Refreshed Bury Locality Plan

The Bury Strategy for

Health, Care, and Well Being

Draft Version 6

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For approval at SCB

Will Blandamer

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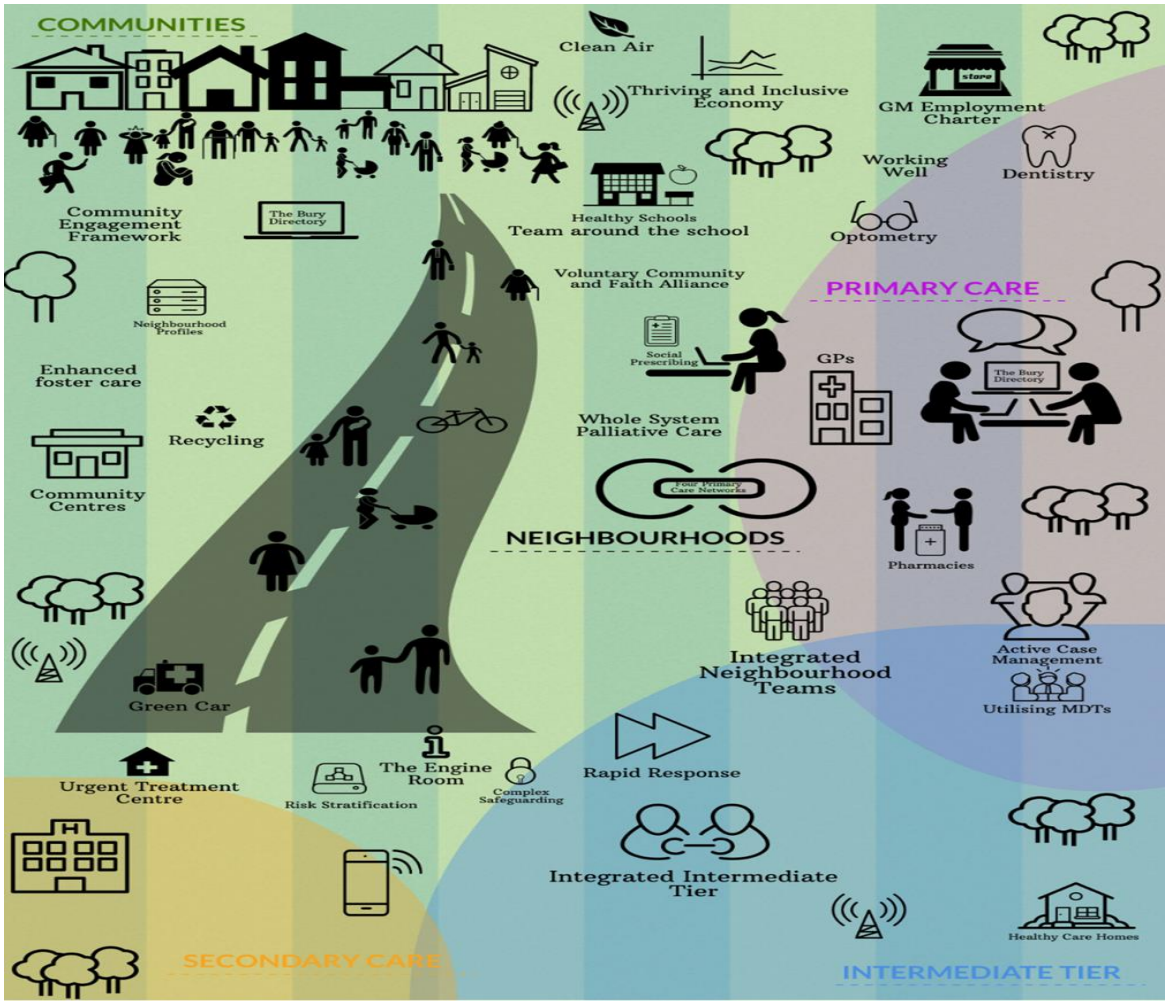


Executive Summary

Significant progress has been made in transforming the operation of the health, care and wellbeing system since the first Bury Locality Plan in 2017, and since its refresh in 2019. However, the context of the work of partners has changed considerably because of Covid 19, and the emergent new partnership arrangements as a consequence of the DHSC White Paper of March 2019 and subsequent legislation. We also have the benefit of the Let's Do It strategy for the borough – the strategy for the place until 2030.

'Form follows function' – and as we progress new partnership arrangements and priorities to respond to the changed context it is imperative to restate and reconfirm the vision, the priorities, and the way we anticipate working together to support better outcomes for Bury residents.

This is a refreshed and concise Bury Locality Plan for the Health, Care and Well Being. It is intended to operate as touchstone – or a north star - as we recover from the pandemic and move into a period of organisational uncertainty. It reminds us, that securing better outcomes, addressing health inequality, improving access to and the quality of services received, and supporting residents to be well, independent, connected to their communities, and in control of the circumstances of their care and lives is the basis for our transformational ambition.

Contents

A. Background

1. In 2017 partners in the health and care system in Bury agreed a strategy for health, care and wellbeing. It was called the 'Bury Locality Plan', and each of the 10 Districts in Greater Manchester had a similar document as part of the wider GM Health and Care Devolution arrangements.

2. The 2017 Bury Locality Plan set out an ambitious programme of work, focusing not only on new models of joined up health and care delivery, but also on the wider ambition to improve population health and reduce inequalities. The plan recognised that achievement on health inequalities was also dependent on work with other public services, and work to support residents to be independent of services as far as possible and connected to their communities. The plan also developed a framework for potential investment from the Greater Manchester held Transformation Fund – to help establish new ways of working and to cover some 'double running' costs. Importantly, it indicated that without concerted and system wide action the size of the financial gap in the health and care system was predicted to be £76m in 2022.

3. In 2019 the Locality Plan was refreshed. The refresh recognised considerable progress – in beginning to build neighbourhood teams for health and care staff in each of 5 places, in building the partnership of providers as a 'local care organisation' (LCO), in standing up some borough wide transformation programmes (e.g in Urgent Care), and in the work tackling entrenched health inequalities in the borough. It referenced the work being done to substantially improve the working relationships between Council and CCG in the borough through the proposed establishment of the One Commissioning Organisation (OCO). The OCO changed some line management arrangements into integrated team and was also an ethos of collaboration in commissioning between Council and CCG – joint appointments, an integrated (pooled and aligned) budget, and the establishment of the Strategic Commissioning Board – where decisions from Council Cabinet and CCG Board were delegated for shared and joint decision making by clinical and political leadership.

4. The 2019 Locality Plan was comprehensive in describing a range of new programmes and initiatives. And it constituted a step change in integrated commissioning arrangements through the OCO, and a new forum for partnership and collaboration and delivery through the LCO. It also acknowledged some areas where progress from the 2017 plan was not as advanced as hoped, and it recognised the anticipated 2022 financial gap was now £85m.

5. Nevertheless the 2017 Locality Plan and its refresh in 2019 were pivotal in the Bury Health and Care System. They created ambitious transformation programmes in the delivery of health and care, they focused strongly on improving population health as a means of improving outcomes and contributing to the financial sustainability of the system. They constituted a step change on our journey of integration. And they confirmed a commitment to building and developing neighbourhood teams of health and care staff. They also recognised that simply re-designing the way health and care services are provided isn't enough – we need to engage with people and communities in a different way, support residents to be in control of their lives and in control of the way health and care services are organised around them.

B. Context

6. Much of the locality plan refresh of 2019 stands true today. But the context for a strategy on health, care and wellbeing in 2021 for Bury has changed fundamentally for the following reasons:

    a. The global Covid 19 pandemic in 2020-2021 has been an appalling tragedy for so many people and families, and the consequences in terms of health, and the economy will be felt for years to come. However, it is also true that the response to the pandemic has taught us much – it has starkly exposed health inequalities particularly by ethnicity as well as socio-economic deprivation, it has required a community-based response, it has demonstrated the best of how a health and care system can work together effectively, it has seen rapid deployment of technology, and it has reminded us of the important role of social care provision as part of an integrated system.

    b. The focus of the NHS in response to the pandemic has of course been the urgent care system, but the consequence has been an enormous backlog of elective/planned care that needs to be addressed. There is also likely to be a hidden cost in terms of health inequalities– lost opportunities to prevention harm or to intervene earlier (for example in cancer diagnosis). Finally, we are likely to see a growth in demand for services, particularly in mental health, as consequences of the pandemic itself, and as a consequence of the very severe economic position currently being experienced.

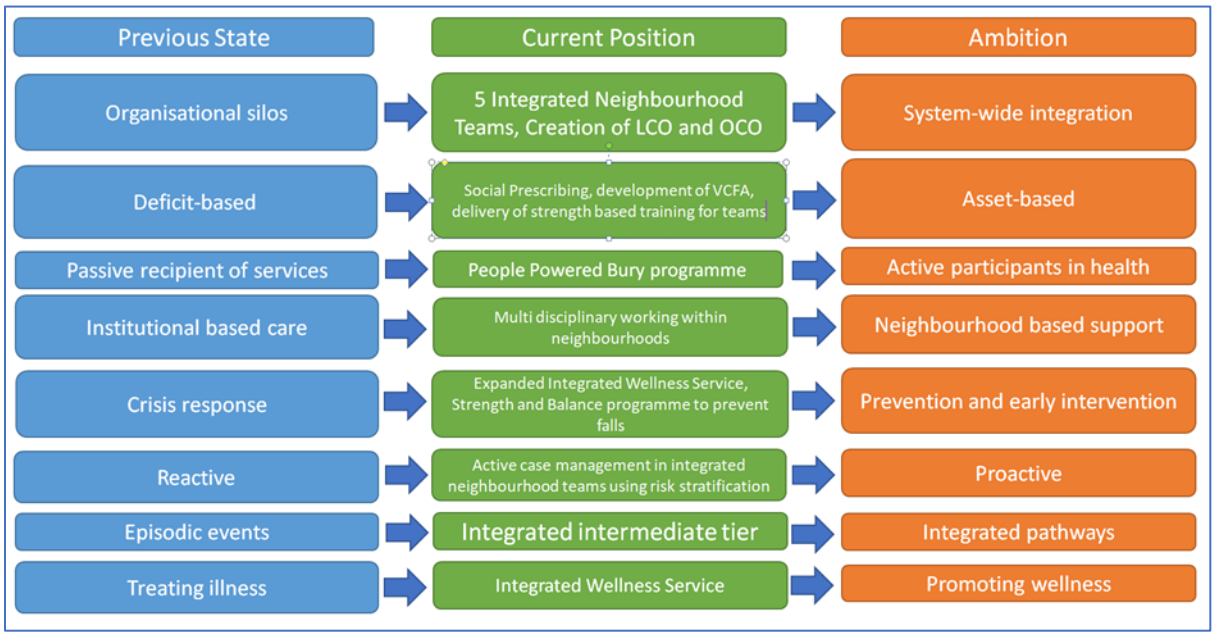
    c. The NHS White Paper of March 2021 has signalled a shift in the focus of the system – from competition to collaboration in the NHS, to a focus on 'place', to a blurring of the commissioning/provision distinction. It signals the end of CCGs from 31/3/22 to be replaced by a GM Integrated Care System operating across Greater Manchester and in each of the 10 places. At the time of writing, we are awaiting the subsequent legislation.

    d. The financial position of the health and care system predicted in the locality plan of 2017 and its refresh in 2019 is becoming evident. For the year 21/22 both Council and CCG remain very financially challenged – the Council due to significantly reduced income due to the pandemic, and both council and CCG facing significant demand growth.

    e. Very positively, Bury Council and CCG have worked with partners to produce 'Let's Do It' – the Strategy for the borough until 2030. It has a focus on combining economic ambition with a relentless focus on tackling the inequalities in health and life chances that hold many residents and communities back in making a full and positive contribution to the future of the borough and being in control of the circumstances of their lives. Let's Do It provides a clear strategic framework within which our sectoral strategy on health and care can sit, and mutually reinforce other strategies around economic ambition, climate change, wider reformed public services, and community vibrancy and connectedness.

C. Progression of the Health and Care System

7. In addition to the changing context, it should be recognised that the locality plan refresh of 2019 anticipated a progression in our collective thinking about priorities and objectives. It described moving from a state of organisational silos and crisis response, through to a system displaying more joined up working as exemplified by the OCO and LCO. It also describes the future – system wide, integrated, preventative, connected to communities and neighbourhood team based.



8. Of course, progress across these three 'states' isn't linear, and there are examples of where our current practice and working arrangements are ahead or behind the 'current position'. The 2019 set out the progress since 2017 and conditions to move beyond to fulfil the overall ambition. But this diagram is prescient – if the first locality plan of 2017 responded to the characteristics of the 'previous state', and the locality plan refresh of 2019 created the conditions for our 'current state' then this 2021 locality plan refresh is intended to recognise the new context and circumstances and move to realise the characteristics of 'ambition'.

9. The diagram above could be updated to reflect an additional dimension that has become apparent during Covid and has increasingly informed our response to pandemic – on issues of inequality and inclusion. The Let's do It strategy has escalated our collective ambition on addressing health inequalities, and all partners are working on a stronger inclusion focus.

- **Previous state – one model for everyone**
- **Current position – improved understanding of different populations needs**
- **Ambition – services that are designed to meet all populations**

D. The purpose of this 'Locality Plan for Health Care and Well Being' Refresh.

10. 2021/22 will be a tumultuous year as we seek to continue to transform and progress the health, care and well-being system.

    - Emerging from the command structure of the pandemic and addressing increased demand and system pressures – the enormous challenge of elective care and demand for mental health services for example

    - Developing shadow operating arrangements for the new partnership arrangements in Bury and understanding our part of the Greater Manchester Integrated Care System from 1/4/22.

    - Coping with the significant financial challenges affecting both council and CCG/local NHS.

    - Ensuring that the health and care System can play its full part in the ambition for the borough described in 'Let's Do It'.

11. It is important during a time of such change and as we are designing a new partnership system, that we remember that 'form follows function'. We should remind ourselves of the vision we have for the system, the guiding principles, the way we want to work, and the priorities that we have. And that we use this opportunity to 'refresh' our ambition in a way that cements all partners to common goals and priorities. Once this 'function' is re-described, we can push on and develop the partnership arrangements we will use to deliver it.

E. "Let's Do It" – the Strategy for the Borough to 2030 (February 2021)

12. This document is a refresh of our strategy for health and care and well being in the borough. It sits in the context of the overall strategy for the borough – "Let's Do It". Delivering the strategy for the borough to 2030 requires a mutually reinforcing alignment of several different strategic frameworks reflective of different sectors, for example on economic growth, on housing strategy, on employment training and skills, and on the reform of wider public services. Let's Do it also described the way we want to work - Local, Enterprising, Together, and Strengths based. All of these contribute to, for example, health inequalities, and the effective operation of the health and care system has an important contribution to make to the achievement of other strategic intent.

13. The Let's Do It strategy provides a consistent framework that binds these strategies together. The Bury 2030 Strategy is for everyone who has a stake in our Borough's future: local people, community groups, organisations of every sort, whether public, private or voluntary. The strategy is a call to action for everyone in our Borough to get behind the change we all want to see and do all we can to make it happen. It is a commitment to a decade of reform; a bold ambition to tackle deprivation and improve growth through a programme of work that covers people; places; ideas; infrastructure and the business environment.

    - **Let's** This is a framework for joint endeavour. It proposes a partnership involving everyone in our six towns and the communities within them, aimed at creating the right conditions for people to make better lives for themselves. It is a plan to co-design our own futures and those of our communities. Bury is a proud Borough made up of six individual townships and distinct community groups including those of faith. This strategy seeks to recognise and develop the unique identities of each of our towns and individual communities and faiths but working towards one overarching ambition for the whole place.

    - **Do** This is a call to action. The truth is that without everyone's participation this strategy won't work. We all have a role to play, and we must give permission and the right delivery structures for individuals, communities and neighbourhoods to act towards building kinder, more resilient communities. We know that at times it can be daunting to bring about change so this plan also contains some key behaviours that will serve as a guiding light to us all. We have made specific proposals for how we will work together and the key things we will commit to delivering over the next two years.

    - **It** The 'It' in 'Let's Do It' means having a shared focus on what we want our Borough and its residents to be in ten years' time. Doing 'it' means recovering in a way that achieves our vision of tackling deprivation and inequality whilst securing economic recovery and ultimately securing ambitious growth. Our definition of success will be equal life chances for all our residents across every township and at a level which surpasses the England average. All residents in the Borough will have a healthy life expectancy with the current gap between our Borough and the England average closed by 2026. We will be known as public service thought leaders, working system-wide to tackle the determinants of a quality life. 'It' is the vision which we are going to create together, and that means we need it to include everyone's voice.

F. Financial Strategy

14. The previous iterations of the locality plan highlighted significant financial pressures of the Bury health and care system, reflective of Council budget, CCG budget, and that of NHS provider organisations. In February 2020/21, pre the COVID-19 pandemic, the CCG had a forecast deficit of £20m, the council had a savings plan of £5.2m with no planned use of reserves to achieve break even and deficits at Pennine Acute (including North Manchester General Hospital) and Pennine Care deficits was £80m and £10.8m respectively. In order to allow NHS organisations to focus on the COVID-19 pandemic an alternative funding methodology was used for the whole of 2020/21. All NHS organisations received sufficient funding in the first 6 months to cover the costs of delivering services and thereby allowing them to break even financially. In the second 6 months each system (and for Bury we are part of Greater Manchester) received a financial allocation that was broadly based upon the first half of the years core budgets, with reduced Covid costs in which they had to manage financially and break even. There were significant non recurrent allocations in 2020/21 that are not available in their entirety or at all in 2021/22, as the impact of COVID-19 reduces.

15. At the time of writing (June 2021) the NHS budget for the CCG and providers is only confirmed for the first half of 2021/22 (H1). The CCG allocation for H1 is broadly based on the allocations for the second half of 2020/21 financial year and includes a requirement for all CCGs to break even. Payments to NHS providers have been nationally set based upon 2020/21 plus inflation. The minimum investment standards for Mental Health, Community Services and Primary Care remain in place. The impact of these asks and the local funding pick up of formerly GM transformation funded schemes leads to a requirement to deliver £2.1m of efficiency savings for H1 2021/22 for the CCG. This is reduced from £4.8m due to there being no requirement to deliver a contingency (£0.9m) in H1 and the CCG receiving a share of GM growth monies (£1.9m). Nationally set inflation and growth values, built into the allocation, are lower than those required locally and this is a contributory factor within the efficiency requirement.

16. For both Salford Royal and Pennine Acute (excluding North Manchester General Hospital, as that transferred to Manchester Foundation Trust on 1st April 2021) the recurrent efficiency target for 2021/22 currently stands at £55m (4.4%). Of the £55m, £4.9m is allocated to Bury Care Organisation (BCO), excluding estates, facilities, procurement and other corporate functions. At June 2021 BCO have identified c£4.1m of schemes, which when risk adjusted equates to £2.5m. The NCA have submitted a breakeven H1 plan for 21/22. The H1 deficit position stood at £120m, offset with £107m system top up. Leaving a £13m efficiency target in H1, however the internal target remains £28m (£56m target for full year) in order address the underlying recurrent deficit.

17. PCFT has submitted a breakeven H1 plan for 2021/22. The annual deficit for the Trust is £19.1m before the application of top up funding. The H1 deficit is £9.4m. The Trust was allocated £8.6m in top up funding and applied a stretch efficiency target of £0.8m to breakeven.

    The 2021/22 efficiency target for the Trust was set at c£5m, which equates to c2.5%. The £0.8m efficiency for H1 is in addition to this target. £1.4m of recurrent savings are planned to be delivered from the corporate redesign programme with £1.1m of plans still to be finalised. £2.5m of savings are planned on a non recurrent basis.

18. The Council 2021/22 budget was approved at the full Council meeting of 26th February 2021. The Council's budget faces significant financial risks, with £8m of efficiencies and budget reductions and the use of £12m of reserves to deliver a balanced budget. The reliance on reserves in this and future years impacts on the Council's financial resilience and sustainability and will need careful monitoring and managing.

19. The CCG and the Council have, since 2019/20 had a pooled budget arrangement regulated via a section 75 agreement. This pooled budget is part of a wider Integrated Care Fund (ICF), with current assumptions relating to the ICF, (assumptions being necessary due to the unknown nature of CCG budgets for the second half of 2021/22), suggesting overall expenditure budget of £520m split between the 3 budgets as:

    - pooled budget £330m – all health, social care and health related functions it is possible and the SCB has deemed it appropriate to pool.
    - aligned budget £150m – all health, social care and health related functions that cannot be pooled or the SCB has deemed it not appropriate to pool.
    - In-view budget £40m – those budgets for which Bury incur cost and services, but decisions are made by an external body.

G. Our refreshed plan for Health, Care and Well Being – Objectives

20. 'Let's Do it' provides a permissive and supportive context for the transformation of the operation of the health and care system, and our work on reducing health inequalities. It..
    - has reducing inequalities as a prime objective.
    - focuses on the circumstances of the lives of residents and communities and recognises that its in relationships and connections that health and well being thrives.
    - recognises that supporting residents to be in control of their lives is central to wellbeing.
    - recognises that people's lives and hopes are not determined by their connection to public services but joined up public services are important to create the conditions where it is possible for prevention of harm and early intervention to reduce dependence on high cost public services is possible.
    - celebrates and promotes the diversity of the borough, and the importance of the pride that residents feel in their communities and in their connections to each other.
    - and finally, is it ambitious and challenging – that there is an unprecedented opportunity to "build a fairer society with no-one left behind by tackling our climate emergency, social inequality and unequal access to opportunities".

21. In this context the objectives of a refreshed locality plan for the health, care and wellbeing system are as follows:

    1) We will seek to **influence the factors that improve population health** and well being and reduce health inequalities and foster inclusion
    2) We will **support residents to be well, independent, and connected** to their communities and to be in control of the circumstances of their lives
    3) We will support **residents to be in control of their health and well being**
    4) We will **support people to take charge of their health and care and the way it is organised around them, and to live well at home**, as independently as possible
    5) We will **support children to 'start well'** and to arrive at school ready to learn and achieve
    6) We will ensure all residents **have access to integrated out of hospital services** that promote independence, prevention of poor health, and early intervention
    7) We will secure **timely access to hospital services where required**
    8) We will work to **reduce dependence of people on institutional care** – hospitals and care homes.
    9) We will work to ensure **high quality responsive services** where people describe a good experience of their treatment

18. We will continue to measure our overall success against four overarching outcomes for the Locality Plan:

    1. A local population that is **living healthier for longer** and where healthy expectancy matches or exceeds the national average by 2025.
    2. A **reduction in inequalities** (including health inequality) in Bury, that is greater than the national rate of reduction.
    3. A local health and social care system that provides high quality services which are **financially sustainable and clinically safe.**
    4. A greater proportion of local **people playing an active role in managing their own health** and supporting those around them.

H. Our refreshed plan for Health, Care and Well Being – The Way We Work

22. In pursuit of these objectives, we will work together as a system in the following way:

- strengthen the focus on wellbeing across all our services from primary care through to hospital-based care, and in social care provision, including greater focus on prevention and population health.

- continue to redress the balance of care to move it closer to home where possible.

- deliver effective & efficient integrated health and social care across the borough, and in particular build the capacity and capability of 5 integrated neighbourhood teams in health and care – working with other public services on the same footprint

- consider how the 'anchor institutions in health and care' use social value to tackle the inequalities around us and create lasting benefits for the people of Bury, improve the local economy, whilst positively contributing (or at least minimising damage) to the environment.

- ensure equality, diversity and inclusion are reflected in our leadership and guide our priorities and all areas of our work

- ensure that the lived experience of Bury residents and patients is informing and guiding the design and delivery of services, and that the health and care system listens more carefully to those who use its services, and positively creates opportunities for 'co-design' and 'co-production'.

- harness the breakthrough opportunities of digital technology for enhancing existing services and crafting novel services to give better outcomes to citizens and improved value for money.

- secure clinical & financial sustainability across the whole of the health and social care landscape.

- work to proactively identify cohorts of vulnerability and risk – for example identifying those residents at a higher risk of unplanned hospital admission and seek to support those residents and families to change remain well and independent.

- contribute to economic growth and connect people to growth and maximise impact from health innovation and digital.

- work constructively with partners in Bury, and across 'sub regional footprints' (for example the footprint of the Northern Care alliance which includes Salford, Bury, Rochdale and Oldham),

- work positively and constructively with the development and design of the Greater Manchester Integrated Care System due for fully implementation in April 2022.

- Recognise the environmental consequences of our actions, and work as part of the borough strategy around carbon neutrality

23. In addition, the way we work will be informed by our deep understanding of the circumstances of peoples lives and their ambition for their health, wellbeing, and receipt of health and care services. In the previous locality plan, these ambitions were described in a series of 'i-statements' that were developed in consultation with residents in the borough. Residents described a health, care and wellbeing system where...

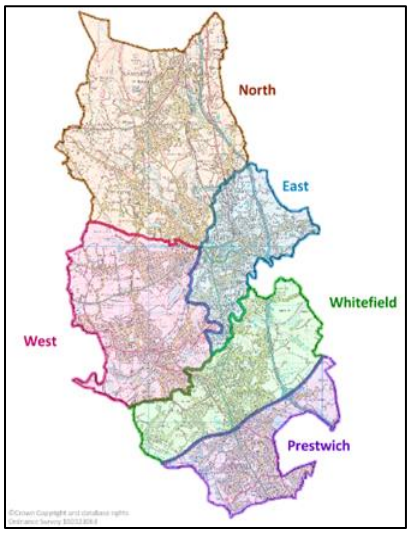
24. We have several excellent examples of co-design and co-production of transformed services that reflect these "I statements" with residents, carers and patients, for example in the SEND transformation programme, and in our work with residents with learning disabilities. However, we recognise that much can be done in the way we involve and engage people in the way se rvices are organised around them. We will work the voluntary and community sector and will ask Healthwatch Bury to co-ordinate and challenge the way we transform service, including mechanism for structured engagement with those living with long term conditions.

25. We particularly recognise the challenge on health inequalities and inclusion that have been highlighted by the Covid 19 pandemic. The Council and CCG and wider health and care partners will work to ensure an inclusive approach and voice for those communities that may not previously have been heard, and the full implementation of the Council and CCG inclusion strategy (2021)

I. The Way we work – Neighbourhood Team Working

26. The 2019 locality plan proposed the establishment of neighbourhood team working in the health and care system working on 5 spatial footprints in the borough. The intention was to create for front line staff the opportunity to know each other, work with each other, reduce duplication and 'hand offs', and have a shared understanding of particular vulnerability and harm in the area, as well as a shared understanding of the assets of communities.

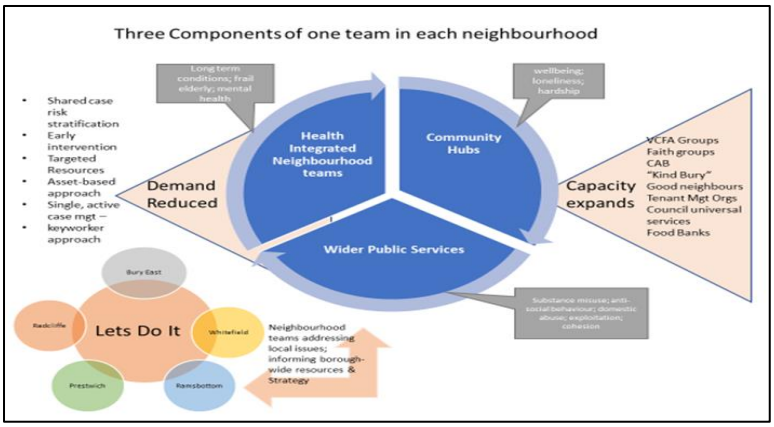
27. Integrated Neighbourhood teams (INTs) were created, providing unified management or a coordinating focus across community health services, adult social care and more recently community mental health services, and connected to communities. INTs have focused initially on delivering Active Case Management – proactively identifying residents at risk of future lost independence (for example unplanned admission to hospital) and working together to alter the course.



28. We intend to build on this excellent start and ensure that neighbourhood team working in health and care becomes a default setting across the breadth of the transformation programmes we have. We expect more services and staffing to be aligned into the model of neighbourhood team working and building a wider cohort of cases to deploy the benefits of neighbourhood team, and in so doing creating opportunities for staff in neighbourhood teams to work together more effectively, and for neighbourhood teams to take greater power to organise and control services that reflect the priorities of the communities they work with.

29. We particularly will work to ensure that the 5 integrated neighbourhood teams are working in as asset-based way-recognising the talents and hopes of residents, patients and carers, and the asset of local communities. We will also require the enabling groups, particularly IM&T, Estates, and workforce development to work to support the capacity and capability of neighbourhood team working.

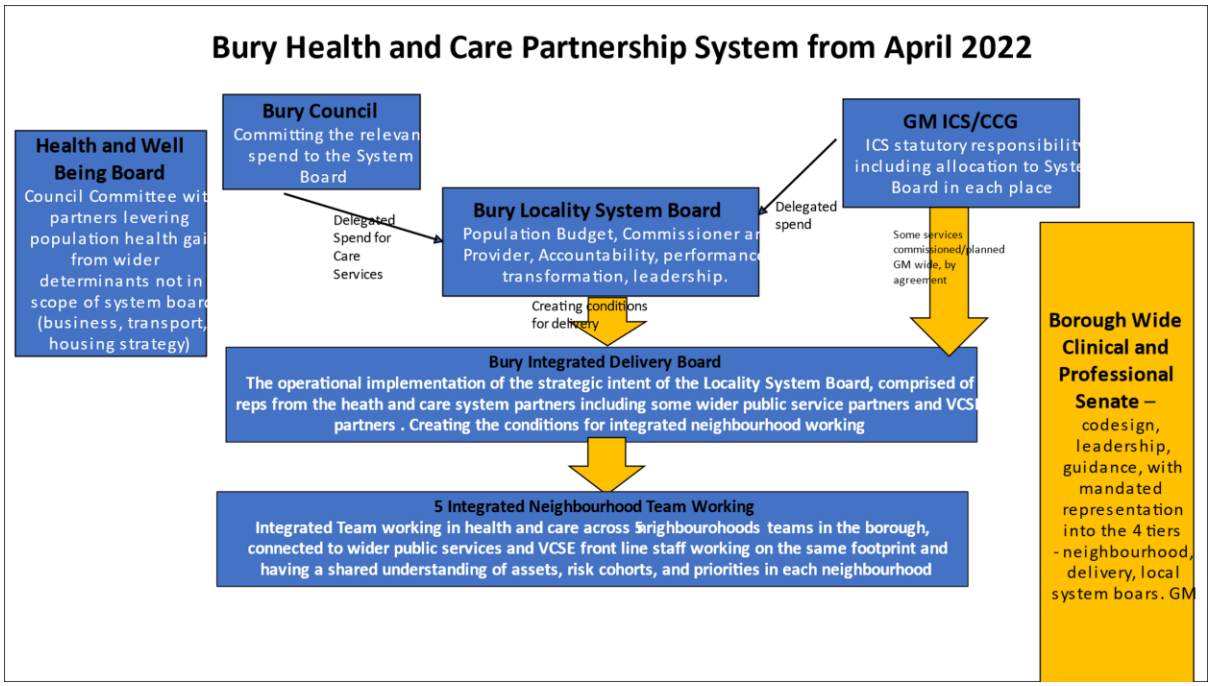
30. Neighbourhood team working in health and care is one part of a wider ambition in "Lets Do It" to build integrated teams of public services, working with communities differently. The other two parts – the work of community hubs, and the work to organise wider public services like GMP. DWP, housing providers, schools etc. This allows us to recognise the contribution many other partners play to both health and wellbeing, and to the demand for health and care services.



J. Our Partnership Arrangements for the Bury Health, Care and Well Being System

31. We are in a transition year 21/22 as we await clarification of the GM Integrated Care System arrangements. Nevertheless, it is important that we use this time to build a set of partnership arrangements for the Bury health care and wellbeing system that create the conditions for us to achieve our ambition, as well as being as far as possible 'future proof' in terms of the operation of the GM ICS.

32. A pictorial representation of the proposed new partnership arrangements is below.



33. The partnership is Bury is referred to as the "The Bury Health, Care and Well Being Partnership) and the key elements of this partnership system are as follows:

- A Locality Board – made up of representatives of NHS providers, the Council and the Voluntary Sector and others – setting strategy, managing performance and delivery, and holding an integrated budget between Council and the NHS (providers and GM ICS) working effectively as a capitated budget for the system.

- The Health and Well Being Board – formally a committee of the Council but with wider representation and operating almost as a standing commission on health inequalities and driving towards the full achievement of a population health system

- An Integrated Delivery Collaborative Board – an opportunity for all key partners and stakeholders to come together and drive the implementation of all aspects of reformed and transformed heath, care and wellbeing arrangements in the borough.

- 5 Integrated Neighbourhood Teams in health and care (and connected to wider neighbourhood teams including community hubs and other public services) serving the populations of Prestwich, Whitefield, Radcliffe, Bury town, and Ramsbottom/Tottington.

- A Clinical and Professional Senate – bringing together professional and clinical leadership from all organisations in the borough and ensuring mandate representation into the spatial levels of working described. It is important this drive and leads transformation.

34. In support of this architecture there will be several enabling functions to support the system working as effectively as possible. This includes:

    a. **A strategic finance group** – professional financial leadership from all relevant organisations understanding the position of each organisation and the mutual dependence between organisation to ensure system wide sustainability

    b. **A strategic estates group** – ensuring a 'one public estate' approach to the best utilisation of available estate, to ensuring that estate development is consistent with the objectives in this plan and creating the estates conditions to support integrated neighbourhood team delivery.

    c. **An IM&T programme** – developing opportunities for integrated patient and residents' records and data flows in support of better clinical and professional decision making, and exploring opportunities for residents to be in control of their own records

    d. **Workforce and Organisational Development programme** – identifying opportunities for system wide approaches to workforce recruitment, retention, and development in a way consistent with transformed health care and wellbeing partnership objectives.

    e. **Comms and Engagement –** bringing together communication and engagement specialists across health and care organisations and with the voluntary sector to listen effectively and amplify messaging where appropriate and consistent with the objectives here.

35. The governance and partnership arrangements are important to provide clarity on leadership, vision, and accountability. But our learning from Covid has been to recognise that empowering decision making, more agile working, reducing barriers between organisations, building quality working relationships, and have a shared ambition is hugely important to the achievement. Partners in the Bury Health Care and Well Being partnership will continue to build working relationships based on trust, mutual support, recognition of mutual dependence, and partnership.

K. Our Transformation Programmes

36. This refreshed locality plan has described our vision for the Bury health, care and well being system, and the way we intend to work together – for example in neighbourhoods, with an asset-based approach, and with a focus on inequality. In this context we have the following programmes of transformation that will provide focus to our joint work.

- **Urgent and Emergency Care** – to progress the 'phase 2' of our transformation of the operation of the urgent and emergency care system in Bury – focusing on ensuring residents are seen appropriately and in a timely manner, bringing more certainty to the operation of the system, moderating the season challenges in demand, reducing demand through focus on prevention and early intervention, strengthen discharge arrangements from hospital services. This more planned flow of urgent care will also support the achievement of challenging waiting time target for urgent care

- **Learning Disabilities** – working together and with residents and carers to transform the circumstances and opportunities of those with learning disabilities, maximising independence, and supporting more joined up and integrated services working across the life course.

- **Elective care** – working with Northern care Alliance and other providers of services to transform the way elective care services are organised – moving from traditional outpatient's services, supporting GPs with advice and guidance, supporting patients to initiate follow up appointments as required, ensuring patients are as fit and well as possible for elective surgery, and addressing the very challenging waiting list issues caused by the pandemic.

- **Cancer Services** – ensuring the whole cancer pathway – from prevention, early intervention, screening (and reviewing opportunities for community-based screening), GP access, 2 weeks wait for specialist cancer opinion, and where necessary into medical intervention is as effective as possible

- **End of Life Care Pathway** – a whole system partnership review of how effectively partners work with patients and families to support a dignified and pain free death where possible in a place of their choosing – often at home rather in hospital.

- **Primary Care** – our primary care system, particularly GP services, have been under significant pressure during the pandemic but have responded magnificently, for example in embracing new technology and in PCN delivery of the vaccination programme. There are also opportunities with a new focus on primary care networks

- **Mental Health** – Bury has an excellent mental health strategy - "ithrive" – and significant progress has been made in developing new models of service delivery across all 4 quadrants of that framework. But further work is required to hasten the pace of reform and development, from a focus on well being through to the availability of specialist services. In addition, there needs to be a specific recognition of the challenge to childhood mental health and well being as a consequence of covid, and an increasing demand for services.

- **Community Services** – Community health-based services – for example community nursing services and community therapy services, have been cornerstones of our covid 19 response and we will work to reflect on progress made in terms of connection to neighbourhood teamwork, and to learn from best practice nationally to further strengthen he community health services arrangements.

- **Adult Social Care** – Adult Social care provision is inherent to many of the other programmes, but we have (through the council budget strategy) articulated a range of transformation initiatives, around asset-based working, technology deployment, new models of housing provision, strengthen partnership working private providers of in home and care homes services.

- **Childrens health and care**. Equally, children's services are to be found throughout many of the transformation programmes above. But there are important transformation programmes to be connected – from the outcome of a recent review of maternity services, through to the ongoing work on SEND, on addressing the growth in demand for children's mental health services, for the focus on 'starting well'. In all of this we will recognise the crucial role schools and pre-school services play, and we will connect work on children's health and care reform to the work of the wider borough Childrens Strategic Partnership Board. We will look to the neighborough model as the basis of our integration approach, with a focus on early help, prevention, early intervention, and also as a focus on the first 1000 days. We will also focus on targeted, holistic support for our vulnerable children and young people, including Looked After Children, Care Leavers, SEND and youth offending.

- **Public Health Improvement Programme.** A framework to co-ordinate the implementation of key public health priorities including the Bury Food Strategy, the physical activity strategy, the sexual health strategy, good work charter, NHS health checks and other key interventions.

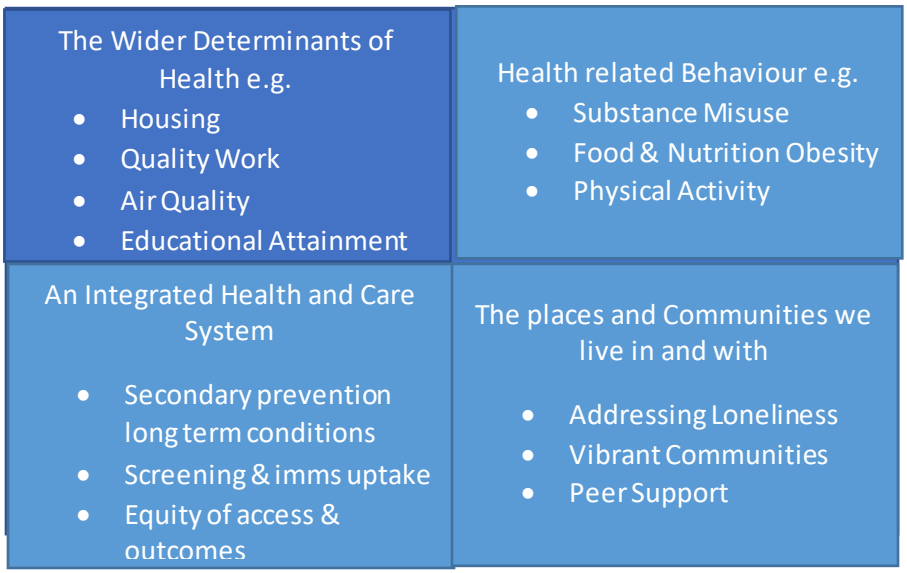
37. The programmes above are intended to transform the way key services work. There are, in addition, very many important programmes of work that reflect a business as usual – our work on safeguarding arrangements with partners and in the context of the Bury Integrated Safeguarding Partnership, or work on Continuing Health Care. All our work together will be infused with the principles described in this document.

L. A Population Health System Approach in Bury

38. This refreshed Locality Plan – like its predecessors - has at its core the ambition to fundamentally improve population health and wellbeing, and to reduce health inequalities. This is important to ensure Bury residents can lead the lives they want, but also to create a financially sustainable health and care system that is characterised by prevention of poor health, and early intervention, rather than reactive and costly service provision.

39. To do so requires us to lever health and gain and equality out of all levers available to us. In this we have recast Bury Health and Well Being Board to focus on developing the population health system as its unique role in the partnership arrangements. It will provide the necessary leadership, vision and grip on the step change in population health and well-being required. Importantly it will provide a focal point for our work on addressing pernicious health inequalities in the borough – in circumstances where we know progress in improving life expectancy has stalled and there is evidence of rising health inequality – almost certainly to be exacerbated by the consequences of the pandemic.

40. A framework for the work of the Health and Well Being Board on the population health system is the Kings Fund (2019) four quadrants diagram.



41. The Health and Well Being board will therefore operate as effectively a 'standing commission' on health inequalities and population health and will explore how to maximise the impact of interventions across all 4 quadrants. It will work closely with 'Team Bury' – the multi-agency leadership team for the borough reflecting public service, business leadership, and the voluntary and community sector – and will focus specifically on the work on health inequalities and wellbeing.

42. In undertaking its work, the health and well being board will have regard to the Independent Commission on inequalities in GM (2021), and the GM wide Marmot Review (2021) into health inequalities.

M. The Bury Health, Care and Well Being Partnership Locality Plan – Next Steps

37. This document has restated our vision, priorities, and way of working as a Health, Care and Well Being System. It is produced at a time of significant change and uncertainty and is intended to guide our work on establishing new partnership arrangements and programme leadership.

38. The important next steps in implementing this strategy are as follows:

    a. To use the period 21/22 to transition to a new partnership system including
        i. Establishing a clinical and political senate
        ii. Creating the new System Board with the capability of managing jointly a substantial integrated budget
        iii. Establishing the effective operation of the Integrated Delivery Collaborative
        iv. Building the capacity and capability of the 5 neighbourhood teams in health and care, and connecting to community capacity and wider public services operating on the same footprint
        v. Further develop the role of the Health and Well Being Board as a standing commission on health inequalities.
        vi. Clarifying the nature of the financial flows and accountability to the GM ICS

    b. To reset and drive forward the key transformation programmes described operating as system wide and whole system programmes and as a golden thread between the system board, the delivery collaborative and neighbourhood working.

    c. To maintain a focus on system wide financial sustainability and holding to account the transformation programmes for the delivery of improved outcomes and reduced costs.