AGENDA FOR

LOCALITY BOARD

Please visit https://gmintegratedcare.org.uk/meetings-and-events for all information and papers

Dear Member/Colleague

Locality Board

You are invited to attend a meeting of the Locality Board which will be held as follows:-

Date:	Monday, 7 October 2024
Place:	Bury Town Hall
Time:	4.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 **FULL MEETING AGENDA PACK** *(Pages 3 - 166)*

Agenda Item 1

BURY INTEGRATED CARE PARTNERSHIP

Agenda

Locality Board – Meeting in Public (in person)

Date: 7th October 2024

Time: 4.00 pm – 6.00 pm

Venue: Council Chamber, Bury Town Hall

Chair: Cllr T Tariq

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.	4.00 – 4.05	5 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.			Declarations of Interest	Paper	Information	Chair
3.			Minutes of previous meeting held on 2nd September 2024	Paper	Approval	Chair
4.			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.1	4.05 – 4.20	15 mins	Key Issues in Bury	Paper to follow	Discussion	Lynne Ridsdale
5.2			GP Industrial Action update	Paper	Discussion	Kiran Patel/Will Blandamer
Locality Board Priorities						
6.0	4.20-4.55	(35 mins)	Mental Health			
6.1		10mins	ADHD / ASD update	Paper	Discussion	Will Blandamer/ Ian Trafford
6.2		25 mins	CYP MH programme	Paper to follow	Discussion	Jane Case

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7.	4.55-5.05	10 mins	Sustainability Plan update	Paper	Discussion	Will Blandamer/ Warren Heppolette
8.	5.05-5.15	10 mins	Performance Report	Paper	Information	Will Blandamer
Integrated Delivery Collaborative Update						
9.	5.15-5.25	10 mins	Integrated Delivery Collaborative Update	Paper	Discussion	Kath Wynne-Jones
10.	5.25-5.40	15 mins	CHC/Complex Care Position	Verbal	Discussion	Catherine Jackson
'Quadruple Aims' Updates						
11	5.40-5.50	10 mins	Strategic Finance Group Update	Paper	Discussion	Simon O'Hare
12.	5.50 – 5.55	5 mins	Population Health & Wellbeing Update	Verbal	Information	Jon Hobday
Committee/Meeting updates						
13	____	Take as read	Primary Care Commissioning Committee update	Paper	Information	Adrian Crook
14.	_____	Take as read	System Assurance Committee update	Paper	Information	Catherine Jackson
15.	_____	Take as read	Clinical and Professional Senate update	Paper to follow	Information	Kiran Patel
16.	_____	Take as read	SEND Improvement and Assurance Board Minutes	Paper	Information	Will Blandamer
Closing Items						
17.	5.55 – 6.00	5 mins	Any Other Business		Verbal	
18.	_____	_____	**Date and time of next meeting in public - Monday, 4th November 2024, 4.00 - 6.00pm on Teams.**		_____	

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	7th October 2024	**Action**	Consider
Item No.	2	**Confidential**	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary

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

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

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

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

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

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

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

Recommendations

It is recommended that the Locality Board:-

- Receive the latest Declarations of interest Register;
- Consider whether there are any interests that may impa ct on the business to be transacted at the meeting on 7th October 2024 and
- Provide any further updates to existing Declarations of Interest within the Register.

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

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

Committees and Sub-Committees

Locality Board

Declaration of interest as per policy:
- Declare in meetings where relevant
- Not to be sent papers where conflicted
- Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting)
- Remaining present at the meeting but withdrawing from the discussion and voting capacity
- Remaining present at the meeting and participating in the discussion but not involved in any voting capacity
- Being asked to leave the meeting

Name			Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments		
					Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To			
Voting Members (Pooled Budget & Aligned & Non-Pooled Budget)														
Cllr	Eamonn	O'Brien	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor Young Christian Workers - Training & Development Labour Party Prestwich Arts College Bury Corporate Parenting Board No Barriers Foundation CAFOD Salford Prestwich Methodist Youth Unite the Union	X X	 X X X X X X X		Direct Direct Direct Direct Direct Direct Direct Direct Direct	Councillor Development Team Member Governor Member Trustee Member Trustee Member			As per policy - see details above		
Cllr	Tariq	Tamoor	Executive Member of the Council Adult Care and Health	Bury Council - Councillor Health Watch Oldham Pretty Little Thing Action Together CIC The Derby High School St Lukes Primary School Unite the Union Labour Party	X X X	 X X X	 X	Direct Direct Indirect Direct Direct Direct Direct Direct	Councillor Manager Spouse Employed Governor Member Community Member Member	May 2010 August 2020 Present April 2018 May 2012 June 2007	Present	As per policy - see details above	########	Y
Cllr	Smith	Lucy	Locality Board Member	Bury Council Business in the Community The Christie NHS Foundation Trust Labour Party Community in the Union Socialist Health Association Catholics for Labour GMB Union	X X			Direct Direct Indirect Direct Direct Direct Direct Direct	Councillor Related to spouse Member Member Member Member Member	July 2023 July 2023	Sept 2023 Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Dr	Fines	Cathy	Associate Medical Director and Named GP	GP Federation Tower Family Health Care Horizon Clinical Network Greater Manchester Foundation Trust	X X X			Direct Direct Direct Indirect	Practice is a member Partner in a member practice in Bury Locality Practice is a member Husband is employed	2013 2017 2019	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y,Y)		
	Jackson	Catherine	Executive Nurse	NCA				Indirect	Partner is the Director of Patient Safety & Professional Standards at the NCA.	25/10/2021	Present	As per policy - see details above		
	Ridsdale	Lynne	Chief Executive for Bury Council	Bury Council		X		Direct	Chief Executive	Mar-23	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	O'Hare	Simon	Associate Director of Finance – Bury Interim Associate Director of Finance – HMR	Simkat Shore Holdings LTD	X			Direct	Director	z	Present	As per policy - see details above. (Y,Y,Y,Y,Y)	########	Y
	Kissock	Neil	Director of Finance/Section 151 Officer	None Declared					Nil Interest		Present		########	y
	Heppolette	Warren	Chief Officer for Strategy & Innovation	Greater Sport FC United			X X	Direct Direct	Trustee Director	2018 2021	Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Voting Members (Aligned & Non-Pooled Budget)														
Dr	Howarth	Vicki	Member of the Locality Board	Unilabs Ltd - Private Histopathology Service Tameside and Glossop Integrated Care NHS Foundation Trust	X X			Direct Direct	Providing services as Consultant Histopathologist to the Alexandra Hospital, Cheadle. Bank Consultant Histopathologist performing Coronial Post-Mortems for Manchester South Coroner	2011 2015	Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	Fawcus	Joanna	Director of Operations, NCA	None Declared					Nil Interest		Present			
	Allan	Lorna	Chief Digital and Information Officer Digital Services, NCA	Trustee at St Leonard's Hospice in York			x	Direct	Trustee	Dec-23	Present			
	Stott	Jill	Declaration of interest form awaited											
Dr	Patel	Kiran	Member of the Locality Board	Tower Family Health Care - Primary Care General Practice Bury GP Federation - Enhanced Primary Care Services Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments Tower Family Health Care - Primary Care General Practice	X X X			Direct Direct Direct Indirect Indirect	GP Partner Medical Director Medical Director Spouse is a Shareholder Spouse is a Director	July 2018 April 2018 1994 2012 July 2018	Present Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	Preedy	Sarah	Chief Operating Officer, Pennine Care NHS Foundation Trust	None Declared					Nil Interest		Present			
	Hargreaves	Sophie	Member of the Locality Board	Manchester & Trafford LCO				Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N,N)		
	Tomlinson	Helen	Member of the Locality Board	H Tomlinson is Chief Officer in organisation which may seek to do business with health or social care organisations Bury One Commissioning Organisation	X			Indirect	H Tomlinson is Chief Officer in organisation which may seek to do business with health or social care organisations Close family member is an employee at Bury One Commissioning Organisation	01/11/2021 Nov 2021	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	Blandamer	Will	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford Manchester Football Association Ashton on Mersey Rugby Club Trafford Manchester Foundation Trust (Trafford) & Francis House Hospice (Manchester) University Hospital of Wales Leeds University			X X X	Direct Direct Direct Indirect Indirect Indirect	Chairman Board Champion for Safeguarding Director Spouse is a Community Nurse & Qualified Nurse Daughter is a Junior Doctor Daughter is a medical student	2018 2018 2023 2024 2024 2019	Present Present Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	Richards	Jeanette	Executive Director of Children and Young People, Bury Council	None Declared					Nil Interest		Present			
	Hobday	Jon	Director of Public Health	None Declared					Nil Interest		present	As per policy - see details above		
	Crook	Adrian	Director of Adult Social Care and Community Services Member of the Locality Board	Bolton Hospice			X		Trustee	Jul-05	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Non-Voting Members														
	Wynne-Jones	Wynne	Member of the Locality Board	KWJ Coaching and Consulting Roots and Branches CIC The University of Manchester - Elizabeth Garrett Anderson programme	X X X			Direct Direct Direct	Owner Director Tutor	July 2021 Nov 2023 Oct 2022	Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	Passman	Ruth	Chair of Bury Healthwatch	None Declared					Nil Interest			As per policy - see details above		
	Wilkinson	Catherine	Member of the Locality Board	Bury Provider Age UK Lancs	X		 X	Direct	Director of Finance Trustee and Treasurer	November 2020 May 2018	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Invited Members														
Cllr	Bernstein	Russell	Cllr Bury Council, Conservative Leader	Bury Council Philips High School Bury and Whitefield Jewish Primary Conservative Party	X	 X	X X	Direct Direct Direct Direct	Councillor Councillor	May 2021 September 2019 September 2019 July 2019	Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Cllr	Smith	Mike	Attendee of the Locality Board as Leader of Radcliffe First	Angles and Arches Anodising Colour Radcliffe First Radcliffe Litter Pickers Growing Older Together	X	 X X X		Direct Indirect Direct Direct Direct	Director Spouse is a lab technician Leader Member Member	16/1/2009 2017 2019 2019 2019	Present Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		

BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	7th October 2024	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 2nd September 2024 and action log		
Presented By	Cllr Eamonn O'Brien/Dr Cathy Fines, Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead			

Executive Summary

The minutes of the Locality Board meeting held on 2nd September 2024 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed.

Recommendations

It is recommended that the Locality Board:-

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

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

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

BURY INTEGRATED CARE PARTNERSHIP

Minutes

Date: Locality Board, 2nd September 2024

Time: 4.00 pm

Venue: Microsoft Teams

Title	**Minutes of the Locality Board**
Author	Phil Llewellyn
Version	0.1
Target Audience	Locality Board
Date Created	3rd September 2024
Date of Issue	September 2024
To be Agreed	7th October 2024
Document Status (Draft/Final)	Draft
Description	Locality Board Minutes

Document History:

Date	Version	Author	Notes
3rd September 2024	0.1	Phil Llewellyn	Draft Minutes produced
Approved:			
Signature:			..... **Add name of Committee/Chair**

BURY INTEGRATED CARE PARTNERSHIP

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public 2nd September 2024 4.00 pm until 6.00 pm **Chair – Dr C Fines**

ATTENDANCE

Voting Members
Dr Cathy Fines, Senior Clinical Leader in the Borough **(Chair)** Cllr Eamonn O'Brien, Leader of Bury Council Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health Cllr Lucy Smith, Executive Member of the Council for Children and Young People Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GMIC) Ms Lynne Ridsdale, Place Based Lead Dr Kiran Patel, Medical Director, IDCB Ms Joanna Fawcus, Director of Operations, NCA Ms Catherine Jackson, Executive Nurse Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) Ms Sophie Hargreaves, Chief Officer, MFT Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care Mr Simon O'Hare, Associate Director of Finance, Mr Neil Kissock, Section 151 Officer Mr Jon Hobday, Director of Public Health Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Non-Voting Members
Ms Kath Wynne-Jones, Chief Operating Officer, IDCB
Invited Members and Observers
Cllr Mike Smith, Radcliffe First Opposition Party Cllr Russell Bernstein, Conservative Opposition Party Ian Trafford, Head of Programmes, IDCB Linda Evans, Director of Social Care & Early Help Ms Lorna Allan (Observer) Chief Digital and Information Officer, NCA Damian Aston, NHS GM ICB Karen Richardson, NHS GM ICB Ms Jacqui Dennis, Head of Legal Services, Bury Council Mr Phil Llewellyn, Democratic Services Manger, Bury Council

BURY INTEGRATED CARE PARTNERSHIP

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Ms Ruth Passman and Ms Jeanette Richards (Linda Evans attending).
1.3	The meeting was declared quorate and commenced.

2	Declarations Of Interest
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	**Declarations of interest from today's meeting 2nd September 2024.** No declarations to note.

ID	Type	The Locality Board	Owner
D/09/01	Decision	Received the declaration of interest register.	

BURY INTEGRATED CARE PARTNERSHIP

3	Minutes Of The Last Meeting And Action Log
3.1	The minutes from the Locality Board meeting held on 8th July 2024 were considered as a true and accurate reflection of the meeting.
3.2	All actions from the last meeting were noted as being completed and closed.

ID	Type	The Locality Board	Owner
D/09/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting and noted that all actions from the last meeting were completed and closed.	

4	Public Question
4.1	There were no public questions received or members of the public present at the meeting.
5	**Place Based Lead Update**
5.1	Ms Ridsdale introduced her item on the Key Issues in Bury. It was reported that:

- Community Tensions – The recent civil disorder experienced in many parts of the country followed quickly from the tragic deaths of children in Southport. The response from many public servants including health and care staff, and the role of the voluntary, community and faith sector showed the best of the sectors involved. Thankfully Bury was not subject to the same level of disorder as some other parts of the country. Ms Ridsdale noted the collaboration in the borough between GMP, the County, voluntary and faith sector colleagues and others, despite widespread misinformation circulating on social media. Thanks in particular were passed to a number of GP practices in the immediate vicinity of the Town Hall for engaging calmly and positively in sensible precautionary steps. Whist the immediate challenge was averted, the very real harm and distress to well being caused particularly to colleagues from black and minority ethnic populations was recognised. Partners such as Pennine Care and NCA and others took a number of steps to address risk and harm and it was recognised that more work was required by all.

- Fit for the Future - From 5th August NHS GM launched an NHS Fit for the Future engagement programme. The programme invited the people of Greater Manchester to contribute to the vision for the NHS in GM the future. Colleagues were invited to spread the word via their own channels and networks to let people know how they could get involved and share their views. At a GM level there were two events for stakeholders and members of the public to have their say during September• The locality board previously discussed the opportunity of the campaign and concluded that it wanted to build out of existing communication arrangements rather than build a new one and so asked Bury Healthwatch and VCFA to work with GM colleagues. This work is was ongoing and and an update paper would be presented to the next meeting of the Locality Board in October.

- Car Parking at Fairfield General - Many colleagues had previously expressed concerns about car parking provision at FGH, including NCA, Pennine Care and Cllr representatives of local residents. A planning application had been received by the Council for consideration of the planning authority for the provision of a temporary car park with 97 spaces on the land formerly occupied by nurses' accommodation buildings which were demolished in late 2023.

- Super MADE (Multi Agency Discharge Event) – It was reported that A MaDE event brought together local health and care system partners to support improved patient flow across the system, to recognise and unblock delays; and to challenge, improve, and simplify complex discharge processes. A GM Super MaDE would take place over seven days from Friday 6th September 2024 to Thursday 12th September 2024. Clinical and operational staff from across

BURY INTEGRATED CARE PARTNERSHIP

the system were all involved. This includes representation from social care and links to the voluntary, community and social enterprise sector. Primary care, community care, mental health and acute organisations were all involved. The contribution of Bury Colleagues is being co-ordinated through the twice weekly bronze meeting and an update would be provided to a future locality board in the context of an update on the operation of the urgent care system.

- NHS ICP Sustainability plan - The last locality board meeting received a briefing on the work to establish the three-year ICP sustainability plan. Work was nearing completion and NHS leadership had been invited to an event on 11th September to reflect on the plan and commit all possible endeavour to its achievement. The sustainability was framed by 5 key pillars of work. The sustainability plan would act in part as an invitation to each of the 10 locality boards to make the fullest contribution to a fundamental reformed health and care system predicated on reducing prevalence, promotion of health and independence, and more integrated delivery of proactive care. Consideration of the implications of the sustainability plan in terms of a refresh of a vision for the Bury Health and Care system at the next meeting of the Locality Board.

- GP Industrial Action - Since the last Locality Board Since the last Locality Board, the GP community nationally had voted overwhelmingly for Industrial Action. The primary care improvement team was working closely with practices and reporting issues through the current Bronze command arrangements. It was recognised that GP colleagues were frequently facing obstacles to supporting patient accessing appropriate services, or being asked to undertake tasks that should be done elsewhere in the system. More rapid progress as a whole system in supporting GPs in reducing unnecessary workload and bureaucracy was required and this would be looked at with partners.

- Falls admissions from care homes – The previous week Bury received welcome recognition for the work being done to reduce the number of ambulance admissions from care homes into hospital. The digital health initiative was piloted across 37 care homes in Bury using a deterioration management and multifactorial falls prevention app. The SafeSteps collaboration between Bury Integrated Delivery Collaborative (IDC), Primary Care, Local Authority, SafeSteps, and Health Innovation Manchester, sought to to improve early intervention and proactive health management. The project achieved encouraging early results in terms of preventing falls in care homes and reducing the logistical and financial pressure on the local ambulance service. Thanks were passed to all colleagues involved in the work and particularly to Clare Hunter in the Integrated Delivery team for leading the work.

- Medical examiner Introduction – On the 9th of September would see the implementation nationally of the role of the medical examiner. The Medical Examiner Service reviewed all non-coronial deaths within the acute and community setting. It worked on an independent basis and the team reports direct to NHS England. With the enacting of the updated Health and Social Care Act, the service was a legal requirement that all deaths not directly referred to a coroner were reviewed by the Medical Examiner Service before a Medical Certificate of Cause of Death could be issued.. A particular focus for many parts of the country had been to ensure as far as possible that there were no delays to the religious requirement of some communities for the burial to take place within 24 hours. Work was ongoing with GPs, the medical examiner service (staffed at weekends and bank holidays) to ensure this was observed.

- Inspirational Event for Care Experienced Children and Young people – Following a recent inspirational event for Care experienced young people in partnership with development partner Muse Developments, the young people were very enthused and some other groups of care experienced young people expressed that they would like to understand what other opportunities they could access in the NHS/Pennine care. A similar day for care experienced young people would be held in October half term week on the 23rd of October. Young people

BURY INTEGRATED CARE PARTNERSHIP

	would get the opportunity to have hands on experience of different job roles in the NHS and wider such as Mental Health, Nursing, Admin, senior leaders, Paramedics, Dr's and many more. Locality Board colleagues were asked to support staff to attend and share their experience.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/03	Decision	Received the update.	

6	**NHS Contribution to the Children's Improvement Board Plan and the SEND Plan**
6.1	Mr Blandamer presented a comprehensive report which related to NHS Partners (and Public Health) contribution to the Children's Service Improvement board plan and the SEND improvement plan.
6.2	The Locality Board was asked to discuss and provide comments in relation to the presentation, with comments made as follows: • Waiting Times for those with additional needs needed to improve, further work was required in this regard. • The Chair noted the enormous amount of activity across Bury, but did raise a concern that no robust funding was in place for 'My Happy Mind'. • It was noted that some of the data presented was quite old, and more up to date information would be beneficial. • Early Help was essential, which would help the CAHMS offer. There was an increased emphasis on the Mental Health offer, which was a national issue, and it was suggested that a report be presented to the next Board on the Mental Health support available for young people. The update was strongly welcomed by the Locality Board as providing assurance on the breadth of work on childrens services which was a priority of the Board.

ID	**Type**	**The Locality Board**	**Owner**
D/09/04	Decision	Received the update.	
A/09/01	Action	Report on Mental Health Support to the next meeting of the Board in October.	Mr Blandamer/Mr Trafford

7	**Overview of Health Service Provision for Looked After Children**
7.1	Ms Jackson submitted a paper which set out the current health service provision for Looked after Children, both looked after by the Bury locality living in and out of Bury and those placed into Bury from other Local Authorities. It was reported that:
7.2	• Bury has been fortunate to receive external scrutiny which had supported the Borough to focus on improvement. Mark Riddell MBE, National Implementation Adviser for Care Leavers visited the Borough in May 2023 and identified areas where the ICB should focus to ensure Care Leavers had the very best offer of support. The follow up visit took place in August 2024. The informal feedback to the whole partnership was very positive. There were some generic points highlighted, including good progress but still more to do on the voice of the young people themselves, including feedback on services. All of the key services needed to be able to describe a forward plan of improvement to provide young people with confidence in the system. • Mental Health Pathway – there was a need to fast track assessment and treatment. • Weekly Drop-ins at the MCA, which currently was focussed on people aged 16-21, but this age range was now being expanded to 25.

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	• Board Members discussed the update, in terms of dentistry services, data was difficult extract for Care Leavers, but access was very easy, and perhaps an area for future focus would be waiting times.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/05	Decision	Noted the report.	All

8	**Family Safeguarding Model**
8.1	Ms Linda Evans delivered a presentation, which would be circulated to Board Members after the meeting, with the presentation covering:
8.2	• Vision – to keep more children safe at home with their families. • The Multi- Disciplinary Approach • The Five Core Components • What was working well • Challenges, in particular recruitment issues, workforce instability, high caseloads, and reduced business support • What Next
8.3	Board Members discussed the presentation, and it was confirmed that Centre of Excellence Targets were worked to.
8.4	Concern was raised about recruitment issues, and it was noted that staff were being recruited and would start arriving from September, and that specialist knowledge and skills were vital to the success of the model.
8.5	Mr Blandamer advised that support in principle needed to be confirmed, with suitable finances, and apart from the recruitment issues, the service needed to be self-sustaining. Ms Ridsdale noted the importance of early support, and also noted the recruitment issues, also noting that the Council was financially supporting the initiative in the short term, but was also carrying the risk.

		The Locality Board	
D/09/06	Decision	Received the presentation.	
A/09/02	Action	A copy of the presentation to be circulated to members following the meeting	Mrs Kennett

9	**Minutes of the SEND Improvement Board**
9.1	The Minutes of the SEND Improvement and Assurance Board Meeting held on 16th July were submitted for Locality Board members information.

ID	**Type**	**The Locality Board**	**Owner**
D/09/07	Decision	The Board noted the Minutes of the SEND Improvement and Assurance Board Meeting held on 16th July 2024.	All

10	**Integrated Delivery Collaborative Update**
10.1	Ms Kath Wynne-Jones submitted a report which gave an update to the Board on progress with the work of the IDC, and progress with the delivery of programmes across the Borough.
10.2	The paper outlined key developments over the past month including:

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- Continuation of discussions at GP Leadership Collaborative (GPLC) to ensure greater cohesiveness between neighbourhood and GPLC priorities. This was a major risk at present given some of the decisions which individual PCN's were making that reduced services available within our neighbourhood offer. A dedicated workshop would be held on the 18th September to consider this issue.
- Commencement of the stocktake of Cardiovascular Disease priorities across the patch to enable benchmarking against GM asks ahead of our locality session with GM on the 4th September.
- Commencement of the benchmarking exercise of community services at service line level in line with GM requirements. service specifications.
- Submission of respiratory proposal to GM to be considered as part of a national pilot to expand respiratory hub and community service provision further.
- Follow up session with the North neighbourhood Primary Care and Community Pharmacy teams planned for the 9th September.
- Discussions with Health Innovation Manchester regarding support for the Borough regarding digital opportunities of the GM Care Record.
- Workshop planned for October to assess against GM Dementia United standards.
- Commenced stocktake of cancer priorities across the Borough to ensure alignment with NCA and GM asks.
- Consideration of and preparation for GP industrial action.
- Agreed a way forward with regard to Statement of Intent processes preparing for implementation of new guidance from the 9th September.
- Positive recognition of the work undertaken as part of the Safer Steps programme.
- Commenced the development of proposals to enable closer working across the RBMS and the community services single point of access.
- Risk management training held throughout July and August for programme 4 managers to support the new risk reporting processes . A complete review of all programme risks wpuld be undertaken with programme leads on the 23rd September.
- Workshop held on the 25th June to consider how to improve management support arrangements across the Borough to deliver our priorities. This would be taken forwards through the IDC SMT.

The report also detailed August IDC Programme Highlights and Performance.

ID	Type	The Locality Board	Owner
D/09/08	Decision	Noted the progress and risks outlined within the paper.	All

11	MFT Strategy and North Manchester Hospital Development
11.1	Ms Hargreaves submitted a report and delivered a supporting presentation on the 5 year Manchester University NHS Foundation Trust Strategy 2024-29, which detailed the aims and objectives of the organisation, together with a verbal update on the redevelopment of North Manchester General Hospital.
11.2	In terms of the North Manchester Hospital Development, through the New Hospitals Programme, this was progressing, with a clear focus on the model of care, which was to re-provide services and provide extra capacity, working in a modern way.

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11.3	It was noted that 40% of the patients served by the Hospital came from Bury, and 60% of Bury patients maternity care was provided by the Hospital, so the redevelopment was of particular importance to Bury.

ID	Type	The Locality Board	Owner
D/09/09	Decision	Noted the contents of the MFT Strategy and the verbal update on the North Manchester General Hospital redevelopment.	All

12	Work Well Partnership Vanguard
12.1	Mr Hobday reported on Bury's local approach to deliver the GM Working Well Programme..
12.2	The report advised that the national programme would support 59,000 people between 1st October 2024 and 31st March 2026, underpinned by £57million of national funding, and there would be 15 WorkWell Partnership vanguard sites who would have 3 objectives: 1. Provide evidence-based, low intensity work and health assessments and interventions that support individuals to overcome health-related barriers to work. 2. Develop and implement an integrated work and health strategy for the ICB footprint. 3. Be part of a national evaluation and learning programme.
12.3	NHS Greater Manchester had been named as one of 15 national Workwell Partnership Vanguard sites, and under the Locality Led, GM Enabled proposals aimed to support 8,000 people who were at risk of becoming economically inactive through poor health and had £7M funding to achieve this.
12.4	The report detailed progress in Bury to date, including recently held workshops, with attendees agreeing a focus on working age people up to 35 years, and over 50's, although it was strongly recommended to retain a flexible approach. The Bury approach would involve the creation of a single access point (SAP), with referral pathways coming from all parts of the Bury system. Bury's share of funding would be £432,927 over 18 months, and would enable support for up to 336 participants. A number of risks were outlined, and in anticipation of a start later than October 2024 a proportion of the budget would be allocated to Bury Council's Live Well team to add additional capacity through their service to allow referrals to be accepted from 1st October or as near that date as possible. The Live Well Team would deliver the service to 200 participants over a 12 month period with an option to extend should the funding allow.
12.5	Board members welcomed the initiative and noted the role of the voluntary sector in delivery and also the need to link in with the NHS Employment Programme, and the importance of communications across partners.

ID	Type	The Locality Board	Owner
D/09/10	Decision	Received the report and endorsed the approach.	All

13	Bury's Palliative & End of Life Care Service Model Development
13.1	Mr Blandamer highlighted an opportunity with both Macmillan Cancer Support and Social Finance to co-produce and test a new model for palliative and end of life care, facilitated and supported through a social finance mechanism.
13.2	Social finance supported objectives to secure investment, design and progress solutions to complex and enduring social issues. The social investment underwrote the service and absorbed the financial risk should outcomes not be delivered in whole/part and service costs were only repaid in full if 100% of predicted outcomes were achieved. The approach sought explicitly to identify the means to reduce

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	non-elective demand, and release capacity through reducing the need for escalation wards, agency staff and private hospitals.
13.3	Bury's proposal aimed to address the historic lack of cohesiveness between universal, targeted and specialist palliative services as part of an integrated approach to the delivery of services by palliative care providers. It would support the co- design, development and implementation of a system-wide Specialist PEoLC Hub and a Clinical Palliative Liaison Service, with stakeholders including providers, health care professionals, voluntary sector and community members. This service would create a robust whole system interface between Social, Primary, Community, Acute, Specialist and Generalist Palliative care services and would target a number of system impacts as outlined in the report submitted.
13.4	Board members discussed the proposal, and noted the many potential benefits, whilst noting the importance of demonstrating impact and also of the need for effective data sharing and metrics. Alignment with Bury Hospice and the voluntary sector was of key importance, and it was felt that the proposal would also help reduce duplication across services.

ID	Type	The Locality Board	Owner
D/09/12	Decision	Confirm support for further development.	All

14	Mental Health Commissioning Proposals
14.1	Mr Trafford advised that NHSGM required all localities to submit their commissioning intentions by the end of August 2024, and reported on the recommendations of the Bury Mental Health Commissioners in this regard.
14.2	In the main, the recommendations were to recommission most existing services on a two or three year basis, which would enable some medium term stability. The proposals included decommissioning of the Getting Helpline currently delivered by Early Break, which had originally been set up during the COVID outbreak, and was used and valued, but the NHS 111 dedicated mental health line went live in August 2024, and PCFT had a 24/7 crisis line and there are multiple national and GM based helplines for people experiencing mental health problems. The proposal was to decommission at the end of 2024.25 and reinvest some of the resource into expanding the VCSE workforce aligned to the Living Well Model which was significantly short on the recommended capacity. The proposal was to secure the required locality efficiency saving from the balance. The final decision would be subject to a quality and equality impact assessment.
14.3	The recommendations also highlighted that the contract, Bury Council had with Talk, Listen, Change who provided support services to children and young people who had experienced domestic violence was due to expire at the end of September 2024. It was understood that recurrent NHS funding was available for this service and a rapid process would be required to recommission the service. Any delays could mean that the service would need to continue on implied contract terms pending a contract award being made.
14.4	A number of risks and issues were highlighted including: • The financial pressures on GMICB and the locality may mean that further savings would be required. • It was recognised that a number of the services in question including Early Break CYP mental health services and the Alzheimer's Society Dementia Advisory Service had levels of demand which exceed the contracted capacity. • There was currently no funding stream identified to sustain the myHappymind and myMindcoach provision in schools after the end of March 2025. This is currently funded

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	through the Local Authority. Further work was needed to try and identify a source of funding if possible. • It was recognised that there continued to have a number of gaps in mental health provision in the Borough and there was insufficient resource to address these gaps in this commissioning round and a need to work with providers and the wider GM system to identify how these gaps could be addressed in the future.
14.5	Finally, the report outlined the next steps, which included submission of the required forms to NHSGM by 6th September 2024 and further work to risk assess the impact of decommissioning of the Getting Helpline, and a focus on some of the other risks and issues highlighted.
14.6	Board members discussed the report, noting the risks identified, and that the current proposals did not deliver 5% savings. The importance of linking in with partners was highlighted, particularly in terms of communications, and to ensure there were no unintended consequences from de-commissioning decisions on wider partners.
14.7	Mr Blandamer advised that in terms of SEND, the JCG was being re-developed and there would be an opportunity to the influence the evaluation and design, working with Bury Together Colleagues.
14.8	The Chair clarified that the Board was being asked to endorse the current position and next steps and noted that a further report would be submitted to the Board.

ID	Type	The Locality Board	Owner
D/09/13	Decision	1. Endorse the commissioning proposals as set out in the paper and appendix 1 for submission to NHSGM; and 2. Note the risks and issues set out in section 4.	All
A/09/03	Action	A further report to be submitted to future Locality Board meeting (date dependant on where work is upto (Also see A/09/01)	Mr Blandamer/Mr Trafford

15	System Finance Group Update and Section 75 Agreement
15.1	Mr O'Hare submitted the latest System Finance Group update, advising that a full report would be submitted to the next meeting, but commenting that the situation continued to be challenging. One item requiring a decision related to Virtual wards funding flows from NHS England to NHS GM and then on to the Northern Care Alliance for delivery of care at home, that would previously have taken place in a hospital setting. Based upon performance and experience it was the view of the programme team to adjust the current staffing mix and Board were asked to approve this change. These changes did not give rise to any additional expenditure as the allocation would adjust in line with expenditure.
15.2	Mr O'Hare also updated the Board on the Pooled Fund, Section 75, the budget for 2024/25. The Local Authority approved a balanced 2024/25 budget at Budget Council on in February 2024 with the NHS Greater Manchester (GM) Integrated Care Board approving the NHS GM budgets, from which the locality budgets were delegated in March 2024. The pooled budget would continue in the same manner as previous years, with the maximum amount of budgets that could be pooled by both organisations being pooled and as in previous years there was no risk share arrangements, with the resolution of any underspends being the responsibility of the relevant organisation. The Better Care Fund (BCF) remained included within the pooled fund even though elements of this did not sit at locality level as they were intra NHS GM, as the inclusion of all BCF budgets was mandatory. The specific documentation around the section 75 had been standardised across the whole of NHS GM and therefore was different to that agreed in previous years. This documentation had been shared and approved by all parties. In 2024/25 the opening NHS GM contribution to the pooled budget was £70.38m, made up on £63.34m of budgets formally delegated to the locality and £7.04m of intra NHS

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	GM BCF budgets held centrally in NHS GM budgets. The council opening contribution pooled budgets was £133.99m, giving a total opening pooled budget of £204.37m.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/14	Decision	15.1 - Noted that the content of the report and approved the staffing changes to the virtual wards/hospital at home business case;	All
	Decision	15. 2 - Noted and approved the contents of the report. Grant delegated authority to the Chief Executive of the Council to sign the documentation wIth respect to Council budgets and a member of the NHS GM Executive Team to sign the documentation with respect to the NHS locality budgets. Note that a quarter 2 monitoring update will be submitted to the November meeting.	All

16	**Primary Care Commissioning Committee Update**		
16.1	Mr Crook submitted the Primary Care Commissioning update which was provided as a highlight report from the meeting on 29th July 2024 and which was taken as read.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/15	Decision	Note the highlight report from the last Primary Care Commissioning Committee.	All

17	**System Assurance Committee Update**		
17.1	Ms Jackson submitted the System Assurance Committee update for July 2024, which was taken as read.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/16	Decision	Noted the Highlight Report July 2024.	All

18	**Performance Report**		
18.1	Mr Blandamer submitted the Locality Performance report for August 2024 information.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/17	Decision	Noted that Locality Performance report.	All
19	**Clinical and Professional Senate Update**		
19.1	Dr Patel offered to respond to any questions via e-mail.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/18	Decision	Noted Dr Patel's offer to respond to any questions via e-mail.	All
18	**Population Health & Wellbeing Update**		
20.1	Due to the time, this item was not discussed.		
ID	**Type**	**The Locality Board**	**Owner**
D/09/19	Decision	Noted.	All
21	**Any Other Business**		
21.1	There was no other business to report and the Chair formally closed the meeting in public at 18.04.		

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Locality Board Action Log – September 2024

Status Rating: - **In Progress** **Completed** - **Not Yet Due** **Overdue**

Date	Reference	Action	Lead	Status	Due Date	Update
2nd September 2024	A/09/01	Report on Mental Health Support to the next meeting of the Board in October.	Mr Blandamer/Mr Trafford			Update included on October meeting agenda.
2nd September 2024	A/09/02	A copy of the family safeguarding presentation to be circulated to members following the meeting	Mrs Kennett			
2nd September 2024	A/09/03	A further Mental Health commissioning report to be submitted to future Locality Board meeting (date dependant on where work is upto (Also see A/09/01)	Mr Blandamer/Mr Trafford			Update included on October meeting agenda.

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Meeting:			
Meeting Date	07 October 2024	Action	Receive
Item No.	5.2	Confidential	No
Title	General Practice – Industrial Action		
Presented By	Dr Kiran Patel, Medical Director – IDC & Bury GP Federation/ GP Partner – Tower Family Healthcare		
Author	Dr Kiran Patel, Medical Director – IDC & Bury GP Federation/ GP Partner – Tower Family Healthcare		
Clinical Lead	Dr Kiran Patel, Medical Director – IDC & Bury GP Federation/ GP Partner – Tower Family Healthcare		

Executive Summary
The presentation provides information in relation to the BMA entering a dispute with NHS England in April this year over changes to the GP contract.
Recommendations
The Locality Board is asked to note the presentation and information provided.

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

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

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

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

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

General Practice – Industrial Action

Dr Kiran Patel

Medical Director – IDC & Bury GP Federation

GP Partner – Tower Family Healthcare

Bury Locality Board – 7th October 2024

Why the dispute?

- GP leaders at the BMA **formally entered a dispute** with NHS England in April this year over changes to the GP contract.
- The GP contract is negotiated annually, setting out the services GP surgeries must offer, and what they'll be paid in return. For the past three years this has been 'imposed' on GPs – the BMA did not agree to the contract.
- For the past five years, **annual increases to core contract payments** have fallen well below inflation in the wider economy.
- GP partners use funds received through the contract to operate their practices – including covering the cost of most staff and running costs like utility bills.
- BMA leaders say that below-inflation increases have **decreased the value of the contract by £660 million,** making it hard for GPs to meet rising costs and driving hundreds of practices to close.
- The contract imposed on GPs in April this year amounted to a **1.9% uplift in core funding** – and proved the final straw.

Why the dispute?

- The Government & NHS England don't decide how many GPs are in each practice, but they do decide how much funding goes to practices.
- £165 per patient per year for everything, but just £13 more than 2016, if this had kept with inflation this would now be £200 per patient per year.
- So, a 20% £/patient cut in real terms since 2016 means less GPs working in practices.
- With the only extra funding going to Primary Care ringfenced for Additional Roles Reimbursement Scheme (ARRS) via Primary Care Networks, GP practices have significantly reduced budgets. ARRS excludes employment of GPs and Nurses.
- BMA leaders argue that industrial action is about '**safety, security and hope'**, and stress that under-funding of GP services is detrimental to patients.
- At just **8.4%,** the proportion of total NHS funding spent on primary medical care is at a historic low.
- This is a little bit about pay too: GP partners take a share of any surplus they can generate from their contract.

Staff in the NHS

Figure VIII.2.1: Hospital and Community Health Services (HCHS) staff by staff group, in NHS Trusts and other core organisations, March 2010 to 2024

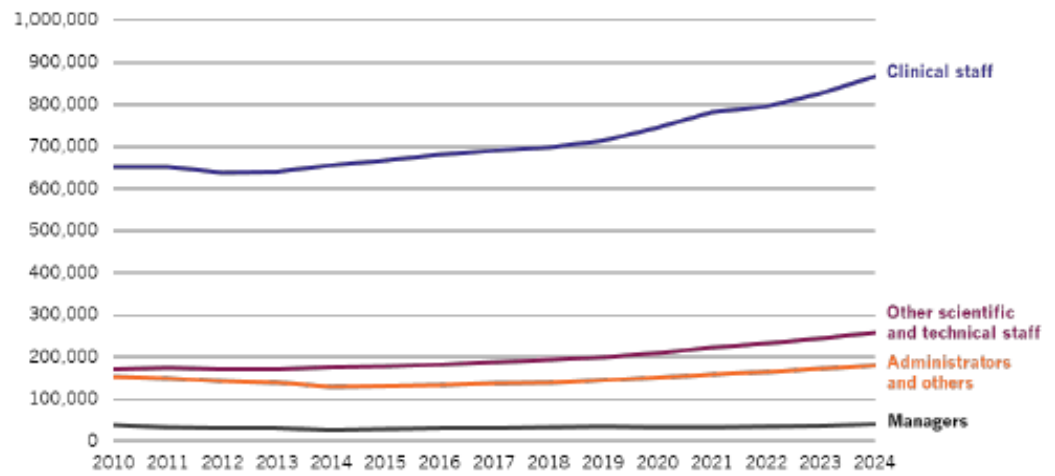
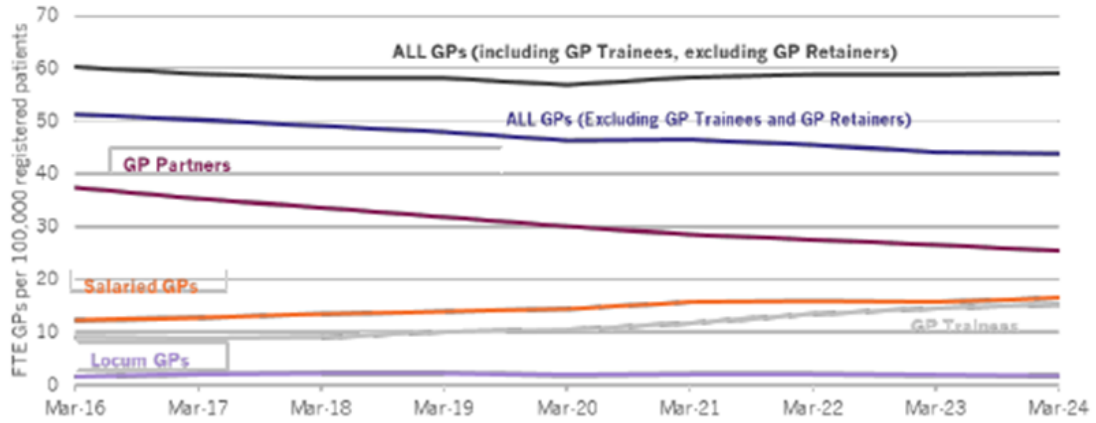


Figure VIII.3.2: Number of GPs FTE per 100,000 registered patients, by GP type – March 2016 to March 2024



Hospital & Community

- Overall increase in clinical staff but not in GPs
- The highest levels in the world
- No increase in productivity

General Practice

- Overall number – unchanged
- Qualified GPs leaving
- Fewer partners

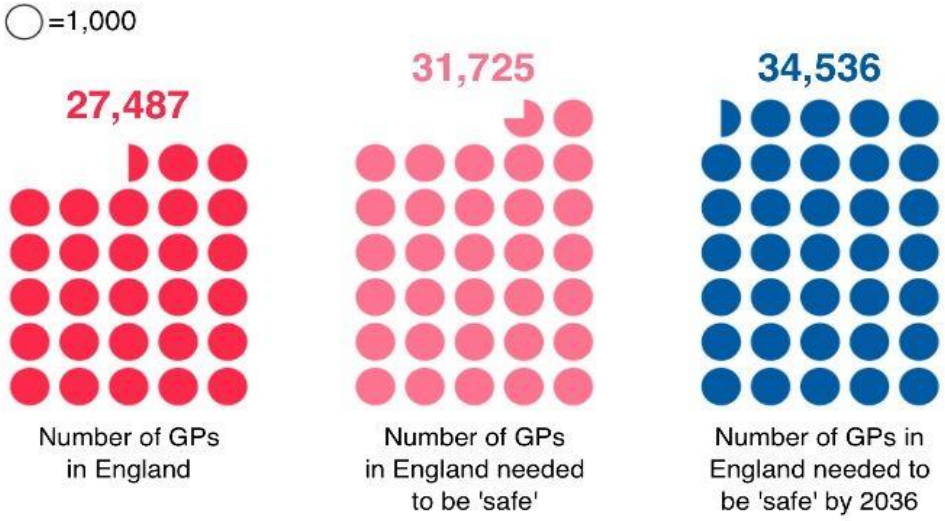
However

- More salaried
- More in Training

GPs 2000 fewer than 2015
1 GP per 2300 patients

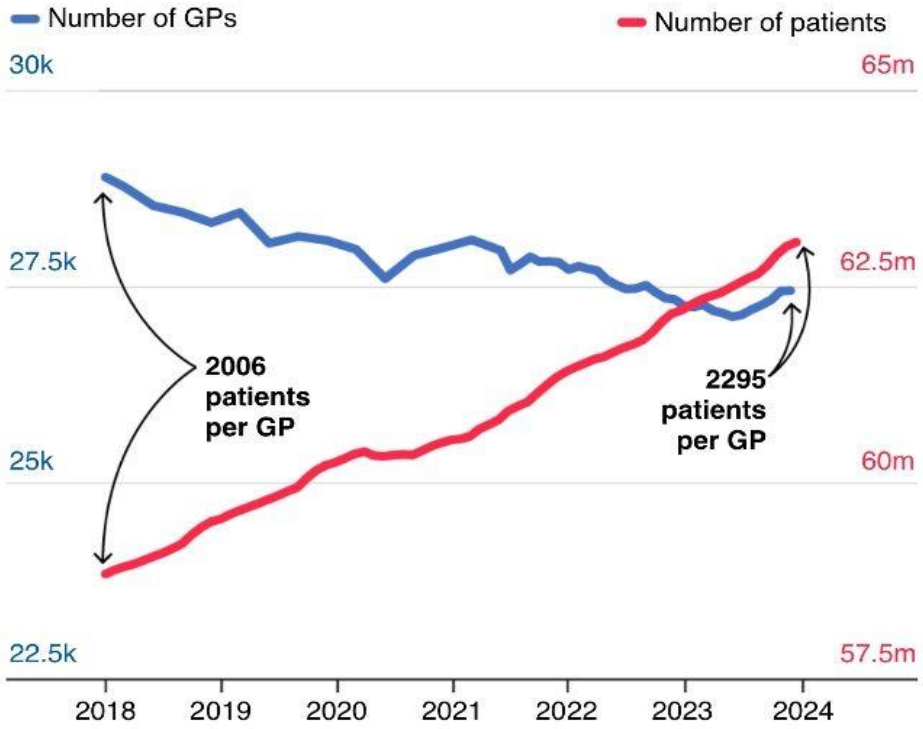
Doctors' Association UK

How many GPs England is short of - and why we'll need another 7,000



Safe' GP levels calculated on basis that one GP is needed per 1,800 people - the widely recognised 'safe limit'

Number of patients registered continues to grow as fully-qualified GPs leave



We are training GPs but not retaining them

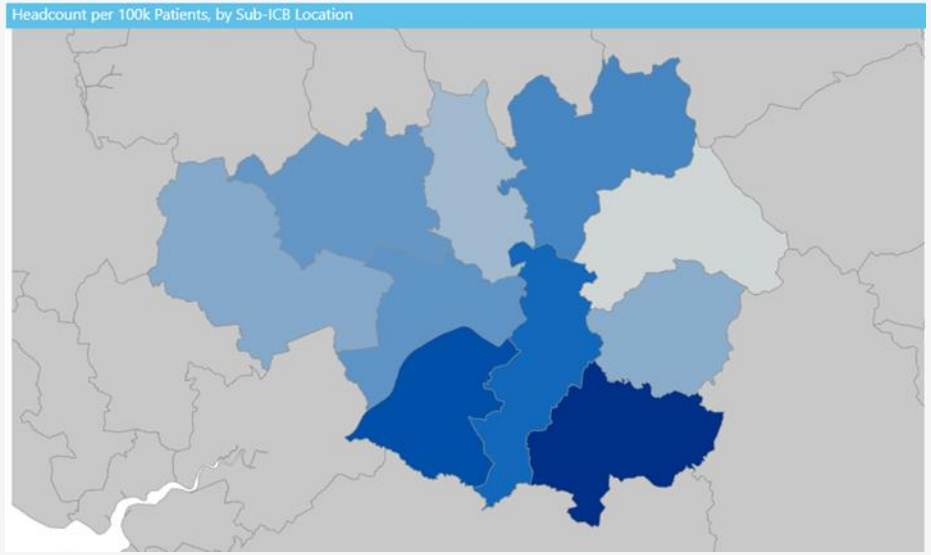
Doctors' Association UK

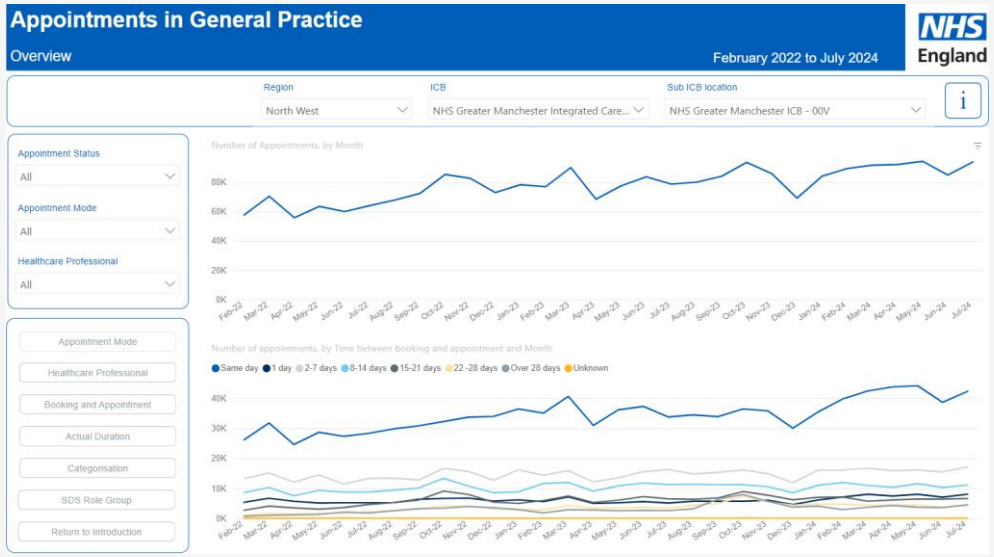
Figure 7 **GPs leaving the NHS by age group (FTE), September 2016 to June 2023**

Source: Institute for Government analysis of NHS Digital, 'General Practice Workforce, England, GP Joiners and Leavers 2015 – June 2023'. Notes: The figures relate to fully qualified GPs who left the NHS in the 12 months up to the relevant date. Data was first published in 2016/17. Rate calculated using the total post leavers / average of current and previous total workforce.

Most worryingly it is the younger GPs leaving.
One in four of the under 30s.
We are not retaining GPs.

The picture in Bury





In Bury

- 2nd Lowest GP Headcount in GM
- Average FTE GP per 100k patients

However

- Fewer nurses
- Fewer direct care

Productivity

- Increase in appointments from 60k to 90k
- GP appointments from 30k to 37k
- With just under 70% F2F and majority on the day

However

- Satisfaction rates lowest
- GP Access being constantly sited as an issue

What actions are GPs taking?

- The BMA are asking GP partners to take at least one of **ten possible actions**. None of the options breach the GP contract, and partners are encouraged to 'choose as they see fit'.
- Actions range from withdrawing from data-sharing agreements, to writing referral letters in place of preferred hospital referral forms.
- The most immediately impactful option is to limit daily patient contacts to 25 – which **the BMA say is the recommended safe maximum** – but is well below **the volume most GPs currently see**.
- With a mandate for action from 1 August, BMA leaders are urging GP partners to act immediately. But they're framing this as 'a marathon not a sprint' – being clear that they expect this to be protracted (some actions may be permanent), and for practices to participate in different ways.

Limit daily patient contacts per clinician to the UEMO (European Union of GPs) recommended safe maximum of 25. Divert patients to local urgent care settings once daily maximum capacity has been reached. We strongly advise consultations are offered face-to-face. This is better for patients and clinicians.

Stop engaging with the e-Referral Advice & Guidance pathway – unless it is a timely and clinically helpful process for you in your professional role.

Stop supporting the system at the expense of your business and staff – serve notice on any voluntary services currently undertaken that plug local commissioning gaps.

Stop rationing referrals, investigations, and admissions:

- refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so
- refer via eRS for 2-week wait (2WW) appointments, but outside of that write a professional referral letter where this is preferable.

Switch off GP Connect functionality to permit the entry of coding into the GP clinical record by third-party providers.

Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (that is, not direct care).

Freeze sign-up to any new data sharing agreements or local system data sharing platforms.

Switch off medicines optimisation software embedded by the local ICB for the purposes of system financial savings and/or rationing, rather than the clinical benefit of your patients.

Practices should defer signing declarations of completion for "better digital telephony" and "simpler online requests" until further GPC England guidance.

- Defer signing off "better digital telephony": do not agree yet to share your call volume data metrics with NHS England.
- Defer signing off "Simpler online requests": do not agree yet to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity.

Defer making any decisions to accept local or national NHS England pilot programmes during the proposed period of action.

Darzi Report

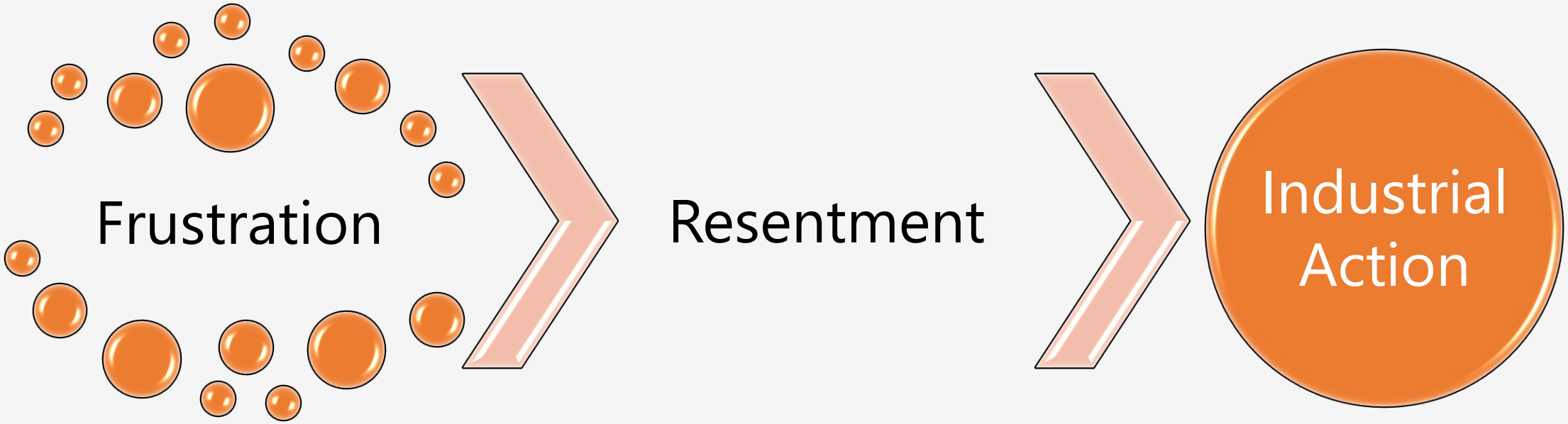
- For years, general practice has been **under-funded** and **under-doctored**. **Patient satisfaction has plummeted**, and GPs believe that the **quality of care they provide has declined**. General practice is the foundation of the NHS, and it's shaky.
- The new Secretary of State has been clear that he wants to 'fix' general practice. On the day that ballot results were reported, **the government announced** an additional £82 million to employ newly qualified GPs – and **published a letter from Wes Streeting** promising to 'reset the relationship between GPs and your government'.
- Patients, GPs, the BMA and government will be united in wanting a stable, strong general practice but will need to work together to deliver it.

Darzi Report

As independent businesses, General Practices have the best financial discipline in the health service family as they cannot run up large deficits in the belief that they will be bailed out. Despite rising productivity, an expanding role, and evident capacity constraints, the relative share of NHS expenditure towards primary care fell by a quarter in just over a decade, from 24 per cent in 2009 to just 18 per cent by 2021, continuing a downward trajectory from their peak in 2004.

With primary care doing more work for a lesser share of the NHS budget, we heard significant irritation felt by GPs who perceive that more and more tasks are being shifted from secondary care back to primary care, with a never-ending flow of letters demanding follow-ups and further investigations. This frustration is understandable when the hospital workforce appears to have expanded to the amongst the highest levels in the world.

Why the dispute?



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BURY INTEGRATED CARE PARTNERSHIP

Meeting: Bury Locality Board			
Meeting Date	07 October 2024	**Action**	Receive
Item No.	6.1	**Confidential**	No
Title	Bury adult ADHD and autism provision update		
Presented By	Ian Trafford		
Author	Ian Trafford		
Clinical Lead	Dr Cathy Fines		

Executive Summary
The purpose of the paper is to provide the Board with an update in relation to adult ADHD and autism provision.
Recommendations
The Board is asked to: - Note the current position

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

Links to Locality Plan outcomes	
To support a local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025.	☐
To achieve a reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction.	☐
To deliver a local health and social care system that provides high quality services which are financially sustainable and clinically safe.	☒
To ensure that a greater proportion of local people are playing an active role in managing their own health and supporting those around them. NA	☐

BURY INTEGRATED CARE PARTNERSHIP

Implications						
Are the risks already included on the Locality Risk Register?	Yes	☒	No	☐	N/A	☐
Are there any risks of 15 and above that need to be considered for escalation via an NHS GM Statutory Committee or Board in line with the Risk Escalation process ?	Yes	☒	No	☐	N/A	☐
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
Relevant risks are logged and monitored through: • The Bury MH Programme Board • NES adult ADHD / ASD commissioner meetings With reporting to: • Bury System Assurance Committee						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**
Locality Board	08/04/2024	Approval of the following recommendations: a. That there is formal escalation of the risks associated with the lack of having a commissioned provider of adult ADHD and autism assessment to the NHS GM Integrated Care Executive Committee. b. That the Bury Locality Board support the development of commissioning options alongside the other NES localities with the priority being to commission a solution for those patients who were originally referred to LANCuk but never seen. c. That there is formal representation from the Bury

BURY INTEGRATED CARE PARTNERSHIP

		Locality Board to the NHS GM Integrated Care Partnership with the aim of commissioning suitable provision for adult ADHD assessment and treatment and autism assessment at the earliest opportunity.
Locality Board	03/06/2024	Approval of the following recommendations: a. The commissioning of a provider of adult ADHD and autism assessments and follow up treatment (for ADHD) and support. b. That Bury commissions this jointly with Oldham and HMR.

BURY INTEGRATED CARE PARTNERSHIP

Bury adult ADHD and autism provision update

1. Introduction

1.1. This paper gives an update with specific reference to the previously agreed actions and recommendations from the Locality Board.

2. Background

2.1 LANCuk ceased to be the commissioned provider for the North East Sector (NES) - Bury, Oldham and Heywood Middleton & Rochdale localities - in Feb 2023 after they had their CQC registration withdrawn.

2.2 Optimise Healthcare were commissioned (up to March 2024) as part of a rapid procurement process to pick up the following cohorts of patients transferred from LANCuk:

- Patients currently in titration
- Patients recently diagnosed and awaiting prescription
- Patients under shared care

This was because these patients were deemed to be in the greatest need of continuity of care Optimise were not commissioned to provide new adult ADHD or autism assessments.

2.3 There were a significant number of patients who had been referred to LANCuk who were not transferred to Optimise. These include:

- Those referred but whose referral was never processed
- Those who were part way through an assessment with LANCuk

2.4 This left the NES localities without a commissioned provider for:

- New patients requiring an ADHD assessment
- New patients requiring as autism assessment
- New patients with an ADHD diagnosis requiring a medication initiation, restart or shared care

2.5 In the absence of a commissioned provider for adults requiring an ADHD or autism assessment, the current available pathway in Bury is via the patient choice route in line with national right to choose guidance. Someone can request referral to a provider of their choice so long as the provider holds an NHS contract, is CQC registered and their GP deems the assessment to be clinically necessary. This is not ideal because of the lack of direct commissioner oversight of (mainly private) eligible right to choose providers and because of the cost pressures generated over which there is no commissioner control.

2.6 Young people with ADHD and prescribed medication by their GP under the supervision of CAMHS (i.e. under shared care) would normally transition to an adult provider at the age of 18. To ensure continuity of care for these young people the agreement was that PCFT CAMHS would retain shared care arrangements for those young people requiring ongoing prescribing of medication after their 18th birthday. This has created some service pressure for CAMHS.

3. Optimise Healthcare

3.1 In March 2024 an application was made to recommission Optimise Healthcare for three years with a proposed contract variation to establish a transitions pathway from CAMHS to Optimise for those young people requiring ongoing prescribing of ADHD medication under shared care arrangements. The was in order to provide a stable position and continuity of care for patients many of whom has already had to be transferred from LANKuk

3.2 However, the GMICB procurement team advised that under the new Provider Selection Regime regulations this was not permissible.

BURY INTEGRATED CARE PARTNERSHIP

3.3 A fresh application was made to recontract with Optimise for one year under the 'urgent award' arrangements within the PSR regulations. This was finally approved at the beginning of September 2024 and the contract is being drawn up at the time of writing.

3.4 As a result it has been possible to commence the transfer of young people who had been retained by CAMHS to Optimise.

4 Commissioning a new service

4.1 In June 2023 the NES Locality Boards approved a proposal to commission a new provider of adult ADHD and autism assessments and follow up treatment (for ADHD). This was included in the Mental health commissioning intentions shared with the Locality Board in September 2024.

4.2 A service specification was drafted with the intention that the service would initially prioritise patients who were part way through an assessment process with LANK UK where they have not subsequently had a completed assessment..

4.3 As we were only permitted to commission Optimise for one year the service specification was subsequently amended to incorporate provision of share care for those patients currently being prescribed ADHD medication.

4.4 Funding approval through the GMICB STAR process was sought and this was approved in August 2024 but only for one year.

4.5 In September 2024 further advice was issued by the GMICB procurement team that under PSR regulations it was not an option to go through a competitive tender process to commission a provider for adult neurodevelopmental assessments because patient choice rules applied to this pathway.

4.6 As it stands these decisions leave the NES localities without a clear position on the medium term provision of adult ADHD and autism assessments and follow up treatment (for ADHD) with the potential for continued reliance only on the right to choose pathway. This also has potential implications for Bury's ability to address the requirements arising from the SEND inspection to commission a clear pathway for young people.

5 Escalation

5.1 NES commissioners and Exec leads have requested a review of these funding and procurement decisions and formally escalated the risk to the GMICB Executive Committee on 25th September 2024. We are awaiting the outcome of this escalation.

6 Recommendations

6.1 The Locality Board is asked to:

- Note the contents of the paper

Ian Trafford
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Bury IDC
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BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	07 October 2024	**Action**	Receive
Item No.	7	**Confidential**	No
Title	Locality Plan Refresh and Strategic Context including ICB Sustainability plan		
Presented By	Will Blandamer – Deputy Place Lead, and Exec Director Bury Council		
Clinical Lead	Dr Cathy Fines		

Executive Summary

We need to refresh the Locality Plan. We need to do so in the context of a complex strategic landscape that includes the GM Sustainability plan, the GM Health and Care Review, Partner key frameworks, and our own Bury programmes and priorities and experience

This paper is in three parts.

1) A slide deck describing the strategic context
2) A report on the GM sustainability plan that invites a place response to be co-ordinated by the Locality Board
3) The GM Sustainability plan

Recommendations

The Locality Board is asked to consider the document and advise on the work we collectively need to do to refresh our locality plan in the context provided.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

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

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

Locality Board

7th October 2024

6

BURY INTEGRATED CARE PARTNERSHIP

Strategy Alignment

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

1. Overview

BURY INTEGRATED CARE PARTNERSHIP

1. The Locality Board adopted a refreshed Strategy for the Health and Care System in Bury – the Locality Plan – in January 2023. It was for the period 2023 to 2024
2. It needs to be refreshed - to help provide clarity and purpose for all partners in Bury.
3. The refresh needs to take account of many factors:
   1. Our successes and progress and strengths, and areas where we need together to do better
   2. The challenging financial context of the NHS in GM, the Council, and other key partners
   3. New and emerging strategy from key partners e.g NCA, MFT, Adult Care
   4. Greater analysis and understanding of our key pressures and priorities
   5. National policy context in the light of the new government from June 2024
4. We propose to use the **GM sustainability plan** to provide a framework for the refresh of our Locality Plan.
5. There is an expectation that all 10 parts of GM produce a response to the GM Sustainability plan.
6. The 4 localities working on the NCA footprint think there is value in collaborating to consistently reflect in each place priorities on local hospital and community services.

2. 5 Pillars of the GM Sustainability plan

BURY INTEGRATED CARE PARTNERSHIP

The draft NHS GM Sustainability plan was considered by the Locality Board in July 2024.

The full and final version of the plan is attached for consideration by the locality board today.

It has 5 key pillars of work.

Cost improvement	System Productivity and Performance	Reducing prevalence	Proactive care	Optimising care
Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)	Multi-provider/system activities to improve the use of our resources and our performance	Maintaining the population in good health and avoiding future costs through prevention	Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm	Transforming the model of care through system actions

3. Strategy Frameworks

BURY INTEGRATED CARE PARTNERSHIP

- The locality board has in the last year received updates on strategy development in the following areas:
  - MFT 5 year strategy
  - Pennine Care Strategy
  - GM Primary Care Blueprint (and the Bury GP strategy)
  - Adult Social Care Transformation Programme
  - Bury Population Health Improvement Strategy
  - GM ICB commissioned work from Carnell Farrar on future demand and cost projections
  - Updates from the work of the Childrens Strategic Partnership Board
-

4. Strategic Frameworks in Development

BURY INTEGRATED CARE PARTNERSHIP

- The Locality Board will be aware that the following are in development
  - A refresh of the Lets Do It strategy – the overarching strategy for the borough
  - NCA clinically led model of service development and configuration
  - GM Health and Care Review – looking particularly at the clinical sustainability of some NHS services (e.g. Dermatology, Community Services, Neuro-rehab)

5. National Context

BURY INTEGRATED CARE PARTNERSHIP

We are also sighted on emergent priorities for the new government following the publication of the Darzi Review (24 September 2024)

- Re-engage staff and re-empower patients.
- Lock in the shift of care closer to home by hardwiring financial flows.
- Simplify and innovate care delivery for a neighbourhood NHS.
- Drive productivity in hospitals.
- Tilt towards technology.
- Contribute to the nation’s prosperity.
- Reform to make the structure deliver.

6. Locality Board issues in 2023/24

BURY INTEGRATED CARE PARTNERSHIP

- There are some key challenges in Bury that the Locality Board has considered in the last year that need to be reflected:
  - The need to strengthen our model of neighbourhood working
  - The need for more confidence in our work on the first 1000 days
  - The need to address some of the legacy service gaps in Bury caused by historic underfunding of Bury PCT/CCG e.g in mental health
  - The need to invest in capacity and capability of primary and community services to effect the ‘left shift’ away from unnecessary secondary care
  - Bury being relatively ‘under GP’d’ compared to most other parts of GM
  - The need to ensure the prioritisation of prevention and early intervention.
  - The need to ensure greater engagement of people in co-design and co-production
  - The opportunity of the voluntary and community sector
  - Balancing accessibility of secondary care with clinical sustainability/critical mass
  - Addressing challenging waiting times for NHS services

7. Collaborating across the 4 Localities Partnership

BURY INTEGRATED CARE PARTNERSHIP

Whilst there are unique challenges and opportunities for Bury we recognise that there is value in collaborating on strategy development across the four localities within the NCA footprint, particularly when it comes to shaping changes to our acute and community healthcare services.

On this footprint – Bury, Oldham, Rochdale and Salford, and with NCA as part of all of those partnership – we have worked together well as a '4 localities partnership'.

Together we think the strategy development could include:

- The model of care for outpatients and elective care, with a greater focus on community provision
- Access to diagnostics services within a community setting
- A community services and primary care offer which supports a shift of focus to prevention and population health management
- Pathways for urgent and emergency care
- A strategic and long -term view of the offer for our local hospitals that will ensure clinical and financial sustainability

8. Bury Complexity

BURY INTEGRATED CARE PARTNERSHIP

As we develop our strategy we recognise that the Bury Health and Care System has some complexity. For example:

- Our elective care and urgent care mainly flows both to NCA and MFT
- Our maternity services are provided mainly by Bolton and North Manchester
- We have limited primary care estate capacity with which to effect a substantial shift of activity
- The reconfiguration of N Mcr is progressing slowly as a consequence of national guidance changes
- FGH has challenges on its site in relation to accessibility, car parking, and estate quality
- Pennine Care and NCA are multi-locality providers
- Our Primary Care Networks are not coterminous with our model of neighbourhood working

These complexities will shape the work we need to do.

9. Next Steps

BURY INTEGRATED CARE PARTNERSHIP

1. The attached paper provides an GM wider consistent view of the role of Locality Boards in developing a place based (e.g Bury) response to the GM sustainability plan
2. We will use this to frame a fresh locality plan for 2025-2027 and to clarify key priorities for the work of the Locality Board and the Integrated Delivery Board
3. We will triangulate as far as possible with the key strategic frameworks of partners and also reflect the emergent national context
4. We will work with colleagues on the NCA footprint, and also the Pennine footprint, to ensure consistent representation of those partners to the plan and prioritisation.

NHS
Greater Manchester

GM Sustainability Plan

10 September 2024

For ICB Board 18.9.24

Part of Greater Manchester
Integrated Care Partnership

Contents

1. Introduction and context
2. The pillars of sustainability and the financial bridge
   - Cost Improvement
   - System Productivity and Performance
   - Reducing Prevalence
   - Proactive Care
   - Optimising Care
3. How we will achieve sustainability

1. Introduction and context

This plan

NHS Greater Manchester

- Greater Manchester (GM) Integrated Care System (ICS) provides healthcare for 3m people living in 10 places. As a system, GM has sought to improve population health through working with partners whilst at the same time improving the NHS financial position and health service performance.
- A population-based approach to developing this Sustainability Plan has set out the current and future pattern of demand and associated costs attributable to Non-Demographic Growth (NDG), quantified the opportunities to improve population health, set out the immediate priorities to inform phasing and sequencing of these opportunities over time and considered the financial and performance position of the 9 NHS providers.
- This shows how a deficit this year may be compounded by approximately £600m of additional demand but can be addressed over time through a combination of population health measures, system collaboration and provider efficiencies.
- The plan is based on the recognition that system sustainability rests on addressing the challenges we face across finance, performance and quality and population health - and the relationship between these
- This is a ‘plan of plans’ since it comprises plans from across the GM system, categorised under 5 ‘pillars’ of sustainability.

Overview – What the Plan Shows

NHS Greater Manchester

We need to show ***how*** the system:

- ***Both*** returns to financial balance through addressing the underlying deficit
- ***And*** secures a sustainable future through addressing future demand growth and implementing new models of care year on year

This plan shows that:

- The projected remaining deficit, after Cost Improvement Plan delivery, could be eliminated over three years through
  - Consistent and complete implementation of existing Cost Improvement Plans (CIPs)
  - Complete implementation of system wide plans already developed across GM along with assumptions about those not yet detailed
  - Assumptions on reconfiguration of parts of the system which have not yet been planned in detail
  - Assumptions on reducing the number and scope of procedures of limited clinical value (PLCV), although this is not yet detailed
- With additional investment, the impact of Non-Demographic Growth (NDG) could be mitigated through
  - Assumptions about the impact of reducing prevalence and enabling proactive care on the health of the population

Our vision and the outcomes we are seeking

"We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region"

Everyone has a fair opportunity to live a good life	Everyone has improved health and wellbeing	Everyone experiences high quality care and support where and when they need it	Health and care services are integrated and sustainable

NHS Greater Manchester

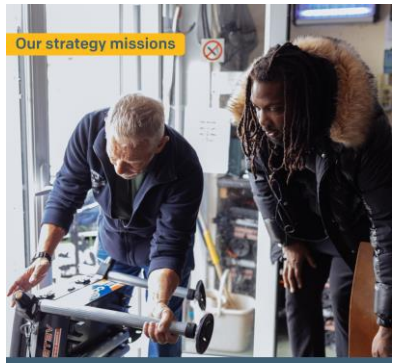
Our missions

Strengthen our communities

We will help people, families and communities feel more confident in managing their own health

Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing

Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities

Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home

Achieve financial stability

We will manage public money well to achieve our objectives

Our strategy and our plans

NHS Greater Manchester

- Our Five-Year ICP Strategy (March 2023) sets out how we will work together to improve the health of our city-region's people. It is supported by our Five-Year Joint Forward Plan. We have described our plans for this financial year (2024-25) in our Operational Plan

- The relationship between these plans is illustrated on the next slide. This includes the importance of the Sustainability Plan in addressing the undertakings issued by NHS England

- This Sustainability Plan is needed because the challenges we face now are more complex and acute than we have ever experienced in Greater Manchester. These challenges cover finance, performance, quality and population health. We have a significant underlying financial deficit; we are not consistently meeting core NHS delivery standards; and the health of our population is getting worse

- We know that we need to change what we do and how we do it. We must do this to deliver on our responsibility to improve the health of our population – and to do this within the resources available to us

- We know that this will take longer than a single year, so this plan covers three years initially

NHS GM Plan Alignment

NHS Greater Manchester

The plans are connected and build on each other to ensure the delivery of the overarching 5-year strategy and national NHS objectives

ICP Strategy

Sets out how we will work together over a 5-year period to achieve a GM where

- Everyone has the opportunity to live a good life
- Everyone has improved health and wellbeing
- Everyone experiences high quality care where and when they need it
- Health and care services are integrated and sustainable

Joint Forward Plan

The 5-year plan to deliver the ICP strategy through our missions:

- Strengthen our communities
- Help people stay well and detect illness earlier
- Help people get into and stay in good work
- Recover core NHS and care services
- Support our workforce and our carers
- Achieve financial sustainability

Sustainability Plan

A framework including:

- Priorities to achieve financial sustainability and effective use of resources across the GM NHS system , focusing on the next 3 years
- Delivered through GM, provider, locality and programme delivery plans.

24/25 Operational Plan

- Actions to deliver the performance workforce and financial commitments in the GM planning response to NHSE
- Additional actions to improve population health through prevention and early intervention

NHS GM Single Improvement Plan

NHS GM response to the grounds for undertakings and improvement actions .

The plan is focused on ensuring the ICB is structured and has the right approaches and governance in place to enable it to deliver on the agreed priorities of the above plans.

How the pillars of sustainability contribute to our missions

NHS Greater Manchester

- The ‘pillars’ of sustainability cover the full range of our missions – from enabling people to live good lives – through to ensuring financial sustainability
- **Cost improvement** in both providers and the ICB and **system productivity** will enable the effective recovery of core NHS services and support our workforce, thus enabling financial sustainability
- **Reducing prevalence** – acting on the wider determinants of health – will be enabled through strengthening our communities and helping people to stay well and detecting illness earlier, as well as enabling people to get into and stay in good work
- **Proactive care** will also help people to stay well and detecting illness earlier, as well as enabling people to get into and stay in good work, and contributing to recovering NHS services and thus enabling financial sustainability
- **Optimising care** will enable the system to move towards the model of health described in our strategy and missions. It will also enable people to stay well and detect illness earlier, the effective recovery of core NHS services and support for our workforce, thus enabling financial sustainability

The Greater Manchester Model for Health

NHS Greater Manchester

- In the ICP Strategy we set out our Model for Health (see next slide). The model aims to ensure that as many people as possible are supported to maintain good health at home and in their communities – reducing demand on crisis-based and specialist care

- We know that we must do more, and rapidly, to make sure this model is delivered consistently across our conurbation. This needs to focus on:
  - Consistent, at scale, delivery of an integrated neighbourhood model – including same day GP access where clinically appropriate and a community services delivered to a core GM standard
  - The systematic use of Population Health Management approaches to identify at risk cohorts and intervene earlier, delivered through more resilient primary care connecting to community and intermediate tier services
  - Accelerated progress of our mental health model, particularly crisis and community developments including Living Well, in-patient transformation, and access to psychological therapies
  - Continued focus on early cancer diagnosis
  - Much greater support for people to take more control over their own health - including digital offers
  - Standardisation of care pathways with consistent offer across GM and reduced variation
  - Significantly expanded use of new care models – including more care delivered outside hospital

The Greater Manchester Model for Health

NHS
Greater Manchester

2. The pillars of sustainability and the financial bridge

The pillars of sustainability

NHS Greater Manchester

Cost improvement	System Productivity and Performance	Reducing prevalence	Proactive care	Optimising care
Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)	Multi-provider/system activities to improve the use of our resources and our performance	Maintaining the population in good health and avoiding future costs through prevention	Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm	Transforming the model of care through system actions

These pillars are of course interdependent and cannot exist in isolation.

- For example, collective actions on provider productivity may enhance performance and optimise care as well as contribute to individual provider CIPs.
- Similarly, progress in proactive care delivery may also impact on other financial drivers, such as prescribing costs.

These interdependencies need to be understood as we make key decisions in implementing this plan.

Developing the Financial Bridge: the key activities

NHS Greater Manchester

Identifying the size of the financial and population health challenge:

Identifying and modelling how we will address the challenge

Dealing with the current financial deficit

- Confirming the position on the underlying deficit
- Including other projected further movements in the model (e.g. convergence and Cost Uplift Factors)
- Analysing the FSPs from all parts of the system
- The impact of key system programmes
- Modelling the impact of plans to change the model of care (for example, Health and Care Review) to optimise care

Addressing population need: priority activity

- Modelling non-demographic growth to predict future demand
- Priority activity already planned to address population need: reducing prevalence and enabling proactive care

Investment strategy

- Additional population health interventions funded through additional investment

The financial bridge – what it shows

NHS Greater Manchester

The bridge shows three 'blocks' with associated pillars.

Dealing with the current financial deficit

Shows how the underlying deficit can be substantively closed in three years, with detailed plans in place for year 1 and the inclusion of assumptions about developing plans for years 2 and 3

- Cost improvement
- System Productivity and Performance
- Optimising care

Addressing NDG 2024/5-2026/7 inc. investment (2025/6 onwards)

Shows how Non-Demographic Growth can be partially mitigated in three years through planned population health interventions where funding is already agreed and the partial impact of additional investment (in years 2 and 3) of £50m per year.

Impacts from population health interventions take time to demonstrate a full effect and so an impact of 1/3rd of the full impact from additional investment has been assumed in years 2 and 3.

- Reducing prevalence
- Proactive care

Investment 2027/8-2028/9

Shows how the remaining NDG 'gap' will be mitigated in the following two years (2027-2029) by further full impact from continued investment at the same level

3-year plan

5-year plan

The financial bridge

NHS Greater Manchester

The pillars of sustainability and their contribution

NHS Greater Manchester

From the analysis to develop the bridge, we identified five aspects of sustainability which we need to pursue: the 'pillars' of sustainability. Each of these contributes through finance and/or performance impacts. Details are in the following slides

Cost improvement	System Productivity and Performance	Reducing prevalence	Proactive care	Optimising care
Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)	**Multi-provider/system activities to improve the use of our resources and our performance**	**Maintaining the population in good health and avoiding future costs through prevention**	**Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm**	**Transforming the model of care through system actions**
Combined contribution to overall plan leaves an underlying deficit after three years (~£160m) Financial savings through FSPs/CIPS: **£1046m**	Contribution to overall plan through achievement of performance objectives and improved productivity No financial savings	Contribution to addressing non-demographic growth (NDG) of £360m over 3 years ~£40m confirmed ~£67m from additional investment (to be detailed)	Contribution to addressing non-demographic growth (NDG) of £360m over 3 years ~£120m confirmed ~£33m from additional investment (to be detailed)	Contribution to overall plan of £148m (over three years) 40% of this contribution through confirmed plans, with the remainder still to be detailed

Contribution to addressing non-demographic growth (NDG) of £240m in years 4&5
£300m (reducing prevalence), £200m (proactive care) from additional investment (to be detailed)

Cost improvements – Trusts and ICB

NHS Greater Manchester

- As part of individual Trust Financial Sustainability Plans, there are ambitious levels of Cost Improvement Programmes (CIP) set out over the next 3 years to support working to run rate balance. Work is planned at different levels
  1. At individual organisational level. A thematic framework for this is under development, to be completed by the end of September.
  2. At locality/ sector level
  3. At GM level – Trust Provider Collaborative (TPC) led commitments and schemes (listed under the System Productivity and Performance pillar in this plan)

Organisation (Trust)	Locality/ sector	ICB	
Key themes in Trust CIPs • Income • Corporate services transformation • Digital transformation • Estates and Premises transformation • Medicines efficiencies • Procurement • Service re-design • Pay	Examples include: • Four Localities Partnership • Mental Health Trust collaboration • Joint working Bolton FT & WWLFT	A wide range of programmes, including: • Continuing Health Care • Medicines Optimisation • Mental Health OAPs • Autism and LD • Better Care Fund • Community Services • Estates • Independent Sector	• Legal Services • Locality Individual Schemes • Non-Healthcare Contract Consolidation (NHCC)s • Optimal Organisational Structure • Translation and Interpretation • Virtual Wards • Workforce External Drivers

System Productivity and Performance – the programmes

NHS Greater Manchester

Programme	Contribution to system sustainability
Programmes to drive performance improvement and quality of care through optimising models of care and implementing targeted new ones	
Elective care	• Reduced waiting times for patients • Reduce variation in access
Cancer	• Reduced waiting times and managing growth in demand. • Reduce variation in access and provide service resilience. • Cost avoidance – reduced LoS related to anticipated growth in demand, waiting list initiatives, in/outsourcing. • Reduced variation.
Diagnostics	• Wait list reduction • Reduction in outsourcing • Reduced turnaround times for patients
Mental Health	• Savings from reduced OAPs can be reinvested in Mental Health services
Urgent and Emergency Care (UEC)	• Improved patient flow. • Achievement of 95% of patients seen within 4hrs in A&E by March 2027 • Sustain Cat 2 ambulance response times at or above national target
Transform corporate services through innovation and enhanced collaboration, to make them more efficient, resilient and cost-effective	
Scaling People Services Programme	• Enabler of realising CIPs; standardisation of systems/processes and automation will enable efficiencies
Corporate services	• Enabler of realising CIPs; improved workforce resilience
Other programmes	
Workforce	• Sickness absence - potential savings contribution to CIPs • Turnover - cost prevention • Reduced temporary staffing and improved capacity
Digital	• Requires significant capital investment • Will then deliver both financial efficiencies and productivity gains

Reducing prevalence – programmes and impact

NHS Greater Manchester

Programme	Investment already agreed 3 years (£m)	Savings 3 years (£m)
HIV	12.6	52.3
Making Smoking History		
Physical Activity		
Work and health		
Home Improvement		

In addition to the impact from investment already agreed, further impact could be gained from additional investment for the faster and wider implementation of programmes already underway

	Additional investment to be agreed 3 years (£m)	Additional savings 3 years (£m)
Other Population Health	50	117

Overall Impact ~£40m (savings – investment)

Impact from additional investment in three years: £67m (savings – investment)

ROI from additional investment assumed to be 1/3rd of full impact because of the early stage of the programmes

Proactive care: programmes and impact

NHS Greater Manchester

Programme	Investment already agreed 3 years (£m)	Savings 3 years (£m)
Alcohol Care Teams	30	150
CVD		
Diabetes		
Social Prescribing		
Tobacco Treatment Teams		

In addition to the impact from investment already agreed, further impact could be gained from additional investment for the faster and wider implementation of programmes already underway

	Additional investment to be agreed 3 years (£m)	Additional savings 3 years (£m)
Other Population Health	50	83

Overall Impact ~£120m (savings – investment)

Impact from additional investment in three years: £33m (savings – investment)

ROI from additional investment assumed to be 1/3rd of full impact because of the early stage of the programmes

Optimising care: programmes and impact

NHS Greater Manchester

Programmes already identified	Savings 3 years (£m)
Pathology	59.6
Dermatology	
Neurorehabilitation	
Commissioning more effective processes – vasectomies	
Adult ADHD	
Referral Thresholds	
PLCV - TES and spinal injections	

	Additional savings 3 years (£m)
Programmes with financial savings not yet confirmed	88.9

Impact from programmes already detailed ~£60m
Impact from additional savings to be confirmed: ~£89m

Total savings: ~£149m

The development and delivery of the plan

NHS Greater Manchester

- Delivering this plan and moving to a sustainable health and care system will require us to be explicit about investment (revenue and capital). Investment in prevention, early diagnosis, primary and community care and mental health is inherent in this plan. Transparent identification and reporting against that investment will be established.
- Where plans for future years are less well developed, assumptions have been made (and described)
- Discussions with local authority Treasurers are underway to support the connection to financial health at a place level as part of local integrated planning and delivery
- The governance and monitoring of the plans has yet to be determined in detail but is indicated in this plan and will be confirmed swiftly (see next slide).

Governance Summary

- The governance and accountability for the elements in this plan can be summarised as follows:

Pillar	Governance and oversight through
Cost Improvement	Trust Boards, ICB Provider Oversight Meetings, ICB Board and Finance Committee
System Productivity	System Boards, TPC (currently under review)
Reducing Prevalence	Locality Boards, Population Health Committee
Proactive Care	Locality Boards, Population Health Committee
Optimising Care	Commissioning Oversight Group (COG), relevant System Boards, TPC (currently under review)

3. How we will enable sustainability

Investment strategy

- Each year NHS GM receives growth funding as part of its national allocation from NHSE. Some of this is contractually allocated to various parts of the system, including providers. However, the remainder could be used (as is its intention) to fund growth in parts of the system determined by the strategy of NHS GM
- In 2024/5 the remainder was ~**£61m**. This varies year on year depending on changes to national contractual arrangements.
- To date NHS GM has not spent this funding on growth but has netted it off in their accounts against other costs – usually against convergence costs which are of a similar amount
- If the convergence costs can be covered by savings elsewhere in the system, this growth funding could be used for its original purpose. For the purposes of this analysis, we have assumed **£50m** a year might be available to fund growth (from year 2 – 2025/6).
- This proposal requires consideration by the GM system

The Role of Capital

Capital is an important enabler to the delivery of the Sustainability Plan

The Capital Resource and Allocation Group has been tasked with developing a long-term plan for deployment of system capital. This work is focusing on:

- Clearly defining the parameters of what is meant by a sustainable capital plan.
- The investment strategy if we must live within current capital constraints.
- What the system could achieve if it had increases capital to deploy into several key areas (Estates, Digital, Equipment). Particularly linking this to known areas i.e. the £3.4bn of national capital to support productivity.

This work is ongoing and focused on three phases, including a Y1 plan for no increases in capital income, with options for Y2-5 being developed to support strategic requirements

Continued grip and control

The strengthened NHS GM oversight arrangements will be pivotal in tracking delivery of the programmes set out in the Sustainability Plan. These include:

- Provider Oversight Meetings (POMS): building on and succeeding the PWC led finance and performance recovery meetings. The scope is broader to include finance, quality, performance and workforce
- Locality Assurance Meetings (LAMS): focus on delivery of delegated functions. These follow a consistent approach to the POMS
- System Group Meetings: focus on delivery of transformation programmes
- Performance Improvement Assurance Group (PIAG): focus on tracking actions and impact of the refreshed Performance Improvement Plans (PIPs)

Addressing the undertakings

NHS Greater Manchester

The Sustainability Plan supports our system response to the four pillars in the Improvement Plan developed in response to the undertakings issued by NHS England:

- Leadership and governance
- Financial sustainability
  - Develop three-year plan to address underlying deficit position
  - Clarify system commissioning intentions and implement
- Performance and assurance
- Quality

Our Workforce

NHS Greater Manchester

- This plan has a strong relationship to our People and Culture strategy. As illustrated below, our ability to deliver this plan rests on supporting our workforce and developing collaborative cultures as well as the appropriate controls to ensure that the size and composition of our workforce matches the financial resources available.

Annual Operational Planning

- Centrally coordinated forecasts for the year

→

Key controls and activity to deliver on plans

- Temporary Staffing Strategy
- Reducing sickness absence
- Vacancy and establishment control
- Scaling People Services, including reducing time to hire.
- Delivering the People Promise across NHS Providers

→

Assurance

- People and Culture Governance
- Provider and Locality Assurance
- Supported with assurance packs and toolkits
- Workforce Efficiency Group
- Scaling People Services Oversight Group

GM People and Culture Strategy

- Developing and promoting good employment practices
- Creating collaborative working cultures
- Understanding causes of staff sickness and burnout
- Developing technical career pathways into health and care

Assumptions on which the plan is based

NHS Greater Manchester

The following assumptions are the basis of the Sustainability Plan:

a) Trust and ICB **cost improvement** will be delivered in full as planned, along with the achievement of all performance objectives.

b) Other financial savings will be achieved through **optimising care** through service review/commissioning, and consideration (specifically) of reducing Procedures of Limited Clinical Value (PLCV)

c) We will move to a model of care that supports people to maintain good health (**reducing prevalence** and **proactive care**) through changing how we allocate our financial resources

NHS
Greater Manchester

Greater Manchester Integrated Care Partnership

Sustainability Plan

Locality Boards
October 2024

Part of Greater Manchester Integrated Care Partnership

NHS
Greater Manchester

1.0 Introduction

1.1. Greater Manchester (GM) Integrated Care Partnership provides healthcare for 3m people living in 10 places. As a system, GM has sought to improve population health through working with partners whilst at the same time improving the NHS financial position and health service performance.

1.2. Working with partners, we have developed a Sustainability Plan. This was approved at the GM Integrated Care Board on 18th September. The Sustainability Plan slides are included in this agenda pack.

1.3. The Sustainability Plan is based on the recognition that system sustainability rests on addressing the challenges we face across finance, performance and quality and population health - and the relationship between these.

1.4. The Plan shows ***both how*** the system both returns to financial balance through addressing the underlying deficit ***and*** secures a sustainable future through addressing future demand growth and implementing new models of care year on year.

1.5. In developing the plan, the financial and performance position of NHS providers has been considered, along with plans to transform and optimise care provision, in order to address the underlying financial deficit by the end of the 2026/7 financial year.

1.6. A population-based approach to developing the plan has set out the current and future pattern of demand and associated costs attributable to Non-Demographic Growth (NDG), quantified the opportunities to improve population health, and set out the immediate priorities to inform phasing and sequencing of these opportunities over time.

1.7. The plan shows how the current deficit may be compounded by approximately £600m of additional demand but can be addressed over time through a combination of population health measures, system collaboration and provider efficiencies.

1.8. There are five pillars of sustainability against which the delivery programmes are set out:

- Cost Improvement
- System Productivity and Performance
- Reducing Prevalence
- Proactive Care
- Optimising Care

1.9. Within the plan, we show how the projected remaining financial deficit could be eliminated over three years through:

- Consistent and complete implementation of existing Cost Improvement Plans (CIPs)
- Complete implementation of system wide plans already developed across GM along with assumptions about those not yet detailed
- Assumptions on reconfiguration of parts of the system which have not yet been planned in detail
- Assumptions on reducing the number and scope of procedures of limited clinical value (PLCV) and associated pathways, although this is not yet detailed

1.10. The plan shows that with additional investment, the impact of Non-Demographic Growth (NDG) could be mitigated through:

- Assumptions about the impact of reducing prevalence and enabling proactive care on the health of the population

2.0 Delivery of the Sustainability Plan in Localities

2.1. Ultimately, the sustainability of the health and care system in GM rests on our ability to support people to stay in good health for longer. This requires an integrated, whole-system response from both within health and care and beyond.

2.2. We need to act both on reducing the prevalence of poor health through prevention activities and to ensure we provide early intervention and proactive care to stem further deterioration. The Sustainability Plan is clear that the projected non-demographic growth in demand and costs can only be addressed through radical changes in both our care model and in tackling the social determinants of health. We will need to apply our place model with greater pace and scale and with more consistency. This will need to include:

- Consistent, at scale, delivery of an integrated neighbourhood model – including same day GP access where clinically appropriate, community services delivered to a core GM standard and underpinned by our Live Well model
- The systematic use of population health management approaches to identify at risk cohorts and intervene earlier, delivered through more resilient primary care connecting to community and intermediate tier services
- Accelerated progress of our mental health model, particularly crisis and community developments

- Continued focus on early cancer diagnosis
- Much greater support for people to take more control over their own health - including digital offers
- Standardisation of care pathways with consistent offer across GM and reduced variation
- Significantly expanded use of new care models – including more care delivered outside hospital

3.0 Creating the Conditions for Delivery

3.1. All partners in each locality, including GM-level functions, will need to create the right conditions for the Sustainability Plan to be delivered. The Locality Board (Place-Based Partnership Committee) is the focal point for this.

3.2. It is proposed that we take the following steps to progress the work at pace:

Actions led by localities with GM support

1. **Develop a place-based representation of Sustainability Plan delivery** – which is quantified and includes the contribution of trusts and other providers in each locality. This to be aligned to the five pillars in the Sustainability Plan and set out impact (including trajectories) against finance, performance, quality and population health. Work has already begun on a prototype – being developed through the Four Locality Partnership. The prototype will allow us to test the alignment between the place-based sustainability plan and the plans for the Northern Care Alliance across the four localities.

2. **Connect the Sustainability Plan to the position of the local authority** on adults and children's as part of a single approach to delivery across health and care

3. **Ensure use of population health management approaches** to identify at risk cohorts - supporting people to maintain good health and preventing deterioration.

Actions led by GM functions with locality support

1. **Establish a much broader set of locality metrics** covering the span of locality responsibilities in tackling non-demographic growth. For example, Primary Care; Social Care; Housing; School Readiness; Violence Reduction

2. **Design an Investment Plan** to support delivery of the Sustainability Plan

3. **Confirm relationship of GM-level programmes to place-delivery** – for example Health and Care Service Review and GM population health programmes.

3.3. The place-based representation of delivery will need to be complemented by an equivalent exercise on the provider trust side – setting out, for example, how provider collaboration can support efficiency and productivity improvements.

4.0 Recommendation

4.1. The Locality Board is asked to:

- Note the report
- Support the Sustainability Plan
- Endorse the actions at 3.2

Locality Performance Report August 2024

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Urgent Care	N/A	A&E 4 hour performance	Monthly	Aug 24	66.1%	65.6%	↗	76.0%	4,234	6,406	N/A
	N/A	A&E Attendances	Monthly	Aug 24	6,406	6,963	↘	N/A	N/A	N/A	N/A
	S123a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only) (NCA)	Monthly	Mar 24	87.2%	88.5%	↘	92.0%	1,335	1,531	Upper
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Aug 24	16.8%	19.0%	↘	N/A	1,566	9,309	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Aug 24	1,268	1,906	↘	N/A	N/A	N/A	Lower
	EM30a	Average number of adult G&A overnight beds available (NCA)	Monthly	Aug 24	88.7%	89.0%	↘	N/A	1,359	1,531	Upper
Elective Care	EM07a	GP Referrals Made (General and Acute)	Monthly	Mar 24	2,869	2,919	↘	5,744	N/A	N/A	Lower
	EM07	Total Referrals Made (General and Acute)	Monthly	Mar 24	5,369	5,443	↘	10,411	N/A	N/A	Lower
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Annual	Dec 21	53.7%	51.7%	↗	75.0%	514	957	Inter
Mental Health & Learning Disabilities	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Jul 24	19.8%	13.3%	↗	75.%	232	1,174	Inter
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Jul 24	3,580	3,620	↘	5,080	N/A	N/A	Inter
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Jul 24	76.2%	76.7%	↘	66.7%	1,840	2,416	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	Mar 24	635	685	↘	0	N/A	N/A	Inter
	N/A	Number of MH patients with no criteria to reside (NCTR)	Monthly	Aug 24	11	15	↘	N/A	N/A	N/A	Lower
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Aug 24	11.5%	17.6%	↘	N/A	11	96	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Jul 24	1,550	1,530	↗	3,648	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Jul 24	345	310	↗	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Jul 24	170	160	↗	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Jul 24	50.0%	57.1%	↘	0.%	20	40	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Jul 24	97.1%	96.8%	↗	N/A	167	172	N/A
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 23	66.6%	54.7%	↗	77.%	19,957	29,979	Lower
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Mar 24	63.1%	61.7%	↗	62.1%	6,510	10,320	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Jul 24	83.5%	83.9%	↘	82.1%	78,413	93,942	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Jun 23	128	130	↘	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Jun 24	87.9%	88.9%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Jun 24	6.1%	6.1%	↘	10.%	7,017	115,874	Upper

Bury - Oversight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

Theme	Indicator	
Urgent and Emergency Care	Reduce adult general and acute bed occupancy below 92%	Currently available in the scorecard at trust level but not locality
Primary Care and Community Services	Proportion of Urgent Community Response referrals reached within two hours	Currently available in the scorecard at trust level but not locality
	% patients describing their overall experience of making a GP appointment as good	Build in progress
	Proportion of virtual ward beds occupied	Currently unavailable at locality level due to inaccurate reporting

Bury

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.

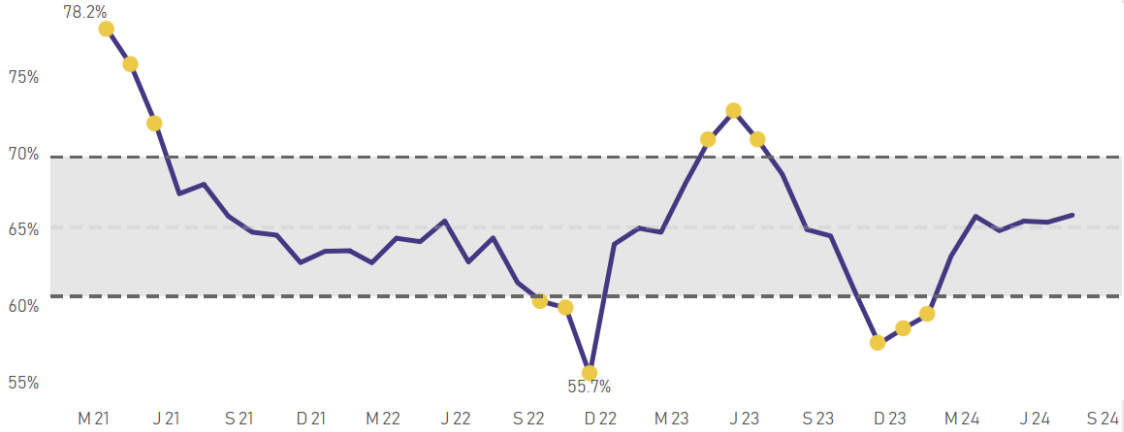
Source: Emergency Care Dataset (ECDS) (Monthly)

66.1%
August 2024

65.6%
July 2024

76.0%
National Target

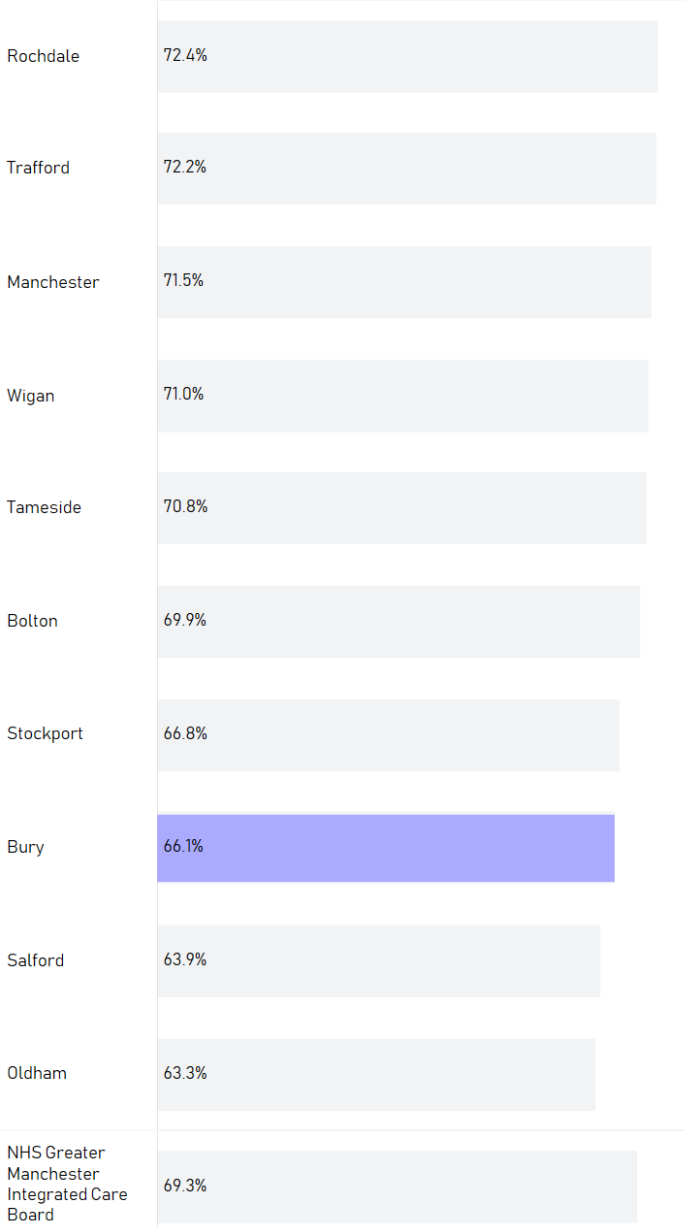
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	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%	65.1%	65.7%	65.6%	66.1%							

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

Latest Value GM Benchmarking



Narrative

- 4-hour performance in August was 66.1%, an increase on the previous month's performance of 65.6%.
- August 24 performance is 66.1% which is lower than August 23 which was 68.8%.
- Bury performance is currently below the overall GM performance of 69.3% and is the 8th best performing locality in GM.

Bury

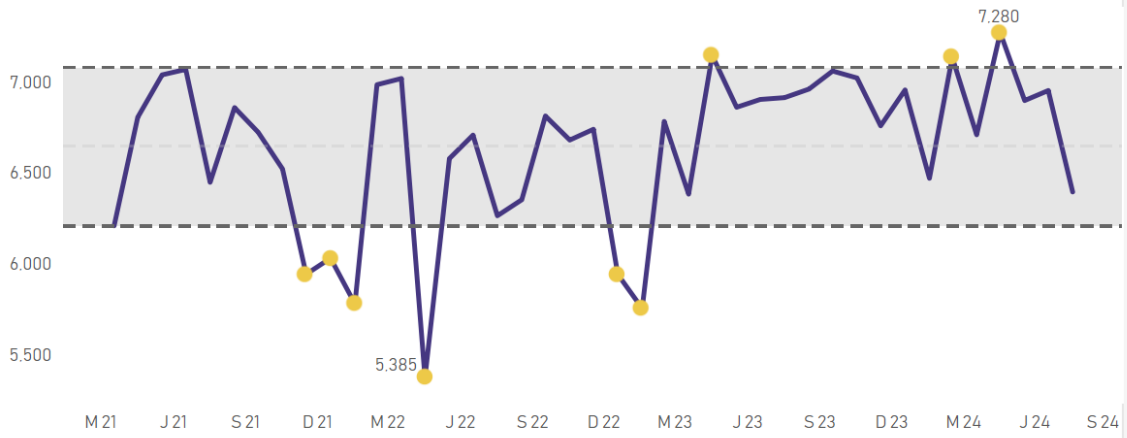
A&E Attendances
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

6,406
August 2024

6,963
July 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	6,871	6,914	6,924	6,971	7,070	7,032	6,769	6,966	6,481	7,145
2024-25	6,720	7,280	6,908	6,963	6,406							

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

Latest Value GM Benchmarking
Attendances Rate per 1000 population & Count

Narrative

- There were 6406 A&E attendances from Bury registered patients in August 24, lower than August 23 (6924).
- Bury currently has 30.3 attendances per 1000 population and has the 5th lowest attendance rate for localities within GM.

Bury

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

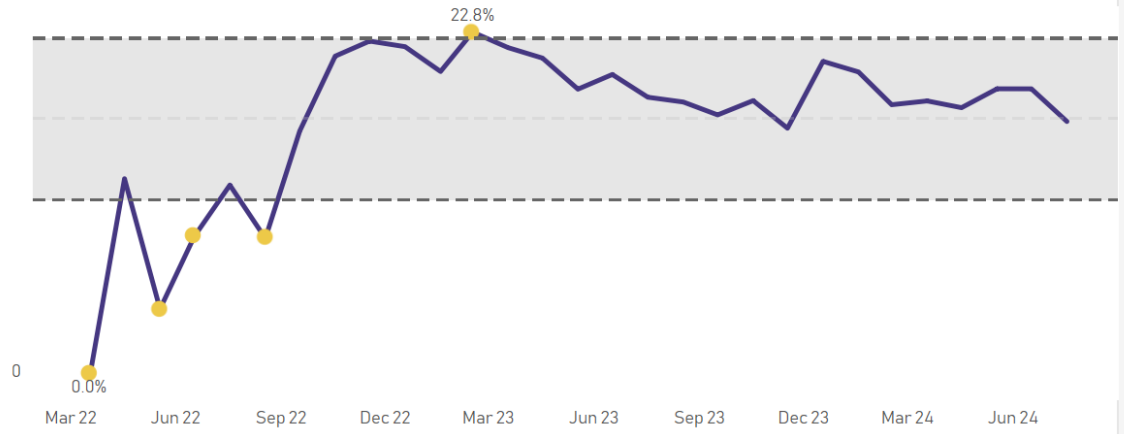
Source: GM Admissions - Local (Monthly)

16.8%
August 2024

19.0%
July 2024

No Target

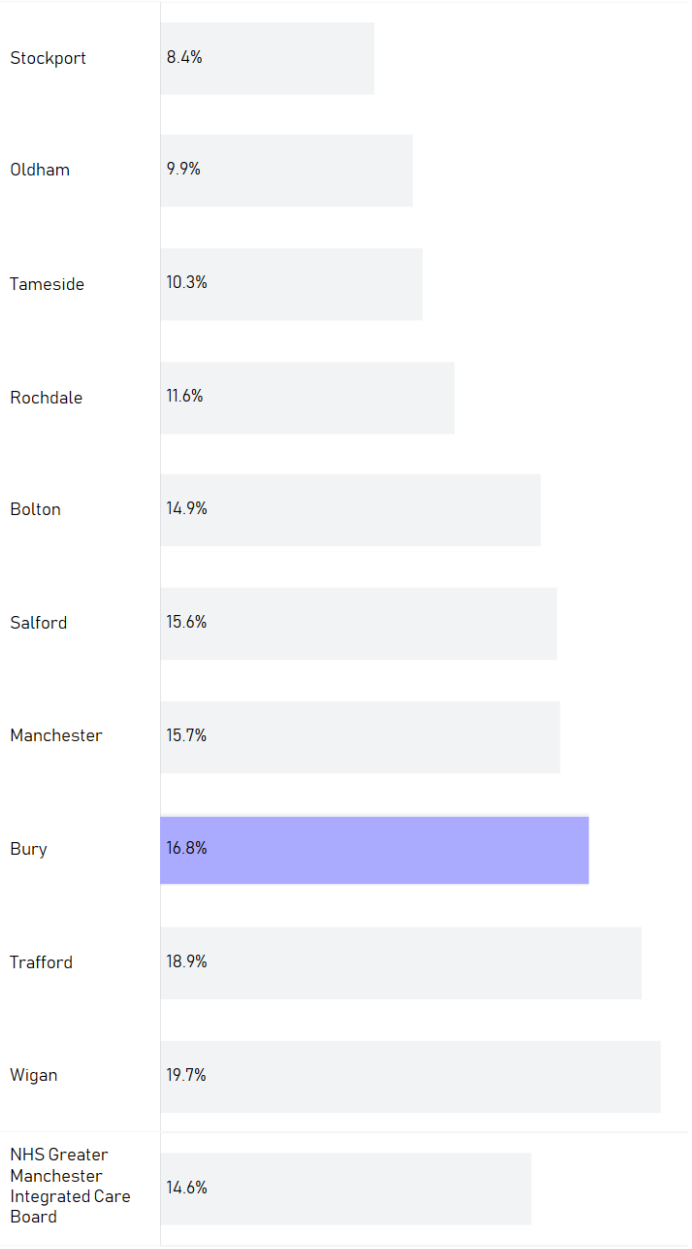
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	0.0%	13.0%	4.3%	9.2%	12.6%	9.0%	16.2%	21.2%	22.2%	21.8%	20.1%	22.8%
2023-24	21.7%	21.0%	19.0%	19.9%	18.4%	18.1%	17.3%	18.2%	16.4%	20.8%	20.1%	17.9%
2024-25	18.2%	17.7%	19.0%	19.0%	16.8%							

Selected measure at August 2024 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking



Narrative

- NCTR percentage for Bury in August 24 is 16.8% which is a decrease on July 24 which was 19.0%
- Bury is currently higher than the GM percentage of 14.6% and has the 8th highest percentage of the GM localities.

Bury

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)

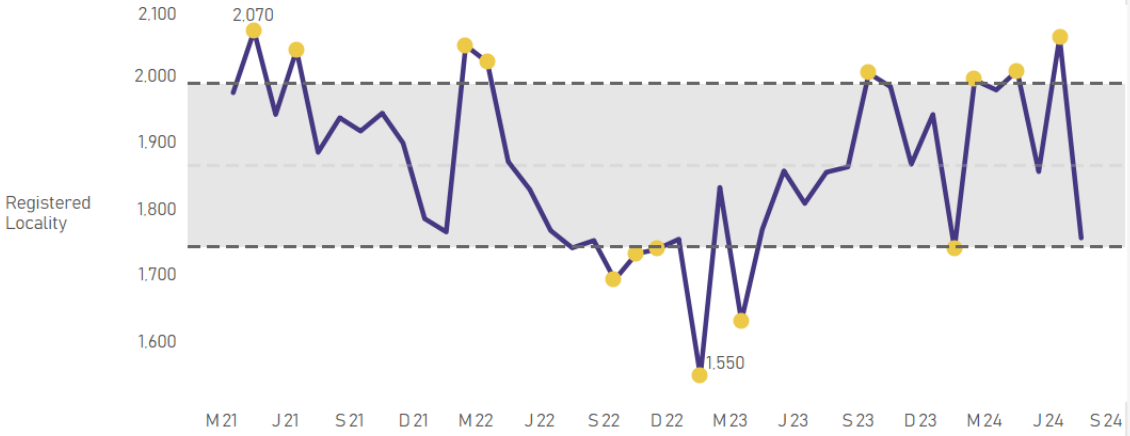
Source: National Flows APC (Monthly)

1,758
August 2024

2,060
July 2024

91/99
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	1.977	2.070	1.944	2.041	1.887	1.939	1.919	1.946	1.901	1.787	1.767	2.048
2022-23	2.023	1.873	1.831	1.769	1.743	1.754	1.695	1.734	1.741	1.756	1.550	1.834
2023-24	1.633	1.771	1.859	1.810	1.857	1.865	2.006	1.986	1.869	1.944	1.742	1.996
2024-25	1.981	2.010	1.858	2.060	1.758							

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

Latest Value GM Benchmarking
Count & Rate Per 1000 Population

Narrative

NCA

Trust level - not locality

Average number of adult G&A overnight beds available

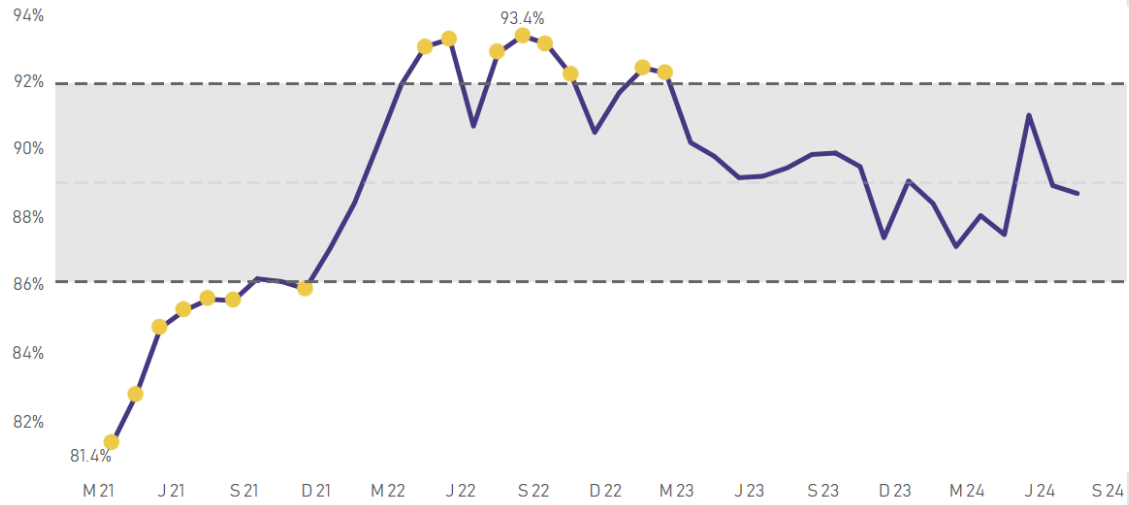
The percentage of adult general and acute (G&A) overnight beds that are occupied, as an average over a monthly period. This uses the UEC daily sitrep definition of a general and acute bed open/occupied as at 8am each day. They exclude maternity and mental health beds.

Source: UEC Daily Sitrep (Monthly)

88.7%
August 2024

89.0%
July 2024

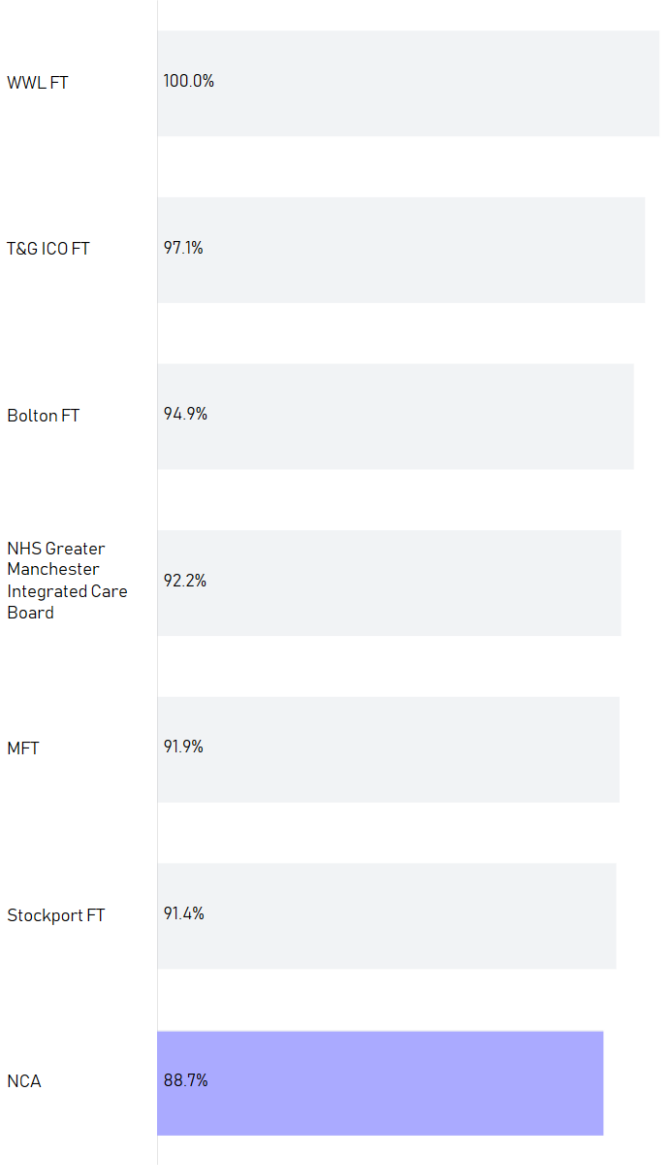
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	91.9%	93.0%	93.3%	90.7%	92.9%	93.4%	93.1%	92.2%	90.5%	91.7%	92.4%	92.3%
2023-24	90.2%	89.8%	89.2%	89.2%	89.5%	89.9%	89.9%	89.5%	87.4%	89.1%	88.4%	87.2%
2024-25	88.1%	87.5%	91.0%	89.0%	88.7%							

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The % of adult G&A overnight beds available for the NCA in August 24 is 88.7% which is a decrease on July 24 which was 89.0%
- This data shows NCA position across all NCA sites, not just FGH.
- NCA is currently the lowest percentage of the GM localities.

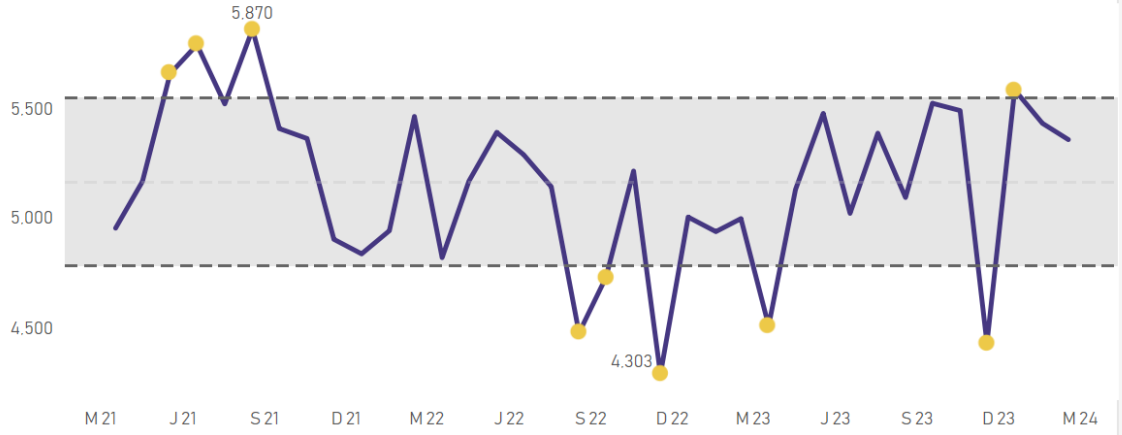
Bury

Total Referrals Made (General and Acute)
Total GP & Other Referrals made for 1st Consultant led OP appointments in specific acute treatment functions (EM07a + EM07b)

Source: Monthly Referral Return (MRR) (Monthly)

5,369	5,443	95/107	10,411
March 2024	February 2024	National Rank Lower Quartile	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	4,967	5,179	5,669	5,800	5,531	5,870	5,419	5,374	4,916	4,850	4,955	5,474
2022-23	4,833	5,181	5,402	5,301	5,155	4,491	4,742	5,226	4,303	5,017	4,951	5,010
2023-24	4,523	5,142	5,488	5,034	5,398	5,106	5,534	5,501	4,444	5,595	5,443	5,369

Selected measure at March 2024 has continuously decreased for 2 period(s) of time

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

Wigan	35.6	12.406 (48)
Stockport	29.3	9.564 (57)
Trafford	28.8	7.147 (76)
Bolton	27.1	8.929 (67)
Rochdale	27.0	6.710 (79)
Tameside	26.5	5.967 (87)
Bury	25.4	5.369 (95)
Manchester	24.8	18.067 (35)
Oldham	24.0	6.422 (83)
Salford	23.9	7.548 (72)

Narrative

- There were 5369 GP and Other referrals made for Bury registered patients in March 24, higher than March 23 (5010).
- Bury currently has 25.4 GP and Other referrals made per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

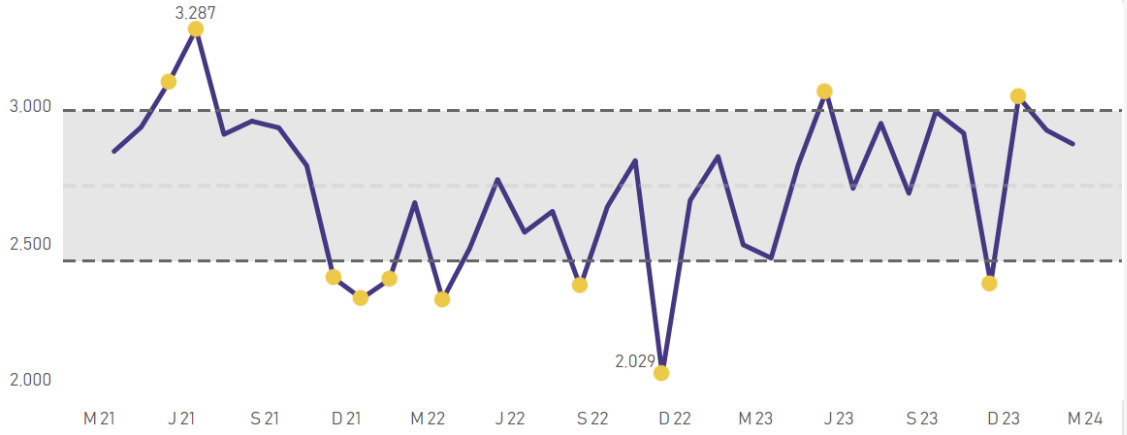
Bury

GP Referrals Made (General and Acute)
Total GP Referrals made for 1st Consultant led OP appointments in specific acute treatment functions

Source: Monthly Referral Return (MRR) (Monthly)

2,869	2,919	94/107	5,744
March 2024	February 2024	National Rank Lower Quartile	National Median

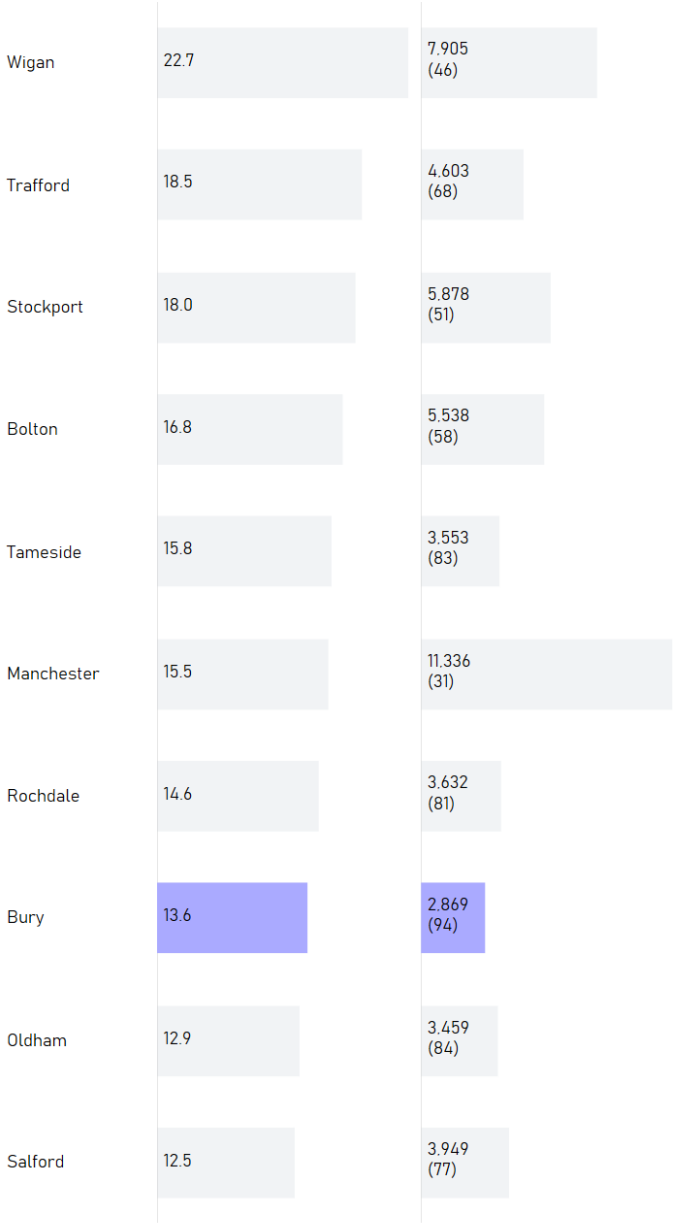
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	2.842	2.930	3.095	3.287	2.904	2.952	2.928	2.790	2.380	2.305	2.375	2.655
2022-23	2.301	2.488	2.739	2.547	2.623	2.349	2.640	2.808	2.029	2.663	2.823	2.501
2023-24	2.453	2.792	3.060	2.707	2.944	2.689	2.987	2.908	2.360	3.040	2.919	2.869

Selected measure at March 2024 has continuously decreased for 2 period(s) of time

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



Narrative

- There were 2869 GP referrals made for Bury registered patients in March 24, higher than March 23 (2501).
- Bury currently has 13.6 GP referrals made per 1000 population and has the 3rd lowest rate per 1000 for localities within GM.

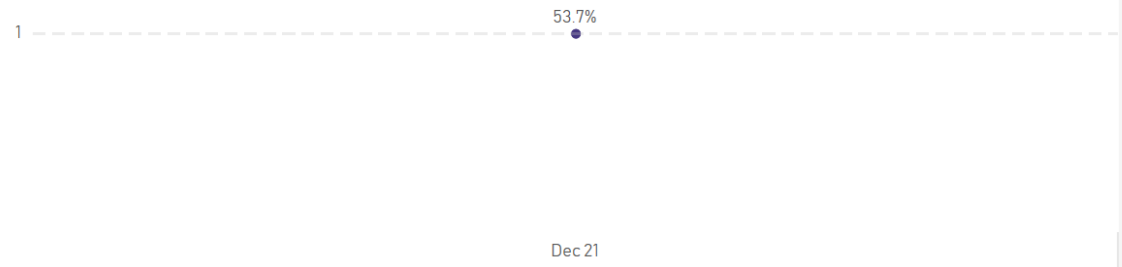
Bury

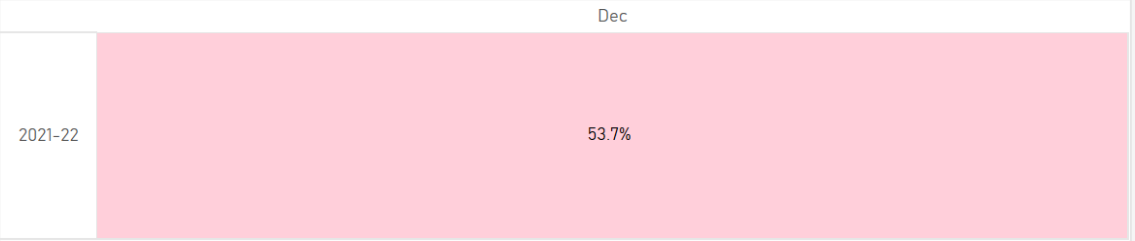
Cancers Diagnosed At Early Stage using Full Registration Data
Proportion of cancers diagnosed at stages 1 and 2 relative to the total cancers staged

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

53.7%	51.7%	48/104	75.0%
December 2021	December 2020	National Rank Inter Quartile	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

- As of December 2021, 53.7% of cancers for the Bury population were diagnosed at stages one and two. This was an increase on December 2020 which was 51.7%
- Bury's proportion is currently slightly above GM's proportion of 53.5%. Bury has the 5th highest proportion for localities within GM.

Bury

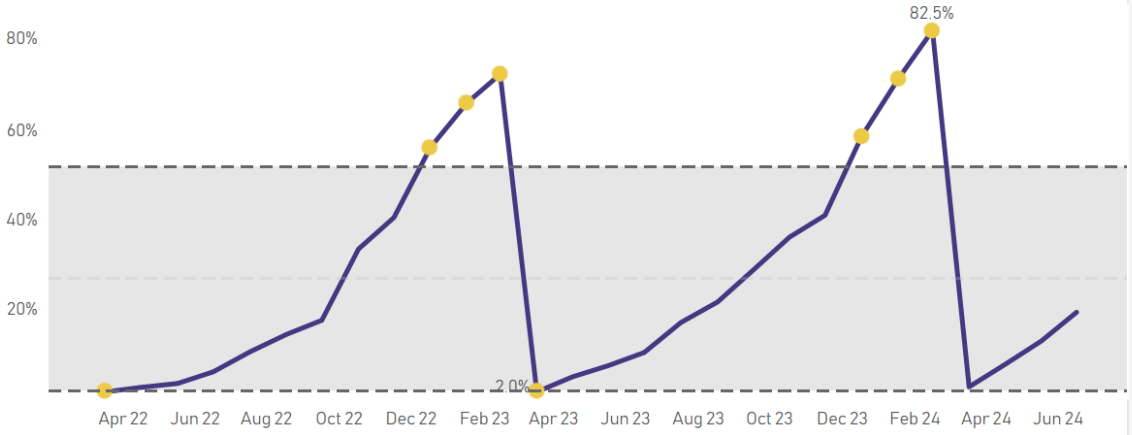
% of patients aged 14+ with a completed LD health check

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)

19.8%	13.3%	32/106	75.%
July 2024	June 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

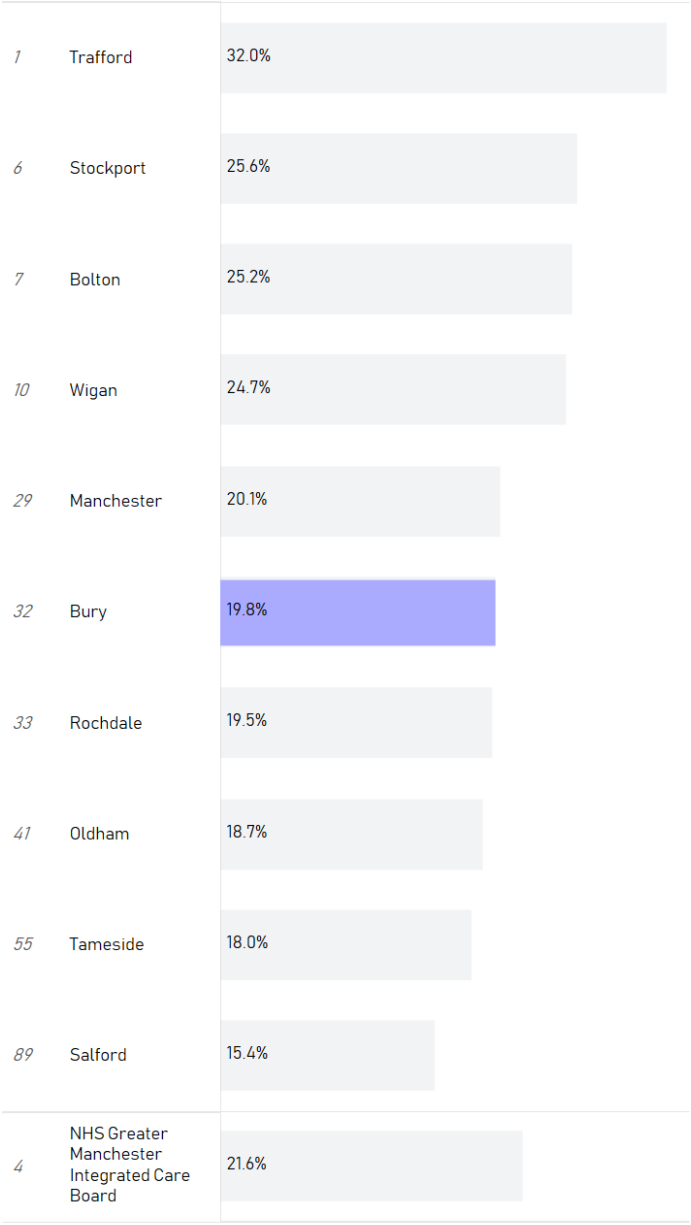


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	2.0%	3.1%	3.9%	6.5%	10.9%	14.8%	18.0%	33.8%	40.8%	56.4%	66.4%	72.7%
2023-24	2.0%	5.4%	7.9%	10.8%	17.5%	22.0%	29.1%	36.5%	41.3%	58.9%	71.7%	82.5%
2024-25	3.2%	8.1%	13.3%	19.8%								

Selected measure at July 2024 has continuously increased for 3 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The percentage of patients aged 14+ having received an LD health check in July 24 is 19.8%, which is an increase on July 23 which was 10.8%.
- Bury is currently lower than the GM percentage of 21.6% and has the 6th highest percentage of the GM localities.
- Bury and GM have not met the national target of 75%.

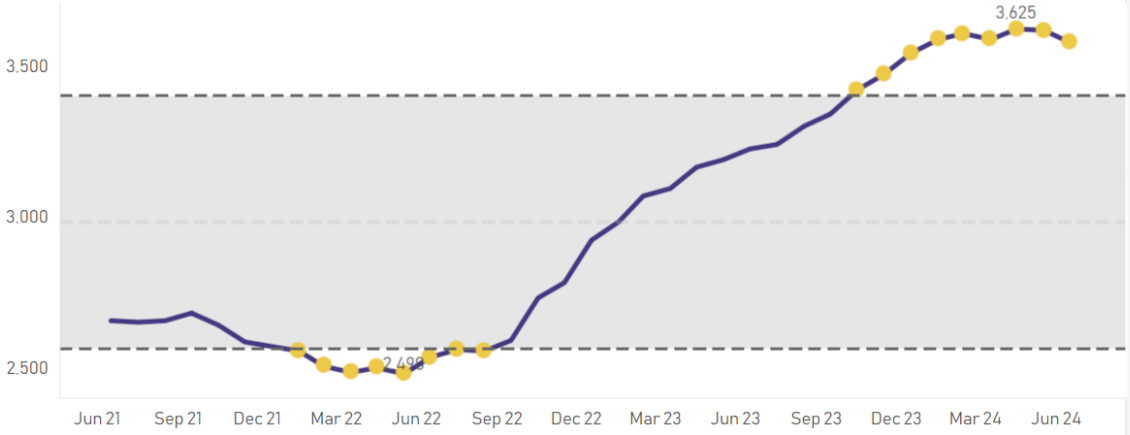
Bury

Access to Children and Young Peoples Mental Health Services
Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,580	3,620	78/106	5,080
July 2024	June 2024	National Rank Inter Quartile	National Median

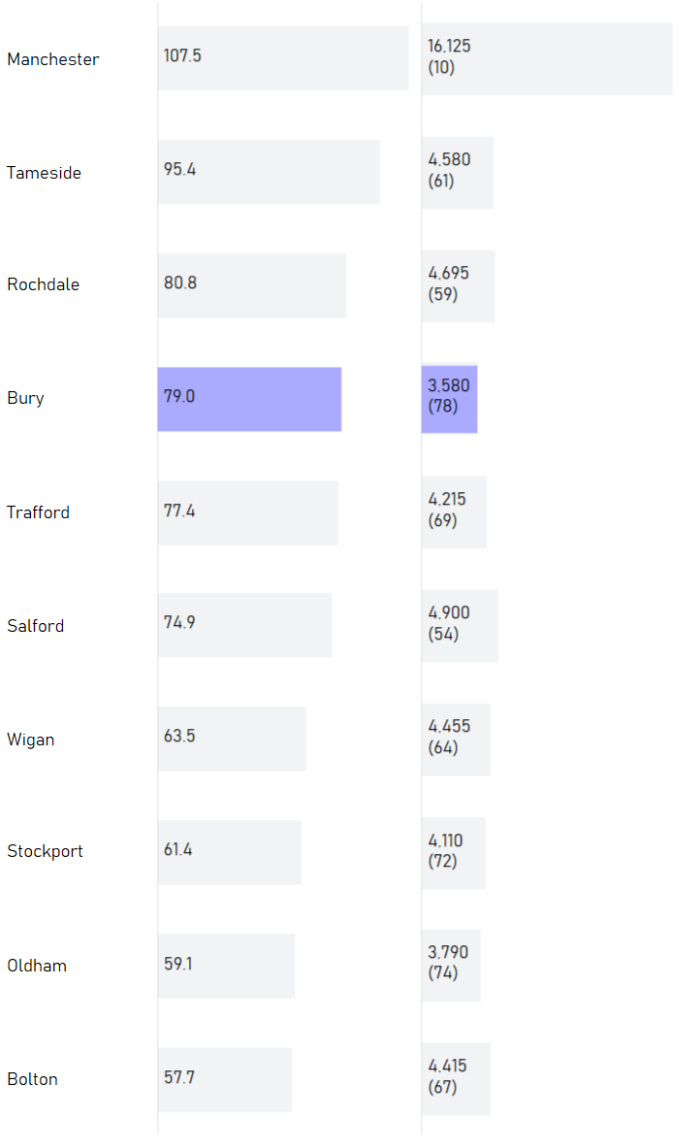
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				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	3.100	3.170	3.195	3.230	3.245	3.305	3.345	3.425	3.475	3.545	3.590	3.610
2024-25	3.590	3.625	3.620	3.580								

Selected measure at July 2024 has continuously decreased for 2 period(s) of time

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



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

Narrative

- There were 3580 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in July 24, higher than July 23 (3230).
- Bury currently has 79.0 accesses made per 1000 population and has the 4th highest rate per 1000 for localities within GM.

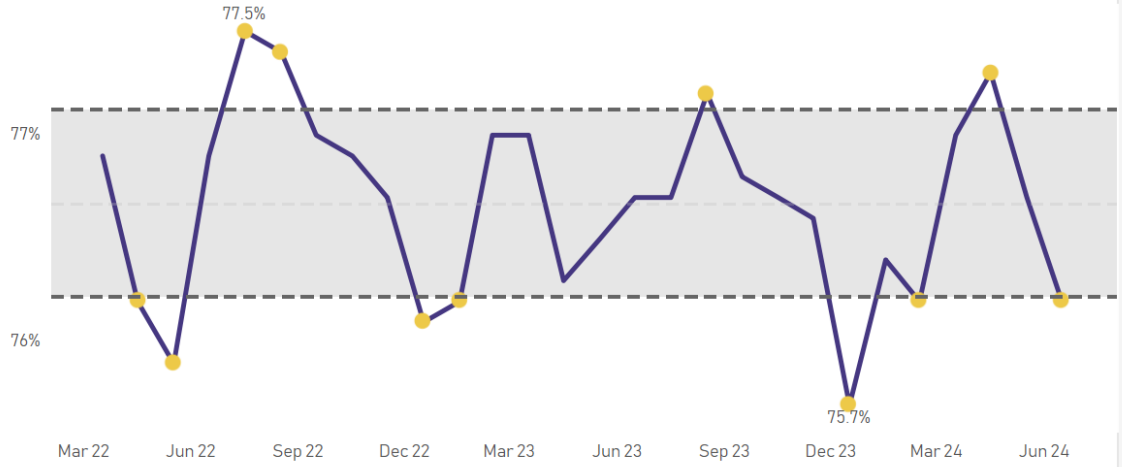
Bury

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)

76.2%	76.7%	9/106	66.7%
July 2024	June 2024	National Rank Upper Quartile	National Target

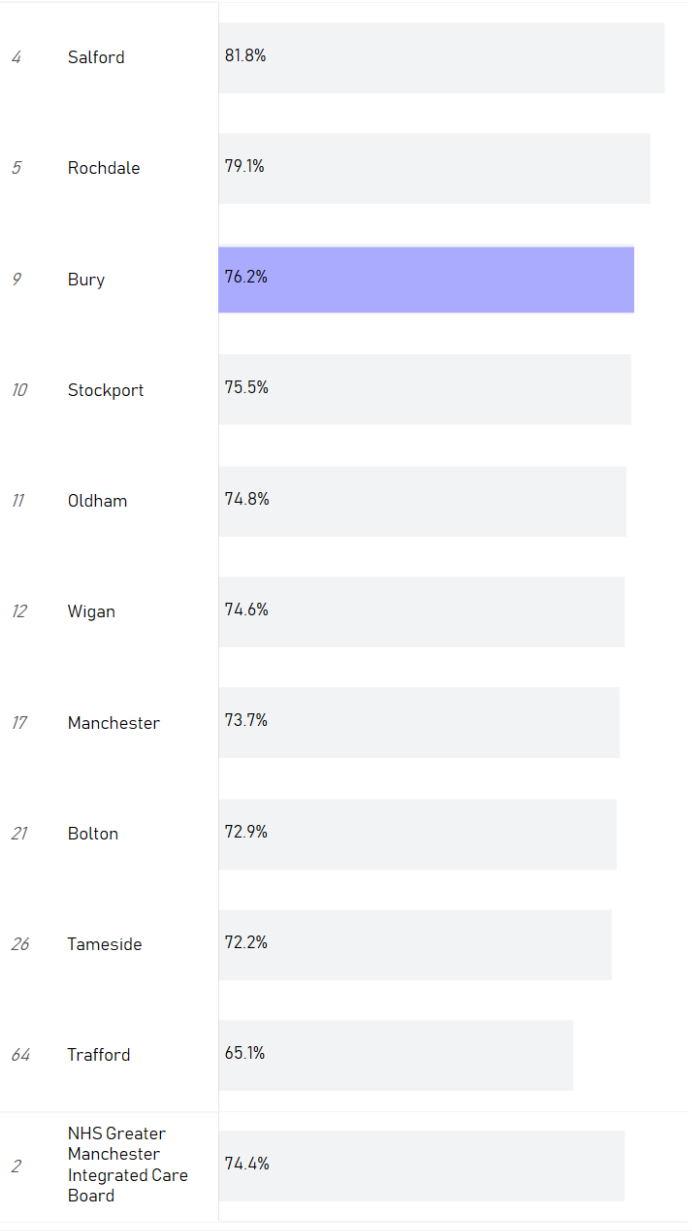
Outliers more than 1 standard deviation from the mean



	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%	76.7%	76.2%								

Selected measure at July 2024 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The percentage of patients aged 65+ having received a dementia diagnosis as of July 24 is 76.2%, which is Lower than July 23 which was 76.7%
- Bury currently has a higher diagnosis rate than GM which has a rate of 74.4% and Bury has the 3rd highest dementia diagnosis rate of the GM localities.
- Bury and GM are both above the national target of 66.7%.

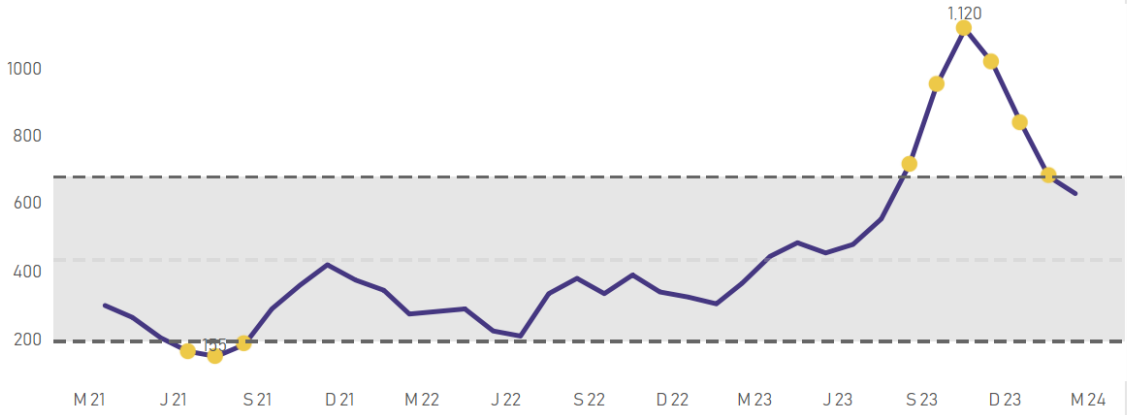
Bury

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	685	79/107	0
March 2024	February 2024	National Rank Inter Quartile	National Target

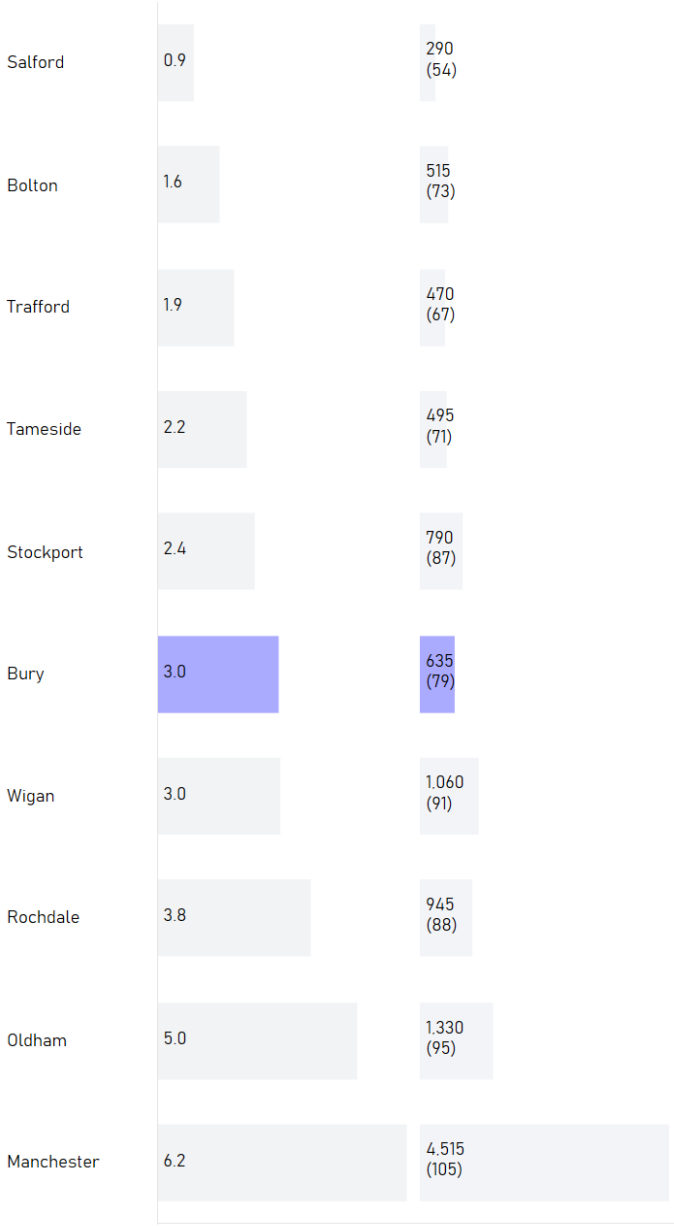
Outliers more than 1 standard deviation from the mean



	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

- There were 635 inappropriate OAP bed days for Bury registered patients in March 24, higher than March 23 (370).
- These are subject to real time daily and weekly monitoring by multi-agency teams and there is a slight lag in the formally reported data.
- Bury currently has 3.0 OAP bed days per 1000 population and has the joint 6th highest rate with Wigan per 1000 for localities within GM.

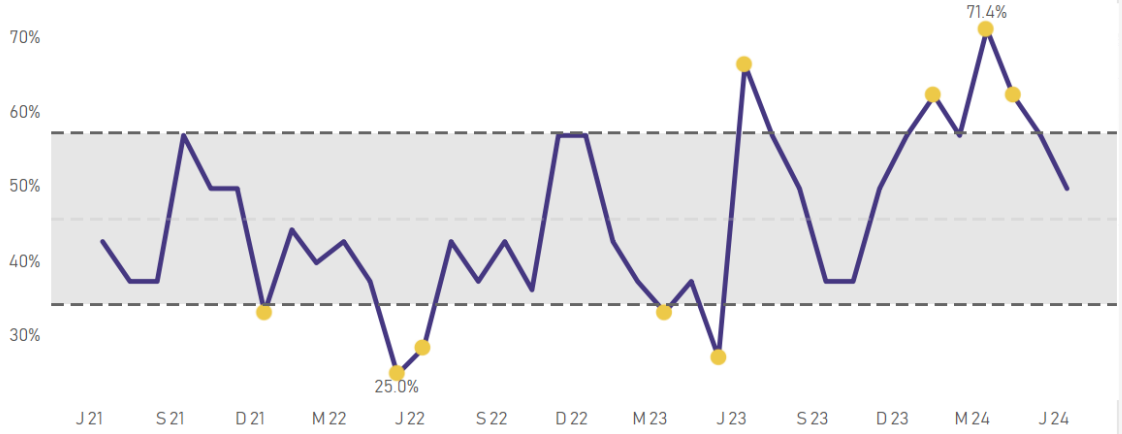
Bury

Long length of stay for adults (60+ days) - Mental Health Patients
Proportion of all discharges from adult acute and older adult acute beds, with a length of stay of over 60 days

Source: Published MHSDS (Monthly)

50.0%	57.1%	65/87	0.%
July 2024	June 2024	National Rank Inter Quartile	National Target

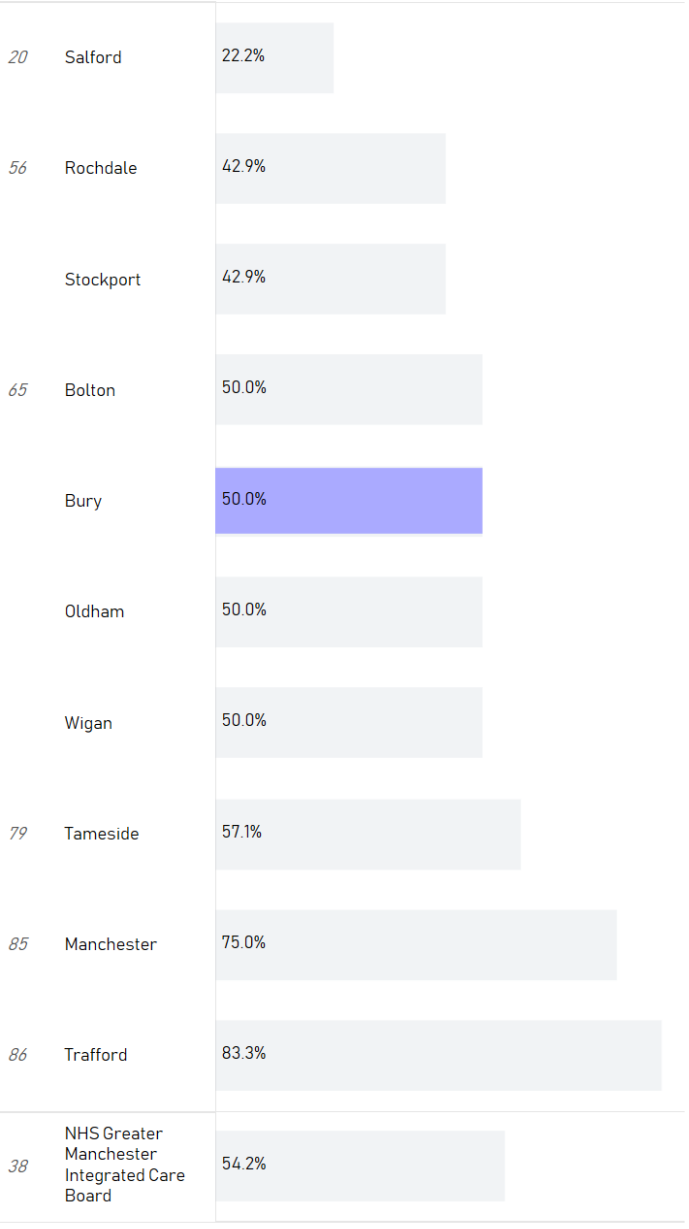
Outliers more than 1 standard deviation from the mean



	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	33.3%	37.5%	27.3%	66.7%	57.1%	50.0%	37.5%	37.5%	50.0%	57.1%	62.5%	57.1%
2024-25	71.4%	62.5%	57.1%	50.0%								

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The proportion of discharges with a long LOS in July 24 is 50.0% which is a decrease on July 23 which was 66.7%.
- Bury currently has a lower proportion with a long LOS than GM which has a proportion of 54.2% and Bury has the 5th highest proportion of the GM localities.
- Bury and GM are above the national target of 0%.

Bury

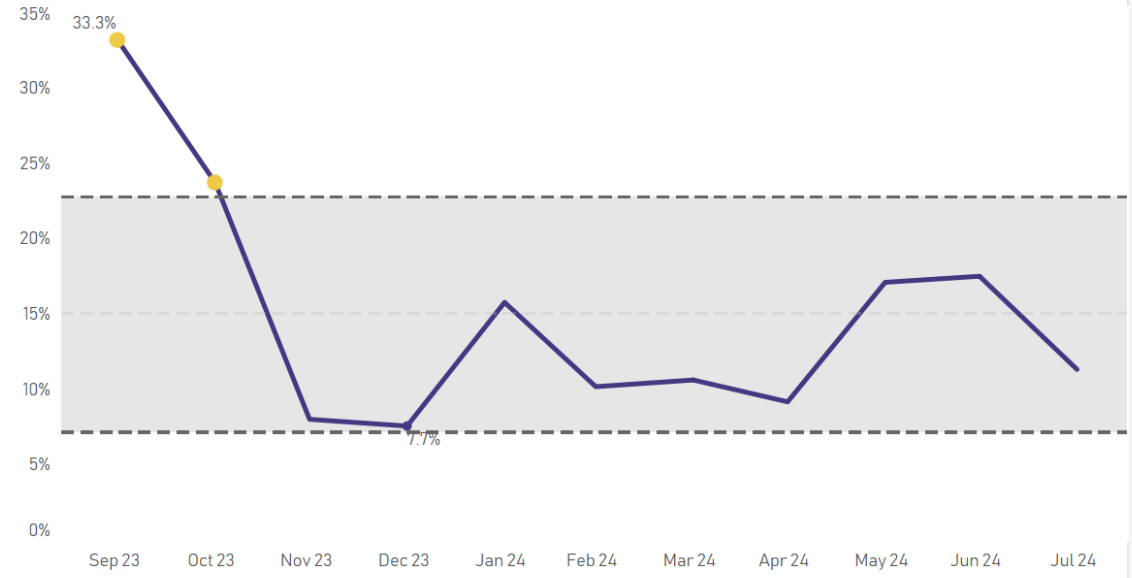
Percentage of MH patients with no criteria to reside (NCTR)
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

11.5%
August 2024

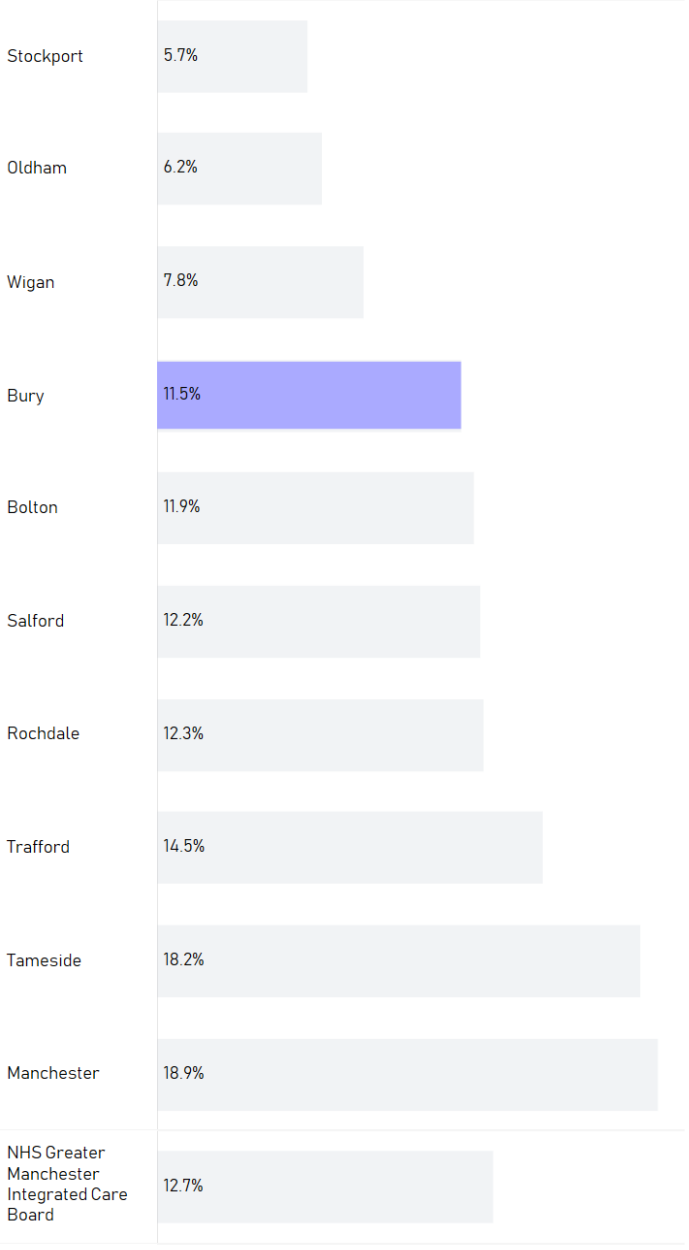
17.6%
July 2024

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24							33.3%	23.9%	8.1%	7.7%	15.9%	10.3%
2024-25	10.8%	9.3%	17.2%	17.6%	11.5%							

Latest Value GM Benchmarking



Narrative

- The percentage of mental health patients with NCTR as of August 24 is 11.5%, which is a decrease from July 24 which was 17.6%
- Bury currently has a lower percentage than GM which is 12.7% and Bury has the 4th highest percentage of the GM localities.

Bury

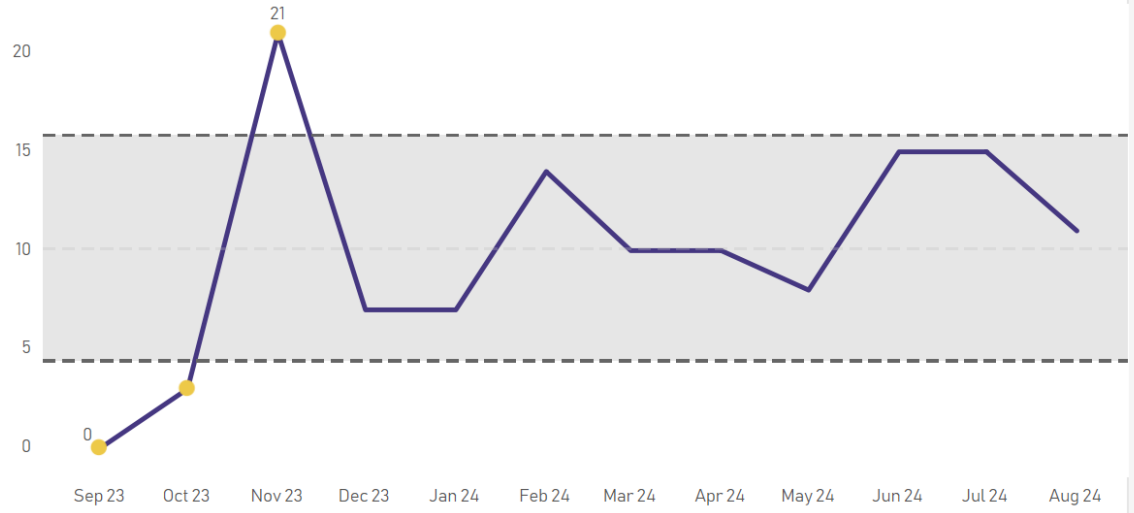
Number of MH patients with no criteria to reside (NCTR)
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

11
August 2024

15
July 2024

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24						0	3	21	7	7	14	10
2024-25	10	8	15	15	11							

Latest Value GM Benchmarking
Rate per 1000 / Count

Oldham	0.02	6
Wigan	0.02	6
Rochdale	0.03	8
Stockport	0.02	8
Bolton	0.03	10
Trafford	0.04	10
Bury	0.05	11
Tameside	0.05	12
Salford	0.04	13
Manchester	0.07	54
NHS Greater Manchester Integrated Care Board	0.04	138

Narrative

- The number of mental health patients with NCTR as of August 24 is 11, which is lower than the figure for July 24 which was 15.
- Bury currently has 0.05 mental health patients with NCTR per 1000 population and has the joint 4th highest rate alongside Tameside locality within GM.

Bury

Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses
Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses, in a rolling 12 month period

Source: Published MHSDS (Monthly)

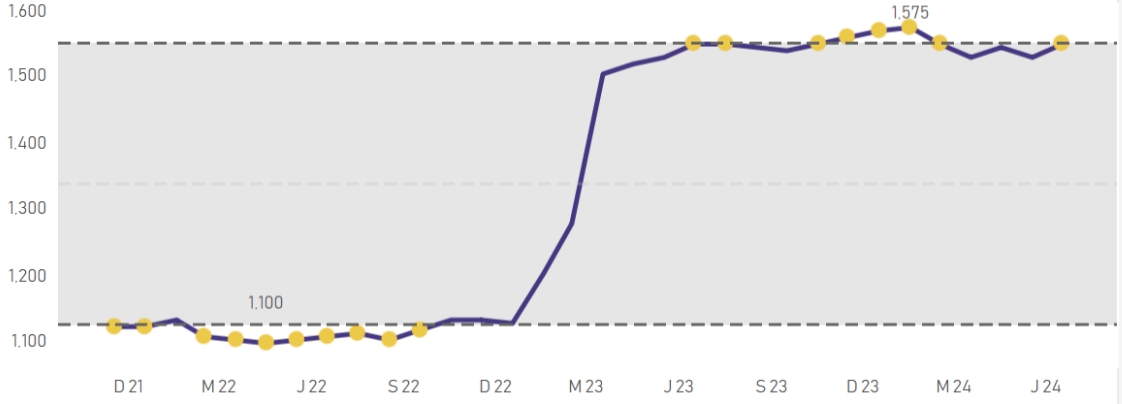
1,550
July 2024

1,530
June 2024

85/106
National Rank
Lower Quartile

3,648
National Median

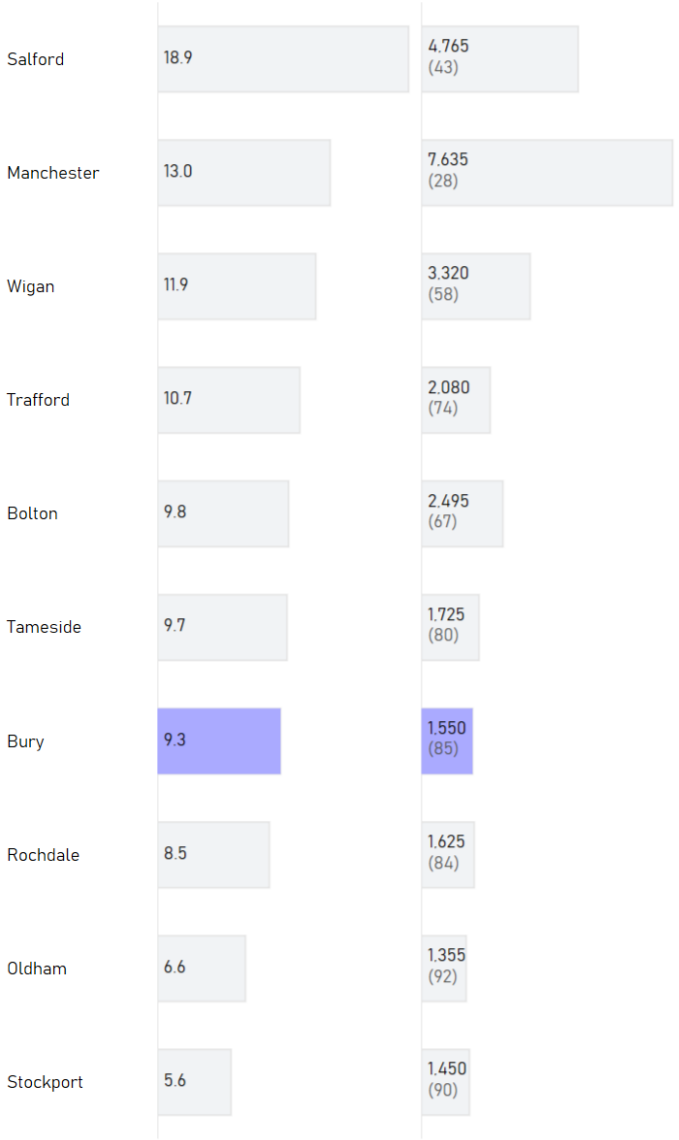
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22									1.125	1.125	1.135	1.110
2022-23	1.105	1.100	1.105	1.110	1.115	1.105	1.120	1.135	1.135	1.130	1.205	1.280
2023-24	1.505	1.520	1.530	1.550	1.550	1.545	1.540	1.550	1.560	1.570	1.575	1.550
2024-25	1.530	1.545	1.530	1.550								

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

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



The rate is calculated using the 18+ population figure for each locality | Bury: 166,400

Narrative

- There were 1550 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in July 24, higher than June 24 (1530) but the exact same figure as July 23 (1550).

- Bury currently has 9.3 contacts per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

Bury

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)

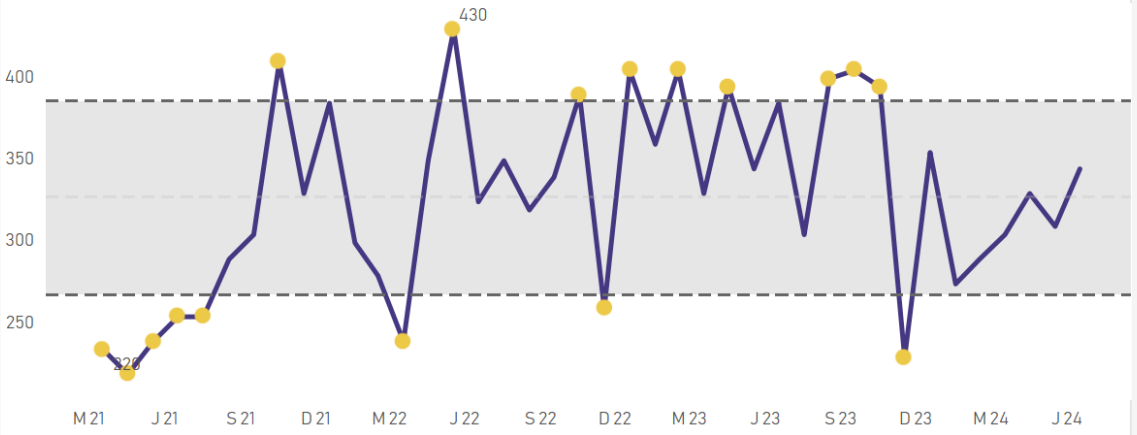
345
July 2024

310
June 2024

97/109
National Rank
Lower Quartile

No Target

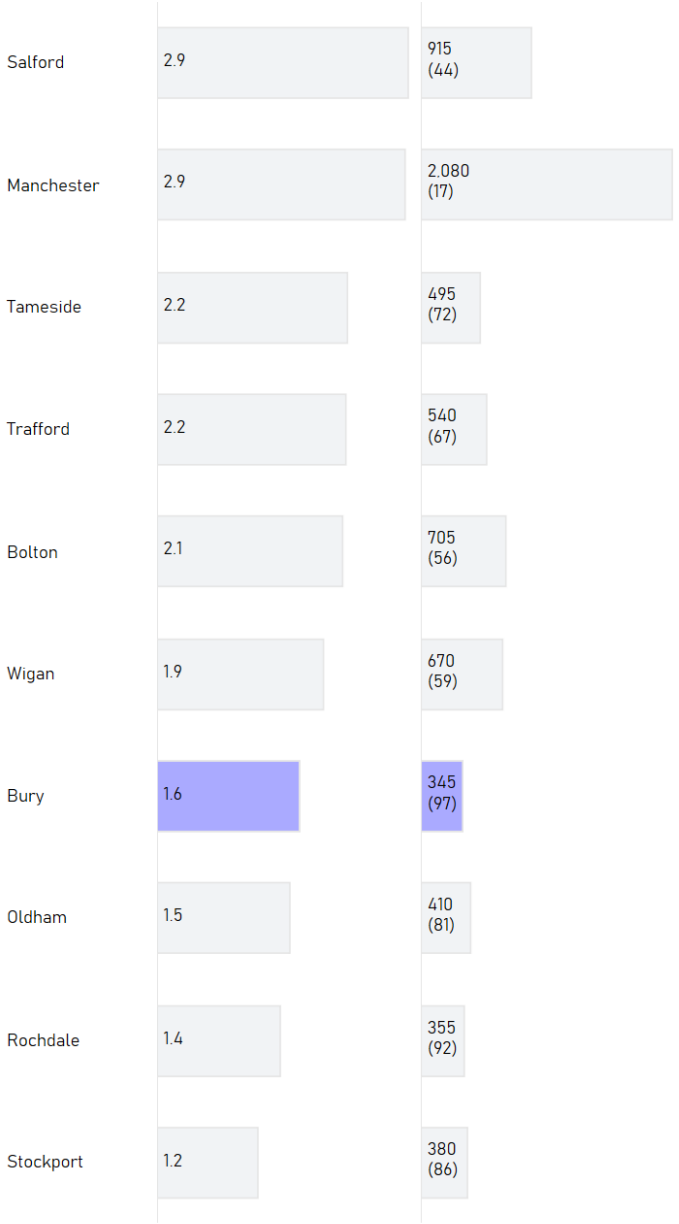
Outliers more than 1 standard deviation from the mean



	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	330	310	345								

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

Latest Value GM Benchmarking
Rate per 1000 / Count (National rank)



Narrative

- There were 345 accesses to Talking Therapies for Bury registered patients in July 24, Lower than July 23 (385)
- Bury currently has 1.6 accesses per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

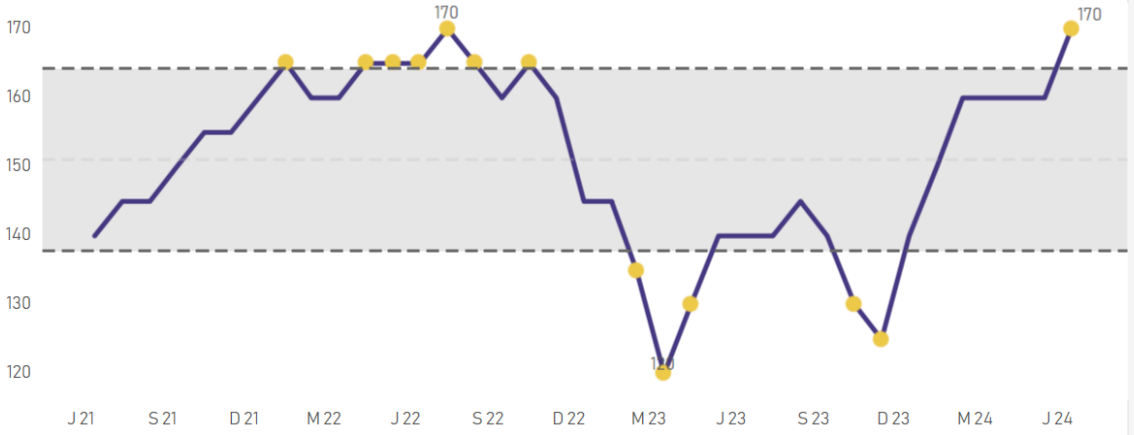
Bury

Women Accessing Specialist Community Perinatal Mental Health Services
Women Accessing Specialist Community Perinatal Mental Health Services (Rolling 12 mths)

Source: Published MHSDS (Quarterly)

170	160	91/107	No Target
July 2024	June 2024	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				140	145	145	150	155	155	160	165	160
2022-23	160	165	165	165	170	165	160	165	160	145	145	135
2023-24	120	130	140	140	140	145	140	130	125	140	150	160
2024-25	160	160	160	170								

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

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

The rate is calculated using the female population figure for each locality | Bury: 105,754

Narrative

- There were 170 women accessing Perinatal Mental Health Services for Bury registered patients for the rolling 12 months to July 24, higher than July 23 (140).
- Bury currently has 1.61 accesses per 1000 population and has the 5th lowest rate per 1000 for localities within GM.

Bury

% 2-hour Urgent Community Response (UCR) first care contacts
Percentage of 2-hour UCR referrals subject to the 2-hour response standard (as specified in the UCR technical guidance), with an RTT end date in reporting month, that achieved the 2-hour response standards

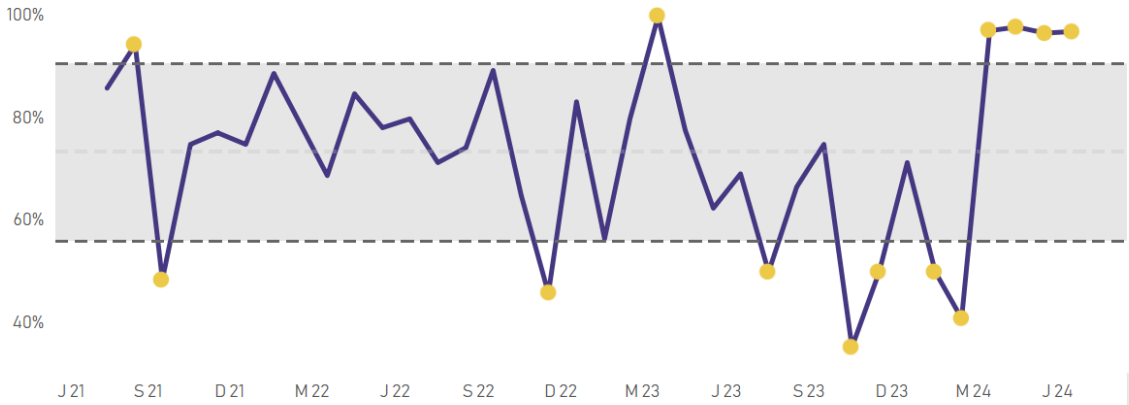
Source: Community Services Data Set (CSDS) (Monthly)

97.1%
July 2024

96.8%
June 2024

70%
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					86.0%	94.5%	48.5%	75.0%	77.3%	75.0%	88.9%	79.4%
2022-23	68.9%	84.9%	78.3%	80.0%	71.4%	74.4%	89.5%	65.0%	45.8%	83.3%	56.5%	80.0%
2023-24	100.0%	77.8%	62.5%	69.2%	50.0%	66.7%	75.0%	35.3%	50.0%	71.4%	50.0%	40.9%
2024-25	97.3%	98.0%	96.8%	97.1%								

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

Latest Value GM Benchmarking

Narrative

- The percentage of UCR referrals that received a 2-hour response standard for Bury registered patients in July 24 was 97.1%, which is an increase on July 23 which was 69.2%.
- Bury currently has the 2nd highest percentage in the GM localities and is currently above the National Target of 70%.
- Local authority reporting shows that 94.9% of Bury residents received a 2-hour response in July 24.

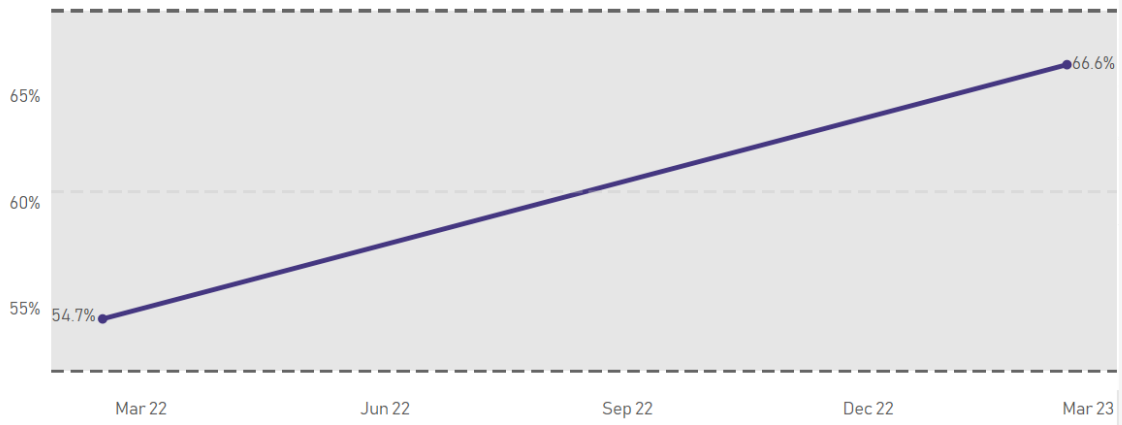
Bury

% 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%	54.7%	82/106	77.%
March 2023	March 2022	National Rank Lower Quartile	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

- The percentage of hypertension patients treated to target as of March 23 is 66.6%, which is an increase on March 22 which was 54.7%.
- Bury currently has a lower percentage than GM which is 69.0% and Bury has the 3rd lowest percentage of the GM localities.
- Bury and GM are not currently meeting the national target of 77%.

Bury

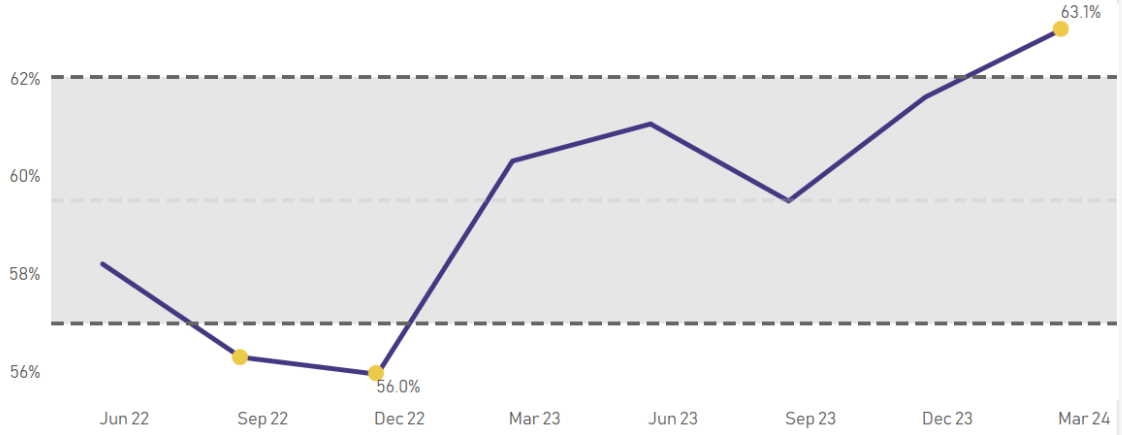
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

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

Source: CVD Prevent (Quarterly)

63.1%	61.7%	39/106	62.1%
March 2024	December 2023	National Rank Inter Quartile	National Median

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%	63.1%

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

Latest Value GM Benchmarking

National Rank against other localities

4	Tameside	69.7%
5	Oldham	69.6%
7	Manchester	68.8%
13	Trafford	67.0%
14	Rochdale	66.9%
25	Salford	65.6%
32	Stockport	63.7%
39	Bury	63.1%
40	Wigan	63.0%
46	Bolton	62.6%
6	NHS Greater Manchester Integrated Care Board	66.0%

Narrative

- The percentage of patients identified as having 20% or greater 10-year risk of developing CVD as of March 24 is 63.1%, which is an increase on March 23 which was 60.4%
- Bury currently has a lower percentage than GM which is 66.0% and Bury has the 3rd lowest percentage of the GM localities.

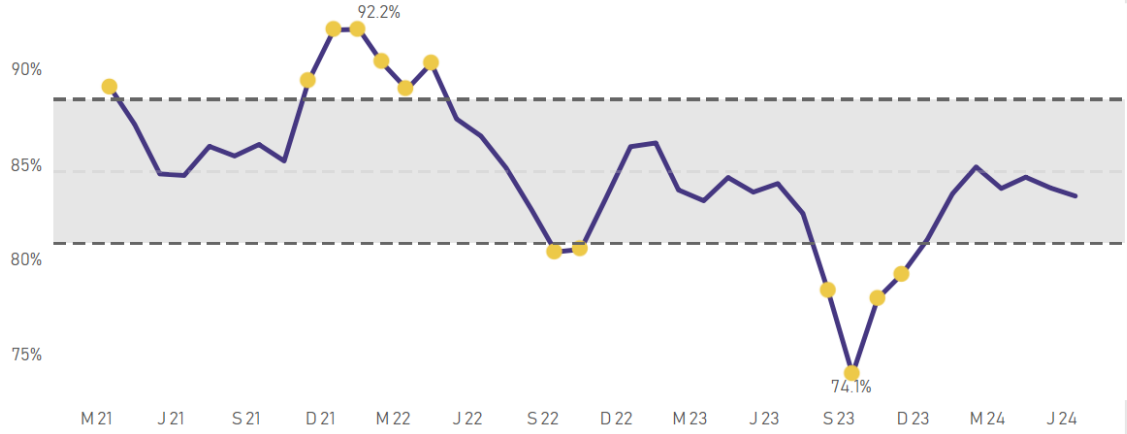
Bury

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)

83.5%	83.9%	41/106	82.1%
July 2024	June 2024	National Rank Inter Quartile	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%	83.9%	83.5%								

Selected measure at July 2024 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities

17	Trafford	87.0%
18	Wigan	86.7%
19	Manchester	86.7%
35	Stockport	84.2%
41	Bury	83.5%
53	Rochdale	82.2%
55	Oldham	82.0%
64	Bolton	81.4%
73	Tameside	80.7%
75	Salford	80.6%
15	NHS Greater Manchester Integrated Care Board	84.0%

Narrative

- The percentage of GP appointments taking place within 14 days of booking in July 24 for the Bury population was 83.5%, which is a slight decrease on July 23 which was 84.1%.
- Bury is currently lower than GM which is 84% and has the 5th highest percentage of the GM localities.

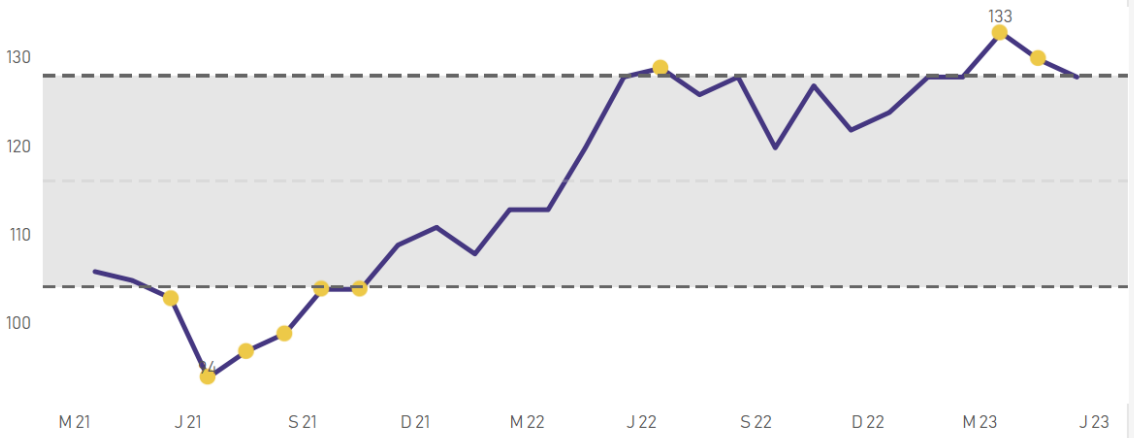
Bury

E. coli blood stream infections
12-month rolling counts of E. coli blood stream infections

Source: National Statistics: E. coli bacteraemia: monthly data by location of onset (Monthly)

128	130	13/107	No Target
June 2023	May 2023	National Rank Upper Quartile	

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	106	105	103	94	97	99	104	104	109	111	108	113
2022-23	113	120	128	129	126	128	120	127	122	124	128	128
2023-24	133	130	128									

Selected measure at June 2023 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking
Rate per 1000 / Count (National Rank)

Salford	0.51	160.0 (25)
Manchester	0.53	390.0 (70)
Wigan	0.55	192.0 (42)
Bolton	0.56	185.0 (33)
Bury	0.61	128.0 (13)
Oldham	0.62	165.0 (26)
Trafford	0.68	170.0 (29)
Rochdale	0.73	181.0 (31)
Tameside	0.81	182.0 (32)
Stockport	0.81	265.0 (54)

Narrative

- There were 128 counts of E. Coli blood stream infections in the rolling 12 months to June 24, which is the same as June 23 (128).
- Bury currently has 0.61 counts per 1000 population and has the 5th highest rate per 1000 for localities within GM.

Bury

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

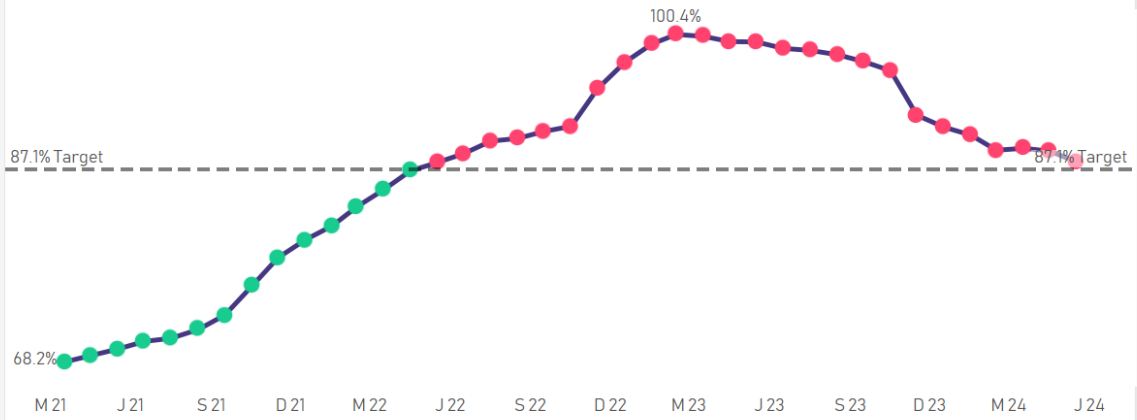
Source: EPACT Prescribing Data (Monthly)

87.9%
June 2024

88.9%
May 2024

87.1%
National Target

Performance Against National Target of 87.1%



	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%	88.9%	87.9%									

Selected measure at June 2024 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking

Narrative

- The percentage of total prescribing of antibiotics in primary care in June 24 for the Bury population was 87.9%, which is lower than May 23 which was 99.6%.

- Bury currently has a lowest percentage of the GM localities.

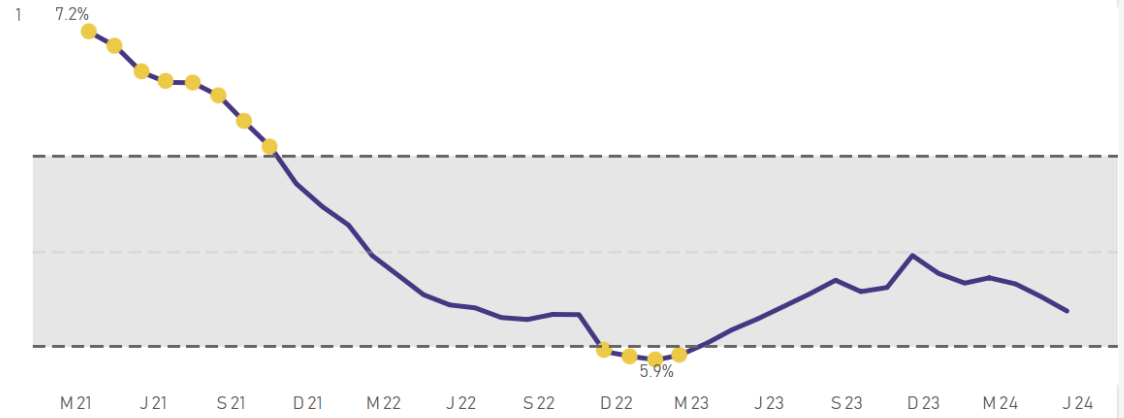
Bury

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)

6.1%	6.1%	26/111	10.%
June 2024	May 2024	National Rank Upper Quartile	National Target

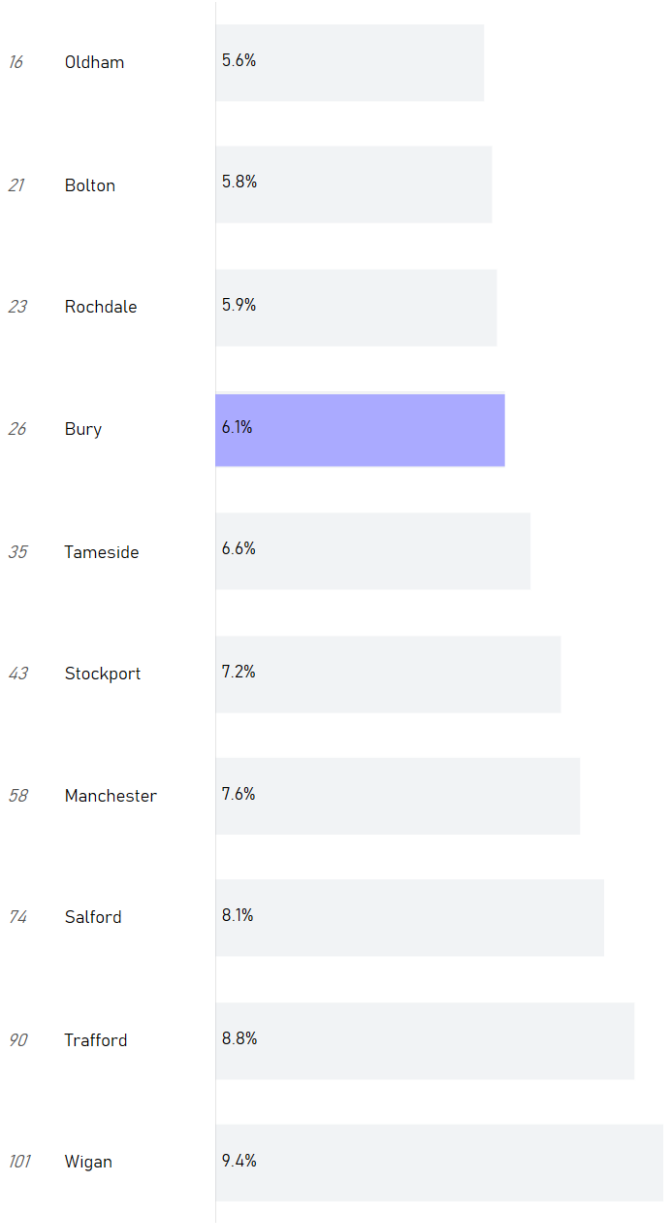
Outliers more than 1 standard deviation from the mean



	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%	6.1%	6.1%									

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The proportion of broad-spectrum antibiotic prescribing in primary care in June 24 for the Bury population was 6.1%, which is a slight increase on June 23 which was 6.0%.
- Bury currently has the 4th lowest percentage of the GM localities.
- Bury is within the less than 10% target.

Bury - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Elective Care	EB28	Diagnostics: % waiting 6 weeks+	Monthly	Jul 24	16.6%	16.4%	↗	1.%	724	4,364	Inter
	EB20	RTT incomplete: 65+ week waits	Monthly	Jul 24	184.0	218.0	↘	0.	184	N/A	Inter
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Jul 24	75.7%	75.9%	↘	75.%	789	1,042	Inter
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 22	0.0	1.9	↘	1.5	0	2,014	Upper
	S022a	Number of stillbirths per 1,000 total births	Annual	Dec 22	4.0	3.8	↗	3.2	8	2,014	Lower
Screening and Immunisations	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 23	69.2%	70.0%	↘	N/A	15,249	22,036	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Mar 24	85.8%			95.%	513	598	Inter
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Mar 24	70.6%	70.4%	↗	80.%	38,155	54,020	Inter
	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	Monthly	Feb 24	77.5%	77.3%	↗	85.%	29,492	38,042	Inter

Bury - Sight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

Theme	Indicator	
Cancer	Total patients waiting over 62 days to begin cancer treatment vs target	Build in progress
LD and Autism	Inpatients with a learning disability and/or autism per million head of population	Build in progress
Primary Care and Community Services	Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Build in progress
Screening and immunisation	Bowel screening, aged 60-74, screened in the last 30 months	DQ issues

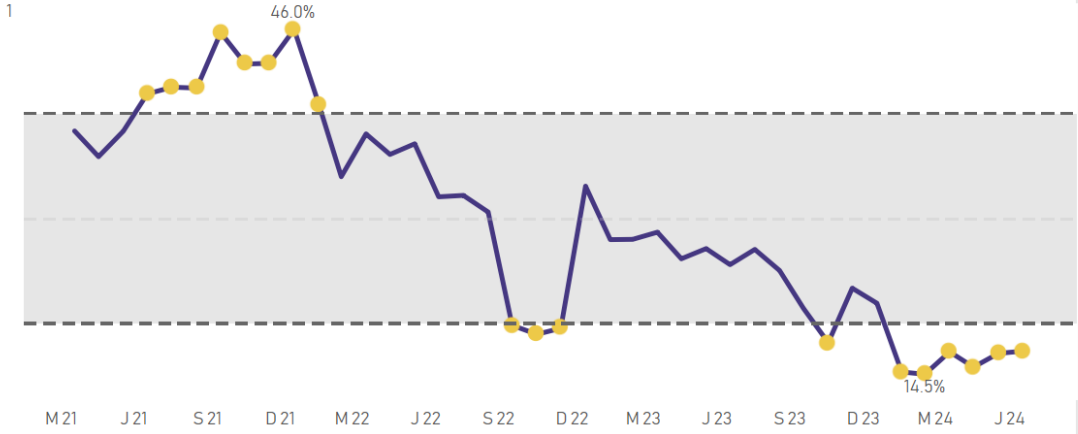
Bury

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)

16.6%	16.4%	43/107	1.%
July 2024	June 2024	National Rank Inter Quartile	National Target

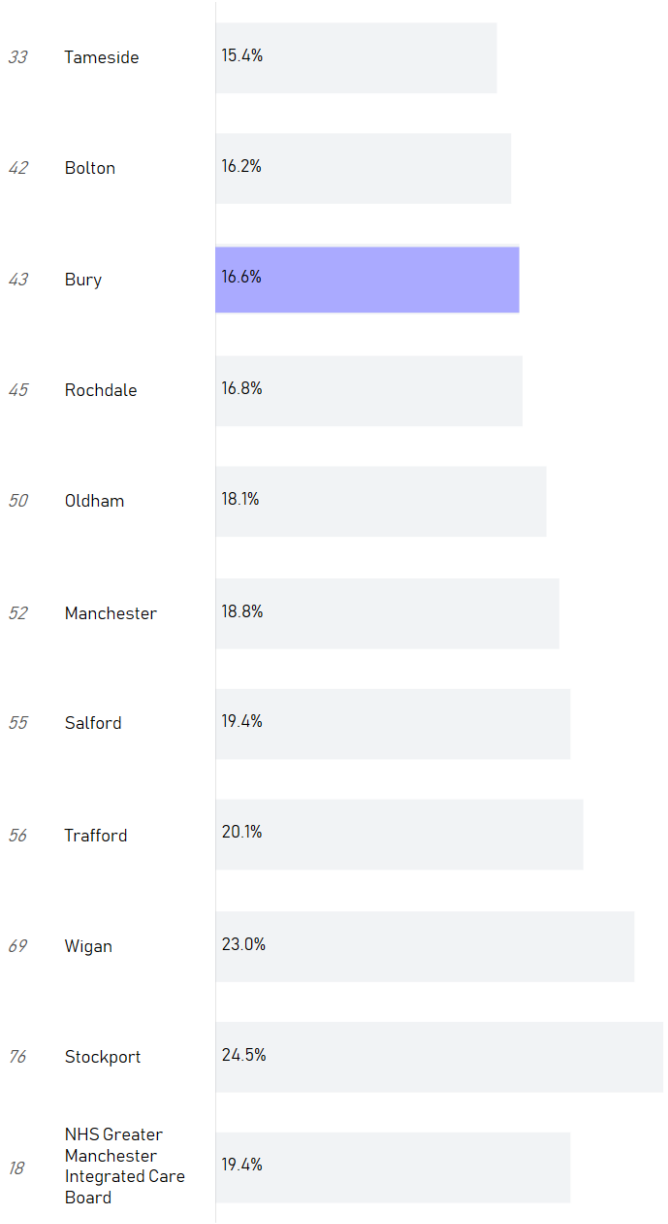
Outliers more than 1 standard deviation from the mean



	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%	25.0%	26.0%	24.5%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%	15.1%	16.4%	16.6%								

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- July 24 performance of 16.6% of patients waiting more than six weeks, this is a decrease on the July 23 figures (24.5%).
- Burys performance is better than GM's performance of 19.4% in July 24.
- Bury performance is the 3rd best in GM.
- Bury and GM are both above the less than 1% target.

Bury

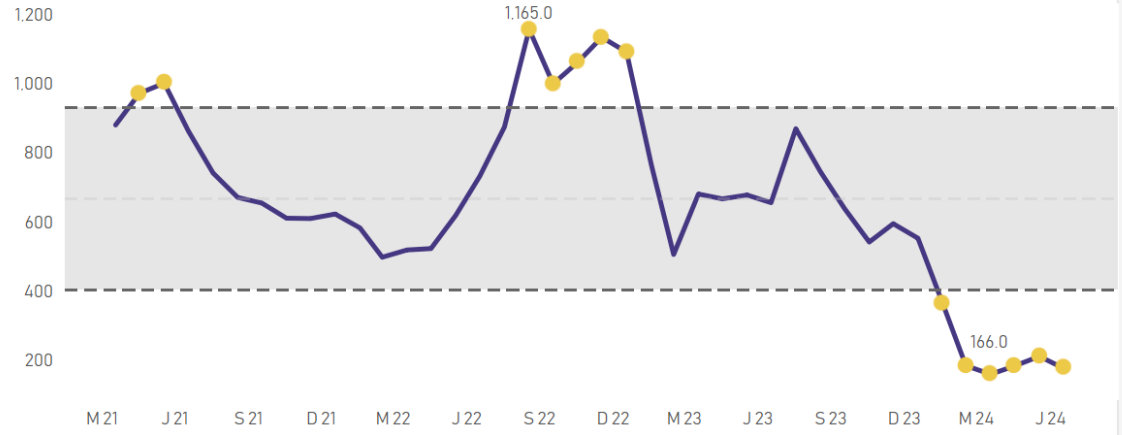
RTT incomplete: 65+ week waits

"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)

184.0	218	52/121	0.
July 2024	June 2024	National Rank Inter Quartile	National Target

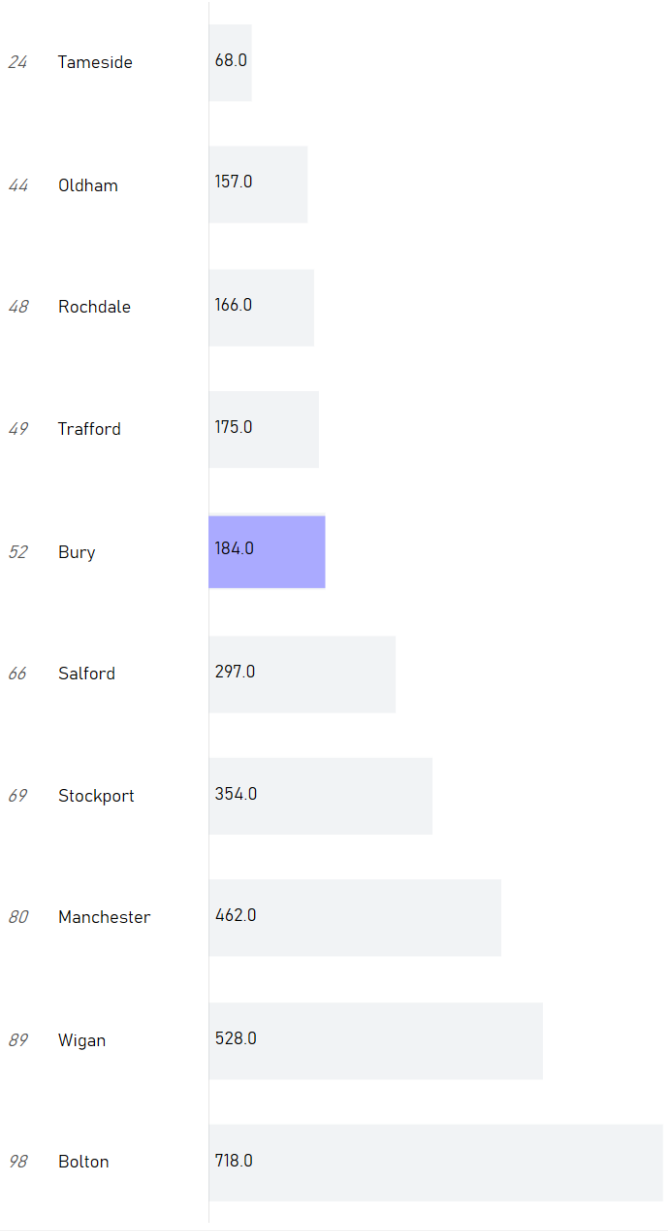
Outliers more than 1 standard deviation from the mean



	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
2024-25	166	190	218	184								

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- Published July 24 data shows a decrease in 65+ Week Waits from June 24 (34 pathways). There was a large decrease in pathways in July 24 with 184 Pathways, Compared to July 23 663 pathways (- 479 Pathways)
- In July 24, ENT shows the highest increase with an extra 10 pathways in July 24 (38) when compared to June 24 (28)
- Gynaecology Services shows the biggest decrease in July by 11 pathways from June 24 with 36 to 25 in July 24
- Bury locality currently has the 5th lowest number of 65+ Week waits out of all the GM localities.

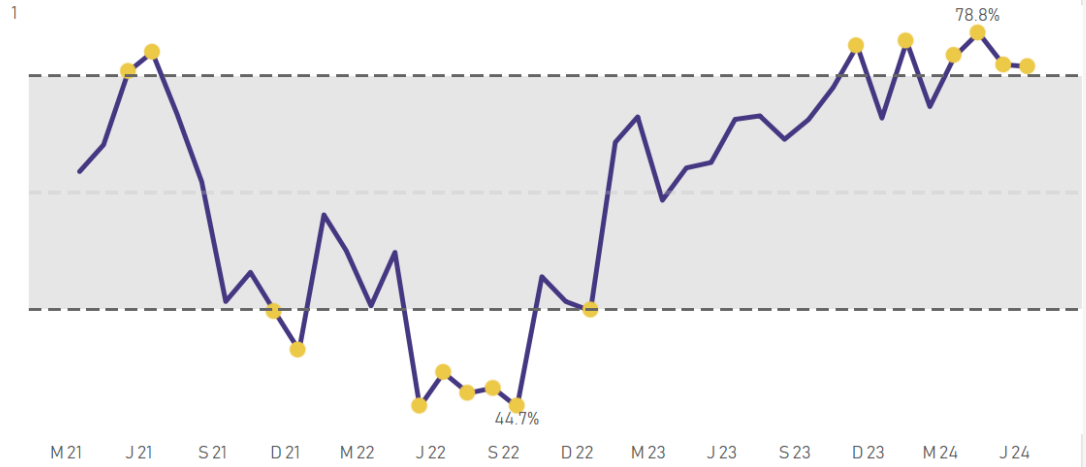
Bury

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)

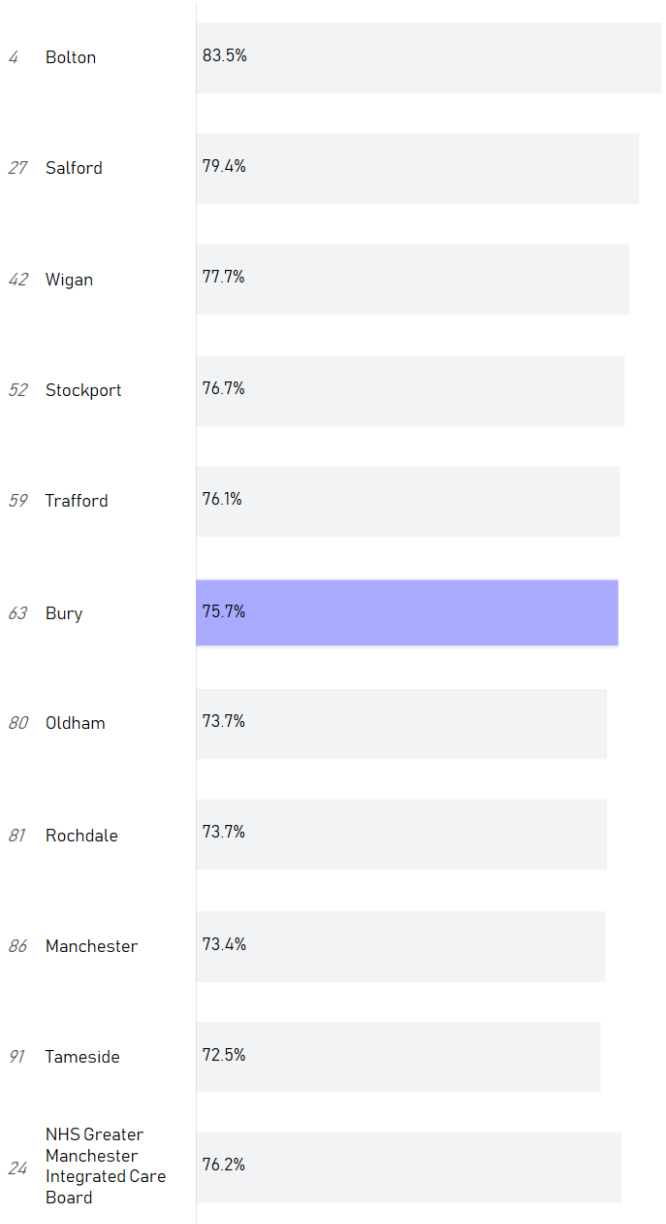
75.7%	75.9%	63/114	75.%
July 2024	June 2024	National Rank Inter Quartile	National Target

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%	70.9%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	76.6%	78.8%	75.9%	75.7%								

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The percentage of patients told of a cancer diagnosis outcome within 28 days of the 2WW referral in July 24 for the Bury population was 75.7%, which is an increase on July 23 which was 70.9%.
- Bury locality currently has the 6th Highest performance out of all the GM localities.
- GM performance is currently 76.2%
- Bury is currently meeting the target of 75% or greater.

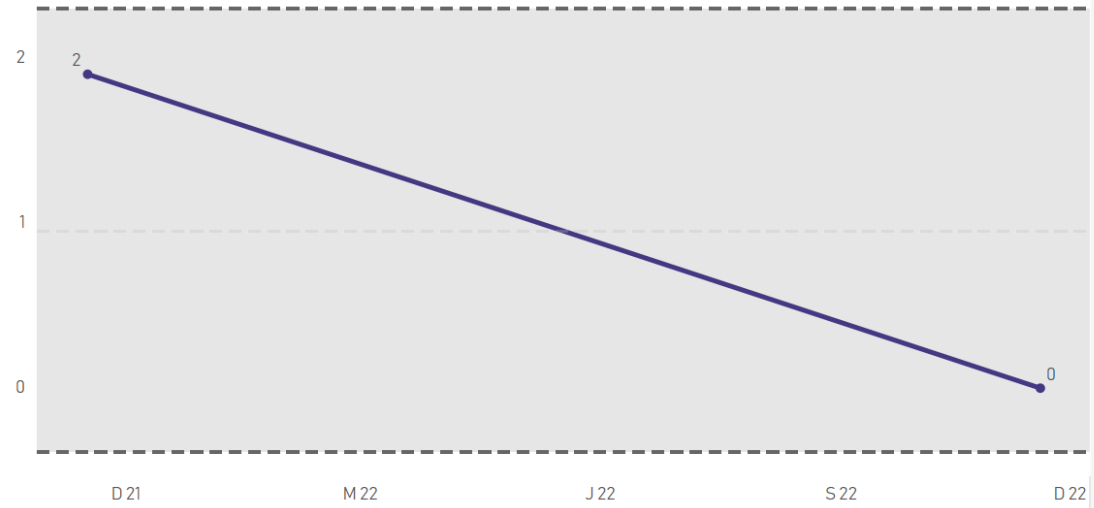
Bury

Number of neonatal deaths per 1,000 total live births
Number of neonatal deaths per 1,000 total live births

Source: MBRRACE-UK - Perinatal Mortality Surveillance Report (Annual)

0.0	1.9	1/150	1.5
December 2022	December 2021	National Rank Upper Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Dec
2021-22	1.9
2022-23	0.0

Latest Value GM Benchmarking
National Rank against other localities

Narrative

- The number of neonatal deaths per 1000 live births as of December 22 for the Bury population was 0.0
- Bury locality currently has the lowest rate per 1000 out of all the GM localities, alongside Rochdale.

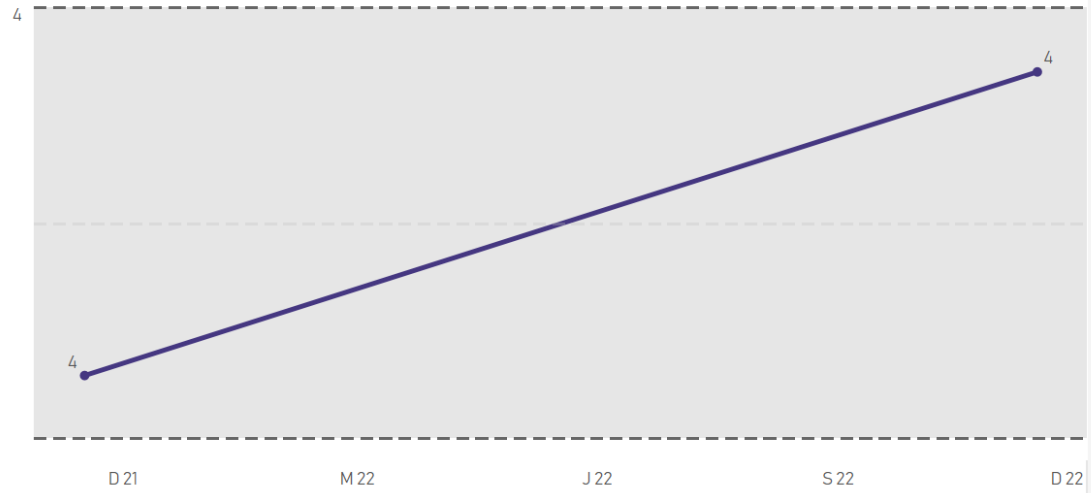
Bury

Number of stillbirths per 1,000 total births
Number of stillbirths per 1,000 total births

Source: MBRRACE-UK - Perinatal Mortality Surveillance Report (Annual)

4.0	3.8	110/150	3.2
December 2022	December 2021	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Dec
2021-22	3.8
2022-23	4.0

Latest Value GM Benchmarking
National Rank against other localities

Narrative

- The number of neonatal still births per 1000 births as of December 22 for the Bury population was 4.0
- Bury locality currently has the 4th highest rate per 1000 out of all the GM localities.

Bury

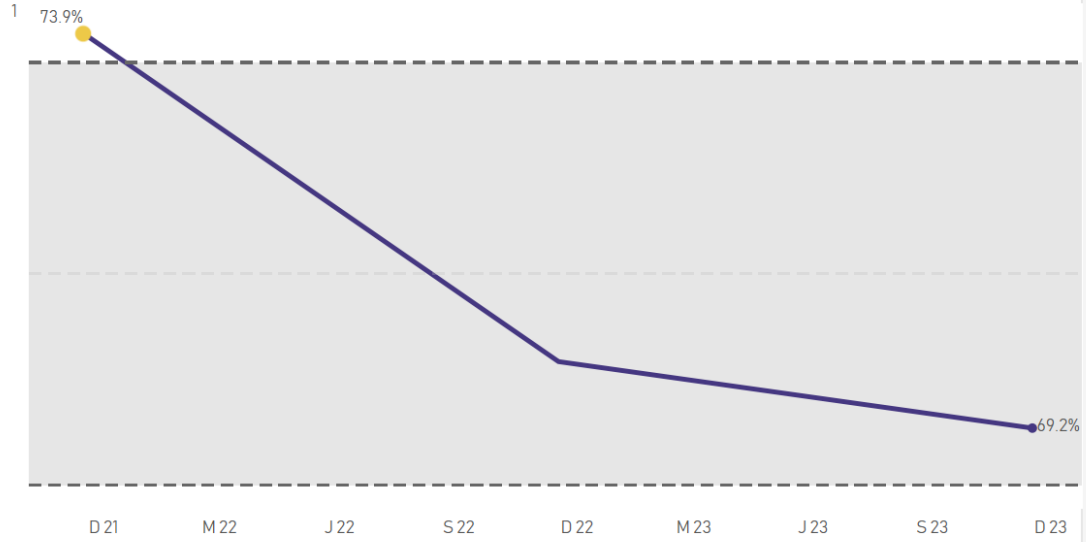
Breast screening coverage, females aged 53-70, screened in last 36 months

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)

69.2%	70.0%	60%
December 2023	December 2022	No Target

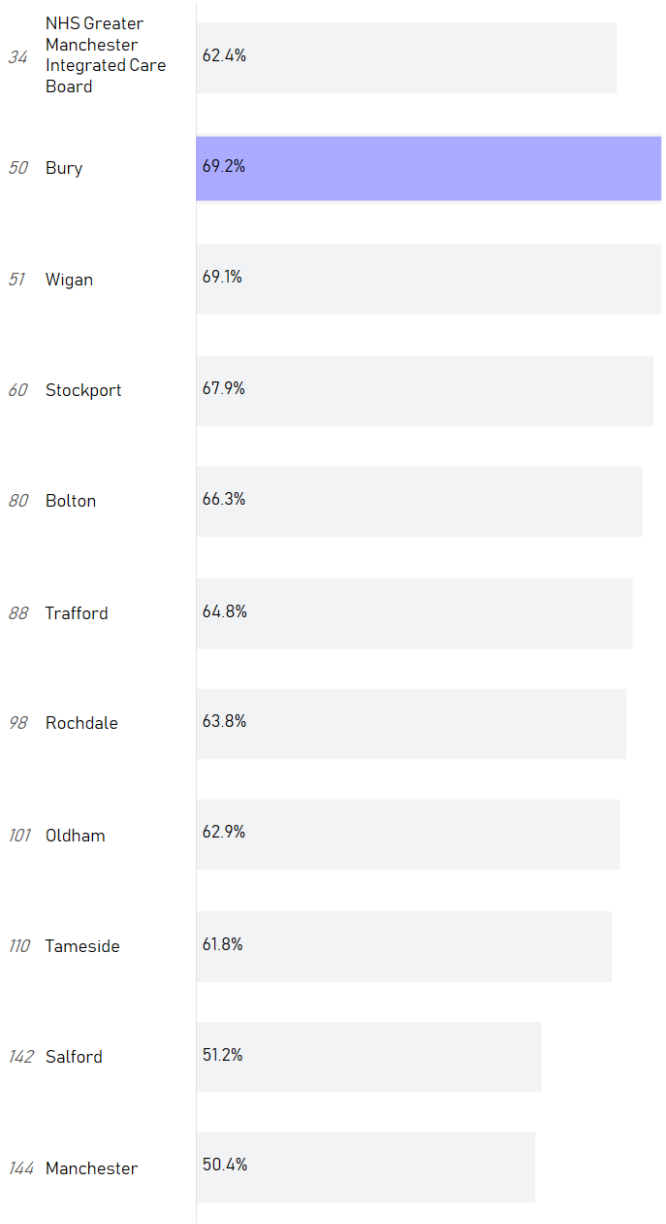
Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- The 3-year breast screening coverage to December 23 for the Bury population was 69.2% for eligible females.
- Bury locality currently has the highest percentage out of all the GM localities and is higher than the GM percentage of 62.4%.

Bury

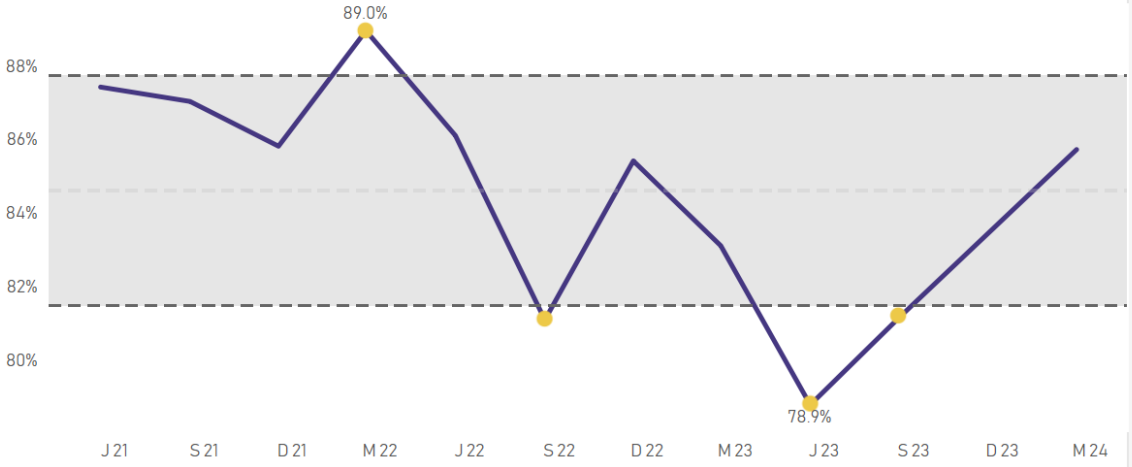
COVER immunisation: MMR2 Uptake at 5 years old
Population vaccination coverage – MMR for two doses (5 years old)

Source: Cover of vaccination evaluated rapidly (COVER) programme (Quarterly)

85.8%
March 2024

95.%
National Target

Outliers more than 1 standard deviation from the mean



	Jun	Sep	Dec	Mar
2021-22	87.5%	87.1%	85.9%	89.0%
2022-23	86.2%	81.2%	85.5%	83.2%
2023-24	78.9%	81.3%		85.8%

Latest Value GM Benchmarking
National Rank against other localities

19	Trafford	91.6%
30	Stockport	90.6%
46	Wigan	89.4%
66	Bolton	87.4%
77	Bury	85.8%
83	Salford	83.7%
92	Tameside	82.5%
97	Rochdale	79.8%
98	Oldham	79.8%
103	Manchester	75.0%
35	NHS Greater Manchester Integrated Care Board	83.4%

Narrative

- The percentage of MMR2 uptake at 5 years old as of March 24 is 85.8%, which is an increase on March 23 which was 83.2%
- Bury currently has a higher percentage than GM which is 83.4% and Bury has the 6th lowest percentage of the GM localities.
- Bury and GM are not meeting the national target of 95%.

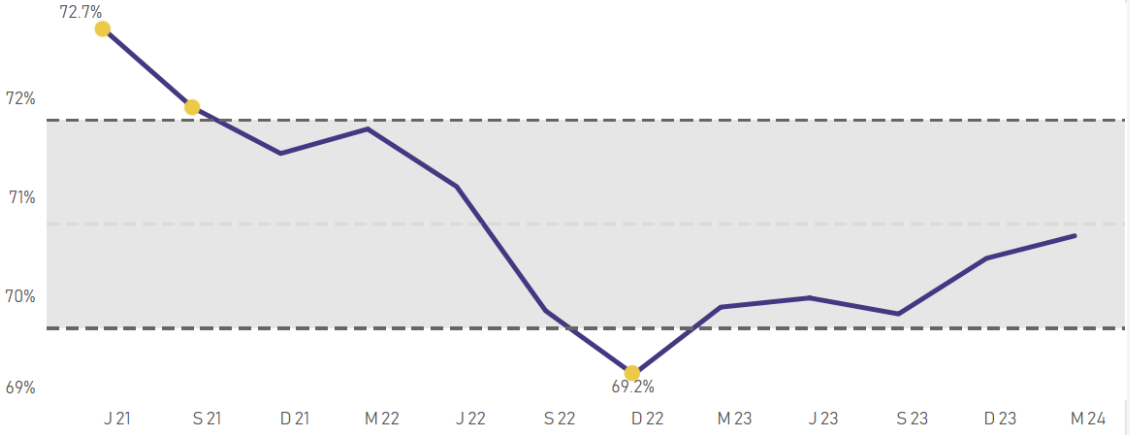
Bury

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)

70.6%	70.4%	69/106	80.%
March 2024	December 2023	National Rank Inter Quartile	National Target

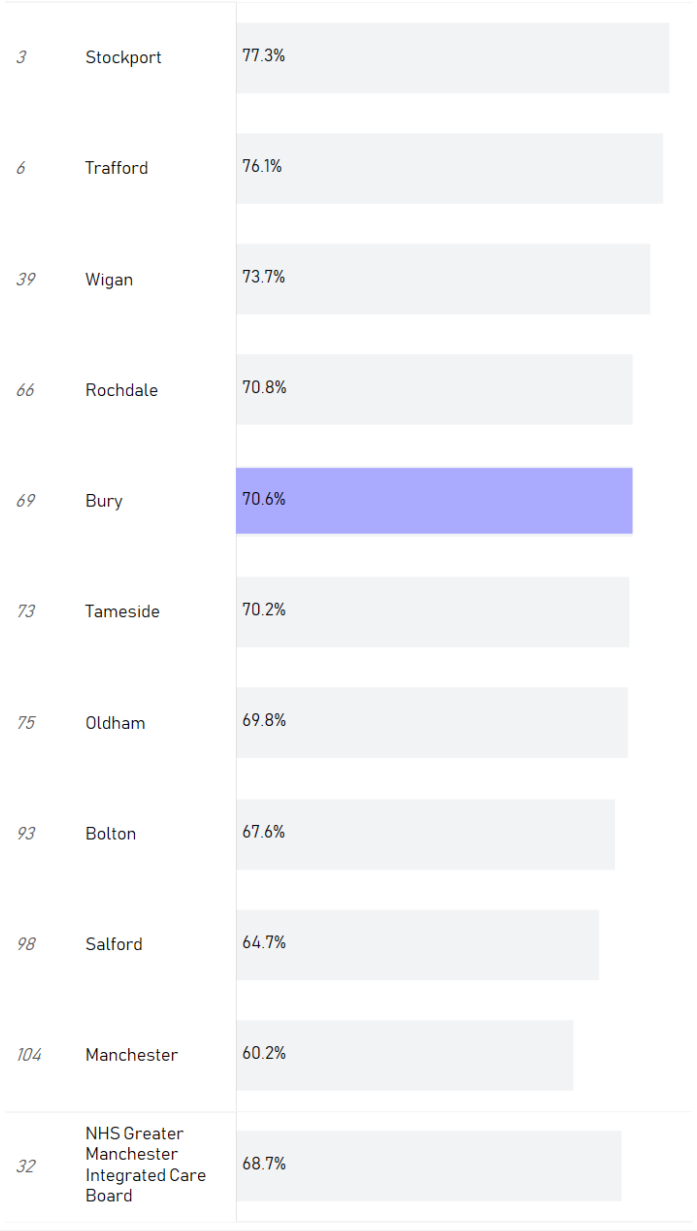
Outliers more than 1 standard deviation from the mean



	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%	70.6%

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The cervical screening coverage to March 24 for the Bury population was 70.6% for eligible females.
- Bury locality currently has the 5th highest percentage out of all the GM localities and is higher than the GM percentage of 68.7%.
- Bury and GM are not meeting the national target of 80%.

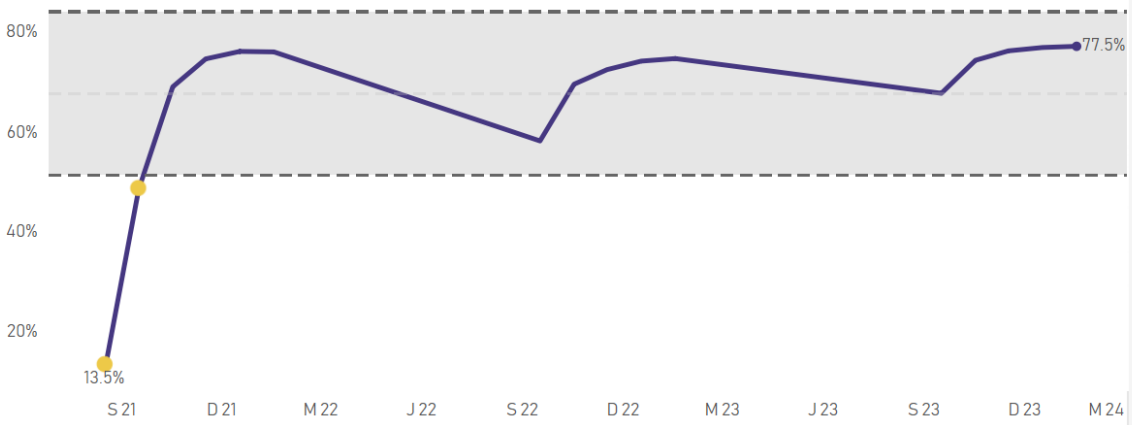
Bury

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)

77.5%	77.3%	71/106	85.%
February 2024	January 2024	National Rank Inter Quartile	National Target

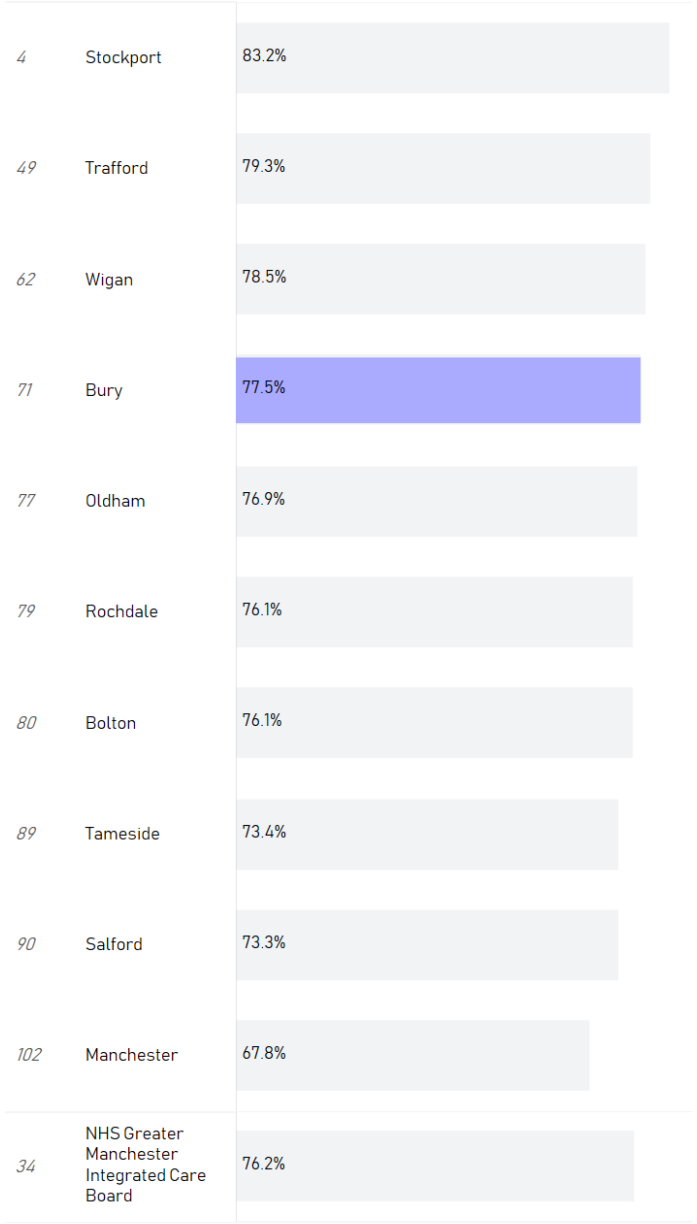
Outliers more than 1 standard deviation from the mean



	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%
2023-24		68.1%	74.7%	76.6%	77.3%	77.5%

Selected measure at February 2024 has continuously increased for 4 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The seasonal influenza vaccination uptake to February 24 for the Bury population was 77.5% for those aged 65+.
- Bury locality currently has the 7th lowest uptake out of all the GM localities and is higher than the GM percentage of 76.2%.
- Bury and GM are not meeting the national target of 85%.

Oversight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	Updated	RAG rated against	Desired Direc
Urgent Care	EM30a	Average number of adult G&A overnight beds available	The percentage of adult general and acute (G&A) overnight beds that are occupied, as an average over a monthly period.	UEC Daily Sitrep	Monthly	Aug 24	1st	No Target	Decrease
	S123a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only)	Percentage of general and acute (G&A) day beds occupied (adjusted for covid void beds).	UEC Daily Sitrep	Monthly	Mar 24	1st	National Median	Decrease
	EM11	Total number of specific acute non-elective spells	Count of spells	National Flows APC	Monthly	Aug 24	1st	National Median	Decrease
	N/A	A&E Attendances	Number of attendances at A&E	Emergency Care Dataset (ECDS)	Monthly	Aug 24	1st	No Target	Decrease
	N/A	A&E 4 hour performance	A&E attendances seen within 4hrs	Emergency Care Dataset (ECDS)	Monthly	Aug 24	1st	No Target	Increase
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Null	GM Admissions - Local	Monthly	Aug 24	1st	No Target	Decrease
Elective Care	EM07	Total Referrals Made (General and Acute)	Total GP & Other Referrals made for 1st Consultant led OP appointments in specific acute treatment functions	Monthly Referral Return (MRR)	Monthly	Mar 24	2nd Thursday	National Median	Increase
	EM07a	GP Referrals Made (General and Acute)	Total GP Referrals made for 1st Consultant led OP appointments in specific acute treatment functions	Monthly Referral Return (MRR)	Monthly	Mar 24	2nd Thursday	National Median	Increase
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	Cancer Early Staging Data Statistics via The National Disease Registration Servi..	Annual	Dec 21	2nd Thursday	National Median	Increase
Mental Health & Learning Disabiliti..	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Inappropriate Out of Area Placements	Out of Area Placements in Mental Health Services Official Statistics	Monthly	Mar 24	2nd Thursday	National Target	Decrease
	S081a	Talking Therapies: Access Rate	Number of people accessing first treatment	Improving Access to Psychological Therapies Data Set	Monthly	Jul 24	2nd Thursday	No Target	Increase
	EA0S1	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Jul 24	2nd Thursday	National Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Jul 24	2nd Thursday	National Target	Increase
	S030a	% of patients aged 14+ with a completed LD health check	% of patients aged 14+ with a completed LD health check	Learning Disabilities Health Check Scheme	Monthly	Jul 24	2nd Thursday	National Target	Increase
	S110a	Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses, in ..	Published MHSDS	Monthly	Jul 24	2nd Thursday	National Median	Increase
	S125a	Long length of stay for adults (60+ days)	Number of people for a given CCG discharged from an adult acute inpatient bed with a hospital spell over 60 days (calculated from the point of admission to the point of discharge)	Published MHSDS	Monthly	Jul 24	2nd Thursday	National Target	Decrease
	EH09	Access to Children and Young Peoples Mental Health Services	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact.	Published MHSDS	Monthly	Jul 24	2nd Thursday	National Median	Increase
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Number of women accessing specialist community PMH and MMHS services in the reporting period	Published MHSDS	Quarterly	Jul 24	2nd Thursday	No Target	Increase
	N/A	Number of MH patients with no criteria to reside (NCTR)	Number of MH patients with no criteria to reside	GM Admissions - Local	Monthly	Aug 24	1st	No Target	Decrease
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Percentage of MH patients with no criteria to reside	GM Admissions - Local	Monthly	Aug 24	1st	No Target	Decrease
Commun..	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Percentage of 2-hour Urgent Community Response referrals subject to the 2-hour standard where care was provided within two hours	Community Services Data Set (CSDS)	Monthly	Jul 24	2nd Thursday	National Target	Increase
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance		NHS Quality Outcome Framework	Annual	Mar 23	2nd Thursday	National Target	Increase
	S129a	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'	Appointments in General Practice	Monthly	Jul 24	Last Thursday	National Median	Increase
	S053c	% 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	CVD Prevent	Quarterly	Mar 24	2nd Thursday	National Median	Increase
Quality	S042a	E. coli blood stream infections	12-month rolling counts of E. coli	National Statistics: E. coli bacteraemia: monthly data by location of onset	Monthly	Jun 23	1st Wednesday	No Target	Decrease
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	The proportion of broad-spectrum antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Jun 24	2nd Thursday	National Target	Decrease
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	The proportion of antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Jun 24	2nd Thursday	National Target	Decrease

Sight Metrics Glossary

Domain	Code		Measure	Description	Data Source	Frequency	Latest	RAG rated against	Target/National
Elective Care	2	EB20	RTT incomplete: 65+ week waits		Consultant-led RTT Waiting Times data collection (National Statistics).	Monthly	Jul 24	National Target	0
	146	EB28	Diagnostics: % waiting 6 weeks+	Number waiting over 6 weeks/Total waiting	Monthly Diagnostics Waiting Times and Activity Return - DM01	Monthly	Jul 24	National Target	1.%
Cancer	62	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Count of patients told cancer diagnosis outcome within 28 days divided by total count of patients told cancer diagnosis outcome following their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral	National Cancer Waiting Times Monitoring Data Set (CWT)	Monthly	Jul 24	National Target	75.%
Maternity	230	S022a	Number of stillbirths per 1,000 total births	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 22	National Median	3
	460	S104a	Number of neonatal deaths per 1,000 total live births	Number of neonatal deaths per 1,000 total live births	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 22	National Median	1
Screening and Immu nisations	150	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	number of people over 65 who received the seasonal influenza vaccination divided by the number of eligible people who are aged 65 and over	Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023	Monthly	Feb 24	National Target	85.%
	468	S046a	COVER immunisation: MMR2 Uptake at 5 years old	% children whose fifth birthday falls within the time period who have received two doses of MMR vaccination	Cover of vaccination evaluated rapidly (COVER) programme	Quarterly	Mar 24	National Target	95.%
	473	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	% of females, age 25-64 yrs, attending cervical screening within target period (3.5 yrs if aged 24-49 or 5.5 yrs if aged 50-64)	Cervical Screening Programme - Coverage Statistics [Management Information]	Quarterly	Mar 24	National Target	80.%
	499	S048a	Bowel screening coverage, aged 60-74, screened in last 30 months	% of eligible men and women, age 60-74 yrs, with an adequate screening result in previous 30 mths	NHS population screening programmes: KPI reports	Quarterly	Sep 23	National Target	60.%
	514	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	% women eligible for screening who have had a test with a recorded result at least once in the previous 36 months	Fingertips, Public Health Data, Public Health Outcomes Framework	Annual	Dec 23	No Target	

PIA Locality Report

File created on: 9/13/2024 8:15:43 AM

Meeting: Bury Locality Board			
Meeting Date	07 October 2024	**Action**	Receive
Item No.	9	**Confidential**	No
Title	Integrated Delivery Collaborative Update and Performance Report		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

Executive Summary
This paper is intended to provide an update to the Board of progress with the work of the IDC, and progress with the delivery of programmes across the Borough
Recommendations
The Board are asked to note the progress of the strategic developments, and progress of the programmes

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

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

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

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

Bury Integrated Delivery Collaborative Update

1. Context

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

2. Key strategic developments

Key developments over the past month include:

- Completed the benchmarking exercise of community services at service line level in line with GM requirements. We already recognise there are some pressures on funding within some community services.

- Clinical discussions to ensure we have the correct processes in place to support the new Medical Examiner guidance implemented from the 9th September

- Gearing up locality arrangements to ensure everybody is clear or roles and responsibilities relating to Right Care Right Person implemented from the 30th September

- Follow up session with the North neighbourhood Primary Care and Community Pharmacy teams planned on the 9th September. Some small improvements have been made since the event at the end of June, including the sharing of bypass numbers. The remaining North practices will be shortly confirming their practice roll out plan , with the focus on looking at how we support roll out across the Borough

- Fortnightly group established to consider GP industrial action established across the Borough. For each action we will consider: 1. What would the impact be and where? 2. What work are we taking forwards to support reducing demand on primary care 3. What mitigation's do we need to put in place if GP's take IA to manage risk for patients.

- Mitigations being put in place to manage gap in Quality Assured Spirometry provision

- Multi-Agency Discharge events held in FGH, NMGH and FGH. The learning and actions from these events will be brought to the October IDC Board .

- HSJ award received and 2 highly commended awards for the work of the discharge frontrunner across the 4 Localities Partnership

- Series of workshops planned for October
    - 2nd October: VCSE and IDC leaders workshop
    - 4th October: High Intensity Users and Personalised Care Planning
    - 9th October: PCN and neighbourhhood GP CD's
    - 30th October: Care home support

- For November we are planning celebration events to be run in the Elizabethan Suite and at FGH. We are also planning a system sustainability workshop linked to ambitions of the 4 Localities Partnership and GM. Through Strategic Workforce Group we are also considering the appeteite to host awards for the Bury Health and Social Care Partnership

- We have ommenced the development of proposals to enable closer working across the RBMS and the community services single point of access.

- First meetings of the new Major Conditions Board and the Community and Elective Boards held in September.

- Review of all programme risks held with programme leads on the 23rd September

- Met with the GM team to review our progress against GM ambition for Cardiovascular Disease priorities across the patch . We used this opportunity to enable us to benchmark ourselves against GM asks ahead of our locality session and to consider our key issues with implementation, and consider our successes and challenges. One of our key successes is the increase in CVD checks post-covid.

Addressing CVD

NHS Greater Manchester

- Locally Bury developed a framework for preventing illness through better diagnosis, better care and tackling barriers
- We worked closely with Bury primary care team to put incentives in place to maximise check-ups and management (e.g. blood pressure and cholesterol)
- We set CVD as one of two priorities in all 5 of our neighbourhoods (alongside neighbourhood specific priorities)

- Results were positive

PCN	% of CHD reviews completed In 2022/23	% CHD reviews completed in 2023/24	Increase in reviews completed March 23 - March 24	Change March 23 - March 24
Bury	29%	73%	636	+44%
Horizon	51%	74%	719	+23%
Prestwich	27%	80%	541	+53%
West	22%	54%	313	+32%
Total	**38%**	**72%**	**2209**	**+34%**

- There remain some significant strategic challenges to us as a locality linked to the financial position driven in part by complex care, performance and provision for Neurodiversity pathways.

3. August IDC Programme Highlights:

Elective Care, Cancer and Community Health*:*

- Locality CVD scoping template completed to support GM and Locality CVD/Diabetes Prevention meeting.
- GM Targeted Lung Health Checks Programme launched in Whitefield.
- ENT pathways launched with Bury GPs.
- ECCRRB stood down and Integrated Community and Elective Pathways System Board established as part of ICB governance.
- COPD mapping presented to the Major Conditions Board.
- Dermatology performance update and GM Dermatology Model of Care presented to
- Bury Clinical and Professional Senate.
- Locality MSK Baseline information template submitted to GM.
- Proposal for a test of change to trial a single integrated community gateway completed and shared with execs

Mental Health:

- Well attended World Suicide Prevention Day vigil in Bury led by the Big Fandango and families with lived experience.
- CAMHS *blitz* week undertaken. CBT waiting list numbers reduced by over 50% to 39 YP waiting and wait times reduced from 18 months to 7.5 months.
- Branding for Childrens and Young People (CYP) MH Hub developed by Bury CYP. New VCSE/CAMHS integrated service will be called RISE.
- Living Well huddles now mobilised in all Neighbourhoods.
- PCFT Focus weeks delivered. in August there was a reduction in Out of Area Placements and bed days occupied by people who are clinically ready for discharge.
- Contract reviews for all locality MH contracts completed and commissioning proposals developed and submitted to NHS GM.

Neighbourhoods:

- Reasonable progress in mobilising work to deliver LCS Neighbourhood contract priorities and targets.
- Sharing of learning from delivery of 2023.24 priorities with GP practices at GP engagement event.
- Additional differential decisions with regard to additional roles in primary care across PCN's. The impact of this is currently being assessed
- Meeting .with Plymouth University and Dunhill Medical Trust to progress a funding expression of interest for a two-year research study on best practice in implementing post diagnostic dementia support. Proposal is that a number of GP practices within Bury PCN would host dementia support workers as part of the study with a focus on provision to people in the South Asian community.

Urgent and Emergency Care:

- Full participation in GM Made (Multi-Agency Discharge) Event
- Winter Planning to commence in September, system partners notified
- Work ongoing to reduce A&E attends and admissions by 5%
- Preparation for care homes and high intensity users workshops.
- Recruitment plans in progress for additional roles in A&E to support 7 day working

Palliative and EoLC:

- New programme governance implemented with refreshed programme board and Palliative & EoLC Clinical and Professional Delivery Group.
- Commencement of test of change in two Neighbourhoods with senior nurses from the Specialist Community Palliative Care Team completing DNACPR forms [where appropriate] signed off by consultant and communicated to GP.
- Revised referral criteria for Specialist Community Palliative Care Team drafted and shared with GP practices for feedback.
- Three T&F groups have been established, (1) Develop a Standardised Advance Care Plan (ACP), (2) Scope Palliative Discharge Checklist [FGH], and (3) Design and develop a single access point for an Integrated Community Specialist Palliative Care (SPC) Service. A standardised ACP has been agreed currently working through an education/comms programme, still scoping the Discharge Checklist and working through an implementation plan for the co-designed integrated Community SPC single access point.
- Ongoing programme of engagement with GP Practices to promote and support use of Gold Standard Framework meetings being delivered by the Specialist Community Palliative Care Team Practice Educator.

LD & Autism:

- St Mary's went live (8 homes for young adults)
- Workshop with Commissioning Persona/corporate housing -> actions required for business change
- Peer strengths-based learning sessions continue within ASC LD Team.

Adult Social Care: -

- ASC Strategic Plan refreshed for 24/25 with new headline priority to support unpaid carers.
- Revised hospital discharge pathways approved.

Primary Care:

- Women's Health Hub – Go live date of 1st October 2024 which is when patients will start to be invited to the service with the first clinic taking place the following Sunday from Prestwich Health Centre.
- Quality Assured Spirometry – Funding not identified therefore PCCC did not support its continuation – risk added to register as gap in service provision with alternatives being sought.
- Paediatric Phlebotomy - Documentation with GM for authorisation.
- Member engagement event held in September which focused on sharing best practice examples
- Pharmacy/General Practice – Second North neighbourhood engagement event delivered, and improvement objectives agreed. Timeline for remaining practices to go live underway.
- Neighbourhood indicators agreed and published on Sharepoint for implementation from Q2 onwards.
- Medicines Optimisation Tema continue to focus on savings plans set out by GM , although the team are at 50% capacity due to recent GM reorganisation and sickness.
- Community cohesion support to practices
- GP Collective Action underway as of 1 August 2024, weekly returns to GM and system in place.
- Additional roles recruitment plans for 24/25 – All now received.
- Workforce Strategy – 2x GP sessions and Practice Manger event undertaken with further sessions planned .

4. Performance (see agenda Item number 8 for full report)

- A&E 4-Hour Performance - in August was 66.1%, an increase on the previous month's performance of 65.6%. August 24 performance is 66.1% which is lower than August 23 which was 68.8%.

- A&E Attendances – There were 6406 A&E attendances from Bury registered patients in August 2024, lower than August 23 (6924). Bury currently had 30.3 attendances per 1000 population and has the 5th lowest attendance rate for localities within GM.

- No Reason/no citeria to reside (NCTR) - percentage for Bury in August 24 was 16.8% which is a decrease on July 24 which was 19.0% Bury had higher than the GM percentage of 14.6% - the 8th highest percentage of the GM localities.

- Specific Acute non-elective spells - There were 1268 specific acute non-elective spells from Bury registered patients in August 24, lower than August 23 (1817). *Note data quality issues for period 12-21st August is incorrect and being queried.*

- LD Health checks 14+ - The percentage of patients aged 14+ having received an LD health check in July 24 was 19.8%, which is an increase on July 23 which was 10.8%. Bury is lower than the GM percentage of 21.6% and has the 6th highest percentage of the GM localities. Bury and GM have not met the national target of 75%.

- Access to Children and Young People MH Services There were 3580 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in July 24, higher than July 23 (3230).

- Dementia: Diagnosis Rate (aged 65+) -the percentage of patients aged 65+ having received a dementia diagnosis as of July 24 is 76.2%, which is lower than July 23 which was 76.7%. Bury currently has a higher diagnosis rate than GM which has a rate of 74.4% and Bury has the 3rd highest dementia diagnosis rate of the GM localities.

- Length of stay adults: Mental Health Patients - The proportion of discharges with a long LOS in July 24 was 50.0%, a decrease on July 23 which was 66.7%. Bury currently has a lower proportion with a long LOS than GM at 54.2% and Bury had the 5th highest proportion of the GM localities.

- MH Patients with no criteria to reside / clinically ready for discharge - The percentage of mental health patients with NCTR as of August 24 was 11.5%, a decrease from July 24 at 17.6%. Bury has a lower percentage than GM which is 12.7% and Bury has the 4th highest percentage of GM localities.

- MH Patients with no criteria to reside - The percentage of mental health patients with NCTR as of August 24 is 11 which is lower than the figure for July 24 which was 15. Bury has 0.05 mental health patients with NCTR per 1000 population and has the joint 4th highest rate alongside Tameside locality within GM.

- Access to community MH services - There were 1550 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in July 24, higher than June 24 (1530) but the exact same figure as July 23 (1530). Bury currently has 9.3 contacts per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

- Talking Therapies Access Rate – There were 345 accesses to Talking Therapies for Bury registered patients in July 24, Lower than July 23 (385) Bury currently has 1.6 accesses per 1000 population - the 4th lowest rate per 1000 for localities within GM.

- Women Accessing Specialist Community Perinatal MH Services – There were 170 women accessing to Perinatal MH Services for Bury registered patients for the rolling 12 months to July 24, higher than July 23 (140). Bury currently has 1.61 accesses per 1000 population - the 5th lowest rate per 1000 for localities within GM.

- 2 -hour UCR referrals - The percentage of UCR referrals that received a 2-hour response standard for Bury registered patients in July 24 was 97.1% - an increase on July 23 at 69.2%. Bury currently has the 2nd highest percentage in the GM localities and above the national target of 70%. Local Authority reporting shows that 94.9% of Bury residents received a 2-hour response in July 2024.

- GP Appointments within 14 days - The percentage of GP appointments taking place within 14 days of booking in July 24 for the Bury population was 83.5%, which is a slight decrease on July 23 which was 84.1%. Bury is currently lower than GM which is 84% and has the 5th highest percentage in GM localities.

- E.Coli Blood Stream Infections - There were 128 counts of E. coli blood stream infections in the rolling 12 months to June 24 which is the same as June 2023 (128). Bury has 0.61 counts per 1000 population and has the 5th highest rate for GM localities.

- Diagnostics Waiting 6 weeks + - July 24 performance of 16.6% of patients waiting more than six weeks, this is a decrease on the July 23 figures (24.5%). Bury's performance is better than GMs performance of 19/4% in July 24 and is the 3rd best in GM.

- RTT Incomplete 65+ weeks – There was a large decrease in pathways in July 24 with 184 pathways compared to July 23 with 663 (-479 pathways). In July, ENT shows the highest increase with an extra 10 pathways in July 24 (38) compared to June 24 (28). Gynaecology services show the biggest decrease in July by 11 pathways from June 24 with 36 to 25 in July 2024. Bury locality currently has the 5th lowest number of 65+ weeks wait out of all the GM localities.

- 28-day wait from referral to faster diagnosis (all patients) - The percentage of patients told of a cancer diagnosis outcome within 28 days of the 2WW referral in July 24 for the Bury population was 75.7% - an increase on July 23 which was 70.9%. Bury is currently meeting the target of >75% and is the 6th highest performance out of all GNM localities.

5. Recommendations

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

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
kath.wynnejones@nca.nhs.uk
October 2024

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	07 October 2024	Action	Receive
Item No.	11.	Confidential	No
Title	System Finance Group Update – October 2024		
Presented By	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Author	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities) Catherine Jackson - Associate Director for Nursing, Quality and Safeguarding (Bury)		
Clinical Lead			

Executive Summary

The purpose of this report is to update the locality board on the financial position of all partners, with specific focus upon the budgets delegated to the locality board by NHS Greater Manchester (GM). The position of all partners continues to be very challenged in 2024/25 with NHS GM in undertakings with NHS England which brings additional scrutiny and rigour around finance, performance and quality.

At month 4 NHS GM is reporting a £115.1m deficit against a planned month 4 deficit of £90.9m, giving an unplanned deficit variance of £24.2m. Within the positon the Bury locality budgets, for which this board is responsible for are reporting a deficit of £5.2m versus an expected break even position. The Northern Care Alliance (NCA) have a £35.6m deficit at month 4, against an expected deficit of £33.9m and Pennine Care NHS Foundation Trust (PCFT) are reporting a break even financial position at month 4.

The year end forecast for NHS GM overall continues to be the agreed £175m deficit position, with the Bury locality forecasting a deficit of £8.7m, which has since been reduced to £7.6m in line with the locality recovery plan. The NCA is forecasting to deliver it's agreed £75.7m deficit and PCFT is forecast a slight underspend of £0.1m

The council has updated its Medium Term Finance Strategy for 2024/25 to 2026/27 and this has seen a reduction in the use of reserves to balance the 2024/25 position from £15.13m to £13.15m. The Finance Improvement Plan continues in 2024/25 to support the stabilisation of the financial position of the council.

At month 4 NHS GM is slightly ahead of plan in terms of Cost Improvement Plan (CIP) delivery, with actual delivery of £114.9m versus planned delivery of £113.6m, with full delivery for the year still anticipated. In terms of CIP delivery on the budgets delegated to the locality, at month 4 £2.15m has been delivered against a full year requirement of £5.15m and it is anticipated that the full £5.15m will be delivered in 2024/25.

Recommendations

Locality board members are asked to:

- Note the contents of this report and refer to the further report with regard to complex care and the overspend in this area and the action plan to reduce the overspend.

BURY INTEGRATED CARE PARTNERSHIP

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

System Finance Group Update – October 2024

1. Introduction

1.1. The purpose of this report is to update members of the locality board on the financial position of the 4 statutory bodies who primarily serve the population of Bury, along with that of NHS Greater Manchester Integrated Care (NHS GM).

2. Background

2.1 The position of all partners continues to be very challenged in 2024/25 with NHS GM in undertakings with NHS England which brings additional scrutiny and rigour around finance, performance and quality.

3. Bury Council

3.1.1 Bury Council entered into 2024/25 having had a £6.5m overspend in 2023/24, which was offset by use of reserves, with an anticipated use of reserves of £15.13m in 2024/25 to support delivery of a break even position, with an overall gap of £30m across the 3 years to 2026/27. Since the last meeting further analysis and work has taken place and the in year requirement for use of reserves has fallen to £13.15m and the gap across the 3 year planning window has fallen to £27.92m.

3.2 NHS Greater Manchester

3.2.1 NHS Greater Manchester (GM) remains in undertakings with NHS England, and this brings additional scrutiny and rigour around finance, performance and quality.

3.2.2 At month 4 NHS GM has an actual deficit of £115.1m versus an expected deficit of £90.9m, giving an unplanned variance of £24.2m adverse to plan but is forecasting recovery of this position by 31st March 2024, to allow delivery of the agreed £175m deficit. The drivers of the adverse performance are the impact of industrial action for providers, provider CIP under delivery and operational pressures around mental health, complex care and continuing healthcare placements. This position is shown below in table 1

Table 1

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan £m	Actual £m	Variance £m	Plan £m	Year £m	Variance £m
GM NHS Providers	(90.9)	(113.1)	(22.2)	(175.0)	(175.0)	(0.0)
NHS GM	0.0	(2.0)	(2.0)	0.0	0.0	0.0
ICS Total	**(90.9)**	**(115.1)**	**(24.2)**	**(175.0)**	**(175.0)**	**(0.0)**

3.2.5 Cost Improvement Plan (CIP) delivery at month 4 is slightly ahead of plan, with actual delivery of £114.9m versus planned delivery of £113.6m, with full CIP delivery for the year anticipated.

3.3 NHS GM – Bury Locality

3.3.1 At month 4, the Bury locality, on the budgets delegated from NHS GM, is reporting a deficit of £5.2m, with a forecast year end deficit of £8.7m, these are both against an anticipated break even position. This is shown overleaf in table 2.

BURY INTEGRATED CARE PARTNERSHIP

Table 2

Bury Locality Month 4 Finanical Position						
Directorate	**YTD Budget**	**YTD Actual**	**YTD Variance**	**Annual Budget**	**Forecast Outturn**	**Forecast Variance**
Acute	£834,785	£834,776	-£9	£2,934,892	£2,934,892	£0
CHC	£7,051,139	£9,149,854	£2,098,715	£20,195,649	£23,951,941	£3,756,292
Community	£6,173,941	£6,206,229	£32,288	£17,339,304	£17,398,714	£59,410
Mental Health	£5,316,258	£8,448,951	£3,132,693	£16,029,264	£20,822,206	£4,792,942
Other	£888,055	£948,374	£60,319	£2,804,534	£2,992,696	£188,162
Primary Care	£1,550,894	£1,475,349	-£75,545	£4,626,312	£4,551,312	-£75,000
Grand Total	**£21,815,072**	**£27,063,531**	**£5,248,459**	**£63,929,955**	**£72,651,761**	**£8,721,806**

3.3.2 As can be seen the primary causes of this deficit position are in Complex Care (CHC and Mental Health) and the reasons shall for this shall be covered comprehensively in an additional paper but the main drivers of the deficit are:

- Increases in the cost and number of Complex Case packages, shared 50:50 with the council
- Increases in the costs and number of Complex Case packages solely funded by the NHS
- Prior year pressures brought forward
- The impact of changes to the discharge pathway from acute hospital which has caused greater costs to the locality
- High performance with regard to discharges of residents of the borough with a learning disability or autism, from hospital settings into the community.

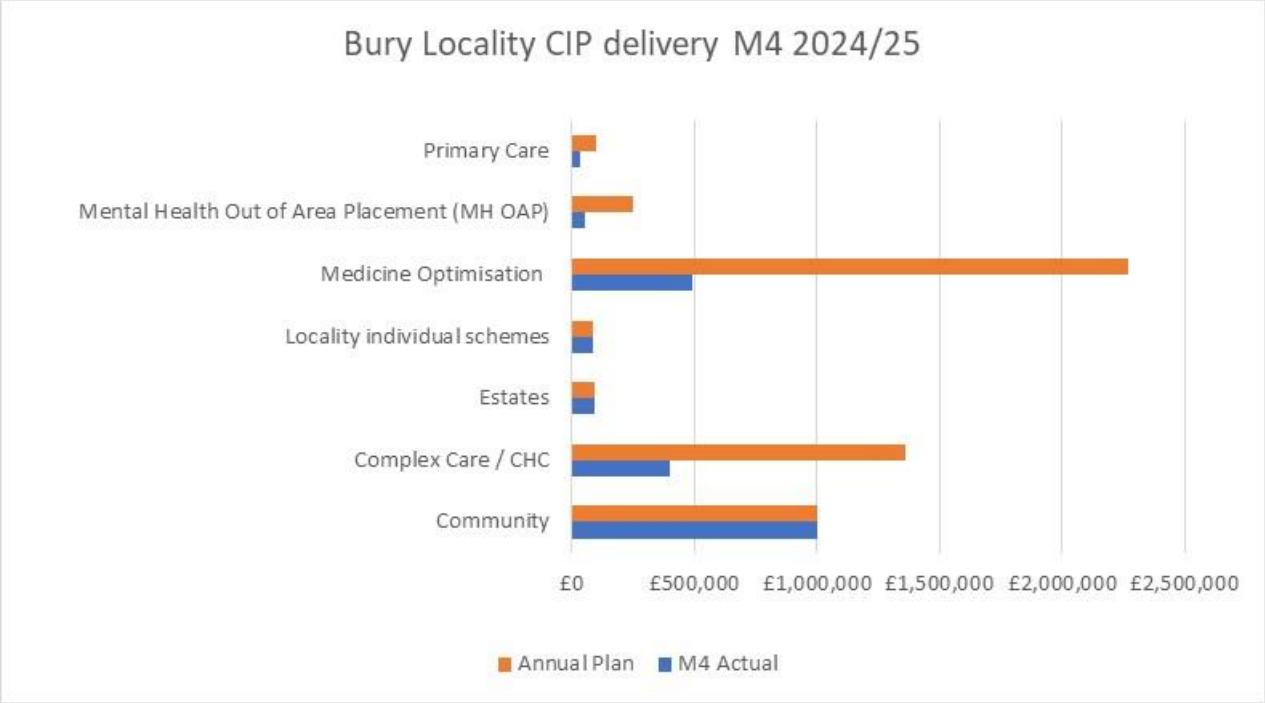
The locality is focussed upon delivery of an action plan, is receiving support from Price Waterhouse Cooper and is the subject of monthly intervention meetings from NHS GM Executive colleagues to address and reduce this deficit in Complex Care.

3.3.3 Alongside these very significant pressures there are also smaller pressures with regard ADHD / ASD assessments (£0.2m) and estates (£0.2m).

3.3.4 With regard to CIP achievement at month 4, the locality has achieved £2.15m of CIP delivery which is 42% of the annual plan and it is anticipated that full CIP delivery will be achieved in 2024/25, though there are risks associated with full delivery of the Medicines Optimisation target due to staffing pressures. It should also be noted that alongside the £400k costs reduction savings the Complex Care / CHC team have also delivered £1.54m of savings that have avoided increased costs. CIP delivery and annual plan values are shown overleaf in graph 1.

BURY INTEGRATED CARE PARTNERSHIP

Graph 1



5.0 Conclusion

5.1 Locality board members are asked to:

- Note the contents of this report and refer to the further report with regard to complex care and the overspend in this area and the action plan to reduce the overspend.

Simon O'Hare
Locality Finance Lead – NHS GM (Bury and HMR Localities)
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September 2024

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	07 October 2024	Action	Receive
Item No.	13	Confidential	No
Title	Primary Care Commissioning Committee update		
Presented By	Adrian Crook, Director of Adult Social Services and Community Commissioning		
Author	Helen Marshall, Business Support Admin		
Clinical Lead			

Executive Summary
The Primary Care Commissioning update is provided as a highlight report from the meeting held on the 30th September 2024.
Recommendations
The Locality Board is asked to note the highlight report from the last Primary Care Commissioning Committee.

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

Bury Primary Care Commissioning Committee (PCCC) Highlight Report

Chair: Adrian Crook
Reporting period: September 2024
Attendance: Acceptable

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

Key updates:

Quality Assured Spirometry – Work has been ongoing to source alternative options for patients to access out of area, these areas are Bolton, Wigan and Oldham. These options have been communicated out to practice. PCCC was asked to consider an interim locality arrangement which would take the current contract to March 25.

NHS Health Checks - Due to the current recording IT software ceasing at the end of 2024, the PCCC was asked to support the recommendation for EMIS to be used as the new recording IT software for NHS Health Checks.

In addition, PCCC were presented with updates regarding:

- The Primary Care Programme as a whole (highlight and risk report)
- Our local response to a Bury HealthWatch report on prescriptions
- Our Women's Health Hub
- The Greater Manchester Primary Care Provider Board Annual Review 2023/2024 and an assessment against our local knowledge/gaps
- Finance

Priority actions in coming period:

GP Collective Action: Ongoing provider service improvements to mitigate around collective action impact

General Practice Leadership Collaborative- Development Plan

Quarterly contractual update – All contracts

Women's Health Hub – Go live

Winter Pressure Schemes – Mobilisation subject to funding

BeCCoR – Discussion around next years contract in order to consider local commissioning arrangements

Decisions made:

Response to the report from Bury HealthWatch on prescriptions – PCCC approved the response which will be shared with HealthWatch Bury and also Health and Wellbeing Scrutiny Committee.

Quality Assured Spirometry- PCCC approved the proposal and finance colleagues confirmed that non recurrent funding of £36k would be available until 31st March 2025.

NHS Health Checks - PCCC supported the recommendation to use EMIS as the software platform for NHS Health Checks.

Top 3 risks & mitigation:	RAG rating
Estates - The lack of suitable PC estate is impeding the way in which providers work and services are delivered. Mitigations include: working beyond core hours to deliver services where necessary, Progressing PCN Toolkit outputs	
MOT CIP Delivery – Priorities have been reviewed and non-essential work stood down	
Investment into General Practice – Impacting out commissioning options e.g. LCS and Spirometry etc. Discussions are ongoing via BeCCoR	

Any other information:

Key escalations for NHS Greater Manchester PCCC:

Funding with regards to Quality Assured Spirometry (QAS) provision at locality level beyond 1st March 25.
GM PCCC be advised on the position of Bury in relation to LCS payments, namely 1) any further standardization must be predicated on equalization of available funding, 2) that we recognise the arrangements in 24/25 as an initial year of implementation, and 3) that the year 24/25 must be focused on identifying opportunities for 'left shift' to secure further services appropriately in primary care for the benefit of patients and in the context of the urgent requirement to address GP financial sustainability.

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	07 October 2024	Action	Receive
Item No.	14.	Confidential	No
Title	Bury Integrated Care Partnership System Assurance Committee Summary Report		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Carolyn Trembath, Head of Quality (Bury)		
Clinical Lead	Cathy Fines		

Executive Summary
This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in September 2024.
Recommendations
The Locality Board is asked to receive the report and share any feedback to the System Assurance Committee for action

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
System Assurance Committee	09/09/2024	Summary to be provided to Locality Board

BURY INTEGRATED CARE PARTNERSHIP

System Assurance Committee Highlight Report – September 2024

1. Introduction

1.1. This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee (SAC) meeting that took place in September 2024.

2. Background

2.1. This report is a summary of the System Assurance Committee held on 9th September 2024. Since May 2024, it has been agreed that the SAC will now be held bi-monthly.

3. Headlines from the System Assurance Committee

3.1 Patient Safety Incident Reporting Framework (PSIRF) and Learning from Patient Safety Events (LFPSE)

- PSIRF and LFPSE are used together to work through how incidents relating to patient safety are shared by providers to NHSE and ICBs. They replace the National Reporting Learning System (NRLS) and the Strategic Executive Information System (StEIS).

- Specifically, PSIRF and LFPSE are about learning and what is understood in terms of making patient safety better and how this is embedded.

- Work is ongoing across the GM Quality Function and in liaison with NHSE via the FutureNHS Collaboration platform to agree how to help support organisations to utilise LFPSE particularly for small providers and in General Practice as local incident reporting systems are withdrawn.

- GM BI Team looking to develop processes to extract incidents logged on LFPSE and for this to be available on Tableau that can be accessed for local reporting to see issues and trends.

- Providers on NHS funded contracts (both full and shorter form) will be able to report incidents to LFPSE along with GPs. Longer term the plan is to roll out to care homes, other primary care providers, dentists, optometrist, pharmacist and social care. It is not yet clear how this will be supported.

- NHSE have a long-term vision/plan to enable the general public to add incidents/feedback/complaints/compliments onto LFPSE.

- The dynamics of how LFPSE will work where there are multiple organisations involved in an incident are being worked through to ensure that investigations, responses and outcomes are appropriate and enable lessons to be learnt.

BURY INTEGRATED CARE PARTNERSHIP

3.2 Bury System Efficiencies – Local programme/governance update

- The high-level priorities for 24/25 and the key obsessions required to support this have been shared with the Locality Board via the IDC.
- Work to develop a dashboard on Tableau is underway.
- The Elective and Community Pathways Board meets for the first time on 11/09/24. The Board will have a strategic system focus on elective and community service provision from a GM and place-based perspective.

3.3 Risk

- A programme of work has been undertaken over the last year to ensure that risk management process in Bury are in line with GM policies and procedures.
- Risk Management training sessions have been provided to all SRO's (Senior Responsible Officers)over the summer months by GM.
- Risk Review Session is planned for 23/09/24 with all SRO's for each Workstream/Transformation Board to enable scrutiny of risk scoring and actions/mitigations are compliant with GM policies.

3.4 Quality Report

- Report provided in the same structure as that to the GM SQG bi-monthly meeting.
- ADHD/ASD – discussions about the future procurement of ASD/ADHD services for patients not in the LANCuk cohorts continue in relation to STAR/PSR requirements.
- Young People Sensory Processing Service – new service spec being developed to be in place early 2025 and manage capacity requirements.
- Support for Care Leavers - findings from the National Adviser on Care Leavers Provision demonstrated there was a proactive approach to services being developd for care leavers.

3.5 Celebrating success/awards/innovation and good practice

- Bury Council Silver Sustainable Food Award
- Cavell Star Awards 2024 - Wendy Parker, Jess Dugdale, Louise Palmer and Janet Davies.

BURY INTEGRATED CARE PARTNERSHIP

- HSJ Patient Safety Awards 2024 –
  - Best Use of Integrated Care and Partnership Working in Patient Safety
    Winner - NCA and the Four Localities Partnership - Improving care for people with dementia across an acute hospital discharge pathway
  - Patient Safety In Elective Recovery Award
    Finalist – NCA Elective Spinal Recovery Programme
  - Quality Improvement Iniative of the Year
    Highley Commended - NCA - Days Kept Away from Home (DKAFH) Collaborative

4 Associated Risks

4.1 None.

5 Recommendations

5.1 None

6 Actions Required

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

Carolyn Trembath
Head of Quality
carolyntrembath@nhs.net
October 2024

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	07 October 2024	Action	Receive
Item No.	16	Confidential	No
Title	Minutes of the SEND Improvement Board Meeting		
Presented By	Will Blandamer, Executive Director, Health and Adult Care - Bury Council and Deputy Place Lead - NHS GM (Bury)		
Author	_____		
Clinical Lead	_____		

Executive Summary
The attached minutes are from the SEND Improvement and Assurance Board Meeting which was held on 20 August 2024 and are attached for Locality Board members information.
Recommendations
The Locality Board is asked to note the minutes.

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

Bury Council
Department of Children & Young People

Minutes

SEND Improvement & Assurance Board Meeting
20th August 2024

1	**INTRODUCTIONS & MINUTES**	
	The Chair welcomed everyone to the SEND Improvement and Assurance Board meeting. 3 members of the newly established Young People's SIAB group (name not currently agreed by the young people) also attended this meeting. Introductions were made and apologies given. The Chair reiterated the expectations that everyone in attendance read all the agenda papers prior to the meeting. The minutes from July SIAB were accepted as a correct record.	
2.	**ACTIONS & DECISION LOG**	
	The action log was reviewed and updated. • Action 4- Refresh the JSNA by September's Board. • Action 8- Create a short piece following a SIAB meeting - podcast/blog. • Action 11- Consult with young people to find out how they would like the board to communicate with them and if there is anyone who would like to attend a board meeting. Completed. • Action 14- Consider how we present the information for young people moving forward	

	• Action 15- SIAB Board Members to check availability to attend Youth Voice Network meetings and let Scout know by September SIAB. • Action 16- the Chair to meet with Mandy Philbin and other Chairs of SEND Boards before August Board. • Action 17- Scout to link in with Bury2Gether around demographic breakdown of parents involved. • Action 18- SIAB Members to consider how to assess the approach and language being used by professionals/teams in relation to expectations of needing an EHCP to access services The Chair explained to the young people that there is an action log where Board members are assigned tasks for which they are responsible for completing within an agreed timeframe. The Chair and Lead for Communications held a Communications Mapping meeting on Monday where the current Communications and Engagement plan, which was facilitated by the Council for Disabled Children, was reviewed. One of the decisions made was to send a newsletter out in September 2024. The Risk Register is still awaiting confirmation of a Project Manager. **Action-** Members to continue updating and reporting risks so once there is a Project Manager, the risks can be collated and added to the risk register. The Chair updated that an initial conversation with PPL has happened about combining the Project Safety Valve (PSV) risks. The SEND Youth Ambassador has consulted with youth members on how they would like to attend the SIAB and how to present information to the young people. This was presented by Scout Sterling and the young people in this meeting. Scout Sterling has linked with bury2gether to provide demographic information of parents involved in relation to Priority Impact 1 which was presented in this meeting. Priority Actions reporting to SIAB are included in the forward plan for the next 12 months.	

	Gill Gibson and Mandy Philbin have confirmed the ICB governance structure and will not be attending SIAB. However, they will attend the 6 month Stock take. **Action**- Chair to meet with the Chief Nurse of the ICB at the end of the month. When discussing expectations for education, health, and care plans, it's important to consider how language is used. Is there an assumption that young people will receive an education, health, and care plan before exploring other forms of support? In terms of escalation, the Chair will escalate to Chief Executive Bury Council Place Based Lead for Health and Care NHS GM Bury) and Chief Nurse and Deputy CEO of ICB. This is in the terms of reference clarified by a letter from the Chief Executive of Greater Manchester Integrated Care Board, **Action**- Letter to be re-circulated from CEO ICB to SIAB members.	
3	**Contributions from, and engagement with, Children and Young People**	

	It is really important that we hear what children and young people are saying and that the SIAB remain focused on children's experiences. It is essential that we achieve sustainable positive outcomes for the children and young people of Bury. The young people shared their thoughts about being part of the group. Highlights from the presentation were: A group of young people has had the opportunity to discuss how they would like to feed into this Board in the future. They advised that they would like to be invited to the Board and have representation as an equal partner. The group have established the Young People's Working Group (yet to be named by the young people) which met yesterday with representatives from across a range of children and young people's groups. They have requested a SIAB member attends each of their meetings as well as the Chair when possible. They asked if they could present at each board meeting so each representative of the working group can attend 2 meetings a year. Consideration would need to be given around the future timing of meetings as it would not be possible to come out of school to attend. Hosting the board meeting in local schools after school hours waws also suggested. The young people stated they would like to see portraits of all the Board members with some information about themselves. **Action**- All members to complete a portrait by next Board meeting. Example template can be found in SIAB youth presentation. The young people have requested the minutes of SIAB meetings going forward as well as video summaries of the Board meetings. The group expressed that they would like the opportunity to share their experiences. <u>Discussion</u> • The Board members agreed on the importance of inviting young people to come along and speak to the Board directly and express themselves. • An issue highlighted by the youth representatives was the process to an official diagnosis providing the example of another young person who started their diagnosis at the age of 3 but was officially diagnosed at the age of 15 which raises concerns about	SEND Ambassador and Inclusion Advocate.pptx https://www.autismdogs.co.uk/

	the support they receive through the process. • One young person mentioned they were an ambassador for 'Autism dogs' so they have an assistance dog who aids them in their daily lives such as steering away from overcrowded areas and would like to raise more awareness about this. An information card was handed around SIAB. • To provide feedback in Youth Cabinet meetings, the young people have requested a representative from the SIAB to attend. • The Board asked the young people what they wanted to see out of the SEND Strategy (Priority Impact 1). The group want an improvement in services for people with additional needs, especially in how they are perceived. • The young people expressed interest in having peer training for adults with/by young people and working directly with OFSTED as well. • The young people's working group has been established which adheres to the co-production phase plan. The next phase will be co-producing the SEND Strategy and visiting Bury's High schools. A future possibility is working with primary schools and Jewish and BAME communities. **Action**- SEND Youth Ambassador to contact schools in September and start visiting them from October onwards for Phase 2. • Reports currently include some technical language and can be quite complex therefore we need to create space for sharing reports and opportunity to engage with the young people and feedback on the progress of the Board. The young people requested video summaries of meetings. • The young people also suggested the use of social media platforms such as YouTube or Instagram to increase the number of children and young people reached in and beyond Bury. • The SIAB minutes are being made available on the Local Offer and podcasts will be developed so that children and young people can access the information as well as parents, families and other stakeholders. However, all names are being redacted. • We need to decide which Board members are going to attend which of the Youth Voice	

	Network meetings and SIAB Young People's working group. **Action –** SIAB Board Members to check availability to attend meetings and let Scout know. The dates of the Youth Voice Network are on: 12 November 2024 4 March 2025 24 June 2025 SIAB Young People's Working Group: 23 September 2024 6.30pm – 8.00pm 10 October 2024 6.00pm – 7.30pm 25 November 2024 6.30pm – 8.00pm **Action**- Two SIAB members were identified to attend the November meeting	
4	**GOVERNANCE**	
	<u>Terms of Reference</u> The Terms of Reference have been recently updated but will require updating again in relation to the young peoples group and approval by the Chair. **Action** – the Chair and SEND Youth Ambassador to update the Terms of Reference to include the young people's group. <u>Data Set</u> In Priority Impact 1 (pages 7,8,9) there are 53 proposed key performance indicators and 3/5 are numerical and 2/5 are qualitative. There is more work needed on the indicators themselves and to consider trajectories of expected performance during the duration of the Priority Impact Plan and Improvement Notice. **Action**- Head of Strategy, Assurance and Reform to analyse quantitative data as an assessment of the current performance and discuss with the Leads of priority areas. Further work on survey questions is needed so there is an agreement on what is asked of parents and carers, who is surveyed and how are we seeking to survey those people? Parent and carer partnerships must be involved.	

	There are definitional issues around some of the indicators which need clarifying as it is a measure of performance. **Action**- Head of Strategy, Assurance and Reform to clarify indicators and bring them back to the board. JSNA updates will also be added into the analysis of the data. **Action -** All Leads must report from October onwards on KPI's and qualitative data embedded in reports even if it is still in progress.	
5	**PRIORITY IMPACT PLAN (PIP) 1**	
	Update on PIP 1 <u>Discussion</u> The QA framework identifies both strengths and areas for improvement, with a focus on addressing areas to support ongoing service development and partnership learning. A key priority has been the SEND Communication and Engagement plan, which included recruiting a SEND Engagement Officer. Through discussions and feedback with Bury2gether, a more collaborative approach was developed for this role, presenting an opportunity to strengthen engagement efforts by incorporating improved digital strategies. The job description has been updated. As to co-producing the SEND strategy, the Local Authority is re-engaging with the Council for Disabled Children in September with carers and young people centered around that. The focus is now on progressing the strategy as part of a wider Education and Inclusion strategy. In terms of governance, the Joint Commissioning Group will be stepped up in September and the Locality Board links into this board. The Joint Commissioning Group have a provisional date to meet in September and the Executive Director of Health and Adult Care is to meet with Bury2gether to discuss co-design specification, but also clearly describing the way the mechanisms are to be evaluated. To add to governance, Burys is moving to a fully academised educational system which is an	

	opportunity to recast what the strategy can do under the statutory functions. It will be important, to ensure the right people can attend the meetings to develop the strategy and how progress is reported. The first meeting of the SEND Delivery Group took place in August chaired by Stephen Holden. It was agreed that the messages from the Youth Cabinet need to be pushed out to reach all schools and the wider community. **Action**- Director of Education and Skills to implement in the Terms of Reference of the SEND Delivery Group. The Quality Assurance framework is being developed to include a multi-layered approach, with a focus on embedding the graduated approach and ensuring the offer is clear and accessible to schools. The framework aims to address the confusion around the offer and support early identification and intervention. Envision' has been procured and potentially rolled out in September and the next step will be to form a process around multi-agency audits. The framework needs refining how feedback will be obtained. Evidence of the QA process must be in Delivery Board reports by all partners. The Chair raised that parents and carers were exhausted by being expected to provide feedback so new/amended methods to gain feedback are needed as part of the QA framework. Following on from the meeting yesterday , the Chair suggested joining the Communications Task and Finish group from PSV with the work in relation to the Area for Improvement 1 so there is one approach. Greater Manchester communications architecture needs to be an inherent part of the partnership and the combined authority. Work needs to be framed in such a way that it can withstand being put on the Local Offer. The Chair added, that a Communications strategy will be written and the Comms and Engagement plan adapted and updated. **Actions**- all SIAB members to circulate relevant information and updates from related meetings for circulation to SIAB.	
6	**Priority Impact plan (PIP) 2**	
	Update on PIP 2	

	Discussion Work on offers to inactive stakeholders has been made in preparation for September. The executive update focuses on the work of the local area inclusion and outreach offer. Feedback from schools and parents indicated confusion or lack of clarity about available services. In response, all current services offered to schools have been consolidated to address this issue. The Inclusion team, Educational Psychology team, external providers, partnerships, and Health services have been brought together to clarify and define the offer. The offer will be across all settings to support and embed on a borough wide approach to early identification. The Inclusion and Outreach model was explored potential support of primary to secondary aged children at risk of permanent exclusion. Additionally, there was a focus on understanding key priorities , such as attendance, and exploring how early identification and the graduated approach can be effectively utilized. In Bury, the Multi-agency Inclusion Panel operates below the official EHC panels, focusing on individual children's needs, school support, and occasionally funding allocation. However, the panel needs to be broader, more effective, and efficient. The aim is to come to one panel, triage and get the appropriate advice, support and guidance. In a prior meeting, the training offer was also discussed and will be formalized, as well as providing enhanced individualised consultation so it is more effective for schools to identify earlier and engage with health colleagues. The Insight team are keen to be part of the delivery. The development of a universal specialist offer for all school-aged children was agreed upon, including test-and-learn activities to identify engaging and impactful education methods. There are varying levels of knowledge about inclusive practices and Quality Teaching. Collaboration with the Quality Assurance team is needed to set appropriate targets and support for schools and individuals, ensuring efficient and effective outcomes. A consistent approach and improved knowledge on timely identification are crucial. Feedback indicates that post-EHC needs assessments and the graduated approach should continue after the plan is implemented. This may	

	involve adjusting the level of provision to achieve the desired impact. Additionally, it's important to address how to use existing resources to manage the demand felt by the Age Assessment team and stabilise placements. There is a need to better utilize the inclusion service to stabilise and upscale support while connecting with expertise across the local area. Emphasis should be placed on early support and ensuring schools receive assistance at the earliest opportunity. Improving the integration of multi-agency work, particularly in Health services where recruitment is still pending, is crucial. Instead of waiting for panel meetings, which occur infrequently, the focus should be on providing support as early as possible. The Local Offer has been updated and is now live on the Council's website, with a focus on ensuring it is kept up-to-date and accessible. It was discussed in the Communications meeting yesterday about how to evolve the job description for the Communications Engagement Officer to include responsibility for the Local Offer. The Local Offer needs to be transparent and then evolving the reach and content to parents, carers, and young people. The Chair added that the website needs a 'launch' so people are aware it is available. Recruitment activities are currently underway to determine appointable candidates to increase wider Health Visitor capacity and investment. The Chair would like a time frame of when the recruitment will be completed for SIAB to have assurance. Support with regards to funding for the Project Management has been initiated with PPL. An annual review Corporate Plan needs developing in accordance with the PSV delivery plan. Initial meetings in developing the pathways for Early Years support have commenced with key stakeholders on identification, how are they identified? Do we know those children? Are they known to services? How to ensure that that Graduated Approach takes place at the earliest opportunity. Work with Bury2gether and school communities is still in progress but halted over the Summer due to school holidays.	

7	**Priority Impact Plan (PIP) 3**	
	Update on PIP 3 <u>Discussion</u> There have been significant discussions about reducing waiting times for services by 2024 such as Community Pediatrics and CAMHS. Waiting time information needs to be on presentation format for this board then into the Local Offer. Waiting times have reduced from 99 to 50 in terms of the total number of people waiting for Community Paediatric wait times . The meeting recognised progress in some areas but acknowledged we would wish to go further. There board discussed how to develop a trajectory that would evidence whether sufficient progress has been made. The board discussed the recgnition that waiting times for some services are a national challenged. All mitigation activity to reduce that should be evidenced and have trajectories for all interventions. Challenges were raised about children and families on waiting lists, we do not know how their needs are exacerbated. Wendy Young and Jane Case have been working on merging the data of the offer such as triaging into one system. Regarding Community Peadiatric wait times, work is ongoing to assess available capacity. Some capacity has been lost due to staffing changes, which is an issue. The outcome of the July workshop is pending. The Neurodivergent Profile Toolkit has been implemented. The CAMHS waiting list has improved with better progress in the neurodivergent pathway which is aimed to be developed by March 2025. However the meeting agreed the CAMHS neuro waiting times were unacceptably long and further work is required. The Inclusion team are beginning to develop and roll out the Autism Schools training. There is development of the GM wide toolkit with the Joint Commissioning group. There is progress on the ADHD service and the target is to have this service implemented by March 2025. The process of procurement of that service is with colleagues in Rochdale and Oldham.	

	The use of PADLET shows strong engagement across a wide range, providing a solid baseline for future progress.	
8	**WORKFORCE**	
	An update on workforce was provided. The workforce strategy includes a model of good practice from Lancashire. The goal is to develop a plan by December 2024 and begin implementing it, focusing on partnership workforce development opportunities. The Chair emphasised to all Leads the importance of incorporating workforce and communication as key themes throughout.	
9	**FORWARD PLAN**	
	For the September meeting it was agreed that Priority Actions 4, 5 and 6 be presented. It was also agreed that the October SIAB will take place between 2.00pm and 5.00pm in order to enable the young people to attend after school/college. November SIAB will hopefully be taking place in one of the schools. **Action** –Director of Education and Skills to confirm venue for November.	
10	**ANY OTHER BUSINESS**	
	No other business discussed.	
11	**DATE OF NEXT MEETING**	
	25th September at 10am – 1.00pm (VIRTUAL) ***14th October at 2pm – 5.00pm (please note change of time)*** 27th November at 10am – 1.00pm	