Meeting: Strategic Commissioning Board			
Meeting Date	12 April 2021	**Action**	Approve
Item No	8	**Confidential / Freedom of Information Status**	No
Title	Bury Mental Health Urgent and Emergency Care by Appointment Service – Evaluation Report		
Presented By	Julie Gonda - Director of Community Commissioning (DASS)		
Author	Kez Hayat – Programme Manager Nasima Begum – Commissioning Manager		
Clinical Lead	Daniel Cooke		
Council Lead	Councilor Andrea Simpson		

Executive Summary

This report is seeking approval for the Pennine Care Foundation Trust (PCFT) Urgent and Emergency Care by Appointment Mental Health pre-ED streaming service to continue at Fairfield General Hospital. This is a Greater Manchester Urgent Emergency Care (GMUEC) by Appointment programme which describes having a pre-ED streaming/triage model across GM hospital sites. The aims are to successfully, and safely, deflect patients away from the ED if they can be more appropriately treated in an alternative clinical environment.

This project was supported by Strategic Commissioning Board (SCB) in October 2020 to be piloted for 6 months from the GM Winter Pressure funding and an evaluation to be brought back in March 2021 to SCB.

The UEC by Appointment streaming started from 23 November 2020 at FGH and the service is operational 7 days per week from 8am – 9pm. The UECA receives referrals from:

- A&E Mental Health Liaison Teams (Currently FGH & Oldham Royal Infirmary)
- GM CAS via Adastra
- PCFT 24 Hour Helpline
- GP's

The service aims to provide urgent appointments for people with mental health needs who would have otherwise accessed urgent care services at the Emergency Department (ED), contacted NHS 111 or been directed to an ED by their GP in crisis.

These people generally present in a self-defined crisis and require access to an urgent mental health assessment but not necessarily in an ED environment. The service aims to provide an urgent mental health assessment within 24-72 hours to determine the persons mental health needs thereafter.

Executive Summary
UEC by Appointment was operational from the 4/11/20. Throughout November 2020 the UECA diverted a total of 100 people with data collected for 32 of the cases referred. The demand within urgent care services due to the COVID 19 pandemic has increased the need to divert people from ED's to reduce the risks relating to cross infection and contribute to work of the wider system to maximize capacity within urgent care. The SCB to be aware that whilst the board is considering a decision in April 2021, the project was only funded out of non-recurrent GM winter pressures monies until 31st March 2021. Due to a time lag to get a decision to the Provider before the 31st March 2021, this project has been extended for another month taking this to 30th April 2021, the provider agreed to pick up the cost of £22,603 for the additional month. The cost to continue the UECA service for a further 12 months t is £271,233.
Recommendations
It is recommended that the Strategic Commissioning Board: • Note the content of the evaluation report demonstrating the rate of deflection away from A&E which is proving to have a positive impact for both patients and services. • Approve 12 month funding of £271,233 for the continuation of the UEC by Appointment service. • Be aware that this will form part of the wider development of mental health 24/7 crisis offer in Bury and contribute to the front end Urgent Care redesign at Fairfield hospital.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
Add details here.	

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	Yes	☐	No	☒	N/A	☐

Implications						
from the proposal or decision being requested?						
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☒	N/A	☐
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
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: Attached in Appendix 2						
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 CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☒	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above*					

Implications	
	implications.

Governance and Reporting		
Meeting	**Date**	**Outcome**
Add details of previous meetings/Committees this report has been discussed.		

Bury Urgent and Emergency Care by Appointment – Evaluation Report

1. Introduction

1.1. The Urgent & Emergency Care by Appointment (UECA) focuses on the pre-Emergency Department (attendance and admission avoidance) element of the pathway to help safely reduce hospital attendances and admissions. The purpose of this report is to highlight the impact of UECA at A&E front door pilot and request approval for a further 12 month funding for pre-ED streaming for mental health to continue at Fairfield General Hospital (FGH).

1.2. The Mental Health Streaming in the ED department is part of a wider Greater Manchester Urgent Emergency Care (GMUEC) by Appointment programme which describes having a pre-ED streaming/triage model across GM hospital sites with the benefits of being able to successfully, and safely, deflect patients away from the ED if they can be more appropriately treated in an alternative clinical environment.

1.3. Attached is the evaluation report (Appendix 1) with details demonstrating the effectiveness of the mental health UECA service in FGH from the 23 November 2020 until February 2021.

2. Background

2.1. There is recognition that improvement of the urgent and emergency care system is a major priority, both nationally and across GM, and that the reasons for the strain on the emergency care system are complex. In September 2020 Pennine Care Foundation Trust (PCFT) were asked to develop and provide an alternative mental health assessment pathway to support the wider streaming redesign for the FGH A&E site

2.2. The service aims to provide urgent appointments for people with mental health needs who would have otherwise accessed urgent care services at the Emergency Department (ED), contacted NHS 111 or been directed to an ED by their GP in crisis. The aim is to provide an urgent mental health assessment within 24-72 hours to determine the persons mental health needs thereafter.

2.3. The service is delivered between 8am to 9pm, 7 days a week, from the PCFT North Division, with the following staffing:

- Band 6 Nurses – Mental Health Practitioner
- Administrator
- Band 7 Management

2.4. The UECA receives referrals from:

- A&E Mental Health Liaison Teams (Currently FGH & Oldham Royal Infirmary)
- GM Clinical Assessment Service via Adastra
- PCFT 24 Hour Helpline
- GP's

2.5. The UECA service works in collaboration with PCFT services to ensure that patients have access to the right care. Following a psychosocial needs, and risk management assessment, a plan is agreed with the patient, and the UECA service will refer and/or signpost the patient to services within the borough. Patients will be referred to a variety of services including, Integrated Neighborhood Teams (INT's), 3rd Sector Services, Primary and Secondary care. Key interfaces for UECA are the Mental Health Liaison Team (MHLT) and the Access and Crisis team. MHLT provide clinical streaming for people who present to the ED who can be safely diverted to the UECA. Additionally, where a person is thought to be at risk the service will link and refer into safeguarding teams across the Bury system.

2.6. It is important to acknowledge that the urgent care system must be seen within the context of the new crisis care models evolving within and across localities, these will have a direct impact on crisis provision to deliver a comprehensive crisis pathway across Pennine Care footprint that meets the expectations for MH as outlined in the NHS Five Year Forward View and Long Term Plan (2019).

3. Urgent and Emergency Care pre-ED streaming pathway

3.1. The UECA service has been working in collaboration with the Bury Access and Crisis Service and Mental Health Liaison to meet the demands or urgent mental health referrals received via Primary Care. The majority of diverted cases originated in primary care where the GP felt that, due to the mental health presentation and associated risks, the person required an urgent mental health assessment.

3.2. In all the cases referred, UECA has successfully offered that urgent assessment or triaged with the primary care practitioner to offer an alternative assessment option to what would have resulted in a presentation to the ED. The detail of the referral pathways from a GP to UECA are as follows: Where a GP contacts the Access and Crisis Team requesting an urgent mental health assessment, patient's details and presenting complaints are obtained and contact is made with the patient within 2 hours. A telephone triage is completed to review current presentation and associated risks and an assessment is booked into the UEC for assessment in 24-72 hours if clinically indicated.

3.3. Improvement of the urgent and emergency care system is one of the major NHS priorities; the national A&E Improvement Plan proposes specific, mandated improvement Initiatives that all systems must implement. One of the mandated initiatives is ***Streaming at the front door – to ambulatory and primary care within the department.***

3.4 The NHS Long Term Plan (LTP) has committed to improving and widening access to care for children and adults needing mental health support. One of the key aims being to "Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, including through NHS 111"

3.5 The GM MH Crisis model has taken the LTP commitments and identified the following priorities in relation to crisis and acute mental health:

- 24/7 Open Access Crisis Lines
- Home Based Treatment Teams resourced to core fidelity
- A&E/Liaison MH in Acute Hospitals meeting 'Core 241 standards for adults
- All age A&E/Liaison in Acute Hospitals
- MH Urgent Care Centres adjacent to Acute Hospital A&E

3.6 The UEC by appointment service contributes to meeting the national, GM and local priorities in relation to A&E improvement as well as a MH crisis offer.

3.7 The UEC by appointment service will help support individuals when they are most vulnerable and in need of care and will also have a positive impact on alleviating some of the pressures that other parts of the system such as Primary Care, Physical health, Police and universal MH services are experiencing.

3.2. The UEC by appointment service will form part of a seamless 24/7 MH crisis pathway in Bury linking into crisis offers within neighborhoods that are delivered in conjunction with VCF partners.

3.2. The 12 month costs of the UEC by appointment service are £271,233 and will be funded from Bury CCG's baseline MH funding and form part of Bury's commitment against the Mental Health Investment Standard in 2021/22.

Urgent and emergency care by appointment	WTE	21/22
Team Manager	0.40	21,283
MH Practitioner	4.00	171,556
Admin	1.00	25,708
Non Pay		15,927
Estate Contribution		nil
Corporate clinical delivery support costs and Surplus		33,409
CQUIN		3,349
Total		**271,233**

4 Associated Risks & Benefits

4.1. This service meets the national GM requirements and local priorities in relation to A&E, 24/7 MH Crisis offer and Bury Urgent Care Redesign and would result in potential organizational and reputational risks if it was not implemented.

4.2. The pre-ED triage/streaming allows non-urgent patient to be diverted away from A&E which reduces the risk of ED being overwhelmed and potential risk of transmitting COVID 19.

4.3. Without any triage at Urgent Care front door could potentially lead to more people in A&E waiting to be seen and breaching national waiting time targets.

4.4. Not all patients accessing ED need full mental health assessment and could be waiting a long time and disengage from services resulting in poor outcomes and potential presentations and pressures in other parts of the local health and care system and wider public sector

4.4. The evaluation report demonstrates the effectiveness of having pre-ED triage in diverting people to more appropriate services resulting in the right care at the right time to not only deal with the immediate crisis but also work with partners to manage the underlying causes of MH crisis in order to mitigate relapse.

4.5 The service offers the potential for financial efficiencies to be realised in the urgent care, MH and wider Bury system

4.6. The UEC by appointment is one of a number of services that has been identified as part of the 2021/22 MH investment priorities and there is some risk that Bury's 2021/22 MH funding allocation may not be sufficient to progress the other MH priorities identified at the pace required.

5 Recommendations

5.1 The Strategic Commissioning Board is recommended to:

- Note the content of this report alongside the evaluation report detailing the impact of the UECA pilot over the last 4 months.
- Approve funding of £271, 233 for a further 12 months to allow UEC by Appointment service to continue at FGH site.
- The service to continue ongoing monitoring and evaluation of the impact on deflections from UEC and patient outcomes.
- Support the ongoing development of designing, delivering comprehensive and accessible local crisis pathways for Bury in line with National and local priorities.

Nasima Begum
Commissioning Manager
Nasimabegum@nhs.net
March 2021

Equality Analysis Form		
	The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.	
	To be completed at the earliest stages of the activity and before submitted to any decision making meeting and returned via email to GMCSU Equality and Diversity Consultant for NHS Bury CCG akhtar.zaman4@nhs.net for Quality Assurance:	
Section 1: Responsibility (Refer to Equality Analysis Guidance Page 8)		
1	Name & role of person completing the EA:	Nasima Begum (Commissioning Manager)
2	Directorate/ Corporate Area	Commissioning
3	Head of or Director (as appropriate):	Julie Gonda (Director of Community Commissioning)
4	Who is the EA for?	NHS Bury CCG
4.1	Name of Other organisation if appropriate	Pennine Care Foundation Trust
Section 2: Aims & Outcomes (Refer to Equality Analysis Guidance Page 8-9)		
5	What is being proposed? Please give a brief description of the activity.	This is continuation of The Urgent and Emergency Care (UEC) by Appointment model in Fairfield Genral Hospital. This is having a pre-ED streaming/triage model Fairfield Genral Hospital Site with the benefits of being able to successfully, and safely, deflect patients away from the ED if they can be more appropriately treated in an alternative clinical environment. This started in December 2020 and have showed to have positive impact on patients and services. The concept of Triage would mean a wider Multidisciplinary team to support initial assessment and sign posting. This would bring added benefits for mental health patients during a crisis to ensure that a Multi-Disciplinary Team response is provided alongside Acute physical health.
6	Why is it needed? Please give a brief description of the activity.	This is a requirement of Greater Manchester UEC by Appointment model. A Mental Health Urgent care team will provide urgent support outside of A&E to prevent unnecessary attendance and admission into acute services and urgent care streaming for those

		patients who do not need immediate Mental Health intervention. This Business case focuses the Mental Health input at front door. For mental health, the streaming function would have: • additional nurses who would be able to provide more appointment sessions and assessment and follow up appointments per week in each Borough • Develop a close working relationship with the community safe haven as another divert opportunity • The service in each borough would offer assessments to the patients on the wards who have not self-harmed and could in HMR offer support to the ACU for mental health and age related assessments this would allow the Liaison Mental Health to respond to the Emergency Department, Urgent Care Centre (UTC) and future Urgent Treatment Centre in a more timely manner • Following robust triage/screening the service will accept referrals from GM and Locality Clinical Assessment Service (CAS) teams, the Pennine Care 24/7 Helpline, the Liaison Mental Health team, the front door at A&E, the UCC and the new UTC being developed in Bury. This will enable a reduction in the presentation at the urgent and emergency care services.
7	What are the intended outcomes of the activity?	The UEC by Appointment streaming started from 23 November 2020 at FGH and service is operational 7 days per week from 8am – 9pm. The UECA receives referrals from: A&E Mental Health Liaison Teams (Currently FGH & Oldham Royal Infirmary) GMCAS via Adastra PCFT 24 Hour Helpline GP's The service aims to provide urgent appointments for people with mental health needs who would have otherwise accessed urgent care services at the

		Emergency Department (ED), contacted NHS 111 or been directed to an ED by their GP in crisis. These people generally present in a self-defined crisis and require access to an urgent mental health assessment but not necessarily in an ED environment. The service aims to provide an urgent mental health assessment within 24-72 hours to determine the persons mental health needs thereafter.
8	Date of completion of analysis (and date of implementation if different). Please explain any difference	Date of completion of EIA: 18th March 2021 Implementation date: April 2021
9	Who does it affect?	All patients coming through to A&E front door.

Section 3: Establishing Relevance to Equality & Human Rights
(Refer to Equality Analysis Guidance Page 9-10)

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop-down box and provide a reason.

	General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
	To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	All Mental Health patients, vulnerable adults and their families should be streamed prior to Emergency Department registration in an accessible compassionate and safe way. This will eliminate any unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010
	To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	All streaming practitioners across the Urgent Emergency Care (UEC) system should utilise the UK Mental Health triage Tool, already operational in GM CAS to provide standardisation of practice and a shared language of mental health clinical prioritisation across the UEC system. This in essence should allow equality of opportunity between people who share a protected characteristic and those who do not.

	To foster good relations between people who share a protected characteristic and those who do not	Yes	Ensure where mental health and vulnerable adults and children present at an ED they are treated and/or referred to the on-site mental health speciality for treatment in agreed and safe time scales. The mental health speciality should be involved with all mental health patients streamed away from ED and the front door 24 hours a day, 7 days a week.

10.1	**Select and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right**			
	Protected Equality Characteristic	**Positive (Yes/No)**	**Negative (Yes/No)**	**Explanation**
	Age	Yes		All age group will be assessed using UK mental Health Triage Tool
	Disability	Yes		Ensure where mental health and vulnerable adults and children present at an ED they are treated and/or referred to the on-site mental health specialty for treatment in agreed and safe time scales
	Gender	Yes		Ensure where mental health and vulnerable adults and children present at an ED they are treated and/or referred to the on-site mental health specialty for treatment in agreed and safe time scales Mental Health patients, vulnerable adults and their families should be streamed prior to ED registration in an accessible compassionate
	Pregnancy or maternity	Yes		
	Race	Yes		
	Religion and belief	Yes		
	Sexual Orientation	Yes		
	Other vulnerable group	Yes		
	Marriage or Civil Partnership	Yes		
	Gender Reassignment	Yes		
	Human Rights **(refer to Appendix 1 and 2)**	Yes		

				and safe way.
	If you have answered No to all the questions above and in question 10 explain below why you feel your activity has no relevance to Equality and Human Rights.			

	Section 4: Equality Information and Engagement (Refer to Equality Analysis Guidance Page 10-11)	
11	**What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details. (Refer to Equality Analysis Guidance Page 11-12)**	
	Details of Equality Information or Engagement with protected groups	**Internet link if published & date last published**
	In January 2020, prior to the current Covid 19 Crisis, the GM UEC Improvement and Transformation Board approved a high-level urgent care by appointment model as a refreshed priority for UEC integration with two primary ambitions: • To reduce attendances to Emergency Departments by improving access to, and utilisation of, primary and community-based services by rapidly developing and testing a GM 'UEC by Appointment' model. • By April 2022, we will reduce: o Ambulance attendances by 100 per day across GM o ED walk in attendances by 300 per day across GM	
11.1	**Are there any information gaps, and if so how do you plan to address them**	No
	Section 5: Outcomes of Equality Analysis (Refer to Equality Analysis Guidance Page 12)	
12	**Complete the questions below to conclude the EA.**	
	What will the likely overall effect of your activity be on equality?	Improve access to A&E and more urgent cases can be seen in a timely manner. this will apply to equality groups

	What recommendations are in place to mitigate any negative effects identified in 10.1?	None
	What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	This from door streaming would allow Ability to provide follow-up appointments for all patients presenting with serious self-harm in timely manner. Establish relationship with wider community team to divert patient who are clinically non-urgent. Improved staff and team morale for a team that can respond in a timely manner for MH Patients in crisis and refer to appropriate onward services as required.
	What steps are to be taken now in relation to the implementation of the activity?	Prior to the development of UECA, the Access and Crisis Team were only able to provide one urgent assessment per day, resulting in patients being diverted to ED if the appointment in the Access and Crisis Team was already occupied. Utilising the UEC resource has prevented the need to divert patients to ED. It is intended that the model continues for the next 12 months.
	Section 6: Monitoring and Review	
13	If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.	
The evaluation has demonstrated the benefits of streaming at front of A&E. It is anticipated that learning of the streaming function would allow better understand of mental health support needed to develop/remodel in RAID/CORE24 service in the future. Robust monitoring criteria will be agreed between Commissioners and Providers to ensure a sustainable and cost-effective model of urgent and emergency care can be commissioned for the populations of Bury.		

Protected Group	**Explanation**
Race	There is currently no data in relation to Race collected nationally for this service. JSNA data for Bury CCG: According to the 2001 Census, 93.9% of Bury's population is white with 'White British' representing 90.7% (compared to 87% nationally). The remaining 6.1% is made up of ethnic communities with the largest group being Pakistani at 3% of the population. Indians are the second largest group representing 1.4% of the population. The largest concentration of non-white residents is in East Ward where ethnic groups make up over

<table>
<tr><td></td><td>20% of residents. The Census however was produced in 2001 recent estimates (2006) suggest that the white population has fallen to 87.9% (compared to 84% nationally), with the largest proportional increase being in the Bangladeshi community.
This data shows a decreasing white population and a substantial increase in the Asian heritage community although it has to be considered that the Pakistani community is predominantly young (with 65% of the population aged under 30) and that many of the migrant workers settling in Bury may not be represented.

Local Area Profile (Rochdale) 2011 for HMR CCG:
Population Profile Rochdale (HMR CCG) 2011 vast majority of people in Rochdale Borough are from a White British ethnic background, equivalent to 83.5% of the total population. People of a Pakistani background make up the largest minority ethnic group, with 17,200 people (8.3%).

A significant proportion of the Bangladeshi, Pakistani and Mixed ethnic groups are aged between 0-15 years old. In comparison to the White British ethnic group, the minority ethnic groups have a much younger age structure, with fewer older people (Irish and White Other are the exceptions).

The 2011 Census revealed that in Rochdale Borough 166,481 people identify as White British which makes up 78.6% of the local population. The largest ethnic minority group is Pakistani which makes up 10.5% of the local population (22,265), and the second largest is Bangladeshi with 2.1% of the population (4,342). Source: 2011 Census.</td></tr>
<tr><td>Disability</td><td>Data from Bury BC gives a comparator between residents who are disabled compared to their non-disabled neighbours:

<table><tr><th>Area</th><th>All people in thousands</th><th>disabled based on the DDA definition</th><th>work-limiting disabled</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>Bury</td><td>12.7%</td><td>4.8%</td><td>2.9%</td></tr><tr><td>ONS da</td><td></td><td></td><td></td></tr></table>
Data from Rochdale Borough (HMR CCG) indicates:

The number of Rochdale Borough residents reporting a long-term health condition or disability is 44,359 (21%). Source: 2011 Census</td></tr>
<tr><td>Gender</td><td>Bury CCG:
In the 2011 census the population of Bury was 185,060 and is made up of approximately 51% females and 49% males.
HMR CCG:
According to the 2015 Mid-Year Estimates there are slightly more women than men in the Rochdale borough; with approximately 108,841 people identifying as female compared with 105,354 of the local population identifying as male.</td></tr>
<tr><td>Gender Reassignment</td><td>At present, there is no official estimate of the trans population. The England/Wales Census and Scottish Census have not asked if people identify as trans…" Equality and Human Rights Commission.</td></tr>
</table>

<table>
<tr><td></td><td>The GIRES (2009) report on Gender Variance in the UK estimated that around 20 in every 100, 000 people had sought medical care for gender variance. Using 15+ ONBS data of current list size of 163,013 (ONS 2015-16) the Gender Reassignment figure for Bury would be approximately 33 Bury Residents and 34 Residents in HMR CCG.</td></tr>
<tr><td>Age</td><td>BURY CCG:
The Bury population can be split by the following c ategories(JSNA 2015):
<table>
<tr><th>Year</th><th>0-4</th><th>5-15</th><th>16-24</th><th>25-44</th><th>45-64</th><th>65+</th><th>85+</th></tr>
<tr><td>2015</td><td>12,430</td><td>25,630</td><td>18,910</td><td>48,100</td><td>49,420</td><td>33,410</td><td>3,950</td></tr>
</table>
JNSA for Bury CCG:

Bury has an estimated resident population of 182,600 (ONS 2009 mid year population estimates) but a registered (with a Bury general practice) population of 194,350 as at 31st March 2010. The resident population of Bury is expected to increase to 193,000 by 2022 (5.5% increase) mainly due to more births than deaths. By 2022, the number of people aged under 25 years old is expected to increase by only 2,600 so that their proportion of the population will decrease by 4%, whereas there will be 9,000 more people aged over 65 (29% higher proportion of the population) with 2,000 more people aged over 85 (54% higher proportion of the population).</td></tr>
<tr><td>Sexual Orientation</td><td>In 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB).
More males (2.0%) than females (1.5%) identified themselves as LGB in 2015.
Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015.
The population who identified as LGB in 2015 were most likely to be single, never married or civil partnered, at 68.2%.
In 2015, the majority (93.7%) of the UK population identified themselves as heterosexual or straight, with 1.7% identifying as LGB, the remainder either identifying as “other”, “don’t know” or refusing to respond. Young adults (16 to 24 year olds) 3.3% are more likely to identify as LGB compared with older age groups, and a higher proportion of males identify as LGB than females. Of those they were most likely to be single, never married or civil partnered, at 68.2%.
There are no accurate statistics available regarding the profile of the lesbian, gay and bisexual (LGB) population either in the UK as a whole. Sexuality is not incorporated into the census or other official statistics. It's acknowledged that approximately 6-10% of any given population will be LGB. Source: MYE 2015 and Stonewall</td></tr>
<tr><td>Religion or Belief</td><td>Bury CCG:
88.9% of people living in Bury were born in England. Other top answers for country of birth were 1.9% Pakistan, 1.2% Scotland, 1.0% Ireland, 0.6% Wales, 0.5% Northern Ireland, 0.4% India, 0.3% Iran, 0.2% Hong Kong , 0.2% South Africa. 95.1% of people living in Bury speak English. The other top languages spoken are 0.9% Urdu, 0.8% Polish, 0.7% Panjabi, 0.2% Persian/Farsi, 0.2% Pashto, 0.2% Arabic, 0.1% All other Chinese, 0.1% Italian, 0.1% French.

Religion is given as The religious make up of Bury is 62.7% Christian, 18.2% No religion, 6.1% Muslim, 5.6% Jewish, 0.4% Hindu, 0.2% Buddhist, 0.2% Sikh.

11,069 people did not state a religion. 476 people identified as a Jedi Knight and 42 people said they believe in Heavy Metal.</td></tr>
</table>

Pregnancy and Maternity	Public Health England March 16 Child Health Profile gives a live birth figure for Bury (2014) as 2,329. Children and young people under the age of 20 years make up 24.9% of the population of Bury. 23.6% of school children are from a minority ethnic group. The health and wellbeing of children in Bury is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is better than the England average with 17.1% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average. Children in Bury have better than average levels of obesity: 7.8% of children aged 4-5 years and 17.2% of children aged 10-11 years are classified as obese. There were 295 children in care at 31 March 2015, which equates to a higher rate than the England average. A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.
Married/ Civil Partnership	Bury CCG: 46.6% of people are married, 11.5% cohabit with a member of the opposite sex, 0.8% live with a partner of the same sex, 24.3% are single and have never married or been in a registered same sex partnership, 9.4% are separated or divorced. There are 10,162 widowed people living in Bury.
Other Groups: Asylum Seekers Travellers Military Veteran Carers	Asylum Seekers/ Refugees - **Asylum seeker:** a person who enters a country to claim asylum (under the *1951 UN Convention and its 1967 Protocol*).2 Individuals undergo the asylum process to have their claim assessed. **Refugee: "**… *a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country*...". (5) Refugee status, or temporary 'leave to remain' (sometimes granted on humanitarian grounds) is awarded by the Home Secretary and affords the same welfare rights as other UK citizens. Entitlement to health and social care for asylum seekers and refugees is complex and dependent on their stage in the asylum process. Rules on entitlement are also subject to review and up to date advice should therefore be sought (see also footnote). However, there are some principles that generally apply: • necessary or urgent medical treatment should never be denied to any person, regardless of whether or not they are resident in the UK, or are able to pay in advance; • for life-threatening conditions and for the purpose of preventing any conditions from becoming life-threatening the appropriate treatment is normally given regardless of ability to pay; • maternity services should always be classed as 'immediately necessary treatment Whilst many asylum seekers do arrive in the UK in relatively good physical health, health problems can rapidly develop whilst they are in the UK.7 Reasons for this include: • difficulty in accessing healthcare services; • lack of awareness of entitlement; • problems in registering and accessing primary and community healthcare services, particularly if their claim has been refused; • language barriers.

	However, some asylum seekers can have increased health needs relative to other migrants. There are several reasons for this: • a number have faced imprisonment, torture or rape prior to migration, and will bear the physical and psychological consequences of this; • many may have come from areas where healthcare provision is already poor or has collapsed; • some may have come from refugee camps where nutrition and sanitation has been poor so, placing them at risk of malnourishment and communicable diseases; • the journey to the UK can have effects on individuals through the extremes of temperatures, length of the journey, overcrowded transport and stress of leaving their country of origin; • health needs of asylum seekers can be significantly worsened (and even start to develop in the UK) because of the loss of family and friends' support, social isolation, loss of status, culture shock, uncertainty, racism, hostility (eg. from the local population), housing difficulties, poverty and loss of choice and control. <u>Travelers</u> - The literature specific to the Gypsy and Traveller population indicates that, as a group, their health overall is poorer than that of the general population and poorer than that of non-Travellers living in socially deprived areas (Parry *et al*., 2004; Parry *et al*., 2007). They have poor health expectations and make limited use of health care provision (Van Cleemput *et al*., 2007; Parry *et al*., 2007). Van Cleemput *et al*. (2007) refer to many Gypsies and Travellers sense of fatalism with regard to treatable health conditions and low expectations of enjoying good health (particularly as they age). They also mention the commonly held belief that professionals are unable to significantly improve patients health status and may in fact diminish resilience by imparting bad news, such as a diagnosis of cancer. The impact of such beliefs is a heightened suspicion of health professionals and a reluctance to attend for screening or preventative treatment. The report by Parry *et al*. (2004), entitled *The Health Status of Gypsies and Travellers in England*, shows that both men and women often experience chronic ill health, frequently suffering from more than one condition; that carers experience a high level of stress; and that secrecy about depression keeps it hidden and increases the burden on both the individual and the family as they try to manage. Many Gypsies and Travellers face high levels of bereavement, which is also a precipitating factor of depression. Poor psychological health is often found in the context of multiple difficulties, such as discrimination, racism and harassment, as well as frequent evictions and the instability caused by this. <u>Military Veterans</u> A veteran is someone who has served in the armed forces for at least one day. There are around 2.6 million veterans in the UK as a Regular or Reservist or Merchant Navy serving in an active theatre of war. Estimates for the Bury population by the British Legion are 12,000-14,000 Veterans currently resident within the Borough. This figure does not include the Spouses or close family members of those who have served who may have specific needs due to service life. Taken as a whole, the ex-Service population, which has been estimated at around 3.8 million for England, has comparable health to the general population. The current generation of UK military personnel (serving and ex-serving) have higher rates of heavy drinking than the general population. However, this difference may attenuate with age. The most common mental health problems for ex-Service personnel are alcohol problems, depression and anxiety disorders. In terms of the prevalence of mental

	disorders, ex-Service personnel are like their still-serving counterparts and broadly like the general population. Military personnel with mental health problems are more likely to leave over a given period than those without such problems and are at increased risk for adverse outcomes in post service life. The minority who leave the military with psychiatric problems are at increased risk of social exclusion and on-going ill health. The British Legion 2012 gave estimates of the Military Veteran population of circa 12,000 (Bury) and 14,000 (HMR). <u>Carers</u> The role of the carer is especially important when the person who receives care (the care recipient) is unable to live independently without the carer's help. A young carer is a child or young person under the age of 18, carrying out significant caring tasks and assuming a level of responsibility for another person that normally would be undertaken by an adult. Underpinning the caring role may be life-long love and friendship, together with an acceptance of the duty to provide care. Carers can derive satisfaction and a sense of well-being from their caring role, receive love and affection from the care recipient, gain a sense of achievement from developing personal attributes of patience and tolerance, and gain satisfaction from meeting cultural or religious expectations (Cassell *et al*, 2003). Caring responsibilities may arise at any time in life. Carers may have to adapt and change their daily routine for work and social life, perhaps incurring personal and financial costs. They may become isolated from other members of their family, friends and work colleagues. In an ageing population, family members are expected to undertake complex care tasks, often at great cost to their own well-being and health (Schulz & Matire, 2004). The role of carer can be demanding and difficult, irrespective of whether the care recipient has a mental disorder, learning disability or a physical disability, either separately or combined. A survey of over 1000 carers in contact with carers' organisations found that just less than 50% believed that their health was adversely affected by their caring role (Cheffings, 2003). Mental health problems included stress and tension (38%), anxiety (27%) and depression (28%). Physical health problems included back injury (20%) and hypertension (10%). Back injury was associated with caring for individuals with physical disabilities. Similar figures were found in a survey by Carers UK (2002), in which the most frequently experienced negative emotions in carers were: feelings of being mentally and emotionally drained (70%), physically drained (61%), frustration (61%), sadness for the care recipient (56%), anger (41%), loneliness (46%), guilt (38%) and disturbed sleep (57%). Carers who are more vulnerable to health problems are women, elderly or very young people, those with pre-existing poor physical health, carers with arduous duties and those with few social contacts or support. Carers may attribute symptoms of an illness to their work as a carer and fail to recognise the onset of an illness. In Bury alone, we currently know of 3,320 adult carers but we acknowledge that there may be many more who do not receive any support to undertake their caring role (6). References (1) Gender, age, society, culture, and the patient's perspective inthe functional gastrointestinal disorders." *Gastroenterology* (April 2006): 130-35. Web. 17 July 2007 (2) Epidemiology, demographic characteristics and prognostic predictors of ulcerative colitis." *World J Gastroenterol* (2014): 20-28. Web. 17 July 2017**.** (3) Matthews, Z. (2008). *The health of gypsies and travellers in the UK*. London: Race Equality Foundation.

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