

Agenda

Locality Board – Meeting in Public

Date: 6 November 2023

Time: 4.00 pm – 6.00 pm

Venue: Council Chambers, Bury Town Hall, Knowsley Street, Bury

Chair: Dr Cathy Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.	4.00 – 4.05	5 mins	Welcome and apologies	Verbal	Information	Chair
2.			Declarations of Interest	Paper	Information	Chair
3.			Minutes of previous meeting held on 2 October 2023 including S 75 Agreement ratification	Paper	Approval	Chair
4.			Public Questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.	4.05 – 4.20	15 mins	Key Issues in Bury	Paper <i>(to follow)</i>	Discussion	Lynne Ridsdale
5.1			GM 6 monthly assurance	Paper	Approval	Will Blandamer
5.2			Locality Board Terms of Reference	Paper	Approval	Chair
Locality Board Priorities						
6.	4.20 – 4.30	10 mins	Update on Locality Board Priorities	Paper	Discussion	Will Blandamer
7.	4.30 – 4.40	10 mins	Locality Board Priority 1 – The first thousand and one days of a child's life	Paper	Discussion	Will Blandamer / Jeanette Richards
Integrated Delivery Collaborative Update						
8.	4.40 – 4.45	5 mins	Integrated Delivery Collaborative Update	Paper	Discussion	Kath Wynne-Jones
9.	4.45 – 5.15	30 mins	SEND Items			

9.1			NHS waiting times report	Presentation	Discussion	Jane Case / Jeanette Richards
9.2			Overview of mental health arrangements for CYP in the borough	Presentation	Information	Will Blandamer
'Quadruple Aims' Updates						
10.	5.15 – 5.25	10 mins	Strategic Finance Group Update	Paper <i>(to follow)</i>	Information	Sam Evans / Simon O'Hare
11.	5.25 – 5.35	10 mins	Performance Framework	Presentation	Information	Will Blandamer
12.	5.35 – 5.45	10 mins	Population Health & Wellbeing	Verbal	Information	Jon Hobday
13.	5.45 – 5.55	10 mins	System Assurance Committee	Paper	Information	Catherine Jackson
Closing Items						
14.	5.55 – 6.00	5 mins	Any Other Business	Verbal	Information	All

Date and time of next meeting in public

Monday, 4th December 2023, 5.00-6.00pm at Bury Training and Safety Centre, Hinds Ln, Bury BL8 2AL
(please note shortened business meeting due to Let's Do It Challenge! for members/partners taking place from 4.00pm).

If you wish to attend this meeting, please contact the Bury Corporate Team at: gmicb-bu.corporateoffice@nhs.net

If you would like to ask a question of the Bury Locality Board, please submit it by email to gmicb-bu.corporateoffice@nhs.net no later than **31 October 2023 at 12 noon**. Questions received after this time will be taken to the following meeting.

Please note that due to the limited time we have, we cannot respond to public questions within the Locality Board meeting. We will acknowledge all the questions we receive and will respond to them formally in writing within 20 days.

Meeting: Locality Board			
Meeting Date	6 November 2023	Action	Consider
Item No.	2	Confidential	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Corporate Affairs and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary
<p>NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).</p> <p>NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.</p> <p>The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.</p> <p>Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.</p> <p>In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.</p> <p>The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.</p> <p>There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.</p>

Recommendations
<p>It is recommended that the Locality Board:-</p> <ul style="list-style-type: none"> • Receive the latest Declarations of interest Register; • Consider whether there are any interests that may impact on the business to be transacted at the meeting on 6 November 2023 and • Provide any further updates to existing Declarations of Interest within the Register.

OUTCOME REQUIRED (Please Indicate)	Approval	Assurance	Discussion	Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input 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
N/A		

Locality Board

Name	Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	

Voting Members (in relation to Pooled Budget (between Bury Council & NHS GM) AND in relation to aligned and non-pooled budget)

Cllr Eamonn O'Brien	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor	X			Direct	Councillor			*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Young Christian Workers – Training & Development Team	X			Direct	Development Team			
		Labour Party		X		Direct	Member			
		Prestwich Arts College		X		Direct	Governor			
		Bury Corporate Parenting Board		X		Direct	Member			
		No Barriers Foundation		X		Direct	Trustee			
		CAFOD Salford		X		Direct	Member			
		Prestwich Methodist Youth Association		X		Direct	Trustee			
Cllr Tamoor Tariq	Deputy Leader and Executive Member for Health and Wellbeing	Bury Council - Councillor	X			Direct	Councillor	May-10	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Health Watch Oldham	X			Direct	Manager	Aug-20	Present	
		Pretty Little Thing				Indirect	Spouse		Present	
		Action Together CIC	X			Direct	Employed		Present	
		The Derby High School			X	Direct	Governor	Apr-18	Present	
		St Lukes Primary School		X		Direct	Member		Present	
		Unite the Union		X		Direct	Community Member	May-12	Present	
		Labour Party		X		Direct	Member	Jun-07	Present	
Cllr Lucy Smith	Executive Member of the Council for Children and Young People	Business in the Community	X			Direct		Jul-22	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		The Christie NHS Foundation Trust				Indirect	Related to spouse	Jul-22	Present	
		Labour Party		X		Direct	Member	Oct-92	Present	
		Community the Union		X		Direct	Member	2016	present	
		Socialist Health Association		X		Direct	Member	2018	present	
		Catholics for Labour		X		Direct	Member	2018	present	
		GMB Union		X		Direct	Member	2016	present	
Dr Cathy Fines	Senior Clinical Leader	GP Federation	X			Direct	Practice is a member	2013	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Tower Family Health Care	X			Direct	Member practice is part of Tower Health	2017	Present	
		Horizon Clinical Network	X			Direct	Practice is a member	2019	Present	
		Greater Manchester Foundation Trust				Indirect	Husband is employed		Present	
Catherine Jackson	Executive Nurse	NCA				Indirect	Partner is the Director of Patient Safety & Professional Standards at the NCA.	25.10.2021	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
Lynne Ridsdale	Chief Executive for Bury Council & Place Based Lead (GM ICS) Bury	Together Trust		X		Direct	Vice Chair	Jan-20	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting

Name	Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Sam Evans	Joint Executive Director of Finance/GM ICP Bury and Bury Council	Bury Council	X			Direct	Joint Role Held	05/05/2021	Present	Declaration of interest as per policy, declare in meetings where relevant. Actions required then to be agreed at the meeting by the Chair.
Warren Heppollette	Chief Officer for Strategy & Innovation, NHS GM	Greater Sport			X	Direct	Trustee	2018	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		FC United			X	Direct	Director	2021	Present	

Voting Members (in relation to aligned and non-pooled budget)										
TBC	Chair - IDCB									
Dr Vicki Howarth	Medical Director NCA (Bury)	Unilabs Ltd - Private Histopathology Service	x			Direct	Providing services as Consultant Histopathologist to the Alexandra Hospital,	2011	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Tameside and Glossop Integrated Care NHS Foundation Trust	x			Direct	Bank Consultant Histopathologist performing Coronial Post-Mortems for Manchester South Coroner	2015	Present	
Joanna Fawcus	Director of Operations, NCA	None Declared					Nil Interest			Declaration of interest as per policy
Heather Caudle	Chief Nurse, NCA	Joint Royal College of Physicians Training Board					Member of the Specialist Advisory Committee in Palliative Medicine. – 4 days per year		Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		National Mental Health Nurse Directors Forum					Alumi – Attendance at the annual conference		Present	
		The Shuri Network					Steering Group Member – Monthly 2 hour meeting		Present	
		Kingston University, London					Visiting professor		Present	
David Thorpe	Director of Nursing NCA	University of Surrey					Visiting professor		Present	
Dr Kiran Patel	Medical Director IDCB	Tower Family Health Care	X			Direct	GP Partner	Jul-18	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Bury GP Federation - Enhanced Primary Care Services	X			Direct	Medical Director	Apr-18	Present	
		Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments	X			Direct	Medical Director	1994	Present	
		Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments				Indirect	Spouse is a Shareholder	2012	Present	
		Tower Family Health Care				Indirect	Spouse is a Director	Jul-18	Present	
Sarah Preedy	Chief Operating Officer Pennine Care Foundation Trust									
Sophie Hargreaves	Manchester Foundation Trust	Manchester & Trafford LCO				Indirect	Spouse employed			*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting

Name	Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Helen Tomlinson	Chief Officer Bury VCFA	Bury One Commissioning Organisation			X	Indirect	Close family member is an employee at Bury One Commissioning Organisation	Nov-21	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
Will Blandamer	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford			X	Direct	Chairman	2018	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Manchester Football Association			X	Direct	Board Champion for Safeguarding	2018	Present	
		Manchester Foundation Trust (Trafford) & St Anne's Hospice (Cheadle)				Indirect	Spouse is a Community Nurse & Qualified Nurse	2022	Present	
		Liverpool University				Indirect	Daughter is a medical student	2022	Present	
		Leeds University				Indirect	Daughter is a medical student	2022	Present	
Jeanette Richards	Executive Director of Children and Young People, Bury Council	None Declared					Nil Interest		Present	Declaration of interest as per policy
Jon Hobday	Director of Public Health, Bury Council	None Declared					Nil Interest		present	Declaration of interest as per policy
Adrian Crook	Director of Adult Social Care and Community Services, Bury Council	Bolton Hospice			X		Trustee	Jul-05	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting

Non Voting Members										
Kath Wynne-Jones	Chief Officer, Bury IDC	KWJ Coaching and Consulting	X			Direct	Owner	09/06/2021	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
Ruth Passman	Chair of Bury Healthwatch	None Declared					Nil Interest			Declaration of interest as per policy
Catherine Wilkinson	Director of Finance, NCA	Age UK Lancs			X	Direct	Trustee and Treasurer for Age UK Lancs	May-18	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
TBC	Representative from the Primary Care Network (Lead)									

In attendance										
Cllr Mike Smith	Leader of Radcliffe First	Angles and Arches	X			Direct	Director	2009	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Anodising Colour				Indirect	Spouse is a lab technician	Jul-05	Present	
		Radcliffe First		X		Direct	Leader	2019	Present	
		Radcliffe Litter Pickers		X		Direct	Member	2019	Present	

Name	Current Position	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
		Growing Older Together		X		Direct	Member	2019	Present	asked to leave the meeting
Cllr Russell Bernstein	Cllr Bury Council, Conservative Leader	Bury Council	X			Direct	Councillor	May-21	Present	*Declaration of interest as per policy, *Declare in meetings where relevant, *Not to be sent papers where conflicted, *Not to be involved in any decision making where conflicted (which may then also involve the following action to be taken at a meeting); oRemaining present at the meeting but withdrawing from the discussion and voting capacity, oRemaining present at the meeting and participating in the discussion but not involved in any voting capacity. oBeing asked to leave the meeting
		Philips High School			X	Direct		Sep-19	Present	
		Bury and Whitefield Jewish Primary			X	Direct		May-21	Present	
		Conservative Party		X		Direct	Councillor	Jul-19	Present	

Meeting: Locality Board			
Meeting Date	06 November 2023	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Previous Meeting held on 2 October 2023 and action log		
Presented By	Cllr Eamonn O'Brien, Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead			

Executive Summary
The minutes of the Locality Board meeting held on 2 October 2023 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed.
Recommendations
It is recommended that the Locality Board:- <ul style="list-style-type: none"> • Approve the minutes of the previous meeting held as an accurate record; • Provide an update on the action listed in the log.

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input 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 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"/>



Implications						
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:						
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



Minutes

Date: Locality Board, 2 October 2023

Time: 4.00 p.m.

Venue: Microsoft Teams

Title	Minutes of the Locality Board		
Author	Emma Kennett		
Version	0.1		
Target Audience	Locality Board		
Date Created	October 2023		
Date of Issue	November 2023		
To be Agreed	November 2023		
Document Status (Draft/Final)	Draft		
Description	Locality Board Minutes		
Document History:			
Date	Version	Author	Notes
			Draft Minutes produced
			Submitted to Mr Blandamer for review.
Approved:			
Signature:			
		 Add name of Committee/Chair

Locality Board

MINUTES OF MEETING
<p>Locality Board Meeting in Public 2 October 2023 4.00 pm until 6.00 pm Chair – Cllr E O'Brien</p>

ATTENDANCE

Voting Members
<p>Cllr Eamonn O'Brien, Leader of Bury Council (Chair) Cllr Tamoor Tariq, Executive Member of the Council for Health and Wellbeing Cllr Lucy Smith, Executive Member of the Council for Children and Young People Ms Catherine Jackson , Executive Nurse Ms Lynne Ridsdale, Place Based Lead Mr Simon O'Hare, Associate Director of Finance GM ICP Bury Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GMIC) Ms Joanna Fawcus, Director of Operations, NCA Ms Heather Caudle, Group Chief Nursing Officer, NCA Mr David Thorpe, Director of Nursing, Bury Care Org (NCA) Dr Kiran Patel, Medical Director IDCB Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust Ms Helen Tomlinson, Chief Officer, Bury VCFA (Voluntary, Community, Faith & Social Enterprise) Mr Will Blandamer, Deputy Place Based Lead, Executive Director of Health and Care Ms Jeanette Richards, Executive Director of Children and Young People, Bury Council Mr Jon Hobday, Director of Public Health Mr Adrian Crook, Director of Adult Social Services and Community Commissioning</p>
Non-Voting Members
<p>Ms Catherine Wilkinson, Director of Finance, NCA Ms Ruth Whittingham, Head of Legal Services ,Bury Council Mr Anthony Hassall, Pennine Care NHS Foundation Trust Mr David Latham, GM ICP Bury Ms Caroline Beirne, GM ICP Bury Ms Kat Sowden, Managing Director, Persona</p>
Invited Members
<p>Cllr Mike Smith, Leader, Radcliffe First Cllr Gareth Staples-Jones, Labour Party Ms Philippa Braithwaite, Democratic Services (Minutes)</p>

MEETING NARRATIVE & OUTCOMES

1.	Welcome, Apologies And Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Dr Cathy Fines, Sam Evans, Dr Vicki Howarth, Sophie Hargreaves, Kath Wynne-Jones, Ruth Passman, and Cllr Russell Bernstein.

1.3	The meeting was declared quorate and commenced.		
2.	Declarations Of Interest		
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).		
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.		
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.		
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.		
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.		
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.		
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.		
2.8	Declarations of interest from last meeting held on 4 September 2023 No declarations to note.		
2.9	Declarations of interest from today's meeting 2 October 2023 None to declare other than what was detailed on the Declarations of Interest register submitted within the meeting pack.		
ID	Type	The Locality Board	Owner
D/10/01	Decision	Received the declaration of interest register.	

3.	Minutes Of The Last Meeting And Action Log		
3.1	The minutes from the Locality Board meeting held on 4 September 2023 were considered as a true and accurate reflection of the meeting.		
ID	Type	The Locality Board	Owner
D/10/02	Decision	Accepted the minutes from the previous meeting as a true and accurate reflection of the meeting.	

4.	Public Questions		
4.1	There were no public questions received.		
ID	Type	The Locality Board	Owner
D/10/03	Decision	Noted that there had been no public questions received.	

5. Place Based Lead Update			
5.1	<ul style="list-style-type: none"> Key issues in Bury <p>Lynne Ridsdale introduced her item, reporting that the SEND partnership board in Bury now had an independent Chair, Dr Cathy Hamer, and thanked Board Members for the positive discussion on SEND at the last meeting. Ms Ridsdale highlighted the challenging financial position of the NHS in GM, noting that partners from Bury are closely involved in the GM programme of work, with turnaround director Steven Hay co-ordinating processes of assurance, challenge, and review of the in-year position. Ms Ridsdale thanked colleagues for their positive work in addressing the financial challenges and Members noted the upcoming challenge of reduced availability of funding to support winter plans.</p>		
5.2	<p>The Board noted recent successes, including the Dementia Partnership Workshop, the National Front Runner Discharge programme, Bury Running Festival, and GP practices sustaining a considerable increase in the number of appointments over the past few months despite challenging circumstances both in demand and in workforce availability.</p>		
ID	Type	The Locality Board	Owner
D/10/04	Decision	Received the update.	

6. Update on Locality Board priorities			
6.1	<ul style="list-style-type: none"> Locality Workforce Strategy <p>Kat Sowden and Caroline Beirne gave a presentation on the Locality Workforce Strategy and the positioning Bury Locality's identity and workforce within the context of the wider Greater Manchester workforce ambition. It was noted that the strategy had received engagement of stakeholders from all relevant sectors across Bury and had been co-created to develop the foundations for collective implementation and delivery of this strategy, through adopting our partnership values of: Collaboration, Courage, Creativity, Integrity, Trust and Making a Difference.</p>		
6.2	<p>Members discussed the presentation, noting that problems were recognised as well as opportunities, and monitoring of outcomes would be crucial in understanding whether plans were successful. A question was raised as to how much could be addressed at a local level and what was more effectively managed at a GM level, and it was noted that this strategy reflected financial challenges, shifting and recalibrating proposals without changing the desired impact or outcomes.</p>		
6.3	<p>The Board noted that the success of the strategy was reliant on all partners engaging with, delivering and leading on the strategy; this would not be an easy fix, but was a starting point to put plans in place and monitor outcomes. The Board agreed that the next meeting held at the Fire and Rescue Centre, with Board Members undertaking the Let's Challenge (details to be circulated).</p>		
ID	Type	The Locality Board	Owner
D/10/05	Decision	Received the update, and undertook to hold the next meeting at the Fire and Rescue Centre, with Board Members undertaking the Let's Challenge.	

7. Integrated Delivery Collaborative Update			
7.1	<ul style="list-style-type: none"> Chief officer's Update Report <p>Will Blandamer presented the item outlining progress made with the key programmes of work within the IDC and the shared understanding of risk now in place. The Board noted the report.</p>		
7.2	<ul style="list-style-type: none"> Update on Locality Board Priorities <p>Will Blandamer updated the Board on progress made against the agreed 5 priorities, noting that a 'deep dive' on Workforce was on today's agenda. In response to Members questions and discussion, it was noted that, as result of Covid, a number of pathways in Bury services overlaid and there was duplication; this was being unpicked as part of the programme of work under the efficiency priority and services were being reconnected, aligned and mapped to GM processes. With regards to mental</p>		

	health, it was noted that this work and waiting times in particular was a key part of the systemwide priority on SEND, and work in this area was clearly sighted by the SEND Improvement Board.
8.	<ul style="list-style-type: none"> Section 75 Agreement <p>Simon O’Hare presented the report, which updated the Locality Board on the Pooled fund budget and proposed risk share arrangements for 2023/24. The Board noted that the Bury pooled fund budget in 2023/24 was a continuation of the arrangement from 2022/23 with no changes made to the risk share arrangements and the only material changes to the finances, aside from the changes made to partner organisational budgets in 2023/24, being the additional discharge monies that were received by the council and NHS GM for 2023/24.</p> <p>It was noted that this was a particular function of the Locality Board, supported by the Strategic Finance Group where all partners were represented. Mr O’Hare advised that the Section 75 Agreement could be extended, but it was agreed that this be postponed until after the new NHS GM structure was established.</p>
9.	<ul style="list-style-type: none"> Urgent Care Update and Winter Planning Submission <p>Jo Fawcus and David Latham presented the report, which provided an update on current urgent and emergency care (UEC) performance, Winter planning, frailty, falls and dementia overview, and current UEC improvement work. The Board noted stats on Fairfield General Hospital, which had seen increased attendance levels but were improving on 4-hour target (though still behind national targets), and noted that the Bury position on days kept away from home continued to improve. The Winter Planning Sub Group was looking at the High Impact Interventions Initial Plan, which set out a range of improvement schemes, and it was noted that £384,000 savings needed to be identified. The Board noted the ongoing improvement work, commending the huge positive change in discharges, and noted that all work was set against the backdrop of continuing strike action.</p>
10.	<ul style="list-style-type: none"> SEND Improvement Plan and the Outcomes Framework <p>Jeanette Richards presented the report, which detailed the key activity underway to deliver improved outcomes for families and children and young people with Special Educational Needs & Disabilities (SEND). It was noted that the plan, and the 9 outcome areas, were co-produced with our parents and carers in 2021 and reflected the principles set out in the SEND Code of Practice (2014).</p> <p>Members discussed the plan and framework, noting that the CAMHS waiting list reductions were included in Outcome 1. Members raised the increase in demand seen in CAMHS and the need to triangulate and align services, as well as the need for GM interventions and a consistent commissioning view on pathways. The plan represented a fundamental reform of the system which sought to better support communities through a social model. This was being led by the Local Authority but was a systemwide issue, and it was noted that an inspection expected imminently .</p>

ID	Type	The Locality Board	Owner
D/10/	Decision	<ol style="list-style-type: none"> Noted the opening budgets for both Health and the Council and the elements that relate to the Better Care Fund and the additional discharge allocations in 2023/24. Agreed unanimously in principle for the continuation of the section 75 pooled fund agreement for 2023/24. Delegated authority to the Chief Executive / Place Based lead to sign the documentation for the revised section 75 agreement on behalf of the local authority ahead of the 31st October 2023 national deadline. Noted that formal ratification of this item will be required at the Locality Board meeting (in person) on the 6th November 2023 in line with Council governance arrangements and by the NHS GM Board on behalf of the NHS. 	

"Quadruple Aims" Updates			
11.	<ul style="list-style-type: none"> Strategic Finance Group Update <p>Simon O'Hare presented the report setting out the challenging financial position for Bury Council, Northern Care Alliance (NCA), Pennine Care and (PCFT) and NHS GM, and asking for delegated approval for the Place Based Lead to sign off budgets. Workstreams were continuing, with ongoing work in all organisations to understand and mitigate the current deficits, including very strict spending controls, but the increased levels of demand and acuity being experienced across all sectors presented a continuing challenge. It was noted that, with regard to Additional Roles Reimbursement Scheme (ARRS), there were still outstanding monies from 2022/23 which are yet to be paid. Due to the financial position of NHS GM, the locality was under significant pressure to release this 2022/23 money if appropriate back up was not received in the next month. Members noted the update and agreed that discussions on the Section 75 agreement should be held at a future meeting, to explore areas for efficiency savings.</p>		
12.	<ul style="list-style-type: none"> System Assurance Committee <p>Catherine Jackson advised the Board on the work from the Bury Integrated Care Partnership System Assurance Committee meeting in September 2023 including:</p> <ul style="list-style-type: none"> Ofsted/DfE monitoring of LA Children's Services NCA CQC Improvement Plan (with 79 actions identified) Information Governance Risk <p>It was noted that ADHD/ASD discussions with GM about longer term service procurement were ongoing. This was a known risk and was being picked up by the Mental Health Programme Board; Will Blandamer also undertook to speak with the GM Mental Health Commissioner.</p>		
13.	<ul style="list-style-type: none"> Population Health & Wellbeing <p>Jon Hobday gave a verbal update on the last meetings of the Health and Wellbeing Board, which had agreed a new outcome framework, and it was noted that an update on the Fairer For All would come to a future Locality Board meeting.</p>		
ID	Type	The Locality Board	Owner
D/10/	Decision	<ol style="list-style-type: none"> Noted the contents of these reports, including the challenged financial positions in all partner organisations, the risks to delivery of year end positions and the steps being taken to mitigate these risks. Noted the challenges and risks associated with both programme and operating costs locality budgets that have been delegated to the locality from NHS GM and give the Place Based Lead delegated authority to accept the budgets. Noted the outstanding ARRS claims for 2022/23 and the necessity to receive appropriate back up to allow the money to be paid to practices or risk it being lost. 	
14.	<ul style="list-style-type: none"> Performance Framework <p>Will Blandamer presented the performance update, and it was noted that total number of GP appointments had decreased by 6% in July (though this was still within normal variance), A&E attendances remained high without the usual seasonal drop, and positive signs had been observed in waiting times.</p>		
15.	<ul style="list-style-type: none"> PCCC Chair's Highlight Report <p>The update report was noted.</p>		

16.	<ul style="list-style-type: none"> Clinical & Professional Senate <p>Dr Kiran Patel advised that the Senate had discussed similar issues to today's agenda, and also reported that Dr Fines had been tasked with designing a pathway for people from whom it was difficult to obtain blood samples, to feed back to GM.</p>		
		The Locality Board	
D/10/	Decision	Noted the updates.	

Closing Items			
17.	<ul style="list-style-type: none"> Any Other Business <p>The Chair thanked everyone for their attendance and formally closed the meeting in public at 18.02.</p>		
ID	Type	The Locality Board	Owner
D/10/	Decision	Noted that there was no other business to report and the meeting in public was closed at 18.02.	

Meeting:			
Meeting Date	06 November 2023	Action	Approve
Item No.	5.1	Confidential	No
Title	Six Monthly Assurance Report		
Presented By	Will Blandamer, Deputy Place Based Lead - NHS GM (Bury)		
Author	Emma Kennett, Head of Corporate Admin & Governance - NHS GM (Bury)		
Clinical Lead			

Executive Summary
<p>As of the 1st April 2023, the Bury Locality Board was formally established and constituted by the NHS Greater Manchester Integrated Care Board.</p> <p>As part of the formal establishment and delegations from NHS GM Integrated Care Board, several next steps were noted, which included a requirement for six monthly reporting to the NHS GM Integrated Care Board.</p> <p>The GM Operating Model describes how partners in GM ICS will work together to improve outcomes for people living in Greater Manchester. Templates have been provided by NHS GM for localities to produce a Six Month Assurance report which is required to be submitted to the NHS GM Integrated Care Board in November 2023. This report is the first of these six monthly reports.</p> <p>The update provides confirmation of the completion of next steps post establishment, an overview of highlights and challenges during the six month period April to September 2023, points of escalation to NHS GM Integrated Care Board and Bury Locality Board priorities for the next six months.</p>
Recommendation
<p>The Locality Board is asked to review the draft report and provide any further comments for consideration and inclusion in the final report, which will be presented to NHS GM Integrated Care Board in November 2023.</p>

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 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 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 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



Six-monthly assurance report from Bury Locality Board to the NHS GM Integrated Care Board

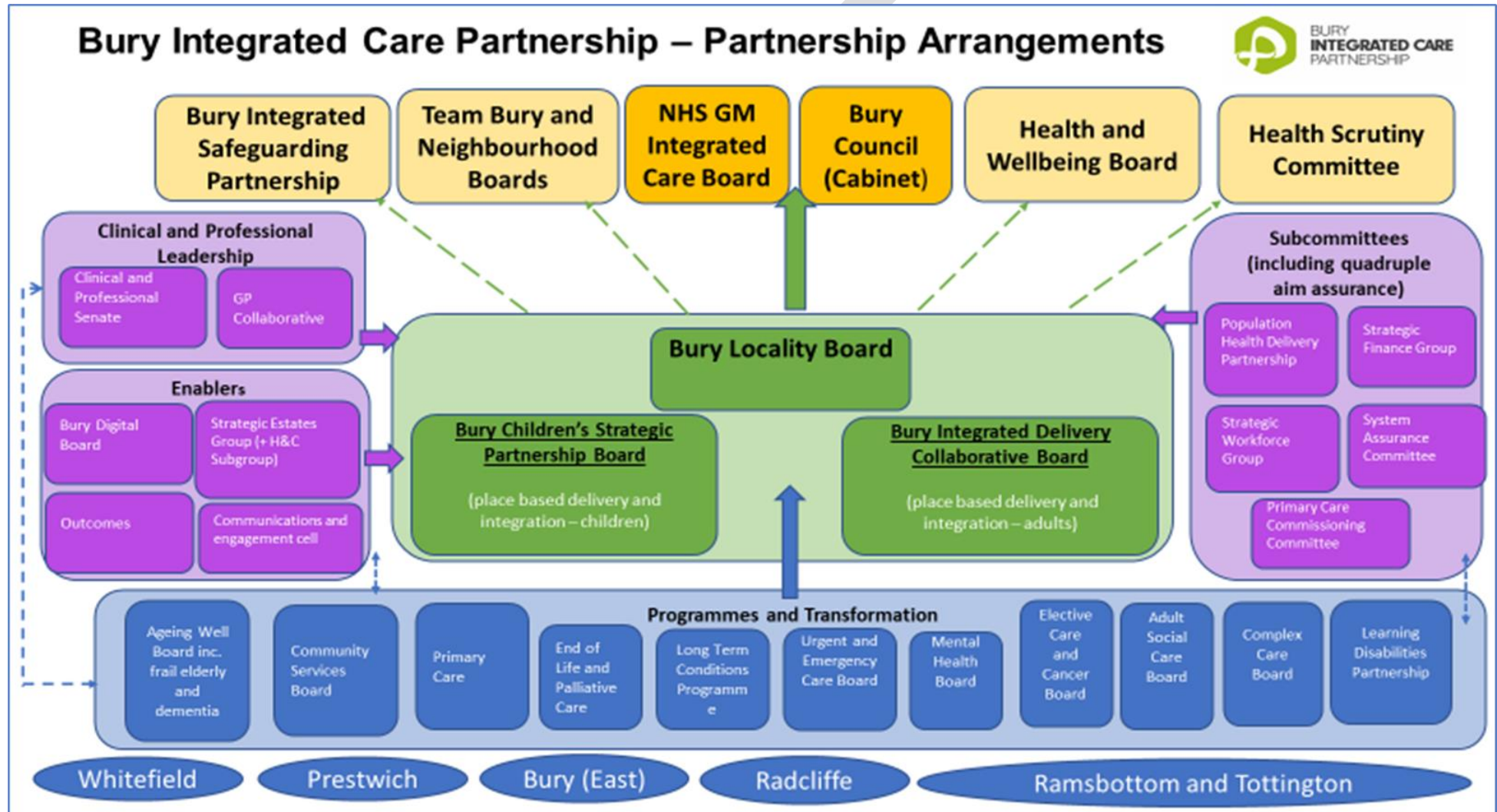
Ref	Topic	Updates
1	Update on establishment	<p>The Bury Locality Board was formally established by NHS Greater Manchester on the 1st April 2023.</p> <p>This establishment included the approval of the Locality Board to operate via a ‘hybrid model’ as a joint committee of both the ICB and Bury Council to administer the S75 Agreement/pooled budget and as a sub-committee of NHS Greater Manchester Integrated Care Board for non pooled resources.</p> <p>The establishment was based on the Locality Board having a local governance structure in place, approval of its terms of reference and membership, along with approval of its sub-committee’s terms of reference and membership and a finance agreement in place.</p>
	a) Acceptance of Delegated Budgets Quarters 1–2 2023/24	<p>The Local Authority approved a balanced 2023/24 budget at Budget Council on the 22nd February 2023. The NHS Greater Manchester Integrated Care (NHS GM) budgets were approved at the board meeting of 30th March 2023.</p> <p>The Locality Board received a report in relation to the Pooled fund budget and proposed risk share arrangements for 2023/24 at their meeting in October 2023.</p> <p>The Bury pooled fund budget in 2023/24 is a continuation of the arrangement from 2022/23 with no changes made to the risk share arrangements and the only material changes to the finances, aside from the changes made to partner organisational budgets in 2023/24, being the additional discharge monies that were received by the council and NHS GM for 2023/24.</p>
	b) Terms of Reference	<p>The Terms of Reference are currently being reviewed which will take into account the specific feedback provided in respect of Conflicts of Interest and Neighbourhood working as part of the GM assurance and due diligence process back in March 2023. The revised Terms of Reference will be submitted to the Locality Board in November 2023 for approval.</p> <p>It can be noted that there were some minor changes made to the Terms of Reference at the September 2023 Locality Board meeting in relation to the voting members for the Aligned and non-pooled Budget.</p>

	c) Locality Governance Structure	The Governance Structure Chart (Appendix A) was provided as part of the GM assurance and due diligence process which outlines the partnership arrangements to support the delivery of the objectives – operating as a whole.
	d) Section 75 Agreement / Better Care Fund arrangements	The Locality Board received a report in October 2023 in relation to the Pooled fund budget and proposed risk share arrangements for 2023/24. The Board agreed unanimously in principle for the continuation of the section 75 pooled fund agreement for 2023/24 and provided delegated authority to the Chief Executive / Place Based lead to sign the documentation for the revised section 75 agreement on behalf of the local authority ahead of the 31st October 2023 national deadline.
2	Highlights and challenges from locality board (including any key decisions made) including developments for neighbourhood.	<p>There is a strong and ongoing commitment around prevention, earlier intervention, health inequalities and neighbourhood working which is underpinned by a Partnership Agreement which details how partners agree to work together as part of the Bury Integrated Care Partnership and how they will work together to improve outcomes for residents.</p> <p>The Locality Board receives a routine update from the Chief Officer of the Integrated Delivery Board, providing a commentary on the work of the portfolio of 13 programmes – e.g urgent care board, mental health board, adult care transformation. This update is supplemented on a routine basis by a ‘deep dive’ into one of those programmes.</p> <p>The Locality Board has a clear work programme in line with its Terms of Reference and there are a number of regular monthly reports received by the Locality Board including:</p> <ul style="list-style-type: none"> • Locality Place Based Lead update on key issues in Bury • Update on Locality Board priorities (described further in Section 4 below) • Quadruple aims updates in relation to Finance, Quality & Performance and Population Health & Wellbeing. • Highlight reports from Committees/meetings within the locality governance structure such as the Clinical & Professional Senate, System Assurance Committee and Primary Care Commissioning Committee. <p>The Locality Board sits as part of the ‘Team Bury’ architecture, alongside other key partnership arrangements in pursuit of the Objective of the Lets do It Strategy for the borough. The related partnership arrangements include:</p> <ul style="list-style-type: none"> • Childrens Strategic Partnership Board • Community Safety Partnership

		<ul style="list-style-type: none"> • Economic Development Board • Public Service Reform Board <p>The work on neighbourhood working is held by the PSR programme board but visible as part of all Team Bury arrangements.</p> <p>In terms of Locality Board decisions, highlights and challenges, these can be summarised as follows: -</p> <p>Key Decisions</p> <ul style="list-style-type: none"> • Approved delegated budgets supported in principle for the continuation of the section 75 pooled fund agreement for 2023/24. • Approved of a submission in relation to Urgent and Emergency Care Pressures. • Approved the Operating model of Bury Integrated Care Partnership. <p>Highlights</p> <ul style="list-style-type: none"> • Received a Presentation in respect of the Greater Manchester Primary Care Blueprint (Strategy). • Received an overview and discussion around the GM Elective Care Recovery and Reform Programme. • Received an update on the steps taken to improve SEND arrangements in the borough which included specific detail on the launch of the Graduated Approach Co-Production Project. • An overview of the Urgent Care System arrangements include Winter planning provision • Received an initial report regarding the Children Nursing Services Case for Change <p>Challenges</p> <ul style="list-style-type: none"> • Clarity awaited on the GM Operating Model and ongoing work surrounding the strategic financial framework. • Staff Capacity and workforce challenges • Achievement of QIPP/savings plans • Waiting times/performance/gaps in service provision
3	Escalations to the Board	There are no escalations to report.
4	Bury Locality Board	The Locality Board tasks the Integrated Delivery Board with holding to account the work of each of its 11

<p>priorities for the next six months</p>	<p>programmes that together describe the operation of the Health and Care System in Bury.</p> <p>The Deputy Place Based Lead provided a presentation to the Locality Board in July 2023 outlining the structures and architecture of the Bury Integrated Care Partnership, its ambitions, plans and ways of working, and detailed five areas of focus for the Locality Board. The 5 local priority areas for the Locality Board are as follows: -</p> <ol style="list-style-type: none"> 1) The first thousand and one days of a child's life, 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. 2) Right sizing and scoping Intermediate Care Capacity and wider community capacity across the health and care system, connected to the implementation of national front runner programme on complex discharge and maximisation of independence. 3) Sustainability of primary care provision, particularly GP services but also understanding and working with others to mitigate the risks to dental, community pharmacy and optometric provision 4) Ensuring Services are delivered as efficiently as possible, including reducing duplication. Streamlining processes, adopting technology 5) Exploring opportunities to recruit and retain workforce capacity 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 <p>These areas reflected the priorities from the identified work programmes, and the Board noted their alignment with neighbourhood priorities, GM ICP missions, the quadruple aims and population health domains.</p> <p>The Board discussed the presentation, noting that now a collective understanding of the context and priorities had been established, further work on timescales could take place. The Board noted their confidence that partners within the system could work together with these joint objectives, and further work on metrics and performance measures would quantify and measure outcomes. The challenging financial context was noted as was the role of primary care, and Board Members voiced their support of the objectives.</p> <p>The Locality Board receives regular reports on the progress made against each of these priority areas.</p>
---	--

Appendix 1



Meeting: Locality Board			
Meeting Date	06 November 2023	Action	Approve
Item No.	5.2	Confidential	No
Title	Bury Locality Board Terms of Reference		
Presented By	Cllr Eamonn O'Brien/Dr Cathy Fines, Chairs of the Locality Board		
Author	Will Blandamer, Deputy Place Based Lead - NHS GM (Bury)		
Clinical Lead	N/A		

Executive Summary
<p>In line with the locality governance arrangements, there is a requirement for the Locality Board Terms of Reference to be reviewed on an annual basis.</p> <p>It can be noted that there were some specific membership changes around voting arrangements made to the Terms of Reference in September 2023 which were approved by the Locality Board.</p> <p>The Terms of Reference have now been further reviewed and some proposed changes made which are highlighted within the attached document. These proposed changes take into account the specific feedback received as part of the GM assurance and due diligence process provided in respect of Conflicts of Interest and Neighbourhood working back in March 2023.</p>
Recommendations
<p>It is recommended that the Locality Board:-</p> <ul style="list-style-type: none"> Approve the revised Terms of Reference

Links to Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input 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 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:						
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
Locality Board	08/02/2023	Version 1f - approved
Locality Board	04/09/2023	Version 1g – approved
Locality Board	06/11/2023	Version 1h

The Bury Integrated Care Partnership The Bury Locality (System) Board Terms of Reference

1 Purpose

- 1.1 The Bury Locality system Board ("Locality Board") has been established to provide strategic direction to the Bury Integrated Care Partnership, to manage risk and to support the Bury Integrated Delivery Collaborative for the performance of the Bury health and care system. [The Locality Board will provide effective leadership to support the strong and ongoing commitment in the borough in respect of prevention, earlier intervention, health inequalities and neighbourhood working.](#) The Locality Board will undertake its duties in the context of the agreed Strategic Plan for Health, Care and Well-being for the Borough the Locality Plan. The primary purpose of the Locality Board is to set the Strategic direction for the reform and transformation of the operation of the health, care and well-being system in Bury, and to manage an integrated budget for the place (including a pooled fund between Bury Council and NHS GM). The Locality Board brings together senior leaders for the NHS (primary, secondary, community and mental health), local authority and the VCFSE (Voluntary, Community, Faith & Social Enterprise).
- 1.2 The responsibilities for the Locality Board will cover the same geographical area as Bury Local Authority.
- 1.3 The Locality Board will have overarching responsibility and manage (subject to reserved matters) all matters relating to the Integrated Health and Care Fund (Pooled Budget) as set out in the S75 Agreement relating to the Integrated Health and Care budget for the borough between Bury Council and NHS GM. The Locality Board will have delegated decision making authority of up to £2~~11.308~~4m (annual spend) with regards to the Pooled Budget of the Integrated Health and Care Fund and any other relevant new funding streams (such as grants).
- In terms of the Better Care Fund; The Health and Well-being Board continues to be responsible for the Joint Local Health Well-being Strategy (JLHWS) which should directly inform the development of joint commissioning arrangements (S75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, which include the Better Care Fund plans.
 - With regard to the Pooled Budget; the Health and Well-being Board does not commission health services themselves and do not have their own budget however play an important role in informing the allocation of local resources. This includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area.
- 1.4 The Locality Board will have overarching responsibility and manage (subject to reserved matters) matters relating to the Integrated Health and Care Fund (aligned and non-pooled budgets).

2 Status and authority

- 2.1 The Bury Integrated Care Partnership is formed of the parties, who remain sovereign organisations, to provide strategic coherence, shared ambition, and operational delivery of the health and care system in Bury, in pursuit of better outcomes for residents and a financially sustainable system. The Bury Integrated Care Partnership is not a separate legal entity, and as such is unable to take decisions separately from the parties or bind its parties; nor can one or more party 'overrule' any other party on any matter (although all parties will be obliged to act in accordance with the ambition of the Strategic Plan for Health and Care in the Borough).
- 2.2 The Bury Integrated Care Partnership establishes the Bury Locality Board to lead the Bury Integrated Care Partnership on behalf of the parties. As a result of the status of the Bury Integrated Care Partnership, the Locality Board is unable in law to bind any party so it will function as a forum for discussion of issues with the aim of reaching consensus among the parties. However the Locality Board will have responsibility via the Section 75 agreement for the operation of the Integrated Pooled Budget for the borough.
- 2.3 The Locality Board will function through engagement between its members so that each party makes a decision in respect of, and expresses its views about, each matter considered by the Locality Board. The decisions of the Locality Board will, therefore, be the decisions of the parties, the mechanism for which will be authority delegated by the parties to their representatives on the Locality Board.
- 2.4 Each party will delegate to its representative on the Locality Board such authority as is agreed to be necessary in order for the Locality Board to function effectively in discharging the duties within these terms of reference. The parties will ensure that each of their representatives has equivalent delegated authority. Authority delegated by the parties will be defined in writing and agreed by the parties and will be recognised to the extent necessary in the parties' own schemes of delegation (or similar).
- 2.5 The parties will ensure that the Locality Board members understand the status of the Locality Board and the limits of the authority delegated to them.

2.6 Statutory framework

- 2.7 In respect of the Integrated Health and Care Fund (S75, Pooled Budget), the Locality Board will sit as a joint committee (of the ICB and Local Authority), established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 ("the 2000 Regulations").
- 2.8 In respect of the NHS GM Aligned Budget (non-pooled) element of the Integrated Health and Care Fund (Aligned Budgets), the Locality Board will sit as a Committee of the Integrated Care Board (ICB) of NHS GM on which there is Council and wider partner representation. The Locality Board will fulfil the requirements as outlined in the NHS GM Scheme of Reservation and Delegation.
- 2.9 For the avoidance of doubt, insofar as the Locality Board sits as a joint committee under the 2000 Regulations, Bury Council and/or NHS GM are delegating the making of decisions to the Locality Board and not to their individual representatives on the Board. For the avoidance of doubt where the Locality Board sits as a Committee of the ICB, NHS GM is delegating the making of decisions to the Locality Board collectively and not to their individual representatives on the Board.

3 **Responsibilities**

3.1 The Locality Board will:

- 3.1.1 Ensure alignment of all organisations to the Bury Integrated Care Partnership's vision and objectives, as described in the Locality Plan for Health, Care and Well-being, ensuring the delivery of the triple aim of improved population health, improved experience, and financial sustainability.
- 3.1.2 Jointly manage the Bury Integrated Care Partnership Locality Integrated fund-established to reflect the scope of services agreed to be managed at a locality level between the Bury Council and NHS and in accordance with the NHS GM ~~accountability agreements~~ Scheme of Reservation and Delegation and doing so on the basis of 'formally pooled, aligned (non-pooled)'.
- 3.1.3 Be responsible for achieving the financial sustainability of health and care services within the borough along with contributing to financial sustainability for NHS GM. 4
- 3.1.4 Ensure the Bury Integrated Care Partnership delivers on the NHS obligations under the terms of the NHS GM ~~Accountability Agreement~~ Scheme of Reservation and Delegation with Bury.
- 3.1.5 Secure the delivery of the portfolio of transformation programmes reported through the Integrated Delivery Collaborative Board and as described in the Locality Plan.
- 3.1.6 Ensure the Bury Integrated Care Partnership works as part of the Wider Team Bury approach and in the context of the Let's Do It Strategy for the borough and secures support of all partners including other public services, the business community, and the voluntary sector in addressing health inequalities and population health.
- 3.1.7 Ensure that all partners are actively working to promote the capacity and capability of integrated neighbourhood team working in each of the 5 neighbourhoods teams in Bury and doing so in a way consistent with the principles and values of the Locality Plan - a personal and community asset based approach.
- 3.1.8 Promote and encourage commitment to the integration principles and integration objectives amongst all parties and in particular create the conditions for high quality integrated neighbourhood working.
- 3.1.9 Formulate, agree and ensure that implementation of strategies for achieving the integration objectives and the management of the Bury Integrated Care Partnership.
- 3.1.10 Discuss strategic issues and resolve challenges such that the integration objectives can be achieved.
- 3.1.11 Ensure the work of the health, care and well-being partnership in Bury has the voices of patients and residents, and the learning from lived experience, at the heart of the transformation programmes and service delivery.
- 3.1.12 Respond to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Bury Integrated Care Partnership or any parties to the extent that they affect the parties' involvement in the Bury System Partnership.

- 3.1.13 Agree policy as required.
- 3.1.14 Agree performance outcomes/targets for the Bury Integrated Care Partnership such that it achieves the integration objectives.
- 3.1.15 Take collective responsibility for achievement of the objectives of the locality plan with regard to the performance/outcomes, financial position and contribution to population health gain. Working with the Integrated Delivery Collaborative to determine strategies to improve performance, recognise and address unwarranted variation, and work together as a system to address poor performance and outcomes.
- 3.1.16 [Have in place effective arrangements for the management and mitigation of risk in line with the requirements set out as part of the NHS GM Risk Management Framework. This will include developing and maintaining a Board Assurance Framework to identify, record, mitigate and manage all shared risks associated with the delivery of outcomes and statutory duties.](#)
- 3.1.17 Ensure that the Bury Integrated Delivery Collaborative identifies and manages the risks associated with the Bury System Partnership, integrating where necessary with the parties' own risk and governance management arrangements.
- 3.1.18 Ensure the continued effectiveness of the Bury System Partnership, including by creating a partnership of trust and common purpose between the parties and between the Bury Integrated Care Partnership and its stakeholders.
- 3.1.19 Ensure that the Bury Integrated Care Partnership support partners to deliver their regulatory requirements through whatever means are required by such regulators or are determined by the Locality Board, including, to the extent relevant, integration with communications and accountability arrangements in place within the parties.
- 3.1.20 Address any actual or potential conflicts of interests which arise for members of the Locality Board or within the Bury Integrated Care Partnership, in accordance with a protocol to be agreed between the parties (such protocol to be consistent with the parties' own arrangements in respect of declaration and conflicts of interests, and compliant with relevant statutory duties).
- 3.1.21 Oversee the implementation of, and ensure the parties' compliance with, this agreement and all other services contracts.
- 3.1.22 Review the governance arrangements for the Bury Integrated Care Partnership at least annually and ensuring compliance and alignment with the governance of legal entity partners.
- 3.1.23 Ensure consistent representation to the decision making arrangements of the ICS such that the ICS creates the conditions for rapid delivery of the system transformation described in the refreshed locality plan.

4 Accountability

- 4.1 The Locality Board is accountable to each of the parties to the Locality Board. The Locality Board is also accountable to the NHS Greater Manchester Integrated Care (NHS GM), through the NHS GM Scheme of Reservation and Delegation, for the delivery of NHS standards and for the NHS GM budget that is part of the Integrated

Fund, in which there will be Bury System representation on the GM ICB where appropriate.

- 4.2 The minutes of the Locality Board will be sent to the parties within 10 working days.
- 4.3 The minutes may be accompanied by a report on any matters which the chair considers to be material. It will also address any minimum content for such reports agreed by the parties.

5 **Membership and Quoracy**

- 5.1 The Locality Board will have a number of voting members and non-voting members along with officers and key representatives that will be required to attend the meetings as and when required. The voting members reflect senior clinical, political, managerial, and NHS non- executive and executive leadership from across the Bury Integrated Care Partnership. The voting rights for each decision will be dependent on the budget under discussion, as described in the table as below:

Role	Organisation	Voting member in relation to Pooled Budget (between Bury Council & NHS GM)	Voting member in relation to Aligned and non-pooled Budget
Leader of the Council	Bury Council	Yes	Yes
Executive Member of the Council for health and Wellbeing	Bury Council	Yes	Yes
Executive Member of the Council for Children and Young People	Bury Council	Yes	Yes
Executive Director	NHS GMIC	Yes	Yes
Senior Clinical Leader in the Borough (as determined by the Clinical Senate via an election process) *	Bury Locality	Yes	Yes
Senior Nurse Lead for the Borough (as determined by the Clinical Senate via an Election process)	Bury Locality	Yes	Yes
Chief Executive & Place Based Lead	Bury Council & Bury Locality	Yes	Yes
Strategic Finance Group Chair & Joint Executive Director of Finance (S151 Officer)	Bury Council & Bury Locality	Yes	Yes
Medical Director	NCA	No	Yes
Medical Director *	IDCB	No	Yes
Chief Officer or nominated Exec	NCA	No	Yes
Chief Office or nominated Exec	Pennine Care Foundation Trust	No	Yes
Chief Office or nominated Exec	Manchester Foundation Trust	No	Yes
Chief Officer	Bury VCFA (Voluntary, Community, Faith & Social Enterprise).	No	Yes
Executive Director of Health	Bury Council &	No	Yes

and Care & Deputy Place Based Lead	Bury Locality		
Bury Care Organisation Chief Officer	NCA (Bury Care Org)	No	Yes
Director of Childrens Services	Bury Council	No	Yes
Director of Public Health	Bury Council	No	Yes
Director of Adult Social Services	Bury Council	No	Yes
Total number of voters	N/A	8	19

* each of the two roles with an Asterix as detailed above (Senior Clinical Leader in the Borough and Medical Director for the IDCB), are presumed to be GP s and the relevant representatives will represent the GP perspective as well as the constituency. In the event of either of these roles not being a GP, the Terms of Reference will be reviewed accordingly*.

The Locality Board will also comprise the following participants who attend the meeting on a regular basis as an attendee and a non-voting member:

Role	Organisation
Chief Operating Officer	IDCB
Chair	Bury Healthwatch
Director of Finance	NCA
Representative from the Primary Care Network (Lead)	PCN

Role	Organisation
Opposition Party **	Radcliffe First
Opposition Party **	Conservative

** Opposition Leaders (if the party holds 5 or more seats) **

- 5.2 The Locality Board will be quorate (for decisions made under the pooled budget) if two thirds of its voting members (6) are present. The Locality Board will be quorate (for decision made under the aligned/non-pooled budget), if two thirds of its voting members are present (12), subject to the members present being able to represent the views and decisions of the parties who are not present at any meeting. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute and make decisions on behalf of the party that they are representing. Deputising arrangements must be agreed with the Chair prior to the relevant meeting. Representatives / deputies will count towards quorum if the chair is notified at the start of the meeting and receives confirmation from the core member that the deputy has full authority to act as described above.
- 5.3 The Locality Board will be chaired by the Leader of the Council, the Senior Clinical Leader from the Clinical and professional Senate. Chairing of meetings will be on an alternate basis and/or in the absence of one of the named chairs. In the absence of both of the Chairs a replacement Chair will be elected for the duration of the meeting from the Core Noting Membership.

6 Conduct of business

- 6.1 Meetings will be held on a Monthly Basis. The date and timings of the meetings will be fixed in advance, as part of the agreed schedule of meetings.
- 6.2 The agenda will be developed in discussion with the Chair(s) and will be developed via

agenda setting meetings. The agenda and supporting papers shall be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at the meeting will be kept and circulated to partner organisations within 10 working days. Papers and Minutes (subject to any applied exclusions) will be published on Bury Council's web site and on the NHS GM web site.

- 6.3 Agendas will be structured to clearly distinguish between decisions to be taken in respect of the Integrated Health and Care Fund (Pooled Budget) by the Locality Board.
- 6.4 In accordance with the Council's constitution, any Key Decision (defined at point 6.5) may not be taken unless Subject to point 7.4 (general exception) and point 7.6 (special urgency), a key decision may not be taken unless:
- (a) a notice has been published in connection with the matter in question at least 28 days in advance of the decision being taken;
 - (b) notice of the meeting has been given five clear working days before the meeting.
- 6.5 A key decision is a decision taken at a Cabinet meeting, by an individual Cabinet Member, or a Joint Committee of the Cabinet and is:
- Any decision in relation to an executive function which results in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A decision will be considered financially significant if it results in incurring expenditure or making savings of £500,000 or greater; unless the specific expenditure or savings have previously been agreed by full Council.
 - Any other executive decision which in the opinion of the Monitoring Officer is likely to be significant having regard to:
 - (a) the number of residents/service users that will be affected in the Wards concerned;
 - (b) whether the impact is short term, long term or permanent;
 - (c) the impact on the community in terms of the economic, social and environmental well-being.

Decisions subject to call in by scrutiny committees.

- 6.6 "Call in" is a statutory right for members of the Council to call in a key decision after it is made but before it is implemented. Other than decisions taken under the urgency provisions (7.4 and 7.6) Key decisions made but not implemented may be called-in in accordance with the scrutiny rules as set out in the Council's constitution.
- 6.7 The Locality Board meetings:
- a) will be held in public, subject to any exemption provided by law with specific time allocated for public question time.
 - b) may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial

to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

7 Decision making and voting

- 7.1 The Locality Board will aim to achieve consensus for all decisions of the parties. It is not intended that the Locality Board will seek to 'outvote' one partner to the board. Any decision of the Locality board needs to be supported by the governance of each organisation. In the event of one or more partners disagreeing with a decision following consideration within the organisation, it is expected further dialogue and discussion will take place at the Locality Board. The Chair of the Locality Board will have a second and deciding vote, if necessary and required, however the aim of the Locality Board will be to achieve consensus decision-making wherever possible.
- 7.2 To promote efficient decision making at meetings of the Locality Board it will develop and approve detailed arrangements through which proposals on any matter will be developed and considered by the parties with the aim of reaching a consensus. These arrangements will address circumstances in which one or more parties decide not to adopt a decision reached by the other parties.

Urgent Decisions

- 7.3 General exception - in accordance with the Council's constitution, if a matter which is likely to be a key decision has not been included in the List of Key Decisions, then subject to the Special Urgency rule, the decision may still be taken if:
- (a) the decision must be taken by such a date that it is impracticable to defer the decision until it has been included in the next List of Key Decisions;
 - (b) the Chief Executive has informed the Chair of the relevant Scrutiny Committee, or if there is no such person, each Member of that Committee, and a nominated opposition or majority group member of the Committee as appropriate and the leader of the second largest opposition group in writing, by notice, of the matter to which the decision is to be made;
 - (c) the Chief Executive has made copies of that notice available to the public at the offices of the Council; and
 - (d) at least five days have elapsed since the Chief Executive complied with (b) and (c).
- 7.4 Where such a decision is taken collectively, it must be taken in public.
- 7.5 Special urgency - if by virtue of the date by which a decision must be taken (general exception) cannot be followed, then the decision can only be taken if the Chair of the Locality Board, has:
- (a) obtained the agreement of the Chair of the relevant Scrutiny Committee that the taking of the decision cannot be reasonably deferred;
 - (b) consulted a nominated opposition or majority group member of the Committee as appropriate and the leader of the second largest opposition group. If there is no

Chair of the relevant Scrutiny Committee or if the Chair is unable to act, then the agreement of the Chair of the Council (Mayor), or in his/her absence the Vice Chair (Deputy Mayor) will suffice.

(c) Consulted every member, following circulation to every member of appropriate papers and a written resolution.

7.6 Such a decision will be as valid as any taken at a quorate meeting but will be reported for information to, and will be recorded in the minutes of, the next meeting.

8 **Conflicts of Interests**

8.1 The members of the Locality Board must refrain from actions that are likely to create any actual or perceived conflicts of interests. The Locality Board partnership has many benefits with one being that it should help to ensure that public money is spent efficiently and wisely, however in doing so there is a potential risk that conflicts of interest may arise.

8.2 As a Locality Board and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that monies are used wisely so that we are using our finite resources in the best interests of our population.

8.3 All members of the Locality Board must ensure that any such conflicts of interests are formally disclosed to the Locality Board so that they are subsequently managed in adherence with the NHS Greater Manchester Integrated Care Conflict of Interest Policy.

8.4 The Chair of the Locality Board shall manage all conflict of interest matters. The members of the Locality Board will be asked at each meeting to declare any new or existing actual or perceived conflicts for any items of business related to that meeting. The Chair will ensure that a Register of Interests for the members of the Locality Board is established and maintained.

8.5 The Locality Board members will at all times, observe accepted principles of good governance in the way it conducts its business, including the highest standards of propriety involving impartiality, integrity and objectivity in relation to the joint stewardship of public funds and the conduct of its business.

8.6 In addition, appropriate Codes of Conduct will be followed at all times also by members of the Locality Board alongside adherence to the seven Principles of Public Life (Nolan Principles) and compliance with any statutory bar on participation and/or voting in particular circumstances. The Locality Board members will also be aware of what may constitute a Conflict of Interest under their own organisation's Conflict of Interest Policies as well.

8.7 With regard to quoracy during meetings in respect of conflicts of interest, it can occur that the suspension of Locality Board members' voting rights on agenda items causes the Locality Board to lose quoracy. Where this occurs, it is the responsibility of the Chair of the Locality Board to determine where/when/how the agenda item should be resolved. This may require, for example, deferral of the agenda item to a future meeting when additional (or replacement) members are present. This decision should be taken during the meeting and recorded in the minutes.

8.83 The Locality Board will formally record its deliberations within relevant minutes. Such minuting will be undertaken by the designated officer support provided, alongside the management of paperwork and version control.

8.9 Any interests declared at a meeting will be recorded in the minutes and will record:

- Who has the interest;
- The nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- The items on the agenda to which the interest relates;
- How the conflict was agreed to be managed; and
- Evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

8.94 Depending upon the topic under discussion and the nature of a conflict of interest disclosed or identified, the member may be:

- Allowed to remain in the meeting and contribute to the discussion;
- Allowed to remain in the meeting and contribute to the discussion but leave the meeting at the point of decision; or
- Asked to leave the meeting for the duration of the item under consideration.

9 Confidentiality

9.1 Information obtained during the business of the Locality Board must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g., Performance management, securing competitive advantage in procurement).

9.2 Members of the Locality Board are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Bury System Partnership. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9.3 Given that some Local Authority decision making will go through the Locality Board the provisions of the Local Government Access to Information legislation will apply.

10 Support

10.1 Governance/administrative support to the Locality Board will be provided as agreed by the Partnership.

10.2 The Executive Director, Health and Adult Care - Bury Council and Deputy Place Based Lead for Health and Care - NHS GM (Bury) and Bury Council will act as the lead officer. Lead officer responsibilities will include ensuring that agendas are appropriate to the work of the Board.

10.3 The programme structure and supporting work groups will be developed and agreed as part of the Locality Board work plan and these Terms of Reference should be read in conjunction with the Partnership Agreement and S75 Agreement.

11 Review

11.1 These Locality Board terms of reference will be formally reviewed annually. ~~and in the first instance in September 2023.~~



Meeting: Locality Board			
Meeting Date	06 November 2023	Action	Receive
Item No.	6	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 the Locality Board.
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		

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.	The first thousand and one days of a child's life , 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.	Right sizing and scoping Intermediate Care Capacity and wider community capacity 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.	Sustainability of primary care provision , 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.	Ensuring Services are delivered as efficiently as possible, including reducing duplication. Streamlining processes, adopting technology	Locality Savings Operational Group
5.	Exploring opportunities to recruit and retain workforce capacity 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 1001 days of a child's life:

Please see full report as part of the main agenda

2) Right Sizing Intermediate Care and Wider Community Capacity

Overview

- The first Strategy Sub-Group occurred 16th October 2023. The group will refresh and update the Bury Locality Intermediate Care Strategy 2018; core values and principles are intact and still relevant. Strategy requires more recent policy updates and will herald a new service (s) model for IMC delivery increasing system integration.
- A very successful clinically led visit to Tameside Stamford IMC Unit took place on 18th October which observed medical models, in reach and outreach into and out of the Unit and primary care support. The group learning was significant and a report will be produced outlining this. pa of local service integration.
- The Workshop previously mentioned is scheduled for 14/11/23 a report will be produced and incorporated into the Project ongoing governance reporting processes.

Reporting to Locality Board

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

3) Sustainability of Primary Care

Work continues and a fuller update will be provided next month following the round of core meetings

4) Ensuring Services are delivered as efficiently possible

Overview

- The weekly savings task and finish group has delivered a number of schemes that are in various stages, from scoping to being delivered. These schemes have been aligned to the 13 GM programmes of work, are focused on system savings and will form the basis of the locality NHS 2024/25 finance improvement plan and savings plans.

- The programmes of work relate to:
 - Elective care
 - Prescribing
 - Complex care and care packages
 - Urgent Care: Falls and the intermediate tier
 - Estates
- Resource, governance and reporting arrangements to support delivery of these priorities are moving into alignment and it is anticipated that whilst some of these programmes will deliver efficiencies in 23/24, the majority will deliver their financial benefits in 2024/25.
- 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.

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

Kath Wynne-Jones – kathryn.wynne-jones1@nhs.net

5) Exploring opportunities to recruit and retain workforce capacity

Overview

- The Bury Locality workforce strategy has been signed off at the Strategic Workforce Group following its return to the October 2023 board.
- The six priorities have been identified and are as follows:
 - Workforce integration
 - Good employment charter
 - Workforce wellbeing
 - Addressing inequalities
 - Growing the workforce
 - Developing the workforce
- A system wide lead for each of the priorities has been identified and appropriate groups are being established to deliver in their respective areas with cross sector membership.
- Whilst each of the six priorities are inextricably linked the latter two of "Growing the workforce and Developing the workforce" are particularly relevant to the locality board's priority in respect of

opportunities to recruit and retain workforce capacity. There are a number of recruitment initiatives being undertaken amongst a variety of organisations across the locality and each of these will be aligned to the workforce strategy. The workforce hub, through the direction of Adrian Crook and Matt Logan, has supported the potential redeployment of care workers following the closure of two care homes in the borough. This has taken place in partnership with Unique Training Solutions who are offering 1-1 support to those who are displaced and coordinating the link between candidates and those organisations who have vacancies. It is anticipated that we will be able to retain these highly skilled and valued workers within the Bury care sector.

Reporting to Locality Board

- Progress of workforce strategy six priority areas will be reported monthly to IDC BOARD

Expectations of Locality Board Partners

- To note collaborative working in the design and development of the Bury Locality Workforce strategy and its progress through the workforce governance process.

Key Contacts

Kat Sowden, SRO for workforce: kat.sowden@personasupport.org

Kath Wynne-Jones: kathryn.wynne-jones1@nhs.net

Caroline Beirne, AD Workforce: Caroline.Beirne1@nhs.net

Emma Arnold, Workforce Transformation lead: Emma.Arnold1@nhs.net

Meeting: Locality Board			
Meeting Date	6 November 2023	Action	Consider
Item No.	7	Confidential	No
Title	Locality Board Priority 1 – The first thousand and one days of a child’s life		
Presented By	Chair of the Locality Board		
Author	Sandra Bruce, Assistant Director Early Help and School Readiness Rachel Davis, Public Health Specialist - Start Well, Public Health		
Clinical Lead	N/A		

Executive Summary
Recommendations
It is recommended that the Locality Board: <ul style="list-style-type: none"> • note the information contained in this report • together with the Childrens Strategic Partnership reflect on this analysis and determine how we can work together to support a coordinated approach to better deliver the 1001 Critical Days in Bury.

OUTCOME REQUIRED <i>(Please Indicate)</i>				
	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		
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 checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

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 checked="" type="checkbox"/>	N/A	<input 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:						

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input 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
N/A		

The 1001 Critical Days – Starting Well in Bury

October 2023

Authors:

Sandra Bruce, Assistant Director Early Help and School Readiness

Rachel Davis, Public Health Specialist - Start Well, Public Health



The First 1001 Days - 2013

1. The approach set out in the first 1001 days was first introduced in 2013. It laid out a model and pathway to ensure that from conception to age two, parents had a wraparound service which ensured that children got the best start in life.
2. Changes in Bury has resulted in a reduction in the availability of the universal offer to families at a neighbourhood level both from the health economy and Council.
3. The Government is now reenergised around the model with a renewed focus on delivery.
4. Fundamental to the pathway was the offer from midwifery through to health visiting with the additional support in the community provided by what was then Council Childrens Centres.
5. These 1001 days are a critical time for development, but they are also a time when babies are at their most vulnerable. Some babies have a disability diagnosed; some have a developmental need that is likely to develop into a special educational need once they enter compulsory education if special provision is not made.
6. During the period from conception to age two, babies are uniquely susceptible to their environment. These 1001 days are also a critical period for developing communication and physical skills.
7. Early diagnosis of a disability or other emerging needs, can improve long term outcomes by ensuring parents and carers have access to the information and support they need.

The Importance of the Conception to Age Two Period

There has been renewed focus following the 2021 review of the 1001 critical days which identified six Action Areas:

Ensuring families have access to the services they need

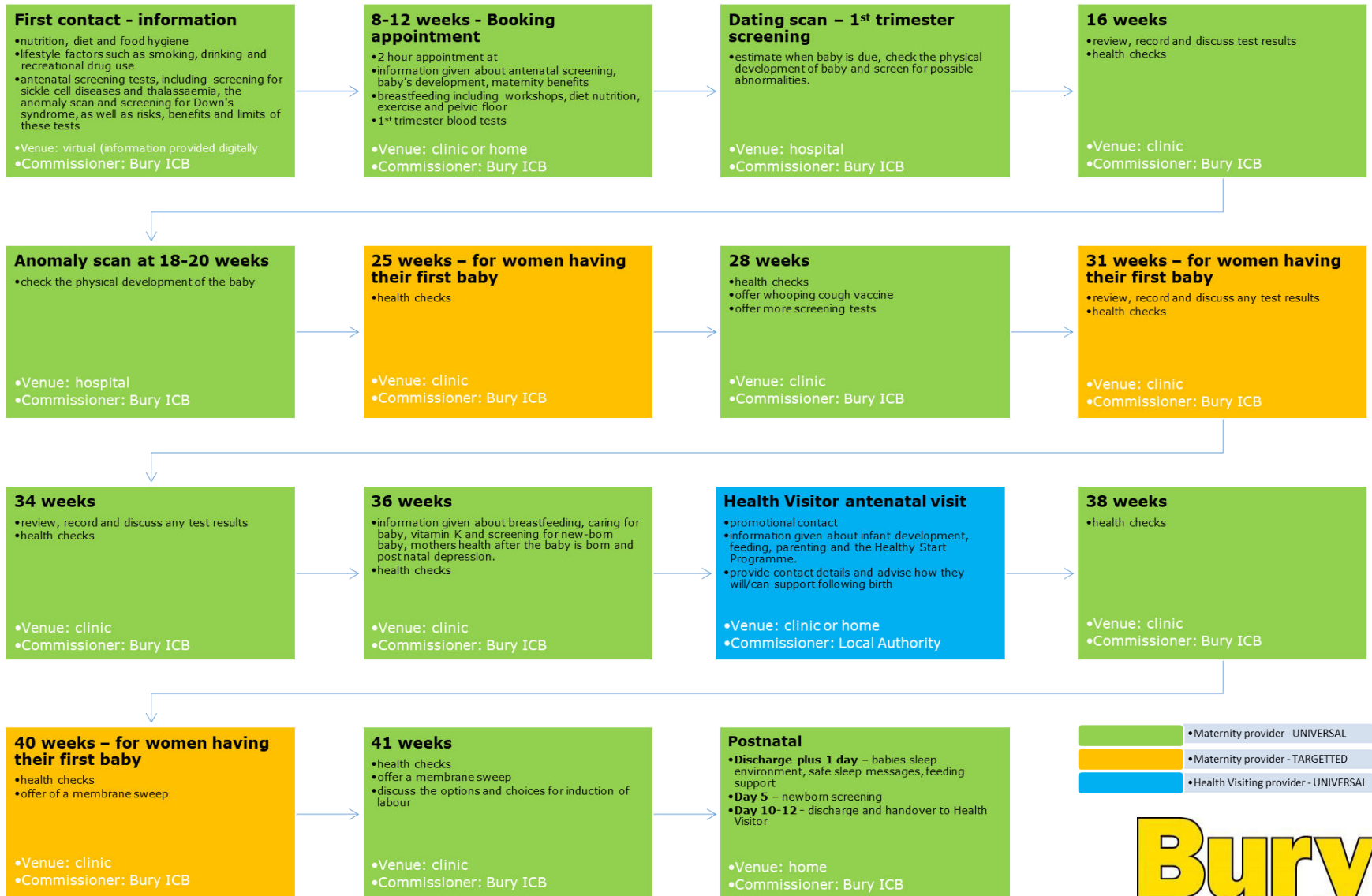
1. Seamless support for families: a coherent joined up Start for Life offer available to all families.
2. A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
3. The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.

Ensuring the Start for Life system is working together to give families the support they need

4. An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families.
5. Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection.
6. Leadership for change: ensuring local and national accountability and building the economic case.

- Over the last four years Bury has seen a significant change to service delivery. By 2019 like many other Local Authorities Bury saw a reduction in its Council Children Centre Offer and realignment of its Early Years workforce to focus on more targeted intervention.
- Covid saw babies born in lockdown with less ability to socialise and this has impacted on babies readiness for nursery as well as readiness for school.
- Post Covid Bury has seen a reduction in two year take up (access to nursery provision) (69.9% uptake in Summer 2023 – although through targeted work uptake is currently 74.8% for this Autumn term) as well as decline in children’s readiness for school (GLD 2022/23 63.3% which is below National average, Bury were on par pre COVID. Post COVID we did not follow the National trend and declined more than in other areas) We have also seen an increase in requests for inclusion support for the under 5s as children arrive at nursery with emerging additional needs
- In response to this the Starting Well and Early Help Board has prioritised a review of the offer and gap analysis. Children’s Services, Health Visiting, ICB and Public Health have met twice to map gaps and challenges in delivery of the 1001 Critical Days pathway in Bury supported by AQUA.
- Data flow and reporting is a significant ongoing risk – lack of understanding of population need due to lack of ASQ assessment and EYFS data – this further compounds ability to respond at a neighbourhood level.
- Family hub model needs to be developed and delivered at pace across other 4 neighbourhoods – this is the only way we can build back the locality approach.

Universal antenatal contacts The 1001 Critical Days



Commissioning arrangements with Midwifery services doesn't lend itself to integrated neighbourhood working

Delivering all universal contact points within the pathway, neighbourhood delivery is not entirely consistent across the Borough with MFT delivering in the neighbourhood for South residents only and BFT for North residents.

Findings

- Midwifery relationships have improved – Maternity Locality Board meet bi-monthly, attended by ICB, Public Health and both local Maternity Trust's.
- Mapping of antenatal contacts has provided assurance that all contacts on the pathway are being delivered.
- There is discrepancy between neighbourhood delivery of contacts in neighbourhood – e.g. booking appointment for MFT is delivered in community if M25, M45 or BL9 resident, but other Bury residents have to attend at North Manchester or Fairfield hospitals. BFT patients attend booking appointment at Bolton hospital due to connectivity issues to system in the community.
- There is currently no antenatal education classes available in Bury. MFT have employed an Antenatal Education Midwife who will be reviewing and developing an offer for parents. No similar opportunity is currently available from BFT.
- The demise of functioning children centres means that there is not the relational approach to ensure that parents (especially first time parents) can easily be signposted to support.
- Mental Health services capacity means there is not the consistency of services available – especially in terms of our of hours support.
- Safeguarding is prioritised over the universal offer which places additional pressure on service capacity.
- Workforce vacancies compound the gaps in delivery and the time midwives have to explore needs.
- Commissioning arrangements are complex.

Early Years Delivery Model

The 1001 Critical Days



A paper has been presented to the Board outlining the pressures on the Health Visiting service. This leads to pressures in the system

Findings

- The Ages and Stages (ASQ) data is not available, which means we cannot identify emerging needs for children to target service provision– have been working with the NCA to resolve for 2 years.
- Minimal data flow means we are unable to describe population need (neither neighbourhood or Borough level) and respond to it. This is one of the biggest risks to delivery of the pathway.
- The pressure on the service means that we have not been able to introduce the 18 month development check. Whilst not mandatory this means children are not routinely seen between 9 and 24 months. We can see the impact downstream with increased demand for speech and language therapy, SEND support when children start nursery
- The increasing demand and need to prioritise safeguarding activity is putting additional pressure on service capacity.
- Capacity issues are ongoing which impacts the time health visitors have to engage and support families, especially in relation to early help assessments.
- Capacity issues mean that assessments are not being delivered in a timely manner and windows of opportunity to intervene potentially missed.
- Workforce vacancies.

Analysis – Council Early Years The 1001 Critical Days

The closure of 9 children centres since 2015 and the reduction in the universal offer has resulted in more vulnerable families not able to access the support and targeted help they once might.

Findings

- Closure of some children centres means that support is less available to parents within their community.
- Reduction in early years staff has resulted in some clinics happening in children centres, in isolation which means that there is no easy pathway to support if parents require help.
- There was a reduction in two years funding uptake, which at the highest averaged around 80% to a low of 64% in 2022-2023. Whilst a media campaign over this summer has resulted in a significant increase our nursery settings are reporting that when children are arriving at 2 they are less ready with significant delays especially in speech and language.
- The relationships between midwifery and early years staff is more fragmented at neighbourhood level in part due to how services are currently commissioned.
- As we are not receiving the ages and stages data we cannot adequately target resource to need

The 1001 Critical Days

Considerations

- Following a review in 2021, there is an increasing scrutiny of how the 1001 Critical Days pathway is delivered.
- The Bury 2030 Strategy, with an emphasis on integrated public service teams in neighbourhood reflects the national agenda for developing family hubs.
- Family hubs should be integrated spaces within each neighbourhood, where key partners co-locate to develop services for families, linked to local demographics in order to reduce inequalities.
- Family hubs bring together both universal and targeted support for families through co-location of both universal deliverers and targeted early help teams. The family hub guidance sets out a strength based whole family approach to address needs and tackle inequalities.
- Family hubs have a significant focus on early years and specifically the 1001 days and are the recognised vehicle to deliver against starting well priorities.
- The Ages and Stages (ASQ) data is a significant pillar to understanding need and target delivery. This lack of available data means that we are unable to fully understand and respond to emerging need at a neighbourhood level.
- Both the Locality Board and the Childrens Strategic Partnership need to reflect on this analysis and determine how we can work together to support a coordinated approach to better deliver the 1001 Critical Days in Bury.

Meeting:			
Meeting Date	06 November 2023	Action	Receive
Item No.	8	Confidential	No
Title	Integrated Delivery Collaborative Update		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Kiran Patel		

Executive Summary
This paper is intended to provide an update to the Board of progress with the work of the IDC , and progress with the delivery of programmes across the Borough
Recommendations
The Board are asked to note the progress of the strategic developments, and progress of the programmes

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (£75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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 checked="" 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	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>



Implications						
report?						
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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input 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:						
Once achieved, the ambition of the IDC will have a positive impact on the quadruple aim domains of population health ,experience, workforce and economics						
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 type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
IDC Board	25/10/2023	



Bury Integrated Delivery Collaborative Update

1. Context

This report is intended to outline to the Board progress which has been made with the key programmes of work within the IDC

2. Key strategic developments

Key developments over the past month include:

- Providing further clarity regarding the programmes of work that will deliver efficiencies.
- We have been giving a specific focus to the elective programme and how we gain more traction on system changes across specialties. The first product will be to produce a summary for GP's of referral processes in place at specialty level for the NCA and NMGH
- Describing further our approach to communication and engagement for professionals and our service users, to ensure that service users are treated in the most appropriate setting
- Developing the approach to define key success metrics for the Borough
- Workshop planning to review our model of neighbourhood working for health and care teams, and understanding the further clarity we need to give to this through engagement with stakeholders over the coming months. We are planning for this to be held at the end of November. An as is description of the current neighbourhood / community services offer across PCN's and neighbourhoods is currently being described
- Workshop to propose how we support support risk management in the Borough on behalf of the IDC and Locality Boards. This is outlined further in the risk management paper
- Workshop to understand the support going into care homes, with a focus on reducing hospital admissions, which is the focus of the NWAS/ NCA collaborative for Bury
- Continuing to support the work to redesign the North Manchester General Hospital site. A stocktake of offers available to the NMGH site has been undertaken.

3. Programme structures and leadership

A paper has been drafted to outline the the totality of the transformation portfolio (change programmes and business as usual) within Bury including:

1. Locality Board priorities: These are the priorities agreed by the Locality Board in July 2023
2. Efficiency schemes : These are the schemes identified and being scoped in September 2023
3. Programme priorities: There are the priorities agreed at the start of 2023. These are likely to need the most significant review , given the current financial challenges and reviews of programme priorities which are currently underway
4. Neighbourhood priorities: These are the priorities agreed at neighbourhood in April 2023 and will be reviewed for April 2024
5. Primary and Secondary Care interface priorities: These are the national and GM priorities and principles agreed to improve primary and secondary care interfaces
6. GP engagement local thematic priorities: These are the local priorities identified by GP's to support more effective working in primary care
7. Consultant recommended priorities: These are the suggestions made by Consultants

at BCO to improve patient pathways

Throughout the remainder of the year, based on forecast economics planned for workstreams, programme capacity will be aligned to support key priorities in the context of GM and national requirements. It will be necessary to stand some programmes of work down and to have a clear process via the IDC delivery and transformation team to manage requests from of the team.

Work continues to deliver confirmed and potential efficiency schemes. A progress report and RAG rating was reviewed by IDC Board in October. Cost saving targets have yet to be assigned to each of these schemes. This will be closely monitored through the locality savings group.

Areas currently being scoped will need to be further prioritised based on the opportunities for efficiency and the capacity available to support the change interventions. Things that need particular attention include:

- Elective care and defining our approach to demand management
- Aligning resource to the potential efficiency schemes,
- Our approach to the major conditions strategy
- How we get traction on the interface work between primary, community and secondary care: The formal programme of work regarding interfaces (from GM and national guidance) and communication

4. Communication and engagement

We are continuing to design a programme of work which includes patient and professional communications, which is outlined below:

1. Patient Communications

- Get to know where to go – this will also include when patients are discharged from hospital, as well as which services to access
- Who's who in the practice
- National toolkit supporting use of the NHS app and our ambitions for the prescribing programme of work
- Bury Directory

2. Professional communications

- Review content of NWS Directory of Service and information created for the virtual ward to summarise our out of hospital offers
- Referral process information: At present the DOS is accessed only through the Referral, Booking and Management Service
- Bypass numbers to be shared between providers
- Neighbourhood teams : video describing why we created them and who's who in the team and how they are managing patients away from services

We will need to consider how we encourage services to use materials created for them. We are currently trying to establish a group of service users to help us to design the content described above. We will also be developing this approach with Clinical and Professional Senate.

5. September IDC Programme highlights:

Urgent and Emergency Care: Improvement event at Killelea very well attended, with actions agreed to improve communication and flow across the system. Bury proceeded assuming the urgent and emergency care recovery funds indicated as available for Bury from GM ICS, will be made fully available. GM confirmed they required Bury to save £384,000 from that allocation. At present 50% of savings have been identified and submitted to GM.

Elective Care and Cancer: Date confirmed for the locality to attend the NCA Community Diagnostic Steering Group to discuss opportunities post Bury e-Derma pilot with SRFT, to extend the e-Derm model being established in Salford CDC to provide access to Bury patients in the community.

Adult Social Care: the Council will need support from system partners to contribute to its self-assessment that will be shared with the CQC as part of Bury's assessment. The first cohort of 20 local authorities to be assessed are now expected to be contacted by the CQC in December.

Mental Health:

There continues to be relatively good progress in implementing the Bury MH strategy, with positive support for events in Bury to mark National Suicide Prevention Week. A key challenge for the system remains the level of demand for acute inpatient beds and the resulting high numbers of out of area placements. At present there remains no commitment from any PCNs in Bury to fund the additional ARRS MH posts detailed in national guidance. This will limit the capacity of the new Living Well Teams.

LD & Autism

Alders work "Towards Independence" work continues to bring back complex people from outside the area. Savings: £113k for social care; £113k for NHS. Learning session held.

Complex Care

Transforming Care is performing the best GM. Fast tracks data cleanse is now complete with accurate reporting. We are now reporting 19/50,000 population which is less than the GM mean.

Neighbourhoods:

The year to date has seen the highest average number of Active Care Management referrals per month since ACM started. There has been relatively good progress in delivering the Locally Commissioned Services [LCS] Framework targets in each Neighbourhood.

Primary Care:

Monthly meetings are taking place between the primary care team, finance team and the PCN's to ensure spend for AARS is on track. Ensuring recruitment can be evidenced against all relevant roles by the 16th October is essential, to prevent national/GM money being lost from the economy.

Community Health Services: The Community Health Services Senior Leadership Team have identified a range of opportunities to support efficiencies, some of which have already commenced.

Palliative and EoL Care: New Bury palliative and EoLC strategy and programme plan in

development.

6. Performance summary

- In August 23, the total number of GP appointments increased by 1.7% on the previous month.
- A&E attendances remain high and have not seen the usual seasonal drop. There were 6,919 A&E attendances from Bury registered patients in September 23, higher than September 22 (6,356). This may have been impacted by streaming not being in place. 4 hour performance in August was 68.9%, a slight decrease on the previous months performance of 70.6%. The number of patients experiencing 12 hour waits (from arrival) increased in September to 417 from 347 in August, however are still significantly lower than September 22 (717).
- Elective waits have slightly increased, with 31,917 patients currently waiting. Patients waiting over 78 weeks increased by 36% compared to July, with 38 patients remaining.
- Cancer 2WW has seen an increase in performance in August by 8.3%, 28 Days has increased by 0.3% on performance in July, this is despite higher referrals in the last three months, which is a trend seen across GM.
- IAPT patients seen within 6-week timeframe has decreased in August, however still within target and Bury is currently performing better than GM.
- The percentage of the Bury population on the palliative care register has remained the same in September from August.
- UCR 2 hour response was below the target of 70% in August at 50%, this was previously 75% in July.

Key indicators are scrutinised with action plans implemented through our programme boards. We are working to refine clarify of the role of the IDC Board and System Assurance Committee with regard to the management of risks and performance, to prevent duplication of effort. All programme boards will be asked moving forwards to ensure that they report mitigating actions against failing performance indicators within the monthly highlight report for the IDC Board.

Programme boards are also being asked for their key indicators of success to ensure that these requests are built into future GM performance reporting systems.

7. Risks

Following agreement of the proposed Bury system risk reporting process at April's IDC Board, all programmes and relevant committees were asked to submit any risks of 12+ using the GM risk reporting template.

Key risks have been submitted from programme areas relating to the areas of:

- Workforce availability: challenges in recruitment exacerbated by guidance in place to support financial recovery, both clinical and non-clinical
- Estates availability
- Financial challenges of the Borough and resources unavailable to support additional investment in community and mental health service developments
- Performance challenges

- IT and data systems to support transformational change
- Connectivity between the PCN's and neighbourhoods, and utilisation of AARS monies
- High levels of demand across services.
- Gaps in commissioned provision including adult ADHD and Autism assessment provision - impact on patient experience and financial pressure arising from volume of *patient choice* referrals to private providers.
- PCN ARRS investment and risk to the staffing model
- Risk around UEC recovery schemes due to savings required by GM
- GM funding issues and effects on a number of pilots/schemes in the locality

A workshop was held in October, to discuss further development of the Bury system risk reporting process, to support risk management in the Borough on behalf of the IDC and Locality Boards.

It is proposed that a Risk Performance and Scrutiny Group will be convened, chaired by Catherine Jackson and meeting on a monthly basis in the first instance. The Terms of Reference will be to undertake on a monthly basis, a detailed review of system risks, including decisions on escalation to IDC and Locality Boards, and agreement on the inclusion of new risks/ closure of risks.

8. Recommendations

The Board are asked to note the progress and risks outlined within the paper, and support the proposed approach with regard to risk management.

Kath Wynne-Jones

Chief Officer – Bury Integrated Delivery Collaborative
kathryn.wynne-jones1@nhs.net
October 2023

Meeting: Locality Board			
Meeting Date	6 November 2023	Action	Consider
Item No.	9.1	Confidential	No
Title	Overview of CYP NHS Pathways and Waiting Times – October Update		
Presented By	Chair of the Locality Board		
Author	Jane Case, Programme Manager		
Clinical Lead	N/A		

Executive Summary				
This overview highlights the works done to date and increased activity and support secured as well as looking at what has been undertaken across the children's system to get back to pre-covid activity.				
Recommendations				
It is recommended that the Locality Board: <ul style="list-style-type: none"> • Be aware of the current waiting times, the challenges and the steps being taken to make progress in reducing waiting times for the benefit of children and families • Ensure each organisation in the locality board has formally recognised the position in its own governance arrangements • Ensure all partners continue to work proactively together 				
OUTCOME REQUIRED (Please Indicate)	Approval	Assurance	Discussion	Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget	Non-Pooled Budget		
	<input type="checkbox"/>	<input type="checkbox"/>		
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 checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

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 checked="" type="checkbox"/>	N/A	<input 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:						

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input 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
N/A		



BURY
INTEGRATED CARE
PARTNERSHIP

Overview of CYP NHS Pathways and Waiting times. October update for Locality Board

Part of Greater Manchester
Integrated Care Partnership



Presentation by:

Jane Case

The impact of the pandemic and lock downs has been felt in a growth in demand across all the children's pathway and systems

1. Since moving out of lock down the NHS is dedicated to addressing waiting times. This overview will highlight the work that has been done to date with all services and the increased activity and support that has been secured as well as looking at what has been undertaken across the children's system to get back to pre-covid activity.
2. This presentation provides an overview of the ongoing work initialised in January to further understand the system, its pressures and partnership opportunities to deliver better outcomes and pathways for children , young people and their families.
3. The Locality Board is invited to:
 - Be aware of the current waiting times, the challenges, and the steps being taken to make progress in reducing waiting times for the benefit of children and families
 - Ensure each organisation in the locality board has formally recognised the position in its own governance arrangements.
 - Ensure all partners continue to work proactively together







NHS GM (Bury) CYP Pillars 2023-2025



The NHS GM (Bury) CYP Pillars 2023-2025 support the delivery of statutory duties, national targets and recovery planning for Children and Young People (CYP) with a focus to reduce waiting list size and waiting times in Bury.

This will be achieved by:

- Complying with statutory duties and national policy in respect of CYP speciality pathways
- Maximising productivity and efficiency opportunities
- Developing improved referral pathways, or improved understanding of existing pathways, including utilising the graduated response
- Implementing consistent clinical prioritisation
- Developing our workforce
- Cultivating a sustainable, equitable, high-quality services for Children and Young people in Bury.

Pathway	Story	Mitigation	Trend	Target
CAMHS Core	Core CAMHS waiting times have reduced from 6 months to 5.2 weeks in 9 months	Ongoing work to expand offer		Remain under the national 12 week target
Neuro (CAMHS)	Initial slight reduction in waiting times to assessment was 104 wks – now 52 wks	More blitz activity planned utilising core team . 8 More staff trained ADOS to support		
COM PEADS	Reduced waiting times longest wait not booked from 79 weeks to 29 weeks	Service has lost 1FTE CP will have impact on waiting times moving forward		To reach national target
SALT	Waiting times have gone up this was understood and tolerated , whilst development work has been undertaken	Launch of the targeted offer will see reduction in next quarter		To reach national target
OT	Priority 3 CYP was 50 wk wait in Jan – now 47,up on last Q (40)			To reach national target no breaches
PT	Overall waiting times reduced from 25 weeks to 13 weeks			Maintain

October Update - Summary

- Progress in reducing waiting times in some areas through transformed service delivered and additional capacity
- Further system work in SALT will see the impact of the targeted approach in schools ensuing children's needs are met earlier.
- CYP mental health redesign work is ongoing to build capacity for brief interventions and self-referral.
- Additional capacity in CAMHS will see more capacity across all pathways.

Provider Pennine Community Foundation Trust	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and Target review date Review date
---	--------------------	-----------------------	---------------------	---------	--

Core CAMHS Pathway – Pennine Now commissioned at an ICB level

October 2023 update

Average wait of 5.2 weeks for core initial assessment

Recruited 2x band 6 for developing an initial assessment team (iAT) within CAMHS.

Therapy posts are still out to advert – they have been several times. There are national shortages of staff

Ongoing planning and development of the MH thrive hub. Also setting up a parent support group and have devised a survey to gather parent/carer feedback on which topics would be most useful.

On going developments re the expansion and new investment

Stable waiting times.

Provider Pennine Community Foundation Trust	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and review date Review date
CAMHS ASC / ADHD Pennine Pathway					
October 2023 update	<p>The overall waiting time remains the same (2 years)</p> <p>The initial assessment waiting time is 12 months. Reduced from 104 weeks in January</p> <p>Current waiting time for ADOS was 8 mths now 4 mths</p>	<p>8 staff trained in ADOS trained and due to access further training towards the end of the year.</p> <p>We have temporarily moved some of our Core CAMHS capacity into ND initial assessments to support with managing waiting times.</p> <p>The team have implemented additional MDTs to make decisions on assessments following this waiting list initiative.</p> <p>The neuro is fully staffed. The team lead is currently on the nurse prescribing training and when finishes in March 2024 will increase capacity for ADHD medication appointments/nurse led clinic.</p>	<p>As part of the new investment CAMHS will be recruiting a psychologist with specialist skills in ND/LD. CAMHS will also be recruiting 4x band 6 clinicians which will enable us to implement and initial assessment team (IAT).</p> <p>Bury CAMHS will pilot a new CBT model for YP with social communication difficulties</p> <p>The core team are still offering support for neuro initial assessments. 4 of the 2 band 6 iAT workers have been recruited but not yet started.</p> <p>The psychology LD/ND post is out to advert, this is offered as a b7 preceptorship or band 8a.</p>	<p>Pathway continues to have pressures and long waiting times, but plans are ongoing to do target initiatives to reduce bottle neck waits and improve the pathway experiences for families</p>	<p>Ongoing review and work across GM to consider options for addressing waiting times for this pathway</p>

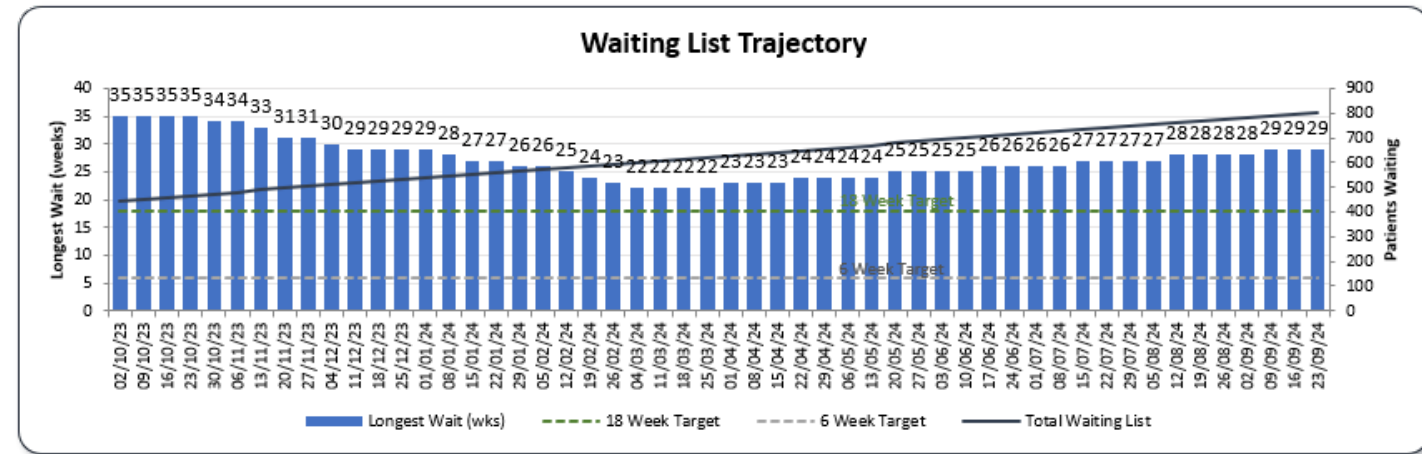
Provider Northern Care Alliance	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and Target Review
---------------------------------	--------------------	-----------------------	---------------------	---------	----------------------------

Community Paediatric Pathway Northern Care Alliance (Under 5s) - Now commissioned at an ICB level

October	Total Waiting list size:- 565 Total over 18 Weeks:- 232	With the loss of Dr Wilder, NCA are forecasting an optimum position of 29 Weeks by July 24. The average referral rate is currently 27 Per week, with capacity of 17 new	A business case has been drafted to try and secure additional capacity to meet need, this is going through process and the outcome is not yet decided.	Risk , should no additional capacity be sourced waiting times will begin to rise	
---------	--	---	--	--	--

Table 4 2023 October	Longest Wait-Booked	Longest Wait not Booked
----------------------	---------------------	-------------------------

Initial Assessment (RTT)	35 wks	29 wks
Follow up	3mts	3mts
ADOS	6 mts	6mts
Griffiths Assessment	1 mt	1 mt
Sleep practitioner	2 mts	2 mts
QB testing	1mt	1mt

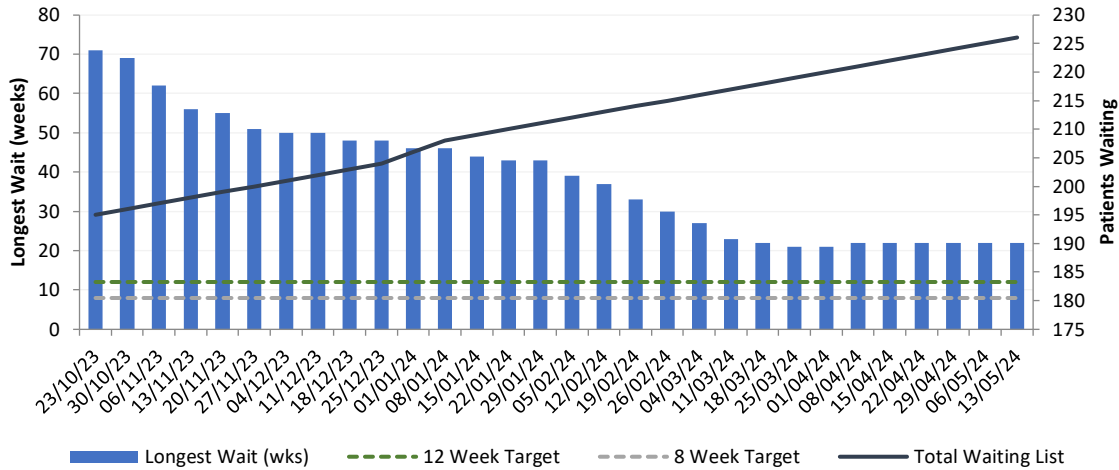


August 2022 Community Paediatric team come under new leadership in the NCA, at that point performance against national standard was 31% with waits of 80 Weeks. Current Performance:- 58.94% National Standard. 92%

Provider Northern Care Alliance	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and Target Review
Northern Care Alliance Speech Language and Communication Pathway - Now commissioned at an ICB level					
October 2023 update		<p>Increase in referrals post pandemic and reduction in new capacity due to vacancies and Maternity Leave has made a large impact on the Waiting List exceeding 52 weeks. The number of Children waiting for assessment is decreasing due to initiatives where the caseload may reduce but not necessary reduce the amount of weeks waiting at present.</p>	<ol style="list-style-type: none"> 1.Tactical capacity meeting with Clinical Operational Lead, Directorate Manager and SALT Lead to address and update action plan and initiatives implemented. 2.Recruited to outstanding Band 6 Post due in post October 2023 3.Band 4 post 20 applicants interviewing W.C 23.10.2023 4.School pilot rolled out to 20 plus establishments and supporting children being supported with assessments and support, discharge from service where appropriate supporting timely reviews for those on EHCP plans with SALT input 5.Schools pilot extending to all schools within the borough in two cohorts September 2023 and January 2024 6.Doubled appointment capacity from reviewing staff diaries 7. Children on the Waiting list who are placed within the schools on the pilot are being reviewed in school and removed off the waiting list. 9.Early years sessions – children grouped for age and similar SLCN need brought to a session x 3 children with two speech therapists. 10.Screen screener cascaded to early year settings and schools for assessments prior to referral and useful activities to complete prior to referring for active monitoring 11.Business Case in development 12. Cleansing of Waiting list to ring parents due to length of time on list is appointment needed 13. Can do Approach pilot being launched Feb 2024 for 40 families for an initiative to support SALT development alongside existing therapy 	<p>Waiting list is being reduced weekly due to all of the activity ongoing. The launch of the school offer in 64 targeted schools in Bury , September will have a significant impact on waiting times</p>	<p>Target review – waiting time increase in line with tolerance - Targeted offer will address this in next quarter</p>

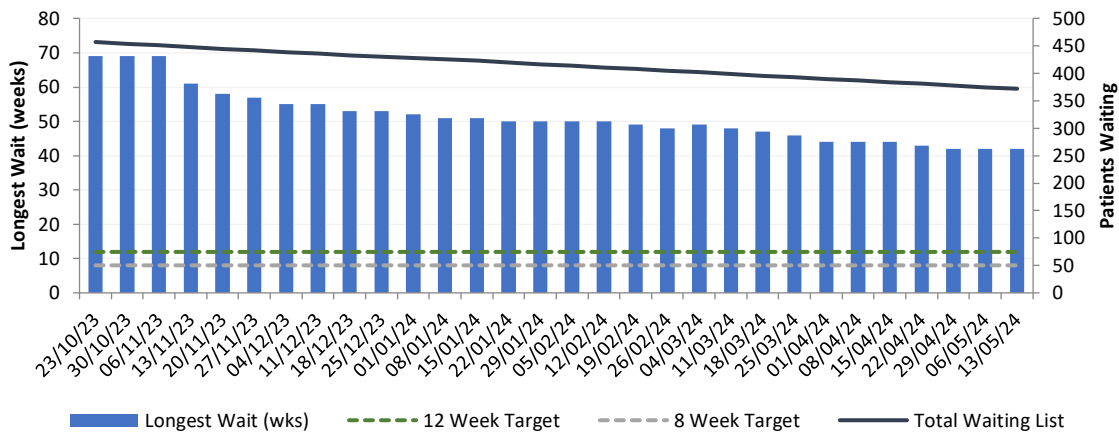
Speech Language and Communication Pathway October Trajectory

Waiting List Trajectory New appointments schools

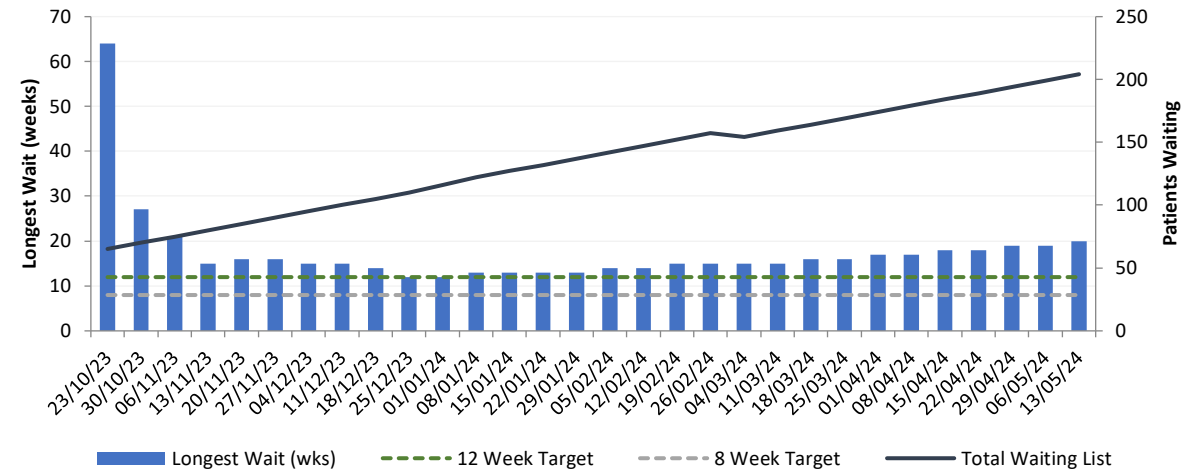


There are 3 pathways in SALT in line with the recent changes and the developments of the targeted offer

Waiting List Trajectory P1 and communication



Waiting List Trajectory CDC



Northern Care Alliance Occupational Therapy - Now commissioned at an ICB level

update	Priority	Scale	Waiting	referrals come in clusters allocated to one member of staff to manage caused backlog . Still carrying 1.0 WTE Band 5 vacancy interviewing 30.10.2023	postholder can take P3 patients in the waiting list as current waiting time 25 weeks Working with the Local Authority Childrens centres to support with early writing programme for parents and practitioners	launched to Schools and early years setting and triaging in place to ensure prior to accepting referrals schools are working on areas of development for a term prior to referring.
	P1-	Complex/	5 wks			
	P2	Urgent	7 wks			
	P3	Routine	47 wks			

Paediatric Occupational Therapy October Trajectory

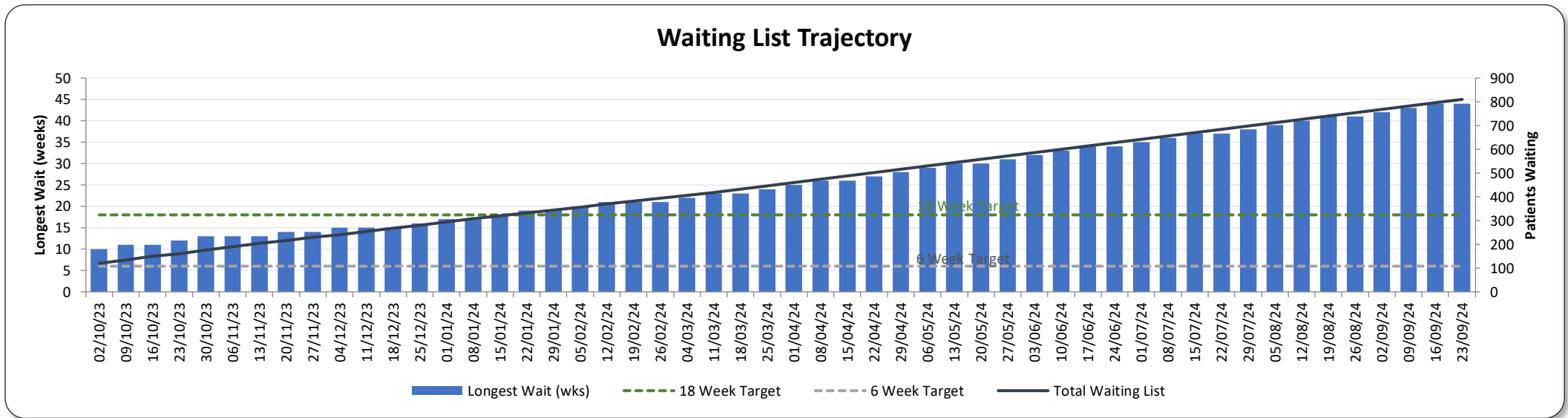


Provider	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and review date
----------	--------------------	-----------------------	---------------------	---------	--------------------------

Northern Care Alliance Physio Therapy - Now commissioned at an ICB level

October 2023 update							
	Priority	scale	Waiting times	Current pressures with 2 x maternity leave with a further one expected in December 2023	Additional winter pressure money funded pioneer for additional sessions which reduced the Waiting list significantly Locum covering Maternity Leave specialist in MSK managing to support and manage P3 waiting list	Fixed term to cover maternity leave from November 2023 out to advert	Target reached no breeches within service
	P1	Complex	2 weeks				
	P2	Urgent	8 weeks				
P3	Routine	11 weeks					

Paediatric Physiotherapy October Trajectory



We will continue to work as a Childrens system to provide better outcomes.

Any Questions

Presentation by:

Jane Case



BURY
INTEGRATED CARE
PARTNERSHIP

Transforming Children and Young People's Mental Health in Bury Impact Report July 2023

Part of Greater Manchester
Integrated Care Partnership



Presentation by:

Marina Nixon

Jane Case



i-Thrive

The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families

It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population

Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach

Impact of Data and Intelligence on Decisions

Fundamental to the success of transforming children and young people's mental health in Bury is robust, meaningful and timely data and intelligence. As a result of this, senior system leaders can now confidently state that they are:

- Fully informed of the position of mental health services for Bury;
- Able to make informed decisions – specifically, data informed the decision to increase funding for mental health to the local area;
- Cognisant of the successes, issues and next steps related mental health service provision for Bury;
- Able to take a long view of commissioned services and what is required for children and young people of Bury into the future
- Making informed decisions , responding to the voice and of CYP in Bury (Circles)
- Considering innovation and transformation based on evidence
- Developing Thrive aligned earlier intervention approach , changing culture, building whole systems approach
- Working with the system, for the system – provider led – commissioner assured model development



Headteacher: "I cannot speak highly enough of this programme. The content is based firmly in science but is delivered in a fun and engaging way for all learners within the classroom"

91% of teachers said Happy Breathing has benefitted their class

Pupil: "I like how relaxed the Happy Breathing has made me."

83% of teachers have seen the self-esteem of the children improving from using myHappyMind



myHappyMind

Emotional wellbeing curriculum pilot delivered to in 52 primary schools reaching 6045 pupils

Pupil: "It's useful to know parts of the brain and their roles, because then you can talk to it and understand how your brain is working, to understand why you feel certain feelings"

88% of teachers have noticed gratitude being shared more in the classroom

Teacher: "The children have already gained a lot from the programme, I have noticed some of the children in my class who struggle with anxiety are now thinking 'Ah, that's why I am in freeze mode but others aren't' and they now know what they can do to help with it."

75% of teachers said children now better understand the importance of positive relationships and what they need to do to build them

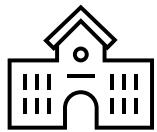
100% of teachers are having 1 to 3 conversations a week about their children's wellbeing

Parent: "My children have just started the myHappyMind lessons and when they come home from school it is all that they talk about!"

75% of teachers have noticed a difference in the children's active listening skills.



Wellbeing in schools' pilot to support education staff with implementing a whole school approach to mental health and wellbeing through physical activity and Department for Education accredited mental health training

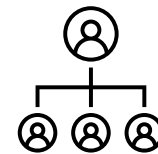


21 primary schools, 3 high schools and 2 pupil referral units participating in the pilot



Mental wellbeing lessons delivered to 1886 pupils to date

Impact evaluation due August 2023



14 education staff completing the DfE accredited senior mental health leads training



84 training courses completed to support staff with promotion of good mental health and wellbeing in their school

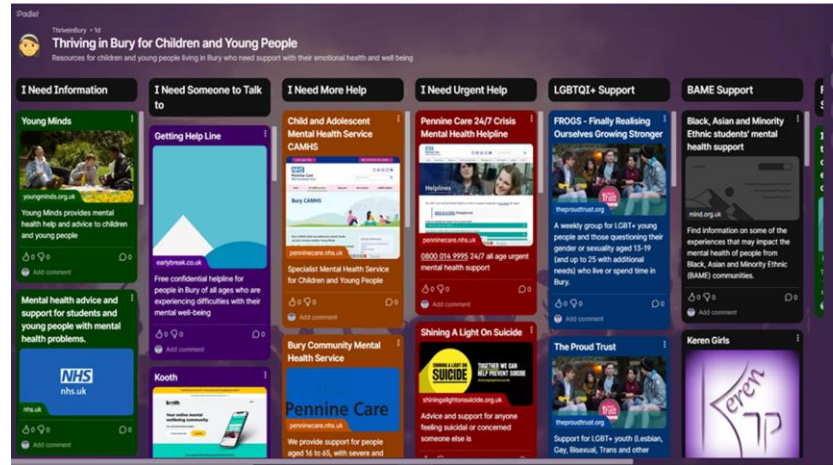


Thriving in Bury Padlets and Mental Health Campaign

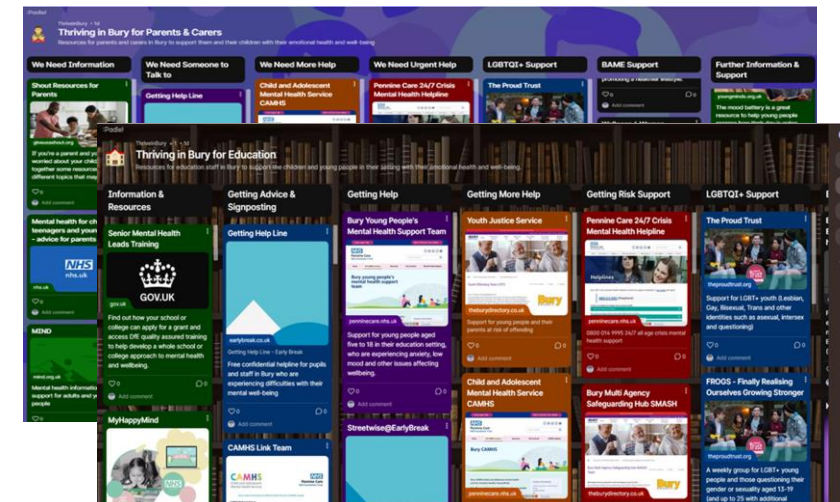
Launch of the Thriving in Bury digital platform which enables CYP to access emotional wellbeing information and support on their mobile phones. The platform had 693 visitors and 1341 views between April and May 2023



Promotional materials provided to over 130 education, service provider and primary care settings



Information and advice for parents, professionals and education staff via the digital platform



Co-produced with Bury Youth Cabinet

Social media campaign





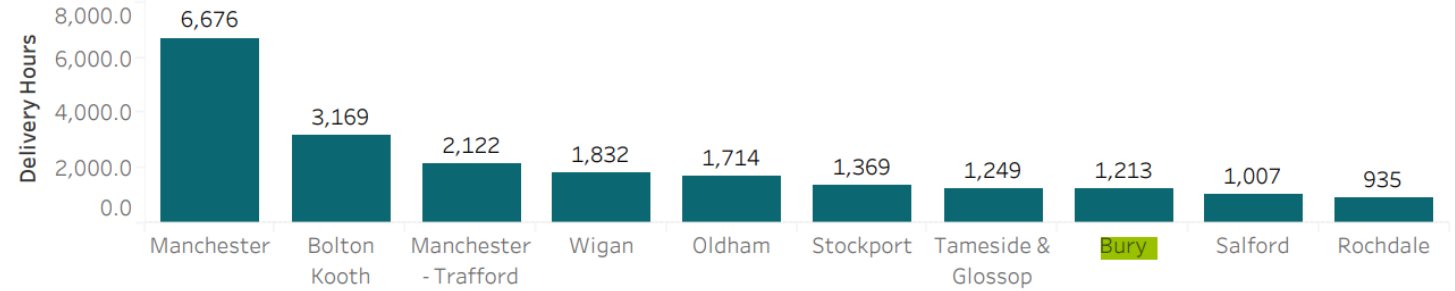
Service users

Bury 837

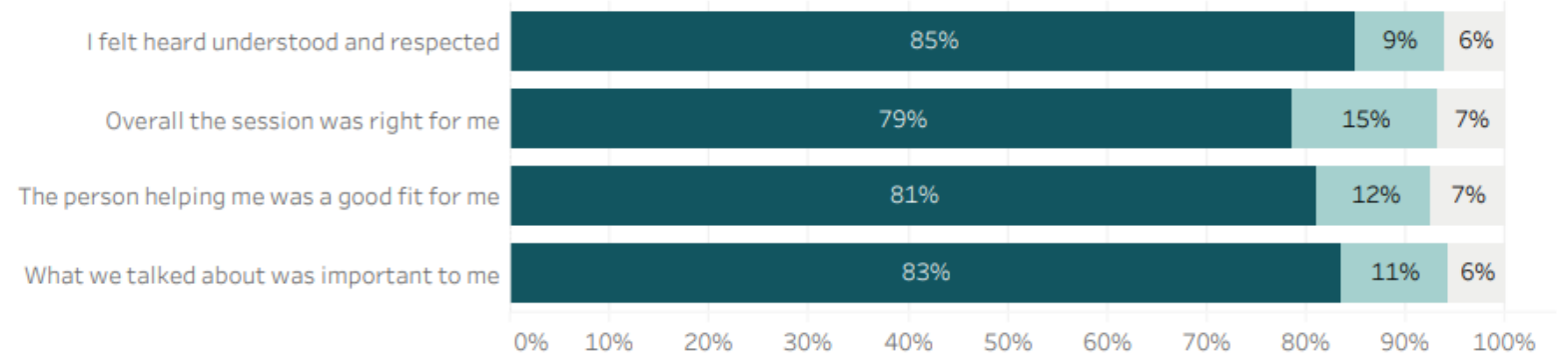
Period:01-Apr-22to31-Mar-23

Delivery Hours by Locations

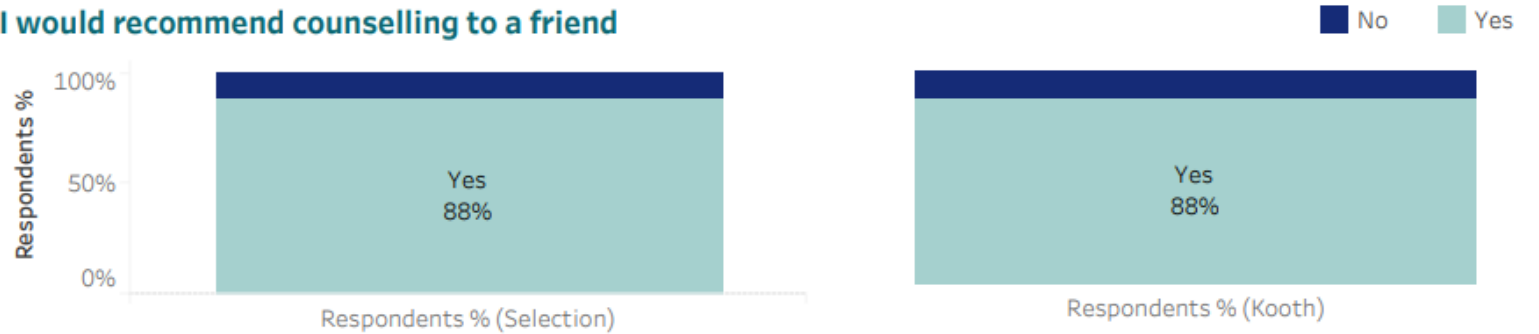
Max 10



531 Unique SUs Provided 1,051 Responses for Greater Manchester Kooth CYP



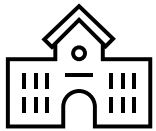
I would recommend counselling to a friend



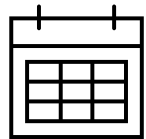


Bury Mental Health Support Team in Schools

New mental health support service delivered in 30% of education settings to support young people aged 5 to 18 with anxiety, low mood and other issues which affect their wellbeing



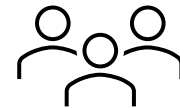
9 high schools, 19 primary schools, 2 colleges, a pupil referral unit and a special school covering a pupil population of 19,000 have been selected to receive the new service based on mental health need



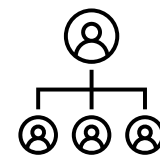
Phase 1 implementation complete with 9 high schools and 10 primary schools live and receiving referrals. Phase 2 implementation taking place for 13 remaining sites



114 interventions were provided to young people which include consultations, workshops, group interventions, individual and group cognitive based therapy and parent training*



The Bury Mental Health Support Team has been established and is staffed by senior clinicians, higher-level therapists and trainee Education Mental Health Practitioners



19 education settings have received support to develop their whole school approach to promoting emotional wellbeing and 43 have accessed the Department for Education senior mental health leads training grant



85 referrals have been received by the service with a predominant presentation of anxiety, followed by worry and low mood*

Bereavement and Loss Support
Closing the Gap
Transition Support



CYP Emotional Health and Wellbeing Support Service

Streetwise Emotional Wellbeing
Support for 14 to 16
Holistic Therapies

96% of YP said they would recommend Early Break



683 Referrals received for CYP requiring emotional health and wellbeing support between April 2022 and March 2023

92% of YP said they felt listened to



537 of those CYP received direct support from an Early Break service which includes advice and guidance, group and individual therapy and family support

95% of YP said they were treated well and with respect



230 of those CYP have successfully completed treatment

After their sessions:

70% of young people said they understand their problems better

47% said they felt more confident

60% said they were making changes as a result

Sample size 75



ASD and ADHD pre and post Diagnostic Support Service

★ The service received 181 ASD and 69 ADHD related referrals for CYP between April 2022 and March 2023

★ 93 families were provided with one to one support
128 parents attended parenting courses to help support them with their child's needs

28 parents completed the Paediatric Autism Communication Therapy

17 parents completed the Riding the Rapids course

★ 183 people attended drop in sessions of which 175 were offered additional support from FPF, 132 were provided with self help information and 69 were signposted to alternative support which met their needs

★ 104 people attended coffee mornings which offered them a safe environment to meet and chat with others in similar situations



94% of families said that FPF had helped them

95% of families said the support they had received from FPF had helped them to manage their worry or problem

96% of families said they know where to get information and support when they need it

32% of families said they would have accessed support from their GP or hospital if support had not been available through First Point and 15% said they would not have accessed support at all

"The sessions have really helped me. I have used some of the things we have talked about, and they have worked. Thank you it's been really helpful"



Talk Listen Change in Partnership with Fort Alice were commissioned in 2022 to deliver comprehensive support for CYP who have witnessed, been victim to or portrayed behaviours deemed to be harmful to others under the definition of domestic abuse

"You've helped me get through a lot and taught me how to handle my emotions"

★ TLC have received 86 referrals with 52 CYP currently accessing support through the programme*

★ 423 interventions have been delivered to CYP including one to one support, group sessions and counselling*

★ 18 CYP have successfully completed the programme*, of those:

- ★ 83% of parents report a decrease in conduct problems
- ★ 75% of parents report a decrease in hyperactivity
- ★ 83% of CYP report a decrease in psychological distress

★ Fortalice have delivered counselling support to 19 younger age children and are working with a further 23 CYP*

★ 10 CYP and their families have completed the Respect Young People's Programme for displaying unhealthy behaviours in their relationships*, of which:
83% reported a decrease in hyperactivity
80% reported a decrease in conduct and peer-related problems



The Proud Trust were commissioned in 2022 to provide emotional wellbeing outreach support to LGBT+ young people in Bury

Transgender and nonbinary people are up to six times more likely to have autism

Parent: It's changed them in so many ways. B now has real friends... That's a new thing for them too. The young people you have there (and staff) have accepted B as they are and they are showing so much more self love thanks to you all! You have helped us as a family more than you can ever know."

There is a focus on making and maintaining friendships, and the importance of socializing and being supported by friends

34 youth group sessions have been delivered with 703 attendances from 65 unique young people

There are lots of mentions of self-discovery and the process of learning more about oneself and one's identity.

"Making new friends, the people here are like family to me and make me feel validated for once"

There has been 4 outreach sessions delivered in schools in response to issues raised around the lack of support and daily challenges LGBT+ young people face. The sessions have reached 69 unique young people

The evaluation describes a sense of belonging and feeling like one has found their "people" or community

12 LGBT+ awareness workshops have been provided with 180 attendances





Pennine Care
NHS Foundation Trust

Bury CAMHS

Specialist Mental Health Provision for Children and Young People

Blitz Week Impact

144 CAMHS appointments offered
45 CYP received an initial assessment for core CAMHS support
81 CYP received an initial assessment for neurodiversity support

Managing anxiety seminars for parents

Friends & Family Test

94% of people who used the service between June 2022 and June 2023 rated their experience as **good or very good**

Sample size 280

Core CAMHS Waiting Times

reduced from 17 weeks in June 2022 to 9 weeks in June 2023

Activity & Outcomes

4996 referrals received between April 22 and March 23

15,712 individual interventions were provided

Worry Wizard Programme started supports primary age children and their parents with managing worries and wellbeing





Over the last year 6 children and young people in Bury accessed Hope and Phoenix T 4 inpatient facilities

1 was a cared for child
4 had autism
5 now discharged

2 CYP were readmitted- both of these had Autism diagnosis

1 has now discharged

There are currently 2 CYP in in patient facilities, both have autism

CYP Dynamic Support Register

The Dynamic Support Register established for CYP with learning disability and or autism who are at risk of admission to a mental health setting or a 52 week social care placement.

- 22 CYP currently being monitored via the register
 - 15 with a red rating
 - 7 with an amber rating
 - 2 with a green rating
- 3 CYP have been stepped down into the holding area
- **11 CYP are receiving support from Key Worker provision**
- 3 CYP have been discharged from Key Worker provision
- 15 CYP allocated to CAMHS
- 4 allocated to the specialist support team
- 2 in in patient care
- 2 in residential care

Care Education & Treatment Reviews CETRs

Reviews about a child or young person who has a learning disability and/or autism and who is either at-risk of being admitted to, or is currently detained in, an in-patient (psychiatric) service.

- 6 planned CETRs this year
 - 1 pre-admission
 - 3 inpatient
 - 2 community
- No current CETRs pending

Current CYP Mental Health System Pressures in Bury...

Highest CAMHS referral rates in Greater Manchester for 12 to 16 year olds

Second highest rates nationally for percentage of CAMHS referrals closed before treatment

Like all GM areas there are long waits for neurodevelopmental assessments- Hospital trusts are reviewing different mechanisms to address this

High demand and wait times for early help support

Next Steps....

Pilot of a neurodiversity profiling tool kit – starting in September

Further development of core CAMHS to age 18

Co-location of CYP mental health SPOA within MASH

Re-design of the CYP mental health early help offer

Coproduction sessions CYP and Parents

Development of a teen emotional wellbeing education programme in response to feedback from CYP at the Circles of Influence event . You said, we are doing !
MyHappyMind Teens go live in Jan

Continued roll out of MyHappyMind to all primary schools expanding reach to an additional 4245 children their families and teachers

GM 13/09/2023 review of CYP crisis pathways

GM Hospital Trusts developing Cared For / Care Leaver intensive support offer in quarter 3

Autism Education Trust's (AET) Schools Professional Development Programme with via Senco network OakLP Outreach planned for November



BURY
INTEGRATED CARE
PARTNERSHIP

Locality Performance Report October 2023

Part of Greater Manchester
Integrated Care Partnership



Presentation by:

Contents



Section	Slide Number
Headlines	3
Urgent Care	4
Elective Care	5
Mental Health	8
Adult Care	10
Learning Disabilities	11
End of Life	12
Long Term Conditions	13
Community Services	14
Primary Care	16

September Headlines



Please note that unless stated, all intelligence relates to Bury registered patients at all providers.

In August 23, the total number of GP appointments increased by 1.7% on the previous month.

A&E attendances remain high and have not seen the usual seasonal drop. The high attendances impacted on A&E 4 Hour performance, decreasing by 1.7% in August and an increased number of patients experiencing 12 hour waits.

Elective waits have slightly increased, with 31,917 patients currently waiting. Patients waiting over 78 weeks increased by 36% compared to July, with 38 patients remaining.

Cancer 2WW has seen an increase in performance in August by 8.3%, 28 Days has increased by 0.3% on performance in July, this is despite higher referrals in the last three months, which is a trend seen across GM.

IAPT patients seen within 6-week timeframe has decreased in August, however still within target and Bury is currently performing better than GM.

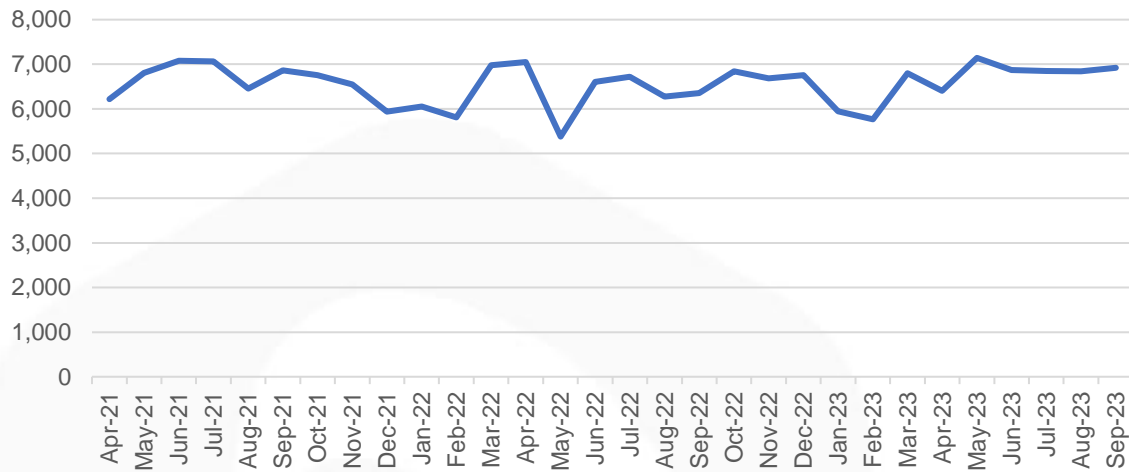
The percentage of the Bury population on the palliative care register has remained the same in September from August.

UCR 2 hour response was below the target of 70% in August at 50%, this was previously 75% in July.

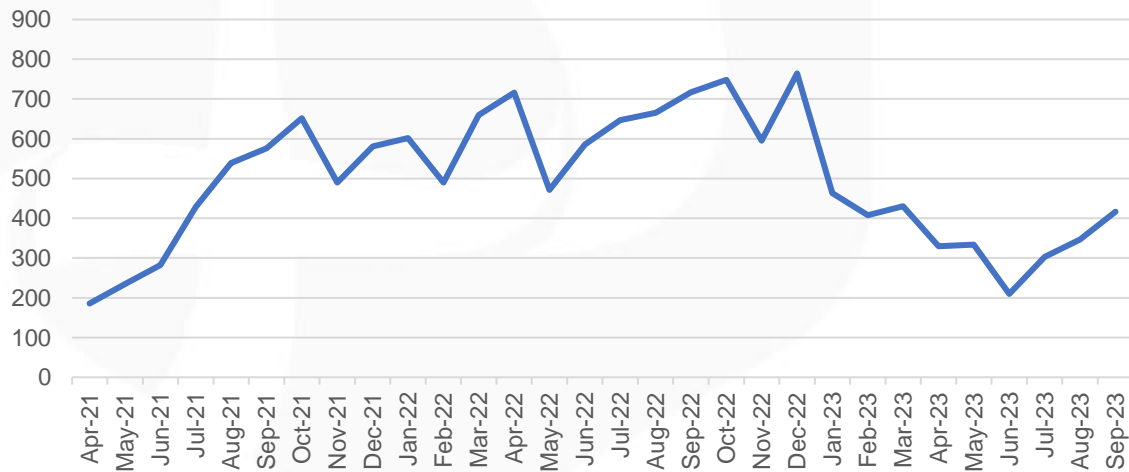
Urgent Care



A&E Attendances



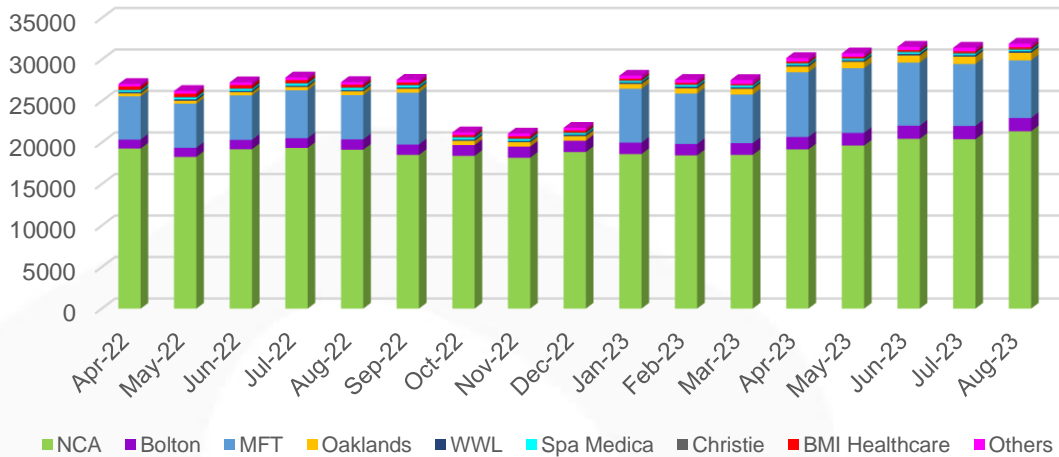
12 Hour Waits



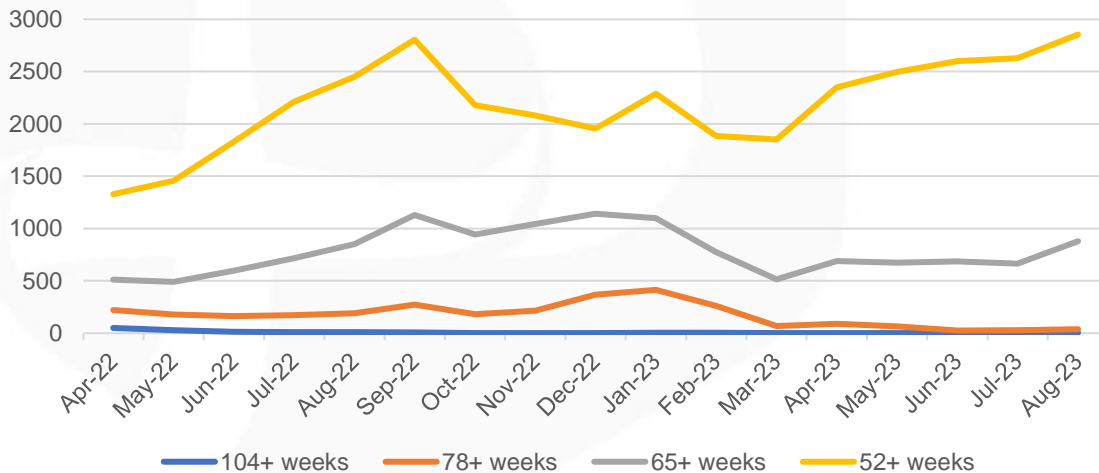
- There were 6,919 A&E attendances from Bury registered patients in September 23, higher than September 22 (6,356). The proportion of Adult attendances remained at 76% of attendances this year compared with 76% in September last year.
- 4 hour performance in August was 68.9%, a slight decrease on the previous months performance of 70.6%.
- The number of patients experiencing 12 hour waits (from arrival) increased in September to 417 from 347 in August. 12 hour waits are still significantly lower than September 22 (717).
- A&E attendances for mental health conditions have stayed static in the last few months.

Elective Care

Bury Waiting List: All Specialties



Summary: Long Waits

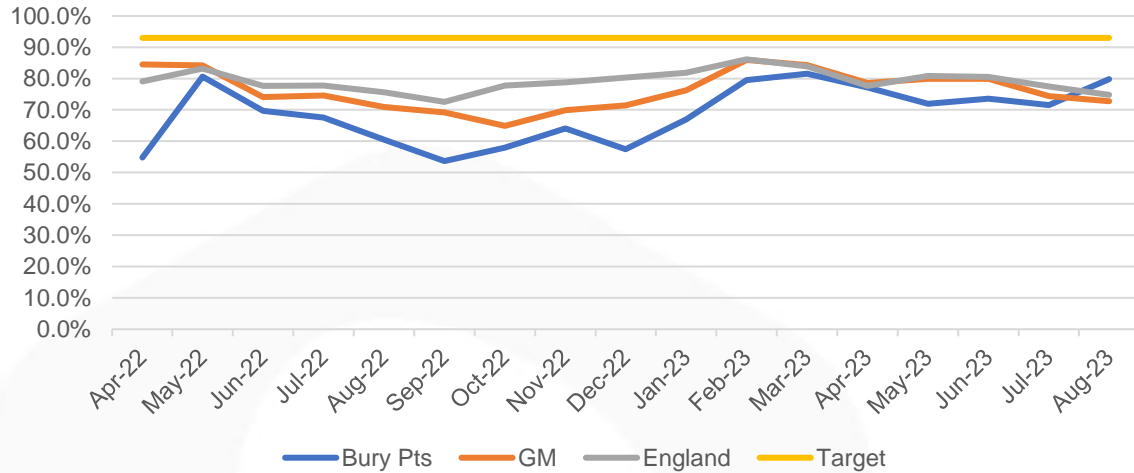


- Oct, Nov & Dec 22 elective waits impacted by lack of MFT data. Published data since January 23 now includes MFT.
- Published August data shows a slight increase on July 23 (1.6%, 490 pathways). Since July 23 there have been small increases across some specialties with Dermatology showing a 8.6% increase and Other-Paediatric showing an increase of 7%.
- Small reductions seen across several specialties in August, Oral Surgery (-5.3% since July).
- Immediate target was to eliminate 78+ week waits by Apr 23. These have increased on July's figure by 35.7% (+10 pathways) in August. Primarily the increase is in Oral Surgery (+8 Pathways). GM expected there to be approx 675 78+ week waits at end of March 23, figures show there were 1054.

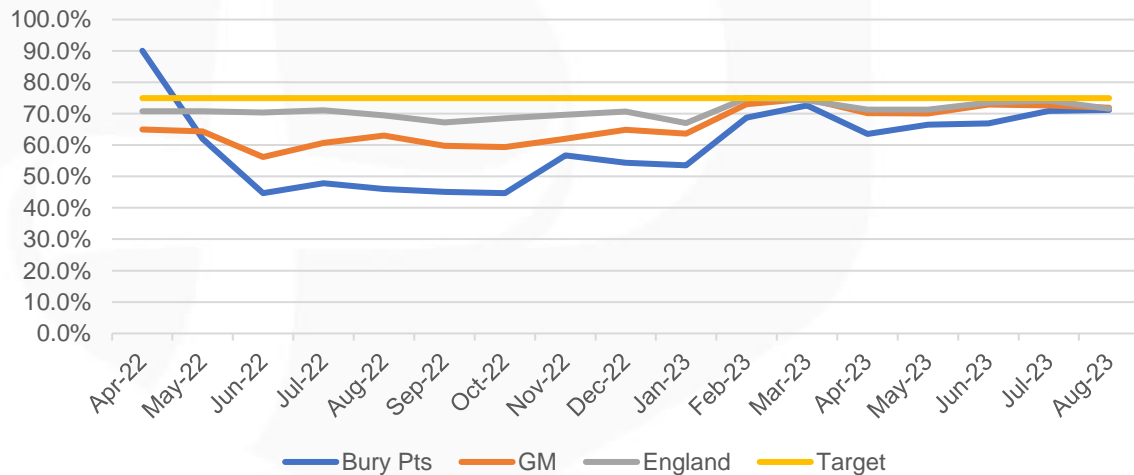
Elective Care



Cancer 2WW Performance



Cancer 28 Day FDS Performance



Cancer 2WW:

- Increase in performance in August to 79.8% from 71.5% in July for Bury patients, GM performance decreased from 74.4% to 72.8% in August.
- Decrease in number of breaches to 222 breaches in August for Bury patients, 40% of which were in Skin (89) , down from 42% in July.
- Next highest were Gynae (74) and Breast (30)

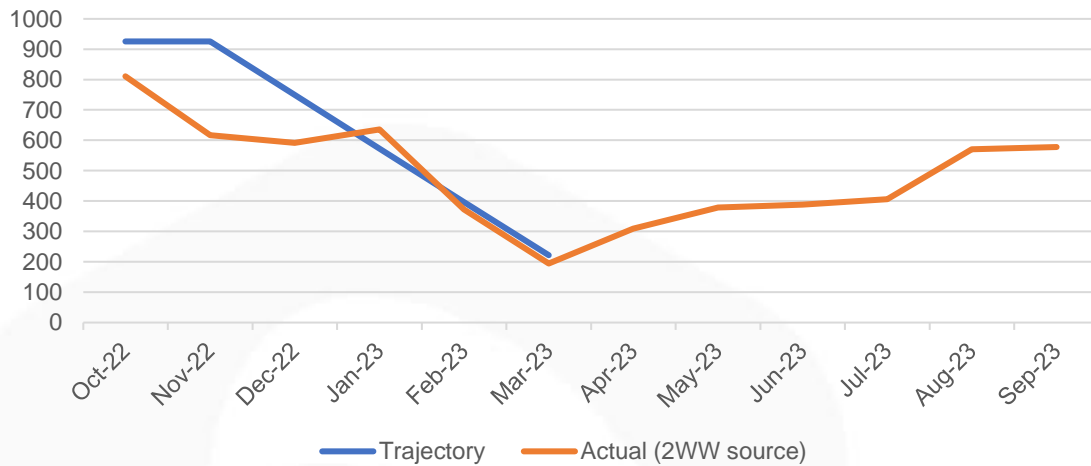
Cancer 28 days FDS:

- Increase in performance in August to 71.2% for Bury, however this is still slightly below GM where the performance decreased to 71.9%.
- Gynaecology's performance is 43% for August which is an increase on 36% in July.
- Urological cancers performance was at 49% in August (59% in July),
- Skin Cancers Performance for August as remained at 65%, as in July.
- 23/24 guidance has restated the requirement to meet the 75% target by March 2024.
- Guidance also sets requirement to increase the % of cancers diagnosed at stages 1&2. Latest data (2020) shows Bury as 3rd best in GM at 53.6% compared to GM at 51.4%.

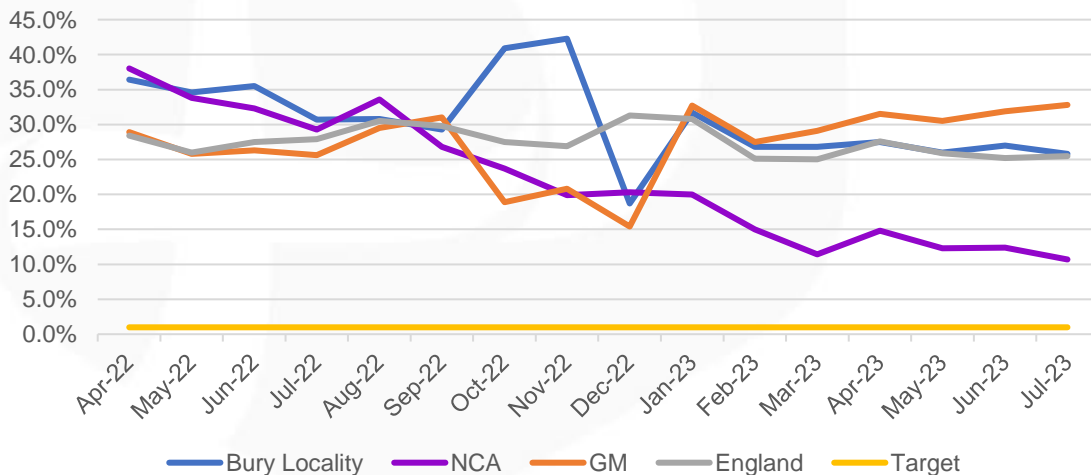
Elective Care



NCA Cancer Waits >62 Days v Trajectory



Diagnostic 6 Week Waits Benchmark



Cancer 62 day waits:

- 23/24 guidance sets the requirement to continue to reduce the number of patients waiting over 62 days.
- Current NCA target is 222 patients waiting >62 days by March 23. NCA is was below the trajectory but has increased again through the start of 23/24. NCA has a weekly cycle of improvement in place in dermatology, colorectal, urology and gynae with a view to recovering against the trajectory.

Diagnostic Performance:

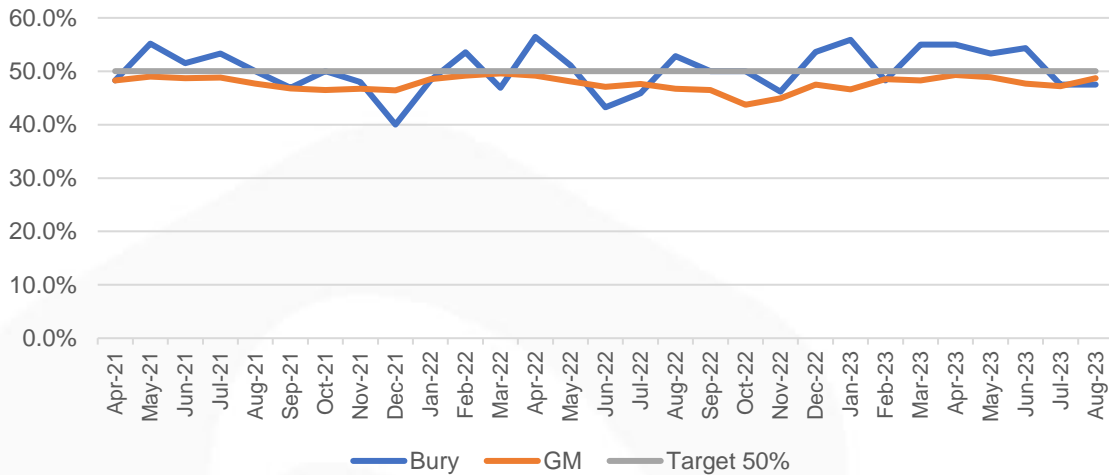
- MFT Data is now included from Jan 23.
- July's performance of 25.8% is a slight increase on the June figure (27.0%). GM and England performance has decreased.
- Across November to January NCA performance has remained steady, but has seen increases and decreases since. Performance increased from 12.4% in June to 10.7% in July.
- 23/24 requirement is to continue to work towards 95% of patients receiving diagnostic test <6 weeks by March 2025.

<https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/PTL-TrustVersion/PTLWeeklySummaryReport?:iid=1>
<https://tabanalytics.data.england.nhs.uk/views/DiagnosticsWaitingTimesandActivityDashboard/PerformanceSummary?%3Aembed=y&%3Aiid=4&%3AisGuestRedirectFromVizportal=y#1>

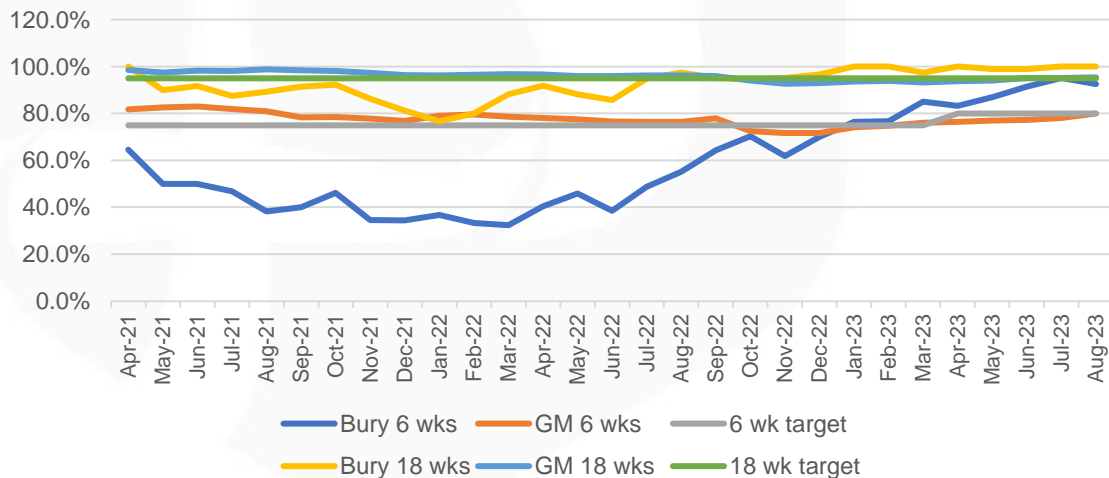
Mental Health



IAPT Recovery Rate



IAPT Waiting Times

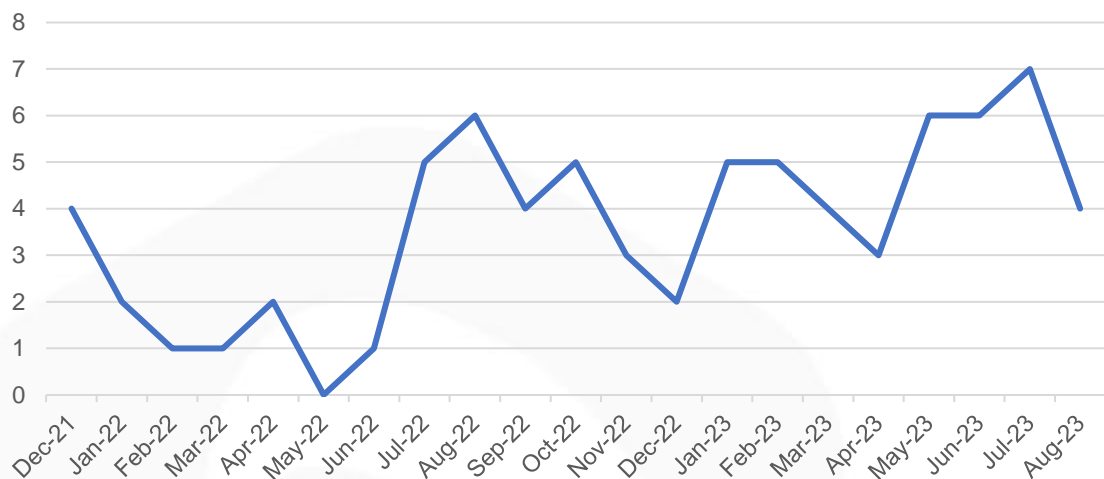


- IAPT: recovery rate – the rate for Bury has remained the same from July to August at 47.5%. The GM rate increased by 1.5% in August and is currently at 48.7%.
- IAPT: Seen within 6 weeks – the rate for patients seen within 6 weeks has decreased by 2.6% in August with the current rate being 92.5%. This is significantly higher than the GM rate of 80.0%.
- IAPT: Seen within 18 weeks - the rate for patients seen within 18 weeks has remained the same as July in August, with the current rate being 100%. This is higher than the GM rate of 95.4%

Mental Health

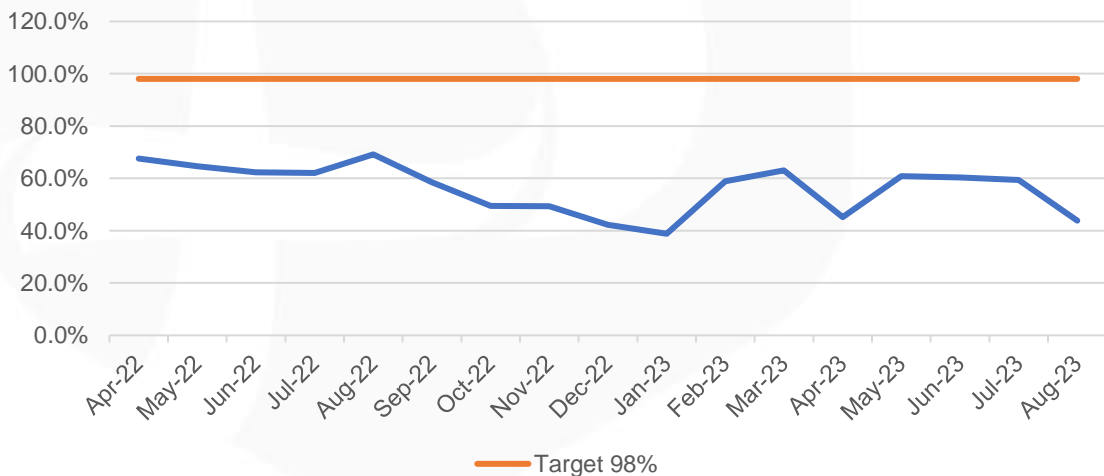


MH Out of Area Placements (Pennine)



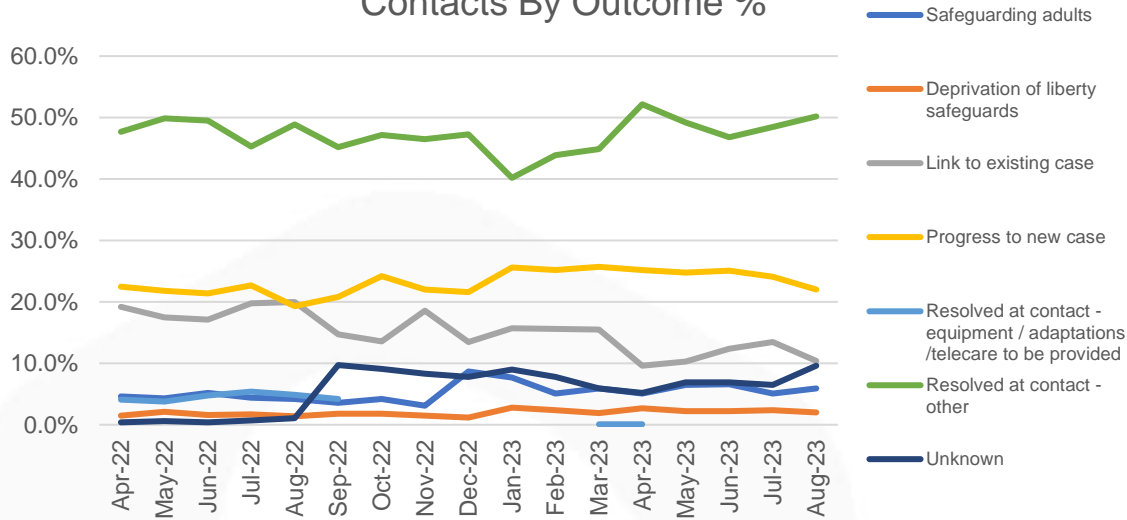
- MH out of area placements at Pennine – the number of out of area placements in August has decreased by 3 in August to 4 from 7 in July.
- Access rate to Children and Young People’s Mental Health Services – A decline in the proportion of CYP commencing treatment within 18 weeks has been seen at PCFT 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. August has seen a significant decrease for the third month by -15.6% on July’s figure.

CYP % commence treatment within 18 weeks (PCFT)



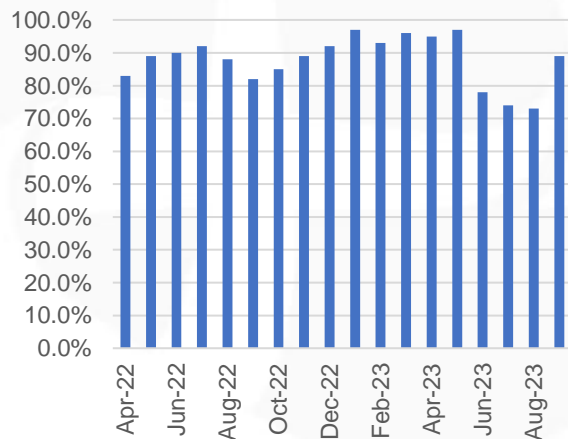
Adult care

Contacts By Outcome %

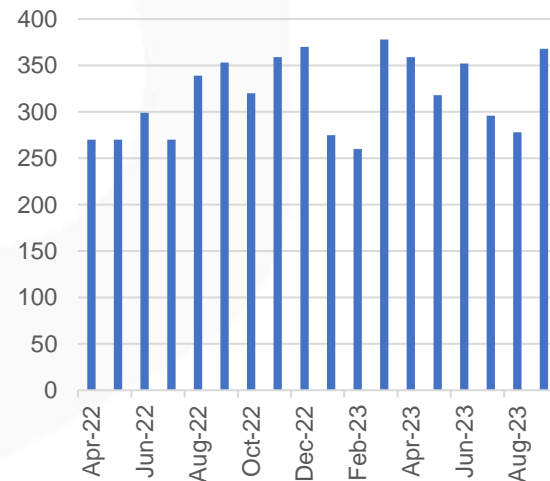


- The contact rate per 1000 population is not currently available from Aug 22.
- Contacts by outcome – 22% of contacts progressed to a new case in August, which is a decrease on 24.1% in July. 5.9% of contacts resulted in safeguarding in August, compared to 5.1% in July. The percentage of unknown outcomes increased to 9.6% in August from 6.5% in July.
- IMC Occupancy for Killelea – Bed occupancy was up to 89% in September which is the highest since May 23.
- ASC rapid response – Total referrals increased by 32.4% to 368 in September from August.

ASC - IMC Occupancy (Killelea)

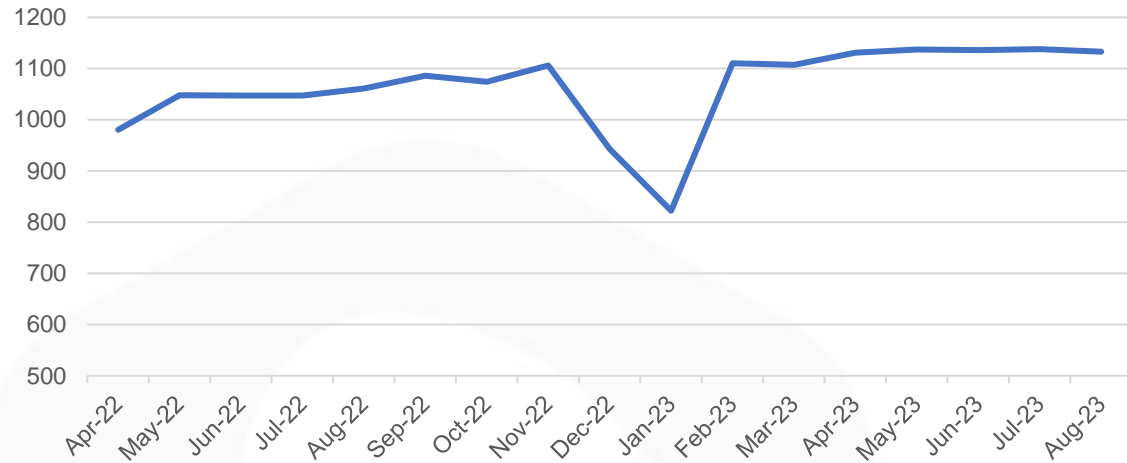


ASC - Rapid Response

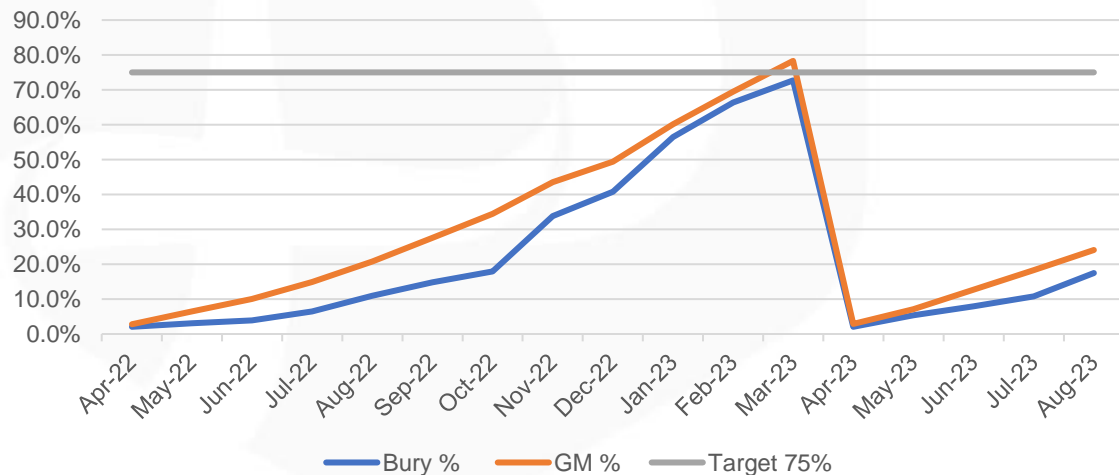


Learning Disabilities

Bury LD Register Size



LD Health Check Completion: Cumulative



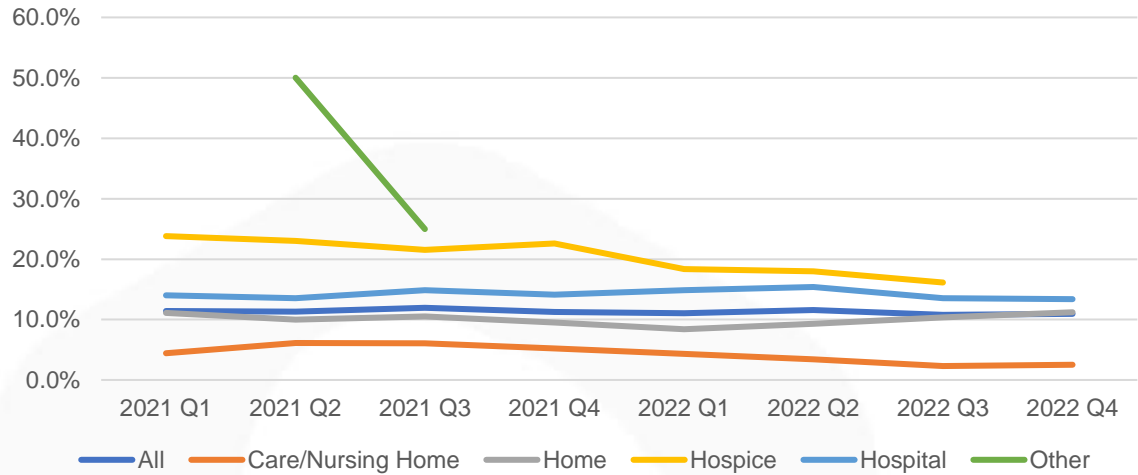
- LD Register: Requirement to increase the LD register size. Register has increased by 15.4% in the 12 months to Apr 23 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been highlighted to the primary care team. Register size has decreased by five in August 23.

- LD Health checks: The cumulative position in 23/24 to August shows 17.5% of Bury patients have received an AHC. This compares to 24.1% for GM. Most AHC tend to take place in Q4. In August 22 the cumulative position was 10.9% for Bury patients.

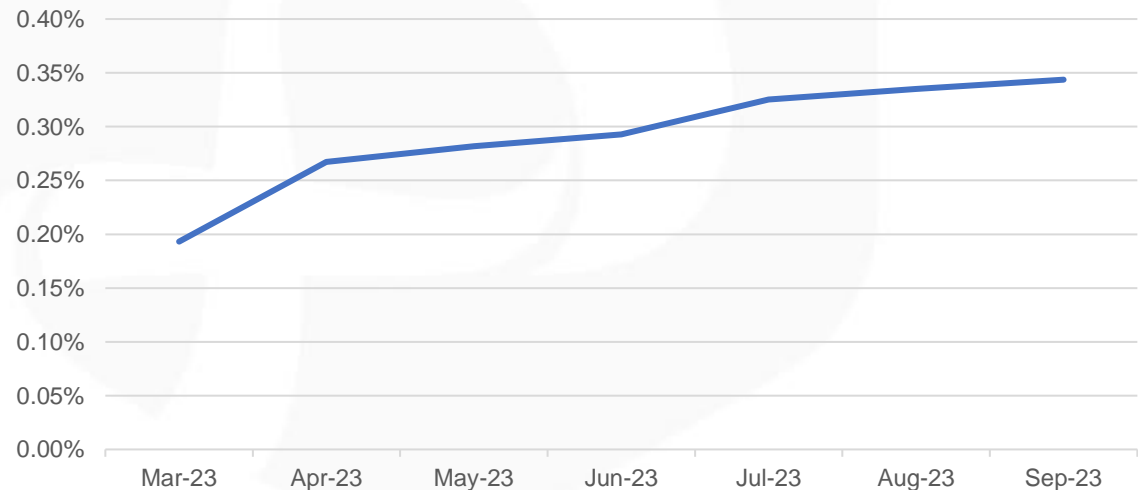
End of Life



3+ Admissions in the Last 90 Days of Life



% of Bury Total Population on Palliative Care Register



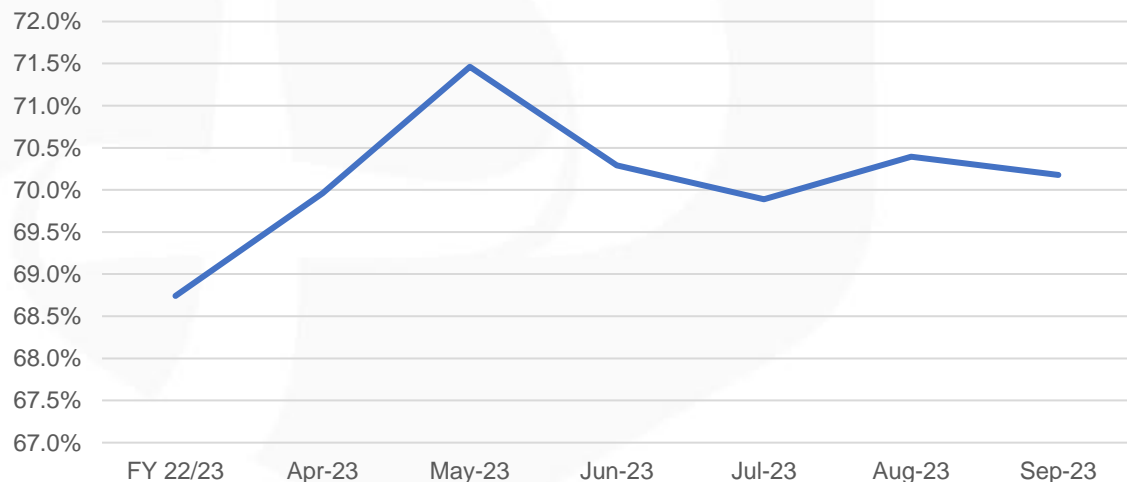
- Percentage of patients with 3+ admissions in the last 90 days of life – 11.0% of all deaths in Q4 of 2022 had three or more admissions in the last ninety days of life. Of those patients that died at home, 11.2% had three or more admissions, which was an increase from 10.4% on Q3.
- The percentage of the Bury population on the palliative care register has remained the same from August to September at 0.34%. This figure has been increasing each month previously.

Long Term Conditions



Diabetes Type 1	All Eight Care Processes		
Bury	355	895	39.70%
England	107,795	265,910	40.50%
Diabetes Type 2 and other	All Eight Care Processes		
Bury	6,205	12,045	51.50%
England	1,985,545	3,436,315	57.80%

% CHD with BP>140/90 on Anti-Hypertensive Meds <6m

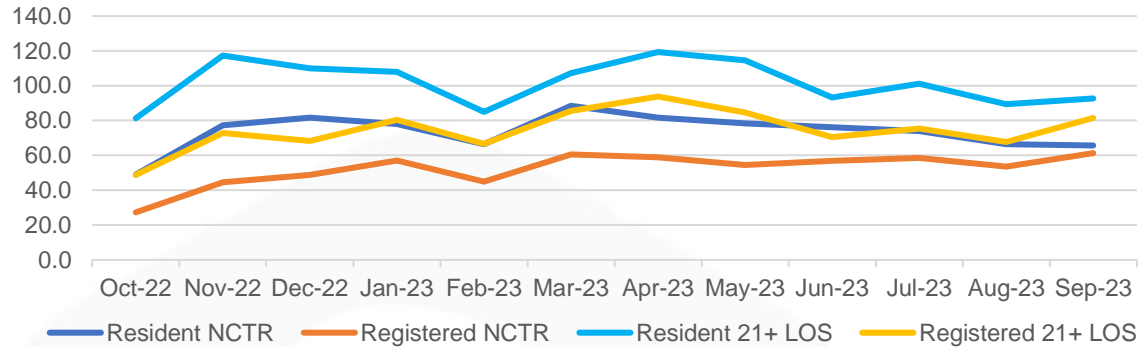


- Diabetes – For the period January 22 to March 23 39.7% of Bury patients with Type 1 diabetes had all eight care processes compared to 40.5% for England. 51.5% of those with Type 2 diabetes had all eight care processes compared to 57.8% for England.
- % of hypertension patients who are treated to target as per NICE guidance – 70.2% of patients were treated within target for September, which is a minor decrease on August which was 70.4%, however the YTD figure of 70.3% for 23/24 is still above to 22/23 figure of 68.7%

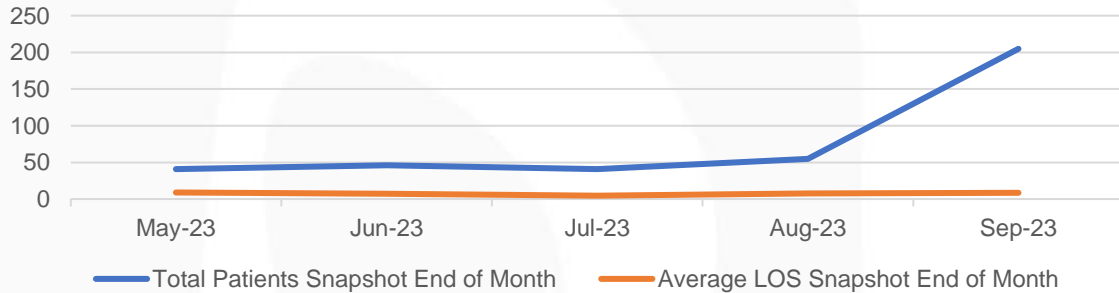
Community Services



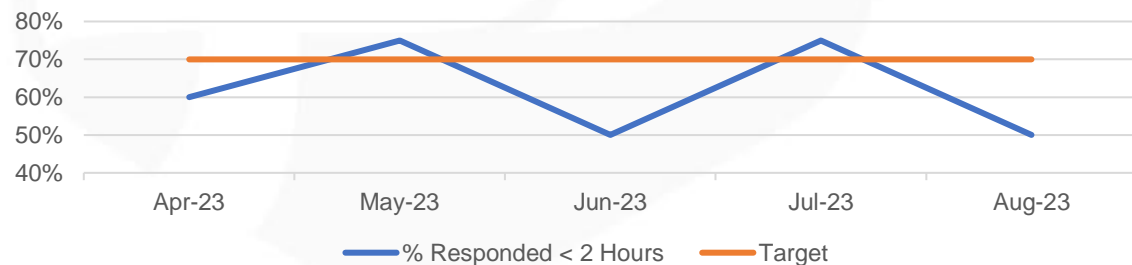
No Reason/Criteria to Reside (NCTR) & Super Stranded (21+ LOS) Patients



NCA Virtual Wards



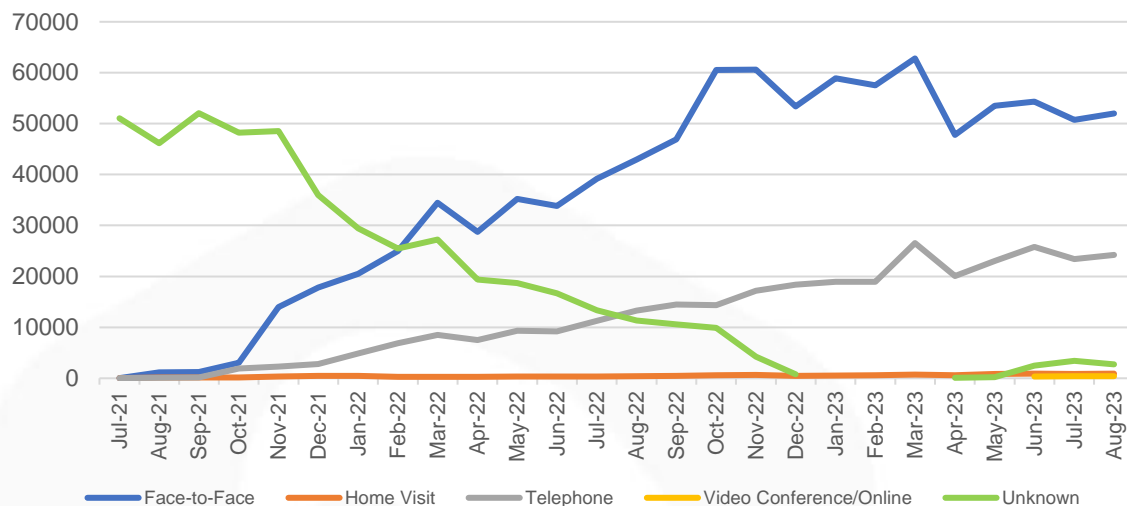
2-Hour Urgent Community Response (UCR)



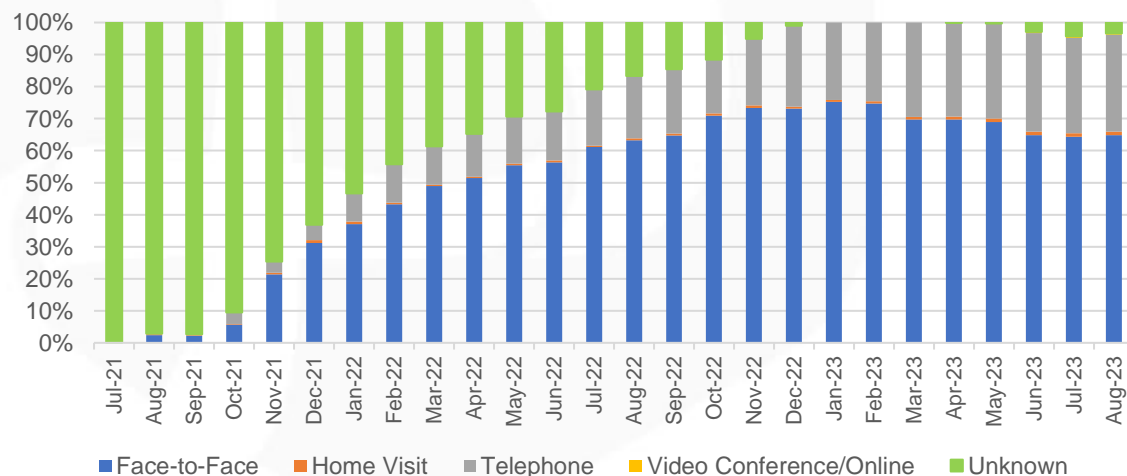
- NCTR monthly average for September was down by -1.1% for Bury residents to 65.7 from 66.5 in August. The monthly average for registered patients increased by 14.3% to 61.2 from 53.5 in August.
- The average monthly length of stay since NCTR for residents has remained the same from August to September, and the average for registered has decreased. The average LOS for September for resident was 12.5 days and registered 12 days.
- The Super Stranded monthly average increased in September from August for both resident and registered with registered showing a larger increase of 20.4% from 67.6 in August to 81.4 in September.
- The total patient snapshots in Virtual Wards at the end of September increased by 272.7% on August to 205 patients from 55. The LOS increased by 10.5% to an average LOS of 8.4 days at the end of September.
- UCR 2 hour response was below the target of 70% in August at 50%, this was previously 75% in July.

Primary Care

GP Appointments by Type



GP Appointments by Type %



- In August 23 the total number of GP appointments has increased by 1.7% on July 23.
- 64.9% of GP appointments were Face-to-Face in August 23 compared to 64.9% in July.
- Home visits have increased by 2.6% in August but the percentage split by type remains at 1.1% of all appointments which was the same in July 23.
- The number of Unknown appointments types has decreased by 20.5% in August to 2694 appointments from 3387 in July.

Meeting: Locality Board			
Meeting Date	06 November 2023	Action	Receive
Item No.	13	Confidential	No
Title	Bury Integrated Care Partnership System Assurance Committee summary report		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Carolyn Trembath, Head of Quality (Bury)		
Clinical Lead	Cathy Fines		

Executive Summary
This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in October 2023.
Recommendations
The Locality Board is asked to receive the report and share any feedback to the System Assurance Committee for action

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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 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:						
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
System Assurance Committee	18/10/2023	Summary to be provided to Locality Board

System Assurance Committee Highlight Report – October 2023

1. Introduction

- 1.1. This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in October 2023.

2. Background

- 2.1. This report is a summary of the System Assurance Committee held on 18th October 2023.

3. Headlines from the System Assurance Committee

3.1 Winter Planning Update

3.2 Urgent Care winter plan

- A locality Winter Planning sub-group was established in September 2023 to oversee the delivery of the National Urgent and Emergency Care (UEC) Recovery Plan and the NHS 10 High Impact Interventions.
- A Maturity Matrix Submission has been made to Greater Manchester (GM) covering the Bury response to the Universal Offer to access funding from winter monies for locality UEC improvement schemes.
- The winter planning sub-group has a focus on co-ordination and oversight of any winter related National and GM returns guidance where a system response is required.
- UEC improvement to estates is ongoing at FGH as part of the GM tier 1 improvement work, this has led to a reduced service in pre-ED (Emergency Department) streaming in recent months.
- FGH has seen a 10.8% (3341) increase in A&E attendances April 23 - August 23 compared with the same period last year. This is part might relate to Pre-ED Streaming being reduced during build work.
- A&E 4 hour performance as at 19.09.23 YTD is 66% against the national target of 76%. FGH is currently second to NMGH on YTD performance and first on Q2 performance.

COVID/Flu Vaccination winter programme

- Vaccinations against COVID19 and Flu (along with all other routine vaccinations) are commissioned by NHS England under section 7a of the NHS Act 2006 and are provided

by GP practices operating in Primary Care Networks (PCNs) and by community pharmacies.

- The eligible cohorts for COVID19 vaccinations this winter recommended by the JCVI are:
 - residents in a care home for older adults;
 - all adults aged 65 years and over;
 - persons aged 6 months to 64 years in a clinical risk group;
 - frontline health and social care workers;
 - persons aged 12 to 64 years who are household contacts of people with immunosuppression; and
 - persons aged 16 to 64 years who are carers and staff working in care homes for older adults.
- Flu vaccine cohorts are similar with the inclusion of healthy children from age two to 16 (year 11).
- The number of community pharmacies offering COVID19 vaccinations has increased to 19 for winter 2023. There is an expectation to improve access for patients with all GP practices also running clinics.
- Weekly performance is tracked and reported to the Vaccine Assurance Committee to ensure delivery against target and support the system if off trajectory.

Outbreak Response Plans

- Local outbreak response plans have responsibility for the oversight of infection prevention and control.
- For community settings this is facilitated by Bury Council's Community Infection Prevention and Control Team which consists of 3.2 full-time equivalent Health Protection Nurses.
- The team provide advice to a wide range of settings including care homes, adult social care providers, schools and early years settings, GP practices and community pharmacies.
- Also provided is advice to settings to support with managing outbreaks. In 2022 the team supported 78 outbreaks in adult social care settings and 28 outbreaks in schools and early years settings.
- Bury has had a specific arrangement with BARDOC for prescribing and dispensing to contacts of people with Flu in older people's care homes.
- A peer review of Bury health protection arrangements is to commence partnering with

Wigan Council which will provide the opportunity to have local arrangements reviewed by a critical friend and identify further areas of improvement. The aim is to complete this work by the end of 2023

Adult Social Care winter plan

- The Local Authority commissions a range of provision to support people both leaving hospital and preventing admission:
 - Killelea Intermediate Care (IMC) 36 beds, Reablement 1385 hours, IMC at Home 35 people, Rapid Response 250 hours.
 - Nursing Discharge to Assess 8 beds, Step Down Dementia Discharge to Assess 8 beds, Residential IMC 13 (Total 29).
- Considerable resource has also been put into prevention measures within the Intermediate Tier including Tech Enabled Care, Care Link and the Equipment Store.
- Also commissioned are:
 - Home from Hospital – for people who need to be safely discharged back into their homes. Re-settle tenants back into their homes. Support includes shopping, support with benefits and household tasks..
 - Calico Gateway – Floating support for all people who need support to sustain their tenancies. Services is tenure neutral (i.e. will support owner occupiers, private rented and social housing). Includes support for families.
 - ABEN (A Bed Every Night) – For people who are street homeless and need to be accommodate with support.
- A bid has also been submitted to the DHSC to access a grant to support urgent and emergency care which includes funding for 11 permanent nursing beds for rapid discharge.

BARDOC winter plan

- Out of hours staffing review underway.
- Priority is to also look at pathways to reduce conveyance to ED and a review of medication stock that has been used more frequently during the winter.
- A pop-up provision for Covid/Flu vaccinations for the homeless is planned.
- Pre-ED streaming this has been reduced due to the building work at Fairfield, however a new space has been located and should be available in early December.

- Approval has been agreed with HMR for an expansion of the acute visiting service.
- Reactive falls service has pathways into SDEC and social care.

3.3 CHC Assurance

- The CHC team is now fully resourced and performance for 28-day assessments, long-waits and reviews are now in line with national targets.
- The team is also leading on policy work for GM and the Lead Nurse is leading on CYP.
- The Bury CHC team will be working with Bolton and Salford Universities offering 12-week student nurse placements.
- Continuing Healthcare Assessment Tool (CHAT) – service reports against key requirements set out in the the National Operating Model which then provides GM with a Bury locality comparative score. No gaps identified.
- CHC Patient Experience tool (PEACH) is being rolled out. The team to link in with Healthwatch to support their role in helping people navigate CHC national processes.

3.4 Risk Report

- 2 risks remain unchanged –
 - **Learning from Life and Death reviews of people with a learning disability or autistic people (LeDeR) reviews** – delay in being able to evidence learning due to on-going capacity in the GM Bury locality and Council Teams. Score 16.
 - **Bury Integrated Safeguarding Partnership** – development has continued across both Children’s and Adults Safeguarding with positive feedback received following the Department for Education (DfE) inspection in July 2023. Score 6.
- 1 risks reduced in score –
 - **Deprivaton of Liberty Safeguarding (DoLS) in Community Settings** – expected changes to DoLS as part of the Liberty Protection Safeguards (LPS) is unlikely to be implemented nationally. Score reduced from 12 to 9.

3.5 Awards/achievements

- BARDOC nominated for 2 HSJ awards –
 - Urgent and Unscheduled Care (Primary and Community Care Provider of the Year category).
 - Reactive Falls Service (Primary and Community Care Innovation of the Year category). 285 patients were visited by the service preventing significant numbers being transferred to FGH.

4 Associated Risks

4.1 Ongoing work with GM to resolve the provision on ADHD/ASD services in Bury locality.

5 Recommendations

5.1 None.

6 Actions Required

6.1 The Locality Board is asked to note the contents of the report and to raise any issues for the System Assurance Committee to address.

Carolyn Trembath

Head of Quality (Bury)

carolyntrembath@nhs.net

October 2023