AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Members : Pat Jones-Greenhalgh (Vice-Chair), Dave Bevitt, Mark Carriline, Stuart North, Lesley Jones, Jo Marshall, Barbara Barlow, Dr Kiran Patel, Councillor Roy Walker, Councillor Sharon Briggs, Councillor Trevor Holt (Chair), Councillor Rishi Shori and Jon Aspinall

Dear Member/Colleague

Health and Wellbeing Board

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

Date:	Thursday, 21 July 2016
Place:	Meeting Rooms A&B Bury Town Hall , Knowsley Street, Bury BL9 0SW
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	****** Please note there will be a pre-meeting briefing for Board members only commencing at 5.15pm******

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 of the meeting held on the 14th June are attached.

4 MATTERS ARISING *(Pages 7 - 14)*

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 CITY OF MANCHESTER SINGLE HOSPITAL SITE UPDATE

Stuart North Chief Operating Officer, Bury CCG and Professor Matt Makin, Medical Director, Pennine Acute NHS Trust will report at the meeting.

7 NHS ENGLAND QUARTERLY COMMISSIONING REPORT *(Pages 15 - 44)*

A representative of NHS England will report at the meeting. Report attached.

8 TOBACCO CONTROL ANNUAL REPORT *(Pages 45 - 56)*

Jon Hobday, Public Health Consultant will present at the meeting. Papers attached.

9 HEALTH AND WELLBEING BOARD ANNUAL REPORT *(Pages 57 - 72)*

The Social Development Manager will report at the meeting. Report attached.

10 PRIORITY ONE UPDATE REPORT *(Pages 73 - 76)*

Mark Carriline, Executive Director, Children and Families will report at the meeting. Report attached.

11 HEALTHWATCH ANNUAL REPORT *(Pages 77 - 110)*

Barbara Barlow, Chair of Healthwatch will report at the meeting. Report attached.

12 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

Jon Hobday, Public Health Consultant will report at the meeting.

13 DEVOLUTION MANCHESTER UPDATE

Stuart North, Chief Operating Officer, Bury CCG will report at the meeting.

14 COMMUNICATION AND MARKETING UPDATE

Heather Crozier, the Social Development Manager will report at the meeting.

15 URGENT BUSINESS

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

16 SUB GROUP MINUTES FOR INFORMATION *(Pages 111 - 142)*

- Children's Safeguarding Board Minutes - (Priority 1)
- Children's Trust Board Minutes (Priority 1)
- Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4)
- Adults Safeguarding Board Minutes (Priority 4)
- Carbon Reduction Board Minutes (Priority 5)
- Housing Strategy Programme Board Minutes (Priority 5)

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Agenda Item 3

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 14 June 2016

Present: Cabinet Member Health and Wellbeing Trevor Holt (Chair); Leader of the Council, Councillor Rishi Shori; Chair, Healthwatch, Barbara Barlow; Councillor Roy Walker, Opposition Member, Health and Wellbeing; Chair Bury CCG, Dr K. Patel; Chief Operating Officer Bury CCG; Executive Director Communities and Wellbeing, Pat Jones Greenhalgh; Executive Director Children, Young People and Culture, Mark Carriline; Councillor Sharon Briggs, Cabinet Member for Children and Families

Also in attendance: Representing Lesley Jones, Jon Hobday, Public Health Consultant
David Hanley, Chair Bury Safeguarding Adult's Board
Bev Worthington, Policy Lead, Neighbourhood Working
Heather Crozier – Health and Wellbeing Board Policy Lead.
Chloe McCann – Assistant Improvement Advisor, Corporate Policy Team
Julie Gallagher – Democratic Services.

Apologies: Lesley Jones, Director of Public Health
Dave Bevitt, Representing B3SDA
Jo Marshall, Chief Inspector, Bury Division
Jon Aspinall, Greater Manchester Fire and Rescue Service.

Public attendance: No members of the public were in attendance

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HWB.38 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HWB.39 MINUTES

Delegated decision:

That the minutes of the meeting held on the 14 April 2016 be approved as a correct record.

HWB.40 MATTERS ARISING

The Principal Democratic Services Officer reported that further to consideration of HWB.881 item, Issues Affecting the Health of Refugees and People Seeking Asylum; the former Chair of the HWB, Councillor Simpson wrote to the Department of Health. A response from Lord Prior of Brampton, Parliamentary Under Secretary of State for NHS Productivity (Lords) was circulated to Members of the Board.

HWB.41 PUBLIC QUESTION TIME

There were no members of the public present.

HWB.42 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Jon Hobday, Public Health Consultant attended the Board to provide an update to members in respect of the JSNA. The Public Health Consultant reported that he had meet with representatives from Pennine Care's Military Veterans service and Regional Asylum Activism Project.

The Military Veterans service would like information incorporating into the JSNA in respect of demographic information, rank on discharge, types of conditions. Discussions are still ongoing with the asylum representatives.

Delegated decision:

The JSNA update be noted.

HWB.43 ADULT SAFEGUARDING AND GOVERNANCE

The Health and Wellbeing Board considered a verbal presentation from David Hanley, Chair of Bury's Adult Safeguarding Board. The presentation contained the following information:

The Safeguarding Adults Board is multi-agency partnership that meets to ensure that all agencies work together to minimise the risk of abuse and to protect vulnerable adults effectively when abuse has occurred or may have occurred. The Board is committed to learning from experience and to a process of continuous improvement.

Following the introduction of the Care Act, the Adults Safeguarding Board is now a Statutory Board and must produce a Strategic Plan as well as develop a good working relationship with the HWB.

The main focus of the Board is twofold; firstly how the Board deals with suspected or identified abuse and secondly how can the Board reduce the risk of abuse occurring. The Adult's Safeguarding Board Chair reported that the prevention agenda needs to be undertaken on a much wider footprint. The Chair of the Adult's Safeguarding Board asked that the HWB are involved and take an interest in safeguarding, to reduce the risk and should hold to account the Safeguarding Board. Similarly the Adult's Safeguarding Board should have a reciprocal arrangement that means they too can hold the HWB to account.

Members of the Board discussed the relationship between the HWB and the Adult's Safeguarding Board.

The CCG Chief Operating Officer reported that the CCG are interested in undertaking work that would support prevention and reduction of risk of adult abuse as well as reviewing how the HWB Strategy may mitigate some of this risk.

The Executive Director, Communities and Wellbeing commented that she supports the principal that the HWB should challenge the work of the

Adult's Safeguarding Board while at the same time working with the Board to mitigate risk.

Members discussed a proposal from the Chair of the Adult's Safeguarding Board to establish a task and finish group with representatives from the HWB and the Adult's Safeguarding Board to scrutinise the work of the Safeguarding Board. Members did however express concern that an additional group/body did not introduce a further tier of assurance/bureaucracy.

Delegated Decision

David Hanley, Chair Bury Safeguarding Board following consultation with officers will provide a written report to a future meeting of the Health and Wellbeing Board outlining his proposals for closer workings between the Board and the Adults Safeguarding Board.

HWB.44 NEIGHBOURHOOD WORKING

Bev Worthington, Project Lead, Neighbourhood Working attended the meeting to provide members of the Board with a further update in respect of the proposals. The presentation contained the following information:

- A key programme of work, driven by Team Bury designed to reduce reliance on public services, improve the quality of the environment and reduce health and wellbeing inequalities.
- "Wellbeing" includes the wider determinants of health such as income and employment, housing opportunities, reduced crime (and fear of crime), physical activity, etc.
- Programme is a framework for the co-ordination of transformational change across Bury, as the Borough's response to the local, regional and national priorities and initiatives
- It will engage with communities and providers at township level to secure better outcomes

Jo Marshall and Pat Jones Greenhalgh will act as Programme leads in respect of delivery of the programme and there are five enabling work streams, these include; community engagement; service models; outcomes and monitoring; asset mapping and social capacity development.

The Project lead reported that a performance management approach will be adopted that focuses on outcomes, monitoring and evidencing progress towards these, to determine if anyone is better off. For both the indicators and measures underneath the defined outcomes a scorecard will be generated. The Results Scorecard software purchased recently by the Council enables instant creation and live data monitoring of the scorecards.

Members of the Board discussed the proposals, the community engagement and the measures of success. Members sought assurances in respect of the community engagement undertaken and the use of up to date data to successful measure the programmes' success.

Delegated Decision

The presentation be noted.

HWB.45 CITY OF MANCHESTER SINGLE HOSPITAL SITE UPDATE

Stuart North, Chief Operating Officer Bury CCG, provided members with a verbal update in respect of the proposals for a City of Manchester single hospital site. A stakeholder briefing had been circulated to Members in advance of the meeting.

In January 2016 the Manchester Health and Wellbeing Board commissioned the City of Manchester Single Hospital Service Review to look at the benefits that might be achieved from closer working and alignment between hospital services and how this could be effectively delivered. Stage one of the report was published in April 2016; this part of the review involved extensive engagement with clinicians. Stage two was published on the 8th June. The stage two report, outlines proposals for the creation of a new organisation which would take responsibility for the full range of services provided by: Central Manchester Foundation Trust, University of South Manchester and North Manchester General Hospital.

The Key recommendation of the Stage two report, is that the Trust Boards should enter into discussions to consider how the creation of a single organisation to run hospital services in Manchester would be best achieved.

The Chief Operating Officer, Bury CCG reported work is now underway to understand and evaluate the impact that the realignment of North Manchester General might have on the sustainability of the remaining services provided by Pennine Acute NHS Trust.

The Chief Operating Officer reported that the CCG, the Pennine Acute NHS Trust and the Local Authority will work together to evaluate the impact of the proposal to transfer NMGH out of the Acute Trust.

Questions and Comments were invited from those present at the meeting and the following points were made:

The Chief Operating Officer reported that whilst this uncertainty remains is Acute Trust is struggling to recruit experienced staff.

Members of the Board expressed their concerns about the proposals and the viability of the Pennine Acute NHS Trust if NMGH was transferred into a city of Manchester single hospital site.

Delegated Decision

The Chief Operating Officer, Bury CCG will provide a report to the next meeting of the Health and Wellbeing Board detailing the potential impact of the proposals to remove North Manchester General Hospital out of the Pennine Acute NHS Trust and into a City of Manchester single hospital service.

HWB.46 GREATER MANCHESTER DEVOLUTION UPDATE

The Chief Operating Officer reported that Devolution Manchester implementation continues at pace. The CCG and Local Authority can now apply to access the £450 million transformation fund, to support Devolution.

The Chief Operating Officer reported that the Devolution Manchester Joint Commissioning Board will meet in public and it would be beneficial if the minutes of this meeting would be circulate with the agenda for the Health and Wellbeing Board.

As a result of Devolution the Chief Operating Officer commented that it will be Greater Manchester as a whole who will be held to account for performance not individual areas. Devolution Manchester commences at what is a very difficult time for the NHS, Greater Manchester recently reported the worst performance figures in the country in respect of the four hour A&E target.

Delegated Decision

The update be noted.

HWB.47 LOCALITY PLAN UPDATE

The Executive Director, Communities attended the meeting and provide members of the Board with an update in respect of the Borough's Locality Plan. The presentation contained the following information:

The Locality plan was initially submitted in October 2015 and was finalised in November 2015, the transformation plan has subsequently been develop and a two further for Locality plan workshops will take place in May and June 2016.

The plan will focus on key work areas

- Radical upgrade in public health
- Transforming community based care and support
- Standardising Acute Hospital Care
- Standardising Clinical Support and back office services
- Enabling better care

The Executive Director, Communities reported that the locality plan will be updated, the high level finance and activity figures will be re-worked and programmes will be allocated to lead members of staff.

Delegated Decision

The update be noted.

HWB.48 COMMUNICATION AND MARKETING UPDATE

The Social Development Manager provided members with a verbal update in respect of work undertaken to promote the Health and Wellbeing Board. The HWB website is now live, members profiles as well as the Board's terms of reference and Strategy have been included on the site.

HWB.49 HEALTHWATCH UPDDATE

The Healthwatch Chair reported that Healthwatch Bury will be moving location to Europa House in Bury and will be recruiting to the Chief Operating Officer position imminently.

HWB.50 SUB GROUP MINUTES FOR INFORMATION

Councillor Trevor Holt
Chair
(Note: The meeting started at 2pm and ended at 4pm)

Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
14th June 16 14:00 – 16:00	Draft Agenda Looking ahead to 2016/17 • Development of the member work plan • Health and Wellbeing Board Membership • Housekeeping • Upcoming events – how can we support each other? • Including Team Bury Calendar of events, (Heather Crozier) • Public Health Calendar of events • Any other partner's calendar of events. • Communication and Engagement •	Draft Agenda • Formalise Chair and Vice Chair • Formalise membership • Formalise Member Workplan • Communication and Engagement • Demonstration of the Health and Wellbeing Board Website •	**Discussion**	• JSNA – Lesley Jones Verbal Update and covering report (Priority 2) • Adult Safeguarding and Governance- David Hanley (Priority 4) • Quarterly NHS England Commissioning Report - Rob Bellingham (Priority 2) • Neighbourhood Working – Verbal Update Pat Jones-Greenhalgh (Priority 2) • Locality Plan - Julie Gonda/ Brett Nelson Presentation and covering report (Priority 2)
			Standard Items	• Devolution update • Formalise Communication and Marketing
			Decision	
			TBC	
			Information	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

Priority 1	Member Development Session	Interactive discussion/ focus	Agenda Items	
21st July 2016 18:00 – 20:00	• Ian Short – Pharmaceutical Committee Presentation	• Presentation and report on the Health & Wellbeing Strategy - Mark Carriline (Priority 1)	**Discussion**	• JSNA Jon Hobday (Priority 2) • City of Manchester Single Hospital Site Update (Pennine Acute Stuart North) • Tobacco Control Annual Report - James Corner/ Jon Hobday
			Standard Items	• Devolution update • Communication and Marketing – Heather Crozier
			Decision	• Health & Wellbeing Board Annual Report 2015/16 (Heather Crozier) • Health Watch Annual Report – Barbara Barlow (Priority 2)
			TBC	
			Information	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

Priority 2	Member Development Session	Interactive discussion/ focus	Agenda Items	
22nd Sept 2016 14:00 – 16:00	Draft Agenda • *Neighbourhood Working* - What does it mean in practice? • *Locality Plan* - Understanding the plan and the schemes • *Mental health Focus – CAMHS* Understanding the services provided and by whom • *Jon Aspinall* – Presentation on GM Fire and Rescue Service	Draft Agenda • Presentation and report on the Health & Wellbeing Strategy - Lesley Jones (Priority 2)	**Discussion**	
			Standard Items	• Devolution update • Communication and Marketing
			Decision	• Director of Public Health Annual Report - Lesley Jones (Priority 2)
			TBC	• I will if you will update – Fiona Hayward
			Information	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

Priority 3	Member Development Session	Interactive discussion/ focus	Agenda Items	
15th December 2017 18:00	• Dementia and Prime Ministers Challenge Fund • Understanding the plans and schemes	Draft Agenda • Presentation and report on the Health & Wellbeing Strategy - Pat Jones-Greenhalgh (Priority 3)	**Discussion**	• Learning Disability Strategy and Action Plan 2016-19 – Update – Nicola Hine (Priority 3) • Supporting People Service Review - Update – Nicola Hine (Priority 3) • GM Service Specification – Richard Ward (Priority 3) • Physical Activity and Sport Strategy Update/Refresh – Stefan Taylor (Priority 2) • Carers Action Plan & Understanding Advocacy– Stephanie Boyd (Priority 3)
			Standard Items	• Devolution update • Communication and Marketing
			Decision	• Greater Manchester Working Well Expansion - Tracey Flynn (Priority 3) • Employment Summit Update (TBC)
			TBC	• Priority 3/4 BCF Sign off process for Quarterly reporting June-March 2015 (Pat/Stuart) • Annual Safeguarding Adults report (priority 4) • Presentation of Bury Safeguarding Children Board Annual Report (2015-16) (priority 1) Independent Chair of BSCB (Sharon Beattie)
			Information	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

Priority 4	Member Development Session	Interactive discussion/ focus	Agenda Items	
02nd February 2017 14:00	• *Devolution* - Discussion around all aspects surrounding Devolution	Draft Agenda • Presentation and report on Health & Wellbeing Strategy - Pat Jones-Greenhalgh (Priority 4)	**Discussion**	• Extra Care Scheme Service Spec -Richard Ward (Priority 4) • Care at home services/Staying Well and Social Isolation – Zena Shuttleworth (Priority 4)
			Decision	• Falls Prevention – Stephan Taylor / and representative from Public Health
			TBC	
			Information	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

Priority 5	Member Development Session	Interactive discussion/ focus	Agenda Items	
09th March 2017 18:00 – 20:00	Draft Agenda • *One Commissioning Entity* -What does this mean for us?	Draft Agenda • Presentation and report on the Health & Wellbeing Strategy - Sharon Hanbury – (Priority 5 – Ensure suitable and quality homes) • Presentation and report Health & Wellbeing Strategy Neil Long and Lorraine Chamberlin (Priority 5 –Create a clean and sustainable environment)	**Discussion**	• Fuel Poverty presentation - Sharon Hanbury? (Priority 5) • Links to Substance misuse and accommodation and the trailling of accommodation for Substance misuse. – James Corner (Priority 3 and 5) •
			Decision	
			TBC	
			Information	**Mins of Health & Wellbeing Board Sub Groups** • (Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

	Member Development Session	Interactive discussion/ focus	Agenda Items	Priority 5
April 2017	• Local Care Order Discussions around aspects of the Local Care Order	<u>Draft Agenda</u> •	**Discussion**	
			Decision	
			TBC	
			Information	**Mins of Health & Wellbeing Board Sub Groups** • (Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)
<u>Items TBC</u> NHS England Quarterly Commissioning Report – Rob Bellingham PNA – Pharmaceutical Needs Assessment				

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NHS England

Greater Manchester Primary Care Commissioning Quarter Four Report 2015/16

Contents

1 Primary Care Contracting

1.1 Overview

This report is the final of the Greater Manchester Primary Care Commissioning quarterly reports for 2015/16.

Since April 2015, the Greater Manchester Clinical Commissioning Groups and NHS England entered into joint commissioning arrangements for GP Primary Medical Contracts. To this purpose, joint commissioning committees have been established with the primary purpose of jointly commissioning primary medical services for 10 CCGs and primary care committees for 2 CCGs who have taken devolved responsibilities.

NHS England continues to directly commission the other primary care services, (dental, pharmaceutical and ophthalmic) and secondary care dental services on behalf of the population of Greater Manchester.

There have been a number of key outputs for Primary Care during this last financial year outlined in the table below:

1 Key Outputs from 2015/16 in Primary Care

Medical	Pharmacy
Memorandum of Understanding for Joint Commissioning with CCGs	Local Pharmacy Network 7 point transformational plan agreed and subgroups formed
Review of APMS time limited contracts (37) to establish strategic approach to possible re-commissioning	Over 120 pharmacy applications received and processed in line with single operating model
Successful roll out of the CQRS to support general practice payments and QOF.	Successful management of 694 pharmacy and 8 appliance contracts
Successful management of 503 contracts, GMS 308, PMS 158, APMS 37	Use of an electronic solution for submission of Community Pharmacy Assurance framework data
Established a pro-active review process for monitoring the outcome of CQC visits and reports	Visiting schedule to practices prioritised and delivered in line with single operating model
Management of regulatory, contract variation, list closures and boundary changes in line with NHS England policy.	Planning for the delivery of the Clinical Pharmacists in GP Practice pilot
	Commencement of the roll out of the Summary Care Record to all community pharmacy
Dental	Optometry/Eye Care
Successful management of 486 contracts, including 384 GDS, 54 PDS, 7 pilot contracts, 30 community services and 16 secondary care contracts.	Local Eye Care Network developing guidelines for the management of Glaucoma referral Refinement, Cataracts, and Low Vision. Scoping of understanding the low uptake of children's sight tests in some localities.
Successful practice engagement through annual contract management processes, monthly newsletter and day to day query management	Over 30 GOS contracts received and processed in line with single operating model
Roll out of the dental referral management system across Greater Manchester for all specialties	100% completion of Quality in Optometry Level One Assurance Framework in 2013/14 with planning for 2016/17
Development of the Local Dental Network with 8 identified work streams, including oral surgery/	Visiting schedule to practices prioritised and delivered in line with single operating model.

oral maxilla facial surgery, orthodontics, pre-school children, older people, periodontal disease, new patient access, research and urgent care.	Successful management of a total of 414 mandatory and additional contracts
Initiated reviews for Community Dental Services including provision of dental care for learning disability patients	Audit work on-going to verify information inherited from previous organisations
Secondary Care dental contracts management	

Primary Care Transformation for GP Medical

- Roll out of 35 general practice sites offering 7 day access across GM.
- Establishment of Provider Advisory Groups to provide a voice for Primary Care in the GM Health & Social Care Devolution programme.
- Successful roll out of Prime Minister's GP Access Fund in Wigan Borough and the City of Manchester.
- Development of the GM Primary Care Medical Standards to reduce unwarranted variation an improve health outcomes for the 2.8m population of GM.
- Independent evaluation of Greater Manchester demonstrators.
- Successful delivery of the 4th and 5th Greater Manchester Primary Care summits.

Primary Care Transformation for Dental, Eye Care and Pharmacy

Local Professional Networks have been established for nearly two years within NHS England Greater Manchester Team covering dentistry, eye care communities and pharmacy. The LPNs aim to inform and support the implementation of national strategy and policy at a local level, work with key stakeholders on the development and delivery of local priorities and provide local clinical leadership.

The three Greater Manchester LPNs have been working in collaboration with patients, local clinicians, CCGs, Local Authorities, Health and Wellbeing Boards, neighbouring LPNs, the national LPN Assembly and Local Representative Committees. Each LPN has developed strategies that feed into Greater Manchester Primary Care Strategy, national priorities and transformational change that is particularly focusing on each clinical discipline delivering excellent patient care.

The following table provides a brief summary overview of the work of each LPN.

Greater Manchester Local Professional Networks Overview:

Dental	Eye Care	Pharmacy
New patient access	GOS uptake analysis and in particular for patients with Learning Disabilities	Development of a seven point transformational plan with supporting sub groups
Urgent Care Pathways	Develop wider Glaucoma care pathway and implement the Glaucoma Repeat measures common pathway. Implement Cataract Pathway with CCGs	LPN Supporting Sub groups: Quality
Pre-School Children - Baby Teeth DO Matter	Collaborative work with both CCGs and LAs for a Children's Vision Screening programme	Workforce engagement and development
Oral Surgery & Oral Maxillo Facial Surgery Services redesign	Implementation of Optom non-medical prescribers training programme	Service development
Orthodontics Quality & Efficiency	eview GM Low vision services	Seamless Care
Peridontal disease management	Improve referral processes and communications between primary and secondary care with the use of IT.	Medicines Optimisation
Older peoples services - support and advice		Patient Safety
Research in Primary Care		Promotion of Health and Wellbeing
Managed Clinical Networks		

1.1.1 Greater Manchester Co-Commissioning

Since April 2015, each of the Greater Manchester CCGs have moved to undertake their new responsibilities for the co-commissioning of general medical practice, at the level indicated in the table below:

Table 1 – Co-Commissioning Responsibilities

Level 1	Level 2	Level 3
None	Bolton Bury Central Manchester Heywood, Middleton and Rochdale North Manchester Salford South Manchester Stockport Tameside and Glossop Trafford	Wigan Oldham

A Memorandum of Understanding between NHS England and each CCG setting out the agreed working arrangements to the current commissioning arrangements is in place to 31 March 2016.

1.1.2 GP Contracts Team Overview

The GP Contracts Team delivers contract management of primary medical care services under the Memorandum of Understanding for Co-Commissioning within Greater Manchester; through partnership arrangements with other local commissioners. The team supports and advises on wider primary care developments across general medical practice.

1.1.1 Dental Contracts Team Overview

The Dental Team has overall commissioning, development and contracting responsibilities for primary care, secondary care and community dental services in Greater Manchester. The commissioning agenda is managed with a partnership approach between the commissioning team, Public Health England and clinicians.

1.1.2 Optometry and Pharmacy Team Overview

The Optometry and Pharmacy Team was established to cover these two primary care contractor groups and has responsibility for General Ophthalmic Services (GOS) and the NHS Pharmaceutical Terms of Service from all contract holders in Greater Manchester.

1.1.3 Financial Position Overview – Month 12 Final Outturn

The Direct Commissioning annual budget at month 12 is £692m and the month 12 final outturn position is showing a surplus above plan of £16.87m and therefore no material change from the position reported at month 11 (month 11 FOT £16.91m).

There has been a net increase to the direct commissioning revenue budget at month 12 of £2.5m which reflects the additional funding for Capital Grants of £2.9m and the transfer of funds totalling £0.4m to CCGs in respect of delivering seven day access and funding for the pride in practice pilot For a more detailed breakdown of Direct Commissioning spend see **Appendix 1**.

Table 2 Direct Commissioning Expenditure Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Total Primary Care	**581,008**	**569,669**	11,339	**2.0%**	G	**566,348**	**-3,321**
Total Public Health	63,009	60,358	2,651	**4.2%**	G	**61,757**	**1,399**
Total Community & Secondary Dental	**48,088**	45,211	**2,877**	**6.0%**	G	**44,588**	**-623**
Total	**692,105**	675,238	**16,867**	**2.4%**	G	**672,693**	**-2,545**

Table 3 Surplus Position

	Surplus / (Deficit) OT			Risk Adjusted Surplus / (Deficit)
DCO Team	Month 12 Final Outturn Surplus / (Deficit) £m	Month 12 Surplus / (Deficit) Variance to Prior Month £m	Month 12 Surplus / (Deficit) Variance to Plan £m	Risk Adjusted Surplus / (Deficit) Variance to Prior Month £m
Greater Manchester - Primary Care & Secondary Care Dental	37.05	(1.44)	14.21	(1.44)
Greater Manchester - Public Health	2.65	1.40	2.65	1.40
DC Total	**39.70**	**(0.04)**	**16.86**	**(0.04)**

1.1.4 Primary Care Financial Risk and Mitigation Overview

At month 12 the mitigation/net risk position is nil and therefore no change from the position reported at month 11.

1.1.5 Primary Care QIPP

The planned QIPP target for Primary Care Commissioning was £1.24m which related to:

- PMS contracts – PMS Reviews, £0.77m recurrent
- GP other Services – £0.47m recurrent

However, at month 4 the savings target was revised downwards to £0.47m and therefore at month 12 we have achieved the revised savings target (see table below).

Table 4 QIPP Target

	QIPP		
DCO Team	Final Outturn QIPP £m	Month 12 QIPP Variance to Prior Month £m	Month 12 QIPP Variance to Plan £m
Greater Manchester - Primary Care & Secondary Care Dental	0.47	0.00	(0.77)
Greater Manchester - Public Health	0.00	0.00	0.00
DC Total	**0.47**	**0.00**	**(0.77)**

2 Medical Directorate Assurance

The following is a summary of the position for annual appraisal for the year 2015/16, revalidation recommendations for the year 2016/17 and a summary of open performance cases.

2.1 Appraisal

At the end of the 2015/16 appraisal year (31 March 2016) the cumulative total of GP's connected to NHS England, Greater Manchester was 2380. Of these, 19 are exempt appraisal, 141 did not require appraisal, for example, because they retired from the Performer List before their appraisal due date, resulting in a total of 2220 appraisals required.

The reasons for the exemptions are sickness, maternity leave, compassionate leave and newly qualified.

Of the 2220, 2070 were completed and signed off within 28 days of the appraisal date (96.5%).

Of the 74 outstanding appraisals, there are 19 for whom the documentation is awaited, with 51 needing to set the date of their appraisal and 4 needing to be agreed and appraised. These are all currently being actively followed up.

2.2 Revalidation

107 Doctors are scheduled to revalidate in 2016/17. Of these, 17 revalidation recommendations and 35 deferrals have been made. The remaining 55 are due to revalidate from end May 2016 to 31 March 2017.

The majority of deferrals for this year are due to an open Performance Advisory Group (PAG) case, with a small number being deferred because of health reasons.

2.3 Performance Concerns

- 190 open performance concerns cases
  - Medical = 121
  - Dental = 55
  - Pharmacy = 10
  - Ophthalmic = 4

- Four GPs are currently suspended from the Performers List.
- Six GPs and eleven dentists have Performers List conditions.

Performance Advisory Group considered 346 cases in 15/16 some of these will be the same case considered a more than one occasion. Complaint figures are not included in the case numbers) and the Performers List Decision Panel considered 85 cases in 2015/16 (again, some of these will have been the same case heard more than once).

2.4 GP Revalidation and Appraisal Expenditure Position

The annual budget for revalidation and appraisal is £1,947k. At Month 12 we are reporting a small underspend of £38k (month 11 FOT £50k underspend).The underspend relates to staffing costs where we have recognised a saving due to two members of the team leaving the organisation part way through the financial year.

Table 5 Revalidation and Appraisal Expenditure Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Primary Care							
Appraisal & Revalidation	**1,947**	**1,909**	**38**	**2.0%**	**G**	**1,897**	**-12**

3 General Medical Contracts

3.1.1 GP Contract Management

As part of Co-Commissioning approach across Greater Manchester, GP contracting matters have been reported and managed with each respective Clinical Commissioning Group through their Joint Committee/ Primary Care Commissioning Committee. the overview of performance and issues across general practice, with detailed background by practice provided to the CCG operational groups. Matters identified from these reports are then addressed through the co-commissioning arrangements.

3.1.2 GP Patient Satisfaction

The national GP Patient Survey presents patient reported satisfaction levels with GP Practice services, and dental services. The most recent reported survey results, reported in January 2016, present the following picture across Greater Manchester:

CCG Locality	Ease of getting through to someone at GP surgery on the phone % Easy (total)	Helpfulness of receptionists at GP surgery % Helpful (total)	Able to get an appointment to see or speak to someone % Yes (total)	Convenience of appointment % Convenient (total)	Overall experience of making an appointment % Good (total)	Rating of GP involving you in decisions about your care % Good (total)	Rating of GP treating you with care and concern % Good (total)	Confidence and trust in GP % Yes (total)	Overall experience of GP surgery % Good (total)	Recommending GP surgery to someone who has just moved to the local area % Recommend (total)
NHS BOLTON CCG	77%	88%	84%	92%	76%	75%	84%	92%	86%	78%
NHS BURY CCG	67%	87%	85%	92%	74%	74%	85%	93%	86%	78%
NHS CENTRAL MANCHESTER CCG	70%	86%	82%	88%	70%	72%	80%	89%	81%	73%
NHS OLDHAM CCG	69%	87%	81%	91%	71%	73%	81%	91%	83%	75%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	57%	86%	81%	92%	67%	76%	83%	93%	83%	72%
NHS SALFORD CCG	69%	86%	82%	93%	72%	76%	84%	91%	86%	78%
NHS NORTH MANCHESTER CCG	69%	86%	80%	90%	71%	75%	82%	91%	82%	73%
NHS SOUTH MANCHESTER CCG	64%	84%	82%	90%	67%	77%	82%	92%	83%	75%
NHS STOCKPORT CCG	76%	88%	88%	92%	77%	77%	87%	94%	88%	82%
NHS TAMESIDE AND GLOSSOP CCG	68%	85%	82%	92%	71%	74%	82%	91%	81%	73%
NHS TRAFFORD CCG	77%	88%	84%	92%	75%	76%	85%	94%	87%	80%
NHS WIGAN BOROUGH CCG	75%	90%	85%	94%	77%	76%	84%	92%	87%	79%

3.1.3 General Medical Contracts Expenditure Position

The annual budget at month 12 is £308,259k (month 11 £306,759k). The net increase to the budget of £1.5m since the position reported at month 11 reflects additional allocations for Capital Grants of £1.9m and the transfer of funds to Bury CCG totalling £0.33m for seven day access and £0.07m to Central Manchester CCG to fund a pride in practice pilot.

General Medical contracts are reporting an underspend position of £6,964k at the yearend (month 11 FOT £6,135K). The main areas contributing to the position are

Directed Enhanced Services (DES) where we have realised a benefit relating to the 14-15 year end position and DES 15-16 activity which is lower than budget. Also, we have realised savings against the GP IT budget due to central costs coming in lower than anticipated and premises costs mainly relating to Community Health Partnerships (CHP) and Property services are not as high as originally anticipated. In addition, the release of the contingencies into the final outturn has impacted on the year end position.

Table 6 General Medical Contract Expenditure Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Primary Care							
Grma Non Hq Property Services Costs	21,603	20,203	1,400	6.5%	A	21,603	1,400
General Practice	285,151	280,176	4,975	1.7%	G	277,875	-2,301
Primary Care IT	1,505	916	589	39.1%	A	988	72
Total Medical Contracts	308,259	301,295	6,964	2.3%	G	300,466	-829

3.1.4 Financial Risks and Opportunities

All risks were removed at month 6 (see section 1 Financial Position Overview).

4 Ophthalmic Services

4.1.1 Number of Contracts and Contractual Actions

Ophthalmic applications are opportunistic and are not subject to any needs based assessment. Below are the figures for General Ophthalmic Services (GOS) coverage. An analysis of the availability of GOS services has been completed. To determine if there areas where patient groups are unable to access sight teats. The results indicate that sight test uptake falls away with increasing distance from the optometry practice. However for Greater Manchester there are no obvious gaps with good coverage at a 2km distance for the majority of patients.

Table 7 Ophthalmic Contract Contracts per Locality

Area	Mandatory Contracts	Additional Contracts
Bolton	35	9
Bury	19	7
Oldham	20	3
Manchester	52	4
Rochdale	24	7
Salford	25	7
Stockport	35	7
Tameside and Glossop	24	3
Trafford	30	5
Wigan	31	13
GM Additional Only		23
Total	**295**	**88**

There were five contractual sanctions issued in Quarter 4 – two breaches and three remedial notices.

4.1.2 Contract Assurance

The NHS England policy requires a programme of contract assurance to take place every three years. This programme was completed for Greater Manchester in 2014. The next round of assurance is due to take place in 2016/17. In addition a separate project looking into the provision and contract compliance of additional contract holders has been completed. The project has resulted in the termination of inactive contracts (ie contractors who have not provided GOS services for at least a year), whilst maintaining good additional services coverage across Greater Manchester from the active contracts.

4.1.3 Ophthalmic Contracts Expenditure Position

The Ophthalmic annual budget is £30,572k (month 11 £30,072k). The increase of £500k to the budget reflects the receipt of an additional allocation which has been used to support practices to become IG Level 2 compliant. At month 12 we are showing an over spend of £1,125k (month 11 FOT overspend £391k). The position mainly relates to the 14-15 year end position where the actual expenditure for March 2014 was higher than the anticipated value shown in the year end accounts. In addition, based on the latest information received activity for 15-16 is higher than anticipated at month 11.

Table 8 Ophthalmic Contract Expenditure Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Primary Care							
Ophthalmic Contracts	**30,572**	**31,697**	**-1,125**	**-3.7%**	**G**	**30,463**	**-1,234**

4.1.4 Population Access to General Optical Services in Greater Manchester

The objective of General Ophthalmic Services (GOS) is to provide through community optician practices, preventative and corrective eye care for children, people aged 60 and over, people on low incomes and those suffering from, or pre-disposed, to eye disease.

Eye care services are available ‘on demand’ largely in the high street from the private sector. In August 2008, the Primary Ophthalmic Services Regulations came into force in England with subsequent amendments in 2014. The regulations for Government funded services cover such issues as patient eligibility for sight tests, how patients apply for a sight test and eligibility for domiciliary sight tests. There are no reporting requirements explicitly set out in the regulations.

Although such data are not centrally collected, a large number of sight tests are delivered on an entirely private basis with no support from Government funding.
Activity on NHS sight tests, optical vouchers and repairs/replacement are collected via a series of GOS forms:

Table 9 GOS Data Collection Forms

GOS 1	NHS sight tests including patient eligibility information
GOS 2	Optical prescription or statements given to the patient.
GOS 3	NHS Optical vouchers, including patient eligibility information
GOS 4	NHS Optical repair/replacement vouchers – including patient eligibility and voucher type
GOS 5	Private sight tests with partial help towards the full costs
GOS 6	Domiciliary sight tests

Currently, information from GOS 1,3,4,5 and 6 are used in publications from the Health and Social Care Information Centre (HSCIC). The information below is drawn from the HSCIC Eye Care Publications: Narrative to 13 January 2016 Publications.

4.2 Number of people on the register of blind people by age band (National Data).

The trend is for decreasing numbers of registrations each year despite an aging population. The published figure of is likely to under report the actual incidence of sight impairment. Reasons for this include:

- Known variability in uptake of individual ophthalmologists offering registration to patients;
- Not all patients want the label of sight impaired especially if they are working, previously they would have to be registered to access social services. This is no longer always the case for all services.
- There may be improvements in medical care especially related to glaucoma and wet AMD.

4.3 NHS Sight Tests by practitioner type – April 2015 – September 2015

The figure for GM is quoted as 338,716 for Optometrists and zero for Ophthalmic Medical Practitioners (OMPs). However we are aware of at least one optical practice (in Wigan) that is supplied solely by OMPs and there would be an expectation that there should be at least a small number of tests undertaken. However, both Optometrists and OMPS may have been classed as opticians. This could easily explain the discrepancy.

In considering the overall numbers of NHS funded sight tests undertaken against similar population size and demographics, for example West Yorkshire and Birmingham the total number of tests provided are comparable.

4.4 NHS domiciliary sight tests by type April 2015 – September 2015.

Table 10 Domiciliary Sight Tests by type

	GM	England
Higher Rate	63.7%	63.2%
Lower Rate	36.3%	36.8%

Comparing the percentage total for Greater Manchester against England) for both Higher rate (1st two people seen in one location at same visit), and Lower Rate (applied to subsequent patients tested in same location at the same visit), we mirror the England average and comparable with other areas. These results provide some assurance that if the results were lower this might indicate poor practice such as blanket testing of all people in a home regardless of clinical need.

4.5 NHS vouchers issued, by type and geography

The type of optical voucher issued is based upon the patient's prescription and the lens format they need. Voucher types A-D are for single vision spectacles; where A is the band for people with the lowest prescriptions and D the highest prescriptions. Vouchers E-G are for bifocal or varifocal lenses. The ratio of low prescription vouchers (A) issued compared to higher voucher values is similar in GM to other parts of North region and England indicating that prescribing rates are in line with other areas.

In GM we issue a lower proportion of tint, prism and small glasses supplements compared to England. There is no obvious reason for this. It may be related to variations in the population in GM compared to others.

4.6 NHS Vouchers issued for repairs and replacement of frames and lenses

Children aged under 16 and looked after children who are 16 and 17 are entitled to unlimited repairs and replacements to their spectacles. Adults are only entitled to NHS repairs if the loss or damage to their spectacles is as a result of their illness e.g. damage whilst having an epileptic seizure. Suppliers must seek prior approval from NHS England for repairs to adult spectacles.

There is a general downward trend in number of repairs undertaken in England compared with the previous year. This trend is followed in GM which shows a 3% drop in repair vouchers issued. In North region the reduction is between 2% and 4% except for Merseyside where the reduction was 9.1%.

GM has a rigorous system in place for validating claims for adult repairs claims that are not valid. However, the total number of repairs is similar to other areas where there is little such activity. Investigation of the GM repairs log suggests that there is a rejection of a significant number of claims for adult repairs, resulting in a reduced overall number of claims.

Greater Manchester, as part of its clinical commissioning with the Local Eye Health Network (LEHN), commissioned an Eye Health Needs Assessment (Future InSight) in 2013 to determine the nature and size of the risk relating to visual impairment that exists in Greater Manchester. The Strategy is currently being reviewed and refreshed in light of publication of the Greater Manchester Commissioning for Reform and the Greater Manchester Primary Care Strategy.

The key findings of Future InSight suggest that up to 800,000 people in Greater Manchester are at risk of visual impairment. At least 50% of this visual impairment may be avoided or cured by suitable intervention. Good management of the remaining cases can minimise the visual loss and disability that is related to eye chronic disease.

The most logical tool for case detection in the general population is the sight test as this includes both refraction, with prescription of spectacles where required, and an assessment of eye health with onward referral in cases of possible eye disease. The Greater Manchester area has a comparable level of NHS sight testing as other areas in the North West. However, this still only covers approximately one quarter of the total population.

The recent figures for sight tests from the Information Centre relating to 2011 reveals that only 1 in 5 children and approximately 1 in 10 adults of working age have had their eyes tested. The figures for older adults were rather better as 60% over 60s have been sight tested but this still means that 40% of this high risk group may have undetected ocular conditions.

The LEHN has initiated a GOS working group to explore the uptake of GOS within GM.

Early findings have shown that:

- The relationship between deprivation and uptake was not clear in GM.
- Variation between former PCT areas and lack of a consistent pattern.
- There is a clear reduction in uptake with each km (as crow flies) from an optical practice whatever the age of the patient.
- Under 16s uptake is 25% below the average for similar LSOAs.
- 16-59 year olds uptake is 35% less than the average for similar LSOAs.
- For over 60s this reverses and uptake is 26% higher than similar LSOAs.

5 Pharmaceutical Contracts

NHS England has responsibility for ensuring adequate provision of pharmaceutical services in local Health and Wellbeing Board areas. Health & Wellbeing Boards (HWBs) have responsibility for assessing pharmaceutical needs in their locality and publishing their findings and any identified gaps in their Pharmaceutical Needs Assessment (PNA). NHS England determines applications for new premises in line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, based on needs identified in the PNA.

5.1.1 Local Access to pharmaceutical services

The following table provides the details of the current number of Community Pharmacies and Dispensing Appliance Contractors (DACs) as of March 2016. The table also details where a PNA has identified a gap in provision of service and the resulting action undertaken by NHS England.

Table11 – Local Pharmaceutical services

HWB Area	Number of Pharmacies	Number of DACs	Identified gaps in PNA	Action taken
Bolton	75	0	No gap identified	N/A
Bury	42	0	Identified gap for the Besses' Ward	A number of applications were received by NHS England offering to meet the identified need. One of the applicants was successful on appeal, and is due to open a new pharmacy in the Besses ward in May 2016, thus fulfilling the identified need."
Derbyshire (Glossop)	7	0	No gap identified	N/A
Oldham	59	0	No gap identified	N/A
Manchester	141	2	No gap identified	N/A
Rochdale	51	1	No gap identified	N/A
Salford	60	1	No gap identified	N/A
Stockport	72	1	No gap identified	N/A
Tameside	60	2	No gap identified	N/A
Trafford	65	1	No clear gap identified- however PNA commented that extra weekend service in the Partington area may be beneficial	Extra Saturday coverage has been secured in the area. Pilot offering Sunday opening commissioned for 3months. Audit results showed lack of patient demand.
Wigan	72	0	No gap identified	N/A
Total	**697**	**8**		

5.1.2 Contract Management and Assurance

Three contractual breach notices were issued in Quarter Four.
Contract assurance takes place on an annual basis; the work commenced during Q3 and is ongoing during Q4 for 2015/16 and is due to be completed by the end of June 2016.

5.1.3 Local Service Development and Delivery

Dispensed Items

The number of NHS prescription items dispensed by pharmacy contractors in Greater Manchester is published on a monthly basis, though with a time lag of three months. Volume of prescription items remains the main source of income for pharmacy contractors. On average for GM, there are approximately five million prescriptions dispensed per month. At the time of writing not all data was available for quarter 4.

MUR and NMS

Medicine Use Reviews (MURs) and the New Medicines Service (NMS) are advanced services; any pharmacy can choose to provide. Both services share similar aims, to increase patient compliance and understanding of their medication as part of medicines optimisation. Under the National Terms of service Pharmacy Contractors are restricted to 400 MURs a year regardless of the number of prescription items they dispense. The maximum number of NMS consultations a contractor can undertake are limited to the number of prescription items dispensed.

The aim of a Medicine Use Review is to achieve a concordant approach to medicine taking by:

- Establishing the patient's actual use, the understanding & experience of taking their medicines;
- Identifying, discussing & resolving poor or ineffective use of their medicines;
- Identifying side effects& drug interactions that may affect patient compliance;
- Improving the clinical effectiveness & cost effectiveness of prescribed medicines & reducing medicine wastage.

Table 12 below provides activity levels for local delivery of services from Community Pharmacy providers. This data has only just started to be made available and will support development of business intelligence and service impact through community pharmacy. Aspects of this data are available at a CCG level; however some data is only available at a Greater Manchester level due to reporting by Pharmaceutical list detail. There is a three month lag of the data being available, so for example the information for June 2015 shall be available in September 2015.

Table 12– Local Service provision

	Quarter 1			Quarter 2			Quarter 3		
Data Set	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct 15	Nov 15	Dec 15
Items dispensed[1A]	5,118,836	4,938,086	5,235,806	5,427,559	4,817,994	5,191,415	5,230,731	5,014,442	5,,563,274
MUR Consultations[1AB]	15141	15311	17236	17161	15463	15626	17236	16952	14377
No. of MUR Consultations per 10,000 items	30	31	33	32	32	30	33	30	26
NMS Consultations[1AB]	4178	4001	4316	4363	4001	3813	4133	4184	4316
No. of NMS Consultations per 10,000 items	8	8	8	8	8	7	8	8	8

Data Sources:

[1] - Data received from Management Information System

Service delivery location identification

[A] – Greater Manchester

[B] – Clinical Commissioning Group

5.1.4 Pharmacy Contracts Expenditure Position

The Pharmacy annual budget is £96,104k (month 11 £96,104k). At month 12 pharmacy is reporting a yearend underspend of £2,194k (month 11 FOT £2,979K). The movement in the position mainly reflects higher activity based on the latest information received.

Table 13 Pharmacy Contract Expenditure Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Primary Care							
Pharmacy Contracts	**96,104**	**93,910**	**2,194**	**2.3%**	**G**	**93,124**	**-786**

6 Dental Contracts

6.1.1 Greater Manchester Dental Contracts

The Dental Contracts Team commissions the full dental pathway for the population of Greater Manchester and manages dental contracts across Primary Care, Community and Secondary Care. Within Primary Care contracting, there are a number of local practices involved in the national dental contract reform programme and therefore hold pilot/prototype contracts rather than the usual contracts for General or Personal Dental Services (GDS/PDS). The new prototype approach will focus on pathways, quality and outcomes and supports continuing care and prevention rather than the current system which tends to focus on treatment and repair.

Table 14 Primary Care Dental Contracts across Greater Manchester

Local Authority (LA)	Contract Type	GDS	PDS	Prototype
Rochdale	General	25	1	1
	Orthodontic	0	5	0
	Gen&Ortho	3	0	0
Oldham	General	36	1	0
	Orthodontic	1	1	0
	Gen&Ortho	0	0	0
Bury	General	28	0	0
	Orthodontic	0	1	0
	Gen&Ortho	2	0	1
Bolton	General	26	1	1
	Orthodontic	0	2	0
	Gen&Ortho	1	1	0
Trafford	General	39	1	0
	Orthodontic	0	6	0
	Gen&Ortho	0	0	0
Tameside and Glossop	General	32	0	1
	Orthodontic	0	6	0
	Gen&Ortho	0	0	0
Stockport	General	43	0	1
	Orthodontic	0	2	0
	Gen&Ortho	3	0	0
Salford	General	34	2	1
	Orthodontic	0	6	0
	Gen&Ortho	3	0	0
Wigan Borough	General	30	1	0
	Orthodontic	0	3	0
	Gen&Ortho	5	0	0
Manchester	General	70	3	1
	Orthodontic	2	3	0
	Gen&Ortho	0	0	0
	Totals	**386**	**52**	**7**

Table 15 Community Dental Contracts across Greater Manchester

Local Authority	Contract Type PDS+	Contract held by	Services delivered
Heywood, Middleton & Rochdale, Bury, & Oldham	1	Pennine Care NHS Foundation Trust	Access, Urgent Care, General Anaesthetics (GA) assessments, Domiciliary service, special care sedation, Restorative & Prosthetics, GA special care at Rochdale, Special Care Paediatric Dental services, Conscious Sedation, GA for Paediatrics at Oldham, GA for special needs at Bury.
Bolton, Trafford, Wigan, Stockport, Tameside & Glossop	1	Bridgewater Community Healthcare Foundation Trust	Special Care Dentistry, Inhalation sedation, Domiciliary, Paedodontics, GA Paediatrics at Tameside General, Oral Surgery
Salford	1	Salford Royal NHS Foundation Trust	Special Care Dentistry, Inhalation sedation, GA assessments, GA for Special Care Dentistry, Homeless service, Domiciliary, Barton Moss Secure Children's Unit
Manchester	1	Central Manchester NHS Foundation Trust	Paediatric dentistry, Special Care Dentistry, inhalation sedation, Domiciliary, Adult Special GA at NMGH, GA/IV sedation at CMFT.

6.1.2 Access to NHS Dental Services

Non-recurrent investment (from under-performance in dental services) within 2015/16 targeted access for an additional 8,000 patients across Greater Manchester.
The actual increase in people receiving general dental services was 15,644.
Therefore, contract management and engagement of dental practices resulted in efficiency and productivity of a similar number of patients to that achieved through financial investment.

This increase in access is higher than comparable figures for North of England and national figures.
As an indication of access for the local population (using ONS data), c. 61.8% of the Greater Manchester population have accessed NHS dental services over the past 24 months (compared to 61.2% for NoE and 55.6% across England).
However, access is variable across Greater Manchester localities, with only 56.2% indicated within Bolton compared with 65.2% in Stockport. Although access overall across Greater Manchester has increased, with increase in every locality during Quarter 4. However, it is recognised that there was been a small drop in patient numbers accessing services in Oldham and Tameside, comparing April 2015 and April 2016 figures, which shall be reviewed in 2016/17.

Table 16 Overall patient numbers who have accessed NHS dental services in the past 24 months.

Commissioning Region Name	24-month Patient Seen Total		
	Apr-15	Jan-16	Apr-16
Greater Manchester	**1,674,163**	**1,674,905**	**1,689,807**
Bolton	155,497	153,648	157,528
Bury	106,426	109,484	110,505
Manchester	304,335	305,831	306,700
Oldham	143,958	141,878	142,788
Rochdale	129,507	130,648	133,393
Salford	150,903	152,043	153,522
Stockport	185,572	185,705	187,043
Tameside	134,844	133,497	134,242
Trafford	137,094	137,588	139,322
Wigan	203,212	203,750	205,317

Table 17: Change in levels in access to NHS dental services by locality

Commissioning Region Name	Change from previous quarter	Change from previous year	Current Performance (as % of ONS Population)
	Jan16 to Apr16	Apr15 to Apr16	
Greater Manchester	**14,902**	**15,644**	**61.8%**
Bolton	3,880	**2,031**	56.2%
Bury	1,021	**4,079**	58.9%
Manchester	869	**2,365**	59.0%
Oldham	910	**- 1,170**	62.4%
Rochdale	2,745	**3,886**	62.6%
Salford	1,479	**2,619**	63.4%
Stockport	1,338	**1,471**	65.2%
Tameside	745	**- 602**	60.8%
Trafford	**1,734**	**2,228**	59.9%
Wigan	1,567	**2,105**	64.0%

6.1.3.GP Patient Satisfaction Survey for Dental Services

The national GP Patient Survey presents patient reported satisfaction levels with GP Practice services, and dental services. The most recent reported survey results, reported in January 2016, present the following picture across Greater Manchester:

CCG Locality	Successful in getting an NHS dental appointment % Yes	Overall experience of NHS dental services %Very or Fairly Good
NHS BOLTON CCG	89%	81%
NHS BURY CCG	89%	85%
NHS CENTRAL MANCHESTER CCG	91%	81%
NHS OLDHAM CCG	89%	83%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	91%	85%
NHS SALFORD CCG	91%	83%
NHS NORTH MANCHESTER CCG	88%	81%
NHS SOUTH MANCHESTER CCG	87%	79%
NHS STOCKPORT CCG	92%	85%
NHS TAMESIDE AND GLOSSOP CCG	91%	86%
NHS TRAFFORD CCG	93%	85%
NHS WIGAN BOROUGH CCG	95%	88%

Friends & Family Test for Dental Services (April 2016)

The NHS patient feedback arrangements through the friends and family test indicated a high level of satisfaction in regard receipt of NHS dental services.

Data indicates that the majority of feedback is provided in handwritten form (76%), with 15% being by tablet/kiosk, 5% by smartphone or online, and 3% by text messaging. Only 1% was collected by telephone.

Table 18: Dental FFT data (April 16)

Locality	Sum of Patients treated May 2015 to April 2016	Average of Percentage Recommended	Average of Percentage Not Recommended
Bolton	109377	99%	0%
Bury	89574	96%	0%
Central Manchester	58727	93%	4%
Oldham	101284	94%	1%
Heywood, Middleton & Rochdale	89149	99%	0%
Salford	106471	97%	0%
North Manchester	72492	99%	0%
South Manchester	46452	99%	0%
Stockport	130107	100%	0%
Tameside & Glossop	104097	98%	0%

Trafford	92252	98%	1%
Wigan	169956	97%	0%
Grand Total	**1169938**	**98%**	**0%**

6.1.3 Dental Contracts Expenditure Position

The Dental annual budget is £135,109k (month 11 £135,109k). At month 12 we are reporting an underspend position of £3,268k and therefore no material change from the position reported at month 11. The position is mainly due to an increase in patient charge revenue, underspends on primary dental activity and the full impact of the DDRB award which has resulted in a lower inflation cost than originally anticipated therefore creating an underspend against the contracts.

Table 19 Dental Annual Budget Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Primary Care							
Dental Practice	**135,109**	**131,841**	**3,268**	**2.4%**	**G**	**131,880**	**39**

6.1.4 Financial Risk and Opportunities

At month 6 all risks were removed (see section 1 Financial Position Overview).

7 Secondary Care Dental Services

7.1.1 Number of Contracts

Seventeen Trusts across the North West are actively contracted for Secondary Care Dental Services for the population of Greater Manchester.
These secondary dental care services include the following specialties:

- Oral surgery and Maxillo-facial oral surgery
- Restorative dental services
- Orthodontics
- Oral medicine
- Paediatric dentistry
- Special Care Dentistry

For 2015/16, the agreed contracts for these 17 providers are shown in **Table 16**. Any activity provided, under patient choice, which is delivered by a provider not included in this table is considered as NCA (none contracted activity).

Provider	Sum of Sum of Revised Activity	Sum of Sum of Final Revised Value	Sum of Sum of CQUIN	Sum of Sum of Total Value incl CQUIN
Aintree University Hospital NHS Foundation Trust	235.00	134,294.30	3,341.02	137,635.32
Alder Hey Hospital	147.59	26,791.85	-	26,791.85
Blackpool Teaching Hospitals	25.00	4,120.21	103.01	4,223.21
Bolton Foundation Trust	9,714.85	1,729,526.37	43,238.16	1,772,764.53
Central Manchester University Hospitals Foundation Trust	78,439.00	14,333,587.42		14,333,587.42
East Cheshire Trust	269.79	53,771.21	1,344.28	55,115.49
East Lancashire Hospitals NHS Trust	1,006.88	616,335.57	15,408.39	631,743.96
Lancashire Teaching Hospitals NHSFT	673.46	112,443.60		112,443.60
Pennine Acute Hospitals NHS Trust	33,217.53	7,457,641.21	186,441.03	7,644,082.24
Royal Liverpool & Broadgreen Hospitals	873.14	102,836.61	2,570.89	105,407.51
Salford Royal FT	11,889.00	1,867,265.24	46,681.63	1,913,946.87
Southport & Ormskirk Hospitals NHST	222.00	35,918.98	897.98	36,816.96
Stockport NHS FT	10,860.00	1,763,155.31	44,078.88	1,807,234.19
Tameside NHS FT	10,876.00	1,781,498.21	44,537.46	1,826,035.67
University Hospital of South Manchester NHS FT	11,687.87	2,668,846.75	-	2,668,846.75
Warrington & Halton Hospital	223.00	37,639.66	940.99	38,580.65
Wrightington, Wigan and Leigh NHS FT	10,157.33	1,951,058.94	48,776.47	1,999,835.41
Grand Total	**180,517.46**	**34,676,731.45**	**438,360.19**	**35,115,091.64**

7.1.2 Contract Assurance

Secondary Care Dental Performance:

Management of demand for secondary care dental services continues to be supported by dental referral management arrangements. However, national datasets for referral to treatment reporting only includes the oral surgery specialty with other dental specialties being grouped, along with others, into a generic 'Other' category.

Work is ongoing with providers to seek to have clarity of waiting time positions across the dental specialties delivered by Greater Manchester providers.

The following tables present the reported position of Greater Manchester secondary care providers for Incomplete, Non-Admitted and Admitted Oral Surgery pathways.

Table 20: Incomplete Oral Surgery Pathways by Greater Manchester Provider (March 2016)

Provider Name	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	92nd percentile waiting time (in weeks)
THE CHRISTIE NHS FOUNDATION TRUST	6	6	100.0%	-	-
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	506	405	80.0%	10.2	23.5
SALFORD ROYAL NHS FOUNDATION TRUST	555	534	96.2%	5.9	14.6
BOLTON NHS FOUNDATION TRUST	833	763	91.6%	6.6	18.4
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	921	858	93.2%	5.9	17.1
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2,682	2,393	89.2%	6.3	19.4
PENNINE ACUTE HOSPITALS NHS TRUST	1,908	1,833	96.1%	5.4	16.3
STOCKPORT NHS FOUNDATION TRUST	1,404	1,225	87.3%	8.0	19.8

Table 21: Non-Admitted Oral Surgery Pathways – by Greater Manchester Provider (March 16)

Provider Name	Total number of completed pathways (all)	Total number of completed pathways (with a known clock start)	Average (median) waiting time (in weeks)	95th percentile waiting time (in weeks)	Longest Wait
THE CHRISTIE NHS FOUNDATION TRUST	2	2	-	-	7-8 weeks
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	42	42	-	-	24-25 weeks
SALFORD ROYAL NHS FOUNDATION TRUST	69	69	6.7	15.8	23-24 weeks
BOLTON NHS FOUNDATION TRUST	191	191	8.8	20.9	31-32 weeks
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	138	138	9.8	24.6	34-35 weeks
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	137	137	3.9	8.8	19-20 weeks
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	624	624	5.7	23.7	49-50 weeks
PENNINE ACUTE HOSPITALS NHS TRUST	389	389	5.3	17.7	31-32 weeks
STOCKPORT NHS FOUNDATION TRUST	185	185	15.0	25.8	47-48 weeks

Table 22: Admitted Oral Surgery Pathways – by Greater Manchester Provider (March 16)

Provider Name	Total number of completed pathways (all)	Total number of completed pathways (with a known clock start)	Average (median) waiting time (in weeks)	95th percentile waiting time (in weeks)	Longest Wait
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	79	79	16.3	25.8	34-35 weeks
SALFORD ROYAL NHS FOUNDATION TRUST	17	17	-	-	17-18 weeks
BOLTON NHS FOUNDATION TRUST	56	56	17.6	28.1	29-30 weeks
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	41	41	-	-	20-21 weeks
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	175	175	16.7	34.3	40-41 weeks
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	109	109	9.0	27.8	45-46 weeks
PENNINE ACUTE HOSPITALS NHS TRUST	225	225	12.0	23.3	45-46 weeks
STOCKPORT NHS FOUNDATION TRUST	95	95	11.0	26.6	33-34 weeks

7.1.3 Secondary Care Dental Contracts Expenditure Position

The Secondary Care and Community Dental Services annual budget is £48,088k (month 11 £48,088k). At Month 12, we are reporting a yearend underspend of £2,877K (month 11 FOT £3,500k). The movement in the position is mainly due to contract underperformance not being at the level anticipated at month 11 based on the latest information received.

Table 23 Secondary Care Dental Contracts Expenditure Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Community & Secondary Dental							
Community Dental	**12,501**	**12,443**	**58**	**0.5%**	**G**	**12,501**	**58**
Secondary Care Dental	**35,587**	**32,768**	**2,819**	**7.9%**	**G**	**32,087**	**-681**
Total Community & Secondary Dental	**48,088**	**45,211**	**2,877**	**6.0%**	**G**	**44,588**	**-623**

8 Transforming Primary Care

8.1 Prime Ministers Challenge Fund (PMCF)

8.1.1 Prime Ministers Challenge Fund Expenditure Position (PMCF)

The Prime Ministers Challenge Fund annual budget is £9,017k (month 11 £8,517k). The increase to the budget of £500k reflects an additional allocation for Bolton CCG

to fund seven day access. At Month 12 we are showing a breakeven position as previously reported.

Table 24 Prime Ministers Challenge Fund Expenditure Position

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Primary Care							
GRMA Prime Ministers Challenge Fund	**9,017**	**9,017**	**0**	**0.0%**	**G**	**8,517**	**-500**

8.2 Primary Care Strategy for Greater Manchester

The revised GM Primary Care Strategy has been co-produced with a range of primary care and public health colleagues and outlines the primary care contribution to the Greater Manchester Strategic Plan. The work, led by the primary care transformation team of the newly formed Health & Social Care (H&SC) Partnership, has been co-produced with input from CCG Commissioners, Directors of Public Health and Primary Care Providers across Dental, GP, Optometry and Pharmacy.

The strategy is based on 5 key themes as follows:

- People powered changes in health and behaviour
- Population based models of care
- Consistently high quality care
- Inter professional working
- Innovation

System wide engagement has been ongoing, with further engagement planned prior to the ratification of the strategy by the GM Health & Social Care Strategic Partnership Board.

8.2.1 People powered changes in health and behaviour

Asset based approaches allow wider community assets to be utlilised, engaging citizens in non traditional ways and setting, making the most of peer support and other techniques. Embedding asset based approaches is essential to the delivery of the primary care strategy in Greater Manchester.

Through the Integrated Care Pioneer Programme the H&SC partnership secured resource to develop an asset based primary care (pilot) training programme.

Skills for Health and Skills for Care worked with the H&SC Partnership to develop the training package for the primary care workforce, designed to provide a ‘bottom up’ solution for embedding asset based approaches across GM.

The learning objectives included:

- To understand the benefits of asset based approaches to people in communities.
- To introduce the concept of asset based approaches
- To reflect on the implications of asset based approaches on your own work.
- To begin to map local assets.

- To understand how to have asset based conversations.
- To make a commitment to making a change

The training was made available for up to 5 localities, with the option for delivery over 2 half days or 1 full day. Each session was delivered in a community setting and commenced in March 2016.

External evaluation is currently underway to assess attitudinal shifts and changes in behaviour. Early feedback showed that 94% of attendees would recommend the training to colleagues and 85% said that the training had increased their knowledge/understanding of asset based approaches.

8.2.2 Population based models of care

Localities were invited to put forward proposals to test the implementation of integrated care models, serving neighbourhoods of 30 – 50k people. A key part of the work is the opportunity to develop models for primary care to work at scale across these neighbourhood footprints. To be an early adopter, localities needed to demonstrate:

- Their plans for Primary Care are fully compliant with the wider strategic developments in their local area, e.g. Vanguards, ICO developments, other initiatives
- That the proposals would serve a recognisable community of service users, meeting the criteria of circa 30-50k population
- The support of the host CCG and delivery partners
- How the proposal will act as a building block towards the delivery of integrated care and how this will develop over time
- The practical benefits of the initial and subsequent phases of the proposal

A workshop for ‘delivering primary care at scale’ took place in January 2016. The event aimed to understand the state of readiness of each locality for implementing new ways of working across Greater Manchester. Locality ‘surgeries’ have since taken place in each area to discuss/confirm plans for implementing primary care at scale.

8.2.3 Inter professional working

The Primary Care Advisory Group has been established to advise the strategic partnership board of the views and abilities of the primary care providers with a unified voice. The group will act as an interface between the strategic partnership board and the four discipline specific advisory groups (GP, dental, optometry, and pharmacy), facilitating two way communication and stimulating and engaging provider colleagues.

The Primary Care Advisory Group will lead on key projects, the first of which will be the creation of primary care standards for dental, optometry and pharmacy. These will complement the Primary Care Medical Standards which have already been created.

8.2.4 Consistently high quality care

By December 2015 there were 35 general practice sites offering 7 day access across GM. Morse sites are planned for 2016/17, providing a full range of primary care services during extended hours, which will include diagnostic, nursing and assistant practitioners, pharmacists, optometrists and dentists.

Work has commenced to develop an implementation framework for the GM Primary Care Medical Standards. The framework will support implementation by providing best practice guidance and case study examples. Relevant 2016/17 GMS contract changes will be included, where applicable. This will be completed in Q1 2016/17.

8.2.5 Workforce

The first of three workforce visioning events has taken place. The aim of these events is gain a shared understanding of current and future drivers to transform workforce, recognition of the collective responsibility to ensure the workforce is fit for purpose, identification of stakeholders, identification of local opportunities across GM for workforce transformation and to develop a GM workforce visioning strategy for Primary Care.

The event was attended by a range of stakeholders across GM including CCG primary care leads, workforce leads, primary care providers, local authority and public health colleagues.

The second event is due to take place in June, with a third scheduled for September 2016.

Appendix 1- Table showing Direct Commissioning Spend

	Plan £000k	Actual £000k	Var £000k	Var %	RAG	Prior Month £000k	Change £000k
Primary Care							
Grma Non Hq Property Services Costs	21,603	20,203	1,400	6.5%	A	21,603	1,400
General Practice	285,151	280,176	4,975	1.7%	G	277,875	-2,301
Dental Practice	135,109	131,841	3,268	2.4%	G	131,880	39
Ophthalmic Contracts	30,572	31,697	-1,125	-3.7%	G	30,463	-1,234
Pharmacy Contracts	96,104	93,910	2,194	2.3%	G	93,124	-786
Primary Care IT	1,505	916	589	39.1%	A	988	72
Appraisal & Revalidation	1,947	1,909	38	2.0%	G	1,897	-12
GRMA Prime Ministers Challenge Fund	9,017	9,017	0	0.0%	G	8,517	-500
Total Primary Care	581,008	569,669	11,339	2.0%	G	566,348	-3,321
Child Health							
Health Visiting	23,274	22,158	1,116	4.8%	G	22,405	247
Breast Feeding Support	422	0	422	100.0%	G	422	422
Family Nurse Partnership	2,135	2,135	0	0.0%	G	2,135	0
Child Health Information System	2,567	2,905	-338	-13.2%	A	2,567	-338
Total Child Health	28,397	27,198	1,200	4.2%	G	27,529	331
Screening							
Diabetic Retinopathy	4,756	4,667	89	1.9%	G	4,908	241
Antenatal & Newborn Screening	0	312	-312	0.0%	G	0	-312
Grma Abdominal Aortic Aneurysm (Aaa)	436	436	0	0.0%	G	436	0
Grma Non Cancer Screening Other	180	180	0	0.0%	G	180	0
Breast Screening	7,248	7,317	-69	-1.0%	G	7,248	-69
Cervical Screening	2,826	2,703	123	4.4%	G	2,576	-127
Bowel Screening	5,355	5,274	81	1.5%	G	5,257	-17
Total Screening	20,801	20,889	-88	-0.4%	G	20,605	-284
Immunisation & Health Promotion							
Grma Childhood Imms Programmes	6,112	3,948	2,164	35.4%	A	5,539	1,591
Grma Flu Vaccination - Adult	150	461	-311	-207.3%	R	500	39
Pneumococcal Vaccination	4,949	5,166	-217	-4.4%	G	5,283	117
Grma Hpv & Imms Programmes	180	300	-120	-66.6%	R	188	-112
Grma Immunisations & Vaccincations Other	1,336	1,644	-308	-23.0%	A	1,369	-275
Grma Flu Vaccination - Children	1,083	752	331	30.6%	A	743	-9
Total Immunisation & Health Promotion	13,811	12,271	1,540	11.1%	A	13,623	1,352
Community & Secondary Dental							
Community Dental	12,501	12,443	58	0.5%	G	12,501	58
Secondary Care Dental	35,587	32,768	2,819	7.9%	G	32,087	-681
Total Community & Secondary Dental	48,088	45,211	2,877	6.0%	G	44,588	-623
TOTAL	692,105	675,238	16,867	2.4%	G	672,693	-2,545
Planned Surplus			22,833				
Month 12 Underspend			39,700				
Surplus above Plan			16,867				

Tobacco Control Strategy

Bury

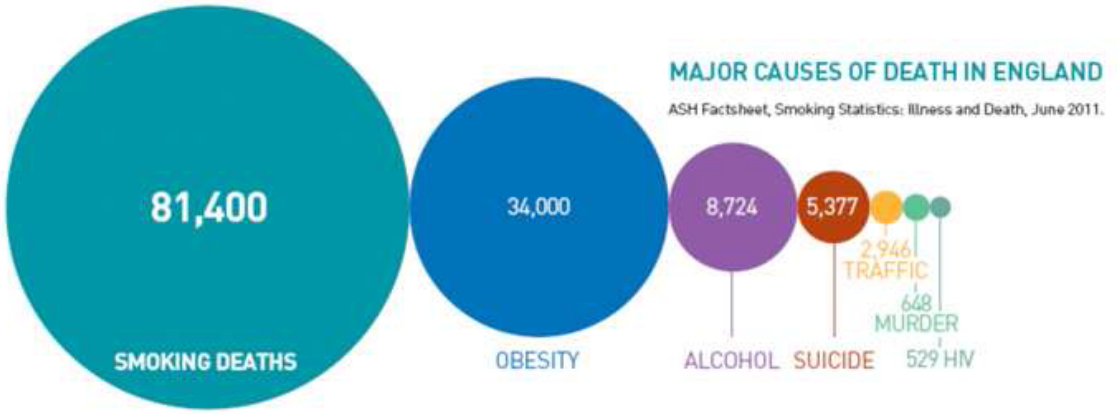
Annual Report

Apr 2015- Mar 2016

Introduction

The purpose of this paper is to brief the Health and Wellbeing board on the progress made in relation to the Bury tobacco strategy.

It is clear that smoking still kills. No one can say that the job of tobacco control is done when millions of smokers in England face the risks of smoking-related illness and premature death, hundreds of young people start smoking every day, and smoking remains the principal cause of health inequalities. We have a duty to our children to protect them from an addiction that takes hold of most smokers when they are young. To meet this duty, we must sustain and renew our collective effort to tackle smoking and drive down smoking prevalence at an even faster rate.



1. *The chart above highlights the impact that smoking has on morbidity, and the necessity for continued investment in tobacco control work*

National Picture

The Tobacco plan for England set a national ambition to reduce smoking prevalence among adults in England to 18.5 per cent and among 15 year olds to 12 per cent by the end of 2015. In addition, the aim is to reduce rates of smoking in pregnancy to 11 per cent or below.

Key National policy developments and legislative change

During 2015 there were a number of positive developments with new policy developments which have supported the drive to reduce smoking rates within the UK. The focus of the changes is to break the intergenerational cycle of young people taking up smoking.

March 2015: Standardised packaging regulations were passed in the House of Commons by 367 votes to 113. They are also agreed in the House of Lords and the legislation will come into force from May 2016.

April 2015: A ban on displaying tobacco in small shops comes into force throughout the UK. This completes implementation of the regulations that were initially brought in for large shops in 2012.

August 2015: Public Health England publishes major review of the evidence on electronic cigarettes concluding that they are significantly less harmful than smoking.

October 2015: Legislation comes into force in England and Wales banning smoking in cars with people under the age of 18 present.
Regulations come into force prohibiting the sale of electronic cigarettes to under 18s and the purchasing of tobacco or e-cigarettes by adults for children.
Expert testimony from Professor Hajek tells Welsh Assembly Members that e-cigarettes are unattractive to non-smokers and there's no evidence to suggest they are a gateway to smoking.

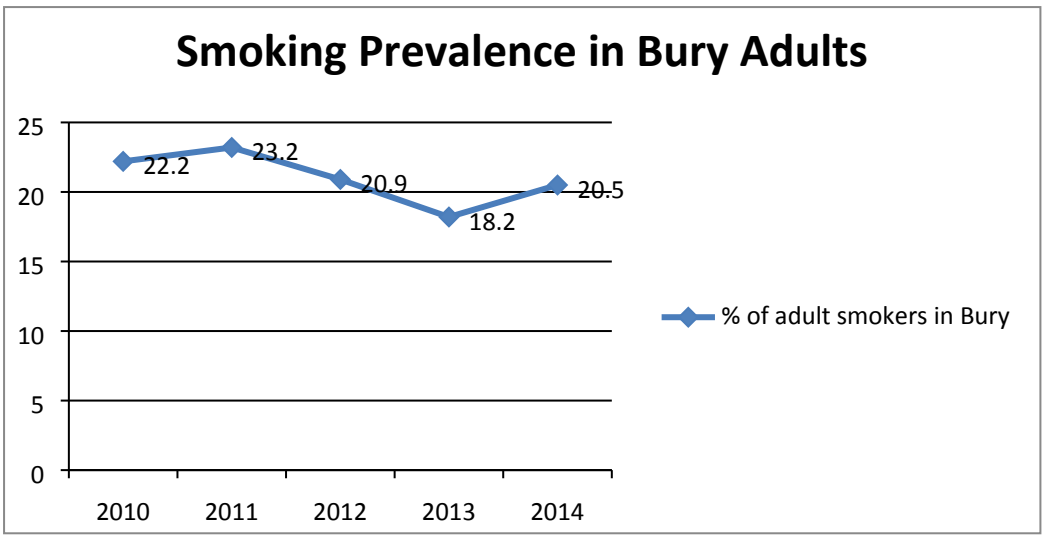
The Bury Picture

Smoking remains the biggest preventable cause of ill health and premature death in Bury, with tobacco costing the borough an estimated £52.4m (Tobacco Profiles).

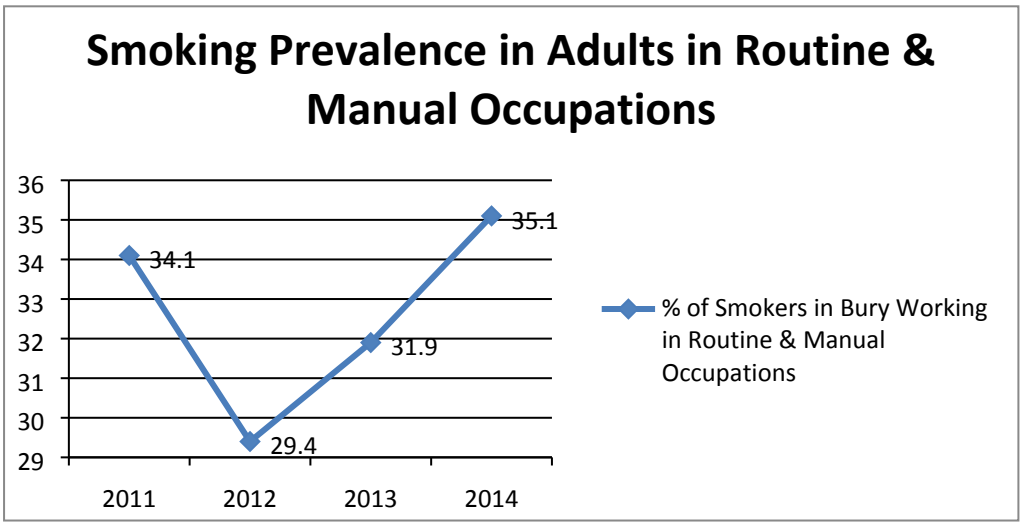
According to data taken from the tobacco profiles, from 2012-2014 smoking attributable deaths in Bury cost the lives of:

- 364 people from lung cancer
- 302 people from COPD
- 103 people from heart disease
- 40 people from stroke

As of 2014, the rate of smoking within Bury among adults over the age of 18 years is 20.5%. This represents an increase of 2.3 percentage points on the previous year.



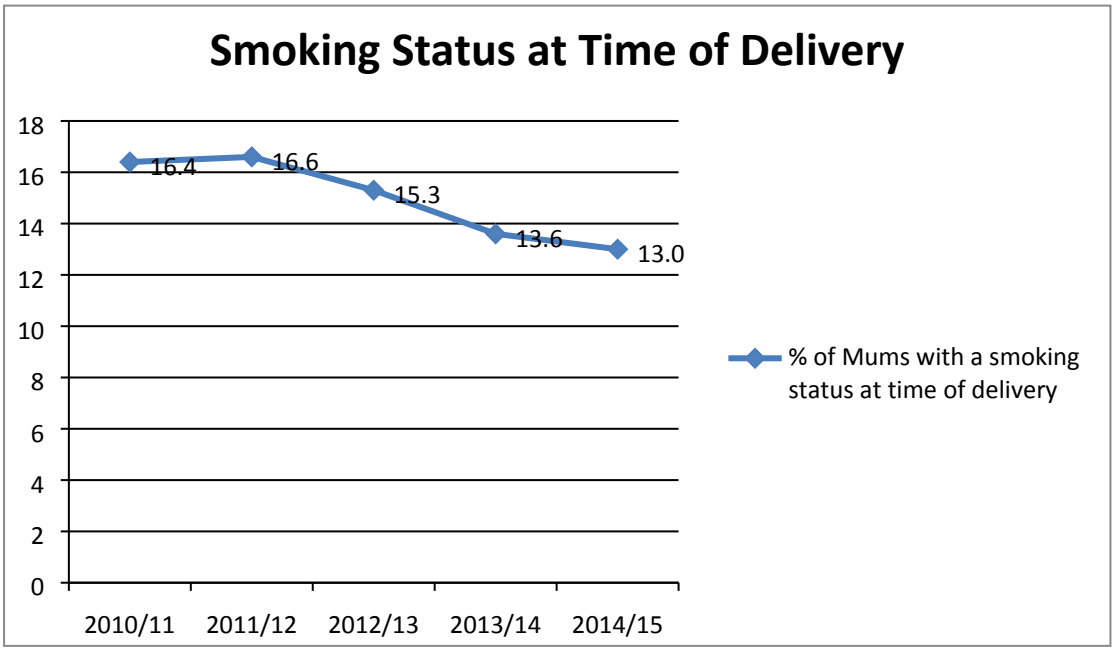
In the same period, smoking prevalence among those who work in routine and manual jobs was recorded at 35.1% an increase of 3.2%.



These figures highlight the concern that some Bury residents, including children and families, experience poorer health and other related harms such as deprivation and poverty due to the rate of smoking.

According to the WAY survey (2014/15), 8.7% of 15yr olds in Bury were reported as smoking tobacco which is a positive indicator, although the results must be treated with caution.

In 2014/15, the rate of smoking for pregnant mums, as recorded at the time of delivery is 13%, down from 13.6% the previous year. Again, this is a positive trend however there remains much work to do. The average smoking rate for pregnant mums is 11.4% for England and 14.7% in the North West.



The work being undertaken in Bury

The current strategy for tobacco control in Bury aims to reduce the prevalence of smoking year on year by:

- Enabling smokers in Bury who want to quit, being able to quit with the right support.
- Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.
- Protecting children, families and communities from the effects of secondhand smoke.
- Communication/public health campaigns.

In Bury, work has been undertaken around 4 key areas.

Objective 1. Enabling smokers in Bury who want to quit, being able to quit with the right support.

Stop Smoking Services

In 2014/5, 429 people are recorded as successfully achieving a 4 week quit; this is down from 445 the previous year. 365 CO validated quits were recorded in the same period, against 398 in 2013/14. During this period, 62% of Bury residents who set a quit date achieved a successful 4 week quit demonstrating that the services in Bury are effective at providing stop smoking support. However, the issue in Bury relates to the 'reach' of services in being able to recruit the necessary numbers of smokers into stop smoking support.

Next Steps

Work must be undertaken to increase the number of people achieving a quit. The number of people identified as having a smoking status and accessing stop smoking support must be prioritized by developing links and referral pathways with wider service networks e.g. CMHT, GP's. The use of GP practice records of smoking status of patients must be explored as this would afford the opportunity target support directly to smokers in Bury The message that any contact with a Bury resident is an opportunity to have a conversation about smoking status must be shared with other services. The promotion of the free online NCSCT Very Brief Advice (VBA) training to practitioners is key to empowering professionals to 'Ask, Advise & Act' around smoking status, and broadening the network of stop smoking services.

Mental Health Pilot Scheme

In November 2015 a pilot scheme was undertaken in collaboration between Bury Lifestyle Stop Smoking Service and Bury CCG to systematically identify clients on the long term register who were diagnosed as having a severe and enduring mental health condition and a smoking status. This was carried out with 9 GP practices, with clients being written to by their GP stating that they had been identified as potentially benefitting from accessing the stop smoking service. At the time of completing this report, data was not available to report

on the efficacy of the pilot. However, the staff involved in the pilot have reported that the uptake of clients contacted during the scheme was very low.

Next Steps

Joint working will be undertaken with Bury CCG building on the MH pilot carried out in 2015 to systematically target populations within Bury e.g. GP registers of smokers. Data has been requested from CCG and a meeting is in the process of being set up to appraise the scheme and understand how the pilot can inform some effective work in 2016.

Routine & manual workers

No specific project work was undertaken with this cohort in 2015. Targeted work is planned in 2016 in collaboration with *Working Well Bury* in order to identify and access businesses in Bury and provide stop smoking support.
During 2015, 160 people classified as RMW set a quit date with the Stop Smoking Service with 113 successfully quitting (70% conversion). Moving forward it is imperative that this cohort is addressed by smoking cessation services in Bury.

Next Steps

Businesses within the routine and manual sector will be identified and offered targeted support in quitting tobacco. *Working Well Bury* have over 100 contacts within Bury businesses which will provide good leads in gaining access to workforces.
The healthy workplace charter will support settings based approaches to delivering tobacco control initiatives within this cohort.

Smoking in Pregnancy

Smoking in pregnancy not only harms the mum and the baby, but also potentially other children in the household, particularly toddlers, and it means that money spent on cigarettes may be stretching household budgets even more.

Pregnant women need extra specialist support to quit during pregnancy because the risk of harm from smoking including complications during pregnancy and the baby being born too small (with low birth weight) and too early (prematurely, before 37 weeks). In addition, low birth weight has been associated with coronary heart disease, type 2 diabetes, and being overweight in adulthood. Tobacco smoking has serious long-term health risks for both the women and their babies.

In 2014/15 smoking at time of delivery was recorded in 305 pregnancies in Bury (equating to 13%). In early 2016, a task & finish group was established to undertake targeted work in tackling smoking in pregnancy. The group has made some positive steps in identifying issues with some good outcomes e.g. ensuring all midwives have access to CO monitoring equipment.

Next Steps
The targeted work to address smoking in pregnancy will continue via the task and finish group in association with partners from Bolton FT, Pennine Acute, FNP, Childrens Centers, Bury SSS and the Health Visitors.

Probation Health Trainers

The Probation Health Trainer service was decommissioned at the end of 2014/15. This was in response to the Transforming Rehabilitation Strategy for Reform which led to the outsourcing of most of the Probation Service and Community Rehabilitation Companies (CRCs). With this in mind, CRCs have designed their service to be specific to need and includes intervention for example, to promote personal and behaviour change which would have resulted in a duplication of work (with the Probation Health Trainers). In addition, performance of the Probation Health Trainers was poor; although it was unclear as to whether this was a result of data recording issues or lack of activity. Furthermore, it was considered that mainstream services are available to all Bury residents via the Health Trainers within the Lifestyle service.

Next Steps

It will be prudent to explore options and ensure that pathways are developed with the existing Health Trainer Service.

E-Cigarette Update

According to the recent PHE paper, E-cigarettes: an evidence update (2015), some of the latest key messages around e-cigarettes are:

- Smokers who have tried other methods of quitting without success could be encouraged to try e-cigarettes (EC) to stop smoking and stop smoking services should support smokers using EC to quit by offering them behavioural support.

- There is no evidence that EC are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it. Despite some experimentation with EC among never smokers, EC are attracting very few people who have never smoked into regular EC use.

- Encouraging smokers who cannot or do not want to stop smoking to switch to EC could help reduce smoking related disease, death and health inequalities.

- EC's are 95% less harmful than smoking tobacco.

- EC's are not linked with any rise in young people smoking tobacco (Action on Smoking Health, 2015)

- Continued vigilance and research in this area are needed.

Next Steps

It is essential that research and advice around e-cigarettes is closely monitored on a local level and that the information is shared with local professionals and services.

Objective 2. Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.

Bury Trading Standards team receives intelligence from many sources on the availability of illicit tobacco products. During 2015 16,088 counterfeit cigarettes and 10.6kg of counterfeit/Non-UK duty paid hand-rolling tobacco was seized.

10 complaints were received in relation to underage tobacco sales, with 50 visits to premises being made, resulting in three written or verbal warnings being issued.
In the same period, 2 complaints were received regarding underage sales of nicotine inhaling products resulting in 1 written or verbal warning being issued to a retailer.

Next Steps

Maintain the strong links with Bury Trading Standards team to ensure that the positive work to tackle sales of illicit tobacco and underage sales continues into 2016.

Objective 3. Protecting children, families and communities from the effects of secondhand smoke.

During 2015, all school nurses received training in smoking cessation from the Lifestyle Service Health Trainers on VBA (very brief advice). The bulk of the work carried out by school nurses' relating to tobacco is on a one to one basis in drop in sessions and when carrying out health assessments in schools and other settings. Precise detail on the number of interventions delivered by the school nurses is pending an update from their performance department. No specific projects or group work to tackle tobacco was undertaken during 2015 by the School Nurse team.

Operation Smokestorm is an internet based educational programme which teaches not only about the health harms of tobacco, but also the ethical issues such as the child labour associated with illicit tobacco, and the way products are marketed by tobacco companies. Following the Public Health funded pilot in 2014, there was a failure to evaluate the scheme and funding was not continued into 2015. Although schools reported that the scheme was positive, they were unable to self fund and this piece of work was not taken forward however the option remains to revisit this scheme.

In addition, the peer support/education program within schools, led by the Childrens Trust, ended and was not continued into 2015.

Next Steps

Moving forward, work with children relating to tobacco is key to breaking the intergenerational cycle and this must be a priority. The national evidence is that creating smoke free norms has the biggest impact on reducing the uptake of tobacco smoking; therefore the Healthy schools programme will offer a platform for future tobacco control work to do this, underpinned by settings based approaches. Options to work collaboratively with the Childrens Trust will also be explored.

Objective 4. Communications

Stoptober

The campaign was supported locally with 813 Sign ups recorded for the Bury area compared to 730 the previous year. This is a significant increase and demonstrates that the campaign does generate interest within the community.

During the month of Stoptober, the Lifestyle Service staff held promotional stalls at:

- Bury College
- Bury Light Night
- Aldi Supermarket (Whitefield)
- Tesco Supermarket (Prestwich)

Locally, social media was used to amplify information and to encourage sign up to Stoptober.
Although there were 813 registrations of interest there is a lack of information regarding how/when or if people who registered, were followed up in order to understand whether they had achieved a 4 week quit or require further support. In addition, looking at the quarterly returns for the Lifestyle Service Stop Smoking team, there wasn't a significant increase in numbers of people setting a quit date with the service or successfully quitting during or immediately after Stoptober. This suggests that there is a future piece of work to understand how the leads/interest generated by Stoptober can be used by the SSS to recruit new clients into the service.

National No Smoking Day

The theme for 2015 was 'Proud to be a quitter'. Staff from The Lifestyle Service attended stalls at Asda Radcliffe and Bury Market where brief advice and signposting to the Stop Smoking Service was provided. Social media was used to promote the campaign and share facts and tips. In future, a recording mechanism needs to be in place so that the efficacy of such work can be assessed and a decision made on the level of resource we put into such activities, especially as services are stretched at present.

Next Steps

There are plans to amplify 2 National tobacco control campaigns for 2016. They are:

No Smoking Day (March)
Stoptober (October)

The events will be used to promote tobacco control locally and raise awareness of the associated harms, and to reduce smoking prevalence in Bury.

Conclusion

In summary, there is promising work being undertaken in Bury with a positive impact on smoking behaviors in some groups e.g. Smoking in Pregnancy. However, the challenge is to develop a greater reach and ensure that more people make the decision to quit and access stop smoking support. Collaborative work must be undertaken to systematically identify more smokers e.g. using GP registers, targeting routine and manual workplace settings and linking with Mental Health Services to ensure that smoking rates reduce, thus tackling a major cause of inequality in the borough. The other key area is to develop education based programs to break the intergenerational cycle of young people taking up smoking.

Bury Health and Wellbeing Board

Title of the Report	Tobacco Control Strategy
Date	21.07.16
Contact Officer	James Corner
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information x	Discussion	Decision ☐
Why is this report being brought to the Board?	To provide an update on progress made against the Bury tobacco strategy		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Our Vision Priorities and Principles for Hea  Refreshed HWB Strategy.pdf			
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			
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.			
What requirement is there for internal or external communication around this area?			
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.	

2. Introduction / Background

The purpose of this paper is to brief the Health and Wellbeing board on the progress made in relation to the Bury tobacco strategy for the period Apr 2015 - Mar 2016.

3. key issues for the Board to Consider

The current situation in terms of tobacco control within Bury

4. Recommendations for action

To accept the contents of the report as a true and accurate reflection of the current situation in Bury

5. Financial and legal implications (if any)
If necessary please seek 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. Please attach the completed Equality and Analysis Form if required.

CONTACT DETAILS:

Contact Officer: **James Corner**

Telephone number: **0161 253 6009**

E-mail address: **j.corner@bury.gov.uk**

Date: **07/07/16**

Agenda Item 9

Bury Health and Wellbeing Board

Title of the Report	Health and Wellbeing Annual Report 2015-16
Date	21st July 2016
Contact Officer	Heather Crozier
HWB Lead in this area	Councillor Trevor Holt (Chair)

1. Executive Summary

Is this report for?	Information ☐	Discussion ☐	Decision ■
Why is this report being brought to the Board?	The Health and Wellbeing Annual Report is being brought to the Board for decision. The report covers Bury's Health and Wellbeing Board for the period from April 2015 to March 2016.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Our Vision Priorities and Principles for Hea  Refreshed HWB Strategy.pdf	The Health and Wellbeing Annual Report relates to all priorities.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to.	This report relates to all Joint Strategic Needs Assessment 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.	The report is for decision therefore the Board is requested to note its content and agree that it is a true record of Bury's Health and Wellbeing Board for the period from April 2015 to March 2016.		
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 Council/meeting of the CCG Board/other stakeholders....please provide details.	<u>Bury Council</u> • 11/07/2016- Department for Communities & Wellbeing Management Board • 11/07/2016- Senior Leadership Team (SLT)		

2. Introduction / Background

The Health and Wellbeing Annual Report is an overview of the Health and wellbeing Board from the period April 2015 – March 2016.

The Health and Wellbeing Board are requested to approve the annual report.

3. key issues for the Board to Consider

The Board is asked to consider if the report accurately reflects its key achievements, challenges and activities from April 2015 – March 2016.

4. Recommendations for action

The Board needs to consider the content of the report and agree it as a true reflection of the Health and Wellbeing Board from the period April 2015 – March 2016.

5. Financial and legal implications (if any) If necessary please seek 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. Please attach the completed Equality and Analysis Form if required.

None

CONTACT DETAILS:

Contact Officer: Heather Crozier

Telephone number: 0161 253 6684

E-mail address: H.Crozier@bury.gov.uk

Date: 21.07.2016

Bury Health and Wellbeing Board

Annual Report for 2015/16

Our Vision, Priorities and Principles for Health and Wellbeing in Bury

2015–2018

Team Bury
Working Together For A Better Bury

Bury Health and Wellbeing Board
Annual Report for 2015-16

Contents

1. Introduction

It gives me great joy to introduce the annual report of Bury's Health and Wellbeing Board covering the period from April 2015 to March 2016.

I have recently taken on the role of Chair for the Health and Wellbeing Board. On behalf of everyone involved with the Health and Wellbeing Board, I would like to thank the previous Chair, Councillor Andrea Simpson, for her direction and commitment in helping the Board to develop and grow.

2015-16 has been an exciting year for the board, a number of key improvements are:

- Strengthened governance arrangements for the Health and Wellbeing Board and Health and Wellbeing Strategy
- Developed the performance framework to support the Health and Wellbeing Strategy
- Identified leads for each priority area that are now responsible for successful delivery of the priority.
- In order to help people know about and understand work of the Health and Wellbeing Board we have developed:
    - A plan on a page
    - A Health and Wellbeing Board Section on the Bury Directory
    - Business Cards
- The membership has been expanded to include greater Elected Member presence on the board and welcome Greater Manchester Fire and Rescue Service as a member of the Board
- There has been a continued programme of Member and Chair development sessions
- The Board has overseen the development and creation of:
    - The new Joint Strategic Needs Assessment (JSNA)
    - The Bury Directory and its recent upgrades to the site
- We have embedded work of Greater Manchester Devolution and included this as a standing item on meeting agendas
- Signed off the Better Care Fund (BCF), Bury Locality and Pharmaceutical Needs Assessment (PNA)

We are looking forward to working on the key objectives for 2016-17.

Councillor Trevor Holt
Chair of Health and Wellbeing Board

2. Background to the Health and Wellbeing Board

2.1 Team Bury

Team Bury is Bury's local strategic partnership – a network of geographic and thematic partnerships across the Borough which involves the public, private and voluntary sectors. The network of partnerships is focused on improving the quality of life for the people of the Borough.

Team Bury has three priorities:

- Health and Wellbeing
- Stronger Safer Communities
- Stronger Economy

The Health and Wellbeing Board has responsibility for the delivery of the Health and Wellbeing, Team Bury priority.

2.2 Bury Health and Wellbeing Board

The Bury Health and Wellbeing Board is a statutory committee of Bury Council and brings together senior leaders from across Bury Council and the NHS with Elected Members, Healthwatch, Greater Manchester Police, Greater Manchester Fire and Rescue and representatives from the community and voluntary sectors – to set out a vision for improving health and wellbeing in the Borough.

The Health and Wellbeing Board supports and encourages partnership arrangements to ensure that services are effectively commissioned and delivered across the NHS, social care, public health and other services. Its main purpose is to ensure improved health and wellbeing outcomes for the whole population of Bury.

> Bury's Health and Wellbeing Board's Vision:
> "Improve health and wellbeing through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life"

Between April 2015 and March 2016, Bury's Health and Wellbeing Board had the following members:

Chair	• Cllr Andrea Simpson, Cabinet Member for Health and Wellbeing
Vice Chair	• Pat Jones-Greenhalgh, Executive Director for Communities and Wellbeing
Elected Members	• Cabinet Member for Finance and Housing • Cabinet Member for Children and Young People • Shadow Cabinet Member for Health and Wellbeing
Local Authority	• Executive Director for Children, Young People and Culture • Director of Public Health
Partners	• Chair Bury CCG • Chief Operating Officer, Bury CCG • Health Watch • Third Sector • GM Police • GM Fire and Rescue
Other	• Policy Lead • Democratic Services Officer • Assistant Improvement Advisor

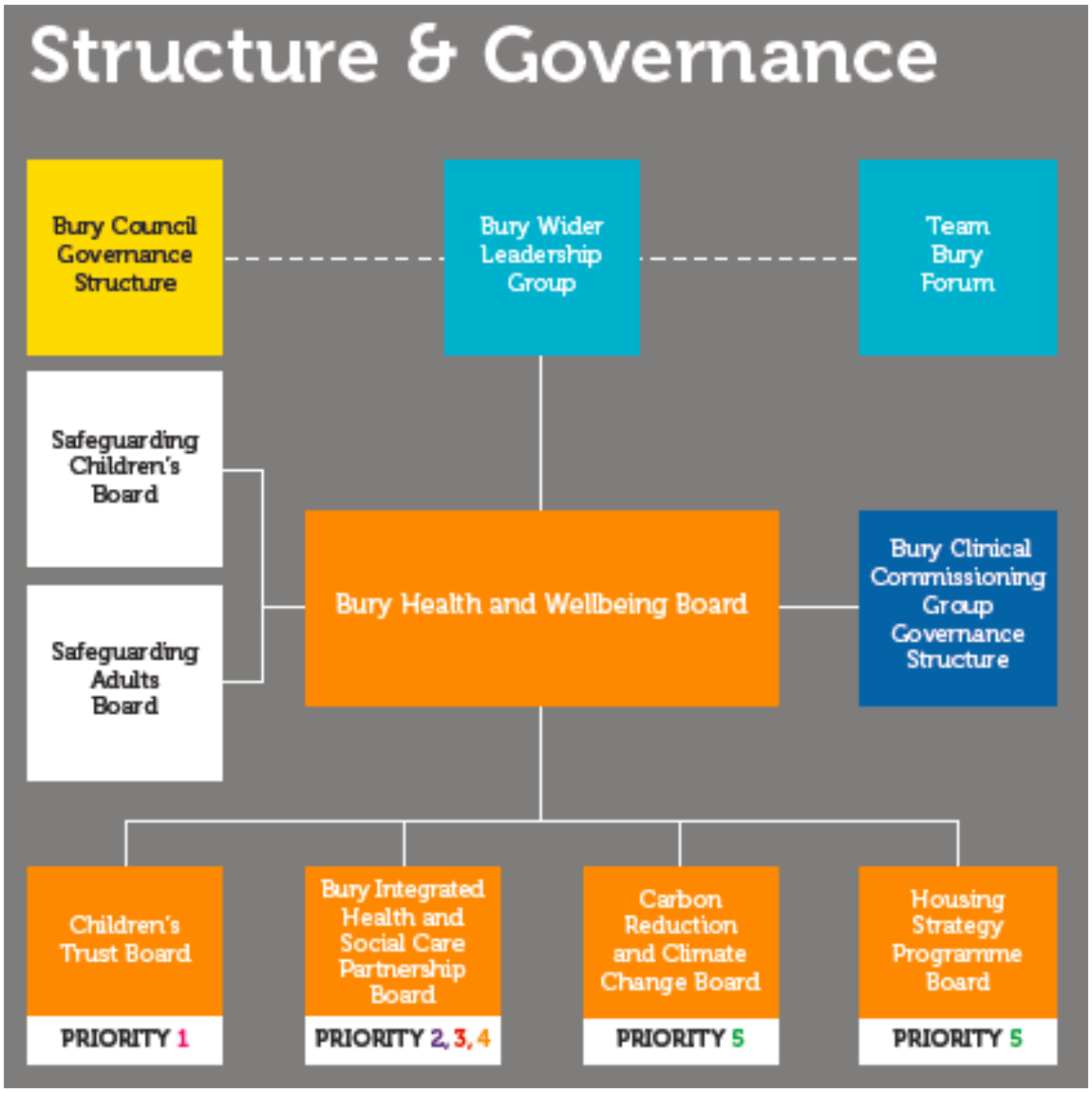
2.3 Functions of the Board

Health and Wellbeing Boards have a number of core responsibilities in relation to health, public health and social care. These include:

- strategic influence over commissioning decisions
- bring together clinical commissioning groups (CCGs) and councils to developed a shared understanding of communities' health and wellbeing needs
- lead the preparation of a Joint Strategic Needs Assessment (JSNA)
- develop a health and wellbeing strategy to address needs identified in the JSNA including recommendations for joint commissioning
- drive local commissioning of health care, social care and public health
- consider and contribute to debate about issues which affect health and wellbeing, such as housing and education services
- overseeing the production of Pharmaceutical Needs Assessment
- contributing to and approving the Better Care Fund
- overseeing the development of the Joint Strategic Needs Assessment

2.4 Structure and governance

The structure and governance has been finalised for the Health and Wellbeing Strategy and sub groups have been assigned to oversee the successful delivery of each priority.



2.5 Health and Wellbeing Board Strategy

The Health and Wellbeing Board has a duty to ensure effective delivery of the Health and Wellbeing Strategy.

The Priorities are:

- Priority 1 – Starting well
- Priority 2 – Living well
- Priority 3 – Living well with a long term condition or as a carer
- Priority 4 – Ageing well
- Priority 5 – Healthy Places

Progress updates are provided on a six monthly basis for all priority areas to demonstrate progress.

3. Activities and Achievements

3.1 Strengthened governance arrangements for the Health and Wellbeing Board and Health and Wellbeing Strategy

The Health and Wellbeing Board is a statutory committee of the Council and is subject to the same requirements of openness and transparency as other Council committees.

The governance for the Health and Wellbeing Board are now finalised and the subgroups responsible for the successful delivery of the priorities provide their minutes to the Health and Wellbeing Board.

The governance for the Health and Wellbeing Strategy is now finalised and the subgroups provide an update every six months on the delivery of the priorities.

3.2 Developed the performance framework to support the Health and Wellbeing Strategy

The performance for the monitoring of the priorities has been looked at in detail and the subgroups responsible for the priorities have taken ownership of their performance

3.3 Identified sub groups for each priority area that are now responsible for successful delivery of each priority.

- Priority 1 – Starting Well Children's Trust Board
- Priority 2 Living Well Bury Integrated Health and Social Care Partnership Board
- Priority 3 Living Well with a Long Term Condition or as a carer Bury Integrated Health and Social Care Partnership Board
- Priority 4 Ageing Well Bury Integrated Health and Social Care Partnership Board
- Priority 5 Healthy Places
- Housing Strategy Programme Board and Carbon Reduction and Climate Change Board

3.4 In order to help people know about and understand work of the Health and Wellbeing Board, the following developments have been made:

- A plan on a page:
  - This explains how the Health and Wellbeing Board aligns with Team Bury
  - The Vision, Priorities and Principles for the Health and Wellbeing Board
  - Functions of the Health and Wellbeing Board
  - Health and Wellbeing Board Membership
  - One page summary of the Health & Wellbeing Strategy
  - The structure and governance of the Health and Wellbeing Board and Strategy

- A Health and Wellbeing Board Section on the Bury Directory
  - This has a shortened URL www.theburydirectory.co.uk/healthandwellbeingboard
  - This contains pages promoting the work and membership of the board

- Created Business Cards
  - This shows the vision, principles and website link for the Board

3.5 Membership

The membership has been expanded to include:

- Greater Elected Member presence on the board
- Greater Manchester Fire and Rescue Service

3.6 Member and Board development

There has been a continued programme of Member and Chair development sessions. This included a member development day in March 2016 where the Board successfully completed the Royal Society of Public Health – Understanding Health Improvement, Level 2 Qualification, themed member development sessions prior to each Board meeting and three Chair development sessions.

3.7 The Board has successfully overseen the development and/or signed off:

- The new Bury Joint Strategic Needs Assessment (JSNA)
- The Refreshed Health & Wellbeing Strategy for Bury
- The Bury Directory and its recent upgrades to the site
- The work of Greater Manchester Devolution
- The Better Care Fund (BCF)
- Bury Locality Plan
- Pharmaceutical Needs Assessment (PNA)
- Health & Wellbeing Board Annual Report 2014/15
- Director Of Public Health's Report for 2014/15
- The Better Care Fund Quarterly performance reporting
- Quarterly NHS England Commissioning Reports
- Greater Manchester Primary Care Strategy – NHS England
- Development of a Single commissioning unit

3.8 Matters brought to and considered by the Board during the year included split by Health & Wellbeing Strategy Priority Areas:

Linked to Priority 1- Starting Well:

- Child Death Overview Panel Report
- Children's Services Devolution update
- Annual Safeguarding Children's Report

Linked to Priority 2- Living Well:

- Director of Public Health Annual Report
- Physical Activity and Sport Strategy
- Domestic Abuse Strategy
- The new Healthy Lifestyle Service
- Drug & Alcohol Strategy
- Public Health Memorandum of Understanding

Linked to Priority 3- Living Well with a Long Term Condition or as a Carer:

- Greater Manchester Working Well Expansion
- Carers in Employment
- Presentation on the work of the AFN (Armed Forces Network)

Linked to Priority 4- Ageing Well:

- Annual Safeguarding Adults report

Linked to Priority 5- Healthy Places:

- Fuel Poverty and its effects presentation

4. Future Plans and Activities

In 2016-17, the Board will continue with its strategic role of influencing and leading delivery of health and social care in Bury. It will:

4.1 Further Develop the Health and Wellbeing Strategy:

- produce info graphics for the priority updates;
- have regular priority themed meetings;
- hold an event to help the Health and Wellbeing Strategy come alive by educating the Board on a detailed look at each priority;
- look at new ways of monitoring performance in an OBA method.

4.2 Governance:

- develop the membership to reflect the responsibilities for helping people to self-care
- work with the new chair to continuously develop the Health and Wellbeing Board
- to have representation from the Leader of the Council on the Health and Wellbeing Board.

4.3 Marketing and Communication:

- to distribute all Plans on a page and Business cards
- improve links with the wider community to promote the work of the Health and Wellbeing Board

4.4 Meetings:

- pre board member development sessions to be refined by having them dedicated to thematic groups and two away days
- develop the forward planner for 16/17
- including devolution as a standing item
- including communication and marketing as a standing item
- all items to align to the priorities

5. Executive Summary

Membership			
	Where have we come from (April 2014 – March 2015)	**Where are we now (April 2015 – March 2016)**	**Where we want to be (April 2016 – March 2017)**
Chair	• Cllr Rishi Shori, Cabinet Member for Health and Wellbeing	• Cllr Andrea Simpson, Cabinet Member for Health and Wellbeing	• Cllr Trevor Holt, Cabinet Member for Health and Wellbeing
Vice Chair	• Pat Jones-Greenhalgh, Executive Director for Communities and Wellbeing	• Pat Jones-Greenhalgh, Executive Director for Communities and Wellbeing	• Pat Jones-Greenhalgh, Executive Director for Communities and Wellbeing
Elected Members	• Deputy Cabinet Member for Healthier Living	• Cabinet Member for Finance and Housing • Cabinet Member for Children and Young People • Shadow Cabinet Member for Health and Wellbeing	• Leader of the Council (Business Engagement and Regeneration) • Cabinet Member for Children and Families • Shadow Cabinet Member for Health and Wellbeing
Local Authority	• Executive Director for Children, Young People and Culture • Director of Public Health	• Executive Director for Children, Young People and Culture • Director of Public Health	• Executive Director for Children, Young People and Culture • Director of Public Health
Partners	• Chair Bury CCG • Chief Operating Officer, Bury CCG • Health Watch • Third Sector • GM Police • NHS England	• Chair Bury CCG • Chief Operating Officer, Bury CCG • Health Watch • Third Sector • GM Police • GM Fire and Rescue	• Chair Bury CCG • Chief Operating Officer, Bury CCG • Health Watch • Third Sector • GM Police • GM Fire and Rescue
Other	• Policy Lead • Democratic Services Officer	• Policy Lead • Democratic Services Officer • Assistant Improvement Advisor	• Policy Lead • Democratic Services Officer • Assistant Improvement Advisor

Board Management

	Where have we come from (April 2014 – March 2015)	Where are we now (April 2015 – March 2016)	Where we want to be (April 2016 – March 2017)
Board Meetings	7 Meetings per year	7 Meetings per year	7 Meetings per year
Forward Planner	Introduced	Developed and split into key parts: - Interactive Discussion - Reports for Discussion - Reports for Decision - Reports for Information	Refined further to include: - Standing agenda items - Align all agenda items to priorities of the H&WB Strategy update per meeting
Meeting Scheduler	Introduces to include: - Agenda Set - Papers sent out - Member Development - Chair Development	Developed to include: - Member Development full days	Refined to include: - Pre populated themes for all member development sessions and full member development days
Chair Development Sessions	Introduced – 3 per year	Developed to evaluate progress of the Health and Wellbeing Board and set the future direction of travel – 3 per year	Refined to evaluate the progress of the Health and Wellbeing Board and set the future direction of travel – 3 per year
Member Development Sessions	Introduced – 7 per year prior to each Board Meeting	Developed to cover specific service areas – 7 per year prior to each board meeting	- Refined to become thematic based on the boards priorities – 7 per year prior to each board meeting
Member Development Days	Introduced – one per year	Developed to include Royal Society for Public Health (RSPH) Understanding Health Improvement, Level 2 qualification	Refined and will increase to two per year to include: - Market place to make the H&WB Strategy 'come alive' - Member Thematic Training

Health and Wellbeing Strategy			
	Where have we come from (April 2014 – March 2015)	**Where are we now (April 2015 – March 2016)**	**Where we want to be (April 2016 – March 2017)**
General	Refreshed H&WB Strategy priorities	Developed : - Governance arrangements - Performance indicators - Reporting back to the board on successful delivery of the strategy	Refined: - Governance arrangements - Performance indicators - Reporting back to the board on successful delivery of the strategy
Priorities	Refreshed priorities and developed a new priority – 'Healthy Places'	Ensure successful delivery of each priority area in Year 1 via a detailed workplan.	Ensure successful delivery of each priority area in Year 2 via a detailed workplan
Governance	Review of all governance arrangements relating to each priority area	Developed Governance Framework to establish HWB Board Sub groups responsible for the development of a detailed workplan for each priority area.	Refined Governance Framework for each priority area to identify governance for each subgroup and refined workplan so the the progress can be reported as a 'plan on a page' infographic
Performance	Refreshed measures on success using outcome based accountability framework	• Created Performance Dashboard • Developed Local Indicators	Outcome based accountability scorecard creared for each priority also included on the 'plan on a page' infographic
Leads	N/A	Identified priority leads responsible for the successful delivery of a priority	Priority leads responsible for annual progress update to the board (one priority per meeting)
Promotion of the Strategy	N/A	Indentified a 'plan on a page' to summarise the work of the board and strategy in one easy to read document	• Promote the plan on a page and progress to date of the strategy • Make the strategy 'come alive' by holding an event as one of the member development day

Work of the Board

	Where have we come from (April 2014 – March 2015)	Where are we now (April 2015 – March 2016)	Where we want to be (April 2016 – March 2017)
Led in the successful development of:	• Board Membership • Board Management • Member Development • Chair Development	• Refreshed Board Membership • Board Management • Member Development • Chair Development • Interactive JSNA • The Bury Directory	Continue: • To Refresh Board Membership • To update Board Management • Member Development • Chair Development • Further development of interactive JSNA • Further development of the Bury Directory
Overseen work areas relating the Health and Wellbeing Strategy	• Refreshed Health and Wellbeing Board Strategy	• **Starting Well** - Child Death Overview Panel Report - Children's Services Devolution update - Annual Safeguarding Children's Report • **Living Well** - Director of Public Health Annual Report 2014/15 - Physical Activity and Sport Strategy - Domestic Abuse Strategy - The new Healthy Lifestyle Service - Drug & Alcohol Strategy - Public Health Memorandum of Understanding • **Living Well with a Long Term Condition of as a Carer** - Greater Manchester Working Well Expansion - Carers in Employment - Presentation on the work of the AFN (Armed Forces Network) • **Ageing Well** - Annual Safeguarding Adults report • **Healthy Places** - Fuel Poverty and its effects presentation	• Continue to develop the work of the board in relation to the Health & Wellbeing Board Priority Areas
Thematic	• Integration of Health and Social Care	• Integrated of Health and Social Care • GM Devolution • Greater Manchester Primary Care Strategy – NHS England • Development of a Single commissioning unit	• Continue to develop the work of the board in relation to the Health & Wellbeing Board Thematic Areas
Signed off:	• The Better Care Fund • Pharmaceutical Needs Assessment	• The Better Care Fund • Pharmaceutical Needs Assessment • Locality Plan • Health & Wellbeing Board Annual Report 2014/15	• Continue to sign off: - The Better Care Fund - Pharmaceutical Needs Assessment - Locality Plan - Health & Wellbeing Board Annual Report 20115/16
Communication and Marketing	N/A	• Plan on a page produced for the board and strategy • Development of a Health and Wellbeing Board Webpage on The Bury Directory www.theburydirectory.co.uk/healthandwellbeingboard • Created Business Cards to promote the Board • Promote the Board and members at key events	• Raise profile of board members via members section of the website to include videos and member profiles • Develop the content of the website further • Engage communities in the work of the board • Continue to promote the board at events.

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Bury Health and Wellbeing Board

Title of the Report	Priority 1 Bi-Annual Progress Report
Date	21.07.2016
Contact Officer	Mark Carriline
HWB Lead in this area	Mark Carriline

1. Executive Summary

Is this report for?	Information	Discussion	Decision
		X	

Why is this report being brought to the Board?	At request of Board to update on progress against Priority 1
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 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) Bury JSNA - Final for HWBB 3.pdf	Children and Young 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.	For information
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.	Assurance & tracking is through the Children's Trust Board and Starting Well Partnership Board (under 5 health outcomes); SEND Implementation Group (responsible for SEND reforms) and CYP & Culture Management Team (Positive & Resilient Parenting and Narrow the Attainment Gap).

2. Introduction / Background

It has been agreed that the Children's Trust Board owns and oversees the successful delivery of Priority 1 of the Health & Wellbeing Strategy.

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.*"

In order to ensure effective governance and accountability for delivering priority 1, it was agreed that:

- The minutes from Children's Trust Board will be made available to the Health & Wellbeing Board and will be circulated for information on a regular basis. The Health & Wellbeing Board is a public meeting and therefore all documents are available to the public.

  Children's Trust Board minutes are attached to the agenda

- An executive summary of a work plan has been created detailing key work streams to deliver against each action of the priority and a set of local indicators developed to measure progress against the actions.

Priority 1 - Starting Well

On behalf of the Children's Trust Board

Action 1. Improve Health and Development Outcomes for Under 5's

A Higher Proportion of Children will be School Ready

Infant Mortality is increasing and is now **5.2%** in Bury

This is higher than our statistical neighbour average which is **4.2%**

Smoking status at time of delivery **13%**

This is better than our statistical neighbour average which is 16.4%

27% of 5 year olds in Bury show signs of dental decay

The rate is lower than the NW (33%)

but higher than England (25%).

Action 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

SEND Reforms Implemented

Achievements

Quality of EHCPs praised by Ofsted during Safeguarding Inspection with strong pupil and parent voice evident

High quality specialist provision including in post 16 through Elmsbank and Bury College, good adult care provision and good commissioned third sector provision

New Education Health Care Plans processed within statutory timescales **100% in 2015/16**

Areas for Development

Insufficient Social, Emotional and Mental Health provision leading to a large number of out of borough placements

More parent involvement is needed on the Special Educational Needs Panel

Action 3. Support Positive Resilient Parenting, Especially for Families in Challenging Circumstances

Fewer Children Making Repeat Entry into Social Care Systems
Children Move From Care into High Quality Permanence
Children in Care Stable Placements

The staying put policy is used well with 18 young people currently remaining with their foster carers

Care leavers spoken with by inspectors value the leaving care service and described different ways in which they have been supported

The local authority gives high priority to promoting permanence for all children and young people that is underpinned by an integrated strategy and clear routes to permanence

The emotional health and well-being coordinator supports all schools to improve teaching about bullying, transgender and any other relevant issues identified by schools

Action 4. Narrow the Attainment Gap Amongst Vulnerable Groups

Improvements in the differences in levels of educational attainment across the Borough and between groups

ATTAINMENT GAP (% achieving Level 4+ Reading, Writing and Maths)

These figures are based on the child's SEN (Special Educational Needs) Stage at the end of KS2 and show the gap between the results of children with SEN and those with no identified SEN

		2015	2014	2013	2012
ATTAINMENT GAP	LA	-46	-49	-57	-56
All SEN groups combined	National	-51	-52	-54	-55
	Difference	5	3	-3	-1

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Agenda Item 11

Bury Health and Wellbeing Board

Title of the Report	Healthwatch Bury CIC Annual Report 2015-16
Date	21st July 2016l
Contact Officer	Barbara Barlow
HWB Lead in this area	Barbara Barlow

1. Executive Summary

Is this report for?	Information ■	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	To inform the Health and Wellbeing Board of Healthwatch Bury's activities in the past year		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Our Vision Priorities and Principles for Hea  Refreshed HWB Strategy.pdf	A tenuous link to all priorities		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	Children and older 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.	For information only		
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		

2. Introduction / Background

For information

3. key issues for the Board to Consider

For information only

4. Recommendations for action

None

5. Financial and legal implications (if any) If necessary please seek 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. Please attach the completed Equality and Analysis Form if required.

None

CONTACT DETAILS:

Contact Officer: Barbara Barlow

Telephone number: 0161 253 6300

E-mail address: info@healthwatchbury.co.uk

Date: 12.07.16

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Healthwatch Bury

Annual Report 2015/16

Contents

Message from our Chair

Welcome to our Healthwatch Bury Annual Report (2015/16). We hope whether you are a consumer, commissioner or provider of services, this report will be of interest to you.

As I sat down to write this message, I paused to reflect, not only on the events which have taken place during the past financial year, but also to consider the challenges we face in the future.

It is my personal opinion that Healthwatch exists because the past systems have failed to take proper account of the experiences and comments made by the consumers of health and social care services. We need to influence the system by using 'actual experiences' both good and bad.

It is impossible to reliably make assumptions about what people want. The only way to discover the type of care people really want is to go out and engage with them.

As Chair, I represent Healthwatch on the Health and Wellbeing Board and whatever my personal views, it is my duty to speak on behalf of the people of Bury. Therefore, we need to gather evidence to identify consumer trends and specific issues in both health and social care and use the evidence to influence both local and regional policy.

A consultant from MIH Solutions, stated: "Successful engagement starts from the outset through to evaluation – a partnership." I couldn't agree more!

This year, we have made important connections with young people and this has widened our understanding of their experiences of health and gained us a new audience, especially with respect to mental health services.

2016-2017 will be an important year for the Greater Manchester Healthwatch network.

There are going to be major changes in the future, in order to help meet the challenges faced: increased cost of care and a growing demand for services, due to more people living longer.

It is, therefore, essential for us to engage with service users and unpaid carers across both health and social care and, in particular, to draw on intelligence from the many community groups which serve our population so ably and effectively.

Healthwatch has a **duty** to involve local people in both assessing the quality of services currently being provided and also to influence the way new services are designed for the future. It is the only way

to be certain that services fit the needs of the Bury population in the years to come.

It is my hope, and desire that as we move through the next financial year (2016/17), Healthwatch Bury will be in a much better position to amplify the voice of the consumer, (*including those who are rarely listened to)* ensuring that it is heard in all areas of the evolving 'Health and Social Care' system, both locally and in Greater Manchester, as discussions take place around the changes which will inevitably occur as part of the devolution process.

We already have independence and, with help from the general public, we can also influence, by drawing on both the positive or negative experiences of the people who are using the many different services currently being provided.

We shall measure our success by identifying changes brought about by our use of intelligence, highlighting priorities for future projects.

None of this would be possible without our hardworking staff who, although few in number, are always up for a challenge. To them, I would like to offer my thanks for the work they have done during the past year and for the future, "Keep calm and carry on the good work"!

Barbara J Barlow

The year at a glance

This year we've increased people on social media - in particular, Twitter by 50%

Our work has been seen as good practice

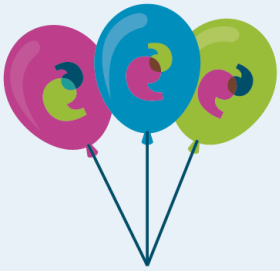
Outreach work has been appreciated+-

We've concentrated on over 65's, Children & Young People and those who are seldom heard

We've visited a number of local services

Our reports have tackled local and regional issues

We've met hundreds of local people at community events, drop in sessions and the Millgate Shopping Centre



Who we are

We exist to make health and social care services work for the people who use them. Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf to drive forward improvements. We are uniquely placed as part of a national network, with an independent local Healthwatch in every local authority area in England. Our role is to ensure that local decision makers put the experiences of people at the heart of their work. We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Our vision

Our vision is better health and social care services through public involvement.

Healthwatch Bury Guiding principles are:

- People First – We listen carefully to users of health and social care.
- Partnership – We work in partnership with other groups, seeking a stronger voice, together.
- Inclusion – We seek the views of those who are not often heard.
- Critical Friendship – We celebrate excellence; support service improvement and speak out on failings.

Our priorities for 2015 - 2016

- Meaningful engagement with young people
- Engagement activities for those service users whose voices may not be the loudest but whose individual needs should not be forgotten.
- Dental services for the disabled
- Speaking to people over 65
- Working with partners and stakeholders on a regular basis

Our Healthwatch Team (from left to right):

Annemari Poldkivi - Research and Public Participation Coordinator

Mafooz Bibi – Chief Officer

Andrea Wilson – Administrator and Social Media Coordinator

Sue Williams - Administrator and Social Media Coordinator

Listening to people who use health and care services

Patients are natural innovators and ill health brings with it both crisis and opportunity many have to rethink their lives and build new identities. This gives them the passion and empathy to come up with creative solutions to help others. They are able to see what needs to improve and provide innumerable ideas to make things better, often at very little cost. We need to tap into, and harness, those natural inputs.

Gathering experiences and understanding people's needs

Healthwatch Bury receives comments from the public, for example, "If I need an appointment at my surgery, I have to queue up from 8.30am and when it is my turn I am told all the appointments have gone for that day, so I shall have to return the next morning".

The comments will be put onto our database and at the end of the quarter, a report of all new comments will be sent out to service providers and also commissioners i.e. those who buy services.

If there are trends when we check the database and people have a concern about a service which they believe needs improving, we shall investigate further. If relevant, we shall write a report stating the outcomes of our investigation and make recommendations which we believe could improve the service. Service providers will then reply to our recommendations.

If you are a Bury resident, you are able to speak to us or complete the 'Your Voice' leaflet anonymously but if you would like a reply, you will need to give us your contact details.

If action is taken, it will be reported on the website, in the hope that more people will understand why they need to talk to us.

Healthwatch Bury has been actively gathering people's experiences by engaging with the local communities. We have been using various methods for doing that:

- Attending large community events
- Regular drop in sessions at the health centres
- Regular drop in sessions at Age UK Bury Jubilee Centre
- Drop in sessions at the local libraries
- Presentations to local community groups
- Presentations to local faith groups/churches
- Healthwatch Bury members meetings
- Via social media sites
- Via website
- Via newsletters and e-bulletins
- Joint events with Bury Diabetic Group
- Carrying out various surveys
- Devolution 'conversations' working in partnership with B3SDA

HW Bury team attended Prestwich Clough Day on 17th May 2015 – the team engaged with 80 people on the day.

Young people (under 21) and older people (over 65).

- Visiting Streetwise 2000 – engaged with 25 young people aged 16-25:
  - HW Bury gave a presentation on 17th February ’16 and asked young people to feed back about their experiences with the services.
  - We also held a conversation with Streetwise 2000 on 23rd February ’16 as part of Devolution Manchester engagement work to ask young people to talk about their own health and wellbeing.

- Held an NHS Constitution Workshop at Holy Cross College – engaged with 20 young people. HW Bury used a toolkit, containing new resources, to introduce and explore the NHS rights with young people.

- Attended Children’s Trust Emotional Health and Wellbeing Event on 4th November 2015 with HW Bury information stand and engaged with 55 people on the day.

- Regular drop in sessions at the Age UK Bury Jubilee Centre – 5 sessions held and engaged with 83 elderly people. Healthwatch team visited the centre on a regular basis to ensure that the elderly population have access to the Healthwatch service and are able to share their feedback about the local services.

- Supporting ‘Ambition for Ageing’ programme in Bury. HW Bury actively promoted the programme.

Meeting with Service Users and Staff at the Housing Link

It is difficult to imagine the needs of people who have to face difficult challenges in their lives, so we set up a meeting to find out the problems they face when accessing services.

The Housing Link is a progressive, locally based charity providing a quality range of services to single people from 16yrs of age upwards, who are homeless or threatened with homelessness.

There is a range of temporary accommodation and, in particular, 5 bed spaces to provide emergency accommodation on a night by night basis to young people referred from the Bury Metropolitan Borough Council.

It became clear that many of the service users have emotional issues or specific problems such as drug/alcohol misuse, dealing with abuse or mental health problems.

The discussions which took place were certainly informative and left us in a much better position to understand their particular need for many different support services to work together – a holistic approach which, for many, with the support of the staff, proves to be successful.

One lady told us, “I had to hobble around for several years because I was sent away when the hospital staff realised I had a mental health problem but later I was told my pain had been caused by a fractured heel.”

"Assessed initially in October but still waiting for something to happen in May."

"There seems less help for those who appear to need long term therapy."

"It would be useful for medical staff to listen to support workers when patients are being supported, as they see a more holistic picture and see people at all stages of their illness."

The support workers told us they struggle to access appointments for needy clients or when their mental condition deteriorates for a specific reason.

People you believe to be disadvantaged, seldom heard or vulnerable.

- Visited Eagles Wing – Asylum seekers and refugees' group – engaged with 16 people.
- Visited the service users who are recovering from substance misuse – engaged with 9 people.
- Visited a number of Black Minority Ethnic groups – engaged with 67 people. Attended the Health Awareness Day at Jinnah Day Care Centre, Aksa Homes Health and Wellbeing Bus.
- Visited Bury Carers Centre – 3 sessions held and engaged with 35 people.
- Tottington Library - gave a talk about Healthwatch Bury at a 'Piece of Mind Café' for dementia patients or their carers - engaged with 12 people.

Healthwatch Bury engaged with 665 people in 2015/16 through its public engagement.

The following 'conversations' were all part of GM Devolution engagement project, working in partnership with B3SDA. Discussions were held about self-care and wellbeing.

'Conversations' were held with:

- Communic8te – people who are deaf or have a hearing impairment – engaged with 11 people.
- Bury Society for the Blind – engaged with 11 people.
- The Housing Link – engaged with 5 people.
- BIG in Mental Health service users – engaged with 21 people.
- ADAB engaged with 20 people

People who live outside our area but use services within the area.

In Greater Manchester, people are encouraged to make contact with the Healthwatch in the area where they live, however, all the Healthwatch work closely with each other through the Greater Manchester Network, so relevant information is always passed on to colleagues; if necessary, anonymously.

In Bury, we are more likely to receive information, or to have a conversation about services, on market day when we have a presence in the Millgate Shopping Centre.

Giving people advice and information

Healthwatch Bury Health and Social Care Signposting Directory

Healthwatch Bury worked in partnership with Healthcare Publications who published the (signposting directory) in autumn 2015.

The directory contains information and contact details for the GP surgeries, pharmacies, dentists, opticians, care homes and other organisations in Bury. A copy is available in a paper format and has also been uploaded to the Healthwatch Bury website.

Healthwatch Bury Signposting and Information Service

The public are able to access the service via telephone, email, by submitting an online form, post and outreach events. Below is a breakdown showing how the public has accessed the service during the year 2015-16.

Type of contact:

Telephone 69%

Office 18%

Email 4%

Outreach 9%

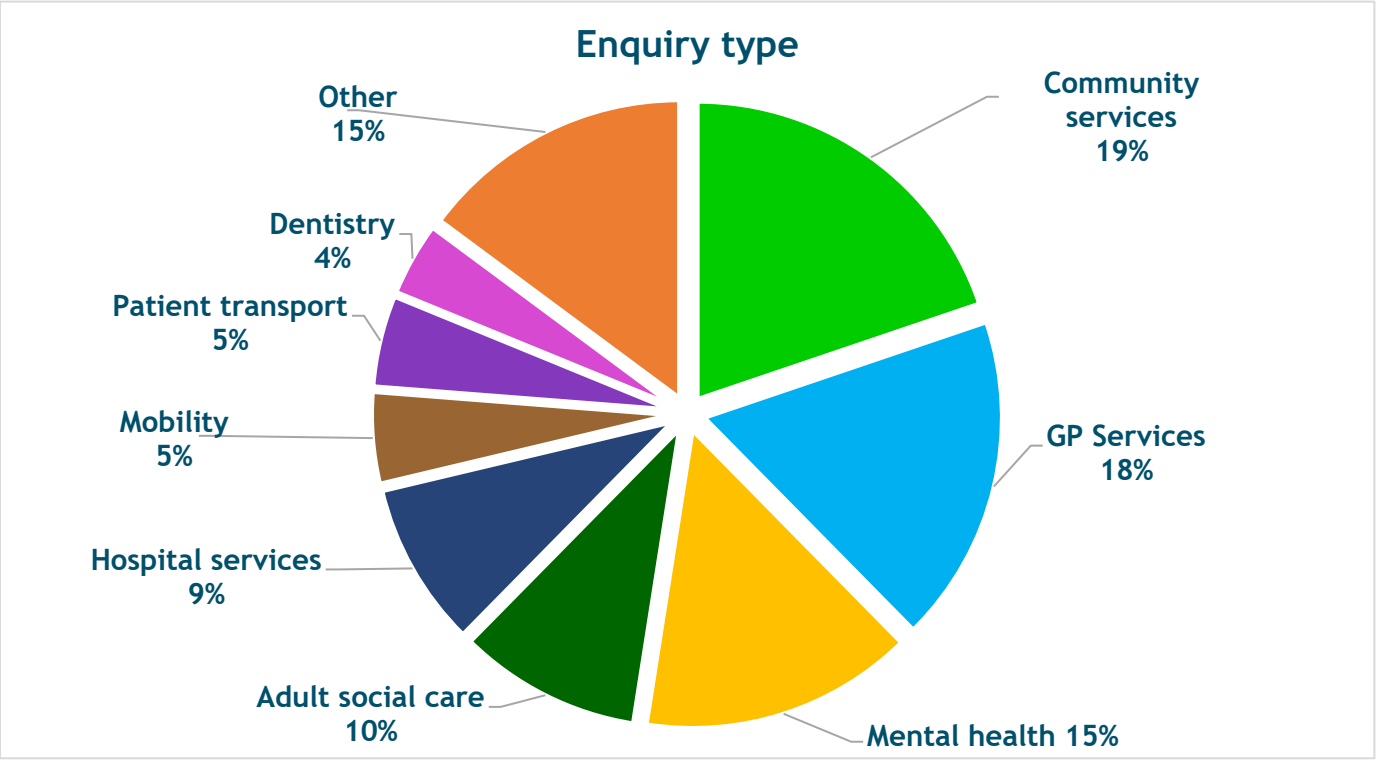
Healthwatch Bury can help people in lots of different ways. Over the last year members of the public have contacted us to ask for information about a number of issues. Some of the examples include asking for information regarding accessing medical records, contact details for the prostate cancer support group and information about the respite care for someone suffering with dementia.

We have had phone calls from people asking for the details for autism services, weight loss services and telephone numbers for different hospital clinics. Please see more case studies in this report about how Healthwatch Bury can help individuals.

The pie chart on the next page highlights the type of enquiries Healthwatch Bury received during the year.

Helping people get what they need from local health and care services

Copies of the directories were distributed to all GP surgeries, pharmacies, Age UK Bury, Bury Council and other agencies. Copies were also distributed throughout the year at the 'drop in' sessions and other engagement events.



Other enquiry types included:

- Autism
- Continuing Healthcare
- Long term conditions
- Pharmacies
- Children's services
- Opticians
- Weight management

How we have made a difference

Our reports and recommendations

Healthwatch Bury work has focussed on priorities highlighted to us by the local people in 2015/16.

Healthwatch undertook pieces of work based on what local residents were telling them. Further

information about these reports can be found below or on our website: www.healthwatchbury.co.uk

Pennine Acute Hospitals NHS Trust Report Joint Initiative from Healthwatch Rochdale/Bury

Healthwatch Bury (HWB) and Healthwatch Rochdale (HWR) worked in partnership to carry out a survey of work around Pennine Acute Hospitals NHS Trust Services.

HWR received increased negative feedback from people living in Rochdale. A number of concerns were about the delivery of services at Fairfield General Hospital. Although Fairfield Hospital is not in the borough of Rochdale, because the complaints came from Rochdale residents, HWR investigated further. During the time of the investigation, HWR received more negative feedback regarding other hospitals within the Pennine Acute Hospitals NHS Trust.

HWR requested a meeting with HWB to discuss the feedback they had received and to confirm whether Bury residents were raising the same complaints about the services at Fairfield Hospital. During this meeting it became apparent that residents of both boroughs, Rochdale and Bury, had voiced complaints against Pennine Acute hospitals; trends were forming, so the two Healthwatch decided to act.

We decided to work together to create a questionnaire to be given to all patients attending the hospitals within Pennine Acute Trust. Instead of reviewing the one site, Fairfield Hospital, a decision was made to review all 4 sites:

- Fairfield General Hospital, Bury
- North Manchester General Hospital
- The Royal Oldham Hospital
- Rochdale Infirmary

North Manchester General Hospital

The majority of the respondents found North Manchester General Hospital's services to be 'outstanding' or 'good'.

Patients who completed the survey were very happy with the attitude of staff and the standard of care.

A high percentage of the respondents found that the maternity department's overall service was 'outstanding'.

Rochdale Infirmary

The majority of respondents found Rochdale Infirmary's overall services to be 'good'. Respondents highlighted, through the results that both the urgent care centre and eye clinic were respectively 'good' overall services, although concerns were expressed regarding the size and location of the signs to the eye clinic. A number of people felt they could be improved.

Fairfield General Hospital

The majority of respondents found Fairfield General Hospital's services to be 'good'. Some respondents were not happy with the hospital's A&E department and had concerns regarding discharge, waiting times and aftercare services.

Within the cardiology department the majority of respondents rated the attitude of staff and standard of care 'outstanding' or 'good'.

Royal Oldham Hospital

The majority of respondents found Oldham Hospital's overall services to be 'good'.

Patients who completed the survey were very happy with the attitude of staff and clinical care. However in the gynaecology department two service users highlighted the overall service they received as poor or below.

The report was published in November 2015 and sent to Pennine Acute Hospitals NHS Foundation Trust and a formal response was received within 20 working days. The Trust assured Healthwatch that the report had been shared with senior clinical leaders to allow them to address the issues raised and to inform the ongoing service delivery at the Trust.

Fairfield General Hospital

Report on Dental Access for Disabled People in Bury

The concerns around access to dental practices in Bury were first brought to the attention of Healthwatch Bury (HWB) by a member on behalf of Bury Coalition for Independent Living (BCIL) service users.

Sadly, BCIL ceased to exist from the end of December last year. It was a charitable, user led organisation which included Bury Society for the Blind and Partially Sighted people, Bury Involvement Group in Mental Health (BIG), Bury Independent Learning Development (Bury ILD) and Communic8te and individual service users. BCIL's goal was to help people live independent lives.

The concerns were around the access to dental practices and the attitude of some dentists towards disabled people. When HWB asked people to share their experiences about dentistry in Bury, through social media, more comments were made which gave us a reason to look into this issue further.

A meeting with representatives from HWB, Bury Coalition for Independent Living and Bury Society for the Blind and Partially Sighted was held to agree the best methodology for the project.

The questionnaire, for the dental practices in Bury, was sent to all 29 dental practices to identify how accessible general dental practitioners, working in the Bury area, think their practices are and to identify the barriers they face in providing care for disabled people.

The patient survey was also sent out to a range of community organisations and individuals in Bury.

The report, with the following recommendations, was published in November 2015 and was sent to NHS England:

- Ensure that all the dental practices in Bury have an induction loop available for the patients in their surgeries.
- Arrange disability awareness raising training for the customer facing staff in the dental practices.
- Provide car parking spaces for disabled patients,
- Ensure that patients are notified, well in advance, regarding any changes to their appointment or dental services.
- Provide patients with large print information leaflets, if relevant.
- Ensure that any reasonable adjustments are made to make surgeries more accessible for people with disabilities.
- Ensure that a text message, email or letter is sent, to confirm an appointment, to all patients with a hearing impairment.

"I have really enjoyed becoming involved with Healthwatch and this event. It's been brilliant to be able to see NHS England at the event alongside with Pennine Care and Patients themselves and I hope that Healthwatch will continue to grow and speak out on behalf of the patients".

Jackie – Whitton's Dental Practice Manager, Ramsbottom

We received a formal response from NHS England within 20 working days, assuring us that the recommendations would be sent to Bury Local Dental Committee (LDC) for dissemination to the practices.

They also informed us that they are working with practices to ensure that information on the NHS Choices website is kept up to date and that appropriate training, for all staff, is undertaken on a regular basis.

Working with other organisations

Pennine Acute Hospitals NHS Trust

The Forum which we initiated with North Manchester, Oldham, Rochdale and Pennine Acute continues to flourish and meet on a quarterly basis.
A draft protocol, for working together, has been agreed and is awaiting approval and sign off from the Board of each organisation.

Pennine Care Foundation Trust

The forum including Healthwatch Bury, Oldham, Rochdale, Stockport, Tameside and Glossop and Trafford which lapsed, due to staff changes, has now been 'revived' and meets on a bi-monthly basis for people to work together and share information.

Independent Complaints Advocacy (ICA)

The NHS Complaints Advocacy is there to provide practical support, advice and information, if you wish to make a complaint about an NHS service you or someone you know has received. An advocate works from our office on a fortnightly basis. Contact us for further information. Healthwatch Bury has agreed and signed a protocol for working with ICA.

Bury Clinical Commissioning Group (CCG)

Healthwatch Bury Board has also agreed a protocol for working with Bury CCG. This will be reviewed during the next financial year. The Chair is a member of the Primary Care Commissioning Committee and attends CCG Board meetings as a member of the public.

Visit to Holy Cross - Pilot to assess new resources

Everyone has rights when using the NHS but Too often there is confusion about what this means for children and young people.

We visited Holy Cross College to facilitate a workshop for a group of young people who are all interested in studying for a career in either the NHS or social care.

Discussion took place around specific themes:

- Using the NHS: getting the best care from the NHS
- Being treated well: treating you and your information with respect
- Making decisions about your care
- Making things better where you live
- Staying healthy into adulthood
- Giving feedback and making complaints

- What young people can do
- What they (as a group) could do working with Healthwatch
- What they need others to do

The young people gave their feedback and agreed to keep in touch.

Maternity Listening and Action Group for the North East Sector

A representative from Healthwatch Bury attends on behalf of all the Healthwatch in the NE sector – Bury, North Manchester, Oldham and Rochdale.

This is a group for mums and dads of all cultures and equates to – Maternity Services and Liaison Committees (MSLC).

What do they do?

- Carry out a programme of work to explore the experiences and needs of recent service users in order to improve services

- Monitor the range and quality of services available against the delivery plan, clinical guidance recommendations and developing best practice

- Monitor acceptability and equity of access services available for women locally

- Provide advice and feedback on maternity commissioning and service delivery

- Feed into the development of initiatives e.g. Joint Strategic Needs Assessment, early needs provision

Who is involved?

"MSLC's should comprise representative health professional from all specialties involved in maternity care, together with relevant commissioners, managers and social care input and at least one third service user members."

Following discussion, they decided on the following themes for future meetings:

- Breastfeeding
- Skin to skin
- Home birth
- Cultural Awareness
- Mental health
- Gentle Caesareans

These meetings take place on a monthly basis and all parents who have used the maternity services of Pennine Acute NHS Trust are welcome to attend.

Involving local people in our work

Please see below how HWB has involved local people in its work.

Working with BARDOC

HWB worked in partnership with BARDOC (Bury and Rochdale Doctors on Call) from January 2016 – March 2016.

The meeting was held with the management team to discuss how to best work together. HWB and BARDOC produced the survey and it was sent out by BARDOC to all the patients who accessed the service over the Christmas Bank Holidays in December 2015.

The surveys were returned to the HWB office in Freepost envelopes and the draft report has been produced with the recommendations based on what patients have told us.

BARDOC also consulted the HWB membership about the patient leaflet regarding patient records. The members provided them with constructive feedback which was gratefully received by the Out of Hours service. It has been a pleasure working with BARDOC and the Healthwatch team is hoping to continue to work with them in the coming year.

Devolution Manchester conversations in partnership with Bury Third Sector Development Agency

Greater Manchester Devolution (http://www.gmhealthandsocialcaredevo.org.uk/) authorities asked Greater Manchester Healthwatch and Voluntary Sector organisations to work together to talk to local people about how they are taking charge of their own health and wellbeing and if there are any challenges they are facing when doing it.

96 people participated in the 'conversations' about their health and wellbeing between 15th February and 31st March 2016.

HWB, in partnership with Bury Third Sector Development Agency, organised seven conversations across Bury. These 'conversations' were held with the following groups:

- Streetwise 2000
- Communic8te
- The Housing Link
- Bury Society for Blind and Partially Sighted people
- Age UK Bury
- Asian Development Association of Bury (ADAB)

- BIG in Mental Health

We asked the participants three main questions:

1. What should you do to stay fit and healthy?
2. What do you do to stay fit and healthy? What enables you to do that?
3. What stops you being fit and healthy? What barriers are you facing?

In addition to the previous questions we asked people if they knew of any good practice examples and if they had any ideas that could improve public health.

Important themes emerged from these conversations:

- Tackling isolation and loneliness was an important theme for most of the groups we engaged with. Many people stated that it can have a really negative effect on an individual's health and wellbeing.
- Voluntary sector organisations provide enormous support to individuals in the community and have a significant positive effect on their health and wellbeing. Many people visit these organisations regularly, to take part in various activities and to meet new people.
- Early intervention – many groups recognised that healthy lifestyles and self-care start from early childhood. Many participants stated that more campaigns targeted at children and young people would significantly improve public health.
- Having a support network, happy family or friends, helps you to take charge of your own health.
- Setting yourself goals and having a positive attitude and strong mind were also recognised as key elements for being able to take charge of your own health.
- Lack of transport was a major barrier for many groups we engaged with. Several participants stated that it is often not accessible or affordable.

Key enablers that emerged from these conversations were the following:

- Have a support network and community group to go to. Participants in different groups stated how much support they have received from third sector organisations.
- Have a purpose or a reason
- Set yourself a goal
- Have a strong mind and positive attitude
- Have friends and someone with whom to share different activities.
- Have a happy family
- Childhood interventions – you are more likely to be healthy and active if you have been taught that lifestyle from an early age.
- Reduced waiting times for services
- Sufficient money

Key barriers that emerged from these conversations were the following:

- Isolation and loneliness were one of the key barriers identified by several groups
- Disability
- Feeling low/down
- Being depressed
- Lack of transport
- Access to services
- Shortage of money
- Fear
- Lack of support for families with mental health conditions

Lack of mental health training often means that people with mental health conditions are frequently misunderstood.

The information for the final report has now been collated and the report for Greater Manchester has been completed by Greater Manchester Centre for Voluntary Organisations (GMCVO). The report will be made public in the near future.

Our work in focus: Case Study 1

Bury Coalition for Independent Living contacted Healthwatch Bury last year with regards to a young lady who is deaf. The young lady in question was having trouble getting her eye sight tested because the opticians in Bury would not provide a British Sign Language interpreter, unless the young lady paid extra for the service. They had previously provided this service for the young lady free of charge.

Prior to contacting Healthwatch, BCIL contacted the Equality and Human Rights Commission who agreed that, by law, this service ought to be provided free of charge. The Equality and Human Rights Commission agreed to take the case forward but as it might have taken months or years to get a resolution, they contacted Healthwatch. Meanwhile, the lady still had not had her eyes tested. A simple eye test could have also revealed other health issues.

Action: Bury Clinical Commissioning Group (CCG) is responsible for funding interpreters for Bury opticians, therefore, Healthwatch Bury contacted Bury CCG to ask if they would be able to provide any clarity regarding this issue. Bury CCG were really helpful and responded to our enquiry within days. They also wrote to apologise for the confusion this issue had caused.

Outcome: Bury CCG contacted the manager at the opticians with the information on how to book a BSL interpreter for free when required, so the young lady was able to book an appointment within in the next few days. Bury CCG also sent out a communication to all opticians in Bury to inform them of the arrangements for booking an interpreter and also assured Healthwatch Bury and BCIL that they would take the matter to the next Professionals in Partnership meeting, involving Communic8te, Action on Hearing Loss and other partners.

This case showcased that working in partnership with other organisations can really benefit people in Bury and help to find the best outcomes for the patients.

Our work in focus: Case Study 2

An enquiry came into the Healthwatch office from Cathy regarding her husband David who had been in hospital for ten days with an abscess on his thigh.

David had been discharged from hospital for the weekend with a vacuum pump belonging to the hospital, on the proviso that he returned to the ward on the Monday morning where he would have to stay until he was provided with a pump for use at home.

Until he was provide with a pump at home, he was told he could not be discharged. This was quite frustrating for both David and his wife. Due to the delay, Cathy phoned Healthwatch to ask whom she could contact to get the issue resolved.

Action: The CCG told us that they would make further enquiries about the process for obtaining a pump and also suggested that Cath should contact Pennine Care – Patient Advice and Liaison Service (PALS).

Healthwatch was able to pass on the contact number to Cathy and later gave Cathy a follow up call to find out whether the issue had been resolved. Cathy confirmed that David had returned home with a pump and the community nurses were visiting to change the dressing.

Outcome: As soon as the pump arived at the hospital, a discharge plan was put into place. The CCG have been assured by the hospital that the correct procedure is now in place. They also informed Healthwatch that that the vacuum pumps are not kept in stock but are rented when required.

David was pleased with the speed that things had been sorted following Cathy's conversation with Healthwatch because he was then able to go home. He also wrote to compliment the nurse who initually dealt with his abscess at the walk-in-centre. The nurse had realised, as soon as he/she saw it, that the abscess was serious and explained that he needed immediate hospital treatment.

Our plans for next year

- Recently, we had a new database installed which will enable us to coordinate and streamline our services, in order to deal with the concerns, of those who contact us, more effectively.
- Our website will soon be updated to make it more interesting and allow information to be more easily accessible.
- Survey Monkey has now been installed, to enable us to do short surveys on specific issues
- Next month, recruitment will begin for a new Chief Officer - and directors, to replace those who have resigned because they are no longer eligible i.e. have left the area or due to personal commitments.
- Once a permanent Chief Officer is in place it will enable us to implement our volunteer recruitment policy.
- We shall shortly be moving to new, permanent accommodation

Future priorities 2016 - 2017

Devolution – System Change in Greater Manchester

Primary Care – community hubs

Mental Health – all age groups

Public Health – Taking Charge

Podiatry

NB. We need to ensure flexibility within the system to respond to the rapidly changing landscape.

Healthwatch Bury Members' Meetings

Healthwatch has a diverse membership and holds regular meetings to share information and keep its members, and the general public, informed about new health and social care initiatives in Bury.

Pharmacy Meeting - November 2015

Healthwatch Bury held a meeting on 26th November for its members and public to share information about available community pharmacy services in the town. The meeting was held at Bury Masonic Hall and light refreshments were provided.

Ian Short, Chief Officer of Bury and Rochdale Local Pharmaceutical Committee, was invited to attend the meeting as a guest speaker and gave a really useful overview about the service.

He explained that there are currently 42 community pharmacies in Bury, to which people make around one million visits each year.

NHS Community Pharmacies do much more than provide prescriptions: they also provide the following services:

1. **Supporting people to self- care**
   - Self-care advice
     - Self-limiting conditions
     - Long-term conditions
   - Sales of over the counter medicines
   - Minor ailment services
   - Signposting to other providers

2. **Supporting people to live healthier lives**
   - Advice on healthy lifestyles as part of NHS services (e.g. Medicines Use Review and dispensing)
   - Public health campaigns – six campaigns are required from Public Health.
   - Flu vaccination and a range of locally commissioned services
   - Stop smoking support
   - Emergency contraception / Contraception Alcohol screening and support
   - Chlamydia / Gonorrhoea / Hep B / HIV testing
   - Immunisation – flu, travel health, HPV etc.
   - NHS Health Checks
   - Weight management services
   - Early detection of cancer

3. **Optimising the use of medicines**
   - NHS dispensing and repeat dispensing
   - NHS Medicines Use Reviews
   - NHS New Medicine Service
   - Safe disposal of unwanted medicines
   - Improving Inhaler Technique

4. **Supporting people to live independently**
   - The NHS repeat dispensing service
   - Home delivery of medicines to the housebound
   - Systems to help people remember to take their medicines
   - Reablement services following discharge from hospital

- Falls assessment/reduction services
- Supply of daily living aids
- Identifying emerging problems with peoples' health
- Signposting patients, or their carers, to additional support and resources related to their condition or situation.

Members' Meeting December 2015

A meeting was held on 9th December at Bury Masonic Hall to discuss the dental access for disabled people in Bury.

The focus of the meeting was to present the 'Dental Access for Disabled People in Bury report, hear the response from NHS England and also to inform the general public about the available dental services.

Annemari Poldkivi presented the report and explained that the reason for this project initially came from Bury Coalition for Independent Living who expressed concerns, on behalf of their service users, regarding the inaccessibility of some of the dental practices in Bury. It was decided to look into this further and carry out surveys with both the dental practices and patients in Bury.

The guest speaker from NHS England, Lancashire and Greater Manchester was Rose Pealing, Dental Business Manager.

Rose explained some of the aspects included in dental contracts and gave a response to Healthwatch Bury's recommendations.

She said that not all dental practices are able to comply with the Disability Discrimination Act regulations, due to the limitations of their buildings or funding.

Richard Valle-Jones, Clinical Director for Dentistry at Pennine Care NHS Foundation Trust, was also one of the speakers. He gave a really informative overview about the dental service at Moorgate Primary Care Centre and explained how Pennine Care provides a Community and Urgent Dental Care Service in Bury, Oldham and Rochdale.

Members of the public were able to ask questions and lots of useful discussions took place during the meeting. Following the meeting, Healthwatch Bury received lots of positive feedback.

Members meeting – February 2016

Healthwatch Bury also held a Members'/public meeting on 25th February at Bury Unitarian Church, in relation to Greater Manchester Devolution, to find out how local people feel about future service integration.

The group was asked if there are gaps in the current services. Some of the responses are quoted below:

- Communication and fragmented services is a big issue.
- There is not enough transport for elderly and vulnerable people.
- Cost of travelling for patients (Buses and taxis).
- Safe transport is essential re: hospital discharge.
- People are being refused the best medicines and lots of medication and incontinence pads are being wasted.

- There are not enough beds in the nursing homes.
- Care homes and funding.
- There are different mind sets in health and social care – this could be a barrier for service integration.

There was a useful discussion around the changes that have recently taken place in Bury and a realisation that the economic landscape is changing.

Comments were made that, although the third sector organisations might not be able to keep up with these changes and are often not seen as equal partners, they regularly provide enormous support to large groups of people in the community.

One of the issues is the need for a method to monitor the care and quality of the services delivered by the third sector organisations. It was agreed, by the group, that there is a lot of waste with respect to prescribed medication.

Our governance and decision making

The Board of Directors

Our Board

Barbara Barlow - Chairman

Carol Wilson - Vice Chair

Graham Evans - Treasurer

Sharon Brearley - Director

Jane Crosby McCaig – Director

Resigned Jan 2016

Roger Burgess – Director

Resigned Dec 2015

Emma Waite - Children & Young People's Lead

NB. At the 2015 AGM, the Board was re-elected until September 2016, as they had not been in post for a full year.

Financial information

For further information please contact: The Programme Support Manager, Department for Communities and Wellbeing, Bury council.

Tel: 0161 253 6357

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	
Additional income	£1,889.52
Total income	£122,000.00
	£123,889.52
EXPENDITURE	
Office costs	£4,524.51
Staffing costs	£73,364.55
Direct delivery costs	£4,894.40
Governance	£202.70
Overheads	£7,100.27
Premises	£10,928.84
Total expenditure	£101,015.27
Balance brought forward	£22,874.25

NB. Full audited accounts will be available at the Annual General Meeting in September.

Contact us

To contact us for information or to tell us about your experiences of accessing Health or Social Care services within Bury, please see our contact details below.

Address:

Healthwatch Bury
3 Manchester Road
Bury
BL9 0DR

Please note that we have moved to interim accommodation (three months) at:

Suite 12

Europa House,

Barcroft St,

Bury BL9 5BT

Tel: 0161 253 6300

Email: info@healthwatchbury.co.uk

Website: www.healthwatchbury.co.uk

Twitter: www.twitter.com/healthwatchbury

Facebook: https://www.facebook.com/Healthwatchbury

We shall be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

Agenda Item 16

BURY SAFEGUARDING ADULTS PARTNERSHIP

Please note that on distribution (12/07/2016) this documentation had not been ratified by the Independent Chair.

MEETING NOTES SAFEGUARDING ADULTS STRATEGIC BOARD MEETING HELD ON 5th July 2016, 2.00pm TO 4.00pm, Six Town Housing Offices		
Present:	David Hanley (DH)	Independent Chair
	Jo Marshall (JM)	Greater Manchester Police
	Kimberley Salmon-Jamieson (KSJ)	Pennine Acute
	Tracy Shaw (TS)	Pennine Acute
	Pat Jones-Greenhalgh (PJG)	Bury Adult Care Services
	Sarah Davidson (SD)	Pennine Care
	Dr Cathy Fines (CF)	Clinical Commissioning Group
	Maxine Lomax (ML)	Clinical Commissioning Group
	Nisha Bakshi (NB)	National Offender Management
	Sharon McCambridge (SM)	Six Town Housing
	Mandy Symes (MS)	Bury Council (facilitator)
Apologies:	Julie Gonda (JG)	Bury Council
	Stuart Richardson	Pennine Care
	Chris Sykes	Greater Manchester Police
	Rick Jackson	Greater Manchester Police
	Jax Effiong(JE)	Greater Manchester Fire and Rescue
Distribution	Board Members and representing PA's	
	Chloe McCann, Health and Wellbeing Board	

		ACTION
1.0	**INTRODUCTIONS**	
	DH welcomed members and apologies given as above.	
2	**Minutes of last meeting and matters arising**	
2.1	5.2 – needs to be amended - the advice given was that the CCG have in fact agreed funding. All Noted.	
3	**Update on Strategic plan and work stream areas**	
	<u>Making it Happen Group (MIHG) - SM</u>	
3.1	SM advised the group is working well. 2nd meeting held and good progress is being made. Further meeting w/c 11/7/16. The group were pleased to welcome David to the last meeting.	
3.2	Clarity needed re: Pennine Acute representation at the Group – KSJ confirmed that Barry Williams should be the invited rep.	
3.3	MIGH has discussed the need for a risk register, but wanted to have guidance from the Board.	
3.4	Discussion held and Members agreed that risk register will be pulled together and MIHG will trial until the Oct Board where Board will give final view/approval.	SM
3.5	Board members to forward any risks they feel should be on the register to MS by the end of July.	All

		ACTION
3.6	Risk register to be put on as agenda item for Oct meeting.	MS
	<u>Data Collection – JM and JG</u>	
3.7	JM advised this is ongoing. JM and JG to meet to discuss further.	JM & JG
3.8	Performance report will be brought to October's Board.	JM & JG
	<u>Self Assessment - JM</u>	
3.9	JM presented report. See below:  BASB Assurance.pptx	
3.10	Principle is to extend the assurance process.	
3.11	Queries raised about where external regulation fits in i.e. CQC, Ofsted etc.	
3.12	Discussion around various organisations having different levels of scrutiny for example health services have detailed, multi-layered scrutiny which requires provision of assurance to different bodies other organisations do not have that level of scrutiny around adult safeguarding via a regulator.	
3.13	Discussed the "so what" factor –e.g. assurance is given that training is delivered but we don't know whether this means customers/patients get a better service or that processes are embedded. Agreed that we would need to add a further section to the assurance document, the "so what column", to evidence the impact of actions/initiatives.	
3.14	JM put forward a proposed model which the police would test. Board agreed the model in principle but acknowledged that there would not be a "one size fits all" approach for self assurance in deference to the level of scrutiny that Health services are already under. Agreed however, where appropriate, organisations would test one area of the self assurance framework.	
3.15	The MIHG will support JM to pull together an initial testing of the Police Service on the communication element of the self assessment. Need to look at how/who is going to support this and then report back to the Oct Board.	SM & JM
	<u>Communication Strategy – SM and MS in absence of JE</u>	
3.16	This workstream is being supported through the MIGH as an ongoing agenda item. Initial plan has been agreed, JE and Maria Worthington (Six Town) are arranging various meetings in order to take forward.	
3.17	Healthwatch have agreed that they can support the adult safeguarding agenda through a community consultation event.	
	<u>Collaborative Learning and Development Plan</u>	
3.18	Currently overlaying roles and responsibilities in organisations with required training so that gaps/economies of scale can be identified. MIGH will arrange for a formal update report to come to the October	SM & MS

		ACTION
	Board. <u>Forum for Safeguarding Managers</u>	
3.19	Group has been set up, it meets every 2 months, 1 meeting held, next meeting early Sept. ToR has been agreed. Group are looking to extend their membership once they are established.	
	<u>Benchmarking with Other Safeguarding Boards - MS</u>	
3.20	MS advised that the NW performance leads have pulled together a list of indicators which will allow benchmarking between Boards. Half of the authorities have submitted data the other half are in the process of submitting. This data can then be added to the performance report.	JM & JG
	<u>Policy, Protocol and Thresholds - SD</u>	
3.21	1st draft document has been completed. 1st working group meeting has been arranged for the 15th August.	
	<u>Case Review Group – PJG and CF</u>	
3.22	ToR agreed and another meeting date has been set. ToR for critical case review has also been agreed – however still need to identify the review lead officer. CF and PJG to discuss. CF advised that on discussion it would be advisable to have someone with a mental health background to lead the review.	CF & PJG
3.23	Agreed review needs to be completed and report produced prior to the next Board. The review also needs to be completed before the court case is completed.	CF & PJG
4	**Annual Report**	
4.1	Annual report presented, see below for final design. Adult Safeguarding Annual Report 2015_	
4.2	Thanks given in particular to Ailsa Dunn (Six Town) for her support on the design. SM to pass thanks on.	SM
4.3	CF and ML advised that there are a number of typos that need to be corrected. In addition the increase in the number of people with dementia who were supported through the safeguarding process could also be due to the programme of work around on early dementia diagnosis.	
4.4	Board members to have one final read of the report and send any comments over to MS by the 15th of July. Any serious issues will be raised virtually with the Board – however in the event that there are only minor changes the document will be amended and a final document disseminated.	All MS
5	**Board Resources**	
5.1	DH advised that the Police and Crime Commissioner has not yet given any clear steer on funding to Adult Safeguarding Boards.	
5.2	Adult Safeguarding Board Chairs are meeting in a few weeks to discuss further. DH to report back.	DH

		ACTION
5.3	PJG advised that ADASS are also meeting with the PCC, PJG to report back.	PJG
5.4	Agreed that this will again be an agenda item on Oct's Board.	MS
6	**Safeguarding Leaflet**	
6.1	Discussions had been deferred as agreement could not be reached on whether additional abuse types should be added to the leaflet.	
6.2	Board agreed that the leaflet was a signposting tool only.	
6.3	Discussion that the Care Act definition was not exact regarding types of people who would come under adult safeguarding (but acknowledged that it needs to be worded so that it is jargon free).	
6.4	MIGH to look at the safeguarding leaflet and re-work, again bringing to Board for sign off.	SM
7	**Any other Business**	
7.1	NB advised that Bury NOMS is moving out of their current placement, however will continue to work from their current office until 2017. NB will ensure the Board are kept updated.	NB
7.2	Community Safety Partnership annual report. See below. (please note the report was not circulated in time for consideration at the Board). Board acknowledged the report any comments to be forwarded to MS. DH to meet with CS to discuss the links with the CSP and feedback on the report. annual report V.2.ppt	All DH
	Date and Time of Next Meeting: **4th October,** 14.00 – Bury Police Station Dunsters Road **Please note the above is an amended meeting date – previously 11th October** **Please note new meeting dates below:** All meetings will be held from 2pm to 4pm. 17th January 2017 – to be confirmed	

Bury Children's Trust

Minutes of the Trust Board meeting held on 10 March 2016

Attendance:

Mark Carriline	Executive Director Children, Young People & Culture (Chair)
Cllr Eammon O'Brien	Deputy Cabinet Member Children & Families
Maxine Lomax	Head of Safeguarding (C&A), Bury CCG
Lesley Jones	Director of Public Health, Council Communities & Wellbeing
Vicky Maloney	Chief Officer Early Break, representing CYP Forum
Tom Gledhill	Head teacher, Bury Secondary PRU, representing BASH
Helen Chadwick	Head teacher, Millwood Primary Special School, representing BAPH
Sara Barnes	CAMHS Directorate Manager, Pennine Care Foundation Trust
PS Natalie Armstead	Greater Manchester Police, on behalf of Supt R Jackson
Jon Hobday	Public Health Consultant, Council Communities & Wellbeing
Kirsty Walton	Oasis (Early Help) Team, Council CYP&C, on behalf of Jackie Gower
Ann Noi	Snr Partnership Implementation Officer, Council Communities & Wellbeing, on behalf of T Minshull
Kate Allam	Operational Manager IYSS & Connexions
Natalie Bray	Public Health Project Lead Healthy Schools, Council Communities & Wellbeing
Lindsay Dennis	Children's Trust Development Officer, Council CYP & Culture
Mel Davies	Ofsted Inspector - observing

1. Introductions and Apologies (M Carriline)

MC welcomed everyone to the meeting. Apologies were received from Charlie Deane (Bury College), Wendy Thompson (Pennine Care Community Services), Ann Gent (Dept Work & Pensions) and Maria Worthington (Six Town Housing).

2. July Minutes, Actions and Matters Arising

July Minutes were approved.

In addition to information provided in the Summary of Actions or included as agenda items, the following points were raised

2.1 **Actions: Item 1: Commissioning Principles** With regard to the Board's recommendation to include good practice examples with the Commissioning Principles LD explained that she has written a 2-page supplement re good practice in commissioning 3rd sector. The 1st page is extracted from Bury Compact Working Together and the 2nd page includes quotes from discussions with VM, Streetwise and Children's Services about what good commissioning 'looks like'.

ML and LJ said that commissioners would find this helpful, and it was agreed that LD will continue this work to produce short examples for participation, transition and early help. **Action: LD**

2.2 **Actions: Item 2: Make a collective effort through Bury Community Engagement Group and Wider Leadership Group to ensure infrastructure support to 3rd sector …** MC reported that this had unfortunately not been successful as funding to B3SDA has been withdrawn and they will close on 31 March, with a small number of functions being taken on by CAB. LJ advised that the Community Engagement Group has been put on hold at present whilst the developments around 'neighbourhood working' are taken forward.

VM asked how the gap left by B3SDA will be bridged in the absence of the Community Engagement Group. LJ said that she will discuss with Heather Crozier what can be supported and what will come to an end when B3SDA closes.

Action: LJ

MC and LD met with DB and VM with regard to children and young people, and the future of the CYP Forum. VM said that she will seek to try to keep the Forum going.

Action: VM/LD

It was agreed that the issues with regards to the closure of B3SDA need to be addressed at Team Bury level.

Action: MC/LJ(?) To be elevated to Team Bury

2.3 **Actions: Item 3 Circles Report Key Finding re skills for life and preparation for independence** MC reported that he is leading on Education in the GM Review of Children's Services (GM Devolution) and that Howard Bernstein is asking for £10million per annum to support vocational skills in High Schools. MC will inform the Board of the response in due course.

2.4 **Actions: Item 5 Circles Finding 7 – Homophobia and Racism Concerns** KA confirmed that the Inter School Youth Hate Crime event successfully took place on 3 March at the New Kershaw Centre, organised by Lesley Davidson.

2.5 **Actions: Item 6 Circles: to report findings to BASH meeting for Heads to discuss with School Councils** MC said that he raised this at the BASH meeting on 10 November, but was unable to say whether any action had been taken as a result.

2.6 **Actions: Item 10 Participation Strategy: partners to promote use of What's Changed Tool** KA advised that there has been some progress in use of the What's Changed Tool, including from the Safeguarding Board Participation Group who will start regularly returning completed templates.

2.7 **Actions: Item 15 CT Operational Sub Group – possibility of reviving public health slot in Bury Times** LJ confirmed that she will discuss with Heather Crozier with a view to this being taken up by the Communications Team.

Action: LJ

3. Items from young people

3.1 Reach Out Project

KA briefly outlined that the Reach Out Project is the development of an adolescent support service incorporating outreach and residential (respite) support, based on the Blackburn model.

There had been consultation with 3 groups of young people, ie, care leavers, Children in Care Council and Mentees who are not looked after but have experience of services (via the Early Help/Oasis team). The groups were consulted about the service and about the residential accommodation. Each group came up with similar views, which broadly reflected those of the planning group. For example:

- the need for pre-social work intervention;
- the need for meetings both together with the family and separately with the young person;
- to focus on the positives, not just the negatives;
- for a single key worker but with lots of additional support for different needs; to have flexible timescales based on the needs of the service-user;
- to have clear information.

With regard to the house

- that it should be homely;
- staffed by youth workers/mentors;
- have clear rules and boundaries;
- have a 50:50 mix of doing nice things and dealing with issues;
- to be involved in all aspects of life in the house, eg food preparation.

Young people also talked about wanting to do nice things with their family.

In response to questions from partners, it was confirmed that there has been progress in identifying a possible property; that the Service will be Council run; the Outreach Service will hopefully begin in June; as yet the number of families the Service will support at any one time is still to be confirmed – in Blackburn the maximum is 50.

It was agreed that there will be a presentation about the project at the next CT Board meeting.

Action: LD to arrange

3.2 Youth Cabinet

KA reported that YC are working on the national Youth Parliament campaign, 'Don't Hate Educate' against racial and religious discrimination, which links to the work on hate crime.

Guidance for commissioners re involvement of young people is almost complete. Due to next Youth Cabinet, after which it can go out with the Commissioning Principles (good practice).

Communication with school councils is being strengthened, especially around Circles of Influence and it is planned to hold an annual school councils' forum.

4. **Children & Young People's Plan 2015-18**

MC asked the Board to approve the updated Action Plan. It was noted that there are references to B3SDA which will need amending in the light of their closure, and that the Substance Misuse Delivery Group is wrongly named as Drug & Alcohol Partnership. LD will make amendments and CT Ops Group will work on Action Plan.

Action: LD to amend

4.2 **Oasis and Family Support Plan (priority 1)**

KW advised that further to Network Event in March 2015 which flagged up that fear of assessment which can be a barrier to working with families, at the request of the Board the CAF has been reviewed. The resulting Family Support Plan is a more family friendly document with a strong focus on working with the family and providing support, and a lot of emphasis on the voice and experience of the child/young person. In addition, the event highlighted that the name of the Early Help team was confusing as the Children's Trust Early Help Strategy stresses the importance of early help being everyone's responsibility rather than that of a specific team. The team is to be re-named the Oasis team, based on the definition of oasis - "a place of calm reflection; a place to re-charge, reflect and plan new beginnings; a place where new journeys begin heading for positive new horizons."

Lunchtime briefings about the changes were on 9 and 16 March. Over 200 applications have been received with capacity for approx 180 delegates over the 2 dates. In addition for targeted services there will be additional training on the Family Support Plan.

HC requested that a presentation be given at the BAPH meeting.

Action: Kirsty Walton/HC

4.3 **Local Transformation Plan (priority 2)**

A written update was considered. The LTP is now ready for publication following final amendments. It was noted that the CCG is accountable to NHS England for delivery of the LTP with governance locally to the Children's Trust Board. The Board will receive 4-monthly progress/exception report and an annual report (aligned to reporting to NHS England and CCG). The Children's Trust Operational sub group will have a key role in delivery as the LTP is fundamental to meeting Priority 2. At their next meeting they will discuss the need for an LTP mobilisation group based on the EHWB event planning group who took a lead role in putting together the LTP.

With regard to the Community Eating Disorder Service, Bury is part of a hub which includes Heywood, Middleton, Rochdale and Oldham. The plan is for the main hub to be in Oldham with satellite facilities in Bury and Rochdale. SB advised that they are currently looking for a suitable hub venue which is not proving easy and could be a risk to meeting the proposed start date of 4 July.

Links with the Healthy Schools programme were noted.

MC suggested that there might be potential to use library buildings or Besses Children's Centre on the Victoria Estate, Whitefield.

Action: SB/LTP Project Mgr to contact MC

HC asked if self harming will be included in the Single Point of Access, and this was confirmed.

LD updated on the EHWB network event (report circulated) and in particular highlighted the very high attendance by 151 people from a wide range of agencies. Also the importance of the voice of the child/young person in the event and that they had provided the vision for the Local Transformation Plan. One of the actions from the event was to put together a newsletter focused on Emotional Health & Wellbeing. This has now gone out and was a 'bumper' edition reflecting the large number of agencies and initiatives that support emotional health & wellbeing.

MC recorded thanks to the group who had been involved in planning and running the event and in delivering the workshops.

A briefing was considered on the development of a new traded service to support mental health and build resilience in schools, led by Emma Harding (CYP&C Educational Psychology service). TG asked if this meant that existing support will cease. LD said she had been advised by Emma Harding (who is leading the work) that this will not be the case. MC added that there may be an impact on current services if schools decide to divert funding into the new service. KA added that the the proposals are being discussed with John Moorhouse of Relateen.

4.4 **Early Warning System (priority 3)**

VM updated that following the successful event at the Town Hall about Novel Psychoactive Substances and the Early Warning System, a sub group was established to take this forward. There is now a google group with 90 virtual members, all sharing information on substances, and a small panel who are responsible for getting out appropriate messages. As part of the EWS there is a Drug Alerts mailbox for any information or concerns over incidents to be posted.

Currently there is a gap around international information sharing, although there is the potential to use TICTAC (a leading provider of drug identification and drug information to the criminal justice and healthcare sectors) or Mike Linnell (who developed the Early Warning System).

AN added that the system will keep us informed about changing trends in drug use and noted that there are huge issues in prisons currently.

4.5 **Children's Trust Workforce Strategy**

LD reminded Board members that there used to be a workforce development sub group of the Children's Trust and whilst it was not proposed to reintroduce this, its absence has left a gap in how to ensure the wide Children's Trust workforce have an understanding of the CYPP priorities and training where appropriate. LD met with Sarah Bullock, Sue Reynolds and Pam Darrock (CYP Workforce Development) to discuss this and it was agreed that a short overarching strategy was needed which could be used by all partners to feed into their workforce development. LD wanted Board approval and commitment to the resulting document.

This was approved and the Board asked what action they now need to take. LD advised that the first step had been to get Board approval and that the next step is to put together recommendations re implementation, working with the CT Operational Sub Group.

Action: LD/CT Ops Sub Group

5. **Healthy Schools**

Natalie Bray provided an update on progress. Work to date has included research into what's happening in other areas and scoping what is currently available with the aim being to develop a coordinated approach for schools. Other areas are all adopting the 4 core themes, ie, Personal, Social & Health Education; Healthy Eating; Physical Activity; and Emotional Health & Wellbeing. Other areas have set up self assessment frameworks, but schools in Bury are not keen on this. Bolton's programme is up and running and provides a useful model – they have grouped the schools into localities and used Public Health data to identify the issues to focus on in each of the localities rather than trying to address everything at the beginning, and looking at additional issues where there is good progress. NB also mentioned plans to develop a website, but to start with it is proposed to link with the Bury Directory.

Feedback from the Trust Board included:

- the importance of involving schools from the beginning was stressed (KA) and MC said that he will be able to assist in this
- the importance of identifying the right person in each school to work with (TG)
- Pennine Care has won the contract for the School Health service which includes acting as advocate and health champions, so they can act as a link to the schools
- Need to work with other initiatives including the development of the EHWB support team and Circles of Influence (LD)
- HC stressed the importance of coordinating all the different initiatives that schools are being expected to work with and to provide quality assurance support – LJ agreed that this will be part of the Healthy School developments
- LJ stressed that the Healthy Schools programme is a vehicle to coordinate work and to support schools, not to produce something else.

Action: MC will convene a meeting to discuss further, after Easter

6. **JSNA**

(Presentation provided) Jon Hobday updated the Board on progress towards the new JSNA (see attached. A very positive step in Bury is that the Operational Group involves 17 people from a range of agencies across Team Bury who are working together to ensure that the JSNA is a shared resource. It will be web-based, focusing on Needs, and complemented by the Bury Directory which focuses on Assets. The aim is that it will be dynamic, accessible and something that people can use. This will include the inputting information and the plan is for content and quality assurance to be the responsibility of the 'inputter'.

JH asked Board members to let him know if there are specific things where data will be needed so that these can be included in the work plan.

MC welcomed this approach to developing the JSNA as a dynamic, accessible resource to inform service planning. He suggested that a facility to alert people when an update is put on will be useful.

LJ noted that it will take time to fully develop the JSNA but that this is worthwhile to get it right and the importance of having really good engagement on the operational group. JH was asked to circulate who's on the operational group.

Action: JH will circulate Operational Group membership

7. **Be Safe Be Cool**

Item deferred in JM's absence. NA will ask JM to provide a short written update for circulation.

Action: JM to provide brief written update

8. **GM Devolution**

(*paper provided*) MC outlined key points in the paper. Currently the DCS leads for each of the 7 themes are putting together business cases, with a timeframe of discussion and approval in April and implementation from July. This work is running alongside the Devolution of Health funding.

9. **Any other business**

9.1 **Lunchtime learning:** LD reminded partners that the next lunchtime learning will be on Debt on 11 March.

9.2 **Prevent training:** HC drew attention to the Prevent training which she had found to be excellent and which she recommended to Board members.

10. **Items for next meeting**

Items for the next meeting will include the Ofsted Inspection and the end of year report on Priority 1 of the Health & Wellbeing Strategy – Starting Well (which includes Under 5's SEND reforms, Positive Parenting and Narrowing the Attainment Gap) – for which the Trust Board is responsible to the Health & Wellbeing Board.

11. **Next meeting**

The next meeting will be at 3pm on 30 June 2016, ground floor conference room 3 Knowsley Place.

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Bury Clinical Commissioning Group

Bury Council

BURY INTEGRATED HEALTH & SOCIAL CARE PARTNERSHIP BOARD

MINUTES

Thursday 19th May 2016
9.00am – 11.00am
Room 0.1 @ 3 Knowsley Place

Present:	Margaret O'Dwyer (MO'D) (Chair), Pat Jones-Greenhalgh (PJG), Lesley Jones (LJo), Fiona Moore (FM), Howard Hughes (HH), Keith Walker (KWa), Karen Whitehead (KWh), John Wilkes (JW), Julie Gonda (JG), Linda Jackson (LJa), Matthew Hindle (MH) (BARDOC rep)
Minutes:	Zoe Fogarty (ZF)
Apologies:	Claire Wilson (CW), Gill Cohen (GC), Jayne Hammond (JH)

Item	Agenda Item	Discussion	Action Agreed By Whom	By When
1	**Welcome & Apologies**	The Chair welcomed everyone to the meeting and apologies, as above were noted.		
2	**Minutes and Matters Arising from previous meeting 26.04.16**	The minutes of the meeting held on the 21st April 2016 were approved as an accurate record. **Matters Arising:**		

		Bury Children & Young People's Integrated Health & Wellbeing Service Update LJo stated that this was a 2 year project and that the first draft of the Project Plan had been drafted. A Business Plan has also been drafted and this will be brought to the next meeting for discussion. A Partnership Governance Structure has been produced, describing current complexities across Partners. Governance will need to be streamlined and it was noted that Governance is one of the areas being discussed by Chief Executives as part of the one commissioning function. This will be further discussed at the next meeting. **ACTION 1 : LJo** **Other feedback to the H & SCPB** After a brief discussion it was agreed that a dashboard mechanism should be created to allow key points to be fedback to the group. JG agreed to meet with Helen Smith and begin the development of this dashboard and will start with the System Resilience Group. This will build over time and the relevant metrics will be built in accordingly. **ACTION 2 : JG**	**LJo** **JG**	**16.06.16** **16.06.16**
3	**Action Log**	Please see updated action plan.		
4	**ITEMS FOR DECISION**			
4.1	**Review Terms of Reference** • **Membership**	PJG stated that the purpose and membership of the TOR is to be updated and asked for volunteers to meet and update this outside of this meeting. MO'D & HH agreed to assist PJG. **ACTION 3 : PJG, MO'D, HH**	**PJG, HH, MO'D**	**16.06.16**
4.2	**Urgent Care & Delayed Discharge**	PJG notified the group that a Network Board, Steering Group and a Task & Finish Group has been created. PJG is currently a member of the Network Group. Warren Heppolette is currently agreeing membership of these groups, purposes and aims.		

4.3	**Locality Plan Update**	**Feedback from Geoff Little on Bury's Locality Plan:** Attachment was for information only. **Locality briefing note for Director/GM Lead:** Attachment was for information only. **GM Locality Plan Assessment – Bury:** Attachment was for information only. **Findings from Locality Plan Assessment:** Attachment was for information only. **Locality Support Guidance:** Attachment was for information only. **GM Review Findings:** Attachment was for information only. **Feedback from LP workshop 18.05.16:** Attachment was for information only. **CCG Scheme Leads – who is leading on them:** Attachment was for information only. JG stated that the next submission date is 15.06.16 where the finances will be tightened up now final decisions have been made. The aim is for a more detailed Plan by approx Sept 2016 to address the remaining shortfalls identified in the recent assurance feedback.		

		Next Steps: On 20.06.16 there will be a wider engagement meeting taking place with the third sector. New approach - At present there are approx 42 schemes, these have now been clustered into more manageable groups. There are currently 7 themes with approx 7 schemes within each. A designated lead will be agreed for each theme along with supporting officers. The output from the workshop is to be available for the next meeting. **ACTION 4: JG to feedback on the output from the Locality Plan Workshop at the next meeting.**	**JG**	**16.06.16**
4.4	**Neighbourhood Working, Provider Alliance** - Update on Progress - Draft Memorandum of Agreement - Governance	LJa stated that some issues and challenges have arisen around who is part of this alliance and what is required as providers. At present each provider has their own conflicting priorities, objectives and financial pressures. The 4 out of hospital Providers have been developing a working relationship over the past 6 months. Clarity is required about the inclusion of Pennine Acute, recognising that further engagement will be required with a new Partner. As such the Memorandum of Agreement is being paused by the Alliance. In terms of the types of partnership with Pennine Acute, LJa gave three options: **Option 1** Continue as normal including Pennine Acute colleagues in workstreams? **Option 2** Alliance to include Pennine Acute, where further work and discussions will be required. Put alliance and MOU on hold until these discussions have been made however this will delay the alliance sign off. **Option 3** Start the whole process again including Pennine Acute and begin a new joint alliance?		

		Alliance Partners sought clarity on membership of the Alliance and advised that there was not an understanding that the emerging Alliance may develop into a LCO. Chief Officers and Chief Executives are to reflect on this in imminent "lock ins" and there will be a meeting in mid June, on the form of a LCO for Bury to which Chief Executives and Directors from Partner Organisations will be invited.		
4.5	**Better Care Fund** - Internal Audit Report - Monthly Report, Financial Spend	This item was deferred until the June meeting. It was agreed that the Quarter 1 Paper and the Year End Position would be discussed.	**JG**	
5	**ITEMS FOR DISCUSSION**			
5.1	**Staying Well Recommendations Update**	LJo stated that the draft service specification was still with members of the JCG. Final feedback to be received within 2 weeks time however it is expected that these will be very minor. Alignment of the Radcliffe scheme is currently taking place to ensure the specification aligns with the scheme. Guidance is being sought on procurement options. It was agreed that this draft service specification will go to the Clinical Cabinet in June as the latest draft. **ACTION 5: LJO to send HH the draft Staying Well Service Specification by Wednesday 25th May to ensure it is on the Clinical Cabinet agenda for June.**	**LJo**	**25.05.16**
5.2	**GM Joint Commissioning Strategy – Draft**	The Joint Commissioning Board (JCB) have recognised and acknowledged this draft document. A 3 month deadline was been given starting from March 2016 that by the end of June 2016 a final draft would be ready for sign off through the		

		GM Governance arrangements. MO'D stated that the GM Directors of Commissioners had seen this report also and comments were well received recognising it is high level and was developed very quickly. It was agreed that this document would be further discussed at the next meeting to discuss how this links and will interface with our locality plans. **ACTION 6: ZF to put on the agenda.** MO'D asked all providers to please read through this document and send any comments and/or amendments to MO'D by Friday 27.05.16. MO'D will collate these comments and bring to the next meeting for further discussion. **ACTION 7: All Members & MO'D**	**ZF** **ALL MEMBERS**	**16.06.16** **16.06.16**
5.3	**Feedback on our Partnership Board H&WB Priorities 2,3, & 4**	PJG stated that she will email out to all members for comments, which will be collated and brought to the next meeting. This will then go to the next Health & Well Being Board for final sign off **ACTION 8: PJG to email out for comments**	**PJG & ALL MEMBERS**	**16.06.16**
5.4	**Section 75 Risk Share Agreement Signoff**	JG stated that last Section 75 was only a 1 year agreement and a refresh is required. **ACTION 9: JG & CW to meet and discuss asap.**	**JG & CW**	**16.06.16**
6	**ITEMS FOR INFORMATION ONLY**			
6.1	**SRO Meeting Notes**	Attachment was for information only.		
6.2	**System Resilience Group (SRG) Meeting Notes**	It was agreed that a copy of the Recovery Action Plan will be regularly brought to this group for information and acknowledgement. **ACTION 10: KWA**	**KWA**	**16.06.16**
6.3	**Minutes from GM Meetings Architecture of all the**	PJG will circulate documents to the meeting members. **ACTION 11: PJG**	**PJG**	**16.06.16**

	meetings to be discussed			
6.3	**Date & Time of Next Meeting 16.06.16**	16th June 2016, 9.30am – 11.30am, Room 0.1, Ground Floor, Knowsley Place.		
6.4	**Agenda Items for Next Meeting**	➢ Bury Children & Young People's Integrated Health & Wellbeing Service Update ➢ Better Care Fund – Action Plan by Metrics / Scheme dashboard ➢ GM Commissioning Strategy ○ How this links & interfaces with the Locality Plans ○ Collation and discussions of all comments sent to MO'D ➢ GM Primary Care Commissioning Strategy	**LJo** **JG** **MO'D** **MO'D**	

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DEPARTMENT FOR COMMUNITIES & WELLBEING

Bury COUNCIL

MINUTES OF HOUSING STRATEGY PROGRAMME BOARD HELD ON MONDAY 06th JUNE 2016

Present: Pat Jones Greenhalgh - Executive Director of Communities and Wellbeing (Chair) **PJG**
Steve Kenyon – Interim Director of Resources and Regulation **SK**
Chloe McCann Assistant Improvement Advisor, Corporate Policy, Department of Communities and Wellbeing (Minutes) **CNM**
Marcus Connor - Corporate Policy Manager, Department of Communities and Wellbeing **MCC**
Sharon McCambridge - Chief Executive of Six Town Housing **SMc**
John Merrick - Director of Neighbourhoods, Six Town Housing **JM**
Emma Richman - Director of Assets, Six Town Housing **ER**
Sharon Hanbury - Head of Urban Renewal, Department of Communities and Wellbeing **SH**
Karen Young – Strategic Lead, Department of Communities and Wellbeing **KY**
Tracey Hunt - Financial Services Business Manager, Six Town Housing **TH**

		ACTION
1.0	**Apologies:**	
1.1	Cllr Rishi Shori - Leader of the Council **RS**	
2.0	**Minutes of 26th April 2016 Meeting:**	
2.1	The minutes of the meeting, held on Wednesday 26th January 2016 were approved as a correct record and that these would be provided to the Health and Wellbeing Board.	
3.0	**Matters Arising:**	
3.1	**Item 6.2 from the agenda, NEDO -** This item was requested to be removed from the agenda today as there needs to be further clarification on the figures contained in the report. This will now be brought back at a future meeting.	**ER/SH**
3.2	**Item 4.1.1.2** SK has received information on the development proposals and will speak to PJG and Cllr Walmsley in further detail.	**SK**
4.0	**New Items:**	
4.1	<u>Greater Manchester Housing Providers Membership (For decision) – **SMc**</u>	
4.1.1	A discussion took place around Six Town Housing becoming a member of the Greater Manchester Housing Providers Group.	
4.1.2	PJG advised that the Memorandum of Understanding does not require agreement by HSPB as this has already been approved by the Combined Authority. However, PJG stressed that it is essential that Six Town Housing do not sign up to any agreements proposed by the group without discussion with the Council through HSPB.	
4.1.3	SMc stated that the Greater Manchester Housing Providers Board is in fact a decision making body and that Six Town Housing may be asked to sign	

		ACTION
	up to things at meetings. However, PJG re-confirmed that as Six Town Housing is an arm's length management organisation of the Council no decisions can be made without consultation with the Council first.	
4.1.4	SMc agreed that any decisions for Greater Manchester discussed by the Housing Provider Group will be shared with the Council and SMc will inform the Council of the wider decisions made by this group.	**SMc**
4.1.5	It was agreed that the minutes be provided to HSPB on progress with SMc giving an update at the next HSPB meeting after the Providers Group meeting.	**SMc**
4.2	Private Sector Lease and Repair (For Decision) – **ER**	
4.2.1	HSPB were asked for agreement in principle to continue a piece of work which will include financial costs and legal implications. This work will be developed by the project group that is currently under development.	
4.2.2	The Terms of Reference, including outcomes, were also requested.	**ER/SH**
4.2.3	It was agreed that the project group will look at the financial, capacity and legal implications and provide an update at the 24.08.2016 HSPB.	**ER/SH**
5.0	**Existing Items:**	
5.1	Major Adaptations – Business Case for Technical Instructor Post (For Decision) - **SH**	
5.1.1	Discussion took place around this proposal and it was agreed that TH and SK are to discuss this matter further outside the meeting.	**TH/SK**
5.2	NEDO (For Information) - **ER**	
5.2.1	This item has been deferred to the next meeting.	
5.3	Tenant Incentive Scheme (For Decision) - **JM**	
5.3.1	Discussions have taken place outside the meeting to work on how to develop this proposal.	
5.3.2 5.3.3	PJG advised the Board that it is important to consult with Cllr Walmsley, as the Golden Shareholder of Six Town Housing, and the new portfolio holder for this remit. PJG to meet with Cllr Walmsley on 10.06.2016 to seek her views of the development of a scheme.	**PJG**
6.0	**Standard Items:**	
6.1	HOB Action Plan to HSPB– **SH**	
6.1.1	SH provided HSPB with a summary of items discussed at the last HOB.	
6.2	Welfare Reform – **JM/KY**	
6.2.1	JM provided an update on Welfare Reform. He advised that overall we are continuing to do a lot better than most other organisations; however, cases	

		ACTION
	have increased from April 2016. Full roll out is expected by April 2017.	
6.3 6.3.1	<u>Asylum Seekers – **KY**</u> KY provided HSPB with a brief update on current circumstances with Asylum Seekers.	
7.0	**Any Other Business:**	
7.1	<u>Strategic Radar</u> Ailsa Dunn from Sixtown Housing is currently doing some work around implications of the Housing and Planning Bill 2016 SMc advised AD will be pulling a report together to go to the next HOB meeting on the 05th July 2016 then HSPB on the 30th September 2016.	
8.0	**Date of Next Meeting** Monday 30th June 2016, 13:00pm – 14:30pm Conference Room, 4th Floor, Six Town Housing	

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CARBON REDUCTION/CLIMATE CHANGE BOARD
THURSDAY 25 FEBRUARY 2016

ACTION NOTES

PRESENT: Pat Jones-Greenhalgh, Neil Long, Dominic Pooler, Chris Horth, Martin Stott, Paul Cooke, Sharon Hanbury, Alex Holland

APOLOGIES: Lorraine Chamberlin, Paul Webb, Lesley Jones, Clinton Judge

Item No	Discussion	Action Agreed	By Whom
1	**Notes of Last Meeting – 25th November 2015** <u>Sustainability Criteria for New Build</u> Sharon still has to pull together a Task and Finish Group; however, she has identified the people who need to be involved. <u>Office Recycling</u> A briefing note was attached at the foot of the minutes and Neil advised the meeting that Talat was progressing well with the project. Alex asked to be kept informed around this piece of work in terms of 3KP and what the suggestions would be. <u>Low Carbon Hub Environment Liaison Group Meeting</u> Neil to follow up this action point. Alex informed the meeting that things were now going at a pace and that the Wider Leadership Team will be approving a Governance structure. There is a strong emphasis on Devolution and trying to bring in blue light services by One Public Estate. <u>LED Street Lighting</u> Neil advised that all parks and countryside areas are now a part of the LED Street Lighting Scheme. Currently looking at lighting outside schools and around Six Town Housing localities. Paul advised that where schemes are being developed within Children's Services they will try and build LED street lighting	Sharon to progress and update Neil to advise Alex Neil to progress	

Item No	Discussion	Action Agreed	By Whom
	into the work, however it is an expensive process and would be prohibitive. Chris said that we now need to be looking at our own proprieties especially around lighting and electrical circuits. Pat asked who could pilot a business case. After discussion, Alex agreed to develop a business case and feedback to the next meeting. The notes were agreed as a correct record.	Alex to develop a group and bring back to the next meeting	
2	**CRC Risk Register** Chris advised that an error had been made in the forecast charges and the Council was due a refund of £6750.00. The Council had successfully completed external audit and the CRC Working Group will resume in March 2016.		
3	**Low Carbon Hub Environment Liaison Group Meeting** No update was provided as there had not been any recent meetings. The Council had submitted comments on the implementation plan and Chris advised that whilst it touched on air quality, it did not seem fully integrated. Nothing has been heard since submitting our comments.		
4	**District Heat Network/RE:FIT Retrofit Scheme** There is a proposal to combine two of our main projects, namely: • REFIT project to retrofit energy efficiency measures to 5 of our buildings Bury Town Hall Bury Adult Learning Centres Bury Library and Museum		

Item No	Discussion	Action Agreed	By Whom
	Castle Leisure Centre Whittaker Street Offices • Heat Network Feasibility Study – we have received £44k from DECC to carry out a feasibility study for a heat network in Bury Town Centre, looking at supplying initially Knowsley Place, Bury Town Hall, Bury Adult Learning Centre, the Library and Museum and Castle Leisure Centre. The two projects have strong links in relation to the buildings involved. Successful co-ordination and delivery of these two schemes could see considerable benefits delivered to Bury Council, both through the capital works and access to delivery resource/support. To progress the REFIT project it would be beneficial to access a resource to help with the procurement and technical input. This work could cost circa £30k and without this assistance it could be very difficult to take this scheme to delivery. If we combine the energy efficiency works with the Heat Network project we could access ELENA funding, to fund 90% of the cost of the procurement, commercial and technical input needed to deliver the energy efficiency scheme. The danger could be that the Heat Network Feasibility suggests that the heat network is not feasible. If this happens then the refit scheme will have been delayed 3 months and we would have to find the resource for the procurement and technical assistance we need to deliver the scheme – circa £30k. If we combine the two projects and The Heat Network Feasibility will be completed in July 2016, this shows the network is a good idea and we can then commission energy audits of the building and commission consultants to develop a detailed strategic business case for EE and heat network and then look at options for procurement in July to December 2016. Work has been carried out on the tender document for the last six months aiming to allow companies to tender for the maximum cost of measures to be put in place. The invitation to tender document is almost complete. The		

Item No	Discussion	Action Agreed	By Whom
	Council will get proposals for savings and measures and will then appoint. If we go ahead it will cost £1m through invest to save. If we pull out we will have to pay the costs to the company who carried out the details work, which is a low risk. Chris confirmed that the Council had political sign off on the project via an Operational Decision. Alex to appoint someone to project manage the process. ARAB is looking into the technical and financial feasibility. They had met with GMCA who think it will be best to bring the two projects together. However, there are risks involved in this.	Alex to progress	
5	**Nissan Electric Car Workplace Scheme** Health and wellbeing Strategy has an objective to reduce emissions from transport and an indicator that looks at the usage of local charging points. In connection with this, a colleague form Salford sent some information on Nissan's Workplace Scheme which offers an all electric Nissan Leaf at discounted rates to employees and their families. In Salford the scheme has been very successful resulted in 13 employees purchasing Leafs. A meeting was held with Luke Hebden from Westway Nissan and Matt Downs from Nissan UK a couple of weeks ago. They both drive Nissan Leafs and were able to tell us about the car and the experience of operating an all electric vehicle. The range is around 90–100 miles on a full charge which is probably enough for most journeys for most people. A full charge at home overnight would cost about £2.50 so the cost of running the car is 2.5 pence per mile. The car has a sat nav which advises of your range and the position of all local charging stations. Most motorway services now have rapid chargers which allow you to charge in 20-30 minutes. These provide free electricity. The deal that Westway are offering is a Personal Contract Purchase which involves an initial deposit of £199 and then 36 monthly payments of £199 followed by an optional final payment of £10,500. Most people won't pay that final payment but may take up a further PCP for a new Leaf. This deal is even better than the deal they offered Salford so hopefully we will get a good take up. Looked at the car and it is a good size		

Item No	Discussion	Action Agreed	By Whom
	family saloon. In Bury we have 7 charging points that can charge two cars each. Currently the electricity is free and parking is free at the stations. As an extra incentive would be to offer free parking for all 100% electric vehicle in Bury so that cars that do not need charging and are not tempted to occupy the charging bays in order to get free electric. People at the meeting were in favour of this deal and Pat asked if this item could go to a future SLT meeting. Paul advised that there were alternative options through the Pennine Acute Car Lease Scheme. Paul also advised that the Council need to consider making arrangements for charging points on Council sites. Sharon advised that there is no risk to the Council in encouraging this and there is no reason why staff should not have more than one option to consider. Chris to take the matter forward with Corporate HR.	Chris to progress	
6	**Update of Health and Wellbeing Strategy Priority 5 – Healthy Places** <u>Draft Adaptation Framework</u> Our Health and Wellbeing Strategy has an objective to engage the public and third sector partners to gather information and share best practice regarding mitigating and adapting to climate change. This is an area of activity we have neglected due to limited staff resource. Recent events have raised the importance of this area of work. We are the only GM council to have this in our health and wellbeing strategy and therefore we were approached by Climate UK and the Environment Agency to help them to develop a matrix to measure how prepared we to address the impacts of climate change on health. Climate UK have worked with the EA to develop a matrix which looks at the government actions in the national Adaptation Programme and boils this down to local actions on a GM level and the at a local level. The matrix measures and combines Government, GM and local council action to give a percentage level of preparedness. Looks like a good tool to identify where we are and what actions we need to develop. We have just been consulted on the matrix and felt that it needed to add some more on the role of development control and strategic planning. Chris is linking with Matt Ellis for the EA to add these actions with		

Item No	Discussion	Action Agreed	By Whom
	appropriate mechanism for measuring success. <u>GM Clean Air Zone Feasibility Study</u> Air Quality Management Area - In GM we work together on local air quality issues and recently we have carried out an updated assessment of our air quality using computer modelling software. The modelling software will show the areas that are not likely to meet Government and EU targets. The areas not predicted to meet targets will be declared our new Air Quality Management Areas. The modelling is suggesting that there are areas of our region that are not likely to meet targets for nitrogen dioxide. The modelling software we use is very accurate however there is always some degree of uncertainty re the results. When we define our Air Quality Management area we have in the past built in a level of precaution. The target that we won't meet is for Nitrogen dioxides annual mean of 40 ug/m3. In the past we have declared the AQMA at all areas which are predicted to be 35ug/m3 or above. This allows for any inaccuracies of the model and takes a precautionary approach. This time there was a debate regarding whether we should set the AQMA boundary nearer to the actual objective i.e. at 37ug/m3. Manchester's Mayor and Howard Bernstein felt we should stick with the 35ug/m3 level and therefore this is what we are proposing and will be taken to Wider Leadership Team. <u>Clean Air Zone</u> TfGM have been awarded £100,000 from Defra to carry out a Clean Air Zone feasibility study for Greater Manchester. First phase of the study will look at 3 geographical areas: • Inner Ring road • Outer Ring road – M60 • AQMA Study will look at the possible health benefits of each approach. The zone is likely to target taxis, coaches, buses and lorries and encourage the use of		

Item No	Discussion	Action Agreed	By Whom
	cleaner vehicles and therefore improve air quality across Greater Manchester. TfGM are doing the modelling of the scenarios and a consultant will be employed to write the report. Five cities in England are being enforced to implement such a zone by 2020 - Leeds, Birmingham, Nottingham, Derby and Southampton. A new document will be published by PHE on 23 February 2016 called "Every Breath We Take". This document will highlight the link between air pollution and risk to health and may generate interest and enquiries to Local Authorities. Recently been asked for possible MSc projects for Salford University Students – it was suggested that students could look into this link for Bury and assess the likely impact of a scheme to send warnings to those with respiratory problems regarding poor air quality. Sharon reported that housing in now a part of the new priority 5 of the Health and Wellbeing Strategy. Lots of work is currently being undertaken. It was agreed that reports come to this meeting first before going to the Health and Wellbeing meeting. There was a question about getting a report to this meeting before the next Health and Wellbeing Board meeting. Sharon is also looking ways of making the document more interesting and will feed back at the next meeting.	Sharon to look into Sharon to action	
7	**Other Business** <u>Bury Times Article</u> This item needs to be linked up with Cllr Shori around wind farms. Chris to provide a briefing and then it can be noted.	Chris to action	
	Date and Time of Next Meeting: Wednesday 6th April 2016 at 10.30am in Meeting Room A, Town Hall		

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