

# **AGENDA FOR HEALTH AND WELLBEING BOARD**

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**To: All Members of Health and Wellbeing Board**

**Voting Members** : Dr Audrey Gibson, Pat Jones-Greenhalgh (Vice-Chair), Dave Bevitt, Mark Carriline, Stuart North, Councillor Rishi Shori (Chair), Lesley Jones and Councillor Andrea Simpson

**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:-

<b>Date:</b>	Thursday, 18 December 2014
<b>Place:</b>	Meeting Rooms A&B Bury Town Hall
<b>Time:</b>	2.00 pm
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	

## **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 - 6)*

Minutes attached.

### **4 MATTERS ARISING** *(Pages 7 - 16)*

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 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION UPDATE** *(Pages 17 - 22)*

A report from Senior Medicines Optimisation Pharmacist, North West Commissioning Support Unit, is attached.

### **7 BETTER CARE FUND UPDATE** *(Pages 23 - 26)*

A report from the Integration Service Manager is attached.

### **8 UPDATES FROM REPRESENTATIVES PENNINE ACUTE AND PENNINE CARE NHS TRUSTS**

### **9 NEW DISABILITY STRATEGY FOR BURY CONSULTATION** *(Pages 27 - 32)*

A report from the Bury Council's Strategic Planning and Development Officer is attached.

### **10 SUPPORTING WORKING CARERS** *(Pages 33 - 38)*

A report from Bury Council's Strategic Planning and Development Officer is attached.

### **11 REPORT ON THE UPDATED HEALTH AND WELLBEING STRATEGY, DELIVERY PLAN AND OUTCOMES FRAMEWORK FOR PRIORITY**

**FOUR** *(Pages 39 - 44)*

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

**12** **REPORT ON THE GOVERNANCE ARRANGEMENTS FOR REFRESHED PRIORITY ONE OF THE HEALTH AND WELLBEING STRATEGY**  
*(Pages 45 - 52)*

A report from the Health and Wellbeing Board Policy Lead 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:** 30 October 2014

**Present:** Cabinet Member, Councillor Rishi Shori (Chair); Director of Public Health, Lesley Jones; Police Inspector Lee Parker; NHS England, Mr. Rob Bellingham; Executive Director, Communities and Wellbeing, Pat Jones-Greenhalgh; Chief Operating Officer, Stuart North; Councillor Andrea Simpson; Dr. Audrey Gibson; Barbara Barlow representing Healthwatch.

**Also in attendance:**

Karen Whitehead, Strategic Lead Health and Families – representing Mark Carriline.  
Derek Burke, Chief Officer B3SDA – representing Dave Bevitt.  
Heather Hutton, Health and Wellbeing Board Policy Lead.  
Julie Gallagher, Democratic Services.

**Apologies:**

Executive Director, Children and Families, Mark Carriline  
Dave Bevitt

**Public attendance:** 3 members of the public were in attendance

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**HWB.393 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**HWB.394 MINUTES**

**Delegated decision:**

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 18<sup>th</sup> September 2014, be approved as a correct record and signed by the Chair.

**HWB.395 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.396 PUBLIC QUESTION TIME**

The Chair, Councillor Shori, invited questions, comments and representations from members of the public present at the meeting and the following issues were raised;

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Health and Wellbeing Board 30 October 2014

In response to the questions raised by representatives from Save Bury Children's Centre, Councillor Shori reported that consultation with regards to the closure and re-designation of some of the children's centre is ongoing. The Council is in the process of reviewing all of its community assets to ensure that services provided in the centres continue to be joined up and fully integrated.

The Strategic Lead Health and Families reported that they are very aware of the current provision, the consultation is wide ranging and some services will continue at other venues.

The Director of Public Health reported that a Starting Well Partnership Board has been established as a sub-committee of the Health and Wellbeing Board.

In response to a question from Councillor Walker; the Director of Public Health reported that there are maps available that provide information in relation to Cancer prevalence within the Borough.

### **HWB.397 UPDATE ON THE BURY DIRECTORY**

The HWB considered a verbal presentation from the Health and Wellbeing Board Policy Lead in relation to the Bury Directory.

The Department for Communities & Wellbeing and the Department for Children & Culture have worked in partnership to respond to the requirements set out by the Care Act 2014 and the Children and Families Act 2014 by developing 'The Bury Directory'.

The Bury Directory provides a mechanism for members of the public to access advice and information about a range of services.

A full communications strategy has been produced to support the implementation of the Directory. The strategy provides details of how the system will be marketed.

The Health and Wellbeing Policy Lead reported that training can be provided to key stakeholders on how the system will be implemented.

#### **Delegated decision:**

The presentation be noted.

### **HWB.398 PRIORITY 4 OF THE HEALTH AND WELLBEING STRATEGY – PROMOTING INDEPENDENCE OF PEOPLE LIVING WITH LONG TERM CONDITIONS AND THEIR CARERS**

Members of the Board discussed priority four 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.

## **Delegated decision:**

1. The Health and Wellbeing Board Policy Lead and the Director of Public Health will meet prior to the next Board meeting.
2. A refreshed Priority Four will be prepared for consideration at the next meeting of the Health and Wellbeing Board.

## **HWB.399 LETTER FROM THE SECRETARY OF STATE**

Members of the Board discussed a letter received from the Secretary of State for Health Jeremy Hunt MP. The letter contained the following information:

- The letter emphasises the importance of working together across the health and social care landscapes.
- Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to shared success.
- Strong constructive dialogue from all partners involved in developing and delivering the Better Care Fund will be crucial to success.
- Boards and providers must be positively engaged in the local decision making process.

In the discussion that followed Members considered the Boards relationship with the Borough's major providers in particular Pennine Acute NHS Trust and Pennine Care Foundation NHS Trust.

## **Delegated decision:**

1. Democratic Services will respond to the letter from the Secretary of State on behalf of the Health and Wellbeing Board.
2. The Chief Executive of the Pennine Acute NHS Trust and the Pennine Care NHS Foundation Trust will be invited to attend the next meeting of the Health and Wellbeing Board due to be held on the 18<sup>th</sup> December 2014.
3. Provider representatives will be invited to attend future meetings of the Health and Wellbeing Board when their input/expertise is required.

## **HWB.400 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 a refreshed report in relation to priority one of the health and wellbeing strategy.

The refreshed report contained the following revised actions:

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

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The refreshed priority one report identified key measures of success and indicators.

Members of the Board discussed how best to benchmark the key measures and indicators of success. The Director of Public Health reported that quarterly Health and Wellbeing Strategy performance reports will be considered by the Health and Wellbeing Board.

## **Delegated decision:**

The Health and Wellbeing Board approves the Health and Wellbeing Strategy refreshed priority one actions, measures of success and indicators.

## **HWB.401 TEAM BURY UPDATE**

Members of the Board considered a verbal presentation from the Health and Wellbeing Board Policy Lead in relation to Team Bury.

At a meeting of the Team Bury Forum three priorities for the Borough were agreed; developing a stronger economy, stronger, safer community; Health and Well Being.

The Bury Wider Leadership Group is accountable to the Team Bury Forum. A single partnership group is accountable to the Bury Wider leadership Group for each priority.

The Policy Lead reported that some existing groups will be merged and other disbanded.

The Policy lead reported that the structural changes although not particularly radical will require a change of mindset and culture.

## **Delegated decision:**

The report be noted.

## **HWB.402 ETIQUETTE AND EXPECTATIONS DOCUMENT**

The Etiquette and Expectations document is intended to provide a practical guide to the operational running of the meetings for members, deputies and guest speakers.

## **Delegated decision:**

The Board approves the Health and Wellbeing Board's Etiquette and Expectations document.

## **HWB.403 REVISED GREATER MANCHESTER HEALTH AND WELLBEING BOARD**

Members of the Board considered the proposals for the refocusing of the Greater Manchester Health and Wellbeing Board.

## **Delegated Decision:**



The report be noted.

## **HWB.404 BURY HOSPICE**

In response to a question from the Chair, Councillor Shori, the Chief Operating Officer, Bury CCG reported that the CCG would continue to work with Bury Hospice to offer advice and support. The CCG have agreed to provide some additional monies to support the hospice.

## **HWB.405 PUBLIC ACCOUNTS COMMITTEE**

The Chief Operating Officer, Bury CCG reported that the Parliamentary Public Accounts Committee have received evidence from the Director of Finance, NHS England in relation to the under-funding of some CCGs.

The Chief Operating Officer reported that Bury CCG is considerably underfunded and if the rules are amended and equalised this could result in additional monies being made available.

**Councillor Rishi Shori**  
**Chair**

(Note: The meeting started at 6pm and ended at 7.25pm)

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To: The Rt Hon Jeremy Hunt MP

Dear Sir,

**Effective Engagement between Health and Wellbeing Boards and Major Providers**

Thank you for your letter. The letter was considered at a meeting of Bury's Health and Wellbeing Board on the 30<sup>th</sup> October 2014.

Members agreed that effective engagement between Health and Wellbeing boards and the major providers who serve their communities is critical to shared success.

Attached for your information is a membership list for the HWB. As you will see major providers are not currently represented. The Board does however have several secondary mechanisms for engagement with major partnership boards, including a Health and Social Care Integration Board with a direct reporting link into the Board.

The Board would like to work with the major providers and value their input in areas such as the Better Care Fund. The Board have therefore resolved to invite the Chief Executives of the Pennine Acute and Pennine Care Trusts (or their representatives) to the next Board meeting due to be held on the 18<sup>th</sup> December 2014.

Going forward, it is the Boards intention to invite the Chief Executives or their representatives, to attend meetings when their input/expertise is required.

The Board acknowledges that the development of the BCF will have a significant impact on NHS providers and I as Chair would want to ensure that there are opportunities at both Board level, partnership groups for strong and constructive dialogue.

Yours Sincerely

Councillor Rishi Shori

Chair Bury Health and Wellbeing Board.



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

<p>18<sup>th</sup> September 2pm</p>	<p><u>Draft Agenda</u></p> <ul style="list-style-type: none"> <li>• To be informed by the Member Development Action Plan</li> </ul>	<p><u>(2) Draft Agenda</u></p> <ul style="list-style-type: none"> <li>• Priority 1 of Health &amp; Wellbeing Strategy- <i>Ensuring a positive start to life for children, young people and families</i></li> <li>- Includes SEN Reforms</li> <li>- Includes Changes to Health Visitors</li> <li>• (1A) Proposal to establish a 'Starting Well' work stream (Lesley Jones)</li> </ul>	<p><b>Information</b></p> <hr/> <p><b>Discussion</b></p> <hr/> <p><b>Decision</b></p> <hr/> <p><b>TBC</b></p>	<ul style="list-style-type: none"> <li>• (6) ADASS paper (Sharon Martin)</li> <li>• (7) Co – Commissioning Proposal (Sharon Martin)</li> <li>• (3) Healthier Together Presentation (Sharon Martin)</li> <li>• (4) 5 year Health CCG Strategy (Sharon Martin)</li> <li>• (5) Sign off Better Care Fund</li> <li>• (1B) Bury Safeguarding Board/Children’s Trust (Mark Carriline)</li> </ul>
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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 &amp; 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><b>Information</b></p> <p><b>Discussion</b></p>	<p>2. Letter from Secretary of state re: Effective engagement between Health &amp; Wellbeing boards and providers (Julie Gallagher)</p> <p>3. Proposals for a revised Greater Manchester Health &amp; Wellbeing Board (Cllr Shori/Pat Jones-Greenhalgh)</p> <p>6. Update on Team Bury Forum (Heather Hutton)</p>
			<p><b>Decision</b></p>	<p>4. Member Development Day update and Etiquette &amp; Expectations document (Heather Hutton)</p> <p>5. Report on the updated Health &amp; Wellbeing Strategy, delivery plan and outcomes framework for Priority 1 (Heather Hutton)</p>
			<p><b>TBC</b></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 &amp; Wellbeing Strategy- <i>Helping to develop strong communities, wellbeing and mental health</i></p>	<p><b>Information</b></p>	<ul style="list-style-type: none"> <li>• PNA Consultation Update report (Jimmy Cheung)</li> <li>• Supporting working Carers (Zena Shuttleworth)</li> </ul>
			<p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• Briefing on the Inquiry into Health Equity for the North (Lesley Jones)</li> <li>• Presentation Update on Better Care Fund (Lorraine Tatlock)</li> <li>• Pennine Care &amp; Pennine Acute update</li> <li>• New Disability Strategy for Bury Consultation.</li> </ul>
			<p><b>Decision</b></p>	
			<p><b>TBC</b></p>	



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 &amp; Wellbeing Strategy- <i>Encouraging healthy lifestyles and behaviours in a all actions and activities</i></p>	<p><b>Information</b></p>	<ul style="list-style-type: none"> <li>• Quarterly report on Health &amp; Wellbeing Strategy refreshed indicators/baseline (Anna Barclay/ Liz Trayford)</li> <li>• Report on the updated Health &amp; Wellbeing Strategy, delivery plan and outcomes framework for Priority 3</li> <li>• PNA Consultation final report (Jimmy Cheung)</li> <li>• Quarterly NHS England area report (Rob Bellingham)</li> </ul>
			<p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• Children and Young People’s Plan 2015 to 2018 (Mark Carriline/ Lindsey Dennis)</li> </ul>
			<p><b>Decision</b></p>	
			<p><b>TBC</b></p>	



5th March 2pm	To be informed by the member development action plan	<p style="text-align: center;"><u>Draft Agenda</u></p> <p>Priority 5 of Health &amp; Wellbeing Strategy- <i>Supporting older people to be safe, independent and well</i></p>	<b>Information</b>	<ul style="list-style-type: none"> <li>• Report on the updated Health &amp; Wellbeing Strategy, delivery plan and outcomes framework for Priority 2</li> <li>• Independent Director of Public Health’s Report (Lesley Jones)</li> <li>• Quarterly NHS England area report (Rob Bellingham)</li> </ul>
			<b>Discussion</b>	
			<b>Decision</b>	
			<b>TBC</b>	<ul style="list-style-type: none"> <li>• Pharmaceutical Needs Assessment FINAL Paper (Anna Barclay)</li> </ul>
9th April 6pm	To be informed by the member development action plan	TBC	<b>Information</b>	<ul style="list-style-type: none"> <li>• Report on the updated Health &amp; Wellbeing Strategy, delivery plan and outcomes framework for Priority 5</li> </ul>
			<b>Discussion</b>	
			<b>Decision</b>	
			<b>TBC</b>	<ul style="list-style-type: none"> <li>• Report on refreshed Health &amp; Wellbeing strategy, progress on delivery plan and outcomes framework</li> </ul>
<p>Beyond...</p> <ul style="list-style-type: none"> <li>• Working Well Protocol ( June 2015)</li> <li>• Annual Safeguarding Children’s Report (Sept 2015)</li> <li>• Child Death Overview Report (Sept 2015)</li> </ul>				


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## Bury Health and Wellbeing Board

Title of the Report	Pharmaceutical Needs Assessment (PNA) update report following 60 day formal consultation
Date	21 <sup>st</sup> November 2014
Contact Officer	Jimmy Cheung (Senior Medicines Optimisation Pharmacist) at North West Commissioning Support Unit (NWCSU)
HWB Lead in this area	Anna Barclay and Lesley Jones

## 1. Executive Summary

Is this report for?	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	Update HWB on progress and next steps of PNA development following 60-day formal consultation		
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	The development of the PNA is undertaken in the context of the needs described in the JHWS and JSNA.		
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	The PNA does not duplicate the JHWS and JSNA intentions but provides an overarching plan where pharmaceutical services can support those priorities.		
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.	For information only		
What requirement is there for internal or external communication around this area?	Continuous update between PNA Steering Group and HWB		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG	The assurance and tracking of PNA development includes: PNA Steering Group (including PH, CCG, GM AT and LPC)		

Board/other stakeholders....please provide details.	HWB meeting Health Scrutiny meeting
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## 2. Introduction / Background

The Health and Social Care Act 2012 transferred responsibility to develop and update Pharmaceutical Needs Assessments (PNA) from PCTs to HWBs. HWB's first PNA must be published by 1 April 2015.

The PNA is a legal document which details pharmaceutical services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations>

PNAs will inform commissioning decisions by local authorities and by clinical commissioning groups (CCGs). NHS England area teams will also use the PNA to inform whether a pharmacy application would be desirable for a particular location.

### Overview of project to date

- April 2014 the PNA project started
- During April and May we surveyed the public and also pharmacy and appliance contractors for their opinion of pharmaceutical services in the Bury area.
- There was limited response to the public survey and a lesson for future surveys would be to carry out sustained social media advertisement (e.g. via Twitter, Facebook etc.) throughout the response period. Also send the survey direct to council listed public focus groups by email for them to urge their members to respond. Also advertisement in a local free newspaper may reach members of the public who would not normally access electronic updates.
- Data to inform the PNA was obtained from a wide range of sources.
- A gap analysis was undertaken to look at how pharmaceutical services might be improved in Bury.
- NWCSU produced a draft version of the PNA during August.
- Draft PNA was approved by HWB on 17<sup>th</sup> July 2014
- Formal public consultation (minimum of 60 days) ran during September, October and November
- An full analysis of responses to the formal consultation is to be carried out in December

## 3. Key issues for the Board to Consider

The formal consultation period of this PNA ran from 1<sup>st</sup> September 2014 until 24<sup>th</sup> November 2014. The draft PNA and consultation response form were issued by the Local Authority communications team to:

- all pharmacy contractors,
- dispensing appliance contractors,
- Bury CCG,
- Bury LPC,
- Bury LMC
- GM AT
- Local Healthwatch
- Local Acute Trusts
- Neighbouring HWB
- General public

The documents were posted on the intranet and internet. All consultation responses will be collated and analysed and the PNA will be amended where necessary by NWCSU.

- The number of responses received totalled 88.
- From the 88 responses, 76 were received from the general public. The majority of these being from the M45 postcode area.
- 81 thought that the explanation of the PNA was sufficient.
- 70 thought that the PNA provided an adequate assessment of pharmaceutical services in the Bury area.
- 71 thought that the PNA provided a satisfactory overview of the current and future pharmaceutical needs of the Bury population.
- 40 thought that current pharmacy provision and services in Bury is adequate.
- 65 out of 87 agreed with the conclusion of the PNA.

The main area of contention that the consultation responses highlighted were in regard to:

- Pharmaceutical needs in the Besses area. The consultation draft PNA identified a potential gap in service provision in the Besses ward and made suitable requirements for this gap to be fulfilled. There were a number of challenges to this gap analysis and some stakeholders felt that there was no gap in Besses Ward and existing pharmacy contractors on the ward boundary could support the pharmaceutical needs of Besses population.

Following previous public HWB meetings and the review of all responder views to the consultation, in particular the general public, LPC, pharmacy contractors and CCG; NWCSU felt the original principle recommendations within the consultation draft PNA remains valid. However, there are several recommendations following consultation that will require the draft PNA to be amended accordingly. Consultation responses can be found in Appendix 3 of the draft PNA if further details are required.

The HWB will be asked to agree and ratify the final version of the PNA in January 2015 to ensure it can be published by the deadline of March 31<sup>st</sup> 2014.

The Local Authority Communications Team will be asked to ensure a copy is uploaded onto the Bury Council website by 31<sup>st</sup> March 2014 for access by stakeholders and the general public.

A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to -

- the number of people in its area who require pharmaceutical services;
- the demography of its area; and
- the risks to the health or well-being of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

If the response would be disproportionate HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—

the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and the HWB—

- is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
- is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area

Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

NWCSU Medicines Optimisation team will maintain this information on behalf of the HWB and will publish Supplementary Statements regarding changes to pharmacy contracts such as change of location, ownership of change of trading hours every 6 months. The information regarding change of pharmacy contracts will be sent to the NWCSU by the NHS England's GM Area Team.

The HWB should identify any other changes which they feel justifies a change to the PNA and inform the NWCSU Medicines Optimisation team, they will then take any necessary actions to rewrite the PNA or supply a supplementary statement when appropriate.

The supplementary statements should be published onto the Local Authority website alongside the PNA by the Local Authority communications team.

After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

## 4. Recommendations for action

The above notes are for the HWB information.

In January 2015 HWB meeting we will be asking the Board to:

1. Ratify the Bury Pharmaceutical Needs Assessment version April 2015 in order that it can be published within the agreed timescales of the project.
2. Ensure that Bury Council communications team publishes the ratified version in a timely manner onto the Council website.
3. Ensure that any changes which could affect the provision of pharmaceutical services across Bury are highlighted to the NWCSU Medicines Optimisation team so they are able to produce a supplementary statement or start the PNA process again as necessary.
4. Ensure that any supplementary statements are published alongside the PNA.
5. Plan to publish a new PNA every 3<sup>rd</sup> year; unless a significant change to the need for pharmaceutical services are identified.

## 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](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).



## 6. Equality/Diversity Implications

Equality Impact Analysis will be available in Appendix 10 of the PNA document

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### **CONTACT DETAILS:**

**Contact Officer:** Jimmy Cheung

**Telephone number:** 0161 212 6221

**E-mail address:** jimmy.cheung@nhs.net

**Date:** 21<sup>st</sup> November 2014



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**Health & Wellbeing Board Report template**

Bury Health and Wellbeing Board

Title of the Report	Better Care Fund Plan – update and revision
Date	4 <sup>th</sup> December 2014
Contact Officer	Lorraine Tatlock Integration Programme Manager Bury Council & Bury CCG
HWB Lead in this area	

**1. Executive Summary**

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	This report is being brought to the Health & Wellbeing Board in order to: <ul style="list-style-type: none"> <li>• update the Board on the Better Care Fund Plan assurance process</li> <li>• consider the revisions to the plan</li> <li>• sign off the revised plan for submission to NHS England and the Local Government Association</li> </ul>		
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.	The Board is asked to approve the revisions to the plan and sign the plan off for submission		

What requirement is there for internal or external communication around this area?	There is a requirement for comprehensive engagement and communication with all stakeholders
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 as the revised plan has not yet been finalised but it will be shared on a wider basis once approved

## 2. Introduction / Background

The Better Care Fund (BCF) plan was agreed by the Health and Wellbeing Board on the 18<sup>th</sup> September and submitted on 19<sup>th</sup> September to NHS England and the Local Government Association. The plan was then evaluated as part of a national assurance process.

### Results of national assurance process

Notification was received on the 28<sup>th</sup> October that the Bury Better Care Fund plan was approved subject to conditions as set out below:

- **Condition 1b:** The plan must further demonstrate how it will meet the national condition of having an agreed impact on the acute care sector to prevent people reaching crisis point and reducing the pressures on A&E
- **Condition 4b:** The plan must address the outstanding financial risks identified in the Nationally Consistent Assurance Review. report
- **Condition 4c:** The plan must address the outstanding analytical risks identified in the Nationally Consistent Assurance Review report

### Resubmission process

We are required to resubmit aspects of our plan that specifically address the risks raised under each of the afore mentioned conditions. We do not have to rewrite the whole plan. The revised plan has to be resubmitted no later than the 9<sup>th</sup> January 2015. We have been provided with consultancy support to facilitate workshops as well as financial and analytical support as part of the national offer.

A particular focus of our resubmission is a rewrite of the annexe in which we describe the BCF schemes to be delivered as follows:

BCF 01	Staying well
BCF 02	Extended access to primary care
BCF 03	Integrated Locality teams
BCF 04	Care of vulnerable adults
BCF 05	Integrated Intermediate /Care and Reablement

The benefits realisation section relating to each of these schemes needs to be strengthened in the resubmission.

The resubmission will also provide clarification and further evidence around:

- Data sharing and the use of the NHS number in social care
- Provider engagement
- Risk share agreement
- A revised risk log
- A review of the metrics
- Financial plan

### 3. key issues for the Board to Consider

Due to the tight timescales, aspects of the plan are still being worked on jointly by officers of the CCG and the Council and will be circulated to Board members as soon as possible in advance of the Health and Wellbeing Board meeting.

The Health and Wellbeing Board is asked to consider the revisions to the plan and to approve it for sign off and resubmission. The key issues that the Board are being asked to consider will be highlighted in the revised plan once completed.

### 4. Recommendations for action

The Board is asked to consider and approve the revisions to the Better Care Fund Plan.

### 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](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).

### 6. Equality/Diversity Implications

As the Better Care Fund Plan has not yet been finalised it has not been possible to seek advice on the equality/diversity implications.

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CONTACT DETAILS:

**Contact Officer:** Lorraine Tatlock

**Telephone number:** 0161 762 3153



**E-mail address:** Lorraine.Tatlock@nhs.net

**Date:** 4.12.14

Bury Health and Wellbeing Board

Title of the Report	Developing a Learning Disability Strategy for Bury
Date	18 December 2014
Contact Officer	Nicola Hine
HWB Lead in this area	Pat Jones-Greenhalgh

**1. Executive Summary**

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is this report being brought to the Board?	To consult Board members regarding the process and approach to be taken to developing a new Learning Disability Strategy for Bury.		
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	Primarily this relates to priority 4 - promoting independence of people living with long term conditions and their carers.  However, there are cross cutting links to most of the priorities in the Health and Wellbeing Strategy.		
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	Primarily this relates to priority on vulnerable people.		
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.	The Board is requested to: (i) Acknowledge and support using an outcomes based accountability approach to developing a new Learning Disability Strategy for Bury  (ii) Consider and approve the proposed themes to include in the new Learning Disability Strategy for Bury		

<p>What requirement is there for internal or external communication around this area?</p>	<p>A communication and engagement plan will be developed to support the development of the Learning Disability Strategy which will cover a range of internal and external stakeholders.</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>	<p>On 9<sup>th</sup> December 2014, the Learning Disability Partnership Board was consulted on the development of the new Learning Disability Strategy for Bury.</p> <p>Both the Health and Wellbeing Board and the Learning Disability Partnership Board are being consulted at the earliest stage in the development of the new Strategy to ensure they have the opportunity to inform the strategic direction, approach and themes.</p>

## 2. Introduction / Background

The Learning Disability Strategy is due for a refresh. The aim of this report is to involve and consult the Health and Wellbeing Board at the start of the process to ensure the Board has the opportunity to inform the strategic direction and approach to this piece of work.

Currently, there is no government strategy or national guidance in relation to learning disability services. The most recent national strategy, "Valuing People Now", covered the period 2009-2012. The key messages were:

1. People with learning disabilities should have the same rights and choices as everyone else.
2. People with learning disabilities have the right to be treated with dignity and respect.
3. People with learning disabilities should have the same chances and responsibilities as everyone else.
4. Families of people with learning disabilities have the right to the same hopes and choices as other families.

The absence of national guidance provides Bury with the opportunity and flexibility to take set the strategic vision for the future of learning disability services on an evidence base of local needs and demands (by using an outcomes based accountability approach).



### 3. key issues for the Board to Consider

The Board is being asked to:

- (i) Acknowledge and support using an outcomes based accountability approach to developing a new Learning Disability Strategy for Bury
- (i) Consider and approve the proposed themes to include in the new Learning Disability Strategy for Bury

#### **(i) Using an Outcomes Based Accountability Approach**

It is proposed that an Outcomes Based Accountability Approach (OBA) is taken to developing a new Learning Disability Strategy for Bury. The OBA approach can be used for strategic planning and service improvement.

The principle behind the OBA approach is to start with the end result - or outcome - and work backwards to identify the action(s) needed to make a difference. It requires engaging with those that have a role to play in improving the outcome.

The advantages of using an OBA approach are as follows:

- It is short, sharp and concise
- Enables a focus on key areas where improvement needs to be made
- Provides a focus on the person (life course, prevent, intervene, manage)
- It identifies opportunities across agencies
- It provides recognition that the development of strategy will contribute to the outcomes and is not solely responsible for achieving these outside of the measures identified

#### **(ii) The proposed themes to include in the new Learning Disability Strategy for Bury**

It is proposed that the Strategy is based on the following themes: -

1. *More people will be supported to live in their own homes*

National research suggests that life expectancy for people with learning disabilities is increasing and more are expected to outlive their parents. In Bury a significant number of people with learning disabilities (approximately 40% of those who are funded by the council) live at home with their parents as their carers. This presents an issue for the future in relation to the planning of housing and care provision.

It is proposed that one of the outcome themes for the Strategy should be to enable more people to be supported to live independently in their own homes, this will include addressing the issue of planning for those individuals who develop additional housing and care needs as a result of outliving their parents.

2. *More people will be supported to have more meaningful lives*

People with learning disabilities often have more limited opportunities to lead fulfilling and meaningful lives.

Employment and volunteering has a positive impact on all people, including people with learning disabilities, and in consultation service users have told us they would like to work. However, employment rates (for paid and voluntary positions) for people with learning are low. In Bury the employment rate for people with learning disabilities is around 7%.

People with learning disabilities should be supported to access meaningful day, evening and weekend activities. This builds their social networks, involvement in the community, reduces isolation and contributes to wellbeing.

It is proposed that one of the outcome themes for the Strategy should be to support people to live more meaningful lives.

3. *More people will feel safe and secure*

People with learning disabilities are more vulnerable to abuse and hate crime than the rest of the population.

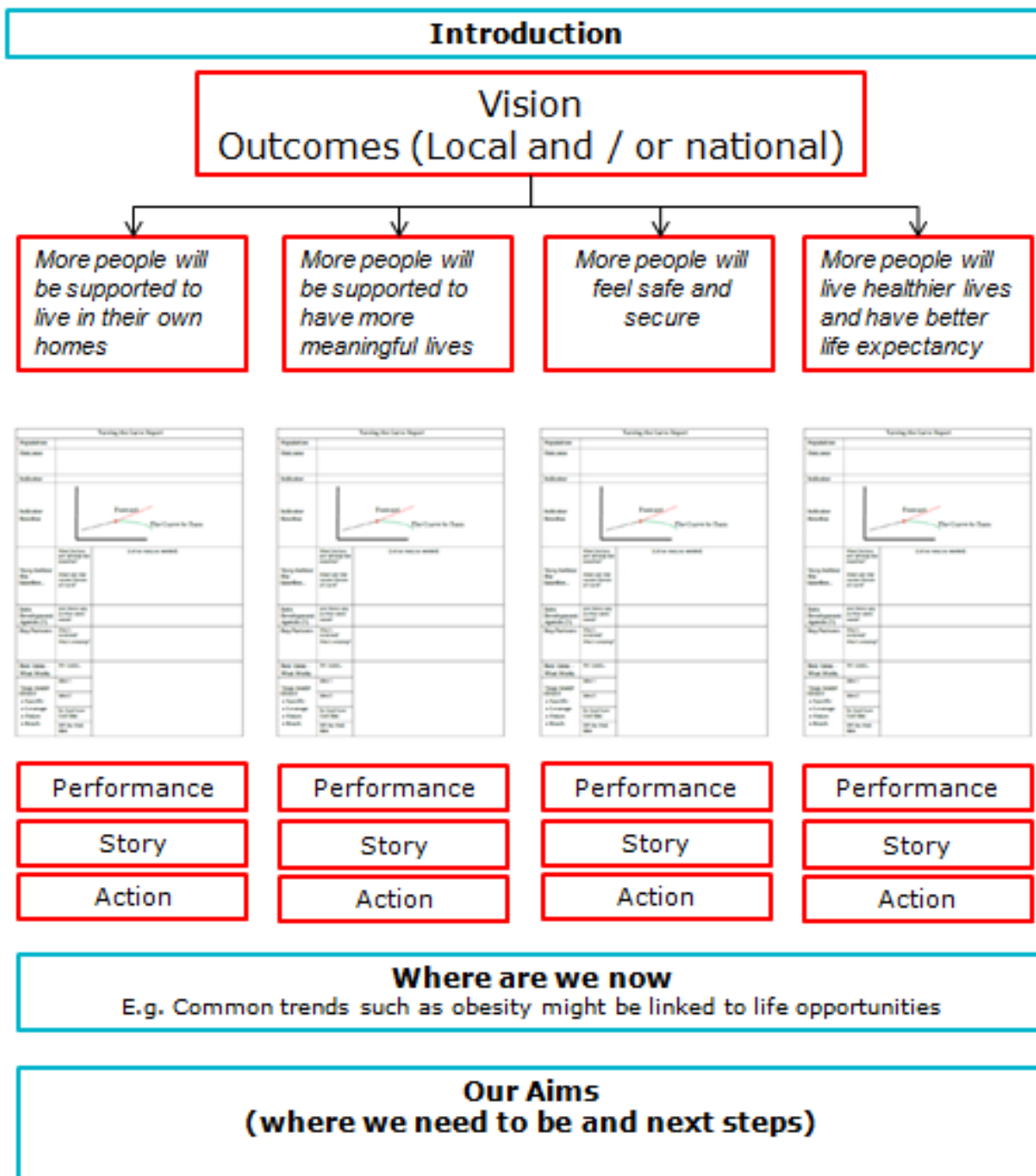
It is proposed that the Strategy will address the need to promote personal safety, wellbeing, and freedom from discrimination; including the needs of the most complex individuals (Winterbourne View).

4. *More people will live healthier lives and have better life expectancy*

People with learning disabilities experience more health inequalities, with poorer health outcomes and life expectancy compared to the rest of the population.

It is proposed that the Strategy addresses what can happen locally to address these issues.

The diagram below illustrates how using the OBA approach to develop the Learning Disability Strategy will work in practice:



The Learning Disability Strategy will primarily focus on adults (aged 18+) however, it will be fully aligned to current programmes of work underway by the Department for Children, Young People & Culture.

It should be highlighted that co-production techniques will be used throughout the development of the strategy to ensure service users, carers and appropriate stakeholders will be effectively engaged and involved.

#### 4. Recommendations for action

The Board is being asked to:

- (ii) Acknowledge and support using an outcomes based accountability approach to developing a new Learning Disability Strategy for Bury
- (ii) Consider and approve the proposed themes to include in the new Learning Disability Strategy for Bury

#### 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](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).

None at this stage.

#### 6. Equality/Diversity Implications

The aim of the new Learning Disability Strategy is to have a positive impact on the quality of life for all people with learning disabilities in Bury. A full Equality Analysis will be undertaken as part of the process of developing the strategy.

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#### CONTACT DETAILS:

**Contact Officer:** Nicola Hine

**Telephone number:** 0161 253 6751



**E-mail address:** N.Hine@bury.gov.uk

**Date:** 4 December 2014

Bury Health and Wellbeing Board

Title of the Report	Grant: Supporting working carers to remain in employment
Date	13.11.2014
Contact Officer	Zena Shuttleworth
HWB Lead in this area	

**Executive Summary**

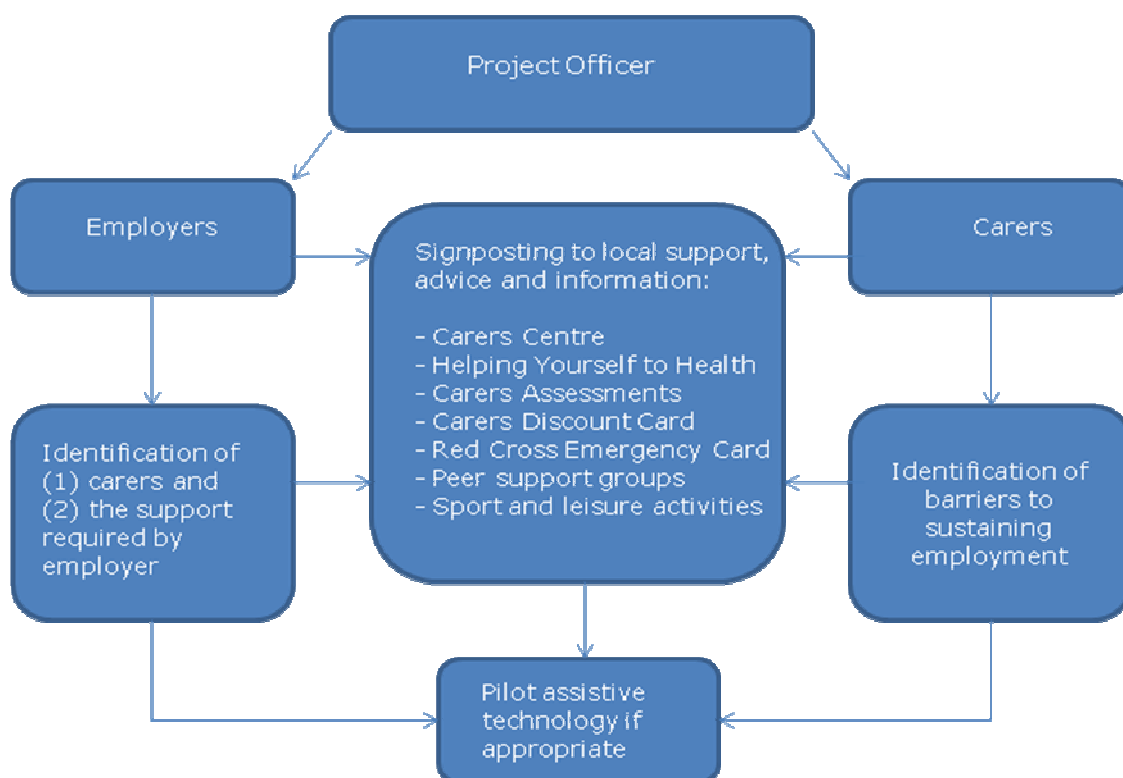
Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is this report being brought to the Board?	Carers is one of the Board's priorities		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_Making_it_happen_to	Priority 4 - Promoting independence of people living with long term conditions and their carers.		
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	§ Carers (Vulnerability section) § Unemployment and benefits (Work and welfare section)		
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.	Recommendations: § The Health and Wellbeing Board agree to support the aims and objectives of the pilot. § The Board agree that Bury Council is approached to be involved with the pilot. § The Board agree that managers and carers will be supported to be part of the pilot. § The Board agree that Bury Council will be supported to implement recommendations that come out of		

	<p>the pilot (e.g. refreshing carer-friendly policies and procedures). This will sanction the culture change of our organisation and ensure the council leads the way in supporting carers.</p>
<p>What requirement is there for internal or external communication around this area?</p>	<p>There will be a requirement for internal and external advertising of the Project Officer. Once this post has been recruited to, a publicity campaign will follow to promote the pilot and the benefits to supporting carers in the workplace.</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>	<p>The Senior Management Team (C&amp;WB) and the CCG Board has seen the initial expression of interest and agreed to support the pilot. Other stakeholders who have agreed to support this are:</p> <ul style="list-style-type: none"> <li>§ Working Carers Group</li> <li>§ Strategic Planning and Development Unit</li> <li>§ Strategic Planning and Economic Development Unit</li> <li>§ Carers Centre</li> <li>§ Carelink</li> </ul>

## Introduction / background

In August 2014, Bury Council submitted an expression of interest for a pot of funding which aimed to support working carers remain in employment through the use of assistive technology. Out of the 60 local authorities to submit their interest, 14 have been invited to submit further information. Bury Council is one of these.

The concept of this pilot is to build upon existing services and support in Bury whilst building an evidence base to promote the use of assistive technology.



A dedicated Project Officer will be recruited to manage the pilot to ensure that key stakeholders, including employers, are involved throughout. The Project Officer will identify and support both employers and carers and will become a referral mechanism on to the pilot. They will assess the carers’ needs to understand what support they require, both to sustain their employment and to support them in their wider caring role, and refer to universal and targeted support as appropriate. Employers will be given practical information on how to support carers within their workplace (based on national best practice), including advice on how to develop carer-friendly policies and procedures.

Once a group of suitable carers and employers has been identified to pilot the assistive technology, they will be supported to do so whilst the Project Officer captures the difference this is making to the caring and employment roles. As we are aware that the use of assistive technology may be a daunting prospect for some carers, a bank of hours has been budgeted for to allow a domiciliary care agency to visit the person with care needs as required. It is anticipated that, as the pilot progresses and people become comfortable with the technology, visits by a domiciliary care agency will decrease.

With regards to the assistive technology, it is envisaged that, as a minimum, each person screened through to the assistive technology element of the pilot will have a home safety and personal security system installed in their home. This consists of a panic button which has a direct link to the Bury Council's Carelink call centre; additional services can be attached to this as required. Additional technologies carers will have access to could be as simple as a flood detector or an exit sensor, or as advanced as a GPS tracker. All assistive technology will be tailored to the specific needs of that carer.

As sustainability is integral to the design of this project, the Project Officer will also look at future funding models, for example, does the carer pay for the ongoing use of the technology (either as a self funder or through a Carers Personal Budget), does the employer pay or will the evidence strongly support the introduction of a salary sacrifice scheme where carers have the opportunity to purchase technological support as parents can purchase childcare vouchers? It is envisaged that the Project Officer will focus on a model for sustainability which can be presented to central Government to influence national policy.

The intended post holder will sit within the Strategic Planning and Development Unit of Bury Council's department of Communities & Wellbeing (this is co-located with the strategic lead for carers) and will have management and peer support to initiate and develop the pilot.

Although this pilot will be lead by Bury Council, we will need to work with a number of other key stakeholders, partners and service providers to ensure the pilot is a success. Key stakeholders will include carers and the people they care for, employers, Carelink, our internal Economist, Bury Council's Working Carers Group, Bury Carers Centre, Strategic Planning and Economic Development team, Bury Third Sector Development Agency, Public Health and Bury's Clinical Commissioning Group. The stakeholders spoken to so far have been extremely enthusiastic about the pilot and can see the health, economic and community benefits to supporting it.



## Key issues for the Board to Consider

If successful, we will be approaching employers to become involved with the pilot, either through the development of carer-friendly policies and procedures and/or supporting them to encourage the carers use the assistive technology. As Bury Council is one of the biggest employers in this borough, I would like them to be one of the organisations involved with the assistive technology element of this pilot. As this pilot meets numerous priorities within the Health and Wellbeing Strategy 2013-2018, JSNA and Carers Strategy 2013-2018 and meets objectives within the 'Working Well' and 'I Will if you Will' workstreams, I am asking the Board for their support with this. I envisage that the support of the Board will demonstrate council-wide strategic buy-in and leadership whilst sanctioning a culture change in which all staff are better supported to undertake their roles.

Key issues to be considered if Bury Council is involved include:

- § Extra managerial work this may involve – how can managers be supported to include work for this pilot within their everyday responsibilities?
- § How will carers be supported through the pilot? Considering the use of assistive technology may be a new concept to some carers they must work within a supportive environment where they can take phone calls and leave the office at a moment's notice if necessary.

It is recommended that a full contingency plan is agreed before each carer and manager signs up to the pilot.

## Recommendations for action

- § The Health and Wellbeing Board agree to support the aims and objectives of the pilot.
- § The Board agree that Bury Council is approached to be involved with the pilot.
- § The Board agree that managers and carers will be supported to be part of the pilot.

- § The Board agree that Bury Council will be supported to implement recommendations that come out of the pilot (e.g. refreshing carer-friendly policies and procedures). This will sanction the culture change of our organisation and ensure the council leads the way in supporting carers.

### Financial and legal implications (if any)

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

Costings within the project plan have been set at £125,032 (funding will come via the Equalities Office, Department of Health and the Department for Work and Pensions). Terms and conditions of the grant are currently unknown but we will ensure these are available if informed we are successful.

Other financial implications include staff time of those involved with the pilot (these are unknown at this stage).

A legal framework may need to be agreed to cover the project in case of crisis (i.e. something happening to the cared for person whilst they are part of the pilot).

### Equality/Diversity Implications

This pilot has no known negative effect on the equality and diversity framework. Carers are one of Bury Council's protected characteristics on the equality analysis framework and are one of the main beneficiaries of this pilot.

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#### CONTACT DETAILS:

**Contact Officer:** Zena Shuttleworth

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**E-mail address:** [z.shuttleworth@bury.gov.uk](mailto:z.shuttleworth@bury.gov.uk)

**Date:** 13.11.2014

**Health & Wellbeing Board Report template**

Bury Health and Wellbeing Board

Title of the Report	Refreshed Priority Four of Health & Wellbeing Strategy- Promoting independence of people living with long term conditions and their carers.
Date	18 <sup>th</sup> December 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 4 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 Four- Promoting independence of people living with long term conditions and their carers.		
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 4 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 October Member Development Session and Board meeting, Priority Four- Promoting independence of people living with long term conditions and their carers..

## 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 Four 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 Four should be:

### **Priority 4 - Promoting independence of people living with long term conditions and their carers.**

#### **Our Actions**

We will:

1. Ensure people with long term conditions (including mental health) are supported to live as well as possible with their condition.
2. Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.
3. Support people with long term conditions (including mental health) to achieve and maintain sustainable employment.

#### **Measures of Success**

If we are making a difference, we will have:

1. a) An improved quality of life for people living with long term conditions  
b) A reduction in hospital admissions for people with long term conditions
2. a) A live Bury Directory that will provide a one stop source of information and advice for people in Bury including carers  
b) Improved health and wellbeing of carers

3. Increased number of people with long term conditions in sustainable employment.

## **Indicators**

1. a) An improved quality of life for people living with long term conditions
  - Health related quality of life for people with long term conditions
  - Percentage of adults with a learning disability living in stable and appropriate accommodation
  - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation
- b) A reduction in hospital admissions for people with long term conditions
  - Unplanned hospitalisation for chronic ambulatory care sensitive conditions
2. a) A live Bury Directory that will provide a one stop source of information and advice for people in Bury including carers
- b) Improved health and wellbeing of carers
  - Percentage of adult carers who have as much social contact as they would like
  - Health related quality of life for carers
3. Increased number of people with long term conditions in sustainable employment.
  - Gap in the employment rate between those with a long term health condition and the overall employment rate
  - Gap in the employment rate between those with a learning disability and the overall employment rate
  - Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
<p>Ensure people with long term conditions (including mental health) are supported to live as well as possible with their condition.</p>	<p>An improved quality of life for people living with long term conditions</p>	<p>Health related quality of life for people with long term conditions</p>	<p>Health &amp; Social Care Integration Board  (Joint Commissioning Group)</p>
		<p>Percentage of adults with a learning disability living in stable and appropriate accommodation</p>	
		<p>Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation</p>	
	<p>A reduction in hospital admissions for people with long term conditions</p>	<p>Unplanned hospitalisation for chronic ambulatory care sensitive conditions</p>	
<p>Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.</p>	<p>A live Bury Directory that will provide a one stop source of information and advice for people in Bury including carers</p>	<p><a href="http://www.theburydirectory.co.uk">www.theburydirectory.co.uk</a></p>	<p>Carers Strategy Group  (Identification, signposting and Information task and finish group)</p>
	<p>Improved health and wellbeing of carers</p>	<p>Percentage of adult carers who have as much social contact as they would like</p>	
		<p>Health related quality of life for carers</p>	

Support people with long term conditions (including mental health) to achieve and maintain sustainable employment.	Increased number of people with long term conditions in sustainable employment.	Employment of people with long term conditions	Health & Social Care Integration Board  (Economic Growth employment group)
		Gap in the employment rate between those with a long term health condition and the overall employment rate	
		Gap in the employment rate between those with a learning disability and the overall employment rate	
		Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate	

#### 4. Recommendations for action

Recommendations for action are for the board are to approve the refreshed actions, measures of success and indicators for Priority Four 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](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto: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:** 18/12/2014

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**Health & Wellbeing Board Report template**

Bury Health and Wellbeing Board

Title of the Report	Governance arrangements for the refreshed Priority 1 of the Health & Wellbeing Strategy- Ensuring a positive start to life for children, young people and families
Date	18 <sup>th</sup> December 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 governance arrangements for the reporting of 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 governance arrangements for the reporting of Priority 1 actions, measures of success and indicators. This is in order to support the future development of the Health & Wellbeing Strategy and to strengthen the 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 as agreed by Team Bury.		

<p>What requirement is there for internal or external communication around this area?</p>	<p>N/A</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>	<p>No this report is specific to the Health &amp; Wellbeing Board</p>

## 2. Introduction / Background

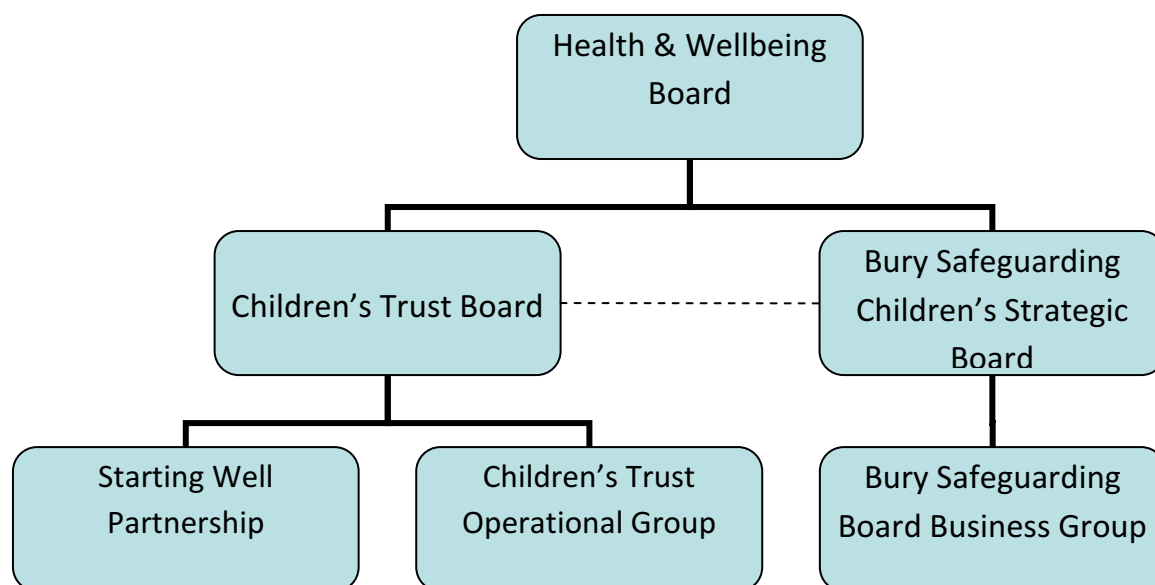
At the Team Bury Forum, it was agreed that all groups and subgroups relating to the Health & Wellbeing Board should be reviewed in order to strengthen governance mechanisms (through agreed work plans and monitoring arrangements) to ensure that sub groups, projects and other work streams are targeted towards activities that will deliver success.

It was agreed at the October Board meeting 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 (please see Appendix 1).

The refreshed priority 1 of the Health & Wellbeing Strategy was signed off by the Health & Wellbeing Board at the October meeting and therefore the Policy Lead and Democratic Services Officer for the Health & Wellbeing Board have been working on governance arrangements for this priority in partnership with relevant stakeholders (please see Appendix 2) .

## 3. Key issues for the Board to Consider

It is proposed that the governance structure for delivering Priority 1 of the Health & Wellbeing Strategy is:



### Children's Trust Board

The Children's Trust Board brings together partner organisations with a shared commitment to improve outcomes for children and young people by working together more effectively. The priorities agreed by the Children's Trust Board are set out in the Children & Young People's Plan. The legal framework underpinning Bury's Children's Trust arrangements is the 'duty to cooperate', set out in S10 of the Children's Act 2004.

The Trust Board meets six times per year, usually on the first Thursday of the month, from 3pm – 5pm and the main purpose of the meeting is the development and delivery of the Children & Young People's Plan.

The Terms of Reference including membership can be found below:



CT Terms of Ref -  
Aug 2013.doc

The most recent minutes from the September 2014 board can be found below:



Minutes  
04-09-14.doc

## **Children's Trust Operational Group**

The Children's Trust Operational Sub Group is responsible for supporting the Trust Board to meet the priorities in the Children & Young People's Plan.

The Children's Trust Operational Group meets six times per year, aligned to the meetings of the Children's Trust Board.

The Terms of Reference including membership can be found below:



CT Op Group - ToFR  
draft.doc

The minutes from the first Children's Trust operational Group that took place in November 2014 are not yet available but the agenda for that meeting can be found below:



CT Ops agenda.doc

## **Starting Well Partnership**

The establishment of a Starting Well Partnership was approved by the Health & Wellbeing Board in September 2014 with a remit for providing leadership, direction and oversight of the early year's health improvement agenda. The report can be found below:



StartingWell HWB  
report - LJ 100914.doc

The Starting Well Partnership Board meets every six weeks and unfortunately the first meeting of the group scheduled for November 2014 meeting had to be cancelled and therefore the next meeting is due to take place in January 2015. The draft agenda for the January meeting is carried forward from the November meeting and can be found below:



20142711-Draft  
Agenda.doc

## **Bury Safeguarding Children's Strategic Board**

Section 13 of the Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board (LSCB) with an independent chair for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

The primary goal of Bury Safeguarding Children Board is to ensure that children in its area are protected from harm by providing effective and well co-ordinated services. The BSCB has a wider role, as reflected in Working Together 2013, to engage in wider work to ensure the long term safety and well-being of children. To that end it will have a role in the strategic and planning commissioning of services. These meetings take place quarterly.

There is a Joint Protocol between Bury Health & Wellbeing Board and Bury Safeguarding Children Board. The roles and responsibilities of the two respective boards are different but complementary. They have a common purpose – to promote joint working and co-operation between partners to improve the wellbeing of children in Bury, support and develop areas of mutual interest: examples include, the Child Death Overview Panel (CDOP), safe sleeping arrangements, referrals to A&E, challenges presented and experienced by children from vulnerable groups, teenage pregnancy and multi-agency practice in prevention and early help. The Joint protocol can be found below:



Joint protocol H&WB  
and CSCB.pdf

The Constitution including membership can be found below:



Constitution  
BSCB.pdf

The minutes from the Bury Safeguarding Children's Strategic Board that took place in June 2014 can be found below:



Mins BSCB June  
2014.pdf

## **Bury Safeguarding Board Business Group**

The Bury Safeguarding Board Business Group manages the business of the Strategic Board and meets every six weeks. The constitution is that of the Bury Safeguarding Children's Strategic Board and the minutes are not currently published.

### **4. Recommendations for action**

The Health and Wellbeing Board Terms of Reference state;

*"The Board will oversee and receive reports from a set of sub groups which will focus on the delivery of key targeted areas of work. The sub groups will report directly to the Health and Wellbeing Board. Provisions that apply to the HWB would also apply to any sub groups of the HWB."*

It is proposed that:

1. The following existing reporting mechanisms continue in line with the Health & Wellbeing Board forward plan:
  - **Children's Trust Board**- to bring the Children's & Young Peoples Plan (produced every three years) to the Board on an annual basis in January of every year.
  - **Bury Safeguarding Children's Strategic Board**- to bring the Annual Safeguarding Children's Report and Child Death Overview Report on an annual basis in September of every year.
2. In order to ensure effective governance and accountability for delivering priority one:
  - The work programme of the CTB will be determined by the Children & Young People's Plan. The CTB must also have regard to any issue referred to it by the HWB.
  - The CTB can make recommendations to the HWB arising from work undertaken on behalf of the Board.
  - It is important that all HWB members are kept aware of the work of the CTB and BCSB, minutes will be circulated for information on a regular basis.

- The CTB will oversee the delivery of the priority one of the HWB Strategy in doing so, the HWB will receive bi-annual reports in July 2015 and January 2016.
- Exception reports as and when required.

**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](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).

There are no financial or legal implications.

## 6. Equality/Diversity Implications

There are no equality or diversity implications.

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### CONTACT DETAILS:

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**Date:** 17/12/2014

### Appendix 1- Team Bury Report



FINAL report team  
bury.doc

### Appendix 2- Refreshed Priority 1 report



FINAL report on  
refreshed priority 1 H

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