Agenda

Locality Board – Meeting in Public

Date: 4th September 2023

Time: 4.00 pm – 6.00 pm

Venue: Council Chambers, Bury Town Hall Chair: Cllr O'Brien

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	4.00 – 4.05	5 mins	Welcome and apologies	Verbal	Information	Chair
2.			Declarations of Interest	Paper	Information	Chair
3.			Minutes of previous meeting held on 3rd July 2023	Paper	Approval	Chair
4.			Public Questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.	4.05 - 4.15	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
6.	4.15 – 4.25	10 mins	Update on Locality Board priorities	Paper	Discussion	Will Blandamer
Integrated Delivery Collaborative Update						
7.	4.25 – 4.35	10 mins	Chief Officer's Update Report	Paper	Information	Kath Wynne-Jones
8.	4.35 – 4.50	15 mins	Graduated Response & broader SEND Update	Presentation	Discussion	Isobel Booler / Michael Kemp / Will Blandamer / Jane Case
9.	4.50 – 5.05	15 mins	Business case for Health Visitors and School Nurses	Paper	Discussion	David Thorpe / Jon Hobday
10.	5.05 – 5.15	10 mins	Healthwatch Annual Report	Paper	Information	Adam Webb
'Quadruple Aims' Updates						
11.	5.15 – 5.30	15 mins	Strategic Finance Group Update	Verbal	Discussion	Sam Evans / Simon O'Hare
12.	5.30 – 5.40	10 mins	System Assurance Committee	Paper	Information	Catherine Jackson
13.	5.40 – 5.50	10 mins	Strategic Workforce	Paper	Information	Kath Wynne-Jones
14.			Population Health & Wellbeing	Verbal	Information	Jon Hobday

15.	5.50-5.55	5 mins (for all)	Performance Framework	Presentation	Discussion	Will Blandamer
16.			PCCC Chair's Highlight Report	Paper	Information	Zoe Alderson
17.			Clinical & Professional Senate	Verbal	Information	Dr Kiran Patel
Closing Items						
18.	5.55-6.00	5 mins	Any Other Business	Verbal	Information	All

Date and time of next meeting
Monday, 2nd October 2023 at 4.00 pm to be held via Microsoft Teams

If you wish to attend this meeting, please contact the Bury Corporate Team at; gmicb-bu.corporateoffice@nhs.net
If you would like to ask a question of the Bury Locality Board, please submit it by **email to** gmicb-bu.corporateoffice@nhs.net **no later than 30th August 2023 at 12 noon.** Questions received after this time will be taken to the following meeting.

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

Agenda Item 2

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	04 September 2023	Action	Consider
Item No.	2	Confidential	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Philippa Braithwaite, Principal Democratic Services Officer		
Clinical Lead			

Executive Summary

NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).

NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.

The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.

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

In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.

The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.

There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.

Recommendations

It is recommended that the Locality Board:-

- Receive the latest Declarations of interest Register;
- Consider whether there are any interests that may impact on the business to be transacted at the meeting on 3rd July 2023 and

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

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

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

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

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

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

Committees and Sub-Committees - Locality Board

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

	of the Locality Board	Tower Family Health Care	X			Direct	Member practice is part of Tower Health Care	2017	Present	where relevant, •Not to be sent papers where conflicted, ·•Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity, •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y
		Horizon Clinical Network	X			Direct	Practice is a member	2019	Present		Y
		Manchester University NHS Foundation Trust (MFT)	X			Indirect	Related to spouse	Jun-23	Present		Y

Non-Voting Members

Jeanette Richards	Executive Director of Children and Young People, Bury Council	None Declared					Nil Interest		Present	Declaration of interest as per policy	Y
Jon Hobday	Director of Public Health, Bury Council	None Declared					Nil Interest		present	Declaration of interest as per policy	Y
Adrian Crook	Director of Adult Social Care and Community Services	Bolton Hospice			X		Trustee	Jul-05	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity, •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y
Kath Wynne-Jones	Chief Officer, Bury IDC	KWJ Coaching and Consulting	X			Direct	Owner	6/9/2021	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity, •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting .	Y
Ruth Passman	Chair of Bury Healthwatch	None Declared					Nil Interest			Declaration of interest as per policy	Y
Catherine Wilkinson	Director of Finance, NCA	Age UK Lancs			X	Direct	Trustee and Treasurer for Age UK Lancs	May-18	Present	•Declaration of interest as per policy, •Declare in meetings where relevant, •Not to be sent papers where conflicted, •Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity, •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	Y
TBC	Representative from the Primary Care Network (Lead)										

In attendance

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

										decision making where conflicted (which may then also involve the following action to be taken at a meeting); •Remaining present at the meeting but withdrawing from the discussion and voting capacity, •Remaining present at the meeting and participating in the discussion but not involved in any voting capacity. •Being asked to leave the meeting	
		Bury and Whitefield Jewish Primary			X	Direct		May-21	Present		Y
		Conservative Party		X		Direct	Councillor	Jul-19	Present		Y

BURY INTEGRATED CARE PARTNERSHIP

Minutes

Date: Locality Board, 4th September 2023

Time: 4.00 pm

Venue: Council Chamber, Bury Town Hall

Title	**Minutes of the Locality Board**		
Author	Philippa Braithwaite		
Version	1a		
Target Audience	Locality Board		
Date Created	July 2023		
Date of Issue			
To be Agreed	September 2023		
Document Status (Draft/Final)	Draft		
Description	Locality Board Minutes		
Document History:			
Date	**Version**	**Author**	**Notes**
5/7/2023	1	Philippa Braithwaite	Draft Minutes produced
6/7/2023	1	Philippa Braithwaite	Submitted to Mr Blandamer for review.
7/7/2023	1a	Will Blandamer	Minor amendments incorporated.
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING

Locality Board
Meeting in Public
3rd July 2023
4.00 pm until 6.00 pm
Chair – Dr C Fines

ATTENDANCE

Voting Members

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

Non-Voting Members

Ms Jeanette Richards, Director of Children's Services
Mr Jon Hobday, Director of Public Health
Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Ms Kath Wynne-Jones, Chief Operating Officer, IDCB
Mr David Thorpe, Director of Nursing, Bury Care Org (NCA)

Invited Members

Cllr Mike Smith, Radcliffe First Opposition Party
Cllr Russell Bernstein, Conservative Opposition Party
Mr Simon O'Hare, Deputy Locality Finance Lead
Mr Mark Beesley, Chief Officer – Bury GP Federation
Ms Zoe Alderson, Head of Primary Care (Bury)
Ms Philippa Braithwaite, Democratic Services, Bury Council **(Minutes)**

BURY INTEGRATED CARE PARTNERSHIP

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Lynne Ridsdale, Eamonn O'Brien, Sophie Hargreaves and Sam Evans.
1.3	The meeting was declared quorate and commenced.

2	Declarations Of Interest
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	**Declarations of interest from last meeting held on 5th June 2023** No declarations to note.
2.9	**Declarations of interest from today's meeting 3rd July 2023** None to declare other than what was detailed on the Declarations of Interest register submitted within the meeting pack.

ID	Type	The Locality Board	Owner
D/07/01	Decision	Received the declaration of interest register.	

3	Minutes Of The Last Meeting And Action Log
3.1	The minutes from the Locality Board meeting held on 5th June 2023 were considered as a true and accurate reflection of the meeting.
3.2	In regard to the outstanding actions, these were confirmed as closed for the Locality Board as they were both on today's agenda.

ID	Type	The Locality Board	Owner
D/07/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and agreed the outstanding actions could be closed.	

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

ID	Type	The Locality Board	Owner
D/07/03	Decision	Noted that there had been no public questions received and no members of the public were present at the meeting.	

5	Place Based Lead Update
5.1	Will Blandamer introduced the item, noting that the issues raised in the paper were reflected in this meeting's agenda. He highlighted the 6-monthly review meeting from DfE taking place on 19th July regarding safeguarding arrangements, and it was noted that the review team will be meeting with key partners to the multiagency partnership arrangements in the borough including the Safeguarding Executive, Education leads, police, Independent Chair of Safeguarding Board, and health partners.

ID	Type	The Locality Board	Owner
D/07/04	Decision	Received the update.	

6	Operating model of Bury Integrated Care Partnership
6.1	Will Blandamer gave a presentation outlining the structures and architecture of the Bury Integrated Care Partnership, its ambitions, plans and ways of working, and detailed five areas of focus for the Locality Board: • The first thousand days of a child's life; • Right sizing and scoping Intermediate Care Capacity and wider community capacity; • Sustainability of primary care provision; • Ensuring services are delivered efficiently; • Exploring opportunities to recruit and retain workforce capacity.
6.2	These areas reflected the priorities from the identified work programmes, and the Board noted their alignment with neighbourhood priorities, GM ICP missions, the quadruple aims and population health domains.
6.3	The Board discussed the presentation, noting that now a collective understanding of the context and priorities had been established, further work on timescales could take place. The Board noted their confidence that partners within the system could work together with these joint objectives, and further work on metrics and performance measures would quantify and measure outcomes. The challenging financial context was noted as was the role of primary care, and Board Members voiced their support of the objectives and thanked Will for the presentation.

ID	Type	The Locality Board	Owner

D/06/05	Decision	Approved the report and agreed that the slides be circulated for wider dissemination.	

7	Draft response to GM ICB Joint Forward Plan
7.1	Mr Blandamer presented the draft response which had been circulated electronically and discussed outside the meeting. Warren Heppolette advised on the next steps, which included three principle areas of work for further development: • Refinement and selection of metrics and performance measures; • Development of a medium term strategic financial framework; • Delivery accountability (i.e. locally or across GM).
7.2	The Board noted that further iterations of the JFP were expected over the coming months, which would demonstrate outputs against the Carnell Farrer recommendations.

ID	Type	The Locality Board	Owner
D/07/06	Decision	Noted the report.	

8	Chief Officer's Update Report
8.1	Ms Wynne-Jones presented the item outlining progress made with the key programmes of work within the IDC. She advised that SROs were being brought together on 5 July to discuss priorities, facilitation of a single point of access across programmes, and reduction of duplication.
8.2	The Board noted the June programme highlights, including: • The successful End of Life and Palliative Care summit held on the 28th June with all key partners and stakeholders regarding the refresh of the strategy and delivery plan; • Improvement in performance trajectories in urgent and complex care; • The GP membership engagement session held last week to consider ways in which primary care could operate more efficiently; • A Workforce workshop was planned for the 6th July to agree priorities and work plans.
8.3	The Board discussed the risks noted in the report and, with regards to lack of adult ADHD and Autism service provision, it was noted that there was also an issue with CYP with large numbers of neurodevelopmental assessment request referrals for young people coming into CAMHS. It was noted that a paper was coming to the IDCB Partnership Board to manage pathways.

		The Locality Board	
D/07/07	Decision	Noted the report.	

9	Population Health Board and Health Inequalities
9.1	Mr Hobday gave a presentation outlining the ongoing and future work in Bury to reduce health inequalities, including: • A comprehensive refresh of Bury's Joint Strategic Needs Assessment; • A position paper to frame the problem; • A range of projects and programmes organised under the four pillars of the Greater Manchester Population Health System Framework; • Identified metrics to report on progress.
9.2	The Board discussed the report, noting that partnership working was key to retain a focus on prevention and address wider determinants, with open dialogues to work through issues and ensure challenge was fed through the wider system.

ID	Type	The Locality Board	Owner
D/07/08	Decision	Noted the report.	

10	Primary care blueprint
10.1	Mr Beesley gave a presentation on the GM Primary care blueprint engagement draft, outlining the nine key areas and detailing the main issues and importance of each. The Board noted the blueprint aligned with the Joint Forward Plan, and discussed the convention of residents approaching their GP for all health queries and the knock-on impact this had.

ID	Type	The Locality Board	Owner
D/07/09	Decision	Noted the report.	

11	Primary Care Recovery and Transformation
11.1	Building from the previous item, Ms Alderson and Dr Patel gave a presentation on Primary Care recovery and transformation, including ambitions to reduce the number of people struggling to contact their practice and not ask patients to call back another day to book an appointment. The Board noted the four key commitments to Empower patients, Implement Modern General Practice, Build Capacity, and Cut Bureaucracy. Members noted the next steps and chosen actions, with phased implementation plans and monitoring of progress.
11.2	The Board discussed the report, noting that training from Young People was available with regards to effective communication with teenagers, and noted the ask to the wider system to support Primary Care colleagues in signposting patients to alternative and more appropriate services. The need for appropriate metrics and data was highlighted, to monitor and celebrate progress and maintain momentum.

ID	Type	The Locality Board	Owner
D/07/10	Decision	Noted the report.	

12	Strategic Finance Group Update
12.1	Mr O'Hare presented a report on the challenging financial position, and advised that there was no additional funding expected as in previous years. SROs had been asked to highlight additional savings delivery and all partners were asked to highlight any further opportunities for efficiency savings.
12.2	The Board discussed the report, noting that clarity over priorities, architecture, and context put Bury in a strong position for partnership working and reduction of duplication, and it was noted that a survey on efficiency savings would be sent ahead of the next senate meeting and work was underway to quantify proposed efficiencies.

ID	Type	The Locality Board	Owner
D/07/11	Decision	Noted the report.	

13	System Assurance Committee
13.1	Ms Jackson highlighted the closure of twenty-one beds at Burrswood; this was being managed locally, but the Board noted the risks around nursing beds.

ID	Type	The Locality Board	Owner
D/07/12	Decision	Noted the report.	

14	Strategic Workforce
14.1	The paper was noted.

ID	Type	The Locality Board	Owner
D/07/13	Decision	Noted the report.	

15	Population Health & Wellbeing		
15.1	The minutes were noted.		
ID	**Type**	**The Locality Board**	**Owner**
D/07/14	Decision	Noted the minutes.	

16	Performance Framework		
16.1	The paper was noted.		
ID	**Type**	**The Locality Board**	**Owner**
D/07/15	Decision	Noted the report.	

17	PCCC Chair's Highlight Report
17.1	No issues to highlight.

18	Clinical & Professional Senate
18.1	It was noted that the Clinal and Professional Senate had not met this month.

19	Any Other Business		
19.1	There was no other business to report and the Chair formally closed the meeting in public at 18.05. It was agreed that the next meeting in August be cancelled, in light of the Council's recess period, and the next meeting take place in September as scheduled.		
ID	**Type**	**The Locality Board**	**Owner**
D/07/16	Decision	Noted that there was no other business to report and the meeting in public was closed at 18.05.	

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Agenda Item 5

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	04 September 2023	Action	Receive
Item No.	4	Confidential	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale, Place Based Lead		
Clinical Lead	Dr Cathy Fines		

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

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

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

Implications						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

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

1. **NHS GM Staff Consultation**

On the 14th of August NHS GM Bury staff received individual letters following the conclusion of the consultation process – confirming the outcome of a filling of posts panel. This has been a challenging process for staff, and I thank them for their continued support. I am pleased to report we have been able to maintain the vast majority of people in their roles as they continue to work in new ways with partners across the Bury Integrated Care Partnership.

2. GM Operating Model and Forward View

Colleagues from across the Bury Integrated Care Partnership have actively contributed to the development of the GM Forward View – operating as the implementation for the ICB strategy previously presented to the Locality Board. As indicated the priorities of the Forward view alignment with our Locality Plan and wider Borough Let's do It strategy.

The work to finalise the GM operating model is welcomed – bringing clarity to the location of functions across the ICB, the relationship between System Boards and locality working, the reconfirmation of place (for us Bury, and neighbourhood working) as a focal point for integrated delivery and prevention.

3. Locality Savings Group

The financial position of all partners to the GM health and care system, and within Bury the Bury Integrated Care Partnership, is very challenged. NHS partners and Bury Council have instituted appropriate controls on all discretionary spending. NHS providers are working to deliver significantly challenging QIPP savings, NHS GM (Bury) has challenging QIPP targets relating to CHC and Medicines Optimisation. Bury partners are connected to the GM programme of work relating the outcomes of the previously reported 13 PWC priorities – intended to close the gap on £130m of GM wide system savings.

In this context the Locality Savings Group in Bury – chaired by the Deputy Place Based Lead – is working to establish further opportunities for system wide cost saving and cost avoidance, and an update will be provided to the meeting.

4. Disaggregation of Pennine Trust Services with NCA and MFT

Colleagues in Bury have been part of this work to confirm pathways within NCA and MFT that relate to the disaggregation of Pennine Acute Trust. This work has been reported to the Bury Scrutiny Committee in 2022 and is due for further presentation to scrutiny in autumn 2023. A briefing paper is attached for information.

5. SEND

Work continues to strengthen outcomes for children with special educational needs and disabilities in and their families. An update on the work of the SEND improvement board is being presented in this meeting, alongside an update on the implementation of a graduated approach.

Preparations continue for an anticipated SEND CQC/Ofsted inspection, and I'm grateful for the work of all partners in NHS and voluntary sector for the continuing efforts and constructive partnership to improve outcomes for childrens and families. Significant progress has been made in many aspects of NHS services including waiting times in CAMHS, Speech and Language therapy, and in the provision of Epilepsy Nursing. However continuing challenges remain, particularly in the early years field and in this context the proposal on HV and SN capacity for consideration in this meeting is welcome. It is also recognised that further work on waiting times for the CAMHS offer in relation to nuero diversity is a priority for Pennine Care Colleagues currently.

A recent LGA peer review visit on SEND reported good progress in key indicators but recommended the need for further work on presenting progress and challenges in terms of outcomes for children and families and the SEND improvement board will be focusing on this in coming weeks.

6. General Practice Patient Survey Results

May I commend practices in the borough for the improvement in results from last year in the GP practice patient survey results. This is despite a considerable increase in activity. On the average Bury practices saw improvement from 2022 in key indicators such as

- Ease of getting through to GP practice by phone
- How helpful do you find the receptionists at your GP practice.
- How easy is it to use your GP practice's website to look for information or access services.

Most other indicators were stable, although one indicator on the extent to which mental health needs of patients were understood declined slightly, which may reflect challenges in waiting times for specialist mental health services.

The NHS GM (Bury) primary care improvement team will be working closely with GP colleagues and PCNS to consolidate gains and address further opportunities for improvement, and with the wider GP community in Bury through the GP leadership collaborative. This work will be done as part of the GP development plan previously presented to Locality Board. Further updates will be provided to Locality Board in due course.

7. My Happy Mind

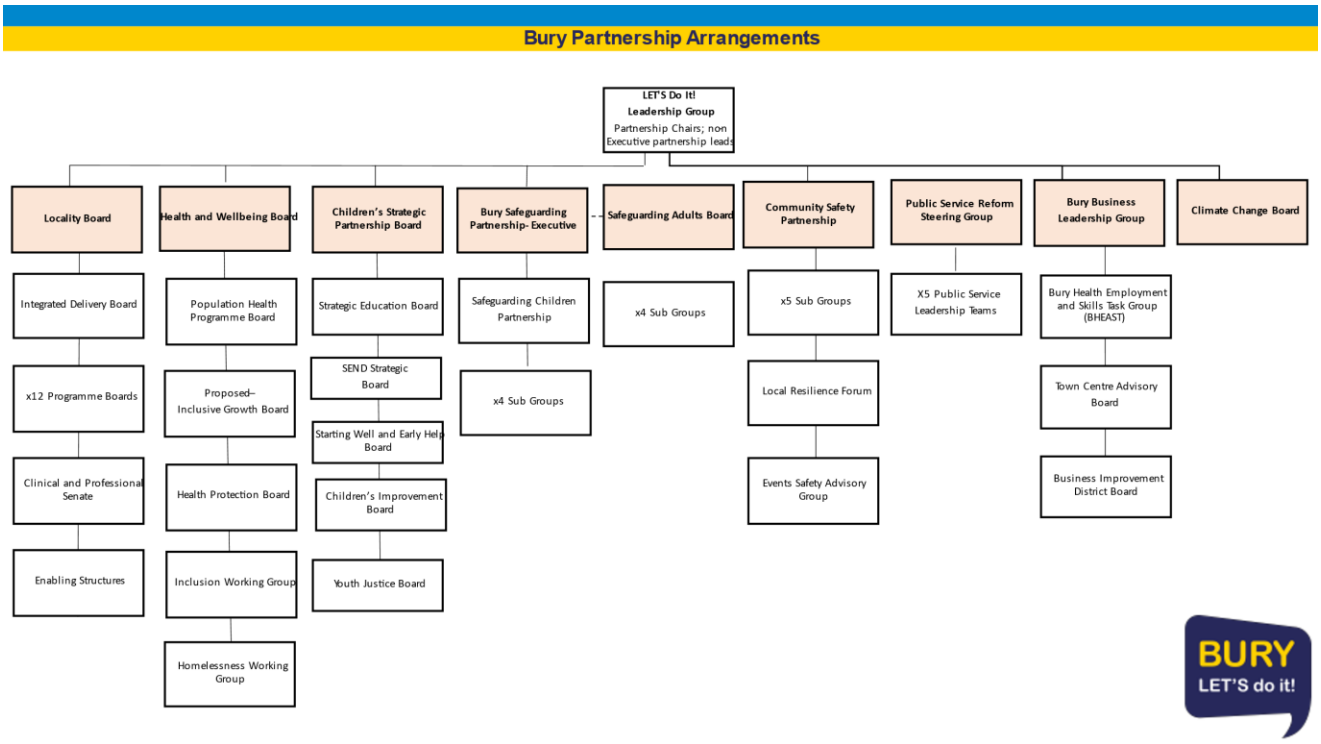
Bury have been a leading implementer of a programme called 'My Happy Minds' – a programme building mental health and resilience in primary school age children. A recent evaluation report ort undertaken with Health Innovation Manchester and Chester University highlighted the myHappymind programme and whole school approach had a significant impact on both pupils, teachers and parent behaviour and demonstrated impact on resilience, self-esteem and self-regulation skills as well as overall mental well-being over the course of the curriculum.

I'm very pleased to advise this programme has received a national award for innovation from the NHS Confederation/AHSN network. My thanks to Jane Case, Marina Nixon and all partners including of course schools and teachers for this great work. Thoughts are turning to the next stage of implementation in secondary schools.

Lynne Ridsdale
Place Based Lead
September 2023

BURY INTEGRATED CARE PARTNERSHIP

Appendix 1 – Team Bury Partnership Arrangements.



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Place Based Leads Briefing – Update from 'Pennine Acute Transaction Complex Services Disaggregation sub-group' – phase 3 services.

Headline: The final phase of service change proposals which will complete the disaggregation of Pennine Acute Hospitals Trust (PAHT) are being developed and will require approval by the GM ICB, prior to implementation in early 2024. Some elective and non-elective surgery for Orthopaedics and Urology will change the location of delivery to support the creation of safe and sustainable clinical pathways within Manchester Foundation Trust (MFT) and Northern Care Alliance (NCA). Place Based Leads are asked to note the progress and work of the sub-group which is supporting these service change proposals, and endorse the local briefing of the Chairs of Health Scrutiny Committees and/or Executive Lead for Health and Care prior to engagement in September 2023.

The GM ICB has supported MFT and NCA to assure and enact key service changes intended to complete the disaggregation of PAHT

When MFT acquired NMGH in April 2021 there was a degree of disaggregation of Pennine services – namely all those services that were delivered solely on the NMGH site. However, a number which spanned multiple sites or with complex operating arrangements have required a longer period to develop safe and sustainable service pathways aligned with each organisation. These sustainable solutions would also have a higher likelihood of impact on patient flows or location of service delivery. The GM ICB has previously agreed the process by which MFT and NCA should develop and gain approval for its complex service changes, alongside establishing a group chaired by Mike Barker, Place Based Lead (PBL) for Oldham, to oversee the work on behalf of the ICB. The process is codified in the 'Framework for Developing and Assuring Service Change Proposals in Greater Manchester'. This was used to support the previous two phases of service changes considered by the GM Joint Planning and Delivery Committee in July 2022 and by ICB Board in March 2023.

The delegated sub group has supported MFT and NCA to gain approval for phase 2 service changes which will be implemented in September 23.

The 'Pennine Acute Transaction Complex Services Disaggregation subgroup' referenced above is constituted of nominated Locality leads from Bury, Manchester, Oldham, Rochdale and Salford. The group has overseen NCA/MFT's development of service change proposals, including the approach to travel time analysis, and production of the substantial variation assessments, as well as ensuring the appropriate level and timing of Locality engagement. Laterally, the group reviewed MFT/NCA service change proposals for Cardiology, Gastroenterology, Rheumatology and Urology (six low volume pathways specifically) and associated substantial variation assessment before they were assessed and agreed by respective Health Scrutiny Committees and the GM ICB in March 2023.

The final phase (phase 3) of service changes is currently being developed and will complete the disaggregation of Pennine Acute services

The final phase of specialties will be disaggregated between January and March 2024; these are ENT, consultant referred Dexa Scanning, Orthopaedics and Urology. As with previous phases, clinical teams for each specialty in MFT and NCA are developing proposals which will deliver sustainable clinical services for the populations served, aligned with each Trust's single services. Dexa scanning is a relatively straightforward change. The other three specialties represent the most complex to disaggregate and have taken an extended period to understand the options and solutions for future service provision. Once disaggregated, while there will remain clinical pathways and services which each trust can rely on the other to support, this will form part of normal business as usual operating.

For more information contact Moneeza Iqbal (NCA) or Sophie Hargreaves (MFT), Directors of Strategy

Phase 3 service changes are likely to involve changes to the site of delivery for some pathways to ensure safe reliable care for patients

As previously highlighted, these proposals centre on how clinically sustainable and high-quality pathways can be created and maintained by both organisations in their new form. With each of these specialties this included the development of medical rotas and the delivery of emergency surgery. The high-level service changes are as follows;

ENT: This proposal will create additional services at the North Manchester General Hospital site including 23-hr inpatient access, for the North Manchester catchment population. Paediatric pathways will be aligned with Royal Manchester Children's Hospital, while adult services will be part of the MFT ENT single service .

Urology and Orthopaedics (incl. Trauma) represent high volume specialties with a strong evidence base about how services should be configured to deliver the best clinical outcomes

Urology: These changes primarily relate to the provision of planned and emergency surgery, with both MFT and NCA creating specialist hubs as part of their single hospitals systems. Some specialist surgery for the North Manchester catchment population will be provided at Manchester Royal Infirmary. Commissioners have previously agreed changes to NCA pathways which link Urology pathways in Bury to Salford.

Orthopaedics: National guidance and best practice recommends that planned and emergency orthopaedic care is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes. Therefore, MFT and NCA are working up clinical models which link activity at North Manchester General Hospital into one of these hubs. MFT has created an elective hub at Trafford General, residents in the North Manchester catchment area will be able to access this hub instead of the NCA hub at Fairfield General. Trauma pathways for a proportion of NCA catchment residents are currently provided at North Manchester General. In future these residents will receive this at NCA's trauma hubs of Royal Oldham Hospital or Salford Royal.

Over June 2023 to August 2023 key engagement activities will be undertaken to understand the impact on patients and inform how changes should be implemented

The next steps for the phase 3 changes are further refinement of the proposed clinical models, alongside the development of service change proposals, including travel time analysis, production of the substantial variation assessments, equality analysis and outputs from patient engagement. Both MFT and NCA are engaging with Healthwatch for each affected Locality to gain insight to inform the implementation of the new service models. Both organisations are also working collaboratively to undertake specific engagement activities with patients currently utilising these services.

With PBL Support, Health OSCS will be asked to consider the service change proposals and endorse them, prior to consideration by the GM ICB

Following agreement by the sub-group chaired by Mike Barker, substantial variation assessment and service change proposals for each service change will be taken through the agreed Locality governance. Engagement with relevant Locality Boards will take place during July and August before further engagement with Health Overview and Scrutiny Committees in August and September.

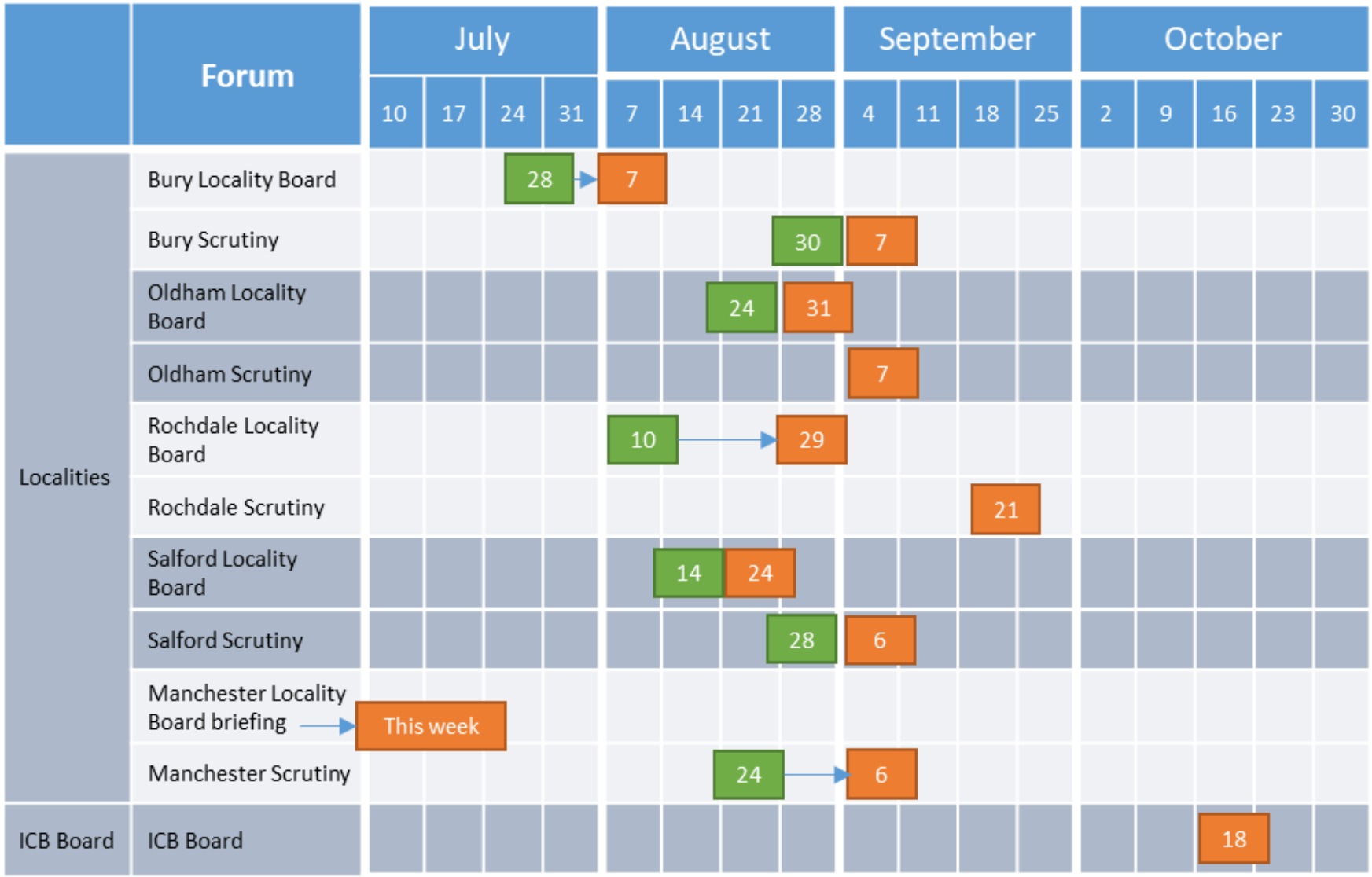
As SRO, Mike Barker plans to brief the Extended Leadership Group at GM, prior to bringing these changes to the GM ICB for approval in Autumn.

NCA and MFT will continue to work collaboratively to deliver these changes, maximising the benefit to patients

NCA and MFT are working closely together to support the above and earlier changes. During earlier transfers some data issues, as a result of the implementation of new electronic patient systems, have been identified. This has been escalated through appropriate routes, including the ICB, and are being addressed collaboratively. Any learning will inform the approach to implementing phases two and three.

Schedule for Locality approvals overleaf

For more information contact Moneeza Iqbal (NCA) or Sophie Hargreaves (MFT), Directors of Strategy



For more information contact Moneeza Iqbal (NCA) or Sophie Hargreaves (MFT), Directors of Strategy

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The Bury Integrated Care Partnership
The Bury Locality (System) Board
Terms of reference

1 Purpose

1.1 The Bury Locality System Board ("Locality Board") has been established to provide strategic direction to the Bury Integrated Care Partnership, to manage risk and to support the Bury Integrated Delivery Collaborative for the performance of the Bury health and care system. The Locality Board will undertake its duties in the context of the agreed Strategic Plan for Health, Care and Well-being for the Borough – the Locality Plan. The primary purpose of the Locality Board is to set the Strategic direction for the reform and transformation of the operation of the health, care and well -being system in Bury, and to manage an integrated budget for the place (including a pooled fund between Bury Council and NHS GM). The Locality Board brings together senior leaders for the NHS (primary, secondary, community and mental health), local authority and the VCFSE (Voluntary, Community, Faith & Social Enterprise).

1.2 The responsibilities for the Locality Board will cover the same geographical area as Bury Local Authority.

1.3 The Locality Board will have overarching responsibility and manage (subject to reserved matters) all matters relating to the Integrated Health and Care Fund (Pooled Budget) as set out in the S75 Agreement relating to the Integrated Health and Care budget for the borough between Bury Council and NHS GM. The Locality Board will have delegated decision making authority of up to £208.1m (annual spend) with regards to the Pooled Budget of the Integrated Health and Care Fund and any other relevant new funding streams (such as grants).

- In terms of the Better Care Fund; The Health and Well-being Board continues to be responsible for the Joint Local Health Well-being Strategy (JLHWS) which should directly inform the development of joint commissioning arrangements (S75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, which include the Better Care Fund plans.

- With regard to the Pooled Budget; the Health and Well-being Board does not commission health services themselves and do not have their own budget however play an important role in informing the allocation of local resources. This includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area.

1.4 The Locality Board will have overarching responsibility and manage (subject to reserved matters) matters relating to the Integrated Health and Care Fund (aligned and non-pooled budgets).

2 Status and authority

2.1 The Bury Integrated Care Partnership is formed of the parties, who remain sovereign organisations, to provide strategic coherence, shared ambition, and operational delivery of the health and care system in Bury, in pursuit of better outcomes for residents and a financially sustainable system. The Bury Integrated Care Partnership is not a separate legal entity, and as such is unable to take decisions separately from the parties or bind its parties; nor can one or more party 'overrule' any other party on any matter (although all parties will be obliged to act in accordance with the ambition of the Strategic Plan for Health and Care in the Borough).

2.2 The Bury Integrated Care Partnership establishes the Bury Locality Board to lead the Bury Integrated Care Partnership on behalf of the parties. As a result of the status of the Bury Integrated Care Partnership, the Locality Board is unable in law to bind any party so it will function as a forum for discussion of issues with the aim of reaching consensus among the parties. However the Locality Board will have responsibility via the Section 75 agreement for the operation of the Integrated Pooled Budget for the borough.

2.3 The Locality Board will function through engagement between its members so that each party makes a decision in respect of, and expresses its views about, each matter considered by the Locality Board. The decisions of the Locality Board will, therefore, be the decisions of the parties, the mechanism for which will be authority delegated by the parties to their representatives on the Locality Board.

2.4 Each party will delegate to its representative on the Locality Board such authority as is agreed to be necessary in order for the Locality Board to function effectively in discharging the duties within these terms of reference. The parties will ensure that each of their representatives has equivalent delegated authority. Authority delegated by the parties will be defined in writing and agreed by the parties and will be recognised to the extent necessary in the parties' own schemes of delegation (or similar).

2.5 The parties will ensure that the Locality Board members understand the status of the Locality Board and the limits of the authority delegated to them.

2.6 Statutory framework

2.7 In respect of the Integrated Health and Care Fund (S75, Pooled Budget), the Locality Board will sit as a joint committee (of the ICB and Local Authority), established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 ("the 2000 Regulations").

2.8 In respect of the NHS GM Aligned Budget (non-pooled) element of the Integrated Health and Care Fund (Aligned Budgets), the Locality Board will sit as a Committee of the Integrated Care Board (ICB) of NHS GM on which there is Council and wider partner representation. The Locality Board will fulfil the requirements as outlined in the NHS GM Scheme of Reservation and Delegation.

2.9 For the avoidance of doubt, insofar as the Locality Board sits as a joint committee under the 2000 Regulations, Bury Council and/or NHS GM are delegating the making of decisions to the Locality Board and not to their individual representatives on the Board. For the avoidance of doubt where the Locality Board sits as a Committee of the ICB, NHS GM is

delegating the making of decisions to the Locality Board collectively and not to their individual representatives on the Board.

3 Responsibilities

3.1 The Locality Board will:

3.1.1 Ensure alignment of all organisations to the Bury Integrated Care Partnership's vision and objectives, as described in the Locality Plan for Health, Care and Well-being , ensuring the delivery of the triple aim of improved population health, improved experience, and financial sustainability.

3.1.2 Jointly manage the Bury Integrated Care Partnership Locality Integrated fund – established to reflect the scope of services agreed to be managed at a locality level between the Bury Council and NHS and in accordance with the NHS GM accountability agreements and doing so on the basis of 'formally pooled, aligned (non-pooled)'.

3.1.3 Be responsible for achieving the financial sustainability of health and care services within the borough along with contributing to financial sustainability for NHS GM. 4

3.1.4 Ensure the Bury Integrated Care Partnership delivers on the NHS obligations under the terms of the NHS GM Accountability Agreement with Bury.

3.1.5 Secure the delivery of the portfolio of transformation programmes reported through the Integrated Delivery Collaborative Board and as described in the Locality Plan.

3.1.6 Ensure the Bury Integrated Care Partnership works as part of the Wider Team Bury approach and in the context of the Let's Do It Strategy for the borough and secures support of all partners including other public services, the business community, and the voluntary sector in addressing health inequalities and population health.

3.1.7 Ensure that all partners are actively working to promote the capacity and capability of integrated neighbourhood team working in each of the 5 neighbourhoods teams in Bury and doing so in a way consistent with the principles and values of the Locality Plan – a persona and community asset based approach.

3.1.8 Promote and encourage commitment to the integration principles and integration objectives amongst all parties and in particular create the conditions for high quality integrated neighbourhood working.

3.1.9 Formulate, agree and ensure that implementation of strategies for achieving the integration objectives and the management of the Bury Integrated Care Partnership.

3.1.10 Discuss strategic issues and resolve challenges such that the integration objectives can be achieved.

3.1.11 Ensure the work of the health, care and well-being partnership in Bury has the voices of patients and residents, and the learning from lived experience, at the heart of the transformation programmes and service delivery.

3.1.12 Respond to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Bury Integrated Care Partnership or

any parties to the extent that they affect the parties' involvement in the Bury System Partnership.

3.1.13 Agree policy as required.

3.1.14 Agree performance outcomes/targets for the Bury Integrated Care Partnership such that it achieves the integration objectives.

3.1.15 Take collective responsibility for achievement of the objectives of the locality plan with regard to the performance/outcomes, financial position and contribution to population health gain. Working with the Integrated Delivery Collaborative to determine strategies to improve performance, recognise and address unwarranted variation, and work together as a system to address poor performance and outcomes.

3.1.16 Ensure that the Bury Integrated Delivery Collaborative identifies and manages the risks associated with the Bury System Partnership, integrating where necessary with the parties' own risk and governance management arrangements.

3.1.17 Ensure the continued effectiveness of the Bury System Partnership, including by creating a partnership of trust and common purpose between the parties and between the Bury Integrated Care Partnership and its stakeholders.

3.1.18 Ensure that the Bury Integrated Care Partnership support partners to deliver their regulatory requirements through whatever means are required by such regulators or are determined by the Locality Board, including, to the extent relevant, integration with communications and accountability arrangements in place within the parties

3.1.19 Address any actual or potential conflicts of interests which arise for members of the Locality Board or within the Bury Integrated Care Partnership, in accordance with a protocol to be agreed between the parties (such protocol to be consistent with the parties' own arrangements in respect of declaration and conflicts of interests, and compliant with relevant statutory duties).

3.1.20 Oversee the implementation of, and ensure the parties' compliance with, this agreement and all other services contracts.

3.1.21 Review the governance arrangements for the Bury Integrated Care Partnership at least annually and ensuring compliance and alignment with the governance of legal entity partners.

3.1.22 Ensure consistent representation to the decision making arrangements of the ICS such that the ICS creates the conditions for rapid delivery of the system transformation described in the refreshed locality plan.

4 Accountability

4.1 The Locality Board is accountable to the each of the parties to the Locality Board. The Locality Board is also accountable to the NHS Greater Manchester Integrated Care (NHS GM), through the NHS GM Scheme of Reservation and Delegation, for the delivery of NHS standards and for the NHS GM budget that is part of the Integrated Fund, in which there will be Bury System representation on the GM ICB where appropriate.

4.2 The minutes of the Locality Board will be sent to the parties within 10 working days.

4.3 The minutes may be accompanied by a report on any matters which the chair considers to be material. It will also address any minimum content for such reports agreed by the parties.

5 Membership and Quoracy

5.1 The Locality Board will have a number of voting members and non-voting members along with officers and key representatives that will be required to attend the meetings as and when required. The voting members reflect senior clinical, political, managerial, and NHS non-executive and executive leadership from across the Bury Integrated Care Partnership. The voting rights for each decision will be dependent on the budget under discussion, as described in the table as below;

Role	**Organisation**	**Voting member in relation to Pooled Budget (between Bury Council & NHS GM)**	**Voting member in relation to Aligned and non-pooled Budget**
Leader of the Council	Bury Council	**Yes**	**Yes**
Executive Member of the Council for Health and Wellbeing	Bury Council	**Yes**	**Yes**
Executive Member of the Council for Children and Young People	Bury Council	**Yes**	**Yes**
Executive Director	NHS GMIC	**Yes**	**Yes**
Senior Clinical Leader in the Borough (as determined by the Clinical Senate via an election process) *	Bury Locality	**Yes**	**Yes**
Senior Nurse Lead for the Borough (as determined by the Clinical Senate via an election process)	Bury Locality	**Yes**	**Yes**
Chief Executive & Place Based Lead	Bury Council & Bury Locality	**Yes**	**Yes**
Strategic Finance Group Chair & Joint Executive Director of Finance (S151 Officer)	Bury Council & Bury Locality	**Yes**	**Yes**
Chair	IDCB	**No**	**Yes**
Medical Director	NCA	**No**	**Yes**
Medical Director *	IDCB	**No**	**Yes**
Chief Officer or nominated Exec	NCA	**No**	**Yes**
Chief Officer or nominated Exec	Pennine Care Foundation Trust	**No**	**Yes**
Chief Officer or nominated Exec	Manchester Foundation Trust	**No**	**Yes**

Chief Officer	Bury VCFA (Voluntary, Community, Faith & Social Enterprise).	**No**	**Yes**
Executive Director of Health and Care & Deputy Place Based Lead	Bury Council & Bury Locality	**No**	**Yes**
Bury Care Organisation Chief Officer	NCA (Bury Care Org)	**No**	**Yes**
Director of Childrens Services	Bury Council	**No**	**Yes**
Director of Public Health	Bury Council	**No**	**Yes**
Director of Adult Social Services	Bury Council	**No**	**Yes**
Total number of voters	N/A	**8**	**20**

* each of the two roles with an Asterix as detailed above (Senior Clinical Leader in the Borough and Medical Director for the IDCB), are presumed to be GP's and the relevant representatives will represent the GP perspective as well as the constituency. In the event of either of these roles not being a GP, the Terms of Reference will be reviewed accordingly*.

The Locality Board will also comprise the following participants who attend the meeting on a regular basis as an attendee and a non-voting member:

Role	**Organisation**
Director of Children Services	Bury Council
Director of Adult Social Services and Community Commissioning	Bury Council
Director of Public Health	Bury Council
Chief Operating Officer	IDCB
Chair	Bury Healthwatch
Director of Finance	NCA
Representative from the Primary Care Network (Lead)	PCN

Role	**Organisation**
Opposition Party**	Radcliffe First
Opposition Party**	Conservative

** Opposition Leaders (if the party holds 5 or more seats)**

5.2 The Locality Board will be quorate (for decisions made under the pooled budget) if two thirds of its voting members (6) are present. The Locality Board will be quorate (for decisions made under the aligned/non-pooled budget), if two thirds of its voting members are present (12), subject to the members present being able to represent the views and decisions of the parties who are not present at any meeting. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute and make decisions on behalf of the party that they are representing. Deputising arrangements must be agreed with the Chair prior to the relevant meeting. Representatives / deputies will count towards quorum if the Chair is notified at the start of the meeting and receives confirmation from the core member that the deputy has full authority to act as described above.

5.3 The Locality Board will be chaired by the Leader of the Council, the Senior Clinical Leader from the Clinical and Professional Senate. Chairing of meetings will

be on an alternate basis and/or in the absence of one of the named chairs. In the absence of both of the Chairs a replacement Chair will be elected for the duration of the meeting from the Core/Voting Membership.

6 Conduct of business

6.1 Meetings will be held on a Monthly Basis. The date and timings of the meetings will be fixed in advance, as part of the agreed schedule of meetings.

6.2 The agenda will be developed in discussion with the Chair(s) and will be developed via agenda setting meetings. The agenda and supporting papers shall be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at the meeting will be kept and circulated to partner organisations within 10 working days. Papers and Minutes (subject to any applied exclusions) will be published on Bury Council's web site and on the NHS GM web site.

6.3 Agendas will be structured to clearly distinguish between decisions to be taken in respect of the Integrated Health and Care Fund (Pooled Budget) by the Locality Board.

6.4 In accordance with the Council's constitution, any Key Decision (defined at point 6.5) may not be taken unless Subject to point 7.4 (general exception) and point 7.6 (special urgency), a key decision may not be taken unless:

(a) a notice has been published in connection with the matter in question at least 28 days in advance of the decision being taken;

(b) notice of the meeting has been given five clear working days before the meeting.

6.5 A key decision is a decision taken at a Cabinet meeting, by an individual Cabinet Member, or a Joint Committee of the Cabinet and is:

• Any decision in relation to an executive function which results in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A decision will be considered financially significant if it results in incurring expenditure or making savings of £500,000 or greater; unless the specific expenditure or savings have previously been agreed by full Council.

• Any other executive decision which in the opinion of the Monitoring Officer is likely to be significant having regard to:

(a) the number of residents/service users that will be affected in the Wards concerned;

(b) whether the impact is short term, long term or permanent;

(c) the impact on the community in terms of the economic, social and environmental well-being.

Decisions subject to call in by scrutiny committees

6.6 “Call in” is a statutory right for members of the Council to call in a key decision after it is made but before it is implemented. Other than decisions taken under the urgency provisions (7.4 and 7.6) Key decisions made but not implemented may be called-in in accordance with the scrutiny rules as set out in the Council’s constitution.

6.7 The Locality Board meetings;

a) will be held in public, subject to any exemption provided by law with specific time allocated for public question time.

b) may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that]business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

7 Decision making and voting

7.1 The Locality Board will aim to achieve consensus for all decisions of the parties. It is not intended that the Locality Board will seek to ‘outvote’ one partner to the board. Any decision of the Locality board needs to be supported by the governance of each organisation. In the event of one or more partners disagreeing with a decision following consideration within the organisation, it is expected further dialogue and discussion will take place at the Locality Board. The Chair of the Locality Board will have a second and deciding vote, if necessary and required, however the aim of the Locality Board will be to achieve consensus decision-making wherever possible.

7.2 To promote efficient decision making at meetings of the Locality Board it will develop and approve detailed arrangements through which proposals on any matter will be developed and considered by the parties with the aim of reaching a consensus. These arrangements will address circumstances in which one or more parties decide not to adopt a decision reached by the other parties.

Urgent Decisions

7.3 General exception - in accordance with the Council’s constitution, if a matter which is likely to be a key decision has not been included in the List of Key Decisions, then subject to the Special Urgency rule, the decision may still be taken if:

(a) the decision must be taken by such a date that it is impracticable to defer the decision until it has been included in the next List of Key Decisions;

(b) the Chief Executive has informed the Chair of the relevant Scrutiny Committee, or if there is no such person, each Member of that Committee, and a nominated opposition or majority group member of the Committee as appropriate and the leader of the second largest opposition group in writing, by notice, of the matter to which the decision is to be made;

(c) the Chief Executive has made copies of that notice available to the public at the offices of the Council; and

(d) at least five days have elapsed since the Chief Executive complied with (b) and (c).

7.4 Where such a decision is taken collectively, it must be taken in public.

7.5 Special urgency - if by virtue of the date by which a decision must be taken (general exception) cannot be followed, then the decision can only be taken if the Chair of the Locality Board, has:

(a) obtained the agreement of the Chair of the relevant Scrutiny Committee that the taking of the decision cannot be reasonably deferred;

(b) consulted a nominated opposition or majority group member of the Committee as appropriate and the leader of the second largest opposition group. If there is no Chair of the relevant Scrutiny Committee or if the Chair is unable to act, then the agreement of the Chair of the Council (Mayor), or in his/her absence the Vice Chair (Deputy Mayor) will suffice.

(c) Consulted every member, following circulation to every member of appropriate papers and a written resolution.

7.6 Such a decision will be as valid as any taken at a quorate meeting but will be reported for information to, and will be recorded in the minutes of, the next meeting.

8 Conflicts of interests

8.1 The members of the Locality Board must refrain from actions that are likely to create any actual or perceived conflicts of interests.

8.2 The Chair of the Locality Board shall manage all conflict of interest matters. The members of the Locality Board will be asked at each meeting to declare any new or existing actual or perceived conflicts for any items of business related to that meeting. The Chair will ensure that a Register of Interests for the members of the Locality Board is established and maintained.

8.3 The Locality Board will formally record its deliberations within relevant minutes. Such minuting will be undertaken by the designated officer support provided, alongside the management of paperwork and version control.

8.4 Depending upon the topic under discussion and the nature of a conflict of interest disclosed or identified, the member may be;

✓ Allowed to remain in the meeting and contribute to the discussion;

✓ Allowed to remain in the meeting and contribute to the discussion but leave the meeting at the point of decision; or

✓ Asked to leave the meeting for the duration of the item under consideration.

9 Confidentiality

9.1 Information obtained during the business of the Locality Board must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g., Performance management, securing competitive advantage in procurement).

9.2 Members of the Locality Board are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Bury System Partnership. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9.3 Given that some Local Authority decision making will go through the Locality Board the provisions of the Local Government Access to Information legislation will apply.

10 Support

10.1 Governance/administrative support to the Locality Board will be provided as agreed by the Partnership.

10.2 The Executive Director, Health and Adult Care - Bury Council and Deputy Place Based Lead for Health and Care - NHS GM (Bury) and Bury Council will act as the lead officer. Lead officer responsibilities will include ensuring that agendas are appropriate to the work of the Board.

10.3 The programme structure and supporting work groups will be developed and agreed as part of the Locality Board work plan and these Terms of Reference should be read in conjunction with the Partnership Agreement and S75 Agreement.

11 Review

11.1 These Locality Board terms of reference will be formally reviewed annually and in the first instance in September 2023.

Agenda Item 6

BURY INTEGRATED CARE PARTNERSHIP

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

Executive Summary
To provide a high-level overview of priorities identified for the Locality Board.
Recommendations
The Locality Board is asked to note the update.

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

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

Implications						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

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

Background

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

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

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

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

5 Priorities

The following were the agreed priorities

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

5. Updates

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

1) First 1000 days of a child's life:

Overview

- Scoping paper considered by the July Childrens Strategic Partnership Board
- Start Well Sub-group charged with reviewing compliance against standardised national programme requirements
- Rooted to roll out plan of family hubs on a neighbourhood footprint – commencing with Bury East
- AQUA capacity secured to support the work of the Start Well Group in driving consistent understanding of compliance, strengths, and weaknesses.
- Transformation Capacity from within the Bury Integrated Care Partnership secured to host process mapping workshop.
- Strengthen working relationship to maternity services providers at Bolton FT and North Manchester FT
- Proposal on HV and SN capacity developed and presented to August Childrens Strategic Partnership Board.

Reporting to Locality Board

- Paper this month to the Locality Board on capacity constraints in Health Visiting and School Nursing Services, is an important element of this programme
- Future locality board to receive update on the outcome of the Start Well Sub-Group on the 1000 days process mapping
- Update on Family Hubs roll out to be presented to the Integrated Delivery Board.

Expectations of Locality Board Partners

- To ensure key stakeholders in each organisation are connected to the work of the Starting Well Sub-Group of the Childrens Strategic Partnership board to scope and process map the work.

Key Contacts

- The Starting Well Sub-group is chaired by Sandra Bruce – AD Early Help Services in the Council, and Rachel Davis – Public Health Programme Manager
- The Children's Strategic Partnership Board is jointly chaired by Jeanette Richards (Director of Childrens Services), and Will Blandamer (Exec Director, Health and Adult Care, and Deputy Place Based Lead)

2) Right Sizing Intermediate Care and Wider Community Capacity

Overview

- The initial scoping and researching best practice in intermediate care services has been completed
- The health and care system wide Project Delivery Group has met for the first time and produced a delivery plan to work to with all partners. Patient, Carer and family experience will shape and influence the work in designing new service models
- The work on Intermediate care Capacity will be reported to the Urgent Care Board in the first instance and the Project Specification was presented to the July IDCB

Reporting to Locality Board

- An interim report will be presented to the Locality Board in November 2023

Expectations of Locality Board Partners

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

Key Contacts

Ian Mello – ian.mello@nhs.net

3) Sustainability of Primary Care

Overview

Primary Care is made up of four disciplines:

- General Medical (GP Practices),
- Community Pharmacy
- Dental
- Optometry

Whilst the sustainability of Primary Care as a whole has been recognised as priority for the locality, due to historical arrangements, relationships and workstreams are more widely established with general medical providers than the other three disciplines. In line with the local General Practice Strategy and in partnership with general practice we co-produced an underpinning delivery plan identifying several priority actions.

Work to date includes:

- Capturing and theming requests that come into general practice which add no benefit to the patient (cutting bureaucracy). NHS England » Supporting general practice, primary care networks and their teams through winter and beyond. e.g., managing DNAs, onward referral of patients, expediting letters; medication requests; shared care; Fit Notes etc. It is intended that these outputs will be presented at the various boards throughout September.
- Commissioning additional capacity to support periods of intense pressure through surge/sort monies
- Training and education programmes in line with needs analysis
- Fortnightly webinars which not only keep practices informed on key to pics/changes but also give practices an opportunity to raise any questions/concerns
- Re-established the Practice Managers Forum as a key peer support network.
- Improved data extraction capability via EMIS enterprise which will inform quality improvement (one practice outstanding)
- Patient promotional videos shared which explain the 'Primary Care Family' – starting with a 'Who's who' in general practice.

Community Pharmacy

- Discussions in train to establish areas of opportunity for reducing duplication between general medical and community pharmacy providers.

Dental and Optom links not yet made.

Reporting to Locality Board

- Delivery against the General Practice Strategy is reported via the Integrated Delivery Collaborative highlight reporting process monthly.

Expectations of Locality Board Partners

- Note the need to work with General Practice to implement changes in response to cutting bureaucracy outputs
- Support the implementation the primary care secondary care principles.
- Support the implementation of a Primary Care Provider Board where all Primary Care disciplines can raise and share their current and future needs.

Key Contacts

General Practice Leadership Collaborative – Chaired by Mark Beesley and Senior Responsible Officer
Primary Care Commissioning Committee – Chaired by Will Blandamer and facilitated by Helen Marshall
Primary Care Clinical Leads – Cathy Fines and Kiran Patel

4) <u>Ensuring Services are delivered as efficiently possible</u>

Overview

- As the financial challenges within the economy and across Greater Manchester have become more significant, we have asked all SROs to turn their attention to potential economic savings within and across programme areas.
- A weekly task and finish group has been established with clinical and professional input to identify ideas which can be prioritised to support the releasing of efficiencies. This programme of work has been aligned to the 13 GM programmes of work.
- It is likely that the most efficiencies will be delivered by reducing duplication in services, simplifying the system and rationalising and making more efficient single points of access. Programmes of work are currently being scoped relating to:
    - Prescribing
    - Elective care
    - Complex care and care packages
    - Urgent Care: Falls and the intermediate tier
    - Estates

- Once the list of schemes has been finalised through September, we will align resource, governance and reporting arrangements to support delivery of these priorities. Some of these programmes will deliver efficiencies in 23/24, however, some will not deliver financial benefit until 24/25.
- There is also a significant programme of work to be undertaken to empower patients and support behaviour change such as utilisation of technology and improving processes for ordering repeat prescriptions, which is still to be defined
- In addition to this, we are planning a workforce engagement approach to understand other ideas on how to reduce bureaucracy and improve efficiency.

Reporting to Locality Board

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

Expectations of Locality Board Partners

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

Key Contacts

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

5) Exploring opportunities to recruit and retain workforce capacity

Overview

- The system wide Bury ICP Workforce Strategy has been developed collaboratively amongst IDC partners which include health and social care providers, voluntary sector and primary and secondary care. We have also engaged with PVI providers and staff side/trade union representatives.

- The strategy is aligned with Bury's "Let's Do It" strategy and the GM ICP People and Culture Strategy which was launched in March 2023. Recruitment and retention sit under the workforce priorities of a) Growing our workforce and b) Developing our workforce. Programme delivery groups are currently being established and will be functioning from Oct 2023.

Reporting to Locality Board

- Workforce reports are produced for each Locality Board and will focus from October 2023 on the recruitment and retention initiatives.

Expectations of Locality Board Partners

- To note the progress of the workforce strategy and acknowledge the delivery programmes in respect of recruitment and retention as determined by the system wide Strategic Workforce Group. The SWG reports directly to the IDC board.

Key Contacts

Kat Sowden, SRO for workforce: kat.sowden@personasupport.org
Caroline Beirne, AD Workforce: Caroline.Beirne1@nhs.net
Emma Arnold, Workforce Transformation lead: Emma.Arnold1@nhs.net

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Agenda Item 7

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	04 September 2023	Action	Receive
Item No.		Confidential	No
Title	Integrated Delivery Collaborative Update		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

Executive Summary

This paper is intended to provide an update to the Board of progress with the work of the IDC , and progress with the delivery of programmes across the Borough

Recommendations

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

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

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

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

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

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

Bury Integrated Delivery Collaborative Update

1. Context

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

2. Key strategic developments

Key developments over the past month include:

- Mapping , understanding and identifying opportunities to strengthen further relationships with North Manchester
- Faciliating clinial conversations to identify opportunities for improvement, particularly across the primary and secondary care interface
- Identifying efficiency opportunities though the use of data
- Engaging partners in the first draft of the Bury system workforce strategy
- Strengthening connectivity between the Childrens Strategic Partnership Board and the IDC
- Strengthening connectivity between the GP Collaborative and the IDC Board

3. Programme structures and leadership

As the financial challenges within the economy and across Greater Manchester have become more significant, we have asked all SRO's to turn their attention to potential economic savings within and across programme areas.

It is likely that the most efficiencies will be delivered by reducing deplication in services, simplifying the system and rationalising and making more efficient single points of access. Programmes of work are currently being scoped relating to :

- Prescribing
- Elective care
- Complex care and care packages
- Urgent Care: Falls and the intermediate tier
- Estates

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

In addition to this, we are planning a workfore engagement approach to understand other ideas on how to reduce beuraucracy and improve efficiency.

4. July IDC Programme updates:

Programme highlights:

Elective Care: New pathways for Cardiology, Orthopaedics and Urology have now gone live. Having sufficient resources and capacity identified for each project from all relevant partners will help in improving the pace of the work being undertaken.

End of Life and Palliative Care: New Palliative Care Consultant now in post. This is a significant achievement for the Borough to have recruited to this role. Following the Bury Palliative Care Summit work has commenced, with partners, on the development of the new

Palliative & EoLC Strategy & work plan.

Urgent Care: FGH have moved up one to become the second best performing adult site in GM for the four hour target YTD performance has reached 66.83%. The days kept away from home trajectory met for May, June and July 23 at Fairfield. This is a significant achievement.

Frailty: The dementia Area on Ward 8 at FGH has now been established as Test of Change

Mental Health: There continues to be relatively good progress in implementing the Bury MH strategy. Recruitment is underway to recruit to new posts in CAMHS, adult Home Treatment Team and the Older People's Home Treatment Team following additional funding approval. New funding has been approved through PCFT to increase staffing capacity in CMHTS and Early Intervention in Psychosis. There remain high levels of demand for acute inpatient beds creating a risk in relation to the Out of Area Placement reduction target.

Adult Social Care: 14-25 Transitions project staffing business case has been prepared

Neighbourhood development: The number of referrals to active case management remain high, and we are looking to increase referrals from secondary care. There is generally good progress in all Neighbourhoods in relation to work on priority areas, and good examples of joined up working across providers in relation to Neighbourhood priorities and other work. The lack of alignment of PCNs and Neighbourhoods remains a risk to the delivery of equitable and integrated Neighbourhood-based health and care provision.

Community Services: Current priorities are currently being reviewed in line with the efficiencies programme of work.Some risks have emerged due to the loss of the project lead resource preventing the work from progressing as per the initial plan. Some additional interim resources have been secured to resume parts of this work.

Primary Care: We are Primary Care Family (Who's who in general practice) launched to inform our patients about the wider primary care family

Learning Disabilities: Agreement on inclusion of people with lived experience to be (paid) assessors as part of the Provider Quality Framework (supported living, nursing homes etc)

Workforce: Draft system workforce strategy currently being considered by all system partners

5. Performance

Systems are not yet in place to produce locality dashboards via GM, however local workarounds are in place to ensure the IDC Board is in view of key performance challenges and improvement plans.

Areas of concern include:

- Cancer 2 week wait and 62 day performance
- Referral To Treatment Times
- Urgent care
- People with LD aged over 14 receiving a health check
- Adult mental health follow up times

- Social work cases waiting allocation through the neighbourhoods

Key indicators are scrutinised with action plans implemented through our programme boards. We are in the process of refining the role of the IDC Board and System Assurance Committee with regard to the management of risks and performance, to prevent duplication of effort. All programme boards will be asked moving forwards to ensure that they report mitigating actions against failing performance indictaors within the monthly highlight report for the IDC Board.

Programme boards are also being asked for their key indictaors of success to ensure that these requests are built into future GM performance reporting systems.

6. Risks

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

Key risks have been submitted from programme areas. A total of 42 risks have been identified relating to the areas of:

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

The IDC Board reviewed the risks in July, with more work to do to ensure consistency of scoring and reporting which is being progressed via a subgroup of the IDC Board.

7. Recommendations

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

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

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Children Nursing Services Case for Change- 0-19yrs services and Childrens Community Nursing Team.

Purpose of this paper

1. The 0-19yrs services (0-19yrs service comprises of the Health Visiting and School Nursing Services) change is required to deliver mandated and statutory functions such as the full universal, targeted and safeguarding/statutory requirements set out within their roles. This paper sets out to explore the options and funds required to deliver this.

   - Statutory LAC (Looked After Children) Review Health Assessments, resulting in breaches in the timescales for our most vulnerable children/young people.
   - Attendance at all statutory strategy meeting therefore unable to utilise expertise and knowledge in the safety planning/decision making process.
   - Attendance at all Safeguarding meetings (Child Protection and Child in Need), therefore unable to utilise expertise and knowledge in the safety planning/decision making process and unable to be the advocate for the young person a crucial part of the role.
   - Completion of health assessments for children with a Child in Need Plans, resulting in missed opportunities to identify unmet health needs.
   - SEND (Special Educational Needs and Disabilities) Code and SEND & NICE Guidelines.
   - Early help strategy.
   - Mandated Healthy Child Programme (Universal/prevention), service is not meeting the KPI's.

2. The Children's Community Nursing Team (CCNT) does not have the necessary recommended minimum staffing levels of 20 (qualified) WTE per 50,000 child population. It does not have a senior clinical lead post and is the only area within the NCA without all the specialist posts leading to an inequitable service provision, leaving children and families with no specialist community clinics or provision, widening the inequalities gap. This paper sets out to explore the options and funds required to rectify this.

The impact rectifying this in relation to the quadruple aims would be:

Health and wellbeing of those who provide and support care

- Support staff retention.
- Improve job satisfaction.
- Reduce sickness levels.

- Reduction of stress/anxiety level.
- Improve staff health and wellbeing which has been identified as an area of concern in the latest staff survey.

Experience and outcomes for patient and service users

- Reduce the risk of harm to children.
- Ensure patients receive the right care at the right time, supporting families before crises point.
- Ensure services can meet NICE/National recommendations.
- Reduce the waiting lists for early help and specialist HV service.
- Improve patient experience by providing a key worker role when required.

Use of resources

- Management of care in the community reducing impact for primary and secondary care.
- Prevention of health/social care needs - intervention is reinforced by the long-term costs of inaction or delay e.g., weight-related problems are forecast to cost £50 billion to the wider economy by 2050.
- Reduction of bank/agency costs.
- Reduction of system wide cost of managing complex/safeguarding cases.

The health of the population and health equity

- Identification of health needs earlier.
- Delivery of the evidenced based Mandated Heathy Child Programme.
- Improved uptake of immunisations.
- Reduce inequalities in health- Bury below the England average for children's GLD (Good Level of Development). With those most at risk if they:
  - Reside in the East or Radcliffe neighbourhoods.
  - Are from an ethnic group other than White British.
  - Has a SEND/disability.

  The HCP seeks to reduce health inequalities and meet the needs of the most at-risk children, young people and families through a progressive universal model.
- Improved oral health.

Contains confidential information

1. Does this document contain confidential information that would need to be redacted before the document was made available to the public, if requested by the Freedom of Information Act? Yes ☒ No ☐

Financial implications

2. **Funding category (select one):** **Funding source (select one)**

   ☒ Revenue ☐From existing budgets

☐ Capital ☒New funding required

3. **Funding type (select one)**

☒Recurrent

☐Non-recurrent

Does the case adhere to financial recovery principles? NO

Funding Partners

☒NCA	☒Council	☒NHS GM
☐GP Fed	☐Pennine Care	☐Bury Hospice
☐VCFA	☐Bardoc	☐Persona

HR Implications

4. **Does this business case require the recruitment of staff?**

☒ Yes No ☐

5. **If yes, select the type**

☐ Fixed Term Contract ☒ Permanent Contract

6. **Does the business case involve Estates**

☒ Yes No ☐

7. **Does the business case involve IT/Digital**

☒ Yes No ☐

Environmental & Sustainability implications

8. How does this business case link to environmental and sustainability strategic objectives?

The services are supported to utilise agile working, all staff have access to IT equipment and electronics systems to support them in delivering the services. Health Visiting paper records are currently being scanned onto systm1 supporting agile working and reducing the space required within the office areas. The additional staff would enable more staff to work agilely, working from the family

hubs and within schools, enhancing partnership working and further reducing the impact on estates.

Equality, Diversity & Inclusion implications

9. State any EDI implications if appropriate

The services are currently unable to meet the following requirements therfore, widening the inequalities gap:

- The SEND code and Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education NICE guidance (NG213)
- Epilepsies in children, young people and adults NICE guidance (NG217)
- Asthma standards
- Children at greater risk of not meeting Good level of Development (GDL)
- Reduce Health Inequalities

Is a Quality Impact Assessment required?

10. ☒ Yes No ☐

11. If yes, add your organisations relevant quality committee sign off date

Signed off on the 3.07.23

12. If no, briefly explain why not required

Key issues & recommendations

13. Include any risks and internal number/incidents if applicable

- Risk 8323 (10) - If children's nursing services do not have specialist Asthma/respiratory, Transition, Complex/EOL(End of Life)/Palliative(band 7's) and senior lead (band 8a) posts then the service will be unable to provide a quality service in line with national and regional standards.
- Risk 8390 (10) – If the demands on the 0-19yrs services to meet safeguarding and early help continue the services will be unable to deliver the healthy child programme to all children therefore impacting on the quality of the service provision.
- Risk 8521 (9) – If the demand on the 0-19yrs service continues to be greater than the capacity it will continue to compromise the health and well-being of

the workforce who are unable to deliver the service they are commissioned to provide due to increased demands.

- Change to deliver all the statutory functions/time scales for 'Review Looked After Children Health Assessments'.
- Unable to attend/contribute all statutory strategy meetings.
- Unable to complete all safeguarding/early help requirements.
- Unable to meet all the mandated Healthy Child programme.
- Unable to Meet NICE guidelines/National standards.
- Unable to provide the right support/clinical care at the right time to all children/young people.
- Poor job satisfaction and retainment of staff impacting on health and wellbeing of the workforce and sickness levels.

14. Productivity gains/benefits & quadruple aims.

- Enable the 0-19yrs service to meet all the statutory functions and time scales for the completion of 'Looked After Children Health Assessments'.
- Enable the 0-19yrs and CCNT services to meet all the functions set out in the SEND Code, enabling the key worker role and support effective transition.
- Enable the service to meet all the statutory functions and requirements set out in the SEND Code in relation to Education and Health Care Plan (EHCP).
- Enable the 0-19yrs service to meet all the statutory functions within safeguarding; Inclusive of meeting the requirements for Strategy meetings, Child protection, Child in Need, and Core Group.
- Enable the 0-19yrs and CCNT service to provide early, meaningful interventions, which will support families and reduce the number of children in crisis.
- Enable services to meet NICE guidance/National standards.
- Provide clinical leadership and operational leadership ensuring the services are continuously developing and provide high quality and safe care.
- Provide the appropriate skilled care to support children and families at the right time, in the right pace who have a long term/complex health condition.
- Provide specialist training to the workforce - upskill the wider workforce.
- Improve the service users and parental/carers experience.
- Support deflection for hospital admissions/care closer to home.
- No longer have an inequitable service for Bury population and support the reduction of health inequalities.
- Enable children and families with complex health needs being more stable in the community with improved self-management and therefore reduce demand on Primary Care and Urgent care.
- Reducing health inequalities for children and young people outlined in the CORE20PLUS5.

- Improve the health and wellbeing of the workforce, reduce sickness and use of bank/agency.

Actions required by members

15. Members are asked to:

- Approve option 1's of the business case.

Author of paper

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Contributors of paper

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BUSINESS CASE TEMPLATE SUMMARY	
Scheme Title	Additional resources within the 0-19yrs and CCNT services
Business Case Number and Version	*BBC-105* *V6.2*
Organisations involved / effected	NCA Bury Council NHS, Primary and Secondary Care GM Third Sector
Lead Organisation	NCA
Executive Sponsor	*Will Blandamer- Executive Director, Health and Adult Care - Bury Council* *Deputy Place Based Lead for Health and Care - NHS GM (Bury) and Bury Council* *Working as part of the Bury Integrated Care Partnership*
Lead Managers	*Petra Hayes Bower – Assistant director for nursing* *Natalie Cohen - Lead Nurse- Children's* *Ben Fleming - Directorate Manager- Children's* *Gemma Bowman – Clinical and operational Lead*

Clinical/professional lead	*Wendy Parker - Divisional Director of Nursing/AHP*
Case for Change / issue being addressed	**Health Visiting and School Nursing service (0-19yrs service)** **Statutory/Safeguarding** There has been significant increased demand for the 0-19yrs service in the delivery of the statutory safeguarding functions the service undertakes and is outlined in the greater Manchester Safeguarding procedures. The expectations set within the Bury locality Early Help Strategy will increase the number of children and families being supported with targeted intervention provided by health visitor's and school nurses. Alongside this the services have seen year-on-year increases in the number of children being supported in the safeguarding arena, requiring an Education Health Care Plan (EHCP) and the expectations set out in the SEND Code of practice. Bury as a place is an outlier as it has disproportionate numbers of Children with an EHCP and has experienced year-on-year increases from 2016. Bury has the highest number of requests for EHCP and EHCP issued in the Northwest, and at the start of 2022 it was positioned 22nd out of 151 local authorities for the numbers of EHCP's per head of population. Requests for EHCP have increased by 232.76% from 2016 to 2022, with 246 requests being made this year, January to April 2023. In 2022 there was an average of 49 requests per month, 2023 (January to April) has seen an increase to 61.5 requests per month (Demonstrated in graph 3 on pg. 9). From 2019 to 2021, the number of LAC has increased by 38% for under 5yrs and by 73.8% for those aged 5-18yrs (Demonstrated in graphs 1,2, 4 & 5 below on pg. 8 & 9). The increased demand has resulted in the 0-19yrs service being unable to: • Meet the commissioning requirements detailed in the tables below.

Quarter	KPI	Performance %
(1) 22/23	**Number Antenatal 28 Week Examination**	8/8 (100%)
	Breastfeeding prevalence at 6 to 8 Weeks After Birth	20.59%
	6 + 8 Week Reviews	68.82%
	New Birth Visits completed within 14 days	34.80%
	New Birth completed after 14 days	51.63%
	12 Month Review within 12 months	65.38%
	12 Month Review Within 15 Months	62.08%
	2 and 2 ½ Year within 2 ½ Years	62.76%
	2 and 2 ½ Reviews completed with ASQ	100%
Quarter	**KPI**	**Performance %**
(2) 22/23	**Number Antenatal 28 Week Examination**	12/12 (100%)

		Breastfeeding prevalence at 6 to 8 Weeks After Birth	20.83%
		6-8 Week Reviews	68.65%
		New Birth Visits completed within 14 days	34.70%
		New Birth completed after 14 days	54.02%
		12 Month Review within 12 months	53.92%
		12 Month Review Within 15 Months	74.63%
		2 and 2 ½ Year within 2 ½ Years	60.46%
		2 and 2 ½ Reviews completed with ASQ	100%
	Quarter	**KPI**	**Performance %**
	(3) 22/23	**Number Antenatal 28 Week Examination**	8/8 (100%)
		Breastfeeding prevalence at 6 to 8 Weeks After Birth	22.77%
		6 to 8 Week Reviews completed	61.20%
		New Birth Visits completed within 14 days	32.01%
		New Birth completed after 14 days	56.47%
		12 Month Review within 12 months	61.36%
		12 Month Review Within 15 Months	60.11%
		2 and 2 ½ Year within 2 ½ Years	56.57%
		2 and 2 ½ Reviews completed with ASQ	100%
	Quarter	**KPI**	**Performance %**
	(4) 22/23	**Number Antenatal 28 Week Examination**	3/3(100%)
		Breastfeeding prevalence at 6 to 8 Weeks After Birth	16.82%
		6 to 8 Week Reviews completed	44.96%
		New Birth Visits completed within 14 days	27.18%
		New Birth completed after 14 days	43.69%
		12 Month Review within 12 months	59.40%
		12 Month Review Within 15 Months	67.91%
		2 and 2 ½ Year within 2 ½ Years	56.44%
		2 and 2 ½ Reviews completed with ASQ	100%

**** Agreement following COVID with public health to allow new birth visit to be completed within 21 days in line with NICE guidance as a temporary measure.***

Quarter 1 2023/2024 Full details.

Assessment	April 23		May 23		June 23	
Antenatal	**5**		**2**		**5**	
New birth within 14 days	In No.	**53**	In No.	**62**	In No.	**65**
	Total Patients	**164**	Total Patients	**164**	Total Patients	**182**
	In %	**32.32**	%	**37.80**	%	**35.71**
New birth after 14 days	In No.	**107**	In No.	**96**	In No.	**91**
	Total Patients	**164**	Total Patients	**164**	Total Patients	**182**
	In %	**65.24**	%	**58.54**	%	**50.00**
6 – 8 weeks	In No.	**136**	In No.	**127**	In No.	**114**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**159**
	In %	**76.84**	In %	**75.15**	In %	**71.70**
Breastfeeding prevalence at 6 – 8 weeks	In No.	**41**	In No.	**41**	In No.	**34**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**160**
	In %	**23.16**	In %	**24.26**	In %	**21.25**
Partially breastfeeding at 6 – 8 weeks	In No.	**35**	In No.	**31**	In No.	**22**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**160**
	In %	**19.77**	In %	**18.34**	In %	**13.75**
Not breastfeeding at 6 – 8 weeks	In No.	**58**	In No.	**59**	In No.	**59**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**160**
	In %	**32.27**	In %	**34.91**	In %	**36.88**
	In %		In %		In %	
12 months review within 12 months	In No.	**115**	In No.	**100**	In No.	**121**
	Total Patients	**161**	Total Patients	**159**	Total Patients	**176**
	In %	**71.43**	%	**62.89**	%	**68.75**
12 months review within 15 months	In No.	**151**	In No.	**115**	In No.	**151**
	Total Patients	**197**	Total Patients	**157**	Total Patients	**188**
	In %	**76.65**	%	**73.25**	%	**80.32**
2 - 2 ½ years review within 2 ½ years	In No.	**123**	In No.	**100**	In No.	**117**
	Total Patients	**206**	Total Patients	**178**	Total Patients	**195**
	In %	**59.71**	%	**56.18**	%	**60.00**
2 - 2 ½ years review using ASQ - 3	In No.	**111**	In No.	**99**	In No.	**143**
	Total Patients	**122**	Total Patients	**109**	Total Patients	**151**
	In %	**90.98**	%	**90.83**	%	**94.70**
Number of children who were at or above the expected level in Communication skills	In No.	**101**	In No.	**90**	In No.	**128**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**143**
	In %	**90.99**	%	**90.91**	%	**89.51**
Number of children who were at or above the expected level in Gross Motor Skills	In No.	**100**	In No.	**94**	In No.	**135**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**90.09**	%	**94.95**	%	**90.07**
Number of children who were at or above the expected level in	In No.	**104**	In No.	**96**	In No.	**136**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**93.69**	%	**96.97**	%	**95.77**
Number of children who were at or above the expected level in Problem Solving	In No.	**101**	In No.	**94**	In No.	**129**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**90.99**	%	**94.95**	%	**90.85**
Number of children who were at or above the expected level in	In No.	**101**	In No.	**94**	In No.	**130**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**90.99**	%	**94.95**	%	**91.55**
	In No.	**95**	In No.	**86**	In No.	**119**

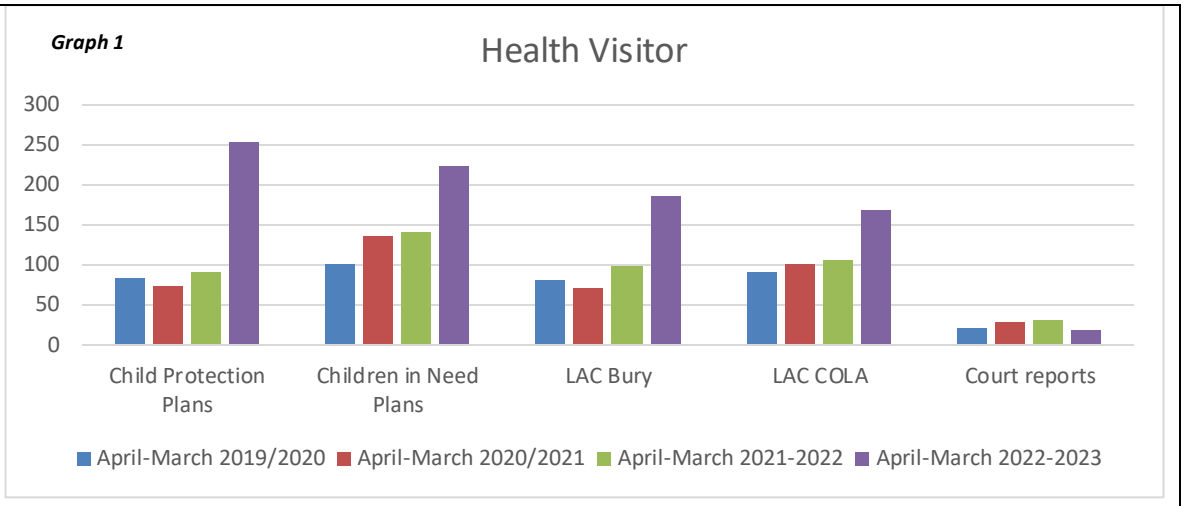
Number of children who were at or above the expected level in All 5 Skill	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**85.59**	%	**86.87**	%	**83.80**

Health is required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children at risk of harm and abuse. The table below details the safeguarding activities required to adhere to this regulation.

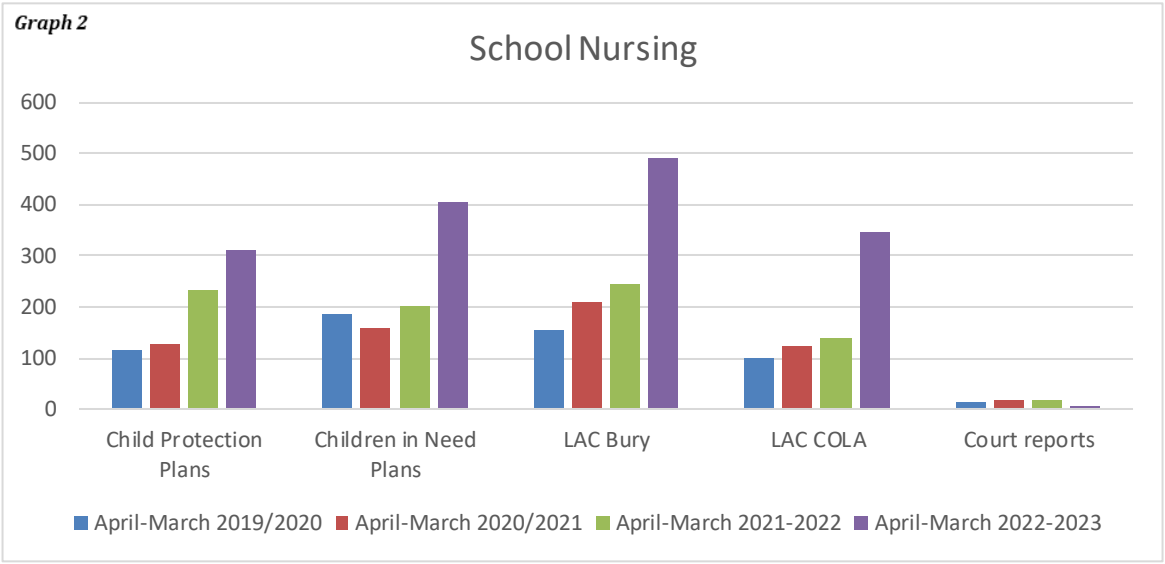
Statutory functions	Partially compliant	Fully compliant
Court Reports		√
LAC Reviews	√	
LAC Health Assessments	√	
Strategy Meetings	√	
Multi Agency Safeguarding Hub (MASH) information sharing & (Multi Agency Risk Assessment Conference) MARAC		√
Attendance at Initial Case Conferences	√	
Report provided for initial Case Conference		√
Attendance at Core group	√	
Attendance at Review Case Conferences	√	
Report provided for Review Case Conference		√
Attendance at Child In Need meeting	√	
Attendance at TAF/Early help meeting (where health needs are identified)	√	
Safeguarding Supervision for all case holders	√	
Level 3 safeguarding children and adult training		√

- Meet all the statutory safeguarding functions increasing the risk of harm to our most vulnerable children and widening the inequalities gaps.
- Assess all children at each critical stage, increasing the risk of children's health needs being missed.
- Complete all statutory LAC review health assessments resulting in 69 (21%) breaches (children not receiving their health assessments within the statutory time frame) between May 2022 and March 2023 (Demonstrated in graph 4 & 5 below). Increasing the risk of delayed identification of need and support to our most vulnerable children.
- Attend all the statutory LAC review meeting.
- Meet all the requirements of the early help strategy, increasing the risk of deterioration of health and escalation of need and support.

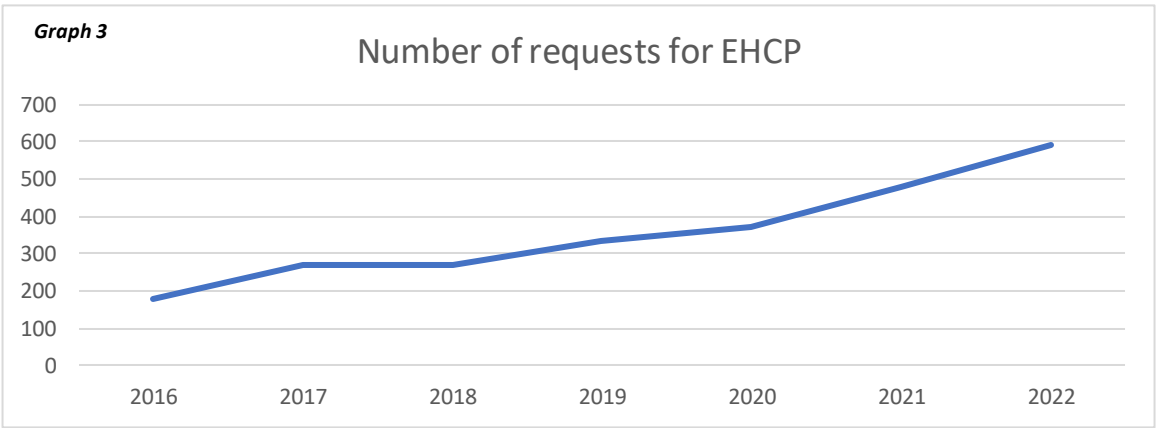
Graph 1



Graph 2

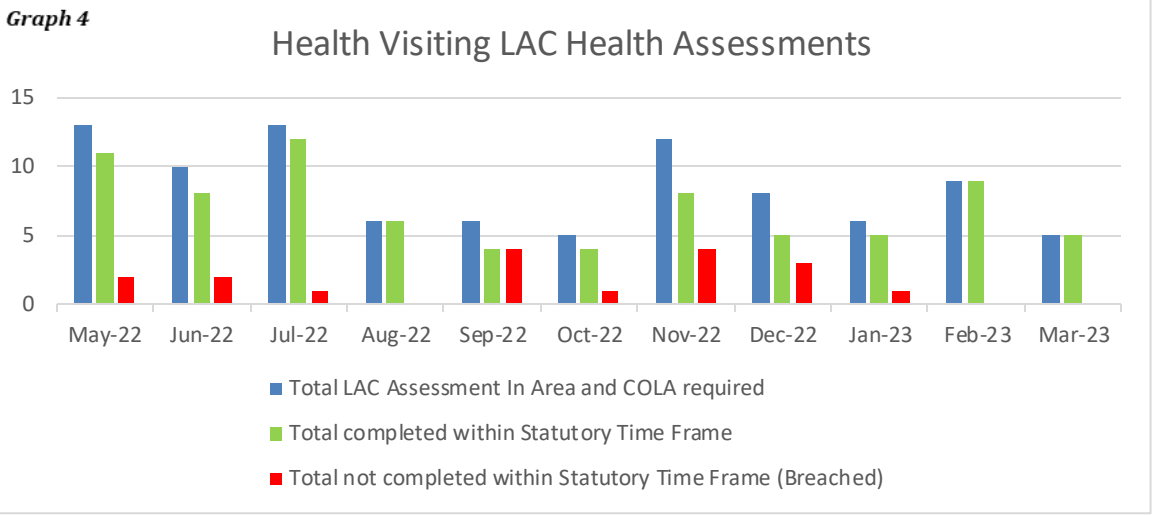


Graph 3

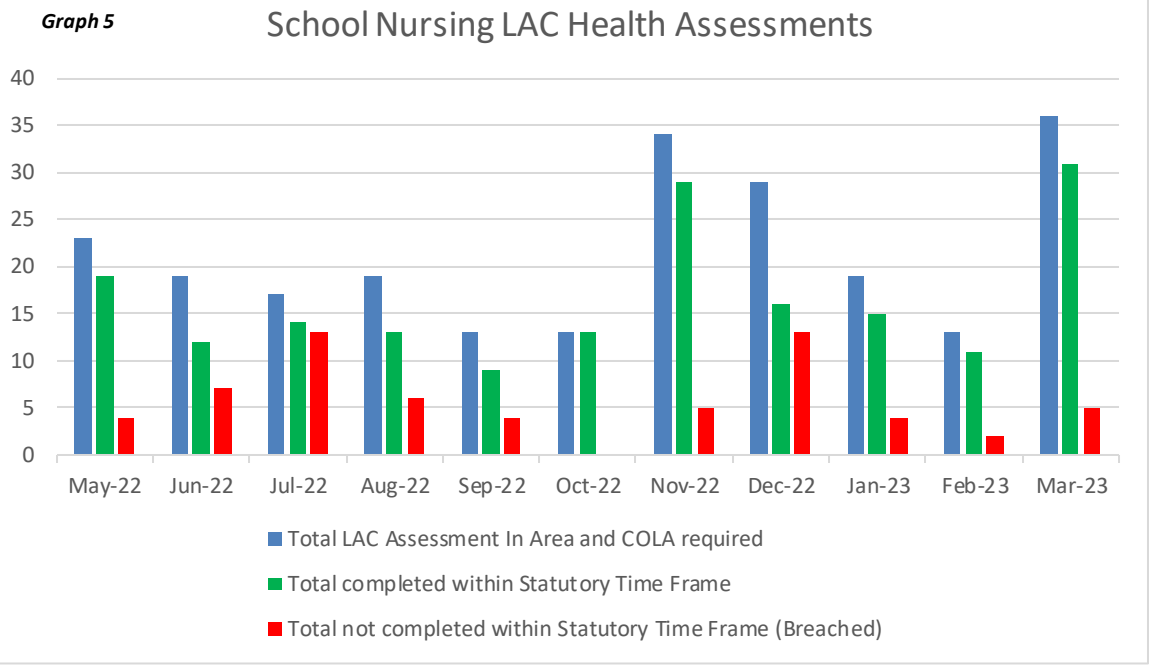


If the requests for EHCP continue at an average of 61 per month the projection for the end of 2023 would be approximately 734.

Graph 4



Graph 5



The 0-19yrs services are best placed as public health specialists to be the lead health professional when undertaking statutory safeguarding responsibilities. They are not the only health services who could undertake this role. A Bury system wide task and finish group was established, at the request of the Children's Strategic Partnership Board, to consider the opportunities across the wider health economy for other health providers e.g., GP, Learning Disabilities and Mental Health Services to take on the lead health professional role to support the 0-19yrs services. The outcome of the task and finish group has concluded that there are relatively few cases they are actively involved in that can be led by health professionals other than 0-19yrs services. Capacity of other health services was identified as the rationale for these services being unable to provide the lead professional role.

Bury Local Authority are working to address the increased numbers of children within the safeguarding arena and are implementing a 'Family Safeguarding' model (Appendix 1

Hertfordshire Family Safeguarding). The evaluation of this model following implementation across several local authorities in England suggests an average reduction of slightly under 20% of children requiring a Child Protection Plan (CP) for children under 12yrs and a 12% reduction in the number of new children entering care aged 12 and younger. Looking at the data for Bury it is anticipated there would be a reduction of approximately 30 fewer children at any one point in time who would require a CP plan. The impact of this will accrue from reduced time resource dedicated to supporting the associated processes, the initial case conferences, core groups and review CP meeting. Looking at last year's figures this would have meant a reduction of 38 initial case conferences, 306 core groups and 91 CP review meetings. The above should be caveated with the fact that, whilst we expect to see a reduction in the number of children who require CP planning, we will likely see a rise in the number of children supported via Child In Need (CIN) planning. The time released for our 0-19yrs service will then allow for the increase in CIN cases and provide an opportunity for the service to be the lead professional for those requiring early help support.

Mandated

Health Visitors and School Nurses are qualified nurses or midwives who have completed further education to degree level to become specialist community public health nurses (health visitors/school nurse). They deliver the mandated Healthy Child Programme (HPC) which is an evidence-based programme and any adaptation will have an impact on its fidelity. All children are offered a core set of visits/contacts set out within the HCP with those requiring additional support having a tailored service around these needs (details of the core set of visits/contacts, HCP and the delivery models can be found in Appendix 2). In addition, the services support the 6 high impact areas listed below:

- Improving planning and preparation for pregnancy
- Supporting parental mental health
- Supporting healthy weight before and between pregnancy
- Reducing the incidence of harms caused by alcohol in pregnancy
- Supporting parents to have a smokefree pregnancy
- Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies

The importance of prevention and early intervention lifestyles and habits established during childhood, adolescence and young adulthood influence a person's health throughout their life. For example, up to 79 per cent of obese adolescents remain obese in adulthood, and adolescents who binge drink are 50 per cent more likely to be dependent on alcohol or misusing other substances when they reach the age of 30. Failure to meet the health needs of children and young people stores up problems for the future. The case for prevention and early intervention is reinforced by the long-term costs of inaction or delay. For example, weight-related problems are forecast to cost £50 billion to the wider economy by 2050.

'Securing Our Future Health' demonstrated the importance of public engagement with health, a process which is only likely to be successful if it starts early in life. A focus on prevention and early intervention also has a vital role to play in breaking the cycle of

health inequalities within families, many problems present in early childhood and adolescence, making these crucial stages for interventions. The delivery of the HCP provides the opportunity for children's developmental needs to be assessed and targeted specialist support offered when a child is not meeting the standards required.

The tables below provide on overview of the position within Bury for pregnancy and early year and economic and safeguarding. The following areas below are worse than the national position:

- 22.6% of our mothers are obese during early pregnancy.
- We have a 5.4% infant mortality rate.
- 3% of our babies are born at a low birth weight at term.
- 57% of mothers breastfeed at birth compared to 71.7% nationally (data is indicating that breastfeeding at 6-8 weeks has declined significantly since COVID).
- 23.4% of our children are overweight at 5 years old.
- 35% of 5 years old have visually obvious dental decay which is significantly higher than 23.4% nationally.
- 21.5% of our under 16s live in a relative low income family with 17% living in a low income family.
- Hospital admissions caused by intentional/accidental injury 0-14yrs.
- Emergency hospital admissions under 5 years.
- Rates of referrals to children services.
- Children who are subject to CP plan and CIN plan and percentage of re referrals to children's social within 12 months of previous referral.

However below are the areas where Bury is achieving better than the National %:

- We have continued to have exceed the National average for a Good Level of Development for children entitled to Free School Meals
- Children with EHCP's in Bury exceed the National average in achieving a Good Level of Development but with SEN without an EHCP are below the National average by over 3%
- We have good vaccination uptake rate achieving slightly above the national average with most of the childhood immunisations. The uptake of the 2-3 year Flu vaccine is comparably low to the National uptake, however, the primary school uptake is significantly higher than the National average with Bury achieving a population uptake of 65.7% ahead of the National figure of 57.4%.

Pregnancy and early years

Measure	Bury %		National %		Year
Under 18s conception rate / 1,000	→	13.5	→	13	2020
Under 16s conception rate / 1,000	→	1.7	→	2	2020
Obesity in early pregnancy	Not enough data to measure	22.6	Not enough data to measure	22.1	2018/19
Smoking in early pregnancy	Not enough data to measure	11.1	Not enough data to measure	23.4	2018/19
Smoking status at time of delivery	↓	8.8	↓	9.1	2021/22
Infant mortality rate	Trend cannot be calculated	5.4	Trend cannot be calculated	3.9	2019/21
Low birth weight of term babies	→	3	→	2.8	2021
Babies first fed breastmilk	Not enough data to measure	57.1	Not enough data to measure	71.7	2021
Percentage of 2 year-old children benefitting from funded early education places	↑	77	↑	72	2022
School Readiness: Percentage of children achieving a good level of development at the end of Reception*	↓	63.3	↓	65.2	2021/22
School Readiness: Percentage of children with free school meal status achieving a good level of development at the end of Reception*	↓	50.2	↓	49.1	2021/22
Percentage achieving Good Level of Development – Foundation Stage – children with EHCP *	No data prev 2 yrs	5.3	No data prev 2 yrs	3.6	2022
Percentage achieving Good Level of Development – Foundation Stage – SEN children with no EHCP *	No data prev 2 yrs	19.6	No data prev 2 yrs	22.9	2022
Reception: prevalence of overweight (including obesity)	→	23.4	→	22.3	2021/22
Percentage of 5 year olds with visually obvious dental decay	Not enough data to measure	35.2	Not enough data to measure	23.4	2018/19

→ No significant change	↑ Increasing & getting better	↓ Decreasing & getting better	↑ Increasing & getting worse	↓ Decreasing & getting worse

Measure	Bury %		National %		Year
DTap/IPV/Hib (Diphtheria, Tetanus, acellular Pertussis (Dtap) / Inactivated Polio Vaccine (IPV) /Haemophilus influenza type b (Hib)) (1 year old)	→	92.5%	→	91.8%	2021/22
DTap/IPV/Hib (Diphtheria, Tetanus, acellular Pertussis (Dtap) / Inactivated Polio Vaccine (IPV) /Haemophilus influenza type b (Hib)) (2 years old)	→	93.9%	→	93%	2021/22
PCV (pneumoccal conjugate) (12 weeks old)	→	94.1%	→	93.2%	2021/22
Rotavirus (Rota) (1 year)	↑	88.9%	→	89.9%	2021/22
MenB (1 year)	↑	92.1%	→	91.5%	2021/22
Hib / Men C booster (Haemophilus influenza type b / meningoccal C) (2 years old)	→	90.4%	→	89%	2021/22
Hib / Men C booster (Haemophilus influenza type b / meningoccal C) (5 years old)	→	92.2%	→	92.4%	2017/18
PCV booster (pneumoccal conjugate) (1 year old)	→	90.2%	→	89.3%	2021/22
MMR (measles, mumps and rubella) for one dose (2 years old)	→	91%	→	89.2%	2021/22
MMR (measles, mumps and rubella)for one dose (5 years old)	→	94.8%	→	93.4%	2021/22
MMR (measles, mumps and rubella)for two doses (5 years old)	→	87.3%	→	85.7%	2021/22
Flu (influenza) (2-3 years old)	→	44.8%	→	50.1%	2021/22

→ No significant change	↑ Increasing & getting better	↓ Decreasing & getting better	↑ Increasing & getting worse	↓ Decreasing & getting worse

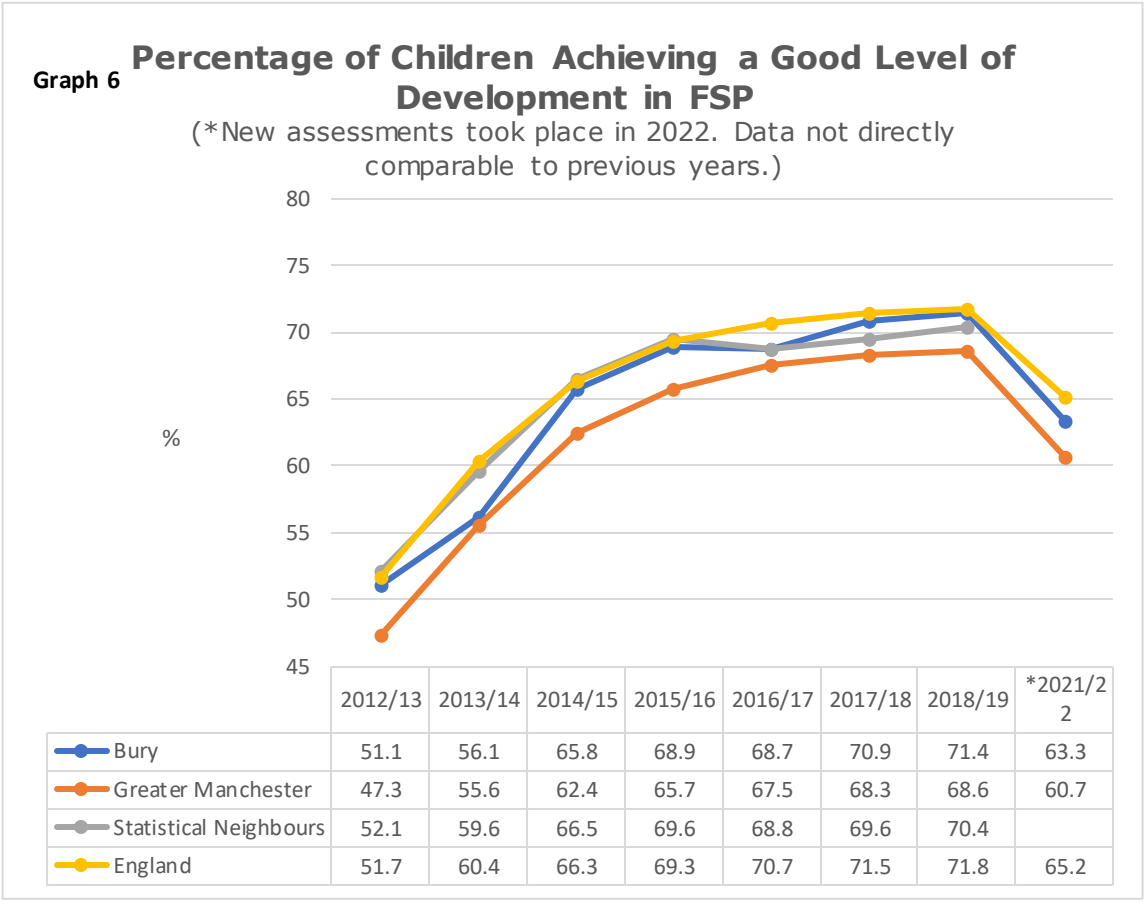
Economic and safeguarding

Measure	Bury %		National %		Year
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act – per 1,000	Could not be calculated	12.7	Could not be calculated	14.4	2021/22
Children in absolute low income families (under 16s)	↓	17	↑	15.1	2021/22
Children in relative low income families (under 16s)	→	21.5	↑	18.5	2021/22
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) – per 10,000	Could not be calculated	139.7	Could not be calculated	103.6	2021/22
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) – per 10,000	Could not be calculated	90.8	Could not be calculated	84.3	2021/22
Emergency hospital admissions for injuries in under 5 years old, crude rate – per 10,000	Could not be calculated	210.4	Could not be calculated	119.3	2016/17 – 20/21
Rates per 10,000 of referrals to Children's Social Services	↑	780.5	↑	537.7	2022
Children Looked After rate, per 10,000 children aged under 18	→	82	→	70	2022
Number of Looked After Children	→	359	→	82,170	2022
Children who are the subject of a Child Protection Plan – rate per 10,000	↑	53.3	→	42.1	2022
Children in Need rate per 10,000	↑	377	→	334.3	2022
Percentage of re-referrals to children's social care within 12 months of the previous referral	→	23.9	→	21.5	2022
Percentage children at 31 March with three or more placements during the year	→	10	→	10	2022
CLA – Long Term placement Stability – Living in the same placement for at least 2 years, or ae placed for adoption and their adoption and their adoptive placement together with their previous placement, last for at least 2 years (%)	→	71	→	71	2022
Percentage of Looked After Children adopted in year	↑	14	→	10	
% of children who became the subject of a plan for a second or subsequent time	→	26	→	23.3	2022
Emotional and Behavioural Health of Looked After Children *	→	14	→	13.8	2022

→ No significant change	↑ Increasing & getting better	↓ Decreasing & getting better	↑ Increasing & getting worse	↓ Decreasing & getting worse

As detailed in the graph below Bury has seen a decline in the numbers of children achieving a good level of development which is lower than the England average.

Graph 6



	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	*2021/22
Bury	51.1	56.1	65.8	68.9	68.7	70.9	71.4	63.3
Greater Manchester	47.3	55.6	62.4	65.7	67.5	68.3	68.6	60.7
Statistical Neighbours	52.1	59.6	66.5	69.6	68.8	69.6	70.4	
England	51.7	60.4	66.3	69.3	70.7	71.5	71.8	65.2

The 0-19yrs services primary aim is to deliver public health messages and provide early intervention to prevent escalation. Understanding and managing long term conditions and normal childhood illness is a critical element of the role. Providing this can support

the wider system and reduce pressures within primary and secondary care. The table below shows the total attendances for minor illness and Complaint at Emergency Departments (ED) across NCA, including NMGH. The average saving across both financial years and assumptions below is estimated to be £197,882 deflected from ED. Resulting in less clinical costs and Improved impact for children and young people. See Appendix 10 for full details.

Financial Year	Total Attendances
2020/2021	5886
2021/2022	11,049
2022/2023*	9,624

			Saving		
Financial Year	Total Attendances	Total A&E Cost	10%	20%	30%
2021/2022	11,049	£1,024,502	£102,450	£204,900	£307,351
2022/2023*	9624	£954,317	£95,432	£190,863	£286,295

Partners

The successful delivery of the HCP can only be achieved as part of an integrated approach to supporting children and families. Bury has seen a significant reduction from NHS, local authority and third sector/charities in the provision of Early Help services available for children and families. Over the years some examples of these include:

- Children centre outreach
- SCIL (Social, Communication and Learning Team)
- Stay and Play
- Baby massage
- Family cooking and home safety
- Support with applications for two years funding
- Grant application for fund (SEND children)
- Buttle Trust (beds and white goods and porch box provision)
- Homestart offer reduced
- IAPT (Improving Access to Psychological Therapies)

Alongside the reduction of services available there is increasing pressures within health and partner services resulting in children and families having to wait significant periods of time while awaiting assessment and support. An example of this can be seen within:

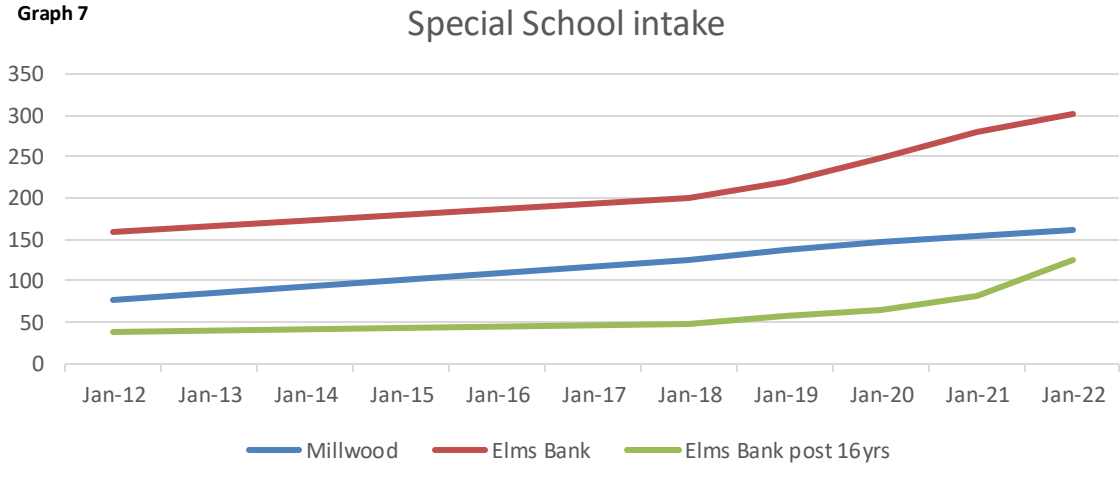
- Children Adolescent Mental Health services (CAMHS) who had reported waits of approximately 18 months in 2023.
- Community Paediatric's 36 weeks
- Salt wait times for priority 3 (Routine) waits currently sit at 60 Weeks. Priority 1 children typically referred into the service for Dysphagia are prioritised and seen within 2 weeks due to clinical need.

While these children and families, who are often in crises at the point of referral are awaiting assessment/support, they are signposted to the 0-19yrs services who don't have the specialist skills to meet their needs, however they continue support and engage with the family in this interim period.

As a consequence, the impact of changes to pathways and commissioning across the system, coupled with long waiting lists, the 0-19 services are unable to relinquish responsibility, impacting on capacity within the 0-19 services as well as practitioners wellbeing.

This reduction of services available from partner agencies has had a direct impact on the workload of the 0-19yrs services and likely to be a contributing factor to the disproportionate numbers of children with an EHCP. There is system wide recognition of the limited early help services available, this is further compounded by the increase in complexity of needs for children and families. Graph 7 demonstrates the increase of pupils attending specialist school provision which has seen an increase of 223% for Elmsbank post 16yrs, 109% for Millwood and 91% for Elmsbank. Despite these increases there are further plans to increase the numbers alongside the opening of another specialist provision school in January 2024, initially it will take 40 students increasing the capacity to 80 and has further plans to open a further 2 specialist provision schools. This is out of the scope of this business case and additional staffing requirements have not been included.

Graph 7



Demand

Health visiting Caseload capacity and demand

The tables (Health Visiting & School Nursing Activity) below identify the capacity and demand for our 0-19yrs services, which is demonstrated in hours. The tables detail the activities the services must complete, the numbers and duration in hours of each activity. The options developed as part of this business case has been based on the workforce capacity gap identified in these tables. The tasks identified below are what is expected of the service, however currently the services cannot deliver all expectations in full. When reviewing the ask using the figures in the tables below 20% will be added. This is because the information in the tables have been based on every hour being accounted for 52 weeks of the year. The 20% accounts for annual leave, mandatory training, clinical and safeguarding supervision that staff are required to undertake.

Health Visiting				
Band delivering the activity	Activity	Average numbers per month	Hours taken per activity	Total hours per month
6	Child in Need	130	5	650
6	Child Protection	183	7	1281
6	Team Around the Family /1:1 support	31	4	124
6	Court Reports	2	8	16
6	Ante natal	175	3	525
6	Looked After Children (Bury and COLA)	236	3.5	826
6	SEND health Information and family support	16	3.5	56
6	Duty	585	1	585
6	New Birth Assessment	175	3	525
6	6-8 w eek Assessment	175	3	525
6	8-12 months Assessment	35	3	105
4	8-12 months Assessment	140	2	280
6	2-2.5 months Assessment	35	3	105
4	2-2.5 year Assessment	140	2.5	350
6	Baby clinics	22	3.5	77
6	additional - chasing referrals/support/referrals/telephone calls	500	2	1000
4	Weaning, Baby and Me, Tiny Conversion groups	10	3.5	35
4	Packages of care / Early Help Support	110	2	220
6	movements in and out	117	3	351
6	Peer support/clinical supervision	39.37	10	393.7
4	Peer support/clinical supervision	11.07	10	110.7
6	4B Assessment	35	3	105
4	4B Assessment	140	2.5	350

The table above demonstrates the capacity required to deliver all the elements of the Health Visiting service. This is broken down into capacity per banding and indicates a deficit of 10.69 WTE band 6 hours (1737.9 hours per month), based on the current staffing model (Full details can be seen in Appendix 3). Whilst the deficit shows the need 10.69 WTE it is recognized that skill mix within the service would support service delivery and ensure a more cost-effective use of resources. Bury does not have band 5 post. Band 5 nurses are able to deliver some elements of the HCP, Early Help and Safeguarding. Therefore the 10.69 WTE required + 20% (13WTE) will be a combination of bands (full details can be seen in Appendix 3).

Calculation of WTE required: 1737.9 hours per month X12 = 20,854.8 hours per year ÷ 52 = 401.05 per week ÷ 37.7 = 10.69 WTE + 20% = 12.828 (13 WTE)

School Nursing Caseload capacity and demand

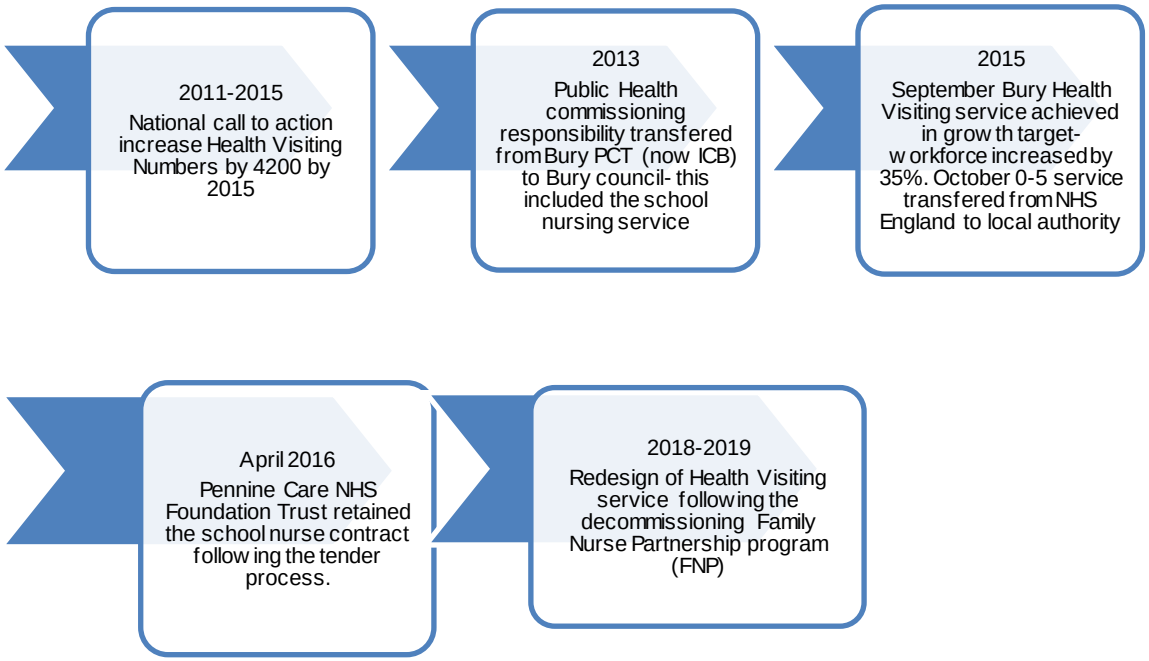
School Nursing Activity (Capacity and Demand)				
Band delivering the activity	Activity	Average numbers per month	Hours taken per activity	Total hours per month
6	Child in Need	223	5	1115
6	Child Protection	158	7	1106
6	Team Around the Family/Team Around the School	40	3	120
5	Team Around the Family/Team Around the School	160	3	480
6	Court Reports	2	15	30
5	Looked After Children (Bury and COLA)	37	7	259
6	SEND health Information and family support	25	1.5	37.5
5	SEND health Information and family support	25	1.5	37.5
6	Duty	650	1	650
5	Duty	300	1	300
6	Referrals for 1:1	65	3	195
5	Referrals for 1:1	20	3	60
6	Drop in	45	7.5	337.5
6	Other- chasing referrals, SW movements in and out	60	1	60
6	Medical training and care planning	20	5	100
5	Medical training and care planning	27	5	135
6	Health promotion	10	2	20
5	Health promotion	26	2	52
3	Health promotion	25	7.5	187.5
3	Starlight programme (emotional health and w ellbeing)	10	3	30
3	Assessing A&E admissions	2500	0.25	625
6	Peer support/clinical supervision	11.12	10	111.2
5	Peer support/clinical supervision	5.05	10	50.5
3	Peer support/clinical supervision	5.11	10	51.1
			TOTAL	6149.8

The table above identifies the capacity required to deliver all the requirements of the School Nursing Service. This is broken down by capacity to deliver by each band and indicates a band 6 deficit of 14.19 WTE (2306.6hrs per month). Band 5 deficit 4.4 WTE (717.5hrs per month). Band 3 deficit 1.41 WTE (229.3hrs per month). Whilst the deficit indicates the need for 14.19 WTE band 6 in line with the new delivery model (which has recently been piloted) and to ensure the most cost-effective use of resource we have reviewed the above and incorporated skill mixing within the ask. Therefore, the total deficit of 20.02 WTE required + 20% (24.02WTE) will be a combination of bands. In addition, 1.5 WTE band 7 have been included making a total ask of 25.52WTE. This is to support the new delivery model being implemented (Full details can be seen in Appendix 4).

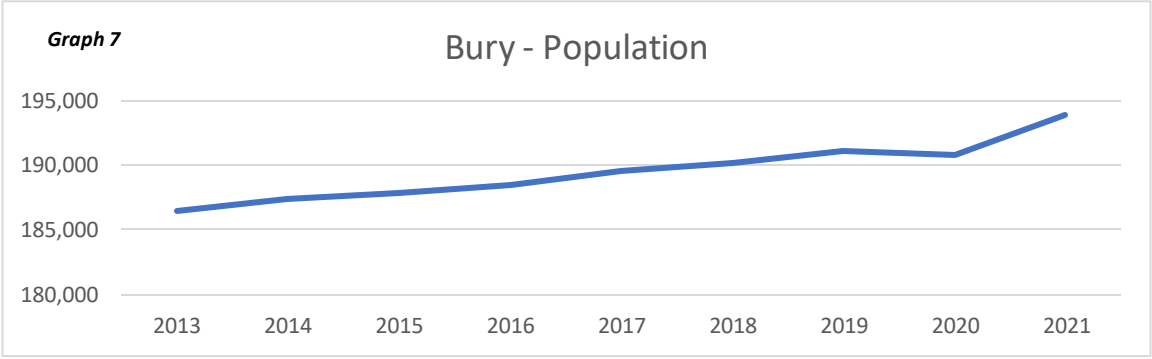
Calculation of WTE required: 2306.6 + 717.5 + 229.3 = 3253.4 hours per month X12 = 39040.79 hours per year ÷ 52 = 750.78 per week ÷ 37.7 = 20.02 WTE + 20% = (24.02 WTE)

Historic/Local Context:

Compounded by the COVID pandemic and reducing resources across the children's health and social care economy, the services have reached a critical point. They are no longer able to meet their commissioned requirements of the mandated public health HCP and meet the statutory/safeguarding functions without investment or adjustment of expectation from partners. The 0-19yrs Services have been subject to increased demand year on year for a significant period with no national or local investment.



Alongside this Bury population has seen an increase of 7300 children (3.91%) from 2013 to 2021.



Within the children's directorate the senior leadership staffing structure has two 8a's (one Lead Nurse and one Clinical and Operational Lead) with the responsibility of operational/managerial, performance/financial, workforce and quality for the following services:

- Health Visiting made up of 5 teams
- School Nursing made up of 5 team
- School Immunisations team

- Special Schools made up of 2 schools and the post 16 hub
- Children Community Nursing Team
- Paediatric physiotherapy team
- Paediatric Occupational therapy team
- Paediatric Speech and Language Therapy team
- Community paediatric outpatients (Fairfield)
- All age Community eye service

Due to the number of services/teams the two 8a post holder are responsible for they are unable to provide the leadership required to ensure continual service improvement and quality of care. Providing the management, clinical/professional leadership, engaging with quality improvement initiatives required is extremely challenging and remains problematic. The lack of practice-based educators or quality matrons to support staff to continually develop and have the necessary mandatory and clinical skills required to deliver safe and effective services adds to the challenges.

In comparison within HMR and Oldham there is dedicated 8a leadership for both School Nursing and Health Visiting providing the clinical and professional expertise, supporting service development and delivery.

Children's Community Nursing Team

The RCN document, 'Defining staffing levels for children and young people's services: Standards for clinical professionals and service managers' recommends that all CCNT (Childrens Community Nursing (CCN) Team) should have for an average-sized district with a child population of 50,000, a minimum of 20 WTE community children's nurses who are required to provide a holistic CCN service in addition to any individual child-specific continuing care investment. Bury has a child population of 47,700 with a registered workforce of 14.18WTE (in addition currently 1WTE band 7 PNP post funded until March 2023) therefore would require an additional 4.82WTE registered staff to achieve this standard. The table below demonstrates across the NCA CCNT's where this standard is or not met.

Data from the ONS census 2022: Child population

Area	Total all age population	Aged 4yrs and under	Aged 5yrs to 9yrs	Age 10yrs to 14yrs	Age 15yrs to 19yrs	Total population 0-19yrs	Meet standard 20 registered WTE per 50,000 (1WTE per 2500 children)	WTE over/under the minimum recommended staffing level
Bury	193,800	11,200	12,500	12,800	11,200	47,700	Standard Not Met	Under 4.82
Oldham	242,100	16,000	17,400	18,100	16,300	53,400	Standard Met	Over 4.50
Rochdale	223,800	14,600	15,500	15,700	13,500	59,300	Standard Met	Over 2.00
Salford	269,900	17,300	16,700	16,100	15,500	65,600	Standard Not Met	Under 4.70

*****Information taken from NCA Children and Young People Service Review March 22 to June 22- led by Jude Adams*

In addition to the recommended staffing levels the service should also have a senior clinical lead (band 8a) to support the delivery and ongoing development of the service, through operational management, clinical leadership, and professional leadership. The

workforce should have the right skills and competences to do the right job at the right time and in the right place. To achieve this, Bury would need to have specialist posts for, Asthma/respiratory, Complex/EoL/Palliative, Transition/Continuing care. There was no historic funding from the CCG to fund these posts.

The tables below detail the staffing within the CCNT across the NCA and what specialist post each area has.

Staffing Levels in CCNT									
Area	Band 8	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total	Child population
Bury	0.00	2	5.04	6.14	0	1.00	1.00	15.18	47,700
Oldham	1.00	6.23	9.33	9.27	1.18	1.67	1.40	30.18	53,400
Rochdale	1.00	13.30	4.00	7.50	0.00	2.80	1.00	29.60	59,300
Salford	2.00	5.00	8.12	6.42	0.00	0.00	1.00	22.54	65,600

**Information taken from NCA Children and Young People Service Review March 22 to June 22 – led by Jude Adams*

As demonstrated in the tables above Bury has the greatest deficit in meeting the recommended minimum staffing levels across the NCA, and whilst Salford also has a deficit the services does have the benefit of more than double the WTE of senior position (band, 8, 7 and 6) than Bury. In Bury the senior positions make up 46% of the workforce, in Oldham its 54% of the workforce, in Rochdale its 61.82% and in Salford 67.08%. This is further compounded by lack of specialist posts within Bury posts (see table below)

Specialist post in CCNT						
Area	Band 8	Role	Band 7	Role	Band 6	Role
Bury	0.00		1.00 1.00 1.00 1.00	PNP Team Lead Diabetes specialist nurse for Bury who sits within in the acute service Epilepsy specialist	1.00	Complex Care
Oldham	1.00	Clinical Lead	2.23 1.00 1.00 1.00 1.00	PNP Team Lead Palliative Care Diabetes Epilepsy	0.61 0.80 1.82 0.80	Epilepsy Asthma Complex Transition
Rochdale	1.00		8.60 1.00 0.70 1.00 1.00	PNP Team Leader Diabetes Specialist Nurse Complex/palliative Epilepsy		
Salford	1.00 1.00	Clinical lead Diabetes nurse specialist	1.00 1.00 1.00 1.00 1.00	Clinical Practice educator Operational Epilepsy Continuing care lead Asthma nurse specialist	1.00	Diabetes

**Information taken from NCA Children and Young People Service Review March 22 to June 22- led by Jude Adams*

Bury is an outlier across NCA as the only care area without specialist posts in Asthma/respiratory, Complex/EoL/Palliative, Transition/Continuing Care leading to an inequitable service provision, widening the inequalities gap. Children and families in Bury therefore have no specialist community clinics or provision. This results in children and families not receiving the appropriate clinical care at the right time, in the right place, therefore delaying treatment and support. These specialist posts not only support children and families receiving the right specialist clinical care they also support deflections from Secondary, Primary and Tertiary care. The specialist provision across

<table>
<tr><td></td><td>the NCA, enables good quality care to be delivered by skilled and knowledgeable practitioners, ensuring NICE guidance and care standards are met, safe delivery of the service by developing the workforce through clinical and professional leadership.

By developing the service and introducing the specialist posts; Advanced Clinical Practitioner, Asthma/respiratory, Complex/Eol/palliative, Transition, and additional band 6 hours the service will meet the recommended staffing levels identified in 'The RCN document, 'Defining staffing levels for children and young people's services: Standards for clinical professionals and service managers' and would be able to meet all the requirements listed below:

• To meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role.
• Provide good palliative care. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community.
• Support early discharge and providing care closer to home.
• Support deflection from Secondary, Primary and Tertiary care.
• Achieve the 10 GM care standards for asthma - based on the national guidelines
• Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs.
• Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS.
• Community engagement for World Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign

Understanding and managing long term conditions and normal childhood illness is a critical element of the CCNT role. Providing this can support the wider system and reduce pressures within primary and secondary care. As detailed earlier in the paper. The average saving across both financial years and assumptions below is estimated to be £197,882 deflected from ED. Resulting in less clinical costs and Improved impact for children and young people.</td></tr>
<tr><td>Options
Include:-
Strategic Case
clinical
Economic Case
Financial Case
Do nothing</td><td><u>Proposed staffing model options to address the deficit within Health Visiting and School Nursing</u>

<u>Option 1</u> – recruitment of the posts below, to be implemented over a 3 year period.

<table>
<tr><td>School Nursing
• 1.5 WTE Band 7 Team Leader
• 5.68 WTE Band 6
• 12.45 WTE Band 5
• 4.89 WTE Band 3
• 1.0 WTE Band 6 Practice Educators</td><td>Health visiting
• 1.0 WTE Band 8a Clinical & professional lead
• 2.0 WTE Band 6 SEND HV
• 3.0 WTE Band 6 Enhanced HV
• 6.0 WTE Band 5 Staff nurses
• 1.0 WTE Band 6 Practice Educator</td></tr>
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</td></tr>
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To recruit staff detailed above to reduce the deficit in capacity to ensure demand is met and to increase clinical leadership to ensure safe service delivery and transformation.
It is anticipated that the increase of resources will allow to service to:

- Offer all (100%) of mothers an antenatal contact with a minimum of 60% being completed, an increase approx 51%
- Complete 95% of new birth visits an increase of approx. 7%
- Complete 95% of 6–8-week assessments an increase of approx. 33%
- Complete 95% of 12-month assessments an increase of approx. 33%
- Complete 95% of 2-21/2-year assessments an increase of approx. 39%
- Offer all (100%) of mothers a 4b assessment (currently not offered to any) with a minimum of 60% being completed
- Reduce the numbers of breaches for review LAC health assessments within statutory timescales by approximately 28%
- Increase the number of families being supported within early help where health is the lead professional from approx. 1% to 10%.
- Increased capacity to support vulnerable families via the enhanced health visiting by 100%. The service currently supports 90 families but will be able to support 180 families.
- Increased capacity to support vulnerable families via the SEND health visiting by 133%. The service currently supports 45 families but will be able to support 105 families.

Benefits	Risks
• Meet Statutory safeguarding requirements: Strategy meetings, Look After Children's Review Health Assessment, Child protection, Child in Need, Domestic Abuse. • Meet the requirements of the SEND Code. • Meet the Mandated national public health 'Healthy Child Programme'. • Deliver the health requirements of the Early Help Strategy. • Healthy Child Programme delivered in full. • Ability to deliver the Antenatal contact in line with commissioning requirement. • Ability to deliver the 8b 18 month contact as part of the extended Early Years Delivery Model. • Breastfeeding support to be delivered equitably across the borough. • Early identification of need and onward referral ensuring children are school ready and receive support at the earliest opportunity. • Delayed or cancelled visits kept to a minimum. • High quality visits and assessments ensuring robust plans of care can be delivered. • Ability to support at early help, potentially resulting in de-escalation of concerns and risk. • Young people able to be supported with their mental health, increased brief interventions, less referrals to	• Significant financial investment required. • Risk of full 3-year investment • Recruitment of the staff required.

	CAMHS services which is unable to meet the demand and significant waiting list. • Timely referrals- reduction in pressure on families due to decreased risk of escalation. • Positive impact on key public health messages being delivered risk of harm to children. • Increase attendance at MDT meetings. • Timely assessment of A&E DV notifications cause for concern- increase in support or harm reduction. • Decrease risk of harm to children and young people. • Ability to support apprenticeship programme, grow our own staff. • Increased capacity within service. • Improved staff wellbeing. • Improved leadership and ability to support quality improvement. • Reduction in overtime paid/unpaid. • Ability to support system transformation. • Meet NCA Vision10. • Reduction of health inequalities. • Improved inequity of service provision and capacity.	

Option two– recruitment of the posts below, to be implemented over a 3 year period.

School Nursing	Health visiting
• 1.5 WTE Band 7 Team Leader • 3.88 WTE Band 6 • 6.95 WTE Band 5 • 2.00 WTE Band 3 • 1.00 WTE Band 6 Practice Educator	• 1.0 WTE Band 8a – Clinical and professional lead • 1.5 WTE Band 6 HV SEND • 1.0 WTE Band 6 HV Complex • 4.5 WTE Band 5 staff nurses • 1.00 WTE Band 6 Practice Educator

Continue to be unable to deliver:

- All the mandated public health HCP.
- Meet all the Statutory safeguarding requirement: Compete all the Looked After Children Review Health assessment with timeframe, Attendance at Strategy meetings, Attendance at Child protection conferences and subsequent core groups, attendance at Child in Need meeting, attendance at SEND annual reviews, assessing and sharing of health information for EHCP and Domestic Abuse.
- Meet the requirements of the SEND Code.
- Deliver the health requirements of the Early Help Strategy.

Recruiting to the post will reduce the deficit in capacity to support meeting more of the demands. There will be a requirement to redefine the delivery models in regard to the safeguarding, this would include the implementation of the nonattendance at safeguarding meetings where health needs are met or being addressed and meeting all the requirements within the early help strategy.

Benefits	Risks

	• Smaller financial investment. • Ability to support apprenticeship programme, grow our own staff. • Increased capacity within service, ability to meet more of the demands. • Improved staff wellbeing. • Improved clinical leadership and ability to support quality improvement.	• Significant financial investment required. • Risk of full 3-year investment. • Recruitment of the staff required. • The service will continue to prioritise the priorities but will not be able to meet all the functions within safeguarding, early help, and Healthy Child Programme requirements. • Inability to delivery all the 4b 18 month contact as part of the extended Early Years Delivery Model. • The impact of delayed visits/assessments during the 1001 critical days could result in delayed identification of need and therefore treatment/intervention-resulting in delayed school readiness, decrease in life chances. • Delayed or cancelled visits could result in unidentified risks to child, young person or family being identified resulting in harm. • Shorter visits/appointment times, reduction in quality of visits, reduction in quality of assessment, needs may remain unidentified resulting deterioration or escalation of issues. Delayed treatment, impact on development, school readiness and life chances. • Reduction in support at early help, potentially resulting in escalation of concerns and risk. • Reduction of young people being supported with their mental health, reduced brief interventions, more young people waiting for CAMHS with no support. • Delayed referrals- reduction in positive outcomes due to delay- increased pressure on families increased risk of escalation. • Impact on key public health messages being delivered risk of harm to children. • Reduction of attendance at MDT meetings – plans become static. Lack of progress could lead to harm. • Delay in assessment of A&E DV notifications cause for concern- reduction in support or escalation resulting in harm. • Reduction in breastfeeding support resulting in reduction of the health benefits associated with breast feeding including a risk of increased obesity • Continued decline in staff wellbeing.	•
	Option 3 – Do nothing. Continue to be unable to deliver: • All the mandated public health ‘Health Child Programme’ • Meet all the Statutory safeguarding requirement: Compete all the Looked After Children Review Health assessment with timeframe, Attendance at all Strategy meetings, Attendance at all Child protection conferences and subsequent core groups, attendance at all Child in Need meeting, attendance at all SEND annual reviews, assessing and sharing of health information for EHCP and Domestic Abuse • Meet the requirements of the SEND Code • Deliver the health requirements of the Early Help Strategy, lead professional role		

Benefits	Risks
No financial ask	• Demand continues to outstrip capacity; The 0-19yrs service will be unable to deliver on all the above resulting in children and their families not receive the care and support required, delayed identification of health needs, missed opportunities to identify health needs, missed opportunities to identify safeguarding concerns. • Inability to deliver the 4b 18 month contact as part of the extended Early Years Delivery Model. • The impact of delayed visits/assessments during the 1001 critical days could result in delayed identification of need and therefore treatment/intervention-resulting in delayed school readiness, decrease in life chances. • Delayed or cancelled visits could result in unidentified risks to child, young person or family being identified resulting in harm. • Shorter visits/appointment times, reduction in quality of visits, reduction in quality of assessment, needs may remain unidentified resulting deterioration or escalation of issues. Delayed treatment, impact on development, school readiness and life chances. • Reduction in support at early help, potentially resulting in escalation of concerns and risk. Increased cases at safeguarding. Increased risk of Adverse Childhood Experiences (ACE's) resulting in poor life chances. • Reduction of young people being supported with their mental health, reduced brief interventions, more young people waiting for CAMHS with reduced support. • Delayed referrals- reduction in positive outcomes due to delay- increased pressure on families increased risk of escalation. • Impact on key public health messages being delivered risk of harm to children. • Reduction of attendance at MDT meetings – plans become static. Lack of progress could lead to harm. • Delay in assessment of A&E DV notifications cause for concern- reduction in support or escalation resulting in harm. • Reduction in breastfeeding support resulting in reduction of the health benefits associated with breast feeding including a risk of increased obesity • Continued decline in staff wellbeing.

Proposed staffing model options to address the deficient within CCNT

Option 1 – increase the workforce in line with GM recommendations including the introduction of specialist roles and leadership

- 1WTE band 8a (Operational and Clinical leadership)
- 1 WTE band 7 Asthma/respiratory
- 1 WTE band 7 Complex/Eol/palliative

- 1WTE Band 7 Transition
- 0.82 WTE band 6

Benefits	Risks
• Able to meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role resulting in poor transition. • Able to Provide specialist palliative care for children. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Able to Achieve the 10 GM care standards for asthma • Able to ensure service users receive expert specialist advice and guidance from suitably trained staff. • Able to support early discharge and providing care closer to home. • Able to fully participate in Community engagement for World Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign. • Able to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Able fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS. • Risk to staff wellbeing. • Able to ensure there is adequate clinical leadership to drive quality and improve service delivery. • Able to ensure an equitable service to Bury residents in line with other areas of the NCA.	Significant financial investment required. Risk of full 3-year investment. Recruitment of the staff required.

Option 2 – to recruit staff into the service to reduce the deficit in meeting the GM standards.

- 1WTE band 8a (Operational and Clinical leadership)
- 1 WTE band 7 Complex/Eol/palliative
- 0.6 WTE band 6 Transition
- 0.4 WTE band 6

Benefits	Risks
• Reduced financial investment • Able to meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role.	• Significant financial investment required. • Risk of full 3-year investment. • Recruitment of the staff required. • Unable to Achieve the 10 GM care standards for asthma • Unable to fully participate in Community engagement for World

• Provide good palliative care. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Improve support with early discharge and providing care closer to home. • Increase the PNP service which is currently only delivered over 4 days a week. • Ensure there is adequate leadership to drive quality and improve service delivery. • To ensure service users receive expert specialist advice and guidance from suitably trained staff. • Improved staff well-being.	Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign. • Unable to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Unable fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS. • Risk to staff wellbeing. • Unable to ensure there is adequate clinical leadership to drive quality and improve service delivery. • Unable to ensure an equitable service to Bury residents in line with other areas of the NCA.

Option 3 - Continue to deliver the service with existing staff and leadership

Benefits	Risks
• No financial investment	• Unable To meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role resulting in poor transition. • Unable to Provide specialist palliative care for children. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Unable to Achieve the 10 GM care standards for asthma. • Unable to ensure service users receive expert specialist advice and guidance from suitably trained staff. • Unable to support early discharge and providing care closer to home. • Unable to fully participate in Community engagement for World Asthma Day and continue to contribute to 023#AskAboutAsthma campaign. • Unable to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Unable fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS.

		• Risk to staff wellbeing. • Unable to ensure there is adequate clinical leadership to drive quality and improve service delivery. • Unable to ensure an equitable service to Bury residents in line with other areas of the NCA

See appendix 6 for staffing model options.

Summary of preferred option and Proposal

0-19ys & CCNT

Option 1 is recommended as the preferred course of action for the benefit of Bury locality and for the wider health system. The benefits will be felt both in community and acute setting but most importantly by our children and young people and their careers/families. The recommended option will deliver significant benefits to the organisation and most importantly our service users, who will receive an enhanced standard of care, through more timely access to appropriate expertise.

It is anticipated that the increase of resources in option 1 will allow the services to:

- Offer all (100%) of expectant mothers an antenatal contact
- Complete 95% of new birth visits an increase of approx. 4%
- Complete 95% of new birth visits within 14 day approx. 63%
- Complete 95% of 6-8 week assessments an increase of approx. 25%
- Complete 95% of 12 month assessments an increase of approx. 33%
- Complete 95% of 2-21/2 year assessments an increase of approx. 36%
- Offer all (100%) of mothers a 4b assessment (currently not offered to any) with a minimum of 60% being completed
- Reduce the numbers of breaches for review LAC health assessments within statutory timescales by approximately 21%
- Increase the number of families being supported within early help where health is the lead professional from approx. 1% to 10%.
- Increased capacity to support vulnerable families via the enhanced health visiting pathway by 100%. The service currently supports 90 families but will be able to support 180 families.
- Increased capacity to support vulnerable families via the SEND health visiting pathway by 133%. The service currently supports 45 families but will be able to support 105 families.
- Meet Statutory safeguarding requirements: Strategy meetings, Look After Children's Review Health Assessment, Child protection, Child in Need, Domestic Abuse.
- Meet the requirements of the SEND Code.
- Deliver the Mandated national public health 'Healthy Child Programme'.
- Deliver the health requirements of the Early Help Strategy, potentially resulting in de-escalation of concerns and risk.
- Ability to deliver the 4b 18 month contact as part of the extended Early Years Delivery Model.
- Breastfeeding support to be delivered equitably across the borough.
- Early identification of need and onward referral ensuring children are school ready and receive support at the earliest opportunity.
- Cancelled health assessments will be reduced.
- High quality assessments ensuring robust plans of care can be delivered.

<table>
<tr><td></td><td>

- The ability to support young people with mental health issues via brief interventions delivered earlier which would potentially impact on the requirement for referrals to specialist CAMHs services.
- Positive delivery of key public health interventions to support the wider public health agenda e.g. Obesity.
- Increase attendance at non statutory MDT's, e.g. Team around the school.
- Timely assessment of A&E, Domestic Violence notifications, cause for concern- increase in support or harm reduction.
- Ability to support apprenticeship programme, grow our own staff.
- Improved staff wellbeing.
- Improved clinical leadership and ability to deliver quality improvement projects.
- Reduction in staff undertaking additional hours.
- Ability to support system transformation.
- Meet NCA Vision10 ambitions.
- Reduction of health inequalities.
- Able to Provide specialist palliative/EoL care for children.
- Able to Achieve the 10 GM care standards for asthma.
- Able to ensure service users receive expert specialist advice and guidance from suitably trained staff.
- Able to support early discharge and providing care closer to home.
- Able to develop and strengthen pathways with Primary care, secondary and children's services.
- Able fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS.

</td></tr>
<tr><td>Planned implementation date</td><td>

The implementation will be over 3 years

Year 1 1.10.23 to 31.3.24
Year 2 1.4.24 to 31.3.25
Year 3 1.4.25 to 31.3.26

Full breakdown of the requirements detailed in the document Appendix 5

</td></tr>
<tr><td>Summary finance
Include:-
Current position
Planned position

Return on investment</td><td>

<u>Current position</u>

<table>
<tr><td>Pay</td><td>Summary</td><td></td><td>23/24</td></tr>
<tr><td></td><td>Health Visiting</td><td>current</td><td>£2,787,014</td></tr>
<tr><td></td><td>School Nursing</td><td>current</td><td>£1,129,172</td></tr>
<tr><td></td><td>CCNT</td><td>current</td><td>£699,529</td></tr>
<tr><td></td><td>Total</td><td>current</td><td>£4,615,715</td></tr>
<tr><td>NonPay</td><td>Summary</td><td></td><td>23/24</td></tr>
<tr><td></td><td>Health Visiting</td><td>current</td><td>£32,160</td></tr>
<tr><td></td><td>School Nursing</td><td>current</td><td>£63,518</td></tr>
<tr><td></td><td>CCNT</td><td>current</td><td>£106,037</td></tr>
<tr><td></td><td>Total</td><td>current</td><td>£201,715</td></tr>
<tr><td colspan="2">Total</td><td>current</td><td>£4,817,430</td></tr>
</table>

The current budget is £4,817,430

</td></tr>
</table>

Option 1

Pay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	1	£139,976	£206,228	£206,228	£552,432
	School Nursing	1	£336,670	£299,982	£268,726	£905,377
	CCNT	1	£136,454	£110,351	£0	£246,805
	Total	1	£613,100	£616,560	£474,954	£1,704,614
NonPay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	1	£7,675	£6,560	£6,560	£20,795
	School Nursing	1	£21,489	£11,480	£9,840	£42,809
	CCNT	1	£6,140	£3,280	£0	£9,420
	Total	1	£35,304	£21,320	£16,400	£73,024
Total each year		1	£648,404	£637,880	£491,354	£1,777,638
Cumulative total		1	£648,404	£1,286,284	£1,777,638	

Option 1 would be a phased increase annually over 3 years, total additional ask of £1,777,638

Option 2

Pay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	2	£134,616	£190,146	£131,965	£456,727
	School Nursing	2	£243,181	£221,137	£224,409	£688,728
	CCNT	2	£70,060	£39,837	£21,442	£131,339
	Total	2	£447,857	£451,120	£377,817	£1,276,793
NonPay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	2	£7,675	£6,560	£4,920	£19,155
	School Nursing	2	£15,350	£8,200	£8,200	£31,750
	CCNT	2	£3,070	£1,640	£1,640	£6,350
	Total	2	£26,094	£16,400	£14,760	£57,254
Total each year		2	£473,951	£467,520	£392,577	£1,334,048
Cumulative total		2	£473,951	£941,471	£1,334,048	

Option 2 would be a phased increase annually over 3 years, total additional ask of £1,334,048

All costings based on Gross Costs AfC 22/23 payscales - mid-point
20% uplift for annual leave, sickness, training applied

See appendix 6 for full details.

Source of Funding

Joint funding between main partners- GM ICB, Council and NCA - cumulative total of £1,777,638 spilt over 3 years.

Cumulative total	Year 1	Year 2	Year 3
	£648,404	£1,286,284	£1,777,638

Discussions remain ongoing therefore this section will be updated following agreement of partnership financial opportunities and contributions.

Workforce Impact *(include lead employers)*	This would improve the health and wellbeing of the existing staff (a key priority in the NCA Health and Wellbeing Strategy) who have raised concerns regarding the pressures experienced due to the caseload sizes and complexities. The workforce has raised concerns that they predominately have to focus on safeguarding which impacts on their job satisfaction. The recent NCA staff survey reflects the concerns raised. The increase in the workforce would enable the SN service to implement the new delivery model which has evaluated positively from partners, service users and staff. The HV service would be able to deliver the full HCP, supporting the early identification of need and ensuring appropriate support provided, prevention of need is a key element of the role that provides good job satisfaction. The increase in the workforce would ensure services are able to deliver the improvements set out via Burys Children Improvement Board established following the inadequate Ofsted inspection of Bury local authority children's services in October 2021. Ensure services can meet the requirements set out in the Joint local area SEND revisit in May 2019. NCA would be the lead employer. Recruitment and training of the additional staff.
Activity/Productivity/KPI Impact	This would support service meeting the commissioned KPI's and Statutory/Safeguarding requirements which are not being met in full currently. • Attend all statutory and safeguarding meetings • Offer all (100%) of mothers an antenatal contact with a minimum of 60% being completed, an increase approx 51% • Complete 95% of new birth visits an increase of approx. 7% • Complete 95% of 6–8-week assessments an increase of approx. 33% • Complete 95% of 12-month assessments an increase of approx. 33% • Complete 95% of 2-21/2-year assessments an increase of approx. 39% • Offer all (100%) of mothers a 4b assessment (currently not offered to any) with a minimum of 60% being completed • Reduce the numbers of breaches for review LAC health assessments within statutory timescales by approximately 28% • Meet the requirements set out in the Early Help strategy and increase the number of families being supported within early help where health is the lead professional from approx. 1% to 10%. • Meet NICE/national guidelines • Support the delivery/adherence of SEND code and ensure health information is provided for all EHCP request • Increased capacity to support vulnerable families via the enhanced health visiting by 100%. The service currently supports 90 families but will be able to support 180 families. • Increased capacity to support vulnerable families via the SEND health visiting by 133%. The service currently supports 45 families but will be able to support 105 families.

Performance/ Quality/Safety Impact	This would enable the service to deliver all elements of the provision supporting the reduction of risk, early identification of need ensuring the appropriate support/advise/signposting. Ensure staff have the appropriate clinical, professional, safeguarding supervision. Ensure the staff have the appropriate skills and competencies required. Ensure services can meet the KPI's. Ensure services are meeting the quality standards set out in CQC. Ensure services can deliver the improvements set out via Bury's Children Improvement Board established following the inadequate Ofsted inspection of Bury local authority children's services in October 2021. Ensure services can meet the requirements set out in the Joint local area SEND revisit in May 2019 (Appendix 8). Ensure services can meet the requirements set out in the Early Help strategy.
People experience Impact	Service users will have access to the full HCP providing opportunities for health needs to be identified early and support provided/onward referral. This should improve the numbers of children being school ready which Bury has seen a decline in and is below the England average. Services would be able to provide tailored early help support, addressing needs at the most appropriate timeframe. More support available to vulnerable families via the enhanced HV and SEND HV roles. Both services evaluate positively from service users and provides the key working role set out in the SEND Code. Families and Young people being supported via safeguarding arena would have enhanced access to support, providing opportunities to form a professional working relationship and enable staff to be the advocate for the child/family. Enable health to meet the requirements set out in the early help strategy and be the lead professional where appropriate for more families. Ensure our most vulnerable children who are looked after receive the support required and have their health assessments completed within the statutory timescales.
Population Health Impact	Services would be able to deliver the evidenced based public health element of the role, supporting the reduction of health inequalities, and prevention of health condition. • Increase in the numbers of babies being breast fed • Reduce the number of childhood injuries • Support families to self-manage minor illness • Provide specialist care for Asthma/Respiratory, End of Life, SEND/Transition- reducing health inequalities • Meet NICE guidance/national standards Impactful data regarding health outcomes and cost benefits has been requested from Public Health and will be included in this business case when received.

<table>
<tr><td></td><td></td></tr>
<tr><td>Estates Impact</td><td>The services are supported to utilise agile working, all staff have access to IT equipment and electronics systems to support them in delivering the services. Health Visiting paper records are currently being scanned onto systm1 supporting agile working and reducing the space required within the office areas.
The additional staff would support more staff working from the family hubs and within schools, enhancing partnership working and further reducing the impact on estates.</td></tr>
<tr><td>IT/Digital Impact</td><td>All additional staff will require a laptop, mobile phone, and lone worker devise, below is an estimation of the costs based on the number of WTE requested for option 1. IT costs are included in the costs presented in the finance section.
<table>
<tr><td></td><td>Laptops standard dell with Dock and Lock</td><td>Smart phones Samsung A series</td><td>Lone worker devises (£4 monthly fee in addition)</td></tr>
<tr><td>Year 1</td><td>£1090.00 X22 staff = £23,980</td><td>£254 X22 staff = £5,588</td><td>£22 X22 staff = £484</td></tr>
<tr><td>Year 2</td><td>£1090.00 X13 staff = £14,170</td><td>£254 X13 staff = £3,302</td><td>£22 X13 staff = £286</td></tr>
<tr><td>Year 3</td><td>£1090.00 X10 staff = £10,900</td><td>£254 X10 staff = £2,540</td><td>£22 X10 staff = £220</td></tr>
<tr><td>Total</td><td>£49,050</td><td>£11,430</td><td>£990</td></tr>
</table></td></tr>
<tr><td>Prescribing impact</td><td>Specialist role will have the advanced non-medical prescribing V300</td></tr>
<tr><td>Contract/Procurement Impact</td><td>N/A</td></tr>
<tr><td>Key Benefits, Risks and mitigation</td><td><u>Benefits</u>
• Meet Statutory safeguarding requirements: Strategy meetings, Look After Children’s Review Health Assessment, Child protection, Child in Need, Domestic Abuse.
• Meet the requirements of the SEND Code.
• Meet the Mandated national public health ‘Healthy Child Programme’.
• Deliver the health requirements of the Early Help Strategy.
• Healthy Child Programme delivered in full.
• Ability to deliver the Antenatal contact in line with commissioning requirement.
• Ability to deliver the 8b 18 month contact as part of the extended Early Years Delivery Model.
• Breastfeeding support to be delivered equitably across the borough.
• Early identification of need and onward referral ensuring children are school ready and receive support at the earliest opportunity.
• Delayed or cancelled visits kept to a minimum.
• High quality visits and assessments ensuring robust plans of care can be delivered.
• Ability to support at early help, potentially resulting in de-escalation of concerns and risk.
• Young people able to be supported with their mental health, increased brief interventions, less referrals to CAMHS, a service which is unable to meet the demand and has significant waiting list.</td></tr>
</table>

	• Timely referrals- reduction in pressure on families due to decreased risk of escalation. • Positive impact on key public health messages being delivered risk of harm to children. • Increase attendance at MDT meetings. • Timely assessment of A&E DV notifications cause for concern- increase in support or harm reduction. • Decrease risk of harm to children and young people. • Ability to support apprenticeship programme, grow our own staff. • Increased capacity within service. • Improved staff wellbeing. • Improved leadership and ability to support quality improvement. • Reduction in overtime paid/unpaid. • Ability to support system transformation. • Meet NCA Vision10. • Reduction of health inequalities. • Improved inequity of service provision and capacity. • Able to Provide specialist palliative care for children. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Able to Achieve the 10 GM care standards for asthma • Able to ensure service users receive expert specialist advice and guidance from suitably trained staff. • Able to support early discharge and providing care closer to home. • Able to fully participate in Community engagement for World Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign. • Able to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Able fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS. • Risk to staff wellbeing. • Able to ensure there is adequate clinical leadership to drive quality and improve service delivery. • Able to ensure an equitable service to Bury residents in line with other areas of the NCA. **Risks** • Significant financial investment required. • Recruitment of the staff required. **Mitigation** • Specialist role within CCNT which are attractive due to the limited numbers therefore no anticipation of challenge with recruitment

<table>
<tr><td></td><td>

- Band 5 vacancies which could be provided to newly qualified or staff who have not previously worked in the community.
- Band 6 roles in HV are for specialist posts with a reduced caseload making the post more attractive.
- Very few band 8 post within the services so would be very attractive

</td></tr>
<tr><td>Exit arrangements</td><td>There would be a review period of 6 months once the staff have been recruited and commenced in which we would expect to see results if demand/acuity etc remain static.

One approved and 80% of staff are in post a review will be undertaken in 6 months to determine if an improvement trajectory is apparent. If it is not the business case will be revisited before further posts are recruited to.

Once full implementation of the additional staff is achieved by 31.3.2026 a full review will be carried out 6 months later to compare performance data to determine the impact of the changes implemented. If there has been no improvement a new review will be undertaken, and staff may need to be re assigned to other roles within children's services within Bury or the NCA.</td></tr>
<tr><td>Recommendation</td><td>Board to recommend option 1</td></tr>
<tr><td>Approvals / Timelines</td><td>

<table>
<tr><th>Approval
(delete/add as appropriate)</th><th>Meeting Date for presentation</th><th>Approved Y/N</th></tr>
<tr><td colspan="3">Individual organisations Governance</td></tr>
<tr><td>NCA</td><td></td><td></td></tr>
<tr><td>Bury Council</td><td></td><td></td></tr>
<tr><td>GM NHS Bury</td><td></td><td></td></tr>
<tr><td>Pennine Care</td><td></td><td></td></tr>
<tr><td>Bury Hospice</td><td></td><td></td></tr>
<tr><td>Persona</td><td></td><td></td></tr>
<tr><td>VCFA</td><td></td><td></td></tr>
<tr><td>Bardoc</td><td></td><td></td></tr>
<tr><td>GP Fed</td><td></td><td></td></tr>
<tr><td colspan="3">Bury Partnership Governance</td></tr>
<tr><td>Strategic Finance Group</td><td></td><td>Must be yes to proceed</td></tr>
<tr><td>Strategic Workforce Group</td><td></td><td></td></tr>
<tr><td>Strategic Estates Group</td><td></td><td></td></tr>
<tr><td>Digital Board</td><td></td><td></td></tr>
<tr><td>Population health Delivery group</td><td></td><td></td></tr>
<tr><td>System Assurance Group</td><td></td><td></td></tr>
<tr><td>Clinical & Professional senate</td><td></td><td>Must be yes to proceed</td></tr>
<tr><td>Programme Board</td><td></td><td>Must be yes to proceed</td></tr>
</table>

</td></tr>
</table>

IDC Board	
Locality Board	

Appendices

Appendix 1:

Hertfordshire_Family_Safeguarding (6).p

Appendix 2:

Health visiting and school nursing service delivery model - GOV.UK (www.gov.uk)

Supporting public health: children, young people and families - GOV.UK (www.gov.uk)

5-19 Healthy Child Programme.odt

0-5 Healthy Child Programme.odt

Healthy Child Programme 0-5yrs.p

Healthy Child Programme 5-19yrs.p

Appendix 3:

Health Visiting Capacity and Demand data

26.05.23 Health Visiting Data.xlsx

Appendix 4:

School Nursing capacity and Demand data

26.05.23 School Nursing Data.xlsx

Appendix 5:

Staffing request broken into year 1, 2

Appendix 6:

Staffing Model Options.odt

Appendix 7:

Childrens Business Case S...

Appendix 8:

Bury_Inspection of local authority child

Joint Local area SEND inspection rev

Appendix 9:

	SERVICE CHANGE EQIA template (002) **Appendix 10:** 202210-637_Data - PNP Proposal_ Extra 202210-637_Data - PNP Proposal_ Ben F
Post project evaluation review date	___/___/____ *Should be approx. 6 months after implementation*

Document version control

Version 1, approved xxxxx by xxxxx

Due for review on xxxxx

Bury ICP Business Case Flow

Saving lives, Improving lives

NHS
Bury Care Organisation
Northern Care Alliance
NHS Foundation Trust

Title Briefing paper	Childrens Nursing Services Case for Change - 0-19yrs service and Childrens Community Nursing Team.

To	Locality Board
Author(s)	Petra Hayes-Bower - Assistant Director of Nursing - Childrens NCA Natalie Cohen - Lead Nurse - Childrens NCA
Presenters	David Thorpe Director of Nursing Bury Care Org. NCA., Petra Hayes-Bower Assistant Director of Nursing - Childrens NCA
Executive Summary	The paper being presented to the Board and with accompanying information, is intended to give oversight of the services current provision and a case for change required to deliver statutory functions. It will highlight the need for investment and modernisation, to enable our current children within the Bury locality to optimise their potential and for our adults and young people to maximise their contribution to society and support the ambitions of population health. This report should be considered in the context of the locality board priority of addressing the first 1001 days of a child's life in Bury, noting that the Starting Well group is developing the proposition and will bring forward proposals connected to the model of family hubs in neighbourhoods. The information has been shared and discussed within the Northern Care Alliance and as such extensively within Bury Care Organisation. There is evidence that significant additional capacity on both services is required and this is included in the attached report. The case has been endorsed and supported by system partners within the Childrens Strategic Partnership Board and will be discussed with the Strategic Finance Group, who are committed to working with service leaders within their organisations to explore opportunities to fund. The recommendation to the Board is to support both option 1's with a phased investment of 13 whole time equivalent (wte) qualified Nurses and Health Visitors and 25.52 wte School Nurses and 4.82 wte of Childrens Community Nursing Team (CCNT). All partners are committed to ensuring the most efficient delivery of the services and the proposal describes investment of £1.7m over a three year period, this will include opportunities for reflection and learning and revised proposals in related to future years. The 0-19yrs services are best placed as public health specialists to be the lead health professional when undertaking statutory safeguarding responsibilities. They are not the only health services who could undertake this role. A Bury system wide task and finish group was established, at the request of the Children's Strategic Partnership Board, to consider the opportunities across the wider health economy for other health providers e.g., GP, Learning Disabilities and Mental Health Services to take on the lead health professional role to support the 0-19yrs services. The outcome of the task and finish group has concluded that there are relatively few cases they are actively involved in that can be led by health professionals other than 0-19yrs services. Capacity of other health services was identified as the rationale for these services being unable to provide the lead professional role. Bury has disproportionate numbers of Children with an Education Health Care Plan (EHCP) and has experienced year-on-year increases. The numbers of Looked After Children have increased by 38% for children under 5 years and 73.8% of children 5yrs to 18yrs. The increased demand has resulted in the 0-19yrs service being unable to meet; all the statutory functions, the commissioning requirements, assess all children at each critical stage, complete all

	statutory looked after children (LAC) review health assessments, attend all the statutory LAC review meetings and meet all the requirements of the early help strategy. Health Visitors and School Nurses are qualified nurses or midwives who have completed further education to degree level to become specialist community public health nurses (health visitors/school nurse). They deliver the mandated Healthy Child Programme (HPC). All children are offered a core set of visits/contacts (e.g. New birth Visit and 2 to 2 1/2 year assessment) with those requiring additional support having a tailored service around these needs. The importance of prevention and early intervention lifestyles and habits established during childhood, adolescence and young adulthood influences a person's health throughout their life. For example, up to 79 per cent of obese adolescents remain obese in adulthood, and adolescents who binge drink are 50 per cent more likely to be dependent on alcohol or misusing other substances when they reach the age of 30 (Foresight 2007). Failure to meet the health needs of children and young people stores up problems for the future. The case for prevention and early intervention is reinforced by the long-term costs. For example, weight-related problems are forecast to cost £50 billion to the wider economy by 2050. The document 'Securing Our Future Health' (Wanless D (2002) demonstrated the importance of public engagement with health. A process which is only likely to be successful if it starts early in life. A focus on prevention and early intervention also has a vital role to play in breaking the cycle of health inequalities within families. Current information has seen a decline in the numbers of children achieving a 'good level of development' from 71.4% three years ago to current 63.3% which is lower than the England average of 65.2%. Other areas of concern that have been identified to be worse than the national position: 22.6% of our mothers are obese during early pregnancy, 5.4% infant mortality rate, 3% of our babies are born at a low birth weight at term, 57% of mothers breastfeed at birth compared to 71.7% nationally, 23.4% of our children are overweight at 5 years old, 35% of 5 years old have visually obvious dental decay which is significantly higher than 23.4% nationally. In contrast, there are areas of positive achievements. When compared to National rates Bury has a higher proportion of children entitled to Free School Meals achieving good levels of development. In addition, Bury has a vaccination uptake rate of 65.7% for primary school age vaccinations, significantly higher than the National average of 57.4%. The 0-19yrs services primary aim is to deliver public health messages and provide early intervention to prevent escalation. Understanding and managing long term conditions and normal childhood illness is a critical element of the role. Providing this can support the wider system and reduce pressures within primary and secondary care. The average saving across both financial years and assumptions is estimated to be £197,882 deflected from ED. Resulting in less clinical costs and improved impact for children and young people. The successful delivery of the Healthy Child Programme can only be achieved as part of an integrated approach to supporting children and families. Bury has seen significant challenges in the provision of Early Help services available for children and families. Addressing the gap identified will allow the 0-19yrs service and Childrens Community Nursing Team to safely manage the increased demand, provide clinical leadership, clinical supervision, professional supervision, specialist clinical care to ensure safe service delivery. We will have the

	capacity and those with the specialist knowledge to contribute to the national agendas, reducing attendance at A&E and inpatient stays and deliver care closer to home and in the home**.** The paper presented has significant challenges, but requirements that are necessary to enable our Bury children to optimise their potential. The opportunities for funding are likely to be a combination of the commissioner (substantially the council) prioritising investment as part of the Medium Term financial strategy of the council and in relation to the wider early years model, and the provider (NCA) considering opportunities to review the relative inequality in provision. The council has in the meantime committed £100k of Contain Outbreak Management Fund (COMF) monies non recurrently to address immediate pressures. Evaluation and regular oversight on progress will be managed within the community division, NCA governance structures and Burys Children Strategic Partnership Board. **Recommendation:** The Board is asked to support the recommendation of both option 1's, explore financing options further and to take to the next level of authorisation within Health and Care. **References** Foresight (2007) Tackling Obesities: Future Choices. London: Foresight (available at www.foresight.gov.uk/OurWork/Active Projects/Obesity/KeyInfo/Index.asp). Wanless D (2002) *Securing Our Future Health: Taking a Long-Term View.* London: HM Treasury (available at http://webarchive.nationalarchives.gov.uk/+/http://www.hmtreasury.gov.uk/consultations_and_legislation/wanless/consult_wanless_final.cfm).

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Together

healthwatch In Greater Manchester

We are working to enable all to have the health and care support they need

Annual Report 2022–23

Contents

You said: *Person telephoned in a distressed state and explained that they were struggling with their mental health and in need of a food parcel / food bank support.*

***We did**: We spoke with a member of staff from the local community centre and they agreed to arrange for a volunteers to deliver a food parcel and ask the housing officer to see if they could check on the person.*

Message from our Chair

In July 2022 the health and social care landscape changed and we not only witnessed the creation of the integrated care structures but as a network of independent local Healthwatch across Greater Manchester we established our role in those new structures.

This year we have:

- **Published an All-age Strategy.**
- **Formalised a 3-year Partnership Agreement with Greater Manchester Integrated Care. (NHS GM)**
- **Gathered opinion from across our local communities to influence the Greater Manchester Integrated Care Partnership Strategy.**
- **Contributed to the development of the Greater Manchester Integrated Care Quality Strategy.**
- **Delivered our commitment to continue raising concerns regarding access to NHS dentistry and GP services.**

Tracey McErlain-Burns
Chair of the Healthwatch in Greater Manchester Network 2022/23

I presumed when my Dentist who I had been registered with for over 30 years sold his practice, the new owners would have taken over all of the registered patients.When I contacted them to arrange new dentures I was told I was not registered with them. When asked why, they stated It was my responsibility to have re-registered not theirs to transfer patients.

About us

Healthwatch is a local and national health and social care champion, established and funded in each local authority area in England.

There are 10 local Healthwatch in Greater Manchester who have come together to work as a network (appendix 1)

Our vision

We want a world where we can all get the health and care support we need.

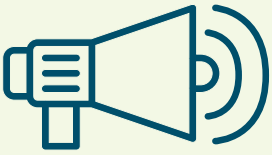
Our mission

To passionately illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new Integrated Care System

Our approach is:

- **Create arrangements for meaningful engagement.**
- **Foster a strong and productive relationship with the ICS.**
- **Bring strength and influence whilst valuing difference across our communities.**
- **Trust others and be trusted to provide constructive challenge.**
- **Utilise best practice and adopt Healthwatch England's Quality Framework.**
- **Work in partnership with others.**
- **Collaborate and explore external funding opportunities for joint projects.**

Year in review



Reaching out

To local communities

Supported by local Healthwatch in Greater Manchester our role is to gather opinion on issue which affect our communities to support the Greater Manchester Integrated Care system define their priorities.

Making a difference to care

We welcome the opportunity to attend the Greater Manchester Integrated Care Quality and Performance Committee; the Integrated Care Partnership; the System Quality Groups; the Population Health Board; the communications and engagement groups, topic specific task groups and locality Boards.

Our role within these governance groups in to amplify the voice of our local and collective communities to ensure that we can all get the health and care support we need.

Health and care that works for you

In April 2023 we received funding from Greater Manchester Integrated Care to enable us to deliver our network ambitions which are over and above our locally funded statutory obligations.

[£297,000]

Total funding for 3-years. April 2023 to 2026

We are currently recruiting to two key positions to enable us to deliver our ambitions.

Chair of the network. Remuneration will be £5,000 per annum
Chief Coordinating Officer. Remuneration will be £36-£39,500

What we have done this year.

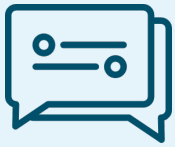
Spring

We formally approved and published our All-age Strategy 2023-25

We put our framework of governance in place, including mechanisms for resolving conflict within the network and an ICS risk assessment.

Summer

We met with representatives of local pharmacies to discuss pharmacy transformation and how Healthwatch can make information available to local people.



We supported Big Conversations within our local communities to inform the ICS Strategy.

Autumn

We met with the National Director of Healthwatch England and Sir John Oldham to discuss our plans and influence in Greater Manchester

On behalf of our local communities we wrote to Greater Manchester Mental Health NHS Foundation Trust for assurances following the Panorama programme.

Winter

We engaged with Greater Manchester IC leaders to influence the Quality Strategy and the ICS forward plan.

We wrote to the Mayor of Greater Manchester with our concerns regarding access to NHS dentistry.

Some of the feedback we have provided this year

We responded to the Greater Manchester Integrated Care Partnership Strategy with comments, including the following:

It would be helpful to have a 3 or 4 page, jargon free version of the strategy which we could promote in our localities and communities.

Dental services have been high on our radar since before lockdown and this strategy needs to include some options for improvement in the experiences of local people, and some timescales.

We look forward to the development of a joint forward plan with explicit priorities, including tackling health and care inequalities.

In the development of the strategy we urge the partnership to be clear about their definition of 'neighbourhoods' and specifically the role of Primary Care Networks.

It is important to recognise that Healthwatch deliver specific statutory duties and whilst we work with the VCFSE, there are differences in our roles as we are not providers of care.

We contributed to a round table discussion with Rt Hon Patricia Hewitt in February 2023 to discuss how patient and public voices can be centred in ICSs.

During that conversation we delivered some clear messages regarding the need to invest in listening, the need to be clear about the role of the user voice in ICSs and the need for systems to be better at planning, to enable insight to be gathered at the right points in time to inform commissioning and service evaluation.

Our comments on the IC Quality Strategy:

We welcome the strategy and urge the executive leaders to ensure that there is a read-across all the strategies. It is vital that connections are transparent.

Because NHS patients sometimes receive care in the private sector it would be helpful to understand how this strategy applies.

We would like to see more references to social care. The strategy is very NHS (provider) orientated.

Money was the most mentioned theme during the public consultation (called the Big Conversation) as well as the cost of living and a lack of money. People told us that health and care services need to improve communication, funding & staffing, access, and planning.

A case study - Reaching out to all communities

Mrs S aged 28

Attends a community centre for respite and peer support following domestic abuse. She arrived in UK 3 years ago, speaks no English and has little understanding of British Life.

Mrs S attended the drop-in smear clinic, she has never had this screening done before despite receiving invites by her GP. Mrs S has no understanding of what the screening is about or the importance, she felt very anxious and frightened about the procedure.

Nurses from Bolton GP federation spent time reassuring and educating Mrs S on the importance of screening and she was offered a test. Mrs S said she was not comfortable having it on the day, but will now make the appointment as she understands the importance and how straight forward it is.

Having this knowledge and information explained to Mrs S, she managed to have her cervical cancer screening test done, and afterwards she shared the knowledge and experience with four other women who have also had their first smear test done, one of whom found out she has needed a further follow-up test.

I called in to make a couple of appointments this morning.

It's usually a tense experience as I'm deaf and use both lipreading and British Sign Language to help me communicate.

On this occasion I was helped by a volunteer in reception who uses BSL and was able to help me book the appointments without any frustration or embarrassment. She usually volunteers Monday and Friday but I was lucky she was there today (Wednesday).

I'd just like to say that it made my experience so much better and I'm happy to have been able to communicate with a BSL user at the practice.

Since the BSL Act was passed in parliament last year the Deaf community has seen very little improvement in improving access across all services.

Although the lady who helped me was not a qualified interpreter she really improved my experience and helped tremendously.

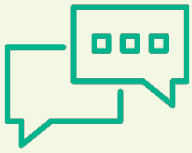
Please continue to improve the access to your service for the Deaf community. It's much appreciated!

Our 6 Strategic Objectives

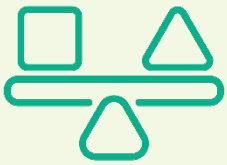
Our strategic ambition is to passionately illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new ICS to ensure that individuals can get all the health and care support they need.

Build on the development of a sustainable and high-performing Healthwatch in Greater Manchester

Be well governed and use our resources for greatest impact



Amplify the experiences of people needing or using health and care services



Reach out to all communities to ensure that they are heard and reduce the barriers that some groups face

Act on what we hear to transform health and care policy and practice

Share our expertise in engagement within the network and beyond

Our plans for 2023/24

Spring

Appoint a Chair of the network and a Chief Coordinating Officer who will provide the single point of access for ICS and partners as well as coordinating Healthwatch network activities.

Scope two significant pieces of work with ICS partners. One in mental health services and one in services for children.

Summer

Establish formal collaboration links with the Greater Manchester VCFSE (10GM)

Implement a data insight repository capable of bringing the voice of our communities to every forum that we attend on behalf of the network

Produce our 10 Healthwatch Annual Reports.

Autumn

Launch our network website and social media channels

Recruit and support our volunteers

Winter

Share our impact through our research reports on mental health service and those for children.

Engage with our stakeholders and the public to shape our priorities for 2024/25.

Appendix 1 - Who we are

Healthwatch	Web address
Healthwatch Bolton	healthwatchbolton.co.uk
Healthwatch Bury	healthwatchbury.co.uk
Healthwatch Manchester	healthwatchmanchester.co.uk
Healthwatch Oldham	healthwatcholdham.co.uk
Healthwatch Rochdale	healthwatchrochdale.co.uk
Healthwatch Salford	healthwatchsalford.co.uk
Healthwatch Stockport	healthwatchstockport.co.uk
Healthwatch Tameside	healthwatchtameside.co.uk
Healthwatch Trafford	healthwatchtrafford.co.uk
Healthwatch Wigan and Leigh	healthwatchwiganandleigh.co.uk

Appendix 2 - Glossary

Abbreviation used	Description
ICS	The Integrated Care System. Health and social care partners working together.
IC	Integrated Care
VCFSE	Voluntary, Community, Faith and Social Enterprise Sectors. In Greater Manchester they work together as 10GM

The 10 local Healthwatch in Greater Manchester have a long history of working together to undertake pieces of work jointly, and to share intelligence, not least when the residents of one locality may experience care delivered in another locality.
Since late 2021, the 10 local Healthwatch have been 'getting ICS ready'; refining governance systems, agreeing strategies and reaching agreement on collaboration frameworks.
Healthwatch has an important role to play at place-based locality level and continues to be commissioned by the local authority to fulfil statutory obligations. In the context of the ICS, the 10 Healthwatch have an essential obligation to work together, in partnership with all system players to deliver the NHS GM IC Strategy. In this context, Healthwatch as a network, has a unique role to play in bringing together intelligence gathered from face to face contacts, complaints, surveys and listening events across the 10 localities to inform decision makers and hold them to account for delivering service improvement.

healthwatch

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Together

we're making health and social care better

Annual Report 2022–23

healthwatch Bury

Contents

"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

– Louise Ansari, Healthwatch National Director

Message from our Chair

Healthwatch Bury has an amazing team of staff and volunteers who work tirelessly to give voice to those who use local health and care services.

Many working in the NHS and social care sector share their observations that the system is pressured to an unprecedented level. The recovery from a global Pandemic and a cost of living crisis will be a long haul and the risk that poverty presents to wellbeing is clearly documented. Our team offer support and signposting to all those who work and live in Bury but have been particularly pivotal in supporting vulnerable individuals and communities who can struggle to access services.

Healthwatch locally and nationally has placed focus upon mitigating and addressing health inequalities. The recent report by Sir Michal Marmot journaling the drop in the average height of our five year olds to approximately 7cm below many of their European peers is a sad indictment of poverty-related nutritional issues and the barriers that communities face to eating well and keeping active. A continued upward trajectory in the number of adults and children living with excess weight and obesity heralds devastating impacts on their current and future health and additional pressures on services.

> Our team offer support and signposting to all those who work and live in Bury but have been particularly pivotal in supporting vulnerable individuals and communities who can struggle to access services"

Ruth Passman
Healthwatch Bury Chair

Spiralling levels of food insecurity and poverty are clearly impacting on the affordability of healthier food choices and driving an increasing reliance upon palatable, energy-dense and non-perishable foods with detrimental effect on dietary intake and health with dietary inequalities in children from poorer backgrounds, driving higher rates of problems including obesity, type 2 diabetes and dental decay. Food experts point out that a diet of cheap junk food makes people simultaneously overweight and undernourished. In this coming year, Healthwatch Bury will work with its local partners to support the wellbeing agenda in the town and support the movement to address wider drivers and make it easier for people to eat well and be active

Against these many challenges, Bury leaders are redoubling local efforts to tackle health Inequalities and the many challenges that local people and services will face throughout next year and beyond. Our case studies illustrate a wealth of support provided to those at risk of experiencing a raw deal and poorer outcomes from healthcare. There is much to be done and we shall rise to the challenges of this coming year, knowing that the need and support for the work of Healthwatch is greater than ever.

About us

Healthwatch Bury is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.

Our mission

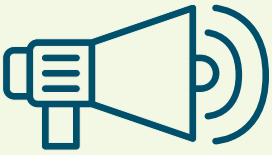
To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



511 people
shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

328 people
came to us for clear advice and information about topics such as mental health and the cost of living crisis.

Making a difference to care

We published
7 reports
reports about the improvements people would like to see to health and social care services.

Our most popular report was
Dementia Survey report
which highlighted the struggles people face **getting a dementia diagnosis**.

Health and care that works for you

We're lucky to have
17
outstanding volunteers who gave up **20 days** to make care better for our community.

We're funded by our local authority. In 2022-23 we received
£122,000
which is the same as the previous year, and the same since 2013.

We currently employ
6 staff
who help us carry out our work.

How we've made a difference this year

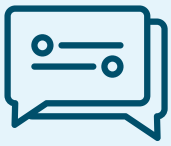
Spring

Our 'Access Assistance' drop-in sessions helped vulnerable refugee and asylum seekers to access the services they needed.

Our college student designed Mental Health report listened to 350 young people's experiences, which we shared with local decision makers

Summer

We carried out consultation for the GM 'Big Conversation', shaping the GM Health and care plans with Bury peoples' voice.



Our Dementia survey listened to the experiences of people who had tried to get a dementia diagnosis.

Autumn

We worked with the Pharmaceutical Needs Assessment and looked at how Bury residents use pharmacies, and what they need from them.

We shared our findings around availability of NHS dentists to people in Bury, and had NHS England providers answer to us at our local Health Scrutiny committee

Winter

When it was reported people were wrongly being refused access to GP appointments due to their immigration status, we ensured that they were given the treatment they needed.

We raised concerns and worked with system partners to understand how the situation surrounding the BBC Panorama scandal around abuse and neglect at the Edenfield secure mental health facility in Bury arose and how the system can ensure it never happens again.

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

Vaccine Uptake

Our work exploring vaccine confidence with people from different backgrounds and work to help people access vaccinations allowed many to understand and make decisions for themselves.

NHS communication & admin

We have worked with services to provide the accessibility and quality of their communications to make them clearer and better understood by more people

Patient transport

We worked shared the experiences of Bury people who had suffered poor patient transport services into the commissioning process which ultimately saw a new provider take over and improve the service.

Waiting list support

After we and other organisations called for an urgent response to hospital waiting lists, and better interim communication and support, the NHS set out a recovery plan to address the backlog.

NHS dentistry

We continued to voice public concerns that improvements to NHS dentistry are too slow, leaving thousands of people in pain.

Healthwatch Hero

Celebrating a hero in our local community.

Kaloyan contacted Healthwatch Bury following his experience of seeking emergency help for a middle-ear infection in November 2022.

The pressure on urgent and emergency care services has been a big story recently, with significant press coverage of ambulance delays and long waits in accident and emergency departments (A&E). Kaloyan's experiences showed that in stark detail.

To understand how the pressures have affected patients, Healthwatch England looked back at the experiences of urgent and emergency care services people shared with them between December 2020 and August 2022.

We shared Kaloyan's story with Healthwatch England , and as a result his story featured in the Financial Times.

"I was frankly shocked how they treated someone complaining of extreme pain. I was left on my own for eight hours in the waiting room without anybody checking on me,". - Kaloyan

His story has helped highlight the issues in the system, as well as encouraging others to share their experiences.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

Bury Pride was a perfect event for us to engage with people who identified as LGBTQI+, and hear their experiences of accessing health and care services. Our report highlighted the areas where services need to consider peoples differing needs when they need help and how many are still not confident they would be treated with respect if the services were aware of how they identified. We shared these findings system wide, using personal stories to illustrate the reality.

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

We worked with Bury Council to review their social care financial assessments process prior to them recruiting to the department and planning changes to their processes. We heard from many who had recently been through the process to hear what they thought, as well as those who work with people that need them and produced a report with specific recommendations to how to improve the experience and effectiveness.

Improving care over time

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

Waiting lists for elective surgery grew considerably over the pandemic, and it will take a very long time to clear the backlog. We have been bringing patient experience of long waiting times and public concerns to the table to look at ways of improving the experience. We worked with the local system to create the 'waiting well' resources which give people the opportunity to be more informed about their wait, and what they can do in that time to improve their outcomes.

Our work on young people's mental health

In February 2022, during half-term, we involved students from the Holy Cross College and Bury College to help us co-produce a survey to gather feedback about local services from Bury's young people.

We gave the students the opportunity to decide from their own experiences what subject they felt most strongly about and mental health stood out most. The Covid 19 pandemic had caused severe disruption to many young peoples lives and had, they felt, taken a significant toll on their mental health and of that of their peers and family

Our recommendations:

1. Services should speak to young people more and involve them in designing their offer.
2. Get young people to speak to young people from similar backgrounds about mental health to ensure they understand their experiences better and can relate to their cultural values
3. Mental health organisations and charities to come to schools to talk about what is available and give talks awareness raising about available services.
4. Services should be involved in teaching young people about self-care, self-awareness, and self-appreciation from a young age.

What difference will this make?

Thanks to our report being shared across the bury systems, we have been involved in work around Children and Adolescent Mental Health Services, a project looking the transition from children's to adult services with Northern Care Alliance NHS Foundation Trust and other local projects being developed to address young peoples mental health.

"Everyone knows someone that needs some help with their mental health, but waiting lists for CAMHS are so long and you have to be really, really bad for them to even want to see you, so you just live with it."

- A Bury student who completed the survey

Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Working with Bury Hearing Hub and Bury Blind Society, to listen to hear how their service users access GP services
- Helping local foodbanks to gather feedback from their users
- Listening to the experiences of people that have moved to the area escaping the conflict in Ukraine
- Gathering feedback from those that identify as LGBTQI+ at Bury Pride

And plenty more.

Better care for immigrant populations

Our work with people whose first language is not English has given us a window to a group that has faced many barriers in getting treatment they are entitled to.

We found that some people were being turned away from GP surgeries with reception staff saying eligibility rules had changed, and people from certain countries are no longer eligible for NHS treatment.

Our investigations and liaison with NHS England showed that to be the case, so we worked with the individuals, their practice and management to ensure they got the appointments they needed.

> Its scary when you need an appointment for your child and they say you can't have one."
>
> **– Bury Parent**

Breaking down barriers in communication and helping the vulnerable

When we met someone at out asylum seeker drop-ins who had suffered a history of torture, we found their complex care needed many specialist consultants involved to make it possible for them to have essential life-changing surgery. However they couldn't understand many of the letters they were sent and didn't have the knowledge to manage their own care.

Healthwatch Bury contacted services on their behalf to help make arrangements and explain the communication needs, meaning that they were able to be more efficiently helped through the system and have a voice in their treatment.

> "We just didn't know what to do, thank you."
>
> **– Feedback from an asylum seeker**

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up to date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost of living crisis

Help to find dental care in Bury

Healthwatch Bury had 74 people contact them for advice and information on dental services. The public reported to them that most practices were not taking on new patients, and that some had waiting lists of up to five years.

The impact of delayed treatment has resulted in people living with considerable pain, developing medical resistance and dental conditions worsening.

> "I was told it would be several weeks for an NHS appointment with my dentist, but if I pay privately with the same dentist I can see them later today day.
>
> I am in pain, but I just can't afford that"
>
> **– Ellie, Bury resident**

Healthwatch Bury's advice and information has meant people who need urgent treatment know their options and have clear information. We also helped people understand when they are and are not eligible for free care.

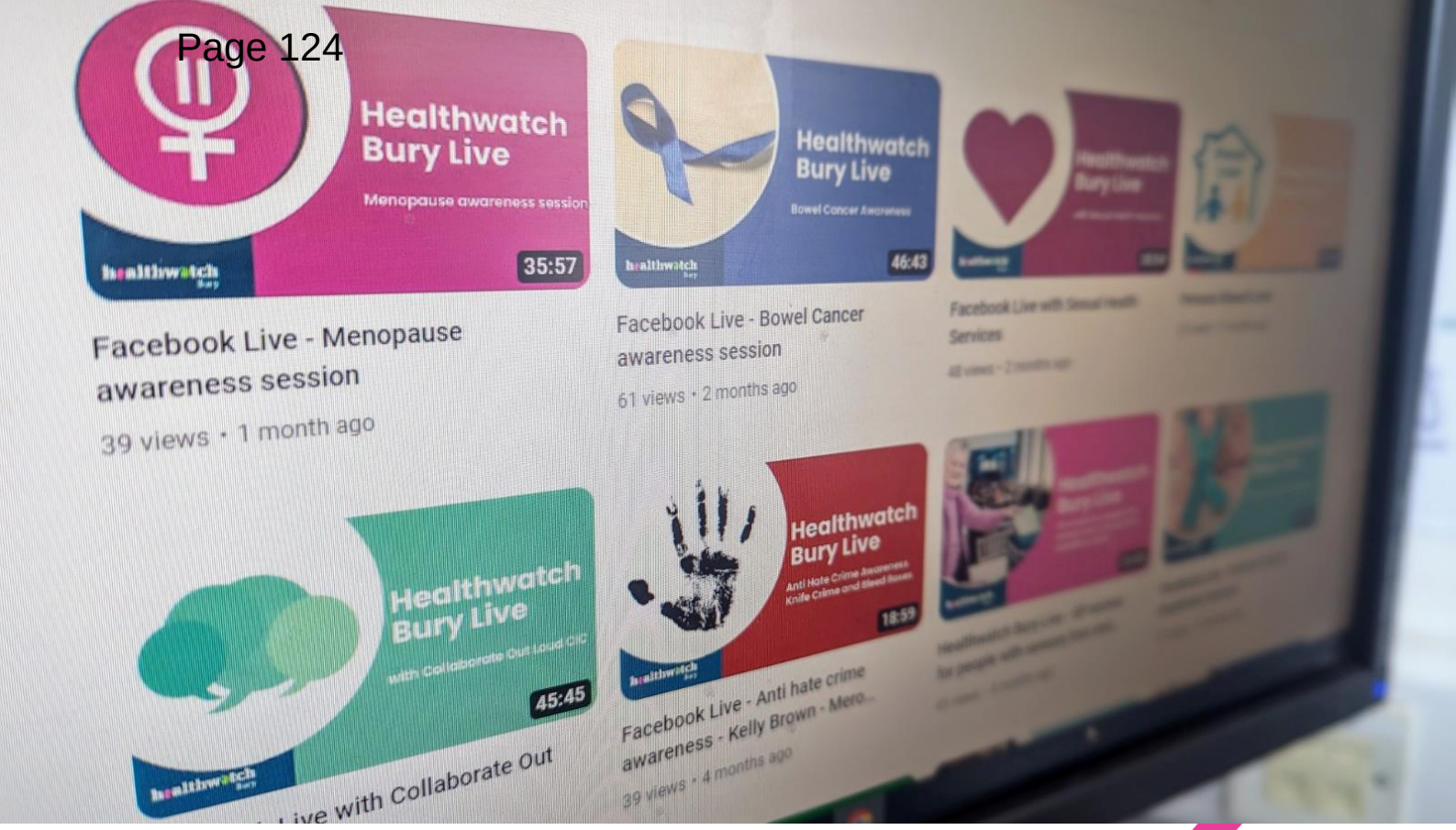
Healthwatch Bury have met with and shared information with the Greater Manchester NHS England dental commissioning team also presented findings to Health Scrutiny committee.

Helping residents in poverty get help

Our helpline often in the course of helping people with their health and care enquiries, will uncover people's additional needs.

In the 'cost of living crisis' we often hear that people who contact us about a health or care issue really need help in other areas too. We use our knowledge of our local area, our partner agencies and our research to help people in a holistic manner where we can. In all, approximately one in ten of the people who made an enquiry on our helpline needed help from a foodbank.

> I didn't even know someone like me could get that kind of help. I didn't know how much I needed to know"
>
> **– JP, Bury resident**



Online

Our Youtube channel now has more than 36 videos providing information from support groups and services, helping people understand the support that is available.

We have been broadening the spectrum of subjects covered and organisations we have worked with to address areas people have asked for information about. Audio-visual information is supported by subtitles and transcripts can be translated if required, making us more accessible.

Our other online highlights include:

- We published over 100 news and information articles about health and care affecting people in Bury on our website.
- We collected more than 250 survey responses on our SmartSurvey platform, giving us easy, rich and varied avenues of feedback.
- Our LinkedIn page keeps the professional world up-to-date with our work and events, which has resulted in more partners and stakeholders getting involved with us.
- How we use social media has given us the ability to collect feedback both directly, as well as using it as an 'ear to the ground' to find out what views are locally.

Knowledge on the web

We provided many guides, explainers and updates on our website alongside local news and developments around health and social care.

Covering all sorts of topics, there is a wealth of useful content constantly being updated to help people in Bury understand and navigate the system.

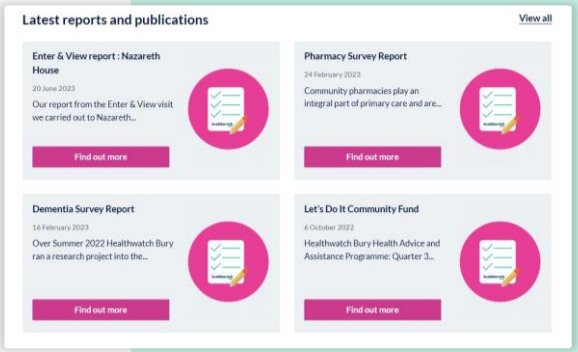
However we can also use our website to see where people need the most help – Our guid to 'How can you find and NHS dentist? ' was consistently one of our most popular pages, as was info on Bury sexual health services, which suggest people need better information on the subjects.

Seeing and hearing

Since April 2022 we have published 22 of our live information sessions on Youtube, giving an ever-growing library of audio-visual information presented by services and groups themselves in their own words.

Covering subjects including demential, long covid, sexual health, HIV & Aids, bowel cancer, recovery services and plenty more, the sessions contain lots of background and also include a Q&A session at the end.

Gathering reports



Our work often results in us creating reports on the areas we have been working on. For example this year we created reports on Student Mental Health, Pharmacy services in Bury, Demential diagnosis, as well as our report on our Enter & View visits.

You can find all these in the 'Reports' section of our website, along with past Annual reports, board minutes, activity reports and more.

Keep an eye out for our upcoming reports on Access to GP services for people with sensory loss and physical disability, and our GP referrals report, which will be out soon.

Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve
- Reviewed GP and dentist websites to review accessibility
- Collected the most up-to-date information on changes to services, such as whether NHS dental appointments were available at a practice

Florence

Since I began as a volunteer for Healthwatch Bury, I have seen a real growth and increase in their work.

More projects are being taken on all the time, for example, for people with dementia and their families, access to GPs for people with sensory disabilities and Enter and View visits.

Also many more outreach visits are taking place, for example on park benches, at Prestwich Clough day to name two.

This is all as well as keeping up with legislation, linking in with the national Healthwatch body, networking locally to name a few other tasks.

As a volunteer, it keeps me up to date in what is happening in the health and social care field nationally as well as in my local area.

It allows me to meet up and work with employees and other volunteers so enhances my life as a retiree but I hope some of my experience brings a little value to the organisation.

Hannah

"I really enjoyed my voluntary role with Healthwatch Bury and I received a high level of support from my volunteer lead Charlotte. I could tell that my work was contributing to the impact the organisation was making and the team regularly expressed their appreciation for my work. Undertaking the role helped me to develop my confidence in a professional setting and ultimately helped me secure my dream job in the voluntary and charity sector. I will forever be grateful for the opportunity they gave me"

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchbury.co.uk

0161 253 6300

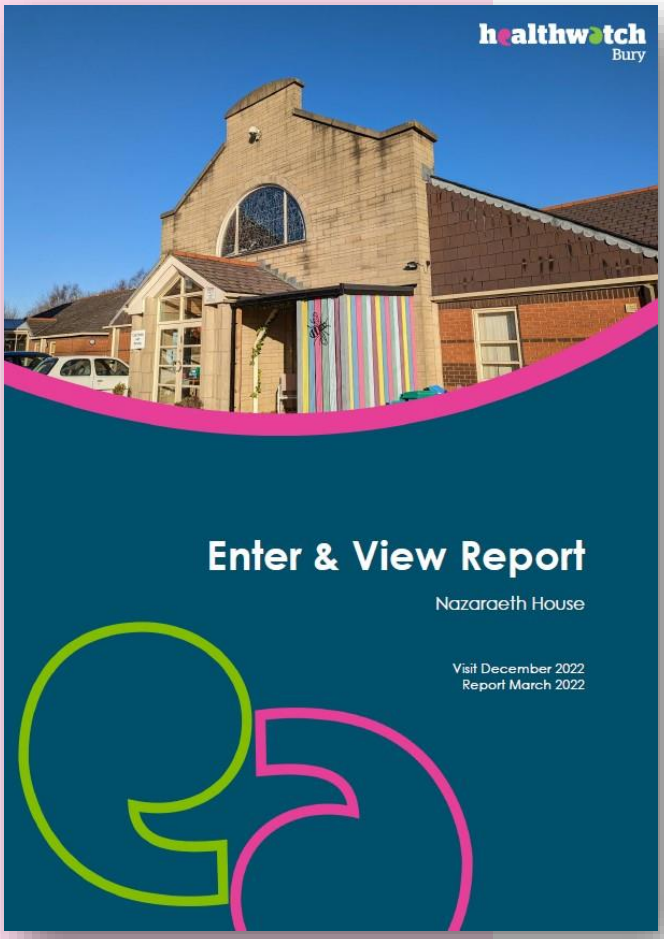
Charlotte@healthwatchbury.co.uk

Our Enter & View Authorised Representatives

These are our Healthwatch Bury volunteers that have gone through our thorough Enter & View training processes and have passed the relevant Disclosure and Barring checks, enabling them to conduct visits on behalf of Healthwatch Bury.

- **Caroline Sutcliffe**
- **Florence Sokol**
- **Alison Slater**
- **Alan Norton**

In addition to the above, our staff team have also undergone the training and checks and are authorised to conduct Enter & View visits.



Find our Enter & View report along with all our other reports on our website at: **healthwatchbury.co.uk**.

If you would like a paper copy or require the in any alternative format please contact us.

healthwatch 10 years

Helping to improve services *Together*

Our board & team

2022 saw our board of directors grow in number with some fantastic new knowledge, skills and experience added.

We also had changes to the staff team and we began our new Enter & View programme with our trained team of authorised representatives.

Our Board of Directors

Ruth Passman - **Chair**

Alan Norton - **Treasurer**

Tan Ahmed

Steve Treadgold

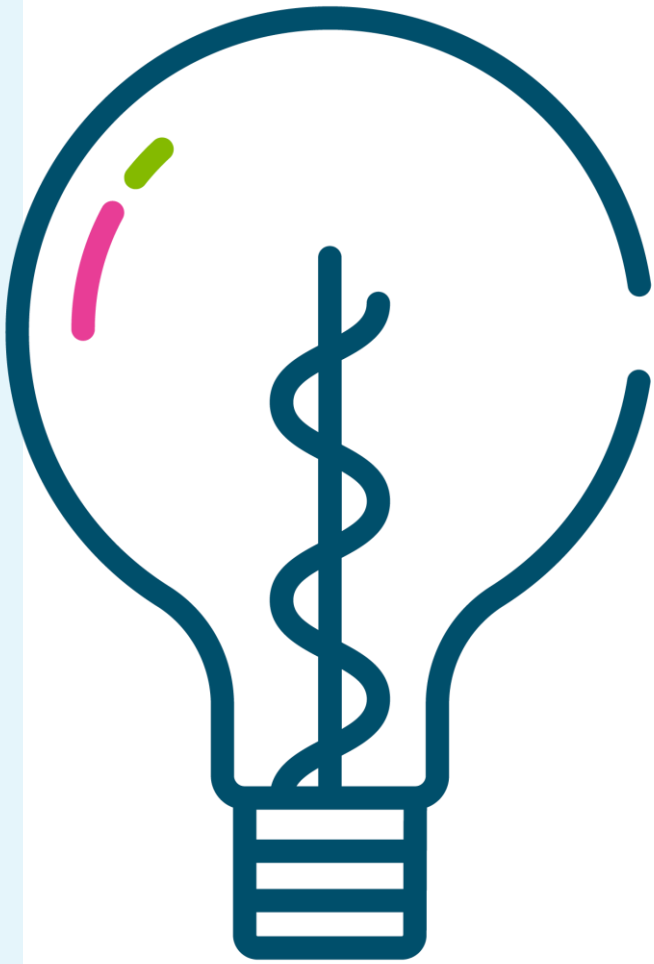
Alison Slater

Jeff Glasser

Masoud Sanii

Gita Bhutani

Caron Blake
(stepped down January 2023)



Do you feel inspired?

We have the opportunity to recruit more experience, skills and knowledge to our board, so please get in touch today if you think you are interested.

www.healthwatchbury.co.uk

0161 253 6300

Info@healthwatchbury.co.uk

Our staff team

Adam Webb - **Chief Operating Officer**

Annemari Poldkivi – **Research & Public Participation Officer**

Andrea Wilson – **Administration & Social Media Officer**

Shirley Waller - **Engagement Officer**

Charlotte Foster – **Volunteer Coordinator**

Beverley Santana Vega – **Engagement & Project Officer**

Laura Vallance – **Project support**

David Britton – **Project support**

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£122,000	Expenditure on pay	£129,191
Additional income	£2479	Non-pay expenditure	£18,073
		Office and management fee	£11,686
Total income	**£124,479**	**Total expenditure**	**£158,950**

Additional income is broken down by:

- **£1,500 funding** received from Healthwatch England for work on a social care needs project
- **£979 funding** received from a Healthwatch England for website migration support

Next steps

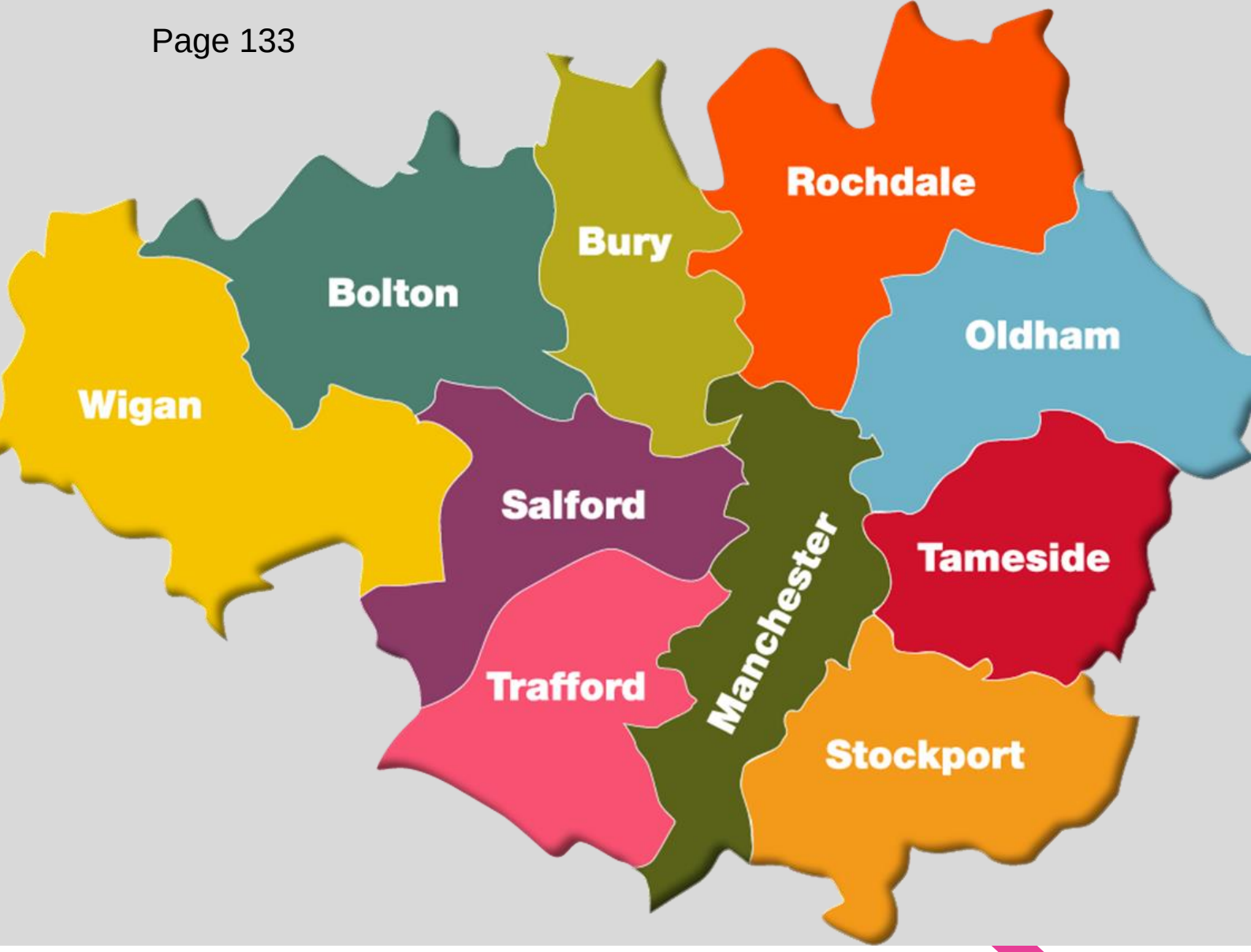
In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Top three priorities for 2023-24

1. Addressing health inequalities.
2. Listening to the voice of Children and Young People, making sure they are heard and involved the design and commissioning of care that they receive.
3. Guiding people through an ever more complex system of health and care, particularly those who are most vulnerable, to help them get the care they need.



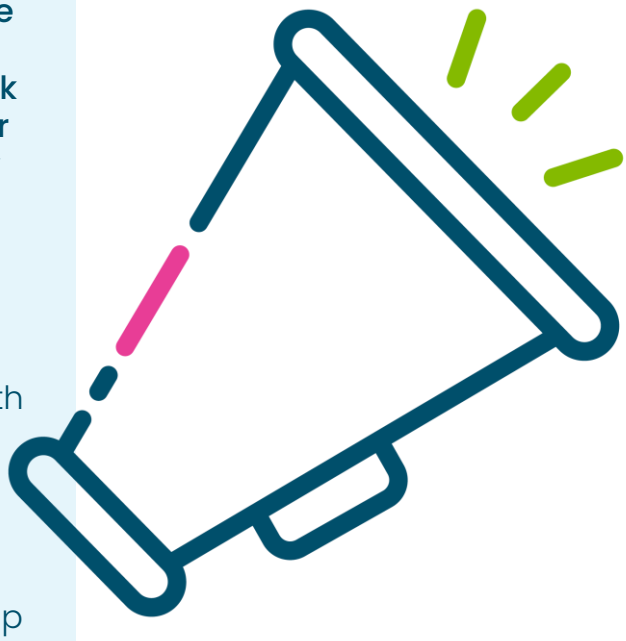
Representing Bury across GM

Working as part of the Greater Manchester Healthwatch Network we are making sure that the people of Bury are represented, informed and listened to at a regional level. With more commissioning and service design happening via the new GM Integrated Care system, our work with our local Healthwatch partners is more important than ever.

In July 2022 the health and social care landscape changed and we not only witnessed the creation of the integrated care structures but as a network of independent local Healthwatch across Greater Manchester we established our role in those new structures.

This year we have:

- Published an All-age Strategy.
- Formalised a 3-year Partnership Agreement with Greater Manchester Integrated Care.
- Gathered opinion from across our local communities to influence the Greater Manchester Integrated Care Strategy and the Greater Manchester Integrated Care Partnership Strategy.
- Contributed to the development of the Greater Manchester Integrated Care Quality Strategy.
- Delivered our commitment to continue raising concerns regarding access to NHS dentistry
- Published an annual report, reflecting on our last year (which you can find in the reports section of the Healthwatch Bury website)



What we have done this year.

Spring

We formally approved and published our All-age Strategy 2023-25

We put our framework of governance in place, including mechanisms for resolving conflict within the network and an ICS risk assessment.

Summer

We met with representatives of local pharmacies to discuss pharmacy transformation and how Healthwatch can make information available to local people.

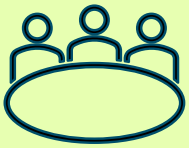
We supported Big Conversations within our local communities to inform the ICS Strategy.

Autumn

We met with the National Director of Healthwatch England and Sir John Oldham to discuss our plans and influence in Greater Manchester

On behalf of our local communities we wrote to Greater Manchester Mental Health NHS Foundation Trust for assurances following the Panorama programme.

Winter



We engaged with Greater Manchester IC leaders to influence the Quality Strategy and the ICS forward plan.

We wrote to the Mayor of Greater Manchester with our concerns regarding access to NHS dentistry.

Our plans for 2023-24

We will continue with the detailed work and projects we have started this year, but we will be looking at some new areas of focus, driven by the feedback we have received and by the stories of Bury people.

Information for young people, by young people

We are going to be working with schools and colleges to give children and young people more of a voice and help them access better quality information, produced in a way that is appealing to them.

Working on subjects chosen by them and using their methods to engage with their peers, we will provide them with the tools and platform to make a difference to how health and care works for them.

Women's health and menopause

Listening to feedback has shown us that there are lots of areas around women's health and care services which could be improved by listening to those that have used them.

Understanding how menopause affects how women interact with services, what support is on offer to those going through it and needing help and raising awareness of the barriers to good experiences that they encounter.

Understanding issues with changes to prescriptions

We received concerns and complaints from people struggling with changes to prescription services which are having negative impacts on their wellbeing.

From problems getting repeat prescriptions, blister packs being withdrawn in some pharmacies and issues with online services to access to life-saving medicines being reliant on a single person to prescribe and what happens when they are unavailable. We will be feeding our findings and recommendations into the system to make improvements.

Statutory statements

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

Healthwatch Bury uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 9 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met 6 times and made decisions on matters such as workplan priorities, organisational governance and our involvement in local systems.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and will share in alternative formats upon request.

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our local authority area for example we take information Locality board, System Assurance Committee, Quality Safeguarding and Performance committee, the Social care Risk Escalation Group etc.

We also take insight and experiences to decision makers in the Bury and Greater Manchester Integrated Care system. For example, we sit on the Greater Manchester Integrated Pharmacy and Medicines Optimisation task groups representing Bury peoples experiences of pharmacy services in the improvement process, as well as feeding in on behalf of our colleagues in neighboring Healthwatch. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we carried out our first Enter and View visit. We made 3 recommendations as a result of this activity.

Location	Reason for visit	What we did as a result
Nazareth House Care Home	Disparity between CQC ratings and public feedback/reviews	Wrote a report with recommendations for the home to action. Additionally, issues raised by the home staff and management have been escalated to appropriate points in the Bury system.

Healthwatch representatives

Healthwatch Bury is represented on the Bury Health and Wellbeing Board by our chair Ruth Passman. During 2022/23 our representative has effectively carried out this role by sharing our intelligence and providing quality assurance and a patient & public perspective to the boards proceedings.

Healthwatch Bury is represented on Greater Manchester Integrated Care Partnerships by Tracey McErlain-Burns who has served as chair of the Greater Manchester Healthwatch Network for the past year. We are represented locally at the Bury System Quality, Safeguarding & Performance Assurance Committee, Bury Elective Care and Cancer Recovery Reform Board, Bury Population Health Delivery Partnership, Carers Strategy Core Partnership Delivery group, Bury Older People and Ageing Well Partnership meeting and the collective Team Bury as well as many more specific groups and committees.

2022–2023 Outcomes

Project/ activity	Changes made to services
Pharmacy report	Fed into Health Scrutiny, used in planning and review of pharmacy provision.
Dementia Report	Being used in the development and review of dementia services in Bury. We are feeding into dementia discharge work with Northern Care Alliance Hospitals.
Enter & View – Nazareth House	Home now implementing our recommendations, including those around communication with families.
Access for asylum seekers to GPs	Reception staff now are aware of the rights of patients to access without charges or need for proof of eligibility across the borough.

Message from our Chief Operating Officer

Bury has seen a year of changes, highs and lows in its health and care landscape. We must be sure to learn the lessons it has given us.

The BBC Panorama documentary that exposed the awful experiences of those that were resident in the Edenfield secure mental health unit has rightfully raised many questions in the borough, where a facility which was 'under the noses' of our system, but not connected locally leaving a lack of oversight which manifested in what became a national concern.

It has to be a moment where system leaders stop and ensure they can really understand such a thing could happen, and we at Healthwatch need to be asking the question "what could we be doing differently?" so that people that find themselves in that kind of situation as well as their friends & families can confidently come to us to express their concerns.

Elsewhere our unique ability to independently collect feedback and represent people has helped us to grow in importance in the Bury system.

Adam Webb - Chief Officer, Healthwatch Bury

We have sought answers for people unable to advocate for themselves, helped people to navigate the system getting them the care they needed and made sure the patient voice is listened to at every level.

Healthwatch Bury is 10 years old now, and we are well aware of the challenges we face in the area. But the importance of what we are here to do is as clear as ever.

As every year goes by we are increasingly aware of how necessary it is for us to speak up on behalf of those using services, and we shall continue to do everything we can to improve the experience of people using health and social care in Bury.

"Most people think the NHS is just the NHS – You shouldn't need to worry about which trust funds what treatment, or if what happens in your area is different to what happens for your neighbours. When you need help, you just need it to work"

– A Bury patient at Salford Royal Hospital

Healthwatch Bury

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Heap Bridge
Bury BL9 7HT
www.healthwatchbury.co.uk

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Facebook.com/HealthwatchBury

linkedin.com/company/healthwatch-bury-cic

Agenda Item 12

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	04 September 2023	**Action**	Receive
Item No.		**Confidential**	No
Title	Bury Integrated Care Partnership System Assurance Committee summary report		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Carolyn Trembath, Head of Quality (Bury)		
Clinical Lead	Cathy Fines		

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

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

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

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
System Assurance Committee	19/07/2023	Summary to be provided to Locality Board

BURY INTEGRATED CARE PARTNERSHIP

System Assurance Committee Highlight Report – July 2023

1. Introduction

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

2. Background

2.1. This report is a summary of the System Assurance Committee held on 19th July 2023.

3. Headlines from the System Assurance Committee

3.1 Maternity/Ockenden update

- The GM assurance processes for maternity services in response to the Ockenden reviews was presented. The locality Maternity Board meets regularly and has representation from both main maternity providers, Bolton FT and Manchester FT.

- There is no maternity unit in the Bury locality with the majority of ladies in giving birth at North Manchester or Bolton.

- 7 national Immediate and Essential Actions (IEAs) that Local Maternity and Neonatal Systems (LMNS) are charged with ensuring are implemented following the initial Ockenden Review. LMNS's will also oversee that the IEA's from the Ockenden final report, which was published late in 2022, are progressed. The responsibility now sits at a Greater Manchester ICB level with the assurance is being led by the Greater Manchester and Eastern Cheshire LMNS.

- Maternity Voices Partnerships are funded on a maternity unit footprint rather than localities. Bury ladies access Maternity Voices Partnership via the North Manchester or the Bolton option, depending on where they are booked for maternity care.

- GM Maternity Board looks to ensure that feedback from Maternity Voices Partnerships is understood across the ICB, particularly into those localities without a maternity/birth unit.

3.2 Datix/GP feedback

- Datix is primarily used by GPs to feedback issues and concerns in relation to how services are provided to their patients.

- Quarterly a report is provided theming the concerns that have been raised and the actions taken in response.

- A GM document was published in August last year, in relation to how primary, secondary and community services should be working together going forward.

- The Primary/Secondary Care Interface Group (PSCIG) previously met and was formed between the HMR, Oldham and Bury localities with NCA colleagues to work through some of the issues that were being identified and to make it a two way process, linking to the six elements that were stipulated in BMA guidance that was published well before the pandemic. The group was stood down in the summer of last year mainly due to the formation of the ICB.

- Going forward there will be a change to how incidents are reported; the NHS Serious Incident Framework (SIF) is being retired at the end of December and PSIRF (Patient Safety Incident Reporting Framework) and LFPSE (Learning From Patient Safety Events) will be rolled out. There is work ongoing to look at how this could be implemented in general practice and GM is taking a lead nationally on that.

- Learning From Patient Safety Events (LFPSE) will be a dynamic system that will enable practices; to report directly to providers where they have concerns and providers to report directly to practices. Datix in Bury will be compliant with LFPSE.

3.3 Healthwatch in Greater Manchester and Bury Annual Reports 2022-23

- There are ten HealthWatch covering the GM localities who work together in order to ensure local concerns are raised.

- Plans for the coming year were shared which include
  - a project to help signpost and guide young people to reliable sources of information;
  - a project on Women's Health and menopause
  - work on prescriptions.

3.4 Quality Report

- ADHD/ASD - work has been ongoing to identify the cohorts of patients that were impacted by the removal of the of LANCuk as our ADHD/ASD provider in the middle of last year. There are significant numbers of patients that were part way through a referral/assessment process where no activity has taken place for over 12 months now.

- Queries being raised via patient services, MP/councillor enquiries are being handled on an individual basis.

- GM is looking to undertake a procurement process for a longer-term provider and this will be shared when available.

- Burrswood - progress has been made in relation to how patients in the unit that is being

proposed to be closed will be managed going forward. This is to mitigate impact on the wider nursing and care home provision in Bury.

3.5 Risk Report

- Neuro-developmental pathways, LeDeR risks remain unchanged at 12 and 16 respectively with targets of 4.
- Neuro-developmental pathway investment is being made to enhance the offer from CAMHS.
- LeDeR the oversight that is needed to take forward the learning still needs to be resolved, this is being discussed at the MH, LD and Autism Partnership Boards to seek resolution. There are capacity issues which are a constraint.
- Community pharmacy provision was added to the risk register following SAC in May and scores at 12. Actions are being agreed across the locality and with the PCN.
- Work is underway to ensure locality risk reporting is inclusive across the IDC.

3.6 Awards/achievements

- **National Learning Disability and Autism Awards –** Ansar Projects
- **Armed Forces Gold Employer** – awarded to Bury Council
- **GM Health and Care Champion Awards** – Volunteer Champion award to Brett Clayton, Volunteer Coordinator at Bury Involvement Group
- **World Para Athletics championships** - Kyle Keyworth, Bury Business Support has been representing GB taking place in Paris.

4 Associated Risks

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

5 Recommendations

5.1 None.

6 Actions Required

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

Carolyn Trembath
Head of Quality (Bury)

carolyntrembath@nhs.net
August 2023

Agenda Item 13

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

Links to Strategic Objectives	
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SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☒
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☐
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	☐

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
Strategic Workforce Group	20/09/2023	Workforce Strategy is due for approval in September SWG following presentation/email circulation.

Workforce Update

1. Introduction

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

2. **Background**

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

2.2. The Workforce Team have led on the development of a Bury Locality Workforce Strategy based around the five priorities of the GM strategy as below:

- Workforce Integration
- Good Employment
- Workforce Wellbeing
- Addressing Inequalities
- Growing and Developing our Workforce

2.3. Given the significant financial challenges for our locality, our workforce strategy articulates the opportunities for collaborative solutions to contribute savings/efficiencies via our worforce programmes.

2.4. Our locality Workforce Team continues to support the transformation programmes as a key enabler. The workforce hub enables delivery of system wide OD programmes, system wide national training initiatives and locality based ethnography and strength based training.

2. Workforce update

3.1 Over the last 6 months the Locality workforce strategy has been co-produced with all Bury system partners led by the locality workforce team. Our strategy articulates the workforce challenges and our shared workforce priorities for the Bury system. It also demonstrates the commitment of our partners to collaboration to address these challenges.

3.2 Due to the size and scale of our workforce challenges in health and care although there are some quick wins, the work is largely transformational and therefore require capacity and time to experience the benefits/impacts e.g. collaborating with schools and colleges in a co-ordinated way for health and care to support people to understand careers options in health/care, developing and enabling accessing pathways into work experience/placements etc.

3.3 A locality workforce workshop took place on the 6th July to share the draft strategy with partners and to work together to progess the workforce priorities by developing the key outcomes, metrics, agree the roles, remit and workstreams/infrastructre to progress the priorities. There was strong engagement and involvement from all partners and following this, it has resulted in the production of the final locality Workforce Strategy. Due to the cancellation of IDCB in August this is now due to be presented/approved at IDC Board on the 27th September.

3.4 Due to the size and scope of the strategy and limited workforce expertise/resources across our system,

the approach to the delivery of the Workforce Strategy has been with a distributed system leadership model in mind, playing to the strengths of a range of partners. The ambition is to strengthen collaborative working and build/develop system leadership across our workforce agenda.

3.5 The workforce team are working with the Bury locality finance lead and senior workforce colleagues across the system to co-ordinate a Bury system wide workforce engagement exercise to enable our wider workforce to provide any potential ideas for savings. This will be led/co-ordinated through both our Strategic Workforce Group/WEF and Locality Finance Group.

3.6 The workforce hub continues to support the transformation programmes providing expert HR knowledge, advice and guidance including the diagnosis, design and delivery of a number of OD programmes system wide. A number of programmes are currently being supported in various stages e.g. GP leadership development/GP Board development.

3.7 A system wide promotional/recruitment event for entry level health and social care practitioners will take place in October 2023. A generic health and social care employment event took place on 5th July 2023 in Bury Town Hall. 500 delegates attended.

3.8 Good Lives GM is a collaboration between GMCA and the Innovation Unit. They are currently embarking on an innovative piece of development called System Shifting Leadership. Following a successful bid, the Bury Locality Workforce Team has been selected as one of 6 projects to experiment with this new approach. This will bring additional development, coaching and support to enable the Workforce Team to try some different ways of working with the intention of improving our system approach.

4 Associated Risks

4.1 50% reduction in total localtity workforce team resources (1 WTE FTC ended August 2023 covering SBT/ethnography, 1WTE vacancy), with remaining 1 WTE postholder delivering the workforce requirements with support from AD of Workforce.

4.1.1 Increased requirements for support from our transformation programmes.
4.1.2 Limited workforce professional capacity system wide to deliver workforce strategy.
4.1.3 Delivery against the commitment to take a more distributed leadership approach.
4.1.4 Availability of workforce data across the system to monitor impact and outcomes.
4.1.5 High level bank/agency spend and challenging in filling vacancies in some of our health and care providers in the system

5 Recommendations

5.1 To note the workforce priorities in the Bury Locality Workforce Strategy.

6 Actions Required

6.1.1 To continue to encourage commitment to the workforce programme from partner organisations and active engagement with a more distributed leadership approach.
6.1.2 To acknowledge the system wide collaboration involved in producing the Bury Workforce Strategy and it's clear alignment with the ambitions of the "Let's Do It" strategy.
6.1.3 To support the engagement in the Good Lives GM System Shifting Leadership programme

Kat Sowden/Kath Wynne-Jones
August 2023

BURY INTEGRATED CARE PARTNERSHIP

Locality Performance Report August 2023

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Contents

BURY INTEGRATED CARE PARTNERSHIP

August Headlines

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

In June 23, the total number of GP appointments increased by 8% on the previous month.

A&E attendances remain high and have not seen the usual seasonal drop. The high attendances impacted on A&E 4 Hour performance, decreasing by 2.1% in July and an increased number of patients experiencing 12 hour waits.

Elective waits have increased for the third consecutive month in July with 31,548 patients currently waiting. Patients waiting over 78 weeks decreased by 61% compared to May, with 25 patients remaining.

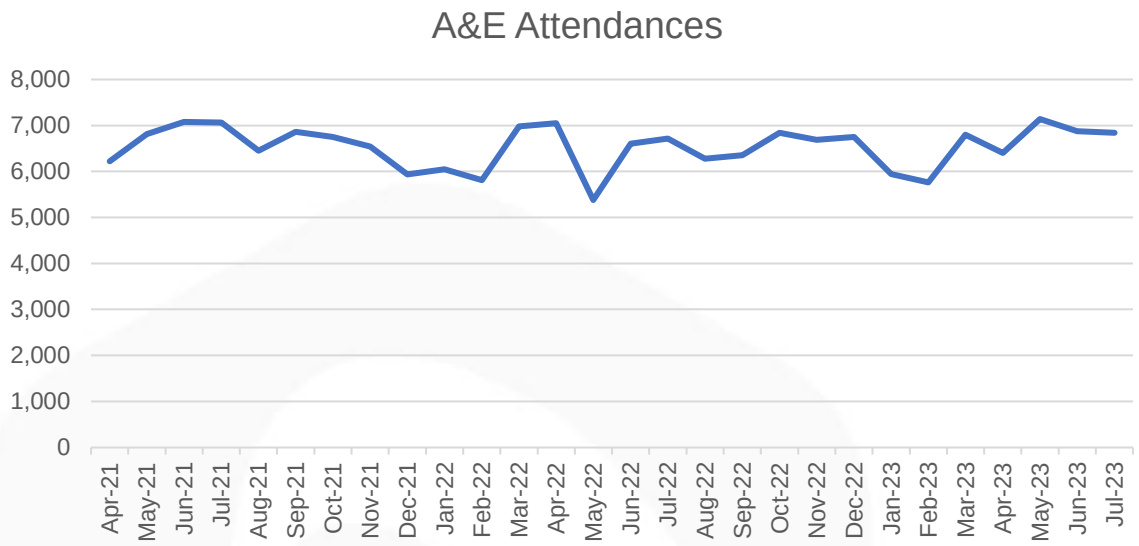
Cancer 2WW and 28 Days have both increased slightly on performance in June, this is despite higher referrals in the last two months, which is a trend seen across GM.

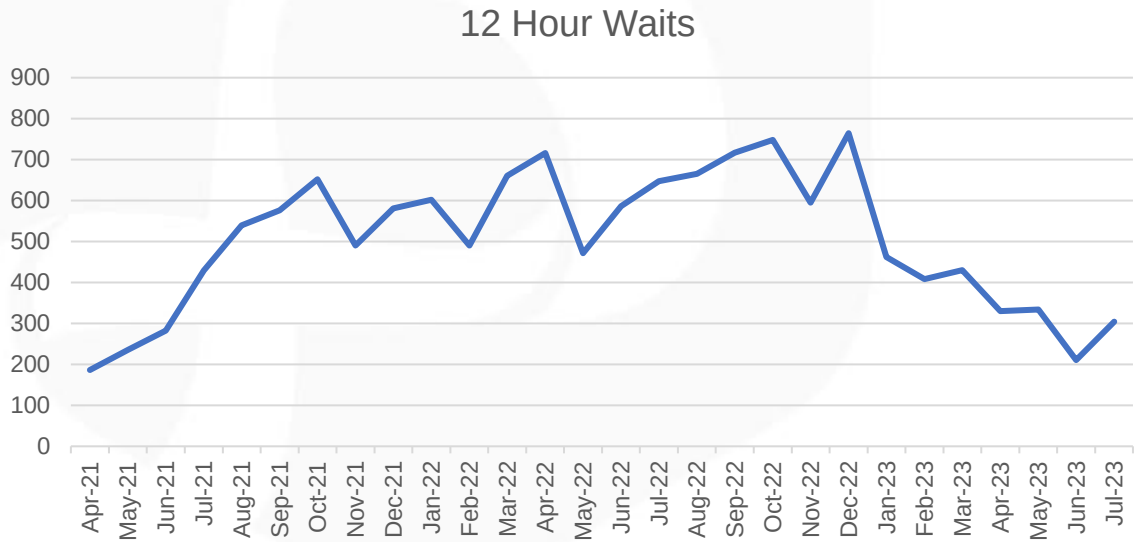
IAPT patients seen within timeframe has increased in June and Bury is currently performing better than GM.

The percentage of the Bury population on the palliative care register has increased in July.

UCR 2 hour response was above the target of 70% in May at 75%, this was previously 60% in April.

Urgent Care

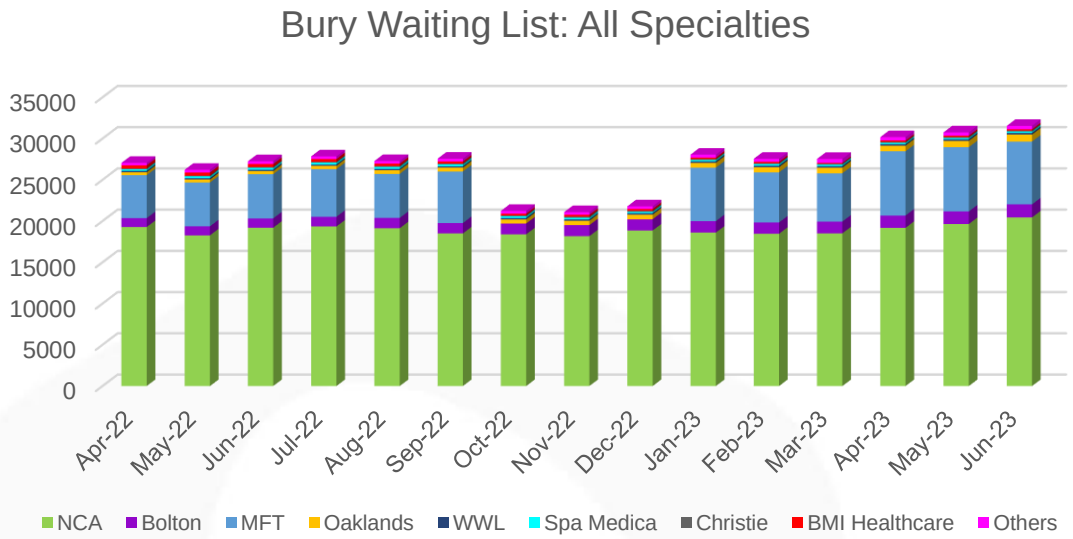


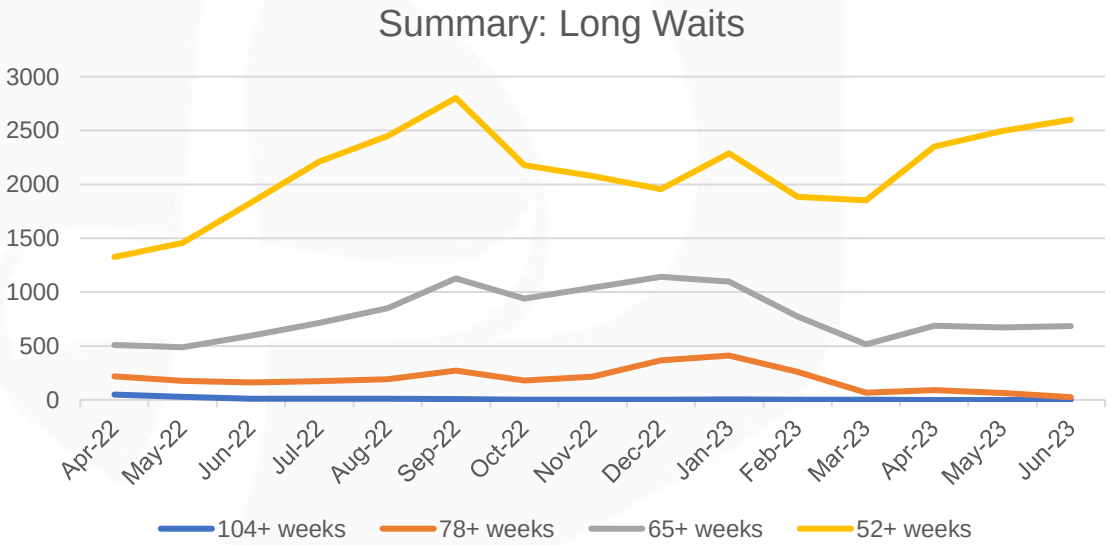


- There were 6,843 A&E attendances from Bury registered patients in July 23, broadly similar to July 22 (6,716). However, noting a slightly higher proportion of Adult attendances than usual at 78% of attendances this year compared with 74% in July last year.
- 4 hour performance in July was 70.6%, a slight decrease on the previous months performance of 72.7%.
- The number of patients experiencing 12 hour waits (from arrival) rose slightly in July to 304, after a downwards trend in previous months.
- A&E attendances for mental health conditions have stayed static in the last few months.

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

Elective Care

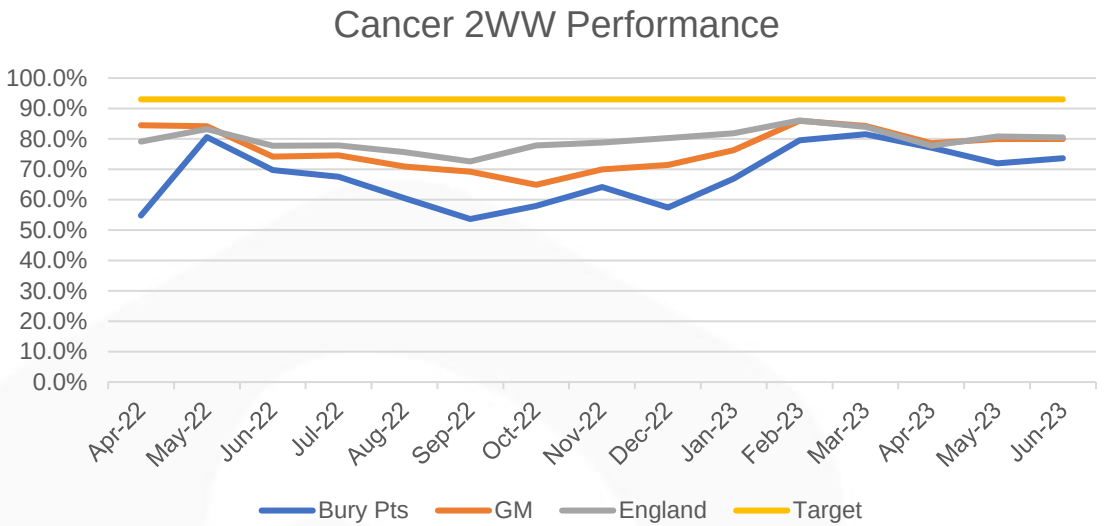


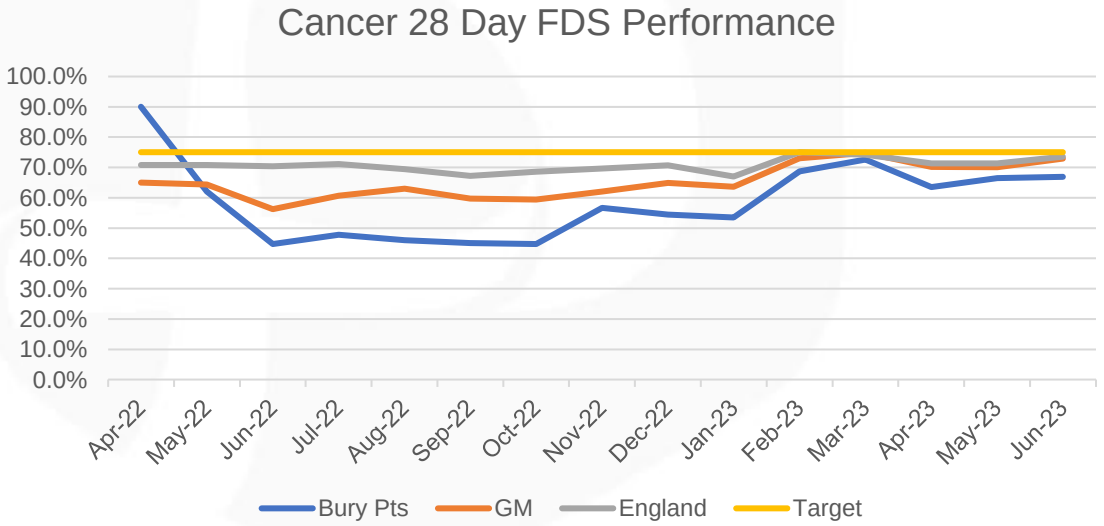


- Oct, Nov & Dec 22 elective waits impacted by lack of MFT data. Published data since January 23 now includes MFT.
- Published June data shows an increase on May 23 (+2.6%, +793 pathways). Since May 23 there have been small increases across some specialties with Dermatology showing a 8.5% increase and T&O showing an increase of 6.5%.
- Small reductions seen across seven specialties in June, Plastic Surgery (-6.8% since May) and Oral Surgery (-3.4% since May) .
- Immediate target was to eliminate 78+ week waits by Apr 23. These have decreased on May's figure by -61.5% in June. Primarily the decrease is in Oral Surgery. GM expected there to be approx 675 78+ week waits at end of March, figures show there were 1054.

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

Elective Care





Cancer 2WW:

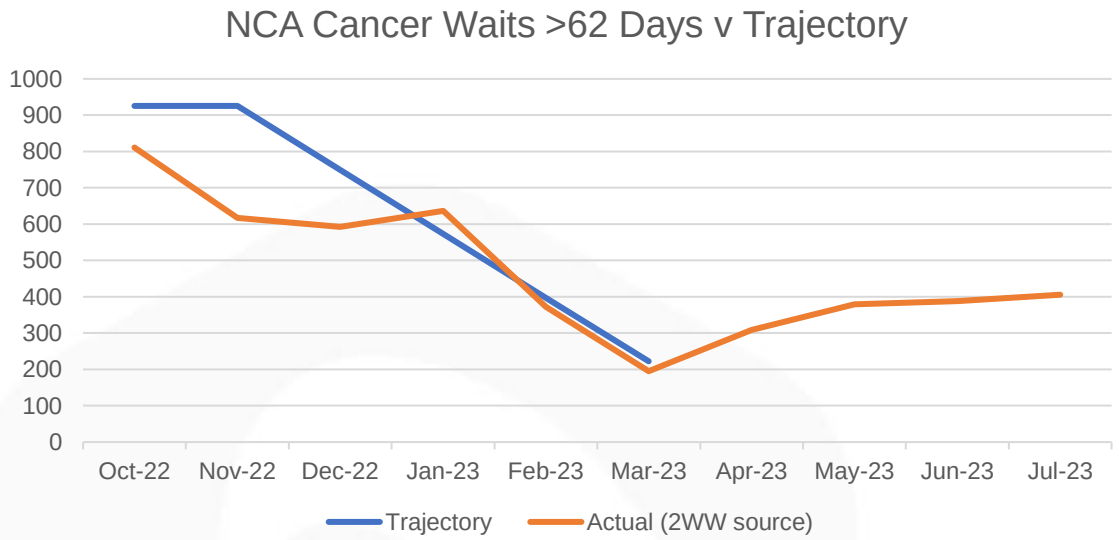
- Increase in performance in June to 73.6% for Bury patients, GM performance remained the same at 79.9%.
- Decrease by 1 to 266 breaches in June for Bury patients, 40% of which were in Skin (105) , up from 35% in May.
- Next highest were Gynae (80) and Breast (60)

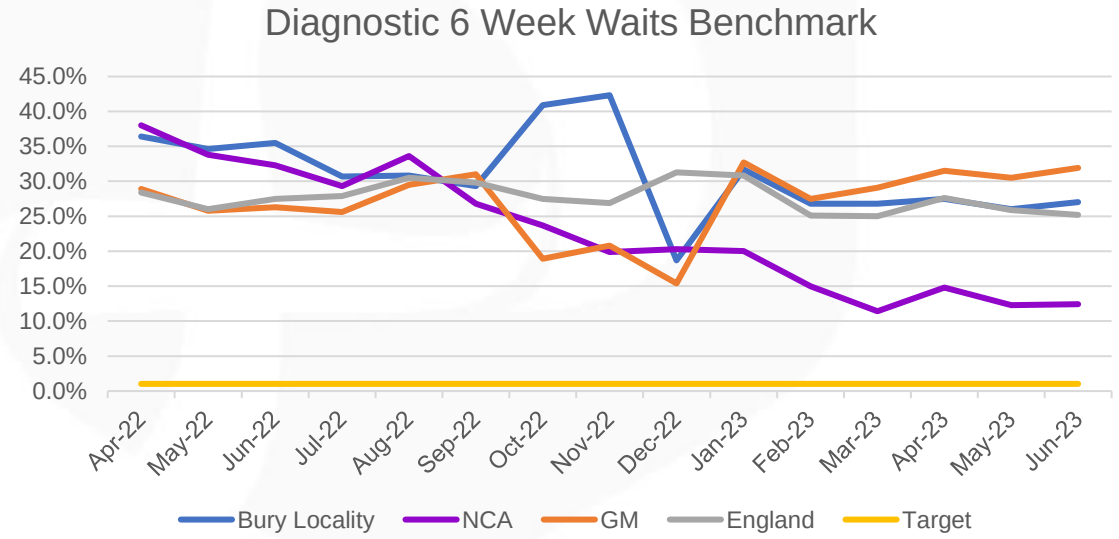
Cancer 28 days FDS:

- Increase in performance in June to 66.9% for Bury, however this is still below GM at 72.9%.
- Haematological cancers performance was at 40% in June, the second lowest of the tumour groups with only 2 referrals seen within timeframe.
- Gynaecology's performance is 22.5% for June which is a decrease on 29.0% in May.
- Skin Cancers have improved on 42.5% Performance for May to 61.7% in June.
- 23/24 guidance has restated the requirement to meet the 75% target by March 2024.
- Guidance also sets requirement to increase the % of cancers diagnosed at stages 1&2. Latest data (2020) shows Bury as 3rd best in GM at 53.6% compared to GM at 51.4%.

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

Elective Care





Cancer 62 day waits:

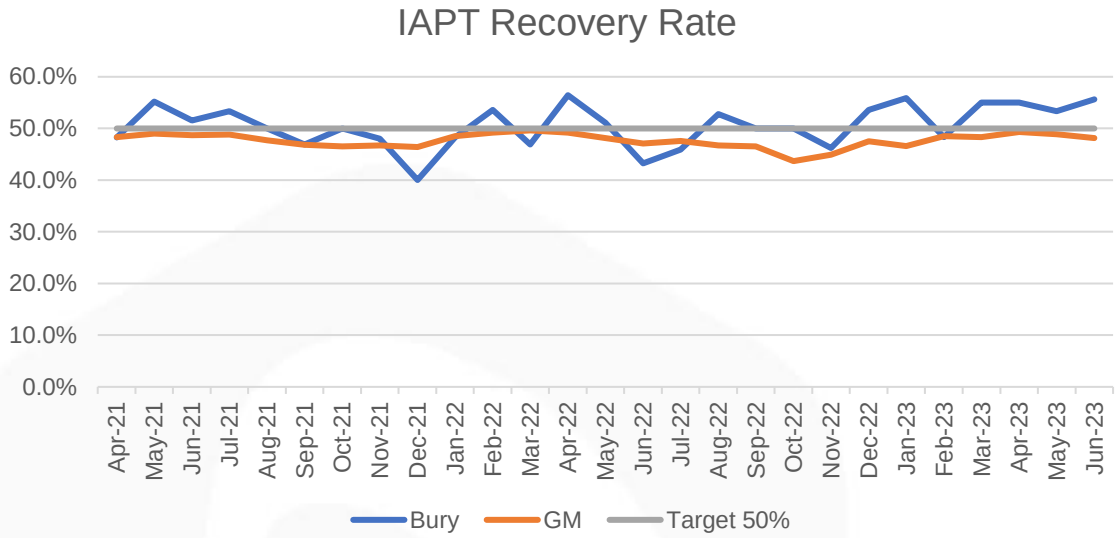
- 23/24 guidance sets the requirement to continue to reduce the number of patients waiting over 62 days.
- Current NCA target is 222 patients waiting >62 days by March 23. NCA is was below the trajectory but has increased again through the start of 23/24. NCA has a weekly cycle of improvement in place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

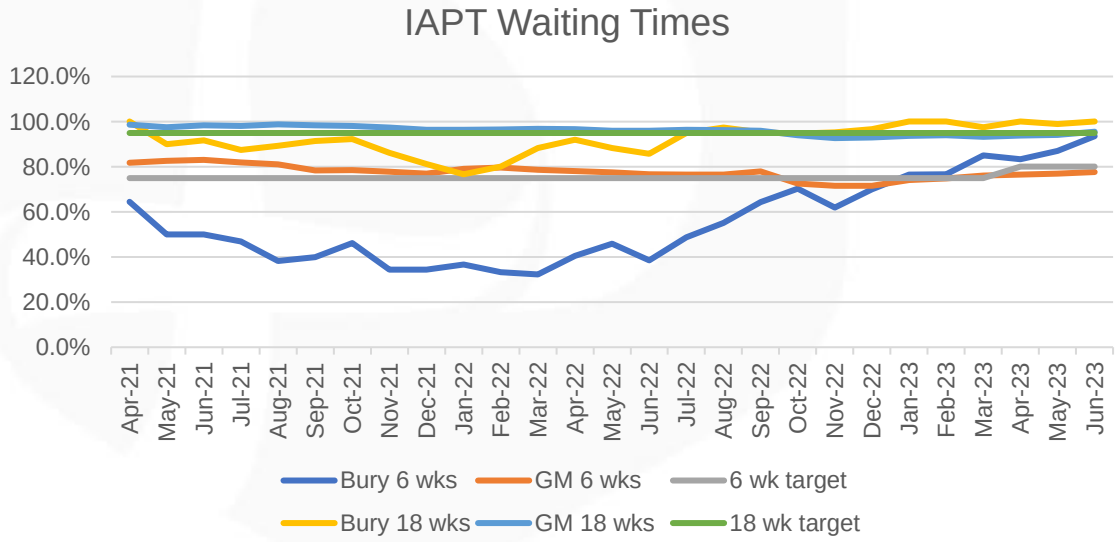
Diagnostic Performance:

- MFT Data is now included from Jan 23.
- June's performance of 27.0% is a slight decrease on the May figure (26.0%).
- Across November to January NCA performance has remained steady, but has seen increases and decreases since. Performance decreased from 12.3% in May to 12.4% in June.
- 23/24 requirement is to continue to work towards 95% of patients receiving diagnostic test <6 weeks by March 2025.

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

Mental Health





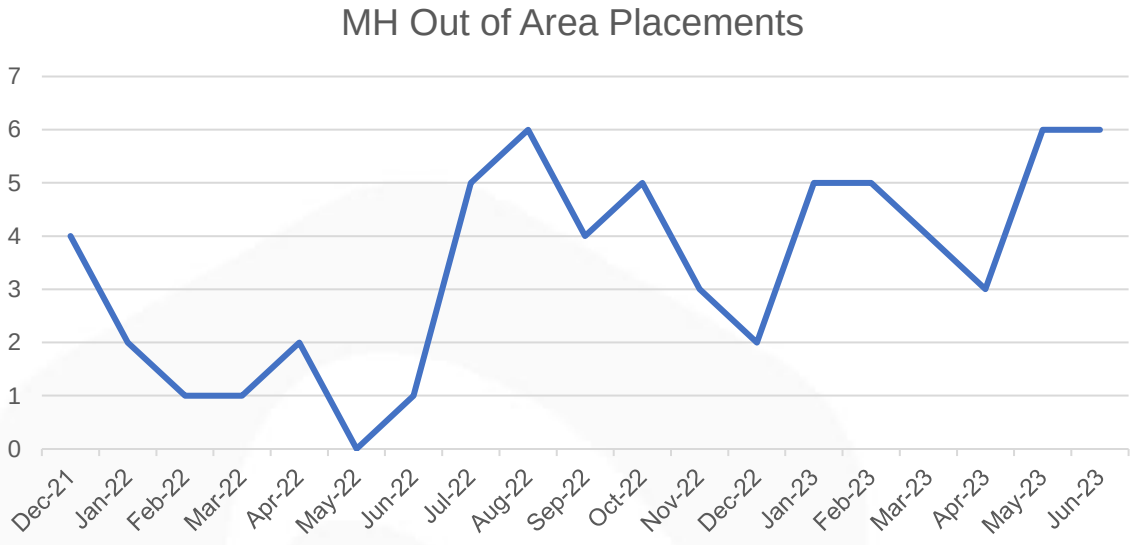
- IAPT: recovery rate – the rate for Bury has increased from May to June by 2.3%, with the current recovery rate at 55.6%. The GM rate decreased by 0.8% in June and is currently at 48.1%.

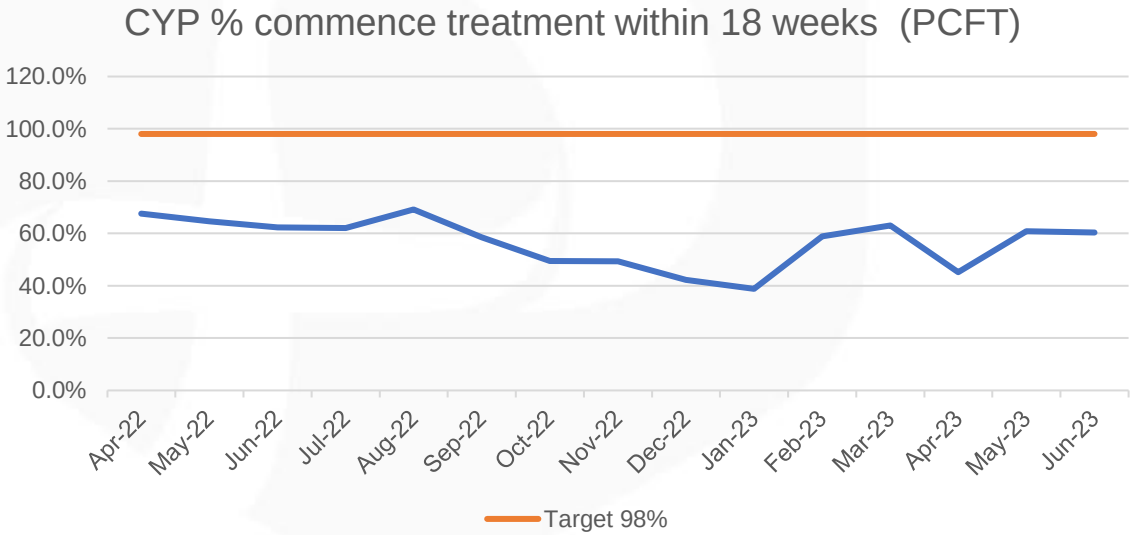
- IAPT: Seen within 6 weeks – the rate for patients seen within 6 weeks has increased by 6.5% in June with the current rate being 93.5%. This is significantly higher than the GM rate of 77.7%.

- IAPT: Seen within 18 weeks - the rate for patients seen within 18 weeks has increased by 1.1% in June with the current rate being 100%. This is higher than the GM rate of 95.5%

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

Mental Health

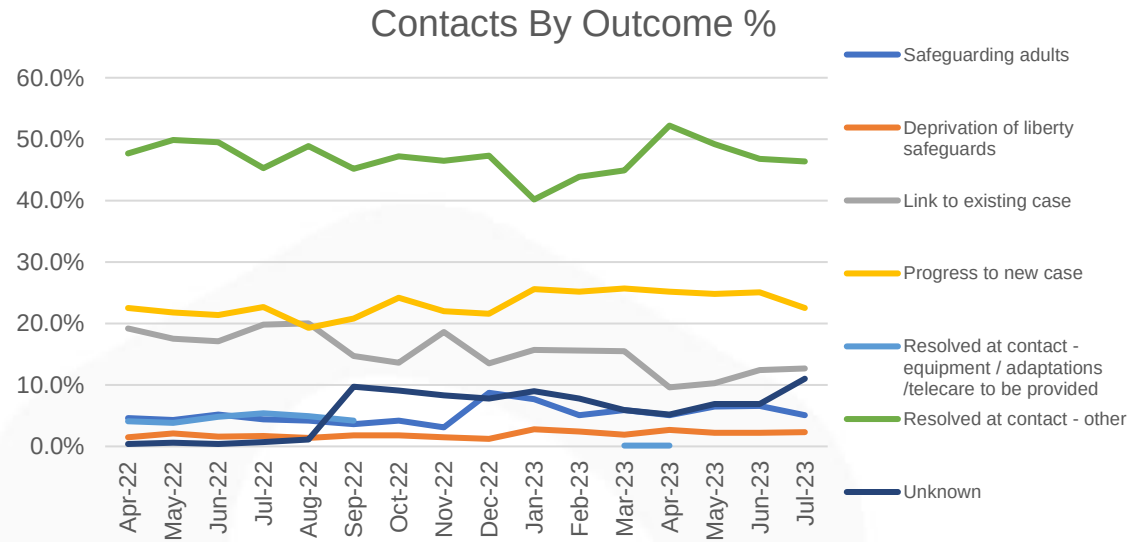


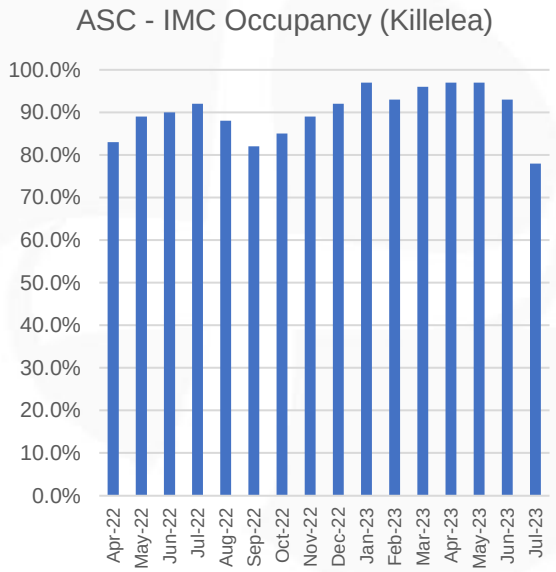


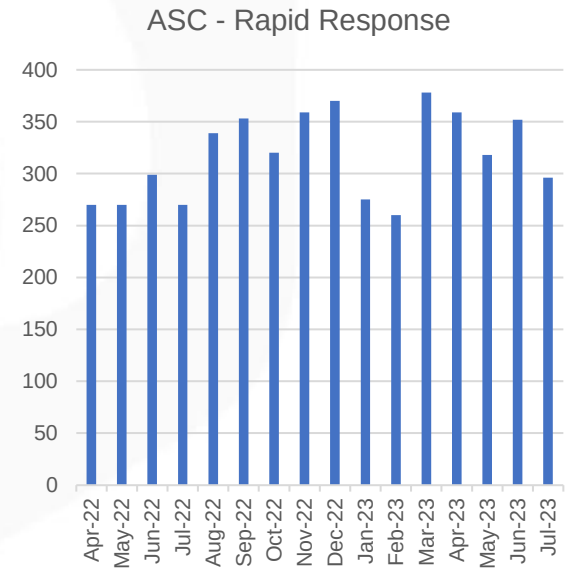
- MH out of area placements – the number of out of area placements in June has remained the same as May at 6.

- Access rate to Children and Young People's Mental Health Services – A decline in the proportion of CYP commencing treatment within 18 weeks has been seen at PCFT across 2022/23 and reflects the increasing demand seen since COVID-19. A joint proposed investment plan has been developed for the Bury system which, if approved, would see increased clinical capacity within the core CAMHS service. June has seen an decrease from May by 0.5%.

Adult care







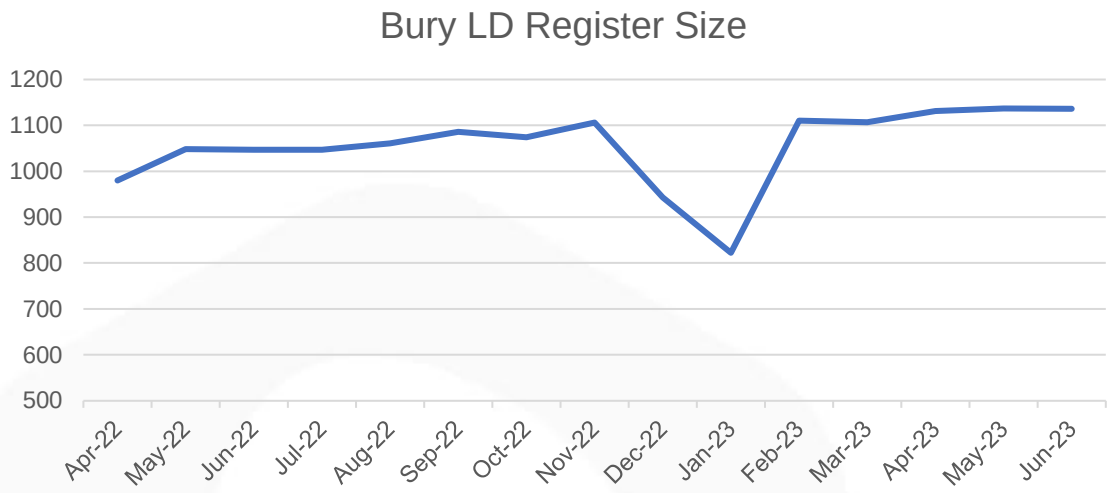
- The contact rate per 1000 population is not currently available from Aug 22.

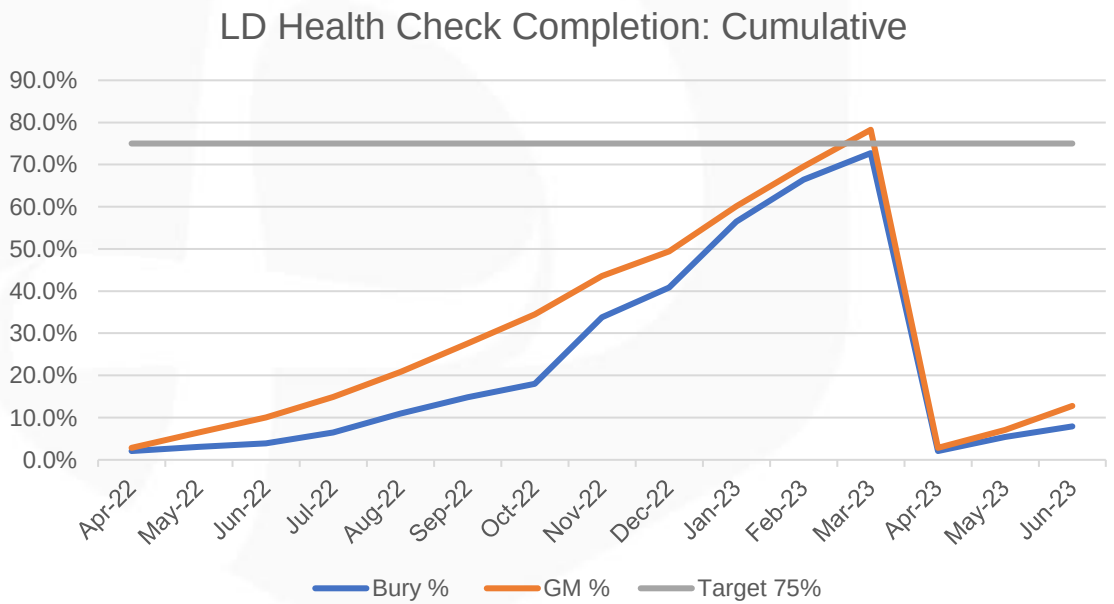
- Contacts by outcome – 22.5% of contacts progressed to a new case in July, which is a decrease on 25.1% in June. 5.1% of contacts resulted in safeguarding in July, compared to 6.6% in June. The percentage of unknown outcomes increased to 11.0% in July from 6.9% in June, the highest it was been since Sept 22.

- IMC Occupancy for Killelea – Bed occupancy was down to 78% in July which is the lowest since February 22.
- ASC rapid response – Total referrals were down by 15.9% to 296 in July from June.

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

Learning Disabilities



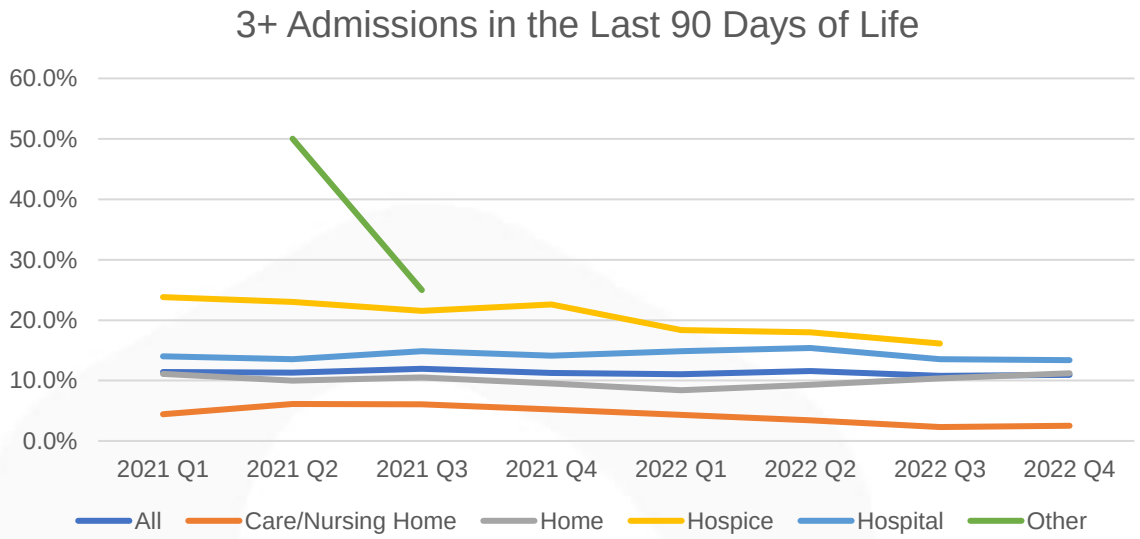


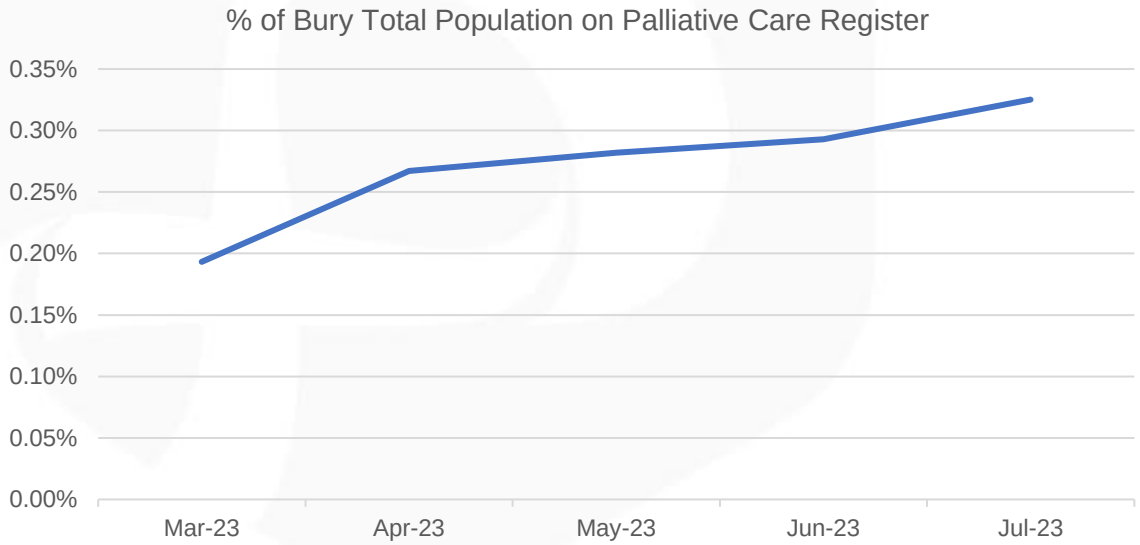
- LD Register: Requirement also to increase the LD register size. Register has increased by 15.4% in the 12 months to Apr 23 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been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

- LD Health checks: The cumulative position in 23/24 to Jun shows 7.9% of Bury patients have received an AHC. This compares to 12.7% for GM. Most AHC tend to take place in Q4.

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

End of Life





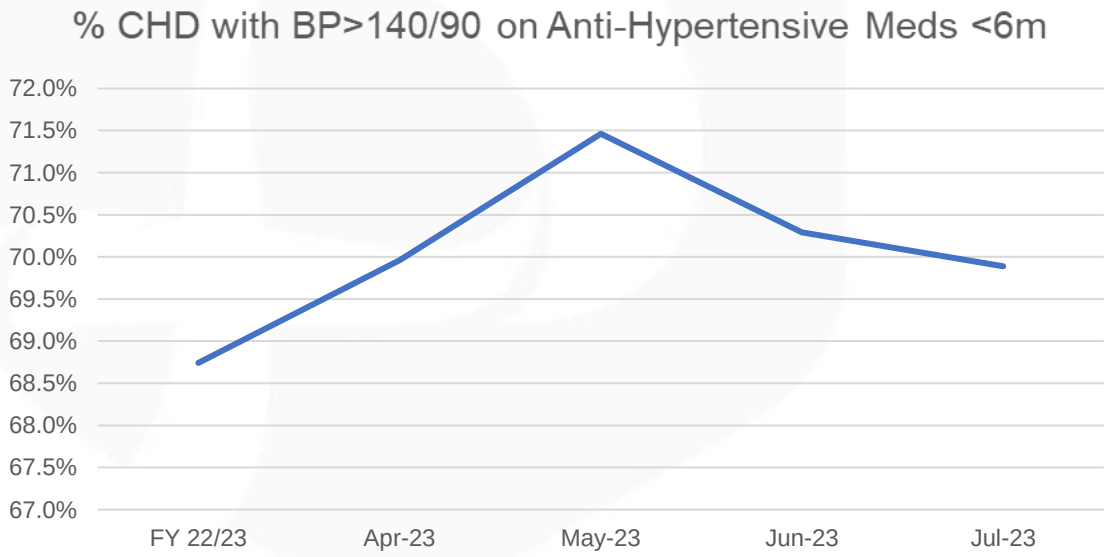
- Percentage of patients with 3+ admissions in the last 90 days of life – 11.0% of all deaths in Q4 of 2022 had three or more admissions in the last ninety days of life. Of those patients that died at home, 11.2% had three or more admissions, which was an increase from 10.4% on Q3.

- The percentage of the Bury population on the palliative care register has increased in July to 0.33% from 0.29% in June. This figure has been increasing each month.

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

Long Term Conditions

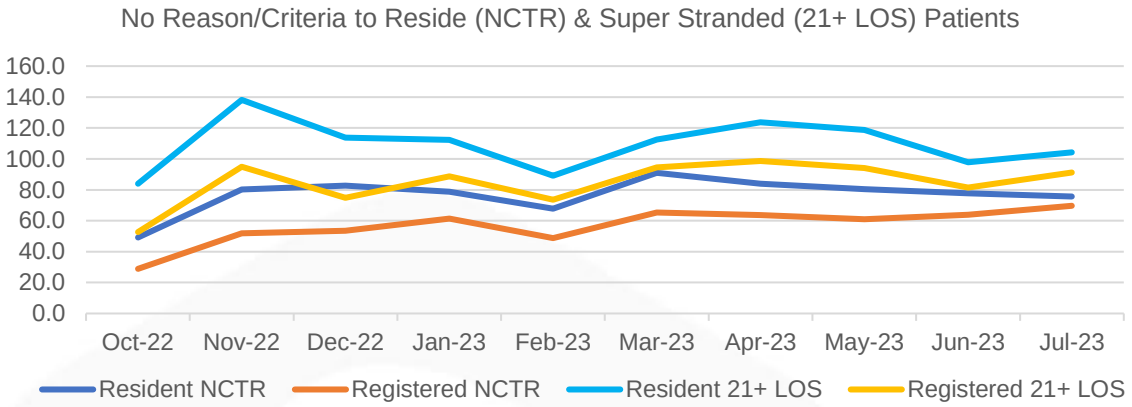
Diabetes Type 1	All Eight Care Processes		
Bury	355	895	39.70%
England	107,795	265,910	40.50%
DiabetesType 2 and other	All Eight Care Processes		
Bury	6,205	12,045	51.50%
England	1,985,545	3,436,315	57.80%

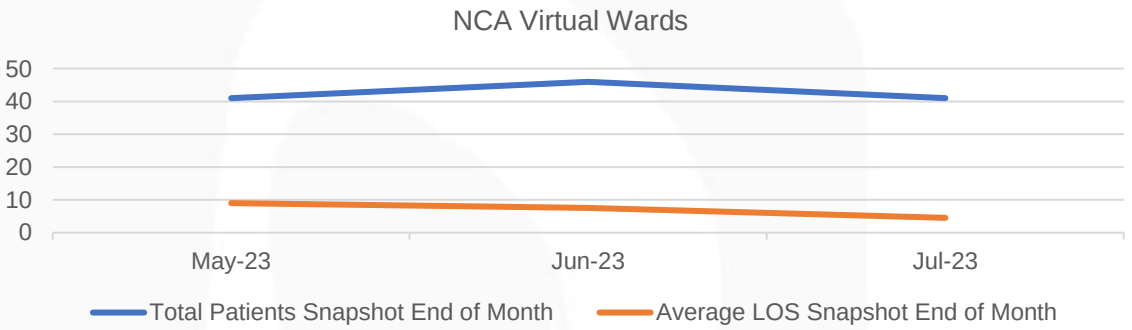


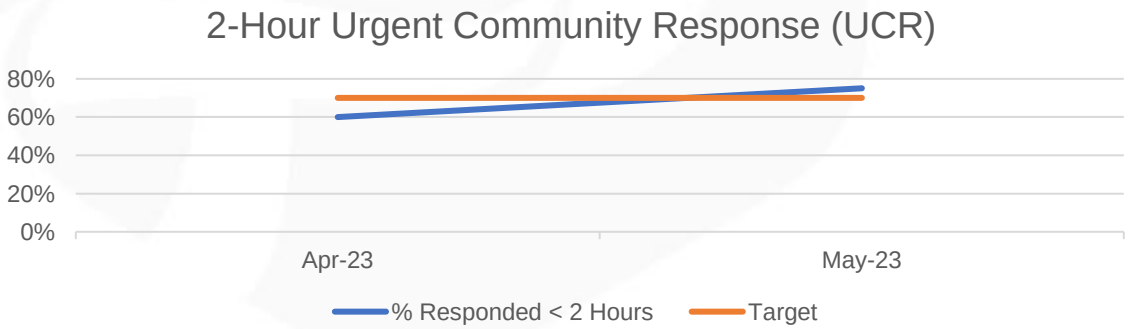
- Diabetes – For the period January 22 to March 23 39.7% of Bury patients with Type 1 diabetes had all eight care processes compared to 40.5% for England. 51.5% of those with Type 2 diabetes had all eight care processes compared to 57.8% for England.

- % of hypertension patients who are treated to target as per NICE guidance – 69.9% of patients were treated within target for July, which is a decrease on June which was 70.3%, however the YTD figure of 70.4% for 23/24 is still above to 22/23 figure of 68.7%

Community Services







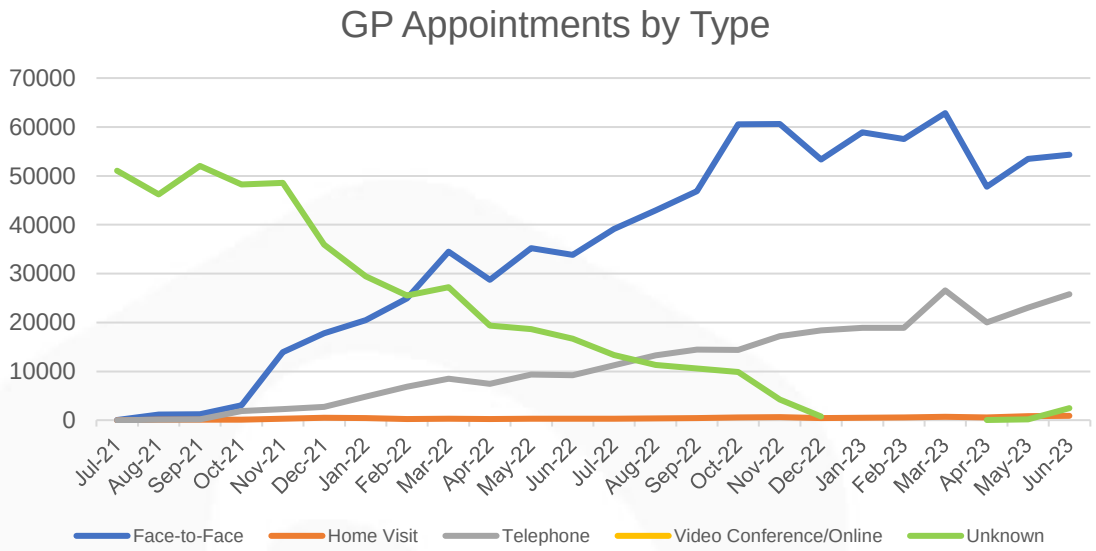
- NCTR monthly average for July was down by 2.8% for Bury residents to 75.6 from 77.8 in June. However the monthly average for registered patients went up by 8.9% to 69.6 from 63.9 in June.
- The average monthly length of stay since NCTR for residents has decreased by 9.3% from June to July, whereas the average for registered has increased by 0.8%. The average LOS for June for resident was 12.7 days and registered 12.8 days.
- The Super Stranded monthly average went up in July from June for both resident and registered with registered showing a larger increase of 11.9% from 81.6 in June to 91.3 in July.

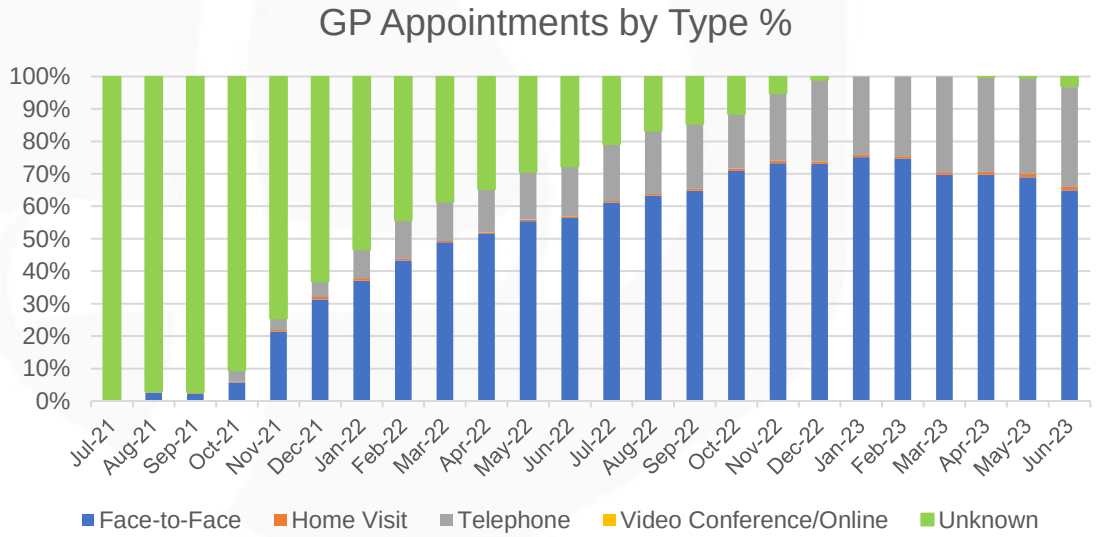
- The total patient snapshots in Virtual Wards at the end of July decreased by 10.9% on June to 41 patients from 46. The LOS also decreased by 40% to and average LOS of 4.5 days at the end of July.

- UCR 2 hour response was above the target of 70% in May at 75%, this was previously 60% in April.

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

Primary Care





- In June 23 the total number of GP appointments has increased by 8% on May 23.
- 64.9% of GP appointments were Face-to-Face in June 23 compared to 69.0% in May. Although the percentage split is lower for Face-to-Face in June 23 the number of appointments has increased by 1.6% on May 23.
- Home visits have increased by 5.6% in June but the percentage split by type remains at 1.1% for all appointments which was the same in May 23.
- The number of Unknown appointments types has increased significantly in June to 2463 appointments from 210 in May.

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

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Bury Primary Care Commissioning Committee (PCCC) Highlight Report

Chair: Will Blandamer
Reporting period: July 2023
Attendance: Acceptable (Meeting held virtually)

This report updates / informs the NHS Greater Manchester PCCC on the Bury PCCC work to date. It also provides an opportunity to raise any issues and inform of any changes that may affect the progression of work.

Key updates:

General Practice Contract Overview Year End 2022_2023 – Bury PCCC received a paper outlining performance by providers against general practice held contracts at the end of 2022/23 with next steps detailed on how to improve performance as required. **PCCC** noted the contents of the paper.

General Practice Contract Update Q1 2023/24 - Bury PCCC received a paper outlining performance by providers against general practice held contracts at the end of Q1 2023/24 with next steps detailed on how to improve performance as required. PCCC Bury were also asked to approve the required changes needed to the Bury LCS contract from 1 August 2023 to be implemented via a contract variation.

Quality Assured Spirometry and Paediatric Phlebotomy Service Waiver Continuations - PCCC Bury noted the intention to continue both contracts for the final 6 months of the year, until 31 March 2024.

PCN Capacity and Access Plan Overview – PCCC Bury received and supported a paper providing an overview of the general themes of the Primary Care Networks (PCNs) Capacity and Access Payment (CAP) Plan that have been submitted alongside the confirmation of Practices and PCNs to adopt a modern general practice access model to access additional transitional and transformation funding.

PC Family Campaign – Who's Who at your General Practice Toolkit – PCCC Bury noted the content, aims and objectives of the tool kit

GP Patient Survey Results July 2023 - PCCC Bury received the report which provided an overview of the Bury Integrated Care Partnership (ICP) GPPS results, along with a comparison to previous years and the national average. PCCC Bury noted the ongoing work regarding patient access and noted the requirement for continued improvement

Priority actions in coming period:

General Practice Contract Update Q1 2023/24 – progress actions as presented in the paper to ensure continued performance improvement against contracts and progress the Contract Variation with recommendations from PCCC members

Quality Assured Spirometry and Paediatric Phlebotomy Service Waiver Continuations – progress actions to ensure the contracts remain in place until 31 March 2024 and present options appraisal for commissioning of services for 2024/25 at future Committee

PCN Capacity and Access Plan Overview – progress actions to support PCN's where appropriate to achieve the requirements of their plans.

GP Patient Survey Results July 2023 – progress actions to ensure ongoing improvement work regarding patient access and continued improvement with regards to patient satisfaction

Decisions made:

Endorsed the approval of Contract Variation for the Bury LCS, with a recommendation received to make changes to the measurable outcomes for the new Whitefield & Unsworth Neighbourhood target accepted
Endorsed the continuation of the Quality Assured Spirometry Contract until 31 March 2024

Top 3 risks & mitigation:	RAG rating
Recruitment and retention of the workforce including ARRS recruitment/spend – work is in hand in understanding the risks associated with any underspend and of future planning in anticipation of the allocation for 24/25.	
Estates - The lack of suitable PC estate is impeding the way in which providers work and services are delivered. No mitigations in place, currently working beyond core hours to deliver services where necessary	
23/24 Budget Setting – allocation for Place and QIPP targets	

Any other information:
The meeting was held virtually but quoracy was achieved and decisions made were in line with TOR

Key escalations for NHS Greater Manchester PCCC:

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