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AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members : Graham Atkinson, Dave Bevitt, Councillor Jane Black, Mark Carriline, Dr Gibson, Mark Granby, Pat Jones-Greenhalgh (Vice-Chair), Lesley Jones, Stuart North, Andrew Ramwell, and Councillor Rishi Shori (Chair).

Non-Voting Members : Rob Bellingham

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Thursday, 30 January 2014
Place:	Rooms A&B Bury Town Hall
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

3 MINUTES OF PREVIOUS MEETING *(Pages 1 - 8)*

Minutes are attached.

4 MATTERS ARISING *(Pages 9 - 12)*

5 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 BETTER CARE FUND *(Pages 13 - 56)*

Report from the Executive Director of Adult Services is attached.

7 HEALTHIER TOGETHER

A verbal presentation from Stuart North, Chief Officer, Bury's Clinical Commissioning Group and Dr Kiran Patel, Chair, Bury's Clinical Commissioning Group will be given at the meeting.

8 PRIORITY SETTING AND THE HEALTH AND WELLBEING BOARD WORK PROGRAMME *(Pages 57 - 66)*

A verbal presentation from the Interim Director of Public Health, Lesley Jones, will be given at the meeting.

A report is attached.

9 COMMUNITY HEALTH AND WELLBEING ASSESSMENT *(Pages 67 - 68)*

A verbal update will be given by the Interim Director of Public Health, Lesley Jones at the meeting.

A report is attached.

10 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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Minutes of:	**HEALTH AND WELLBEING BOARD**
Date of Meeting:	Thursday 14th November 2013
Present:	Cabinet Member, Councillor Rishi Shori; Deputy Cabinet Member, Councillor Jane Black Chief Officer, CCG, Stuart North; Community Safety Partnership, Superintendent Mark Granby; Executive Director, Children's and Families, Mark Carriline. Healthwatch Chair, Andrew Ramwell. CCG representative; Dr. Audrey Gibson. Interim Director of Public Health; Lesley Jones. B3SDA; Dave Bevitt. NHS England; Rob Bellingham.
Also in attendance:	Julie Edwards – Democratic Services. Ian Chambers – Assistant Director, Learning. Julie Gonda - Assistant Director, Commissioning and Procurement, substituting for the Executive Director for Adult Services. Heather Crozier – Head of Customer Services
Apologies:	Executive Director of Adult Services, Pat Jones-Greenhalgh; Executive Director, EDS Graham Atkinson, Dr. K. Patel.
Public attendance:	5 members of the public were in attendance

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HWB.506 DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB.507 MINUTES

Delegated decision:
The Minutes of the meeting of the Health and Wellbeing Board held on 17 September 2013 be approved as a correct record and signed by the Chair, subject to an amendment to minute HWB.370 to include all Local Authorities.

HWB.508 MATTERS ARISING

Members of the Board reviewed the Health and Wellbeing Board Action Log.

In response to a question from the Chair, the Assistant Director, Commissioning reported that proposals in relation to the virtual network hub are still being developed and a further update will be reported at the next meeting of the Health and Wellbeing Board.

HWB. 509 PUBLIC QUESTION TIME

The Chair, Councillor R Shori, invited questions, comments and representations from members of the public present at the meeting.

Questions were asked and comments made on the issues detailed below.

In response to Councillor Walker's question with regards to the site formally occupied by the Peel Health Centre, the Chief Operating Officer, CCG reported that NHS England would in the next two months agree their capital programme. Democratic Services would contact Rob Bellingham, NHS England for an update in relation to the development of the site.

HWB. 510 CHILDREN WITH ADDITIONAL NEEDS PARTNERSHIP GROUP

Members of the Board considered a verbal presentation from the Assistant Director, Learning in relation to the reform of systems for children with special education needs and disability. The presentation contained the following information:

The Assistant Director, Learning reported that the Children and Families Bill reforms the system for children with special educational needs and disability.

The Bill will extend the SEN system from birth to 25, giving children, young people and their parents greater control and choice in decisions and ensuring needs are properly met.

The legislation will replace old statements with a new birth- to-25 education, health and care plan; offer families personal budgets; and improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.

The Assistant Director, Learning reported that the changes will take effect from September 2014 and the council have been given £75,000 to support the implementation process.

The Assistant Director, Learning reported that a SEND implementation group has been established and is functioning well with all partners engaged in the process. A project implementation document is in place and regularly reviewed and updated.

The Assistant Director, learning reported that a review of school SEN provision is underway. A drat EHC plan has been agreed and initial plans drawn up with six families.

Questions were invited from those present at the meeting and the following points were raised:-

In response to a Board members question, The Assistant Director, Learning reported that the use and quality of data needs strengthening and it will be necessary to raise awareness of the SEND agenda with partner agencies in particular those partners in health.

The Assistant Director, Learning reported that stronger links will be needed with parallel developments in Health, Social Care, and in respect of public service reform.

In response to a Board members question the Assistant Director, Learning reported that the Local Authority would provide briefings for school governors in relation to the proposed changes.

The Assistant Director, Learning reported that the implementation group would continue to identify new ways to capture young people's and parents views.

Delegated decision

The Assistant Director, learning be thanked for his attendance and further updates in relation to the reform of the system for children with special education needs and disability be reported to a future meeting of the Health and Wellbeing Board.

HWB.511 NHS TRANSFER OF FUNDING TO SOCIAL CARE

Julie Gonda, Assistant Director, Commissioning and Procurement Adult Services, presented an overview of the transfer of funds from the NHS to the Local Authority. An accompanying report had been submitted to the Board providing an update on the transfer of funds, the principles for the use of this funding for 2013/14 and the proposed transfer of funds from the NHS from 2014/15

The Assistant Director, Commissioning reported that the transfer is to be made in line with the Department of Health gateway reference 18568. In essence this funding should be used for social care activity that impacts on health care and that reduces on going demand throughout the whole of the system of care.

For Bury, the sum to be transferred for 2013/14 amounts to £2.923million, which is an increase from £2.218million in 2011/12 and £2.127million in 2012/13. The conditions on the use of this funding have changed slightly – for the previous two years' allocations, local agreement was reached between the Local Authority and NHS Bury, and the transfer was made under Section 256 of the 2006 NHS Act directly from the PCT. For 2013/14, the local agreement is expected to be signed off by the Health & Well Being Board in addition to Bury's CCG and the Local Authority and the S256 agreement will be between the Local Authority and NHS England.

The Assistant Director, Commissioning and Procurement reported, that order to support the development of integrated health and social care services, the Department of Health have created an Integration Transformation Fund (ITF) from 2014/15 onwards.

The fund has been created to support a number of national priorities within the health and social care systems, namely:

- Support some of the new responsibilities of Adult Social Care outlined within the Care Bill
- Integration of Health and Social Care where appropriate;
- Provision of 'right care, right place, right time';
- Creation of a single pooled budget for health and social care in local areas, based on joint plans across the NHS and Local Authorities, again where appropriate;
- Transformation of care and support;
- Support demographic pressures in social care;

The ITF will be a pooled budget deployed locally on social care and health support. The local plans should be developed jointly between health and social care and will have to be agreed at local Health & Wellbeing Boards. It is expected that two year plans covering 2014/15 and 2015/16 will be drawn up by March 2014, setting out the planned use of the fund to transform care and support, including protection for social care services.

Questions were invited from those present at the meeting and the following points were raised:-

There was consensus from Board members that the money should be spent to address some of the wider determinants of health and that members would like future reports to contain more information in relation to actions to reduce un-necessary hospital admissions and health inequalities.

The Chief Officer, Citizens Advice Bureau reported that he would like to see greater third sector involvement in health prevention work, and further discussions at the Health and Wellbeing Board in relation to the impact of a 10% cut in funding from the Local Authority to partners in the voluntary sector.

The Chief Officer, CCG reported that the CCG is considerably underfunded compared to other CCG in the Northwest. The CCG will continue to lobby for an increase in funding and would ask for support from the Health and Wellbeing Board in doing this.

The Assistant Director, Commissioning reported that the funding detailed would not be new money and the Council are still awaiting the final settlement figure from central government.

Members discussed changes to the welfare system and the impact on partners and stakeholders, and in particular the potential impact on the health economy.

Delegated decision:

1. The Health and Wellbeing Board agree to the use of the NHS transfer allocation of £2.9m to social care for 2013/14.
2. The Health and Wellbeing Board note the new proposed transfer of funds to support integration from 2014/15 onwards.
3. Future financial reports presented to the Health and Wellbeing Board will include detailed information relating to the use of the transferred funds to

reduce un-necessary hospital admissions and health inequalities, as well as, appropriately detailed financial information.
4. A report providing information relating to the impact of the welfare reform on the health economy be presented to a future meeting of the Health and Wellbeing Board.

HWB.512 HEALTHIER TOGETHER

The Chief Operating Officer CCG reported that a meeting of the Healthier Together Committee in Common will take place week commencing 18th November 2013 to discuss the Healthier Together consultation process.

It was agreed:

The Chief Operating Officer CCG and the Chair of the CCG will provide members of the Health and Wellbeing Board with a presentation on the proposals for consultation at the next meeting of the Health and Wellbeing Board.

HWB.513 BURY, ROCHDALE AND OLDHAM CHILD DEATH OVERVIEW PANEL (ANNUAL REPORT 2011-12)

The Executive Director, Children's and Families gave a presentation providing an overview of the Bury, Rochdale and Oldham Child Death Overview Panel. An accompanying report had been submitted to the Board.

In April 2008, Bury, Rochdale and Oldham joined to form a tripartite arrangement following the recommendation made by the Department for Education that CDOP's require a total population of 500,000 or higher. The CDOP Annual Report was published in 2012.

The Executive Director Children's and Families reported that there were a total of 85 notifications (child deaths) made to the CDOP in 2011/12. The CDOP met 6 times between April 2011 and March 2012 and closed a total of 57 cases. The main factors considered by the CDOP in 2011/12 were safe sleeping arrangements, smoking by parents and deaths in children under one.

From 1st April 2011 to 31st March 2012 in Bury there were 21 notifications to the CDOP. The highest category in 2011/12 for Bury was chromosomal, genetic and congenital anomalies accounting for 38.4% of deaths.

The Executive Director Children's and Families reported that consanguinity continues to be an issue and that he would like to see the recommendations contained within the report inform the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

Delegate decision:

The report be noted.

HWB.514 PHARMACEUTICAL NEEDS ASSEMENT

The Health and Wellbeing Board considered a verbal update in relation to the pharmaceutical needs assessment (PNA) by the Interim Director of Public Health, Lesley Jones.

The last PNA was completed in February 2011, the assessment concluded that there was sufficient pharmacy provision across the Borough, a refreshed PNA will be produced by April 2015. The Greater Manchester Commissioning Unit have been chosen to support the process.

Rob Bellingham, NHS England reported that he would want NHS England to be involved in the drafting of the PNA to ensure a robust assessment process.

Members discussed the HWB's role in the development of the new PNA. Members agreed that the PNA should include detailed information in relation to the range and provision of services offered at each pharmacy. Members agreed that the mapping of pharmacy provision was essential to inform the development of the Borough's integrated care plan.

In response to a Board member's question, the Interim Director of Public Health reported that there will be opportunities for members of the public to comment on the PNA during a period of public consultation.

Delegated decision:

The Assistant Director of Legal and Democratic Services would provide legal advice to the Health and Wellbeing Board in relation to the Boards legal duties with regards to the Pharmaceutical Needs Assessment.

HWB.515 AUTISM SELF EVALUATION

Members of the Board considered the Autism self evaluation report.

The Assistant Director, Commissioning reported that document provided information relating to the implementation of the adult autism strategy; commissioning arrangements and eligibility criteria.

Delegated Decision:

Members of the Health and Wellbeing Board approve the information contained within Bury's "Improving Health and Lives: Learning Disabilities Observatory Autism Self Evaluation" document.

HWB.516 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Interim Public Health Director gave a verbal presentation providing an overview of the refreshed Joint Strategic Needs Assessment (JSNA). An accompanying report had been submitted to the Board.

The Interim Director of Public Health reported that at the last Board meeting, the Board received a presentation on the findings from the draft JSNA report. The draft JSNA full report was subsequently circulated to the Board with a

timeframe for any comments. As a result of that, some changes have been made in relation to relevant sections around children and young people to assist the validity of the report. The Board has now been furnished with the final consultation version which incorporates these changes.

The Interim Director of Public Health reported that the statutory guidance around the production of JSNAs states that the views of key stakeholders be gathered as part of the JSNA, therefore a broad framework for consultation has been developed. The consultation aims to make as many people aware of the JSNA as possible by using websites and emails.

The JSNA document currently stands at over 90 pages long. The JSNA task and finish group will produce a leaflet style document to highlight the main priorities identified in the JSNA and this will be the basis for consultation.

Members of the Health and Wellbeing Board discussed how best to support the development of the JSNA. Members would like to see the information contained within the JSNA continually refreshed and the development of an electronic platform/website to enable partner/stakeholders and residents to better access the data.

Delegated decision:

1. That the Health and Wellbeing Board approve for consultation the revised Joint Strategic Needs Assessment.
2. That the Health and Wellbeing Board approve the consultation proposed timings and approach to the consultation.
3. The Interim Director of Public Health, Lesley Jones is appointed Joint Strategic Needs Assessment Board Champion.
4. The Interim Director of Public Health, Lesley Jones and the Head of Customer Services, Heather Crozier would meet to discuss the development of the Health and Wellbeing Board work programme and and the development of a web platform for the Joint Strategic Needs Assessment.

HWB.517 LOCAL ALCOHOL ACTION AREA

Superintendent Mark Granby informed the Board that Bury partners had submitted to the Home Office an expression of interest in developing a Local Alcohol Action Area (LAAA).

The LAAA project aims to offer 15-20 areas with high alcohol-related harms help with local initiatives over a 15 month period. Projects must be in line with three key aims: tackling alcohol-related crime and disorder; reducing alcohol-related health harms; and promoting growth by establishing diverse and vibrant night-time economies.

The Home Office and Public Health England will provide advice and support to areas in formulating their action plans and reviewing progress however, no additional funding is offered as part of the support.

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Delegated Decision:

An update with regards to the success of the Local Alcohol Action Area expression of interest, would be presented at a future meeting of the Health and Wellbeing Board.

Councillor R. Shori
Chair

(Note: The meeting started at 6pm and ended at 7.55 pm)

Health & Wellbeing Board Action Plan

14th November 2013

Action No	Responsible	Action	Outcome
1	SN/KP	Healthier Together, A review of Health and Care in Greater Manchester would be a standing agenda item.	Standing agenda item Dr. Patel and Staurt North will present January 2014.
2	HC	To bring the proposal for the Virtual Network hub to a future meeting	Standing agenda item
3	DH	A Community Health and Wellbeing Assessment update would be given at the next meeting of the Health and Wellbeing Board.	Standing agenda item
4	LJ/HC	That a Health and Wellbeing Board working programme be developed.	Update by Lesley Jones and Heather Crozier will be provided January 2014.
5	IC	Ian Chambers/Mark Carriline would provide an update at a future meeting of the Joint Committee in relation to the work of the Children with Additional Needs and Disability Partnership Group.	Ongoing
6	JE	Development of land at the Peel Health Centre.	Emailed received from Rob Bellingham, NHS England: "We understand that a GP practice in Bury is

			developing a business case which will be considered by NHS England. We have nothing further to report at present."
7	JH/JE	A report providing information relating to the impact of the welfare reform on the health economy be presented to a future meeting of the Health and Wellbeing Board	Claire Jenkins (April meeting)
8	JH/JE	The Assistant Director of Legal Services would provide the HWB with legal advice with regards to the current role of the Board in relation to the PNA.	"The current regulations (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) make provisions for the conduct of PNAs. Regulation 5 states that each HWB must publish its first PNA by April 1st 2015. Regulation 4(2) requires each HWB in so far as is practicable; to keep up to date the map which includes in its pharmaceutical needs assessment pursuant to paragraph of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement) this map identifies the premises at which pharmaceutical services are provided in the are of the HWB Regulation 7 makes provision for temporary extension of PCTs PNAs nd access by NHS England and HWBs to PNAs. The Commissioning Support Unit has been approached to ask if they can provide the HWB with updated PNA information.
9	PJG	The HWB would monitor the Winterbourne View action plan at subsequent Board meetings.	Referred to health scrutiny

10	PJG	The HWB would monitor the Francis report action plan at subsequent Board meetings.	Referred to health scrutiny
11	SN	Bury's Better Care Fund (Formally Integrated Care Strategy) would be considered at subsequent Board meetings.	The Draft Better Care Fund would be considered January 2014.
12		Report on Third Sector Activity in support of Health and Wellbeing priorities.	Dave Bevitt to report on behalf of Bury's 3SDA at the March Meeting.
13		A "Healthier Radcliffe" evaluation report will be considered at a future meeting of the HWB.	Date to be confirmed

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REPORT FOR DECISION

Bury COUNCIL

Agenda Item	

DECISION OF:	**Health & Wellbeing Board**
DATE:	**30 January 2014**
SUBJECT:	**Better Care Fund**
REPORT FROM:	**Pat Jones-Greenhalgh, Executive Director Adult Care Services**
CONTACT OFFICER:	**Julie Gonda Assistant Director, Commissioning & Procurement, Adult Care Services**
TYPE OF DECISION:	**For Decision by the Committee**
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	The Better Care Fund is a pooled budget introduced by the Department of Health with the aim of supporting the development of appropriate integrated health and social care. The Health & Wellbeing Board are required to sign off the Better Care Fund plan.
OPTIONS & RECOMMENDED OPTION	That the Health and Wellbeing Board: Sign off this first working draft of the Better Care Fund Plan to be submitted to NHS England 14 February 2014; Delegate authority for the sign off of the final plan, to be submitted to NHS England 4 April 2014, to Chair of Health & Wellbeing Board, Executive Director of Adult Care Services and Chief Officer, Bury CCG.

IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework?
Statement by the S151 Officer: Financial Implications and Risk Considerations:	This report sets out an initial draft of the proposed use of the Better Care Fund. A draft submission to NHS England is required by 14th February, with a final version to be submitted by 4th April. The plan has been prepared jointly with Bury Clinical Commissioning Group and analyses proposed spend over four broad headings. It should be noted that the conditions of the Better Care Fund restrict spend to Adult Social Care, and an element is based upon "payment by results".
Statement by Executive Director of Resources:	Comments from the Executive Director of Resources will be reported at the meeting.
Equality/Diversity implications:	EA is being completed as part of the process of drafting this plan; a final version will be submitted in line with BCF plan deadlines.
Considered by Monitoring Officer:	The plan is to be jointly agreed between the Council and the CCG as one of the national conditions. Under Guidance, each statutory Health and Well Being Board is to sign off the draft plan for its constituent Council and CCG**.** **JH**
Wards Affected:	All
Scrutiny Interest:	Health Scrutiny Committee meeting on 28 January 2014

TRACKING/PROCESS **DIRECTOR:**

Chief Executive/ Strategic Leadership Team	Executive Member/Chair	Ward Members	Partners

Scrutiny Committee	Committee	Council	

1.0 Purpose of the Report

The purpose of this report is to give an overview of the Better Care Fund Plan to members of the Health & Wellbeing Board, and request sign off of the first draft submission. It is not proposed to present the detail of the plan within this covering report as this has been separately submitted to members.

2.0 Background

It is being proposed to use the Better Care Fund in Bury to redesign how health and social care across the borough is currently delivered, in line with Government expectations. In the future, the focus will be more on working to prevent people requiring health and social care services and, where they do, being more proactive in identifying people who are at risk and having more joined up and active care plans. The aim, wherever possible, will be to help people to stay at home and remain independent for as long as possible.

Bury CCG and Local Authority are committed to transforming the whole health and social care system over the next five years to support people and enable them to live in their own homes and communities, with appropriate, person centred co-ordinated care.

The plan is working to three broad deliverables in terms, which will help to achieve the vision. These themes are:

- Staying well – prevention and early intervention;
- Reablement and intermediate care and
- Integrated community services.

The proposed spending plan of the Better Care Fund, as outlined in the funding schedule of the document, is structured in line with these three themes, currently at a high level. Further detail is being worked through and will be submitted with the final plan on 4 April 2014.

3.0 Issues

Due to the short timescales within which this plan has been produced, it should be noted that the version of the plan submitted to the Health & Wellbeing Board today is very much a working draft. However, whilst the content needs refining and finalising, the messages within it are consistent with what will finally be reported.

4.0 Conclusion

Health & Wellbeing Board members are requested to ign off this first working draft of the Better Care Fund Plan to be submitted toNHS England 14 February 2014; and

Delegate authority for sign off of the final plan to Chair of Health & Wellbeing Board, Executive Director of Adult Care Services and Chief Officer, Bury CCG. The final plan has to be submitted to NHS England by 4 April 2014.

List of Background Papers:-


R:\ACS-Secretaries\
Julie\Health\Integrate


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Julie\Health\Integrate

Contact Details:-

Julie Gonda, Assistant Director, Commissioning & Procurement, Adult Care Services
j.gonda@bury.gov.uk
0161 253 7253

WORKING DOCUMENT v3

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Bury Council**
Clinical Commissioning Group	**Bury Clinical Commissioning Group (CCG)**
Boundary Differences	**Co -terminus**
Date agreed at Health and Well-Being Board:	**30 January 2014**
Date submitted:	**14 February 2014**
Minimum required value of ITF pooled budget: 2014/15	
2015/16	
Total agreed value of pooled budget: 2014/15	
2015/16	**£11,727,000**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Stuart North
Position	Chief Officer
Date	<date>

Signed on behalf of the Council	
By	Mike Kelly
Position	Chief Executive
Date	<date>

Signed on behalf of the Health and Wellbeing Board	
By Chair of Health and Wellbeing Board	Councillor Rishi Shori
Date	<date>

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

We recognise the importance of working with our providers in partnership and have therefore involved providers at every stage of our integration programme including the development of this Better Care Fund plan. Some specific examples of our approach to demonstrate this are as follows:

- Bury CCG has issued commissioning intentions around Integrated Care to Pennine Acute Health Trust (PAHT) in October 2013 which highlighted the level of financial shift that would be required from the acute to the community sector
- The CCG meets PAHT bi -weekly to work through the system impact of planned changes and to ensure their 5 year Integrated Business Plan includes all assumptions
- CCG and PAHT Financial Analysts are working on an integrated finance plan at a Greater Manchester and North East Sector level
- There is commitment across all providers for a shared workforce plan which reduces risk to staff and maximises opportunities and we are currently considering the most appropriate way to take this work forward
- Executive meetings have taken place with Pennine Care Foundation Trust around

the longer term strategy and impact of integration on a monthly basis

- A series of integration workshops have taken place including providers to define Integrated Care Aims and Principles
- We established an Integrated Care Model Group to further develop the Integration agenda with representation from key stakeholders – including health providers
- The above group has developed into a Bury Co-ordinated Community Based Care Group with the specific purpose of developing and coordinating our community based care developments to include primary care and integrated care services. This group meets monthly and reports to our Integrated Partnership Board as can be seen in our Governance structure. The group has provider representatives as well as other key stakeholders including Social Care, GPs and a Patient Cabinet representative
- Our Healthier Radcliffe Demonstrator Community strategic group has provider representation on the group. A Healthier Radcliffe workshop to take the developments through to the next stage took place in January 2014 and this was well supported by providers
- A Third Sector Development workshop took place in September 2013 where we outlined Bury CCG's priorities and approach to integration as well as highlighting opportunities for the Third Sector
- Limited consultation with social care and housing providers has taken place to date around the specific integrated health and social care agenda and the expected changes resulting from it, other than as part of the Radcliffe pilot at this stage. The initial outcomes from the Healthier Radcliffe pilot are awaited before designing a wider model with the understanding of which types of providers would be needed as part of borough-wide integrated services.
- However, Adult Care Services engages with social care and housing providers on a regular basis, through provider forums, specific events and workshops regarding the co-production of strategies and other strategic documents, and there is ample opportunity to engage with providers in a meaningful way to work with us on the specifics of a new model. A number of events to engage social care, housing and 3rd sector providers specifically will be planned to support the design of models of care that will meet the future care needs of the people of Bury.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

NHS Bury CCG and Bury Local Authority have been working with other key partners on the development of a strategy for communication and engagement linked to their wider integrated care plans.

Our vision is:

Patient, customers and community ownership of the health and social care reform agenda and their role in maintaining and improving their own health & wellbeing and supporting others to do the same.

Our objectives are:

- Patients, customers and the public understand and have ownership of the service reform agenda
- Reform strategies and plans are informed by the patient, customer and public perspective
- Services are co-designed around an understanding of patient and customer needs
- Patients and customers are able to self-care as much as possible
- Patients, customers and members of the public are engaged in the delivery of support to improve health and quality of life of those with health and social care needs
- Patients, customers and the public understand and make appropriate choices about use of services
- Patients and customers are fully involved in decision-making about their own care – no decision about me without me

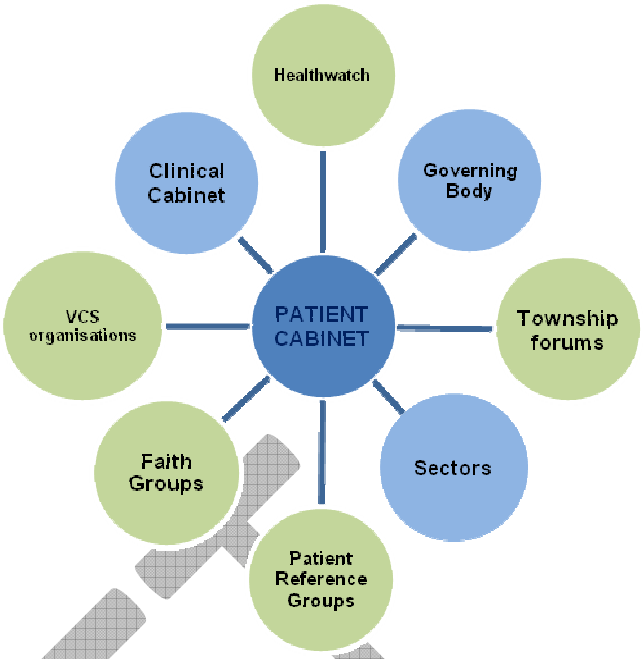
This strategy builds on an established commitment to patient, service user and public engagement that also underpins the Better Care proposals described. A number of existing mechanisms have been deployed to engage patients, service users and members of the public in the development of the Health & wellbeing Strategy, the JSNA and local health and social care integration plans as well as redesign and development of specific services for example, the CCG's Patients Cabinet, Adult Social Care Task Force and Township Forums. These on-going conversations have all informed the development of the Better Care Fund plan.

CCG Patient's Cabinet

NHS Bury CCG has sought to develop an integrated approach to Patient and Public Involvement (PPI). This has happened by *hard-wiring* patient and public voice into the structure of the CCG with the development of a Patient Cabinet. The Patient Cabinet is a group of 13 local people from a range of backgrounds who themselves use local health services. The Patient Cabinet has a key role in ensuring meaningful involvement and engagement with local people and communities - gathering views and feedback and making sure that people have a chance to feed into and actively participate in the CCG's consultations and service planning. Through the Patient Cabinet the CCG aims to ensure that services it commissions are geared around the people who use them and that decisions take into account local views.

Members of the Patient Cabinet have grass roots connections within their local communities and the Cabinet is developing a work plan, which dovetails with the work of the wider CCG. As a formal sub-committee of the CCG's Governing Body (Board) it meets on a monthly basis, and issues raised through the Patient Cabinet have a direct route into the Clinical Cabinet and the Governing Body via its Chair, who is a non-executive director.

In turn there has been a process of building links from the Patient Cabinet with a network of organisations and community groups.



Bury's integration plans reflect the much of the feedback given by patients in a small scale patient survey designed and delivered by Patient Cabinet members in February 2013. Thematic content analysis showed that immediate priorities for patients included:

- Better access to primary care
- More GP appointments
- Shorter waiting times

In the longer term respondents identified priorities including:

- Having access to a wider range of treatment and care services in GP surgeries
- 7 day and evening access to local GP services
- Better services for chronic and long term conditions
- Better access to services for disabled people
- Improved mental health services
- Improved cancer and palliative care

Respondents were critical about:

- Current access to primary care
- Having to go to multiple (hospital) sites for treatment
- Disjointed NHS services

In October 2013 the Patient Cabinet provided feedback on the vision and high level plans for the delivery of integrated care in Bury and in November 2013 the Patient Cabinet had the opportunity to comment on the draft commissioning intentions for 2014-15. Further sessions with the Patient Cabinet on the Bury model and plans for integrated care are planned for February and March 2014.

NHS Bury CCG has implemented an approach to service redesign which involves members of the Patient Cabinet working closely with clinical leads to develop and implement plans and many of these are integral to the overall delivery of integrated care.

The Cabinet and its members have been involved in a number of projects including:

- The development of proposals for new glaucoma and minor eye conditions pathways
- Workshops with local clinicians to identify innovative ways of reducing unnecessary A&E attendances
- Providing early feedback on emerging models for the reorganisation of acute hospital care in Greater Manchester – Healthier Together

- The development of public health plans to improve prevention and self-care
- Several work streams relating to the improvement and better integration of services for people with long term conditions including asthma and diabetes

Adult Social Care Customer Task Force

The Adult Care Customer Task Force (previously the Service User Panel) is a group of volunteers made up of customers and carers who receive services from Adult Care and/or Six Town Housing. The group meets three or four times a year but can be contacted via post or telephone up to six times a year.

The aim of the group is to involve customers in developing and shaping future care services, so we can make sure our services meet the needs of our customers.

A number of different interactive workshops are run at each meeting, designed to make the topics easy to understand and interesting to all parties. These will be consultations or changes to services which are being planned at that time. Examples include:

- **Self Directed Support** – members designed collages of what is important to them to help them understand personal budgets and support planning, as well as informing the team on the requirements of customers.
- **Adult Care Connect and Direct** – members were involved in the design of the reception including choosing the furniture for the Assessment Room, telling us which services they would like to invite for drop in sessions in the Green Room and whether Customer Advisors should wear uniforms.
- **Website** – members tested our website and told us whether it was easy to use. They also made suggestions on how it could be improved.

From the events 'You said, We did' documents are produced which shows what has been done from their suggestions. This has proved a valuable tool in showing the members that they are at the centre of our services and they have really made a difference.

Township Forums

There are six Township Forums covering the Borough of Bury. Each Township Forum consists of all the councillors representing the area and a co-opted advisory group of local representatives from the business community, voluntary organisations or community groups within the area. Each area forum meets every two months at local venues, in places such as schools and community centres. All area forum discussions are fed back to the council for appropriate action.

Healthier Radcliffe Demonstrator Project:

This project is the test bed for approaches to the provision of 7 day a week access to primary care and integration of community based services from which lessons are being learnt for wider roll out across the Borough of Bury. Patient, Service User and Public Involvement is fundamental to the design and delivery of this project.

A member of the Patient Cabinet has played a key role in the development of the bid and the subsequent implementation of the Healthier Radcliffe Demonstrator site working

alongside officers from the CCG, the local GP Federation and local GPs. The Patient Cabinet member sits on both the implementation and operational groups which are driving the project; has led on the development of a communications and engagement strategy and will be supporting the development of a 'super Patient Representative Group' which will bring local patient groups together as part of the programme of practice and wider health and social care integration.

Information about the Radcliffe demonstrator pilot and the wider vision for integrated care has been shared with patients and the wider public via the Bury CCG Patient Cabinet (Oct 2013); the Radcliffe Township Forum (Nov 2013); at a public launch of the Patient Cabinet (Oct 2013) and with Healthwatch Bury (Feb 2013) and the Jewish Care Forum (Jan 2013). In addition information about the enhanced services has been shared amongst the patients affected by the investment (within the 6 GP practices taking part in the pilot), some 34,000 patients in total, and with the wider community through the press and media, attracting national media attention. Lessons learnt from these approaches will be applied to patient; service user and public engagement work in the rest of the borough.

Health & Wellbeing Strategy Consultation

The consultation highlighted that the priorities for patients, service users and the public are on prevention, early intervention and self care, informal support to stay well and maintain independence, joined up working between partners and professionals and asset based community development. Our Health and Wellbeing Strategy and subsequent Health and Social Care Integration plan have been built on and strongly reflect these themes.

Healthier Together Consultation Events

Reconfiguration of hospital-based services is being led at a Greater Manchester level by NHS England through a programme called 'Healthier Together'. The public discussions began in August 2012 and involved a series of patient groups, members of the public and representatives from the community and voluntary sector. The aim was to recruit patients to a series of patient panels to support the public discussions leading up to the anticipated public consultation in Spring 2013. The first phase of the discussions branded as 'The Big Conversation' commenced in August and continued until October 2012. The discussions with our patients/public for the first phase have focussed on the broad principles for change. The remainder of the 'The Big Conversation' will be separated into Phases Two and Three and will focus on the models of care and option development. By adopting a phased approach we will be able to tailor messages and materials that dovetail with each of the programme steps, it will also allow us obtain specific feedback and outcomes.

An event was held in Bury in October 2013, and involved in a range of interactive discussions. A range of presentations and question and answer sessions were delivered by clinicians leading the Healthier Together Programme, clearly demonstrating the clinical leadership and strong commitment for delivering the programme in partnership with clinicians, patients and key partners.

The majority of participants understood and agreed with the proposed changes emphasising the need for more emphasis on prevention and self care, easy and quick access to primary care and access to senior medical opinion. However there were some

caveats which we are also taking into consideration in our plans such as the need for better discharge planning and access to information about sources of support

Key messages

Whilst recurrent themes in consultations on health priorities and service provision include an emphasis on prevention, support to maintain independence, better access to primary care and joined up care; concerns have also been expressed about the capacity of community based care to manage shifts in activity from the acute sector. There are also worries about quality of care with for example people being worried about being left isolated at home, being put to bed early and not having access to support overnight.

Future Developments

We are planning to expand on the work to date by working with the newly formed local Healthwatch for example to engage more with equality target action groups and Bury's Third Sector Development Agency for example to enhance volunteering and community group involvement in the design and delivery of our plans.

We have established a work-stream within our governance structure focused specifically on further developing our work around patient, service user and community engagement which will focus on widening participation in consultation and planning work, and strengthening engagement in self care and service delivery though embedding of the Greater Manchester Community Based Care Standards, patient education, co-production and asset based community development approaches.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Bury Joint Strategic Needs Assessment	The Refreshed JSNA was approved for consultation by the Health and Wellbeing Board in December. A consultation plan has been drawn up and formal consultation will begin in February. A multi-agency steering group (including B3SDA, Healthwatch and Patients Cabinet reps) are scoping a work programme for further development of the JSNA which will be informed by the consultation and further consultation with commissioners & stakeholders
Bury Joint Health and Wellbeing Strategy (HWBS) Living Well in Bury: making it happen together	The HWBS has had final approval and we are now working to pull together a delivery plan

Developing a new model of Integrated Care and Support for People in Bury 2013 - 2018	Report detailing the proposals for Integrating health and social care in Bury submitted to Greater Manchester for the purposes of Healthier Together consultation
Bury Mental Health Strategy 2013 - 2018	Bury Council and Bury NHS Clinical Commissioning Group are committed to improving the mental health and emotional wellbeing of all adults in Bury. The Bury Mental Health Strategy 2013 - 18 sets out how we will achieve this over the next five years. The strategy has been jointly developed by the Local Authority and CCG and co-produced with service users and other stakeholders. Its main aims are to reinforce prevention and recovery based approach to mental health, including the further development and support of community and 3rd sector services. http://www.bury.gov.uk/index.aspx?articleid=3228
Bury Public Service Reform (PSR) first phase implementation plan	Local Implementation plan for Public Service Reform
Bury Dementia strategy	The joint local dementia strategy supports the creation of an environment where we can enhance existing services to improve the quality of life for people with dementia and their carers in Bury. Working in partnership will ensure that people receive early and timely diagnosis so they continue to live and function well with dementia. http://www.bury.gov.uk/index.aspx?articleid=3313
Carers strategy	The aim of the strategy is to recognise, enable and support carers of all ages from the whole community to have a quality life of their own. It was developed in partnership with the CCG and carers themselves, and it recognises the valuable role that carers play in supporting their loved ones. http://www.bury.gov.uk/index.aspx?articleid=4903
A Healthier Radcliffe - 2013	Bid documents submitted to NHS England
National Voices	

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?

- What differences will this make to patient and service user outcomes?

Vision for health and social care services for Bury

Bury are committed to transforming the whole health and social care system over the next five years in order to support people and enable them to live in their own homes and communities. The vision is that people will live well, stay well, remain active and have better outcomes and experiences. There will be a focus on citizenship, prevention, self-care and independence with the aim of reducing the demand for services and making efficient and effective use of both health and social care resources.

We will provide better support for people at home with the provision of coordinated services in their own communities to prevent people needing emergency care in hospital or being inappropriately admitted to care homes.

In order to achieve the cultural shift that will be necessary we will have to utilise our workforce more effectively, considering skill mix, reorientation and training opportunities for staff.

To lay the foundations for a much more integrated system of health and social care we have worked with our partners to achieve an agreed definition of integration, aims and shared design principles. We do understand that collaborating with all of our partners in the health, social care, housing and voluntary sector is vital in developing more innovative solutions to the challenges that we face.

Person centred coordinated care will be central to all of our developments and we are determined to involve people in the design of our services – consulting with them at every stage. We also want to support and empower people to take more control over their health and wellbeing. We have therefore adopted the **narrative and "I" statements for person centred coordinated care** as defined by National Voices (May 2013) and the definition of integration in Bury is:

Person centred coordinated care

"I can plan my care with people who work together to understand me and my carers, allow me control and bring together services to achieve the outcomes important to me"

The following agreed **shared design principles** underpin the development of integrated care in Bury:

- Person centred coordinated care
- A partnership approach with people who use services and their cares to ensure their engagement and involvement in designing services
- Empowering and enabling people to become experts in their own condition and to access services appropriately
- Fully inclusive of all communities

- Access to services 7 days per week from 8.00am to 8.00pm
- Integrated multi-disciplinary teams based in defined localities wrapping around an identified primary health care and social care hub
- GP practices will be at the centre of the primary care delivery model coordinating care, providing core services and holding accountability for the overall health of the person
- Access for all ages with a specific focus on people at a higher risk such as people with long term conditions and over 65's risk stratified
- Access to and availability of screening and prevention services which promotes wellbeing
- Sharing resources, records, risks, decision making and benefits
- Jointly defined outcomes framework
- Joint commissioning of services to meet needs

Bury's Integrated Care Programme is being developed within the context of a wider review of Health and Social Care in Greater Manchester aimed at improving outcomes, at a lower cost. Specifically this involves three Greater Manchester major strategic change programmes:

1. Greater Manchester Integrated Care (Community based) Programme - the development and implementation of 10 to 12 new locally derived models of integrated care and more accessible services,
2. Healthier Together Programme - the review and reform of secondary care services, which are safe and sustainable
3. Staying Well, Living Well - a 5 year strategy for improving primary care within Greater Manchester.

Bury is playing an active role in these major programmes, all of which are vital in order to develop services for the future.

Changes to the General Medical Services (GMS) contract from April 2014 will also support more proactive integrated and personalised care through:

- Ensuring that all people aged 75 and over have a named, accountable GP who is responsible for overseeing their care
- Introducing more systematic arrangements for risk profiling and proactive care management, under the supervision of a named GP, for patients with the most complex health and care needs, and
- Giving GP practices more specific responsibilities for helping monitor the quality of out-of-hours services for their patients and supporting more integrated working with out-of-hours services.

Joint evaluation and outcomes framework

Whilst we focus on service reform and reconfiguration, our driving ambition is that we design a health and social care system which has at its heart the core purpose of supporting people to maintain their own health and well- being and independence. We are designing a joint evaluation and outcomes framework across the Radcliffe Demonstrator project and Borough wide Integration Plan built around these outcomes, which will enable us to evaluate whether our plans are making a positive difference to people.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

Integrated care in Bury means:

- Placing people and carers at the centre and developing wider networks of support and care that is based around their needs and puts them in control
- Coordinating delivery of services in a way that enables people and their carers to achieve better outcomes and maximises their independence, health and well being
- Recognising that the care can be provided by single or multiple organisations, what is important is that the different parts of the organisations work together to combine and coordinate all of the services needed to meet the assessed needs of each person
- Working in partnership across health and social care services, independent and voluntary sector services, physical and mental health services, primary and secondary health care services

Integrated care in Bury aims to:

- Ensure people take responsibility for their own health and well- being though self-care, ownership and accountability for their lifestyles
- Provide information and access to advice to help people to understand what is available in the community to facilitate them taking ownership and accountability for their life styles
- Where someone requires support, the support will involve the persons/families natural circle of support and maximise the use of the community assets
- Integration will help to facilitate this approach by providing the right workforce in localities in the right place and at the time

In developing our aims for integrated care we have focused on the whole care pathway for Mrs Peel, an 83-year-old resident of Bury with multiple problems**.**

The measures of health gain that we will apply to our population relate to improved outcomes – healthy life expectancy, reductions in premature mortality and self -reported wellbeing taking account of addressing inequalities.

In order to manage and track outcomes from our aims and objectives we are developing three products:

1. "Turn the curve" reports for our main arching population level outcomes
2. A dashboard based on indicators associated with primary and secondary prevention of long term conditions in primary care as part of our joint CCG and Public Health "Better Together" programme
3. A dashboard based service activity data from community, secondary care and social care services linked as far as possible to individual GP practices that will enable reporting in a number of different formats

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

Following a strategic review of the Joint Strategic Needs Assessment we have determined that there are three key deliverables which deliver the vision and shared outcomes of integrated Health and Social Care. These three deliverables are the main elements of our joint work programme as follows:

1) Prevention/ Helping people stay well
2) Reablement and Intermediate Care
3) Integrated community and primary care services

The services provided under each of these headings are described below. We do have a number of joint initiatives already in place in Bury, which support the future development of integrated working; these will be reviewed and re-shaped to ensure that the services will be able to meet the stringent targets set through the integration agenda.

1) Prevention/ Helping people stay well

'Better Together'

This programme aims to ensure systematic implementation of primary and secondary prevention and chronic disease management in primary care. Through benchmarking, targeted incentive schemes and engagement with primary care colleagues, we will identify the 'missing thousands' from disease registers and ensure all patients receive best care.

Integrated wellness services

We have a number of existing services and programmes which aim to provide support to help people live a healthier lifestyle and be better able to manage their own health and care. We will appropriately scale and better integrate these services with primary care to ensure contribution to population level health outcomes.

'Staying Well'

We will establish a new service, 'Staying Well', systematically targeting older people who have a high potential for developing a social care and higher level health need in the future. The service will take an assets based and empowerment approach to helping people maintain their health, wellbeing and independence and encouraging people to think about and plan for their futures. This will include consideration of available social support and networks, social participation, housing and financial issues as well as health and daily living considerations.

Self Care Programmes

We will expand on our highly successful and effective 'Helping yourself to Health' programme which builds confidence, motivation and health literacy to enable people to self care.

Active ageing

Building on Bury's Sport England funded 'I Will if you Will' campaign we will develop a comprehensive programme aimed at supporting older people to make regular physical activity as part of their everyday life.

Falls Prevention
We will review and re-design the whole falls pathway from prevention, to early identification and treatment of osteoporosis through to management, treatment and rehabilitation of fall related injuries.

Affordable warmth

We will more systematically identify households in or at risk of fuel poverty and target support to help people keep warm and well through winter

Seasonal Flu Jab uptake

We will drive a step change in the uptake of the seasonal flu vaccine by front line staff and high risk clinical groups.

2) Reablement and Intermediate Care

Bury has a number of bed based intermediate nursing and social care facilities. These will be reviewed in the first 6 months of 2014/15 and an integrated model developed which will allow patients to receive holistic bed based and community based step up and step down rehabilitation care including:

Intermediate care in Bury has delivered some successful outcomes for health and social care over the last five years. The introduction of the reablement service led by Adult care has seen these outcomes significantly enhanced over the last three years. However we do recognise that there is potential for duplication within both services.

During 2014/15 there will be a review of both these services to identify how a greater emphasis can be given to support at home and step up services, whilst those people who do require support within bed based facilities receive this service in a timely manner.

There needs to be greater flexibility of the workforce to allow staff to follow the patients through their journey of reablement.

Consideration will be given to how we respond to the urgent health and social care needs to patients to reduce the likelihood of them attending A&E or going into residential care, this will require consideration being given to how current specialists services could be provided nearer the patients own home.

We already have successful joint discharge teams based at the hospital which has significantly reduced the numbers if delayed discharged, we are consistently within the top quartile across the North West as reported through AQUA.

We have a well established complex care panel which manages joint packages of care across Health, education, children's and Adults Social care. We are using the skills and expertise within the teams to build and prepare for the implementation of SEND by September 2014.

We will identify through the review how the BCF may be used to further reshape and redefine these services.

Integrated Community and Primary Care Service

Following a successful bid for funding from NHS England we have established a Demonstrator Community - **A Healthier Radcliffe.** We have agreed that this is the initial phase of our integrated delivery model in Bury and enables us to focus on one geographical location. It is providing us with the opportunity to test out developments prior to rolling out the model across the whole of Bury.

Radcliffe is one of Bury's six townships with a GP registered population of 34,162. The township has the 2nd lowest life expectancy for male and females age 76 years as compared to Bury's highest ward which is 83 years, 2nd highest mortality rate and is the 2nd most deprived township in the borough of Bury. Some indicators in Radcliffe North and Radcliffe East are within the top 10% of the most deprived areas in England. Radcliffe is also significantly worse than all other areas in Bury for childhood obesity, teenage conceptions and smoking.

The Demonstrator Community has adopted the Bury integration aims and principles which will be achieved by a multi-disciplinary partnership of health and social care providers working together in Radcliffe. The partnership will be a coordinated network of Radcliffe people, carers, local health providers including six GP Practices, public health, social care, third sector, North West Ambulance Service (NWAS), Bury Hospice and voluntary services. The team will identify vulnerable people needing intensive targeted support and work collaboratively as partners in Radcliffe to deliver an integrated, coordinated approach. People will be helped to take control of their own care through integrated care plans that are person-centred and compliment and build on their assets

The first stage of the project has commenced and delivered as follows:

- Successful go live 2nd December 2013
- 6 local practices working together innovatively to deliver extended primary care access for both booked urgent and planned care - 8-8 Mon-Fri, 8-6 Sat & Sun & Bank Holidays

- Single care delivery location for extended hours to aid patients navigating the health system
- Shared appointment book, directly bookable by any of the 6 practices
- Shared read / write access to full GP record to aid continuity of care
- Designed in sufficient capacity to meet local need
- Service delivered by local clinicians - not locums
- Clinical protocols created to define new ways of working & how practices will work together
- Solid joint working & the coming together of a new team to deliver the project against very challenging time frames

The second stage of the project is now underway with a recent multi- agency workshop identifying the key deliverables. The focus will be on frail older people ad children from complex families and a comprehensive action plan is now being drafted. This stage will deliver Health and social care services that will wrap-around the GP practices in Radcliffe with GPs holding accountability for all aspects of care. The model will facilitate the further development of integrated services and care plans by:

- Engaging with local people from all communities to hear their experiences, value their views, work with them to find solutions and enabling them to challenge the system if it fails to deliver

- Changing mind-sets and creating a culture of shared values, cooperation and coordination between partner agencies in the planning and provision of services

- Developing skill mix to make best use of available resources and progress training and education on integration in partnership with the North West Local Education and Training Board

- Encouraging an atmosphere of trust and collaboration in service development alongside clear formal agreements on shared guidelines and protocols ensuring that care processes and pathways engage all relevant partners

- Creating service specifications which include jointly agreed integrated care outcomes

- Providing a named lead professional responsible for coordinating the care of people with complex needs and rationalised access through a single contact centre and shared portal

- Ensuring that carers are provided with increased support

- Mapping community assets to include neighbours and other local resources

- Delivering a Directory of Services with easy access for public and professionals

- Developing integrated IT systems and person data sharing with a single health and social care record and care plan which individuals can access

- Embracing the potential for innovation in telehealth / telecare

- Testing new models of commissioning and alternative payment arrangements

The Radcliffe Pilot also includes Care Coordination focusing on/providing services to adults with Long Term Condition (LTC) who are assessed and treated in the most appropriate setting to meet their needs. The emphasis of the care is on providing:

- Independence and autonomy – to focus on prevention, self-care/self-management strategies and independence
- Supported self-management – to offer support, intervention and signposting; working with the patient's GP and other members of the multidisciplinary team
- (MDT) through patient centred consultation, collaborative care planning, behavioural change support, medicine review and support on dealing with exacerbations
- Enhanced care – to provide proactive early intervention and management when individuals need specific help. This may be due to the complexity of their condition or the interventions required by the number of co-morbidities and how they interact or their level of dependency and therefore support needed.
- Specialist Care – delivered by an MDT to meet the complex multifaceted needs of the individual requiring specialist support for their LTC. Traditionally specialist care has been delivered from hospital. the role of the Care Coordinator will be to support the individual in the community and in the different levels of the model

The model of care for children and families follows the principle of Early Intervention in the early years, supporting and empowering families to reduce reliance on public service. This model of care prioritises:

- Early intervention and prevention
- Self-care/self-management and good parenting
- Safeguarding – domestic violence/child protection/child in need

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Health and social care services are under unprecedented financial pressure and it is known that this will increase in coming years. This is one of the key drivers for change in

order to avoid services becoming steadily less sustainable.

The strategy adopted by the Bury economy is to reduce the reliance on hospital based services and support people in their local community to maintain their independence for as long as possible. It is therefore envisaged that there will be a reduction in the use of acute hospital care for people, in particular for those with complex needs and multiple long terms conditions. The shift away from hospital based care and the development of primary, community and social care will inevitably lead to a reduction in bed utilisation by avoided admission and by reduced length of stay and will therefore lead to bed reconfiguration and a related reduction in income and expenditure for the acute trusts. This ongoing local discussion links strategically to the wider discussion across Greater Manchester, Healthier Together.

3) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The governance arrangement that oversees the progress and outcomes for the work on integrating health and social in Bury is the Integrated Health and Social Care Partnership Board. This is jointly chaired by the Executive Director for Adult Care Services at Bury Council and the Chief Operating Officer at Bury NHS Clinical Commissioning Group and has representation from key stakeholders across the whole health and social care economy.

The partnership board strategically leads the direction and performance manages all activity. The Board is accountable to the Bury Public Service Reform (PSR) Programme Board, providing regular updates on the development, progress and outcomes in the delivery of the programme of work and this is then reported to the Bury Wider Leadership Group and Team Bury Partners.

The Partnership Board provides regular progress and outcome reports to the Bury Council Health Scrutiny, the Health and Wellbeing Board and Healthwatch, Bury CCG Governing Body, Clinical Cabinet and Patient Cabinet.

Appendix 1 shows the Bury Integrated Health and Social Care Governance and project structure

The development of the Better Care Fund is led by the Finance and Joint Commissioning Group, involving and engaging with a wider range of stakeholders including the Housing Strategy Programme Board with reference to the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and undertaking an Equality Impact Assessment.

The timetable to which consultation on the BCF has taken place is as shown in the table in appendix 2

It is anticipated at this stage that the Council will hold the BCF pooled budget on behalf of both parties. The governance arrangements around this pooled budget will be defined locally, but in line with requirements of statutory instruments.

4) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

Protecting social care services in Bury means that it is recognised that effective social care and targeted 3rd sector support can contribute significantly to meeting the health care needs of people within the borough, and indeed, have been doing so for a number of years.

It is also how we will ensuring that people will be able to access timely information and advice and receive the support they need to meet their assessed needs in a time of growing demand and budgetary pressures. This means maintaining local Fair Access To Care (FACS) eligibility to include substantial.

By maintaining a focus on self-care, prevention and early intervention, it is anticipated that the demand on long term health and social care support will be prevented or delayed in a number of cases. The development of a community asset register is a key factor in enabling this approach to happen.

In addition, the development of this community asset approach means that where long term support is required; people will be empowered to self -direct this support, with a focus on community and informal support so that formal care services are available for those with the highest need.

Please explain how local social care services will be protected within your plans

Funding allocated under the NHS transfer to Social Care has been used to meet the demand pressures within social care, in light of significant budget pressures, and to fund services where the budgets have been cut. It is expected that this will continue.

In addition, the funding has been used to enable the local authority to sustain the FACS eligibility criteria at critical or substantial. To do this required assessment and care management services to assess and review the care needs of clients who are FACS eligible. There is additional responsibility to provide information and advice to people who do not meet FACS. These services will be required to be further enhanced as result of the requirements of the Care Bill and 7 day working.

The maintenance of a community asset base requires investment to ensure the information is up to date and relevant for people, including professionals, and investment to 3rd sector to support prevention and early intervention and enable people to self- care and reduce the impact on health and social care services.

Supported by funding from the BCF to maintain and potentially upscale both the volume and scale of current health benefits including fewer people being admitted to hospital on an emergency basis.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

We have already started to put in place operational services to maximise the opportunities of 7 day working which is being tested through the Healthier Radcliffe pilot. We are clear that 7 day working is not just to facilitate hospital discharge and does not focus purely on hospital services. So in response to this we are building a community infrastructure which will provide responsive services linked with GP practices. GP practices will be extending their core hours over 7 days and it is important that they are supported by specialist services for advice about patient care and community services both health and social care who can provide information to patients, practical care and support and an urgent care response to maintain people in their own home. This is the main focus of the Healthier Radcliffe pilot.

Those with Long Term Conditions will have a community care plan in place that is developed through a Multi- Disciplinary Team approach, which is centred upon the patient. This will describe individual professionals who are available to support the patient should their condition deteriorate; however the emphasis will always be on self - care as the primary response.

Should patients require hospital admission there will be an MDT pod based at the hospital who are able to plan with the patient and their carer a safe but timely discharge to a place appropriate to meet their needs through the patient journey.

Pennine Care Foundation Trust and the local Authority are working together with joint commissioners to jointly develop a delivery plan that will underpin the integrated services, which will be wrapped around individuals within each locality. This will cover mental and physical health and social care needs.

In addition Pennine Care NHS Foundation Trust as the provider of mental health services has worked in the local leadership team to ensure that they are able to engage with the system over the 7-day week. They have already implemented a 7 day Rapid Assessment Interface and discharge team (RAID) service into the General Hospital to ensure those with co-morbid mental health problems are assisted to move through both A&E and hospital beds to discharge. Home Treatment services for older people with mental health problems are also being enhanced to offer more robust cover at weekends.

The Pennine Acute Trust is currently working on the development of a strategy that will include an action plan to deliver the clinical standard requirements to support seven day working. The strategy will be in two parts commencing with Elective pathways first then

non-Elective pathways.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

The NHS number is currently not used as the primary identifier across Health and social care. Social care has just completed their implementation of a new case recording system. There is the facility to record the NHS number on this and we expect this to be in place and reportable by 1 April 2015.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

We have a new social care database which has the facility to embed the NHS number as a customer identifier. We expect this to be in place and reportable by 1 April 2015.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We are committed to adopting systems based upon open API's we currently use;

Adastra- is the system use by out of Hours GPs, this communicates with GPs in localities to provide virtually real time updates on treatments and advice given to their patients

Symphony- Is the system used within the Acute sector we are exploring ways in which health and social care professionals can access to facilitate discharge and deflect admissions where appropriate

Vision – is the system used by the GP's which is currently being piloted in Healthier Radcliffe as a way to share information across practices

Paris- is the new patient record system being implemented in Pennine community & mental health services. Pennine Care is working with the local authority to develop interoperability between this and protocol.

Protocol- social care case management system, which will store NHS, numbers as the primary identifier for patients in the future.

We already have secure email facilities in place and use this as a tool to correspond between social care and NHS colleagues. Health and Social Care community providers are working together over the next 12 months to join up their IT systems to share information. This will include Mental Health.

The Healthier Radcliffe pilot is already successfully sharing data between practices and we are considering how to further advance this across the whole of the borough.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

As a partnership, both health and social care fully embrace the seven principles of Caldicott 2. We see these as a way of strengthening our opportunities to share information not only amongst professionals but also with patients. We have used the principles to overcome potential barriers to information sharing, specifically in relation to Multi-disciplinary teams working together for people with long term conditions.

We are exploring honorary contracts as a way to overcome further barriers to information sharing.

We are committed to ensuring that appropriate Information Governance controls are in place in line with the NHS standard contract.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

We know that people living with long-term conditions (LTC's) are the main driver of cost and activity in the NHS and account for around 70% of overall health and care spend. They are disproportionate high users of health services and account for:

- 50% of GP appointments
- 64% of outpatient attendances
- 70% of inpatient bed days
- 58% of A&E attendances
- 59% of practice nurse appointments

We are also aware that the average cost per year of someone without a long term condition is around £1,000; which rises to £3,000 for someone with one condition and to £8,000 for people with 3 or more conditions

Bury is therefore taking multiple approaches to these challenges which include:

1. LTC AQUA (Risk modelling etc)

2. Care Coordinators
3. Better Together (case finding and solutions for undiagnosed LTC)
4. Tier 2 services (hubs for primary / secondary care working) .

1.LTC AQUA

Advancing Quality Alliance (AQuA) is a membership body, which aims to promote and share knowledge of best practice to improve the quality of healthcare. AQUA is funded by members including: Foundation Trusts, Mental Health Trusts, Clinical Commissioning Groups and Local Authorities. AQuA acts as a catalyst for change across the North West of England and beyond.

AQUA has a LTC programme and there are three core elements to the programme and its delivery:

- Predictive risk modelling of each GP practice population
- Provision of virtual ward care for risk stratified patients
- Empowering patients to maximise self-care, self-management and choice, through shared decision-making and motivational interviewing.

Predictive Risk Modelling

The foundation of the service is based on the risk stratification of the local population, which is facilitated through the use of a computer-based algorithm (CPM - Combined Predictive Model). This combines GP and hospital data on every patient to reach a predictive risk of emergency admission in the next 12 months. All patients can then be ranked according to their future risk of emergency admission. The combination of patient identification through predictive risk assessment and multi disciplinary case management of these patients is described here as 'virtual ward' care.

The practice reviews the data and proactively manages the patients with medium risk. The patients that the practices find to have more challenging needs are taken to multi-disciplinary team meetings.

Integrated Care Team – Multidisciplinary Team (MDT)

The overarching aim of the MDT is to support patients to ensure better self-care and management with:

- Increased confidence to self-manage
- Improved experience & increased satisfaction
- Improved access to information and support services
- Appropriate use of care services & resources
- Increased awareness of support groups
- Improved quality of life & well being
- Increased confidence and ability to make good care decisions

The MDT also aims to avoid emergency attendances, hospital admissions and re admissions as well as to promote better discharge planning through better co-ordination and communication across services

The following professionals are considered essential members of the MDT:

- GP(s) accompanied when appropriate and practicable by their practice nurse(s) and the Practice Manager.
- Care Co-ordinators
- District Nursing Sister
- Psychological Therapist
- Adult Social Care worker

This list is not intended to be exhaustive and where agreed and appropriate the following additional inputs are also considered:

- Specialist nursing
- Care Co-ordinators
- Allied health professionals including physiotherapy / occupational therapy
- Pharmacist
- Voluntary Sector Representative

As a minimum a GP and the Care Coordinator / District Nursing Sister need to be in attendance for the MDT.

The MDT will support integrated patient care and management to avoid duplication of care or missed service provision, whilst improving the quality of care to patients. Fundamental to the success of the MDT is for a "Lead Professional" to take responsibility for a patient and to work with the team to deliver the outcome. The most appropriate professional in coordinating the care and support for the patient is identified as the "Lead Professional".

1. Self management and shared decision making

There is good evidence to suggest that a better understanding of a long-term condition can improve people's understanding of their symptoms and enhance long-term health and wellbeing. The role of the care professional is to support people by promoting self confidence and self care, help them feel more in control of their lives, support problem solving, and to direct people towards the type of support and information they need. This means listening to their goals and having a more patient outcome focused approach to planning, agreeing and reviewing their care plan.

Development of the self-management and shared decision making aspects of this programme has been developed and will be rolled out over the coming months.

2. Care Co-ordinators

Targeting those individuals who are at highest risk and who are amenable to preventative care will ensure the proposed outcomes of the Care Coordinator role are met. The risk stratification tool and/or clinical judgement will be used to identify individuals who are at high risk of hospital admission. Offering care coordination to patients who are currently experiencing emergency admissions can improve efficient as well as patients that can be identified before they deteriorate, has the potential to reduce admissions.

The Care Coordinator assesses the patient in terms of both their current level of ability and their physical and social care needs. The care planning process brings together an individual's personal circumstances (including housing situation, welfare benefit status and access to informal care) with their health and social care needs to create a plan that aims to match needs with service provision.

The Care Coordinator pilot is up and running in some localities in Bury. The pilot and will be reviewed in May 2014 with consideration then being given to roll out across Bury from May 2014.

3. Tier 2 services

A community based hub that will provide clinical solutions closer to patients that would otherwise be provided in a hospital setting. The teams are also charged with improving patient education, shared decision making and reducing the variation of standards within primary care. Diabetes care will be the initial Tier 2 service and will be up and running by April 2014. Discussions for a respiratory and cardiac service are planned.

Overall

Overall in the solutions we have developed and continue to develop there are some overarching principles that we are putting in place:

- Be person centred, enabling the person to be in control of their lives
- Look at the person as a whole
- Mental health is as important as physical health
- Having a lead professional responsible
- Reduce variation and duplication
- Improve communication
- Developing Self care and Self management
- Critical for partners to learn together and develop

The Radcliffe Demonstrator Community is providing us with an opportunity to particularly focus on testing out aspects our multi-disciplinary working within one locality in Bury along with our partners.

5) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

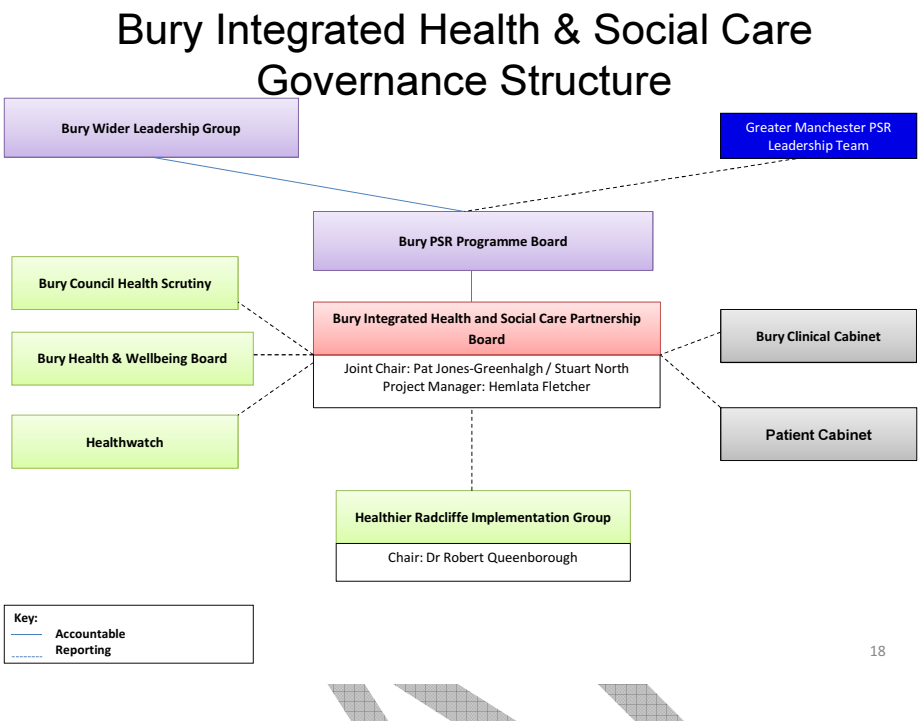
The table below provides an overview of some of the key risks identified through the co-design process to-date. A full risks and mitigations log is being produced in support of our finalised BCF submission.

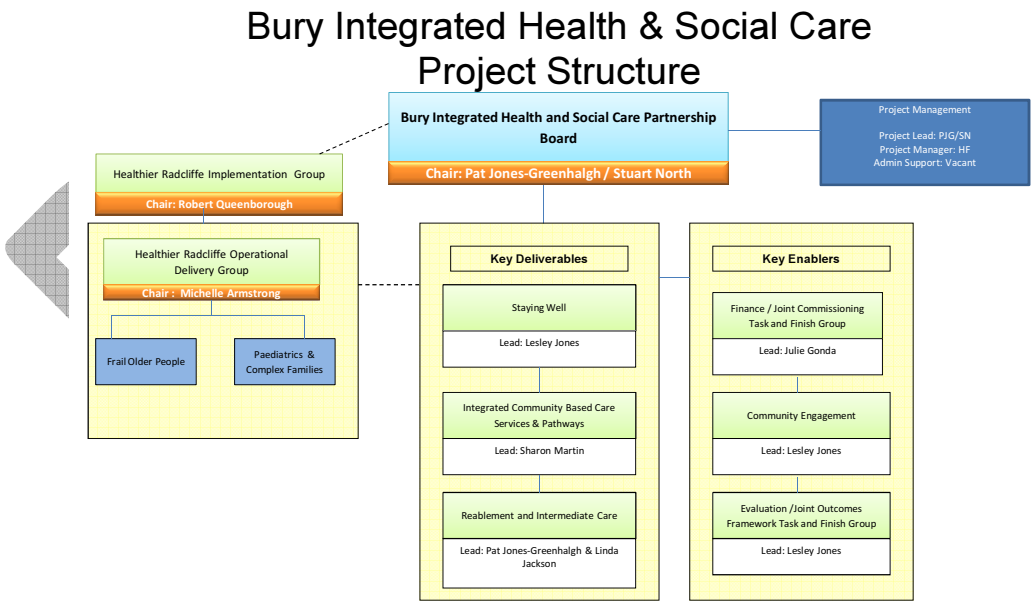
Risk	Risk rating	Mitigating Actions
Shifting of resources to fund new joint interventions and schemes will destabilise current service providers, particularly in the acute sector.	High	• Our current plans are based on the agreed strategy for Bury. • The development of our plans for 2014/15 and 2015/16 will be conducted within the framework of Healthier Together Programme, which includes hospital reform, Primary Care Transformation and Integrated Care. This allows for a holistic view of impact across the provider landscape and putting co-design of the end point and transition at the heart of this process.
A lack of detailed baseline data and the need to rely on current assumptions means that our financial and performance targets for 2015/16 onwards are unachievable.	High	• The Whole Systems Integrated Care programme is undertaking a detailed mapping and consolidation of opportunities and costs that will be used to validate our plans. • We are investing specifically in areas such as customer satisfaction surveying and data management to ensure that we have up-to-date information around which we will adapt and tailor our plans throughout the next 2 years. • An integrated workforce strategy will be developed to support the Integrated Care development.
Operational pressures will restrict the ability of our workforce to deliver the required investment and associated projects to make the vision of care outlined in our BCF submission a reality.	High	• Our 2014/15 schemes include specific non- recurrent investments in the infrastructure and capacity to support overall organisational development.
Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute	High	• We have modelled our assumptions using a range of available data.

and nursing / care home activity by 2015/16, impacting the overall funding available to support core services and future schemes.		• 2014/15 will be used to test and refine these assumptions, with a focus on developing detailed business cases and service specifications
The introduction of the Care Bill, currently going through Parliament and expected to receive Royal Assent in 2014, will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.	High	• We have undertaken an initial impact assessment of the effects of the Care Bill and will continue to refine our assumptions around this as we develop our final BCF response, and begin to deliver upon the associated schemes. • We believe there will be potential benefits that come out of this process, as well as potential risks
Insufficient clinical engagement in the models	medium	• Clinical leads for each work stream • Clinician will be involved within the steering group
Inability to integrated care models because of technical issues.	High	• IM&T lead to be integral to the development of the model and the technology solution to be developed alongside.
Information Governance, ensuring processes and policies are in place to enable data sharing	High	• Information governance lead and Caldecott guardians to be involved in project from start and develop policies to support the service model.

Appendix 1

Bury Integrated Health and Social Care Governance structure





Appendix 2

Table: Bury's Better Care Fund Plan – Consultation Timetable Governance Process

Date	Governance Process
Better Care Fund Plan	
7 January 2014	First draft to members of the Finance & Joint Commissioning T&F Group
8 January 2014	Public Service Reform (PSR) Programme Board
9 January 2014	Bury Clinical Commissioning Group (CCG) Patient Cabinet
17 January 2014	Iterations of comments and feedback and updating of document
21 January 2014	Finance and Joint Commissioning Task and Finish Group
21 January 2014	Bury Wider Leadership Group
21 January 2014	Bury Integrated Health and Social Care Partnership Board
22 January 2014	Bury CCG Governing Body
	Bury CCG Clinical Cabinet
28 January 2014	First draft submission to Bury Council Health Scrutiny
28 January 2014	Providers
30 January 2014	First draft submission to the Health and Wellbeing Board to sign off
5 February 2014	Bury CCG Clinical Cabinet
6 February 2014	Bury CCG Patient Cabinet
10 February	Finance and Joint Commissioning Task and Finish Group
14 February 2014 - Draft submission of Better Care Fund plan to NHS England	
2 Year Operating Plan	
5 Year Strategic Plan	
19 February 2014	Public Service Reform (PSR) Programme Board
25 February 2014	Bury Integrated Health and Social Care Partnership Board
26 February 2014	Bury CCG Governing Body
4 March 2014	Bury Wider Leadership Group
5 March 2014	Bury CCG Clinical Cabinet
6 March 2014	Bury CCG Patient Cabinet
6 March 2014	Bury Health and Wellbeing Board
18 March 2014	Finance and Joint Commissioning Task and Finish Group
20 March 2014	Bury Council Health Scrutiny
25 March	Bury Integrated Health and Social Care Partnership Board

2014	
26 March 2014	Bury CCG Governing Body
2 April 2014	Bury CCG Clinical Cabinet
3 April 2014	Bury CCG Patient Cabinet
4 April 2014 - Submission of final Better Care Fund plan; 2 year operational plans and draft 5 year strategic plan	
10 April 2014	Bury Health and Wellbeing Board
22 April 2014	Finance and Joint Commissioning Task and Finish Group
23 April 2014	Bury CCG Governing Body
29 April 2014	Bury Integrated Health and Social Care Partnership Board
1 May 2014	Bury CCG Patient Cabinet
7 May 2014	Bury CCG Clinical Cabinet
18 May 2014	Bury Council Health Scrutiny
27 May 2014	Bury Integrated Health and Social Care Partnership Board
28 May 2014	Bury CCG Governing Body
4 June 2014	Bury CCG Clinical Cabinet
5 June 2014	Bury CCG Patient Cabinet
18 June 2014	Bury Council Health Scrutiny
20 June 2014 - Submission of final 5 year strategic plans • **Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014**	

Association

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Bury Council	Y			
Bury CCG			£11,727,000	
BCF Total				

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

The contingency plan will, by its nature, be linked to the outcomes and metrics. Detailed workings are underway, to support the development of the contigency plan, which will be finalised for 4 April submission.

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

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Equality Analysis Form

The following questions will document the effect of your service or proposed policy, procedure, working practice, strategy or decision (hereafter referred to as 'policy') on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty.

1. RESPONSIBILITY

Department	Adult Care Services	
Service	Integrating Health and Social Care	
Proposed policy	Better Care Fund Plan (Draft Working Copy Vn.03)	
Date	27 January 2014	
Officer responsible for the 'policy' and for completing the equality analysis	**Name / Post Title**	Sharon Martin, Head of Commissioning, Bury Clinical Commissioning Group (CCG). Julie Gonda, Assistant Director of Commissioning and Procurement, Bury Council. Lorraine Tatlock, Interim Project Manager, Bury CCG Hemlata Fletcher, Project Manager, Bury Council
	Contact Number	0161 762 3054 (SM) 0161 253 7253 (JG) 0161 762 3153 (LT) 0161 253 6831 (HF)
	Signature	
	Date	27 January 2014
Equality officer consulted	**Name**	Catherine King / Rosemary Barker
	Post Title	Principal HR Advisory (Temporary) & Equality Advisory (Temporary)
	Contact Number	0161 253 6371 / 0161 253 5205
	Signature	
	Date	27 January 2014

2. AIMS

What is the purpose of the policy/service and what is it intended to achieve?	The June 2013 Spending Round announced the creation of a £3.8 billion Integration Transformation Fund – now referred to as the Better Care Fund – described as a 'single pooled budget' for which Bury NHS Clinical Commissioning Group (CCG) and Bury Council – Adult Care Services agree to work together and this 2-year better care fund plan sets out the agreed approach. The Better Care Fund Plan is draft working copy to be used to support adult social care services, which also has a

	health benefit, beyond this broad condition there is the flexibility for Bury to determine how this investment in social care services is best used. A condition of the transfer is that Bury Council in agreement with the CCG has put this plan together to set out its arrangements in how the funding is best used within social care, and the outcomes expected from this investment. Although the Plan will be implemented in the context of an ageing population and an increasing number of people who have one or more long-term conditions, it also includes working with the newly formed local Healthwatch to engage more with equality target action groups.
Who are the main stakeholders?	The main stakeholders for this Better Care Fund ranges from patients, service users (customers, providers in both local authority and NHS, voluntary and private sector, workforce both internally and across partners) and carers.

3. ESTABLISHING RELEVANCE TO EQUALITY

3a. Using the drop down lists below, please advise whether the policy/service has either a positive or negative effect on any groups of people with protected equality characteristics.
If you answer yes to any question, please also explain why and how that group of people will be affected.

Protected equality characteristic	Positive effect (Yes/No)	Negative effect (Yes/No)	Explanation
Race	Yes	No	Although the plan does not specifically address the needs of different racial groups, the better care fund is intended to benefit all racial groups
Disability	Yes	No	The plan recognises people with long-term conditions and this may also include people with disabilities, including mental health. The Fund allocates a Disabled Facilities Grant which aims to have a positive impact. The plan sets out the arrangements with its provider Pennine Care NHS Foundation Trust (Provider of Mental Health Services) to jointly develop and deliver plans which will cover mental and physical health and social care needs.

Gender	Yes	No	Although the plan does not specifically address the needs of male or females, the better care fund is intended to benefit gender equality group.
Gender reassignment	Yes	No	Although the plan does not specifically address the needs of gender reassignment, the better care fund is intended to benefit this equality too.
Age	Yes	No	The plan is being implemented in the context of an ageing population and people with long-term conditions (LTC). Access for all ages with a specific focus on people at a higher risk (LTC) and over 65's risk stratified. It also aims at addressing the needs of children and young people.
Sexual orientation	Yes	No	Although the plan does not specifically address the needs of sexual orientation, the better care fund plan is intended to benefit this equality group too.
Religion or belief	Yes	No	Although the plan does not specifically address the needs of religion or belief, the better care fund plan is intended to benefit all religious or belief groups.
Caring responsibilities	Yes	No	Carers needs are recongised throughout the document demonstrating a positive impact
Pregnancy or maternity	Yes	No	The Healthier Radcliffe Demonstator Pilot stage 2 aims to focus on chidlren and families. Early intervention and prevention Self-care/self-manaagment and good parenting Safeguarding - domestic violence/child protection/child in need
Marriage or civil partnership	No	No	N/A

3b. Using the drop down lists below, please advise whether or not our policy/service has relevance to the Public Sector Equality Duty. If you answer yes to any question, please explain why.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for the relevance
Need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Yes	The better care fund plan is relevant to the public sector equality duty in the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act. Further details of this impact will be forthcoming.
Need to advance equality of opportunity between people who share a protected characteristic and those who do not (eg. by removing or minimising disadvantages or meeting needs)	Yes	The better care fund plan is relevant to the public sector equality duty to the need to advance equality of opportunity who share a protected characteristic. Further details of this impact will be forthcoming.
Need to foster good relations between people who share a protected characteristic and those who do not (eg. by tackling prejudice or promoting understanding)	Yes	The better care fund plan is relevant to the public sector equality duty and the need to foster good relations between people who share a protected characteristic. Further details of this impact will be forthcoming.

If you answered 'YES' to any of the questions in 3a and 3b → **Go straight to Question 4**

If you answered 'NO' to all of the questions in 3a and 3b → **Go to Question 3c and <u>do not</u> answer questions 4-6**

3c. If you have answered 'No' to all the questions in 3a and 3b please explain why you feel that your policy/service has no relevance to equality.

4. EQUALITY INFORMATION AND ENGAGEMENT

4a. For a service plan, please list what equality information you currently have available, **OR** for a new/changed policy or practice please list what equality information you considered and engagement you have carried out in relation to it.

Please provide a link if the information is published on the web and advise when it was last updated?

(NB. Equality information can be both qualitative and quantitative. It includes knowledge of service users, satisfaction rates, compliments and complaints, the results of surveys or other engagement activities and should be broken down by equality characteristics where relevant.)

Details of the equality information or engagement	**Internet link if published**	**Date last updated**

4b. Are there any information gaps, and if so how do you plan to tackle them?

The Better Care Fund Plan (draft working copy vn.03) is a high-level document; it doesn't set out in detail how it intends to meet the Public Sector Equality Duty. However, plans going forward are that the development of a 2-year Operating Plan and a 5-year Strategic Plan will be assessed for relevance for equality.

5. CONCLUSIONS OF THE EQUALITY ANALYSIS

What will the likely overall effect of your policy/service plan be on equality?	The likely impact is minimal at this stage of assessment. Further equality analysis will be required upon drawing up a 2-year operating plan and 5-year strategic plan.
If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?	
Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.	
What steps do you intend to take now in respect of the implementation of your policy/service plan?	

6. MONITORING AND REVIEW

If you intend to proceed with your policy/service plan, please detail what monitoring arrangements (if appropriate) you will put in place to monitor the ongoing effects. Please also state when the policy/service plan will be reviewed.

COPIES OF THIS EQUALITY ANALYSIS FORM SHOULD BE ATTACHED TO ANY REPORTS/SERVICE PLANS AND ALSO SENT TO THE EQUALITY INBOX (equality@bury.gov.uk) FOR PUBLICATION.

Health and Wellbeing Report (For information)

Bury COUNCIL

Agenda Item	

MEETING: **Health and Well Being Board**

DATE: **30 January 2014**

SUBJECT: **Integrating Health and Social Care – progress**

REPORT FROM: **Pat Jones-Greenhalgh, Executive Director of Adult Social Care**
Stuart North, Chief Officer, Bury CCG

CONTACT OFFICER: **As above**

1.0 Purpose of the Report

1.1 To update the Board on progress with the integration of health and social care within Bury.

2.0 Background

2.1 Health and social care reform is part of a wider programme of Public Services Reform across Greater Manchester.

2.2 Work has been on-going to progress new models of delivery and this is contained in a presentation (attached).

3.0 Issues

3.1 Board needs to be aware of progress in respect of the integration proposals. The presentation will reinforce the vision about developing services around the individual, highlight the Radcliffe pilot scheme and illustrate the wider intention for neighbour integration.

3.2 The presentation also updates Members on issues of governance, achievements to date and the impact of future funding arrangements.

4.0 Conclusion

4.1 Integration of health and social care is complex and a medium to long term ambition. The new model of delivery is still developing and will continue to evolve in the light of health reforms and neighbourhood initiatives.

4.2 Further reports will be brought to the Health and Well Being Board at six monthly intervals.

4.3 The views of the Board are welcomed.

List of Background Papers:-

Public Service Reform Local Implementation Plan

CONTACT DETAILS:

Contact Officer: Pat Jones-Greenhalgh
Telephone number: 0161 253 5405
E-mail address: p.jones-greenhalgh@bury.gov.uk
Date: 27 January 2014

Q:\ACS-Secretaries\
01.28.14 Bury Integr

Health and Wellbeing Report (For information)

Agenda Item	

MEETING: **Health & Wellbeing Board**

DATE: **30/01/2014**

SUBJECT: **Delivery and implementation of the Health & Wellbeing Strategy**

REPORT FROM: **Lesley Jones**

CONTACT OFFICER: **Heather Crozier (h.crozier@bury.gov.uk or Tel: 0161 253 6684) & Diane Halton (D.Halton@bury.gov.uk or Tel: 0161 253 6828**

1.0 Purpose of the Report

The purpose of this report is to inform the board of the approach being taken to deliver the outcome measures and develop ways of reporting on the actions from the Health and Wellbeing Strategy.

2.0 Background

The Health and Wellbeing Board signed off the Health & Wellbeing Strategy in June 2013.

In order to ensure the Board has clear oversight and assurance over the implementation of the strategy, three related reports will be provided on a regular basis.

1. Performance report against outcomes in the strategy (Quarterly from 6th March 2014).
2. Performance against milestones in the delivery plan (Quarterly from June 2014- Date TBC).
3. Thematic reports covering one priority area per meeting (From 10th April 2014).

A delivery plan for the Health & Wellbeing Strategy is under construction.

A series of workshops focused on each of the key priorities are being held with a range of stakeholders to look at each priority area of the Health and Wellbeing Strategy in detail, to:

- Define each action in relation to the measure to develop a shared understanding
- Identify owner/s (individual or group) responsible for delivery against the actions
- Identify key milestones in achieving this action including key timescales or delivery dates
- Determine what is not working so well and what would be required to make a difference

The key leads and groups identified for each priority will then form a 'virtual network' that will then be responsible for delivering the actions and measures of success for each priority. The findings and outcomes from the workshops will be summarised and an update presented to the Health and Wellbeing Board in June 2014 (Date TBC). (See appendix 1)

The workshops will run between January and April and a delivery plan will be in place by the end of April.

Workshop 1:	Ensuring a positive start for children (Pilot)
Date:	06/01/2014
Workshop 2:	Encouraging healthy lifestyle and behaviours in all actions and activities
Date:	14/02/2014
Workshop 3:	Helping to build strong communities, wellbeing and mental health
Date:	24/02/2014
Workshop 4:	Promoting independence of people living with long term conditions and their carer's
Date:	19/03/2014
Workshop 5:	Supporting older people to be safe, independent and well
Date:	27/03/2014
Workshop 6:	Ensuring a positive start for children
Date:	11/04/2014

Details of all attendees can be found in Appendix 2 of this report. Suggestions for additional attendees would be welcome from the board.

3.0 Conclusion

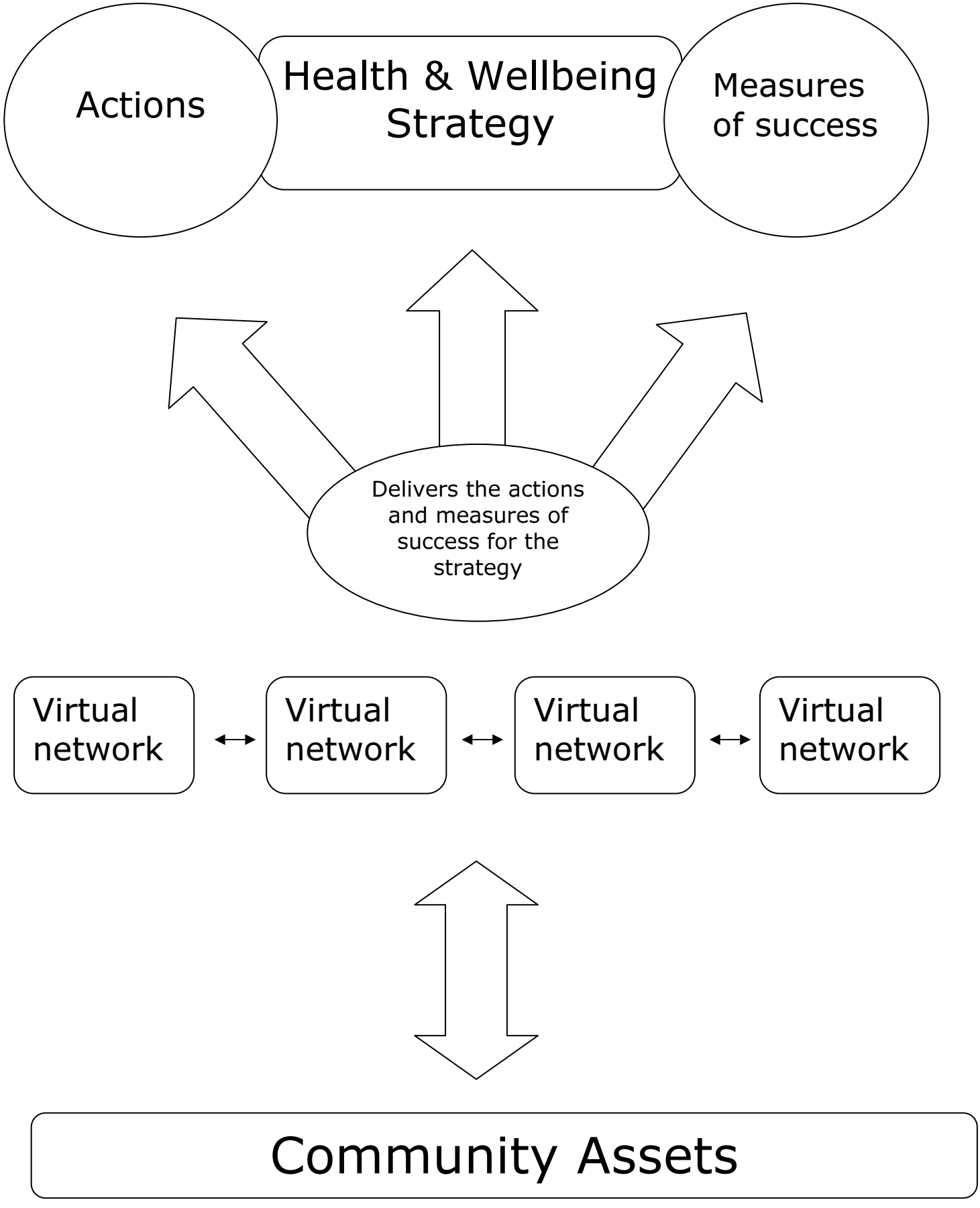
One pilot workshop has taken place so far and has been very useful in identifying key groups and leads for the priority, 'Ensuring a positive start for children' and informing the design of future workshops. The findings and outcomes from each workshop will be summarised and presented at subsequent Health and Wellbeing Boards.

List of Background Papers:-

CONTACT DETAILS:

Contact Officer: Heather Crozier and Diane Halton
Telephone number: 0161 253 6684 and 0161 253 6828
E-mail address: h.crozier@bury.gov.uk and d.halton@bury.gov.uk
Date: 30/01/2014

Appendix 1


Actions
Health & Wellbeing Strategy
Measures of success
Delivers the actions and measures of success for the strategy
Virtual network
Virtual network
Virtual network
Virtual network
Community Assets

Appendix 2 - attendees for each workshop

Workshop	Priority	Date	Attendees		
			Name	Job Title	Organisation
2	Encouraging healthy lifestyles and behaviours in all actions and activities	14/02/ 2014	Diane Halton	Service Manager	Public Health, Bury Council
			Lesley Jones	Director of Public Health	Public Health, Bury Council
			Joanne Smith	Health Improvement Officer	Public Health, Bury Council
			Nicola Harrison	Programme Manager	Public Health, Bury Council
			Rachael Potts	Teenage pregnancy co-ordinator	Children's Services Bury Council
			Cindy Lothian	Communities Manager	Department for Communities & Neighbourhoods, Bury Council
			David Thomas	Township Forum Co-ordinator	Department for Communities & Neighbourhoods, Bury Council
			Stefan Taylor	Health Improvement Specialist	Public Health, Bury Council
			Jackie Veal	Sports development Manager	Department for Communities & Neighbourhoods, Bury Council
			Nikki Robinson	Health Trainer	Pennine
			Finn McCall	Cardio Vascular CCG Pharmacist	CCG
			Petra Hayes-Bower	Children's Services Co-ordinator	Health
			Kirstin Middleton/Sue Sykes	Resource Officer/ Narrowing the Gap Manager (Early Years)	Children's Services, Bury Council
			Stephanie Mitchell	Health Improvement Specialist	Public Health, Bury Council

3	Helping to build strong communities, wellbeing and mental health	24/02/2014	Diane Halton	Service Manager - Public Health	Public Health, Bury Council
			Nicola Hine	Strategic planning and policy officer	Adult Care, Bury Council
			Karen Young	Head of Inclusion	Adult Care, Bury Council
			Marcus Connor	Head of Performance and Housing Strategy	Adult Care, Bury Council
			Elma Ikin	DAAT Co-ordinator	Adult Care, Bury Council
			Fran Carbury	Health Improvement Specialist	Public Health, Bury Council
			Alison Leach/Michelle Smythe	Community Development Officer	Six Town Housing
			Mark Carriline	Executive Director of Children's Services/ Chair of Domestic Violence Board	Children's Services, Bury Council
			Jaria Hussain-Lala	Domestic Violence Co-ordinator	Department for Communities & Neighbourhoods, Bury Council
			Carol Hobson	Detective Inspector GMP Bury Division (Public Protection)	GMP
			David Thomas	Township Forum Co-ordinators	Department for Communities & Neighbourhoods, Bury Council
			Paul Lehane	Youth Offending Team lead	Children's Services, Bury Council
			Dawn Treanor	Community Activator team leader	Department for Communities & Neighbourhoods, Bury Council
			Tracy Flynn	Strategy and Resources Officer	Department for Communities & Neighbourhoods, Bury Council
			Louise Blackmore		BEST Bury Council

			Anne Gent/Karen Graham	Partnership Manager Strategic Lead for Job Centre Plus	DWP
			Louise Carter	Community Mental Health Manager	Bury Council
			Donna Edgley	Community services co-ordinator North/South Mental Health Team	Bury Council
			Geoff Shryer	GP	CCG
			Nigget Saleem	Clinical officer	CCG
			Catherine Tickle	Admin Support for Geoff Shryer and Joint Commissioning Manager	CCG
			Petra Hayes-Bower	Children's Services Co-ordinator	Health
			Pauline Seville	Development Officer, Substance Misuse service	Bury Council
			Mark Granby	Chief Superintendent	GMPT
			Michael Cross	Operational Manager Strategic probation service rep	Children's Services Bury Council
4	Promoting independence of people living with long term conditions and their carers	19/03/2014	Diane Halton	Service Manager - Public Health	Public Health, Bury Council
			Heather Crozier	Head of Customer Services	Adult Care Services, Bury Council
			Linda Jackson	Assistant Director, Strategic Support Services	Adult Care Services, Bury Council
			Lesley Jones	Director of Public Health	Public Health
			Tracey Minshall	Head of Commissioning and Strategy	Adult Care Services, Bury Council
			Tracy Flynn	Strategy and Resources	Bury Council

				Officer	
			Fin McCall	Cardio Vascular CCG Pharmacist?	CCG
			Zena Shuttleworth	Strategic planning and Policy Officer	Bury Council
			Anne Gent/Karen Graham	Partnership Manager Strategic Lead for Job Centre Plus	DWP
			Fran Carbury	Health Improvement Specialist	Public Health, Bury Council
			Cath Coward	Health Improvement Officer	Public Health, Bury Council
			Nicola Harrison	Programme Manager	Public Health, Bury Council
			CSU Rep		CSU
5	Supporting Older People to be safe, independent and well	27/03/ 2014	Diane Halton	Programme Manager, Public Health	Public Health, Bury Council
			Heather Crozier	Head of Customer Services	Adult Care, Bury Council
			John Campbell	Senior Contracts & Procurement Officer	Adult Care, Bury Council
			Rachel Stringfellow	Senior Economist	Adult Care, Bury Council
			Audrey Gibson	Clinical Lead/ GP	CCG
			Cath Jones	Head of Re-Integration	Adult Care, Bury Council
			Karen Turner	Head of Vulnerable Adults	Adult Care, Bury Council
			Barbara Jones	Service Manager Crisis Response	NHS Bury
			Marcus Connor	Head of Strategic Housing and Performance	Adult Care, Bury Council
			Karen Young	Head of Inclusion	Adult Care, Bury Council
			Stroke/Cardio nurses	CCG	CCG
			Geoff Shryer	GP	CCG

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Health and Wellbeing Report (For information)

Bury COUNCIL

Agenda Item	

MEETING: **Health and Well Being Board**

DATE: **30 January 2014**

SUBJECT: **Community Health & Wellbeing Assessment (JSNA)**

REPORT FROM: **Lesley Jones**

CONTACT OFFICER: **As above**

1.0 Purpose of the Report

1.1 To update the Board on the consultation process for the re-freshed CHWA and proposals to support the future development of the CHWA.

2.0 Background

2.1 The Health and Wellbeing Board approved the final version of the CHWA for consultation at its last meeting

2.2 There will be a 6 week consultation from 3rd February, 2014. This will consist of distribution of a summary leaflet to a range of stakeholders and contacts on established consultation databases and presentations to key groups/forums.

2.3 The results of the Consultation will be brought back to the Health & Wellbeing Board in April.

2.4 There is a need to further develop the CHWA in the future to meet expectations and requirements of strategic decision-makers, commissioners and providers.

3.0 Issues

3.1 The current JSNA provides high level data on a number of important health related issues which has informed the Health & Wellbeing Strategy and will inform other related strategies. However the needs and expectations for more detailed and sophisticated intelligence to support strategy and service reform in the future are growing.

3.2 There is currently a lack of infrastructure and capacity in Bury to meet these needs.

3.3 The CHWA steering group has met and agreed the following:

- To commission research to understand what data is currently held by Team Bury partners, what use the data is currently put to, what intelligence and analytical capacity exists across agencies, what questions partners would most like the CHWA to answer

- To scope the options for a publically available platform where CHWA products can be shared and better utilised.

- To focus on capacity-building for the CHWA through development of an intelligence hub within the Adult Care Directorate, partnership working with intelligence and analytical specialists from partner agencies and investment in analytical tools.

4.0 Conclusion

4.1 The CWHA is not only a statutory responsibility but a vital tool for better understanding the needs of the local population in order to support development of appropriately targetted strategies and plans and ensure effective use of resources.

4.2 The Board will be kept informed of developments.

4.3 The views of the Board are welcomed.

List of Background Papers:-

CONTACT DETAILS:

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Date: 27 January 2014