

# AGENDA FOR

## HEALTH SCRUTINY COMMITTEE



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

**Councillors :** J Grimshaw, R Brown, E FitzGerald,  
M Walsh, C Boles, D Duncalfe, J Lancaster, L Ryder,  
N Frith, R Gold and M Rubinstein

Dear Member/Colleague

### **Health Scrutiny Committee**

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

<b>Date:</b>	Tuesday, 16 July 2024
<b>Place:</b>	Council Chamber, Town Hall, Bury, BL9 0SW
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

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

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

The minutes from the meeting held on 5<sup>th</sup> March 2024 are attached for approval.

### **4 PUBLIC QUESTION TIME**

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

### **5 MEMBER QUESTION TIME**

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

### **6 HEALTH AND CARE UPDATE** *(Pages 9 - 58)*

Presentation from Report from Will Blandamer, Deputy Place Based Lead - NHS GM (Bury) and Executive Director, Health and Adult Care - Bury Council attached.

### **7 ELECTIVE CARE WAITING TIMES** *(Pages 59 - 82)*

Presentation from Will Blandamer, Deputy Place Based Lead, NHS GM (Bury) and Executive Director, Health and Adult Care, attached.

### **8 HEALTH INEQUALITIES UPDATE**

Verbal update from Steve Senior, Consultant in Public Health.

### **9 COMPLIMENTS AND COMPLAINTS REPORT** *(Pages 83 - 98)*

Report from Cabinet Member for Health and Wellbeing attached.

### **10 URGENT BUSINESS**

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

**Minutes of:** HEALTH SCRUTINY COMMITTEE

**Date of Meeting:** 5 March 2024

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

**Also in attendance:** Will Blandamer, Executive Director (Health and Adult Care)  
Adrian Crook, Director of Community Commissioning  
Chloe Ashworth, Democratic Services  
Adam Webb, Chief Operating Officer, Bury Healthwatch  
Jane Case Bury NHS  
Councillor Pilkington, Representative for the Cabinet Member  
for Health and Wellbeing.  
Jon Hobday, Director of Public Health

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

**Apologies for Absence:** Councillor R Brown and Councillor D Duncalfe

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#### **HSC.1 APOLOGIES FOR ABSENCE**

Apologies for absence are listed above.

#### **HSC.2 DECLARATIONS OF INTEREST**

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

#### **HSC.3 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 24<sup>th</sup> January 2024 were agreed as an accurate record

Matters arising: Chloe Ashworth, Democratic Services provided an update on the establishment of a Joint Health Overview and Scrutiny Committee for Bury, Oldham, Rochdale and Salford. Oldham Council, who will be hosting the Committee have provided assurances that the Terms of References will be amended to reflect Burys concerns regarding waiving political proportionality at the first meeting and ensuring that one member from each local authority is present for the meeting to be quorate.

#### **HSC.4 PUBLIC QUESTION TIME**

There were no public questions.

#### **HSC.5 MEMBER QUESTION TIME**

There were no member questions.

#### **HSC.6 BURY HEALTHWATCH UPDATE**

Adam Webb, Chief Operating Officer, Bury Healthwatch attended to present an update to the Committee.

Key updates included an outline of the projects currently being undertaken:

- Pharmacy provision
- Pharmacy First initiative
- Women's health and menopause
- Prescriptions project
- Facebook live information sessions

Issues raised recently by members of the public are:

- Accessing the NHS App
- GP access
- Sexual health services and information available on the internet
- Access to appointments for contraception and HRT
- Access to dentistry and understanding of this
- Autism and ADHD Services and follow up services
- Medicine shortages

Councillor Pilkington highlighted that the report states there are roles available on the Board of Directors and encouraged members to consult anyone who may be suited for the roles.

Will Blandamer Executive Director provided assurance to the committee that Healthwatch has provided effective challenge and the voice of engagement with communities and the Council takes all their findings seriously.

Members were invited to take questions and the following matters were raised:

Members discussed the logistics of the Children and Young People projects and the volunteering of young people. In response Adam Webb, advised there are different opportunities planned:

- Enter and review programme – a visit to the CAMHS with a Young Person who has experienced the service
- Looking to involve young people in Healthwatch governance to produce resources for other young people

A Councillor raised he was concerned regarding shortages of medicines. In response Adam Webb advised, it is a concern to raise with the service directly, however Bury's Healthwatch has been working with other Greater Manchester Healthwatch's regarding the issues.

Members discussed the Enter and Review process and were informed, it is a statutory responsibility but have only started these within the last two years. The reviews are currently focused on care homes. Their purpose is to speak to residents, staff and relatives and the most recent review was to Killalea. So far all visits have been announced however there is a legal right to do it unannounced.

Members raised the low amount views on Healthwatch's recent YouTube videos. In response Adam Webb advised the figure is not always reflective of views as it may have been re-uploaded and some videos may be more useful to the public at a later date.

A member questioned the delivery of menopause awareness in Asian communities. Adam Webb advised that Healthwatch is placing specific focus on groups that may be harder to

reach. Methods such as giving people space to speak outside of public forums and groups is a way to engage with groups of people who may not wish to share in a public setting.

Councillor Fitzgerald highlighted that there is a lack of support resources for menopause awareness in different languages and suggested members may wish to fund towards the creation of these in the new municipal year.

Members held discussions regarding pre-paid prescriptions and suggested this could be better advertised within pharmacies.

It was agreed:

1. Members note the report and update.
2. The Bury Healthwatch report to be circulated to all Elected Members by Democratic Services
3. Democratic Services to circulate the ADHD Consultation to members of the Health Scrutiny Committee
4. Councillor Pilkington, wished to place his thanks to the committee for their scrutiny of the Health and Wellbeing portfolio over the last 12 months.

## **HSC.7 HEALTH INEQUALITIES**

Jon Hobday, Director of Public Health attended to provide a presentation to the Committee. The presentation was circulated to all members of the Committee in advance of the meeting.

Members were invited to ask questions and key concerns and points raised by the Committee were:

- Links between housing and health inequalities
- The links between health inequalities and paying the real living wage
- Members raised queries regarding ethnicity, disabilities and gender within the data set
- Members discussed the physical and food strategy.
- A member highlighted the Places for Everyone Plan and its link to fast food and takeaways, Members were informed that work is taking place with the Planning Department.

Councillor FitzGerald, Chair suggested the work surrounding fast food and licencing would be useful for the Committee to continue to review.

It was agreed:

- To note the update

## **HSC.8 OVERVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING**

Will Blandamer, Director provided an overview as to the background of the presentation. Members were informed that the Health Scrutiny has a particular responsibility to hold the

NHS to account and it is important to raise the profile and highlight challenges withing children and young people's mental health and wellbeing.

Jane Case Bury NHS attended and spoke through the presentation that was circulated to member in advance of the meeting.

The presentation covered the following topics:

- Myhappymind programme over 72% of primary schools have taken up this offer
- Bury digital app
- The Bury Children and Young People Mental Health System 2023
- Bury getting health pathways
- Bury CAMHS
- Workforce update
- A member highlighted that as chair of governors, the impact of 'myhappymind' is positive in school

Members were invited to ask questions and the following themes and topics were raised:

Cllr Pilkington, representing the Cabinet Member Health and Wellbeing outlines that the language used is much more positive and welcomed this language to continue.

A member highlighted the actions from Spectrum Gaming and asked for a completion date. Members were informed that some actions are outside of the scope of the Council and this has been communicated.

Discussions took place regarding the Councils strategic partner, Bury2gether in which Will Blandamer, Executive Director advised that the Council is committed to working with Bury2gether.

It was agreed:

1. Jane Case, NHS Bury will send out the interactive notice board link
2. Jane Case, NHS Bury made an offer to attend CYP Scrutiny Committee in the new municipal year.

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

Councillor FitzGerald advised committee members that the next GMCA Agenda will covering the budget position. The Chair highlighted the current GM NHS Budget deficit. Councils are yet to understand the implications of this and because of the timings it will not be considered during this committee year.

Once the report is made available this will be shared with all Health Scrutiny members for formal input from Committee members. The meeting is scheduled for 13/03/24 and therefore questions must be received by 11/03/24 before 5:00pm. If the public can attend Committee members are invited to ask a question at this meeting.

It was agreed:

- Papers will be circulated following the meeting.

## **HSC.10 URGENT BUSINESS**

Councillor FitzGerald took the opportunity to highlight that the Health Scrutiny Committee for 2023/24 had good debates and engagement and wished to thank officers and committee members for their attendance and support over the municipal year.

**COUNCILLOR E FITZGERALD**

**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9:10 pm)**

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# **Bury Integrated Care Partnership Operating Model, Priorities, NHS performance overview, and finance**

**Bury Health Scrutiny Committee 16<sup>th</sup> July 2024**

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**Will Blandamer**  
**Deputy Place Based Lead - NHS GM (Bury)**  
**and Exec Director, Health and Adult Care - Bury Council**

**Part of** Greater Manchester  
Integrated Care Partnership



# Contents

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- Role of Scrutiny - scrutiny and partnership
- Bury's Health Structures and Governance
- Bury's programme of works and priorities
- GM Context : operating model and plan
- How we are doing – NHS indicators
- Adult Care and Public Health Frameworks
- Finance



# 1. Health Scrutiny

# Role of Health Scrutiny

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The role of Health Scrutiny is to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area.
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services
- require employees, including non-executive directors of certain NHS bodies, to attend
- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- set up joint health scrutiny and overview committees with other local authorities
- have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
- have a mechanism in place to deal with referrals made by local Healthwatch

Since the establishment of Integrated Care Boards and wider Integrated Care Partnerships in 2022, the Department of Health and Social Care suggests scrutiny committee can be proactive and constructive scrutiny of health, care and public health services, done effectively, can build constructive relationships that deliver better outcomes for local people and communities

In Bury we do not have a separate committee for scrutiny of adult care and/or public health



## 2. Partnership Overview

# The Bury Integrated Care Partnership



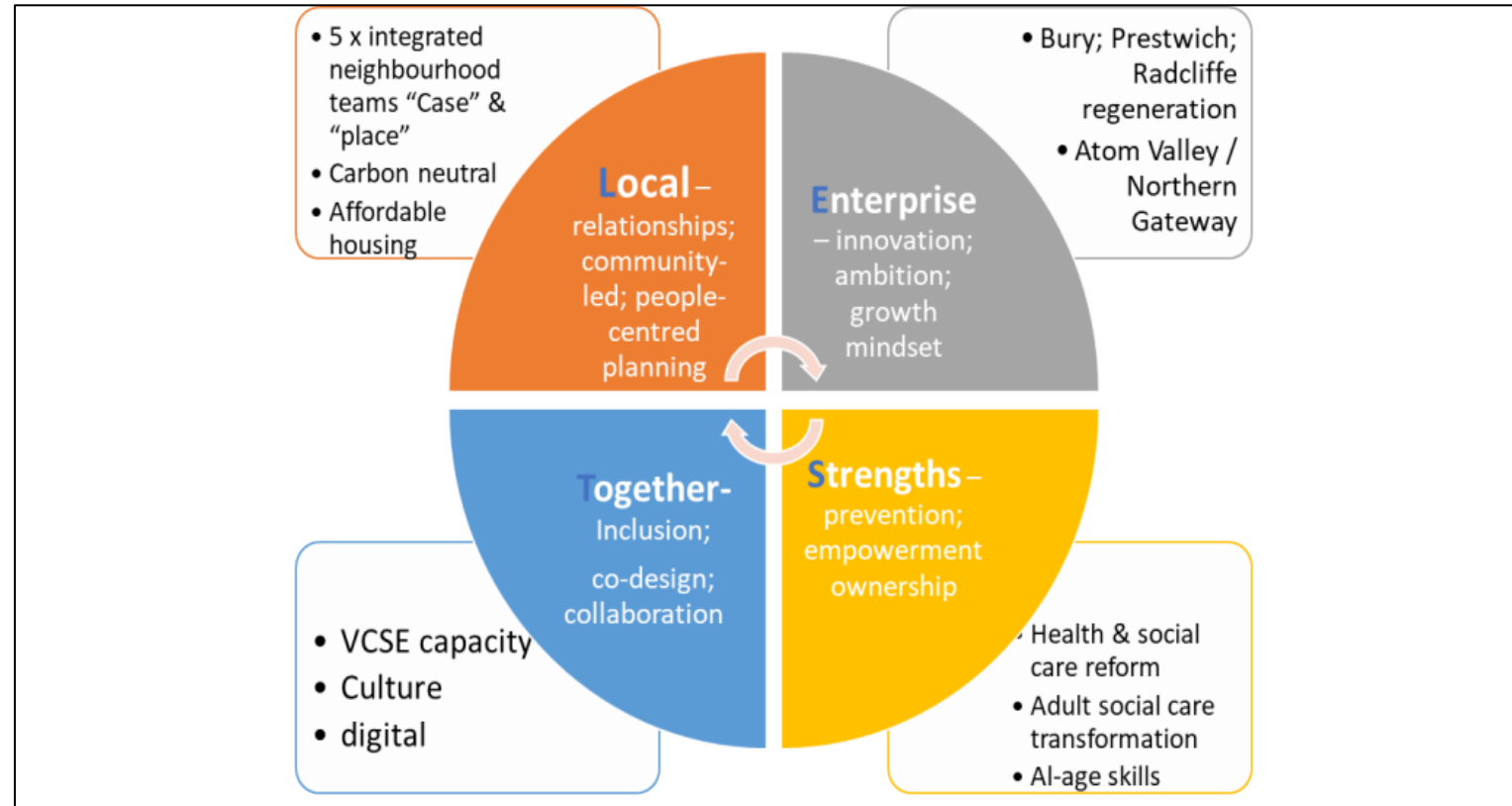
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- The Bury Integrated Care Partnership describes the joint work of key partners in Bury to manage and transform the health and care system in Bury and to provide better outcomes for residents.
- It is a partnership of sovereign organisations bound together by a commitment to improve health and well being and the health and care system for Bury people.
- We are also bound together by a way of working that is positive, committed, honest, open, transparent, challenging and committed.
- The Health and Care System in Bury costs about £450 million per year
- <https://buryintegratedcare.org.uk/>

- Bury Council
- Northern Care Alliance (inc. Fairfield General, and Community Health Services)
- Pennine Care Mental Health Trust
- Manchester Foundation Trust
- NHS Greater Manchester
- Primary Care Providers – GPs/pharmacists/dentists/optometrists
- VCFA and wider Voluntary Sector
- Bury Healthwatch
- Persona
- and other partners

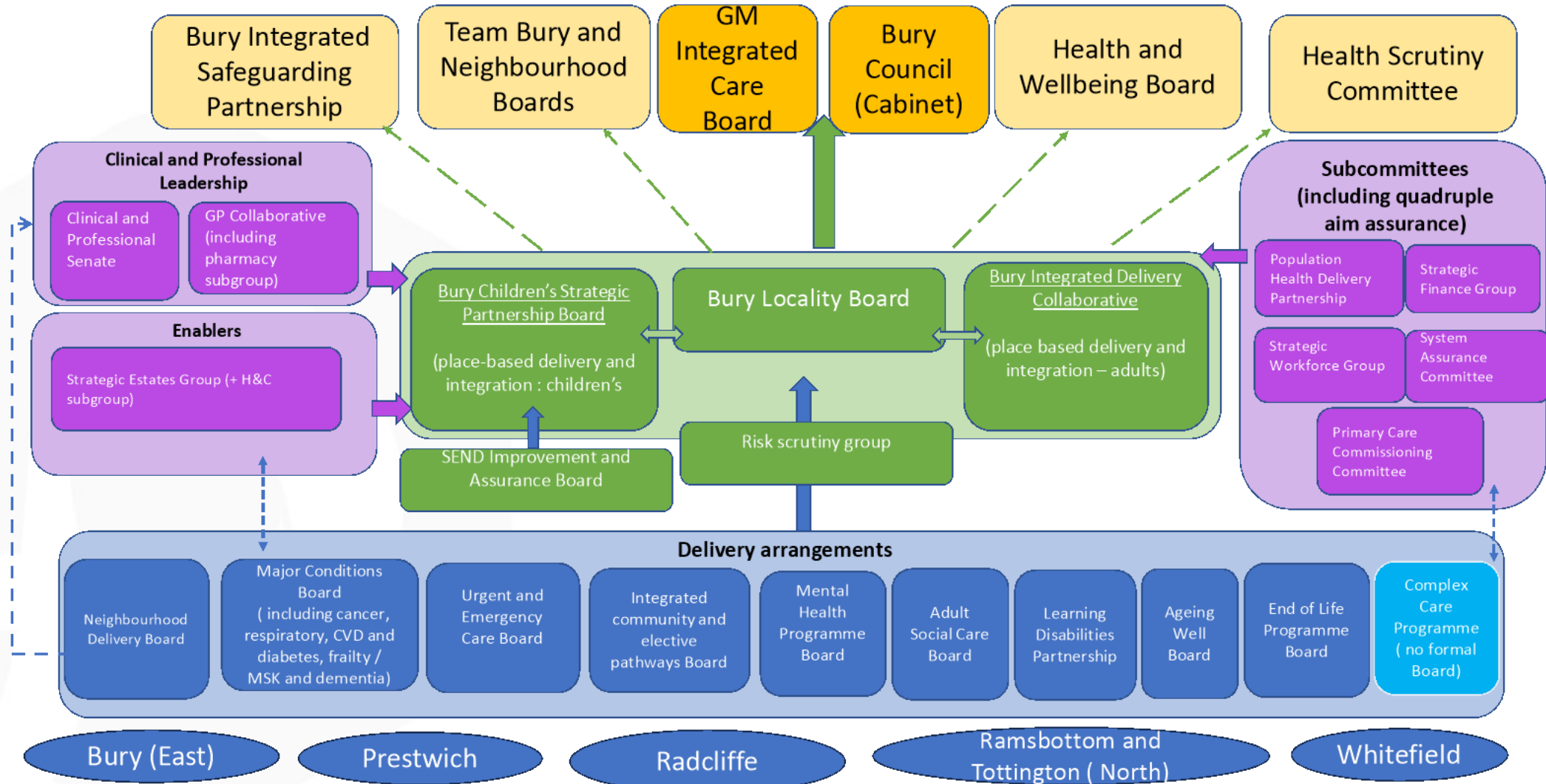
# Our Ambition for Bury

- We seek to improve the health and care system and outcomes for residents in the context of the Strategy for the Borough – Lets Do It.
- The overarching ambition of Lets Do It is **“Driving faster economic growth than the national average, with lower than national average levels of deprivation”**
- Lets Do it signals an ambition for public services to work differently – working together with patients and communities, co-designing, working in partnership, and focused on prevention of poor health.
- Partners to the Bury Integrated Partnership are committed to the vision.



# Governance

## Bury Integrated Care Partnership – Partnership Arrangements





# Locality Board

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- We have a meeting of senior leaders from all partners to the Bury Integrated Care Partnership - The Locality Board.
- Chaired by the Leader, and by Dr Cathy Fines a senior Bury GP and Associate Medical Director of NHS GM (Bury).
- The meeting sets strategy and seeks assurance on the operation of the system.
- The meeting also sets the tone of the way in which we work together as partners.
- It draws on senior political, clinical, and managerial leadership in the borough
- It also seeks to listen to and act on the lived experience of Bury people
- The Locality Board also has some specific duties delegated to it from the Greater Manchester Integrated Care Board

# Programmes of Work

- We have a duty to understand all parts of the operation of the health and care system in Bury on behalf of our residents. This is because:
  - Bury people access lots of different services sometimes at the same time
  - It is a system with a complex set of interdependencies
  - We want the whole system to contribute to the locality plan objectives,
- So we have established **10 programmes of work** where partners come together to understand 'Business as Usual' and to identify opportunities to improve outcomes and support more efficient and effective services.
- Each programme has an SRO and a clinical lead, and a programme meeting/steering group, and each programme connects to relevant GM wide arrangements.
- We ask each programme to think about transformation in the context of 4 themes – quality, finance, workforce, and health inequality

1. Urgent Care
2. Major Conditions including Cancer
3. Learning Disabilities and Autism
4. Complex Care
5. Mental Health
6. Primary Care
7. Adult Social Care Transformation
8. Ageing Well inc. frailty and dementia
9. Planned care and community services
10. End of Life and Palliative Care



## 3. Priorities

# High level priorities for 24/25

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- Urgent and Emergency Care – demand management, service shaping and connectivity of out of hospital services
- Planned care, community services and major conditions – demand management and prevention
- Primary Care and the neighbourhoods – sustainable model of primary care, embedding the neighbourhood model, primary and secondary prevention and reducing duplication across provider partners ( including community pharmacy)
- Mental health and emotional wellbeing – demand management and reducing OOA placements
- Children and Young People – The first 1001 days
- Workforce ( recruitment and retention across place)

# Our 6 Obsessions

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## We Work Together to

1. **Optimise Demand Reduction -**  
Primary prevention, Secondary Prevention, Tertiary Prevention
2. **Reduce inefficiency and duplication** in the pathways of care as a major contribution to the financial recovery
3. **Reduce Health Inequality** of those in most disadvantaged areas, and in access, quality, and outcomes of care
4. **Fully realise the benefit of neighbourhood team working** with a focus on the assets of residents and communities
5. **Secure the right workforce in the right place with the shared ambition**
6. **Recognise Quality Delivery and Financial Sustainability** as inherent to the rest.

**Our obsessions inform the way we deliver our priorities.....**

# Integrated Delivery Collaborative Board

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- We manage these programmes as a portfolio because they are so interdependent – how one service works really affects how effective other services can be.
- So we have an Integrated Delivery Collaborative Board manage the portfolio of programmes and to provide assurance to the locality board.
- Each programme reports on its work at the monthly Integrated Delivery Board
- As a system we have a very small amount of dedicated system capacity to support the integrated delivery board – a chief officer and some programme capacity
- The small amount of dedicated capacity is technically hosted by NCA but works on behalf of the whole system.
- The small team exists to co-ordinate the joint work and is very dependent on all partners committing time and resource and effort across all relevant programmes, and to do so in the right spirit.

# Neighbourhood Working

- We believe in creating opportunities for front line staff to know each other across different organisations, to work together more effectively, and to have a shared understanding of the assets of our communities.
- We have therefore built an integrated neighbourhood team in each of the towns in the borough – Prestwich, Whitefield, Bury, Radcliffe, and Ramsbottom (with Tottington)
- This currently includes adult care, community health services, and GPs, but we want to extend that to include other parts of the health and care system.
- A model of family hubs is being rolled out on this footprint to support children, young people and families
- We are also seeing the alignment of other public services on the same footprint and have established 'public service leadership teams' in each neighbourhood
- We have a detailed understanding of health needs of each neighbourhood in the neighbourhood profiles - <https://theburydirectory.co.uk/neighbourhood-profiles>



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# Children and Young People

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- The borough also has a Childrens Strategic Partnership Board – where those partners particularly focused on the circumstances of the youngest residents of the borough come together – childrens services in the council, NHS childrens services, schools and others.
- We use this as the delivery board for the health and care system for childrens services – so it is a ‘sister’ to the integrated delivery board.
- We are conscious that children appear in many other of our programmes (e.g urgent care, in primary care) and we work hard to connect it all together.
- WE have also established a SEND Improvement and Assurance Board (July 2024) to respond to the CQC/Ofsted Judgement
- Deputy Place Lead will attend Health Childrens Scrutiny Committee as required



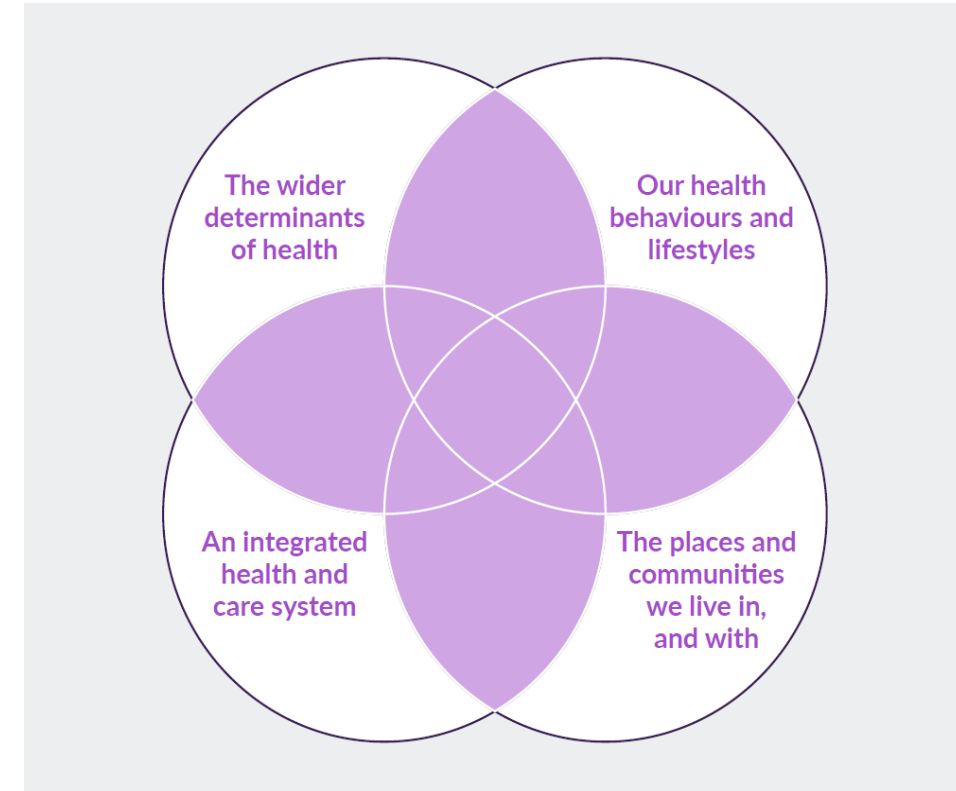
# Population Health and Health Inequalities



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- Tackling health inequalities is a core priority of the Lets Do It Strategy for the Borough, and the Borough Locality Plan.
- We ask all of our programmes to ensure they understand and address inequality in access, treatment and outcome.
- But we also know that the health and care system is actually only one contributor to population health and health inequalities.
- So we have **charged the Health and Well Being Board** (a statutory committee of the council) to be a “standing commission” on health inequalities – to influence all the factors affecting population health that are within our control locally.
- The Health and Well Being uses the Kings Fund framework to define its work and to challenge partners in Bury to play their part.
- The public health team of the Council manage the business of the Health and Well Being Board under the leadership of the Director of Public Health
- We have a comprehensive Joint Strategic Needs Assessment available to all. <https://theburydirectory.co.uk/jsna>



# Supra local Footprints

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- For some services we need to develop working relationships above the level of Bury but not necessarily at GM level.

- We have developed a partnership with the NCA and the 4 localities they serve – Bury Oldham, Rochdale, Salford. A key priority is the national front runner programme on hospital discharge
- We have developed a partnership meeting with MFT and the localities mainly served by North Manchester General
- We have developed a partnership meeting with the 5 boroughs that Pennine Care Foundation Trust work on



## 4. The GM Context

# The GM Strategy for Health Care and Wellbeing



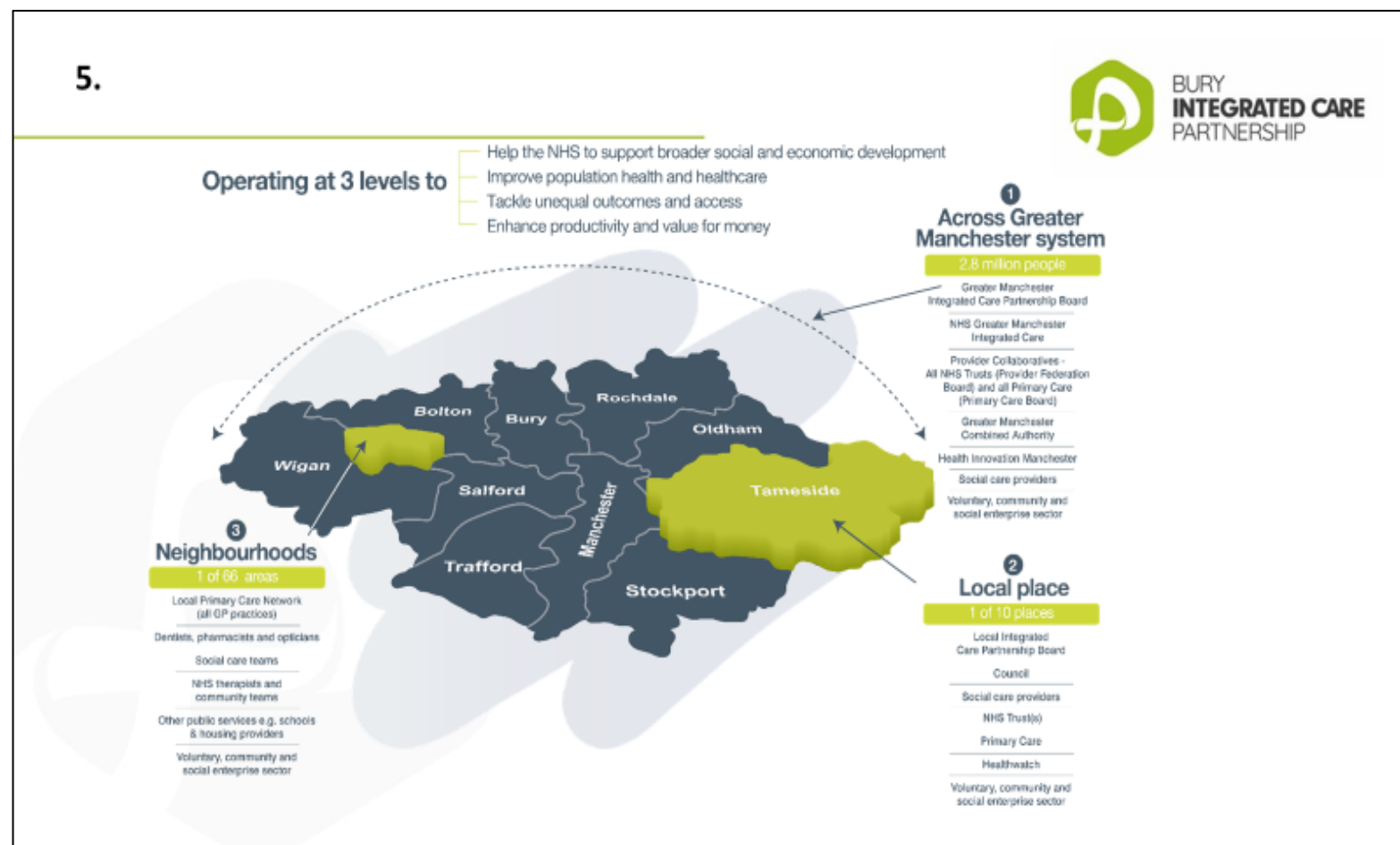
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- We also do this work in the context of the Greater Manchester Strategy for Health, Care and Well Being – the GM Integrated Care System Strategy.
- We contribute to, and benefit from, working on a GM wide footprint.
- The priorities of the GM Strategy align closely to our ambitions in Bury expressed through the Lets Do It Strategy and the Locality Plan.



# GM Operating Model

- The GM Health and Care Partnership (called the GM Integrated Care System – ICS) has an operating model that specifically recognises that work needs to be undertaken at three spatial levels:
  - GM wide
  - In each of 10 localities (Bury is one)
  - In neighbourhood.
- At a GM level there are a range of programme boards/system boards. Each of our 11 programmes in Bury is connected to the relevant GM board. This allows shared learning, consistency of practice. It also recognises Bury residents access services in many other parts of GM.






# GM Sustainability Plan (draft July 2024)



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 Greater Manchester				
Cost improvement	System Productivity	Reducing prevalence	Proactive care	Optimising care
<p><b>Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)</b></p> <p>These must be clear for each NHS Provider and the ICB as statutory organisations with duties to achieve financial balance</p> <p>These may include:</p> <ul style="list-style-type: none"> <li>• <b>Specific focus</b> – on areas that have seen costs rise faster due to demand. For example, Out of Area Placements (OAPs), Prescribing</li> <li>• <b>Contract Reconciliation</b> – ensuring appropriate activity captured effectively.</li> </ul>	<p><b>Multi-provider/system activities to improve the financial position</b></p> <p>For example:</p> <ul style="list-style-type: none"> <li>• <b>NHS productivity plans</b> – improvements against the model health system metrics</li> <li>• <b>System Board plans</b> – system wide performance and access improvements; maximising the effective use of the system's estate; and driving digital transformation</li> <li>• <b>Workforce strategy</b> – in line with the national People Plan.</li> </ul>	<p><b>Maintaining the population in good health and avoiding future costs through prevention</b></p> <ul style="list-style-type: none"> <li>• Work across full range of prevention to tackle the wider determinants of ill health</li> <li>• Characterised by partnership working with the wider public and VCSFE sector</li> <li>• Delivered primarily in localities</li> <li>• Through the Multi-Year Prevention Plan</li> </ul> <p>For example:</p> <ul style="list-style-type: none"> <li>• <b>Tobacco control</b></li> <li>• <b>Obesity</b></li> <li>• <b>Housing</b></li> </ul>	<p><b>Addressing the top modifiable risk factors, and delivering evidence based, cost effective interventions</b></p> <ul style="list-style-type: none"> <li>• <b>Year 1 focus on CVD and Diabetes</b> - as a significant driver of morbidity, mortality, demand and cost</li> <li>• <b>Priorities for 25/26 onwards (under review)</b> – Respiratory, multimorbidity, frailty</li> <li>• Delivered primarily through primary care in localities</li> <li>• Through the Multi-Year Prevention Plan</li> </ul>	<p><b>Transforming the model of care through system actions</b></p> <p>For example:</p> <ul style="list-style-type: none"> <li>• <b>Health and Care Service review</b> - 24/25 priorities include Dermatology, Ophthalmology, Neurorehabilitation, Community Services</li> <li>• <b>Strategic commissioning plans</b> – including Procedures of Limited Clinical Value (PLCV) and Adult ADHD</li> </ul>



## 5. How are we doing? – Key NHS Metrics

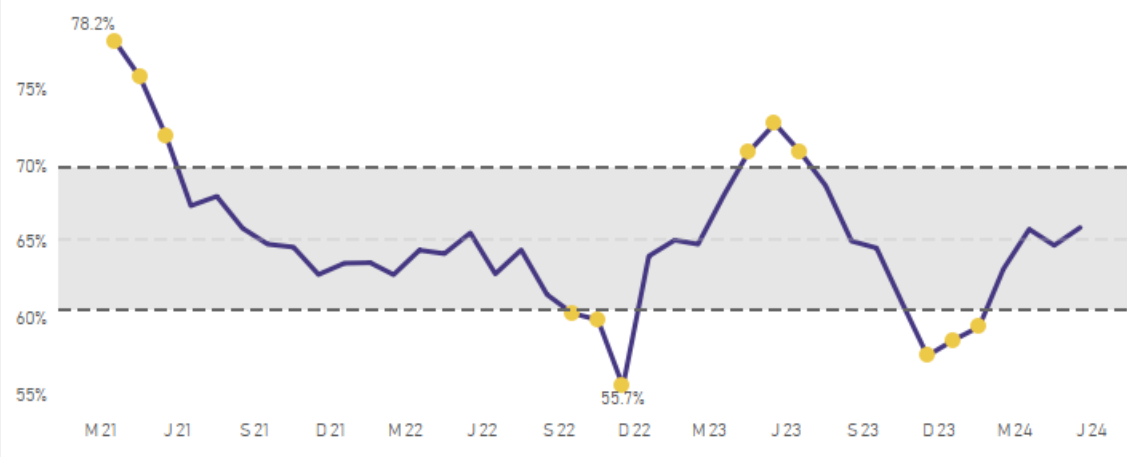
A&E 4 hour performance

Number of attendances at A&E departments, and of these, the number of attendances where the patient spent less than 4 hours from time of arrival to time of admission, or discharge, or transfer.

Source: (Monthly)



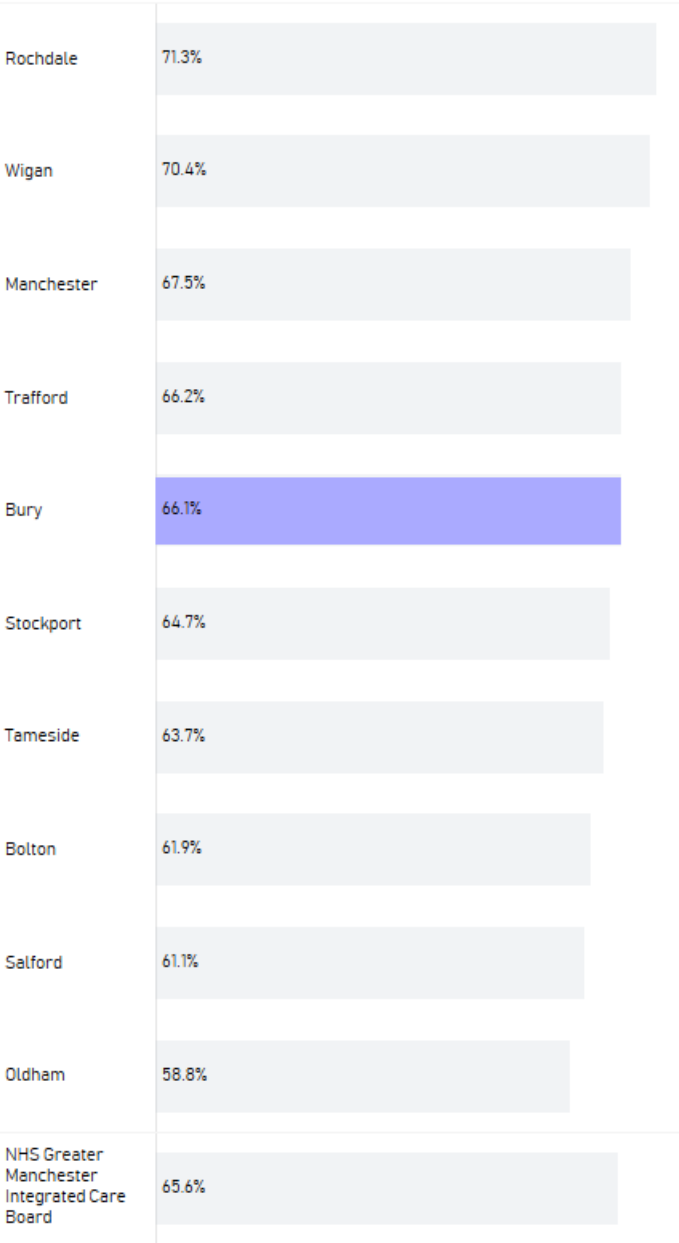
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	78.2%	75.9%	72.1%	67.5%	68.1%	66.0%	65.0%	64.8%	63.0%	63.7%	63.8%	63.0%
2022-23	64.6%	64.4%	65.7%	63.0%	64.6%	61.7%	60.5%	60.0%	55.7%	64.2%	65.2%	65.0%
2023-24	68.2%	71.0%	72.9%	71.0%	68.8%	65.2%	64.7%	61.1%	57.7%	58.7%	59.6%	63.4%
2024-25	66.0%	64.9%	66.1%									

Selected measure at June 2024 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking



Narrative

The scrutiny committee might want to ask the Bury system....

...what steps are being taken to get to the 76% target

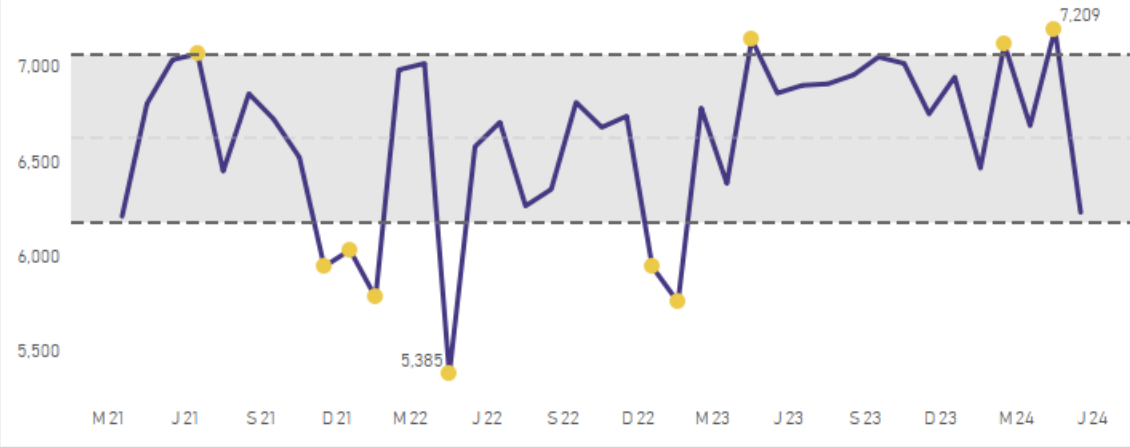


**A&E Attendances**  
Number of attendances at A&E departments  
Source: (Monthly)

6,241  
June 2024

7,209  
May 2024

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	6,220	6,816	7,049	7,079	6,459	6,869	6,734	6,532	5,954	6,042	5,791	6,995
2022-23	7,029	5,385	6,589	6,718	6,275	6,363	6,823	6,691	6,750	5,953	5,766	6,793
2023-24	6,394	7,156	6,872	6,913	6,921	6,968	7,063	7,029	6,762	6,957	6,475	7,130
2024-25	6,700	7,209	6,241									

Selected measure at June 2024 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking  
Attendances & Rate per 1000 population

Stockport	26.5	8,654
Salford	26.6	8,403
Bolton	26.9	8,869
Trafford	28.2	7,003
Bury	29.5	6,241
Manchester	31.5	22,972
Oldham	34.4	9,218
Wigan	34.5	12,017
Rochdale	38.1	9,480
Tameside	41.0	9,219

Narrative

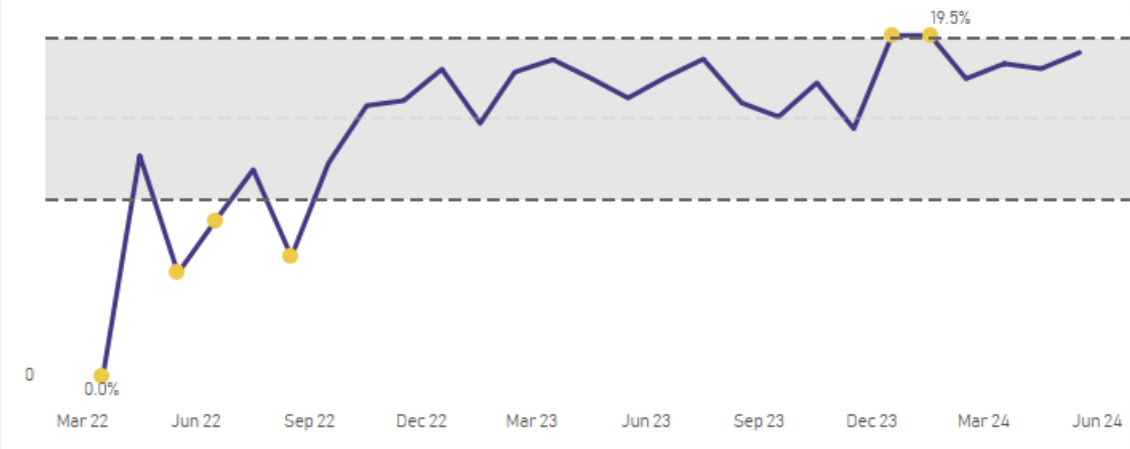
No Reason/Criteria To Reside patients (NCTR) as % of occupied beds

Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

Source: GM Admissions - Local (Monthly)



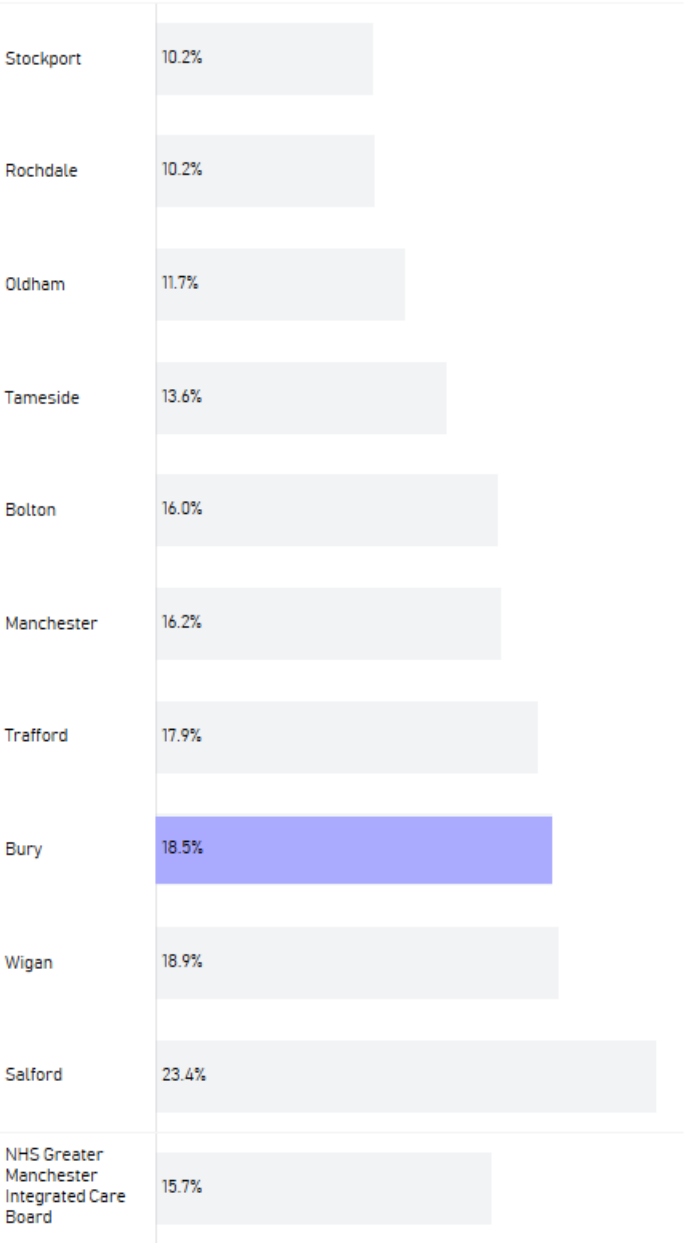
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	0.0%	12.6%	5.9%	8.9%	11.8%	6.9%	12.2%	15.5%	15.8%	17.6%	14.5%	17.4%
2023-24	18.1%	17.1%	15.9%	17.1%	18.1%	15.6%	14.9%	16.8%	14.2%	19.5%	19.5%	17.0%
2024-25	17.9%	17.6%	18.5%									

Selected measure at June 2024 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking



Narrative

The scrutiny committee might want to ask the Bury system ...

What steps are being taken to reduced the number of patient in hospital who are kept away from home

Total number of specific acute non-elective spells

Number of specific acute non-elective spells in the period (auto-calculated sum of E.M.11a and E.M.11b)

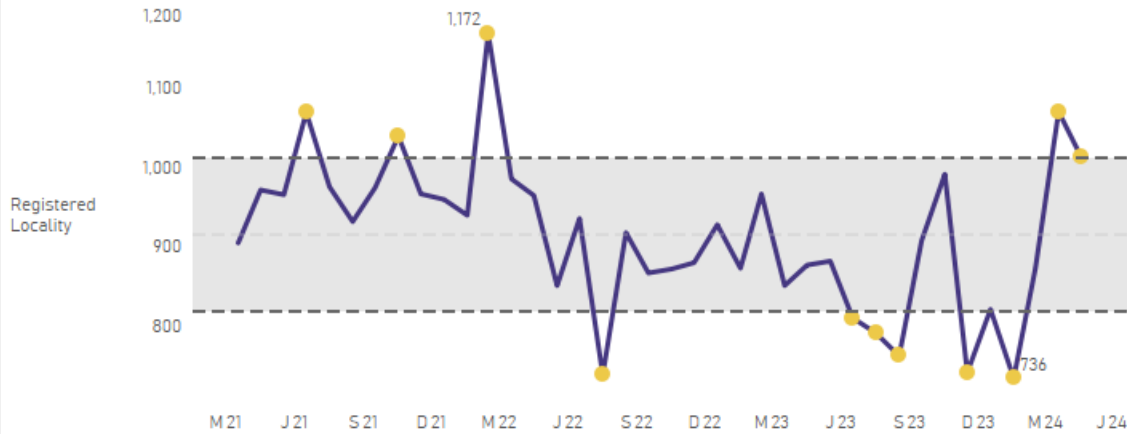
Source: National Flows APC (Monthly)

1,016  
May 2024

1,073  
April 2024

95/104  
National Rank  
Lower Quartile

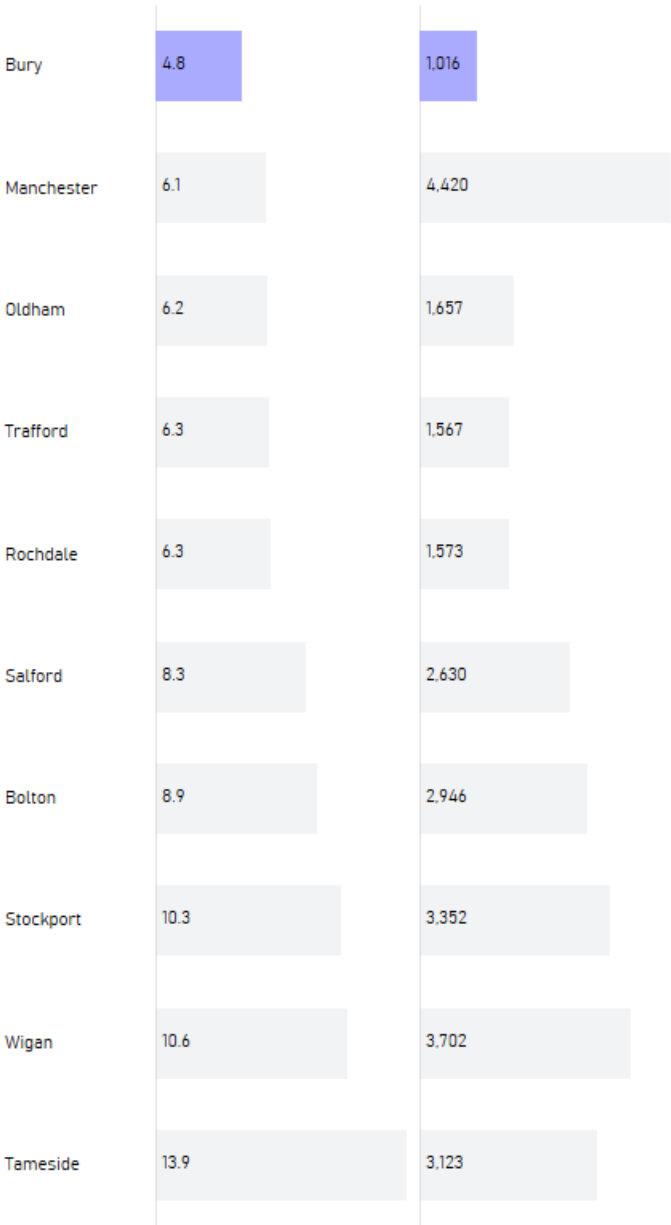
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	907	974	968	1,072	978	934	977	1,042	969	962	942	1,172
2022-23	988	967	853	938	740	920	869	874	882	930	875	969
2023-24	853	879	884	812	793	764	910	994	743	823	736	875
2024-25	1,073	1,016										

Selected measure at May 2024 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking  
Count & Rate Per 1000 Population



Narrative

Cancers Diagnosed At Early Stage using Full Registration Data

Proportion of cancers diagnosed at stages 1 and 2 relative to the total cancers staged

Source: Cancer Early Staging Data Statistics via The National Disease Registration Service (NDRS) (Annual)

53.7%

December 2021

51.7%

December 2020

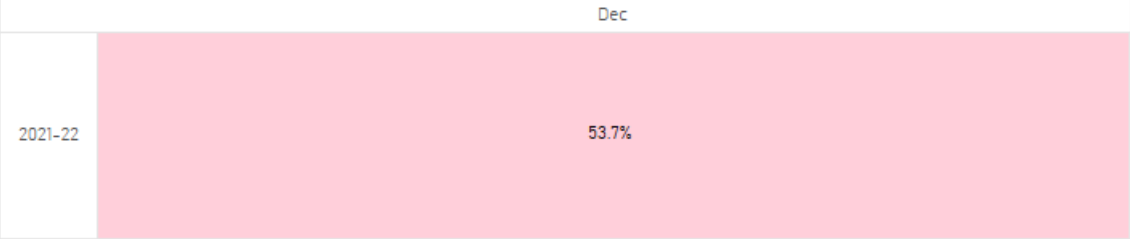
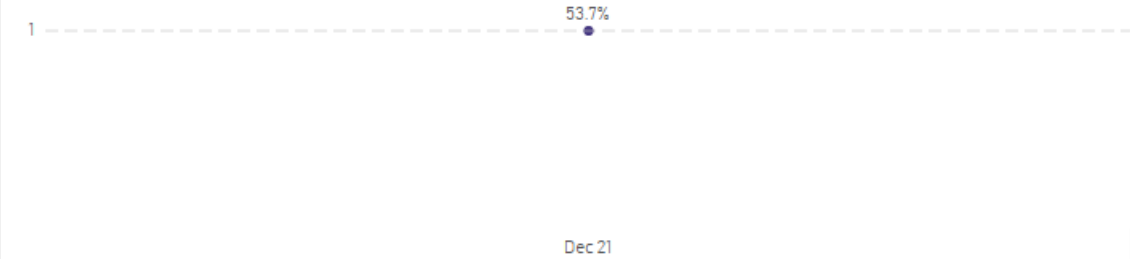
48/104

National Rank  
Inter Quartile

75.0%

National Ambition

Outliers more than 1 standard deviation from the mean



Selected measure at December 2021 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

4	Rochdale	58.0%
13	Trafford	56.2%
36	Manchester	54.3%
41	Tameside	54.0%
48	Bury	53.7%
53	Stockport	53.3%
66	Wigan	52.6%
87	Oldham	51.1%
88	Bolton	51.0%
89	Salford	50.9%
28	NHS Greater Manchester Integrated Care Board	53.5%

Narrative

% of patients aged 14+ with a completed LD health check

The % of people on the QOF Learning Disability Register who received an annual health check between the start of the financial year and the end of the reporting period

Source: Learning Disabilities Health Check Scheme (Monthly)

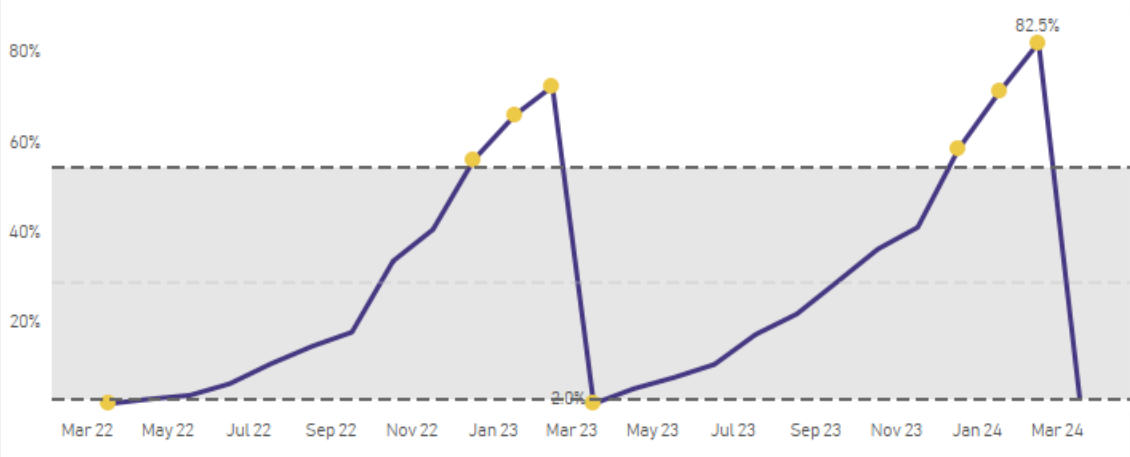
3.2%  
April 2024

82.5%  
March 2024

65/106  
National Rank  
Inter Quartile

75.%  
National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	2.0%	3.1%	3.9%	6.5%	10.9%	14.8%	18.0%	33.8%	40.8%	56.4%	66.4%	72.7%
2023-24	2.0%	5.4%	7.9%	10.8%	17.5%	22.0%	29.1%	36.5%	41.3%	58.9%	71.7%	82.5%
2024-25	3.2%											

Selected measure at April 2024 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

1	Trafford	6.7%
7	Bolton	5.2%
16	Wigan	4.5%
23	Stockport	4.0%
43	Salford	3.4%
65	Bury	3.2%
74	Oldham	3.0%
86	Manchester	2.7%
92	Rochdale	2.6%
94	Tameside	2.4%
13	NHS Greater Manchester Integrated Care Board	3.6%

Narrative

Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,610

March 2024

3,590

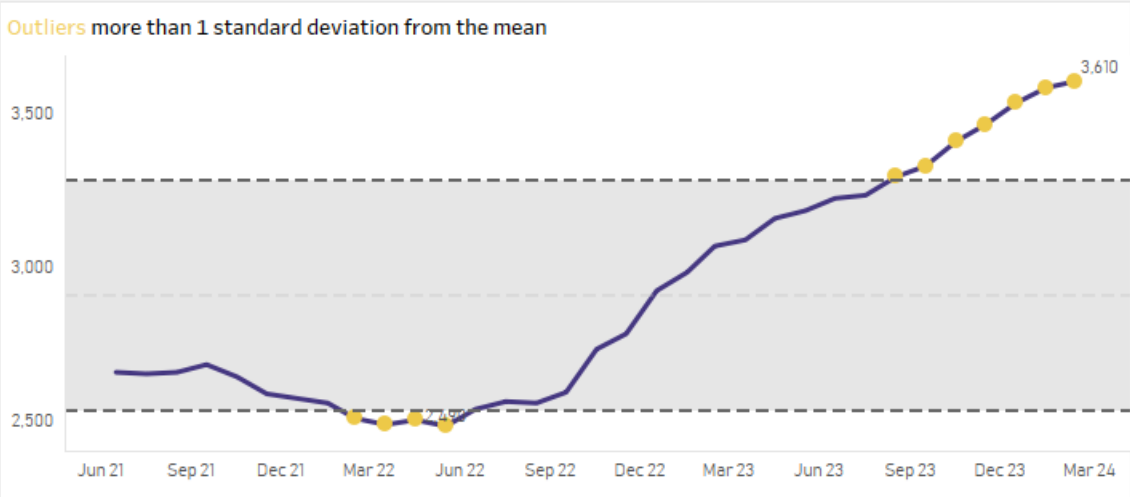
February 2024

77/106

National Rank  
Inter Quartile

5,240

National Median



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				2,665	2,660	2,665	2,690	2,650	2,595	2,580	2,565	2,515
2022-23	2,495	2,510	2,490	2,545	2,570	2,565	2,600	2,740	2,790	2,930	2,990	3,075
2023-24	3,095	3,165	3,190	3,230	3,240	3,300	3,335	3,415	3,470	3,540	3,590	3,610

Selected measure at March 2024 has continuously **increased** for **18** period(s) of time

Latest Value GM Benchmarking  
Rate per 1000 | Count (National Rank based on count)

Tameside	115.4	5,540 (52)
Manchester	104.1	15,615 (11)
Rochdale	82.9	4,815 (57)
Trafford	80.3	4,375 (67)
Bury	79.7	3,610 (77)
Salford	74.9	4,905 (56)
Wigan	64.0	4,490 (65)
Stockport	62.4	4,180 (70)
Oldham	57.3	3,675 (75)
Bolton	55.1	4,215 (68)

The rate is calculated using the 0-17 population figure for each locality | Bury: 45,310

Narrative

The scrutiny committee might want to ask the Bury system ...

.... In the context of the SEND inspection report how is the system responding to this level of increased demand

Dementia: Diagnosis Rate (Aged 65+)

Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

Source: Primary Care Dementia Data (Monthly)

77.3%

May 2024

77.0%

April 2024

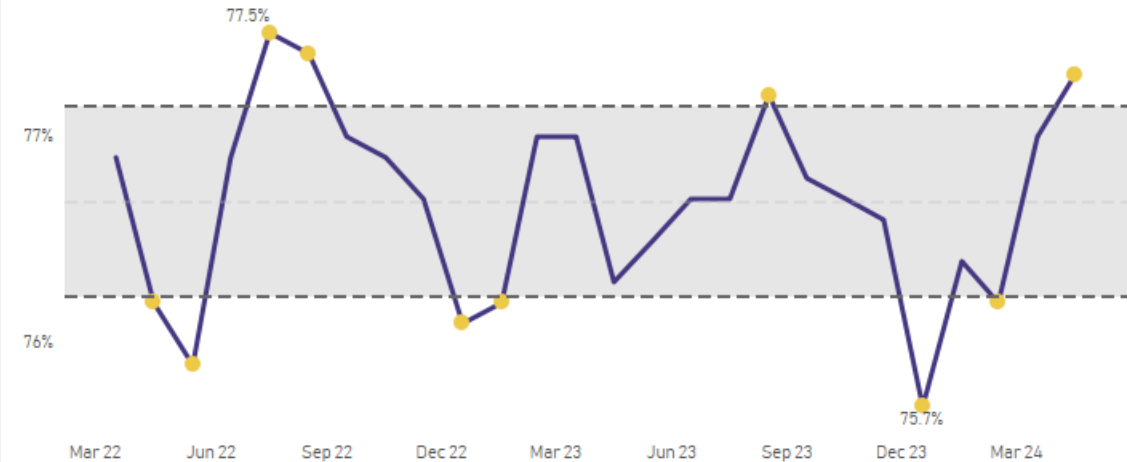
5/106

National Rank  
Upper Quartile

66.7%

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	76.9%	76.2%	75.9%	76.9%	77.5%	77.4%	77.0%	76.9%	76.7%	76.1%	76.2%	77.0%
2023-24	77.0%	76.3%	76.5%	76.7%	76.7%	77.2%	76.8%	76.7%	76.6%	75.7%	76.4%	76.2%
2024-25	77.0%	77.3%										

Selected measure at May 2024 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

4	Salford	80.4%
5	Bury	77.3%
9	Rochdale	75.5%
10	Stockport	74.5%
12	Oldham	74.0%
13	Wigan	73.7%
17	Manchester	72.8%
21	Bolton	72.5%
28	Tameside	71.4%
58	Trafford	65.6%
2	NHS Greater Manchester Integrated Care Board	73.6%

Narrative

Inappropriate adult acute mental health Out of Area Placement (OAP) bed days

Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider

Source: Out of Area Placements in Mental Health Services Official Statistics (Monthly)

635

March 2024

685

February 2024

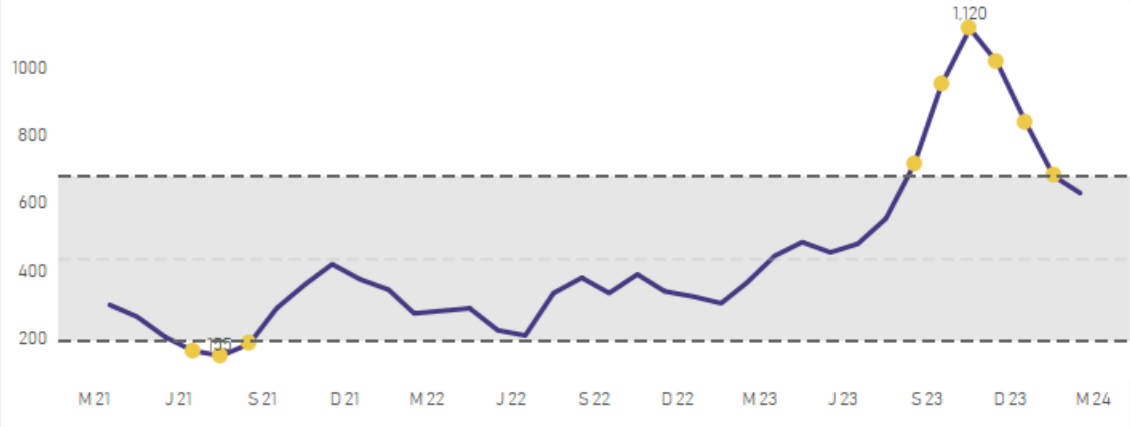
79/107

National Rank  
Inter Quartile

0

National Target

Outliers more than 1 standard deviation from the mean

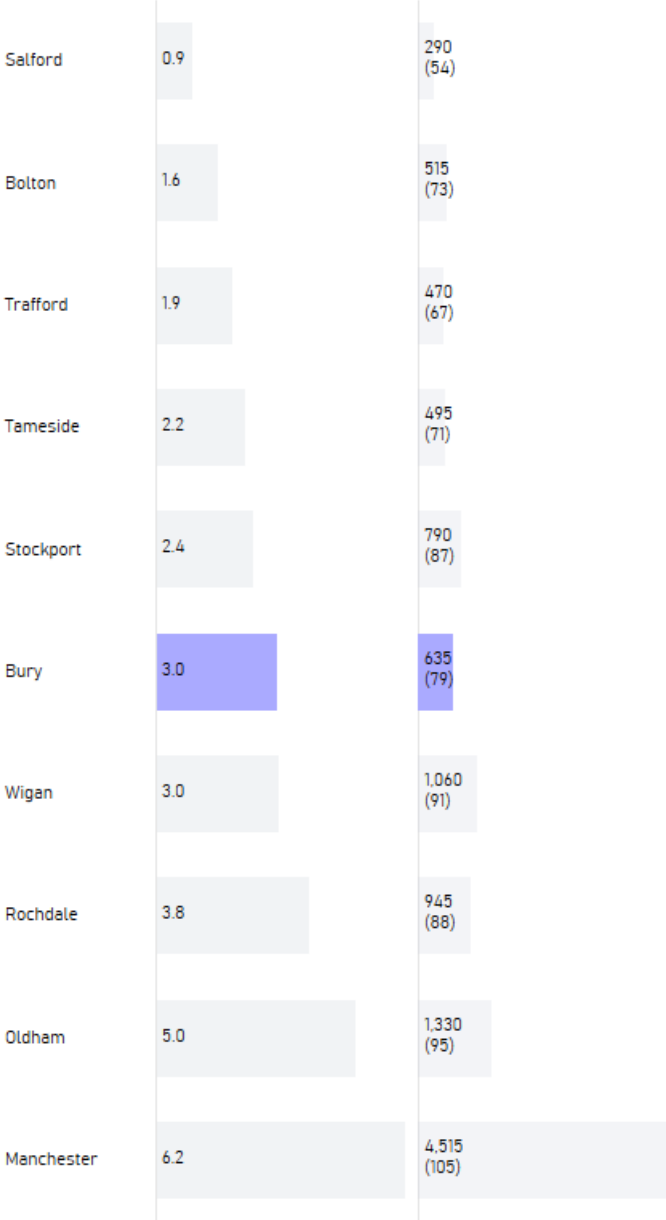


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	305	270	210	170	155	190	295	365	425	380	350	280
2022-23		295	230	215	340	385	340	395	345	330	310	370
2023-24	450	490	460	485	560	720	955	1,120	1,020	845	685	635

Selected measure at March 2024 has continuously decreased for 4 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 / Count (National rank)



Narrative

The scrutiny committee might want to ask the Bury system ...

...are you confident we can get to the national target



Long length of stay for adults - Mental Health Patients

Proportion of all discharges from adult acute and older adult acute beds, with a length of stay of over 60 and 90 days respectively

Source: Published MHSDS (Monthly)

50.0%

March 2024

50.0%

February 2024

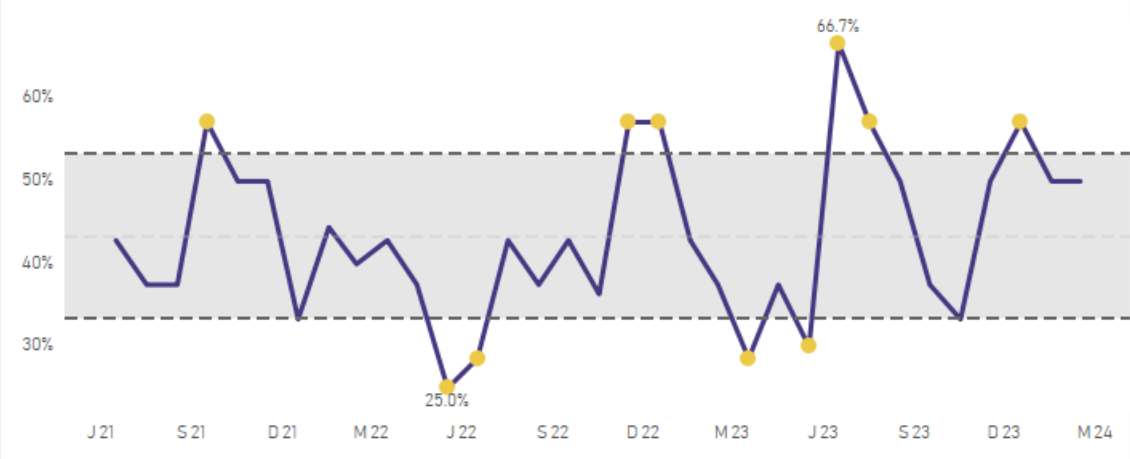
58/101

National Rank  
Inter Quartile

0%

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				42.9%	37.5%	37.5%	57.1%	50.0%	50.0%	33.3%	44.4%	40.0%
2022-23	42.9%	37.5%	25.0%	28.6%	42.9%	37.5%	42.9%	36.4%	57.1%	57.1%	42.9%	37.5%
2023-24	28.6%	37.5%	30.0%	66.7%	57.1%	50.0%	37.5%	33.3%	50.0%	57.1%	50.0%	50.0%

Selected measure at March 2024 has continuously for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

2	Salford	11.1%
17	Rochdale	28.6%
43	Wigan	41.7%
47	Tameside	42.9%
58	Bolton	50.0%
	Bury	50.0%
	Oldham	50.0%
80	Stockport	55.6%
95	Manchester	71.4%
100	Trafford	87.5%
35	NHS Greater Manchester Integrated Care Board	51.5%

Narrative

Talking Therapies: Access Rate

This indicator tracks our ambition to expand Improving Access to Psychological Therapies (IAPT) services, also known as NHS Talking Therapies. The primary purpose of this indicator is to measure improvements in access to psychological therapy (via IAPT) for people with depression and/or anxiety disorders.

Source: Improving Access to Psychological Therapies Data Set (Monthly)

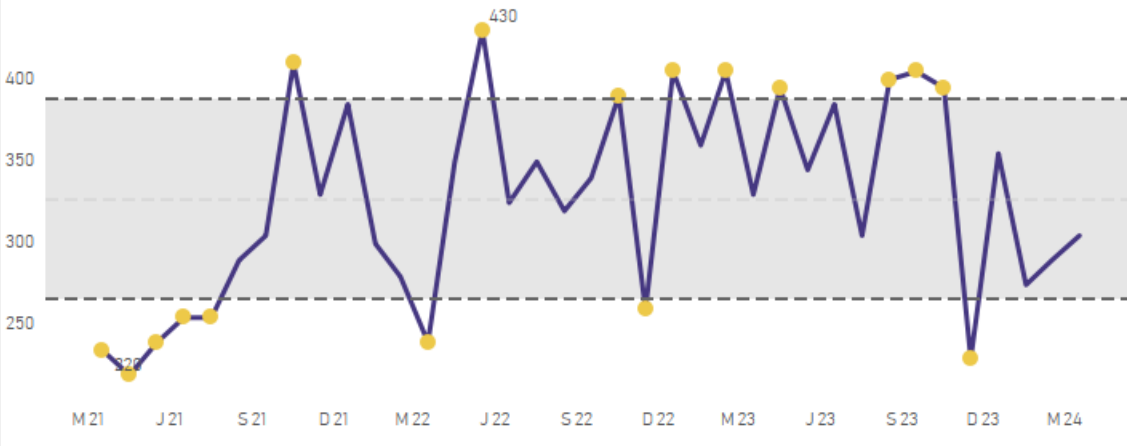
305  
April 2024

290  
March 2024

99/110  
National Rank  
Lower Quartile

No Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	235	220	240	255	255	290	305	410	330	385	300	280
2022-23	240	350	430	325	350	320	340	390	260	405	360	405
2023-24	330	395	345	385	305	400	405	395	230	355	275	290
2024-25	305											

Selected measure at April 2024 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 / Count (National rank)

Manchester	3.0	2,155 (14)
Salford	2.6	810 (46)
Bolton	2.4	780 (48)
Tameside	2.2	500 (72)
Trafford	2.2	540 (63)
Wigan	1.7	595 (60)
Stockport	1.6	525 (67)
Bury	1.4	305 (99)
Rochdale	1.3	315 (97)
Oldham	1.2	310 (98)

Narrative

% of hypertension patients who are treated to target as per NICE guidance

% of hypertension patients who are treated to target as per NICE guidance

Source: NHS Quality Outcome Framework (Annual)

66.6%

March 2023

54.7%

March 2022

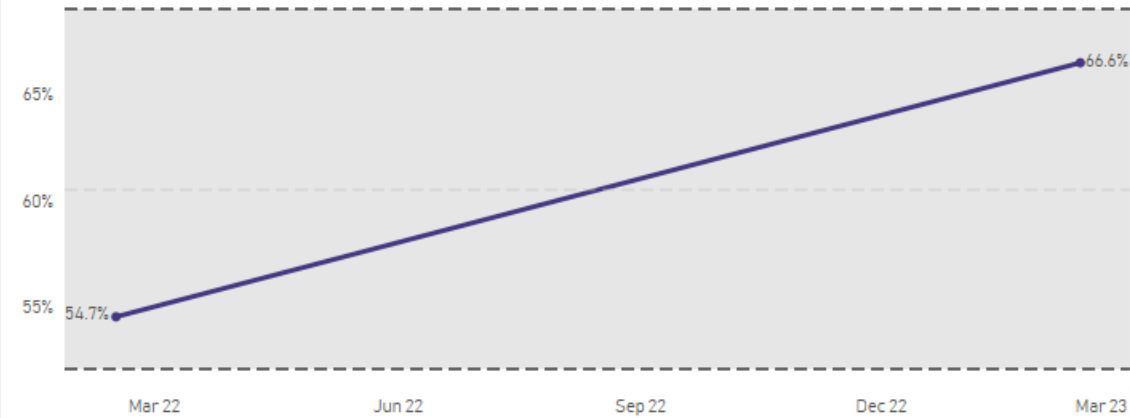
82/106

National Rank  
Lower Quartile

77.0%

National Target

Outliers more than 1 standard deviation from the mean



	Mar
2021-22	54.7%
2022-23	66.6%

Selected measure at March 2023 has continuously **increased** for **2** period(s) of time

Latest Value GM Benchmarking

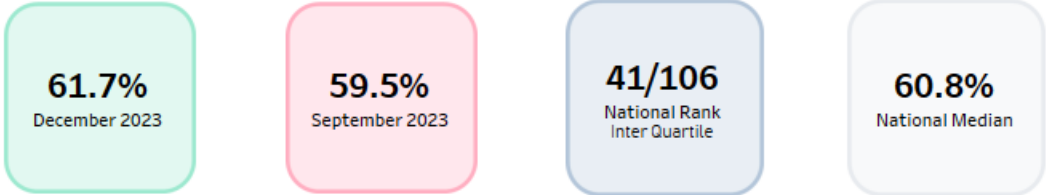
National Rank against other localities

5	Stockport	73.3%
11	Salford	72.3%
19	Wigan	71.6%
48	Bolton	69.4%
58	Rochdale	68.5%
62	Oldham	68.3%
63	Trafford	68.3%
82	Bury	66.6%
87	Tameside	65.9%
91	Manchester	65.4%
18	NHS Greater Manchester Integrated Care Board	69.0%

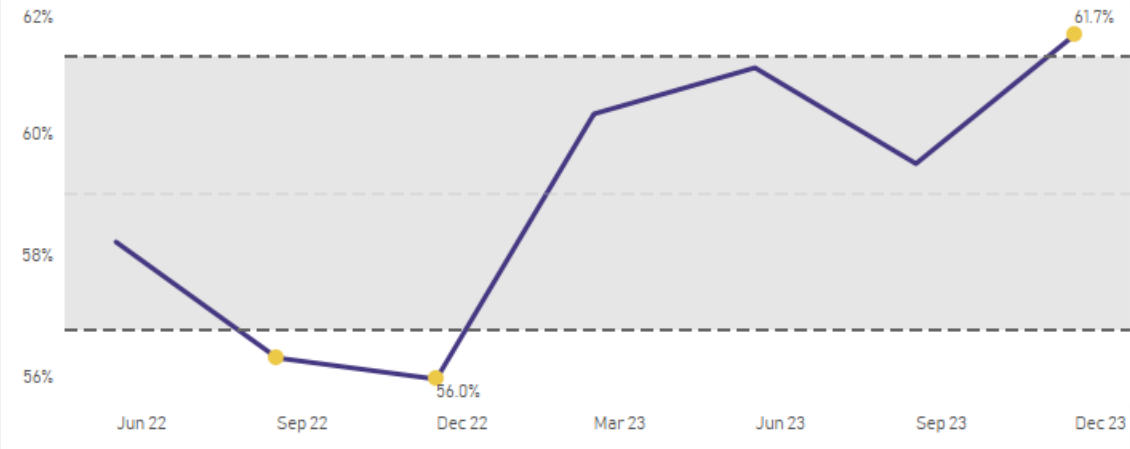
Narrative

% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins  
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

Source: CVD Prevent (Quarterly)



Outliers more than 1 standard deviation from the mean



	Jun	Sep	Dec	Mar
2022-23	58.3%	56.3%	56.0%	60.4%
2023-24	61.1%	59.5%	61.7%	

Selected measure at December 2023 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

3	Tameside	68.9%
5	Oldham	68.5%
8	Manchester	67.2%
13	Rochdale	65.9%
21	Trafford	64.7%
23	Salford	64.7%
32	Stockport	62.6%
38	Bolton	62.0%
41	Bury	61.7%
42	Wigan	61.6%
5	NHS Greater Manchester Integrated Care Board	64.7%

Narrative

The scrutiny committee might want to ask the Bury system ...

..what more can be done on CVD prevention including treatment with statins

GP appointments - percentage of regular appointments within 14 days

Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days'

Source: Appointments in General Practice (Monthly)

84.5%

May 2024

83.9%

April 2024

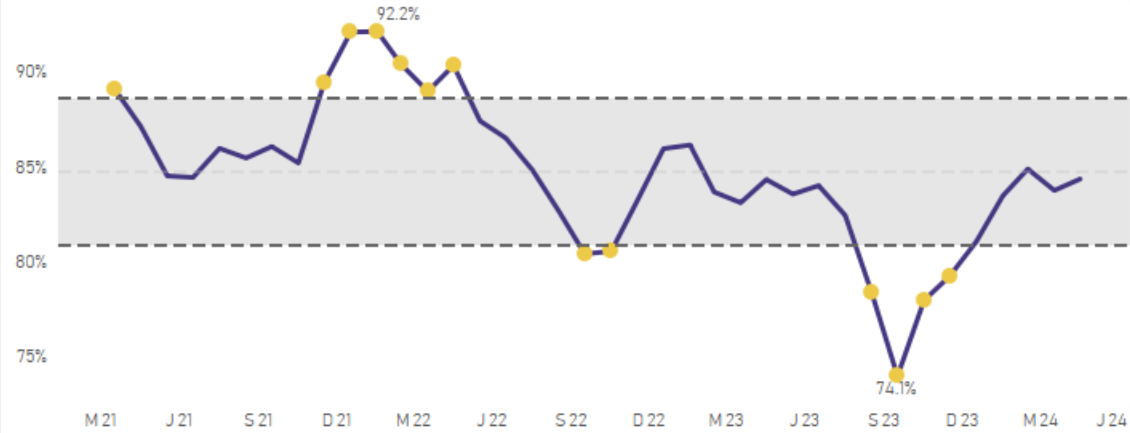
32/106

National Rank  
Inter Quartile

82.1%

National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	89.2%	87.2%	84.6%	84.6%	86.1%	85.6%	86.2%	85.3%	89.5%	92.2%	92.2%	90.5%
2022-23	89.1%	90.5%	87.5%	86.6%	85.0%	82.8%	80.5%	80.7%	83.3%	86.1%	86.3%	83.8%
2023-24	83.2%	84.4%	83.7%	84.1%	82.6%	78.5%	74.1%	78.1%	79.4%	81.2%	83.6%	85.0%
2024-25	83.9%	84.5%										

Selected measure at May 2024 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

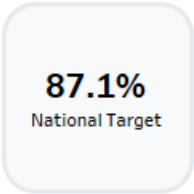
11	Trafford	88.0%
16	Wigan	87.1%
18	Manchester	86.5%
30	Stockport	84.5%
32	Bury	84.5%
43	Oldham	83.0%
53	Bolton	82.1%
60	Rochdale	81.8%
61	Salford	81.7%
65	Tameside	81.4%
13	NHS Greater Manchester Integrated Care Board	84.5%

Narrative

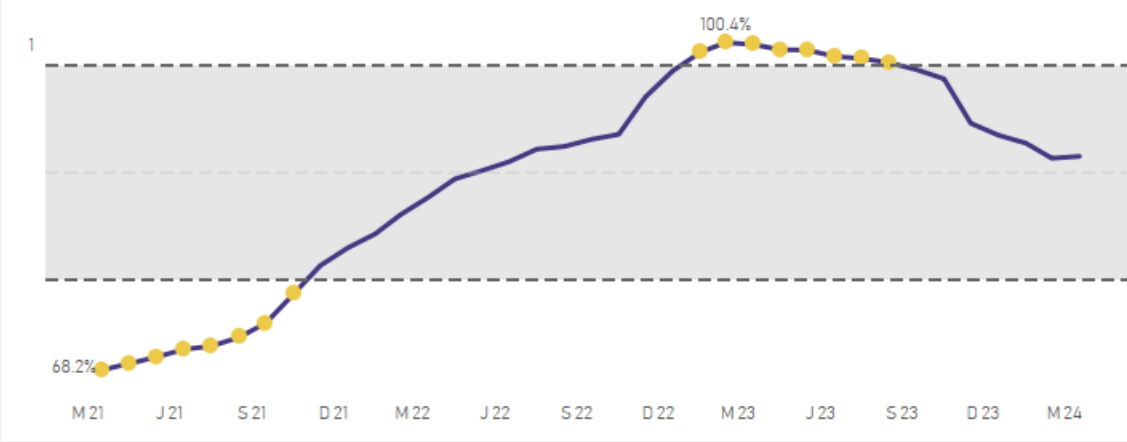
Antimicrobial resistance: total prescribing of antibiotics in primary care

The number of antibiotic (antibacterial) items prescribed in primary care, divided by the item-based Specific Therapeutic group Age-Sex related Prescribing Unit STAR-PU

Source: EPACK Prescribing Data (Monthly)



Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	68.2%	68.8%	69.5%	70.2%	70.6%	71.4%	72.8%	75.7%	78.5%	80.2%	81.6%	83.5%
2022-23	85.2%	87.0%	87.8%	88.7%	89.9%	90.2%	90.9%	91.4%	95.0%	97.6%	99.4%	100.4%
2023-24	100.2%	99.7%	99.6%	99.0%	98.8%	98.4%	97.7%	96.8%	92.5%	91.3%	90.5%	89.0%
2024-25	89.2%											

Selected measure at April 2024 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking



Narrative

**Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care**  
The number of broad-spectrum antibiotic (antibacterials) items from co-amoxiclav, cephalosporin class and fluoroquinolone class drugs as a percentage of the total number of antibacterial items prescribed in primary care.

Source: EPACT Prescribing Data (Monthly)

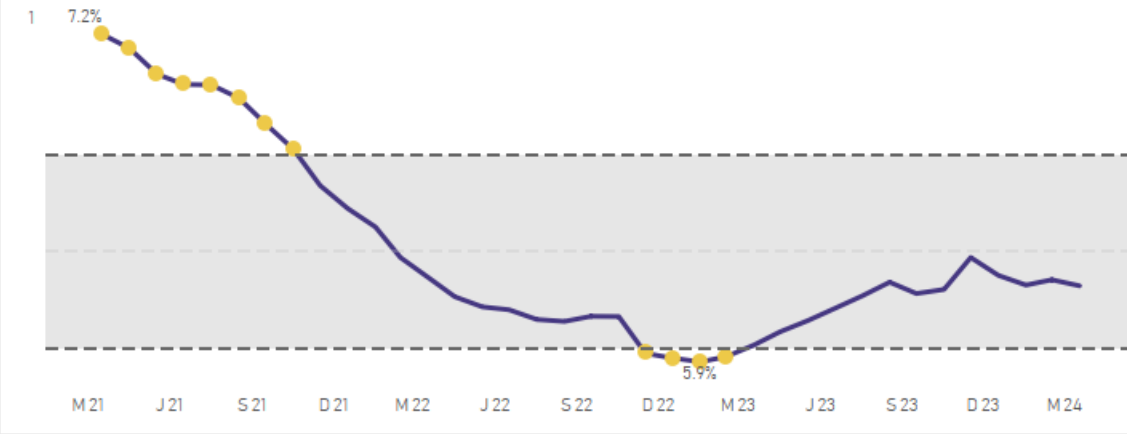
6.2%  
April 2024

6.2%  
March 2024

28/110  
National Rank  
Inter Quartile

10.%  
National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%
2024-25	6.2%											

Selected measure at April 2024 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

15	Oldham	5.6%
22	Bolton	5.9%
24	Rochdale	6.0%
28	Bury	6.2%
34	Tameside	6.6%
44	Stockport	7.2%
58	Manchester	7.8%
74	Salford	8.2%
97	Trafford	9.2%
100	Wigan	9.3%

Narrative

Diagnostics: % waiting 6 weeks+

Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over.

Source: Monthly Diagnostics Waiting Times and Activity Return - DM01 (Monthly)

16.5%

April 2024

14.5%

March 2024

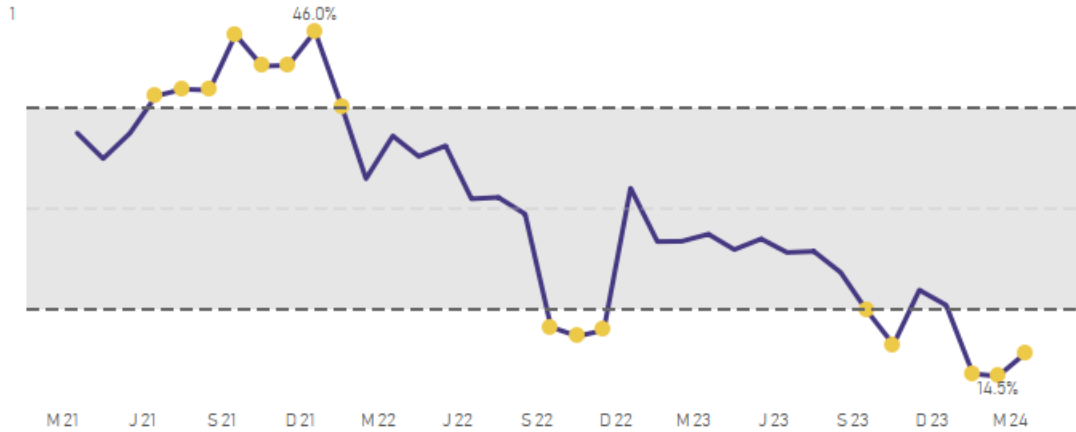
34/107

National Rank  
Inter Quartile

1.%

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	26.0%	27.0%	25.8%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%											

Selected measure at April 2024 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

25	Bolton	13.8%
34	Bury	16.5%
35	Rochdale	16.6%
42	Oldham	17.5%
50	Tameside	19.4%
51	Salford	20.1%
60	Wigan	21.9%
66	Manchester	22.8%
71	Stockport	24.7%
80	Trafford	26.3%
19	NHS Greater Manchester Integrated Care Board	21.1%

Narrative



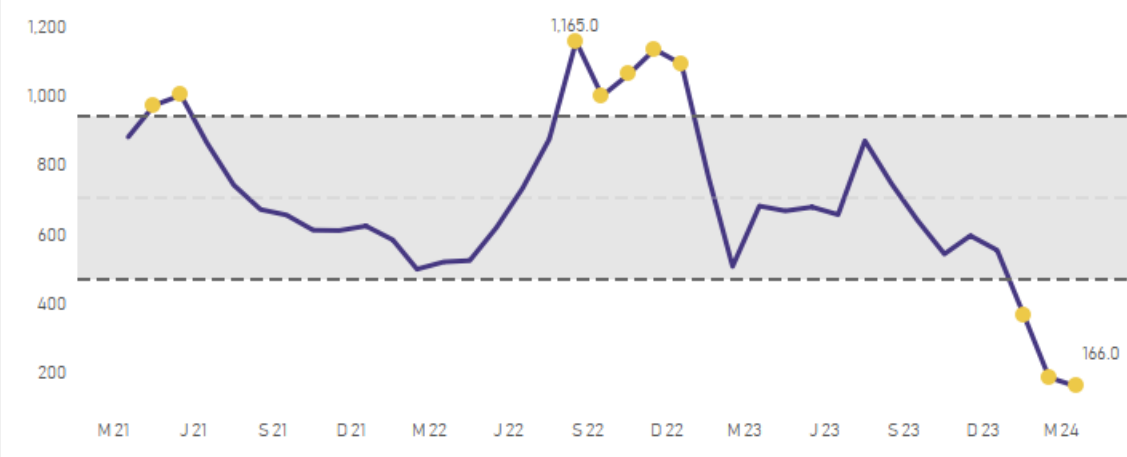
RTT incomplete: 65+ week waits

"The number of 65+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS. The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led referral to treatment waiting times rules and guidance webpage."

Source: Consultant-led RTT Waiting Times data collection (National Statistics). (Monthly)



Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	888	980	1,009	871	749	678	662	618	617	630	590	505
2022-23	526	530	626	739	882	1,165	1,007	1,070	1,142	1,099	773	513
2023-24	688	674	685	663	877	752	646	549	602	560	371	191
2024-25	166											

Selected measure at April 2024 has continuously decreased for 4 period(s) of time

Latest Value GM Benchmarking  
National Rank against other localities



Narrative

The scrutiny committee might want to ask the Bury system ...

... how long are Bury patients waiting for planned care and where are the pressures.

And this is on the agenda today

28 Day Wait from Referral to Faster Diagnosis: All Patients

Proportion of patients told cancer diagnosis outcome within 28 days of their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral

Source: National Cancer Waiting Times Monitoring Data Set (CWT) (Monthly)

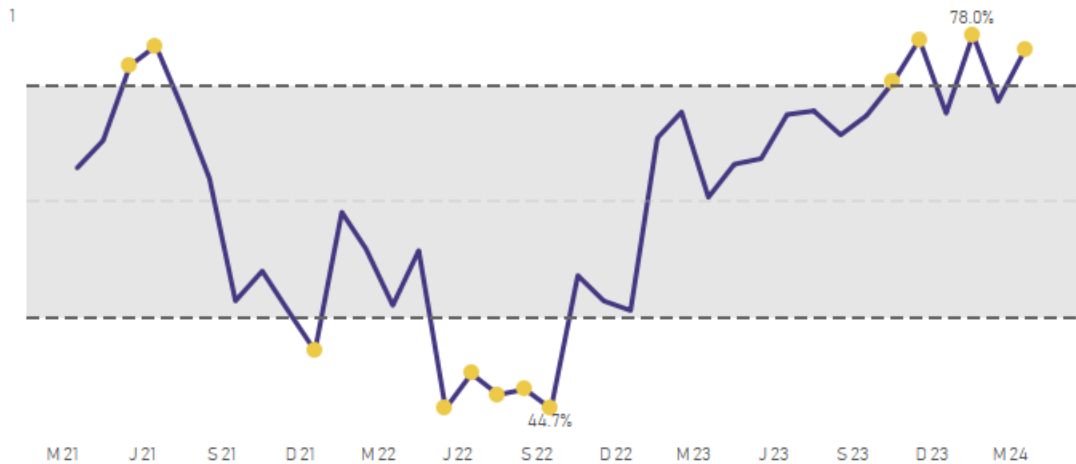
76.6%  
April 2024

72.1%  
March 2024

33/114  
National Rank  
Inter Quartile

75%  
National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.8%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	76.6%											

Latest Value GM Benchmarking

National Rank against other localities

4 Bolton

82.5%

15 Stockport

79.2%

20 Salford

78.1%

33 Bury

76.6%

35 Wigan

76.4%

68 Rochdale

72.5%

70 Manchester

72.2%

72 Trafford

71.6%

85 Oldham

70.0%

95 Tameside

68.2%

NHS Greater  
Manchester  
Integrated Care  
Board

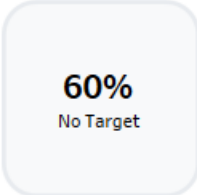
74.9%

Narrative

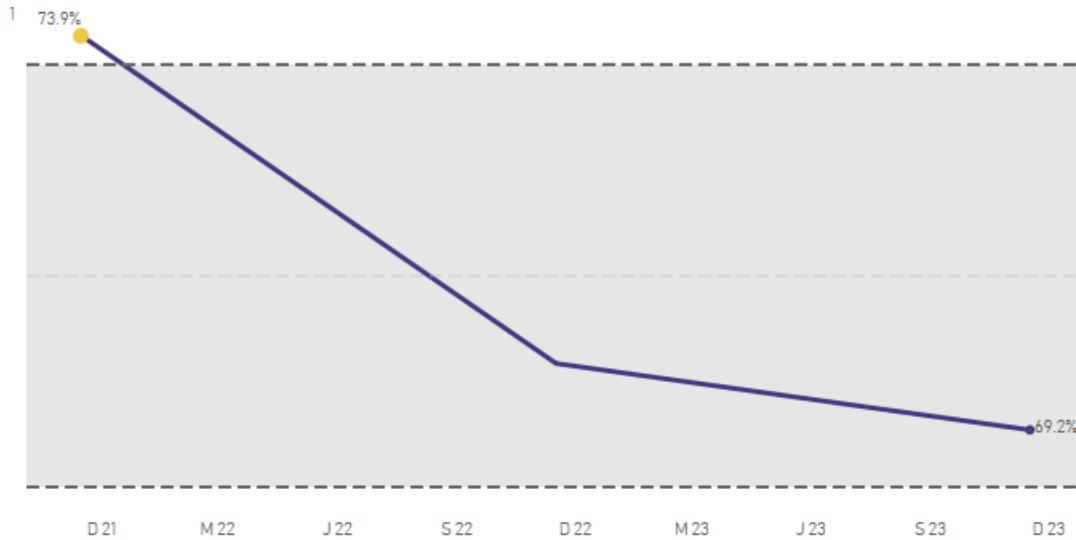
Breast screening coverage, females aged 53-70, screened in last 36 months

3-year screening coverage %: The number of females registered to the practice screened adequately in previous 36 months divided by the number of eligible females on last day of the review period

Source: Fingertips, Public Health Data, Public Health Outcomes Framework (Annual)



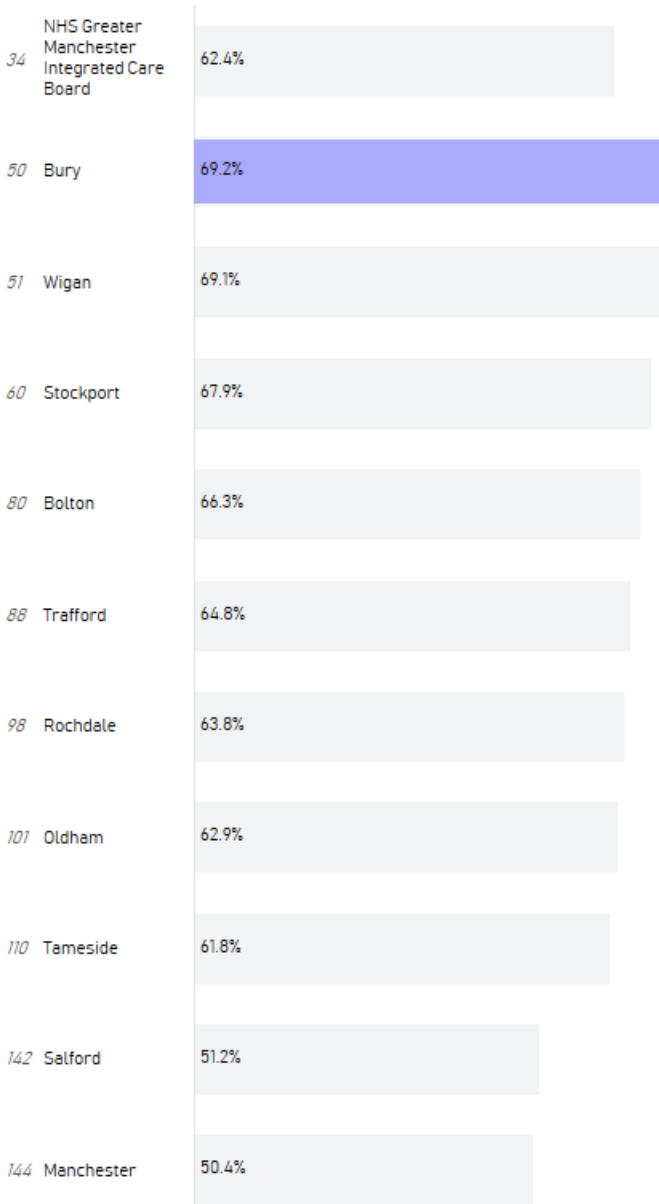
Outliers more than 1 standard deviation from the mean



Dec	
2021-22	73.9%
2022-23	70.0%
2023-24	69.2%

Latest Value GM Benchmarking

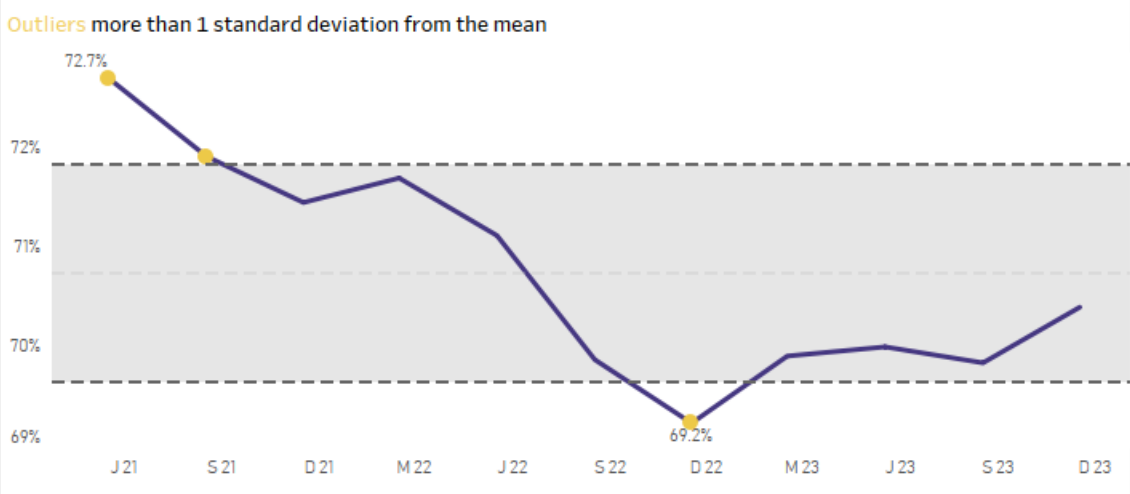
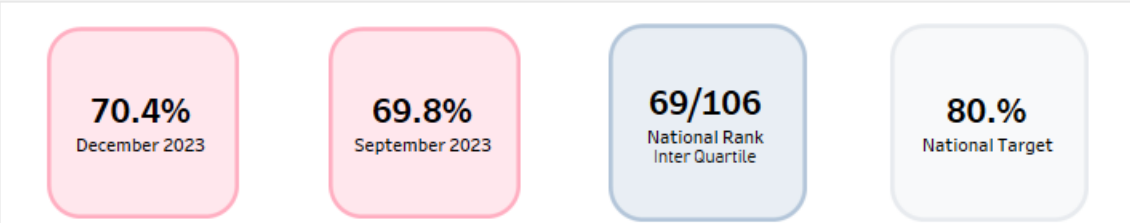
National Rank against other localities



Narrative

**Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)**  
The overall cervical screening coverage: the number of women screened adequately in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64) divided by the number of eligible women on last day of review period.

Source: Cervical Screening Programme - Coverage Statistics [Management Information] (Quarterly)



	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	

Selected measure at December 2023 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking  
National Rank against other localities

4	Stockport	76.8%
7	Trafford	75.9%
39	Wigan	73.4%
66	Rochdale	70.7%
69	Bury	70.4%
72	Tameside	70.1%
75	Oldham	69.6%
93	Bolton	67.3%
98	Salford	64.4%
104	Manchester	60.1%
32	NHS Greater Manchester Integrated Care Board	68.5%

Narrative

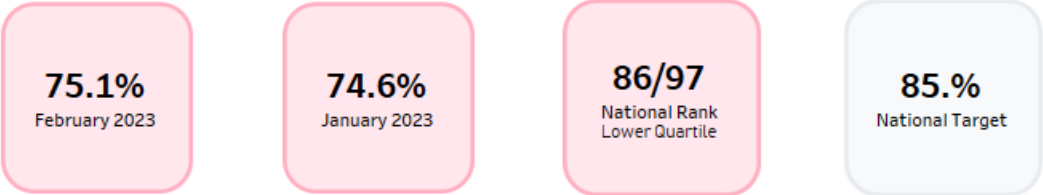
The scrutiny committee might want to ask the Bury system ...

... what more can we all do, particularly elected members, to promote screening, immunisation, and vaccination uptake

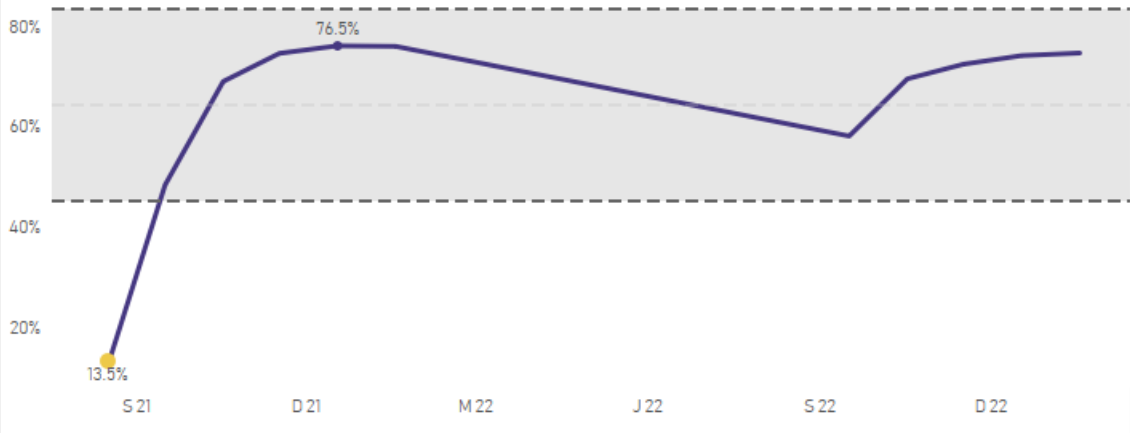
Seasonal Flu Vaccine Uptake: 65 years and over

The uptake of seasonal influenza vaccination among those aged 65 and over

Source: Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 (Monthly)



Outliers more than 1 standard deviation from the mean



	Sep	Oct	Nov	Dec	Jan	Feb
2021-22	13.5%	48.8%	69.4%	75.0%	76.5%	76.4%
2022-23		58.5%	69.9%	72.8%	74.6%	75.1%

Selected measure at February 2023 has continuously increased for 4 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

2	Stockport	85.6%
32	Trafford	82.5%
65	Wigan	79.8%
71	Oldham	78.8%
74	Rochdale	78.0%
75	Bolton	78.0%
83	Tameside	76.1%
84	Salford	75.7%
86	Bury	75.1%
95	Manchester	69.8%
31	NHS Greater Manchester Integrated Care Board	78.0%

Narrative



## 6. How are we doing – Adult Care and Public Health

# Adult Care and Public Health

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- Adult Care Performance Framework redeveloped and available at the next Scrutiny committee – approved by cabinet May 2024
- Public Health outcomes framework reviewed by Locality Board July 2024 and will be available at a future scrutiny committee.



## 7. Finance (as reported to July Locality Board)



## Bury Council

- Bury Council went into 2024/25 on the back of a £6.5m overspend in 2023/24. The Council's 3 year budget plan (MTFP) detailed a £30m gap over the period after mitigation by £10m of pre-agreed savings. This will be very challenging to achieve as it amounts to 15% of the Council's net budget.

## NHS Greater Manchester

- NHS Greater Manchester (GM) remains in undertakings with NHS England, and this brings additional scrutiny and rigour around finance, performance and quality.
- In the latest financial planning submission to NHS England in early June, NHS GM had a deficit plan of £175m, which has improved from the previous submission.
- To enable delivery of this, NHS GM has a savings plan to deliver £490m, with all organisations and functions within NHS GM have Cost Improvement Plans (CIP) of 5%, including the Northern Care Alliance (NCA), Pennine Care Foundation Trust (PCFT), Manchester Foundation Trust (MFT) and the Bury Locality. The delivery of these targets and overall financial positions is being rigorously monitored at a local, regional and national level. Table 1 overleaf shows the savings plans by each organisation



# 8. Any questions

# Elective Care and Cancer Recovery and Reform Programme Update – July 2024

# NHSE 2024/25 Priorities and Operational Planning Guidance

- Overall priority in 2024/25: recovery of core services and productivity following the COVID-19 pandemic
- Recognition that systems cannot continue to reduce long waiters while the overall waiting list grows, systems are asked to also focus on reducing the overall list size and improve productivity.
- Elective care and cancer objectives:

Area	Objective
Elective care	• Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
	• Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	• Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
	• Improve patients' experience of choice at point of referral
Cancer	• Improve performance against the headline 62-day standard to 70% by March 2025
	• Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%

# GM ICB – Priority Areas from the Six Elective Pillars



Greater Manchester  
Integrated Care

- **Integrated Elective Care** – programme supports the early stages of the patient pathway and reducing the flow of patients into elective waiting lists. The priority themes of the IEC pillar are - Referral Optimisation and Outpatient Transformation.
- **Productivity and Efficiency** – programme focuses on integrated elective care and the capacity that could be realised by improving productivity metrics and optimising the efficient use of resources. Opportunities identified in Day case, theatres, outpatients and inpatient stays to release capacity to increase throughput and activity to address the RTT waiters' backlog and long waiters.
- **Independent Sector** – the aim of the programme is to reduce the number of patients on waiting lists across GM, reducing the pressures on elective care. A system level approach to effectively utilise the capacity of the IS and identify emerging demands is being developed for implementation.
- **Waiting List Management** – the programme aims to improve the elective care recovery position in GM over the next 3 years, with the aim of eliminating all long waits by 2025.
- **Surgical Hubs** – introduced during COVID to ensure protected capacity for elective recovery with the initial focus on paediatric and orthopaedic specialities alongside existing cancer hub arrangements. Effectiveness of the hubs for orthopaedics being evaluated.
- **Children and Young People** - the programme is focused on activity and capacity planning, clinical pathway standardisation (and interface with primary care), productivity and delivery of national targets and GIRFT recommendations.



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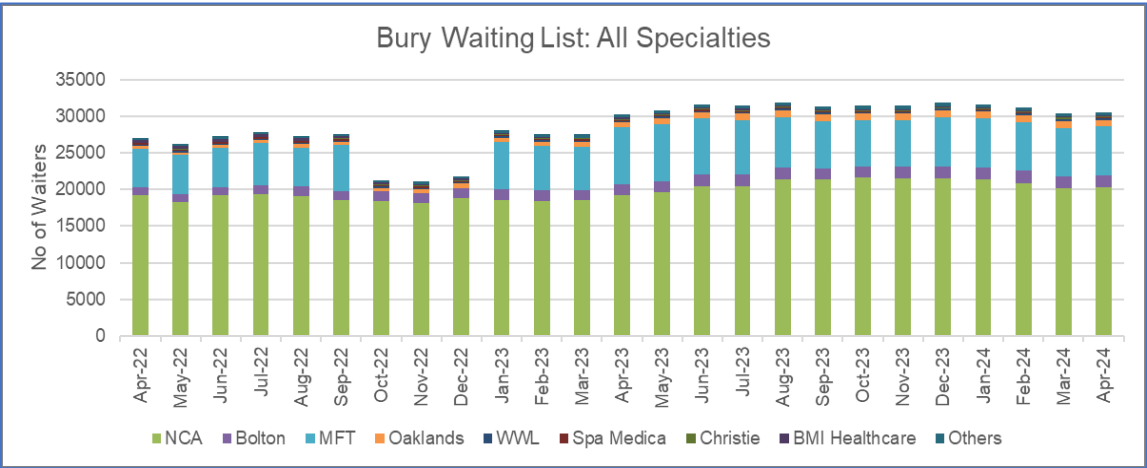
# **Performance Data Elective Care & Diagnostics**



# NHS Greater Manchester Position – Waiting Lists (June 2024)

- The current overall RTT waitlist in GM is **521,893**.
- The GM ECRR Programme team are monitoring the **78ww position** with trust colleagues.
- Overall position is to **achieve zero 78ww by end of June 24 and zero 65ww by end of September 24**.
- Work ongoing to ensure achievement and sustainability.

# Elective Care (Bury patients at all providers)



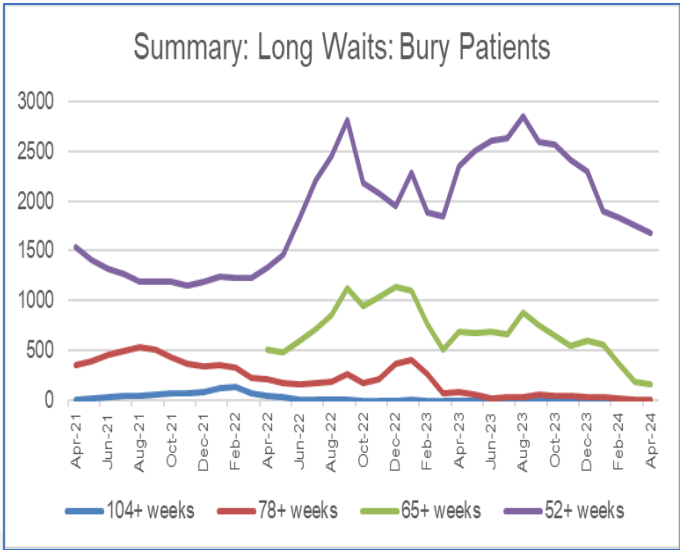
Source: [Locality Elective Care report/Published data](#)

## Long Waits:

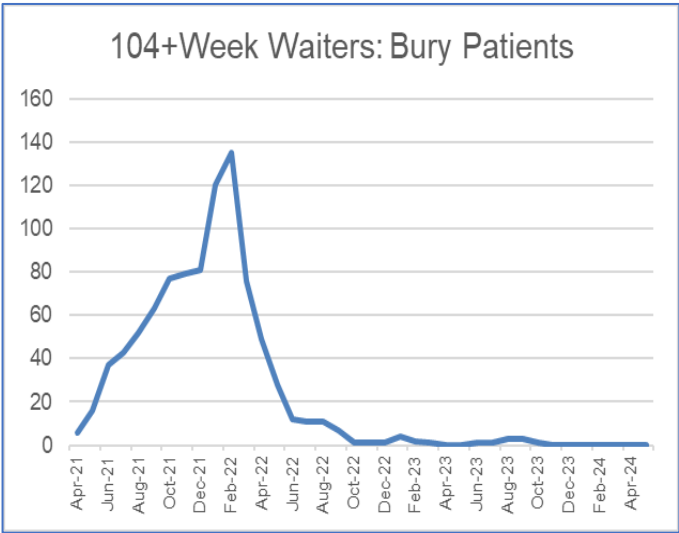
- 104+: April shows 0 which has remained the same from March.
- 78+: April shows 4 pathways which has remained the same as March 24.
- 65+: Decreased from 191 in March to 166 in April 24. Plan was to be zero by March 2024.
- 52+: Decrease in April from March (-4.6%). The main specialties which saw a decrease were Ophthalmology decreased by -23% in April with 31 pathways and Dermatology -16.4% with 49 Pathways.
- Increases seen in ENT (+51 pathways) and Urology (+10 pathways).

## Overall Waiting List:

- MFT data is now included from January 23.
- Published April data shows an Increase on March 24 (0.6%, 168 pathways).
- Since March 24 there have been some increases across some specialties, with Respiratory Medicine Service showing the largest increase of 15.4% (91 pathways)
- Small reductions seen across several specialties in April, include Oral Surgery with an increase of 2.8% (52 pathways) & Gastroenterology Service with 2.4% (60 Pathways)



Source: [Locality Elective Care report/Published data](#)



Source: [Locality Elective Care report/Published data](#)



RTT incomplete: 65+ week waits

"The number of 65+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.  
The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led referral to treatment waiting times rules and guidance webpage."

Source: Consultant-led RTT Waiting Times data collection (National Statistics). (Monthly)

191.0

March 2024

371

February 2024

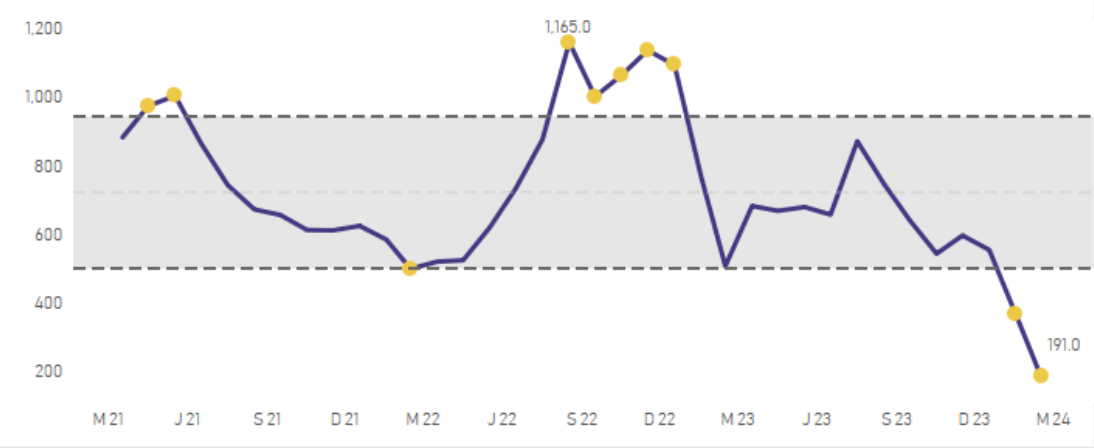
56/121

National Rank  
Inter Quartile

0.

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	888	980	1,009	871	749	678	662	618	617	630	590	505
2022-23	526	530	626	739	882	1,165	1,007	1,070	1,142	1,099	773	513
2023-24	688	674	685	663	877	752	646	549	602	560	371	191

Selected measure at March 2024 has continuously decreased for 3 period(s) of time

Latest Value GM Benchmarking  
National Rank against other localities

25	Tameside	67.0
33	Trafford	109.0
43	Oldham	139.0
49	Rochdale	163.0
56	Bury	191.0
63	Salford	249.0
64	Manchester	269.0
68	Wigan	300.0
88	Bolton	539.0
91	Stockport	566.0

GMs overall position is to achieve zero 65ww by end of September 2024.

# Elective Care (Bury patients at all providers)

RTT Specialty	Apr-24					
	Total Waiting List		Total 65 plus weeks		Total 78 plus weeks	
	Total	% of Bury Total	Total	% of Bury Total	Total	% of Bury Total
General Surgery Service	1,397	4.6%	9	5.4%	-	0.0%
Urology Service	1,780	5.8%	22	13.3%	1	25.0%
Trauma and Orthopaedic Service	3,245	10.6%	15	9.0%	-	0.0%
Ear Nose and Throat Service	2,915	9.5%	18	10.8%	1	25.0%
Ophthalmology Service	2,210	7.2%	12	7.2%	1	25.0%
Oral Surgery Service	1,919	6.3%	17	10.2%	-	0.0%
Neurosurgical Service	3	0.0%	-	0.0%	-	0.0%
Plastic Surgery Service	244	0.8%	6	3.6%	-	0.0%
Cardiothoracic Surgery Service	6	0.0%	-	0.0%	-	0.0%
General Internal Medicine Service	31	0.1%	-	0.0%	-	0.0%
Gastroenterology Service	2,541	8.3%	4	2.4%	-	0.0%
Cardiology Service	1,492	4.9%	1	0.6%	-	0.0%
Dermatology Service	2,931	9.6%	14	8.4%	-	0.0%
Respiratory Medicine Service	682	2.2%	-	0.0%	-	0.0%
Neurology Service	20	0.1%	-	0.0%	-	0.0%
Rheumatology Service	623	2.0%	-	0.0%	-	0.0%
Elderly Medicine Service	81	0.3%	-	0.0%	-	0.0%
Gynaecology Service	2,222	7.3%	26	15.7%	-	0.0%
Other - Medical Services	2,094	6.9%	-	0.0%	-	0.0%
Other - Mental Health Services	4	0.0%	-	0.0%	-	0.0%
Other - Paediatric Services	1,954	6.4%	14	8.4%	-	0.0%
Other - Surgical Services	1,983	6.5%	8	4.8%	1	25.0%
Other - Other Services	155	0.5%	-	0.0%	-	0.0%
<b>Total</b>	<b>30,532</b>	<b>100.0%</b>	<b>166</b>	<b>100.0%</b>	<b>4</b>	<b>100.0%</b>

## Overall Waiting List:

- Dermatology, T&O and ENT still have the highest proportion of total Bury Waiters in April.
- The highest proportion of 65 plus week waits are in Urology and Gynaecology .
- The highest proportion of 78 plus week waits are in Urology, ENT, Ophthalmology and other- Surgical Services all with 1 waiter.

- 78ww ranked 50<sup>th</sup> biggest in England (Q2 - 35<sup>th</sup> centile) moving out of the bottom quartile – 42 out of 144 NHS providers reported zero
- 65ww ranked 18<sup>th</sup> biggest in England (Q1 13<sup>th</sup> centile)

## NCA + 78ww by Locality

Specialty	Bury	HMR	Salford	Other	Total
Spinal Surgery	2	2		8	12
Ear Nose and Throat	1		1	1	3
General Surgery			1	1	2
Neurosurgical				2	2
Urology		1			1
Trauma and Orthopaedics				1	1
Neurology				1	1
Paediatric Dentistry				1	1
<b>Total</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>15</b>	<b>23</b>

There were 23 breaches of the 78 week standard at the end of March 2024

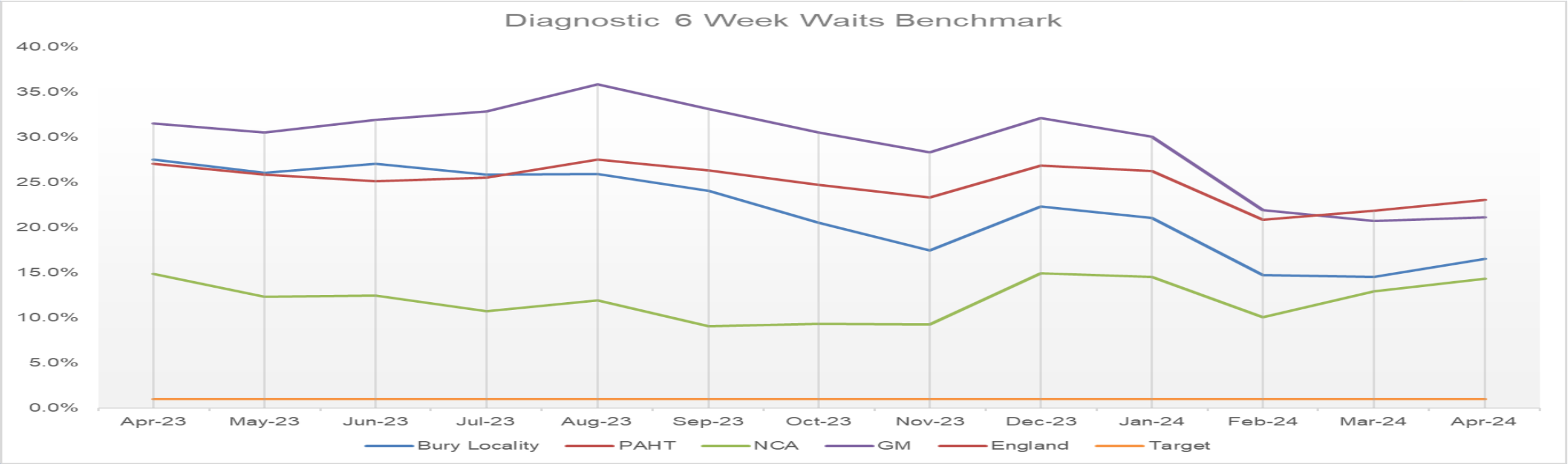
- 12 of these were due to patient choice,
- 8 were capacity breaches
- 3 were clinically complex

## NCA + 65ww by Locality

Specialty	Bury	Oldham	HMR	Salford	Other	Total
Dermatology (Adults & Paeds)	36	2	8	33	62	141
Ear Nose and Throat (Adults & Paeds)	18	13	17	33	29	110
Spinal Surgery	8	7	8	4	64	91
Urology	20	18	40	1	8	87
Neurosurgical					72	72
Trauma and Orthopaedics	7	6	14	15	25	67
Oral Surgery	2		1	51	12	66
Ophthalmology	18	17	11	1	9	56
General Surgery	5	5	10	2	7	29
Gynaecology	6	6	9	3	2	26
Neurology					23	23
Colorectal Surgery	3	4	5		2	14
Gastroenterology	4	4	2		2	12
Plastic Surgery	3		1	5	1	10
Cardiology	1	3				4
Endocrinology				1	3	4
Pain Management					2	2
Orthodontic				1		1
Paediatric		1				1
Paediatric Dentistry					1	1
Paediatric Urology			1			1
<b>Total</b>	<b>131</b>	<b>86</b>	<b>127</b>	<b>150</b>	<b>324</b>	<b>818</b>

*Note: NCA 24-25 plan delivers the 65ww September clearance ask*

# Diagnostics (Bury patients at all providers)



Source: [Locality Elective Care report/Published data](#)

## Diagnostic Performance notes:

- MFT Data is now included from Jan 23.
- Bury’s Diagnostic performance has now settled since the DEXA issue was resolved and now that MFT data is included.
- April’s performance of 16.5% of patients waiting more than six weeks is an increase on the March’s figure (14.5%).
- NCA performance has also increased to 14.3% in April from 12.9% in March.
- GM performance also saw an increase in April with 21.1%, as did England who had a performance of 23%.

Diagnostics: % waiting 6 weeks+

Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over.

Source: Monthly Diagnostics Waiting Times and Activity Return - DM01 (Monthly)

14.5%

March 2024

14.7%

February 2024

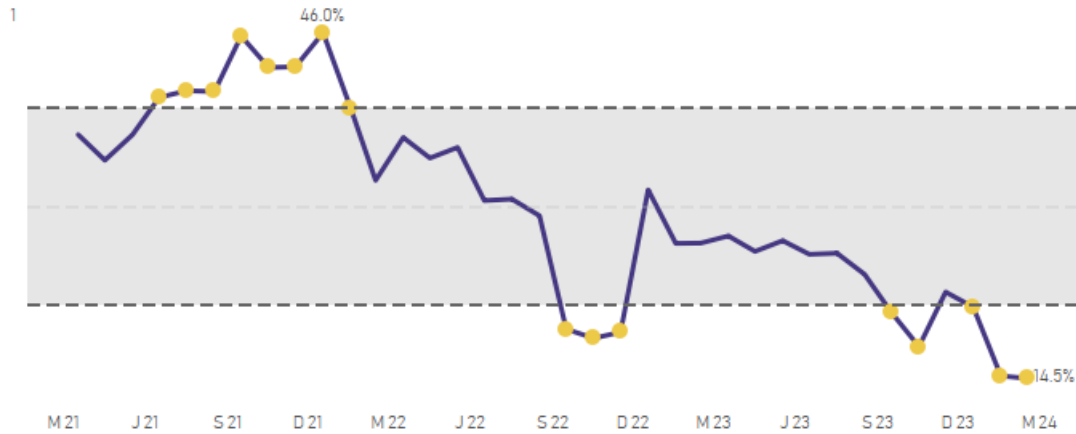
29/107

National Rank  
Inter Quartile

1.0%

National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	26.0%	27.0%	25.8%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%

Selected measure at March 2024 has continuously decreased for 3 period(s) of time

Latest Value GM Benchmarking  
National Rank against other localities

28	Bolton	14.3%
29	Bury	14.5%
31	Rochdale	14.7%
41	Oldham	16.1%
59	Tameside	20.0%
63	Salford	21.1%
64	Stockport	21.7%
68	Manchester	23.2%
72	Wigan	24.3%
74	Trafford	24.8%
21	NHS Greater Manchester Integrated Care Board	20.7%



Greater Manchester  
Integrated Care

Bury April 24  
Performance has  
increased to 16.5%.

GM, NCA, and England  
performance has also  
seen an increase.

# Diagnostics- Bury Locality and NCA

Test	Bury Locality			NCA		
	Total Waiting	Proportion of Total Waiting	% Waiting 6+ Weeks	Total Waiting	Proportion of Total Waiting	% Waiting 6+ Weeks
Endoscopy	508	10.9%	17.1%	1880	9.8%	13.1%
Imaging	2885	61.6%	9.4%	11290	59.1%	4.1%
Physiological Measurement	1289	27.5%	32.7%	5942	31.1%	33.9%

Endoscopy	Colonoscopy	193	4.1%	11.9%	862	4.5%	12.2%
	Cystoscopy	68	1.5%	25.0%	56	0.3%	12.5%
	Flexi sigmoidoscopy	60	1.3%	16.7%	202	1.1%	15.3%
	Gastroscopy	187	4.0%	19.8%	760	4.0%	13.7%
Imaging	Barium Enema	2	0.0%	0.0%	0	0.0%	0.0%
	CT	420	9.0%	5.7%	1837	9.6%	3.2%
	Dexa Scan	122	2.6%	11.5%	600	3.1%	2.5%
	MRI	1088	23.2%	14.9%	5552	29.0%	1.5%
Physiological Measurement	Non Obstetric Ultrasound	1253	26.8%	6.4%	3301	17.3%	9.5%
	Audiology Assessments	447	9.5%	29.5%	1664	8.7%	22.8%
	Echocardiography	559	11.9%	35.8%	2898	15.2%	42.3%
	Electrophysiology	5	0.1%	60.0%	109	0.6%	45.9%
	Peripheral Neurophysiology	90	1.9%	4.4%	461	2.4%	7.6%
	Sleep studies	134	2.9%	47.8%	682	3.6%	36.8%
	Urodynamics	24	0.5%	37.5%	128	0.7%	56.3%

## Diagnostic Performance notes:

- April's performance of 16.5% is an increase on the March's figure (14.5%). GM performance has also increased.
- Most patients are waiting for Imaging both within the Bury Locality and at NCA.
- The highest percentage of Bury patients excluding Electrophysiology (5 patients 60%) and Urodynamics (24 patients 37.5%) waiting six weeks plus are waiting for Sleep Studies (134 patients 47.8%), followed by Echocardiography (559 with 35.8%)
- For Bury the highest proportion of the waiting lists are waiting for Non-Obstetric Ultrasound with 26.8% of the total waiting list followed by MRI which is 23.2% of total waiting list. For the NCA the highest proportion of the waiting lists are waiting for MRIs, 29.0%.

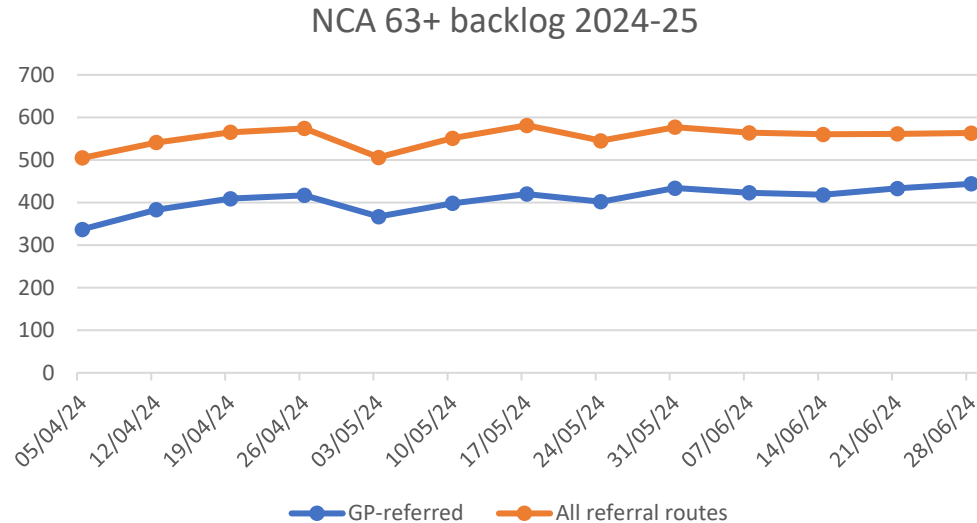


# Performance Data Cancer



# Cancer Access – NCA Summary

- Jun-24 cancer backlog of 563 (all referral routes) versus year-end position of 269 (GP-referred)
- Backlog position stable in 2024-25 YTD
- Skin (333), Colorectal (115) and Urology (59) pathways represent 90% of the backlog – all other pathways have maintained a minimal backlog
- 24-25 Performance drivers **(1)** Ongoing high levels of referral demand for suspected skin cancer (>400 referrals per week/~500 additional referrals per month vs. 2023-24); **(2)** Endoscopy capacity reduced due to consultant vacancies; **(3)** Reduced theatre capacity for Urology following disaggregation from North Manchester in April 2024.



## Improvements

- Maintaining additional capacity in dermatology
- Salford CDC Teledermatology service now delivering 105 image capture appointments per week
- Mobilisation of Skin Analytics AI Teledermatology (September 2024)
- Additional endoscopy capacity in place to mitigate gaps whilst consultant posts are recruited to
- Oldham CDC Endoscopy suite to open October 2024

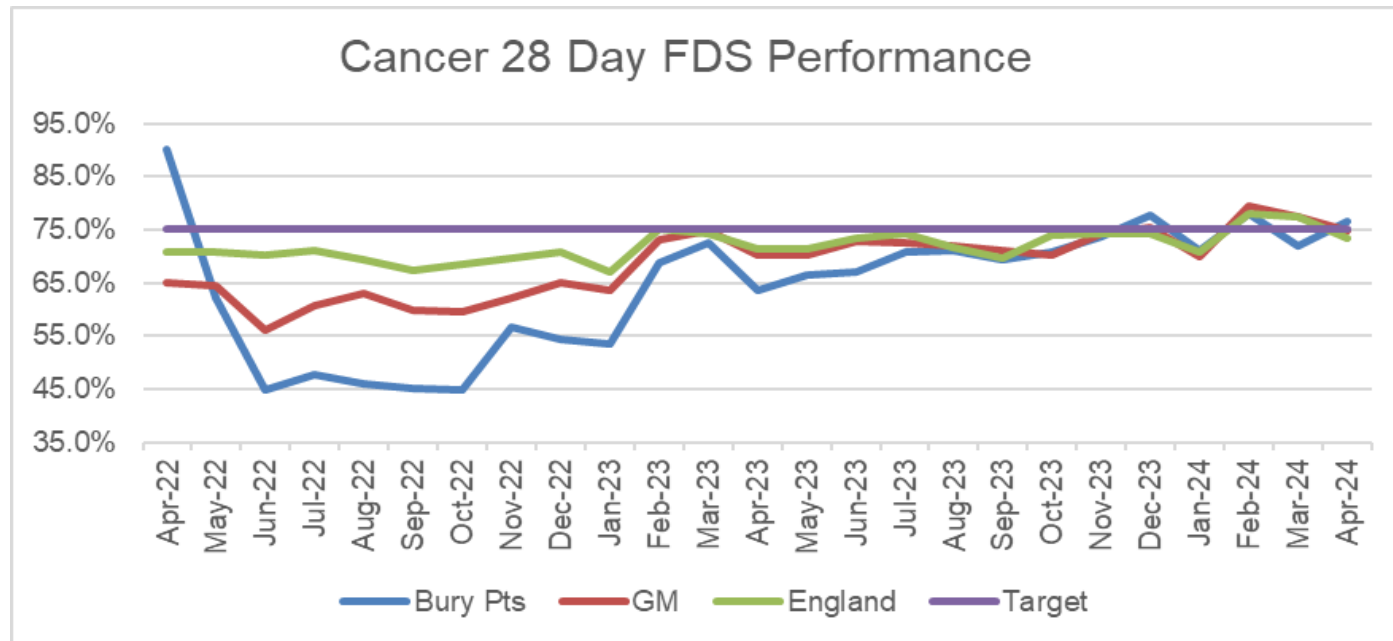


# Cancer (Bury patients at all providers)

## Cancer 28 days Faster Diagnosis Standard (FDS):

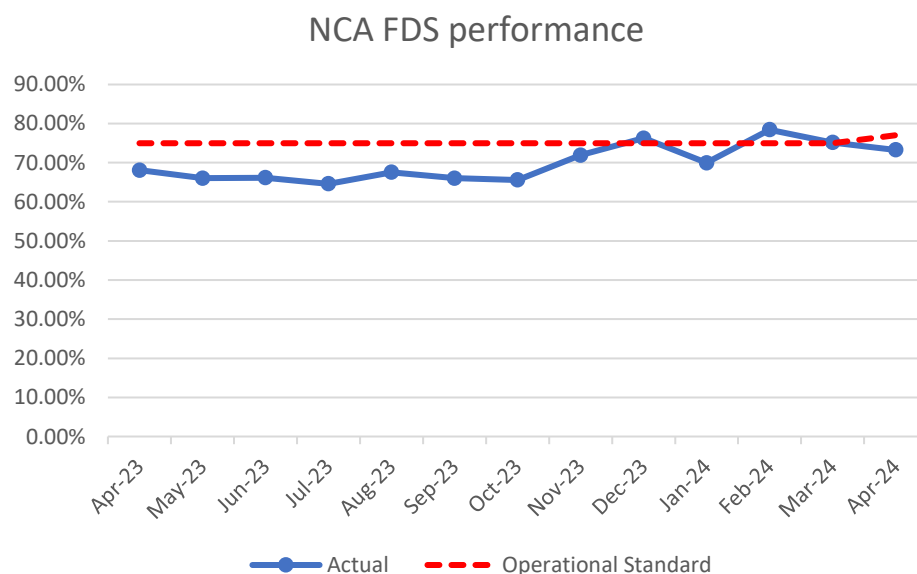
- Increase in performance in April to 76.6% for Bury, this is above GM where the performance decreased to 74.9%, Bury are above the target of 75.0%.
- Gynaecology performance decreased from 72.3% in March to 69.5% in April, with 66 out of 95 not meeting standard.
- Urological cancer performance is 78.0% for April which is an improvement on 60.9% in March, with 46 out of 59 meeting standard.
- Skin Cancers Performance for April has improved to 83.5 % from 71.9% in March, with 142 out of 170 meeting Standard.

Source: [Locality Elective Care report/Published data](#)



# 28-Day Faster Diagnosis Standard Performance – NCA Trust Level Data

## April 2024 Published Performance



Tumour site	Total Pathways	Compliant	Breach	%
Brian/CNS	147	101	46	68.7%
Breast	1	1	0	100.0%
Colorectal	903	559	344	61.9%
CUP	1	0	1	0.0%
Gynaecology	476	319	157	67.0%
Haematology	21	16	5	76.2%
Head and Neck	451	317	134	70.3%
Lung	204	177	27	86.8%
NSS	196	131	65	66.8%
Paediatric	20	15	5	75.0%
Sarcoma	45	33	12	73.3%
Skin	1211	1010	201	83.4%
Testicular	18	15	3	83.3%
Upper GI	362	278	84	76.8%
Urology	286	211	75	73.8%
<b>All</b>	<b>4342</b>	<b>3183</b>	<b>1159</b>	<b>73.3%</b>

- NCA Performance against the Faster Diagnosis standard has deteriorated in recent months, driven by longer waits for endoscopy
- Continued improvements in performance for skin, supported by teledermatology
- Focus areas for 2024-25:
  - implementing daily clinical review of diagnostic results and next steps across all tumour sites
  - ensuring delivery of the standard where cancer is diagnosed
  - improving performance to a level that supports delivery of the 62-day standard

28 Day Wait from Referral to Faster Diagnosis: All Patients

Proportion of patients told cancer diagnosis outcome within 28 days of their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral

Source: National Cancer Waiting Times Monitoring Data Set (CWT) (Monthly)

72.1%

March 2024

78.0%

February 2024

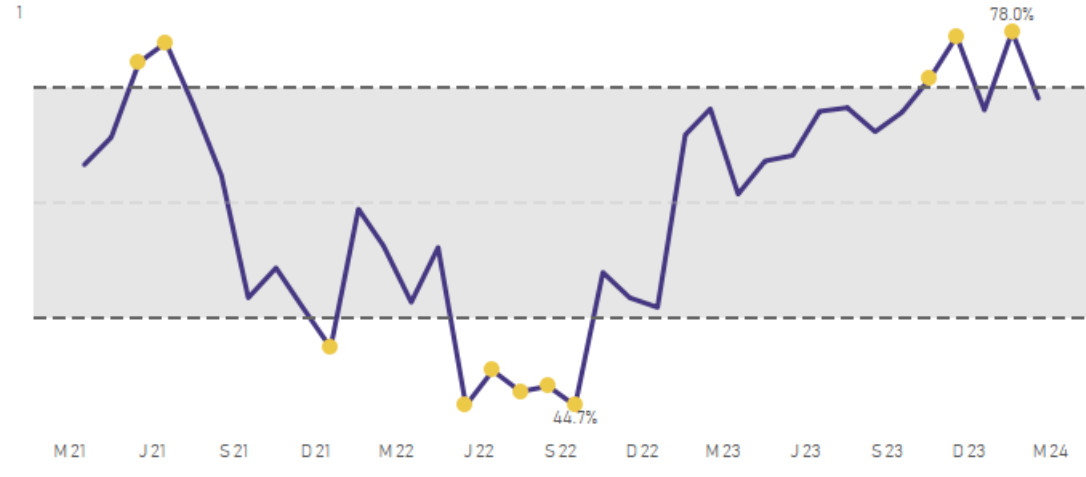
97/114

National Rank  
Lower Quartile

75%

National Target

Outliers more than 1 standard deviation from the mean



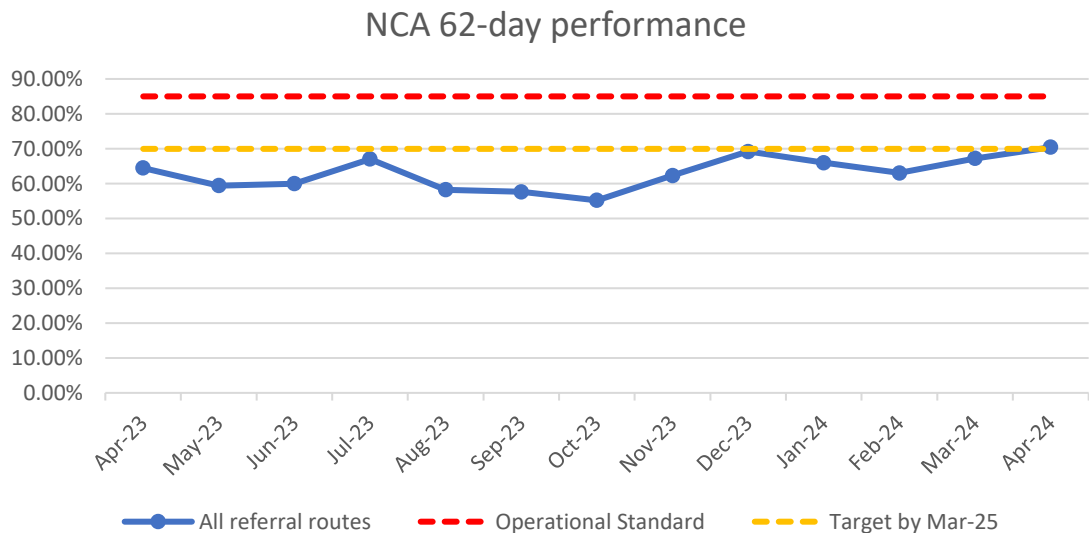
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.8%	73.8%	77.6%	71.0%	78.0%	72.1%

Latest Value GM Benchmarking  
National Rank against other localities

4	Bolton	85.4%
14	Salford	83.1%
18	Stockport	82.3%
19	Wigan	82.2%
65	Tameside	76.1%
74	Trafford	74.8%
93	Oldham	72.9%
95	Manchester	72.3%
97	Bury	72.1%
99	Rochdale	71.6%
108	NHS Greater Manchester Integrated Care Board	77.5%

Bury Performance  
in April 24 has  
increased to  
76.6%.

# 62-Day Performance – NCA Trust Level Data



April 2024 Published Performance

Tumour site	Total Pathways	Compliant	Breach	%
Brain/CNS	10.5	10.5	0.0	100.0%
Breast	1.5	1.0	0.5	66.7%
Colorectal	45.0	26.0	19.0	57.8%
CUP	1.0	1.0	0.0	100.0%
Gynaecology	10.5	6.0	4.5	57.1%
Haematology	15.0	11.0	4.0	73.3%
Head and Neck	14.0	6.0	8.0	42.9%
Lung	40.0	32.0	8.0	80.0%
NSS	4.0	2.0	2.0	50.0%
Sarcoma	0.5	0.0	0.5	0.0%
Skin	70.5	48.0	22.5	68.1%
Upper GI	30.0	24.5	5.5	81.7%
Urology	88.0	64.5	23.5	73.3%
All	330.5	232.5	98.0	70.4%

- NCA Performance in line with 70% target for 62-day performance
- GM Cancer Alliance have funded 2 WTE B8a Improvement Managers for 18 months to support delivery of improvement actions across NCA
- Focus in 2024-25 is on breach prevention and timely referral to tertiary treatment centres.

# Teledermatology in Salford CDC – May 2024 Performance Snapshot



Greater Manchester  
Integrated Care

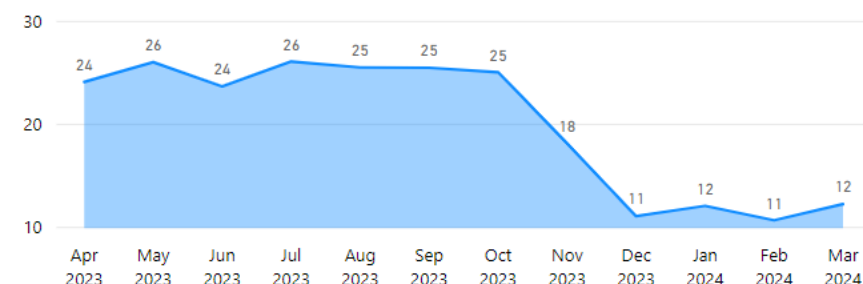
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- Over 1600 patients have attended a teledermatology appointment in Salford CDC since go-live in October 2023
- 48% of all TWW referrals triaged since go-live are within inclusion criteria for teledermatology pathway
- CDC digital connectivity in place from w/c 8 April and ramping up to full capacity
- Outcomes following consultant dermatologist review of images (cumulative):
  - 35% discharged
  - 29% listed direct for procedure
  - 34% to F2F appointment

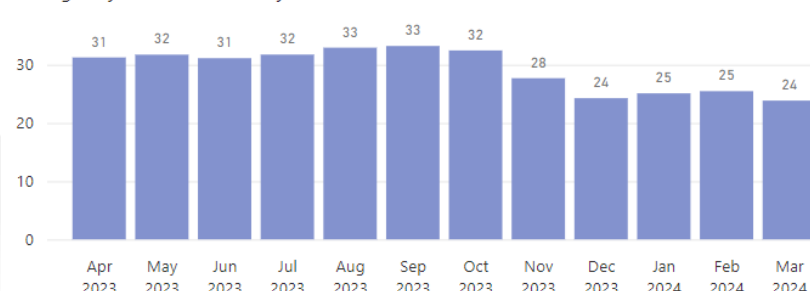
## Impact on performance

- Time to first appointment 13-14 days saved
- Time to FDS communication 7-8 days saved
- FDS performance improved from 49.8% in October to sustained delivery of the standard since December.

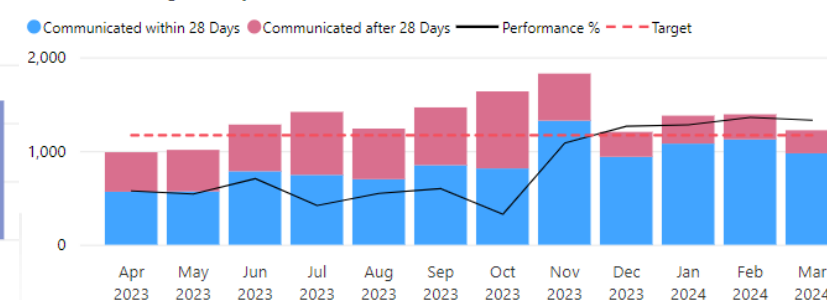
Average Days to First Appointment by MonthYear and Cancer Site



Average Days to Communicate by MonthYear and Cancer Site



Cancer Monitoring - 28 Day Find Out Faster



# **Delivering the 24/25 Planning Objectives**

# GM Elective Care Recovery and Reform Programme Board Update - June 24



Greater Manchester  
Integrated Care

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- **Performance Improvement Plan (PIP)**

- GM undertakings - Elective Care System Programme Board performance improvement plan - describes challenges, risks, targets for constitutional standards.
- Live document - GM Board is provided with regular updates.
- Developing sustainable plan for elective recovery over the next 5 year.
- Gynaecology pressured specialties across GM - Elective Care Reform Team supporting provider trusts with mutual aid/insourcing solutions.
- Primary Care Board developing plan for a GM wide gynaecology service.

- **Clinical Validation Pilot**

- Consult and Connect clinical validation pilot - across five trust 3000 patients' part of the pilot – focus on ENT and Gynaecology (*Note: NCA are not part of this pilot*).
- Consultant led validation- where clinically appropriate patients may be diverted back to primary care with a clear management plan, upgraded to a 2ww or urgent referral, have diagnostics ordered.
- The Primary Care Subgroup (PCSG) requested assurance that the process will not affect the patient experience. GM programme team and Consult and Connect developing supporting infrastructure.
- Full evaluation of the pilot will take place.

- **Theatre Productivity Proposal**

- Focused on productivity and the utilisation of Surgical Hubs in GM.

- **GM Mutual Aid (GIRFT support)**

- Get it Right First team (GIRFT) - commenced calls to patients with an offer of mutual aid where clinically appropriate - support will run over 5 weeks.
- Week 1 feedback - GIRFT supported the Northern Care Alliance (NCA) booking team to embed best practice.
- A total of 233 patients were passed to the GIRFT team - 78% removed from the wait list, with an offer of mutual aid, booked in appointments or discharged. 3% wanted to remain on the NCA waitlist.

- **Gynaecology Think Tank**

- GM system came together for a think tank to explore what steps to be taken to support and sustain gynaecology services.
- Preferred model discussed and a working group established to take forward the outputs– meeting again in a month.

- **Your Medicines Matter Campaign**

- GM Pharmacy Sustainability plan - patients taking own drugs into hospital.
- Exiting initiative - opportunity to deliver a consistent message to patients and assist in tackling medication waste across GM.
- Campaign aims to see an increase in patients bringing their own medications into hospital – current rate of 55%.

## **Elective Care and Diagnostics:**

- NCA Outpatient Excellence Programme – Service Model Programme (SMT) being rolled out in phases across all specialities
- Four Localities Partnership – single elective work plan for Bury, Oldham, HMR, and Salford
- Trust waiting list validation work
- Trust theatre utilisation work
- GIRFT and Further Faster
- NOUS and MRI direct referral activity from primary care – reviewing in discussion with the Bury Integrated MSK Service

## **RTT – Challenging Specialities Specific Projects:**

- ENT – Bury and NCA BCO pathway development - demand reduction.
- Dermatology – GM Dermatology Model of Care: 'front end' focus (dynamic referral template, SPoA, enhancing community provision)
- Gynaecology – GM think tank with trusts, scoping exercise underway and second GM think tank session planned
- Urology – Pathway work, MFT/NCA North Manchester disaggregation and single service model
- T&O –Surgical Hub, MFT/NCA North Manchester disaggregation

## **Cancer:**

- Streamlining diagnostic pathways to support delivery of cancer access standards (28-day and 62-day):
  - Development of integrated dysphagia pathway
  - Delivery of cancer pathways in Salford CDC – building on success in Oldham CDC
- Work with locality partners to review route to diagnosis for all patients diagnosed at Stage IV to identify opportunities for earlier diagnosis
- Feedback from GM Cancer Alliance Visit to Bury Locality



# Outpatient Excellence Programme on a page

## Northern Care Alliance

WORKSTREAMS	PROJECTS
Clinical Administration	Specialist Advice Pre and post referral
	Partial Booking
	Standard Appointment Letters
	Clinical Outcome Recording Standards
Patient Communication	Remote Consultation
	Text Reminder Coverage
Patient Pathways	One Stop clinics
	Straight to test
Digital Enablers	Single eOutcome System
	Self Check-In
	Room Booking System
	Virtual Consultation Platform
	RPA Automating Referral / Triage Process (Neurology)

## Four Localities Elective Leads - Shared Priorities



Greater Manchester  
Integrated Care

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### 1. Specialist Advice – A&G Pre-Referral

- Develop a blueprint for A&G that brings consistency and can be cascaded from FLP to all relevant specialities across all care orgs.
- Job planning, agreement of response times, minimum dataset/guidelines for A&G requests and A&G replies, standardising pathway options in DoS (A&G, RAS, 2WW).

### 2. Primary Care Referral Guidelines/Templates and Secondary Care Response Guidelines

- Front end assessment templates to capture relevant data captured – agreed between primary and secondary care.
- Minimum data sets for referral to ensure quality data flow between primary and secondary care - agreed between primary and secondary care.
- Education schedule – secondary care working with primary care to up skill in relevant areas.

### 3. Agreeing the Responsibilities/Accountability of Partners in the Pathways – Primary, Community and Secondary Care

- Developing new culture towards referral pathways
- Process Mapping – what it looks like now, what we want it to look like and how does the system deliver this? Walking in each other's shoes!
- Your Test Your Responsibility – agreeing some principles to apply to all pathway work.
- Identifying educational requirements to upskill workforce to deliver the agreed pathway.
- Referral pathways – reviewing the primary, secondary and community interfaces and how referrals travel currently.

### 4. DoS – For Primary Care, Secondary Care and Community

- Currently misunderstanding of the offers in primary care e.g. diagnostics, workforce, skill sets, etc.– and variation between localities and within localities – impacting pathway transformation .
- What is available in community services across localities.

Governance Northern Care Alliance  
*Outpatient Excellence Programme*



Clinical Administration	Patient Communication	Patient Pathways	Digital Enablers
Specialist Advice pre and post referral	Remote Consultation	One Stop clinics	eOutcome business case
Appointment Invite process	Text reminder / re-scheduling	Straight to test	Self-Check in Kiosks
Consistent appointment Letters	Hybrid clinic cessation		Room booking system
Clinical Outcome Recording standards			Virtual consultation platform
			RPA automating referral/triage process (Neurology)

24 / 25  
Schemes

FLP Group developing a more blended approach to the existing governance with involvement of NCA and Locality Clinicians and Managers on groups

**ADULT SOCIAL CARE  
SERVICES**

**ANNUAL COMPLAINTS &  
COMPLIMENTS**

**APRIL 2023 – MARCH 2024**

June 2024

## **1.0 PURPOSE AND INTRODUCTION**

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- 1.1 It is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints, received by the Corporate Core Department, Bury Council.
- 1.2 This report is to provide members of Health Scrutiny Committee with details of information relating to Adult Social Care Services.
- 1.3 The report relates to the period 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, and provides comparisons between previous years, as well as detailing the nature, scope and scale of some of the complaints received.

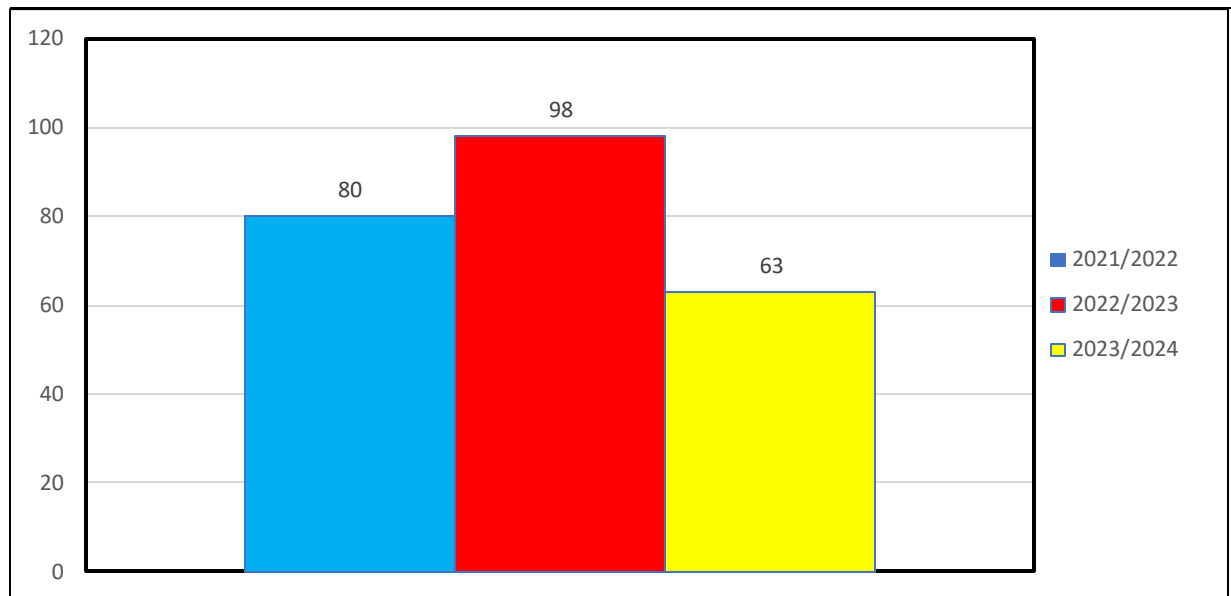
## **2.0 BACKGROUND**

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- 2.1 The council is required to operate a separate Statutory Complaints and Representations procedure, in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which was laid before Parliament on 27th February 2009 and came into effect on 1st April 2009. From 1st April 2009 there has been a single approach to dealing with complaints to ensure consistency in complaints handling across health and social care organisations. This procedure is based on the Department of Health's guidance, 'Listening, Responding and Improving' which supports the statutory requirements for the handling and consideration of complaints. Its intention is to allow more flexibility when responding to complaints and to encourage a culture that uses people's experiences of care to improve the services provided by Bury Adult Care Services.
- 2.2 The complaints mentioned in this report typically relate to issues where customers, their families or carers feel that the service they have received have not met their expectations. In these cases, the Council will always have endeavoured to resolve any concerns or dissatisfaction before a formal complaint has been received. Complaints, therefore, usually arise when the customer does not agree with the Council's interpretation of events or, in some cases, where policy delivers an outcome which they do not agree with.
- 2.3 Within the regulations which govern the complaints process, the Council adopts a flexible approach which prioritises local resolution. However, where complainants remain dissatisfied, they have the option to take their case to the Local Government & Social Care Ombudsman.
- 2.4 Members of Parliament cannot make a complaint on behalf of a constituent using the statutory process. However, MP's can raise a 'Concern' on behalf of a constituent with the Council and these are then managed accordingly.
- 2.5 The Complaint Procedure is not intended for dealing with allegation of serious misconduct by staff. These are covered by and dealt with through the Council's separate disciplinary procedures.

## **DATA ANALYSIS OF COMPLAINTS RECEIVED**

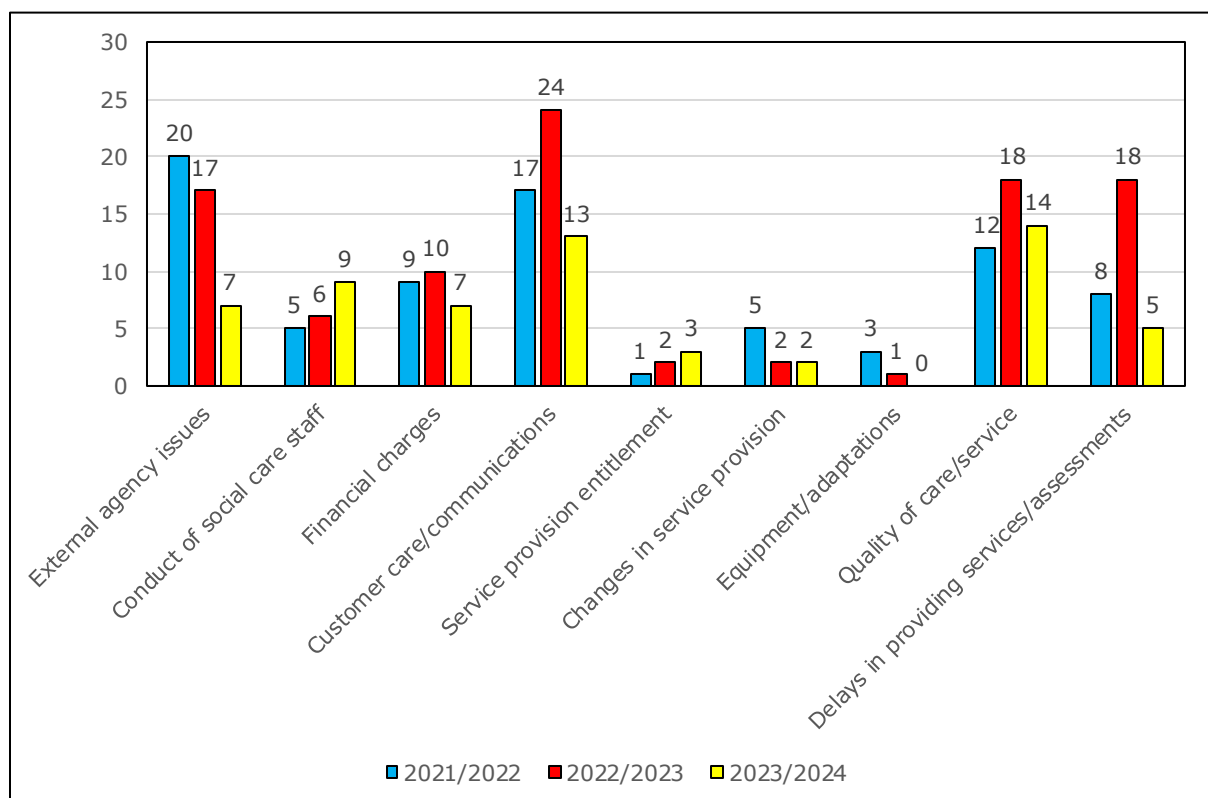
### **3.0 ADULT SOCIAL CARE COMPLAINTS**



- 3.1 It is pleasing to report the total number of complaints received in 2023/2024 has decreased from the previous years.
- 3.2 The number of complaints received should be considered in context with the number of people actually having direct contact with Adult Social Care Services (excluding their relatives, friends or carers who might make complaints on their behalf). The number of people to have direct contact with Adult Social Care Services during 2023/2024 was 8,343. It is positive that the proportion of people wanting to make a complaint about the services received from the department is low at only 63.
- 3.3 The drop was to be expected in part as in 21/22 the department changed the way it dealt with complaints about care provision and in 22/23 changes to government rules regarding how care post hospital stays were funded caused some confusion. Both these issues are no longer present and this year there are no factors that would cause temporary increases.
- 3.4 Out of the 63 complaints received, 4 complaints came back to the department to advise they remained dissatisfied, meaning 59 complaints were resolved after the initial response.
- 3.5 As would be expected when dealing with complaints from predominantly vulnerable groups, a large number of complaints received are made by a family member, advocate or solicitor of the person receiving a service, rather than the person themselves.

	Complaints raised by the person receiving a service	Complaints raised on behalf of the person receiving a service	%
<b>2021/2022</b>	16	64	80%
<b>2022/2023</b>	35	63	64%
<b>2023/2024</b>	22	41	65%

#### 4.0 NATURE OF COMPLAINTS

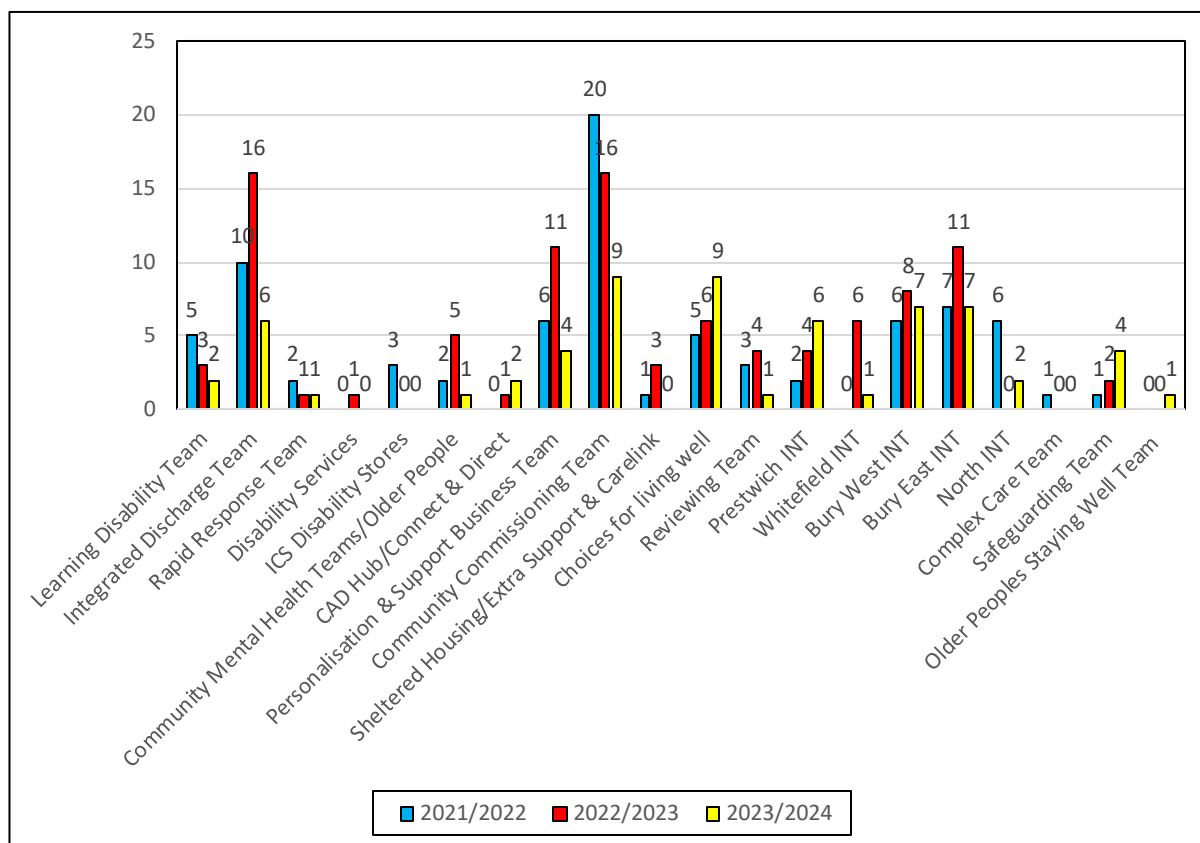


4.1 On the whole, the nature of complaints has shown no real noticeable increases. There has been a slight increase in complaints relating to 'conduct of social care staff' (from 6 to 9). Whilst there has been a slight increase in this area, no particular service area, team or individuals have been highlighted as a concern.

	Number of complaints received	Complaints Upheld / Partially Upheld	Complaints Not Upheld	Complaints Ongoing/ Withdrawn
<b>2021/2022</b>	80	63 (79%)	17	0
<b>2022/2023</b>	98	63 (64%)	33	2
<b>2023/2024</b>	63	36 (57%)	23	4

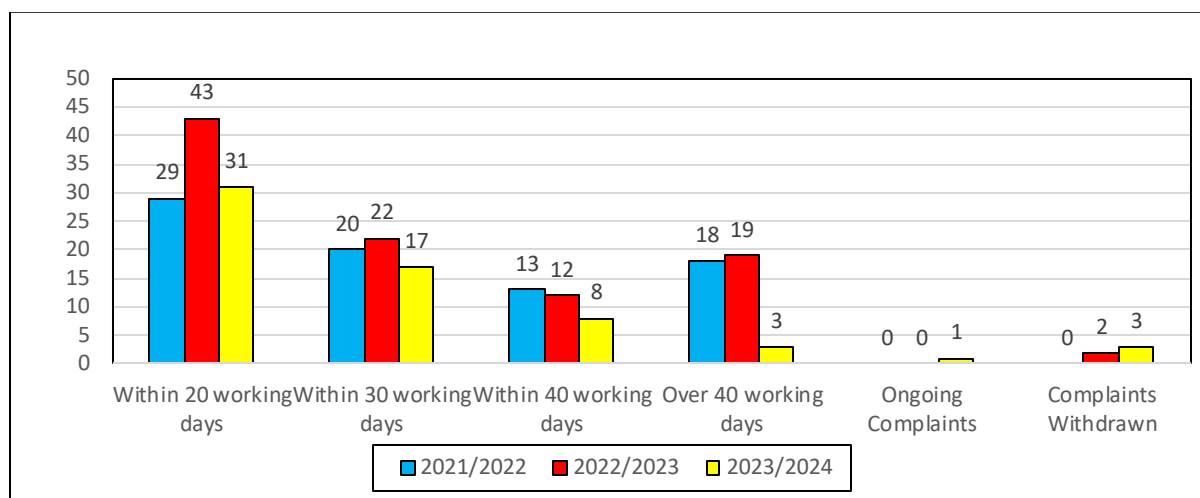
4.2 During the period 2023/2024 it has shown the number of complaints upheld/partially upheld has shown a slight decrease from the previous year 2022/2023. In all cases when complaints are received, learning is drawn from the comments received and the subsequent investigation.

## 5.0 COMPLAINTS PER TEAM



- 5.1 In comparison the overall number of complaints within teams has reduced.
- 5.2 The report has highlighted a slight increase from previous years in complaints for CAD Hub, Choices for Living Well, Prestwich Integrated Neighbourhood Team and the Safeguarding Team. Although the report highlights an increase the numbers are still relatively low, which does not indicate any area of concern.
- 5.3 All complaints are considered in terms of the learning that they can provide on how to improve the services and helps us to detect any themes or areas which require additional training or support.

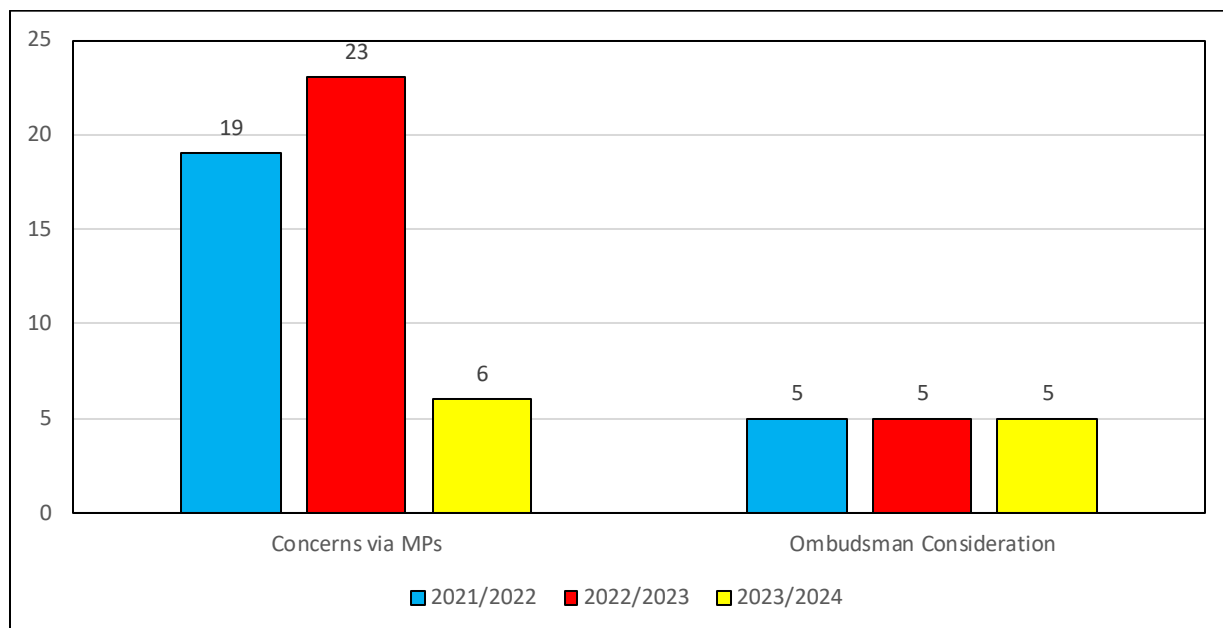
## 6.0 TIMESCALES



- 6.1 Whilst there are no statutory timescales with which the department must comply in responding to complaints, we do aim to resolve complaints within twenty working days on receipt of complaint. For more complex complaints which involve different service areas, 3<sup>rd</sup> party organisations, NHS for example, timescales will exceed the twenty working days.
- 6.2 It is for the council and complainant to agree how the complaint will be handled, the likely duration of the investigation and when the complainant can expect to receive a response.
- 6.3 In 2023/24, 49% of the complaints received were responded to within the 20 working day timescales, 27% of complaints were responded to outside of the 20 working day timescales, 13% of those were over 40 working days and 3% of complaints were responded to over 40 working days. Of the complaints responded to outside of the 20 working day timescales all complainants were kept updated on the delay, the reason for the delay and provided with a new response date.
- 6.4 It is really positive to see nearly half of the complaints received were responded to within 20 working days, which remains consistent with the previous year. Complaints over 40 working days has shown a significant improvement being reduced from 19 to 3.
- 6.5 The Local Government Social Care Ombudsman's office carried out two online workshops for senior managers on Effective Complaint Handling which included how to investigate complaints, decision making and remedy recommendations. The sessions received positive feedback, staff felt more confident when investigating and responding to complaints.



## 7.0 MP CONCERNS AND LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN CONSIDERATIONS / ENQUIRIES



- 7.1 As has been previously mentioned, concerns raised on behalf of constituents by Members of Parliament are recorded separately. There has been a reduction from 23 in 2022/2023 to 6 in 2023/2024.
- 7.2 The number of complaints investigated by the Local Government and Social Care Ombudsman (LGSCO) has not increased and remained as the previous years of 5 cases in 2023/2024.
- 7.3 All five cases received by LGSCO were closed after initial enquiries, as they could not add to the Council's response or make a different finding. Which resulted in no further action.

## 8.0 COMPLIMENTS

- 8.1 In addition to complaints, the department also records the number of compliments received.

Total number of Compliments received 2022/2023	Total number of Compliments received 2023/2024
601	826

Service Area	2022/ 2023	2023/ 2024
Integrated Hospital Discharge/Discharge to Assess Team	5	3
Choices for Living Well Intermediate Care, Reablement, Killelea, IMC @ Home	220	246
Sheltered Housing / Carelink / Support at Home	64	69
Integrated Community Equipment Services	59	63
Learning Disability Team	0	3
Older People's Community Mental Health Team	5	2
CAD Hub/Connect & Direct	1	11
Personalisation and Support Business Team	41	25
Rapid Response Team	57	86
Disability Services	58	23
Older Peoples Staying Well Team	52	368
Prestwich INT	3	7
Whitefield INT	6	8
Bury East INT	3	2
Bury North INT	6	1
Bury West INT	0	0
Community Commissioning Team	0	2
Reviewing Team	21	20
Safeguarding Team	0	1

- 8.2 The number of compliments received has shown an increase from the previous year. Team Managers are reminded and encouraged to record and share all compliments received.
- 8.3 It is pleasing to see the increase in compliments received, especially when those services are front line. Staff have continued to work tirelessly during the most challenging of times and it is pleasing to see that their hard work is being acknowledged and recognised.
- 8.4 When a compliment is received that acknowledges the efforts of an individual member of staff a personal thank you letter is sent by the Director - Adult Social Services and Community Commissioning. A copy is also placed on the individual's personnel record.

8.5 Here are some examples of positive feedback received from people receiving a service:

➤ **Choices for Living Well – Reablement Team**

"Case opened from Christies. This lady evidently is very poorly. Her home environment was pretty grim. It was full of bags of rubbish which contained rotting food, empty boxes, bottles, dirty pads, kitchen was unusable, it was full of flies. Another person may well have tried to get this lady back into hospital due to her home environment. Whilst I was opening the case, I bagged up some rubbish from her lounge, to make her walkway clear for her, but the rest needed a good deep clean and declutter. I had to move on to open other cases. I allocated some time to two carers over Wednesday evening, Thursday and today to try and make her home more habitable for her. Well, what a job those girls have done, her home looks so much better, she is able to live there more safely, and she can mobilise around her home without risk of falls. They have gone above and beyond their job role, not many staff would have done what those girls have done this week. This lady was so appreciative of their help as she was so embarrassed that things had got to this stage".

➤ **Whitefield INT**

"Thank you so much for your incredible efforts, for your understanding and for all your help and advice. I'm certain dad will be safe, comfortable and happy in Regency – all thanks to your support. It's a massive life changing decision for dad and all the family, would not have been possible without your negotiation, support and guidance. I've just had the best night's sleep in weeks and I'm sure dad has also. He couldn't wait to be rid of us as we dropped him off yesterday, he was so excited to explore and make new friends".

➤ **Personalisation and Support Team**

"Finally, let me thank you and your colleagues for this amazing service you provide. It has enabled the family and most of all mum (now 93!) to have peace of mind about financial matters and for us to get on with the job of making her life as comfortable and enjoyable as possible. Without your guidance and assistance, we would have had lots of stress and worries about funding".

➤ **Community Mental Health Social Care Team (Older People)**

"I wanted to thank you for your support during this time. I found the process quite draining and at times emotional. I really appreciated your empathy and compassion and I felt that you really had mum's best interests at heart, whilst also managing my expectations and concerns. Wishing you all the best".

➤ **Older Peoples Staying Well Team**

"I have just been to visit two of my customers to do an equipment check. Both were very complimentary about the service. They told me that they want to really thank me because even from the very first phone call, everyone has been lovely and very professional. The things that have been

put in place, particularly the minor adaptations and equipment have made a massive difference and have just taken a bit of pressure off them both”.

➤ **Rapid Response Team**

“Care provided to her mother was very professional, caring, individualised to patient need, respectful, and gave the daughter the confidence and reassurance that her mother was getting the 100% best. Daughter stated, it was as if they were providing the care to one of their own family members and would have them both back caring for my mother in a heartbeat”.

➤ **Discharge to Assess Team**

“Thank you so much for all the help, advice and encouragement you have given to us during the past six weeks. I am very grateful to you and hope I have made the right decision with regards care, but I don’t think I could manage him at home. All my very best wishes to you and many thanks”.

➤ **CAD Hub**

“Compliment today from a caller who was very distressed and tearful, not managing due to decline in mobility and health condition. The Enquiry Referral Officer listened to her and gave advice, information as well as making immediate referrals. The caller rang back to say thank you for her help said she was ‘an angel’ and she would not forget her kindness”.

➤ **Bury East INT**

“I just wanted to say a big thank you for your help and support for my Mum and me over the last few weeks. Moving an elderly parent into residential care is not an easy decision but throughout this process you have listened to our wishes and offered a choice of solutions in a caring and professional manner. Both Mum and myself are grateful for your assistance and I thought I needed to let you know how much this has meant to us and how you have smoothed a set of decisions that at times was stressful to make. Thank you again and take care”.

## 9.0 LEARNING FROM COMPLAINTS

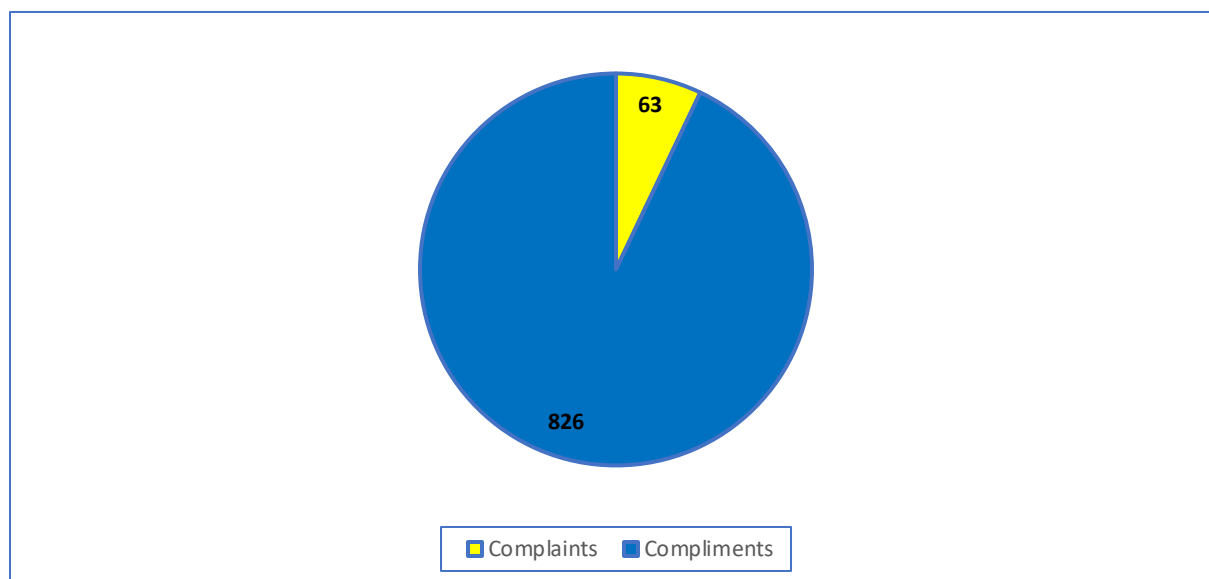
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- 9.1 While complaints highlight where customers are dissatisfied with the services they have received, they are also beneficial in helping to develop lessons learned to improve services and ensure any mistakes are not repeated.
- 9.2 Examples of action taken in response to investigation findings to improve services:

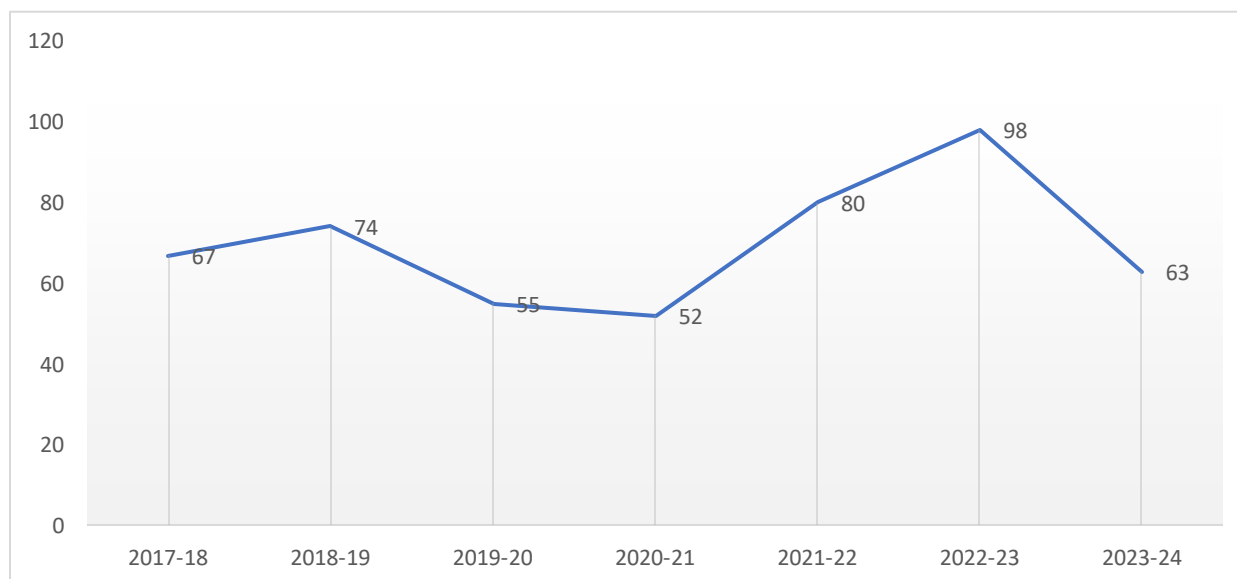
Complaint	Lessons Learnt
Communication regarding discharge procedures.	This complaint will be discussed at the next Therapy Team meeting to ensure patients' families are involved in the discharge planning process and are aware of intended discharge date at least 48 hrs prior in all instances. This will be included in the Discharge Planning Procedure which is planned to be reviewed and updated in the coming months.
Incorrect financial charging information provided by hospital staff.	I will be sharing the outcome of my investigation with senior managers within the Discharge team and North Manchester Hospital to ensure lessons are learnt and communication between the two organisations is clear in relation to Bury Council's Charging Policy and procedures to be followed.
Communication regarding financial charges following hospital discharge.	To ensure lesson have been learnt the Integrated Discharge Team has implemented a charges form. This form will prompt members of staff to discuss the financial implication relating to care packages with everyone at the point of discharge.
Security concerns at residential care home.	Management have spoken with the whole team about ensuring all visitors are asked to sign in and out of the home and their identification are checked.
Communication following a safeguarding investigation.	This practice has been reviewed and it is expected that all safeguarding concerns raised are responded to so that the person referring has knowledge of the outcome.

## 10.0 SUMMARY AND CONCLUSIONS

### Complaint / Compliment Comparison 2023-2024



### Yearly Complaint Comparison 2017 – 2024

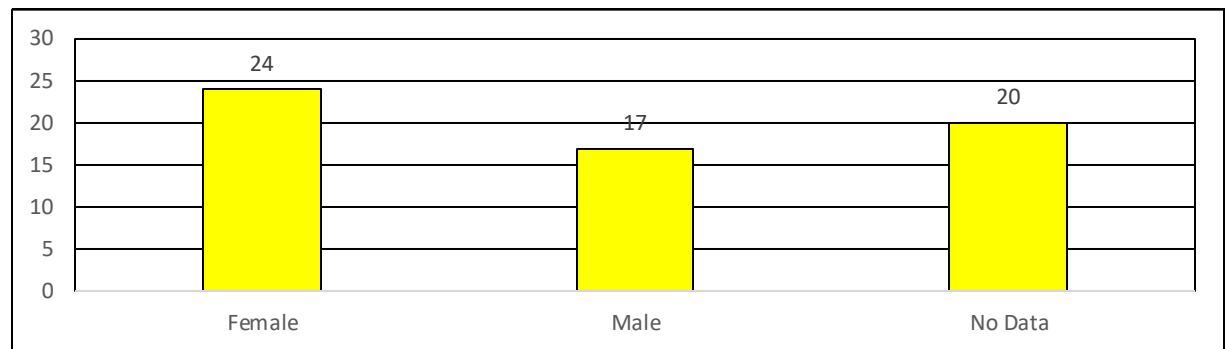


- 10.1 Although 2021/2022 and 2022/2023 showed an increase in complaints, these figures are benchmarked against the recovery from the pandemic and the significant impact this had on the care sector. This year has highlighted complaints are now in keeping with the number of complaints raised pre-covid (67no. - 2017-18, 74no. - 2018-19).
- 10.2 Despite an increase on service demand with 8,343 people having direct contact with Adult Social Care Services during 2023/2024, the number / proportion of complaints received remains remarkably low at 63.

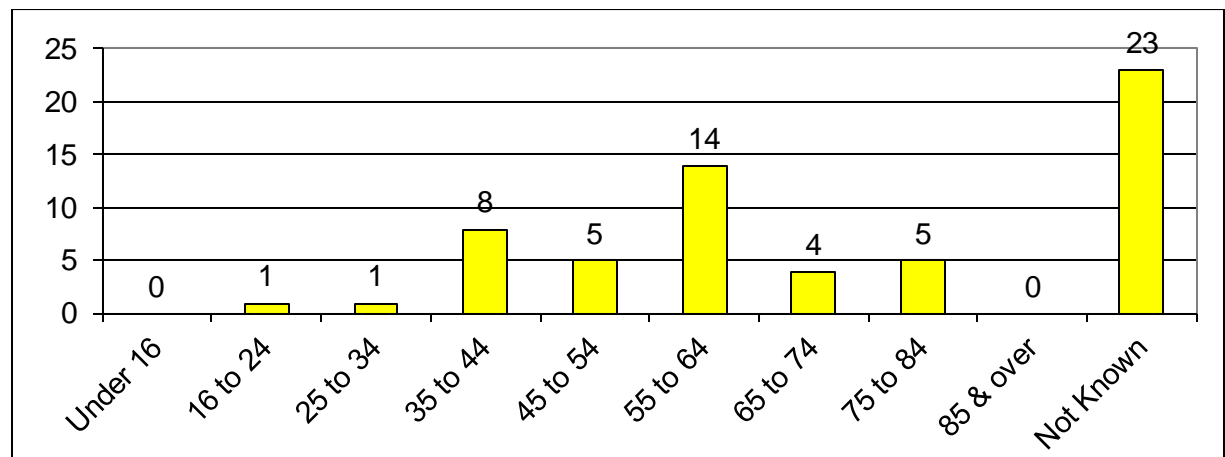
- 10.3 Positively, only five cases escalated to the LGSCO out of 63 complaints. All 5 cases the LGSCO made the decision not to investigate as they were unlikely to find fault.
- 10.5 The Council will continue to seek to learn from complaints, concerns and compliments raised with them.
- 10.6 Complaints and compliments provide valuable information to the department on how well it is performing, where resources need to be used, and where improvements need to be made. Details of all complaints, concerns and compliments are provided to senior officers on a monthly basis, enabling them to identify any trends or issues within the services they are responsible for.

## 11.0 EQUALITY MONITORING

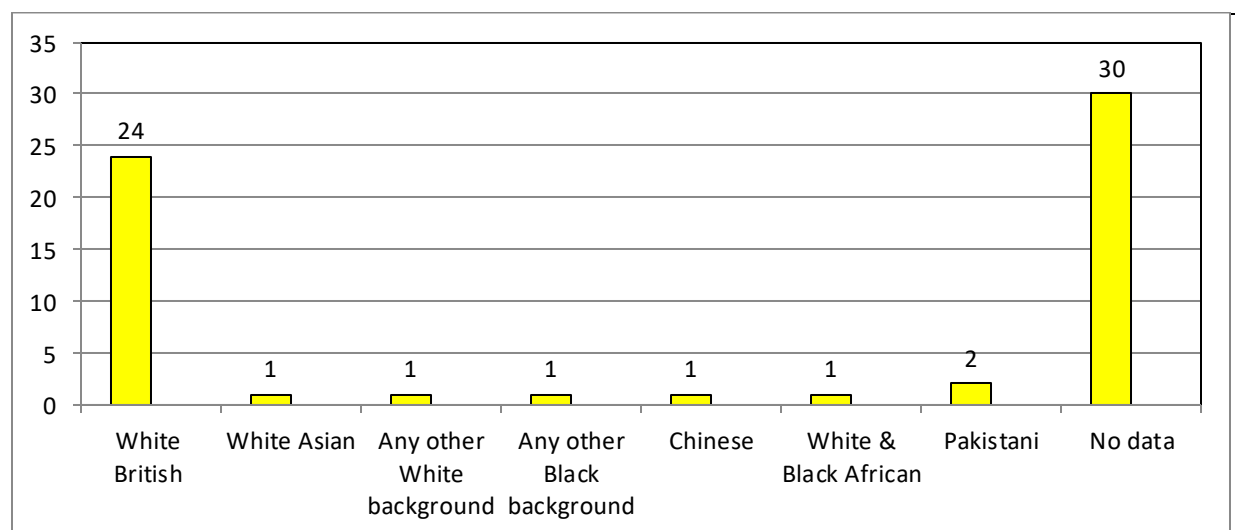
### 11.1 GENDER



### 11.2 AGE

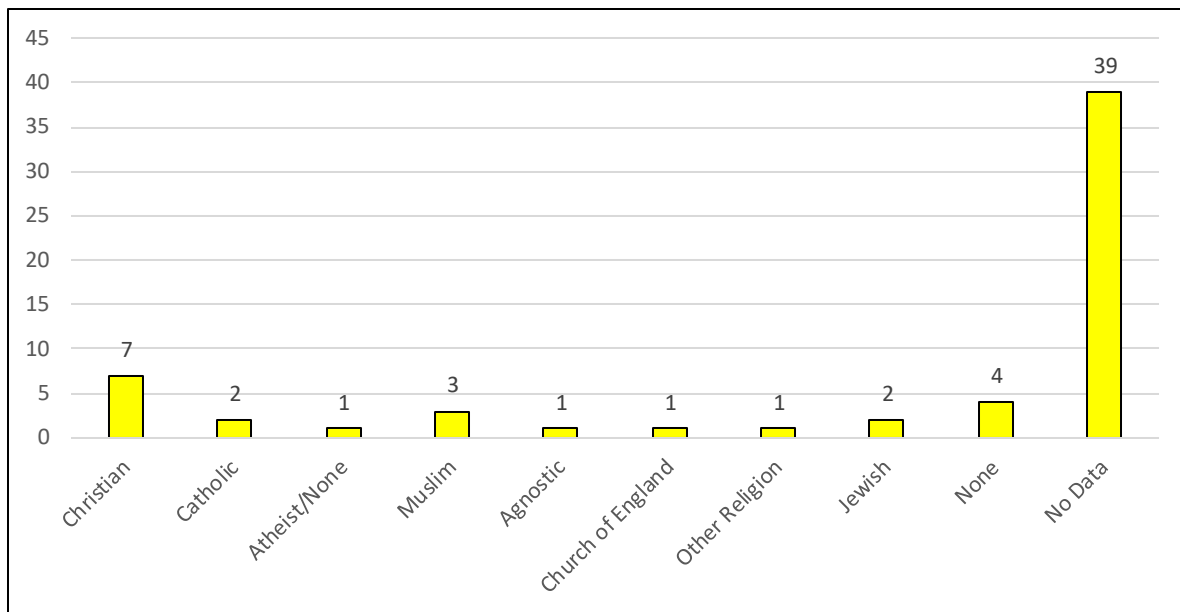


### 11.3 ETHNICITY

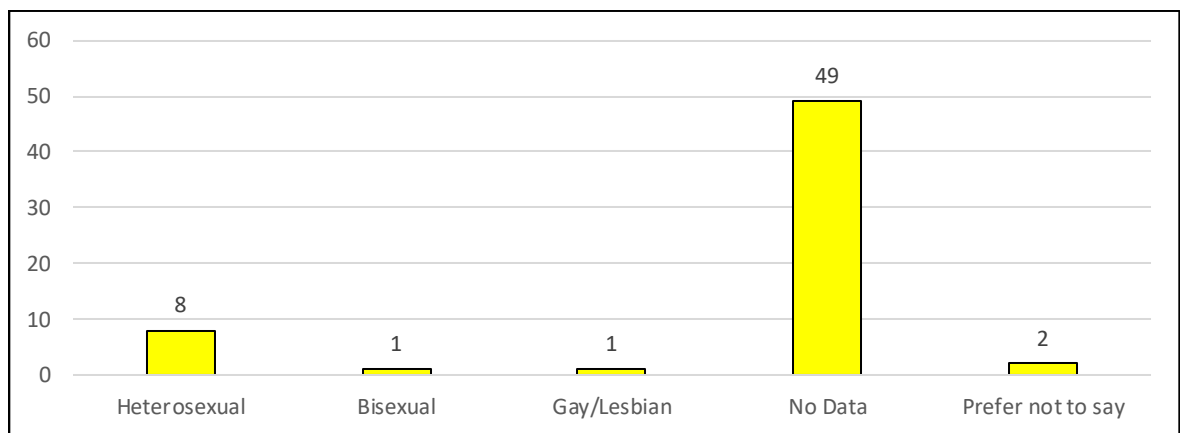




### 11.3 RELIGION



### 11.4 SEXUAL ORIENTATION



\*\*These figures are based on people complaining, not the number of complaints received.

