



Meeting: <b>Locality Board</b>			
Meeting Date	04 September 2023	Action	Receive
Item No.		Confidential	No
Title	Update on Locality Board priorities		
Presented By	Will Blandamer – Deputy Place Based Lead		
Clinical Lead	Dr Cathy Fines		

Executive Summary
To provide a high-level overview of priorities identified for the Locality Board.
Recommendations
The Locality Board is asked to note the update.

Links to Strategic Objectives	
<b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>	<input checked="" type="checkbox"/>
<b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>	<input checked="" type="checkbox"/>
<b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b>	<input checked="" type="checkbox"/>
<b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>	<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		

## Background

1. In the July meeting of the Locality Board, the Board considered a paper proposing a small set of key priorities for the locality board over the year 23/24.
2. The Locality Board recognised that it tasks the Integrated Delivery Board with holding to account the work of each of its 11 programmes that together describe the operation of the Health and Care System in Bury. However, the Locality Board should do only what it can uniquely do, in the knowledge that the IDCB is doing its work, assured by not only the IDCB Chief Officer report but also the performance, quality assurance, and finance reports to the Locality Board
3. The locality board wished to concentrate on a small number of key areas of focus and against which progress will be measured and around which the partnership will gather at a senior and strategic level.
4. This paper reconfirms the agreed 5 priorities, highlights the work being undertaken on each, and will provide an overview of reporting back to the Locality Board.

## 5 Priorities

The following were the agreed priorities

	Priority	Strategic Forum
1.	<b>The first thousand days of a child's life</b> , including the alignment of multi-agency working on a neighbourhood footprint working with family hubs, and addressing capacity requirements in early years services in council and NHS provision.	Childrens Strategic Partnership Board
2.	<b>Right sizing and scoping Intermediate Care Capacity and wider community capacity</b> across the health and care system, connected to the implementation of national front runner programme on complex discharge and maximisation of independence.	Urgent Care Board
3.	<b>Sustainability of primary care provision</b> , particularly GP services but also understanding and working with others to mitigate the risks to dental, community pharmacy and optometric provision	GP Leadership Collaborative and Primary Care Commissioning Committee
4.	<b>Ensuring Services are delivered as efficiently</b> as possible, including reducing duplication. Streamlining processes, adopting technology	Programme of work to be established
5.	<b>Exploring opportunities to recruit and retain workforce capacity</b> in Bury organisations by demonstrating the opportunity for development and progression within the Bury Integrated Care Partnership – utilising the strengths of all organisations and in the context of NHS Work	Strategic Workforce Group

## 5. Updates

The following steps have been taken in addressing the key programmes identified.

### 1) First 1000 days of a child's life:

#### Overview

- Scoping paper considered by the July Childrens Strategic Partnership Board
- Start Well Sub-group charged with reviewing compliance against standardised national programme requirements
- Rooted to roll out plan of family hubs on a neighbourhood footprint – commencing with Bury East
- AQUA capacity secured to support the work of the Start Well Group in driving consistent understanding of compliance, strengths, and weaknesses.
- Transformation Capacity from within the Bury Integrated Care Partnership secured to host process mapping workshop.
- Strengthen working relationship to maternity services providers at Bolton FT and North Manchester FT
- Proposal on HV and SN capacity developed and presented to August Childrens Strategic Partnership Board.

#### Reporting to Locality Board

- Paper this month to the Locality Board on capacity constraints in Health Visiting and School Nursing Services, is an important element of this programme
- Future locality board to receive update on the outcome of the Start Well Sub-Group on the 1000 days process mapping
- Update on Family Hubs roll out to be presented to the Integrated Delivery Board.

#### Expectations of Locality Board Partners

- To ensure key stakeholders in each organisation are connected to the work of the Starting Well Sub-Group of the Childrens Strategic Partnership board to scope and process map the work.

#### Key Contacts

- The Starting Well Sub-group is chaired by Sandra Bruce – AD Early Help Services in the Council, and Rachel Davis – Public Health Programme Manager
- The Children's Strategic Partnership Board is jointly chaired by Jeanette Richards (Director of Childrens Services), and Will Blandamer (Exec Director, Health and Adult Care, and Deputy Place Based Lead)

### 2) Right Sizing Intermediate Care and Wider Community Capacity

#### Overview

- The initial scoping and researching best practice in intermediate care services has been completed
- The health and care system wide Project Delivery Group has met for the first time and produced a delivery plan to work to with all partners. Patient, Carer and family experience will shape and influence the work in designing new service models
- The work on Intermediate care Capacity will be reported to the Urgent Care Board in the first instance and the Project Specification was presented to the July IDCB

### **Reporting to Locality Board**

- An interim report will be presented to the Locality Board in November 2023

### **Expectations of Locality Board Partners**

- To engage and participate in the project to develop new pathways and enable the best possible Bury Intermediate Care provision

### **Key Contacts**

Ian Mello – [ian.mello@nhs.net](mailto:ian.mello@nhs.net)

## **3) Sustainability of Primary Care**

### **Overview**

Primary Care is made up of four disciplines:

- General Medical (GP Practices),
- Community Pharmacy
- Dental
- Optometry

Whilst the sustainability of Primary Care as a whole has been recognised as priority for the locality, due to historical arrangements, relationships and workstreams are more widely established with general medical providers than the other three disciplines. In line with the local General Practice Strategy and in partnership with general practice we co-produced an underpinning delivery plan identifying several priority actions.

Work to date includes:

- Capturing and theming requests that come into general practice which add no benefit to the patient (cutting bureaucracy). [NHS England » Supporting general practice, primary care networks and their teams through winter and beyond](#). e.g., managing DNAs, onward referral of patients, expediting letters; medication requests; shared care; Fit Notes etc. It is intended that these outputs will be presented at the various boards throughout September.
- Commissioning additional capacity to support periods of intense pressure through surge/sort monies
- Training and education programmes in line with needs analysis
- Fortnightly webinars which not only keep practices informed on key topics/changes but also give practices an opportunity to raise any questions/concerns
- Re-established the Practice Managers Forum as a key peer support network.
- Improved data extraction capability via EMIS enterprise which will inform quality improvement (one practice outstanding)
- Patient promotional videos shared which explain the 'Primary Care Family' – starting with a 'Who's who' in general practice.

### **Community Pharmacy**

- Discussions in train to establish areas of opportunity for reducing duplication between general medical and community pharmacy providers.

Dental and Optom links not yet made.

### **Reporting to Locality Board**

- Delivery against the General Practice Strategy is reported via the Integrated Delivery Collaborative highlight reporting process monthly.

### **Expectations of Locality Board Partners**

- Note the need to work with General Practice to implement changes in response to cutting bureaucracy outputs
- Support the implementation the primary care secondary care principles.
- Support the implementation of a Primary Care Provider Board where all Primary Care disciplines can raise and share their current and future needs.

### **Key Contacts**

General Practice Leadership Collaborative – Chaired by Mark Beesley and Senior Responsible Officer  
Primary Care Commissioning Committee – Chaired by Will Blandamer and facilitated by Helen Marshall  
Primary Care Clinical Leads – Cathy Fines and Kiran Patel

## **4) Ensuring Services are delivered as efficiently possible**

### **Overview**

- As the financial challenges within the economy and across Greater Manchester have become more significant, we have asked all SROs to turn their attention to potential economic savings within and across programme areas.
- A weekly task and finish group has been established with clinical and professional input to identify ideas which can be prioritised to support the releasing of efficiencies. This programme of work has been aligned to the 13 GM programmes of work.
- It is likely that the most efficiencies will be delivered by reducing duplication in services, simplifying the system and rationalising and making more efficient single points of access. Programmes of work are currently being scoped relating to:
  - Prescribing
  - Elective care
  - Complex care and care packages
  - Urgent Care: Falls and the intermediate tier
  - Estates
- Once the list of schemes has been finalised through September, we will align resource, governance and reporting arrangements to support delivery of these priorities. Some of these programmes will deliver efficiencies in 23/24, however, some will not deliver financial benefit until 24/25.
- There is also a significant programme of work to be undertaken to empower patients and support behaviour change such as utilisation of technology and improving processes for ordering repeat prescriptions, which is still to be defined
- In addition to this, we are planning a workforce engagement approach to understand other ideas on how to reduce bureaucracy and improve efficiency.

### **Reporting to Locality Board**

- A monthly update will be provided to the Locality Board through the IDC Chief Officer's update and through the monthly finance report

### **Expectations of Locality Board Partners**

- To proactively engage in the development and implementation of efficiency schemes
- To support the alignment of system capacity to deliver the key schemes
- To ensure organisational support of the key schemes, and unblock risks as they arise during implementation

### **Key Contacts**

Simon O'Hare – [s.ohare@nhs.net](mailto:s.ohare@nhs.net)

Kath Wynne-Jones – [kathryn.wynne-jones1@nhs.net](mailto:kathryn.wynne-jones1@nhs.net)

## **5) Exploring opportunities to recruit and retain workforce capacity**

### **Overview**

- The system wide Bury ICP Workforce Strategy has been developed collaboratively amongst IDC partners which include health and social care providers, voluntary sector and primary and secondary care. We have also engaged with PVI providers and staff side/trade union representatives.
- The strategy is aligned with Bury's "Let's Do It" strategy and the GM ICP People and Culture Strategy which was launched in March 2023. Recruitment and retention sit under the workforce priorities of a) Growing our workforce and b) Developing our workforce. Programme delivery groups are currently being established and will be functioning from Oct 2023.

### **Reporting to Locality Board**

- Workforce reports are produced for each Locality Board and will focus from October 2023 on the recruitment and retention initiatives.

### **Expectations of Locality Board Partners**

- To note the progress of the workforce strategy and acknowledge the delivery programmes in respect of recruitment and retention as determined by the system wide Strategic Workforce Group. The SWG reports directly to the IDC board.

### **Key Contacts**

Kat Sowden, SRO for workforce: [kat.sowden@personasupport.org](mailto:kat.sowden@personasupport.org)

Caroline Beirne, AD Workforce: [Caroline.Beirne1@nhs.net](mailto:Caroline.Beirne1@nhs.net)

Emma Arnold, Workforce Transformation lead: [Emma.Arnold1@nhs.net](mailto:Emma.Arnold1@nhs.net)