AGENDA FOR

LOCALITY BOARD

Contact:: Please visit https://gmintegratedcare.org.uk/meetings-and-events for all information and papers
Direct Line:
E-mail:
Web Site: www.bury.gov.uk

To: All Members of Locality Board

Councillors : E O'Brien (Chair), L Smith and T Tariq

Dear Member/Colleague

Locality Board

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

Date:	Monday, 6 January 2025
Place:	Microsoft Teams
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 **AGENDA PACK** *(Pages 3 - 120)*

Agenda Item 1

Agenda

Locality Board – Meeting in Public

Date: 06th January 2025

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams Chair: Dr Cathy Fines

Full agenda pack begins on next page.

Date and time of next meeting
Monday, 03rd February 2025 at 4.00 pm to be held in person

If you wish to attend this meeting, please contact the Bury Corporate Team at; gmicb-bu.corporateoffice@nhs.net
If you would like to ask a question of the Bury Locality Board, please submit it by **email to** gmicb-bu.corporateoffice@nhs.net **no later than 02nd January 2025 at 12 noon.** Questions received after this time will be taken to the following meeting.

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

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Agenda

Locality Board – Meeting in Public (on Teams)

Date: 6th January 2025

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams

Chair: Dr Cathy Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.0	4.00 – 4.05	5 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.0			Declarations of Interest	Paper	Information	Chair
3.0			Minutes of previous meeting held on 2nd December 2024 and action log	Paper	Approval	Chair
4.0			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.0	4.05 – 4.15	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
Locality Board Priorities						
6.0	4.15 - 4.35	20 mins	Mental Health			
6.1			Bury Locality priorities and Mental Health Commissioning intentions	Paper	Discussion	Will Blandamer
6.2			Getting Helpline Decommissioning	Paper	Approval (decision to be ratified at face to face meeting in February 2025)	Will Blandamer
6.3			Pennine Care Service Mapping	Verbal	Discussion	Sarah Preedy

7.0	4.35-4.45	10 mins	Childrens update	Verbal	Discussion	Jeanette Richards
8.0	4.45-4.55	10 mins	Lets Do it Strategy	Paper	Discussion	Will Blandamer
9.0	4.55-5.05	15 mins	Locality /Sustainability Plan/Planning Guidance Update	Verbal	Discussion	Will Blandamer/ Kath Wynne-Jones
Integrated Delivery Collaborative Update						
10.0	5.10-5.20	10 mins	Integrated Delivery Collaborative Update	Paper	Discussion	Kath Wynne-Jones
11.0	5.20-5.25	5 mins	Performance Report	Paper	Discussion	Kath Wynne-Jones
Updates						
12.0	5.25-5.35	10 mins	Strategic Finance Group Update	Verbal	Discussion	Simon O'Hare
13.0	5.35-5.40	5 mins	Population Health and Wellbeing update	Paper	Information	Jon Hobday
Committee/Meeting updates						
14.0	5.40-5.45	5 mins	Clinical and Professional Senate update	Paper	Information	Kiran Patel
Closing Items						
15.0	5.55 – 6.00	5 mins	Any Other Business	Verbal		
16.0	_____	_____	**Date and time of next meeting in public - Monday, 3rd February 2025, 4.00 - 6.00pm in the Council Chamber, Bury Town Hall**	_____		

Meeting: Locality Board			
Meeting Date	06 January 2025	**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 impact on the business to be transacted at the meeting on 6 January 2025 and
- Provide any further updates to existing Declarations of Interest within the Register.

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

Links to 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.	☒

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:						

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

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	X			Direct	Councillor		Present	As per policy - see details above	
				Young Christian Workers - Training & Development	X			Direct	Development Team		Present		
				Labour Party		X		Direct	Member		Present		
				Prestwich Arts College		X		Direct	Governor		Present		
				Bury Corporate Parenting Board		X		Direct	Member		Present		
				No Barriers Foundation		X		Direct	Trustee		Present		
				CAFOD Salford		X		Direct	Member		Present		
				Prestwich Methodist Youth		X		Direct	Trustee		Present		
				Unite the Union		X		Direct	Member		Present		
Cllr	Tariq	Tamoor	Executive Member of the Council Adult Care and Health	Bury Council - Councillor	X			Direct	Councillor	May-10	Present	As per policy - see details above	
				Health Watch Oldham	X			Direct	Manager	Aug-20	Present		
				Pretty Little Thing				Indirect			Present		
				Action Together CIC	X			Direct	Employed		Present		
				The Derby High School			X	Direct	Governor	Apr-18	Present		
				St Lukes Primary School		X		Direct	Member		Present		
				Unite the Union		X		Direct	Community Member	May-12	Present		
				Labour Party		X		Direct	Member	Jun-07	Present		
Cllr	Smith	Lucy	Executive Member of the Council for Children and Young People	Bury Council	X			Direct	Councillor		Present	As per policy - see details above	
				Business in the Community	X			Direct		July 2023	Sep-23		
				The Christie NHS Foundation Trust				Indirect	Related to Spouse	Jul-23	Present		
				Labour Party				Direct	Member		Present		
				Community in the Union				Direct	Member		Present		
				Socialist Health Association				Direct	Member		Present		
				Catholics for Labour				Direct	Member		Present		
				GMB Union				Direct	Member		Present	######	Y
Dr	Fines	Cathy	Associate Medical Director and Named GP	GP Federation	X			Direct	Practice is a member	2013	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y,Y)	
				Tower Family Health Care	X			Direct	Partner in a member practice in Bury Locality	2017	Present		
				Horizon Clinical Network	X			Direct	Practice is a member	2019	Present		
				Greater Manchester Foundation Trust				Indirect	Husband is employed		Present	######	Y
	Jackson	Catherine	Associate Director of Nursing, Quality & Safeguarding	Northern Care Alliance				Indirect	Partner is a Director at the Northern Care Alliance	2019	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	Locality Finance Lead	Simkat Shore Holdings LTD	X			Direct	Director	Apr-19	Present	As per policy - see details above. (Y,Y,Y,Y,Y)	
	Kissock	Neil	Director of Finance/Section 151 Officer	None Declared					Nil Interest	Aug-24	Present		
	Heppolette	Warren	Chief Officer for Strategy & Innovation	Greater Sport			X	Direct	Trustee	2018	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
				FC United			X	Direct	Director	2021	Present		
Voting Members (Aligned & Non-Pooled Budget)													
Dr	Howarth	Vicki	Medical Director – Bury Care Organisation, NCA	Unilabs Ltd - Private Histopathology Service	X			Direct	Providing services as Consultant Histopathologist to the	2011	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
				Tameside and Glossop Integrated Care NHS Foundation Trust	X			Direct	Bank Consultant Histopathologist performing Coronial Post-	2015	Present		
	Fawcus	Joanna	Director of Operations, NCA	None Declared					Nil Interest	Nov 23	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	Director of Nursing Bury Care Org (NCA)	Declaration of Interest form awaited									
Dr	Patel	Kiran	Member of the Locality Board	Tower Family Health Care - Primary Care General Practice	X			Direct	GP Partner	Jul-18	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
				Bury GP Federation - Enhanced Primary Care Services	X			Direct	Medical Director	Apr-18	Present		
				Laserase Bolton - Provider of a range of cosmetic laser and injectable	X			Direct	Medical Director	1994	Present		
				Laserase Bolton - Provider of a range of cosmetic laser and injectable				Indirect	Spouse is a Shareholder	2012	Present		
				Tower Family Health Care - Primary Care General Practice				Indirect	Spouse is a Director	Jul-18	Present		
	Preedy	Sarah	Chief Operating Officer, Pennine Care NHS Foundation Trust	None Declared					Nil Interest	Nov 23	Present		
	Hargreaves	Sophie	Chief Officer, Manchester Foundation Trust	Manchester & Trafford LCO				Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N,N,N)	
	Tomlinson	Helen	Chief Officer, Bury VCFA	Bury VCFA (Voluntary, Community, Faith & Social Enterprise)	X			Direct	Chief Officer in organisation which may seek to do business with health or social care organisations	Nov-21	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			X	Direct	Chairman	2018	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
				Manchester Football Association			X	Direct	Board Champion for Safeguarding	2018	Present		
				Ashton on Mersey Rugby Club Trafford			X	Direct	Director	2023	Present		
				Manchester Foundation Trust (Trafford)				Indirect	Spouse is a Community Nurse	2024	Present		
				Francis House Hospice (Manchester)				Indirect	Spouse is a Qualified Nurse	2014	Present		
				University Hospital of Wales				Indirect	Daughter is a Junior Doctor	2024	Present		
				Leeds University				Indirect	Daughter is a medical student	2019	Present		
	Richards	Jeanette	Executive Director of Children and Young People, Bury	None Declared					Nil Interest	Nov 23	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	Bolton Hospice			X	Direct	Trustee	Jul-05	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
Non-Voting Members													
	Wynne-Jones	Kath	Chief Officer, Bury Integrated Delivery Collabrative	KWJ Coaching and Consulting	X			Direct	Owner	July 21	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
				Roots and Branches CIC	X			Direct	Director	Nov 23	Present		
				The University of Manchester - Elizabeth Garrett Anderson programme	X			Direct	Tutor	Oct-22	Present		
Invited Members													
Cllr	Bernstein	Russell	Cllr Bury Council, Conservative Leader	Bury Council	X			Direct	Councillor	May-21	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
				Philips High School			X	Direct		Sep-19	Present		
				Bury and Whitefield Jewish Primary			X	Direct		Sep-19	Present		
				Conservative Party		X		Direct	Councillor	Jul-19	Present		
Cllr	Smith	Mike	Attendee of the Locality Board as Leader of Radcliffe First	Angles and Arches	X			Direct	Director	16/1/2009	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
				Anodising Colour		X		Indirect	Spouse is a lab technician	2017	Present		
				Radcliffe First		X		Direct	Leader	2019	Present		
				Radcliffe Litter Pickers		X		Direct	Member	2019	Present		
				Growing Older Together		X		Direct	Member	2019	Present		

Meeting: Locality Board			
Meeting Date	06 January 2025	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 2nd December 2024 and action log		
Presented By	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 December 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;
- Ratify the decisions made at the Locality Board meeting on the 2nd December 2024.
- Provide an update on the action listed in the log.

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.	☒

Links to Locality Plan outcomes	
To ensure that a greater proportion of local people are playing an active role in managing their own health and supporting those around them.	☒

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:						
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**
N/A		

Draft Minutes

Date: Locality Board, 2nd December 2024

Time: 4.00 pm

Venue: Council Chamber, Bury Town Hall, Knowsley Street, Bury

Title	**Draft Minutes of the Locality Board**
Author	Emma Kennett
Version	0.1
Target Audience	Locality Board
Date Created	December 2024
Date of Issue	December 2024
To be Agreed	Monday, 6th January 2025
Document Status (Draft/Final)	Draft
Description	Locality Board Minutes

Document History:

Date	Version	Author	Notes
December 2024	0.1	Emma Kennett	Draft Minutes produced
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public (via Teams) 2nd December 2024 4.00 pm until 6.00 pm **Chair – Cllr O'Brien**

ATTENDANCE

Voting Members
Cllr Eamonn O'Brien, Leader of Bury Council (Chair) Dr Cathy Fines, Senior Clinical Leader in the Borough Cllr Tamoor Tariq, Executive Member of the Council for Adult Care and Health Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GMIC) Ms Lynne Ridsdale, Place Based Lead Mr Simon O'Hare, Associate Director of Finance Ms Joanna Fawcus, Director of Operations, NCA Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) Ms Jeannette Richards, Executive Director of Children and Young People, Bury Council Mr Jon Hobday, Director of Public Health Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care Mr Adrian Crook, Director of Adult Social Services and Community Commissioning
Non-Voting Members
Ms Kath Wynne-Jones, Chief Officer, Bury IDC
Invited Members and Observers
Cllr Russell Bernstein, Conservative Opposition Party Mrs Catherine Tickle, Senior Programme Manager (Bury) Ms Cari Kay, Legal Services, Bury Council Ms Chloe Ashworth, Democratic Services, Bury Council Mrs Emma Kennett Head of Locality Admin & Governance

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 Mr Neil Kissock, Cllr Lucy Smith, Ms Sophie Hargreaves, Dr Kiran Patel, Cllr Mike Smith and Ms Catherine Jackson.
1.3	The meeting was declared quorate.

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 December 2024 and previous meeting 4th November 2024.** No declarations to note.

ID	Type	The Locality Board	Owner
D/12/01	Decision	Received the declaration of interest register.	

3	Minutes Of the Last Meeting and Action Log
3.1	The minutes from the Locality Board meeting held on 4th November 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/12/02	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.	
D/12/03	Decision	Ratified the decisions made at the Locality Board meeting on the 4th November 2024 (Bury Contract Oversight and Estates items).	

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

ID	Type	The Locality Board	Owner
D/12/04	Decision	Received the update.	

5	Place Based Lead Update
5.1	Ms Ridsdale presented the latest Place Based Lead update to the Locality Board and outlined the key developments since the last meeting. It was reported that: - • Stuart Richardson had recently been appointed as the Chief Executive of Bury Hospice. It was noted that Stuart had worked in Bury many years ago and rose to Chief Executive level in an NHS provider and therefore brought a wealth of health care delivery experience to the work of the hospice. • The second quarterly Locality Assurance Meeting had taken place on the 28th November 2024. At the meeting, multiple examples of partnership work in Bury were recognised demonstrating improved outcomes for residents in the borough and compliance with the key strategic intent of the Greater Manchester sustainability plan. Particular recognition was given to: - - Historically low Days kept away from home numbers from Fairfield General Hospital. - No mental health out of area placements from Bury residents. - The comprehensive role out of My happy mind to all primary care schools supporting emotionally health and wellbeing and creating resilience in young children. - Highest number of Learning Disability Health checks in primary care - 24000 more appointments in primary care April to August 2024 compared to same period in 2019. There was also discussion around the main system challenges which included: - The relatively under GPd position of Bury compared to other parts of Greater Manchester and the limitations imposed on Bury by having a significantly lower LCS budget than elsewhere. - The priorities associated with responding to the OFSTED/CQC judgement of widespread and systemic failure of the Bury SEND partnership arrangements, in particular community paediatric waiting times and Neuro CAMHS waiting times. - The remaining need for a locally commissioned provider of adult ADHD services across Bury/Oldham and Rochdale. - The gaps in mental health provision in Bury relating to crisis response and early intervention services, manifesting in relatively high numbers of Days

	kept away from home, section 117 costs, and inappropriate attendance at ED and the need for a commissioned response focused less on OAPs and more on demand reduction through transformed community mental health provision. - Recognised significant challenges to the financial position of the NHS GM in Bury largely as a result of pressures on the CHC and complex care budget, and confirming the steps taken in Bury. • A Let's Do It Refresh Workshop took place on the 26th November 2024 and colleagues across the Bury Integrated Care Partnership were thanked for their attendance. The refreshed strategy would be finalised in December 2024 and the consideration of the Locality board in January of the opportunity for the health and care system to play its fully part will be welcome. • Colleagues from both the Council and NHS Greater Manchester Bury attended the Health Scrutiny meeting on 28th November 2024 and provided an update on the operation of the Urgent Care System and preparedness for winter as well as the work being undertaken to support adult care providers in the borough with workforce development and support. • The Health and Well Being Board have received updates in recent years on all aspects of addressing obesity, including the development and delivery of the physical activity strategy for the borough, and the work on the borough on sustainable Food choices. The most recent national childhood obesity measurement programme results for 23/24 (compared to 22/23) showed a 0.75% reduction in the overweight and obesity category for reception age children and a statistically significant reduction of 3.89 % in the Year 6 cohort. These were statistically significant reductions which outperformed the reduction across Greater Manchester as a whole. This was hugely important progress and thanks was expressed to all partners – schools, community organisations and the public health team for all their hard work in this area. • The letter following the most recent monitoring visit had been published https://files.ofsted.gov.uk/v1/file/50263259. Inspectors have recognised the progress being made "in ensuring that children are being helped and protected at the earliest opportunity. "The report says: "More children now receive the right help at the right time. The improvement plan appropriately continues to focus on getting the basics right and seeks to deliver sustainable and improved outcomes for children. Continued political support and ongoing financial investment are supporting improvements in practice."
5.2	The following comments/questions/observations were made by Locality Board members: - • That there was a significant amount of work being undertaken across the Locality Board priority areas which should be commended.

ID	Type	The Locality Board	Owner
D/12/05	Decision	Received the update.	

6	PCFT Service Mapping Summary
6.1	Ms Preedy submitted a presentation in relation to the Pennine Care Foundation Trust Service Mapping. It was reported that: - • Pennine Care were currently undertaking a refresh of the Service Mapping work in order to identify the level of variation in services across the Pennine Care footprint. This work would inform service and investment planning, with the aim to drive out unwarranted variation, improve outcomes, increase access, reduce waiting times and increase efficiency. • Variation was identified in terms of where this is non compliance/full compliance against an LTP/national standard, where there is a significant variation against national benchmarks for services and where significant gaps have been identified in the demand and available capacity in services through local service planning

	• In terms of next steps from a Pennine Care perspective, it was noted that the work was not yet finalised and would be validated by internal governance processed as follows: – -2nd December 2024 – Finance review. - 9th December 2024 – Operational Performance and Oversight. - 11th December 2024 – Trust Management Board. - 12th December 2024 – Business Planning Summit. - January 2025 – Performance and Finance Committee.
6.2	The following comments/observations were made by Locality Board members: - • A query around available mental health service capacity in Bury and whether this correlated with some of the gap areas. It was reported that this was being reviewed in terms of the mapping work in terms of the demand. • A question as to whether these gaps in service were unique to Bury. It was noted that there were gaps in other localities but was variation across the Pennine Care footprint. • A recognition that there had been a lot of improvements within Mental Health in recent times however were still a number of gaps that needed to be addressed. • There were still issues around mental health patients presenting at the emergency department. • The impact and costs associated with Section 117, Mental Health Act 1983 packages of care were discussed. • The issue of patients presenting unnecessarily at A&E and how to continue to monitor this moving into the winter months. • There was a need to be clear in terms of what services are needed in Bury going forward and how this linked to the Mental Health Strategy for Greater Manchester.
6.3	It was concluded that a further discussion on the Service Mapping would need to take place at the Mental Health Programme Board with a further discussion at the Locality Board in January 2025 and a consistent locality board partner perspective on gaps and priorioties would be itemised in the refreshed locality priorities and high level commissioning intentions

ID	Type	The Locality Board	Owner
D/12/06	Decision	Noted the update.	
A/12/01	Action	A further detailed paper in relation to Service Mapping would take place on the Locality Board meeting in January 2025.	Ms Preedy

7	Elective Waiting Times Update
7.1	Mrs Tickle was in attendance for this item.
7.2	Ms Fawcus and Mrs Tickle presented an update report in relation to Bury Elective Waiting Times Update. The report covered: - • Performance in respect of the RTT Waiting List. • The main specialties driving current NCA RTT performance are Dermatology, Neurology, Spinal Surgery (which is counted under Trauma & Orthopaedics), and ENT. • In terms of 62 day Cancer performance, there was Minimal variance in performance between patients from the Bury locality in comparison with the NCA wide position • There had been a 5% Improvement in GP 62 Day Performance and a 1% Improvement in Screening 62 Day Performance. • The current challenges in relation to the skin pathway were set out.
7.3	The following comments/observations were made by Locality Board members: -

	• A query in relation to ophthalmology waits in Bury and why the waits were high for Bury. Ms Fawcus commented on the current issues within this area and next steps being taken in this regard.

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

8	Children & Young People Delivery Plan Update
8.1	Mr Blandamer introduced the report which provided an update in relation to the Joint Forward Delivery Plan for Children and Young People developed by the Greater Manchester Integrated Care Partnership. It was noted that this report was being considered by each of the ten locality boards in Greater Manchester.
8.2	It was highlighted that the Bury Locality Board had prioritised children's services and children's health and wellbeing in the year 2024. There were many aspects of the Greater Manchester Joint Forward Delivery plan that were recognisable to Bury and related to key priorities in Bury. The current status/position against the 6 key priorities was detailed within the report.
8.3	Ms Richards commented that she was pleased to see this plan in this level of detail which was really positive however would need to be some further prioritisation of the priorities contained within the plan to support the implementation.
8.4	The following comments/observations were made by Locality Board members: - • This was a massive piece of work cutting across a number of key themes. There would need to be some further analysis in terms of requirements/prioritisation going forward.

		The Locality Board	
D/12/08	Decision	Noted the update.	

9	Locality/Sustainability Plan Update
9.1	Ms Wynne-Jones submitted a paper that was intended to provide an update to the Board of the progress made with planning for 25/26 and beyond. The 3 papers attached included: - 1) The first draft of the Locality Plan for 25-26 for health and social care. 2) A summary of Greater Manchester asks with regard to development of a 3-5 year sustainability plan. 3) The current draft version of the GM Sustainability Plan.
9.2	Members noted that a local group had been set up by the IDC Chief Officer to oversee this process.
9.3	The following comments/observations were made by Locality Board members: - • The need to capture more strongly further detail in relation to sustainable community services as part of these plans particularly around mental health. • There was now access to place and neighbourhood level data to support the plans which linked to the population health agenda. • A query as to whether the locality was being courageous enough as part of these plans. • The need to ensure that the workforce is appropriately engaged in relation to these plans to ensure its fully understood what differences staff are making. • Suggestion made around the format of the plan in terms of ensuring that can translate across the community and voluntary sector • There were challenges in relation to the financial elements of the plan and need to review the Better Care Fund and Integrated Care components of this.

	• Some of the language contained within the plan could be clearer in respect of 'system sustainability' and some of the acronyms could be written in full where appropriate. • The need to ensure that patients and the public are fully engaged in relation to these plans going forward.		
		The Locality Board	
D/12/09	Decision	Received the report.	
A/12/02	Action	A further version of the plan would be brought back to the Locality Board meeting in February 2025.	Ms Wynne-Jones

10	**Integrated Delivery Collaborative Update**
10.1	Ms Wynne-Jones presented the latest Integrated Delivery Collaborative update to the Locality Board. It was reported that: - • A Dementia workshop was held on the 12th November 2024 with agreement to scope the potential for a Bury dementia hub building on the good work currently underway including the discharge frontrunner programme. • In terms of Neighbourhoods,INTs were represented at a community 'market place' event at FHG promoting ACM. An education and engagement event for GPs on COPD has been planned for 3rd December 2024 linked to the respiratory priority for the East and West Neighbourhoods • A System sustainability workshop with all IDC and Locality Board members took place in replacement of the next IDC Board. As part of this workshop priorities for investing non recurrent monies available to us next year, including how we would align any new monies to support reducing prevalence of disease and supporting proactive management of care was discussed. A further workshop with the Locality Board and IDC Board was arranged for the 29th January 2025. • In relation to GP Collective Action, weekly returns to Greater Manchester and system were in place. Providers have been asked to outline supportive actions they are taking to resolve pathway issues which have previously been highlighted as part of the bureaucracy and primary care/secondary principles work and which now form part of GPCA – Responses to this request remained outstanding. • Further work was ongoing in terms of making a shift to more a more preventative approach to health. • A newsletter was being pulled together to thank staff for their contributions across the system over the course of the year and would be circulated in the coming weeks. • In terms of performance, Improvements had been made in relation to A&E performance over the course of the last month. • In terms of Mental Health Patients with no criteria to reside, the percentage of mental health patients with NCTR as of October 24 was 13 which was slower than the figure for September 24 which was 18. Bury had 0.06 mental health patients with NCTR per 1000 population and had the joint 2nd highest rate alongside Tameside locality within GM. • In relation to Mental Health Patients with no criteria to reside / clinically ready for discharge, the percentage of mental health patients with NCTR as of October 24 was 13.0%, a decrease from September 24 at 17.6%. Bury had a higher percentage than GM which was 11.2% and Bury had the 2nd highest percentage of Greater Manchester localities. • In relation to access to community Mental Health services, there were 1615 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in September 24, higher than August 24 (1565) and September 23 (1545). Bury currently had 9.7 contacts per 1000 population and had the 4th lowest rate per 1000 for localities within Greater Manchester.

	• In terms of GP Appointments within 14 days, the percentage of GP appointments taking place within 14 days of booking in September 24 for the Bury population was 79.0%, which was a slight decrease on September 23 which was 78.5%. Bury was currently lower than GM which is 82.7% and has the lowest percentage in GM localities. The following comments/observations were made by Locality Board members: - • This was a comprehensive update and Ms Wynne-Jones was thanked in this regard.

ID	Type	The Locality Board	Owner
D/12/10	Decision	Noted the update.	

11	Performance Report
11.1	Ms Wynne-Jones submitted the latest Performance Report to the Locality Board and commented that the main highlights had already been covered as part of the Integrated Delivery Collaborative report.

ID	Type	The Locality Board	Owner
D/12/11	Decision	Noted the update	

12	Risk Report
12.1	Ms Wynne-Jones submitted the latest Risk report to the Locality Board.
12.2	This report detailed the locality strategic and programme risks set by the Risk, Performance and Scrutiny Group as scored above 15 using the strategic risk descriptors detailed in section 3 of the report. The risks were described in summary and high-level mitigating actions were included. Further detailed information on the risk mitigations were discussed and actioned through the Transformation/Programme Boards and workstreams.
12.3	A process had recently been undertaken to ensure that all risks had been reviewed and up-to-date with consistency of scoring.
12.4	A further quality risk register was available and scrutinised at the System Assurance Committee.

ID	Type	The Locality Board	Owner
D/12/12	Decision	Discussed and considered the risks and made recommendations to the Risk Performance and Scrutiny Group to ensure robust transparency, oversight and mitigation of locality strategic and performance risks.	

13	Strategic Finance Group Update
13.1	Mr S O'Hare presented the latest Strategic Finance Group update to the Locality Board.
13.2	It was reported that: - • The purpose of this report was 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 continued to be very challenged in 2024/25. • At month 6, NHS Greater Manchester had received a revised target of £175m, which was now reflected in the revised balanced annual plan for the system, with monies having flowed to providers and being allocated to NHS GM functions to reflect the opening plan. The month 6 NHS GM position was showing a deficit of £49.2m versus an expected deficit of £18.5m, giving

	an unplanned variance of £30.7m adverse to plan, an increase of £5.2m from month 6, and was forecasting recovery of this position by 31st March 2025, to allow delivery of the agreed £175m deficit. Within this position the Bury locality budgets, for which this board is responsible for are forecasting a deficit of £6.8m versus an expected break even annual position. The Northern Care Alliance (NCA) were £1.4m overspent at month 6 versus a plan of £0.8m and have forecast to achieve their agreed deficit of £4.4m. Pennine Care NHS Foundation Trust (PCFT) were reporting a break even financial position at month 6 and a very slight surplus at year end, both in line with plan • The council's medium term financial strategy (MTFS) had been reviewed and updated and was being considered at November Cabinet along with initial budget proposals for the setting of the 2025/26 revenue budget. A funding gap of £35m was forecast by 2027/28 which reduced to £22.3m when savings proposals identified to date are taken into account and for context the current year revenue budget is £224m. • As at Month 6, £187.3m of CIP had been delivered by NHS GM against a plan of £187.6m, a slight under delivery of £0.3m. The forecast CIP position is £491.6m against a target of £490.3m, an overachievement of £1.3m which is broadly in line with the prior month. In terms of CIP delivery on the budgets delegated to the locality, at month 6 £2.79m had been delivered against a month 6 plan of £3.08m, with shortfalls against plan in Medicines Optimisation and Complex Care, this therefore put significant risk on the full delivery of 2024/25 CIP. • A system meeting had taken place last week where the need to make the best use of the 'Bury pound' was discussed.
13.3	The following comments/observations were made by Locality Board members: - • A query as to when the 2025/26 funding/budgets would be known from an NHS perspective and whether there would be further clarity available ahead of Council budgets being agreed in February 2025. Mr O'Hare commented that the Greater Manchester funding position was not yet known and planning guidance was expected to be issued in the coming weeks which should give a better indication of organisational requirements. *NB* – in previous years this had been issued on the 24th December 2024. Mr Heppolette concurred that discussions were still ongoing in this regard and how NHS England would document this as part the Planning Guidance were not yet known. There was also a need to ensure that this linked in with the Primary Care modelling work. • There was a need to ensure that there was appropriate engagement with the Social Care sector requiring any planning proposals given that they account for 20% of this sector. Engagement was also required with Primary Care and VCFE within this area.
13.4	Mr O'Hare agreed to provide some further headlines in relation to the 2025/26 Planning Guidance/funding position at the Locality Board meeting in January 2025 if the required information is available. If the information wasn't available in time for the meeting, this would be shared on Email with Locality Board members.

ID	Type	The Locality Board	Owner
D/12/13	Decision	Noted the contents of this report and the financial challenges across the Bury system and NHS GM.	
D/12/14	Decision	Noted the reduction in the deficit on the budgets that the locality board is responsible for and the distance still to delivery a break even position recurrently.	
A/12/03	Action	Further headlines in relation to the 2025/26 Planning Guidance/funding would be provided at the Locality Board meeting in January 2025 if the information is available.	Mr O'Hare

14	Population Health and Wellbeing update

14.1	Mr Hobday submitted the latest update report in relation to Population Health and Wellbeing. It was reported that: - • No Greater Manchester population health committee has taken place since the update at the last Locality Board Meeting. • The last Health and Wellbeing Board took place on 12th November 2024. There were 4 substantive items for discussion, the anti-poverty evaluation, drug and alcohol related harm plans, national smoking legislation and tobacco control updates and the work of the Bury homelessness partnership. This key work was set out in further detail as part of the report.

ID	Type	The Locality Board	Owner
D/12/15	Decision	Noted the update.	

15	**Primary Care Commissioning Committee update**
15.1	Mr Crook submitted the latest highlight report in relation to the discussion/decisions reached at the Primary Care Commissioning Committee (PCCC) meeting on the 25th November 2024. It was reported that: - • In relation to the Out Of Hours (OOH) commissioning intentions, the PCCC supported the recommendation of a Direct Award C 1+1 year for GP out of hours contractual arrangements. • Commissioning Intentions/CIP 2025/2026 – Value for money contractual alterations to be considered but no blanket 5% CIP to be applied to PC delegated budget. • Quality Assured Spirometry – Will cease 31/03/25 unless a funding stream can be identified
15.2	Mr Blandamer referred to the challenging discussion that had taken place at the PCCC in relation to the Commissioning intentions and 5% savings proposal. It was highlighted that the Committee did not support this 5% CIP proposal following a vote. In terms of the context, it was reported that Primary Care in Bury had historically been underfunded and it had not been felt that any further reductions to the primary care delegated budget could be made at present time. In terms of the funding equity position, it was reported that £15.50 per head was the GM average for funding and that the current Bury allocation equated to £11.00 per head making any further reductions very difficult to achieve.
15.3	It was highlighted that this highlight report was also submitted via the Greater Manchester Primary Care Commissioning Committee and was possible there may be further questions as to why the Committee had not been able to support the 5% CIP (savings) proposal.
15.4	The following comments/observations were made by Locality Board members: - • The Primary Care offer within Bury was already offering value for money given the funding differences that exist with other Greater Manchester counterparts therefore the inability to approve a 5% CIP on the Primary Care delegated budget was fully understood and endorsed.

ID	Type	The Locality Board	Owner
D/12/16	Decision	Noted the update.	
D/12/17	Decision	Endorsed the position in respect of the Primary Care Commissioning Committee being unable to approve a 5% CIP.	

16	**System Assurance Committee update**
16.1	Dr Fines submitted the latest update report in relation to the recent discussions at the System Assurance Committee. It was reported that: -

	• The first GMICB 2023/2024 Annual Report on Prevention of Future Deaths (PFDs) had been considered by the Committee. NHS Bury had two PFDs in the two-year period; one in the last year was related to accessing phlebotomy services, Bury had to respond to the PFD with a timely letter to the coroner to explain how the issue had been addressed. This then had to be reviewed a period of time later to ensure what was put in place is being undertaken and to give assurance Bury had made changes. The second PFD related to a person with an eating disorder which was issued to a wide range of services across Greater Manchester; hospital setting, mental health service, community and specialist eating disorders services. Again Bury had to respond to say what would be done differently and what has been put in place. This would also require a review to ensure that any improvements had been embedded and maintained. • An excellent presentation was provided to the Committee by Mr M Logan from the Council in relation to Care Homes.

ID	Type	The Locality Board	Owner
D/12/18	Decision	Noted the update.	

17	Any Other Business
17.1	Cllr O'Brien wished members a Merry Christmas and a Happy New year and thanked everybody for their efforts over the course of the year.

ID	Type	The Locality Board	Owner
D/12/19	Decision	Noted the information	

18	Date and time of next meeting
18.1	It was noted that the next Locality Board meeting would take place on Monday, 6th January 2025 4.00 - 6.00pm on Microsoft Teams.

BURY INTEGRATED CARE PARTNERSHIP

Locality Board Action Log – December 2024

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

Date	Reference	Action	Lead	Status	Due Date	Update
4th November 2024	A/11/01	Ms Preedy to pick up a further conversation with Mr Hobday about the GM healthy workforce charter	Ms Preedy		January 2025	This has been completed, and we are engaged with this although not fully compliant due to AFC
4th November 2024	A/11/02	A meeting to be arranged between Dr Patel, Ms Fawcus and Ms Allan in this regard including how we can start deploying NCA physicians in the community sooner rather than later	Dr Patel		January 2025	11/12/24 – K Patel Emailed Ms Fawcus to check who in NCA best to take this forward and was confirmed that Anton and Jason Raw were the key people that needed to be involved in this work.
4th November 2024	A/11/07	Chair of the Send Improvement and Assurance Board could be invited to a future Locality Board meeting.	Dr Fines		TBC	
2nd December 2024	A/12/01	A further detailed paper in relation to Service Mapping would take place on the Locality Board meeting in January 2025.	Ms Preedy		January 2025	A verbal update is now included with a view of bringing a written update to the February meeting.
2nd December 2024	A/12/02	A further version of the Locality plan would be brought back to the Locality Board meeting in February 2025.	Ms Wynne-Jones	---	February 2025	

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

Date	Reference	Action	Lead	Status	Due Date	Update
2nd December 2024	A/12/03	Further headlines in relation to the 2025/26 Planning Guidance/funding would be provided at the Locality Board meeting in January 2025 if the information is available.	Mr O'Hare		January 2025	

Meeting: Locality Board			
Meeting Date	06 January 2025	**Action**	Receive
Item No.	5	**Confidential**	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale, Place Based Lead		
Clinical Lead	Dr Cathy Fines		

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

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

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

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

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

BURY INTEGRATED CARE PARTNERSHIP

1. Christmas and New Year Arrangements

May I take this opportunity to thank all those staff in the health and care system in Bury for their hard work and commitment in ensuring services operated as effectively as possible throughout the Christmas period. Overall there were points of significant pressure to the Bury – most obviously manifest in waiting times in FGH – but colleagues worked very hard to mitigate the effects. The system partnership worked well as evidenced by continued and sustained improvement in the Days Kept Away from Home numbers for both FGH and North Mcr. Thanks too to colleagues across primary care and community services and in adult care and intermediate care.

I recognise the following few weeks and months in winter are likely to have points of further challenge through a combination of demand pressures and staff sickness but am confident in the continuing work of the tactical partnership (bronze) system meeting to respond appropriately.

2. GP Industrial Action

Locality Board colleagues will be aware of the national collective action by GPs commenced in the late autumn. The Rochdale and Bury LMC have indicated intent to escalate the action from January 6th 2025 and have indicated to practices, patients, and NHS providers a range of services that will no longer be provided by practices, as they consider them to unfunded – including for example blood tests or another diagnostic test proposed by the hospital.

In Bury we have continued to work through the primary care/secondary care interface group to reduce unnecessary bureaucracy and duplication for GP services in accordance with the GP Strategy agreed by the Locality Board.

We have in addition established arrangements to work with providers, particularly NCA. MFT and Pennine Care, and in concert with the GM response arrangements, to address issues as they arise, and there are system meetings planned commencing this week to review.

3. Refreshed Locality Plan

As indicated at the December locality board, work continues to refresh the Locality Plan for health and care in Bury – our strategy as a integrated Care partnership – in the context of the GM sustainability plan and also the refreshed Lets Do It Strategy for the borough as well as the more immediate priorities for the year 2025/26. Drafts will be shared this month and a joint Worksop of integrated delivery board and locality board to finalise the strategy is planned for 2pm on 29th January.

4. Bury Integrated Care Partnership – December Newsletter.

Just before Christmas our Integrated Delivery Board produced a newsletter celebrating many of the achievements of the Bury Integrated Care Partnership – both individual recognition and a celebration of many partnership initiatives that have improved services to Bury residents. While we know there is much to do to continue our journey of transformation and improvement at a time of significant financial challenge for all partners and challenging circumstances for many Bury residents, it is important to celebrate where substantial progress is being made.

BURY INTEGRATED CARE PARTNERSHIP

5. Annual General Meetings

A number of our partners held Annual General Meetings in December to report on and celebrate their work, and I would like to take the opportunity to thank them for their outstanding contribution to our partnership.

On 27th November the VCFA held their AGM at the Fusiliers Museum in Bury. The AGM presented further evidence of the depth and breadth of the voluntary, community and faith sector in the borough, and the very particularly role of the VCFA on provided support, guidance, representation and partnership building, as well as drawing in significant external funding to the borough. Once again, the AGM showed that a movement of community capacity and commitment continues to build and to work collaborative with public service partners.

On 4th December, Bury Healthwatch held their AGM at the Mosses Centre in Bury. This was a celebration of a year of progress for Healthwatch – including the opening of new premises (56-58 Bolton Steet) which has been visibility and footfall to the organisation, and a year of support to residents in navigating the health and care system.

On 9th December Persona held their AGM at the GMP training venue in Bury – an outstanding celebration of transformation and delivery in very many services including new models of interim residential provision and significant progress in the shared lives scheme. The AGM had important and fun contributions from many service users and reflected an organisation with the experience of Bury people at the heart of their approach.

We are fortunate indeed to have such positive and motivated partners contributing to the Bury integrated care partnership and the wider life and vitality of the borough.

6. Bury SEND Partnership – DfE Stocktake

On 10th December DfE led a 6 monthly stocktake on the progress by the Bury SEND partnership to deliver the priority improvement plan. The meeting was led by Dfe and included NHSE and Dfe Advisors to the board, and also included the Chair of Bury SEND improvement and Assurance Board. WE are awaiting formal feedback from DfE but broadly the meeting indicated satisfactory progress in most areas of the improvement plan. However concerted work is required to ensure the translation of the delivery of the improvement plan into improved outcomes and experiences recognisable to the children, young people and families the partnership as a whole work with.

Lynne Ridsdale
Place Lead NHS GM (Bury)
Chief Executive Bury Council
6/1/25

Meeting: Bury Locality Board			
Meeting Date	06 January 2025	**Action**	Receive
Item No.	AI 6.1	**Confidential**	No
Title	Bury locality mental health commissioning priorities & gaps		
Presented By	Will Blandammer		
Author	Ian Trafford		
Clinical Lead			

Executive Summary
The presentation provides a high level overview of Bury locality mental health commissioning priorities along with known gaps and pressures. The priorities are aligned to the wider GM MH Strategy and proposed commissioning priorities for 2025.26 and reflect engagement with PCFT, Public Health and the VCFA.
Recommendations
The Locality Board is asked to note the contents of the presentation.

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.	☒

Links to Locality Plan outcomes	
To ensure that a greater proportion of local people are playing an active role in managing their own health and supporting those around them.	☒

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:						
Risks related to existing know gaps in provision or financial pressures are monitored and reported to the Bury MH Programme Board and those with scores over 15 are reported to the IDC and Locality Boards. The priorities are aligned to the wider GM MH Strategy and proposed commissioning priorities for 2025.26 and reflect engagement with PCFT, Public Health and the VCFA. Specific contract intentions are subject to NHSGM STAR (finance) and procurement approval. We are currently working through the approval processes in order to confirm contracts for 2025.26. Any new NHS commitments will be subject to a business case approval and subsequent STAR and procurement approval.						
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**
Bury Mental Health Programme Board	17/12/2024	Priorities and gaps noted

See attached presentation.

High level MHLDA Key Commissioning Intentions – 2025/26 (Oct 2025)

- Mobilise Perinatal and Parent Infant MH Relationships Business Case – Phase 1/3
- Ensure Effective and Safe Provision of Core MHLDA services in line with NSF/LTP
  - CYP MH – Core Specification implementation
  - Adult MH Teams – inc Assertive/Intensive Outreach
  - Crisis Resolution and Home Treatment Teams – in line with GM Men-SAT Review
  - In-Patient Safer Staffing / Quality Transformation Programme
  - All-Age Community LDA Teams and Services – Lead Provider + Alliance mobilisation
- Eliminate Inappropriate MH Out-Area-Placements/Independent Sector for Acute and Rehab Beds (Targeting Manchester Locality) – and implementation of Trust Risk/Gain Shares to develop core community support capacity models and services
- Redesign All-Age ND Pathways with refreshed clinical thresholds for NHS-funded assessments and wider support offers including Locality Hubs
- Support Locality (mainly VCSE) early intervention and other programmes in line with individual Service Review outcomes considering alignment with Sustainability Plan, Impact on Patients and Value for Money

Bury adult MH priorities

1. Continue to develop targeted communications and resources to promote mental wellbeing esp in higher risk groups.
2. Continued development and implementation of the suicide prevention plan including programme of suicide prevention training.
3. Use the findings of the MEN-SAT review to Review local crisis pathways to ensure they are efficient, effective and safe and aligned to GM and Trust developments.
4. Work with the wider GM system, PCFT and other partners to improve flow through MH inpatient wards and reduce bed days occupied by people who are clinically ready for discharge and eliminate the need for acute Out of Area Placements.
5. Implement community services transformation including the implementation and evaluation the first phase of the Living Well model with PCFT and VCSE partners.
6. Implement clear pathways for neurodevelopmental assessments for adults.
7. Benchmark local provision in relation to the GM Dementia Quality standards and start to implement an improvement plan informed by people with lived experience and using the learning from the Frontrunner programme.

Bury CYP priorities

1. Complete the expansion of core CAMHS including integrated early help provision.
2. Implementation of a neurodiversity MDT hub and evidence based early help offer to children and families (as part of wider GM pathway work).
3. Implementation of a graduated approach to sensory processing support as part of a redesigned service offer.

Adult gaps & pressures

1. Older Peoples community MH Liaison Team care home liaison function [PCFT].
2. Crisis resolution service linked to Home Treatment Team [PCFT].
3. Psychology and psychological therapies input into Living Well Service [in part replacing enhanced service offer that was provided through Talking Therapies service] [PCFT].
4. Living Well Service does not have recommended capacity and skill mix – numbers of VCSE posts does not meet GM Living Well Handbook recommendations.
5. Limited capacity on the ARMS pathway [EIP] [PCFT].
6. Designated staffing for Health Based Place of Safety [PCFT].
7. Existing VCSE discharge support scheme only funded to end March 2025.
8. Targeted BAME provision – existing culturally Appropriate Services project commissioned to end June 2026.
9. Capacity within the Perinatal MH service and service thresholds – availability of support for parents who do not meet the current acceptance criteria.
10. Neurodiversity - post diagnostic support.
11. Sustainability of suicide prevention training offer.

CYP gaps & pressures

1. Neurodevelopmental assessment capacity and waiting times.
2. CAMHS Band 6 Youth Justice Worker.
3. Closing the gap transitions support provision [18 – 25].
4. myHappymind wellbeing school programmes – funding pressure from Sept 25.

Meeting: Bury Locality Board			
Meeting Date	06 January 2025	**Action**	Approve
Item No.	6.2	**Confidential**	No
Title	Getting Helpline Decommissioning		
Presented By	Ian Trafford		
Author	Ian Trafford		
Clinical Lead	NA		

Executive Summary

The paper briefly sets out the proposal to decommission the exiting Getting Helpline delivered by Early break from April 2025.
Appendicised is the equality and quality impact assessment undertaken following the intention being brought to the Bury Locality Board in September 2024.
The proposal is to decommission the service and re-invest part of the saving into the Bury MH Living Well service and deliver a saving contributing to the locality 5% cost improvement plan.

Recommendations

The Bury Locality Board is asked to support the following recommendations::

a. To decommission the Getting Helline from April 2025.
b. To re-invest part fo the saving in additional face to face staff capacity within the Living Well service.
c. Advise on any additional risks and mitigation actions required.

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.	☐

Links to Locality Plan outcomes	
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.	☐

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:						
Completed EQIA: Equality Quality Impact Analysis - Gett						
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**
Bury Locality Board	02/09/2024	High level MH commissioning priorities presented. The Board broadly endorsed the mental health commissioning recommendations and asked for further stakeholder engagement around the impact of the closure of the Getting Helpline with the final decision delegarted to the MH Programme Board & reporting back to Locality Board
Bury MH Programme Board	17/09/2024	High level MH commissioning priorities presented. The Board broadly endorsed the mental health commissioning recommendations and asked for further stakeholder engagement around the impact of the closure of the Getting Helpline specifically with PCFT and the GM Cisis programme lead
Bury MH Programme Board	17.12.24	MHPB endorsement of proposal to decommission the Getting Helpline

Getting Helpline Decommissioning

1. Introduction

1.1. The paper briefly sets out the proposal to decommission the Bury Getting Helpline [GHL] currently commissioned from Early Break from April 2025.

2. Background

2.1. The Getting Helpline was originally set up in April 2020 in response to the COVID pandemic to support health and social care professionals with non-clinical emotional wellbeing clients. In August 2020 it was expanded to accept calls from the public. It was initially designed as a temporary means of accessing mental health support during a period when face to face services were being stood down.

2.2. The planning intention had been to see the Getting Helpline aligned into the Bury Living Well Service as this was developed and implemented.

2.3. The service is available to Bury residents and it is an all-age service for children & young people and adults. People contacting the service have varying degrees of need, although the support provided is non-clinical. Appropriate pathways are in place to support people who present in crisis.

2.4. In 2024.25 the opening hours were scaled back and c£58,000 of the £167,446 annual budget was reallocated to provide additional workforce capacity for the Living Well Model.

2.5. The line is currently open Monday to Saturday between the hours of 10am and 7pm.

2.6. In 2023-24 the average number of users was c90 – 100 per month. This has dropped slightly in 2024.25.

2.7. The Equality & Quality Imapct Assessment (Appenxix 1) details the profile of callers to the line and types of issues callers are seeking support with. The PCFT Access & Crisis team make the highest proportion of referrals [c43%]. C72% or callers present with anxiety, depression or low mood. About 4% of calls are from people with suicidal feelings or delf harm.

2.8. The cost of a call is c£100.

3. Proposal

3.1 The proposal is to decommission the Getting Helpline from April 2025. The rational is:

a. The availability of other helplines, web-based support and face to face services at a local, GM and national level. There are new options that were not available when the GHL was established including NHS 111 Option 2 and the face to face Peer-led Crisis Service.
b. Limited value for money.
c. The need to invest additional resources in the Living Well model.
d. The need to contribute to a locality cost improvement plan of 5%.

3.2 The intention would be to re-invest c£50,000 of the money saved back into the Living Well model in 2025.26.

3.3 The GHL has provided a valued support and signposting services to many people over the life of the service and it is likely to be missed by some people. However, on balance decommissioning the service is felt to be the least worst option to delivering a saving and delivering additional investment into the

Living Well service.

3.4 We have beed advised by the GM ICB Communications & Engagement Team that the proposal does not reach the threshold for formal consultation under the Health & Care Act 2012, Section 14Z2**.**

5 Associated Risks

5.1 Analysis of the call data and discussion with the PCFT Access and Crisis Team suggests that there is minimal risk of decommissioning to people in MH crisis. The GHL is not a crisis service and calls from people presenting with suicidal ideation or self-harm account for only about 4% of calls. The NHS 111 Option 2 service linked to the expanded MH Trust Crisis Lines together with the drop-ins and appointments offered by the Bury Peer-Led Crisis Service mean that other telephone and face to face crisis support options will be available to people.

5.2 The majority of callers are seeking informal support and information about mental health support services. It is felt that sufficient alternative web-based information and support, telephone and face to face services exist to mitigate the risks associated with the closure of the helpline. Specifically those currently directed to the GHL by the PCFT Crisis and Access team can be referred into the Living Well model for face to face support now that the service is operational.

5.3 Given the type of calls typically received by the GHL there is no evidence to suggest that closure of the line will lead to an unmanageable shift in demand to crisis services including the Trust Crisis line or A&E Liaison.

5.4 In order to manage and mitigate the risks there will be a programme of work to ensure that:

a. There is an up to date list of services on the Bury Directory.
b. Those staff working at key entry points into mental health services are aware of the range of web-based, telephone and face to face services available.
c. Users of the helpline are informed of the other options that will be available after April 2025.
d. We use all available comms channels to share information with the public on the available mental health support services available.

6 Recommendations

6.1 **The Bury Locality Board is asked to support the following recommendations:**

a. To decommission the Getting Helline from April 2025.
b. To re-invest part fo the saving in additional face to face staff capacity within the Living Well service.
c. Advise on any additional risks and mitigation actions required.

Ian Trafford
Head of Programmes
Ian.trafford2@nca.nhs.uk
23rd December 2024

Appendix 1:

NHS GM Equality Quality Impact Analysis

Step 1 Evidence → Step 2 Assess → Step 3 Strengthen → Step 4 Monitor → Step 5 Approve

Step 1 Evidence

This equality and quality impact analysis is being undertaken to prevent my policy, plan or project from adversely affecting the quality of services and people with different protected characteristics or at known disadvantage.

I am using this template to identify potential risks, discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.

Name of your strategy/policy/plan/project	Getting Helpline		
Contact details for the person completing the assessment	Jannine Robinson, Ian Trafford		
Design date for the strategy/policy/plan/project	Proposed change to be implemented from 1st April 2025		
Date your equality analysis is completed	16th Dec 2024		
Does this template form part of a business case or investment proposal submission?		No	
Are you completing this as a result of organisation change?		No	
Is there another reason for you completing this template – e.g. renewal of a current service/change to current service – please specify:	Service Review and development of commissioning intentions for 2025.26		

If you are unsure about any part of this template, please read the accompanying guidance paper before you complete. ALL sections must be completed – N/A is not applicable in this template as it is used to inform legal compliance. If you need to explain your bespoke approach further, please do so in the text boxes.

1. Initial screening assessment

What are the main aims, purpose of your policy, plan or project?

This Equality Impact Assessment relates to the provision of Bury's Mental Health Getting Helpline. The service was commissioned in April 2020 in response to covid, it provides all-age mental health support, by providing a listening space, self-care advice and connecting people to community services.

The service has been regularly evaluated and recommendations indicated this service would be superseded by the new community transformation model known at Living Well. The Bury Living Well service recently launched in October 2024.

Therefore, the proposal is to:

1. Decommission the Getting Helpline and re-invest some of the funding into the Living Well service to bolster in-person non-clinical support for people with a serious mental illness.
2. Deliver a saving in 2025.26 to contribute to the required locality cost improvement programme.

What is your expected outcome?

1. Additional capacity within the Bury Living Well Service

Living Well is an innovative approach to helping people achieve good mental health in community settings. By bringing together new networks and putting people's strengths and lived experience at the centre of care and support. Living Well aims to ensure integrated support for adults with complex mental health needs which is easily accessible, focuses on the whole person's needs and takes a strengths-based approach to ensure people get the right support, in the right place, at the right time. The investment would fund additional VCSE Link Workers as part of the Living Well team.

Additional investment into the Living Well Service will support the following outcomes in line with the GM Mental Health Strategy:

- Enhance quality of life for people with Long-term conditions.
- Help people recover from episodes ill health.
- Ensure people have a positive experience of care.

2. Cost saving [2025.26]

Saving of c£50,000 towards the CIP.

Who will benefit / be impacted?

The Getting Helpline is currently available to young people and adults who seek telephone support in relation to mental health and wellbeing issues. There are on average 90 to 100 callers per month. The user of this service would be impacted.

User profile 2023 – 24 [new referrals]:

Referrals by age cohort	Number	%
Under 16	62	4%
16-24	335	21%

25-35	272	17%
36-44	297	19%
45-64	453	29%
65+	19	1%
Unknown/Declined to answer	144	9%
TOTAL	1582	

Referrals by ethnicity	**Number**	**%**
White British	265	19.0
White Irish		0.0
Indian	3	0.2
Pakistani	11	0.8
Bangladeshi		0.0
Chinese	1	0.1
African		0.0
Caribbean	1	0.1
Other: Mixed White & Asian (2) Asian Other (6) Other Ethnic (1) Mixed Other (6) Black Other (4)	19	1.4
Iranian		0.0
Other White	9	0.6
Black British		0.0
Unknown/Declined to answer	1087	77.9

Referrals by residing neighbourhood		
North	88	6%
East	772	49%
West	222	14%
Whitefield	107	7%
Prestwich	242	15%
NFA		0%
Unknown/Declined to answer	130	8%
OOA	17	1%

The main sources of referral are:
1. PCFT Access Team = 43%
2. Self = 19%
3. Not stated = 26%

The service is open to people who are:
- A resident of Bury;
- Registered with a GP in Bury;
- Registered as homeless within Bury.

The main presenting issues are:

1. Anxiety = 49%
2. Depression = 13%
3. Low mood = 9%
4. Suicidal feelings / self-harm = 4%

About 15% of callers are signposted or referred to other services.

Is your project part of a wider programme or strategy (for example, the locality plan)?

Bury is a wave 3 implementation site for Living Well, the rollout is led by GM ICB. Each locality has received additional new money as SDF based on populations. GM ICB has commissioned the Innovation Unit to develop a GM Living Well Handbook to ensure consistency across all localities. The Handbook states essential key roles for effective delivery, including VCSE roles, as 1 Peer worker and 1 Recovery Worker per neighbourhood. Bury currently has just 2 Peer Workers and 2 Recovery workers, there should be 4 of each role.

Bury's funding to date is insufficient to achieve the staffing level outlined in the Handbook.

Re-investing part of the Getting Helpline budget will fund additional workforce capacity in the Living Well Service.

2. Are there any aspects/activities of the policy, plan or project that are particularly relevant to equality, socio-economic disadvantage, or human rights?

At this stage, you do not have to list possible impacts, just identify the areas. (e.g. we are commencing a new programme of health care aimed at Caribbean men with diabetes)

The proposal to close the Getting Helpline does not have any specific implications for equality, socio-economic disadvantage, or human rights.

The Getting Helpline is a generic, all-age mental health support line for Bury residents. It is not targeted at any particular group (with protected characteristics).

There is limited evidence that it is disproportionately used by any group defined by protected characteristics or socio economic status. The service has limitations due to being a remote service, the Living Well service will offer more scope for remote and in person support.

There are alternative services available that will mitigate the impact on users of the service, such as other mental health helplines, voluntary sector community services and online resources on The Bury Directory and Padlets.

3. What existing sources of information will you use to help you identify the likely impact on different groups of people? (For example, statistics, JSNA's, stakeholder evidence, survey results, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources).

The Impact Assessment has drawn on:

- JSNA Data
- Getting Helpline monitoring data, including case studies and service user feedback
- Engagement with partners, including key referrers to the service and the Living Well Project group.

4. Are there any identified impacts of the proposed change in service provision on the quality of patient care? Will the change impact positively or negatively on other parts of the health and social care system?

The proposed closure of the Getting Helpline would remove a service which is currently used by c100 people a month (based on 2024.25 Q1 monitoring).

There may be impacts on the wider health and care system in that:

- The main source of referrals is the PCFT Access and Crisis Team.
- The Helpline provides a navigation function – signposting and referring people to appropriate sources of advice, information and support.
- Existing demand may be redirected to other services – local, GM and national.

5. Evidence gaps

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people or the overall quality? If so, what are the gaps in the information and how and when do you plan to collect additional information? Note this information will help you to identify potential equality and quality stakeholders and specific issues that affect them - essential information if you are planning to consult as you can raise specific issues with particular groups as part of the consultation process. QEIAs often pause at this stage while additional information is obtained.

No: Please go on to question 6 - (Be sure to have fully considered all stakeholders, communities and parts of communities – e.g. have you considered the needs of gypsies, travellers and Roma communities, other transient communities, do you need to better understand take up of your service by Muslim women or Orthodox Jewish men, for example).

Yes: Please explain briefly how you will fill any evidence gaps. You might want to start with contacting research or policy colleagues to see whether they can point you in the right direction. Our third sector colleagues will also be pleased to offer support and direction.

Evidence gap	How will the evidence be collated	Individual or team responsible and timeframe
The data on the ethnicity of service users is limited – only available for c20% of users	Call handlers capture this information when appropriate to do so, not all service users wish to disclose their ethnicity. Call handlers will continue to ask service users.	
Use of the service by various groups with protected characteristics – not currently monitored. This includes: - LGB people - Disabled people - Carers - People with religion & beliefs	This information is not recorded.	

6. Involvement and consultation

Note: You are required to involve and consult stakeholders during your assessment. The extent of the consultation will depend on the nature of the policy, plan or project.

(Don't forget to involve trade unions and inclusion staff groups if staff are affected and consider socio-economic impact as well as community and third sector groups for different protected characteristics. If there is potential for different impact across different neighbourhoods, consult your neighbourhood leads)

Consultation and involvement that has taken place, who with, when and how?
Consultation with members of the Early Break staff team: report summarising the outcomes for service users Consultation with Senior Leadership: via the Mental Health Programme Board Consultation with external stakeholders: Access & Crisis Team, Living Well Project Group,
Key feedback from consultation: PCFT senior leadership asked for a pause in the decommissioning decision for review and to consider whether any of the activity would be deflected to crisis services.

The Early Break management team understand the reasons for proposed decommissioning and the reduction in funding will not have a destabilising impact on the provider – no redundancies would be required.

PCFT Access & Crisis Team:

- No concerns raised about potential adverse impact on Access & Crisis Team e.g. increased demand.
- No concerns raised about any patient safety issues – any patient currently referred to the Access Team would be triaged and if there are any risk issues the patient will be assessed and not simply transferred to the Getting Helpline Team for follow up.
- Reasonable level of confidence expressed that where people are referred to the Crisis & Access Team who would routinely be transferred through to the GHL these patients can be followed up and provided with appropriate advice, guidance and signposting from the new Living Well Team following triage.
- Acknowledgement that reinvestment of some of the current budget for the GHL into the Living Well model will strengthen the Living Well Service by adding additional workforce capacity.

The Living Well project group felt that additional investment into face to face services would be welcomed – enabling more people to be supported through the Living Well service.

For significant or large strategies and programmes, please provide a link to any written record of the consultation to be published alongside this assessment here:

NA

How engagement with stakeholders will continue

Here you need to explain how you continue to engage throughout the course of the delivery to ensure the measures you take to address any disparity are working.

Involvement group	Consultation dates	Strengthening actions
VCFA	Planned: 18.12.24	
Public Health Mental health lead	Planned: 20.12.24	
GHL users – gathering feedback	Planned Jan – Mar 2025	

Step 2

Assessing impact and opportunities to promote quality, equality and human rights

7. If you have piloted a project you want to roll out, add here what you learnt about adverse impacts on quality and/or communities not taking up, accessing or having poorer outcomes from it and what you have done to address those disparities.

Not applicable

8. What barriers have you identified for the different groups listed by your proposals and the potential impact on the domains of quality?

Add the impacts in the box next to the group (e.g. we have found that working age people are not taking up our services because of our opening hour restrictions).

Complete the identified barriers for each group and identify which group you have identified You should complete each category. If you believe there is no adverse impact, you should put an explanation as to why.

Age • Young • Middle age • Older age	The age profile of callers is given in section 1. 90% of callers are 18 – 64.
Disability Types of impairment can be categorised as physical, sensory, psychosocial, and intellectual. There are several types of barrier that cause exclusion including • Physical • Social/attitudinal • Institutional • Communication Complete which barriers you will need to consider in your programme.	The disability status of callers is not recorded. Closure of the helpline could have an adverse impact on some callers who for reasons of disability may find it harder to access face to face services. However, it is not possible to assess the level of this impact. Other options for telephone-based support are available.
Sex	74% of callers are female. This suggests that there may be a greater impact on women as a result of the service closure.

Identify any potential adverse impact to men or women.	
Race Identify any adverse potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider.	The ethnicity of callers is only recorded in c22% of cases. Of these c2.5% identify as BAME compared with c17% of the Bury population.
Religion/ belief Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider.	The religious belief of callers is not monitored.
Sexual Orientation Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.	The sexual orientation of callers is not monitored.
Transgender Identify any adverse potential impact on transgender or non-binary people.	According to the monitoring information c0.1% of callers identified as 'non-binary'.
Carer status	The carer status of callers is not monitored.
Socio-economic status Identify any adverse potential impact because of deprived communities and identify which communities you may need to specifically consider.	The socio-economic status of callers is not monitored. However, 50% of callers are from the East Neighbourhood which has a higher proportion of more deprived wards than other parts of the Borough.
Pregnancy or maternity Identify any adverse potential impact because of pregnancy or maternity.	No information available on the status of callers.
Marriage /civil partnership This category is only required for employment discrimination matters.	No information available on the status of callers.
Other Are there other discriminations or disadvantages that you	No other barriers identified

think you need to address?	
Safety What is the impact on the safety of patients of implementing the change proposed including any improvement actions?	The service is not designed as a crisis line. A small proportion of users call the helpline with reported suicidal ideation or self-harm – 4% in 2023.24. The PCFT Access and Crisis Team does make a significant number of referrals to the GHL but routinely undertake risk assessments and make an appropriate intervention or referral for anyone in MH crisis.
Effectiveness What is the impact on the effectiveness of care on patients, of implementing the change proposed including any improvement actions?	The proposal is to close the Getting Helpline. There is no impact on the effectiveness of other Early Break Services.
Patient Experience What is the impact on the experience of care on patients, of implementing the change proposed including any improvement actions?	Closing the helpline will remove a service from some people. However, the impact can be mitigated through other existing and planned provision including: • Existing mental health helplines, crisis lines and web-based support. • The Peer Led Crisis Service including open access drop-ins. • Web-based information available through the Bury Directory and CYP padlets. • Investment in additional face to face capacity through the Living Well model
System and other impacts Please describe how the change proposed may impact on other parts of the health and social care economy, health resources or other services or ability to deliver the change.	Closing the helpline could have a wider system impact. It currently provides a signposting and referral function – directing people to other sources of advice, information and support. A significant proportion of callers are directed to the Helpline from the PCFT Crisis and Access Team. It is difficult to assess whether closure of the helpline would result in demand pressures elsewhere in mental health services.

9. Can the adverse impacts you identified be justified and the original proposals implemented without making any adjustments to them? If so, please set out the basis on which you justify implementing the proposals without adjustments.

- The current cost of a call to the Getting helpline is c£100 this does not represent good value for money. Reinvesting part of the budget into the Living Well service would enable the provision of more face to face support for people with mental health problems.
- The Helpline provides a valuable function in providing advice and information and signposting to other services. However, information on services is available via a range of other sources including the Bury Directory and CYP padlets.
- The Helpline does provide MH support to callers. However, there are other sources of virtual and telephone support available including:
    - NHS 111
    - Samaritans
    - Silverline
    - Kooth
- A small proportion of the callers do call the helpline with higher risk presentations related to suicidal ideation and self-harm. Alternative crisis provision is available via:
    - NHS 111
    - PCFT Crisis Line
    - Samaritans
    - The Peer Led Crisis Service (drop-ins and planned appointments)
    - Mental Health Liaison

10. Having analysed the initial and additional sources of information including feedback from consultation, is there any evidence that the proposed changes will have a *positive* impact on quality or any of these different groups of people and/or promote equality of opportunity? Please provide details of who will benefit from the positive impacts and the evidence and analysis used to identify them.

Reinvesting part of the budget into the Living Well service would enable the provision of face to face support for people more with mental health problems in the Borough.

11. Is there any evidence that the proposed changes have ***no*** quality or equality impacts? Please provide details of the evidence and analysis used to reach the conclusion that the proposed changes have no impact on any of these different groups of people.

Based on available monitoring data there is limited evidence to suggest that there will be a particular negative impact on any group with protected characteristics although women do use the existing helpline more than men.

In terms of quality closing the helpline would remove a service which is used and valued by some people however there is alternative helpline provision available at a national and Greater Manchester level and in recent years new open access information sources and services have been developed which provide alternative sources of telephone, web-based and face to face support particularly for people experiencing mental health crisis.

12. Please provide details of how you will consult and involve stakeholders and communities on the proposed changes. If you do not plan to consult and involve, please provide the rationale behind that decision.

No further consultation planned.
The advice received from the NHS GM Communications and Engagement team is that the proposed change does not meet the threshold for a formal consultation under the Health & Care Act

Step 3 – Strengthening your policy plan or project

Please use the table below to document your strengthening actions.

13. What changes are you planning to make to your original proposals to minimise or eliminate the adverse equality and quality impacts you have found?

Please provide details of the proposed actions, timetable for making the changes and the person(s) responsible for making the changes.

Adverse impact	Proposed action	Person responsible
Access to advice and information about mental health and other services	Ensure that there is up to date information about services available via the Bury Directory. Signpost to the Bury Directory from existing service websites and other comms channels. Signpost to the CYP MH Padlets from existing service websites and other comms channels. Provide a recorded message on the Getting Helpline for a period of time which signposts people to other sources of advice information and support.	Mental Health Commissioning Team. Public Health lead for mental health. PCFT Access & Crisis Team.
Access to telephone based general MH support	As above and specifically sign posting to other available helplines and web-based support including: • The Samaritans • The Helpline [Jewish community] • Greater Manchester Bereavement Service • Kooth [web-based support for children and young people] • Silverline [older people]	Mental Health Commissioning Team. Public Health lead for mental health. PCFT Access & Crisis Team.
Access to crisis support	As above and specifically sign posting to other available services including: • The PCFT Crisis Line • The Samaritans • Peer Led Crisis Service • The Helpline [Jewish community] Greater Manchester Bereavement Service	Mental Health Commissioning Team. Public Health lead for mental health. PCFT Access & Crisis Team.

14. Describe here how you could further promote equality of opportunity and quality. What action/s do you recommend and when?

This is where you are taking the opportunity to advance addressing inequalities and quality issues beyond the mitigations you are putting in place (e.g. your mitigations when moving a service to digital provision will be to ensure alternatives are available for those who cannot access digital services. Your opportunity to *further promote* equality and quality with a new digital service would be to extend a service to people from their own home where they had previously experienced physical barriers to reaching your surgery.

Ensure that there is a comprehensive list of available mental health support services available on the Bury Directory and available at points of access into mental health services including the PCFT Access Team. This will include services specifically targeting the needs of groups with protected characteristics. Alternative sources of support will be provider to callers of the GHL between Jan and March 2025 prior to closure.

15. Describe how you could further promote human rights principles. What action/s do you recommend and when? Please provide details.

For example, if you are putting in place improved access to interpreter provision that may enhance the human rights of those that need it to access public services.

As above. Work with providers to improve monitoring of protected characteristics and specifically ethnicity with action plans to improve uptake of services where there is evidence of under representation. This will include the Living Well Service.

16. Describe how you could further reduce socio-economic disadvantage. What action/s do you recommend and when?

For example, if you are undertaking a focused anti-smoking campaign in areas of high deprivation, you can expect to reduce socio-economic disadvantage.

Promotion of available mental health support services through the Neighbourhood and Public Service Leadership Teams in the parts of Bury with the highest levels of deprivation [East and West].

17. Describe here how you could further promote social value. What action/s do you recommend and when?

For example, you might be able to offer new jobs or apprenticeships to people struggling to get employment or offer contracts to community led social enterprises to deliver your services.

Through alignment of the Living Well service with the new Mental Health Employment Advisor provision and additional planned investment in local VCSE providers to deliver the Living Well model.

Step 4 – Monitoring and review

18. You are legally required to monitor and review the proposed changes after implementation of your strategy or programme to check they work as planned and to screen for unexpected equality and quality impacts. Please provide details of how you will monitor, evaluate or review your proposals and when the review will take place.

What	When	How
Feedback from Getting Helpline users.	Jan – Mar 2025	Provider recording

Step 5 – Sign off

Strategy, policy, plan, project or service owner or Work Programme Lead*	
Name: Ian Trafford	Date: 16th December 2024
QEIA Lead (the person completing this form) This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off.	
Name: Jannine Robinson	Date: 16th December 2024
Director or Senior Responsible Owner * This equality impact assessment has been completed in a rigorous and robust manner and I agree with the actions identified. It will now be progressed and published where required.	
Name: Adrian Crook	Date: 17.12.24

*By signing off your QEIA you are confirming that you are satisfied that the policy/strategy/project/activity/service has been designed with the needs of different equality groups and communities in mind, and that the groups it is intended to serve will be able to access the service and experience similar outcomes from it.

For records, this QEIA will also need to be copied to elaine.mills7@nhs.net and to michael.robinson1@nhs.net to ensure we can evidence our legal duties to undertake equality and quality analysis. However, the original version must be kept with the project documents and pro-actively used to inform the progress of the work, alongside budget, risk and health and safety monitoring.

Meeting:			
Meeting Date	06 January 2025	**Action**	Receive
Item No.	8.0	**Confidential**	No
Title	LET'S Do It! Strategy refresh		
Presented By	Will Blandamer		
Author	David Segal (PPL)		
Clinical Lead	n/a		

Executive Summary

The LET'S Do It Strategy was created in 2020 and is a partnership strategy that sets out a vision for Bury in 2030.

The Strategy outlines how partners across Team Bury will work with residents and communities to deliver better and more equal outcomes for people.

While the core missions of the strategy remain the same, the strategy was written in the wake of COVID and since then significant changes to the context have happened. The strategy refresh is an opportunity to reconsider what the missions and outcomes of the strategy mean in 2024, and how we want to work together to delvier on these in the remaining 6 years of the strategy's life.

The strategy refresh document will be shared no later than the 10th January and we will be inviting comments on this with the view of finalising the document by the end of the month.

Recommendations

N/A – paper is an outline of a future milestone.

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.	☒

Links to Locality Plan outcomes	
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.	☒

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:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
EPQIA would be completed only any subsequent policy changes, business cases, or action plans.						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒

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

Title of Report

1. Introduction

1.1. The strategy refresh document will be shared no later than the 10th January and we will be inviting comments on this with the view of finalising the document by the end of the month.

1.2. This paper is to provide background information and updates from the conversation to date, to enable members of this group to participate in the review process in January.

2. Background

2.3. The LET'S Do It Strategy was created in 2020 and is a partnership strategy that sets out a vision for Bury in 2030.

2.4. The Strategy outlines how partners across Team Bury will work with residents and communities to deliver better and more equal outcomes for people.

2.5. While the core missions of the strategy remain the same, the strategy was written in the wake of COVID and since then significant changes to the context have happened. The strategy refresh is an opportunity to reconsider what the missions and outcomes of the strategy mean in 2024, and how we want to work together to delvier on these in the remaining 6 years of the strategy's life.

2.6. An enegagement process has taken place during the last quarter of the calendar year to support this update and a draft is nearing completion.

2.7. This included facilitated sessions with Team Bury, interviews with representatives from the partnership, engagement with residents and communities facilitated by the Community Safety Partnership engagement programme, and listening opportunities through existing events (e.g. the anti-poverty summit).

2.8. The outputs of this engagement were brought together with an extensive set of document inputs.

3. LET'S Refresh progress and key messages

3.1 The original strategy can be found at: https://www.bury.gov.uk/my-neighbourhood/lets-do-it-strategy

3.2 The following are a summary of the key findings from the refresh process:

- The current outcomes and the areas of focus (captured by Local, Enterprising, Together, Strength-based) continue to be the right things to focus on.
- We have some good examples of success across all these areas.
- We need to build on this, recognising there are new opportunities and challenges, and that these successes are not being felt evenly by everyone (a need to scale and spread).
- Taking advantage of the opportunities and tackling the challenges cannot be done by one organisation alone – Team Bury is critical in taking the next stage of the strategy forward.
- This means 'how' we do things is as important as the 'what' and a greater focus on this in the next stage is required – Team Bury is a great place to start for these conversations, with the ambition to also broaden how we co-produce change with our communities and residents.

- The current CSP work is an example of how we are starting to work differently and is an example of the outcome focussed approach we want to work to moving forward in all areas of our LET'S strategy.

3.3 A summary of successes and challenges under the 'Local Theme'

- Cost of living has had a significant impact, disproportionately felt by certain communities – we are working actively on this, and targeted work to tackle poverty will be key in the next phase.
- Porgress has been made in our development of neighbourhood working, particularly in the health and care space.
- We have delivered on a number of local regen changes and progress made in housing reform: insourcing the underperforming ALMO, work on property standards, and a vision for transforming tenant engagement.

3.4 A summary of successes and challenges under the 'Enterprise Theme'

- Significant regeneration projects on track (e.g. Radcliffe and Bury); but more challenging to progress this in areas where levelling up (or other) funds not available; Northern Gateway presents significant opportunity.
- Progress made in developing transport with a strategy live since 2020, a new interchange approved for delivery in 2030 and active travel investment (inc. GM funds)
- Good progress in developing business nextworks (e.g. BID, Bury Business Group)

3.5 A summary of successes and challenges under the 'Together Theme'

- Several examples of strong partnership working including securing significant external investment in community/cultural assets, but a need to scale and spread co-production and partnership working.
- Improved connections with the VCSE sector, with a need to spread this consistently across all of the borough.
- Significant changes in NHS structures: this supports our local neighbourhood model in the long term but creates challenges in partnership working now.

3.6 A summary of successes and challenges under the 'Strength Based Theme'

- Strength-based working will be critical in Children services where we are seeing significant challenge.
- Increasing challenges in Primary Care services – but with bold local reform ideas emerging, tailored to the specific needs of local populations.
- Good examples of community groups driving change and local agendas across the borough – but this isn't consistent to every part of the borough.

3.7 A summary of the ways in which we want to work across the next phase of the Strategy's delivery

- Meaningful partnership with communities and citizens to coproduce, making co-production a way of doing things, not a top-down process, within resource and financial constraints
- Impactful networks and connections, becoming a networked place, taking relationships and connections to the next level
- Devolving resources, power **and** accountability to neighbourhoods, with hyper-local decision making and prioritization
- Building local infrastructure to deliver change
- Tackling inequalities through targeting support andearly intervention, focussed on tackling the root cause
- Listening well and telling our story effectively
- Working as one team, developing a shared culture, developing systems Leadership, developing reflective practice

4 Associated Risks

4.1 ***Allignement to activity across the system:*** The LET'S strategy does not aim to replace any existing and developing strategies or plans across the wider partnership – it acts as an umbrella to work under. To ensure that the refresh aligns with all existing plans and strategies these have been reviewed and act as the foundations for building the new narrative document. The review process will ensure that this has been achieved.

5 Recommendations

5.1 N/A update provided to notify of upcoming sharing of the draft strategy.

6 Actions Required

6.1 The Bury Integrated Care Partnership is required to:

- Note the project and the request for review and comment on upcoming document.

David Segal
Director at PPL (LET'S refresh delivery partner)
david.segal@ppl.org.uk
Dec 2024

Meeting: Bury Integrated Delivery Collaborative Board			
Meeting Date	06 January 2025	**Action**	Receive
Item No.	10	**Confidential**	No
Title	Chief Officers 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 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.	☒

Implications						
Are the risks already included on the Locality Risk Register?	Yes	☒	No	☐	N/A	☐

Implications						
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	☒
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Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
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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	☐

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

Bury Integrated Delivery Collaborative Update

1. Context

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

2. Key strategic developments

2.1 Through November we have continued to develop our locality contribution to GM planning processes. There are 2 key asks:

- Refreshing the Locality Plan: the first draft of this will be brought to the February Locality Board.
- Completing a locality version of the GM system sustainability plan, developing for each programme of work an intended set of outcomes. A local group set up by the IDC Chief Officer has been established to oversee this process.

2.2 We held a system finance workshop in November to consider how we mitigate our financial challenges collectively. The following risks and potential mitigations were identified

Strategic risks

Risk	Programme impact	Mitigation
Lack of money to invest in left shift of services to support reduction in hospital infrastructure: we are under resourced for primary care and community services currently	All	-As a locality we need to determine how we might support the shift in spend from other sectors -Levelling up conversation at GM - 4LP /PCFT footprint opportunities -
Primary Care sustainability: Gap from GM funding levels	All	
Increasing levels of frailty in the population	All	
Asks of Mental Health services which cannot always be met to support pressures being seen in all parts of the system, including A&E	All	
Lack of VCSE contractual commitments on a long term basis impacted further by NI issues	All	
New NHS planning guidance of 'must do's' without funding and/ or instability of non-recurrent funds	All	

Operational risks

Risk	Programme impact	Mitigation
Staying well /live well are not funded by PCN's	Population Health Primary care and neighbourhoods Planned care, community services and major conditions Urgent and Emergency Care	Some resource identified to mitigate risks around staying well , dependent upon spend over winter Some resource identified for continutation of Live Well for circa 4 months which will allow us time for business case development
GM does not support longer term funding for hospital at home	Urgent and Emergency Care Primary care and neighbourhoods Planned care, community services and major conditions	This risk here is unknown at present however risks the traction we are gaining with culture change
Lack of Quality assured spirometry	Planned care, community services and major conditions Primary care and neighbourhoods	Some capacity provided in other Boroughs - discussions with GM re local CDC
Request to implement Advice and Guidance	Planned care, community services and major conditions	GM priority and needs to be funded at GM level
Asks regarding prevalence / proactive care which are already under funded in the Borough, and may reduce potential investment in local neighbourhood priorities	All	Articulated need for additional primary care investment in Bury Discussions at an early stage between PCN's and neighbourhoods to discuss% investment in neighbourhood priorities from AARS

Opportunities identified

- Better co-ordination of care during the last 3 years of life
- Frailty
- Neighbourhood working and spread of innovation / best practice.
- Utilization of digital eg Senseo / EPO
- Community diagnostics services provision and the urgent need for a clinical diagnostic hub in Bury town Centre.
- Younger people with disabilities/MH
- Voluntary sector being an equal to statutory partners and recognised as a partner who could deliver better value for money.
- Communication and engagement: public and our workforce

Key areas of focus for non-recurrent funding reviews

- Describing explicitly services funded from non-recurrent streams eg Nursing home training and primary care funding.
- Confirming timescales for the falls review
- Reviewing opportunities for efficiency across preventative service offers
- Consider options for exploring Core 24 from MHIS
- Next steps of IMC considering opportunities for efficiency

2.3 We continue to see pressures across Mental Health Services in the Locality. Alongside developing the Commissioning Intentions, discussions are taking place between Executive Teams of PCFT the NCA to manage and mitigate operational challenges through the implementation of GM action cards. Streaming at the front door for mental health patients has recommenced alongside targeted interventions for high intensity users of A&E with mental health conditions.

2.4 Following the workshop between VCSE and IDC members, an MOU focusing on financial sustainability, governance, partnerships, and workforce has been drafted. This was considered by IDC Board in December and was supported in principle with further work to be undertaken to determine impact of implementation.

2.5 Following the workshop between the PCN and neighbourhood CD members an MOU to support more collaborative ways of working is in development, with a follow up workshop planned for February in line with agreeing new LCS target indicators.

2.6 We have put a significant amount of focus with NCA Group Executives on how we gain more traction on the primary / secondary care interface principles, which is very closely linked to the actions that GP's are taking under collective action. We have agreed with the NCA that a formal governance arrangement will be established to implement the interface principles and operationally manage the challenges presented by GP Collective Action.

2.7 A respiratory workshop was held to connect together respiratory system partners within the locality. A set of guidelines outlining acceptance criteria for each service has been provided.

2.8 An urgent care workshop was held to review key successes over the past 6 months. The IDC Board gave support to a review of the streaming and UTC provision within A&E, to ensure most effective use of resources.

2.9 A Christmas newsletter was produced celebrating the successes of the ICP. This is included within appendix 1

2.10 Workshops being planned:-
-Major Conditions Board to map all work currently happening across each of the domains for each Major Condition: 28th January.
-System development workshop: 29th January
-Understanding of prevention services across the locality and opportunities for closer integration: February

3. IDC Programme Highlights:

Elective Care, Cancer and Community Health*:*

The workshop being arranged to bring together system partners to agree the priorities and work programme for the newly established Integrated Community and Elective Pathways System Board (ICEPSB) will be held in February 2025. This has been re-scheduled to allow the Bury System workshop to take place on 29 January 2025, as the outcome of this workshop will inform the local community and elective priorities. The outcomes of the GM Review of RBM Services and the GM Community Service Review are also still awaited to inform the localities next steps in both areas.

Mental Health:

- Healthcare The new community Mental health Bury Living Well service is now live, both clinical and VCSE teams are in post, daily huddles and weekly MDT's are being held, reflection and service development ongoing.
- A new mental health supported living scheme will open in January. Saxon House on The Rock, offers step-down support in 13 apartments with support from Northern.
- A tender will be published in January to appoint a care provider for a new mental health supported living scheme at Topping Mill (14 apartments).

Neighbourhoods:

- Referrals for Active Case Management remain relatively high at 105 for November.
- Induction of new Neighbourhood Support Officer for Prestwich – Dawn Adderley
- Well attended multi agency education session on respiratory health held at FGH education centre on 4th Dec to support delivery of the East and West Neighbourhood priorities.

Palliative and EoLC:

- Work has commenced on the implementation of EPaCCS with support from Health Innovation Manchester. A training session for health care professionals is planned for 16th January.
- Progression towards an integrated Specialist Palliative Service is ongoing with a further workshop planned in December.
- Helen Lockwood has stood down as Chief Executive of Bury Hospice after several years of leadership both of the Hospice and the palliative care programme for Bury – huge thank you to Helen for her leadership and dedication.

Adult Social Care:

As part of its preparations for CQC Assessment, Bury Council will be undertaking an LGA Adult Social Care Peer Challenge between 11th and 13th February 2025. The Peer Challenge will entail review of our self-assessment and information return, a case file audit and on-site interviews. Further details to follow in the new year.

No local authorities in Greater Manchester had been contacted at the time of writing by the Care Quality Commission for assessment.

Urgent and Emergency Care

- UTC Accreditation process commenced with 28 of the 32 standards considered to be already met.
- Acuity Tool at FGH commenced with further work ongoing to blend the Pre-ED streaming Team into the pathways.
- Ongoing discussions to implement MH streaming as part the secondary triage function in A&E.
- Mini deep Dive into attendance numbers to determine FGH position, including HMR patients, and that for Bury registered patients.

LD & Autism

- Successful GM Conference for People with learning Disabilities - celebrating work during past 12 months.
- 1st draft of Operating Model for "Together Towards Independence" delivered by Alder.
- Relaunch of Learning Disability & Mental Health provider Forum (28 Providers attended).

Primary Care

- GPCA - Main providers have been notified of intended impact/actions from the 6th of January where not already implemented,. This now includes ceasing shared care arrangements where key factors have changed or where the principles of shared care are not being adhered to by the other party. Various meetings/discussions taking place to provide practical solutions to bring about change.

- Alternative at Scale Services - We continue to work with the GP Federation to deliver a range of services aimed at meeting both additional demand through the Resilience and Respiratory Clinics and reducing inequity through the Women's Health Hub. These are now well embedded, and we will continue to monitor and adapt as necessary to ensure they meet local needs/demands.

- Risk: there continues to be a financial risk for the locality around Quality Assured Spirometry and the Bury LCS for 2025/26 in addition to CIP expectations, these concerns have been fed back to GM and we await their response

4. Performance

- A&E 4-Hour Performance - in November 24 was 63.7%, a decrease on the previous month's performance of 67.3%, which is higher than November 23 which was 61.1%.

- A&E Attendances – there were 6921 A&E attendances from Bury registered patients in November 2024, lower than November 23 (7032). Bury currently had 32.8 attendances per 1000 population and has the 5th lowest attendance rate for localities within GM.

- No Reason/no criteria to reside (NCTR) - percentage for Bury in November 24 was 13.8% which is a decrease on October 24 which was 15.3%. Bury had higher than the GM percentage of 12.5% - the 5th highest percentage of the GM localities.

- Specific Acute non-elective spells - there were 1669 specific acute non-elective spells from Bury registered patients in November 24, lower than November 23 (1986). Bury currently has 7.9 specific acute non elective spells per 1000 population and has the 4th lowest rate for 1000 for localities within GM.

- LD Health checks 14+ - the percentage of patients aged 14+ having received an LD health check in October 24 was 39.9%, which is an increase on October 23 which was 29.1%. Bury is lower than the GM percentage of 43.5% and has the 3rd lowest percentage of the GM localities. For the last two years Bury has delivered the majority of annual checks in months January to March.

- Access to Children and Young People MH Services - there were 3585 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in October 24, higher than October 23 (3345).

- Dementia: Diagnosis Rate (aged 65+) -the percentage of patients aged 65+ having received a dementia diagnosis as of October 24 is 75.9%, which is lower than October 23 which was 76.8%. Bury currently has a higher diagnosis rate than GM which has a rate of 74.9% and Bury has the 4th highest dementia diagnosis rate of the GM localities. Bury and GM are both above the national target of 66.7%.

- Length of stay adults: Mental Health Patients - the proportion of discharges with a long LOS in October 24 was 37.5%, which matches October 23 which was 37.5%. Bury currently has a lower proportion with a long LOS than GM at 49.1% and Bury had the 2nd lowest proportion of the GM localities.

- Percentage of MH Patients with no criteria to reside / clinically ready for discharge - the percentage of mental health patients with NCTR as of November 24 was 14.6%, a decrease from November 23 at 23.9%. Bury has a higher percentage than GM which is 12.6% and Bury has the 3rd highest percentage of GM localities.

- Number of MH Patients with no criteria to reside - the number of mental health patients with NCTR as of November 24 is 14 which is lower than the figure for November 23 which was 21. Bury has 0.07 mental health patients with NCTR per 1000 population and has the 2nd highest rate within GM locality.

- Access to community MH services - there were 1665 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in October 24, higher than September 24 (1615) and October 23 (1540). Bury currently has 10.0 contacts per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

- Talking Therapies Access Rate – there were 300 accesses to Talking Therapies for Bury registered patients in October 24, lower than October 23 (405) 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 185 women accessing to Perinatal MH Services for Bury registered patients for the rolling 12 months to October 24, higher than October 23 (140). Bury currently has 1.75 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 October 24 was 99.6% - an increase on October 23 at 75.0%. Bury currently has the 3rd highest percentage in the GM localities and above the national target of 70%. Local Authority reporting shows that 99% of Bury residents received a 2-hour response in October 2024 with 1 missing target.

- GP Appointments within 14 days - the percentage of GP appointments taking place within 14 days of booking in October 24 for the Bury population was 69.8%, which is a decrease on October 23 which was 74.1%. Bury is currently lower than GM which is 76.6% and has the lowest percentage in GM localities.

- E. Coli Blood Stream Infections - there were 154 counts of E. coli blood stream infections in the rolling 12 months to October 24 which is higher than October 2023 (145). Bury has 0.73 counts per 1000 population and has the 4th highest rate for GM localities.

- Antimicrobial resistance: total prescribing of antibiotics in Primary Care - the percentage of total prescribing of antibiotics in primary care in September 24 for the Bury populations was 84.7% which

is lower than September 23 which was 98.8%. Bury currently has the lowest percentage of the GM localities.

- Antimicrobial resistant proportion of broad-spectrum antibiotic prescribing in Primary Care – in September 2024 for Bury population was 5.9% which is a decrease in September 2023 which was 6.2%. Bury currently has the 4th lowest percentage of the GM localities. Bury is within the 10% target.

- Diagnostics Waiting 6 weeks + - October 24 performance of 11.6% of patients waiting more than six weeks, this is a decrease on the October 23 figures (20.5%). Bury's performance is slightly better than GMs performance of 14.5% in October 24 and is the 3rd lowest in GM. Bury and GM are both above the less than 1% target.

- RTT Incomplete 65+ weeks – published October 24 data shows a decrease in 65+ week waits from September 24 with 32 pathways from 38 pathways in September. There was a significant decrease in pathways in October 24 with 32 pathways, compared to October 23 when there were 646 pathways (-614 pathways).

  In October, Ophthalmology services showed the highest increase of pathways with 4 pathways compared to 0 in September 2024.

  Bury locality currently has the 4th lowest number of 65+ week waits out of all 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 October 24 for the Bury population was 71.6% - an increase on September 24 which was 64.0%. Bury locality currently has the lowest performance out of all the GM localities. GM performance is currently 76.8%. Bury is currently not meeting the target of 75% or greater.

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
December 2024

BURY INTEGRATED CARE PARTNERSHIP

BURY INTEGRATED CARE PARTNERSHIP NEWSLETTER
A CELEBRATION OF OUR SUCCESSES

Contents:

- Prevention & Neighbourhood Working
- Primary Care
- Elective & Community Care
- Urgent Care
- Mental Health & Dementia
- Learning Disabilities
- Palliative & End of Life Care
- Children & Young People
- Quality & Safeguarding
- Adult Social Care
- Workforce

As we approach the festive period, we wanted to express our thanks and gratitude for all the amazing work you continue to do on behalf of the population of Bury and beyond.

We recognise that there is still much more work to do in some areas, and understand how challenging an environment it can be at times. However ,working as a system in Bury we are really starting to see some significant improvements for our population, which are shared in this newsletter.

We are really proud of everything that we are doing together and wanted to say thank you to everyone working within the Bury Integrated Care Partnership for your unique and valued contributions.

We wish you a very Merry Christmas and a peaceful and prosperous New Year.

Will Blandamer & Kath Wynne-Jones

Prevention & Neighbourhood Working

- Work has continued to cement neighbourhoods as our basis for working within the Locality.
- Neighbourhood Leads have been actively involved in the development of Neighbourhood People and Communities Plans with other public service partners.
- For 24/25 neighbourhoods have continued to have a focus on CVD. Neighbourhood targets have been agreed for frailty within Whitefield, Prestwich and North, and Respiratory within East And Radcliffe.
- A multi agency education session was held on respiratory health to support delivery of the East and West Neighbourhood priorities.
- The award wining safesteps falls prevention and restore digital tool piloted within Bury care homes and supported by Primary Care, has resulted in a 57% reduction of ambulance call outs.
- Best breast screening coverage in GM.
- 2nd/3rd best update in GM on flu and covid vaccination.
- Recognition of population health leadership from the King's fund review of population in GM.
- Referrals for active case management have remained high in 2024 with average of 99 per month.
- Each neighbourhood has seen a strengthening of collaborative working across health, MH, care and VCSE services.
- A strong emphasis on workforce development as part of the Neighbourhood plans has seen the delivery of a wide range of training sessions to staff across the workforce including: bowel cancer, ACE and trauma informed practice, working with people with co-occurring conditions and respiratory disease.

Primary Care

- Establishment of Women's Health Hub in Prestwich in October 2024.
- Establishment of 4 Respiratory Hubs in November 2024.
- 34% increase in CVD health checks in this year compared to 2023.
- Increase in staying well referrals since April 2024 which has increased from circa 90 per month to 182 in October 2024. This means that 182 patients will have proactive care planning in place to reduce the risk of needing primary care or hospital support.
- 5000 more GP appointments in the last 12 months compared to the year prior.
- Bury are ranked eighth out of 27 localities within the Northwest for the highest rate of NHS App uptake.
- Work at neighbourhood level in the North and Prestwich neighbourhoods to strengthen relationships between GP Practices and Community Pharmacy. This is having a positive impact on working relationships.
- Governance arrangement now in place with NCA to support implementation of the Primary Care/ Secondary Care interface principles.
- Attendance at GP Webinars and Masterclasses continues to be strong, supporting engagement with our GP Practice colleagues.

Elective and Community Care

- The Community Café was an initiative led by Katy Alcock and Adele Hughes at FGH, supported by the Bury IDC, to bring system partners together to promote and share information with hospital staff around community provision and offers available. The aim of this café was to raise awareness of service offers amongst NCA staff, to build repour with system partners and to support enable our Bury population to live independently, receiving the right care in the right place.

- Sustained the e-derma tele dermatology pathway project. The pathway allows the early diagnosis of skin cancer through medical photo clinics, photos are then clinically triaged by Dermatology Consultant
- Bury selected as a forerunner/ early adopter for the implementation of the GM Single Point of Access for Dermatology , as part of the GM Dermatology model of Care
- GM Targeted Lung Health Checks Programme launched in Whitefield.
- Implementation of the GM Dermatology transformation programme within the locality.
- Significant improvement work has taken place across many community services (nursing and therapy services) to improve waiting times and user experience, using quality improvement methodologies. These have been recently shared and celebrated at the community services away day.
- A celebration event was held at Bury Town Hall for four nurses from Community Division who were awarded the National Cavell Nursing Star Award

Wendy Parker, Divisional Director of Nursing and AHPs,
Jessica Dugdale, Assistant Director of Nursing for Adults,
Louise Palmer, Senior Clinical Led for Bury Intermediate Tier,
Janet Davies, Specialist Diabetes Nurse.

- Queens Nursing Award—four nurses from Community Division were awarded the Queens Nurses Award.

Petra Hayes Bowes, Assistant Director of Nursing, Children's Services,
Tracey Kenyon, Community Safe Staffing Lead,
Claire Baldwin, Community Adult Nursing Practice Educator,
Karen McCann, Adult Community Team Lead (North).

HFMA Finance Champion of the Year

Nina Parekh, Divisional Managing Director of Bury Community Services has been named as the inaugural "Finance Champion of the Year" a new award acknowledging the contribution made by those working outside of finance departments to the effective management of NHS Finances.

Urgent Care

- We have reduced A&E attendances from last year's rate in all months except 1 so far in 2024. We have the 2nd lowest A&E attendance rates in GM and relatively low levels of unplanned admissions compared to GM.
- All ECIST recommendations have now been implemented within the Integrated Discharge Team, which has resulted in a significant reduction in patient numbers and associated bed days for those who are clinically ready to go Home .
- We have seen an increase in the percentage of patients over 65 who are discharged home as opposed to a care setting pathway, which is better from a service user and economic perspective. We have seen a 3% rise in people returning to usual place of residence since the start of the programme in March 2024.

- The Hospital at Home service was set up in October 2022 including new roles such as the Consultant Nurse and OT advanced clinical practitioners.

- 2293 patients have been managed since the service began in September 2024, the majority of these patients being step up patients ie those what would have been admitted to hospital. The Service is giving confidence to the Consultant teams about the potential for management of patients in their own homes, which will support our bed reduction plan at FGH, alongside the implementation of same day emergency care on the Fairfield site.
- Outstanding performance on urgent community referrals responded to within 2 hours
- Since August 2024, there has been a monthly decrease in care home attendance at Fairfield General Hospital (FGH) in comparison to 2023 data. Bury is positioned 3rd within GM on having the lowest number of calls into North West Ambulance Service (NWAS) resulting in fewer ambulances being despatched and conveyed. This data is based on 100,000 population.
- Significant improvement in flow and performance across the FGH site as a result of an improvement collaborative including the work outlined above, the expansion of same day emergency care and the continued success of streaming.
- Discharge Front Runner —A Dementia Discharge option has been developed for people who live alone, which includes 24hr care at home to enable patients to remain in their own home. After 4 weeks there has been a 0% conversion to long term care home at point of discharge from scheme. Previously all of these patients would have been in longer term care.

The Discharge Frontrunner Team won the HSJ award for the best integrated partnership working for improving care of people with dementia in hospital.

HSJ AWARDS

- Recruitment of additional workforce at FGH to support 7 day working.
- New pathway in place to support Mental Health patients who have high attendances at FGH A&E.

Quality & Safeguarding

- Best performing locality in GM for antimicrobial resistance in antibiotic prescribing.
- Janine Campbell, GMICB, Designated Nurse for Adult Safeguarding has been nominated under the category of Partnership Champion for her continued commitment to Safeguarding Adults in Bury.

Adult Social Care

- We are 2nd in the North West for the percentage of beds in Good and outstanding CQC rated Care Homes.
- 90.9% of care homes are rated Good or Outstanding.
- No care home providers are rated Inadequate.
- Over the last 12-months, Bury IDC have been supporting a number of initiatives within Bury Care Homes to improve integration amongst system partners and to ensure that the care home resident is receiving the right care, at the right time, in the right place. We have Introduced a one-page document to support care home staff contacting the right service, when a resident becomes unwell.

Workforce

- Joint MOU in development between IDC partners and the VCSE to support different ways of working.
- Strengths based awareness training is now available to all partners to roll out.
- Adult Social Care have been working in collaboration with UTS, to provide support to providers to help with recruitment, retention and leadership development. This has been recognised by Local Government Association as an example of good practice. In the last 12 months we have seen an additional 400 staff working in Adult Social Care in Bury, a decrease in vacancy rates from 12.9% to 8.5% this year, a decrease in leaver rates from 44% to 27.1% and a decrease in agency usage.

Mental Health & Dementia

- The first phase of Living Well Services has been successfully mobilised as a partnership between, PCFT, BIG and the Creative Living Centre.
- A new mental health supported living scheme will open in January. Saxon House on The Rock, offers step-down support in 13 apartments with support from Northern Healthcare. 3 new supported housing schemes for people with Mental Health problems, totalling 33 places, have been commissioned.
- BIG peer Led Crisis Service is now fully operational in new premises offering both open access drop-ins and 1:1 appts
- Mobilisation of 24/7 adult Home Treatment Team and older people's Home Treatment Team by PCFT.
- Positive Progression in CAMHs expansion to work with young people up to 18 by January 2025.
- Co production and engagement of people with lived experience has informed both developments in CYP MH services and the Living Well model.
- Latest data shows a 25% decrease in suicide registered deaths in Bury in 2022-2023 (ONS).
- Very low numbers of out of area mental health inpatients with 0 or 1 patient over the last 2 months placed out of area.
- 3rd best Dementia diagnosis rate in GM.
- The locality has been recognised as an exemplar relating to the roll out of the GM Care Record storing Dementia Care Plans in North Neighbourhood.

Learning Disabilities

- There is a strong pipeline of new housing for those with additional needs, in development.
- Best ever performance on LD health checks in 23/24.
- Best transforming care (reducing institutional care for LD) performance in GM.

Palliative & End of Life Care

- Bury has consistently had the highest proportion of deaths in usual place of residence in GM since July 2023.
- Bury had the second lowest percentage of patients with 3+ admissions in the last 12 months of life since the start of 2024 and the lowest proportion in GM for the last quarter
- Bury Hospice were awarded from the MCA 'highly commended' for work with NECS that delivered night sitting, help line and outreach over 7 days.
- Bury Hospice were awarded Outstanding at the North West in Bloom event held in October.
- The Hospice received an honorary award by Bury College to recognise the Hospice's outstanding contributions to the local community that have had a significant positive impact on peoples' lives. The Hospice is known for providing compassion and support to people at what is often one of the darkest times of their lives and has been supportive of students, in offering them work experience and live project opportunities, that help to embody the College values.
- Work has commenced on the implementation of EPaCCS with support from Health Innovation Manchester. A training session for health care professionals is planned for 16th January.
- Bury Hospice are working with the FGH high intensity service user lead to identify patients suitable for the involvement of the Hospice Outreach/Liaison team in their support package to improve community support and prevent avoidable A&E attendances.
- A rapid discharge QI project has commenced at FGH to support more timely discharge of patients at the end of life.
- 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.
- In 2024 Programme of in-reach to general practice from the Specialist community Palliative Care Team was established supporting fold standards framework meetings in primary care and improving integrated working across primary and community care.
- The co-production of the revised Bury PEoLC Strategy and delivery plan 2024-28, includes the co-designed/produced a Specialist Palliative care SPoA – currently developing the implementation plan.

Children & Young People

- Strong uptake of mental health in schools programme.
- Core CAMHS waiting time reduced to 9 weeks.
- Reception and Year 6 children we have seen a year on year reduction in prevalence of children being overweight and obese. For year 6, Bury has seen the best rate of reduction in Greater Manchester.
- Emotional mental health and well being offers are driving a reduction in Education, Health and Care Plans (EHCPs) in Bury in the last 4 months.
- We now have comprehensive roll out of the award winning "***myhappymind***". We have conducted a local evaluation, and assuming the cost of a CAMHS referral is £3,784, this indicates a potential saving of £1,0114,000 across all Bury schools, a 5.6 times return on investment on CAMHs referrals alone.
- The Bury Health Visiting service has received 3 Green CAAS inspections.
- Essential parent digital resources have been sent to all parents and carers inclusive of fathers.
- The safeguarding teams locally had a stall on Bury Market and a social media campaign to inform people about abusive head trauma (AHT) in babies and raised awareness of the risk of shaking babies in line with ICON week 2024. This relates to one of our key safeguarding priorities, keeping babies safe.

BURY INTEGRATED CARE PARTNERSHIP

Locality Performance Report December 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	Nov 24	63.7%	67.3%	↘	76.0%	4,411	6,921	N/A
	N/A	A&E Attendances	Monthly	Nov 24	6,921	7,162	↘	N/A	N/A	N/A	N/A
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Nov 24	13.8%	15.3%	↘	N/A	1,447	10,508	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Nov 24	1,669	1,961	↘	N/A	N/A	N/A	Lower
	EM30a	Average number of adult G&A overnight beds available (NCA)	Monthly	Nov 24	90.5%	91.3%	↘	N/A	1,386	1,532	Inter
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	Oct 24	39.9%	32.7%	↗	75.%	465	1,165	Inter
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Oct 24	3,585	3,565	↗	5,375	N/A	N/A	Lower
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Oct 24	75.9%	76.1%	↘	66.7%	1,841	2,425	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	Nov 24	14	13	↗	N/A	N/A	N/A	Lower
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Nov 24	14.6%	13.0%	↗	N/A	14	96	Lower
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Oct 24	1,665	1,615	↗	3,723	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Oct 24	330	295	↗	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Oct 24	185	180	↗	N/A	N/A	N/A	Lower
	S125a	Long length of stay for adults (60+ days)	Monthly	Oct 24	37.5%	42.9%	↘	0.%	15	40	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Oct 24	99.6%	96.7%	↗	N/A	249	250	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	Jun 24	63.3%	63.1%	↗	62.1%	6,660	10,525	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Oct 24	69.8%	79.0%	↘	74.5%	73,052	104,611	Lower
Quality	S042a	E. coli blood stream infections	Monthly	Oct 24	154	151	↗	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Sep 24	84.7%	85.8%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Sep 24	5.9%	5.9%	↘	10.%	6,627	112,578	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

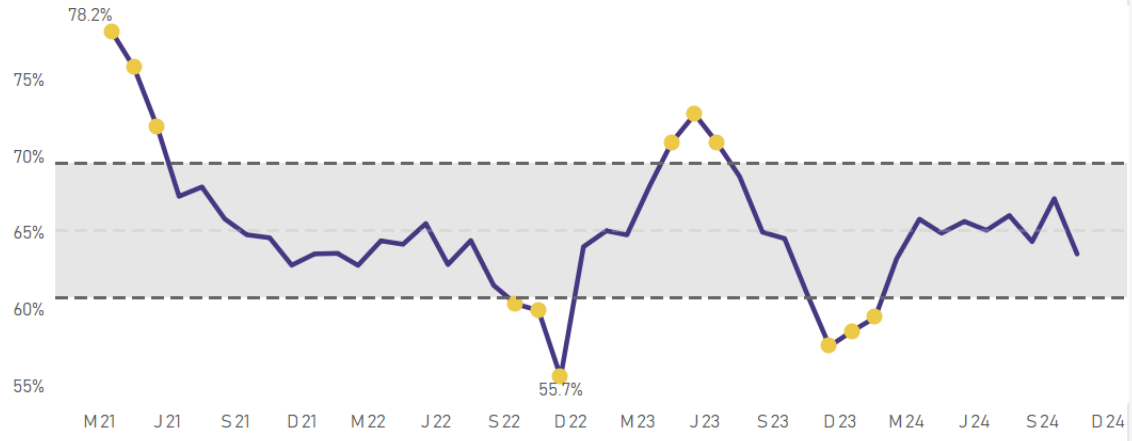
Bury

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)

63.7%	67.3%	76.0%
November 2024	October 2024	National Target

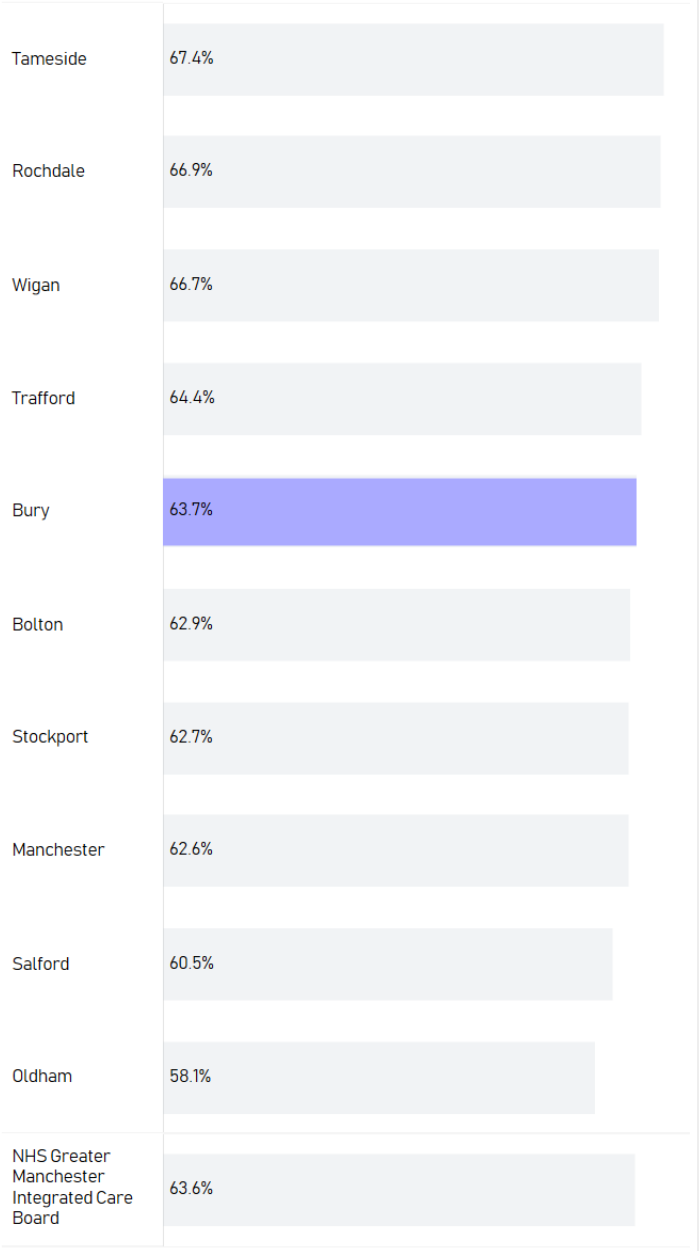
Outliers more than 1 standard deviation from the mean



	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%	65.9%	65.3%	66.2%	64.5%	67.3%	63.7%				

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

Latest Value GM Benchmarking



Narrative

- This metric is subject to daily review.
- 4-hour performance in Nov was 63.7%, a decrease on the previous month's performance of 67.3%.
- Nov 24 performance is 63.7% which is higher than Nov 23 which was 61.1%.
- Bury performance is currently above the overall GM performance of 63.6% and is the 5th best performing locality in GM.

Bury

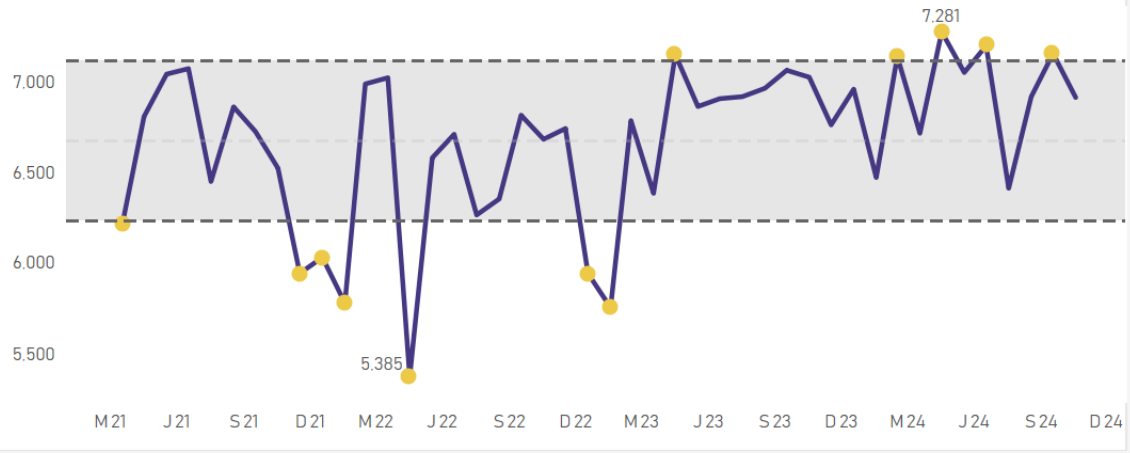
A&E Attendances
Number of attendances at A&E departments

Source: Emergency Care Dataset (ECDS) (Monthly)

6,921
November 2024

7,162
October 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	6.925	6.971	7.070	7.032	6.770	6.966	6.481	7.145
2024-25	6.724	7.281	7.058	7.205	6.422	6.925	7.162	6.921				

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

Latest Value GM Benchmarking
Attendances Rate per 1000 population & Count

Narrative

- There were 6921 A&E attendances from Bury registered patients in Nov 24, Lower than Nov 23 (7032).

- Bury currently has 32.8 attendances per 1000 population and has the 5th lowest attendance rate for localities within GM.

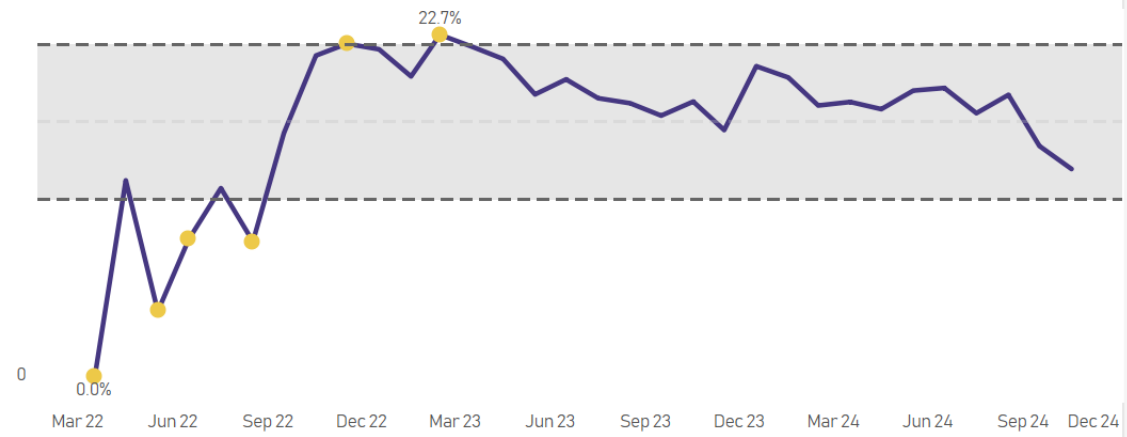
Bury

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)

13.8%	15.3%	No Target
November 2024	October 2024	

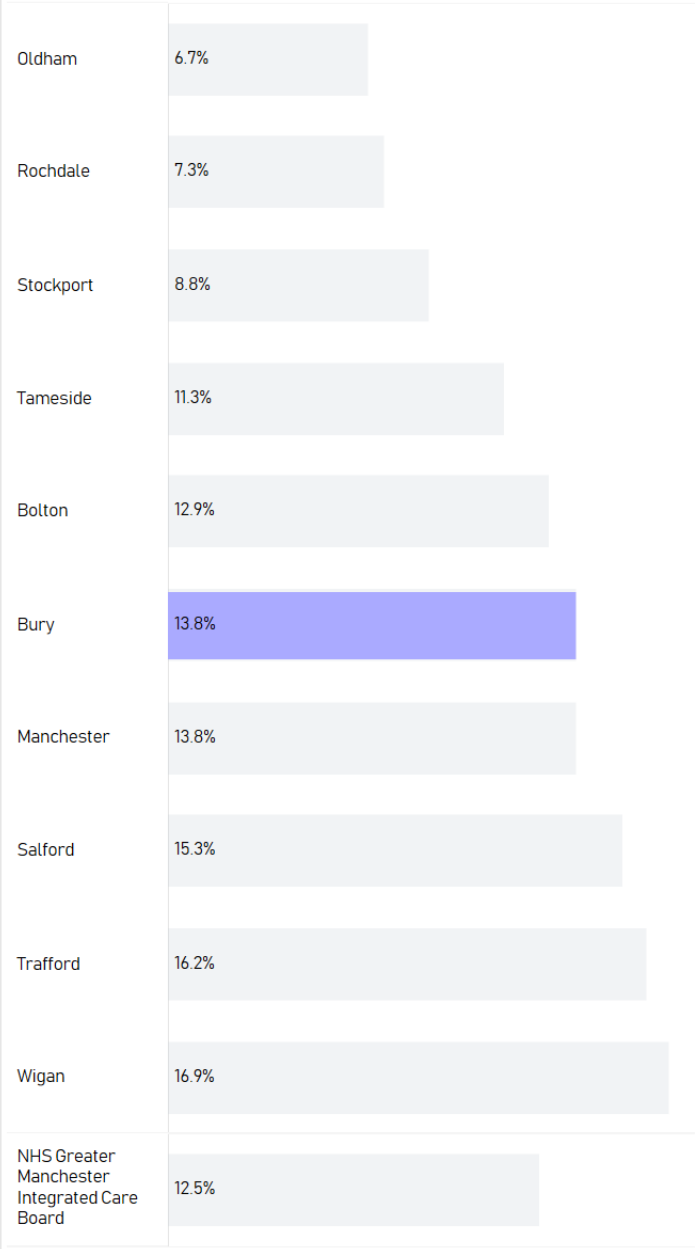
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	0.0%	13.0%	4.3%	9.1%	12.5%	9.0%	16.2%	21.3%	22.1%	21.7%	19.9%	22.7%
2023-24	21.9%	21.1%	18.7%	19.7%	18.5%	18.1%	17.3%	18.2%	16.3%	20.6%	19.8%	18.0%
2024-25	18.2%	17.7%	19.0%	19.1%	17.5%	18.7%	15.3%	13.8%				

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

Latest Value GM Benchmarking



Narrative

- This metric is subject to daily review.
- NCTR percentage for Bury in Nov 24 is 13.8% which is a decrease on Oct 24 which was 15.3%.
- Bury is currently higher than the GM percentage of 12.5% and has the 5th 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)

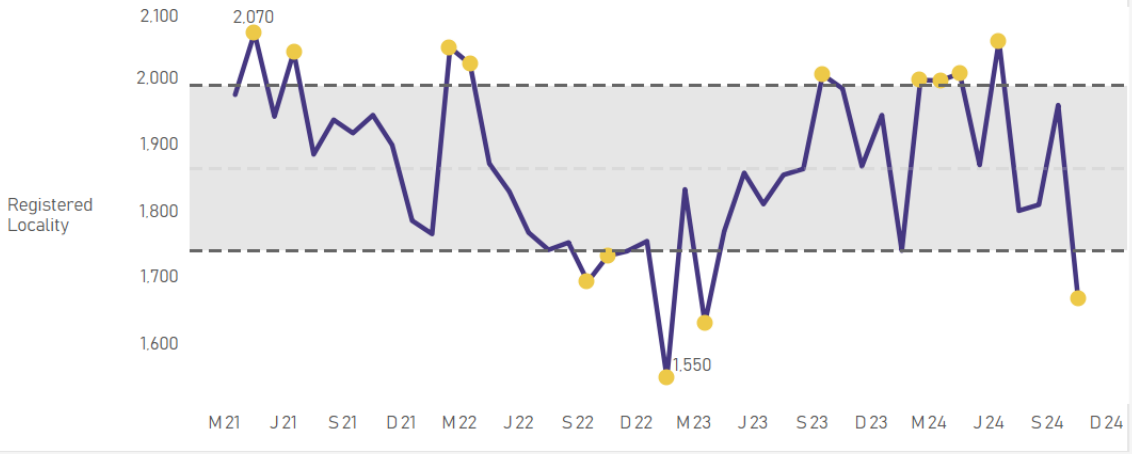
Source: National Flows APC (Monthly)

1,669
November 2024

1,961
October 2024

84/92
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	1,812	1,856	1,865	2,007	1,986	1,869	1,946	1,742	1,999
2024-25	1,998	2,009	1,871	2,058	1,802	1,811	1,961	1,669				

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

Latest Value GM Benchmarking
Count & Rate Per 1000 Population

Narrative

- There were 1669 specific acute non-elective spells from Bury registered patients in Nov 24, Lower than Nov 23 (1986)
- Bury currently has 7.9 specific acute non-elective spells per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

Average number of adult G&A overnight beds available

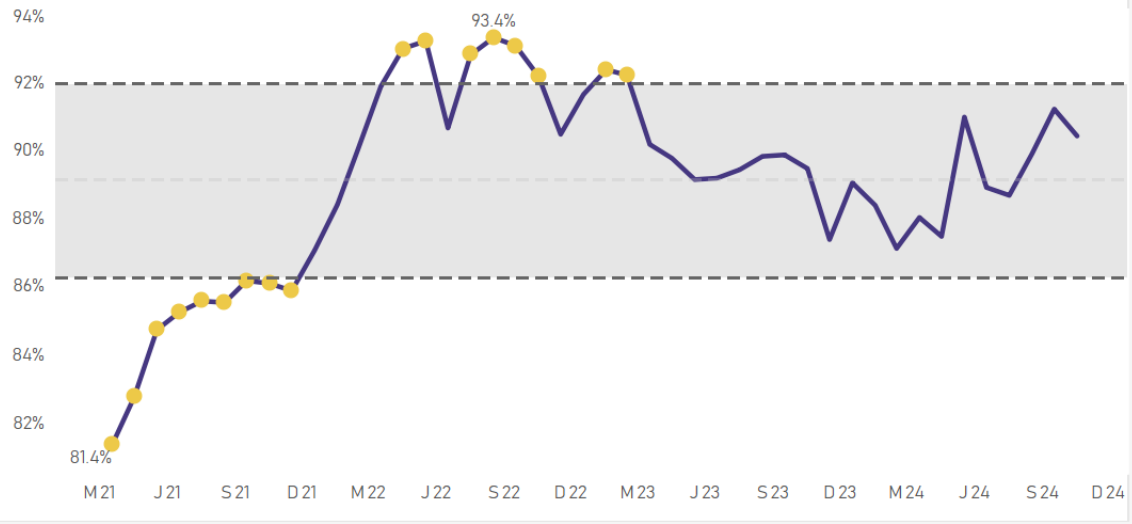
The percentage of adult general and acute (G&A) overnight beds that are occupied, as an average over a monthly period. This uses the UEC daily sitrep definition of a general and acute bed open/occupied as at 8am each day. They exclude maternity and mental health beds.

Source: UEC Daily Sitrep (Monthly)

90.5%
November 2024

91.3%
October 2024

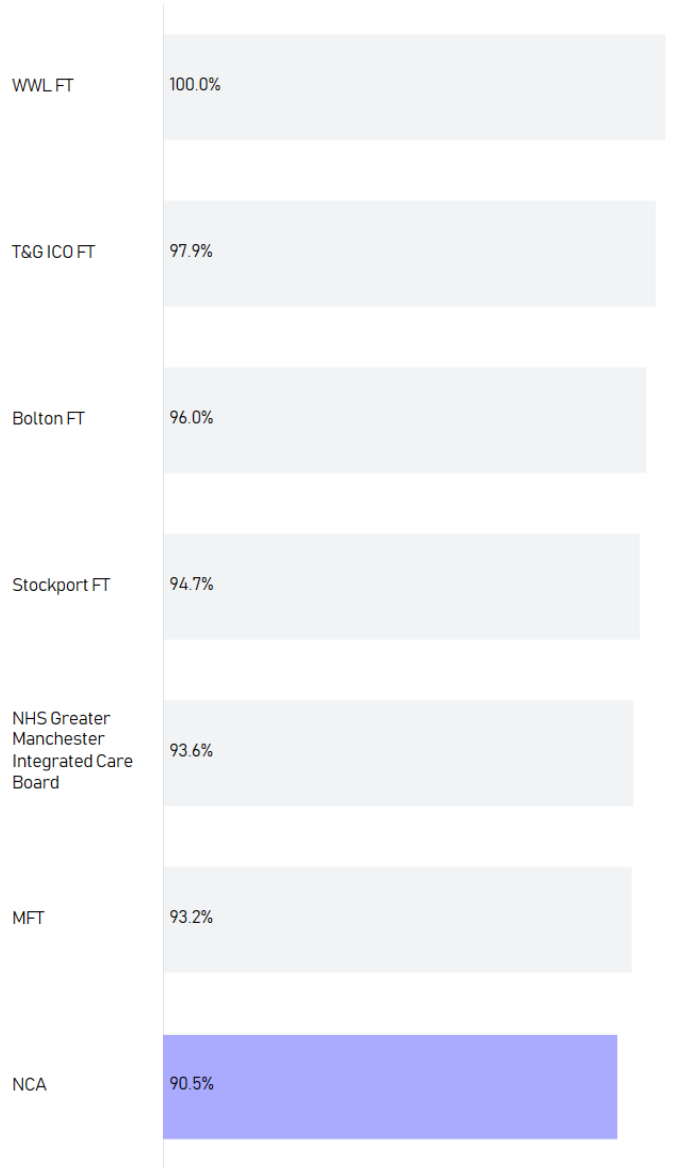
Outliers more than 1 standard deviation from the mean



	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%	90.0%	91.3%	90.5%				

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- NCA had an adult and acute beds occupancy rate of 90.5% in Nov 24. The lowest of the GM Trusts.
- This data shows NCA position across all NCA sites, not just FGH.
- Bury patients will also attend MFT.
- GM occupancy rate is 93.6% for Nov 24.

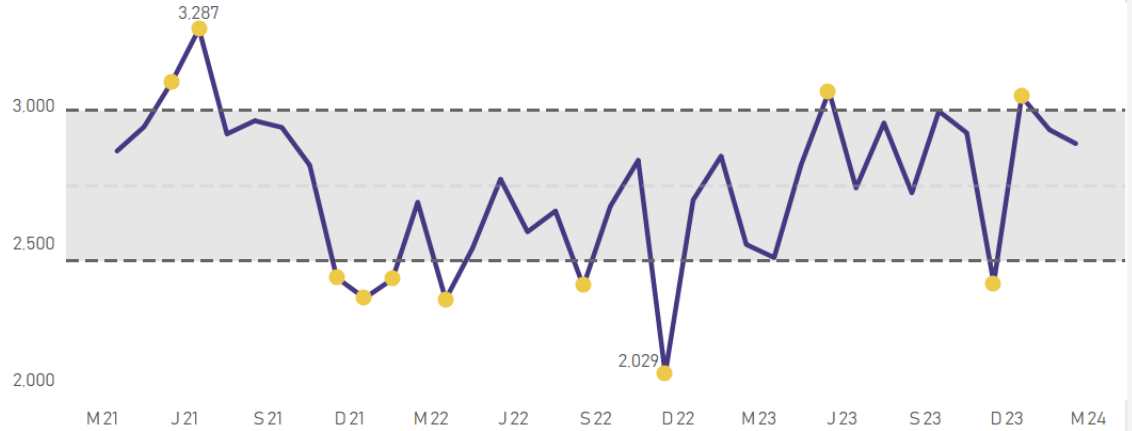
Bury

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

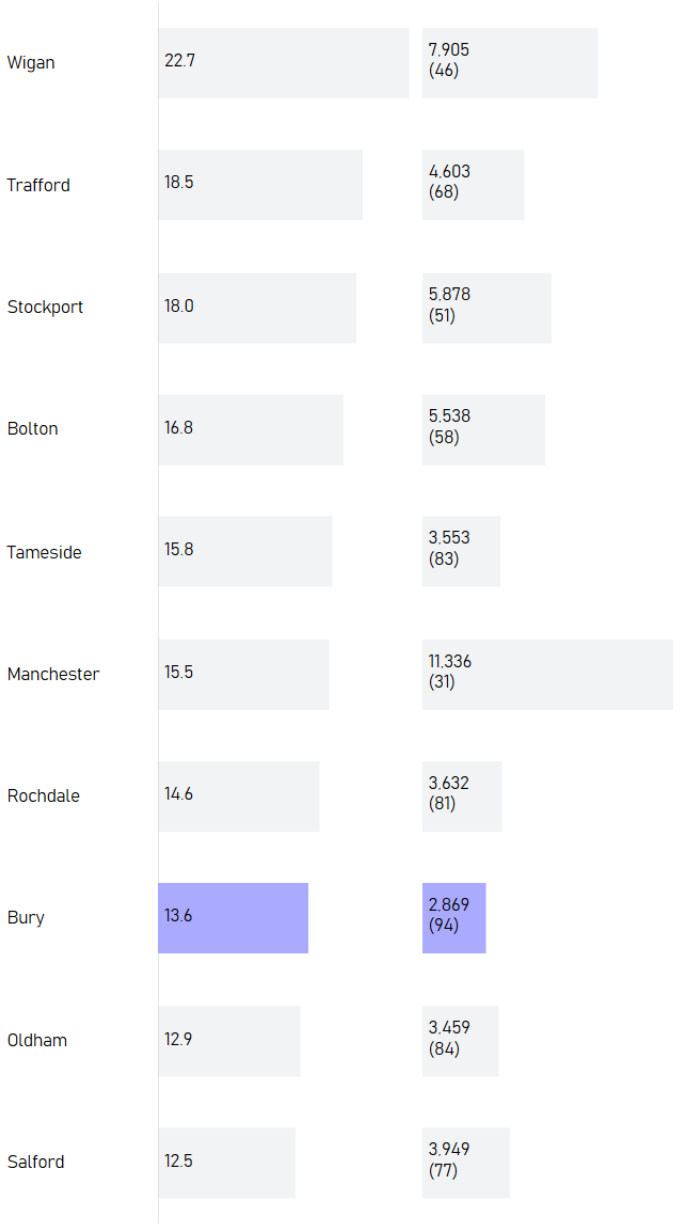
Outliers more than 1 standard deviation from the mean



	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.

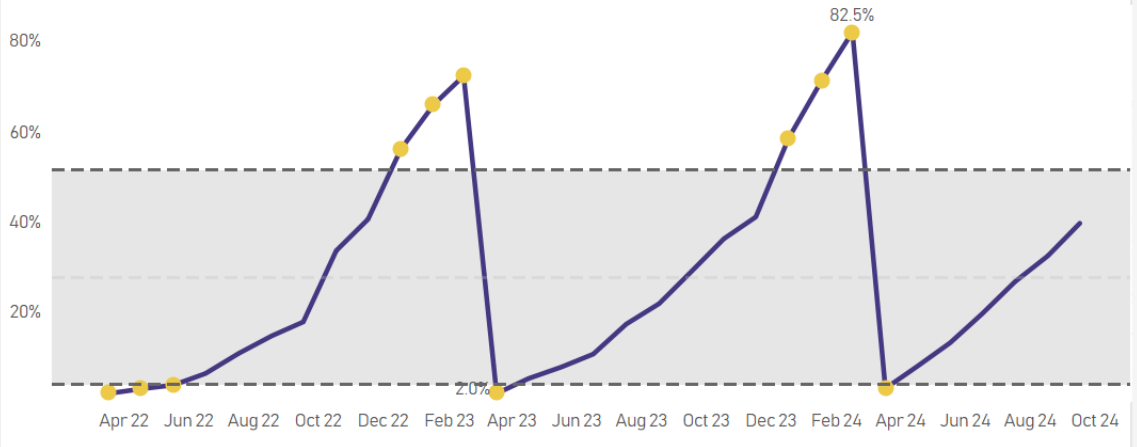
Bury

% 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)

39.9%	32.7%	29/106	75.%
October 2024	September 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%	26.9%	32.7%	39.9%					

Selected measure at October 2024 has continuously increased for 6 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities

2	Trafford	52.5%
4	Stockport	48.3%
6	Tameside	46.6%
9	Wigan	45.2%
11	Manchester	44.7%
21	Bolton	41.7%
25	Rochdale	40.4%
29	Bury	39.9%
47	Salford	37.6%
59	Oldham	36.3%
3	NHS Greater Manchester Integrated Care Board	43.5%

Narrative

- The percentage of patients aged 14+ having received an LD health check in Oct 24 is 39.9%, which is an increase on Oct 23 which was 29.1%.
- Bury is currently lower than the GM percentage of 43.5% and has the 3rd lowest percentage of the GM localities.
- For the last 2 years Bury has delivered the majority of annul checks in the months Jan to March

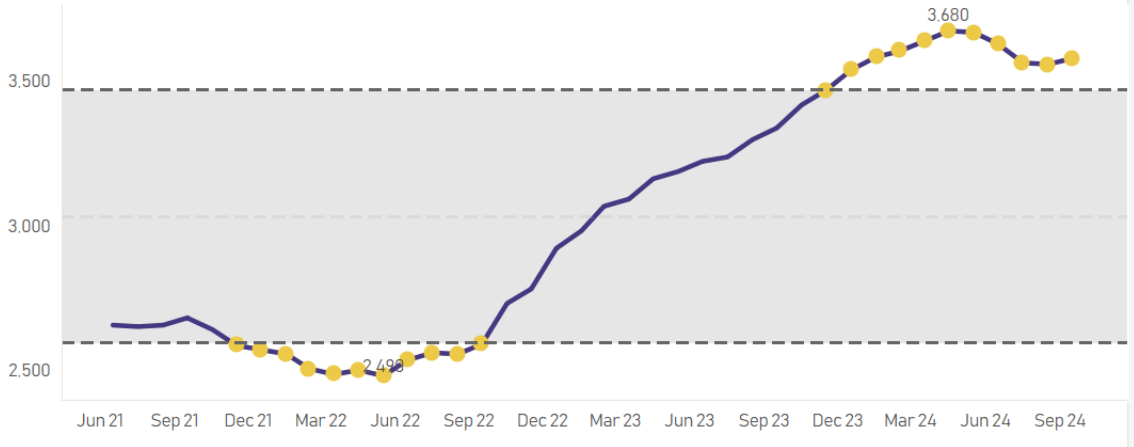
Bury

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

Source: Published MHSDS (Monthly)

3,585	3,565	80/106	5,375
October 2024	September 2024	National Rank Lower Quartile	National Median

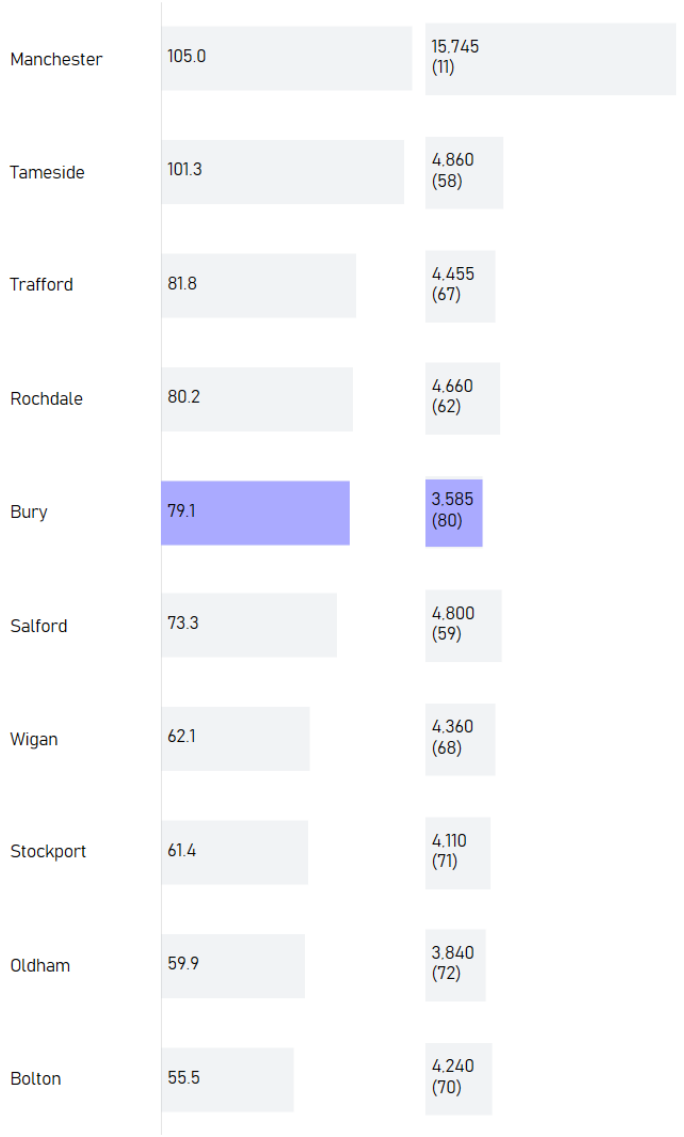
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				2.665	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	3.645	3.680	3.675	3.635	3.570	3.565	3.585					

Selected measure at October 2024 has continuously increased for 1 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 3585 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in Oct 24, higher than Oct 23 (3345).
- Bury currently has 79.1 accesses made per 1000 population and has the 5th highest rate per 1000 for localities within GM, but is on course against the usual annual trajectory in Bury.

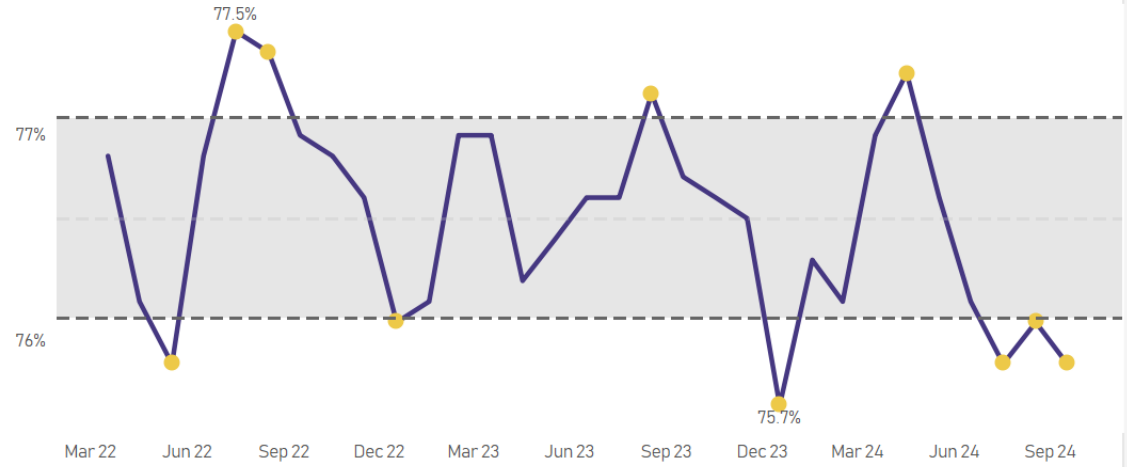
Bury

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)

75.9%	76.1%	12/106	66.7%
October 2024	September 2024	National Rank Upper Quartile	National Target

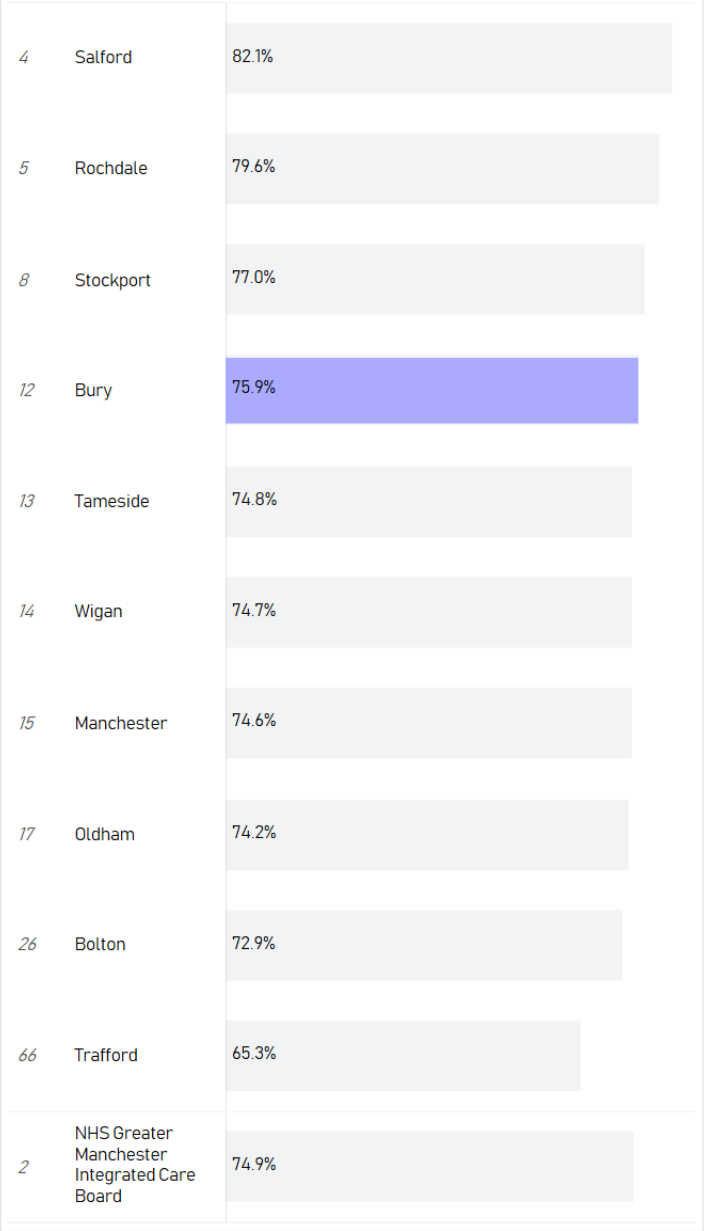
Outliers more than 1 standard deviation from the mean



	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%	75.9%	76.1%	75.9%					

Selected measure at October 2024 has continuously decreased for 1 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 Oct 24 is 75.9%, which is Lower than Oct 23 which was 76.8%
- Bury currently has a higher diagnosis rate than GM which has a rate of 74.9%. Bury has the 4th highest dementia diagnosis rate of the GM localities.
- Bury and GM are both above the national target of 66.7%.

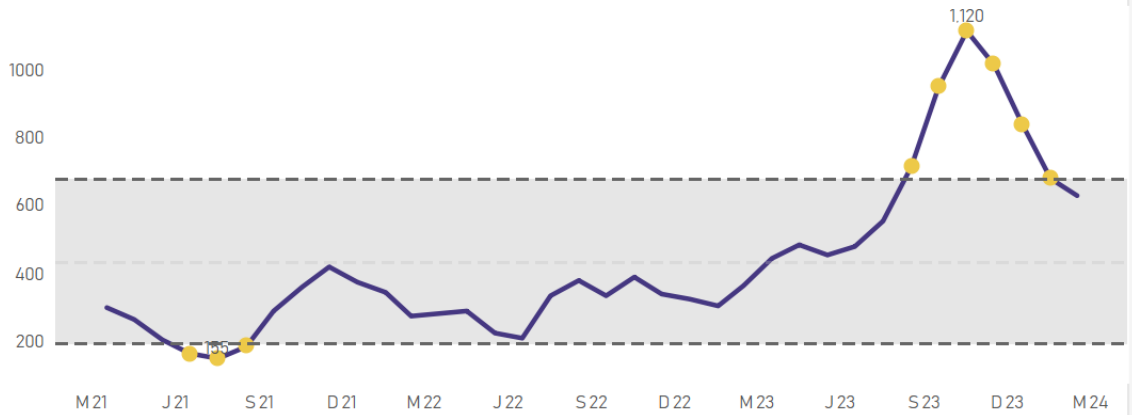
Bury

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

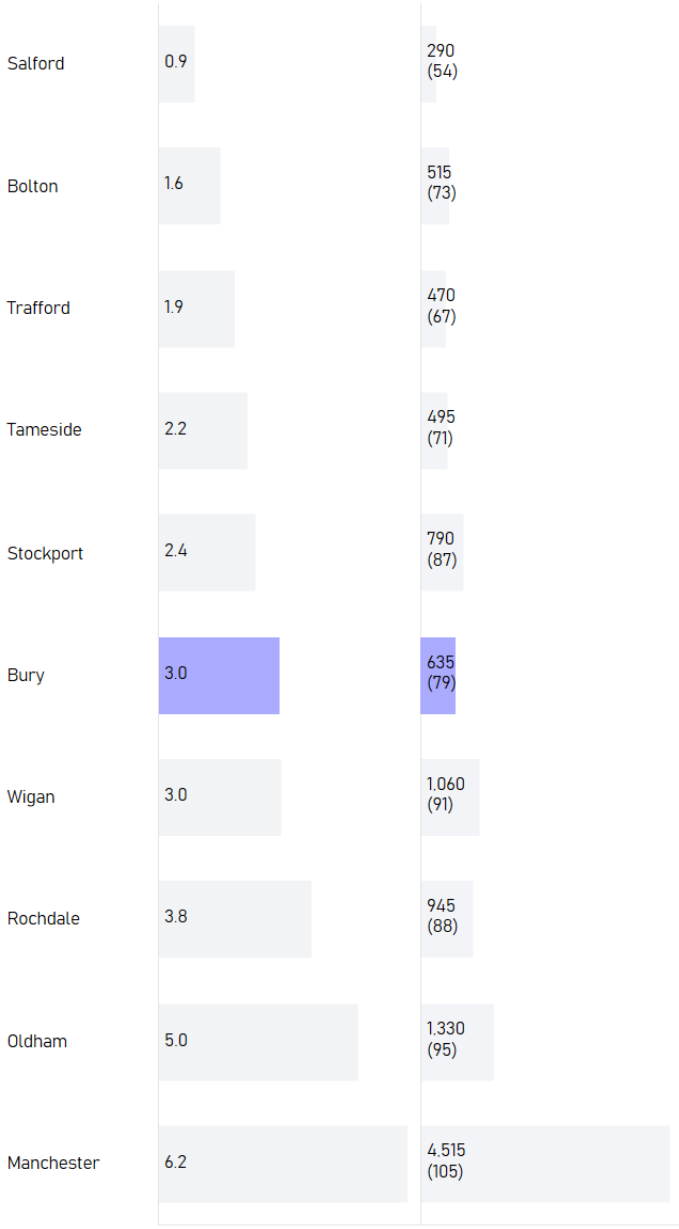
Outliers more than 1 standard deviation from the mean



	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

- Latest data confirms OAP is zero in Bury and has been either 1 or 0 for the last month.
- 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.

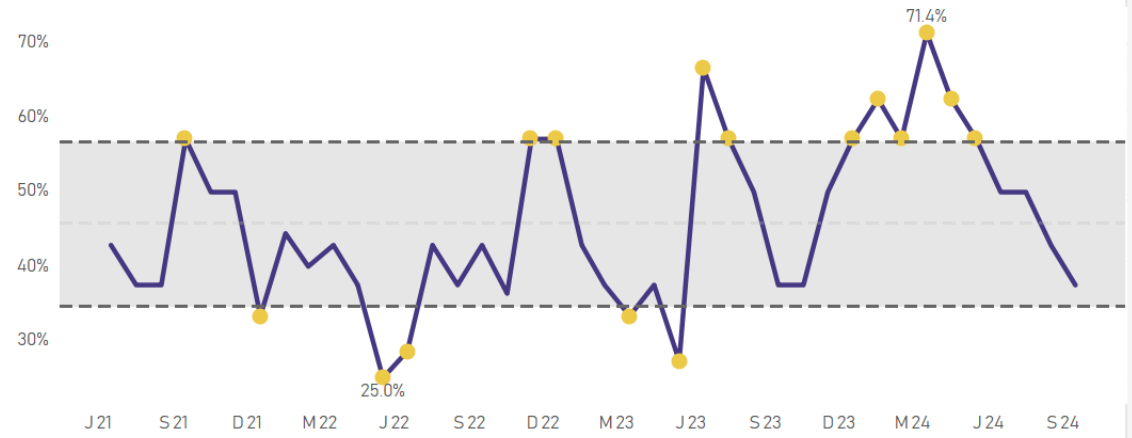
Bury

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)

37.5%	42.9%	44/99	0.%
October 2024	September 2024	National Rank Inter Quartile	National Target

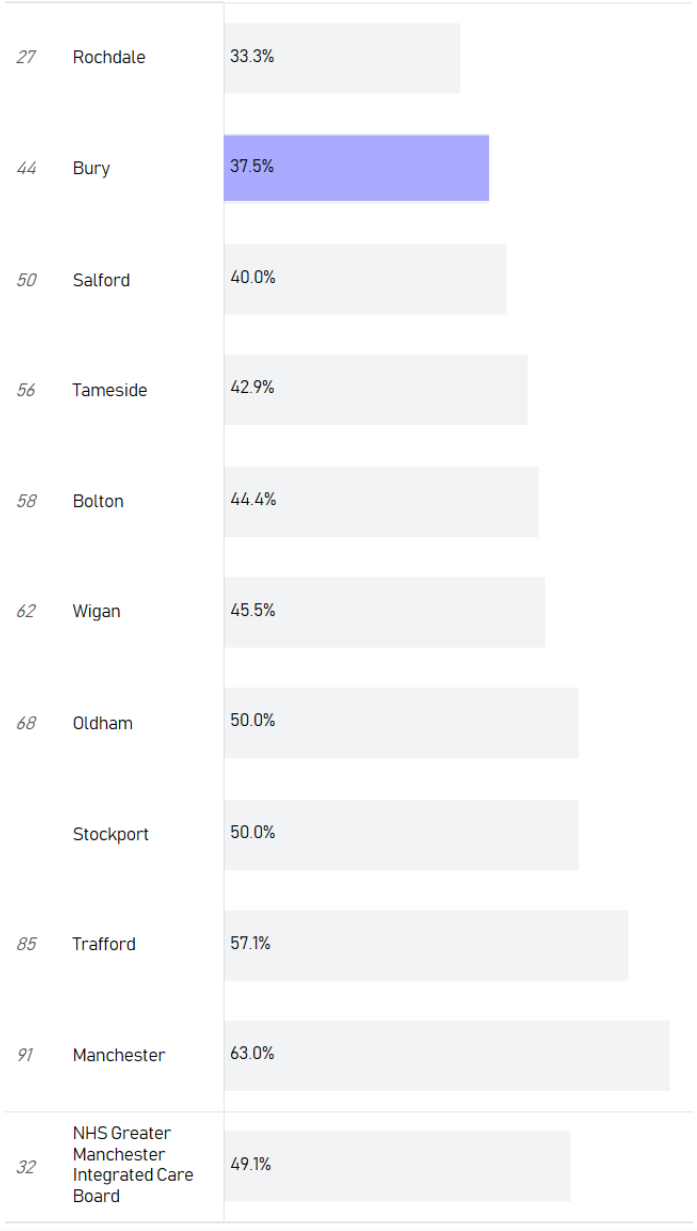
Outliers more than 1 standard deviation from the mean



	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%	50.0%	42.9%	37.5%					

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The proportion of discharges with a long LOS in Oct 24 is 37.5%, which matches Oct 23 which was also 37.5%.
- Bury currently has a lower proportion with a long LOS than GM which has a proportion of 49.1% and Bury has the 2nd lowest proportion of the GM localities.
- Bury and GM are above the national target of 0%.

Bury

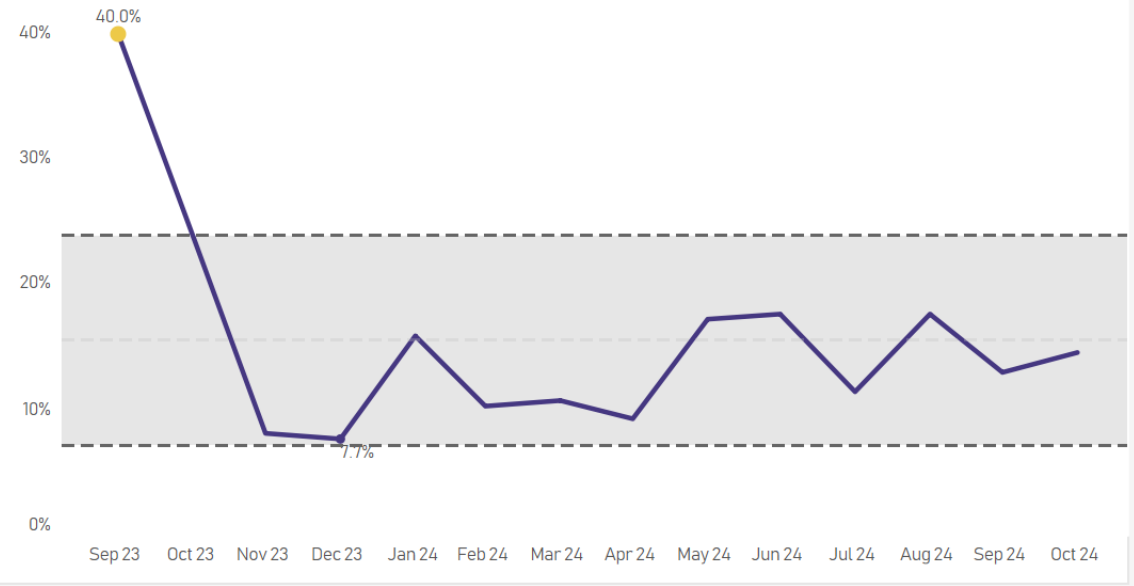
Percentage of MH patients with no criteria to reside (NCTR)
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

14.6%
November 2024

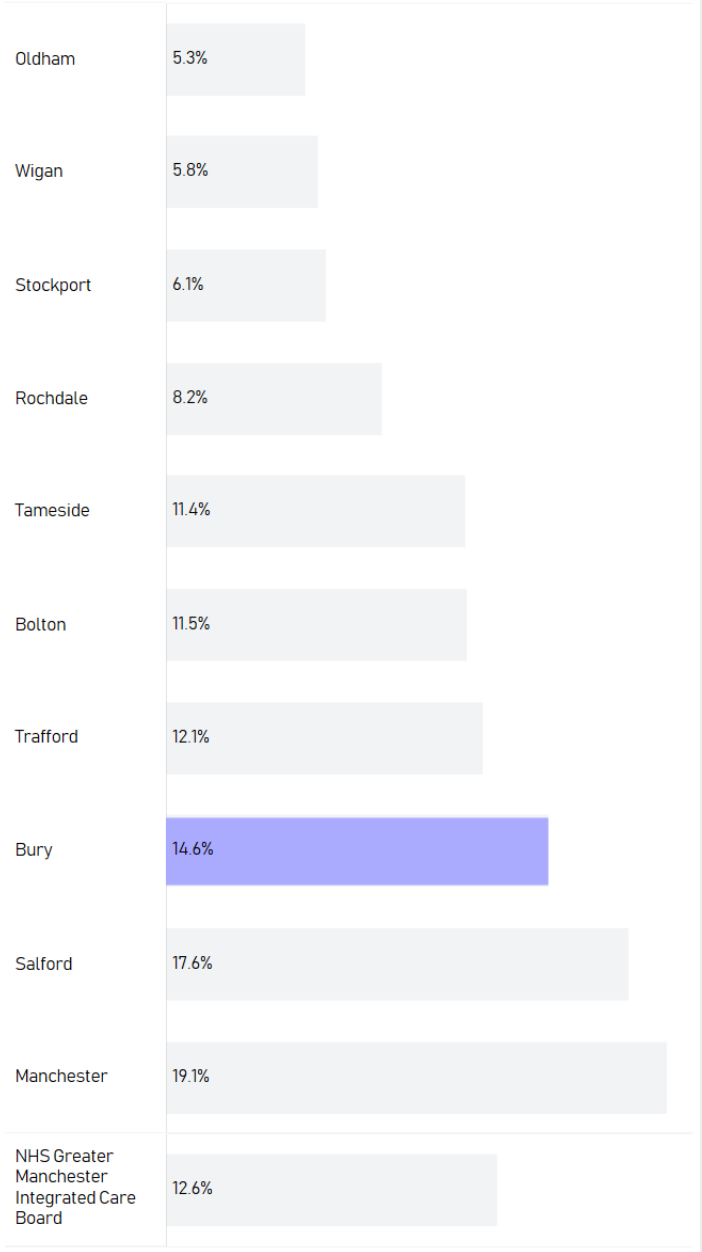
13.0%
October 2024

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24							40.0%	23.9%	8.1%	7.7%	15.9%	10.3%
2024-25	10.8%	9.3%	17.2%	17.6%	11.5%	17.6%	13.0%	14.6%				

Latest Value GM Benchmarking



Narrative

- The percentage of mental health patients with NCTR as of Nov 24 is 14.6%, which is a decrease from Nov 23 which was 23.9%
- Bury currently has a higher percentage than GM which is 12.6%.
- Bury has the 3rd highest percentage Rate of the GM localities.

Bury

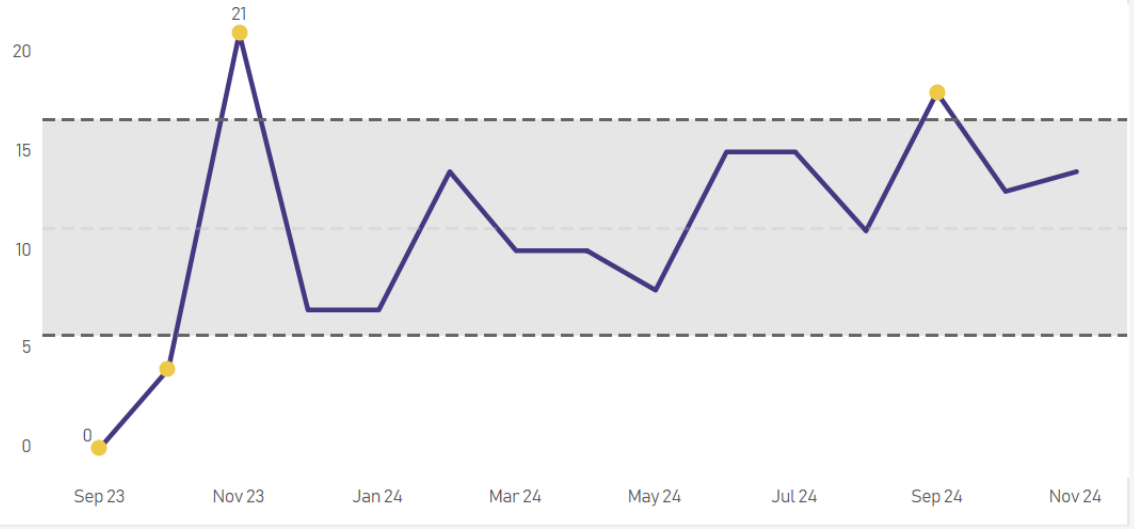
Number of MH patients with no criteria to reside (NCTR)
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

14
November 2024

13
October 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	4	21	7	7	14	10
2024-25	10	8	15	15	11	18	13	14				

Latest Value GM Benchmarking
Rate per 1000 / Count

Narrative

- This metric is subject to daily review.
- The number of mental health patients with NCTR as of Nov 24 is 14, which is Lower than the figure for Nov 23 which was 21
- Bury currently has 0.07 mental health patients with NCTR per 1000 population and has the 2nd highest rate in locality within GM.

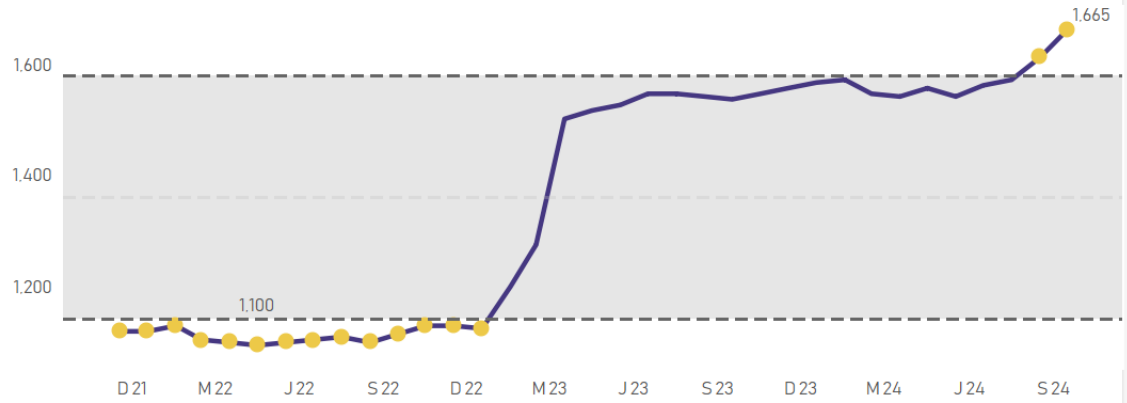
Bury

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)

1,665	1,615	86/106	3,723
October 2024	September 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									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	1.545	1.560	1.545	1.565	1.575	1.615	1.665					

Selected measure at October 2024 has continuously increased for 4 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 1665 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in Oct 24, higher than both Sept 24 (1615) and Oct 23 (1540).
- Bury currently has 10.0 contacts per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

Bury

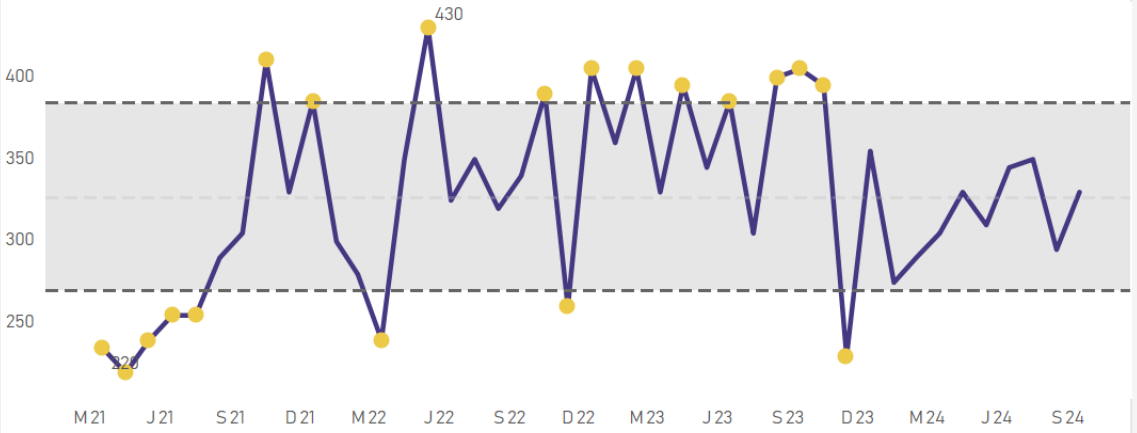
Talking Therapies: Access Rate

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)

330	295	96/110	No Target
October 2024	September 2024	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean

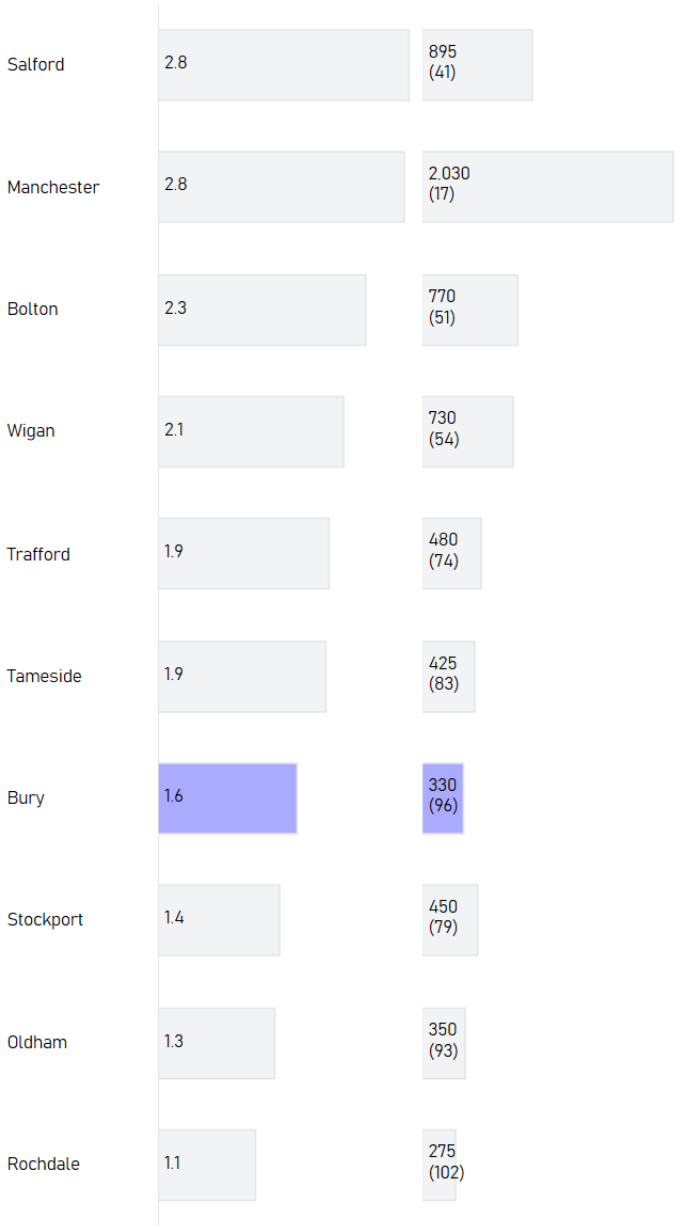


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	235	220	240	255	255	290	305	410	330	385	300	280
2022-23	240	350	430	325	350	320	340	390	260	405	360	405
2023-24	330	395	345	385	305	400	405	395	230	355	275	290
2024-25	305	330	310	345	350	295	330					

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)



Narrative

- There were 300 accesses to Talking Therapies for Bury registered patients in Oct 24, lower than Oct 23 (405)
- Bury currently has 1.6 accesses per 1000 population and has the 4th lowest rate per 1000 for localities within GM.

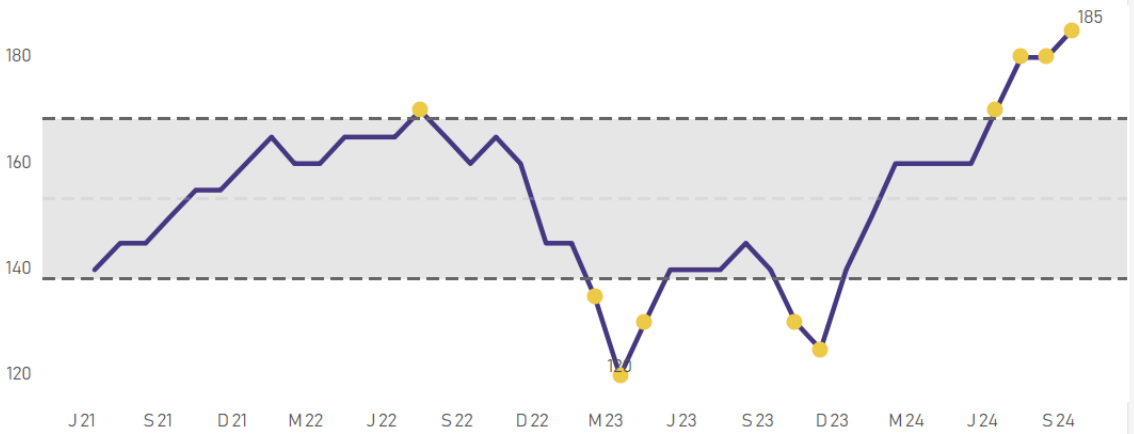
Bury

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

Source: Published MHSDS (Quarterly)

185	180	92/106	No Target
October 2024	September 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	180	180	185					

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

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

Oldham	2.02	270.0 (72)
Tameside	2.00	225.0 (83)
Wigan	1.90	330.0 (60)
Salford	1.84	285.0 (68)
Stockport	1.82	300.0 (66)
Bury	1.75	185.0 (92)
Bolton	1.75	285.0 (68)
Rochdale	1.69	210.0 (86)
Trafford	1.60	200.0 (87)
Manchester	1.59	565.0 (38)

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

Narrative

- There were 185 women accessing Perinatal Mental Health Services for Bury registered patients for the rolling 12 months to Oct 24, higher than Oct 23 (140).
- Bury currently has 1.75 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

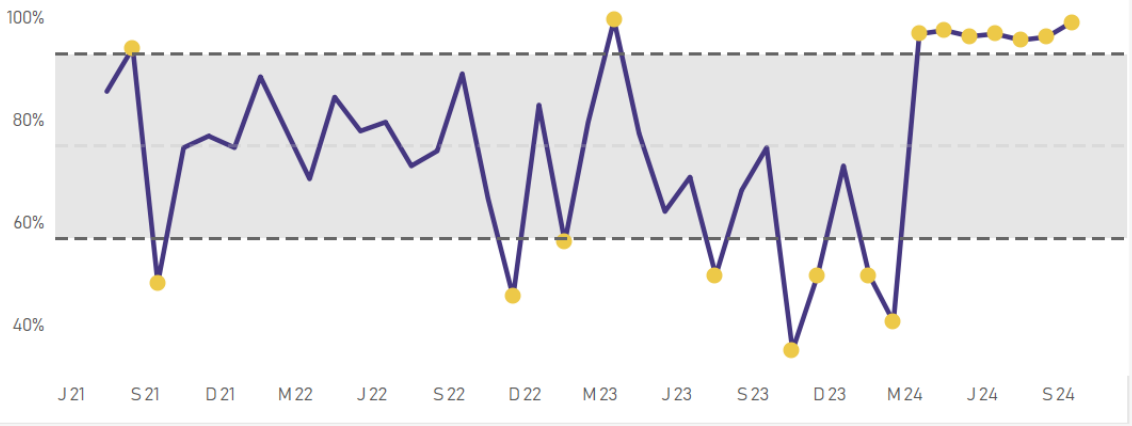
Source: Community Services Data Set (CSDS) (Monthly)

99.6%
October 2024

96.7%
September 2024

70%
National Target

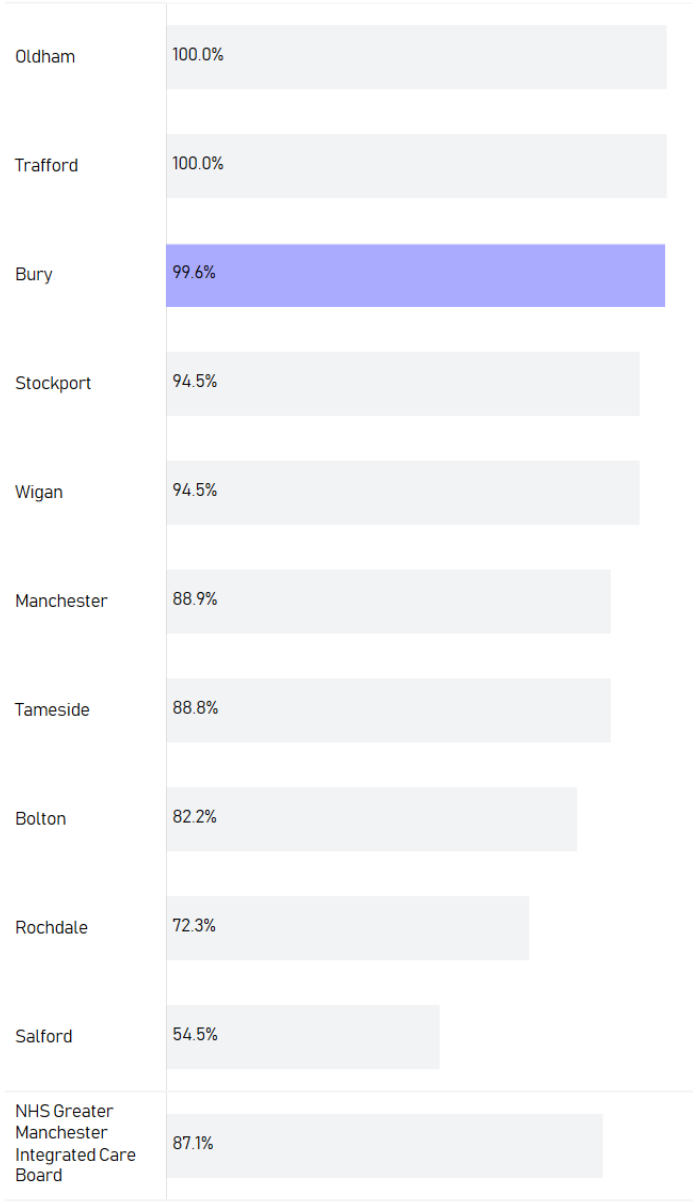
Outliers more than 1 standard deviation from the mean



	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%	97.3%	96.1%	96.7%	99.6%					

Selected measure at October 2024 has continuously increased for 2 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 Oct 24 was 99.6%, which is an increase on Oct 23 which was 75.0%.
- Bury currently has the 3rd highest percentage in the GM localities and is currently above the National Target of 70%.
- Local authority reporting shows that 99% of Bury residents received a 2-hour response in Oct 24 with only 1 missing target.

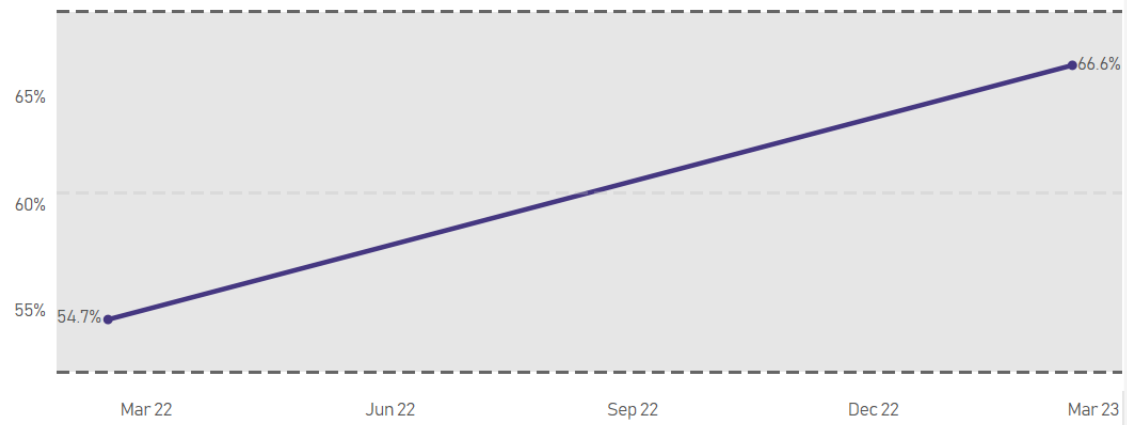
Bury

% 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

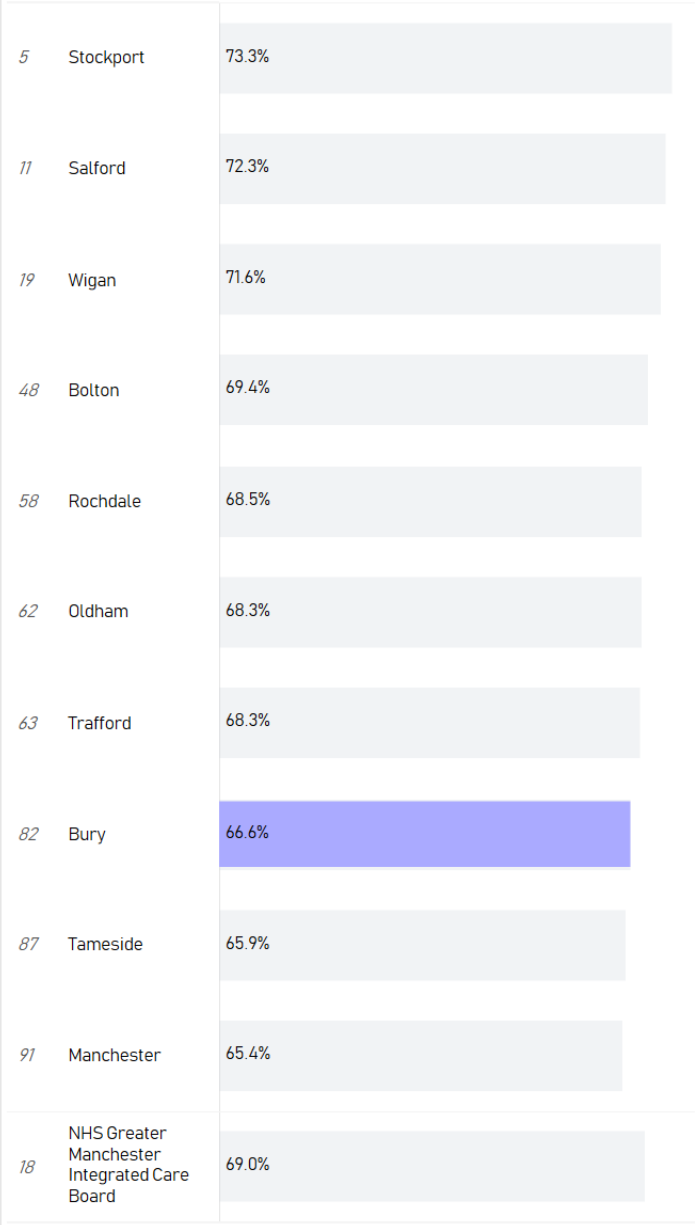
Outliers more than 1 standard deviation from the mean



	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



Narrative

According to the GM CVDPREVENT Dashboard

- CVDP007HYP for Bury is currently performing at 65.62% in Nov 24
- Bury is currently ranked 6th out of the 10 GM Localities. GM are performing at 66.23%
- CVDP003CHO for Bury is currently performing at 63.43% in Nov 24
- Bury is currently ranked 2nd out of the 10 GM Localities, with GM performing at 66.47%

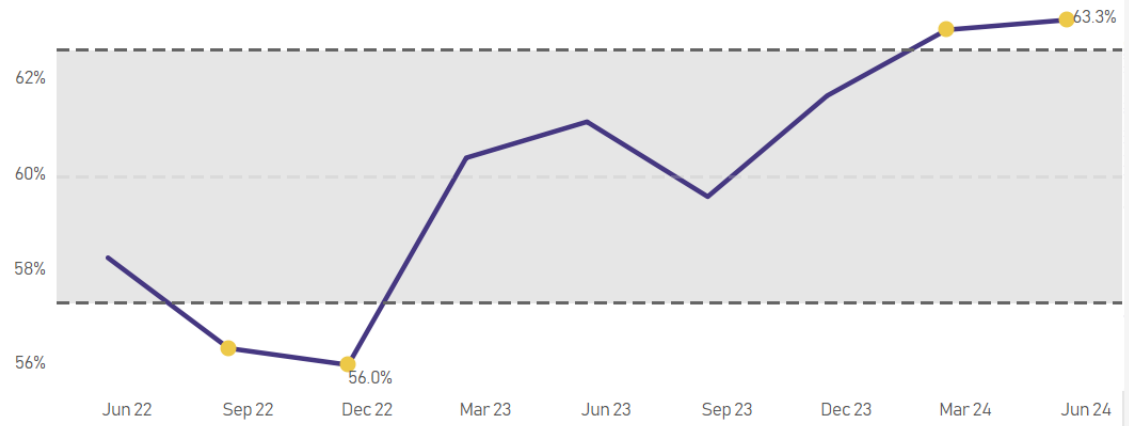
Bury

% 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)

63.3%	63.1%	38/106	62.1%
June 2024	March 2024	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%
2024-25	63.3%			

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

Latest Value GM Benchmarking
National Rank against other localities

2	Oldham	70.3%
4	Tameside	69.4%
8	Manchester	68.8%
13	Rochdale	66.9%
16	Trafford	66.9%
25	Salford	65.9%
37	Stockport	63.6%
38	Bury	63.3%
47	Wigan	62.8%
57	Bolton	61.8%
6	NHS Greater Manchester Integrated Care Board	65.9%

Narrative

- The percentage of patients identified as having 20% or greater 10-year risk of developing CVD as of June 24 is 63.3%, which is an increase on June 23 which was 61.1%

- Bury currently has a lower percentage than GM which is 65.9% and Bury has the 3rd lowest percentage of the GM localities.

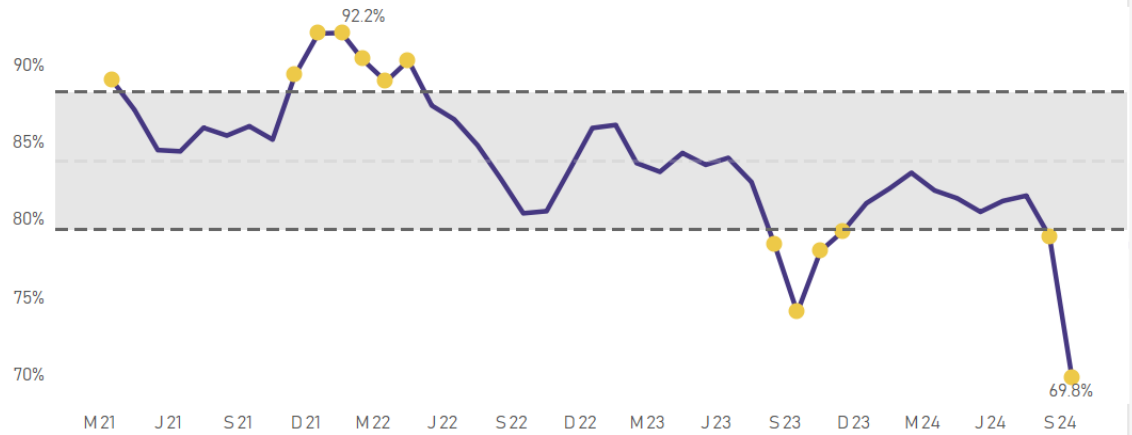
Bury

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)

69.8%	79.0%	86/106	74.5%
October 2024	September 2024	National Rank Lower Quartile	National Median

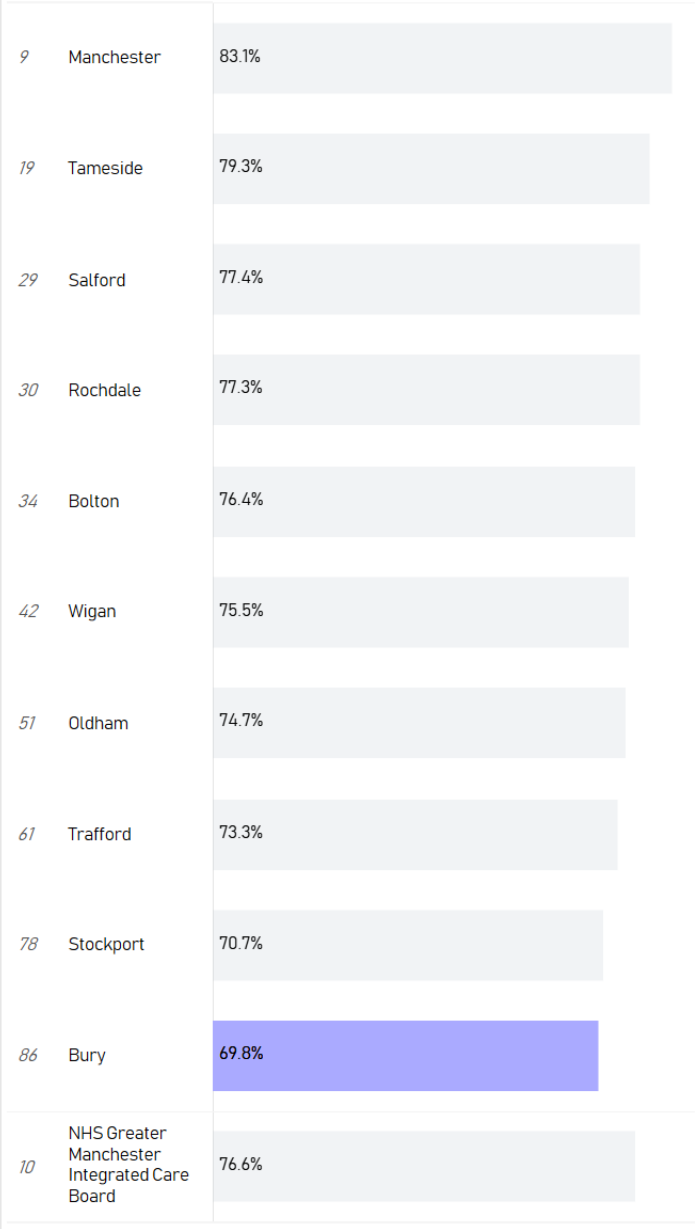
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	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%	82.1%	83.2%
2024-25	82.0%	81.5%	80.6%	81.3%	81.7%	79.0%	69.8%					

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

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- This data is currently under query with GM as figures dating back to Apr 21, now differ to those previously provided and presented to board.
- This new data suggests that Bury is 69.8% in comparison with 76.65% for GM.
- Board should note that this includes 'all' appointments, including those that can be pre booked in advance such as annual reviews, smears etc. When filtering this data to just those not typically scheduled in advance 98% of Burys Patients are seen within 14 days in comparison with a GM 87%

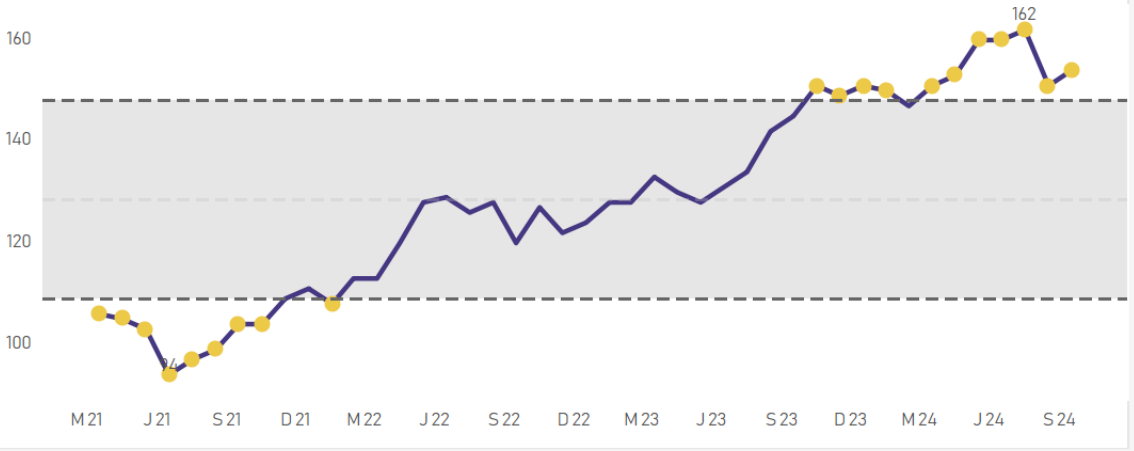
Bury

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)

154	151	21/107	No Target
October 2024	September 2024	National Rank Upper Quartile	

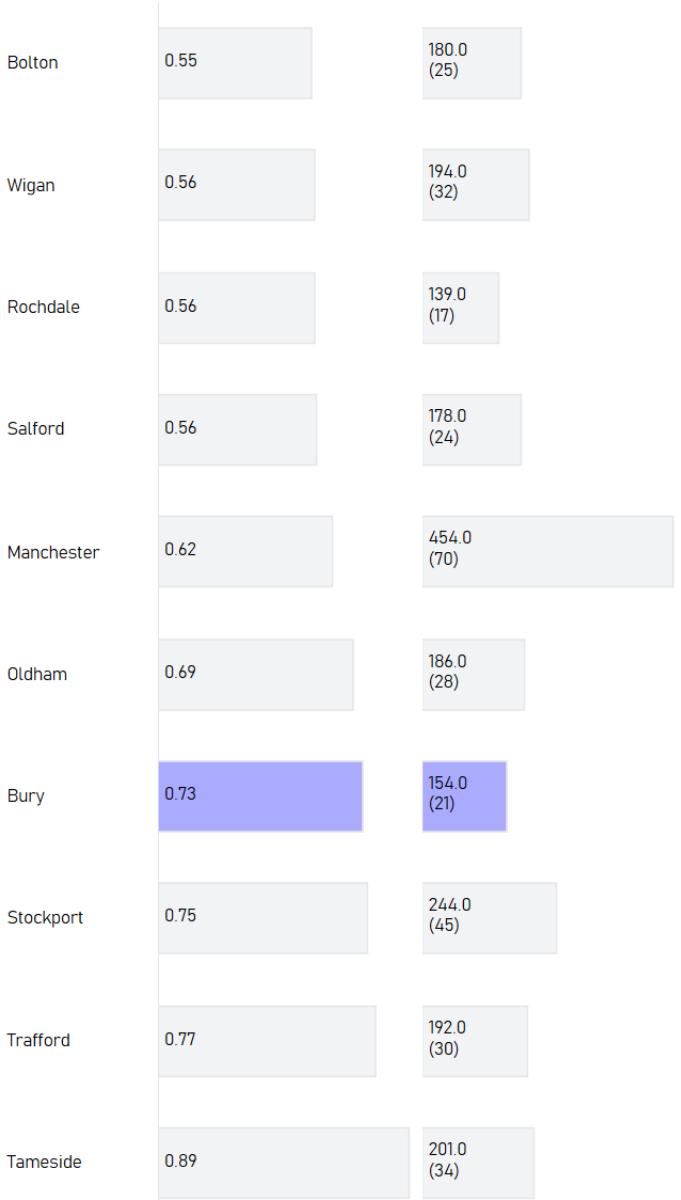
Outliers more than 1 standard deviation from the mean



	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		134	142	145	151	149	151	150	147
2024-25	151	153	160	160	162	151	154					

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

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



Narrative

- There were 154 counts of E. Coli blood stream infections in the rolling 12 months to Oct 24, which is higher than Oct 23 (145).
- Bury currently has 0.73 counts per 1000 population and has the 4th highest rate per 1000 for localities within GM.

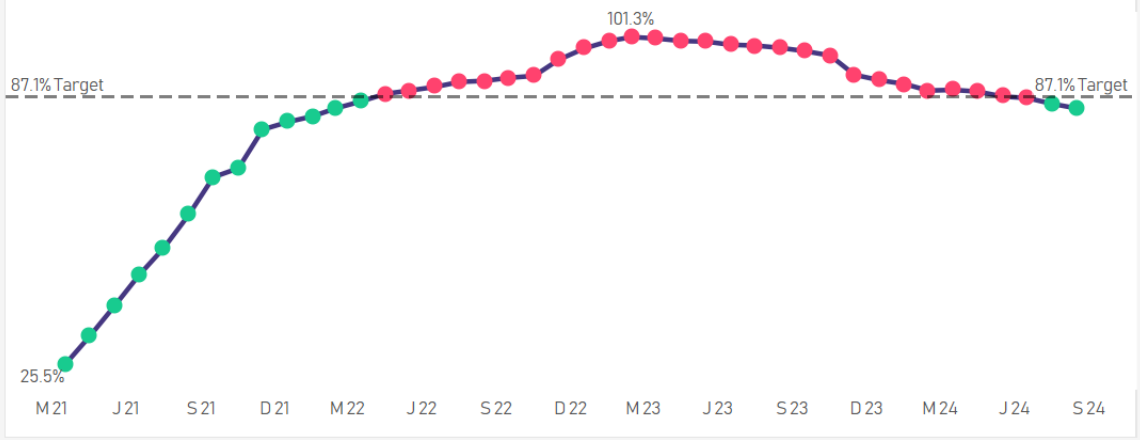
Bury

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)

84.7%	85.8%	87.1%
September 2024	August 2024	National Target

Performance Against National Target of 87.1%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	25.5%	31.9%	39.0%	46.1%	52.5%	60.2%	68.8%	70.9%	79.9%	81.6%	83.0%	84.8%
2022-23	86.4%	88.1%	88.9%	89.7%	90.9%	91.1%	91.8%	92.3%	96.0%	98.6%	100.3%	101.3%
2023-24	100.9%	100.4%	100.2%	99.5%	99.3%	98.8%	98.0%	97.0%	92.5%	91.3%	90.4%	88.9%
2024-25	89.0%	88.7%	87.5%	87.2%	85.8%	84.7%						

Selected measure at September 2024 has continuously decreased for 5 period(s) of time

Latest Value GM Benchmarking

Narrative

- The percentage of total prescribing of antibiotics in primary care in Sept 24 for the Bury population was 84.7%, which is lower than Sept 23 which was 98.8%.
- Bury currently has a lowest percentage of the GM localities.

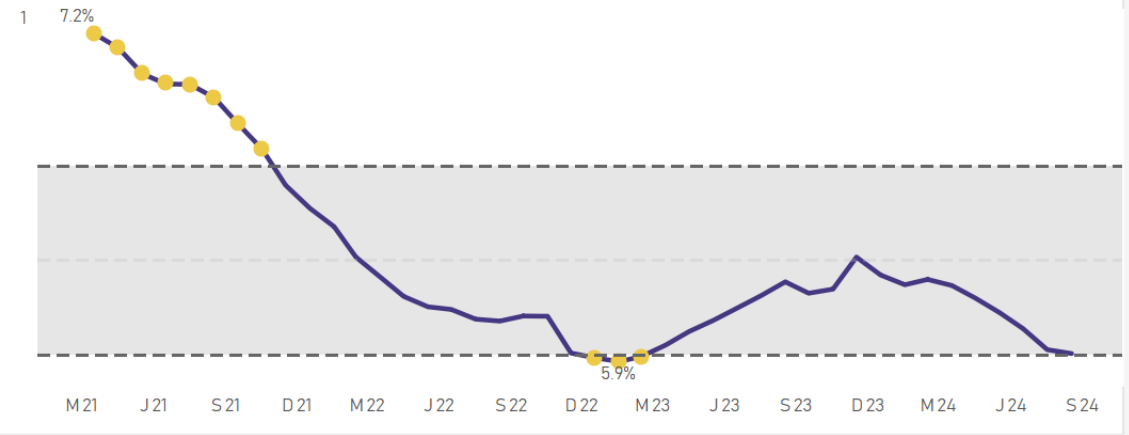
Bury

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)

5.9%	5.9%	22/111	10.%
September 2024	August 2024	National Rank Upper Quartile	National Target

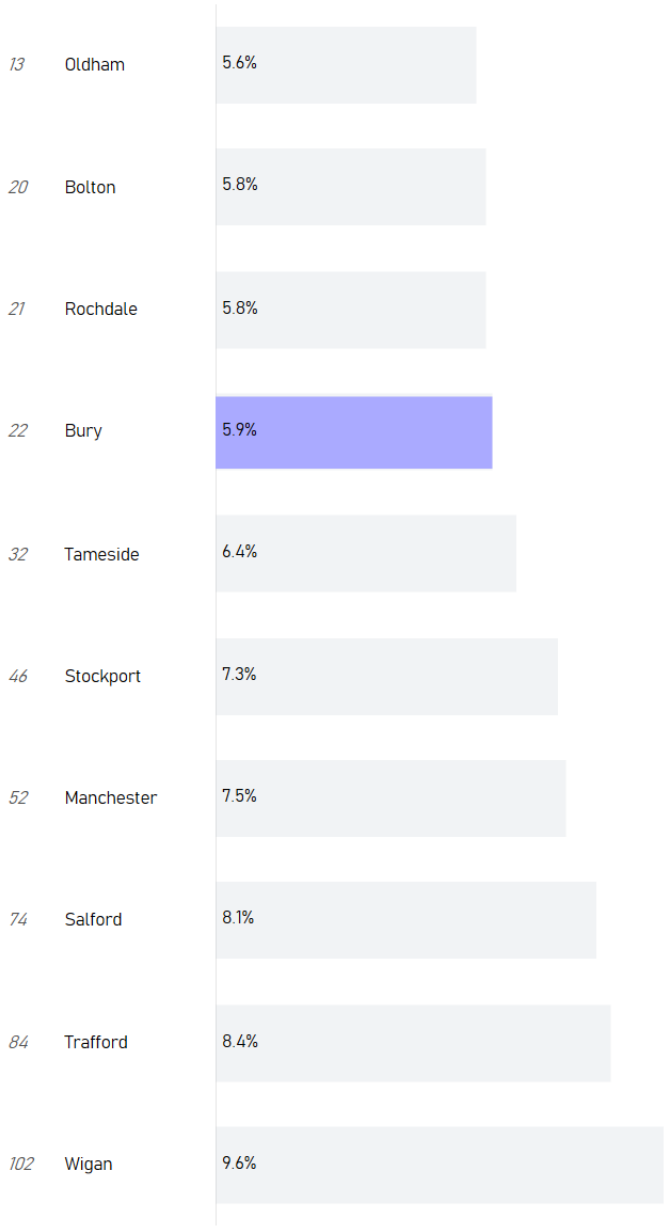
Outliers more than 1 standard deviation from the mean



	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%	6.0%	5.9%	5.9%						

Selected measure at September 2024 has continuously decreased for 6 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 Sept 24 for the Bury population was 5.9%, which is a decrease on Sept 23 which was 6.2%.
- 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	Diagnostic 6ww: All	Monthly	Oct 24	11.6%	15.8%	↘	1%	520	4,500	Inter
	EB20	RTT incomplete: 65+ week waits	Monthly	Oct 24	32.00	38.0	↘	0.	32	N/A	Inter
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Oct 24	71.6%	64.0%	↗	75%	785	1,096	Lower
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	Jun 24	83.4%	85.8%	↘	95%	461	553	Lower
	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

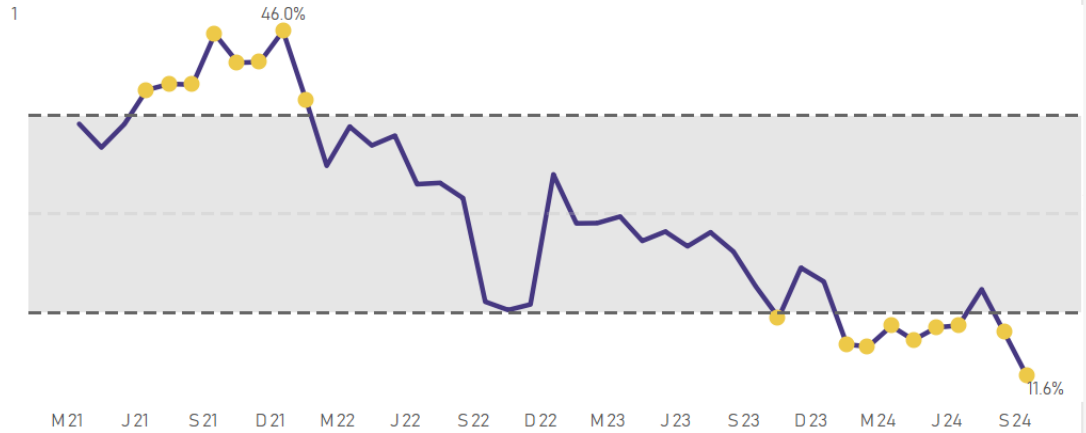
Bury

Diagnostic 6ww: All
% of Patients waiting over 6 weeks for a diagnostic test or procedure

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

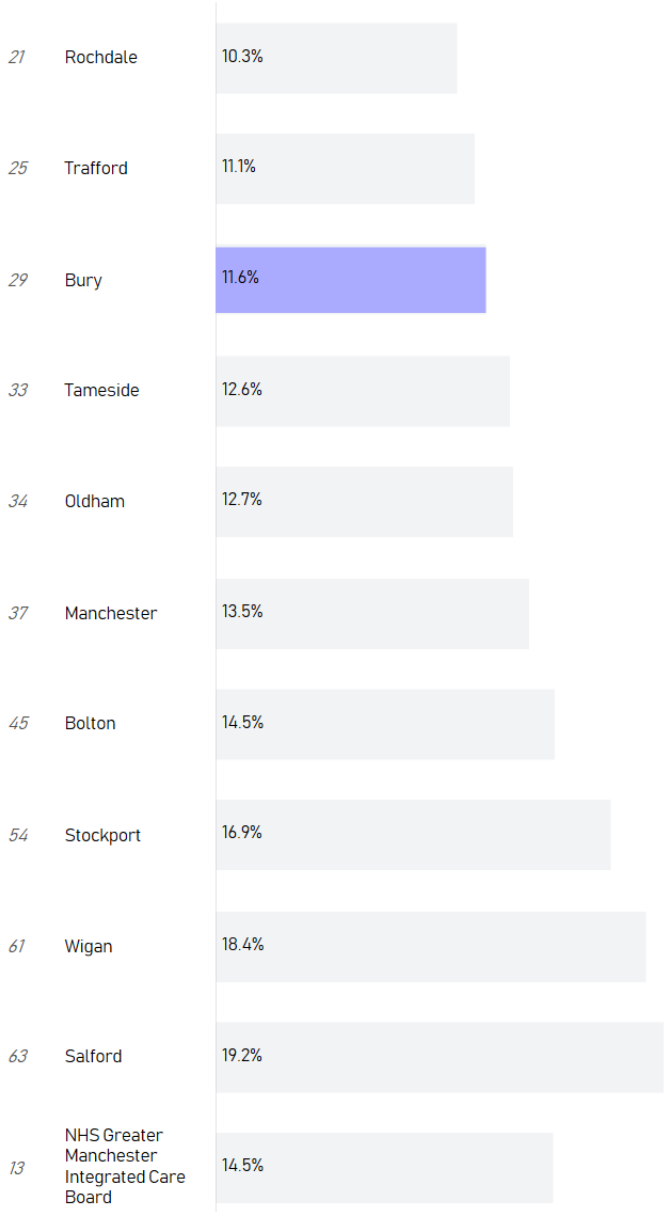
11.6%	15.8%	29/107	1.%
October 2024	September 2024	National Rank Inter Quartile	National Target

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%	20.2%	15.8%	11.6%					

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- Oct 24 performance of 11.6% of patients waiting more than six weeks, this is a decrease on the Oct 23 figures (20.5%).
- Burys performance is slightly Better than GM's performance of 14.5% in Oct 24.
- Bury performance is the 3rd lowest percentage of the GM localities.
- Bury and GM are both above the less than 1% target.

Bury

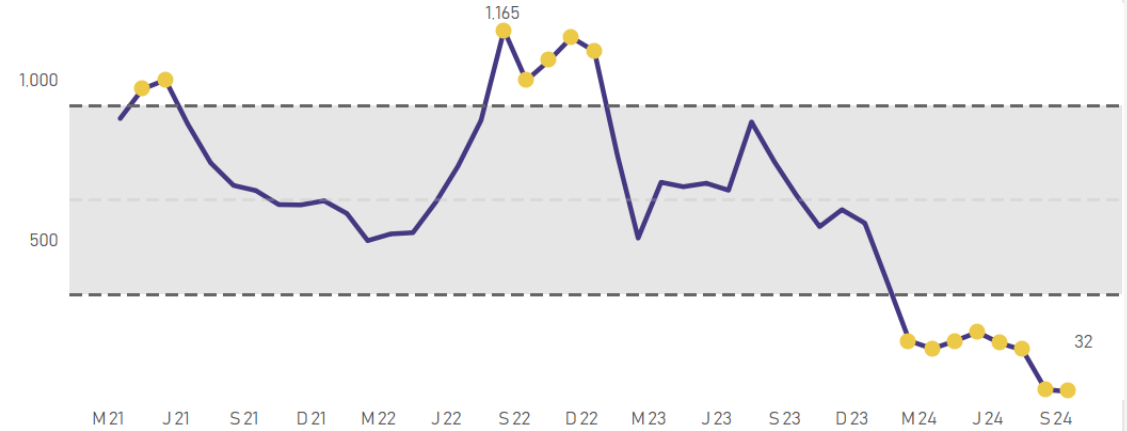
RTT incomplete: 65+ week waits

"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)

32.00	38	22/121	0.
October 2024	September 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

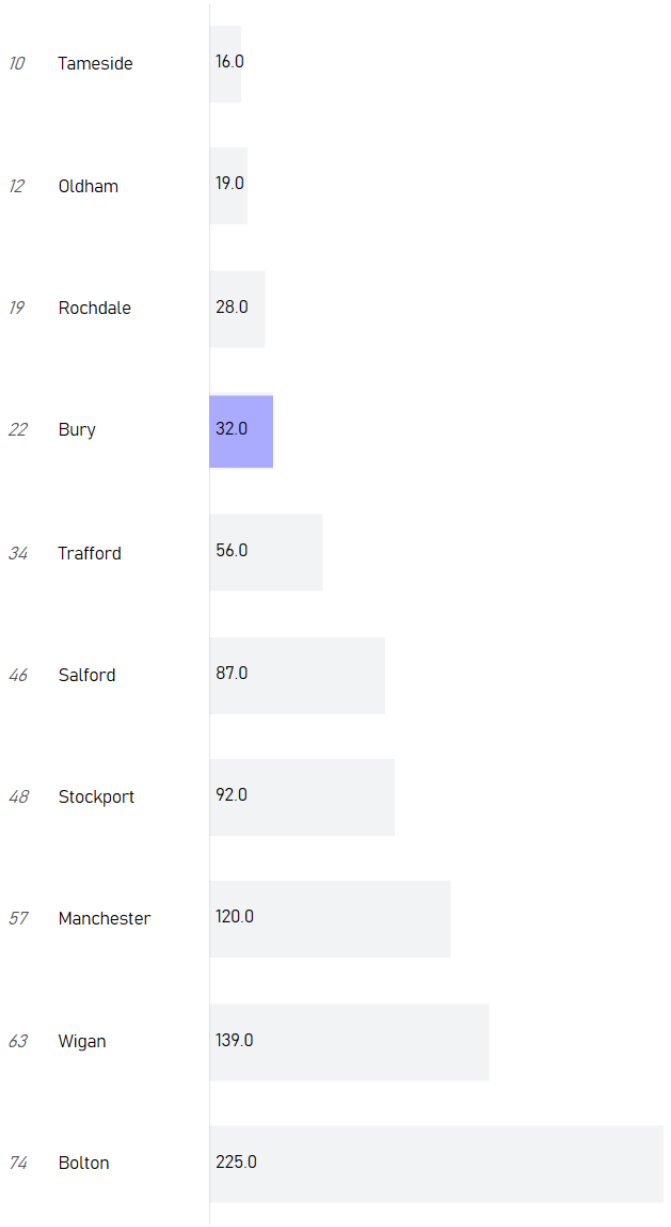


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	888	980	1,009	871	749	678	662	618	617	630	590	505
2022-23	526	530	626	739	882	1,165	1,007	1,070	1,142	1,099	773	513
2023-24	688	674	685	663	877	752	646	549	602	560	371	191
2024-25	166	190	218	184	162	38	32					

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- Published Oct 24 data shows a decrease in 65+ Week Waits from Sept 24 with 32 pathways from 38 pathways in Sept.
- There was a significant decrease in pathways in Oct 24 with 32 Pathways, Compared to Oct 23 when there were 646 pathways (-614 Pathways)
- In Oct 24, Ophthalmology Services shows the highest increase of pathways with 4 pathways compared to 0 in Sept 24
- Bury locality currently has the 4th lowest number of 65+ Week waits out of all the GM localities.

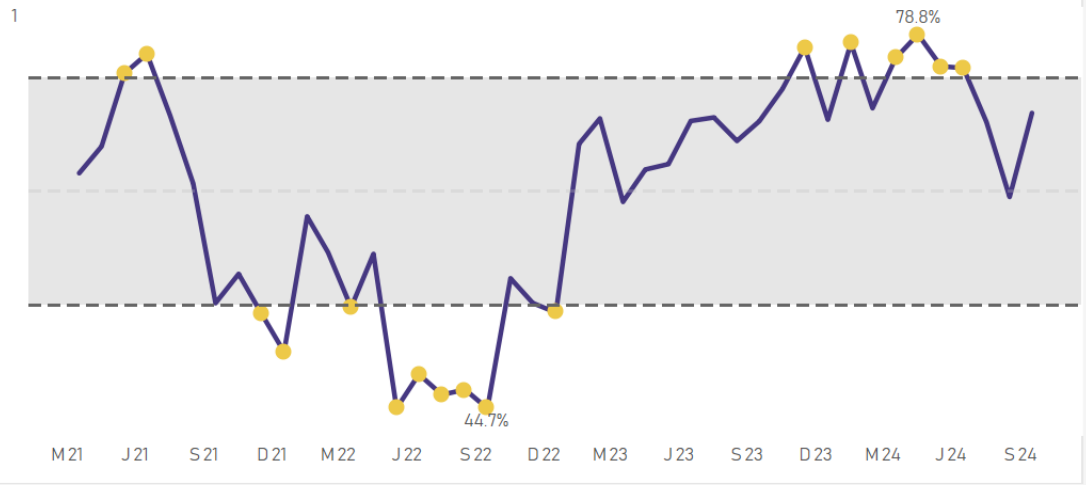
Bury

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)

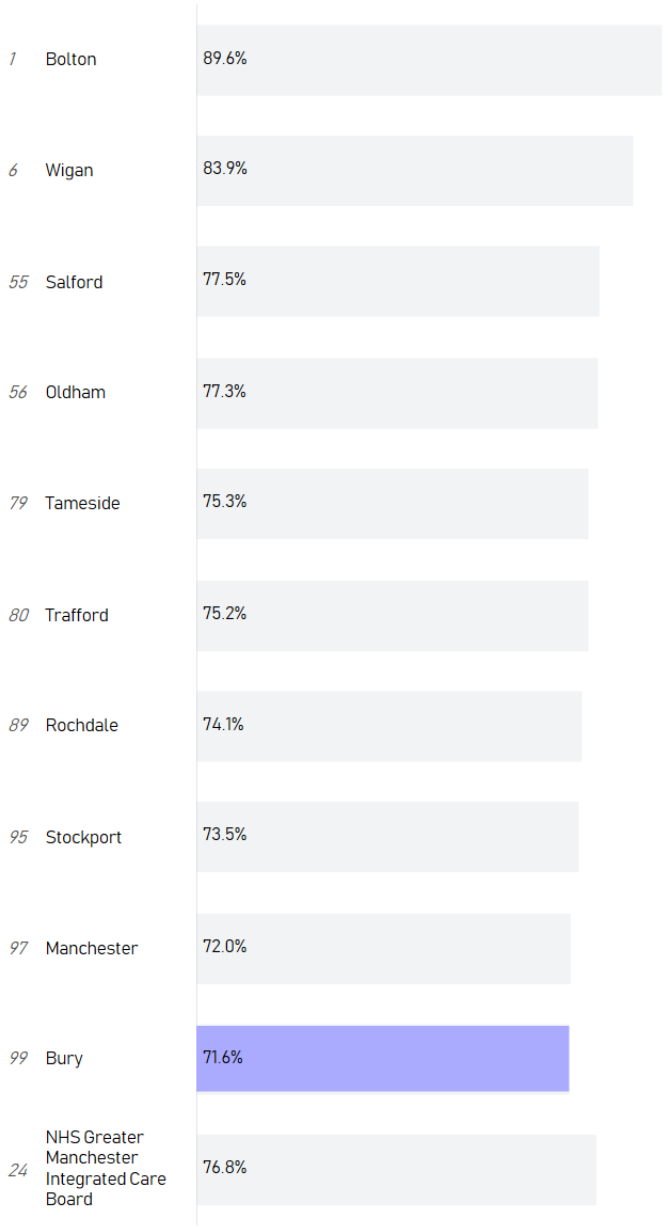
71.6%	64.0%	99/114	75.%
October 2024	September 2024	National Rank Lower Quartile	National Target

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%	70.8%	64.0%	71.6%					

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 Oct 24 for the Bury population was 71.6%, which is an increase on Sept 24 which was 64.0%.
- Bury locality currently has the lowest performance out of all the GM localities.
- GM performance is currently 76.8%
- Bury is currently not meeting the target of 75% or greater.

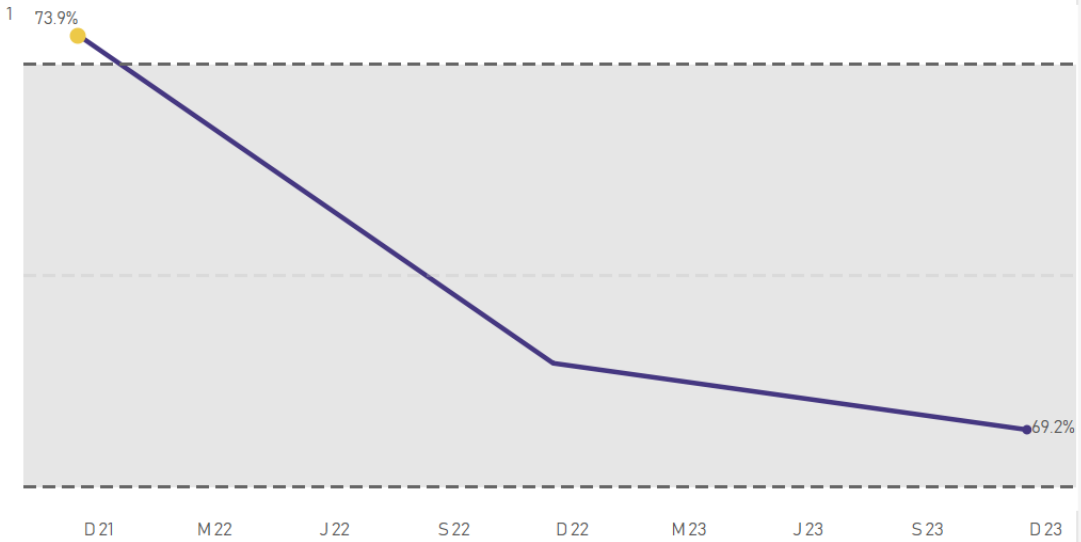
Bury

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)

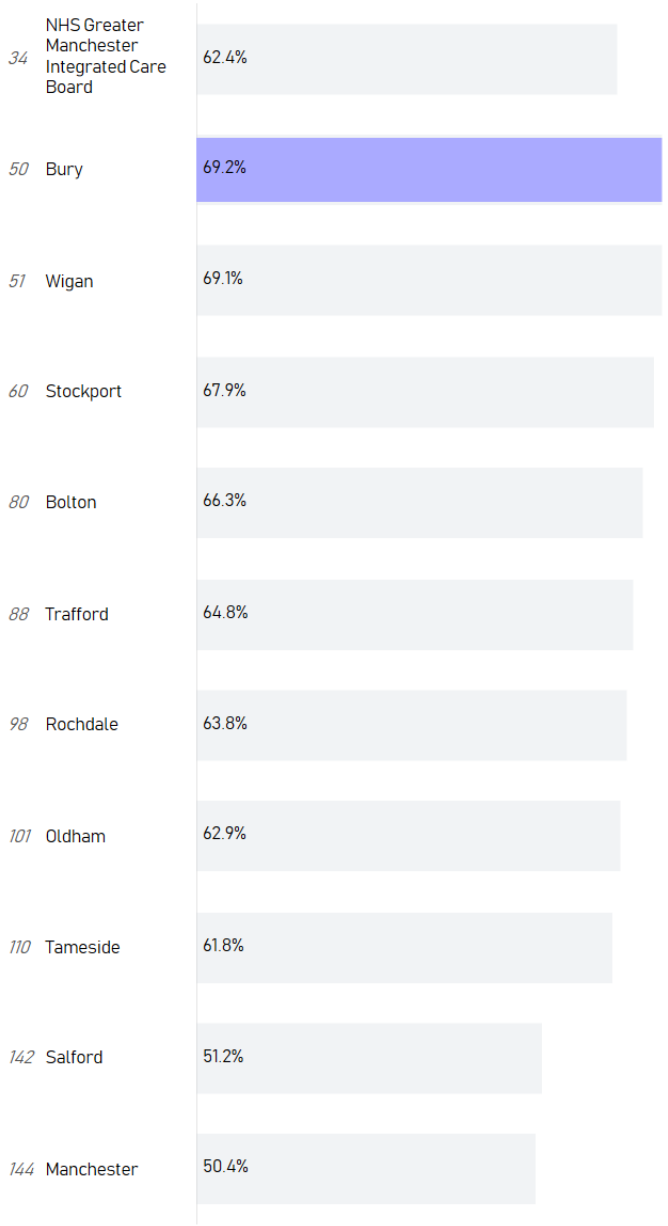
69.2%	70.0%	60%
December 2023	December 2022	No Target

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

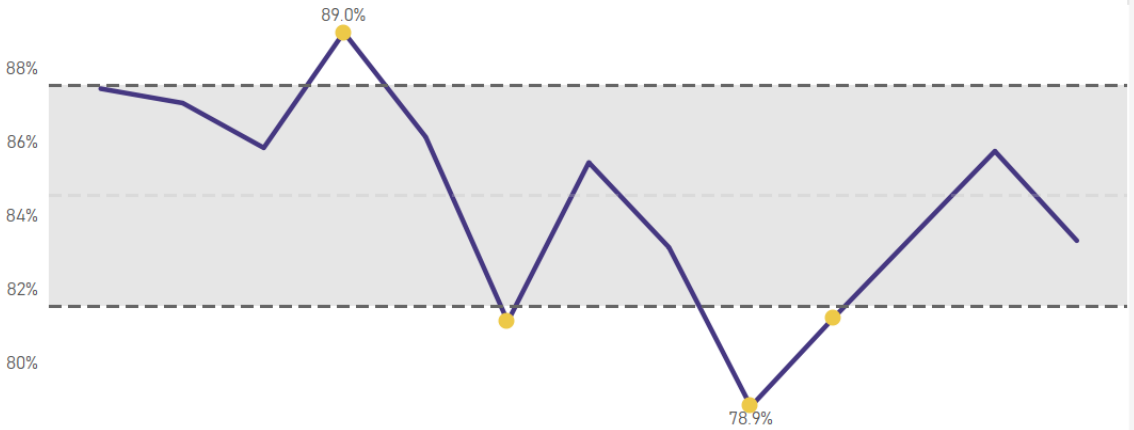
COVER immunisation: MMR2 Uptake at 5 years old
Population vaccination coverage – MMR for two doses (5 years old)

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

83.4%
June 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%
2024-25	83.4%			

Latest Value GM Benchmarking
National Rank against other localities

11	Stockport	92.4%
12	Trafford	92.4%
24	Wigan	90.8%
49	Bolton	88.5%
84	Rochdale	83.7%
85	Tameside	83.6%
86	Bury	83.4%
93	Salford	80.7%
99	Oldham	77.5%
104	Manchester	72.1%
34	NHS Greater Manchester Integrated Care Board	83.0%

Narrative

- The percentage of MMR2 uptake at 5 years old as of June 24 is 83.4%, which is an increase on June 23 which was 78.9%
- Bury currently has a higher percentage than GM which is 83.0% and Bury has the 7th lowest percentage of the GM localities.
- Bury and GM are not meeting the national target of 95%.

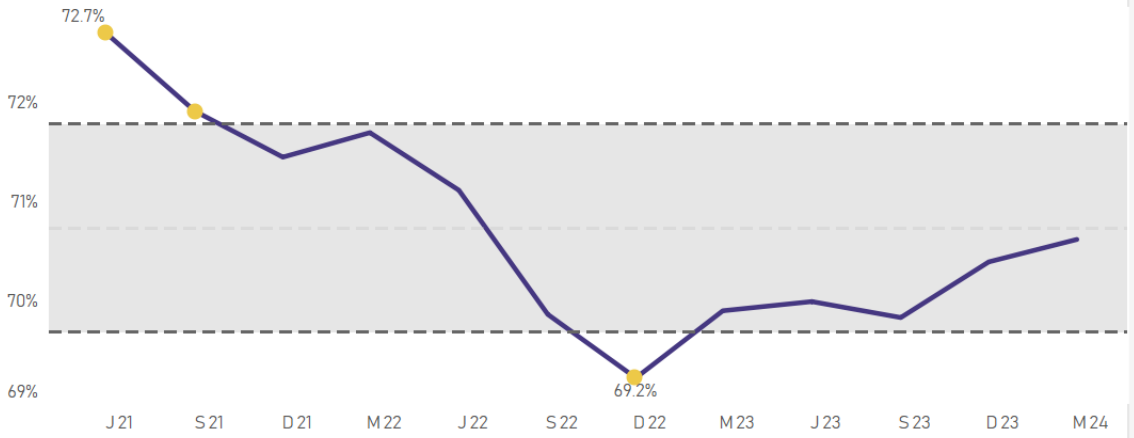
Bury

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

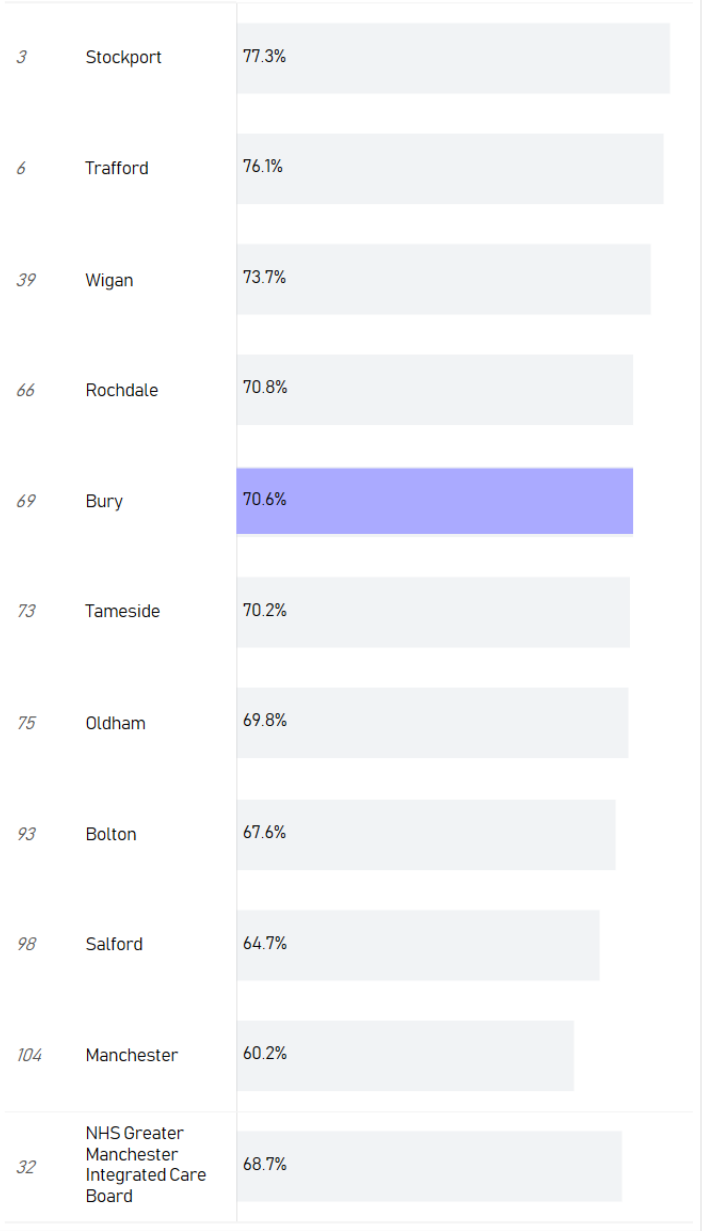
Outliers more than 1 standard deviation from the mean



	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%.

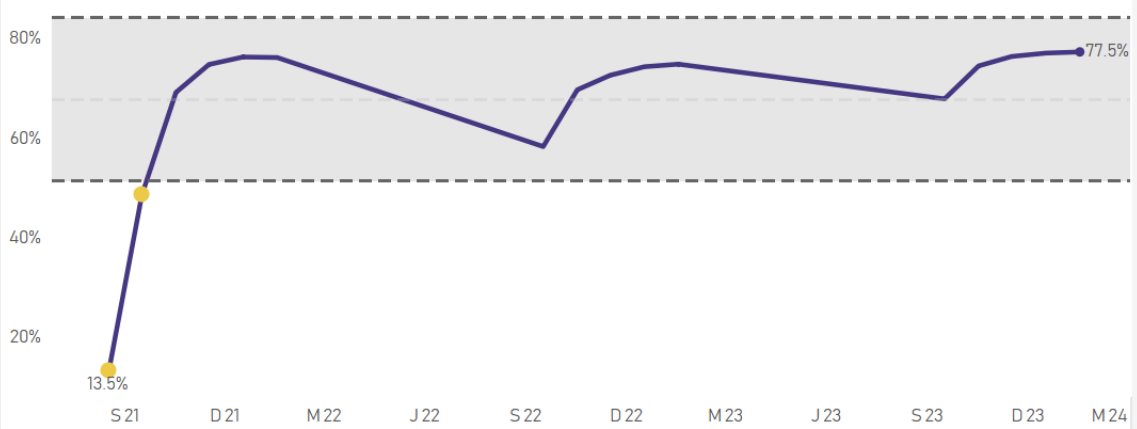
Bury

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

4	Stockport	83.2%
49	Trafford	79.3%
62	Wigan	78.5%
71	Bury	77.5%
77	Oldham	76.9%
79	Rochdale	76.1%
80	Bolton	76.1%
89	Tameside	73.4%
90	Salford	73.3%
102	Manchester	67.8%
34	NHS Greater Manchester Integrated Care Board	76.2%

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	Nov 24	1st	No Target	Decrease
	EM11	Total number of specific acute non-elective spells	Count of spells	National Flows APC	Monthly	Nov 24	1st	National Median	Decrease
	N/A	A&E Attendances	Number of attendances at A&E	Emergency Care Dataset (ECDS)	Monthly	Nov 24	1st	No Target	Decrease
	N/A	A&E 4 hour performance	A&E attendances seen within 4hrs	Emergency Care Dataset (ECDS)	Monthly	Nov 24	1st	No Target	Increase
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Null	GM Admissions - Local	Monthly	Nov 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	Oct 24	2nd Thursday	No Target	Increase
	EA0S1	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Oct 24	2nd Thursday	National Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Oct 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	Oct 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	Oct 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	Oct 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	Oct 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	Oct 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	Nov 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	Nov 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	Oct 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	Oct 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	Jun 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	Oct 24	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	Sep 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	Sep 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	Oct 24	National Target	
	146	EB28	Diagnostic 6ww: All	% of Patients waiting over 6 weeks for a diagnostic test or procedure	Monthly Diagnostics Waiting Times and Activity Return - DM01	Monthly	Oct 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	Oct 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 Immunisations	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	Jun 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	Dec 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

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BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	06 January 2025	**Action**	Receive
Item No.	13.0	**Confidential**	No
Title	Population Health update		
Presented By	Jon Hobday – Director of Public Health		
Author	Jon Hobday – Director of Public Health		
Clinical Lead	N/A		

Executive Summary
An overview of the work discussed and planned in key population health/public health meetings.
Recommendations
To note the work being discussed.

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.	☒

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:						
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**
N/A		

BURY INTEGRATED CARE PARTNERSHIP

Population Health and Wellbeing update

1. Introduction

1.1. This paper sets out recent population health updates and discussions from key meetings locally and in Greater Manchester (GM).

2. GM Population Health Committee

3.1 The key items discussed at the GM population health committee meeting held on the 10th December 2024 included an update on the Live Well approach, an update on the GM programme on tackling poverty and an overview of the NHS multi-year prevention plan.

3.2 The update on the Live Well approach outlined the continued focus on the place-based approach, outlining the ambition of bringing together health, work and Local Authority services. It focused on the common features to build across GM giving some examples of the work done with health and the VCSE sector which can be grown.

3.3 The update on the GM tackling poverty programme emphasised the impact of poverty on health and how it is the single biggest overarching determinant of ill health and inequalities. It also outlined how poverty can have a direct impact on people's ability to access NHS services. It highlighted how tackling poverty is at the core of the GM health and care system and that there is a NHS GM tackling poverty delivery group which drives the work forward. The key identified priorities going forward linked to poverty included

i. the roll out of specialist training and workforce development to primary and secondary care clinical staff,
ii. the launch of the anti-poverty tool kit through fairer for all,
iii. the ongoing commitment to engage with people with lived experience through the participation fund,
iv. to facilitate the GM anti-poverty communities of practice and
v. to co-produce a road map of potential voluntary adoption of the Socio-Economic Duty.

3.4 The overview of the NHS multi-year prevention plan highlighted how 24/25 is the first year of the delivery of the plan and following 10 workshops (1 in each locality) CVD and diabetes prevention were agreed priorities in year 1. From the workshops, 6 key areas of work were identified including communication, data, information resources, governance, complexity and learning culture. Along with this, a host of good practice in each locality was highlighted - for sharing and peer learning.

4 Bury Health and Wellbeing Board

4.1 The next Health and Wellbeing Board is scheduled in for 16th January where there are 4 substantive items for discussion, the safeguarding adults annual report, the better care fund update, the work well vanguard update and an overview of the work covered and discussed during 2024 Health and Wellbeing Boards.

4.2 At the previous Health and Wellbeing Board held on 12th November the substantive items for discussion included the anti-poverty evaluation, the drug and alcohol related harms plan, an update on the smoking legislation and an update of the work on the Bury homelessness partnership.

BURY
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Jon Hobday
Director of Public Health
j.hobday@bury.gov.uk
November 2024

Meeting: Locality Board			
Meeting Date	06 January 2025	**Action**	Receive
Item No.	14	**Confidential**	No
Title	Clinical & Professional Senate Update		
Presented By	Dr Kiran Patel		
Author	Dr Kiran Patel		
Clinical Lead	Dr Kiran Patel		

Executive Summary
This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place in November 2024.
Recommendations
The Locality Board is asked to receive the report and share any feedback to the Clinical and Professional Senate for action.

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

Links to Locality Plan outcomes	
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To ensure that a greater proportion of local people are playing an active role in managing their own health and supporting those around them.	☒

Implications						
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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	☐

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

BURY INTEGRATED CARE PARTNERSHIP

Clinical and Professional Senate Highlight Report – November 2024

1. Introduction

This report provides the Locality Board with a summary from the Clinical and Professional Senate meeting that took place on 27 Novembere 2024.

2. Headlines from the Clinical and Professional Senate

Pathway Redesign & Paediatric ENT - Sanjay Kotegoankar

a. presentation on work SK has been doing with secondary care consultants and other localities
b. identify key decision points in any pathway and ensure the decision maker has all the relevant information to allow them to make the most appropriate decision
c. with the aim of reducing waiting times and avoid patients waiting for long periods of time for interventions that they do not want or need and ensure they are on the correct pathway
d. the redesign needs to underpinned with shared learning, forms that capture the appropriate information (without overwhelming people)
e. overall support for the this way of redesigning pathways and specifically paediatric ENT
f. now need to ensure support from the wider community - primary care, other localities and GM
g. also would need to recognise the impact of workload on different areas and how this is accommodated

Partner Update

a. NCA - Vicki Howarth

i. ongoing work on different leadership models - final report due Jan 25
ii. Urgent care - continuous flow model that was due to implemented has been paused due to CQC concerns at one of the sites - to recommence Jan 25
iii. also noted was relocation of SDEC to facilitate better access
iv. work on pathways and interface ongoing

b. Pennine Care - Ankur Khanna

i. CQC visit of adult wards had been done - awaiting report
ii. finding suitable accommodation for patients post discharge is holding up the discharge process and leading to delays in ED
iii. support from senate colleagues to work collaboratively to deal with some of the gaps and issues raised - housing, ED, high intensity users.
iv. ED waits was been made worse by the inability to place patients out of area

c. GP Update - Cathy Fines

i. Collective action ongoing - Bury and Rochdale LMC have had meetings with practices and will be drawing up some action plans to co-ordinate action
ii. Cathy reminded colleagues the action was not to cause issues for patients but to highlight inefficiencies in the pathways that cause unnecessary bureaucracy and interventions

GM CEG Update - Cathy Fines

a. Ongoing AMD workforce work taking place to ensure better collaboration across localities in GM
b. Small clinical leadership team in Bury means we are not able to engage in various programmes

GMMMG Update - Salina Callighan

a. Highlighted areas where some formulary updates were being scoped - ADHD/Autism for young people
b. work ongoing on Shared Care Programme - there will be an impact on the LCS budget for this
c. Medicines Optimisation Work - being undertaken at FLP - each locality to lead on a piece of work - this will support CIP
d. concerns expressed that the need to be comms to patient to avoid bounce back
e. Recommended switch from Alogliptin to Sitagliptin - due to patent expiry and could potential significant saving

AOB

a. GM - Pause on procedures of limited clinical value - should have relatively minimal impact on our locality
b. Women's Health Hub - started seeing patients in October - mainly at the moment to provide IUCDs/LARKs for patients who cannot access these from their own practices.

3 Recommendations

3.1 The Locality Board is asked to receive the report and share any feedback to the Clinical and Professional Senate for action.

Kiran Patel
Medical Director IDCB
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December 2024