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Neighbourhood Working National Policy Context and Implementation in Bury

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Integrated Care Partnership





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1. National goals and reform ambitions

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10 Year Plan : 3 radical shifts



- Hospital to community
- Analogue to digital
- Sickness to prevention

In the NHS Ten Year Health Plan, this is referred to as a '**left shift**' towards prevention, community and digital care.

Neighbourhood Health Framework



“In the 10 Year Health Plan for England, we promised to give power to people. If we are to do this, we need to end people being passed from pillar to post in a fragmented and, at times, chaotic system, and make local health services meaningfully accountable to local residents and service users.

We will address this by creating a neighbourhood health service - building on the plethora of inspiring pilot programmes that have tested this in different parts of the NHS, local government and wider health and care system over recent years.

Neighbourhood health will only work as a joint endeavour between the NHS and local authorities, alongside wider partners. We expect this to be a truly collaborative effort between all partners, combining the NHS’s responsibility for our health services with local authorities’ responsibility for adult and children’s social care services and public health. This will foster a true partnership for the benefit of all citizens to ensure we achieve the left shift from hospital to community, and sickness to prevention.”



Goals

1. Improve health outcomes and reduce inequalities, with focus on priority cohorts
2. Improve access to general practice, including faster and more equitable access
3. Improve experience of planned care, reducing fragmentation and variation
4. Strengthen urgent and emergency care (UEC) through better community alternatives
5. Improve patient and staff experience and satisfaction

Reform Agenda

1. Improve services for routine healthcare– Making neighbourhood health the “front door” for most care
2. Strengthen proactive care– Earlier identification, anticipatory care, MDT working and prevention
3. Provide better alternatives to hospital care– Including Urgent Community Response, Hospital at Home, virtual wards and coordinated crisis responses

Goal 1: Improve health outcomes



- Focus on high-priority cohorts:
 - People with frailty
 - Care home residents
 - Housebound patients
 - Those receiving end of life care
 - Those with CVD, diabetes, chronic obstructive pulmonary disease (COPD), dementia, mental health conditions
 - Children and young people
 - Any other cohort identified by local areas

Goal 1: Improve health outcomes



- Help people with mid to severe frailty, in a care home or housebound, to stay healthier, manage escalating conditions and maintain greater independence for longer. **Reduce non-elective admissions and bed days of one day or over by 10% for this cohort by March 2029**
- Better identify people coming to the end of life and improve access to services so people can die in a place of their choosing. **By March 2029, increase the number of people identified as approaching end of life by 10% and reduce non-elective admissions and bed days of one day or over for people in the end of life cohort by 10%**
- Have better diagnosis and treatment for people with long-term conditions. ICBs should agree targets to reduce variation in access to elective care for each of these areas. Modern service frameworks will specify further metrics for CVD and mental health in due course.
 - **By March 2029, see an improvement of at least 10% in evidence-based clinical outcomes,** measured through quality and outcomes framework standards for CVD, diabetes, COPD, mental health conditions and dementia, where warranted.
 - **Increase the percentage of patients with diabetes who receive all 8 elements of the diabetes care process bundle in the preceding 12 months by 10%**
 - Improve quality and access to care for children and young people by enhancing paediatric expertise across the pathway, including primary care. **By March 2029, we will reduce acute outpatient appointments for children under the age of 16 by 10% and make substantial progress towards reduction of community waits for children,** as part of delivering Medium

Goal 2: Improve access to General Practice (Primary Care)



Comparing 2025 to 2026 baseline we will:

- Ensure that clinically urgent patients are seen on the same day by their GP practice team. We aim to **see 90% of clinically urgent patients on the same day by March 2027**
- Make sure there is **faster access for routine GP care**. During the 2026 to 2027 financial year, we will collect data to baseline and set future trajectories. In the interim, ICBs may set local goals in agreement with contractors
- **Improve patient satisfaction with GP access**. During the 2026 to 2027 financial year, we will collect data to baseline and set future trajectories. In the interim, ICBs may set local goals in agreement with contractors

Goal 3: Improve experiences of planned care and cancer care, and support delivery of the referral to treatment (RTT) standard



Compared with 2025 to 2026 baseline we will:

- Reduce variation in referrals to outpatient services across the system through a **single point of access** (SpoA) and multidisciplinary team model.
- Aim to contribute to a **diversion rate of at least 25% by March 2027 for at least 10 high volume specialties**, supporting overall RTT trajectories of 70% by March 2027 and 92% by March 2029
- Make sure there is **better co-ordination of outpatient activity across multiple specialties for patients in high-priority cohorts**.
- **Deliver more follow-up outpatient care in neighbourhoods, and contribute to an overall reduction in secondary care follow-up appointments by at least 10% by March 2027.**
- **Cancer should be delivered in line with the metrics in the National Cancer Plan for England**

Goal 4: better urgent and emergency care (UEC) performance in line with agreed standards



Compared with 2025 to 2026 baseline we will:

- Make sure there is better co-ordination of reactive care for high-priority cohorts (those with mid to severe frailty, in a care home or housebound and end of life), increasing use of urgent care provision in the community for example, by making use of a single point of access, urgent community response, hospital at home, and virtual wards.
- **By March 2029, we aim to:**
 - **Keep growth flat and work towards an overall reduction in non-elective admissions for high priority cohorts**
 - **Contribute to an increase in type 1 emergency department (ED or A&E) admitted and non-admitted performance, supporting overall 4-hour trajectories of 85%. Aim for an interim trajectory of 82% by March 2027**
 - **Contribute to an overall reduction in type 1 ED attendances for high priority cohorts**
 - **Have fewer ambulance call-outs for the least urgent cases, with appropriate diversion to relevant urgent care provision in the community.**
 - **Reduce category 3 and 4 ambulance conveyances in high-priority cohorts (those with mid to severe frailty, in a care home or housebound and end of life) by March 2029**
 - **Ensure there is better co-ordination of discharge process and capacity planning across health and care services, enabling patients to be discharged efficiently and effectively.**
 - **Contribute to an improvement in the average length of discharge delay for all acute adult patients, derived from the proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD) and for adult patients not discharged on their DRD, the average (mean) number of days from the DRD to discharge**

Goal 5: improve patient and staff satisfaction with NHS services



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Compared with 2025 to 2026 baseline we will:

Take a proactive approach, where the patient feels in control of their care. We will introduce a reformed set of patient-reported experience measures and patient-reported outcome measures in the 2026 to 2027 financial year, with trajectories for improvement each year. These will be collected consistently across places and details will be confirmed in due course.

In the interim,

- ICBs may set local goals. **In addition, by 2027, 95% of people with complex needs will have an agreed care plan**
 - ensure that teams working within neighbourhoods feel more motivated in their work. We will introduce a set of neighbourhood staff experience measures in the 2026 to 2027 financial year, with trajectories for improvement each year. These will be collected consistently across places and details will be confirmed in due course.
- In the interim, ICBs may set local goals

Reform agenda 1: improve services for people who need routine healthcare, so neighbourhood health benefits everyone



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- The NHS will deliver better GP access, with **increased digital tools**
- The NHS will empower GPs to deliver better care to better manage the health of their population by incentivising proactive population health management. This will take place through risk stratification, long-term condition management, secondary prevention and better continuity of care, backed up by improved access to specialist opinion.
- The NHS will improve GP access to diagnostics
- ICBs will implement the **Red Tape Challenge**, improving the connection between primary and secondary care through a range of common-sense interventions, including:
 - Full national implementation of the Getting It Right First Time (GIRFT) bridging the interface (or gap) checklist
 - New electronic patient records (EPRs) increasing access to shared care records
 - Direct prescribing to community pharmacy
 - Structured medication information
 - Prescriptions issued for 28 days in outpatients unless clinically inappropriate
 - NHS trusts will play a full role in maximising the interface for the benefit of patients and staff alike

Reform agenda 1: improve services for people who need routine healthcare, so neighbourhood health benefits everyone



- The NHS will improve the productivity of GP practices by increasing the use of technology to free up clinical time and assist flow
- NHS England will work with ICBs to reform out-of-hours services, so the public can better access care when GP practices are closed
- ICBs will build on the progress we have made to strengthen pharmacists' role in delivering care, recognising that pharmacies are one of the most accessible parts of primary care for services such as contraception, blood pressure checking and support on smoking cessation, as well as the Pharmacy First service. Treating minor illness by our Pharmacists is our ambition

Reform agenda 2: improve proactive care for people



- INTs will bring together different professions and partners to work side by side to support people. These teams know their neighbourhoods and can tailor care to what matters most for local people. In line with the 10 Year Health Plan's commitment to support people to be active participants in their own care by ensuring 95% of people with complex needs will have an agreed care plan by 2027, these teams will deliver assessment, care planning, co-ordination and follow-on support.
- The NHS will not define nationally what should constitute an INT. This will vary based on different conditions and populations and will be decided locally. The NHS will amend national contracts and funding flows so ICBs can ensure the provision of INTs is commissioned effectively at an appropriate scale to serve patient cohorts.
- Nationally, NHS England will ask ICBs to ensure INTs are set up with an initial focus on
 - People with frailty, and those who need end of life care: this cohort is the priority because those over 75 living with frailty, those at end of life and care home residents account for 3 to 5% of the population yet represent over 25% of non-elective admissions and 50% of bed days
 - Multiple long-term conditions: better management of multiple long-term conditions can result in slow onset of frailty and reduced incidences of acute presentation. INT development should focus on the conditions which have the highest impact (CVD, diabetes, COPD, dementia). In some medical disciplines, such as diabetes, these will align with outpatient reform, and ICBs should consider how these areas will align
 - Children and young people (CYP): GPs will use children and young people INTs to provide timely access to paediatric expertise in the community, alongside wider health and care professionals, including mental health and community services. INTs will also help families to manage some conditions at home if clinically appropriate. The evidence base shows that many ED attendances and outpatient appointments are a result of children receiving care in the wrong place. The NHS will address this through the INTs, and we will build this service over time, with every child who needs one having access to an INT by the 2028 to 2029 financial year. In practice, we expect systems will see a shift in outcomes through the reduction of outpatient appointments, with wider benefits including a reduction in ED attendances and hospital appointments. As part of setting up INTs, ICBs and local authorities should work together to consider how these services join up with other children's services - for example, safeguarding, family help and multi-agency child protection teams, Best Start Family hubs, and the 'Experts at Hand' service for children with SEND

Reform agenda 2: improve proactive care for people



- Cancer: in line with the National Cancer Plan, over the course of the next 3 years, INTs will be set up to improve the quality of life for those living with cancer
- NHS England will produce a best practice guide for NHS frailty pathways. This will set out essential actions for ICBs and providers to improve the entire frailty provision, from identification and assessment to proactive and urgent care. This will be based on what systems have told us works across the health and care service, and ICBs will be able to use this as a baseline on which to improve pathways in line with the upcoming modern service frameworks.
- ICBs will maintain and develop access to women's health services as part of neighbourhood care, and women's health hubs will be aligned to new neighbourhood health pathways and structures. Women face disproportionate challenges in access and quality of healthcare over the course of their lives. Women's health hubs are designed to improve care for women, including avoiding them having to have multiple appointments in different settings. ICBs will ensure that any changes to wider neighbourhood provision are aligned with women's health hubs
- ICBs will grow core community services and work with providers to reduce waiting times. We recognise that community waits are having an impact on many high-priority population groups - those with frailty, those needing palliative and end of life care, children and young people, and those with multiple long-term conditions. We'll deliver better access to core community services by increasing capacity to meet demand growth (around 3% per year nationally), and actively managing long waits for community health services, with at least 78% of community health service activity occurring within 18 weeks by the 2026 to 2027 financial year and at least 80% by the 2028 to 2029 financial year, and backed up by new ICB plans to eliminate all 52-week waits.

Reform agenda 2: improve proactive care for people



- The NHS will introduce a new model for planned care that meets the 10 Year Health Plan commitment of “ending outpatient care as we know it”, starting with closer working between GPs and specialists. The NHS will put GPs in control when it’s unclear whether a patient needs specialist care, so people do not make unnecessary trips to hospital and instead focus on providing care closer to home. GPs and secondary care consultants will work closer together, first by expanding advice through single points of access (starting with at least 10 specialties in all providers in the 2026 to 2027 financial year).
- We will move more follow ups, for those who need specialist input, into neighbourhood settings, delivered by professionals in the community, starting with conditions such as diabetes, all backed up by new digital pathways and single points of access. In line with the Medium-Term Planning Framework, systems should start planning for the introduction of a radical new neighbourhood approach to elective pathways, establishing a single point of access with better access to specialist opinion and diagnostics.
- This should focus on the core specialties identified in the elective reform plan: gastroenterology, ENT, cardiology, respiratory, diabetes, gynaecology and urology. We will work closely with GPs to ensure these arrangements work effectively within their competency and they are supported. Where systems are ready to go further and faster, devolution of budgets and reforms to funding flows will be available in exchange for credible plans.
- The NHS will standardise the expectations of data sharing between neighbourhood health services and hospitals.
- Systems will make the NHS work around the needs of the individual, not the other way round, by improving data sharing between hospitals and neighbourhood health services, including social care. This will mean neighbourhoods can put in place more effective proactive care for those who might otherwise default to secondary care, rather than leaving patients to co-ordinate their own care.

Reform agenda 3: deliver better alternatives to hospital care



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- Expand urgent community response services, so the NHS is there for people when they need it most. We will prevent avoidable attendances, particularly for frailty and falls, by expanding urgent community response capacity, delivered through the new community integrated neighbourhood teams.
- The NHS will increase the capacity of virtual wards, so people don't have to attend hospital unnecessarily. Rather than make patients come to hospital, the NHS will come to them by radically increasing the capacity and efficiency of virtual wards.
- The NHS will work with local authorities and other partners to increase intermediate care capacity. Increasing and optimising the capacity of step-up and step-down intermediate care will help avoid admissions and attendances, improve discharge and support better recovery. This includes making best use of community beds and expanding home-based care. We will reduce the length of stay in NHS-commissioned community beds, maintaining that improvement, and build intermediate care capacity (step-up and step-down).
- We will explore better alternatives to mental health hospitals. Some local areas have been piloting a neighbourhood approach for mental health through 24/7 neighbourhood mental health centres. These centres for people with severe mental illnesses are intended to improve care continuity, reduce crisis and provide an alternative to hospital for people experiencing a mental health crisis, and are distinct from INTs.



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2. The Bury Whole System plan for Neighbourhood Working

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Neighbourhood Working – our approach



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- Reflective of the **5 main towns in the borough – Whitefield, Prestwich, Radcliffe, Bury and Ramsbottom** – each of which has its town centre masterplan thus connecting reform to growth
- Creating opportunities for **front line staff to know each other** and problem solve and not just refer to each other
- Multi-agency teams having a shared **appreciation of the strengths and assets** of the community
- **Co-location of teams** and partner agencies where possible. Shared resources, skills and strengths
- **Huddles and MDTs** – bringing partners together to get to the root cause of issues and support those in the community most at risk
- Combining models of **risk stratification to identify cohorts of avoidable risk**, harm and cost, with the knowledge and experience of people in the place
- A more **strategic approach to investment**– for example scaled up investment in housing with care. Investing in prevention and community resilience – including through VCFSE partners (see VCSE MOU)
- **Improving economic activity and participation** – for example, DWP trailblazer opportunity /Working Well/Bury Works
- A mechanism to allow us **to respond to Borough, GM, or national priorities** – e.g how to improve School Readiness,.

Neighbourhood Working – our principles

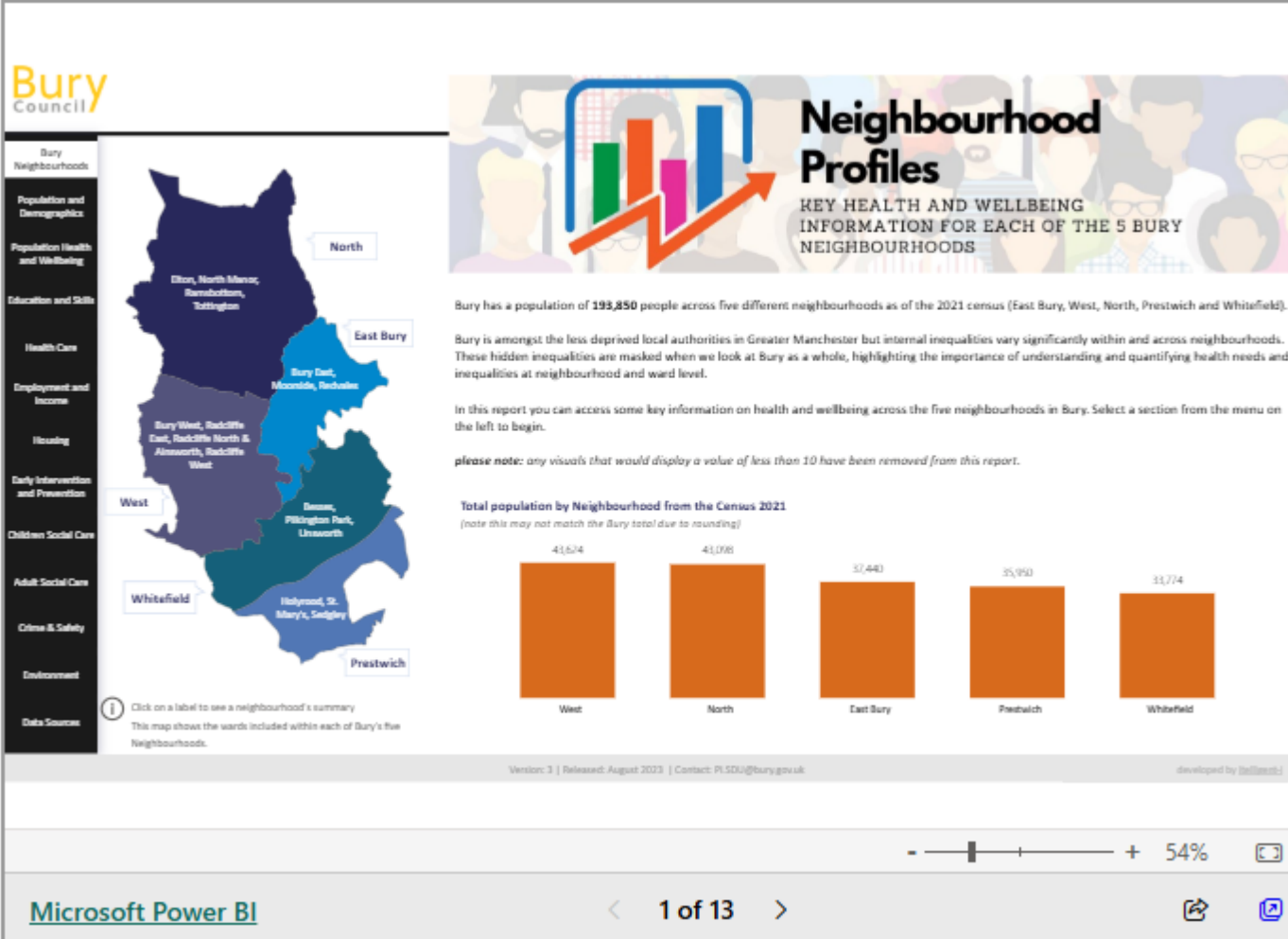


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- The neighbourhood level has a specific definition for us in Bury. It recognises populations of 30-50000 as the **building block** for organisations to work together and the **foundational unit for delivery** recognised across public service organisations and working with the voluntary sector.
- This is described in the **Strategy for the Borough. The Lets Do It Strategy** committed to a vision of integrated working and a strengths based approach in each of the 5 places in Bury. This is neighbourhood working.
- There is a **look and feel of one public service workforce functioning together and with the voluntary and community sector**, unrestricted by role titles or organisational boundaries – working for the place and people.
- **Aligning services** within and around neighbourhood areas allows partners to have a **shared understanding of the strengths of communities and people** in that place – because our 5 places are different.
- The benefits to our populations are both **better integrated and joined up delivery, which is what the public expect of us, and is a precondition for prevention and early intervention.**
- Neighbourhood working also allows the **identification of particular risks and harms to people** in places, and provides multi-agency and **targeted approaches to enable early intervention** to prevent future problems.
- This approach will **help to reduce pressure on a range of public services characterised by unplanned , expensive intervention**, 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.**

Neighbourhood Profiles

- <https://www.theburydirectory.co.uk/jsna/neighbourhood-profiles>



Bury Council

Neighbourhood Profiles

KEY HEALTH AND WELLBEING INFORMATION FOR EACH OF THE 5 BURY NEIGHBOURHOODS

Bury has a population of **193,850** people across five different neighbourhoods as of the 2021 census (East Bury, West, North, Prestwich and Whitefield).

Bury is amongst the less deprived local authorities in Greater Manchester but internal inequalities vary significantly within and across neighbourhoods. These hidden inequalities are masked when we look at Bury as a whole, highlighting the importance of understanding and quantifying health needs and inequalities at neighbourhood and ward level.

In this report you can access some key information on health and wellbeing across the five neighbourhoods in Bury. Select a section from the menu on the left to begin.

please note: any visuals that would display a value of less than 10 have been removed from this report.

Total population by Neighbourhood from the Census 2021

(note this may not match the Bury total due to rounding)

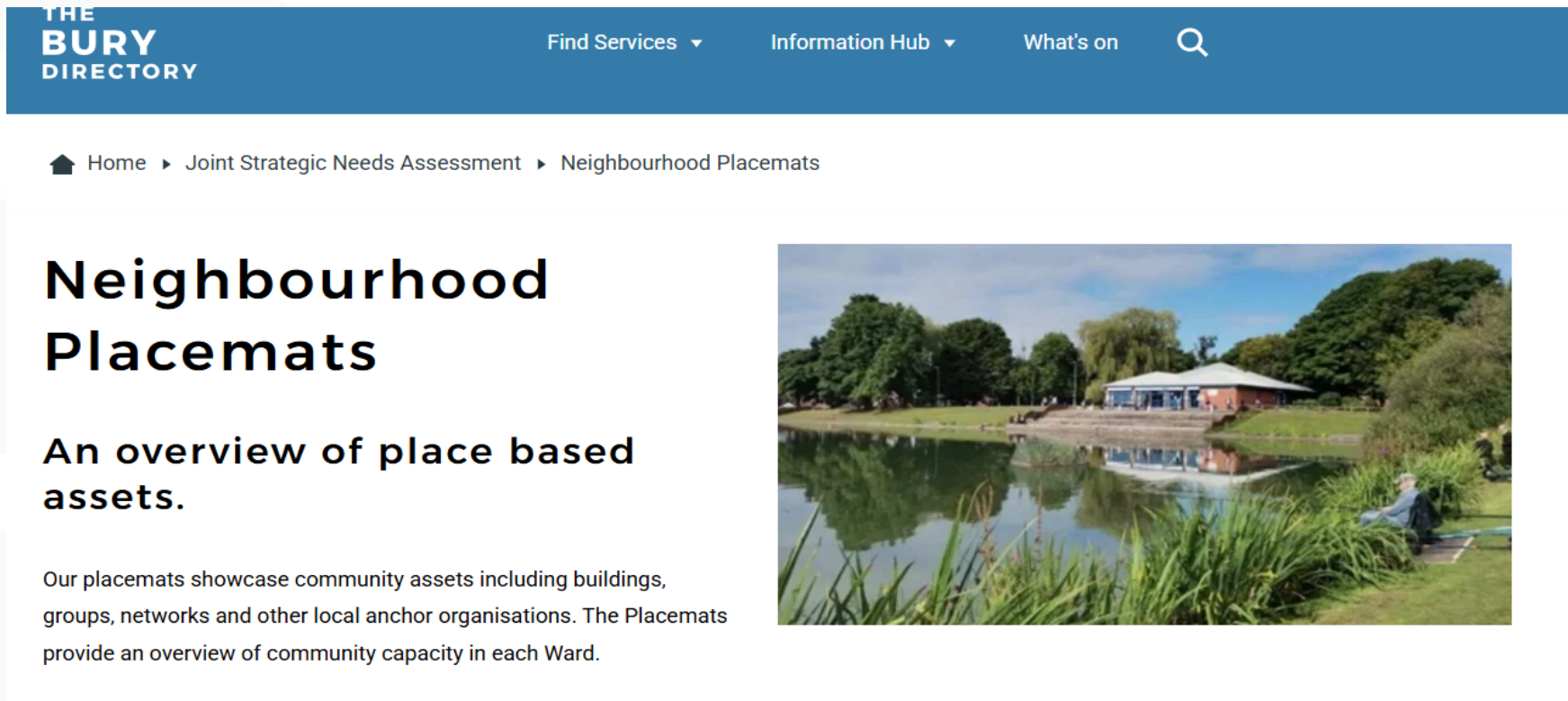
| Neighbourhood | Total Population |
|---------------|------------------|
| West | 41,674 |
| North | 41,098 |
| East Bury | 37,443 |
| Prestwich | 35,950 |
| Whitefield | 31,774 |

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Microsoft Power BI | 1 of 13 | 54%

Neighbourhood Placemats

- <https://www.theburydirectory.co.uk/jsna/neighbourhood-placemats>



The screenshot shows the top navigation bar of the Bury Directory website. The logo 'THE BURY DIRECTORY' is on the left. Navigation links include 'Find Services', 'Information Hub', and 'What's on', each with a dropdown arrow. A search icon is on the right. Below the navigation bar is a breadcrumb trail: 'Home > Joint Strategic Needs Assessment > Neighbourhood Placemats'. The main heading is 'Neighbourhood Placemats' in a large, bold font. Below it is a sub-heading: 'An overview of place based assets.' A paragraph of text follows: 'Our placemats showcase community assets including buildings, groups, networks and other local anchor organisations. The Placemats provide an overview of community capacity in each Ward.' To the right of the text is a photograph of a modern building with a glass facade, situated on a grassy bank next to a pond. The building is surrounded by trees and greenery. A person is visible sitting on a bench near the water's edge.

THE
BURY
DIRECTORY


Find Services ▾ Information Hub ▾ What's on 🔍

🏠 Home ▶ Joint Strategic Needs Assessment ▶ Neighbourhood Placemats

Neighbourhood Placemats

An overview of place based assets.

Our placemats showcase community assets including buildings, groups, networks and other local anchor organisations. The Placemats provide an overview of community capacity in each Ward.



4 Elements of Our Neighbourhood Model



1. Integrated Health and Care Adult Teams (INTS)



2. Neighbourhood Leadership Teams (formerly public service leadership teams) connecting a range of public and voluntary organisations in places



3. Implementation of the Live Well model



4. Neighbourhood approaches to supporting Childrens and Families.

1. Integrated Neighbourhood Team - Adult Care & Health

North INT

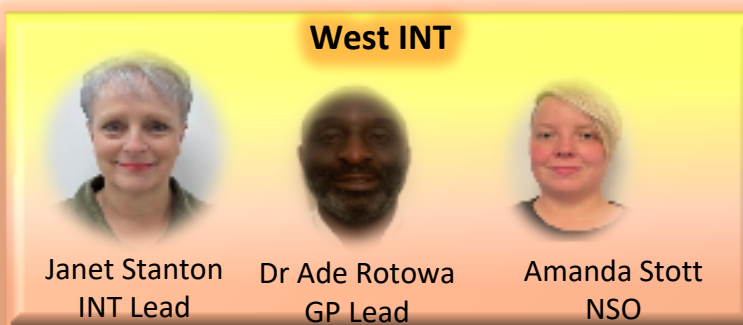


Linda Prescott
INT Lead

Dr Wiz El-Jouzi
GP Lead

Rachel Robinson
NSO

West INT



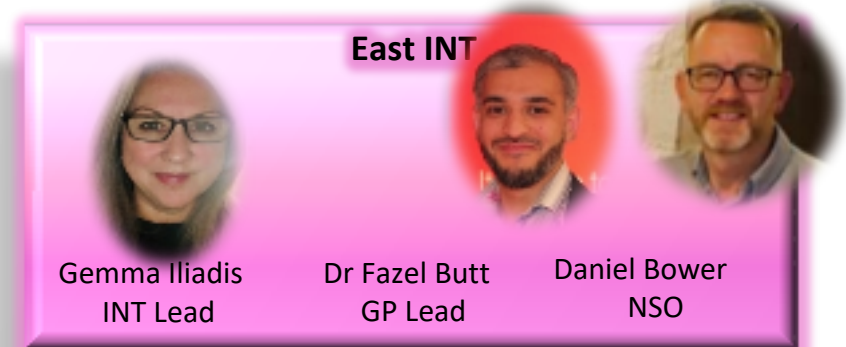
Janet Stanton
INT Lead

Dr Ade Rotowa
GP Lead

Amanda Stott
NSO



East INT



Gemma Iliadis
INT Lead

Dr Fazel Butt
GP Lead

Daniel Bower
NSO

Whitefield INT




Jane Wilson
INT Lead

Dr Alistair Webley
GP Lead

Mafooz Bibi
NSO

Prestwich INT



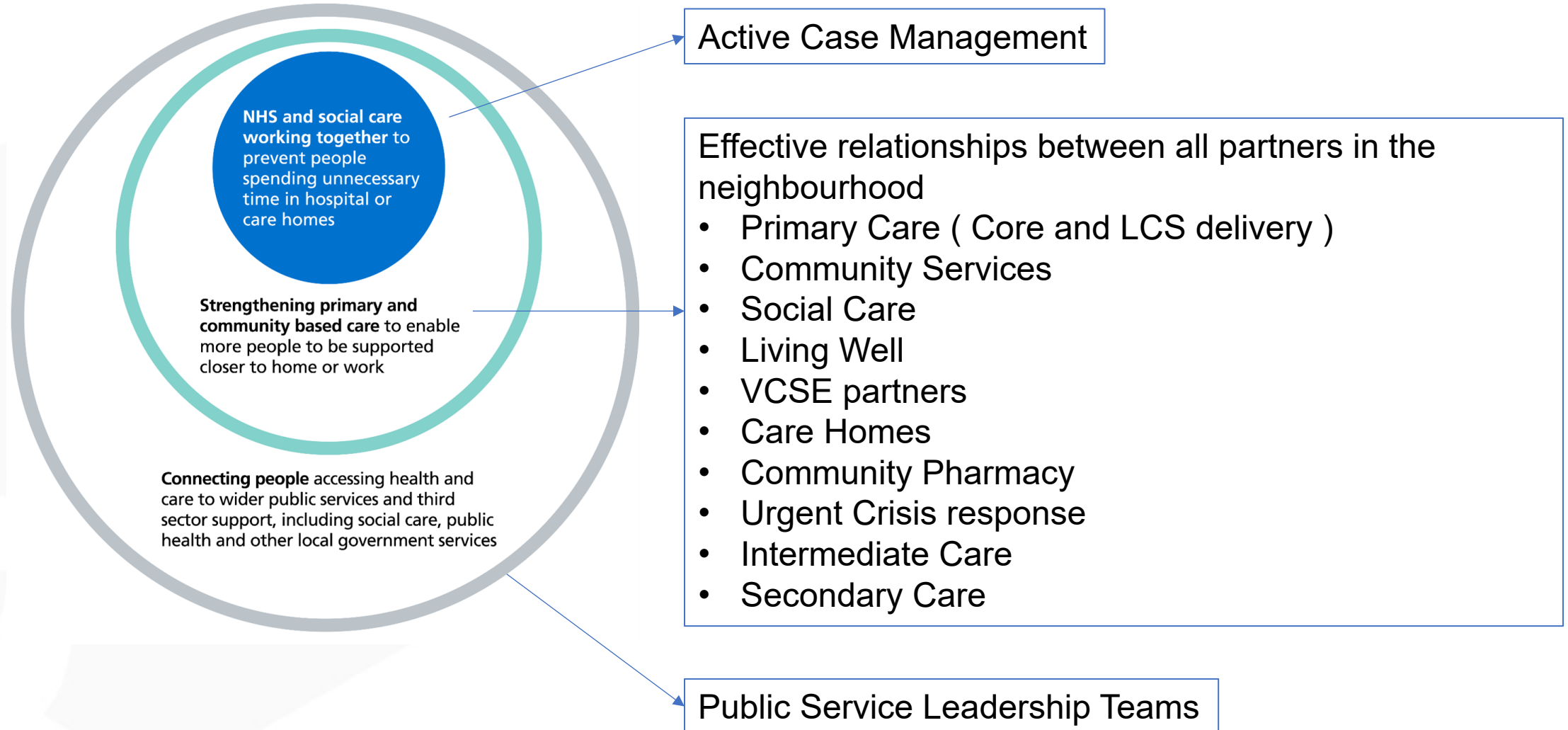
Clare Rayson
INT Lead

Dr Richard Deacon
GP Lead

Dawn Adderley
NSO

25 GP Practices

Implementing the national approach



2. Neighbourhood Leadership Teams

(formerly public service leadership teams)

Example Risk Cohorts Identified with multi-service interventions

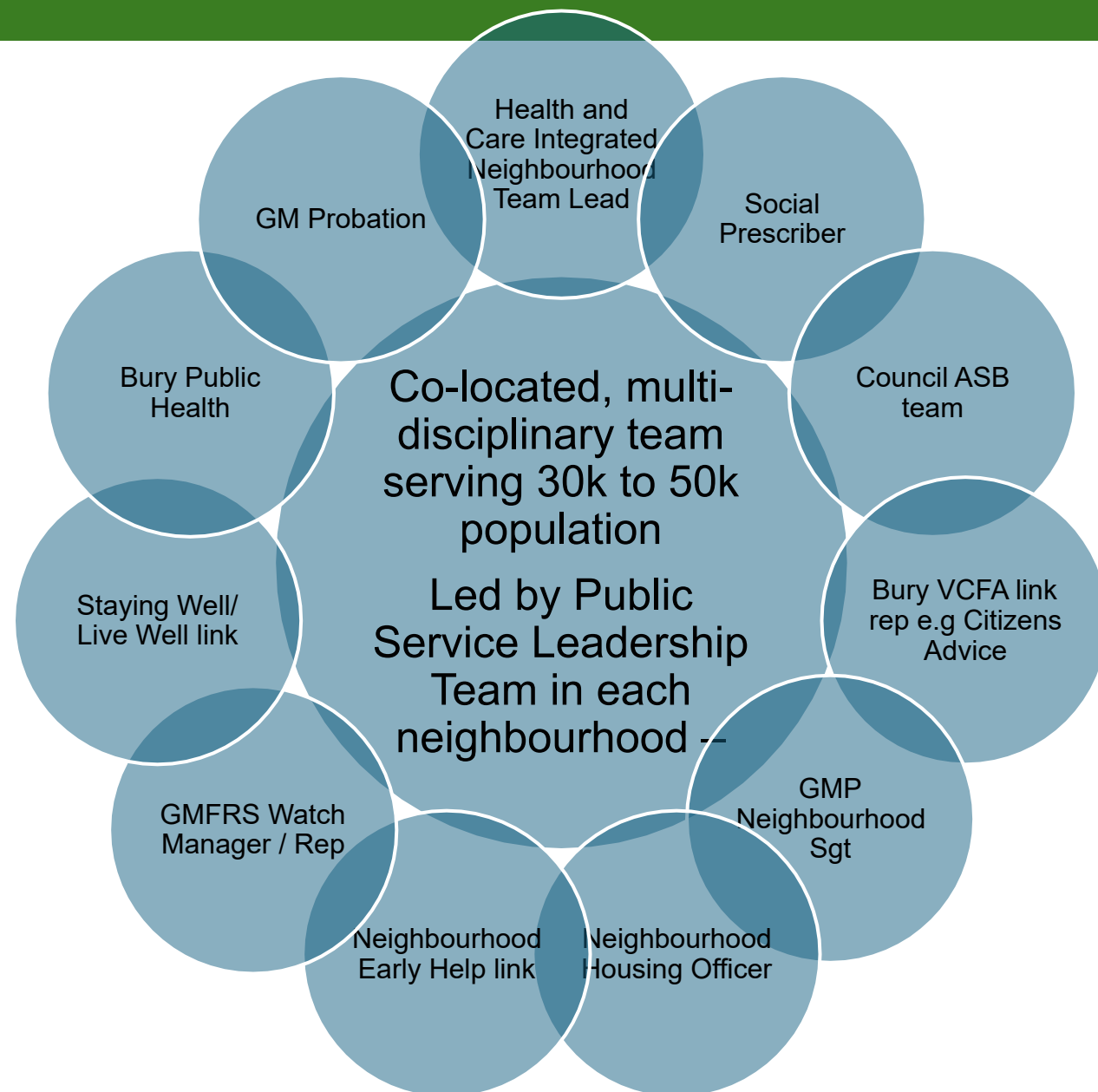
Bury East
Cuckooing
Hoarding
Repeat Domestic Abuse U21
GLD

Bury North
Social Isolation and Vulnerability
Digital Exclusion
Rent Arrears

Prestwich
Isolated older adults
Low income families with children

Bury West
Substance misuse
Cuckooing
OCG

Whitefield
Child neglect
Youth Crime



3. Implementation of Live Well by 2030

- ✓ 2026 - Live Well in Whitefield builds on some excellent community capacity, on a number of years of community capacity building and development, and recognises gaps in provision of public services particularly in Besses. A live well centre will be open in July, and other community assets are developing.
- ✓ 2027 - Live Well in Radcliffe will build out of not only exemplar community capacity but also the substantial opportunity of the hub, the enterprise centre, the school, and investment in the in Lift Centre to create front end live well offer. Also note alignment to pride in place funding
- ✓ 2028 - Live Well in Ramsbottom – again building out of strong VCSE capacity and likely to require an articulation of the virtual network of centres and capacity in the town
- ✓ 2029 – Live Well in Prestwich - to build out of the opportunity of the Hub
- ✓ 2026-2030 – Live Well in Bury – a series of investments and projects increasingly described as joined up an integrated. E.g Bury Neighbourhub in Millgate Shopping Centre focused on work and working age poverty but hallmark compliant

Live Well in Whitefield



- Building on Community engagement and understanding of strengths
- Joint SRO Council/VCFA – VCFA appointed programme lead
- Connecting and strengthening existing community capacity to provide a rounded portfolio of support
- Conversion of the Ark to become Live Well Hub – ambitious!
- Focal point – addressing poverty, and family hub (with Ribble Drive CDC)
- Three phase implementation:
 - Community Rooms, Community Café (run by Persona based on their Ageing in place café in Clarence Park), Meeting Rooms – by April
 - Base for Family Hub Staff and Integrated Neighbourhood Team in health and care
 - Utilisation of Sports Hall
- On going community conversation and ownership – shadow management board to be formed

4. Childrens MDT Neighbourhood Working

- Communities of Practice – Our default setting for SEND Reform Implementation – Schools/Council inc Ed Psych/NHS partners connected on the neighbourhood footprint
- Good Level of Development – Risk cohort identification for each of 5 neighbourhoods by ward, split by gender, ethnicity etc supporting the contribution of all partners
- Family Hub roll out – new family hubs opening in each neighbourhood e.g in Bury (Chesham), Whitefield (Ark) etc.
- Family First Implementation – dedicated teams for neighbourhoods
- MD working in NHS -working in progress for us but keen to focus on the neighbourhood footprint.