

Meeting: Locality Board			
Meeting Date	05 June 2023	Action	Receive
Item No.	4	Confidential	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale, Place Based Lead		
Clinical Lead	Dr Cathy Fines		

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

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

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

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

Governance and Reporting		
Meeting	Date	Outcome
N/A		

1. **NHS GM Staff Consultation**

The formal consultation with NHS GM staff about staffing structures at both GM and locality level closed on 31st May. Following the end of consultation work will be undertaken to assess the outcome of the consultation, finalise the locality allocation, and finalise the process for pooling and filling posts by June. Filling of posts will commence in July and is intended to be largely complete by August. May I take this opportunity of thanking NHS GM (Bury) staff for their ongoing commitment and dedication to the work during this period of uncertainty.

2. **Bury Integrated Delivery Collaborative**

Kath Wynne Jones will provide an update on the work of the Integrated Delivery Board and wider Collaborative in her report later on the agenda. But may I thank colleagues across the system for getting us to the point where we have clarity on the SRO and Clinical leadership of each of the programmes overseen by the IDCB. A workshop was held on 16th May to step closer to clarity on not only leadership but 2 or 3 key priorities for each programme and the alignment of financial and activity information. A model of dispersed leadership across all partners for the work we do together is a positive place to be in. Further work is required to clarify the relationship to GM wide System Boards and programmes from each of our local programmes.

3. **Palliative and End of Life Care Summit**

Our palliative and End of Life Care programme is jointly led by Helen Lockwood – CEO Bury Hospice, and David Thorpe – Director of Nursing NCA Bury. Building on the outcomes of the preceding 5-year strategy a summit will be held on 28th June to frame the next steps in the transformational of palliative and end of life care services in the borough. Invites will be circulated in due course.

4. **PWC Report**

Colleagues will be aware that in the light of a very challenging financial position for the NHS in GM in this year 23/24, NHS GM has commissioned a report from PWC to identify opportunities for reducing costs. This report will be made available through the locality board when finalised. Key initial findings focus on issues around workforce, acuity and complexity, demand for services, the equity and utilisation of community-based services, and opportunities of back-office function alignment and aggregation.

A key element of the work will be to assess further opportunities to improve outcomes for residents, improve prevention and early intervention, and avoid unnecessary attendance at, or admission to hospital services, and to improve flow out of hospital. Colleagues across the Bury partnership have worked to identify some key lines of activity - on non-elective admission, elective admissions, ED attendances, delayed discharges and out of area placements, and this report is provided later on the agenda for retrospective approval. May I thank colleagues who have worked on this in a positive and system-based way.

5. Carnell Farrar Report

At the last Locality Board colleagues from CF attended to understand the way in which the locality board works in relation to the wider NHS GM ICB architecture. An Executive Summary of the CF report was circulated on 31/5/2023 and can be found on the Bury ICP website for reference on the Resources page: ([Healthcare News & Resources | Bury Integrated Care Partnership](#)). The report makes a series of observations on the themes of commitment, alignment, and direction. There are eight recommendations broadly focused on strengthening the clarity on decision making and accountability in the GM ICS – reflective of the work of Locality Boards, Provide Boards, System Boards, the GM ICB and the Joint Planning and Delivery Group. In circulating the report Mark Fisher recognised the review offered challenging findings which were nevertheless welcome as the ICS and ICB matures. Mark recognised 2 key priorities:

1. The development of an ‘Integrated Strategic Delivery Plan’ which will link the totality of our ICP strategy and our more immediate plans – Warren Heppolette is progressing this agenda through the work on the Joint Forward Plan (see below)
2. Clarification of the Operating Model - bringing greater precision to the roles of the ICB, localities, PFB and the system boards.

We will look to bring key themes from the report. both back to the Locality Board in due course and propose any amendments to the operation of the Bury Locality Board as required.

6. Joint Forward Plan

On 31st May Warren Heppolette – Chief Officer Strategy and Innovation, circulated an engagement draft of the Joint Forward Plan for the ICS. The papers have been circulated at short notice to locality board members and can also be seen on the Bury Integrated Care Partnership Website on the Resources page: ([Healthcare News & Resources | Bury Integrated Care Partnership](#)). The closing date for responses to the engagement draft is 26th June.

7. GP Services in Bury.

The meeting will recall a presentation at the last meeting on the GM primary care blueprint. A draft version of the final blueprint is available for consideration and has been discussed at the BICP GP Collaborative meeting on 17th May and the Clinical and Professional Senate on 31/5/23. The Locality Board should be assured that the blueprint provides context to, and aligns, with the outcome of the GP Workshop held in Bury in March and for which a key implementation plan has been agreed and developed.

An initial version of the PWC report referred to above has suggested a relative under staffing and under funding of GP services in Bury but further analysis is being undertaken to validate the figures used and the results are awaited. The draft PWC report did also provisionally indicate that the relative utilisation of some acute services (non-elective admissions, elective admissions, outpatients and A&E attendances) is relatively lower in Bury compared to other parts of GM, which suggests GP services are both available and using secondary care services appropriately.

8. Intermediate Care Services

Through the urgent care board, a piece of work is being undertaken to ensure we have right sized and balanced across the spectrum of need the provision of intermediate care services, particularly bed-based

provision. We are pleased to welcome Ian Mello back to Bury on a temporary basis who will be leading this important piece of work reporting to the urgent care board.

9. **Statutory Meetings:** This report will routinely update the locality board on the work of the Health and Adult Care Scrutiny Committee and the Health and Well Being Board. Neither meeting has met since the last Locality Board but the Council at its first meeting of the municipal year held on 24th May has confirmed the leadership appointment for each function.

10. National Front Runner Discharge Programme

The locality board will be aware that the 4 localities partnership – describing the joint work of partners across Salford, Bury, Oldham and Rochdale and with NCA – was successful in becoming a national front runner testing new models of hospital discharge planning. Lindsey Darley leads this programme of work, which has two key themes – reviewing the discharge arrangements for those with complex dementia and focusing on a strengths-based approach to reduce deconditioning and promote independence in the hospital. Colleagues in Bury have embraced the opportunity of this focal point on discharge and evidence of improved outcomes is beginning to be evident in trial wards. A workshop held on 12/5/23 confirmed leadership and operational commitment to the programme in Bury.

11. Transforming Care Programme.

The Locality Board will be aware of this programme intended to significantly reduce the number of people with learning disabilities in long term institutional care and supported to be part of communities. It is very heartening to see Bury performs very highly compared to other GM localities on this indicator and I would like to thank colleagues in Bury and across GM for making such good progress.

12. Team Bury Partnership Arrangements.

The Locality Board, and the Health and Well Being Board (operating as a standing committee on health inequalities) sits as part of the Team Bury partnerships – driving forward our collective ambition for residents in the borough. Attached as Appendix 1 is confirmation of the other key partnership arrangements. Thank you to all colleagues in the Bury health and care system for their commitment and support to many aspects of these arrangements.

13. GM Urgent Care System Tier 1 Support

NHS England have placed all integrated care systems in to one of three ‘tiers’, based on their urgent and emergency care performance, specifically A&E waits, and ambulance response times. GM along with approximately seven other systems, have been placed in Tier 1, which means we have been assessed as having the most challenges. Mark Fisher as Chief Executive of NHS GM has indicated that this is not surprising some key challenges to the GM system, and also it is not unwelcomed, as it now means we will be offered the highest level of support, advice, and guidance in addition to the resources we have already mobilised to help our system improve.

The locality board has previously been briefed on the relatively good performance of the urgent care system in Bury as determined by benchmarked performance on for example A&E waiting times, Ambulance turnaround times at FGH, and the numbers of ‘days kept away from home patients. We would also recognise that pressures in the urgent care system are evident in other key sectors such as primary care, mental health services, and Community health services, and in social care provision.

Our position in Bury will be to recognise good progress, to note improvement opportunities (e.g via the

national discharge programme) but also benefit from the improvement and learning opportunities of the Tier 1 support at a GM level.

14. Jo Fawcus

Finally, may I offer my congratulations to Jo on her appointment to the substantive role of Chief Operating Officer of Bury Care Organisation in the NCA following an excellent interim period of work. Jo has been a great asset to the Bury system and along with other colleagues brings a resilient and talented team together and with a mindset of partnership and engagement that is most welcome as we drive our transformation programmes forward together.

Lynne Ridsdale
Place Based Lead
June 2022

Appendix 1 – Team Bury Partnership Arrangements.

Bury Partnership Arrangements

