Meeting: Locality Board			
Meeting Date	3 April 2023	Action	Receive
Item No.	12	Confidential	No
Title	Summary of Bury's NHS Operational Plan for 2023-24		
Presented by	Will Blandamer, Deputy Place Based Lead for Health and Care, NHS GM (Bury) Susan Sawbridge, Head of Performance, NHS GM (Bury)		
Author	Susan Sawbridge with input from programme leads		
Clinical Lead	-		

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** ☐		

Executive Summary

Guidance to support the NHS Operating Plan for 2023-24 was published in late-December and sets out the key priorities for the year ahead. The guidance sets out three key priorities:

- Recover core services and improve productivity;
- Make progress in delivering the key NHS Long Term Plan (LTP) ambitions; and
- Continue transforming the NHS for the future.

To determine progress against the plan, performance will be monitored against 31 metrics and this represents a lower number than in previous years in order that focus is retained on the priorities outlined above.

Under the previous NHS structure, each Clinical Commissioning Group (CCG) and provider would develop activity, finance and workforce plans. Under the Integrated Care System (ICS) structure, however, plans are set at an Integrated Care Board (ICB) level and these are developed in conjunction with NHS providers. It remains important, however, for each locality to understand its contribution to the achievement of the ICB plan and to ensure that locality work plans are aligned to the requirements of the guidance. This report aims to outline Bury's contribution along with highlighting key risks and challenges.

The draft GM ICB plan was submitted to NHS England (NHSE) on 23rd February following a period of triangulation between activity, finance and workforce data. The draft plan submission was followed by a period of internal (GM) 'check and challenge' alongside engagement with NHS England. The deadline for final plan submission is 30th March 2023.

This report is laid out in sections that reflect Bury's key programme areas of:

- Elective care, cancer and diagnostics;
- Urgent Care;
- Community Services;

- Primary Care;
- Maternity Services;
- Mental Health (MH);
- Learning Disabilities (LD);
- Children and Young People; and
- Health Inequalities and Population Health.

For each programme area, there are four sub-sections within the report. The first outlines the objectives and requirements of the plan, the second provides some baseline data, where available, to show how Bury is currently performing against some key metrics. This section also includes GM ICB assumptions or aspirations against key measures. In some cases, GM has, for example, set a trajectory to reach the national target by year-end whilst in other areas the draft plan does not show achievement. The third sub-section outlines ways in which Bury's work plans are or will be aligned to the requirements of the planning guidance whilst the final section highlights potential challenges and risks.

The report seeks to provide assurance that each of Bury's programme teams not only takes ownership and understands the NHS operating requirements for 2023-24 but also has knowledge of current performance against key standards and areas in which this needs to improve.

There are many risks and challenges to achievement identified within the report and these can be grouped into the following themes:

- Workforce: all programme areas identified workforce challenges which range from national shortages among some clinical specialties, recruitment and retention, creating gaps in some services when staff take on other opportunities and the potential impact of ongoing industrial action;
- Organisational structure: risks highlighted include the maturity of the GM ICB, the ongoing impact of the North Manchester General Hospital (NMGH) disaggregation, the limited ability for the Bury system to influence multi-borough providers such as the wider Northern Care Alliance NHS FT (NCA), Pennine Care FT (PCFT), the North West Ambulance Service (NWAS) and maternity services;
- Data issues: ongoing issues at Manchester University NHS FT (MFT) following the electronic patient record implementation limit the visibility to Bury's full waiting lists, some data is not readily available at a Bury or neighbourhood level and there can be a lack of consistency in the way that primary care data is recorded;
- Capacity: most programme areas highlighted capacity constraints across many services, including within the independent sector. In some services, such as children and young people's MH services, post-COVID demand has increased exponentially. Estates capacity issues are also referenced for some programme areas.
- Financial issues: risks highlighted include historic short term funding which creates uncertainty in service provision, particularly for Voluntary, Community and Social Enterprise (VCSE) sector organisations. Historic under-funding in some areas also means that significant investment is required to 'level up'.
- COVID-19/seasonal factors: the potential for further pandemic outbreaks or particularly difficult flu and winter periods also brings about risk to achievement of set objectives.

Recommendations

It is recommended that the Locality Board receives this report and acknowledges the work of the programme areas to ensure alignment with the NHS operating plan for 2023-24.

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
Integrated Delivery Collaborative Board (IDCB)	22/03/2023	Discussed and content noted

Summary of Bury's NHS Operational Plan for 2023-24

1 Introduction

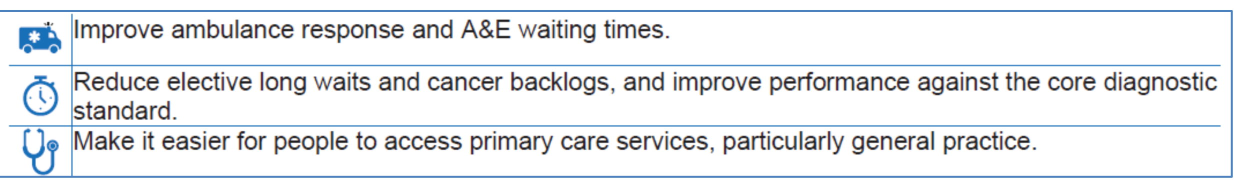
1.1 The NHS operating plan is updated on an annual basis for the financial year ahead. Within this process there are plans that cover activity levels, performance against key measures, finance and workforce. Guidance is also issued which sets the requirements and expectations in each of these areas.

1.2 In previous years, each NHS provider and former CCG submitted its own plan. However, since the transition to the ICB structure, plans are created and submitted at that level, ie Bury's plan is part of the aggregated Greater Manchester (GM) ICB plan.

1.3 Planning guidance for 2023-24 sets out the following three core priorities that are informed by three underlying principles:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the "why" and "what", not the "how"		

1.4 The following are the headline ambitions related to the 'recovering core services and improving productivity' priority.



	Improve ambulance response and A&E waiting times.
	Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.
	Make it easier for people to access primary care services, particularly general practice.

1.5 The planning guidance is, however, wider than the ambitions included above and this report aims to outline the plans that Bury system partners will mobilise to address the requirements within the key programme areas of:

- Elective care, Cancer and Diagnostics;
- Urgent Care;
- Community Services;
- Primary Care;
- Maternity Services;
- Mental Health;
- Learning Disabilities;
- Children and Young People; and
- Health Inequalities / Population Health.

2 Programme Areas

2.1 Elective Care, Cancer and Diagnostics

Plan Objectives and Requirements

Elective Care:

- Deliver an appropriate reduction in outpatient follow-up (OPFU) (25% by March 2024 v 19/20 baseline).
- Increase productivity to 85% day case and 85% theatre utilisation, using Getting It Right First Time (GIRFT) and moving procedures to most appropriate settings.
- Offer meaningful choice at point of referral and subsequent points in pathway (including alternative providers for long waiters).

Diagnostics:

- Maximise pace of diagnostic roll-out & deliver 2nd year of Community Diagnostic Centre (CDC) investment programme.
- Deliver a minimum 10% improvement in pathology and imaging network productivity by 2024-25 through digital investment.
- Increase General Practitioner (GP) direct access in line with national rollout and develop plans for further expansion in 2023-24.

Cancer:

- Implement & maintain priority pathway changes:
  - Lower Gastrointestinal (LGI) (at least 80% of LGI referrals to be accompanied by a Faecal Immunochemical Test (FIT) result);
  - Skin (teledermatology);
  - Prostate (best practice timed pathway).
- Increase and prioritise diagnostic and treatment capacity. New CDC capacity to be prioritised for suspected cancer referrals. Increase of 25% more diagnostic capacity and 13% increase in treatment capacity required for cancer.
- Expand Targeted Lung Health Checks (TLHC) programme including sufficient diagnostic and treatment capacity.
- Commission services to underpin early diagnosis, including Non Specific Symptom (NSS) pathway (100% population by March 2024), surveillance services for Lynch syndrome, BRCA and liver. Increase colonoscopy capacity linked to expansion of bowel screening.

Baseline Position against Key Metrics

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	Requirement	2023-24 Target	2023-24 GM ICB Draft Plan	Current Performance
Elective Care	Eliminate 65+ week waits by March 2024 (exc pt choice)	Zero by March 2024	12082 (Mar 24)	Bury pts: Jan 23: 1099 *Source: Published RTT data*
	Deliver the system specific elective activity target (agreed through operational planning process)	105.8%	TBC	n/a
Cancer	Continue to reduce the number of patients waiting over 62 days	Continue to reduce	632 (Mar 24) Ind trust targets TBC	NCA: 420 at 27th Feb (2ww source). Trajectory achieved in Oct-Dec but not Jan or Feb though gap reduced. *Source: GM Tableau weekly PTL*
	Meet the cancer Faster Diagnosis Standard (FDS) by March 2024	75% by March 2024	Trajectory: Q1: 67.5%; Q2: 67.5%; Q3: 70.0%; Q4: 75.0%	Bury pts: Q1: 53.9%; Q2: 46.3%; Q3: 52.3% *Source: Published data*
	Increase the % of cancers diagnosed at stages 1 & 2	75% by 2028	54.6% (Mar 24)	Bury pts: 2020 (latest data): 53.6% (3rd best in GM). GM: 51.4%. *Source: GM Tableau Stage at Diagnosis*
Diagnostics	Increase the % of patients receiving diagnostic test within 6 weeks in line with March 2025 ambition of 95%	95% by March 2025	87% by March 2024 95% by March 2025	Bury pts: Q1: 64.4%; Q2: 69.7%; Q3: 35.9% (Jan 23:31.7%) *Source: Published data*
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic wtg time ambition	120%	133%	n/a

Bury Plan for 2023-24

- A high level mapping exercise has been carried out, using the national objectives in the NHS 2023-24 Operational Planning Guidance and the deliverables and metrics from the NHS national recovery plans, to identify where in the Bury system there is work taking place at a locality level, NCA Pan-Locality level, or GM level, which will support delivery of the objectives.
- The output of the mapping exercise is being developed into single system plans for elective care, cancer and diagnostics and is being done through a co-production exercise with system partners. The single plans were shared with IDCB in March for system agreement.
- The Bury Elective Care and Cancer Recovery and Reform Board (ECCRRB) will have oversight of the Bury led projects, e.g. e-Derma, Cardiac Rehabilitation, Cancer Inequalities and, where appropriate, will be accountable for delivery of these projects through regular reporting to the board.

- NCA pan-locality programmes and projects, e.g. CDC and Being Well, will be reported into the ECCRRB. This will be via regular update if on track but also by exception if the project is not on track and will have an impact on the achievement of the objectives. The role of the ECCRRB will be to galvanise the system to see if collectively partners can do anything to help the programme or project and identify any interdependencies and potential impact in other parts of the system.
- The GM programmes and projects are included in the plan to give the ECCRRB an understanding of the total programme and what the asks are or could be of the locality to ensure the Bury system is prepared and responding appropriately.
- The ECCRRB members will work in partnership to identify any gaps in the plans that may impact the achievement of the objectives and agree, where required, programmes and projects to address these gaps.
- Examples of key programmes of focus in the plans are the CDC Hub and Spoke model implementation, a reduction in outpatient activity through delivery of the NCA Being Well Programme and initiatives such as Specialist Advice and Patient Initiated Follow-up (PIFU).

Challenges and Risk to Achievement

- The NCA is now classified in Tier One of the most challenged providers and meets with NHSE on a weekly basis.
- The impact of NMGH disaggregation on cancer pathways affecting mainly breast, gynaecology, urology and Ear Nose and Throat (ENT).
- Ongoing data issues at MFT affecting the trust's ability to submit referral to treatment (RTT), diagnostics and most cancer waiting times data has impacted the visibility of Bury's waiting lists, including those waiting the longest.
- The backlog of patients waiting over 62 days at NCA is reducing but higher than the pre-covid baseline position, with skin and colorectal pathways particularly challenged.
- Diminishing capacity within Independent Sector Providers (ISP) to support pressured specialities, e.g., Oaklands (Ramsey Healthcare) has served notice to cease gynaecology services in March 2024.
- Clinical workforce shortages in several key areas including clinical nurse specialists, radiologists and primary care.
- Sustainability of posts and programmes funded through short term funding, e.g. Additional Roles Reimbursement Scheme (ARRS) and the e-Derma pilot.
- Diagnostic capacity remains a key challenge across radiology, pathology and endoscopy. The NCA is not yet achieving a maximum 10-day request to report turnaround time.
- Risk of NCA not being successful in the business case to NHSE to secure funding to establish diagnostic spokes in Bury to increase capacity and improve patient flow.
- Expansion of screening programmes and new testing programmes in cancer could lead to further capacity and demand issues, e.g., BRCA gene mutation.
- Impact of financial challenges across parts of the health and social care system may result in greater demand on elective care.

2.2 Urgent and Emergency Care (UEC)

Plan Objectives and Requirements

- Increase physical capacity & permanently sustain the equivalent of 7000 beds funded through winter 2022-23.
- Reduce the number of medically fit to discharge patients, addressing NHS causes & working with the Local Authority (LA).
- Increase ambulance capacity.
- Reduce handover delays to support the management of clinical risk in line with the NHSE letter circulated in November 2022.
- Maintain clinically led System Control Centres (SCCs) to manage risk.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Improve A&E wtg times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	76% by March 2024	74.0% (Mar 24)	NCA: Q1: 60.0%; Q2: 59.6%; Q3: 57.0%; Jan: 64.9% *Source: Published monthly data* FGH (type 1 only): Q1: 61.8%; Q2: 60.5%; Q3: 56.1%; Jan: 59.3% *Source: UM Daily Pressures Report*
Improve category 2 ambulance response times to an average of 30 mins across 2023/24 with further improvement towards pre-pandemic levels in 2024/25	30 mins across 23/24 (avg)	NWAS measure so no specific GM plan. North West plan: 53 mins	NWAS: Measures – Description / Nov / Dec / Jan Ambulance clinical quality: Cat 2 - 18 minute response time (average): 44:16 / 72:11 / 29:17 Signif improvement in Dec 22 to an average of **29** mins. *Source: Published data (Bury dashboard)*
Reduce adult general and acute (G&A) bed occupancy to 92% or below	=<92%	<=93.4% adult G&A	FGH: Nov: 98.2%; Dec: 98.1%; Jan: 97.7% Feb (to 21st): 97.2% *Source: GM Tableau Daily Hospital SitRep*
Reduce number of medically fit to discharge patients in our hospitals	TBC for FGH	Reduce to 650 across GM. Locality split to be agreed through Discharge & Flow group	FGH (current target is max 35 per day): Q1: 54; Q2: 57; Q3: 63 Jan: 67; Feb (to 21st): 79 (has reduced to avg of 53 per day in w/c 20th Feb) *Source: GM Tableau Daily Hospital SitRep*

Bury Plan for 2023-24

The Bury UEC system is fully briefed on the requirements within the new NHS planning guidance and the subsequent follow up guidance for urgent care. Bury has a well-established Integrated UEC Improvement Board chaired by a local GP lead and with Senior Responsible Officer (SRO) leadership from system partners. The Bury UEC system is well connected to the GM UEC system. The wider urgent care plan for Bury is currently being redefined and there are a range of local priorities above and beyond the four mentioned above. With specific reference to the requirements outlined above, Bury is making good progress.

- **A&E Waiting Times**
  - Currently Bury is second best performing (all age) acute trust site in GM and as such will begin the year is a stronger position then most localities across GM. Bury is currently running at a year-to-date performance figure of 59.6% though it is acknowledged that significant further improvements will be required.
  - Reflect on 2022-23 and seek to extract the learning from the period to inform future plans.
  - Evolve and modify Bury's range of Alternative to Admission schemes across the UEC system. This in part is a contributory factor to the current reducing trend in the number of A&E attendances.
  - The current build work to redesign the A&E Department at Fairfield General Hospital (FGH) should help to improve flow through the department. Build work is expected to be completed in early 2023-24.
  - Move towards a fully accredited Urgent Treatment Centre (UTC) on the FGH site.
  - Continue to evolve its Pre-Emergency Department (ED) Streaming service, helping to facilitate pathways away from A&E as appropriate. The Pre-ED service will be accommodated in the new build at FGH to help forge closer links.
  - Forge closer links with MFT's NMGH site and the Bury South GPs to promote further the alternatives to admission and to clarify further the NMGH pathways.
  - Ensure continued engagement at a GM level to ensure the learning from other systems is filtered into the locality as appropriate.
  - Continue to view this requirement as a system measure and review performance on a daily basis.

- **Ambulance Response Times**
  - Remain connected to GM and Regional ambulance commissioning arrangements in the pursuit of this target locally and seek to support improvements at both FGH and NMGH as appropriate.
  - Remain connected to the local NWAS leads.
  - In addition to improving flow through the site, the ED build at FGH will support ambulance turnaround times.

- Currently Bury is performing at or around the target measure, therefore starting at a strong position.

- **Reduce Adult G&A Bed Occupancy**
  - Continue to evolve the Hospital @ Home model (Virtual Ward) and increase focus on Home First.
  - Review of community bed capacity.
  - Continued development of the Same Day Emergency Care (SDEC) and frailty pathways.
  - Continue monthly Discharge to Assess (D2A) review meetings.
  - Bury will continue to view this requirement as a system measure and review performance on a daily basis.

- **Reduce the number of medically fit for discharge**
  - Bury is rebranding this measure locally to 'Days Kept Away From Home'.
  - As a discharge integration frontrunner, The Four Localities Partnership covering Bury, Oldham, Rochdale and Salford will look at new innovative ways to discharge patients as quickly as possible. This will include a concerted effort on mobilisation and independence of patients with a focus on 'home first'.
  - Continued redesign of the Integrated Discharge Team (IDT).
  - Focus on 'Purple' patients.
  - Build links into GM support mechanisms for Out of Area (OOA) patients.
  - Bury will continue to view this requirement as a system measure and review performance on a daily basis.

Challenges and Risk to Achievement

- Potential impact of ongoing industrial action.
- Potential impact of further increases in COVID-19 and the impact of the Flu season in 2023-24.
- Potential impact of the cost of living crisis.
- Potential impact of a bad weather winter in 2023-24.
- NCA collective A&E performance more difficult to influence by the Bury system.
- Staff retention and recruitment an increasing issue across all UEC partners.
- NWAS performance at GM and Regional level more difficult to influence by the Bury system.
- Inter-connectivity with other programme areas and their particular challenges.

2.3 Community Health

Plan Objectives and Requirements

- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999 and create a single point of access where not already in place.
- Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, to put in place:
  - Direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations;
  - Self-referral routes to falls response services, MSK, physiotherapy, audiology (including hearing aid provision), weight management services, community podiatry, and wheelchair and community equipment services.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Consistently meet or exceed the 70% 2-hour UCR standard (rapid response)	70%	TBC	Q1: 75.9%; Q2: 74.1%; Q3: 61.9% *Source: Local Authority raw data*
Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	n/a	TBC	Some self-referral pathways already in place with others planned during 2023-24

Bury Plan for 2023-24

- 2-hour Urgent Community Response (Rapid Response) standard:
  - The Bury Rapid Response team is successfully providing a 2-hour response service with an average response time of 1.8 hours over the last 12 months.
  - Referrals are received via a Single Point of Access (SPOA) and are triaged by a skilled professional. An average of 75% require no ongoing formal support following intervention by the team.
  - The service is currently expanding to include Hospital@Home (Virtual Ward) and is bringing in additional staff for this.
- Direct access community pathways:
  - The Bury locality embarked on a journey to refresh all community health service specifications in February 2022. Each specification will be underpinned by a strategic delivery framework linked to transformation opportunities. These transformation opportunities are linked to developing and supporting services to meet increasing demand, to work differently across a neighbourhood footprint and to improve the patient journey and outcomes. Streamlining referral pathways, including offering self-referral opportunities, form part of this transformation work.
  - Some self-referral pathways are already in place for Bury patients. These include:
    - Community Eye Service which covers a range of conditions via a multi-disciplinary team approach. In addition to self-referral, a range of partners can refer patients into this service, including community optometrists, pharmacists and 111;
    - Weight Management Services where self-referrals are accepted to the Tier 1 and Tier 2 service whilst Tier 3 and 4 are based on clinical assessment;
    - Community Equipment where service users of any age can request an assessment via the Bury Directory;
    - Paediatric Audiology.
  - Linked to the transformation journey outlined above, work is underway within the NCA Community Services to implement further self-referral pathways across 2023-24. These include the Falls service, Physiotherapy, MSK and Podiatry, all of which are scheduled to start to receive self-referrals during 2023-24.
  - In some other services, the feasibility to offer self-referral has been considered though this is not always possible. In adult audiology, for example, the service is bound by the GM Any Qualified Provider (AQP) contract for age-related hearing loss which sets a requirement for a referral to come from a GP. The process has, however, been streamlined where possible, eg appointments are directly bookable. For non-AQP audiology services, referral is via GP or other health care professional in order that other medical causes can be ruled out first. Once accepted by the service, patients can then self-referral in the future if further input is required.

Challenges and Risk to Achievement

- Urgent Community Response:
  - Recruitment is a risk due to staff shortages in general. Timescales to onboard new staff also creates a challenge.
- Direct access community pathways:
  - There is a risk that demand could increase following the implementation of self-referral pathways. For those services where demand is already high, this could impact on waiting times. To mitigate this, referral rates and the impact of these on waiting lists and RTT will be closely monitored.
  - Further investment will be required to fully transform community health services beyond the implementation of self-referral pathways.

2.4 Primary Care

Plan Objectives and Requirements

- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).
- Transfer lower acuity care away from general practice and NHS111 by increased pharmacy participation in the Community Pharmacist Consultation Service.
- Continue to recruit 26,000 ARRS roles by the end of March 2024.
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Continue on the trajectory to deliver 50 million more appointments in General Practice by the end of March 2024	TBC	TBC	22/23 plan was to restore activity to 19/20 level. Plan for Oct 22: 100,487 appts Actual for Oct: 115,072 appts (Inc AskMyGP) **(+14.5%** v plan) Plan (YTD to Oct): 698,624 Actual (YTD to Oct): 689,866 (inc AskMyGP) **(-1.3%** v plan)
Continue to recruit 26000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	TBC	TBC	

Bury Plan for 2023-24

- Reduce Demand:
  - Work with system partners to change narrative of "see your GP if….".
  - Empower patients to be 'proactive' in their own health and wellbeing.
  - Ensure websites provide the necessary information/direction for patients to be able to self-care.
  - Increased use of approved NHS Apps for condition monitoring and management.
  - Increase the number of people using the NHS App for repeat prescription requests.
  - Reduce the number of pathways requiring GP referral (where their involvement adds no benefit).

- Capacity:
  - Fully utilise the ARRS monies by 2024.
  - Public communications programme regarding the wider primary care family of which a number of ARRS roles form part.
  - Support recruitment and retention of workforce.
  - Fully understand current capacity and gaps across practices in order to ensure a consistent and safe offer.
  - Deflect activity to alternative professions, where appropriate, through care navigation, e.g. increase CPCS usage and VCSE services.
  - Continue to collaborate with practices, when possible, to create and deliver additional capacity on a neighbourhood footprint.
  - Use data to inform and target the most vulnerable and those in most need.
  - Ensure all practices are providing a consistent digital offer.

Challenges and Risk to Achievement

- Sufficient premises to house additional staff.
- Recruitment and retention of all staff.
- Adherence to the British Medical Association (BMA) recommendations on safe practice when demand outstrips this.
- Consistent recording of activity within general practice.
- The balance of access expectation rather then clinical need.

2.5 Maternity

Plan Objectives and Requirements

- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.
- Increase fill rates against funded establishment for maternity staff.
- Continue to deliver the actions from the final Ockenden report as well as those that will be set out in the single delivery plan for maternity and neonatal services).
- Ensure all women have personalised and safe care through every woman receiving a personalised care plan and are being supported to make informed choices.
- Implement the local equity action plans to reduce inequalities in access and outcomes for Black and Minority Ethnic (BAME) groups and those living in the most deprived areas.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	n/a	Reduction in still births to a rate of 3.85 per 1000 births Reduction in serious intrapartum brain injury to rate of 1.0 per 1000 live births	Stillbirth (rate per 1000): GM: 4.167; NMGH: 5.276; Oldham: 6.201 HIE Grade 2 or 3 (rate per 1000): GM: 1.377; NMGH: 1.751; Oldham: 1.217
Increase fill rates against funded establishment for maternity staff	n/a	Increase fill rates against funded establishment for maternity staff by 30% and reduce attrition by 10% in 2024-25	

Bury Plan for 2023-24

- Bury has an established Maternity Programme Board which is currently expanding to ensure engagement with Public Health colleagues. With no maternity unit within the locality of Bury, we will seek to develop relationships with midwifery and hospital-based service leads through engagement with GM and regional forums and via the Bury Maternity Programme Board.
- Maternity performance and assurance for the above measures is co-ordinated through the GM and Eastern Cheshire (GMEC) Maternity Network and The Local Maternity System (LMS). The Bury locality will remain connected to GM and regional systems to track the progress at the Bury Maternity Programme Board.
- Where information can be disaggregated to a Bury Level, the Bury Maternity Programme Board will monitor progress.

Challenges and Risk to Achievement

- As the locality does not host a Maternity Unit, Bury's activity is spread across a number of hospital sites and more than one midwifery service.
- Measurement for much of the information is not currently available at a Bury level.
- Site specific measurement for Bury ladies is difficult to obtain.
- Bury needs to maintain connections to GM and Regional networks.
- Potential impact of ongoing industrial action.
- Potential impact of further increases in COVID-19.
- Inter-connectivity with other programme area and their particular challenges.

2.6 Mental Health (MH)

Plan Objectives and Requirements

- Continue to achieve the Mental Health Investment Standard (MHIS) by increasing expenditure on MH services by more than allocations growth.
- Develop workforce plan to support delivery, working closely with ICS partners, including VCSE sectors.
- Improve MH data to evidence expansion and transformation of MH services.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Improve access to MH support for CYP in line with the national ambition for 345000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	3274 (6.5% population share of ICB target)	49351 (GM)	Dec 22: 2790 v Q3 target of 2763 (rolling 12 mths). *Source:* MHSDS Monthly Statistics
Increase the number of adults and older adults accessing IAPT treatment	6553 (1638 per quarter) (Bury LTP target)	86043 (GM)	Q1: 1020; Q2: 985; Q3: 990 v quarterly target of 1604 *Source:* Monthly IAPT Statistics
Achieve a 5% year on year increase in the number of adults and older adults supported by community MH services	1335 (Bury LTP target)	21000 (GM)	Rolling 12 mths to Dec 22: 1130 (2+ contacts) *Source:* MHSDS Monthly Statistics
Work towards eliminating inappropriate adult acute out of area placements (OAP)	TBC	11800 (GM)	Bury has the 2nd highest level of inappropriate OAP bed days in GM. 94% of Bury's OAP have been reported as inappropriate. *Source:* NHS Futures Out of Area Placement Report
Recover the dementia diagnosis rate to 66.7%	66.7%	66.7%	Consistently achieved in Bury. Jan 23: 76.1% *Source:* NHS Futures Dementia Diagnosis Report
Improve access to perinatal MH services	240 (Bury LTP target)	2600 (GM)	160 in rolling 12 mths to Dec v 22/23 target of 235. Access rate of 6.7% v 10% target. (GM: 6.2%). *Source:* Perinatal MH Dashboard

Bury Plan for 2023-24

- **Overview**
  - Bury has a three-year locality MH Strategy and delivery plan developed in consultation with commissioners, NHS providers, the Local Authority, VCSE organisations and other stakeholders. The strategy focused on the delivery of the NHS LTP requirements and Operational Planning Guidance. Implementation of the strategy is led by an integrated MH Programme Board whose membership includes GM ICB and VCSE representation and this is reflected in the delivery sub-groups.
  - A Bury Locality Workforce Strategy is being developed in partnership with all health and care system partners (including VCSE) to identify the key workforce priorities in line with the GM People and Culture workforce strategy. This will cover the five GM key priority areas of: Integrated Working, Good Employment, Wellbeing, Inclusion, Recruitment and Development.
  - The Bury MH Programme Board routinely reviews a dashboard of key activity, performance and quality metrics. This will be further developed over the coming year to evidence firstly that the strategy is being implemented and, secondly, the impact on services and patients.

- **Improve access to MH support for children and young people (CYP:**
  - Working with key VCSE providers, Bury Child and Adolescent Mental Health Service (CAMHS) has recently implemented a SPOA for referrals with routine triage.
  - The intention is to work over 2023-24 to:
    - Improve the provision of self-help and signposting information for children and families.
    - Develop a more integrated service offer across PCFT CAMHS and VCSE CYP MH providers so that more young people receive support at an earlier stage.
    - Progressively expand capacity and skill mix across the services where new investment will enable this.
    - Review the Neurodevelopmental pathways to identify opportunities to intervene earlier.
    - Improve the interface between CAMHS and primary care.
  - Implementation and performance will be monitored locally through the Bury CYP Bury Mental Health Strategy Group and MH Programme Board.

- **Increase the number of adults and older adults accessing Improving Access to Psychological Therapies (IAPT) treatment:**
  - This is one of the priorities in the Bury Mental Health Strategy and Delivery Plan.
  - A review of Healthy Minds, Bury's IAPT Service, has recently been completed (as part of a wider GM review) using IAPT system maturity and workforce tools.
  - PCFT have developed an improvement plan in response to the findings with a focus on supervision, training, case recording and looking at opportunities for redeployment of staff into core IAPT delivery to increase capacity.
  - It is acknowledged that Increasing capacity in Healthy Minds will be essential to achieving an improvement in access and referrals.

- **Increase in the number of adults and older adults supported by community MH services:**
  - A proposal for the redesign of Community Mental Health Services in the context of a Living Well model has been developed and a prototype of the Living Well model will be implemented in 2023-24. There will be additional staff appointed with an expanded skill mix including peer support workers. This work is being designed and co-ordinated in a collaborative way through the Living Well Collaborative and a Getting Help & Getting More Help Steering Group which includes the involvement of a lived experience partner.
  - The locality will continue to work closely with the GM ICB to develop and mobilise new models of care.
  - Implementation and performance will be monitored locally via the Bury MH Programme Board.

- **Work towards eliminating inappropriate adult acute out of area placements:**
  - PCFT have introduced revised gatekeeping criteria across their footprint.
  - PCFT Delayed Transfer of Care (DTOC) workers are in post and focus on supporting timely discharge from acute wards. The trust will continue to work closely with the NW Bed Bureau.
  - Work will continue on progressively developing the capacity and capability of the Crisis Resolution and Home Treatment Team (CRHTT), with the aim of achieving compliance with the CORE Crisis Resolution Team Fidelity Scale – Version 2.
  - Work will continue on developing crisis resolution and alternatives to admission provision involving both PCFT and VCSE partners.

- **Recover the dementia diagnosis rate to 66.7%:**
  - Bury has consistently achieved or exceeded the required diagnosis rate. This will continue to be closely monitored by the MH Programme Board with a focus on practice exception reporting and supporting remedial action and the reduction of unwarranted variation across practices.
  - Further consideration will be given to where additional training may be required to maintain skills in the GP workforce to sustain this performance.
  - Bury has established an integrated Dementia Steering Group which will be developing a work plan for 2023-24. The focus will be on improvement in line with the Bury MH Strategy, including improvement of the dementia care pathway in line with NICE guidelines and the NHSE Well Pathway for Dementia.
  - Continuing throughout 2023-24, there is an initiative running in the North Neighbourhood of Bury on improving dementia care. This includes improving advanced care planning for people with dementia in the last year of life, the implementation of an electronic dementia care record and promoting the use of the 'This is Me' resource.
  - The locality will continue to work closely with GM ICB in improving dementia care.

- **Improve access to perinatal MH services:**
  - In line with the LTP, there will be capacity expansion to include all women with moderate to severe or complex needs, including those associated with a diagnosis of 'personality disorder', eating disorders, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and trauma history. The service will also extend to 24 months after birth with Maternal Mental Health Services (MHHS) offering care to women who have experienced birth trauma or loss.
  - Increase in psychological professions staffing, delivering evidence-based psychological interventions, including parent-infant work and couples and family work.
  - Increasing access by reducing health inequalities will be a key consideration of plans to expand perinatal MH services.

- The Bury Perinatal MH service will work across wider GM MMHS to ensure the Bury population is supported to access the right service for each individual.

Challenges and Risk to Achievement

- **CYP:** Bury saw a 165% increase in CAMHS referrals in 2021-22 with the highest referral rate (per head of population) in GM. The recently completed gap analysis shows that 22 additional CAMHS practitioners would be required to meet demand. There is insufficient investment to expand the service to this extent and even if additional investment were secured recruitment of qualified CAMHS practitioners is likely to be a challenge.
- **Improving Access to Psychological Therapies (IAPT):** The recent audit of Bury IAPT services identified a shortfall of circa 9.9 WTE High Intensity Therapists (HIT). While some increased capacity could be achieved through redeployment and training, this is likely to continue to leave a gap to enable significantly more people to be seen by the service in a timely way. This is likely to require additional investment and there is a risk that the improvement target will not be met without this investment in additional capacity. There is an option to redeploy practitioners currently delivering the Enhanced Service in order to create more capacity within the Healthy Minds though this would leave a gap in provision for this group of patients.
- **Community MH Services:**
  - Additional investment in 2023-24 to support the implementation of Living well with some additional posts will not permit the implementation of the model across the whole Borough for which additional investment will be required.
  - A shortage in qualified practitioners is a limiting factor in service expansion. This also brings a risk of staff moving between services, thus creating new gaps.
- **Dementia:** While performance in Bury in relation to dementia diagnosis has traditionally exceeded the national target, it is recognised that there are significant capacity pressures in primary care with very high levels of demand. This has the potential to create a delivery risk.
- **Out of Area Placements:**
  - Recognised lack of capacity in acute MH inpatient beds and specialist care beds in GM.
  - Funding for some current DTOC support initiatives is scheduled to end in March 2023.
  - Additional investment will be required to significantly expand exisiting CRHTT provision and implement CRHT for older people. The shortage of qualified practitioners is also likely to be a limiting factor to delivering expanded capacity and creates the risk of leaving gaps in other service areas.

2.7 Learning Disabilities (LD)

Plan Objectives and Requirements

- Continue to improve the accuracy and increase size of GP LD registers.
- Develop integrated workforce plans for LD and autism workforce.
- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Ensure 75% of people aged over 14 on GP LD registers receive an annual health check (AHC) and health action plan by March 2024	75% by March 2024	28.3% (GM) *Figure to be reviewed*	Bury patients: 22/23 (Apr-Dec): 40.8% had AHC (GM: 49.4%). 36.3% had Health Action Plan (GM: 43.8%). Issue with register size noted below will impact these figures. *Source:* NHS Digital LD Data
Increase accuracy and size of GP LD Registers	N/A	TBC	Bury's LD register has increased by 6.8% between Dec 21 (1036) and Nov 22 (1106). Reporting issue noted in Dec and Jan with some GP practices omitted from published figures. *Source:* NHS Digital LD Data
Reduce reliance on inpatient care whilst improving quality	<30 adults per million <12-15 under 18s per million	12.6 per million (GM)	Adults: 3 x NHSE Commissioned (2 in active discharge planning) 2 x Local Commissioned (both in active discharge planning) Children: 1 (discussion underway through MALM)

Bury Plan for 2023-24

- Ambition to:
  - Improve take up of annual health checks (AHC), Vaccinations programme and cancer screening across the LD community.
  - Work collaboratively with GP practices with the support of the LD champions programme to improve accuracy of LD registers.
  - Effectively implement and evaluate the ‘Learning from lives and deaths of people with LD and autistic people’ (LeDeR).approach and ensure system wide commitment and ownership of action learnings and outcomes.
- The following shows key actions within Bury’s LD programme in 2022-23 and 2023-24:

2022-23	2023-24
Vaccination programme including seasonal flu and COVID-19 vaccination	Increasing uptake of cancer screening
Implementing LeDeR policy	Implementing and evaluating GM LeDeR approach
Implementing AHCs and ensuring quality of these	Hospital passports
Focus on health inequalities facing people from BAME communities	Healthy weight

Challenges and Risk to Achievement

- Bury’s Community Commissioning LD and/or Autism Team is a small but efficient team, generating cost savings and improvements across Bury for people with LD and/or Autism.
- Current recruitment freeze within GM ICS creating key risk due to vacant Commissioning Manager post. If this position is not filled, there will be negative impacts on vulnerable people in Bury and this will also lead to a reduction in output (including costs savings, achievement against local and national targets and quality improvement of services) and achieving NHS 5 year plan targets outlined above.
- In not recruiting, this creates an unmanageable workload which adds increased system pressure. It is essential to have appropriate staff resource in place to continue the good work and maintain system relationships established to deliver against the set priorities.

2.8 Children and Young People (CYP)

Plan Objectives and Requirements

- In the 2023/24 guidance, key CYP actions come from the interconnections with other programme areas, namely MH and LD and Prevention and Health Inequalities.

Key Actions: Mental Health
- Continue to achieve the MHIS by increasing expenditure on MH services.
- Develop workforce plan to support delivery.
- Improve MH data to evidence expansion and transformation of MH services.

Key Actions: Learning Disabilities
- Continue to improve the accuracy and increase size of GP LD registers (14 years and above).
- Develop integrated workforce plans for LD and autism workforce.
- Test and implement improvement in autism diagnostic assessment pathways.

Key Actions: Prevention and Health Inequalities
- Consider specific health inequality needs of CYP and reflect Core20PLUS5 in plans.

Baseline Position against Key Metrics

Mental Health

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Improve access to MH support for CYP in line with the national ambition for 345000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	3274 (6.5% population share of ICB target)	49351 (GM)	Dec 22: 2790 v Q3 target of 2763 (rolling 12 mths). *Source: MHSDS Monthly Statistics*

Learning Disabilities

Requirement	2023-24 Target	2023-24 GMICB Draft Plan	Current Performance
Ensure 75% of people aged over 14 on GP LD registers receive an annual health check (AHC) and health action plan by March 2024	75% by March 2024	28.3% (GM) *Figure to be reviewed*	Bury patients: 22/23 (Apr-Dec): 40.8% had AHC (GM: 49.4%). 36.3% had Health Action Plan (GM: 43.8%). Issue with register size noted below will impact these figures. *Source: NHS Digital LD Data*
Increase accuracy and size of GP LD Registers	N/A	TBC	Bury's LD register has increased by 6.8% between Dec 21 (1036) and Nov 22 (1106). Reporting issue noted in Dec and Jan with some GP practices omitted from published figures. *Source: NHS Digital LD Data*
Reduce reliance on inpatient care whilst improving quality	<30 adults per million <12-15 under 18s per million	12.6 per million (GM)	Adults: 3 x NHSE Commissioned (2 in active discharge planning) 2 x Local Commissioned (both in active discharge planning) Children: 1 (discussion underway through MALM)

Bury Plan for 2023-24

Although CYP is included within the MH section of this report to align with planning guidance, MH is just one of the key priority areas in CYP services that the Bury system will address over the coming year. A summary of the four priorities is included below:

- Mental Health:
  - Support system pressures, maximising investment opportunities, and ensure links exist with adult services.
  - Increase the THRIVE offer. This includes community based services, earlier intervention, prevention and increasing resilience.
  - MH campaign development to include engaging with CYP, parents and staff.
  - Oversee the Mental Health Support Teams (MHST) implementation and expansion.
- Special Educational Needs and Disabilities (SEND):
  - Preparation for OFSTED inspections.
  - Pathway reviews, including neurodevelopmental and transformation agenda.
  - Quality assurance of health input into Education, Health and Care (EHC) plans.
  - Manage cases with increased risk.
  - Early Years review, eg for those affected by COVID-19.
  - Work with parents and carers.
  - Ensure there is an Epilepsy Specialist Nurse and increase access to support alongside ensuring that those with LD or autism have support in the first year.
- Physical Health Inequalities, particularly those affected by COVID-19:
  - Respiratory (winter pressures).
  - Work with the NCA to review and manage system pressures and waiting lists.
  - Ensure recruitment to specialist long-term condition Nurses in Epilepsy and Asthma.
  - Review of Speech, Language and Communication Needs (SLCN) and manage obesity provision.
- Integration and Transformation to address health inequalities:
  - Implement the Core20Plus5 model to reduce healthcare inequalities for CYP and remain connected to the GM work which has a focus on primary and secondary prevention themes.
  - Identify the vulnerable groups across Bury and GM.
  - Family Hub pilot in East Bury. Wider integration between neighbourhood and locality working.
  - Expand direct access provision and pathways.

Challenges and Risk to Achievement

The Children's Strategic Partnership Board and Children's governance support wider integration though further progress is needed. Key challenges and risks to achievement of Bury's plan include:

- Further integration and transformation work needs to progress. System pressures in one area could hinder this approach.
- GM system maturity and decision making could be a challenge.
- Capacity and limited resource in Children's services means that the opportunity to effect change is reduced.
- Historical decisions mean that the Bury system needs more investment to become 'level-up'.

2.9 Health Inequalities / Population Health

Plan Objectives and Requirements

- Update plans for the prevention of ill-health and incorporate into joint forward plans, including continued focus on Cardio Vascular Disease (CVD) prevention, diabetes and smoking cessation. Plans should:
  - Build on the successful innovation and partnership working that characterised the COVID vaccinations programme and consider best use of new technology, eg home testing.
  - Have due regard to the government's Women's Health Strategy.
  - Continue to deliver against the five strategic priorities for tackling health inequalities and:
    - Take a quality improvement approach to addressing health inequalities and reflect Core20PLUS5.
    - Consider specific needs of CYP and reflect Core20PLUS5 in plans.
    - Establish High Intensity Use services to support demand management in UEC.

Baseline Position against Key Metrics

Requirement	2023-24 Target	2023-24 GM Assumptions	Current Performance
Increase % of patients with hypertension treated to NICE guidance to 77% by March 2024	77% by March 2024	TBC	
Increase % of patients aged between 25 and 84 yrs with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	60%	TBC	
Continue to address health inequalities and deliver on the Core20PLUS5 approach	n/a	TBC	

Bury Plan for 2023-24

- Support Primary Care and Primary Care Networks (PCN) in the development and delivery of secondary prevention plans which will identify and support people with or at risk of CVD with evidence-based interventions. This will include improving diagnosis rates across deprived and ethnic minority communities.
- Support Primary Care and PCNs to improve screening uptake for cervical cancer (all PCNs) and Bowel Cancer (Bury PCN). Improve provision of NHS health checks.
- Continued oversight and coordination of all the diabetes groups. Agreed plans to spend recovery money on identified priority care processes. Increase referrals to the National Diabetes Prevention Programme (NDPP).
- Provide focused interventions promoting smoking cessation including targeted support for groups experiencing inequalities e.g., offering those with severe and enduring MH issues behavioural support including e-cigarettes, and targeted outreach to communities and groups with known high smoking rates e.g. large employers with significant numbers of staff in routine and manual labour.
- Continue to work closely with FGH on the delivery of the CURE programme and provide a robust pathway into community stop smoking support.

- Work closely with NHS GM commissioners and local vaccine providers to make sure inequalities are central to all our vaccination programmes going forward and utilise learning from our experience of COVID-19 vaccinations (including using localised data and community insight to shape our response). Roll out COVID-19 spring and autumn boosters. Plans to improve uptake of shingles, pneumococcal, MMR, and polio vaccines.
- Ensure our family and young people services e.g. health visiting and holding families programmes, are delivered in a proportionate way to ensure the needs of our communities experiencing inequalities are adequately met.

Challenges and Risk to Achievement

- Primary Care are extremely busy with reactive work which could impact their ability to deliver the proactive primary and secondary prevention work.

3 Escalations from Locality Board and CSPB – Placeholder

Board	Escalation	Mitigation	Actions

4 Recommendations

It is recommended that the Locality Board receives this report and acknowledges the work of the programme areas to ensure alignment with the NHS operating plan for 2023-24.

Susan Sawbridge
Head of Performance
March 2023