>-Virtual</i>	8	3	0	0	0	1	1	2	1	0			
<i>Number of public contacts</i>	1,147	101	206	113	75	89	128	127	191	117			
<i>Number of complaints/ compliments/ comments recorded</i>	287	33	26	22	30	35	37	35	26	42			
<i>Number of public signpostings</i>	204	7	22	6	18	24	25	34	26	42			
<i>Healthwatch 100: #of surveys conducted</i>	8	0	3	0	0	0	0	0	2	3			
<i>Healthwatch 100: #of survey responses</i>	138	2	0	0	0	0	0	0	34	101			

## Online and social media statistics

 <div>X (Twitter) New followers: 8 Total followers: 1,737 (+8) Number of tweets: 95(+18) Impressions: 6,186 (-2,297)</div>	 <div>Website Visits: 6,878 (+376) Page views: 38,470 (+27,984) News articles: 15 (-5)</div>
 <div>Facebook Likes: 653 (+8) Page visits: 763 (+449) Posts: 128</div>	 <div>Other Mailing list: 260(+2) Members: 87(+7) Newsletters: 3</div>
 <div>LinkedIn Followers: 91 (+5) Posts: 22 (+10)</div>	 <div>Instagram Followers: 271 (+31) Total post reach: 132 (+29)</div>

# Website analytics

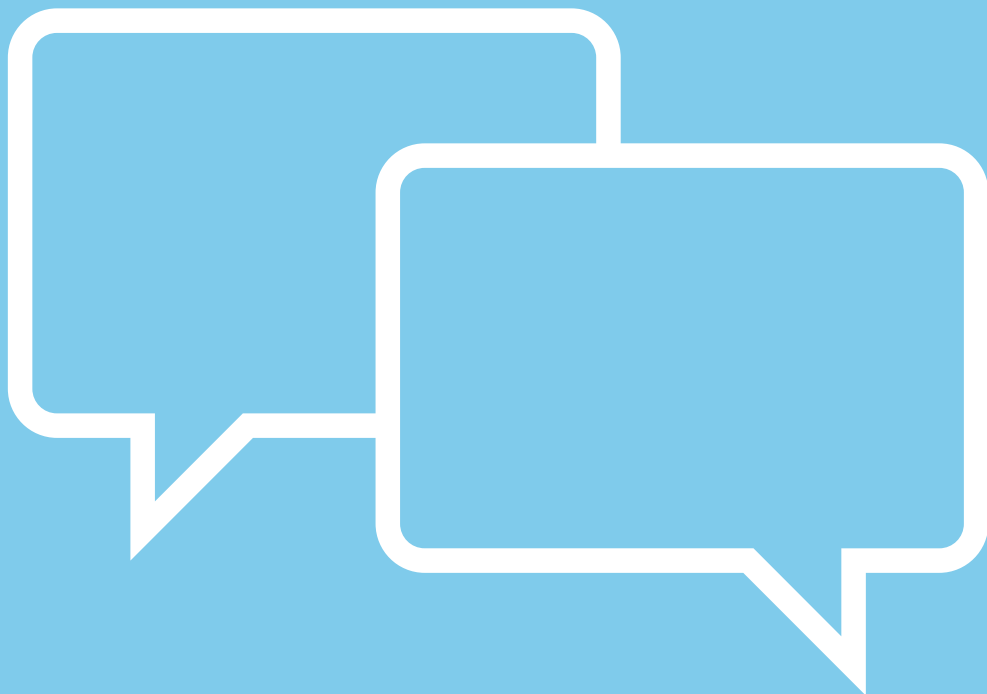


## Website most visited pages in Q3

	Website section	Description
1.	Mouth Cancer Action Month – checking for mouth cancer (Article published November 2021)	<a href="#">Mouth Cancer Action Month – checking for mouth cancer</a>
2.	Pharmacy Opening Times for Christmas & New Year Bank Holidays   Healthwatch Bury (Article published in December 2023)	<a href="#">Christmas and New Year Pharmacy Opening Hours</a>
3.	Bury Food Banks (Article published November 2021)	<a href="#">Bury Food Banks</a>
4.	Events   Healthwatch Bury	<a href="#">Events   Healthwatch Bury</a>
5.	Minor Eye Conditions Service (MECS) (Article published September 2021)	<a href="#">Minor Eye Conditions Service (MECS)</a>
6.	Links to services   Healthwatch Bury	<a href="#">Find services   Healthwatch Bury</a>
7.	Caritas Christmas Dinner	<a href="#">Caritas Christmas Dinner</a>
8.	Bury Sexual Health Service (Article published August 2021)	<a href="#">Bury Sexual Health Service</a>
9.	Achieve Recovery Services (Article published November 2022)	<a href="#">Achieve Recovery Services in Bury</a>
10.	Alzheimers and Dementia Get together Club (Event published in August 2023)	<a href="#">Alzheimers and Dementia 'Get Together Club'</a>

# Public engagement

Quarter 3 2023/24



## Engagement events

Event	Location	Audience	Neighbourhood	Number of contacts
GM Womens Health Strategy workshop	Stretford	All	NA	40
NHS Patient letter focus group	Whitefield CC	Older people	Whitefield	30
Answer Cancer Update	Castlemere CC	All	NA	40
Health Advice & Assistance	Bury United Reformed Church	Asylum seekers and refugees	Bury East	4
Menopause awareness	Radcliffe	Women	Radcliffe	12
Menopause awareness	Bury East	Women	Bury East	11
BOOBS Breastfeeding group	Radcliffe Library	Mums	Radcliffe	9
Breathe Easy	Elton Liberal Club	People with long term conditions	Bury North	5
Over 50s women's cofee and chat	Whitefield	Women	Whitefield	25
Church Lane CC drop-in	Church Lane CC	All	Prestwich	16
Gupp Shapp	Mosses Centre	Women from ethnic minority background	Bury East	21
Bury Older People's Network	Bury Unitarian Church	Older people	Bury East	17
Health Advice & Assistance (09/11)	Bury United Reformed Church	Asylum seekers and refugees	Bury East	4
BSV Whitefield chair exercise group	Whitefield CC	Older people	Whitefield	6
Age UK Jubilee Centre	Jubilee Centre	Older people	Bury East	23
ESOL Coffee morning	Blackburne Hall	People from ethnic minority background	Bury East	11
Bury and Rochdale African and Caribbean support group drop-in	Bury Metro Christian Centre	People from ethnic minority background	Bury East	6
New Springs Community Project	Redvales	All	Bury East	15
WOW	Radcliffe	Women; mental health;	Radcliffe	7

<b>Happy Womens group</b>	Whitefield Methodist Church	Women	Whitefield	14
<b>Community Café</b>	Tottington Methodist Church	All	Bury North	12
<b>East Bury Family Hub Christmas Fair</b>	Redvales CC	All	Bury East	15
<b>LGBT workshop</b>	The Met, Bury	All	Bury East	8
<b>BIG in Mental Health</b>	11 Broad Street, Bury	People with mental health conditions	Bury East	9
<b>Radcliffe Family Hub meeting</b>	Redvales CC	All	Bury East	8
<b>The Fed</b>	The Fed	Jewish mums	Prestwich	9
<b>Access Assistance</b>	Bury United Reformed Church	Asylum seekers and refugees	Bury East	5
<b>Brandlesholme Community Café</b>	Brandlesholme CC	All	Bury North	16
<b>Greenmount Cuppa and Chat</b>	Greenmount Old School	Older people	Bury North	27
<b>Asda Pilsworth Community Café</b>	Asda Pilsworth	All	Whitefield	10
<b>ESOL Hong Kong learners</b>	Blackburne Hall, Bury	People from ethnic minority background	Bury East	10

## Facebook Live sessions

Topic	(Guest) Speakers	Reach
<b>Bury and Bolton Citizens Advice Macmillan team</b>	Claire	42 (+YT20)
<b>Breast Cancer Awareness session</b>	Alison Chapman	52 (+YT16)
<b>Bury Older People's Staying Well Team</b>	Chris Hargreaves	37 (+YT 11)

# Feedback and signposting enquiries

Feedback by service type 1<sup>st</sup> October – 31<sup>st</sup> December 2023

Service type	Number of reviews	% of reviews	Number of people signposted	Number of complaints
GP	40	40%	40	30
Dentist	9	8%	8	5
CMHT	8	7%	8	5
Food Bank	5	5%	5	0
Patient transport	4	4%	4	2
Adult Social Care	4	4%	4	2
Hospital	4	4%	4	3
Obstetrics & Gynaecology	3	2%	3	1
CAB	2	2%	2	0
Vaccination clinics	2	2%	2	1
Pharmacy	2	2%	2	2
Urology	2	2%	2	0
Services for people with autism	2	2%	2	0
Gastroenterology	2	2%	2	1
Children's social services	1	1%	1	1
Continence and stoma	1	1%	1	0
Dementia support	1	1%	1	0
Health visitors including baby clinics/Maternity care	1	1%	1	0
Inpatient care	1	1%	1	1
Maternity care	1	1%	1	0
Mental health crisis service	1	1%	1	0
Rheumatology	1	1%	1	0
Screening services and testing	1	1%	1	0
Sexual health	1	1%	1	1
Trauma training	1	1%	1	0
Bury ICB	1	1%	1	0
Diabetes care	1	1%	1	0
Equipment services	1	1%	1	0
Total:	<u>103</u>			

\*Please note number of complaints refers to negative feedback rather than official referrals to the complaints' advocacy services.



# Case studies

Quarter 3 2023/24



## GP Access query



**You said:** Caller very upset that they have changed the rules for booking routine appointments at their GP practice and the fact that you can't book appointments in advance anymore.

**We did:** I contacted the GP practice to enquire as to whether patients are currently able to prebook non urgent appointments especially vulnerable patients. I also asked if the information relating to Ask My GP and booking appointments on their website was up to date.

*'In line with government guidance around capacity and access, the practice aims to deal with patients at the point of contact and book them in or signpost accordingly at the first opportunity, hopefully that same day.'*

*To support this the majority of our appointments are book on the day, but not all of them; in addition, we would make exceptions for vulnerable patients and where possible book them an appointment in advance if this is necessary e.g., to allow them to be brought by a carer or family member, or if clinically appropriate for follow up. The reception manager has updated the AMG times on our website in line with current operational hours, and removed information on Walk In Centres, which we hadn't realised remained on there, so thank you for pointing that out'.*

We relayed this information to the patient and facilitated contact with the practice manager who was able to explain the practice appointment system directly to them and how they could help if they were struggling to book an appointment.

The patient was happy with the result, felt better informed and knew what to do in future.

## Food poverty – supporting older vulnerable person



**You said:** Older person was extremely upset on the telephone and explained that they had very little food. Person is housebound with COPD (on a breathing machine), unable to leave their home due to fear of not being able to breath and lives alone with no support. They were desperate for food and possible help with gas and electric.

**We did:** We contacted all of the food banks in the area, and none were able to deliver. The food banks in Prestwich were accepting walk-ins only. We then contacted Age UK Home from Hospital service to see if they could support as an urgent request.

The Home from Hospital service provided a voucher, some shopping and put some money on their gas. They arranged to go back the following day to sort payments and also arranged weekly food support.

## Arranging patient transport for a vulnerable patient



**You said:** Contacted by a Crisis Supporter at Bury Peer Led Crisis Service, BIG in Mental Health. Client approached the crisis service who needs fortnightly treatment for pain. Has multiple physical problems and has been told does not qualify for patient transport.

They are physically unable to use public transport and cannot afford taxis to get to Wythenshawe.

**We did:** We sent patient the details for [Healthcare Travel Costs Scheme \(HTCS\)](#) and team suggestions of alternative options (Ride and Ride and HMR Circle). We found that HMR Circle are able to support person to get to their appointments. The Crisis Supporter emailed to thank us for our help and getting the appropriate support for the patient.

## Getting a right diagnosis – supporting patient with their concerns



**You said:** Patient has suffered with acid reflux for over 16 months and now has a suspected stomach ulcer. Patient saw several GPs at Tower Family Health (Tottington). Patient feels that this issue could possibly have been prevented. An appointment was made to have some investigatory tests however there was some delay and patient had to follow this up. Patient is a carer for a disabled child and struggled. Patient had tried to speak with the practice manager and wanted to

make an official complaint.

**We did:** We discussed the options regarding making a complaint with the patient and with their agreement we made a referral to Patient Services. We spoke to the patient again and although they were now on the waiting list for treatment, they still wanted to continue with making a complaint.

Following this complaint, patients GP and the Complaints Manager invited patient to a face-to-face meeting at the Tottington practice.

All the patients' health concerns were addressed and clearly explained. The Complaints Manager spoke with patient again to enquire if they required any further information and patient advised that they were happy with the outcome and agreed to close the complaint.

Healthwatch Bury  
Bridge House  
Yeargate Industrial Estate  
Heap Bridge  
Bury  
BL9 7HT

[www.healthwatchbury.co.uk](http://www.healthwatchbury.co.uk)  
t: 0161 253 6300  
e: [info@healthwatchbury.co.uk](mailto:info@healthwatchbury.co.uk)  
🐦 @Healthwatchbury  
📘 [Facebook.com/HealthwatchBury1](https://www.facebook.com/HealthwatchBury1)



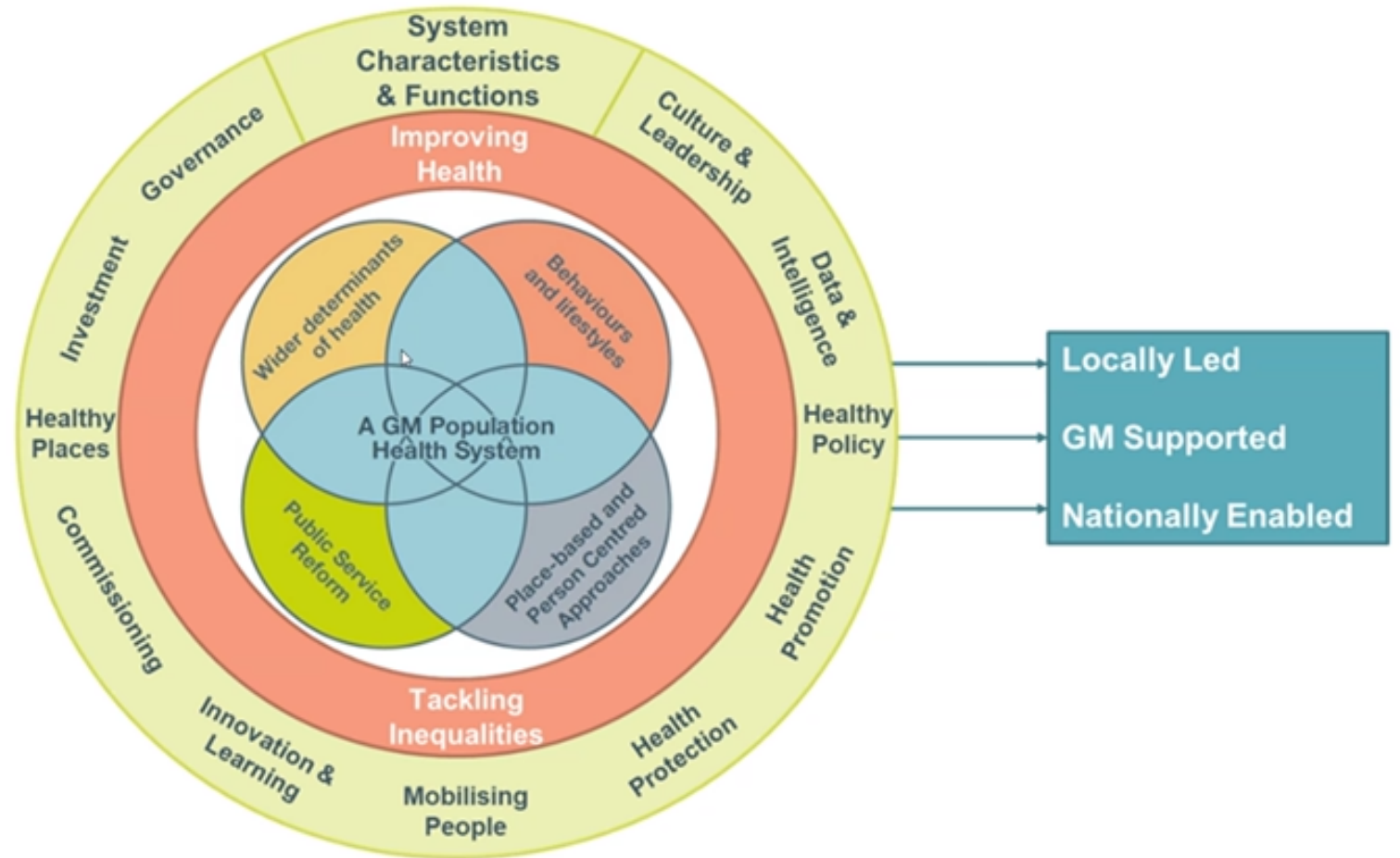
# Health inequalities update

Health Scrutiny March 2024

Jon Hobday – Director of Public Health

# Context

## GM Population Health Model



**BURY**  
LET'S Do It!

## Bury's approach to date

Developed a LET'S Do It corporate strategy which is focused on addressing inequalities

Developed Health and Wellbeing Board as a standing commission to address health inequalities

Developed the health inequalities position paper

Developed a performance framework for the health and wellbeing board which measures our progress against inequalities

Delivered a range of work across all 4 quadrants

## Wider determinants

Bury Council becoming a real living wage employer

Promoting healthy workforce charter

Input of health into the development of the economic strategy which is essential in reducing inequalities.

Commission a strong infrastructure organisation which helps to facilitate, support and coordinate voluntary sector organisations to work together effectively across Bury

Facilitated cost of living summits



## Behaviours and Lifestyles

Have a physical activity strategy

Have a robust active travel plans and a transport strategy

Developed a new Wellness model of delivery

Having a food and health strategy

Developed drug and alcohol plan with a focus on those experiencing greatest inequalities

Have a robust stop smoking support offer and tobacco control strategy targeting those with highest smoking rates

## The places and communities we live in

Developing a licensing matrix to support licensing decisions

Work on developing policies on where new fast-food venues can be opened

Worked with grass roots organisations who specialise in hearing community voices through creative methods to engage individuals and groups who may have not previously had their voices/stories heard

Outstanding work from voluntary sector and community partners linked with our VCFA supporting local communities in place including Big Fandango, supporting sisters, the Jewish mental health group

Promoted PSR and work with and through communities in the form of integrated neighbourhood teams, Public Service Leadership Teams and of the children and family hubs

## An integrated health and care system / PSR

Targeted and tailored vaccination programmes based on data of low uptake rates

Tailoring services to provide place-based services for those who have difficulties accessing services

Developed the Health and Wellbeing Board as a standing commission for health inequalities

Developed a cancer inequalities multi-agency working group to identify and address issues contributing to cancer inequalities

# Health Inequalities Team Bury event

Event held 05/12/23  
Over 80 in attendance

## Purpose

- To provide an insight into inequalities in Bury and our approach to using our health and wellbeing board to identify and address them.
- To review how all our plans and strategies are contributing to reducing inequalities.
- To work through how all partners can build on their existing contributions to further reduce inequalities through the LETS principles.

The logo for Bury LET'S Do It! is located on the left side of the slide. It features the word "BURY" in large, bold, yellow capital letters. Below it, the phrase "LET'S Do It!" is written in white capital letters. The text is contained within a dark blue speech bubble shape that points towards the bottom right.

**BURY**  
**LET'S Do It!**

## What came out of inequalities event?

- Need to grow villages/networks of support (focus on 16-34 year olds) including utilising and building on community hubs
- Need to ensure creation of healthy and safe environments essential – including ensuring alcohol/vape/gambling/fast food establishments are minimised
- Need to provide up to date accommodation, with targeted tenancy support where needed
- Need to fully utilise existing assets to grow community connections and links e.g. food banks, voluntary sector, businesses etc
- Need to continue to grow our volunteering, skills and employment opportunities
- Primary care is an essential provision, need to ensure equitable offer across communities
- Need to consider patient pathways and their role on reducing inequalities

## Steps to reduce inequalities

- Use Health and Wellbeing Board as standing commission on health inequalities
- Use population health delivery partnership to drive the activity
- Have a robust implementation plan
- Have a detailed outcomes framework (aligned with Marmot towns 24 indicators)
- Use the wider network community to share and grow good practice



# Bury Locality

## Thrive Journey to Date...

Agenda Item 8

# The Bury CYP Mental Health System 2020

Lack of CYP mental health system governance and oversight

Lack of focus on Early help and prevention support

Gaps in provision for early help support

Small VCSE commissioned Getting Help support offer

Long waiting times for support

High mental health prevalence rates

High numbers of children with social emotional and mental health needs






# Introducing myHappy mind



# Bury Impact Data




 **Before myHappymind**

**93%**

of teachers said **less than half** of their children were aware of the factors that contribute to their wellbeing


**After myHappymind**

 **91%**

of teachers have said Happy Breathing has benefitted their class




**Before myHappymind**

 **77%**

of teachers said that **less than half** of their children can talk about their Character Strengths

**After myHappymind**

 **100%**

of teachers said their class are **now more able** to talk about their Character Strengths



### Before myHappymind

# 64%

of teachers said children **never or very rarely** express gratitude to each other or about their experiences



### After myHappymind

# 80%

of teachers are noticing **more Gratitude** is being shared in their classroom



### Before myHappymind

# 76%

of teachers reported that the children's Active Listening skills were **rated poor to fair**



### After myHappymind

# 100%

of teachers said children **now better understand** the importance of positive relationships and what it takes to develop them



### Before myHappymind

# 96%

of teachers said that some of their class **struggle** to persevere in the face of challenges



### After myHappymind

# 100%

of teachers have found that the children **now better understand** the link between how they are feeling and what they can achieve



# myHappymind in Action

---

Latest EHCP review shows that the new plans by Primary need are showing a **decrease in SEMH presentation.**



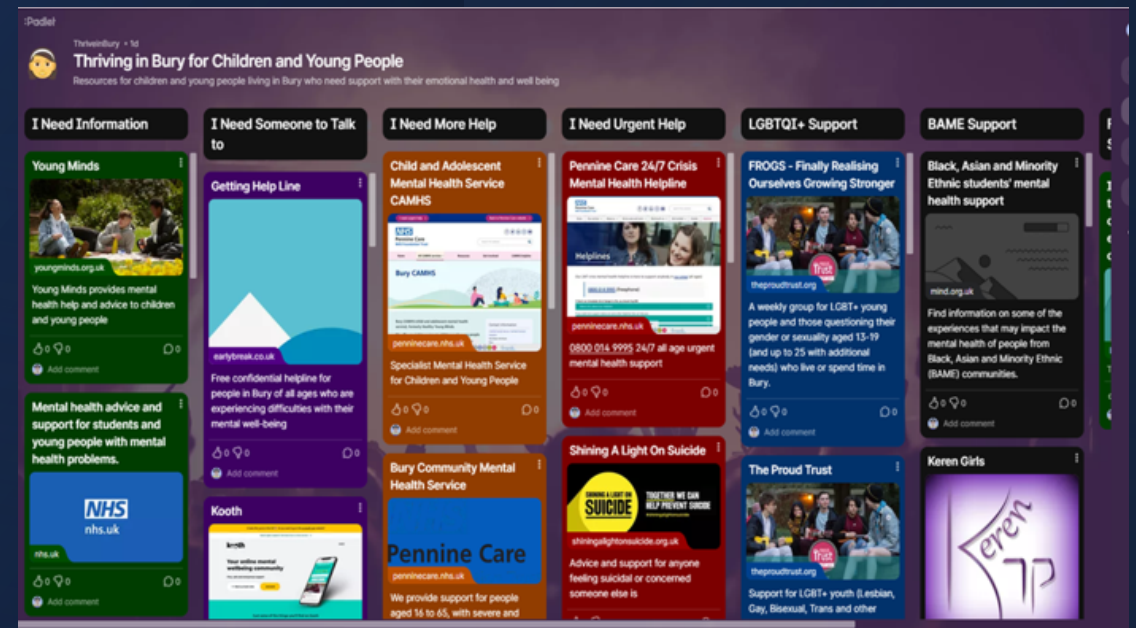
# myHappymind in Action in Bury







# Thriving in Bury Digital App and Campaign





# The Bury CYP Mental Health System 2023

Strategic oversight and  
mental health in  
education groups  
established

Improved data quality  
reporting across  
commissioned services

Commissioned myHappyMind  
and Wellbeing Through Sport  
emotional wellbeing  
programmes across primary  
and secondary schools

Held a mental health in  
education networking event  
attended by service providers  
and education settings

Mental Health Support  
Teams currently being  
established in 32  
education settings

Co-designed an emotional  
wellbeing app and launched a  
CYP mental health campaign  
in partnership with Bury  
Youth Cabinet

Additional investment  
to bolster the existing  
early help offer and  
reduced waiting times

New commissions to address  
gaps in provision for  
transition support, LGBTQI+  
and CYP who have  
experienced domestic  
violence

Expansion of core  
CAMHS services to age  
18

Reduction of core CAMHS  
initial assessment waiting  
times to within 9 weeks.  
Reduced SEMH needs

Co-production mechanisms  
established to involve CYP  
and parents and carers in  
the development of their  
services

Participated in the  
Anna Freud Link  
Programme

Provided trauma  
informed training for  
education settings

Established a VCSE led  
Whole School  
Coordinator role to  
provide support to non  
MHST schools

Commissioned a teens  
emotional wellbeing  
programme



# The 'old' model

## The Getting Help offer

- Closing The Gap Transition Service Group
- Emotional wellbeing support services for 14 to 16 and 16 to 18 years olds
- The Proud Trust LGBTQI+ support
- First Point Family Services
- ASD/ADHD diagnostic support
- Bereavement and Loss
- Holistic therapies
- Additional ICB investment to meet demand

2020 to 2023

# Bury Getting Help pathways



- **Limited Getting Help Offer commissioned by Pennine**
- **Significant demand on CAMHS**
- **Limited capacity at a time of increasing needs due to the pandemic**
- **One size fits all**
- **Resource intensive**
- **Services not mapped to need/ more mapped to processes and systems**
- **Lengthy waiting times for CYP**

# The 'new' model

## Advice and Guidance Support Offer

- Drop in sessions
- Assessment with a Navigator
- Advice and information, onward referral
- Advice and guidance for parents
- Digital support

## Early Help Support Offer

- Up to 2 further sessions with a Navigator
- Emotional regulation group support
- CBT informed anxiety support group
- Feeling detectives programme (primary age)
- IPT-AST informed low mood support group
- Ticks group support

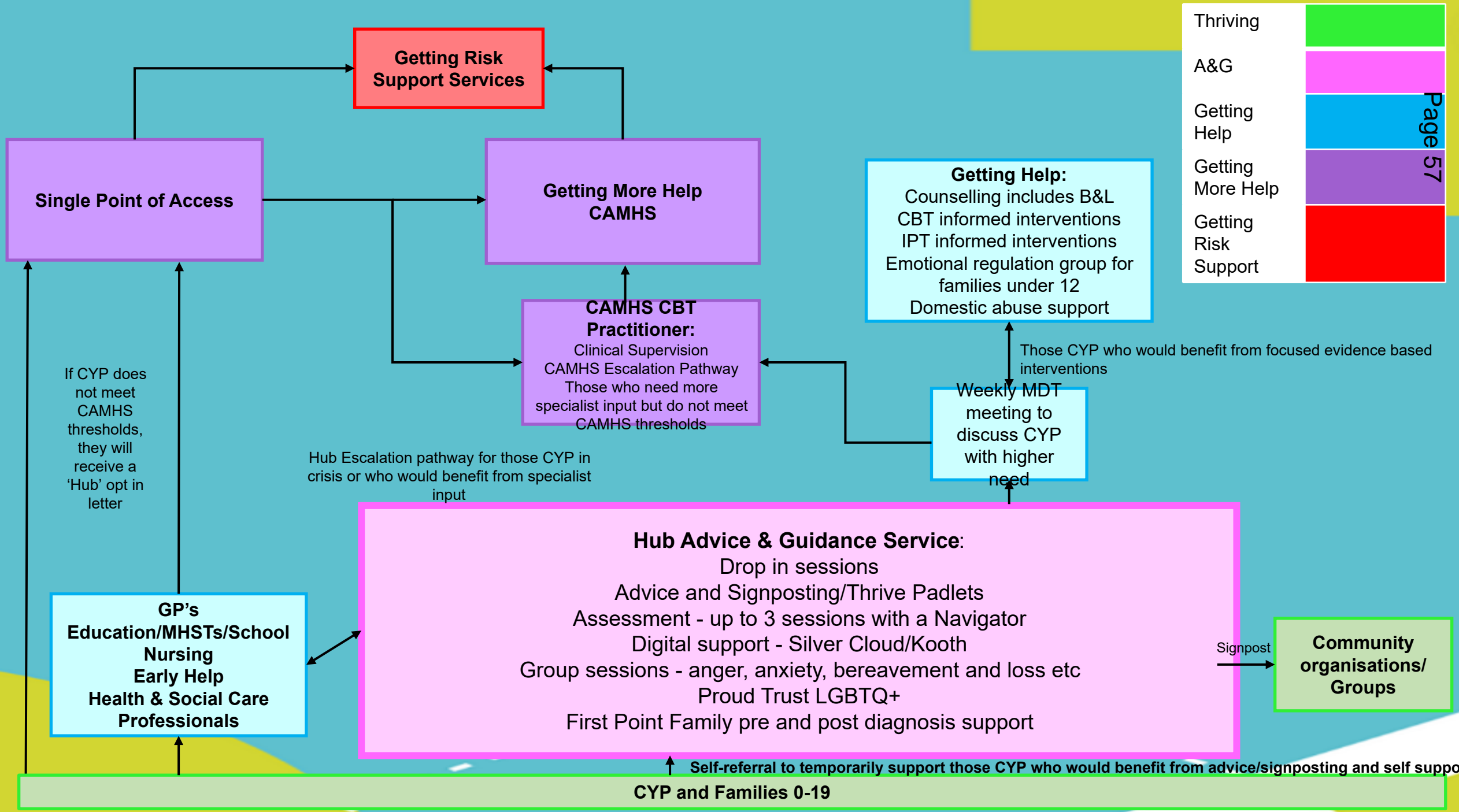
## Getting Help Support Offer

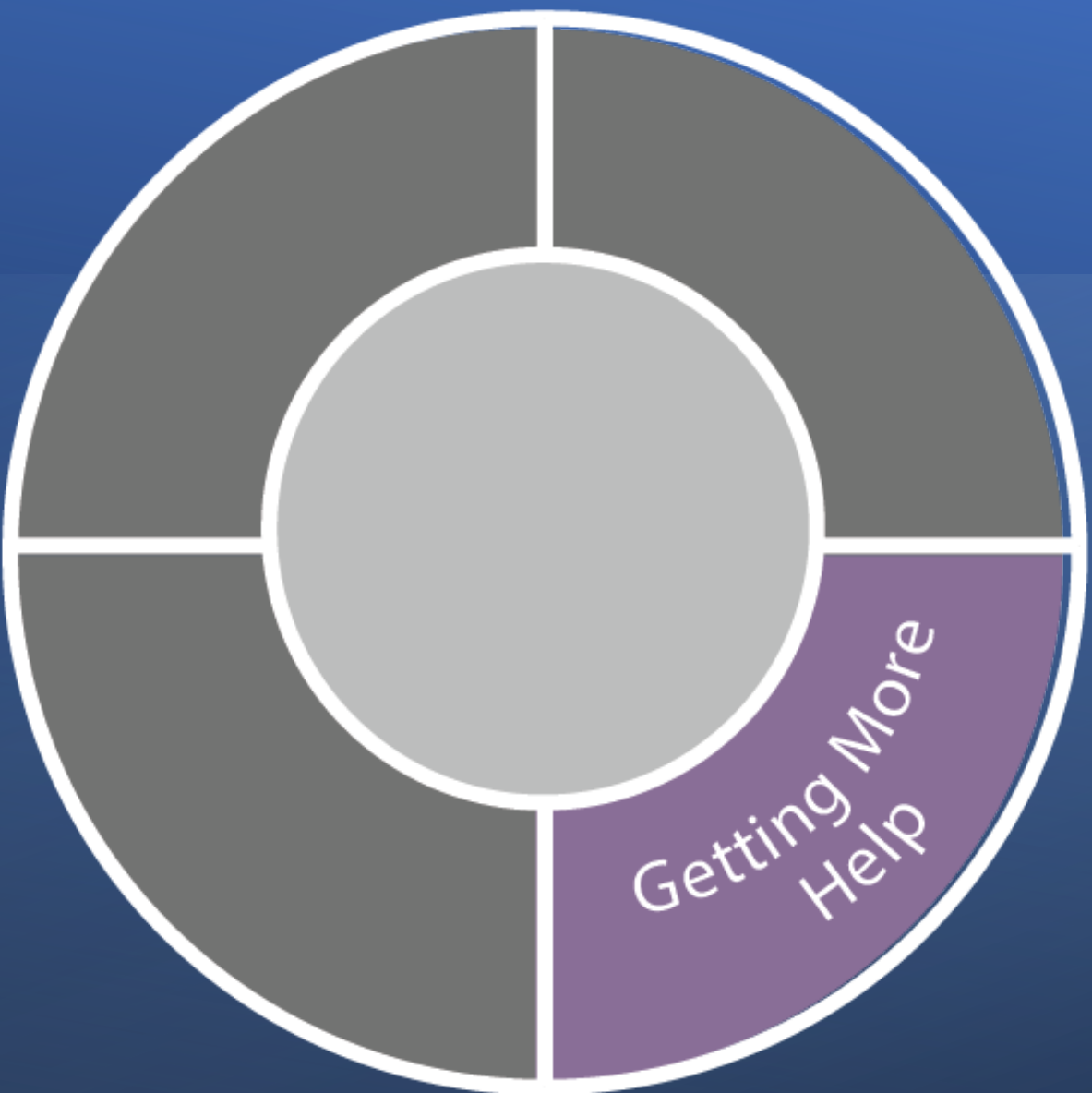
- One to one IPC support for those with low mood, stress and grief symptoms
- Person centred counselling
- One to one emotional dysregulation support
- One to one support for LGBTQI+ individuals with a Proud Trust practitioner
- One to one low and high intensity CBT for those with anxiety and low mood symptoms
- One to one low intensity CBT parent led anxiety support for primary school age children



# Bury pathways

- **Effective use of resource**
- **CAMHS co-location for efficiencies in escalations and pathways for CYP**
- **CAMHS trainees based within Advice and Guidance**
- **Getting Help services to maximise experiential learning**
- **Immediate access for CYP through Drop in sessions**
- **Supports Early Intervention**
- **Increased capacity and range of interventions**
- **Smooth pathways for transition**
- **Designed and developed by CYP**







# Bury CAMHS

Specialist Mental Health Provision for Children and Young People

## Blitz Week Impact

144 CAMHS appointments offered  
45 CYP received an initial assessment for  
core CAMHS support  
81 CYP received an initial assessment  
for neurodiversity support

**Core CAMHS Waiting  
Times** Waiting times  
for Core CAMHS was 6  
months in January 23 ,  
in Jan 24 this is now 9  
weeks

Managing  
anxiety  
seminars  
for parents

CAMHS have  
initiated a parental  
workshops

## Activity & Outcomes

4996 referrals received between  
April 22 and March 23

15,712 individual interventions  
were provided

## Friends & Family Test

94% of people who used the  
service between June 2022 and  
June 2023 rated their experience as  
**good or very good**

Sample size 280

**Overall waiting time for ND  
assessment has reduced**  
from **23.4 months** January 23  
to 15 months in January 24  
10 new ados assessors

# Overview

- £1,499,578 investment agreed in May 2023
- Funding for team expansion to allow for the full CAMHS offer to be available for children and young people from 5 years old and until the age of 18 years old
- Recruitment to commence with immediate effect
- Significant project requiring thoughtful staging, review and management

## Current commissioning for 16 & 17 year olds

- 0.5 WTE medic
- 4.0 WTE clinicians
- Clinical offer for **transition team** and **neurodevelopmental pathways**

## Required staffing

- 2.2 WTE B8a Consultant Psychiatrist
- 2.0 WTE B8a Clinical Psychologist
- 1.0 WTE B8a Family Therapist
- 1.2 WTE B7 Team Leader / CBT Practitioner
- 4.0 WTE B6 MH Practitioners
- 1.0 WTE B4 Psychology Assistant
- 2.8 WTE B3 Administrators
- 1.0 WTE B2 Administrator



# Additional workforce update

## Core team:

- 2.2 x WTE Consultant Psychiatrist – **Secured**
- 1 x WTE B8a Clinical Psychologist – B7-B8a development post – **Secured**
- 1 x WTE B8a Family Therapist – **vacant**
- 4 x WTE B6 Mental Health Practitioners – **3 secured** - **1 x vacant**
- 1 x WTE B4 Psychology Assistant - **Secured**
- 2.3 x WTE B3 Administrator – **vacant**
- 1 x WTE B2 Administrator - **Secured**

## Neurodevelopmental pathways:

- 1 x WTE B8a Clinical Psychotherapist – **vacant**

## Thrive hub:

- 1 x WTE B7 Team Leader / CBT Practitioner – **vacant**
- 0.5 x WTE B3 Administrator – **vacant**

## Roles currently out to advert or under review

### Vacancies:

- 1.0 WTE B8a Clinical Psychotherapist
- 1.0 WTE B8a Family Therapist
- 1.0 WTE B7 Team Leader / CBT
- 1.0 WTE B6 MH Practitioners
- 2.8 WTE B3 Administrators

Over the last  
year 6 children  
and young  
people on Bury  
accessed Hope  
and Phoenix T4  
inpatient  
facilities



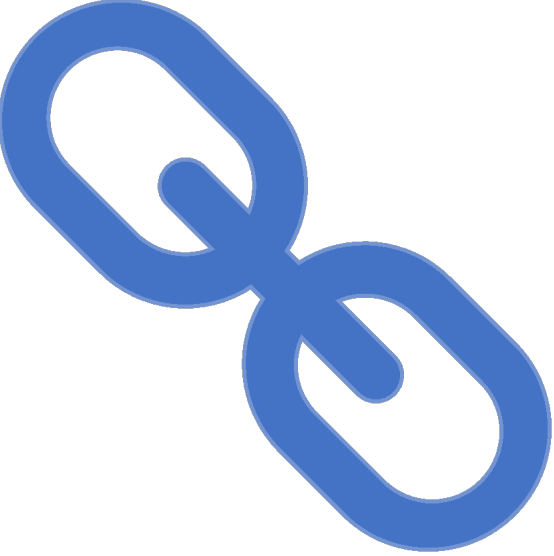
Crisis care pathway  
review has been  
ongoing, this plans to  
take the current  
pathways to merge  
them into one  
combined offer. The  
combined offer goes  
live in April 24

# Co – production with Children and Young People and Families

- Co production mechanisms established to involve those who use service decisions in planning decisions
- Parent and Carer Focus Group established
- Focus group sessions with existing CYP groups, Bury Youth Service, Spectrum Gaming, Proud Trust LGBTQI+
- Online parent/carers and CYP surveys
- Continual feedback loop supports true co-production



## Co - production Themes

- 
- Collaboration between services and schools - support with school related issues such as bullying, assemblies about mental health & information about what support is available
  - Support which is easily accessible and timely
  - Support should be based on how CYP is feeling not presence of conditions, i.e., anxiety/depression – no problem to small
  - Sensory environment – not clinical
  - Support for a wide range of issues, exam stress, bullying, mental health, behavioural issues, stress, loss, relationship problems, family problems, LGBTQ+
  - More support and understanding for younger children and those CYP with behavioural issues and disabilities

# Moving Forward

19<sup>th</sup> January — Parents session in the **Mosses Centre**. mHm expansion in primary schools

27<sup>th</sup> February - Parents session in **Jewel Centre**. Cando Pilot planned to help children with selective mutism 40 families for the pilot - SEND Circles event

March **SEND Youth Service engagement session**

Coproduction sessions to develop Peer to Peer Post diagnostic support with Spectrum Gaming

24<sup>th</sup> April - Parents session BURY2GETHER CYP Early MH support Hub launch

1<sup>st</sup> May **SEND workforce** Network engagement session. mHm teens emotional wellbeing programme launch in high schools

June **First Point Family** Coffee session TBC



This page is intentionally left blank