BURY INTEGRATED CARE PARTNERSHIP

Agenda

Locality Board – Meeting in Public

Date: 8th July 2024

Time: 4.00 pm – 6.00 pm

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

Chair: Cllr E O.Brien

Item No.	Time	Duration	Subject	Paper Verbal	For Approval Discussion Information	By Whom
1.	4.00 – 4.05	5 mins	Welcome, apologies and quoracy	Verbal	Information	Chair
2.			Declarations of Interest	Paper	Information	Chair
3.			Minutes of previous meeting held on 3rd June 2024 including action log **(*Need to ratify ADHD Decision made at last meeting online*)**	Paper	Approval	Chair
4.			Public questions	Verbal	Discussion	Chair
Place Based Lead Update						
5.1	4.05 – 4.15	10 mins	Key Issues in Bury	Paper	Discussion	Lynne Ridsdale
5.2			Bury Local Area SEND Partnership Priority Impact Plan	Paper	Information	
Locality Board Priorities						
6.	4.15-4.30	15 mins	Urgent Care Performance	Paper	Discussion	Will Blandamer
Integrated Delivery Collaborative Update						
7.	4.30-4.40	10 mins	Integrated Delivery	Paper	Discussion	Kath Wynne-

			Collaborative Update			Jones
8.	4.40-4.50	10 mins	Public Service Reform and Neighbourhood development	Paper	Discussion	Kath Wynne-Jones
9.	4.50-5.00	10 mins	GM health and care services review	Paper	Discussion	Warren Heppolette
10.	5.00-5.10	10 mins	FLP WorkPlan/steering group	Paper	Discussion	Jo Fawcus/Lorna Allan
'Quadruple Aims' Updates						
11.	5.10-5.20	10 mins	Strategic Finance Group Update	Paper	Discussion	Simon O'Hare
12.	5.20-5.30	10 mins	Primary Care Commissioning Committee update	Paper	Information	Adrian Crook
13.	5.35-5.45	10 mins	Pharmacy First update	Paper	Information	Fin McCaul
14.1 14.2	5.45-5.55	10 mins	Performance Report Bury Population Health Improvement Report	Paper Presentation	Information Information	Will Blandamer Jon Hobday
Closing Items						
15.	5.55 – 6.00	5 mins	Any Other Business	Verbal	Information	All
16.	_____	_____	**Date and time of next meeting in public - Monday, 2nd September 2024, 4.00-6.00pm on Microsoft Teams**	_____	_____	All

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	8th July 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 8th July 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	**Pooled Budget**	**Non-Pooled Budget**		

indicate) whether this is required from the pooled (S75) budget or 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	Councillor Development Team Member Governor Member Trustee Member Trustee Member			As per policy - see details above		
Cllr	Tariq	Tamoor	Executive Member of the Council Adult Care and Health	Bury Council - Councillor Health Watch Oldham Pretty Little Thing Action Together CIC The Derby High School St Lukes Primary School Unite the Union Labour Party	X X X	 X X X X	 X	Direct Direct Indirect Direct Direct Direct Direct Direct	Councillor Manager Spouse Employed Governor Member Community Member Member	May 2010 August 2020 Present April 2018 May 2012 June 2007	Present	As per policy - see details above	######	Y
Cllr	Smith	Lucy	Locality Board Member	Bury Council Business in the Community The Christie NHS Foundation Trust Labour Party Community in the Union Socialist Health Association Catholics for Labour GMB Union	X X			Direct Direct Indirect Direct Direct Direct Direct Direct	Councillor Related to spouse Member Member Member Member Member	July 2023 July 2023	Sept 2023 Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Dr	Fines	Cathy	Associate Medical Director and Named GP	GP Federation Tower Family Health Care Horizon Clinical Network Greater Manchester Foundation Trust	X X X			Direct Direct Direct Indirect	Practice is a member Partner in a member practice in Bury Locality Practice is a member Husband is employed	2013 2017 2019	Present	Declaration of interest as per policy as detailed above (Y,Y,Y,Y,Y)		
	Jackson	Catherine	Executive Nurse	NCA				Indirect	Partner is the Director of Patient Safety & Professional Standards at the NCA.	25/10/2021	Present	As per policy - see details above		
	Ridsdale	Lynne	Chief Executive for Bury Council	Bury Council		X		Direct	Chief Executive	Mar-23	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	O'Hare	Simon	Associate Director of Finance – Bury Interim Associate Director of Finance – HMR	Simkat Shore Holdings LTD	X			Direct	Director	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			
	Allan	Lorna	Chief Digital and Information Officer Digital Services, NCA	Trustee at St Leonard's Hospice in York			x	Direct	Trustee	Dec-23	Present			
	Stott	Jill	Declaration of Interest form awaited											
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, Pennine Care NHS Foundation Trust	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			
	Hobday	Jon	Director of Public Health	None Declared					Nil Interest		present	As per policy - see details above		
	Crook	Adrian	Director of Adult Social Care and Community Services Member of the Locality Board	Bolton Hospice			X		Trustee	Jul-05	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Non-Voting Members														
	Wynne-Jones	Wynne	Member of the Locality Board	KWJ Coaching and Consulting Roots and Branches CIC The University of Manchester - Elizabeth Garrett Anderson programme	X X X			Direct Direct Direct	Owner Director Tutor	July 2021 Nov 2023 Oct 2022	Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
	Passman	Ruth	Chair of Bury Healthwatch	None Declared					Nil Interest			As per policy - see details above		
	Wilkinson	Catherine	Member of the Locality Board	Bury Provider Age UK Lancs	X		 X	Direct	Director of Finance Trustee and Treasurer	November 2020 May 2018	Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Invited Members														
Cllr	Bernstein	Russell	Cllr Bury Council, Conservative Leader	Bury Council Philips High School Bury and Whitefield Jewish Primary Conservative Party	X	 X X X		Direct Direct Direct Direct	Councillor Councillor	May 2021 September 2019 September 2019 July 2019	Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		
Cllr	Smith	Mike	Attendee of the Locality Board as Leader of Radcliffe First	Angles and Arches Anodising Colour Radcliffe First Radcliffe Litter Pickers Growing Older Together	X	 X X X		Direct Indirect Direct Direct Direct	Director Spouse is a lab technician Leader Member Member	16/1/2009 2017 2019 2019 2019	Present Present Present Present Present	As per policy - see details above (Y,Y,Y,Y,Y)		

BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	08 July 2024	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Minutes of the Previous Meeting held on 3rd June 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 3rd June 2024 are presented as an accurate reflection of the previous meeting, reflecting the discussion, decision and actions agreed.

Recommendations

It is recommended that the Locality Board:-

- Approve the minutes of the previous meeting held as an accurate record;
- Provide an update on the action listed in the log.

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

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

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

Draft Minutes

Date: Locality Board, 3rd June 2024

Time: 4.00pm

Venue: Teams

Title	**Minutes of the Locality Board (Closed in light of Purdah)**		
Author	Emma Kennett		
Version	0.1		
Target Audience	Locality Board		
Date Created	4th June 2024		
Date of Issue	July 2024		
To be Agreed	1st July 2024		
Document Status (Draft/Final)	Draft		
Description	Locality Board Minutes		
Document History:			
Date	**Version**	**Author**	**Notes**
4th June 2024	0.1	Emma Kennett	Draft Minutes produced
Approved:			
Signature:			..... **Add name of Committee/Chair**

Locality Board

MINUTES OF MEETING
Locality Board Meeting in Private 3rd June 2024 4.00 pm until 6.00 pm **Chair – Dr Cathy Fines**

ATTENDANCE

Voting Members
Dr Cathy Fines, Senior Clinical Leader in the Borough **(Chair)** Cllr Eamonn O'Brien, Leader of Bury Council Cllr Lucy Smith, Executive Member of the Council for Children and Young People Ms Lynne Ridsdale, Place Based Lead Ms Clare Williams, Deputy Section 151 Officer Ms Catherine Jackson, Executive Nurse Dr Kiran Patel, Medical Director, IDCB Ms Joanna Fawcus, Director of Operations, NCA Ms Sarah Preedy, Chief Operating Officer, Pennine Care Foundation Trust 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 Mr Adrian Crook, Director of Adult Social Services and Community Commissioning Dr Vicky Howarth, Medical Director, NCA
Non-Voting Members
Ms Catherine Wilkinson, Director of Finance, NCA
Invited Members
Cllr Russell Bernstein, Conservative Opposition Party Mr Ian Trafford, Head of Programmes, IDCB Ms Alexia Mitton, Assistant Director of Engagement, NHS Greater Manchester Mrs Emma Kennett, Head of Locality Admin & Governance, NHS Greater Manchester (Bury locality) Ms Philippa Braithwaite, Democratic Services, Bury Council
Observers
Ms Ruth Whittingham, Head of Legal Services, Deputy Monitoring Officer, Bury Council Ms Chloe Ashworth, Democratic Services, Bury Council Ms Ceri Kay, Legal Services, Bury Council Ms Abby Greaves, NCA

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies and Quoracy
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were received from Cllr Tamoor Tariq, Mr Simon O'Hare, Mr Warren Heppolette Ms Lorna Allan, Ms Helen Tomlinson, Ms Sophie Hargreaves and Ms Kath Wynne-Jones.
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 April 2024** No declarations to note.
2.9	**Declarations of interest from today's meeting 3rd June 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/06/01	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 April 2024 were considered as a true and accurate reflection of the meeting. The following updates on actions were provided: - • A/04/01 - The Locality Plan/operational planning priorities submitted to the March Locality Board to be revisited in the context of the draft Operational Plan. Mr Blandamer reported that there was an update on priorities included within the Integrated Delivery Report on today's agenda and there was a need to refresh the wider Locality Plan for the borough as part of this work. A discussion would take place with Ms Wynne-Jones in relation to this action. • A/04/05 - Agreed to set up a Working Group meeting (to include Cllr Tariq as the Cabinet Member for this area as well as other interested parties) to review the current ADHD / Autism assessment provision within the borough ahead of the Greater Manchester options being received and brought to the Locality Board in June/July 2024. It was noted that there was a further paper in relation to ADHD included on today's agenda. This action could therefore be closed.

ID	Type	The Locality Board	Owner
D/06/02	Decision	Accepted the minutes and actions from the previous meeting as a true and accurate reflection of the meeting.	

4	No item

5	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: - • Despite it being electoral purdah, it had been important to go ahead with today's Locality Board meeting in a closed format to ensure that members were sighted on the key SEND and ADHD items. • An NHS GM Single Improvement Plan was being developed which would formalise a set of agreed actions and timescales under one 'single improvement plan in the context of performance, finance and quality. This was a process referred to legally as 'Enforcement Undertakings' and was anticipated that this intervention would provide the regional team with a greater level of assurance on progress. Separate items in relation to this plan and the associated public engagement exercise are included on today's meeting agenda. • This month it was confirmed that Greater Manchester was one of just 15 ICBs across England to secure a place on the £64 million national 'WorkWell' pilot scheme – receiving £7 million funding to provide extra support to thousands of people in the city region struggling to stay in work because of poor health. Launched by the Department for Work and Pensions and the Department for Health and Social Care, the pilot scheme would run from Tuesday 1 October 2024 to Tuesday 31 March 2026. Helping people who have been recently signed off or were struggling to stay in work due to poor health, gain access to one-to-one support to understand the issues they are facing and put a tailored plan in place to help them return to the workplace. • In terms of Learning Disabilities and Health Checks Performance, Bury has had a long track record of excellent performance on ensuring health checks were available and utilised for those with Learning Disabilities. This performance dipped during the COVID years however performance for the year to March 2024 had recovered significantly at 82.5% which was the highest uptake figures we have ever had. All staff involved in this excellent work were commended for this progress. • In relation to the Locality Place Based Assurance Meeting on the 20th June 2024, NHS Greater Manchester would be reviewing the operation of places in the context of their delegated functions from the ICB. This would include medicines optimisation, primary care improvement, continuing health care, and the operation of the NHS GM locality budget. The meeting would also recognise the role of the NHS GM place-based teams in orchestrating the operation of the wider health and care system in each place, and there were some lines of enquiry that related to NHS provider performance, but from the perspective of the effective contribution of the whole system. These included the progress of the Bury system on 4 hour waits in A&E, no reason to reside in general and acute beds and out of area mental health placements. The NHS GM Bury team would address the locality assurance meeting itself and report back.

5.2

- NHS Greater Manchester (NHS GM) was reviewing IVF cycles across Greater Mancheter. Although there is one Greater Manchester Policy for Assisted Conception (including IVF), the number of NHS funded IVF cycles offered to eligible people varies across Greater Manchester, depending on the location of their GP practice. This links to previous decisions made by Clinical Commissioning Groups across Greater Manchester. This wasn't equitable and NHS Greater Manchester would like to make it fairer so that wherever you live in Greater Manchester, if eligible, you are able to access the same number of IVF cycles. Between, Wednesday 15 May to Sunday 2 June 2024, people across GM were invited to have their say via various communication channels, including a survey, what's app messaging, website link and attending local groups. In Bury, the consultation has been widely shared with voluntary and community sector partners including VCFA and Healthwatch, and amplified by Council comms.
- The workforce team of the Bury integrated partnership have been developing new ways of working on recruitment and retention with a focus on a person-centred approach - on the needs, values and ambitions of applicants and employees. Focused particularly on addressing recruitment challenges in Adult Care in the Council, this work has received national recognition in a Local Government Association publication and the link is included in the report for information.

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

- An amendment was required to the IVF section of this report prior to publication after the election to reflect that the age for eligible people is aged 42 and under not 39 as noted in this version of the report.

ID	Type	The Locality Board	Owner
D/06/04	Decision	Received the update.	
A/06/01	Action	Amendment required to the IVF section of the report ahead of the publication of the meeting papers following the election	Mrs Kennett

6.1	SEND Inspection from CQC and Ofsted
6.1	Mr Blandamer and Ms Richards submitted a report in relation to the SEND inspection undertaken by CQC and Ofsted.
6.2	It was reported that: -

- Bury Council and NHS Greater Manchester Integrated Care Board (ICB) were jointly responsible for the planning and commissioning of services for children and young people with Special Educational Needs and Disabilities (SEND) in Bury.
- Ofsted and CQC had published its report following the Bury local area inspection of SEND carried out in February 2024. A copy of the report was included at Appendix 1 of the report and also published online at https://reports.ofsted.gov.uk/provider/44/80443.
- A draft Priority Action plan had been developed and a copy was circulated to Locality Board members on Email earlier today. The plan covered three main areas from an NHS perspective including general contributions/strategy/leadership, Waiting Well and the current gap in respect of Adult ADHD Services, in addition to the NHS partner contribution to the wider partnership working.
- The draft plan had been produced in conjunction with the Parent Carer Forum (BURY2GETHER) and would need to be signed off by the Council, Health and other key stakeholders. The plan must be submitted to Ofsted & CQC early June 2024 and would be published once approved by Ofsted/CQC.
- To support the delivery of the plan, Workstream Leads would each co-produce detailed operational plans. These operational plans would provide key assurance activity, including performance data and quality assurance findings that will be monitored by the SEND Improvement Assurance Board (SIAB) and would provide the tracking mechanism for the progress of actions and impact. Each Priority Action (and Area for Improvement) had a nominated lead officer, who would be a senior officer within their organisation. They would provide monthly highlight reports to the SIAB, and ensure monthly reviews of the risk register. The partnership had until January 2026 to deliver on this plan.
- In terms of the report outcome, inspectors felt that there were systemic failings in the Bury local area, with a number of priority actions required of the local area partnership. This outcome was

symbolic of the challenges faced which includes an increasing number of children with special educational needs requiring support and increasing costs in delivering services. This had created issues in waiting times and in delivering services and had also created a significant financial gap which needed to be solved.

- The Partnership were disappointed by the outcome of the report but accepted that the partnership needed to be much more effective in supporting children and families with SEND in the borough. There was also a need to recognise the positives within this area and ensure these were effectively communicated within the locality.
- Inspectors recognised the breadth, ambition, and appropriateness of Bury's strategy, but did not feel that it had yet had the desired positive impact for children and families.
- The Council was subject to an Improvement Notice following the SEND inspection which would be issued via the Leader and published after the election.
- There needed to be a focus on impact measures and outcomes as part of the next steps.

6.3

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

- There was a need to be clear as part of future actions what the impact has been and whether any creative solutions can be found. It would not be good enough to simply state that things aren't working as part of the new Framework implementation.
- There had been 30 inspections across the Country within this area to date with 9 having had a systematic failing outcome which demonstrated how challenging the overall framework was.
- Co-production, communication and engagement would be a key component in delivering the priority plan going forward.
- A question as to what the waiting times were like in one of the 8 areas which got a positive experiences outcome as part of their inspection and whether there was anything to learn from these areas. It was reported that this would form part of the DFE/NHS advisor role in terms of learning from best practice. In terms of waiting time benchmarking, this did not exist from a SEND perspective as the inspection was concerned with individual experiences of people waiting which is why communication around waiting well is a key factor.
- There was also a lot of good practice to be learned via the Greater Manchester governance infrastructure such as the GM Improvement Board and pathways/models such as the Portsmouth model for neurodiversity.
- Successful delivery of the plan would require a transformational social change not solely reliant on the clinical model.
- The NCA Community Physio Team had been highlighted as part of the inspection as a well functioning team which should be commended as demonstrated the service improvements made in recent years.

ID	Type	The Locality Board	Owner
D/06/05	Decision	Invited partners to note the report and provide all necessary support and advice in the development and implementation of the Priority Action Plan	

6.2	ADHD/ASD
6.1	Mr Blandamer submitted a report which set out an Adult ADHD and ASD assessment commissioning proposal. Mr Trafford was in attend to discuss the paper in further detail.
6.2	The paper outlined: -

- The background to the current position whereby there is no commissioned provider of adult ADHD and autism assessments for Bury registered patients.
- The associated risks.
- The updated financial position.
- NHS GM ICP proposals.
- Commissioning recommendations.

6.3

It was reported that: -

- In addition to being a joint Committee with the Council, the Locality Board was also accountable to the NHS Greater Manchester Integrated Care (NHS GM), through the NHS GM

	Scheme of Reservation and Delegation, for the delivery of NHS standards and for the NHS GM budget that was part of the Integrated Fund. It was noted that this paper linked to the ICB decision making processes and did not need Council approval as such however was still a need to work through the governance processes following the meeting given the current purdah period and meetings not being held in public/face to face to ensure that there are no delays with progressing this commissioning proposal should approval be granted today.
	• LANCuk ceased to be the commissioned provider for the North East Sector (NES) - Bury, Oldham and Heywood Middleton & Rochdale localities in Feb 2022 after they had their CQC registration withdrawn.
	• Optimise Healthcare were commissioned (up to March 2024) as part of a rapid procurement process to pick up the following cohorts of patients transferred from LANCuk:
	  • Patients currently on the prescribing list – circa 212 patients (across the NES)
	  • Patients recently diagnosed and awaiting prescription – circa 91 patients
	  - Patients under shared care – circa 408 patients.
	  - This was because these patients were deemed to be in the greatest need of continuity of care. Optimise were not commissioned to provide new adult ADHD or autism assessments.
	• This had left Bury and the other NES localities without a commissioned provider for:
	  - New patients requiring an ADHD assessment
	  - New patients requiring as autism assessment
	  - New patients with an ADHD diagnosis requiring a medication initiation, restart or shared care
	  - Young people with ADHD and on medication transitioning from CAMH or paediatric services requiring shared care under the supervision of an adult service.
	• There were also a significant number of patients who had been referred to LANCuk who were therefore not transferred to Optimise. These included those referred but whose referral was never processed and those who were part way through an assessment with LANCuk.
	• In December 2023, the Bury Mental Programme Board endorsed a recommendation for NES commissioners to proceed to the STAR process with the intention of recommissioning Optimise Healthcare with a number of contract variations subject to procurement rules being met. The STAR form to request funding to recommission Optimise was approved and work is under way to complete the Provider Selection Regime process.
	• In the absence of a commissioned provider for adults requiring an ADHD or autism assessment, the current available pathway in Bury was via the patient choice pathway in line with national right to choose guidance. Someone can request referral to a provider of their choice so long as the provider holds an NHS contract, is CQC registered and their GP deems the assessment to be clinically necessary. It was noted that reliance on the right to choose pathway created a range of challenges which were set out in greater detail within the report.

6.4	The following comments/observations were made by Locality Board members: - • It was unlikely that many GPs would be supportive of the Right to Choose route within this area given the challenges and complexities that exist. • This paper linked back to the SEND priority action plan discussed earlier in the meeting and included a clearer route for transition beyond 18 years.

ID	Type	The Locality Board	Owner
D/06/06	Decision	Approved the following recommendations: a) The commissioning of a provider of adult ADHD and ASD assessments and follow up treatment (for ADHD) and support. b) That Bury commissions this jointly with Oldham and HMR. *NB* – There was a need to tie up some of the local governance arrangements in light of purdah however this should not delay this commissioning proposal moving given its importance and impact on patients**.**	

7	Update on NHSE Improvement plan for NHS GM
7.1	Mr Blandamer presented an update in relation to the NHSE Improvement plan for NHS Greater Manchester. It was reported that: - • NHS Greater Manchester (NHS GM) was still a relatively new organisation which continued to grow in maturity. Despite making good progress in many areas, the organisation had not made enough progress in resolving performance, finance and quality issues. • NHS GM would now be working more closely with NHSE on a set of formalised agreed actions under one 'single system improvement plan' - enabling a greater level of assurance in relation to delivery. This was a process referred to legally as 'Enforcement Undertakings'. • The formal letter of undertakings is expected to be signed off at July's NHS Greater Manchester's Board meeting. • Ahead of this, considerable work is already underway to start shaping the components of a single system improvement plan to address the grounds for the undertakings and shape the ICB making it 'Fit for the Future'. • Existing national tiering arrangements for UEC, Elective and Cancer will continue alongside this process and will provide additional support to drive targeted improvement.

ID	Type	The Locality Board	Owner
D/06/07	Decision	Noted the update.	

8	Fit for the Future - Public finance conversation
8.1	Ms Mitton was in attendance to present a report in relation to Fit for the Future – Public Finance Conversation. It was reported that: - • A public engagement exercise was due to launch following the elections under the umbrella title 'An NHS Fit for the Future' and would run until autumn 2024. This programme would engage with the public on the organisation's population health, performance and financial goals in order to increase awareness and understanding of the challenges faced without creating unnecessary fear; to reassure staff, stakeholders, and the public that investments and decisions will bring fairer opportunities for citizens and have a positive impact on future generations. • It is anticipated that this would develop one version of the truth about the system position which all partners buy into/can use/feel confident about sharing i.e., this is for all of us to be able to tell a single story confidently; and to begin an ongoing programme of involving people and communities in meeting the challenges. • Localities were being offered the opportunity for an event around the Fit for the Future – Public Finance Conversation which could be tailored according to locality requirements. • It was noted that the GM Team was already connected with the VCFE in Bury.
8.2	The following comments/observations were made by Locality Board members: - • There had been previous discussions at the Locality Board in relation to ensuring that there was public awareness about the financial position and challenges faced. • The Bury public have previously been receptive to messages around finance which was demonstrated as part of the former PCT 'Care about the Cost' campaign. • This conversation was welcomed given the current financial position. • There was a need to ensure that all staff were engaged as part of this process. It was noted that a 'no surprises' approach was being adopted whereby staff would be kept up to date on the public and stakeholder engagement plans. • Social marketing and changing behaviour would be a key part of this process.

ID	Type	The Locality Board	Owner
D/06/08	Decision	Considered the plan and supported the ongoing work of the locality and NHS GM central teams.	

9	Integrated Delivery Collaborative Update
9.1	Mr Blandamer presented the latest update report in relation to the Integrated Delivery Collaborative in the absence of Ms Wynne-Jones. It was reported that: -

- Delivery arrangements were being reviewed in relation to neighbourhoods, major conditions and community and elective where there were currently have gaps and duplication in work programmes.
- The Major Conditions Board would commence in June / July 2024 with all ICB CD's having been aligned to major conditions area. There was a need to confirm managerial support arrangements for the different conditions.
- There was continued work through the NCA 4 localities partnership to progress the outpatient transformation programme. The pace of rolling out of this programme of work was not as speedy as is required. There was a need to gain more traction on this to connect it more closely into the CIP programme of change. The existing community and elective board would transition into it's new form from June/July also.
- An Aging Well Partnership Board had been established which Mr Crook was leading on. It was anticipated that this would bring more visibility to the huge amount of work that was already happening in this area.

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

9.2

- A query as to whether the Dermatology Transformation programme work referenced within the paper had been discussed via the Clinical and Professional Senate. It was reported that this had not been discussed via that route as it was central Greater Manchester piece of work that had been undertaken and that Associate Medical Directors within localities should have been engaged as part of this work. Dr Fines to explore this further in terms of how views had been gathered.

ID	Type	The Locality Board	Owner
D/06/09	Decision	Noted the report.	
A/06/03	Action	Agreed to check how views had been gathered as part of the Dermatology Transformation programme work.	Dr Fines

10	Risk Report
10.1	Ms Jackson submitted the latest Bury ICP Strategic Risk Report to the Locality Board.
10.2	It was highlighted that: -

- The report detailed the locality strategic risks set by the Risk, Performance and Scrutiny Group as scored above 12 using the strategic risk descriptors detailed in section 3 of the report.
- The risks were described in summary and high-level mitigating actions were included. Further detailed information on the risk mitigations were discussed and actioned through the Transformation/Programme Boards.
- A further quality risk register was available and scrutinised at the System Assurance Committee.
- Quarterly updates on risk would be provided to the Locality Board going forward with more detail provided should any risk require onward escalation.

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

- This was an excellent piece of work capturing the current locality risks which linked in with areas such as ADHD, GP inequitable funding, Safeguarding, the Uplands which the Locality Board were already well sighted on. It was noted that there had been some improvements made in relation to some of the safeguarding areas so these risks may need to be further reviewed as part of the next report.
- There had been good progress made regarding the Uplands development and Mrs Postlethwaite was commended in this regard.
- Mrs Jackson and her team were thanked for pulling together this initial Strategic Risk Report.
- It was important to note that this report was not about replicating individual organisational risk registers it was about bringing the system risks together in one place in line with the Board's remit.

ID	Type	The Locality Board	Owner
D/06/10	Decision	Discussed and considered the risks and made recommendations to the Risk Performance and Scrutiny	

		Group to ensure robust transparency, oversight and mitigation of locality strategic risks.	

11	Strategic Finance Group Update
11.1	Ms Wilkinson presented the latest Strategic Finance Group report in the absence of Mr O'Hare.
11.2	It was reported that: - • The financial position of all partners continued to be very challenged in 2024/25. NHS Greater Manchester (GM) had entered undertakings with NHS England, and this brought additional scrutiny and rigour around finance, performance and quality. • In the latest financial planning submission to NHS England on 2nd May 2024, NHS GM had a deficit plan of £217m, which had improved from £297m in the previous submission. To enable this overall system position all organisations and functions within NHS GM have Cost Improvement Plans (CIP) of 5%, including the Northern Care Alliance (NCA), Pennine Care Foundation Trust (PCFT), Manchester Foundation Trust (MFT) and the Bury Locality. The delivery of these targets and overall financial positions was being rigorously monitored at a local, regional and national level. • At month 1 NHS GM was on plan with CIP delivery of £7m, but it should be noted that this was not profiled equally across the year. Robust delivery facilitated by programme and project management focused on savings delivery would be vital to ensure the achievement of finance plans across all organisations and functions. • Bury Council went into 2024/25 on the back of a £6.5m overspend in 2023/24. The Council's 3 year budget plan (MTFP) detailed a £30m gap over the period after mitigation by £10m of pre-agreed savings. This will be very challenging to achieve as it amounts to 15% of the Council's net budget. • Urgent Care system locality partners have collaboratively evaluated 2023/24 Better Care Fund (BCF) discharge and Urgent Care capacity money schemes and made recommendations for the continuation of these for 2024/25. This evaluation and recommendation had been approved by the Bury Urgent Care Board and was submitted to NHS GM to comply with the 10th May 2024 deadline and is for retrospective approval from Locality Board, as the May meeting did not take place due to it falling on a bank holiday. This evaluation and recommendation was agreed by the Deputy Place Based Lead / Executive Director – Health and Adult Care and the Locality Finance Lead before submission
11.3	The following comments/observations were made by Locality Board members: - • The collaborative approach adopted by partners as part Capaity and Discharge funding was commended and consideration of the adopting the same approach in relation to Better Care Fund (BCF) . • The work undertaken in relation to the respiratory hubs had made a positive impact within the locality.

ID	Type	The Locality Board	Owner
D/06/11	Decision	• Noted the contents of this report, that NHS GM was now in undertakings with NHS England, the achievement of the CIP requirement by NHS GM in month 1 and the continued challenging outlook for 2024/25. • Noted the evaluation of 2023/24 BCF discharge and UEC capacity schemes and approve the recommended expenditure areas for these monies in 2024/25.	

12	Population Health & Wellbeing Update
12.1	Mr Hobday informed members that the last Health & Wellbeing Board had been cancelled due to electoral purdah and the pre election period.
12.2	It was reported that: -

	• That there had been a reduction in the Greater Manchester Population Health Budget which was not great news for the locality. A letter had been sent to GM setting out concerns in this regard.

ID	Type	The Locality Board	Owner
D/06/12	Decision	Received the update.	

13	Performance Report
13.1	Mr Blandamer presented the latest new format Performance Report to the Locality Board. It was reported that: - • The report was a big step forward from previous reports with a number of metrics/indicators now included. • There had been significant scrutiny in terms of 4 hour A& E performance and more substantial update on this would be brought back to a future Locality Board meeting. There was also a need to clarify whether performance related to Bury patients or was site specific.
13.2	The following comments/observations were made by Locality Board members: - • This was an easy read report however some of the data remained very out of date – for example we get a daily update which is on tableau on OAP for mental health and yet the report data was February 2024. • In terms of Out of Area placements, work was underway to address some of the delays in relation to the flow and availability of beds and this needed to be continually monitored. • A question as to whether this report was scrutinised in detail as part of any other meeting/Committee discussions. It was confirmed that more detailed discussions took place via the Integrated Delivery Board and other Programme Boards as needed. • There had been improvements in relation to 12 hour waits and corridor care however was still long waits for Mental Health patients in A &E. • The NCA was number 1 in the Country for the 72 hour pathway for over 75 year olds in terms of discharge. It was highlighted that there was a need to communicate more on the positive news stories such as this as quite often it was the bad news stories that reached the press. There was a need to ensure teams were commended for this achievement. • It would be helpful as part of future iterations of this report to develop a wider view of the operation of the health and care system in bury – including childrens, adult care, and wider population health indicators. I explained this was the development plan • It would be helpful to include further information on children's – obesity, immunisation and vaccinations, maternity and also service access information as part of future reports. It was noted that most of the maternity data was provider specific in light of there not being a maternity unit in the borough which made reporting quite difficult. • It would be helpful to bring the wider population health indicators we have developed on our dashboard into the next locality board meeting alongside the locality performance report.

ID	Type	The Locality Board	Owner
D/06/13	Decision	Received the update.	
A/06/03	Action	A more substantial update on A&E 4 hour waits to be brought back to a future Locality Board meeting. There was also a need to clarify whether performance related to Bury patients or was site specific.	Mr Blandamer
A/06/04	Action	The latest Population Health Framework to be circulated after the meeting so that the Board is sighted on totality of data working to.	Mr Hobday

14	System Assurance Committee update
14.1	Ms Jackson submitted the latest System Assurance Committee update to the Locality Board.
14.2	It was reported that: -

	• In terms of Care/Nursing Homes, the overall quality of Bury care homes continued to increase. Bury was now third amongst its GM neighbours and was performing well above the England average and the Northwest, with only 3 care homes rated inadequate by the CQC. Work was ongoing to pilot a framework for staff to ensure homes are supported as early as possible. This has been used successfully and has stabilised a couple of providers quite quickly, with partners from infection control, meds management involved. It is hoped the framework would be signed off and rolled out. A Provider Failure Process was being also being developed targeting care homes with an inadequate rating and then to focus on providers with a requires improvement rating and to get them up to good. Burrswood notice of decision from CQC has been withdrawn and a phased re-opening in now taking place. Work continued across GM to ensure that all homes using the overseas sponsorship licence, to employ non-UK workers, use them within the criteria set out by the UK government. • In relation to Good News Stories, Learning Disability Health Checks were now 82% achievement which was the highest ever in 2023/24, the Bury Carer's Hub were finalists in the HSJ awards 2024, Days Kept Away From Home (DKAFH) project nominated for a parliamentary award, PCFT primary care nurses set up 'My mind and me' at Whitefield HC as a support group for people to manage their own mental health and the Elms GP practice rated 'good' by CQC.

ID	Type	The Locality Board	Owner
D/06/14	Decision	Received the update.	

15	Any Other Business
	There were no items raised.

ID	Type	The Locality Board	Owner
D/06/15	Decision	Noted the information and the meeting in public was closed at 6.00pm.	

Locality Board

Action Log – June 2024

Status Rating: • **In Progress** ✅ **Completed** • **Not Yet Due** 🛑 **Overdue**

Date	Reference	Action	Lead	Status	Due Date	Update
8th April 2024	A/04/01	The Locality Plan/operational planning priorities submitted to the March Locality Board to be revisited in the context of the draft Operational Plan. Mr Blandamer reported that there was an update on priorities included within the Integrated Delivery Report on today's agenda and there was a need to refresh the wider Locality Plan for the borough as part of this work. Mr Blandamer would speak to Ms Wynne-Jones in this regard.	Mr Blandamer	In progress	July 2024	
3rd June 2024	A/06/01	Amendment required to the IVF section of the report ahead of publication of papers following the election	Mrs Kennett	In progress	July 2024	Paper amended and full set of Meeting papers from the June meeting will be uploaded to the GM website following the General election.
3rd June 2024	A/06/02	Agreed to check how views had been gathered as part of the Dermatology Transformation programme work.	Dr Fines	In progress	July 2024	
3rd June 2024	A/06/03	A more substantial update on A&E 4 hour waits to be brought back to a future Locality Board meeting. There was also a need to clarify whether performance related to Bury patients or was site specific.	Mr Blandamer	In progress	July 2024	

Status Rating: • **In Progress** ✅ **Completed** • **Not Yet Due** 🛑 **Overdue**

Date	Reference	Action	Lead	Status	Due Date	Update
3rd June 2024	A/06/04	The latest Population Health Framework to be circulated after the meeting so that the Board is sighted on totality of data working to.	Mr Hobday	✅	June 2024	Circulated to members on Email.

BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	08 July 2024	**Action**	Receive
Item No.	5.1	**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 June Locality board received a draft Priority Impact Plan following the CQC/Ofsted inspection outcome. We are pleased to report the finalised version of the Priority Impact Plan was submitted and accepted without amendment. The finalised version is included within the papers for this meeting and once again I would like to thank all partners for contributing to its development.

The delivery of the Priority Impact plan is the focus of the Bury SEND Improvement and Assurance Board – independently chaired by Deborah Glassbrook – a highly experienced SEND improvement board Chair and former DCS.

Each of the 6 required actions and 3 improvement priorities will develop a highlight report to be iterated overtime and thus demonstrating a record of progress. Thank to managers from all partners for their contribution to this work.

For NHS partners to the locality board, as well as the key generic contributions to the work of the whole partnership (e.g in timely completion of EHCPs, and in the work to support early years services)

- Waiting times for services
- Steps taken to support families while waiting for services.
- Adult ADHD arrangements (as per previous papers to locality board)

Work is continuing on establishing appropriate communication mechanisms and updates on the work of the board to various stakeholder groups, including the Locality Board, the Parent Care Forum Bury2gether, and children and young people themselves. Further updates will be available from the Locality Board in due course.

2. Locality Place Based Assurance Meeting – 20th June

Further to the update to the June Locality Board, the ICB is undertaking a series of assurance visits to each locality – focused primarily on the delegated ICB functions to ICB locality teams, but also reviewing the effectiveness of the orchestration and operation of the wider health and care partnership in each locality and with a particular focus on key NHS GM priorities around urgent care, mental health and primary care.

Formal feedback has not yet been received but broadly the visit was positive. The locality was commended on the quality of the partnership working and the partnership architecture created in terms of the range of programme boards and the operation of the integrated delivery board. The locality was commended for a clear focus in the transformation plans on prevention, early intervention, and demand management. The locality was commended for the detail of system wide improvement programmes, particularly in relation to urgent care/4 hours, and on out of area placements.

As a locality we recognised a number of areas of challenge for us, recognisable to the locality board, including the outcome of the SEND partnership inspection, issues around commissioning of Adult ADHD services, and the historic relatively poor investment in primary care provision and the consequence risk of instability. The meeting also recognised the very challenging financial position of all partners to the Bury integrated care partnership.

The meeting had a shared understanding of some particular challenges in Bury around the sustainability and efficacy of CHC and Complex Care commissioning arrangements.

In accordance with the spirit of the meeting the Locality asked for a number of areas of support required from

the central ICB teams, including better locality orientated BI capacity, a mechanism to begin to address the inequality of primary care funding, improved primary care business intelligence particularly, and strengthen GM wide support on SEND improvement particularly related to those services commissioned by ICB corporately and in terms of capacity to support partnership improvement.

3. GM ICP Sustainability plan update

The ICB is required to produce a 5-year sustainability plan - demonstrating a road to a financially sustainable future for the GM health and Care system. In accordance with the ICP Strategy this plan balances the need for cost effective, efficient and quality service delivery with the requirement to change the key determinants of health and care service demand through improved population health.

The sustainability plan is in development, and brings together a range of key programmes of work into a unified framework, including the Carnel Farrar analysis and proposition on population health gain, the work of Health Innovation Manchester, and the potential work of the GM Health and Care review (see later paper on agenda)

The key pillars of the sustainability plan are described as below:

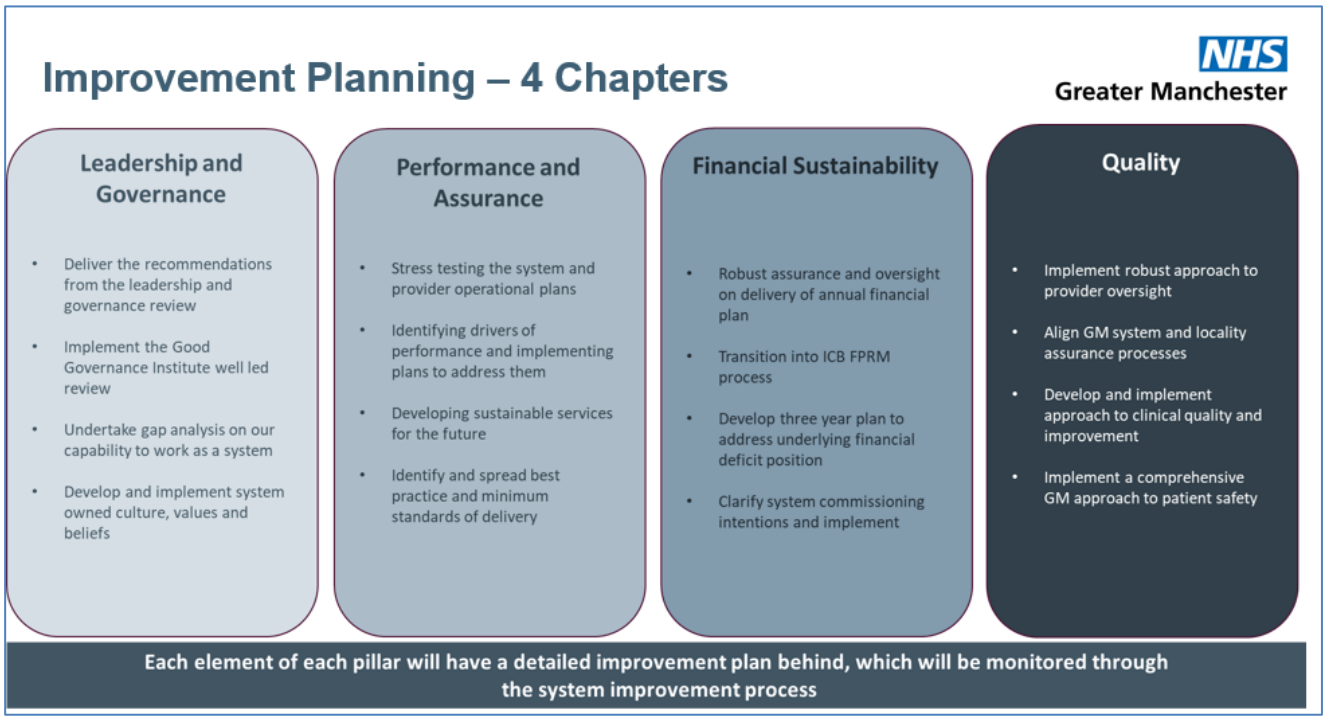
NHS Greater Manchester

Cost improvement	System Productivity	Reducing prevalence	Proactive care	Optimising care
Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs) These must be clear for each NHS Provider and the ICB as statutory organisations with duties to achieve financial balance These may include: • **Specific focus** – on areas that have seen costs rise faster due to demand. For example, Out of Area Placements (OAPs), Prescribing • **Contract Reconciliation** – ensuring appropriate activity captured effectively	**Multi-provider/system activities to improve the financial position** For example: • **NHS productivity plans** – improvements against the model health system metrics • **System Board plans** – system wide performance and access improvements; maximising the effective use of the system's estate; and driving digital transformation • **Workforce strategy** – In line with the national People Plan.	**Maintaining the population in good health and avoiding future costs through prevention** • Work across full range of prevention to tackle the wider determinants of ill health • Characterised by partnership working with the wider public and VCSFE sector • Delivered primarily in localities • Through the Multi-Year Prevention Plan For example: • **Tobacco control** • **Obesity** • **Housing**	**Addressing the top modifiable risk factors, and delivering evidence based, cost effective interventions** • **Year 1 focus on CVD and Diabetes** - as a significant driver of morbidity, mortality, demand and cost • **Priorities for 25/26 onwards (under review)** – Respiratory, multimorbidity, frailty • Delivered primarily through primary care in localities • Through the Multi-Year Prevention Plan	**Transforming the model of care through system actions** For example: • **Health and Care Service review** - 24/25 priorities include Dermatology, Ophthalmology, Neurorehabilitation, Community Services • **Strategic commissioning plans** – including Procedures of Limited Clinical Value (PLCV) and Adult ADHD

We will bring a further update on the development of the GM sustainability plan (to be complete by October) at the September Locality Board meeting.

4. GM ICB Improvement Plan.

The June Locality board received an update on the 'undertakings' arrangements for NHS GM. As part of these arrangements the ICB is required to deliver an improvement plan for the year 24/25. The plan and governance arrangements are being finalised and will be considered by the July NHS GM Board. The Improvement plan is predicated on 4 key pillars of work, each of which will have its own delivery plan and reporting arrangements. The 4 pillars are as follows:



Colleagues from across NHS GM Bury are participating in the development and realisation of the plan, predicated on the partnership arrangements in the Bury Integrated Care Partnership. An update on the NHS GM improvement plan will be available in the next Locality Board.

5. Performance on Spring covid Vaccinations

While reported prevalence of COVID remains relatively low and there are relatively few patients in hospital with COVID, it remains really important that eligible cohorts continue to receive their vaccinations, including Housebound patients, those with Learning Disabilities, immunosuppressed patients and those with Serious Mental Illness. I am very pleased to report that the spring vaccination campaign in Bury was very successful and Bury was the second best locality in GM in terms of uptake. Thanks once again extended to primary care colleagues and also the oversight of the public health team and the work of the vaccination assurance group.

6. Corporate Parenting.

Members of the Locality board will be very aware that children who enter care, or are care experienced, often encounter physical and emotional health difficulties due to their early life experience. This, alongside, where they live, access to health services and how they are treated – especially in the early part of their life, can amplify the risk of experiencing health inequalities. Care experienced children have consistently been found to have higher rates of mental health difficulties, with them four times more likely to have a mental health difficulty than their peers.

Statutory Guidance *Promoting the Health and Well-being of Looked after Children* (2015), states that all children who enter care should receive an Initial Health Assessment (IHA) within 20 working day of becoming cared for. Thereafter, all children should receive 6 monthly Review Health Assessments (RHAs) until their 5th birthday and then annual health assessments after this until they reach their 18th birthday or are discharged

from the care of the Local Authority.

In addition, there is an expectation that health services recognise the vulnerability of looked after childrens and services are responsive and timely.

All NHS partners in the locality play a key role discharging NHS duties to looked after children and care leaves, and of course the Council has the statutory corporate parenting responsibility.

Northern Care Alliance (NCA) provide the delivery of the statutory functions as set out above. All IHA and RHA requests are facilitated by the NCA Safeguarding team, who manage these, either from Bury Local Authority or other outside authorities. The team are responsible for ensuring the completion of IHAs and RHAs for any Looked after Child living in Bury/attending school in Bury and for facilitating the completion of health assessments for Bury children living outside of the locality by requesting these are completed via the relevant team. They are also required to ensure appropriate quality of health assessments, via regular quality assurance and training of staff and supervision.

Key NHS provision to looked after children and care leavers is also of course provided by Pennine Care, GPs, and Dental providers.

A programme of work is in place by the Health of LAC & Care Leavers Steering Group (last meeting 19th June) chaired by NHS GM (Bury) the Designated Nurse for Looked after Children & Care Leavers – Sophie Babb - S.Babb@nhs.net under the auspices of the Council Corporate Parenting Board to continue to strengthen the quality of initial health reviews, the availability and timeliness of services, and the provision of health summaries to young people. This will be circulated to all locality board member in due course.

The Locality Board will note Mark Riddell will be visiting Bury on August 6th and 7th to review corporate parenting arrangements including access to health services. Mark Riddell is the National Implementation Adviser for Care Leavers at the Department for Education.

7. Patient safety and Quality of Care

This locality board receives an update on the breadth of the work across the whole system in supporting urgent and emergency care in the borough, up to and including the focus on 4 hour waits and Days Kept Away From Home. The attention of the meeting is drawn to an NHS England letter of 26th June focusing on patient safety and quality and specifically Maintaining focus and oversight on quality of care and experience in pressurised services.

The letter is attached for reference. The Locality board will wish to receive the update report on the UEC system in the context of the requirements in the attached letter to

"assure themselves that they are working with system partners to do all they can to: • provide alternatives to emergency department attendance and admission, especially for those frail older people who are better served with a community response in their usual place of residence • maximise in-hospital flow with appropriate streaming, senior decision-making and board and ward rounds regularly throughout the day, and timely discharge, regardless of the pathway a patient is leaving hospital or a community bedded facility on"

And addressing the
" wider issues which need whole-system responses, including local authorities, social care and primary and community services. There is therefore a shared responsibility to ensure that quality (patient safety, experience, and outcomes) is central to the system-level approach to managing and responding to significant

operational pressures."

Lynne Ridsdale
Place Lead Bury
Chief Executive Bury Council
4/7/24

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	08 July 2024	**Action**	Receive
Item No.	5.2	**Confidential**	No
Title	Bury Local Area SEND Priority Impact Plan		
Presented By	Lynne Ridsdale, Place Lead		
Author	_____		
Clinical Lead	_____		

Executive Summary
In February 2024, Bury's SEND services were inspected by the Care Quality Commission and Ofsted. Following on from the discussions at the Locality Board meeting in June 2024, the final Bury Local Area SEND Priority Impact Plan is attached for Locality Board members information.
Recommendations
The Locality Board is asked to note the final Bury Local Area SEND Priority Impact Plan.

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?	☐

BURY INTEGRATED CARE PARTNERSHIP

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

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

Bury Council

NHS Greater Manchester Integrated Care

Bury Local Area SEND Partnership Priority Impact Plan

June 2024

Index

Introduction 3

Governance 3

How will we measure impact? 7

Action Plan 10

Priority Action 1: Leaders across the partnership should ensure that the SEND strategy continues to be implemented to improve the lived experiences of children and young people with SEND. This should be overseen by shared strategic governance to ensure that the pace of improvement is maintained. 10

Priority Action 2: Leaders across the partnership should work collaboratively and effectively to improve the early identification of children and young people's SEND as part of the graduated approach. In particular, they should urgently improve: 12

Priority 3: Leaders across the partnership should improve the quality and availability of support for children, young people and their families while they wait for specialist assessments. This includes: 14

Priority Action 4: Leaders across the partnership should improve preparation for adulthood from the earliest ages for all children and young people with SEND in Bury. This should include a well understood and co-produced strategy to embed preparation for adulthood effectively across the partnership. 17

Priority Action 5: Leaders across the partnership should establish and implement a strategic approach to high-quality transitions for children and young people with SEND from birth to 25. 19

Priority Action 6: Leaders across the partnership should further improve the quality of the statutory EHC plan process. This should include: 21

Area for Improvement 1: Leaders across the partnership should improve communication to professionals, parents and carers and children and young people so that their strategies, actions and impact are better understood and that trust in the SEND system improves. The partnership should ensure that the local offer is updated regularly to provide parents, carers and other stakeholders with sufficiently accurate information. 24

Area for Improvement 2: Leaders across the partnership should continue to develop the range of suitable AP available to children and young people in Bury. Leaders should further embed the improved oversight of AP and EOTAS packages in Bury. They should publish the refreshed policy for EOTAS, providing support so that this policy is clearly understood. 25

Area for Improvement 3: Leaders across the partnership should work collaboratively to create a partnership-wide workforce development strategy. This should focus on coordinating training support and guidance to improve health, social care and education professionals' ability to identify, assess and meet the needs of children and young people with SEND, from birth to 25 27

Introduction

In February 2024, Bury's SEND services were inspected by the Care Quality Commission and Ofsted. The inspection team identified widespread, systemic failings in services in Bury and highlighted the challenge that we as a partnership know and have heard from our parents – we need to do more to improve the outcomes of children and young people with special educational needs and disabilities.

The challenges we face are considerable, with an increasing number of children with special educational needs and disabilities requiring support and increasing costs in delivering services. This has created issues in waiting times and in delivering our services and has also created a significant financial gap that we must also solve, to ensure that we do not have further issues in the future. To achieve this, we are being supported by the Department for Education's Safety Valve programme (PSV), supporting investment in our local system that will enable us to deliver the right services and support to our children, in a sustainable way.

We have worked hard with parent/carer forum BURY2GETHER and our partners to co-produce this Priority Impact Plan for Bury's SEND services. Both our Priority Impact Plan and the Safety Valve programme have one clear ambition: to ensure that we use the resources we have, to best meet the needs of our children with special educational needs and disabilities.

This is not the start of the journey, and along with the support of our schools, parents, carers and partner organisations such as Bury2Gether we have begun to make improvements for the future: building brand new Special Schools and creating more places for children with special educational needs and disabilities in existing schools, to ensure that we can support the children of Bury in Bury. As a local area partnership, we are committed to accelerate the pace and sustainability of improvement of services for children and young people with SEND and their families. We are committed to a genuine model of co-production, working with a children, young people and parents in the development of services and we are committed to ensuring that the lived experience of children and young people with SEND and their families is used to shape our assessment of progress, and impact on outcomes for children.

Governance

A new SEND Improvement & Assurance Board (SIAB) has been established to provide strategic system and partnership leadership, assurance and oversight of our progress in responding to the priority actions and areas for improvement identified in the inspection.

The SIAB is accountable to the Cabinet within the Council, and to the GM Integrated Care Board via the Locality Board, which operates as a sub-committee of the ICB Board. The Independent Chair will provide 6 monthly reports to the Cabinet and GM ICB on the work and progress of the SIAB.

There are other Boards which are connected to the work of the SIAB but are not part of the formal reporting arrangements:

- The Health & Wellbeing Board operates as a standing committee on health inequalities and will be routinely updated on the work of the SIAB;
- The GM SEND Board co-ordinates interventions that require a GM wide commissioning response and is also a mechanism for sharing good practice;

- Children's Strategic Partnership Board focuses on improved outcomes for all children and young people in Bury, and as such will be updated on the work of the SIAB.

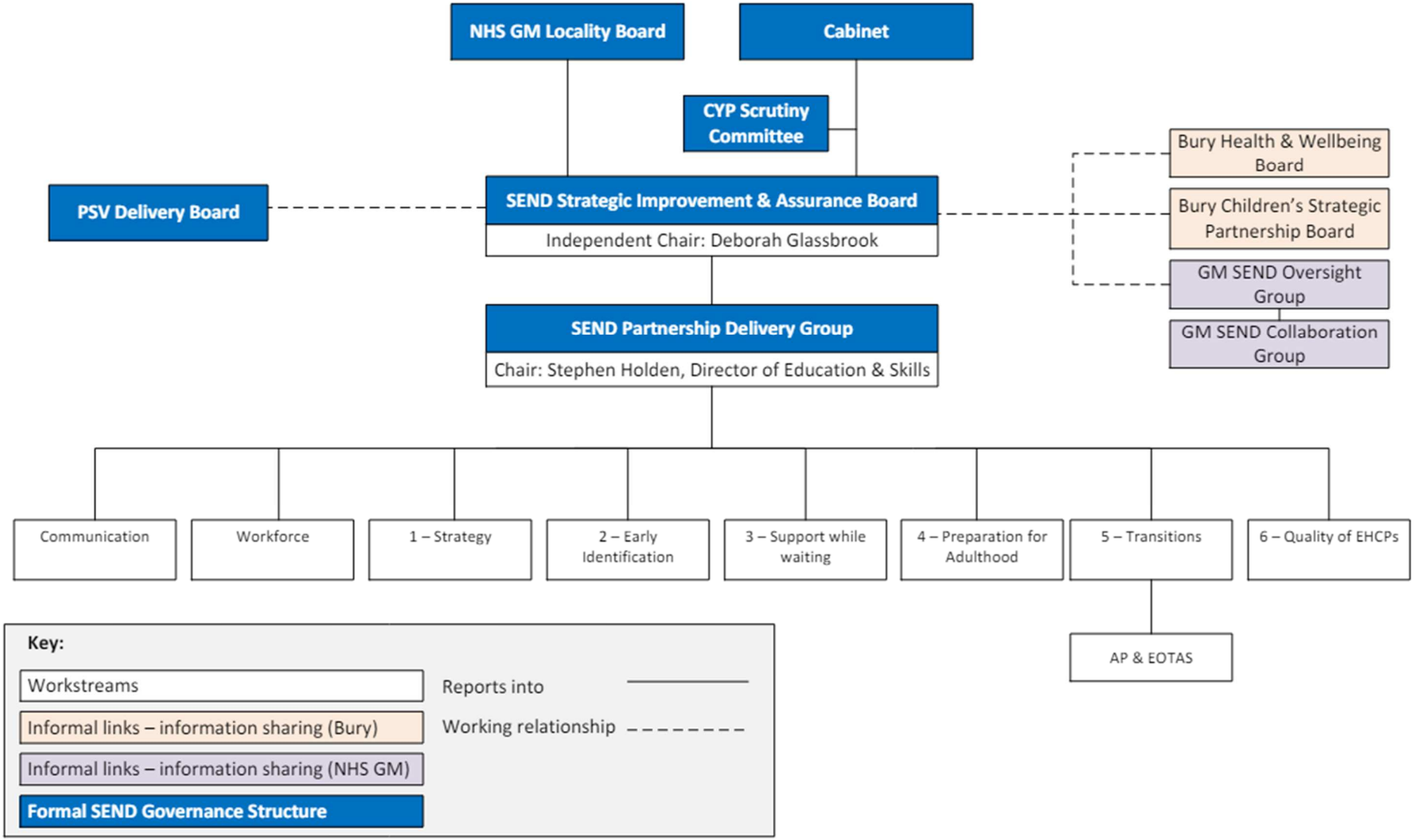
The SIAB will meet monthly and will include strategic leaders from across the partnership:

- Bury Council
- NHS GM and NHS provider organisations as appropriate
- Bury2Gether
- Primary School representative
- Secondary School representative
- Special School representative
- FE representative

This Priority Impact Plan is our strategic, high-level plan setting out what needs to be delivered in the next 12-18 months with key milestones and key performance indicators. To support the delivery of this plan, the Workstream Leads will each co-produce detailed operational plans. These operational plans will provide key assurance activity, including performance data and quality assurance findings that will be monitored by SIAB and will provide the tracking mechanism for the progress of actions and impact.

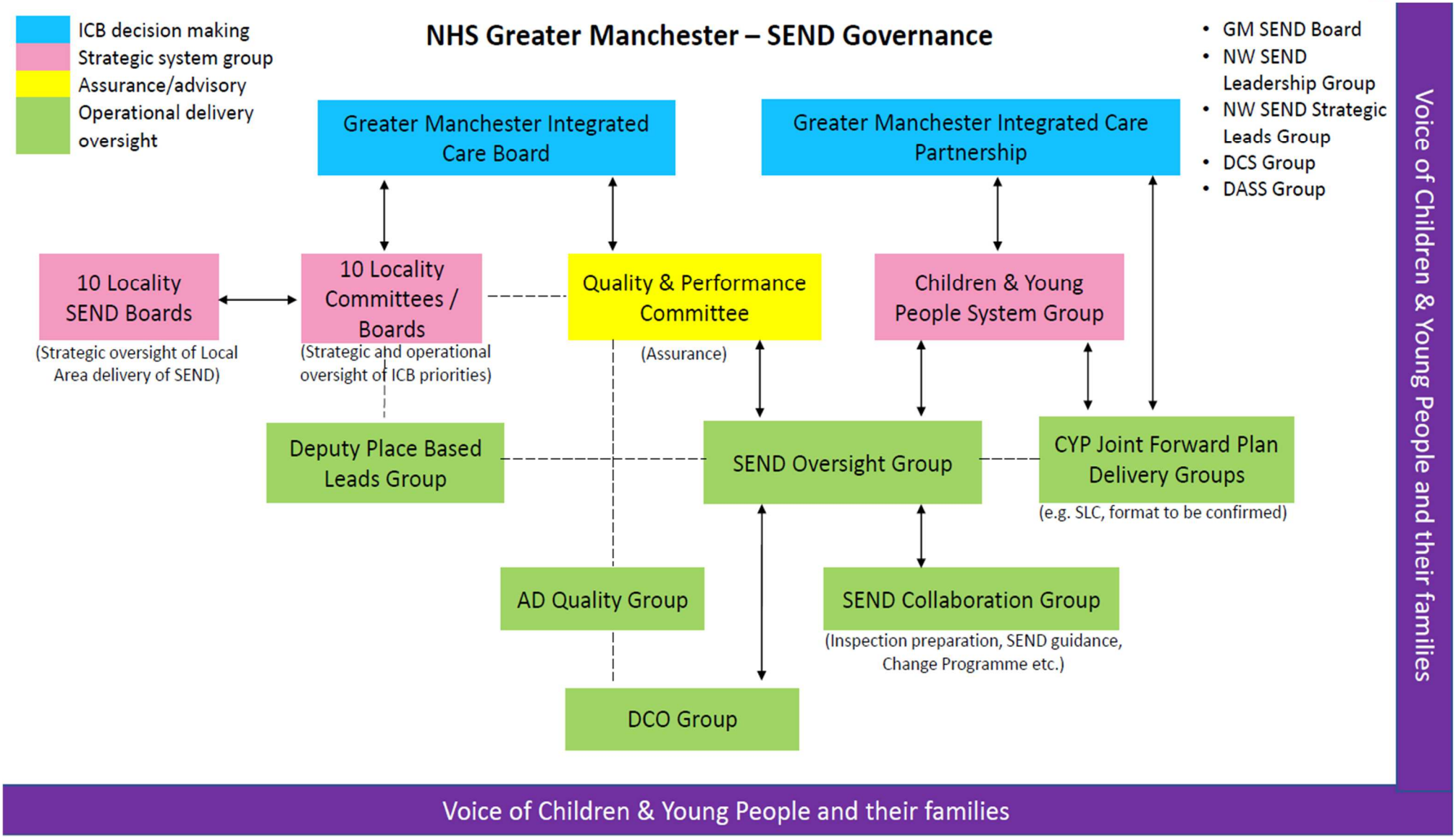
Each Priority Action (and Area for Improvement) has a nominated lead officer, who will be a senior officer within their organisation. They will provide monthly highlight reports to the SIAB, and ensure monthly reviews of the risk register.

Governance Structure Diagram - Local Area:



Bury Council

NHS Greater Manchester Integrated Care



How will we measure impact?

Priority Area 1: Strategy

- Number of requests for EHCP assessments (per 10k child population)
- GCSE Attainment 8 score for children with identified SEND, split by EHCP and SEN Support
- KS2 Reading, Writing & Maths at expected standard for children with identified SEND, spit by EHCP and SEN Support
- School Attendance rates for children with identified SEND & the overall cohort
- School Suspension rates for children with identified SEND & the overall cohort
- School Permanent Exclusion rates for children with identified SEND & the overall cohort
- Children with SEND who are electively home educated.
- Number of complaints received.
- Increased feedback from a larger number and more diverse range of parents and carers (*also relevant to **Communication**)*
- Children/young people, Parents/Carers and professionals tell us that they understand the local area SEND Strategy (*also relevant to **Communication**)*
- Children/young people, Parents/Carers and professionals tell us that they agree with the local area SEND Strategy (*also relevant to **Communication**)*
- Parents/Carers and professionals tell us that they agree that good progress is being made in delivery of the local area SEND Strategy (*also relevant to **Communication**)*
- Parents/Carers and children report that the local SEND services are making a positive difference to their lives *(also relevant to **Workforce***)*

Priority Area 2: Early Identification

- Numbers of website visitors to the Graduated Approach toolkit *(also relevant for **Workforce***)*
- Number of pages accessed per visit on the Graduated Approach toolkit (also *relevant for **Workforce****)
- Numbers of website visitors to the Local Offer *(also relevant to **Communication**)*
- Number of pages accessed per visit on the Local Offer *(also relevant to **Communication**)*
- Proportion of children in mainstream schools supported at SEN Support – split by primary and secondary school. (*also relevant for **Workforce***)
- Proportion of new EHCPs issued for children aged 10 years and over
- Parents/Carers -report that local services identified their children's needs early (*also relevant for **Workforce****)
- Parents/Carers report that local services support their child's additional needs well (*also relevant for **Workforce****)

Priority Area 3: Access to Health Services & Support while waiting

- Waiting list analysis for SLCN, Community Paediatrics & NDP – to be further developed as part of action 3.1f in the Priority Impact Plan
- Families report good access to General Practice (GP) services
- Families and young people agree that they have good access to the health services that their child needs
- Families and young people agree that there is supportive and helpful advice and guidance provided whilst waiting

Priority Area 4: Preparation for Adulthood

- Percentage of 16- & 17-year-olds with EHCPs in education and training
- Percentage of young people with identified SEND with a level 2 qualification at age 19.
- Young people and their parents/carers report that they feel well supported in their preparation for adulthood (*also relevant for* ***Workforce****)
- Proportion of EHCP reviews for young people aged 14 with a PfA element in their review

Priority Area 5: Transitions

- Attendance rate for children with identified SEND in year 7
- Proportion of children reaching a good level of development by the end of reception year.
- Attendance rate for children with identified SEND in reception
- Suspension rate for children with an EHCP in reception and NC year 1
- Suspension rate for children with EHCPs in year 7
- Permanent exclusion rate for children with EHCPs in year 7
- All relevant professionals contribute to post-16-year-old EHCP reviews.
- Children/young people and Parents/Carers agree that there is good support during transitions into and between early years providers, schools and colleges (*also relevant for* ***Workforce****)
- Proportion of adults with learning disabilities living independently or with family

Priority Area 6: EHCP Plans and Reviews

- EHCP issued within 20-weeks
- Number of reviews completed in year which result in an amended plan being issued

- Percentage of annual reviews where an amended plan is issued within expected timescales.
- Proportion of new plans with all appropriate advice provided and within expected timescales (including from children's social care).
- Proportion of reviews with appropriate input from all relevant professionals (including children's social care).
- Children/young people and Parents/Carers agree that the EHCP assessment process supports and helps meets needs.
- Children/young people and Parents/Carers agree that the EHCP review process supports and helps meet needs

Area for Improvement 1: Communication

- Parents, carers and children and young people provide positive feedback on the Local Offer via survey.
- Parents/carers report increased confidence in the local SEN partnership.
- Parents, carers and young people report that they understand the transport options and support available to them.
  (Also other KPIs listed in other sections are relevant, especially in Priority Action Area 1: Strategy)

Area for Improvement 2: Alternative Provision and EOTAS

- Number of children on roll at Alternative Provision
- Average length of time that current cohort have been in AP
- Number of children in receipt of EOTAS packages
- Average length of time that current EOTAS packages have been in place
- Parents, carers and young people report that they understand the EOTAS policy and the support available to them

Area for Improvement 3: Workforce

- No separate indicators proposed for Workforce section, there are many indicators across the full list of KPIs that provide a clear view on impact of work with the workforce – indicated with an asterisk *

Action Plan

Priority Action 1: Leaders across the partnership should ensure that the SEND strategy continues to be implemented to improve the lived experiences of children and young people with SEND. This should be overseen by shared strategic governance to ensure that the pace of improvement is maintained.

Priority Lead: Jeanette Richards (Executive DCS) & Will Blandamer (Executive Director Health & Adult Care & Deputy Place Based Lead, NHS GM)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
1.1 Improve the lived experiences of children and young people with SEND and families and thereby improve their outcomes	1.1a Create SEND Strategy on a page – distil existing strategy, ensuring clear focus on preparation for adulthood, transitions, child voice and a social model of disability	October 2024	Scout Stirling, SEND & Inclusion Ambassador	• Approval of Strategy by SIAB in November 2024 • Children, young people, parents/carers and partners tell us that they understand and agree with the local area SEND Strategy • Number of requests for EHCP assessments (per 10k child population)	
	1.1b Working with Bury2Gether, co-produce a mechanism for ensuring parental feedback is gathered about families' experiences and used to inform the Board's analysis of progress	December 2024	Communication & Engagement Officer	• Formal quarterly review of progress against the SEND strategy with key stakeholders, including children & young people and families • Shared understanding of progress between Board and families • Increased frequency of feedback from a larger number and more diverse range of parents and carers • Parents/Carers and professionals tell us that they agree that good progress is being made in delivery of the local area SEND Strategy • Parents/Carers and children report that the local SEND services are making a positive difference to their lives	AFI 1 PSV 10

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
	1.1c Ensure clear governance for SEND improvement, including escalation route for SEND Improvement & Assurance Board within the local area	June 2024	Will Blandamer, Executive Director, Health and Adult Care and Deputy Place Lead - NHS GM (Bury)	• Governance structure/mapping shows how SEND is reported and decisions are made • There is greater transparency of governance, with minutes of SIAB meetings published on the Local Offer • Summary review of progress against all priority actions after 6 months • Board self-evaluation after 6 and 10 months • 6 monthly report from SIAB Independent Chair to Council & NHS GM on progress, which is published on the Local Offer	
	1.1d Review the QA Framework and develop robust dataset to track progress and impact	August 2024	Wendy Young, Head of Service –SEND & Inclusion	• Monthly multi-agency audits • Learning from single and multi-agency audits is shared across the partnership, including SIAB and key actions identified and monitored	6.1b AFI 1 AFI 3
	1.1e Effective communication of strategy to all stakeholders, professionals, children and families	November 2024	Communications Team	• Families and partners tell us that they understand and agree with the local area SEND Strategy	AFI 1 PSV 10

Priority Action 2: Leaders across the partnership should work collaboratively and effectively to improve the early identification of children and young people's SEND as part of the graduated approach. In particular, they should urgently improve:

- children's access to support from education, health and social care to improve the early identification of needs
- children, young people's and professionals' access to an effective, well-resourced educational psychology service.

Priority Lead: Stephen Holden (Director of Education & Skills)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
2.1 Better access to education, health & social care services to support early identification of children with additional needs	2.1a Improve and embed the use of the Graduated Approach to identifying and meeting need across the local area	October 2024	Wendy Young, Head of Service –SEND & Inclusion	• GAT migrated to micro-site • Remaining sections (pre-school and post-16) in place • Impact analysis completed, including use of SEN Support in mainstream schools • Numbers of website visitors • Number of pages accessed per visit	AFI 1 AFI 3 PSV 3
	2.1b Develop an outreach offer across all settings to support and embed a consistent borough-wide approach to early identification and intervention	December 2024	Cath Atherden, Service Lead SEND Support	• Proportion of children in mainstream schools supported at SEN Support • Proportion of new EHCPs issued for children aged 10 and over • Feedback from professionals receiving targeted support • Parents/Carers report that schools and settings identified their children's needs early • Parents/Carers report that local services support their child's additional needs well • Successful recruitment to all roles in Outreach Team • Co-ordinated Outreach offer available across Resource Provision (RP), special schools, GAT Champion Schools, Accredited IQM schools and Early Years settings	AFI 1 PSV 3

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
				• Increased number of children and young people receiving earlier support	
	2.1c Complete revision of the Local Offer and develop system to monitor ongoing use/access	November 2024	Wendy Young, Head of Service –SEND & Inclusion	• Local offer migration/online refresh complete • Numbers of website visitors • Number of pages accessed per visit	AFI 1 PSV 2
	2.1d Increase SEND and wider Health Visitor capacity with new investment	January 2025	Petra Heyes Bower, Assistant Director of Nursing – Childrens	• Increase in number of SEND Health Visitors (target to be agreed) • Increased earlier identification and support for families • Children will have increased access to a range of bespoke support in line with their needs • Increase in delivery of evidence-based interventions to early years children • Feedback from children, YP, parents and carers	PSV 2 PSV 3
	2.1e Review the allocation and use of top-up funding to ensure equity and quality of support provided to children with additional needs	March 2025	Wendy Young, Head of Service –SEND & Inclusion		PSV 3
	2.1f Review effectiveness, reach and access routes/pathways of Early Years support	January 2025	Collette Radcliffe, Early Years Service Manager		PSV 1
2.2 Children & young people have access to an effective Community Educational Psychology (CEP) service	2.2a Work with parents and carers, including Bury2Gether, to co-produce a service specification for a Bury community educational psychology service, with a comprehensive service development plan	September 2024	Jawad Shah, Deputy Principal Educational Psychologist	• Benchmarking exercise to review Bury EP service with other LAs • EP Service Development Plan 2024-2028, including pathways to service, published on the Local Offer • Feedback from parents/carers/children on effectiveness	PSV 2

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
				• Settings are able to buy in high-quality support, advice, training & assessments • Families can access the CEP service based on need and without needing an EHCP	
	2.2b Develop a comprehensive training and consultation offer to Bury educational and community settings, based upon recently carried out surveys with key stakeholders	October 2024	Jawad Shah, Deputy Principal Educational Psychologist		AFI 1 PSV 3

Priority 3: Leaders across the partnership should improve the quality and availability of support for children, young people and their families while they wait for specialist assessments. This includes:

- children and young people waiting for a speech and language therapy assessment and subsequent intervention.
- children waiting for a community paediatric assessment and subsequent intervention
- children and young people on a neurodevelopmental pathway for an assessment of ADHD or autism.

Leaders across the partnership should also ensure that young people aged up to 25 years old have access to a locally agreed neurodevelopmental diagnostic pathway

Priority Lead: Will Blandamer (Executive Director Health & Adult Care & Deputy Place Based Lead, NHS GM)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
3.1 Children, young people & families receive more timely access to services	3.1a Clinical and operational managers will review *SLCN pathways* and develop implementation plans that will identify opportunities to reduce waiting times from referral and assessment to intervention and the support offered as part of this pathway	December 2024	Gemma Bowman, Clinical and Operational Lead – Childrens Community	• Develop a reviewed service plan to address OFSTED priority actions and areas for improvement • SEND system will better understand service user journey and identify opportunities to offer earlier support whilst waiting • Children, young people and families will have access to a range of quality advice	

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
				and guidance and support while waiting for specialist assessments	
	3.1b Clinical and operational managers will review *community paediatric* pathways and will develop implementation plans that will identify opportunities to reduce waiting times from referral, assessment to intervention and the support offered as part of this pathway.	December 2024	Ben Fleming, Directorate Manager-Community Paediatrics + SPOA	• Develop a reviewed service plan to address OFSTED priority actions and areas for improvement • SEND system will better understand service user journey and identify opportunities to offer earlier support whilst waiting • Children, young people and families will have access to a range of quality advice and guidance and support while waiting for specialist assessments	
	3.1c Clinical and operational managers will review *neurodevelopmental pathway* pathways (under and over 5) will develop implementation plans that will identify opportunities to reduce waiting times from assessment to intervention and the support offered as part of this pathway.	December 2024	Paris Thompson, Operational Manager Ben Fleming, Directorate Manager-Community Paediatrics + SPOA	• Develop a reviewed service plan to address OFSTED priority actions and areas for improvement • SEND system will better understand service user journey and identify opportunities to offer earlier support whilst waiting • Children, young people and families will have access to a range of support and quality advice and guidance whilst waiting for specialist assessments	
	3.1d Implement a need led Neurodevelopmental Profiling toolkit for advice and guidance (including support whilst waiting)	December 2024	Marina Nixon, Transformation and Delivery Manager (Bury)	• Training undertaken across the children system and programme initiated • Children, young people and families will have timely access to bespoke quality assured, advice and guidance based on need	AFI 3 PSV 2

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
	3.1e Increase the use of evidence-based interventions across all age ranges as part of a growing offer	September - December 2024	Jane Case, Programme Manager (Bury) NHS Greater Manchester	• Health visitor and early years staff trained and delivering evidence-based interventions to support earlier identification • Children have improved access to support and quality evidenced based interventions • Increase in delivery of evidence-based interventions to early years children	AFI 3 PSV 2
	3.1f Develop transparent analysis of children waiting and on therapeutic pathways	September 2024	Jane Case, Programme Manager (Bury) NHS Greater Manchester	• Quarterly updated information shared across the system, including with parents and carers via the Local Offer • System has oversight of the waiting times on pathways and continues to work to reduce waiting times	AFI 1
	3.1g Development of 18-25 ADHD and autism diagnostic pathway	March 2025	Ian Trafford, Head of Programmes Bury Integrated Delivery Collaborative	• ICB-led consultation • Provider commissioned Procurement process 2024-2025 • Pathway agreed • People aged 18- 25 have access to ADHD and autism assessments • Young people have better access to specialist assessments	PSV 3
3.2 Children, young people & families receive better access and better quality of support while they are waiting for specialist assessments	3.2a Consult and engage with children and families to gather views on what would help regarding support whilst waiting	October 2024	Jane Case, Programme Manager (Bury) NHS Greater Manchester	• Parents and carers will shape and influence support whilst waiting information • Parents/Carers agree that they have good access to the health services that their child requires • Parents/Carers agree that there is good advice available while they wait	AFI 1 PSV 10
	3.2b Expand the range of support padlets and promote usage via Partnerships and local offer	September-December 2024	Petra Heyes Bower, Assistant	• Padlets linked to the new local offer and partners websites • QR codes widely distributed	AFI 1 PSV 2

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
			Director of Nursing – Childrens	• Printed resources available to the Orthodox Jewish Community • Children, young people, parents, and carers will have access to a range of quality assured advice and guidance • Families have access to a range of support and quality advice and guidance whilst their children wait for specialist assessments	

Priority Action 4: Leaders across the partnership should improve preparation for adulthood from the earliest ages for all children and young people with SEND in Bury. This should include a well understood and co-produced strategy to embed preparation for adulthood effectively across the partnership.

Priority Lead: Jeanette Richards (Executive DCS) & Will Blandamer (Executive Director Health & Adult Care & Deputy Place Based Lead, NHS GM)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
4.1 Children and young people are well prepared for adulthood	4.1a Complete needs analysis of cohort together with mapping of local provision and its quality, consulting with young people, parents/carers to identify gaps and to inform future commissioning priorities	October 2024	Ruth Wheatley, Children's Commissioning Lead Health and Adult Care Directorate (Bury Council)	• Shared understanding of provision in local area and how this is meeting the needs of children and families • Commissioning decisions informed by needs analysis • A greater understanding of the needs of young people aged 14+	AFI 1
	4.1b Ensure Local Offer includes Planning for Adulthood provision and information about accessing Higher Education	September 2024	Cath Atherden, Service Lead SEND Support	• Local Offer will be aspirational and include guidance on all aspects of PfA including support for Higher Education	AFI 1 PSV 2 PSV 3

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
	4.1c All EHCPs reference planning for adulthood preparations for all children from the age of 14 and above (at Y9 review) to appropriately identify those who will need the Planning for Adulthood Pathway	December 2024	Wendy Young, Head of Service –SEND & Inclusion Sian O'Brien, EHC Assessment and Review Team Manager	• Percentage of 16 & 17 year olds with EHCPs in education and training • Percentage of children with identified SEND with a level 2 qualification at age 19 • Young people and their parents/carers report that they feel well supported in their preparation for adulthood	PSV 9
	4.1d Establish transitions to provide support in preparing young people for adulthood, to progress into employment, training, apprenticeships and supported internships	September 2024	Andy Bradburn, Service Manager – Head of Skills Strategy Sian O'Brien, EHC Assessment and Review Team Manager	• Team in place • All young people with EHCPs receive additional support to ensure they progress into appropriate EET post-16 • Connexions service screen young people who are at increased risk of NEET to target support – all YP with EHCPs are assessed age 16	
	4.1e Embed Planning for Adulthood Pathway	February 2025	Sue Massel, Assistant Director – Adult Social Care Operations	• 14-25 Strategic Board meets regularly • Bury 14-25 Strategy reflected in the SEND strategy • Lead professionals are appropriately identified for all children on Planning for Adulthood pathway • Number of Planning for Adulthood plans • Planning for Adulthood Assurance Meetings identify young people who need transitional support and co-ordinates the transition from Children's to Adults' services	

Priority Action 5: Leaders across the partnership should establish and implement a strategic approach to high-quality transitions for children and young people with SEND from birth to 25.

Priority Lead: Sonja Butterworth (Senior School Assurance Officer)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
5.1 Children & young people have a positive experience of moving between early years settings, schools, colleges and adult life	5.1a Implement electronic solution ("6into7") to delivering personalised pupil pathways for transition and inclusion between primary and secondary schools	September 2024	Sonja Butterworth, Senior School Assurance	• All Bury Schools are accessing 6 into7 • Improved contributions from schools/SENCos regarding transitions • School report increased consistency across transitions between phases • Evaluate impact of 6 into 7 SENCOs, Schools, parents and professionals tell us that transitions from primary to secondary are successful • Attendance rate for children with identified SEND in year 7	AFI 1 AFI 3 PSV 3
	5.1b Co-produce with parents & carers best practice guidance & tools across the partnership, incorporating a graduated response	March 2025	Sonja Butterworth, Senior School Assurance Petra Hayes-Bower, Assistant Director of Nursing – Childrens	• Toolkit in place and easily accessible • Schools, parents and professionals tell us that the toolkit is useful • Best practice is recognised more widely	AFI 1 AFI 3 PSV 3 PSV 10
	5.1c Expand 6into7 for use at other points of transition: • Early Years into Primary School • Secondary school to college • College into adult life	May 2025	Sonja Butterworth, Senior School Assurance	• Consultations have taken place with Early Years and post 16 steering groups • Development of the programme links with CPOMS • 6into7 has a wider scope that includes Early Years so all PVIs, home-based	AFI 1 AFI 3 PSV 3

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
				educators and post-16 settings can complete transition information online and an all through system is operating effectively in Bury. • Parents/Carers agree that their child was well supported during transitions into and between schools and colleges • Attendance rate for children with identified SEND in reception • Percentage of children with identified SEND in education and training aged 16 & 17	
	5.1d Develop an enhanced transition pathway for children supported by SEND Health Visitors transitioning to being supported by the School Nursing Service	May 2025	Petra Hayes-Bower, Assistant Director of Nursing – Childrens	• Transition pathway will be in place and easily accessible	AFI 1 AFI 3 PSV 3
	5.1e Embed MDT meetings for children & young people being supported by the complex needs nurse (CCNT), Epilepsy Specialist Nurse, Continuing Health Care and District Nursing service	September 2024	Petra Hayes-Bower, Assistant Director of Nursing – Childrens	• MDT meetings taking place • Feedback from children & young people and their families • Explore expansion of the MDT meetings to incorporate a wider cohort	AFI 3
	5.1f All Health Services to begin conversations with children & young people at 14 years about transition to adult health services	September 2024	Petra Hayes-Bower, Assistant Director of Nursing – Childrens	• Evidence in health records that conversations have taken place	AFI 1 AFI 3 PSV 10

Priority Action 6: Leaders across the partnership should further improve the quality of the statutory EHC plan process. This should include:

- improving the quality of advice received from professionals as part of the needs assessment process.
- improving the timeliness and quality of updated EHC plans following annual reviews.
- improving appropriate social care contributions to EHC plans so that children and young people's social care needs are reflected more accurately.
- improving the focus on preparation for adulthood in children and young people's EHC plans so that their experiences and outcomes improve

Priority Lead: Wendy Young (Head of Service, SEND & Inclusion)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
6.1 Children & young people have better quality, better informed, more focused EHCPs that support their improved outcomes	6.1a Ensuring more timely advice from professionals, particularly social care, through better use of a more robust portal	September 2024	Wendy Young, Head of Service –SEND & Inclusion	• Portal accessible by health visitors, school nurses, Community paediatricians, Speech and language therapists, Physical therapists, Occupational therapists for EHC Assessments • Test and learn activity to establish if portal can be functional for Annual Review advice • Number of parents accessing portal • Advice provided in response to all requests for assessment and reviews where appropriate • Fit for purpose template for providing advice, which is focused on strengths and needs of young people, including a focus on preparation for adulthood • Notification system in place to advise educational settings, Health and Social Care of upcoming Annual Reviews	

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
	6.1b Review the QA framework to ensure a robust single and multi-agency approach to audit and assurance and implement actions as required	August 2024	Wendy Young, Head of Service –SEND & Inclusion	• Monthly audits taking place, including all key stakeholders • Increase the multi-agency involvement and activity of QA work - 10% of EHCPs to be quality assured per year • Assurance mechanisms in place within team to quality assurance plans as part of system and process – analysis of quality assurance built into data dashboard to measure impact • Learning from audit is shared quarterly to ensure continuous learning • Training tools for those carrying out audit & assurance – what a good plan looks like, including use of Tell Us Once	AFI 3
	6.1c Review how the voice of children & young people is captured in, and used to inform, their plans and reviews and implement necessary actions	January 2025	Wendy Young, Head of Service –SEND & Inclusion	• Pupil voice captured as part of the Graduated Approach and EHC Assessment process and proactively shared as part of the EHC Assessment • Pupil voice and aspirations are clear in EHC Assessment/Annual Review documentation from all partners • Pupil voice is evidenced in QA audits • 'Tell Us Once' is consistently used by practitioners • Parents/Carers agree that the EHCP assessment process supports and helps meet the needs of their child • Feedback from pupils following EHC Assessment/Annual Review	
	6.1d Training on how to prepare a high quality EHCP with SMART outcomes	December 2024	Wendy Young, Head of Service –SEND & Inclusion	• Improved quality of plans is evidenced in audit • Positive feedback from children, young people and families	AFI 1 AFI 3

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
				• Inclusion of preparation for adulthood outcomes in EHCPs from Year 9 - see Priority Action 4 • Training on producing quality advice for EHCPs across the partnership to include Education, Health and Social Care	
6.2 Improve the timeliness and quality of updated EHC plans following annual reviews	6.2a Review the EHC Assessment and Review Team to ensure there is sufficient capacity for new EHCPs and to review and amend existing EHCPs, including a recovery plan to address current deficits	January 2025	Wendy Young Head of Service –SEND & Inclusion	• Number of reviews completed in year which result in an amended plan being issued following the LA's decision to amend • Percentage of annual reviews where an amended plan is issued within expected timescales following the LA's decision to amend • Routine sharing and discussion of weekly performance data to track timeliness and statutory compliance	PSV 9
	6.2b Training for SENCos on writing EHC assessment requests and delivering person-centred Annual Reviews	December 2024	Wendy Young Head of Service –SEND & Inclusion	• Improved quality of plans is evidenced in audit • Positive feedback from children, young people and families • LA co-ordination of Annual Reviews • Training for SENCos on delivering person-centred Annual Reviews	PSV 3 PSV 10

Area for Improvement 1: Leaders across the partnership should improve communication to professionals, parents and carers and children and young people so that their strategies, actions and impact are better understood and that trust in the SEND system improves. The partnership should ensure that the local offer is updated regularly to provide parents, carers and other stakeholders with sufficiently accurate information.

Priority Lead: Kate Waterhouse (Executive Director Strategy & Transformation)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
7.1 Children, families & stakeholders understand the strategy, impact and progress	7.1a Review local SEND system communications	September 2024	Communication & Engagement Officer	• Co-produce with parents/carers/young people • Published timeline for change - parents/carers/young people can see what is meant to happen and see pace of change • Clear plan to ensure effective communication with all stakeholders, including understanding of available communication networks	PSV 10
	7.1b Develop a SEND Communication Strategy, using work to date on the Communication and Engagement Plan	December 2024	Communication & Engagement Officer	• SEND Communication Strategy approved by Board and published on the Local Offer • Partners will be able to articulate the SEND Strategy and vision • Co-produced mechanism to routinely gather feedback from parents and carers (via survey) • Parents/carers report increased confidence in the local SEND partnership	PSV 10
7.2 Children, families & stakeholders understand what support is available in Bury	7.2a Complete revision of the Local Offer and develop system to monitor ongoing use/access	September 2024	Communications Team	• Local offer will be available on the Council micro-site and updated frequently • Number of visitors to Local Offer website • Number of pages accessed per visit	2.1c PSV 2

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
				• Parents, carers and young people provide positive feedback on the Local Offer via survey • Mechanisms in place to analyse access/use of Local Offer. • Friends of the Local Offer meetings feed into ongoing development	
	7.2b Ensure parents/carers understand the refreshed Transport Policy	September 2024	Communications Team	• Parents, carers and young people report that they understand the transport options and support available to them	

Area for Improvement 2: Leaders across the partnership should continue to develop the range of suitable AP available to children and young people in Bury. Leaders should further embed the improved oversight of AP and EOTAS packages in Bury. They should publish the refreshed policy for EOTAS, providing support so that this policy is clearly understood.

Priority Lead: Stephen Holden (Director of Education and Skills)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact? *Milestones/QA*	Links & Dependencies
8.1 Children and young people receive good quality Alternative Provision (and EOTAS) that meets their needs	8.1a Develop and finalise AP Strategy 2024-26, including Section 19 responsibilities and EOTAS	December 2024	Nick Bell, Secondary Inclusion Lead – Schools	• Strategy published on Local Offer • Section 19 policy reviewed and revised policy published	PSV 7
	8.1b Rationalise existing processes to ensure single oversight of pupil placement, commissioning and quality assurance for AP and EOTAS	June 2024	Nick Bell, Secondary Inclusion Lead – Schools	• System oversight and assurance available to SIAB • AP policy in place to ensure coherent systems and processes for placement and monitoring of outcomes • Children in good quality AP provision • Positive outcomes for young people in AP and EOTAS in terms of reintegration to school, transition to further education	PSV 7 PSV 6

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact? *Milestones/QA*	Links & Dependencies
				and training, numeracy and literacy, attendance and engagement	
	8.1c Co-produce and confirm EOTAS Policy	September 2024	Wendy Young, Head of Service –SEND & Inclusion	● EOTAS Policy published on Local Offer ● Parents, carers and young people report that they understand the EOTAS policy and the support available to them.	PSV 6
	8.1d Improve processes for considering new EOTAS package and reviewing existing ones through the annual review process.	March 2025	Nick Bell, Secondary Inclusion Lead – Schools	● Rigorous and transparent decision-making processes in place to consider EOTAS requests ● Appropriate and proportionate EOTAS packages in place ensure positive pupil outcomes ● All new packages are considered by Resource Panel	PSV 6
8.2 Children & young people have access to a range of suitable Alternative Provision (AP)	8.2a Complete needs analysis	September 2024	Nick Bell, Secondary Inclusion Lead – Schools	● Reduce demand for longer term AP through identifying AP packages to support early intervention	PSV 7
	8.2b Renew procurement and update directory with new providers	September 2024	Nick Bell, Secondary Inclusion Lead – Schools	● Up-to-date directory with a broader array of providers to better meet need ● Increased range of provision to provide targeted support on schools and reduction in longer term placements in Alternative Provision	PSV 7

Area for Improvement 3: Leaders across the partnership should work collaboratively to create a partnership-wide workforce development strategy. This should focus on coordinating training support and guidance to improve health, social care and education professionals' ability to identify, assess and meet the needs of children and young people with SEND, from birth to 25

Priority Lead: Will Blandamer (Executive Director Health & Adult Care & Deputy Place Based Lead, NHS GM)

Desired outcome for children & young people	Actions	By When	Named Lead	How will we measure impact?	Links & Dependencies
9.1 Children & young people & families in Bury receive good quality, well informed support from professionals across the partnership	9.1a Map current training offer across the partnership in relation to identification and meeting the needs of children with SEND, and evaluate its effectiveness	December 2024	Wendy Young, Head of Service –SEND & Inclusion	• Parents/carers and young people to share their lived experience in workforce training • Attendance at training sessions by different cohorts • Positive feedback from attendees about difference made	PSV 10
	9.1b Develop Partnership Workforce Strategy	January 2025	HR & OD Team	• Comprehensive and enduring CPD programme for schools and settings is established with a focus on Early Identification and Early Intervention to embed the Graduated Approach in all settings, including schools, colleges and early years • Induction Plan available for all new staff in SEND roles across the partnership	
	9.1c Develop Partnership Learning & Development Plan	March 2025	HR & OD Team	• Develop a comprehensive training and consultation offer to Bury educational and community settings, based upon recently carried out surveys with key stakeholders.	

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	08 July 2024	Action	Receive
Item No.	6	Confidential	No
Title	Urgent Care Performance Update		
Presented By	Will Blandamer, Deputy Place Lead		
Author	Will Blandamer, Jo Fawcus & David Latham		
Clinical Lead			

Executive Summary
The presentation provides an update on performance and plans against the metrics in the Bury UEC Locality Performance Improvement Plan.
Recommendations
The Locality Board are asked to note and provide any comments in relation to the update.

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	☒

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

Bury Locality Board July 2024 - UEC Performance Update

(main focus 4 hour performance and A&E attendances)

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Will Blandamer
Jo Fawcus
David Latham

BURY INTEGRATED CARE PARTNERSHIP

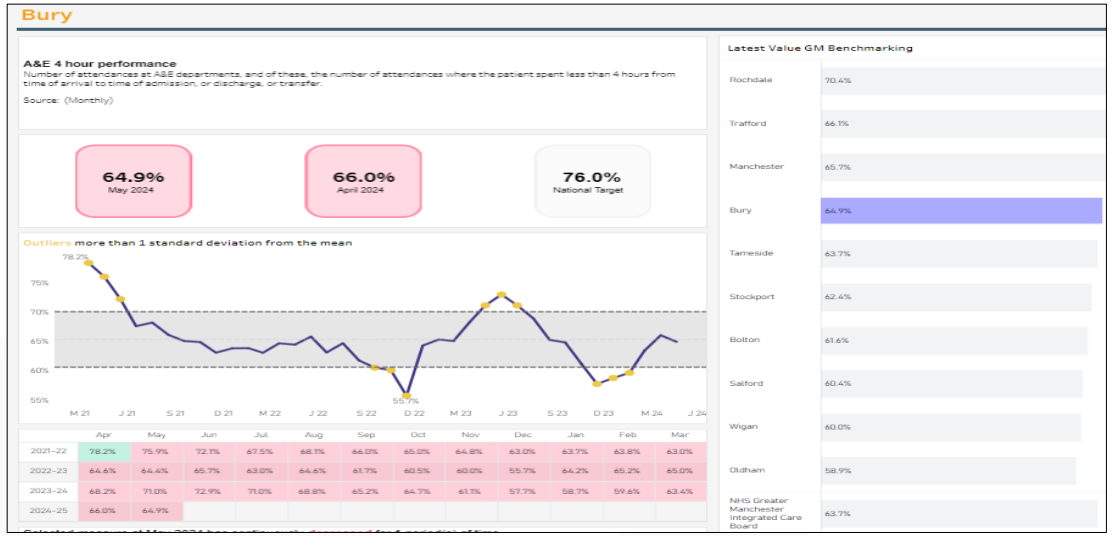
Content

- Update on performance and plans against the metrics in the Bury UEC Locality Performance Improvement Plan
  - 4 Hour Performance (main focus)
  - A&E Attendance (main focus)
  - LOS 21 Days + (performance update)
  - 12 Hours Waits in A&E (performance update)
  - LOS 14 Days + (performance update)
  - (DKAFH and Bed Occupancy)

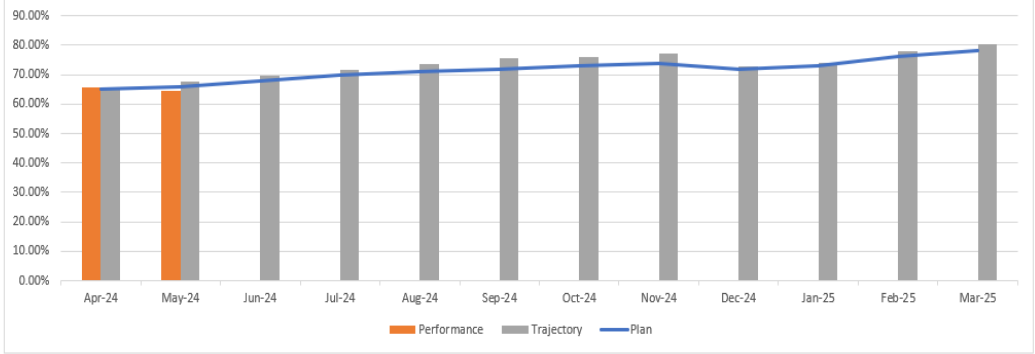
UEC Performance Update

BURY INTEGRATED CARE PARTNERSHIP

4 Hour Performance – Target 78% by March 2025



NCA - Fairfield General Hospital	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Attendance Under 4 Hours	2222	2615										
Total Attendance	6488	7372										
Performance	65.75%	64.39%										
Plan	65.00%	66.00%	68.00%	70.00%	71.00%	72.00%	73.00%	74.00%	72.00%	73.00%	76.00%	78.00%
Trajectory	65.75%	67.75%	69.75%	71.75%	73.75%	75.75%	76.02%	77.06%	73.00%	74.00%	78.05%	80.30%



The Locality Performance Board Report

- This report measures the 4 hour performance for Bury registered patients attending any A&E department anywhere in the country.
- The cut shown opposite was taken on 25.6.24. It seems to take a while for the figure to stabilize as final.
- The cut taken for the whole system performance report states May performance as 65.3% whoever the later cut opposite now shows this as 64.9%.
- Bury is currently showing as above the GM average of 63.7% and is ranked 4th in GM (although HMR is not a like for like comparison).

4 hour performance at FGH (covering all patients from any locality)

- This report measures the 4 hour performance at FGH for all A&E attendances. Bury registered patients attending any A&E department anywhere in the country.
- This shows a FGH performance of 64.39% for May.
- This is below plan which was set at 66% for May.
- This is down slightly from the 65.75% performance attained in April.

UEC Performance Update

BURY INTEGRATED CARE PARTNERSHIP

4 hour Performance Action Plan

BCO Collaborative Work

Group One - Deflection

Pre- Ed: This group will focus on preventing patients ever arriving at A&E where appropriate. This will include work across community pathways, Hospital Home, IMC and Rapid Response (UCR), NWAS, General Practice, Pharmacy and Care Homes.

Group Two – Internal Flow

Streaming: This group will look at what happens to patient that attends ED with regards to streaming into different services and establishing pathways to maximise opportunities to increase this as appropriate. This group has oversight of FGH recruitment plans.

Group Three – Internal Flow

SDEC:* This group will focus on admission avoidance by working closely with SDEC to develop the current services and linking to IMC and GP practices for support.

Group Four – Internal Flow

Wards: This group will focus on early discharge, ward processes, continuous flow, weekend working and DKAFH strength-based conditioning roll out.

Group Five – Discharge

DKAFH : This group will focus on IMC pathways, DTOC, 14 and 21+ days LOS

FGH Site Recruitment Update (25.6.24)

- Recruitment in progress for x4 JCF and x4 Reg in post by August 2024 – **interviews completed and fully recruited and live date for new 7 day rota is from 5th August.**
- Recruitment completed for x3 SCF (A&E) **interviews done and recruited 2 and back out for 1 at present**
- Recruitment for x3 ACP – **On hold at present and with Group execs for job matching.**
- *Extend SDEC Frailty at weekend – **Meeting 24.6.24 with all clinicians looking at 7 day options.**

BURY INTEGRATED CARE PARTNERSHIP

4 hour Performance Action Plan

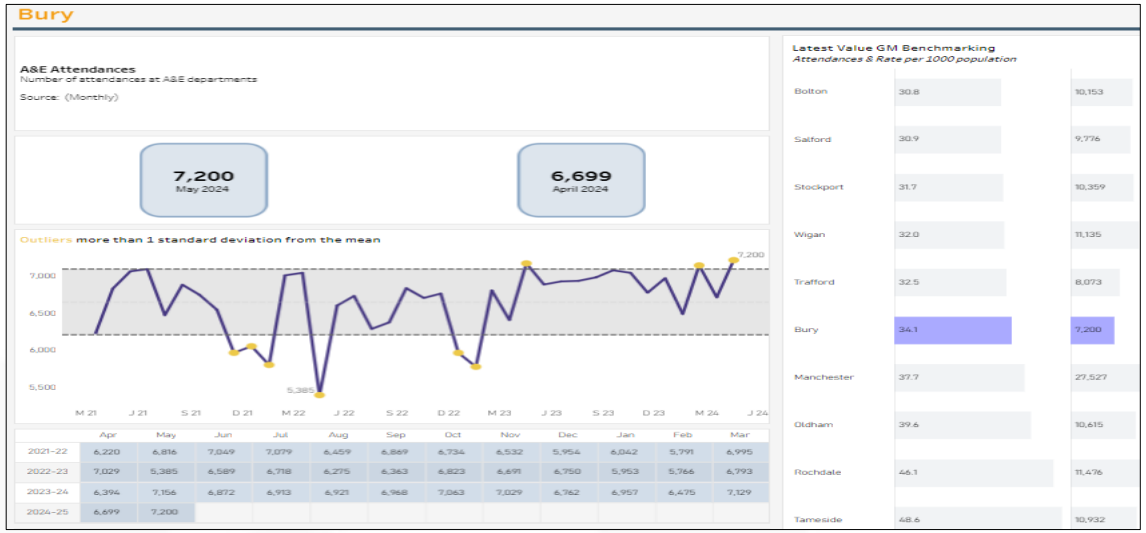
Aim What are you trying to accomplish, by how much, by when?	Primary Drivers System components which will contribute to achieving the aim	Secondary Drivers Specific areas where we plan changes or interventions. They will contribute to the delivery of at least one primary driver.	Change Ideas The ultimate aim of a driver diagram is to define the range of projects (i.e., actual change initiatives) that you may want to undertake. These can appear anywhere in the hierarchy of the driver diagram – wherever makes most sense.
Right Time, Right Place Right Combination For Success	"Avoiding needless inpatient and emergency care" **Deflection pre-ED**	Community Pathways(including Mental Health) Hospital at Home Rapid Response General Practice Care Homes/Frailty Provision NWAS	To be added as part of the working group 1
	"Right Place, Right Time" **Streaming (ED)**	Hospital clinical specialties BARDOC Community	To be added as part of the working group 2
	"More people home on the same day" **SDEC**	Admission avoidance SDEC location Staffing Criteria	To be added as part of the working group 3
	'Why not home? why not today?' **Wards**	Earlier discharge Ward processes Weekend working DKAFH strength-based conditioning roll out Continuous Flow Model	To be added as part of the working group 4
	"Discharge Pathways" **DKAFH**	>21 days LOS IMC Pathways DTOC D2A Provision	To be added as part of the working group 5
	Safer staffing	Staffing on weekend Minimum staffing level on Ward (what it would take to Achieve this) Everywhere	Business case development to feed into the Flow meeting

In order to achieve this aim... We need to ensure... Which requires... What we are going to do is...

UEC Performance Update

BURY INTEGRATED CARE PARTNERSHIP

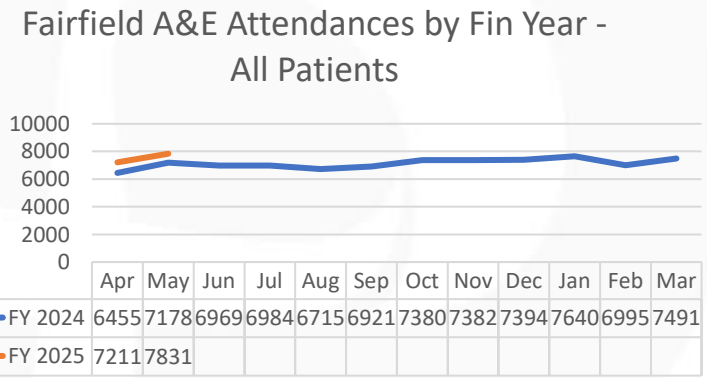
A&E Attendance



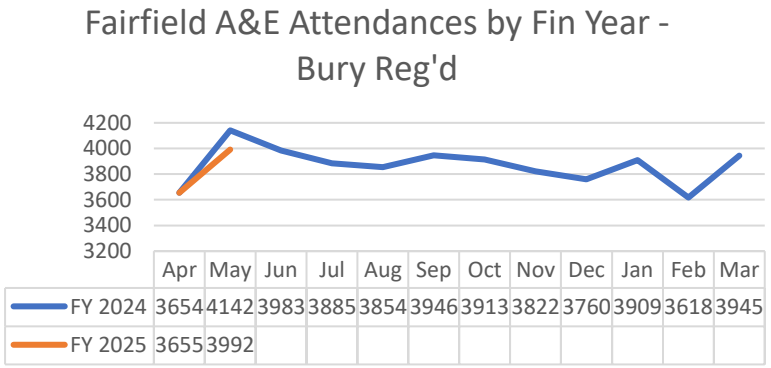
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	6,220	6,816	7,049	7,079	6,459	6,869	6,734	6,532	5,954	6,042	5,791	6,995
2022-23	7,029	5,385	6,589	6,718	6,275	6,363	6,823	6,691	6,750	5,953	5,766	6,793
2023-24	6,394	7,156	6,872	6,913	6,921	6,968	7,063	7,029	6,762	6,957	6,475	7,129
2024-25	6,699	7,200										

The Locality Performance Board Report

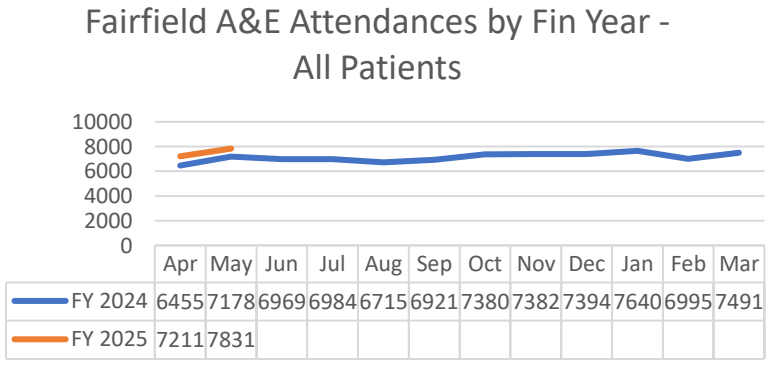
- This report measures the A&E attendances for Bury registered patients attending any A&E department anywhere in the country.
- The cut shown opposite was taken on 25.6.24. It seems to take a while for the figure to stabilize as final.
- The cut taken for the whole system performance report states May performance was 7,138 attendances however the later cut opposite now shows this as 7,200.
- Of particular interest however is that HMR have a high rate of A&E attendances



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FY 2024	6455	7178	6969	6984	6715	6921	7380	7382	7394	7640	6995	7491
FY 2025	7211	7831										



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FY 2024	3654	4142	3983	3885	3854	3946	3913	3822	3760	3909	3618	3945
FY 2025	3655	3992										



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FY 2024	6455	7178	6969	6984	6715	6921	7380	7382	7394	7640	6995	7491
FY 2025	7211	7831										

FGH A&E Attendances (Data provided by NHS GM – Bury Locality BI)

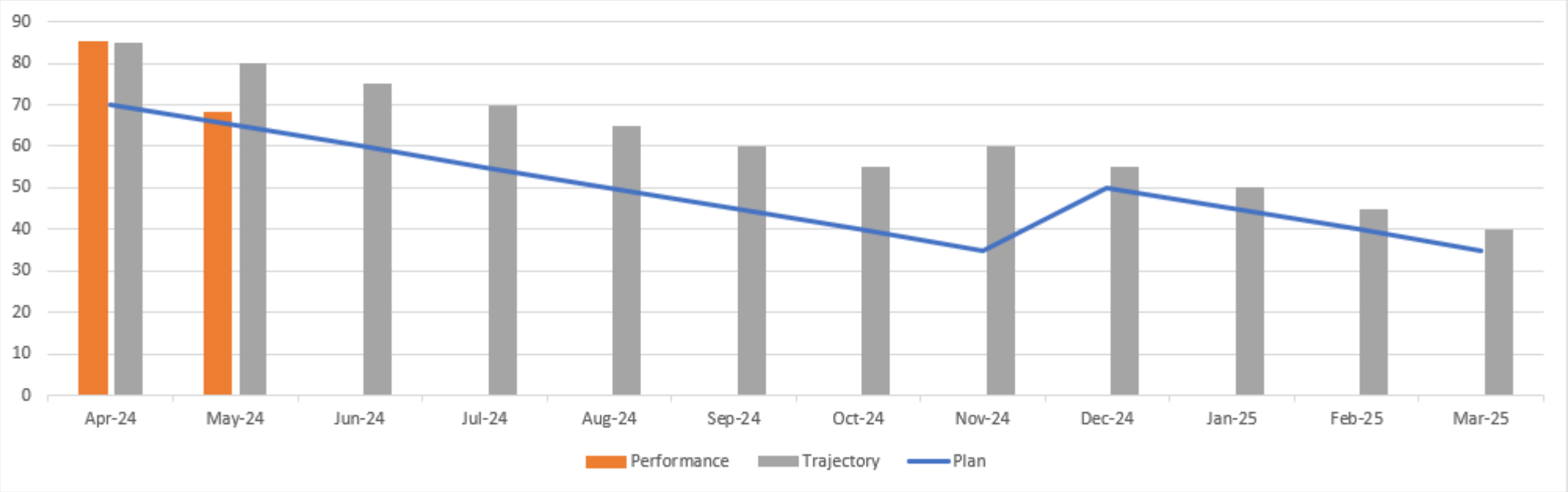
- The first chart show A&E attendances at FGH for any patient as slightly higher than last year for April and May.
- The second chart shows a FGH A&E attendances from Bury patients. This is almost level for April and down for May.
- The third chart shows a FGH A&E attendances from HMR patients. This is up for April and May compared to last year.

UEC Performance Update

BURY INTEGRATED CARE PARTNERSHIP

LOS 21 Days +

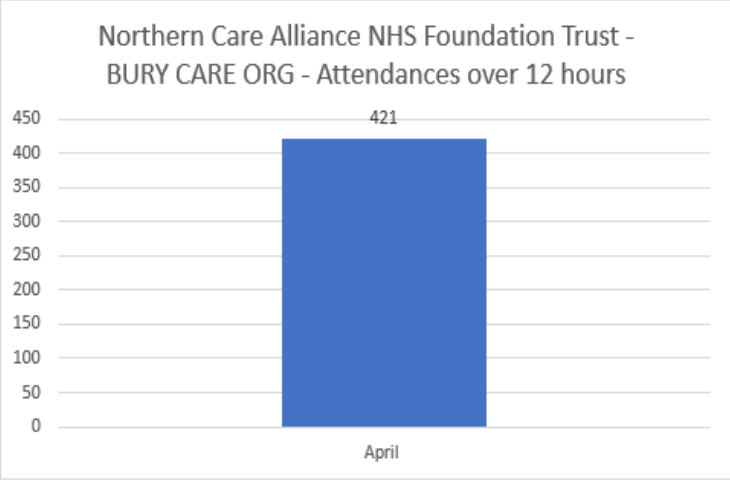
NCA - Fairfield General Hospital	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Performance	85	68										
Plan	70	65	60	55	50	45	40	35	50	45	40	35
Trajectory	85	80	75	70	65	60	55	60	55	50	45	40

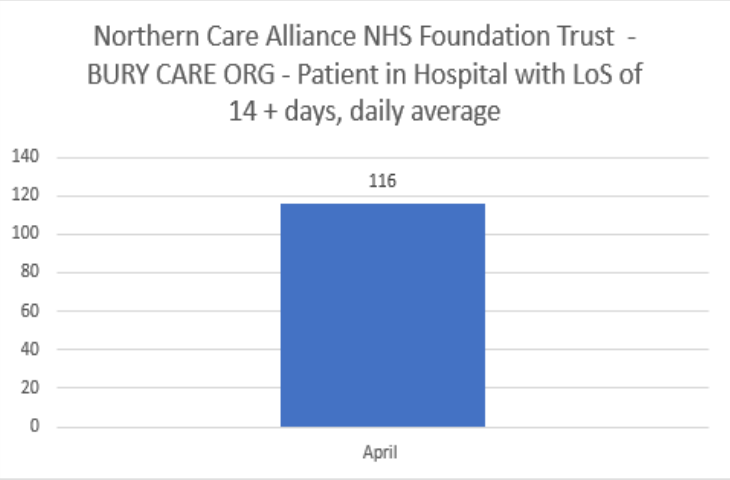


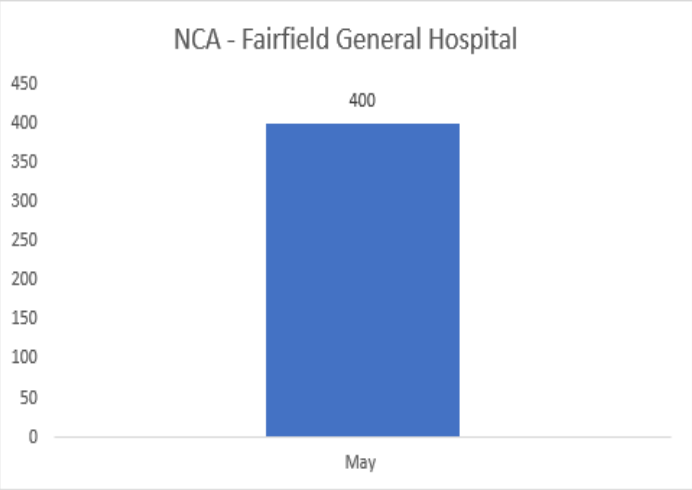
UEC Performance Update

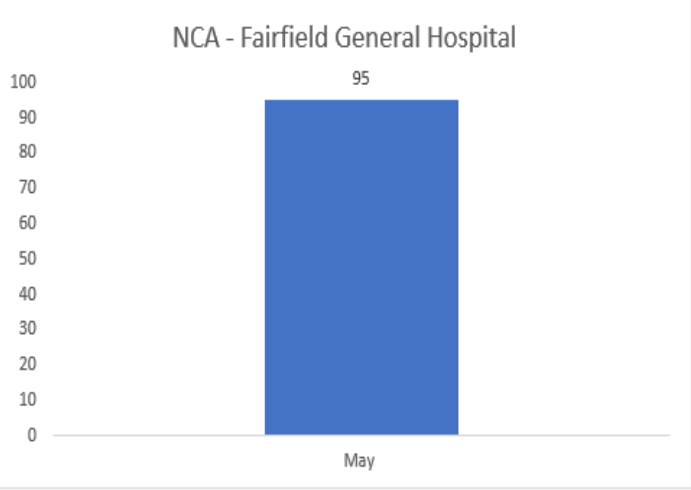
BURY INTEGRATED CARE PARTNERSHIP

12 Hour Waits and LOS 14+









BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	08 July 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	☐

Implications						
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:						
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:

- Establishing programmes of work for the major conditions board, community and elective , and the neighbourhood delivery programme. A stocktake of current pathways will be undertaken in line with appendix A , commencing with CVD initially .
- Aligning our capacity to support the delivery of agreed priorities. This still needs further cosnideration to conclude how we support the programme arrangements established . Workshop planned for the 25th June to consider how we improve our management support arrangements across the Borough to deliver our priortieis (see attached slides).
- Following up the the initial VCSE and IDC workshop in April to consider opportunities for the development of greater partnership working to support our workforce challenges. A further workshop is planned for July
- Aligning work across partners to support the Bury Care Organisation Discharge and Flow Collaborative. Specific workshops have been held focusing on care homes, primary care, urgent and crisis response and community pathways. High intensity users and mental health pathways have been identified as a specific challenge. Specific workshops will be held for these 2 areas
- Realignment of the neighbourhood programme to support delivery of the agreed priorities at the workshop in May
- Continuation of discussions at GPLC to ensure greater cohesiveness between neighnourhood and GPLC priorities.
- Preparation for North neighbourhood Primary Care and Community Pharmacy engagement on the 25th June
- Discussions with HINM regarding support for the Borough regarding digital opportunities of GMCRS.
- Opportunities scoped regarding potential pathway imporvement for respiratory . Key priorities include:
    - Considering availability / sustainability of QA spirometry as a key enabler to effective diagnosis
    - Comparison of Rochdale and Bury COPD service
    - Considering how we may progress a more general rehab provision in the borough . This will be considered through the elective and community and major conditions board
    - Considering pathways for respiratory pts discharged within High Intensity Users workshop
    - Consider opportunities for greater utilisation of the virtual ward for respiratory patients
- Risk management training workshops processes agreed for July / August to support the new risk reporting processes

3. June IDC Programme Highlights:

Urgent and Emergency Care:
Working well to establish new measurement arrangements for UEC performance. Both A&E attendances and admissions have increased over recent months. We are currently trying to understand the cause of this.

Elective Care, Cancer and Community Health*:*
The Elective Care and Cancer Recovery and Reform Board met for a final time in May 24, and a series of meetings are now taking place with the SROs and key stakeholders to development plans to launch the Integrated Community and Elective Board ,and the Major Conditions Board as part of the new programme governance in Bury as agreed by the IDCB. It is hoped that the first meeting of the Integrated Community and Elective Board will be held in July 2024.

Adult Social Care:
'Senior stakeholder briefings on Bury's self-assessment for adult social care are being arranged for June-July . At the time of writing, no Greater Manchester local authorities have been contacted by the CQC for their assessment.'

Mental Health:
- Considerable progress has been made in laying the foundations for the implementation of the Living Well model with the VCSE partner service spec completed and daily Living Well Huddle due to be prototyped in Whitefield and Prestwich from July.
- The last reporting period has seen a drop in the number of inappropriate out of area placements.
- Recurrent funding from GM has been secured to support CYP bereavement and loss pathways and CYP domestic violence support provision.
- Numbers of right to choose referrals for adult neurodevelopmental assessments remains a growing financial pressure.
- There was an extensive comms campaign and numerous events to highlight Mental Health Awareness Week.

LD & Autism:
We are really excited that people with Learning Disabilities now work alongside our quality team – visiting Providers and asking questions to make sure people are being supported in the right way

Complex Care and CHC:
The key activities for the team are:
- Managing referrals for CHC MDT assessments within the 28-day timeframes, currently non-compliant with 80% target (62%)
- Commencing QIPP projects to realise £1.4M savings
- Team running with 2 vacancies and 1 long-term sickness

Neighbourhoods:
- There continues to be great progress in completion of electronic dementia care plans as part of a North Neighbourhood pilot with GMICP and Health Innovation Manchester – over 300 now completed.
- The delivery 2023.24 Neighbourhood plans has now been completed and will be shared via Neighbourhood meetings, IDC Board and GP webinar.

Primary Care:
Following another year of imposed GP contracts, the BMA have agreed to hold a ballot which will open on the 17th June 2024 and close on the 29th July and will be open to GP contractors/partners. If there is a majority vote, then doctors will be able to take action immediately; the BMA will not direct GPs to breach their contracts in this initial phase, therefore collective action may include:

- limiting the number of patient appointments per GP per day to the recognised safe working maximum level of 25 – something the BMA has been highlighting since 2016.
- GPs stopping or reducing work that they're not formally contracted to do, but, because of pressures elsewhere in the NHS, has been passed onto them, without any additional resource. This is on top of not having enough funding to carry out their own essential care services. This could include the completion of fit notes, prescriptions or investigations which should have taken place in the hospital setting or asking Trusts to communicate with patients about re-booking hospital appointments.

Palliative and EoLC:
Work has commenced on the delivery of the new work programme with initial priorities being:

- Developing a more standardised approach to advance care planning.
- Improving discharge planning arrangements and transfers of care.
- Developing a single point of access / advice and information for specialist palliative care

A scoping workshop is planned for July on developing the single point of access.

Workforce:
'Work is well underway across a number of the workforce strategy programmes now but IDC partners are not always adequately represented through the strategic workforce group to ensure they are able to benefit fully from this work. Partners are encouraged to ensure consistent active engagement in SWG as this work progresses to avoid missing out on the opportunities that are available from working more collaboratively'.

4. Performance

- A&E attendances by Bury patients increased by 7% from 6692 in April to 7158 in May. This is the highest level of attendance recorded over the last 3 years.
- A&E 4 hour wait performance remained basically static compared with April with 66% of patients being seen in 4 hours. Performance has dropped from 71% in May 2023.
- May saw a 0.4% reduction in the proportion of beds occupied by patients who are fit for discharge – at 17.9% Bury had the highest rate in GM in May.
- There was a 64% increase in specific acute non-elective spells from Bury registered patients up from 1070 in April to 1752 in in May. This is double the number in May 2023.
- LD Health checks: Have reset for 2024/2025 hence to big drop in performance. April - 2024 3.2% was higher than April 2023 which was 2.0%.
- The percentage of UCR referrals that received a 2-hour response standard for the NCA in April 2024 was 62.8%, which is an increase on March 2024 which was 61.3%. There are known data quality issues.
- The trend of steady increase in the numbers of children and young people accessing mental health services has continued. Bury currently has 79.7 accesses made per 1000 population and has the 5th highest rate per 1000 for localities within GM.
- The dementia diagnosis rate remained above target in April 2024.
- Published data showed an ongoing drop in the number of inappropriate OAP bed days (mental health) for Bury registered patients in March 2024 to 635 from the high of 1120 in December 2023. The latest live data shows the number of OAPs placements as being relatively static over June with 5 active placements as of 17th June.

- The percentage of mental health beds occupied by Bury patients with No criteria to reside [NCTR] as of May 2024 was 9.2% - a decrease from 9.9% in April 2024. The number of mental health patients with NCTR as of May 24 was 8, which has decreased from April 24 when it was 9.
- April data shows a small increase in the numbers of Bury patients accessing Talking Therapies compared with March. In April Bury had 1.4 accesses per 1000 population - the 3rd lowest rate per 1000 for localities within GM.
- The percentage of GP appointments taking place within 14 days of booking in April 2024 for the Bury population was 83.9%, which is an increase on April 2023 which was 83.2%.
- The percentage of Bury patients waiting over 6 weeks increased slightly from 14.5 in March to 16.5 in April.

5. Recommendations

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

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
kath.wynnejones@nca.nhs.uk
July 2024

Appendix A

CVD	What are the current offers locally, at a GM level and nationally?	What works (evidence base)/ what could we do more of?	What are the current challenges/issues?	Key measures of success	Opportunities for improvement	Where is work being taken forwards / monitored ? Is there a governance structure in place?	Key partners
Primary prevention							
Secondary prevention							
Early diagnosis							
Prompt and urgent care							
Long term treatment							

BURY INTEGRATED CARE PARTNERSHIP

Meeting: **Locality Board**			
Meeting Date	08 July 2024	**Action**	Receive
Item No.	8	**Confidential**	No
Title	Public Service Reform and Neighbourhood development		
Presented By	Ian Trafford, Chris Woodhouse		
Author	Kath Wynne-Jones, Ian Trafford, Chris Woodhouse, John Hobday		
Clinical Lead	Kiran Patel		

Executive Summary

The presentation:

1. Provides an update on the development of Public Sector Reform (PSR) in Bury and how the principles and ambition of the LETs principles are being implemented in Neighbourhoods.
2. Sets out the priority next steps in the development of PSR.
3. Describes the outcomes of the delivery of Neighbourhood health and care plans in 2023.24.
4. Sets out the priority next steps in the development of the health and care Neighbourhood model.

Recommendations

The locality Board is asked to:

1. Note the contents of the paper.
2. Acknowledge and promote the wider assets we have within the community and how they contribute to positive outcomes.
3. Provide feedback on how best to build and share information on assets with partners to ensure they are effectively utilised for maximum impact on residents health and wellbeing.

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?	☐

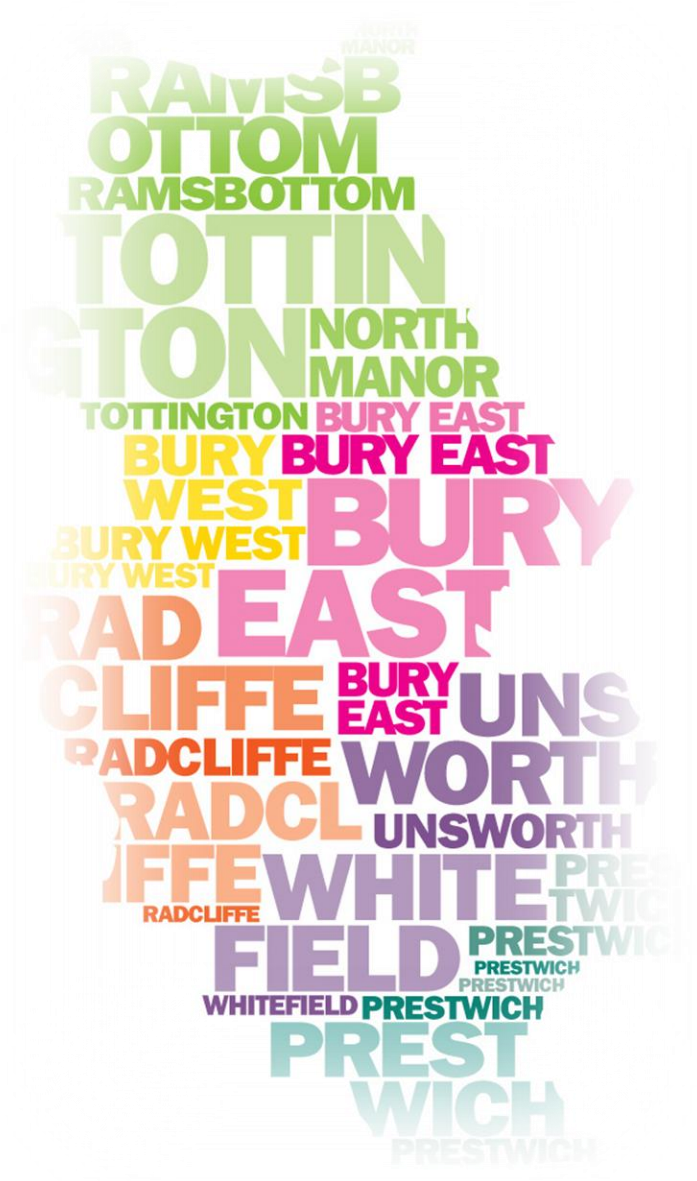
BURY INTEGRATED CARE PARTNERSHIP

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
IDC Board	26/06/2024	Version of presentation shared for information

BURY
INTEGRATED CARE
PARTNERSHIP

Public Service Reform and Neighbourhood development



BURY
INTEGRATED CARE
PARTNERSHIP

Public Sector Reform

Purpose

- To provide an update on the development of Public Sector Reform (PSR) in Bury and how the principles and ambition of the LETs principles are being implemented in Neighbourhoods.
- To set out the priority next steps in the development of PSR.
- To describe the outcomes of the delivery of Neighbourhood health and care plans in 2023.24.
- To set out the priority next steps in the development of the health and care Neighbourhood model.

Strategic Drivers

There are strong national, regional and local policy drivers around the focus on Neighbourhoods as geographical units of planning and delivery for public and wider services:

- The **NHS Long Term Plan** sets out a vision for the establishment of Neighbourhood MDTs linked to GP practices. The Plan assumes that Neighbourhoods and PCNs are co-terminus.
- The **Manchester Model – white paper** on unified public services sets out a vision that each neighbourhood area will be served by an integrated place-based team, with co-located professionals from all relevant public services working together.
- The **Bury *LET'S Do It!* Strategy** sets out a vision aligned to the ambitions of the Manchester Model with a focus on levelling up outcomes within and between Neighbourhoods through co-ordinated public service delivery and an asset-based approach.
- The **Primary Care Network specification** highlights that PCNs need to be an important part of Integrated Neighbourhood Teams and wider system integration at a Neighbourhood level.

Principles

- To a greater or lesser extent people identify with their neighbourhoods rather than the Borough.
- The neighbourhood level is the building block for local care organisations and the foundational unit for delivery recognised across public service organisations.
- There should be the look and feel of one public service workforce functioning together, unrestricted by role titles or organisational boundaries – working for the place and people.
- Aligning services within and around neighbourhood areas allows us to start with the person and begin in the home.
- The benefits to our populations are both better integrated delivery and targeted approaches to enable early intervention to prevent future problems.
- This approach will help to reduce pressure on acute and specialist services, allowing them to focus their resources on those who need it most.
- It relies on a level of integrated leadership, accountability, performance and governance structures.
- Primary Care Networks form an important part of wider Integrated Neighbourhood Teams.

Connecting to the Public Service Reform agenda

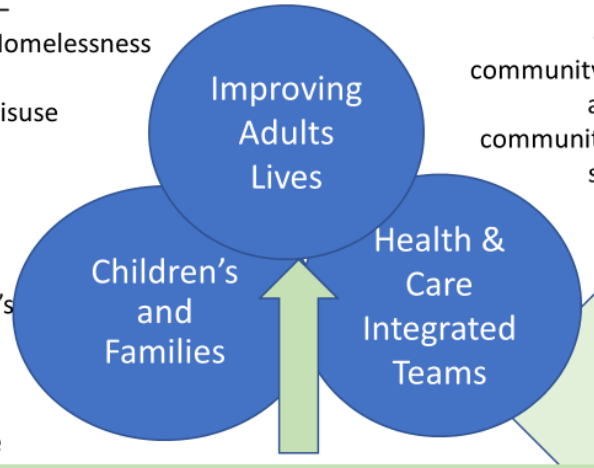
Let's do it …. In our neighbourhoods - Communities & public services *Together*

*"achieving **faster economic growth than the national average, with lower than national average levels of deprivation"***
*"**we** will work collectively to give everyone the **encouragement and support** to play their part (and) joining together the delivery of all **public services as one***

The way we organise ourselves for case management
Neighbourhood Team/System Working

e.g Housing –
STH; PRS & Homelessness
GMP; DV;
Substance misuse

e.g primary care,
community health services,
adult social care ,
community mental health,
social prescribing



e.g Children's
Early Help,
Schools,
Social Care
Youth Justice

The way we engage people & communities in a place
Resources to embed the "LETS" principles

Community Hubs as place-based co-ordinators & connectors

Led by neighbourhood data profiles & case risk stratification:

- Join up of universal and targeted public services
- Unlocking multi-agency cases of discrete cohorts of risk
- Targeted intervention to prevent spiralling risk/demand

Led by neighbourhood asset maps & community for a:

- A focus on socio, economic, and health inequalities
- Nurturing local assets / resources eg residents groups
- Co-design with & engagement of communities

Public Service Leadership Teams (PSLTs)

- 5 Teams Comprising reps from:
  - Neighbourhood Health & Care INT Lead
  - Bury Council – Strategic Partnerships Team (Policy officer)
  - Neighbourhood Sargent from Greater Manchester Police
  - Watch Manager GM Fire & Rescue Service
  - Children's Services – as conduit into Family Hub/ Family Help approach
  - Housing Services neighbourhood officer – as conduit into reshaping of Housing Services/ tenant offer
  - Social Prescribing Link Worker
  - Representative from Public Health
- Working together to identify specific cohorts of risk/need in a neighbourhood for integrated / co-ordinated intervention and linking people into local assets
- Need and asset mapping workshops head in each Neighbourhood earlier this year.
- People and Communities Plan priorities, plans and metrics in development including golden thread back to LET's Do It outcomes.
- Informed by:
  - Data - Neighbourhood profiles now part of JSNA (interactive for each neighbourhood)
  - Community asset mapping – Ward level asset maps for all 17 wards across the 5 Neighbourhoods
  - Soft intelligence and insight including collaborative engagement with communities (of place/interest)
- Key function is to develop and co-ordinate delivery of Neighbourhood People and Communities Plans

Sample ward level asset map

Placemats – Ramsbottom Ward, North Neighbourhood

Community Groups

- Friends of Nuttall Park
- Friends of Ramsbottom Civic Hall
- Holcombe Moor Heritage Society
- Holcombe Society
- Incredible Edible Ramsbottom
- Morrisons Community Champion
- Rammy Men
- Ramsbottom Civic Pride
- Ramsbottom Co-Op Hall Heritage Trust
- Ramsbottom Countryside Access Volunteers
- Ramsbottom Heritage Society
- Ramsbottom Litter Pickers
- Ramsbottom Rotary
- Shuttleworth Community Group
- Space for Nature
- Speakeasy
- The group with no name – youth group.

Education

- Emmanuel Holcombe CE Primary
- Hazelhurst Primary
- Peel Brow Primary
- St Andrew's CE Primary
- St Joseph's RC Primary
- Woodhey High School

Health & Wellbeing

- Cohen's Pharmacy
- Lloyd Pharmacy Ramsbottom
- Ramsbottom Food Pantry
- Ramsbottom Group Practice

Culture & Sport

- Brandlesholme Warriors JFC
- Margaret Haes Riding Centre
- Nuttall Park Bowling Club
- Rammy United FC and Juniors
- Ramsbottom Angling Society
- Ramsbottom Chocolate & Cheese Festival
- Ramsbottom Cricket Club
- Ramsbottom Events Group
- Ramsbottom Heritage Society
- Ramsbottom Music Festival
- Ramsbottom Recorded Music Society
- Ramsbottom Running Club
- Square Street Singers (Summerseat Players)
- Summerseat Players @ Theatre Royal
- Woodbank Juniors Football Club
- World Black Pudding Throwing Championships

Key Buildings & Green Spaces

- Buchanan Sports and Social Club
- East Lancashire Railway Station
- Fern Street Allotments
- Holcombe Moor
- Nuttall Park Base
- Persona at the Ramsbottom Centre
- Ramsbottom British Legion
- Ramsbottom Civic Hall
- Ramsbottom Co-Op Theatre
- Ramsbottom Cricket Club
- Ramsbottom Incredible Edibles
- Ramsbottom Library
- Ramsbottom Pool and Fitness Centre
- The Ashton Goit Garden
- Theatre Royal
- Top Park (Bolton Road)

Faith

- Christ Church & Neighbourhood Centre
- Church of Emmanuel, Holcombe
- Darul Ulcom Bury
- Dundee United Reformed Church
- Holcombe Brook Methodist Church
- Ramsbottom Community Church
- St Andrew's CE Church
- St Joseph's RC Church
- St Paul's, Ramsbottom
- Trinity Grace Church

Placemats – Unsworth Ward, Whitefield Neighbourhood

Community Groups

- 25th Prestwich and Whitefield Scouts
- 52nd Bury. 1st Unsworth Scout Group
- Asda Pilsworth Community Champion
- Elms Community Centre (persona)
- Happy Me Community Group
- Hollins Village Community Association and Conservation Group
- Morrisons Community Champion
- Whitefield and Unsworth Home Watch
- Whitefield Horticultural Society

Education

- All Saints CE Primary
- Brookhaven School
- Bury and Whitefield Jewish Primary
- Elms Bank High
- Hollins Grundy Primary
- St Bernadette's RC Primary
- Sunnybank Primary
- Unsworth Academy
- Unsworth Primary

Health & Wellbeing

- Blackford House GP Surgery
- The Elms Medical Centre
- Total Fitness Whitefield
- Unsworth Medical Centre
- Well Pharmacy

Culture & Sport

- Bury Golf Club
- FC Unsworth
- Unsworth Cricket Club
- Unsworth Junior Football Club

Key Buildings & Green Spaces

- Chadderton Fields
- Elms Square
- Fire Station
- Hollins Community Centre
- Hollins Social Club
- Hollins Vale Nature Reserve
- Morrisons Community Room
- Parr Brook
- St Bernadette's Social Centre
- Sunny Bank Wood
- Sunnybank Community Centre (inc. Persona)
- Unsworth Pole

Faith

- Bury Hebrew Congregation
- Church of Jesus Christ and Latter Day Saints Whitefield
- Sha'arej Shalom Synagogue
- St Bernadette's RC Church
- St George's Church
- Whitefield Methodist

Placemats – Moorside, East Neighbourhood

Community Groups

- The Attic Project
- Friends of Clarence Park
- Sunnywood Project
- Jigsaw
- People First
- Seedfield TRA
- 53rd Bury Scouts
- Chesham Fold TRA
- Topping Fold TRA
- Friends of Chesham Woods
- Salvation Army
- Supporting Sisters

Education

- Chesham Primary School
- Hoyle Nursery School
- St. John & St. Mark CE Primary
- St. Paul CE Primary
- St. Joseph & St. Bede R.C. Primary
- Cambian Chesham House School

Health & Wellbeing

- Dr Afzal Hussain Practice
- Huntley Mount GP Practice
- Strachan's Chemist, Chesham
- Falcon & Griffin Extra Care Scheme
- BIG In Mental Health
- Age UK

Culture & Sport

- Walmsley Golf Club
- Lowes Park Golf Club
- Clarence Runners
- Ramsbottom Angling Association
- Wheels For All
- Chesham Park Run
- Sunnywood Project

Key Buildings & Green Spaces

- Jubilee Centre
- Bury Fire Station Community Room
- St. John's Hall
- Clarence Park (including Green Cafe and Lido)
- Hoyles Park
- Chesham Fold Community Centre
- Seedfield Allotments
- Cateaton St Peace Garden

Faith

- St. John with St. Mark CoE Church
- Khizra Mosque
- Seedfield Methodist Church
- Bury National Spiritualism Church
- St. Joseph's RC CHurch
- Caritas / Bury Red Door
- RCCG The Lighthouse Parish
- Al Mahdi Imambargah Bury
- Bury Freedom Church

Examples

BURY INTEGRATED CARE PARTNERSHIP

Cohort of risk identified

Rent arrears in social housing
Young adults under 25 without maths qualifications

Activity to identify household (individual/family) and specific characteristics of the household

1972 tenants in total of which 857 are in arrears.
average arrears balance is £464.96
83 Notices of Seeking Possession have been served in the last 12 months.

7 tenants are awaiting court dates or have a court order for possession against them.

There have been 3 evictions in the last 12 months.

Details on the co-ordinated, integrated, innovative partnership activity working with the household

Educational courses have been identified that can provide support on life skills and budgeting, working with local community networks.

These are now going to be provided at place at the Outreach Centre In August catering for 20 individuals with targeted multi-agency promotion

Impact

Two classes lasting 3 hours will be provided for under 25s for 40 students total for an practical money management workshop- attendees will be sourced from housing tenants and acm referrals who meet the criteria. Further impact will be recorded at a later date

Cohort of risk identified

Frailty and falls

Activity to identify household (individual/family) and specific characteristics of the household

Using data from Prestwich GPs risks where prioritised using the Rockwood scale.

Details on the co-ordinated, integrated, innovative partnership activity working with the household (specifically what was innovative, targeted, in the spirit of LETS?)

Anyone with a Rockwood 3 would go to social prescribing - for social community activities and get patients moving more

Anyone with a Rockwood 4 would go to the Staying Well team - to have a home visit and see what was potentially was causing the decline

Anyone with a Rockwood 5 – 6 would go to Live Well – for an 8 week intervention of graded strength & Balance exercise followed with education on benefits of exercise, cholesterol, hydration, nutrition, pharmaceutical talk/medication reviews, stress management, goal setting, exit strategies, etc.

It made 3 teams work cohesively with the same outcomes however different approach.

Impact

This was a pilot that now occurs every week.
16 patients were identified and treated accordingly to the rockwood scale.
An average score of 8 was given on an increase of improvement in overall wellbeing ; An average score of 8 was given on increase in mental health improvement ; An average score of 7.6 for participants to exercise independently.

Examples

BURY INTEGRATED CARE PARTNERSHIP

Cohort of risk identified

Asylum/migration particularly in Moorside/East
Patient was a refugee from Africa, had lived in a refugee camp for 5 + years and had been a victim of Adverse Childhood Experiences (ACE). They had Mild Learning Difficulties, had been subject to a Children In Need plan, and had attended Healthy Young Mind

Activity to identify household (individual/family) and specific characteristics of the household

Currently live with Sister, Brother and Nieces, although it was looking like these family members were planning to re-locate to Europe.
The individual attends College and have Indefinite leave to remain in the UK.

Details on the co-ordinated, integrated, innovative partnership activity working with the household (specifically what was innovative, targeted, in the spirit of LETS?)

Following an annual review of the patient, it was felt that a referral should be made to Adult Social Care (ASC) from Bury GP Federation.
They were also referred t psychiatry for further assessment.

The Social care team completed a Care Act (2014) Needs Assessment. A Social Worker was assigned, and they were referred on for a Package Of Care for Welfare Checks.
ASC coordinated joint work with Bury GP Federation, Calico, the family and the College.
Short- and long-term needs were identified and addressed.
ASC supported with a citizenship appointment in Manchester.
Childrens services were contacted for wider context gathering and this helped with a trauma informed approach to the patient's needs.
Safeguarding concerns were identified and MARM meetings attended.

Impact

Reduced isolation through introduction to community activities in Bury and a daily visit from the care provider.
Housing issue resolved through support from Great Places resettlement team, Calico floating support, and the Bury Advocacy Hub. A placement was secured at Castlecroft – developing life skills and encouraging independent living; improving wellbeing.

Cohort of risk identified

We ran an outdoor gym session for 6 weeks at Clarence Park. This was to target those who are currently inactive due to complex health conditions and financial obstacles preventing them from accessing local leisure facilities. Many of these struggled with balance and some with frailty and also some of our clients had BMI's placing them in the obese or severely obese categories, including Mrs G.

Activity to identify household (individual/family) and specific characteristics of the household

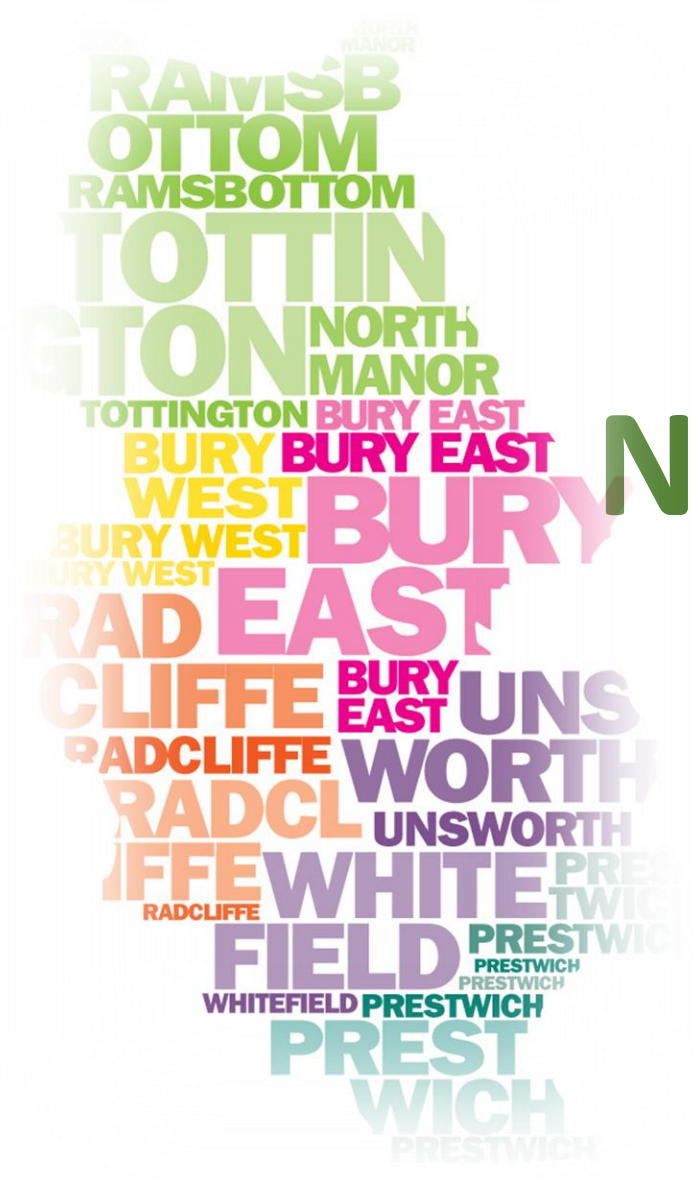
We advertised the free outdoor gym sessions widely, and did leaflet drops through doors and in pharmacies to target those who aren't getting out much or have health conditions that need support. Mrs G fell into both of these categories. Individuals coming to these sessions have been drawn to it for the nature of not having to spend money on transport and facilities at leisure centres. Many of them can't afford this or would struggle to get on and off public transport, including Mrs G.

Details on the co-ordinated, integrated, innovative partnership activity working with the household (specifically what was innovative, targeted, in the spirit of LETS?)

An outdoor gym session was innovative for our service as we have never held activities, courses or classes in the council's outdoor facilities before. We worked together with individuals to effect change and we worked in partnership with many local agencies such as Friends of Clarence Park who advertised the sessions for us and recommended suitable individuals.

Impact

The impact on individuals such as Mrs G has been highly effective. She has noticed an increase in her cardiovascular fitness as well as her stamina and strength. She reported noticing a difference in her everyday activities such as being able to walk further with ease. The individuals at these sessions, who were mainly housebound prior to this and rarely socialised, have also embraced the social aspect. It was a group of all-women purely by chance of those who chose to partake and these women, including Mrs G, have come up to the Green Café with us after the session for a drink, weigh-ins and blood pressure checks. Mrs G's blood pressure has been consistently healthy for the past 4 weeks, it was slightly high before. She also reports sleeping much better and now intends to attend 1 class a week.



BURY
INTEGRATED CARE
PARTNERSHIP

Neighbourhood Health and Care model

Neighbourhood operating model

AIM:
Achieve improved health and wellbeing and reducing inequality in access and outcome for people and communities through the development of an integrated model of health and care planning and delivery at a Neighbourhood level.

FEATURES:

- Application of a consistent operating model across the neighbourhoods but with flexibility to plan and deliver services in response to local need.
- Embedding the principles of personalisation, and assets / strengths-based working with people and communities.
- Focus on prevention and avoiding, reducing and delaying the need for higher and costlier types of intervention.
- Focus on providing care at home / in the community wherever possible.
- Further integration of health and care services at a Neighbourhood level
- Clear service pathways and 'offers' for people according to need [Thrive model].
- Improved use of data and information technology to understand need, deliver services and connect people and the workforce.
- Connection to wider Public Service Leadership Teams in neighbourhoods.

A reminder of the model

- Supporting people through short term crisis / escalation of needs e.g. to prevent hospital or residential care admission

- Whole population-based approach to supported, preventative self-care & wellbeing

- Supporting people with complex care needs/at risk of deterioration

- Targeted, proactive support for people with long term physical and mental health conditions

Achievements in 2023/24

1. 2024.25 saw the highest volume of referrals into ACM since its inception – 1221.
2. 62% increase in referrals to ACM from FGH as a result of In reach work undertaken.
3. New promotional material was developed for ACM.
4. The Neighbourhood quality self-assessment demonstrated continued progress.
5. Prestwich and Whitefield implemented joint Neighbourhood and PCN professionals meetings.
6. Neighbourhood priorities and plans were developed informed by local intelligence of need.
7. Neighbourhood priorities and plans were embedded in the LCS contract.
8. In EVERY Neighbourhood new relationships and partnerships were developed which supported the delivery of the Neighbourhood plans.
9. There were examples of PCN ARRS staff playing key roles in supporting the delivery of the Neighbourhood plans.
10. People with lived experience were involved in informing the delivery and evaluation in some of the Neighbourhoods.
11. INT Leads played a key role in the evolution and maturing of Public Service Leadership Teams and development of Neighbourhood People and Communities Plans.

2023/24 Neighbourhood plan outcomes

1. Not all the LCS Neighbourhood targets were delivered by all practices.
2. Some issues to learn from around:
   - Target definition
   - Practice engagement
   - Capacity
   - Data quality
3. In EVERY Neighbourhood new relationships and partnerships were developed which supported the delivery of the Neighbourhood plans. These included PCN staff, VCSE, NCA, PCFT, Staying Well & Live Well teams, Social Prescribers and Achieve
4. In EVERY Neighbourhood connections were made with wider Bury system priorities and GMICP workstreams inc. dementia, palliative care, cancer, frailty, co-occurring conditions, SMI health checks.
5. Plans in development to support sustain and spread of good practice.

North – Improving dementia care for patients

1. 100% of patients on Dementia register received the ‘This is Me’ resource.
2. 100% of patients with dementia on the palliative care registers had an advance care plan in place.
3. Successful Bury Dementia Roadshow for people with Dementia and carers delivered.
4. New resource providing information on support for people with dementia and carers developed and distributed.
5. Extensive training across health and care teams delivered on dementia awareness and palliative care for people with dementia.
6. Successful application to be a pilot site for the development of a shared electronic dementia care plan – over 300 plans completed to date.

East – Improving uptake of bowel cancer screening

1. 7 out of 8 practices achieved an increase in uptake of bowel cancer screening [range -0.8 – 23% increase].
2. 7 out of 8 practices followed up 100% of patients who did not return a FIT on first invite.
3. Common follow up policy agreed by practices.
4. Making every contact counts approach adopted by teams including Staying Well and Live Well – raising awareness of screening.
5. Bowel cancer awareness info circulated in multiple languages.
6. Bowel cancer awareness sessions and stalls delivered at community events.
7. GP Lead, Dr Fazel Butt created Bowel cancer awareness YouTube videos in Punjabi & Urdu.
8. Multiple training sessions for professionals delivered by NCA CSIL team and consultant gastroenterologists.

West – ACE and Trauma

1. ACE & Trauma Informed Practice ‘Champions’ identified in every GP Practice
2. In 4 out of 6 practices 100% or practice staff completed Level 2 ACE / Trauma Informed Practice training.
3. Level 2 ACE / Trauma Informed Practice training was extended to Health Visitors, School Nurses, and Public Health Team.
4. A trauma screening tool was developed and is now used to support referrals into MH services.
5. All GP’s undertook training on use of the ACE/Trauma screening tool.
6. Community asset mapping undertaken to identify community resources for signposting and referral.

Prestwich – Frailty & falls

1. 21% increase in use of Rockwood frailty tool.
2. 33% increase in patients with mild – moderate frailty referred to Social Prescribing.
3. c10% increase in coding of falls.
4. Good engagement from the District Nursing Team, where they are recording Rockwood score on System One.
5. Increased collaborative working with the Prestwich Primary Care Network [PCN] staff.
6. High level of uptake of ELFH online frailty training.
7. Increase awareness in the Neighbourhood and practices of the role of social prescribing.

Whitefield – Improving pathways and service for individuals with a SMI (severe mental illness) and co-occurring addiction.

1. Practice SMI registers reconciled and data cleansed with PCFT.
2. 83% + of patients on SMI register asked about drug / alcohol use as part of SMI health check.
3. Increase from 34% to 63% in completion of core SMI health check.
4. Engagement with people with lived experience through Collaborate OutLoud including input into training.
5. Training delivered to health and care staff and other stakeholders to raise awareness of co-occurring conditions.
6. Improved pathways and collaborative working between practices, PCFT and Achieve.
7. Delivery of a dedicated one-stop health drop-in for patients with a SMI.
8. PCN Pharmacists and Pharmacy Technician supported with reviewing patients on the SMI registers.

"Most satisfying part - Seeing it all come together, the difference it makes to patients and collaboration across services, hitting the target, working happily with various team members, it was fun"

ACM Case study 2 – North

Cohort of risk identified
• Single / one person households with social vulnerabilities.
Activity to identify household (individual/family) and specific characteristics of the household
The individual was previously known to the MDT team due to an extensive history of mental health issues, with a background of self-harm and suicide attempts. The patient suffered from a traumatic brain injury in March 2021, and is therefore is no longer able to work and struggles to engage in meaningful activities. The patient previously lived with a partner and a child. However, a breakdown in relationship has meant that the individual had now become homeless. Due to being a single male, the patient is not a priority case for housing, meaning that provision of support had become complicated.
Details on the co-ordinated, integrated, innovative partnership activity working with the household (specifically what was innovative, targeted, in the spirit of LETS?)
The patient was referred back into MDT due to the complexity of his case. An urgent, extraordinary meeting was set up between housing and MDT to discuss this one patient. There were initially some challenges in joining up all the services, particularly and try to encourage them to remain focused on the outcomes, as each service were looking at the individual's needs from their perspective. The housing issue became a barrier as they had no appropriate emergency care that was suitable and available. Several meetings took place to stay in touch with all services. Actions were taken and regular updates provided. Individuals were able to provide the relevant support for the patient, and some services (social care) went above and beyond. Both internal and external services worked well together and in tight timescales to provide a solution.
Impact
The patient has now got his own home, and this has been furnished with the help from services. From this process, the MDT team now has a contact housing that can support with housing queries with any future cases. The services are continuing to support the individual, who remains more stable and settled in his new home.

National recognition at NHS Confederation

2024 / 25 Priorities (agreed at workshop in May)

1. Review and develop governance arrangements that support co-ordinated planning and delivery across Neighbourhoods and PCNs.
2. Developing the relationships across the Integrated Neighbourhood Teams (INT's), particularly connecting to practices.
   1. A specific quality improvement programme supported by the NCA will be developed to support integration across the District Nurses, General Practice and Social work team.
   2. Improving the engagement of practices in Neighbourhood working.
3. Review and agree Active Case Management (ACM) model inc target cohorts and interventions and alignment with proactive personalised care approach, population health, Core 20plus5 and wider system developments including PSR
4. Delivery of Neighbourhood priorities / plans: these will be aligned to opportunities for managing financial risk in the future. Key areas for us include frailty and respiratory alongside the GM CVD targets.

How we will measure impact

- 360 survey of practices and other key stakeholders
- Specific frailty and respiratory metrics for neighbourhood priorities
- GM cardiovascular disease metrics for all neighbourhoods
- Volume of referrals through Active Case Management and quality framework
- Metrics for the quality improvement programme to improve relationships between practices, District Nurses and social workers
- User and staff stories / case studies
- Metrics to measure PCN compliance with DES

These metrics will sit alongside the key performance indicators relating to operational service delivery for the district nurses and social workers.

Further opportunities

- Connectivity with other programmes – urgent care , frailty, community services, major conditions and community mental health transformation.
- Review options for greater use of shared information systems and data to support better targeting of services, reduce inequality, improve communication and care co-ordination and reduce inefficiency.

Alignment of Primary Care Networks (PCN's) and neighbourhoods

- We are experiencing challenges with alignment of priorities across neighbourhoods and PCN's. This was recognised as a key issue at the GP Leadership Collaborative Board development session
- The investment of PCN monies using different approaches is leading to differential models of delivery across Bury, which could weaken the potential to address health inequalities, and is also difficult for professionals and patients to navigate
- One of the ambitions of the PCN's is to reduce the burden on core General Practice, however it should be recognised that all PCN's have a requirement to support population health improvement and reduce health inequalities
- We have more work to do to demonstrate the value of neighbourhood working to core general practice . This is a key priority for the GP neighbourhood leads in particular to focus on in Quarter 2

PCN requirements

The Network Area must:

a) satisfy the commissioner that the Network Area is sustainable for the future, taking account of how services are delivered by wider members of the PCN beyond the practices and with a view to the evolution of PCNs;

a) align with a footprint which would best support delivery of services to patients in the context of the relevant Integrated Care System (ICS) strategy;

a) cover a boundary that makes sense to:
   a) the Core Network Practices of the PCN;
   b) other community-based providers which configure their teams accordingly; and
   c) the local community;
   d) cover a geographically contiguous area.

PCN key functions

A PCN has four key functions:

- a) co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level;
- b) improve health outcomes for its patients through effective population health management and reducing health inequalities;
- c) target resource and efforts in the most effective way to meet patient need, which includes delivering proactive care.
- d) collaborate with non-GP providers to provide better care, as part of an integrated neighbourhood team.

How PCN’s must improve population health

The PCN must seek to improve health outcomes for its population using a data-driven approach and population health management techniques in line with guidance and the CORE20PLUS5 approach48. The approach must include, but is not limited to, the following activities:

a) use of insightful analytics, alongside improved data recording and use (including ethnicity), to target care and improve outcomes in populations groups where there is greatest opportunity;

b) working with partners, including community pharmacy, to proactively identify and manage CVD risk, hypertension and raised lipids in line with nationally agreed guidance and pathways;

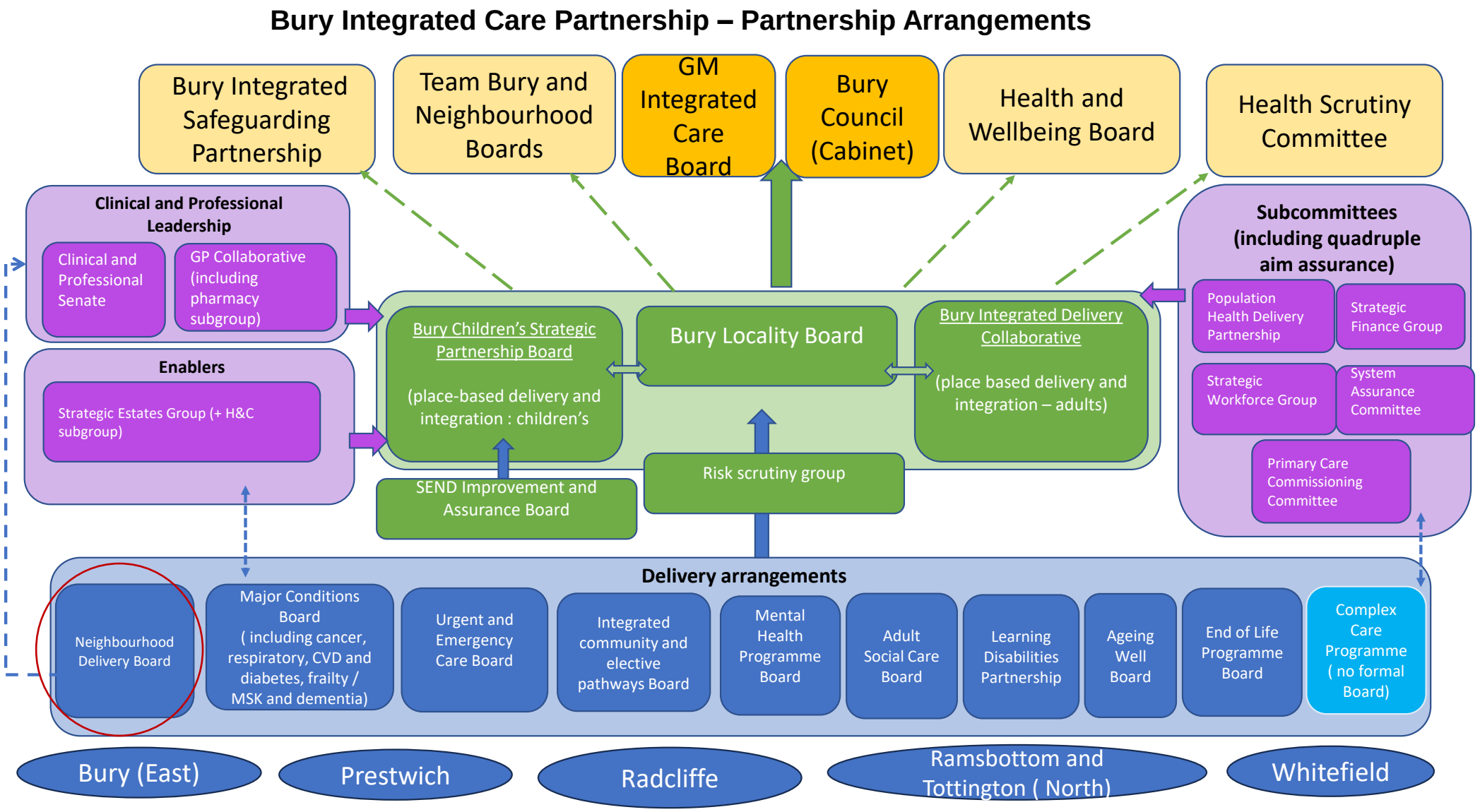
c) reviewing cancer referral practice in collaboration with partners and working to improve early diagnosis; and

d) working with partners to improve screening uptake, inclusive of breast, bowel and cervical cancer.

PCN’s should actively seek to reduce health inequalities and address health inequalities. A PCN should work in partnership within local communities to deliver effective outreach and target care to address health inequalities that are amendable to primary care intervention.

PCN must contribute to the delivery of multi-disciplinary proactive care for complex patients at greatest risk of deterioration and hospital admission, by risk stratifying patients and offering care in accordance with the guidance , which must be done as part of INTs, with the aim of reducing avoidable exacerbations of ill health, improving quality of care and patient experience, and reducing unnecessary hospital admission.

System Governance



Neighbourhood governance considerations at multiple levels

- The processes supporting the Active Case Management meetings – are they operating as efficiently and effectively as they could and have we got all key stakeholders engaged?
- The role of monthly neighbourhood meetings– are they operating as efficiently and effectively as they could and have we got all key stakeholders engaged? Eg pharmacies and care homes
- Neighbourhood Delivery Board – refreshing and redefining the roles and responsibilities of the Neighbourhood Commissioning Advisory Group including quarterly face to face development sessions
- Representation from neighbourhoods on GPLC, Programme Boards and Clinical and Professional Senate
- How do we develop more joined up planning and delivery across PCNs and between PCNs, Neighbourhoods and the wider system so we are all *pulling in the same direction*

Q2 development workshops

- Refresh of the purpose and principles of neighbourhoods to support professional and public stakeholder engagement
- Development session between neighbourhood and PCN CD's to agree ways of working
- Closer connectivity to the VCSE sector
- Closer connectivity to community pharmacy: pilots in North and Prestwich
- Defining our approach across the borough for high intensity users linking with approaches in secondary care also
- Opportunities for the use of digital to improve data sharing capability across organisations

Risks

- Lack of alignment between neighbourhoods and PCN's could lead to the neighbourhood model being compromised due to investment decisions being made
- Lack of programme support to enable neighbourhood working due to sickness and vacancies
- Less support available from enabling functions including BI and communications and engagement
- Capacity of professionals to engage in new ways of working
- The development of this model will support long term population health improvement but is unlikely to deliver efficiencies in the short term

Summary

BURY INTEGRATED CARE PARTNERSHIP

- Over the past year Neighbourhood working has matured with examples of the LETs principles being reflected in practice through the operation of PSLTs and the Neighbourhood health and care model.
- We have a lot to be proud of relating to neighbourhood working, which we need to celebrate
- We have agreed priorities which will start to contribute to our long term population health improvement
- There a number of significant development conversations to have over Q2 to accelerate our ambitions for neighbourhood working, and to ensure we connect strongly to the PSR agenda
- There are some risks facing our neighbourhood programme the key ones being alignment being neighbourhoods and PCN’s and available capacity to support the programme

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	08 July 2024	Action	Receive
Item No.	9	Confidential	No
Title	GM Health and Care Services Review		
Presented By	Warren Heppolette, Chief Officer for Strategy & Innovation, GM Integrated Care		
Author			
Clinical Lead			

Executive Summary
The briefing paper provides an overview to the introduction of Greater Manchester (GM) Health and Care Service Review, which will be informed by data and be clinically led.
Recommendations
The Locality Board is asked to note the update provided.

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	☐

BURY INTEGRATED CARE PARTNERSHIP

Implications						
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		

NHS
Greater Manchester

Briefing paper - Health and Care Service Review – Our Approach

July 2024

Part of Greater Manchester Integrated Care Partnership

Health and Care Service Review

Introduction

The purpose of the paper is to provide an overview to the introduction of Greater Manchester (GM) Health and Care Service Review, which will be informed by data and be clinically led.

The paper aims to set out the approach that will be undertaken in relation to the Health and Care Service Review and the services in scope for 2024/25 and provides an indication of some of the services being considered for future years which are yet to be finalised.

The board is asked to consider the approach set out in the Health and Care Service Review – Our Approach document (appendix 1) and provide comments and feedback in order to inform the development of a final document which will be adopted to deliver the aims and objectives of the Health and Care Service review and the service in scope for the current and future financial years.

Background

There are some NHS services that, for reasons of clinical critical mass, or workforce sustainability, or fixed cost base, or current less than optimal patient outcomes, require of necessity a GM wide transformation and reform perspective.

The Health and Care Service Review – Our Approach document is intended as an engagement document for consideration which sets out a framework that guides the design and delivery of services to meet the evolving needs of the Greater Manchester Population.

We know from previous reconfiguration proposals that the process can be challenging – for example reconciling patient accessibility with clinical effectiveness. But we know from previous proposals – for example in stroke services - that improved outcomes for our patients can be delivered and in way that secures financial and clinical sustainability.

We also know that this is not an NHS only discussion – that there is a contribution to, and impact on, other key services, including from local government and from the voluntary and community sector. So, we have called this a health and care review. “

Adapting to Changing Needs

As people live longer with complex health needs, the focus shifts from episodic “sick care” to longitudinal “health care.” The Health and Care Service Review will help the GM system to adapt our services to address these changing requirements.

Integrated Care

The Health and Care Service review promotes end to end pathway redesign and transformation through seamless collaboration with partners to create a unified healthcare experience for patients, the population, and staff. It recognises that it is not a one size fits all approach to service redesign and will ensure that there is an emphasis on prevention and holistic person-centred care.

Resource Allocation

As part of the approach the Health and Care Service review will make recommendation on how resources (such as workforce, digital tools, and equipment) are utilised to realise the benefits for the areas in scope.

Patient-Centric Approach

The Health and Care Service Review aims to design services around patient pathways, deliver care at the right time and through the right channels, and personalise care optimising the use of digital innovations.

The Health and Care Service review will not only consider existing services but also future challenges, infrastructure, and resource allocation as part of annual cycle of review aligned to NHS Greater Manchester's Commissioning Intentions.

Summary

The Health and Care Service Review recognises that:

- People in our community are living longer, but frequently with an increasing number of complex physical, social, and mental health needs.
- General shifts in consumer behaviours are also changing how people expect to interact with our services—there is a growing desire for more immediate access to care, more information around their care and greater involvement in decision making.

To deliver the highest quality of care, our services need to be:

- Designed around pathways that more explicitly wrap our care around the patient journey.
- Organised to deliver the right level of care, through the right channel, at the right time.
- Personalised to individual needs by harnessing the power of digital innovation.
- Accessible and inclusive to all
- Delivered by highly trained multidisciplinary teams.

To meet the increasing needs of our population:

- We need to work seamlessly with a wide range of partners to ensure a joined up "Health and Care" is experienced by patients, the population, and staff.
- Build a relationship with our community throughout their lives, which focuses as much on prevention and supporting people to live well as it does on responding to periods of crisis.

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	08 July 2024	Action	Receive
Item No.	10	Confidential	No
Title	Four Localities Partnership Update		
Presented By	Jo Fawcus/Lorna Allan		
Author	Andrew Hulcoop, Head of Strategy & Four Localities Partnership Programme Director		
Clinical Lead			

Executive Summary
The presentation provides an update to the Locality Board in relation to the Four Localities Partnership and Single Elective Workplan.
Recommendations
The Locality Board are asked to note the update.

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	☒

BURY INTEGRATED CARE PARTNERSHIP

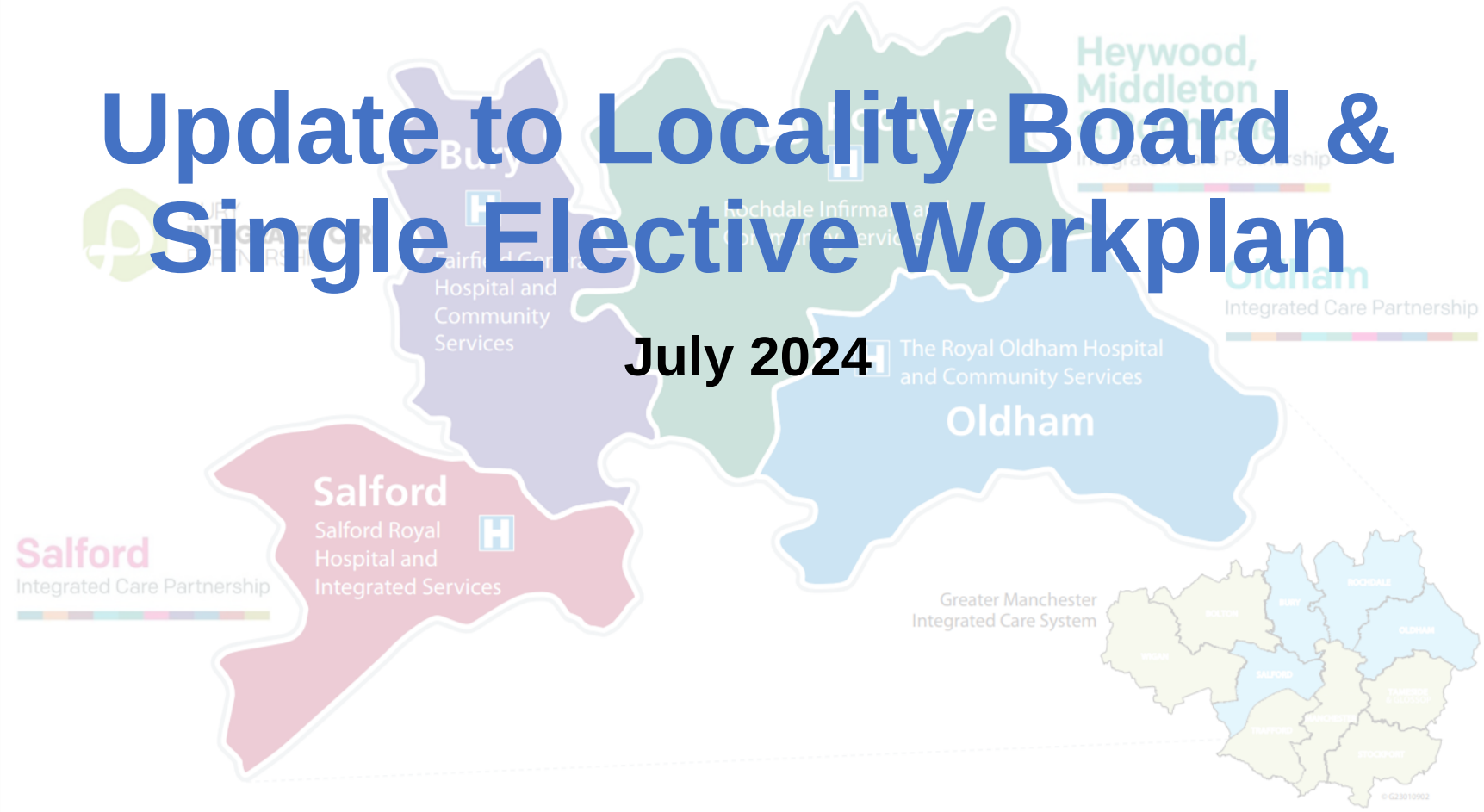
Implications						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision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

Four Localities Partnership

Update to Locality Board & Single Elective Workplan

July 2024



Recommendations

- Agree the key programmes of work to be progressed through the Four Localities Partnership in 24/25, focused on Urgent and Emergency Care, Planned Care and Community services
- Note the role of the FLP Networks, and how these connect the NCA and localities and support the development of further collaborative opportunities
- Note the updated FLP Governance arrangements for 2024/25 and how this connects with the work of the Locality Board
- Note the commitment to a single elective workplan for the FLP and requirements to support delivery

Four Localities Partnership - Overview

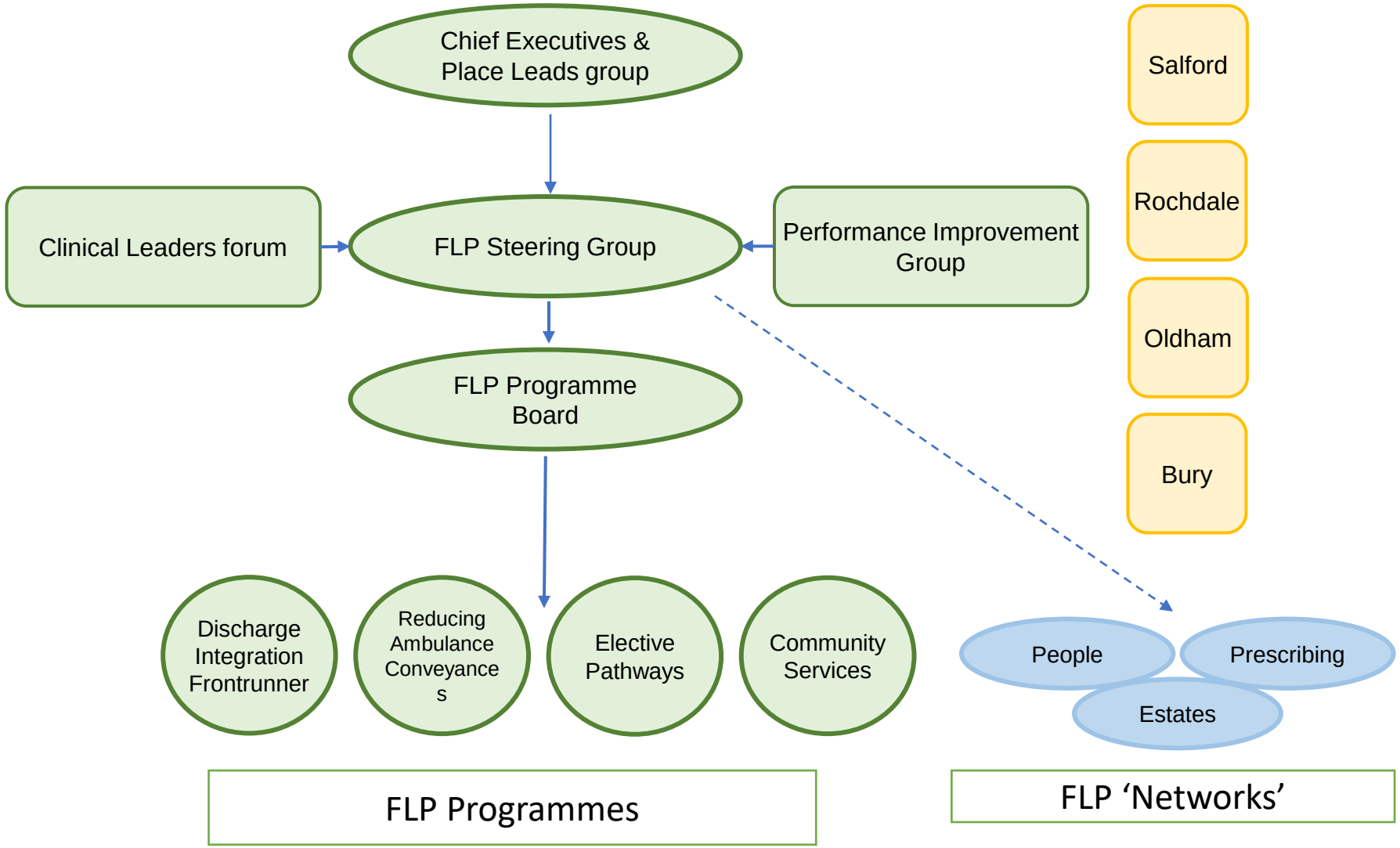
- The Four Localities Partnership has become established as a mechanism to support collaborative working between the NCA and Salford, Bury, Oldham and Rochdale localities.
- It was established in 2022 in recognition of the fact that, whilst partners share the commitment to a GM operating model which is anchored in Place, there are common finance, quality and health outcomes challenges across our localities which benefit from collaborative working across the footprint.
- The partnership has been successful in the development of specific FLP wide change programmes (for example the Discharge Integration Frontrunner programme) and in improving the co-ordination of our work within the GM system.
- Partners have expressed a desire to go further where we have clear shared priorities, in establishing shared governance and leadership arrangements for these programmes of work. There is also a desire to embed clinical leadership more directly within our FLP governance arrangements, and to establish a mechanism to collectively address performance issues.
- An updated FLP Operating Model has been developed and endorsed by the FLP Steering Group to satisfy these requirements.

Key design principles – FLP governance

Partners were engaged in the design process for the updated Operating Model for the FLP, and the following recommendations were made:

- Where possible the aspiration should be to avoid the development of a separate parallel ‘FLP’ governance structure – but to embed collaboration across the partnership within our existing governance structures, using the partnership as a means to co-ordinate this. Place and organisational Boards are our key governance mechanisms and the FLP will work within these.
- We should aim to balance and widen the membership of FLP forums, avoid utilising the same leads for multiple different forums and creating deeper engagement within our teams on FLP wide collaboration
- Apply proportionate governance – key delivery programmes to be tightly managed, collaborative networks allowed space to develop relationships and areas of focus
- Incorporate new elements to the governance structure – a performance improvement board and clinical leadership forum to strengthen FLP focus in these areas.

Proposed FLP Governance



Meeting membership and frequency

CEO/Place Leads (quarterly)

FLP Steering Group (monthly)
NCA Exec, DPLs, Clinical Leads, COs

Clinical Leaders (monthly)
NCA MDs, Locality AMDs

Performance Improvement Group (bi-monthly)
NCA CDO, DPLs, Site Leads

FLP Programme Board
Locality Senior Commissioning Leads, NCA Programme Leads

FLP Governance - Overview

Group	Purpose	Membership	Frequency
Place Leads/ CEOs	• Provides overall strategic direction to the partnership	**NCA CEO/Place Leads** NCA Exec, DPLs, Clinical Leads, COs	Quarterly
Steering Group	• Identifies key GM, locality and organisational issues requiring a FLP response • Point of connectivity to NCA and Locality Boards for issues requiring approval/escalation • Receive escalations from FLP Programme Board • Oversee the work of FLP Networks	Place/Deputy Place Leads, NCA Execs (Place aligned) NCA Chief Officers	Monthly
Programme Board	• Monitors progress of FLP Programmes • Point of connectivity for Locality and NCA working groups	Locality Senior Commissioning Leads, NCA Programme Leads	Monthly
Clinical Leads	• Provides Clinical Leadership to FLP Programmes • Develop mechanisms to agree clinical pathways and protocols across the FLP footprint	NCA Medical Directors, Locality Associate Medical Directors	Monthly
Performance Improvement Group	• Collectively support performance improvement across the NCA footprint.	NCA Chief Delivery Officer, Deputy Place Leads, NCA Chief Officers	Bi-monthly

Four Localities Partnership Work Programme 2024/25

As part of the planning process for 2024/25 we have shared priority areas to identify areas where the FLP can support collaboration across localities and with the NCA. We have secured commitment to progress the following areas:

	Title	Scope of work	Governance
FLP Programmes	(UEC) Discharge Integration	Improving Dementia pathways (admission avoidance, IP care, discharge) and strengths-based approach to IP care and discharge of all older people across the four localities/hospital sites.	• Overseen by FLP Programme Board • Defined benefit/timescales • Monthly highlight reporting
	(UEC) Reducing Ambulance Conveyances	Working with NWAS to reduce avoidable ambulance conveyances to hospital sites, focused on improving availability and utilisation of community alternatives	
	Planned Care	Bringing together locality plans for elective care and developing a single work programme for those that can be most effectively addressed across the footprint, focusing on pre-referral pathways and pathway standardisation	
	Community Services	Address current variation and fragility within NHS community services, focusing on sharing good practice, standardisation of service specifications/pathways and improving quality of data and value for money.	
FLP Networks	Community Estates	Maximise use of community estate, address high-cost premises, strengthening collective negotiating position with partners, supporting shift of care out of hospital, aligning to locality estates strategies including ‘health in the high street’	• Overseen by FLP Steering Group (quarterly update) • Focus on identifying collaboration opportunities rather than formal programmes
	Prescribing	Identifying opportunities to effectively address prescribing costs across primary and secondary care, focused on prescribing ‘waste’, ‘do not prescribe’/ ‘limited clinical value’ drugs and switch to cheaper generic drugs	
	People	Broaden entry routes across the four localities partnership into H&SC to: increase local employment; increase the diversity of our people; reduce vacancy rates; reduce health inequality by purposefully working with communities who face structural inequality	

Four Localities Partnership

Single Elective Workplan

July 2024

Developing a Single Elective Workplan

At the January FLP Steering Group a presentation was made by Bury locality highlighting the opportunities for joint work across the footprint on elective pathways. It was agreed that elective care leads from the NCA and each of the four localities should work together to scope a single programme of work that builds on our collective priorities in each locality and identifies those areas which benefit most from an NCA/four localities wide approach to delivery. The focus of this work would be to:

- Define a shared set of priorities where a FLP led approach would support delivery
- Set out a clear and consistent method to be adopted in design and roll out of the changes
- Set out the proposed governance arrangements of the work (including the connectivity between NCA and locality governance)
- Define clear benefits and timescales

During Q1 2024/25, elective care leads from the NCA and Four Localities met to develop a proposal for a single work plan, and the support required from the Four Localities Partnership to enable delivery.

Outpatient Excellence Programme on a page

Northern Care Alliance

WORKSTREAMS	PROJECTS
Clinical Administration	Specialist Advice Pre and post referral
	Partial Booking
	Standard Appointment Letters
	Clinical Outcome Recording Standards
Patient Communication	Remote Consultation
	Text Reminder Coverage
Patient Pathways	One Stop clinics
	Straight to test
Digital Enablers	Single eOutcome System
	Self Check-In
	Room Booking System
	Virtual Consultation Platform
	RPA Automating Referral / Triage Process (Neurology

Four Localities Elective Leads - Shared Priorities

1. **Specialist Advice – A&G Pre-Referral**
   - Develop a blueprint for A&G that brings consistency and can be cascaded from FLP to all relevant specialities across all care orgs.
   - Job planning, agreement of response times, minimum dataset/guidelines for A&G requests and A&G replies, standardising pathway options in DoS (A&G, RAS, 2WW).
2. **Primary Care Referral Guidelines/Templates and Secondary Care Response Guidelines**
   - Front end assessment templates to capture relevant data captured – agreed between primary and secondary care.
   - Minimum data sets for referral to ensure quality data flow between primary and secondary care - agreed between primary and secondary care.
   - Education schedule – secondary care working with primary care to up skill in relevant areas.
3. **Agreeing the Responsibilities/Accountability of Partners in the Pathways – Primary, Community and Secondary Care**
   - Developing new culture towards referral pathways
   - Process Mapping – what it looks like now, what we want it to look like and how does the system deliver this? Walking in each other's shoes!
   - Your Test Your Responsibility – agreeing some principles to apply to all pathway work.
   - Identifying educational requirements to upskill workforce to deliver the agreed pathway.
   - Referral pathways – reviewing the primary, secondary and community interfaces and how referrals travel currently.
4. **DoS – For Primary Care, Secondary Care and Community**
   - Currently misunderstanding of the offers in primary care e.g. diagnostics, workforce, skill sets, etc.– and variation between localities and within localities – impacting pathway transformation .
   - What is available in community services across localities.

Problem Statements – Four Shared Priorities

1. Specialist advice (A&G) isn’t currently approached as a joint initiative to make best use of primary and secondary care clinical time and NHS resources.

2. We are not optimising access to the right care and pathways to give patients the best possible outcomes as good quality data is not consistently exchanged to allow for efficient and informed decision making.

3. Patients are often being fed through overly bureaucratic clinical and administrative pathways and procedures built on a culture of silo working that doesn't support integration to drive improved access and efficiencies.

4. There is no shared understanding of the variation in the ‘offers’ to support pathways delivery between and within localities, which impacts on opportunities for larger scale transformation, efficiency gains and creates inequity.

Enabling a Single Work Plan: Implementation at Pace and Scale - Key Requirements

NCA Outpatient Excellence Programme Proposal for 24/25 – Governance Structures and Membership

- Outpatient Excellence Steering Group - NCA and locality representative
- Project Groups - blended membership from NCA and localities to drive forward work on 4 priorities
- Project Groups- joint SRO/Group Chair from NCA/Locality for each priority in the plan
- Exec level 'champion' supporting single plan priorities and project groups.

Clinical Leadership Group (Medical Director/Assistant Medical Director) – Supporting the Single Workplan

- Bring in speciality level expertise (Clinical Directors, GPSI, etc) as required - blended membership focused on end-to-end clinical pathways
- Review responsibilities, accountability and reducing bureaucracy across clinical pathways – agree key principles for joint system working
- Support standardisation- DoS, straight to test, once stop clinics, your test your responsibility, guidelines and thresholds , EPR
- Identifying need for clinical education and supporting upskilling of workforce across the pathways.

NCA Service Model Programme (SMP) – Mechanism to Support Delivery of the Priorities

- Specialities to have a focus on the 'front end' of the pathway with plans to include A&G (pre-referral focus) working in conjunction with primary care
- Specialities to support the identification of opportunities for pathway efficiencies to be explored in the Clinical Leadership Group.

Governance

Outpatient Excellence Programme

NHS
ern Care Alliance
NHS Foundation Trust

24 / 25 Schemes

Clinical Administration	Patient Communication	Patient Pathways	Digital Enablers
Specialist Advice pre and post referral	Remote Consultation	One Stop clinics	eOutcome business case
Appointment Invite process	Text reminder / re-scheduling	Straight to test	Self-Check in Kiosks
Consistent appointment Letters	Hybrid clinic cessation		Room booking system
Clinical Outcome Recording standards			Virtual consultation platform
			RPA automating referral/triage process (Neurology)

CARE
APPRECIATE
INSPIRE

Single Elective Work Plan: System Benefits

- Improving patient access and experience
- Supports key national, GM & local drivers:
  - Primary Care/ Secondary Care Interface work - *Delivery Plan for Recovering Access to Primary Care*
  - GIRFT and OP Transformation closer alignment
  - NCA CIP plans/Locality QIPP
  - NHS GM Commissioning Intentions
  - NHSE Long Term Plan
- Opportunity to 're-set' NCA and local programme priorities to support collaboration
- Opportunity to take stock of Specialist Advice (A&G) across NCA through a coordinated mapping exercise to understand current utilisation, barriers and examples of good practice to inform a blueprint for a more standardised 'offer' across the four localities.
- Develop local consensus for appropriate professional boundaries to aid efficient interfaces and patient pathways
- Strengthening relationships (primary care/secondary care/community services) - new culture of working
- Tackle the issue of un-resourced work being passed between clinicians
- Reducing bureaucracy in the system
- More efficient use of diminishing resources – not doing the same/similar things four times across localities and care orgs
- Bring consistency in provision/offer across localities and NCA footprint – reducing inequity in access to services
- Builds on existing work and better utilises existing resources
- Community Services commissioning returning to localities – opportunities for wider pathway transformation

Single Elective Work Plan: System Risks

- Commitment from key stakeholders to look beyond their organisational priorities to focus on system-wide objectives to support a single elective work plan
- Willingness of NCA Care Organisations and the four localities to support delegated decision making to enable delivery of a single and consistent workplan
- Obtaining 'whole system' buy in to the single plan – Execs to front line staff
- Mis-alignment of priorities or duplication of work if localities and care organisations continue to have separate plans for shared priorities
- Absence of a regular forum bringing together senior clinicians from NCA/ localities to support the development and implementation of a single work plan for all four localities
- Willingness of the primary care workforce in each locality to support a single plan approach and implementation
- Willingness of specialities and sub specialities in each care organisation to support a single plan approach and implementation
- Existing variation between localities in incentivisation/funding of primary care to support key priorities e.g. A&G, referral reduction etc.
- Perceived de-railing of the current NCA Outpatient Programme by SMTs through a single NCA/localities workplan building on existing structures e.g. SMP, OP Steering Group etc.
- Alignment of governance to support timely decision making across NCA and localities
- Creating an inequality within localities by not engaging with neighbouring trusts (e.g. MFT) leading to inconsistency in offers for patients on the borders
- Duplication or re-creating the wheel where neighbouring trusts are embarking on similar work e.g. Manchester Locality and MFT blueprint for A&G
- Lack of resources and capacity to support single plan work e.g. job planning to free up clinicians, capacity in primary care reps to attend meetings and facilitate local implementation
- Role of the ISP in this integrated approach to working across the four localities
- GM Programme Delivery: Waiting List Management Pillar – expectations of GM for trusts to address waiting lists - priorities do not directly address patients waiting/ backlog issues.

BURY INTEGRATED CARE PARTNERSHIP

Meeting: Locality Board			
Meeting Date	08 July 2024	**Action**	Receive
Item No.	11	**Confidential**	No
Title	System Finance Group Update – July 2024		
Presented By	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Author	Simon O'Hare - Locality Finance Lead – NHS GM (Bury and HMR Localities)		
Clinical Lead			

Executive Summary

The financial position of all partners continues to be very challenged in 2024/25. NHS Greater Manchester (GM) remains in undertakings with NHS England, and this brings additional scrutiny and rigour around finance, performance and quality.

In the latest financial planning submission to NHS England in early June, NHS GM had a deficit plan of £175m, which has improved from the previous submission. To enable this overall system position all organisations and functions within NHS GM have Cost Improvement Plans (CIP) of 5%, including the Northern Care Alliance (NCA), Pennine Care Foundation Trust (PCFT), Manchester Foundation Trust (MFT) and the Bury Locality. The delivery of these targets and overall financial positions is being rigorously monitored at a local, regional and national level.

As in 2023/24, the Locality Board has delegated responsibility for the budgets delegated to the locality from NHS GM. The total value of these opening budgets, after the removal of the 5% CIP target is £99.9m. An update on locality operating costs budgets will be brought to the next meeting.

The local schemes for 2024/25 brought to the last Locality Board are subject to potential revision and a further update will be brought to the next Locality Board with revised values.

Recommendations

Locality board members are asked to:

- Note the contents of this report
- Note the likely change to BCF discharge and UEC capacity schemes monies approved at the last meeting and expect an update at the next meeting.
- Approve the delegated Locality Healthcare budgets and await an update on operating and admin costs budgets at the next locality board.

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.	☐

BURY INTEGRATED CARE PARTNERSHIP

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		

BURY INTEGRATED CARE PARTNERSHIP

System Finance Group Update – June 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 As was reported throughout 2023/24 public sector finances were and remain very challenged in 2024/25. This is driven by a range of factors including increased demand across all sectors and age demographics, inflationary impacts upon both statutory bodies and residents personal finances and financial settlements for public sector organisations unable to keep pace with these.

2.2 Demand for services across all partners remains high and whilst the headline rate of inflation is reducing, the cost of supplies and services are significantly higher than they were 24 months ago and this dual impact is making remaining within budgets / allocations challenging.

3. Bury Council

3.1.1 Bury Council went into 2024/25 on the back of a £6.5m overspend in 2023/24. The Council's 3 year budget plan (MTFP) detailed a £30m gap over the period after mitigation by £10m of pre-agreed savings. This will be very challenging to achieve as it amounts to 15% of the Council's net budget.

3.2 NHS Greater Manchester

3.2.1 NHS Greater Manchester (GM) remains in undertakings with NHS England, and this brings additional scrutiny and rigour around finance, performance and quality.

3.2.2 In the latest financial planning submission to NHS England in early June, NHS GM had a deficit plan of £175m, which has improved from the previous submission.

3.2.3 To enable delivery of this, NHS GM has a savings plan to deliver £490m, with all organisations and functions within NHS GM have Cost Improvement Plans (CIP) of 5%, including the Northern Care Alliance (NCA), Pennine Care Foundation Trust (PCFT), Manchester Foundation Trust (MFT) and the Bury Locality. The delivery of these targets and overall financial positions is being rigorously monitored at a local, regional and national level. Table 1 overleaf shows the savings plans by each organisation

Table 1

Organisation	Recurrent £m	Non-rec £m	Total £m	Total %	Split (Rec/Non-rec)
MFT	73.0	75.0	148.0	5.6%	49/51
Christie	14.0	7.4	21.4	5.2%	65/35
NCA	64.2	21.4	85.6	5.0%	75/25
Bolton	15.8	8.5	24.3	5.0%	65/35
Tameside	8.6	9.0	17.6	5.0%	49/51
WWL	19.1	8.2	27.3	5.0%	70/30
Pennine Care	8.0	6.6	14.5	4.7%	55/45
Stockport	12.3	12.3	24.6	5.2%	50/50
GMMH	14.1	9.9	23.9	4.3%	59/41
Provider Total	**229.0**	**158.2**	**387.2**		
ICB	82.4	20.6	103.0		80/20
Overall	**311.4**	**178.8**	**490.2**		

3.2.4 Table 2 below shows how these savings are made up on the non provider side of NHS GM and the Bury locality breakdown can be seen within this.

Table 2

ICB Savings (£000's)	Continuing Health Care (CHC)	Medicine Optimisation	Mental Health Out of Area Placement (MH OAP)	Estates	Autism & LD	Non Healthcare Contract Consolidation (NHCC)	Independent Sector (IS)	Workforce External Drivers	Legal Services	Translation & Interpretation	Virtual Wards	Better Care Fund	No Criteria To Reside	Community Services	Optimal Organisational Structure	Locality individual schemes	Grand Total
⊟Locality	12,938	25,192	2,613	708								3,475		3,666		10,487	59,078
⊞Bolton	1,000	2,800										500				400	4,700
⊞Bury	1,450	1,290	250	90								1,000		96		0	4,176
⊞HMR	625	2,307	500									650				1,655	5,737
⊞Manchester	4,004	3,250	500									500		1,000		1,820	11,074
⊞Oldham	1,324	2,271	500									725		233		1,243	6,295
⊞Salford	200	2,300		40										1,044		726	4,311
⊞Stockport	1,810	2,835	575	70												1,465	6,755
⊞Tameside	150	2,250	288	175								100				938	3,901
⊞Trafford	430	2,144		333										543		420	3,870
⊞Wigan	1,945	3,745		0										750		1,819	8,259
⊟GM	62	7,808	7,387	4,292	250	1,200	3,000	5,000	500	500	5,000	26	0	1,334	5,000	2,563	43,922
⊞Healthcare							3,000				5,000						8,000
⊞Corporate				160		0		3,380	0	0					5,000		8,540
⊞Direct Commissioning				0										0			0
⊞Meds Opt Central		7,808															7,808
⊞OAPS Central			7,387														7,387
⊞Estates Central				4,132													4,132
⊞Centrally Led Programmes	62				250	1,200	0	1,620	500	500	0	26	0	1,334	0	2,563	8,054
Grand Total	13,000	33,000	10,000	5,000	250	1,200	3,000	5,000	500	500	5,000	3,500	0	5,000	5,000	13,050	103,000

3.3 NHS GM – Bury Locality

3.3.1 As in 2023/24, the Locality Board has delegated responsibility for the budgets delegated to the locality from NHS GM. The 2024/25 annual values of these budgets associated with Healthcare are shown below in table 3.

Table 3

Directorate	Annual Budget
Acute	£1,292,305
CHC	£21,696,133
Community	£17,170,844
Mental Health	£16,035,348
Other	£1,274,734
Prescribing	£36,017,417
Primary Care	£6,374,069
Grand Total	**£99,860,850**

3.3.2 These budgets have had CIP removed from them and therefore breaking even will be achievement of this CIP.

3.3.3 The locality also has budgets associated with staffing and operating costs for the administration of the budgets delegated to the locality that require certain clarifications and the detail of these will be brought to the next Locality Board.

4.0 BCF Discharge and UEC Capacity schemes

4.1 The local schemes for 2024/25 brought to the last Locality Board are subject to potential revision and a further update will be brought to the next Locality Board with revised values.

4.0 Conclusion

4.1 Locality board members are asked to:

- Note the contents of this report
- Note the likely change to BCF discharge and UEC capacity schemes monies approved at the last meeting and expect an update at the next meeting.
- Approve the delegated Locality Healthcare budgets and await an update on operating and admin costs budgets at the next locality board.

Simon O'Hare
Locality Finance Lead – NHS GM (Bury and HMR Localities)
s.ohare@nhs.net
June 2024

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	08 July 2024	Action	Receive
Item No.	12	Confidential	No
Title	Primary Care Commissioning Committee update		
Presented By	Adrian Crook, Director of Adult Social Services and Community Commissioning		
Author	Helen Marshall, Business Support Admin		
Clinical Lead			

Executive Summary
The Primary Care Commissioning update is provided as a highlight report from the meeting held on the 28th May 2024.
Recommendations
The Locality Board is asked to note the highlight report from the last Primary Care Commissioning Committee.

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	☐

BURY INTEGRATED CARE PARTNERSHIP

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

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

Bury Primary Care Commissioning Committee (PCCC) Highlight Report

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

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

Key updates:

GP Core Contract Arrangements 2024/25 – PCCC reminded of the imposed contract and noted the BMA referendum result rejecting the contract changes for 2024/25. PCCC made aware of full details in terms of ballot and system risks which may ensue from any subsequent collective action as outlined in the appendix.

In addition PCCC where presented with updates regarding:

- GM Primary Care Blueprint Delivery Plan Year 1 approach and agreed actions to be taken.
- Q4 Contracting overview of performance against Primary Care Contracts across Bury at the end of 2023/2024 and resumption for 2024/25.
- Primary Care Quality Visits (PCQV) for 2024/25, highlighting the key points from the visits in that period.
- Quality Outcomes Framework (Quality Improvement Indicators) - Process and timelines.
- Capacity Access Improvement plans- achievement of the Primary Care Networks (PCNs) Capacity and Access Payment (CAP) Plan and the timescales, locally and at Greater Manchester (GM) level.
- Review of additional support programmes including schemes and recommendations for winter 2024/25.
- The latest CQC position of practices in the borough and comprehensive and assessment- based inspections differentiation.
- Primary Care Programme
- Primary Care Risk Register

Priority actions in coming period:

The Bury LCS – Neighbourhood targets to be finalised. Further communications with practices regarding GM requirements including providing static patient list.

Quarterly contractual update – All contracts

GP Core Contract Arrangements- PCCC to be kept informed in terms of developments

Decisions made:

GP Core Contract Arrangements 2024/25 - PCCC will be kept informed on developments in relation to the ballot and outcomes.

Q4 Contracting- Further update paper will be submitted detailing the outcome of the outstanding indicators and any disputes received and the final contract spend position.

Primary Care Quality Visits (PCQV)- Considered and agreed priority areas for 2024/25 as outlined in the paper.

Review of Additional Support Programmes- Supported the recommendation to recommission primary care additionality in Winter 2024/25.

Top 3 risks & mitigation:	RAG rating
Recruitment and retention of the workforce including ARRS recruitment/spend – work is in hand in understanding the risks associated with any underspend and of future planning in anticipation of the allocation for 24/25.	
Estates - The lack of suitable PC estate is impeding the way in which providers work and services are delivered. No mitigations in place, currently working beyond core hours to deliver services where necessary	
24/25 Budget Setting – allocation for Place and QIPP targets	

Any other information:

Key escalations for NHS Greater Manchester PCCC:

GM PCCC be advised on the position of Bury in relation to LCS payments, namely 1) any further standardization must be predicated on equalization of available funding, 2) that we recognise the arrangements in 24/25 as an initial year of implementation, and 3) that the year 24/25 must be focused on identifying

BURY INTEGRATED CARE PARTNERSHIP

Meeting:			
Meeting Date	08 July 2024	Action	Receive
Item No.	13	Confidential	No
Title	Pharmacy First Update		
Presented By	Fin McCaul, Portfolio Clinical Lead		
Author	Fin McCaul, Portfolio Clinical Lead		
Clinical Lead	Fin McCaul, Portfolio Clinical Lead		

Executive Summary
The Pharmacy First update provides information and next steps in relation to supporting Pharmacy First in Bury, including NHS Pharmacy Contraception and NHS Hypertension Case-Finding services in Bury.
Recommendations
The Locality Board is asked to note the update provided.

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	☐

BURY INTEGRATED CARE PARTNERSHIP

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

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

BURY INTEGRATED CARE PARTNERSHIP

Bury Locality Board Meeting
July 2024

Document Title:	**Author:**
Pharmacy First and Integrating Community Pharmacy into Primary Care - Update	Fin McCaul

Summary

This paper provides Information and next steps in relation to supporting Pharmacy First in Bury, including NHS Pharmacy Contraception and NHS Hypertension Case-Finding services in Bury.

The paper also references work being developed to strengthen communication and relationships between General Practice and Community Pharmacy colleagues. This work is being addressed In line with the GM "Primary Care Demand – Supporting General Practice and Community Pharmacy" document, as per the recommendations listed below:

- Managing patient expectations
- Strengthening communication between General Practice and Community Pharmacy
- Reducing the number of short notice routine repeat prescription requests.

Overview

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

Pharmacy First:
The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

Hypertension Case Finding Service:

The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included a plan to pilot case-finding for undiagnosed cardiovascular disease.

In 2020, NHS England commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health, and Social Care (DHSC) and NHS England proposed the commissioning of a new Hypertension Case-Finding Service, as an Advanced service, in the Year 3 negotiations.

The service aims to:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension; and
- Provide another opportunity to promote healthy behaviours to patients.

In Bury, we want to support the uptake of these services to make sure:

- We reduce duplication in primary care.
- Have effective use of the whole of the Primary Care teams.
- Improve communication, in particular between General Practice and Community Pharmacy
- Support the role out of the Primary Care Blueprint and patient-led Ordering.
- Deliver the Primary Care Interface principles.
- Implementation of Stock management principles

Bury have, x27 General Practices and x40 Community Pharmacists. Historically, they have worked as independent businesses, and although they have a significant amount of opportunity for collaboration, they have often worked in competition due to things like Flu vaccinations, Covid vaccinations and policies that do not allow the direction of prescriptions.

National policy decisions have also not included Community Pharmacy joining Locality developments like Primary Care Networks, Neighbourhood Working, and the use of ARRS funding.

All in all, our project is challenging, but it is the right thing to do.

The approach to address this is via three solutions which will support this change and wider engagement and adoption in Bury:

BURY INTEGRATED CARE PARTNERSHIP

- **Top-down approach** - i.e., this paper
- **Bottom-up approach** - Encouraging collaboration on a Practice and Community pharmacy basis
- **Spreading from the middle** - Using PCNs and Neighbourhoods

Proposal

Top-Down Approach	Following sign-off from the Locality Board this will signpost strategic intent for the work to progress.
Bottom-Up Approach	This will require resources, potentially from the Meds Optimisation team to the GP Federation, to facilitate the conversations.
Spreading from the middle Approach	Trial Sites: North and South Neighbourhoods. The aim across both areas, is: **North Focus;** • The Practical approach • Blueprint Systems • Patient Led Ordering: • Improve collaborative working. • Understand the challenges between teams. • Review the Repeat prescribing process. • Stock Supply and issues **South Focus:** • Pharmacy First With the plan to: • Plan Workshops • Process mapping • Understanding roles of different systems • Create a task and finish group to implement new ways of working. Prior to adopting and spreading areas of good practice across General Practice and Community Pharmacies within the Bury locality.

BURY INTEGRATED CARE PARTNERSHIP

Current Position

North Update:

On the 25th June 2024 a workshop was held in the North where x31 participants attended. There was representation from all five General Practices and Community Pharmacies. In addition to this there was representation from Primary Care, The GP Federation, Medicines Optimisation Team, and the Bury IDC Team. The workshop was arranged to Strengthen communication & relationships between General Practice and Community Pharmacy to support the challenges faced across the interface. One of the areas of focus that causes significant operational issues is "routine repeat prescriptions".

The aim of the session was to have a consistent approach across the North neighbourhood with agreement & commitment from all relevant practices and pharmacies. It aims to:

- Reduce duplication & bureaucracy.
- Improve and strengthen communication and relationships.
- Embed Bury principles on repeat prescribing.
- Implement patient-led ordering (PLO) across the neighbourhood.

The workshop aided colleagues in sharing challenges they currently face within existing systems, processes, and ways of working, to generate practical solutions and agree key actions to implement the solutions.

The workshop was a remarkable success, generating lots of interaction and innovative ideas. This created some valuable insights and learning that colleagues could take away and start to implement within their working practice, with the aim to improve and develop collaborative working between general practice and community pharmacy colleagues. All parties involved were keen to engage and contribute to further development of this work.

South Update:

Conversations are due to be held with Prestwich PCN colleagues, to discuss the approach around developing "Pharmacy First, including NHS Pharmacy Contraception and NHS Hypertension Case-Finding services in the South as a trial site.

Support:

Proposal for the North:	Partners have expressed a desire for the Medicines Optimisation to lead this project with support, building on established relationships and key perspective of understanding the complexities and issues around repeat prescribing from practices and pharmacies. As requested, brief overview & backfill required below. • 3 days week of an experienced tech to backfill. • Project support • Duration 4-6months – this is based on previous experience of PLO implementation.

BURY INTEGRATED CARE PARTNERSHIP

	Currently medicines optimisation has a technician who can lead this project, with project support and appropriate backfill. Backfill role will primarily focus on implementation of the locality CIP workstreams in practices (with training and support). Project support alongside the lead role is essential to ensuring a successful outcome.
Proposal for the South:	TBC

Data/ Outcomes

Outcomes:
- Shared understanding and resources
- What we need to manage

What would good look like:
- ✓ Pharmacy First activity is the best in GM.
- ✓ Pharmacy First deferrals back to GP are minimal and at an acceptable level.
- ✓ Hypertension case finding and ABPM levels in CP are the best in GM and supporting GP with effective QOF targets.
- ✓ Improved Stock issues
- ✓ Rx management
- ✓ Patient Led ordering.

Please refer to the appendices below for the "May 2024 – Pharmacy First Monthly Performance Report".

Next Steps

North	South
➢ Outputs of the workshop to be shared with delegates. ➢ Task and Finish Group to look at developing a Standard Operating Procedure [SOP] ➢ Second Workshop to be scheduled in September 2024 to progress the SOP implementation and to agree next steps.	➢ Discussions to take place between Fin McCaul and Dan Cooke, to look at utilising the South as a trial site to support improve "Pharmacy First, including NHS Pharmacy Contraception and NHS Hypertension Case-Finding services". ➢ Schedule a workshop [similar to the North] with General Practice and Community Pharmacist colleagues.
Support	
➢ Agree/ Approve funding for backfill to release support from the Medicines Optimisation Team ➢ Agree/ Approve project support.	

BURY INTEGRATED CARE PARTNERSHIP

Spread and Adoption

- Further updates to Locality Board on progress
- Where areas of good practice and improved ways of working have been embedded within the trial sites, look to spread, and adopt the models across the Bury locality footprint.

Appendices

GM Primary Care Demand – Supporting General Practice and Community Pharmacy	Primary-Care-Demand_Supporting-Genera
Pharmacy First Service	Pharmacy First service - Community Pharmacy England (cpe.org.uk)
Hypertension Case Finding Service	Hypertension Case-Finding Service - Community Pharmacy England (cpe.org.uk)
Pharmacy First Monthly Performance Report – May 2024	Pharmacy First Monthly Report - May

NHS
Greater Manchester
Integrated Care

Primary Care Demand:

Supporting General Practice and Community Pharmacy

Greater Manchester
Integrated Care Partnership

Primary care providers have worked intensively throughout the COVID19 pandemic and remain under increasing pressure as the health and care system tries to recover. A majority of the pressures faced are due to an increased workload and demand, financial and operational challenges such as a higher complexity and worsening of some people's health problems following the pandemic. These workload issues exacerbated by significant workforce challenges due to ill health, retirement and in some cases, people choosing to leave their profession due to these sustained pressures. Continuing issues with the stock and supply of some medicines has added further challenge to the timely provision of medicines at community pharmacies. Sustained pressures such as those described above also increase the likelihood of short notice community pharmacy closures, which have serious implications for the quality of the patient's care experience as well as impact on the wider system.

Unfortunately, recent months have also seen a decline in the quality of experience for patients, which has in some cases compromised the relationship between service providers and patients, leading to increases in abuse and assaults being reported across all parts of primary care.

A time limited task and finish group was established to agree solutions to help alleviate some of the more operational pressures in primary care. The group had representation from general practice, community pharmacy, locality commissioning and the Greater Manchester primary care team.

The group developed a set of recommendations intended to support and improve the interface between general practice and community pharmacy, ensuring patients receive timely access to medicines and an improved patient experience. These recommendations relate to regular requests for repeat medication. However, it is acknowledged that there will always be patients that request repeat medicines in short notice, as well as patients requesting medication for acute bouts of illness.

The recommendations have been developed with local discussion and implementation in mind, for example through relationships between locality primary care leads, primary care networks (PCNs), General practices and community pharmacy providers. Local teams are encouraged to review, discuss, and implement the recommendations where appropriate, based on their local context and ways of working. Implementing these recommendations should support a reduction in pressures in both community pharmacy and general practice, and better enable providers to address the asks of national requirements, e.g., IIF and Cardiovascular disease outcomes.

The recommendations include:

- Managing patient expectations
- Strengthening communication between General Practice and Community Pharmacy
- Reducing the number of short notice routine repeat prescription requests

Managing Patient Expectations

Given the rising demand across all primary care, there is an opportunity for general practice and community pharmacy to work together to manage patient expectations in relation to the time required for prescriptions to be ready for collection. This will better enable patients to receive seamless and timely care, and help to support the day-to-day operation of, and relationship between providers and patients. The joint pressures group have agreed the following recommendations in relation to lead times.

Recommendations

- In light of the current sustained pressures in primary care, it is recommended that patients should order their repeat prescription when they have **7 days' supply** left. This timescale has been developed to allow for general practice to issue the prescription following the request, and for community pharmacies to dispense routine prescriptions and prepare them for collection. This timescale also provides the space to manage any urgent or unforeseen issues such as stock shortages, and associated queries or ordering requirements and will align with public-facing communications which are being developed to support patients to order their repeat medicines.
- It is recommended that, where possible, GP practices update the text on the prescription's white slip to reflect the above timescales.
- Delivery requests, where possible, should be made in advance to prevent delays or out-of-hours deliveries and to help manage patient expectations.
- Pharmacy and GP practice teams will be made aware of any medicine stock challenges occurring locally so that they can brief patients in the event of shortages. Information on stock challenges can also be displayed in premises. Community Pharmacies and General Practices are encouraged to develop ways to agree and communicate suitable alternatives which are in stock in the event of shortages of particular medications.
- Patients who require support with taking their medicines should be referred to the pharmacy for an assessment in the first instance. This will ensure that any support provided for independent living is an appropriate reasonable adjustment in line with the guidance outlined in the **Equality Act 2010**, e.g., reasonable adjustments such as easy open bottles, large labels etc may be more suitable. Further information can be found in this interactive toolkit: **An Interactive Guide to what good looks like for assisted medicines taking**. **5 working days** advanced notice will need to be given in order to allow the pharmacy to process the prescription, order items, address any issues or queries or prepare Monitored Dosage Systems if required.
- A recommendation of an example of best practice would be for Practices to ensure that patients are aware of any items that need reviewing by the GP if they are not issued on request.

* *It is acknowledged that not all patients will request medicines with 7 days notice. However, the above recommendations are aimed to ease pressures in the majority of cases.*

Strengthening Communication between General Practice and Community Pharmacy

The increased pressures and rise in demand provide further opportunities for general practice and community pharmacy to work together collaboratively, providing mutual support where possible, and improving patient and staff experience.

Recommendations

- Where possible, ensure that all routine repeat prescription items are issued at the same time ('brought into line') in order to improve the patient experience and save time and resource at both practice and pharmacy level. If patients specifically wish to split their request for medication, they are still able to do so. Alternatively, if patients would prefer to order their full prescription to keep any new items in-line and use the remainder as back up supply, then they should be able to do so.
- Agree shared communication channels for escalation of routine and urgent queries and requests between pharmacies and practices to ensure rapid resolution of issues in an agreed timeframe, e.g., queries to be sent to a specified email address or via practice/pharmacy bypass number.
- Agree regular touchpoints to resolve outstanding issues and improve agree processes that benefit general practice, community pharmacy, and, crucially, the quality of care for patients. This can be facilitated through the community pharmacy PCN lead and general practice PCN teams (especially clinical pharmacists and pharmacy technicians working PCNs or practices).

Reducing the Number of Short Notice Routine Repeat Prescription requests

There has been an increase in the number of patients being referred to community pharmacies and general practice to order routine repeat prescription requests at short notice. This has contributed to the high demand currently being faced.

Recommendations

- Where possible, it is recommended that processes should be agreed between community pharmacy and general practice locally to reduce the number of short notice/urgent deliveries being requested out of hours.
- Patients should be encouraged to order repeat medicines directly from their practice **via the NHSapp** or other suitable electronic means where they are able to. We must ensure that visible options remain for patients who are unable to do this – such as the dropping off of paper tokens or allowing patients to order over the phone where applicable.

Group Membership

These recommendations were developed by the Joint Pressures task and finish group, membership of which included a broad range of colleagues from Community Pharmacy, General Practice, Commissioners and the NHS Greater Manchester Team. Further details are included in the table below:

Name	Job Title/Organisation
Alison Scowcroft	Director of Strategic Programmes – CPGM Healthcare Ltd (CHL)
Louise Gatley	Chief Officer – Bolton Local Pharmaceutical Committee
Luvjit Kandula	Director of Pharmacy Transformation Greater Manchester LPC Chair – Community Pharmacy Provider Board (CPPB)
Fin McCaul	Chair – Greater Manchester Local Pharmaceutical Committee (GM LPC)
Ifti Khan	Vice Chair – Greater Manchester Local Pharmaceutical Committee (GM LPC)
Aneet Kapoor	Chair – Greater Manchester Local Professional Network (Pharmacy)
Sally Culmer	Project Manager and Hyde PCN Manager – Healthy Hyde Team
Dr Ann Harrison	GP Medicines Optimisation Lead/Clinical Cancer Lead and Macmillan GP (Trafford)
Victoria Westwood	Primary Care Network Manager – Bolton GP Federation
Dr Connie Chen	General Practitioner – GP Lead Children's Pathway Manchester Locality
Dr Peter Budden	General Practitioner – St Andrew's Medical Centre, Salford Locality
Elaine Vermeulen	Deputy Chief Finance Officer – Salford Locality
Susan McKernan	Locality Commissioner – Head of Medicines Optimisation (Bury)
Helen Burgess	Clinical Lead for Medicines Optimisation (Manchester)
Faisal Bokhari	Deputy Head of Medicines Optimisation (Tameside)
Janna Rigby	Senior Primary Care Manager – Quality & Improvement – NHS Greater Manchester
Angela Osei	Head of Primary Care Transformation – NHS Greater Manchester
Conor Dowling	Programme Manager – Primary Care Transformation NHS Greater Manchester

Governance and Development

Since its first draft, there has been significant system engagement to review and shape these recommendations. Below is a list of the key groups that provided input into the development of this document.

- Greater Manchester Primary Care Pressures Group
- Greater Manchester Community Pharmacy Provider Board
- Greater Manchester General Practice Board
- Greater Manchester Delegated Management Oversight Group (DMOG)
- Greater Manchester Primary Care Cell
- The document has also been shared with Greater Manchester Primary Care Provider Board.

NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

PHARMACY FIRST(PF) Monthly Report MAY 2024

Ali Khalaf

Part of Greater Manchester Integrated Care Partnership

Data used in this report was Downloaded from PharmOutcomes on

3rd June 2024

PF Highlights – May 2024

NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

Total PF Referrals sent to Community Pharmacies (CP)
9567 from GP + 44 from UEC = 9611

Total Number of Clinical Pathway Consultations Provided by CP
2236

Total Number of Minor Illness Consultations provided by CP
5118

Average Completion Rate of all PF Referrals by CP
77%
(total number = 7354)

Number of CP that Received PF Referrals in GM
538

Number of Referring Organisations
GP **305** (75% of all GM GPs)
UEC **1**

Most Common Clinical Pathway Consultations
Acute Sore Throat

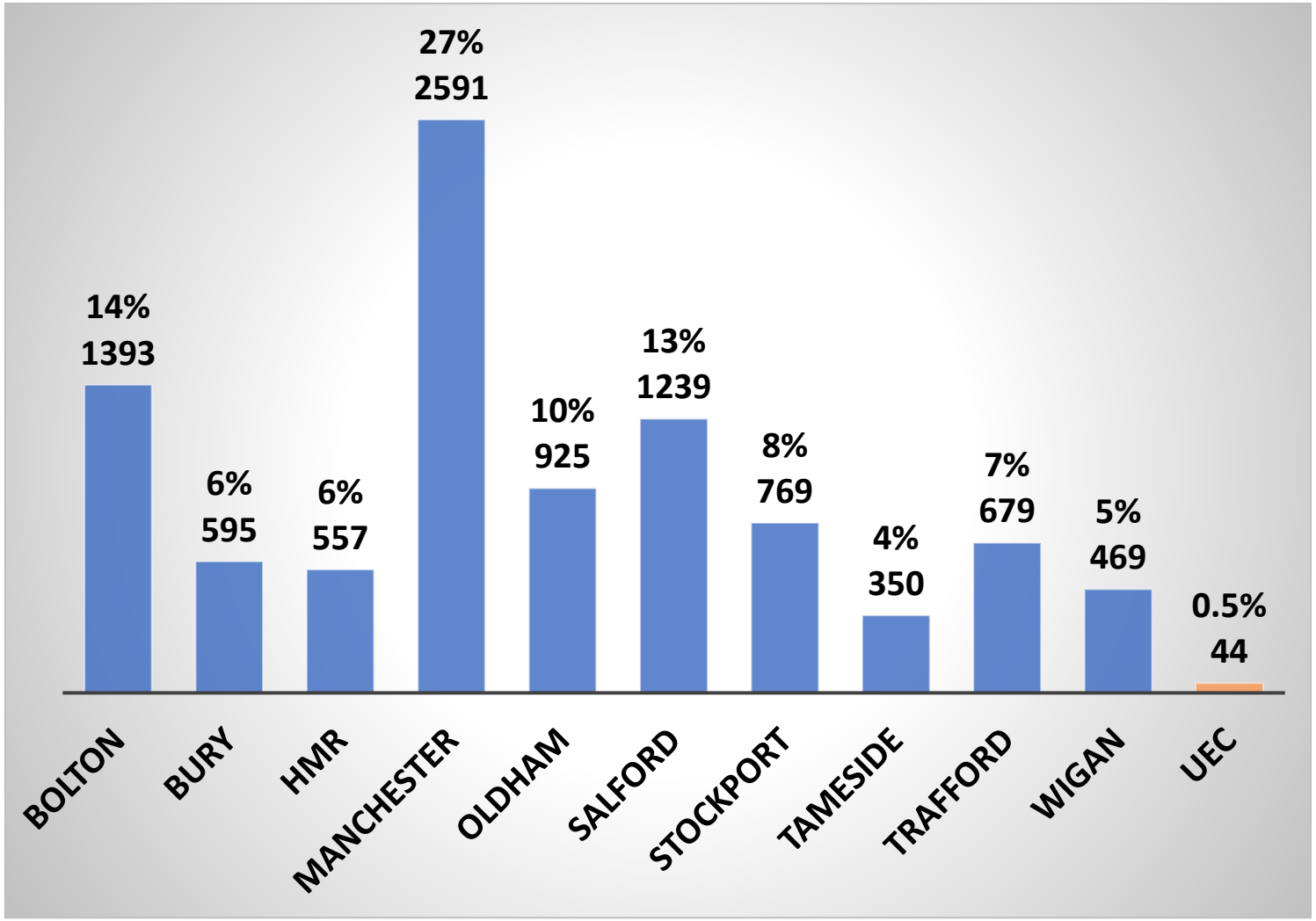
N.B. All the data in this report are for PF referrals that were sent to CP by GP practices and UEC only. It does not include referrals for urgent supply of repeat medications, NHS111 referrals or walk-in patients that are identified by community pharmacies.

NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

GP and UEC Referral Data

PF Referrals by GP Localities and UEC
May 2024

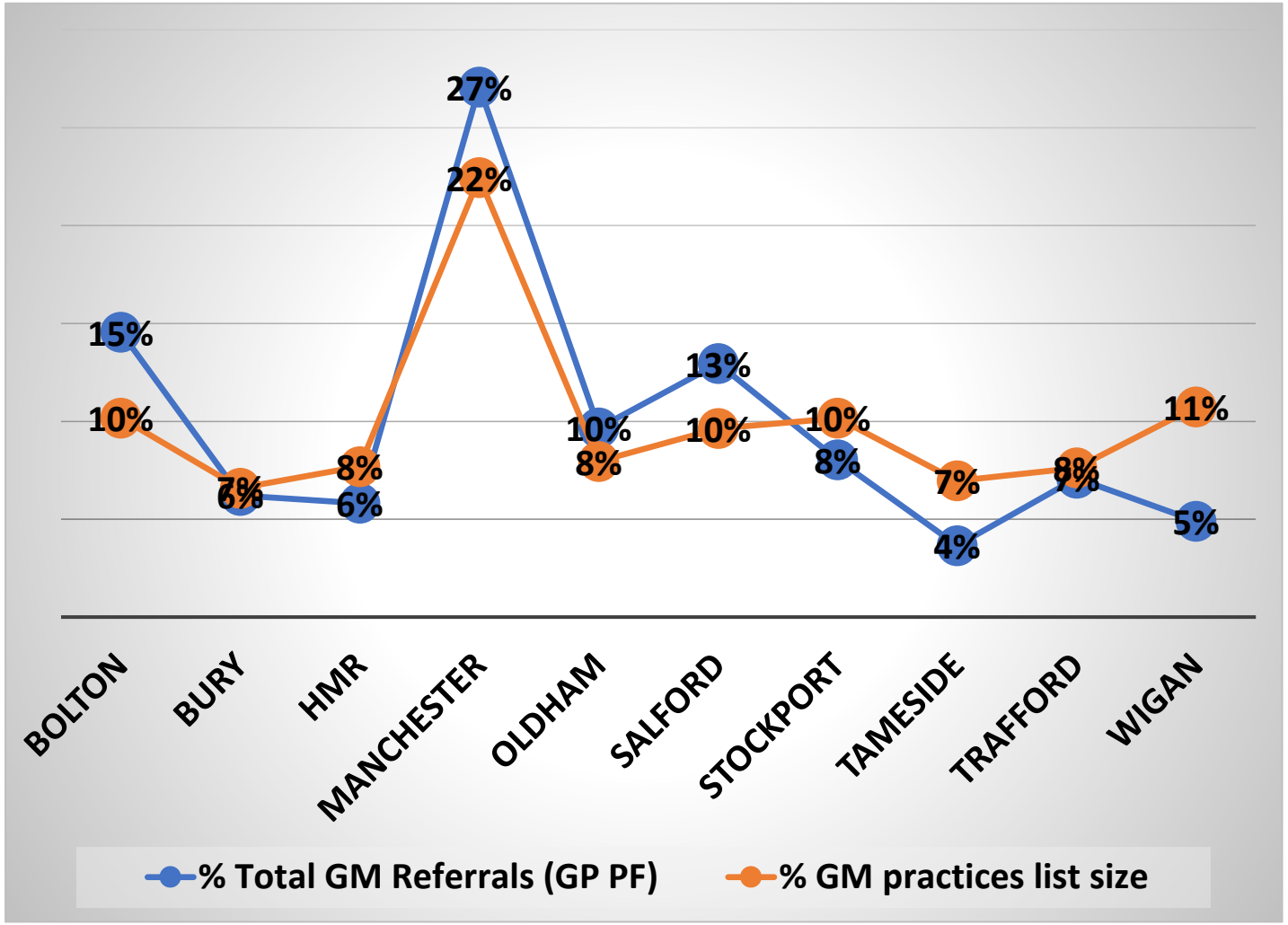
NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers



GP Locality/ UEC	Number of PF Referrals	% of Total Referrals
BOLTON	1393	14%
BURY	595	6%
HMR	557	6%
MANCHESTER	2591	27%
OLDHAM	925	10%
SALFORD	1239	13%
STOCKPORT	769	8%
TAMESIDE	350	4%
TRAFFORD	679	7%
WIGAN	469	5%
UEC	44	0.5%
Grand Total	**9611**	

PF Referrals by GP Localities vs Practice List Sizes May 2024

Greater Manchester Primary Care Provider Board
The partnership of primary care providers



This graph shows the proportion of referrals for the month in GM by locality vs. the practice registered population of each locality as a proportion of total GM practice registered population.

Where the **blue line** (referrals) is **HIGHER** than the **orange line** (practices' population of the locality) it shows the practices in that locality are contributing **MORE** referrals than would be expected for the practices' population in the locality.

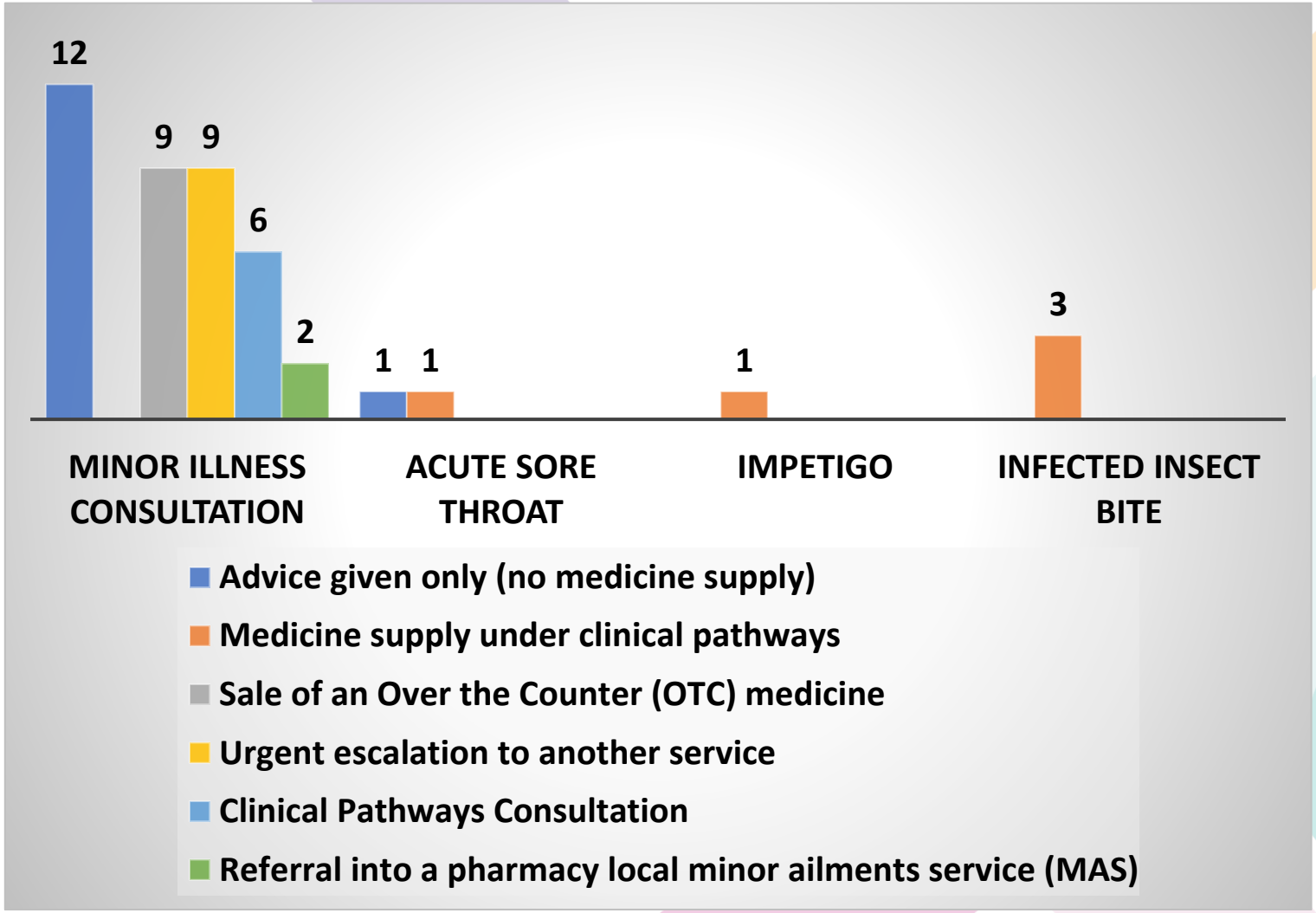
Where the **blue line** is **LOWER** than the **orange line**, it shows the practices in that locality are contributing **LESS** than would be expected for the population of the locality.

UEC Data – May 2024

NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

Referral Status	Number of Referrals	%
completed	38	86%
referred (unactioned)	2	4%
rejected	4	9%
Grand Total	**44**	

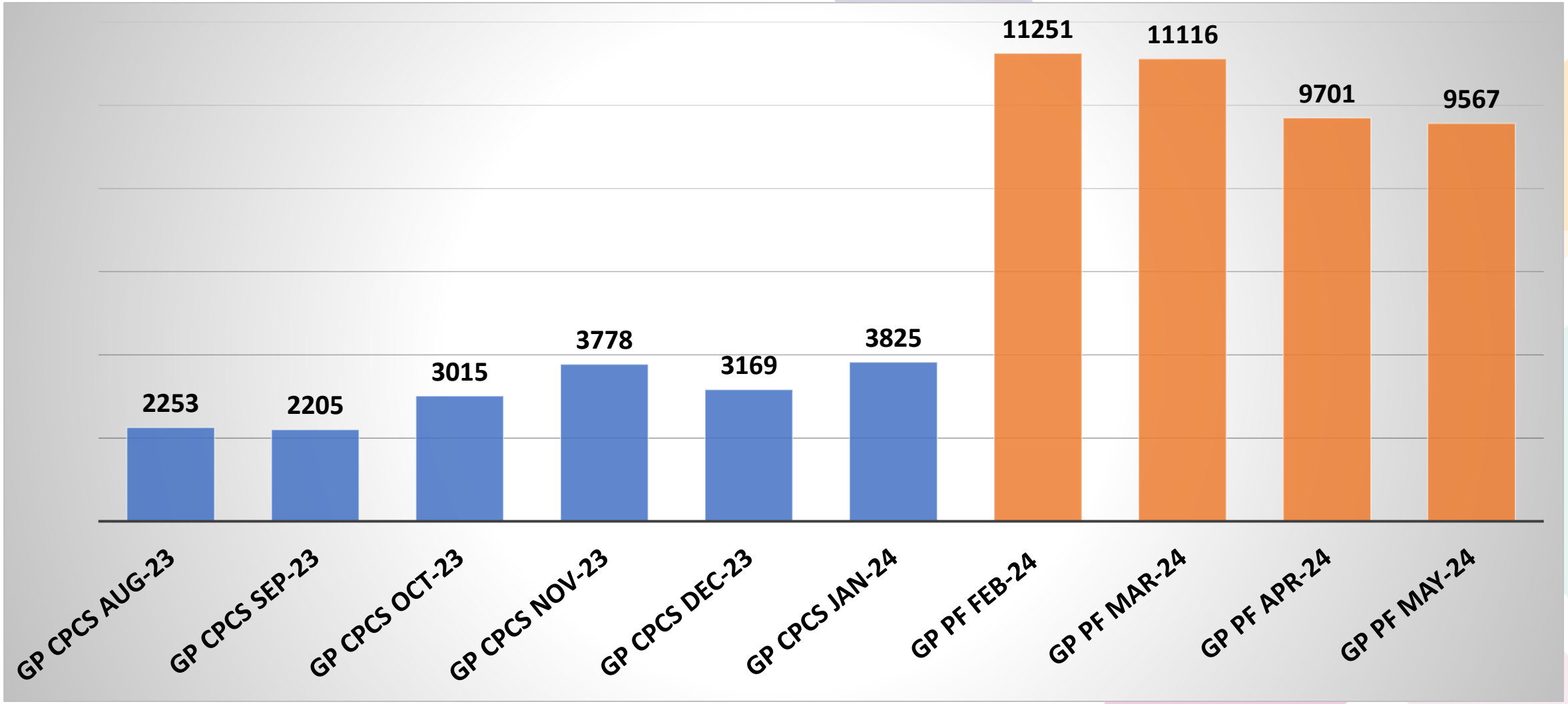
PF Referrals	Total number
Acute Sore Throat	2
Impetigo	1
Infected Insect Bite	3
Total Clinical Pathways Provided	**6**
Total Minor Illness Consultations Provided	**32**
Grand Total PF sent by UEC	**44**



NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

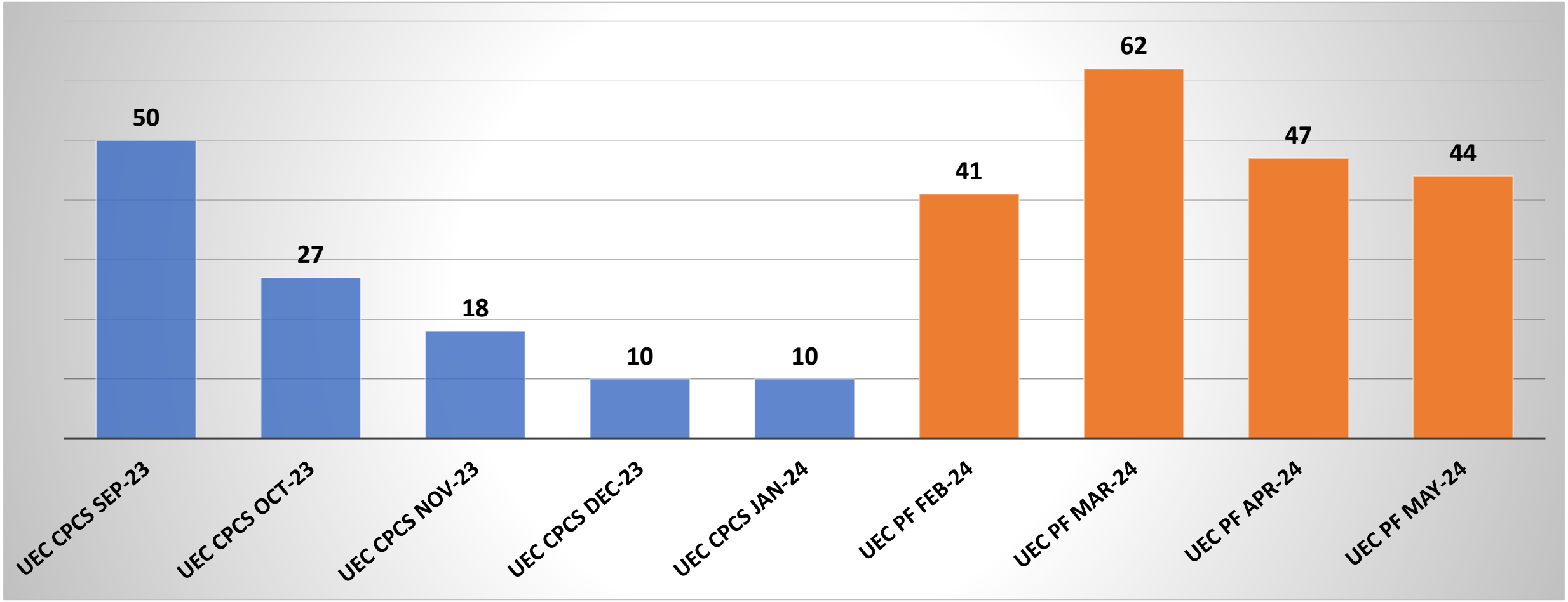
PF Referrals vs GP/ UEC CPCS

GP PF vs GP CPCS Referrals



NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

UEC PF vs UEC CPCS Referrals



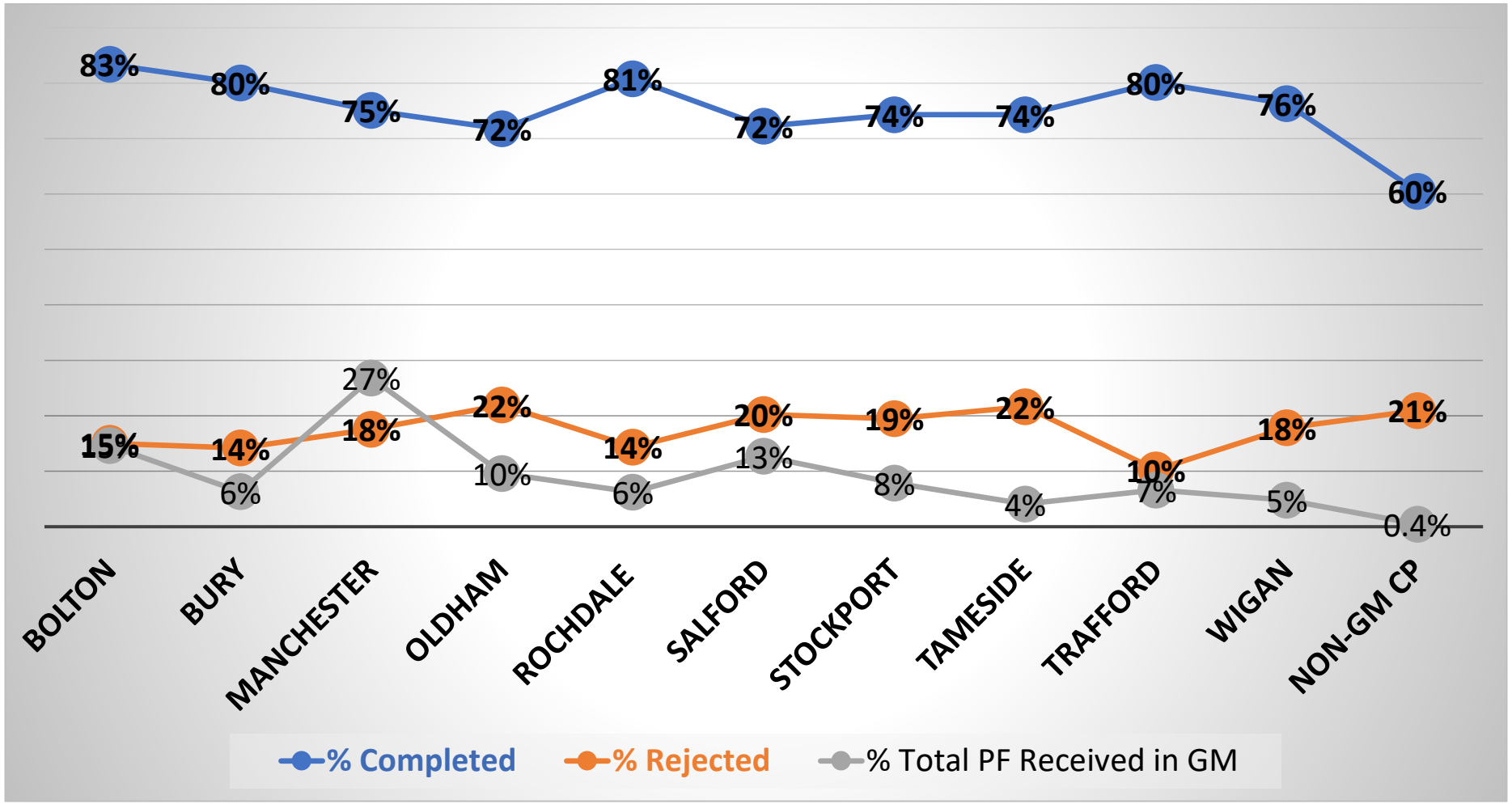
NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

Community Pharmacy Completion Data

Community Pharmacy Completion Data
May 2024

NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers



The overall average for the whole of GM was:

Completion rate by CP
77%

Rejection rate by CP
17%

NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

PF Clinical Pathways
vs
Minor Illness Consultations

PF Referrals Breakdown
May 2024

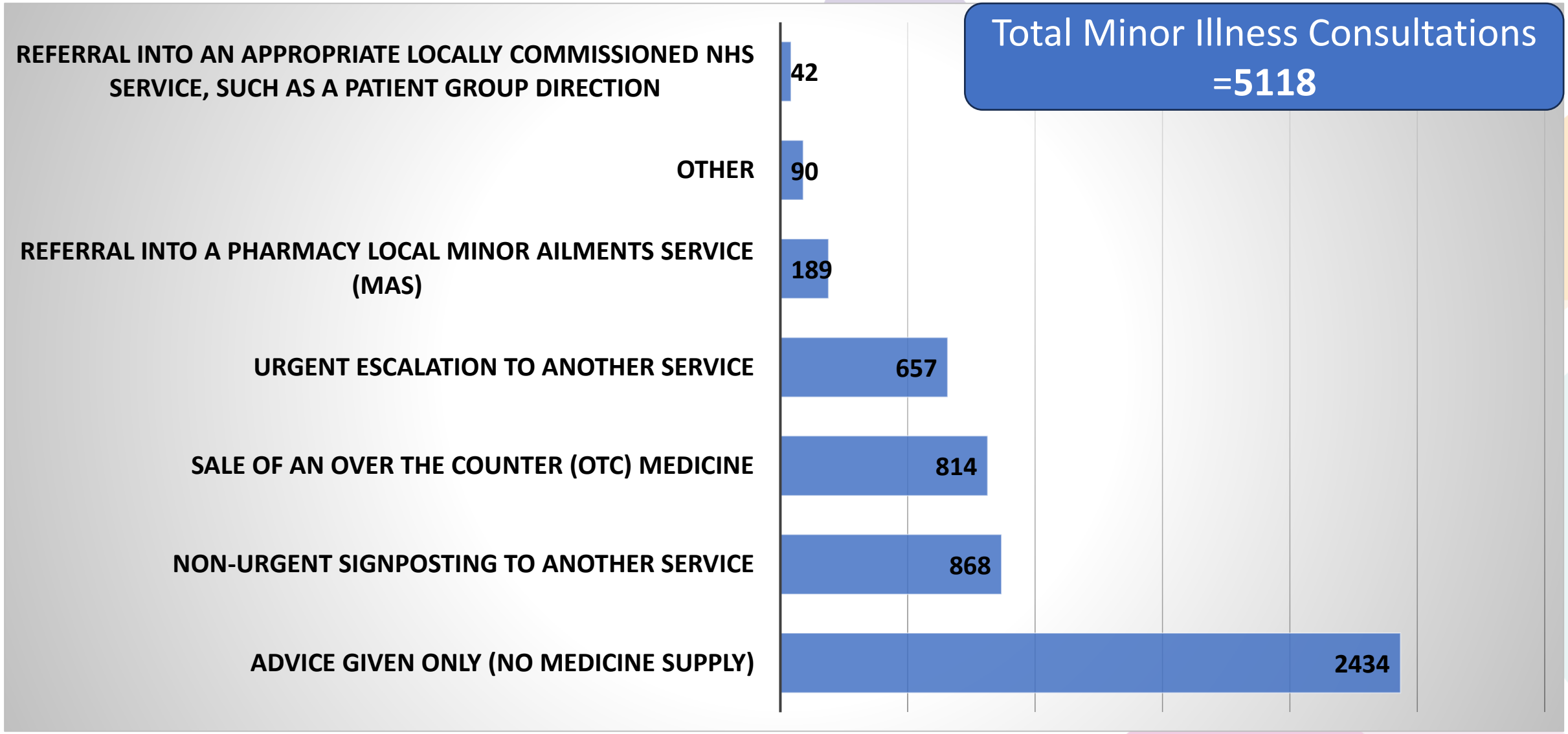
NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

Pharmacy First Referrals	Numbers	%
Acute Otitis Media	304	14%
Acute Sinusitis	185	8%
Acute Sore Throat	952	43%
Impetigo	38	2%
Infected Insect Bites	129	6%
Shingles	39	2%
Uncomplicated UTI	589	26%
Total Clinical Pathway consultations delivered by CP	**2236**	**30%**
Total Minor Illness Consultations delivered by CP	**5118**	**70%**
Total Pharmacy First delivered by CP “completed referrals”	**7354**	**77%**
Total PF Referrals sent by GPs & UEC	**9611**	

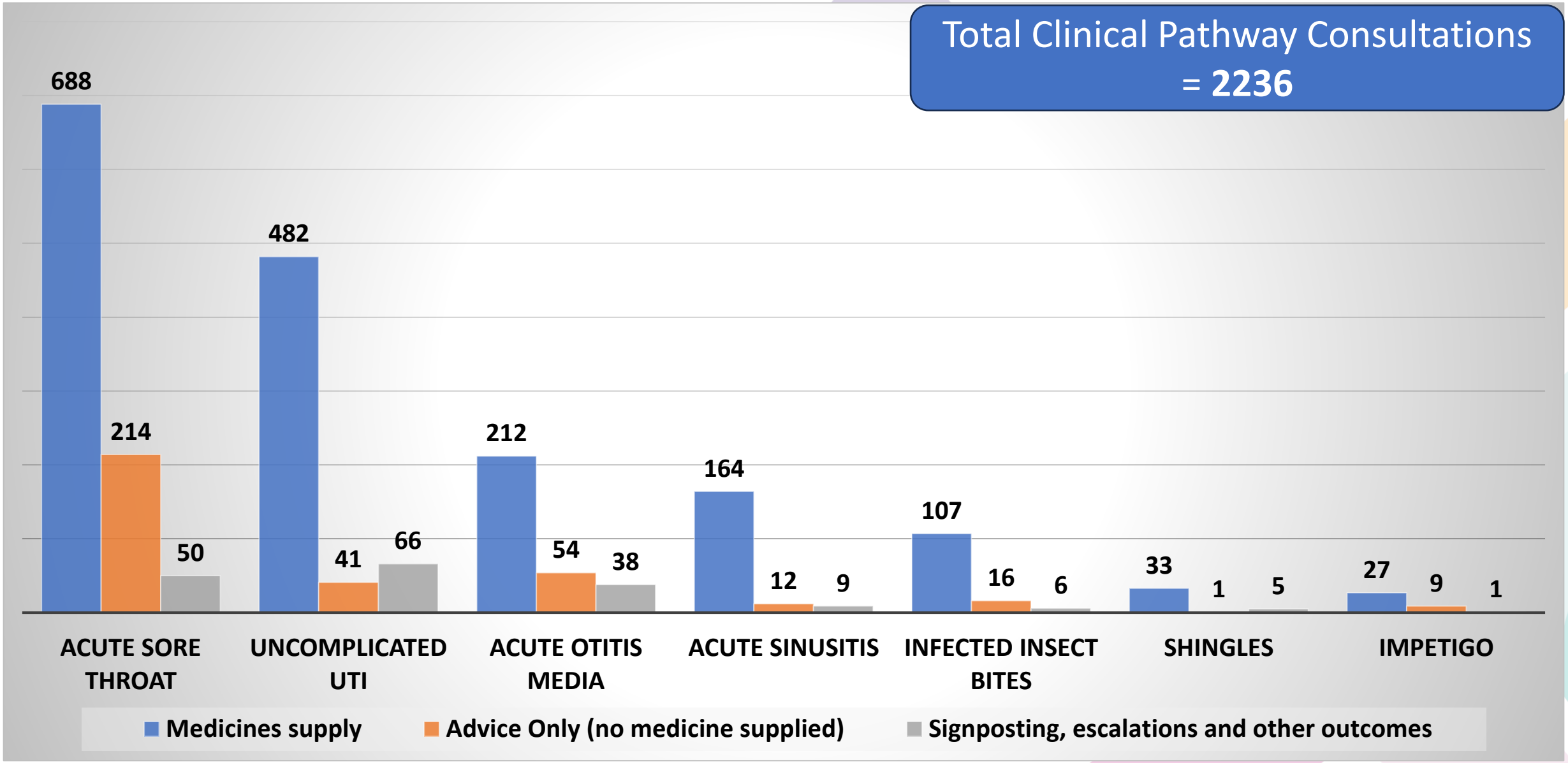
PF Consultations per Community Pharmacies Localities May 2024

Community Pharmacy Locality	Acute Otitis Media	Acute Sinusitis	Acute Sore Throat	Impetigo	Infected Insect Bites	Shingles	Uncomplicated UTI	Total PF Clinical Pathways delivered by CP	Total PF Minor Illnesses delivered by CP	Total PF Referrals completed by CP	Total PF Referrals received by CP
BOLTON	34	19	110	1	7	3	61	235	935	1170	1403
BURY	17	10	62		10	6	43	148	337	485	606
MANCHESTER	60	45	231	7	18	6	139	506	1428	1934	2576
NON-GM CP			1				2	3	23	26	43
OLDHAM	21	20	63	3	7	1	61	176	485	661	921
ROCHDALE	31	9	76	4	11	6	45	182	302	484	599
SALFORD	47	23	165	5	22	6	73	341	541	882	1221
STOCKPORT	38	28	97	2	19	3	54	241	320	561	755
TAMESIDE	8	6	41	2	8	5	39	109	183	292	393
TRAFFORD	28	12	68		17	2	34	161	347	508	634
WIGAN	20	13	38	14	10	1	38	134	217	351	460
Grand Total	**304**	**185**	**952**	**38**	**129**	**39**	**589**	**2236**	**5118**	**7354**	**9611**

Minor Illness Consultation Outcomes
May 2024



Clinical Pathway Consultation Outcomes
May 2024



NHS
Greater Manchester
Primary Care Provider Board
The partnership of primary care providers

Thank you

BURY
INTEGRATED CARE
PARTNERSHIP

Locality Performance Report June 2024

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Bury - Oversight Metrics

Show Definitions

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Urgent Care	N/A	A&E 4 hour performance	Monthly	May 24	65.3%	66.0%	↘	76.0%	4,675	7,158	N/A
	N/A	A&E Attendances	Monthly	May 24	7,158	6,692	↗	N/A	N/A	N/A	N/A
	S123a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only) (NCA)	Monthly	Mar 24	87.2%	88.5%	↘	92.0%	1,335	1,531	Upper
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	May 24	17.6%	17.9%	↘	N/A	2,014	11,447	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	May 24	1,752	1,070	↗	N/A	N/A	N/A	Lower
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Annual	Dec 21	53.7%	51.7%	↗	75.0%	514	957	Inter
Mental Health & Learning Disabilities	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Apr 24	3.2%	82.5%	↘	75.%	37	1,172	Inter
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Mar 24	3,610	3,590	↗	5,240	N/A	N/A	Inter
	EA0S1	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Apr 24	77.0%	76.2%	↗	66.7%	1,850	2,401	Upper
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Apr 24	77.0%	76.2%	↗	66.7%	1,850	2,401	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	Mar 24	635	685	↘	0	N/A	N/A	Inter
	S125a	Long length of stay for adults (MH patients over 60 days)	Monthly	Mar 24	50.0%	50.0%	→	0.%	20	40	Inter
	N/A	Number of MH patients with no criteria to reside (NCTR)	Monthly	May 24	8	9	↘	N/A	N/A	N/A	Lower
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	May 24	9.2%	9.9%	↘	N/A	8	87	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Mar 24	1,550	1,575	↘	3,563	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Apr 24	305	290	↗	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Mar 24	160	145	↗	N/A	N/A	N/A	Lower
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts (NCA)	Monthly	Apr 24	62.8%	61.3%	↗	N/A	327	521	N/A
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 23	66.6%	54.7%	↗	77.%	19,957	29,979	Lower
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Dec 23	61.7%	59.5%	↗	60.8%	6,195	10,050	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Apr 24	83.9%	85.0%	↘	81.7%	77,271	92,132	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Apr 24	153	151	↗	N/A	N/A	N/A	Upper
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Mar 24	89.0%	90.5%	↘	87.1%	N/A	N/A	Upper
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Mar 24	6.2%	6.2%	↗	10.%	7,275	117,473	Inter

Bury - Oversight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

Theme	Indicator	
Urgent and Emergency Care	Reduce adult general and acute bed occupancy below 92%	Currently available in the scorecard at trust level but not locality
Primary Care and Community Services	Proportion of Urgent Community Response referrals reached within two hours	Currently available in the scorecard at trust level but not locality
	% patients describing their overall experience of making a GP appointment as good	Build in progress
	Proportion of virtual ward beds occupied	Currently unavailable at locality level due to inaccurate reporting

Bury

A&E 4 hour performance
Number of attendances at A&E departments, and of these, the number of attendances where the patient spent less than 4 hours from time of arrival to time of admission, or discharge, or transfer.

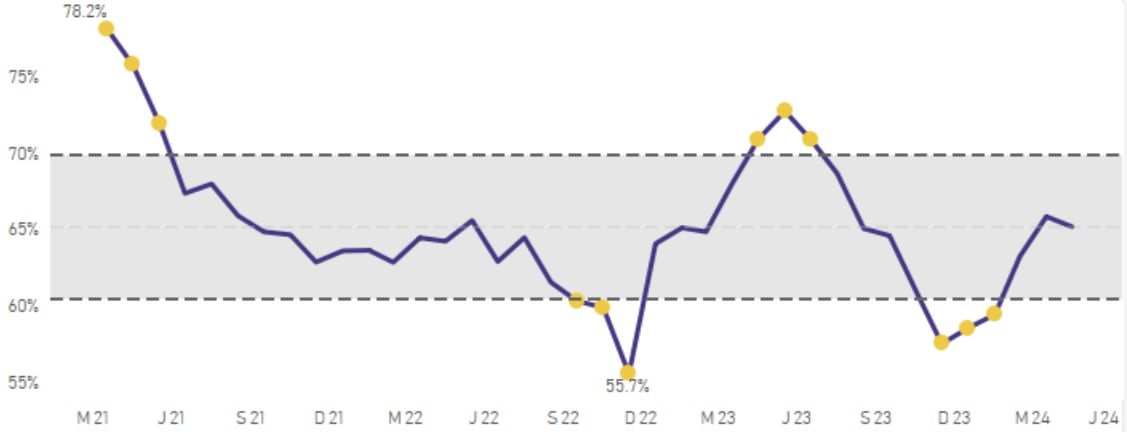
Source: (Monthly)

65.3%
May 2024

66.0%
April 2024

76.0%
National Target

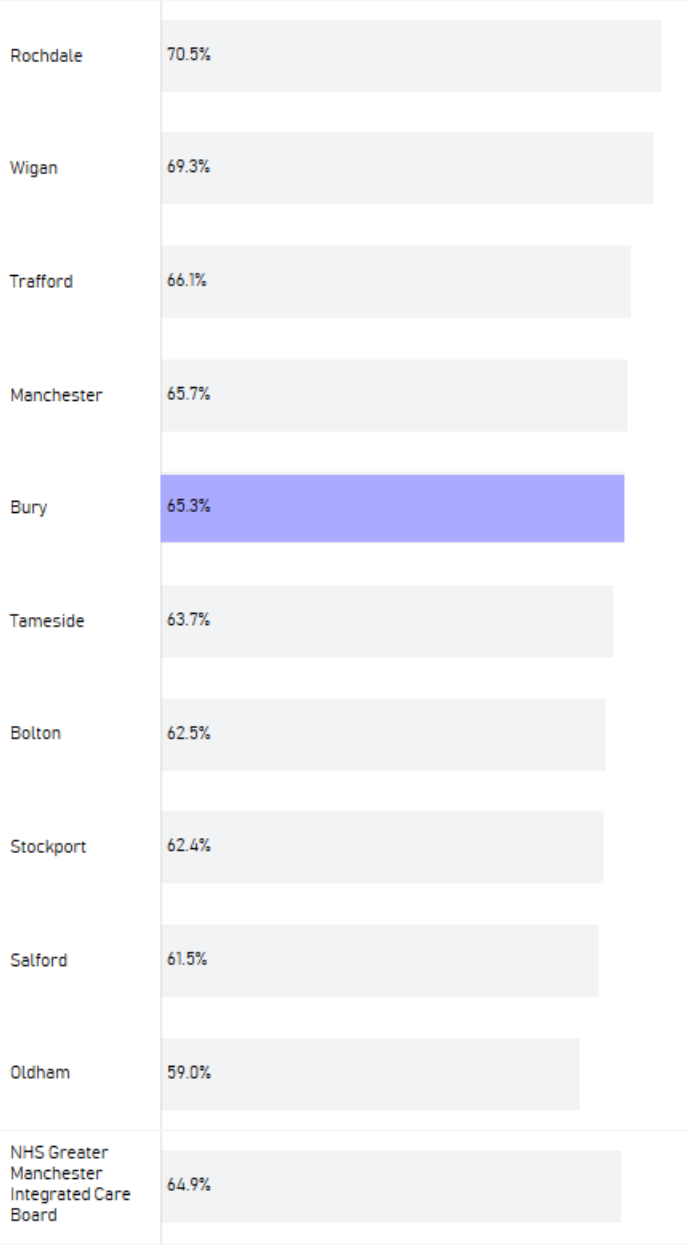
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	78.2%	75.9%	72.1%	67.5%	68.1%	66.0%	65.0%	64.8%	63.0%	63.7%	63.8%	63.0%
2022-23	64.6%	64.4%	65.7%	63.0%	64.6%	61.7%	60.5%	60.0%	55.7%	64.2%	65.2%	65.0%
2023-24	68.2%	71.0%	72.9%	71.0%	68.8%	65.2%	64.7%	61.1%	57.7%	58.7%	59.6%	63.4%
2024-25	66.0%	65.3%										

Selected measure at May 2024 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking



Narrative

- 4-hour performance in May was 65.3%, a decrease on the previous month's performance of 66.0%.
- May 24 performance is 65.3% which is lower than May 23 which was 71.0%.
- Bury performance is currently above the overall GM performance of 64.9% and is the 5th best performing locality in GM.

Bury

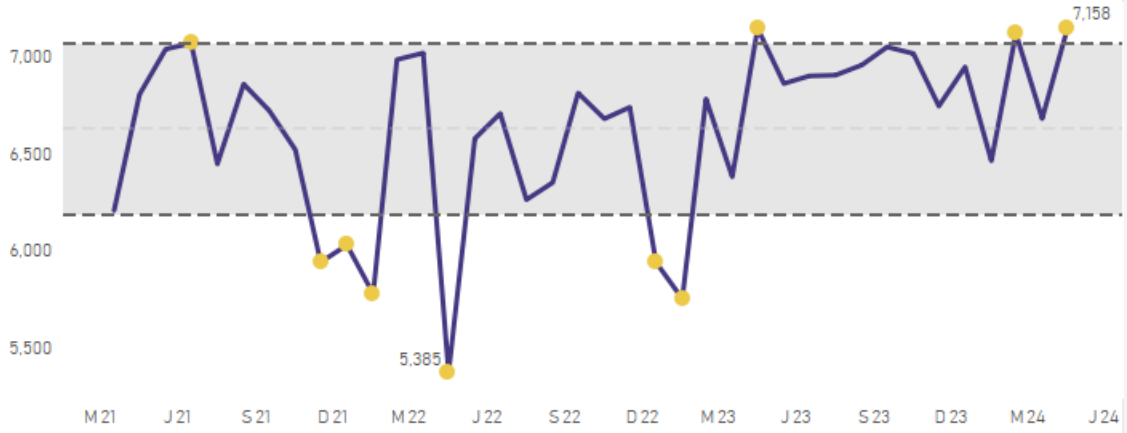
A&E Attendances
Number of attendances at A&E departments

Source: (Monthly)

7,158
May 2024

6,692
April 2024

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	6,220	6,816	7,049	7,079	6,459	6,869	6,734	6,532	5,954	6,042	5,791	6,995
2022-23	7,029	5,385	6,589	6,718	6,275	6,363	6,823	6,691	6,750	5,953	5,766	6,793
2023-24	6,393	7,156	6,872	6,911	6,915	6,967	7,060	7,026	6,756	6,957	6,475	7,129
2024-25	6,692	7,158										

Selected measure at May 2024 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking
Attendances & Rate per 1000 population

Narrative

- There were 7158 A&E attendances from Bury registered patients in May 24, higher than May 23 (7156).
- Bury currently has 33.9 attendances per 1000 population and has the 5th lowest attendance rate for localities within GM.

NCA

Trust level - not locality

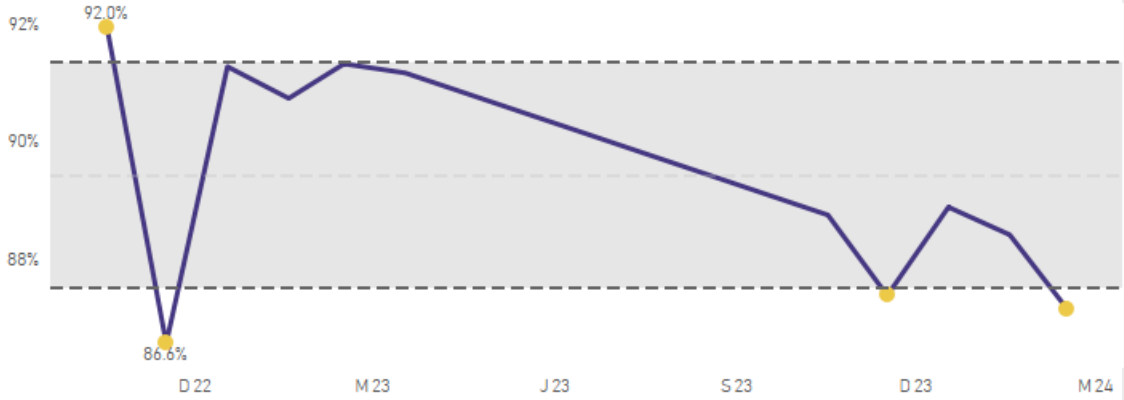
Adult general & acute bed occupancy adjusted for void beds (Type 1 Only)

The proportion of adult general and acute beds occupied (adjusted for covid void beds). Covid void beds are beds that are closed due to Covid, but which are unoccupied. These beds cannot accept new admissions unless the patient is covid positive.

Source: UEC Daily Sitrep (Monthly)

87.2%	88.5%	12/133	92%
March 2024	February 2024	National Rank Upper Quartile	Target to be below

Outliers more than 1 standard deviation from the mean

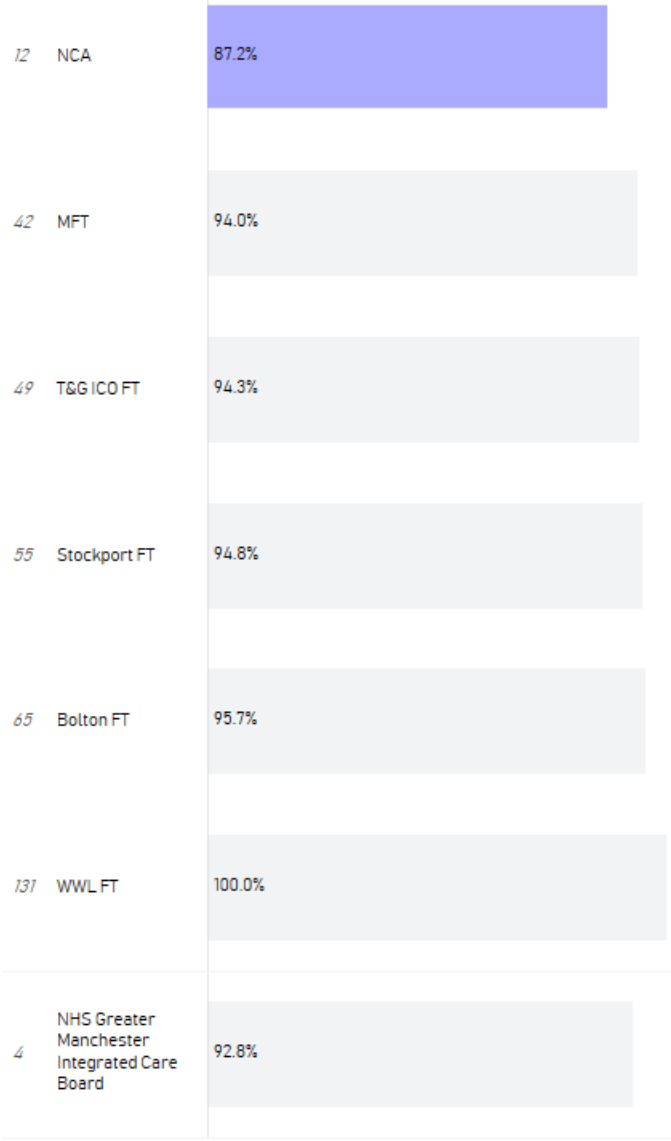


	Apr	Nov	Dec	Jan	Feb	Mar
2022-23		92.0%	86.6%	91.3%	90.8%	91.4%
2023-24	91.2%	88.8%	87.4%	88.9%	88.5%	87.2%

Selected measure at March 2024 has continuously decreased for 2 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- NCA had an adult and acute beds occupancy rate of 87.2% in March 24. The lowest of the GM Trusts.
- This data shows NCA position across all NCA sites, not just FGH.
- Bury patients will also attend MFT.
- GM occupancy rate is 92.8% for March 24.

Bury

No Reason/Criteria To Reside patients (NCTR) as % of occupied beds
Total occupied beds, and of these, the number of patients who are fit for discharge and have no need to reside in a hospital bed

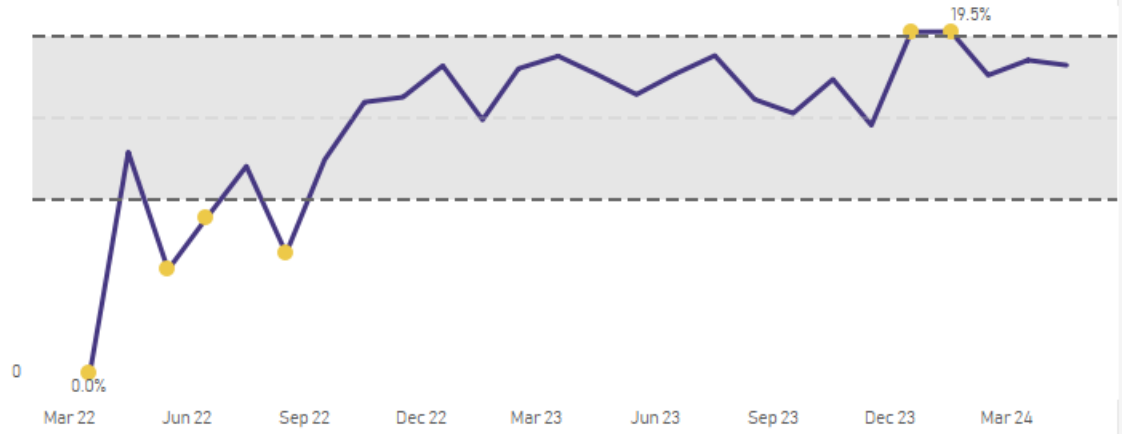
Source: GM Admissions - Local (Monthly)

17.6%
May 2024

17.9%
April 2024

No Target

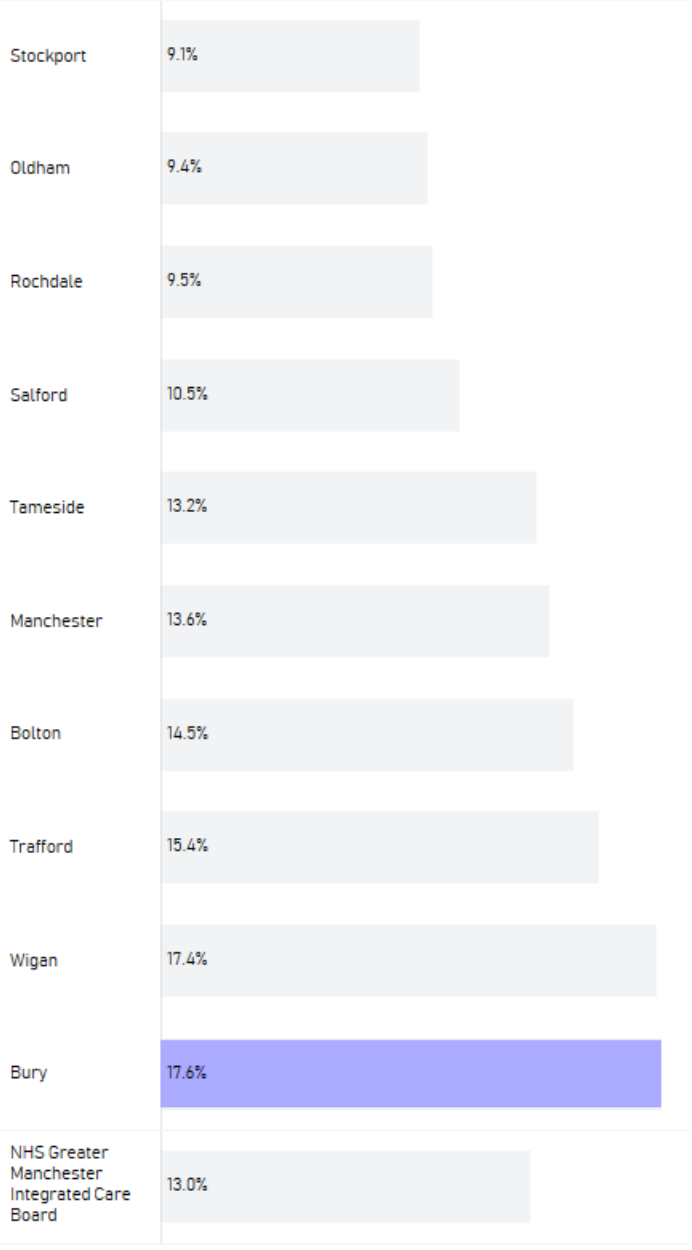
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	0.0%	12.6%	5.9%	8.9%	11.8%	6.9%	12.2%	15.5%	15.8%	17.6%	14.5%	17.4%
2023-24	18.1%	17.1%	15.9%	17.1%	18.1%	15.6%	14.9%	16.8%	14.2%	19.5%	19.5%	17.0%
2024-25	17.9%	17.6%										

Selected measure at May 2024 has continuously decreased for 1 period(s) of time

Latest Value GM Benchmarking



Narrative

- NCTR percentage for Bury in May 24 is 17.6% which is a decrease on April 24 which was 17.9%
- Bury is currently higher than the GM percentage of 13.0% and has the highest percentage of the GM localities.

Bury

Total number of specific acute non-elective spells
Number of specific acute non-elective spells in the period (auto-calculated sum of E.M.11a and E.M.11b)

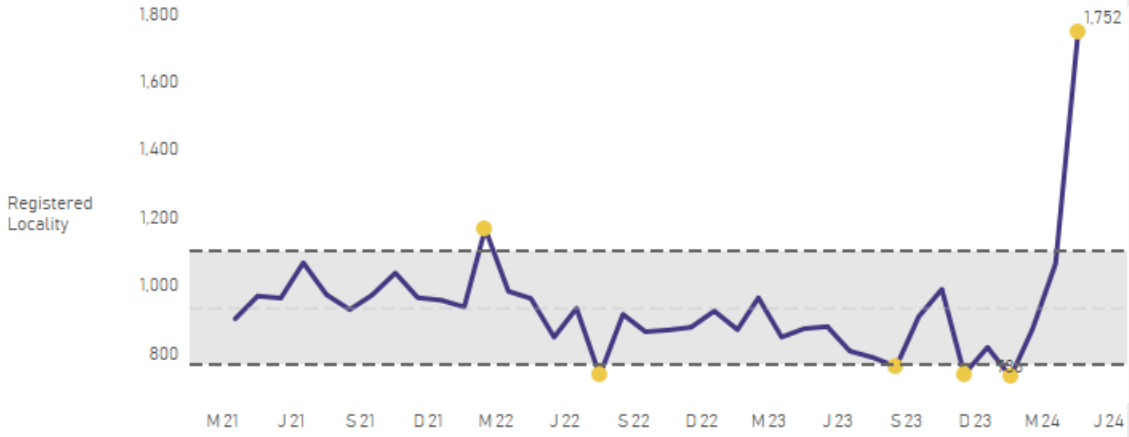
Source: National Flows APC (Monthly)

1,752
May 2024

1,070
April 2024

96/104
National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	907	974	968	1,072	978	934	977	1,042	969	962	942	1,172
2022-23	988	967	853	938	740	920	869	874	882	930	875	969
2023-24	853	878	884	812	793	766	913	994	744	823	736	876
2024-25	1,070	1,752										

Selected measure at May 2024 has continuously **increased** for **3** period(s) of time

Latest Value GM Benchmarking
Count & Rate Per 1000 Population

Narrative

- There were 1752 specific acute non-elective spells from Bury registered patients in May 24, higher than May 23 (878), with May 24 seeing an increase of 682 spells from April 24
- Bury currently has 8.3 specific acute non-elective spells per 1000 population and has the 3rd joint lowest rate matching Salford per 1000 for localities within GM.

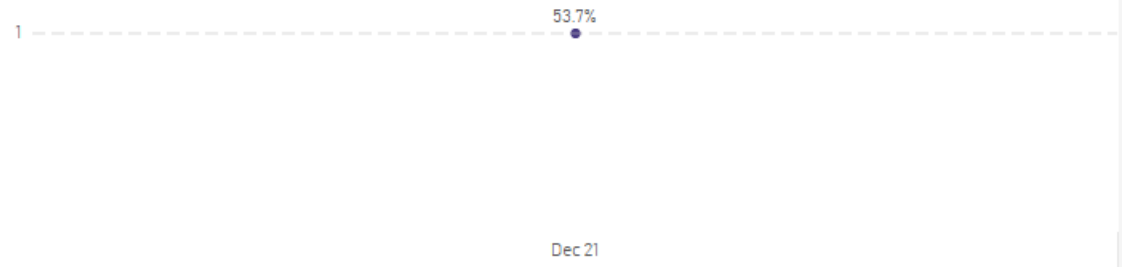
Bury

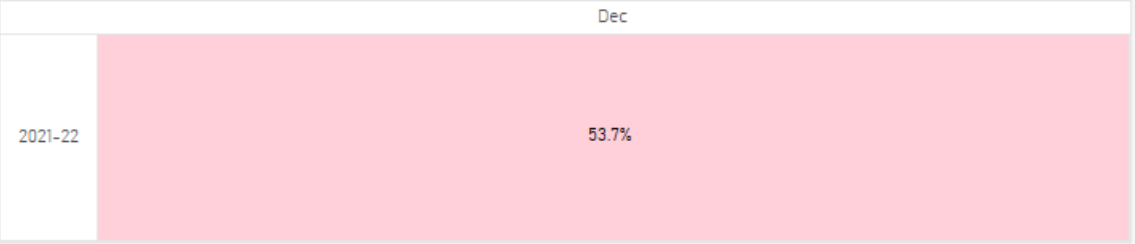
Cancers Diagnosed At Early Stage using Full Registration Data
Proportion of cancers diagnosed at stages 1 and 2 relative to the total cancers staged

Source: Cancer Early Staging Data Statistics via The National Disease Registration Service (NDRS) (Annual)

53.7%	51.7%	48/104	75.0%
December 2021	December 2020	National Rank Inter Quartile	National Ambition

Outliers more than 1 standard deviation from the mean





Selected measure at December 2021 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities

4	Rochdale	58.0%
13	Trafford	56.2%
36	Manchester	54.3%
41	Tameside	54.0%
48	Bury	53.7%
53	Stockport	53.3%
66	Wigan	52.6%
87	Oldham	51.1%
88	Bolton	51.0%
89	Salford	50.9%
28	NHS Greater Manchester Integrated Care Board	53.5%

Narrative

- As of December 2021, 53.7% of cancers for the Bury population were diagnosed at stages one and two. This was an increase on December 2020 which was 51.7%
- Bury's proportion is currently slightly above GM's proportion of 53.5%. Bury has the 5th highest proportion for localities within GM.

Bury

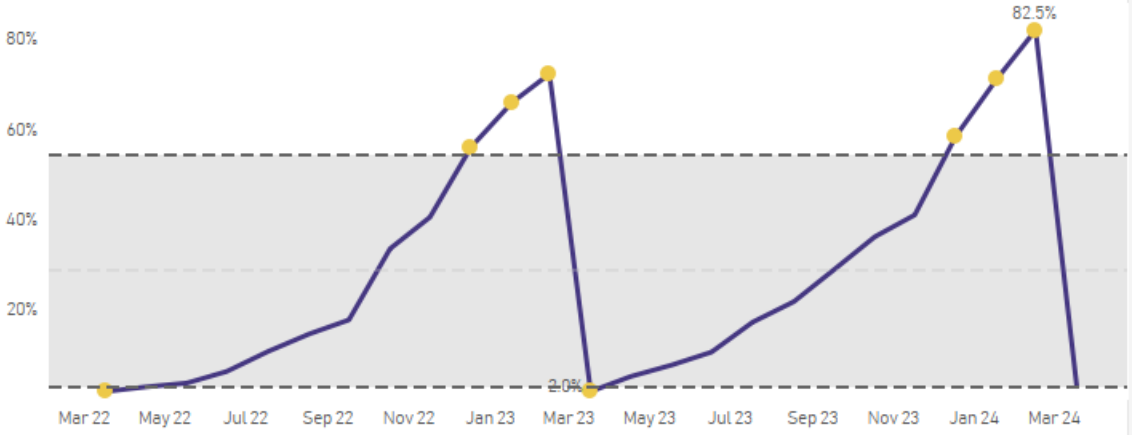
% of patients aged 14+ with a completed LD health check

The % of people on the QOF Learning Disability Register who received an annual health check between the start of the financial year and the end of the reporting period

Source: Learning Disabilities Health Check Scheme (Monthly)

3.2%	82.5%	65/106	75.%
April 2024	March 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean

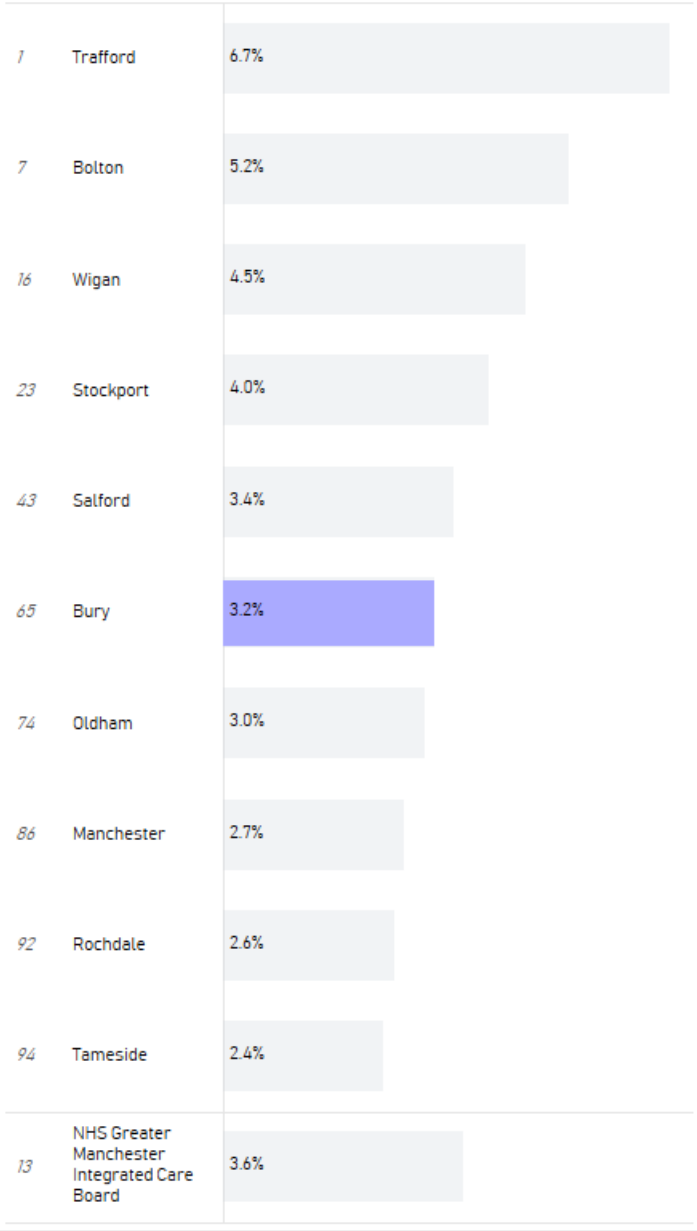


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	2.0%	3.1%	3.9%	6.5%	10.9%	14.8%	18.0%	33.8%	40.8%	56.4%	66.4%	72.7%
2023-24	2.0%	5.4%	7.9%	10.8%	17.5%	22.0%	29.1%	36.5%	41.3%	58.9%	71.7%	82.5%
2024-25	3.2%											

Selected measure at April 2024 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking

National Rank against other localities



Narrative

- LD Health checks: Have reset for 2024/2025 hence to big drop in performance. Apr 24 3.2% was higher than April 23 which was 2.0%
- Bury is currently lower than the GM percentage of 3.6% and has the 6th highest percentage of the GM localities.
- Bury and GM has not met the national target of 75%.

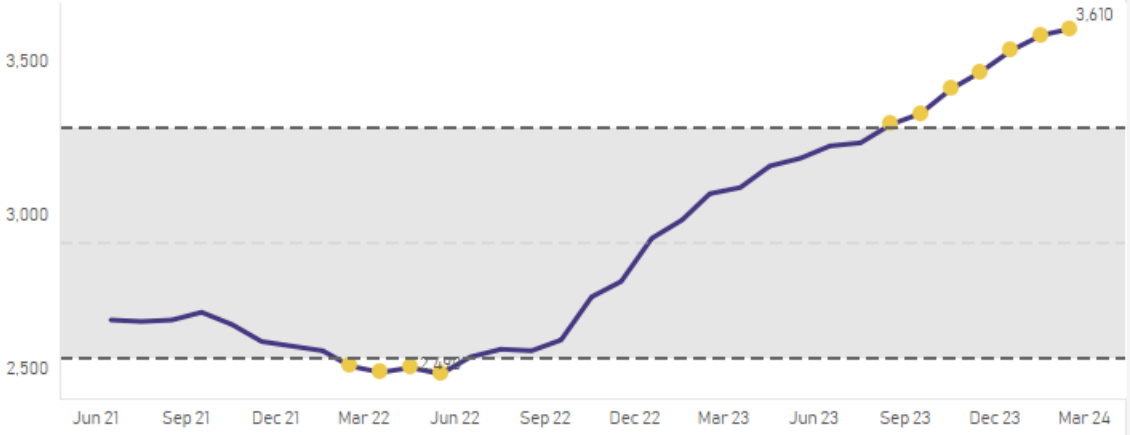
Bury

Access to Children and Young Peoples Mental Health Services
Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

3,610	3,590	77/106	5,240
March 2024	February 2024	National Rank Inter Quartile	National Median

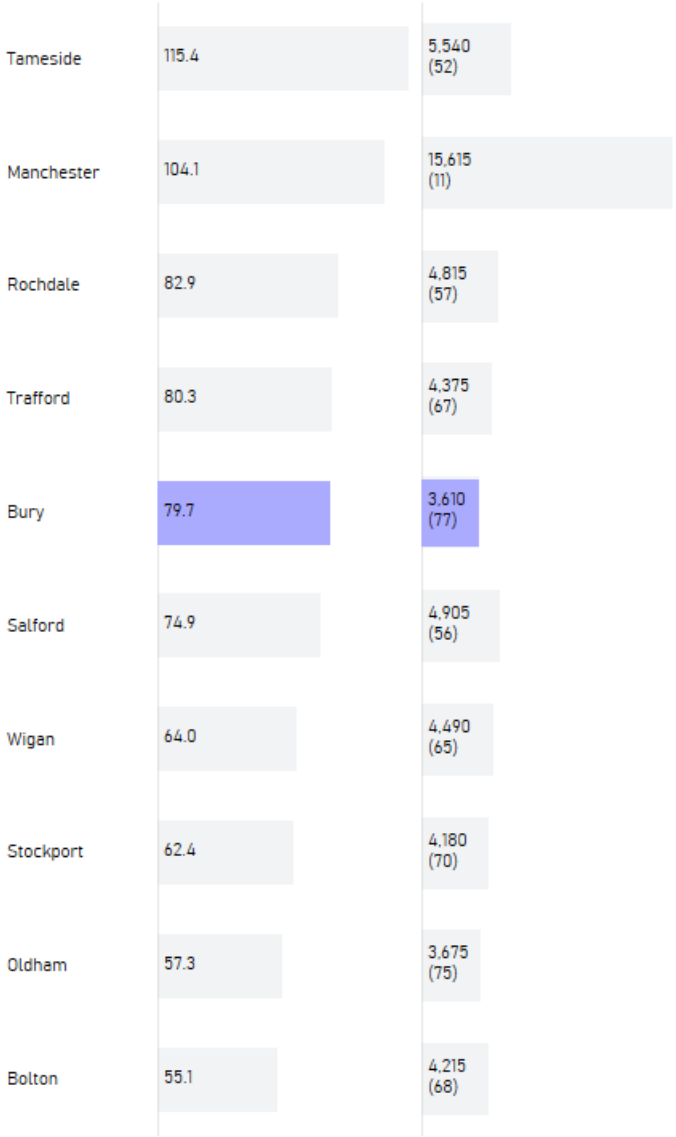
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				2,665	2,660	2,665	2,690	2,650	2,595	2,580	2,565	2,515
2022-23	2,495	2,510	2,490	2,545	2,570	2,565	2,600	2,740	2,790	2,930	2,990	3,075
2023-24	3,095	3,165	3,190	3,230	3,240	3,300	3,335	3,415	3,470	3,540	3,590	3,610

Selected measure at March 2024 has continuously increased for **18** period(s) of time

Latest Value GM Benchmarking
Rate per 1000 | Count (National Rank based on count)



The rate is calculated using the 0-17 population figure for each locality | Bury: 45,310

Narrative

- There were 3610 accesses to Children and Young Peoples Mental Health Services for Bury registered patients in March 24, higher than March 23 (3075).
- Bury currently has 79.7 accesses made per 1000 population and has the 5th highest rate per 1000 for localities within GM.

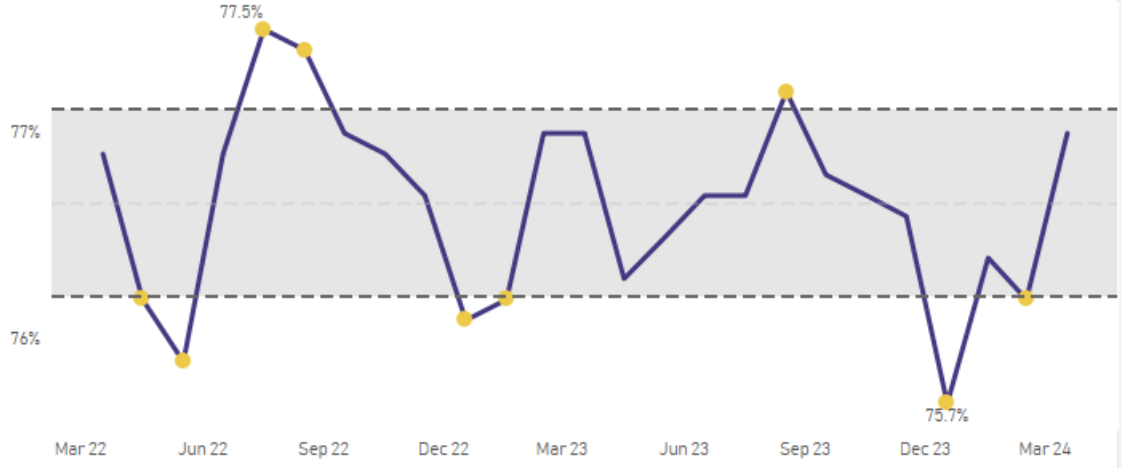
Bury

Dementia: Diagnosis Rate (Aged 65+)
Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

Source: Primary Care Dementia Data (Monthly)

77.0%	76.2%	5/106	66.7%
April 2024	March 2024	National Rank Upper Quartile	National Target

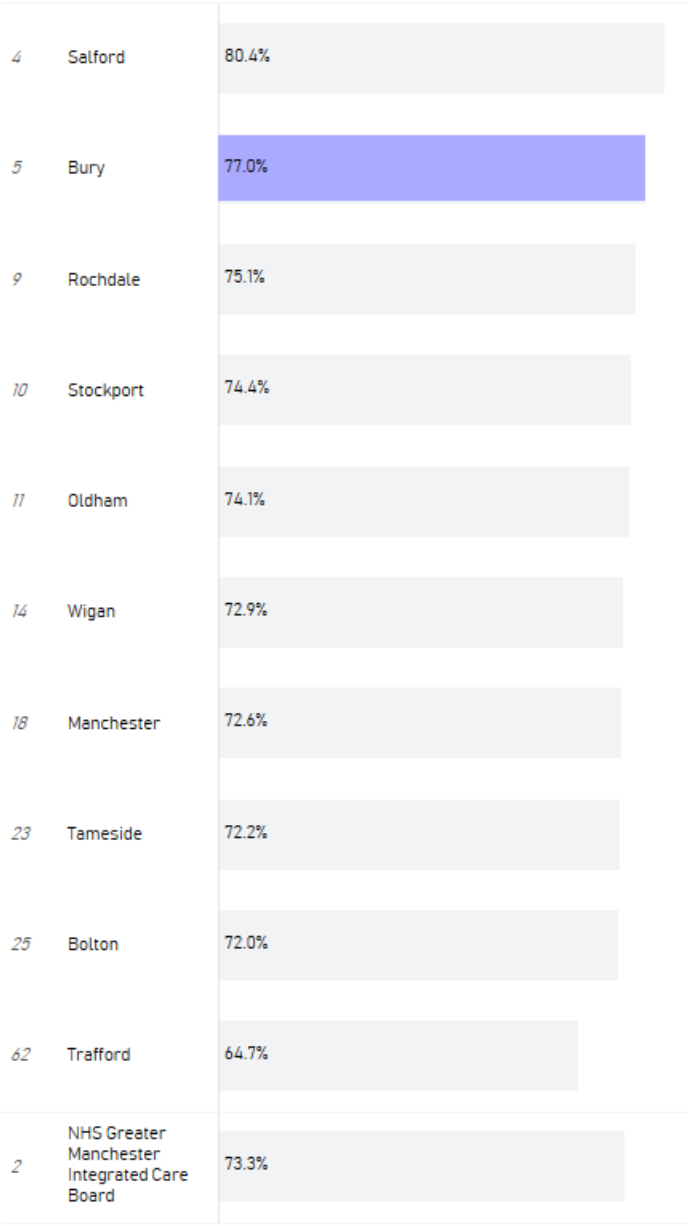
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	76.9%	76.2%	75.9%	76.9%	77.5%	77.4%	77.0%	76.9%	76.7%	76.1%	76.2%	77.0%
2023-24	77.0%	76.3%	76.5%	76.7%	76.7%	77.2%	76.8%	76.7%	76.6%	75.7%	76.4%	76.2%
2024-25	77.0%											

Selected measure at April 2024 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The percentage of patients aged 65+ having received a dementia diagnosis as of April 24 is 77.0%, which is identical to April 23 which was 77.0%.
- Bury currently has a higher diagnosis rate than GM which has a rate of 73.3% and Bury has the 2nd highest dementia diagnosis rate of the GM localities.
- Bury and GM are above the national target of 66.7%.

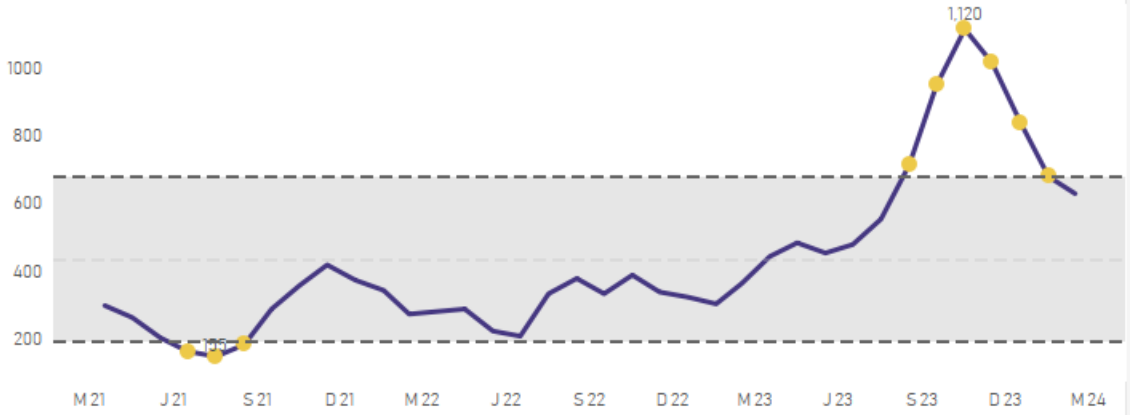
Bury

Inappropriate adult acute mental health Out of Area Placement (OAP) bed days
Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider

Source: Out of Area Placements in Mental Health Services Official Statistics (Monthly)

635	685	79/107	0
March 2024	February 2024	National Rank Inter Quartile	National Target

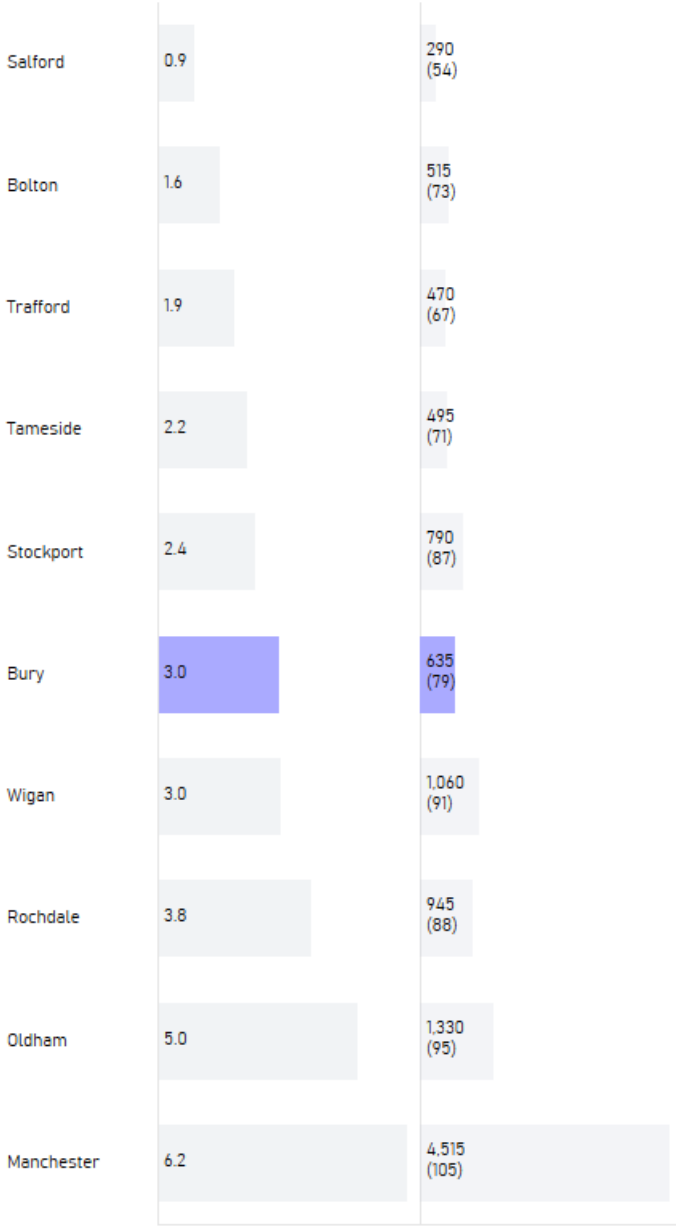
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	305	270	210	170	155	190	295	365	425	380	350	280
2022-23		295	230	215	340	385	340	395	345	330	310	370
2023-24	450	490	460	485	560	720	955	1,120	1,020	845	685	635

Selected measure at March 2024 has continuously decreased for **4** period(s) of time

Latest Value GM Benchmarking
Rate per 1000 / Count (National rank)



Narrative

- There were 635 inappropriate OAP bed days for Bury registered patients in March 24, higher than March 23 (370).
- 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.
- Bury currently has 3.0 OAP bed days per 1000 population and has the 4th highest rate per 1000 for localities within GM, alongside Wigan

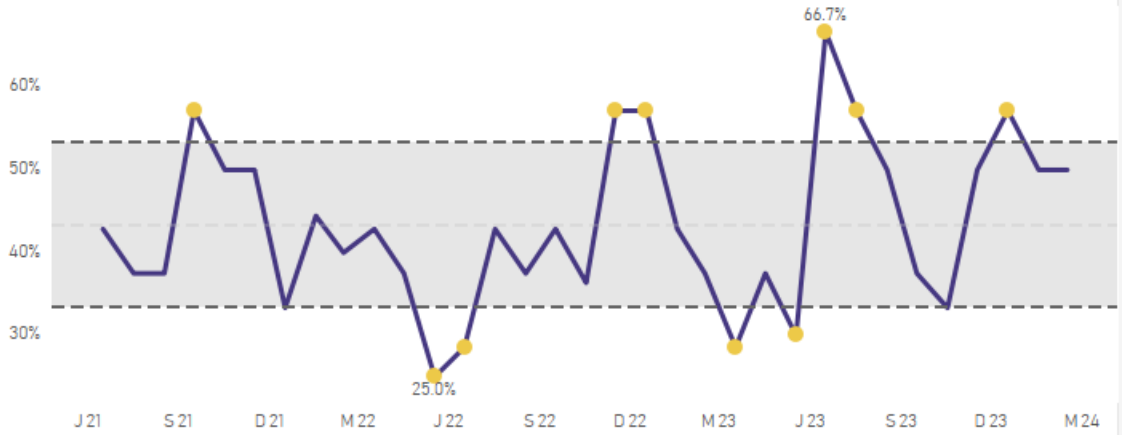
Bury

Long length of stay for adults - Mental Health Patients
Proportion of all discharges from adult acute and older adult acute beds, with a length of stay of over 60 and 90 days respectively

Source: Published MHSDS (Monthly)

50.0%	50.0%	58/101	0.%
March 2024	February 2024	National Rank Inter Quartile	National Target

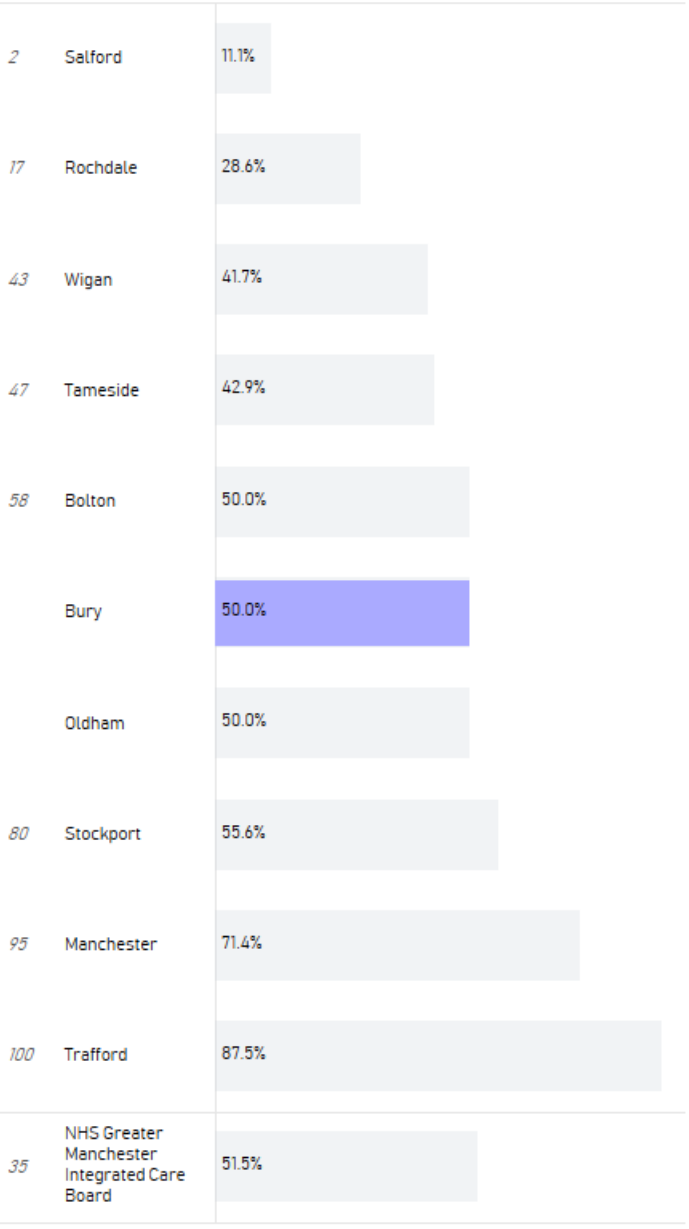
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				42.9%	37.5%	37.5%	57.1%	50.0%	50.0%	33.3%	44.4%	40.0%
2022-23	42.9%	37.5%	25.0%	28.6%	42.9%	37.5%	42.9%	36.4%	57.1%	57.1%	42.9%	37.5%
2023-24	28.6%	37.5%	30.0%	66.7%	57.1%	50.0%	37.5%	33.3%	50.0%	57.1%	50.0%	50.0%

Selected measure at March 2024 has continuously for **1** period(s) of time

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The proportion of discharges with a long LOS in March 24 is 50.0%, which is an increase on March 23 which was 37.5%.
- Bury currently has a higher proportion with a long LOS than GM which has a proportion of 51.5% and Bury has the 5th highest proportion of the GM localities alongside Bolton.
- Bury and GM are above the national target of 0%.

Bury

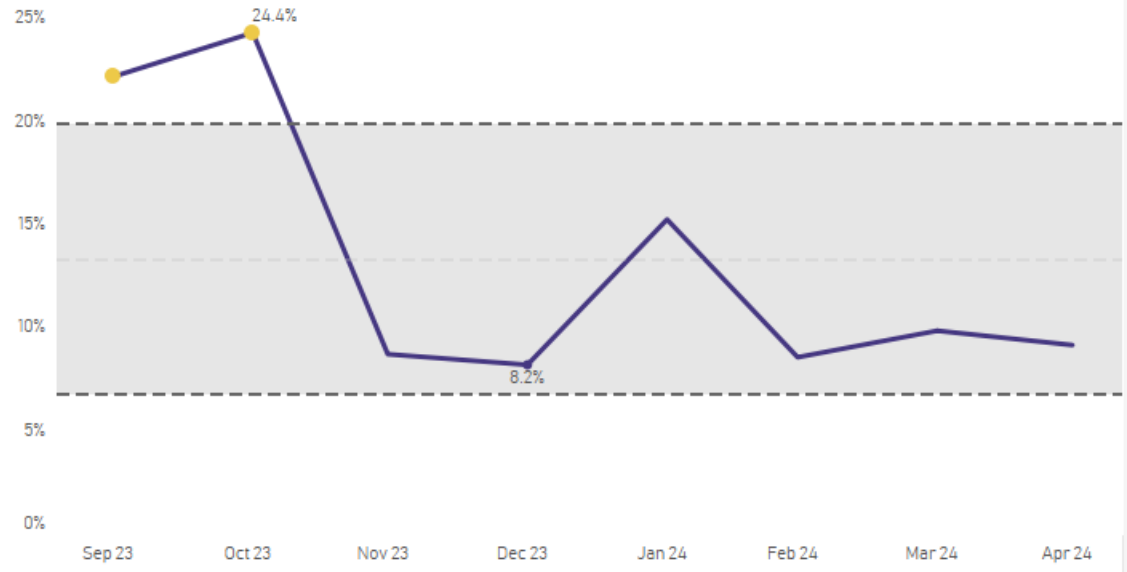
Percentage of MH patients with no criteria to reside (NCTR)
Percentage of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

9.2%
May 2024

9.9%
April 2024

Outliers more than 1 standard deviation from the mean



	Apr	May	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24				22.2%	24.4%	8.8%	8.2%	15.3%	8.6%
2024-25	9.9%	9.2%							

Latest Value GM Benchmarking

Narrative

- The percentage of mental health patients with NCTR as of May 24 is 9.2%, which is a decrease from April24 which was 9.9%
- Bury currently has a lower percentage than GM which is 12.9% and Bury has the 2nd lowest percentage of the GM localities.

Bury

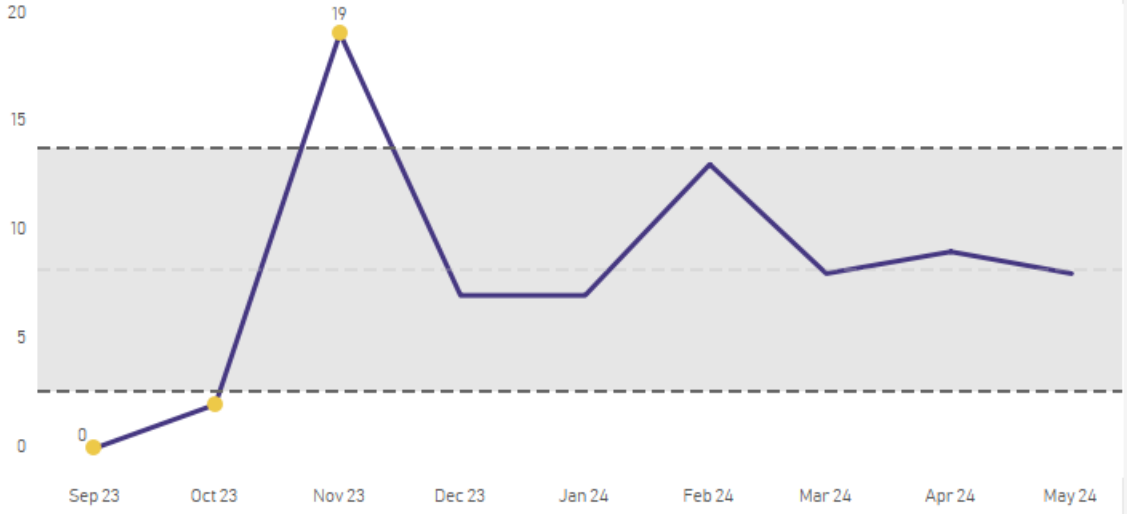
Number of MH patients with no criteria to reside (NCTR)
Number of beds occupied by MH patients who are ready to be discharged

Source: GM Admissions - Local (Monthly)

8
May 2024

9
April 2024

Outliers more than 1 standard deviation from the mean



	Apr	May	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24			0	2	19	7	7	13	8
2024-25	9	8							

Latest Value GM Benchmarking
Rate per 1000 / Count

Stockport	0.00	0
Tameside	0.01	3
Oldham	0.03	7
Bury	0.04	8
Trafford	0.04	10
Wigan	0.03	10
Bolton	0.04	12
Rochdale	0.05	12
Salford	0.04	12
Manchester	0.06	46
NHS Greater Manchester Integrated Care Board	0.04	120

Narrative

- The number of mental health patients with NCTR as of May 24 is 8, which has decreased from April 24 when it was 9.
- Bury currently has 0.04 mental health patients with NCTR per 1000 population and has the 4th highest rate per 1000 for localities matching GM, Trafford, Bolton and Salford.

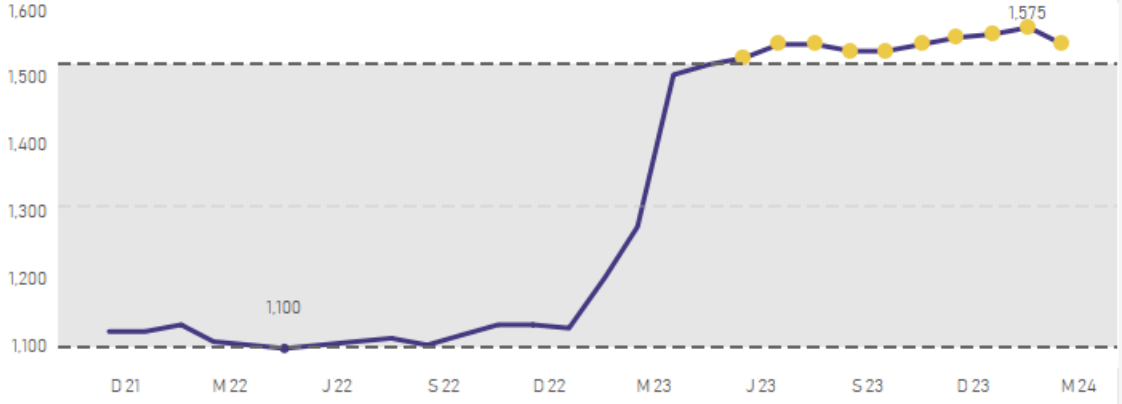
Bury

Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses
Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses, in a rolling 12 month period

Source: Published MHSDS (Monthly)

1,550	1,575	84/106	3,563
March 2024	February 2024	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22									1,125	1,125	1,135	1,110
2022-23	1,105	1,100	1,105	1,110	1,115	1,105	1,120	1,135	1,135	1,130	1,205	1,280
2023-24	1,505	1,520	1,530	1,550	1,550	1,540	1,540	1,550	1,560	1,565	1,575	1,550

Selected measure at March 2024 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking
Rate per 1000 | Count (National Rank)

The rate is calculated using the 18+ population figure for each locality | Bury: 166,400

Narrative

- There were 1550 people who received two or more contacts from mental health services for adults with severe mental illness for Bury registered patients in March 24, higher than March 23 (1280).
- Bury currently has 9.3 contacts per 1000 population and has the 5th lowest rate per 1000 for localities within GM.

Bury

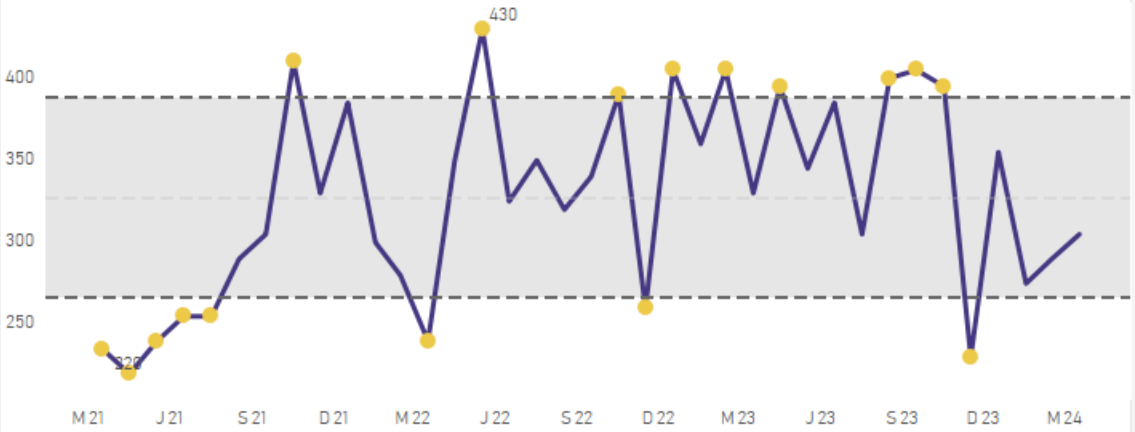
Talking Therapies: Access Rate

This indicator tracks our ambition to expand Improving Access to Psychological Therapies (IAPT) services, also known as NHS Talking Therapies. The primary purpose of this indicator is to measure improvements in access to psychological therapy (via IAPT) for people with depression and/or anxiety disorders.

Source: Improving Access to Psychological Therapies Data Set (Monthly)

305	290	99/110	No Target
April 2024	March 2024	National Rank Lower Quartile	

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	235	220	240	255	255	290	305	410	330	385	300	280
2022-23	240	350	430	325	350	320	340	390	260	405	360	405
2023-24	330	395	345	385	305	400	405	395	230	355	275	290
2024-25	305											

Selected measure at April 2024 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking

Rate per 1000 / Count (National rank)

Narrative

- There were 305 accesses to Talking Therapies for Bury registered patients in April 24, lower than April 23 (330).
- Bury currently has 1.4 accesses per 1000 population and has the 3rd lowest rate per 1000 for localities within GM.

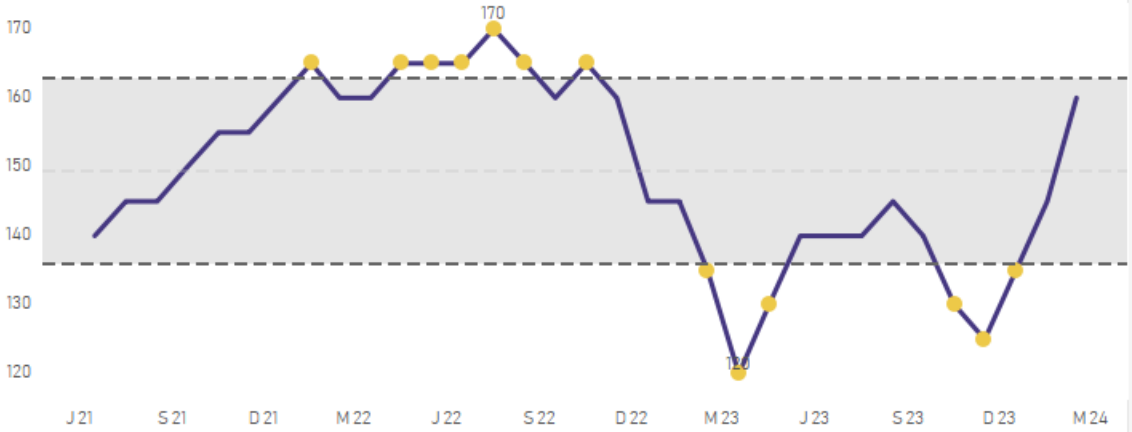
Bury

Women Accessing Specialist Community Perinatal Mental Health Services
Women Accessing Specialist Community Perinatal Mental Health Services (Rolling 12 mths)

Source: Published MHSDS (Quarterly)

160	145	93/107	No Target
March 2024	February 2024	National Rank Lower Quartile	

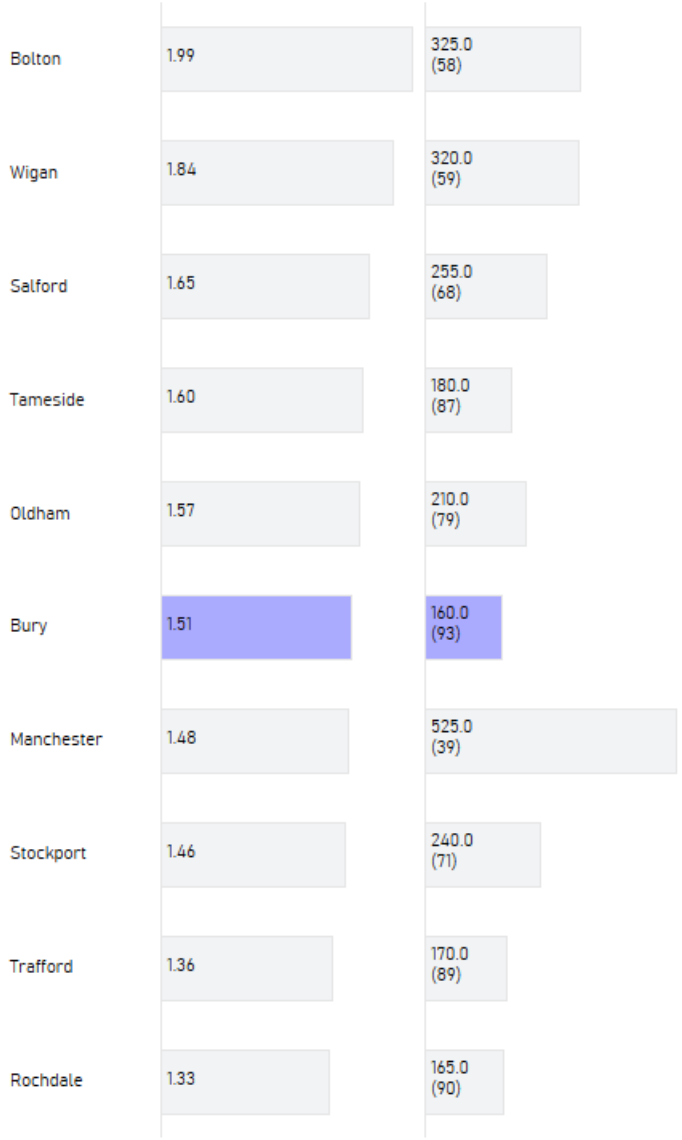
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				140	145	145	150	155	155	160	165	160
2022-23	160	165	165	165	170	165	160	165	160	145	145	135
2023-24	120	130	140	140	140	145	140	130	125	135	145	160

Selected measure at March 2024 has continuously increased for 3 period(s) of time

Latest Value GM Benchmarking
Rate per 1000 / Count (National Rank)



The rate is calculated using the female population figure for each locality | Bury: 105,754

Narrative

- There were 160 women accessing Perinatal Mental Health Services for Bury registered patients for the rolling 12 months to March 24, higher than March 23 (135).
- Bury currently has 1.51 accesses per 1000 population and has the 5th lowest rate per 1000 for localities within GM.

NCA

Trust level - not locality

% 2-hour Urgent Community Response (UCR) first care contacts

Percentage of 2-hour UCR referrals subject to the 2-hour response standard (as specified in the UCR technical guidance), with an RTT end date in reporting month, that achieved the 2-hour response standards

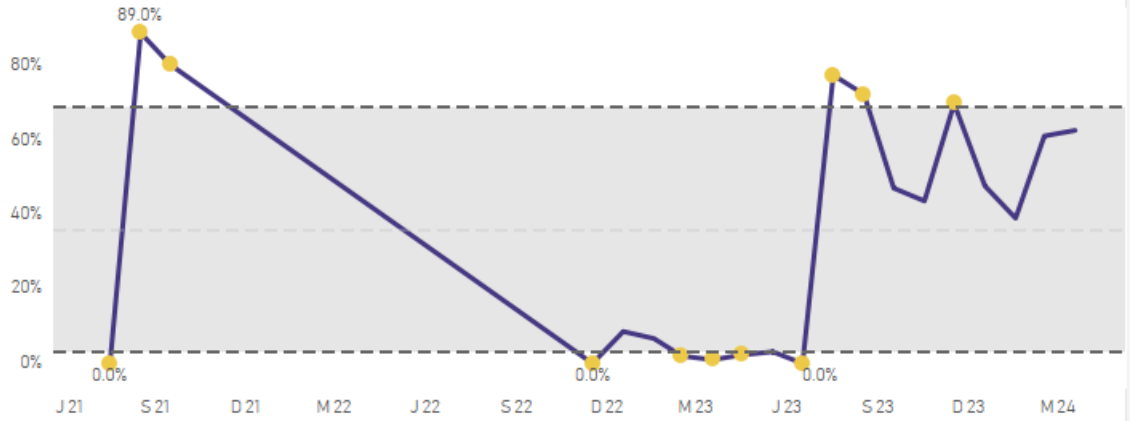
Source: Community Services Data Set (CSDS) (Monthly)

62.8%
April 2024

61.3%
March 2024

70%
National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22					0.0%	89.0%	80.5%					
2022-23									0.0%	8.6%	6.7%	2.0%
2023-24	1.0%	2.3%	3.1%	0.0%	77.6%	72.5%	47.2%	43.8%	70.0%	47.8%	39.1%	61.3%
2024-25	62.8%											

Selected measure at April 2024 has continuously increased for **2** period(s) of time

Latest Value GM Benchmarking

Narrative

- The percentage of UCR referrals that received a 2-hour response standard for the NCA in April 24 was 62.8%, which is an increase on March 24 which was 61.3%.
- NCA currently has a lower percentage than the other GM trusts and is not currently meeting the National Target of 70%.
- We have recognised locally there is a data capture issue here and we are working to improve. Actual performance is better than reported.

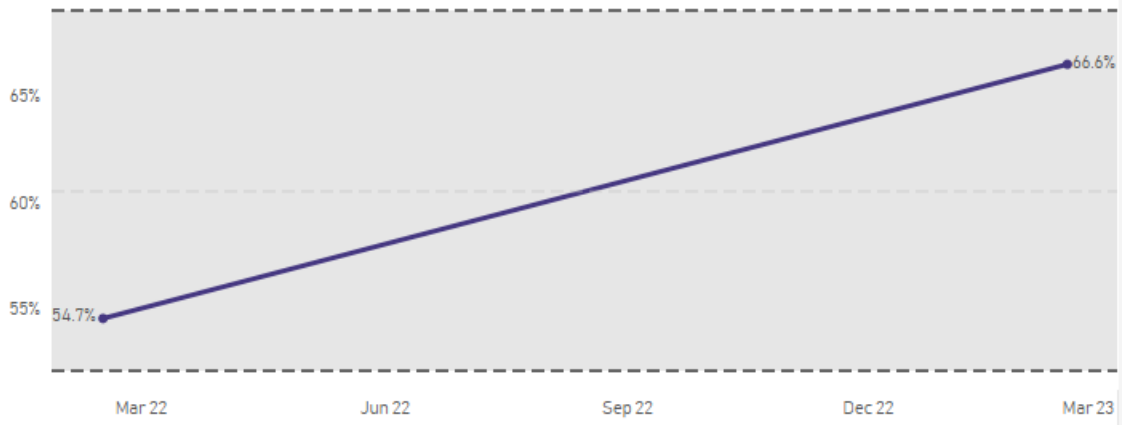
Bury

% of hypertension patients who are treated to target as per NICE guidance
% of hypertension patients who are treated to target as per NICE guidance

Source: NHS Quality Outcome Framework (Annual)

66.6%	54.7%	82/106	77.%
March 2023	March 2022	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Mar
2021-22	54.7%
2022-23	66.6%

Selected measure at March 2023 has continuously increased for 2 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities

5	Stockport	73.3%
11	Salford	72.3%
19	Wigan	71.6%
48	Bolton	69.4%
58	Rochdale	68.5%
62	Oldham	68.3%
63	Trafford	68.3%
82	Bury	66.6%
87	Tameside	65.9%
91	Manchester	65.4%
18	NHS Greater Manchester Integrated Care Board	69.0%

Narrative

- The percentage of hypertension patients treated to target as of March 23 is 66.6%, which is an increase on March 22 which was 54.7%.
- Bury currently has a lower percentage than GM which is 69.0% and Bury has the 3rd lowest percentage of the GM localities.
- Bury and GM are not currently meeting the national target of 77%.

Bury

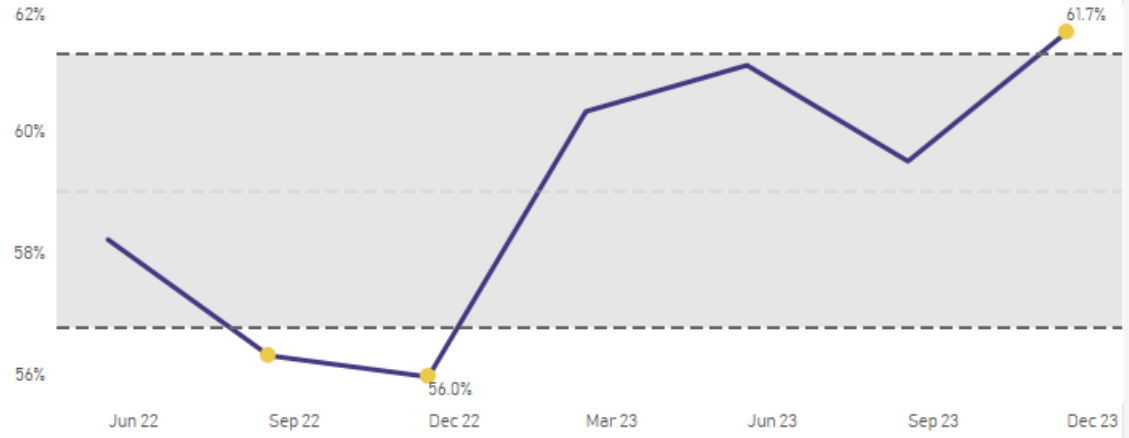
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

Source: CVD Prevent (Quarterly)

61.7%	59.5%	41/106	60.8%
December 2023	September 2023	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Jun	Sep	Dec	Mar
2022-23	58.3%	56.3%	56.0%	60.4%
2023-24	61.1%	59.5%	61.7%	

Selected measure at December 2023 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

3	Tameside	68.9%
5	Oldham	68.5%
8	Manchester	67.2%
13	Rochdale	65.9%
21	Trafford	64.7%
23	Salford	64.7%
32	Stockport	62.6%
38	Bolton	62.0%
41	Bury	61.7%
42	Wigan	61.6%
5	NHS Greater Manchester Integrated Care Board	64.7%

Narrative

- The percentage of patients identified as having 20% or greater 10-year risk of developing CVD as of December 23 is 61.7%, which is an increase on December 22 which was 56.0%
- Bury currently has a lower percentage than GM which is 64.7% and Bury has the 2nd lowest percentage of the GM localities.

Bury

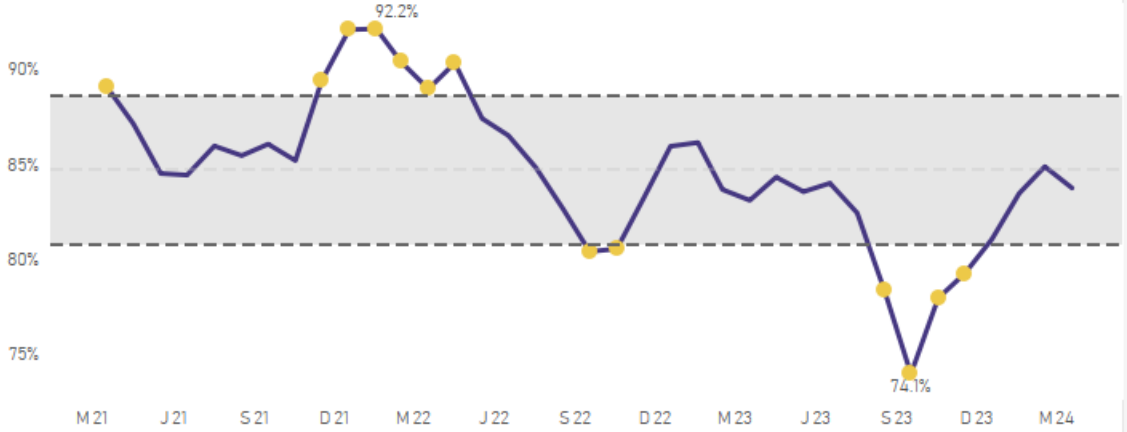
GP appointments - percentage of regular appointments within 14 days

Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days'

Source: Appointments in General Practice (Monthly)

83.9%	85.0%	29/106	81.7%
April 2024	March 2024	National Rank Inter Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	89.2%	87.2%	84.6%	84.6%	86.1%	85.6%	86.2%	85.3%	89.5%	92.2%	92.2%	90.5%
2022-23	89.1%	90.5%	87.5%	86.6%	85.0%	82.8%	80.5%	80.7%	83.3%	86.1%	86.3%	83.8%
2023-24	83.2%	84.4%	83.7%	84.1%	82.6%	78.5%	74.1%	78.1%	79.4%	81.2%	83.6%	85.0%
2024-25	83.9%											

Selected measure at April 2024 has continuously **decreased** for **1** period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

8	Trafford	87.8%
16	Wigan	86.6%
18	Manchester	86.0%
29	Bury	83.9%
37	Oldham	83.1%
44	Stockport	82.5%
53	Bolton	81.7%
56	Rochdale	81.6%
59	Salford	81.4%
69	Tameside	80.2%
12	NHS Greater Manchester Integrated Care Board	83.9%

Narrative

- The percentage of GP appointments taking place within 14 days of booking in April 24 for the Bury population was 83.9%, which is an increase on April 23 which was 83.2%.
- Bury currently has the same percentage than GM which is 83.9% and Bury has the 4th highest percentage of the GM localities.

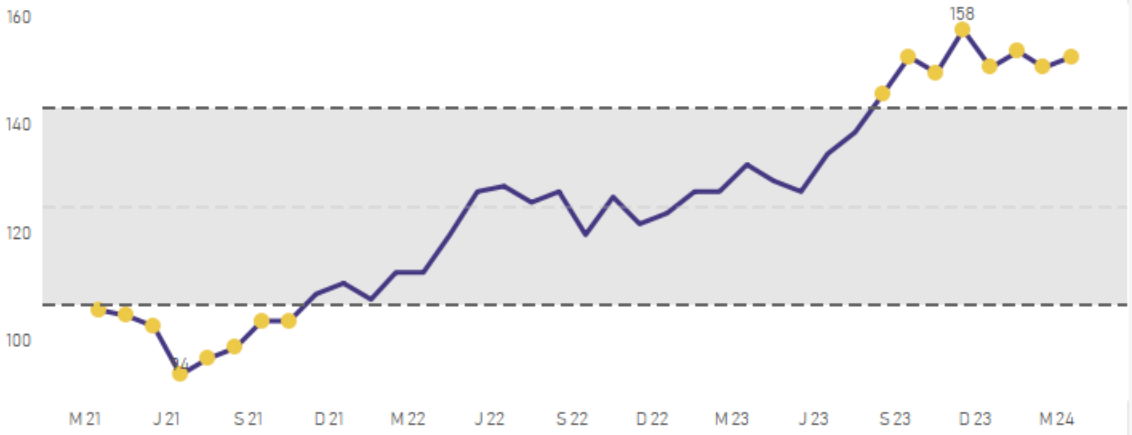
Bury

E. coli blood stream infections
12-month rolling counts of E. coli blood stream infections

Source: National Statistics: E. coli bacteraemia: monthly data by location of onset (Monthly)

153	151	22/107	No Target
April 2024	March 2024	National Rank Upper Quartile	

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	106	105	103	94	97	99	104	104	109	111	108	113
2022-23	113	120	128	129	126	128	120	127	122	124	128	128
2023-24	133	130	128	135	139	146	153	150	158	151	154	151
2024-25	153											

Selected measure at April 2024 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking
Rate per 1000 / Count (National Rank)

Manchester	0.58	422.0 (68)
Bolton	0.58	191.0 (33)
Wigan	0.59	204.0 (38)
Rochdale	0.61	151.0 (20)
Salford	0.62	196.0 (34)
Oldham	0.63	170.0 (26)
Trafford	0.68	170.0 (26)
Bury	0.72	153.0 (22)
Stockport	0.77	252.0 (48)
Tameside	0.84	189.0 (32)

Narrative

- There were 153 counts of E. Coli blood stream infections in April 24, which is higher than April 23 (133).
- Bury currently has 0.72 counts per 1000 population and has the 3rd highest rate per 1000 for localities within GM.

Bury

Antimicrobial resistance: total prescribing of antibiotics in primary care
The number of antibiotic (antibacterial) items prescribed in primary care, divided by the item-based Specific Therapeutic group Age-Sex related Prescribing Unit STAR-PU

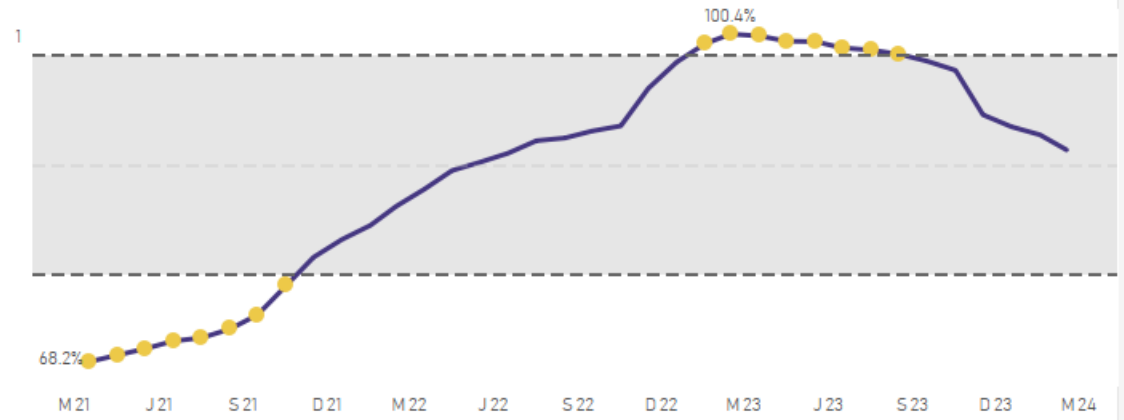
Source: EPACT Prescribing Data (Monthly)

89.0%
March 2024

90.5%
February 2024

87.1%
National Target

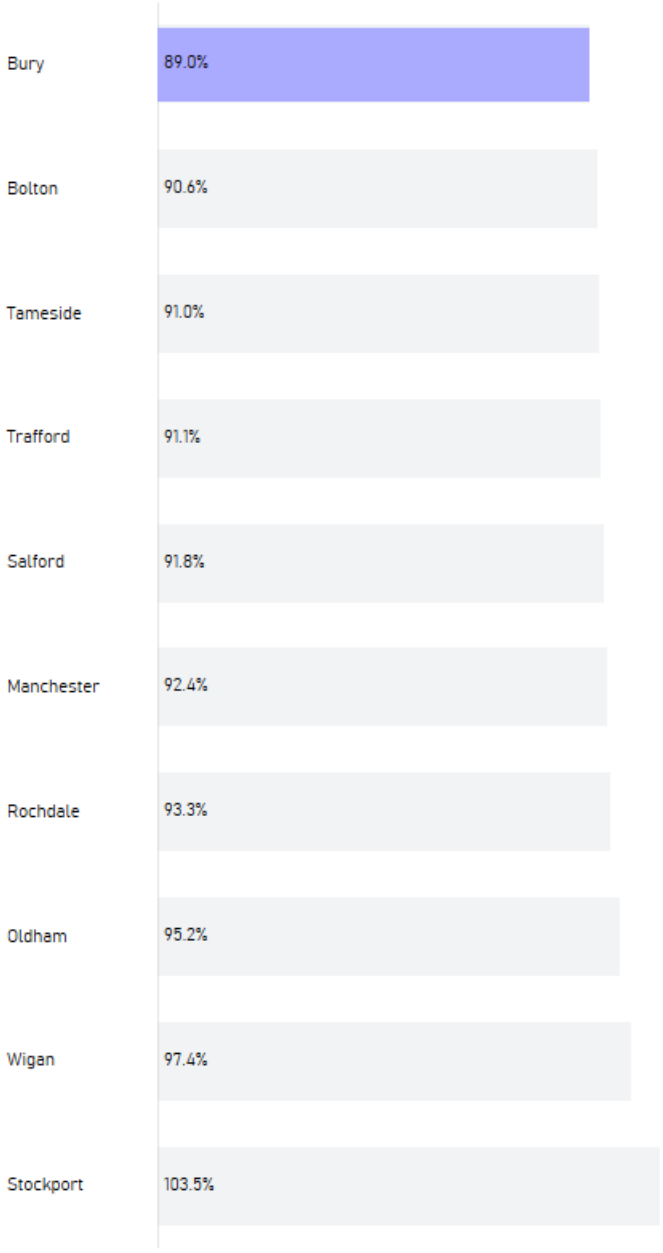
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	68.2%	68.8%	69.5%	70.2%	70.6%	71.4%	72.8%	75.7%	78.5%	80.2%	81.6%	83.5%
2022-23	85.2%	87.0%	87.8%	88.7%	89.9%	90.2%	90.9%	91.4%	95.0%	97.6%	99.4%	100.4%
2023-24	100.2%	99.7%	99.6%	99.0%	98.8%	98.4%	97.7%	96.8%	92.5%	91.3%	90.5%	89.0%

Selected measure at March 2024 has continuously decreased for **12** period(s) of time

Latest Value GM Benchmarking



Narrative

- The percentage of total prescribing of antibiotics in primary care in March 24 for the Bury population was 89.0%, which is a decrease on March 23 which was 100.4%.
- Bury currently has a lowest percentage of the GM localities.

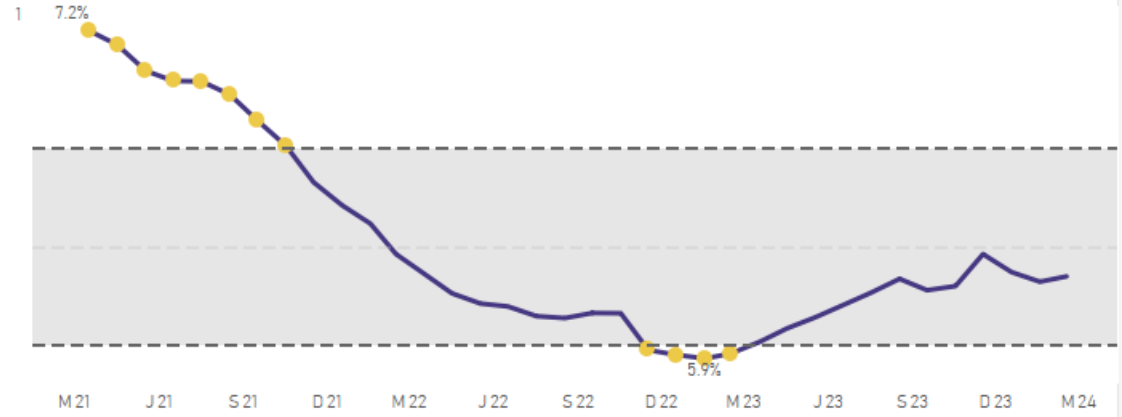
Bury

Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care
The number of broad-spectrum antibiotic (antibacterials) items from co-amoxiclav, cephalosporin class and fluoroquinolone class drugs as a percentage of the total number of antibacterial items prescribed in primary care.

Source: EPACT Prescribing Data (Monthly)

6.2%	6.2%	30/112	10.%
March 2024	February 2024	National Rank Inter Quartile	National Target

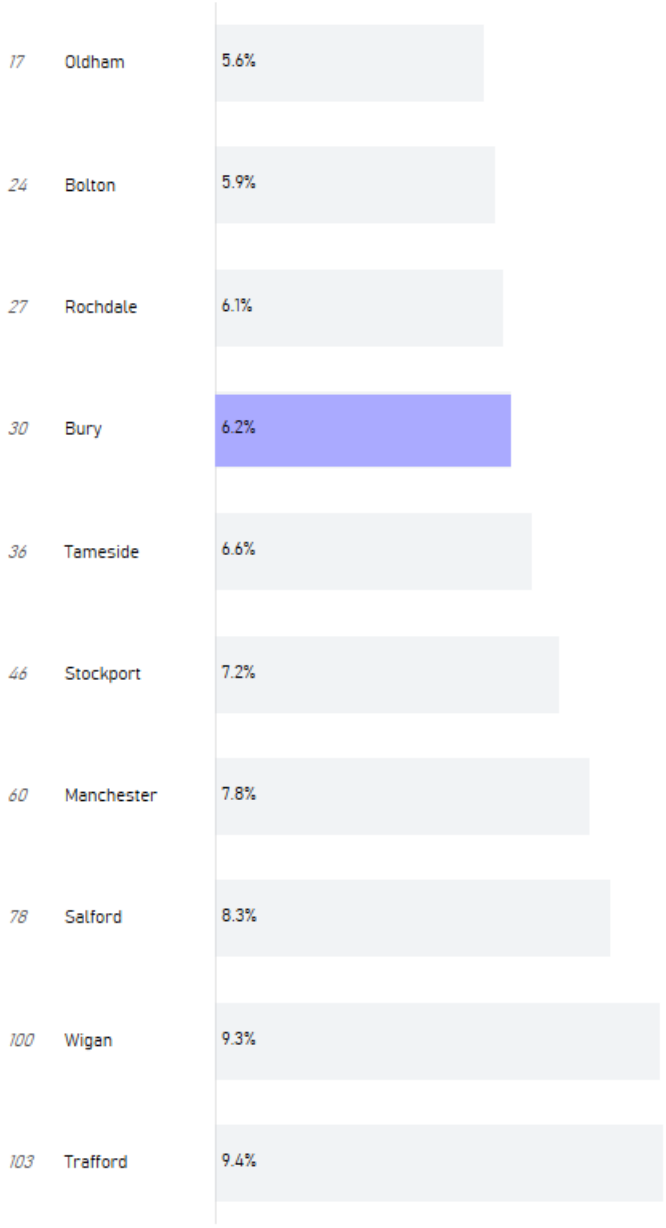
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%

Selected measure at March 2024 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The proportion of broad-spectrum antibiotic prescribing in primary care in March 24 for the Bury population was 6.2%, which is an increase on March 23 which was 5.9%.
- Bury currently has the 4th lowest percentage of the GM localities.
- Bury is within the less than 10% target.

Bury - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Elective Care	EB28	Diagnostics: % waiting 6 weeks+	Monthly	Apr 24	16.5%	14.5%	↗	1.%	769	4,652	Inter
	EB20	RTT incomplete: 65+ week waits	Monthly	Apr 24	166.0	191.0	↘	0.	166	N/A	Inter
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Apr 24	76.6%	72.1%	↗	75.%	751	980	Inter
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 22	0.0	1.9	↘	1.5	0	2,014	Upper
	S022a	Number of stillbirths per 1,000 total births	Annual	Dec 22	4.0	3.8	↗	3.2	8	2,014	Lower
Screening and Immunisations	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 23	69.2%	70.0%	↘	N/A	15,249	22,036	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Sep 23	81.3%	78.9%	↗	95.%	520	640	Lower
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Dec 23	70.4%	69.8%	↗	80.%	37,930	53,875	Inter
	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	Monthly	Feb 23	75.1%	74.6%	↗	85.%	28,212	37,584	Lower

Bury - Sight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

Theme	Indicator	
Cancer	Total patients waiting over 62 days to begin cancer treatment vs target	Build in progress
LD and Autism	Inpatients with a learning disability and/or autism per million head of population	Build in progress
Primary Care and Community Services	Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Build in progress
Screening and immunisation	Bowel screening, aged 60-74, screened in the last 30 months	DQ issues

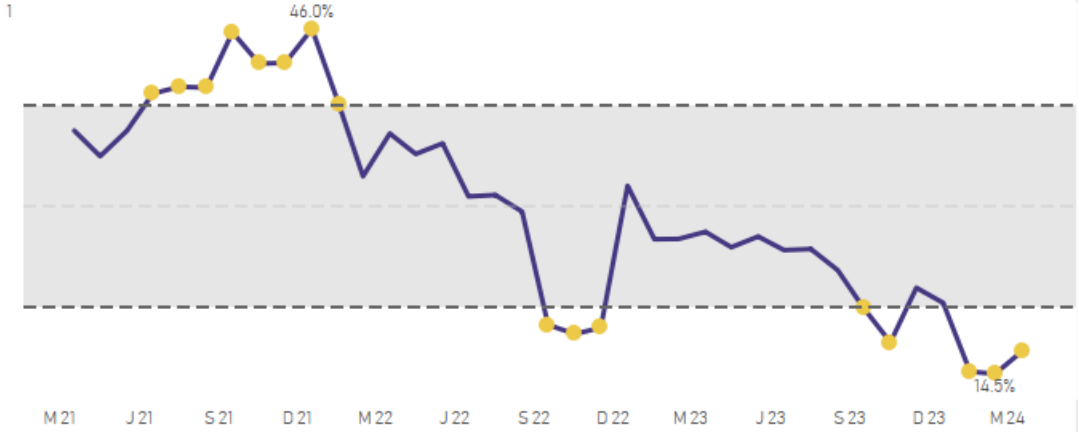
Bury

Diagnostics: % waiting 6 weeks+
Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over.

Source: Monthly Diagnostics Waiting Times and Activity Return - DM01 (Monthly)

16.5%	14.5%	34/107	1.%
April 2024	March 2024	National Rank Inter Quartile	National Target

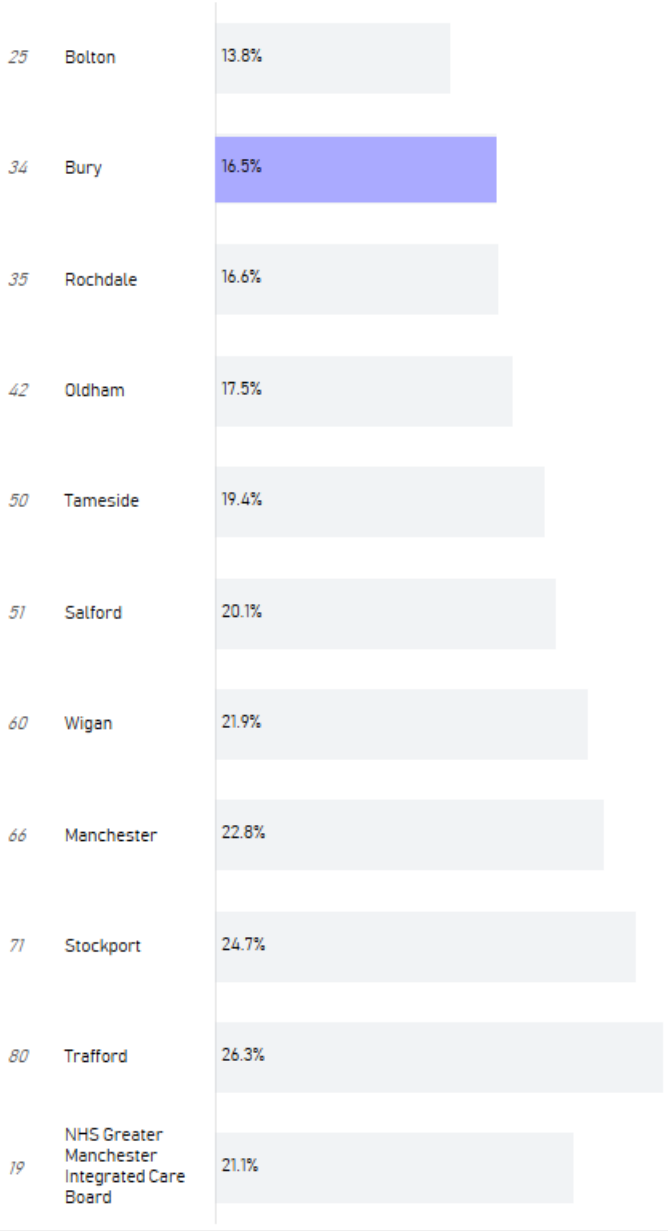
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	26.0%	27.0%	25.8%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%											

Selected measure at April 2024 has continuously **increased** for **1** period(s) of time

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- April 24 performance of 16.5% of patients waiting more than six weeks is an increase on the March24 figure (14.5%).
- GM performance also had an increase in March.
- Bury performance is the second best in GM.
- Bury and GM are both above the less than 1% target.

Bury

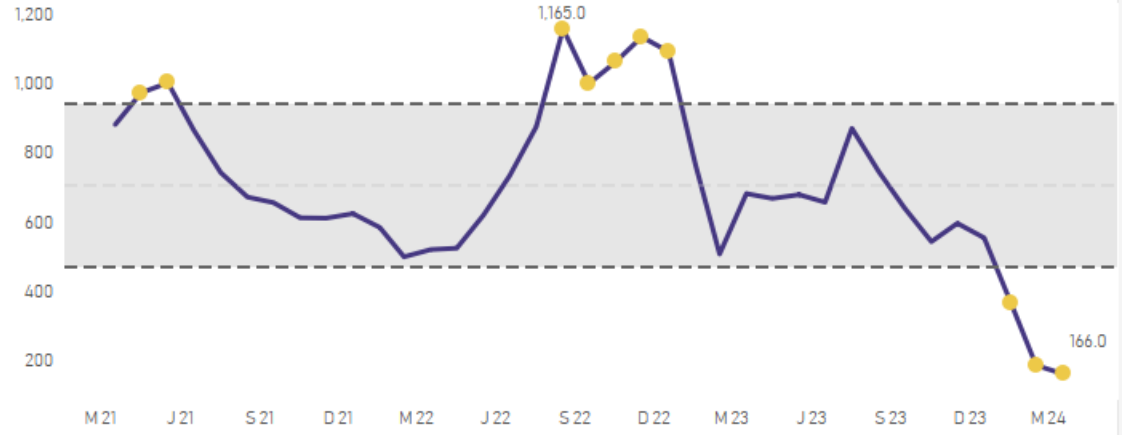
RTT incomplete: 65+ week waits

"The number of 65+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.
The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led referral to treatment waiting times rules and guidance webpage."

Source: Consultant-led RTT Waiting Times data collection (National Statistics). (Monthly)

166.0	191	52/121	0.
April 2024	March 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	888	980	1,009	871	749	678	662	618	617	630	590	505
2022-23	526	530	626	739	882	1,165	1,007	1,070	1,142	1,099	773	513
2023-24	688	674	685	663	877	752	646	549	602	560	371	191
2024-25	166											

Selected measure at April 2024 has continuously decreased for **4** period(s) of time

Latest Value GM Benchmarking

National Rank against other localities

Narrative

- Published April data shows a decrease in 65+ Week Waits on March 24 (-13%, -25 pathways).
- Dermatology reduced by -60% since March and ENT decreased by -31%since March.
- Gynaecology has increased by 63% in March with 10 extra patients.
- Bury locality currently has the 4th lowest number of 65+ Week waits out of all the GM localities.

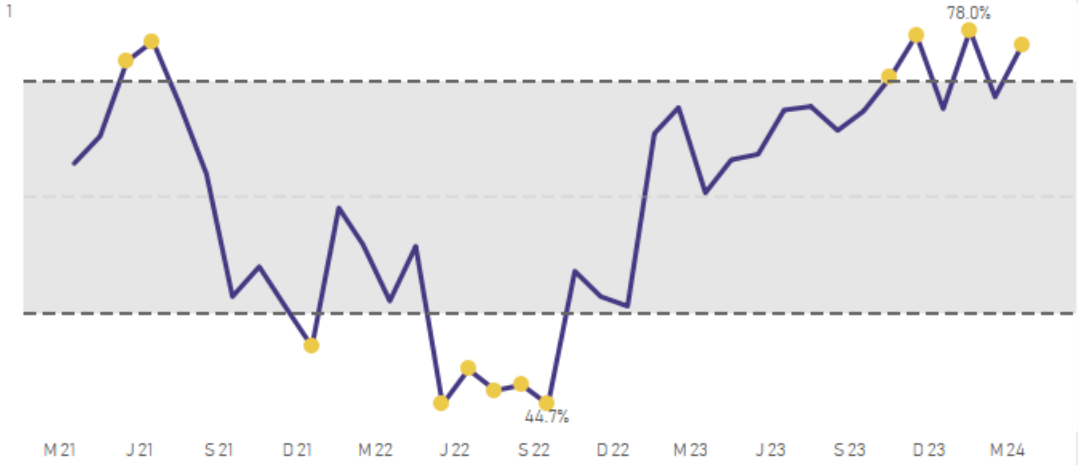
Bury

28 Day Wait from Referral to Faster Diagnosis: All Patients
Proportion of patients told cancer diagnosis outcome within 28 days of their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral

Source: National Cancer Waiting Times Monitoring Data Set (CWT) (Monthly)

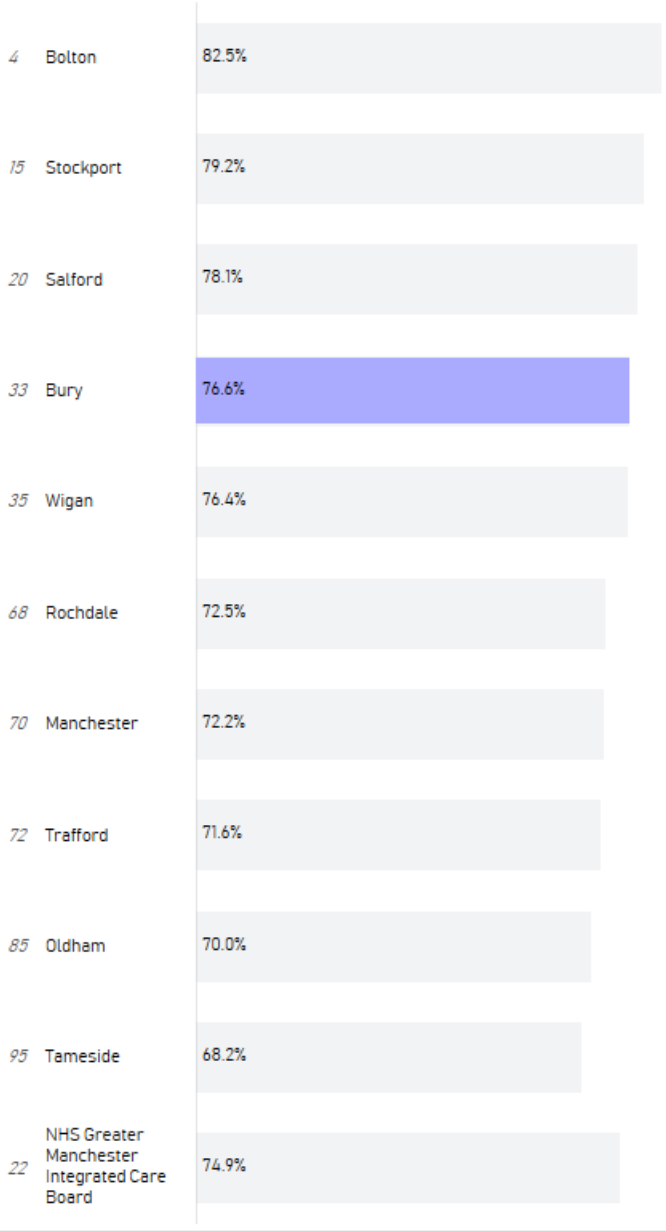
76.6%	72.1%	33/114	75.%
April 2024	March 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.8%	73.8%	77.6%	71.0%	78.0%	72.1%
2024-25	76.6%											

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The percentage of patients told of a cancer diagnosis outcome within 28 days of the 2WW referral in April 24 for the Bury population was 76.6%, which is an increase on March 24 which was 72.1%.
- Bury locality currently has the 4th highest performance out of all the GM localities.
- GM performance is currently 74.9%
- Bury is currently meeting the target of 75% or greater.

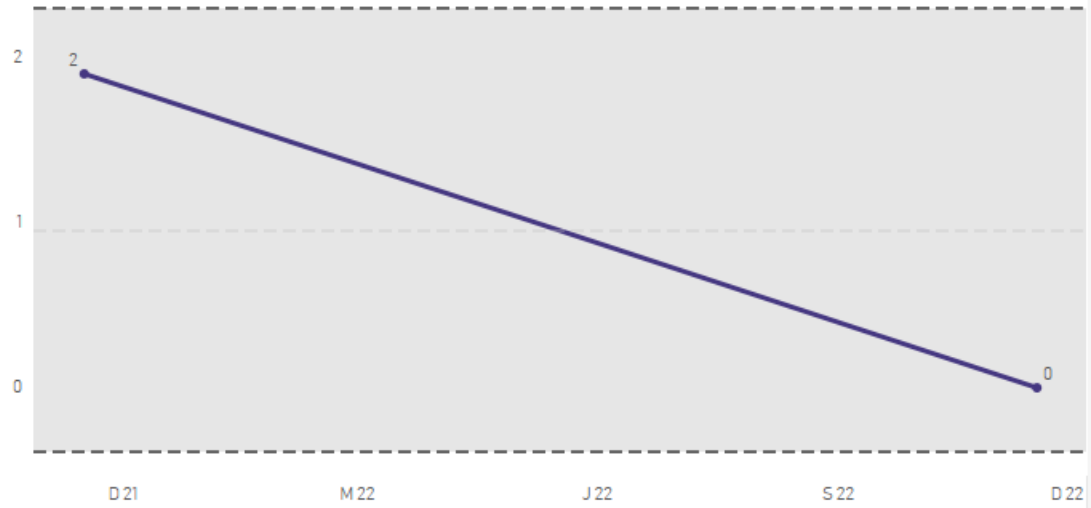
Bury

Number of neonatal deaths per 1,000 total live births
Number of neonatal deaths per 1,000 total live births

Source: MBRRACE-UK - Perinatal Mortality Surveillance Report (Annual)

0.0	1.9	1/150	1.5
December 2022	December 2021	National Rank Upper Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Dec
2021-22	1.9
2022-23	0.0

Latest Value GM Benchmarking
National Rank against other localities

Narrative

- The number of neonatal deaths per 1000 live births as of December 22 for the Bury population was 0.0
- Bury locality currently has the lowest rate per 1000 out of all the GM localities, alongside Rochdale.

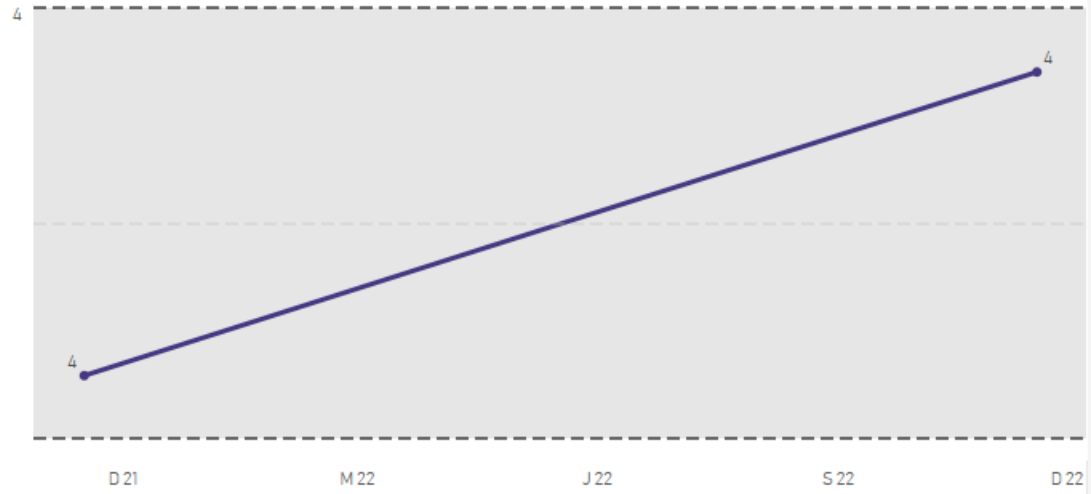
Bury

Number of stillbirths per 1,000 total births
Number of stillbirths per 1,000 total births

Source: MBRRACE-UK - Perinatal Mortality Surveillance Report (Annual)

4.0	3.8	110/150	3.2
December 2022	December 2021	National Rank Lower Quartile	National Median

Outliers more than 1 standard deviation from the mean



	Dec
2021-22	3.8
2022-23	4.0

Latest Value GM Benchmarking
National Rank against other localities

Narrative

- The number of neonatal still births per 1000 births as of December 22 for the Bury population was 4.0
- Bury locality currently has the 4th highest rate per 1000 out of all the GM localities.

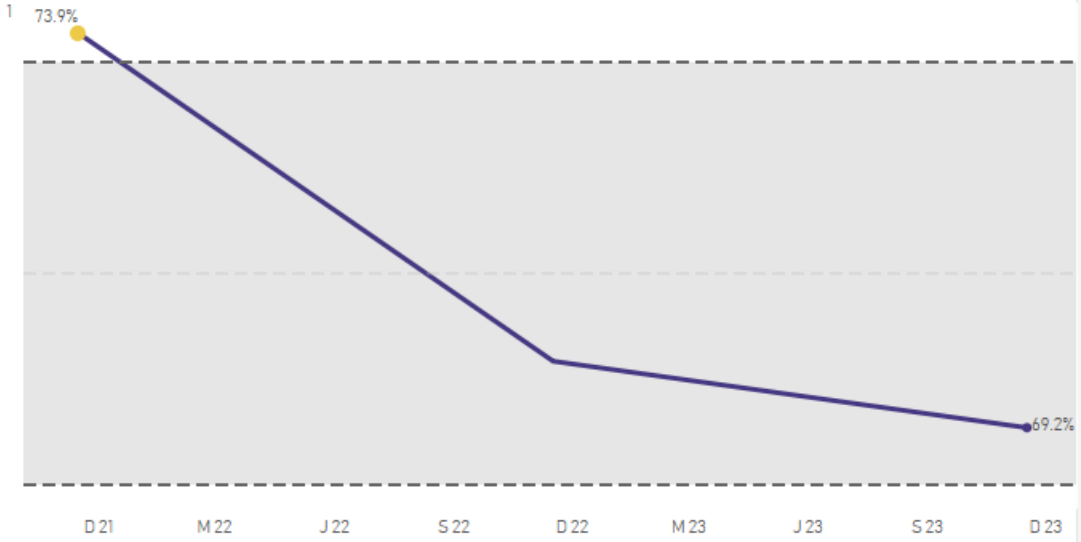
Bury

Breast screening coverage, females aged 53-70, screened in last 36 months
3-year screening coverage %: The number of females registered to the practice screened adequately in previous 36 months divided by the number of eligible females on last day of the review period

Source: Fingertips, Public Health Data, Public Health Outcomes Framework (Annual)

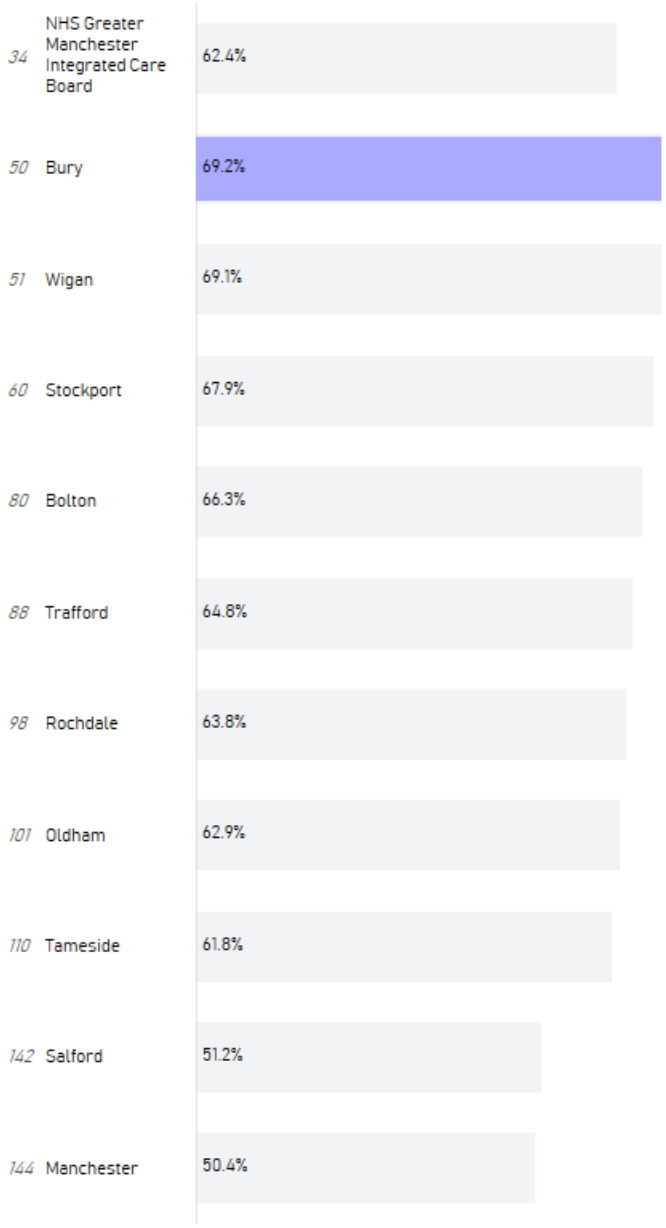
69.2%	70.0%	60%
December 2023	December 2022	No Target

Outliers more than 1 standard deviation from the mean



	Dec
2021-22	73.9%
2022-23	70.0%
2023-24	69.2%

Latest Value GM Benchmarking
National Rank against other localities



Narrative

- The 3-year breast screening coverage to December 23 for the Bury population was 69.2% for eligible females.
- Bury locality currently has the highest percentage out of all the GM localities and is higher than the GM percentage of 62.4%.

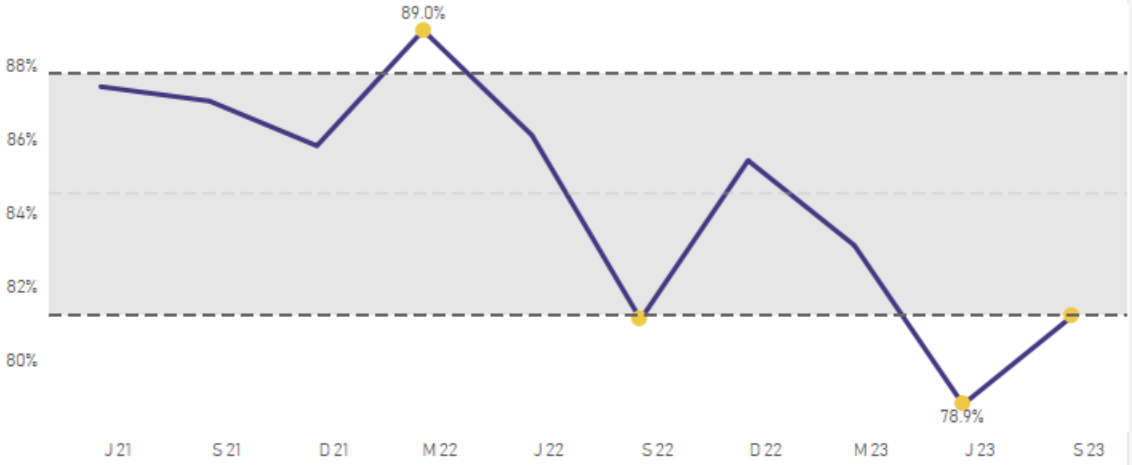
Bury

COVER immunisation: MMR2 Uptake at 5 years old
Population vaccination coverage – MMR for two doses (5 years old)

Source: Cover of vaccination evaluated rapidly (COVER) programme (Quarterly)

81.3%	78.9%	95.%
September 2023	June 2023	National Target

Outliers more than 1 standard deviation from the mean



	Jun	Sep	Dec	Mar
2021-22	87.5%	87.1%	85.9%	89.0%
2022-23	86.2%	81.2%	85.5%	83.2%
2023-24	78.9%	81.3%		

Latest Value GM Benchmarking
National Rank against other localities

16	Trafford	92.1%
25	Stockport	90.7%
48	Wigan	88.6%
64	Bolton	86.5%
88	Tameside	82.7%
89	Salford	82.6%
93	Rochdale	81.6%
94	Oldham	81.4%
95	Bury	81.3%
102	Manchester	76.2%
33	NHS Greater Manchester Integrated Care Board	83.5%

Narrative

- The percentage of MMR2 uptake as of September 23 is 81.3%, which is an increase on September 22 which was 81.2% This is also an increase on June 23 which was 78.9%.
- Bury currently has a lower percentage than GM which is 83.5% and Bury has the 2nd lowest percentage of the GM localities.
- Bury and GM are not meeting the national target of 95%.
- This is September 23 data and predates the considerable push on uptake in spring 2024.

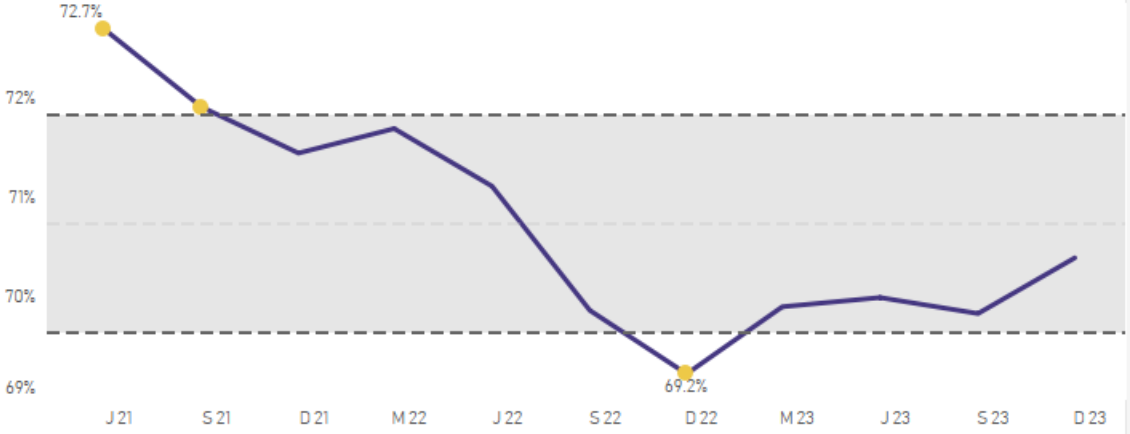
Bury

Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)
The overall cervical screening coverage: the number of women screened adequately in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64) divided by the number of eligible women on last day of review period.

Source: Cervical Screening Programme - Coverage Statistics [Management Information] (Quarterly)

70.4%	69.8%	69/106	80.%
December 2023	September 2023	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Jun	Sep	Dec	Mar
2021-22	72.7%	71.9%	71.5%	71.7%
2022-23	71.1%	69.9%	69.2%	69.9%
2023-24	70.0%	69.8%	70.4%	

Selected measure at December 2023 has continuously increased for 1 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities

4	Stockport	76.8%
7	Trafford	75.9%
39	Wigan	73.4%
66	Rochdale	70.7%
69	Bury	70.4%
72	Tameside	70.1%
75	Oldham	69.6%
93	Bolton	67.3%
98	Salford	64.4%
104	Manchester	60.1%
32	NHS Greater Manchester Integrated Care Board	68.5%

Narrative

- The cervical screening coverage to December 23 for the Bury population was 70.4% for eligible females.
- Bury locality currently has the 5th highest percentage out of all the GM localities and is higher than the GM percentage of 68.5%.
- Bury and GM are not meeting the national target of 80%.

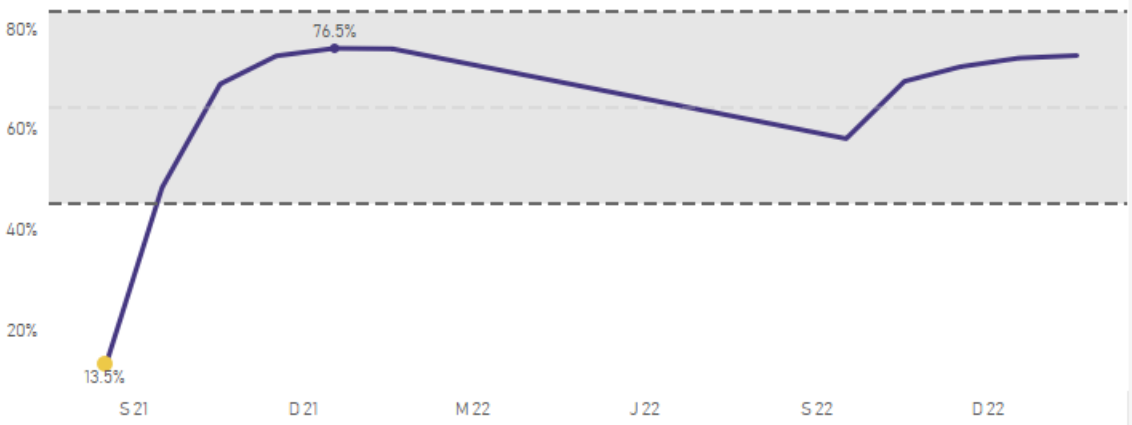
Bury

Seasonal Flu Vaccine Uptake: 65 years and over
The uptake of seasonal influenza vaccination among those aged 65 and over

Source: Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 (Monthly)

75.1%	74.6%	86/97	85.%
February 2023	January 2023	National Rank Lower Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Sep	Oct	Nov	Dec	Jan	Feb
2021-22	13.5%	48.8%	69.4%	75.0%	76.5%	76.4%
2022-23		58.5%	69.9%	72.8%	74.6%	75.1%

Selected measure at February 2023 has continuously increased for 4 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities

2	Stockport	85.6%
32	Trafford	82.5%
65	Wigan	79.8%
71	Oldham	78.8%
74	Rochdale	78.0%
75	Bolton	78.0%
83	Tameside	76.1%
84	Salford	75.7%
86	Bury	75.1%
95	Manchester	69.8%
31	NHS Greater Manchester Integrated Care Board	78.0%

Narrative

- The seasonal influenza vaccination uptake to February 23 for the Bury population was 75.1% for those aged 65+.
- Bury locality currently has the 2nd lowest uptake out of all the GM localities and is lower than the GM percentage of 75.1%.
- Bury and GM are not meeting the national target of 85%.

Oversight Metrics Glossary

Domain	Code	Measure	Description	Data Source	Frequency	Latest	Updated	RAG rated against	Desired Direc
Urgent Care	S123a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only)	Percentage of general and acute (G&A) day beds occupied (adjusted for covid void beds).	UEC Daily Sitrep	Monthly	Mar 24	1st	National Median	Decrease
	EM11	Total number of specific acute non-elective spells	Count of spells	National Flows APC	Monthly	May 24	1st	National Median	Decrease
	N/A	A&E Attendances	Number of attendances at A&E	Null	Monthly	May 24	1st	No Target	Decrease
	N/A	A&E 4 hour performance	A&E attendances seen within 4hrs	Null	Monthly	May 24	1st	No Target	Increase
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Null	GM Admissions - Local	Monthly	May 24	1st	No Target	Decrease
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	Cancer Early Staging Data Statistics via The National Disease Registration Servi..	Annual	Dec 21	2nd Thursday	National Median	Increase
Mental Health & Learning Disabiliti..	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Inappropriate Out of Area Placements	Out of Area Placements in Mental Health Services Official Statistics	Monthly	Mar 24	2nd Thursday	National Target	Decrease
	S081a	Talking Therapies: Access Rate	Number of people accessing first treatment	Improving Access to Psychological Therapies Data Set	Monthly	Apr 24	2nd Thursday	No Target	Increase
	EA0S1	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Apr 24	2nd Thursday	National Target	Increase
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Dementia: Diagnosis Rate (Aged 65+)	Primary Care Dementia Data	Monthly	Apr 24	2nd Thursday	National Target	Increase
	S030a	% of patients aged 14+ with a completed LD health check	% of patients aged 14+ with a completed LD health check	Learning Disabilities Health Check Scheme	Monthly	Apr 24	2nd Thursday	National Target	Increase
	S110a	Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses, in ..	Published MHSDS	Monthly	Mar 24	2nd Thursday	National Median	Increase
	S125a	Long length of stay for adults	Number of people for a given CCG discharged from an adult acute inpatient bed with a hospital spell over 60 days (calculated from the point of admission to the point of discharge)	Published MHSDS	Monthly	Mar 24	2nd Thursday	National Target	Decrease
	EH09	Access to Children and Young Peoples Mental Health Services	Number of CYP aged 0-17 supported through NHS funded mental health services receiving at least one contact.	Published MHSDS	Monthly	Mar 24	2nd Thursday	National Median	Increase
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Number of women accessing specialist community PMH and MMHS services in the reporting period	Published MHSDS	Quarterly	Mar 24	2nd Thursday	No Target	Increase
	N/A	Number of MH patients with no criteria to reside (NCTR)	Number of MH patients with no criteria to reside	GM Admissions - Local	Monthly	May 24	1st	No Target	Decrease
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Percentage of MH patients with no criteria to reside	GM Admissions - Local	Monthly	May 24	1st	No Target	Decrease
Commun..	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Percentage of 2-hour Urgent Community Response referrals subject to the 2-hour standard where care was provided within two hours	Community Services Data Set (CSDS)	Monthly	Apr 24	2nd Thursday	National Target	Increase
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance		NHS Quality Outcome Framework	Annual	Mar 23	2nd Thursday	National Target	Increase
	S129a	GP appointments - percentage of regular appointments within 14 days	Percentage of appointments where the time between booking and appointment was 'Same day', '1 day', '2 to 7 days' or '8 to 14 days'	Appointments in General Practice	Monthly	Apr 24	Last Thursday	National Median	Increase
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	CVD Prevent	Quarterly	Dec 23	2nd Thursday	National Median	Increase
Quality	S042a	E. coli blood stream infections	12-month rolling counts of E. coli	National Statistics: E. coli bacteraemia: monthly data by location of onset	Monthly	Apr 24	1st Wednesday	No Target	Decrease
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	The proportion of broad-spectrum antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Mar 24	2nd Thursday	National Target	Decrease
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	The proportion of antibiotic prescribing in primary care	EPACT Prescribing Data	Monthly	Mar 24	2nd Thursday	National Target	Decrease

Sight Metrics Glossary

Domain	Code		Measure	Description	Data Source	Frequency	Latest	RAG rated against	Target/National
Elective Care	2	EB20	RTT incomplete: 65+ week waits		Consultant-led RTT Waiting Times data collection (National Statistics).	Monthly	Apr 24	National Target	0.
	146	EB28	Diagnostics: % waiting 6 weeks+	Number waiting over 6 weeks/Total waiting	Monthly Diagnostics Waiting Times and Activity Return - DM01	Monthly	Apr 24	National Target	1.%
Cancer	62	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Count of patients told cancer diagnosis outcome within 28 days divided by total count of patients told cancer diagnosis outcome following their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral	National Cancer Waiting Times Monitoring Data Set (CWT)	Monthly	Apr 24	National Target	75.%
Maternity	230	S022a	Number of stillbirths per 1,000 total births	Count of cancers diagnosed at stages 1 and 2 divided by count of cancers diagnosed at stages 1, 2, 3, and 4	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 22	National Median	3
	460	S104a	Number of neonatal deaths per 1,000 total live births	Number of neonatal deaths per 1,000 total live births	MBRRACE-UK - Perinatal Mortality Surveillance Report	Annual	Dec 22	National Median	1
Screening and Immu nisations	150	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	number of people over 65 who received the seasonal influenza vaccination divided by the number of eligible people who are aged 65 and over	Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023	Monthly	Feb 23	National Target	85.%
	473	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	% of females, age 25-64 yrs, attending cervical screening within target period (3.5 yrs if aged 24-49 or 5.5 yrs if aged 50-64)	Cervical Screening Programme - Coverage Statistics [Management Information]	Quarterly	Dec 23	National Target	80.%
	499	S048a	Bowel screening coverage, aged 60-74, screened in last 30 months	% of eligible men and women, age 60-74 yrs, with an adequate screening result in previous 30 mths	NHS population screening programmes: KPI reports	Quarterly	Dec 22	National Target	60.%
	514	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	% women eligible for screening who have had a test with a recorded result at least once in the previous 36 months	Fingertips, Public Health Data, Public Health Outcomes Framework	Annual	Dec 23	No Target	

PIA Locality Report

File created on: 6/14/2024 12:22:27 PM

Health and Wellbeing Outcomes Framework update

Locality Board July 2024

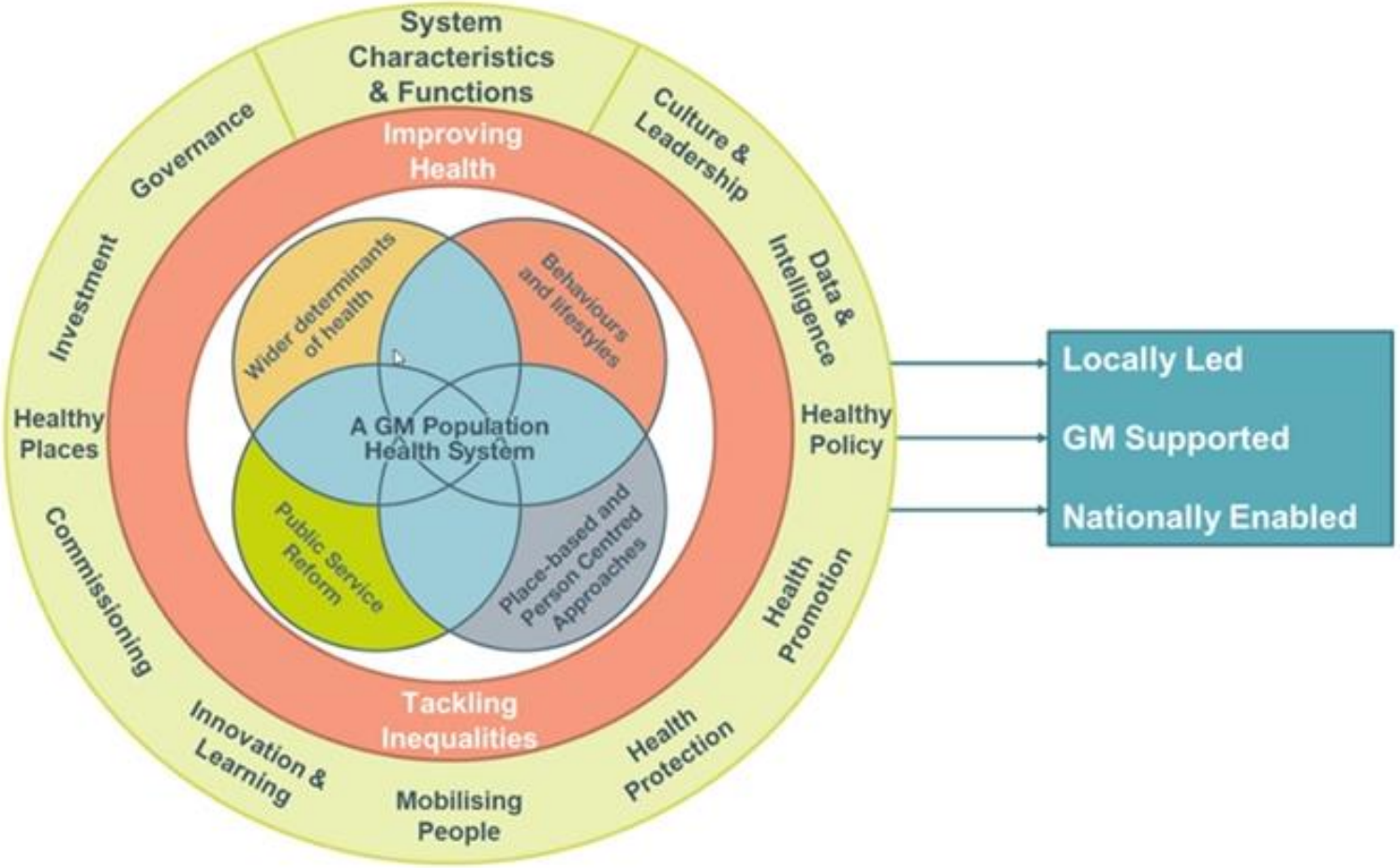
Jon Hobday – Director of Public Health

BURY

LET'S Do It!

Context

GM Population Health Model



Wider determinants

Performing Positively

- % Youth Not in Education, Employment or Training, 16–17-year-olds (NEET)
- % people (16-64 years) in employment
- Economic inactivity
- Homelessness (households with dependent children)

Areas for improvement

- Number of children living in relative low-income families (under 16s)
- Children in relative low income (under16s)
- Children in care

Behaviour and Lifestyle

Performing Positively

- Admissions for alcohol related conditions
- Smoking prevalence in routine and manual workers

Areas for improvement

- Smoking attributable mortality (35+ years)
- Overweight and obesity at year 6
- MMR for 2 doses

Public Service Reform

Performing Positively

- Breast screening coverage

Areas for improvement

- Depression levels 18yrs+ (on QOF)
- % on a CHD register who have had a check-up in the last 12 months with a BP of less than 140/90
- Cervical screening coverage
- % of those on the MH registers who have had their BP checked in the last 12 months

Marmot Indicators

Performing Positively

- % Youth Not in Education, Employment or Training, 16–17-year-olds (NEET)
- Pupil absences (5-15 years)

Areas for improvement

- Number of children living in low-income families

BURY
LET'S Do It!

Key messages

- Cannot treat ourselves out of the current population health challenges
- Effective prevention helps to shorten the period of ill health (compress morbidity), increasing LE and HLE
- Healthcare needs to be effective, efficient, equitable and evidence based
- Need a relentless focus on wider factors which impact inequalities including alcohol, smoking, diet, screening/immunisation, PA, secondary prevention, housing, planning, education, work and poverty.