

Meeting: Bury Locality Board			
Meeting Date	3 July 2023	Action	Receive
Item No.		Confidential	No
Title	Bury Health and Care Outcomes and Performance Report		
Presented by	Will Blandamer, Deputy Place Based Lead		
Author	Helen Smith, Head of Strategic Intelligence and Performance		
Clinical Lead	-		

Executive Summary

This paper is a trial of new reporting for Locality Board during 2023 following feedback at the end of last year. A review of products that are provided across the refreshed Health and Care Governance in the locality which has identified where reporting can be either streamlined, aligned with GM reporting or where there are gaps for new products to be produced. This report will provide a high level activity and demand summary of the key work areas along with a placeholder and opportunity to escalate issues from both the IDC Board and the Childrens Strategic Partnership Board.

Recommendations

It is recommended that the Locality Board:

- Acknowledge the current performance across the system
- Provide feedback on the new style of reporting
- Agree to this new style of reporting going forward

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 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 type="checkbox"/>
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	<input type="checkbox"/>

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input 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:						
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 checked="" type="checkbox"/>	N/A	<input 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

Bury Health and Care Outcome and Performance Report

1. Introduction

This paper is a trial of new reporting for Locality Board during 2023 following feedback at the end of last year. It provides a summary of the activity around reviewing the performance products available through alignment of reporting with NHS GM ICS. It also provides a high level summary of current demand and activity across health and social care.

2. Product Review Update

Further work has taken place with the IDC attending a programme workshop to support further development of programme measures. These measures will be included in the placeholders below alongside reporting for the IDC.

An initial draft of the GM Performance Framework has been sighted and will be circulated separately for consultation across the health and care governance system.

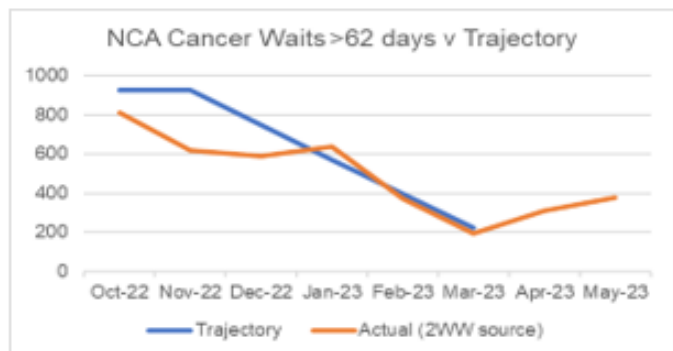
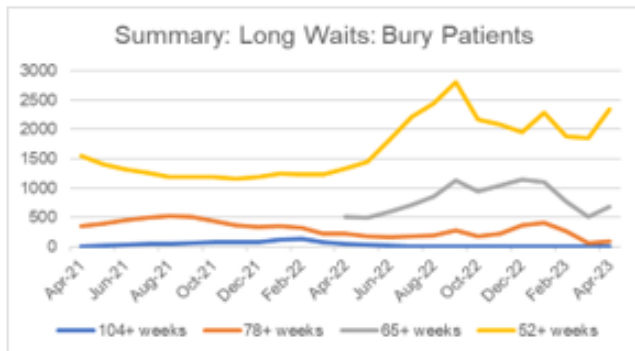
The refreshed internal dashboard for this month is attached below.



Performance
Dashboard_2023_24_

3. Locality Board Performance Overview

Elective Care and Cancer

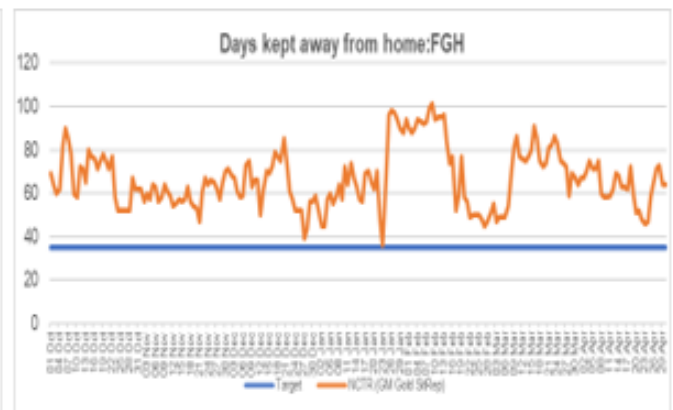
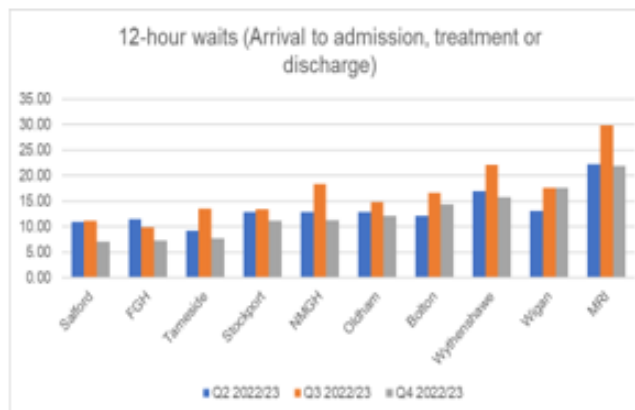


Source: [Local Integrated Care Dashboard](#)

Source: [Locality Board data source](#)

- Oct, Nov & Dec elective waits impacted by lack of MFT data. Published Apr data now includes MFT and does show a 9.59% increase in vta list compared to Mar 23.
- Immediate target is to eliminate 78+ week waits by Apr 23. These have increased on Mar figure by 34.3% in Apr. Primarily the increase is across ENT and 'Others' specialties GM expected there to be approx 675 78+ week waits at end of March, figures show there are 1054.

Urgent Care



Source: [Local Urgent Care reporting](#)

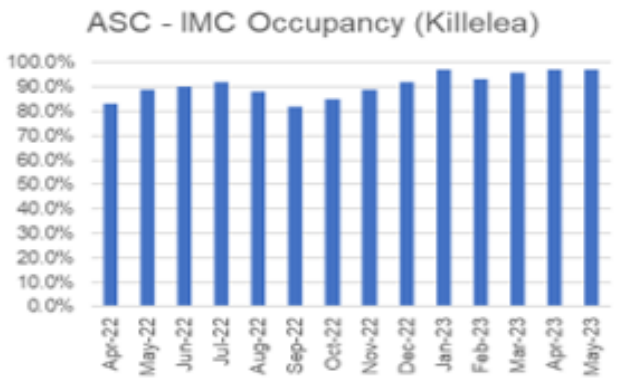
Source: [Local Urgent Care reporting](#)

Greater Manchester Urgent Care Summary: Week Ending 28/05/2023											
	Bolton	Bury	Oldham	Salford	Stockport	M&GH	MTR	Wigan	Wythenshawe	Tameside	GM
Total Performance (M Type)	63.7%	63.4%	68.0%	68.0%	77.1%	66.9%	73.1%	71.2%			
A&E Performance (Type 1)	57.0%	66.7%	65.0%	56.6%	68.0%	47.7%	65.0%	70.6%	54.5%	57.1%	61.0%
ED Performance (Type 2)	8.5%	3.8%	8.4%	8.5%	4.7%	0.0%	9.2%	8.7%	4.1%	8.2%	5.2%
M&GH Average Turnaround Time	28.59	29.55	29.09	22.96	31.17	30.94	28.11	30.03	30.35	25.26	28.53
Bed Occupancy	93.4%	93.7%	96.0%	94.8%	93.6%	97.9%	92.0%	93.4%	92.5%	93.9%	93.0%
20 or less of 100 Beds	47.2%	46.0%	42.0%	49.5%	49.2%	54.0%	0.0%	53.0%	50.0%	46.0%	47.2%
21 or more of 100 Beds	52.7%	54.0%	58.0%	50.5%	50.8%	46.0%	0.0%	47.0%	50.0%	54.0%	52.8%
Medical Outliers as % of beds	1.52%	0.00%	1.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

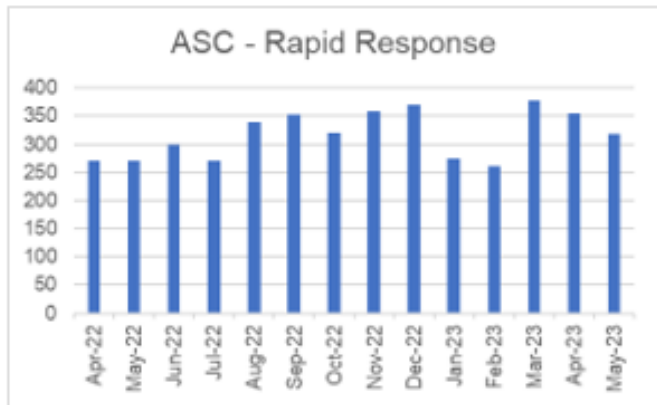
Source: [Bury UM Weekly Dashboard](#)

- Reg for <2% of A&E waits to exceed 12 hours. FGH best adult site in GM in Q3. In Q4, FGH is 2nd best behind Salford.
- DKAFH target of 35 for FGH achieved just once in 22/23. Average in Apr decreased slightly to 63 per day from 70 in Mar. Most DKAFH assigned to pathway 1 (care in own home) or 2 (residential care).
- Type 1, 4 Hour performance at 66.7% (4th best in GM), Bed occupancy at 93.7% and 0% medical outliers at the end of May.

Adult Social Care



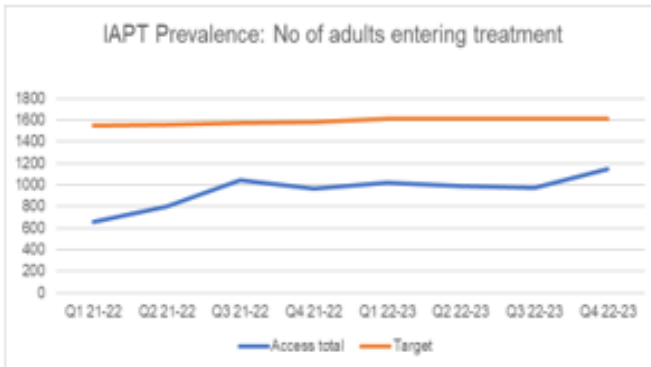
Source: [Locality Board data source](#)



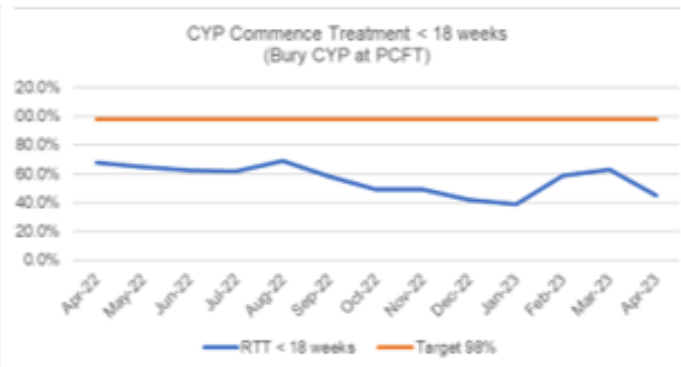
Source: [Locality Board data source](#)

- IMC bed occupancy has returned to normal levels following reduction linked to COVID-19 related closures, with a current length of stay of 47 days.
- Bury's Rapid Response team has seen a reduction in May (318) from Apr (354).

Mental Health (Adults and Children)



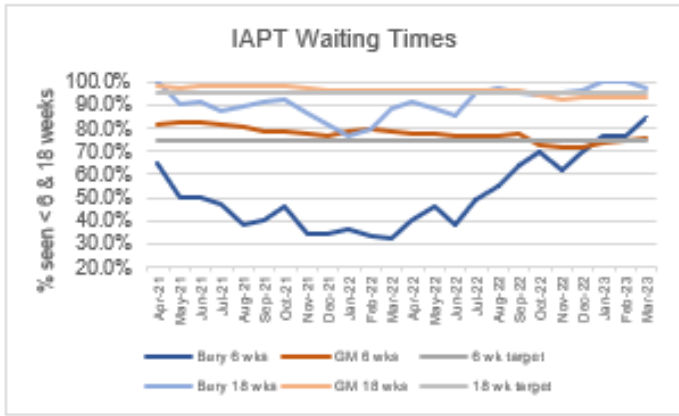
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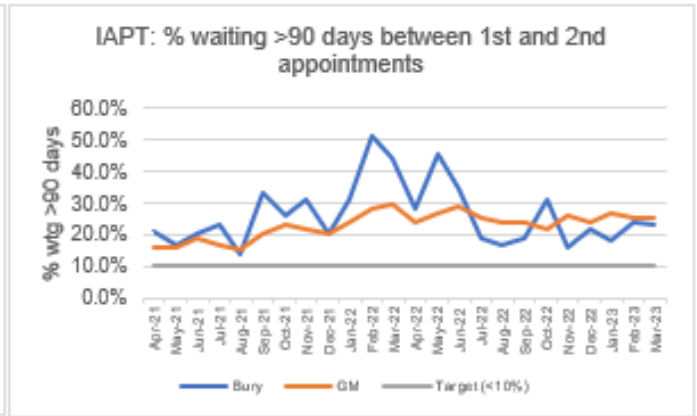
Source: [Locality Board data source](#)

- Indicative PCFT IAPT data used for Q2 due to national data issues following transition to ICS structure. Bury's IAPT access continues to be significantly below required level, although Q4 has seen an increase on Q3. System Maturity Tool has been completed and recommendations are currently under review.
- A decline in the proportion of CYP commencing treatment within 18 weeks has been seen at PCFT across 2022/23 and reflects the increasing demand seen since COVID-19. A joint proposed investment plan has been developed for the Bury system which, if approved, would see increased clinical capacity within the core CAMHS service. April has seen a decrease from Mar.

Mental Health (Getting Help/Getting More Help)



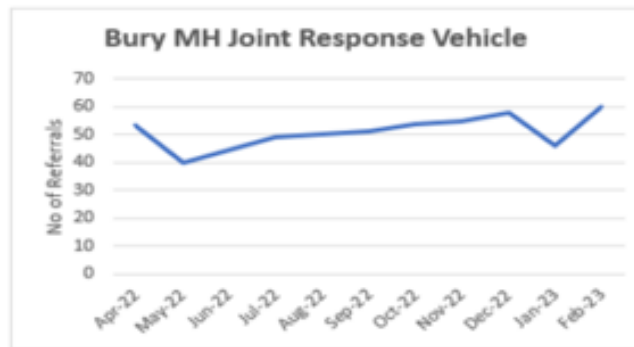
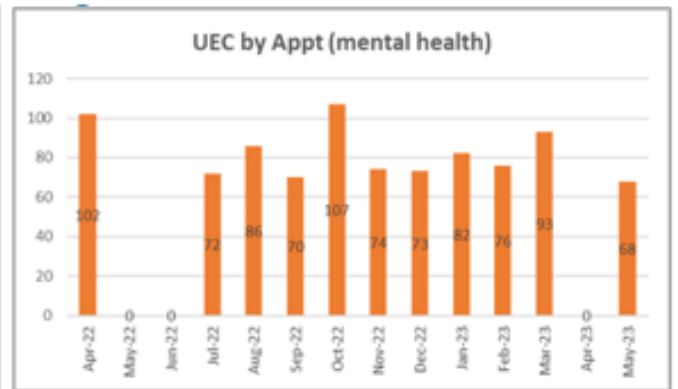
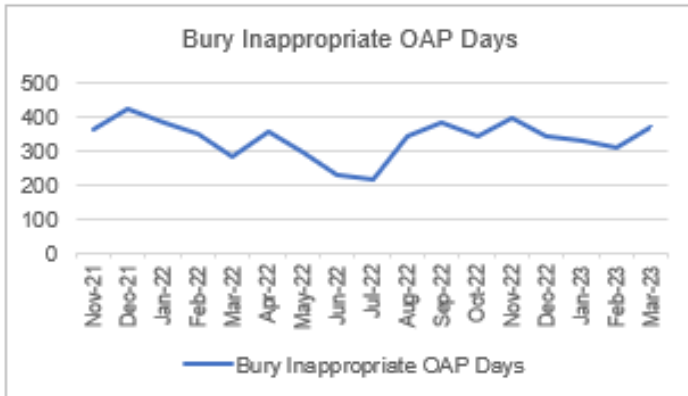
Source: [Locality Board data source](#)



Source: [Locality Board data source](#)

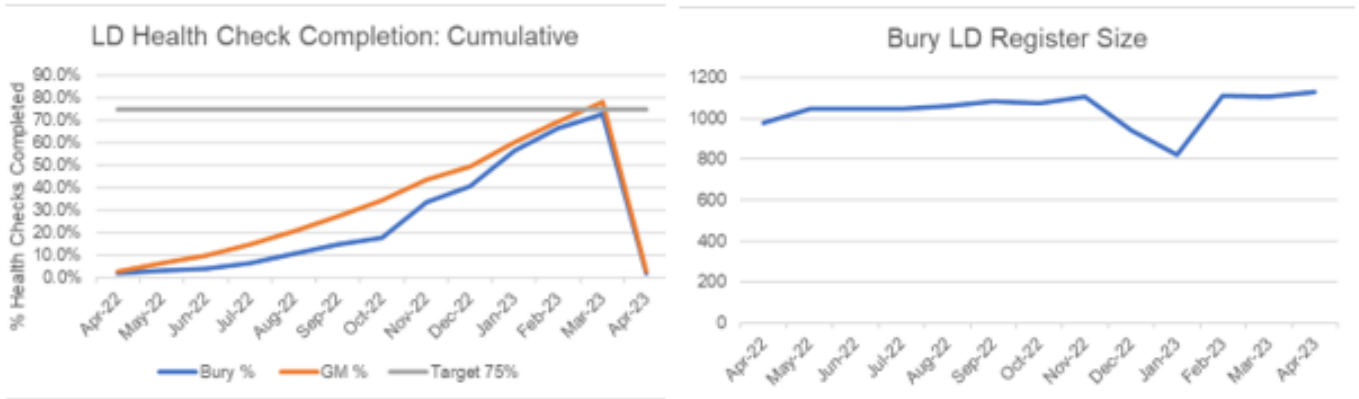
- IAPT Waiting times: Both 6 and 18 week waits usually worse than GM though signs of improvement in recent months. Bury 6 wks performance (85.0%) was better than GM (76.1%) in Mar and the 18 wk target was achieved for the third time in 22/23 (Jan/Feb/Mar).
- IAPT Secondary Waits: With the exception of Oct & Dec, significant improvement for Bury patients since July and now largely tracking better than GM.

Mental Health (Acute Risk and Crisis)



- Out of Area Placements (OAP): Bury has the 2nd highest number of reported inappropriate out of area placement days in GM in 22/23, accounting for 94.5% of the borough's total OAP.
- UEC by Appt continues to offer an alternative to ED presentation, allowing planned appointments for individuals who would otherwise be assessed by the MH Liaison Team. The service continues to divert suitable service users safely away from ED for a community-based appointment.
- MH Joint Response Vehicle: 64 referrals in May - 10 diverted from LMHT, 1 diverted from MHJRV, 0 diverted via GMCAS, Remainder Primary Care, Local Authority and Police. Commissioned until the end of July. A full time MH Liaison practitioner is seconded to the service currently. A full evaluation of the trust wide initiative has been completed and presented to the board. This includes service user feedback, frontline staff feedback and an analysis of s136 data.

Learning Disabilities

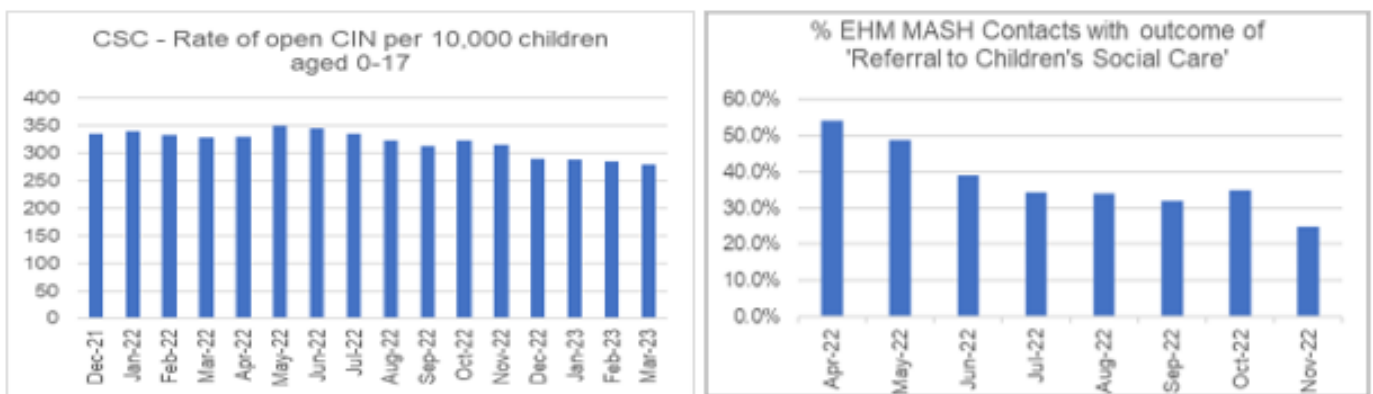


Source: [Locality Board data source](#)

Source: [Locality Board data source](#)

- LD Health checks: The cumulative position in 23/24 to Apr shows 2.0% of Bury patients to have received an AHC (though this is based on an incomplete register size as noted in the point below). This compares to 2.9% for GM. Most AHC tend to take place in Q4.
- LD Register: Requirement also to increase the LD register size. Register has increased by 15.4% in the 12 mths to Apr 23 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been highlighted to the primary care team. Register size has increased from Mar.

Children's Social Care Services



Source: [Locality Board data source](#)

Source: [Locality Board data source](#)

- Rate of open CIN's has decreased since Nov each month up to Apr.
- % EHM MASH contacts decreased to 24.9% in Nov from 34.8% in Oct.

Complex Care



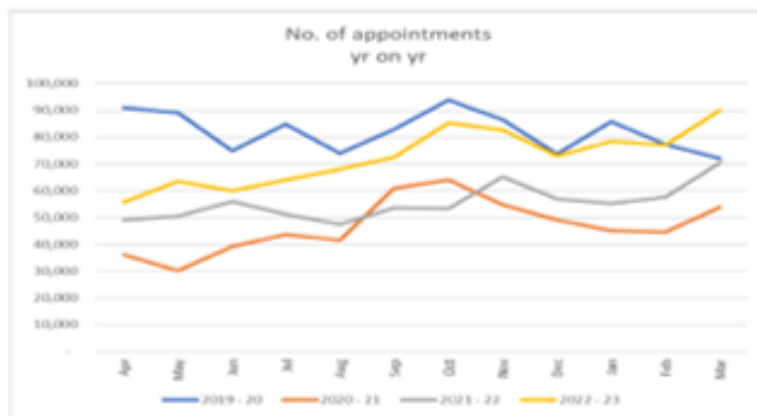
Neighbourhood Health and Care



Community Health Services



Primary Care

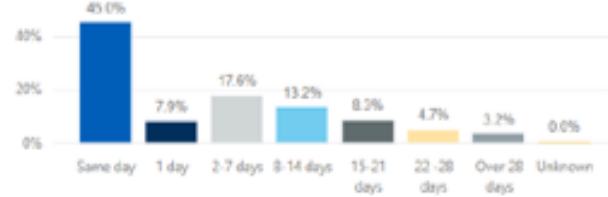


Appointment status (all)
Appointment mode (all)
Healthcare Professional (all)

Percentage of appointments by Time between Booking and Appointment - Nationally



For selected geography



GM = 43% Same day, 8.6% 1, 18.5% 2-7, 12.9% 8-14, 7.7% 15-21, 5.2% 22-28, 4% Over 28 days, 0.1% unknown

Source: [GP Performance Report](#)

- As a borough we continue to see a rise in appointment numbers being captured through GPAD. This month practices offered 19,627 more appointments than in the same month during 2021/2022, even before taking into consideration online consultations which are not yet captured through GPAD.
- As of March 2023, Bury was offering 69.7% of appointments face to face, (a decrease of 5% on February) compared to 70.1% nationally (who saw a 0.2% increase on the previous month) and 70.2% GM (who saw a decrease of 0.7%)

Palliative and EOL



Frailty



Diabetes



4. Escalations from IDC Board and CSPB – Placeholder

Board	Escalation	Mitigation	Actions

5. Recommendations

The Board are asked to note the contents of this report.

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June 2023