BURY INTEGRATED CARE PARTNERSHIP

Agenda

Locality Board – Meeting in Public

Date: 5 February 2024

Time: 4.00 pm – 6.00 pm

Venue: Microsoft Teams

Chair: Cllr E O'Brien

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 8 January 2024 including action log	Paper	Approval	Chair
4.			Public Questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.	4.05 – 4.15	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
5.1			Locality Board Terms of Reference	Paper	Recommend	Will Blandamer
6.	4.15-4.30	15mins	Health Contribution to looked after children	Paper	Discussion	Will Blandamer
Locality Board Priorities						
7.	4.30-4.45	15 mins	System priorities update	Paper	Discussion	Kath Wynne-Jones/Will Blandamer
8.	4.45-4.55	10 mins	Locality Board Priority 2 – Intermediate Care update	Paper	Discussion	Will Blandamer
Integrated Delivery Collaborative Update						
9.	4.55-5.05	10mins	Integrated Delivery Collaborative Update	Paper	Discussion	Kath Wynne-Jones

'Quadruple Aims' Updates						
10.	5.05-5.15	10 mins	Health & Wellbeing Board Update - Population Health & Wellbeing	Presentation	Information	Jon Hobday
11.	5.15-5.25	10 mins	Strategic Finance Group Update	Paper	Information	Simon O'Hare
12.	5.25-5.40	10 mins	Performance Framework	Presentation	Information	Will Blandamer
13.	5.40-5.50	5 mins	Clinical & Professional Senate Update	Paper	Information	Dr Kiran Patel
14.	5.50-5.55	5 mins	System Assurance Committee update	Paper	Information	Catherine Jackson
15.	5.50-5.55	5 mins	PCCC Chair's Highlight Report	Paper	Information	Adrian Crook
Closing Items						
16.	5.55 – 6.00	5 mins	Any Other Business	Verbal	Information	All

Date and time of next meeting in public
Monday, 4 March 2024, 4.00-6.00pm at Bury Town Hall

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 January 2024 at 5.00pm.** 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.

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	5th February 2024	**Action**	Consider
Item No.	2	**Confidential**	No
Title	Declarations of Interest		
Presented By	Chair of the Locality Board		
Author	Emma Kennett, Head of Locality Admin and Governance (Bury)		
Clinical Lead	N/A		

Executive Summary

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).

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.

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.

Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.

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.

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.

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.

Recommendations

It is recommended that the Locality Board:-

- 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 5th February 2024 and
- Provide any further updates to existing Declarations of Interest within the Register.

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

BURY INTEGRATED CARE PARTNERSHIP

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

Committees and Sub-Committees

Locality Board

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)
- Remaining present at the meeting but withdrawing from the discussion and voting capacity
- Remaining present at the meeting and participating in the discussion but not involved in any voting capacity
- Being 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		
Voting Members (Pooled Budget & Aligned & Non-Pooled Budget)													
Cllr	Eamonn	O'Brien	Leader of Bury Council & Joint Chair of the Locality Board	Bury Council - Councillor Young Christian Workers - Training & Development Labour Party Prestwich Arts College Bury Corporate Parenting Board No Barriers Foundation CAFOD Salford Prestwich Methodist Youth Unite the Union	X X	 X X X X X X		Direct Direct Direct Direct Direct Direct Direct Direct Direct	Councillor Development Team Member Governor Member Trustee Member Trustee Member			As per policy - see details above	
Cllr	Boroda	Nathan	Executive Member of the Council for health and Adult Care	Bury Council - Councillor Labour Party GM Overview and Scrutiny Committee Six Town Housing Board University of Greater Manchester General Assembly Unsworth Academy The Mellor Fund Manchester Jewish Rep Council Board of Deputies of British Jews Unite the Union Jewish Labour Movement North west Labour Regional Executive Committee	x	x x x x x x x x x x x		Direct Direct Direct Direct Direct Direct Direct Direct Direct Direct Direct	Councillor Member Member Member Member Governor Board Member Management Board Deputy Member Member Member			As per policy - see details above	
Cllr	Smith	Lucy	Locality Board Member	Bury Council Business in the Community The Christie NHS Foundation Trust Labour Party Community in the Union Socialist Health Association Catholics for Labour GMB Union	X X			Direct Direct Indirect Direct Direct Direct Direct Direct	Councillor Related to spouse Member Member Member Member Member	July 2023 July 2023	Sept 2023 Present	As per policy - see details above (Y,Y,Y,Y,Y)	
Dr	Fines	Cathy	Associate Medical Director and Named GP	GP Federation Tower Family Health Care Horizon Clinical Network Greater Manchester Foundation Trust	X X X			Direct Direct Direct Indirect	Practice is a member Partner in a member practice in Bury Locality Practice is a member Husband is employed	2013 2017 2019	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y,Y)	
	Jackson	Catherine	Executive Nurse	NCA				Indirect	Partner is the Director of Patient Safety & Professional Standards at the NCA.	25/10/2021	Present	As per policy - see details above	
	Ridsdale	Lynne	Chief Executive for Bury Council	Bury Council		X		Direct	Chief Executive	Mar-23	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
	O'Hare	Simon	Associate Director of Finance – Bury Interim Associate Director of Finance – HMR	Simkat Shore Holdings LTD	X			Direct	Director	2	Present	As per policy - see details above. (Y,Y,Y,Y,Y)	###### Y
	Heppolette	Warren	Chief Officer for Strategy & Innovation	Greater Sport FC United			X X	Direct Direct	Trustee Director	2018 2021	Present Present	As per policy - see details above (Y,Y,Y,Y,Y)	
Voting Members (Aligned & Non-Pooled Budget)													
Dr	Howarth	Vicki	Member of the Locality Board	Unilabs Ltd - Private Histopathology Service Tameside and Glossop Integrated Care NHS Foundation Trust	X X			Direct Direct	Providing services as Consultant Histopathologist to the Alexandra Hospital, Cheadle. Bank Consultant Histopathologist performing Coronial Post-Mortems for Manchester South Coroner	2011 2015	Present Present	As per policy - see details above (Y,Y,Y,Y,Y)	
	Fawcus	Joanna	Director of Operations, NCA	None Declared					Nil Interest		Present		
	Caudle	Heather	Chief Nurse, NCA	Joint Royal College of Physiciarns Training Board National Mental Health Nurse Directors Forum The Shuri Network Kingston University, London University of Surrey					Member of the Specialist Advisory Committee in Palliative Medicine. – –4 days per year Alumni - Attendance at the annual conference Steering Group Member - Monthly 2 hour meeting Visiting Professor Visiting Professor		Present	As per policy - see details above	
	Thorpe	David	Director of Nursing, Bury Care Organisation	Cavell Nurses Trust Advisory Panel		X			Member	April 2022	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
Dr	Patel	Kiran	Member of the Locality Board	Tower Family Health Care - Primary Care General Practice Bury GP Federation - Enhanced Primary Care Services Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments Laserase Bolton - Provider of a range of cosmetic laser and injectable treatments Tower Family Health Care - Primary Care General Practice	X X X			Direct Direct Direct Indirect Indirect	GP Partner Medical Director Medical Director Spouse is a Shareholder Spouse is a Director	July 2018 April 2018 1994 2012 July 2018	Present Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)	
	Preedy	Sarah	Chief Operating Officer	None Declared					Nil Interest		Present		
	Hargreaves	Sophie	Member of the Locality Board	Manchester & Trafford LCO				Indirect	Spouse works as Transformation Manager	Sep-18	Present	As per policy - see details above (Y,N,N,N,N)	
	Tomlinson	Helen	Member of the Locality Board	H Tomlinson is Chief Officer in organisation which may seek to do business with health or social care organisations Bury One Commissioning Organisation	X			 Indirect	H Tomlinson is Chief Officer in organisation which may seek to do business with health or social care organisations Close family member is an employee at Bury One Commissioning Organisation	01/11/2021 Nov 2021	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
	Blandamer	Will	Deputy Place Based Lead & Executive Director Health and Adult Care	Ashton on Mersey Football Club Trafford Manchester Football Association Ashton on Mersey Rugby Club Trafford Manchester Foundation Trust (Trafford) & St Anne's Hospice (Cheadle) Liverpool University Leeds University			X X X	Direct Direct Direct Indirect Indirect Indirect	Chairman Board Champion for Safeguarding Director Spouse is a Community Nurse & Qualified Nurse Daughter is a medical student Daughter is a medical student	2018 2018 2023 2022 2017 2019	Present Present Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)	
	Richards	Jeanette	Executive Director of Children and Young People, Bury Council	None Declared					Nil Interest		Present		
	Holbday	Jon	Director of Public Health	None Declared					Nil Interest		present	As per policy - see details above	
	Crook	Adrian	Director of Adult Social Care and Community Services Member of the Locality Board	Bolton Hospice			X		Trustee	Jul-05	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
Non-Voting Members													
	Wynne-Jones	Wynne	Member of the Locality Board	KWJ Coaching and Consulting Roots and Branches CIC The University of Manchester - Elizabeth Garrett Anderson programme	X X X			Direct Direct Direct	Owner Director Tutor	July 2021 Nov 2023 Oct 2022	Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)	
	Passman	Ruth	Chair of Bury Healthwatch	None Declared					Nil Interest			As per policy - see details above	
	Wilkinson	Catherine	Member of the Locality Board	Bury Provider Age UK Lancs	X		 X	Direct	Director of Finance Trustee and Treasurer	November 2020 May 2018	Present	As per policy - see details above (Y,Y,Y,Y,Y)	
Invited Members													
Cllr	Bernstein	Russell	Cllr Bury Council, Conservative Leader	Bury Council Philips High School Bury and Whitefield Jewish Primary Conservative Party	X	 X	 X X	Direct Direct Direct Direct	Councillor Councillor	May 2021 September 2019 September 2019 July 2019	Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)	
Cllr	Smith	Mike	Attendee of the Locality Board as Leader of Radcliffe First	Angles and Arches Anodising Colour Radcliffe First Radcliffe Litter Pickers Growing Older Together	X	 X X X		Direct Indirect Direct Direct Direct	Director Spouse is a lab technician Leader Member Member	16/1/2009 2017 2019 2019 2019	Present Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)	

BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	05 February 2024	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 8th January 2024 and action log		
Presented By	Cllr Eamonn O'Brien/Dr Cathy Fines, 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 8th January 2024 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:-

- 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.	☐
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	☐
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☐
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☐
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	☐

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

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

Governance and Reporting		
Meeting	**Date**	**Outcome**

BURY INTEGRATED CARE PARTNERSHIP

Minutes

Date: Locality Board, 5th February 2024

Time: 4.00 pm

Venue: Microsoft Teams

Title	**Minutes of the Locality Board**
Author	Philippa Braithwaite
Version	1a
Target Audience	Locality Board
Date Created	January 2024
Date of Issue	January 2024
To be Agreed	February 2024
Document Status (Draft/Final)	Draft
Description	Locality Board Minutes

Document History:

Date	Version	Author	Notes
12/1/2024	1	Philippa Braithwaite	Draft Minutes produced
15/1/2024	1	Philippa Braithwaite	Submitted to Mr Blandamer for review.
26/1/2024	1a	Will Blandamer	Minor amendments incorporated.
Approved:			
Signature:			..... **Add name of Committee/Chair**

BURY INTEGRATED CARE PARTNERSHIP

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public 8th January 2024 4.00 pm until 6.00 pm **Chair – Dr C Fines**

ATTENDANCE

Voting Members
Dr Cathy Fines, Senior Clinical Leader in the Borough **(Chair)** Cllr Eamonn O'Brien, Leader of Bury Council Cllr Lucy Smith, Executive Member of the Council for Children and Young People Ms Catherine Jackson, Senior Nurse Lead for the Borough Ms Lynne Ridsdale, Place Based Lead Mr Simon O'Hare, Deputy Locality Finance Lead Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GMIC) Dr Kiran Patel, Medical Director, IDCB Ms Sarah Preedy, Chief Operating Officer, Pennine Care NHS 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 Mr Adrian Crook, Director of Adult Social Services and Community Commissioning Mr Jon Hobday, Director of Public Health
Non-Voting Members
Ruth Whittingham, Head of Legal Services, Bury Council
Invited Members
Cllr Russell Bernstein, Conservative Opposition Party Helen Lockwood, Chief Executive Officer, Bury Hospice Councillor Gareth Staples-Jones, Bury Council **(Observer)** Ms Philippa Braithwaite, Democratic Services, Bury Council **(Minutes)**

BURY INTEGRATED CARE PARTNERSHIP

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Paul McKevitt, Heather Caudle, David Thorpe, Sophie Hargreaves, Jeanette Richards, Kath Wynne-Jones, Ruth Passman, and Cllr Mike Smith.
1.3	The meeting was declared inquorate 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 4th December 2023** No declarations to note.
2.9	**Declarations of interest from today's meeting 8th January 2024** 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/01/01	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 4th December 2023 were considered as a true and accurate reflection of the meeting. Updates on actions were noted.		
ID	**Type**	**The Locality Board**	**Owner**
D/01/02	Decision	Accepted the minutes and actions from the previous meeting as a true and accurate reflection of the meeting.	

4	Public Questions		
4.1	There were no public questions received or members of the public present at the meeting.		
ID	**Type**	**The Locality Board**	**Owner**
D/01/03	Decision	Noted that there had been no public questions received and no members of the public were present at the meeting.	

5	Place Based Lead Update		
5.1	Ms Ridsdale introduced her item and thanked colleagues for the support given to Urgent Care over the Christmas period. She commended the ongoing work through the daily bronze calls and the work of our Urgent Care Board, and recognised the role that all parts of the system had played in contributing and working together in accordance with the previously agreed winter plan.		
5.2	Lynne spoke about the work from the previous meeting around the LET's challenge, highlighting the principles of the strategy and the direction for the future, a discussion that was reflected in today's agenda. She also reported on the LGA peer review, which had fed back positive comments about the role of the Council in providing leadership through Let's Do It, the high level of ambition around economic growth and reducing inequality, and also the steps taken on neighbourhood working. The peer review verbal feedback also recognised the high quality partnership working in the health and care system.		
5.3	Finally, Lynne advised on the Working Well site in the Millgate which focussed on addressing long term health issues which were acting as a barrier for people to get back into work. Partners were encouraged to route people through the service, which currently and low referral numbers but high outcomes. The role of good quality work in reducing health inequalities and demand for NHS services was noted and something the locality board should consider in future meetings.		
ID	**Type**	**The Locality Board**	**Owner**
D/01/04	Decision	Received the update.	

	Planning priorities for 2024/25
6.1	• GM guidance on the contribution of locality working to the 2024/25 planning approach Mr Blandamer introduced this and the following two items and advised that planning for next year would not require a full re-write of existing locality plans and the Bury Locality priorities would contribute to GM's overall plans for 2024/25.
7.1 7.2	• Bury Integrated Care Partnership Priorities 2024/25 Mr Blandamer took the Board through a set of slides, setting out the current position for the Board, the outcomes of the IDCB Workshop held on 13th December, the GM Strategic Financial Framework and NHS Trust Provider priorities, and what this tells us about our planning process and priorities. He then clarified the role of the Health and Well Being Board and its leadership of the Population Health Strategy, and highlighted the next steps. The Board noted the proposed six obsessions:

	1. Optimise Demand Reduction - Primary prevention, Secondary Prevention, Tertiary Prevention; 2. Reduce inefficiency and duplication in the pathways of care as a major contribution to the financial recovery; 3. Reduce Health Inequality of those in most disadvantaged areas, and in access, quality, and outcomes of care; 4. Fully realise the benefit of neighbourhood team working with a focus on the assets of residents and communities; 5. Secure the right workforce in the right place with the shared ambition; 6. Recognise Quality Delivery and Financial Sustainability as inherent to the rest.
7.3	Board Members discussed the slide deck, noting that assessing the mandate for residents being in charge of their own health and wellbeing was done in patches, but not all residents would want or be able to take this on. It was noted that the Community fund used voluntary organisations to create support and interventions, and how this could be linked more consistently.
7.4	Members also discussed metrics for assessing delivery and outcomes; how assurance would be given that the Board was achieving its aims. It was noted that previous targets had seen strong impacts (e.g. urgent care, CAMHS waiting times, IAPT) but priorities needed to deliver obsessions, tie in with the Let's Do It principles, and make a difference to the population.
	• GM Strategic Financial Framework
8.1	Warren Heppolette presented the report which set out the development and findings of the GM Strategic Financial Framework. This took a long term perspective on the health and care economy, building on more immediate work to identify savings in the system, achieving clarity of delivery and outcomes and establishing how financial pressures express themselves in supply/demand of services. He advised that deterioration was accelerated and levels of people with long term health conditions were set to rise within 5 years, seriously affecting young people and threatening to add budget pressures in the region of £1.9billion (20-25% of the GMICS budget). Further work was planned for the next two months to translate the findings into a set of actions as part of operational planning for 2024/25.
8.2	The Board discussed the report, noting the following points: • Need for markers to show savings were being achieved, to ensure continuation of service delivery; • Clarity of benefits realisation, using real data to track financial benefits against prevention; • Lack of guarantees over prevention savings, and that the service funding preventative actions may not be the service achieving the subsequent savings – importance of wider system approach and viewpoint; • Need to understand the specifics of Bury's population and their needs; • Importance of wider determinant work, but this not necessarily appropriate for healthcare investment; • National issues regarding insufficient workforce and funding;
8.3	Members noted the large amount of work to be achieve in the next few months, and agreed that clarity was required over what this Board would focus on and prioritise, and when/how this would be communicated to residents.

ID	Type	The Locality Board	Owner
D/01/05	Decision	Discussed and received the reports.	

	Integrated Delivery Collaborative Update
9.1	• Palliative and End of Life Care Update

	Helen Lockwood presented the agenda item which set out the demographic context for Bury's population, and it was noted that UK projections suggested that by 2040, the number of people requiring palliative care could increase by over 40%, c2,100 people a year. Helen advised that a system perspective had been developed, establishing new Boards and embedding collaboration and engagement along with strong clinical leadership. The refreshed, co-produced strategy speaks to the Let's Do It principles as well as the GM priorities and ensures a total system approach. The Board noted the strong ambitions for the service but recognised funding pressures, particular in light of predicted increased demand. The Board discussed the presentation, praising the level of care provided by the Hospice but noting there was more to do in addressing co-ordination from wider services in the final years of life. It was noted that the MacMillan Social Investment Fund opportunity could be used to better understand how money moves around system in final year of life; with better co-ordination, less support would be required while achieving better experiences for residents.

ID	Type	The Locality Board	Owner
D/01/06	Decision	Received the report.	

	"Quadruple Aims" Updates
10.1	• Strategic Finance Group Update Simon O'Hare gave a verbal update, reporting that the financial position for all partner organisations had improved over the last few months. This was still within a challenging context, but improvements were being seen. He advised that 2024/25 would be incredibly difficult for all partners and working as a system provided the best opportunities. Finally, the Board noted that the planning guidance hadn't yet be received and a more comprehensive update was expected for the next meeting.
11.1 11.2	• Performance Framework Will Blandamer presented the report, noting concerns over elective waiting times and delays but also the strong performance from urgent care. Continued progress was seen for IAPT, and it was noted that more could be done to improve palliative care measures. Will advised that work was ongoing to ensure a consistent performance report across the GM localities, in light of the planning and priorities work underway. Members noted the levels of mental health placements out of borough, and Sarah Preedy advised that significant work had been done to address demand and only one was currently out of area across Bury which was the best position in GM. . Members also noted the high performance in primary care, including an increase of 11.3% in the total number of GP appointments.
12.1	• Population Health & Wellbeing The Board recognised the role of the Health and Wellbeing Board to focus on public health – operating as a standing commission on health inequalities, driving the health inequalities plan and allowing deeper discussion and consideration of issues while allowing the Locality Board oversight and involvement.
13.1	• Live Well Update It was noted that work continued but there were no points to be raised with the Board, after the in-depth discussion at the previous meeting.

14.1	• Clinical and Professional Senate Update The Board noted the updated provided.
15.1	• PCCC Chair's Highlight Report The Board noted the updated provided.

ID	Type	The Locality Board	Owner
D/01/07	Decision	Received the updates.	

	Closing Items
16.1	• Any Other Business There were no items of other business. The Chair thanked everyone for their attendance and formally closed the meeting in public at 5.40.

ID	Type	The Locality Board	Owner
D/01/08	Decision	Noted that there was no other business to report and the meeting in public was closed at 5.40.	

Locality Board

Action Log

Status Rating: - **In Progress** - **Completed** - **Not Yet Due** - **Overdue**

Date	Reference	Action	Lead	Status	Due Date	Update
4th December 2023	A/12/03	Provide Board with information relating to social prescribing contracts.	Dr Patel		February 2024	Currently: Social prescribing is provided by combination of staff directly employed by the GP Federation on behalf of the PCNs and those employed by the VCFA. From April 24: All social prescribers will be employed by the GP Federation on behalf of the PCNs. Currently the VCFA are undertaking a staff consultation with those currently in post, then there will be a TUPE exercise to transfer the staff. The aspiration is that the service will be provided for all 4 PCN - agreement for this has been agreed with Bury PCN - final arrangements need to be clarified.

BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	05 February 2024	**Action**	Receive
Item No.	5	**Confidential**	No
Title	Place Based Lead Update - Key Issues in Bury		
Presented By	Lynne Ridsdale, Place Based Lead		
Clinical Lead	Dr Cathy Fines		

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

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

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

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	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

1. Ofsted/CQC inspection of SEND arrangements.

Colleagues will be aware that the above partnership-based inspection will take place onsite w/c 12th February, with a number of preliminary meetings occurring this week. Teams have already been engaged in uploading relevant information and providing data relating to 6 case studies selected by CQC/Ofsted as samples of joint working and outcomes for families and children and young people.

We are awaiting confirmation of the expectations from inspectors of a number of meetings likely to involved strategic and operational colleagues from health and care system partners. May we apologise in advance for the relatively short notice and thank colleagues for their flexibility as required.

The Locality Board will have received an overview of our self-assessed position in relation to SEND priorities, including progress on addressing core waiting times and in delivering new and transformed models of service delivery and engagement. Our system is also clear eyed on the further progress we need to make to consistently convert this progress into improved outcomes for children and families.

2. Measles

All colleagues will be aware of the declaration of the national incident regarding measles. Under the leadership of Director of Public Health our Health Protection Committee has issued an outbreak plan and is taking steps with all partners to improve the uptake of MMR vaccination. Further guidance will be shared with the GP webinar this week.

So far Bury has not had any cases related to the national incident but we remain vigilant and given how contagious it is and the high levels of people movement in and out of other areas of the country with higher incidence, we recognise it is likely we will see some cases shortly.

3. **NHS planning.**

In the January Locality Board meeting, a comprehensive overview of priorities in our system, the progress of our system, and the connection to emergent priorities on a sub-GM footprint and GM footprint was shared. This presentation was supplemented by detailed GM wide analysis on the opportunity for scaled prevention and early intervention in accordance with the ambition of the GM Joint Forward view.

Work continues with partners across the integrated delivery board in Bury to finalise an initial planning submission for GM colleagues by mid-February.

At the last meeting it was recognised that much of the work of the wider determinants of health, and the demand for health and care services, was in the scope of the work of the Health and Well Being Board in Bury. This month Jon Hobday will bring a brief report into the locality board updating on the work of the Health and Well Being Board with reference to a focus on work, on transport, on anti-poverty and other key determinants.

4. Financial Position

The financial position of all health and care organisations remains very challenging. The meeting will receive a brief overview of the position in Bury later on behalf of the Bury Integrated Care Partnership Strategic Finance group. I would however like to recognise the contribution of all partners across the NHS

and in the Council to taking all steps in addressing the challenge. In Bury we continue to believe that our best chance of securing a financially sustainable health and care system is to work together. This can be challenged when individual partners are under pressure, and I am grateful for the continued joint working.

5. Six Town Housing

On 1st February 2024 the Council welcomed 6 town housing staff back into the council, reflecting the decision to bring the function back in house. The Council has appointed John Holman as the interim Director of Housing Services to lead department. The Council is positive about the opportunity to strengthen the support and improves outcomes for residents following this move and is also committed to contributing to the capacity and capability of our model of neighbourhood working.

6. NHS Chief Executive

In January we were delighted to join the Chief Executive Amanda Pritchard to the Heathlands Village in Prestwich, run by the Jewish Federation. The village is the home to the Prestwich Integrated Neighbourhood team and Amanda heard first hand from District Nurse leadership and social workers team leadership about the strength of the partnership working, the contribution of active case management, and the opportunity to connect to the wider organisation of public services on a neighbourhood model in GM.

Lynne Ridsdale
Place Based Lead
February 2023

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	05 February 2024	**Action**	Recommend
Item No.	5.1	**Confidential**	No
Title	Locality Board Terms of Reference		
Presented By	Will Blandamer, Deputy Place Based Lead - NHS GM (Bury)		
Author	Emma Kennett, Head of Locality Admin & Governance - NHS GM (Bury)		
Clinical Lead			

Executive Summary

As of the 1st April 2023, the Bury Locality Board was formally established and constituted by the NHS Greater Manchester Integrated Care Board.

The Terms of Reference for the Locality Board were last reviewed in November 2023 to 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.

A further review of the Terms of Reference has taken place following changes made to financial leadership within the locality with membership/voting arrangements updated accordingly.

It is anticipated that a further review of the Terms of Reference will be required in the coming months as the Greater Manchester Team review their Governance documentation.

Recommendation

The Locality Board is asked to recommend the changes made to the Terms of Reference (version 1i) to the Council and NHS GM Integrated Care Board meetings for approval.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

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

Governance and Reporting		
Meeting	**Date**	**Outcome**

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 £211.3m (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 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 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 the 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**
Associate Director of Finance – Bury ~~Strategic Finance Group Chair & Joint Executive Director of Finance (S151 Officer)~~	~~Bury Council &~~ Bury Locality	**Yes**	**Yes**
S151 Officer	Bury Council	**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	Manchester	**No**	**Yes**

Exec	Foundation Trust		
Chief Officer	Bury VCFA (Voluntary, Community, Faith & Social Enterprise).	**No**	**Yes**
Executive Director of Health and Care & Deputy Place Based Lead	Bury Council & Bury Locality	**No**	**Yes**
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	**9~~8~~**	**20~~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 (13~~2~~), 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 representating. 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 Live (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.

8.8 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).

8.10 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.

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	24 January 2024	**Action**	Receive
Item No.	6.1	**Confidential**	No
Title	Health Update – Corporate Parenting		
Presented By	Will Blandamer, Deputy Place Lead		
Author	Sophie Babb (Designated Nurse Looked after Children & Care Leavers, Bury Locality)		
Clinical Lead	Catherine Jackson (Associate Director for Nursing, Quality and Safeguarding, Bury Locality)		

Executive Summary
The paper sets out the health contribution to Corporate Parenting in Bury, including statutory function and improvement plan following the focused visit on the local Care Leavers Offer.
Recommendations
The Locality Board is requested to receive the information in this report and provide any feedback required on current workstreams and priorities.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

BURY INTEGRATED CARE PARTNERSHIP

Health & Corporate Parenting

1. Introduction

1.1. The paper sets out the health contribution to Corporate Parenting in Bury, including statutory function and improvement plan following the focused visit on the local Care Leavers Offer.

2. Background

2.1. All children who enter care are required to have an initial health assessment within 20 working days and then subsequently review health assessments 6 monthly (if under 5 years) and 12 monthly (over 5). These are completed by health visitors, school nurses, community paediatricians and the Specialist Nurse Looked after Children and Care Leavers.

2.2. Within Bury, Northern Care Alliance provide the majority of health services to our children in care. They employ: 1.0 WTE Named Nurse for Safeguarding Children & Looked after Children and a 1.0 WTE Specialist Nurse Looked after Children and Care Leavers. The team also received 0.6 WTE administration support. The role of the team is to co-ordinate all health assessments and ensure practitioners are meeting the identified health needs for our Bury children in care.

2.3. Greater Manchester ICB employ 0.8 WTE Designated Nurse Looked after Children and Care Leavers whose role is to provide strategic oversight of the statutory health duties for our children in care and monitor the timeliness and quality of these health assessments and support any difficulties in accessing health services required. In order to achieve this, provider compliance against contractual key performance indictors for statutory health assessments is monitored on monthly basis by the Designated Nurse.

2.4. The Designated Nurse Looked after Children and Care Leavers represents Bury ICB at Corporate Parenting Board (CPB) and chairs the Health of Looked after Children & Care Leavers Steering Group, which provides the operational function to progress issues raised at CPB.

2.5. The Health of LAC Steering Group is well attended by health representatives from providers across the locality. Mutli-agency representatives are included in all invitations but engagement is sporadic.

3. Health and Corporate Parenting

3.1 A bi-annual health update is provided to CPB, with the last report in November 2023, being well received. The boards main area of focus remains on emotional health and well-being and the below has been implemented in Bury to begin to address this:

- Looked after Children will wait no longer than 4 weeks for initial assessment and support when referred to CAMHS.
- 500 logins are available to access Beyond Psychology attachment and trauma online training to health staff across GM.
- Hospital trusts GM wide have been issued with commissioning intentions to develop intensive support teams for care experienced children and young people. Pennine Care have propsed the development of a Specialist Therapuetic Hub which will provide psychological consultation,

assessment, formulation and therapy for children in care.

3.2 A task and finish group has also been establised by CPB to specifically look at supporting Care Leavers emotional health and well-being. In response to this health have also:

- Secured funding to access and deliver “My Stressed Out Brain” training which is co-developed with Care Leavers and aims to provide practitioners with strategies for how they can effectively support this cohort.
- Bury are leading on a 2 year pilot to deliver the Pure Insight Volunteer Mentoring model and Psychological Wellbeing Service (PWs) which will provide 1-1 support to Care Leavers.

Care Leaver Ofsted Visit

3.3 In November 2023 a visit was conducted by Ofsted reviewing the offer to Care Leavers in Bury. The review made several recommendations which for health included, reviewing the mental health offer (which has been detailed above and now requires embedding into practice) and the health summaries available to Care Leavers.

3.4 The health summary was co-produced with Care Leavers in 2018 and reviewed, again with Care Leaver input in 2021. The Designated Nurse for LAC, alongside the Specialist Nurse LAC in Bury Care Organisation have arranged to meet with the Children in Care Council in February 2024 to further consult with them. Our aim is to establish what would make the summary more meaningful to the Care Leaver cohort. This includes exploring electronic options for accessing the summary in the future and ensuring the consistent quality of summaries throughout GM.

3.5 A health needs analysis will be undertaken to understand the needs of this cohort and provide information on future health planning for this cohort.

3.6 The Care Leaver Offer website has been updated to ensure that Care Leavers and practitioners working with Care Leavers are clear on the local health offer.

4 Recommendations

4.1 The health of LAC Steering Group continue to promote multi-agency working by inviting partners to all meetings

4.2 Following the Ofsted focused visit, it was proposed, and accepted by Corporate Parenting Board, that updates will be received biannually (increase from annual reporting)

4.3 Ofsted recommendations remain a focus for the health economy, with mental health provision and health summaries being the main focus as detailed above

5 Actions Required

5.1 The Locality Board is requested to:

- receive the information in this report and provide any feedback required on current workstreams and priorities.

BURY
INTEGRATED CARE
PARTNERSHIP

Sophie Babb
Designated Nurse Looked after Children & Care Leavers
Sophie.babb@nhs.net
January 2024

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Localilty Board			
Meeting Date	05 February 2024	**Action**	Receive
Item No.	6.2	**Confidential**	No
Title	Corporate Parenting Update		
Presented By	Will Blandamer, Deputy Place Lead		
Author	Beth Speak, Children's Improvement & Transformation Manager		
Clinical Lead	Jeanette Richards, Executive Director of Children's Services, Bury Council		

Executive Summary

This paper provides an update in respect of Corporate Parenting activity over recent months, following the Ofsted monitoring visit in November 2023.

Recommendations

That Locality Board members note the progress and consider opportunities to strengthen the visibility and impact of the role of corporate parenting in Bury.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

Bury Council Corporate Parenting Update

In November 2023, our care leavers service was the focus of an Ofsted monitoring visit. Inspectors reviewed pathway planning, employment education and training, supporting into adulthood and health and emotional wellbeing. Inspectors found that there was not the same pace of progress in this area as seen on previous visits and the pace of improvement was therefore too slow.

Recommendations from both this visit and the previous DfE diagnostic of care leavers (May 2023) have fed into a refreshed and updated Corporate Parenting Development Plan.

Highlights from the refreshed Corporate Parenting Development Plan are below:

- Following feedback from both young people and staff during the monitoring visit, we began arrangements to secure alternative premises and in early February the Care Leavers Hub will relocate to 6 Knowsley Place (6KP) with the team moving into 3 Knowsley Place (3KP). There will be a formal launch of the new Hub to include staff, partners and care leavers and this will provide opportunities in relation to engagement and communication of key messages with our young people.

- Following on from our LGA-led external **training to Councillors** in June, a rolling programme of training is in place. 'Where do you keep the ketchup?' training is delivered by young people exploring their lived experience and support needs, and is delivered over a weekend to ensure elected members can attend. At the January session, 10 Members attended. More sessions are to be scheduled through the year.

- Two **Mentoring & Befriending** schemes have been created - a generic befriending offer and a subject specific offer of direct support. Bury Council Executive Directors have been approached and indicated what they could offer with some already making contact with young people. Processes are being developed to ensure safeguarding protocols are robust and in place, this will include DBS checks, risk assessment, training, expectation of role, awareness of safeguarding processes, matching processes and access to support and supervision for befrienders. This will be in place by the end of February 2024 to start the befriending matching.

  A plan is being drawn up on how the expertise of our Executive Directors can be utilised and accessed for care leavers - this will follow the same robust approach as befriending however be more short term.

- In December 2021, Bury Council agreed that care leavers was a **protected characteristic**. While there have been some recent developments – for example in the review of our Housing Allocations Policy – we are yet to see evidence of impact. We also need to consider a partnership approach including stakeholders.

- A **corporate parenting champion** offer is being developed, to include training, expectations of role and creating links to sub-groups. We already have approximately 50 champions identified. This offer will be completed before the end of February and will be promoted across council and NHS. A refresh of the current champions list has been carried out to promote, inform and regain commitment from previously signed up champions

- A **Supported Employment Offer for Young People in Care and Care Leavers** is being developed. This will build on the existing offer around ring-fencing of roles for care leavers and a reduced benchmark. On 6th February we will be hosting a 'Try It Tuesday' work shadowing event for young people in care & care leavers focused on those young people not in education or employment, college and year 11 students). Further activity planned includes a year 9 GCSE options career speed dating event to support career aspirations, and will be offering increased support around employability skills supported by Bury Adult Education. Ongoing support will be provided beyond induction and

apprenticeship with a workplace mentor, outside of line management structure. Please see Plan on a Page – Appendix A.

- The Care Leaver's Local Offer website has been transferred to a Council micro-site with a user friendly URL www.bury.gov.uk/careleaverslocaloffer. The content was last updated in November however a number of changes have been agreed by the Care Leavers Local Offer task & finish group on 25th January, and these have been sent to our IT department for updating. The updates are in relation to new hub, wellness offer and apprenticeship opportunities. Health, Housing & Education & Skills have agreed to review areas and provide updated/additional content which we are aiming to have on the Local Offer in February. The Head of Service will be linking in with the wider GM Local Offer group in relation to the app and ensuring Bury content is available via the app.

- During the recent Ofsted Monitoring Visit, care experienced young people made a particularly telling critique of their housing options and the disconnect between the council's strategic intent, as shown by protected characteristic status, and the actual operational delivery on the ground. This issue is being picked up through the Housing Growth Sub-Group in two ways – firstly, through the reconsideration of the councils banding criteria for the allocation of tenancies referenced earlier in this report; but secondly and more widely in a review of the housing needs of our care experienced young people and the currently available options. The headline finding of this work to date is that there are insufficient supported accommodation options for younger care leavers when they leave care, in terms of capacity; and also that there is not a local continuum of supported accommodation that would effectively bridge care experienced young people from being in care, through supported accommodation into long-term independent tenancies. There are also concerns around how safe some young adults feel in their homes, which reflects the sometimes limited number of housing options available and the people with whom they live alongside. This could prompt consideration of dedicated supported homes and clusters of independent tenancies for care-experienced young people. Further work needs to be completed to fully co-produce a revised housing offer with care experienced young people. However, given some of the very clear findings to date, we will be identifying interim actions and support to address clear deficits, while a broader long-term strategy is mapped out and agreed.

- Health summaries – this was an issue in inspection, as young people told inspectors they had not received them. We are working closely with health colleagues to ensure that there is a clear process for evidencing that the health summary has been shared and discussed with the young person – ensuring that there is a footprint of this discussion on the child's electronic file, to ensure consistency of practice with other authorities.

APPENDIX A

Bury Council

BURY INTEGRATED CARE PARTNERSHIP

Young People in care & care leavers Supported employment offer

Building Career Aspirations

- **1 to 1 career mentoring** – Working with young people on an individual basis to build and support aspirations.
- **Career Speed Dating event** – to be held at Easter to support young people in year 9 build career aspirations when taking their GCSE options
- **Talks and information sessions -** From these sessions our young people can gain a better understanding of the careers available and advice on accessing those career pathways as well as informing them on upcoming opportunities.
- **Let's try it Tuesday** – Tuesday 6th February 2024 work shadowing day event for young people in care & care leavers (NEET, College and year 11 students)

Employability Skills

- CV and Application Master classes – Utilising supplier social value commitments (Reed)
- Maths and English Functional Skills support – supported by Bury Adult Education
- Mock Interviews & interview preparation support -classes – Utilising supplier social value commitments (Reed) and OD
- Employability workshops – supported by Bury Adult Education

Work Experience

- **Job shadowing** can offer young people the opportunity to understand some of the different careers they could pursue and what these involves on a day-to-day basis.
- **Summer Work Experience & Employability Programme** consisting of employability training with an unpaid work experience placement
- **Sector-based Work Academy Programme** The SWAP is a pathway into a career in adult social care that consists of a level 1 qualification delivered over 2 weeks and a work placement upon completion of the course.
- **Priority of placements** for all year 10 students wanting a work experience placement whilst at school.

Other areas of work

It's not a no, It's just not yet – A supportive and positive referral process to support those unsuccessful at an apprenticeship assessment to ensure they are ready for the next opportunity. This could include work experience placements, employability skills for example.

Paid employment – Developing more flexible paid employment opportunities other than apprenticeship,

Apprenticeships

- All apprenticeship vacancies ringfenced to young people in care and care leavers before advertised externally. Applications through CV and Cover letter.
- All young people in care and care leavers offered a tour/visit to the workplace to meet team and manager and familiarise themselves with the workplace before assessment.
- Each young person offered a pre assessment preparation 1 to 1 session, to discuss what to expect, how to dress, tips on making the most of the placement.
- All entry level apprenticeship (levels 2 and 3) vacancies candidates assessed through a work experience placement, based on performance on placement candidate offered the apprenticeship.
- Pre induction support, 1 to 1 support in completing on-boarding paperwork, explanation of terms and conditions job description, understanding of precisely what is expected of them as an employee.
- Line managers and teams provided with support in how they can best support their new apprentice prior to the new apprentices starting. This could include sessions on real life experiences.
- On-going support through induction, probation period and throughout apprenticeship programme and career pathway.
- Each young person starting an apprenticeship provided with a workplace mentor outside of their line managers reporting structure

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	05 February 2024	Action	Receive
Item No.	7	Confidential	No
Title	System priorities update		
Presented By	Kath Wynne-Jones		
Author	Kath Wynne-Jones		
Clinical Lead	Cathy Fines / Kiran Patel		

Executive Summary
This paper is intended to provide an update to the Board of progress with the prioritisation work across the Borough
Recommendations
The Board are asked to note the progress of the approach to determine our priorities for 24/25.

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☐	**Discussion** ☒	**Information** ☐
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

Implications						
report?						
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
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	☐	No	☒	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**

BURY INTEGRATED CARE PARTNERSHIP

Bury Integrated Delivery Collaborative Update

1. Context

This report is intended to outline to the Locality Board, progress which has been made with regard to determining our priorities for 24/25, following the approval of the approach at the Locality Board in January 2024.

2. Key strategic developments

The Locality Board in 2024/25 elected to focus its work on 5 key priorities

- First 1001 days from conception to age 2 :new models of delivery connected to role out of family hubs in neighbourhoods, and recognising identified under resourcing in HV capacity
- Sustainability and Transformation of Primary care, including recognising the relative under-doctoring of Bury
- Future and sustainability model of intermediate care
- Opportunities for improved workforce recruitment and retention and flexible working
- Reducing duplication and inefficiency in pathway processes.

This was in addition to the work on SEND and building the platform of neighbourhood working.

The Locality Board supported the following priority areas for 24/25

- Urgent and Emergency Care – demand management, service shaping and connectivity of out of hospital services
- Planned care, community services and cancer – demand management and prevention
- Primary Care and the neighbourhoods – sustainable model of primary care, embedding the neighbourhood model, primary and secondary prevention and reducing duplication across provider partners (including community pharmacy)
- Mental health and emotional wellbeing – demand management and reducing out of area placements
- Children and Young People – The first 1001 days
- Workforce - recruitment and retention across place

This does not mean that we will stop doing everything else, as the Programme Boards currently in existence , need to continue to focus on delivery of operating plan requirements reporting via the IDC, however it is proposed that the topics above are the main focus of Locality Board discussions.

It should also be noted that we have a reducing amount of system transformation resource from former CCG and LCO teams supporting the work of the Locality Board. It is proposed that out limited transformation resource is focused on the following areas:

- Alignment of the neighbourhood model, major conditions strategy, community services and primary care to support more efficient ways of working and reducing health inequalities
- Elective care: Single points of access, respiratory pathway integration, advice and guidance & peer review across all specialties and ENT pathway transformation.

- Urgent care: Reducing admissions from care homes and increasing the utilisation of the virtual ward, rapid response service, falls response services and the wider intermediate tier. Reducing the number and length of stay for days kept away from home patients through a programme of change at Fairfield General Hospital.
- Reducing duplication between primary care and community pharmacy
- Mental health : transformation of community services, reducing out of area placements, adult ADHD and ASD pathways and the Children and Adolescent Mental Health Services
- Implementation of workforce strategy to support all partners
- Increasing joint working with the VCSE to increase the VCSE market share

- Work has now commenced to quanitify the financial , quality and population health impact of the above schemes to support local and GM planning requirements. This will require support and engagement from all system partners as the Locality Board will be held to account for delivery of the agreed trajectories.

3. Recommendations

The Board are asked to support the approach to prioritisation outined within this paper to support future agenda planning for the Locality Board, and to proactively engage with the development of the trajectories.

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
kathryn.wynne-jones1@nhs.net
January 2024

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	05 February 2024	Action	Receive
Item No.	8	Confidential	No
Title	Right Sizing and Developing Intermediate Care Report		
Presented By	Will Blandamer, Deputy Place Lead		
Author	Ian Mello/Will Blandamer		
Clinical Lead	____		

Executive Summary

This report will provide for an update for Locality Board colleagues on progress made in developing our locality intermediate care services (DIMC). This is in the context of reviewing bed capacity and demand and right sizing the range of IMC services to meet the needs of our population.

The work of the Project has encountered operational challenges in system capacity to support its work with many colleagues facing significant and pressing priorities and as such the work is behind its original scheduled end date of early December 2023. It is now expected to be completed by early March 2024.

Recommendations

The Locality Board are asked to note the update and plans for a finalised report containing the detailed strategy refresh and new service offer viability overview being provided at the April 2024 meeting.

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

BURY INTEGRATED CARE PARTNERSHIP

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

BURY INTEGRATED CARE PARTNERSHIP

Right Sizing and Developing Intermediate Care Report

1. Introduction

This report will provide for an update for Locality Board colleagues on progress made in developing our locality intermediate care services (DIMC). This is in the context of reviewing bed capacity and demand and right sizing the range of IMC services to meet the needs of our population.

The work of the Project has encountered operational challenges in system capacity to support its work with many colleagues facing significant and pressing priorities and as such the work is behind its original scheduled end date of early December 2023. It is now expected to be completed by early March 2024.

2. Background

In late 2018 Bury Locality commissioned PA Consulting to develop the transformation strategy for intermediate care and the development of Neighbourhood based MDTs. They facilitated a series of design workshops and design groups to inform the development of the strategy which was signed-off by Transformation Board in early February 2019. The LCO PMO established a project team with a refocusing of resources aimed at mobilising the Intermediate Care Strategy.

Significant progress was made in implementing the strategy main recommendations since 2018 but with the pandemic impact since the 2018 project and the publication of more contemporary NHS E guidance, the strategy now requires refreshing.

Mello Insight, an independent health and social care management consultancy, was commissioned to review and update the strategy and review the potential and viability of a new service (s) to reduce days kept away from home for patients (DKAFH). The purpose of this would be to enhance the quality and timeliness of our locality intermediate care pathways via the provision of strengthened step down and step-up services which enable more rapid discharge and reduce admissions into acute services which could have been clinically avoided delivered through a single location with fully integrated service delivery with a therapy focus on recovery, rehabilitation, reablement.

3. Strategic Context

The project has made use of several policy documents including the National Framework Intermediate care framework for rehabilitation, reablement and recovery. The Greater Manchester Integrated Care Board policy views and best practice, and our local Bury Let's Do It strategy.

3a. Bury Locality 2018 Intermediate Care Strategy

The Strategy set out a vision for Intermediate Care which required large-scale system change involving multiple partners led by the LCO and OCO. The delivery model was designed to bring together health and social workers into a **unified Bury-wide integrated team** delivering intermediate care services under **single leadership**. The core of the strategy details the following approach:

The vision enshrined four key components:

- Building new relationships.
- Local people staying well for longer.
- Reducing failure demand.
- Tackling the wider determinants of health.

Within this vision the key deliverables were to:

- Introduce **home-based care** into Bury's intermediate care offering:
- Create **additional enhanced IMC beds** through the dual registration of Killelea House; and
- Relaunch **Rapid Community Response** with a broader multidisciplinary team.

It was also intended that the new model of service delivery should change the current pattern of service demand, use and patient flow by:

- Focusing on acute admission avoidance by increasing step-up referrals
- Achieving higher bed occupancy; and
- Reducing average length of stay.

4. Developing IMC in Bury Project Methodology

A system wide Project Delivery Group was established to undertake the project, it consists of system partners and is chaired by the project GP Clinical Lead Advisor to ensure that clinical leadership is at the core of all development. Colleagues were nominated by Director level leads from across the whole Bury Locality Health and Care System. It is led managerially by Ian Mello of Mello Insight Ltd; meetings occur fortnightly governed by an Action and Objectives log maintained and reported upon into the Bury Urgent and Emergency Care Board and Locality Board monthly as a priority project in both boards. The project undertook three elements:

4a. Site Visits

To gather data on and the experiences of clinicians and managers in IMC transformation and improvement in the context of best practice across Greater Manchester. All localities had previously developed site or sites dedicated to integrated IMC delivery. Site visits were carried out to Heywood, Middleton and Rochdale, Salford, and Tameside and Glossop localities. Learning was captured and fed back into the Project Delivery Group to contribute to formulating the Action and Objectives Log. A distinct and very clear message arising out of the site visits is that teams in services working into and out of each other inter professionally and physically across organisational boundaries appear to achieve more rapid and longer lasting patient, carer, and family benefits.

4b. Semi-Structured Interviews

The outcome of the interviews was the need to have an updated strategy document to work to and with. Any new updated version needs to provide clarity and a clear vision for the future direction of IMC services in the borough. It was noted by colleagues that individual organisations seem to have internal improvements, transformation programmes as sometimes articulated through tests for change. There was concern that they were not always known across and joined up with wider system provision, this potentially inhibits integration and professional relationship development. It is no surprise that integration was also a priority to further cement working practices into a more aligned and focussed set of single system aims objectives and outcomes.

4c. Project Delivery Programme

The Project Delivery Group has managed the joint approach to reviewing the 2018 IMC Bury Strategy and the potential for new service development to reduce patient delays into and out of acute services. It has reviewed the strategy and modelled patient case vignettes collectively to discuss pathway improvement and transformation. Research on best IMC practice has been incorporated where appropriate and work on listening to patient, carer, and family lived experience views has been gathered and influenced our Group planning.

The Group has held a workshop in November with a second planned for February to cement and agree final models, financial costs, and strategic content.

5. Bury IMC Draft Strategy 2024

5a. Strategy

The updated draft vision is to:

- Deliver more integrated services and enhance relationships across organisational boundaries.
- To enable local people in staying well for longer.
- Reduce system inefficiency by ensuring that patients are in the right place at the right time supported through single service delivery teams and the very best use of our system budgets.
- Tackling the wider determinants of health.

The Project Delivery Group has identified a long list of strategic components to deliver over the lifespan of the new strategy. They will need to be prioritised for impact and phased according to how the new service (s) are jointly commissioned. In total there are twenty on the list and a few examples of them are detailed below:

- Establish and commission IMC Prevention and early intervention pathways and services.
- Development of Dementia Framework for Bury including rates, funding routes, transitions from home, IMC, Acute, Residential and Nursing.
- Integrate lessons learnt from National Frontrunner Discharge Pilot into IMC pathways.
- Develop a single Leadership, management, and workforce planning framework for the IMC Strategy pathway.

The draft strategy refresh will be completed by the end February 2024.

5b. New Services

A new service offer is in development and the quantum of its purpose is very heavily focussed on removing Bury patient delays in accessing post discharge support and enabling initial admission avoidance.

Work is underway on defining the workforce model required in a new service offer to deliver enhanced recovery, rehabilitation and reablement delivery.

Costings are underway and being actively discussed to test the viability of the finances across the IMC system to facilitate the new IMC strategy and its implementation.

This work will be completed by early March 2024.

6. Summary

It is crucial that in doing any work that is both complex in its nature and has many interwoven relationships and organisations to understand and listen to, that we do not leap to solutions or try simply import models of care from elsewhere. That we seek to grow our own local service infrastructure through collaboration, consensus, and evidence.

The work to date has enabled a clearer understanding of the current position within our local IMC services as they relate to national and GM policies. It should be noted that we are continuing to learn about how to provide the very best IMC services but the more we connect with each other and externally, the more we can develop locally.

Finally, please note that the Locality Board will receive the finalised report containing the detailed strategy refresh and new service offer viability overview at the April 2024 meeting.

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	05 February 2024	**Action**	Receive
Item No.	9	**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** ☐	**Assurance** ☐	**Discussion** ☒	**Information** ☐
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

Implications						
report?						
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
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	☐	No	☒	N/A	☐
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☐

Governance and Reporting		
Meeting	**Date**	**Outcome**

BURY INTEGRATED CARE PARTNERSHIP

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:

- Finalising the structure for the former LCO team in the context of the current operating environment of the IDC. The reduction in resource will mean there is less transformational capacity available within the Borough.

- Through the Locality Board in January, the developing the priorities for the Borough in 2024/25 were agreed.

- It is proposed that our limited transformational capacity is focused on the following areas. This does not mean that we will stop doing everything else as the Programme Boards need to continue to focus on delivery of operating plan requirements, however it is proposed that this is where we focus our limited resource.
    - Alignment of the neighbourhood model, major conditions strategy, community services and primary care to support more efficient ways of working and reducing health inequalities
    - Single point of access for elective: RBMS , community SPOA and GM interface principles
    - Respiratory pathway integration
    - Elective pathways: Advice and guidance & peer review across all specialties. 4LP work using ENT as a test of change for other specialties
    - Urgent care: Care homes, virtual ward / rapid utilisation , ward 24 model, falls service integration, reducing days kept away from home patients, SPOA/ DOS and referrals into neighbourhoods
    - Reducing duplication between primary care and community pharmacy
    - Primary care quality contract and indicators
    - Increasing joint working with the VCSE to increase the VCSE market share
    - Mental health : thrive model, reducing out of area placements, adult ADHD and ASD pathways, IAPT recovery, crisis response and neighbourhood model
    - Implementation of workforce strategy to support all partners
    - Supporting the implementation of the first 1000 days of life plan as appropriate in conjunction with the Children's Strategic Partnership Board

- Commencing the process to quanitify the financial , quality and population health impact of the above schemes to support local and GM requirements

- We have been giving a specific focus to the elective programme and how we have a focus on the system architecture we need to have in place to support effective demand management, and the implementation of the national and GM clinical interface guidance . This work will be taken forwards across the NCA footprint due to the construct of elective services.

- Finalising the approach to define key success metrics for the Borough supporting the key obsessions

- Refining risk management processes as agreed at the IDC and Locality Boards to have systems and processes in place for April .

3. January IDC Programme highlights:

Urgent and Emergency Care: Supporting the management of pressures of demand and acuity within the acute sector.

Elective Care and Cancer: Agreed NCA and Four Localities joined up work programme will provide a platform to support elective care recovery at greater scale and pace.

Adult Social Care: The Care Quality Commission published final guidance on its assessment framework and information return for local authorities on 8th December. The first three local authorities to be assessed were contacted before Christmas, with all to be assessed over the next two years.

Mental Health: The last period has seen an intensive focus on reducing the number of out of area placements (OAP's) and reducing delays in the discharge of people who are clinically ready for discharge from acute MH wards. This work appears to be having an impact with the number of OAPs significantly down in the last reporting period.

LD & Autism: People with Learning Disabilities gave us 11 things we can do to improve their lives – we are taking these and will embed them into our business and improvement plans: "you said, we did".

Neighbourhoods: Work is underway to define the neighbourhood level indicators for the 24/25 Locally Commissioned Service.

Primary Care: Work programme commenced to support greater connectivity between primary care and community pharmacy

Community Health Services: Quality improvement programme being scoped to improve relationships and processes between primary care and district nursing.

Palliative and EoL Care: A new strategy for palliative & EoLC care in Bury has been completed and supported

4. Performance

Summary:

- In October 23, the total number of GP appointments increased by 11.3% on the previous month and 9.7% on October 22. November 23 data not currently available.
- A&E attendances remain high. The high attendances impacted on A&E 4-hour performance, decreasing by -3.7% in December and an increased number of patients experiencing 12-hour waits.
- UCR 2-hour response was below the target of 70% in December at 40%, this was previously 68.2% in November.
-

- Elective waits have slightly decreased, with 31,387 patients currently waiting. Patients waiting over 78 weeks increased by 6.4% in November compared to October, with 50 patients remaining
- Cancer 28 days performance has increased by 3% on performance in October, but 52 less referrals were received in November to October.
- IAPT patients seen within 6-week timeframe has increased in November and Bury is currently performing better than GM
- The percentage of the Bury population on the palliative care register has increased in December from November.

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Key indicators are scrutinised with action plans implemented through our programme boards.

5. Risks

Following agreement of the proposed Bury system risk reporting process at April's IDC Board, all programmes 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.
- PCN ARRS investment and risk to the staffing model
- GM funding issues and effects on a number of pilots/schemes in the locality

The first meeting of the Risk Performance Scrutiny Group took place on 20 December where a scoring review of all Bury system risks was begun. Further work is being progressed with quadruple aims' committee chairs to ensure consistency of scoring and reporting.

6. Recommendations

The Board are asked to note the progress, performance and risks outlined within this paper.

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
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January 2024

Population Health update
Team Bury – Inequalities Event

Jon Hobday

Director of Public Health

Background

Event held 05/12/23
Over 80 in attendance

Purpose

- To provide an insight into inequalities in Bury and our approach to using our health and wellbeing board to identify and address them.
- To review how all our plans and strategies are contributing to reducing inequalities.
- To work through how all partners can build on their existing contributions to further reduce inequalities through the LETS principles.

What came out of inequalities event?

- Need to grow villages/networks of support (focus on 16-34 year olds) including utilising and building on community hubs
- Need to ensure creation of healthy and safe environments essential – including ensuring alcohol/vape/gambling/fast food establishments are minimised
- Need to provide up to date accommodation, with targeted tenancy support where needed
- Need to fully utilise existing assets to grow community connections and links e.g. food banks, voluntary sector, businesses etc
- Need to continue to grow our volunteering, skills and employment opportunities
- Primary care is an essential provision, need to ensure equitable offer across communities
- Need to consider patient pathways and their role on reducing inequalities

Steps to reduce inequalities

- Use Health and Wellbeing Board as standing commission on health inequalities
- Use population health delivery partnership to drive the activity
- Have a robust implementation plan
- Have a detailed outcomes framework (aligned with Marmot towns 24 indicators)
- Use the wider network community to share and grow good practice

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	05 February 2024	Action	Receive
Item No.	11	Confidential	No
Title	System Finance Group Update – January 2024		
Presented By	Simon O'Hare – Locality Finance Lead, NHS Greater Manchester Integrated Care (Bury Locality)		
Author	Simon O'Hare – Locality Finance Lead, NHS Greater Manchester Integrated Care (Bury Locality) Nicola Tamanis – Executive Director of Finance, Pennine Care NHS FT Catherine Wilkinson – Director of Finance, Bury Care Organisation (NCA) Lee Rowlands - Contracts Director, Manchester Foundation Trust		
Clinical Lead			

Executive Summary

The purpose of this report is to update members of the locality board on the financial position of the 3 statutory bodies who primarily serve the population of Bury, along with that of NHS Greater Manchester Integrated Care (NHS GM).

The financial positions of all statutory partner organisations remain challenged, with all partners experiencing greater deficits than anticipated in their year to date positions for Bury Council, the Bury Locality and Northern Care Alliance (NCA), which in the case of the 2 NHS organisations has led to a deterioration of the forecast year end position. Pennine Care (PCFT) and Bury Council are both anticipating a break even position at 31st March. NHS GM has an in year deficit and has recently agreed a deficit year end position of £180m with NHS England of £180m, which will need to be repaid starting from 2025/26.

Financial plans for 2024/25 are currently being developed with each of the statutory organisations at different stages due to the regulatory frameworks that apply to them. In all cases the completion of these plans and delivery of a break even plan is very challenging due to the existing cost pressures in our systems.

Recommendations

Locality board members are asked to:

- Note the contents of this report, the challenged financial positions in all partner organisations, the risks to delivery of year end positions and the continued very challenging outlook for 2024/25.

Links to Strategic Objectives

SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	☐

BURY INTEGRATED CARE PARTNERSHIP

Links to Strategic Objectives	
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	☐
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	☐
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	☒
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	☐

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
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If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

BURY INTEGRATED CARE PARTNERSHIP

System Finance Group Update

1. Introduction

1.1. The purpose of this report is to update members of the locality board on the financial position of the 4 statutory bodies who primarily serve the population of Bury, along with that of NHS Greater Manchester Integrated Care (NHS GM).

2. Background

2.1 The delivery of financial targets in the current financial year is the most challenging to date, with rising demand, increased acuity and inflation for both organisations and residents impacting at the same time as allocations and settlements to statutory bodies did not reflect these pressures.

2.2 The drivers of the increased demand and acuity are multi-faceted but have been exacerbated by the Covid-19 pandemic and this is particularly so with regard to Children and Young People and in the older age population and it is these cohorts of residents who are the highest users of services.

2.3 Price Waterhouse Cooper (PWC) are continuing to support in delivering both an improved financial position for 2023/24 across all NHS organisations in Greater Manchester and in the planning process for 2024/25

3. Financial positions

3.1 Bury Council

3.1.1 The Council forecast position at the end of quarter 2 2023 is a £9.749m overspend on revenue budgets which is an improvement of £3.517m from that reported at quarter 1, alongside a forecast savings delivery of £18.888m, of which £12.849m has already been delivered.

3.1.2 The drivers of this demand continue to be :

- the cost of energy in general but specifically for street lighting and the Council's leisure centres
- demand increases across adult's and children's social care,
- Increased numbers of children with Education, Health and Care Plans
- Adult services similarly continue to manage demographic increases in demand for care packages and increased demand for home care following discharge from hospital. Following the pandemic patients are more acutely unwell and are therefore discharged from hospital requiring more social care support

3.1.3 The externally chaired financial improvement panel with support from CIPFA and the LGA continue to meet monthly and scrutinise improvement plans, the development of the medium term financial plan and the impact of the spend controls

3.2 Bury Care Organisation and NCA

3.2.1 The Northern Care Alliance (NCA) year to date financial position at month 8 is deficit of £49.6m, which is £32.8m worse than planned, but this position has stabilised somewhat in the past 2 months, within this the Bury Care Organisation position is a small overspend but a surplus position was initially sought so the current position is £7.3m worse than plan. The drivers of the year to date NCA position are slippage on savings schemes, unplanned additional critical care capacity, an unfunded pressure on the national pay settlement, costs impacts of industrial action and nursing and medical pay pressures, resulting in part from unfunded escalation beds remaining open due to increased numbers of Days Kept Away from Home compared to 2019/20.

3.2.2 Reductions have taken place in the rate of expenditure on both bank and agency staffing in November and December, across both the NCA and Bury Care Organisation, which are helping to stabilise the financial position. There are weekly meetings with PWC to ensure focus remains on financial recovery.

3.2.3 The likely forecast NCA out turn position is currently £68.4m overspent, which is £36.4m greater than the original planning assumption of £32m overspent.

3.3 Pennine Care

3.3.1 The current Pennine Care month 7 position and forecast out turn position is breakeven and the trust has been asked to improve it's year end forecast to a £2 million surplus to support the overall NHS GM position with options being sought to allow delivery of this

3.4 Manchester Foundation Trust

3.4.1 At month 8 the Manchester University NHS Foundation Trust (MFT) year to date position is a deficit of £45.2m, which is £26.2m above the planned deficit at this stage in the year. This is an improvement in the position since month 6 but key drivers of the deficit still include the costs of covering industrial action as well as the requirement to now allow for the impact of overall elective under-performance year to date.

3.4.2 The trust continues to strive to achieve a break even position at year end but an £11.6m deficit is the likely year end forecast.

3.5 NHS Greater Manchester & Bury Locality

3.5.1 The NHS Greater Manchester (GM) position at month 8 is a deficit of £187m against an anticipated month 8 deficit of £15m, giving an unplanned increase in the deficit of £172m. There is a £63m unplanned deficit for providers made up of pressures due to bank and agency costs, undelivered savings and the impact of industrial action. The remainder of the adverse variance is made up primarily of a shortfall in delivery of the system risk savings, escalating prescribing costs and the financial impact of mental health out of area placements.

3.5.2 NHS GM has agreed a year end deficit of £180m with NHS England, which will need to be repaid, starting in 2025/26. The delivery of the agreed deficit is a challenging proposition but given reductions in the expenditure run rate is believed to be achievable

3.5.3 Within the NHS GM position the Bury locality position is forecasting a year end overspend of £2.5m based upon month 8 data. This is driven mainly by increased prescribing costs (£1.33m) and increases in Mental Health Placements (£0.89m).

3.5.4 With regard to prescribing the locality has the lowest rate of prescribing per head of population in NHS GM and is below the national average but there have been significant price increases in year due to both inflation and shortages of drugs that have caused an overall 11% price increase. Work across NHS GM and locally across the Bury system has seen an improvement in the number of Mental Health patients who were placed out of area, with Bury having the least in NHS GM at the beginning of January, however more work is across all partners is needed to see the financial reductions needed both this year and next

3.5.5 A fuller review of the financial position for budgets delegated to the locality by NHS GM is attached at appendix 1

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4.0 2024/25 financial planning

4.1 Financial plans for 2024/25 are currently being developed with each of the statutory organisations at different stages due to the regulatory frameworks that apply to them. In all cases the completion of these plans and delivery of a break even plan is very challenging due to the existing cost pressures in our systems.

4.2 The NHS planning guidance which is usually published on Christmas Eve has been delayed until the end of January and therefore this is not helping the formulation of plans for NHS partners but planning is continuing and is being co-ordinated by NHS GM.

4.3 The council has to agree a final balanced budget for 2024/25 through formal committees by the end of February and this work is nearing completion

4.4 A fuller update on financial planning for 2024/25 will be brought to the next meeting

5.0 Conclusion

5.1 Locality board members are asked to:

- Note 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 in 2023/24.
- Note the update on 2024/25 financial planning

Simon O'Hare
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January 2024

BURY INTEGRATED CARE PARTNERSHIP

NHS Greater Manchester – Bury Locality Month 9 Financial Position

1.0 Introduction

Each of the 10 localities within Greater Manchester were delegated budgets from NHS Greater Manchester (GM) to be managed by the Locality Board in each of these localities. These budgets are made of the following areas:

- Non NHS Acute Care (excluding Independent Sector Hospitals)
- Non NHS Mental Health
- Non NHS Community Services
- Continuing Health Care / CHC
- Prescribing
- Primary Care (non GP Contract)
- Other

The locality will also have budgetary responsibility for certain corporate functions that are retained in the locality but these budgets are yet to be formally delegated to the locality.

2.0 Locality position year to date and forecast

At month 9 (December) the locality is £2.48m overspent and is forecasting to be £1.86m overspent at 31st March. This is against an expected break even position. The primary drivers of the overspend are Mental Health Out of Area placements, linked to complex cases, prescribing and unachieved savings year to date. This is shown below in table 1.

Table 1 – Overall month 96 year to date and forecast position

Directorate	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
Acute	£1,512,848	£1,512,435	-£413	£2,059,622	£2,059,622	£0
CHC	£16,684,124	£16,212,083	-£472,041	£21,525,148	£20,824,716	-£700,432
Community	£12,738,104	£12,839,650	£101,546	£17,544,277	£17,748,763	£204,486
Mental Health	£10,700,667	£11,886,846	£1,186,179	£14,762,207	£15,653,482	£891,275
Other	£884,632	£1,037,514	£152,882	£1,179,534	£1,303,370	£123,836
Primary Care	£3,947,195	£4,000,390	£53,195	£6,308,552	£6,387,278	£78,726
Prescribing	£25,950,742	£27,535,648	£1,584,906	£35,039,531	£36,303,289	£1,263,758
Savings	£125,645	£0	-£125,645	-£591,525	-£591,525	£0
Grand Total	**£72,543,957**	**£75,024,565**	**£2,480,608**	**£97,827,346**	**£99,688,995**	**£1,861,649**

2.1 Non NHS Acute and Community Services

These budgets contain the non NHS elements of the Bury Locality Better Care Fund (BCF), which is jointly funded with Bury Council and for locality budgets they amount to an annual value of £14m, which is forecast to break even. The remaining £5.6m is made of £1.6m Capacity Funding to support urgent care capacity and discharge, with the remainder activity based services for Termination of Pregnancy (TOPS), Direct Access Scans and Fertility Services, along with the NHS contribution to Bury Hospice

At month 9 there are forecast pressures of £0.2m which are driven by increased activity in TOPS services and Direct Access Scans, the latter of which is mitigated by underperformance in Fertility Services.

2.2 Complex Care and Mental Health

These budgets are the largest risk area for these locality budgets with a year to date position of £0.7m overspent and a forecast year end position of £0.2m overspent. This is driven by Mental Health Out of Area Patients (OAPs), who have to be placed in non contract settings outside of Greater Manchester, either because there are not enough beds locally or there are is suitable service provision available locally and by pressures on joint funded placements with Bury council.

A detailed piece of work is taking place locally to give a greater understanding of the reasons behind this overspend, including with local authority colleagues for shared complex cases. Alongside this there is a high priority piece of work at NHS GM level, with specific requirements and processes for localities and systems to enact, as this pressure in Bury is mirrored across Greater Manchester and has led to the purchasing of additional capacity in Greater Manchester until 31st March 2024 to support a reduction in costs and greater continuity of care.

This additional focus is seeing reductions in the year to date position with these expected to improve in the forecast position, though this does present a risk.

2.3 Primary Care and Prescribing

Primary Care budgets associated with the GP contract and the Additional Roles and Responsibility (ARRS) Direct Enhanced Service (DES), are managed at a GM level, though the locality has the primary role to play with regard to ARRS and the management of expenditure and validation of claims. The forecast overspend in Primary Care is caused by increased activity in Primary Eye Care Services and the provision of a winter flu outbreak service.

In terms of prescribing the year to date and forecast variances are driven by an average 9% increase in price compared to last year, whereas the growth in the number of items dispensed has only grown by 3%. This 9% increase has reduced from 11% in previous reports due to specific actions jointly taken by medicines optimisation colleagues and primary care colleagues.

This inflationary price increase is compounded by drug shortages in specific categories of drugs (No Cheaper Stock) across this financial year which mean that a higher price is able to be charged for these drugs. The majority of this No Cheaper Stock pressure is being held at an NHS GM level, but the impact of the 9% price increase plus the additional costs in the final 3 months of 2022/23 which has led to a planning gap in 2023/24 are the drivers of this overspend position.

The prescribing position is subject to significant scrutiny both locally and at a NHS GM level, with NHS GM colleagues directing the financial values to be input based upon a single forecasting methodology. It should be noted that Bury has the lowest prescribing rate per item of any Greater Manchester locality based upon nationally recognised metrics per patient.

2.4 Savings Target

The Bury locality had a £2.3m savings target for 2023/24, of which just over £1.7m has been achieved. Despite the overspend in prescribing, medicines optimisation colleagues have delivered £1.3m of savings year to date, without this, the financial position would have been

£1.3m worse. The balance is made up of savings in Complex Care and non recurrent release of accruals

2.5 Other

This overspend position is as a result of increased estates costs which fall to the locality and also increased costs in interpretation services in primary care. Monthly meetings take place to understand the estates pressure and system wide work is underway to look to rationalise estate across all partners.

3.0 Conclusion

This financial position is challenging and the locality is under scrutiny from NHS GM with a focus on actions and deliverables to reduce this position.

Simon O'Hare
Locality Finance Lead – NHS Greater Manchester (Bury and HMR Localities)
January 2024

BURY
INTEGRATED CARE
PARTNERSHIP

Locality Performance Report January 2024

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Contents

BURY INTEGRATED CARE PARTNERSHIP

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

Headlines

BURY INTEGRATED CARE PARTNERSHIP

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

In October 23, the total number of GP appointments increased by 11.3% on the previous month and 9.7% on October 22. November 23 data not currently available.

A&E attendances remain high. The high attendances impacted on A&E 4 Hour performance, decreasing by -3.7% in December and an increased number of patients experiencing 12-hour waits.

Elective waits have slightly decreased, with 31,387 patients currently waiting. Patients waiting over 78 weeks increased by 6.4% in November compared to October, with 50 patients remaining.

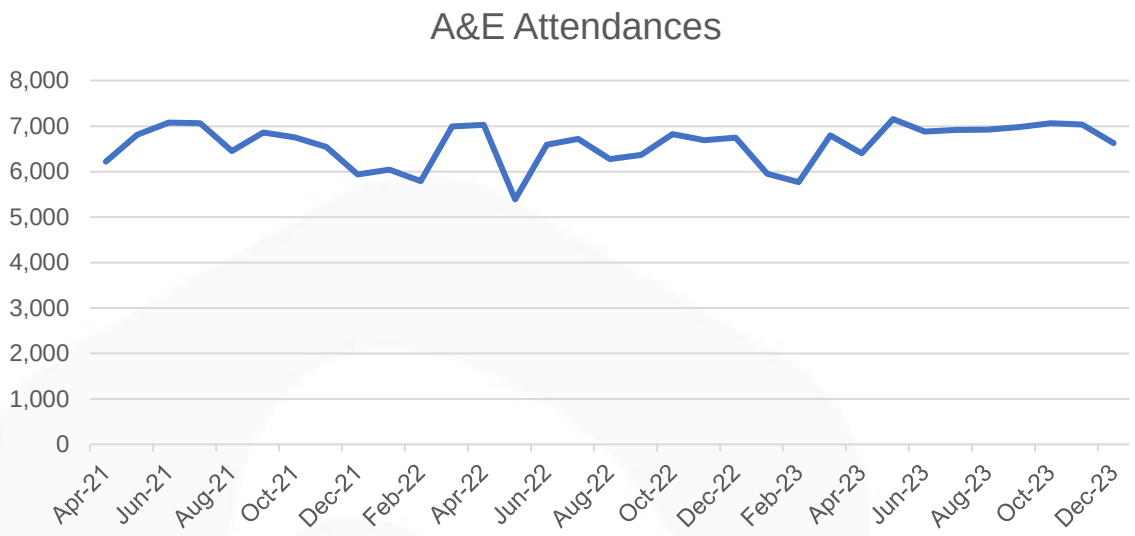
Cancer 28 Days performance has increased by 3% on performance in October, but 52 less referrals were received in November to October.

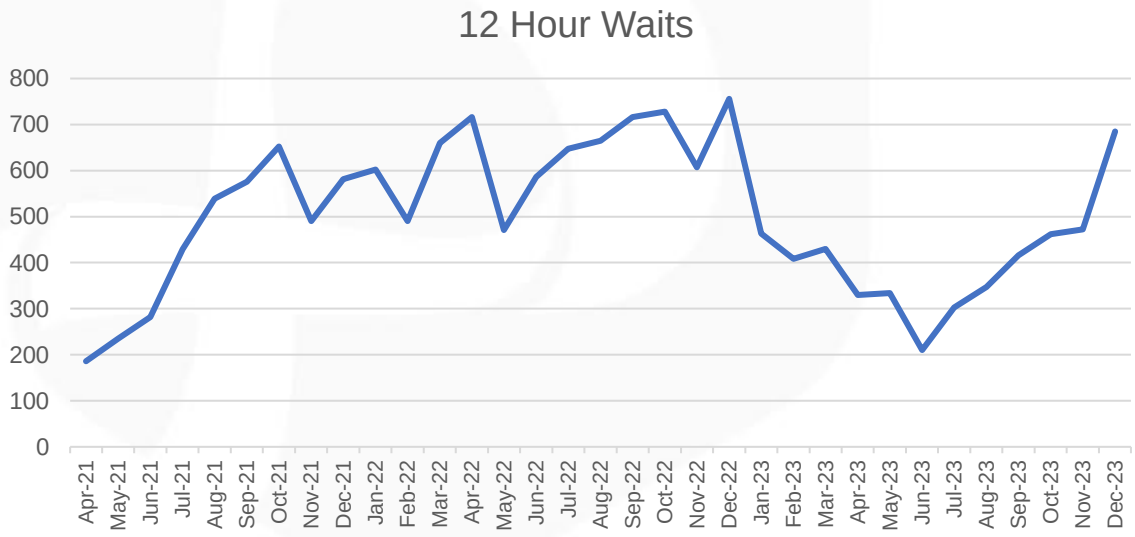
IAPT patients seen within 6-week timeframe has increased in November and Bury is currently performing better than GM.

The percentage of the Bury population on the palliative care register has increased in December from November.

UCR 2-hour response was below the target of 70% in December at 40%, this was previously 68.2% in November.

Urgent Care

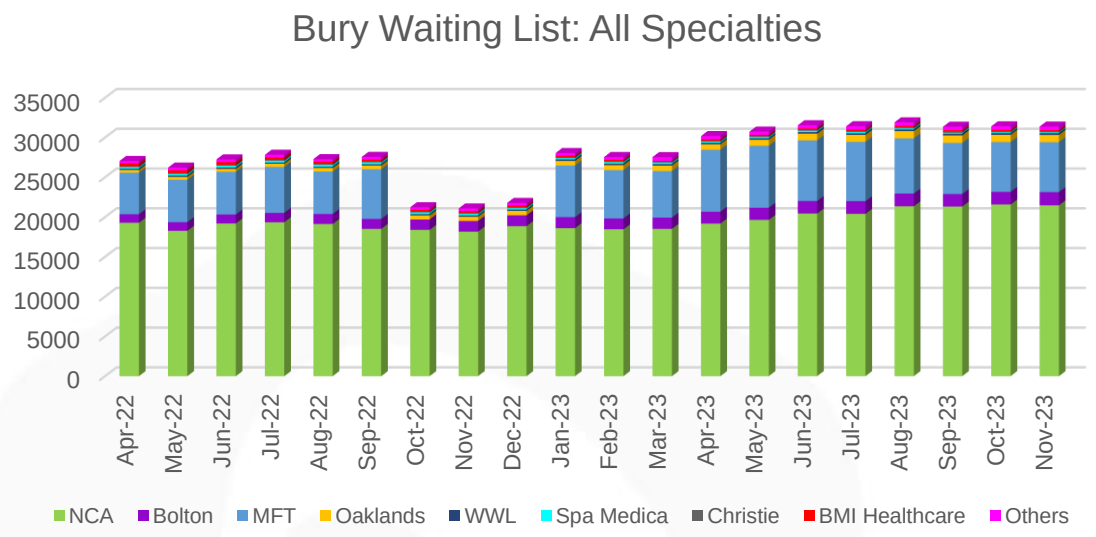


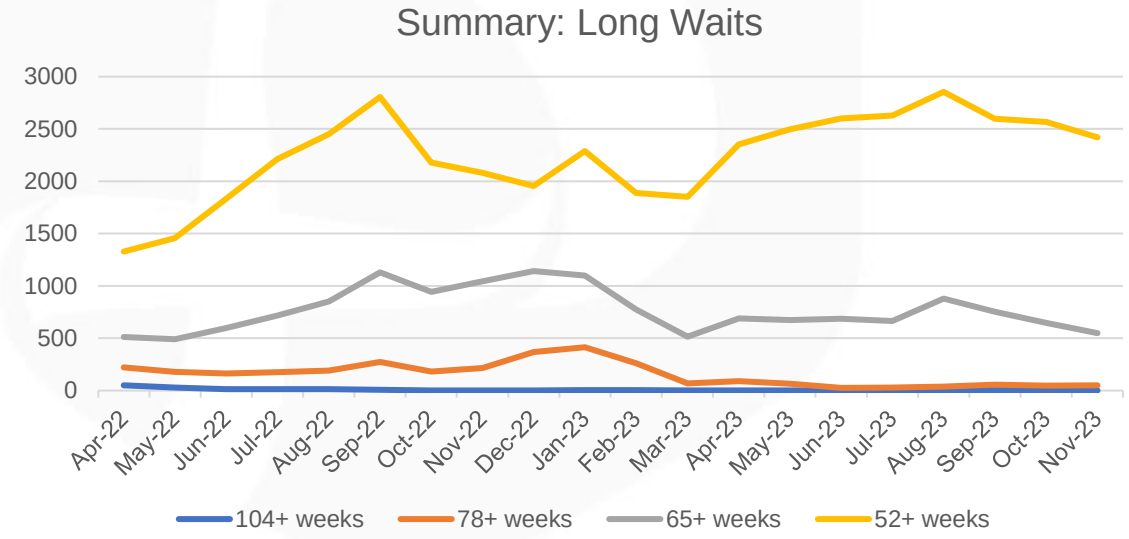


- There were 6,625 A&E attendances from Bury registered patients in December 23, slightly lower than December 22 (6,750). The proportion of Adult attendances increased to 77% of attendances this year compared with 69% in December last year.
- 4-hour performance in December was 57.1%, a decrease on the previous month's performance of 60.8%. Slightly higher than December 22 which was 55.7%.
- The number of patients experiencing 12-hour waits (from arrival) increased in December to 685 from 472 in November. 12-hour waits are still lower than December 22 (756).
- A&E attendances for mental health conditions have stayed static in the last few months, however these decreased in December to 222 from 227 in November.

https://curator.gmtableau.nhs.uk/dashboard/uec-metrics

Elective Care

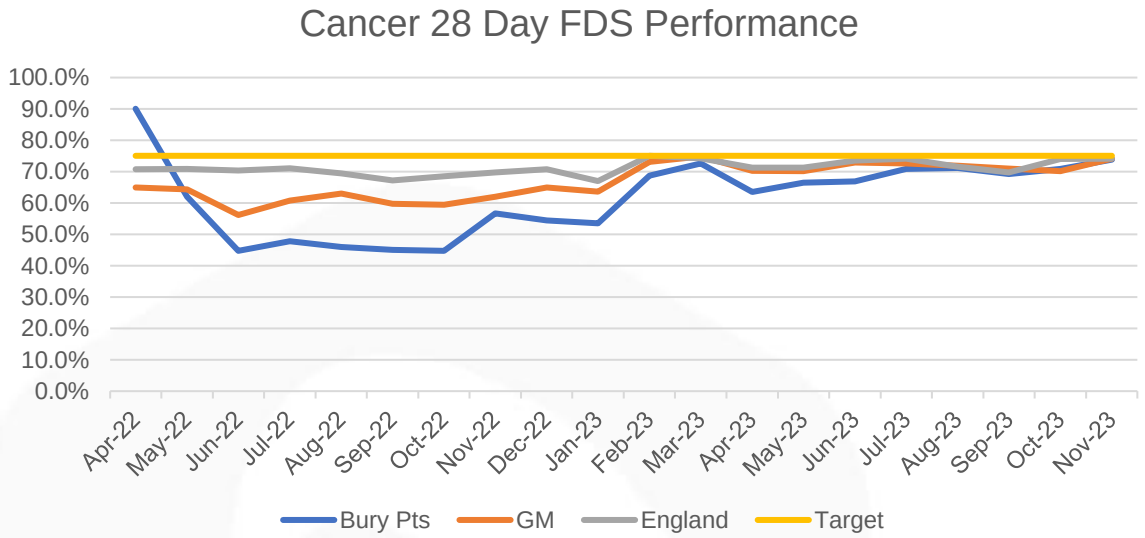




- Oct, Nov & Dec 22 elective waits impacted by lack of MFT data. Published data since January 23 now includes MFT.
- Published November data shows a slight decrease on October 23 (-0.1%, -34 pathways). Since October 23 there have been minor increases across some specialties, with Oral Surgery showing an increase of 4.6% following three months of decreases, General Surgery 3.9% and Gastroenterology showing increases of 3.4%.
- Small reductions seen across several specialties in November and Dermatology (-7.1% since October).
- Immediate target was to eliminate 78+ week waits by Apr 23. These have increased on October's figure by 6.4% (+3 pathways) in November. Primarily the increase is in Oral Surgery (+6 Pathways).

https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/

Elective Care

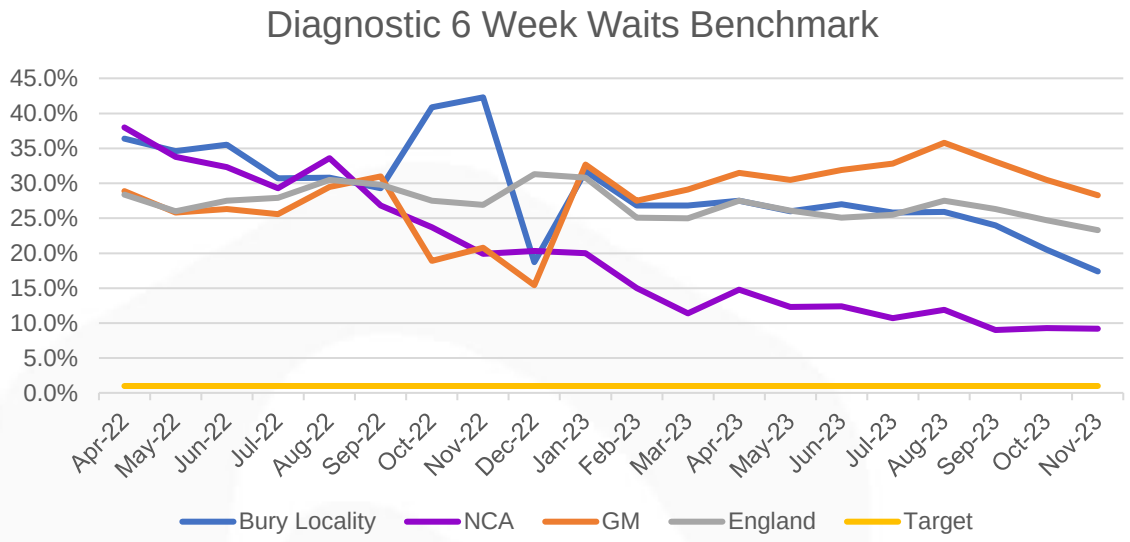


Cancer 28 days FDS:

- Increase in performance in November to 73.8% for Bury, this is slightly below GM where the performance increased to 74.1%. 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 unadjusted data (2021) shows Bury as 6th best in GM at 53.6% compared to GM at 54.7%.

https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Elective Care

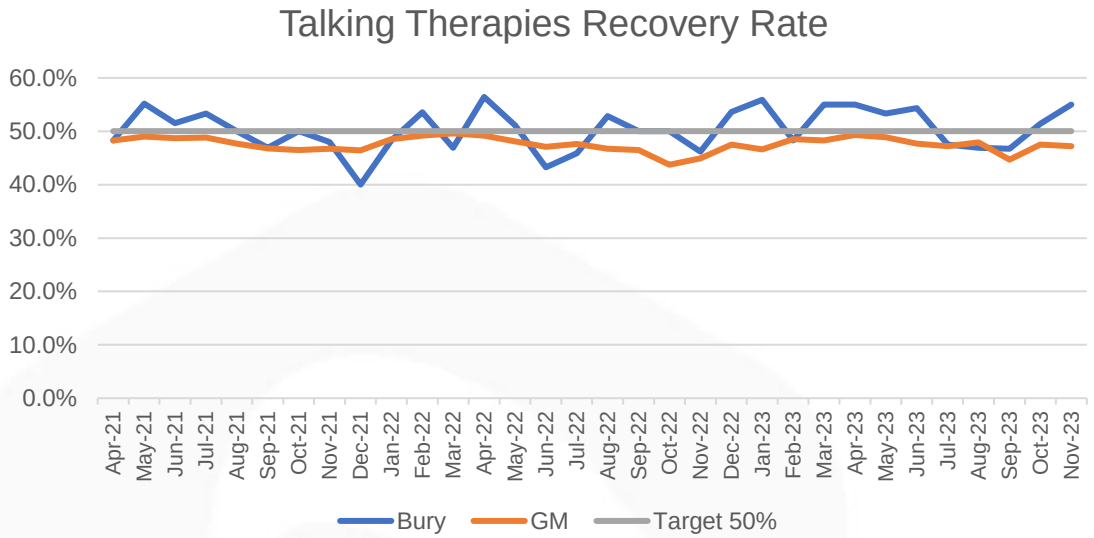


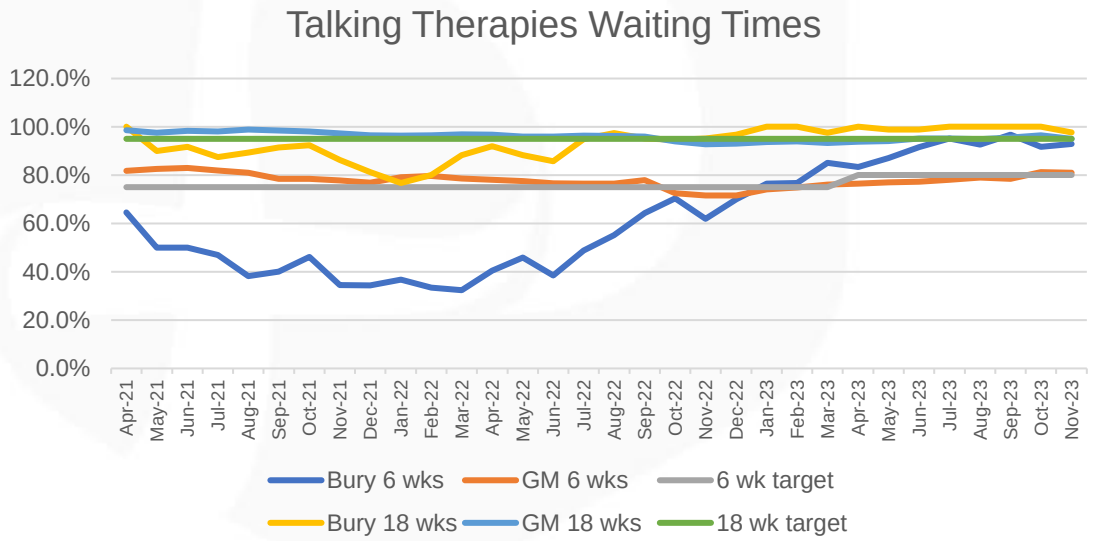
Diagnostic Performance:

- MFT Data is now included from Jan 23.
- November's performance of 17.4% of patients waiting more than six weeks is an increase on the October figure (20.5%).
- Across November to January 23 NCA performance has remained steady, but has seen increases and decreases since. Performance increased from 9.3% in October to 9.2% in November.
- 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





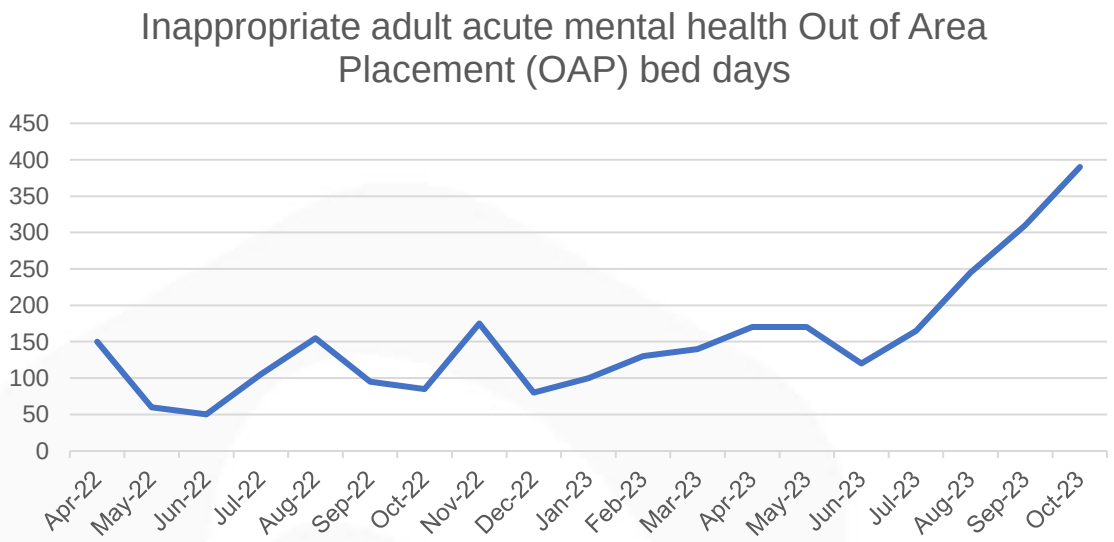
- IAPT: recovery rate – the rate for Bury has increased from October to November to 55.0% from 51.4%. The GM decreased by -0.3% in November and is currently at 47.2%.

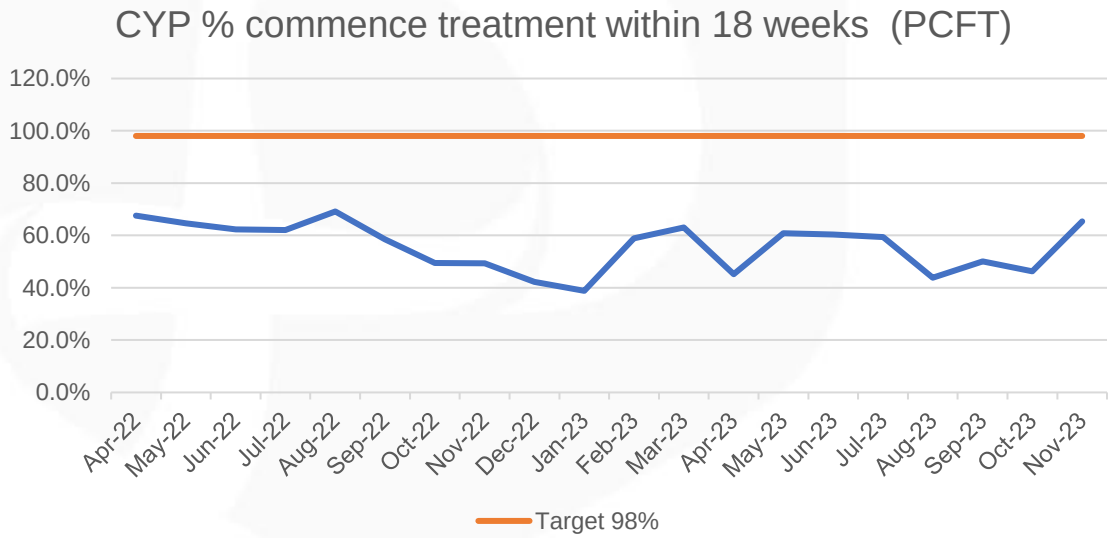
- IAPT: Seen within 6 weeks – the rate for patients seen within 6 weeks has increased by 1.2% in November with the current rate being 92.9%. This is significantly higher than the GM rate of 80.9%.

- IAPT: Seen within 18 weeks - the rate for patients seen within 18 weeks has decreased from October to November from 100% to 97.6%. This is higher than the GM rate of 95.0%, both are still within the target.

https://curator.gmtableau.nhs.uk/dashboard/iapt-dashboard

Mental Health

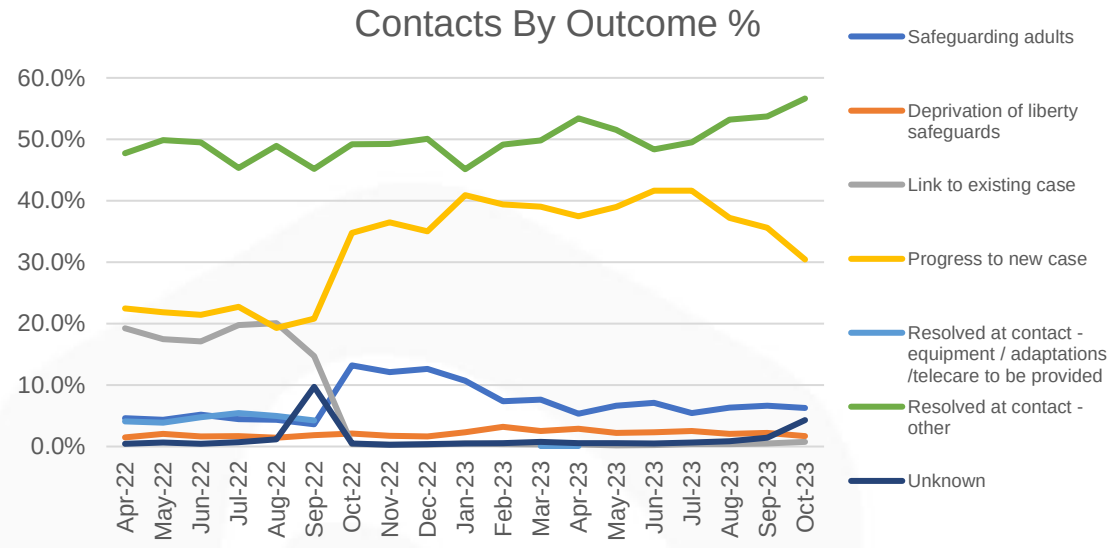


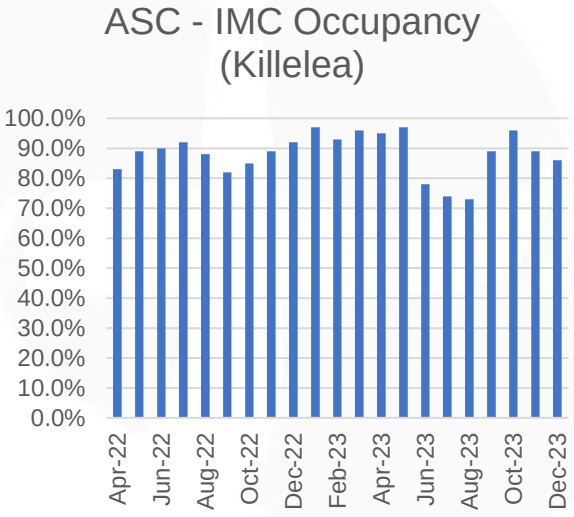


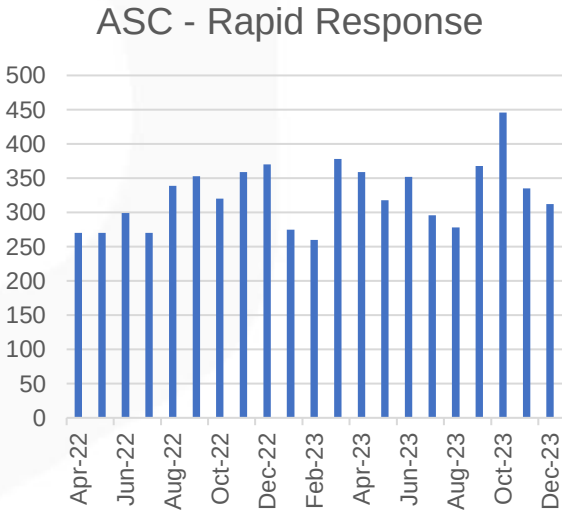
- MH out of area placements – the number of out of area placements in October has increased by 25.8% since September. Compared to October 22 this has increased by 358.8%, however these are subject to real time daily and weekly monitoring by mutli-agency teams and there is a slight lag in the formally reported data.

- 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 business case was accepted and 1.4 million over 2 years was agreed to be invested into CAMHS. Recruitment and expansion is underway. In general there is a reduction in waiting times as per the ongoing work in Childrens to address waiting times across all pathways. November has seen an increase by 19.0% on October's figure, with 65.3% commencing treatment within 18 weeks.

Adult care



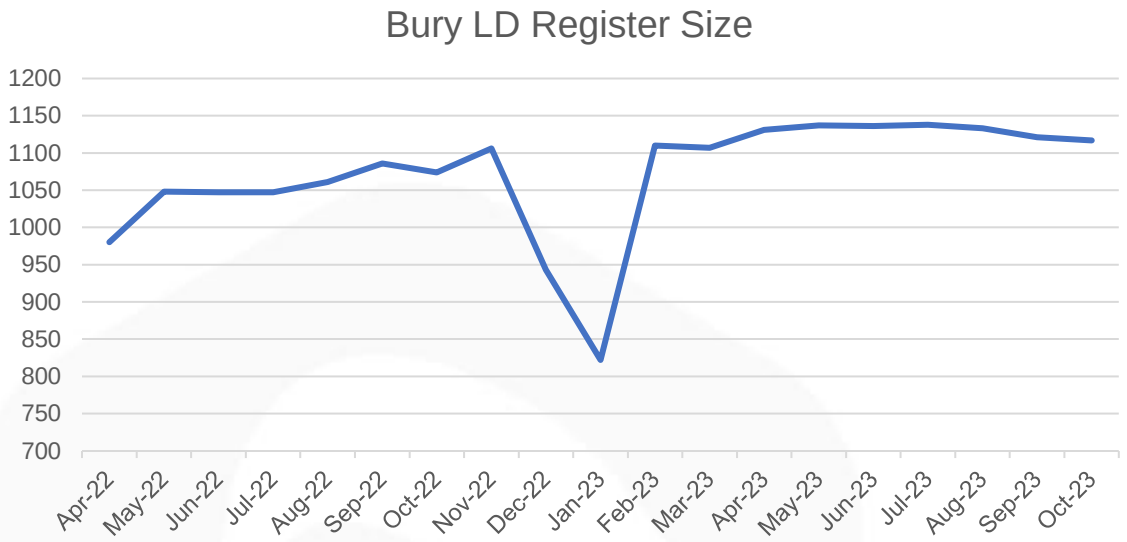


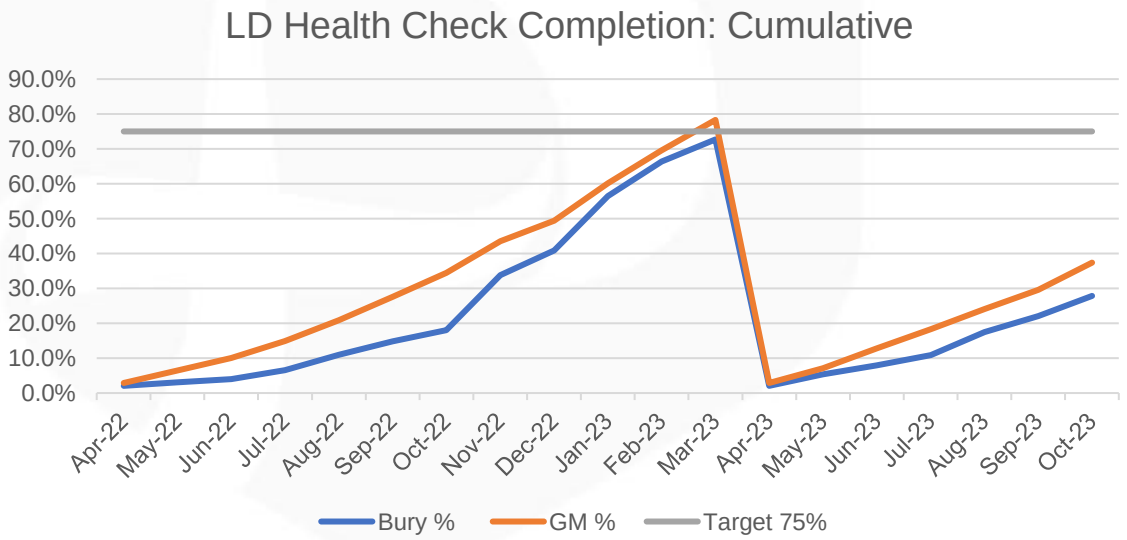


- The contact rate per 1000 population is not currently available from Aug 22.
- Contacts by outcome – 30.4% of contacts progressed to a new case in October, which is a decrease on 35.6% in September. 6.3% of contacts resulted in safeguarding in October, compared to 6.6% in September. The percentage of unknown outcomes increased to 4.3% in October from 1.4% in September. November figures not yet available.
- IMC Occupancy for Killelea – Bed occupancy was down to 86% in December.
- ASC rapid response – Total referrals decreased by -6.9% to 312 in December from November.

https://curator.gmtableau.nhs.uk/dashboard/gm-horizon-contacts-contacts

Learning Disabilities

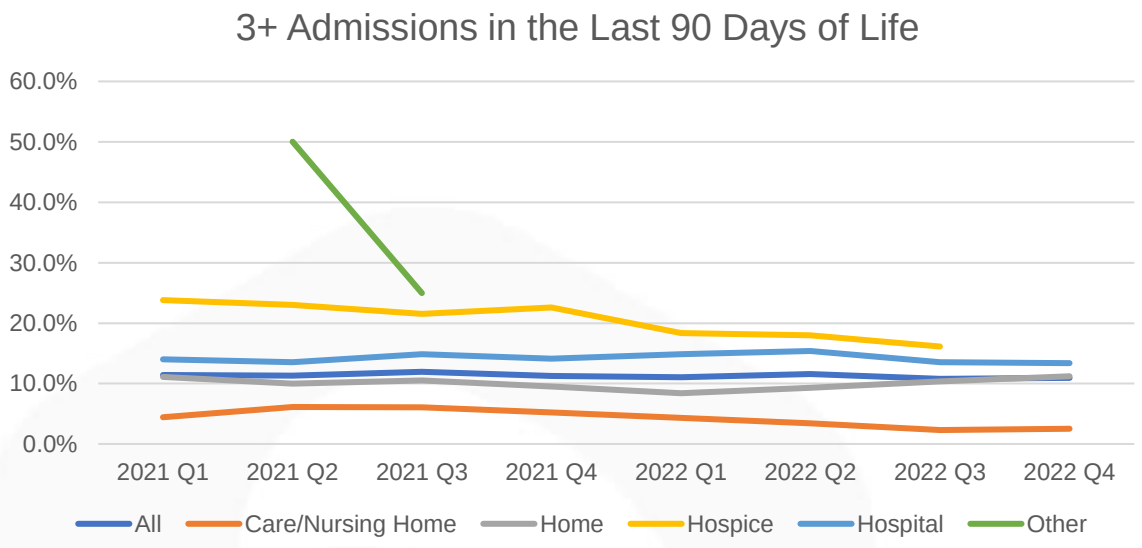


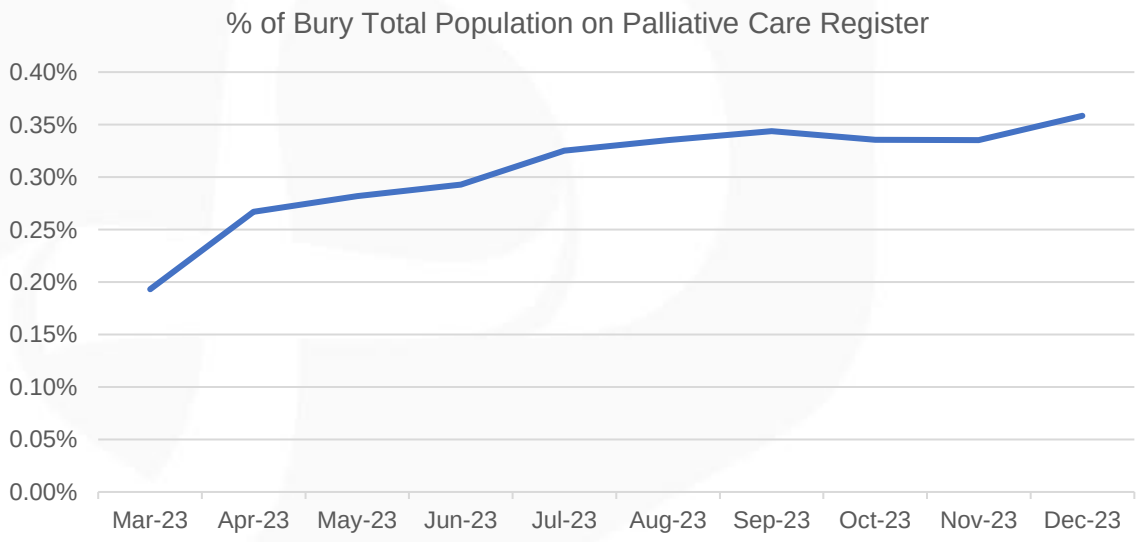


- November figures not yet available.
- LD Register: Requirement to increase the LD register size. Register has increased by 15.4% in the 12 months to Apr 23 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been highlighted to the primary care team.
- Register size has decreased by 4 in October 23.
- LD Health checks: The cumulative position in 23/24 to October shows 27.8% of Bury patients have received an AHC. This compares to 37.4% for GM. Most AHC tend to take place in Q4. In October 22 the cumulative position was 18.0% for Bury patients.
- Inpatients – Transforming Care Numbers: Current position (26/11) shows that Bury are below the Q3 target of 2 for Secure patients with 0 and upto the target of two for non-secure. GM currently above target.

https://future.nhs.uk/MHRH/view?objectID=44149552

End of Life





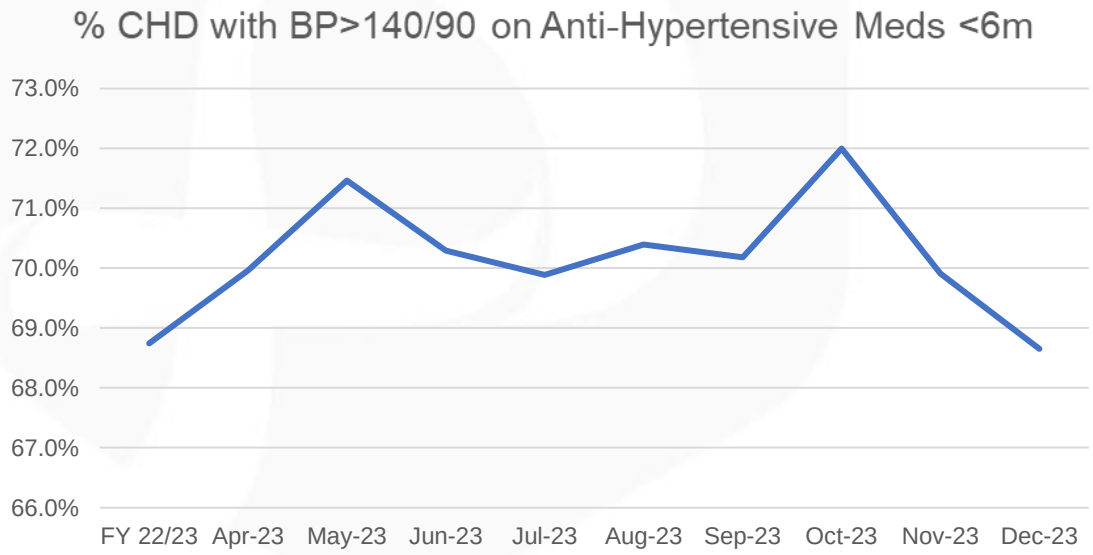
- Percentage of patients with 3+ admissions in the last 90 days of life – 11.0% of all deaths in Q4 of 2022 had three or more admissions in the last ninety days of life. Of those patients that died at home, 11.2% had three or more admissions, which was an increase from 10.4% on Q3.

- The percentage of the Bury population on the palliative care register has remained slightly increased from November to December at 0.36%.

https://curator.gmtableau.nhs.uk/dashboard/place-of-death-dashboard

Long Term Conditions

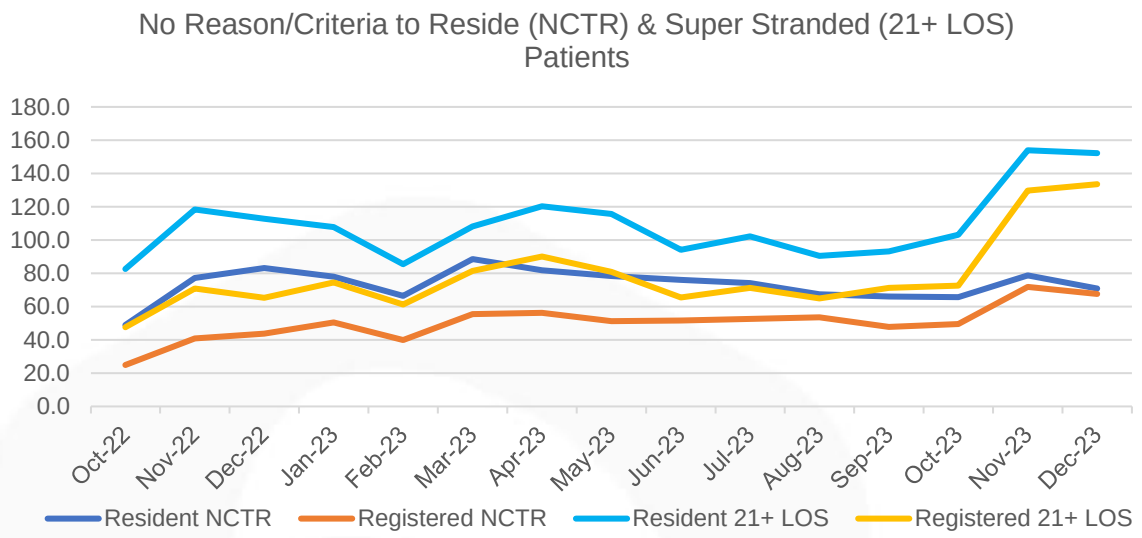
Diabetes Type 1	All Eight Care Processes		
Bury	355	895	39.70%
England	107,795	265,910	40.50%
DiabetesType 2 and other	All Eight Care Processes		
Bury	6,205	12,045	51.50%
England	1,985,545	3,436,315	57.80%

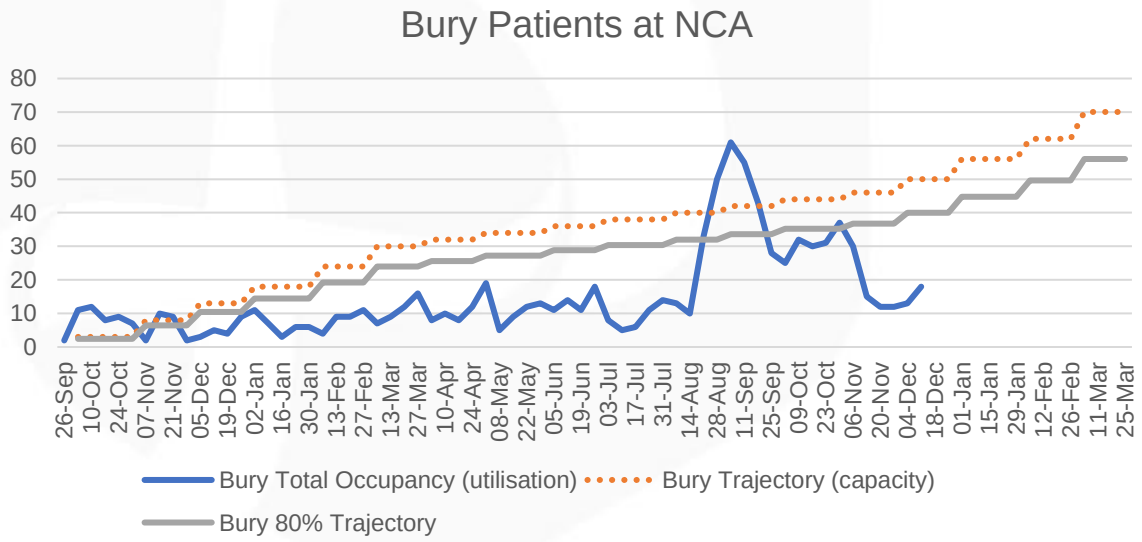


- Diabetes – For the period January 22 to March 23 39.7% of Bury patients with Type 1 diabetes had all eight care processes compared to 40.5% for England. 51.5% of those with Type 2 diabetes had all eight care processes compared to 57.8% for England.

- % of hypertension patients who are treated to target as per NICE guidance – 68.7% of patients were treated within target for December, which is a decrease on November which was 69.9%, however the YTD figure of 70.3% for 23/24 is still above to 22/23 figure of 68.7%

Community Services

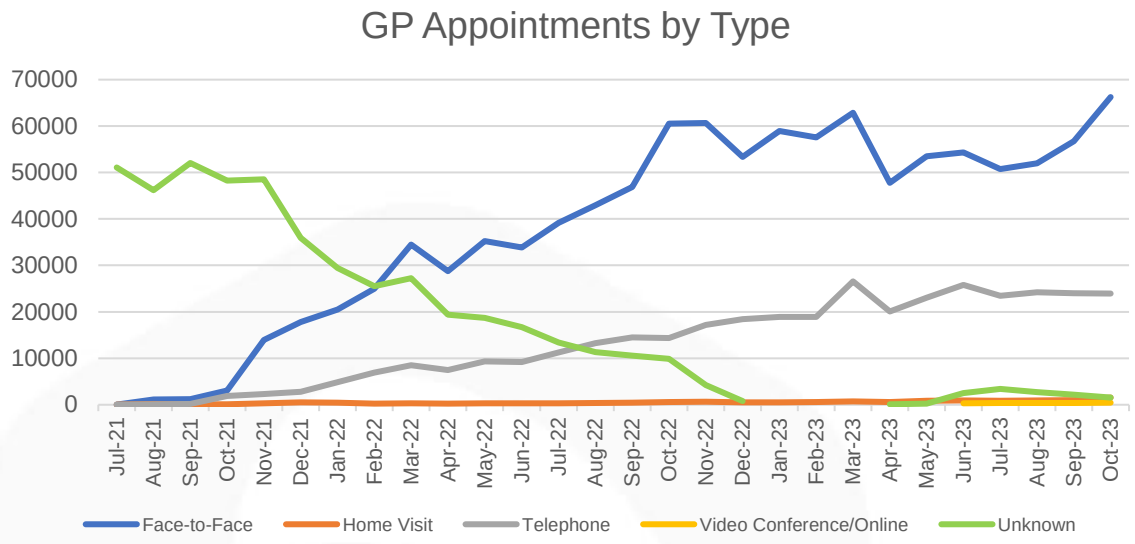


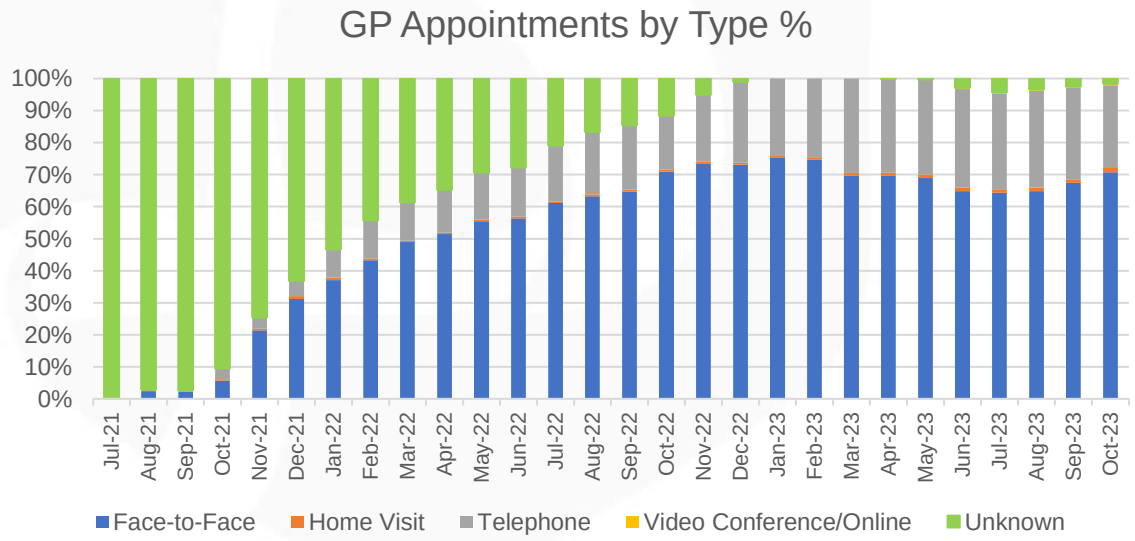


- NCTR monthly average for December was up by -10% for Bury residents to 70.8 from 78.7 in November. The monthly average for registered patients decreased by -5.7% to 67.6 from 71.7 in December.
- The average monthly length of stay since NCTR for residents has increased from November to December, and the average for registered has slightly decreased. The average LOS for December for resident was 28.4 days and registered 23.8 days.
- The Super Stranded monthly average decreased in December from November for resident from 154.1 to 152.3. Registered increased by 2.8% from 129.8 in November to 133.5 in December.
- However these are subject to real time daily and weekly monitoring by mutli-agency teams and there is a slight lag in the formally reported data.
- Virtual Wards update not currently received.
- UCR 2 hour response was below the target of 70% in December at 40%, this was previously 68.2% in November.

https://curator.gmtableau.nhs.uk/UrgentFlow

Primary Care





- November figures not yet available.
- In October 23 the total number of GP appointments has increased by 11.3% on September 23.
- 70.7% of GP appointments were Face-to-Face in October 23 compared to 67.4% in September.
- Home visits have increased by 59.3% in October but the percentage split by type is 1.6% of all appointments which was similar in September 23, 1.1%.
- The number of Unknown appointments types has decreased by -27.6% in October to 1548 appointments from 2138 in September.

https://https://curator.gmtableau.nhs.uk/dashboard/gp-appointments

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	05 February 2024	**Action**	Receive
Item No.	13	**Confidential**	No
Title	Clinical and Professional Senate Update		
Presented By	Dr Kiran Patel, Medical Director IDCB		
Author	Dr Kiran Patel, Medical Director IDCB		
Clinical Lead	N/A		

Executive Summary
To provide an update on discussions held at the Clinical and Professional Senate meeting on the 31st January 2024.
Recommendations
The Locality Board are asked to note the update.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

Implications						
Assessment required?						
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the NHS GM risk register?	Yes	☐	No	☐	N/A	☒

Governance and Reporting		
Meeting	**Date**	**Outcome**
Clinical and Professional Senate	31/01/2024	Meeting held.

BURY INTEGRATED CARE PARTNERSHIP

Clinical & Professional Senate 31st January 2024

1. **IFR (Individual Funding Requests) - Report by the Chair of the IFR panel**

   a. The process is well established and being harmonised and aligned to GM policies.
   b. Most cases relate to children with ASC and their sensory issues.

2. **LCS Update**

   a. Funding for LCS remains challenging - 3rd lowest in GM.
   b. GP is unable to deliver all the asks in the LCS within the current cost envelope.
   c. Serious consideration needs to be given to removing items from it if an uplift is not possible - these are likely to have an impact clinical on other service providers.

3. **Pharmacy First Service Update**

   a. An update of the service launched start of February.
   b. For a number of minor conditions patients can go directly to the pharmacy who can prescribe appropriate treatments including antibiotics if necessary.

4. **GMMMG**

   a. Switch in asthma treatment as a cost saving programme

Dr Kiran Patel
Medical Director IDCB
kiran.patel5@nhs.net
January 2024

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	05 February 2024	**Action**	Receive
Item No.	14	**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 January 2024.
Recommendations
The Locality Board is asked to receive the report and share any feedback to the System Assurance Committee for action

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒

BURY INTEGRATED CARE PARTNERSHIP

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
System Assurance Committee	17/01/2024	Summary to be provided to Locality Board

BURY INTEGRATED CARE PARTNERSHIP

System Assurance Committee Highlight Report – January 2024

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 January 2024.

2. Background

2.1. This report is a summary of the System Assurance Committee held on 17th January 2024.

3. Headlines from the System Assurance Committee

3.1 Trike Video

- Patient stories and a video relating to the benefits of adaptive trikes, provided by JENX, for children with disabilities within schools was shared by the NCA Physio Team.

- The results seen from the trial highlighted the benefits to the health and wellbeing of the children with complex physical disabilities. JENX have donated 2 bikes to Millwood and a further 4 have been purchased due to the incredible results that were seen.

- Following the success of the trikes at Millwood, the Physio Team have now expanded the use of trikes in mainstream schools and also in the community.

- Bury Living Well Centre now has a trike which is loaned out to families. The Living Well Centre is able to provide support to access charity funding if families wish to purchase a trike as they are expensive.

- The Physio Team are looking to make access to the trikes as accessible as possible both in school and home environments as feedback from families has identified the improvements in both physical development and emotional well-being too.

3.2 Children's Safeguarding and Corporate Parenting Update

- The Bury locality Children's Safeguarding Team's purpose is to meet the ICB's statutory functions. The Bury Safeguarding Partnership (BSP) requires joint working across health and social care. There are a number of legacy action plans that are being worked through. The Partnership is meeting more regularly to try and get through some of this backlog.

- The Case Review Group (CRG) for children's currently meets every two weeks, and the executives meet monthly. Executives are fully cited on the backlogs and plans to complete these.

- There is a Learning and Development Subgroup where the learning from both recent and historic reviews is shared.

- The statutory time frame that must be followed is tight in relation to rapid reviews which are then submitted to a national panel. This is where there are tensions in the system as there are not enough people who are able to complete the reports.

- Child deaths are monitored and there is attendance at the Child Death Overview Panel (CDOP) where any themes are identified which then inform service delivery and learning and development.

- There is a Designated Doctor for Child Death now in post now and discussion with colleagues in public health can start to direct work and service delivery.

- An update on Corporate Parenting was provided. Sophie Babb represents Bury ICB at the Corporate Parenting Board; the main area of focus for the Board remains on emotional health and well-being.

- There has been an Ofsted visit recently; a lot of learning has come out of that which will generate huge amounts of work for colleagues across the local authority and health. All will work together across the partnership to try and address the learning that was identified.

- The team is also responsible for the safeguarding assurance for all of its NHS providers in the borough as well as non-NHS providers and small contracts. Assurance has been sought around an agreed set of safeguarding standards, once this is received it is scrutinised and where appropriate, action planning with providers will be undertaken to ensure the expected requirements are met within the standards.

- There are plans across the ICB, following a review, to ensure that Safeguarding resources across localities are equitable to meet service needs.

3.3 <u>ICB CQ Preparation</u>

- A series of slides which provide background and the requirements of GM ICB/Bury locality in preparation for any forthcoming CQC inspection including a brief overview of quality specific requirements and evidence that will need to be available were shared.

- It is anticipated that there will be an inspection within Greater Manchester at some point during 2024, preparation needs to be undertaken to provide locality documentation/assurance into the wider GM evidence.

- There are 17 quality statements that need to be followed up that cover integration, quality and leadership. There is also a whole system wide element in relation to themes

and quality statements that need to be evidenced. There are gaps in assurance but there there are actions and mitigations to try and work towards through this. Key lines of enquiry responses are being pulled together to address this.

- There is significant work ongoing which covers NCA, and Pennine Care in relation to the quality and the System Oversight Framework elements that they must comply with for NHS England.

- Evidence is also being reviewed in terms of assurance and oversight of non-NHS providers who are commissioned under NHS Contracts which includes Cygnet, The Priory, other small providers and nursing/care homes. There is a plan in place to have most of this work completed by the 30th January, which is the deadline given. Requests have been made where evidence is not held locally to parts of the system who do.

- Adam Webb reported that he is representing Greater Manchester Healthwatch Network on the ICB Task and Finish group linked to this.

3.4 Risk Report

- The first Risk, Performance and Scrutiny Group (RPSG) met in December. The group was established to ensure that across the Bury locality all risks were captured and to ensure there was oversight across all the transformation programme boards. It is essential that all are held in a central place and everyone is using a consistent risk scoring algorithm so that it is known when a risk will be escalated to the Locality Board.

- There is now a GM Risk Management Function, which is looking at providing some oversight rather than the in-depth risk report that has previously been produced in the locality.

- There is still a lot of work that needs to be undertaken and a lot of unknowns as to how risks are managed going forward. Updates will be provided and concerns communicated into the Locality Board.

- It is known that there is variation across the localities in the ICB to manage risks reporting and oversight. A process to provide mutual aid is being looked into.

- The main reasons for setting up the RPSG was to bring together all the different risk registers across each of the programme boards, having a comprehensive list and ensure the scoring was being done appropriately and actions were being updated. As it stands now, there is not the capacity to be able to do that.

3.5 Quality Report

- Updates included the ongoing work through the Urgent Care Board for winter planning being overseen by the Winter Planning Subgroup that brings together partners from

across Bury to look at how patients could be supported.

- The insufficient therapeutic placements for children and young people and the ongoing work with the MALM and how CSC and education are working together. Oversight has been shared through the MH Programme Board.

- Respiratory infection outbreaks in care home settings just before Christmas. BARDOC stepped up in relation to the support that they were providing and there is some wider work currently underway around outbreak management going forward to make sure there is a plan throughout the year rather than just winter.

- An issue was identified with a vascular surgery clinic that unfortunately disappeared from the North Manchester General Hospital electronic booking system in November. Work is under way across North Manchester, MFT and NCA in terms of making sure that all patients affected have been triaged and have been rebooked into clinic slots. Mitigations have been put in place to use alternative clinic slots. There is an audit process being undertaken to understand why a clinic was removed without any information being shared.

- There is some work under way around the Cygnet oversight; both health and Bury Council safeguarding teams are involved. Cygnet currently has a CQC rating of inadequate. There are a number of different functions both across NHS and local authority involved in the oversight Bury Cygnet. A number of issues have been raised recently in relation to serious incidents that have been reported by the provider; this will all be brought together and linked into the CQC inspection and the provider's action plan.

- There is some good news in relation to CQC ratings that were published in December for Cambeck Close, St Gabriel's Medical Centre and Bluebird. There has also been 2 more practices CQC rated good in January 2024.

3.6 Community Pharmacy

- Potential for capacity issues across community pharmacy maybe raised at the Health Scrutiny committee following recent media coverage with a focus on the issue of waiting times, lack of certain medications and pharmacies going out of business because they can no longer afford to operate.

- The issue has been flagged for some time by the LPC as any closures/reduction in service creates additional pressure in general practice and increasing risks to some of the vaccination programmes.

- Community pharmacy was added to the risk register in May 2023 and was given a score of at least 16. Actions are being taken by Meds Optimsation Team and PCNs, but the risk level hasn’t reduced.

3.7 Home Office Revocation of Licences to recruit from abroad

- A GM issue around Home Office revocation of licences to recruit from abroad and the issues that might bring in the locality was reported. In Bury there is some assurance on the withdrawal of licences for care providers and this is overseen by the Council Provider Risk Management forum.

- There are currently 3 that may have had their licences withdrawn. No impact has been seen as yet but this is being monitored and there will be a more thorough investigation as to what is actually happening to give reassurance that there are no issues of people not being paid national living wage or modern slavery.

4 Associated Risks

4.1 Capacity in Bury locality to provider oversight of system risks even with the establishment of RPSG.

4.2 Child Safeguarding capacity to ensure all historic cases are reviewed at CRG.

4.3 Community Pharmacy provision.

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.

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January 2024

Bury Primary Care Commissioning Committee (PCCC) Highlight Report

Chair: Adrian Crook
Reporting period: January 2024
Attendance: Acceptable

This report updates / informs the NHS Greater Manchester PCCC on the Bury PCCC work to date. It also provides an opportunity to raise any issues and inform of any changes that may affect the progression of work.

Key updates:
GP Leadership Collaborative – the Chair of the GPLC attended to provide the Committee with a verbal update against the key items of the last meeting

PCN Schedule 7 – update provided including request for system inclusion in work up of plans in conjunction with PCNs

General Practice Q3 Contract Update – update provided around general practice held contracts including key risks and mitigations

Workforce, Leadership, development and retention – paper discussed including PID and links to GP Strategy / GM Blueprint **–** PCCC approved and offered input into additional actions to be undertaken to broaden the scope of the document

Bureaucracy Next Steps – PCCC were presented with an update paper for this piece of work including early successes and next steps. PCCC supported

PC HLR – presented and accepted

Pharmacy First Update – presented and noted by the Committee

Dentistry Update – provided with Chair noting successful programme of work around accessibility of NHS Dentists in GM

Finance Report inc ARRS Expenditure Update

GM Quarterly Assurance Report and Risk Report - Received for information

Priority actions in coming period:

PCN Schedule 7 – request for system input supported in production of schedule 7 documents in conjunction with PCNs
General Practice Q3 Contract Update – further work requested around Bury PCN EA utilisation including ratification and triangulation of PCN usage in other services
Bury LCS – Contract monitoring/management and continued work with GM to align the local quality contract for 2024/25 with the key areas for harmonisation across GM. Attention needs to be focused on discretionary budget available for this contract as we move through the last part of 2023/24 in light of suggested £4ph investment in 3 key GM areas
ARRS – work ongoing to ensure all claims and outstanding supporting evidence for those claims are submitted by all PCNs for 2022/23 and 2023/24. PCCC asked to note likely £400K underspend at year end.
Primary Care Assurance – both practice quality visits and contractual assurance taking place

Decisions made:

The Committee supported the financial position including the need to progress receipt of the evidence to supporting the outstanding ARRS payments to PCNs
PCN Schedule 7 – update provided including request for system inclusion in work up of plans in conjunction with PCNs
Workforce, Leadership, development and retention – paper discussed including PID and links to GP Strategy / GM Blueprint **–** PCCC approved and offered input into additional actions to be undertaken to broaden the scope of the document
Bureaucracy Next Steps – PCCC were presented with an update paper for this piece of work including early successes and next steps. PCCC supported

Top 3 risks & mitigation:	RAG rating
Recruitment and retention of the workforce including ARRS recruitment/spend – work is in hand in understanding the risks associated with any underspend for 22/23 and 24/25 and of future planning in anticipation of the allocation for 24/25.	
Estates - The lack of suitable PC estate is impeding the way in which providers work and services are delivered. No mitigations in place, currently working beyond core hours to deliver services where necessary	
PCCC to note that communications support has decreased into primary care team	