Agenda

Locality Board – Meeting in Public

Date: 4th March 2024

Time: 4.00 pm – 6.00 pm

Venue: In Committee Rooms A&B, Bury Town Hall, Knowsley Street, Bury

Chair: Dr C Fines

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.	4.00 – 4.05	5 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.			Declarations of Interest	Paper	Information	Chair
3.			Minutes of previous meeting held on 5 February 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
Locality Board Priorities						
6.1	4.15-4.30	15 mins	Joint Forward Plan – Children & Young People Delivery Plan	Paper	Discussion	Jacob Botham
6.2			Overview of Thrive Journey & Children and Young People NHS Community Pathways Waiting times	Presentation	Discussion	Jane Case

Integrated Delivery Collaborative Update						
7.	4.30-4.45	15mins	Integrated Delivery Collaborative Update	Paper	Discussion	Kath Wynne-Jones
8.	4.45-5.00	15 mins	ICP People and Communities Strategy	Paper	Discussion	A Mitton /A Webb/H Tomlinson
9.	5.20-5.30	10 mins	Bury Serious Violence Duty – Delivery Plan 2024/2025	Paper	Discussion	Will Blandamer
'Quadruple Aims' Updates						
10.	5.05-5.10	5 mins	Health & Wellbeing Board Update - Population Health & Wellbeing	Verbal	Information	Jon Hobday
11.	5.10-5.25	15 mins	Strategic Finance Group Update	Paper	Information	Simon O'Hare
12.	5.25-5.35	10 mins	Performance Report	Presentation	Information	Will Blandamer
13.	5.35-5.45	10 mins	Overview of Pharmacy First	Presentation	Information	Fin McCaul
14.	5.45-5.55	10 mins	System Assurance Committee update	Paper	Information	Catherine Jackson
Closing Items						
15.	5.55 – 6.00	5 mins	Any Other Business	Verbal	Information	All

Date and time of next meeting in public
Monday, 8th April 2024, 4.00-6.00pm on Teams

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 **28th February 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.

Meeting: Locality Board			
Meeting Date	4th March 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 4th March 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** ☐		

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 X		Direct 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 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	Sinkat Shore Holdings LTD	X			Direct	Director	z	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 Physicians 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	
	Holtday	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 Direx Litter Pickers Growing Older Together	X	 X X		Direct Indirect Direct Direct Direct	Director Spouse is a lab technician Leador 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)

Meeting: **Locality Board**			
Meeting Date	04 March 2024	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 5th February 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 5th February 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	☒

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**

Draft Minutes

Date: Locality Board, 5th February 2024

Time: 4.00 pm

Venue: Microsoft Teams

Title	**Minutes of the Locality Board**
Author	Emma Kennett
Version	0.1
Target Audience	Locality Board
Date Created	February 2024
Date of Issue	February 2024
To be Agreed	February 2024
Document Status (Draft/Final)	Draft
Description	Locality Board Minutes

Document History:			
Date	**Version**	**Author**	**Notes**
6/2/24	0.1	Emma Kennett	Draft Minutes produced
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Public 5th February 2024 4.00 pm until 6.00 pm **Chair – Cllr E O'Brien**

ATTENDANCE

Voting Members
Cllr Eamonn O'Brien, Leader of Bury Council **(Chair)**
Dr Cathy Fines, Senior Clinical Leader in the Borough
Cllr Nathan Boroda, Executive Member of the Council for Health & Wellbeing
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
Ms Clare Williams, Deputy Chief Finance Officer - Interim (on behalf of Mr Paul McKevitt)
Mr Warren Heppolette, Chief Officer for Strategy and Innovation (GMIC)
Dr Kiran Patel, Medical Director, IDCB
Ms Joanna Fawcus, Director of Operations, NCA
Ms Sarah Preedy, Chief Operating Officer, Pennine Care NHS Foundation Trust
Ms Sophie Hargreaves, Chief Officer, MFT
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 Jon Hobday, Director of Public Health
Ms Jeanette Richards, Executive Director of Children & Young People
Non-Voting Members
Ruth Whittingham, Head of Legal Services, Bury Council
Kath Wynne-Jones, Chief Officer Bury, IDC
Catherine Wilkinson, Director of Finance, NCA
Invited Members
Cllr Russell Bernstein, Conservative Opposition Party
Cllr Mike Smith, Leader, Radcliffe First
Mr Fin McCaul, Clinical Lead
Mrs Emma Kennett, Head of Locality Admin & Governance
Ms Philippa Braithwaite, Democratic Services, Bury Council
Observers
Councillor Gareth Staples-Jones, Bury Council
Mr Robin Ward, NCA Public Governor

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies and Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Mr Paul McKevitt, Ms Heather Caudle, Dr Vicky Howarth, Mr Adrian Crook and Ruth Passman,
1.3	The meeting was declared quorate and commenced.

2	Declarations Of Interest
2.1	NHS GM has responsibilities in relation to declarations of interest as part of their governance arrangements (details of which can be found outlined in the NHS Greater Manchester Integrated Care Conflict of Interest Policy version 1.2).
2.2	NHS GM (Bury Locality) therefore, has a requirement to keep, maintain and make available a register of declarations of interest for all employees and for a number of boards and committees.
2.3	The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012. For other partners and providers, we understand that conflicts of interest are recorded locally and processed within their respective (employing) NHS and other organisations as part of their own governance and statutory arrangements too.
2.4	Taking into consideration the above, a register of Interests has been included detailing Declaration of Interests for the Locality Board.
2.5	In terms of agreed protocol, the Locality Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on the meeting agenda or as soon as a potential conflict becomes apparent as part of meeting discussions.
2.6	The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Locality Board with an accurate record of the action being taken captured as part of the meeting minutes.
2.7	There is a need for the Locality Board members to ensure that any changes to their existing conflicts of interest are notified to NHS GM (Bury Locality) Corporate Office within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
2.8	**Declarations of interest from last meeting held on 8th January 2024** No declarations to note.
2.9	**Declarations of interest from today's meeting 5th February 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/02/01	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 8th January 2024 were considered as a true and accurate reflection of the meeting. Updates on actions were noted.		
ID	**Type**	**The Locality Board**	**Owner**
D/02/02	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/02/03	Decision	Noted that there had been no public questions received and no members of the public were present at the meeting.	

5.0	Place Based Lead Update
5.1	Ms Ridsdale introduced her item which provided an update on the key issues of the Bury Integrated Care Partnership. It was reported that: - • An Ofsted/CQC partnership-based inspection of SEND arrangements would be taking place onsite w/c 12th February 2024, with a number of preliminary meetings occurring over the course of this week. Exact expectations/requirements from inspectors were awaited but was likely that a number of meetings involving strategic and operational colleagues from health and care system partners would be required and flexibility with diaries would be appreciated. Ms Richards provided some further detail about the process, timescales and possible outcomes for the locality. Teams had 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. The Locality Board had received an overview of the 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. • In terms of NHS planning, further to discussions at the January Locality Board meeting, work was underway with partners across the Integrated Delivery Board in Bury to update plans and finalise an initial planning submission for GM colleagues by mid-February 2024. GM colleagues were thanked for their input from a GM wide analysis of scaled prevention and early intervention perspective. At the last Locality Board 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 item was included separately on today's Locality Board agenda. • On the 1st February 2024, the Council welcomed Six town housing staff back into the council following the decision to bring the function back in house. The Council has appointed John Holman as the interim Director of Housing Services to lead the department. It was noted that 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. • The financial position of all health and care organisations remained very challenging. The contribution of all partners across the NHS and in the Council in taking all steps to address the challenge was appreciated. It was highlighted that the best chance of securing a financially sustainable health and care system was for partners to continue to work together. • In January 2024, the locality welcomed NHS 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. Colleagues were thanked for their support in hosting this visit.

5.2	Mr Hobday provided an update in relation to the declaration of the national incident in relation to Measles. It was highlighted an outbreak plan had been prepared and steps were being taken with all partners to improve the uptake of MMR vaccination across the borough. Further guidance would be shared on the GP webinar scheduled to take place this week with a communication also shared with schools.
5.3	Cllr Smith emphasised the importance for an honest and open self-assessed position being provided as part of the Ofsted/CQC inspection of SEND arrangements demonstrating that the locality has a thorough understanding of any gaps or shortfalls in service provision and any mitigating action that needs to be taken.

ID	Type	The Locality Board	Owner
D/02/04	Decision	Received the update.	

5.4	Locality Board Terms of Reference
5.4	Members received copies of revised Terms of Reference for the Locality Board.
5.5	Mr Blandamer reported that 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.
5.6	It was highlighted that a further review of the Terms of Reference had now taken place following changes made to financial leadership within the locality with membership/voting arrangements updated accordingly.
5.7	Mr Blandamer drew members attention to a further change that was required in relation to the process for determining the Locality Board membership in respect of the Senior Clinical Leader and Senior Nurse Lead roles for the Borough. It was reported that the original intention had been for these roles to be determined by an election process via the Senate however the locality had moved away from that model some time ago and was prudent for the Terms of Reference to be amended to remove this reference. Members agreed to this change.
5.8	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.

ID	Type	The Locality Board	Owner
D/02/05	Decision	Recommended the changes made to the Terms of Reference (version 1i) to the Council and NHS GM Integrated Care Board meetings for approval.	
A/02/01	Action	Revised Terms of Reference to be submitted via respective NHS and Council governance arrangements.	Mrs Kennett/Ms Braithwaite

6.	Looked After Children/Corporate Parenting
6.1	Members received copies of two reports in relation to Corporate Parenting in Bury from both a health and Council perspective. It was reported that this was a statutory function and an improvement plan had been developed following the focused Ofsted visit on the local Care Leavers Offer. Mrs Jackson discussed some of the key areas included within the reports and highlighted that: - • 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. • 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.

- 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 a number of actions have been implemented within this area including Looked after Children waiting no longer than 4 weeks for initial assessment and support when referred to CAMHS.

6.2 The following comments/questions/observations were made by Locality Board Members: -

- there were lots of good examples of work underway within this area including Looked After children's apprentices undertaking roles within the Council. The NHS replicating similar types of opportunities would be beneficial within this area.
- it was felt that further clarification was required regarding the processes for health summaries for Bury children in care. Mrs Jackson reported that this information was tracked via the Northern Care Alliance and quite often young people do not recognise this documentation despite being in receipt of this information therefore was a need to make this more meaningful going forward.
- the need to be mindful of the wider health and social care aspects of Corporate Parenting despite Mental Health having been an area of focus. Mrs Richards outlined the responsibilities of corporate parenting from an organisational perspective which included both physical and mental health.
- Partnership working was key particularly when discussing funding arrangements.
- A workshop co-designing the next steps with health summaries was being held with young people on the 9th February 2024.

ID	Type	The Locality Board	Owner
D/02/06	Decision	Discussed and received the reports.	

7.	System Priorities update
7.1	Ms Wynne-Jones and Mr Blandamer submitted a report that was intended to provide an update to the Board of progress with the prioritisation work across the Borough.
7.2	The priority areas for 2024/25 were outlined and it was reported that this did not mean that the locality would stop doing everything else, as the Programme Boards currently in existence, needed to continue to focus on delivery of operating plan requirements reporting via the IDC however was proposed that the priority areas detailed within the report were the main focus of Locality Board discussions.
7.3	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.
7.4	It was highlighted that work had now commenced to quantify the financial, quality and population health impact of the schemes set out in report to support local and GM planning requirements. This would require support and engagement from all system partners as the Locality Board will be held to account for delivery of the agreed trajectories.

ID	Type	The Locality Board	Owner
D/02/07	Decision	The Board are asked to note the progress of the approach to determine our priorities for 24/25.	

8.	Locality Board Priority 2 – Intermediate Care update
8.1	It was noted Mr Mello had produced this report however unfortunately was unable to make today's meeting.
8.2	Mr Blandamer therefore presented an update report on the progress made in developing the locality intermediate care services (DIMC). This was in the context of reviewing bed capacity and demand and right sizing the range of IMC services to meet the needs of the population.
8.3	It was reported that: - • In order to progress the work, a system wide Project Delivery Group was established to undertake the project, it consisted 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. The project undertook three elements namely Site Visits, Semi-Structured Interviews and the Project Delivery Programme. It was reported that the work of the Project had encountered some 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 was now expected to be completed by early March 2024. • The draft Bury IMC strategy refresh will be completed by the end February 2024. • A new service offer was 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 was 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.

ID	Type	The Locality Board	Owner
D/02/08	Decision	noted 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.	

9.	Integrated Delivery Collaborative Update
9.1	Ms Wynne-Jones presented an update report to the Board of progress with the work of the IDC , and progress with the delivery of programmes across the Borough. The Key developments over the past month were discussed which included: - • finalising the structure for the former LCO team in the context of the current operating environment of the IDC. The reduction in resource would mean there is less transformational capacity available within the Borough. • 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 2024

ID	Type	The Locality Board	Owner
D/02/09	Decision	Noted the progress of the strategic developments and progress of the programmes	

10.	Health & Wellbeing Board update – Population Health & Wellbeing
10.1	Mr Hobday provided a presentation in relation to Population Health & Wellbeing.
10.2	It was reported that: - • A Team Bury Inequalities Event was held on the 5th December 2023 with over 80 people in

	attendance. • The purpose of the event was to provide an insight into inequalities in Bury and the approach to using the Health and Wellbeing Board to identify and address them, to review how plans and strategies are contributing to reducing inequalities and to work through how all partners can build on their existing contributions to further reduce inequalities through the LETS principles. • There were a number of outputs from the event including the need to increase peer support, the need to ensure creation of healthy and safe environments whilst ensuring alcohol/vape/gambling/fast food establishments are minimised. There was also a need to provide up to date accommodation, with targeted tenancy support where needed and utilise existing assets to grow community connections and links e.g., food banks, voluntary sector, businesses. • In term of next steps to reduce health inequalities, this included: - - Use of the Health and Wellbeing Board as standing commission on health inequalities. - Use of the population health delivery partnership to drive the activity. - Having a robust implementation plan. - Having a detailed outcomes framework (aligned with Marmot towns 24 indicators). - Use of the wider network community to share and grow good practice.
10.3	The following comments/observations were made by Locality Board members: - • It was clear that there was a significant amount of work ongoing within this area with an increased focus. • This had been a really helpful update and would be helpful to understand how the Population Health Delivery Group interfaces with the work of the Health and Wellbeing and Locality Boards. Mr Hobday commented that the Population Health Delivery Group included manager/front line level staff who were driving forward workstreams falling out of the Health and Wellbeing Board. • The decision to bring Six town housing back in house from the 1st of February 2024 should strengthen the impact on reducing health inequalities within the borough. Mr Hobday reported that Six Town housing previously sat on a number of groups across the borough however this move did provide additional powers as an organisation and governance arrangements were being worked through. There was a need to ensure that the workforce was continually engaged as part of the new delivery arrangements. • A neighbourhood Workshop was being arranged for early March 2024 and this work would link into these discussions.
10.4	Mr Heppolette commented that he would appreciate the opportunity to connect separately with Mr Hobday on this work as was already supporting work around secondary prevention and Population Health Management with an initial focus on CVD and diabetes.

ID	Type	The Locality Board	Owner
D/02/10	Decision	Received the update.	

11.	Strategic Finance Group Update
11.1	Mr O'Hare presented a report to update members 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).
11.2	It was highlighted that 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 2024. 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.
11.3	Financial plans for 2024/25 were 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.

11.4	Ms Williams commented specifically on the financial position of Bury Council and was noted that financial plans for 24/25 were currently being developed however was a £15M gap at present which was being worked through. Ms Joanna Fawcus provided an update on the discussions taking place at the NCA from a financial perspective including the development of plans.
11.5	Cllr O'Brien highlighted that it was very challenging time for all partners and the 'Lets Fix it Together' was aimed at securing Bury a better financial deal from the Government given rising costs, increasing demand for services and not enough financial support.
11.6	Mr Blandamer emphasised that these discussions on the current financial position validated the need for an increased population/preventative health approach going forward.

ID	Type	The Locality Board	Owner
D/02/11	Decision	Noted 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.	

12.	Performance Framework
12.1	Mr Blandamer presented the latest Performance Framework to the Locality Board. It was reported that: • In October 2023, 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 remained 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 had 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.
12.2	The follows comments/observations were made by Locality Board members: - • There was progress being made in respect of elective waits however an increase in the number of Mental Health Out of area placements. • The system as a whole was under significant pressure however Bury seemed to be holding up well under the circumstances. • The current IAPT performance for Bury was impressive. • There was a need to ensure that this performance data is used in a meaningful way linked to Population Health and risk stratification and not losing sight of the patients who may be waiting for treatment hence the need to 'Wait Well'. • A query as to when the Childrens waiting time information would be available within the report. Mr Blandamer commented that the data was currently being analysed and there was a need for this information to also be reviewed by the Childrens Strategic Partnership Board.

ID	Type	The Locality Board	Owner
D/02/12	Decision	Received the updates.	
A/02/02	Action	Childrens waiting time information to be included as part of Performance Report for March Locality Board meeting.	Mr Will Blandamer

13.	Clinical & Professional Senate Update
13.1	Dr Patel presented a report to provide an update on discussions held at the Clinical and Professional Senate meeting on the 31st January 2024.

13.2 It was reported that: -

- In terms of IFR (Individual Funding Requests) - a report was received by the Chair of the IFR panel which highlighted that the process was well established and being harmonised and aligned to GM policies and most cases relate to children with ASC and their sensory issues.
- An update was provided in relation to LCS with Funding for LCS remaining challenging (3rd lowest in GM) meaning that GPs were unable to deliver all the asks in the LCS within the current cost envelope. 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. Mr Blandamer reported that a full discussion on this issue had taken place at the recent PCCC Meeting with Greater Manchester colleagues in attendance. A wider discussion on LCS would be scheduled for a future Locality Board meeting given the potential for some difficult decisions within this area.
- The Pharmacy First Service was launched at the start of February 2024 for a number of minor conditions patients can go directly to the pharmacy who can prescribe appropriate treatments including antibiotics if necessary. Mr McCaul provided a brief overview of the service and agreed to circulate a copy of the slides to members outside of the meeting for information.
- In terms of the work of the GMMMG**, a** Switch in asthma treatment had been proposed as a cost saving programme

13.3 The following comments/observations were made by Locality Board members: -

- There was a still conflicting position in relation to availability of ADHD and patient choice in light of current service provision within this area..

ID	Type	The Locality Board	Owner
D/02/13	Decision	Received the updates.	
A/02/03	Action	LCS item to be added to Forward Plan for a future Locality Board	Will Blandamer
A/02/04	Action	Pharmacy First Service slides to be circulated to Locality Board members	Mr McCaul/Mrs Kennett

14.	System Assurance Committee update
14.1	Ms Jackson submitted the latest System Assurance Committee update from the January 2024 meeting. It was reported that: -

- Preparation was underway 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 was 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.
- The first Risk, Performance and Scrutiny Group (RPSG) met in December 2023. 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 was essential that all registers were held in a central place and everyone was using a consistent risk scoring algorithm so that it is known when a risk will need to be escalated to the Locality Board. This work was continuing, and future updates would be provided to the Locality Board.
- In terms of patient experience work, partners would be contacted in the near future to share any patient experience/stories they may have and the support of Locality Board members in this regard would be greatly appreciated.

ID	Type	The Locality Board	Owner
D/02/14	Decision	Received the update.	

15.	Primary Care Commissioning Committee update
15.1	Members received copies of a report that summarised the discussions held at the January Primary Care Commissioning Committee (PCCC).
15.2	Mr Blandamer commented that the main discussions at the meeting had been in relation to the LCS which had already been discussed as part of the Clinical and Professional Senate item.

ID	Type	The Locality Board	Owner
D/02/15	Decision	Received the update.	

	Closing Items
	• Any Other Business
	<u>General Practice Pay increase</u>
16.1	Dr Patel provided an update on the current national discussions/proposals within this area and the potential for industrial action should an appropriate pay rise not be agreed. Cllr O'Brien commented that there was need to ensure that this risk was appropriately managed given the impact it could have within the locality.
16.2	The Chair thanked everyone for their attendance and formally closed the meeting in public at 6.02pm

ID	Type	The Locality Board	Owner
D/02/16	Decision	Noted the update and the meeting in public was closed at 6.02pm	

Locality Board

Action Log

Status Rating: In Progress | Completed | Not Yet Due | Overdue

Date	Reference	Action	Lead	Status	Due Date	Update
5th February 2024	A/02/01	Revised Terms of Reference to be submitted via respective NHS and Council governance arrangements.	Mrs Kennett/Ms Braithwaite		March 2024	Changes approved via Council Governance. Changes to be considered at the next GM Board meeting in March 2024.
5th February 2024	A/02/02	Childrens waiting time information to be included as part of Performance Report for March Locality Board meeting.	Mr Will Blandamer		March 2024	Verbal update to be provided
5th February 2024	A/02/03	LCS item to be added to Forward Plan for a future Locality Board	Will Blandamer		April 2024	Added to Forward Plan for April meeting
5th February 2024	A/02/04	Pharmacy First Service slides to be circulated to Locality Board members	Mr McCaul/Mrs Kennett			Circulated on Email to members on the 6th February 2024. A further update will be provided at the Locality Board meeting in March 2024.

Meeting: Locality Board			
Meeting Date	04 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.

The Local Area SEND inspection took place in February, with off-site fieldwork activity beginning on Thursday 8th February and on-site fieldwork Monday 12th – Friday 16th of February. Ofsted and CQC inspectors looked at how the local area is working together to improve outcomes for our children with SEND and their families, this included a focus on EHC plans, partnership strategies including communication, pathways, transitions, waiting times and alternative provision.

Inspectors met almost 150 people in around 60 different meetings and reviewed over 150 documents in advance. Inspectors also had the opportunity to meet with a group of our young people with SEND so that they could share their views and experiences, as well as parents/carers. Thank you for your support and that of your staff during this period, either by meeting inspectors directly, providing key documents or working with other colleagues to respond to queries.

The report will be published on the Ofsted/CQC website in early April but until then any draft reports and findings are strictly embargoed as part of this process. We will share a copy of the final report once it is published and ensure it is discussed in our key partnership meetings, so that we can work on ensuring our partnership plans continue to focus on making a different to children, young people and families in Bury.

The contribution of very many colleagues across the heath and care partnership – from NCA, Pennine Care, Primary Care, NHS GM in Bury and GM wide, voluntary sector and others was exemplary prior to and during the inspection and reflected well on our partnership.

2. Measles

There is continuing concern about the number of measles cases nationally and Greater Manchester. Measles is highly contagious and can have very serious consequences for some people. Fortunately, in Bury there have been no cases associated with the recent outbreak, but advice is that it is only a matter of time. The Vaccination Steering Group in Bury, working to the Health Protection Board chaired by Director of Public Health Jon Hobday is working to step up delivery of MMR in all residents and targeting cohorts of particularly low uptake.

3. NHS planning.

At a GM wide level work continues via the planning hub to plan to address the triple deficit of finance, performance, and population health gain. Work is focused on financial recovery, assurance, CIPs, the NHSE high level template submission of 28th February on key performance, finance and workforce requirements, and the timeline towards a final submission date of 2nd May.

In Bury, following approval at the last Locality Board the proposed locality priorities for 24/25 have been submitted to the GM for comparison and moderation with both the submissions from other localities and against the key GM wide priorities. We will continue to refine and shape our priorities and be clear in the Bury system where the focus for monitoring and delivery lies.

A key focus at the locality level is the opportunity for prevention/early intervention and a number of local colleagues are attending a GM workshop on this on 6th March – with a particularly focus on the twin priorities of CVD and diabetes.

One element of the preventative programme GM wide is the inclusion in a number of standardised commitments in each of the 10 locally commissioned services for GP services. In Bury this causes a particular difficulty - incorporating GM requirements when we are benchmark relatively poorly in GM in investment in

LCS is challenging. There is a risk to the continued provision of a couple of services from primary care in order to accommodate the investment required. Those services have the potential to be of necessity addressed by secondary care providers which is both costly and the wrong strategic direction. This item has been discussed in detail at the integrated delivery board. Work is underway to secure a solution to this that does allow the maintenance of service provision, and no inequality in terms of GP payment or access to services for Bury residents. The latest position will be reported to the GP 'membership' event on 13th March and the decision is a matter for the Bury Primary Care Commissioning Committee the following week.

4. Urgent Care Performance

Thanks to all parts of the Bury urgent care system for the continued partnership work to cope with the pressures in the urgent care system. Work continues focused on days kept away from home, the additional primary care capacity in surge and respiratory hubs, and a particular GM focus on out of area placements in mental health (Bury operates relatively well on this measure and is currently at 7).

A particular focus is on achievement of the 4 hour wait target in A&E which is 76% by end of March. The Bury system has historically performed relatively well on this indicator compared to the rest of GM but performance has been lower than hoped in recent months. Trajectories for improvement have been agreed and in particular in Bury getting the pre-ED streaming model fully operational after recent building work at FGH is crucial to the delivery of the target. The daily bronze meeting reviews performance which is also subject to routines weekly monitoring from NHS GM to providers, and to the Dep place lead.

Lynne Ridsdale
Place Based Lead
March 2024

Meeting: Locality Board			
Meeting Date	4th March 2024	**Action**	Consider
Item No.	6	**Confidential**	No
Title	Joint Forward Plan – Children & Young People Delivery Plan		
Presented By	Jacob Botham, Children & Young People's lead, Greater Manchester Combined Authority		
Author	Mandy Philbin (Chief Nurse, NHS GM Integrated Care, Executive Lead for Children & Young People) and Caroline Simpson (Chief Executive, Stockport MBC, Portfolio Lead for Children & Young People)		
Clinical Lead	N/A		

Executive Summary

Greater Manchester is passionate about ensuring that all children and young people get the best start in life and are cared for, nurtured and supported to grow up well and achieve their ambitions in life.

The establishment of the GM Integrated Care System on 1st July 2022 presents a major change to the way in which heath and care will be delivered nationally and here in Greater Manchester. Through the emerging Integrated Care Partnership Strategy there is an opportunity to firm up our commitment to put children & young people at the forefront of our plans and make clear the priorities we need to get behind as a system. It also offers the opportunity to align our governance and delivery arrangements so that we take a more integrated approach to improving outcomes for our children & young people at both a GM and locality level.

The attached paper '*An Integrated Approach to delivering our Ambition for Children and Young People in Greater Manchester'* was presented to the GM ICP and GMCA in February 2023 and acknowledges that the priorities for children & young people span across the ambitions of the Greater Manchester Strategy and the Integrated Care System but also the requirement for shared accountability and even greater integration in our ambitions to improve outcomes for GM children & young people.

Following on from this, work is now underway to develop a Joint Integrated Forward Plan to take forward the development of a delivery plan outlining system programmes of work as part of the 'giving every child and young person the best start in life' priority. This delivery plan will outline what our key Children & Young People transformation pieces of work will be for 2024-2026, pulling together what it is that we are going to do together across the Integrated Care Partnership to improve the lives of some of our most vulnerable Children & Young People.

There is a need to ensure that these priorities are fully aligned to the wider commissioning strategies and strategic financial planning for next year and this process is still emerging but in the meantime we very much want to prompt a focused discussion with every Locality over the coming few months to see how we can most effectively reflect your priorities for children and young people in the GM plans and discuss how we can do even more to support this work through local integration with our neighbourhood and prevention programmes.

Recommendations

The Bury Locality Board are asked to:-

i. Support the ambition to adopt a whole system wide approach to the delivery of the 'Giving every child and young person the best start in life' part of the GM Integrated Care Partnership Joint Forward Plan in line with the Strategic Financial Framework.

ii. Consider and comment on the priorities as outlined in para 2.8 and how they align with Bury's locality priorities for Children & Young People.

iii. Consider how Bury can support and adopt the development of a single system approach to the Children & Young People Joint Forward Plan in line with local, regional and national priorities for Children & Young People.

In order to:-

i. have a single set of system strategic priorities for Children & Young People
ii. enable Strategic Business Planning moving forward.
iii. inform Planning & Commissioning
iv. enable a re-purpose of resources
v. develop new delivery models to improve service performance and optimise models of care.
vi. Achieve an understanding of cost v impact on outcomes

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 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		

1. Background:

1.1. Greater Manchester is passionate about ensuring that all our children and young people get the best start in life and are cared for, nurtured and supported to grow up well and achieve their ambitions in life. Greater Manchester city region is home to over 650,000 children (23% of the resident population); and nearly 915,000 children and young people when taking a broader view of those aged up to 25 years (32% of the population). Around 1 in 4 live in poverty, according to DWP data on % of children 0-15 living in low-income households.

1.2. Through our Joint Forward Plan (JFP) we have adopted a system wide approach across Greater Manchester of understanding and meeting need and delivering models of care with partners (health, education, voluntary, criminal justice sectors, GMCA and local authorities). The JFP builds upon our existing local work and plans. The JFP cannot describe all of the detail of each GM programme of work in a single document so the JFP refers to and cross-references other strategies and plans. Currently Children & Young People (CYP) related activity is captured under the headline mission in the JFP of 'Giving every child and young person the best start in life'

2. Programme Development and Delivery

2.1. Aligned to the JFP is the financial context within which GM ICB sits. Greater Manchester Integrated Care System has set out it's draft Strategic Financial Framework 23/24 - 27/28. The Strategic Financial Framework (SFF) sets out the baseline position, the "do nothing" forecast, quantifies the population health opportunities, sets out the phasing and sequencing over time and considers the position of the 9 NHS providers. The plan sets out the "do nothing" scenario and the alternative scenario of addressing the financial challenge over time through a combination of population health measures and provider efficiencies.

2.2. The SFF advocates three population health opportunities to optimise the allocation and support of health and care services in better, more efficient, ways in order to address the growing needs for health care for our population:-

1. reducing prevalence growth – opportunities to prevent prevalence and progression of ill health relative to baseline trend based on targeted prevention and early detection activities.
2. optimising models of care – to deliver more consistent proactive care to support effective population health management.
3. addressing inequalities in access – opportunities to improve health and address and reduce disparities in care for people in deprived socio- economic groups.

2.3. Recognising that improving these 3 population health opportunities & outcomes for children & young people isn't the sole responsibility of any single organisation, we want to take a system wide approach and develop a more detailed, single set of priorities for our CYP. This approach will set alongside identification of likely resource requirements and enable prioritisation of programmes of work, taking into account cost and likely impact on outcomes for CYP and their families. It is expected that in order to tackle inequalities in provision we may need to shift spend across different parts of the system..

2.4. The system priorities will build on previous work to identify health-related priorities for children & young people. In February 23 the Integrated Care Partnership received a paper that made the case for ensuring CYP are seen as a priority group and as part of this paper it was agreed that there was value in having a commitment to a set of shared ambitions for our Children & Young People. The paper also identified an explicit commitment to understanding & tackling inequalities, incorporating the voice of CYP, making better use of data and intelligence available to us and taking a longer term view to resourcing our priorities.

2.5. The CYP priorities are a summary of a more detailed set of information. Delivery of the programmes of work will take place within and across localities in Greater Manchester. As part of this system wide approach for CYP, localities will need to identify which commissioning leads, programme management and support are needed to take forward delivery of the priorities.

2.6. With this in mind it is important that locality leads and practitioners within localities shape and influence the programme to ensure that the CYP programme can be aligned to the delivery of the 3 population health opportunities outlined within the SFF and ensure delivery against local area identification of need. The expected timeframe for this work is as follows:

November 23	Executive Committee
	Deputy Place based Leads
December 23	Directors of Childrens Services
	Directors of Adult Social Services
Dec 23 - Feb 24	Place Based Committees and relevant partnerships.
March 24	GM Integrated Care Partnership

2.7. GM Integrated Care Partnership needs to be able to demonstrate that work programmes are in place to address the particular challenges facing CYP. Taking a system wide approach will enable projects to adapt to external drivers such as responding to the outcomes of SEND & ILACS Inspections and respond to new and emerging National developments and priorities.

2.8. Following on from recent discussions and engagement that have already taken place the emerging work programmes are currently as follows:

i. **Child Development in the Early Years** includes:
- EY pathways
- Maternity (Saving Babies Lives, Neonatal, Assurance)

ii. **School-Age Children Wellbeing** includes:
- SEND – Data dashboard, Preparation for Adulthood, Alternative Provision and Change Programme.
- Learning Disability & Autism – ND Pathway (autism & adhd) , Dynamic Support Register, Crisis, Autism in schools.
- Foetal Alcohol Syndrome
- Speech, Language & Communication - Balanced system roll out
- Emotional Wellbeing – Emotionally Based School Avoidance

iii. **Long-Term Physical Conditions** (Core20Plus5) includes:
- asthma,
- epilepsy,
- diabetes,
- CYP acute mental health &

- oral health.

iv. **Mental ill Health** (responding to the rise in the number of children & young people being referred to CAMHS through a focus on earlier support and preventing escalation in the community whilst also having the right pathways in place for those in crisis.) includes:
- Perinatal & Parent Infant Mental health
- Mental Health Support Teams
- Childrens Eating Disorders
- CAMHS
- Crisis

v. **Vulnerability, Risk and Complex Care** includes:
- cared for/care experienced CYP,
- CYP in the criminal justice system,
- victims of/at risk of exploitation,
- victims of domestic abuse
- CYP with experience of other forms of trauma/adverse childhood experiences.
- Unaccompanied asylum seekers
- Complex Safeguarding

vi. **Family help** - Working towards a shared vision of family help where families can get the help they need from the right places and people in their communities including support for families of CYP who are on health waiting lists pre and post diagnosis includes:
- Family Hubs
- Supporting CYP & their families while they wait
- Challenging Behaviours & Sleep Patterns
- Interpretation Services

3. Governance

3.1. Each ICB must have a board-level executive lead for children and young people. The ICB executive lead for CYP leads on supporting the Chief Executive and the Board to ensure that the ICB performs its functions effectively in the interests of CYP. Mandy Philbin, Chief Nursing Officer and Executive Director for Corporate Services, fulfils this role in Greater Manchester. Caroline Simpson, Chief Executive at Stockport MBC in her Place Based Lead role for Greater Manchester Integrated Care, supports the ICB Executive lead for CYP. The executive lead is expected to play a strategic role in supporting the ICB, including ensuring the implementation of any actions in line with CYP system requirements.

3.2. Greater Manchester Integrated Care Partnership and the Greater Manchester Combined Authority CYP Strategic System Group will monitor progress of the Delivery Plan and the newly established ICB CYP Strategic Group will support with overseeing progress against the overall programme operational implementation. This group will ensure appropriate linkages and relevant and appropriate reporting takes place via other thematic partnerships such as Mental Health Board and Autism Partnership. Locality programme updates will be provided via locality committees and partnership groups.

3.3. The GM ICB system Performance & Quality Oversight Group seeks assurance from localities in relation to the enactment and delivery of CYP statutory duties. Risk escalation and assurance will be provided to the ICB executive lead via Quality Performance Committee on an exception reporting basis. Both regional and national challenges, information and work

programmes will be shared via the Performance & Quality Oversight Group and the Quality & Performance Committee into localities.

4. Recommendations

The Bury Locality Board are asked to:-

iv. Support the ambition to adopt a whole system wide approach to the delivery of the 'Giving every child and young person the best start in life' part of the GM Integrated Care Partnership Joint Forward Plan in line with the Strategic Financial Framework.

v. Consider and comment on the priorities as outlined in para 2.8 and how they align with Bury's locality priorities for Children & Young People.

vi. Consider how Bury can support and adopt the development of a single system approach to the Children & Young People Joint Forward Plan in line with local, regional and national priorities for Children & Young People.

In order to:-

vii. have a single set of system strategic priorities for Children & Young People
viii. enable Strategic Business Planning moving forward.
ix. inform Planning & Commissioning
x. enable a re-purpose of resources
xi. develop new delivery models to improve service performance and optimise models of care.
xii. Achieve an understanding of cost v impact on outcomes

Greater Manchester
Integrated Care Partnership Board

Date: 10 February 2023

Subject: An Integrated Approach to delivering our Ambition for Children and Young People in Greater Manchester

Report of: Mandy Philbin (Chief Nurse, NHS GM Integrated Care, Executive Lead for Children & Young People) and Caroline Simpson (Chief Executive, Stockport MBC, Portfolio Lead for Children & Young People)

PURPOSE OF REPORT:

To gain the support from the GM ICP and GMCA to strengthen the alignment for integration and partnership working to improve health outcomes for GM children and young people.

RECOMMENDATIONS:

The Integrated Care Partnership Board are requested to

- Note the foundations for an integrated approach to improving health outcomes for GM children & young people.
- Endorse the recommendations for how we might strengthen governance arrangements in section 4 of the paper.
- Endorse the set of commitments listed in section 5 of the paper for taking an integrated approach to improve health outcomes for GM children & young people and tackling inequality.

- Endorse the set of priorities identified in section 6 of the paper and note the ambitions to develop a set of measures that will enable us to assess progress as a GM system.

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Number of attachments to the report: 1

Appendix 1 - State of Child Health indicators (Royal College of Paediatrics and Child Health) to provide details on the RCPCH framework, for information and reference.

1.0 Introduction

1.1 Greater Manchester is passionate about ensuring that all our children and young people get the best start in life and are cared for, nurtured and supported to grow up well and achieve their ambitions in life. Put simply they are our future. It is therefore fundamental that as a set of partner organisations we make children & young people an absolute priority.

1.2 As this paper sets out there are strong foundations to build on in our ambitions to improve outcomes for children & young people. Over the last 5-10 years GMCA has worked alongside the ten districts to promote approaches where a GM approach can add value to the work locally. This includes work to develop common practice standards for particular groups of young people (eg. SEND, Care Leavers), developing GM level solutions to common challenges and spreading innovative practice, which often emerges from work of multi-agency partnerships involving local government, police, schools, voluntary and community sector organisations and communities themselves alongside NHS partners in GM neighbourhoods.

1.3 There is already acknowledgment of the need to adopt a system wide approach that recognises that improving children & young peoples' health cannot be the sole responsibility of any single organisation or sector and that taking a partnership approach enables us to draw on a wider range of levers to influence health outcomes. When thinking about how we can best support the needs of children & young people we must not ignore the wider social determinants of health and the role that different organisations and sectors play in trying to alleviate the impact of these on the lives of children & young people and families.

1.4 The establishment of the GM Integrated Care System on 1st July 2022 presents a major change to the way in which heath and care will be delivered nationally and here in Greater Manchester. Through the emerging Integrated Care Partnership Strategy there is an opportunity to firm up our commitment to put children & young people at the forefront of our plans and make clear the

priorities we need to get behind as a system. It also offers the opportunity to align our governance and delivery arrangements so that we take a more integrated approach to improving outcomes for our children & young people at both a GM and locality level.

1.5 This paper is purposely being submitted to both the GM ICP and GMCA. This acknowledges that the priorities for children & young people span across the ambitions of the Greater Manchester Strategy and the Integrated Care System but also the requirement for shared accountability and even greater integration in our ambitions to improve outcomes for GM children & young people.

2.0 Why Children & Young People must be a priority

2.1 Looking specifically at the Greater Manchester context, latest 2021 Census data confirms that the GM city region is home to over 650,000 children (23% of the resident population); and nearly 915,000 children and young people when taking a broader view of those aged up to 25 years (32% of the population). Numbers have increased over the last 10 years to a greater degree than is the case nationally; for example, there are over 50,000 more under 18s now than in 2011.

2.2 While the CYP population continues to grow, around 1 in 4 continue to live in poverty, according to DWP data on % of children 0-15 living in low-income households. We recognise the impact following Covid 19 on individuals, families, services and social economic will widen the health inequalities should we not act effectively and efficiently.

2.3 There is a central moral and ethical rationale to underpin the prioritisation of children and young people in public policy, and a wealth of evidence confirming that moving resources to prevention and earlier intervention achieves better outcomes in the long term, with substantial financial returns on investments.

2.3 The specific health case for investment in children requires a long-term view, and should reflect our understanding of system costs in adulthood, viewed through a holistic lens of physical, mental and population health (a whole range of issues including adult mental health; rising rates of obesity; diabetes; heart disease). The life course costs of late intervention have been estimated at £17bn across England and Wales (including nearly £4bn borne by the NHS). Exposure to four or more categories of childhood exposure (ACEs) has been associated with: a 4 to 12-fold increased risk of alcoholism, drug abuse, depression, and attempted suicide; a 2 to 4-fold increase in smoking, poor self-rated health and sexually transmitted disease; and 1.4 to 1.6-fold increase in physical inactivity and severe obesity. In the face of these challenges, when early intervention is given due prioritisation the rewards are significant – one of the best examples is the evidence base for Sure Start centres, which reduced hospitalisations at ages 5–11 and saved the NHS approximately £5 million per cohort of children.[1]

2.4 A whole range of metrics and indicators are available to 'tell the story' around the myriad of challenges facing our children and young people, many of which have been exacerbated by Covid-19 and the cost of living crisis – some are population-level, while others reflect issues experienced by particular groups, and most come with their own nuances in terms of demographic and spatial inequalities. However, by way of illustration only, five such challenges help articulate the nature and scale of the priority within GM:

i. Child development in the early years

- Fewer of the city region's young children achieved a 'good level of development' (60.7%) than was the case nationally (65.2%) when end of reception year assessments took place in summer 2022.

[1] £17bn figure - Early Intervention Foundation's seminal 2016 work; ACEs insights - Bright Futures: getting the best for 30 years | Local Government Association; Sure Start - Research by the Institute of Fiscal Studies

- Further upstream, despite a positive direction of travel in the most recent year, fewer GM children (73.6%) aged 2-2.5 years were assessed as reaching the Healthy Child Programme 'expected' level of development when comparing GM figures and England overall (80.9%).

ii. School aged children – wellbeing

- Insights provided through the #BeeWell programme in its first year (2021) confirmed that around 52% of our Year 10 pupils reported good or higher levels of wellbeing, but that wellbeing was lower for many in the city region. National comparisons are limited, but key wellbeing scores at a GM-level seem consistent with what we know from other large studies.
- Findings shared through the #BeeWell Neighbourhood Data Hive provide a rich evidence base on the varied results across each of GM's 66 neighbourhoods – inviting tailored responses in light of local characteristics and needs.
- The #BeeWell results also provided a reminder that important demographic inequalities persist in wellbeing scores, particularly across gender identity and sexual orientation – e.g. 7% of boys reported a high level of difficulties for a key 'Negative Affect' measure in the survey, compared with 22% of girls.

iii. Long term physical health conditions – various priorities, including asthma

- The rate of asthma-related hospital admissions amongst 0-19 years olds in GM is persistently high, and was almost twice the national average (134 per 100,000) in 2020/21.
- Latest annual figures (to Nov 2022) show asthma-related hospital attendance rates across GM were 50% higher amongst CYP from disadvantaged communities.
- Asthma is one of five clinical priorities within the Core20PLUS5 NHS England framework, an approach to support the reduction of health inequalities.

iv. Mental ill health

- In community services, waiting times for CYP in GM have increased compared to last year (13.6 weeks vs 11.5 weeks), with 2 year+ waits being experienced in some areas (e.g. autism spectrum disorder).
- In urgent care, figures across 2022 show that 36% of CYP in GM waited 6 hrs+ in A&E, with these longer waits becoming somewhat more common across GM and wider NW region.

v. Vulnerability, risk and complex care

- There are disproportionately high numbers of children and young people across GM who are at risk, vulnerable or have complex needs. One example of this: at the end of 2021/22, there were 92.1 looked after children per 10,000 under 18 years olds in the care of the local authorities of Greater Manchester. This compares to 69.8 per 10,000 in care of authorities across England overall.
- This complexity can result in significant NHS system pressures and demands. For example, between the beginning of 2020 and mid-December 2022, there were 60 completed instances of delayed discharges from NHS tier four specialised mental health provision in GM (an average of 20 per year), lasting an average of 50 days each and in extreme cases 150 days or more. A shortage in the availability of residential children's home provision for children in care with a mental health need is a key contributor.
- Newly-compiled health data in relation to young people open to GM's multi-disciplinary Complex Safeguarding Teams suggests that 72% have emotional and/or mental health needs; 55% have substance misuse needs; 37% sexual health needs and 26% physical health needs.

3.0 Foundations

3.1 An important foundation for improving health outcomes for GM children & young people is better integration between organisations and sectors. We are not starting from scratch with this regard.

3.2 *A Common Strategy* - At a Greater Manchester level the last CYP Plan (2019-2022) described a set of cross organisational ambitions and shared priorities in acknowledgement of the fact that improved outcomes for children & young people cannot be the responsibility of a single agency /sector. The plan succeeded in connecting large elements of the existing GM Children & Young People's Framework (Childrens-Health-and-Wellbeing-Framework-6a-11.05.18.pdf (gmhsc.org.uk))into a single multi-agency plan and represented an important milestone in the way we approach our work around children & young people at a GM level. Further information around what was delivered through the final monitoring report for the plan can be found here Review of the 2019-2022 Greater Manchester Children and Young People's Plan (greatermanchester-ca.gov.uk).

3.3 *Collaboration* - Alongside the development of our GM CYP plan we have strengthened our collaboration at a strategic and programme level. The GM Children & Young People's Steering Group sees senior officers from across local authority, health and police and the voluntary sector come together on a regular basis to provide direction to the work on our shared priorities. This type of multi-agency collaboration is also evident in the delivery of a number of project areas, particularly those focussed on specific groups of children & young people (such as 0-5 year olds, Looked after Children / Care Leavers and children & young people with SEND).

3.4 Alongside the role of local authorities the partnership with GMP, health and community safety partners at both the GM and local level is critical in ensuring that particular groups of young people such as those known to the criminal justice system and those in custody have their health needs met. The GM Integrated Health & Justice Strategy is a good example of this type of collaboration, which includes a commitment to take a public health approach to tackling violence and its root causes and has positioned Greater Manchester well in respect of the introduction of the Serious Violence Duty from 31st January 2023.

3.5 Schools have a vital role to play from a strategic perspective at GM and locality level but also at a delivery level in neighbourhoods. Models like ‘team around the school’ that operates in many of our localities demonstrate how schools can effectively integrate health in our work with children & families alongside local authorities and other partners.

The voluntary and community sector is essential in meeting the heath needs of children & young people at a universal and targeted level and we have seen through our work in early years and mental health what essential role they play in prevention and responding to crisis.

Finally, when we talk about health it is important that we recognise the different roles and expertise with the health system, for example the vital role primary care play as part of of an integrated system for children and families in localities and the role of locality public health teams who directly commission healthy child programme, lead on infant feeding and commission sexual health services, substance misuse services etc.

3.6 *Shared leadership* - We have examples of joint leadership with the current GM Children’s Health & Wellbeing Exec jointly chaired between a Local Authority Director of Children’s Services and health leadership.

3.7 *Shared resources* - There are examples of joint investment in some work areas including specific project posts that are working on shared priorities, for example SEND and school readiness and speech, language and communication or joint funding of operational models at locality level designed to support some of our most vulnerable young people.

4.0 Proposed Changes for Governance & Shared Accountability

4.1 Our ambitions to adopt an integrated approach to improving outcomes for children & young people must exist at different spatial levels. Whilst integration at the Greater Manchester level is important the achievement of

improvements across the priorities set out above will be most reliant on neighbourhood and place-based working. A good example of this is our work in early years where whilst we have seen the benefit of working collaboratively at the GM level the integration that takes place at a neighbourhood level is what most affects the experience of families the most - with health visitors working hand in hand with local authorities, early years providers and voluntary and community organisations to support families, particularly those that need most help.

4.2 We therefore recommend a governance system at the GM level that enhances the work undertaken at a local level but also includes clear lines of shared accountability across the GM Integrated Care Partnership and GMCA. To achieve this multi-agency governance arrangements established at the GM level should also be reflected in local arrangements, for example ensuring that Directors of Children's Services have a strong voice and role in locality boards and structures as well as at the Greater Manchester level.

4.3 It is important that we build on existing arrangements, for example the GM Children's Board already brings together political and senor representation from local authorities alongside representatives from health, police and the voluntary sector to discuss the big issues affecting GM children & young people. It has previously taken a role in directing resources following the receipt of transformation funding in 2018 and has taken has strong foundations not least in its commitments to providing a voice to children & young people.

4.4 This paper recommends that the GM Children Board reporting to the Integrated Care Partnership and GMCA is developed to act as a 'systems board' that that through its attendance can represent the range of accountabilities brought together to deliver on the priorities set out in this paper. Through the adoption of a shared vision, shared objectives, focus on reducing gaps in health inequality and optimise new ways of working via co-commissioning this can enhance our integrated approach to improving outcomes for children & young people. To make this shift the GM Children's

Board will need to have a greater connectivity to the ambitions of the NHS Five Year Plan in addition to the Greater Manchester Strategy.

4.5 At the programme level there are also opportunities to strengthen our delivery arrangements. It is proposed that this could be achieved through having a dedicated multi-agency delivery group overseeing implementation across agreed priorities that connects into specific project groups responsible for individual priorities, some of which will already exist in the current governance.

5.0 A set of shared commitments for how we work together

5.1 The development of a Greater Manchester Integrated Care System (ICS) presents an opportunity to re-affirm our commitment to improving health outcomes for our children & young people. It can help us address the negative and often unintended consequences for children and families when organisations work in isolation of each other that creates the risk of fragility of capacity arrangements, fractured disjointed offer to our population, duplication and missed opportunities. We have an opportunity to go further towards a shared vision to:

'Take an integrated approach to improving outcomes for children & young people and tackling inequalities that puts the needs and experience of children, young people and families at the heart of our ambitions'.

5.2 The following set of commitments should underpin our work to improve outcomes for children & young people. These commitments acknowledge much of what we have learned from our public service reform agenda and children & young people health transformation work in Greater Manchester over the last decade:

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
Shared Ambitions	Having a shared vision, shared principles and set of priorities for GM children & young people. This should be clear and explicit from the outset including our ambition to respond to what our children & young people are telling us and work with them at all stages.	Enables us to focus on the things that matter most (inequalities, system pressures and what children & families tell us is most important to them) and allocate resources accordingly.	Shared ambitions agreed through GM ICP and Children's Board alongside local leaders (e.g. Directors of Children's Services) and wider partners with monitoring of progress against agreed set of agreed indicators.
Children & Young People Voice	Commitment to incorporate the voice and rights of children & young people in decision making that affects the support they receive in the community and acute settings. Work to an agreed quality standard for	By listening to what matters to our children, young people and families, we can plan the right steps to improve their health and wellbeing as they grow up and support them to achieve their goals in life.	Appropriate involvement of children, young people in our key strategic groups. Clear expectation of effective engagement and co-production as a core set of requirements for programmes

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
	CYP voice & co-production work in GM.		focused on our agreed priorities. Working to a common framework for incorporating the voice of children that underpins our work.
Tackling Inequalities	Commit to understanding and responding to inequalities as part of our work to improve outcomes for children & young people. Seek to rebalance the resource allocated to support the needs of children & young people.	GM Inequalities report makes it clear that there are still significant disparities in health outcomes for different groups of young people across GM. S At a population level the proportion of spend and resources allocated towards children & young people as a whole versus the overall population is currently not representative of the demographic across the city region.	Reporting on inequalities and proactive approach to tackling them through GM programmes of work. Report and monitor total spend on children & young vs population to ensure equity and a shift of resource to prioritise preventative measures with explicit targets to

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
			achieve this objective.
Resourcing & Commissioning	Commit to taking a partnership approach and longer term view to resourcing our priorities through shared responsibility and transparency of available resources. Maximise opportunities for joint commissioning of specialist services at different spatial levels.	With all public services facing financial pressures taking a fair and transparent approach to resourcing our shared priorities is important. This recognises the budget pressures facing different sectors as a result of shrinking budgets but that different parts of the system benefit from improved health outcomes for children. Joint resourcing of some areas of work and some posts is already in place across some work areas. Identifying opportunities for cross-boundary commissioning of	Regular reporting on resources and funding allocated to support priority areas of work including where gaps exist – to support effective decision making at ICP and Children's Board on source of funding and resources. Commissioners working collaboratively to assess quality and impact of different services and identify opportunities for joint commissioning.

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		specific services can potentially provide efficiencies and drive improvement in quality.	
Early intervention & prevention	A commitment to early intervention & prevention at the universal and targeted level as a central component of our strategy for improving outcomes for children & young people and tackle inequalities.	Research and evidence tell us that effective early intervention is critical for avoid deterioration in mental & physical health conditions and is critical part of long-term strategy to manage demand in the acute / crisis sector.	Commitment to monitor and report on level of investment in preventative activity related to children & young health outcomes as a proportion of overall activity / spend.
Shared leadership, governance, reporting and accountability	Set up appropriate governance structure that has clear lines of accountability for shared priorities including a commitment to better understand and respond to variation across the city-region. This will need to operate	Recognises that children and young people's health outcomes are not the responsibility of any individual organisations and integration is key to the experience of children & young people.	Agree to joint reporting of progress on agreed priorities, sharing and addressing risks and measuring improvement through an agreed set of indicators through both GM Integrated Care Partnership, GM

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
	effectively at GM system, locality and neighbourhood level.	Taking a holistic approach to the health needs of children & young people that recognises the determinants of health including the inequalities, poverty and the connection between physical and mental health issues directly influences health outcomes for children & young people.	Children's Board and other key groups.
Work in partnership with VCSE sector and communities themselves.	Recognising the work of the VCSE sector on improving health outcomes for children & young people is recognised and valued. Acknowledges that many of the solutions lies in communities themselves.	The VCSE sector play a vital role in supporting children & young people, particularly through a range of preventative activities at a neighbourhood level – as such they need to be seen as equal partners in improving outcomes for children & young people and tackling health inequalities across GM.	Ensuring the VCSE are appropriately connected into the children & young people's governance and that they have a voice in decision making. Monitoring levels of funding for VCSE organisations that demonstrate they

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		Evidence that community led approaches can be preventative, innovative and be more responsive to the needs of children & young people.	contribute to improved health outcomes. Make community led approaches a central feature of our strategic plans.
Innovation & shared learning.	Commit to sharing and adopting innovative practice and sharing learning in the field of children & young people's health and wellbeing.	Most of the most innovative models and approaches start within localities whilst others emerge from other parts of the country or abroad. We must find a way to evaluate them properly and be brave to invest in and implement them in our communities where evidence exists. Our infrastructure in GM lends itself well to adopting innovative practice as we have already seen in some our work with children & young people – we	Ensure that we have the appropriate infrastructure and resources in place to promote innovative approaches, evaluate them and share learning. Through regular reporting we can assess to which innovative practice is developed and adopted across GM.

Our Commitment	What will it mean in practice?	Why it's important?	How will it be actioned?
		should commit to keeping this as central part of our strategy for improving health outcomes for children & young people.	

6.0 A Set of Shared Priorities

6.1 Having consensus on a set of shared priorities will help focus on the things that matter and ensure we direct our resources to the areas that need it most. Through a range of different sources such as #Beewell, our Young Inspectors scheme and the work of groups like the GM Youth Combined Authority we have a good understanding of the things that matter to young people, not least that they have a say in the services and support they receive and that they care as much about tackling inequalities that exist in the city-region as we do.

6.2 Coupled with analysis of data and intelligence around demand in the system it is proposed that the following areas of work should be considered priorities within the context of the GM ICP strategic plan.

- **Early years** – Taking an integrated approach to early years recognising the importance of 1001 critical days and responding to the detrimental impact of Covid-19 on the development of 0-5s whilst adding value to the work of districts on this priority group.

- **Children & young people with long term conditions** – Taking a preventative approach to tackling issues that may contribute to longer termer conditions such as obesity and asthma and ensuring those with long term conditions get high quality treatment they need in their communities.

- **Family help (including family hubs)** – Working towards a shared vision of family help where families can get the help they need from the right places and people in their communities including health professionals.

- **Education outcomes** – with particular focus on tackling the issues that impact on school attendance/absence.

- **Mental health & wellbeing** – Responding to the rise in the number of children & young people being referred to CAMHs through a focus on earlier support and preventing escalation in the community whilst also having the right pathways in place for those in crisis. Also responding appropriately to #Beewell as an important piece of insight into the wellbeing of GM children.

- **Care for / care experienced young people** – Understanding and responding to the specific health needs of this important group of young people recognising including those placed in specialist residential care units.

- **Children and young people with SEND** – Work together to improve the experience of children & young people with SEND (and their carers) through common standards, joint commissioning and a commitment to addressing inconstancies in the offer across GM.

- **Adolescents** – As part of our ambition to improve the way we work with Adolescents in GM including the implementation of a GM Adolescent Safeguarding Framework ensure that we understand and respond to any specific health requirements of this group of young people including those that are vulnerable to exploitation.

- **Children & Young people in the criminal justice system** – responding to the health needs of young offenders and that many of these young people have unidentified needs until they enter the youth justice system.

- **Domestic Abuse** – recognising the significant impact domestic abuse has on the lives of children & young people and the need for a cross sector response to tackling this issues in our communities.

- **Speech, Language and Communications** – Responding to emerging evidence of delayed early language development in under 5s early years due to the impact of children missing out on early education and normal social interactions during Covid-19 in addition to challenges around workforce lacking expertise / training / capacity to support children of all ages plus long waiting lists and increased demand for SLT.

- **Workforce** – There is a growing disparity and sense of urgency to support and improve access to services by developing an appropriate workforce. We must therefore look at how we tackle common challenges across the children's workforce including recruitment and retention in addition to training around core competencies. Continued focus on Trauma responsive workforce across the services working with all children and families and across the life course.

7.0 A Set of Shared Outcome Measures

7.1 To support a shared focus on the above proposed priorities, the importance of developing a suite of relevant outcomes measures at the system level is recognised. The work to develop a suitable suite of progress measures is underway and will build on the foundations we already have in place from other established frameworks.

7.2 An exercise will be taken forward to triangulate (e.g.) the existing GMS outcomes framework; nationally-recognised frameworks such as the RCPCH State of Child Health framework of measures; discussions at programme level including around social care and education outcome measures alongside other NHS frameworks (including Core20Plus 5 children and young people). The Appendix provides details on the RCPCH framework, for information and

reference. Alongside any consideration of quantitative metrics, more qualitative elements will be considered, reflecting the commitment already established between partners to ensure child, parent and practitioner voice is reflected in any whole-system framework.

8.0 Speaking with One Voice

8.1 Our commitment to making in children & young people a priority in the evolving Integrated Care System must be matched by an ambition to elevate the voice of GM children, young people and families with central government so that there is clarity around the issues that affect their health outcomes and what Government can do to help us respond to their needs.

8.2 Through our work to date Greater Manchester is well positioned to respond to some of the big policy shifts nationally whether as a pathfinder for the recommendations from the review of children's social care or in our contributions to the NHS long term plan. A commitment to strengthen our ambition and take appropriate next steps in moving to a more integrated approach to improving outcomes for children & young people can only serve to stand us in good stead in our lobbying and positioning with central government.

9.0 Conclusion

9.1 Whilst there is work still to do to finalise the governance and programme delivery arrangements an endorsement of an agreed set of priorities and a set of shared commitments for how we work together as system within the context of the new GM Integrated Care System can take us a long way towards strengthening our integrated response to improving health outcomes for GM Children & young people. GM ICP and GMCA are asked to recognise and endorse these in that we can progress to the next phase of the work required.

Appendix 1 - State of Child Health indicators (Royal College of Paediatrics and Child Health)

The RCPCH State of Child Health report includes framework measures comprising indicators framed around a number of headline domains. Taken together, they are intended to provide a suite of metrics to judge partnership progress in:

- ending child health inequalities;
- developing a robust and well-resourced system to deliver public health, health promotion and early intervention; and
- enhancing health services for infants, children and young people

The GM ICS may consider the indicators, listed in full below as a helpful starting point for GM partners debating and agreeing a shorter, cross-cutting list of indicators owned collectively within the single CYP plan from a whole system perspective.

Mortality

- **Infant mortality rate** per 1,000 live births
- **Child mortality** rates per 1,000 children aged 1-9
- **Adolescent mortality** rate per 100,000 children age 10-19

Maternal and perinatal

- **Smoking during pregnancy** - % at time of delivery
- **Breastfeeding** - % exclusively breastfeeding

Prevention of ill health

- **Immunisations** – 5-in-1 vaccination coverage at 12 months
- **Immunisations** - % of MMR vaccination coverage (second dose) at 5 years
- **Healthy weight -** % of 4-5 year olds overweight or obese
- **Oral health** – rate of tooth extraction due to decay per 1,000 children aged 0-5

Injury prevention

- **Accidental injury** – rate of hospital admission non-intentional injury children 0-4
- **Road traffic accidents** – rate of injuries per 1,000 young people aged 17-19
- **Youth violence** – incidence of injury by sharp object per 100,000 aged 15-19

Health behaviours

- **Young people smoking** - % 15-year-olds regularly smoking
- **Young people drinking** - % 15-year-olds reporting being drunk 2+ times
- **Young people consuming drugs** - % 15-year-olds reporting cannabis use ever
- **Conception in young people** – under 18 conception rate per 100,000 females aged 15-17

Mental health

- **Mental health prevalence** - % of 5-15 year olds reporting any mental health disorder
- **Mental health services** – rate of CAMHS admissions per 100,000 aged 0-18
- **Suicide** – rate per 100,000 young people aged 15-24

Family and social environment

- **Child poverty** - % children aged 0-18 living in relative poverty after housing costs
- **Not in education, employment or training (NEET)** - % of young people aged 16-18 NEET
- **Young carers** – rate of young carers providing any unpaid care per week, per 1,000 young people aged 10-19 years
- **Child protection** – rate of children and young people on either a child protection plan or the child protection register per 100,000 aged 0-18
- **Looked after children (LAC)** – LAC rate per 10,000 children aged 0-18

Long term conditions

- **Asthma** – rate of emergency admission for asthma per 100,000 aged 10-18
- **Epilepsy** - rate of emergency admission for epilepsy per 100,000 aged 10-18

- **Diabetes** – median % HbA1c level of those aged 0-25 with Type 1 diabetes
- **Cancer** – mortality rate per 100,000 children aged 5-14
- **Disability and additional learning needs** - % of pupils in mainstream education SEND

Child health workforce

- **Workforce** – rate of paediatric consultants per 10,000 aged 0-18

BURY INTEGRATED CARE PARTNERSHIP

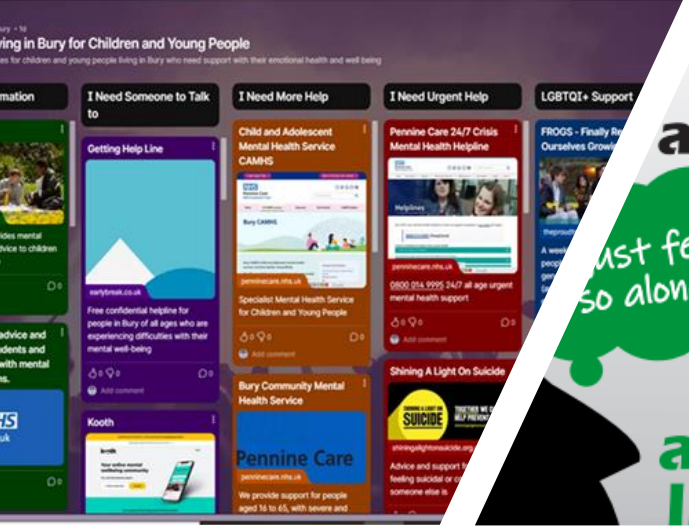
Overview of Thrive Journey & CYP NHS Community Pathways waiting times.

January update

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Jane Case



Bury Locality

Thrive Journey to Date…

The Bury CYP Mental Health System 2020

Lack of CYP mental health system governance and oversight

Lack of focus on Early help and prevention support

Gaps in provision for early help support

Small VCSE commissioned Getting Help support offer

Long waiting times for support

High mental health prevalence rates

High numbers of children with social emotional and mental health needs


Thriving

myHappymind

Introducing myHappymind

Backed by NHS

Certified B Corporation

Bury Impact Data

Before myHappymind

93%

of teachers said **less than half** of their children were aware of the factors that contribute to their wellbeing

After myHappymind

91%

of teachers have said Happy Breathing has benefitted their class

Before myHappymind

77%

of teachers said that **less than half** of their children can talk about their Character Strengths

After myHappymind

100%

of teachers said their class are **now more able** to talk about their Character Strengths

myHappymind

Backed by NHS

Before myHappymind

64%

of teachers said children **never or very rarely** express gratitude to each other or about their experiences

After myHappymind

80%

of teachers are noticing **more Gratitude** is being shared in their classroom

Before myHappymind

76%

of teachers reported that the children's Active Listening skills were **rated poor to fair**

After myHappymind

100%

of teachers said children **now better understand** the importance of positive relationships and what it takes to develop them

Before myHappymind

96%

of teachers said that some of their class **struggle** to persevere in the face of challenges

After myHappymind

100%

of teachers have found that the children **now better understand** the link between how they are feeling and what they can achieve

myHappymind

NHS Backed by NHS

myHappymind in Action

Latest EHCP review shows that the new plans by Primary need are showing a **decrease in SEMH presentation.**

myHappymind

NHS
Backed by NHS

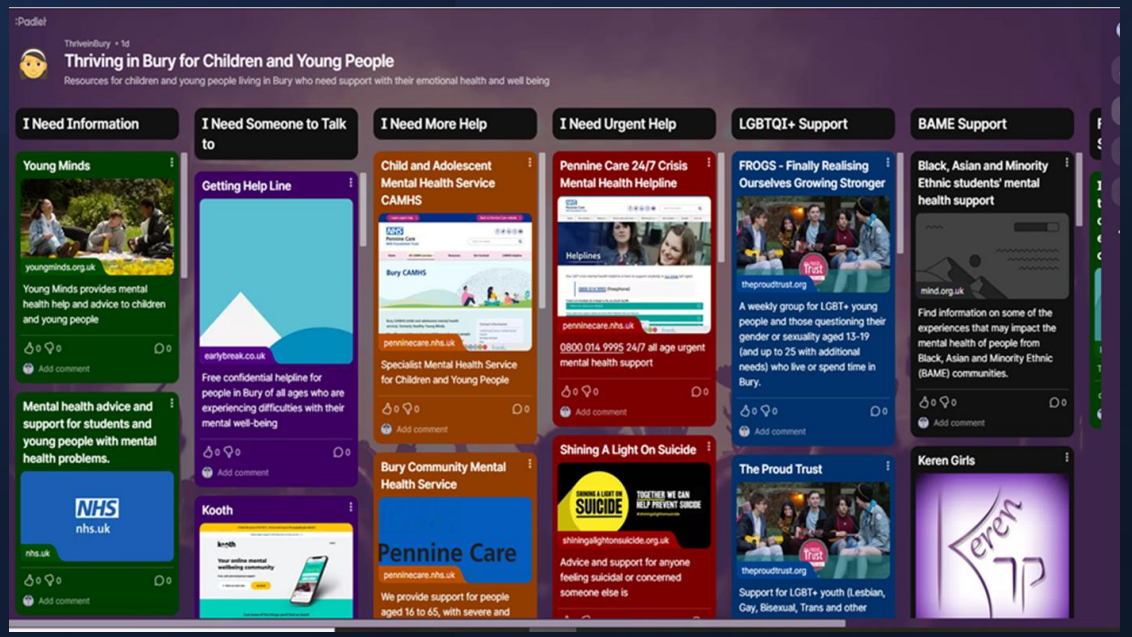
myHappymind in Action in Bury

myHappymind

NHS
Backed by NHS


Getting Advice

Thriving in Bury Digital App and Campaign



The Bury CYP Mental Health System 2023

Bury is currently leading for GM in the development of a Peer-to-Peer post diagnostic support offer, with Spectrum Gaming. Launching this year !

Strategic oversight and mental health in education groups established

Improved data quality reporting across commissioned services

Commissioned myHappymind and Wellbeing Through Sport emotional wellbeing programmes across primary and secondary schools

Held a mental health in education networking event attended by service providers and education settings

Mental Health Support Teams currently being established in 32 education settings

Co-designed an emotional wellbeing app and launched a CYP mental health campaign in partnership with Bury Youth Cabinet

Additional investment to bolster the existing early help offer and reduced waiting times

New commissions to address gaps in provision for transition support, LGBTQI+ and CYP who have experienced domestic violence

Expansion of core CAMHS services to age 18

Reduction of core CAMHS initial assessment waiting times to within 9 weeks. Reduced SEMH needs

Co-production mechanisms established to involve CYP and parents and carers in the development of their services

Participated in the Anna Freud Link Programme

Provided trauma informed training for education settings

Established a VCSE led Whole School Coordinator role to provide support to non MHST schools

Commissioned a teens emotional wellbeing programme

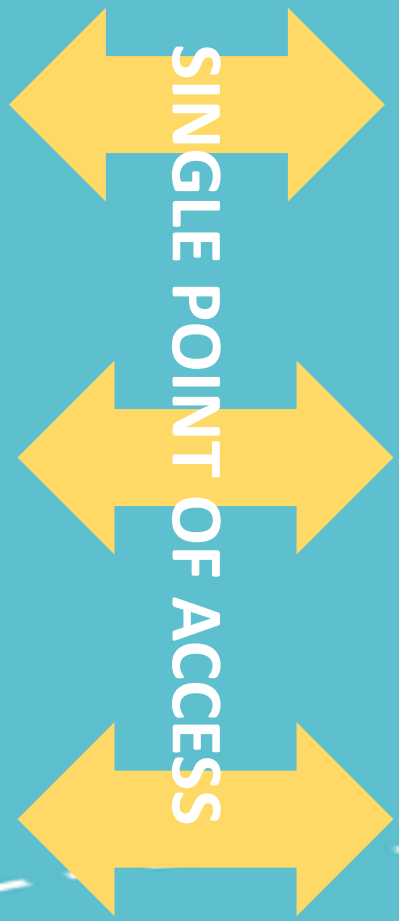

Getting Help

The ‘old’ model 2020 to 2023

Bury Getting Help pathways

The Getting Help offer

- Closing The Gap Transition Service Group
- Emotional wellbeing support services for 14 to 16 and 16 to 18 years olds
- The Proud Trust LGBTQI+ support
- First Point Family Services ASD/ADHD diagnostic support
- Bereavement and Loss
- Holistic therapies
- Additional ICB investment to meet demand



- **Limited Getting Help Offer commissioned by Pennine**
- **Significant demand on CAMHS**
- **Limited capacity at a time of increasing needs due to the pandemic**
- **One size fits all**
- **Resource intensive**
- **Services not mapped to need/ more mapped to processes and systems**
- **Lengthy waiting times for CYP**

Bury pathways

The ‘new’ model

Advice and Guidance Support Offer

- Drop in sessions
- Assessment with a Navigator
- Advice and information, onward referral
- Advice and guidance for parents
- Digital support

Early Help Support Offer

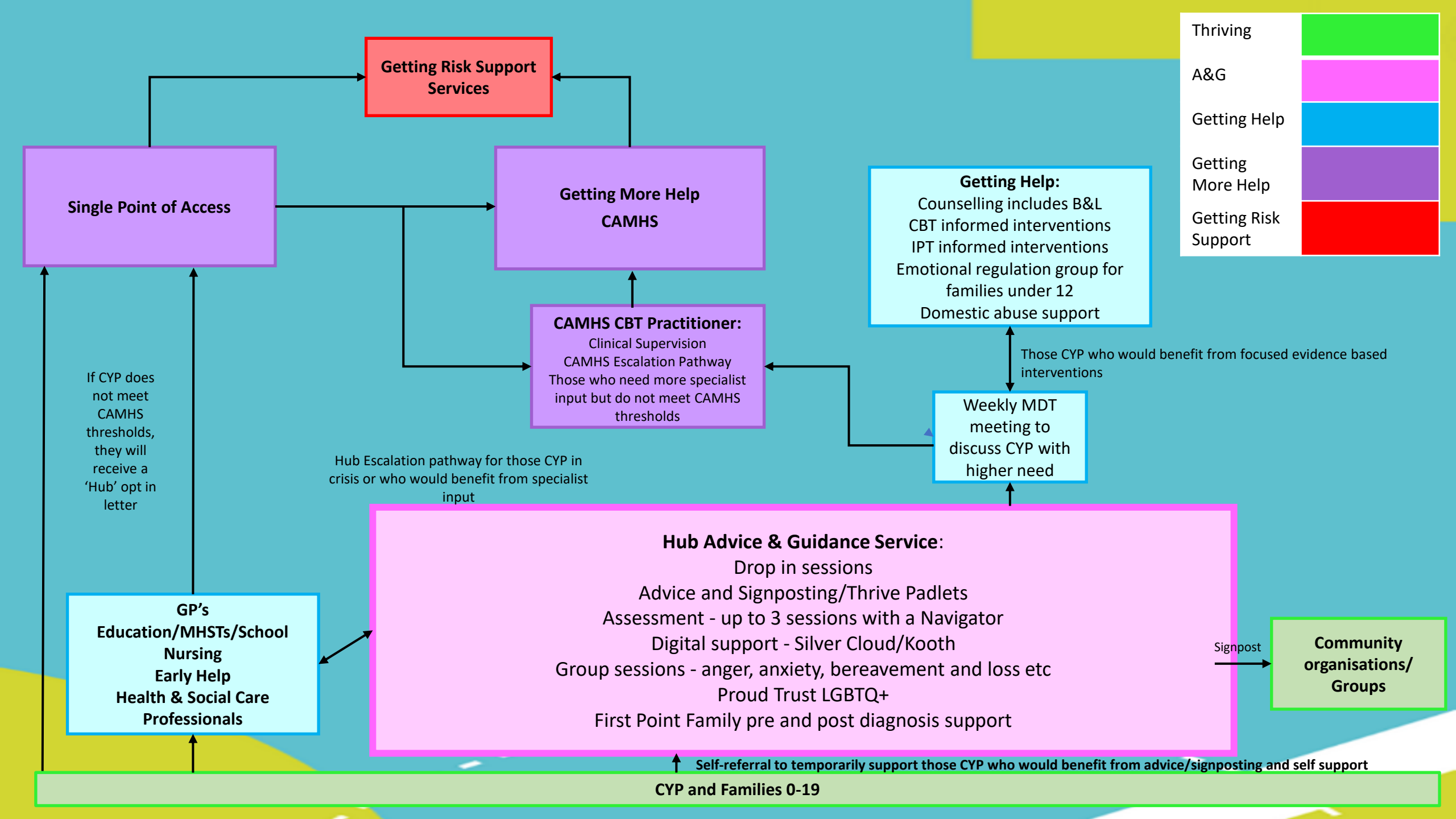
- Up to 2 further sessions with a Navigator
- Emotional regulation group support
- CBT informed anxiety support group
- Feeling detectives programme (primary age)
- IPT-AST informed low mood support group
- Ticks group support

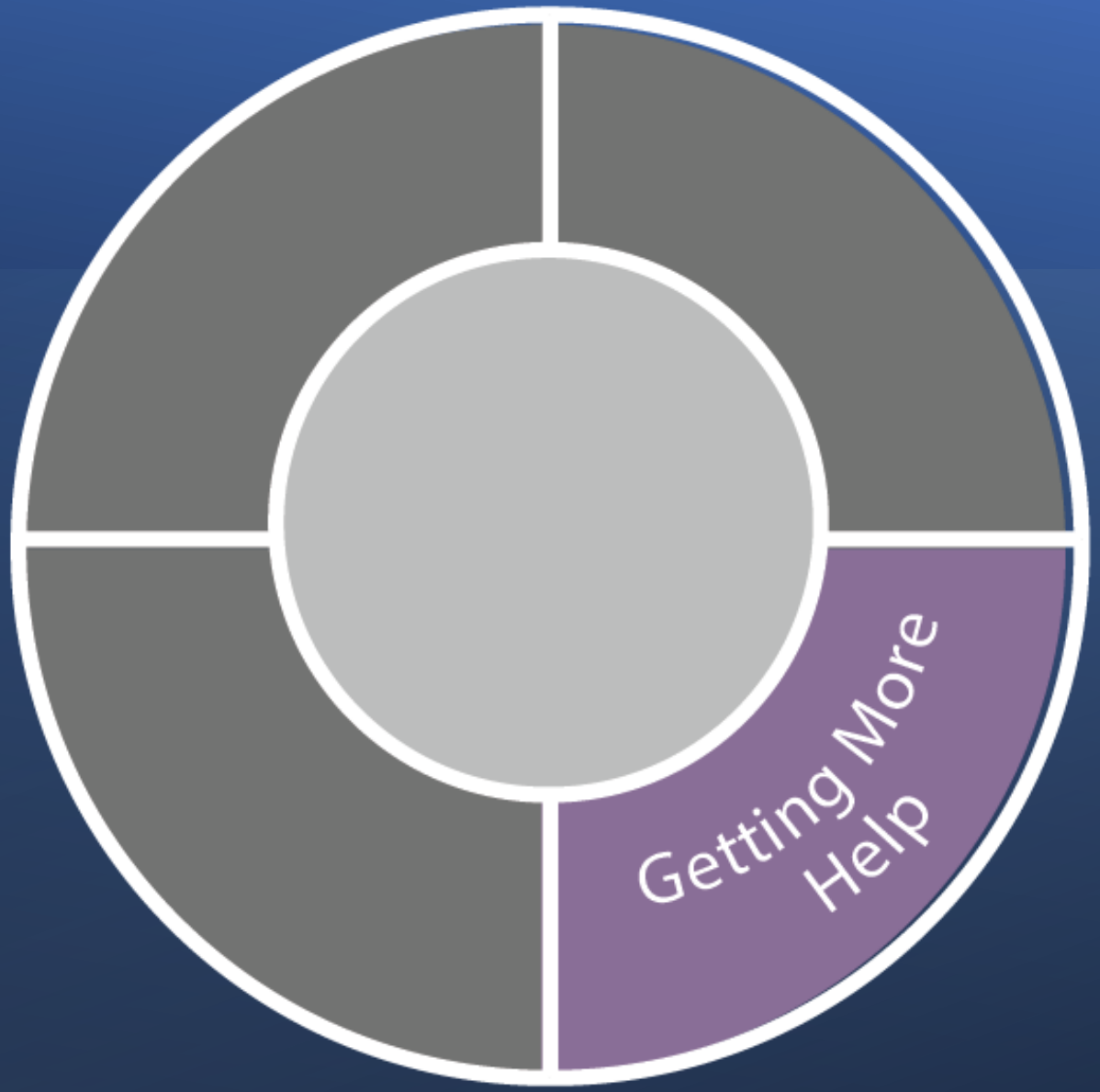
Getting Help Support Offer

- One to one IPC support for those with low mood, stress and grief symptoms
- Person centred counselling
- One to one emotional dysregulation support
- One to one support for LGBTQI+ individuals with a Proud Trust practitioner
- One to one low and high intensity CBT for those with anx low mood symptoms
- One to one low intensity CBT parent led anxiety support for primary school age children

OPEN DOOR AND SELF-REFERRAL

- **Effective use of resource**
- **CAMHS co-location for efficiencies in escalations and pathways for CYP**
- **CAMHS trainees based within Advice and Guidance**
- **Getting Help services to maximise experiential learning**
- **Immediate access for CYP through Drop in sessions**
- **Supports Early Intervention**
- **Increased capacity and range of interventions**
- **Smooth pathways for transition**
- **Designed and developed by CYP**


Thriving
A&G
Getting Help
Getting More Help
Getting Risk Support
Getting Risk Support Services
Single Point of Access
Getting More Help CAMHS
Getting Help:
Counselling includes B&L
CBT informed interventions
IPT informed interventions
Emotional regulation group for families under 12
Domestic abuse support
CAMHS CBT Practitioner:
Clinical Supervision
CAMHS Escalation Pathway
Those who need more specialist input but do not meet CAMHS thresholds
Those CYP who would benefit from focused evidence based interventions
If CYP does not meet CAMHS thresholds, they will receive a 'Hub' opt in letter
Weekly MDT meeting to discuss CYP with higher need
Hub Escalation pathway for those CYP in crisis or who would benefit from specialist input
Hub Advice & Guidance Service:
Drop in sessions
Advice and Signposting/Thrive Padlets
Assessment - up to 3 sessions with a Navigator
Digital support - Silver Cloud/Kooth
Group sessions - anger, anxiety, bereavement and loss etc
Proud Trust LGBTQ+
First Point Family pre and post diagnosis support
GP's
Education/MHSTs/School Nursing
Early Help
Health & Social Care Professionals
Signpost
Community organisations/ Groups
Self-referral to temporarily support those CYP who would benefit from advice/signposting and self support
CYP and Families 0-19


Getting More Help

Pennine Care
NHS Foundation Trust

Bury CAMHS

Specialist Mental Health Provision for Children and Young People

Blitz Week Impact

144 CAMHS appointments offered

45 CYP received an initial assessment for core CAMHS support

81 CYP received an initial assessment for neurodiversity support

CAMHS have initiated a parental workshops

Friends & Family Test

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

Sample size 280

Activity & Outcomes

4996 referrals received between April 22 and March 23

15,712 individual interventions were provided

Core CAMHS Waiting Times Waiting times for Core CAMHS was 6 months in January 23 , in Jan 24 this is now 9 weeks

Managing anxiety seminars for parents

Overall waiting time for ND assessment has reduced from 23.4 months January 23 to 15 months in January 24

10 new ados assessors

Overview

Pennine Care
NHS Foundation Trust

- £1,499,578 investment agreed in May 2023
- Funding for team expansion to allow for the full CAMHS offer to be available for children and young people from 5 years old and until the age of 18 years old
- Recruitment to commence with immediate effect
- Significant project requiring thoughtful staging, review and management

Current commissioning for 16 & 17 year olds

- 0.5 WTE medic
- 4.0 WTE clinicians
- Clinical offer for **transition team** and **neurodevelopmental pathways**

Required staffing

- 2.2 WTE B8a Consultant Psychiatrist
- 2.0 WTE B8a Clinical Psychologist
- 1.0 WTE B8a Family Therapist
- 1.2 WTE B7 Team Leader / CBT Practitioner
- 4.0 WTE B6 MH Practitioners
- 1.0 WTE B4 Psychology Assistant
- 2.8 WTE B3 Administrators
- 1.0 WTE B2 Administrator

Additional workforce update

Pennine Care
NHS Foundation Trust

Core team:

- 2.2 x WTE Consultant Psychiatrist – **Secured**
- 1 x WTE B8a Clinical Psychologist – B7-B8a development post – **Secured**
- 1 x WTE B8a Family Therapist – **vacant**
- 4 x WTE B6 Mental Health Practitioners – **3 secured - 1 x vacant**
- 1 x WTE B4 Psychology Assistant **- Secured**
- 2.3 x WTE B3 Administrator – **vacant**
- 1 x WTE B2 Administrator - **Secured**

Neurodevelopmental pathways:

- 1 x WTE B8a Clinical Psychotherapist – **vacant**

Thrive hub:

- 1 x WTE B7 Team Leader / CBT Practitioner – **vacant**
- 0.5 x WTE B3 Administrator – **vacant**

Roles currently out to advert or under review

Vacancies:

- 1.0 WTE B8a Clinical Psychotherapist
- 1.0 WTE B8a Family Therapist
- 1.0 WTE B7 Team Leader / CBT
- 1.0 WTE B6 MH Practitioners
- 2.8 WTE B3 Administrators

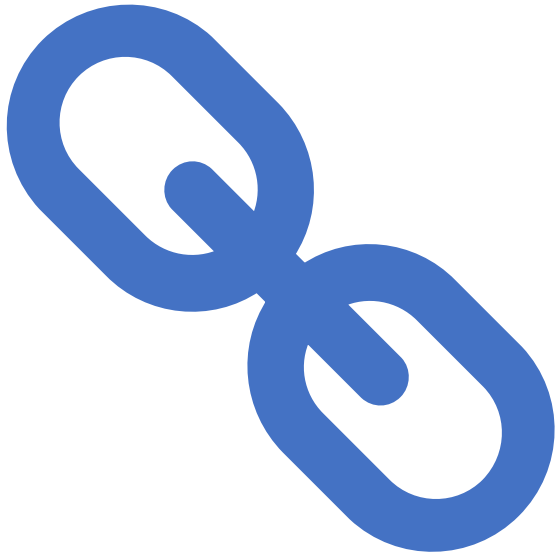
Over the last year 6 children and young people on Bury accessed Hope and Phoenix T 4 inpatient facilities

Crisis care pathway review has been ongoing, this plans to take the current pathways to merge them into one combined offer. The combined offer goes live in April 24

Co – production with Children and Young People and Families

- Co production mechanisms established to involve those who use service decisions in planning decisions
- Parent and Carer Focus Group established
- Focus group sessions with existing CYP groups, Bury Youth Service, Spectrum Gaming, Proud Trust LGBTQI+
- Online parent/carer and CYP surveys
- Continual feedback loop supports true co-production

Co - production Themes



- Collaboration between services and schools - support with school related issues such as bullying, assemblies about mental health & information about what support is available
- Support which is easily accessible and timely
- Support should be based on how CYP is feeling not presence of conditions, i.e., anxiety/depression – no problem to small
- Sensory environment – not clinical
- Support for a wide range of issues, exam stress, bullying, mental health, behavioural issues, stress, loss, relationship problems, family problems, LGBTQ+
- More support and understanding for younger children and those CYP with behavioural issues and disabilities

Waiting times

January review

Pathway	Story	Mitigation	Trend	Target
CAMHS Core	Core CAMHS waiting times have reduced from 6 months 9 weeks	Ongoing work to expand offer should see waiting time decrease as the enhanced offer is stood up		Remain under the national 12-week target
Neuro (CAMHS)	Initial slight reduction in waiting times to assessment 15 months reduced from **23.9 months in January 2023**	More blitz activity planned utilising core team . Plans for 2 more staff to be trained ADOS to support , taking the increased number of ados assessors to 10 in the last 6 months total number to 10		To continue to reduce assessment to diagnosis waiting times . Additional group-based evidence-based interventions to support CYP Autism and Anxiety
COM PEADS	Reduced waiting times longest wait not booked from **79 weeks Jan 2023 to 39 weeks Jan 2024**	Service has lost 1FTE CP will have impact on waiting times moving forward		To reach national target
SALT	Waiting times have gone up this was understood and tolerated , whilst development work has been undertaken	Embedding of the targeted offer will see reduction in next quarter . Trajectory sees a decrease in waiting times from January Launch Can DO programme in February		To reach national target
OT	Priority 3 CYP was 50 Weeks wait in Jan 2023 **– now 21 weeks as of Jan 2024**			To reach national target no breaches
PT	Overall waiting times **reduced from 25 weeks January 2023 to 15 weeks January 2024**	Utilising winter pressures monies this		Maintain

January Update - Summary

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

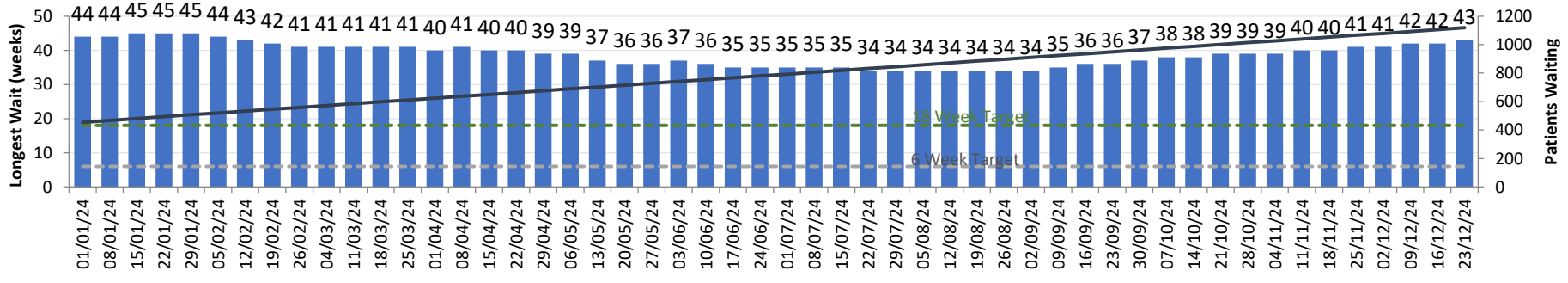
Provider **Pennine Care NHS Foundation Trust**	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and Target review date Review date
Core CAMHS Pathway – Pennine Now commissioned at an ICB level					
January 2024 update	Initial assessment for core – 9 weeks **Reduced overall from 6 months in January 2023** CBT – 15 months Psychiatry – 13 months (impacted by ADHD patients) Core allocation for case manager – 6 weeks Transition team allocation – 1-2 weeks wait for allocation.	The initial assessment waiting time for core CAMHS has remained stable There are pressures on CBT pathway in terms of vacancies, and CAMHS are in process of establishing other therapy pathways. At present CBT is in high demand. Psychiatry waits are long and are also impacted by neuro (ADHD patients waiting to start on medication)	Continue to maintain under 12 weeks for initial assessment. Establishing other therapy pathways as part of new investment, core CAMHS reaching up to 18. This will include family therapy and psychotherapy as well as developing DBT offer and additional psychiatry with LD/ND specialism. We have two new medics due to join the team in Feb/March At an ICB level there are plans to develop a sustainable long-term neurodevelopmental pathway involving the embedding of profiling tools that highlight strengths and difficulties (e.g., SACS-R and Portsmouth ND profiling tool). The pathway will be needs led and non-linear and put intervention and support before diagnosis, moving away from a referral to diagnosis model; with support from a unified pathway and multi-disciplinary team. This shift to prevention and early intervention will likely involve developing new multidisciplinary teams and approaches that work upstream with the close involvement of CAMHS MDT partners. **This workstream is featured in the ICB Childrens Best Start joint forward plan .** This approach will look to join what is done in localities to what can be delivered at a pan GM level. There will be a requirement to enable a shift in resources to align with the new ND Pathway. The work would identify any additional costs that would be incurred, to enable a needs led approach to be taken addressing inequalities in provision and ensuring those who need help the most can access it more swiftly. This shift will also likely require additional investment into the VCSE support in this area with a shift from	Continue to expand provision and reduce waiting times. Continue to coproduce the emotional health and wellbeing hub (yet to be named by CYP)	Review next quarter

Provider Pennine Community Foundation Trust	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and review date Review date
CAMHS ASC / ADHD Pennine Pathway					
January 2024 update	ADHD initial assessment – 14 months ASC initial assessment –15 months reduced from **23.9 months in January 2023** Psychiatry – 13 months ADOS – 5 months QB test – 4 months ASC MDT – 3 months ADHD MDT – 5 months From assessment to diagnosis is approximately 2 years.	. There are 276 young people waiting for an ADHD assessment. There are 248 young people waiting for an autism assessment. There are 107 young people waiting for psychiatry, 86 of them are waiting for ADHD diagnosis and medication. We have recently completed waiting list initiative around ADOS and some MDT and this has reduced waiting times in this area.	The neurodevelopmental pressures are a known universal pressure. We continue to complete waiting list initiatives were possible to reduce waiting times. We have 2 new medics due to join the team in Feb/March. We are planning group offers, pre diagnostic offers as part of camhs expansion. New CBT offer coming online as part of the HUB developments Emotion Detectives . Peer to Peer post diagnostic offer Currently being coproduced with Spectrum Gaming young People We have further ADOS training in March with a further two staff booked on to this. This will mean that there are 10 new ADOS assessors in the team in the last 6 months	Some positives reduction in waiting times but net yet being felt by children and families	Quarterly review

Provider Northern Care Alliance	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and Target Review
Community Paediatric Pathway Northern Care Alliance (Under 5s ASC) - Now commissioned at an ICB level					
January 2024 update	**Initial wait 39 Weeks Reduced from 79 weeks Jan 2023**	Position reflective of current capacity and demand across the Community Paediatric services. Wait times will continue to be challenged until additional investment is agreed by the NCA. Increased requests for ADOS assessments due to complexity. BCO directors have supported holding the risk until financial measures subside.	1) System approval of non-recurrent funding to facilitate school observations in the absence of specialist teacher. 2) Template review of sleep nurse clinics to identify efficiencies and opportunity to increase reach. 3) Paper going to NCA Directors to secure registrar locum to backfill sickness/ maternity leave.	1) Continuation of school aged autism pathway and report for panel. 2) Extended reach to support sleep. 3) Maintain current capacity to achieve 40 week wait plan by March 24	Quarterly review

Table 4 January 24.	Longest Wait- Booked	Longest Wait not Booked
Initial Assessment (RTT)	44 Weeks	39 Weeks
Follow up	3 Months	4 Months.
ADOS	8 Months	10 Months
Griffiths Assessment	4 Weeks	4 Weeks
Sleep practitioner	10 Weeks	12 Weeks
QB testing	8 Weeks	6 Weeks

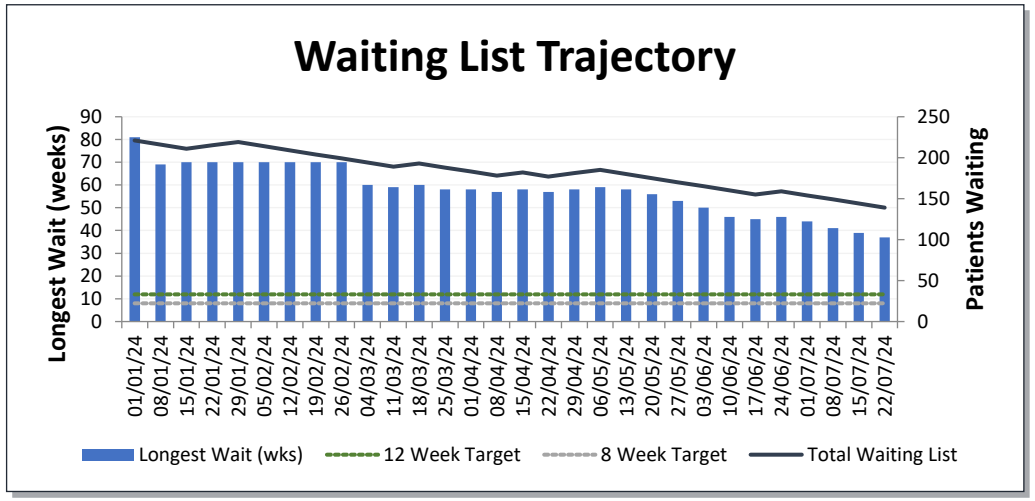
Waiting List Trajectory



Provider **Northern Care Alliance**	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and Target Review
Northern Care Alliance Speech Language and Communication Pathway - Now commissioned at an ICB level					
January 2024 update	P1- 8 weeks P2- 66 Weeks P3 – School – 83 Weeks Community – 70 Weeks	The number of Children waiting for assessment is decreasing due to initiatives where the caseload may reduce but not necessary reduce the amount of weeks waiting at present. 2 x Maternity Vacancies 2.0 WTE which is affecting the available new and follow up appointment capacity.	1. Final stage of schools launching from January 2024 ensuring that all schools within Bury will have an allocated Speech and Language Therapist. Children seen within the school setting will reduce the amount of follow up appointments required as children will be seen within the school setting termly which also ensures that EHCP statutory requirements are maintained. 2. Recruited Band 7 therapists within the service who manage the CDC caseload after a long period of vacancy. Able to co-ordinate appointments efficiently with the Paediatricians 3. Tactical capacity meeting with Clinical Operational Lead, Directorate Manager and SALT Lead to address and update action plan and initiatives implemented. 4.Recruited to outstanding Band 5 Post all permanent posts now filled within the service 5. Two staff on maternity leave cover out for fixed term posts 6. Stammer waiting list increased new appointments from 1-2 per week, stammer workshops then offered across the NCA monthly workshops 7. CAN DO' Approach identifying 20 children from waiting list who are non-verbal, significantly delayed, social communication and/or global developmental delay and are under 5's would be the ideal candidates for the pilot. Families need to be engaged to work on this online approach with support from Bury SALT services, if pilot successful will	1.Children who may need a referral for SLT situated within a school, the SENCO will liaise with therapist to ensure only those needing specialist input go on the WL so will reduce number of referrals / inappropriate referrals. 2. Permanent posts all filled within the service	Review quarterly

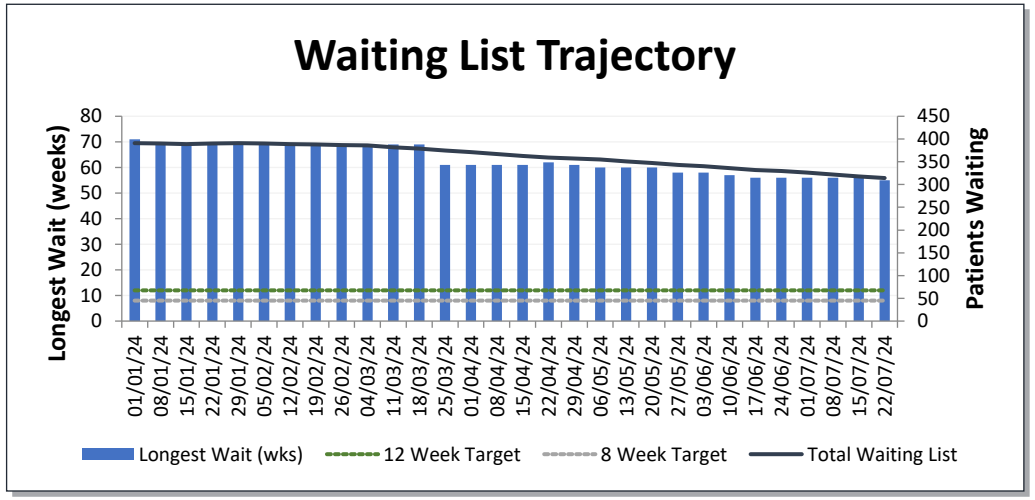
Speech Language and Communication Pathway January Trajectory

New appointments schools

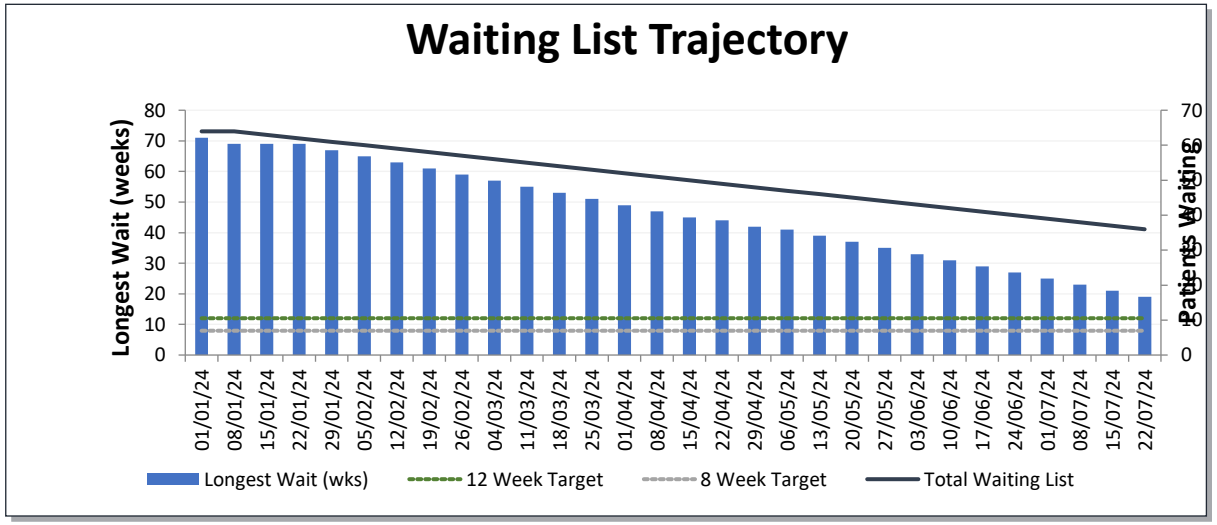


There are 3 pathways in SALT in line with the recent changes and the developments of the targeted offer

P1 and communication



CDC



Northern Care Alliance					review date Review date
Northern Care Alliance Occupational Therapy - Now commissioned at an ICB level					
January 2023 update	**P1- 2 Week** **P2- 6 Weeks** **P3- 22 Weeks** CYP was 50 Weeks wait in Jan 2023 **– now 22 weeks as of Jan 2024**	**1.Increased referrals from MDT and paediatricians. Long term sickness of Team Leader** **2. Long term sickness in the Autumn of Band 7 Team Leader** **3. Vacancy carried for over 1 year of 1.0 WTE Band 5 unable to recruit**	Continue to actively recruit **1. One member of team allocated to complete and triage MDT referrals and work directly with the CDC Centre** **2. Skill mixed the Band 5 Occupational Therapist to a Band 6 post in reduced hours to enable to attract recruitment** **3. Working alongside Early Year Colleagues to support in Handwriting to ensure children are school ready**	Continue recruit and review 1. Await recruitment of Band 6 post 2. No sickness	Quarterly review

Priority	Scale	Waiting
P1-	Complex/	2 weeks
P2	Urgent	6
P3	Routine	22 weeks

Provider **Northern Care Alliance**	Current wait times	Story behind the data	Mitigation / action	Outcome	Comments and review date
Northern Care Alliance Physiotherapy - Now commissioned at an ICB level					
January **update**	**P1- 4 Weeks** **P2 – 12 Weeks** **P3- 15 Weeks** **Reduced from 25 weeks January 2023 to 15 weeks January 2024**	The Service is experiencing an increase in priority 1 and priority 2 referrals into the service, which are categorised as urgent cases. These children will often require an initial assessment and then further reviews. Due to current capacity and demand factors Additional maternity leave x 3	Regular case reviews Utilised Band 6 Maternity monies for a two day a week MSK practitioner who has been able to deplete the P3 Waiting list due to expertise and the other physios complete P1 and P2 assessments due to end contract in March 2024 but hoping to extend to cover Maternity Leave until December 2024	Deficit in hours due to Maternity Leave as unable to fill hours	Quarterly review

Priority	scale	Waiting times
P1	Complex	4
P2	Urgent	12
P3	Routine	15

Moving Forward

19th January — Parents session in the **Mosses Centre**. mHm expansion in primary schools

27th February - Parents session in **Jewel Centre**. Cando Pilot planned to help children with selective mutism 40 families for the pilot - SEND Circles event

March **SEND Youth Service engagement session**

Coproduction sessions to develop Peer to Peer Post diagnostic support with Spectrum Gaming

24th April - Parents session BURY2GETHER CYP Early MH support Hub launch

1st May **SEND workforce** Network engagement session. mHm teens emotional wellbeing programme launch in high schools

June **First Point Family** Coffee session TBC

Meeting:			
Meeting Date	04 March 2024	**Action**	Receive
Item No.	7	**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	☒

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 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:

- Developing the priorities for the IDC for 24/25. Submitted priorities to be included within our portfolio of system change for 24/25 include:

    1. Neighbourhood model implemetation aligned to Public Sector Reform agenda. Focus on preventing, avoiding and delaying reliance on reactive / higher cost care through implementation of enhanced health at home and proactive personalised care. Implementation of Neighbourhood connecting primary careand other stakeholders and VCS with focus on prevention in relation to a population health improvement priority. Focus will be on frailty, CHD prevention or respiratory. Final priority to be confirmed
    2. LTC's: Respiratory pathway integration
    3. Elective Care: Implementation/Utilisation of Specialist Advice with a focus on pre-referral A&G for the following 6 specialties: Cardiology, Gynaecology, Dermatology, Respiratory, ENT and Diabetes.
    4. Elective Care : ENT pathway transformation - Enhanced Community Audiology Service
    5. Urgent care: Reducing attends and admissions through: Care homes support, virtual ward / rapid utilisation , the intermediate tier, falls service response, streamlining urgent care access (SPOA)&referrals into neighbourhoods
    6. Urgent Care: Reducing LOS in hospital, particuarly for DKAFH and stroke patients
    7. Primary Care: reducing duplication and workload across primary care and community pharmacists
    8. Mental Health: Community transformation including implementation of Living Well model
    9. Mental Health: Home Treatment core fidelity - implementation of 24/7 adult Home Treatment Team and Older People's Home Treatment Team
    10. Mental Health: Innapropriate Out of Area Placements
    11. Mental Health: ADHD/ASD - commission contract with provider to maintain shared care arrangements for 2024.25
    12. Mental Health: ADHD/ASD - commission service for patients previously referred to LANCuk who are waiting for an adult ADHD / ASD assessment
    13. Mental Health: CAMHS redesign - implementation of early help hub
    14. Primary Care: prescribing QIPP
    15. Complex Care
    16. Workforce strategy implementation
    17. Estates strategy implementation
    18. Childrens transformation - first 1001 days: Assuming £0 financial contribution due to business cases already approved with funding gaps identified
    19. Primary care strategy implementation: Assuming £0 financial contribution due to current contract negotiations
    20. Community services transformation: Assuming £0 financial contribution due to current contract negotations

21. Adult social care and LD transformation: Assuming £0 financial contribution as council savings plan already in place
22. Palliative & EoLC - improving early identification and proactice advance care planning and improving community based care coordination
23. Cancer: Early Diagnosis - achievement of NHS Long Term Plan 75% ambition; incorporating work on primary care pathways / PCN DES, timely presentation, Targeted Lung Health Checks, FIT in lower GI pathways; improvements in screening uptake
24. Cancer: Faster Diagnosis, Operational Performance & Treatment Variation – delivery of CWT standards (28 Day FDS, 31 Day DTT to Treatment, 62 Day GP referral to FDD); Implementation of Best Practice Timed Pathways; Sustain NSS pathways; identify and address treatment variation
25. Cancer: Personalised Care – delivery of personalised care for cancer patients and Patient Stratified Follow Up

- A benchmarking exercise of offers across the PCN's and neighbourhoods has been undertaken. Discussions have commenced to describe and align the neighbourhood development programme. Priorities for 24/25 include:
    1. Developing the relationships across the INT's , particularly connecting to practices. A specific QI programme supported by the NCA will be developed to support integration across the District Nurses, General Practice and Social work team
    2. Continuing referral volumes through the Active Case Management Process
    3. Delivery of neighbourood priorities: these will be aligned to opportunities for managing financial risk in the future. Key areas for us to focus include severe and enduring mental illness, frailty and people with multiple long term conditions
    4. Deepening integration with the PSR, population health and personalised care programmes of work. A pilot is currently being undertaken within the Horizon PCN to identify high intensity service users , and to provide targeted interventions.
    5. High quality service delivery across the INT's

- Preparing for the restructure of the former LCO team from April 2024 in the context of the current operating environment of the IDC. The reduction in resource will mean there is less capacity to support the work of the IDC across the Borough.

- We have also commenced a process in conjunction with the Associate Medical Director to align our 11 available clinical sessions to the above programmes of work in addition to clinical capacity also available from providers, the PCN's and GP neighbourhood leads.

- We have been giving a specific focus to the elective programme and how we 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 is progressing across the NCA footprint due to the construct of elective services through the 4LP

- Preparation for the VCSE and IDC workshop in April to consider opportunities for the development of greater partnership working to support our workforce challenges

- Supporting system wide discussions to enable a shared understanding and risk management approach of proposed changes to the Primary Care Locally Commissioned Services Contract

- Refining risk management processes as agreed at the IDC and Locality Boards to have a cleansed risk register in place for April 2024.

- Discussions with Stroke Association regarding national pilot coming to an end in March 2024.

- Discussions with Health Innovation Manchester to Digital pilots are robustly connected into the Borough programme, and opportunities for innovation are understood.

3. February IDC Programme highlights:

Urgent and Emergency Care: a Hospital At Home System wide workshop was held on 8 Feb; this was very well attended with lots of tests of change identified. Connections with NMGH have been made and actions will be taken forward by the new steering group which is being established.

Elective Care and Cancer: The GM Cancer Alliance Locality Visit to Bury is taking place on 6th March 2024 – a pre-meet has taken place with key partners from the Bury system to agree contributions to the presentation and attendance on the day.

The evaluation meeting for the Bury e-Derma Pathpoint Pilot took place in January 2024. A recommendation for the e-Derm pathway post pilot to be funded through the integration of the Bury pathway into the NCA Salford CDC model, as part of the Tele-dermatology offer, was supported by the ECCRRB at the February 2024 board meeting.

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 local authorities to be assessed will be contacted from w/c 11th December with all to be assessed over the next two years. First draft of the partnership agreement for integrated services almost completed .

Mental Health:
The focus of work over the past month has been on:

- Preparing for the SEND inspection [CQC / OFSTED].
- Finalising and submitting the STAR application for funding to recommission for the specialist provider for adult ADHD for existing patients on shared care.
- Progressing with recruitment to new PCFT posts to support the transformation of community services and implementation of Living Well.

- Taking proposals for the commissioning of the VCSE element of Living Well through Bury Council Governance.
- Confirming provider contracts for 2024.25.
- Ongoing *grip and control* work to support timely discharge from acute MH wards and reduce out of area placements [OAP].
- Completing the complex mental health mapping work in Bury facilitated by the national Centre for Mental Health – the report and recommendations will go to the Bury MH Programme Board in March.

The next period will focus on continued programme delivery and:
- Evaluation of delivery against MH programme plan 2023.24.
- Development of mental health programme plan for 2024.25.

LD & Autism: We have brought 46 people back from living outside the borough to live in Bury over the past 12 months. We now have 32 people with Learning Disabilities living outside the borough (second lowest number of people in GM).

Frailty: The Bury Frailty programme is supporting the Prestwich PCN and Neighbourhood Team with a 16-week project identifying patients with a Frailty Rockwood score of 3,4 and 5 that are at risk of falls, this will be done through Enhanced Case Finding at practice level. The programme will include 16 face-to-face sessions providing education and offers such as: functional MOT's, Strength and Balance exercises, Medication reviews, nutrition and hydration advice, Goal setting etc. The project went live the week commencing 12th February 2024 and will run until the end of April 2024. The aim of this work is to provide early intervention and prevention to those patients in Prestwich, who are at high risk of falls or a fall occurring. This intervention will equip patients with the skills and education required in the event of a fall, enabling them to feel more empowered and to support individuals improve their health

Neighbourhoods: All the Neighbourhoods have a plan for seeking to meet the Locally Commissioned Services (LCS) Framework indicators for 2023/24 in the remaining months of the year.

Work to determine Neighbourhood health and care priorities and plans and the associated Locally Commissioned Services Framework indicators is progressing with an emphasis on embedding a prevention approach to some of the Borough's key population health improvement priorities.

An audit of Active Case Management has been completed to better understand the cohorts of patients being referred and their needs and outcomes. This will inform the development of the Neighbourhood model in 2024/25.

Primary Care: The request from central GM to set aside £4/head investment from our discretionary budget to fund GM wide general practice indicators has put significant financial pressure on our Bury LCS for 25/26. Our starting point for our LCS contract value is less than other places (£4 per head of our budget is approaching 40% of our total quantum), limiting our ability to do things that are important to us as a locality e.g. secondary prevention / reducing elective demand. We have the third lowest funding value for LCS contracts across GM. Ours is £10.49 compared to HMR at £20.14 whilst GM average is £13.63/head. The contract itself has not been uplifted even to meet inflationary cost rises for a number of years. In addition, 'other' local investments into general practice total only £0.69/head in Bury compared to the GM average of £1.88/head – giving little scope to invest outside of the LCS.

There is a limit to the amount of work practices are able to do under the existing scheme. The existing LCS has many targets within it, some of which save time and money for other providers in our system. Some targets will now need to be removed to accommodate the GM targets. If the Bury system want to add further targets, to use the LCS as the sole funding source to support left shift, then more will have to give way. There needs to be some prioritisation locally re what is important to us as it is unrealistic to keep adding new targets without a shift of resource. This has meant that difficult conversations regarding its current content have been necessary with system partners. The financial scoping which central GM undertook across all LCS contracts in the ten localities identified several elements of our contract which are funded/delivered via different partners across GM and therefore should they remain in the Bury LCS need to be recompensed accordingly. Discussions are ongoing.

There is significant risk given that details of content and value are still being worked through and practices need to be engaged and elements of the contract negotiated prior to rollout on 1st April 2024

Community Health Services: A position statement has been produced to take stock of the Community Health Services (CHS) Review programme of work in Bury and to provide a high level overview of the changes that have occurred to the commissioning landscape across GM and in the localities since the local review commenced. The Position statement aims to provide some clarity on current and future contractual arrangements for CHS, provide an update on the GM infrastructure to support the implementation of NHS GM commissioning intentions for 2024/25, and highlight the systems challenging financial position and focus on financial sustainability that must be considered when determining the next steps for the CHS Review programme of work. A meeting has been arranged for 26th February to discuss the future programme plan.

Palliative and EoL Care: The new strategy for palliative & EoLC care in Bury has been finalised and is due to be signed off at the Palliative and EoLC Board in February.
Jill Stott, Director of Nursing for Bury Care Organisation will be replacing David Thorpe as SRO of the programme following senior leadership changes at BCO.

The next phase of work will be confirming the programme work plan for 2024.25. Lack of identified programme management support together with the limited potential for new investment are likely to be limiting factors in the scale and pace of the programme.

Workforce: Focus is currently on shifting the Workforce Strategy into implementation phase using a distributed approach to leadership. Engagement of partners remains challenging due to limitations on capacity. There is clearly a willingness and shared vision but finding ways to take that forward without adding to people's already stretching workloads remains a challenge. Currently working to identify some tangible priorities on each programme where some partners working together would add value.

4. Performance

The dashboard has been shared to demonstrate current performance against key ICS indicators. Systems are not yet in place to produce locality dashboards via GM, therefore local workarounds are in place.

Summary:

- In November 23, the total number of GP appointments decreased by 8.3% on the previous month but increased by 3.8% on November 22
- 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 January at 33%, this was previously 40% in December.
- Elective waits have slightly increased, with 31,790 patients currently waiting. Patients waiting over 78 weeks decreased by -24.0% in December compared to November, with 38 patients remaining.
- Cancer 28 Days performance has increased by 3.8% on performance in November, but 248 less referrals were received in December to November.
- IAPT patients seen within 6-week timeframe has increased in December 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.

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 support the proposed priorities outlined within this report and the spreadsheet and note the progress and risks outlined within this paper.

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February 2024

Meeting: Bury Locality Board			
Meeting Date	04 March 2024	**Action**	Consider
Item No.	8	**Confidential**	No
Title	People and Communities Participation Strategy		
Presented By	Alexia Mitton, Helen Tomlinson and Adam Webb		
Author	Various		
Clinical Lead	n/a		

Executive Summary

This paper sets out:

- the draft People and Communities Participation Strategy for discussion and feedback seeking an understanding of how it should be implemented in Bury and any wider context.
- Proposed actions to further strengthen joint delivery with the local VCSE and faith based organisations as equal partners aligned to the commitments of the GM Accord and GM Fair Funding Protocol.

The People and Communities Participation Strategy sets out a new vision and ways of working with local residents and communities. It focuses on building a long-term systematic model for participation in health and care.

It sets out why and how we will work with partners and individuals to understand what matters to them; find the solutions to the challenges that face us; and better enable them to participate in discussions and decisions about their own health and services.

A summary of the strategy and the full strategy can be found in the information below.

Recommendations

That the Locality Board discuss and comment on the strategy.

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.	☐

Links to Strategic Objectives	
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:						
The equality impact assessment on delivery of the strategy is in progression.						
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**
NHS GM Board Meeting	01/12/2022	Draft for comment before wider locality and stakeholder engagement
GM Locality Boards	01/03/2022	Ongoing
GMICP Board and NHS GM Board	22/03/2022	For final approval

People and Communities Participation Strategy

1. Introduction

1.1. This is an overview of:

- the People and Communities Participation Strategy that can be found in full in the appendix; and, proposed actions to further strengthen joint delivery with the local VCSE and faith based organisations as equal partners aligned to the commitments of the GM Accord and GM Fair Funding Protocol.

1.2. The strategy is currently draft and the Board is asked to consider the strategy, what it might mean in Bury locality and offer feedback.

2. Background

2.1. On 1st July 2023, a People and Communities Engagement Framework was approved by the Board. This was a process driven document that helped the organisation to achieve the requirements for day one with regards the engagement duties.

2.2. The updated People and Communities Participation Strategy sets out a new vision and ways of working with local residents and communities. We have chosen to use the term participation instead of engagement. This is because it's clearer and simpler and describes what we're trying to achieve – that we build relationships and trust with the people of GM to enable them to participate in discussions and decisions about their own health and services. It's an active term and one people understand, including partners who are critical in this. Engagement is more of an NHS term and, while we were developing this, caused some confusion with staff and stakeholder engagement.

2.3. The strategy has been developed with the support of key stakeholders, including representatives from localities, GMCA, Healthwatch, 10GM and GM=EqAl. These conversations will continue until the end of December 2023.

3. Key Messages

3.1 The People and Communities Participation Strategy focuses on building a long-term systematic model for participation in health and care.

3.2 It sets out why and how we will work with partners and individuals to understand what matters to them; find the solutions to the challenges that face us and better enable them to participate in discussions and decisions about their own health and services.

3.3 It aligns to the GM Integrated Care Partnership Strategy and will support the delivery of engagement, planning and governance at local and GM level.

3.4 The Strategy sets out how we will:

- **Deliver participation systematically and with purpose**, being clear about why we are talking to people, what the purpose is, what the right tools are for that piece of work and the outcome we collectively hope to achieve. Sometimes that will mean listening, sometimes gathering data, sometimes consulting, sometimes co-producing and sharing power, and sometimes a mix; all of these methods are valuable, all will build the trust needed to mobilise people around their own health and the required outcomes will determine the methodology mix.

- Target communities who experience the greatest health inequalities, using participation to support the reduction in health inequality wherever possible.

- **Make the most of the great relationships, infrastructure, assets and ongoing pieces of work which already exist in partners and communities** and continue to build on and develop them. We are not reinventing the wheel, we are refining and improving its performance with partners across GM so we augment rather than duplicate existing work and talk to people once where than can be done. It is essential that we work with partners in Bury including Healthwatch and VCSFE organisations to achieve this.

- **Use the right people and places to reach the right people and places** – accept that 'we' the NHS, will certainly not always be the right people nor will our assets be in the right places, that we recognise the depth of relationships already existing and that should work with all partners so each can play to its strengths, maximising the breadth and depth of reach of conversations.

- **Meet our statutory duty to involve**, whilst going beyond that to mobilise people to improve their own health.

- **Ensure strong governance and oversight**, taking a partnership approach to both.

3.5 The strategy aligns to the GM ICP Strategy and key system priorities, as well as to the participation approach of partners, including the GMCA's emerging focus on participation.

3.6 It sets out an 8-week cycle of planning and delivery, that creates constant and systematic participation. An example is included of how the approach will work in practice over a two-year period to mobilise people and communities to take charge of their own health, focusing on those who experience the greatest health inequalities. The topic of this two-year programme will be determined by the outcome of the Strategic Financial Framework and aligned to the GM ICP Strategy missions.

3.7 Delivery of the strategy will be locality focused, with the resources aligned to localities. This includes delivery of locality key priorities and GM-wide priorities within localities. As each locality has a different demographic profile, delivery within localities will need to reflect this, rather than a one-size-fits-all approach. The balance between GM-led and locality-led participation will vary to reflect the needs of the localities and central priorities at any given time. This includes looking at addressing local as well as regional inequalities.

3.8 A key part of this work is to reduce duplication by working across the partnership and to use the resources available to us via front-line teams like library staff, receptionists, community nurses, etc.

3.9 **In order to strengthen joint delivery with the local VCSE sector and meet local commitments to the GM Accord, two initial actions are proposed:**

1) a roundtable conversation bringing together leaders from VCSE commissioned providers and IDC system partners to begin discussions around developing a mutual understanding around the operating environments for all partners and identifying solutions to local challenges.

2) Committing to the formation of a pooled investment pot which recognises the role of the VCSE sector and empowers VCSE sector organisations to build on and create new solutions to support the lives of local residents.

4 Actions Required

4.1 The Bury Locality Board is required to:

- Consider and feedback on the draft strategy and proposed actions.

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February 2024

DRAFT
People and Communities Participation Strategy

Strengthening communities by building systematic participation in health and care

Greater Manchester Integrated Care Partnership

Version control

#	Date	Group engaged	Summary of amends made based on feedback
0.1	12.09.2023	Population Health	Strengthened importance of long term relationships. Strengthened reference to impact participation has on reducing demand, improving outcomes and making savings.
0.2	13.09.2023	NHS GM Engagement Team	Minor amends to language and strengthened references to ongoing conversations, and existing locality infrastructure.
0.3	15.09.2023	10GM Directors	Amendments to reference continuous participation and structural health inequalities; updates to the priorities slide to remove reference to “competing” priorities, update the diagram and how we will decide priorities. Further amends to the governance slide to show the relationship between different groups.
0.4	26.09.2023	Senior leadership	Changes to the formatting of the GM approach slides, and additional slides added for the GM approach, current priorities, and planning and governance.
0.41	29.09.2023	Engagement Team	Final draft for wider discussion
0.5	24.10.2023	Senior leaders, 10GM; Equality, Diversity & Inclusion Team; Healthwatch	Updated to reflect the need for mobilising communities, involving businesses and wider partners and on feedback from partners and teams. Reviewed for accessibility.

Contents

Greater Manchester Integrated Care Partnership

Introduction

It is vital that we enable participation with our communities. This participation must have purpose, to both improve services, but more importantly, to improve lives. We must use participation to mobilise our people and communities, making the most of the abundant assets we have in our localities across Greater Manchester's partner organisations, anchor institutions, voluntary, community and faith groups, employers and business, large and small.

This strategy sets out in broad terms why participation is important and how we intend to work with our partners and communities to solve the problems that face our health and care system. It is important that we combine efforts with partners in local authorities and trusts to avoid duplication and make the best use of our resources. This includes working with people who are already connected to our residents, for example, library staff, outreach workers, community nurses, etc.

Much of the work must be targeted at reducing the health inequalities that are embedded within our communities. It is important that we work with these front-facing colleagues, and also the VCSE sector to help us to directly reach the people who experience the greatest health inequalities, build trusted relationships with them, and create ongoing conversations that lead to change.

This strategy will be supported by specific plans that will detail how we will deliver bespoke participation activities that focus on mobilising people, communities and assets to tackle the biggest challenges facing our system.

What is participation?

Greater Manchester Integrated Care Partnership

“NOT JUST THE RIGHT THING TO DO, IT IS THE SMART THING TO DO”

(from City Leader Guide On Civic Engagement produced by Bloomberg Center for Cities at Harvard University)

Participating means including the voices, ideas and capacity of residents and communities in our work. It means finding out what matters to people and shaping our services according to that.

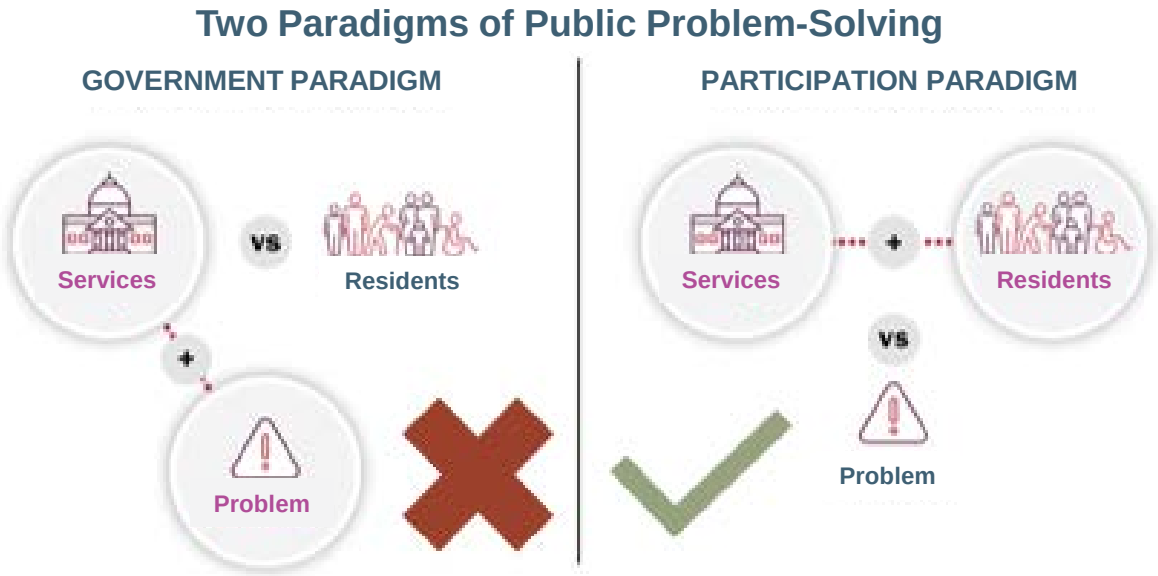
It provides opportunities for the health and care system to work with people and communities to realise solutions together – beyond what is required by law.

It creates a relationship with the public as collaborators engaging in ongoing conversations rather than obstacles to be approached when there is an issue.

Approaching this in a new and systematic way will give us the best chance of successfully delivering our priorities.

This strategy sets out how we will build on our existing strong foundations to create a systematic model for continuous participation - always with a purpose, involving partners, local Healthwatch, the VCSE sector and communities.

We want to work with residents to solve problems together, this is known as the participation paradigm:



What is participation?

There are many different recognised forms and degrees of participation.

The type of participation to be used will depend on the purpose of exercise and the outcomes that are being sought.

Participation with people and communities may be delivered by many different parts of the system, both across GM and in the localities.

All types of participation are legitimate and bring value to the system and are all valid methods of delivering this strategy. At different times, depending on the project, we may be listening, or gathering data, or consulting, or co-producing, or a combination of these elements.

Type	Description
Devolving	Placing decision-making in the hands of community and individuals. For example, Personal Health Budgets or community development approach.
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution. This includes co-production and co-design.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups, and service users participating in policy groups.
Consulting	Obtaining community and individual feedback on analysis, alternatives and/or decisions. For example, surveys, door knocking, citizens' panels and focus groups.

What does well designed participation look like?

In a systematic approach, we will promote participation which has **clarity in its purpose and its design**, with activities not commencing until there are complete answers to four critical questions:

Why are we asking people to participate?

- ✓ Establish the exact problem or opportunity, the purpose of participation, and the desired outcome

What is the topic and the scope?

- ✓ Set a clearly defined role for residents / partners

Who will be asked to participate?

- ✓ Identify all essential voices

How will participation be done?

- ✓ Choose appropriate, accessible methods for essential voices to contribute – these will be different according to each community need and the project's scope, time, budget and audience.

  They could range from rapid polling of insight to focus groups or assemblies, detailed programme co-design or participatory budgeting.

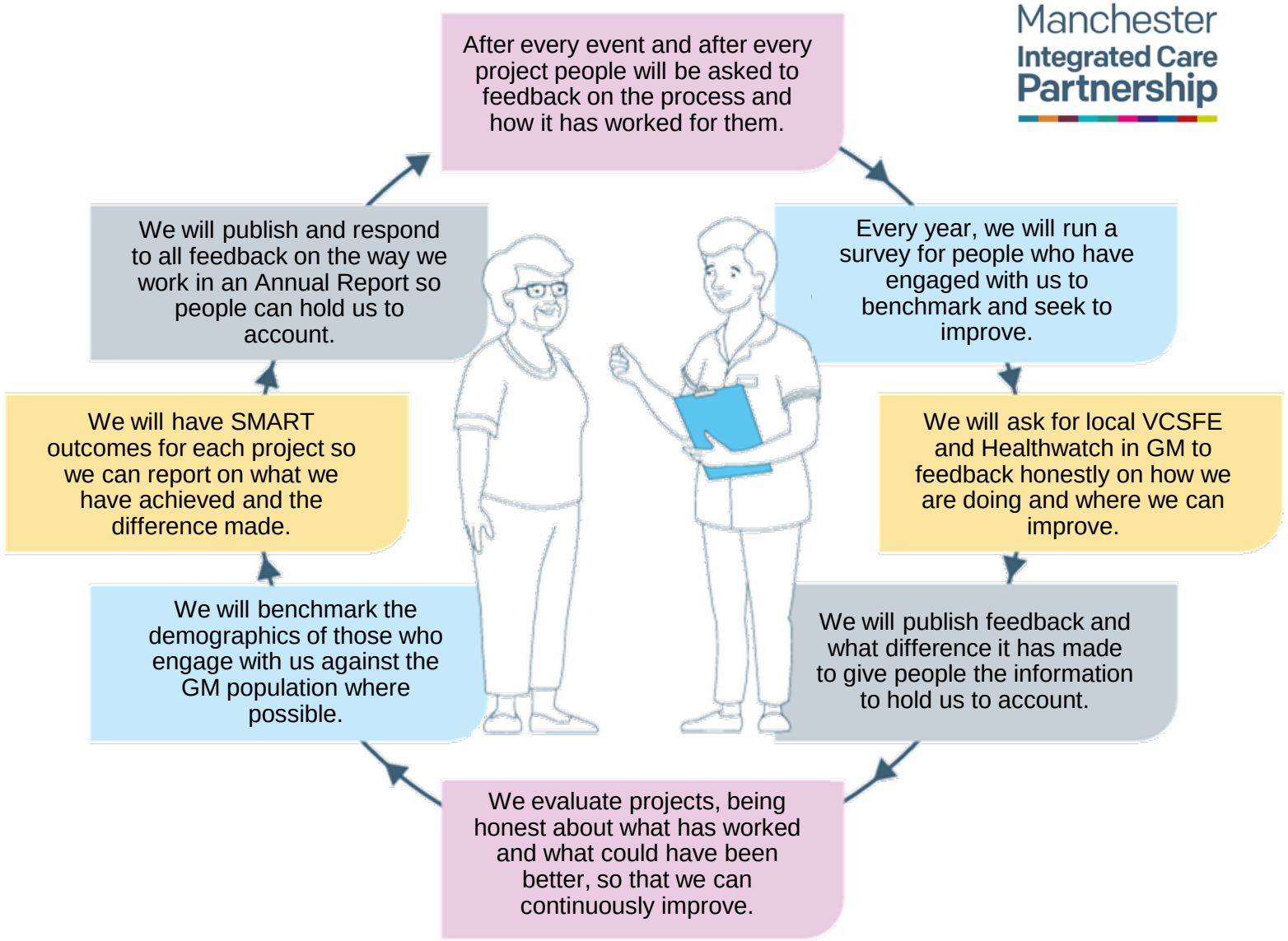
Evaluation

We will create a cycle of evaluation to measure both our delivery against the strategy and plans and the quality of the participation.

This will include asking our partners and the people who participate and work with us for their feedback and suggestions for improvement.

Every year we will publish an annual report on our website about what we have done, the difference it has made and how we can improve.

The Involvement Assurance Group also will provide feedback and assure the evaluation process and annual report.



Why is it important?

There is increasing **access to mis- and disinformation** – impacting on what people know and understand about public sector actions and intentions (Covid 19 and vaccinations).

Mistrust is growing – internationally and in Great Britain, over 4 in 10 people do not trust Government

(2021 data, from OECD Trust Survey)

Overall satisfaction with the NHS fell to the lowest level since being recorded in 1983 (*British Social Attitudes Survey 2022)*

Calls for **social and racial justice** – lack of involvement, fairness, transparency and accountability is increasing disparities, anxieties and disengagement in some communities

A majority (60%) of respondents feel they do not have a say in what happens in their local area (*GM Residents' Survey 2023*)

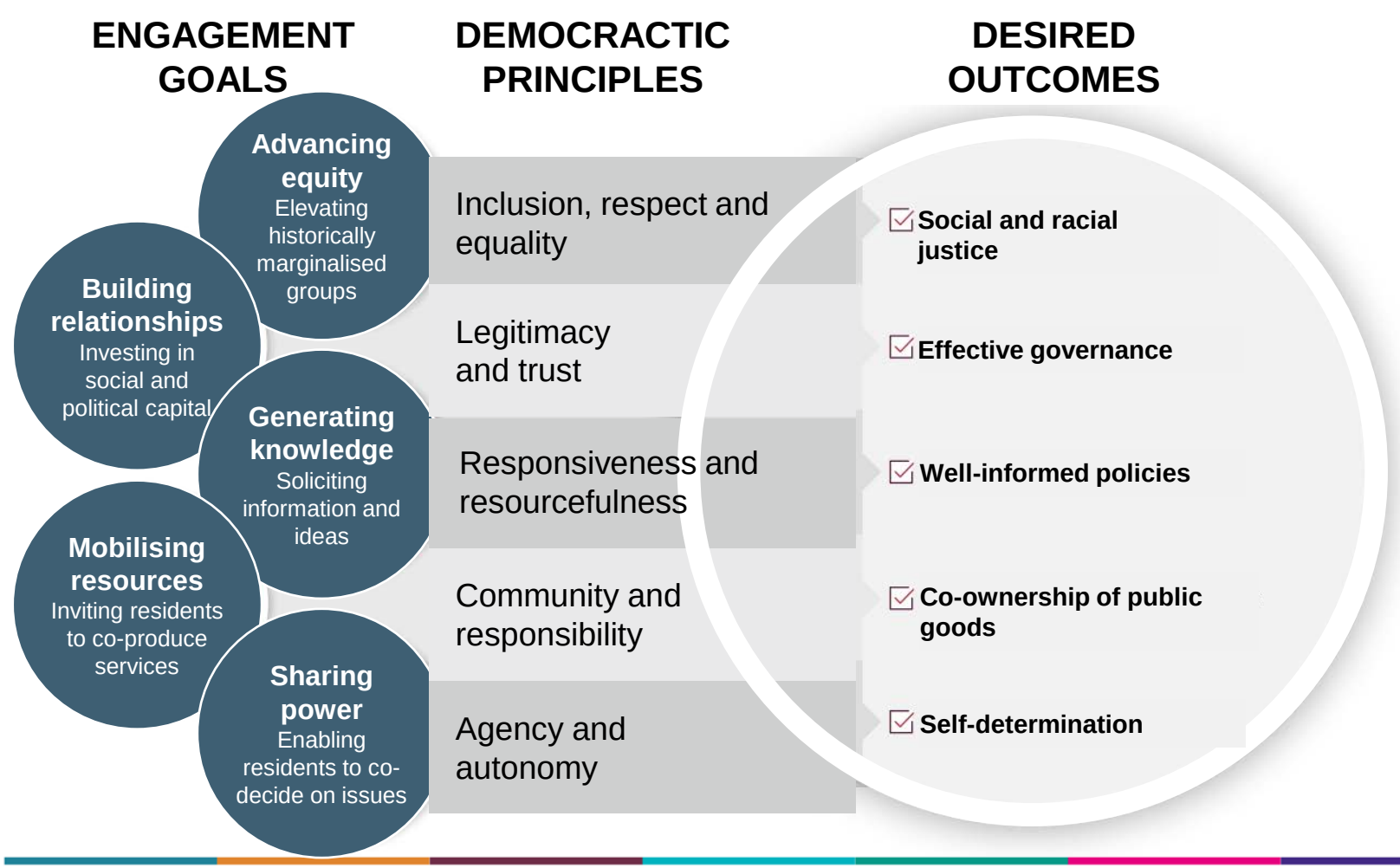
There are vital, long-standing and adaptive **challenges which cannot be solved by public sector services alone**, for example, systematic health inequalities. A significant step change in action by everyone is essential

Strengthening Communities. Only 76% of GM residents said they had people to call on if they wanted company compared to 93% nationally (GM residents' survey 2023)

Public sector services are needing to do more with less to tackle big issues and meet public demands. This includes:

- reducing demand on public services while addressing residents' inequalities, costs of living, wellbeing and the wider economic environment
- safeguarding resources by doing things effectively, in a way that meets public needs

Opportunities



BENEFITS FOR GREATER MANCHESTER

Historically marginalised groups are elevated and existing health inequalities addressed

Participation is rooted in Greater Manchester's health and care policy development, decision making and governance

People are empowered to create choices, as well as being offered choices to make

Participation is part of coordinated attempts to promote or support behaviour change, improve outcomes and strengthen communities

Participation approach is delivered at scale, and at all levels of the Greater Manchester health and care system

(adapted from City Leader Guide On Civic Engagement produced by Bloomberg Center for Cities at Harvard University)

The Greater Manchester Approach

Our strategic commitments

The GM Integrated Care Partnership Strategy sets out our ways of working with partners:

We will:

- ✓ Involve communities and share power
- ✓ Take action to understand and tackle inequalities
- ✓ Share risk and resources
- ✓ Spread, adopt and adapt
- ✓ Be open, invite challenge, take action
- ✓ Listen – people are names, not numbers

Find out more about the strategy on our website.

The Greater Manchester Approach

Our commitment to tackle health inequalities shapes all that we do

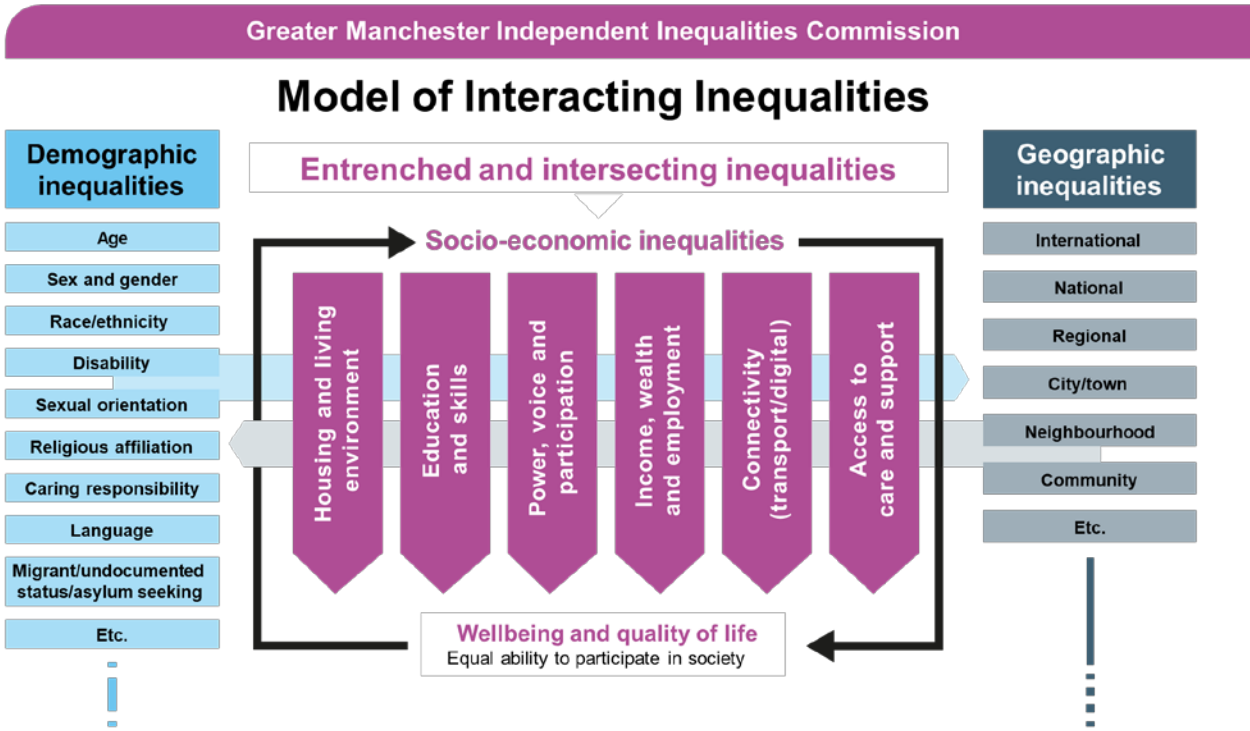
The Greater Manchester Independent Inequalities Commission and Marmot reports call for greater people power to create Good Lives for All. We are committed to supporting this and working with our communities and VCFSE sector to enable resident led problem-solving.

The GM Fairer Health for All is the health and care response to the Marmot and IIC reports and provides the framework for tackling health inequalities in the city-region.

Greater Manchester has some of the lowest life expectancy in England, with differences between the most and least deprived areas of nearly 10 years for men and nearly 8 for women. Further differences exist between communities according to protected characteristics. Some of these health inequalities are systematic and will be difficult to change.

Our GM Integrated Care Partnership Strategy and Joint Forward Plan sets out how we are embedding the people- and community-focused "GM Model for Health" to change this.

This participation strategy will take the same health inequalities focused approach and support delivery of the strategy and forward plan – in particular, the mission to "strengthen our communities".



The Greater Manchester Approach

Greater Manchester Integrated Care Partnership

Our principles

Throughout our participation work, we will adopt NHS England's 10 principles for working with people and communities to support integrated care systems.

The Greater Manchester Approach

In localities and at Greater Manchester level, we have many partners that are vital to delivering our participation strategy:

People
Connections are made by people and communities speaking to each other and sharing their knowledge, ideas and networks. People whose gift is to find and create those connections and build social capital are called connectors. We will take the time to find out about individuals and build relationships and trust with them, person by person.

VCSE
The pandemic has shown us that our VCSE sector have the networks and relationships to harness the greatest reach and to get to the widest and most diverse groups of people and their communities. The VCSE are ideally placed to support us to have ongoing meaningful conversations with the communities they work with and to help us build trust and direct relationships.

Institutions
We believe that all businesses operating in Greater Manchester have a part to play in supporting the partnership to achieve our missions. Although some institutions may not have an explicit remit in promoting health and wellbeing, they should be vested in keeping their workforce, customers and stakeholders happy and healthy – and will be looking at ways that they can fulfil their corporate social responsibility duties. We will make the best use of these assets for our engagement work.

Physical environment
These are assets which naturally attract people to visit. They may include places of faith / workshop, parks, open land, buildings, public realm space, shopping centres, marketplaces and streets. We will make best use of these assets when undertaking engagement activities and base ourselves in these places to undertake opportunistic conversations with members of the public who happen to be there.

The Greater Manchester Approach

Greater Manchester Integrated Care Partnership

We have many tools and resources already to achieve a systematic approach

IN LOCALITIES…

WE HAVE:

- ✓ We have strong partnerships that provide a solid base for building effective participation
- ✓ We have some effective groups with committed residents and patients
- ✓ We have strong local connections within the partnerships to providers, businesses, local healthwatch and VCSE sector – these will help us build/expand local engagement groups
- ✓ We have a great history of delivering participation and mobilising communities

WE WILL CREATE:

- ✓ We have undertaken a mapping exercise of the localities to identify both good practice we can roll out and areas that need more focus to bring all the localities up to the same high standard (see some examples below).
- ✓ We will further strengthen joint delivery with the local VCSE and faith-based organisations and have undertaken system mapping with our partners to identify opportunities and challenges.
- ✓ We will have **Local Participation Groups** that will focus on systematic, continuous participation within localities. These may be new or existing groups. They will feed into the System Participation Group.

EXAMPLES FROM LOCALITIES:

Salford has longstanding relationships with their voluntary and community sector	Manchester have a very strong Patient Involvement Group	Bolton work closely with their faith sector.	Wigan has a well-established Equality Reference Group that supports their work.	Trafford have an active engagement professionals' group with partners.

The Greater Manchester Approach

Greater Manchester Integrated Care Partnership

We have many tools and resources already to achieve a systematic approach

ACROSS GREATER MANCHESTER…

WE HAVE:

- ✓ A GM ICP strategy that clearly sets out our missions
- ✓ A VCSE Accord where we commit to working with them as equal partners
- ✓ 10 strong local Healthwatch and have funded a Network Chief Co-ordinating Officer for Healthwatch Greater Manchester
- ✓ Work ongoing to link more closely with our local businesses, employers, universities and anchor institutions through the Good Employment Charter
- ✓ Many regular surveys and insight work already in place, e.g. GM resident survey, Bee Well survey
- ✓ The Fairer Health for All Academy is working to upskill professionals across GM in tools to tackle inequality and teams focusing on Person and Community Centred Care and Fairer Health For All

WE WILL CREATE:

- ✓ We know that we need more behavioural and population health insight to help drive this work forward further and mobilise communities and we will invest in gathering insight through a variety of methods from all parts of our communities.
- ✓ We will have a GM wide **System Participation Group** which will link to Local Participation Groups and will focus on planning delivery across GM. It will make sure that participation is continuous and embedded in everything.
- ✓ We will strengthen relationships with the VCSE and Healthwatch in GM, working in closer partnership with them.

The Greater Manchester Approach

Greater Manchester Integrated Care Partnership

Working systematically and strategically with our VCSE sector

The Voluntary, Community and Social Enterprise (VCSE) sector is a rich tapestry of community and faith groups, clubs, associations and local charities. They are the fabric of communities and the places where people come together to do things that matter to them.

These groups are typically run by and for local people and are often relied on and trusted in ways that big public sector organisations aren't.

They can engage with people who may not want to engage directly with public sector organisations – including people who experience systemic health inequalities. We intend to work in partnership with the VCSE sector in localities and across GM to open up greater participation for marginalised and disenfranchised communities. This will help us to build relationships and trust.

Such sustained commitment will mean more systematic funding and long-term planning than have happened before.

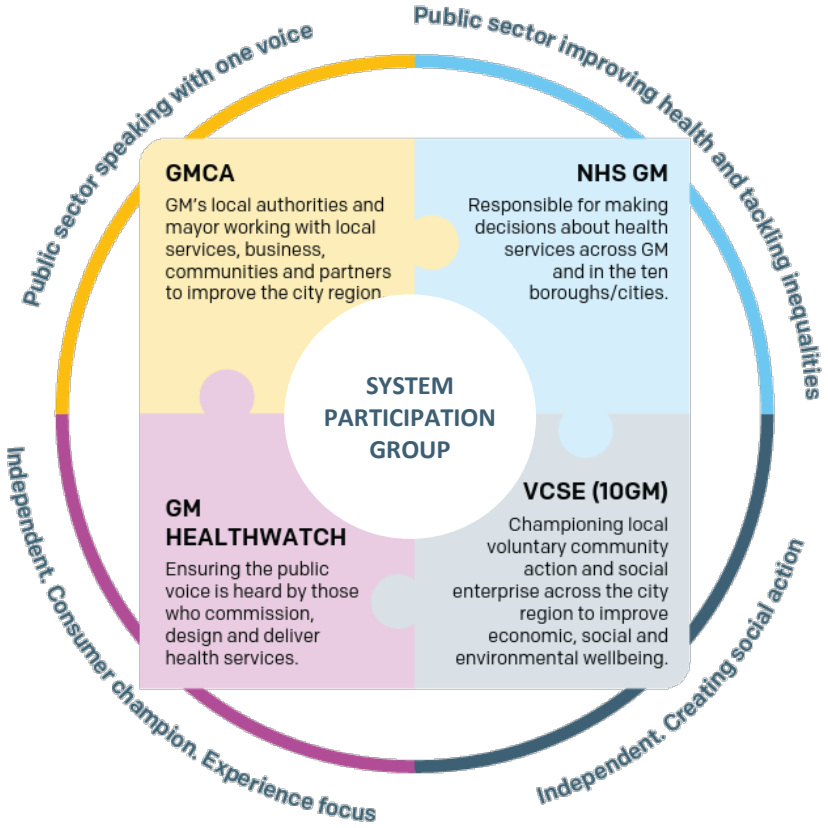
Working with the VCSE sector across GM and in localities will mean that we can:

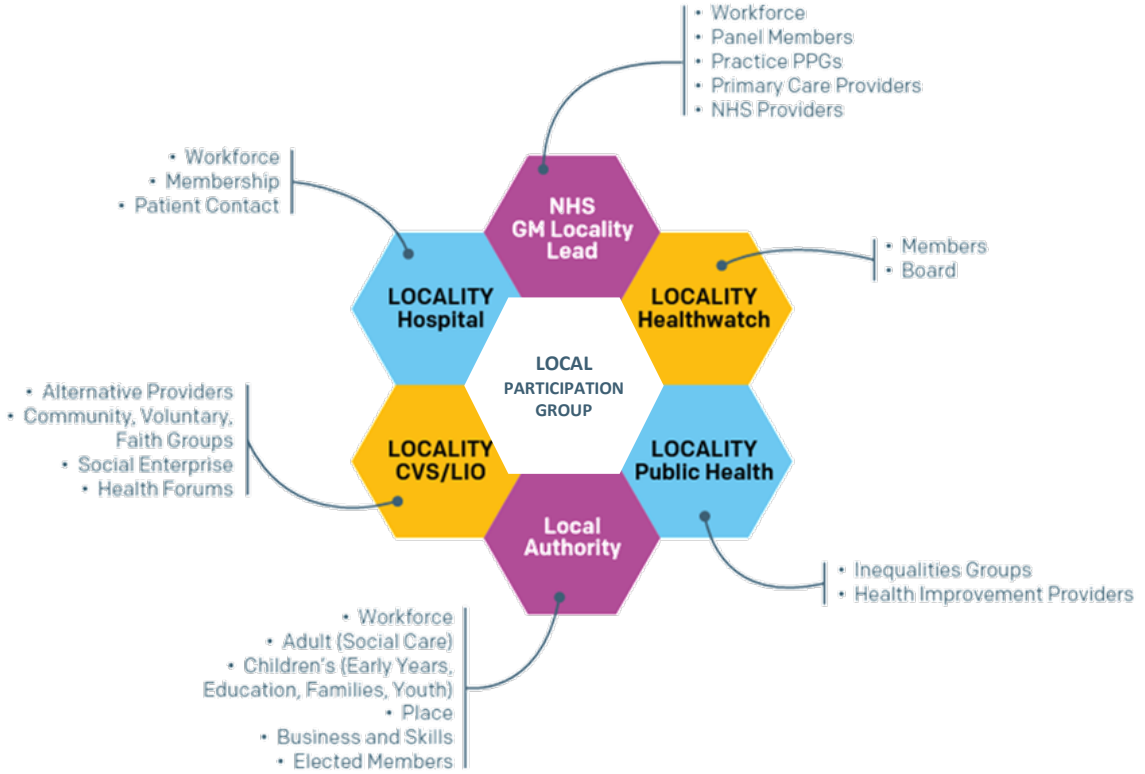
- ✓ Tackle health inequalities by harnessing lived experience
- ✓ Build trusted relationships with communities
- ✓ Invest in our communities and VCSE-sector
- ✓ Plan together, over the longer-term
- ✓ Work in partnership

Planning & Governance

Greater Manchester Integrated Care Partnership

The System Participation Group will agree the priorities for Greater Manchester. It will also be responsible for assuring the delivery of this strategy. The 10 Local Participation Groups will be responsible for delivering locality work and GM priorities in the locality.



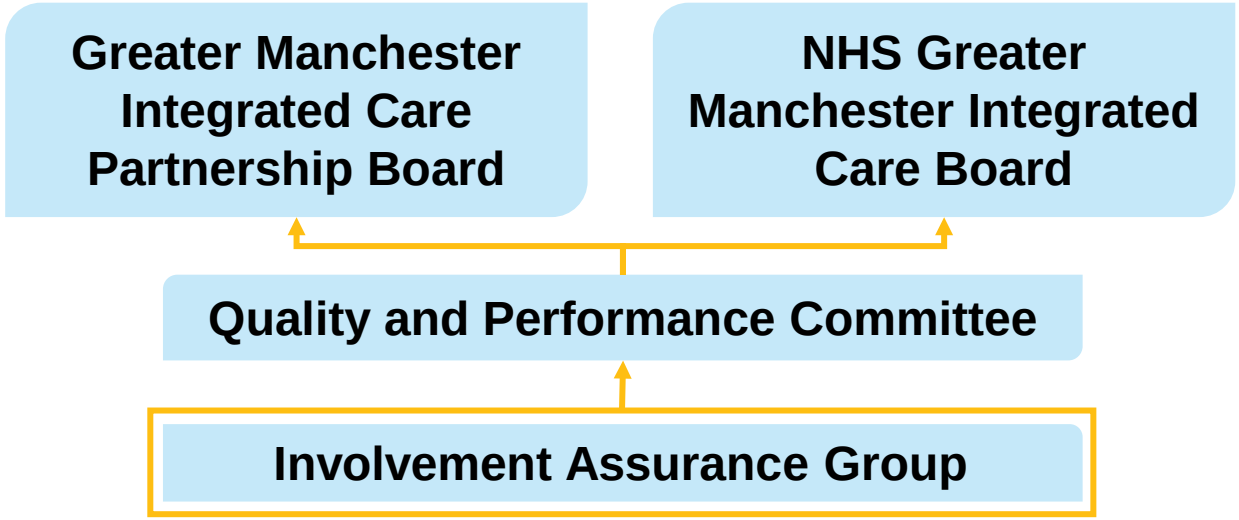


Assurance

NHS Greater Manchester's **Involvement Assurance Group** (IAG) will provide assurance to the Board for the delivery of the statutory duties.

It will provide oversight of all participation and involvement work, with a focus on delivering the statutory duties.

The IAG is a sub-group of NHS GM's Quality and Performance committee, which receives patient complaints and experience information, giving a place to triangulate this insight and feedback.



Chaired by a VCSE representative from the NHS GM Board. Membership includes Healthwatch, VCSE, Local Authority and NHS GM Engagement and Equality, Diversity and Inclusion teams.

Projects will be invited to attend for support, advice and oversight. The System Participation Group will send regular reports.

Current priorities

Greater Manchester Integrated Care Partnership

There are four main participation priorities to deliver:

Mobilising people and communities to take charge of their health

- ✓ Developing a long-term GM-wide project to mobilise resources, people, communities and wider assets around a specific health-related goal and seeking to use insight to create change and influence behaviours to encourage people to take charge of their health. This work, delivered through a cycle of ongoing participation over several years, will focus on an opportunity identified through the Strategic Financial Framework. This will enable us to identify a cohort, which can be refined based on people who experience health inequalities.

Fulfilling statutory duties:

- ✓ Working with commissioners on service redesign, for example, Trafford's long-term urgent care conversation with residents
- ✓ Advising and supporting providers with delivering service transformation programmes, for example the ongoing disaggregation of services between Manchester University Hospitals NHS FT and Pennine Acute Hospitals NHS Trust.
- ✓ Supporting primary care colleagues to make changes, for example, GP Practice mergers in Wigan Borough and list dispersal in Trafford.

Delivering insight:

- ✓ Working to improve roll out of public health programmes, for example, GM-wide community engagement with the winter vaccine target groups to encourage uptake and understand vaccine hesitancy, and the ongoing behavioural research targeting health inequalities to understand perceptions and behaviours of at risk groups around cancer screening (bowel, bladder and cervical) and immunisations (flu, Covid and childhood) to improve uptake.

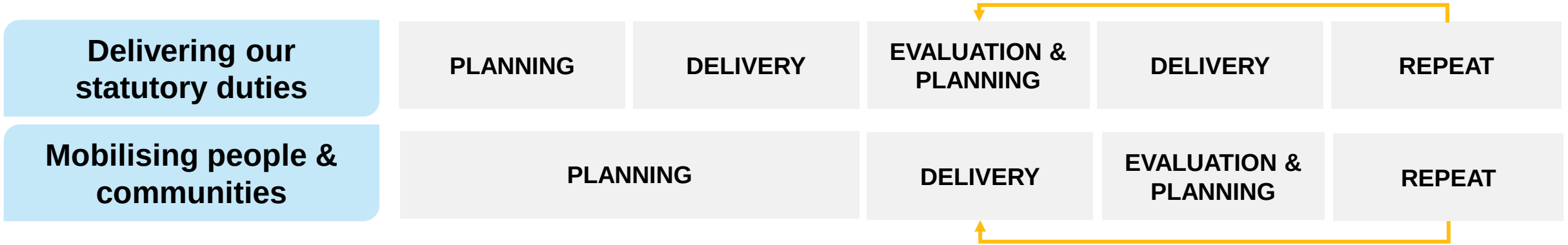
Responding to feedback:

- ✓ Responding to feedback on patient experience, for example, Wigan's SEND 12-month engagement project with partners
- ✓ Responding to VCSE feedback, for example, Salford's work with the deaf community following concerns about barriers to access.

Delivering the priorities

Delivery against the main two priorities requires systematic planning and a long-term approach, whilst maintaining the flexibility to be reactive when required.

Alternating 8-week cycles for planning and delivery, will mean a constant programme of participation:



The programme for statutory duties will focus on sustainable, affordable and accessible services, and engagement for key strategies, for example, the Primary Care Blueprint. These cycles will be flexible when necessary to allow for emerging priorities, including from localities, whilst maintaining the 8-week planning and delivery cycle.

The programme for Mobilising people and communities will be a long-term 2-year plan to support the organisational priorities coming out of the strategic financial insight work. There are more details about how this will be delivered on the following pages.

Mobilising people and communities

Greater Manchester Integrated Care Partnership

The plan for delivering this priority will run over two years: 2024-2026.

It will be designed to **respond to the challenges identified** in the Strategic Financial Framework, focusing on a specific element to use a participatory approach to mobilise people and communities to create change in communities who experience health inequalities.

It will be delivered through a series of 8-week cycles of planning and delivery taking the learning from each phase to develop and inform the next. This will lead to **insight driven targeting, messaging and support that enables people to take charge of their health** and stay well.

We will take an **asset-based approach**, maximising the use of existing community opportunities and promoting them to support growth in the community. We will also make the most of existing work with NHS GM teams, partners, businesses, anchor institutions and VCSE organisations.

An example of how this might work is given on the following page, looking at targeting people at risk of developing **multiple long-term conditions**.

Mobilising people and communities - Example

Greater Manchester Integrated Care Partnership

Focus: people at risk of developing multiple long-term conditions (LTC)
Outcome: support the reduction of people developing multiple long-term conditions

YEAR 1

Present - Feb 2024

Insight driven planning, considering the most appropriate target audiences for first phases and how to target them. The most appropriate methodologies will be developed, maximising community assets.

Planning cycle 1

Delivery cycle 1

March – April 2024

Target audience: general population with 2 LTCs.
Outcome: understand what people felt led to their LTCs, how it makes them feel, and if they would change any decisions.

Feed in the insight and learning…

Delivery cycle 2

July - Aug 2024

Target audience: specific communities with 2 LTCs, based on deprivation, ethnicity / culture, etc.
Outcome: understand the difference to the general population and highlight any system bias and barriers

…to refine and improve.

Delivery cycle 3

Oct – Nov 2024

Target audience: people with 1 LTC that are at risk of developing 2 in the groups who are open to influence.
Outcome: use the learning so far to understand and influence behaviours in target groups and wider.

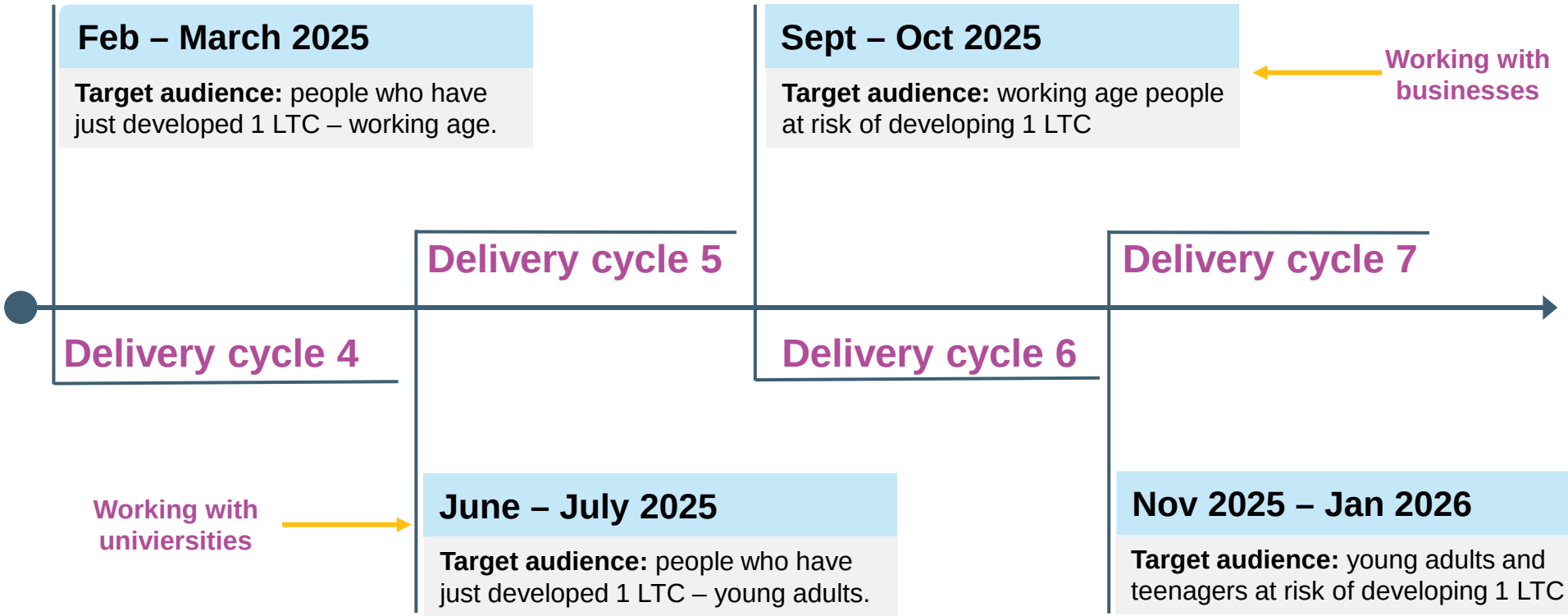
NB. Programme liable to change based on learnings and insight throughout the phases. Delivery of other priorities will be ongoing throughout.

Mobilising people and communities - Example

Greater Manchester Integrated Care Partnership

Focus: **people at risk of developing multiple long-term conditions (LTC)**
Outcome: **support the reduction of people developing multiple long-term conditions**

YEAR 2



Throughout, we will:

- ✓ Identify and upskill community champions.
- ✓ Deliver information on support available and how to live well with LTCs and health advice, e.g. diet, alcohol, exercise, etc.
- ✓ Use methods that offer support to the people who participate, e.g. support groups, cooking sessions, health checks, etc.

NB. Programme liable to change based on learnings and insight throughout the phases. Delivery of other priorities will be ongoing throughout.

Meeting: Bury Locality Board			
Meeting Date	04 March 2024	**Action**	Consider
Item No.	9	**Confidential**	Yes
Title	Bury Serious Violence Duty – Draft Delivery Plan 2024/2025		
Presented By	Will Blandamer, Executive Director, Health and Care, Bury Council and Deputy Place Lead – NHS GM (Bury)		
Author	Chris Woodhouse, Strategic Partnerships Manager, Bury Council		
Clinical Lead	_____		

Executive Summary

The Serious Violence Duty requires statutory local services to work together to share information and target interventions to prevent and reduce serious violence.

The Duty requires local areas to develop a Joint Strategic Needs Assessment and subsequent delivery plan to set out how specified authorities, including hocal health partnerships, will work with local communities on tackling serious violence locally.

Bury Community Safety Partnership has been actively involved with regional colleagues to share a regional Strategic Needs Assessment and the 'Greater than Violence' Greater Manchester Serious Violence strategy, from which work has taken place to develop a localised version of the needs assement and a draft delivery plan for 2024/2025 which is presented with this report.

The health ecosystem is recognised as a key partner in the identification, prevention and targeted response to serous violence, and colleagues are asked to to ensure system awareness of, and leadership on, activities to prevent violence and mitigate impacts where and when it occurs.

Recommendations

Bury Locality Board are requested to:

- Review the draft delivery plan in context of the Bury Serious Violence Strategic Needs Assessment
- Confirm leadership commitment to addressing the priorities set out in the Plan
- To outline further prevention and early intervention activities from a health and care system perspective to contribute to the desired outcomes
- To increase participation and membership through the Bury Serious Violence Steering Group

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.	☒

Links to Strategic Objectives	
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:						
Inclusion has been considered at the heart of this strategy, with a specific priority included recognising the disproportionate impact and experience of serious violence identified with the Bury Serious Violence Joint Needs Assessment.						
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 Community Safety Partnership	26/01/2024	Discussion on draft Delivery Plan and recommendation to table draft Plan to Locality Board
Bury Community Safety Partnership	22/03/2024	Sign off of Bury Serious Violence Delivery Plan 2024/25

Bury Serious Violence Duty – Draft Delivery Plan 2024/2025

1. Introduction

1.1. Violence is not ineviable. Violence it preventable. Together we can stop violence. This is the mantra of the Greater Manchester Serious Violence Duty Needs Assessment and Strategy; one which is echoed through Bury's approach.

1.2. Bury Community Safety Partnership have led the development of a Strategic Needs Assessment and subsequenty Delivery Plan to address serious violence in the Borough, as statutory requirements for delivery throught the Serious Violence Duty.

1.3. This report sets out the background to this work and the next steps in delivery against the Duty, including for the health and care system locally.

2. Background

2.1. Following public consulstion in July 2019, the Government brought forward legislation introducing a new Serious Violence Duty, ensuring relevant services worth together, where possible through existing partnership structures, to collaborate and plan to prevent and reduce serious violence within their local communities

2.2. The Police, Crime, Sentencing and Courts Act 2022 introduced the statutory guidance and duties in relation to Serious Violence upon specified authorities, namly police services, fire and rescue authorities, Integrated Care Boards, Local Health Boards, local authorities, youth offending teams and probation services. Alongside specified authorities, the Duty identifies 'relevant authorities' which are also recognised as having an essential contribution, these including youth custody, education and the wider voluntary and community sector.

2.3. The Duty places a requirement on each area to produce a Strategic Needs Assessment and Delivery Plan, which is to be refreshed annually. When referring to serious violence, Bury Community Safety Partnership have agreed to adopt the World Health Organization definition, that being, *"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.".* To note, domestic and sexual abuse is within the scope of the Duty, but terrorism is not.

3. Update to Locality Board

3.1 To meet the requirements of the Duty, the Bury Community Safety Partnership, which has overall place oversight for the Duty, repurposed their Tackling Crime and Anti Social Behaviour subgroup to become a Serious Violence Steering Group. Health and Care system representation at the Community Safety Partnership includes Will Blandamer as Deputy Place Lead; Jon Hobday as Director of Public Health; and Janine Campbell/ Vanessa Woodall as Designated Safeguarding Leads.

3.2 A Bury Serious Violence Duty Joint Strategic Needs Assessment was produced, building on regional activity, and adopted a Population Health approach, with data drawn from local neighbourhood profiles; GMP and community safety data; hospital admissions data; in addition to qualitative insight from engagement including Circles of Safety sessions with young people; Police and Communities Together (PACT) meetings; and street level engagement;

3.3 A life course approach was taken to consider the different risk factors and experiences of being either a

victim or serious crime, perperator or both.

3.4 Headlines from the Bury Strategic Needs Assessment include:

- Violence with injury is the top cause of Serious Violence in the Borough, and has slightly decrease from the previous year. 45% of victims of violence with injury are aged 25 or under.
- Violence with injury domestic abuse rates are the second lowest in Greater Manchester, though a higher than national number of repeat victims aged 18-25.
- Increase in possession of weapon crimes, majority of which relate to possession of a blade article
- Bury as a Borough has one of the loest rates of knife crimes across the region but hotspot within Bury East. 31% of victims are aged under 18; 36% of offenders are under 18.
- Bury has the loest average personal robbery count across the region. 75% of all offenders are aged under 25
- 100 recorded modern slavery crimes recorded since 2017.

3.5 In developing an associated delivery plan against this, regular engagement with community safety colleagues across the region supported the delivery of the Greater Manchester *Greater Than Violence* Strategy. Given synergy between priority findings and to ensure coherence with regional work (including to support opportunities for collaborative working and to position Bury in the best place to take advantage of any future regional funding opportunities), Bury's delivery plan is built around the five core pillars of Greater than Violence – with the deliverables tailored to our local neighbourhoods (and hyper-local communities of place, identity and experience)

3.6 A draft Delivery Plan has been produced based on the Bury Strategic Needs Assessment; local qualitative and quantitative insight; existing and planned community safety and partner activity, including local deliverables against the Greater than Violence strategy. The Delivery Plan includes specific actions, a named lead from across the Team Bury system, target timescale and work is taking place with action leads to determine specific measurables in order to track progress.

3.7 Actions are drawn from across specified and respective authorities. At the January 2024 Community Safety Partnership meeting it was agreed to table this report to this meeting in order to review the Delivery priorities through a health and care lens to.

4 Associated Risks

4.1 The Serious Violence Duty specifies local heath boards as specified authorities to which the Duty applies and as such there is a statutory requirement to ensure compliance with the Duty. This includes ensuring contributing fully to the sharing of insight, providing system leadership and contributing to targeted action.

4.2 The Delivery Plan and Needs Assessment provides an opportunity to mitigate risks in relation to the threats of violence, which could include within health and care settings, or with health and care staff being victims of such violence.

5 Recommendations

5.1 Bury Locality Board are requested to consider this report and attached draft Bury Serious Violence Duty Delivery Plan, under the Serious Violence Duty set out in this report, to provide feedback on and provide commitment to the delivery as per the actions in section 6.

6 Actions Required

6.1 The Bury Locality Board is required to:

- Outline opportunities to raise system awaewaness of the Duty and local deliverables
- Confirm system leads where required for existing deliverables within the Plan
- Determine measurables where health and care system colleagues identified as action leads within the plan.
- Identify further system leads to be actively involved through the Bury Serious Violence Steering Group
- Identify wider system leads with which to engage with in order to maximise connections into prevention and targeted early intervention activity
- Determine additional activities to be included in the plan, particular from a health and care perspective, including to reduce hospital related admissions/re-admissions due to serious violence.

Will Blandamer
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Chris Woodhouse
Strategic Partnershis Manager, Bury Council
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February 2024

DRAFT - BURY SERIOUS VIOLENCE DUTY- DELIVERY PLAN 2024/2025

The Serious Violence Duty places a requirement on specified authorities to work more cohesively and collaboratively, and to take public health approach, to addressing the causes, drivers and impacts of serious violence.

By serious violence, Bury's Community Safety Partnership, is referring to the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. This is not limited to violence against a person. It includes criminal exploitation linked to modern slavery, domestic and sexual abuse but does not include terrorism which is outside the scope of the Duty.

Bury's LET'S principles are at the heart of our approach to tackling Serious Violence. In building our delivery plan to address serious violence in the Borough we will ensure that our approach is distinctly local – driven by the latest performance and intelligence picture of the area. We will ensure that it is enterprising – allowing each citizen to thrive in their livelihoods by taking a life-course approach to prevention and early intervention. We will ensure that violence reduction is done together with the citizens of Bury, ensuring that our work is done 'with' – not 'to' the communities. Finally, we will ensure that our strategy builds on Bury's existing strengths – such as our strong partnership-working across sectors – so that that we tackle the root causes of violence from every angle through directing our efforts on existing assets and services with a proven track record to bring about positive change.

A Joint Strategic Needs Assessment has been produced through the Bury Community Safety Partnership which details the current picture of serious violence in the Borough. Headlines of this are show on page 2 of this Delivery Plan

This Delivery Plan will be overseen strategically through the Bury Community Safety Partnership, with tactical oversight through the Tackling Crime and Anti Social Behaviour subgroup, which acts as Bury's Serious Violence Duty Steering Group [chaired by Superintendent for Partnerships, Greater Manchester Police, Bury]

From this a delivery plan with 5 identified priorities, aligned to the Greater Manchester *Greater than Violence Strategy*, has been developed and by working together Bury Community Safety Partnership wider partners and local communities seek to:

Reduce	Increase
• Hospital presentations and admissions for assaults, especially among victims aged under 25 • Knife enabled serious violence • Non-domestic homicides • Robberies • The severity and frequency of serious violence incidents • Fear of knife crime and violence across all our communities • Inequality of experience and likelihood of being a victim/offender	• Feelings of safety across the Borough • Aspirations and hope of young people • Decision making power of communities • Partnership identification, prevention and intervention to address serious violence

This Delivery Plan will be overseen strategically through the Bury Community Safety Partnership, with tactical oversight through the Tackling Crime and Anti Social Behaviour subgroup, which acts as Bury's Serious Violence Duty Steering Group [chaired by Superintendent for Partnerships, Greater Manchester Police, Bury]

Headlines from Bury Serious Violence Duty Strategic Needs Assessment, November 2023

Crime type	*Bury-specific intelligence*	*Victims*	*Perpetrators*
Violence with injury	Remains the top cause of SVC in the Borough, though with slight decrease from previous years. Sees seasonal increases from May-July, October-December	45% of victims are under the age of 25.	2/3 of repeat offenders are male.
Violence with injury (domestic abuse)	Occurs in similar locations as other violence with injury crimes. Second lowest rates in Greater Manchester (although GM higher rates than UK averages).	Bury has a higher than national average of repeat victims in the 18-25 category.	26 addresses accounted for 324 callouts.
Sexual offences	Bury's sexual assault rates are above national averages	N/A	N/A
Possession of weapon	Increase in Bury seen year-on-year, but this increase has slowed down since 2019. 2022 saw an increase of 9.6% compared to the previous years. Majority of crimes related to possession of a bladed article.	68% victims male, 20% under 18, and 63% under 45	Unusual increases in Besses in recent years could be due to the M45 urban street group.
Knife Crime	Bury is one of the lowest areas for knife crimes across GM but Bury East has ranked top in the past couple of years. 20% of Bury's knife crime takes place in the N1G1 beat. Robbery and violence with injury are the highest causes of knife offences.	31% of victims under 18.	36% of offenders under 18. Black ethnicity is over-represented in offenders.
Personal Robbery	Bury has the lowest average monthly count across GM, but there are occasional series of incidents, especially during Heaton Park events an in the N1G1 wars and N2L1 ward. Other hotspots include Metrolink Stations.	Most crimes are opportunistic – repeat victims are rare.	75% of all offenders are under 25 and 50% under 18. Black offenders are disproportionate – 9x higher than Bury's demographics. This requires further research.
Modern Slavery	100 recorded crimes since 2017 with year-on-year increases. 65% of cases are around drug-dealing, 15% around exploitation for cannabis farms, and 10% around sexual exploitation.	76% of victims under the age of 17. Black/Asian groups disproportionate.	No repeat offenders.
Firearms discharges	1 recorded incident in Prestwich in 2022, linked to an organised crime group and debts money laundering debts.	N/A	N/A

Delivery Plan Priority 1: Community Led Approach

Commitments with GM Greater Than Violence Strategy
• The Greater Manchester Violence Reduction Unit (VRU) will work with Community Safety Partnerships to identify the people most at risk of involvement in violence and will provide them with targeted services such as mentoring, coaching, counselling, or other forms of interventions. • For young people engaged with the Greater Manchester VRU's community-led programmes who are at risk of involvement in violence, clear pathways into employment, skills and education will be created. • The Greater Manchester VRU will make investing in safe spaces for young people a top priority for the next 10 years, as requested by the young people consulted in the development of this strategy. • The Greater Manchester VRU will further strengthen its partnership with the voluntary sector, ensuring the voices of communities – including those with lived experience – inform and influence the approach to tackling violence in the city-region. • GMP will continue to strengthen its work with communities to inform the work of neighbourhood policing teams in preventing and responding to all forms of violence by being a visible and trusted presence, particularly in areas of highest need.

Bury Serious Violence Strategy Deliverables			
Deliverable	***Lead***	**Timescale**	**Measurables - TBC**
Engagement with community networks to further identify those at risk or involvement in violence, specifically targeting risk cohorts by place/identity as set out in the SNA	Strategic Partnerships Manager, Bury Council	24/25 Q1	
Review of pathways into employment, skills and training in conjunction with All Age Skills Strategy and Economic Development Strategy, specifically through the lens of young people engaged with Community Led Pilot	Family Resources Manager, Bury Council with Facilitator, VRU Community Programme	24/25 Q1	
Explore opportunities to increase non-statutory public guardianship of locations which are hotspots of serious violence, including increased community usage (including through Bury Culture Strategy and Bury BID)	Policy Officer, Strategic Partnerships Team	24/25 Q1	
Work with young people to identify and understand motivations for knife crime within POP and SARA processes to address repeat locations and offenders of knife crime	Family Resources Manager, Bury Council	24/25 Q1	
Build upon the priorities within the Bury and Rochdale Youth Justice Partnership to ensure young people are children first and offenders second, ensuring that the Voice of the Child is at the centre of work with young people	Head of Service, Bury & Rochdale Youth Justice Service	24/25 Q2	
Joint 'walkabouts' of hot spot locations with mixed groups of stakeholders to understand perceptions of safety and joint physical problem solving on location, including of environmental visual audits of key sites	Chief Inspector (Neighbourhoods), GMP	24/25 Q2	
Mapping of community mentoring, coaching and counselling provision across the Borough and for this to be cross-referenced against perpetrator locations	Family Resources Manager, Bury Council; Facilitator, VRU Community Programme	24/25 Q2	

Explore Safe Spaces provision to provide community settings to be safe from, and report concerns over serious violence, including the roll out of Family Hubs across Bury.	Policy Officers, Bury Council	24/25 Q2	
Embed lived experience within community safety forums on serious violence (building on the Bury the Stigma session with the Elephant's Trail/ Drug & Alcohol Subgroup) – to include training up grant assessors with lived experience to be on grant panels	Partnerships Officer, Bury VCFA	24/25 Q2	
Develop alternative communication approaches to share information on Serious Violence prevention, including use of new technologies	Communications Manager, Bury Council; Communications lead GMP	24/25 Q2	
Specific Circles of Safety session focused on Serious Violence with equivalent sessions in further and alternative provision settings [including specifically referencing recommendations from Circles of Safety session held in December 2023]	Family Resources Manager, Bury Council	24/25 Q3	
Expand youth-led Standing Together pitch concept for 2024/2025 Standing Together Programme with a specific priority on Serious Violence	Partnerships Officer, Bury VCFA	24/25 Q3	
Explore a network of community assets to act as a support network to increase community awareness of prevention activity against violent crime – a 'community based' community of practice.	Strategic Partnerships Manager, Bury Council	24/25 Q3	
Promote input from communities of experience highlighted in Bury's SNA in local PACT meetings and GMP Community Forums	Chief Inspector (Neighbourhoods), GMP	24/25 Q3	
Pilot deliberative approaches for distributing funding to reduce serious violence, learning from similar practices such as the Bristol's Citizens Assembly	Partnerships Officer, Bury VCFA	24/25 Q4	
Specific reference to be built into Bury Health Inequalities Strategy on community-led approaches to address underlying vulnerabilities than can increase susceptibility to encountering serious violence	Director of Public Health, Bury Council	24/25 Q4	

Delivery Plan Priority 2: Early and Timely Intervention

Commitments with GM Greater Than Violence Strategy
• The Greater Manchester VRU will work with Community Safety Partners and Integrated Care Partners to invest in early years, housing, education, employment and health to prevent violence across the whole life-course. • GMP's dedicated locality prevention hubs will focus on problem solving, high demand crimes, vulnerable individuals and community threats to prevent and reduce violence. • The Greater Manchester VRU will work with partners such as GM Moving and the voluntary sector to grow the number of high-quality sport provisions in Greater Manchester to engage thousands of young people in positive activities, including those most at risk of violence. • The Greater Manchester VRU will work with education settings to find creative ways to engage children and young people – including those with special educational needs – in positive activities to improve attendance and exclusion rates and keep young people safe on their journeys to and from school and college. • The Greater Manchester VRU will work with youth justice services to go even further in identifying young people at risk of involvement in violence at the earliest possible stage and diverting them away from harm using appropriate tools and interventions such as out of court disposals. • Greater Manchester Fire and Rescue Service (GMFRS) will develop fire service programmes that incorporate activities and messages to prevent and address violence, such as Fire Cadets and child and adult fire setter interventions

Bury Serious Violence Strategy Deliverables			
Deliverable	**Lead**	**Timescale**	**Measurables - TBC**
Target Serious Violence prevention resource through the neighbourhood teams (through Public Service Leadership Teams) where greatest prevalence of activity.	Superintendent (Neighbourhoods) GMP	24/25 Q1	
Serious Violence cases to be highlighted within fortnightly neighbourhood priorities with GMP and Bury Council colleagues, with opportunities explored to broaden membership across further SVD partners	Chief Inspector (Neighbourhoods) GMP	24/25 Q1	
Structured engagement between GMP Prevention Hub and neighbourhood based housing officers to identify risk factors and individuals.	Inspector (Prevention Hub)/ Neighbourhood Lead (Housing)	24/25 Q1	
Explore opportunities, and review existing local activity to utilise sport and physical activity as means to engage and intervene to reduce serious violence: • Review partnership activity with Street Reds which has been used for engagement previously on community safety activity, eg Hate Crime and VAWG • Share learning from Bury Defence Academy within Community Led Pilot to wider sports and wellness providers, initially in target areas, then more broadly • To work with Bury FC on the use of Gigg Lane to support serious violence prevent activity in East Bury.	Neighbourhood Inspector, GMP / Facilitator, VRU Community Programme/ Head of Wellness, Bury Council / Policy Officer, Bury Council	24/25 Q1	
Refresh of Bury DA decision pathways in light of Family Safeguarding Model	Director of Children's Services, Bury Council	24/25 Q1	
With GMFRS leadership to cascade learning from Atlas Programme regarding fire starters and opportunities to identify equivalent cohorts and activities in relation to knife crime.	Prevention Lead, GMFRS	24/25 Q1	

Work with Housing Services colleagues to strengthen relationships between community safety colleagues and place based leads in broader housing associations, eg Onward Homes/ Irwell Valley on identification, prevention and co-ordinated response to serious violence	Director of Housing, Bury Council	24/25 Q2	
Refresher training on violence reduction approaches for all headteachers and designated safeguarding leads in Bury's schools, through both a universal and targeted offer	Lead Officer for Safeguarding in Schools, Bury Council	24/25 Q2	
Explore opportunities, and review existing local activity to use culture, including music, performance and the arts, as a means to engage and intervene to reduce serious violence • Review partnership activity to date including with Liv's Trust and The Met on hate crime for applicable approaches to serious violence, such as that demonstrated by the No More Knives Project: https://www.message.org.uk/nomoreknives	Policy Officer, Bury Council in conjunction with Director of Culture, Bury Council	24/25 Q2	
Work with local sixth form colleges to cross-reference and understand where young people are travelling to Bury from. This will help gain a fuller picture of criminality and aid our preventative work	Deputy Principals, Bury College/ Holy Cross	24/25 Q2	
Utilise the emerging network of Family Hubs to reduce drivers of serious violence, particularly in considering out of school settings (including those providing Holiday Activity Fund activities) and familial environments given disproportionality in those under 18 being a victim and offender of serious violence. To include review of diversionary activities for 11-14 year olds in the late afternoon/early evenings and midweek during school holidays).	Family Resources Manager, Bury Council	24/25 Q2	
Embed referral pathways into prevention and intervention activity for Safer Streets Round 5 initiatives in particular Bury Town Centre public guardians (Safer Street Stewards) and dedicated youth detached outreach	Policy Officer, Bury Council	24/25 Q2	
Community Led VRU programme delivering funded 'awareness assemblies' in BL9 Primary Schools through test and learn approach with One Message	Facilitator, VRU Community Programme	24/25 Q2	
Review Bury attendance and exclusion policies and protocols, as with the substance misuse policy, to more routinely identify individuals at risk and to ensure linked into appropriate prevention or early intervention pathways, such as PIED.	Family Resources Manager, Bury Council	24/25 Q3	
Review of school engagement activity by GMP in partnership with community safety colleagues to ensure a targeted presence and bespoke messaging where serious violence is most prevalent.	Inspector (Prevention), GMP	24/25 Q3	
Increase linkages with existing partnership activity to address drivers of inequality that can lead to increase susceptibility of becoming involved in violence	Director of Public Health, Bury Council	24/25 Q3	
Learn from activity in Tower Hamlets on the role of hospital navigators, proven to be effective in reducing victims' future involvement in violence	Health lead TBC	24/25 Q4	
Add information on serious violence prevent and escalation pathways to the Thriving in Bury mental wellbeing padlet to support parents and carers https://padlet.com/ThriveinBury/thriving-in-bury-for-parents-carers-mjo8ec23zmy8knyh	Comms lead TBC	24/25 Q4	
Continue to roll out honour based violence training to practitioners and community leads, to raise awareness and support, under the direction of the Domestic Abuse Partnership Board	Domestic Abuse Co-ordinator, Bury Council	24/25 Q4	

Delivery Plan Priority 3: Partnerships for Change

Commitments with GM Greater Than Violence Strategy
• Align the violence reduction programme with those aimed at tackling gender-based violence, youth justice, serious organised crime, drugs and alcohol, and mental health. • Recognising that many young people and women in particular report sometimes feeling unsafe on public transport and on their journeys to and from stations and stops, the VRU will work with the Greater Manchester TravelSafe partnership to prevent and tackle violence across the public transport network. • The Greater Manchester VRU reaffirms its commitment to GMP's team of SEOs and will continue to invest resources into helping them to develop trusted relationships with children, young people, parents, and their communities • GMP will work with the Greater Manchester VRU and other key partners to ensure its officers use problem-oriented policing approaches to prevent and tackle violence and ensure victims and those at risk of involvement in violence are referred to the Navigators programme or similar projects. • In line with the Serious Violence Duty, the Greater Manchester VRU will work with key partners to build upon existing information sharing arrangements so that partners can more effectively prevent and respond to violence. • The Greater Manchester VRU will work with academic partners to evaluate interventions to produce a strong evidence base of what works in preventing and tackling violence • Communications campaigns that include the voice of the community and aim to raise young people's aspirations will be developed and deployed consistently and creatively across the city-region.

Bury Serious Violence Strategy Deliverables			
Deliverable	**Lead**	**Timescale**	**Measurables - TBC**
Refresh Terms of Reference for Serious Violence Duty Steering Group (Tackling Crime & ASB subgroup) to include future refresh of SNA and the oversight of this delivery plan	Superintendent, GMP	24/25 Q1	
Establish Serious Violence delivery activity (and SNA evolution) as a Standing item on the following partnership boards for the next 12 months, followed by routine updates by highlight/exception, to align delivery activity and inclusion within respective terms of reference : • Youth Justice Board – given demographics identified in SNA • Youth Violence group - given demographics identified in SNA • Bury Challenger Partnership (Serious Organised Crime including focus on Operation REVOKE) – given hotspots identified in SNA • Bury Drug & Alcohol Partnership- given context identified in SNA • Bury Town Centre Advisory Board – given hotspots identified in SNA	• Head of Service, Youth Justice Service • Family Resources, Bury Council • Det. Chief Inspector, GMP • Director of Public Health, Bury Council • Chief Supt, GMP	24/25 Q1	
Expand existing partnership meeting with Bury College on Violent crime and ASB to include Holy Cross	Deputy Principals, Bury College/ Holy Cross	24/25 Q1	
A specific communications plan in relation to partnership messaging on Serious Violence will be considered to tailor the approach set out in the GM Greater than Violence Strategy	Comms Lead TBC	24/25 Q1	
VRU facilitator included with partnership problem solving activity, building on inclusion within ASB GMP (Prevention Hub / Council meetings)	Chief Inspector (Neighbourhoods), GMP	24/25 Q1	
Increase promotion of, and system engagement, with the Violence Reduction Unit Community Led Programme Alliance in East Bury which is a collaborative approach between Bury VCFA; 1Message mentoring; Bury Defence Academy; Early Break' & Bury Early Help 'Prevent Youth Support'	Facilitator, VRU Community Programme	24/25 Q2	

Confirm quarterly standing item within Bury Locality Board agenda and work with Chair to embed SVD principles across work of the Board	Director of Children's Services, Bury Council	24/25 Q2	
Strengthen community safety connectivity with targeted partnership cost of living work in areas which are most deprived (as per Index of Multiple Deprivation) recognising impact of this on susceptibility to becoming drawn into criminality.	Neighbourhood Inspectors, GMP	24/25 Q2	
Review awareness raising of prevention and response approaches through Bury's Night Time Economy ecosystem to serious violence, including through specific serious violence input into Best Bar None, Tactical Licensing group, engagement with Pubwatch and Bury Street Pastors	Inspector (Prevention), GMP	24/25 Q2	
Strengthen links on serious violence through the lens of Bury's safeguarding partnership ecosystem through existing work reviewing Working Together linkages. In particular to ensure linkage to combatting CCE/CSE with a focus on drug-dealing as specific susceptibility	Det. Superintendent, GMP	24/25 Q2	
Increase partnership intelligence to strengthen the current picture of urban street groups in the Borough	Intelligence Inspector, GMP	24/25 Q2	
Implement an intelligence collection plan for violence with injury offences and personal robbery including inputs from all partner agencies, as part of working together to identify current data gaps which will need to be addressed ahead of the annual refresh of such Needs Assessments	Performance Officer, Bury Council	24/25 Q3	
Work alongside Transport for Greater Manchester to apply POP and SARA principles to addressing robbery and Violence with injury cases across the Metrolink line, including at station hotspots and in conjunction with Manchester City Council in relation to events held at/egress from Heaton Park	TravelSafe Manager	24/25 Q3	
Confirm at least six monthly standing item within Bury Locality Board or Health and Wellbeing agenda and work with Chair to embed SVD principles across work of the Board	Deputy Place Based Lead, NHS GM Manchester (Bury)	24/25 Q3	
Liaison with Safer Streets Steering Group to maximise targeting of interventions, which whilst focusing on ASB and VAWG have overlapping cohorts and hotspots with regards to serious violence	Policy Officer, Bury Council	24/25 Q3	
Provide further targeted work for pregnant women in areas where domestic abuse cases are most prevalent (Redvales, Bury East, Moorside, Radcliffe) with increased awareness raising through multiple communication channels of support services available, including via Family Hub and midwifery.	Domestic Abuse Co-Ordinator, Bury Council	24/25 Q3	
Hold a hotspot practitioner session through respective PSLT(s) to increase identification, awareness of prevention and early intervention approaches and pathways to address SV, (including PCNs).	Neighbourhood Inspectors, GMP	24/25 Q3	
Hold a Team Bury session on Serious Violence in the context of improving outcomes for residents through LET's Do It and opportunities for impact of this work to improve the outcomes set out in the State of the Borough Report (latest version being September 2023)	Strategic Partnerships Manager, Bury Council	24/25 Q4	
Develop broader offer to community sector partners on educating young people on the risks associated with carrying knives to supplement such provision in education settings	Service Manager (Skills), Bury Council	24/25 Q4	

Delivery Plan Priority 4: Inclusion (note change from GM term Equality), equity and justice

Commitments with GM Greater Than Violence Strategy
• The Greater Manchester VRU will work with partners across the city-region to implement policies to dismantle structural and systemic inequalities across Greater Manchester's criminal justice system. • The Greater Manchester VRU will prioritise tackling all forms of gender-based violence through a range of measures, including investing in dedicated projects and interventions aimed at supporting women and girls at risk of violence. • The Greater Manchester VRU will invest in and support dedicated organisations to confidently and effectively meet the needs of members of the LGBTQ+ community who are identified as being at risk of violence. • Raise aspirations of young people by working across public, private, business and voluntary sectors to create accessible opportunities for volunteering, internships, apprenticeships, and work, such as those provided by the Manchester Baccalaureate. • Work with partners and communities, including faith groups, to raise awareness of hate crime and provide information on how to report it and seek support, and to provide a platform for communities to come together to challenge prejudice and celebrate diversity. • Ensure the needs of neurodiverse young people and those with special educational needs are considered and appropriately acted upon in the VRU's policies and programmes. • GMP will tackle violence through conducting stop and search and removing knives and weapons off the streets in an intelligence-led and proportionate manner.

Bury Serious Violence Strategy Deliverables			
Deliverable	**Lead**	**Timescale**	**Measurables - TBC**
Commitment to tackle disproportionality of BAME stop-searches and conviction through a task and finish group committed to developing a theory of change, learning from Lewisham's racial equity project, ensuring input from local groups and networks including Bury Africab, BRAC and ADAB.	Superintendent, GMP	24/25 Q1	
Trial problem-solving sessions with representatives from communities affected by disproportionality in victims or offenders – e.g. disability, BAME community, women	Superintendent, GMP	24/25 Q1	
Specific engagement with Bury representatives on the Greater Manchester We Lead for Legacy Civic Leadership programme to review the inclusivity of Bury's serious violence plans	Director of People, Bury Council/ NHS GM Bury	24/25 Q1	
Take a targeted approach by directing a focus on family help, and community-building resources to cut childhood poverty in the areas with the greatest need (Bury East, Sedgley, Radcliffe West, Moorside, and Redvales)	Family Resources Manager, Bury Council	24/25 Q1	
Build upon Bury Council's White Ribbon accreditation awarded in January 2024 to further embed actions to address gender based violence, including the Cut It Out campaign and expanding work within schools to cover younger demographics.	Domestic Abuse Officer, Bury Council	24/25 Q2	
Engage with Bury representatives on GM Equality Panels to ensure linkages between good practice within the wider region is included within Bury's approach and learning shared from Bury to GM colleagues	Inclusion Manager, Bury Council	24/25 Q2	

Embed learning from inclusive conversation activities, including learning from Wakefield shared by New Local	Director of Inclusion, Bury Council	24/25 Q2	
Work with local partners to ensure that the needs of neuro-diverse young people and those with special educational needs are fully and appropriately addressed through partnership prevention and intervention approaches to serious violence	Director of Practice, Children's Services	24/25 Q2	
Liaise with the Bury Migration Partnership to share knowledge on support and reporting pathways in relation to asylum seekers and refugees	Service Manager (Housing and Homelessness), Bury Council	24/25 Q2	
Translate Domestic Abuse advice and information into the main spoken languages to reach people with limited English-speaking skills. Produce videos with the same content translated for those more likely to find the information online or on social media.	Domestic Abuse Co-ordinator, Bury Council	24/25 Q3	
Complete targeted work with the 26 high risk, high harm addresses contributing to 324 Domestic Violence callouts through the Drive programme and infuse motivational interviewing into the Talk, Listen, Change programme to drive down reoffending by focusing on the inequalities within these cases.	Chair, Domestic Abuse Partnership Board	24/25 Q3	
Further connect this deliver plan with work to address Health Inequalities, as set out in the Team Bury partnership session held in December 2023, recognising respective impacts on risks and inequalities impacting of communities of place, identity and experience in the Borough	Strategic Partnerships Manager, Bury Council	24/25 Q3	
Build on existing community safety workshops held in conjunction with Bury LGBT Forum to hold a specific session on serious violence through the lens of the local LGBT community	Partnerships Manager, Bury VCFA	24/25 Q4	
Develop partnerships with social enterprise organisations and activity to support individuals into employment and skills development as a diversion from (repeated) criminality, such as through Fix Up based in Holyrood	Partnerships Manager, Bury VCFA	24/25 Q4	

Delivery Plan Priority 5: Trauma responsive approach

Commitments with GM Greater Than Violence Strategy
• By 2028, ensure that all Greater Manchester public sector bodies are trauma-informed and responsive, by making training widely available. • The Greater Manchester VRU will support the embedding of trauma-responsive approaches across voluntary services and community organisations in Greater Manchester, particularly those that work with children and young people. • The Greater Manchester VRU will work with academic partners to build an evidence base to demonstrate the most effective and impactful trauma-responsive interventions. • The Greater Manchester VRU will offer education settings a series of well-sequenced and age appropriate trauma informed curriculum sessions that create a supportive and inclusive approach to everyone's well-being and extending this as appropriate into early years settings. • Ensure pupils with special educational needs and/or disabilities, who are likely to be more vulnerable because of ACE and trauma, can access appropriate wrap around intervention and care

Bury Serious Violence Strategy Deliverables			
Deliverable	**Lead**	**Timescale**	**Measurables - TBC**
Increase (community safety) system awareness and usage of Trauma Responsive Greater Manchester website and associated resources: Trauma Responsive Greater Manchester (trgm.co.uk)	Lead TBC	24/25 Q1	
Increase opportunities and CSP take up of ACE training through West Integrated Neighbourhood Health & Care Team; Early Break; and Enterprising Youth - eg ACEs Communtity Education - Enterprising Youth	West INT Manager/ Deputy Chief Officer, Early Break	24/25 Q1	
Develop Bury repository of trauma informed and responsive tools for frontline practitioners to supplement formal training offer, including those of Trauma Informed Lancashire - Resources - Trauma Informed Lancashire Includes 7 minute briefing	Lead TBC	24/25 Q2	
Each specified authority to commit to a positive contribution to the Trauma Responsive GMP community of Practice through the lens of Serious Violence prevention and early intervention partnership activity in Bury : A Community of Practice: Connection, Collaboration, Compassion (trgm.co.uk)	Serious Violence Steering Group	24/25 Q2	
Embed trauma informed practice into standard 'specification' for PRBs and Operational Orders to tackle serious violence	Superintendent/ Det. Superintendent, GMP	24/25 Q3	
Embed motivational interviewing practices into probation services to reduce rates of Domestic Violence reoffending	Assistant Chief Officer, Bury & Rochdale Probation	24/25 Q	
Work with Bolton CSP to benefit from their recent academic study on the impact of ACEs and work with Bury Children's Strategic Partnership Board to consider value of equivalent local study for Bury	Family Resources Manager, Bury Council	24/25 Q	
Build trauma informed and responsive approaches into B.Safe activity.	Emotional Health and Wellbeing Officer, Bury Council	24/25 Q	

Consider local opportunities to address Bury & Rochdale Youth Justice audit finding that high numbers of children involved in youth justice services experiencing low mood, anxiety, and depression.	Head of Service, Bury & Rochdale Youth Justice Service	24/25 Q	
Epistemic justice and trauma | A Better NHS		24/25 Q	

Meeting:			
Meeting Date	04 March 2024	**Action**	Receive
Item No.	11	**Confidential**	No
Title	System Finance Group Update – March 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 very challenging years financially. Bury Council are anticipating delivery of a break even position at 31st March and Pennine Care a surplus, with Northern Care Alliance, NHS GM and the Bury locality within NHS all forecasting a deficit position. NHS GM has 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, with the Budget Council having approved the council financial plan for 2024/25 and all NHS organisations working to national planning deadlines.

Recommendations

Locality board members are asked to:

- Note the contents of this report, the challenging financial positions in all partner organisations in 2023/24, and the agreed council budget for 2024/25 and the continued challenging outlook for 2024/25.

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.	☐

Links to Strategic Objectives	
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:						
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		

System Finance Group Update – February 2024

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, with an expected breakeven position at 31st March 2024.

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 in the past 2 months. The Bury Care Organisation position is a surplus of £4.6m, however this is against a planned surplus of £12.5m at month 9. 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 Pennine Care month 9 forecast out turn position has improved from breakeven at month 8, to a surplus of £1.86m and this will be used 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 9 is a deficit of £189m against an anticipated month 9 deficit of £11.9m, giving an unplanned increase in the deficit of £177.1m. There is a £56.7m 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 (£95m) and escalating prescribing costs and the financial impact of mental health out of area placements (£25.4m).

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 in the past couple of months is believed to be achievable.

3.5.3 Within the NHS GM position the Bury locality position is forecasting a year end overspend of £1.9m based upon month 9 data. This is driven mainly by increased prescribing costs (£1.29m) 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 inappropriately placed out of area, 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.

NHS

4.2 The NHS planning guidance which is usually published on Christmas Eve was delayed until early February and this has hindered the formulation of plans across NHS organisations, nevertheless planning, which began in October, is continuing and is being co-ordinated by NHS GM, with regular meetings taking place between NHS GM and NHS England.

4.3 NHS budgets across Greater Manchester face the following triple deficit:

- An underlying financial deficit
- A performance and quality deficit
- A growing population health deficit

This means that our plan for 2024/25 must clearly set out the steps we will take to secure financial sustainability, recover performance and quality standards and improve population health.

4.4 Each part of NHS GM will need to contribute to this and the principal role of each of the three main parts of the system will be:

- Localities - driving population health improvement and prevention at scale
- Providers - delivering core standards and planning for activity, workforce, and finance to improve productivity
- NHS GM – overseeing the process and deploying our role as system commissioner to drive the changes needed.

4.5 Whilst NHS GM must plan to reduce the triple deficit significantly in 2024/25, it will not be possible to address it entirely within one year. This means that through this planning round and budget setting process, NHS GM will need develop both an Operational Plan for 2024/25 and Greater Manchester Sustainability Plan (over two to three years) to tackle the triple defict. It will therefore be the role of the locality boatrd to continue to drive population health improvement and prevention at scale.

Bury Council

4.6 The council budget was approved at Budget Council on 21st February, with a net revenue budget of £209.6m and a deficit of c£40m to close over the next three years.

4.7 The budget gap declared for 2024/25 is c£15m although this will reduce once the additional funding announced for adult and children's social care is received. This funding was announced in response to the significant growth in demand and service complexities across social care and will improve the budget position by £1.7m next year. At this stage the funding has not been confirmed as recurrent.

4.8 Work will now commence to identify a programme of savings to address the residual financial gap; pending the development of a savings programme the Council has approved the application of its reserves to balance the budget

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 for both the NHS and the council

Simon O'Hare
Locality Finance Lead – NHS GM (Bury and HMR Localities)
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February 2024

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

Locality Performance Report February 2024

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Contents

Headlines

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

In November 23, the total number of GP appointments decreased by 8.3% on the previous month but increased by 3.8% on November 22.

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 increased, with 31,790 patients currently waiting. Patients waiting over 78 weeks decreased by -24.0% in December compared to November, with 38 patients remaining.

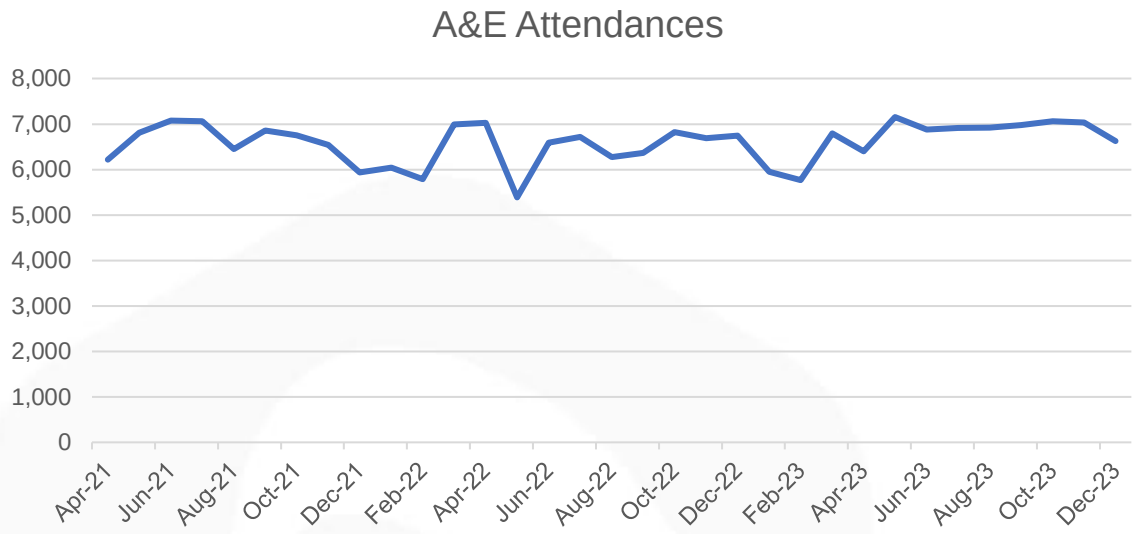
Cancer 28 Days performance has increased by 3.8% on performance in November, but 248 less referrals were received in December to November.

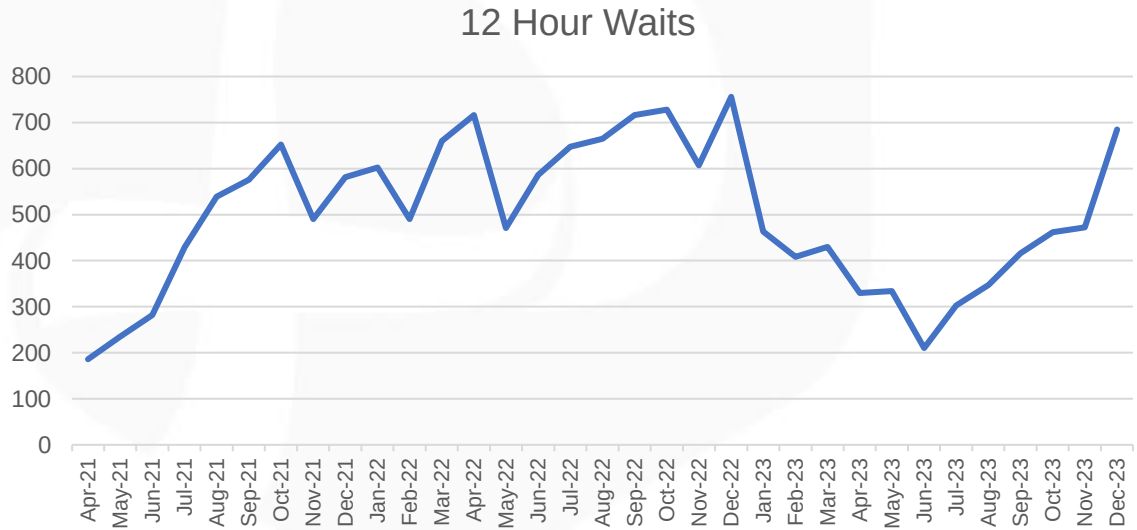
IAPT patients seen within 6-week timeframe has increased in December and Bury is currently performing better than GM.

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 January at 33%, this was previously 40% in December.

Urgent Care

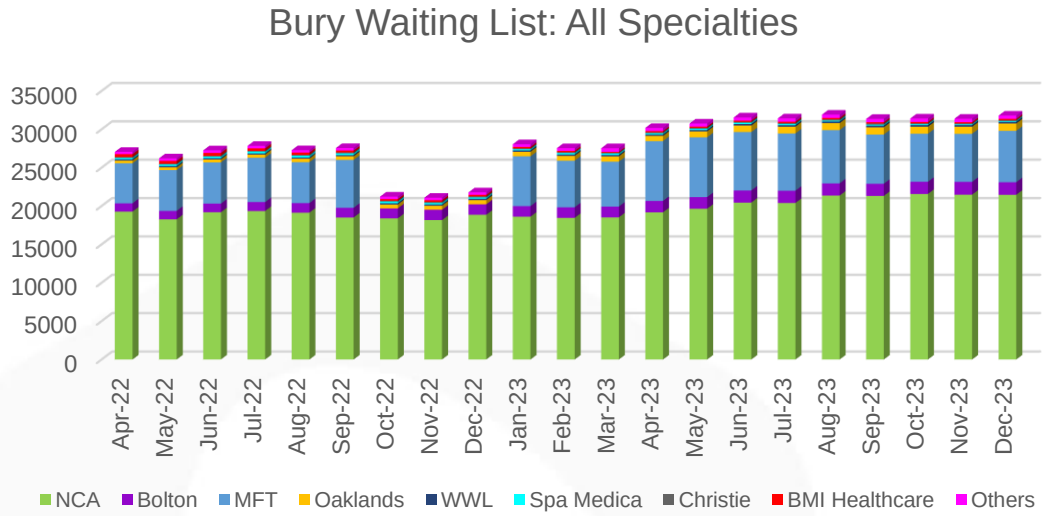


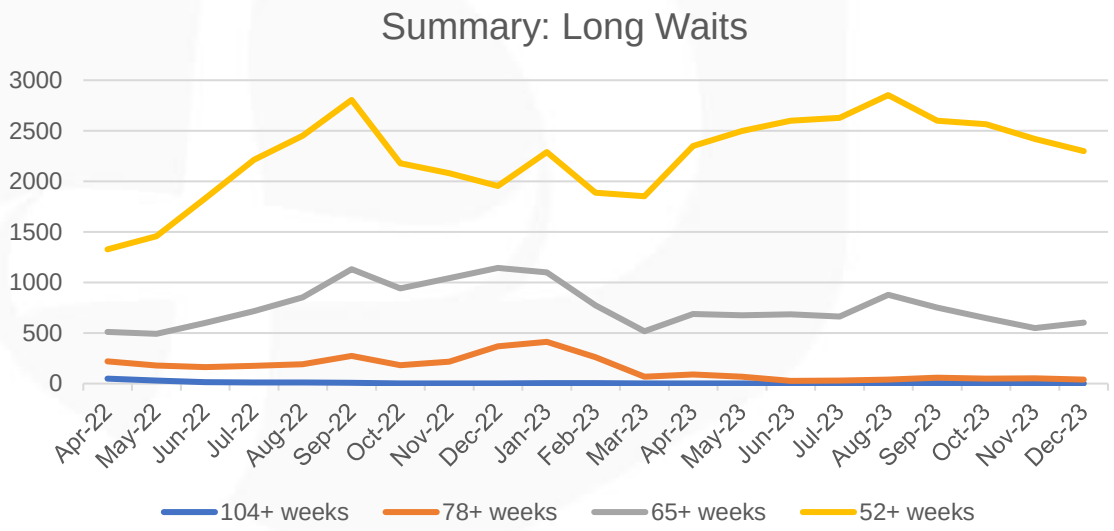


- There were 6,625 A&E attendances from Bury registered patients in December 23, slightly lower than December 22 (6,750). The proportion of Adult attendances increased to 77% of attendances this year compared with 69% in December last year.
- 4-hour performance in December was 57.1%, a decrease on the 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

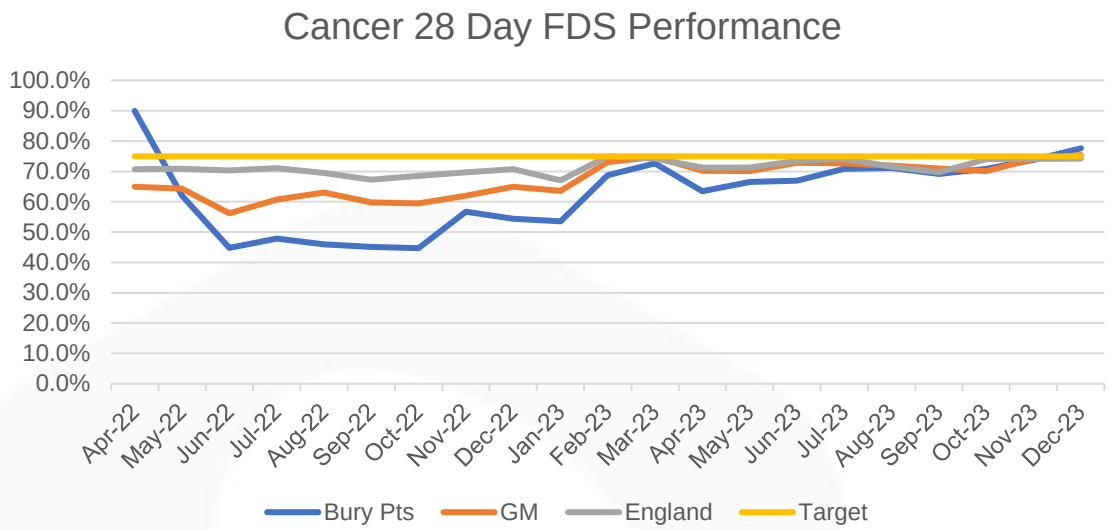




- Oct, Nov & Dec 22 elective waits impacted by lack of MFT data. Published data since January 23 now includes MFT.
- Published December data shows a slight increase on November 23 (1.3%, +403 pathways).
- Since November 23 there have been minor increases across some specialties, with Plastic Surgery showing an increase of 14.1%, Other Surgical 13.2%, Rheumatology 5.4% and Respiratory Medicine showing an increase of 4.5%.
- Small reductions seen across several specialties in December, Dermatology (-2.9% since November) and ENT (-1.8% since November).
- Immediate target was to eliminate 78+ week waits by Apr 23. These have decreased on November's figure by -24.0% (-12 pathways) in December. Primarily the decrease is in Oral Surgery (-14 Pathways).

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

Elective Care

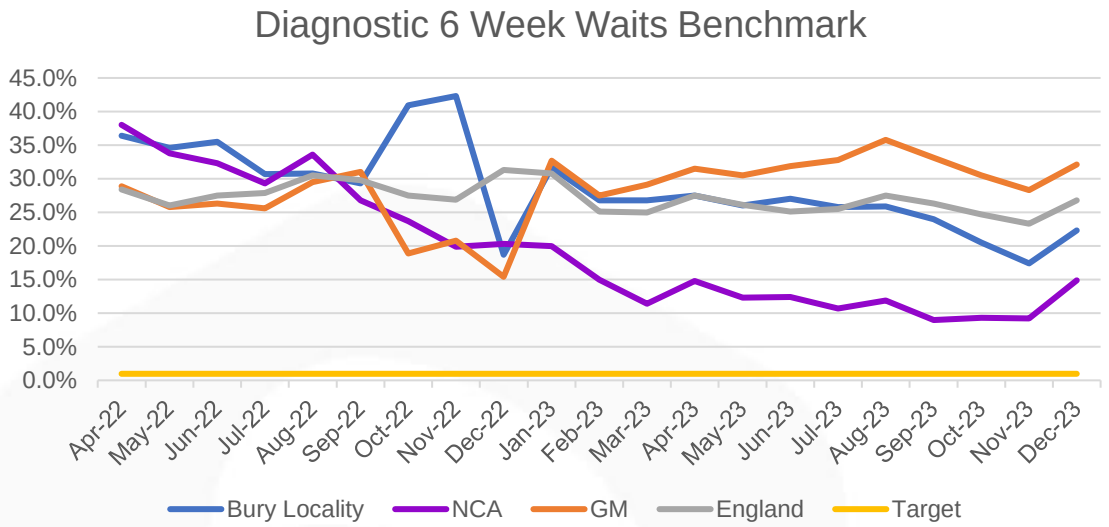


Cancer 28 days FDS:

- Increase in performance in December to 77.6% for Bury, this is slightly above GM where the performance increased to 75.4%, both are meeting the target of 75.0%.
- Sarcoma cancer performance was at 40% in December, with 3 out of 5 not meeting standard.
- Urological cancer performance is 52% for December which is an increase on 50% in November.
- Skin Cancers Performance for December has increased to 63% from 62% in November.
- 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

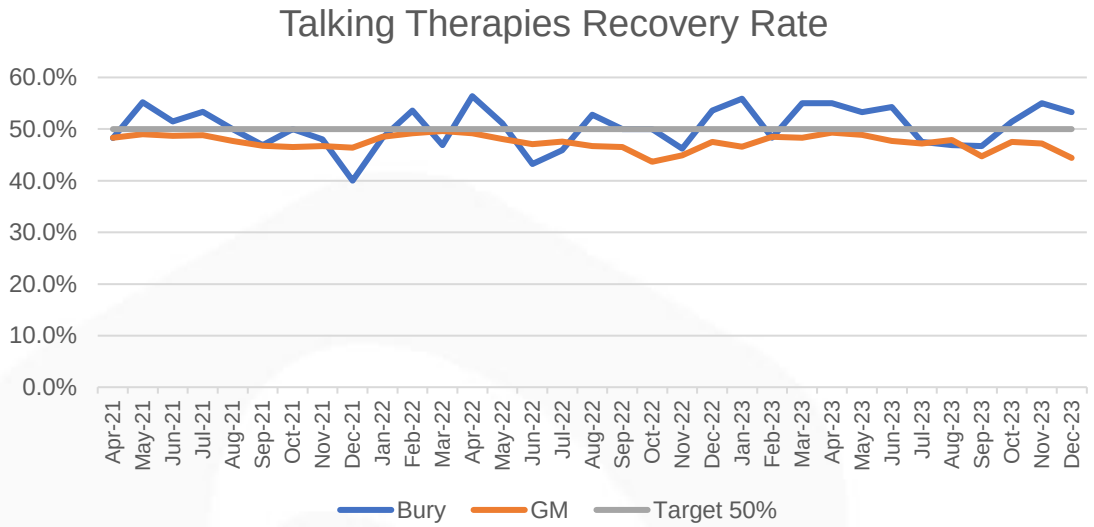


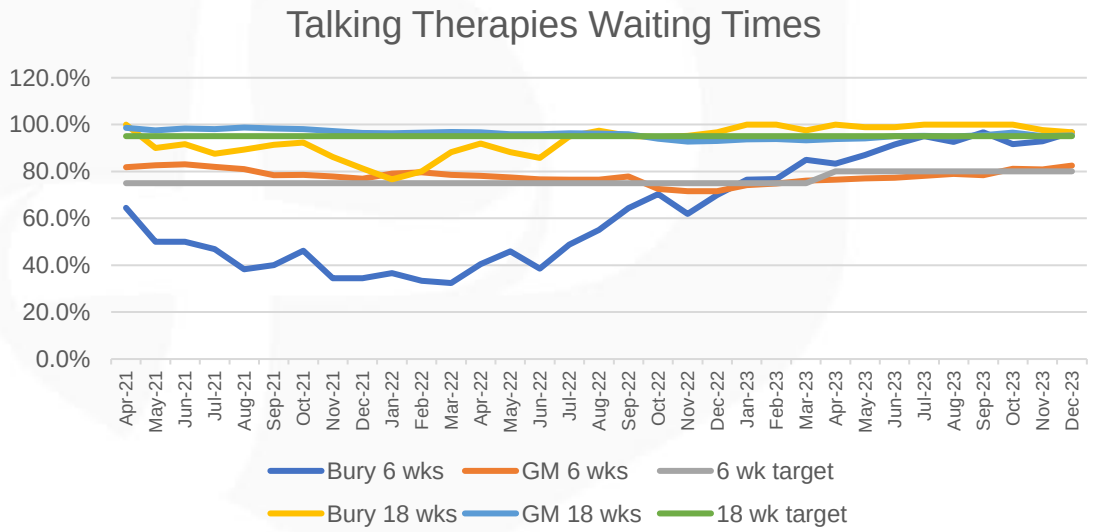
Diagnostic Performance:

- MFT Data is now included from Jan 23.
- December's performance of 22.3% of patients waiting more than six weeks is an decrease on the November figure (17.4%).
- Across November to January 23 NCA performance has remained steady but has seen increases and decreases since. Performance decreased from 9.2% in November to 14.9% in December.
- GM and England performance also saw a decrease in December.
- 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





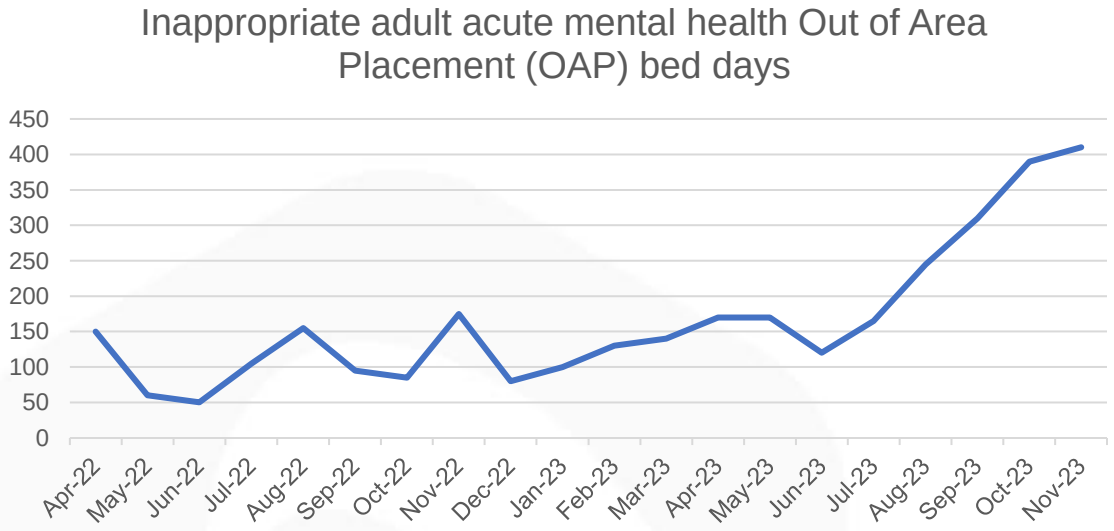
- IAPT: recovery rate – the rate for Bury has decreased from November to December to 53.3% from 55.0%. The GM decreased by -2.8% in December and is currently at 44.4%.

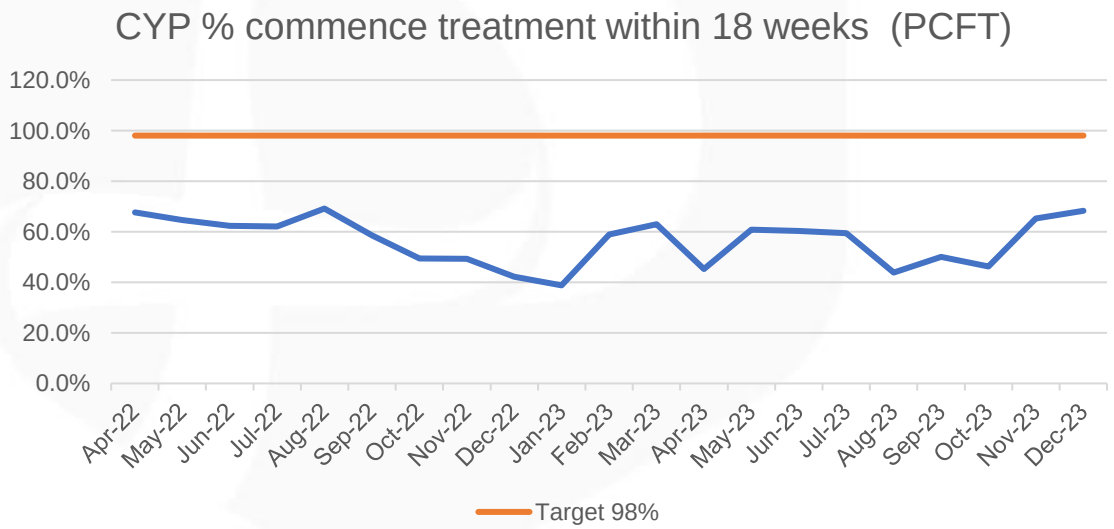
- IAPT: Seen within 6 weeks – the rate for patients seen within 6 weeks has increased by 3.8% in December with the current rate being 96.7%. This is significantly higher than the GM rate of 82.5%.

- IAPT: Seen within 18 weeks - the rate for patients seen within 18 weeks has decreased from November to December from 97.6% to 96.7%. This is higher than the GM rate of 95.4%, both are still within the target.

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

Mental Health



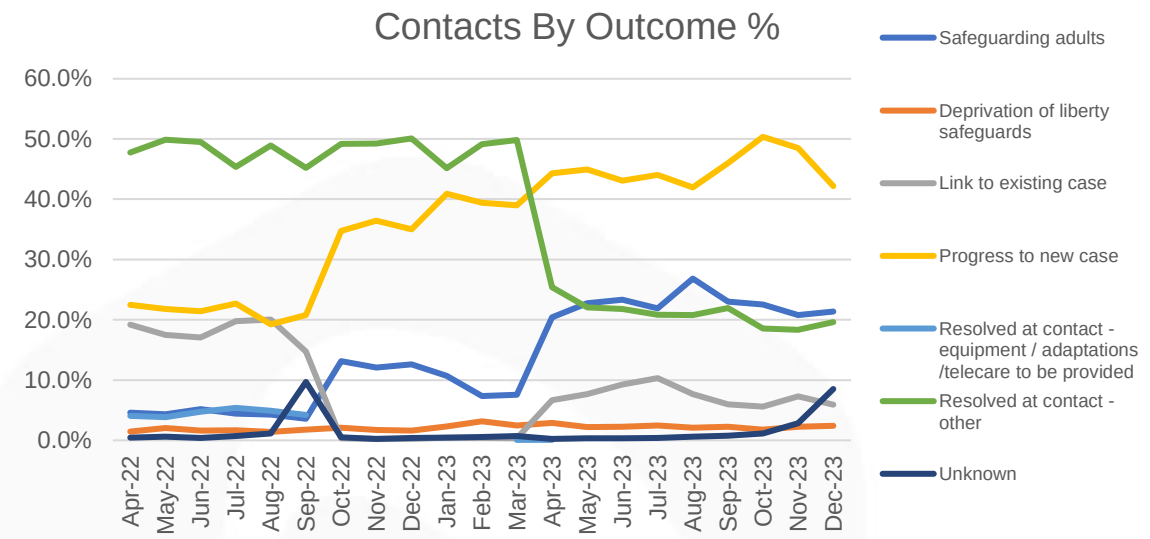


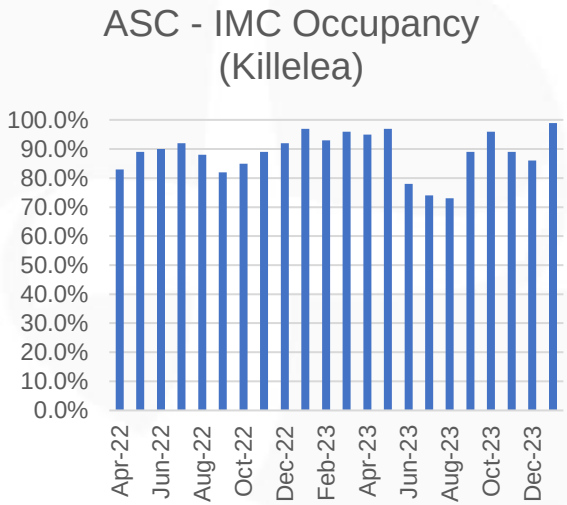
- MH out of area placements – the number of out of area placements in November has increased by 5.1% since October. Compared to November 22 this has increased by 134.3%, however these are subject to real time daily and weekly monitoring by multi-agency teams and there is a slight lag in the formally reported data.

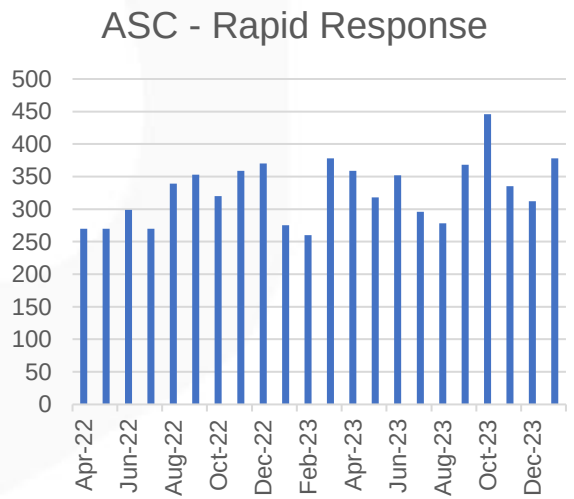
- Access rate to Children and Young People's Mental Health Services – A decline in the proportion of CYP commencing treatment within 18 weeks has been seen at PCFT across 2022/23 and reflects the increasing demand seen since COVID-19. A joint proposed investment plan has been developed for the Bury system which, if approved, would see increased clinical capacity within the core CAMHS service. December has seen an increase by 3.0% on November's figure, with 68.3% commencing treatment within 18 weeks.

PCFT monthly CAMHS Outcomes Framework report

Adult care



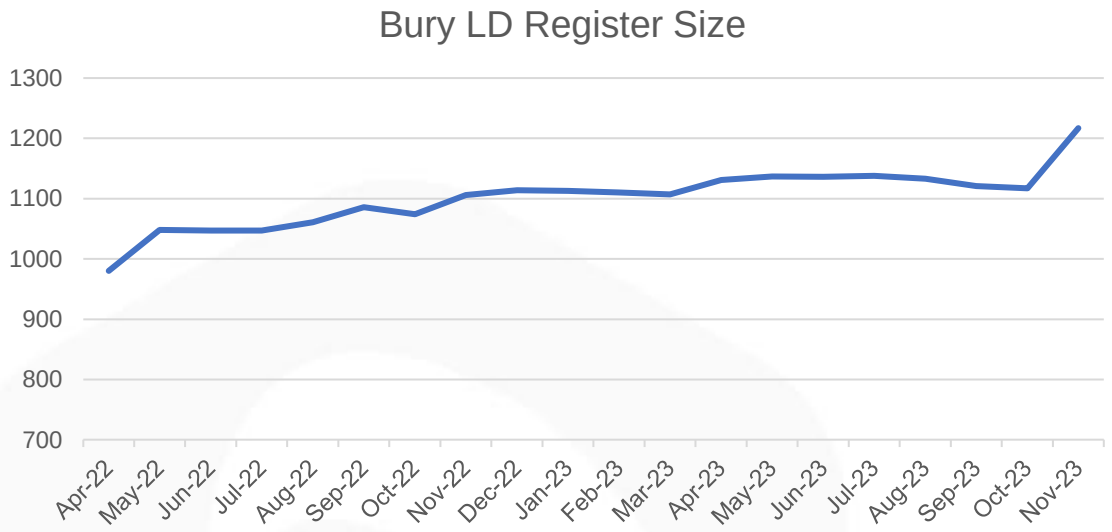


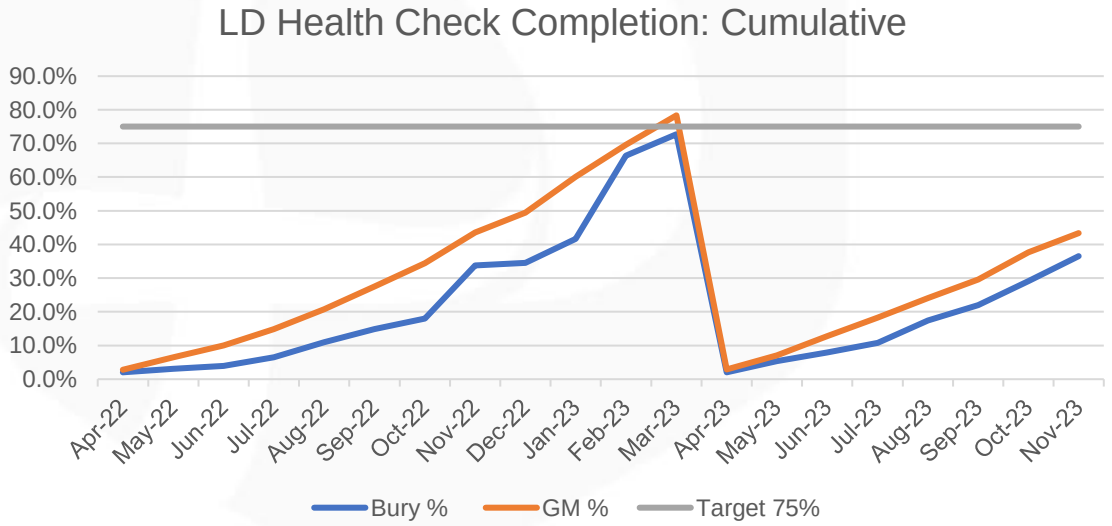


- The contact rate per 1000 population is not currently available from Aug 22.
- Contacts by outcome – 42.2% of contacts progressed to a new case in December, which is a decrease on 48.5% in November. 21.4% of contacts resulted in safeguarding in December, compared to 20.8% in November. The percentage of unknown outcomes increased to 8.5% in December from 2.8% in November.
- IMC Occupancy for Killelea – Bed occupancy was up to 99% in January.
- ASC rapid response – Total referrals increased by -21.2% to 378 in January from December.

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

Learning Disabilities





- LD Register: Requirement to increase the LD register size. Register has increased by 15.4% in the 12 months to Apr 23.

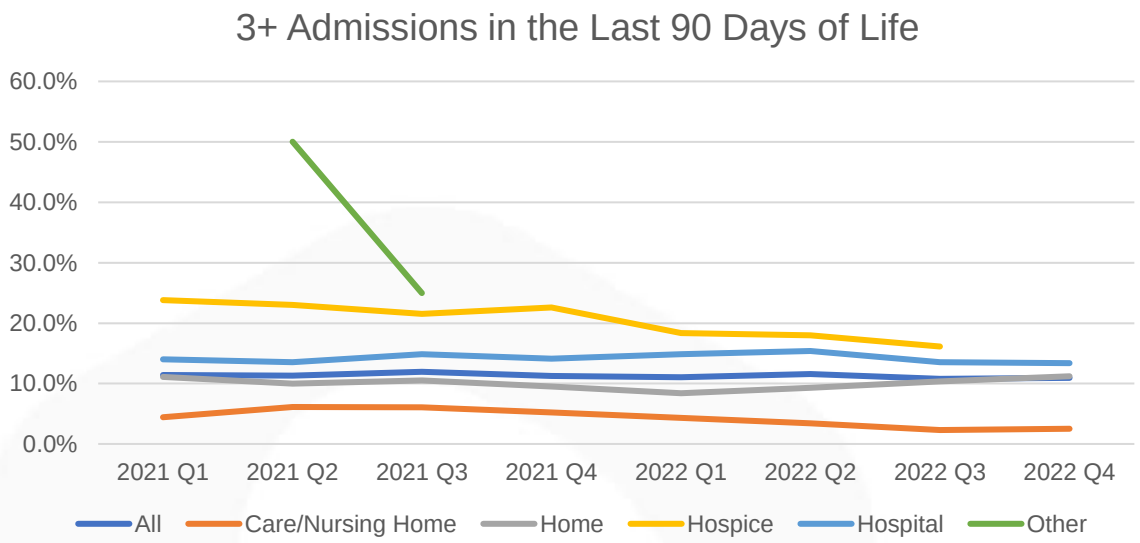
- Register size has increased by 100 in November 23.

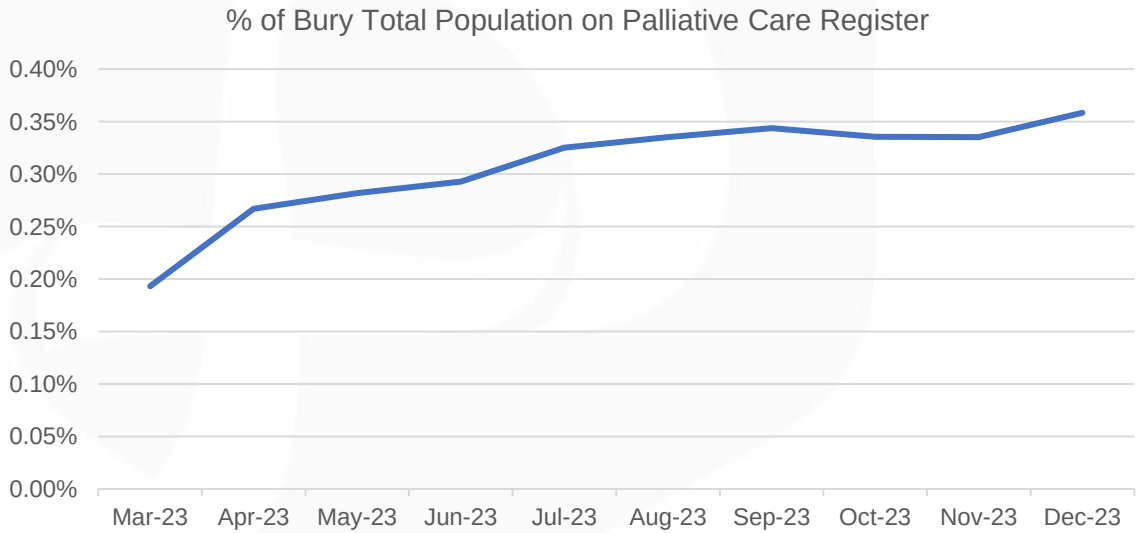
- LD Health checks: The cumulative position in 23/24 to November shows 36.5% of Bury patients have received an AHC. This compares to 43.3% for GM. Most AHC tend to take place in Q4. In November 22 the cumulative position was 33.8% for Bury patients.

- Inpatients – Transforming Care Numbers: Current position (26/11) shows that Bury are below the Q3 target of 2 for Secure patients with 0 and up to the target of two for non-secure. GM currently above target.

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

End of Life





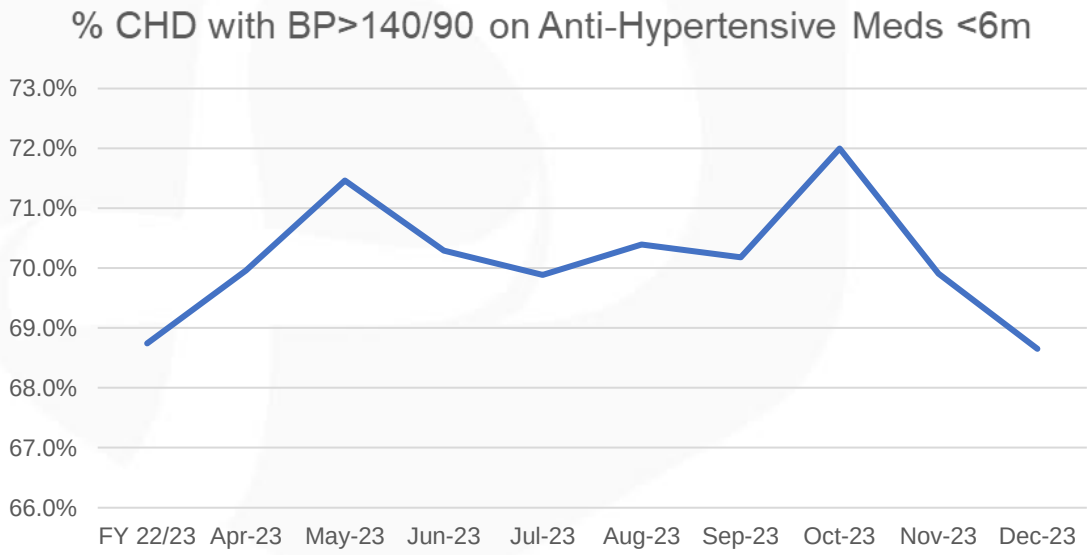
- Percentage of patients with 3+ admissions in the last 90 days of life – 11.0% of all deaths in Q4 of 2022 had three or more admissions in the last ninety days of life. Of those patients that died at home, 11.2% had three or more admissions, which was an increase from 10.4% on Q3.

- 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

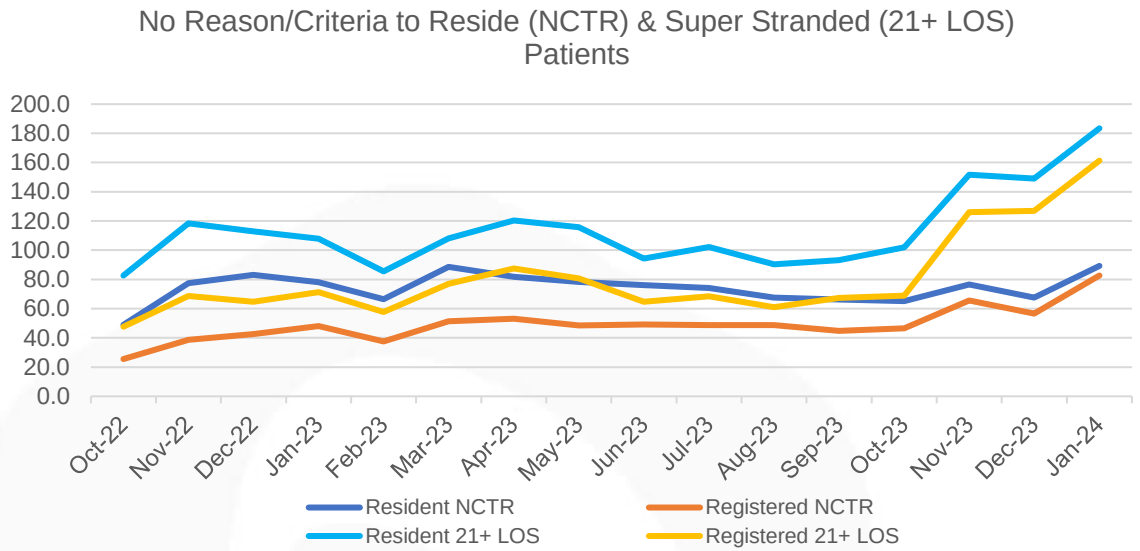
Diabetes Type 1	All Eight Care Processes		
Bury	355	895	39.70%
England	107,795	265,910	40.50%
DiabetesType 2 and other	All Eight Care Processes		
Bury	6,205	12,045	51.50%
England	1,985,545	3,436,315	57.80%

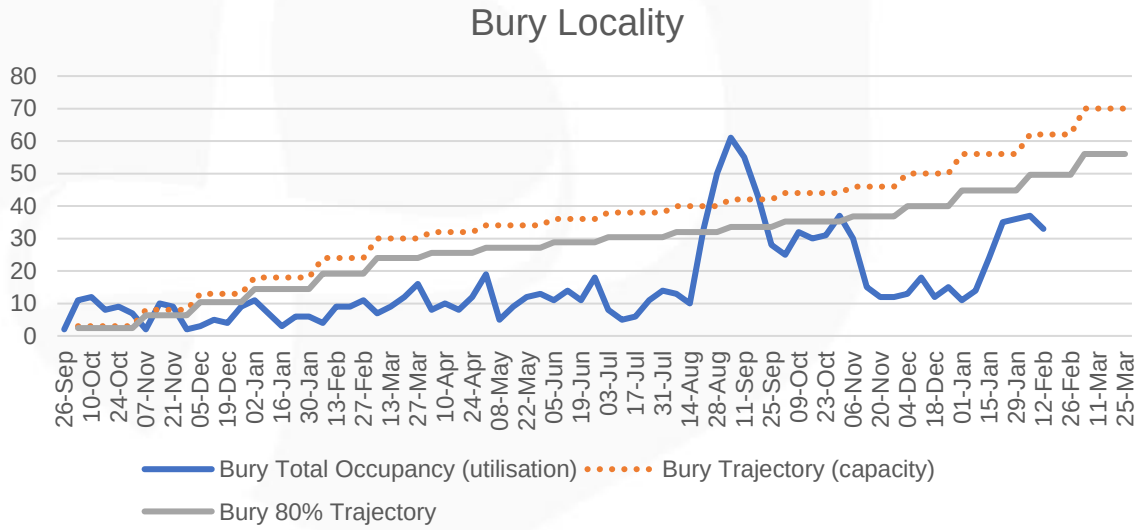


- Diabetes – For the period January 22 to March 23 39.7% of Bury patients with Type 1 diabetes had all eight care processes compared to 40.5% for England. 51.5% of those with Type 2 diabetes had all eight care processes compared to 57.8% for England.

- % of hypertension patients who are treated to target as per NICE guidance – 68.6% of patients were treated within target for December, which is a decrease on November which was 69.9%, however the YTD figure of 70.2% for 23/24 is still above to 22/23 figure of 68.7%

Community Services





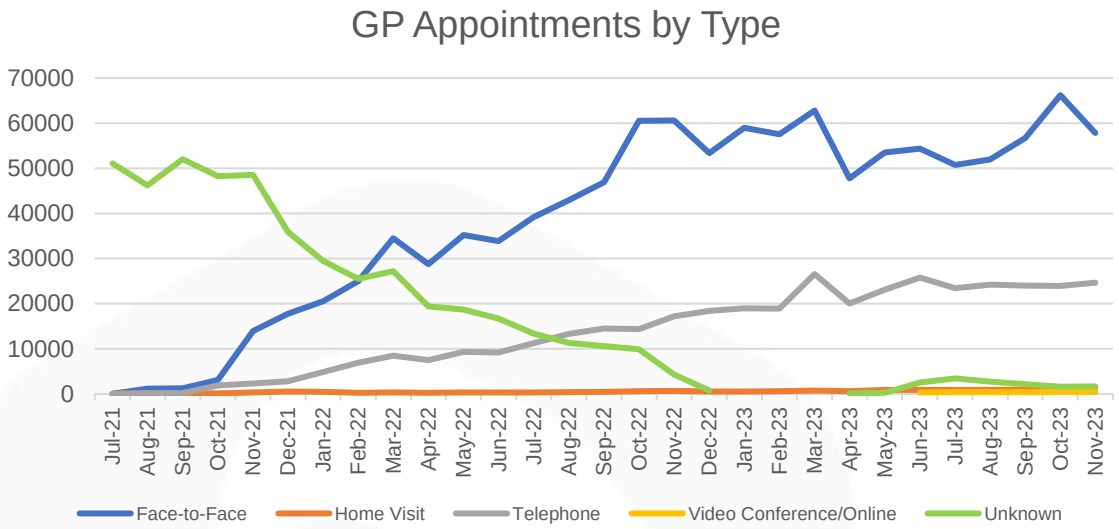
- NCTR monthly average for January was up by 32% for Bury residents to 89.2 from 67.5 in December. The monthly average for registered patients in January increased by 46% to 82.7 from 56.5 in December.
- The average monthly length of stay since NCTR for residents has decreased from December to January, and the average for registered also decreased. The average LOS for January for resident was 19.6 days and registered 17.5 days.
- The Super Stranded monthly average increased in January from December for resident from 149.1 to 183.4. Registered increased by 27% from 126.9 in December to 161.3 in January. 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.

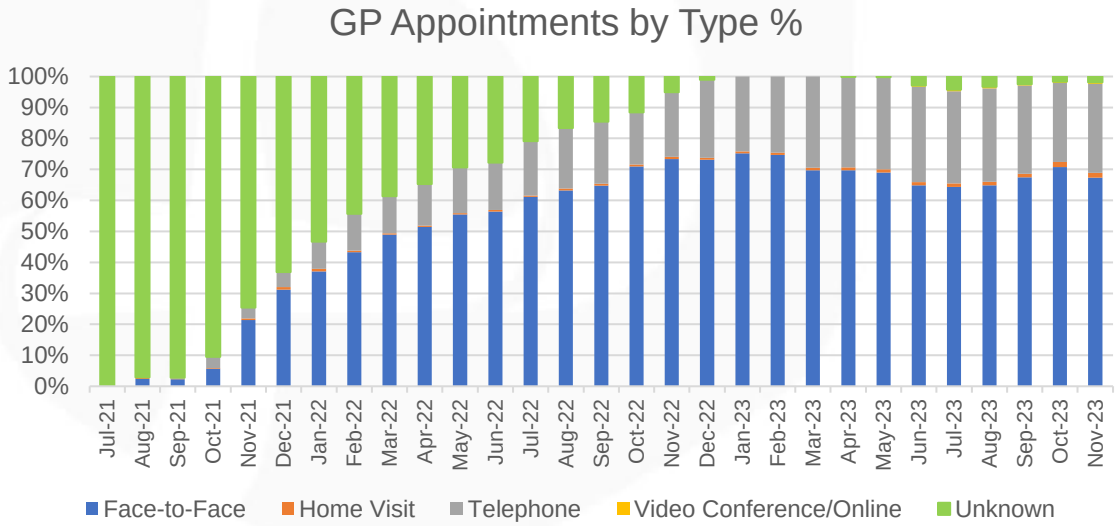
- Virtual Wards data received up to 12/02/24. Occupancy is currently below the 80% trajectory, however, has improved since December 23.

- UCR 2-hour response was below the target of 70% in January at 33%, this was previously 40% in December.

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

Primary Care





- In November 23 the total number of GP appointments has decreased by 12.7% on October 23.
- 63.7% of GP appointments were Face-to-Face in November 23 compared to 70.7% in October.
- Home visits have decreased by 11.7% in November but the percentage split by type is 1.6% of all appointments which was the same in October 23, 1.1%.
- The number of Unknown appointments types has increased by 4.5% in November to 1617 appointments from 1548 in October.

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

Community Pharmacy Greater Manchester

NHS Greater Manchester

Pharmacy First Service Update

Primary Care Recovery Plan

The Government and NHS have **promised a £645m investment in community pharmacies over the next two years** to support a pharmacy common conditions service, along with the NHS Pharmacy Contraception and NHS Hypertension Case-Finding services.

Pharmacy oral contraception (OC) and blood pressure (BP) services have been expanded and re-launched in December 2023 , to increase access and convenience for millions of patients, subject to consultation.

Launch Pharmacy First by the 31st January 2024 community pharmacies can supply prescription-only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation. Opportunities to support wider primary care integration via System Development Fund and new technologies funding. Over 422 contractors have signed up as of 18th December 2023.

Key opportunities

- Collaboration with PCNs and General Practice to support implementation and access
- Building effective communication channels and collaboration in the PCN/neighbourhood
- Educating care navigators and linking Primary Care

Pharmacy First

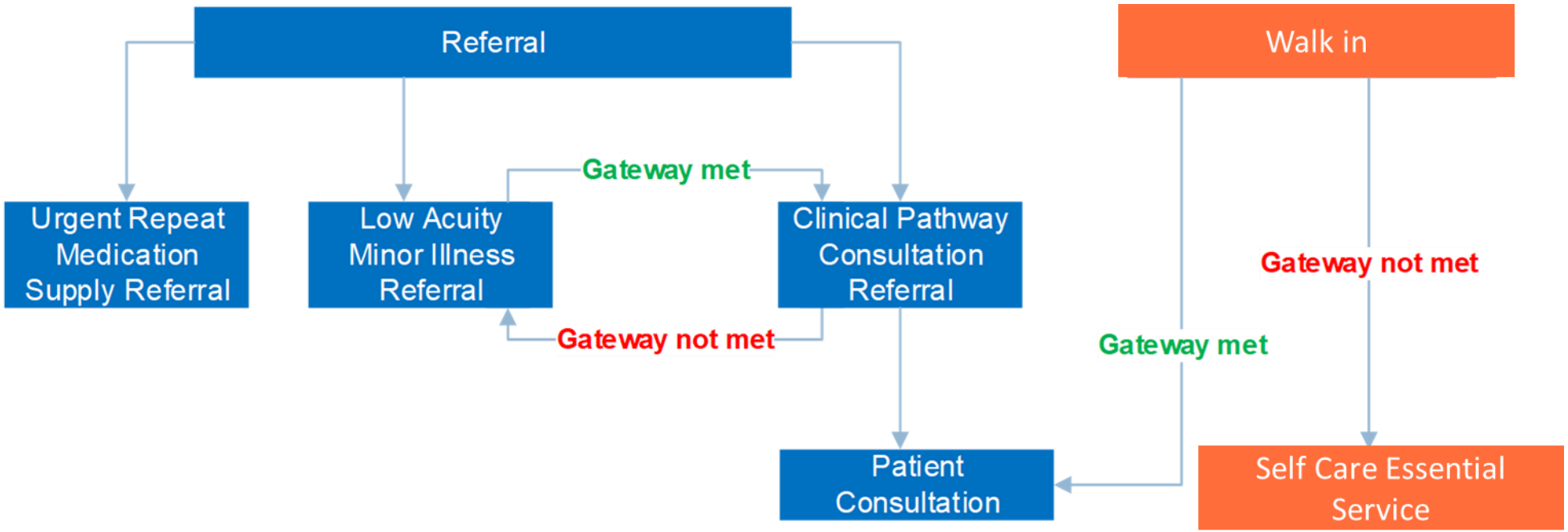
Pharmacy First is a new advanced service that includes 7 new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS). This means the full service will consist of three elements:

Pharmacy First (clinical pathways)	Pharmacy First (urgent repeat medicine supply)	Pharmacy First (NHS referrals for minor illness)
▪ new element ▪ Includes patient walk ins ▪ Supply via PGD if gateway criteria met	▪ previously commissioned as the CPCS ▪ Referrals only ▪ 111 and UEC	▪ previously commissioned as the CPCS ▪ Referrals only ▪ 111, UEC and GP

Key opportunities

- Pharmacies will need to be able to provide all 3 elements (only exception is DSPs will not need to do otitis media pathway due to need to use otoscopes).
- Remote consultations for 6 of the 7 clinical pathways are permissible via high quality video and if clinically appropriate speed of access to medicines can be facilitated.

Pharmacy First Service Overview



The existing referral routes for the CPCS will apply to the new clinical pathway's element, but patients will also be able to self-refer to a pharmacy for the clinical pathways (subject to the patient passing a clinically established gateway point in the relevant clinical pathway).

Community Pharmacy Greater Manchester

NHS Greater Manchester

GP Practice Referral to Pharmacy First

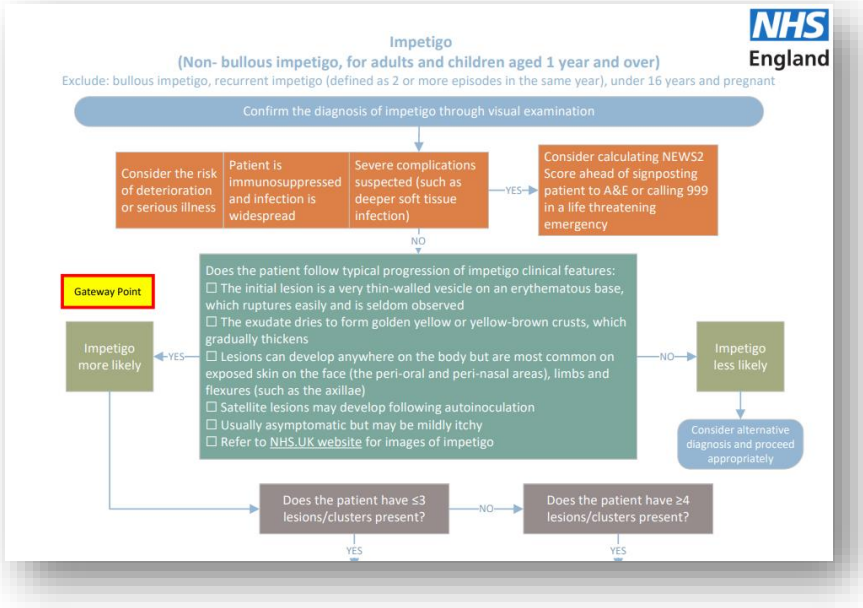
- Patients will receive a confidential consultation with the pharmacist in the consultation room or remotely. If signposted, may be treated as self-care support and possibly seen by another pharmacy team member.
- Patients are reassured that their concern has been taken seriously and the pharmacist will be expecting them.
- If the patient does not contact the pharmacy, the pharmacist will follow up based upon clinical need.
- Referrals enable the pharmacy to plan and manage workload, thereby meaning patients are seen in a timely manner.
- Clinical responsibility for that episode of patient care passes to the pharmacy until it is completed or referred on
- There is an audit of referral and clinical treatment, which will support onward patient care.
- Referral data can evidence that patients are actively being supported to access appropriate treatment, evidencing that GP practices are supporting the PCARP.

Key changes from GP CPCS vs. Pharmacy First

GP CPCS up to 30th January 2024	Pharmacy First from 31st January 2024
When making a referral, the patient should be told to wait for the pharmacy contact them, which should be within 2-3 hours. If the patient does not hear from the pharmacy, they should phone the pharmacy themselves to follow up the referral.	When referring a patient using EMIS local services, general practice staff should tell the patient to contact the pharmacy to follow up the referral. This can be either by the patient phoning the pharmacy, or by the patient visiting the pharmacy. The patient should tell the pharmacy that they have been referred by their GP.
Pharmacists are unable to supply any POM medicines for patients referred from general practice.	General practice staff should familiarise themselves with the 7 clinical pathway conditions, and the patients who are eligible for treatment (see next slide) and ensure these patients are prioritised for referral as the pharmacist is now able to supply POM treatment where appropriate.
Post-event notifications are sent by PharmOutcomes as an attachment on an email, which needs to be manually inserted into the patients record by staff at the general practice.	All post-event notifications to general practice following a Pharmacy First referral will be sent as a FIHR message and will automatically update the patient record in the practice (due end Feb).

Pharmacy First Infections to be managed via Clinical Pathways

	Age range	Medicines List
Uncomplicated UTI	Women 16-64 years	Nitrofurantoin
Shingles	18 years and over	Aciclovir Valaciclovir
Impetigo	1 year and over	Hydrogen peroxide Cream Fusidic acid cream Flucloxacillin Clarithromycin Erythromycin
Infected Insect Bites	1 year and over	Flucloxacillin Clarithromycin Erythromycin
Sinusitis	12 years and over	Mometasone nasal spray Fluticasone nasal spray Phenoxymethylpenicillin Clarithromycin Erythromycin Doxycycline
Sore Throat	5 years and over	Phenoxymethylpenicillin Clarithromycin Erythromycin
Acute Otitis Media	1 to 17 years	Phenazone and lidocaine ear drops Amoxicillin Clarithromycin Erythromycin



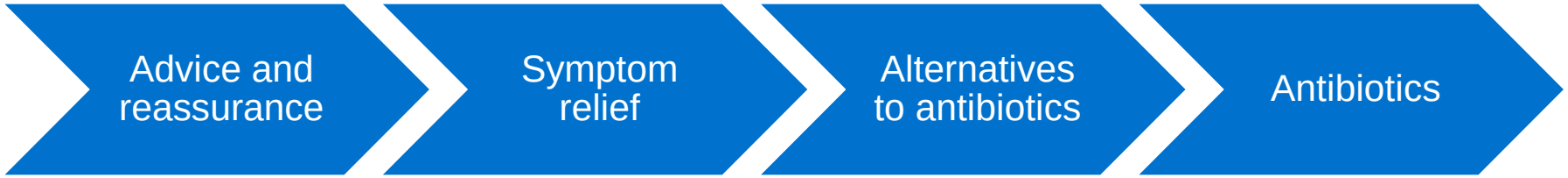
The clinical pathways element will enable the management of common infections by community pharmacies through offering **self-care**, **safety netting advice**, and only if appropriate, supplying a **restricted set of medicines** to complete episodes of care for seven common conditions.

Community Pharmacy Greater Manchester

NHS Greater Manchester

Development of Clinical Pathways

- Multi-professional expert working group to develop robust clinical pathways for the 7 conditions
- Clinical pathway approach



- Adherence to NICE guidelines
- National template for Patient Group Directions developed by SPS
- AMR Programme Board Oversight
- National Medical Director and Chief Medical Officer for England

Monitoring and surveillance

- NHSE will closely monitor the Pharmacy First service post-launch to allow for robust oversight and monitor for any potential impact on antimicrobial resistance so that any needed mitigations can be quickly actioned.
- NHSE is working with NHSBSA to enable pharmacy reimbursement and functionality for PGD supply to be recorded via ePACT2 data, or in a parallel dashboard.
- NIHR will commission an evaluation of Pharmacy First services considering implications for antimicrobial resistance.

GM Pharmacy First progress

1. Arranged x 12 F2F clinical training sessions for 700 places over January and February – all training places booked within 48 hours includes otoscopy and clinical training for 7 common conditions.

2. Operational plan in place, developed by LPC/NHS GM to coordinate communications, stakeholder engagement, contractor support , training events, GP/CP drop-in sessions In Jan/Feb 2024, data analysis, reporting /clinical assurance including set up of PCB comms

3.Over 95% of contractors are signed up to deliver PF in GM (only 12 pharmacies have not signed up)

Community Pharmacy Greater Manchester

NHS Greater Manchester

Expansion of the Contraception Service

Introduction of initiation of contraception in community pharmacies, supporting women to have easier access to contraception, through:

- Additional funding & Greater use of pharmacy team skill mix
- Encouraging contractors to sign up
- Both ongoing supply and initiation of supply will be combined into one service.
- NHS website postcode search tool enable patients to find local pharmacies who deliver this service
- Further work being planned by NHS GM/CPGM to support integrated working between GPs and Community Pharmacy at GM/ Locality level

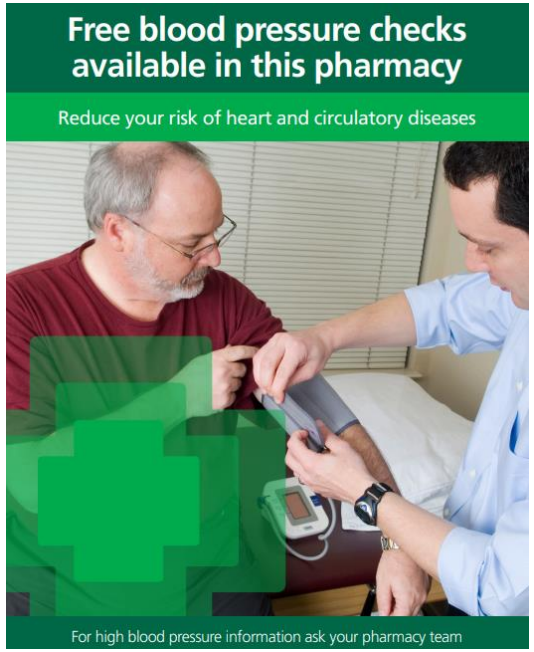
Community Pharmacy Greater Manchester

NHS Greater Manchester

Relaunch of Blood Pressure Service

Blood pressure checks to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke, through:

- Additional funding
- Greater use of pharmacy team skill mix
- Encouraging contractors not signed up to do so
- Encouraging contractors who have signed up to see more patients and completion of more ABPMs
- Further work being planned by NHS GM/CPGM to support integrated working between GPs and Community Pharmacy at GM/Locality level



Community Pharmacy Greater Manchester

NHS Greater Manchester

Resources

Resource	Link
Letter to ICBS, GP/PCNs and CP	NHS England Launch of NHS Pharmacy First advanced service
Clinical Pathway protocols	Pharmacy-First-Clinical-Pathways-v.1.6.pdf (england.nhs.uk)
Service specification	Pharmacy First Service Specification
All information and resources	Pharmacy First service - Community Pharmacy England
GP/LMC briefing	Briefing-for-LMCs-GP-practices-on-the-Pharmacy-First-service.pdf
PCB link to GP and PCN resources	GM PCB Pharmacy-first-service Resources for General Practice

Meeting: Locality Board			
Meeting Date	04 March 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 February 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	☒

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

System Assurance Committee Highlight Report – February 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 February 2024.

2. Background

2.1. This report is a summary of the System Assurance Committee held on 14th February 2024.

3. Headlines from the System Assurance Committee

3.1 Primary Care CQC process

- Information on the Care Quality Commission (CQC) reviews that have recently taken place in Bury and to highlight changes to inspections was shared.
- The CQC carried out an announced comprehensive inspection at Tower on the 30th August 2023 that was inclusive of all five sites. The inspection took place as a short face to face site visit at Tottington. Overall, following that inspection, the practice was rated as requires improvement.
- The process for practices receiving ratings of requires improvement or inadequate consists of GM pulling together a compliance plan which triangulates the concerns raised by the CQC team.
- This is shared with the locality Primary Care Team and the practice, which then has to work towards the suggested changes by the CQC to improve the rating.
- In addition to the full inspections, the CQC undertake targeted assessments to understand how practices are working to try and meet the demand for access and to better understand the experience of the people they serve.
- Going forward the CQC are in the process of developing a new assessment approach for all registered providers. The new framework will still look at the five key domains and the four-point rating scale which is what is currently being used.

3.2 Adult Safeguarding

- Awareness of the hidden adult needs to be highlighted - individuals who live at home who are in receipt of care/support and but not sighted by the carers responsible, red flags need to be clear and responded to.

- ‘Right Care/Right Person’ protocol being launched in GM in 2024 to enable concern/welfare checks are managed across health and social care. Significant work still to be undertaken with partners including GMP where there is no engagement from vulnerable people, those with mental health or substance misuse concerns.

3.3 Risk Report

- There was a meeting in relation to Corporate/Operational Risks at the end of January 2023 to review the list of risks after Lynne Byers left to ensure that there was no duplication across workstreams/Transformation Programmes. The IDC has reviewed the risks to ensure they aligned to programmes with the aim to have a further discussion the next Risk Performance and Scrutiny Group to ensure that this is comprehensive and reviews/updates are consistent going forward.

3.4 Quality Report

- A slide deck to demonstrate what Quality metrics information was available was shared. This needs to be worked through with BI teams to ensure it is fit for purpose.

3.5 Awards

- Kingarth – CQC rated outstanding January 2024

- Jordan Lawler – LD Social Worker – innovation award for developing a communication pack for people with cognitive impairments.

4 Associated Risks

4.1 Capacity in Bury locality to enable provider oversight of system risks even with the establishment of the Risk Performance and Scrutiny Group.

5 Recommendations

5.1 None

6 Actions Required

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

Carolyn Trembath
Head of Quality
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February 2024