

Bury Integrated Care Partnership Operating Model, Priorities, NHS performance overview, and finance

Bury Health Scrutiny Committee 16th July 2024

6



**BURY
INTEGRATED CARE
PARTNERSHIP**

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Part of Greater Manchester
Integrated Care Partnership



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- Role of Scrutiny - scrutiny and partnership
- Bury's Health Structures and Governance
- Bury's programme of works and priorities
- GM Context : operating model and plan
- How we are doing – NHS indicators
- Adult Care and Public Health Frameworks
- Finance



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1. Health Scrutiny

Role of Health Scrutiny



The role of Health Scrutiny is to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area.
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services
- require employees, including non-executive directors of certain NHS bodies, to attend
- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- set up joint health scrutiny and overview committees with other local authorities
- have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
- have a mechanism in place to deal with referrals made by local Healthwatch

Since the establishment of Integrated Care Boards and wider Integrated Care Partnerships in 2022, the Department of Health and Social Care suggests scrutiny committee can be proactive and constructive scrutiny of health, care and public health services, done effectively, can build constructive relationships that deliver better outcomes for local people and communities

In Bury we do not have a separate committee for scrutiny of adult care and/or public health



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2. Partnership Overview

The Bury Integrated Care Partnership



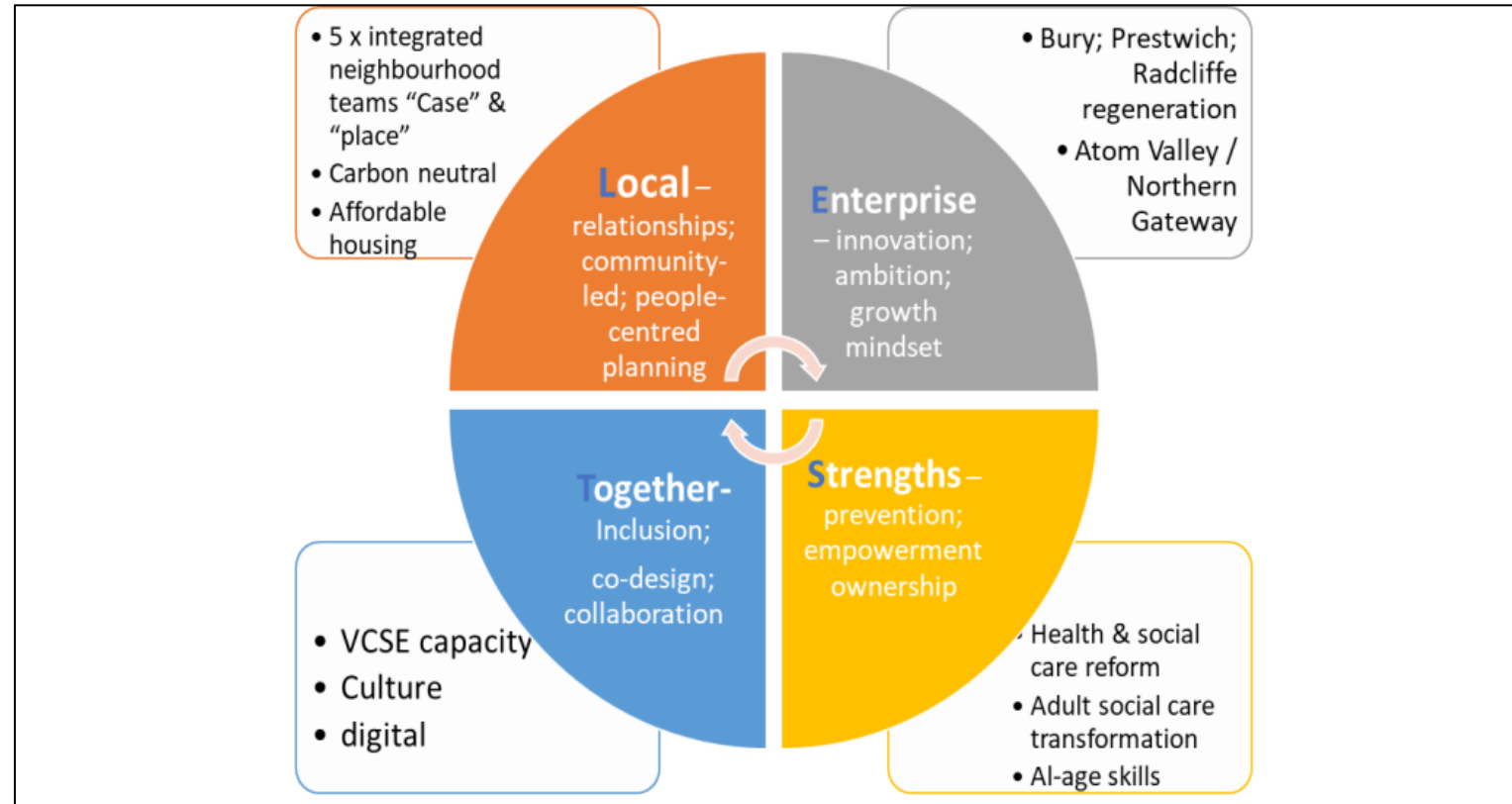
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- The Bury Integrated Care Partnership describes the joint work of key partners in Bury to manage and transform the health and care system in Bury and to provide better outcomes for residents.
- It is a partnership of sovereign organisations bound together by a commitment to improve health and well being and the health and care system for Bury people.
- We are also bound together by a way of working that is positive, committed, honest, open, transparent, challenging and committed.
- The Health and Care System in Bury costs about £450 million per year
- <https://buryintegratedcare.org.uk/>

- Bury Council
- Northern Care Alliance (inc. Fairfield General, and Community Health Services)
- Pennine Care Mental Health Trust
- Manchester Foundation Trust
- NHS Greater Manchester
- Primary Care Providers – GPs/pharmacists/dentists/optometrists
- VCFA and wider Voluntary Sector
- Bury Healthwatch
- Persona
- and other partners

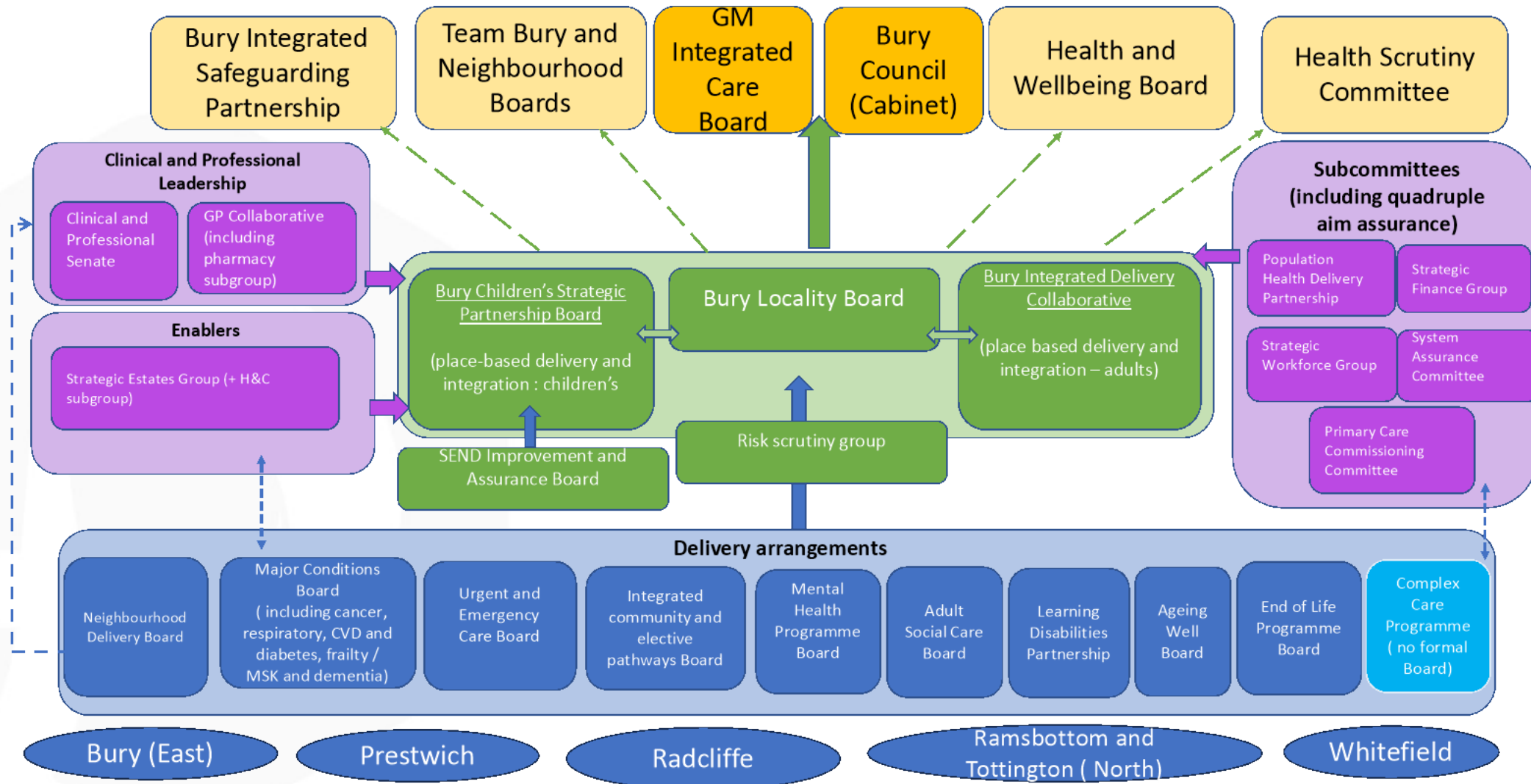
Our Ambition for Bury

- We seek to improve the health and care system and outcomes for residents in the context of the Strategy for the Borough – Lets Do It.
- The overarching ambition of Lets Do It is **“Driving faster economic growth than the national average, with lower than national average levels of deprivation”**
- Lets Do it signals an ambition for public services to work differently – working together with patients and communities, co-designing, working in partnership, and focused on prevention of poor health.
- Partners to the Bury Integrated Partnership are committed to the vision.



Governance

Bury Integrated Care Partnership – Partnership Arrangements



Locality Board



- We have a meeting of senior leaders from all partners to the Bury Integrated Care Partnership - The Locality Board.
- Chaired by the Leader, and by Dr Cathy Fines a senior Bury GP and Associate Medical Director of NHS GM (Bury).
- The meeting sets strategy and seeks assurance on the operation of the system.
- The meeting also sets the tone of the way in which we work together as partners.
- It draws on senior political, clinical, and managerial leadership in the borough
- It also seeks to listen to and act on the lived experience of Bury people
- The Locality Board also has some specific duties delegated to it from the Greater Manchester Integrated Care Board

Programmes of Work



- We have a duty to understand all parts of the operation of the health and care system in Bury on behalf of our residents. This is because:
 - Bury people access lots of different services sometimes at the same time
 - It is a system with a complex set of interdependencies
 - We want the whole system to contribute to the locality plan objectives,
- So we have established **10 programmes of work** where partners come together to understand 'Business as Usual' and to identify opportunities to improve outcomes and support more efficient and effective services.
- Each programme has an SRO and a clinical lead, and a programme meeting/steering group, and each programme connects to relevant GM wide arrangements.
- We ask each programme to think about transformation in the context of 4 themes – quality, finance, workforce, and health inequality

1. Urgent Care
2. Major Conditions including Cancer
3. Learning Disabilities and Autism
4. Complex Care
5. Mental Health
6. Primary Care
7. Adult Social Care Transformation
8. Ageing Well inc. frailty and dementia
9. Planned care and community services
10. End of Life and Palliative Care



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3. Priorities

High level priorities for 24/25



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

Our 6 Obsessions



We Work Together to

- 1. Optimise Demand Reduction -**
Primary prevention, Secondary Prevention, Tertiary Prevention
- 2. Reduce inefficiency and duplication** in the pathways of care as a major contribution to the financial recovery
- 3. Reduce Health Inequality** of those in most disadvantaged areas, and in access, quality, and outcomes of care
- 4. Fully realise the benefit of neighbourhood team working** with a focus on the assets of residents and communities
- 5. Secure the right workforce in the right place with the shared ambition**
- 6. Recognise Quality Delivery and Financial Sustainability** as inherent to the rest.

Our obsessions inform the way we deliver our priorities.....

Integrated Delivery Collaborative Board



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- We manage these programmes as a portfolio because they are so interdependent – how one service works really affects how effective other services can be.
- So we have an Integrated Delivery Collaborative Board manage the portfolio of programmes and to provide assurance to the locality board.
- Each programme reports on its work at the monthly Integrated Delivery Board
- As a system we have a very small amount of dedicated system capacity to support the integrated delivery board – a chief officer and some programme capacity
- The small amount of dedicated capacity is technically hosted by NCA but works on behalf of the whole system.
- The small team exists to co-ordinate the joint work and is very dependent on all partners committing time and resource and effort across all relevant programmes, and to do so in the right spirit.

Neighbourhood Working

- We believe in creating opportunities for front line staff to know each other across different organisations, to work together more effectively, and to have a shared understanding of the assets of our communities.
- We have therefore built an integrated neighbourhood team in each of the towns in the borough – Prestwich, Whitefield, Bury, Radcliffe, and Ramsbottom (with Tottington)
- This currently includes adult care, community health services, and GPs, but we want to extend that to include other parts of the health and care system.
- A model of family hubs is being rolled out on this footprint to support children, young people and families
- We are also seeing the alignment of other public services on the same footprint and have established ‘public service leadership teams’ in each neighbourhood
- We have a detailed understanding of health needs of each neighbourhood in the neighbourhood profiles - <https://theburydirectory.co.uk/neighbourhood-profiles>



Children and Young People



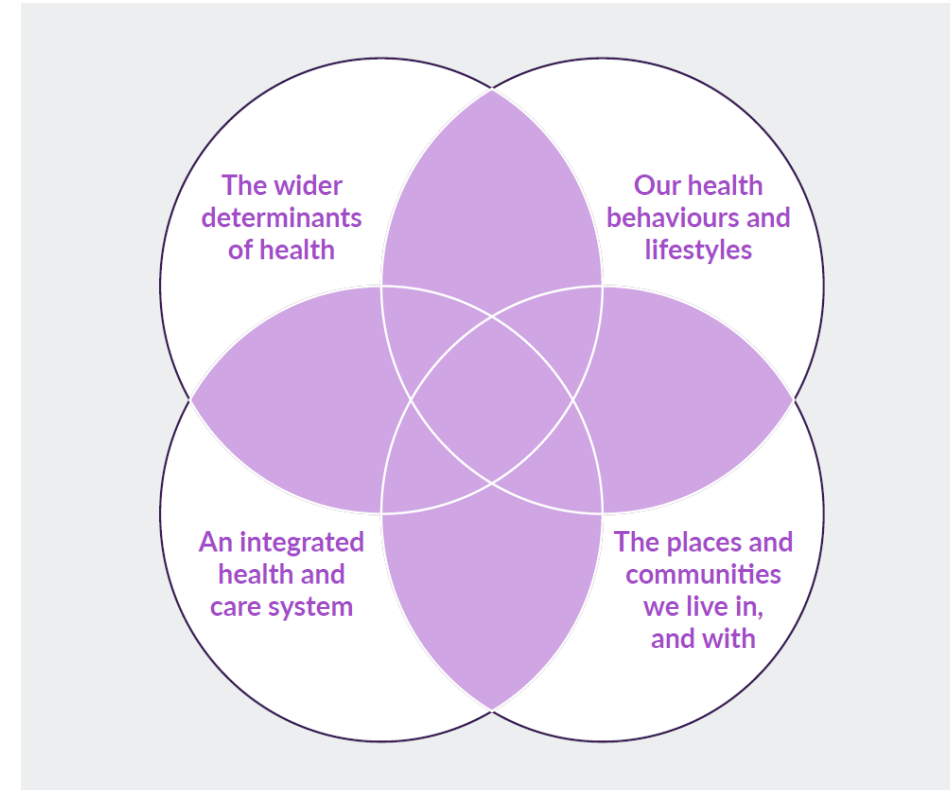
- The borough also has a Childrens Strategic Partnership Board – where those partners particularly focused on the circumstances of the youngest residents of the borough come together – childrens services in the council, NHS childrens services, schools and others.
- We use this as the delivery board for the health and care system for childrens services – so it is a ‘sister’ to the integrated delivery board.
- We are conscious that children appear in many other of our programmes (e.g urgent care, in primary care) and we work hard to connect it all together.
- WE have also established a SEND Improvement and Assurance Board (July 2024) to respond to the CQC/Ofsted Judgement
- Deputy Place Lead will attend Health Childrens Scrutiny Committee as required

Population Health and Health Inequalities



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- Tackling health inequalities is a core priority of the Lets Do It Strategy for the Borough, and the Borough Locality Plan.
- We ask all of our programmes to ensure they understand and address inequality in access, treatment and outcome.
- But we also know that the health and care system is actually only one contributor to population health and health inequalities.
- So we have **charged the Health and Well Being Board** (a statutory committee of the council) to be a “standing commission” on health inequalities – to influence all the factors affecting population health that are within our control locally.
- The Health and Well Being uses the Kings Fund framework to define its work and to challenge partners in Bury to play their part.
- The public health team of the Council manage the business of the Health and Well Being Board under the leadership of the Director of Public Health
- We have a comprehensive Joint Strategic Needs Assessment available to all. <https://theburydirectory.co.uk/jsna>



Supra local Footprints



- For some services we need to develop working relationships above the level of Bury but not necessarily at GM level.

- We have developed a partnership with the NCA and the 4 localities they serve – Bury Oldham, Rochdale, Salford. A key priority is the national front runner programme on hospital discharge
- We have developed a partnership meeting with MFT and the localities mainly served by North Manchester General
- We have developed a partnership meeting with the 5 boroughs that Pennine Care Foundation Trust work on



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4. The GM Context

The GM Strategy for Health Care and Wellbeing



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- We also do this work in the context of the Greater Manchester Strategy for Health, Care and Well Being – the GM Integrated Care System Strategy.
- We contribute to, and benefit from, working on a GM wide footprint.
- The priorities of the GM Strategy align closely to our ambitions in Bury expressed through the Lets Do It Strategy and the Locality Plan.



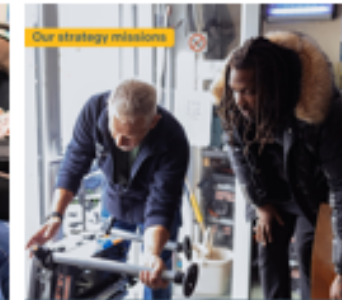
Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home

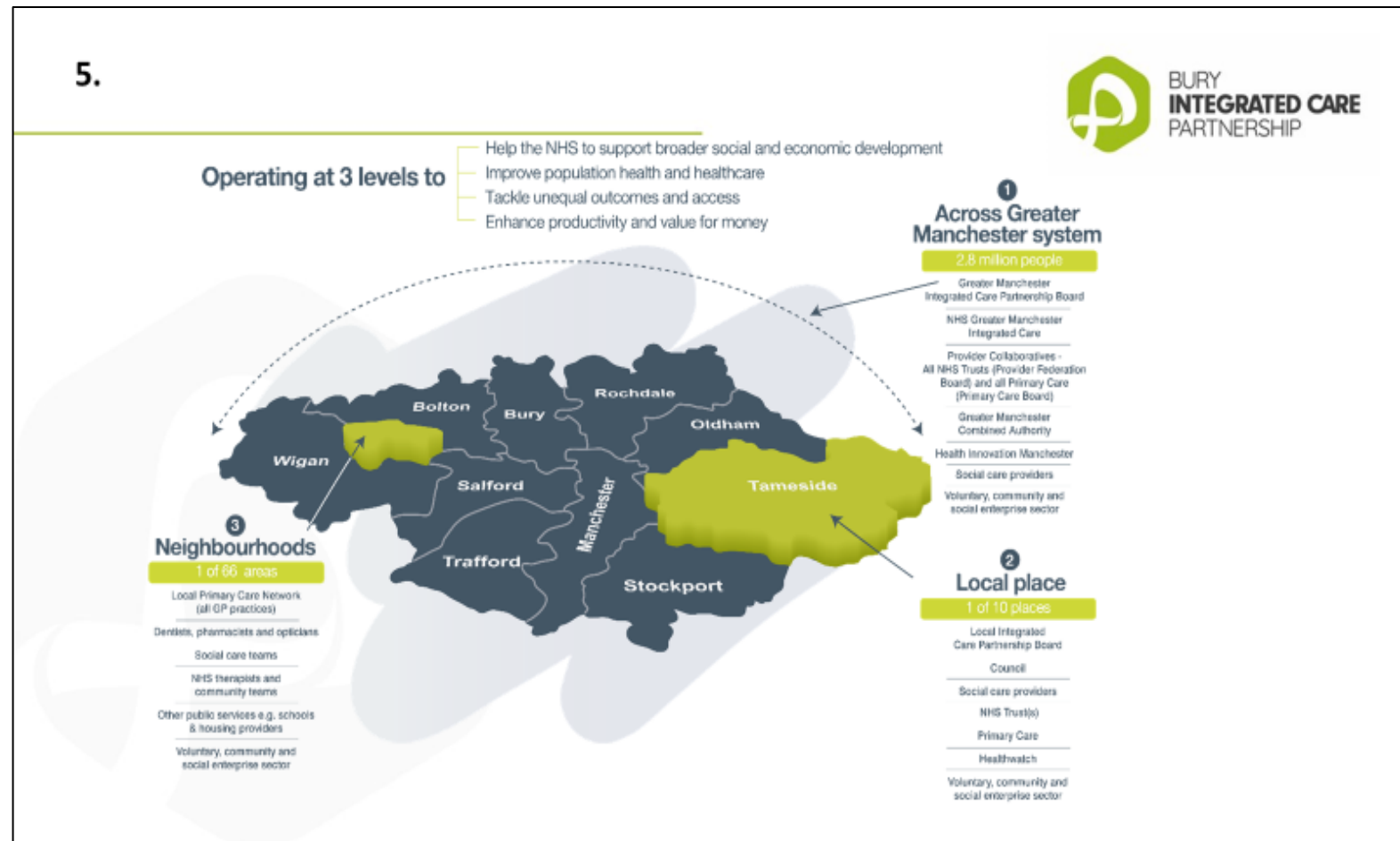


Achieve financial sustainability

We will manage public money well to achieve our objectives


GM Operating Model

- The GM Health and Care Partnership (called the GM Integrated Care System – ICS) has an operating model that specifically recognises that work needs to be undertaken at three spatial levels:
 - GM wide
 - In each of 10 localities (Bury is one)
 - In neighbourhood.
- At a GM level there are a range of programme boards/system boards. Each of our 11 programmes in Bury is connected to the relevant GM board. This allows shared learning, consistency of practice. It also recognises Bury residents access services in many other parts of GM.



GM Sustainability Plan (draft July 2024)



 Greater Manchester				
Cost improvement	System Productivity	Reducing prevalence	Proactive care	Optimising care
<p>Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs)</p> <p>These must be clear for each NHS Provider and the ICB as statutory organisations with duties to achieve financial balance</p> <p>These may include:</p> <ul style="list-style-type: none"> • 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. 	<p>Multi-provider/system activities to improve the financial position</p> <p>For example:</p> <ul style="list-style-type: none"> • 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. 	<p>Maintaining the population in good health and avoiding future costs through prevention</p> <ul style="list-style-type: none"> • 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 <p>For example:</p> <ul style="list-style-type: none"> • Tobacco control • Obesity • Housing 	<p>Addressing the top modifiable risk factors, and delivering evidence based, cost effective interventions</p> <ul style="list-style-type: none"> • 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 	<p>Transforming the model of care through system actions</p> <p>For example:</p> <ul style="list-style-type: none"> • 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



5. How are we doing? – Key NHS Metrics

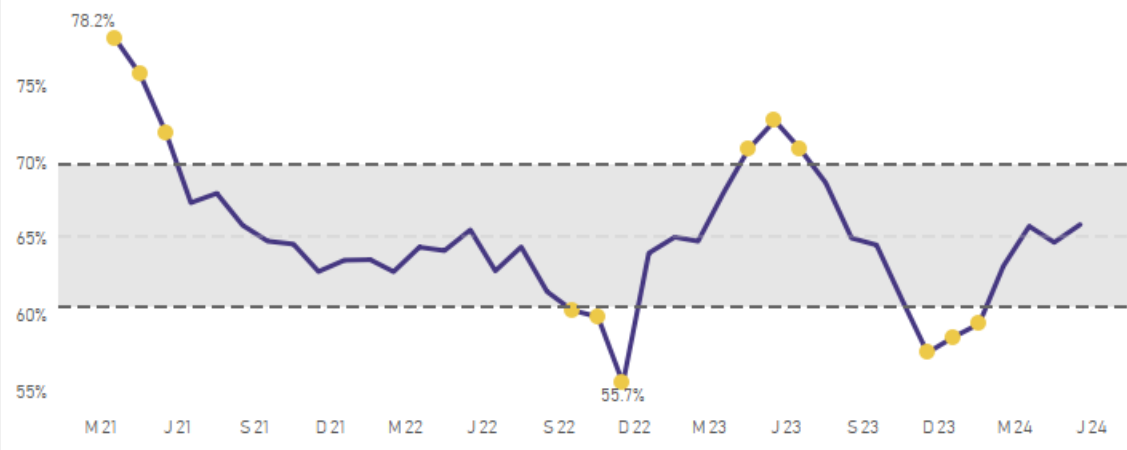
A&E 4 hour performance

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)



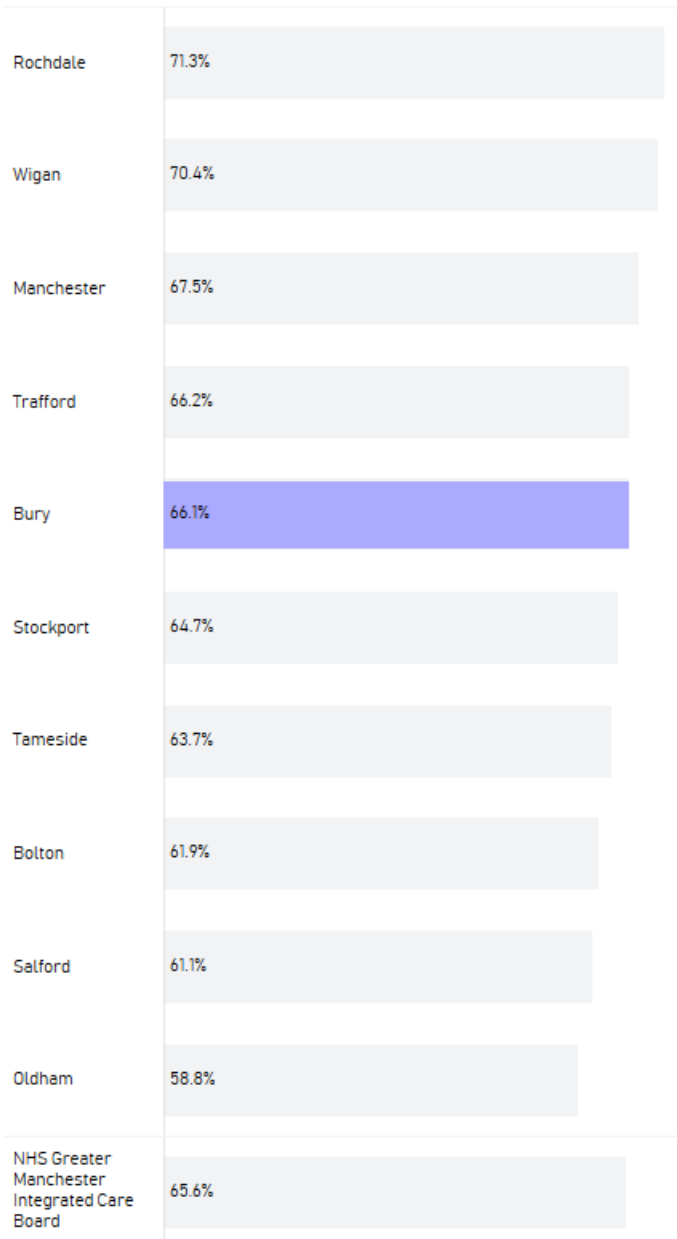
Outliers more than 1 standard deviation from the mean



	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%	64.9%	66.1%									

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

Latest Value GM Benchmarking

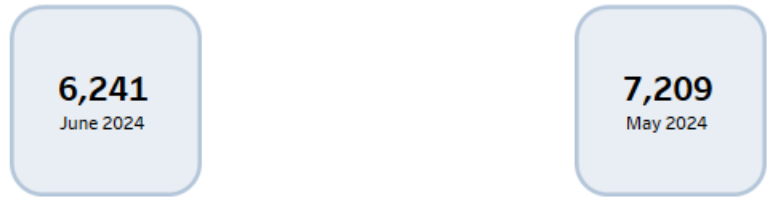


Narrative

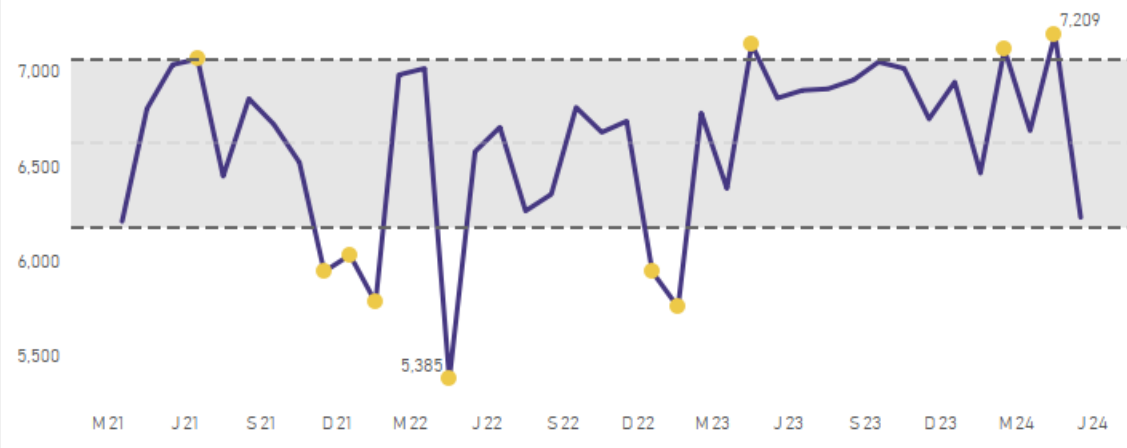
The scrutiny committee might want to ask the Bury system....

...what steps are being taken to get to the 76% target

A&E Attendances
 Number of attendances at A&E departments
 Source: (Monthly)



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	6,394	7,156	6,872	6,913	6,921	6,968	7,063	7,029	6,762	6,957	6,475	7,130
2024-25	6,700	7,209	6,241									

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

Latest Value GM Benchmarking
 Attendances & Rate per 1000 population

Stockport	26.5	8,654
Salford	26.6	8,403
Bolton	26.9	8,869
Trafford	28.2	7,003
Bury	29.5	6,241
Manchester	31.5	22,972
Oldham	34.4	9,218
Wigan	34.5	12,017
Rochdale	38.1	9,480
Tameside	41.0	9,219

Narrative

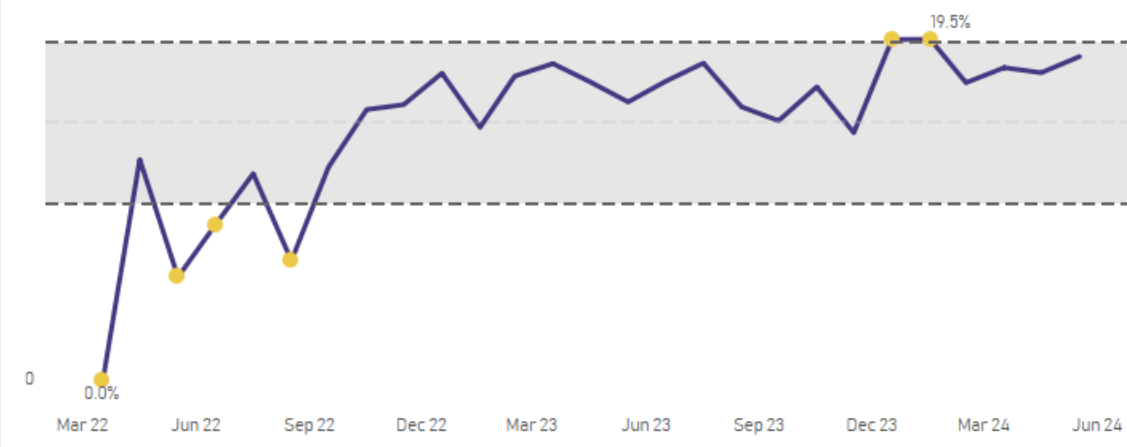
No Reason/Criteria To Reside patients (NCTR) as % of occupied beds

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)



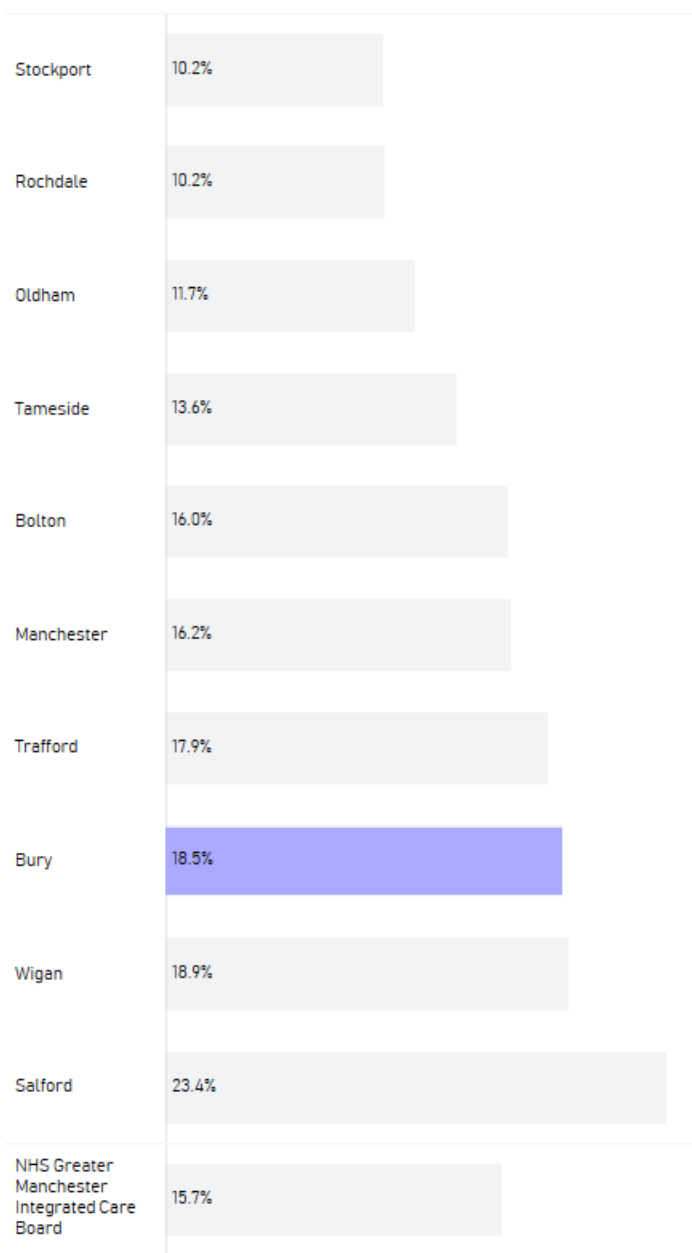
Outliers more than 1 standard deviation from the mean



	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%	18.5%									

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

Latest Value GM Benchmarking



Narrative

The scrutiny committee might want to ask the Bury system ...

What steps are being taken to reduced the number of patient in hospital who are kept away from home

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)

1,016

May 2024

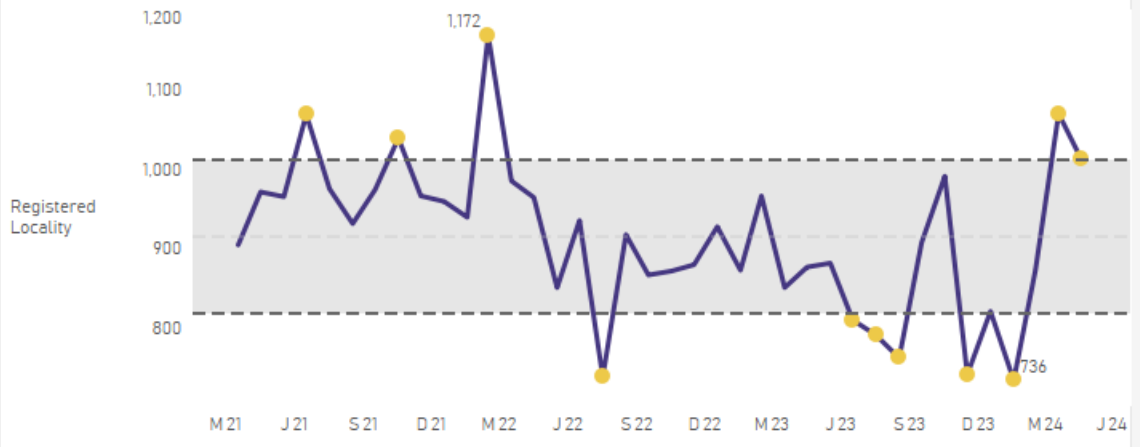
1,073

April 2024

95/104

National Rank
Lower Quartile

Outliers more than 1 standard deviation from the mean

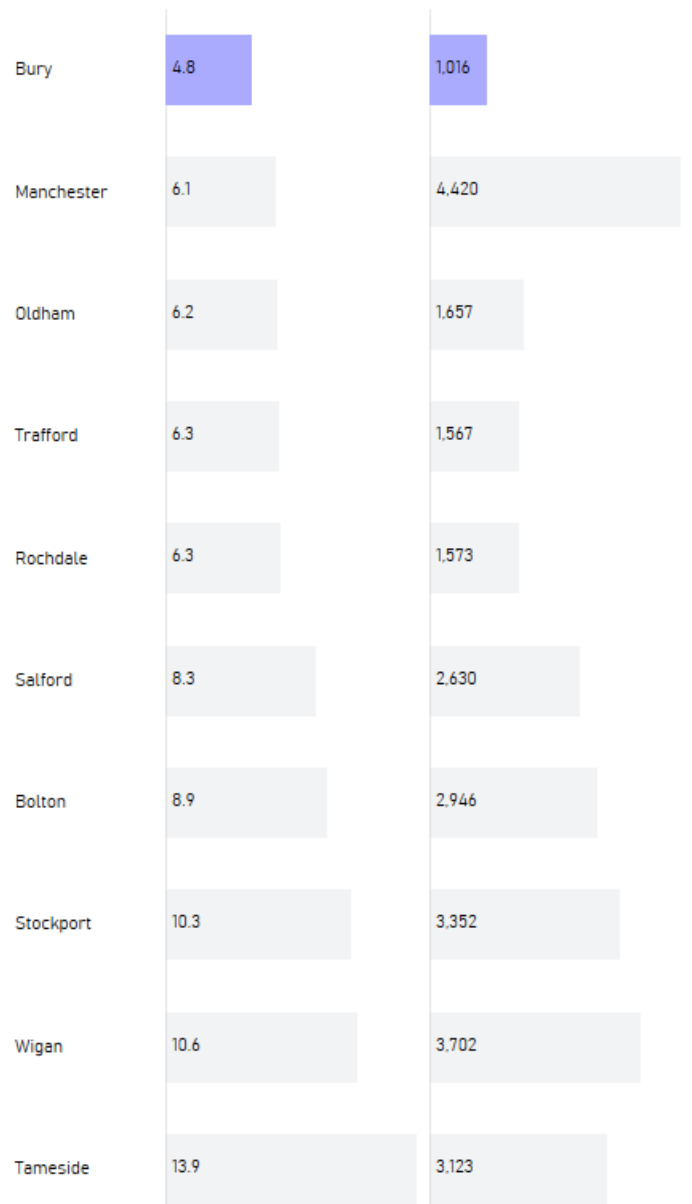


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	907	974	968	1,072	978	934	977	1,042	969	962	942	1,172
2022-23	988	967	853	938	740	920	869	874	882	930	875	969
2023-24	853	879	884	812	793	764	910	994	743	823	736	875
2024-25	1,073	1,016										

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

Latest Value GM Benchmarking

Count & Rate Per 1000 Population

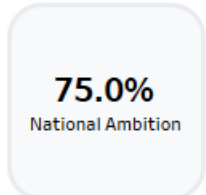
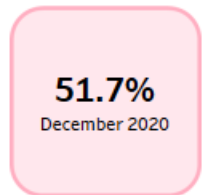


Narrative

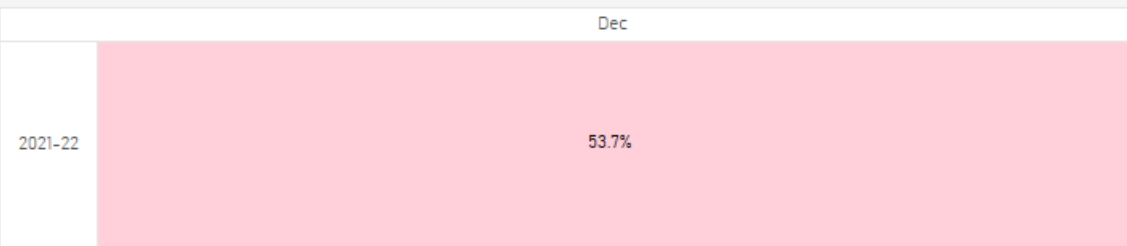
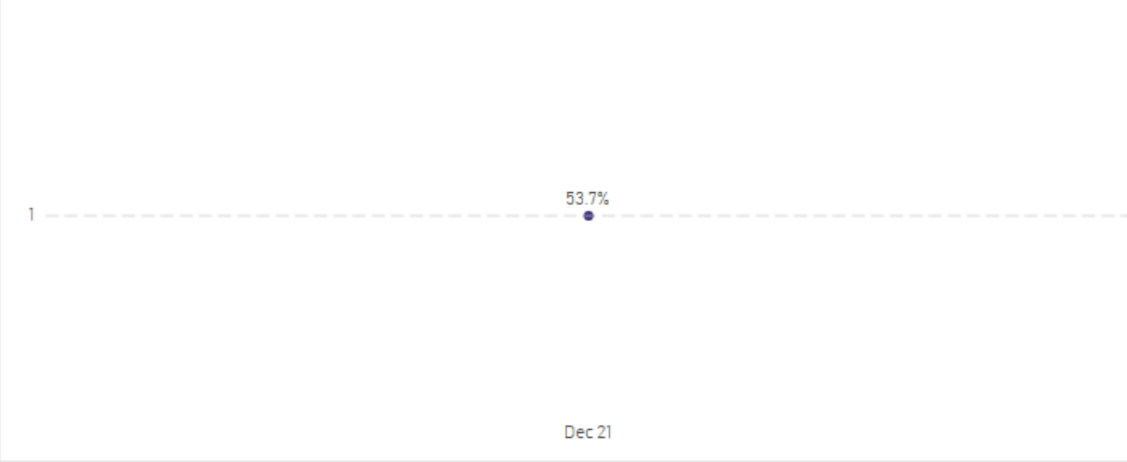
Cancers Diagnosed At Early Stage using Full Registration Data

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)



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

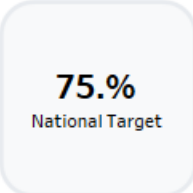
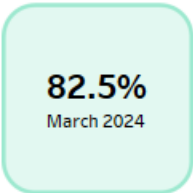
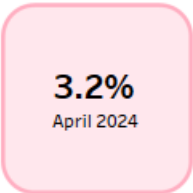
4	Rochdale	58.0%
13	Trafford	56.2%
36	Manchester	54.3%
41	Tameside	54.0%
48	Bury	53.7%
53	Stockport	53.3%
66	Wigan	52.6%
87	Oldham	51.1%
88	Bolton	51.0%
89	Salford	50.9%
28	NHS Greater Manchester Integrated Care Board	53.5%

Narrative

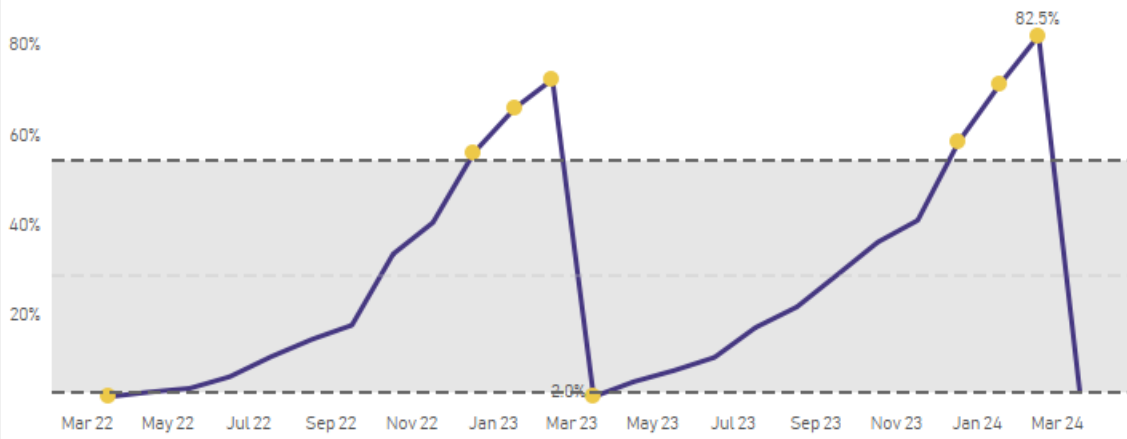
% of patients aged 14+ with a completed LD health check

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)



Outliers more than 1 standard deviation from the mean

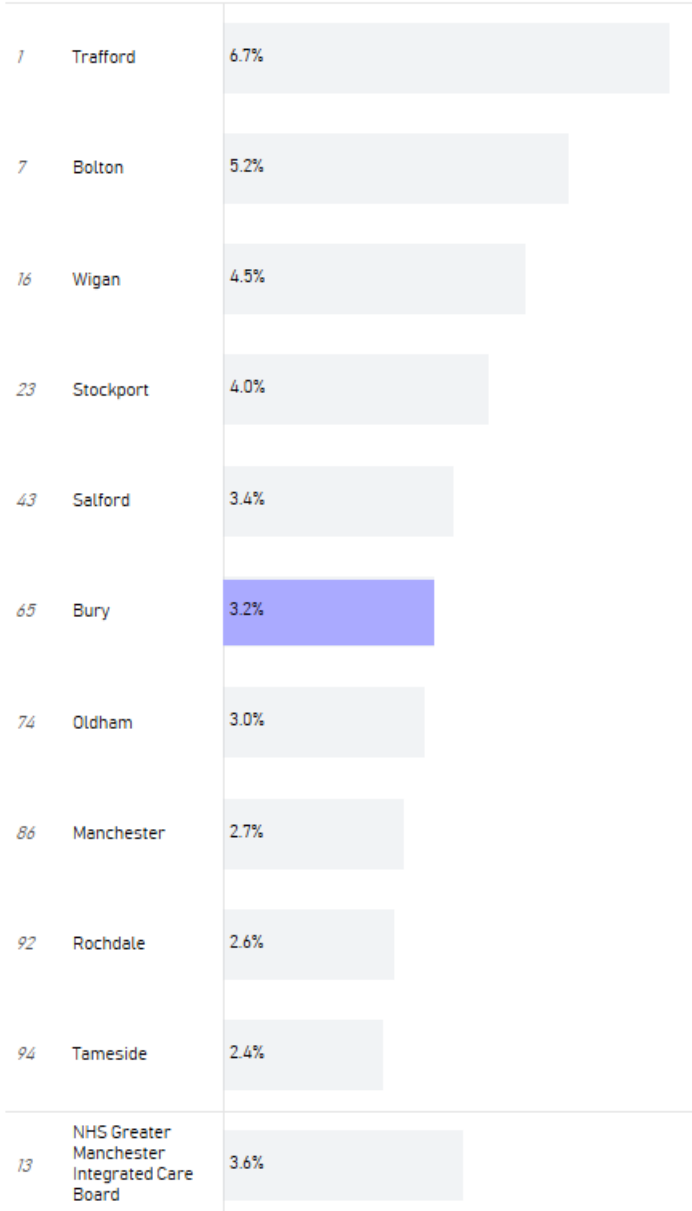


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022-23	2.0%	3.1%	3.9%	6.5%	10.9%	14.8%	18.0%	33.8%	40.8%	56.4%	66.4%	72.7%
2023-24	2.0%	5.4%	7.9%	10.8%	17.5%	22.0%	29.1%	36.5%	41.3%	58.9%	71.7%	82.5%
2024-25	3.2%											

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

Access to Children and Young Peoples Mental Health Services

Access to Children and Young Peoples Mental Health Services

Source: Published MHSDS (Monthly)

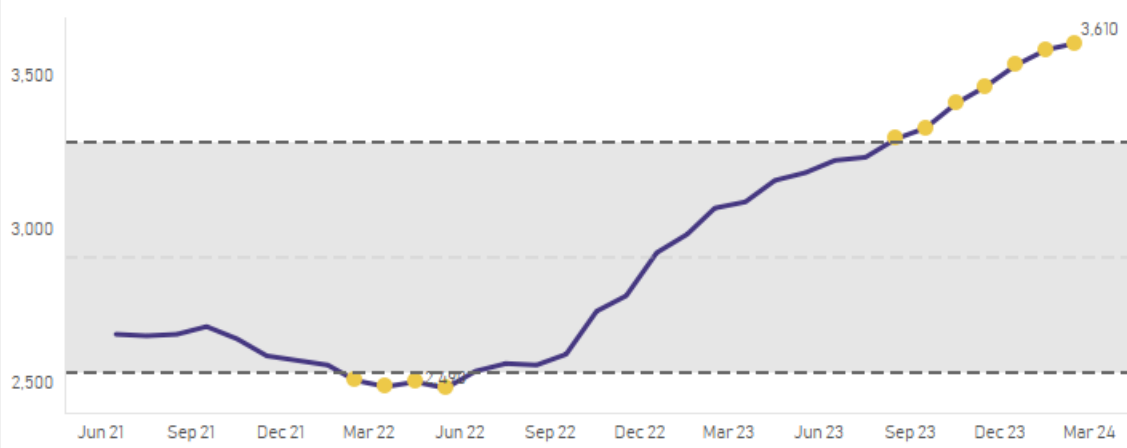
3,610
March 2024

3,590
February 2024

77/106
National Rank
Inter Quartile

5,240
National Median

Outliers more than 1 standard deviation from the mean

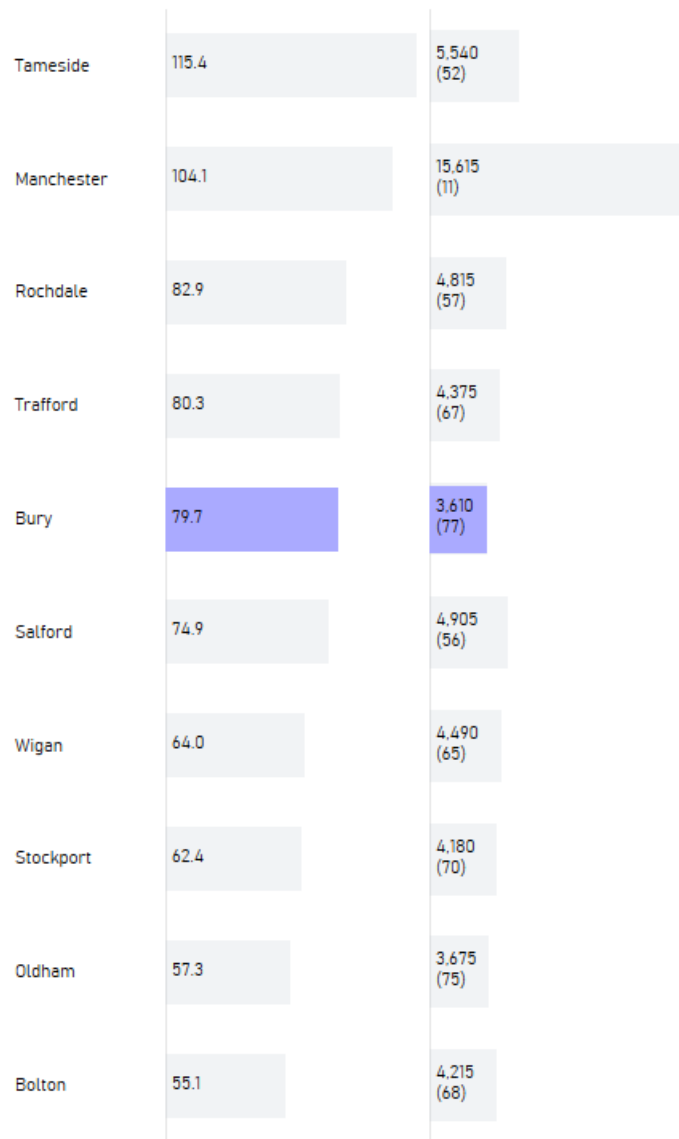


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				2,665	2,660	2,665	2,690	2,650	2,595	2,580	2,565	2,515
2022-23	2,495	2,510	2,490	2,545	2,570	2,565	2,600	2,740	2,790	2,930	2,990	3,075
2023-24	3,095	3,165	3,190	3,230	3,240	3,300	3,335	3,415	3,470	3,540	3,590	3,610

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

The scrutiny committee might want to ask the Bury system ...

.... In the context of the SEND inspection report how is the system responding to this level of increased demand

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)

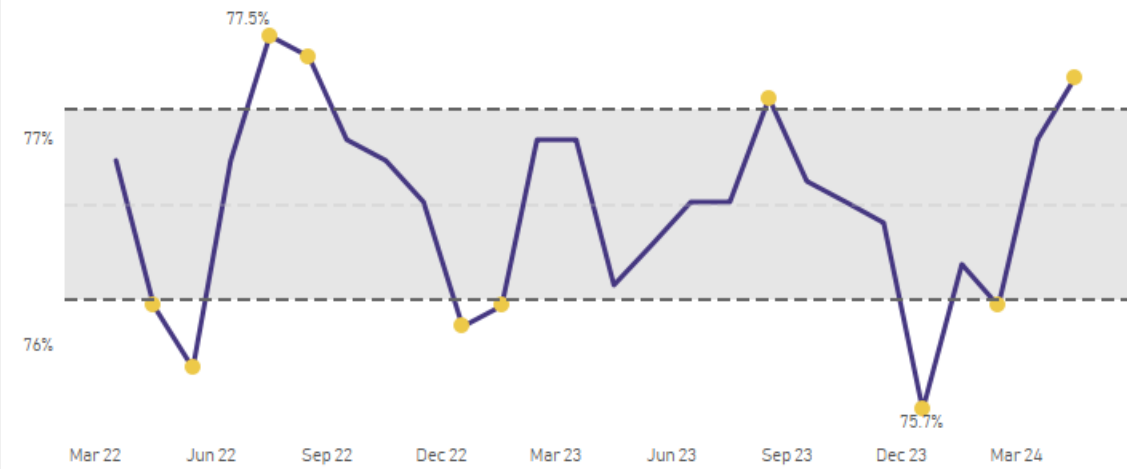
77.3%
May 2024

77.0%
April 2024

5/106
National Rank
Upper Quartile

66.7%
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%	77.3%										

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

Latest Value GM Benchmarking

National Rank against other localities

4	Salford	80.4%
5	Bury	77.3%
9	Rochdale	75.5%
10	Stockport	74.5%
12	Oldham	74.0%
13	Wigan	73.7%
17	Manchester	72.8%
21	Bolton	72.5%
28	Tameside	71.4%
58	Trafford	65.6%
2	NHS Greater Manchester Integrated Care Board	73.6%

Narrative

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)

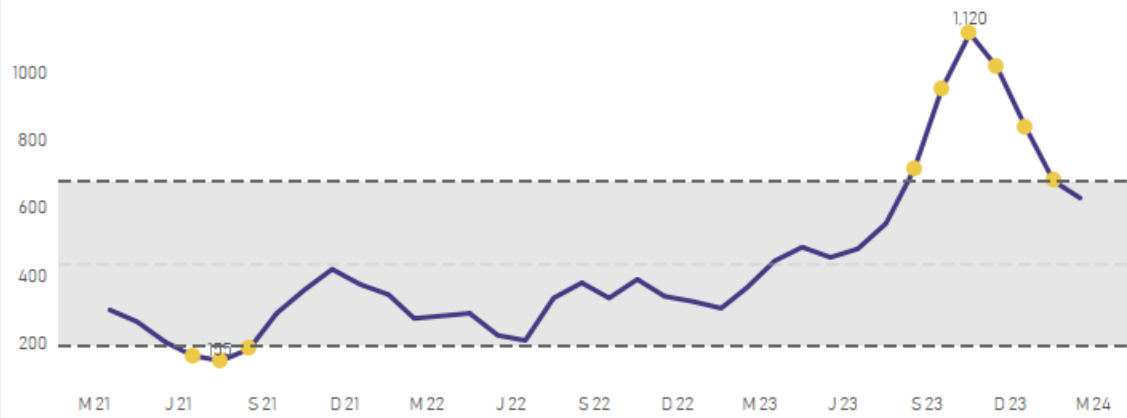
635
March 2024

685
February 2024

79/107
National Rank
Inter Quartile

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	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

The scrutiny committee might want to ask the Bury system ...

...are you confident we can get to the national target

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)

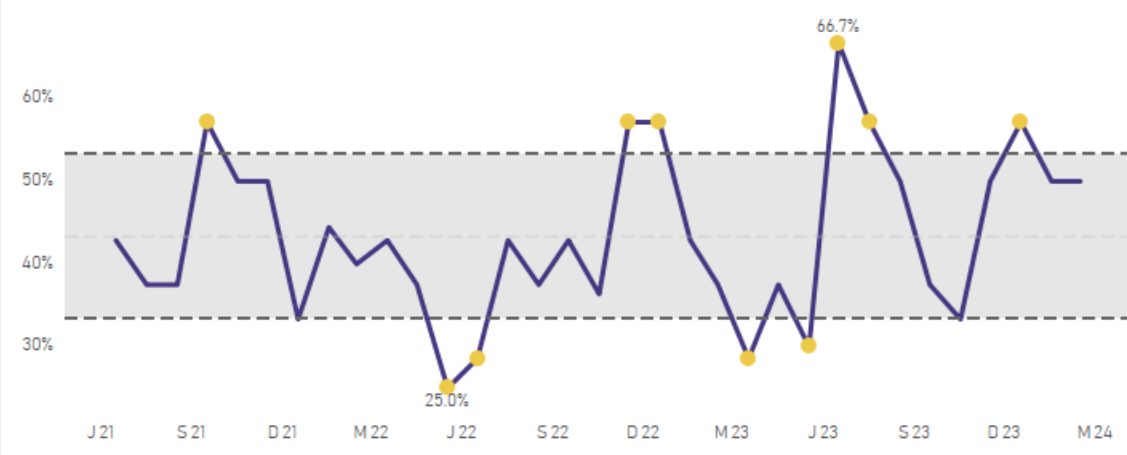
50.0%
March 2024

50.0%
February 2024

58/101
National Rank
Inter Quartile

0%
National Target

Outliers more than 1 standard deviation from the mean

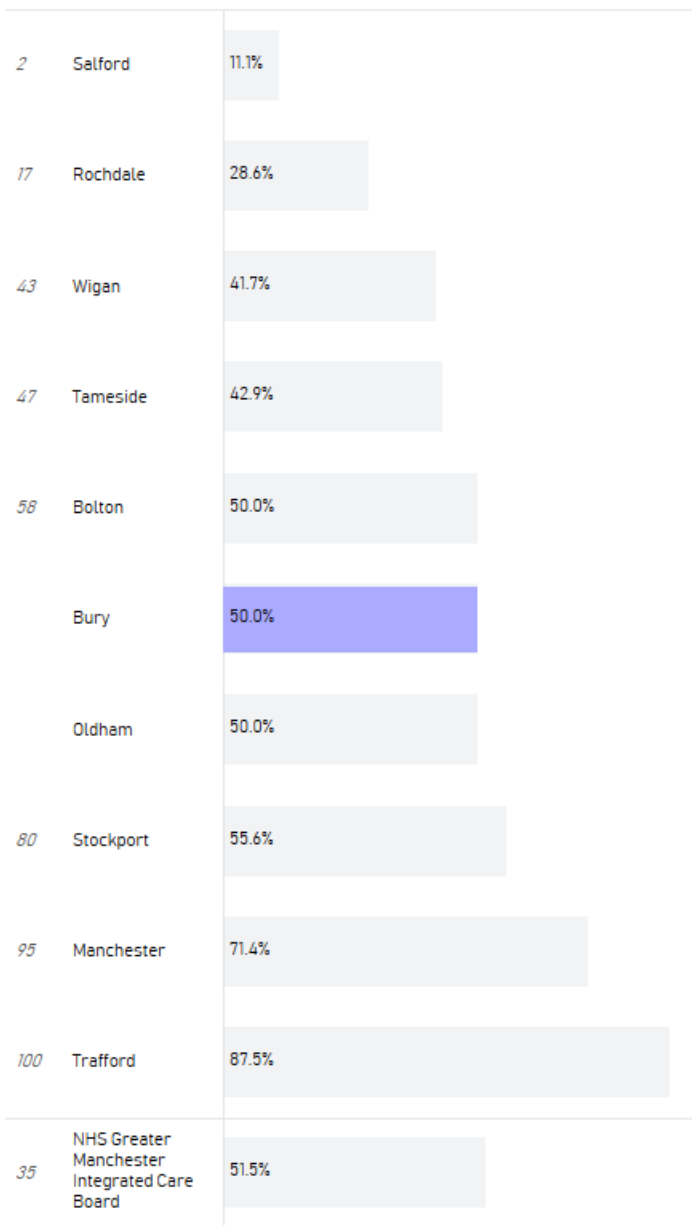


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22				42.9%	37.5%	37.5%	57.1%	50.0%	50.0%	33.3%	44.4%	40.0%
2022-23	42.9%	37.5%	25.0%	28.6%	42.9%	37.5%	42.9%	36.4%	57.1%	57.1%	42.9%	37.5%
2023-24	28.6%	37.5%	30.0%	66.7%	57.1%	50.0%	37.5%	33.3%	50.0%	57.1%	50.0%	50.0%

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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

April 2024

290

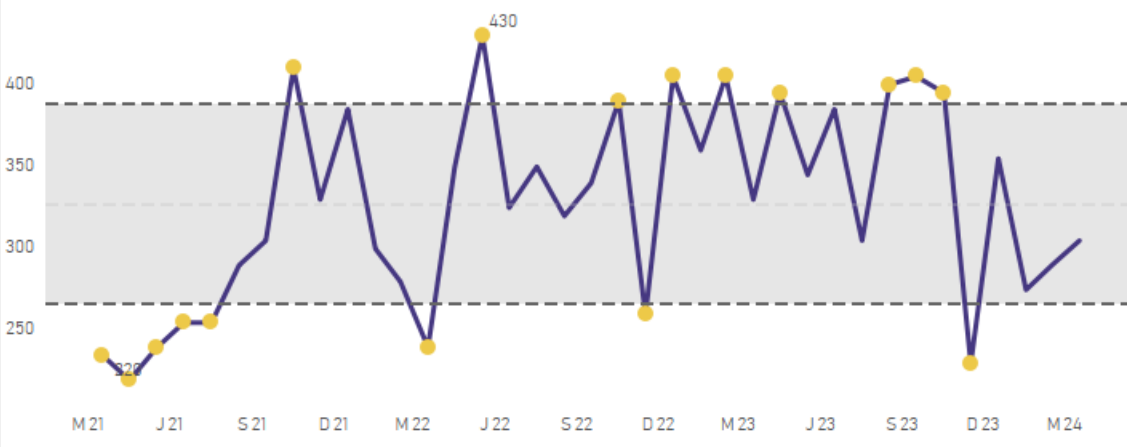
March 2024

99/110

National Rank
Lower Quartile

No Target

Outliers more than 1 standard deviation from the mean

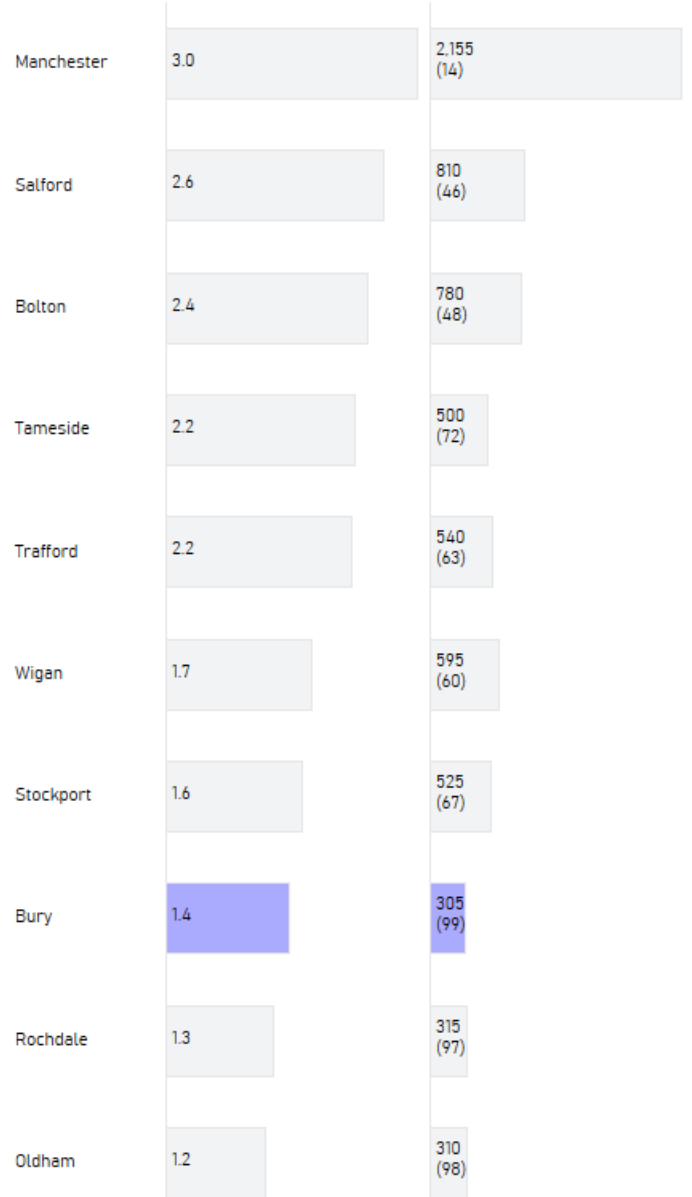


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	235	220	240	255	255	290	305	410	330	385	300	280
2022-23	240	350	430	325	350	320	340	390	260	405	360	405
2023-24	330	395	345	385	305	400	405	395	230	355	275	290
2024-25	305											

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

Latest Value GM Benchmarking

Rate per 1000 | Count (National rank)

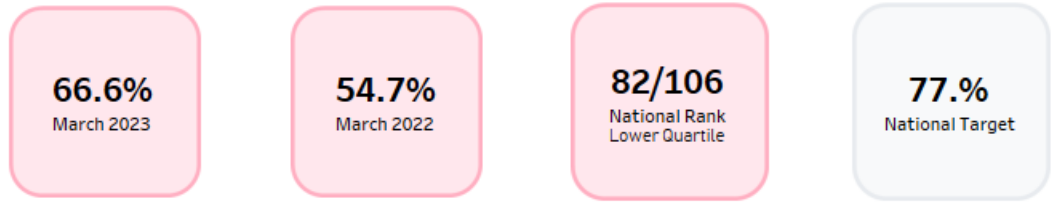


Narrative

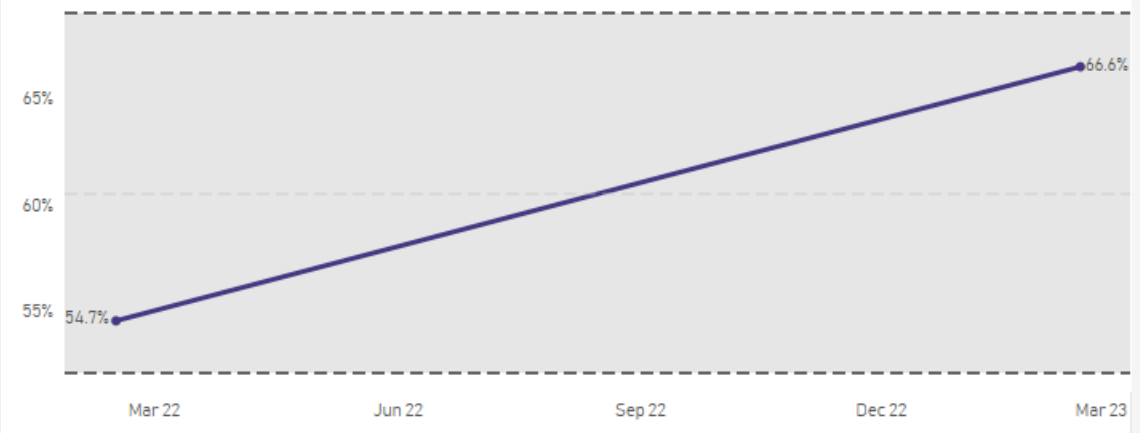
% of hypertension patients who are treated to target as per NICE guidance

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

Source: NHS Quality Outcome Framework (Annual)



Outliers more than 1 standard deviation from the mean



Period	Percentage
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

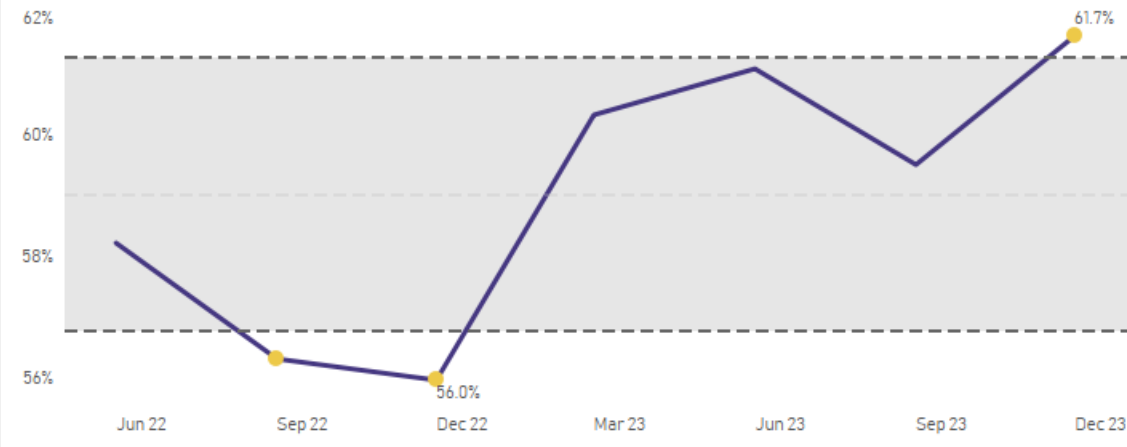
% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins

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

Source: CVD Prevent (Quarterly)



Outliers more than 1 standard deviation from the mean

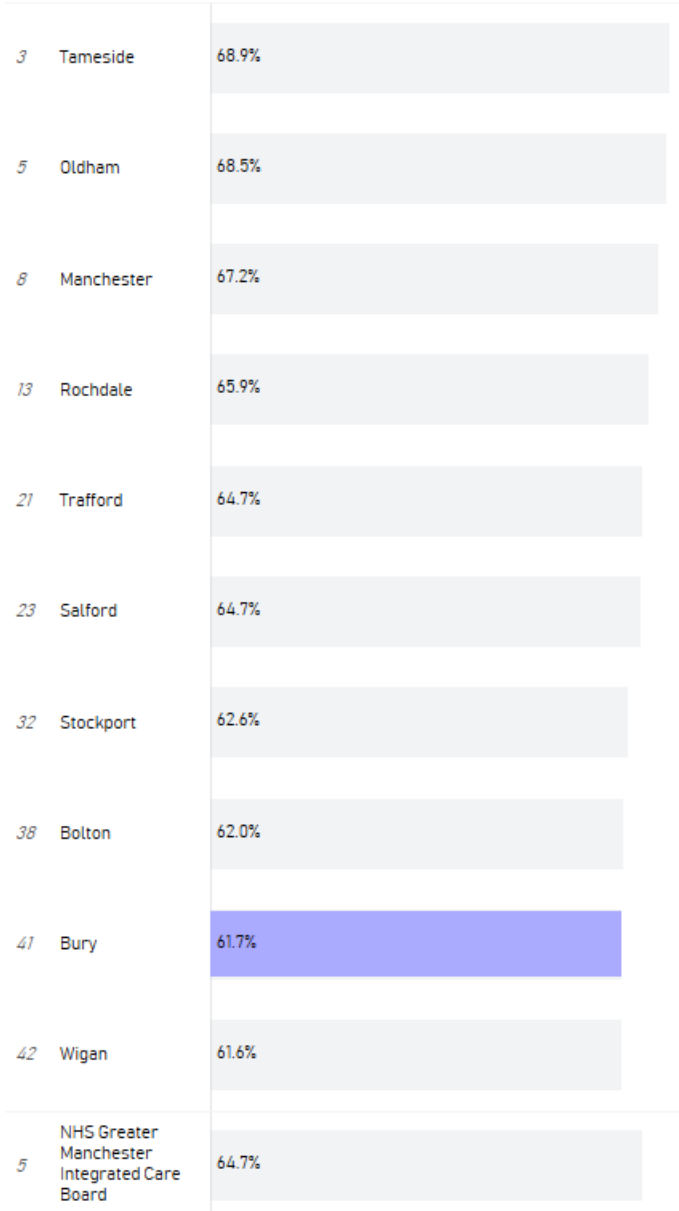


	Jun	Sep	Dec	Mar
2022-23	58.3%	56.3%	56.0%	60.4%
2023-24	61.1%	59.5%	61.7%	

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

The scrutiny committee might want to ask the Bury system ...

..what more can be done on CVD prevention including treatment with statins

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)

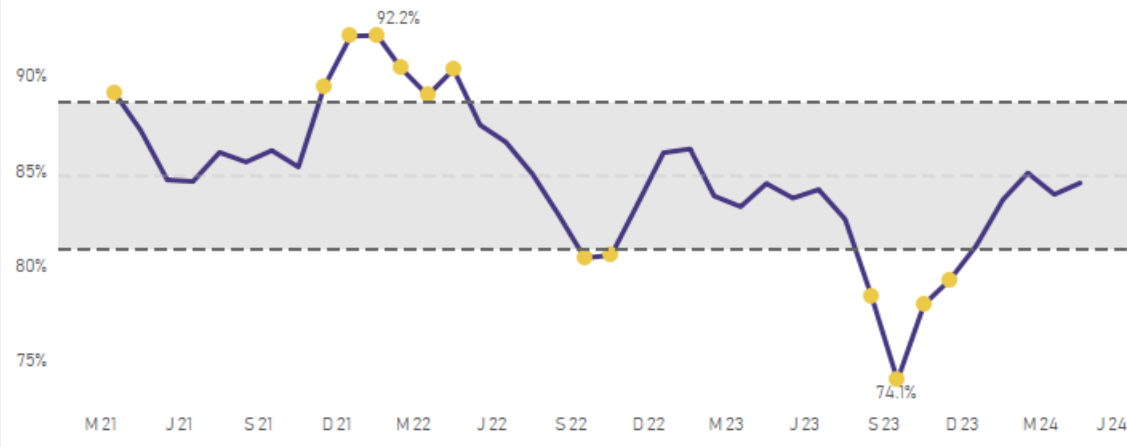
84.5%
May 2024

83.9%
April 2024

32/106
National Rank
Inter Quartile

82.1%
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%	84.5%										

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

Latest Value GM Benchmarking

National Rank against other localities

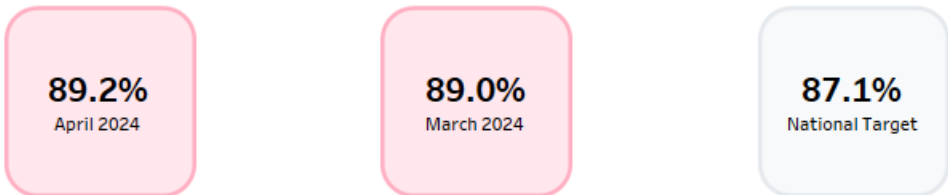
11	Trafford	88.0%
16	Wigan	87.1%
18	Manchester	86.5%
30	Stockport	84.5%
32	Bury	84.5%
43	Oldham	83.0%
53	Bolton	82.1%
60	Rochdale	81.8%
61	Salford	81.7%
65	Tameside	81.4%
13	NHS Greater Manchester Integrated Care Board	84.5%

Narrative

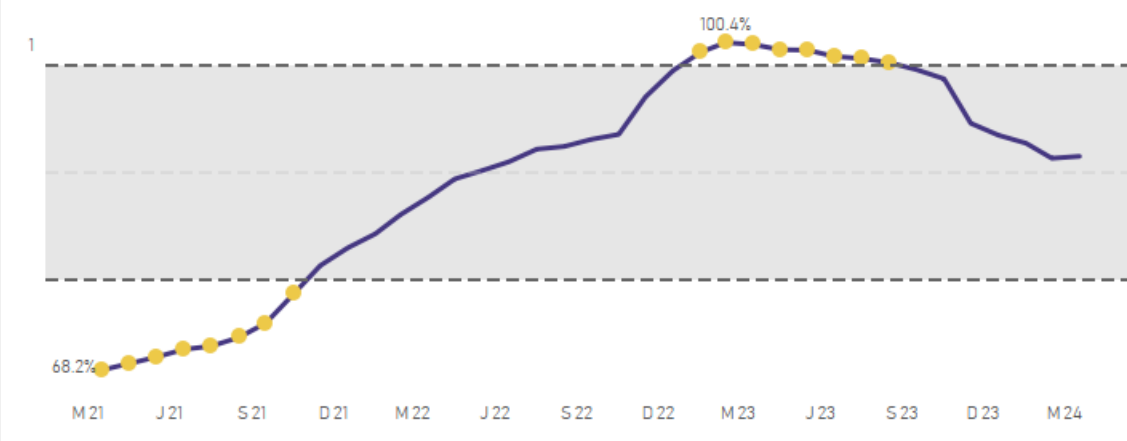
Antimicrobial resistance: total prescribing of antibiotics in primary care

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: EPACK Prescribing Data (Monthly)



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%
2024-25	89.2%											

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

Latest Value GM Benchmarking

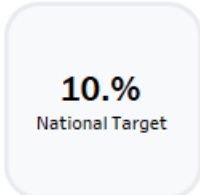
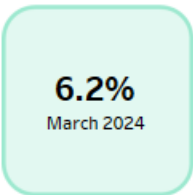


Narrative

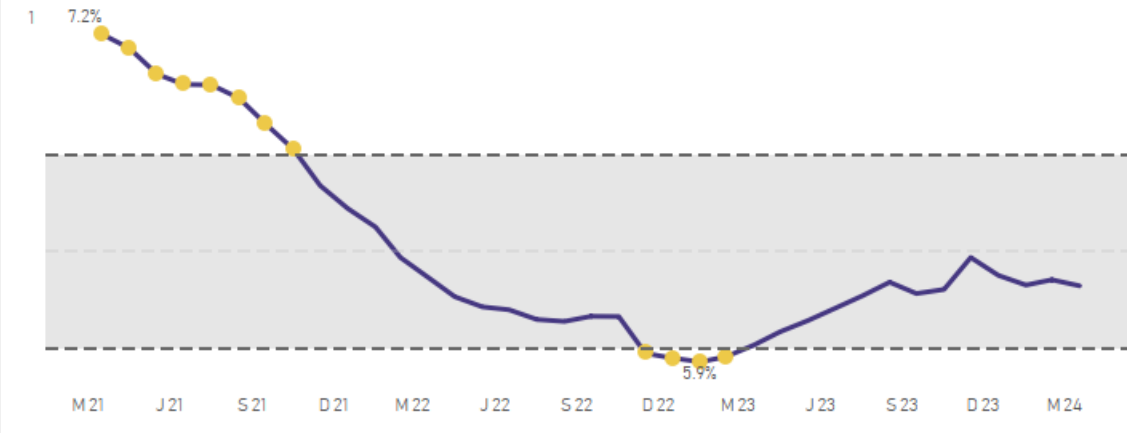
Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care

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: EPACK Prescribing Data (Monthly)



Outliers more than 1 standard deviation from the mean

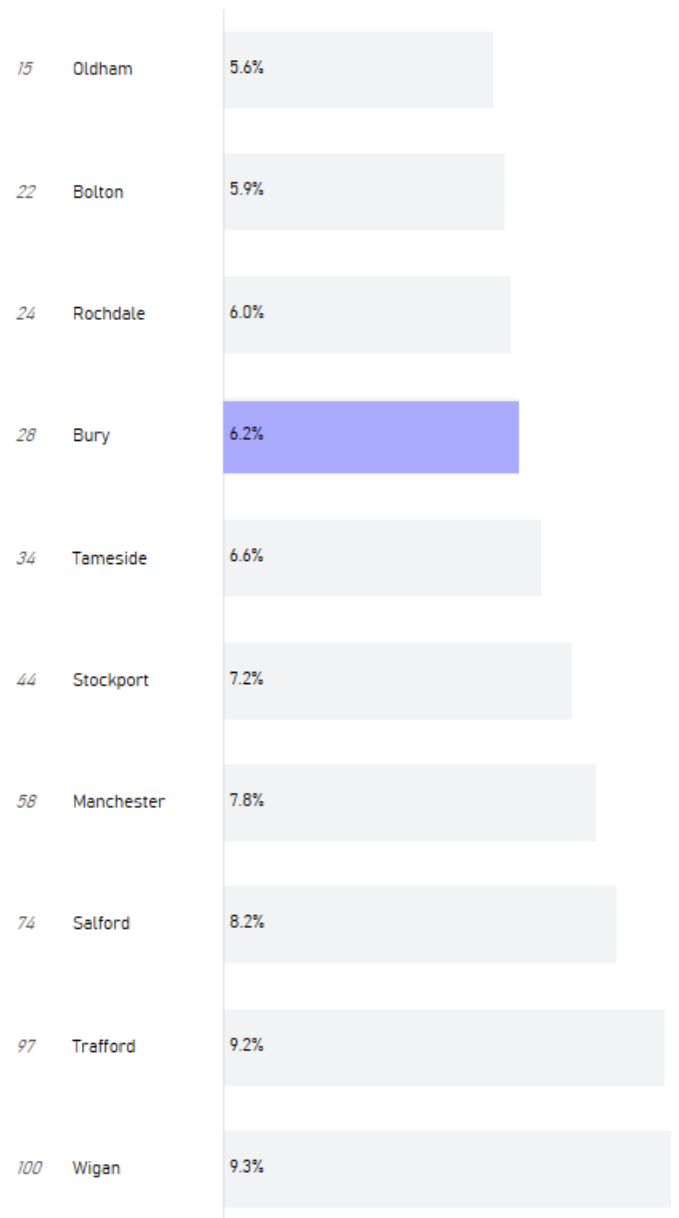


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	7.2%	7.1%	7.0%	7.0%	7.0%	6.9%	6.8%	6.7%	6.6%	6.5%	6.4%	6.3%
2022-23	6.2%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.0%	5.9%	5.9%	5.9%	5.9%
2023-24	5.9%	6.0%	6.0%	6.1%	6.1%	6.2%	6.1%	6.2%	6.3%	6.2%	6.2%	6.2%
2024-25	6.2%											

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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)

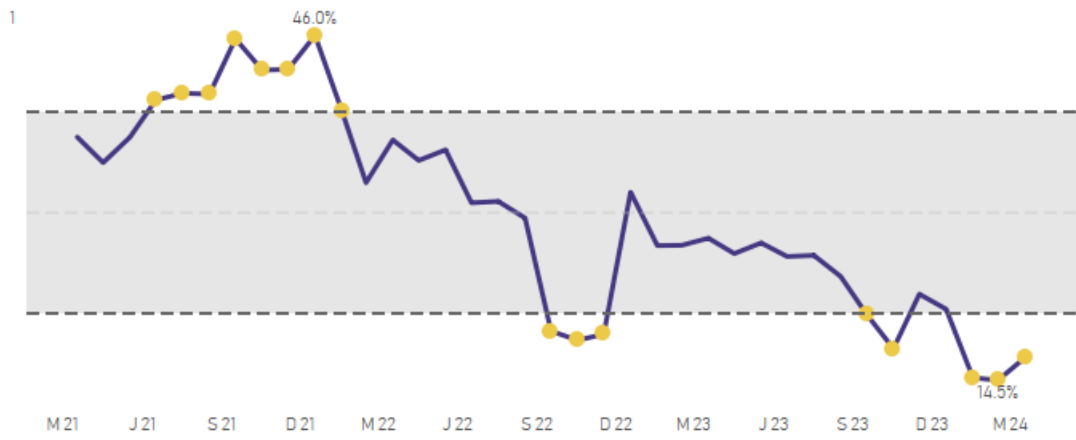
16.5%
April 2024

14.5%
March 2024

34/107
National Rank
Inter Quartile

1%
National Target

Outliers more than 1 standard deviation from the mean

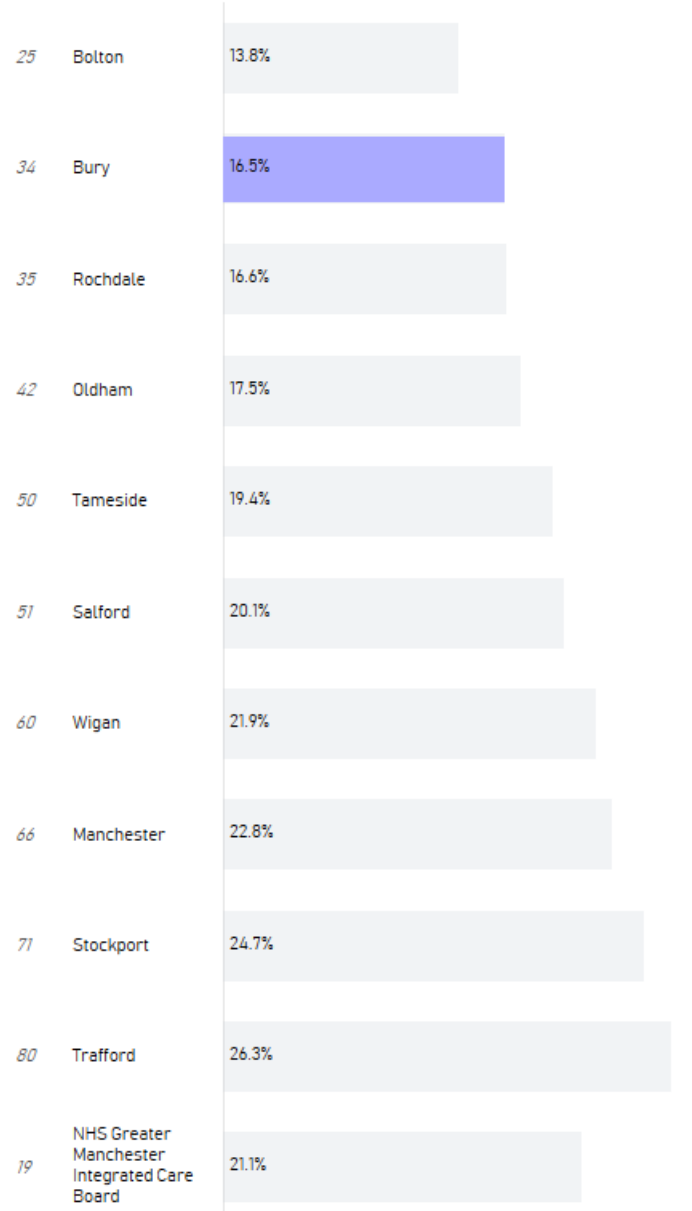


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	26.0%	27.0%	25.8%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%
2024-25	16.5%											

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

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)

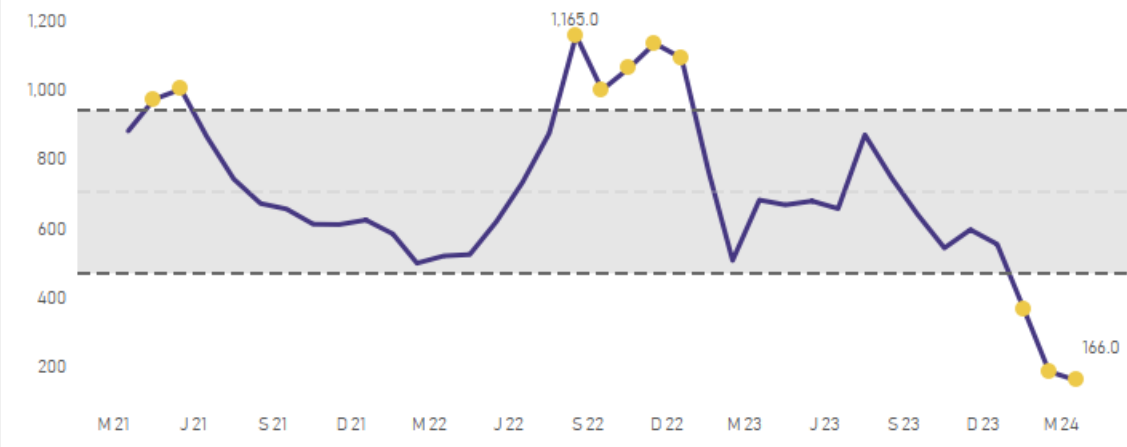
166.0
April 2024

191
March 2024

52/121
National Rank
Inter Quartile

0.
National Target

Outliers more than 1 standard deviation from the mean

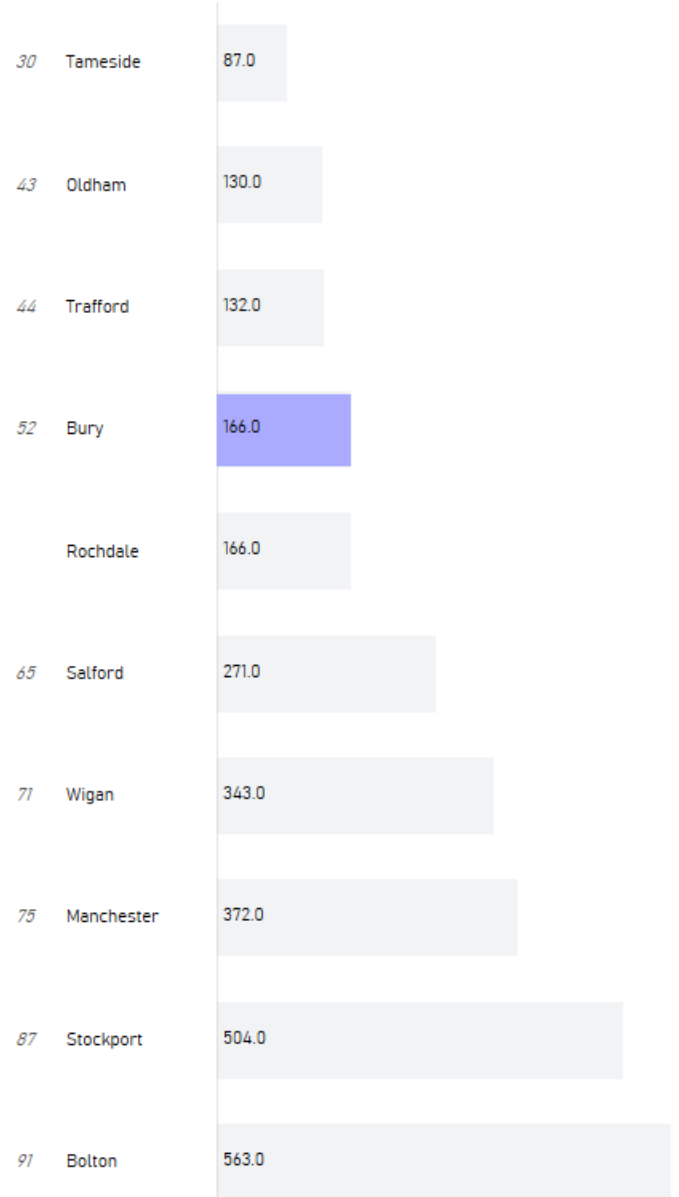


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	888	980	1,009	871	749	678	662	618	617	630	590	505
2022-23	526	530	626	739	882	1,165	1,007	1,070	1,142	1,099	773	513
2023-24	688	674	685	663	877	752	646	549	602	560	371	191
2024-25	166											

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

Latest Value GM Benchmarking

National Rank against other localities



Narrative

The scrutiny committee might want to ask the Bury system ...

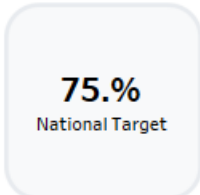
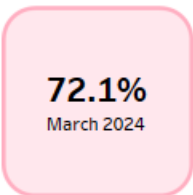
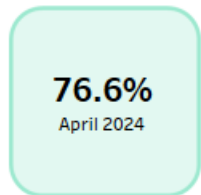
... how long are Bury patients waiting for planned care and where are the pressures.

And this is on the agenda today

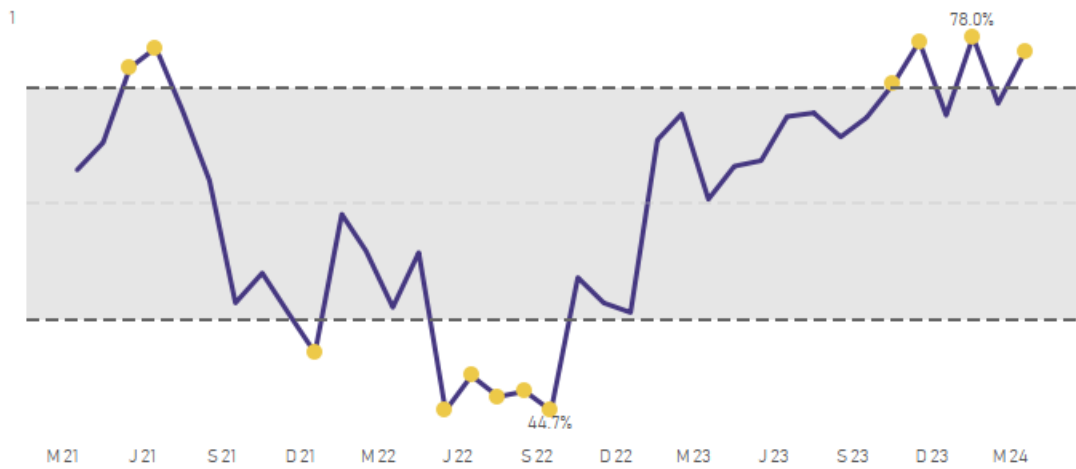
28 Day Wait from Referral to Faster Diagnosis: All Patients

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)



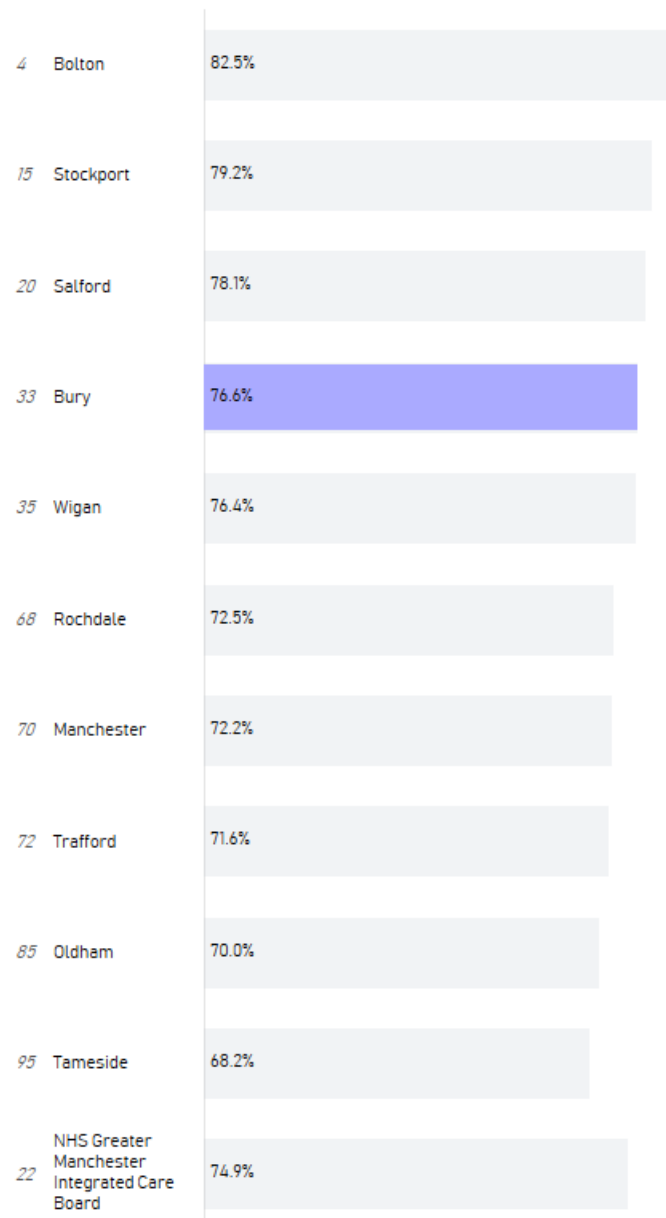
Outliers more than 1 standard deviation from the mean



	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

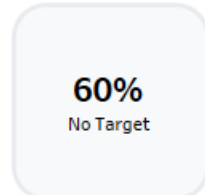


Narrative

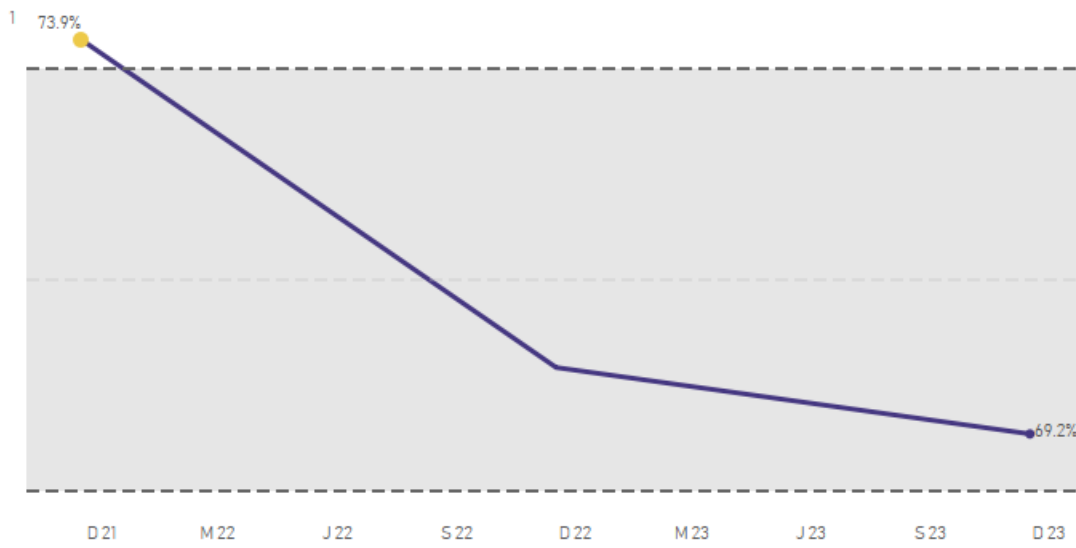
Breast screening coverage, females aged 53-70, screened in last 36 months

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)



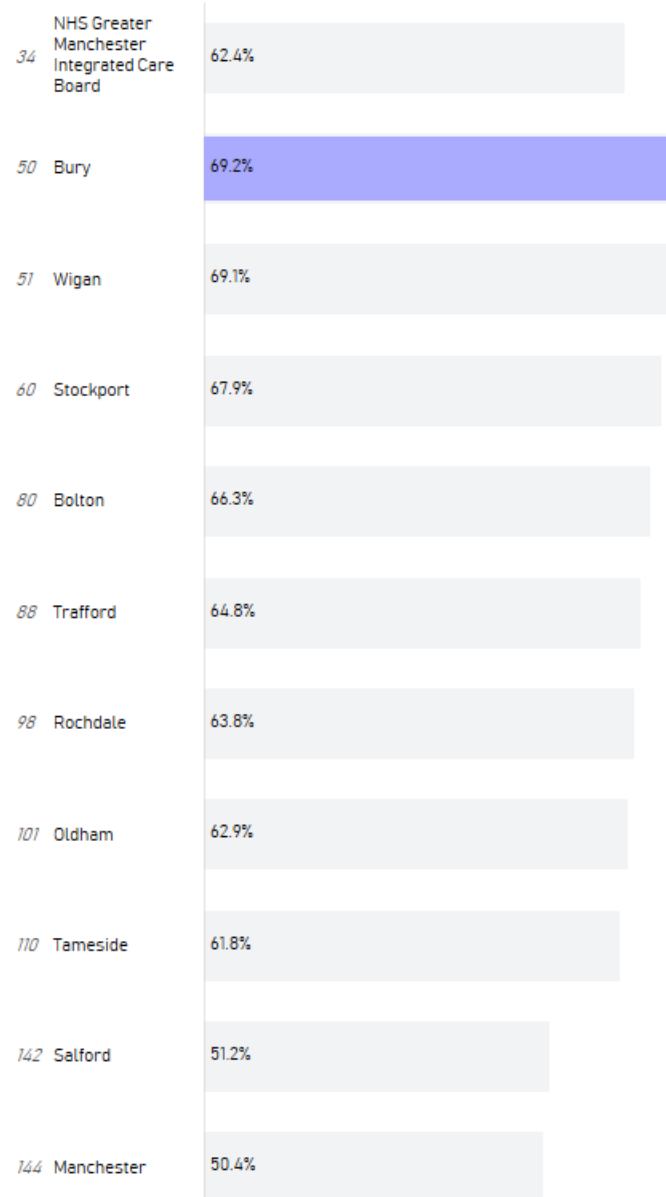
Outliers more than 1 standard deviation from the mean



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

Latest Value GM Benchmarking

National Rank against other localities

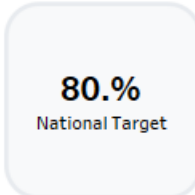


Narrative

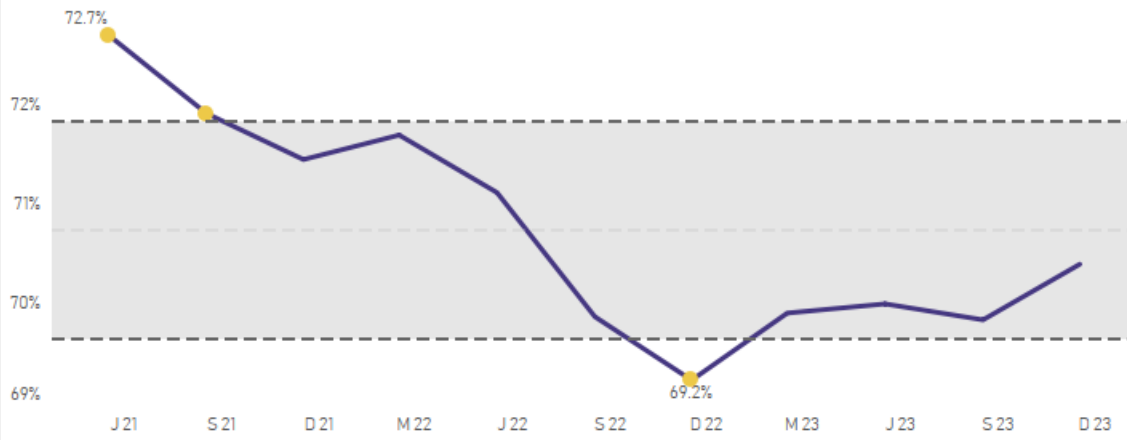
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

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)



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 scrutiny committee might want to ask the Bury system ...

... what more can we all do, particularly elected members, to promote screening, immunisation, and vaccination uptake

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)

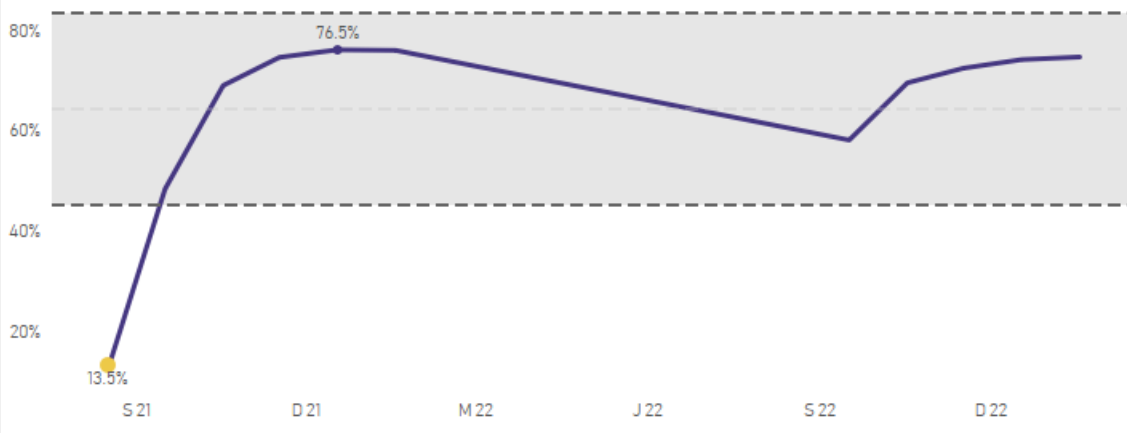
75.1%
February 2023

74.6%
January 2023

86/97
National Rank
Lower Quartile

85.0%
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

6. How are we doing – Adult Care and Public Health

Adult Care and Public Health



- Adult Care Performance Framework redeveloped and available at the next Scrutiny committee – approved by cabinet May 2024
- Public Health outcomes framework reviewed by Locality Board July 2024 and will be available at a future scrutiny committee.

7. Finance (as reported to July Locality Board)

Bury Council

- 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.

NHS Greater Manchester

- 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 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



BURY
INTEGRATED CARE
PARTNERSHIP

8. Any questions