

Bury Integrated Care Partnership The Role of Health Scrutiny, and The Health and Care System in Bury

Bury Health Scrutiny Committee 19th June 2025

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Part of Greater Manchester
Integrated Care Partnership





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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. How the Health and Care System Works in Bury

Players – its complex!



- Bury Council – Adults, Childrens, Public Health and other departments
- Northern Care Alliance (inc. Fairfield General, and Community Health Services)
- Pennine Care Mental Health Trust
- Manchester Foundation Trust
- Bolton Foundation Trust (mostly maternity) and other NHS Trusts (e.g Christie)
- NHS Greater Manchester – Centrally, and the local NHS GM (Bury) team
- Primary Care Providers – GPs/pharmacists/dentists/optometrists
- Private providers of health services , and care services for adults and children
- VCFA and wider Voluntary Sector
- Bury Healthwatch
- Persona – Wholly owned by the Council provider of Adult Care services
- Bury Hospice
- and other statutory and voluntary and private services

The Bury Integrated Care Partnership



- 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
 - The success of one part of the system is often determined by other parts of the system.
- 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, and to work well together
- We have a meeting of senior leaders from all partners to the Bury Integrated Care Partnership - **The Locality Board**. It is 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 and sets the tone of the way in which we work together as partners.
- The Locality Board also has some specific duties delegated to it from the Greater Manchester Integrated Care Board

4 Clear Priorities (as per Locality Plan)



We work together across the Bury Integrated Care Partnership to :-

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| 1 | Scale our work on Population Health Management - Improve population health and reduce health inequality of those in the most disadvantaged areas |
| 2 | Drive prevention, reducing prevalence and proactive care – supporting Demand Reduction through primary intervention, secondary preventions and tertiary prevention |
| 3 | Transforming Community Care in Neighbourhoods - fully realising the benefit of neighbourhood team working with a focus on the assets of residents and communities and providing proactive care |
| 4 | Optimise Care in institutional settings and prioritising the key characteristics of reform. |

Programmes of Work



- 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.
- We manage all this together through an Integrated Delivery Board – reporting to the Localiyt Board

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

Children and Young People



- The borough will re-establish the 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.
- There is a Childrens Improvement Board in the Council responding particularly to the Ofsted judgmenet, and NHS partners contribute.
- We have also established the SEND Improvement and Assurance Board to respond to the CQC/Ofsted Judgement of May 2024 on the Council and on NHS GM about ‘widespread and systemic failure’ of the SEND system in Bury
- Deputy Place Lead attends the Health Childrens Scrutiny Committee as required, and the Chair of the Health Scrutiny Committee, and the Childrens Scrutiny Committee, attend each others meetings.

What it means for our service users and workforce



1. Population Health Improvement including reducing health inequalities.

Brenda, a 48-year-old lady is struggling to cope with life as she approaches the menopause. She is encouraged through social media to take more control of her own health and well being through menopause. She sees a local walking group advertised in her GP Surgery, and starts to attend which means she is getting outside, moving and meeting new people. She visits her GP Surgery less about her menopause challenges, however she receives a text alert to inform her of drop in sessions happening at the women's health hub which she finds very educational and supportive.

2. Prevention, reducing prevalence and proactive care

Mohammed is diagnosed with diabetes by his GP aged 68. His GP provides medication and lifestyle advice and refers him to the diabetes education programme which is culturally sensitive to his needs. They give him information on what diabetes is, how to manage his diet and other aspects of healthy living. His practice enrolls him in the chronic disease monitoring programme and ensure that he receives that 8 processes of care the practice (including being enrolled onto the diabetes eye screening programme. They advise him that if any complexities arise he will be referred to the community diabetes service

3. Transforming the Model of Care in the Community through neighbourhood working and strong integration

Jack is 85 and is experiencing regular falls due to his increasing frailty. Sometimes this necessitates him calling for an ambulance, and results in him staying in hospital for unnecessarily long periods of time due to the waits in A&E. Jack is referred to the Integrated Neighbourhood Teams who devise him a care plan in conjunction with his GP and the falls prevention team, and ensure he has a pendant alarm in place. If Jack falls, the falls lifting service respond to him instead of ambulance. If he has any medical needs, they seek the support of the rapid response and hospital at home service to keep him in his own home.

4. Optimising Care

Claire is 32 and has been waiting for a diagnostic procedure at the hospital for her joint pain, which leaves her unable to play with her child or exercise, and is causing her to gain weight and feel depressed. In the future, she will receive a specialist assessment the community who determine the diagnostics she needs, and will undertake them promptly in the community. If she needs further assessment, she will attend an outpatient clinic in the community and will undergo treatment in a timely manner if she needs it. She will receive advice on how to keep herself well whilst she is waiting.

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>

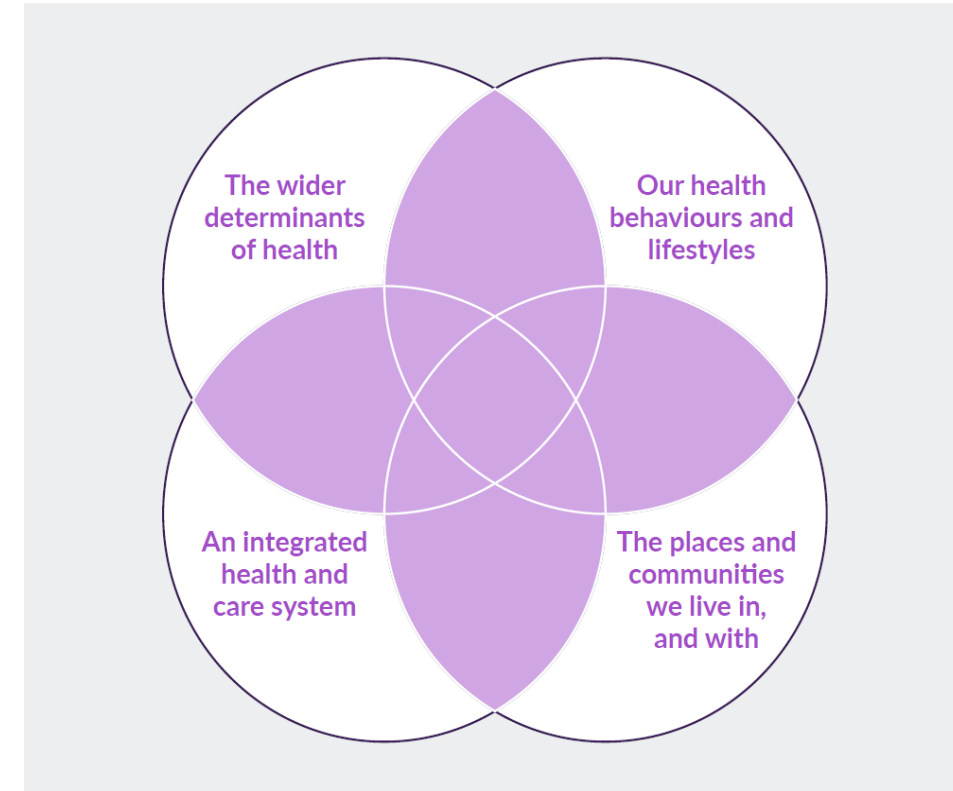


Population Health and Health Inequalities



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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>



Last year we reported to scrutiny on e.g:



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In terms of Council Functions

- Performance of Adult Care Services
- Progress on aspects of population health/public health improvement

In terms of the NHS

- Waiting Times for Elective Care
- Performance and access to GP services
- Urgent Care System
- Community Pharmacy
- Mental Health Services
- Reports from Healthwatch



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8. Any questions