

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of the Health and Wellbeing

Voting Member: Dr Gibson; Pat Jones Greenhalgh (Vice Chair); Dave Bevitt; Mark Carriline; Stuart North; Councillor Shori (Chair); Lesley Jones; Councillor Simpson; Barbara Barlow and Lee Parker.

Non Voting Member: Rob Bellingham

Dear Member/Colleague

Health and Wellbeing Board

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

Date:	Thursday 30 October 2014
Place:	Meeting Room 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 report should be contacted.
Notes:	

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 THE MEETING HELD ON THE 18TH SEPTEMBER (Pages 1 - 6)

Minutes attached.

4 MATTERS ARISING (Pages 7 - 12)

The Health and Wellbeing Board forward plan attached.

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 UPDATE ON THE BURY DIRECTORY

The Health and Wellbeing Board Policy Lead will report at the meeting.

7 PRIORITY 4 OF THE HEALTH AND WELLBEING STRATEGY - PROMOTING INDEPENDENCE OF PEOPLE LIVING WITH LONG TERM CONDITIONS AND THEIR CONDITIONS

The Director of Public Health will report at the meeting.

8 LETTER FROM THE SECRETARY OF STATE (Pages 13 - 18)

The Chair of the Health and Wellbeing Board will report at the meeting. A report is attached.

9 PRIORITY 1 OF THE HEALTH AND WELLBEING STRATEGY - ENSURING A POSITIVE START TO LIFE FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES (Pages 19 - 24)

The Health and Wellbeing Board Policy Lead will report at the meeting. Report attached.

10 TEAM BURY UPDATE (Pages 25 - 32)

The Health and Wellbeing Board Policy Lead. Report attached.

11 ETIQUETTE AND EXPECTATIONS DOCUMENT (Pages 33 - 48)

A report from the Health and Wellbeing Board Policy Lead is attached.

12 **REVISED GREATER MANCHESTER HEALTH AND WELLBEING BOARD** (Pages 49 - 56)

The Chair of the Health and Wellbeing Board will report at the meeting. A report is attached.

13 **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: 18 September 2014

Present: Cabinet Member, Councillor Rishi Shori (Chair); Director of Public Health, Lesley Jones; Police Inspector Amber Waywell; Dave Bevitt, Representing B3SDA; NHS England, Mr. Rob Bellingham; Executive Director, Communities and Wellbeing, Pat Jones-Greenhalgh

Also in attendance:

Deputy Chief Officer/Head of Commissioning, Sharon Martin; Representing Stuart North.
Chair of CCG, Dr. Karian Patel; Representing Dr. Audrey Gibson.
Assistant Director Commissioning and Procurement, Julie Gonda.
BSCB Development Officer, Donna Green
Heather Hutton, Health and Wellbeing Board Policy Lead.
Julie Gallagher, Democratic Services.

Apologies: Councillor Andrea Simpson
Executive Director, Graham Atkinson
Chief Officer, CCG, Stuart North;
Dr. A. Gibson
Carol Twist

Public attendance: 2 members of the public were in attendance

HWB.293 DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB.294 MINUTES

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 19th June 2014, be approved as a correct record and signed by the Chair.

HWB.295 MATTERS ARISING

Members of the Board reviewed the Health and Wellbeing Board forward plan.

Delegated decision:

The Health and Wellbeing Board forward plan be noted.

HWB.296 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

Health and Wellbeing Board 18 September 2014

HWB.297 STARTING WELL WORKSTREAM

The HWB considered a verbal presentation from the Director of Public Health, in relation to establishment of an Early Years Partnership Board. An accompanying report had been circulated to Board members; the report contained the following information;

Priority one of Bury's Health and Wellbeing Strategy outlines Bury's aim of ensuring a positive start to life for all children, young people and families. Identifying those in need of help and support, intervening early and addressing the whole family's needs are crucial to a child's development.

There are several areas in Bury where further improvements are required to enable children to have the best start in life such as, improving early access to maternity services, reducing smoking in pregnancy, increasing breastfeeding rates, improving oral health, reducing childhood obesity, reducing childhood accidents and increasing the number of children that are assessed in reception as school ready.

The Director of Public health reported that it is proposed that a "Starting Well" partnership Board be established to further develop and drive forward the vision. The Board will also incorporate the work of the family nurse partnership board.

Delegated decision:

The Health and Wellbeing Board agrees to the establishment of a Starting Well Partnership Board with remit for providing leadership, direction and oversight of the early year's health improvement agenda.

HWB.298 ANNUAL REPORT ON THE EFFECTIVENESS OF SAFEGUARDING CHILDREN IN BURY 2013/14

The Health and Wellbeing Board considered a verbal presentation from the Executive Director, Children, Young People and Culture in relation to the Bury Children's Safeguarding Boards annual report.

The BSCB is required to ensure the effectiveness of the work that is done to safeguard and promote the welfare of children and young people in Bury. 2013/14 has been a year characterised by rising numbers of children who are subject to a child protection plan and a marked increase in the conversion rate of contacts to Children's Social Care that progress to referrals. The result has been a rising rate of referrals to children's social care as a response to concerns about children's welfare.

Members of the Board sought assurances from the Executive Director, Children, Young People and Culture that child sexual exploitation (CSE) was not an issue within Bury. The Executive Director reported that there is a strategy in place to deal with CSE and a dedicated team of professionals has been established across Greater Manchester to work together and share intelligence.

Delegated decision:

The Annual report on the effectiveness of Safeguarding children in Bury be noted.

HWB.299 PRIORITY ONE OF THE HEALTH AND WELLBEING STRATEGY ENSURING A POSITIVE START TO LIFE FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES.

Members of the Board discussed priority one of the health and wellbeing strategy. There was consensus amongst the Board members that the priority, actions and measures of success needed to be refreshed.

The Executive Director, Children, Young People and Culture recommended that the following should be included:

- the number of child protection plans be replace with the number of repeat child protection plans
- redefine the education measure to "narrowing the attainment gaps for vulnerable groups and ensuring that they make at least as good progress as their peers"
- In terms of actions an action be included to monitor the quality and standards of education in all maintained schools and challenge/ intervene as necessary.

Members discussed the inclusion of actions/measures to tackle infant mortality and the high percentage of children with tooth decay in the Borough.

Delegated decision:

Taking into account the suggestions made above, the HWB Policy lead, The Director of Public Health and Democratic services would meet prior to the next Board meeting and a refreshed priority one report will be prepared for consideration at the next meeting of the Health and Wellbeing Board.

HWB.300 FIVE YEAR CLINICAL COMMISSIONING GROUP STRATEGY

Members of the Board considered a verbal presentation from the Deputy Chief Officer/Head of Commissioning, Sharon Martin; with regards to the Clinical Commissioning Groups five year strategy.

The CCG is required to submit a Strategic Plan to NHS England to outline how they will commission services for their registered population. This plan was submitted in draft on the 20th June 2014, but has been refreshed and resubmitted following the review of the Better Care Fund.

The plan outlines how the CCG will deliver improvements in seven national outcome ambitions.

Bury CCG's Strategy includes ambitions aligned to the six transformation characteristics highlighted in the national Everyone Counts guidance identified by NHS England to ensure provision of high quality, sustainable health and care in five years' time.

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Bury CCG has collaborated with the Local Authority to ensure that opportunities for partnership working are advanced in the coming years and the strategy outlines plans to further align work programmes and commissioning arrangements in the future.

Delegated decision:

The report be noted.

HWB.301 CCG CO-COMMISSIONING PROPOSALS

Members of the Board considered a verbal presentation from the Deputy Chief Officer/Head of Commissioning, Sharon Martin; with regards to the Clinical Commissioning Group co-commissioning proposal.

NHS England invited CCG to submit bids to Co Commission services with NHS England Local Area Teams in June 2014. The bid was made by NHS Bury CCG to undertake co-commissioning of primary care services. Although the bid was made by Bury CCG, it was been developed as part of a Greater Manchester (GM) framework for the development of primary care commissioning across GM.

NHS England assessed the bids based on two national criteria; The entry level of co-commissioning required. The Area Team judged category C to be equivalent to Greater Manchester's Levels 3 & 4. Speed of implementation (The speed of implementation was judged as Ready Now, Ready Soon and Ready Later).

Bury CCG were judged to be ready now and at Category C which meant that the CCG can start to collectively work with NHS England Local Area Team to facilitate the proposals.

The Executive Director for Communities and Wellbeing reported that the proposal present an opportunity for all partners to develop a framework to enable co-commissioning of services across all organisations. To co-commission effectively all stakeholders must understand the needs of the local population and work towards the integration of health and social care services.

Members highlighted the need for greater joined up commissioning particular in relation to preventative work and also public health services currently commissioned by NHS England.

Delegated decision:

The report be noted.

HWB.302 SIGN OFF BETTER CARE FUND

Members of the Board considered a verbal presentation from the Deputy Chief Officer/Head of Commissioning, Sharon Martin and the Assistant Director commissioning and Procurement, Julie Gonda in relation to the Better Care Fund.

The Better Care fund is a joint pooled budget for health & social care implemented from April 2015 which will have to be agreed between Local Authorities and CCG's and then signed off by Health & Wellbeing Boards.

The Better Care Fund will develop a sustainable health and social care system

The CCG Deputy Chief Executive reported that it will be necessary to organise services around people to enable them to receive care & support in their own homes.

The total Better Care Fund resource is £12.94 million and will be categorized as follows; Social care spend, £5.8 million; Performance care element £3.4million, new investment £2.5 million; Local Authority capital allocations 1.24 million.

The CCG Deputy Chief Executive reported that there are national supporting metrics underpinning delivery these are not linked to payment & performance but still need to set ambition & measure:

- Permanent admissions of older people to care homes
- Proportion of older people- still at home 91 days after discharge to reablement & rehabilitation services
- Delayed transfers of care
- Local metric – emergency hospital admissions for injuries due to falls
- Patient /service user experience – local or national metric

Members of the Board discussed the levels of risk attached to the performance care element of the funding.

Delegated decision:

1. The Health and Wellbeing Board approve the content of the Better Care Fund plan as required.
2. The Health and Wellbeing Board delegate sign off of the Better Care Fund to the Chair of the Board; Councillor Rishi Shori.
3. The Health and Wellbeing Board approve the financial breakdown regarding transfer of funds and Better Care Fund for 2014/15 and 2015/16
4. The Health and Wellbeing Board approve the vision and direction of travel for the Better Care Fund in Bury.

HWB.303 QUALITY AND EFFICIENCY SCORECARD FOR FRAIL AND ELDERLY – LOCALITY BENCHMARKING JUNE 2014

The Deputy Chief Executive provided members of the board with an overview of the quality and efficiency scorecard for frail and elderly.

The report outlines the CCG and Local Authority performance against benchmarked standards across the North West, including:

- a. Non elective admissions aged 65+
- b. Non-elective bed days aged 65+
- c. Non-elective re-admission rate within 30 days aged 65 and over
- d. Non-elective re-admission rate within 90 days aged 65 and over

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The Deputy Chief Executive reported that the CCG and LA are the highest performing against these standards. This is an excellent achievement, despite the CCGs underfunding and funding constraints place on the LA.

Delegated Decision:

The H&WB Board note the achievements outlined in the ADASS report.

HWB.304 NHS ENGLAND – DIRECT COMMISSIONING QUARTERLY UPDATE REPORT

The Health and Wellbeing Board considered four quarterly commissioning reports produced by Nhs England, the reports refer to the provision of Dental, Eye, Pharmacy and medical services currently commissioned by NHS England.

The Director of Commissioning, Nhs England reported that the purpose of the reports is to provide Board members with assurances around quality and quantity of services provided within the Borough.

Members of the Board welcomed the reports but queried some of the information presented in particular, the data relating to the number of GP practices providing directed enhanced services for patients with dementia.

It was agreed:

- 1.** The Director of Commissioning, NHS England would clarify the figures in relation to dementia contained within the medical briefing paper.
- 2.** The Board agrees to receive regular direct commissioning quarterly update reports from NHS England.

HWB.305 URGENT BUSINESS

There was no urgent business.

Councillor Rishi Shori
Chair

(Note: The meeting started at 6pm and ended at 8.10pm)

Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
17 th July 6pm	<p><u>Draft Agenda</u></p> <ul style="list-style-type: none"> • TOR • Role of Chair • Role of Policy Lead • Role Of Democratic Services • Member development requirements focus group 	<p><u>Draft Agenda</u></p> <p>Future Role & Function of the Board</p> <ul style="list-style-type: none"> • Health & Wellbeing Strategy Update Report (Heather Hutton) • Bury Partnership framework Presentation (Harry Downie) • Outcome Based Accountability Presentation (Lesley Jones) • Overview of Integrated Health & Social Care (Lorraine Tatlock) 	Information	<ul style="list-style-type: none"> • Update report on the JSNA (Lesley Jones) • North West DPH Manifesto (Lesley Jones)
			Discussion	<ul style="list-style-type: none"> • Open Objects- 'The Bury Directory' presentation (Heather Hutton/Paul Cook) • Pharmaceutical Needs Assessment Presentation (Lesley Jones/ CSU)
			Decision	
			TBC	

<p>18th September 2pm</p>	<p><u>Draft Agenda</u></p> <ul style="list-style-type: none"> • To be informed by the Member Development Action Plan 	<p><u>(2) Draft Agenda</u></p> <ul style="list-style-type: none"> • Priority 1 of Health & Wellbeing Strategy- <i>Ensuring a positive start to life for children, young people and families</i> - Includes SEN Reforms - Includes Changes to Health Visitors • (1A) Proposal to establish a 'Starting Well' work stream (Lesley Jones) 	<p>Information</p> <hr/> <p>Discussion</p> <hr/> <p>Decision</p> <hr/> <p>TBC</p>	<ul style="list-style-type: none"> • (6) ADASS paper (Sharon Martin) • (7) Co – Commissioning Proposal (Sharon Martin) • (3) Healthier Together Presentation (Sharon Martin) • (4) 5 year Health CCG Strategy (Sharon Martin) • (5) Sign off Better Care Fund • (1B) Bury Safeguarding Board/Children’s Trust (Mark Carriline)
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30th October 6pm	To be informed by the member development action plan	<p align="center"><u>Draft Agenda</u></p> <p>1. Priority 4 of Health & Wellbeing Strategy- <i>Promoting independence of people living with long term conditions and their carers</i></p> <p>1.A) Presentation on The Bury Directory (Heather Hutton)</p>	<p>Information</p> <p>Discussion</p>	<p>2. Letter from Secretary of state re: Effective engagement between Health & Wellbeing boards and providers (Julie Gallagher)</p> <p>3. Proposals for a revised Greater Manchester Health & Wellbeing Board (Cllr Shori/Pat Jones-Greenhalgh)</p> <p>6. Update on Team Bury Forum (Heather Hutton)</p>
			<p>Decision</p>	<p>4. Member Development Day update and Etiquette & Expectations document (Heather Hutton)</p> <p>5. Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 1 (Heather Hutton)</p>
			<p>TBC</p>	

18th December 2pm	To be informed by the member development action plan	<p align="center"><u>Draft Agenda</u></p> <p>Priority 3 of Health & Wellbeing Strategy- <i>Helping to develop strong communities, wellbeing and mental health</i></p>	<p>Information</p>	<ul style="list-style-type: none"> • Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 4 • PNA Consultation Update report (Jimmy Cheung) • Quarterly update on JSNA (Lesley Jones) • Quarterly NHS England area report (Rob Bellingham)
			<p>Discussion</p>	<ul style="list-style-type: none"> • Independent Director of Public Health's Report (Lesley Jones) • Briefing on the Inquiry into Health Equity for the North (Lesley Jones)
			<p>Decision</p>	
			<p>TBC</p>	<ul style="list-style-type: none"> • Poverty Strategy (Amy Svensson) • Action Plan for Learning Disabilities and Challenging Behaviour (John Campbell/ Cath Tickle)



29th January 6pm	To be informed by the member development action plan	<p align="center"><u>Draft Agenda</u></p> <p>Priority 2 of Health & Wellbeing Strategy- <i>Encouraging healthy lifestyles and behaviours in a all actions and activities</i></p>	Information	<ul style="list-style-type: none"> • Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 3 • PNA Consultation final report (Jimmy Cheung)
			Discussion	<ul style="list-style-type: none"> • Children and Young People’s Plan 2015 to 2018 (Mark Carriline/ Lindsey Dennis)
			Decision	
			TBC	
5th March 2pm	To be informed by the member development action plan	<p align="center"><u>Draft Agenda</u></p> <p>Priority 5 of Health & Wellbeing Strategy- <i>Supporting older people to be safe, independent and well</i></p>	Information	<ul style="list-style-type: none"> • Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 2 • Quarterly update on JSNA (Lesley Jones) • Quarterly NHS England area report (Rob Bellingham)
			Discussion	
			Decision	
			TBC	<ul style="list-style-type: none"> • Pharmaceutical Needs Assessment

				FINAL Paper (Anna Barclay)	
9th April 6pm	To be informed by the member development action plan	TBC	<u>Draft Agenda</u>	Information	<ul style="list-style-type: none"> • Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 5
				Discussion	
				Decision	
				TBC	<ul style="list-style-type: none"> • Report on refreshed Health & Wellbeing strategy, progress on delivery plan and outcomes framework
Beyond... Working Well Protocol (June 2015)					

Bury Health and Wellbeing Board

Title of the Report	Effective Engagement between Health and wellbeing Boards and Major Providers
Date	October 2014
Contact Officer	Julie Gallagher
HWB Lead in this area	Chair Councillor Shori

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion x	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To discuss how effectively the HWBs work with the major providers.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_Making_it_happen_to	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	All		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Members of the Board may wish to consider how to incorporate and effectively communicate with major providers.		
What requirement is there for internal or external communication around this area?	Feedback to the Secretary of State???		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG	No		

Board/other stakeholders....please provide details.	
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2. Introduction / Background

The letter from the Secretary of State emphasises the importance of working together across local health and care economies. Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to shared success.

3. key issues for the Board to Consider

The Secretary of State raises concerns that the Better Care Fund process has highlighted differences in the levels of engagement between Boards and providers.

Strong, constructive dialogue from all local partners involved in developing and delivering BCF will be crucial to success.

The Secretary of State states that where providers have been included as full members on Boards, there have been clear advantages... Boards and providers must be positively engaging in the local decision making process, and it is the responsibility of all parties to ensure that engagement is effective, timely and meaningful.

The Secretary of State is asking the Boards that do not include providers to reconsider this position.

4. Recommendations for action

Members of the Board need to consider their current arrangements and or at the least to consider their current arrangements, and assure themselves that the right structures and relationships are in place.

5. Financial and legal implications (if any)

If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

No

6. Equality/Diversity Implications

No

CONTACT DETAILS:

Contact Officer: Julie Gallagher

Telephone number:

E-mail address:

Date:

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Department
of Health

*From the Rt Hon Jeremy Hunt MP
Secretary of State for Health*

*Richmond House
79 Whitehall
London
SW1A 2NS*

To: Chairs of Health and Wellbeing Boards

*Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk*

Cc: Chief Executives of NHS Trusts and NHS Foundation Trusts

- 7 OCT 2014

Dear colleagues,

Effective Engagement between health and Wellbeing Boards and Major Providers

As we move towards a modern, effective health and care system the importance of working together across local health and care economies only grows. Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to our shared success.

The Better Care Fund (BCF) plans were submitted on 19 September following a great deal of hard work in local areas. These plans are built on the foundation of conversations taking place that have never happened before, and I do want to commend local areas for all their efforts to bring this about. However, it has become clear through this process that there are differences in the level of engagement between Boards and providers. The results of the National Consistent Assurance Review (NCAR) process for the BCF will be made available shortly, and we want to take steps now to ensure that all local areas will be working effectively together to lay strong foundations for the implementation of the BCF plans from April 2015.

The BCF, among other changes, will lead to a reduction in emergency admissions across England and a changing pattern of care with more being done in the community. This will have a significant impact on major NHS providers and so the BCF planning necessitates strong relationships, open conversations and new ways of working. Strong, constructive dialogue from all local partners involved in developing and delivering BCF plans will be crucial to success.

How this engagement works in practice will be different in each area. Where providers have been included as full members on boards, there have been clear advantages – for example full involvement and challenge throughout the process of developing and signing off BCF plans. Around two thirds of boards do not include local NHS providers, and I know that in many areas, this has been a considered

decision. In such cases there are some examples of engagement working well through secondary mechanisms such as partnership groups, provider forums and workshops convened to explore specific local issues.

However, there are cases where this engagement does not seem to have worked effectively and this is unacceptable. Boards and providers must be positively engaging in the local decision making process, and it is the responsibility of all parties to ensure that engagement is effective, timely and meaningful. I would therefore urge Boards that do not include providers to reconsider this position, or at the least to consider their current arrangements, and assure themselves that the right structures and relationships are in place.

Support is available to Boards and providers to support effective engagement, through the Health and Wellbeing System Improvement Programme (delivered by the Local Government Association with DH funding)
<http://www.local.gov.uk/health-and-wellbeing-boards>

I would welcome your feedback on the issues raised in this letter. In particular, further examples of where you believe engagement is working well and how this has been achieved; and suggestions for further support from system leaders that you think would be helpful.

Yours sincerely
Jeremy

JEREMY HUNT

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	Refreshed Priority One of Health & Wellbeing Strategy- Ensuring a positive start to life for children, young people and families
Date	30 th October 2014
Contact Officer	Heather Hutton
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information	Discussion	Decision X
Why is this report being brought to the Board?	This report is being brought to the board to seek approval to sign off the refreshed Priority 1 actions, measures of success and indicators.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	Priority 1- Ensuring a positive start to life for children, young people and families		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)	N/A		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Board to approve the refreshed Priority 1 actions, measures of success and indicators in order to support the future development of the Health & Wellbeing Strategy.		
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No this report is specific to the Health & Wellbeing Board		

2. Introduction / Background

The Health & Wellbeing Board has committed to refreshing the Health & Wellbeing Strategy and agreed to review one priority per meeting. At the September Member Development Session and Board meeting, Priority One- Ensuring a positive start to life for children, young people and families was reviewed by the board.

3. Key issues for the Board to Consider

At the Member Development Session, members received a series of presentations and updates from lead officers relating to Priority One actions and measures of success to inform robust discussion at the Board meeting. At the meeting, it was agreed that the actions and measures of success for Priority One should be:

Refreshed: Priority 1 - Ensuring a positive start to life for children, young people and families.

Our Actions

We will:

1. Improve health and developmental outcomes for Under 5s.
2. Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs.
3. Support positive and resilient parenting, especially for families in challenging circumstances
4. Narrow the attainment gap amongst the vulnerable groups.

Measures of Success

If we are making a difference, we will have:

1. a) Improved health outcomes for under 5s
b) A higher proportion of children will be school ready
2. Implemented the SEND reforms
3. a) Fewer children making repeat entry into the social care system
b) Children move from care into high quality permanence
c) Children in care in stable placements
4. Improvements in the differences in levels of educational attainment across the borough and between groups

Indicators

1. a) Improved health outcomes for under 5s
 - Number of mothers who smoking during pregnancy
 - Breastfeeding initiation and maintenance at 6-8 weeks after birth
 - Infant mortality
 - Tooth decay in children aged 5
 - Childhood obesity
- b) A higher proportion of children will be school ready
 - Children achieve a good level of development by the end of Reception
 - Children with free school meal status achieve a good level of development at the end of reception
 - Year 1 pupils will achieve the expected level in the phonics screening check
 - Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check
2. Implemented the SEND reforms
 - Number of Education, Health and Care Plans (EHC)
 - Number of families accessing personal budgets

3. a) Fewer children making repeat entry into the social care system
 - A reduction in the number of repeat child protection plans
 - b) Children move from care into high quality permanence
 - Number of children moving out of care into permanence through adoption or Special Guardianship Orders
 - c) Children in care in stable placements
 - Long term placement stability for Children and Young People in Care
4. Improvements in the differences in levels of educational attainment across the borough and between groups
 - Narrowing the gap indicators

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Improve health and developmental outcomes for Under 5s.	Improved health outcomes for under 5s	Number of mothers who smoking during pregnancy	Starting Well Sub Group
		Breastfeeding initiation and maintenance at 6-8 weeks after birth	
		Infant mortality	
		Tooth decay in children aged 5	
		Childhood obesity	
	A higher proportion of children will be school ready	Children achieve a good level of development by the end of Reception	
		Children with free school meal status achieve a good level of development at the end of reception	
		Year 1 pupils will achieve the expected level in the phonics screening check	

		Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check.	
Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs	Implementation of SEND reforms	Number of EHC plans in place	Learning Difficulties and Disabilities Strategy Group
		Number of families accessing personal budgets	
Support positive and resilient parenting, especially for families in challenging circumstances	Fewer children making repeat entry to social care system	A reduction in the number of repeat child protection plans	Bury Safeguarding Children's Board
	Children move from care into high quality permanence	Number of children moving out of care into permanence through adoption or Special Guardianship Orders	
	Children in care in stable placements	Long term placement stability for CYPIC	
Narrow the attainment gap amongst the vulnerable groups.	rements in the differences in levels of educational attainment across the borough and between groups	Narrowing the gap indicators	Children, Young People and Culture Management Team

4. Recommendations for action

Recommendations for action are for the board are to approve the refreshed actions, measures of success and indicators for Priority One of the Health & Wellbeing Strategy.

5. Financial and legal implications (if any)

If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

There are no financial or legal implications.

6. Equality/Diversity Implications

There are no equality or diversity implications.

CONTACT DETAILS:

Contact Officer: Heather Hutton

Telephone number: 0161 253 6684

E-mail address: h.hutton@bury.gov.uk

Date: 30/10/2014

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

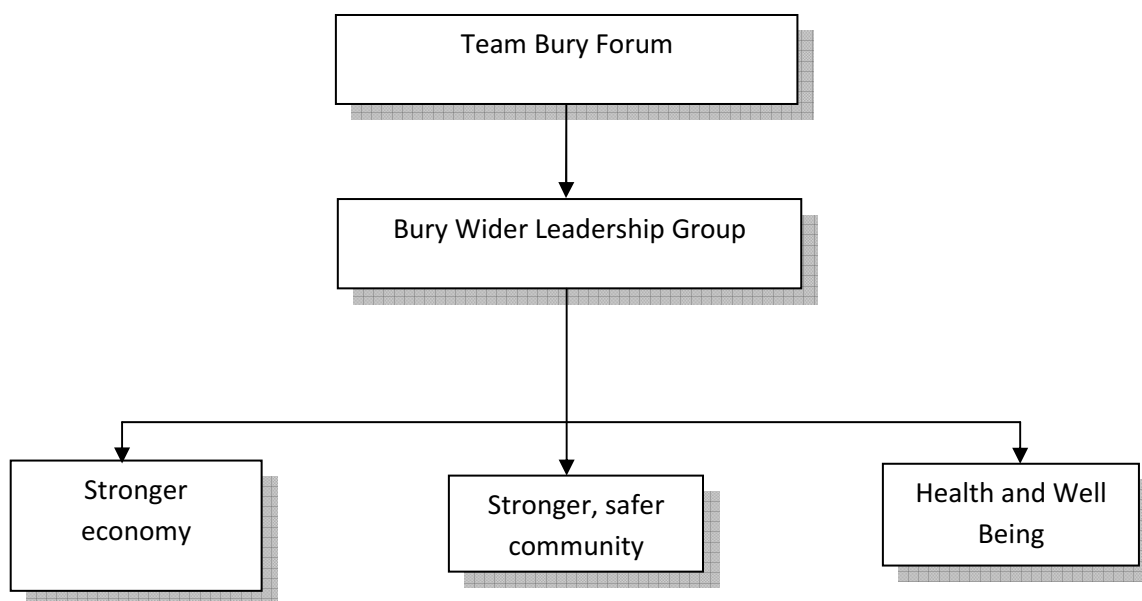
Title of the Report	Update from Team Bury Forum
Date	30 th October 2014
Contact Officer	Heather Hutton
HWB Lead in this area	Chair- Councillor Shori

1. Executive Summary

Is this report for?	Information	Discussion X	Decision
Why is this report being brought to the Board?	This report is being brought to the Health & Wellbeing Board to provide an update from the Team Bury Forum which supports the future development of the Health & Wellbeing Board and the refresh of the Health & Wellbeing Strategy.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)	All		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Board to note the update from the Team Bury forum and proposal for taking this work forward.		
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No this report is specific to the Health & Wellbeing Board		

2. Introduction / Background

- 2.0 At the Team Bury Forum in February 2014, the three priorities for the borough were agreed as being:
- developing a stronger economy,
 - stronger and safer communities
 - health and well being



- 2.1 A proposal to develop the partnership based upon these three priorities was discussed at the Team Bury Forum on 18th September and it was agreed that:

- **The Bury Wider Leadership Group is accountable to the Team Bury Forum** and through the Forum to the residents of Bury for the delivery of partnership outcomes.
- **A single partnership group is accountable to the Bury Wider Leadership Group for each priority.** That group will take responsibility for determining and driving the actions necessary to achieve the desired outcomes.
- **Partnership bodies will be allowed to establish sub-groups** – some of which may be permanent, others will operate on a task and finish basis. The type and number will be determined by each

partnership body according to priorities and need but these will be periodically reviewed corporately to ensure that the sub-groups are still serving the required purpose

- ***Some existing groups are merged and others disbanded.*** Principally:

- The role of BEAST will be upgraded and extended to cover all employment related issues with a particular focus on strengthening the economy and cutting unemployment especially among younger adults
 - The Community Safety Partnership and Communities Group will merge to form one, overarching Stronger and Safer Communities Partnership. This group will retain the existing Community Safety remit within the context of delivering wider social benefit
 - The Children's Trust will report to the Health and Well Being Board. Separate Children's and Adults Safeguarding Boards will be retained to be run by independent chairs
 - The Cultural Partnership remains but as a sub-group of the Economic Partnership to emphasise the importance of tourism/cultural attractions in supporting the local economy and the role of cultural industries as a source of employment
 - The Public Service Reform (PSR) Programme Board will be disbanded. Delivery of the PSR themes will transfer to the appropriate partnership body to promote integration between projects and mainstream new models of working. Corporate oversight of the whole PSR programme will remain in the form of highlight reports to the Bury Wider Leadership Group and support to theme leads will be provided by the Corporate Policy Team so that a unified approach to public service reform across Bury is achieved
- ***Individuals will be identified to work as policy officers for each group.*** Their job will be to manage the business and ensure the focus of the group remains in delivery to achieve agreed outcomes / timescales
 - More detail about the work areas of groups (and possible sub-groups) to deliver the priorities were proposed at the meeting and are available in Appendix 1.

2.2 A workshop held on 9 July 2014 introduced Team Bury partners to the Outcome Based Accountability methodology. This has been used to develop draft indicators for each of the three priorities to keep those partnership groups focused on the priorities. It has been agreed that:

- It is through monitoring performance against these indicators that each group will be able to track progress and assure the Wider Leadership Group that the priorities and vision are being successfully delivered. Statistical data to inform decision making will require agencies to commit to supplying the necessary data within agreed timescales – but making a real difference takes more than numbers. Key to success will be the ability of each group to understand the issues and pay attention to the story behind the figures (through experience, case studies, engaging with communities, etc) so that we get the quality as well as the quantity we want to see.
 - Some information gaps will exist and an amount of detailed work may be required to develop a fuller understanding of issues. It will be up to each group to commission further research, task and finish projects, etc as required to obtain this knowledge.
- 2.3 The structural changes are not particularly radical but will require a change of mindset and culture – both from the public in terms of what they can expect and also from partners in terms of how they can work together with fewer resources to achieve key priorities.
- 2.4 Old ways of doing business will have to change. Broadening the remit of groups, focusing on delivery and limited time availability restricts the range of items that can be covered. Groups will have to concentrate on issues that matter rather than padding out agendas with reports and presentations that maybe interesting but are incidental to success.
- 2.5 Sharing information and building relationships remains a key requirement for effective partnership working and opportunities for this will continue. However partners have made it clear that this is not to detract from core business. For this reason consideration will be given to restructuring agendas to make it clear which items are for decision, discussion or information. Other means of communication outside of meetings (briefing papers, email, regular contact through policy leads) together with clarity over roles and responsibilities will help this.
- 2.6 Clarity over roles and responsibilities within groups is essential. Ownership of tasks and the delivery of projects within time and budget have not always been sufficiently explicit leading to drift and lesser outcomes. Work needs to be specifically allocated to specific individuals or agencies (rather than groups).
- 2.7 This applies equally to work streams which cut across partnerships (such as substance misuse, troubled families). In these circumstances, one group will take overall responsibility for governance

and delivery, recognising that some joint work or joint meetings maybe required with other partnerships/agencies to achieve their objectives.

- 2.8 The net effect of these changes will be to reduce the number of partnership groups and many of those that remain will be smaller. Membership of groups in future will be centred on the contribution that delegates make, rather than the current situation of inviting anybody with an interest in the subject. This does not preclude the potential for workshops, tasks and finish groups, reference groups, etc to broaden engagement and ownership. There will be occasions where a wider audience will need to be involved – but not necessarily as full members of the group. ***A review of each group's membership will be required to ensure we have the right people around the table.***
- 2.9 Democratic accountability to residents of the Borough will occur throughout partnership working. Members of the Council's Cabinet form part of the Team Bury Forum and individual Cabinet or Deputy Cabinet Members will also sit on the major partnership groups to encourage ownership of actions and influence decision making. Overview and Scrutiny arrangements will continue and have a role in holding the partnership groups to account.
- 2.10 Partner agencies will also be expected to keep their own Boards and Governing Bodies up to date so that priorities are aligned at operational level.
- 2.11 Subject to approval by Wider Leadership Group, work will be undertaken with key partners to develop the outcomes, review the terms of reference (and the membership of each group so that the right people are around the table) and determine the need for sub-groups/task and finish groups.
- 2.12 Communication with existing members of groups and other stakeholders is required to explain agreed changes and inform future operational arrangements for the new groups. This will include determining who the 'chair' or 'chairs' will be for groups as a joint chair feature maybe more appropriate for meetings such as Stronger and Safer Communities.
- 2.13 Each of the three groups will have an allocated policy lead person to provide executive support to the group to maintain a focus on priorities. This will include:
- Finalising appropriate outcomes and measures to deliver the priorities along the lines established by the Outcome Based Accountability work shop
 - Development of groups members to help them understand the new arrangements and fully contribute to decision making

- Strengthening governance mechanisms (through agreed workplans and monitoring arrangements) to ensure that sub groups, projects and other workstreams are targeted towards activities that will deliver success

2.14 It was concluded that:

- There is a need to modernise partnership arrangements by streamlining the governance of joint working and making best use of the time and resources available.
- The revised approach will support different ways of working across agencies in line with Public Service Reform principles.
- Through policy support and Outcome Based Accountability, the new structure places greater focus on accountability and delivery.
- The number of groups required will be reduced and those that remain should require fewer members to assist in decision making.

3. Key issues for the Board to Consider

3.0 The Health & Wellbeing Board are developing well as a priority area for Team Bury in line with agreed actions from the Team Bury Forum.

3.1 The Health & Wellbeing priority structure and governance is well developed as the Health & Wellbeing Board is a statutory board and has been operational for over a year.

3.2 Heather Hutton is the Policy Lead for Health & Wellbeing. In June, a series of proposals to develop the smooth running and effectiveness of the Bury Health & Wellbeing Board were approved following a review of the board one year on. These proposals included member development sessions for all members of the board (please see Appendix 2 for the report). This will ensure that groups members are developed to help them understand the new arrangements and fully contribute to decision making in as agreed at the Team Bury Forum.

3.3 It was agreed at the July Board to refresh the Health & Wellbeing Strategy by taking one priority per meeting to:

- Develop a deeper understanding of that priority
- Review the actions within the priority to ensure that these are aligned with priorities of the Health & Wellbeing Board
- Review the outcomes framework for each priority

- Invite key leads to present possible key delivery mechanisms for each priority

The output from these sessions will successfully finalise appropriate outcomes and measures to deliver the priorities along the lines established by the Outcome Based Accountability work shop as agreed at the Team Bury Forum.

4. Recommendations for action

- 4.0 At the Team Bury Forum, it was agreed that all groups and subgroups should be reviewed in order to strengthen governance mechanisms (through agreed work plans and monitoring arrangements) to ensure that sub groups, projects and other work streams are targeted towards activities that will deliver success.
- 4.1 It is proposed that this should be undertaken in line with the refresh of the Health & Wellbeing Strategy so that as a priority is refreshed, the relevant groups and sub groups are then reviewed to ensure effective governance and accountability for delivering that priority.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

There are no financial or legal implications.

6. Equality/Diversity Implications

There are no equality or diversity implications.

CONTACT DETAILS:

Contact Officer: Heather Hutton

Telephone number: 0161 253 6684

E-mail address: h.hutton@bury.gov.uk

Date: 30/10/2014

APPENDIX 1



HEALTH AND WELL
BEINGAPPENDIX 1.doc

APPENDIX 2



Board development
report june FINAL 20

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	Health & Wellbeing Board Etiquette & Expectations Document
Date	30 th October 2014
Contact Officer	Heather Hutton
HWB Lead in this area	

1. Executive Summary

Is this report for?	Information	Discussion	Decision X
Why is this report being brought to the Board?	This report is being brought to the board to seek approval to sign off the final version of the Health & Wellbeing Board Etiquette and Expectations Document.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	N/A		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)	N/A		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Board to approve the recommendations for action that will support the future development of the Health & Wellbeing Board.		
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please	No this report is specific to the Health & Wellbeing Board		

provide details.	
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2. Introduction / Background

A draft Health & Wellbeing Board Etiquette & Expectations document has been developed by the Health & Wellbeing Policy Lead and Democratic Services officer as part of the development work programme of the board. The purpose of the document is to specify the type of behaviour appropriate for the Board Meeting, its subcommittees or groups and/or meetings conducted on behalf of the Health & Wellbeing Board. The document is also intended to provide a practical guide to the operational running of the meetings for members, deputies and guest speakers. It is intended that this document will sit alongside the Terms of Reference for the Health & Wellbeing Board to support members, officers and guest speakers.

3. Key issues for the Board to Consider

The draft Health & Wellbeing Board Etiquette & Expectations document was discussed at a workshop session as part of the Member development Session on the 4th September 2014.

4. Recommendations for action

The document has been updated to incorporate the comments from the workshop session to include specifically a section for people submitting reports or guest speakers to the Health & Wellbeing Board. Please see Appendix One for the final report.

Recommendations for action are for the board to approve the final Etiquette & Expectations Document so that this can be distributed all members, deputies and officers of the board, uploaded to the Health & Wellbeing Board WebPages and available as guidance for any guest speakers or officers submitting reports to future Health & wellbeing Board meetings.

5. Financial and legal implications (if any) If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

There are no financial or legal implications.

6. Equality/Diversity Implications

There are no equality or diversity implications.

CONTACT DETAILS:

Contact Officer: Heather Hutton

Telephone number: 0161 253 6684

E-mail address: h.hutton@bury.gov.uk

Date: 30/10/2014

Appendix 1- Final Health & Wellbeing Board Etiquette & Expectations Document

Health & Wellbeing Board Meeting Etiquette/Expectations Document

Document name	Health & Wellbeing Board Meeting Etiquette/Expectations
Author(s) Contact(s) for further information about this document	Heather Hutton, Policy Lead Julie Gallagher, Democratic Services
This document should be read in conjunction with	Bury Health & Wellbeing Board Terms of Reference
This document has been developed in consultation with	Bury Health & Wellbeing Board members

Version Control

Version History:		
Version Number	Reviewing Committee / Officer	Date
0.1 = draft 1	Heather Hutton- Policy Lead Julie Gallagher- Democratic Services Officer	28 th July 2014
0.2= draft 2	Health & Well being Board Chair Development Session	1 st August 2014
0.3= draft 3	Health & Wellbeing Board	30 th October 2014

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1. Introduction

The purpose of this Health & Wellbeing Board etiquette and expectations document is to specify the type of behaviour appropriate for the Board Meeting, its subcommittees or groups and/or meetings conducted on behalf of the Health & Wellbeing Board. The document is also intended to provide a practical guide to the operational running of the meetings for members, deputies and guest speakers. Health & Wellbeing Board members and should act with independence, rigour, integrity, probity, honesty, mutual trust and display high standards of conduct.

2. Member Development Session

- Deputy board members are invited to attend all Member Development Sessions.
- Submit apologies if unable to attend the session and where possible please ensure that the nominated deputy can attend.
- Arrive for the session on time and stay for its duration. If members need to arrive late for the meeting or leave early, please advise the chair prior to the meeting or as soon as possible. Please ensure regular attendance at all Member Development Sessions.
- Be clear as to the purpose of the session and the role you play at the development session.
- Having received the member Development Session papers before the meeting, read the agenda, and any supporting papers ahead of the session and prepare questions to be raised at the appropriate time, or think of suggestions to resolve problems.
- Participate in discussion and/or training being delivered as part of this session.
- Request further information ahead of the meeting or seek clarification from the Policy Lead or Democratic Services Officer (including highlighting typographical and other errors not of material consequence), where appropriate.

3. Health & Wellbeing Board Meetings

3.1 Before the Health & Wellbeing Board meeting

- Submit apologies if unable to attend the meeting and where possible please ensure that the nominated deputy can attend.
- Arrive for the meeting on time and stay for its duration. If members need to arrive late for the meeting or leave early, please advise the chair prior to the meeting or as soon as possible. Please ensure regular attendance at all meetings.

- Be clear as to the purpose of the meeting and the role you play at the meeting.
- Having received the Health & Wellbeing Board papers before the meeting, read the agenda, and any supporting papers ahead of the meeting and prepare questions to be raised at the appropriate time, or think of suggestions to resolve problems.
- Be clear on the contribution or decision that is being asked for.
- Request further information ahead of the meeting or seek clarification from the Policy Lead or Democratic Services Officer (including highlighting typographical and other errors not of material consequence), where appropriate.

3.2 During the Health & Wellbeing Board meeting

- The Openness of Local Government Bodies Regulations 2014 provide that whilst a meeting of a local authority is open to the public any person attending is to be permitted to report on the meeting. The regulations further provide that a person attending a local authority meeting for the purpose of reporting on the meeting must, so far as practicable, be afforded reasonable facilities for doing so.
- In terms of reporting on the meeting, a person may use any communication method, including the internet, to publish, post or otherwise share the results of the person's reporting activities. Publication and dissemination may take place at the time of the meeting or take place after the meeting.
- Dedicate your attention to the purpose of the meeting and refrain from performing other duties at the same time.
- Turn off your mobile phone/electronic communications device. When an electronic device must be kept on, turn to silent/vibrate and excuse yourself from the meeting should you need to answer an urgent call; forewarn attendees that you are expecting an urgent call and gain the permission of the chair of the meeting to keep the electronic device on.
- Declare any potential or real conflicts of interest with regard to any matter on the agenda.
- If using an electronic device to record the meeting either visual or audio it is advisable to inform fellow Board members of your intention and gain the permission of the chair.
- If appropriate, attract the chair's attention when wishing to contribute to the discussion, and wait until the chair indicates that you may speak so as to avoid interrupting a fellow board member. Direct comments and discussion through the chair.
- When invited to speak by the chair, do so clearly, concisely and at a volume that all attendees can hear, without shouting. Think about the language you use to ensure that it is clear and comprehensible. Do not use jargon or acronyms.

- Practice concise and timely questions and ensure responses are kept short.
- Throughout the meeting, be respectful of the role of the chair in encouraging debate, summarising discussion and clarifying decisions made.
- Be constructive and professional in the way you impart an opinion or information.
- Listen attentively and respectfully to others, making notes of any points you would like to raise when an opportunity to respond has been accorded; do not interrupt when others are speaking.
- Ensure you maintain body language that demonstrates your participation and engagement in the meeting.
- Challenge inappropriate behaviour/language from other meeting members at the time via the chair or after the meeting if more convenient.
- Treat attendees fairly and consistently, even when you disagree with their point of view.
- Challenge/criticise constructively, and ensure that any challenges are proportional and well-founded in facts or seek to attain clarity in a matter. Challenge the issue being discussed, not the personality.
- Do not act territorially/personally; remember the need to contribute to the corporate nature of the board. Regard and welcome challenge as a test of the robustness of papers and arguments presented.
- Do not cause offence or take offence; accept the diversity of opinions and views presented.
- Stay focused on agenda items.
- Refrain from private conversations with others at the meeting (whether spoken or written), and the passing of notes.
- Keep confidential matters confidential. Do not participate in gossip arising from Health & Wellbeing Board matters.
- Know and understand the role you play at the meeting and the need for the Health & Wellbeing Board to act as a Committee of the Council.
- Seek professional guidance/clarification from the chair during the meeting (or Policy Lead/ Democratic Services Officer outside the meeting) wherever there may be any concern about a particular course of action.
- Do not attend the meeting if under the influence of any substances, legal and illegal, that will impair your performance and contribution to the meeting.

3.3 Exempt item protocol

- All meetings of the HWB and sub committees must be open to the public, except in limited defined circumstances where the national rules require or allow the meeting to be closed to the public.
- The rules require a meeting to be closed to the public in two specific circumstances:
 - If the presence of the public is likely to result in the council breaching a legal obligation to third parties about the keeping of financial information; or
 - A lawful power is used to exclude the public in order to maintain orderly conduct or prevent misbehaviour at a meeting.
- In addition, a meeting can also be closed to the public if the Cabinet/council committee so decides (by passing a resolution of its members) because exempt information would otherwise be likely to be disclosed.
- The descriptions of exempt information are set out in schedule 12A of the Local Government Act.
- In all cases, before the press and public are excluded, the meeting must be satisfied that, in all circumstances of the case, the public interest in maintaining the exemption, outweighs the public interest in disclosing the information.

3.4 After the meeting

- Participate and contribute to any post-board review with a view to making future meetings more effective.
- Draft minutes should be circulated swiftly after the meeting and these should be read with a view to clarifying matters at the earliest opportunity and reducing the time approving the minutes at the next Health & Wellbeing Board meeting.
- Read any post meeting action plan and ensure you complete the tasks accorded to you and report back appropriately on their completion in a timely manner.
- Observe the confidentiality and sensitivity of matters discussed at the meeting and ensure that all papers are stored safely.
- Respond to e-mail and telephone calls and other communications in a timely and appropriate manner.

4. Special meetings of the Health & Wellbeing Board

- The Council approves a programme for meetings of the Health and Wellbeing Board. No additional or special meetings of the Board are to be held or changes to the dates or times of programmed meetings to be made without the agreement of the Chair of the body concerned and the Leader of the Council.

5. Breaches of the Health & Wellbeing Board Etiquette

- Where there is evidence of the Health & Wellbeing Board Meeting Etiquette policy being breached, the chair, with guidance from the Democratic Services/ Policy Lead, will recommend the necessary action to be taken.

6. Guidance for reports being submitted to the Health & Wellbeing Board

- The Health & Wellbeing Board have a Report Template that must be completed in full for any report tabled at the board. Please See Appendix One.
- All sections must be completed in full for the report to be considered.
- Ensure that reports are not too lengthy, think about the language used and ensure that they do not contain any jargon or acronyms.
- Draft reports must be available for Agenda Setting meetings ten working days prior to the date of the board and must be e-mailed to the Health & Wellbeing Board Democratic Services Officer using the following e-mail address: J.Gallagher@bury.gov.uk. Please see Appendix Two for dates of draft report submission.
- Any queries relating to the completion of the report need to be directed to the Health & wellbeing Board Democratic Services Officer or the Policy Lead prior to submission.
- The Health & Wellbeing Board would welcome reports that contain the initial scoping, proposal or rationale stage of future work programmes for discussion prior to the final sign off stage.

7. Guidance for guest speakers attending the Health & Wellbeing Board


- Health & Wellbeing Board meetings take place at either 2pm or 6pm and start times alternate to ensure that every other meeting takes place during the working day or in the evening to enable maximum attendance.
- Meetings usually take place at Committee Rooms A&B at Bury Town Hall and last around two hours.
- As the Health & Wellbeing Board is a Committee of the Council, it is a public meeting and therefore the public are able to attend the meeting in addition to Members and Officers of the Board.
- Please be aware that the meeting may be recorded or live streamed, by any member of the public present at the meeting.
- Guest speakers are invited to attend the whole meeting but will be allocated a time slot on the agenda and would be expected to arrive around 5 minutes prior to this time if not attending the whole meeting.
- You will be allocated a specific time slot for your report or presentation prior to the meeting and please ensure that you adhere to this to ensure the smooth running of the meeting.
- Upon arrival, please report to the Town Hall reception and obtain a visitor badge before being signposted to the meeting room.
- Please enter the meeting room and take a seat in the public seating area where seats labelled 'Guest Speaker' will be available for you until your time slot when you will be requested by the chair to speak or present.
- When requested to speak or present, please come to the front or take a seat at the meeting table which will be clearly labelled 'Guest Speaker'.
- When you have presented your report, please feel free to leave the meeting or please return to your allocated 'guest speaker' seating in the public seating area until the end of the meeting.


Appendix 1- HWB report template

Bury Health and Wellbeing Board

Title of the Report	
Date	
Contact Officer	
HWB Lead in this area	

1. Executive Summary

Is this report for?	Information	Discussion	Decision
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Why is this report being brought to the Board?			
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)			
 Living_well_in_Bury_ Making_it_happen_to			
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached			

<p>JSNA)</p>  <p>Bury JSNA - Final for HWBB 3.pdf</p>	
<p>Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.</p>	
<p>What requirement is there for internal or external communication around this area?</p>	
<p>Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.</p>	

2. Introduction / Background

3. key issues for the Board to Consider

4. Recommendations for action

5. Financial and legal implications (if any)

If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

6. Equality/Diversity Implications

CONTACT DETAILS:

Contact Officer:

Telephone number:

E-mail address:

Date:

Appendix 2- Draft Report submission deadlines



Board Meeting Dates	Draft Reports required
Thursday 30 th October 2014	Thursday 16 th October 2014
Thursday 18 th December 2014	Thursday 4 th December 2014
Thursday 29 th January 2015	Thursday 15 th January 2015
Thursday 5 th March 2015	Thursday 19 th February 2015
Thursday 9 th April 2015	Thursday 26 th March 2015

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Bury Health and Wellbeing Board

Title of the Report	Refocusing the Greater Manchester Health and Wellbeing Board
Date	October 2014
Contact Officer	Julie Gallagher
HWB Lead in this area	Councillor Rishi Shori

1. Executive Summary

Is this report for?	Information x	Discussion	Decision
Why is this report being brought to the Board?	To inform HWB members of the plans to refocus the Greater Manchester Health and Wellbeing Board		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_Making_it_happen_to	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	All		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Members are asked to consider the revised approach for the Greater Manchester HWB; how best to liaise with the Board; share examples of good practice; identify any local challenges.		
What requirement is there for internal or external communication around this area?	None		
Assurance and tracking process – Has the report been considered at any other committee meeting of the	No		

Council/meeting of the CCG Board/other stakeholders....please provide details.	
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2. Introduction / Background

The Greater Manchester HWB was set up in November 2012 as an AGMA advisory group. The Board is an important strategic partnership.

The Board has provided visible partnership support and direction to the GM Health and Social Care Reform Programme, particularly Healthier Together.

The Greater Manchester HWB provides visible leadership on those issues which will contribute most to securing improvements in health and wellbeing and in challenging other local HWBs and commissioning groups on the improvements required, and to showcase and celebrate progress across the partnership.

The Board will focus on the following three areas:

- Early years
- Supporting people into work
- Supporting older people

Councillor Shori is one of the six Local Authority councillor members, nominated by the AGMA Executive.

3. key issues for the Board to Consider

The Greater Manchester HWB recognises that much of the decision making and work will be carried out at the local HWB but by working collaboratively together the GM HWB can provide the leadership commitment to overcome barriers, proceed at pace, scale up success and lobby national bodies where necessary.

4. Recommendations for action

Members of the Board are asked to consider the proposals for the refocusing of the Greater Manchester Board and consider how best to develop and expand on the relationship with the GM Board.

5. Financial and legal implications (if any)

If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

None

CONTACT DETAILS:

Contact Officer: Julie Gallagher

Telephone number: 0161 2536640

E-mail address: Julie.gallagher@bury.gov.uk

Date: October 2014

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Refocusing the GM Health & Wellbeing Board September 2014

Summary

On 8 August 2014 the GM Health & Wellbeing Board met to consider its role and priorities. North West Employers helped facilitate a session which focused upon:

- Presentations on the background to the Board, the GM context and strategic priorities.
- What should the status and position of the GM Board be?
- What should be the focus and content of activity over the coming 18 months?
- How should the Board work?

The Greater Manchester Health & Wellbeing Interim Board was set up in November 2012 as an AGMA advisory group. The Board built on the old Health Commission, reconvened with a new membership and a stronger focus upon health and social care integration. The Board has provided visible partnership support and direction to the GM Health and Social Care Reform Programme, particularly Healthier Together in the run up to the launch of the public consultation.

At the facilitated session the Board agreed:

The GM Health & Wellbeing Board will be a strategic partnership with an important symbolic presence. In order to be sustainable and justify the commitment made to it, the Board needs to take a strong leadership role, hosting debate and challenging its membership and partners.

There is a moral context to collaborative working and strategic leadership at the Greater Manchester level which builds upon the previous role of the Greater Manchester Health Commission. Greater Manchester suffers disproportionately from health inequalities and as the Greater Manchester Strategy makes clear, achieving our economic ambitions rests upon improving the health and wellbeing of our population.

Bringing together the membership of the Board represents a major opportunity. These organisations (principally GM CCGs, local authorities, NHS England) with links to local partnerships and ten local authority leaders represent the key leadership community which will transform services and improve outcomes. Particularly so, given the opportunity to work with emergency response services, the community and voluntary and private sector, and universities in Greater Manchester.

The Board recognises that much of the decision making and work will be carried out at the local level, and agrees that by collaborating at the GM level we can provide the leadership commitment to overcome barriers, proceed at pace, scale up success and lobby national bodies where necessary.

This Board will focus on a smaller number of strategic priorities, to include:

- Early years
- Supporting people into work
- Supporting older people

These three priorities represent a life-course approach, and align with the Greater Manchester Strategy and the developing GM Public's Health Strategy.

What should the status and position of the GM Board be?

The Board felt that it should act as a strategic leader. This means:

- providing visible leadership on those issues which will contribute most to securing improvements in health and wellbeing.
- challenging the Board's own membership and other partners, including local Health & Wellbeing Boards and commissioning groups, on the improvements required, and to showcase and celebrate progress across the partnership.
- better understanding existing performance and barriers, which needs to be explored in a mutually supportive and positive culture.
- establishing the framework for local activity to wrap around, particularly in the context of the Greater Manchester Strategy and Public Service Reform.

The Board should be ambitious and look upwards to influence nationally, with minimum unit price providing an excellent example of how leadership in Greater Manchester can influence national debate. Greater Manchester's national reputation is significant, and the Board should champion Greater Manchester as a focal point for innovation and piloting.

The Board should more regularly agree and communicate policy positions across Greater Manchester. This was a valuable role of the previous GM Health Commission which had agreed policy positions on a range of topics including domestic violence, smoking, obesity, and affordable warmth.

The Board will help to provide leadership in the context of the challenging financial pressures that we all face. The Board felt that there will inevitably be tensions but that it should itself act as a positive arena for resolving these.

What should be the focus and content of activity over the coming 18 months?

In the context of Public Service Reform, and recognising that aspects of current priorities are being successfully led from elsewhere, the Board should focus upon the three following areas:

- Early years.
- Supporting people into work.
- Supporting older people. In particular, the Board will provide ongoing support and endorsement of Greater Manchester's bid to the Big Lottery Fund for funding to tackle social isolation of older people.

These three priorities represent a life-course approach, and align with the Greater Manchester Strategy and the developing GM Public's Health Strategy.

Officers supporting the Board will work with Chief Officers and local Health & Wellbeing Boards to establish current activity and priorities for each of the three areas. The Board will draw upon the Greater Manchester Public's Health Strategy, and the advice of GM Directors of Public Health and Public Health England as key sources of advice and information.

There will be scope for the Board to receive updates on projects it has previously endorsed, but as far as possible these will be short notes circulated for information, and only discussed during meetings when there is a clear decision for the Board to make.

The Board will retain a role of endorsement of the 'big ticket' aspects of the Health & Social Care Public Service Reform Programme, but only at key moments in the relevant processes.

How should the Board work?

Each Board meeting should focus upon exploring one strategic issue. The Board agreed that a more consistent approach to agenda setting would lead to better discussion and outcomes at Board meetings. The Board explored a common framework for designing meeting using the following framework:

Understanding the issue	Supporting the Board to take decisions
<ul style="list-style-type: none"> • Evidence base – the GM issue and what works • Liaise with 10 local H&WB Boards to <ul style="list-style-type: none"> ○ gather examples of best practice within GM ○ identify any local challenges ○ describe current performance and existing local ‘success’ metrics • Explore data sharing and data access problems • Inviting comment from the Behaviour Change Commission, reviewing issues around community engagement and behaviour change • Present findings from Sector Led Improvement in GM • Explore the contribution of key emergency response partners 	<ul style="list-style-type: none"> • Ensure a GM strategic lead and expert opinion is engaged and invited to support the discussion at the Board meeting • Recommendations for collaboration at the GM level • Recommendations for GM leadership and lobbying • Agree and publicise a clear GM policy statement

The Agenda Planning Group will be responsible for exploring each strategic priority using this framework. This will require the Group to take a stronger role in advance of meetings which may include inviting expert witnesses to plan the discussion and presentations.

The Board also discussed its role outside formal meetings. The Board will endorse a network of Health & Wellbeing Board convenors, currently supported by Public Health England. It will also sponsor GM events, with a focus upon Care Act, Better Care Fund, Public Health issues and behaviour change.

The Board did not discuss the membership and as a result there are no proposals to revise this aspect of the Board. The Board felt that attendance at Board meetings needs to be restricted as far as possible, and accordingly the numbers of advisors and supporting officers who attend meetings will be restricted. The Board agreed to clarify the nominated local Health & Wellbeing Board representatives to the GM Board.

Next steps

The next meeting of the GM Board is scheduled for November 21st. The next Agenda Planning meeting is scheduled for October 2nd. It is proposed to focus the next meeting of the Board upon Early Years. Officers supporting the Board will liaise with the lead Chief Executive for Early Years and the lead Director of Children’s Services to prepare for the Agenda Planning meeting.

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