

Section

3

Our plan

Transforming
Health and Social
Care in Bury

Our plan
2017-2021



**Building
new
relationships**



**Staying
well
for longer**



**Reducing
failure
demand**



**Tackling
wider
determinants**





Section 3

Our plan

An overview

This plan identifies the changes we will make which will enable the shifts that will be required to transform Health and Social Care. These can be summarised as follows:

Building new relationships

- One Commissioning Organisation
- Locality Care Organisation
- Integrated neighbourhood working
- Enabling local people

Staying well for longer

- Giving children and young people the best start in life
- A Wellness Model for Bury
- Transforming mental health
- GM Cancer Programme

Enablers

- Engaging the public in a different conversation
- Mobilising population and community 'assets'
- Engaging and transforming our workforce
- System leadership and systems thinking
- Harnessing the value of existing, new and emerging technology
- Understanding our population through dynamic and integrated data, intelligence and analysis
- A fit for purpose Public Service estate

Tackling failure demand

- Access and navigation
- All age "Home First"
- Transforming social care
- Transforming urgent and emergency care
- Tackling variation
- Addressing severe and multiple disadvantage
- Standardising acute and specialist services

Tackling the wider determinants of health

- Bury Health and Wellbeing Strategy
- GM Population Health Plan
- Bury Life Chances Commission
- Bury Economic Growth Plan
- Health in all policies



Our plan: A future target operating model

In addition to describing what we will do differently in the future, it is important to articulate how we will configure our system to enable this to happen:



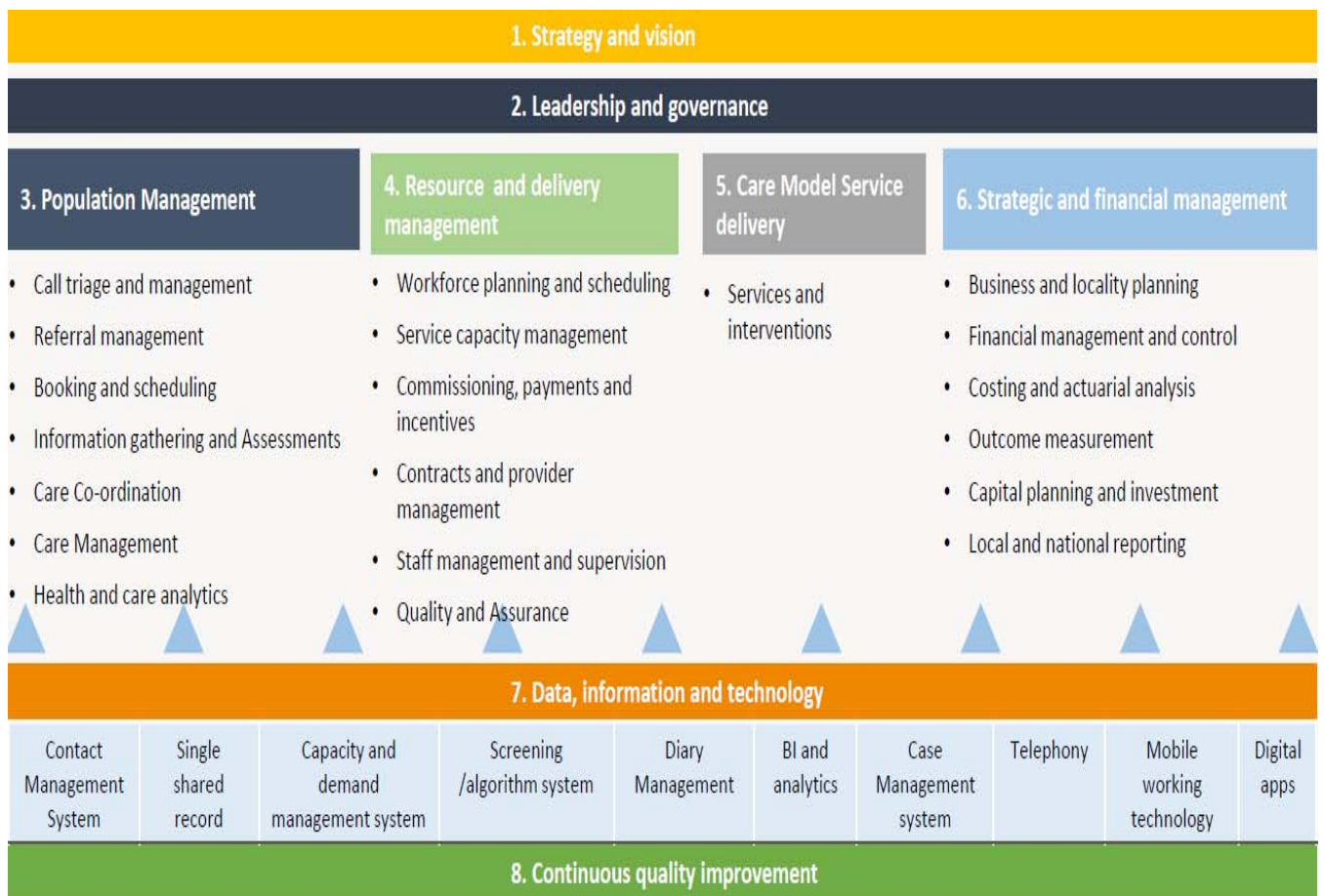


Our plan: Key system functions and capabilities

Creating new organisational forms and implementing new care models and interventions will not be sufficient, in isolation, to tackle the challenge that we face, and will not enable genuine and sustained transformation.

Whilst they represent what we will do, they do not represent how we will do it, and what the system wide functions and capabilities are that provide the glue to hold the transformed system together.

These key functions and capabilities can be articulated through the following framework:



In designing our new system, including our new organisational forms, we will ensure that these are implemented as key enablers of genuine and sustained transformation.

A specific focus on developing and maintaining high levels of system wide trust and confidence is an additional cross-cutting necessity underpinning system functionality and capability.



Our plan: A personal perspective

It is of paramount importance that we understand how we would want local people to describe health and social care in Bury.

By 2020/21, it should be our ambition to create a system which would be described by local people as follows:

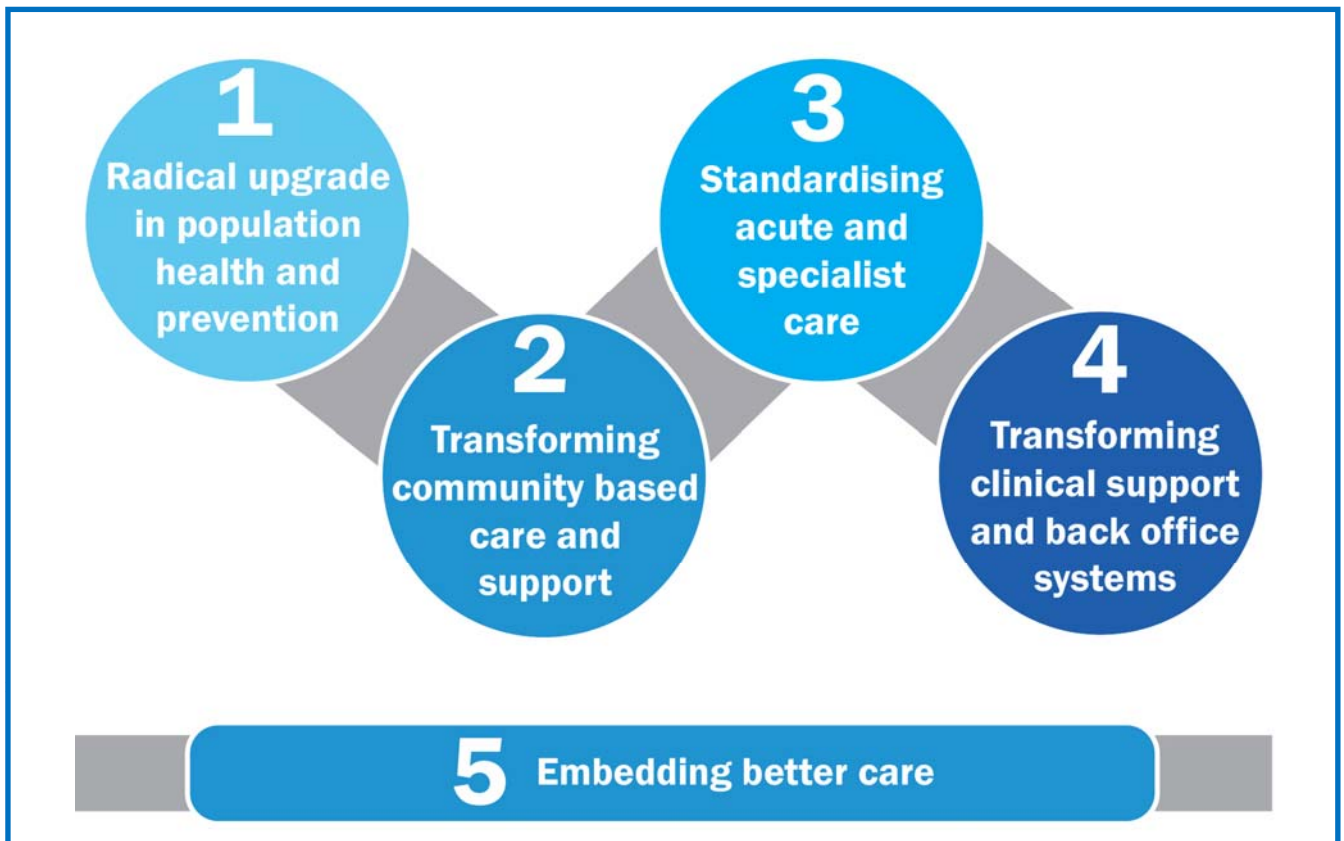




Our plan: The Greater Manchester context

The devolution of health and social care funding and responsibilities to Greater Manchester provides an unprecedented opportunity to radically transform the system across the conurbation.

The Bury Locality Plan directly, whilst configured and articulated differently, contributes towards the delivery of the priorities as set out in 'Taking Charge of Health and Social Care in Greater Manchester'



We will remain a key participant in the Greater Manchester Health and Social Care Partnership, and wider Greater Manchester Public Service Reform.

We will also seek to maximise the local impact of Greater Manchester transformation schemes including, but not exclusive to:

- GM Population Health Plan
- GM Primary Care Strategy
- GM Early Years Strategy
- GM Mental Health & Wellbeing Strategy
- GM Cancer Programme
- GM Adult Social Care Transformation Plan
- GM Connect
- Dementia United

“We will seek to maximise local impact”



The correlation between Bury transformation proposals and GM Health and Social Care transformation themes is set out below:

GM Theme	Bury transformation proposition
Theme 1 <i>Radical upgrade in population health and prevention</i>	<ul style="list-style-type: none"> • Enabling Local People • Integrated Neighbourhood Approaches • Giving Children and Young People the best start in life • A Wellness Model for Bury • Transforming Mental Health • Bury Life Chances Commission • Health in All Policies • Communications & Engagement (Enabler)
Theme 2 <i>Transforming community-based care and support</i>	<ul style="list-style-type: none"> • Integrated Neighbourhood Approaches • Giving Children and Young People the best start in life • Transforming Mental Health • Access and Navigation • All Age “Home First” • Transforming Social Care • Addressing Severe and Multiple Disadvantage
Theme 3 <i>Standardising acute and specialist care</i>	<ul style="list-style-type: none"> • Transforming Urgent and Emergency Care • Tackling Variation • Standardising Acute and Specialist Services
Theme 4 <i>Standardising clinical support and back office functions</i>	<ul style="list-style-type: none"> • Access and navigation • One Commissioning Organisation • Locality Care Organisation • Workforce & Organisational Development (Enabler) • Performance, Intelligence, Data and Analysis (Enabler) <p>+ Bury involvement in GM level activity</p>
Theme 5 <i>Enabling better care</i>	<ul style="list-style-type: none"> • One Commissioning Organisation • Locality Care Organisation • Integrated Neighbourhood Approaches • Access and Navigation • Information and Management Technology (Enabler) • Estates (Enabler) • Performance, Intelligence, Data and Analysis (Enabler)



Our plan: Building new relationships

A fundamental cornerstone of our plan is the establishment of new relationships and partnerships.

This will involve establishing more formal joint working relationships between Health and Social Care partners, building closer working relationships with wider Public Service partners, and re-imagining our relationship with local people.

We will:

- Integrate our commissioning approach and establish One Commissioning Organisation for Health and Social Care;
- Bring together the main providers of Health and Social Care Services into a Locality Care Organisation;
- Work alongside local people to mobilise Integrated Neighbourhood Working and invest in local assets and capacity, including the Voluntary Sector, local communities and local people.

One Commissioning Organisation (OCO)

The current approach to commissioning Health and Social Care is fragmented with Bury Council and Bury Clinical Commissioning Group each having responsibilities for commissioning different parts of the health and social system.

It is our ambition to create a more coherent, cohesive and integrated commissioning landscape, by bringing together the Health and Social Care commissioning functions of Bury Council and Bury CCG into One Commissioning Organisation, with a pooled or aligned budget, a single commissioning strategy, a shared approach to maximising social value, and strategically commissioning for outcomes. This will exist in shadow form from 1st April 2017.

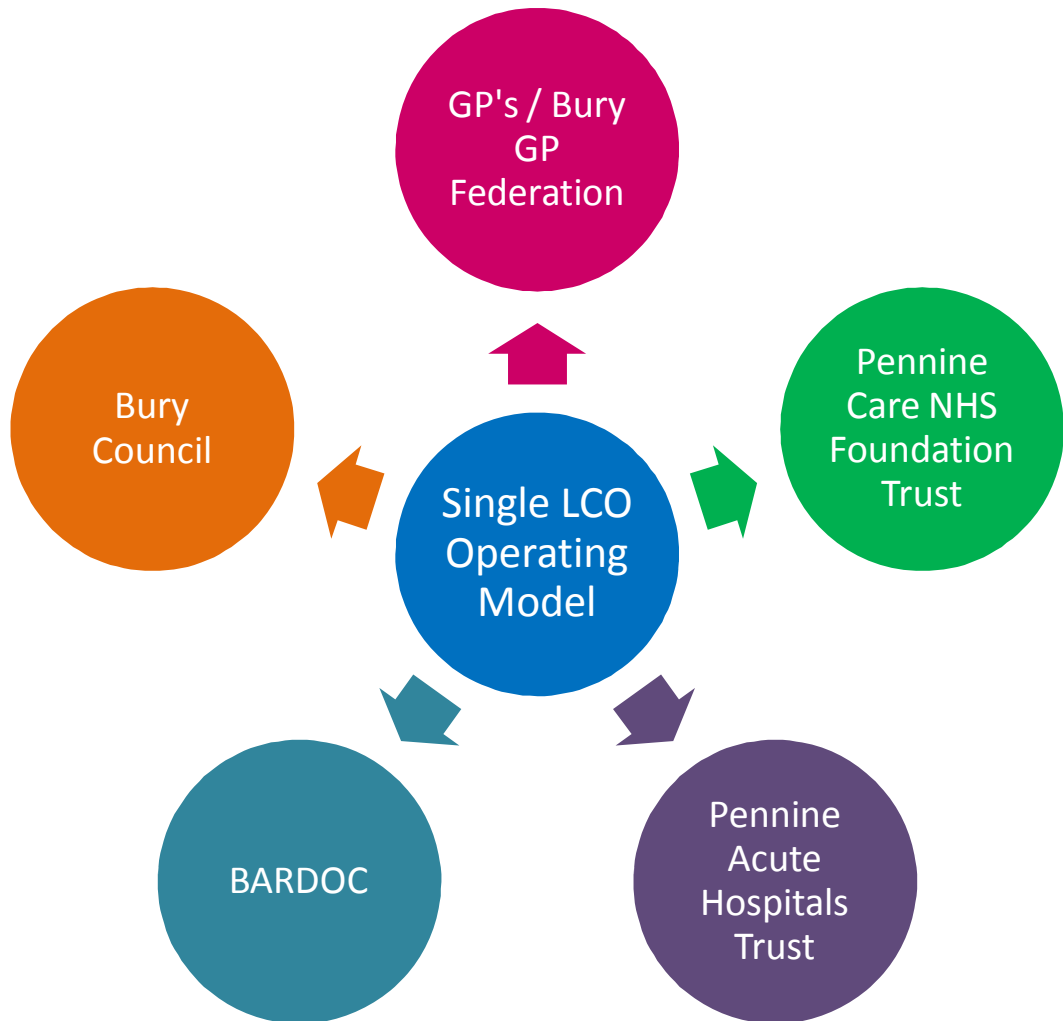




Locality Care Organisation (LCO)

A number of organisations provide Health and Social Care services within Bury, each with their own ways of working, their own budgets, and their own service-specific contracts.

It is our ambition to bring together our main providers of health and social care services in Bury into one Locality Care Organisation.



This will exist as a formal alliance from 1 April 2017 and will be responsible for providing high quality, person-centred, integrated care and support to local people.

This emerging structure will provide the platform for exploring innovative methods of providing future services with a specific focus on approaches to delivery, organisational forms, and contracting models which enable the greatest improvement in outcomes whilst also reducing cost.

This approach will remove the barriers and challenges that currently exist within a fragmented system that operates in organisational silos and which can incentivise perverse and unhelpful behaviours and outputs.

There are a wide range of national and international examples of integrated and accountable care systems which have:



- improved health outcomes;
- increased levels of satisfaction;
- reduced cost.

We will be ambitious in terms of exploring the opportunities that this presents us at a local level and we will seek to maximise the opportunity that greater integration presents to local people and the local Health and Social Care System.

Integrated Neighbourhood Working

Our local communities are one of our greatest assets and yet we do not readily or effectively engage and mobilise them to make a substantial and lasting difference to local Health and Wellbeing.

“We will mobilise our communities via an ‘asset-based’ approach”

We are proposing to increasingly focus upon mobilising local communities through an ‘asset-based’ approach to Health, Social Care and Public Service Reform.

To do this we will:

- provide services, and engage with local people, at an increasingly local level;
- increase our investment in communities to build upon the resources, skills and expertise that already exist within localities to maximise the impact on local health and wellbeing;
- build upon the existing Bury Directory to ensure that it can become a ‘digital first’ resource for local people seeking advice and support around health and social care issues;
- develop Integrated Neighbourhood Teams and Services which bring together Health, Social Care and other Public Sector Partners at a local level and which place General Practice, and wider Primary Care, at their heart;
- build upon the existing General Practice offer, to increase the capacity and capability to offer a wider range of clinical interventions in a community setting.
- maximise every opportunity to build local social value through service delivery, commissioning, procurement and investment.

This will enable a transformational shift away from statutory and centralised health and social care services and towards self-sustaining, resilient and thriving communities.





Enabling Local People

The current Health and Social Care system has become increasingly configured to create a culture in which people are passive recipients of services, rather than active participants in their own health.

This fails to recognise the inherent assets and future potential of local people, those around them, and their local communities.

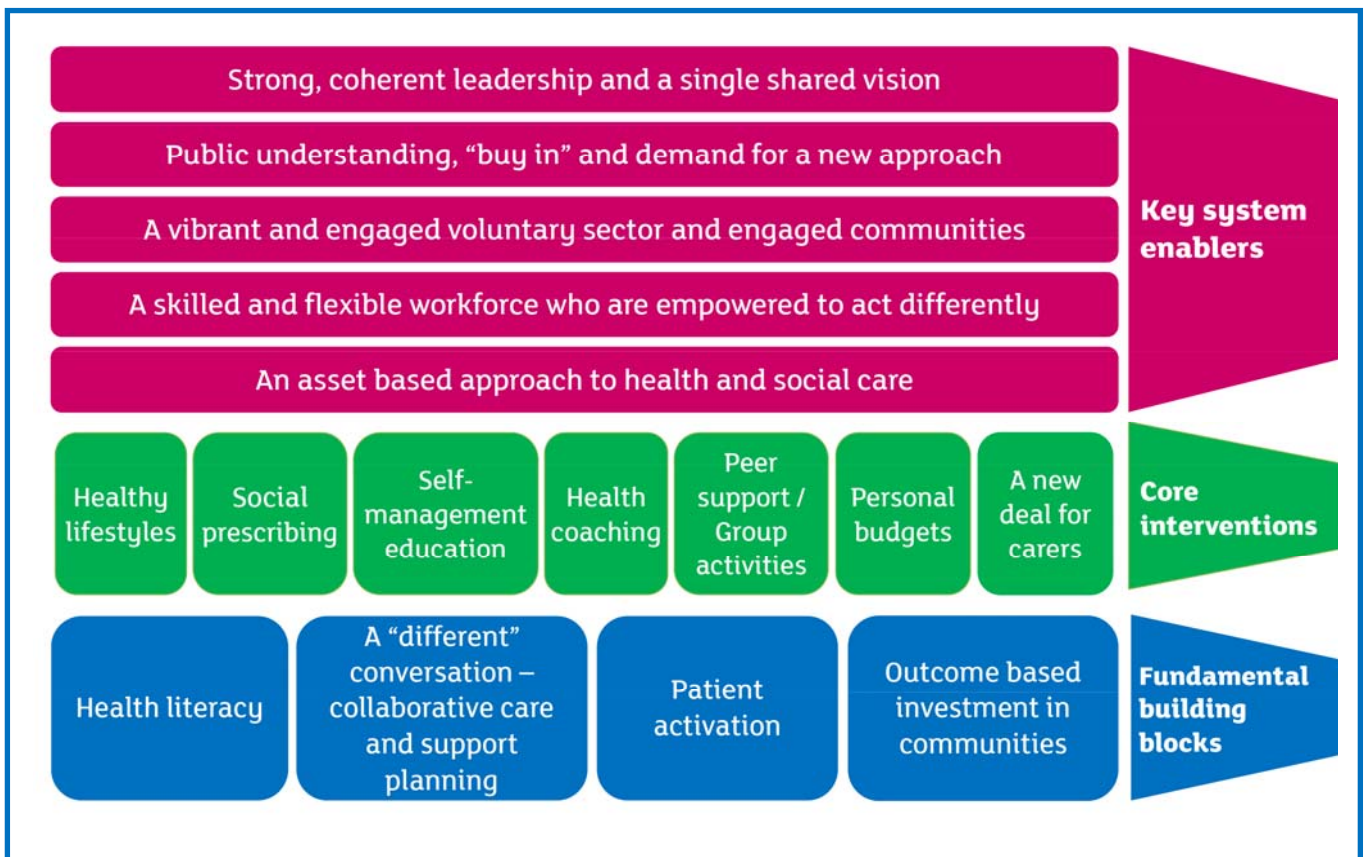
We are proposing to fundamentally reconfigure the Health and Social Care system in Bury to enable local people to become more active participants in their health and the health of those around them.

This will require a significant shift in culture and expectation amongst the local population and local workforce, and a shift in resources from statutory services and into local communities.

It will require change across the system, and this is articulated within the following overarching model.

“Enabling local people will require a significant culture shift”

System wide self care





To do this we will:

- Implement a wide-ranging programme of public engagement, and place increasing power into the hands of local communities and local people through participatory budgeting and increased opportunities for community-led problem solving.
- Undertake a significant system-wide programme of workforce engagement and organisational development.
- Implement new ‘people powered health’ interventions including, but not exclusive to:
 - Social prescribing
 - Health literacy
 - Peer support
 - Supported self management
- Recognise the valuable role played by those people in Bury who provide unpaid care and establish a ‘New Deal for Carers’ that ensures they are provided with the support that is needed.

“Enabling local people has the greatest potential to improve health and reduce costs”

If implemented at scale, and with sufficient investment and ‘buy in’, this proposal has the greatest potential to significantly improve health outcomes, whilst also reducing cost.

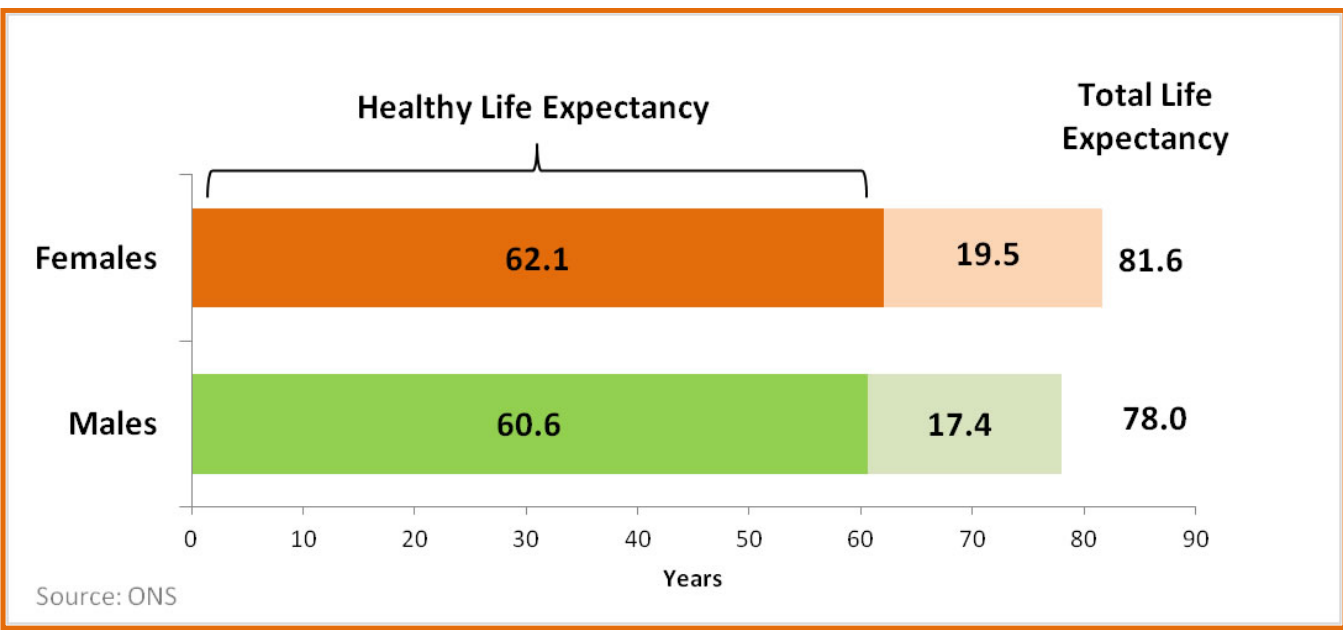




Our plan: Staying well for longer

Whilst Life Expectancy in Bury has increased significantly over recent decades, too many local people continue to spend too much of their life in ill health.

Healthy Life Expectancy amongst local people currently stands at 60.6 years for males and 62.1 years for females, although in some of the most deprived areas of Bury this falls to as low as 53.1 years for males and 54.2 years for females.



This compares to a national average healthy life expectancy of 63.4 years (-2.8 years) for males and 64.1 years (-2 years) for females.

As a result, a disproportionate amount of money is spent on treating avoidable poor health, rather than being invested in supporting local people to stay well or treating those who have the most complex needs.

This must change. Bury people deserve better.

We will increasingly judge our successes on the amount of time local people are well, rather than how we respond to illness and have an ambition, along with other GM areas, to increase Healthy Life Expectancy to the national average over the next decade.

To achieve this, we propose increasingly shifting investment into prevention and early intervention to keep people well for longer.

“Too many people spend too much of their life in ill health – we must change this”



We will:

- Integrate our approach to supporting Children, Young People and Families and place greater emphasis on Prevention, Early Intervention and providing high quality Local Services for those who need them the most. This will ensure that we give every Bury child the best start in life.
- Implement a Wellness Model for Bury which support local peoples to remain well for as long as possible.
- Transform the support that is available for local people with Mental Health needs.

“We will ensure pupils are supported to achieve their goals”

Giving local Children the best start in life

Most Children in Bury are fortunate enough to grow up in a safe and loving home environment, and to have numerous opportunities to pursue their ambitions and become adults who fulfil their potential. However, for too many children this is not the case.

We will transform the way in which we support Children and Young People by adopting an integrated approach across Health, Social Care, Neighbourhood and wider Public Services.

We will increasingly focus upon Prevention and Early Intervention, particularly for those who are the most at risk of adverse childhood experiences.

We will increase the support that is available to parents and ensure that all parents are able to support their children to achieve their potential.

We will work closely with local schools to ensure that they are better able to support all pupils to achieve their goals.

We will ensure that those children with the most complex health or social needs are able to receive appropriate integrated support, as close to home as possible.





A Wellness Model for Bury

Our success should increasingly be measured by the extent to which local people are staying well for longer and remaining free from illness. There will be a concerted system-wide shift towards this goal.

This will involve a transformational change to the way in which we support all local people to remain well, alongside a specific focus upon preventing the long term conditions which have the greatest impact on Bury people including, but not exclusive to, Hypertension, Coronary Heart Disease, Cancer, Diabetes and Chronic Kidney Disease.

We recognise the extent to which these conditions can be prevented or delayed and will work with our local communities to enable this to happen.

We will:

- Scale up the Bury Wellness Service so that it can support more local people to remain well for longer by addressing the potential underlying causes of current or future ill health such as Physical Inactivity, Smoking, Drug and Alcohol Use and Poor Diet and Nutrition;
- Develop and implement a systematic approach to identifying individuals at increased risk of developing long term conditions, supporting them in both General Practice and Pharmacy settings;
- Work with local Pharmacies, Dentists and Optometrists to increase the role they play in promoting wellness and preventing illness;
- Implement the Dementia United approach currently being rolled out across Greater Manchester to ensure that Bury is one of the best places in the world to live for people with dementia;

“We must transform the way we support local people to stay well”





- Develop and implement a system-wide Falls and Fragility Approach which proactively supports those at risk in order to prevent an initial falls episode, effectively responds to those who have experienced a first fall to ensure that the chance of a repeat incident is minimised, and offers targeted support to those at greatest risk;
- Work with local employers to support them to create and retain a well workforce, contributing to both improved health and improved economic productivity;
- Proactively engage with, and progress activity from, the GM Cancer Programme and the GM National Cancer Vanguard including:
 - Engaging with local people to reduce the risk of cancer
 - Collaborating to diagnose cancer earlier
 - Working with colleagues across GM, and beyond, to improve cancer care
 - Improving the quality of life for local people during and after cancer
- Proactively engage with, and progress activity from, the GM Population Health Plan 2017-21 including, but not exclusive to:
 - Developing person and community-centred approaches
 - Fully implementing the new model of care for Early Years
 - Tackling smoking in pregnancy
 - Improving oral health in children and young people
 - Work and health programme
 - New models of primary care in deprived communities
 - Incentivising and supporting healthy behaviours
 - HIV eradication
 - Improving housing quality for older people
 - Improving nutrition and hydration amongst older people
 - Reducing falls

“We will engage with and progress the GM Population Health Plan”





Transforming Mental Health in Bury

Responding effectively to those with Mental Health needs poses a challenge across the country.

We believe that significant change is needed and we will work with local communities, service users, carers and providers to transform the support that is available in relation to Mental Health with a core focus upon remaining well, tackling stigma, prevention and early intervention, and providing the right services, in the right place, at the right time.

We will place renewed emphasis on ensuring that Mental Health is viewed with the same level of importance as Physical Health.

To achieve this we will:

- Implement a new Bury Mental Health Strategy which will focus upon:
 - Enabling prevention, early intervention and peer support in a Neighbourhood setting;
 - Ensuring that Mental Health services are available for those who need them, and are accessible in a range of settings, including General Practice;
 - Working with Greater Manchester colleagues to mobilise a GM Mental Health and Wellbeing Strategy;
 - Further transforming the way in which we support those with drug or alcohol needs to place a greater emphasis on all-age prevention, early intervention, peer support / mutual aid and long term sustained recovery.

“We must provide the right services, in the right place, at the right time”





Our plan: Reducing failure demand

There will always be high levels of demand for Health and Social Care services and it is our ambition to ensure that we have a system that is able to meet that demand and deliver excellent outcomes for local people.

However, it is estimated that between 25% and 40% of all Public Service demand results directly or indirectly from the way in which we function as organisations, and that a large proportion of this could be avoided if the system operated differently.

A great deal of work has been undertaken locally to reduce this and Public Service organisations are increasingly effective and efficient.

However, there remains a long way to go if we are to reduce this failure demand to its lowest possible level and achieving this will require transformational change.

Our shift towards One Commissioning Organisation, a Locality Care Organisation and Integrated Neighbourhood Working is a key part of this journey.

In addition, we will also:

- Work as a system to improve access to Health and Social Care, enable better navigation around a complex system, and support people to receive support in the place that is most appropriate for their needs;
- Adopt a system wide all age ‘Home First’ approach which enables local people to remain at home for as long as possible, and return home as soon as possible;
- Transform Social Care to ensure that it meets the needs of local people and contributes to a reduction in demand in other parts of the Health and Social Care System;
- Transform the hospital-based services that are available in an emergency;
- Tackle unwarranted or unexplained variations in activity or cost which adversely impact upon Bury;
- Mobilise a system-wide response to the severe and multiple disadvantage experienced by individuals with need related to substance misuse, homelessness, mental health and criminal justice involvement.

“Crucial to our journey is the LCO, the OCO and integrated neighbourhood working”



Improving Access and Navigation

The current Health and Social Care System is complex. There are myriad ways to access services, but getting to the right service can be confusing and frustrating, and this often leads people to end up in the most costly and specialist parts of the system even when this isn't necessary.

“We will establish an all-age, system-wide approach”

The sheer number of contacts points, referral mechanisms, and hand off's creates avoidable demand and cost, whilst doing little to improve outcomes or increase satisfaction.

We are proposing to develop a more integrated and coherent Health and Social Care system with reduced silo working, increased co-ordination, fewer avoidable hand offs and referrals, a greater focus on outcomes and efficiency, and a system-wide on resolution at the earliest available opportunity.

‘Home First’

The current Health and Social Care system is failing to keep people in their own homes and away from hospital, and is then struggling to support some people to return home from the acute setting.

This directly contributes to the day to day challenges and pressures affecting local hospitals in terms of capacity and effectiveness.

We have an ambition to develop a system that is configured to ensure that, where it is safe, people are supported to stay in their own home for as long as possible and to return there as soon as possible.

To do this we will establish an all-age system-wide approach which invests additional capacity and resource in preventing admission into hospital and enabling discharge from hospital.

The core components of this model are:

1. Help to live at Home:

Providing proactive, coordinated support to people who need some help to continue to live in their own home, including:

:

- a. Periods of intensive support and reablement to help individuals reach maximum independence.
- b. Pre and post hospital inpatient planning to help people maintain their independence by bringing them back into the community and return to the most appropriate place of residence as soon as possible.



2. Rapid community response:

A 24/7 Integrated Service focussing on maintaining people in their own home and preventing avoidable admission to acute hospital or residential care.

3. Assistive Technology and Equipment Centre of Excellence:

Establishing an exemplar service for Bury that maximises the proactive and reactive use of technology and equipment to enable people to remain independent for as long as possible.

“We will establish an exemplar service for Bury

4. Healthy Care Homes:

Improving the outcomes for Care Home residents within Bury by working alongside providers to improve quality of care, join up the support available to local people and reduce the number of care home residents who are admitted to hospital.

5. Palliative / End of Life Care Service:

Increasing the proportion of people who die in their preferred place by providing end of life care services across all settings in Bury (including Care Homes), through a more integrated multi-disciplinary approach (including the voluntary and community sector), and an increase in the capacity of the services that support people at the end of their life.

Transforming Social Care

Adult Social Care is critical to the successful delivery of local and Greater Manchester ambitions in relation to improved outcomes and financial sustainability.

If we do nothing, the Social Care financial gap in Bury will be £41.5million by 2020/21.

We will work with colleagues across Greater Manchester to implement the emerging GM Adult Social Care Transformation Plan and will deliver new service models and processes in relation to:

- Residential and Nursing Care
- Care at Home
- Learning Disabilities
- Support for Carers
- Workforce





Transforming Urgent and Emergency Care Services

Whilst our aim is to mobilise our entire system to prevent the need for local people to access hospital-based services, we recognise that in some cases this is not possible and that there will be a need to transform hospital-based Urgent and Emergency Care services.

To do this we will reconfigure the services that are currently available immediately before potential Emergency Department attendance, and in the Emergency Care setting itself to ensure that the presenting issue is resolved as quickly as possible by the right person, with the right competencies.

This will involve a multi-agency Urgency and Emergency Care response which brings together Primary Care, Social Care, Acute Care and the Voluntary & Community Sector, into a single coherent approach focussed upon:

- Preventing the need for attendance at the Emergency Department through community deflection, including scaling up the existing Integrated Virtual Clinical Hub and the Paramedic-led 'Green Car' response;
- Improving the way in which demand is managed within the Emergency Department to reduce waiting times and reduce avoidable demand for services that could be provided in an alternative setting, including through a Primary Care provision within the Emergency Department;
- Reducing the number of individuals who are subsequently admitted into hospital by providing a credible alternative to admission, including through an enhanced ambulatory care model.

Tackling variation

In Bury there are areas of health intervention and expenditure where we are an outlier in terms of activity and cost.

Proactively identifying and responding to these areas will contribute to a reduction in avoidable and/or failure demand and the associated costs. We are proposing to use a range of analytical tools, supported by specialist input and our local analytical expertise, as a means of identifying and reducing unwarranted variation. To do this we will:

- Undertake additional in depth analysis of the Rightcare data set to identify areas of unexplained, avoidable or unwarranted variation;
- Apply structured problem-solving methodology to drive forward service improvement in relation to identified areas.
- Redesign services and develop more integrated health and social care pathways and approaches.

“We will create a single coherent response focussed on prevention, managing demand and reducing admissions”



A System-wide response to Severe and Multiple Disadvantage (SMD)

Research by Lankelly Chase in 2015 estimated that there were at least 1070 individuals in Bury who were experiencing Severe and Multiple Disadvantage defined as requiring, or in receipt of, 2 or more of the following:

- Homelessness Services
- Substance Misuse Services
- Offender Services

“Too many people in Bury are experiencing severe and multiple disadvantage”

On average, individuals within this cohort cost an average of £19,000 a year to the Public Sector (a total of £20,330,000 for the Bury population), and an average of £250,000 each across their SMD ‘career’.

It is estimated that at least 60% of this cohort have at least one Physical Health need, and that at least 40% have a Mental Health need.

We are proposing to development a system-wide response to this issue, with our local Voluntary, Community and Faith Sector playing a central role within this model.

To do this we will:

- Work with existing and new Voluntary, Community and Faith Sector partners and Public Sector organisations to establish a delivery ‘alliance’;
- Implement a pro-active model which builds upon existing and emerging best practice and enables the identification of this cohort and the delivery of effective interventions.

Standardising Acute and Specialist Care

There continues to be significant variation in Acute and Specialist Care across Greater Manchester, and even across Pennine Acute Hospital Trust who provide hospital services across Bury, Rochdale, Oldham and North Manchester.

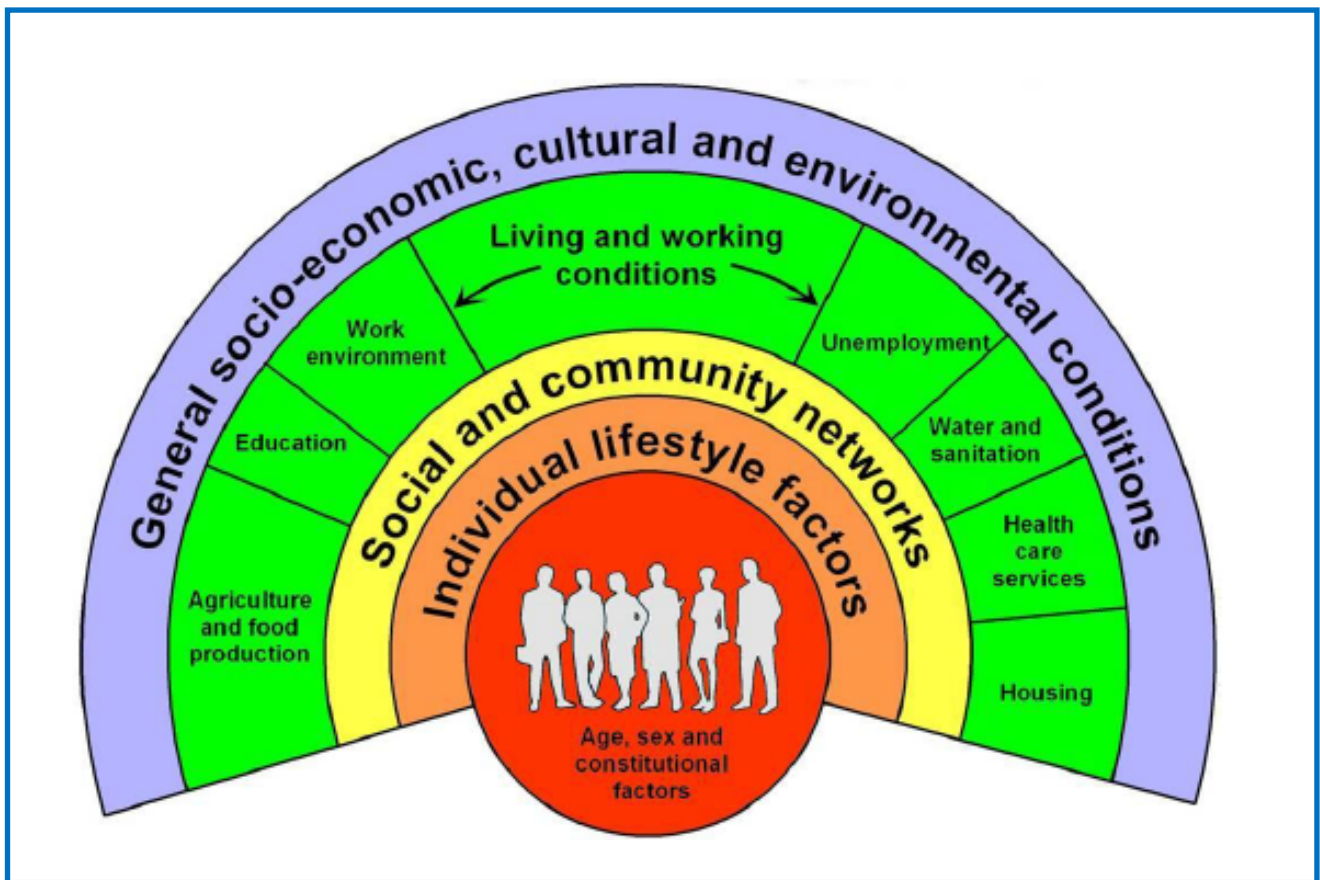
We will continue to work with colleagues from these areas, Pennine Acute Hospital Trust and Greater Manchester health and social care leaders to increasingly standardise, where appropriate the Acute and Specialist Care that is available to local people.



Our plan: Tackling the wider determinants of health

It is widely accepted that Health and Social Care ‘services’, whilst important, are not the primary determinant of health and wellbeing.

There are numerous ways in which this can be articulated, but many have merged from the model developed by Dahlgren and Whiteheads (1991):



As highlighted in the model (above), Healthcare Services are one of a number of factors which directly and indirectly impact upon health and wellbeing.

We must seek to focus on each of these levels and each of these factors if we are to have a meaningful and lasting impact on the health of local people.

It is as important to focus on work and skills, housing, education, social connectedness and the built environment, air quality and climate change as it is to focus on health and social care services.

The Marmot Review, concluded in 2014, robustly articulated the challenges that would need to be overcome if we were to tackle the underlying causes of ill health within England and these remain relevant.



His review concluded that there were 6 key policy objectives that must underpin any approach to meaningfully reduce health inequalities across England:

1. Give every child the best start in life
2. Enable all children, young people and adults to opportunities to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

“Our approach will be to embed population health and tackling wider determinants across everything we do”

These remain integral in our local approach to tackling the underlying causes of poor health.

Our approach is to embed Population Health and Tackling Wider Determinants across everything we do.

The Bury Economic Growth Strategy strongly emphasises and sets the conditions for ensuring the development of an inclusive economy where the benefits of prosperity are more evenly shared across our Borough in order to tackle inequalities in income and employment.

Our local approach to spatial planning and environmental quality has led to a vibrant town centre with Purple Flag status, all our parks achieving the Green Flag award, our 20mph zones helping to reduce accidents and air pollution.

Our work on Housing is focused on ensuring housing needs of the population are met by the development of appropriate and affordable home, bringing empty properties back into use, working with private landlords to raise standards in the private rented sector and supporting home improvement works to tackle fuel poverty.

We are also collaborating with colleagues across Greater Manchester to collaboratively commission a Home Improvement Service.

Our existing Bury Health and Wellbeing Strategy 2015-2018 sets out our local vision to:

“Improve health and wellbeing through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life.”



It established 4 local principles to cross-cut our entire approach.

1. Promoting and developing prevention, early intervention and self care
2. Reducing Inequalities in health and wellbeing
3. Developing person centred services
4. Planning for future demands

“We will work collaboratively to give everyone the best chances in life and reach their full potential”

It articulates a wide range of activity to improve health and wellbeing across the life course and with a specific focus upon:

- Starting Well
- Living Well
- Supporting people to live well with a Long Term Condition or as Carers
- Ageing Well
- Healthy Places

In addition, we will implement the findings of the Bury Life Chances Commission which was established in September 2016 to look at how we can work collaboratively to improve people’s skills, increase job prospects for local people, and help local businesses, and aims to:

- give everyone the best chances in life and do more to help everyone fulfil their potential;
- be ambitious and grasp the opportunities that devolution of powers to Greater Manchester will bring;
- build on the skills of our population which is one of the most highly skilled in Greater Manchester;
- create new opportunities in Bury and beyond;
- become a hub for the highly skilled to the benefit of Bury, Greater Manchester and beyond.





We will build upon this robust platform and push further.

We will develop and implement new ways of working with schools in Bury to ensure the provision of good quality Education for our children and young people through a system leadership & sector led improvement approach.

“We will tackle poverty, deprivation and inequality”

We have committed to developing a new Anti-Poverty strategy which will set out a comprehensive approach to tackling poverty, deprivation and inequality within Bury.

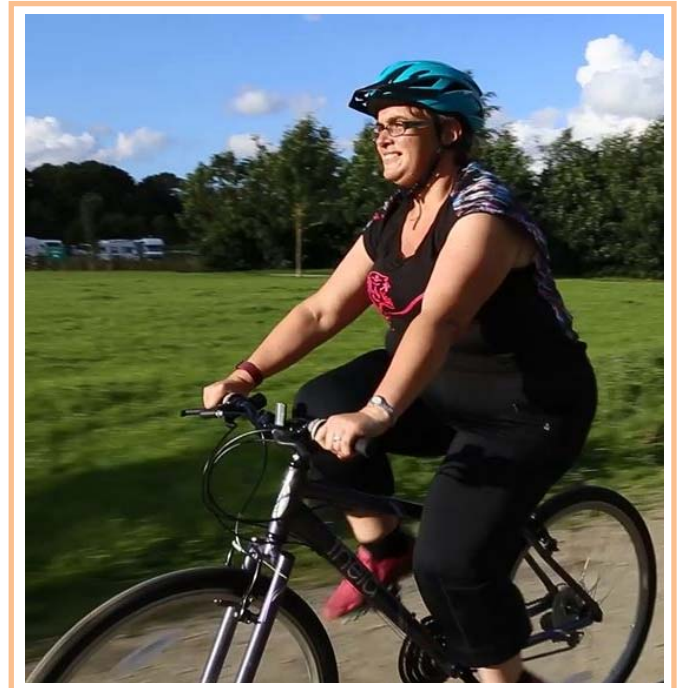
We will maximise opportunities for Active Travel, including by increasing cycle facilities and infrastructure within the borough.

We will continue to work with GM and national colleagues to tackle poor air quality which has a real and significant effect on the health of local people, particularly in relation to respiratory illnesses and cardiovascular problems. In Greater Manchester exposure to particle air pollution is estimated to cause around 1000 deaths per year, with the greatest impact being experienced by children and young people, older adults and those with existing long term conditions.

In Bury we will continue to work with Greater Manchester colleagues to fully implement the Greater Manchester Air Quality Action Plan.

Climate change is likely to result in hotter summers, colder winters and more extreme weather events including heavy rainfall and flooding, all of which have the potential to adversely impact upon the health of local people.

In Bury we will work with Greater Manchester colleagues to fully implement the Greater Manchester Climate Change and Low Emission Strategies and Joint Implementation Plans, and will create a Bury Climate Change Plan which will describe the actions we will take locally to reduce carbon emissions, mitigate climate change and enable communities to be resilient to the likely future changes in climate and weather.



Finally, we will continue to work with colleagues across Greater Manchester to implement the Greater Manchester Population Health Plan at scale and pace and will ensure that Bury people benefit from this conurbation-wide approach to tackling some of the key causes of ill health and core enablers of wellness.



Our plan: Key enablers

Whilst our Locality Plan sets out our ambitions in relation to transforming our approach to Health and Social Care in Bury, these will be unachievable without a number of critical enablers, namely:

- Communication and Engagement
- Workforce and Organisational Development
- Information and Management Technology
- Performance, Intelligence and Analysis
- Estates and Physical Assets

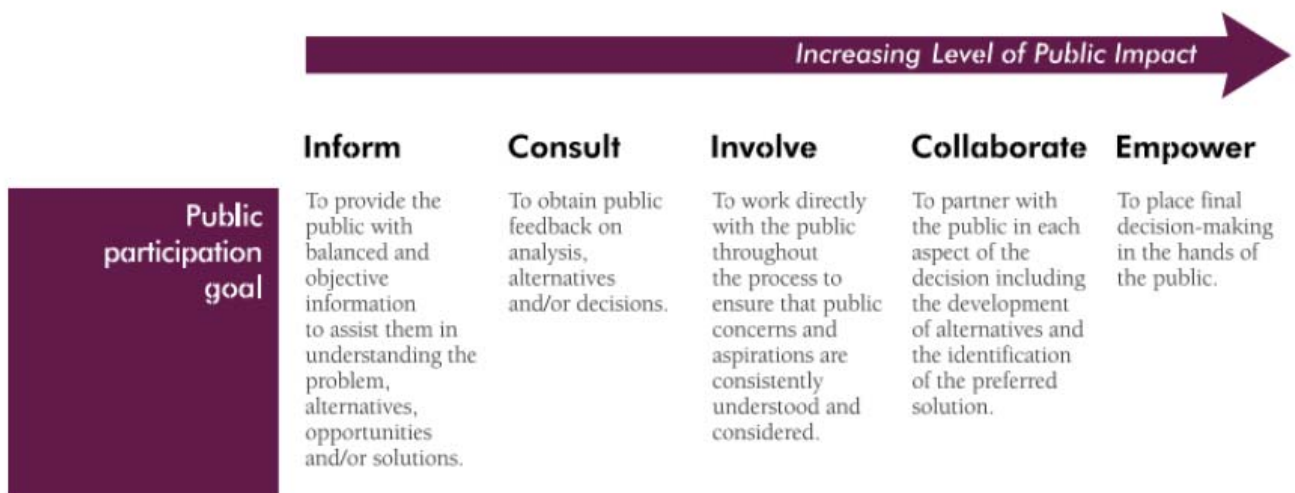
“Communication and engagement will be critical to success”

Communication and Engagement

Perhaps the most critical success factor in enabling the implementation of our Locality Plan, and the subsequent impact on demand and cost, will be our ability to engage local people and local stakeholders in a different conversation, to learn from the experiences of local people, and to harness the collective knowledge and insight that exists within our local communities.

We need to increasingly ensure that we are engaging local people as equal partners and support local people to acquire the knowledge, skills, confidence and experience to play a more active role in their own health and the health of those around them, and a more involved role in the transformation of health and social care in Bury.

This will require a radical change in the power dynamic between local people and Public Services which increasingly moves away from ‘communicating’ and ‘information’, and towards ‘involving’, ‘collaborating’ and ‘empowering’.



Without this shift, our ambitions in relation to transformational change, and particularly those proposals which require active public involvement, will fail to achieve their potential.



Workforce and Organisational Development

Alongside transforming our relationship with local people, the way in which we engage and empower our workforce is of critical importance to the success of our proposals. Our workforce (paid and unpaid) are an invaluable asset who exhibit skill, determination, passion and dedication on a daily basis.

“We must invest in, support and involve our workforce”

Transforming the way in which Health and Social Care is provided in Bury will be a challenging and complex task and we must ensure that we take our workforce on this journey with us and provide them with the support that may be required.

By 2021, our workforce may look very different.

The transformational ‘shifts’ we have articulated will require new knowledge, skills and competencies and we must invest in ensuring they are developed.

There will be new roles, or roles which move from one part of the health and social care system to another in order to maximise impact, and we will need to be willing to adopt or remove existing constraints and prevailing views to enable this to happen.

Ultimately, there will be a need to ensure that the workforce across the systems is sufficient to meet the needs of local people, and a shift in workforce and resource which accompanies projected shifts in demand and activity.

It is important to acknowledge that transformation of this scale will be unsettling for our workforce and a conscious effort will be required to ensure staff are supported and involved during this journey, and that all efforts are made to retain existing staff, enable continuity, and recruit high quality new staff.

A significant cultural shift is required to make this vision a reality and we must not under-estimate the scale of this challenge.

We must ensure that our workforce are given explicit permission to behave differently, to model new ways of working, to be less risk averse, and to embrace a flexible and dynamic new approach.

We will increasingly invest in Systems Leadership as the means of equipping our current and future leaders with the competencies they will need to lead in complex and integrated systems.

Information and Management Technology (IMT)

Embracing new and emerging Information and Management Technology will enable us to realise the full potential of many of our proposals.

Developing and implementing Integrated Assessments and Integrated Electronic Care Records could be fundamental to the way in which we enable Public Services to work more collaboratively in order to achieve better outcomes for local people.



Utilising to technology to enable our workforce to be more agile, dynamic and effective will enable the workforce changes we require.

Understanding the ‘art of the possible’ in relation to the technology which could support someone to remain at home for longer is an exciting prospect which could have a direct impact on quality of life for local people, and demand within the health and social care system

Live monitoring of whole system demand and capacity would enable us to better understand where we need to place resources to keep the system functioning effectively.

Increasing the use of technology to enable the more effective and efficient management of transactional demands, such as booking appointments, could create a more user friendly and accessible interface between local people and local services.

Dynamic system-wide risk stratification which identifies people who are increasingly accessing health and social care services would enable a more joined up response to ensure that the needs of those people are better met through integrated teams.

A ‘digital first’ offer via the Bury Directory would give local people a credible alternative to accessing services.

A system wide approach to Information Sharing and Information Governance, with appropriate safeguards, will underpin our ability to share information readily and in a manner which enables better support and care.

The potential is enormous, and largely untapped. We should ensure that we have the requisite ambition, knowledge, skills and experience to make it a reality.

However, we also recognise that the increased use of new technology will be a cause of anxiety and a barrier to some of our population and will ensure that such approaches are not at the expense of personal contact and person-centred support and care for those who need it the most.

Performance, Intelligence, Data and Analysis

To make the transformational ‘shifts’ we have articulated, there will be a need to shift towards a more proactive problem-solving approach which is underpinned by robust data, business intelligence and analysis.

We should seek to empower local people by building upon our existing Joint Strategic Needs Assessment website, and providing open and transparent access to data and information wherever possible. This is a cornerstone of enabling solutions driven by local people.

We will explore ways in which we can join up the Performance, Analysis and Intelligence capacity that exist across the system to enable strategic analysis and a system-wide understanding of the ongoing challenges we face.

“A system-wide approach to data will underpin and enable better support and care”



There is an opportunity for Bury to be at the vanguard in terms of the use of data, intelligence and analysis in a way which underpins future strategic decision-making and service delivery.

Estates and Physical Assets

As a Public Service, we have a wide range of buildings and physical assets. We will reconfigure these where necessary to enable new ways of working, new organisational forms and integration across organisations.

We will explore new and innovative approaches to enable the growth of our asset based approach to integrated neighbourhood working, including exploring opportunities around asset transfer and use of public service assets by non-public service groups and organisations.

Some of these assets are also a financial liability in terms of ongoing costs and we should seek to identify these and dispose of them in order to ensure that we use all of our available finances to directly support local people.

“We will reconfigure our assets to enable new ways of working and organisational integration”

