AGENDA FOR

HEALTH AND WELLBEING BOARD

Contact: Julie Gallagher
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To: All Members of Health and Wellbeing Board

Members: Councillor Andrea Simpson (Chair), Councillor Rishi Shori, Councillor Sharon Briggs, Dave Bevitt, Stuart North, Lesley Jones, Maria Donaldson, Barbara Barlow, Dr Kiran Patel, Councillor Roy Walker, Jon Aspinall, Karen Dolton, Julie Gonda, Stuart Richardson and Steve Taylor

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, 28 September 2017
Place:	Meeting Rooms A&B Bury Town Hall
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTES OF PREVIOUS MEETING *(Pages 1 - 10)*

Minutes of the meetings held on the 19th July and the 1st September are attached.

4 MATTERS ARISING *(Pages 11 - 18)*

Updates will be provided on the following issues:

- Team Bury Update
- Transformation Monies Update
- BCF Submission
- Suicide Figures

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 THE BURY DIRECTORY ANNUAL REPORT *(Pages 19 - 44)*

Katie Wood, Bury Directory Development Officer, will report at the meeting.

7 UPDATE ON THE WORK OF THE SYSTEM LEADERS

Julie Gonda, Interim Executive Director will report at the meeting.

8 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) *(Pages 45 - 138)*

Steven Woods, Representative from the Greater Manchester Commissioning Support Unit will attend the meeting to provide members of the Board with an update in respect of the PNA pre-consultation draft document. Report attached.

9 TRANSFORMATION UPDATE *(Pages 139 - 178)*

Updates will be provided on the following areas of work:

- Transformation Programme Board Terms of Reference – Stuart North, Chief Operating Officer, Bury CCG will report at the meeting, report attached.
- Transformation Programme Board and Mobilisation Update - Stuart North, Chief Operating Officer, Bury CCG will report at the meeting.
- Update on the Communications and Engagement elements of the Locality Plan – Heather Crozier, Social Development Manager will report at the meeting.
- Greater Manchester Population Health Plan – Lesley Jones, Director of Public Health will report at the meeting, report attached.
- Greater Manchester Children's Health and Wellbeing Board – Karen Dolton, Interim Director of Children's Services will report at the meeting.
- Greater Manchester Meetings Mapping – Chris Woodhouse, Improvement Advisor will report at the meeting, report attached.

10 UPDATE FROM THE DIRECTOR OF PUBLIC HEALTH

Lesley Jones, Director of Public Health will provide a verbal update on the progress of the recommendations contained within the Public Health Annual Report.

11 COMMUNICATIONS AND MARKETING UPDATE

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

12 URGENT BUSINESS

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

13 ***FOR INFORMATION SUB GROUP MINUTES *(Pages 179 - 216)*

Minutes from the following meetings are attached:

- GM Social Care Strategic Partnership Board
- Children's Trust
- Housing Strategy Board
- Adult Safeguarding Board

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Agenda Item 3

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: Wednesday 19th July 2017

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Representing the voluntary sector Dave Bevitt; Healthwatch Chair, Barbara Barlow; Director of Public Health, Lesley Jones; Chief Operating Officer, CCG, Stuart North; Interim Executive Director Communities and Wellbeing, Julie Gonda; Jon Aspinall (GMFRS); Stuart Richardson, Pennine Care NHS Foundation Trust.

Also in attendance:

Representing Karen Dolton - Karen Whitehead, Strategic Lead, Bury Council
Dave Boulger - Programme Director, (Devolution) Bury Council and Bury CCG
Chris Woodhouse - Improvement Advisor
Julie Gallagher – Democratic Services
Heather Crozier – Health and Wellbeing Board Policy Lead
Jon Hobday – Public Health Consultant
Joanne Horrocks – Chief Officer, Healthwatch
Amy Lepiorz – Deputy Director of Primary Care

Apologies:

Leader of the Council, Councillor Rishi Shori; Assistant Director of Social Care and Safeguarding, Karen Dolton.
Chair Bury CCG, Dr K. Patel
Pennine Acute NHS Trust, Steve Taylor

Public attendance: 2 members of the public were in attendance

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HWB. 067 DECLARATIONS OF INTEREST

Councillor Andrea Simpson, Chair and Cabinet Member for Health and Wellbeing declared a personal interest in all items under discussion as an employee of Salford Clinical Commissioning Group.

HWB. 068 MINUTES

Delegated decision:

That the minutes of the meeting held on the 14th June 2017 be approved as a correct record.

HWB.069 MATTERS ARISING

- Update on the bid for Transformation Monies -The Interim Executive Director Communities and Wellbeing reported that a meeting had taken place between Jon Rouse, representatives from the GM Health and Social Care Partnership and Local Authority and CCG officers. The meetings were very positive, additional information and clarification in relation to the anticipated benefits in respect of the proposals, including time frames were requested. It is envisaged that the transformation money will be signed off in August 2017.

- Update on the Team Bury Workshop - Chris Woodhouse, Improvement Advisor reported that a Team Bury workshop event had taken place. The focus of the workshop was; how to increase the communication between the HWB, the Community Safety partnership and The Bury Business Leadership Group; the development of shared common outcomes including the single outcomes framework. The Terms of Reference for the Team Bury Group will be refreshed and considered at a future meeting of the HWB.

- Update on the Pharmaceutical Needs Assessment (PNA) Consultation - The pre-consultation phase has now been completed and GM Shared services are in the process of compiling the data. The draft PNA will be presented at the September Board meeting prior to the commencement of formal consultation.

HWB.070 PUBLIC QUESTION TIME

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

HWB.071 PRIORITY ONE, STARTING WELL LEAD AND SYSTEM LEADER, INTEGRATED CHILDREN'S SERVICES (RAMSBOTTOM, TOTTINGTON AND NORTH MANOR)

Karen Whitehead, Strategic Lead attended the meeting to provide members with an update in respect of priority one of the Health and Wellbeing Strategy – Starting Well.

Members considered the performance data in respect of priority one starting well. The Performance data included information in respect of smoking in pregnancy, breast feeding rates and school readiness.

In response to Member's question, the Director of Public Health reported that they are aware of gaps in the data and this will be addressed. Data and performance analysis will form part of the HWB member development day scheduled to take place on the 1st September 2017.

The Strategic Lead reported that a joint CQC and Ofsted inspection of the Local Authority and health partners Special Educational Needs services had recently been undertaken. The inspection team met with focus groups, parents and health partners. A letter following the inspection will be published shortly and will contain a number of recommendations. It is expected that the recommendations will focus on a more coherent and

strategic approach to the provision of SEND services with an emphasis on partnership working.

It was agreed

The Performance data link would be circulated to all members of the HWB

HWB.072 SUICIDE PREVENTION STRATEGY

Jon Hobday, Public Health Consultant attended the meeting, to raise awareness of the scale of the issue of suicide in Bury. An action plan has been developed and was circulated to Members in advance of the meeting. The Action Plan provides an update for members on the work being undertaken in respect of suicide prevention.

The Public Health Consultant reported that suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental health ill-health. There has been a total of 104 suicides by residents of Bury between 2011 and 2016. 76% were male, 43% off all suicides were by residents aged 45-64 and Bury East Township had the highest rates of suicides.

In August 2016 Bury Public Health facilitated the first multi agency suicide prevention meeting. Since August the Group has met on four separate occasions and has audited suicide prevention activities, reviewed and analysed the available data, linked in with the Gm suicide prevention executive and had developed and agreed a multi-agency local action plan.

It was agreed:

1. The Public Health Consultant would clarify the information in respect of the most up to date suicide figures and circulate the information to members of the Board
2. The Health and Wellbeing Board endorse the multi-agency action plan.
3. The Health and Wellbeing Board endorse the ongoing work of the suicide prevention group.

HWB.073 WIFI WITHIN GP SURGERIES

Amy Lepiorz, Deputy Director of Primary Care, Bury CCG attended the meeting to update members on the roll out of Wifi within General Practice.

NHS WiFi provides a secure, stable, and reliable WiFi capability, consistent across all NHS settings. It will allow patients and the public to download health apps, browse the internet and access health and care information. As part of this programme of work NHS Bury CCG applied to be an early adopter and successfully implemented a free WiFi solution for clinicians, staff and patients in April 2017.

Adoption of Online Services has increased since the WiFi went live, patients are now able to order prescriptions and book appointments at a time suitable to them. As part of the scheme each GP has introduced a

Digital Champion. The benefits for staff have included; staff work seamlessly in any Bury practice; clinicians can download patient information via the Vision Anywhere App to provide safer care on home visits; releases capacity and enables new ways of working.

Members discussed issues in relation to publicity with regards to the introduction of the programme, third party information sharing, agile working and signposting information.

The Social Development Manager reported that the Council is working with its partners in the CCG as part of the neighbourhood engagement framework to co-ordinate their IT infrastructure.

The Deputy Director reported that the CCG has invested in an Ipad for each Practice and reported that there has been no negative feedback from staff involved in the project.

It was agreed:

The Deputy Director of Primary Care be thanked for her attendance.

HWB.074 LOCALITY PLAN "ENABLERS"

Dave Boulger, Programme Director (Devolution) attended the meeting to provide members with an update in respect of the Locality Plan in particular the mobilisation work been undertaken. The full version of the locality plan has been completed and circulated and a shorter public facing version is under development.

The Locality Plan will be mobilised via four workstreams:
Information Management Technology and Business Intelligence, this work will be led by Dr John Hampson; Workforce & OD, Lead Officer, Tracy Murphy; Communication and Engagement, Lead Officer Heather Crozier; Estates and Physical Assets lead officer Alex Holland.

The initial focus for each of the four work streams will be the development of a Digital Strategy underpinned by a Business Case for the GM Digital Transformation Fund as well as a workforce strategy and an Organisational Development Plan. With regards to communication and engagement, there will be established a shared System Identity as well as a Public Facing Locality Plan.

The Programme Director reported that with regards to estates and physical Assets there will be:

- Neighbourhood Asset Review;
- Reassessment of capacity/occupancy levels in Public Sector buildings;
- Refreshing the Capital Investment Pipeline;
- Commencing Project Initiation in relation to some specific proposals tied to the locality plan, including the One Commissioning Organisation, Neighbourhood Working; Fairfield Hospital Masterplan.

In response to a Member's question in respect of co-location with partners other than those from health; Stuart Richardson reported that this is being considered. Neighbourhood working will be one of the mobilisation tools for co-working.

HWB.075 GM DEVOLUTION

The Improvement Advisor reported that work is underway to review how the Health and Wellbeing Board interacts with the Greater Manchester devolution agenda, in particular the GM Health and Social Care Partnership Board and other GM Boards/Committees.

The purpose of the work is to map the different meetings currently taking place across Greater Manchester and agree a format for reporting back in to the HWB.

It was agreed:

1. The Improvement Advisor would circulate to Board Members a template form for completion in respect of Board Members attendance at Greater Manchester meeting.
2. Once completed, a follow up report will be considered at the Board in respect of a format for feeding in/reporting back with regards to work being undertaken at a Greater Manchester level.

HWB.076 HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Social Development Manager presented the Health and Wellbeing Annual Report for approval. The report contains an overview of the Health and Wellbeing Board from the period April 2016 to March 2017 and reflects the key achievements, challenges and activities.

It was agreed:

The Board approves the Health and Wellbeing Board with a recommendation that the report be considered at the next scheduled meeting of Full Council scheduled to take place on 13th September 2017.

HWB.077 ADDITIONAL FUNDING FOR SOCIAL CARE

The Interim Executive Director of Communities and Wellbeing attended the meeting to inform Board members of the additional funding proposals for social care. The Executive Director reported that the Improved Better Care Fund (IBCF) Grant is a Department for Communities and Local Government (DCLG) grant paid to Bury Council.

The Interim Executive Director of Communities and Wellbeing reported he Government has made it clear that part of this funding is intended to enable local authorities to quickly provided stability and extra capacity into the local care systems. Local authorities are therefore able to spend the grant (including to commission care) as soon as plans for spending the

grant have been locally agreed with the local CCG. The CCG locally are actively involved in agreeing the Better Care Fund plan.

Areas where the IBCF resource will focus:
1. Support growing demand (in complexity and service user numbers) for local authority funded care and support.
2. Building resilience & capacity within the social care workforce
3. Support a new model of domiciliary care delivery focussing on flexibility and a person centred approach.
4. The Duty of Market Management for Social care, including consideration of fee levels

In response to a Member's question, the Interim Executive Director reported that a more detailed report in respect of the money spent will be considered at a future meeting of the Health and Wellbeing Board.

It was agreed:

1. That the Bury Health and Wellbeing Board agrees in principle to Bury councils planned spending intentions regarding the Improved Better Care Fund.
2. A further more detailed reported in respect of the Additional Funding for Social Care will be considered at a future meeting of the Health and Wellbeing Board

HWB.078 HEALTHWATCH ANNUAL REPORT

The Chief Officer, Healthwatch attended the meeting to present the Healthwatch Annual Report. The Report provides an overview of the work undertaken by Healthwatch during 2016/17**.**

It was agreed:

The content of the report be noted.

HWB.079 URGENT BUSINESS

There was no urgent business reported.

HWB.080 FOR INFORMATION SUB GROUP MINUTES

The following minutes were included for information:
- Children's Trust Board
- Bury Safeguarding Adult's Board
- Carbon Reduction Board
- Housing Strategy Programme Board

Councillor Andrea Simpson
Chair

(Note: The meeting started at 2pm and finished at 3.45pm)

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: Friday 1st September 2017

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Councillor Sharon Briggs, Cabinet Member for Children and Families; Representing the voluntary sector Dave Bevitt; Healthwatch Chair, Barbara Barlow; Leader of the Council, Councillor Rishi Shori

Also in attendance: Margaret O'Dwyer – Director of Commissioning and Business Delivery
Leigh Webb – Democratic Services
Heather Crozier – Health and Wellbeing Board Policy Lead

Apologies: Chair Bury CCG, Dr K. Patel
Maria Donaldson, GMP
Chief Operating Officer, CCG, Stuart North

Public attendance: No members of the public were in attendance

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HWB. DECLARATIONS OF INTEREST

Councillor Andrea Simpson, Chair and Cabinet Member for Health and Wellbeing declared a personal interest in all items under discussion as an employee of Salford Clinical Commissioning Group.

Councillor Shori declared a personal interest in respect of any matters relating to staffing as his partner is an employee of Bury Council.

HWB. PUBLIC QUESTION TIME

There were no members of the public present at the meeting to ask questions under this item.

HWB. BETTER CARE FUND SUBMISSION DOCUMENT

David Boulger, Programme Director, submitted a Planning Template, setting the Better Care Fund proposals for 2017-2019.

Margaret O'Dwyer, Director of Commissioning and Business Delivery at Bury CCG presented the report and provided an overview of the key conditions and requirements of the Better Care Fund, making reference to the following 4 national conditions:

i. Plans must be agreed at a locality level

ii. The NHS contribution to Adult Social Care must be maintained in line with inflation (17/18 – 1.79%; 18/19 – 1.9%)

iii. There must be a local agreement to invest in NHS commissioned out of hospital services

iv. There must be a local agreement to invest in managing transfers of care, including the full implementation of the High Impact Change Model for Managing Transfer of Care

Four conditions from the previous Better Care Fund policy framework have been removed, but there is an explicit expectation that they remain an area of local focus and activity, namely:

- Requirement to implement 7 day services
- Better data sharing and the establishment of a local digital roadmap
- Joint approach to assessment, care planning and accountable professionals
- Agreed consequential impacts on providers

With regard to performance, the Better Care Fund 2017 to 2019 is subject to the following 4 performance metrics:

1) Delayed Transfers of Care (Disaggregated by cause - NHS and Social Care
2) Non-elective admissions
3) Admissions to Residential and Care Homes
4) Effectiveness of Reablement

Subject to approval it was explained that the Planning Template is required to be submitted for national evaluation by 11th September 2017.

During discussion of this item, Councillor Walker requested a breakdown of total spend in respect of mental health across the CCG, better Care Fund and Greater Manchester funding.

Delegated Decision:

That approval be given to the Better Care Fund 2017-19 Planning Template for onward submission to the National Better Care Fund Team for assessment.

Chair
Councillor A Simpson

(Note: The meeting started at 12.15pm and finished at 12.35pm)

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Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
14th June 2017 18:00-20:00	Draft Agenda 15 minutes before Paperwork and Deputies	Draft Agenda • Locality Plan and Transformation Bid –David Boulger • Pharmaceutical Needs Assessment (PNA) Consultation Update– Chris Woodhouse • Single Outcomes Framework – Chris Woodhouse	**Discussion**	• Working well and the future GM Work and Health Programme. (Priority 2) Tracey Flynn
			Standard Items	• Devolution update – Stuart North • Communication and Marketing – Chloe McCann
			Decision	• Better Care Fund Monitoring Report – David Boulger • Governance Update – Julie Gonda
			TBC	
			Info	**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)

	Interactive discussion/ focus	Agenda Items	
19th July 2017 14:00 – 16:00	Draft Agenda • Update on the Locality Plan and Transformation Money - David Boulger and Julie Gonda • Locality Plan Theme, 'Enablers' – David Boulger • Update on Team Bury Workshop • Priority 1, Starting Well Lead and System Leader, Integrated Children's Services (Ramsbottom, Tottington and North Manor) - Karen whitehead	**Discussion**	• Suicide Prevention Strategy – Jon Hobday • Greater Manchester Commissioning Review – Stuart North • WIFI within GP's – Amy Lepiorz supported by Stuart North • GM Children's Health and Wellbeing Board – Karen Whitehead • GM Population Health Plan Programme Board – Lesley Jones
		Standard Items	• Devolution update • ~~Communication and Marketing~~ – (Covered in other items) • GM Health and Wellbeing Board
		Decision	• Health & Wellbeing Board Annual Report 2015/16 – Heather Crozier
		TBC	
		Info	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

	Interactive Discussion/ Focus	Agenda Items	
28th Sept 2017 18:00 – 20:00	Draft Agenda **Discussion Topic – Living Well** • System Leader, Integrated Health and Social Care Community Teams (Prestwich) – Julie Gonda	**Discussion**	• Pharmaceutical Needs Assessment – Stephen Woods
		Standard Items	• Devolution update - Report from the Transformation Board, specifically on the LCO and OCO plan and what is happening to mobilise this including roles and functions. - Bury Health and Social Care Transformation Programme Board Terms of Reference (Final) – Stuart North - GM and local developments with the GM PH Plan – Lesley Jones - GM Children's Health and Wellbeing Board – Karen Dolton - GM Meetings Document – Chris Woodhouse • Communication and Marketing – Summary Report from the September 01st 2017 Half Day Member Development Session.
		Decision	• Director of Public Health Annual Report - Lesley Jones (Priority 2) • The Bury Directory Annual Report -. (all Priorities) – Katie Wood.
		Info	• Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5) • GM Health and Wellbeing Board • GM Reform Board

	Interactive discussion/ focus	Agenda Items	
23rd Nov 2017 14:00-16:00	Draft Agenda **Discussion Topic – Living Well with a Long Term Condition or as a Carer** • Priority 3, Living Well with a Long Term Condition or as a Carer Lead – Julie Gonda • System Leader, Promoting Wellness and Preventing LTCs (Whitefield) – Martin Clayton • Locality Plan Theme 'Building New Relationships'	**Discussion**	• Help yourself to Well-Being/ 1 year progress update (all priorities) and RSPH Annual Report – Cath Coward • Ground Work Ambition For Ageing – 6-9 Month update from March 2017 meeting. • Greater Manchester Early Help model – Tracey Flynn
		Standard Items	• Devolution update • Communication and Marketing – Update from the 03rd November 2017 Half Day Member Development Session.
		Decision	• Adult Autism Strategy and action plan • safeguarding report (adults) – Julie Gonda
		TBC	• Annual Safeguarding Adults report (priority 4) • Presentation of Bury Safeguarding Children Board Annual Report (2016-17) (priority 1) Independent Chair of BSCB (Sharon Beattie)
		Info	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	
21st Dec 2017 18:00 – 20:00	Draft Agenda Locality Plan – David Boulger **Discussion Topic – Ageing Well** • Priority 4, Ageing Well Lead – Julie Gonda • System Leader, Urgent Care (Bury West) – Steve Taylor • Locality Plan Theme 'Reducing Failure Demand'	**Discussion**	
		Decision	
		TBC	• Marketing Update • Devolution Update
		Info	**Mins of Health & Wellbeing Board Sub Groups** • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	
14th Feb 2018 14:00 – 16:00	Draft Agenda **Discussion Topic – Healthy Places (Place Based – Physical Environment)** • Priority 5, Health Places (Physical Environment) Lead –Lesley Jones • System Leader, Wider Council Provision (Radcliffe) – Julie Gonda • Locality Plan Theme 'Tackling Wider Determinants	**Discussion**	
		Decision	Pharmaceutical Needs Assessment – Final Sign Off
		TBC	• Marketing Update • Devolution Update
		Information	**Mins of Health & Wellbeing Board Sub Groups** • (Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	Agenda Items
28th March 2018 18:00-20:00	Draft Agenda Locality Plan – David Boulger **Discussion Topic – Healthy Places (Place Based – Quality of life including skills)** • Priority 5, Health Places (Social Environment and quality of life including skills) Lead – Julie Gonda • System Leader, 'Wider PSR Reform' (Bury East) – Jo Marshall Bell • Locality Plan Theme 'Tackling Wider Determinants'	**Discussion**	
		Decision	
		TBC	• Marketing Update • Devolution Update
		Info	**Mins of Health & Wellbeing Board Sub Groups** • (Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)
Items TBC			

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Agenda Item 6

Bury Health and Wellbeing Board

Title of the Report	The Bury Directory Annual Report 2016/17
Date	08/09/17
Contact Officer	Katie Wood (The Bury Directory Development Officer
HWB Lead in this area	

1. Executive Summary

Is this report for?	Information X	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	For information on TBD progress		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	Priorities - 1,2,3,4		
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	N/A		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	To note the contents of the report and support The Bury Directory		
What requirement is there for internal or external communication around this area?	Promote The Bury Directory within service areas and external channels		
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.	Yes – CWB Wider Management Board and Strategic Leadership Team (SLT)		

2. Introduction / Background

The Bury Directory Annual Report - the purpose of the report is to summarise the developments to the directory and show the annual progress of the directory from 2016/17 and also highlight future plans to develop the directory into 2017/18 It also seeks to raise awareness of The Bury Directory and its role as a tool to support the Neighbourhood Working agenda. Strategic Leadership Team is requested to sign off the Annual Report.

3. key issues for the Board to Consider

Key achievements in 2016/17 were:

- Increased marketing, training and social media presence of The Bury Directory. This has been achieved by:
    - Creating specific and unique pages on The Bury Directory to link to public health campaigns. These pages have then be used in the relevant social media campaigns and has seen an increase in the number of people accessing the site via social media.
    - Attended numerous focus groups such as the Carer's Focus Group to gather feedback on the website and further spread the word of TBD amongst specific target audiences.
    - Created 'How To' videos that sit on the home page of TBD that show people how to use TBD and enable them to look for services, activities and advice themselves.
    - Created an e-learning module for staff to refresh their skills on using TBD and enable them to be confident to use the site with the public.
    - Delivered numerous face to face training across the whole of Team Bury partners. This included delivering training to **140 Police Officers and PCSO's** across the neighbourhood teams. **Over 100 other staff from Bury Council and other agencies across Team Bury** were also trained, including those working in the trailblazer hubs in Bury East and Radcliffe.
    - Attended numerous profile raising events across the borough including the Six Town Housing Summer Roadshows, Neighbourhood Roadshows and staff system transformation events.
- Improved functionality across the website in several different areas. These include:
    - A new and easier to use dashboard area where providers manage their service information that sits on TBD and visitors manage the reviews they leave.

  - 'The Quality of Life Wheel' self help tool was launched in December 2016 and is currently being trialled in the trailblazer hubs of Bury East and Radcliffe. The wheel is providing bespoke wellbeing plans that enable people to help themselves through a conversational tool.
  - Part one integration with NHS Choices went live in July 2016, which has enabled visitors to access NHS Choices information and advice to compliment the current advice and guidance that sits on TBD.
  - All reviews are now date stamped to aid visitors making informed decisions when accessing services, groups and providers.
  - The directory now meets the requirements of Accessible Information Standard.
  - The 'What's On' calendar section now allows people to filter the calendar by the types of activities running across the borough such as community meetings, day events, sports and leisure.
  - Went live with the glossary app which allows for further explanation of terms, acronyms and legislation to ease the customer journey.
  - Added an emergency exit that allows people to quickly leave the website if they are searching sensitive information such as domestic abuse or safeguarding.
  - Fully integrated the Care Act into the directory and removed the specific button on the home page
  - Removed the A-Z search function from the home page to ease the customer journey.
  - Fully integrated the JSNA with TBD so that need is mapped with current provision to enable more intelligent commissioning. The public are also able to view the JSNA from a link on TBD home page.
- Further strengthened the governance of The Bury Directory and added new accreditation schemes to certain services. This has been done via:
  - Reintroducing the 'Local Offer' kite mark following consultation with Bury Parents Forum.
  - Including NHS Choices Self Care Apps for people to self asses their own health and make adjustments to improve their health and wellbeing.
  - Including the Golden Apple Scheme accreditation to relevant childcare settings signed up to the scheme.
  - Including the Bury Tattoo Parlour Hygiene rating to services signed up to the scheme.
  - Reviewed the whole site governance to ensure appropriate services are listed and establish which site they are best suited for (TBD or bury.gov.uk)
  - Created a governance procedure for messages sitting on the scrolling banner.
  - Created a governance procedure for accepting ratings on the website and developed a code of conduct for those leaving a rating.

- Increased usage and percentages increases in all statistical areas. Surmised, this equates to:
    - A **9%** increase in the proportion of people accessing The Bury Directory via a mobile phone. **57%** of all accessing TBD do so via a portable device (mobile or tablet).
    - Top keyword searches include 'supporting people', 'dementia', 'volunteering', 'Children's Centres' and 'Community' which reflect the vision for neighbourhood working.
    - **The total number of visitors during 2016/17 was 130,060 which is a 70 % increase when compared to 2015/16.** This is an average of over 10,800 visitors per month, with the highest number of visitors in one month being March 2017 at 14,978 visitors.
    - There are over 2500 services/groups/activities listed on the website, with the proportion of organisations listed (such as a charity/community group) increasing by **5%** compared to 2015/16.

- As a key enabler for transformation and delivery of the Locality Plan, the next financial year of 2017/18 will see a number of developments to ensure that The Bury Directory is fit for purpose and future delivery. These include:

    - A site redesign – This will elevate the profile of health, wellbeing and community information, whilst also aligning children's and adults information across the board. The site redesign will also allow for new branding in line with the Neighbourhood Working brand and bring a more up to date site that is appealing to all generations and simple to use.
    - Feedback Function – The function will collate feedback from customers to allow for improvements and ensure continued use for the site. It will also collate data needed to ensure TBD is meeting OBA objectives across Team Bury by gathering data sets relating to impact on reliance of other services.
    - A dedicated health channel – The site redesign will create a dedicated health channel which will be fully integrated with NHS Choices information and advice and service information (e.g. Pharmacy services, diabetes clinics etc). This will support a digital offer of social prescribing aiming to help people to help themselves and manage their own conditions.)
    - A Widget: The widget will allow people to search TBD from other websites. This will increase partnership working across Team Bury, help spread the word and encourage local business engagement with health and wellbeing.
    - CVS Intranet – The new CVS intranet will create a specific area for members of the CVS to join forums, have a secure document exchange and access an up to date training calendar to support the new infrastructure of the CVS and

ensure further improving communications between the Council and the CVS to deliver the neighbourhood working programme.

- QOLW – The Quality of Life Wheel will be fully rolled out across the borough and accessible via the home page following a period of trialling.
- Staffing – The Locality Plan is likely to ensure an increased the number of staff on the team to work on The Bury Directory which will enable an even better digital self care offer that reaches a wider market.
- Increasing the number of accreditation schemes on the directory and linking the directory with commissioned services. The accreditation schemes will be visible to encourage further sign up from partners and improve customer information to ensure an informed choice.

4. Recommendations for action

The pace and scale of the implementation of future developments is dependent on the financial input from the Locality Plan Transformation Fund bid. Ongoing investment in the technology of the directory will be required over time to ensure it is fit for purpose for continual delivery of the Locality Plan.

5. Financial and legal implications (if any) If necessary please seek advice from the Acting Council Monitoring Officer Janet Witkowski, (J.Witkowski@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

N/A

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

N/A

CONTACT DETAILS:

Contact Officer: Katie Wood

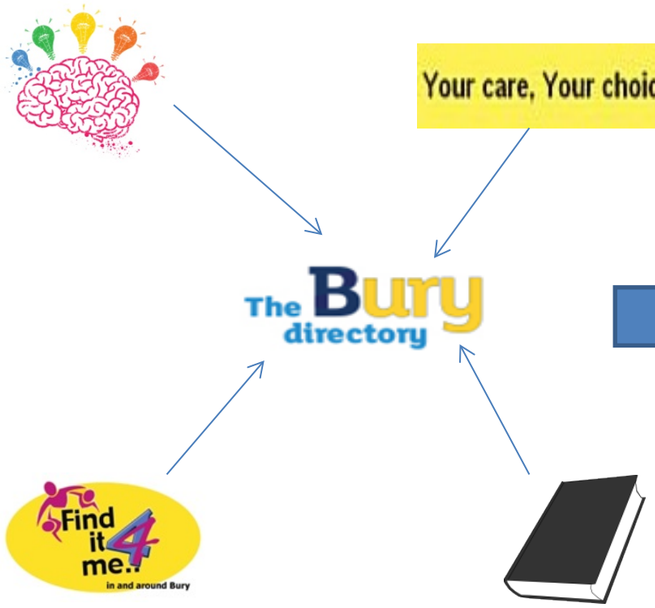
Telephone number: 0161 253 5819

E-mail address: k.wood@bury.gov.uk

Date: 8th September 2017

Summary (Drivers)

April 14 – March 15



Drivers:

- Children and Families Act 2014 (SEND Reforms)
- The Care Act 2014
- All previous directories, and sources of information were brought together to create one online information access point - The Bury Directory
- Hosted Externally by Open Objects and available 24/7

April 15 – March 16

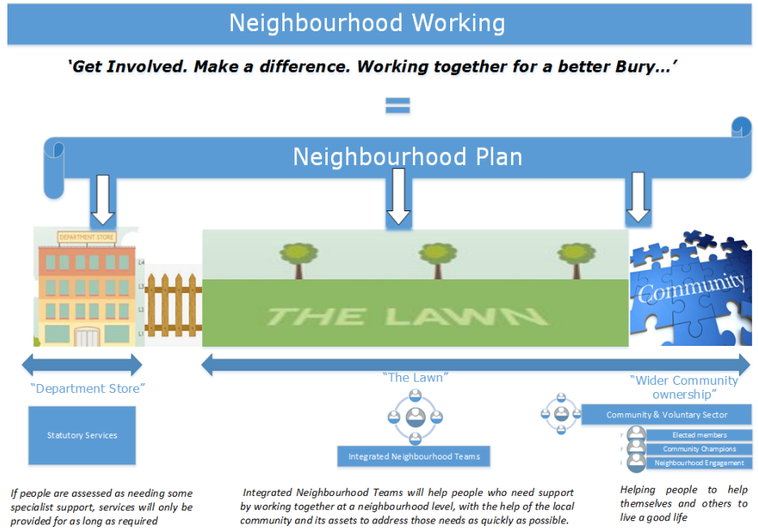
Drivers:

- Children and Families Act 2014 (SEND Reforms)
- The Care Act 2014

+

- Community Assets
- Prevention and Self Care Agenda

April 16 – March 17



Drivers:

- Whole system transformation which will be mobilised via neighbourhood working:
  The scope of The Bury Directory has expanded beyond statutory requirements to aid neighbourhood working and the Neighbourhood Engagement Framework proposal of the Locality Plan. The Bury Directory will also be supporting the Health & Social Care integration element of Greater Manchester Devolution through a Social Prescribing model.

  'Aims to help individuals, families and communities to help themselves in all aspects of their life. If people need specialist help, advice and support, services will work together at a neighbourhood level, with the help of the local community and its assets to address those needs as quickly as possible whilst also promoting self help.'

April 14 – March 15

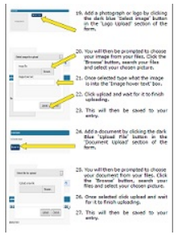
- 'How To' & 'DIY' Guides Produced

- Trained Bury Council Staff

April 15 – March 16

- Public Launch April 2015

- Updated 'How To' & 'DIY' Guides following the Responsive Upgrade



- Produced branded promotional material

- Attended events within the Community

April 16 – March 17

- Increased social media presence linked in with specific Public Health campaigns directing the public to specific areas of TBD. This has led to an increase in the number of people accessing TBD from social media.

- Attended established customer focus groups to gather feedback and promote TBD usage amongst target audiences.

- Created 'How to' Videos to sit on TBD homepage to aid people to use The Bury Directory by themselves. These have also been made available on YouTube.

- Created an e-learning module for staff to learn how to use TBD for themselves.

- 2 cycles of internal staff training have taken place: **89 members of staff trained**. The training now incorporates TBD, JSNA and Quality of Life Wheel (QOLW).

- Attended a Children's Trust Lunchtime Learning event and **trained 14 members** of staff from external organisations.
-
- Delivered TBD and QOLW training to staff at trailblazer hubs in Radcliffe and Bury East.

- Delivered TBD and QOLW training to Bury Police Force **training 140 Police Officers and PCSO's across the 8 neighbourhood teams in Bury.**

- Attended numerous staff and community events to continue to spread the word and raise awareness of TBD.

Summary (Promotion and Marketing)

- Purchased equipment staff and partners and engage and promote the community.

to train

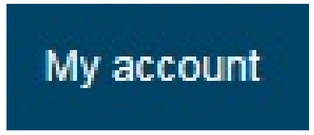
to

Summary (Functionality)

April 14 – March 15

Account and Pages

- Services & Organisations create and update own pages for free



their

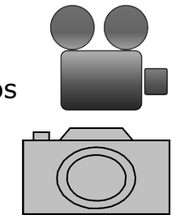
Services can:

- Upload Logos
- Upload Videos
- Upload Documents
- Edit Content
- Add Documents

April 15 – March 16

Account and Pages

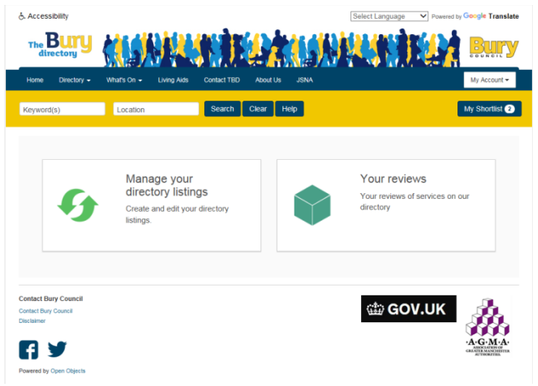
- Purchased equipment to support Community groups to add logos, videos and documents to their pages.



April 16 – March 17

Account and Pages

- New look 'My Account/ dashboard' area to streamline adding information to TBD.

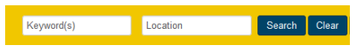


Summary (Functionality Cont.)

April 14 – March 15

Search for Entries or information & Advice Via:

- Keyword

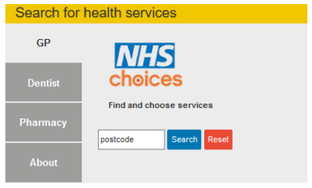


- Postcode

- Category

- Map

NHS Choices Widget
(Local Dentist, GPs and Pharmacies)



April 15 – March 16

Same as 2014/15

April 16 – March 17

Search for Services & Information & Advice Via:

- **Quality of Life Wheel** – The self-help tool went live in December 2016 and signposts people to advice, support and learning opportunities in their local area through providing bespoke wellbeing plans. The QOLW is currently being trialled in the trailblazer hubs of Bury East and Radcliffe before being launched borough wide.

INTEGRATE

NHS choices

- **NHS Choices: Part 1 integration** with NHS Choices Information took place in July 2016. This has enabled customers to view selected up to date information and advice written by medical professionals on The Bury Directory. This is the first part of full integration with local NHS Choices information that will support Social Prescribing.

Summary (Functionality Cont.)

April 14 – March 15	April 15 – March 16	April 16 – March 17
Rating and Feedback • 'Rate it' function available for each entry ★★★★★ Loved it ★★★★☆ Liked it ★★★☆☆ It was ok ★★☆☆☆ Disliked it ★☆☆☆☆ Hated it	**Rating and Feedback** • Now need to create an account to verify identity before Rating. RESPONSIVE UPGRADE	**Rating and Feedback** • Developed thorough governance for leaving ratings and reviews based on best practice from NHS partners and all reviews are now time stamped.
Journey Planner linked with Google Maps **Plan your journey via:** • Car • Walking • Cycling • Public Transport	**Journey Planner** Same as 2014/15	**Journey Planner** Same as 2014/15
Accessibility: • Disability Friendly • Google Translate – Translate The Bury Directory into over 50 languages	**Accessibility**: • Improved – Compliant. with screen RESPONSIVE UPGRADE AAA+ Works readers, change contrast of screen and change text size. • Enabled people to get into contact with staff if they need some additional help adding information via Email (inbox) or Phone (Voicemail)	**Accesibility:** • Meets Accessibile Information Standard

Summary (Functionality Cont.)

April 14 – March 15	April 15 – March 16	April 16 – March 17 & Beyond
Technology • Mobile Device Friendly	**Technology** • Website was optimised for mobile and tablet usage. This removed the necessity to have 'App' for The Bury Directory.	**Technology** an RESPONSIVE UPGRADE **Same as 2015/16**
'What's On' Guide: • 'What's On' section included in TBD to highlight activities and events happening in the community. Calendar was used to find out what events were happening day to day.	**'What's On' Guide:** • 'What's On' Guide now has a featured page to highlight certain events and activities. • The home page of the website now includes a continual rolling banner to share messages and bring certain activities and events to the attention of the public. RESPONSIVE UPGRADE When was the last time you asked yourself how you're doing? Take the How Are You online heal	**'What's On' Guide:** • People can now filter by what type of activity or event they are looking for in the 'What's On Section'.
Share Information from TBD via: • Email • Text • Print Out	**Share Information from TBD via:** • Aswell as the previous methods, you can now share information via social Media (Facebook, Twitter etc) RESPONSIVE UPGRADE • Friendly URLs make finding certain pages easier to find for professionals	**Share Information from TBD via:** **Same as 2015/16**

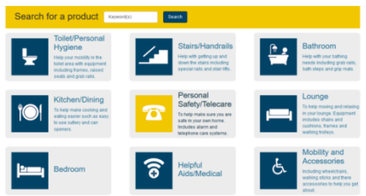
Summary (Functionality Cont.)

e.g.www.theburydirectory.co.uk/mentalhealth

April 14 – March 15

Living Aids Showroom:

- Added the Living Aids Showroom to TBD demonstrating equipment that will support people to remain independent in their own homes (Feb 2015).



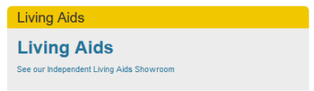
- The feeds to the Living Aids Showroom are automatic and are therefore continually updated.

April 15 – March 16

Living Aids Showroom:

- Increased the content of equipment through adding new suppliers. There are now 5412 pieces of equipment to browse through.

- Added a button direct to the online showroom to the home page to make it easier to find.



April 16 – March 17

Living Aids Showroom:

Same as 2015/16

Summary (Functionality Cont.)

April 14 – March 15

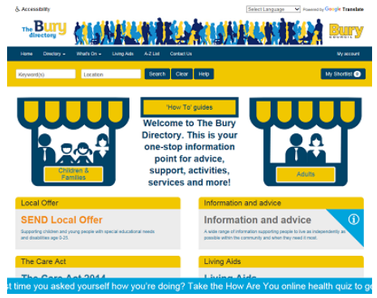
Look and Feel:

The original home page included basic features and older branding:

April 15 – March 16

Improved Look and Feel:

- New look home page with branding specific to The Bury Directory (logo and inclusion of 'people banner')
- Added the 'scrolling banner' along the bottom of the home page.
- Added new buttons to the home page to make areas of The Bury Directory easier to access

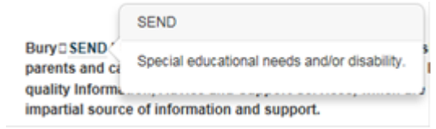


RESPONSIVE UPGRADE

April 16 – March 17

Improved Look and Feel:

- Went live with the Glossary App. Enables customers to hover over key words and acronyms for a further explanation



- Added an emergency exit button to support safe searching of information for vulnerable people

Emergency Exit

- Removed the Care Act Button from the home page as the Care Act is now fully integrated into the directory.
- Added 'How To' Videos to the home page of the directory.
- Removed A-Z search from the blue toolbar. This was an underused function of the directory that complicated the customer journey and its removal has seen customers find services more seamlessly.

Summary (Functionality Cont.)

April 14 – March 15	April 15 – March 16	April 16 – March 17
Joint Strategic Needs Assessment (JSNA): • No interactive digital version of the JSNA, the JSNA was a paper version that could be downloaded to read. • There was no data intelligence on TBD about the JSNA and therefore was difficult to share easily with health professionals across the borough.	**JSNA:** • Creation of the JSNA website hosted by open objects with consistent branding of TBD. • JSNA website went live!	**JSNA:** The Bury directory INTEGRATE The Bury JSNA • The Bury Directory and The Bury Joint Strategic Needs Assessment (JSNA) website are now integrated. When people access the JSNA they are able to search both the JSNA and TBD simultaneously so that it maps the needs of the borough with the provision that is currently in place. This is helping us to identify areas of best practice as well as gaps in provision. • The Bury Directory has a new link to the Bury JSNA from the blue toolbar on the home screen

Summary (Governance)

April 14 – March 15

What's On It?

- **CQC:** All CQC reports available on TBD for any establishment listed that is inspected. This is a 'data harvest' and an automatic feed for updates
- **FSA:** An automatic harvest for all eating establishments within the borough was set up. This was a 'data harvest' and included and auto feed for updates
- **Local Offer** Logo created for all records that met the requirements

April 15 – March 16

What's On It?

- **CQC:** Harvest continued
- **FSA:** Harvest was streamlined to only include services listed and relevant to the directory
- **Local Offer:** Integrated further into the directory with a new and improved SEND section. The logo was removed
- **Dementia Action Alliance (DAA):** Added member profiles and dementia friendly places identified by logo.

April 16 – March 17

What's On it?

Same as 2015/16

Additional Quality Assurances this year have included:

- **Local Offer:** The Local Offer section has been refined. Following further consultation and feedback a new and improved logo was introduced to make specific SEND services recognisable.

- **NHS Choices:** Added integrated NHS Choices Self Care Apps for people to assess their own health and help them to make the right choices to improve upon it.
- **Golden Apple:** Added the 'Golden Apple' accreditation logo for promoting health food practices to relevant childcare entries and establishments

Summary (Governance Cont.)

April 14 – March 15

Formal Governance Principles:

- No formal Governance agreed, but basic principles applied

April 15 – March 16

Formal Governance Principles:

- Formal Governance Principles and Framework agreed and applied.

  Entries must support either:

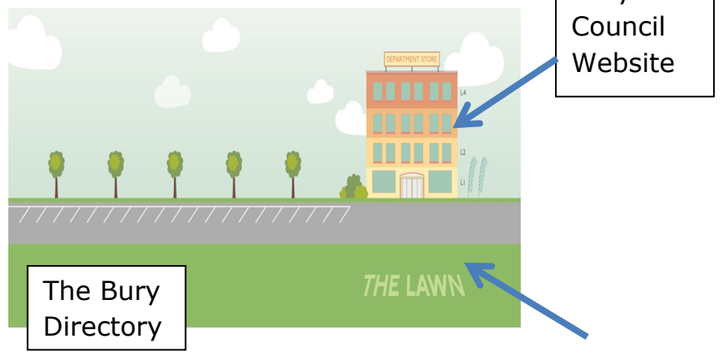
  The Health & Wellbeing Agenda
  The Care Act 2014
  The Children and Families Act 2014
  The Corporate Debt Strategy

- The Governance Framework and Principles are available to view in the appendix of this report

April 16 – March 17

Formal Governance Principles:

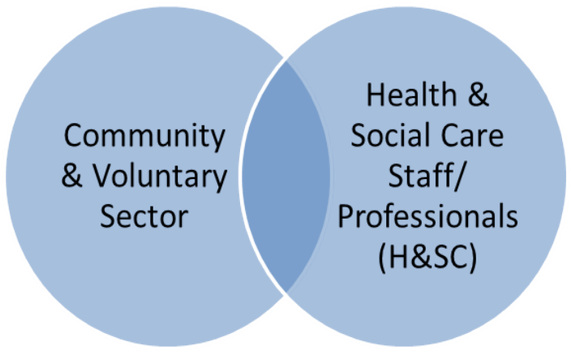
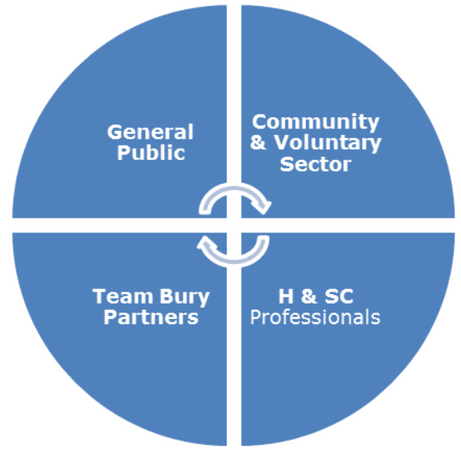
- The Governance was improved the reflect the lawn and the store analogy:



- Bury Council Website now holds information about services that are in 'the store', such as statutory services. Advice, guidance and non-statutory information now sit on The Bury Directory.
- The Bury Directory holds information on groups, activities and services available in the community that sit 'on the lawn and in the community' and enable people to stay out of the store.
- Some services sit on both websites.
- A governance procedure was developed for the prioritisation of information that sits on the scrolling banner on the home page of The Bury Directory.
- A governance procedure for writing and accepting reviews on services from the public was introduced in line with national guidance.

The Bury directory

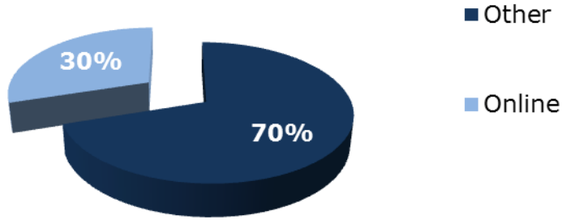
Summary (Statistics)

April 14 – March 15	April 15 – March 16	April 16 – March 17
Who is The Bury Directory aimed at?	**Who is The Bury Directory aimed at?**	**Who is The Bury Directory aimed at?**
		
• Initially TBD was marketed at the Community & Voluntary sector to enable them to update their information. Health and Social Care staff used The Bury Directory as a signposting tool.	• The general public then began to access TBD following the public launch in April 2015	• As a key enabler for transformation and delivery of the Locality Plan, The Bury Directory will provide information to the General Public, Community & Voluntary Sector, Health & Social Care Professionals and Team Bury Partners • Together this will encourage more people to use The Bury Directory to help themselves. This will then be strengthened by the ability to also use The Quality of Life Wheel to develop a bespoke Wellbeing Plan.

Summary (Statistics)
Summary (Statistics)

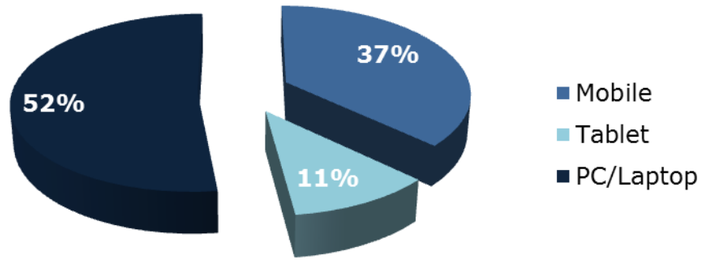
e TBD | April 15 – March 16 | April 16 – March 17

How information was accessed Prior TBD?



- 30 % of the time information was being accessed online, through databases, earlier directories such as Your Care Your Choice or Find it 4 me or online searches
- 70 % of the time information was accessed through other means – such as printed leaflets, staff's own knowledge, word of mouth and so on

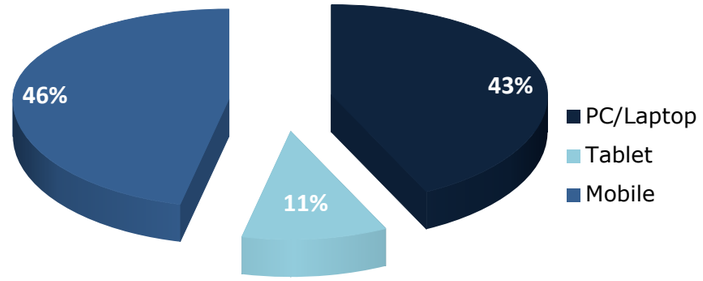
How was The Bury Directory Accessed?



During the financial year of 2015/16:

- 52 % of people accessed TBD via a PC or laptop
- 37 % of people accessed TBD via a mobile phone
- 11 % of people accessed TBD via a tablet
- Altogether, 48 % of people accessed TBD via smart portable device (Tablet or mobile)

How is The Bury Directory Accessed?



So far during the financial year of 16/17:

- 43% of people have accessed TBD via a PC or laptop **(-9%)**
- 46 % of people have accessed TBD via a mobile phone **(+9 %)**
- 11 % of people have access TBD via a tablet **(No % change)**
- Altogether, 57 % of people accessed TBD via smart portable device (tablet or mobile). This is a **9 % increase** following the responsive upgrade.

Pre TBD

Keyword Searches

- Prior to TBD we could not capture what information people were searching for as they accessed information in many different ways.

April 15 – March 16

Keyword Searches

- The above infographic highlights some of the main keywords that people were searching on TBD during 2015/16
- The top key words were Mental Health, Adult Social Care, Dementia, Children's Centres and Health and Wellbeing Board
- The searches reflect areas of The Care Act and the SEND reforms – the original purpose of TBD

April 16 – March 17

Keyword Searches

- The above infographic highlights some of the main keywords that people were searching on TBD during 2016/17
- The top key words were Care Homes, Supporting People, Dementia, Cycling, Mental Health and Volunteering
- The searches reflect the move to providing information and advice to people digitally so that they can help themselves and others to live a good life.

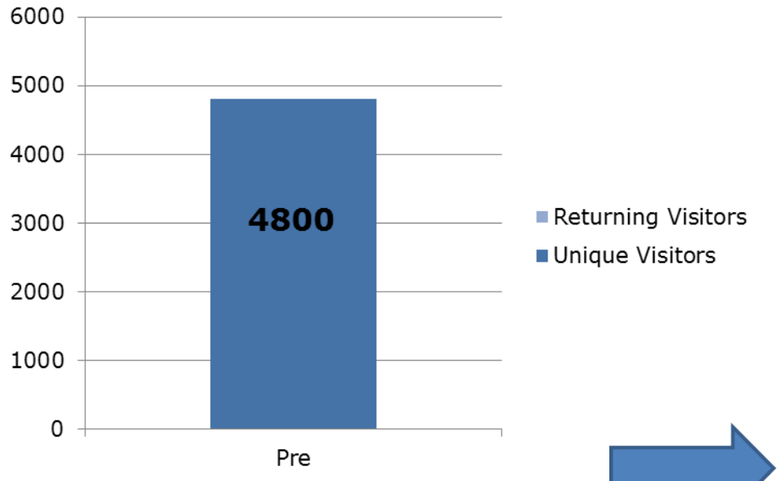
The Bury directory

Summary (Statistics)

Summary (Statistics)

Pre TBD

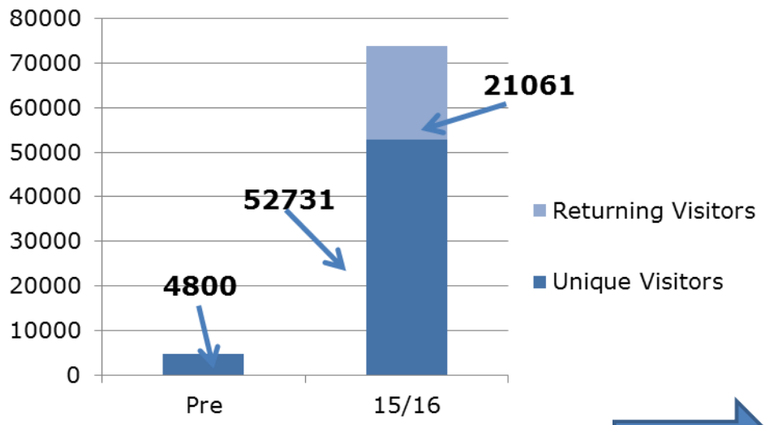
Yearly Visitors



- Pre TBD around **4,800** were visiting online directories that held information about services and organisations such as Your Care Your Choice & Findit4me

April 15 – March 16

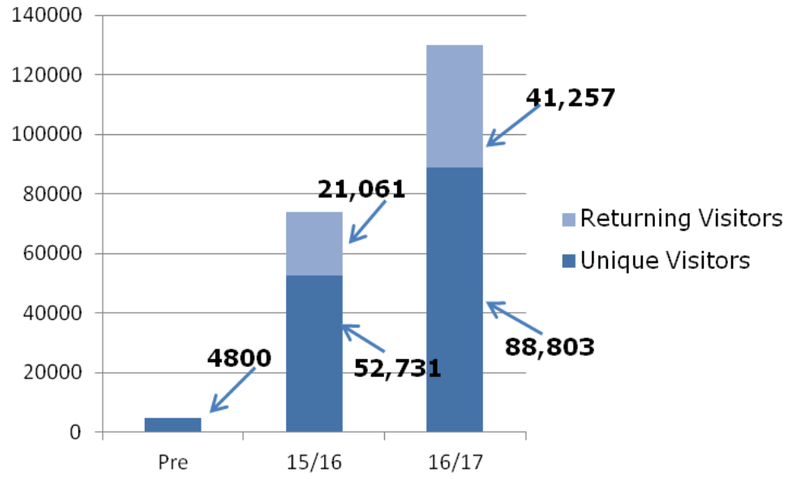
Yearly Visitors



- Returning Visitors refer to users of The Bury Directory that regularly return to visit the website. In the year of 2015/16 there were **21,061** returning visitors. This is a **29%** proportion of the total number of visitors.
- Unique Visitors refer to users of The Bury Directory that have only visited The Bury Directory once. In the year of 2015/16 there were **52,731** unique visitors. This is a **71%** proportion of the total number of visitors.
- The total number of visitors during 2015/16 was **73,792.**
- There was an increase of yearly visitors to the directory of **1437%** compared to the average number visiting the previous online directories.

April 16 – March 17

Yearly Visitors



- The number of returning visitors for the year of 2016/17 was **41,257.** This is **32%** proportion of the total number of visitors and a **3 % increase** on the figures for 2015/16.
- The number of unique visitors for the year of 2016/17 is **88,803.** This is **68%** proportion of the total number of visitors and a **3 % decrease** on the figures for 2015/16.
- The total number of visitors during 2016/17 was **130,060.**
- There was an increase of yearly visitors to the directory of **76%** compared to 2015/16.

Pre - TBD

April 15 – March 16

April 16 – March 17 & Beyond

Summary (Statistics)

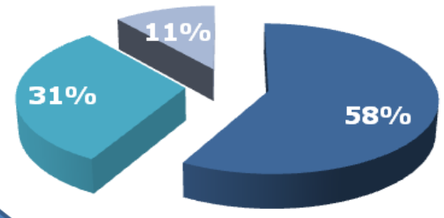
Entries

Pre TBD	
Services	?
Organisations	?
Activities/Events	?

- Before The Bury Directory, we could not measure the number and type of information that we informed the public about.

Pre - TBD

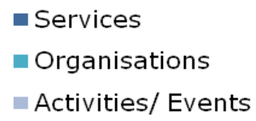
Entries

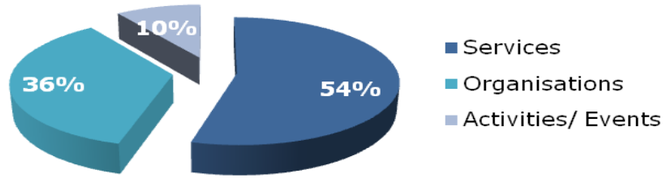


- At the end of the 2015/16 financial year there were 2273 entries listed on The Bury Directory.
- 58% of the entries listed were a service (provided by either the Council or private provider)
- 31% of the entries listed were an organisation (such as a community group, charity or private provider)
- 12% of the entries listed were an activity or event (listed on the What's On calendar, either a weekly class or one off event)

April 15 – March 16

Entries

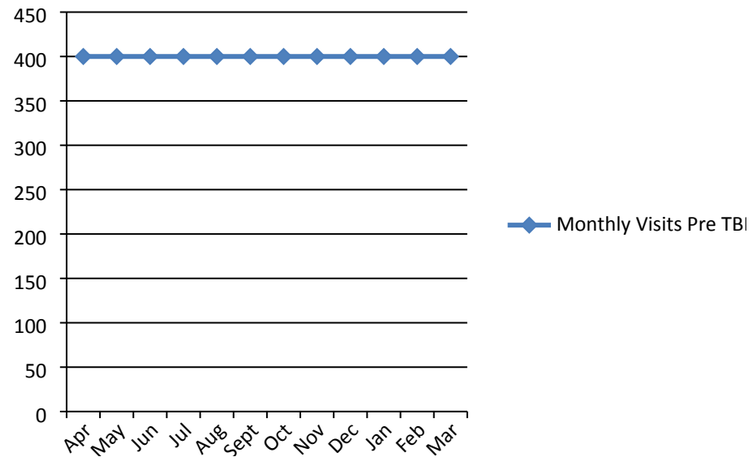




- At the end of 2016/17 financial year there were 2562 entries listed on The Bury Directory. This is a 11% increase in the total number of entries
- 54% of the entries listed on The Bury Directory were services (provided by either the Council or private provider/organisation.) This is a reduction of 4 % in the proportion of listed services from 2015/16.
- 36% of the entries listed on The Bury Directory were an organisation (such as a community group/ charity or private provider.) This is an increase of 5 % in the proportion of listed organisations from 2015/16.
- 10% of the entries listed on The Bury Directory were an activity or event (listed on the 'What's On' calendar, either a weekly class or one off event). This is a decrease of 2% in the proportion of listed activity/events from 2015/16.
- These figures support The Bury Directory's role within the neighbourhood working programme due to the increase in the number of organisations and events that are being added to the directory compared with the decrease on the reliance of services. This is due to the support from the Engagement Pod in the Social Development Section working to further develop community groups over the past year.

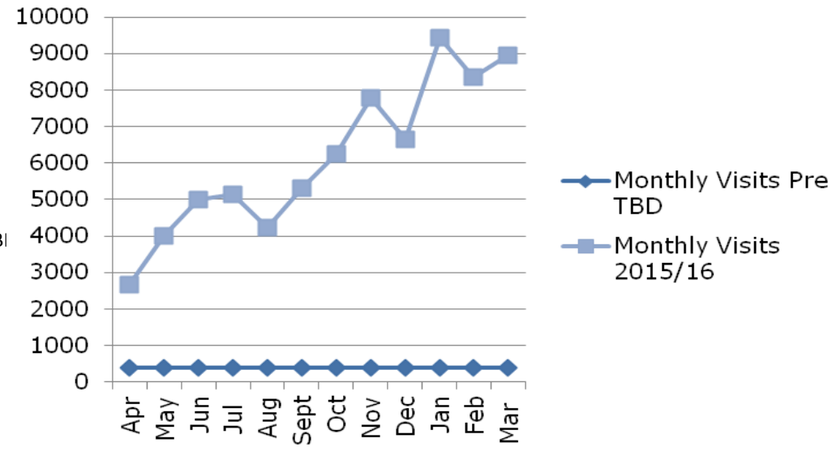
April 16 – March 17

Monthly Visitors



- The line graph above shows that prior to TBD the monthly hits to other directories such as YCYC or Findit4me was averaging around 400 per month

Monthly Visitors



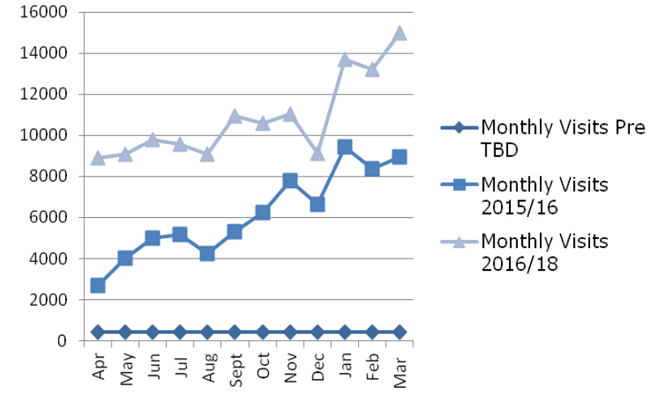
- The line graph above shows the increase in the number of monthly hits during 2015/16 compared with the monthly hits prior to TBD.

- On average there were **6,149** visits per month during 2015/16.

- The highest number of visitors in one month during 2015/16 was January 2016 with **9433 visits.**

- Whilst in August 2015, December 2015 and February 2016 the number of monthly visitors decreased compared to their respective previous month, the general trend throughout 2015/ 16 shows that the number of visitors each month increased.

Monthly Visitors



- The line graph above shows the increase in the number of monthly hits during 2016/17 compared with the increase in the monthly hits in 2015/16 and prior to TBD.

- On average there have been **10,839** visits per month during 2016/17.

The highest number of visitors in one month during 2016/17 was March 2017 with **14,978 visits.** This is 137% more than the year's monthly average.

- The general trend during 2016/17 shows that the number of visitors each month increased. Where there have been dips in the number of visitors, this has matched the previous years trend. Again August, December and February have seen a decrease compared to their previous month – perhaps linked to holiday patterns. Where a month has had a significant increase in the number of visitors, this has correlated with heavy promotion in communications with specific areas on TBD.

2016/17	Coming Soon in 2017/18
Specific dedicated sections of The Bury Directory aim to enable and support neighbourhood working. These are: • Community Funding www.theburydirectory.co.uk/communityfunding • Mental Health www.theburydirectory.co.uk/mentalhealth • Health and Wellbeing Board www.theburydirectory.co.uk/healthandwellbeingboard • Helping Yourself to Wellbeing www.theburydirectory.co.uk/helpingyourselftowellbeing • Armed Forces Areas (Serving Officers and Veterans www.theburydirectory.co.uk/vetsandservingofficers • Created dedicated pages to inform and update the public on the Community Roadshows in the trailblazer areas • Listed all available community rooms across the borough in a dedicated area(free and chargeable) • Created a clear information and advice pathway for Domestic Violence information and services www.theburydirectory.co.uk/domesticviolence • Created a specific faith category with information about all faith groups and services across Bury linked to the What's On Guide • 30 Free Hours www.theburydirectory.co.uk/30hours	Over the next financial year a number of enhancements are planned for The Bury Directory to further support the whole system transformation in Bury which will be mobilised via Neighbourhood Working. These are: • Site redesign - This will include an integration of categories across both Children services and Communities and Wellbeing along with clear and dedicated health and community sections on the home page. • Feedback function – A function to collate customer feedback to make changes and measure performance. • CVS Intranet - This will include a forum, document exchange and training calendar that will further support engagement with the CVS and ensure further improved working relations. • A dedicated health channel – This will follow full integration with NHS Choices services on TBD and removing the current NHS Choices widget. This will form the basis of a digital social prescribing offer aiming to ease pressure on our services. • Widget – This will enable people to search TBD from other websites and will ensure more people know about the service. • Fully rolled out QOLW –The Quality of Life Wheel will be available to all areas of the borough and accessible via the home page on TBD. • Staffing – The Locality plan is likely to ensure funding to further staff full time support to The Bury Directory to enable to spread its reach and impact much wider. • Further improving the quality of information available by working with strategic leads to create dedicated topic areas and creating 'accreditation schemes' that are easily recognisable to the public.

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Bury Health and Wellbeing Board

Pharmaceutical Needs Assessment

2018 to 2021

PRE-CONSULTATION DRAFT

VERSION 1.14

Contents

1. Executive Summary

1.1 Introduction

From 1st April 2013, Bury Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. The PNA considers whether there are any gaps to service delivery.

The PNA may be used to inform commissioners such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant NHS England area team (AT) will then review the application and decide if the application meets the criteria for approval, as set out in the Regulations. When making the decision NHS England is required to refer to the local PNA.

Bury has a population of 188,700 (mid-2016 population estimate). This is estimated to increase by over 6.2% to 201,200 by the early 2030s, mostly due to an increase in the over 65's.

1.2 How the assessment was undertaken

This PNA describes the needs for the population of Bury. It considers current provision of pharmaceutical services across six Townships in the Bury HWB area:

- Ramsbottom, Tottington and North Manor
- Bury East
- Bury West
- Radcliffe
- Whitefield and Unsworth
- Prestwich

The PNA uses the current system of Bury ward boundaries grouped into six Townships. This approach was taken because:

- This grouping of wards into Townships reflects the localities which are already in use by Bury Council and the HWB.
- The majority of available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The PNA includes information on:

- Pharmacies in Bury and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Bury and providers of pharmaceutical services in the HWB area.
- Services in neighbouring HWB areas that may affect the need for services in Bury where known.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Bury Council, Bury CCG and NHS England.

1.3 Results

Bury has 43 pharmacies providing a range of essential services, advanced services, enhanced services and locally commissioned services on behalf of Bury Council, Bury CCG and NHS England.

There are five 100 hour pharmacies and no dispensing doctors in Bury. There are also no dispensing appliance contractors (DAC) in Bury, which means that residents of Bury access dispensing and services associated with appliances from pharmacy contractors or through DACs elsewhere within England.

71.4% pharmacy contractors that responded to the survey said that they were able to dispense all types of appliances.

The draft PNA concluded no gaps in pharmaceutical services had been established. This is clearly demonstrated by the following points:

- Bury has 23 pharmacies per 100,000 population, which is higher than the England average and similar to the Greater Manchester average.
- The majority of residents live within 1.0 miles of a pharmacy.
- The majority of residents can access a pharmacy within 15 to 30 minutes either by walking, public transport or driving.
- The location of pharmacies within each of the six Townships and across the whole HWB area.
- The number and distribution of pharmacies within each of the six Townships and across the whole HWB area.
- The choice of pharmacies covering each of the six Townships and the whole HWB area.
- 91.2% of the public surveyed said the location of pharmacies did not cause a problem
- 91.0% of the public surveyed stated they had no difficulties accessing the pharmacy of their choice
- 80.0% of the public surveyed had not had any problems accessing a pharmacy due to opening hours

- Bury has a choice of pharmacies open a range of times including early mornings, evenings and the weekend.
- Bury pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.4 Consultation (to be completed post consultation)

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Bury council's consultation ran from "DATE" until "DATE". The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.5 Conclusions

Taking into account the totality of the information available, the HWB considered the location, number, distribution and choice of pharmacies covering each Township, including the whole of Bury HWB area providing essential and advanced services during the standard core hours meet the needs of the population.

The HWB has not received any information to conclude otherwise or is aware of any future specified circumstance that would alter that conclusion.

Based on the information available at the time of developing this PNA:

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

2. Introduction

This document has been prepared by Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2015.

In the current NHS there is a need for the local health partners, NHS England, Bury Council, Bury CCG, Bury pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There is also a need to ensure that those additional services commissioned by Bury Council or Bury CCG from Bury pharmacies are promoted to Bury's population to improve their uptake.

The current providers of pharmaceutical services in Bury are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Glossary and acronyms are provided in Appendix One.

2.1 Background and legislation

The Health Act 2009[1] made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs. It also made provision for a temporary extension of PCTs' PNAs and access to them by NHS England and HWBs.

The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

Each PNA, published by the HWB will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

As part of developing their PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult.

[1] http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england

This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS foundation trust in the HWB area
- NHS England
- Any neighbouring HWB

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.

Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the LA and other local commissioners, e.g. CCGs.

2.2 HWB duties in respect of the PNA

In summary Bury HWB must:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish its second PNA by 1st April 2018;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

2.3 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the joint strategic needs assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Bury, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a

need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by LA's and CCGs. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

2.4 Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Bury. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

2.5 Scope of the PNA

A PNA is defined in the regulations as follows:

The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a pharmaceutical needs assessment.

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB) (now known as NHS England) for –

- the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or
- the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:

For **dispensing practices** the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing practices in Bury, these are not considered in the document.

For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

For **community pharmacy contractors** the scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment.

2.6 Minimum requirements for the PNA

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- **Other NHS services**, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- **A map** showing the premises where pharmaceutical services are provided.
- **An explanation** of how the assessment was made.

3. How the assessment was undertaken

3.1 Development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered.

Stage 1

The PNA was developed using a project management approach. A steering group was established which met regularly during the development of the PNA. The steering group included representation from the following groups:

- Bury Council's Public Health team
- Bury Clinical Commissioning Group (CCG)
- Greater Manchester Shared Service
- Healthwatch Bury
- Greater Manchester Local Pharmaceutical Committee (GM LPC)
- NHS England area team (AT)

Stakeholder views were gathered through feedback in meetings, via telephone or via email.

Stage 2

The contractor questionnaire and patient survey were approved by the steering group. The contractor questionnaire was undertaken during June 2017. A public survey was also undertaken in June 2017 of the views of Bury residents on the current pharmaceutical services provision.

Once completed the results of both were analysed. The contractor survey results were validated against data already held.

Healthwatch Bury, Bury Council and Bury CCG were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them.

GM LPC was asked on behalf of contractors what their views on what current services were effective and those services that required improvement were captured.

Stage 3

The content of the PNA including demographics, localities and background information was approved by the steering group. In looking at the health needs of the local population, the local JSNA, the CCG's Annual Report and Strategic Plan 2014-19 and other health data were considered.

Assessing the need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- The size and demography of the population across Bury.
- Whether there is adequate access to pharmaceutical services across Bury.
- Different needs of different localities within Bury.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Bury.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Bury.
- Whether further provision of pharmaceutical services would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

Stage 4

As required by legislation, a consultation exercise with stakeholders was carried out for 60 days. The list of stakeholders consulted included the following groups:

- Greater Manchester Local Pharmaceutical Committee Local Pharmaceutical Committee (LPC).
- Rochdale and Bury Local Medical Committee Local Medical Committee (LMC)
- Persons on the pharmaceutical list and ESPLPS.
- Healthwatch Bury.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area (Pennine Acute Hospitals NHS Trust & Pennine Care NHS Foundation Trust).
- NHS England.
- Neighbouring HWBs. (Blackburn with Darwen, Bolton, Lancashire, Manchester, Salford and Rochdale).

3.2 PNA steering group

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. The steering group approved all public facing documentation. The terms of reference for the steering group are provided at Appendix Two.

3.3 PNA Townships

Six Townships have been defined for the PNA by the steering group, these are:

Ramsbottom, Tottington and North Manor Township

- Ramsbottom Ward
- Tottington Ward
- North Manor Ward

Bury East Township

- Redvales Ward
- Moorside Ward
- East Ward

Bury West Township

- Church Ward
- Elton Ward

Radcliffe Township

- Radcliffe North Ward
- Radcliffe East Ward
- Radcliffe West Ward

Whitefield and Unsworth Township

- Besses Ward
- Pilkington Park Ward
- Unsworth Ward

Prestwich Township

- Holyroyd Ward
- Sedgley Ward
- St Mary's Ward

The PNA steering group considered how the areas in Bury could be defined for the PNA and agreed to use the current system of Bury Council's Townships, which are made up varying numbers of Wards as illustrated in Map 1.

Map 1 - Bury Townships

Townships are used following the JSNA and contain Wards, which is the level at which the majority of available healthcare data is collected and wards are a well-understood definition within the general population as they are used during local parliamentary elections and reflects the localities which are already in use by Bury Council and Bury HWB.

Bury Council's JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area.

The Bury Council's JSNA is broken down into five themes, with the first four themes having sub-categories:

- Population and demographics
  - Demographics
  - Deprivation
  - Inequalities
  - Life expectancy
  - Population
- Community and environment
  - Air quality
  - Crime and community safety
  - Environmental incidents
  - Parks and green spaces
  - Sports and provisions
  - Voluntary sector
  - Waste and recycling

- Living and working in Bury
  - Carers
  - Early years
  - Economy
  - Education
  - Employment
  - Fuel poverty
  - Homelessness
  - Housing
  - Planning
  - Transport
  - Worklessness
- Health and wellbeing
  - Accidents and injuries
  - Adult social care
  - Behaviour change
  - Children's social care
  - Communicable disease
  - Diet
  - Disabilities
  - Falls
  - Healthcare
  - Immunisations and Vaccines
  - Long Term Conditions
  - Maternity
  - Mental Health and wellbeing
  - Mortality
  - Obesity
  - Oral health
  - Physical activity
  - Sensory impairment
  - Sexual health
  - Smoking
  - Substance misuse
- Statutory publications

The local health profile is discussed in more detail for the six Townships within the JSNA and is dealt with in section 7.0.

Where it has been possible to identify the different needs of people living within these localities including those sharing a protected characteristic, this has been addressed in the PNA as well as the needs of other patient groups; although some health information can be represented at a practice population level which is useful when focusing on the six different Townships.

3.4 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available through the council's website, the Bury Directory and via social media on 12th June 2017, closing 18th July 2017 prior to the statutory consultation period. Paper copies were made available at Borough libraries, pharmacies and Bury Healthwatch promoted it on their website, twitter and Facebook. The results of the survey, which identifies the questions asked, can be found in Appendix Three.

There were 130 responses to the Bury public survey which was promoted through Bury Council's website, direct email and twitter. This only represents 0.1% of Bury's population (aged 18 years and over) and as a number of responses (14) came from residents outside Bury we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey, please note that the Post Code District BL0 includes part of Bury but the mapping software places the dot outside the border.

The lack of response to the public survey may indicate that residents in Bury do not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven.

Of the 130, 76% of the responders were female and the largest group of responders were in the 45-54 year age range at 31%. See Table 1 as to how the proportion responders within the different age groups compare to that of the general population aged 18+ years.

Table 1 - Comparison of proportion responders by age groups to % of 18+ years total population

Age Group	% of 18+ years Population	% of Public Survey Responders
18-25 years	9.6%	2.0%
25-34 years	16.7%	12.9%
35-44 years	16.3%	16.8%
45-54 years	19.1%	31.7%
55-64 years	15.1%	12.9%
65-74 years	13.1%	11.9%
75+ years	10.0%	5.0%

13.1% of respondents consider themselves to have a disability. The 2011 Census data indicated that of Bury's 16+ age group 21.8% considered themselves to have a disability that limited their day-to-day activities a lot or a little and 10.3% considered themselves to have a disability that limited their day-to-day activity a lot.

86.7% of people considered themselves to be 'White British', with the next largest group being Irish and Pakistani at 2.0% each. These proportions are all lower than that for the population as a whole, however, 9% of respondents preferred not to state their ethnicity.

Evidence shows that females, those aged over 35 and those with a long term health condition or disability use pharmacies more frequently than other groups.

Map 2 - Public survey responses by Post Code District

There was also one response each from BB4 and M21, which are not shown on the map. BL0 also includes part of Ramsbottom ward but has its centre outside Bury's boundary; it is likely that the 13 people responding from BL0 lived in the Ramsbottom ward.

3.4.1 Choice of Pharmacy

91% of respondents stated they had no difficulties accessing the pharmacy of their choice and 93% used one pharmacy regularly.

Responses were received from 14 people from neighbouring HWB areas. These respondents use pharmacies inside Bury HWB's area for a number of reasons – 33% near to work, 7% near to home, 13% other and 47% skipped this question (See Map 2).

From all the respondents the most selected reasons for using one pharmacy regularly was that the pharmacy was near to home, work or their doctors which 44% of these respondents accessed by walking and 48% by car either as a driver or passenger.

3.4.3 Access to Pharmaceutical Services

The location of pharmacies does not cause a problem for 91% of the responders and the opening hours do not cause a problem for 80% of respondents. For the remaining respondents who had a problem with the opening times they were aware that some pharmacies had extended opening times but half of these did not know where these pharmacies were located. Any campaign to increase use of pharmacies, e.g. for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

91% of respondents had no difficulty in accessing a pharmacy of their choice and 67% of respondents were willing to travel up to 2 miles in order to access a pharmacy.

3.4.4 Development of Pharmacy Services

66% of respondents felt that they were provided with sufficient information about their medication in particular the side effects of the medication and interactions with other medication; 23% had no opinion on this matter. The public need to understand that pharmacists are a good source of information about the medication they take and should be encouraged to ask questions about them.

96% of respondents were either satisfied or very satisfied with the services they receive from their pharmacy/pharmacies overall.

In addition to the patient questionnaire (Appendix Three), respondents were provided with an opportunity to answer some questions in free text form, which the HWB have considered, see appendix. Positive and negative comments were received on local pharmacies which relate to operational matters such as politeness, waiting times and other matters that while important are not concerns that are addressed with the context of the PNA. Each pharmacy will undertake its own patient survey on a regular basis to inform such considerations. The main themes informing this PNA were with regard to opening times and services provided.

3.5 Contractor engagement

At the same time as the initial patient and public engagement questionnaire, an online contractor questionnaire was undertaken (Appendix Four).

The contractor questionnaire provided an opportunity to validate the information provided by NHS England in respect of the hours, services provided and asks questions with regard to access. The questionnaire asked a number of questions outside the scope of the PNA, which will provide commissioners with valuable information related to governance and IT.

The questionnaire was issued to all 43 pharmacies in Bury HWB area and ran from 12th June 2017 until 7th July 2017. Responses were received from 39 pharmacies, a 91% response rate, which was a good response rate.

3.5.1 Advanced services

See information contained in section 6.0.

Table 2 - Number of pharmacies in Bury providing each advanced service

Advanced Service	Number of pharmacies out of 39 survey responses	Number of pharmacies that have claimed for services in 2016/17
Medicines Use Review	28	39
New Medicines	28	36
Appliance Use Review	2	0
Stoma Customisation	3	5
Flu vaccination	23	28
NHS Urgent Medicine Supply	8	N/A

From the pharmacy survey it would appear that two pharmacies in Bury are able to provide AURs, but failed to deliver any in 2016/17. NHS England should work with these pharmacies to engage suitable patients in this service.

Data from the NHS England Area Team show that the main providers of appliance use reviews and stoma customisation services are DACs. In 2015/16 (latest data at NHS Digital), 1,107 AURs were provided to Lancashire & Greater Manchester residents with 863 of these delivered in the individuals home.

3.5.2 Enhanced and locally commissioned services

According to data provided by commissioners the following information is available:

Table 3 - Number of pharmacies providing enhanced and locally commissioned services

Commissioner	Service	Number of pharmacies commissioned
Bury Council	Emergency Hormonal Contraception	17
	Chlamydia Screening & Treatment	4
	Supervised Methadone/ Buprenorphine Consumption	15
	Needle Exchange	5
	Stop Smoking – Intermediate Advice	7
	Smoking Cessation NRT	21
NHS Bury CCG	Minor Ailment Scheme	34
	Minor Eye Condition Service	30
	Palliative Care	1
NHS England	Inhaler Technique Service	Numbers not currently available

Full details of which pharmacies are commissioned can be found in Appendix Five.

Commissioners consider the number of pharmacies providing these locally commissioned services as sufficient and in the locations necessary to meet the needs of Bury residents, within the funding available.

Appendix Five does not contain details of those pharmacies commissioned to deliver the Inhaler Technique Scheme as the data was not available at the time of publication.

3.5.3 Non-NHS services

The number of pharmacies that responded to the survey have staff that speak a number of languages other than English, including: Arabic, Cantonese, Gujarati, Hindi, Polish, Punjabi and Urdu.

IT facilities available to staff in the pharmacies that responded are variable; however, the majority have some access to the internet and have an email address that can be used for official communications. All pharmacies that responded can provide the electronic prescription service.

The new Quality Payment mentioned in 3.6.1 will require pharmacies to have a generic NHS mail account. This is currently being actioned and should be in place during 2017/18.

Of those pharmacies that responded to the survey nine had achieved Healthy Living Pharmacy status with 18 working towards achieving it. This will change as it is a requirement of the new Quality Payment mentioned in 3.6.1 and links in with the Locality Plan aims and objectives.

3.5.4 Additional information

The pharmacy survey showed the following for the 91% (39) of pharmacies that responded:

- The public can park legally within 50 meters of 69% (27) of pharmacies.
- Members of the public with a disability and who have a 'Blue Badge' can park within 10 meters 62% (24) of pharmacies.
- 72% (28) of pharmacies have a bus stop within walking distance, 39% (15) within a 2 minute walk and a further 26% (10) within 5 minutes.
- 59% (23) of pharmacies had wheelchair access.
- 72% (28) of pharmacies offered some form of support to aid those with disability e.g. automatic door assistance, hearing loop, large print labels/leaflets.
- 72% (28) of pharmacies had a separate area/room suitable for advanced services and for consultations with the public. Of those 69% (27) were wheelchair accessible and 62% (24) had room for up to 3 people.
- 59% (23) of pharmacies had a computer terminal within the consultation room, where they could access the patient's record or complete audit data.
- 18% (7) of pharmacies stated they had two pharmacists on duty at some point during the week, , when asked how many hours per week are two pharmacists working at the same time 26% (10) of pharmacies indicated some hours. This ranged from up to four hours (four) to two that had second pharmacist for 30 hrs + per week. The majority of additional pharmacists' hours were to give additional support to the dispensary in busy periods, provide support for additional services, e.g. medication use reviews, and for handover between shifts.

3.6 Pharmaceutical services

The services that a PNA must include are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB;
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB;
- A DAC who is included in the pharmaceutical list held for the area of the HWB; and
- A doctor who is included in a dispensing doctor list held for the area of the HWB.

NHS England is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Bury HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

3.6.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with pharmacy contractors. Instead they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

Pharmacy contractors may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- Essential services – all pharmacies (see Appendix Six for complete list) must provide these services:
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting
  - Support for self-care

- Advanced services – pharmacies may choose whether to provide these services or not (refer Appendix Seven). If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:

  - Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service).
  - New Medicines Service (NMS)
  - Appliance Use Review (AUR)
  - Stoma Appliance Customisation (SAC)
  - Flu vaccination
  - NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Due to start July 2017 and run until 31st March 2018.)

- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

  In April 2017, the only enhanced service commissioned by NHS England from pharmacies in the Bury HWB area is the inhaler technique service. This service is currently undergoing a review and it is intended to relaunch it during 2017.

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme

- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme
- A premises standards programme

Further support to improving quality in pharmacies has been provided through a new Quality Payments (QP) scheme, introduced for the 2017/2018 Community Pharmacy Contractual Framework. In order to access the additional funding available through the QP, pharmacies need to achieve the following gateway criteria:

1) the contractor must be offering at the pharmacy Medicines Use Reviews (MUR) or the New Medicine Service (NMS) or must be registered to provide the NHS Urgent Medicine Supply Advanced Service (NUMSAS);
2) the NHS Choices entry for the pharmacy must be up to date;
3) pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
4) the contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

Pharmacy contractors will then receive additional payments for achieving a range of criteria under the domains:

- Patient safety
- Patient experience
- Public health
- Digital
- Clinical effectiveness
- Workforce

The majority of pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours.

Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday).

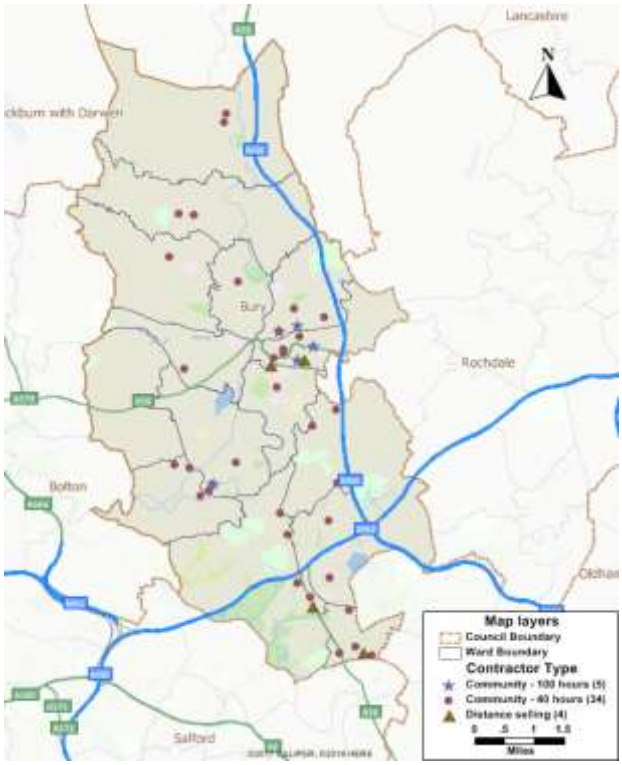
These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours. There are five pharmacies in Bury with 100 hour contracts, and residents may also choose to use such pharmacies outside of the borough.

During the next three years pharmacy contractors will be under increasing financial pressure and there is a possibility that some contractors may close with the possibility that Bury residents may lose access to the extended hours provided by these 100 hour contracts and this could result in a gap in provision. This PNA will note areas where the provision of pharmaceutical services for these extended hours is necessary and should be maintained.

The proposed opening hours for each pharmacy are set out in the initial application, if the application is granted and the pharmacy subsequently opens these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours or notify a change in their supplementary hours.

NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Map 3 - Bury Pharmacies by type



Pharmacy opening hours in Bury HWB's area can be found on NHS Choices (http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10). Appendix Eight provides details as to the spread of opening times across each Township and by Ward.

3.6.2 Local pharmaceutical services

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHS England when there is a need to commission a service from a pharmacy contractor to meet the particular needs of a patient group or groups, or a particular Township. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

There are no LPS contractors within the Bury area.

3.6.3 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies).

Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however they must provide these services remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England.

There are four distance selling pharmacies in Bury, although residents may choose to use such pharmacies that are outside of the borough.

3.6.4 Pharmaceutical services provided by dispensing appliance contracts (DAC)

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

DACs must provide the following services that fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

Advanced services – DACs may choose whether to provide these services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements:

- Stoma appliance customisation
- Appliance use review

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.

There are no DACs in Bury and its population have appliances dispensed from pharmacy contractors or from DACs outside the Bury area. The majority of pharmacy contractors that responded to the survey stated they were able to dispense all types of appliances.

3.6.5 Pharmaceutical services provided by doctors

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. As there are no dispensing doctors within the HWB's area this route of provision is not included in this document.

3.6.6 Locally commissioned services

Bury Council and Bury CCG may also commission services from pharmacies and DACs. However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of a number of services that have been designated as public health services have been transferred to local authorities.

These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

For the purposes of this document they are referred to as locally commissioned services. These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

Services commissioned by Bury Council are:

- Sexual Health Services:
  - Emergency contraception
  - Chlamydia screening and treatment
- Substance misuse services including:
  - Supervised methadone/buprenorphine
  - Needle exchange
  - Stop smoking service – intermediate advice
  - Provision of nicotine replacement therapy

The following services are commissioned by NHS Bury CCG:

- Palliative Care
- Minor eye conditions service
- Minor ailment service

NHS England manages the minor eye condition and minor ailment services on behalf of NHS Bury CCG.

3.6.7 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHS England, LA's or CCGs. This includes home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether or not to charge for these services, but are expected to follow standards of governance if they do. As they are private services they fall outside the scope of the PNA.

3.6.8 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.

3.6.9 Other provision of pharmaceutical services

Pharmaceutical services are provided by other services. These can include arrangements for:

- Prison population
- Services provided in neighbouring HWB areas
- Private providers

The PNA makes no assessment of these services.

3.6.10 Other sources of information

Information was gathered from NHS England, Bury CCG and Bury Council regarding:

- Services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services

The JSNA and the joint health and wellbeing strategy provided background information on the health needs of the population.

3.7 Consultation (to be completed post consultation)

A statutory consultation exercise was carried out over the autumn of 2017 in accordance with the 2013 Regulations. The consultation took place from DD/MM/YYYY until DD/MM/YYYY for a period of 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

- The planning and provision of services;
- The development and consideration of proposals for changes in the way services are provided
- Decisions affecting the operation of services.

The statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond online. The link to the draft PNA and consultation response form was issued to all compulsory stakeholders listed in Appendix Nine. The documents were posted on the internet and publicised, with paper copies made available to those unable to access on line.

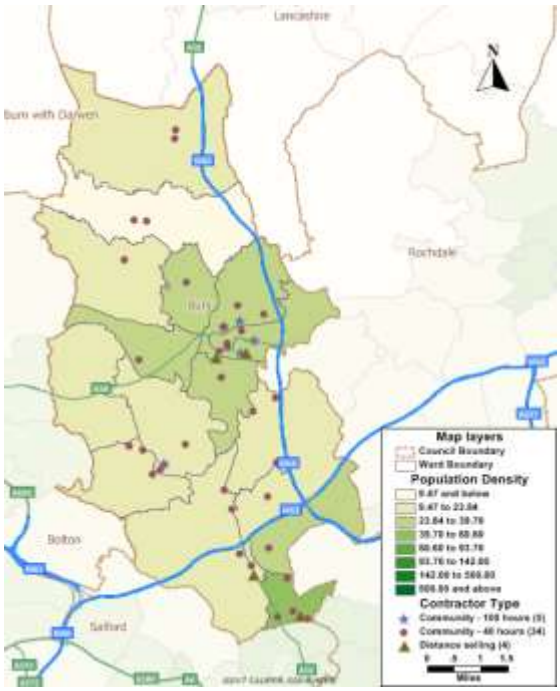
DISCUSSION OF CONSULTATION RESPONSES TO BE INSERTED HERE.

4. Context in Bury

4.1 Overview

Bury Council is one of ten councils in Greater Manchester, lying to the north of the City of Manchester, the borough is composed of six towns: Bury, Ramsbottom, Tottington, Radcliffe, Whitefield and Prestwich, and has a population of 188,700 (mid-2016 population estimate). On the north side Bury bounds the Lancashire districts of Rossendale and Blackburn with Darwen. Bury Council covers 24,511 acres (99 km2).

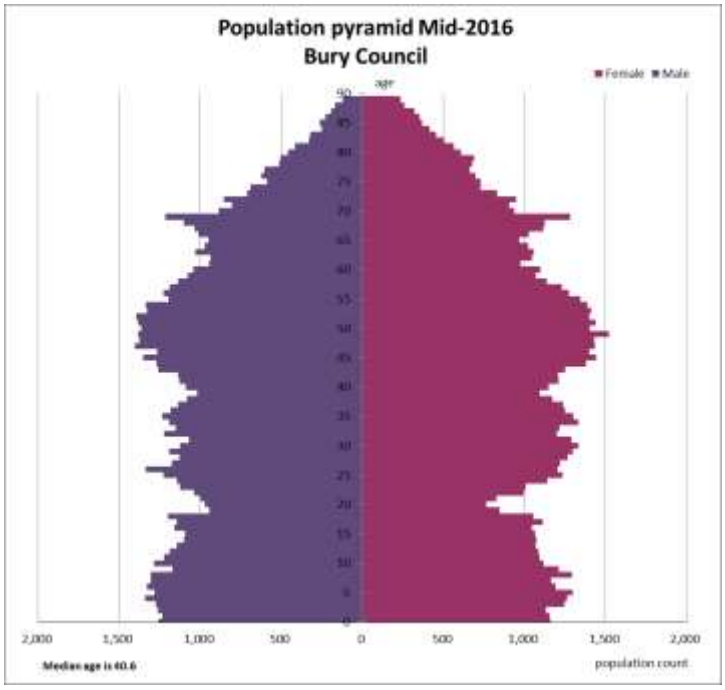
Map 4 - Population density



4.2 Population change

The population of Bury has been growing by around 0.3% per year from 2002 to 2015; this is less than half of the average rate of growth in England and slightly less than the North West average. The latest estimate (for mid-2016) indicates that there are in the region of 188,700 people living in Bury. Official figures from ONS suggest that the population is projected to reach around 201, 000 by early 2030 – an increase of 6.2% compared with mid-2016.

Figure 1 - Age pyramid (MYE 2015)



The spread of ages across the population of Bury is similar to that seen in England for both females and males.

Since 2015, it is estimated that more people moved into Bury than moved out mostly due to a net international migration inflow. There were more births than deaths in Bury. Compared to the population distribution of England, Bury has fewer 15-39 year olds and more under 15's and 45-79 year olds.

The changes in population estimates for each age band are shown below in Table 3.

Table 4 - Population changes mid-year estimates 2015 to 2016 (Source: ONS)

Bury	Estimated Population 2015	Estimated Population 2016	Change from 2015 to 2016
0-4	12428	12330	-98
5-9	12337	12545	208
10-14	11105	11379	274
15-19	10826	10667	-159
20-24	10277	10004	-273
25-29	12025	12272	247
30-34	12038	12126	88
35-39	11360	11706	346
40-44	12658	12074	-584
45-49	14075	14005	-70
50-54	13716	13845	129
55-59	11579	11878	299
60-64	10047	10126	79
65-69	10936	10832	-104
70-74	7987	8293	306
75-79	6321	6291	-30
80-84	4216	4326	110
85-89	2515	2506	-9
90+	1438	1464	26
Grand Total	187884	188669	785

The overall growth in older people, who are likely to be living in isolation, will lead to greater levels of need in particular for pharmaceutical services. This growth in older people should be borne in mind if new services are developed in the future.

Figure 2 - Population projection for Bury (ONS 2014 based Subnational Population Projections)

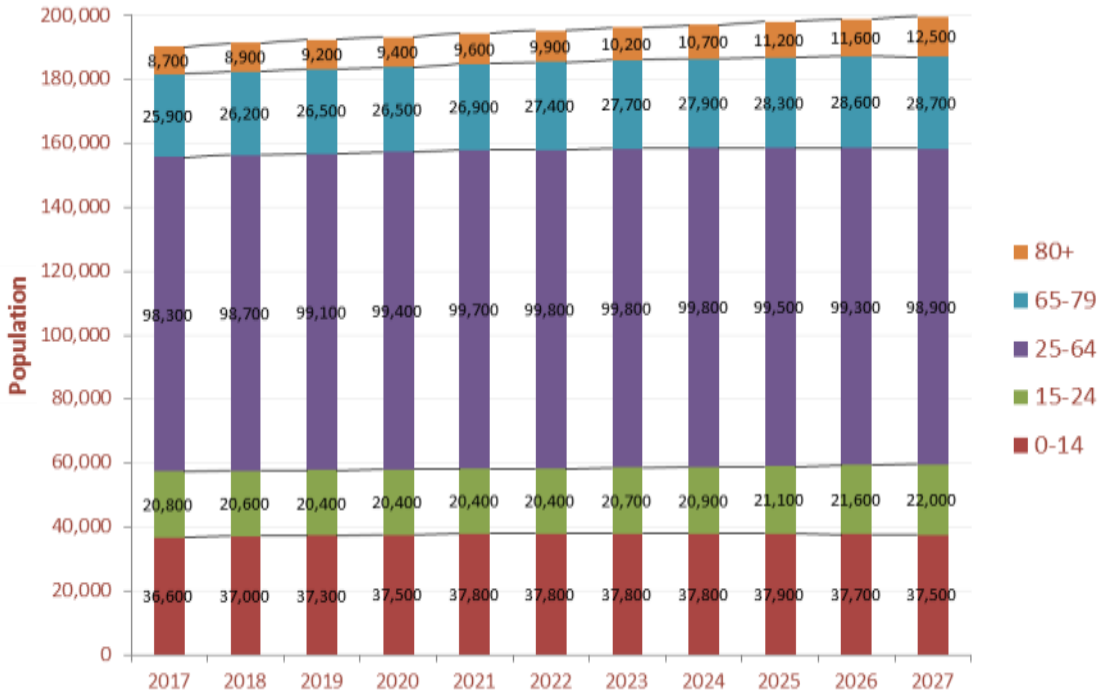


Table 5 – Mid-2015 population estimates by Township (Source: Bury JSNA)

Population	Township						
Age group	Bury East	Radcliffe	Prestwich	Whitefield & Unsworth	Bury West	Ramsbottom, Tottington & North Manor	Bury Council Area
0-4	8%	7%	7%	6%	6%	5%	7%
5-15	14%	13%	15%	13%	13%	13%	14%
16-24	11%	11%	10%	10%	10%	9%	10%
25-44	28%	27%	26%	25%	24%	23%	26%
45-64	24%	26%	26%	27%	27%	29%	26%
65-84	12%	14%	14%	18%	19%	19%	18%
85+	2%	2%	2%	2%	2%	2%	2%
Total Population	35,320	34,490	34,680	29,980	22,090	31,330	187,880

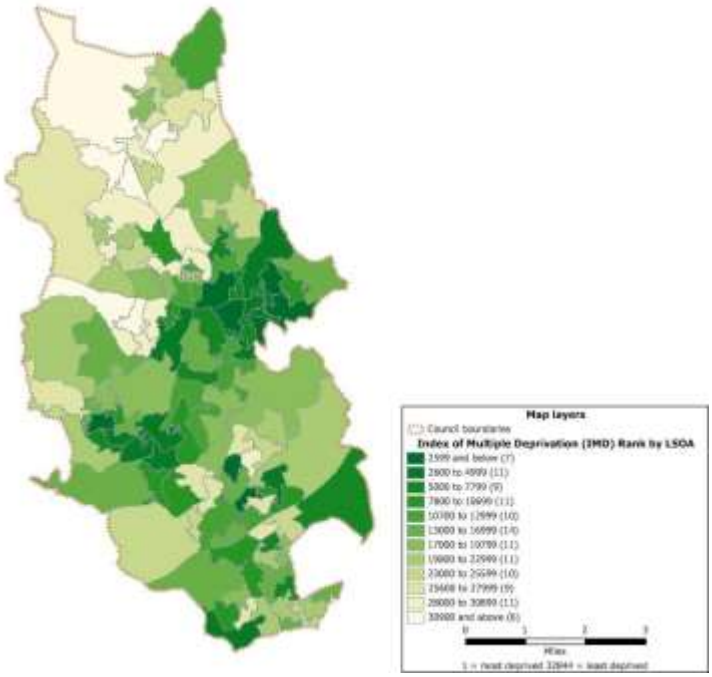
Bury West, Ramsbottom, Tottington & North Manor and Whitefield & Unsworth Townships have the largest proportion of adults aged 65 and over. Bury East, Prestwich and Radcliffe Townships have the largest proportion of children under 16 years. The proportion of other age ranges is similar across the different Townships.

4.3 Deprivation

Bury is ranked 122nd most deprived of 326 Local Authority districts, and Bury CCG is ranked 100 of 209, meaning Bury is ranked around the middle for deprivation at LA and CCG level. Overall, Bury is the 8th most deprived of the 10 GM districts.

In 2010, Bury was ranked 114 of the 326 Local Authority districts – this means that the borough has become slightly less relatively deprived over the intervening five years. There are 120 LSOAs in Bury, and each has been ranked according to its deprivation score. Map 5 details the LSOAs in Bury showing their level of deprivation.

Map 5 - IMD 2015 by LSOA



The areas of higher deprivation are shown on Map 5 in dark green with the lighter shades showing areas that have less deprivation.

There are 12 LSOAs in Bury that are in the 10% most deprived in the country (shown in dark green in Map 5). These are mostly found near the town centre, and in the Radcliffe and Besses areas, but also include LSOAs in southern Prestwich and Unsworth.

Table 6 - Rank for various measures of deprivation (English Indices of Deprivation 2015)

Local Authority District name (2013)	IMD - Average rank	IMD - Rank of average rank	IMD - Average score	IMD - Rank of average score	IMD - Proportion of LSOAs in most deprived 10% nationally	IMD - Rank of proportion of LSOAs in most deprived 10% nationally	IMD - Extent	IMD - Rank of extent	IMD - Local concentration	IMD - Rank of local concentration
Bolton	20028.17	64	28.42	51	0.2034	40	0.3775	35	31900.23	44
Bury	16736.98	132	21.769	122	0.1	87	0.1976	108	30877.23	91
Manchester	26366.82	1	40.512	5	0.4078	5	0.5938	1	32571.18	11
Oldham	20884.26	51	30.291	34	0.227	27	0.4062	29	32200.79	28
Rochdale	22779.2	25	33.684	16	0.2836	17	0.4473	21	32370.91	19
Salford	22499.63	27	32.959	22	0.2867	16	0.4339	22	32419.02	16
Stockport	14365.24	178	19.108	150	0.0895	93	0.1486	136	31136.43	79
Tameside	21685.39	34	29.38	41	0.1702	50	0.3631	40	31652.21	53
Trafford	11990.94	222	15.388	201	0.029	155	0.1021	161	29199.11	145
Wigan	18293.78	107	24.857	85	0.135	66	0.2814	68	31571.14	57

4.4 Life expectancy

Females

Life expectancy at birth for females in Bury is currently 81.6 years. This is 1.5 years lower than for females in England as a whole (83.1 years), but is similar to the average for local authorities in the North West (81.8 years). This time period has seen the biggest increase in LE for females in Bury for five years, and is 0.4 years higher than the 2011-13 time period (81.2 years), following a period of plateauing.

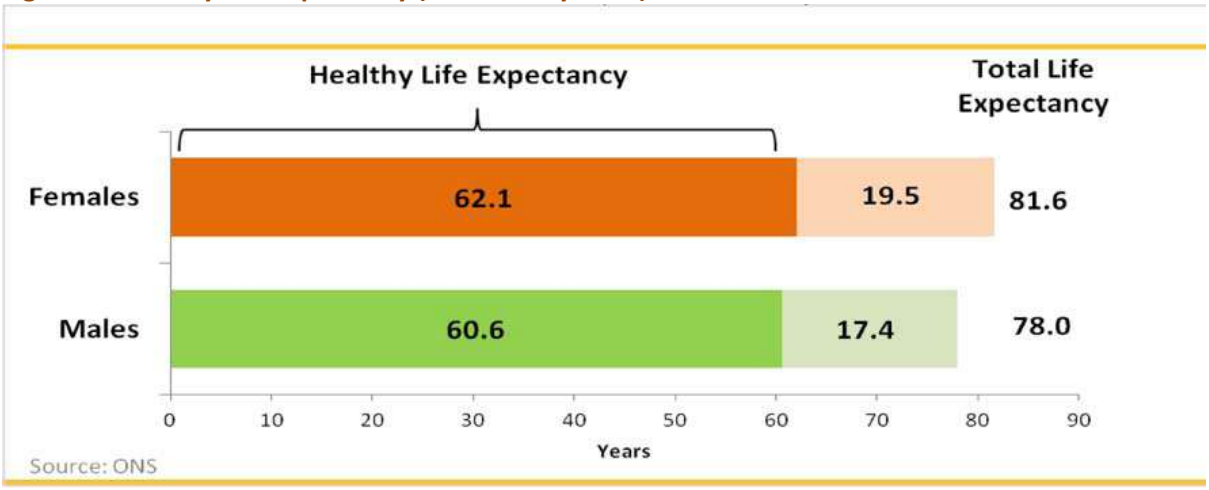
Males

Life expectancy at birth for males in Bury is currently 78.0 years. This is 1.5 years lower than for males in England as a whole (79.5 years), and similar to the average for local authorities in the North West (78.1 years). It is also slightly lower than the time period 2011-12 for males in Bury (78.2 years), in contrast to the national and regional trends which have seen an increase over the same period – meaning that the gap between Bury and England is getting wider.

Healthy Life Expectancy

Healthy Life Expectancy (HLE) is the average number of years a person would expect to live in good health based on current mortality rates and how much people self-report good health in response to a health question on a survey.

Figure 3 - Healthy Life Expectancy (Source Bury JSNA)



Females and males in Bury can expect to live 2 years and 2.8 years less, in good health respectively, compared to the England average for 2013-2015.

4.5 Key findings from current data

Health and wellbeing

People with higher wellbeing have lower rates of illness, recover more quickly and for longer and generally have better physical and mental health. ONS measure levels of individual/subjective wellbeing based on four questions included on the Annual Population Survey. These questions are asked of all adults aged 16 and over living in residential households.

A key measure of individual wellbeing is whether people are satisfied with their lives or not. In 2015/16, 5.3% of people in Bury stated that they were not very satisfied with their life nowadays (based on a scale of 0-10 where 0 is “not at all satisfied” and 10 is “completely satisfied”; those scoring 0-4 have been used to calculate this indicator) compared with 4.6% of people across England as a whole. The proportion of Bury residents with low life satisfaction decreased since the question was first asked in 2011/12, from a peak of 7.5%.

4.6 Population characteristics health needs

The following patient groups with one or more of the following protected characteristics have been identified as living within the HWB’s area:

- Age;
- Sex / gender;
- Pregnancy and maternity;
- Disability which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities;
- Gender reassignment;
- Marriage and civil partnership;
- Race which includes colour, nationality, ethnic or national origins;
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sexual orientation.

This section also focusses on their particular health issues, setting out how pharmacies can support the specific needs of the population as defined by the protected characteristics in equality legislation.

4.6.1 Age

Age has an influence on which medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body’s capacity to metabolise and eliminate medicines from it.

Pharmacy staff can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and

appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Children

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status.

The child population (0 to 15 years) of Bury is estimated to have reduced by an average of 1.5% a year between 2002 and 2005, in 2006 this reversed and to 2016 it has increased by an average of 1.0% a year. This increase was driven by an increase in the 0-4 year old population with a continuing reduction in 5-15 year olds; however, since 2011 this has changed round and the number of 0-4 year olds has seen small decreases.

Starting life well through early intervention and prevention is a key priority developing strong universal public health with an increased focus on disadvantaged families. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low birth weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions.

Key themes for the preschool and school aged children to improve their health and wellbeing are:

- Nutrition, active play/physical activity and obesity prevention
- Immunisation
- Personal, social and emotional development
- Keeping children safe

Young children are a group with a particular need for medicines and pharmacy services; with a focus on advising on health and wellbeing. However, this small increase is unlikely to have an impact on the demand for pharmaceutical services.

For further information about children in Bury refer to Bury's JSNA

Older people

The most recent (2016) mid-year population estimates from the Office for National Statistics (ONS) indicate that there are around 37,710 people aged 65 and over living in Bury (equivalent to 18% of the population). This compares to 17.8% of the population in England indicating Bury has a slightly higher proportion of older people compared to other local authorities.

This varies between the six Townships in Bury with Bury West, Ramsbottom, Tottington& North Manor and Whitefield & Unsworth Townships have the largest proportion of adults aged 65 and over. (See Table 2)

2014-based Sub-National Population Projections (SNPP) from ONS for the total number of residents aged 65 or over show an increase from 33,300 in 2014 to 38,600 in 2024 – an increase of 17.7%. Looking further forward, the number of residents aged 65 and over is projected to continue to increase gradually until 2039 (the latest estimate available). The average rate of growth over the period (2014-2039) is projected to be 1.7% per year.

This increase in the older people will lead to growing demand for medicines and pharmacy services having an impact on pharmaceutical service provision.

- Older people are substantially more likely to have a disability.
- A higher proportion of older people are women.
- Older people are less likely to have a living spouse or partner, and consequently are more likely to be living alone.
- Older people are more likely to practice a religion.

Older people living in isolation have a high incidence of suffering from loneliness. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression. The impact of loneliness and social isolation on an individual's health and wellbeing has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.

Table 5 below shows the variation between Townships in the percentage of pensioners living alone. Not all these people will be living in social isolation or loneliness, but there is likely to be a number that are and this is likely to increase over the coming years.

Table 7- Pensioners living alone by Township (Source: www.localhealth.org.uk)

Township	Pensioners living alone (%) (2011)
Ramsbottom, Tottington & North Manor	28.5
Bury East	37.6
Bury West	27.4
Radcliffe	35.2
Whitefield & Unsworth	33.2
Prestwich	34.1
Bury	34.1
Engalnd	31.5

Pharmacy teams are often one of the few or only teams that people living in isolation have regular contact with.

Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Independence is or could be supported by offering:

- Reablement services following discharge from hospital
- Falls assessments
- Supply of daily living aids
- Identifying emerging problems with people's health
- Signposting to additional support and resources

For further information about older people in Bury refer to Bury's JSNA

4.6.2 Sex / Gender

In Bury, the life expectancy from birth of men is 78.0 years and 81.6 years in women. The gap in life expectancy between females and males has reduced from 4.4 years in 2001-2003 to 3.6 years in 2013-15, with males showing a 2.5 year increase in life expectancy compared to a 1.7 year increase for females. However males:

- Are around twice as likely as females to die of coronary heart disease and chronic respiratory diseases.
- Have around 50% higher risk of dying of lung or colorectal cancer than females.

Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. In relation to health and health and social care, men and women can be subject to differences in:

- Risks relating to the wider determinants of health and wellbeing.
- Biological risks of particular diseases.
- Behavioural and lifestyle health risks.
- Rights and risks of exploitation.

It is well documented that men are often more unlikely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.

The planning and delivery of health and social care services should consider the distinct characteristics of men and women in terms of needs, service use, preferences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).

When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment. Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health services.

4.6.3 Long term health problems and disability

Most people suffer periods of ill health at some time, but these are usually temporary problems that do not have a sustained effect on day to day activities, such as going to work or socialising with friends and family. However, some health problems and disabilities are more serious because they are long-lasting and reduce a person's ability to carry out day-to-day activities.

People in some parts of Bury are more likely to report that that their day to day activities are limited due to a long-term health problem or disability than others. The areas where more than 24% of people report having an activity limiting health problem or disability are listed in Table 6. At the opposite side of the spectrum, there are 19 LSOAs where less than 15% of people reported having an activity limiting health problem or disability. When looking at these figures it is important to remember that this measure is very strongly related to age and that areas with older populations are more likely to have higher rates of activity limiting health problems or disabilities than areas with younger populations, irrespective of the underlying levels of ill health in the area.

Table 8 - Activity limiting health problem or disability
(Source: Census 2011, ONS. Crown copyright)

LSOA 2011	LSOA 2011 name	Within Ward 2015	Township 2017	Total residents in this LSOA at 2011	% of people whose day-to-day acivities are limited
E01005004	Bury 016C	Radcliffe Norh	Radcliffe	1458	37%
E01004987	Bury 020C	Unsworth	Whitefield & Unsworth	1200	35%
E01004946	Bury 021E	Besses	Whitefield & Unsworth	1624	28%
E01004945	Bury 017A	Besses	Whitefield & Unsworth	1548	25%
E01004957	Bury 007D	East	Bury East	1748	25%
E01004976	Bury 004A	Moorside	Bury East	1547	25%
E01004996	Bury 016B	Radcliffe West	Radcliffe	1427	25%
E01005030	Bury 013A	Redvales	Bury East	1590	25%

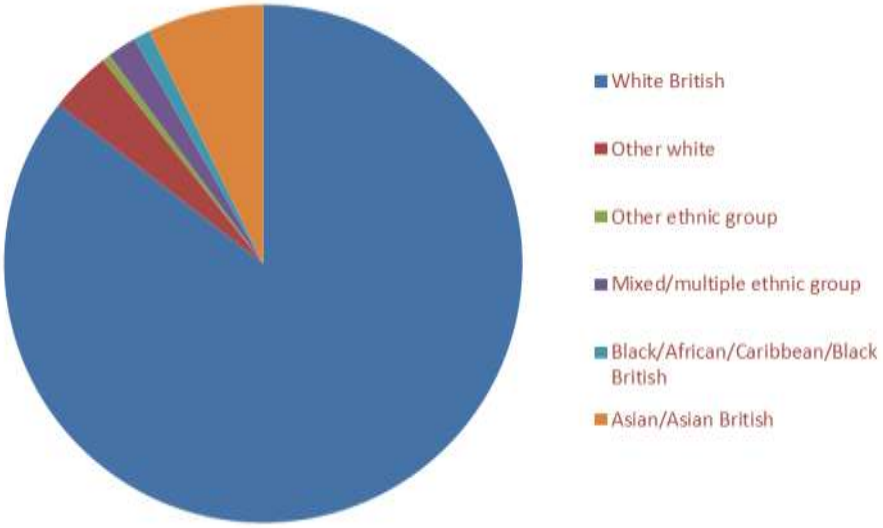
People with disabilities often have individual complex and specific needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.

Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

4.6.4 Race, ethnicity and language

Figure 4 - Bury population by ethnic group (Source: Census 2011, ONS. Crown copyright)

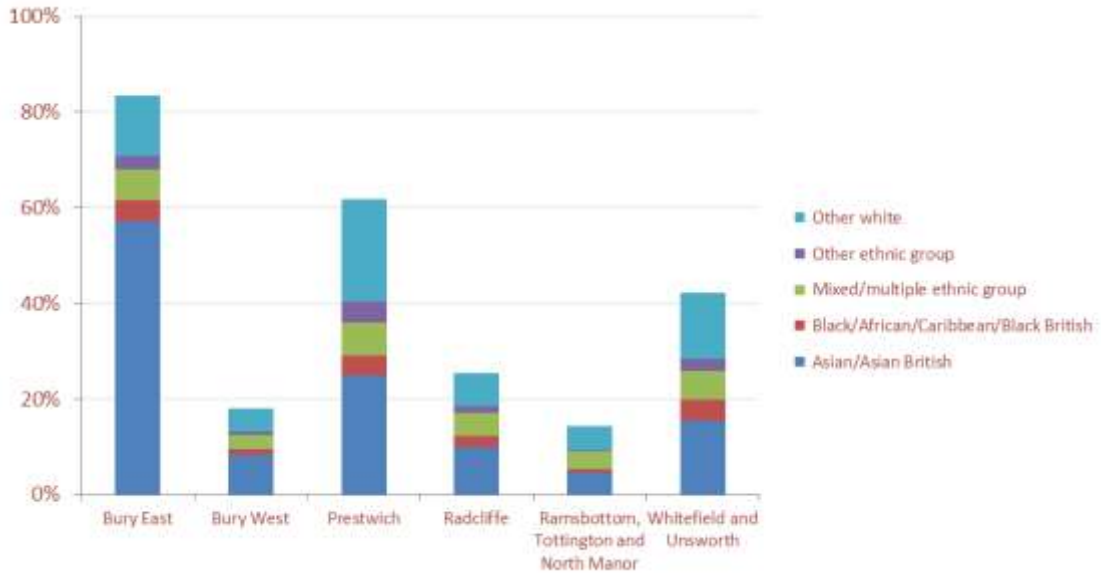


The ethnic minority population, as measured by non-white residents, increased between 2001 and 2011 by 8,970 in Bury, an increase of 81%. Despite this growth, the White British ethnic group, only measured since 2001, remains the largest ethnic group in the city, accounting for 89.2% of the population.

Pakistani is the largest ethnic minority group in Bury accounting for 4.9% of the population. A large proportion of this group is clustered in Bury East Township. Other ethnic minority groups in Bury account for less than 1% for each group.

New measures in the 2011 Census show that Bury is not becoming less British, despite its increased ethnic diversity. More people report a British or English national identity in Bury than report White British ethnic identity.

Figure 5 - Percentage of BME by Township (Source: Census 2011, ONS. Crown copyright)



Poor English language proficiency is lower in Bury than the national average and those residents will need support accessing services. However, only a small minority of residents cannot speak English well even in those areas where the need is greatest.

The pharmacy survey indicates that pharmacists and pharmacy staff speak a range of other languages, see section 3.5.3.

While the health issues facing particular ethnic groups vary, overall, people from BME groups are more likely to have poorer health than the White British population although some BME groups fare much worse than others, and patterns vary from one health condition to the next. This represents an important health inequality.

Research provides the examples of the health problems experienced by different ethnic groups:

- Recent eastern European migrants experience higher rates of communicable disease, occupationally linked health problems, and mental health problems.
- South Asian groups are at higher risk of diabetes, cardiovascular disease, and some cancers.
- People from black ethnic groups are at higher risk of stroke and some cancers.
- People from a range of BME groups are at higher risk of the inherited blood conditions: sickle cell and thalassaemia
- People from BME groups, particularly newer migrants, are more likely to experience mental health problems.

Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.

4.6.5 Religion and belief

Bury has long embraced the breadth and diversity of its population and celebrates the values that bring people of different backgrounds together. The religious beliefs, and non-belief, of Bury's population continues to diversify. However, the city has experienced an overall reduction in the proportion of its population that holds a religious belief.

Figures from the Office for National Statistics for the 2011 Census show that 75% of the population of Bury identify as having some religious affiliation. This is a reduction from 83% in 2001. The main religions / beliefs in Bury identified through the Census 2011 are Christian (63%), Jewish (6%) and Muslim (6%) whilst residents with no religion amount to around 19%. The town has experienced a decrease in the proportion of people identifying themselves as Christian in Bury since the 2001 Census; a fall from 74% in 2001 to 63% in 2011. At the same time, Bury has seen an increase in the proportion of the population identifying as Jewish and Muslim; increasing from 5% and 4% respectively in 2001 to 6% each in 2011.

At a ward level, most across Bury have experienced an increase in the number of people identifying as Muslim and all wards have seen an increase of those with no religious belief. Since 2001, all wards have seen a reduction in the number of Christian residents.

Sedgley ward has seen the largest increase in its Jewish population with an additional 1,500 residents stating that they are Jewish. The most significant change at ward level since the 2001 Census has been an increase of nearly 2,000 Muslim residents in East ward.

The number residents stating they have no religion have increased across all wards in Bury.

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people of particular religions and beliefs relevant to the services they deliver, including:

- Practices around births and deaths.
- Diet & food preparation.
- Family planning and abortion.
- Modesty of dress.
- Same sex clinical staff.
- Festivals and holidays.
- Medical ethics considerations in accepting some treatments and end of life care.
- Pharmaceuticals, vaccines, and other medical supplies.

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

4.6.6 Marriage and civil partnership

According to the 2011 Census in Bury, for residents aged 16 and over, 46.6% of people are married, 11.5% cohabit with a member of the opposite sex, 0.8% live with a partner of the same sex, 24.3% are single and have never married or been in a registered same sex partnership, 9.4% are separated or divorced. There are 10,162 widowed people living in Bury.

Limited evidence is available on the particular health and social care needs of people in terms of marriage and civil partnership.

It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families. Some research suggests that married people and their children are less likely to suffer problems with their mental wellbeing.

It seems likely that these benefits will also potentially be enjoyed by people in similarly committed and secure relationships, including civil partnership, and other long term couple partnerships. However, some research suggests that such benefits are associated specifically with marriage as opposed to other forms of couple partnership.

Consideration should be given to signs of domestic violence especially towards women; pharmacies can help to raise awareness of this issue and sign posting to services/organisations that can provide advice and support.

4.6.7 Pregnancy and maternity

The number of live births in Bury has been decreasing slightly year on year since 2010. The most significant decrease was between 2010 and 2015, from 2,571 and 2,356 however, Table 8 shows that the number of live births increased slightly between 2014 and 2015. It is not known whether this trend will continue.

Table 9 - Live births for Bury 2010 to 2015 (Source: ONS)

Year	Population Numbers (thousands)			Live Births Numbers			Rates
				All			
	Total	Female	Females aged 15 to 44	Total	Male	Female	Crude Live Birth Rate[1]
2010	219.8	111.9	42.7	3,297	1,660	1,637	15.0
2011	225.2	114.8	44.9	3,260	1,649	1,611	14.5
2012	225.9	115.0	44.6	3,288	1,655	1,633	14.6
2013	227.3	115.5	44.4	3,274	1,672	1,602	14.4
2014	228.8	116.3	44.4	3,282	1,650	1,632	14.3
2015	230.8	117.2	44.5	3,336	1,742	1,594	14.5

[1] The number of live births in a year per 1,000 mid-year population.

Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.

4.6.8 Sexual orientation

Research suggests that the LGBT population may be exposed to particular patterns of health risks, for instance:

- They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality, lesbian and bisexual women are less likely to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, smoke, misuse alcohol and drugs, and engage in risky sexual behaviours.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS.
- In 2016, the HIV testing uptake amongst men who have sex with men was 95.9% which is higher than the England and GM uptake, 94.2% and 95.3%.
- In 2015, prevalence of diagnosed HIV for Bury per 1,000 aged 15-59 was 1.89 which is less than the England average (Figure 7) however 37.5% were diagnosed late although this is one of the lowest late diagnosis percentages in GM.

Figure 6 - HIV diagnosed prevalence (Source PHE 2015)

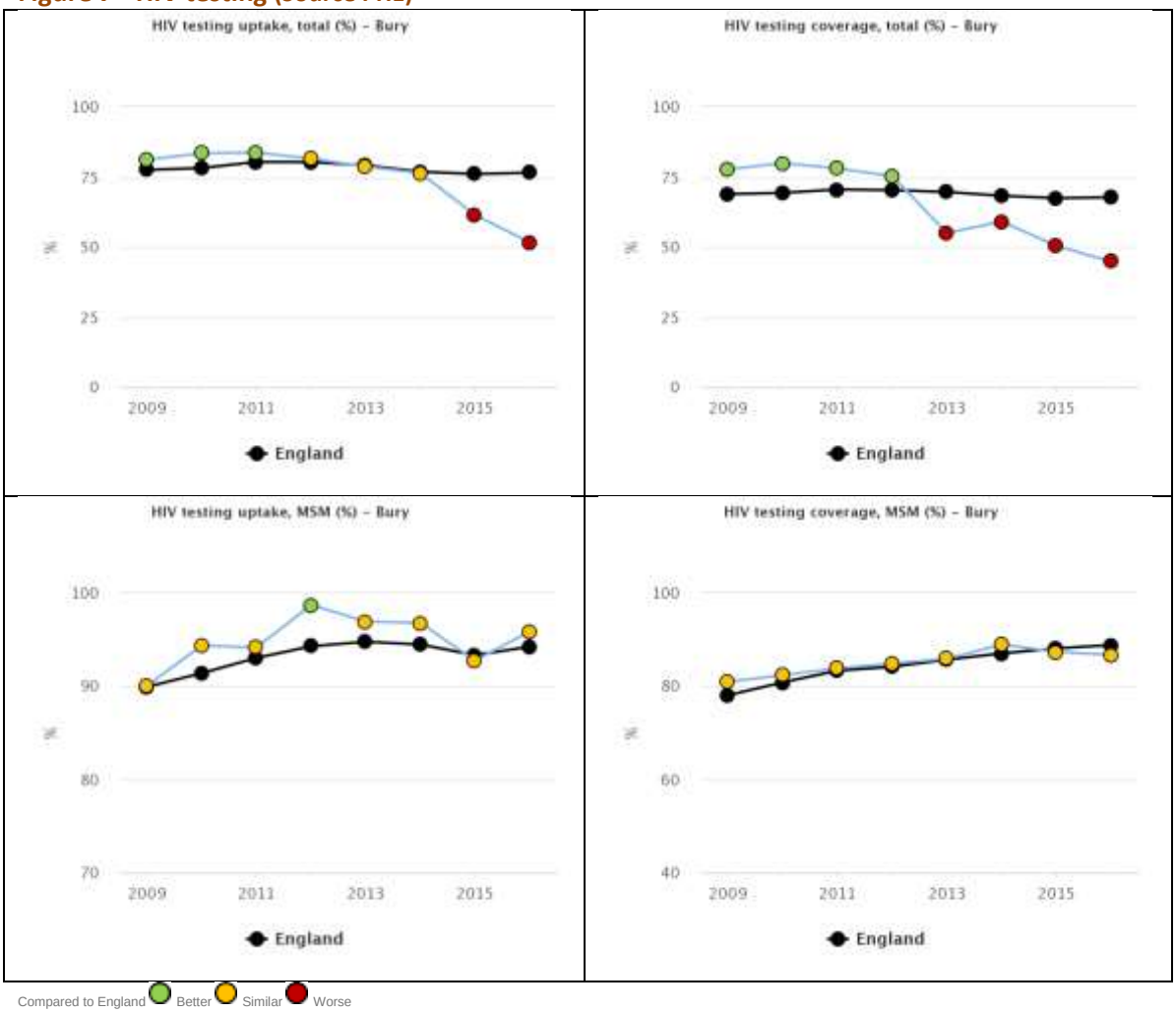
HIV diagnosed prevalence rate / 1,000 aged 15-59 2015 Crude rate - per 1000

Area	Count	Value	95% Lower CI	95% Upper CI
England	73,123	2.26	2.24	2.27
CA-Greater Manchester	4,740	2.85*	-	-
Bolton	303	1.85	1.64	2.07
Bury	205	1.89	1.64	2.17
Manchester	2,101	5.81	5.56	6.06
Oldham	181	1.35	1.16	1.57
Rochdale	257	2.05	1.80	2.31
Salford	757	4.95	4.60	5.32
Stockport	216	1.32	1.15	1.50
Tameside	225	1.73	1.51	1.97
Trafford	282	2.07	1.84	2.33
Wigan	213	1.13	0.98	1.29

Source: Public Health England

- HIV testing and testing coverage have seen a decline in Bury, being significantly worse than the England average. However, testing in men who have sex with men has mirrored that of the England average and remains similar.

Figure 7 - HIV testing (Source PHE)



- Late diagnosis rates have improved over recent years and are now similar to the England average.

Pharmacies can help to raise awareness of health issues discussed above and can provide advice to members of the LGBT community in relation to healthy lifestyle choices e.g. safe drinking levels, interactions and side effects of recreational drugs

4.6.9 Gender reassignment

Transgender people often report feelings of gender discomfort from early childhood. The average age of presentation to health services for gender dysphoria is currently 42 years. Studies in the UK suggest that the majority (80%) of those presenting to gender services are those who are born as a male.

It is reported the transgender community experience disproportionate levels of discrimination, harassment and abuse.

Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health), and access to appropriate specialist gender identity services are often reported as problematic.

Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:

- Higher levels of depression, self-harm, and consideration or attempt of suicide.
- Higher rates of drug and alcohol abuse.

Provision of medicines and advice on adherence and side effects including the long term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and well-being and on raising awareness about issues relating to members of these communities as discussed above.

5. Other key health outcomes for Bury

To identify how pharmaceutical service provision can help tackle the need of Bury's local population we have used Bury's JSNA[2].

Bury's JSNA considers all current and future health and social care needs which are capable of being met or influenced to a significant extent by the LA and the CCG. It aims to provide a comprehensive 'picture of place' including inequalities and gaps in provision.

It will be used as evidence to inform decisions about commissioning services and action to be taken by the local authority and CCG. It forms the evidence base for Bury's Joint Health and Wellbeing Strategy (JHWS)[3].

[2] https://www.theburyjsna.co.uk/kb5/bury/jsna/home.page
[3] https://www.theburydirectory.co.uk/kb5/bury/directory/advice.page?id=apIT-UE5d_U

5.1 Health and Wellbeing Strategy Vision

The JSNA forms the evidence base for Bury's Health and Wellbeing Strategy (HWBS). The Joint Health and Wellbeing Strategy is the borough's overarching plan for reducing health inequalities and improving health outcomes for Bury residents.

Our strategy outlines:

- Our principles
- Our approach to improving health and wellbeing
- Health and wellbeing in Bury
- Our priorities

The strategy is a working tool which concentrates on highlighting Bury's challenges and provides vision for a coherent approach for partners involved in improving health and wellbeing across the borough. It sets the strategic direction, but the actual operational details will be developed through the service planning of the many partners involved in its implementation.

The strategy emphasises the importance of partnership working and the joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the guiding principles of prevention, early intervention and self-care, reduction in inequalities, person centred services and planning for future demands.

The agreed priorities for 2015 – 2018 are:

- Starting well
- Living well
- Supporting people to Live well with a long term condition or as a carer
- Ageing Well
- Healthy places

Each priority has a detailed action plan which can be found in the JHWS. However, these may change when the JHWS is refreshed when it will align itself with the Single Outcomes Framework, Locality Plan and the wider work around the Greater Manchester devolution.

5.2 Public Health Outcomes

The information on this section is structured around the 4 domains of the Public Health Outcomes Framework (PHOF), namely:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

Pharmacies can help address these issues and improve outcomes by the targeted delivery of a wide range of pharmaceutical services. This can involve signposting individuals to appropriate support,

helping people manage their medicines and improve self-care, providing advice on life-style choices and facilitating change etc. This can be done through their Essential and Advanced services and any Enhanced or locally commissioned service that they provide.

5.2.1 Improving the wider determinants of health

The following indicators track progress in terms of some of the wider factors that affect health and wellbeing.

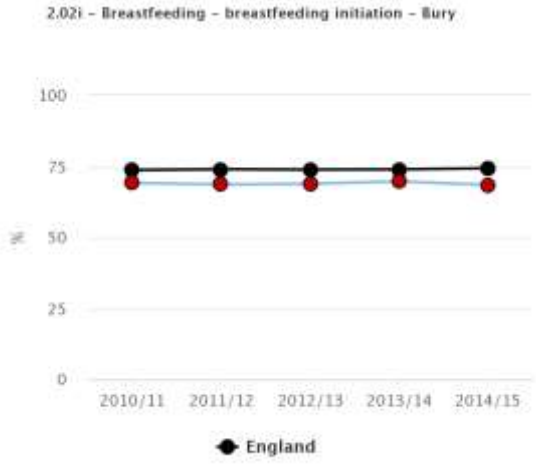
- 9.7% of adults in contact with secondary mental health services in 2015/16 lived in stable and appropriate accommodation. This is the fifth worst in GM and significantly below the England average of 58.6%.
- Bury has significantly worse numbers of eligible homeless people not in priority need (1.3 per 1,000) compared to the England average (0.9 per 1,000). However, the number of households in temporary accommodation (0.1 per 1,000) is significantly better than the England average (3.1 per 1,000).
- There are 423 Children aged 0-15 years and 1,145 young people aged 16-24 years providing unpaid care (2011). 92 and 332 respectively providing unpaid care for 20+ hours per week.
- Bury has a significantly higher density of fast food outlets (118.4 per 100,000) than the England average (88.2 per 100,000)

5.2.2 Health improvement

These indicators track progress in helping people to live healthy lifestyles and make healthy choices.

- In 2014/15 only 68.5% of mothers initiated breastfeeding, which is significantly worse than the England average of 74.3%; this percentage has changed little in last four years.

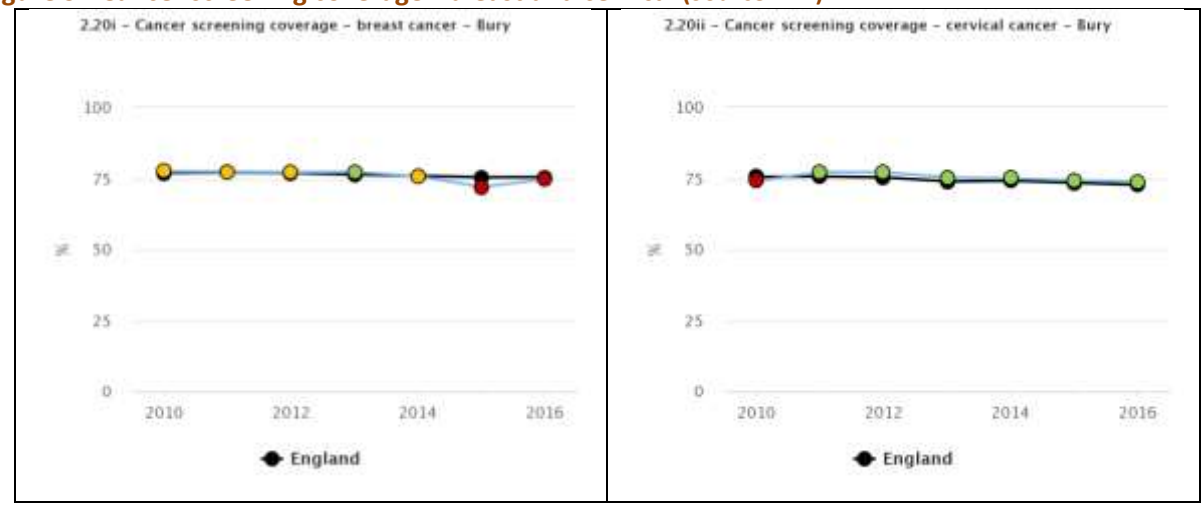
Figure 8 - Breastfeeding initiation levels (Source PHE)



- At 35.8%, 2015/16, breastfeeding prevalence at 6-8 weeks after birth is significantly worse than the England average of 43.2%.
- Smoking status at time of delivery has reduced from 16.4% in 2010/11 to 11.1% in 2015/16 and is now similar to the England average.

- The What About YOUth (WAY) (2014/15) survey highlighted that Bury had a significantly higher percentage of youths aged 15 who were occasional smokers compared to the England average. Those who were current or regular smokers were similar to the England average.
- Smoking prevalence in adults who are current smokers is significantly worse at 19.5% compared to the England average at 16.9% and higher than the North West average of 18.6%.
- Successful completion of alcohol treatment at 32.6% of those treated is significantly worse than the England and North West averages at 38.4% and 43.2% respectively.
- Screening coverage in 2016 of eligible women for breast cancer was 74.7% which is a drop from a high of 77.5% in 2010. Screening coverage for cervical cancer continues to be better than the England average at 73.9%, but has decreased from 77.2% in 2011.

Figure 9 - Cancer screening coverage - breast and cervical (Source PHE)



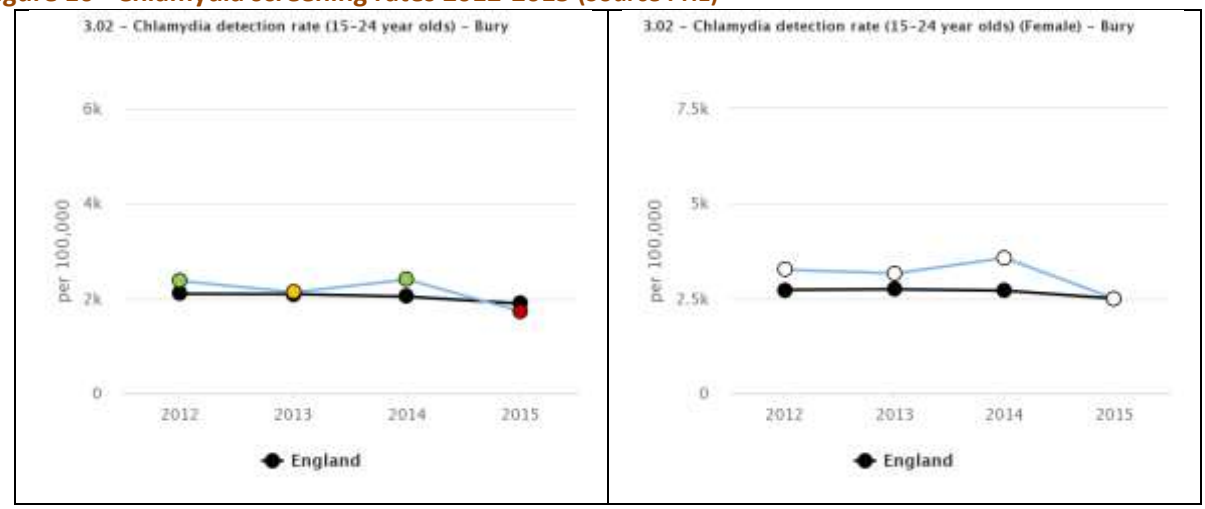
- Screening coverage of eligible adults for bowel cancer at 56.6% is worse than the England average at 57.9%, however, this has improved on the previous year.
- The number of 0-4 year olds from Bury attending accident and emergency (A&E) departments is significantly above the national average. The majority receive no investigation or significant treatment, or are discharged without follow-up. In this age group, respiratory disease and infections are the main reason for emergency admissions and GP consultations.

5.2.3 Health Protection

These indicators track progress in protecting the population's health from major incidents and other threats.

- In 2015 chlamydia detection rates (15-24 year olds) for the first time at 1,722 per 100,000 were below the minimum benchmarking goal of 1,900 per 100,000. Detection rates had dropped from a high of 2,393 per 100,000 in 2014. This appears to have been caused mainly by a reduction in the detection rates in the female target group.

Figure 10 - Chlamydia screening rates 2012-2015 (Source PHE)



- Immunisations against common childhood diseases can have positive long-term effects on children's health and development. Annual COVER (Cover of Vaccination Evaluated Rapidly) statistics for 2015/16 reveal the percentage uptake for a range of vaccinations for children in Bury are either in the mid-range of the benchmarking goal or exceed it and apart from the 5 year old MMR vaccination have a higher percentage than the England average. See Figure 12.

Figure 11 - Vaccination coverage for Bury (Source PHE)

Indicator	Period	Bury		Combined authorities	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
3.03v - Population vaccination coverage - PCV <90 90 to 95 ≥95	2015/16	2,238	92.7%*	94.6%*	93.5%	75.5%		99.1%
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) <90 90 to 95 ≥95	2015/16	2,258	91.6%*	93.1%*	91.6%	65.2%		97.5%
3.03xv - Population vaccination coverage - Flu (at risk individuals) <55 ≥55	2015/16	11,722	47.9%	49.6%*	45.1%	28.8%		56.5%
3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old) <50 50 to 60 ≥60	2015/16	831	52.6%	54.4%*	54.9%	25.6%		71.0%
3.03iv - Population vaccination coverage - MenC <90 90 to 95 ≥95	2015/16	2,296	95.2%*	96.4%*	*	-	-	-
3.03xii - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) <80 80 to 90 ≥90	2014/15	968	85.7%	91.0%*	89.4%	67.6%		100%
3.03xiv - Population vaccination coverage - Flu (aged 65+) <75 ≥75	2015/16	26,112	75.1%	73.9%*	71.0%	57.4%		77.4%
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2014/15	35	79.5%*	75.4%*	-	-	-	-
3.03ii - Population vaccination coverage - Hepatitis B (2 years old)	2014/15	25	29.1%*	40.5%*	-	-	-	-
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) <90 90 to 95 ≥95	2015/16	2,404	92.7%*	93.8%*	92.6%	68.2%		97.7%
3.03viii - Population vaccination coverage - MMR for one dose (2 years old) <90 90 to 95 ≥95	2015/16	2,299	93.3%*	93.7%*	91.9%	69.3%		97.7%
3.03ix - Population vaccination coverage - MMR for one dose (5 years old) <90 90 to 95 ≥95	2015/16	2,517	97.1%*	96.5%*	94.8%	71.1%		98.9%
3.03vii - Population vaccination coverage - PCV booster <90 90 to 95 ≥95	2015/16	2,281	92.6%	93.3%*	91.5%	67.1%		97.6%
3.03x - Population vaccination coverage - MMR for two doses (5 years old) <90 90 to 95 ≥95	2015/16	2,403	92.7%*	90.8%*	88.2%	56.5%		96.6%
3.03xiii - Population vaccination coverage - PPV <65 65 to 75 ≥75	2015/16	22,439	68.3%	70.3%*	70.1%	50.2%		81.1%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90 90 to 95 ≥95	2015/16	2,266	93.9%*	94.9%*	93.6%	70.4%		98.9%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90 90 to 95 ≥95	2015/16	2,365	95.6%*	96.7%*	95.2%	73.0%		99.2%
3.03xviii - Population vaccination coverage - Flu (2-4 years old) <40 40 to 65 ≥65	2015/16	2,736	34.6%	35.2%*	34.4%*	13.4%		49.1%

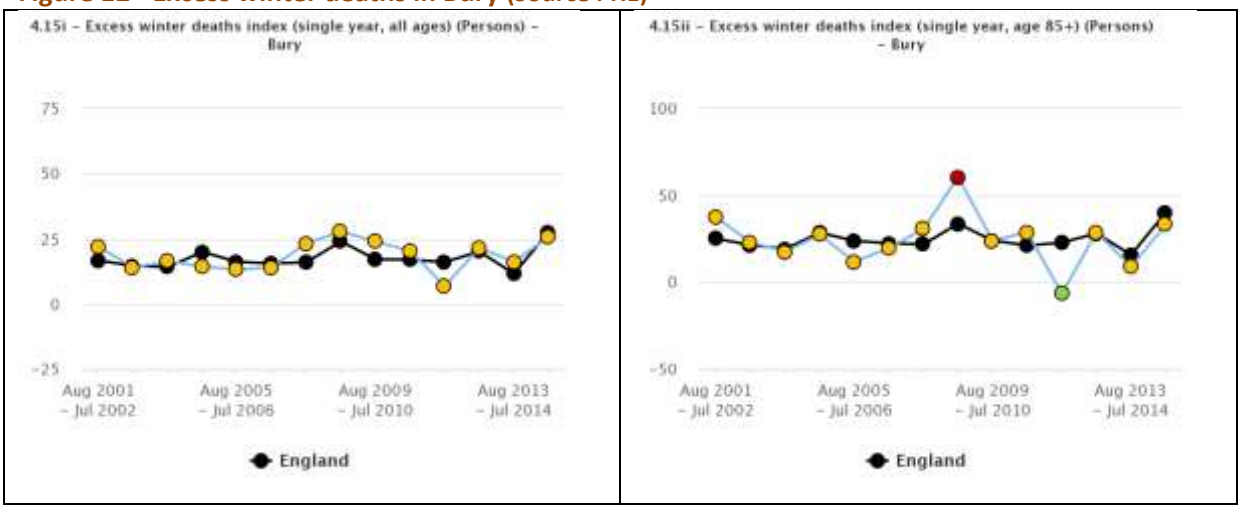
- Vaccination coverage for flu in at risk individuals and has consistently remained below the 55% benchmarking goal and has decreased from 52.6% in 2013/14 to 47.9% in 2015/16 (Figure 12). Similarly vaccination coverage against flu for 2-4 year olds remains below its benchmarking goal of 40%, at 34.6% it is similar to the England average of 34.4% and has increased marginally from 2014/15.
- The incidence of TB in Bury (10.3 per 100,000) has increased from 5.7 per 100,000 in 2000/02 but has remained at about this level since 2009/11. Completion of treatment for TB has dropped from 85.7% in 2009 to 79.2% in 2014, which may be of concern with increasing resistance to treatment.

5.2.4 Healthcare public health and preventing premature mortality

These indicators track progress in reducing numbers of people living with preventable ill health and people dying prematurely.

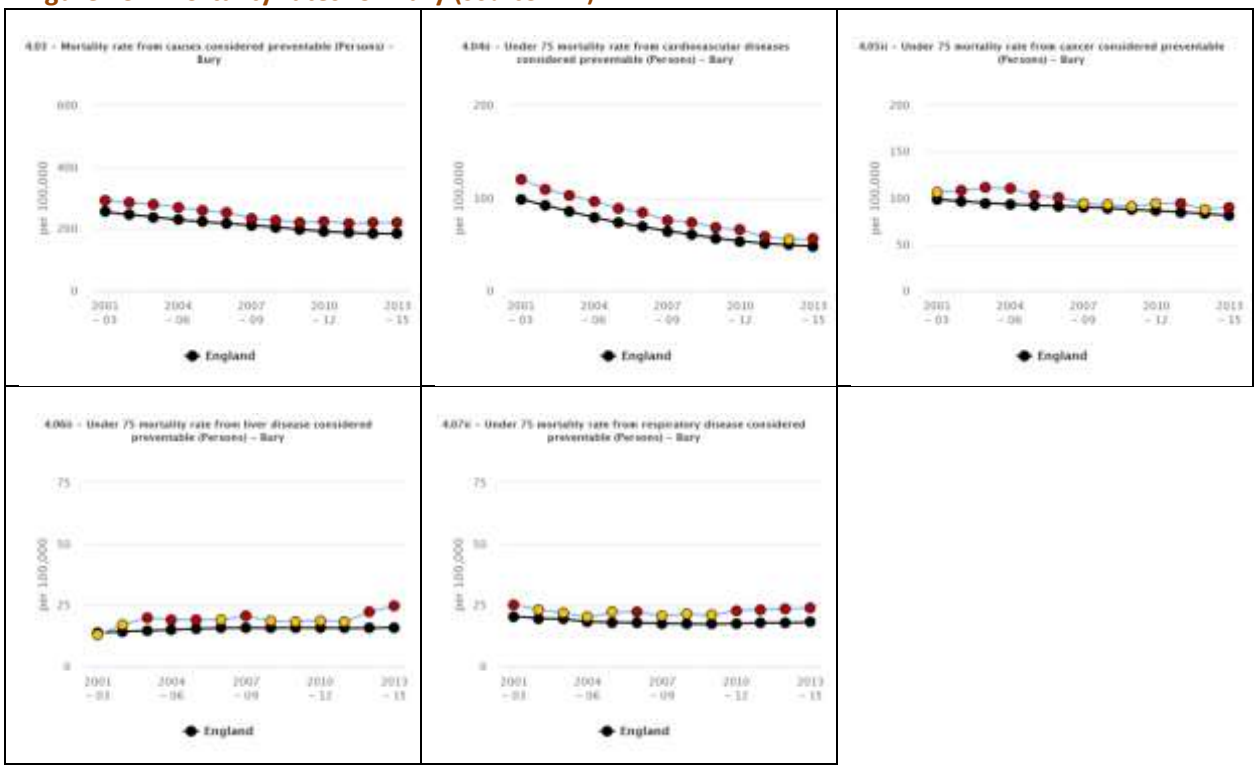
- The percentage of people who die in winter months (excess winter deaths) in Bury has been consistent with that for England over the last few years. Older people are most susceptible to higher death rates in winter. In those aged 85 years and over, there were 67 (Ratio of 33.2) additional deaths in winter in Bury, compared to 145 (Ratio of 25.7) in all age groups (Aug 2014 to Jul 2015). This is similar to England. (See Figure 13)

Figure 12 - Excess winter deaths in Bury (Source PHE)



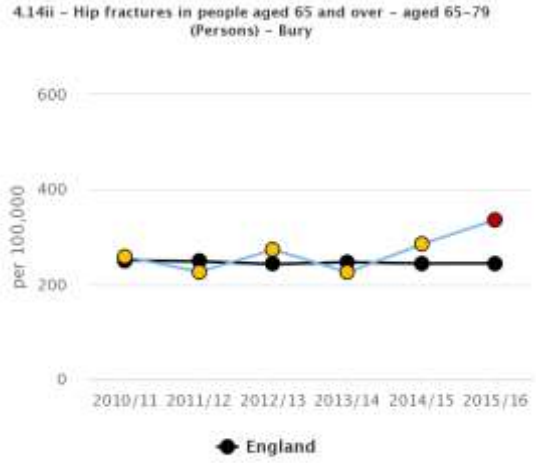
- In 2013-15 the mortality rate from causes considered to be preventable for all persons was 221.0 per 100,000 (directly standardised ratio) compared to 184.5 per 100,000 as the England average. This has been consistently worse than England since 2001-03. It is a similar picture for the mortality rate for under 75s from cardiovascular disease, cancer, liver disease and respiratory disease that is considered preventable. See Figure 14.

Figure 13 - Mortality rates for Bury (Source PHE)



- Hip fractures in persons aged 65-79 years have increased over the last three years (2013/14 to 2015/16) to where they are now significantly worse than the England average.

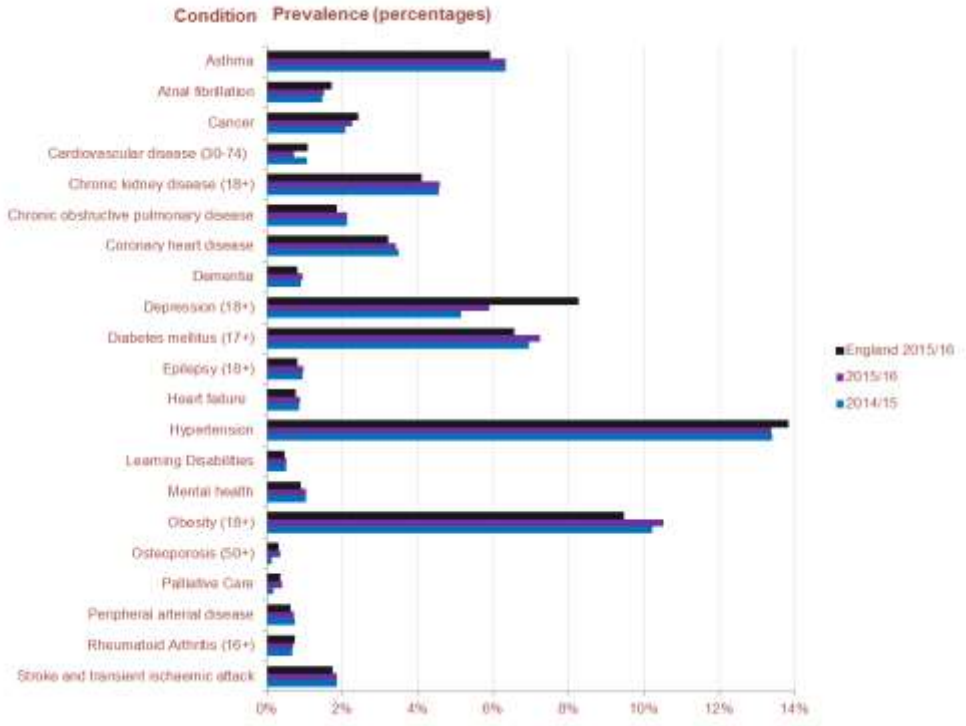
Figure 14 - Hip fractures in people aged 65-79 years (Source PHE)



5.2.5 People with long term conditions

- Bury has a higher than average prevalence of long term conditions (LTC) such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease, leading to an increased burden of disease and people dying younger. A number of patients registered with a GP in Bury will have one or more LTCs; however, the number of people with three or more LTCs increases with age and these are the most intensive users of health and social care services because their needs are usually more complex than those of people with a single disease. There is a clear need for integrated care initiative to take place across Bury in order to improve the care of those individuals with multiple conditions.

Figure 15 - Disease Prevalence from QOF data (Source NHS Digital)



- In Bury, just under 44,500 (2015/16) of the GP registered population have a heart condition (including congestive heart failure, hypertension, ischemic heart disease and atrial fibrillation). Patients with a heart condition will have varying levels of risk for admission to hospital. Those patients at moderate risk will have multiple long term conditions predominantly made up of hypertension, coronary vascular disease (CVD) & coronary heart disease (CHD).
- Prevalence of diabetes is increasing in Bury, which could be partly due to improved detection, although failure of the population as a whole to adopt a healthy lifestyle is also responsible. 90% of people with diabetes have co-morbidities. Diabetes is a major cause of premature mortality. Current indicators for diabetic control within Bury indicate that identified patients have their risk factors satisfactorily managed.

Figure 16 - Diabetes treatment targets (Source: Public Health England)

Compared with benchmark: Better | Similar | Worse | Lower | Similar | Higher | Not compared

Indicator	Period	England	Greater Manchester NHS region	NHS Bolton CCG	NHS Bury CCG	NHS Central Manchester CCG	NHS Heywood, Middleton And Rochda...	NHS North Manchester CCG	NHS Oldham CCG	NHS Salford CCG	NHS South Manchester CCG	NHS Stockport CCG	NHS Tameside And Glossop CCG	NHS Trafford CCG	NHS Wigan Borough CCG
Good blood sugar control in people with diabetes	2015/16	60.1	61.5	64.0	65.8	57.0	61.2	59.2	62.2	59.8	58.8	62.6	65.2	58.3	61.0
Good blood pressure control in people with diabetes	2015/16	70.4	73.2	73.2	76.6	68.7	75.4	70.5	72.2	72.0	65.8	75.2	74.4	72.0	77.0
Good cholesterol control in people with diabetes	2015/16	70.0	70.8	66.0	69.3	71.4	71.1	70.2	74.1	71.4	67.3	75.3	70.9	69.7	72.0

- Bury has a higher level of severe mental illness (1.04% of the practice registered population), according to QOF recorded prevalence, than England (0.90%) and is the third highest behind Manchester and Rochdale. Co-morbidity among psychiatric conditions is high.
- Bury had a SAR[4] of 113.8 for emergency admissions in the period from 2010/11 to 2014/15. The ratio for Bury indicates a higher level of emergency admissions than would be expected.
- Bury has similar emergency readmission rate, within 30 days, at 11.7% compared to England's 11.8%. This rate has increased steadily from 2002/03 following the national trend, but does appear to be plateauing out.
- The number of A&E attendances fluctuates over the course of the year (high in winter), over the course of the week (high on Monday, lower attendance on weekends by older people), and over the course of the day (peak mid-morning, for children a second peak is seen around 7pm).
- Bury has significantly worse emergency asthma admissions per 100 patients on the disease register at 2.14% than the England average of 1.83%, but lower than the Greater Manchester average of 2.41%. Although they spend less time in hospital than the England average.
- Bury has significantly higher numbers of hospital admissions that could have been avoided at 241.1 per 100,000 than the England average of 178.9 per 100,000. This figure is one of the lowest in GM.
- In 2013/14 the proportion of older people (65 and over) who were still a home 91 days after discharge from hospital fell to 81% from 84.6% in 2012/13. Although the proportion remains similar to the England average there has been a downward trend from 2011/12.
- In March 2015 there was estimated to be over 2,300 registered residents in Bury that have dementia, but only just over 1,700 had a diagnosis of dementia (75%). This indicates that approximately 600 residents living with dementia are not known to their GP. Of those with dementia, 70% have one or more other LTC, and it is estimated that two-thirds of those with dementia live in the community.

[4] The Standardised Admission Ratio (SAR) is defined as the ratio of the observed number of admissions in an area to the number expected if the area had the same age specific rates as England (ratio set at 100).

- Cancer prevalence and incidence are increasing nationally. Compared to England the overall incidence of cancer is higher in Bury, this is mainly driven by the incidence of colorectal and lung cancers, which are significantly worse than England. Whereas breast and prostate cancers are not significantly different. Although under 75s mortality and those considered to be preventable from cancer remain significantly worse than the England average, they have been declining slowly since 2001-03.

6. Provision of pharmaceutical services

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services:

- **Necessary services** i.e. pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** i.e. services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.

Necessary services, for the purposes of this PNA, are defined as:

- those services provided by pharmacies and DACs in line with their terms of service as set out in the 2013 regulations, and
- advanced services

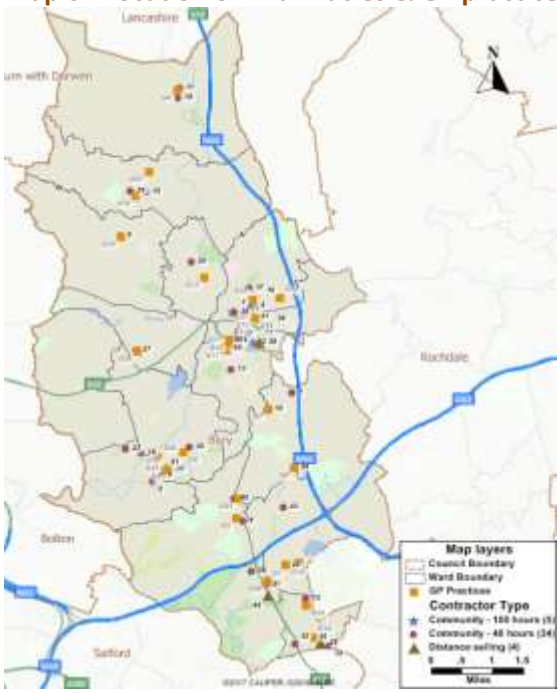
6.1 Necessary services - current provision with-in the HWB's area

There are 43 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 34 with a standard 40-hour contract, five with a 100-hour contract and four listed as distance selling. There are no DACs and no LPS pharmacies in Bury.

Map 6 (see Appendix Ten for a larger version), which is the statutory map as provided below, shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The map index to premises can be found in Appendix Six, with Township indexing showing opening hour coverage in Appendix Eight.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and proximity to pharmacies. Appendix Eleven provides an index of those GP surgeries.

Map 6 - Location of Pharmacies & GP practices in Bury



Bury's average prescription items per month per pharmacy was 7,209. This is similar to the Greater Manchester average but higher than the average for England.

In 2015/16, Bury pharmacies also dispensed one of the lowest items per head of population (1.7 items) in the North of England (2.1 to 1.6 items) and were above the average in England (1.5 items).

Table 10 - Bury pharmacies 2013/14 to 2015/16

Year	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid-Year	Pharmacies per 100,000 population
2013/14	40	292	186	22
2014/15	42	303	187	22
2015/16	42	310	188	22
2016/17	43	312	189*	23

* Projected population from 2014-based Subnational Population Projections for Local Authorities and Higher Administrative Areas in England (Source: Office for National Statistics © Crown copyright 2016)

In 2016/17 approximately 8.6% of items dispensed by Bury pharmacies were prescribed by GPs elsewhere in Greater Manchester (see Table 8).

Table 11 - Items dispensed by Bury pharmacies for prescribers by CCG in Greater Manchester

CCG Prescriber based in. (Does not include prescribing from outside GM)	Total items dispensed by Bury pharmacies 2016/17	Percentage split of items dispensed by Bury pharmacies
Bolton CCG	58,379	1.56%
Bury CCG	3,424,625	91.43%
Central Manchester CCG	3,115	0.08%
Heywood, Middleton & Rochdale CCG	51,324	1.37%
North Manchester CCG	126,381	3.37%
Oldham CCG	3,287	0.09%
Salford CCG	65,069	1.74%
South Manchester CCG	2,997	0.08%
Stockport CCG	5,028	0.13%
Tameside And Glossop CCG	3,340	0.09%
Trafford CCG	782	0.02%
Wigan Borough CCG	1,099	0.03%
Grand Total	3,745,426	100%

The average items per month are similar to the regional averages and only slightly higher than the England average. Conclusions cannot be drawn from this as the ability to cope with increasing demand is dependent upon a range of factors e.g. staffing levels, available space, use of robotics. As the aging population grows demand is likely to increase and pharmacy will need to consider how it prepares for this, especially with the reduction in funding that is currently taking place.

Table 12 - Number of pharmacies and items dispensed per month nationally and locally for 2015/16

Area	Number of community pharmacies (on 31st March 2016)	Prescription items dispensed per month (000)s	Population (000)s Mid-Year (2014)	Pharmacies per 100,000 population	Average items per pharmacy per month
England	11,688	82,942	54,317	22	7,096
Lancashire & Greater Manchester	1,089	7,810	4,238	26	7,172
Greater Manchester	695	4,981	2,733	25	7,167
Bury CCG	43	310	188	23	7,209

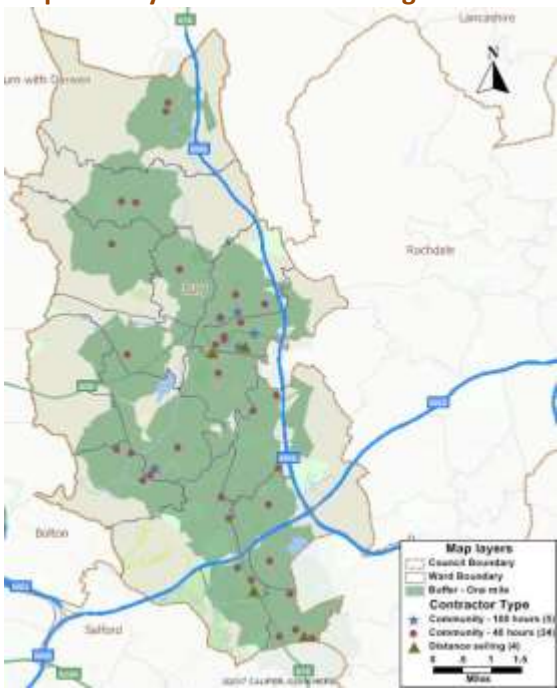
6.1.1 Access to premises

Access can be defined by the location of the pharmacy in relation to where residents of the HWB area live and length of time to access the pharmacy by driving (private car, using public transport or walking.

The latest information shows that 99% of the English population - even those living in the most deprived areas - can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport[5].

The location of pharmacies does not cause a problem for 91% of the responders to the public survey and the opening hours do not cause a problem for 80%.

Map 7 - Bury Pharmacies showing 1 mile travel distance



Map 7 indicates there are parts of Bury further than a mile away from their nearest pharmacy, however, there are pharmacies outside Bury that offer access for some places and other areas are comprised of either rural or industrial land. The majority of Bury's population should have access to a pharmacy within 20 minutes either by car, walking or using public transport.

[5] Pharmacy in England: Building on Strengths – Delivering the Future, Department of Health White Paper (2008)

6.1.2 Correlation with GP practices

As expected, there are more community pharmacies (43) than there are GP practices (31). In addition, all wards apart from Radcliffe North have at least one pharmacy and there is a pharmacy in close proximity to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. See Map 6.

6.1.3 Access to services

Whilst the majority of people will visit a pharmacy for pharmaceutical services during the 8.30am to 6pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

The public survey provided the following insights into how Bury residents access pharmaceutical services:

- 91.2% of respondents surveyed had not had any problems accessing a pharmacy service due to location and 80.0% due to opening hours.
- When rating the overall experience of using a pharmacy most respondents (95.9%) indicated they were satisfied or very satisfied, with 55.7% rating that they were very satisfied (the highest option).
- Approximately 88.7% of respondents were satisfied or very satisfied with the opening hours of the pharmacy they used.
- Although the majority of respondents stated they were satisfied or very satisfied with the opening times of pharmacies; a small number stated that those local to them were not open outside their working day and this created some difficulty and meant they used pharmacies on their way to or near work.

Map 8 and 9 below show the span of opening times for Bury pharmacies based on their core and supplementary opening hours[6]. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open after 6pm Monday to Friday.

It is important that where changes are made to urgent care services across Bury, commissioning of pharmacy to provide extended hours may be required in some localities. It cannot be assumed that pharmacy will meet any need for increased hours if it is not financially viable.

Full details of the opening hours for community pharmacies in Bury can be found on NHS Choices http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10.

[6] Data valid as at 19th April 2017

Map 8 - Bury weekday opening hours
(Showing core and extended hours)

Map 9 - Bury weekend opening hours
(Showing Sat a.m. only, all day Saturday and both Saturday and Sunday)

Monday to Saturday opening

Ten pharmacies open at 8:00am or earlier Monday to Friday and eight pharmacies open at 8:00am or earlier on Saturday. One pharmacy opens at 6am Monday to Saturday (see Table 10).

13 pharmacies don't open at all on Saturday, including three distance selling pharmacies, and a further 16 pharmacies close by 2:00pm. This leaves 14 pharmacies open for most of Saturday, with nine of those pharmacies being open until 7:00pm or later.

Table 13 - Bury pharmacies open Monday to Saturday from 8:00 a.m. or earlier

Pharmacy	Postcode	Map Index	Monday to Saturday opening time	Comments
Asda Pharmacy	BL9 0RN	3	6:00am	
Boots the Chemist	BL9 5BY	7	8:00am	
Bury Healthcare Pharmacy	BL9 6DP	8	7:00am	
Lloyds pharmacy	BL9 0SN	20	8:00am	Opens at 9:00am on Saturday
Lloyds pharmacy	M25 1NL	22	8:00am	Opens at 9:00am on Saturday
Pimhole Pharmacy	BL9 7BB	30	7:00am	
Radcliffe Pharmacy	M26 2SP	33	8:00am	
Tesco In-Store Pharmacy	BL9 5BY	38	8:00am	
Tesco In-Store Pharmacy	M25 7BL	39	8:00am	
Well	M26 2SP	41	8:00am	

11 pharmacies provide access to pharmaceutical services until 7:00pm or later Monday to Friday with one exception which only provides pharmaceutical services until 7:00pm on Monday and Tuesday.

Table 14 - Bury pharmacies open Monday to Saturday until 7:00 p.m. or later

Pharmacy	Postcode	Map Index	Monday to Saturday closing time	Comments
Asda Pharmacy	BL9 8RS	1	10:00pm	
Asda Pharmacy	M26 3DA	2	10:00pm	Closes at 8:00pm on Saturdays
Asda Pharmacy	BL9 0RN	3	10:00pm	Closes at 9:00pm on Mondays and Tuesdays
Bury Healthcare Pharmacy	BL9 6DP	8	10:00pm	
Dennis Gore Chemists	M25 1FX	12	7:00pm	Not open on Saturdays
Lloyds pharmacy	BL0 9HX	19	8:00pm	Only open until 8:00pm on Mondays and Tuesdays
Pimhole Pharmacy	BL9 7BB	30	9:30pm	
Radcliffe Pharmacy	M26 2SP	33	10:30pm	Closes at 6:00pm on Saturdays
Tesco In-Store Pharmacy	BL9 5BY	38	9:00pm	
Tesco In-Store Pharmacy	M25 7BL	39	10:00pm	
Well	M26 2SP	41	8:00pm	Closes at 12:00(noon) on Saturdays

Sunday opening

11 pharmacies open on Sunday and four of the six Townships have at least one pharmacy open for some hours. 7.7% of respondents to the public survey had issues with pharmacies not being open on Sunday. However, the majority were aware that there were pharmacies that opened on Sunday if they needed to use them.

Table 15 - Bury pharmacies open on Sunday

Pharmacy	Postcode	Map Index	Sunday opening time	Sunday closing time
Asda Pharmacy	BL9 8RS	1	10:30am	4:30pm
Asda Pharmacy	M26 3DA	2	10:30am	4:30pm
Asda Pharmacy	BL9 0RN	3	11:00am	5:00pm
Boots the Chemist	BL9 0QQ	6	10:30am	4:30pm
Boots the Chemist	BL9 5BY	7	11:00am	5:00pm
Bury Healthcare Pharmacy	BL9 6DP	8	8:00am	6:00pm
Pimhole Pharmacy	BL9 7BB	30	11:00am	12:00am (midnight)
Radcliffe Pharmacy	M26 2SP	33	8:00am	4:00pm
Tesco In-Store Pharmacy	BL9 5BY	38	11:00am	5:00pm
Tesco In-Store Pharmacy	M25 7BL	39	10:00am	4:00pm
Jhoots Pharmacy	M45 8NE	43	11:00am	1pm

Changes to pharmacy contractors

There are no known changes anticipated at the time of writing the PNA.

6.1.4 Access to Medicines Use Reviews (MUR)

Appendix Seven provides a list of pharmacies providing MUR advanced services.

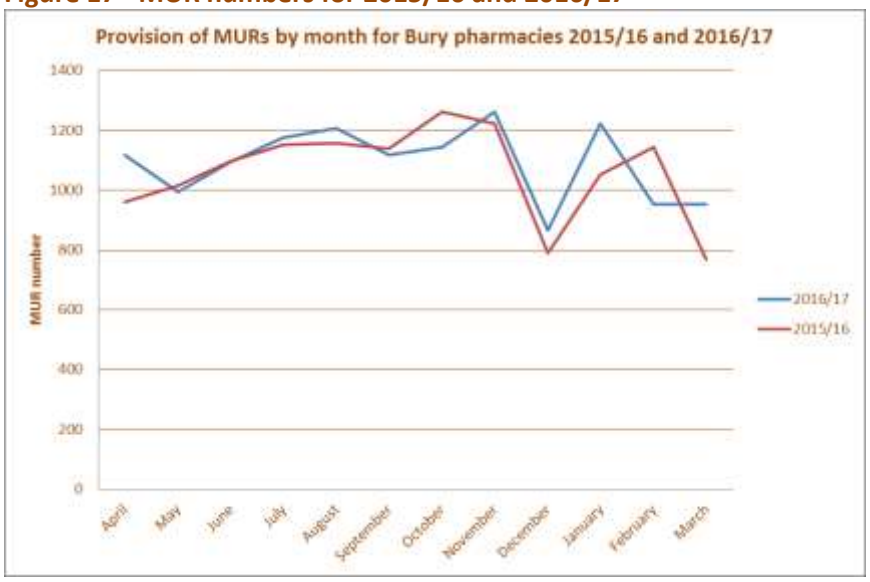
This service is medicines adherence service designed to improve patient outcomes from taking regular medication. A report is shared with the patient and prescriber. 70% of MURs undertaken have to be from a specified group of patients:

- Patients taking certain high risk medications
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines
- Patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease.

Each pharmacy can provide a maximum of 400 MURs a year.

In 2016/17 a total of 13.110 MURs were provided by 39 of the pharmacies with 23 pharmacies claiming over or at or near the maximum number of MURs (>369). Figure 18 shows the pattern of MURs throughout the year for all Bury pharmacies (2015/16 and 2016/17). The majority of MURs appear to have taken place in second half of the year during 2016/17.

Figure 17 - MUR numbers for 2015/16 and 2016/17



Up to 400 MURs can be provided at each pharmacy, giving a potential maximum number of 17,200 per annum. Four pharmacies (all distance selling pharmacies) have not delivered any MURs and seven pharmacies provided less than 200 in 2016/17. NHS England should work with these pharmacies to encourage delivery or increased delivery to ensure that all eligible Bury residents have the opportunity to receive this advanced service. However, there was a 2.7% increase in delivery from 2015/16.

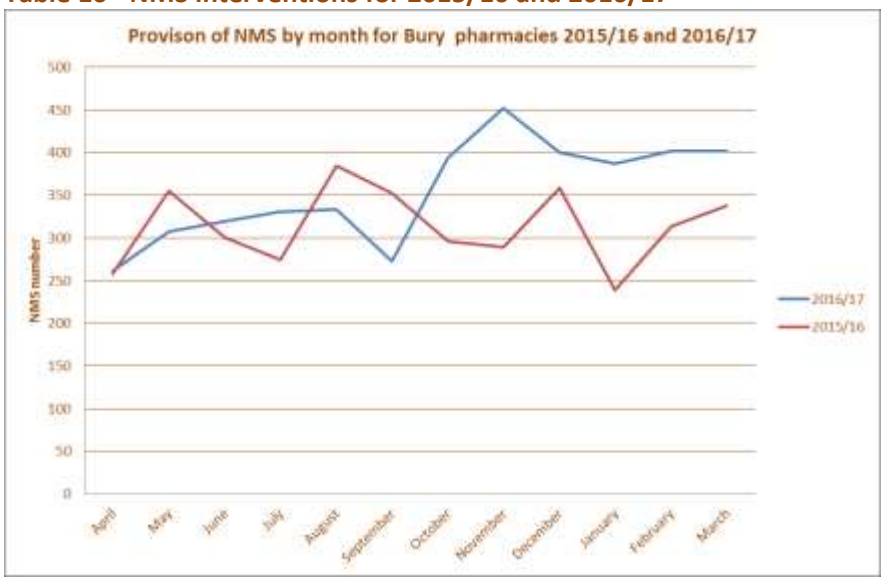
MURs are accessible to residents in all six Townships.

6.1.5 Access to New Medicine Service (NMS)

The service provides support for people, often with long-term conditions, newly prescribed a medicine to help improve medicines adherence and patient outcomes. The primary aim of the consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition.

See Appendix Seven for those pharmacies that are providing NMS.

Table 16 - NMS interventions for 2015/16 and 2016/17



In 2015/16 a total of 3,756 NMS interventions were provided by 32 pharmacies. For 2016/17 this has increased to 36 pharmacies delivering 4,261 NMS interventions during 2016/17.

In 2016/17, 18 pharmacies have delivered over 100 NMS interventions with six of those providing in excess of 200. Seven pharmacies have delivered no NMS interventions (includes the four distance selling pharmacies) and another six have delivered less than 30.

NHS England needs to work with pharmacies, GPs and hospital trusts to improve the uptake of NMS, where appropriate.

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. Currently the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total numbers of eligible patients.

NMS interventions are accessible to residents in all six Townships.

6.1.6 Access to stoma appliance customisation

In 2015/16 eight pharmacies provided a total 40 stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Bury area and this data is not available at a local authority or CCG level.

In responding to the pharmacy questionnaire, 10.7% of the pharmacies that responded to the survey stated they offer the stoma customisation service. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

6.1.7 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Bury provided appliance use reviews. The only data available is at a regional and national level and it is assumed that some Bury patients will be accessing his service.

Table 17 - AUR provision 2015/16

Area	Number of community pharmacy and appliance contractors	Community pharmacy and appliance contractors providing AUR services	Total AURs	Average AURs per community pharmacy and appliance contractor
Lancashire & Greater Manchester	1,101	13	1,107	85
England	11,798	140	37,807	270

This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs.

6.1.8 Access to Community Pharmacy Seasonal Influenza Vaccination programme

According to data available at NHS Business Services Authority 28 pharmacies in Bury delivered this service for 2016/17, providing 3,175 vaccinations during the flu season. This is compared to 1,903 vaccinations for 2015/16; this is a 67% increase in delivery compared to the national figure of 60%. 17% more pharmacies provided the service, which is in line with the increase seen nationally.

Table 18 - Delivery of flu vaccination by council for 2016/17 (Source: NHS BSA)

Council Area	Number of Pharmacies Vaccinating	Number of Pharmacies in Council Area	Number of Flu Vaccinations 2016/17
Bolton	46	76	4,229
Bury	**28**	**43**	**3,175**
Manchester	80	139	6,186
Oldham	44	59	5,246
Rochdale	29	51	2,551
Salford	47	59	4,529
Stockport	39	72	2,895
Tameside	40	59	3,689
Trafford	51	66	5,420
Wigan	54	72	4,179
Total	**458**	**696**	**42,631**

6.1.9 NHS Urgent Medicines Supply Advanced Service (NUMAS)

When this PNA was written no pharmacies in Bury were able to provide the NUMSAS as it wasn't due to be rolled out until July 2017. When this service goes live a supplementary statement may need to be issued providing details of pharmacies involved.

6.1.10 Access to enhanced services

In April 2017, the only enhanced service commissioned by NHS England from pharmacies in the Bury HWB area is the inhaler technique service. This service is currently undergoing a review and it is intended to relaunch it during 2017. When this service is relaunched a supplementary statement may need to be issued providing details of pharmacies involved.

6.1.11 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

6.2 Necessary services: current provision out-side the HWB's area

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Bury by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff.

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of Bury were dispensed by the pharmacies within Bury. Bury Council has borders with four Greater Manchester boroughs (Bolton, Manchester, Salford and Rochdale) and Blackburn with Darwen and Lancashire.

28 pharmacies are located within 1 mile of the Bury HWB border (see Appendix Twelve), a number of which offer extended hours. Refer to NHS Choices (http://www.nhs.uk/pages/home.aspx) for full opening times.

Data from NHS Digital shows that although the majority of items prescribed by Bury CCG prescribers are dispensed in Bury pharmacies a number are dispensed across England.

Information on the type and number of advanced services provided by pharmacies and DACs outside the HWB's area to Bury residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription.

However, even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that Bury residents will be able to access advanced services from contractors outside of Bury.

It is not possible to identify the number of Bury residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However residents of the HWB's area may access enhanced services from outside Bury.

The same applies to locally-commissioned services.

6.3 Other relevant services - current provision

Other relevant services are pharmaceutical services that are not necessary (see section 3.6.1 and section 8.2 to 8.5) but have secured improvement or better access to pharmaceutical services.

Other relevant services, for the purposes of this PNA, are defined as:

- Essential services provided at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Enhanced services

6.3.1 Other relevant services within the HWB's area

34 pharmacies provide essential and advanced services through supplementary hours. The totality of these hours covers evenings, Saturday and Sunday. Opening hours are available on NHS Choices. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 8 and 9.

6.3.2 Other relevant services provided outside the HWB's area

Whilst there are pharmacies outside of the HWB's area providing pharmaceutical services during hours that may be regarded as providing improvement or better access, it is a choice of individuals whether to access these as part of their normal lives. None are specifically commissioned to provide services to the population of Bury.

6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only one[7] is commissioned by NHS England and that is currently under review. The HWB is mindful of local commissioned services as described in section 3.6.6 and 6.5.4, which meet the needs of pharmaceutical services.

[7] Inhaler technique service

6.3.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 6.1 and 6.2, the residents of the HWB's area currently exercise their choice of where to access pharmaceutical services.

Within the HWB's area they have a choice of 43 pharmacies which have been utilised to dispense the majority of items prescribed by Bury CCG prescribers. Residents also choose to access a large number of pharmacies spread across Greater Manchester and to a lesser extent the North West and the rest of England. As expected a proportion of these are dispensed in neighbouring HWB areas but not in significant numbers.

There is no DAC in the HWB area however residents choose to use DACs further afield or those pharmacies that provide appliances in Bury.

6.4 Future provision – necessary and other relevant services

6.4.1 Housing and development

Bury CCG has plans to build new premises to replace existing GP practices, which are not fit for purpose, however, this should not impact on pharmaceutical service provision.

There are no housing developments planned in Bury that will reach sufficient numbers in locations that would lead to a need for additional pharmaceutical service provision during the life-time of this PNA.

6.4.2 Primary Care developments

The face of primary care is undergoing major change with the formation of the Greater Manchester Health and Social Care Partnership, which aims to lead to improvements in delivery of health and social care services for the people of Greater Manchester as part of the devolution process.

'Pharmacy's Contribution to Greater Manchester 2017-2021'[8] recommends services that pharmacy contractors could deliver to support the health change agenda and has been presented to the Strategic Partnership Board. If these recommendations are implemented then this would increase the range of services delivered by pharmacy contractors that meet the need of pharmaceutical services. The majority of any new services would be locally commissioned under the existing commissioning arrangements and not enhanced services commissioned by NHS England.

Bury itself has plans for the establishment of a Local Care Organisation holding a single contract for out of hospital care from a single commissioning voice.

This transformation will lead to greater delivery of care nearer to people's homes or at home and a drive to increase self-care for Bury's residents. How this will impact on the need for pharmaceutical

[8] Produced by Greater Manchester's Pharmacy Local Professional Network

services is difficult to quantify and it will be important that the HWB are mindful of the requirement for people to have access to pharmaceutical services as part of this transformation.

Both the Primary Care Health and Wellbeing Strategy and the Locality Plan recognise the importance of pharmacy and articulate a need to use the whole of primary care as services move out of hospital.

These changes may mean that this PNA will need to be replaced earlier than the planned date of April 2021 and the HWB will need to be conscious of this as plans progress.

There are no known plans for development of health centres or GP practices that cannot be met by the current levels of pharmaceutical provision. The new build in Whitefield and the proposed build in Prestwich will be supported by existing pharmacy contractors in their locality.

An Extended Working Hours Model is being piloted from three hubs across the borough (patients are able to access any hub). There is sufficient pharmaceutical service provision across the borough to meet the potential demand.

6.5 Other NHS services

The following NHS services are deemed, by the HWB, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out of hours service.
- Services commissioned by Bury council or CCG

6.5.1 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There two hospital trusts in the HWB's area, Pennine Acute Hospitals NHS Trust, which has one site within the borough (Fairfield General Hospital), and Pennine Care NHS Foundation trust, which provides adult mental health services at the Irwell Unit in the grounds of Fairfield General Hospital. Both trusts also provide a range of community based services across Bury.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, it is likely that pharmacies will be able to absorb additional dispensing arising from this, should it happen.

6.5.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

6.5.3 GP out of hours service

Beyond the normal working hours practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient and their requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy.

GP out of Hours is provided by BARDOC who are part of the local care organisation.

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These are Pharmacies opened seven days a week or for longer hours six days per week are listed in section 6.1.3 (Tables 10, 11 and 12). These pharmacies are geographically spread across the borough and six localities.

6.5.4 Locally commissioned services – Bury Council and Bury CCG

Since 1st April 2013 Bury council has been responsible for the commissioning of some public health services. In addition the CCG commissions a number of services that have an impact. Appendix Five sets out the services currently commissioned and the number of pharmacies providing these services.

The patient survey indicated that more can be done to increase awareness of these services commissioned, as many respondents indicated that they would use these services if they were available, in particular sexual health services, weight management services, help with alcohol interventions and health checks.

7. Localities for the purpose of the PNA

7.1 Overview

This assessment has taken a ward level approach in order to support the integration of public health data with other sources of information. The 17 wards were then aggregated into six Townships, as described in section 3.3. As each Township has slightly differing health needs they are considered separately for the purposes of the PNA.

Individual health profiles have been developed for each Township using PHE data (www.localhealth.org.uk).

7.2 Bury East Township

7.2.1 Bury East Township profile

Bury East Township consists of three wards:

- Redvales Ward
- Moorside Ward
- East Ward

The population living in the Township when compared with the England average is characterised by:

- A higher than average proportions aged under 16 years but lower than average proportions of people aged 65 and over
- A higher than average population of people whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Child development at age 5
- Proportion in unemployment (JSA claimants)
- Proportion in long-term unemployment (JSA claimants)
- Proportion of population with general health rated as very bad and bad or very bad (2001 Census)
- Proportion of population with limiting ling term illness or disability (2011 Census)
- Proportion of population providing 50 hour or more unpaid care per week
- Proportion of households with central heating
- Proportion of pensioners living alone
- Proportion of obese children in reception year
- Proportion of obese children and children with excess weight in year 6
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Rate of hospital admissions for injuries in 15-24 year olds

- Rates of emergency hospital admissions for all causes, in particular CHD, stroke and COPD
- Incidence of lung cancer
- Rates of hospital stays for self-harm and alcohol related harm
- Mortality rate (all ages) for all causes including cancer, circulatory disease, CHD, stroke and respiratory disease
- Premature mortality all causes in those aged under 65 years
- Premature mortality all causes (including cancer, circulatory disease and CHD) in those aged under 75

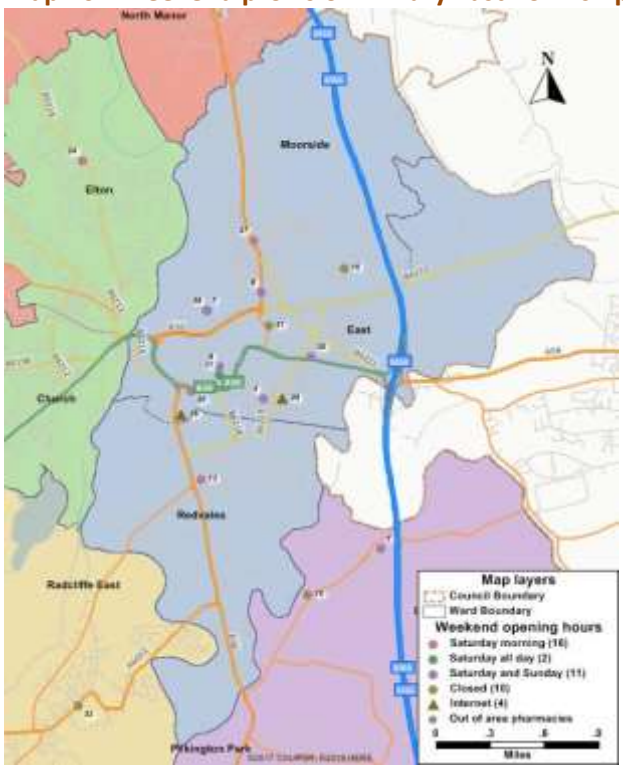
Compared with England as a whole, the Township performs better with respect to the:

- Incidence of breast cancer

7.2.2 Access to a pharmacy in Bury East Township

Map 10 shows that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Township.

Map 10 - Weekend provision in Bury East Township



7.3 Bury West Township

7.3.1 Bury West Township profile

Bury West Township consists of two wards:

- Church Ward
- Elton Ward

The population living in the Township when compared with the England average is characterised by:

- A lower than average proportions of 25-64 year olds but higher than average proportions of people aged 65 and over
- A lower than average proportion of people whose ethnicity is not 'White UK'

Compared with England as a whole, the Township has a significantly worse:

- Rate of limiting long term illness or disability (2011 Census)
- A higher proportion of people providing 1 hour or more unpaid care per week
- Rate of hospital admissions for injuries in under 5s
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 15s
- Incidence of all cancers and prostate cancer
- Mortality rate (all ages) for respiratory disease

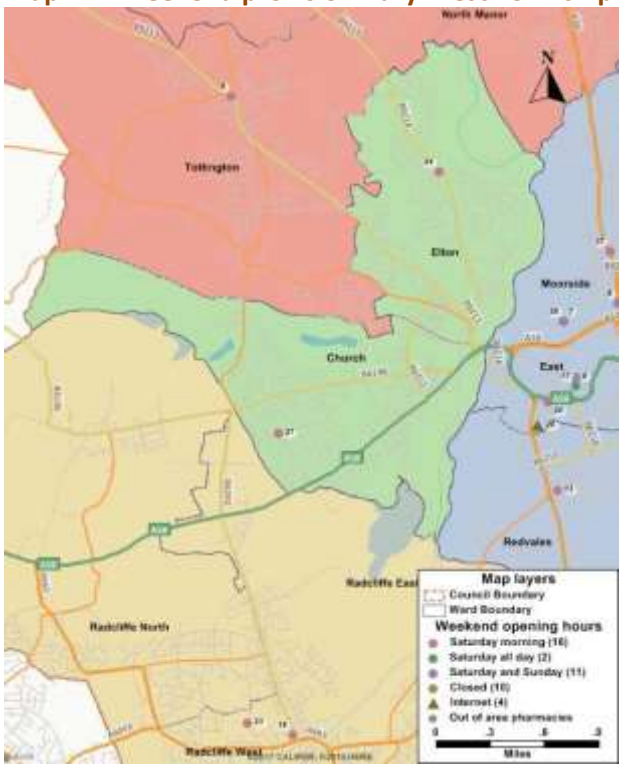
Compared with England as a whole, the Township performs better with respect to the:

- Proportion of people whose general health is very bad and bad or very bad (2011 Census)
- Proportion of overcrowded households and pensioners living alone
- Proportion of obese children and children with excess weight in reception year
- Rate of A&E attendances in under 5s
- Rate of admissions for injury in 15-24 year olds
- Rate of hospital admissions for CHD and COPD
- Rate of hospital stays for alcohol related harm
- Premature mortality rates for all cancer in under 75s

7.3.2 Access to a pharmacy in Bury West Township

Bury West Township has two pharmacies within its boundary one located in each ward (Map 11). These pharmacies are based in close proximity to the GP practices in those wards. Access to pharmaceutical services Monday to Friday is satisfactory and although both pharmacies close Saturday afternoon and all day Sunday there are several pharmacies less than 2 miles from either location that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 11 - Weekend provision Bury West Township



7.4 Prestwich Township

7.4.1 Prestwich Township's profile

Prestwich Township consists of three wards:

- Holroyd Ward
- Sedgley Ward
- St. Mary's Ward

The population living in the Township when compared with the England average is characterised by:

- A higher than average proportions aged under 16 years but lower than average proportions of people aged 16-24 years
- A similar proportion of the population whose ethnicity is not 'White UK' and lower proportion who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Child development at age 5
- Proportion of pensioners living alone
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Proportion of the adult population that binge drink
- Rates of emergency hospital admissions for all causes
- Incidence of all cancer
- Mortality rate (all ages) for all causes
- Premature mortality all causes in those aged under 75

Compared with England as a whole, the Township performs better with respect to the:

- Proportion of births with a low birth weight
- GCSE achievement (5A*-C including English & maths)
- Proportion of households with central heating
- Proportion of overcrowded households
- Number of obese children and children with excess weight in reception year
- Rate of A&E attendances in under 5s
- Rate of elective admissions for hip replacement

7.4.2 Access to a pharmacy in Prestwich Township

Prestwich Township has satisfactory access to pharmaceutical services Monday to Friday (Map 12). Three pharmacies open for some hours on Saturday, which provides satisfactory access on that day. On Sunday only one pharmacy is open within the Township but there is access several pharmacies in bordering areas that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 12 - Weekend provision Prestwich Township

7.5 Radcliffe Township

7.5.1 Radcliffe Township profile

Radcliffe Township consists of three wards:

- Radcliffe North Ward
- Radcliffe East Ward
- Radcliffe West Ward

The population living in the Township when compared with the England average is characterised by:

- A similar populations spread across most age ranges apart from those aged 85 and over, which is lower.
- A lower proportion of the population whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Child development at age 5
- Proportion in unemployment (JSA claimants)
- Proportion of population with general health rated as very bad and bad or very bad (2001 Census)
- Proportion of population with limiting ling term illness or disability (2011 Census)
- Proportion of population providing 50 hour or more unpaid care per week
- Proportion of households with central heating
- Proportion of pensioners living alone
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Proportion of the adult population that binge drink
- Rates of emergency hospital admissions for all causes, in particular CHD and COPD
- Incidence of all cancer, in particular lung cancer
- Rate of hospital stays for self-harm and alcohol related harm
- Mortality rate (all ages) for all causes, including cancer, circulatory disease, CHD, stroke and respiratory disease
- Premature mortality all causes in those aged under 75
- Premature mortality all causes (including cancer, circulatory disease and CHD) in those aged under 75

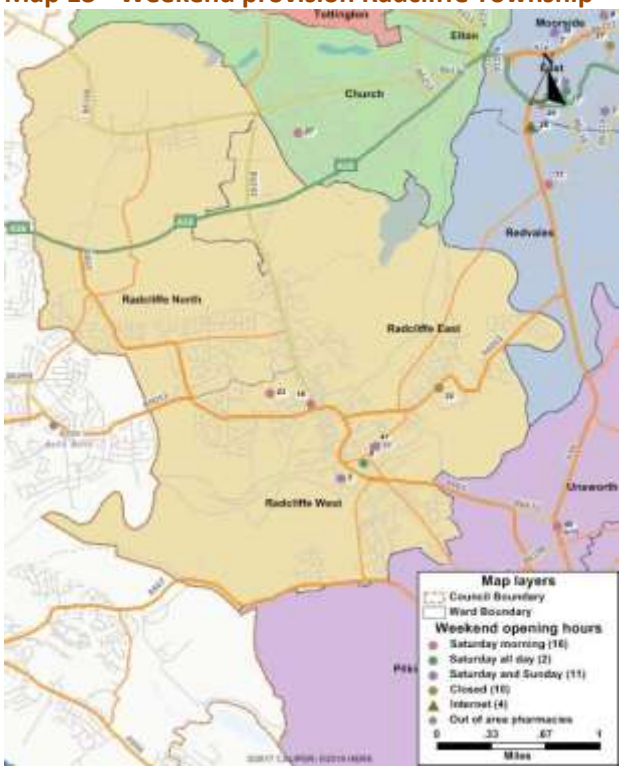
Compared with England as a whole, the Township performs better with respect to the:

- Proportion of overcrowded households
- Number of obese children in reception year
- Rate of A&E attendances in under 5s

7.5.2 Access to a pharmacy in Radcliffe Township

Radcliffe Township has satisfactory access to pharmaceutical services Monday to Friday (Map 13). Six pharmacies open for some hours on Saturday, which provides satisfactory access on that day. On Sunday two pharmacies are open within the Township and there is access to other pharmacies in bordering areas that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 13 - Weekend provision Radcliffe Township



7.6 Ramsbottom, Tottington & North Manor Township

7.6.1 Ramsbottom, Tottington & North Manor Township profile

Township Five consists of three wards:

- Ramsbottom Ward
- Tottington Ward
- North Manor Ward

The population living in the Township when compared with the England average is characterised by:

- A lower than average proportion aged 16-24 years but a higher than average proportions of people aged 65-84 years
- A lower proportion of the population whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Proportion of population providing 1 hour or more unpaid care per week
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s

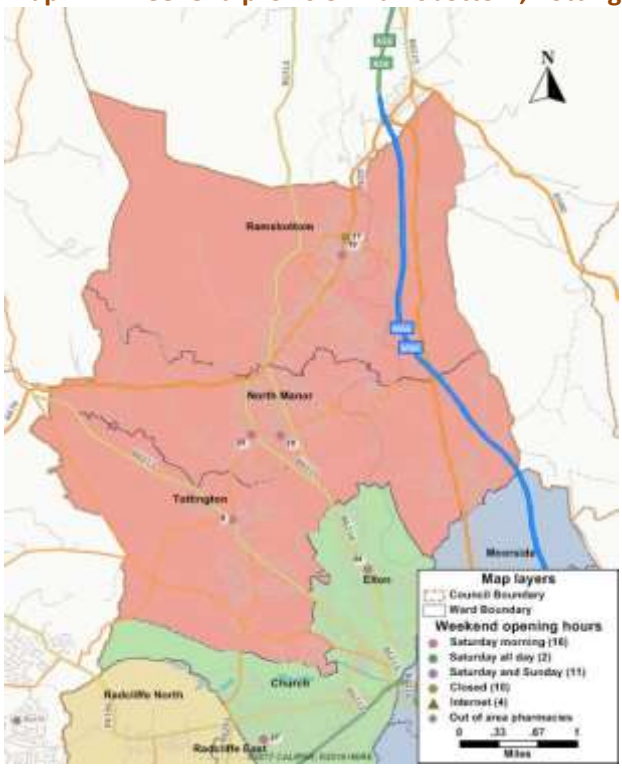
Compared with England as a whole, the Township performs better with respect to the:

- Proportion of births with a low birth weight
- Child development at age 5 years
- GCSE achievement (5A*-C including English & maths)
- Proportion of population in unemployment and long term unemployment (JSA claimants)
- Proportion of the population whose general health is very bad and bad or very bad
- Proportion of the population that provides 50 hours or more unpaid care per week
- Proportion of households with central heating
- Proportion of overcrowded households
- Proportion of pensioners living alone
- Number of obese children and children with excess weight in reception year and year 6
- Rate of A&E attendances in under 5s
- Rate of admissions for injury in 15-24 year olds
- Rate of emergency hospital admissions all causes, specifically CHD, MI and COPD
- Rate of hospital stays for self-harm and alcohol related harm
- Mortality rate (all ages) for all causes, specifically cancer and circulatory disease
- Premature mortality all causes under 75 years, specifically circulatory disease and CHD

7.6.2 Access to a pharmacy in Ramsbottom, Tottington & North Manor Township

Ramsbottom, Tottington & North Manor Township has satisfactory access to pharmaceutical services Monday to Friday (Map 14). All pharmacies open for some hours on Saturday morning and no pharmacies open on Sunday. There have been no reported complaints with regard to access and the public survey hasn't indicated any issues therefore access to pharmaceutical services is considered satisfactory.

Map 14 - Weekend provision Ramsbottom, Tottington & North Manor Township



7.7 Whitefield & Unsworth Township

7.7.1 Whitefield & Unsworth Township profile

Township Six consists of three wards:

- Besses Ward
- Pilkington Park Ward
- Unsworth Ward

The population living in the Township when compared with the England average is characterised by:

- A similar populations spread across most age ranges apart from those aged 65-84 years, which is higher.
- A lower proportion of the population whose ethnicity is not 'White UK' and who cannot speak English well or at all

Compared with England as a whole, the Township has a significantly worse:

- Proportion in unemployment (JSA claimants)
- Proportion of population with general health rated as bad or very bad (2001 Census)
- Proportion of population with limiting ling term illness or disability (2011 Census)
- Proportion of population providing 1 hour or more and 50 hour or more unpaid care per week
- Proportion of pensioners living alone
- Rate of emergency hospital admissions in under 5s
- Rate of hospital admissions for injuries in under 5s
- Rate of hospital admissions for injuries in under 15s
- Rates of emergency hospital admissions for all causes
- Incidence of all cancer, in particular colorectal and lung cancer
- Mortality rate (all ages) for CHD

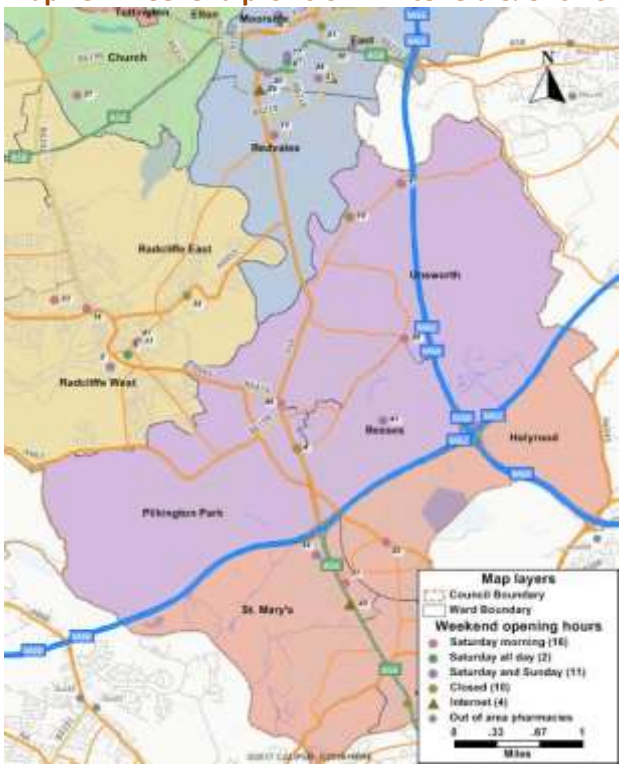
Compared with England as a whole, the Township performs better with respect to the:

- GCSE achievement (5A*-C including English & maths)
- Proportion of households with central heating
- Proportion of overcrowded households
- Number of obese children in reception year
- Rate of A&E attendances in under 5s
- Rate of admissions for injury in 15-24 years
- Rate of hospital stays for alcohol related harm
- Rate of elective hospital admissions for hip replacement
- Mortality rate (all ages) for respiratory disease

7.7.2 Access to a pharmacy in Whitefield & Unsworth Township

Whitefield & Unsworth Township has satisfactory access to pharmaceutical services Monday to Friday (Map 15). Four pharmacies open for some hours on Saturday, which provides satisfactory access on that day. On Sunday two pharmacies are open within the Township and there is access to other pharmacies in bordering areas that provide pharmaceutical services across the full weekend; access is therefore considered satisfactory.

Map 15 - Weekend provision Whitefield & Unsworth Township



8. How pharmaceutical services can help support a healthier population

8.1 Essential Services (ES)

There are seven essential services listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS Community Pharmacy Contractual Framework.

- ES1 Dispensing Medicines & Dispensing Appliances
- ES2 Repeat Dispensing
- ES3 Disposal of Unwanted Medicines
- ES4 Public Health (Promotion of a healthy lifestyle)
- ES5 Signposting
- ES6 Support for Self-care
- ES8 Clinical Governance

Medicines management is vital in the successful control of many LTCs (e.g. circulatory diseases, mental health, diabetes) thus having a positive impact on morbidity and mortality. Disease specific guidance (such as that) provided by the National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

ES1 and ES2 support patients living with LTCs by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment such as those requiring statins or insulin.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long term conditions such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke e.g. FAST campaign.
- Promote validated information resources for patients and carers.
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors.
- Target “at risk” groups within the local population to promote understanding and access to screening programmes e.g. men in their 40s for NHS health checks.

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy (Pharmacy White Paper, 2008) and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms (Pharmacy White Paper, 2008).

Although the evidence base for measuring the effectiveness and cost effectiveness of community pharmacies contribution to urgent care, emergency care and un-planned care is currently very small there is a growing recognition of the importance of this role and for further research.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition.

Through ES6 pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over the counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated (e.g. decongestant use in circulatory disease), and inappropriate use could increase the risk of an unplanned hospital admission. Equally some symptoms can be much more significant in certain long

term conditions (e.g. foot conditions in diabetes) and the attempted purchase of over-the-counter medicines by a patient or carer could alert the pharmacist leading to an appropriate referral.

ES8 provides the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme.

It provides an opportunity to audit pharmacy services and influence to the evidence base for the best practice and contribution of pharmacy services.

Further support to improving quality in pharmacies has been provided through a new Quality Payments (QP) scheme, introduced for the 2017/2018 Community Pharmacy Contractual Framework. In order to access the additional funding available through the QP, pharmacies need to achieve the following:

1) the contractor must be offering at the pharmacy Medicines Use Reviews (MUR) or the New Medicine Service (NMS) or must be registered to provide the NHS Urgent Medicine Supply Advanced Service (NUMSAS);
2) the NHS Choices entry for the pharmacy must be up to date;
3) pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
4) the contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

8.2 Advanced Services

There are six advanced services (Appendix Seven) within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Flu vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Due to start July 2017 and run until 31st March 2018.)

Evidence shows that up to half of medicines may not be taken as prescribed or simply not be taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in LTC management. Advanced services provide an opportunity to

identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation.

Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and in some cases cost saving for the CCG. Advanced services may also identify other issues such as general mental health and wellbeing providing an opportunity to signpost to other local services or service within the pharmacy such as seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many LTCs and advanced services provide an important opportunity for the pharmacist to do so for example, the importance of dry weight monitoring in heart failure management.

8.3 Enhanced services

Pharmacies may choose to provide enhanced services these services are commissioned to meet an identified need in the local population. Depending on the service agreement used these service may or may not be accessible for all of the pharmacies opening hours.

Only those services that are listed within the Directions may be referred to as enhanced services. If NHS England wishes to commission a service not listed within the Directions then it cannot be called an enhanced service and it also falls outside the definition of pharmaceutical services.

8.3.1 Inhaler Technique Service

This enhanced service is currently under review and due to be relaunched later in 2017. This review has taken place in order to improve delivery of the service.

8.4 Bury CCG locally commissioned services

8.4.1 Minor ailment scheme

NHS Bury CCG has commissioned a minor ailment scheme, which is managed on their behalf by the NHS England area team.

The minor ailment scheme is designed to allow registered residents of Bury to access treatment for minor ailments as part of NHS provision without having to visit their GP. The scheme is intended to reduce demand for GP consultations to deal with conditions that can be dealt with safely in the pharmacy setting, and to encourage patients to self-care. The scheme is also intended to reduce the demand for urgent care, especially out of hours.

As the service is commissioned by Bury CCG, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

8.4.2 Minor eye conditions scheme

The minor Eye Condition Scheme (MECS) is designed to provide assessment and treatment for people with recently occurring minor eye conditions and is provided by MECS accredited optometrists (Opticians) across Bury. The service is for people (all age groups) who are registered with a GP in Bury.

The aim is to improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry MECS, by prescribing appropriate medicines. Another aim is to improve health-inequalities for low income families', allowing equal access to medicines for self-care of minor eye conditions.

Bury CCG has commissioned a **'Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions Service',** which is managed on their behalf by the NHS England local team.

The pharmacy dispensing for MECS is a good example of collaborative working between primary care professionals. The service enables an optometrist to provide a patient with a written order for medication where necessary, following a MECS assessment and the patient can attend a pharmacist to have the medication dispensed with NHS funding where eligible. This avoids the patient either having to purchase privately or having to attend the GP practice to have the medication prescribed via the FP10 available to a GP.

8.4.3 Access to palliative care medicines

The aims of the end of life care/palliative care pharmacy service are to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals within hours. National guidance recommends that palliative care formularies should be agreed as part of end of life care pathways and there should be adequate provision to these drugs for both in hours and out of hours' settings thus supporting home death scenarios. Out of hours provision is supported by the medicines held by the out of hours urgent care services.

As the service is commissioned by Bury CCG, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

8.5 Bury Council locally commissioned services (LCS)

8.5.1 Stop smoking

This service is commissioned by Bury council as a LCS, however pharmacies are just one of several providers of this service. As stop smoking is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

8.5.2 Substance misuse

Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users.

It aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population.

Supervised administration involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over or under usage of drug treatment.
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market.
- Reduce the risk of harm to the community by accidental exposure to pre-scribed medicines.

There is compelling evidence to support the effectiveness of supervised administration with long term health benefits to drug users and the whole population.

As needle exchange and the supervised consumption of methadone/buprenorphine are commissioned by the council, it is not envisaged that with-in the lifetime of this PNA there is or will be a need for either service to be commissioned as part of pharmaceutical services.

8.5.3 Sexual health - Teenage pregnancy

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The drug levonorgestrel is used for EHC.

Through this service it is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 25 years of age.

As EHC provision is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

8.5.4 Other sexual health services

Some key issues for both current and future sexual health services are:

- Reducing the transmission of and rate of undiagnosed (HIV) and sexually transmitted infections (STI). The growing incidence of HIV and STIs can only be arrested through the systematic introduction of health promotion, screening, STI testing, and prompt follow-up for both patients and their partners throughout the borough.
- Improving Access to Sexual and Reproductive Health Services. Attaining prompt diagnosis and treatment and therefore reducing the spread of infection whilst improving the patient experience of sexual health services is critical.
- Establishing service standards, definitive care pathways and targeted and appropriate services. Introduction into non-traditional settings responding to local need bringing sexual health services closer to the community

Pharmacy based screening and treatment services for STI can help achieve all of the above three points.

Pharmacies are currently providing access to chlamydia screening and treatment, although there is potential for increasing the range of diseases screened for.

Currently chlamydia screening and treatment using PGDs are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

8.5.5 NHS Health Checks

The programme is provided in all GP practices targeting hard-to-reach population groups. From 2013/14 Q1 – 2016/17 Q4, the percentage of people that received an NHS Health Check of those offered one in Bury was 71.7%[9]; 82.6% of eligible people had been invited in the same time period.

As NHS health checks are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

In addition to dispensing prescriptions, pharmacies through the provision of essential services can help to address many of the public health concerns contained within Bury JSNA, for example:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing their knowledge and understanding of the health is-sues which are relevant to that person's circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and have previously included topics on healthy eating and physical activity.

[9] http://www.healthcheck.nhs.uk/interactive_map/compare_local_authorities_or_centres/

- Signposting people using the pharmacy to other providers of services or support.

Provision of the four advanced services will also assist people to manage their long term conditions in order to maximise the quality of life by improving medicine and appliance adherence.

8.5.6 Mental health and well being

In addition to ensuring that people with mental health problems have access to drugs and medicines, pharmacies can support in other ways by

- Providing accessible and comprehensive information and advice to carers about what help and support is available to them.
-

All locally commissioned services are also supported through Essential services provided by pharmacies, whether commissioned or not e.g.:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide a locally commissioned service they should signpost them to other pharmacies that are commissioned or to other services that may meet that need.

9. Necessary services - gaps in provision of pharmaceutical services

Necessary services, for the purposes of this PNA, are defined as:

- Essential services provided by pharmacies during standard 40 and 100 core hours in line with their terms of service as set out in the 2013 regulations, and
- Advanced services

The HWB consider it is those services provided within the standard pharmacy providing 40 and 100 core hours that should be regarded as necessary. There are 43 such pharmacies. The spread of opening times including the core hours are provided in Appendix Eight and this is supported by Maps 8 to 15.

The HWB are mindful of the national picture as expressed in the 2008 White Paper Pharmacy in England, Building on strengths – delivering the future, which states that it is strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of Bury across all four PNA localities currently enjoy a similar position.

In particular, the HWB had regard to the following, drawn from the mapped provision of and access to pharmacies:

- Map 6 showing the location of pharmacies within each of the six PNA localities and across the whole HWB area.
- Map 4 showing the population density per square km by Census 2011 Output Area and the relative location of pharmacy premises.
- Map 5 showing the Index of Multiple Deprivation and deprivation ranges compared to the relative location of pharmacy premises.
- Maps 7 illustrate that the majority of the residents of the HWB are within a walking distance of 1 mile.
- The number, distribution of pharmacies within each of the six PNA localities and across the whole HWB area (Map 10-15).
- The choice of pharmacies covering each of the six PNA localities and the whole HWB area (Appendix Six).
- Over 37% of respondents to the public survey used a regular pharmacy because it was near to their home and 25% because it was near to their doctors. (Appendix Three).
- Over 90 % of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice and approximately 90% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix Three).
- Overall results of the patient survey (Appendix Three).

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the six Townships and the whole Bury HWB area providing essential and advanced services during the standard core hours to meet the needs of the population.

The HWB has not received any significant information to conclude otherwise currently or of any future specified circumstance that would alter that conclusion.

10. Improvements and better access: gaps in provision of pharmaceutical services

The HWB consider it is those services and times provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

The HWB recognises that any addition of pharmaceutical services by location, provider, hours or services may be regarded by some as pertinent to this consideration. However, the HWB consider the duty to be one of proportionate consideration overall.

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However in each Township, there are pharmacies open beyond what may be regarded as normal hours, in that they

provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the six townships and the Bury HWB area providing essential and advanced services during the evening, on Saturday and Sunday, to provide an improvement and better access that meet the requirements of the population.

The public survey did not record any specific themes relating to pharmacy opening times, apart from a small number that noted their local pharmacy didn't open at on Saturday and/or Sunday; however, these respondents were aware of pharmacies that provided access at these times. The HWB therefore concludes there no significant information to indicate there is a gap in the current provision of pharmacy opening times.

At present, the same conclusion was reached in considering whether there is any future specified circumstance that would give rise to the conclusion that there is a gap in pharmaceutical provision at certain times. Nonetheless, the HWB will be considering the response by pharmacy contractors to the changing expectations of the public to reflect the times at which pharmaceutical services are provided more closely with such changes during the life of this PNA.

With regard to enhanced services, in this case the inhaler technique service, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. However, since 1st April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services. Therefore, the absence of a particular service being commissioned by NHS England is mitigated by commissioning through the Bury CCG and Bury Council. This PNA identifies those locally commissioned services.

Whether commissioned as enhanced or LCS, the HWB consider these to provide both an improvement and better access to such services for the residents of Bury HWB area where such a requirement has been identified and verified at a local level. At the time of writing this PNA, the HWB has not identified either itself or through consultation any requirement to provide either further those services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the six Townships and the Bury HWB area providing enhanced services, including the mitigation by the provision of LCSs, to provide an improvement and better access for population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

11. Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)

TO BE REVIEWED POST CONSULTATION

11.1 Current provision – necessary and other relevant services

As described in particular in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Bury HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Bury HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 9 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

11.2 Necessary services – gaps in provision

As described in particular in section 9 and required by paragraph two of schedule 1 to the Regulations, Bury HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

11.2.1 Access to essential services

In order to assess the provision of essential services against the needs of our population we consider access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

11.2.2 Access to essential services during normal working hours

Bury HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.

Based on the information available at the time of developing this PNA, no current gaps in the need for provision of essential services during normal working hours have been identified.

11.2.3 Access to essential services outside normal working hours

In Bury there is good access to essential services outside normal working hours in all six localities and across the HWB area. This is due to the supplementary opening hours offered by most pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

Based on the information available at the time of developing this PNA, no current gaps in the provision of essential services outside normal working hours have been identified.

11.2.4 Access to advanced and enhanced services

Insofar as only NHS England may commission these services, sections 6.1 and 6.2 of this PNA identify access to enhanced and advanced services.

Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

11.3 Future provision of necessary services

Bury HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

Based on the information available at the time of developing this PNA, no gaps in the need for pharmaceutical services in specified future circumstances have been identified.

11.4 Improvements and better access – gaps in provision

As described in particular in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Bury HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the six Townships and the area of the HWB.

11.4.1 Access to essential services – present and future circumstances

Bury HWB considered the conclusion in respect of current provision as set out at 11.1 above and the information in respect of essential services as it had done at 11.2. While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

Bury HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.

11.4.2 Current and future access to advanced services

Not all pharmacies are currently offering MURs or NMS. However, these services are not commissioned by NHS England but provided by the pharmacy should it choose to do so.

In 2015-16 six pharmacies did not provide MURs. NHS England will encourage these pharmacies and pharmacists to become eligible to deliver MURs and to encourage all pharmacies to complete the maximum number of MURs allowed to ensure more eligible patients are able to access and benefit from this service.

In 2015-16 11 pharmacies did not provide the NMS. NHS England will encourage pharmacies and pharmacists to become eligible to deliver the service so that more eligible patients are able to access and benefit from this service.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services.

NHS England will encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

Based on the information available at the time of developing this PNA, no gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.

11.4.3 Current and future access to enhanced services

NHS England commissioned just one enhanced service from pharmacies. It also commissions this service from other non-pharmacy providers, principally GP practices.

Many of the enhanced services listed in the 2013 directions are now commissioned by Bury Council (public health services) or Bury CCG (minor ailments) and so fall outside of the definition of both enhanced services and pharmaceutical services.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.

11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Bury HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. This includes locally commissioned services, see section 3.6.6.

As evaluation of services across Greater Manchester continues as part of devolution, new ways of delivering services may be identified and some of these may meet the needs of pharmaceutical services not currently identified in this PNA.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

11.6 How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section 3 and section 6 and maps 10-15.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections 6.

In respect of the consultation undertaken by the HWB, see Appendix Thirteen.

11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical in Map Six (Section 6.1). Additional maps are also provided throughout and are contained in Appendix Ten.

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BURY HEALTH AND SOCIAL CARE
TRANSFORMATION PROGRAMME BOARD

TERMS OF REFERENCE (FINAL)

1) **Core Purpose**

Bury's Locality Plan sets out a vision to enable people to be active participants in their own wellbeing, to build thriving communities and reduce demand for statutory services. There is a recognition that system wide transformation is required to support delivery of this vision and to achieve clinical and financial sustainability.

The purpose of the Transformation Programme Board is to oversee implementation of transformation proposals in order to deliver and hold true to this vision within a rapidly changing health and social care landscape.

2) **Core Functions:**

- To provide system leadership to enable the transformation of health and social care in Bury.
- To ensure the overall clinical and financial sustainability of the Bury Health and Social Care system.

3) **Supporting Objectives:**

- To improve outcomes for the population including health outcomes through the transformation initiatives within the Locality Plan.
- To oversee and provide systems leadership in relation to the implementation of proposals contained in the Bury Locality Plan, including those in receipt of Greater Manchester Transformation Funding and those within the Better Care Fund.
- To ensure the existence of a system-wide and coherent programme approach which brings together workstream specific activity, key enabling activity and GM-driven activity into a single transformational approach.
- To ensure that local people are considered and their views are taken into account when the Board makes decisions about health and social care.
- To establish a single commissioning and decision-making function on behalf of the CCG Governing Body and the Council Cabinet.
- To ensure the development of a Single Commissioning Plan.
- To ensure the commissioning of good quality services.
- To oversee the establishment and ongoing monitoring of pooled and aligned budgets.

- To ensure system-wide financial sustainability and the closure of the agreed system wide financial gap until 2020/21.
- To oversee the development of an integrated management structure for the One Commissioning Organisation (OCO).
- To provide constructive direction, challenge and support to the emergent Locality Care Organisation (LCO).
- To provide direction to, and to hold to account, the Bury Health and Social Care Transformation Programme Management Group and leads of the transformation workstreams, ensuring that the workstreams are fit for purpose and adding value to the overall programme of transformation change.
- To provide leadership in relation to managing performance in relation to Health and Social Care Transformation.
- To provide leadership in relation to system wide financial planning and investment.
- To identify, mitigate and manage risks to transformation across services.
- To model the cultural shift and new organisational behaviours which will underpin the transformation of Health and Social Care in Bury.
- To provide a forum for partner agencies to negotiate solutions to any problems or conflicts including the resolution of any conflicts within the programme.
- To ensure effective engagement with the Greater Manchester Health and Social Care Partnership and with sector, city region, regional and national stakeholders.
- To agree a work programme for the Board which will identify regular items, future reports and key decisions to be made.
- To agree and receive a risk register for the health and social care transformation programme which will be reviewed on a bi-monthly basis.

4) Core Membership:

- Chief Executive – Bury Council
- Leader – Bury Council
- Executive Director (Communities and Wellbeing) – Bury Council
- Executive Director (Resources and Regulation) – Bury Council
- Executive Director (Children, Young People and Culture) – Bury Council
- Chief Officer – Bury CCG
- Chair – Bury CCG
- Clinical Representatives x2 – Bury CCG
- Director of Commissioning and Business Delivery – Bury CCG
- Chief Finance Officer – Bury CCG
- Chair – Bury LCO Programme Board
- Executive Director – Bury LCO
- Chair – Bury H&SC Transformation Programme Management Group

- Lead Member for Health and Wellbeing – Bury Council

Members of the Board will be expected to ensure that the relevant papers, minutes, actions and decisions are circulated within their respective organisations in line with their individual governance arrangements.

Briefed deputies with delegated authority to act are permitted to cover unavoidable absence. Deputies are to be notified to the Board Secretary prior to each meeting.

In addition the Board shall be entitled to invite other managers or subject matter experts, with prior agreement of the Chair to attend for specific items to support the Board's decision making.

5) Voting

At the start of the meeting the Chair will agree with Council representatives whether they are attending as an LCO or OCO member.

Decisions will normally be arrived at by consensus, if a vote is required on a specific proposal it will be weighted as follows:

- 2x votes for Commissioners (OCO)
- 2x votes for the LCO

In the event of a tie the Chair of the meeting will have a casting vote.

6) Joint Chair:

- Bury Council Leader
- CCG Chair

To be carried out on a monthly rotating basis, with either party deputising for the other. In the event that neither can attend, the CCG Chief Officer or Council Chief Executive shall take the Chair.

7) Accountability and Reporting:

The Transformation Programme Board is accountable to the Bury Health and Wellbeing Board.

The Transformation Programme Board will report to Bury CCG Governing Body and LCO Programme Board and where deemed appropriate, for decision, to Bury Council Cabinet.

8) Quoracy

The meeting will achieve quoracy with a minimum of seven members present which must include:

- The Leader or Chief Executive - Council;

- The Chair or Chief Officer – CCG;
- The Chief Finance Officer or Executive Director of Resources and Regulation
- A Clinical Representative;
- An additional representative from the LCO.

9) Frequency

The Board shall meet on a monthly basis with meeting dates circulated for each financial year.

10) Conduct of Meetings

The agenda and supporting reports will be sent out 5 working days in advance. Reports must be received by the Board Secretary in line with published deadlines.

The Board will be supported by a Board Secretary from the CCG who will be responsible for the production of minutes, action logs and decision tracking and maintenance of a formal record of the Board.

Presenters of reports can expect Board members to have read the content and should keep to a summary that outlines the purpose and key issues.

At the start of each meeting, the Chair will invite Board members to declare all interests in relation to the current agenda and any conflicts which may have arisen since the previous meeting. The Chair shall decide, taking advice as required, on the materiality of each conflict and whether the conflicted party should participate in the discussion and/or the vote, if one is required. This decision shall be documented in the minutes together with the reason.

11) Review:

December 2017

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Health and Social Care Partnership

GM Population Health Plan: DRAFT Highlight Report

July Update: 7th July 2017- 4th August 2017

Contents

Transformation Theme 1: Radical Upgrade in Population Health – Sarah Price (7th July - 4th August)

High level description of the programme and the key projects within it

- Person and Community-centred Approaches – including Asset Based Approaches and Health for Social Movement
- Starting Well – including Early Years, Smoking in Pregnancy and Oral Health
- Living Well – including Work and Health, New Model of Primary Care for Deprived Communities and Incentivising and Supporting Healthy Behaviours, Cancer Prevention, Scaling Up Our Response to HIV Eradication
- Ageing Well – including Housing, Nutrition and Hydration and Falls
- System Reform – Unified Population Health System for GM (System leadership and governance, commissioning for population health, public health core functions) and Social Value

Progress summary (this month) *(high level and by exception)*

- Draft Strategic Investment Case for Population Health developed and initial consultation held with GM HSCP SMT, GM Population Health Programme Board, AGG and Directors of Public Health Group.
- At the Population Health Programme Board in July it was agreed to proceed with implementation of the first Population Health Proposals contained within Tranche 1, this includes 1) Smoking in Pregnancy 2) Oral Health 3) Focused Care and 4) Nutrition and Hydration.
- At the Strategic Partnership Board at the end of July the GM Tobacco Plan and GM Moving Refresh Strategy were both approved and public launches held
- Early Years stakeholder event took place to feed into the development of a draft investment case due to be submitted in September/October 17
- Further progress made around Health and Employment proposal including development of detailed project plan, initial evidence review complete and stakeholder engagement and co-design plans finalised.
- Work has commenced on the build of Salford's My City Health platform and associated GM Tobacco pages as part of GM Lifestyle and Wellness Project.
- Briefing paper tabled at Justice Rehabilitation Board and GM DsPH around developing plan around a GM Substance Misuse Strategy due to be signed off and published in the Autumn
- GM Sexual Health workshop held including focus on developing HIV proposals

Outlook summary (next month - August)

- Further consultation on the emerging Strategic Investment Case for Population Health at WLT, Transformation Portfolio Board, LCO Network, Primary Care Advisory Group, VCS Reference Group, Provider Federation Board and the Finance Advisory Group, throughout August and into early September.
- The digital platform to support secondary prevention, providing a directory to services, websites, organisations, groups across GM and nationally will go live in August. This platform will also host the digital pages for the Cancer Champion project.
- Development of initial 'case for change' around a GM Food, Nutrition and Health Weight Strategy
- EY School Readiness Presentation due at Reform Board

Any parts of the programme off track, why. Is resolution at programme or TPB level? - none

Any changes to programme and rationale (confirm approved within programme governance) - none

Key challenges / issues for resolution (identify if locality or TPB)

- Clarity around both current and future locality Population Health related TF asks
- Determine whether the TF is the right destination for funding proposals. Consider the suitability of other funding avenues.

Achievements to highlight / good practice to share (identify if locality or GM (relevant theme/programme) – none

Development funding proposal submitted	Y	**Transformation Fund proposal submitted**	N	**TF Investment Agreement in place**	N

Project: b) Early years
Context and Overview of Proposal: The Start Well Early Years Strategy was approved by the Greater Manchester Strategic Partnership Board in June 2016 and sets out the Greater Manchester vision for transformational system change and a long-term and sustainable shift from expensive and reactive public services to prevention and early intervention. The overall objective of this work is to increase the number of Greater Manchester children who are school ready, and over the next five years we intend to close the gap between current Greater Manchester performance and the national average. The Greater Manchester Early Years Delivery Model comprises three key components: 1. an eight-stage assessment pathway 2. a range of multi-agency pathways and 3. a suite of evidence based assessment tools and targeted interventions. Implementation of the EYDM has progressed at different rates across all areas of Greater Manchester with a single proposition now being developed that will outline the system wide investment required to delivery EY outcomes and support the full implementation of the early years strategy across GM.

Progress summary (this month): *(high level and by exception)*	**Outlook summary: (next month – August)**
• Investment proposal drafted • Stakeholder event took place and fed into investment proposal and future workplan • Stock take report produced	• Draft job specifications for new Early Years Team • Update on digitisation including engagement with DoH on ASQ licences • EYFS profile data analysis • Implementation plan for GMS drafted • Pledge on school readiness drafted • Reform board discussion prepared for September meeting

Upcoming Milestones/Next steps/Key Decisions	Date
Work plan agreed	September 2017
Investment bid submitted	October 2017
Early Years implementation team recruited	November 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to poor / a lack of data collection, sharing and information governance mechanisms, the Early Years programme will not be able to evidence improved child development and improved school readiness.	**1.** To deliver an effective system for record keeping, data collection and data sharing. **2.** Working with Social Care and Devolution workstrands (i.e. IM&T) and PSR workstrands and Children Services Review (KPMG). **3.** GM Connect to work around the information sharing and digital solution.	5	5	R
There is a risk of potential decommissioning of early years services and/or lack of investment and resources.	**1.** Leaders in the system fully understanding the commitment needed for Early Years. **2.** Communications Plan to be developed which outlines governance arrangements and GM groups who need to be informed. **3.** Identification & Involvement of relevant staff.	4	5	R

Project: c) Oral health

Context and Overview of Proposal:
Child dental health in the majority of localities within GM remains poor compared to the England average – both in terms of prevalence (% of children affected by tooth decay by the age of 5) and severity (the number of teeth affected). Nationally, thirteen LA areas have been highlighted as 'priority areas' by NHS England due to the persistently high levels of dental decay at 5 years old and four of these areas are within GM (Bolton, Rochdale, Salford and Oldham).

The intent is to establish a consistent, evidence based oral health improvement and prevention programme across GM's four areas of high need to reduce the prevalence and severity of dental decay in children by the age of 5, and also the numbers of children requiring extractions of decayed teeth with general anaesthetic. The proposed scheme in the four targeted areas includes two main interventions; 1) Distribution of toothbrush/paste packs aligned with 1 year and 2 1/2 year Health Visitor reviews; and 2) Supervised brushing programme in all nursery settings and year 1 primary. Additionally this will be complemented by GM universal approach within 'business as usual' dental services planned developments. This includes a best practice preventive pathway universally for under 5s embedded in NHS dental practices, including fluoride varnish and particularly encouraging attendance of those under 1 to address oral health before disease established.

Progress summary (this month): *(high level and by exception)*

• Job description for Programme Co-ordinator approved.

• Job description for Project Support Officer drafted to be approved at next oral health meeting 10th August

• Training needs analysis template drafted

Outlook summary: (next month - August)

- The process for tendering resources to be agreed
- Recruitment of Programme Co-ordinator
- Implementation plans for localities to be reviewed and updated
- Training needs analysis to be undertaken

Upcoming Milestones/Next steps/Key Decisions	Date
Recruitment of Programme Co-ordinator	August 2017
Recruitment of Project Support Officers	September 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to recent reductions in funding of local oral health services there may be a lack of commitment from localities	Meeting set up to discuss local rollout including ensuring strategic commitment and willingness to resource locally where required	3	5	R
There is a risk that procurement process and difficulties of transferring money may delay the implementation of this project	Procurement issues has been raised with Population Health Manager and discussions taking place with finance. Procurement process to start prior to September to speed up the procurement process	3	5	R

Project: d) Smoking in pregnancy	
Context and Overview of Proposal: Proposal to deliver a pan GM approach (based within maternity services) to reduce smoking in the population, by focussing effort on reducing the number of women smoking during pregnancy. There are two elements to the proposal: 1.An evidence based approach, developed by the Tobacco Control Collaborating Centre (TCCC) to systematise and embed organisational change and practice in line with NICE guidance and other policy recommendations to reduce the rates of smoking in pregnancy. 2.Smokefree pregnancy incentive scheme – additional incentive to quit, and to sustain that quit through the use of 'love to shop' vouchers up to 12 months after birth. The scheme targets a defined group of the most vulnerable women who would find it hardest to maintain a quit without additional support.	
Progress summary (this month): *(high level and by exception)* • Engagement with Andrea Fallon (DPH Rochdale) regarding North East sector (Cluster 1) and Programme leadership • System Communications prepared • GM children's and maternities commissioners consortium – 7th July • Strategic clinical network maternity steering group meeting – 21st July • Finalisation of funding agreement at Population Health Board • Media coverage for SF Pregnancy programme as part of Tobacco Free GM launch – support from Smoking in Pregnancy Challenge Group Co-Chairs	**Outlook summary: (next month - August)** • Communication with system stakeholders to support engagement. Formal letters to be sent to Heads of Midwifery, AGG and Directors of Public Health • Job description for Programme Manager and Stop Smoking Specialist Advisors to be finalised and recruitment processes initiated • Approval of Transformation Fund process through Population Health Board as part of SIC • Exploration of membership of steering group as part of system engagement • Contracting arrangements to be considered alongside development of KPIs and draft contract

Upcoming Milestones/Next steps/Key Decisions	Date
Recruitment of Programme Lead	September 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to the current delay in funding draw down there is a potential lack of capacity within our preferred provider	Maintain open and transparent communication with preferred provider and take earliest possible decisions on funding	3	5	R

Key issues	Action	Priority score	RAG
Temporary capacity issue as current Project Lead has recently left the Partnership	Urgent recruitment now planned in August to mitigate any further delays in project implementation	**4**	**A**

Project: e) Health and employment

Context and Overview of Proposal: The GM Health and Employment Programme is a joint programme between the GM Health & Social Care Partnership and the GM Combined Authority. It aims to create a system response along the continuum from 'in work' through to long-term worklessness, focusing on the following areas:

- An effective early intervention system available to all GM residents in work who become ill and risk falling out of the labour market
- Early intervention for those newly out of work who need an enhanced health support offer
- Better support for the diverse range of people who are long-term economically inactive to prepare for and find work
- Development to enable GM employers to provide 'good work', and for people to stay healthy and productive in work

This highlight report focuses on the first priority within the programme, developing a 'GM Working Well Early Help Service' to deliver an effective early intervention service to GM residents with health conditions, at risk of falling out of the labour market.

Progress summary (this month): *(high level and by exception)*

- Detailed project plan developed
- Risk register and issues log in place
- Initial draft of evidence review completed
- Stakeholder engagement & co-design plan finalised
- Initial employer engagement underway and engagement with 'experts by experience' in planning stages
- Briefings and other materials produced to enable localities to lead engagement and co-design
- Locality readiness 'as is services' baselined in all ten localities

Outlook summary: (next month - August)

- Final draft of evidence review to be completed
- Wider engagement / co-design workshops to be planned for September
- Plan for IG requirements will be underway
- Evaluation plan to be further developed
- Localities to have GP clinical leads in place
- Key decisions and dependencies for the programme to be mapped out

Upcoming Milestones/Next steps/Key Decisions	Date
Planning and implementation of detailed design process at GM and Locality Level, across multiple stakeholders	August – September 17
Agreement on critical components of specification	August – October 17
Agreement on what will be tested where	August – October 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that some localities will be unable to secure local agreement and ownership due to readiness / capacity issues	Locality leads and work and health partnership networks under development, clear requirements to be set out by GM team.	3	5	R
Key decisions have not been mapped or dependencies between one and another identified. There is a risk that decisions will be left too late and this could have a detrimental effect on meeting the required timeframes for the overall programme.	List key decisions, both at GM level and by locality. Decide who is responsible of decisions and where required, timetable into board meeting and other relevant governance processes.	3	3	A

Project: f) Focused Care	
Context and Overview of Proposal: Focused care is a model to support patients and staff working in GP practices in areas of severe deprivation. These practices experience significant increases in volume of work and also complexity caused by the combination of physical and mental health with a complex interplay of social circumstances and often addiction. This tri-morbidity puts significant strain on primary care personnel. Focused Care provides practices within the programme a Focused Care worker 2 days a week. The focused care worker will visit any patients referred by the practice to undertake a full assessment of the whole household including clinical and non-clinical issues, and ascertains which other agencies are involved. Together the patient, the Focused Care worker and clinicians then agree a way forward. This plan is executed, monitored and adjusted until the patient is deemed sufficiently sustainable to be discharged from the Focused Care service and back to ordinary primary care.	
Progress summary (this month): (*high level and by exception*) • Focused care workers have been in post for 4 months and are now embedded into pilot practices (In Oldham, Manchester, Salford, Rochdale and Bolton) and have an active case load • Focused care workers now have case load of between 10 and 35 households in their 2 days a week allocation, which represents growth of cases inline with expectations • Focused care workers have completed group supervision with an external supervisor using clinical supervision framework as well as undertaking 1-1 supervision which will continue over the summer • As expected there have been some significant safeguarding cases raised to and through focused care, with joint working pathways now being established and support given to both FC workers and practices.	**Outlook summary: (next month - August)** • Work required over the coming months to explore possible evaluation options and agree approach

Upcoming Milestones/Next steps/Key Decisions	Date
NHS Contract in place for pilot	August - September 17
Agreement on evaluation approach	August – October 17
Recruitment to Focused Care Joint Lead Role	September - October 17

Project: g) Lifestyle and wellness	
Context and Overview of Proposal: Greater Manchester has proposed a GM Wellness Hub to provide its citizens with consistent online and virtual/telephone behaviour change support across diet, physical activity, alcohol consumption, tobacco use and mental wellbeing. In developing a GM Wellness Hub, the intention is to: •Widen the scope of the GM wellness offer to meet a broader range of support needs, particularly among lower socioeconomic groups •Increase the scale of offer and capacity in the system to provide behaviour change support to more people •Realise economies of scale and reduce duplication by commissioning elements of the wellness offer at the GM level wherever appropriate •Enable existing capacity in locally-commissioned face to face behaviour change services to be targeted at highest risk groups that need them most. Initial funding has been secured to develop Salford's My City Health platform during 2017. This will provide qualitative and quantitative evidence to inform a bid to the Transformation Fund for funding to enable other localities to adapt and adopt My City Health and create the GM Wellness Hub. Central to the pilot will be the delivery of the digital smoking cessation offer for GM as committed to in the Cancer Vanguard/GM Tobacco Plan. Greater Manchester has also proposed to develop standards and a performance framework for GM integrated wellness services to ensure a more standardised offer for GM residents.	
Progress summary (this month): *(high level and by exception)* • Commenced build of Salford's My City Health platform • Commenced build of GM tobacco pages • Explored approaches to evaluation with the developers and GM central team • Held engagement event with the GM Population Health Theme 1 programme leads • Met with GM IM&T and primary care teams • Met with GM Public Service Reform lead to scope the Standards and Performance Framework objective	**Outlook summary: (next month - August)** • Continue project management of content and build of My City Health and GM tobacco pages for launch in September • Commence 1:1 in-depth meetings with each of the GM localities to inform the scope of the bid to the Transformation Fund • Present My City Health to the GM Population Health programme board • Continue to scope an approach to evaluating My City Health • Meet with GM Common Standards lead to inform the integrated wellness service stds

Upcoming Milestones/Next steps/Key Decisions	Date
Stakeholder events (1:1s with the other nine GM localities)	August/Sept 2017
Launch first phase of Wellness Hub pilot in Salford	Sept 2017
Launch GM-wide Smoking Cessation digital offer	Sept 2017
Launch wellness services commissioning standards framework	March 2018

Project: h) Tobacco control

Context and Overview of Proposal

The Project encompasses a broad range of measures involving multiple stakeholders including government, local authorities, the NHS, housing, voluntary, community, social enterprise sectors and others. A commitment from stakeholders to take ownership of different elements of the programme to support and engage those who smoke to quit, stop young people and adults starting and change social norms around smoking is paramount to the success of achieving a smoking prevalence of 13% by the end of 2020.

Tobacco control is cost effective and an area of public health that has a strong and consistent evidence base. Our strategic partnership approach, the GMPOWER model, will save lives, reduce poverty, ill health and disability, close the gap in inequalities and provide substantial savings to locality and city region economies.

Progress summary (this month): *(high level and by exception)*	**Outlook summary: (next month - August)**
•Tobacco Free GM strategy presentation approved by SPBE and SPB •Development funding agreed •Press release and launch following SPB approval •Engagement with standardisation agenda •Development of communications plans with key partners •Re-establishment of GM commissioners group with wider system engagement to support task and finish groups for work strands	• Work commenced on development of TF submission • Content developed with providers for the digital platform • Planning for Stoptober amplification in GM • Completion of smoker insight work • Planning for Jan marketing campaign – media buy Oct/Nov • Further links developed with the Cancer Vanguard • Planning for stakeholder engagement event • Set up performance monitoring framework

Upcoming Milestones/Next steps/Key Decisions	Date
Insight debrief with Mustard to inform marketing and engagement	15th August 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to delays in confirming funding and procurement procedures, programme implementation will not be able to start on time resulting in missed Y1 targets.	Early planning in place. Flexibility in delivery key including early agency commissioning and partnerships opportunities for 17/18	4	4	R
There is the risk that due to process for the overall strategic investment case (SIC) approval, tobacco control SIC will be delayed and then this will delay the draw down of the funding for the project for 17/18 strands of work and 18/19 commissioning.	Population health team working together to understand details of processes to ensure that the tobacco control SIC can be completed as soon as possible	3	4	A

Key issues	Action	Priority score	RAG
There is insufficient capacity in the team currently to fulfil the required work to mobilise the strategy within required timescales.	Mobilisation of development funding to allow for short term recruitment of additional capacity	4	A

Project: i) Integrated Substance Misuse
Context and Overview of Proposal: A GM Substance Misuse Review has followed a structured programme of work with lead commissioners from the 10 GM Local Authorities and has already delivered a range of initial outputs. The extensive work has been undertaken to construct a single narrative and vision. This provides a common reference point for all subsequent work aimed at developing a Greater Manchester strategy setting out our approach to substance misuse. A set of shared principles for substance misuse commissioning has been developed, reflecting the broader vision and aligned to public service reform principles and common commissioning standards will be developed across the 4 domains of: early intervention, targeted interventions, treatment, and recovery and communities. A briefing paper has been written and refined. It will be used as a tool to socialise plans with GM system leaders and the GM system. Early achievements include a GM Framework for Tier 4 Inpatient Detoxification and Residential Rehabilitation and a single GM Drugs Early Warning System (EWS) developed and launched in March 2017. Extensive work has been undertaken in Bolton, Salford and Trafford LAs to develop a cluster-level specification in respect of single treatment system. This will deliver financial efficiencies and GM standards are embedded in the approach. The contract will be awarded in Aug '17 and the system will be operational in Jan '18. Thematic "common offers" are being scoped, in the first instance in respect of: (i) Place Based Working; (ii) the Criminal Justice System; and (iii) Work and Health: The project team are driving several high level objectives in the next 6-12 months including publishing a GM substance misuse strategy by Autumn 2017, delivering a new cluster-level approach to commissioning and a set of GM common standards. In addition, the team has oversight of the Community in Charge of Alcohol (CICA) initiative. This project is based on existing principles that people embedded in communities can bring their ability to relate to people and their own life experience to transform health and wellbeing in their communities. The Royal Society of Public Health will train alcohol champions in each GM locality starting with Stockport and Salford in September 2017. Training is expected to be completed in all localities by early 2018.

Progress summary (this month): *(high level and by exception)*	**Outlook summary: (next month - August)**
• Briefing paper tabled at Justice Rehabilitation Board (17 Jul) and GM DsPH (4 Aug) • High level briefing with Deputy Mayor Police and Crime and GM Exec Lead • Hosted 'Responding to Spice' on 14 July. Opened by GM Mayor • Bolton, Salford and Trafford cluster tender complete. Interviews held. The decision awaits political approval late August.	• Working in shadow form with PHE on CICA project, which goes live in September. • Tender submissions for Oldham and Rochdale cluster are currently being considered by commissioners. • GMVS Engagement event planned 11 August and service user engagement (August tbc)

Upcoming Milestones/Next steps/Key Decisions	Date
Several engagement events to capture voice of third sector, service user in localities and stakeholders scheduled and or tbc	August-Sept '17
Listening events planned to sense check draft strategy once engagement complete	Sept-Oct '17

Risk	Mitigating action	Likely	Impact	RAG
As substance misuse is a cross-cutting theme there is a risk of duplication/gaps if conversation is not joined up with other projects	Ensure attendance at the Theme 1 Pop Health Meetings and schedule one off meetings with other relevant theme 1 leads	3	3	A

Project: j) Physical activity

Context and Overview of Proposal:
The GM Ambition is 'to achieve the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live in GM'. Physical activity is central to shifting health at scale. A more active GM will contribute to all of the government's five outcomes for sport and physical activity – physical health, mental wellbeing, individual development, social/community development, and economic development. GM Moving: The Blueprint for Change was launched in 2015, and was followed in 2016 by an MOU (and programme of work) between GMCA, GMHSCP and Sport England to progress the agenda across GM in relation to physical activity and sport. A brief refresh of GM Moving and the MOU is currently taking place, in the context of the Population Health Plan, the new Mayoral Manifesto, new national and local evidence, insight and strategies. This will be complete at the end of July, with a one year programme of work set out, in the wider context of an action plan to 2021.

Progress summary (this month): *(high level and by exception)*

- GM Moving Workshop and stakeholder engagement produced high quality input to the Plan and Implementation Plan
- Final Draft of GM Moving signed off by Programme Board, GM Mayor and Sport England CEO. Ambitious target for physical activity agreed
- Evidence, Data and insight work underway with initial report back high quality, engaging slide deck and mapping
- Active Ageing Workshop held to share evidence, data and insight, capture partner insight and inform the approach
- Evaluation 'Think Tank' planned to inform GM Moving work
- Local Delivery Pilot application through to Stage 2 with Sport England
- GM Moving embedded in GM Strategy Refresh
- Launch of GM Moving

Outlook summary: (next month - August)

- Implementation Plan, leadership and capacity requirements identified
- Governance of GM Moving agreed
- Active Ageing approach and next steps agreed with localities
- Evaluation Think Tank to inform GM Evaluation Framework and requirements
- Insight Stakeholder Workshop to be held
- Stage 2 approach to Local Delivery Pilot agreed by Steering Group
- Behavior Change 'Think Tank' planned

Upcoming Milestones/Next steps/Key Decisions	Date
Recommendations for the capacity required to deliver GM Moving, and a plan to recruit and engage where needed	End August 2017
Plans for Stage 2 of Local Delivery Pilot agreed with Programme Board	End August 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that GM are not selected as one of Sport England's 10 Local Pilots	Programme Board to scenario plan regarding relationship with Sport England in the event of non-selection	2	5	A
There is a risk that the GM Moving Refresh does not engage across the system to effect population level change	Ensure full engagement at the highest level, to ensure system change thinking, reform principles and strategic leadership for this agenda	1	5	Y

Project: k) Food, nutrition and healthy weight
Context and Overview of Proposal: The two biggest contributors to ill health in England and the North West are an unhealthy diet and tobacco use. Diet related diseases such as obesity is widespread and appears to be increasing, but it can be very difficult to address at a whole-population level at the scale that is needed in Greater Manchester, and many approaches have already been tested. Through the GM Population Health Plan there is an opportunity to think differently about how to address diet related diseases such as obesity by taking a fresh and strategic approach to food. The importance that physical activity makes to healthy weight and wellbeing is understood and the GM Moving strategy is acknowledged as the vehicle for this. Population level change in diet has the potential to prevent illness and disease and improve health outcomes within a relatively short timescale. The GM Population Health Plan (GMPHP) is a great opportunity to be 'bold and brave' and identify GM approaches to improving the food environment through policy, public sector procurement, commissioning, and partnership working. Changing the balance of healthier food available will contribute to two of the 'Live Well' goals of the GMPHP; fewer people will die early from cardiovascular disease; and fewer people will die from cancer. This proposal includes the development of a comprehensive GM Food, Nutrition and Healthy Weight Plan setting out the case for change and an evidence based programme of work that will seek to deliver outcomes, that is fully aligned to the Population Health Plan priority themes and wider reform agenda.

Progress summary (this month): *(high level and by exception)*	**Outlook summary: (next month – Aug/Sept)**
• Expert reference group meeting with localities held to discuss direction of travel on 13 July • Scoping meeting with University of Liverpool academics • Consider Strategic Investment Case produced by GMCA colleagues	• Develop initial 'Case for Change' scoping paper • Scope inter-relationships with other PHP workstreams • Plan further meeting of the locality and expert reference group • Generate response to the SIC in terms of a broad funding requirement

Upcoming Milestones/Next steps/Key Decisions	Date
Expert Reference Group to be reconvened to consider scoping paper	Early September 17
Initial 'case for change' document produced for discussion at programme board	September 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk around securing adequate investment due to the early stages that this project is at and its scheduling within the population health investment tranches at quarter 4	Population Health Investment Strategy to be produced and alternative funding sources could be considered as the scope of the work is defined over the coming months	2	3	Y

Project: l) Prevention workstream of the GM Cancer Vanguard

Context and Overview of Proposal:
The incidence of cancer is growing at a rate of about 2% per annum; in 2013, 14,500 people were diagnosed with cancer in GM. This means the burden of cancer on our health and social care system is growing. In 2015 NHS England established the Independent Cancer Taskforce to look at how cancer services are currently provided and to set out a vision for what cancer patients should expect from the health service. As part of this work, new models of care piloted by the National Cancer Vanguard will aim to radically improve patient outcomes and save thousands of lives every year by developing new models of care that are ambitious and transformational, and provide replicable models for cancer care nationally that will act as blueprints for the NHS. GM was designated as part of the National Cancer Vanguard in 2015. The two-year vanguard programme will allow the testing of clinical innovations and a new approach to the commissioning of cancer and delivery for the GM population. It began delivery in April 2016. Central to the GM programme is a prevention workstream, which incorporates primary and secondary prevention projects as well as a focus on screening. The overall objective of the programme is to test and evaluate innovative approaches to cancer prevention. The four specific objectives are to: 1. Develop new GM-wide social marketing strategies to scale up prevention and earlier detection (Y1 bowel screening; Y2 increasing smoking quits); 2. To nurture a social movement across the entire cancer prevention spectrum that is ultimately self-sustaining; 3. To improve access to and uptake of 3 x national screening programmes among the GM eligible population; 4. To develop a GM-wide service model that increases tailored lifestyle support for those surviving cancer, focusing on reducing the chance of secondary cancer (metastasis).

Progress summary (this month): *(high level and by exception)*

- P1 - The bowel toolkit training has been rolled out and to date 37 individuals have been trained. Further development of the toolkit is planned to identify four distinct resources which can be utilised by the bowel health improvement team and cancer champions to raise awareness of bowel screening
- P2 - 1,808 Cancer Champions recruited. The Organisation sign up so far offers further potential reach to many thousands more.
- P3 - Launch of 6 month cervical screening trial delayed from original start date of March 17, now planned for September 17, subject to National screening programme agreement.
- P3 - Bowel screening 'Predictiv' online insight tool delayed from original start date of April 17. Now planned August 17.
- P3 - Health Equity Profile of the 7 breast and bowel cancer screening programmes has been delayed, now expected early August. Health equity profile of the cervical screening programme also delayed and now expected early August.
- P4 - Scoping to assess the impact of the exercise referral cancer rehabilitation training has commenced in collaboration with GM Active. The project has also continued to link with ERAS+ (Enhanced Recovery After Surgery), where a standard pathway for exercise referral has been established across South GM.

Outlook summary: (next month - August)

- The digital platform to support secondary prevention, providing a directory to services, websites, organisations, groups across GM and nationally will go live in July. This platform will also host the digital pages for the Cancer Champion project.

Upcoming Milestones/Next steps/Key Decisions	Date (next 3 months)
5,000 Cancer Champions recruited	August 17
Smoking qualitative insights research due for completion	August 17
Development of social marketing action plan for reducing smoking levels on the GM smoking population based on research undertaken.	September 17

Risk	Mitigating action	Likely	Impact	RAG
P1: There is a risk that the ambitious mass media campaign planned for the tobacco agenda is above budget, or that we do not have the ability/capacity to deliver within the timescales.	Expected procurement of an external communications agency to manage the campaign; Agreement of appropriate resource from GMHSCP/Cancer vanguard communications teams in advance; Expected additional funding from the project from the transformation funds on the release of the GM tobacco control strategy	3	4	A
P2: There is a risk that the social movement will fail due to lack of engagement from target audiences, stakeholders and key influencers. This could lead to reduced and unsustainable activity.	Additional financial resource allocated to project 2 to allow dedicated communications support to Project Lead; Continued engagement with influencers/stakeholders through the expert reference group and social movement champions; Monthly contract meetings with project lead/commissioned organisation to ensure key milestones are met	3	4	A

Project: m) HIV

Context and Overview of Proposal:

A 2015 report by Public Health England (PHE) estimated that 103,700 people were living with HIV in the UK in the year 2014. Once people are diagnosed they are able to receive very effective treatment. However, nationally 17% of people living with HIV are unaware of their status. Furthermore, 40% of adults newly diagnosed with HIV were diagnosed late, after they should have started treatment (PHE, 2014).

Late diagnosis reduces health outcomes for HIV-positive people, as well as increasing the likelihood of onward transmission of HIV. In addition to the negative effects of late HIV diagnosis on an individual's and population's health, it also makes an impact upon the public purse; the lifetime treatment cost of living with HIV is estimated to be around £360,000. Late diagnosis increases further the cost of HIV treatment by 50%.

The overall objective of this programme of work is to help develop and build upon a GM city-region approach to ending all new cases of HIV within a generation.
Two specific objectives are: 1) Review and map out current HIV testing approaches and related interventions across GM, to inform the ambition of ending all new cases of HIV within a generation. 2) Develop a business case that builds on the robust review and mapping exercise of HIV testing provision and associated interventions, and which demonstrates the economic and health benefits of a GM city-region approach to ending all new cases of HIV within a generation. To then pilot and evaluate a GM city-region approach to eradicating HIV within a generation.

Progress summary (this month): *(high level and by exception)*

- Feedback from consultation groups being collated and finalized.
- GM Sexual Health System Reform Workshop held, including theme of HIV.
- Interventions currently being explored but key areas identified; HIV Testing, 1-2-1 support, PrEP, role of primary care, treatment as prevention, education and prevention.

Outlook summary: (next month- August)

- Interventions to be finalised.
- CBA work to continue.

Upcoming Milestones/Next steps/Key Decisions	Date
CBA work undertaken for other interventions, PrEP and 1-2-1 support for complex needs	August 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that HIV work is carried out in isolation to wider sexual health work	HIV work is taken forward alongside the sexual health workstream	1	3	G
There is a risk that levels of funding secured prove to be insufficient for scale required	CBA work and budget work to identify true costs and benefits	1	3	G

Project: n) GM Lung Health Check Programme				

Context and Overview of Proposal:
The population of GM has high rates of serious lung disease with lung cancer incidence rates above England averages and around 2,400 new cases of lung cancer being diagnosed each year. Lung cancer is also currently the biggest cause of cancer deaths in the <75 population in GM. Lung cancer is often diagnosed later than other cancers and unfortunately late stage diagnosis is linked to low survival rates. Finding cancer at a much early stage means we can offer curative treatment not possible with a later stage diagnosis.

The overarching aim of the proposed GM Lung Health Check Programme is to find and treat lung cancers at a much earlier and treatable stage – and by doing so to save lives. Building on the success of the MCIP Early Diagnosis Pilot in the city of Manchester, the programme objective is to implement Lung Health Checks across the conurbation based on a risk stratification approach in high risk ever smokers aged circa 55-74 years, living in GM (exact age range to be agreed). This would include current smokers and ex-smokers. The work underway is to develop an outline business case/investible proposition for a GM-wide Lung Health Check Programme. The project is broken down into smaller components in order to deal with scale and complexity of it. Consequently, there are five stages to the development of a GM-wide Lung Health Check Programme. From April 2017 to September 2017, as part of Stage 1, a series of investment options will be developed for agreement at the GM Lung Health Check Steering Board in September.

Progress summary (this month): *(high level and by exception)*

- Task and Finish Group held on 18th July. Steering Group held 25th July.
- Further refinement of modelling undertaken with data analysts.
- The development of a forward-facing CBA is currently underway. This is looking at the lung health check programme for lung cancer benefits, and later, if required and appropriate, can consider the wider benefits as part of CBA. The model at the moment heavily relies on the data assumptions of UKLS, not necessarily GM costs. Some work is being undertaken between Richard Booton and David Ottiwell to identify the GM costs. T&F are looking for help from the GMHSCP to help with some of the financial modelling around this.
- Work is underway to build the narrative for the investment proposition. A meeting with key members of the MCIP team and operational staff members is to be scheduled to help clarify the stages in the lung health check process.

Outlook summary: (next month - August)

- Further refinement of model to be undertaken building in additional activity items e.g. false positives.
- Exploration around whether the identification of cancer is as proposed (more than community detection).
- Further exploration as to whether there is a model on what the lead time may be (3 years looks like an acceptable figure.
- The patient identification process is to be explored further with the expertise of Dr Sarah Taylor.

Upcoming Milestones/Next steps/Key Decisions	Date
MCIP City of Manchester Pilot evaluation reports due to inform CBA component of the modelling.	September 17
GM Lung Health Check Programme Steering Group to consider options.	September 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that there is inadequate capacity to undertake the planning required in Stage 1.	Dedicated project management resource secured, additional members will be co-opted to the Task & Finish Group as appropriate. This risk will be escalated to Steering Group if it becomes an issue.	2	4	A
There is a risk that there is a lack of information to quantify the benefits from the City of Manchester Pilot and other sources to support the development of investible options (i.e. CBA approach).	New Economy representative on the Task & Finish Group, data analytical support secured, investigations on the various sources of supplementary information.	2	4	A

Project: o) Housing	
Context and Overview of Proposal: The next decade will see dramatic growth in the number of older people seeking help to remain at home as long as possible, while LA's, health and social care conversely face continuing pressure to reduce costs and seek efficiencies. Home Improvement Agencies (HIA) carry out small handyperson jobs, project-manage larger repairs and adaptations, as well as providing housing information and advice, for older and disabled customers. , HIAs provide 'home-readying' services to ease hospital discharges, prevent re-admission, and provide the means to better self-manage health conditions. The establishment of a GM Home Improvement Agency model, which builds on existing models in operation, would ensure that all districts are able to provide a basic offer to older and disabled residents, whilst also providing a single access point for health and social care professionals to refer into. Procurement of adaptations and a handy person service for GM is also likely to lead to efficiencies. There is also scope to link GM Fire Service Safe and Well checks into the model. Targeting of customers most likely to be living in unsuitable housing, suffering from respiratory diseases, at risk of falls etc. and in receipt of home care packages, would ensure resources are spent where most needed. The objectives of this programme of work is to help facilitate the roll out, testing and evaluation of an approach to tackling issues around poor quality housing based on the work already taking place across GM. The GM HIA model would be available to all older people aged 60 plus and disabled people across GM. It is envisaged that there would be a core service and a menu of options that localities can adopt/commission.	
Progress summary (this month): *(high level and by exception)* • CBA being undertaken by New Economy. Data provided and analysis underway. • Audit of existing services across GM completed. This will enable an understanding of the baseline and commissioning of services on which to base the development of the model. • Met with GMFRS to discuss outcomes of pilot of Safe and Well checks. Next steps discussed and requirement to meet with the local team. • Agreement for responsibility for delivery of GM HIA	**Outlook summary: (next month - August)** • Completion of CBA by New Economy • Meet with GMFRS to discuss outcome of Safe and Well pilot and develop referral mechanisms further. • Analysis of audit findings. • Production of scoping paper for taking forward GM HIA proposal

Upcoming Milestones/Next steps/Key Decisions	Date
Completion of CBA	August 17
Scoping of model	August / September 17

Project: p) Nutrition and hydration				
Context and Overview of Proposal: Malnutrition prevalence amongst 65+ populations is estimated to be 14% in the general community, rising to 30-35% in care home settings and at hospital admission. Dehydration in older adults is associated with hospitalisation and higher health and care costs, including greater need for intensive care, short and long-term care, readmission and mortality. The purpose of this project is to raise awareness about the risks and signs of malnutrition and dehydration amongst individuals, carers and non-clinically trained practitioners who have routine contact with older people aged 65+. It is a classic population health intervention, in that it is designed to target a specific population cohort (65+ adults), to modify the incidence and mitigate the risks of malnutrition and dehydration, by intervening early and proactively and providing access to a range of practical self-care options for individuals and their family carers. The innovation upon which the intervention is based is known as the paperweight armband, which has been developed and used over the past 3+ years by partners in Salford. The armband is a non-clinical, non-intrusive community alternative to identify the signs of malnutrition. The usual clinical tool is the MUST (Malnutrition Universal Screening Tool). The 5 boroughs of Bolton, Bury, Oldham, Rochdale and Stockport have come forward as pilot sites and each has identified a local lead and will be forming a local steering group. AGE UK Salford are the proposed delivery partner, being responsible for the implementation of the project overall and the recruitment and employment of the 3.5 FTE project staff. It is hoped that the project will be pump-prime funded through the transformation fund (TF) for a 2 year period, during which time it will be mainstreamed into local practice and can continue to be delivered in each borough at a very limited cost.				
Progress summary (this month): *(high level and by exception)* • Ongoing support for local preparation through the 5 local leads – meeting held 10 July to continue discussion of implementation, hosted by Salford partners. Key activities identified for local leads to progress in the interim. • Decision by the Population Health Programme Board to fund the project		**Outlook summary: (next month - August)** • Recruitment of Programme Lead role will begin once the funding approval has been given		
Upcoming Milestones/Next steps/Key Decisions			**Date**	
Funding approval and release to expedite project implementation			August / September 2017	
Programme staff recruitment and local preparations			September – November 2017	
Risk	**Mitigating action**	**Likely**	**Impact**	**RAG**
There is a risk that lower than modelled numbers of people are identified as at risk of malnutrition using the paperweight armband and/or lower than modelled numbers of older adults achieve clinically relevant thresholds of weight-gain	Effective programme management and monitoring to pick up any problems as early in the project as possible, especially relating to scale of implementation and impact at an individual level	3	4	A
Key issues	**Action**	**Priority score**		**RAG**
Due to the changes in governance and decision-making process around the Population Health Plan there is a 3-4 month delay in implementation of the project	Early funding release to expedite appointment of the programme manager Shortening the 6 month lead-in time originally assumed in the CBA and implementation plan where possible and subject to successful recruitment	4		A

Project: q) Falls				
Context and Overview of Proposal: Falls, osteoporosis and fragility fractures are three sides of the same problem. Falls are implicated in the majority of fractures in older people. Most of these are fragility fractures due to undiagnosed osteoporosis., with the worst outcome being hip fracture which have a 30% mortality rate at 1 year post-fracture . Sustaining a fragility fracture at least doubles the risk of a future fracture. A significant proportion of fragility fractures are recurring fractures that could have been prevented if steps had been taken to diagnose and treat osteoporosis after the index fracture and to address any falls risk. An Fracture Liaison Service will systematically identify, treat and refer to appropriate services all eligible patients over 50 years old within a local population who have suffered fragility fractures. An FLS is regarded as clinically and economically efficient and, in an acute setting, can intervene in up to 50% of future hip fracture cases and, in a primary care setting, increase compliance with NICE guidance on secondary prevention of osteoporotic fracture by up to 64%. These reductions are realised quickly and certainly within three years of the commencement of relevant drug treatment. Given the existing evidence based, the development of FLSs across GM has been identified as an early proposal including: •Roll out of FLS s in a community setting at scale (in line with policy direction of care closer to home and new models of care) •testing out at scale a case finding 'reporting radiographer' approach •Ensuring the effectiveness of FLS through a suite of standards and contribution to a national clinical audit (FLS-DB) •Robust evaluation to facilitate a GM contribution to the evidence base for FLSs				
Progress summary (this month): *(high level and by exception)* •Understanding of all district level intentions for FLS •Consideration of the way forward for roll-out of FLSs •Continued engagement of a range of stakeholders, including senior clinicians, NOS, AHSN, GM Assoc Leisure Trust etc. for various aspects of the falls pathway •AHSN scoping potential of linking primary care based case identification system for fragility fracture patients with e-frailty screening tool •Scoping of an evidence based physical activity Programme •Scoping of a system wide workshop to further identify priorities and opportunities				**Outlook summary: (next month - August)** • Defining way forward on FLS in terms of funding and defining the GM contribution • Agreeing overall GM Falls Programme and next steps for system engagement • Development and implementation of an audit of existing capacity and capability across GM Leisure Trusts/Services around evidence based physical activity for falls prevention • Defining likely GM contribution to evidence based physical activity Programmes for falls prevention • Exploring falls risk screening tool (Keele) for primary care
Upcoming Milestones/Next steps/Key Decisions				**Date**
Agreeing overall GM Falls Programme and next steps for system engagement				September 17
Risk	**Mitigating action**	**Likely**	**Impact**	**RAG**
There is a risk that current delays in roll out of FLS and further definition of priorities will not deliver required reductions in injurious falls within timescale	Quickly clarify FLS intentions at district level and define a way forward on a system-wide event to define further priorities	2	5	A

Project: r) Social value	
Context and Overview of Proposal: An opportunity exists to derive relevant social, environmental and economic value from everything that we do, in our business, in service delivery, commissioning and procurement; to use the huge purchasing power of the Greater Manchester devolution partners to obtain the greatest benefit for local people. The proposed approach to social value across Greater Manchester is to use this duty to increase the spending power of every pound spent in Greater Manchester, therefore maximising the social value benefit to the people of Greater Manchester from public sector commissioning and procurement, as well as increasing purposeful activities in the business sector and maximising the contribution made by the VCSE sector. The objectives of the work supported through the Population Health programme will be: • To understand and embed social value in Greater Manchester Health and Social Care Partnership commissioning and seek to work with CCG partners to scale up this work across the healthcare economy • To develop the GMCA Social Value Policy to cover health and wellbeing outcomes described in the Greater Manchester Strategic Plan 'Taking • Charge' for implementation across all public sector procurement in Greater Manchester • To embed social value into the culture of the health and social care workforce, through values-based discussion, training, awareness raising • and participation in service design to maximise social value benefits • To put in place a number of enabling activities that will maximise the co-production of social value from the expenditure of health and social • care budgets, including work with NHS providers, the VCSE sector and relevant parts of the business sector.	
Progress summary (this month): *(high level and by exception)* • A draft Programme of quick wins for early implementation has been discussed with the GMH&SC team • Quick wins include procurement spend analysis for the GMH&SC Team, workshops and training for the GMH&SC Team, awareness raising across the 37 organisations involved in the partnership and support from the GM Social Value Network • Work towards the follow-up Implementation Plan has been halted pending direction from the GMH&SC team about scope and scale of the work stream	**Outlook summary: (next month - August)** • A Programme will be developed for the draft programme of 'quick win' tasks

Upcoming Milestones/Next steps/Key Decisions	Date
To be confirmed in discussion with GMH&SC Team	TBC

Project: s) System reform

Context and Overview of Proposal:
System Reform – creating a unified population health system - is one of the key programmes of work within the Population Health Plan, recognising that an ambition of the magnitude of the delivery of the Plan requires the support of a population health system which is organised to deliver at pace and scale and in the context of a devolved system, one that is better able to achieve improved health outcomes for the citizens of GM. This builds on the commitments set out in the Public Health MoU (July 2015) for the development of a single population health system across the GM economy – one which maximises both the impact and the capacities of a small and specialist public health workforce, but also supports the embedding of the pursuit of Population Health as being everybody's business and sees collaboration across a range of sectors and wider communities – between NHS organisations, local authorities, the third sector and other local partners, as well as patients and the public working together as population health systems. A suite of proposals have been endorsed by WLT and GM Strategic Partnership Board in March 2017 for creating that unified population health system. The key programmes of work relating to taking forward those proposals are:

1. Common Population Health Goals - Development of GM Commons Standards & Strategies
2. New System Design for Public Health Functions - Establishment of A Unified GM Health Protection Function ; A Unified GM Public Health Intelligence Function
3. Commissioning for Population health – Whole System Integrated Sexual Health Service; Substance Misuse; GM Service specifications.
4. System Enablers – Development of GM Standard for Health check; Digital tools
5. Population Health System Leadership – Developing System Wide Leadership; Evolved DPH role; Specialist public health workforce; Support from the GM Mayor
6. Governance & Assurance - Use of established local governance; established GM governance; GM health and care assurance framework

Progress summary (this month): *(high level and by exception)*
- All Project teams and work-streams in operation
- Quick wins identified for Health Protection and a Programme Plan developed
- Health Protection and Substance Misuse briefing for Lead CEO Pat Jones-Greenhalgh
- PMO recruitment completed for Band 8a and Band 7 (commencement date tbc)
- GM Population Health Outcomes Framework Workshop held (10th July)
- GM Common Standards Workshop held (17th July) – draft framework agreed and circulated to respective system reform strategic groups or testing

Outlook summary: (next month - Aug)
- Develop governance and assurance framework for System Reform Programme-alignment with existing GM governance arrangements
- GMCVO Engagement event for Substance Misuse Strategy (11th Aug)
- Engagement with GM PHIN regarding proposal for Population Health Intelligence Network Function (workshop 15th Sept)
- Engage with Mental Health Strategic Group, GM Moving and Oral Health to begin co-design of GM Common Standards
- GM Health Checks GM Commissioner engagement workshop scheduled (29th Aug)

Upcoming Milestones/Next steps/Key Decisions	Date
Substance Misuse GM CVO Engagement Workshop	August 17
GM Health Checks Commissioners Workshop	August 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk of competing priorities with other workforce development priorities	Alignment with the programme of work supporting the development and implementation of the GM workforce strategy	2	2	Y

Key issues	Action	Priority score	RAG
Temporary capacity issue as current Project Lead has recently left the Partnership.	Replacement appointed along with additional PM support due to start in September / October 17	**4**	**A**

Guidance on risk rating

CONSEQUENCE OR IMPACT	LIKELIHOOD				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Greater Manchester Children's Health and Wellbeing Board

Terms of Reference

In April 2016 Greater Manchester was granted devolved responsibilities over the health and social care system, giving rise to the Greater Manchester Health and Social Care Partnership. The publication of *Taking Charge* provided a five year plan for the improvement of the health and wellbeing of Greater Manchester residents. Within this plan children's health services are specifically identified as an area requiring transformation.

In parallel to this report, Greater Manchester Local Authorities undertook a review of services for children resulting in a transformation and improvement plan developed across the ten authorities and a proposal to Government in respect of further devolution of responsibilities linked to more effective joint working. This combined work will give rise to shared governance and some shared functions at the GM level, as set out in section 4.2, with the aim of improved health outcomes for children and young people as well as improved safeguarding, early help and education.

The establishment of the Greater Manchester Children's Health and Wellbeing Board will provide oversight for the delivery of improvements to children's health and health care in Greater Manchester, whilst strengthening links with the Local Authority service improvements and the work of other partner organisations. It will bring together providers and commissioners of children's health care services, and other stakeholders to reflect the work of the entire system.

The role of this board will seek to co-ordinate children's health transformation activities in Greater Manchester, facilitating joint working whilst avoiding duplication. It will set the strategic direction to improve health outcomes, including the development of an overarching health strategy and high level delivery plan. It will draw on work from a variety of programmes and all sectors in seeking to secure a 'whole child approach'. To this end it will seek to influence and support the wider determinants of health including the work of the GMCA and local organisations in, for example, addressing poverty, improving educational outcomes, promoting economic opportunity and securing better housing. It will complement the work of the wider Children's Commission and the work of the Education and Employability Board and Standards Board. This will ensure a collective GMCA focus on outcomes for children across the totality of their needs.

This Board will be jointly accountable to the Health and Social Care Partnership Board (through the Health and Social Care Partnership Board Executive) and the GM Public

Services Reform Board. It will be chaired by the Chief Officer of the GM Health and Social Care Partnership.

1. Aims

Overarching Aim: to deliver the fastest and greatest improvement in the health and wellbeing of the 770,000 0–25 year old children and young people of Greater Manchester, creating a strong, safe and sustainable health and care system that is fit for the future.

1.1 Oversee the development of a strategic plan for the improvement of children's health outcomes within Greater Manchester, taking a whole system approach for the health and wellbeing of infants, children, young people and families.

1.2 Oversee improvements within children's health services within Greater Manchester and links to education and early years programmes delivered by partner organisations that enable the delivery of local early help to families.

1.3 Support the strategic leadership and direction in the development of children's health services in Greater Manchester

1.4 Contribute to improved child safeguarding and better outcomes for looked after and adopted children, including care leavers through links to the wider children's services devolution agenda.

1.5 Improving health and wellbeing outcomes of children and young people with particular needs including those with long term and life limiting conditions, those experiencing mental health difficulties, children with disabilities, young offenders, young carers, those who have experienced abuse and exploitation, and young people at the end of life

1.6 Adopt an asset based approach that enables children and young people to have the fullest life possible and which supports them, their families and other carers in informed decisions

1.7 Align resources, knowledge and expertise across organisational boundaries to drive integration of services and draw on regional and national expertise to inform best practice

1.8 Improve the timeliness of decision making in the interests of children and young people by removing barriers to innovation and joint working

1.9 Contribute to the reduction in variation in quality of children's health services across Greater Manchester to reduce inequalities and improve health outcomes

1.10 Ensure children, young people and parents and carers are involved in service planning at a strategic level within Greater Manchester

1.11 Ensure children, young people and parents and carers are involved in decision making at a child / family level, ensuring co-production of decisions

1.12 Build on the needs and requirements of infant, children and young people in all our GM Health and Social Care work programmes

2. *Specific Objectives and Responsibilities of the Greater Manchester Children's Health and Wellbeing Board*

2.1 Develop and oversee delivery of a Greater Manchester Children's Health Strategy

2.2 Review and align member organisations' strategy and planning based on needs analysis and specific requirements

2.3 Improve access to data and wider knowledge about children and young people's health need, and learn from & disseminate best practice on the best ways to meet those needs

2.4 Work with the Population Health Board to ensure effective contribution of population health programmes in the 'Start Well' strand of the Population Health Plan to the overall Strategy

2.5 Work with "Transforming community based services" partners to strengthen the role of primary and other community care systems in meeting the needs of children and young people, including reducing unnecessary hospitalisation

2.6 Ensure there is equal focus on integration of children's and young people's services at locality level within Greater Manchester as there is on adult services

2.7 Work with the "Standardise hospital care" Board to ensure optimum organisation of acute children's services across Greater Manchester, as described in Theme 3 Standardisation of specialised and acute care

2.8 Align and standardise pathways between primary, secondary and acute care, as described in the aims of the strategic plan; improve population health, improve community based services and standardise hospital care.

2.9 Provide appropriate leadership and governance for the implementation of the Greater Manchester Maternity Transformation Plan

2.10 Ensure that we secure parity of esteem within our work on children's services, including ensuring the work of the Mental Health Implementation Executive is fully aligned with the overall Children's Health Strategy

2.11 Ensure appropriate capacity of acute and community services for population demands

2.12 Work with different parts of the system to ensure better transitions for children and young people, in particular from childhood to adulthood

2.13 Ensure the needs of infants, children and young people are fully reflected in locality plans and implemented

2.14 Ensure that the needs of children and young people are fully reflected in the GM Health and Care Workforce strategy, including addressing shortages in specialist roles and ensuring coverage in professional training and development

2.15 Ensure that needs of children and young people are fully reflected in the GM Information Management and Technology Strategy, including appropriate information sharing and use of apps and other software to increase personal choice and control

2.16 Ensure that the opportunities to improve care for children and young people are fully recognised in the work of Health Innovation, including the role of medicines and devices

2.17 Identify priorities and receive reports on progress from the key planning groups which report to the Board

2.18 Delegate issues requiring detailed consideration to the appropriate sub group or partner organisation

2.19 Make recommendations on the development of services for children and young people within Greater Manchester

3 Accountability and operational processes

3.1 The Group will initially meet on a quarterly basis using a facilitated workshop approach

3.2 The meeting will be quorate when 75 percent of members are represented at the meeting which will exclude members who are deputising for main members. The Chair can alter this requirement in light of the business under discussion

3.3 Members are expected to communicate issues from the groups they represent to the Board and take issues from it back to the groups and organisations they represent

3.4 Members must strive to attend all meetings. In the event that they cannot attend, they must notify the chair or secretariat and nominate a deputy

3.5 Engagement from children, parents and carers and families will be addressed using a networked approach.

The secretariat function will be provided by the Greater Manchester and Eastern Cheshire Strategic Clinical Networks (SCN).

4 Greater Manchester Children's Health and Wellbeing Board Governance

4.1 Membership

The membership of the Greater Manchester Children's Health and Wellbeing Board will reflect the full breadth of the Greater Manchester children's health and wellbeing system, which is made up of a large number of organisations and bodies. Members of the Board remain wholly accountable to their organisations, and thus should be sufficiently empowered to discuss and influence the strategic direction of that organisation in a partnership context. Members are expected to ensure a two-way communication between the GMCH&WB Board and other related Boards they are on to promote cohesion and reduce conflict and duplication.

The board will have a membership as set out in the table below. The membership is formed from the need to balance inclusiveness of all relevant groups with the need to keep the board relatively small and a functioning decision-making unit.

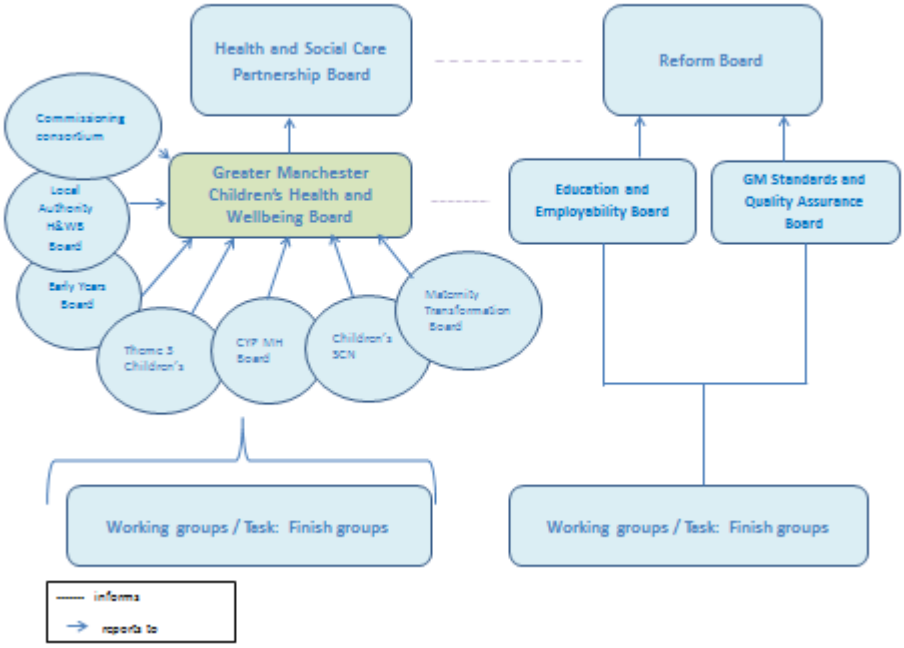
Each group or organisation will be represented by a named individual who is (or individuals who are) committed to consistent attendance at board meetings. The board will invite representatives of other bodies or organisations as its agenda requires. Similarly organisations or bodies may make a request to the chair that they are directly represented at a particular meeting or agenda item.

Greater Manchester Children's Health and Wellbeing Board	
MEMBER	**REPRESENTATIVE**
Greater Manchester Health and Social Care Partnership	Jon Rouse (Chair) Warren Heppolette Richard Preece Sarah Price
Commissioners	
Regional Schools Commissioner	Vicky Beer
CCG Commissioner(s)	Trish Anderson Melissa Laskey
Population Health / Commissioning Public Health	Jane Pilkington
Lead Member for GM Children's Devolution	Councillor Cliff Morris
Public Health	
Greater Manchester Combined Authority	Andrew Lightfoot
Head of Public Health Operations - GMHSCP	Martin Ashton
Director of Public Health	Andrea Fallon
Local Authority	
LA CEO	Jim Taylor
Public Sector Reform	Jane Forrest Jacob Botham
Director of Children's Services (including safeguarding)	Chris McLoughlin Charlotte Ramsden Stephanie Butterworth Gill Gibson
Education	
LA Rep	Cathy Starbuck
Head Teacher Representative(s)	Rebecca Dunne
University Education / Research Representative(s)	Andrew Rowland Carol Ewing
School Governors	Andrew Kent
16 -19 Education Representation	John Spindler
Secondary Education Representative	Lisa Fathers
Service User	
Families and Children Representative(s) 3rd Sector / Voluntary Representative(s) Parent / Carers voice	Charlotte Underwood / Alexandra Grey TBC Elizabeth Stanley
Health Care	
Clinical Representative(s):	Carol Ewing Mark Robinson Sandeep Ranote Julie Flaherty Gill Gibson
Strategic Clinical Networks	Julie Cheetham

Network / Programme Managers Northern Children's Rehabilitation Board	John Herring / Alison McGovern Naomi Davies
GM Maternity Transformation Board Chair	Richard Preece
Primary Care Representative General Practitioner Representative(s)	Tracey Vell Ruth Bromley
Community Provider	Colin Scales
NHS Transformation Theme 3 NHS Transformation Theme 2	Darren Banks Lisa Stack
Provider Federation Board	Darren Banks
Northern Children's Rehabilitation Board	Naomi Davis
Justice	
Greater Manchester Youth Justice	Marie McLaughlin
Collaboration of charities	
42nd Street	Simone Spray
Youth Focus NW	Elizabeth Harding
Other Groups	
Shared Health Foundation	Michael Oglesby
Greater Sports	Yvonne Harrison
Children's Alliance	Jacqueline Cornish
IN ATTENDANCE	
Administrator	SCN Children's Project Manager (TBC)

The board may focus on particular themes for part of each of its meetings. The board will therefore invite expert representatives of other bodies or organisations as its agenda requires. Similarly organisations or bodies may make a request to the chair that they are directly represented at a particular meeting or agenda item.

4.2 Governance Structure



4.3 Responsibilities of Board Members

Board members and their substitutes are expected to do the following:

4.3.1 The members of the board (and through them the organisations they represent) will cooperate to promote the wellbeing of children, 0-25 years of age

4.3.2 The Board members remain individually accountable to the executives of the participating organisations or represented bodies

4.3.3 All members will read the papers prior to attending meetings

4.3.4 A member of the Board who is unable to attend a Board meeting may appoint a substitute to attend in his or her place provided that:

- The substitute is a member or employee of the same organisation as the person for whom they are substituting
- The substitute has been given the same authority to represent an commit (where applicable) the organisation as the person for whom they are substituting
- Any substitution must be a single appointment for the whole meeting

4.3.5 In undertaking these responsibilities the members of the Board will ensure that it continues to:

- Consult with appropriate forums and groups
- Ensure that the participation of children, young people and families is integral to their work
- Take account of statutory guidance in developing local agreements
- Oversee arrangements for effective sharing of information across the partner agencies

5 Accountability

5.1 Recommendations made by the Board will be formally referred to the relevant statutory decision making bodies for approval where appropriate. There is an expectation that Board recommendations will be endorsed as all key stakeholders will have been involved in the development process

5.2 The main focus of the Board is on the 0 -25 age range. There is some flexibility with this to ensure statutory responsibilities are met

5.3 Those stakeholders with statutory responsibilities will retain responsibility for meeting their individual statutory duties and responsibilities.

6 Meetings of the Board

6.1 Frequency of meetings

The Greater Manchester Children's Health and Wellbeing Board will meet for 2.5 hours on a quarterly basis. They may meet on a more frequent basis during the initial stages.

6.2 Agenda

Agenda items and papers will be accepted up to ten days before the meeting date. The agenda and papers will be sent to members 7 days before the meeting.

6.3 Term and review

The Greater Manchester Children's Health and Wellbeing Board will have an indefinite term and agree. It will review its terms of reference, membership, work plan and infrastructure requirements in April 2018 and then annually thereafter.

6.4 Declarations of interest

All partners engaged with the Greater Manchester Children's Health and Wellbeing Board are required to declare any interests which could influence the decisions they make.

6.5 Minutes

The minutes of the board will be made public.

6.6 Review

The terms of reference will be reviewed annually

BURY IN GM		
THEME (Taking Charge/ GMS)	**MEETING/BOARD**	**BURY REPRESENTATION**
GM Health and Social Care Partnership	Strategic Partnership Board	Cllr Rishi Shori, Pat Jones Greenhalgh, Stuart North
	Strategic Partnetship Exec	*N/A - not all localities individually represented*
	GM Population Health Programme Board	
	GM Directors of Public Health	Lesley Jones
	GM Public Health Intelligence Network	Michelle Foxcroft
	GM Health Check Network Meeting	Lindsey Mooney (or Shenna Paynter)
	GM Health Care Public Health Meeting	Jon Hobday
	GM Healthy Living Framework	Shenna Paynter
Theme 1 - Radical upgrade in population health prevention	GM Obesity Lead Meeting	
	GM Phyiscal Activity Lead Meeting	
	GM Sexual Health Network	Shenna Paynter
	GM Sexual Health Improvement Programmes	Shenna Paynter
	GM Pubic Mental Health Network	Jon Hobday
	GMADASS (Association of Directors of Adult Social Servcies)	Julie Gonda (DASS), Tracy Minshull (Interim Assistant DASS), Chris Woodhouse (Policy support)
	GM Health and Social Care Lead Members meeting	Cllr Andrea Simpson (officer support via Julie Gonda)
	GM Adult Social Care Transformation Board Steering Group	No representation required as Bury DASS is not a workstream lead
	GM Ageing Hub Partnership Group	Zena Shuttleworth
	GM Directors of Children's Social Services	Karen Dolton
Theme 2 - Transforming Community Based Care and Support	GM Mental Health Strategic Partnership Board	
	GM Transforming Care Programme Board	Barbara Wright from Bury CCG on behalf of Council/CCG
	GM LD Ethical Framework Group	Nicola Hine
	GM LD Mortality Review Steering Group (LeDeR)	Nicola Hine, Marcus Connor
	GM Autism Consortium	Jacqui Waite
	GM Urgent and Emergency Care Taskforce	Julie Gonda - DASS lead for Urgent Care
Theme 3 - Standardising Acute Hospital Care		
Theme 4 - Standardising clinical support and back officer services		
	GM HSCP Communication and Engagement Group	Heather Crozier
	GM H&SC Digital Collaborative Board	
	GM H&SC Informatics Engagement Group	
	GM H&SC Technical Deisgn Authority	
	GM H&SC Business Advisory Group	
	GM H&SC Clinical/Practitioner Reference Group	
Enabling Better Care	Health Innovation Manchester Board	
	Quality Surveillance Group	
	Finance Executive Group	
	Performance and Delivery Board	

Governance	Transformation Portfolio Board	
	Transformation Fund Oversight Group	
	GM Joint Health Scrutiny Committee	Cllr Sarah Kerrison as Chair of local Health Scrutiny
	GM Childrens Health and Wellbeing Board	*N/A - not all localities individually represented*
	Joint Commissioning Board	
	GM Heads of Commissioning	Tracy Minshull (substitute Deb Yates)
	GM Children and Materiny Commissioners Group	
	Joint Health Scrutiny	Cllr S. Kerrison
GMCA	GMCA Executive	Cllr Rishi Shori, Pat Jones Greenhalgh
	GM Reform Board	Pat Jones Greenhalgh
Priority 1 - Children starting school ready to learn	Complex Dependency Executive	
	Complex Dependency Operational Group	
	Life Chances Investment Board	
Priority 2 - Young people equipped for life	GM Education Leads	Karen Dolton, Klare Rufo
Priority 3 - Good jobs, with opportunities for people to progress and develop & Priority 4 - A thriving and productive economy in all parts of GM	GM Skills and Employment Partnership	
	GM Employment and Skills Executive	David Fowler
	Work and Skills Executive Members	
	Health and Employment Programme Board	
	Working Well Leads Meeting	Tracey Flynn
	GM Apprenticeship Levy Group	Catherine King, Lucy Morris, Tracey Flynn, Roger Pakeman (Unison)
	GM Apprentices Hub	
	GM Youth Employment Group	
	Team Manchester Economic Development Leads	David Fowler
	GM LEP - Digital Skills T&F group	
	GM LEP - Start Up/Scale Up T&F group	
	GM LEP - Schools T&F group	
	GM LEP - Future Technical Skills Challenge T&F group	
	Better Business for All - Trading Standards	Angela Lomax
	GMCA Economy, Business Growth and Skills O&S	Cllr Jane Lewis
Priority 5 -World class connectivity that keeps GM moving	GM Highways Group	David Giblin
	GM Bridges Group	Andrew Southgate
	GM Asset Management and Highways Maintenance Ghroup	Jon O'Connor
	GM Winter Mainentance Group	Jon O'Connor
	GM Transport Strategy Group	David Fowler
	Transport for Greater Manchester	Cllr Bayley, Cllr Cathcart
	TfGM Capital Projects and Policy Group	Cllr Cathcart
	Bus Network and TfGM Services	Cllr Bayley
	Metrolink and Rail Networks	Cllr Cathcart is a substitute for a cross-locality group of Elected Members
	GM Traffic Managers	Dave Giblin
	GM Cycle Ambition Grant Group	
	GM RAP grouip	Ken Asquith, Jan Brabin
Priority 6 - Safe,	Planning and Housing Commission	Cllr Eamonn O'Brien, David Fowler
	GM Planning Officers Group	Crispian Logue
	AGMA Development Managers Group	David Marno
	District Surveyors Association (LABC)	Rob Thorpe

decent and affordable housing		
Priority 7 - A green city region and high quality culture and leisure offer for all	GMCA Housing, Planning and Environment O&S	Cllr R. Skillen
	GM Low Carbon Hub	
	GM Waste Disposal Authority - Strategic Officers Group	Glenn Stuart
	GMWDA Partnership Office Group	Dave Pascoe
Priority 8 - Safe and strong communities	GMCA Police and Crime Panel	Cllr Tamoor Tariq - Chair
	Justice and Rehabilitiation Executive	
	GM Resilience Forum	Pat Jones Greenhalgh
	Domestic Abuse Co-ordinators meeting	
	Strive Project Bard	
	GM Prevent Network	
	GM Community Safety Managers Meeting	Tom Hoghton
	GM FGM Forum	
	GM Anti Social Behaviour Group	
	Asylum Seekers Executive Board	Cllr Tamoor Tariq - Chair
	Police and Crime Joint Audit Panel	Membership of this group TBC
	GM Flood risk officers group	Andrew Southgate
	AGMA Public Protection Partnership	Angela Lomax, Lorraine Chamberlain
	Health and Safety Managers	
	KIT Civil Contigencies and Resilience Unit	Carol Gill, Adnrew Smethurst, Alan Manchester
Priority 9 - Healthy lives, with quality care available for those who that need it	*See above section on GM Health and Social Care Partnership*	
Priority 10 - An age friendly GM	GMCVO Ambition for Ageing Board	Zena Shuttleworth
Enablers	Leadership and Workforce Development Board	
	GM HR Directors	Tracy Murphy
	GM Continuity of Service Task and Finish Group	
	AGMA Agency Steering Group	
	GM I&MT Board	
	GM Connect Board	
Governance	GM Place Based Integration Executive	
	Standards and Quality Assurance Board	
	Audit Committee	
	Standards Committee	
	GMCA Corporate Issues and Reform O&S	Cllr Stella Smith, Cllr Tim Pickstone
	GM Treasurers Group	Steve Kenyon

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GM HEALTH AND SOCIAL CARE STRATEGIC PARTNERSHIP BOARD

MINUTES OF THE MEETING HELD ON 30 June 2017

Bridgewater Community Healthcare NHS Trust	Dorothy Whitaker Colin Scales
Bolton CCG	Wirin Bhatiani
Bolton Council	Councillor Cliff Morris Sue Johnson
Bury CCG	Stuart North
Bury Council	Councillor Rishi Shori Pat Jones-Greenhalgh
Central Manchester FT	Kathy Cowell
Christie NHS FT	Christine Outram
GMCA	Eamonn Boylan Julie Connor Andrew Lightfoot Liz Treacy Adam Allen Paul Harris Emma Stonier
GM CCGs	Rob Bellingham Chris Duffy
GM H&SC Partnership Team	Jon Rouse Warren Heppolette Nicky O'Connor Claire Norman Steve Wilson Stephen Dobson Laura Browse
GM Mayor	Andy Burnham
GM Deputy Mayor Police & Crime	Beverley Hughes
Healthwatch	Jack Firth

Manchester CC	Councillor Richard Leese Geoff Little
North West Ambulance Service NHS Trust	Salman Desai
Oldham Council	Councillor Jean Stretton Carolyn Wilkins
Oldham CCG	Majid Hussain
Pennine Acute NHS Trust	Jim Potter
Primary Care Advisory Group (Dental)	Mohsan Ahmad
Primary Care Advisory Group (GP)	Tracey Vell
Primary Care Advisory Group (Optometry)	Dharmesh Patel
Primary Care Advisory Group (Pharmacy)	Adam Irvine
Royal College General Practitioners (RCGP)	Martin Marshall Simon Ashmore Rebecca Hughes Jayne Dewhurst Alison Lea Bikesh Dangol
Rochdale BC	Councillor Allan Brett Steve Rumbelow
Salford CC	Mayor Paul Dennett Ben Dolan
Salford CCG	Tom Tasker
Salford Royal NHS FT	Jim Potter
Stockport MBC	Councillor Wendy Wild Laureen Donnan
Tameside and Glossop CCG	David Swift
Tameside MBC	Councillor John Taylor Councillor Brenda Warrington Steven Pleasant
Tameside NHS Foundation Trust	Karen James

Trafford Council	Councillor Sean Anstee Theresa Grant
UHSM	Barry Clare Jane McCall
Wigan CCG	Tim Dalton
Wigan Council	Councillor Peter Smith (in the Chair) Alison McKenzie Folan
Wigan, Wrightington & Leigh NHS FT	Carole Hudson Neil Turner

SPB 56/17 WELCOME AND APOLOGIES

Apologies were received from; Trish Anderson, Margaret Asquith, Helen Bellairs, Derek Cartwright, Katy Calvin-Thomas, Matt Colledge, Steve Dixon, Alan Dow, Cllr Richard Farnell, Cllr Alex Ganotis, Denis Gizzi, Donna Hall, Anthony Hassall, Harry Holden, Su Long, Michael McCourt, Cllr Kieran Quinn, Joanne Roney, Roger Spencer, Jim Taylor, Cllr Linda Thomas, Alex Whinnom and Ian Wilkinson.

SPB 57/17 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

The Chair notified Board Members that he will remain the Lead Portfolio Member for health and Social Care and will be continuing in his role as Chair of the Board.

SPB 58/17 MINUTES OF THE MEETING HELD 28 APRIL 2017

The minutes of the meeting held on 28 April 2017 were submitted for consideration. It was noted that in Item 49/17, paragraph 6, page 5 the following sentence should read; 'Colleagues from CCGs acknowledged and have recognised the requirement for 136 provision in the city and are committed to providing this'.

RESOLVED/-

To approve the minutes of the meeting held on 28 April 2017 as a correct record subject to the amends being made to Item 49/17, paragraph 6, page 5.

SPB 59/17 CHIEF OFFICER'S UPDATE

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, provided an update on key items of interest both within the Partnership and partner organisations.

Sincere condolences were extended to all victims of the terror attack at the Manchester Arena. Gratitude to the response of staff across the health and social care system, and to public and voluntary sector partners, from first response, through to treatment and aftercare was expressed. A full debrief, lessons learned and updated plans and protocols will be undertaken. A Health and Welfare Group that reports to the Recovery Co-ordination Group

has been created to provide post discharge support to those injured in the incident. GM Health and Social Care Partnership will play a full role on the group and various specialist sub boards. Mental Health support plans are being implemented which will have multiple phases. A coordinated screening programme will take place to ensure support is offered to those most vulnerable, and the offer of support will be available to anyone who needs it.

The following items were also highlighted;

- The achievements of the Health and Care sector in the context of an extremely difficult month following the Manchester Arena attack, which included; the launch of a Bio-Medical Research Centre, launch of Gateway C and the arrival of the Cyclotron machine for proton beam therapy at the Christie; and;
- The first meeting of the Children's Health and Wellbeing Board had taken place. Ways to engage with children and young people were being considered and expressions of interest were currently being received from organisations to coordinate this approach. A 'deep dive' was carried out into how to prevent avoidable hospital admissions for children with common conditions and a task and finish group has been established to drive work streams forward.

RESOLVED/-

1. To note the content of the report.

SPB 60/17 TRANSFORMATION THEME 2 – GENERAL PRACTICE SUPPORT AND RESILIENCE

APPENDIX – MEMORANDUM OF UNDERSTANDING BETWEEN THE GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP AND THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

Dr. Tracey Vell, Associate (Clinical) Lead Primary Care, GM Health and Social Care Partnership, presented a report which provided an overview of the GP Excellence model which will be implemented across Greater Manchester. The report also highlighted progress made to date and identified the next steps.

The Memorandum of Understanding (MOU) between the Royal College of General Practitioners (RCGP) and the Partnership is the first time in the country this has happened and will bring a wealth of experience into the GM health system.

Dr. Tracey Vell introduced Professor Martin Marshall, Vice Chair at the Royal College of General Practitioners. Professor Marshall highlighted the unique opportunity the MOU presented to bring together the RCGP and the Greater Manchester Health and Social Care Partnership. GPs were noted as essential to the success of the NHS, and in a time of increasing demand on services the MOU will support the development of this sector within Greater Manchester, providing development of trust, educational tools, identification of future leaders and innovation.

Members expressed their full support for the work programme and the signing of the Memorandum of Understanding (MOU); in particular the proactive approach was welcomed as being especially relevant for GPs and the partnership.

RESOLVED/-

1. To support the signing of the MOU between the RCGP and GM Health and Social Care partnership; and
2. To support the implementation of the GP Excellence Programme within the localities of GM.

SPB 61/17 TRANSFORMATION THEME 2 – LOCAL PROFESSIONAL NETWORK TRANSFORMATION PLANS FOR PHARMACY, DENTAL AND EYE HEALTH

Dr.Tracey Vell, introduced a report which presented the Greater Manchester Local Professional Networks (LPN) transformation plans for Dental, Eye Health and Pharmacy; each of the plans are aligned to the GM Strategic plan and include the contribution of the wider primary care professional groups to the GM Strategic Plan ambitions.

Mohsan Ahmed, Primary Care Advisory Group (Dental) provided an overview of the Dental Local Professional Network. In GM almost £200m per year is spent on the treatment of the largely preventable diseases of decay and periodontal disease; oral health was also described as being a barometer of other health measures. It was highlighted that in GM 40% of young children are affected by decay by the time they are school age and over a fifth of adults have dental decay, urgent dental conditions and/or infection. The challenges facing GM were outlined, including the need to engage communities to value good oral health. Dental practitioners will visit early year's settings and nurseries to identify high risk children and to provide advice and care at the earliest stage possible. Work will take place with primary care colleagues and other stakeholders to ensure that dental services are not considered in isolation but integrated with the wider primary care offer.

Dharmesh Patel, Primary Care Advisory Group (Optometry) provided an overview of the approach to transforming the eye health of the population of GM. Eyes and ophthalmology were highlighted as being the second highest cause of attendance at hospital in GM, and with an ageing population at greater risk of eye health problems demand has continued to rise. GM is leading nationally on the transformation of eye health and the GM approach is aligned to the transformation themes in Taking Charge; some of the work outlined was; preventing visual loss by encouraging attendance at regular eye examinations, recognising the role primary care optometry has in the delivery of standardised community based care, collaborative working across acute hospitals to standardise ophthalmology services and providing support for those with unavoidable vision loss by developing a GM sight loss strategy.

Adam Irvine, Primary Care Advisory Group (Pharmacy), provided an overview of the work the Pharmacy Local Professional Network was undertaking, to ensure that the contribution of pharmacy teams were maximised in the improvement of medicines outcomes and reductions in inequalities across the system. In GM over £900m is spent on medicines per year within across primary and secondary/tertiary care and ensuring the use of medicines is optimised across the health system is crucial. Some of the work underway highlighted was; improving patient safety through sharing and implementing learning from controlled drug incidents, reducing variation in service specifications across GM and the pharmacy workforce working

together to ensure the best use of skill mix within teams with the relevant skills put in place to deliver future services for patients and the public.

Members welcomed the report and the work underway to transform primary care services. The importance of reducing medicines wastage was highlighted as being a key component of this. The Bolton Campaigns' effect on reducing prescribing costs was re-iterated and the role pharmacy colleagues had in contributing to this was noted as being extremely important. The Board were informed that a priority within the new medicines strategy was to reduce medicines wastage and optimise their usage throughout the healthcare system. Members also noted the use of social prescribing and that alternatives to the prescribing of medicines should be considered.

RESOLVED/-

1. To support the Local Professional Networks Programmes of transformation; and
2. To support the requirement for localities to demonstrate how they will embed these initiatives into the emerging models of care to the benefit of patients.

SPB 62/17 END OF YEAR FINANCIAL POSITION 16/17

Steve Wilson, Executive Lead: Finance and Investment, Greater Manchester Health and Social Care Partnership, introduced a report which provided an analysis of the financial performance of the Partnership for the year 2016/17.

The Board were informed that Greater Manchester had delivered a strong financial performance in 2016/17 despite significant challenges for the NHS and local government nationally and locally. Overall GM health and social care budgets have delivered a surplus of £237m, which was £157m more than planned; this has been achieved through strong financial performance in all sectors, and has enabled the Partnership to deliver the transformation and improvements to patient care. The NHS Provider position has been boosted by additional, national, non-recurrent sustainability and transformation funding including £60m provided as a reward for individual trust performance. CCGs financial positions have benefited from the release of a risk reserve of £42m. The additional surplus funding will remain in Greater Manchester and will be available for organisations to invest in capital and other programmes in the coming years.

The Board were informed that the 2017/18 financial year would remain a challenge and that it was crucial that the level of financial control and management was maintained. Monthly updates regarding financial performance will continue to be provided and the Board will be notified of any identified risks.

Members asked whether analysis of outcomes and performance relating to the Transformation Funding organisations had been awarded would be coming to the Board at any stage. The Board were notified that an update on current positions, which will include reflections on the move from the award stage to the monitoring stage, would be provided at the next Strategic Partnership Board meeting.

RESOLVED/-

1. To note the 16/17 outturn position which shows that GM delivered a total surplus of £237m representing an additional surplus of £157m above the planned surplus of £80m;
2. To note that the additional surplus of £157m includes a combination of (i) the release of 1% reserve held by CCGs (£42m) to 'bottom line', (ii) additional income received by Acute Providers via STF (£60m) and (iii) improvement in performance (£55m); and
3. To note that this demonstrates strong financial management and partnership working despite the significant challenges faced across GM and that this has been well received colleagues at NHSE.

SPB 63/17 IM&T STRATEGY AND ARCHITECTURE

Nicky O'Connor, Chief Operating Officer, GM Health and Social Care Partnership introduced a report which updated the Board on the development of the implementation phase of the GM IM&T Strategy. The next step priorities for action were identified and the key enabler role IM&T has to play in transformation of the health and social care system was highlighted.

Stephen Dobson, Chief Digital Officer, GM IM&T Program, GM Health and Social Care Partnership provided the Board with a presentation. The key items highlighted were;

- The GM IM&T Framework developed which will be used to help guide localities through applications to the Digital Fund;
- Encouraging GM prioritised and implemented projects which directly or indirectly supported localities and where GM implementation makes sense, for example encourages consolidation or fills gaps between organisations;
- Creating a GM cloud environment/platform to prevent fragmentation of cloud solutions;
- Using the Framework to get the most out of programmes taking place within GM, for example the Trafford Care Contact Centre and Bolton Foundation Trust, by sharing knowledge, experience and innovation;
- Process of prioritisation in place to identify programmes to work on; currently there are 40 being worked on across Greater Manchester, including GM Business Intelligence Hub- Population Health, GM patient Wi-Fi, GM staff Wi-Fi and GM Electronic Document Sharing within and across localities;
- The governance arrangements; the GM Digital Collaborative Board will feed into the GM Transformation Portfolio Board; and
- A mapping of assets will take place across GM health and social care organisations to ensure the current position is understood and identify what systems could migrate to a shared GM cloud.

Members welcomed the strategy and implementation plan and engagement with the programme. The Partnership were asked to consider the numerous points of contact and entry into the Primary Care system when planning programmes. The Board were also informed that a joint letter between GPs, Providers, CCGs and the GMCA had been sent to the Secretary of State for Health regarding the release of resources for the IM&T programme transformation.

RESOLVED/-

1. To note the presentation;
2. To note the progress to develop the function of the Digital Collaborative;

3. To approve the approach and prioritisation and implementation; and
4. To support the resulting programme of work.

SPB 64/17 TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM UPDATE

Warren Heppolette, Executive Lead, Strategy and System Leadership, Greater Manchester Health and Social Care Partnership presented a report which provided an update on the progress to date to deliver the Transforming Care programme.

The Board were informed of the following;

- Long term hospital stays have been reduced, with more opportunities for people to be supported within their communities;
- Learning Disability teams are being provided with further training to ensure they have the right skills to support clients in challenging circumstances; this included the roll out of Positive Behaviour Support (PBS) training to key community teams and providers in Greater Manchester;
- New services for people with learning disabilities and/or autism including a specialist support service and crisis beds are in development in line with the national service model; and
- That activity and finance modelling were underway to ensure the impact of Transforming Care and the new community model across Greater Manchester, was fully understood. The Board will receive a further report for discussion on the finance model in September.

RESOLVED/-

1. To note the content of this update report; and
2. To receive a further report for discussion on the finance model in September.

SPB 65/17 HEALTH AND EMPLOYMENT

Cllr Sean Anstee, GMCA Portfolio Lead Skills and Employment, introduced a report which set out a joint proposal across the GM Health and Social Care Partnership and the GMCA to develop a whole population approach to work and health. Cllr Anstee informed the Board that he was pleased to be continuing as the Portfolio Lead for Skills and Employment. Devolution has given GM opportunities to transform the support of the GM population and build on the ambitions set out in the Skills Strategy and the GM Population Health Plan, and to integrate the approaches to work and health.

The Working Well programme has had positive outcomes with regards to supporting people with health conditions who have been out of work for some time to move towards employment; the aim is now to focus on the following areas;

- Continuation of the Working Well (work & health) programme;
- Building an early help offer to support workers to retain employment when suffering from poor health or disability;

- Creating healthy GM workplaces which support workers to thrive, reduce sickness absence and increase productivity; and
- Creating pathways to employment for those with more complex or enduring health conditions.

It is intended to align the four areas of focus with a number of strategic initiatives which included; Employer Engagement and Public Service Leadership, with a GM Employment Charter supporting the development of this theme, and Apprenticeships. The Early Help Model was highlighted as being an innovative approach, supporting those in work and at risk of being unemployed or newly unemployed. It is also intended to assist Small, Medium Enterprises (SMEs) to support employees and to get people into higher paid, sustained employment.

Members endorsed the integration of support which incorporated work and health, highlighting that it helped provide focus to the effect of work on health. Members also highlighted that it was positive to see reference to employment in the over 50s, which could help capitalise on work already undertaken in Greater Manchester through the Centre for Aging Better. A Member also noted the importance of making sure that this programme of work aligned with the GM Strategy.

RESOLVED/-

1. To note that the GM Working Well brand is expanding to encompass a whole population approach to work and health;
2. To agree the priorities proposed for the development of a GM Working Well (Early Help) programme;
3. To support the proposal for four key areas of focus for the working age population;
4. To agree the proposed stages of delivery; and
5. To note and support the progress to date on Working Well (Work & Health Programme).

SPB 66/17 PROPOSED EVALUATION FRAMEWORK FOR THE GMHSC PARTNERSHIP AND THE IMPLEMENTATION OF TAKING CHARGE

Warren Heppolette presented a report which described the proposed evaluation of the GM Strategic Plan and the latest position on putting this into place. A timetable of engagement with the localities and strategic themes had been produced following discussion at the Strategic Partnership Board Executive.

Evaluation at three levels has been agreed;

- Locality evaluation to evaluate the transformation programmes of the ten localities, ensuring a consistent approach to allow the same key features of each transformational change to be analysed;
- Evaluation of the GM Strategic plan including at a programme and project level within the five programme themes and looking at qualitative and quantitative evaluation; and
- Evaluation of GM Devolution; this work will be carried out by the University of Manchester and as funded by the Health Foundation and the National Institute for Health Research.

The Board were informed that a GM Evaluation Working Group has been established under the Transformation Portfolio Board. This will compose the detail of the evaluation to allow all findings to be aggregated and will secure an independent/academic partner to pursue the longitudinal study.

RESOLVED\-

1. To note the report.

SPB 67/17 ROCHDALE PRESENTATION

Dr. Alan Dow, Chair, Heywood, Middleton and Rochdale CCG, introduced a presentation which gave the Board an overview of work taking place in Rochdale to improve outcomes for people and the health and social care system.

The presentation highlighted;

- Commissioners and providers working together to make a difference;
- The ambitions of transforming care were; improving independence and outcomes for people, to manage the whole system capacity better, to avoid unnecessary hospital care and to achieve whole system ownership of the system;
- Changing the conversation with people from 'What's the matter with you?' to 'What matters to you?', for example keeping people informed, listening to what's important and helping people to make own decisions;
- Some of the early outcomes of the programme were a 6.7% reduction in non-elective admissions to hospital, delayed transfers of care in the lowest quartile in GM and had moved to the 7th best nationally and reductions in A&E attendances;
- New developments including the Discharge 2 Assess (D2A) Pilot which has 3 simple pathways out of hospital with 80% of supported discharges taking place through D2A and assessments taking place at home or in a community setting;
- The outcomes for people included people spending less time in hospital, increased service user satisfaction rates and fewer people in residential care; and
- The next steps, which included plans to extend the Intermediate tier and other home based treatment and care and the significant development and investment planned across personal social care services to achieve planned reduction in hospital services and increase in caring for people at home.

RESOLVED\-

1. To note the presentation.

SPB 68/17 DATES OF FUTURE MEETINGS

The Chair informed Board members that the dates of future meetings would be changing. The meeting on 28th July was due to take place as scheduled, the meeting on 25th August was cancelled and dates after these dates would be confirmed with Members as soon as possible.

Future dates post July TBC

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Bury Children's Trust

Minutes of the Joint Meeting of the Children's Trust Board and Children's Trust Operational Sub Group held on 22 March 2017

Attendance:

Karen Dolton	Executive Director Children, Young People & Culture (Designate) (Chair)
Cllr Eammon O'Brien	Deputy Cabinet Member Children & Families
Michael Hargreaves	Snr Commissioning Manager, Bury CCG
Pauline Roberts	Interim Commissioning Manager, Bury CCG
Kim Marshall	Operational Manager, Bury Healthy Young Minds
Vicky Maloney	Chief Officer, Early Break, representing CYP Forum
Klare Rufo	Assistant Director Learning & Culture, CYP & Culture
Supt Rick Jackson	Greater Manchester Police, Bury Division
Emma Harding	Principal Education Psychologist, Council CYP&C
Sue Reynolds	Head of Early Years & Early Help, Council CYP&C
Mark Dennis	Strategic Lead, SEND, Inclusion & Integrated Support, Council CYP&C
Tom Gledhill	Headteacher, Spring Lane School, representing BASH
Wendy Thompson	Senior Manager, Community Services, PCFT
Dr Louise Holly	Lead Consultant Psychiatrist, Bury Healthy Young Minds, PCFT
Karen Whitehead	Strategic Lead Health, Families, Partnerships & Complex Care, Council CYP & Culture and CWB
Ann Noi	Strategy Planning & Development Lead, Council Communities & Wellbeing (on behalf of T Minshull)
Samantha Bamford	Community Services, PCFT, on behalf of S Adamson
Susan Hadcroft	Six Town Housing, on behalf of M Worthington
Jon Hobday	Public Health, Council Communities & Wellbeing, on behalf of Lesley Jones
Lindsay Dennis	Children's Trust Development Officer, Council CYP & Culture

1. Introductions and Apologies (K Dolton)

KD welcomed everyone to the meeting. Apologies were received from Charlie Deane (Bury College), Helen Chadwick (BAPH), Anne Gent (DWP), Dr Bratati Bose-Hader (PAHT), Gemma Philburn (Streetwise) and Lesley Davidson (Council CYP&C). Attendance on behalf of other partners is listed above.

2. Minutes and Matters Arising

2.1 Minutes of the Children's Trust Board on 10-11-16 were approved.

2.2 Minutes of the Children's Trust Operational Group on 24-1-17 were approved.

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

2.3.1 Children's Trust Item 4 – Circles of Influence report to go to BASH – Actioned (MD/KR)

2.3.2 CT Ops Gp Item 2 – P Roberts meeting with Gemma Philburn to ensure young people involved in Local Transformation Plan developments – Actioned (PR)

2.3.3 CT Ops Group Item 3 – Evaluation of HYM Link Worker – evaluation has been sent to CCG for consideration and will be circulated prior to next CT Ops meeting (MH/KM)

2.3.4 P Roberts and E Harding to ensure link worker developments and Children's Services developments are aligned – In progress (PR/EH)

3. Issues from children and young people (M Dennis)

3.1 Circles of Influence You Said We Did has been updated and circulated. Helen Chadwick e-mailed to say that she shared the document with the SEN Cluster Group and requested an update for their meeting on 22 May on some of the issues raised by young people, ie, teachers to have up to date training on the signs of mental health issues and how to respond; a quiet space in school for pupils to relax and reflect; schools to be wheelchair accessible.

Post meeting note/Actions:

- *With regard to Wheelchair Access and Quiet Spaces, HC will take to BAPH to get a position statement from schools. Also to be sent to BASH (MD)*
- *Wheelchair access – MD will ensure that the views of young people are sent to appropriate people leading on the SEND Review*

With regard to the Mental Health training, this forms part of the LTP and Children's Services developments. Youth Cabinet are also looking at ways to promote positive mental health in their schools and an HYM representative is attending the next Youth Cabinet to support with this.

3.2 Take Over Day – there were 2 take-overs - one focused on the IRO service with young people in care looking at how it could be improved; and the other looking at what young people would prioritise in the Council.

Action: Report to be circulated (LD/MD)

3.3 UK Youth Parliament (9 February) – 7402 young people voted (42% turnout). The 3 newly elected members came from Parrenthorn, St Monicas and Prestwick Arts College. Their priorities are public transport, mental health and using restorative practice in schools.

3.4 H Walton and L Davidson ran an E-safety conference for 32 pupils from 5 high schools to gather views on e-safety and how to better educate young people. The report will be circulated in due course.

Action: When complete, report to be circulated (LD)

4. **Key strategic issues which are impacting or will impact on children and young people/services**

4.1 **Schools Landscape – Update** (K Rufo)
KR updated on the development of the school clusters. All the Primary Schools are now in 4 clusters (A,B,C and D), and there are 3 Secondary School clusters. Currently putting together eligibility criteria for the cluster lead head teachers. Working towards the development of a peer-to-peer model with 'in-kind' support for schools of concern, eg, peer support, training, sharing good practice.

KR also updated on the work to align local authority services around schools, especially for vulnerable children. Workshops with Primary Heads and Pastoral leads are looking at difficulties in the system, eg, how to reduce cost, reduce duplication and ensure support to a child when needed. Workshops will also be held with Secondary Schools.

In consultation with schools, the focus is being shifted from services working with individual children towards them working with and training schools to provide appropriate support. Working towards schools having a 'facilitator' who will work with them to support this approach, develop training plans and bring appropriate challenge to strengthen inclusion and good practice.

KD requested that the model be circulated for information.

Action: KR/LD

4.2 **Integrated Health & Social Care - Update** (K Dolton)
KD explained that there has been work to bid for GM Transformation funding to develop Health and Social Care Integration in Bury. Bids have to provide a cost-benefit analysis to show how the funding will create significant savings (2:1) and this has been very difficult. The bid is primarily looking at health and social care for adults, but the model and learning can be applied to children and young people.

To develop integrated model(s), each of the 6 areas of Bury now has a System Leader. KD is system leader for Ramsbottom and North Manor. Currently trying to articulate what a single health and social care system model would look like in Ramsbottom for children and young people. MH is working with Cathy Fines to look at the HomeFirst model (to reduce hospital admissions). KD noted that whilst there is general agreement with the concept of integration, making it into a reality is much more difficult. This work is being mirrored across other LA areas.

4.3 **GM Devolution** (K Dolton)
With regard to the Children's Services Review across 7 themes, there is no update on the lack of response from the DfE to the business cases submitted in April 2016. In February GM Chief Execs agreed that they will all make a contribution of £10k each to progress the work until DfE make a decision.

KD agreed to provide an overview of the business cases and what is proposed at the next CT Board meeting.

Action: KD/LD

5. **Early Help Toolkit** (S Reynolds)
(Paper provided) SR updated on the work undertaken by SR, LD and GP to develop an Early Help toolkit. This would enable Practitioners, Parents/Carers and Young People to be able to easily find online the necessary information, expertise, learning opportunities, assessment and referral pathways and good practice example to enable them to provide early help on a wide range of issues. The proposal is to start with the Practitioners toolkit and work on one of the topics, and then use this as a blue print for other topics. Looking at how this can be developed through the Bury Directory and aligned to the Quality of Life Wheel in discussion with Charli Headley and Janet Watts.

KR said that this will help to identify gaps and asked how the topics had been selected. SR explained that we started with the lunchtime learning as this has been very popular with practitioners and gives us a good base to start from. KR noted the good feedback she has received from schools, including how responsive lunchtime learning is, eg, adapting to schools' requests for breakfast learning.

VM offered to assist with developing Substance Misuse as the 'tester.

Action: SR/LD/VM

6. **Training Portal** (L Dennis)
Work is progressing to develop a training portal in the Children & Families section of Bury Directory providing links to training opportunities on the Bury Directory (including links to planned Early Help toolkit) and a meeting has been set to take forward the work to date. When further developed, LD will circulate for comment.

Action: LD

7. **Participation** (L Dennis)
(Paper provided) LD gave feedback from the 6-monthly multi-agency Participation meeting to drive implementation of the Participation Strategy. The group agreed that Participation Strategy and What's Changed model have been instrumental to the culture of cyp participation across the Children's Trust. However, very few What's Changed forms being returned in spite of Trust Board backing. The aim is to evidence meaningful consultation, reduce duplication and share good practice. The group agreed that agencies requesting consultation support from consultation from the Youth Participation Officer* or Youth Cabinet will be required to complete a What's Changed form to show what difference has been made. (* MD noted that Heather Walton is going on maternity leave and Adele Crowshaw will cover the Youth Participation work.)

The group had discussed the importance of embedding Participation into all commissioning that affects children, young people and families as set out in the Children's Trust Commissioning Principles. KD noted the importance of ensuring that the Children's Trust does not have separate Commissioning Principles but is joined up with all commissioning and the Local Commissioning Organisation.

It was agreed to re-circulate the Commissioning Principles and to look at how they feed into the 'bigger scheme', ie, from birth – death and that the Trust has an important role in advocating on behalf of children and young people

Action: LD/KD

The Participation group were consulted on Circles and You Said We Did, and proposed that service providers be involved in feeding back to young people to show that services listen to what young people say and what difference(s) it makes.

8. **To steer development of the LTP for Children & Young People's Mental Health & Wellbeing**

8.1 **LTP Refresh for sign off** (M Hargreaves)
(Papers provided) MH thanked everyone for their responses to the Refresh document which have now been included and the focus on Children's Trust has been strengthened. It was agreed that the Refresh is a very useful document which reads well and the Board agreed sign off.

With regard to delivering the LTP, MH updated on priority areas of work, ie,

- HYM Link Workers have been in place for 6 months and this is working well. There will be a small meeting on 31 March to look at how to enhance this model (learning from the Leeds conference on the Schools pilots). This meeting to include M Hargreaves, K Whitehead, K Marshall, A Whitwham, P Roberts and E Harding and ensure aligning with Schools Early Help developments.

- Transition Team – proposing to set up a small task & finish group to carry out an options appraisal and bring this back to the CT Ops Group. It was noted that this will be looking at all transitions, eg, age-related transition, between schools, across services, etc. Developments will include increasing referral age to HYM to 18, working towards 25 in future years.

- Enhanced Services – business plan being developed.

- Workforce Development - also being looked at at GM level. MD asked why Connexions is highlighted in the Workforce Development actions. PR will check on this.

Action: PR

With regard to IAPT training, it was noted that this needs to be wider than HYM staff.

- Locality Planning - delivery of the LTP will mirror the neighbourhood model, but as yet it is unclear how this will work in practice.

- 3rd Sector Grants - A report is due on the Homestart project shortly. With regard to the Early Break & Parents Forum project, the Early Break part is progressing well and looking at how to capture and report evidence on the parenting element of the project.

With regard to the Peer Support project (initially awarded to Young Advisors), a brief to re-commission this is ready to go out through CT channels once signed off by the CCG.

- Self Help scoping - report due to come to CT Board was deferred until it has gone to the CCG implementation group on 10 April.

Action: LD – item for next agenda

SR had recently attended a conference about the GM I-Thrive developments, and suggested that it has wide potential, eg, to strengthen early help. KM agreed that the fundamental principles of the Thrive model fit anywhere, eg, for CAMHS this means moving away from thresholds and tiers to working with agencies so that children and young people (who previously would have been referred into HYM for 'normal' mental health conditions) can be supported in their usual environment (eg, school) and moving away from an overly medical/clinical model of support. KM added that currently HYM receive a lot of low level referrals which take children out of school and increase pressure on resources.

It was noted that this fits well with the early help/inclusive approach and KR stated the importance of ensuring clarity and agreement on developments to ensure that there is capacity and that there isn't duplication and confusion. She stressed the need to keep in contact on developments and suggested to meet up to discuss.

Action: KR/KM and as part of LTP Workforce Development

8.2 **Psychological Wellbeing Practitioner(s)** – **Update** (MH)

Further to the discussion with Jason Smith at the last meeting, KM has requested 2 Practitioners for Bury – one school-based and one third sector-based.

It was agreed that further consideration needs to be given as to how these can make the most impact, eg around building capacity rather than 1:1; or providing 1:1 support in the highest place of need (eg the PRU)? The importance about taking a consistent approach of building resilience into the system, rather than additional resources was noted.

Action: MH to keep CT updated and ensure joint planning

8.5 **Training Plan and EHWB Event** (L Dennis)

LD outlined the plans for the Children's Trust Network Event on Emotional Health & Wellbeing on 11 May. This half day event follows up on the event held in November 2015 which launched the LTP. It will bring people up to date on the LTP, and in response to feedback from the last event will provide information, strategies and techniques that people can use to support their own emotional wellbeing and that of children and young people they work with. Planning is going well and flyers will be going out in the next few days. The event falls in Mental Health Awareness week and will be promoted by the Council as one in a series of initiatives that are taking place.

As with the last event, it is proposed to ask people what training they require on ehwb which will information the LTP Training Plan. KW stressed the importance of ensuring that the training plan meets agreed training needs, and it was agreed that this is the priority of the training group, and that feedback from staff at the last event had been in line with identified training needs and had been met through lunchtime learning as well as commissioned training workshops.

Action: LD/Training Group

9. **Open Forum and Any other business**

9.1 **CYP Forum** (VM) Amy Melbourne attended the February CYP Forum, and the Forum flagged up concerns about 3rd sector organizations access to safeguarding training. These concerns will be taken up with the Safeguarding Board. Jon Hobday had also attended and led a discussion about the consultation on the Transformation of Services for children, young people and families in Bury and inputting into the Health Needs Assessment.

VM noted that the Forum is well attended by 3rd sector organisations with good involvement of external speakers.

In addition the 3rd sector Chief Officers Group meet with Heather Crozier's team and are currently developing a proposal for a 3rd sector coalition/federation.

9.2 **Review of Board and CT Ops Group** KD proposed that the Board and Ops Group carry out a review and refresh to ensure best practice. This was agreed.

Action: KD/LD to take forward

9.3 **SEND update –** KR updated that Bury is due for on Ofsted Inspection of SEND. The SEND developments are overseen by a Partnership Board and developing a SEND Strategy setting out high level priorities, starting with a self-evaluation. There is £85k DfE funding to review services and implement findings. The first step is to undertake to commission a review of the systems and provision supporting children and young people with SEND, and this is being advertised on the Chest until 21 April, with a view work being conducted during the summer.

9.4 **Domestic Violence needs assessment** JH advised that the Community Safety Partnership have flagged up domestic violence as being a significant issue and JH is leading a working group to carry out a wide ranging DV needs assessment covering all aspects of need and provision, so that a better planned approach to domestic violence can be agreed and in readiness for any funding opportunities.

KD asked if this will look at the cost of domestic violence to all partners. As an example EH advised that a recent analysis found that DV is a factor in approx 80% school exclusions. JH advised that the DV Steering Group is involved in this work. KD stated her concern that Children's Social Care are not represented on the DV Steering Group or sufficiently cited in the DV Strategy and that this needs to be addressed as DV is a huge cost to Social Care in terms of impact on services.

JH will circulate the scope and brief of the assessment so partners can contribute.

Action: JH

9.5 **Early Warning System** VM advised that the (Drug) Early Warning System is being re-launched across the whole of Greater Manchester on 29 March.

10. **Close of meeting**

The next Children's Trust Operational Sub Group meeting is on 23 May, and the next Board meeting on 29 June. In the meantime a review of both groups will be carried out.

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BURY HEALTH AND SOCIAL CARE
TRANSFORMATION PROGRAMME BOARD

TERMS OF REFERENCE (FINAL)

1) Core Purpose

Bury's Locality Plan sets out a vision to enable people to be active participants in their own wellbeing, to build thriving communities and reduce demand for statutory services. There is a recognition that system wide transformation is required to support delivery of this vision and to achieve clinical and financial sustainability.

The purpose of the Transformation Programme Board is to oversee implementation of transformation proposals in order to deliver and hold true to this vision within a rapidly changing health and social care landscape.

2) Core Functions:

- To provide system leadership to enable the transformation of health and social care in Bury.
- To ensure the overall clinical and financial sustainability of the Bury Health and Social Care system.

3) Supporting Objectives:

- To improve outcomes for the population including health outcomes through the transformation initiatives within the Locality Plan.
- To oversee and provide systems leadership in relation to the implementation of proposals contained in the Bury Locality Plan, including those in receipt of Greater Manchester Transformation Funding and those within the Better Care Fund.
- To ensure the existence of a system-wide and coherent programme approach which brings together workstream specific activity, key enabling activity and GM-driven activity into a single transformational approach.
- To ensure that local people are considered and their views are taken into account when the Board makes decisions about health and social care.
- To establish a single commissioning and decision-making function on behalf of the CCG Governing Body and the Council Cabinet.
- To ensure the development of a Single Commissioning Plan.
- To ensure the commissioning of good quality services.
- To oversee the establishment and ongoing monitoring of pooled and aligned budgets.

- To ensure system-wide financial sustainability and the closure of the agreed system wide financial gap until 2020/21.
- To oversee the development of an integrated management structure for the One Commissioning Organisation (OCO).
- To provide constructive direction, challenge and support to the emergent Locality Care Organisation (LCO).
- To provide direction to, and to hold to account, the Bury Health and Social Care Transformation Programme Management Group and leads of the transformation workstreams, ensuring that the workstreams are fit for purpose and adding value to the overall programme of transformation change.
- To provide leadership in relation to managing performance in relation to Health and Social Care Transformation.
- To provide leadership in relation to system wide financial planning and investment.
- To identify, mitigate and manage risks to transformation across services.
- To model the cultural shift and new organisational behaviours which will underpin the transformation of Health and Social Care in Bury.
- To provide a forum for partner agencies to negotiate solutions to any problems or conflicts including the resolution of any conflicts within the programme.
- To ensure effective engagement with the Greater Manchester Health and Social Care Partnership and with sector, city region, regional and national stakeholders.
- To agree a work programme for the Board which will identify regular items, future reports and key decisions to be made.
- To agree and receive a risk register for the health and social care transformation programme which will be reviewed on a bi-monthly basis.

4) Core Membership:

- Chief Executive – Bury Council
- Leader – Bury Council
- Executive Director (Communities and Wellbeing) – Bury Council
- Executive Director (Resources and Regulation) – Bury Council
- Executive Director (Children, Young People and Culture) – Bury Council
- Chief Officer – Bury CCG
- Chair – Bury CCG
- Clinical Representatives x2 – Bury CCG
- Director of Commissioning and Business Delivery – Bury CCG
- Chief Finance Officer – Bury CCG
- Chair – Bury LCO Programme Board
- Executive Director – Bury LCO
- Chair – Bury H&SC Transformation Programme Management Group

- Lead Member for Health and Wellbeing – Bury Council

Members of the Board will be expected to ensure that the relevant papers, minutes, actions and decisions are circulated within their respective organisations in line with their individual governance arrangements.

Briefed deputies with delegated authority to act are permitted to cover unavoidable absence. Deputies are to be notified to the Board Secretary prior to each meeting.

In addition the Board shall be entitled to invite other managers or subject matter experts, with prior agreement of the Chair to attend for specific items to support the Board's decision making.

5) Voting

At the start of the meeting the Chair will agree with Council representatives whether they are attending as an LCO or OCO member.

Decisions will normally be arrived at by consensus, if a vote is required on a specific proposal it will be weighted as follows:

- 2x votes for Commissioners (OCO)
- 2x votes for the LCO

In the event of a tie the Chair of the meeting will have a casting vote.

6) Joint Chair:

- Bury Council Leader
- CCG Chair

To be carried out on a monthly rotating basis, with either party deputising for the other. In the event that neither can attend, the CCG Chief Officer or Council Chief Executive shall take the Chair.

7) Accountability and Reporting:

The Transformation Programme Board is accountable to the Bury Health and Wellbeing Board.

The Transformation Programme Board will report to Bury CCG Governing Body and LCO Programme Board and where deemed appropriate, for decision, to Bury Council Cabinet.

8) Quoracy

The meeting will achieve quoracy with a minimum of seven members present which must include:

- The Leader or Chief Executive - Council;

- The Chair or Chief Officer – CCG;
- The Chief Finance Officer or Executive Director of Resources and Regulation
- A Clinical Representative;
- An additional representative from the LCO.

9) Frequency

The Board shall meet on a monthly basis with meeting dates circulated for each financial year.

10) Conduct of Meetings

The agenda and supporting reports will be sent out 5 working days in advance. Reports must be received by the Board Secretary in line with published deadlines.

The Board will be supported by a Board Secretary from the CCG who will be responsible for the production of minutes, action logs and decision tracking and maintenance of a formal record of the Board.

Presenters of reports can expect Board members to have read the content and should keep to a summary that outlines the purpose and key issues.

At the start of each meeting, the Chair will invite Board members to declare all interests in relation to the current agenda and any conflicts which may have arisen since the previous meeting. The Chair shall decide, taking advice as required, on the materiality of each conflict and whether the conflicted party should participate in the discussion and/or the vote, if one is required. This decision shall be documented in the minutes together with the reason.

11) Review:

December 2017

Climate Change and Carbon Reduction Board Minutes

Date: Wednesday 19th July 2017

Time: 1.30pm – 3.00pm

Venue: Irwell Room, Town Hall

Present: Lorraine Chamberlin (LC) – Chair
Chris Horth (CH)
Clinton Judge (CJ)
Paul Webb (PW)
Chris Wilkinson (CW)
Ashleigh Williams (AW)
Paul Cooke (PC)
Alistair Dalzel-Job (ADJ)

In Attendance: Luke Bywaters (Environmental Business Advisor)

Minutes: Gill Cohen (GC)

Minutes	
1	**APOLOGIES** Neil Long, Lesley Jones, Alex Holland, Sharon Hanbury, Jason Kelly
2	**MINUTES AND ACTION LOG FROM THE PREVIOUS MEETING HELD ON THE 30 MAY 2017** The minutes were agreed to be a true and accurate record and the action log was updated. Attached for information. **Matters Arising** **ACTION 1: No report received from the GM Liaison Group earlier this year. LC will chase once again and circulate when received.**
3	**CRC RISK REGISTER** Our emissions have decreased 1506 tonnes of carbon to 10,716 tonnes for 2016/17. There will be a press release coming out to share the good news. It was generally felt that this was predominantly down to building rationalisation.

	Also increased onsite generator electricity through the solar roof at Radcliffe Market; this will also be covered in a press release . Issues were raised around Bury schools who are moving towards academies, giving them complete autonomy and will therefore be out of our ability to influence their carbon reduction. **ACTION 2: Paul Cooke to flag this up a corporate level as an issue and advise any feedback to the Board**.
4	**LOW CARBON HUB ENVIRONMENT LIAISON GROUP MEETING** Meeting took place on the 4th July. The big news was that GMCA are the intermediate body to allocate ERDF funding and one of the priorities for this is priority 4, which is supporting the shift towards a low carbon economy in all sections and includes:- ➢ Promoting renewable energy; ➢ Supporting energy efficiency, smart energy management and renewable energy use in public infrastructure, including in public buildings and in the housing sector; ➢ Promotion of sustainable multimodal urban mobility; ➢ Promoting research and innovation in, and adoption of, low-carbon technologies. It was suggested that our potential solar PV project with battery storage and EV charging points at Bradley Fold would fit the requirements nicely. ERDF funding offers 50% funding and minimum project value is £1m. There are quite demanding rules re expenditure and reporting and monitoring but an excellent way to get a huge amount of funding. New Economy is developing a cost benefit analysis model that properly considers carbon reduction. This will need to be applied to projects so this can be considered with other relevant factors. GMCS are setting up a 'Clean Switch' fuel tariff. This will be a GM approved renewable energy tariff; this will not be a collective switch where everyone switches at the same time. You can change whenever you like; when you do switch, you will also be signposted to a company that installs PV. There were some changes to portfolios, including a new leader, Cllr Ganotis and the Low Carbon Hub will now be known as Green City Region. The GM Natural Capital Group have a priority to 'connect people with nature'. They are developing a website to help people find out more about local nature, activities and volunteering. They are also developing an interactive mapping tool so people can share experiences. Some interesting items from other councils:- ➢ Tameside have trialled Local Energy Advice Programme (LEAP), offering free energy efficiency advice to tackle fuel poverty; this has been very successful. ➢ Salford are looking at using liquefied gas in refuse trucks to compare with diesel.

	Also looking to expand their Go Wheels Car club. ➢ Bury Hydro Scheme are looking to develop a virtual private wire in order to improve the business case which suffered when the FITs were reduced.
5	**CLEAN AIR DAY 15th JUNE 2017** TFGM led a Greater Manchester campaign for Clean Air Day which took place on the 15th June 2017. Bury Council were actively involved, with some Environmental Health staff carrying out engagement work at the Millgate Shopping Centre and The Rock, in Bury. The Council made some pledges to support clean air going forward and three schools were involved in a competition for producing engagement videos. Attached is a link to a YouTube clip from Bury Catholic Preparatory school – one of the winners. https://youtu.be/ijcSN43CLUo **ACTION 3: This will be an annual event; if anyone has any ideas for next year's Clean Air Day, please let us know.**
6	**CLIMATE CHANGE PLAN UPDATE** This has almost been completed now, with the exception of some outstanding actions from Waste Management. The Council approved a motion in relation to how tis plan is developed and what it includes. CH provided an update on actions re the council motion, to Cllr Quinn and Cllr Cummings on the 7th July – they were both in agreement.
7	**ENERGY PATH NETWORK** This is the project that uses a modelling tool to show what Bury domestic energy supply and usage will look like as the energy supply grid aims for decarbonisation by 2050. The work is being done by Energy Systems Catapult, who are working for the Energy Technologies Institute and we are the GM pilot. It will show what types of heating systems will be more appropriate and where we would target energy efficiency retrofit schemes. Bury will look at what the implications will be for the energy supply companies in terms of the impact on their distribution network. We will end up with a few options for how our domestic energy use and supply could develop to 2050, which should be very useful in planning actions in the community. This is progressing well, with initial results from their modelling just out. Looking at developing sensitivity tests to look at how changing approaches or circumstances could impact on the outcomes. We will be consulting on predicted findings of these reports prior to the final documents being released so that we can take on board comments and ensure the report is more robust.

	ACTION 4: CH will share the draft version of the document with the Board. If anyone has any comments / opinions, let CH know.
8	**ACTIVE TRAVEL** **Cycling by prescription scheme** The national Cycling Academy has received £12,000 from TfGM to deliver this scheme, which will be launched on the 3rd August. This will be initially aimed at Radcliffe residents. BEATs scheme will refer 4 groups of 10 people over the next 9 months. They will get a bike for 10 weeks and receive training and shown local routes by the National Cycling Academy. They will also have an opportunity to go on social bike rides organised by the Cycling Academy. We will assess their thoughts before and after the time period. **Pool bikes** We are currently looking to introduce pool bikes for the town centre, probably based at Knowsley Place. TfGM will be able to fund most of this, however before we can access the funding we have to send a questionnaire out, which has been released w/c 17th July. We need a 30% response rate to access the funding; to date we are almost at this target rate for responses. The Bike to Work salary sacrifice scheme is being reintroduced by corporate HR, so this should be available soon. **Bradley Fold** A grant from TfGM has been agreed and is now at this stage of purchasing equipment for installation. Tom Gleaves is looking into this.
9	**BUILDINGS PROJECT** **Solar PV at Bradley Fold** A business case has been submitted to Steve Kenyon, which looks at 4 options, varying in price from £117k to £534k and paybacks varying from 12 – 15 years. This is the project that was suggested would be good to apply for European Regional Development Funding (ERDF). As an ERDF project, we would look to include battery storage and electric vehicle charging points so that we could store electricity generated by the photovoltaic (PV) and use this to charge council electric vehicles at night, making a saving on fuel for council vehicles. Battery storage can also be designed to store electricity off peak and feed back into the grid at peak times which brings an income to the council. CH went to a workshop on ERDF funding last week – Manchester are looking at a similar scheme for their depot at Hammerstone Road. This will potentially be an opportunity for us

	to partner with them on an ERDF bid. ERDF is very strict on monitoring spending and auditing so we would need a good system for procurement and recording . Manchester are used to this so if we decide to go ahead, Manchester could be the lead partner and we could join them as partner top, which will add value and scale to the project. There needs to be a minimum value of £1million with ERDF providing 50%. The rules around what can be funded are very complicated – FITs can't be claimed and I think any income has a negative impact on what ERDF can be claimed. These things impact on the business case for renewable and also battery storage but we would be getting half of the capital installation costs for nothing, which would be good for the business case. If we want to proceed, we will need to get Expression of Interest EOI) in to GMCA by 31st July 2017. Manchester are deciding if they can get what is needed put together by 31st July. If we put in EOI, we will have until September to get our business cases together to decide if we want to submit a formal submission. This would need a consultant to carry out full feasibility for the Bury and Manchester sites; we would then have a clear idea if this was a beneficial project.
10	**AIR QUALITY UPDATE** DEFRA's modelling of air quality suggested that some GM councils, including Bury, would need to consider Clean Air Zones in order to meet NO2 targets within a suitable timescale. CH and Steve Kenyon attended a meeting with DEFRA and TfGM. They advised that they were in the process of updating modelling and therefore the councils identified as not meeting targets may change. The new modelling results and the final document will be released at the end of this month. If we are still on the list, we will be asked to do a study to identify if a Clean Air Zone (CAZ) would be the best local course of action; we will be provided with funding to carry this out. DEFRA would prefer that we implement a non charging CAZ if that means we will achieve the target, however it may be necessary to introduce a charging CAZ, in which case, we will have to do this with minimal impact on local businesses. We advised that this would be a major concern in Bury and they would work with us to hep with this. Need to wait to see what the final document says and if we are identified as a council that need to consider CAZ. **ACTION 5**: **This group will cover the elements of Air Quality for the moment, however In the near future we will set up an Air Quality Steering Group directly after these meetings, to include other relevant partners eg transport, highways.**
11	**AOB** ADJ advised that the introductory workshops organised to promote and recruit SME's, were cancelled due to low numbers. There are further workshops organised for Wigan and Salford at the end of September 2017, hoping that engagement will be increased. They are actively going out asking people and engaging in businesses, promoting the grant

	funding that is available for projects – up to 30% for £10,000 and up to 50% for £12,500. **ACTION 6: To look at sending out Tweets about the workshops and grant funding, as well as promotion on the Council's website.** Luke Bywaters (Environmental Business Advisor) attended the meeting to introduce himself to the Board. His role is to work with SME businesses in GM to reduce the environmental impact with their customers and in turn increasing sales through environmental offerings, for example, looking at leasing options, rather than purchases. **ACTION 7: Luke to send details of the Eco-Innovation support scheme to the Board.** CJ raised the issue that low Carbon projects in the Council were being stalled by the uncertainty over the future of many of the buildings and assets. The Board agreed to raise this with senior managers **ACTION 8: CJ to raise with Alex Holland, LC to raise with Lesley Jones**
12	**DATE AND TIME OF NEXT MEETINGS** **<u>2017</u>** 20th September, 3pm – 4.30pm 28th November, 9.30am – 11am

ACTION LOG 19TH JULY 2017		
No	**Action**	**Progress**
1	No report received from the GM Liaison Group earlier this year. LC will chase once again and circulate when received.	
2	Issues were raised around Bury schools who are moving towards academies, giving them complete autonomy and will therefore be out of our ability to influence their carbon reduction. **Paul Cooke to flag this up a corporate level as an issue and advise any feedback to the Board**.	
3	**CLEAN AIR DAY 15th JUNE 2017** TFGM led a Greater Manchester campaign for Clean Air Day in June, this will be an annual event. **If anyone has any ideas for next year's Clean Air Day, please let us know.**	
4	**ENERGY PATH NETWORK** Looking at developing sensitivity tests to look at how changing approaches or circumstances could impact on the outcomes. We will be consulting on predicted findings of these reports prior to the final documents being released so that we can take on board comments and ensure the report is more robust.	

	CH will share the draft version of the document with the Board. **If anyone has any comments / opinions, let CH know.**	
5	This group will cover the elements of Air Quality for the moment, however In the near future we will set up an Air Quality Steering Group directly after these meetings, to include transport.	
6	ADJ actively going out asking people and engaging in businesses, promoting the grant funding that is available for projects. **ADJ to look at sending out Tweets about the workshops and grant funding, as well as promotion on the Council's website.**	
7	Luke to send details of the Eco-Innovation support scheme to the Board	
8	CJ raised the issue that low Carbon projects in the Council were being stalled by the uncertainty over the future of many of the buildings and assets. The Board agreed to raise this with senior managers **CJ to raise with Alex Holland, LC to raise with Lesley Jones**	

BURY SAFEGUARDING ADULTS PARTNERSHIP

Team Bury
Working Together For A Better Bury

MEETING NOTES SAFEGUARDING ADULTS STRATEGIC BOARD MEETING

HELD ON Tuesday 15 August 2017 14:00- 16:00 Irwell Room, Bury Town Hall

Present:	Stuart Richardson (SR)	Pennine Care (Chair)
	Jax Effiong (JE)	Greater Manchester Fire and Rescue Service
	Sharon McCambridge (SM)	Six Town Housing
	Jo Marshall-Bell (JMB)	Greater Manchester Police
	Maxine Lomax (ML)	Clinical Commissioning Group
	Tracy Minshull (TM)	Bury Council
	Gill Stott (GS)	Pennine Acute Hospital Trust
	Clare Holder (CH)	Observer (CCG)
	Mandy Symes (MS)	Board Facilitator (Bury Council)
Apologies:	Julie Gonda (JG)	Bury Council
	Nisha Bakshi (NB)	National Offender Management
	Tyrone Roberts (TR)	Pennine Acute Hospital Trust (rep sent)
	Dr Cathy Fines (CF)	Clinical Commissioning Group
Distribution	Board Members and representing PA's	
	Gail Churchill (GC), CRC	
	Chloe McCann – Corporate Policy Team (HWB)	

		ACTION
1	**Welcome and introductions and apologies (standing item)**	
	SR welcomed everyone. Attendance and apologies as recorded above.	
2	**Minutes of last meeting and matters arising**	
2.1 2.2	Action have been completed or are included for further discussion in the agenda. <u>Post meeting note re:</u> Further discussion held re: point 4.3.8 - the response letter to the Board regarding the changes made to single person Mental Health triage. Please see below the response from CCG Board to the Adult Safeguarding Board. All to note the response, Case Review Group (CRG) to discuss further to ascertain as to whether any additional action should be taken. 4.3.8 of 19042017 CCG response.pdf	**All to note JG/CF**
3	**MAPPA Annual Report**	
3.1	Amy Poulson, MAPPA coordinator & Public Protection Senior Probation Officer presented the 2015-2016 GM MAPPA annual report and annex report showing the "Bury position". (documents circulated prior to the meeting – should Board members request copies please contact MS). <u>GM Report</u> - Discussion raised the seemingly disproportionate figures for	

		ACTION
3.2	Bury regarding the RSO's numbers per division (page 4 of report).	
3.3	Discussion regarding instances where RSO's were also in need of additional support. SM raised an example of a Six Town resident and their family who left their home due to public pressure. Amy advised that this has been an issue on a number of occasions and good partnership working is key to preventing the occurrence of serious harm.	
3.4	Bury Report – acknowledged that Level 3 cases can be downgraded.	
3.5	Noted that attendance at MAPPA meetings from all parties within Bury is good – no issues with attendance.	
3.6	Question raised with Amy as to whether the Board needs to take any action in relation to the MAPPA agenda. Amy advised that no action was currently needed and, assurance had been given through the Inspectorate that systems were working.	
3.7	Amy advised that she would welcome the opportunity to come back to the Board later in the year to give more context to the data. Agreed. Further presentation to be arranged.	NB/MS
3.8	Amy advised that MAPPA training is available for partners on request. Noted.	
4	**Sub Group Updates**	
4.1.1	SM presented updated workplan and advised that the key proposed themes running through the plan were: a) Communications b) Customer voice c) Learning and Development	
4.1.2	Board acknowledged and agreed the workplan.	
4.1.3	SM advised that there may be a need for a commitment of additional resources in order to progress the work plan, however she will keep Board appraised.	
4.1.4	SM noted that the communication plan had stalled slightly due to staff absence. TM offered that Heather Crozier could provide additional support if needed.	
4.1.5	TM advised that there may be also resource available under the transformation agenda "enabling local people" for support with communications. MS to look into.	MS
4.1.6	Risk log – Board acknowledge and accepted changes.	
4.1.7	MS advised that there is a adult safeguarding workforce development plan being progressed by one of the ADASS groups – which could support the learning and development plan – however it is not clear on timescales for delivery. TM advised that a piece of work is being undertaken to map the GM and ADASS ongoing workstreams – this will be shared with Board when it has been completed – to try to minimise duplication.	TM

		ACTION
4.2.1	Joint review update currently running to time and has been so far well received: • Learning review with practitioners was held on the 25th July and was well attended and well facilitated by SCIE. • Feedback session for practitioners has been arranged for 12 Sept as well as the next panel meeting. • Joint Board extraordinary meeting has been booked in for the 3rd Nov.	
4.2.2	OF action plan update – as per 2.2.	
4.2.3	Duty of Candour was discussed in detail at the last CRG. The Group agreed that there is no statutory responsibility on the Safeguarding Board re: duty of candour (as the Board is not a provider). However, there is a duty to provide a public facing report when a Safeguarding Adults Review has been conducted.	
4.2.4	Legal advice is that need to look at each case as it arises based on the regulation.	
4.2.5	OF & MC case: Pennine Care have been in contact with MC's mother regarding the review and their internal inquiry.	
4.3.1	Policy and procedures - Members had been requested at the April meeting to provide an update as to how the policy and procedures had been implemented/progressed within their organisations. Additional response from Six Town Housing provided as below: STH policy and procedure update.pdf	
4.3.2	Noted that there currently appears to be a discrepancy between the advice given re: safeguarding concern reporting in relation to the new P&P and CQC. MS has contacted CQC and is awaiting a response. However the MIHG will pick this up as part of the P&P review.	
4.3.3	Query raised re: how the P&P and annual report is disseminated. MS advised that documentation is place on the Bury Directory. Agreed that this would be part of the communication plan and the safeguarding champions would also support dissemination.	SM
4.3.4	Post meeting note – please refer back to action from Jan Board "3.15 - Web link to the new document will be sent out by MS to all Board members as soon as it is available. Board member organisations will then use this link to signpost customers/patients/staff." Please could Board members therefore ensure that this has been disseminated within their organisations appropriately and report back - this will be fed into the communication plan.	All
5	**Annual Report 2017-2018**	
5.1	Annual report and executive summary for the Mayor's office agreed.	
5.2	MS to send over the executive summary to Manchester Board ready for the GM summary report.	MS

		ACTION
5.3	There has been no further mention of the funding originally promised by the PCC.	
5.4	Report needs to be presented to the Health and Wellbeing Board. JG although absent from the meeting was requested to present due to being a current HWB member.	JG
6	**County Lines**	
6.1	ML presented the County Lines briefing report (produced by the National Crime Agency) and the briefing report from the CCG following their attendance at a GM conference.	
6.2	ML advised that whilst there is no official definition, typical county lines activity involves a gang (usually made up of young males) from a large urban area travelling to smaller locations (such as a county or coastal town) to sell class A drugs, specifically crack cocaine and heroin.	
6.3	Video on You-Tube is available for briefing sessions.	
6.4	Discussion held, whilst noted by the Board, there is no evidence at the moment to suggest that this is an issue for Bury. However it is helpful to understand the concept and potential warning signs.	
6.5	SM advised Six Town will look to roll out as part of their Eyes Wide Open approach.	
7	Any other business	
7.1	Update from GMP - JMB advised that the PPIU would be returning to divisional control rather than a centralised department this starts as a pilot in Rochdale from the 1st September 2017 as an interim measure in other areas including Bury the staff will still be owned centrally rather than divisionally at this time however the case risk held by the PPIU would be the responsibility of the local district Bury.	
7.2	There are two new members of staff with regards to the proposed return on PPIUs to divisions Detective Superintendent Jo Rawlinson and Detective Chief Inspector Mick Montford, Mick is the lead for vulnerability however his specific role is still a work in progress alongside the pilot. It would be an idea to invite Mick to the board for board members to meet him	
7.3	CI Maria Donaldson has taken the lead for the Bury place based hubs	
7.4	Query raised about where the locality hubs sat in relation to the business of the Board and what the progress/plans were. MS to approach Bev Worthington with a view to requesting a verbal update at the next Board meeting.	MS
7.5	SR advised that he is leaving his current role and therefore will have to step down has Deputy Chair. The Board wished him well and thanked him for his contributions.	
7.6	JMB agreed to step in as Chair for the October Board meeting.	
7.7	MS advised that she was working with the Children's Safeguarding Board to put out and advert for a new Chair – the aim is to have 1 chair for the	

		ACTION
	2 Boards as previously arranged. Aim is to have someone in post by the New Year.	
	Next Meeting dates	
	<u>Please note new meeting dates below:</u> All meetings will be held from 2pm to 4pm. 10th October 2017 – Bury Town Hall, Meeting Room A Extraordinary meeting re: Joint Case Review A17/Adult B2 – committee room A&B Bury Town Hall, 10am to 12noon. 16th January 2018 – Bury Town Hall, Meeting Room A 17th April 2018 – Bury Town Hall, Committee Room A 10th July 2018 – 3 Knowsley Place, Meeting Room 0:1 16th October 2018 – 3 Knowsley Place, Meeting Room 0:1	

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